Measuring and Reducing Overuse in Cervical Cancer Screening Katharine A. Rendle, PhD, MSW, MPH

Overuse is a pressing and widespread healthcare problem in the United States. In the context of cervical cancer prevention, over-screening can result in avoidable adverse reproductive and psychosocial harms, and contributes greatly to excess healthcare costs. Survey data estimate that only 15% of providers consistently follow screening guidelines, and nearly half of screened women continue to screen too often. For other preference-sensitive screening tests, such as choosing among colorectal cancer screening tests, quality of provider communication and shared decision-making (SDM) approaches have been shown to increase adherence. However, few studies have examined how these factors impact specific screening strategies (i.e. cytology and/or HPV testing) or overuse in cervical cancer screening. Our long-term goal is to reduce the harms of over-screening by answering two questions: a) how can we better leverage electronic medical record data to reduce overuse? and b) how can we improve patient-provider communication regarding cervical cancer screening strategies to support high-value, patientcentered care? To achieve this long-term goal, we seek pilot funding to: 1) measure and describe trends in over-screening among women undergoing routine cervical cancer screening across UPHS from 2013-2018; and 2) conduct interviews with 30 women and 15 providers to a) explore key factors shaping screening decisions and b) identify approaches to decrease overuse. Results will be used to develop and test a multicomponent intervention that aims to a) improve provider communication regarding screening strategies and the harms of over-screening and b) reduce over-screening by using provider peer-comparison to encourage behavior change.