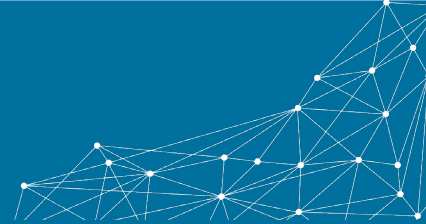




2026 Best Practices Cervical Cancer Screening



Partnership Tools, Programs, and Promising Practices:

- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Preventive Cancer Screening-Improving Outcomes Through Early Detection*.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.

Patient Care:

- Establish a practice commitment to cervical cancer screening.
- Establish standard practices to include high-risk human papillomavirus (hrHPV) testing, with or without cytology, for patients 30 - 64 years of age.
- Utilize “flag” alerts in the EMR / EHR system or pre-visit planning tools that each care staff can use to identify and communicate to patients who are due for their screening services at every patient encounter.
- Ensure a clinician is available for provider collected samples for cervical cancer screening.
- If a practice has no clinician available to complete cervical cancer screenings, integrate self-collected HPV for patients over 20 years old and optimize referral pathways for others who need screening.
- Consider a variety of service options – after hours and same-day appointments, weekend cervical and / or breast cancer screenings.
- Train the entire clinical team on sexual health education, cultural competency for targeted communities, and motivational interviewing techniques.
- Provide patient education on cervical cancer screening recommendations and guidelines that also review available options (cytology or Pap and self- or provider-collected hrHPV).
- Offer self-collected hrHPV for eligible patients at any type of visit.
- Conduct chart scrubbing prior to visits to determine if screening / preventive services are due.
- If due, encourage patients to complete cervical cancer screening during a current appointment.
- For patients experiencing homelessness, pair with shower clinic and feminine hygiene gift bag.
- Use standardized templates in the EMR / EHR system to guide providers and staff through the visit to ensure all components are met and documented.
- Schedule future visits while the patient is waiting to be seen by the provider or before they leave the office.

Outreach:

- Establish an office-based system to promote cervical cancer screening (e.g., electronic or manual ticker system to identify patients due for screening).
 - Post card reminder.
 - Reminder letter signed by the provider.
 - Phone calls to patients who have not made an appointment after four to six weeks of mail reminder.
 - Reminder calls by care team / staff tend to be more effective than robo-calls.
- Send one-week appointment reminder (e.g., post card / letter signed by the provider), and / or a text reminder (a few days and one day prior).
- Train outreach staff in cancer screening health education talking points and motivational interviewing to build capacity to answer patient questions during outreach calls.
- Create scripts that all staff can use to simplify a message that encourages cervical cancer screening.
- Include cervical cancer screening appointment reminders and confirmation messages in practice's text messaging campaigns.
- Be persistent with reminders. You may need to remind patients several times before they schedule and complete a service.
- Actively pursue missed appointments with letters and reminder calls; designate a staff member to conduct outreach.
- Combine cervical cancer education and outreach with other STI education.
- Combine cervical cancer outreach with breast cancer screening outreach activities.
- Order self-collected tests to be completed at the laboratory or patient care centers when the patient also needs other labs drawn.

Equity Approaches:

- Consider using an equity approach to increase screening rates for targeted communities. By looking at cervical cancer screening rates by race, ethnicity, location (i.e., zip code), and preferred language, it is possible to identify barriers that affect specific communities and plan interventions to address these barriers.
- Additionally, the Drilldown Clinical tab in the eReports portal shows race / ethnicity information for each patient included in the measure. Export this dashboard to look at cervical cancer screening compliance rates by race and ethnicity to learn more about inequities faced within your patient community.
- Ensure information, including education information, is consistent, easy to understand, and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications, per patient preference.
- Discuss with your patients what may be keeping them from getting cervical cancer screening. Explore possible barriers such as access to care, psychosocial issues, or changes in life

circumstances. As patients and their environments change, these barriers may change over time, dynamically impacting whether a patient completes cervical cancer screening.

- Consider cultural beliefs and appropriate language about cancer screening when discussing preventive cancer screening services. Schedule patient with a clinician of their preferred gender, if requested.
- A cervical cancer screening should include a conversation with the patient to confirm that health information, an understanding of the screening, and next steps are mutually understood; the patient agrees with any plans made; and they have the opportunity to ask questions.
- Use approaches and partnerships that align with your practice's demographics (e.g., partner with local schools, faith-based organizations, etc.).
- Identify and address barriers to care (e.g., transportation, hours of operation, childcare).

Data and Coding:

- Submit claims and encounter data within 90 days of service.
- Document why the patient is excluded (e.g., total abdominal or vaginal hysterectomy).
- Document results of the most recent Pap screening and the date screening was performed.
- Compare EMR / EHR or lab requisition forms with HEDIS codes to ensure lab order is aligned with measure.

Helpful Links:

2026 PCP QIP Technical Specifications:

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for e-Reports and PQD

QIP e-Reports Portal:

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report