

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

Core team: Dr. Michael Cohen (team lead), Dr. Sarah Taylor, Dr. Nora Lersch, CRNP (facilitator), Dr. Grace Campbell

Physician (Gyn Onc): Dr. Paniti Sukumvanich

Medical Assistant: Kelsey Onufrey

Physician (MidLife Center): Dr. Mary Peterson

Clinical Informatics: Lara Lemon

Physician (High Risk Clinic): Dr. Phuong Mai

Surgical Nurse: Shelley Thullen, RN

Genetic Counseling: Darcy Thull

Pelvic PT: Susan George, DPT

Patient & Sexual Therapist: Dana Kirkpatrick

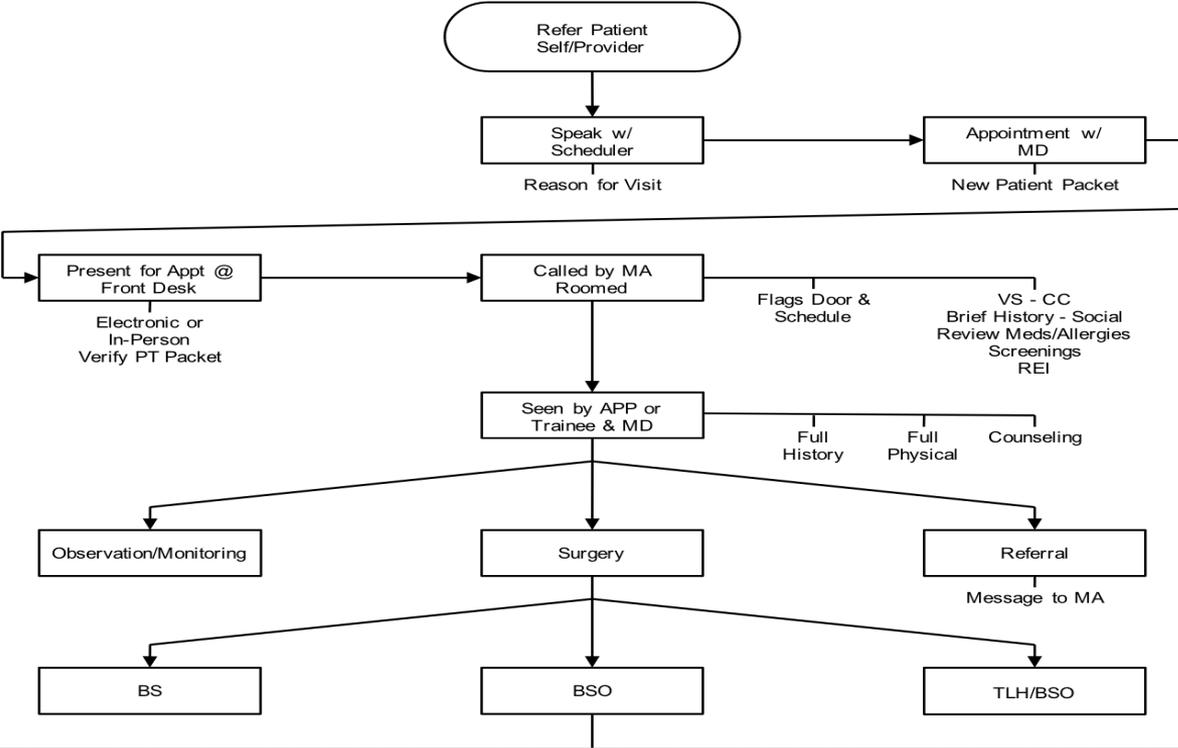
Clinic Director: Barbara Suchonic

Project Sponsor: Dr. Robert Edwards, Professor and Chair, Department of Obstetrics, Gynecology, and Reproductive Sciences

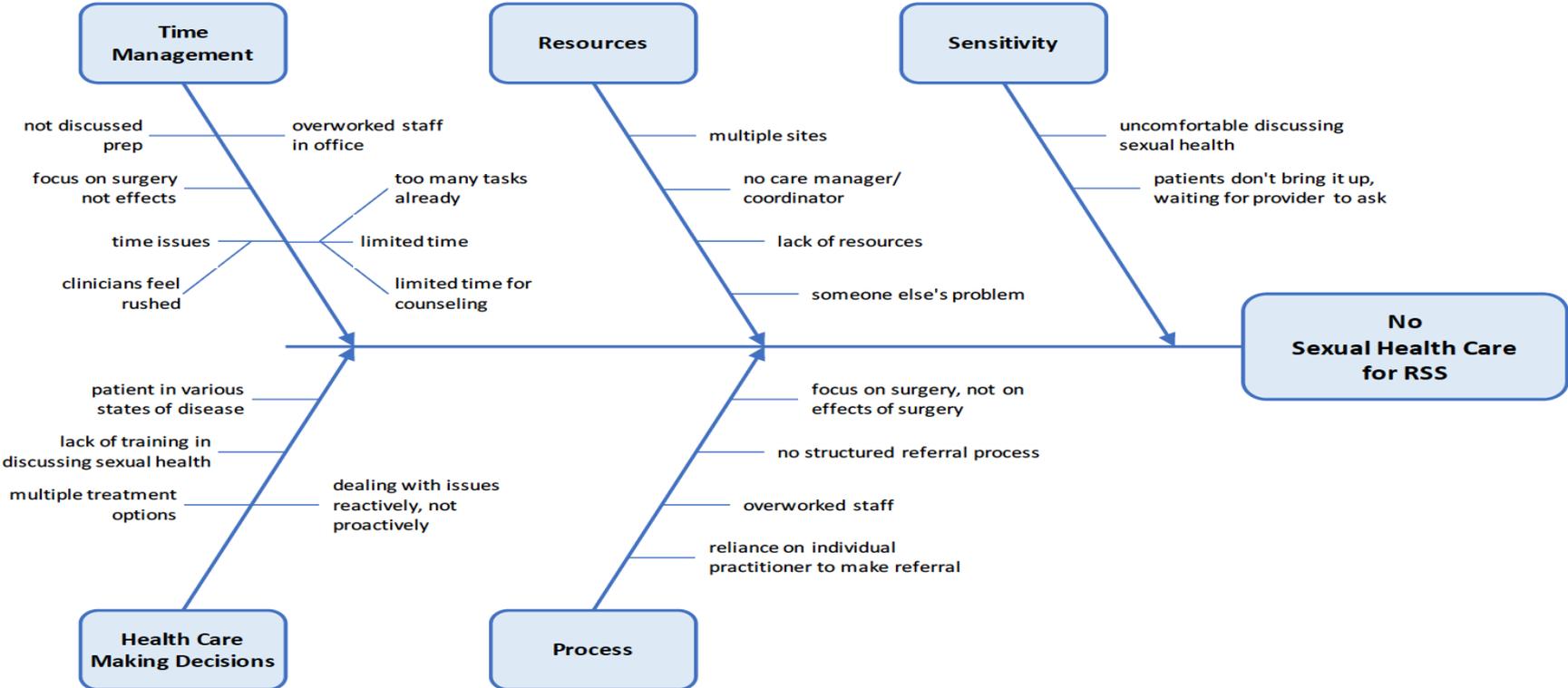
Problem Statement

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.

Process Map, Part 1

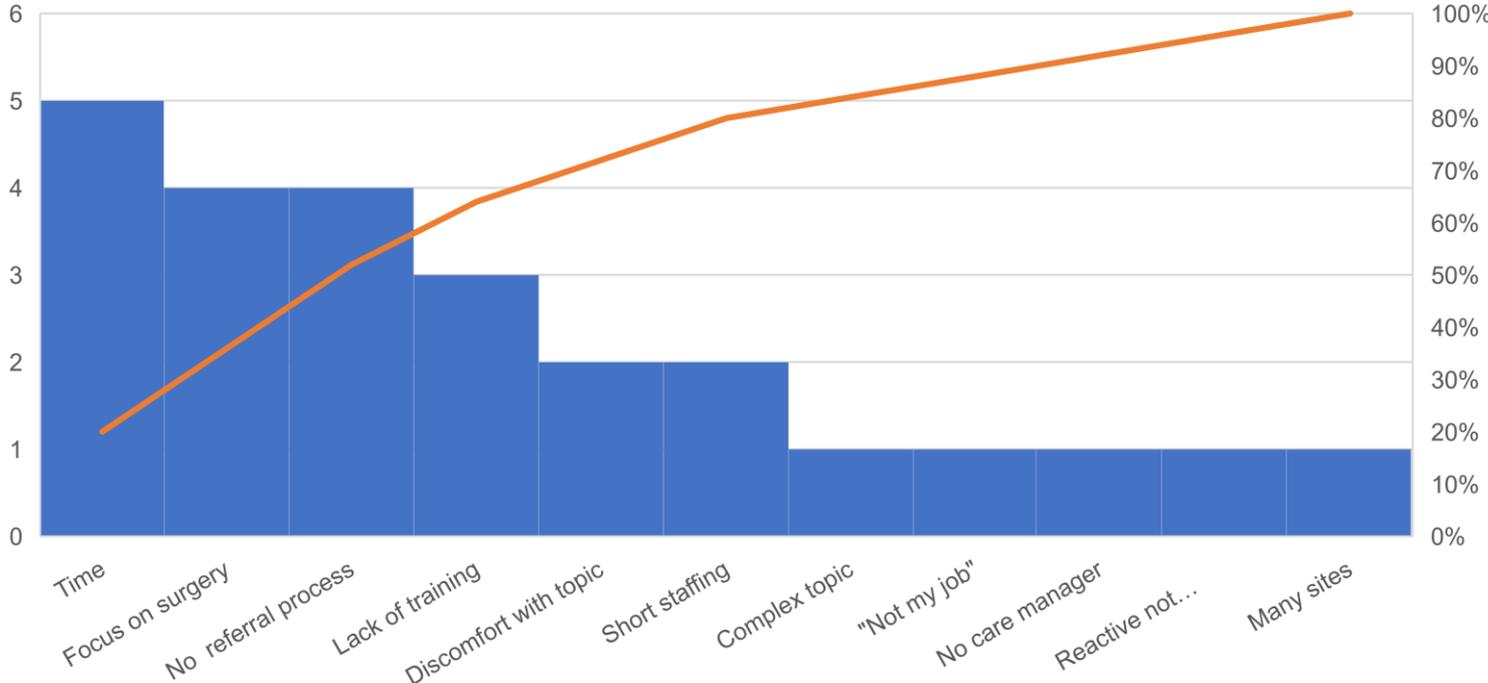


Cause and Effect Diagram



Diagnostic Data

Factors: Lack of Sexual Health Counseling



Aim Statement

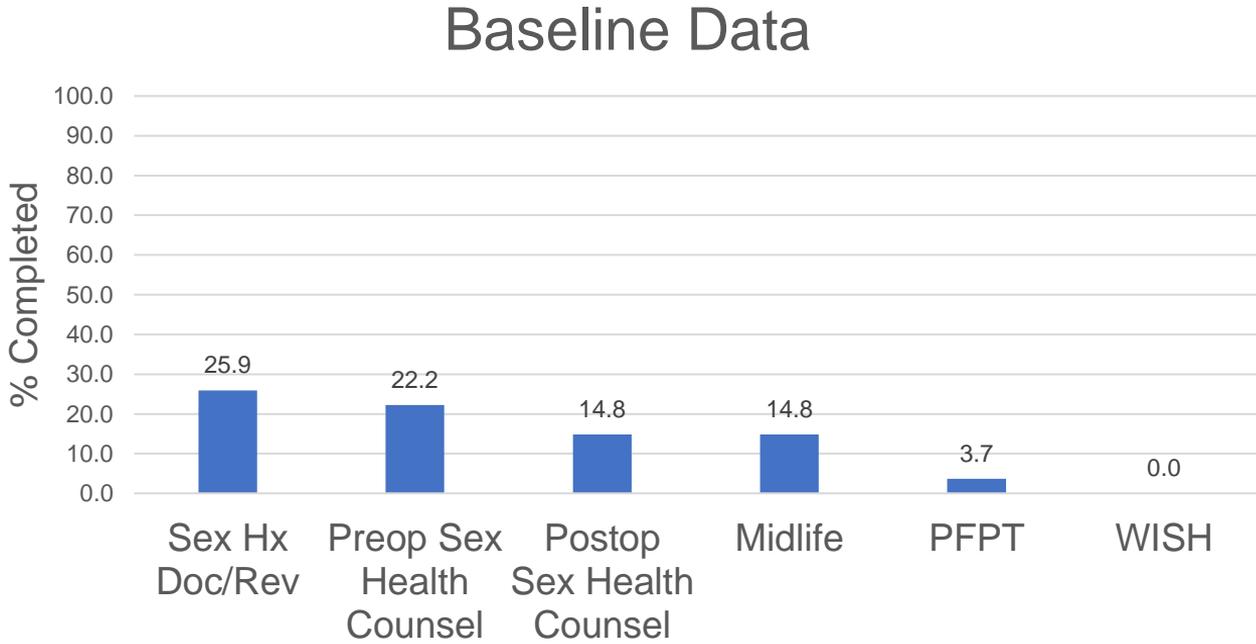
By November 30, 2021, 60% of premenopausal women referred to UPMC Magee Women's Hospital Gyn Onc clinic for prophylactic oophorectomy or ablative surgery will be offered comprehensive sexual health educational resources and appropriate referrals at their preoperative consultation

Outcome Measure

Baseline data summary

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

Baseline Data



Virtual Prioritization Exercise

Brainstorm, group, and prioritize concepts as a team

BRAINSTORM & IDEA PRIORITIZATION

Define your problem statement
What problem are you trying to solve? Frame your problem as a how might it statement. This will be the focus of your brainstorm.

Group Ideas
Use this space to group similar ideas from the brainstorm. Each group should have one idea that is similar and the others are in a separate group. If a group is larger than six ideas, try to break it up and break it up into smaller subgroups.

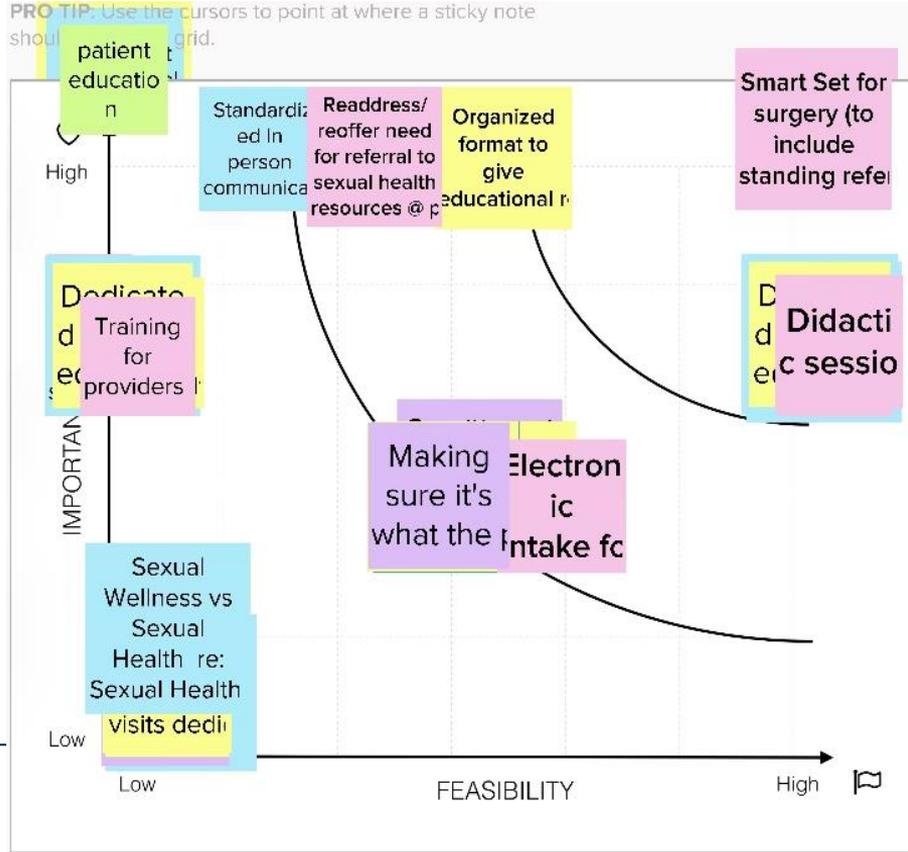
Prioritize
You have found all the ideas on the same page about what's important to you. Place your ideas on the grid according to what you see as important and what you can do.

Problem Statement: How do we improve sexual health among premenopausal women undergoing risk reducing or ablative oophorectomy?

Brainstorm: Evaluate and treat impairments contributing to pelvic pain. Sexual Wellness in Sexual Health or Sexual Health may be discussed but not when sexual wellness is health "topic". Talk about LGBTQ needs and how things are different. Organized format to give educational resources. Dana Kirkpatrick.

Group Ideas: Patient education. There to have out when referred for BRSO is made. Referred patients need to be seen before evaluation. Create go to resources to share based on demographic and need. Do about how sexual health is related to the effects of patient. Commitment to stop and ask every patient at multiple visits, not just once. Making sure they're in the right patient's zone. Use social media to share health tips for busy patients. Prescribed medications, injections, services. LGBTQ+ providers to help in support the LGBTQ+ community. Sexual health resources for patients. Use social media to share health tips for busy patients. Use social media to share health tips for busy patients. Use social media to share health tips for busy patients.

Prioritize: Importance vs Feasibility grid showing two curves. The y-axis is labeled 'IMPORTANCE' (Low to High) and the x-axis is labeled 'FEASIBILITY' (Low to High). Two curves represent different levels of importance/feasibility trade-offs.



Prioritized List of Changes (Priority/Pay –Off Matrix)

Impact	High	<ul style="list-style-type: none">• Educate physicians, APPs on importance of sexual health assessment, education• Educate physicians and APPs on available resources• Give patients sexual health resource hand-out	<ul style="list-style-type: none">• SmartSet order sets in EPIC• Sexual Health History Template—EPIC
	Low		<ul style="list-style-type: none">• Telemedicine sexual health assessment by APPs separate from initial pre-op evaluation
		Easy	Difficult

Ease of Implementation

PDSA Plan (Test of Change)

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

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

Contact Us

To ask a question or to make an appointment at any of our [convenient](#)

What WE can do

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

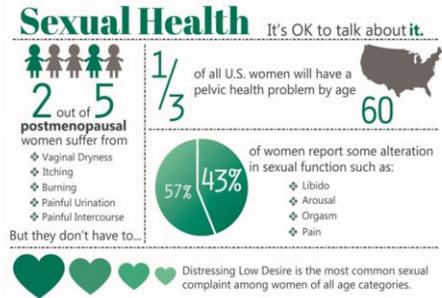
Sexual Therapy

- 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



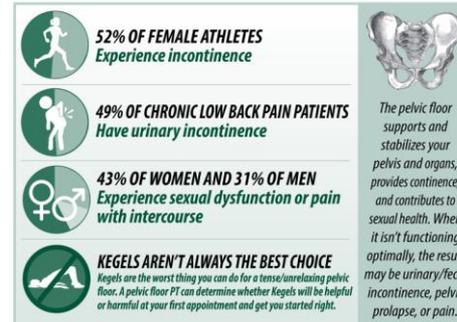
Women's Inclusive Sexual Health (WISH) Clinic

- 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



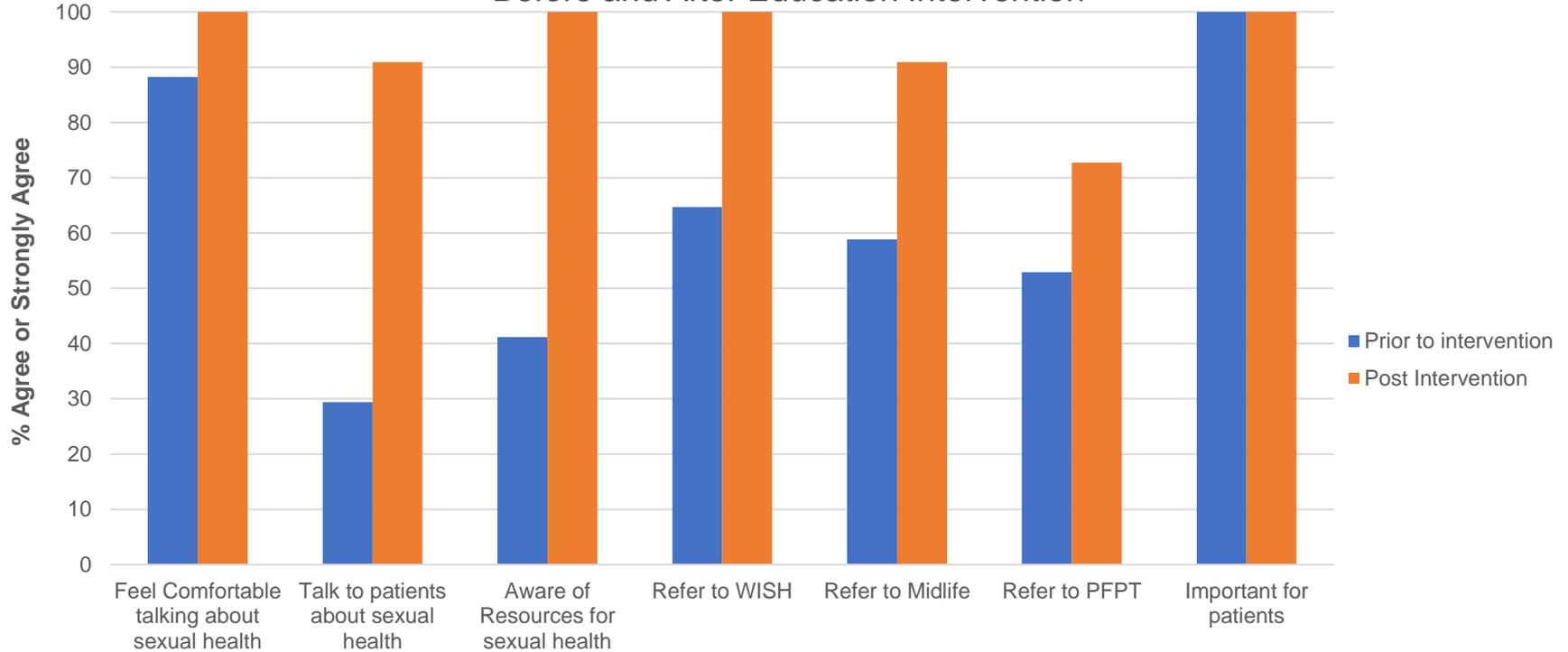
Pelvic Floor Physical Therapy

- 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



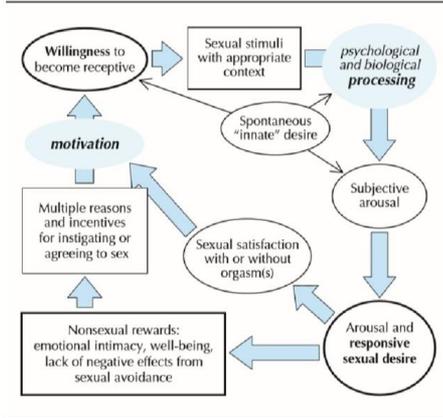
PDSA 1: Results

Before and After Education Intervention

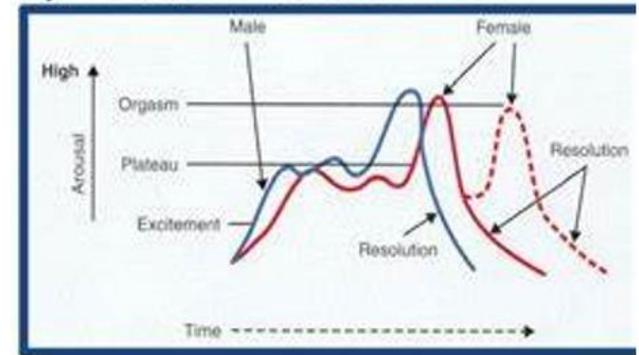
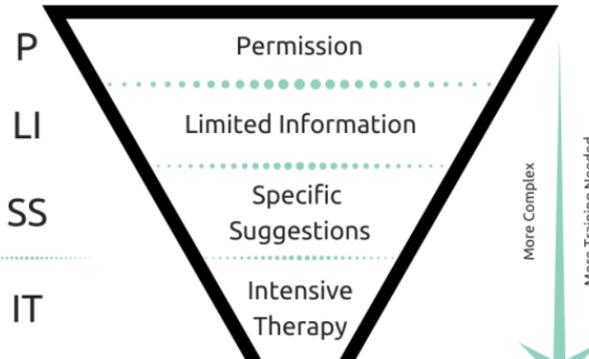
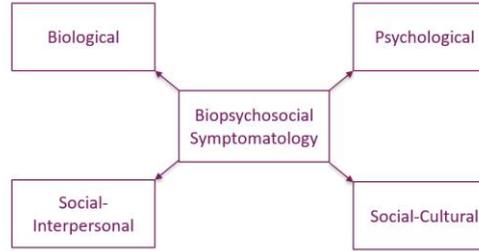


PDSA 2: Education Initiative

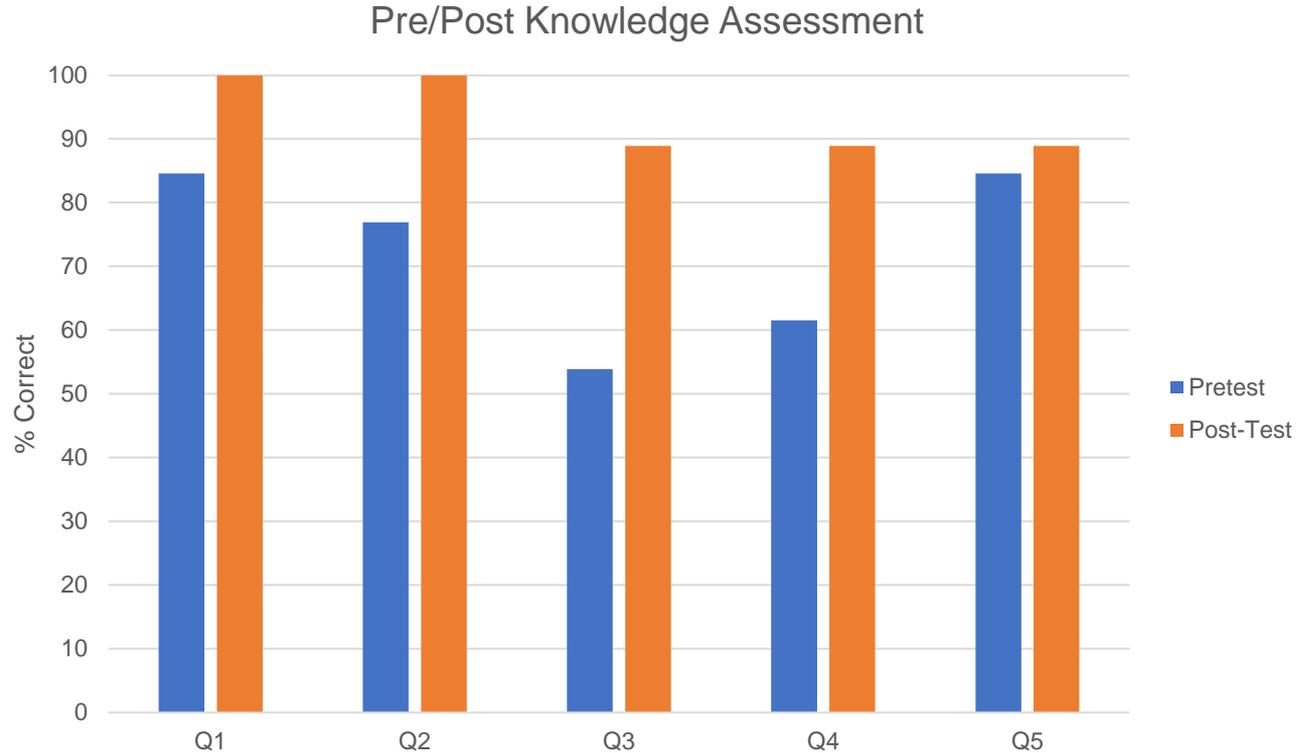
Basson's Sexual Response Cycle



Schematic Overview Psychosocial Factors



PDSA 2: Results



PDSA 3: Improving Sexual Health Documentation

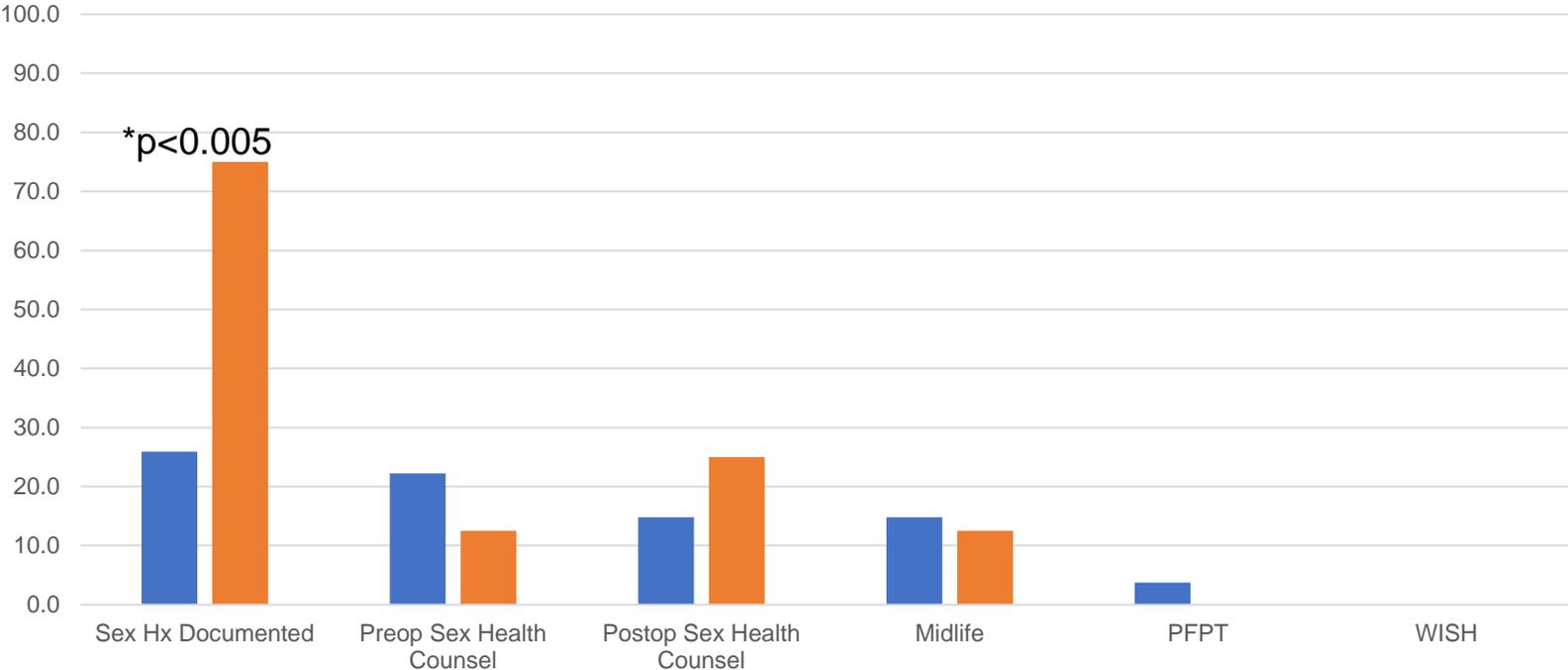
- Sexual history documentation is a critical first step
- Brings “taboo” subject to the forefront
- Providers “review” documented information in EPIC
- Look-back via chart audit

The screenshot displays the EPIC EHR interface for a patient's chart. The 'History' tab is active, and the 'Sexual Activity' form is open. The form includes the following fields and options:

- Sexually Active:** Yes (selected), Not Currently, Never, Defer
- Birth Control / Protection:** Abstinence, BTL, Condom, Copper, Depo, Diaphragm, Hysterectomy, I.U.D., Implant, Injection, Inserts, LAM, Mirena (selected), NuvaRing, Patch, Pill, Rhythm, Spermicide, Sponge, Surgical, Vasectomy
- Partners:** Female, Male (selected)
- Comments:** 2, yes, 3 yes
- Mark as Reviewed:** A button with a checkmark icon, highlighted by a blue arrow.
- Last Reviewed by:** Sarfi, Angelyn D on 8/13/2021 at 10:48 AM EDT
- Buttons:** Restore, Close, Previous, Next
- Links:** Audit Trail Report (highlighted by a blue arrow)

Change Data

Pre vs Post



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Next Steps and Future Directions

Materials Developed

- Patient Resource Guide for New Patient Packets
Sexual Health Resources

General information about sexual health and intimacy:

Facing Our Risk Empowered (FORCE) Sexual Health and Intimacy: <https://www.facingourrisk.org/info/risk-management-and-treatment/sexual-health-intimacy>

Foundation for Women's Cancer Sexuality and Intimacy Fact Sheet: https://www.foundationforwomenscancer.org/wp-content/uploads/2019-FWC-Patient-Education-Handouts-Sexuality_FINAL.pdf

The North American Menopause Society (NAMS): <http://www.menopause.org/for-women/sexual-health-menopause-online>

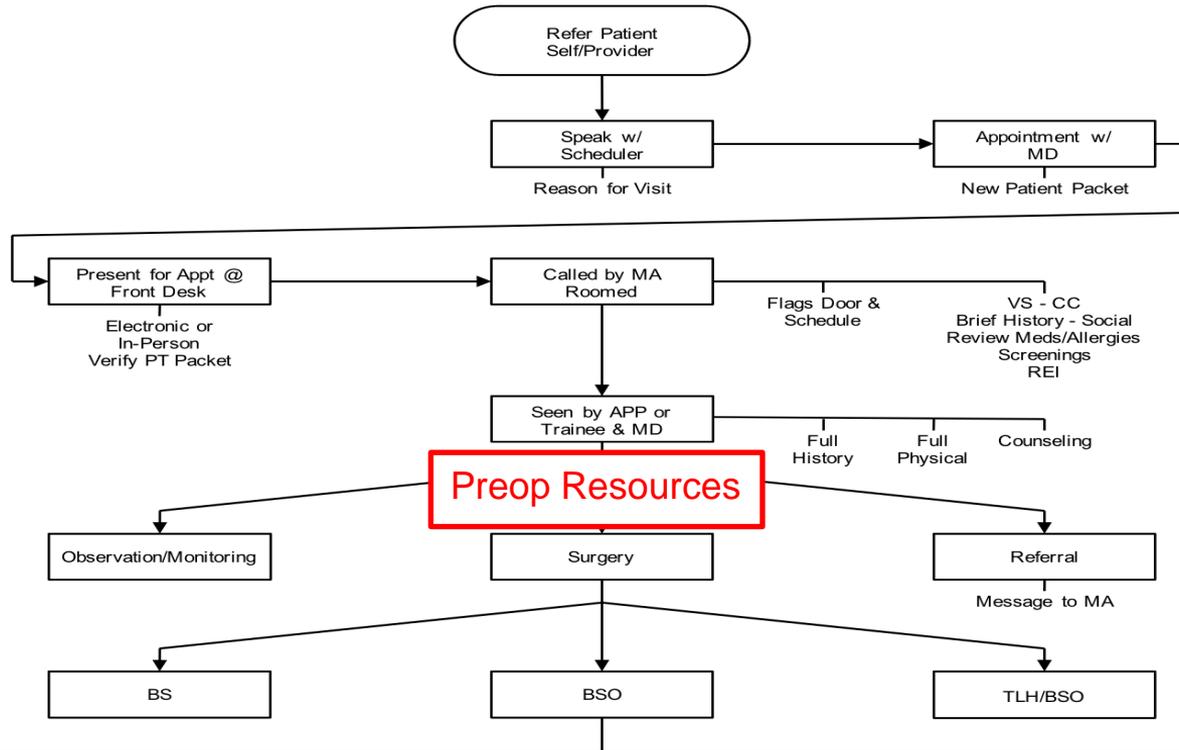
MiddlesexMD: <https://middlesexmd.com/>

Managing Menopausal Symptoms:

Facing Our Risk Empowered (FORCE) Hormone Replacement Therapy: <https://www.facingourrisk.org/info/risk-management-and-treatment/menopause-hormone-replacement>

FORCE Side effects of Hormone Replacement Therapy: <https://www.facingourrisk.org/info/risk-management-and-treatment/cancer-treatment/by-treatment-type/hormone-therapy/side-effects>

Future Patient Resource Guide-The Process



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

The screenshot displays the 'SmartSets' interface in EPIC. At the top, there is a search bar with the text 'Search for new SmartSet' and an 'Add' button with a plus sign. Below the search bar, the interface is divided into sections. The first section is titled 'Pre-Op Orders' and contains a list of SmartSets. Each SmartSet entry includes a checkbox, a name, a class, a referral type, a referral reason, a status, a specimen type, and a list of available buttons. The SmartSets listed are:

SmartSet Name	Class	Referral Type	Referral Reason	Status	Specimen Type	Available Buttons
CONSULT TO MAGEE PRE-OP CLINIC [ER0097]	External referral			Future, Expires: 12/6/2022	Lab Collect	[Consult Only] [Consult & Treat (Medical)] [Consult & Treat (Surgical)]
CONSULT TO PULMONOLOGY [9047]	External referral			Future, Expires: 12/6/2022	Lab Collect	[Consult Only] [Consult & Treat (Medical)] [Consult & Treat (Surgical)]
CONSULT TO CARDIOLOGY [9004]	External referral			Future, Expires: 12/6/2022	Lab Collect	[Consult Only] [Consult & Treat (Medical)] [Consult & Treat (Surgical)]
CONSULT TO PLASTIC SURGERY [9033]	External referral			Future, Expires: 12/6/2022	Lab Collect	[Consult Only] [Consult & Treat (Medical)] [Consult & Treat (Surgical)]
ALANINE AMINOTRANSFERASE (ALT) [LAB10068]	Lab Collect			Future, Expires: 12/6/2022	Peripheral Blood	[Lab Collect] [Clinic Collect]
ASPARTATE AMINOTRANSFERASE (AST) [LAB10701]	Lab Collect			Future, Expires: 12/6/2022	Peripheral Blood	[Lab Collect] [Clinic Collect]
CANCER ANTIGEN 125 MARKER [LAB10845]	Lab Collect			Future, Expires: 12/6/2022	Peripheral Blood	[Lab Collect] [Clinic Collect]

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