Understanding Cervical Screening Rates at TUKHS Division of General Internal Medicine

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Introduction. The cervical cancer screening rate at The University of Kansas Health System (TUKHS) Division of General Internal Medicine was 72.73% in October 2022, falling short of the goal threshold of 79%. Detection of cervical cancer in initial stages is associated with favorable prognosis. We hypothesized differences in cervical screening rates were due to communication preference, language, gender identity, race, insurance status, ZIP code, county, and Social Determinants of Health (SDOH). Cervical screening rates at TUKHS Internal Medicine clinic were calculated between these demographics in this quantitative descriptive study.

Methods. Data was collected from the records of every patient fitting the eligibility criteria of the U.S. Preventative Services Task Force screening recommendations. This includes patients with a cervix from ages 21-64. Only patients from Kansas and Missouri were included in the analysis. Screening rate was defined as number of patients not due for cervical screening/total number of eligible patients. Significance was determined with chi-square and confidence interval calculations, alpha level of 0.05.

Results. Data was collected from 10704 patients fitting criteria. There was no significant difference in screening adherence based on primary language (P = 0.64651055), gender identity (P = 0.24698923), county (P = 0.1757628), or SDOH (P = 0.84776161). Significant screening adherence differences were seen by age group (P = 5.21448E-42), ethnicity (P = 8.29037E-23), race (P = 0.001464833), portal status (P = 2.76523E-08) communication preference (P = 0.049528), insurance status (P = 4.28234E-32), and last PCP visit (P = 3.03611E-61).

Conclusions. This quality improvement needs assessment demonstrates that efforts should include uninsured patients, trans men, and patients of Latino or Spanish Origin as intervention cohorts to improve cervical cancer screening adherence.