

Well Woman's Group Medical Appointment

For screening and preventive care

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Abstract

Problem addressed Maintaining a screening program, such as regular Papanicolaou testing, can be a challenge for primary care practices on account of long wait times and patient factors.

Objective of program To effectively and efficiently improve access to appointments and to provide screening and patient education in a socially supported setting.

Program description A group medical appointment called the Well Woman's Group Medical Appointment has been developed that focuses on Pap smear preventive screening tests. Women are invited by their family physicians, and group appointments are booked for 2 hours on a day when the whole office can be used. Each woman is given a "Pap bag" (containing a labeled slide in its protective case, a spatula, a cytobrush, and patient labels) and sent to a waiting room stocked with healthy snacks, tea, coffee, and pens. While each woman is getting tested, the others have a chance to ask questions. Each woman's height, weight, blood pressure, date of last period, and body mass index are recorded. At the end of the session, the women fill out an evaluation form. Afterward there is a short debriefing session, all information is transferred to each patient's electronic medical record, and the slides are sent to the laboratory for testing.

Conclusion This program is a viable way to improve office processes and an efficient way to complete women's screening tests, meet goals to improve women's health care, and shorten waiting lists. The increased role of the medical office assistant improves outcomes, and group appointments can be applied to a number of health care measures.

Résumé

Problème à l'étude Pour les cliniques de soins primaires, il peut être difficile de maintenir un programme de dépistage tel qu'un test de Papanicolaou périodique, en raison des longs temps d'attente et de facteurs propres aux patients.

Objectif du programme Faciliter l'accès aux rendez-vous de façon efficace et procurer aux patients un dépistage et de l'information dans un contexte de soutien social.

Description du programme On a mis au point un système de rendez-vous médicaux regroupés, appelé le *Well Woman's Group Medical Appointment*, pour le dépistage préventif par tests de Papanicolaou. Les femmes sont invitées par leur médecin de famille et on leur assigne des rendez-vous

EDITOR'S KEY POINTS

- Group medical appointments improve access to screening, reduce wait times, and provide patient care and education in a socially supported setting.
- Group medical appointments can be applied to any preventive care measure, particularly those for which individual uptake is low.
- Medical office assistants are valuable facilitators and are instrumental to running group appointments efficiently and effectively.
- Group appointments that target specific underscreened populations might be required.

POINTS DE REPÈRE DU RÉDACTEUR

- Avec les rendez-vous médicaux regroupés, l'accès au dépistage est meilleur, les temps d'attente sont réduits et les patients reçoivent des soins et de l'information dans un contexte de soutien social.
- Les rendez-vous médicaux regroupés peuvent être utilisés pour n'importe quelle intervention de soins préventifs, et spécialement pour les interventions qui attirent peu de personnes.
- Les assistants du bureau médical sont très utiles pour faciliter et faire fonctionner efficacement les rendez-vous médicaux regroupés.
- On pourrait avoir besoin de rendez-vous regroupés pour cibler des populations où il y a trop peu de dépistage.

This article has been peer reviewed.
Cet article a fait l'objet d'une révision par des pairs.
Can Fam Physician 2011;57:e125-7

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regroupés de 2 heures lors d'une journée où la clinique est entièrement disponible. Chaque femme reçoit un « sac PAP » (qui contient une lame marquée dans son étui protecteur, une spatule, une cyto Brosse et les étiquettes de la patiente), après quoi on la dirige dans une salle d'attente où elle trouve des collations santé, du thé, du café et des stylos. Pendant que certaines subissent leur test, les femmes ont l'occasion de poser des questions. La taille, le poids, la tension artérielle, la date des dernières menstruations et l'indice de masse corporelle de chaque femme sont enregistrés. À la fin de la session, les femmes remplissent un formulaire d'évaluation. Après une courte réunion-bilan, les données de chaque patiente sont transférées à son dossier électronique et les lames sont envoyées au laboratoire pour examen.

Conclusion Ce programme est une façon commode d'améliorer les tâches de la clinique et un moyen efficace de compléter les tests de dépistage chez les femmes, tout en contribuant à améliorer leurs soins de santé et à réduire les temps d'attente. La participation accrue des assistants du bureau médical améliore les résultats; finalement, les rendez-vous regroupés peuvent être utilisés pour plusieurs autres interventions de ce type.

International guidelines recommend regular Papanicolaou smear testing to reduce the risk of cervical cancer.^{1,2} However, maintaining a screening program can be a challenge for primary care offices. Screening rates improve when a physician recommends testing,² but wait times for appointments might limit access. Some women neglect screening because of general discomfort with the examination, lower socioeconomic or educational levels, limited access to health care, modesty, or other cultural barriers.³⁻⁵ Group medical appointments can be an effective way to improve access to appointments and promote patient education in a socially supported setting.⁶

I practise in Creston, BC, a forestry and agricultural community of 5000 people with no resident specialist physicians other than family practitioners. Women here are underscreened for all of the reasons mentioned above. As one of a series of office modifications for improved patient access to appointments, the 2 female physicians in our 4-doctor clinic have begun holding Well Woman's Group Medical Appointments (WWGMAs) that focus on Pap tests for cervical cancer screening. This approach is successful in our fee-for-service clinic. Well-organized groups facilitated by medical office assistants (MOAs) are crucial to the success of the program. Our goals are to improve office processes and appointment access and provide better preventive care, with continuous audits to track progress.

Program description

The clinic's 4 doctors each invite women to attend the WWGMAs; pamphlets outlining the process are offered.

A WWGMA is booked for 2 hours on a day when the whole office can be used. At least 18 to 20 women can participate per group, and participants are asked to confirm attendance in advance.

Appointment kits, known as "Pap bags," are made up beforehand for each woman; each contains a labeled slide in its protective case, a spatula, a cytobrush, and patient labels. The surface of each bag has labels to record the patient's name, height, weight, body mass index, blood pressure, and date of last menstrual period. The MOAs prepare the examination rooms and stock the waiting room with healthy snacks, tea, coffee, and a container of pens. As women arrive, they are greeted by the MOAs, who give out handouts on women's health issues, blank paper for notes, an evaluation form to complete after the group appointment, a Pap bag, and a name tag. Women are asked to record the date of their last menstrual period on the outside of the Pap bag.

Because Creston does not have a regional nurse facilitator, 2 of our MOAs learned the facilitator role. When the group convenes, the facilitator explains confidentiality (ie, the topics learned can be discussed outside the group, but individuals who attend cannot be mentioned) and each woman signs a confidentiality agreement. We suggest that all questions be saved for the group session, so all women can benefit from the answers. The MOAs escort women individually into the examination rooms, lay out all supplies, and ask the woman to put on a paper gown and drape and lie on the examination table. The 2 female family physicians work the group sessions together, and each are in charge of 2 examination rooms. The physical examinations are completed quickly. Each woman is offered a breast examination and a Pap test. Patients can ask personal questions, but a separate follow-up appointment is booked to discuss anything time-consuming. Women who cannot stay for the full time might leave after their physical examinations. The women might be attending for their first examinations or for follow-up testing.

The Pap test is done first and left to dry while the doctor performs the breast examination and writes quick notes on the outside of the Pap bag. The slides are placed inside the Pap bag along with any swabs. The woman is then asked to dress, take her Pap bag, and rejoin the group. While the examinations are taking place, the facilitator elicits questions from the group, recording them on a whiteboard. Group members mostly ask about menopause, weight, osteoporosis, constipation, and mammography; other topics vary widely. The group enjoys phrasing these questions amid much laughter. Meanwhile, another MOA quietly checks each woman's height, weight, and blood pressure, and records it on her Pap bag. A body mass index wheel is circulated so that each woman can calculate and record her body mass index.

Physical examinations take 1 hour for the full group. The physicians then join the group to answer the questions recorded. Lively discussion occurs as women share their experiences and expand on their knowledge. Demanding individuals are not tolerated, as other group members redirect them to topics of general interest. Difficult questions are directed to the group for discussion. Awkwardness with delicate topics is often handled with humour, as the women learn from and connect with us and one another. The facilitating MOA watches the time and keeps things moving so all questions can be adequately addressed. One MOA takes notes for posting later into each woman's electronic record.

The WWGMA ends on time. Women are asked to fill out and hand in the evaluation forms. Each patient receives a "goody bag" containing samples of vitamins, skin creams, fibre cereals, etc. The facilitator thanks everyone for attending. Afterward, a debriefing session is held with doctors and staff to review evaluations. The waiting room is tidied and within minutes the office is open for appointments. Doctors transfer notes from the Pap bags to the electronic medical records, while MOAs ensure that each Pap test and swab is correctly labeled with the correct requisition for transport. Laboratory results are sent to both the examining and the family doctors.

Discussion

Since beginning WWGMAs in 2008, we have exercised continuous quality improvement methods with small cycles of tested changes, known as Plan-Do-Study-Act cycles.^{7,8} We initially *planned* to improve women's screening and appointment access by *doing* a single WWGMA. After the pilot group, we *studied* what worked and what did not. The brief debriefing after each group helps us to formulate new ideas to test the next time. Over a 2-year period, we have *acted* on what we have learned:

- A high staff ratio is needed to run this fast-paced group. We now have our MOA facilitator, 2 MOAs to weigh and measure patients and keep examination rooms moving, and 1 MOA to act as runner and take notes.
- Homegrown talent works best for us: using an outside facilitator is less successful than using our clinic's own MOAs.
- Full explanations provided by MOAs when booking Pap tests increase patient interest in the groups.
- Listening to suggestions from our staff improves efficiency and efficacy.


All Plan-Do-Study-Act cycles are recorded in a notebook for future reference.

Internal audits demonstrate that attendees are primarily white, with a mean age of 55 years (range 29 to 69). Patient evaluations demonstrate excellent satisfaction: 90% of women rate the group highly, 91% would

return for a similar appointment, and 93% would recommend the group to a friend. Provider satisfaction has not been formally assessed, but physicians and MOAs all enjoy these highly interactive group sessions. Although improved screening for women's health was expected, the rate of increase was surprising. Total number of attendees to date is 103, but the rate of eligible women who had not had Pap tests in 2 years decreased from 74% (840 of 1150) to 50% (473 of 939), suggesting that all physicians have increased their rate of cervical cancer screening.

Conclusion

This effort to improve office processes with continuous practice auditing has been enjoyable and valuable. These group appointments are an efficient way to complete women's screening tests and have helped us meet our goals of improving women's health care and shortening wait times for general appointments. The increased role of MOAs has been a great contributor to our success. Specific prevention-targeted group medical appointments can be used to address many health issues.⁶ Enlisting the help of existing office staff makes running these groups much easier.

There have been some limitations. Uptake by some underscreened groups, such as visible minority groups, has been poor, and our office team is brainstorming ways to overcome this. Young and working women have been unable to attend daytime group sessions and would benefit from after-hours group times. Other family practices might be able to modify our methods to improve women's health screening rates to an overall goal of 100%. 

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Competing interests

None declared

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