

What is your health center's problem statement for your Cervical Cancer Screening measure?

We are a health center serving primarily homeless women and kids in family homeless shelters and domestic violence safe houses who feel like they've had recent pap smears but don't have knowledge of prior health centers that allow us to obtain records.

We are a health center that serves primarily low-income, uninsured, and underinsured patients in Yuma, AZ, offering primary care, pediatrics, dental, pharmacy and BH services to 30000+ patients. Our goal is to improve access to cervical cancer screenings and medical care by completing care gaps, reducing no shows, increasing education, etc. Unfortunately, we have encountered difficulties reaching such goals because patients may not be able to access to care due to lack of insurance, transportation, etc. or because our center has limited documentation coming from external sources such as hospitals and other local providers which makes us feel motivated to learning new strategies and innovative alternatives.

We are a FQHC primarily serving underinsured and uninsured patients in rural areas of western and central and North Carolina, we are trying to increase the number of patients who get cervical cancer screenings by 10%, but we have challenges with provider engagement and outside documentation because of clinical staff workflow issues, which makes us feel like we may be overlooking many patients needing preventive care screenings.

We are a FQHC that serves 20,000+ patients a year, in both rural and urban settings, serving the special populations of the unhoused, migrant/seasonal workers and public housing trying to increase our cervical cancer screening (CCS) rate by 3% in 2023 but we miss opportunities to complete CCS when patients are present for an appointment and don't capture hysterectomies consistently in a discrete data field because patients visits are full of other pressing medical needs, not all providers are comfortable with or like to do CCS and we lack knowledge of the best practice for documenting historical hysterectomies which makes us feel frustrated.

We are a multi-location health center in rural Northern Michigan that serves a variety of patients of all ages, financial classes, and backgrounds trying to increase the number of patients that receive Cervical Cancer Screening within our organization, as well as ensure that we receive all results back from patients that were referred to an external entity, but we have a difficult time creating a workflow that completes cervical cancer screening in real time, and a process that catches patients that are missed opportunities because we have not implemented a recall process regarding this measure, and we do not have a great way to identify missed opportunities and push these out to our staff to have a discussion on why the patient's screening was missed, which makes us feel fixed at the same quality score for this measure.

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We are a health center that serves a rural community trying to raise the number of our Cervical Cancer Screening results but we often have trouble getting historical data through our HIE because not all outside health centers are connected to the HIE, which makes us feel frustrated when trying to track down data.

We are a health center that serves rural Maine residents in three clinic sites of whom a majority are insured with Medicare or Medicaid, trying to improve cervical screening rates, but screening completion and data validation are barriers because patients may have transportation barriers or decline screening and external results may not be included in our data due to lack of discrete data entry, which makes us feel that we are completing some of the work but our data doesn't necessarily reflect our true rates.

We are a health center that serves the Medical, Medicare and uninsured population in the Sacramento area. Trying to schedule patients with WellSpace Health Women's health department to complete a PAP. Primary care can direct schedule patients for a PAP because of the low appointment rates for Cervical Cancer screenings.

We are a large health center that serves 44,000 low-income adults and children in urban and suburban Maryland trying to improve cervical cancer screening rates to at least 60% completion. But because we don't have an efficient records retrieval process, lack of awareness of cervical screening service availability in-house, and because the care team does not have an efficient way to identify gaps in care this issues persists. Root causes of these barriers are organizational requirements, efficient established workflows and competing focuses on necessity of volume. This makes us feel eager to tackle these resources over time.

We are a health center serving a large underserved and underinsured rural population in a southern Oregon county, trying to improve the number of people with cervixes being screened for cervical cancer; however, barriers like traveling for preventive care, embarrassment and fear of the procedure's invasiveness because of societal and cultural attitudes and distance to the clinic make this difficult, which makes us feel frustrated and incapable of effecting change.

We are a health center that serves a diverse population from uninsured to commercially insured patients in a suburban area trying to increase our cervical cancer screenings among women 21-64 years of age but it is difficult to get patients into the office because of various barriers such as transportation and lack of insurance which makes us feel motivated to do more to ensure patients have access to this very important aspect of their care.

Our health center serves the greater Helena, MT community, which is a suburban/rural area. We are focused on increasing our cervical cancer screening rate from 48% to a target of 65%. However, we do not have a dynamic outreach program which hinders our ability to drive improved outcomes.

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We are a health center that serves Central Florida trying to improve Cervical Cancer screening rates but find it difficult to have patients to come in for preventative care because they are often seen for acute visits and do not find preventative care to be a priority which makes us concerned about our patient population.

We are a large multi-site health center in Ohio who serves as a safety net provider to over 40,000 patients trying to increase the number of patients who have PAP screenings with their primary care provider but many of our PCP providers aren't comfortable doing PAP screenings during regular primary care visits Because it hasn't been common practice in the past.

We are a health center that serves both Natives and Non-Natives in the Spokane community trying to our cervical screening rates but not all of our patients get their screening done with us because some are done outside our facility, we don't always get the records back and if we do they aren't always documented correctly Which makes us feel it's a consistent battle of cervical cancer screening.

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Our Health Center is a federally qualified health center in Walton County, Florida. We are a public entity model that is operationalized by the Florida Department of Health in Walton County (DOH-Walton) and overseen by the Board of Directors. We serve around 5,000 insured, uninsured, and underinsured individuals at three locations. The geographic location that we serve is considered rural-mix and medically underserved, with certain areas of the service area growing exponentially in population size. The patient population also is becoming more culturally and linguistically diverse since our establishment in 2012. Other characteristics of the service area include a growing percentage of older adults, an adjacent air force base, and being a tourist destination due to local beaches. Our goal of increasing the number of patients who receive cervical cancer screenings at the appropriate intervals to at least 57%. In order to increase favorable patient outcomes by early detection. Cancer is the number 1 cause of death for our county and the key to combatting cancer effectively is early detection. In addition, we are working to improve access to care, promote education to our patients, and increase the health and wellness of our community as it is one of the fastest growing counties in the state of Florida. We have identified the following problems/barriers: Documentation – We are unable to accurately capture the data needed for UDS measures. Also, we are unable to run adequate reports to pull the data we need. Inability to receive outside results from other providers and Language and Literacy issues are hard to overcome as well. Cultural Mindset – Many non-native English-Speakers do not seek medical care for preventative services due to upbringing. Transportation is another big issue that we currently face. Public transportation is almost non-existent and the ones in place are stretched thin and hard to use. We believe these problems persists primarily due to our EHR, which is somewhat outdated and not very intuitive. This leads to issues with our documentation and results in not adequately capturing data or being prompted for pertinent screenings. When receiving outside results, procedure for following up and ensuring documentation is received is not currently in place for some aspects of patient care. Regarding transportation, it is a simple lack of public transportation availability. Language & Literacy continue to be an issue because of the influx of individuals with limited English-Speaking Skills, prior patient education, and having to overcome cultural differences. Also, most providers are not from that country and unable to pick up on subtle nuances from the patient. All these things make us feel inadequate and limited when we know that we are doing the best we can and putting forth our 100% to meet the needs of our clients but the data, unfortunately, does not seem to reflect this. Also feeling helpless because we always want what is best for our patients and if we don't over come these issues for each patient then we could be potentially letting them down.

We are a health center that serves rural Western Colorado's tri-county's uninsured and underserved community trying to prevent cervical cancer by increasing screenings but lack the man power to serve all because we are the only option for many of or patients which makes us feel overwhelmed.

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We are a small urban health center in Wilmington, DE serving the surrounding areas with particular focus directed to reaching low-income, uninsured/underinsured, homeless, and vulnerable populations, trying to increase cervical cancer screening measure performance, but are challenged by outreach workflow and reporting limitations because the center lacks staffing resources and existing QI strategies to reduce measure documentation inconsistencies which makes us feel that we are not successfully meeting the needs of the target population.

We are a small suburban clinic in Oregon that serves a large percentage of uninsured and Medicaid patients, many of whom speak languages other than English, trying to increase cervical cancer screening rates by 3% over the next year; But rates have been slow to increase because patients believe that screening is something they can put off if they feel the risk is low, which makes us feel determined to do a better job communicating to patients the importance of regular screenings in preventing cervical cancer, especially in Spanish and other languages.

We are a health center that serves Greater Hartford area and provide PC, BH, and addiction recovery services trying to improve the rates of Cervical Cancer screening but lack of patient education, coordinating issues getting pap smear results from outside OBGYN providers to fulfill care gap, documentation errors/delays, leading to our low compliance rate for the screening.

We are a health center that serves Greater Hartford area and provide PC, BH, and addiction recovery services trying to improve the rates of Cervical Cancer screening but lack of patient education, coordinating issues getting pap smear results from outside OBGYN providers to fulfill care gap, documentation errors/delays, makes us fall behind our target goal.

We are a health center that primarily serves the underserved and uninsured population to promote an increase in the number of women screened for cervical cancer and provide health care services navigation, but, historical barriers include a lack of access to care and low health literacy that limit the potential for improvement because our catchment population lacks health insurance coverage and an understanding of the risks of cervical cancer which makes us feel motivated to implement best practices in a systematic, disciplined, patient-centered and equitable approach to deliver high-quality outcomes for the patients we serve.

We are a health center that serves a rural nondiverse small patient population trying to improve screenings, tests performed, and patient education. However, lack of gathering records at time of visit present a barrier for improvement. We strive to keep the patient first so gathering this important information.