

# Patient Care Cervical Cancer Screening

## OntarioMD i4C Dashboard Indicator

For more information regarding OntarioMD Indicators or the EMR i4C Dashboard Specification, please refer to:

<https://www.ontariomd.ca/emr-certification/emr-specification/ontariomd-indicator-library>

## 1. VERSION HISTORY

INDICATOR VERSION	PUBLICATION DATE	REMARKS
1.0	2019-02-18	<ul style="list-style-type: none"> <li>Initial release</li> </ul>
2.0	2019-07-09	<ul style="list-style-type: none"> <li>Add a new optional Patient List column to display latest Q011A tracking code submitted for billing, independent of when the last screening was captured in the EMR</li> <li>Added Indicator ID, Indicator Segment ID and Display Indicator Segment properties</li> <li>Changed format and content of Indicator User Help</li> <li>Changed format of Source property</li> <li>Indicator Segment IDs re-sequenced to provide consistency across indicators</li> <li>Indicator Segment Query Criteria clarifies that query result from a segment should produce a count of patients</li> </ul>

## 2. INDICATOR DEFINITION

### 2.1 Indicator Properties

PROPERTY	VALUE
Indicator ID	PHC-CAN-003
Indicator Name	Patient Care Cervical Cancer Screening
Indicator Version	2.0
Date Published	2019-07-09
Description	<p><b>Purpose:</b></p> <p>This indicator is used to assist with the management of preventive screening for cervical cancer.</p> <p><b>Base Population:</b></p> <p>All female patients age 21 to 69 inclusive, with an Active demographic status recorded in the EMR.</p> <p><b>Indicator Segments:</b></p> <p>Indicator segments provide the following patient summaries:</p> <ul style="list-style-type: none"> <li>Count of patients, who are not excluded from screening, with screening up to date (Pap test within the past 3 years);</li> <li>Count of patients, who are not excluded from screening, with screening overdue;</li> <li>Count of patients who are excluded from screening.</li> </ul> <p><b>Suggested Indicator Use:</b></p> <p>Physician or practice use of this indicator is to review charts of patients overdue for a Pap test in order to manage the recall of patients.</p>

PROPERTY	VALUE
	<b>Measurements of Interest:</b> Percentage of patients with screening up to date out all patients with either screening up to date or screening overdue.
Source	HQO
Source Description	Based on the HQO indicator framework version published in October 2015.
Status	Active
Category	Preventive Health Care
Subcategory	Cancer
Indicator Order	3
Indicator Graphic Type	Pie Chart, Bar Chart
Indicator Graphic Notes	
Indicator User Help	<b>Females 21-69: Cervical Cancer Screening</b>  <b>Purpose:</b> This indicator is used to assist with the management of preventive screening for cervical cancer.  <b>Base Population:</b> All female patients age 21 to 69 inclusive, with an Active demographic status recorded in the EMR.  <b>Indicator Segments:</b>

PROPERTY	VALUE
	<p>Indicator segments provide the following patient summaries:</p> <ul style="list-style-type: none"> <li>• Count of patients, who are not excluded from screening, with screening up to date (Pap test within the past 3 years);</li> <li>• Count of patients, who are not excluded from screening, with screening overdue;</li> <li>• Count of patients who are excluded from screening.</li> </ul> <p><b>Suggested Indicator Use:</b></p> <p>Physician or practice use of this indicator is to review charts of patients overdue for a Pap test in order to manage the recall of patients.</p> <p><b>Measurements of Interest:</b></p> <p>Percentage of patients with screening up to date out all patients with either screening up to date or screening overdue.</p>

PROPERTY	VALUE
	<p><b>Metric Criteria:</b></p> <p><u>Screening overdue</u><sup>1</sup>: Patients WITHOUT a pap smear report documented or a Q011A tracking code billed in the past 36 months, who are NOT Excluded.</p> <p><u>Screening up to date</u><sup>2</sup>: Patients WITH a pap smear report documented or a Q011A tracking code billed in the past 36 months, who are NOT Excluded.</p> <p><u>Excluded</u><sup>3</sup>: Patients WITH a Q140A service code billed OR WITH any of the following diagnoses documented as text:</p> <ul style="list-style-type: none"> <li>• hysterectomy</li> <li>• hysterosal</li> <li>• Cervical Ca</li> <li>• TVH</li> <li>• TABH</li> <li>• TAH</li> </ul> <p>OR WITH any of the following diagnoses coded:</p> <ul style="list-style-type: none"> <li>• V45.77: Acquired absence of organ, genital organs (ICD-9)</li> <li>• 68.3: Subtotal Abdominal Hysterectomy (ICD-9)</li> <li>• 68.4: Total Abdominal Hysterectomy (ICD-9)</li> <li>• 68.5: Vaginal Hysterectomy (ICD-9)</li> <li>• 68.6: Radical Abdominal Hysterectomy (ICD-9)</li> <li>• 68.7: Vaginal Hysterectomy (ICD-9)</li> </ul>

<sup>1</sup> Implementer may include EMR-specific information on the workflow for documenting pap tests.

<sup>2</sup> Implementer may include EMR-specific information on the workflow for documenting pap tests.

<sup>3</sup> Implementer may include EMR-specific information on the workflow(s) for documenting pap exclusions.

PROPERTY	VALUE
	<ul style="list-style-type: none"> <li>• 68.8: Pelvic Evisceration (ICD-9)</li> <li>• 68.9: Other and Unspecified Hysterectomy (ICD-9)</li> </ul>

## 2.2 Indicator Segment Properties

PROPERTY	VALUE	VALUE	VALUE
Indicator Segment ID	1	2	3
Indicator Segment Label	Screening up to date	Screening Overdue	Excluded
Display Indicator Segment	Yes	Yes	Yes
Indicator Segment Query Criteria	<b>COUNT OF:</b> Active patients, female, age 21-69 inclusive <b>AND WITHOUT</b> a documented pap exclusion <b>AND WITH</b> a documented pap test in the last 36 months inclusive	<b>COUNT OF:</b> Active patients, female, age 21-69 inclusive <b>AND WITHOUT</b> a documented pap exclusion <b>AND WITHOUT</b> a documented pap test in the last 36 months inclusive	<b>COUNT OF:</b> Active patients, female, age 21-69 inclusive <b>AND WITH</b> a documented pap exclusion
Indicator Segment Query Notes	<p><b>Active Patients</b> are patients identified as 'Active' in the Patient Status data element (DE01.016) within <i>Patient Demographics</i>.</p> <p><b>Female Patients</b> are patients identified as 'F' or 'Female' in the Gender data element (DE01.006) within <i>Patient Demographics</i>.</p> <p><b>Patient Age</b> can be calculated based on the difference between the current date and the patient's date of birth captured in the Date of Birth data element (DE01.007) within <i>Patient Demographics</i>.</p> <p><b>Pap Exclusion</b> can be documented as:</p> <p>A Q140A Service Code that has been billed for the patient</p> <p><b>OR</b></p>		



PROPERTY	VALUE	VALUE	VALUE
	<p>Any of the following coded diagnoses captured in the Diagnosis/Problem data element (<i>DE06.004</i>) within <i>Ongoing Health</i>: V45.77, 68.3, 68.4, 68.5, 68.6, 68.7, 68.8, or 68.9 (<i>ICD-9 Coding System</i>)</p> <p><b>OR</b></p> <p>Any of the following text diagnoses or problems captured in the Diagnosis/Problem data element within <i>Ongoing Health (DE06.004)</i> or <i>Past Medical &amp; Surgical (DE07.004)</i>: "hysterectomy", "hysterosal", "Cervical Ca", "TVH", "TABH", or "TAH"</p> <p><b>OR</b></p> <p>Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR.</p> <p><b>Pap Test</b> can be documented as:</p> <p>A <i>Q011A</i> Tracking Code that has been billed for the patient</p> <p><b>OR</b></p> <p>A report received from a sending facility identifying a Pap test has been completed either by report name, report categorization or report content</p> <p><b>OR</b></p> <p>A pap test captured in the Procedure data element (<i>DE07.006</i>) within <i>Past Medical &amp; Surgical</i></p> <p><b>OR</b></p> <p>Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR.</p>		
Patient List Criteria	<p><b>Mandatory</b></p> <p>Patient Name</p> <p>Unique Patient Identifier</p>	<p><b>Mandatory</b></p> <p>Patient Name</p> <p>Unique Patient Identifier</p>	<p><b>Mandatory</b></p> <p>Patient Name</p> <p>Unique Patient Identifier</p>

PROPERTY	VALUE	VALUE	VALUE
	<b>Optional</b> Patient Date of Birth Patient Age Patient Phone Number Patient Enrollment Status Patient Enrollment Status Date Latest Pap Test Latest Tracking Code Last Seen Date Next Appointment Date	<b>Optional</b> Patient Date of Birth Patient Age Patient Phone Number Patient Enrollment Status Patient Enrollment Status Date Latest Pap Test Latest Tracking Code Last Seen Date Next Appointment Date	<b>Optional</b> Patient Date of Birth Patient Age Patient Phone Number Patient Enrollment Status Patient Enrollment Status Date Latest Pap Test Latest Tracking Code Last Seen Date Next Appointment Date Latest Pap Exclusion Service Code
Patient List Notes	<p><b>Patient Name</b> is a combination of First Name (<i>DE01.003</i>) and Last Name (<i>DE01.002</i>) data items from <i>Patient Demographics</i>. Names may be displayed either as separate columns or concatenated into one column.</p> <p><b>Unique Patient Identifier</b> is any data item from <i>Patient Demographics</i> that can be used by a physician or clinic to uniquely identify a patient when displayed. Examples include Health Card Number (<i>DE01.008</i>) or Chart Number (<i>DE01.012</i>).</p> <p><b>Patient Date of Birth</b> is captured into <i>Patient Demographics</i> as Date of Birth (<i>DE01.007</i>).</p> <p><b>Patient Age</b> is calculated data item representing the difference between the current date and Date of Birth (<i>DE01.007</i>) from <i>Patient Demographics</i>. Age should be displayed in years.</p> <p><b>Patient Phone Number</b> is the preferred phone number for contacting a patient and may include Residence Phone (<i>DE02.007</i>), Cell Phone (<i>DE02.008</i>) or Work Phone (<i>DE02.009</i>) from <i>Patient Address</i>.</p>		

PROPERTY	VALUE	VALUE	VALUE
	<p><b>Patient Enrollment Status</b> represents whether the patient is currently enrolled, was enrolled but has been terminated, or has never been enrolled, and is captured into <i>Patient Demographics</i> as Enrollment Status (<i>DE01.019</i>).</p> <p><b>Patient Enrollment Status Date</b> represents the date when a patient has been most recently enrolled or terminated by the clinic. If the patient is currently enrolled, then the date displayed will be the Enrollment Date (<i>DE01.020</i>) from <i>Patient Demographics</i>. If the patient is currently terminated, then the date displayed will be the Enrollment Termination Date (<i>DE01.021</i>) from <i>Patient Demographics</i>. If the patient has never been enrolled, then the date will be displayed as a null or blank value.</p> <p><b>Latest Pap Test</b> represents the result and/or date from the latest documented pap test. This may also include a column displaying how the test was documented (e.g., billing code, screening report, past medical history procedure, etc.)</p> <p><b>Latest Tracking Code</b> is a date representing the last time a Q011A tracking code has been billed for the patient (independent of the <i>latest Pap test</i>, which may be identified by criteria other than tracking code).</p> <p><b>Latest Pap Exclusion Service Code</b> is a date representing the last time a Q140A Service Code has been billed for the patient.</p> <p><b>Last Seen Date</b> is a date representing the last time a patient was seen by the physician or another clinician within the clinic. This may be based on <i>Appointment Date/Time</i> (<i>DE15.001</i>), where appointments with status of 'No Show', 'Cancelled', or 'Deleted' are excluded, or this may be based on any additional documentation supported by the EMR to track when a patient has last been seen (e.g., encounter notes).</p> <p><b>Next Appointment Date</b> is a date representing the next time a patient is scheduled to be seen by the physician or another clinician within the clinic. This may be based on <i>Appointment Date/Time</i> (<i>DE15.001</i>).</p>		