

## Screening for Success: Eskenazi Health Makes Strides in Cervical Cancer Prevention through Quality Improvement

The Center for Quality Improvement & Innovation (CQII) congratulates Eskenazi Health Infectious Diseases Clinic (IDC) in Indianapolis, Indiana for outstanding work in quality improvement (QI) for engaging staff and patients in data-driven change and raising cervical cancer screening rates through QI. CQII is honored to present Eskenazi Health IDC with the 2025 Quality Award in the category of Measurable Improvements in HIV Care.



The mission of the Eskenazi Health IDC is to provide person-centered services, education, and support to prevent and treat infectious diseases so that those served may lead healthy and fulfilling lives. The interdisciplinary team, including care coordinators, doctors, interpreters, nurses, nurse practitioners, pharmacists, and social workers, partners with each of their 1,575 Ryan White HIV/AIDS Program (RWHAP) clients to deliver high-quality care through individualized treatment plans, education, and access to clinical trials. This includes care coordination services supported by the Indiana Department of Health (funded through RWHAP Bart B) and Marion County Public Health Department (funded through RWHAP Part A) in which social workers and care coordinators help prevent interruptions in care and promote healthy living by linking clients to psychosocial and support services.

Above is the Eskenazi Health IDC's QI team. From front row to back row (left to right): Anthony Kirk, Malinda Boehler, Maria Habibi, Aryana Habibi-Steele; Jasmine Wallace, Summer Terry, Jason Richmond; Theresa Emeli, Liza Lecklider, Phil Winternheimer; Adam Sheptock, Karen Harris, Christine Balt; Hollis McGee, Lucia Schliessmann, Thomas Kleyn.

Not pictured: Kimberley Adams, Saira Butt, Elizabeth Chasteen, Hamed Chehab, Phil Clapham, Dillon Etter, Mandi Fears, Nick Fennig, Jeremy Forcier, Meredith Greene, Christine Heumann, Stephanie Johnson, Aneesha Kamath, Keeret Mann, Gail Ogle, Gisselle Reyes, Holly Robinson, Emma Royal, Kevin Swihart, Adam Thirion, Bree Weaver, Porscha Webster, Ronetta Wright, Guisela Yacaman, Amy Zhong, and Kimberley Zupan.

In March 2023, Eskenazi Health IDC embarked on a two-year QI project to increase the percentage of RWHAP patients who are up to date with the Adult and Adolescent Opportunistic Infections guidelines. They chose to focus on cervical cancer screenings because it had been their lowest-performing Health Resources and Services Administration HIV/AIDS Bureau performance measure for many years. Baseline data from the end of 2022 showed that only 43.8% of eligible patients received a cervical cancer screening.

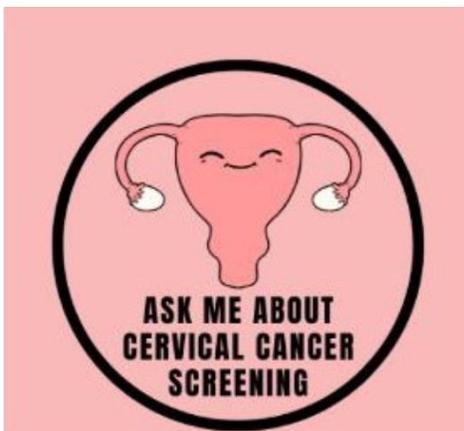
To decide on interventions for improving cervical cancer screening compliance, an interdisciplinary subcommittee of IDC's Clinical Quality Management Committee first identified specific barriers faced by the client population by completing an Ishikawa (fishbone) diagram. These barriers included a lack of connection to a primary care provider, time to get an appointment with a gynecologist, lack of trust in providers outside of the IDC, and lack of education around the increased risk of cervical cancer in people with HIV. The interventions employed were tailored to address these unique challenges, which were related to patient factors (like knowledge and fear), provider practices, or systemic issues (like cost and access). It was clear that a combination of approaches would be needed to improve compliance with screening.

Using the Plan-Do-Study-Act (PDSA) methodology as the framework to guide their project, the Eskenazi Health IDC team tested four interventions that were key to driving improved performance. First, to increase access to gynecological services, they brought in a gynecologist for one four-hour clinic session per week. Next, they developed a report in their electronic medical record (EMR) to determine which patients needed a screening. In advance of patient appointments, medical case managers would review the monthly report, contact eligible patients by phone, and notify them that their provider plans to perform a cervical cancer screening at their next appointment. This allowed the patient time to prepare for the procedure and to consider any questions they wanted to ask their provider. Lastly, Eskenazi Health IDC providers modified their note templates to standardize documentation of discussions and education related to cervical cancer screening at every visit. By the end of the project, cervical cancer screenings increased from 43.8% at baseline on April 1, 2023, to 65.7% at the end of the project on March 31, 2025.

For this project, the team built a report in their EMR (Epic) to accurately define their patient population and track cervical cancer screenings to supplement reports generated by CAREWare, the electronic health and social support services information system for RWHAP recipients and providers. The EMR report became the backbone for monthly monitoring and helped foster accountability. Results were shared in staff and QI meetings, keeping the project highlighted and sparking discussion of barriers and next steps.

Early on, one of the biggest hurdles was getting buy-in from all clinic staff, including providers, care coordinators, and case managers. Although everyone understood the importance of cervical cancer screening, the clinic prioritized viral suppression. Philip Winternheimer, a nurse practitioner, shared the, “...number one challenge was that we didn't have a culture of making sure that we were doing cervical cancer screening and reducing the risk for our women who are HIV positive.”

To overcome this barrier, the team explored different approaches to staff and patient education. After hearing provider concerns about missing exam supplies, the team developed a visual tip sheet with photos of all required supplies for each exam room. This eliminated guesswork for those restocking rooms and ensured providers had everything they needed to conduct cervical exams and cancer screenings. The team also created a small working group who developed an educational flyer and an “ask me about cervical cancer screening” button that providers wore to help raise awareness and start a dialogue.



Above is the button worn by providers to raise awareness of and encourage discussion about cervical cancer screening.

In 2024, several members of Eskenazi Health’s IDC team participated in CQII’s Training of Quality Leaders. Multiple committee members also completed Lean Six Sigma Green Belt certification. Lucia Schliessmann, a registered nurse, shared that these, “...trainings have taught us to really drill down to the root causes [of care issues] rather than making assumptions. It’s about identifying an issue and testing [an idea to improve it] —not across all 1,575 clients at once but starting with a smaller group of 20 or 30.”

Eskenazi Health IDC’s Clinical Quality Management (CQM) Program applied the Plan-Do-Study-Act methodology as the framework to guide its improvement work. The CQM committee designed, approved, and monitored the cervical cancer screening project. The CQM committee was composed of staff and clients and used qualitative and quantitative data to inform their QI project progress. After transitioning the cervical cancer screening initiative into the “maintenance phase,” the CQM committee is building on the success of and lessons learned by preparing to launch an anal cancer screening QI project.

When asked about the secret to their success in achieving measurable improvements, the IDC's QI team emphasized the importance of having champion providers who serve as examples by motivating other providers to continue making improvements and creating momentum for sustained change. The team also made sure to include staff who were initially resistant to changes in QI processes. Their advice for those just starting out in QI is, "Don't give up — not everyone is going to adapt as quickly as you want them to, so continue to push through and be open to adapting."

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