

## **Physicians' perceptions of the Hong Kong Cervical Screening Programme: Implications for improving cervical health**

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**Abstract: Background :** The incidence and mortality rates of cervical cancer are disproportionately higher in Hong Kong than in developed countries with similar resources. In 2004 the Hong Kong government introduced the Cervical Screening Program (CSP) to increase the population screening coverage rates, and to reduce the incidence and mortality of cervical cancer. Seven years after the launch of the program, proximal outcomes are disappointing; registration among both physicians and women is below twenty percent of those eligible, and there have been negligible changes in rates of screening.

**Objective :** The purpose of this study was to inform policy considerations by exploring the under-participation of practitioners in the CSP.

**Methods :** Using both snowball and purposeful sampling, sixteen physician key informants were interviewed to explore the factors that might influence their decisions to participate in the program. Rogers' Diffusion of Innovations, and its focus on the individual's adoption-decision process, served as a theoretical framework for analysis. Data were coded, and then analyzed in matrix displays for themes and higher-level analysis. This analysis was conducted by key variables such as specialty, gender, or CSP registration status. As themes emerged, they were summarized into findings, illustrated by quotes.

**Results :** Several themes emerged to suggest the benefits and barriers that might influence CSP participation, including a lack of benefits that were meaningful to the physicians; administrative cost and complexity; and policies that were incompatible with physicians' usual care practices.

**Recommendations :** The data from this study indicate that the CSP's characteristics are limiting physicians' participation in the program. Importantly, the CSP does not influence rates of overscreening among those physicians who currently conduct cervical screening, nor does the CSP overcome the obstacles to screening among physicians who do not do much screening. A Plan for Change is presented that uses the study findings and the lack of program outcomes to inform and influence cervical screening policy makers. Strategic recommendations suggest refocusing cervical screening policies and strengthening efforts to increase the uptake among underscreened women. The plan recommends the use of specific advocacy leadership skills to build support and influence, while working toward an opportune policy window for change.

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