Project Title: Meeting the Standard of Care: Sexual Health Counseling for Prophylactic Oophorectomy and Ablative Surgery

Presenter’s Name: Michael Cohen, MD

Institution: UPMC Magee-Womens Hospital Gynecologic Oncology Program

Date: 12.10.21
Institutional Overview

• Academic regional referral center - Pittsburgh, PA
• National Center of Excellence in Women’s Health
• NCI-designated Comprehensive Cancer Center
• 300 Inpatient beds
• Average of 10,800 clinic visits/year over past 3 years
• 10 GynOncs, 2 MedOncs, 11 APPs
# Team Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td><strong>Core team:</strong></td>
<td>Dr. Michael Cohen (team lead), Dr. Sarah Taylor, Dr. Nora Lersch, CRNP (facilitator), Dr. Grace Campbell</td>
</tr>
<tr>
<td>Physician (Gyn Onc)</td>
<td>Dr. Paniti Sukumvanich</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>Kelsey Onufrey</td>
</tr>
<tr>
<td>Physician (MidLife Center)</td>
<td>Dr. Mary Peterson</td>
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<tr>
<td>Clinical Informatics</td>
<td>Lara Lemon</td>
</tr>
<tr>
<td>Physician (High Risk Clinic)</td>
<td>Dr. Phuong Mai</td>
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<tr>
<td>Surgical Nurse</td>
<td>Shelley Thullen, RN</td>
</tr>
<tr>
<td>Genetic Counseling</td>
<td>Darcy Thull</td>
</tr>
<tr>
<td>Pelvic PT</td>
<td>Susan George, DPT</td>
</tr>
<tr>
<td>Patient &amp; Sexual Therapist</td>
<td>Dana Kirkpatrick</td>
</tr>
<tr>
<td>Clinic Director</td>
<td>Barbara Suchonic</td>
</tr>
<tr>
<td>Project Sponsor</td>
<td>Dr. Robert Edwards, Professor and Chair, Department of Obstetrics, Gynecology, and Reproductive Sciences</td>
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Premenopausal women are referred to Magee Womens Hospital/UPMC Gynecologic Oncology for prophylactic or ablative oophorectomy. Research has consistently demonstrated a significant decrease in sexual health following surgery. The current standard of care consists of providing education, counseling, and referral to help mitigate these symptoms. At Magee, medical record review from April 2019 to present shows that only 22% of women receive this standard of care during the perioperative continuum of care.
Cause and Effect Diagram

Time Management
- not discussed prep
- focus on surgery, not effects
- time issues
- clinicians feel rushed

Resources
- overworked staff in office
- too many tasks already
- limited time
- limited time for counseling

Sensitivity
- multiple sites
- no care manager/coordinator
- lack of resources
- someone else's problem
- uncomfortable discussing sexual health
- patients don't bring it up, waiting for provider to ask

Health Care Making Decisions
- patient in various states of disease
- lack of training in discussing sexual health
- multiple treatment options
- dealing with issues reactively, not proactively

Process
- focus on surgery, not on effects of surgery
- no structured referral process
- overworked staff
- reliance on individual practitioner to make referral

No Sexual Health Care for RSS
Diagnostic Data

Factors: Lack of Sexual Health Counseling

- Time
- Focus on surgery
- No referral process
- Lack of training
- Discomfort with topic
- Short staffing
- Complex topic
- "Not my job"
- No care manager
- Reactive not...
- Many sites
By November 30, 2021, 60% of premenopausal women referred to UPMC Magee Women’s Hospital Gyn Onc clinic for prophylactic oophorectomy or ablative surgery will be offered comprehensive sexual health educational resources and appropriate referrals at their preoperative consultation
## Outcome Measure

### Baseline data summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Percentage of women receiving sexual health counseling</td>
</tr>
<tr>
<td><strong>Patient population:</strong> (Exclusions, if any)</td>
<td>Women presenting for evaluation for prophylactic oophorectomy/ablation</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong> (i.e. numerator &amp; denominator)</td>
<td>($# \text{ w/} \text{documented counseling by doc/APP} + # \text{ referrals to services, e.g. pelvic PT, sex therapy, WISH clinic} + # \text{ seen in midlife and high risk clinics}$) / 100</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>Medical charts/EPIC</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>Monthly (?)</td>
</tr>
<tr>
<td><strong>Data limitations:</strong> (if applicable)</td>
<td>Multiple places to document counseling;</td>
</tr>
</tbody>
</table>
Baseline Data

% Completed

- Sex Hx Doc/Rev: 25.9%
- Preop Sex Health Counsel: 22.2%
- Postop Sex Health Counsel: 14.8%
- Midlife: 14.8%
- PFPT: 3.7%
- WISH: 0.0%
Virtual Prioritization Exercise
## Prioritized List of Changes (Priority/Pay –Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Easy</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate physicians, APPs on importance of sexual health assessment, education</td>
<td>SmartSet order sets in EPIC</td>
<td>• Telemedicine sexual health assessment by APPs separate from initial pre-op evaluation</td>
</tr>
<tr>
<td>Educate physicians and APPs on available resources</td>
<td>Sexual Health History Template—EPIC</td>
<td></td>
</tr>
<tr>
<td>Give patients sexual health resource hand-out</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ease of Implementation**

- **High**: Educate physicians, APPs on importance of sexual health assessment, education, Educate physicians and APPs on available resources, Give patients sexual health resource hand-out
- **Low**: Telmedicine sexual health assessment by APPs separate from initial pre-op evaluation
## PDSA Plan (Test of Change)

<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/21/2021</td>
<td>Provider education on sexual health resources (attendings; APPs)</td>
<td>Providers indicated a Willingness to Change practice patterns</td>
<td>Facilitate referrals to supportive services via EPIC build</td>
</tr>
<tr>
<td>10/29/21</td>
<td>Provider education on sexuality and sexual health counseling at weekly didactic</td>
<td>Knowledge about sexual health improved after an educational didactic</td>
<td>Build sexual health into didactic cycle to provide updates and educate new division members</td>
</tr>
<tr>
<td>9/1/2021-11/30/2021</td>
<td>Review sexual history at all patient appointments</td>
<td>25% of patients prior to intervention had Sex Hx reviewed vs 75% after intervention</td>
<td>Continue to encourage medical staff to review sexual history at patient appointments</td>
</tr>
</tbody>
</table>
PDSA 1: Provider Willingness to Change

Resources for Referral—Midlife Health Center

- Group of clinicians that provide consultative support for HRT and menopausal symptoms
- Work in conjunction with a patient’s general gynecologist
- Expertise and interest in complex menopause management and patients with contraindications to traditional HRT

Women’s Inclusive Sexual Health (WISH) Clinic

- Clinic for women with gynecologic or breast cancers based out of GYN onc clinic at Magee
- Run by Nora Lersch, CRNP
- Provides assistance in managing full spectrum of sexual health issues including psychosocial sexual dysfunction
- Work with partners as well as patients

Sexual Therapy

- Calm Pittsburgh (contact info below)
- Private Practice clinic run by Dana Kirkpatrick, MS, Certified Sex Therapist
- Dana is also a BRCA 1 carrier and breast cancer survivor and has undergone rrBSO
- (412) 857-3717; 495 Butler Street, 3rd Floor, Pittsburgh, PA 15201
- info@calmpittsburgh.com

Ask

- The least we can do is ASK
- Counsel preoperatively
- Refer as appropriate
- We have resources

Pelvic Floor Physical Therapy

- Directed physical therapy of the pelvic floor muscles
- Can be of assistance in conditions such as vaginismus, generalized dyspareunia
- Issues such as sexual dysfunction related to incontinence
PDSA 1: Results

Before and After Education Intervention

<table>
<thead>
<tr>
<th>% Agree or Strongly Agree</th>
<th>Prior to intervention</th>
<th>Post Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel Comfortable talking about sexual health</td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td>Talk to patients about sexual health</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>Aware of Resources for sexual health</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>Refer to WISH</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>Refer to Midlife</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Refer to PFPT</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Important for patients</td>
<td>20</td>
<td>30</td>
</tr>
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PDSA 2: Education Initiative

**Basson’s Sexual Response Cycle**

- Willingness to become receptive
  - Sexual stimuli with appropriate context
  - Psychological and biological processing
  - Spontaneous “mate” desire
  - Subjective arousal
  - Sexual satisfaction with or without orgasm
  - Nonsexual rewards: emotional intimacy, well-being, lack of negative effects from sexual avoidance

- Arousal and responsive sexual desire

**Schematic Overview**

**Psychosocial Factors**

- Biological
- Psychological
- Biopsychosocial Symptomatology
  - Social-Interpersonal
  - Social-Cultural

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**UPMC**

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**ASCO**

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PDSA 2: Results

Pre/Post Knowledge Assessment

% Correct

Q1 Q2 Q3 Q4 Q5

Pretest  Post-Test

Pretest
Post-Test
PDSA 3: Improving Sexual Health Documentation

- Sexual history documentation is a critical first step
- Brings “taboo” subject to the forefront
- Providers “review” documented information in EPIC
- Look-back via chart audit
Change Data

*\( p < 0.005 \)
Next Steps and Future Directions
Materials Developed

• Patient Resource Guide for New Patient Packets

Sexual Health Resources

General information about sexual health and intimacy:


MiddlesexMD: https://middlesexmd.com/

Managing Menopausal Symptoms:


Future Patient Resource Guide - The Process

1. Refer Patient to Self/Provider
   - Reason for Visit

2. Speak with Scheduler
   - Appointment w/ MD
   - New Patient Packet

3. Present for Appt @ Front Desk
   - Electronic or In-Person Packet

4. Called by MA/Roomed
   - Flags Door & Schedule
   - VS - CC
   - Brief History - Social Review
   - Meds/Alergies Screenings
   - REI

5. Seen by AFP or Trainee & MD
   - Full History
   - Full Physical
   - Counseling

6. Preop Resources

7. Observation/Monitoring
   - BS

8. Surgery
   - BSO

9. Referral
   - Message to MA
   - TLH/BSO
EPIC Build—SmartSet

- Construction of SmartSet with preop orders to include referrals
- Specific order set for rrBSO or ablative oophorectomy
- Will include options for referral to Midlife, PFPT, Sex Therapy, and WISH
Conclusions

- Sexual health counseling and management is an essential aspect in the care of premenopausal patients undergoing oophorectomy
- Majority of patients not receiving this perioperatively
- Awareness of available services can drive practice change
- Sexual health education is limited—educational interventions can improve provider understanding
- Documentation and review of sexual history is an important first step
- Education/resources for patients and streamlined referral system are coming down the pipeline