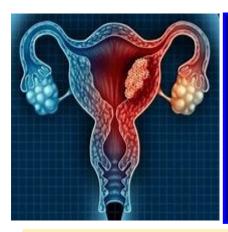


QI Weekly



Cervical Cancer Screening



According to the U.S. Preventive Services Task Force (USPSTF), the number of deaths from cervical cancer in the United States have decreased substantially since the implementation of widespread cervical cancer screening and continue to decline, from 2.8 per 100,000 women in 2000 to 2.3 deaths per 100,000 women in 2015. Most cases of cervical cancer occur among women who have not been adequately screened. Strategies that aim to ensure that all women are appropriately screened and receive adequate follow-up are most likely to succeed in further reducing cervical cancer incidence and mortality in the United States.

Measure Description: The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed every three years.
- Women 30-64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Eligible Population: Women 21-64 years as of December 31 of the measurement year.

Numerator: The number of women who were appropriately screened for cervical cancer as documented through either administrative data or medical records review. (Cervical cytology during the measurement year or the two years prior to the measurement year OR women 30-64 who had cervical cytology and a human papillomavirus test during the measurement year or the four years prior to the measurement year.

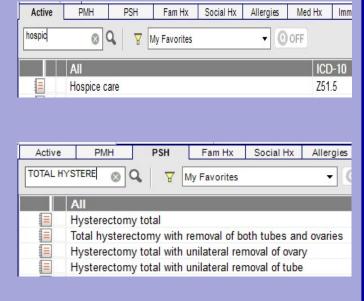
Denominator: The eligible population

Exclusions:

- Patients in hospice
- Patients who had a hysterectomy with no residual cervix

In Allscripts:

- Document Hospice Care as an active problem
- Document Total Hysterectomy as a past surgical history. DOCUMENTING HYSTERECTOMY WILL NOT EXCLUDE THE PATIENT. IT MUST BE TOTAL HYSTERECTOMY.



Date: 9/10/2019