



# AMERICAN ACADEMY OF FAMILY PHYSICIANS

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## F O U N D A T I O N

### **Abstract of Study Funded with a PBRN Stimulation Grant in 2011**

#### **Decision-making Processes in Cervical Cancer Screening (G1104PB)**

*Principal Investigator:* Sharry Kay Veres, MD, MHSM

#### **Abstract**

While many cost-control efforts have focused on preventive services, less attention has been paid to the overuse, or unnecessary use, of routine preventive services. Unnecessary use of diagnostic tests and potential costs associated with such tests has been demonstrated. Cervical cancer screening in women who do not have a cervix is one example of a preventive health service for which there is evidence for overuse. Clinical guidelines among authoritative groups are not in complete consensus regarding how often and in whom Pap tests should be performed. Empiric data about provider practices with regard to screening frequency is limited. Especially lacking are studies of clinical decision-making, particularly studies that address how decision-making is influenced by clinical variables. We propose a mixed-method investigation into the following research questions: 1) What are the underlying factors that contribute to overuse of cervical cancer screening? 2) What are providers' clinical decision-making processes regarding whether or not to perform a Pap test? 3) What are patients' decision-making processes in adhering to screening guidelines? This proposal is for the first step, a qualitative study in which we will conduct focus groups with primary care providers and patients. Information derived from the focus groups will provide the theoretical basis to develop a survey tool. This tool will be used to gather data in a state-wide point-of-care study through DesertNet, Arizona's practice-based research network. Empirically evaluating cervical cancer screening practices allows for an opportunity to better understand the interface of clinical recommendations, clinical decision-making and population management for the PCMH.