

Development of a Student-Led Cervical Cancer Patient Education and Navigation Program

Lindsey Finch, MD – Jackson Memorial Hospital

Topic: Cervical

Objectives

Cervical cancer incidence and mortality rates are significantly higher among low-income women. It is possible that low adherence to follow-up care after abnormal Pap screening contributes to this disparity. Postpartum women who have abnormal screening before or during pregnancy have even lower adherence to follow-up care. We have created a patient navigation system that is designed to improve access to follow-up care for such patients in a large urban safety net hospital.

Methods

A needs assessment was performed by reviewing delivery records for women delivering at a safety net hospital between September to October 2020. From March 2021 through the present, patients with abnormal or inadequate cervical cancer screening were identified by physicians during their prenatal care or presentation to the labor floor and included on a list for navigation. Trained medical student navigators were then assigned to patients to provide education and assistance in obtaining gynecology clinic follow-up appointments.

Results

Of the 399 women who delivered from September to October 2020, 59 (14.7%) had abnormal pap smears or inadequate cervical cancer screening. Of the 59 women identified, only 18 (30%) received ASCCP-recommended follow-up care. From March 2022 to the present, 48 women were included in the navigation program. Following the implementation of our navigation program, 27 (67%) of identified women with dysplasia received ASCCP-recommended follow-up care or have scheduled clinic appointments. 10 (21%) of identified patients did not have insurance despite the state expansion of Medicaid to 1 year postpartum.

Conclusions

Our study demonstrates that most postpartum patients with abnormal or inadequate cervical cancer screening results at our safety net hospital had not received adequate follow-up care. To address this disparity, we created a patient education and navigation system in which trained medical student patient navigators are paired with postpartum patients with inadequate cervical cancer screening or cervical dysplasia. We identified significant challenges, including difficulty obtaining contact with patients postpartum and inability to obtain access to insurance and financial benefits to which patients are entitled. We were able to modify our navigation processes to address these challenges with the goal of improving patient knowledge of recommended cervical cancer screening and treatment guidelines, increasing access to adequate care, and improving adherence to recommended screening and treatment. We continue to navigate patients, and have already seen an improvement in postpartum cervical dysplasia follow-up rates.

Abstract Table or Graph

SPAZFWFX-1515203-1-ANY.pdf