In the late 1990’s, Arkansas Medicaid withdrew funding for colposcopic examination. Although local health units continued to provide cervical screening, the only option for diagnostic services was to seek care from private providers. Often these providers are largely beyond the geographic or financial reach of rural, underserved women. Prior to the implementation of Arkansas START (System To Access Rural Telecolposcopy), it is estimated that only 20-30% of patients seen at local health units with identified cervical dysplasia had obtained colposcopic examination within 6 months following their pap smear.

Sixty-one percent of our patients reported that without this program they would have waited for at least 12 months or not sought care at all. This group made up 60% of the women with HSIL biopsies.

During the 18 month period between 1/1/10 and 6/30/11 we estimate that this program scheduled approximately 74% of the Health Department patients requiring colposcopy and performed exams on 63%.

A $750,000 HRSA grant funds four telecolposcopy clinics located at LHUs across the state, which are telemedically connected by UAMS. The clinics are staffed by novice Advanced Practice Nurses (APN) and either an Ob/Gyn and/or colposcopy-certified APN, who reviews real-time images via telemedicine. Once a provider reviews the cytology results, he or she devises a plan of care, which is then sent to the referring LHU.

Arkansas START bridges the gap between screening and diagnosis by increasing access and follow-up care for LHU patients with abnormal cervical cytology. Maximizing the relative utility and expertise of the MD and nurse providers, this program was able to deliver services to a large number of women in a cost-effective model. This innovative project combining both physician and non-physician examiners can be used as a model for improving access to care among vulnerable populations in other geographic areas and/or medical specialties.