
Table 4. Evidence-based cervical cancer screening programs for un-and/or underscreened individuals or medically underserved population.

CDC's National Breast and Cervical Cancer Early Detection Program

The Sisseton-Wahpeton Oyate Community Health Education Program

A community health educator was trained to collect and track data. The community health educator worked on improving processes, including getting clinic staff to use the reminder tab in the computer system. Clinic staff started reminding patients when they were due for a cancer screening and telling doctors which patients needed to be screened. The program talked to women individually about the importance of cancer screening and developed small media messages.

With these new processes in place at Sisseton Indian Health Service, 150 reminder letters and 99 reminder calls were completed for mammograms, 82 reminder calls were completed for cervical cancer screening, and 120 women received one-on-one education on breast and cervical cancer screening. Small media efforts reached 430 people, and 142 people registered for the Honor Every Woman Wellness Fair. The fair offered 18 different breast and cervical cancer educational opportunities, including opportunities to have individual talks with health care workers and community liaisons and to view digital stories, which are important in this community.

Best Chance Network

A Lean Six Sigma Master Black Belt improvement coach was used to learn how to improve cancer screening procedures in all of their Best Chance Network clinics. The health system staff created standing orders for testing and assigned a staff member from each region's main office to call patients who needed to be screened. They enhanced their computer system to call, text, and e-mail patients to remind them to get screened. They encouraged doctors to recommend Best Chance Network services to patients.

By the end of January 2019, the health system in the South Carolina Midlands region raised its breast and cervical cancer screening rate from 41 percent to 50 percent, and its rescreening rate from 36 percent to 45 percent across its 11 clinics. In the same time frame, the health system in the Pee Dee region raised its screening rate from 34 percent to 45 percent and its rescreening rate from 22 percent to 40 percent across its 13 clinics. The clinics in the Midlands regional health system now get screening reports monthly, quarterly, and yearly.

New Mexico Breast and Cervical Cancer Early Detection Program

Doctors who worked with the New Mexico Breast and Cervical Cancer Early Detection Program didn't know their patients' risk of getting breast cancer, so they did not make sure patients got the screening tests they needed. In April 2019, the program changed its screening and referral form to add a question about the patient's breast cancer risk and introduced two easy-to-use online risk assessment tools. The program also included information about reimbursable services for women at high risk for breast cancer

to encourage doctors to recommend screening for their patients. At the beginning of the program year, the program added the requirement to use the new form to their provider agreements.

The percentage of doctors who completed the risk assessment went up from 8 percent in April 2019 to 74 percent by September 2019. The number of patients who are known to be at high risk for breast cancer more than tripled. Clinic staff are very careful to make sure these women get the cancer screening tests they need. The program is continuing to train and help its providers increase the use of risk assessment tools.

Clinch River Health Services

As of June 2018, only about half of the women patients at Clinch River Health Services had been screened for breast cancer as recommended. This screening percentage was low compared to the state average of about 80 percent. This federally qualified health center didn't have an established process to inform staff which patients needed to be screened for breast cancer or to assign staff members to talk with patients about cancer screening and to schedule it. The clinic also needed a performance review process to help clinicians improve in this area.

The clinic started a quality improvement team that adopted standing orders for mammograms, which allowed women to be referred for breast cancer screening automatically. The team set up clinician alerts and patient reminders in the clinic's computer system. Before patients come to the clinic for their appointments, staff talk about which patients need to be screened. The team also explained cancer screening guidelines to clinicians and clinic staff and began using a monthly scorecard to show how well doctors are doing. As a result, the screening rate went up from 54 percent in June 2018 to 62 percent by July 2021