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## Quality Corner

### Quality Improvement Recognized with New Cervical Cancer Screening Tool

By Dr. James Schultz, Medical Director, Escondido Community Health Center

Managed care groups in California are now required to provide coverage for any physician-ordered cervical cancer screening test approved by the Federal Food and Drug Administration (FDA). This expands the previous requirement of providing a conventional Pap test to include automated Pap tests which enhance diagnostic capabilities and result in quality improvement.

The conventional Pap smear has been the mainstay of cervical cancer screening for approximately 50 years. Efforts to improve Pap screening standards have centered on reducing false negative results which may have detrimental effects on the patient's health. Likewise, false positive results may cause the patient to undergo unnecessary follow-up tests including additional Pap tests, biopsy or colposcopy.

Many false negative cases result from problems with sample transfer and smear quality. The traditional smears are fixed on a slide and air-dried. This method can provide a non-

representative fraction of the material collected which can "clump" together in multiple cell layers. This produces slides of varying quality, making it difficult to find and interpret abnormal cells.

An automated Pap system that eliminates many of the causes of false readings is ThinPrep, available through the Council Connections' contracted vendor Unilab. It is proving effective in reducing the number of false positive or false negative results by producing better quality slides.

With the automated system, the cervical sample is collected in the same manner as for a conventional Pap smear. But instead of "smearing" the sample onto a slide, the cervical sample is rinsed into a vial of fixative fluid that preserves just about all of the sample. The sample is homogenized in the laboratory, then a representative subsample is collected on a single-use filter, transferred to a glass slide and stained in the routine fashion.

Reducing the number of false positives decreases the number of unnecessary follow-up tests. A large medical group in San Diego's North County completed a cost benefit analysis that documented the value of using an automated cervical cancer screening test. Each medical group should

evaluate the benefit of using this tool.

Among the aspects to consider are:

- \* Reduced number of false positive results from Pap tests
- \* Prevention of unnecessary procedures
- \* Improved diagnostic accuracy

In our clinic, we have found that patients are aware of automated Pap screenings and perceive that clinics using this tool are providing quality medical care. For more information about automated cervical cancer screening, please contact Council Connections, 1-800-640-1662, ext. 305.

### Follow-up for Atypical Pap Test Results:

The human papilloma virus (HPV) is the primary cause of cervical cancer and pre-cancer changes. Cervical cancer is virtually 100% preventable with sequential, repetitive Pap screening tests. An estimated two million Pap tests annually are inconclusive or ASCUS (Atypical Squamous Cells – Undetermined Significance). Only 5 - 10% of women with ASCUS harbor serious cervical disease, but more than one-third of

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### BCCTP Update

**Effective January 1, 2002, the new Breast and Cervical Cancer Treatment Program (BCCTP) provides full-scope Medi-Cal benefits for the treatment of breast or cervical cancer.**

**For more information, call the Health Access Programs Hotline at 1-800-257-6900 from 8 a. m. to 5 p.m., Monday through Friday, except holidays.**





## Many Americans Do Not Receive Dental Care, Report Says

Millions of Americans are not receiving adequate dental care, mainly due to a lack of access to providers and inadequate preventive services, according to a new report. The *AP/Contra Costa Times* reports that the 50-state study, conducted by the advocacy group Oral Health America with assistance from federal health officials, gave the nation a "C" grade on overall dental care. The report, which comes two years after Surgeon General David Satcher labeled the problem of inadequate dental care in America a "silent epidemic," graded each state based on 22 measures of dental care. Below are some of the main findings of the study:

- "At least" one-third of Americans do not see a dentist even once a year. For low-income individuals, the percentage rises to more than 50%.
- While Medicaid covers dental visits for children, in no state did at least 50% of Medicaid-eligible children get an annual dental visit. In the four states that performed best on this measure, only 40% of these children visited a dentist. The study says the poor rates occur because Medicaid reimbursement rates are generally so low that few dentists participate in the program.
- In 10 states, less than 50% of the population drinks fluoridated water.
- About 24% of seniors have lost all their teeth (Neergaard, *AP/Contra Costa Times*, 1/29).

The report card, the second issued by Oral Health America, expands on the 2000 surgeon general's report, which found that more than 108 million Americans lacked dental insurance, nearly triple the number that lacked medical insurance. It also found that tooth decay affected 50% of first-graders and 80% of 17-year-olds, and that 30,000 Americans developed oral cancer each year. "Our report card shows the nation needs to pay more attention to oral health. We can make great strides in improving oral health by implementing tested preventive measures and by ensuring more people see an oral health professional on a regular basis," Robert Klaus, president of Oral Health America, said (Oral Health America release, 1/23).

### Some Good News:

Despite the overall poor state of dental care, the new report did find that states have made improvements. Some, such as Alabama and Georgia, have increased Medicaid funding of dental care. Ohio, New York and Illinois have launched "successful, innovative programs to get cavity-blocking sealants placed in tens of thousands of children's teeth." Finally, 46 states have hired a dental director, a position recommended by the surgeon general (*AP/Contra Costa Times*, 1/29). Noting this latter improvement, Klaus said, "Oral health is now on the radar screen, and the U.S. needs to match this awareness with resources" (Oral Health America release, 1/23).

## NCQA Public Comment Announcement

NCQA invites your comments and suggestions during TWO public comment periods:

### HEDIS

Proposed changes to HEDIS 2003, the latest version of

NCQA's Health Plan Employer Data and Information Set, will be available on the NCQA web site ([www.ncqa.org](http://www.ncqa.org)) from February 12 to March 28, 2002.

### STANDARDS

Proposed revisions to standards

for MCO, MBHO and PPO Accreditation will be available on the NCQA web site from March 1 to March 31, 2002.

Contact NCQA Customer Support at 888-275-7585 with any questions.



### Start of Two Asthma Projects in March

The Local Prop 10 Asthma Initiative planning and startup is planned for this month. This grant is a collaborative between the American Lung Association, Children's Hospital and the Council of Community Clinics. American Lung Association is the grantee with Children's Hospital and the Council of Community Clinics as sub-contractors. Children's Hospital will provide community health workers that will make home visits to the children enrolled in the program. The Council of Community Clinics will have a treatment fund to pay the clinics for asthma visits and treatment for asthma.

The program is for uninsured children under the age of five with persistent asthma. The participating Clinics are North County Health Services, Vista Community Clinic, Escondido Health Centers, and East County Health Centers.

The second asthma project is a pilot sponsored by the San Diego Alliance for Improving Child Health and Safety. This project will focus on continuous quality improvement teams in six clinics who will work on strategies to improve the care to children diagnosed with persistent asthma. The participating clinics are North County Health Services, Vista Community Clinic, Escondido Health Centers, East County Health Centers, San Ysidro Health Centers and Comprehensive Health Center.



## Quality Corner, Cont.

the high grade squamous intraepithelial lesions in screening populations are identified from ASCUS Pap test results. For this reason, ASCUS results should *always* be followed up.

Follow-up options include repetitive Pap tests (three times at 4 to 6 month intervals), reflex HPV test from the same Pap sample or colposcopy.

Advantages of reflex HPV testing include:

\* Cases are more correctly referred to colposcopy by reflex HPV testing than

from repeated Pap tests.

\* Referral occurs soon and with less interruption of the concerned women.  
\* Cytology exam and the HPV test are completed from the same ThinPrep sample.

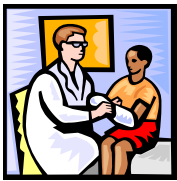
The Bethesda System and American Society of Colposcopy and Cervical Pathology concur that HPV testing improves results of Pap screening in the cases of ASCUS. The AMWA reports that the preferred follow-up for an ASCUS result is a "reflex" HPV test. This test does not require another pelvic exam as it uses the cervical

sample preserved in the same liquid that was used for obtaining the initial test. If the high risk HPV is negative, patients continue to be screened periodically. If the HPV is positive, a colposcopy is recommended.

The American Medical Women's Association (AMWA) is conducting the National HPV & Cervical Cancer public education campaign. The goal of the campaign is to reduce the number of preventable deaths caused by cervical cancer.



## San Diego County Health Agencies 'Fall Short' of Meeting Goals, Surveys Find



San Diego County health agencies do not adequately ensure that health programs meet goals or that health care workers are "competent," according to state-wide and federal surveys, the San Diego Union-Tribune reports. At the request of Dr. George Flores, the county health department's chief physician, the CDC and the Health Officers Association of California conducted surveys to assess how San Diego County's health services compared to those in other counties across the nation. The surveys questioned more than 80 local health care officials from county government and community service organizations. Preliminary results from the CDC survey indicated that the county "falls short" in the following areas: educating people

about health issues, creating community partnerships to solve health problems, ensuring a competent public health workforce, linking patients to services, evaluating the quality of health programs, monitoring community health problems and investigating ways to solve health problems. However, the CDC study did find that the county "does a better job" than others at enforcing laws to protect health and safety, enacting policies to support health efforts, diagnosing health problems and creating regional approaches to addressing health issues.

### Problems with Outsourcing

The survey by the health officers association identified problems in other areas. For example, the survey found that 42%

of the county's public health staff is "outsourced," which could potentially make the county "vulnerable" and impair a "health officer's ability to carry out duties." While the county contracts out work as a way to use some federal and state grants without having to hire additional workers, the survey found that the county may be short-handed in the event of a disaster. Flores said, "We're more outsourced than any other health department in the state and any other large health department in the nation." He added, "It makes it more difficult to deploy workers and cross-utilize them in a disaster." The Union-Tribune reports that specific examples of the county's strengths and weaknesses will be outlined when the full report is released at a later time (*Clark, San Diego Union-Tribune, 1/28*).



## TRAC-HIV Prevention Program: *Technical Assistance*



**TRAC**-The Resource Assistance Collaborative is a program of the Council of Community Clinics. It has been funded since 1996 by the San Diego County Office of AIDS Coordination (OAC) to provide technical assistance services to HIV prevention programs that are funded by the OAC. The program was established by the San Diego HIV Prevention Community Planning Board that recommended 15% of prevention funds be set aside to provide technical assistance services to funded programs. Technical assistance services include consultation, training, and social marketing campaign services.

**Consultation** The prevention programs receive consultation services that can assist them with developing budgets, work plans, evaluation plans, management plans, and data collection, analysis, & report plans. Current initiatives include team building, use of hand-held data collection devices, and data collection streamlining.

**Training** Personnel of the programs are afforded many opportunities to gain and sharpen skills. **Hands On Workshops** are offered monthly and feature half-day skill-building sessions. Recent examples include *Best Practices to Integrate STD Control in HIV Prevention*, *Do's & Don'ts of Working with Churches & Schools*, *Effective Use of Media Advocacy for HIV Awareness Month/World AIDS Day*, and *Effective Skills for Identifying and Managing the Stress of HIV Prevention Work*. A continental breakfast is provided.

**Intensive Workshops** are offered quarterly and provide a full-day training on particular subject matter.

Featured this year is a four part series: *Cultural Competency Training for San Diego County HIV Prevention Providers*. Part I addressed the *Definition of Cultural Competency in HIV Prevention*, Part II addressed *Personal Considerations of Cultural Competency in HIV Prevention*, Part III addressed *Societal Considerations of Cultural Competency in HIV Prevention*, and Part IV will apply all three elements for Cultural Competency in HIV Prevention to the target populations. Target populations are defined as those who practice high-risk behaviors for becoming infected with HIV such as unsafe sexual practices and the sharing of contaminated needles & syringes. A working lunch is provided.

**San Diego HIV Prevention College** is offered as a nine full-day training series for new or veteran HIV prevention personnel. The attendee gains a comprehensive introduction and familiarly with program development and management. Modules include *Basic Behavioral Science*, *Effective Interventions*, *Defining & Accessing Target Populations*, *Integrating STD & Hepatitis Prevention & Control*, and *Program Evaluation*. A working lunch is provided.

**Mid-Managers' Academy** is offered monthly for a half-day training on particular subject matter for personnel of prevention programs who anticipate advancement into managerial positions. Topics include *Practical Development of HIV Prevention Program Budgets*, *Writing Effective Goals & Objectives*, and *Developing Scopes of Work That Make Sense*. Refreshments are provided.

**Managers' Symposia** are offered every other month as half-day training for managers of programs and focus on particular skill-building activities such as *Managing A Diverse HIV Prevention Program Staff* and *How to Coach Staff*

*to Meet Performance Expectations*. Continental breakfast or refreshments are provided.

For more information about TRAC technical assistance or training, please contact Rick Siordian, Project Manager at 800.640.1662 ext. 307 or [rsiordian@ccc-sd.org](mailto:rsiordian@ccc-sd.org).

**Special Event** training is offered as full day, half-day or shorter. The programs are offered to all HIV prevention personnel. Recent topics include *Ask the Doctor* evening dinner symposia or the *Motivating Behavioral Change: How to Make HIV Prevention Entertaining, Memorable and Impacting* workshop.

**Social Marketing Campaign** HIV prevention programs are also provided technical assistance on social marketing techniques and principles through consultation, training, and support activities such as graphic design and venue-based direct message marketing. A major initiative for the campaign is to encourage individuals who are at high risk of HIV infection to seek antibody testing at San Diego County test sites. The campaign also has produced three video public service announcements that are currently being broadcast on local channels. Time Warner Cable Corporation recently has awarded the Council of Community Clinics \$25,000 airtime for the announcements based on their merits and production quality. For more information about the campaign, please contact Joe Cavan, Campaign Manager at 800.640.1662 ext. 328 or [jcavan@ccc-sd.org](mailto:jcavan@ccc-sd.org).

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