

TITLE: The Impact of Continuity of Care on Pap Test Guideline Concordance

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Researchers and physicians who are interested in improving women's health and cancer care.

ABSTRACT: Background/Purpose: Pap Test is a cost-effective screening test for cervical cancer, and is recommend for women every 3 years from age 21. Our study aims to investigate if continuity of care affects Pap test.

Methods: We linked Medicaid claims data for women in Oregon with the providers file, and created person-year panel data with continuous Medicaid enrollment during 2008-2015. Per the Pap test guideline, we restricted our observations to those who (1) aged 21 and older; (2) did not have total or radical hysterectomy; (3) did not receive Pap test in the prior two years. We used logit model to predict receiving Pap test, bootstrapped with 100 replications. Our focal variable was the continuity of care index (COC), and we controlled for other clinical and demographic variables. We also ran separate models by pregnancy.

Results: Mundlak test suggested fixed-effect estimators be used. In "no pregnancy" model, the COC was a significant predictor and had a negative marginal effect of -0.010 per 0.10 unit of COC increased ($p=.044$, 95% CI: -0.020, -0.0003). We did not detect any significance in "pregnancy" model.

Conclusions/implications: Our evidence suggests increasing physicians awareness and concordance with screening guideline may be more important to improve cancer care.

OBJECTIVE(S): Identify factors that may affect the guideline adherence of cancer screening

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