

# Lessons Learned from the Pap Notification Pilot Project

## Pilot Purpose

A pilot study was developed to determine the feasibility of a system in which a laboratory in Michigan directly notifies women of abnormal and “unsatisfactory for evaluation” Pap tests.

## Introduction

- 10-15% of cases of invasive cervical cancer can be attributed to women with abnormal Pap test results who are “lost to follow-up”

## Pilot Partners

Department of Pathology and Clinical Laboratories at Saint Joseph Mercy Health System (SJMHS)

- Developed and integrated the notification system into existing continuous quality improvement (CQI) process.

## Partnership with MDCH & MPHI for evaluation

- Identify potential barriers and resources
- Demonstrate feasibility of implementation

## Benefits of a Laboratory-to-Patient Notification System

- Closing current gaps in patient notification system.
- Providing documentation of due diligence.
- Potentially motivating patients to receive follow-up testing and diagnostic services.
- Reducing the potential liability and risk for clinicians, laboratories and health systems.
- Provide a backup to patient notification by provider.

## Logistical Steps and Potential Barriers

- Allocate human and material resources for start up and ongoing implementation.
- Integrate a plan for evaluation.
- Fit the new system into pre-existing Lab QA activity and pre-existing data systems / Informatics system.
- Set up notification system parameters. [e.g., letter templates, data elements, define abnormal, timelines, data to track] Obtain departments and provider approvals / agreement
- Document / track notification activity.
- Anticipate and address feasibility and acceptability issues from various stakeholder perspectives.
- Adjust the program parameters along the way based on evaluation data and stakeholder input.

## Summary of Notification Process Results

- Abnormal Paps (age 18+) = 6.07%
- Paps insufficient for evaluation (age 18+) = 0.79%
- Number of women with abnormal Paps (HSIL, AGC, SCC, AIS) during this time period = 0.41%
- Number of women with abnormal Paps with follow-up pathology received by lab = 78.07%

### Lessons Learned

- Cases that are unknown to the laboratory may or may not have appropriate follow up completed.
- If the laboratory does not receive a follow up biopsy, they will not be able to verify that follow up was completed or reasons for lost to follow up.
- Letters returned "insufficient / incorrect address" = 1.69%
- Number of letters sent or successfully re-sent to patients = 99.78%
- Accurate contact information is critical to accomplishing the goal of actually notifying the patient.
- A laboratory will be able to notify nearly 100% of women of results if they have initial reliable contact information, and they call patients for updated addresses, and re-send letters.



## Provider Feedback

- A majority said the notification system had either uncertain impact or no impact: upon the provider; upon patients; upon office notification process; upon time to follow-up
- 41.9% - Not sure the laboratory notification letter is as efficacious as the federally mandated Mammogram report letter
- 77.4% - Would not change practice method of notification to patients if the Laboratory continues to send letters to patients.
- 51.6% - Perceive a decreased risk to provider
- 61.3% - Method of notification should be permanently implemented

## Implications for Other Health Systems

### Recommendations / Required Elements:

- Knowledgeable staff to initiate the system
- Dedicated staff to maintain system
- Pre-existing informatics system
- A programmer for pulling data
- Providers' approval of the system.

## Recommendations for Other Health Systems

- Counties with a higher percentage of cervical cancer would benefit most from a laboratory notification system.
- Notification system would work well in a HS that does not have an efficient or comprehensive notification system.
- A HS that has lost to follow up, despite an existing tracking system / QI program, would benefit from using a lab-initiated patient notification system.

## Lessons Learned

- A laboratory is the logical place for this patient notification considering existing CAP requirements.
- In the preparation stage, the roll-out to the providers and health system is crucial to acceptance.
- Patient notification letter message should be generic “The results included findings that may require follow up,” and contact your physician.
- Ensure a consistent message to patients from the laboratory and the provider; determine how providers define abnormal; tailor programming of letters to each provider’s preference.
- Do not include minors in the population to be notified directly by the laboratory.
- Proper timing between notification steps is important.
- Documentation of notification (diligence) is required.
- Addressing provider concern about potential patient confusion and anxiety should improve provider acceptance of the notification system.
- Risk reduction is likely to be perceived as the primary benefit from patient notification activity, and may be sufficient itself to garner support for such a system.
- Laboratory notification is unlikely to replace provider notification practices.

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