



Improving Health Maintenance Screenings in Primary Care

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COLLEGE OF PHARMACY
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Setting and Team Members

- Primary Care Clinic based in Franklin, TN serving adults and children patient
- Team members: Stephanie Mathis, LPN
- Capstone coach: Dr. Waynick-Rogers

Background

- CMS Quality Measure and Outcomes for preventative care were not met by our clinic in 2019.
- Intake forms were generated and implemented by our team to increase patient awareness and the amount of referrals for preventive screenings.
- Screenings ranged from colonoscopies, pap smears, mammograms, and vaccinations.

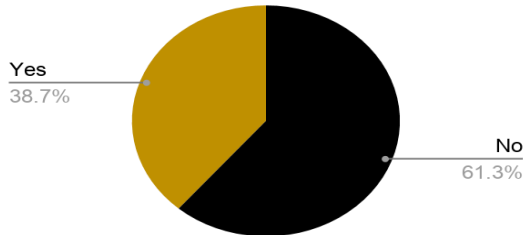
Aim Statement

Our aim was to increase the amount of pap smear referrals for female patients, aged 21 – 65 who are past due according to USPSTF guidelines, at Westhaven Family Practice under Jill Cash on Wednesday afternoons between December 2019 and March 2020.

Interventions and Measures

- Intake forms were created for patients to complete upon arrival to clinic that documented past procedures.
- Pap smears were scheduled to be performed on-site at the end of patient appointments for future dates.
- Results were measured by the number of referrals made and documentations in EPIC for all preventative measures.
- Pap smear documentation was made following completed appointments.

Percentage of Patients Due for Preventive Screening



Results

Our study revealed that more than half of patients questioned were due for routine pap smears at the time of their visits. However, of those due, only 45% completed the recommended routine screening.

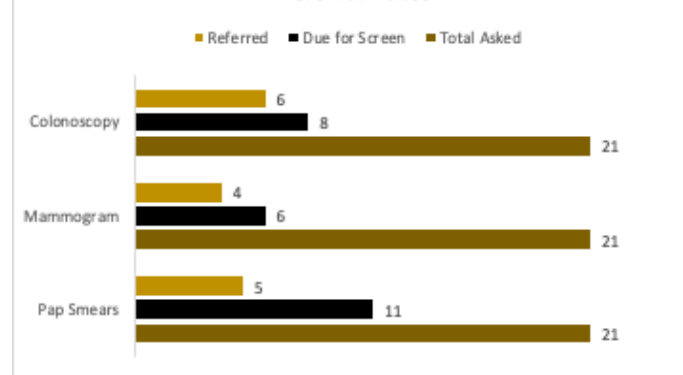
Similar results were seen for other maintenance screenings where less than 30% of patients completed preventive measures to mitigate risk factors for their health.

Conclusions

Our intake form proved to be unsuccessful in increasing the amount of referrals and procedures for pap smears in female patients for the VUMC Franklin Clinic.

While our form was unsuccessful in generating completed pap smears, we believe that we were successful in increasing patient awareness and education for preventive measures which can reduce disease risks for patients in the future.

Referral Rates



Lessons Learned

Our project underscores the disconnect between identifying patients who are due for preventive screenings and establishing a referral. The majority of screenings were declined due to patient preference. In our experience, there is no replacement for direct patient discussion in recommending and implementing screenings.

Future Work

Measures that could improve maintenance screening rates include verifying previous screening dates at every patient interaction, creating automated patient reminders once a due date has been established, and increasing patient education about how often and for whom each preventative measure is recommended.

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Age: _____

Have you received your Flu shot this year? YES NO

Date of last Pneumococcal vaccine: _____

- Would you be interested in a Pneumococcal vaccine if you have not had one?

YES NO

Date of last Shingles vaccine: _____

- Would you be interested in receiving a Shingles vaccine if you have not had one?

YES NO

Date of last colonoscopy: _____

- Would you be interested in scheduling a colonoscopy if you have not had one?

YES NO

Date of last lung cancer screening: _____

Do you smoke? YES NO

If you smoke, how many packs per day? _____ Age started: _____

For Males:

Date of last prostate screening: _____

- Would you be interested in receiving a prostate exam if you have not had one?

YES NO

For Females:

Date of last pap smear: _____

- Would you be interested in receiving a pap smear if you have not had one?

YES NO

Date of last mammogram screening: _____

- Would you be interested in scheduling a mammogram if you have not had one?

YES NO