Trauma-Informed Cervical Cancer Screening in Women Experiencing Homelessness: Translating principles into practice

Thursday, March 28, 2019

Disclaimer

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Presenters

Cassis Henry, MD

Psychiatrist

Aura Obando, MD

Internal Medicine, Pediatrics

Maggie Sullivan, MS, RN, FNP-BC

Family Nurse Practitioner

Marilyn Werner

Women's Health Initiative

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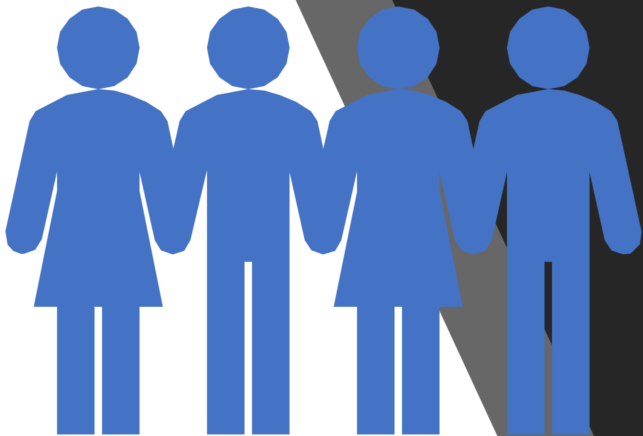


"This may be a person who's gone through something very traumatic ...[who needs] some really safe technique ... Because otherwise you're going to have a certain segment of patients that are going to walk away feeling as though they've been abused all over again, quietly abused, just walking away and seeking another health care practitioner, just going through the cycle, again and again and again, and maybe not understanding why, maybe not knowing how to say it, how to voice that, just keep going through that whole cycle over and over again. There's a huge populace out there that just needs that extra gentle care. It's because of that, maybe the whole populace needs to be treated the same way."

– Survivor of childhood sexual abuse

SAMHSA, http://www.integration.samhsa.gov/clinical-practice/handbook-sensitivve-practices4healthcare.pdf

OUTLINE

- Disparities & Screening Rates
- Trauma-Informed Approach
- Principles of a No Barriers Approach
- Walk-Through of a Trauma-Informed Pap Exam
- Key Points
- Q & A

Learning Objectives

1. Identify cancer disparities in homeless populations, including cervical cancer
2. Describe what is meant by a no barriers approach
3. Name the principles of trauma-informed care

Cervical Cancer, Screening, and Women Experiencing Homelessness

Incidence: 4.4 times higher than the general population

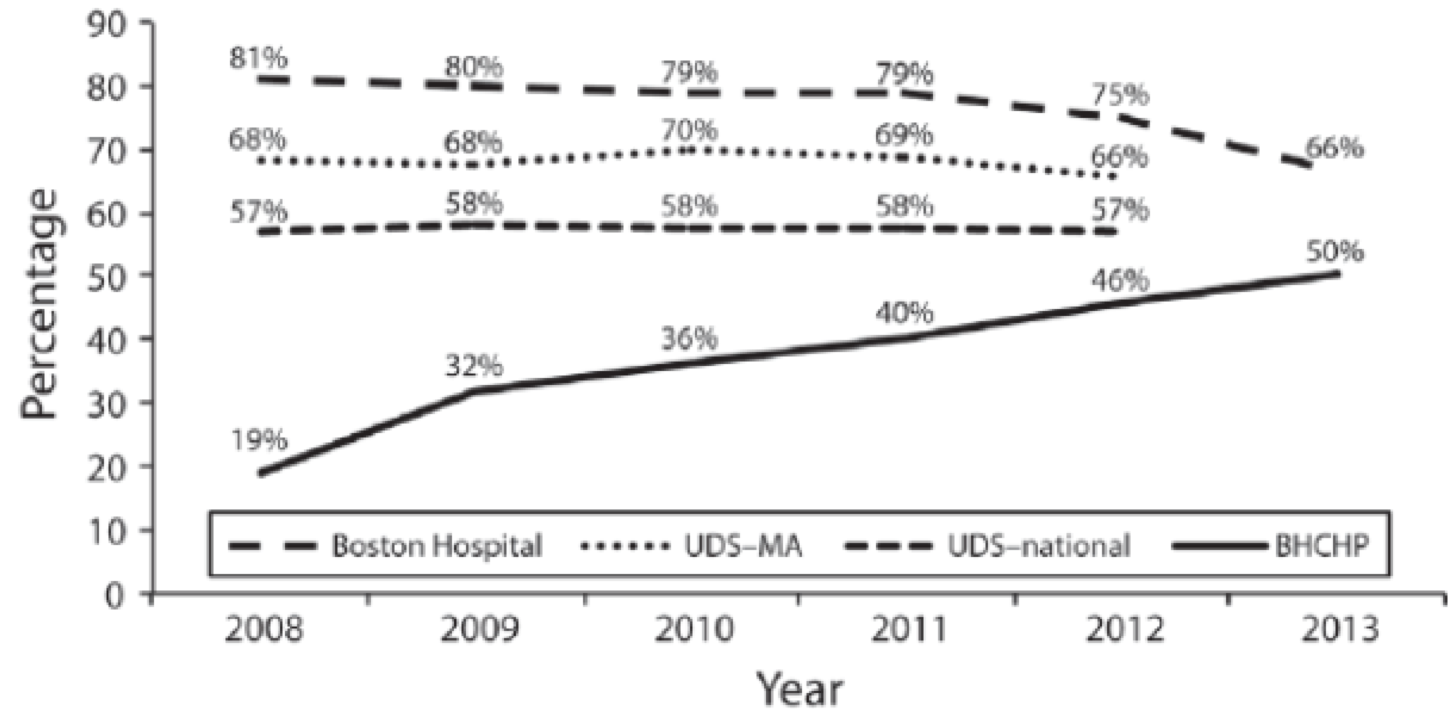
Mortality: 6 times more likely to die from cervical cancer than those in the general population

Disparities are likely due to: lower rates of screening, delayed diagnosis and barriers to treatment

Baggett et al., Disparities in Cancer Incidence, Stage and Mortality at Boston Health Care for the Homeless Program. *Am J Prev Med* 2015;49(5):694–702.

Improving BHCHP Cervical Cancer Screening Rates

- 2008: 19% → 2013: 50%
- GOAL: 60% (HP 2020 93%)



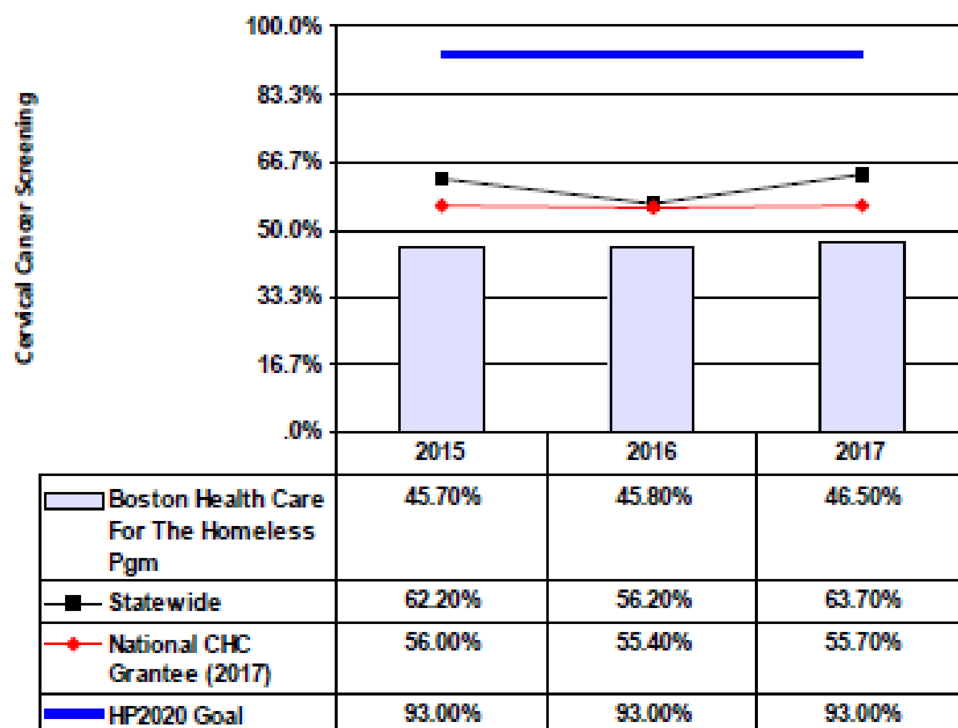
Note. Percentage of eligible women who received 1 or more Papanicolaou tests in the past 3 years. Eligible women are those between 21 and 69 years of age seen for a medical visit in the past year. Exclusion criteria include women who have had a hysterectomy.

FIGURE 1—Boston Hospital, Uniform Data System (UDS) Massachusetts, UDS National, and Boston Health Care for the Homeless Program (BHCHP) cervical cancer screening trend data: 2008–2013.

Bharel, Santiago, Forgione, Leon, & Weinreb. (2015). Eliminating Health Disparities: Innovative Methods to Improve Cervical Cancer Screening in a Medically Underserved Population. *AJPH*.

Clinical Measure - % of Women 23-64 Years of Age Who Were Screened for Cervical Cancer

Boston Health Care For The Homeless Pgm - 3 year trend (2015 - 2017)

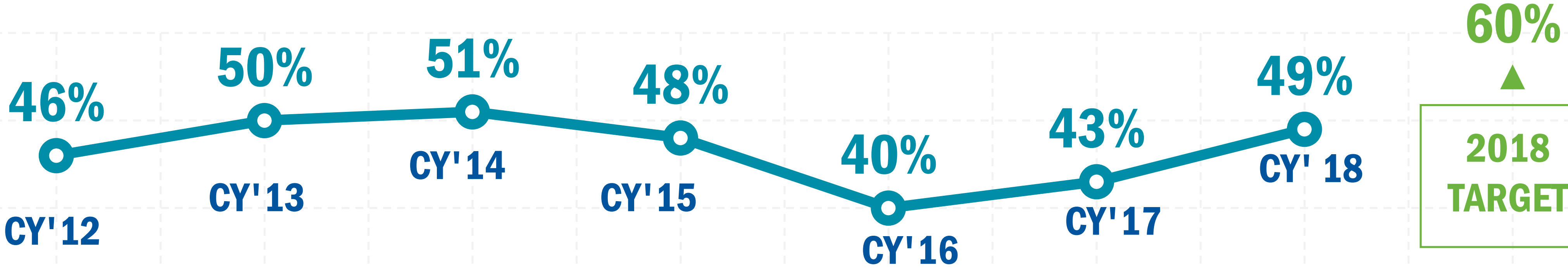


	2015	2016	2017
Boston Health Care For The Homeless Pgm	45.70%	45.80%	46.50%
Statewide	62.20%	56.20%	63.70%
National CHC Grantee (2017)	56.00%	55.40%	55.70%
HP2020 Goal	93.00%	93.00%	93.00%

Formula (Using UDS Table Info): T6B_L11_Cc / T6B_L11_Ca

Formula Narrative: Estimated % Patients Tested

Cervical Cancer Screening at BHCHP: 2012-2018



% of women 21-64 years of age screened for cervical cancer using <u>either</u> of the following criteria: women age 21-64 who had cervical cytology performed every 3 years <u>OR</u> women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

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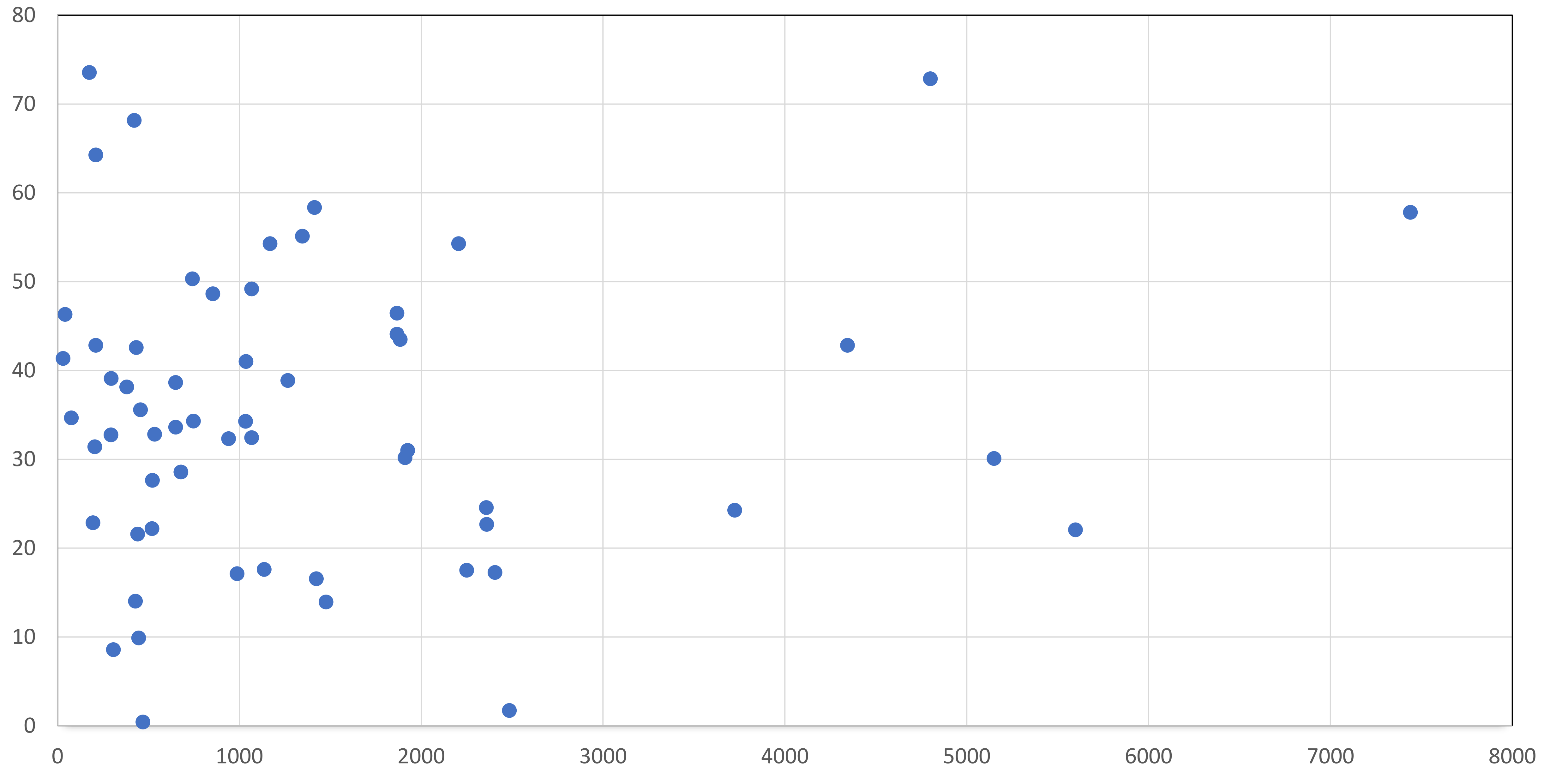

Screening Rates (%) by Number of Eligible Patients: HCH Sites 2017 UDS
80
70
60
50
40
30
20
10
0
0
1000
2000
3000
4000
5000
6000
7000
8000

Trauma-Informed Approach to Care

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.

- These experience may occur at any time in a person' life. They may involve a single traumatic event or may be repeated over many years.

- These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

6 Guiding Principles to a Trauma-Informed Approach

CDC Infographic

No Barriers Approach to Care

Lapses in care can lead to delays in diagnosis and treatment

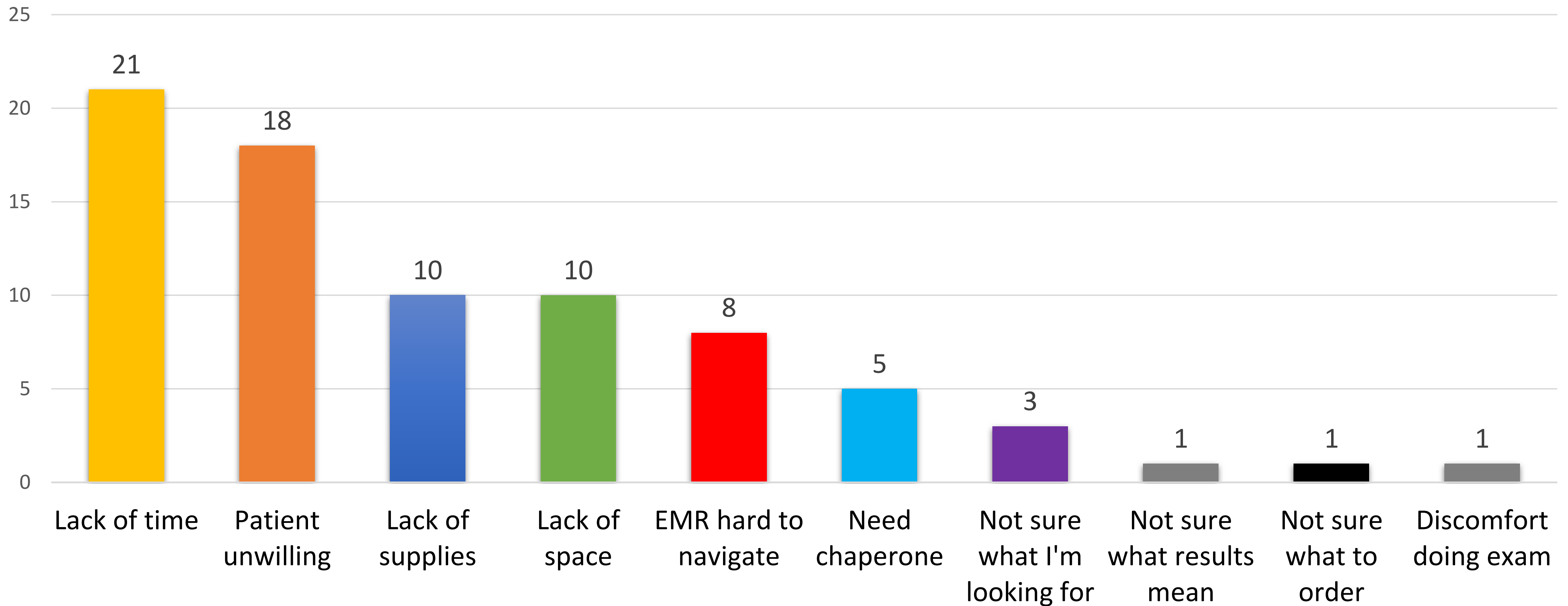
- Many health care for the homeless providers
  - Work in atypical clinical settings
  - Do not have access to standard clinic equipment
  - Have limited resources
  - Have competing visit goals
- This should not deter us from offering and performing Pap exams
- Requires innovation and resourcefulness

Poll Question

What are your top 3 barriers to doing Paps?

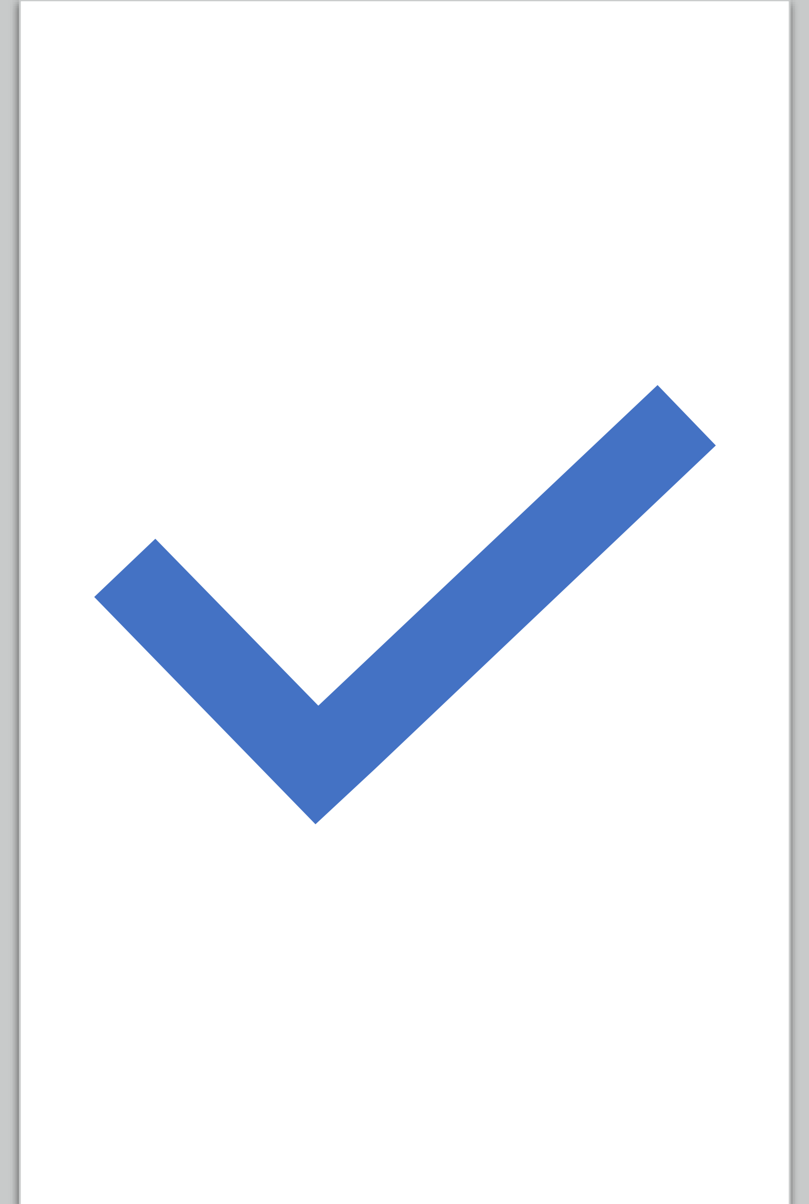
Multiple choice options

- Lack of space in exam room and/or don’t have the right kind of exam table
- EMR is hard to navigate (not sure how/where to find if my patient is due for Pap)
- Need to find a chaperone for the exam
- Not sure what I’m looking for (on the exam)
- Not sure how to interpret results
- Not sure what/where to order (in the EMR)
- Discomfort with doing the exam and/or it’s been a long time since I’ve done a Pap
- Lack of time
- Patient unwilling
- Lack of supplies and/or room not stocked
- Other


Top 3 Barriers to Paps Identified by BHCHP Providers
25
20
15
10
5
0
21
18
10
10
8
5
3
1
1
1
Lack of time
Patient unwilling
Lack of supplies
Lack of space
EMR hard to navigate
Need chaperone
Not sure what I'm looking for
Not sure what results mean
Not sure what to order
Discomfort doing exam

Potential Solutions to Barriers

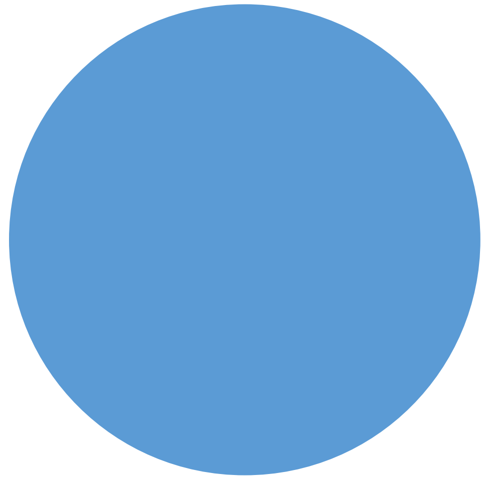
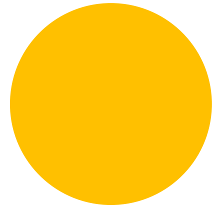
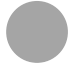
- Standardize order options and supplies
- Fully stock each clinic room: assign to specific person/role
- Build screening into usual workflow of every visit
- Staff trainings and skills workshops
- Provider performance reports
- Appoint clinical champions
- Women's Health Initiative (WHI) committee
- HPV self-swab feasibility study
- Review treatment algorithms
- Focus on patient education and building trust
- Population management / outreach: designate person to reach out to patients and schedule Paps
- Patient incentives (gift cards, women's health fairs)



No Barriers Approach to Care

Low-tech solutions for atypical clinical settings:

- Use headlamp and specula with built-in LED for lighting
- Patient can sit on own hands or extra pillow or on overturned emesis basin if no stirrups available
- Pap samples can be processed the next day if no immediate lab access
- Ensure privacy and comfort; consider need for chaperone; bring all necessary equipment
  - chucks, paper drape, speculum with build in LED, headlamp, pap brush/broom and liquid, swab for vaginitis/STI, several sizes of speculum, lubricant, specimen bags, gloves, hand sanitizer

Walk-Through of the Trauma-Informed Pap Exam

Common objections

Preamble

Common challenges during exam

Other tips

Common Objections to the Exam: 1

I Need To Shower

- Ok, how about you shower then come back to clinic? We can take care of everything else now and just do the exam when you come back.
- However you are right now is ok. I do this type of exam all the time.

I’m On My Period (more than once)

- If you’re spotting or bleeding just a little that’s usually ok.
- I’m concerned about how often your periods are coming. It’s even more important we do an exam.

Next Time (more than once)

- I know it feels like there’s never a good time. What’s getting in the way? How can we make it easier for you?
- Ok, I’ll keep bringing it up at our next visits because I’m concerned about your health.

Common Objections to the Exam: 2

I Hate It

- It's your choice, always
- I'm concerned about your health
- What part of it do you "hate" the most?
- What can we do to make it less "bad" (using patient's own language)?

Will It Hurt?

- It should not hurt, but it can feel uncomfortable: pressure, fullness
- If it hurts, TELL ME at anytime AND I'LL STOP

Why Do I Need To Do This?

- We can prevent and treat cervical cancer if we find it in time.
- Even if your Pap was normal before, results can change since cervical cancer takes so long to develop.
- Most cervical cancer comes from a virus we get when we have sex, it doesn't have anything to do with family history.
- **Summary**: THIS IS A QUICK TEST WE CAN DO RIGHT HERE AND HELP TAKE CARE OF YOUR HEALTH TODAY.

Preamble to the exam

- **Clinician**: “A lot of us have had things happen to us, like people touching us or doing things in a way that hurt or made us feel uncomfortable or afraid. What can I do to help make this exam less uncomfortable for you?”
- **Woman**: “Like what?” or “What do you mean?”
- **Clinician**: “Like telling you what I’m doing before I do it…Or not telling you anything at all…Or having you put in the speculum…Or working on some deep breathing together during the exam…Or talking about being someplace else…”
- **Clinician**: “Anytime you say ‘Stop,’ I’m going to stop. If you say ‘slow down,’ I’m going to slow down. If you change your mind in the middle of the exam, that’s ok. You’re the one in charge.”

Challenges During the Exam: 1

Challenge	What to do
Patient gets anxious, upset	• Make eye contact and reflect what you're seeing • Ask if the patient wants to stop. If they say "no," ask what might help. Try deep breathing, talking, distracting.
You can't find cervix	• Check the speculum size, you may need to size-up • Look toward 12, 3, 6, 9 o'clock • Withdraw and do a bimanual exam to locate the cervix, then reinsert. Reassure the patient there is nothing wrong with them. • Obtain a "blind" pap; value in HPV data
Speculum is wrong size	• It's ok, normal, and preferable to withdraw and get the right one. Again, reassure the patient there is nothing wrong with them.

Challenges During the Exam: 2

Challenge	Response
Realize you're missing something you need	• Withdraw the speculum and let the patient know you're missing something you need. • Ensure the patient is covered, extend the table, and make sure to alert the patient when door opens.
You see something different: is this normal?	• Fully visualize the cervix (reposition speculum if needed): note if smooth/rough, color, discrete? Palpate with cotton swab: is there bleeding, is it hard/soft, mobile, does it blanch? • After the exam, quickly draw location/size and document. • Consult with colleague and/or refer out.
Patient is bleeding	• If copious, withdraw speculum and reschedule after menses. • If not copious, clear cervix with swab and obtain Pap. Inform patient you may need to repeat the exam depending on results.

Additional Tips for the Exam

Expedience

- Take less than 5 minutes
- Maximize the time patient is fully clothed and seated

Support

- Let the patient know they can bring in someone for support

Positioning

- Undress from waist down only
- Head of table up, paper sheet down, and make eye contact

Knowledge & control

- Running commentary
- Ground the patient, demystify the process (i.e. speculum)

Key Points

- Increased incidence and mortality are preventable and likely due to lack of screening and treatment.
- While barriers exist, Paps are very do-able, both in primary care AND urgent care visits.
- ***Offering*** Paps: Frame it as routine and simple. Ask about prior experiences and preferences. Emphasize patient’s control during the process.
- ***Doing*** Paps: Create an environment of safety and dignity. Maximize the patient’s control during the experience.
- Keep offering and keep doing!

Helpful Resources

1. **National Health Care for the Homeless Council**
    - Trauma resource page: https://www.nhchc.org/resources/clinical/diseases-and-conditions/trauma/
2. **Shelter from the Storm**: Trauma-Informed Care in Homelessness Services Settings (Hopper, et al.): http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf
3. **Substance Abuse & Mental Health Service Administration (SAMHSA)**
    - https://www.integration.samhsa.gov/clinical-practice/trauma
    - https://www.samhsa.gov/trauma-violence
    - SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Care Approach: http://www.traumainformedcareproject.org/resources/SAMHSA%20TIC.pdf
    - The ABC's of Trauma-Informed Care: A power point presentation that organizations may adapt as part of their workforce development efforts
4. **Center for Disease Control & Prevention (CDC)**
    - 6 Guiding Principles to a Trauma-Informed Approach: https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm
5. **National Council for Behavioral Health**
    - https://www.thenationalcouncil.org/topics/trauma-informed-care/
    - Trauma-Informed Primary Care-Fostering Resilience & Recovery: https://www.thenationalcouncil.org/consulting-areas-of-expertise/trauma-informed-primary-care/
6. **Center for Health Care Strategies (CHCS)**
    - Key Ingredients for Successful Trauma-Informed Care Implementation: https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/
7. **Academy on Violence & Abuse (AVA)**
    - Competencies Needed by Health Professionals for Addressing Exposure to Violence and Abuse in Patient Care: http://www.nsvrc.org/sites/default/files/CoreCompetenciesRevApril2011.pdf

Questions & Discussion

Thank you!