

Patient Care Cervical Cancer Screening Overdue

i4C Indicator PHC-CAN-004: Patient Care Cervical Cancer Screening Overdue v 2.1

Category: Preventive Health Care/Cancer

Purpose:

This indicator is used to prioritize patients that need a recall for cervical cancer screening.

Source:

Based on the HQO indicator framework version published in October 2015.

Base Population:

All patients overdue for cervical cancer screening, plus patients who are up to date with screening but will become overdue within 7 months.

Indicator Segments:

<= 3 months overdue: Count of patients Overdue for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITHOUT pap test declined or pap results pending documented in the past 36 months AND WITH pap test documented in the past 37-39 months inclusive.

> 3 months overdue: Count of patients Overdue for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITHOUT pap test declined or pap results pending documented in the past 36 months AND WITHOUT pap test documented in the past 37-39 months inclusive.

< 1 month pending: Count of patients Overdue for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITH pap results pending documented in the past month.

>= 1 month pending: Count of patients Overdue for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITHOUT pap results pending documented in the past month AND WITH pap results pending documented in the past 2 -36 months inclusive.

Declined: Count of patients Overdue for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITHOUT pap results pending documented in the past 36 months AND WITH pap test declined documented in the past 36 months.

Due in < 4 months: Count of patients Up-to-date for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITH the most recent pap test documented between 33 and 36 months ago inclusive.

Due in >= 4 and < 7 months: Count of patients Up-to-date for cervical cancer screening (See PHC-CAN-003 Patient Care Cervical Cancer Screening) WITH the most recent pap test documented between 29 and 32 months ago inclusive.

Pap Exclusion can be documented as:

- A Q140A service code that has been submitted for a patient
- ICD-9 diagnosis code V45.77 (Acquired absence of organ, genital organs) entered as a current or past diagnosis in the cumulative patient profile
- Any of the following ICD-9 procedure codes entered as a procedure in past medical/surgical history of the cumulative patient profile:

- 68.3 (Subtotal Abdominal Hysterectomy)
- 68.4 (Total Abdominal Hysterectomy)
- 68.5 (Vaginal Hysterectomy)
- 68.6 (Radical Abdominal Hysterectomy)
- 68.7 (Radical Vaginal Hysterectomy)
- 68.8 (Pelvic evisceration)
- 68.9 (Other and unspecified hysterectomy)
- Any of the following text documented as a current/past diagnosis or as a procedure within past medical/surgical history of the cumulative patient profile:
 - 'Cervical Ca'
 - 'Hysterectomy'
 - 'Hysterosal'
 - 'TVH'
 - 'TABH'
 - 'TAH'

Pap Screening can be documented as a Q011A tracking code that has been submitted for a patient, a report from a sending facility identifying that a pap test has been completed, or as a procedure documented within Past Medical/Surgical history in the cumulative patient profile.

Pap Test Declined can be documented as a procedure captured within past medical/surgical history of the cumulative patient profile, or specific local EMR functionality representing best practice workflow.

Pap Results Pending can be documented as a procedure captured within past medical/surgical history of the cumulative patient profile, or specific local EMR functionality representing best practice workflow.

Suggested Indicator Use:

Physician or practice use of this indicator is to manage the recall of patients who are overdue, or in pending status for results, or will be coming due soon for a pap test.