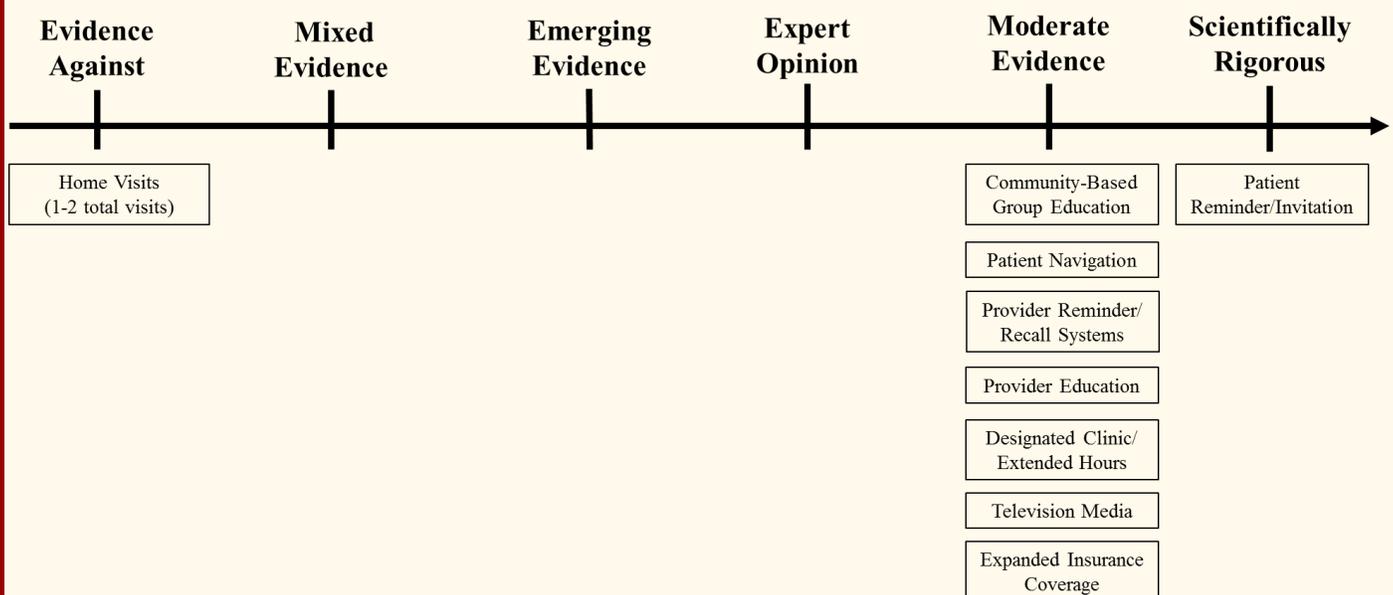


# Strengthen the Evidence Base for Maternal and Child Health Programs

## NPM 1: Well-Woman Visit

The **Well-Woman Visit** is one of fifteen MCH National Performance Measures (NPMs) for the State Title V Block Grant program. The goal for NPM #1 is to increase the percentage of women with preventive medical visits in the past year. Well-woman visits have the potential to optimize health over the course of a lifetime, as they provide women the opportunity to address a wide range of health issues with a health care provider.<sup>1</sup> This brief identifies evidence-informed strategies that State Title V programs might consider implementing to address NPM 1.

The evidence review categorized interventions along an evidence continuum from *Evidence Against* (least favorable) to *Scientifically Rigorous* (most favorable). Interventions that are characterized by *Emerging Evidence* or more favorable ratings are considered evidence-informed. *Scientifically Rigorous* evidence was identified for “Patient Reminder/Invitation.” *Moderate Evidence* was found for “Community-Based Group Education,” “Patient Navigation,” “Provider Reminder/Recall Systems,” “Provider Education,” “Television Media,” and “Expanded Insurance Coverage.” *Evidence Against* was identified for “Home Visits,” largely provided by lay health workers and limited to 1-2 visits for each of the interventions reviewed.



This review was conducted as part of Strengthen the Evidence Base for Maternal and Child Health Programs, a Health Resources and Services Administration-funded initiative that aims to support states in their development and implementation of strategies to promote the health and well-being of MCH populations in the United States. The remainder of the brief summarizes the approach to the review. The full review may be found at <http://semch.org/evidence-reviews.html>.

The well-woman visit is one of the coverage requirements included in a set of comprehensive recommendations put forth by the Institute of Medicine’s Committee on Clinical Preventive Services for Women.<sup>2</sup> On a national level, 66% of women in 2014 reported receiving a preventive medical visit in the past year; over the past six years, this percentage has remained stable (64%-66%).<sup>3</sup>

**METHODS & RESULTS**

After an initial literature search for studies evaluating interventions to promote well-woman visits produced one peer-reviewed publication, the authors revised their search to include strategies to increase receipt of two preventive services that could be delivered in the context of a well-woman visit: cervical cancer screening and human papillomavirus (HPV) vaccination. Forty-eight peer-reviewed sources (1 study for well-woman visit, 42 for cervical cancer screening, and 7 for HPV vaccination) met study inclusion and informed the review. Two of the 48 articles evaluated interventions to increase the uptake of two of the three preventive services. Studies were grouped by target audience. Examples of each intervention that met evidence rating criteria are shown below.

<b>Target Audience</b>	<b>Intervention</b>	<b>Example</b>	<b>Evidence Rating</b>
Patient/Consumer	Patient Reminder/Invitation	Letter sent by general practitioner	Scientifically Rigorous
	Community-Based Group Education	Lay health worker-led workshop delivered in a community health center	Moderate Evidence
	Patient Navigation	Clinic referral and assistance with appointment scheduling	Moderate Evidence
	Home Visits (1-2 total visits)	Lay health worker home visit	Evidence Against
Provider/Practice	Provider Reminder/Recall Systems	Computerized reminder system	Moderate Evidence
	Provider Education	Continuing medical education seminar	Moderate Evidence
	Designated Clinic/Extended Hours	Establishment of a clinic specifically for Pap tests	Moderate Evidence
Community	Television Media	Media campaign	Moderate Evidence
Payer	Expanded Insurance Coverage	Expanded Medicaid eligibility	Moderate Evidence

Interventions identified from peer-reviewed literature were placed along an evidence continuum to reflect whether they were: *Evidence Against*, *Mixed Evidence*, *Emerging Evidence*, *Expert Opinion*, *Moderate Evidence*, or *Scientifically Rigorous*. Assignment of evidence ratings was based on synthesis of study results for all three searches (well-woman visit, cervical cancer screening, and HPV vaccination), although the majority came from the 42 studies on strategies to increase cervical cancer screening. Assignment to the continuum required that the interventions were: evaluated in four or more peer-reviewed studies; comparable across studies; and considered to be the primary strategy within studies that employed multicomponent interventions.

### **KEY FINDINGS**

- There is strong evidence to suggest that patient reminders/invitations are effective, both on their own and in combination with other strategies.
- Other interventions targeting the patient/consumer that appear to be effective are community-based group education and patient navigation.
- Home visits (1-2 total visits) targeting patients/consumers do not appear to be effective.
- On the provider/practice-level, provider reminder/recall systems, provider education, and implementation of a designated clinic/extended hours appear to be effective.
- On the community-level, television media appears to be effective.
- Of interventions targeting payers, there is evidence to suggest that expanded insurance coverage is effective.

### **IMPLICATIONS**

- Findings from the literature on components of the well-woman visit can be applied to implementing multicomponent interventions that target women, health care providers and practices, and communities.
- Further research is needed to better understand the role of health insurance in utilization of women's preventive services.

Stephanie Garcia, Katherine Martino, Yu-Hsuan Lai, Cynthia Minkovitz, Donna Strobino

### **References**

1. Conry JA, Brown H. Well-woman task force: components of the well woman visit. *Obstet Gynecol.* 2015;126(4):697-701.
2. Institute of Medicine. 2011. *Clinical Preventive Services for Women: Closing the Gaps.* Washington, DC: The National Academies Press.
3. National performance measures. U.S. Department of Health and Human Services website. <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures> Accessed May 2, 2017.

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**JOHNS HOPKINS**  
BLOOMBERG SCHOOL  
*of* PUBLIC HEALTH

**Department of Population,  
Family and Reproductive Health**  
Women's and Children's  
Health Policy Center

615 N. Wolfe Street | Baltimore, MD 21205  
Phone: 410-502-5450  
Email: [sgarci22@jhu.edu](mailto:sgarci22@jhu.edu) | Web: <http://www.semch.org>