

WP-4 CERVICAL SCREENING STUDY PROTOCOL FOR LATVIA

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THE POSSIBLE INFLUENCE OF THE MEDICAL STAFF INVOLVED IN THE ORGANIZED CERVICAL CANCER SCREENING ON THE RESPONSIVENESS TO THE CENTRALLY ISSUED INVITATIONS.

BACKGROUND

The organized cervical cancer screening program implemented in Latvia from Jan 2009 is based both on the formation of a comprehensive and optimal target group of residents and on extensive opportunity for medical staff to take part in performing the screening manipulations. Latvia screening program is unique because the medical staff can actually influence the responsiveness to the invitation letters through their professional activities thus ensuring efficient functioning of the screening. The program includes the following:

1. The general practitioners (GP), who have contracts with the HPC (Health Payment Centre), can access the screening module in the HIS (Health Information System) that contains information about the relationship with the screening program of all females registered with the particular practitioner: the sending date of the invitation letter, reference No. of the letter and the screening examination date and findings. Regular monitoring of the HIS Screening module data allows the GP or his/her assistant/nurse to identify persons who have been issued an invitation but who do not display any marks in the module about any examination. By actively contacting those persons, the GP can find out the reasons and encourage the women to respond to the invitations and get involved into the screening program. If in their practices cytological smears can be taken, GPs can perform this manipulation as a part of the program: they must contact the Screening Section of the HPC online and require the invitation letter and the screening examination form electronically (if a woman has visited the GP due to any other reason and cannot produce the screening invitation letter).
2. Gynaecologists can act similarly — contact the Screening Section of the HPC and require the invitation letter and the screening examination form electronically if a woman has visited the doctor due to any other reason such as for advice on the selection of contraception. Private gynaecologists may use the invitation letter and the examination account form to send the smear to the cytological examination as a part of the screening paid by the state and the data from the laboratory are delivered to the Screening module of the HPC.
3. The 19 December 2006 Regulation No. 1046 of the Cabinet of Ministers „The Procedure for Organization and Financing of Health Care” provides that all manipulations performed as a part of the screening, including the taking of cytological smear, testing and the consequent examinations following the algorithm approved by the above regulations are fully compensated to the performer irrespective of any financial quota requirements. Moreover, the taking of cytological smear and testing as a part of the screening program may be also performed to inpatients and the payment for the manipulation is excluded from the payment for the treatment in the hospital.

Regardless of all the above mechanisms integrated in the implementation plan of the screening program, responsiveness to the invitation letters sent out in 2009 does not exceed 15% (30,684 women responded to 208,359 letters). General practitioners actually do not engage in promoting the organized screening; within the screening, private gynaecologists have sent to laboratory for testing about 3% of examinations, though about 40% of all gynaecologists have private practices according to the Latvian Association of Gynaecologists and Obstetricians. The screening examination of inpatients is not performed: may be due to the lack of information both among the public and the medical staff.

AIMS OF THE STUDY

Taking into consideration the specific features of the organized cancer screening program implemented in Latvia, we propose to survey the awareness, motivation and readiness of medical staff to perform activities aimed at increasing the responsiveness to the organized screening invitation letters and improving the effectiveness and rate of the screening program. The aim of the survey is to identify the existing issues and problems preventing the involvement of medical staff in the screening program so that the issues could be eliminated to significantly increase the responsiveness to the screening and its overall effectiveness.

METHODS

The surveys are intended for specific target groups with a common basis part and variable questions part as appropriate for the professional specifics of each target group. The target groups of medical staff might be as follows:

- 1) General practitioners;
- 2) Gynaecologists with contracts with the HPC;
- 3) Private gynaecologists;
- 4) Management of hospitals.

RESULTS EXPECTED

Results will show the professionals groups' knowledge, awareness, understanding tasks of screening program and show ways for new inputs to improve screening program for the second three years round that will be started from 2012.

TIMETABLE

Task	Time
Detailed study plan, negotiations with different partners, drafting the questionnaire	Jan – Dec 2010
Pilot study (a random sample from different target groups of medical staff)	Oct – Dec 2010
Distributing the questionnaires, data coding and entering from the returned questionnaires, media coverage	Jan – Mar 2011
Data analysis	Apr – Aug 2011
Report writing, information dissemination	Sep – Dec 2011