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Title

Patterns of cervical cancer screening and abnormal screening follow-up at a multisite federally qualified health center

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Cervical cancer screening timeliness and access to follow-up care for abnormal results among federally qualified health center (FQHC) patients remain challenges that contribute to disparities in outcomes. Objective: Examine patterns of screening and follow-up at a FQHC to inform strategies for care improvement. Study Design and Analysis: Retrospective chart review of female patients aged 21-65 with ≥1 cervical cancer screening order between 1/1/20-3/31/23. A purposive sample of charts were reviewed and grouped as average risk (no prior abnormal screening results), average-to-high risk (abnormal screening result documented for the first time), and high risk (history of ≥1 abnormal result). Screening concordance was determined using USPSTF guidelines for the average risk group. Follow-up concordance was determined using 2019 ASCCP Risk-Based Management Consensus Guidelines for the average-to-high and high risk groups. Setting or Dataset: 1428 charts identified and 50 selected based on average risk (n=16), average-to-high risk (n=16), and high risk (n=18) history. Population Studied: Multisite FQHC in Los Angeles serving a mostly Asian and Latino immigrant, publicly insured population. Intervention/Instrument: N/A. Outcome Measures: Receipt of guideline-concordant screening and follow-up (specialist referral, closed-loop communication for specialist follow-up as indicated by guidelines). Results: Overall, 48% of charts documented guideline-discordant screening or follow-up. In the average risk group, most patients received over-screening (≥6 months before due or when not indicated) or under-screening (≥6 months past due). In the average-to-high risk and high risk groups, guideline-discordant care included receipt of care past due (eg, referral delay led to delayed specialist visit), follow-up care different than guidelines (eg, Pap smear instead of co-test), or no care (eg, follow-up not initiated since results not shared). In analyzing patterns of care, lack of specialty visit availability or insurance acceptance led to challenges accessing specialty care for some patients. Even when specialists were seen, there was difficulty with closed-loop communication as staff documented many attempts to receive reports. Conclusions: Lack of guideline-concordant screening and follow-up were observed. Increased closed-loop communication and access to referrals for timely visits with specialists may improve follow-up for abnormal results in safety-net settings.