Illinois ADVANCE

Newsletter

Fall 2025

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Illinois ADVANCE

We're Still Here — Now with a Quarterly Update

We would like to take a moment to remind our readers that Illinois ADVANCE has not gone anywhere—we are simply shifting to a quarterly newsletter format.

You can still expect regular updates featuring the latest on Illinois ADVANCE initiatives, FDA approvals, clinical guideline changes, and important developments in Illinois healthcare news.

Stay tuned, and thank you for staying connected with Illinois ADVANCE!

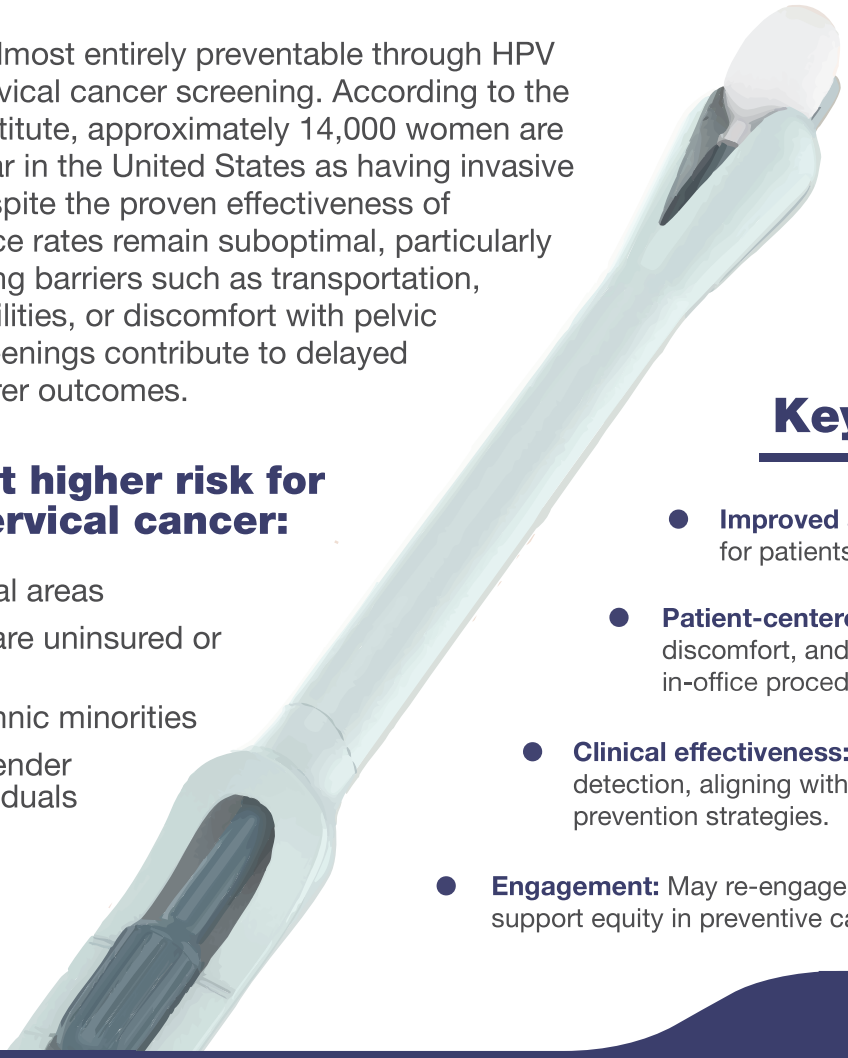
EXPANDING ACCESS TO CERVICAL CANCER SCREENING

The TEAL Wand

Cervical cancer is almost entirely preventable through HPV vaccination and cervical cancer screening. According to the National Cancer Institute, approximately 14,000 women are diagnosed each year in the United States as having invasive cervical cancer. Despite the proven effectiveness of screening, adherence rates remain suboptimal, particularly among women facing barriers such as transportation, childcare responsibilities, or discomfort with pelvic exams. Missed screenings contribute to delayed diagnoses and poorer outcomes.

Populations at higher risk for developing cervical cancer:

- Women in rural areas
- Women who are uninsured or underinsured
- Racial and ethnic minorities
- Sexual and gender minority individuals



The **TEAL Wand™** offers a novel solution. FDA-cleared for HPV testing, this self-collection device enables patients to collect their own sample at home and mail it to a certified laboratory.

Key Advantages:

- **Improved access:** Supports screening for patients in rural or underserved areas.
- **Patient-centered approach:** Reduces stigma, discomfort, and logistical barriers associated with in-office procedures.
- **Clinical effectiveness:** Demonstrated accuracy for HPV detection, aligning with guideline-based cervical cancer prevention strategies.
- **Engagement:** May re-engage patients lost to follow-up and support equity in preventive care.

STAY UP TO DATE: PNEUMOCOCCAL VACCINATIONS

Flu season is approaching. It is important to ensure patients are current on their pneumococcal vaccinations. At present, four formulations are available for administration.

With multiple formulations available, prior vaccination history, and the discontinuation of certain strains such as Prevnar 13®, determining the appropriate option for each patient can be complex.

To support clinical decision-making, the CDC PneumoRecs VaxAdvisor tool is available as a mobile app for both iOS and Android devices, as well as an online portal.

Vaccine	Age Indication	Dosage	Route
PCV15 (Vaxneuvance)	6 weeks and older	0.5 mL	Intramuscular
PCV20 (Prevnar 20)	6 weeks and older	0.5 mL	Intramuscular
PCV21 (Capvaxive)	18 years and older	0.5 mL	Intramuscular
PPSV23 (Pneumovax 23)	<2 years old and at increased risk for pneumonia >50 years of age	0.5 mL	Subcutaneous or Intramuscular

PneumoRecs
VaxAdvisor

Download on the App Store

GET IT ON Google Play

HAPPY HOLIDAYS

As 2025 is winding down, we want to thank you for staying connected with us this year. Your support continues to drive collaboration and improve patient outcomes across our healthcare community.

Wishing you a joyful, restful holiday season with your loved ones. Thank you for all that you do every day for your patients—we are excited for what 2026 will bring for Illinois healthcare!

Sincerely, Illinois ADVANCE

CLINICAL SPOTLIGHT

INTERVIEW WITH CRUSADER COMMUNITY HEALTH

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Sabrina Patan, PA-C

IL ADVANCE is proud to collaborate with Crusader Community Health. We sat down with Sabrina Patan, PA-C, Specialty Lead Provider, to discuss integrating Alcohol Use Disorder (AUD) treatment into primary care.

Q: What motivated you to prioritize educating your primary care team about Alcohol Use Disorder, and how do you see this improving patient outcomes?

Since implementing alcohol use treatment into our MAT services, we have noticed a great increase in interest and patient engagement for treatment for alcohol use. The patient volume led to discussions of implementing this treatment into the general primary care practice. We hope by integrating alcohol use treatment into primary care, that we are able to engage more patients in treatment and reduce barriers to care.

Q: In what ways are you creating space within your practice to address Alcohol Use Disorder?

In order to capture patients while they are motivated for treatment, we have blocks placed in providers schedules to allow for more timely access to schedule an appointment to discuss alcohol treatment.

Q: What tools or resources are you using to ensure your team stays current with the practical applications of treatment guidelines (e.g., clinical decision aids, educational programs, MAR toolkits)?

We utilized IL-Advance to provide training on alcohol use disorder and treatment that all of our adult/family medicine providers attended. IL-Advance provides contact information for ongoing support that the providers can reach out to on an individual basis. Crusader staff stay up to date with research and publications by accredited organizations and recognized entities to inform how our SUD services are implemented and if/when revisions to our policies and procedures are needed. Crusader also participates in numerous community-wide multi-agency collaboration groups to share information on current practices, educate on community resources, and address larger-scale needs across the community.

Q: What impact do you expect these efforts will have at Crusader?

We anticipate that by integrating this into primary care, that there may be more screening for alcohol use disorder as well as increased patient engagement as patients likely would feel more comfortable to discuss this topic with their PCP as opposed to going to see another provider to further discuss treatment. We hope that by treating more patients for alcohol use, the health of our patients overall improves.

Q: What impact do you anticipate these efforts will have on the community, particularly in terms of improving access to care and support?

While we have been providing MAT services for alcohol treatment for our patients, one could anticipate that by integrating this into primary care, more patients may become aware of this as a treatment option. This may lead to more patient referrals or patient interested in treatment for alcohol use and they may choose to establish care at Crusader to pursue that. We would anticipate a decreased utilization of the emergency departments, inpatient hospitalizations for alcohol related health conditions, and improved overall health outcomes for our patients. Because Crusader is able to more effectively address our patient's needs, this will improve access to ed/inpatient care for the community as a whole.