

Effectiveness of portal notification in completion of cervical cancer screening in 50- to 65-year-old female family medicine patients

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Purpose

Cervical cancer screening (CCS) guidelines changed in 2012.¹ Women aged 50-65 years who have undergone CCS annually for decades may be unaware of these changes. Even if they are aware of the changes, they may be confused about the new time frames or forget to schedule their CCS as recommended. During routine office visits, nurse practitioners can provide education regarding the new guidelines. In addition, use of a patient web portal to remind women about scheduling their CCS may aid in eliminating the problem—that is, patients' lack of awareness of and confusion about CCS.²

A large Northeast Florida Family Medicine Department was the setting for a quality improvement (QI) project to implement and evaluate a strategy to improve CCS screening rates in women aged 50-65 years. An existing but underutilized patient web portal was used to send invitations to patients to schedule overdue CCS. The QI project's main purpose was to determine whether utilizing a computer-based patient portal for notification of overdue CCS would facilitate scheduling the appointment and completing the screening.

Methods

An electronic query of 598 charts of patients aged 50-65 years was completed. Inclusion criteria were being



in the designated age group and being at least 6 months overdue for CCS. Patients with histories of hysterectomy, cervical disorders, off-campus gynecologic care, treatment for a current cervical disorder, or no portal enrollment were excluded.

A letter of invitation for CCS was developed. Individual invitations were sent privately through the clinic web portal communication system. Patients were asked to reply through the web portal and schedule an appointment within 2 months of receiving the notice. After 2 weeks, a second letter was sent to non-responders and to account for non-delivery of the first letter. Subsequent responses were collected for 2 more weeks. Project endpoints included response time from the first and second invitations and completion of CCS appointments. Confidence intervals (CIs) were calculated for each endpoint.

Results

Among the 598 patients whose charts were reviewed, 88 (14.7%) met criteria for the project and received an invitation letter via the web portal. Of the 88 patients, 25 responded to the invitation, scheduled an appoint-

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ment, and completed the CCS within a 2-month time frame (28%; 95% CI, 19%-39%). Of the 25 patients, 22 responded to the first invitation (mean response time, 5.7 days) and 3 to the second invitation (mean response time, 1 day), which met the endpoint criterion of making a response within 14 days. The remaining 63 patients (72%) did not meet the endpoint criteria of opening and/or responding to the invitation within 14 days and/or making and completing a CCS appointment within 2 months of receiving the invitation via the patient portal (95% CI, 61%-81%).

Limitations

This family medicine department lacked a standardized method of follow-up of patients who were overdue for CCS. As a consequence, there was no way to perform a cohort study for comparison of the web portal notification method with another CCS reminder method.

Implications for women's health

Cervical cancer may be preventable if recommended

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of Research on Women's Health are focused on inclusion of diverse population of women in clinical trials. The links provided in this column can help nurse practitioners working in women's health to better inform their patients about opportunities for participation in studies that can "Make a Difference" in finding optimal, targeted assessment and intervention strategies to promote and protect the health of all women. ●

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screenings are completed according to evidence-based guidelines. Technological advances provide various effective modes of notifying and scheduling patient screenings. A patient web portal may be successful if utilized routinely and efficiently by provider and patient. ●

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Web resource

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Web resources

- A. fda.gov/AboutFDA/CentersOffices/OC/OfficeofWomensHealth/default.htm
- B. sexandgendercourse.od.nih.gov
- C. fda.gov/forconsumers/byaudience/forwomen/ucm118508.htm
- D. fda.gov/ForConsumers/ByAudience/ForWomen/