Evaluation of a self-collect HPV program in a learning health system context: Barriers and facilitators of real-world implementation

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BACKGROUND & RESEARCH OBJECTIVES

Patient self-collect and clinician-administered tests have **comparable sensitivity and specificity.**

→ RCT at KPWA demonstrated **mailing patients self-collect HPV tests increased screening** uptake.

→ KPWA implemented a **population-based self-collect HPV program**.

→ Objective: **Evaluate** the HPV self-collect program and illuminate **barriers and facilitators** to implementation.

STUDY DESIGN

Mixed methods evaluation including:

1) **Tracking adaptations** and programmatic changes,
2) **site visits** to three primary care clinics, one obstetrics/gynecology practice, and the central laboratory,
3) qualitative **interviews with 14 clinic medical directors**, and
4) **pre-post quantitative analysis** of cervical cancer screening outreach, test completion, and follow-up.

Population: Integrated health system members **30-64 years old** identified as **female** in the electronic health record with **average cervical cancer risk**.

PRINCIPAL FINDINGS

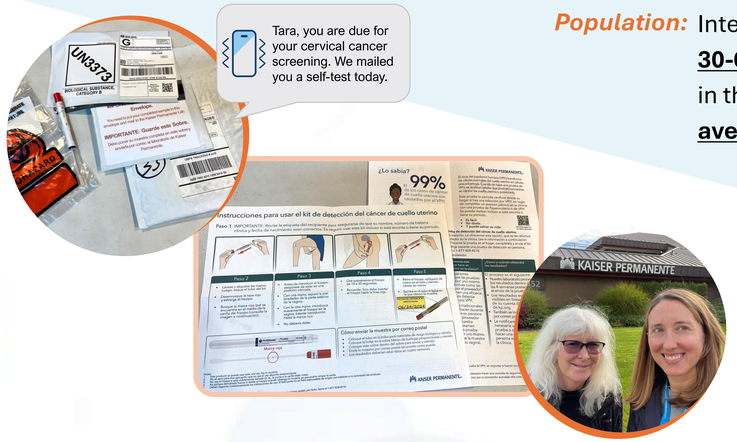
Despite challenges, **implementation of a self-collect HPV program increased cervical cancer screening overall** in our health system.

Facilitators to implementation

- **Research and care delivery partnership** facilitated iterative adaptations, translation of knowledge to practice, and characterizing and addressing implementation challenges.
- Launching the program via mail and **adapting to make self-collect HPV kits available in primary care clinics** based on clinician feedback.
- Clinicians were generally satisfied with the program and liked the **additional time-efficient screening option**.
- Clinicians reported positive feedback from patients and believed **self-collect HPV testing is an option for patients who avoid cervical cancer screening** (e.g., transgender patients, patients with sexual trauma, patients seeing a male-identified clinician).

Barriers to implementation

- Needed **new processes for full-scale launch and adaptations due to resource constraints** although the program used the same laboratory and follow-up outreach nurse as the research.
- **Outsourcing kit mailing to a vendor** created tracking and data challenges.
- Clinicians reported that patients accustomed to an annual pelvic exam may **perceive HPV self-collect as a way for the health system to cut costs** by providing lower quality care.
- **Need for clear messaging** about evidence supporting self-collect screening and additional staff and patient education.



LEFT: Example of a kit mailing and text message notice.
CENTER: Example of at-home screening instructions.
RIGHT: Dr. Bev Green and Brandi Crawford-Gallagher visiting a KPWA clinic during implementation.

IMPLICATIONS FOR PRACTICE

Population-based self-collect HPV screening programs are feasible and acceptable and can improve cervical cancer screening uptake, and these programs benefit from implementation support in a learning health system context.

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