

# Women's Health in Primary Care

Summit Family and Sports Medicine

Mallory Quesenberry, PA-C



# My journey to become a PA

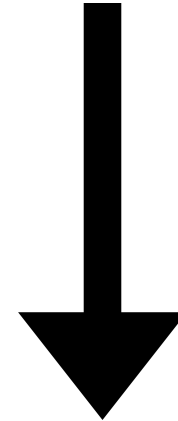
Bachelor's of Science Biochemistry  
at Lindenwood University



EMT-B Training- Emergency Room  
Technician



**Master of Science in Physician  
Assistant Studies at Stephens  
College**




OMFS Surgery Assistant



Ophthalmology Surgery Assistant

# What is a Physician Associate?

- Educated and trained healthcare professional that can work in any specialty or setting
  - First graduating class in 1967 from Duke University to expand primary healthcare
  - Training: Bachelor's Degree with emphasis in Biology, Chemistry, Pre-Med followed by direct healthcare experience then Master's degree.
  - 27 months or 3 academic year program includes didactic classwork and >2,000 clinical hours
  - Licensure: accredited program, certification exam, 100 CME hours every 2 years and recertify every 10 years
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# Title Change

Physician ~~Assistant~~ -> Physician **Associate**

May 24th, 2021 AAPA (American Academy of Physician Associates) officially changed title to Physician Associate

# Provider-Coder Relationship

- Trusting relationship
- Checks and balances
- Alleviates anxiety for provider
- Increases productivity
- Access to billing information

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# WWE Documentation

# HPI

Symptoms: pain, discharge, abnormal menses

Obstetrics History: GPA

Last menstrual cycle

HPV Vaccine Status

Previous Pap results

Contraception

STD Screening

Breast Cancer Screening

# PEx

Breasts: No nipple discharge or inversion, no masses or tenderness, no axillary LAD

Genitourinary:

External Genitalia: normal external female genitalia, no masses, no atrophy, Bartholin's glands normal

Bladder: urethra normal, no bladder prolapse

Vagina: normal pink rugated mucosa, normal vaginal discharge, adequate pelvic support

Cervix: normal appearance, no lesions or lacerations

Uterus: normal size, shape, non tender, mobile, no prolapse

Adnexae: no masses or tenderness

Perineum/Anus: no skin changes or hemorrhoids

# Assessment: 99204/99214

Well Woman Exam (Z01.419): Pap and bimanual exam performed in office. Encouraged pt to stay up to date with her pap smears as these are very important for cervical cancer screening. Pt was educated on HPV vaccination and STD testing was offered to the pt. Safe sex practices encouraged.

Need for HPV Vaccine (Z23)

Pelvic Pain (R10.2)

Screening for STDs (Z11.3)

HSV Infection (B00.9)

Abnormal Uterine Bleeding (N93.9)

HPV Infection (B97.7)

Vulvovaginitis (N76.0)





# Cervical Cancer Screening

## Age-Based Screening Protocol

21-29 years: cytology only with HPV reflex every 3 years

<25 years: chlamydia/gonorrhea

>30 years: Cotesting (cytology and HPV) every 5 years

>65 years: d/c if previously normal


# Human Papillomavirus (HPV)

**Non-Genital Warts**: common warts typically between ages of 12-16. Most commonly caused by HPV 6/11.

**Genital Warts**: >90 % caused by HPV 6/11.

**Cancer**: HPV16 caused >50%, HPV18 caused >20%,

**Gardasil 9**: inactive HPV proteins (**6, 11, 16, 18, 31, 33, 45, 52, 58**) which produces antibodies to prevent genital warts and cervical, vulvar, vaginal, penile, anal and oropharyngeal cancer.

- <15 years of age: 2 dose series at 0 and 6 months
  - 15-45 years of age: 3 dose series at 0, 2 and 6 months
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## THINPREP PAP AND HPV mRNA E6/E7 WITH REFLEX TO HPV 16,18/45

LMP: comment. PREV. PAP: comment. PREV. BX: comment.

SOURCE: Cervix


STATEMENT OF ADEQUACY: Satisfactory for evaluation. Endocervical/transformation zone component present.

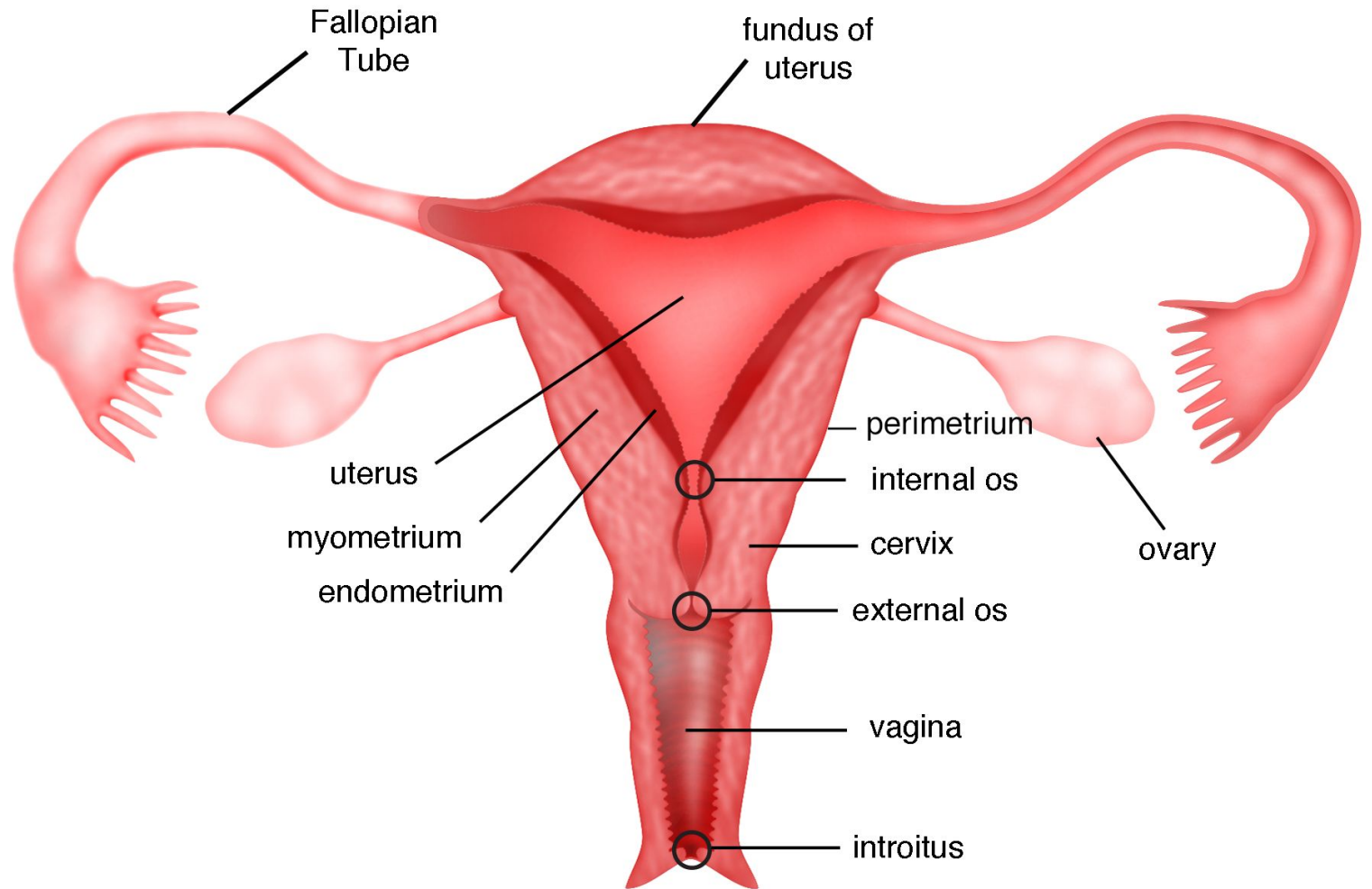
INTERPRETATION/RESULT: Negative for intraepithelial lesion or malignancy.

INFECTION: Microflora shift consistent with bacterial vaginosis

HPV mRNA E6/E7: Not Detected

Methodology: Transcription-Mediated Amplification. This assay detects E6/E7 viral messenger RNA (mRNA) from 14 high-risk HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68).

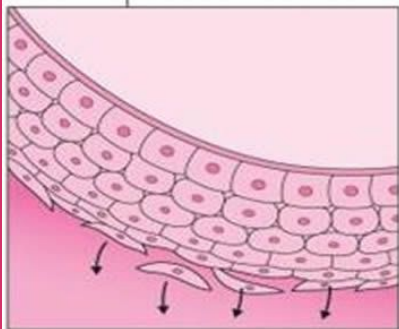




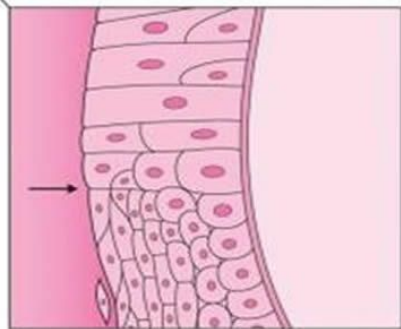
# The Transformation Zone



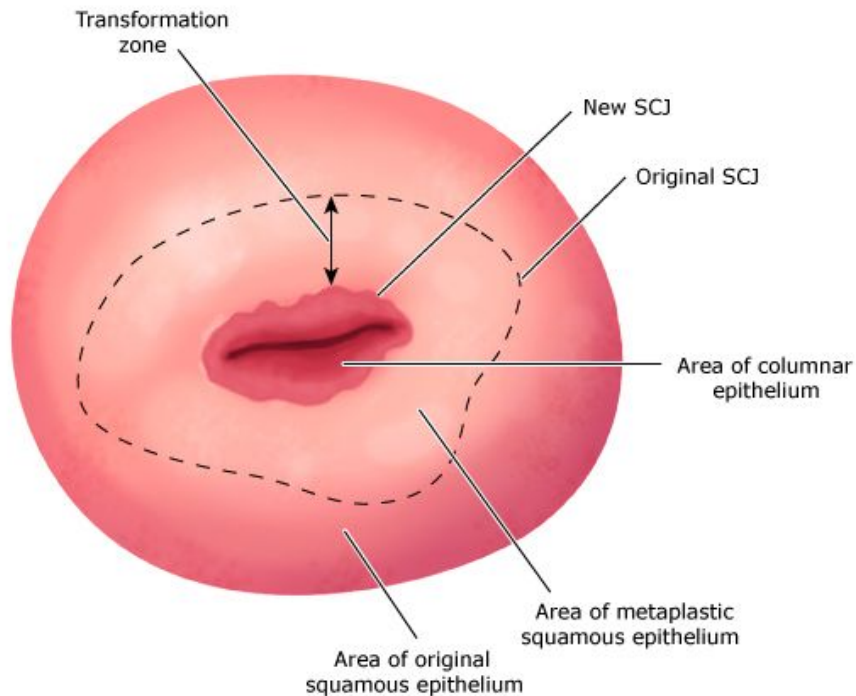
**Endocervix -**  
Soft, columnar glandular cells



**Ectocervix -**  
Hard, squamous cells



**Endocervical canal -**  
Transition zone where glandular cells transform into squamous cells



# Pap Results

## Cytology:

- NILM: Negative for intraepithelial lesion or malignancy
- Squamous Cell Changes:
  - ASCUS: Atypical squamous cells of indeterminate significance
  - Intraepithelial Lesion: Low-grade (LSIL) or High-grade (HSIL)
  - Squamous cell carcinoma
- Glandular Cell Changes:
  - Atypical
  - Adenocarcinoma
- Other: infection/inflammation, atrophy

## HPV Result:

- Not Detected
- Detected
  - Reflex to high risk HPV
  - 16/18/45

# Procedures

Colposcopy: 57455, 57456

Cryotherapy for Genital Warts: 17110, 56515

Excision of neoplasm: 11420-11426, 11620-11626

Vaginal/Bartholin Abscess: 10060-10061

IUD Removal: 58301

Endometrial Biopsy: 58100

Procedure Note: Indication/diagnosis, complications, location, prep, anesthesia, operative report, pathology, closure/wound care, dressing, disposition, post-op instructions

# Breast Cancer Screening



**Risk factors for breast cancer:** age, family history, personal history of breast conditions, younger age of menarche, older or no pregnancies, older menopause, radiation, obesity, alcohol



# STD Testing

Risk Factors: <25 years of age, multiple sex partners, MSM, gender diverse individuals, IV drug users, exchanging money for sex

Counseling: safe sex practices

Routine screening: Hep B, Hep C, Syphilis, HIV, HSV, Chlamydia, Gonorrhea

Others: Throat or rectal G/C, Trichomonas, KOH wet prep/genital culture (yeast, BV, Group B strep, lactobacillus)

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# HIV Prophylaxis

PrEP: Pre-Exposure Prophylaxis

Truvada (Tenofovir/emtricitabine)

Candidates for PrEP: person who has sex with HIV positive partner, MSM, transgender, sex work, IV drug use

Monitoring: adherence, STD testing, kidney function, bone density

Counseling: condom use, safe needle use, routine STD testing

# Family Planning

- **Routine Physical Exam/WWE to evaluate for thyroid disorders, diabetes, vitamin deficiencies, STD testing, cervical cancer**
- **Prenatal Vitamin: Folic Acid for neural tube formation**
- **Further evaluation for infertility: hormone panel, pelvis US, AMH, semen analysis, ovulation stimulating medications**
- **Birth Control Counseling**
- **Healthy lifestyle- diet/exercise, teratogenic medications, avoidance of drugs and EtOH**



# The Pregnant Patient

Emotional/Mental Support

Prenatal Vitamin

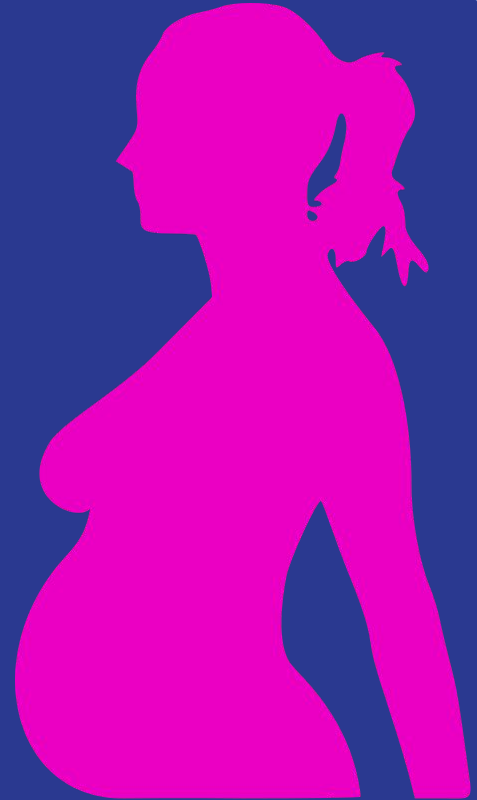
Safe medications during pregnancy

Quantitative Beta-HCG, repeat 48-72 hours

Pelvis US

OB-GYN Referral

Postpartum Care: PPD, gestational diseases



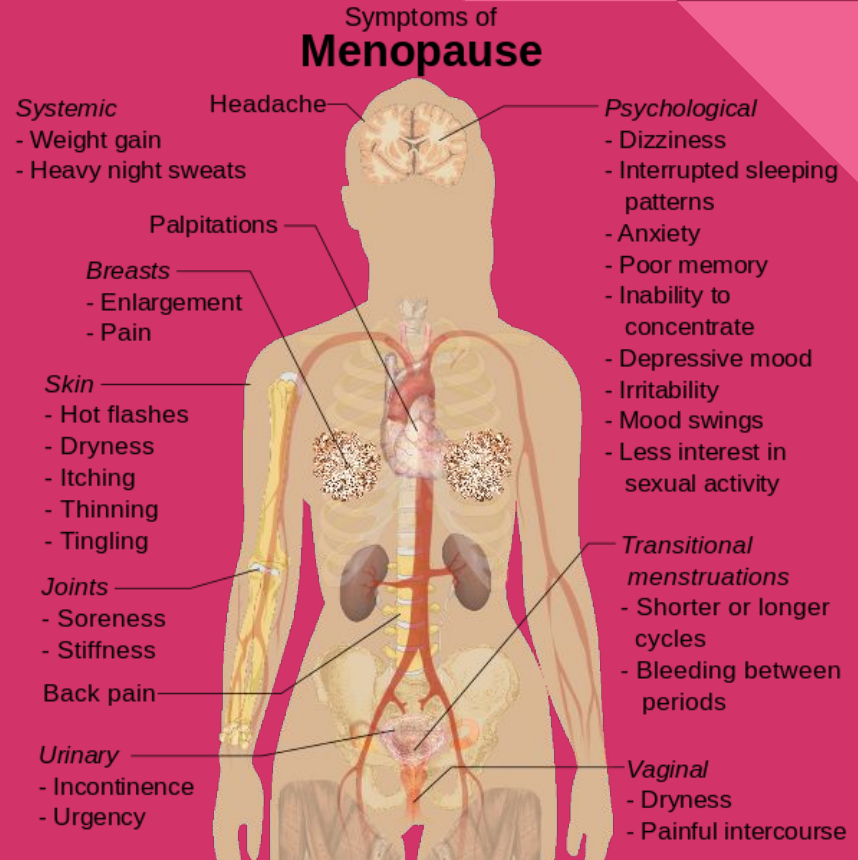
# Menopause

## Hormone Replacement Therapy: Risks vs. Benefits


## Breast Cancer Screening

## DEXA Scan for Osteoporosis Screening

## Depression Screening



# Referral to Specialists:

- OB-GYN
  - Uro-GYN
  - Pelvic Floor Rehab
  - Endocrinologist
  - Dermatologist
  - General Surgeon
  - Plastic Surgeon
- 

# Questions?

Thank you for your time and I appreciate the opportunity to speak with you!

## References

UpToDate: [www.UpToDate.com](http://www.UpToDate.com)

American Academy of Physician Associates [www.aapa.org](http://www.aapa.org)

American Society of Colposcopy and Cervical Pathology: [www.asccp.org](http://www.asccp.org)

American College of Obstetrics and Gynecology: [www.acog.org](http://www.acog.org)

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