

## Maryland Cancer Plan Cervical Cancer Committee

PROBLEM	RECOMMENDED SOLUTION
<b>Public</b>	<b>Public</b>
Lack of awareness of screening recommendations and availability of programs	Increase educational activities among all groups as to the importance of regular screening.
	Increase awareness of the availability of screening programs.
	Develop culturally sensitive educational messages.
	Partner with smoking cessation programs.
	Educate high-risk populations (e.g. Vietnamese women).
<b>Target Population/Patient</b>	<b>Target Population/Patient</b>
Women who have <u>NOT</u> been screened in the last 5 years are at risk of developing cervical cancer.	Identify characteristics of women who may not have been screened in the past 5 years (e.g. by looking at changing demographics of the state.
	Increase outreach efforts to reach the ‘underserved.’
	Provide low cost/easily accessible mechanisms for screening of low-income individuals.
Lack of compliance with recommended follow-up after screening.	Encourage providers to have an organized mechanism to track patients, particularly those with high- grade lesions that fail to follow-up.
<b>Primary Care Provider</b>	<b>Primary Care Provider</b>
Lack of access to care (e.g. Older women may only see a primary care provider. Many primary care providers do not perform Pap smears.)	Encourage primary care providers to provide or make a referral for a Pap test systematically track compliance to assure that their patients receive a Pap test.
	Increase awareness of the availability of screening programs.
	Provide Pap tests to women seen in hospital inpatient or outpatient settings including Emergency Room, and assure that a mechanism for follow-up is available.
	Amend SB 59, Section 19-348 and to “provide” Pap tests to all in-patients. Look at hospitals that do well at providing Pap tests to inpatients. Use lessons learned to share with other hospitals.
	Increase funding for centers that care for indigent women.
	Link Pap test performance or referral to physician re-certification from the BPQA.
Providers may be over-testing patients.	Disseminate management guidelines (ASCCP) to practitioners who care for women with cervical abnormalities.
	Encourage providers to have an organized mechanism to track patients,

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	particularly those with high- grade lesions, that fail to follow-up.
<b>Specialist Provider</b>	<b>Specialist Provider</b>
Lack of providers doing colposcopy which delays the length of time it takes to go from screening to completion of diagnostic work-up.	Determine if everyone who is referred for colposcopy actually needs colposcopy. If so, would a colposcopy van be useful?
Need consistency with physicians performing follow-up procedures.	Disseminate management guidelines (ASCCP) to practitioners who care for women with cervical abnormalities.
Providers may be over-testing and over-treating patients.	Disseminate management guidelines (ASCCP) to practitioners who care for women with cervical abnormalities.
<b>Health Care Systems/Access</b>	<b>Health Care Systems/Access</b>
Lack of health care benefits for uninsured populations.	Increase funding for health care centers that care for indigent women and include funding for staff to provide follow-up services.
	Provide funding so that all women can obtain a Pap test and follow-up procedures regardless of insurance status.
<b>Research</b>	<b>Research</b>
Most deaths due to invasive cervical cancer could be prevented and yet in 1999, 77 women died and 226 women were diagnosed with invasive cervical cancer. Some women who have a positive screen do not complete diagnostic work-up or treatment, and some women are diagnosed at late stages.	Conduct a look back study to determine the factors that contribute to women developing and /or dying from invasive cervical cancer. Identify factors that influence/hinder health seeking behaviors (e.g. screening, diagnosis, treatment) for the patient and health care system factors that influence screening, diagnosis and treatment.
Some women do not get Pap tests regardless of outreach and education efforts.	Explore whether alternative screening techniques should be used for special populations.
There are discrepancies in survival (e.g. African Americans, older women).	Encourage research to determine why discrepancies exist and what factors can be changed.