Improve Your Sites Mammogram and Pap Smear GPRA Rates

Kathy Ray, CNM, Navajo Area CAC, SME on iCare
Email from Dr. Karol (3/23)
IHS FY 2015 Quarter 2 GPRA Results

- Not on track measures

- Our focus
  - Mammography Screening
  - Cervical Cancer Screening
# 2015 National Dashboard (IHS/Tribal) - 2nd Qtr

<table>
<thead>
<tr>
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<th>2015 Q2 Target</th>
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<th>2015 Target</th>
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<td>On Track</td>
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<td>Controlling High Blood Pressure (MH)*</td>
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<td>59.5%</td>
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<td>Public Health Nursing Encounters</td>
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<td>386,307</td>
<td>425,679</td>
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<td>1,766</td>
<td>1,419</td>
<td>Pending</td>
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</tbody>
</table>

*Measure logic changes in FY 2014
³Long-term measure; will be reported in FY 2016
*New measure reported by federal and tribal programs as of FY 2014
³Measure data is submitted from 11 Areas
Measures in red are GPRAMA measures

Measures On Track: 2
Measures Within Range: 12
Measures Not On Track: 8
Learning Objectives

• Review national standard for screening mammography
• Review national standard for pap screenings

Using a DEMO Database:
• Use iCare to identify and manage groups of patients for pap and/or mammogram screening
• Use iCare to electronically manage Pap and/or mammogram screenings
• Use iCare to identify patient care needs and unmet performance measures
• Learn various uses of EHR, Women’s Health Package, and RPMS to assist with meeting these measures
Who should have a screening mammogram?

- U.S. Preventive Services Task Force recommendations:
  - Routine screening of average-risk women begins at age 50, instead of age 40;
  - Routine screening should end at age 74;
  - Women should get screening mammograms every two years, instead of every year;
  - Breast self-exams have little value.
EHR Clinical Reminder

Clinical Maintenance: Mammogram 50-74

---STATUS---  ---DUE DATE---  ---LAST DONE---
N/A  8/29/2014

Frequency: Cannot be determined for this patient.

Mammography is recommended in women from ages 50-74. Mammography should be discussed with patients from 40-49 and 75 and older and screening performed based on clinical judgment.

Routine Screening Mammogram recommendations (2011)

== US Preventive Services Taskforce: Recommends screening mammograms every 2 years from age 50-74. Recommends against routine screening in women aged 40-49.

== American College of Obstetrics and Gynecology: Recommends screening mammograms every 1-2 years for women aged 40-49 and yearly for women aged 50-74. Provider should discuss with patients whether mammography should be continued for ages 75 and older

== American Cancer Society: Recommends screening mammograms yearly starting at age 40 as long as a woman is in good health.

Clinicians should discuss the benefits and risks of mammography with patients aged 40-49 and 75 or older and screen based on clinical judgment.

REMINDER ON:
Women aged 50-74 who have not had a mammogram documented in past year.

EXCLUDED: Patients who have had a bilateral mastectomy documented.

Who should have a Pap smear?

- U.S. Preventive Services Task Force recommendations:
  - Age 21 – 65 every 3 years Pap only
  - Age 30 – 65 every 5 years Pap + HPV ***

- No routine screening with HPV below age of 30
- No screening below age of 21
- No screening above age of 65
- No screening after hysterectomy with removal of the cervix if no history of a high-grade lesion or cervical cancer
EHR Clinical Reminder

Clinical Maintenance: Pap test 30-64Y

--STATUS-- --DUE DATE-- --LAST DONE--
N/A 1/8/2014

Frequency: Due every 5 years for ages 30Y to 64Y.

REMINDER DUE: For female patients with intact cervix
Ages 30-64 if no PAP test in past 3 years
OR
if no PAP test AND HPV test documented in past 5 years

*** Reminder frequency is set to 5 years so regardless of
test(s) done will forecast a PAP due in 5 years. IF only
a PAP test was done without HPV testing, the PAP test
expires in 3 years and will be due ***

Reference: US Preventive Services Taskforce, American Cancer
Society Cervical Cancer Screening recommendations 2012,
Healthy People 2020, Cancer.

Cohort:
Encounter Procedure:
06/01/2012 58150-TOTAL HystereCTOMY Principle Procedure: NO Prov.
Narr. - Total Hysterectomy

Resolution: Last done 01/08/2014
Computed Finding: IHS-PAP 2013
01/08/2014 value - Screen pap by tech w md supv; CPT: P3000

Computed Finding: IHS-PAP 2009
01/08/2014 value - Screen pap by tech w md supv; CPT: P3000
Clinical Reporting System Logic (CRS)

- Denominators for Mammograms
- Female Active Clinical patients
- Age: 52 through 64
- No documented bilateral mastectomy
- No two separate unilateral mastectomies
Clinical Reporting
System Logic Continued

• Numerator:

• All patients who had a Mammogram documented in the past 2 years.

• This numerator does not include refusals.
CRS Developmental Measure

• Denominator for Mammograms

• 1) Female Active Clinical patients
• 2) Ages 52-74
  – Must be at least 52 at beginning of report period
• 3) Without a documented history of bilateral mastectomy or two separate unilateral mastectomies
• Numerator

• All patients who had a Mammogram documented in the past 2 years

• Refusals not counted
PAP CRS Logic

- Denominators:
  - Female Active Clinical patients
    - Ages 24 through 64
    - Ages 24 through 29
    - Ages 30 through 64
  - without a documented history of hysterectomy
PAP CRS Logic

• Numerators: None include refusals

• 1) Patients with a Pap smear documented in the past 3 years, or if patient is 30 – 64 years of age, either a Pap Smear documented in the past 3 years or a Pap Smear and an HPV DNA documented in the past 5 years.

• 2) Patients with a Pap Smear documented in the past 3 years.

• 3) Patients with a Pap Smear documented 3 – 5 years ago and an HPV DNA documented in the past 5 years.
Summary: What can you do to improve your rate?

Improve access to mammography:

• Do women absolutely have to have a clinical breast exam by a provider prior to a mammogram? It is preferred but not essential.

• Go out and find those women who have NEVER been screened and get them in!

• Be transparent about your goal to improve:
  – Urge the community to help you improve
  – Ask women to come in for their screening
  – Have them bring in their mother, daughter, sister, auntie, grandmother, friend.
Technical Side:
Electronic Data Capture

- Are your GPRA Mammography numbers lower than your site thinks they should be?
- Are your GPRA Pap Smear numbers lower than you think they should be?
- Using our tools correctly – are they working as intended?
- What can be done to change and improve your numbers? (Your patients/clients health!)
- Are the clerks still hand entering results?
  - Pap, Mammogram, HPV?
Pap + HPV for 30 – 64 yo

- Across IHS Areas:
  - Lowest GPRA percent – 1.3%
  - Highest GPRA percent – 14.4%
- What is causing these low numbers?
Collaboration is KEY

• This is work best done collaboratively:

• CACs and clinicians need to be talking to each other to identify glitches and fixes.

• Suggestion: CACs need to be involved in the clinical realm - meet regularly to share problems and solutions.
## The Measures Tab in iCare

![Image of the Measures Tab in iCare](image)

### National Performance Measures data from CRS 2015 current as of: Apr 25, 2015 02:08 AM

#### Current Number of Active Patients for this Facility: 914

<table>
<thead>
<tr>
<th>Category</th>
<th>Clinical Group</th>
<th>Measure Name</th>
<th># Patients in Denominator</th>
<th># Patients in Numerator</th>
<th>% Met</th>
<th>2015 Goal</th>
<th>IHS Current National Performance</th>
<th>Healthy People 2020 Goals</th>
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<td>Developmental</td>
<td>Cancer-Related</td>
<td>Comprehensive Cancer Screening (Dev)</td>
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<td>163</td>
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<td>37.5%</td>
<td>70.5%</td>
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<td>Mammogram Rates 52-74 (Dev)</td>
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<td>56</td>
<td>62.9%</td>
<td>35.2%</td>
<td>37.5%</td>
<td>70.5%</td>
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<td>Colorectal Cancer Screen 50-75</td>
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What to do Now?

- EHR Reminders
- iCare Reminders
  - Mammogram Notifications
  - Pap Notifications
Next Steps

- Open panel
- Go to Definition Details Tab
- Look at the options available – layout
- To change the layout, click on layout
# Reminders – Definition Details

<table>
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<th>Age</th>
<th>DOB</th>
<th>Designated</th>
<th>Community</th>
<th>Active DX Tags</th>
<th>Reminder Due</th>
<th>Communication Preference</th>
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<th>Notification Method</th>
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<td>69 YRS</td>
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<td>May 01, 2015</td>
<td>LETTER</td>
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<tr>
<td>66 YRS</td>
<td>Mar 20, 1949</td>
<td>COON,LILA</td>
<td>PAPILLION</td>
<td>CVD AHR (P); DM (P); HTN (P); Obese (P)</td>
<td>Aug 01, 2013</td>
<td>PHONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59 YRS</td>
<td>Aug 30, 1955</td>
<td>OGILVIE,C MD</td>
<td>HIAWATHA</td>
<td>CVD AR (P); Obese (P); PreDM (P); Smoker (P)</td>
<td>Mar 10, 2015</td>
<td>LETTER</td>
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<td></td>
</tr>
<tr>
<td>51 YRS</td>
<td>Dec 07, 1963</td>
<td>WHITTEN,M MD</td>
<td>WHITE CLOUD</td>
<td>Asthma (P); CVD AR (P); Obese (P)</td>
<td>May 24, 2014</td>
<td>LETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 YRS</td>
<td>Dec 14, 1964</td>
<td>HASKELL INST</td>
<td></td>
<td></td>
<td>May 01, 2015</td>
<td>DO NOT NOTIFY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74 YRS</td>
<td>Jul 03, 1940</td>
<td>WHITTEN,M MD</td>
<td>WHITE CLOUD</td>
<td>CVD Kn (P); DM (A); HTN (P); Obese (P)</td>
<td>Feb 02, 2013</td>
<td>DO NOT NOTIFY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54 YRS</td>
<td>Oct 02, 1960</td>
<td>MATTHEWS,C MD</td>
<td>RULO</td>
<td>CVD AR (P); Smoker (P)</td>
<td>Aug 27, 2014</td>
<td>PHONE</td>
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<td></td>
</tr>
<tr>
<td>52 YRS</td>
<td>May 17, 1962</td>
<td>OGILVIE,C MD</td>
<td>HIAWATHA</td>
<td>CVD AR (P); Obese (P); PreDM (P)</td>
<td>Apr 03, 2015</td>
<td>LETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 YRS</td>
<td>Aug 11, 1964</td>
<td>COON,LILA</td>
<td>ELWOOD</td>
<td>CVD AR (P); HTN (P); Smoker (P)</td>
<td>Jan 24, 2014</td>
<td>EMAIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54 YRS</td>
<td>Aug 15, 1960</td>
<td>WHITTEN,M MD</td>
<td>WHITE CLOUD</td>
<td></td>
<td>May 01, 2015</td>
<td>LETTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66 YRS</td>
<td>Aug 13, 1948</td>
<td>LEWIS,LARENE</td>
<td>FALLS CITY</td>
<td>CVD AHR (P); DM (A); HTN (P); Obese (P)</td>
<td>Nov 04, 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74 YRS</td>
<td>Jun 22, 1940</td>
<td>WHITTEN,M MD</td>
<td>SANTA FE</td>
<td>CVD AR (P); HTN (P); Obese (P)</td>
<td>May 01, 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 YRS</td>
<td>Nov 09, 1963</td>
<td>MOREHEAD,C MD</td>
<td>HIAWATHA</td>
<td>CVD AR (P); HTN (P); Obese (P); Smoker (P)</td>
<td>Jan 31, 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 YRS</td>
<td>Mar 25, 1965</td>
<td>COON,LILA</td>
<td>MISSOURI UNK</td>
<td>HTN (P)</td>
<td>Jan 04, 2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 YRS</td>
<td>Jun 06, 1959</td>
<td>LONEWOLF,D MD</td>
<td>SABETHA</td>
<td>CVD Kn (P); DM (A); HTN (P); Smoker (P)</td>
<td>Mar 20, 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Notification Process

• Select patients with same communication preference
• Click on “Notification Process”
• Select notification type – in this case letter
• Click on “Create”
## Reminder Notification

**Use this worksheet to process Patient Reminder Notifications.**

### Notification Type

- **Notification Type**: [LETTER]

### Selected Events

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>HRN</th>
<th>DOB</th>
<th>Sex</th>
<th>Reminder</th>
<th>Communication Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARON, MOUSE WENDY JO</td>
<td>109550-DB, 109549-HO</td>
<td>Nov 09, 1945</td>
<td>F</td>
<td>Mammogram 50-74 (EHR)</td>
<td>LETTER</td>
</tr>
<tr>
<td>ABBOTT, ROSE M</td>
<td>108886-DB, 108885-HO</td>
<td>Aug 30, 1955</td>
<td>F</td>
<td>Mammogram 50-74 (EHR)</td>
<td>LETTER</td>
</tr>
<tr>
<td>ARMELL, DAWN R</td>
<td>102183-DB, 102181-HO, 102182-HA, 102184</td>
<td>Dec 07, 1963</td>
<td>F</td>
<td>Mammogram 50-74 (EHR)</td>
<td>LETTER</td>
</tr>
</tbody>
</table>
Double click on letter needed and a template opens.

**Template: Pap needed**

```
| TODAY'S DATE |

| PATIENT FIRST NAME | PATIENT LAST NAME |
| CURRENT ADDRESS |

Dear Ms. [PATIENT LAST NAME],

Our records show you are past due for your PAP Screening.

Please contact us to schedule an appointment as soon as convenient for you.

Thank you.

Kathy
Women's Health Clinic
234-432-1234 for appointment
```
Dear Ms. [PATIENT LAST NAME],

Our records show you are past due for your PAP Screening.

Please contact us to schedule an appointment as soon as convenient for you.

Thank you.

Kathy
Women's Health Clinic
234-432-1234 for appointment
Next Steps

• Click OK – This data will be saved for all selected records. Do you want to proceed?
• Selecting “yes” will bring up the signature box.

![Image of electronic signature input box]

![Image of print confirmation dialog box]
MAY 01, 2015

ROSE ABBOTT
1665 340TH ST
ALB NEW MEXICO 87119

Dear Ms. ABBOTT,

Our records show you are past due for your PAP Screening.

Please contact us to schedule an appointment as soon as convenient for you.

Thank you.

Kathy
Women's Health Clinic
234-432-1234 for appointment

/es/ KATHY RAY
CIM
Signed: 05/01/2015 16:29
Results

Notice we now can see the Notification Date, and the Notification Method...MU Reminder has been met.

<table>
<thead>
<tr>
<th>Entity</th>
<th>Active DX Tags</th>
<th>Reminder Date</th>
<th>Communication Preference</th>
<th>Notification Date</th>
<th>Notification Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>CVD ASR (P); HTN (P); Obese (P)</td>
<td>May 01, 2015</td>
<td>LETTER</td>
<td>May 01, 2015</td>
<td>LETTER</td>
</tr>
<tr>
<td>DN</td>
<td>CVD AHR (P); DM (P); HTN (P); Obese (P)</td>
<td>Aug 01, 2013</td>
<td>PHONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HA</td>
<td>CVD ASR (P); Obese (P); PreDM (P); Smoker (P)</td>
<td>Mar 10, 2015</td>
<td>LETTER</td>
<td>May 01, 2015</td>
<td>LETTER</td>
</tr>
<tr>
<td>CLOUD</td>
<td>Asthma (P); CVD ASR (P); Obese (P)</td>
<td>May 24, 2014</td>
<td>LETTER</td>
<td>May 01, 2015</td>
<td>LETTER</td>
</tr>
</tbody>
</table>
Results

• Now we know – Who is Due?
• How to contact them by their preferred method

• Care for our patients – improved
• CRS – hopefully met by women getting paps and mammograms
• Meaningful Use Reminder met
Problem Solving

• How is Mammogram and Pap Results Captured in RPMS?
  – Inside your facility
  – Outside

• Use of Women’s Health Package
• Use of EHR Historical Services
MAIN MENU

PM  Patient Management ...
MR  Management Reports ...
MF  Manager's Functions ...
MP  Add/Edit Mammography Project Panel
WW  Add/Edit CVD Panel

Select Women's Health Menu Option:
Patient Management

- Section One
  - Case Data
  - Patient Profile

- Section Two
  - Procedure

- Section Three
  - Notifications
Case Data

- If patient is not currently in the WHP?
- Select PATIENT NAME: DEMO, PATIENT JAN
  - F 05-10-1964 XXX-XX-8790   DB 102667
- DEMO, PATIENT JAN is not currently in the Women's Health database.
- Do you wish to add her to the Women's Health Database?
- Enter Yes or No? Yes
<table>
<thead>
<tr>
<th>Case Manager: WARREN, C MD</th>
<th>ROI Consent:</th>
<th>Inactive Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Tx Need: Undetermined</td>
<td>Breast Tx Due Date:</td>
<td></td>
</tr>
<tr>
<td>Cervical Tx Need: Undetermined</td>
<td>Cervical Tx Due Date:</td>
<td></td>
</tr>
<tr>
<td>PAP Regimen: Undetermined</td>
<td>PAP Reg Start Dt:</td>
<td></td>
</tr>
<tr>
<td>Prev PAP Date: None</td>
<td>Prev Mam Date: None</td>
<td></td>
</tr>
<tr>
<td>Family Hx of Breast CA:</td>
<td>Notes (WP):</td>
<td></td>
</tr>
<tr>
<td>Currently Pregnant:</td>
<td>EDC:</td>
<td></td>
</tr>
<tr>
<td>Date Enrolled: MAR 12, 2015</td>
<td>DES Daughter:</td>
<td></td>
</tr>
<tr>
<td>Select RACE:</td>
<td>Referral Source:</td>
<td></td>
</tr>
<tr>
<td>Income Eligible:</td>
<td>Ethnicity:</td>
<td></td>
</tr>
<tr>
<td>Eligible for PAP:</td>
<td>Income Eligible Date:</td>
<td></td>
</tr>
<tr>
<td>Eligible for MAM:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patient Profile

- Displays the patient history as recorded in the WHP Patient Profile
  
  - Brief format
  
  - Detailed format
Adding a “New” or “Historical” Procedure

* * * WOMEN’S HEALTH: ENTER HISTORICAL DATA * * *

Select PATIENT NAME: AARON, STELLA  F 05-10-1964 XXX-XX-8790 DB 102667
Select PROCEDURE: mamm
1. MAMMOGRAM DX BILAT  MB
2. MAMMOGRAM DX UNILAT  MU
3. MAMMOGRAM SCREENING  MS
CHOOSE 1-3: 3 MAMMOGRAM SCREENING  MS
Select DATE: TODAY// t-1w (MAR 05, 2015) MAR 05, 2015

RESULTS/DIAGNOSIS: ??

Choose from:
BI-RADS 0-Add Imag Eval Needed  6
BI-RADS 0-Prev Films Req  6
BI-RADS 1  90
BI-RADS 2  5
BI-RADS 3  4
BI-RADS 4  1
BI-RADS 5  1
Error/disregard  95

RESULTS/DIAGNOSIS:
**EDIT A PROCEDURE**

**Patient Name:** AARCO (50y/o)  
**Case Manager:** WARR  
**Cx Tx Need:** Undetermined  
**PAP Regimen:** Undetermined  
**Br Tx Need:** Undetermined  
**Chart #:** 10-26-67  
**Procedure:** MAMMOGRAM SCREENING  
**Acc #:** MS15-1

---

**Date of Procedure:** MAR 5, 2015  
**Clinician/Provider:**  
**Ward/Clinic/Location:**  
**Health Care Facility:** 2011 DEMO HOSPITAL  
**Clinical History:**  
**Complete by (Date):** APR 4, 2015

**Results/Diagnosis:** BI-RADS 1
**Sec Results/Diagnosis:**  
**Status:** CLOSED

---

**PCC Date/Time:**  
**Interpreting RAD:**

---

**Results Text (WP):**  
**HPV:**
Pap and HPV

• AP – Add a NEW Procedure
• Can use ?? to find available choices
• Can add Pap procedure
• Can add HPV procedure
• As shown previously, can add mammogram
Will this improve your numbers?

- Maybe – if your Women’s Health Package is set up correctly – for Mammograms and Pap smears

- No for HPV – WHP logic not included (until CRS 16 comes out)
Mammogram – Problem Solving

• Capture in RPMS system
  – Women’s Health Package, or/and
  – Scheduling Package – set up Mammography Clinic
- Mammogram Clinic held – Mobile Van
- Women checked into clinic
- Mammogram done
- NOTE: If Radiology Package set up for capture of off-site procedures, can be a realistic, useful alternative.
- Results received – What now?
  - Enter in WHP – OR
  - Scan Results into Vista Imaging connecting to the Mammography Clinic visit
Mammogram

- Radiology or CPT 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202

- POV ICD-9: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89, Other abnormal findings on radiological exam of breast; ICD-10: R92.0, R92.1, R92.8, Z12.31

- Procedure ICD-9: 87.36, 87.37; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ

- Women’s Health procedure called Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does not have "ERROR/DISREGARD"
Mammogram Improvement

1. Get the Women in for the procedure
   - Notifications – letters, phone calls, announcements on the radio, etc
   - Party atmosphere – something special
     - Friends – females – visiting
     - Door prizes
     - Food
     - Women’s Day

2. Make certain the results are entered in a way that RPMS – CRS – can find them
Pap and HPV

- Same process for Pap improvement (as mammo)
- Different for HPV
  - HPV most often ordered as “part of” Pap test
  - Doesn’t show in lab package as a separate test
  - Not captured by current method

HPV DNA

- Lab HPV
- POV ICD-9: V73.81, 079.4, 796.75, 795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51
- CPT 87620 through 87622
- LOINC taxonomy
- Site-populated taxonomy BGP HPV TAX
HPV Performed Prior to 1/1/2015 - Entry

- EHR -> Historical Services -> Add -> Procedure
- Enter date test performed first, location
- Then enter code 87620 and Save
- When procedure lookup screen opens, place check in Laboratory box and click search
- Code appears – click OK, then click Save
HPV Entry Options
HPV Performed After 1/1/2015 – Entry

- EHR – Historical Services same process

- Select HPV from GPRA Services Pick List
  - CPT Code 87624
Results

- Pap now due for the patient in 5 years
- GPRA Measure for Pap now met!
CMET

1. Event – procedures, screenings and/or exams
   - Breast, Cervical, Colon, Skeletal, and STI
2. Findings – abbreviated results assigned an interpretation of Normal, Abnormal or NA
3. Follow-up – the clinician’s recommendation for the next step
4. Patient Notification – make patient aware of results and recommendations for follow-up
When will CMET work?

• Is the procedure within the RPMS system?
  – Done in-house
    • Radiology Package
  – Scheduled
    • Mammogram Clinic

• Cannot at this time enter procedures directly into iCare CMET
Women’s Health Calls

Summary: The goal of this call is to assist sites with Women's Health Package, Prenatal Module, and iCare CMET issues and questions. These are not formal presentations, but more like "Office Hours". Feel free to attend with your questions, or just for further learning from others. Every effort will be made to host the calls monthly on the second Friday of the month, usually at 1 Mountain time and usually last two hours. You may email your issues prior to that date so preparations can be made to answer your question, or you may wait until the call. I hope you will be able to join.

Also, feel free to share with others.
Invited By: Kathy Ray (NAV) (kathy.ray@ihs.gov)
When: The Second Friday of the Month at 1:00 PM - 3:00 PM
Time Zone: (GMT-07:00) Mountain Time (US and Canada)

Conference Number(s):

United States: +18008320736
Conference Room Number: 7643136

To join the meeting:
http://ihs.adobeconnect.com/wh-cmet/
Contact Information

• Kathy Ray, CNM, Navajo Area CAC
  Kathy.ray@ihs.gov

My special thanks to Carolyn, as some of the information presented came from her.

• Carolyn Aoyama, CNM, Senior Consultant for Women’s Health