



Agenda

Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan

When: Time: 7:30 AM – 9:00 AM**

Date: October 17, 2018

Where: Muir Parkway Office Center
1340 Arnold Drive, Conference Room 112
Martinez, CA. 94553

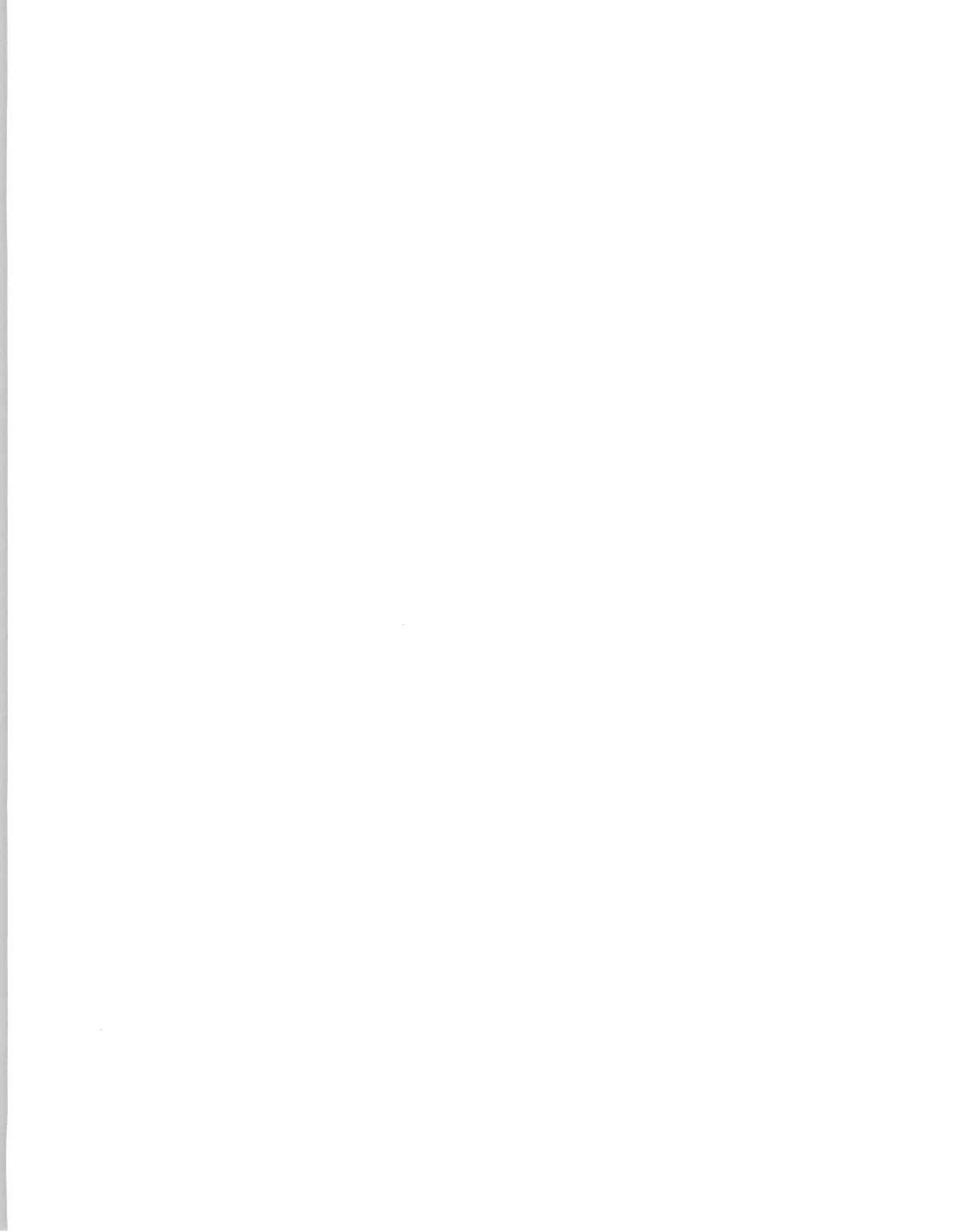
The agenda for the meeting is as follows:

I.	CALL TO ORDER and INTRODUCTIONS	Christine Gordon, BSN, PHN, DHCS-MT
II.	REVIEW and APPROVAL of Previous Meeting Minutes	Christine Gordon, BSN, PHN, DHCS-MT
III.	REGULAR REPORTS	
	<ul style="list-style-type: none"> • CCHP Updates <ul style="list-style-type: none"> ➢ Legislative Update – MediCare Cost Plan closing ➢ CCHP Pharmacy Update – EpiPen Shortage ➢ CCHP Benefits Update – John Muir Cardiac Rehab now approved ➢ Quality – Review Asthma Guidelines ➢ Utilization Management – ENT / Vascular Surgery 	Jose Yasul, MD Medical Director, CCHP
IV.	NEW BUSINESS	
	<ul style="list-style-type: none"> • Flu Shots • Pharmacy Kiosks 	Jose Yasul, MD Medical Director, CCHP
V.	OTHER	
	<ul style="list-style-type: none"> • Reminders <ul style="list-style-type: none"> ➢ Initial Health Assessment (IHA) ➢ USPSTF Update: New Cervical Cancer Screening Recommendations 	Christine Gordon, BSN, PHN, DHCS-MT
VII.	CLAIMS Q&A	Claims Unit Staff

Our next scheduled meeting is: January 22, 2019

** CPN meeting reimbursement will be prorated based on length of time attendee is present in the meeting.

CPN Quarterly Meeting



CONTRA COSTA HEALTH PLAN
 Central County
 Quarterly Community Provider Network (CPN)
Meeting Minutes – October 17, 2018

Attending:

CCHP Staff: J. Yasul, MD; Christine Gordon, RN, BSN; Sylvia Rodriguez, Claims Dept. Supervisor Alejandro Fuentes, RN; Delaina Gillaspy, Secretary

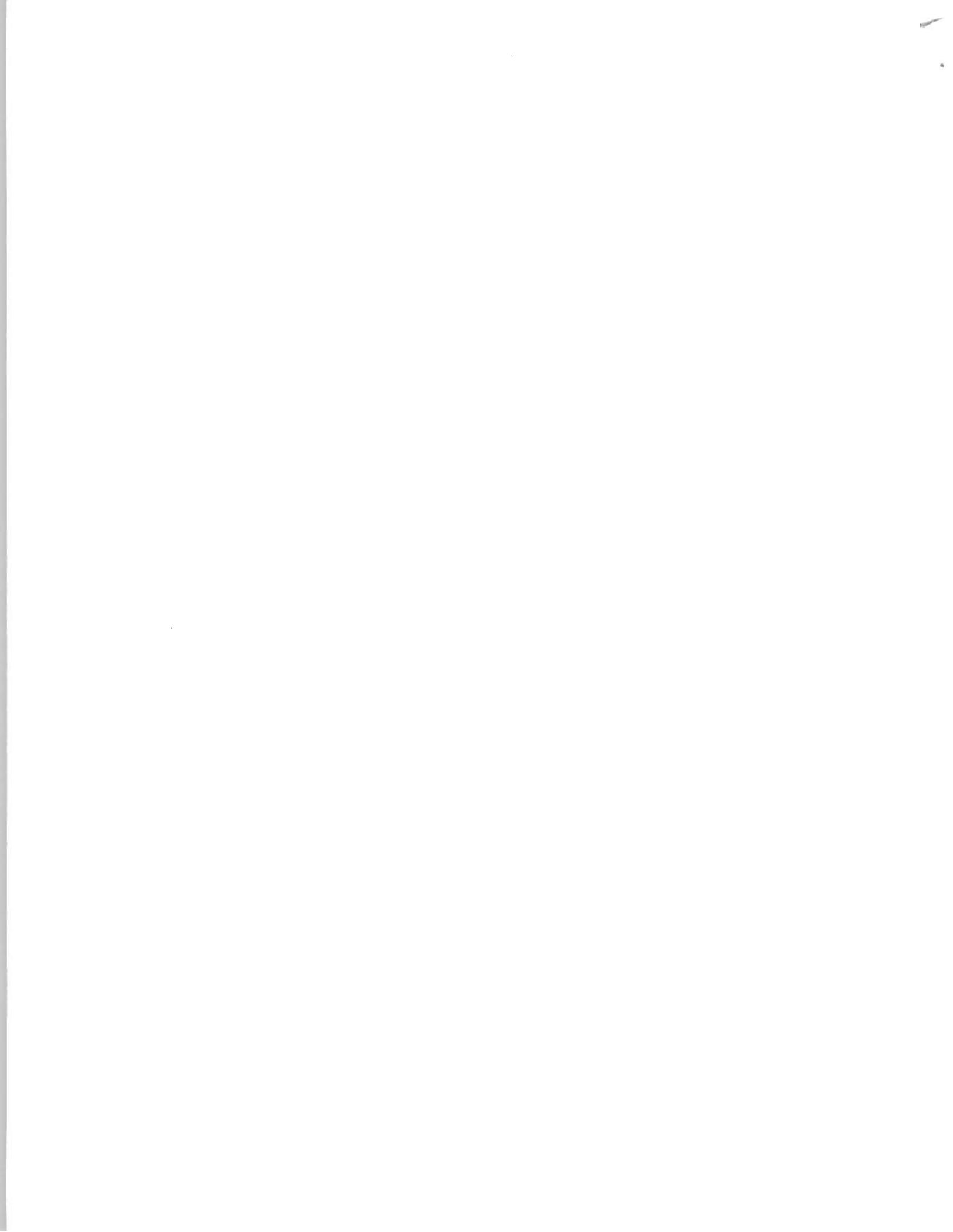
CPN Providers: S. Blair, CPNP; S. M. Chang, MD; G. Graves, MD; A. Lopresti, MD; S. Sachdeva, MD;
 S. Swenson, CPNP; R. Tracy, MD; K. Warren, CPNP; L. Yang, MD

Discussion	Action	Accountable
Meeting called to order at 7:41 A.M.		Christine Gordon, BSN, DHCS-MT
I. Agenda was approved with no revisions.		Christine Gordon, BSN, DHCS-MT
<p>II. Regular Reports:</p> <p>CCHP Updates</p> <ul style="list-style-type: none"> • Legislative Update- Medicare Cost Plan closing <ul style="list-style-type: none"> ➢ Center for Medicare and Medicaid Service (CMS) have decided to close all Medicare Cost Plans nationally in counties where two or more Medicare Advantage Plans exist. ➢ MA HMO Plans in Contra Costa County are: <ul style="list-style-type: none"> ▪ AARP Medicare Secure Horizons ▪ Golden State Medicare Gold ▪ Humana Gold Plus ▪ Kaiser Permanente Senior Advantage ➢ Refer members who are affected to the Member Services Department to receive help with HICAP. <ul style="list-style-type: none"> ▪ For Providers- 1-877-7423 option 7 ▪ For Members- 1-877-661-6230 option 2 • CCHP Pharmacy Update- EpiPen Shortage <ul style="list-style-type: none"> ➢ There is an EpiPen shortage in Contra Costa County but two EpiPen Jrs can be requested. ➢ Check lot numbers for extended expiration dates. • CCHP Pharmacy Update –Shingrix Shortage <ul style="list-style-type: none"> ➢ Shingrix is working well, but there is a shortage right now. • CCHP Benefits Update- John Muir Cardiac Rahab now approved <ul style="list-style-type: none"> ➢ Pleasant Hill location • Quality- Clinical Guidelines <ul style="list-style-type: none"> ➢ Reviewed Asthma Guidelines on cchealth.org website. • Utilization Management- ENT/ Vascular Surgery <ul style="list-style-type: none"> ➢ ENT <ul style="list-style-type: none"> ▪ ENT Pilot- Second opinions ▪ Would like to find out if PCPs would prefer to get a second opinion when a member is referred for a certain reason but the member insists on receiving something other than what the PCP refers for. ▪ PCPs would like a report from the specialists after seeing their patient to keep them involved what care is being provided. 		<p>Jose Yasul, MD Medical Director, CCHP</p>

<ul style="list-style-type: none"> ➤ Vascular Surgery <ul style="list-style-type: none"> ▪ Specialist are requesting surgeries for member for varicose veins but the surgery will not be approved if there is not any documentation from PCPs. ▪ The state can question CCHP for not having all documentation. • Mental Health Providers <ul style="list-style-type: none"> ➤ Care Everywhere referral management system <ul style="list-style-type: none"> ▪ This will allow referrals to work within Epic. ▪ All electronic ▪ Care Management Unit Access Line form given to providers. <p>Discussion Items</p> <ul style="list-style-type: none"> • Pharmacy ID Cards <ul style="list-style-type: none"> ➤ CCHP will be sending updated ID cards to be used after December 1, 2018. ➤ This new ID card contains updated information that your pharmacist needs in order to process the member's prescriptions. • Healthy Families Program <ul style="list-style-type: none"> ➤ Public Health Clinics Program <ul style="list-style-type: none"> ▪ Various Locations ▪ Program is for elementary school kids and their families. ▪ Program is at specific schools but the PCP can refer children to the program. ▪ The program is afternoon sessions, one time per week. Total of 8 sessions and child can receive for vouchers for attending i.e. camp, etc. • Medi-Cal Issues <ul style="list-style-type: none"> ➤ Medi-Cal membership is dropping <ul style="list-style-type: none"> ▪ Members are making more money which puts them ineligible for Medi-Cal services. ▪ Members may be unaware of registration to keep benefits. ▪ Members are also worried about Public Charge when trying to receive their green cards/visas. 		
<p>New Business:</p> <p>III.</p> <ul style="list-style-type: none"> • Flu Shots <ul style="list-style-type: none"> ➤ Members over the age of 10 years old with CCHP can receive their flu shots at Walgreens. • Pharmacy Kiosk <ul style="list-style-type: none"> ➤ Over 40 pharmacies have added kiosk to dispose of unused or expired medications. 		<p>Jose Yasul, MD Medical Director, CCHP</p>

<p>IV. Other:</p> <p>Reminders</p> <ul style="list-style-type: none"> • Initial Health Assessment (IHA) <ul style="list-style-type: none"> ➢ Must be completed within 120 days of enrollment into the health plan or documented within the 12 months prior to Plan enrollment. ➢ If member assigned to new PCP, IHA must be completed within 120 days of that assignment if no IHA documented within the past 12 months. ➢ IHA includes H&P, IHEBA (SHA), USPSTF screenings, ensure up-to-date immunizations per ACIP. • USPSTF <ul style="list-style-type: none"> ➢ Updated Cervical Cancer Screening Recommendations handout provided • Department of Health Care Services (DHCS) <ul style="list-style-type: none"> ➢ DHCS will be looking for IHA, SHA, and USPSTF. • HPV Vaccine: Information Requested at the July 2018 CPN Meetings <ul style="list-style-type: none"> ➢ Handout with answers to questions from last CPN meetings provided in packet. 		Christine Gordon, BSN, DHCS-MT
<p>IV. Claims Questions & Answers:</p> <ul style="list-style-type: none"> • No Claims questions asked 		Sylvia Rodriguez Claims Dept. Supervisor
<p>Adjournment: Meeting adjourned at 8:27 A.M.</p>		

Next meeting January 22, 2019



Dear CCHP Member,

We are sending out new ID cards to be used after December 1, 2018. This new Contra Costa Health Plan (CCHP) ID card contains updated information that your pharmacist needs in order to process your prescriptions.

Be sure to present this new card to your pharmacist when ordering or picking up your medications. We have already notified your pharmacy of the change so that they can help with processing your medications without difficulty. There will be no change in the way you get your medications, and you can continue to use the same pharmacies that you have used in the past.

Remember to take this card with you to all of your doctor appointments, when receiving emergency care outside of our service area, when filling prescriptions, and have it available when contacting CCHP so that we can serve you better.

If you have any questions or comments, please contact the Contra Costa Health Plan member services department at 1-877-661-6230 (option 2).

Thank you for your continued patronage

Dear CCHP Member,

We are sending out new ID cards to be used after November 1,2018. This new Contra Costa Health Plan (CCHP) ID card contains new information that your pharmacist needs in order to process your prescriptions.

Please discard your old ID card and begin using this new card right away. Be sure to present this new card to your pharmacist when ordering or picking up your medications. We have notified our contracted pharmacies of the change so that they can help with processing your medication without difficulty. There will be no change in the way you get your medications. You can continue to use the same pharmacies you have in the past.

Take a few minutes, though, to look over the many important pieces of information on your updated card. After all, it's your passport to care and coverage. You may not think about your health insurance ID card very often, after all, it probably spends most of its time in your wallet—until you, your doctor, pharmacist or another medical provider really need it. If you find any error please let us know.

Take this card along with you to all of your appointments, when receiving emergency care outside of our service area, to fill prescriptions, or when contacting us, as it will help us serve you better. There is information on the back of the card to help you and providers find the toll free phone numbers to use to contact CCHP.

If you have any questions or comments, please contact the Contra Costa Health Plan member services department at 1-877-661-6230 (option 2).

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HPV Vaccine: Information Requested At the July 2018 CPN Meetings

- **For providers who would like to validate their own patients' data on HPV vaccination rates:**
 - Please contact Karen Schlein, Assistant Director of Quality for Contra Costa Health Plan at 925.313.6138 or karen.schlein@hsd.cccounty.us for instructions.
- **HPV vaccination recommendations for HIV+ patients:**
 - Ages 0-18 (from <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>, footnote 14):
 - Immunocompromised* (including HIV) aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
 - Ages 19 and up (from <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>, footnote 6):
 - Adults with immunocompromising conditions (including HIV infection) through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months
- **Minimum intervals for HPV vaccination:**
 - For patients age 0-18:
 - Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
 - Age 15 years or older at initiation: 3-dose series at 0, 1–2 months, and 6 months. Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).
 - For patients who are 19 and up:
 - The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination:
 - a. No previous dose of HPV vaccine: Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)
 - Aged 9–14 years at HPV vaccine series initiation and received 1 dose or 2 doses less than 5 months apart: Administer 1 dose
 - Aged 9–14 years at HPV vaccine series initiation and received 2 doses at least 5 months apart: No additional dose is needed
- **Are different strains of HPV more common in the USA than in other countries/is Gardasil vaccine formulated differently in other countries than it is in the USA?**

Medical information obtained from Merck, maker of Gardasil, demonstrates that global attribution of HPV is the same as what is contained in Gardasil 9 vaccine.

**Kristin Burnett,
Immunization Program Manager, CCHP
(925) 313-6734**

Influenza Updates

Influenza viruses typically circulate widely in the United States annually, from the late fall through the early spring. Although most persons with influenza will recover without sequelae, influenza can cause serious illness and death, particularly among older adults, very young children, pregnant women, and those with certain chronic medical conditions.

Routine annual influenza vaccination is recommended for all persons aged 6 months and above who do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by the end of October, if possible.

Flu vaccine composition for 2018-19:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- B/Colorado/06/2017-like (B/Victoria lineage) virus
- B/Phuket/3073/2013-like (B/Yamagata lineage) virus

(in quadrivalent vaccine only)

Children Aged 6 Months Through 8 Years: Evidence from several studies indicates that children aged 6 months through 8 years require two doses of influenza vaccine (administered a minimum of 4 weeks apart) during their *first season of vaccination* for optimal protection. Children aged 6 months through 8 years who have previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2018 require only 1 dose for 2018-19 and each subsequent flu season.

Pregnant Women: ACIP recommends that all women who are pregnant or who might be pregnant in the influenza season receive influenza vaccine because pregnant and postpartum women are at higher risk for severe illness and complications from influenza than women who are not pregnant. Any licensed, recommended, and age-appropriate influenza vaccine may be used*. Influenza vaccine can be administered at any time during pregnancy, before and during the influenza season.

Older Adults: For persons aged ≥ 65 years, any age-appropriate flu vaccine is an acceptable option. In several large randomized trials Fluzone High-Dose (HD-IIV3; Sanofi Pasteur, Swiftwater, Pennsylvania) had superior efficacy in this age group. However, the ACIP makes no preferential recommendation for any specific vaccine product. Vaccination should not be delayed if a specific product is not readily available.

Unfortunately, the Centers for Medicare and Medicaid Services (CMS) have decided to close all Medicare Cost Plans nationally in counties where two or more Medicare Advantage Plans exist. That new policy also affects CCHP. Therefore, the CCHP Senior Health Basic and Senior Health Plus plans will be closed on December 31, 2018.

We have notified all 429 affected members by mail. They will also receive similar letters from CMS in early October instructing them to either return to the "Original Medicare" where they could also purchase a Medicare Gap Plan or join a Medicare Advantage (MA) Plan in our county.

Those MA HMO Plans in Contra Costa County are:

- AARP Medicare Secure Horizons
- Golden State Medicare Gold
- Humana Gold Plus
- Kaiser Permanente Senior Advantage

Those joining an MA Plan would need to switch their care to those other providers outside of CCRMC under those HMOs.

Those opting to revert to "Original Medicare" could still see their CCRMC or CPN providers with Medicare as primary payor. They would be responsible for paying the 20% copay amounts unless they purchase their own Medi-Gap Plans additionally.

The few (24 current members) who are duals could still remain with Medi-Cal in CCHP and Medicare Cost so could continue their care at either CCRMC or CPN at no additional cost to them.

These are difficult and complex choices for seniors; many of whom have been CCHP members for many years.

In order to assist them in these choices, our member letter directs them to contact our Marketing Department at 1-877-661-6230 (press 6). We are working with HICAP (the Health Insurance Counseling & Advocacy Program) in EHSD who have completed special training for our Marketing and Member Services staff to be able to assist these 400 members in explaining options and deadlines for Medicare coverage. HICAP will also provide additional assistance to those seeking Medi-Gap or Part D information.

We have also sent copies of our member letter with this explanation to the PCPs of these 400 members since they may need to discuss medical care and medical record transitions with them.

CCHP regrets this CMS decision but will provide as much assistance as possible to assist these senior members with their Medicare insurance transition.

Contra Costa Health Plan Will No Longer Offer Your Medicare Plan in 2019

Centers for Medicare and Medicaid Services decided to end your Medicare Cost Plan by December 31, 2018. This affects your SeniorHealth Plan (SeniorHealth Basic and SeniorHealth Plus) by Contra Costa Health Plan (CCHP). **Your Medicare coverage through CCHP's SeniorHealth Plans will end December 31, 2018.** You need to make new decisions about your Medicare coverage.

You may choose to have Medicare coverage either from Original Medicare or from a Medicare Advantage plan. In either case, there are some important time frames you need to take note of.

Original Medicare: If you take no action before December 31, 2018, your coverage will revert to Original Medicare. If you have a separate Medicare Part D drug plan, that plan will likely continue, although it may not be the best plan for you. You will also have a limited-time option to purchase a Medicare Supplement (Medigap) plan without medical screening ("guaranteed issue"). Medigap plans cover co-insurance, deductibles and other costs not paid by Medicare, but they do not cover drugs. To be sure you have the prescription and Medigap coverage you wish, you need to take action timely. See below for important deadlines for taking action.

Medicare Advantage plans are an alternative way to get Medicare coverage. These Health Maintenance Organization (HMO) plans contract with specified physicians' networks and hospitals, and you must use network providers. You generally will not have coverage if you go outside the network. These plans have monthly premiums as well as copays for most services. They also include prescription drug coverage.

If you join a Medicare Advantage plan, you will automatically be disenrolled from your current Part D prescription plan.

Contra Costa County currently has the following Medicare Advantage plans for 2018. This list is current and subject to change after October 1, 2018.

- AARP Medicare Complete Secure Horizons (HMO) (Plan 1 or Plan 2)
- Golden State Medicare Gold (HMO)
- Humana Gold Plus (H5619-029) (HMO)
- Kaiser Permanente Senior Health Advantage Contra Costa (HMO)

If you wish to join a Medicare Advantage plan, you must act timely. See below.

Important Deadlines:

If you choose Original Medicare with a separate drug plan with or without a Medigap plan:

- **Deadline to change your prescription drug plan: 12/07/2018**
 - Note: it is strongly recommended you compare available drug plans to determine what plan will cover you best and for the lowest cost in 2019. Plans change their coverage, and your needs may have changed. Failing to update your plan could end up costing you a lot. HICAP can help compare plans for you.
- **Deadline to purchase a Medigap supplement plan with “guaranteed issue” is March 4, 2019.** Coverage will be effective the first of the month following enrollment. If you enroll in a plan before December 31, 2018, your coverage will start January 1, 2019.

If you choose a Medicare Advantage plan:

- If you join a Medicare Advantage plan before **December 31, 2018** your new coverage, including drug coverage, will start January 1, 2019.

- You can delay selecting a Medicare Advantage plan under a special enrollment period that lasts until **February 28, 2019**. In that case, coverage will begin the month following your enrollment. In the meantime, you will have Original Medicare and prescription coverage, if you retained a separate drug plan.

If you are eligible for Medi-Cal:

If you are eligible for Medi-Cal without a share of cost and are currently enrolled in CCHP's Medi-Cal Managed Care plan, you do not need to change to another Medi-Cal Plan. The State of California may continue to pay your Part B premium and give you the lowest possible drug co-payments. You would use CCHP providers and if you went outside the network you'd be responsible for the normal Medicare cost sharing. You would also still need a stand-alone prescription drug plan. You could also join the Kaiser Special Needs Medicare/Medi-Cal Advantage plan instead.

Other information you need to know:

If you need to contact the Medi-Cal program, contact 916-449-5000 from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929.

If you have End-Stage Renal Disease (ESRD), you cannot join a Medicare Advantage Plan. You must go to Original Medicare and buy a Medigap policy.

If you have an employer or union group health plan or TRICARE for Life, contact your insurer or benefits administrator to find out how joining a new plan or returning to Original Medicare affects your coverage. You may be able to use other health care and prescription drug coverage with Original Medicare.

Note: VA coverage does not coordinate with Medicare at all.

Get help and more information about your options

If you need more information, please call us at 1-877-661-6230 (Press 6) 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. Tell the marketing representative you got this letter.

For help comparing Medicare Advantage, Medigaps or stand-alone drug plans or understanding your options, call HICAP at 1-800-510-2020 or (925) 602-4163 or visit www.cchicap.org. You can also visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

To see if you qualify for other programs for people with limited income and resources, call the California Medical Assistance Office 916-449-5000 from 8:00 AM to 5:00 PM or contact HICAP at 1-800-510-2020. You may be able to get help paying Medicare premiums, deductibles, and coinsurance. TTY users should call 1-800-735-2929.

To get this notice in a different language or format, **call our Marketing Department** at 1-877-661-6230 (Press 6) 8:00 AM to 5:00 PM. TTY users should call 1-800-735-2929.

The Contra Costa Health Plan has enjoyed providing your medical services over the years and we hope your Medicare insurance transition will go smoothly. You may discuss ongoing care issues with your current medical provider and make plans to have your medical records transferred to the provider you choose in your new plan.

Sincerely,

PATRICIA R. TANQUARY MSSW, MPH, PhD

CEO

PEDIATRIC/ADULT INFLUENZA VACCINE

2018-2019

6-35 MONTHS OLD



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.25 mL single-dose syringe



DOSAGE REMINDER

6-35 months 3+ years

Fluzone® syringes (differs by age)

0.25mL

0.5mL

FluLaval® syringes

0.5mL

0.5mL

Fluarix® syringes (same for all ages)

6 MONTHS & OLDER



Fluarix® Quadrivalent
GlaxoSmithKline Biologicals
0.5 mL single-dose syringe



FluLaval® Quadrivalent
GlaxoSmithKline Biologicals
0.5 mL single-dose syringe



36 MONTHS & OLDER



FluLaval® Quadrivalent
GlaxoSmithKline Biologicals
5.0 mL** multi-dose vial



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose vial



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose syringe



Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
5.0 mL** multi-dose vial



4 YEARS & OLDER



Flucelvax® Quadrivalent
Seqirus
0.5 mL single-dose syringe



Flucelvax® Quadrivalent
Seqirus
5.0 mL** multi-dose vial



5 YEARS & OLDER



Afluria® Quadrivalent
Seqirus
5.0 mL** multi-dose vial



Afluria® Quadrivalent
Seqirus
0.5 mL single-dose syringe



2-49 YEARS OLD & HEALTHY



FluMist® Quadrivalent
MedImmune Vaccines, Inc.
0.2 mL single-dose nasal sprayer



65 YEARS & OLDER



FLUAD™ Adjuvanted Trivalent
Seqirus
0.5 mL single-dose syringe



18 YEARS & OLDER



FluBlok® Quadrivalent
Protein Sciences
0.5 mL single-dose syringe



Fluzone® High-Dose Trivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose syringe



All influenza vaccines are stored in the refrigerator.

•• Multi-dose vials contain preservative and typically cannot be given to children younger than 3 years of age and pregnant women per California law (Health and Safety Code 124172).

Children under 9 years of age with a history of <2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See bit.do/fluerecsACIP

Vaccines with the VFC logo are available through the Vaccines for Children Program in 2018-2019 and can only be used for VFC eligible children (≤18 years of age). **VFC Questions: Call 877-2Get-VFC (877-243-8832) toll-free**



IMM-859 (9/18)

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Recommendations

*Published Final
Recommendations*

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Progress

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Final Recommendation Statement

Cervical Cancer: Screening

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Women aged 21 to 65 years	<p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).</p> <p>See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.</p>	A

Newsroom – Published on: August 21, 2018 JAMA. 2018;320(7):674-686.
doi:10.1001/jama.2018.10897

USPSTF Updates Cervical Cancer Screening Recommendations

Allison Inerro

What type of cervical cancer screening should a woman get, if any, and how often? The latest recommendation from the United States Preventive Services Task Force (USPSTF) said Tuesday that it depends on a woman's age and other factors.

What type of cervical cancer screening should a woman get, if any, and how often? The latest recommendation from the United States Preventive Services Task Force (USPSTF) said Tuesday that it depends on a woman's age and other factors, but those 30 or older have a new option.

The number of deaths from cervical cancer in the United States has decreased since widespread cervical cancer screening began, falling to 2.3 from 2.8 deaths per 100,000 women. Still, 4170 will die from the disease this year, according to the American Cancer Society. Most will not have been adequately screened previously.

To update its 2012 recommendation, the USPSTF reviewed evidence on screening for cervical cancer, looking at clinical trials and cohort studies that evaluated screening with high-risk human papillomavirus (hrHPV) testing alone or together with hrHPV using a cytology-based Papanicolaou (Pap) smear, where cells are scraped from the back of the cervix. The 2 tests together are called cotesting.

For women aged 30 to 65, there are 2 options: screening by either a Pap test every 3 years, or a Pap and hrHPV test every 5 years. The recommendation is a slight change from draft guidelines, which recommended that women get just 1 test, instead of a cotest.

Overall, the USPSTF gave an "A" recommendation to screening women aged 21 to 65 years, but did not recommend testing for those younger than 21 and or older than 65.

For women aged 21 to 30, screening should be done by a Pap test every 3 years.

Under current law, preventive services receiving an A or B grade must be covered by most private insurance plans with no co-pay for patients. Other screening tests and services with different grades are up to the payer.

As over 99% of all cervical cancers are associated with HPV, testing for the infection has been touted as an alternate option for cervical cancer screening. Previous research has indicated that HPV testing alone or combined with a Pap smear is linked to increased detection of precancerous lesions in the first screening round, followed by a subsequent reduction in precancerous lesions.

USPSTF Updates Cervical Cancer Screening Recommendations

Allison Inerro

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For women aged 21 to 30, screening should be done by a Pap test every 3 years.

Under current law, preventive services receiving an A or B grade must be covered by most private insurance plans with no co-pay for patients. Other screening tests and services with different grades are up to the payer.

As over 99% of all cervical cancers are associated with HPV, testing for the infection has been touted as an alternate option for cervical cancer screening. Previous research has indicated that HPV testing alone or combined with a Pap smear is linked to increased detection of precancerous lesions in the first screening round, followed by a subsequent reduction in precancerous lesions.

In a joint statement, 3 of the nations’ top women’s healthcare groups called the recommendation “largely in line” with clinical guidance with their own.

“With a number of screening options now available, the new guidelines emphasize the importance of the patient-provider shared decision-making process to assist women in making an informed choice about which screening method is most suitable for them,” said the statement, from the American College of Obstetricians and Gynecologists (ACOG), the Society of Gynecologic Oncology, and the ASCCP. “However, more importantly, there needs to be a continued effort to ensure all women are adequately screened because a significant number of women in the country are not. It’s also essential for women to have access to all of the tests and that they are appropriately covered by insurance companies.”

Discussion about insurance coverage of the tests based on USPSTF recommendations was a source of lively discussion at a session of the annual meeting of ACOG earlier this year.

Screening women who have had a hysterectomy with removal of the cervix for indications other than a high-grade precancerous lesion or cervical cancer does not offer any benefit, the USPSFT said.

Reference

US Preventive Services Task Force. Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2018;320(7):674-686. doi:10.1001/jama.2018.10897.