

2021 Quality Measure Highlight

Cervical Cancer Screening



MEASURE DESCRIPTION

The percentage of assigned women 21-64 years of age who were screened for cervical cancer using **either** of the following criteria:

- **Criteria 1:** Member age **24 - 64** (as of December 31 of the measurement year) who had cervical cytology (Pap test) performed within the last 3 years (e.g., screening in measurement year **2020, 2019, or 2018**).

For members who **do not meet** Criteria 1, see Criteria 2.

- **Criteria 2:** Member age **30 - 64** who had cervical high-risk human papillomavirus (hrHPV) testing **or** cervical cytology/hrHPV *co-testing performed within the last 5 years (e.g., screening during **2021** or the four years prior **2017 - 2021**) and who were 30 or older as of the date of testing.

Denominator: The number of continuously enrolled Medi-Cal women 21 - 64 years of age as of December 31, 2021

Numerator: The number of women 24 - 64 years of age who were screened for cervical cancer - using either of the following criteria:

Coding

Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175

HPV Test CPT: 87624, 87625

Diagnosis Codes: Q51.5, Z90.710, Z90.712

Measure Type: Hybrid (medical record / claims / lab data)

Intent / Importance: To detect cervical cancer in its early stages. For members in the noted age ranges to be educated on the importance of having a Pap test (cervical cytology) / hrHPV test every 3 - 5 years as applicable and for the providers to make the tests convenient and accessible.

PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	66.49%	75 th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	60.65%	50 th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Please Note

- If the doctor is willing to attest and document permanently in the patient's chart a "complete," "total" or "radical" abdominal or vaginal hysterectomy date and the patient provides limited date information, please use the following for uploading the date into eReports:
a) Year - (01/01/YYYY) or (12/31/YYYY) b) Month and Year – (MM/01/YYYY) or (MM/30 or 31/YYYY) If the doctor diagnosis no residual cervix, cervical agenesis or acquired absence of cervix, please upload into eReports: Date of Diagnosis – (MM/DD/YYYY)
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

Compliant Documentation

- 21 - 64 years of age.
 - Pap test with collection date and result (e.g., PCP provider documents Pap test done on 3/15/17, Pap was normal, or lab results show cervical cytology collected on 3/15/17, final report on 3/17/17 normal, no atypical cells). Lab results that indicate the sample contained "no endocervical cells" **and** a valid result is reported for the test (e.g., no dysplasia, no atypical cells).
- 30 - 64 years of age.
 - hrHPV test with collection date and result during the measurement year or the four years prior to the measurement year
 - Pap test **and** HPV test with the same date of service (e.g., On 2/3/17 the order reads - PAP **with** or **and** HPV testing [*This is known as "Co-testing" the samples are collected and both tests are ordered, regardless of the cytology result on the same date of service]).

- Reflex testing with collection date and result (e.g., When the HPV test was performed only after determining the cytology result – virus group number).

Non-Compliant Documentation

- Lab results that explicitly state the sample was inadequate or that “no cervical cells were present.”
- Biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Exclusions

- Documentation of “complete,” “total,” or “radical,” hysterectomy (abdominal, vaginal, or unspecified), “vaginal hysterectomy” meet criteria for hysterectomy with no residual cervix.
- Cervical agenesis (born without a cervix). This includes transgender women.
- Documentation of hysterectomy and that the patient no longer needs Pap testing / cervical cancer screening.
- Documentation of “vaginal Pap test” along with “history of hysterectomy.”
- Members receiving Palliative Care, in hospice and those with terminal illnesses during the measurement year.

Best and Promising Practices

- Establish a practice commitment to cancer screening:
- Utilize “flag” alerts in the EMR / EHR system that each staff member can use to identify and communicate to patients / members who are due for their screening services at every member encounter.
- Ensure information is consistent, member preference, plain and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications (based on patient’s preference).
- Send one week appointment reminder (e.g., post card / letter signed by the provider), text reminder (one day prior).
- Conduct chart scrubbing prior to the visit to determine if screening / preventive services are due.
- Encourage, if due, patient to complete cervical cancer screening during current appointment.
- Use standardized templates in the EMR / EHR system to guide providers and staff through the visit to ensure all components were met and documented.
- Schedule future visits while the member / patient is waiting to be seen by the provider or before the member leaves the office.
- Actively pursue missed appointments with letters and reminder calls; designate a staff member to outreach
- Consider a variety of service options and choices - after hours and same day appointments, weekend cervical and/or breast cancer screening day(s)
- Document why the member is excluded (e.g., total abdominal or vaginal hysterectomy).

- Document results of most recent Pap screening and the date screening was performed.
- Establish standard practice to include hrHPV testing, with or without cytology, for patients 30 - 64 years of age.
- Homelessness- pair with shower clinic & feminine hygiene gift bag
- Submit claims and encounter data within 90 days of service.