

Developing New Integrated Care Services in Women's Health

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BACKGROUND

Chronic pelvic and/or vulvar pain affects 14-24% of women during their reproductive years and is associated with significant psychological distress for many women. Still, it is often under-diagnosed and under-treated.

Multidisciplinary integrated care: URMC's Center for Chronic Pelvic Pain and Vulvar Disorders (Center) was established with the aim of taking a multidisciplinary approach to treating chronic pelvic/vulvar pain by providing behavioral health, physical therapy, and gynecological services in an integrated care setting. Current psychological services include individual therapy aimed at enhancing physical relaxation, challenging unhelpful thinking, reducing pain interference on daily living, and enhancing treatment compliance.

OBJECTIVES

The Center aims to expand services as part of its mission to provide evidence-based, holistic patient care. In addition to individual therapy, the present study asked, *what additional services do patients and providers consider to be priorities?* Findings will guide program development.

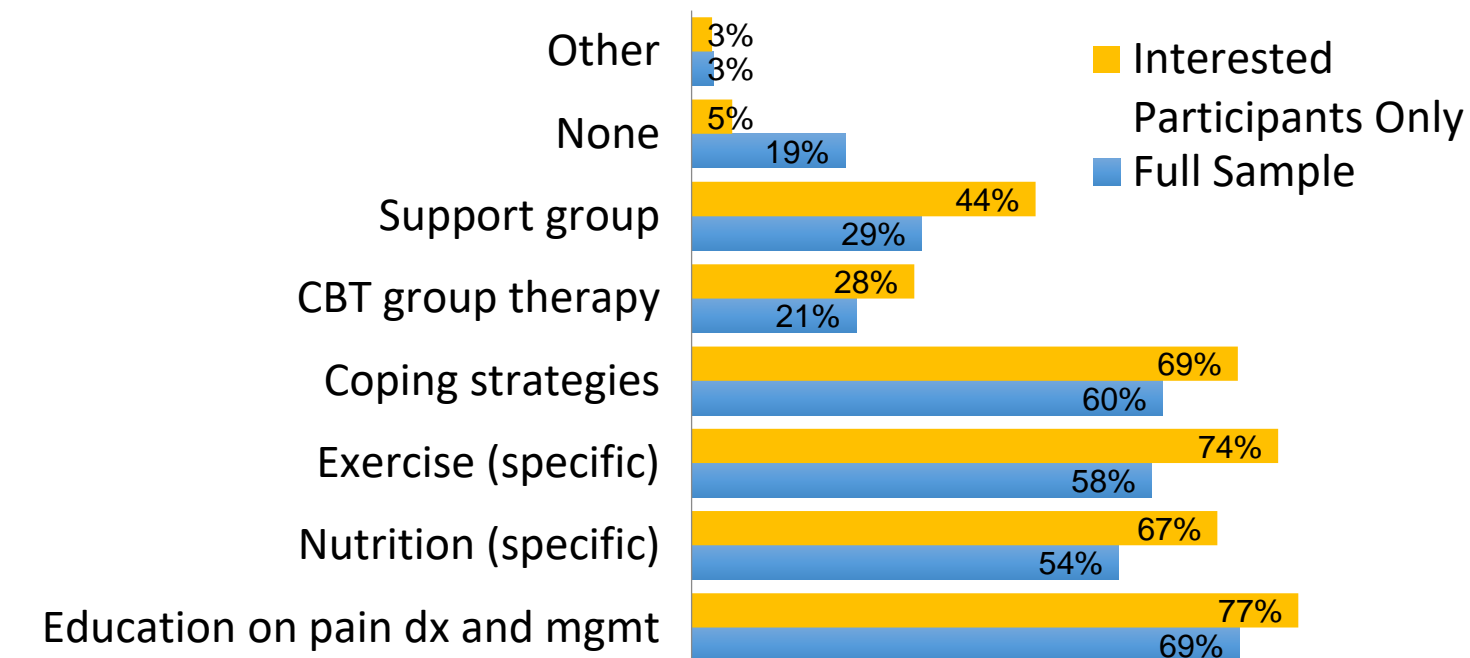
STUDY DESIGN

The patient needs assessment survey was developed and administered to all women receiving multidisciplinary care through the Center as of December 2018. 71 patients completed the survey, A separate provider needs assessment survey was designed and distributed to all clinical providers at the Center. 8 providers completed the survey.

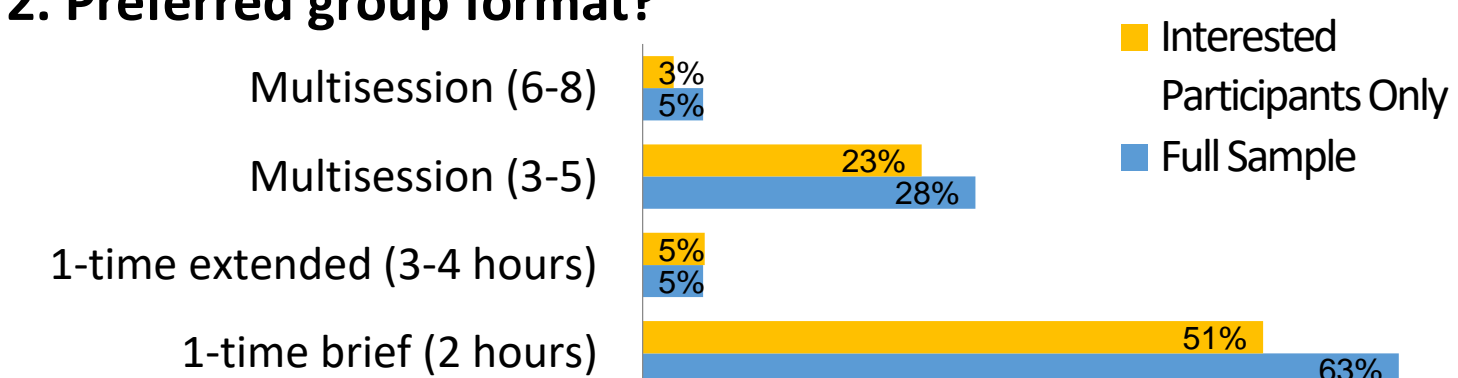
PATIENT OUTCOMES

Note. #1 and #2 include responses from all participants (■ full sample) as well as the subset of participants who actually expressed interest in being contacted for additional services (■ interested participants only)

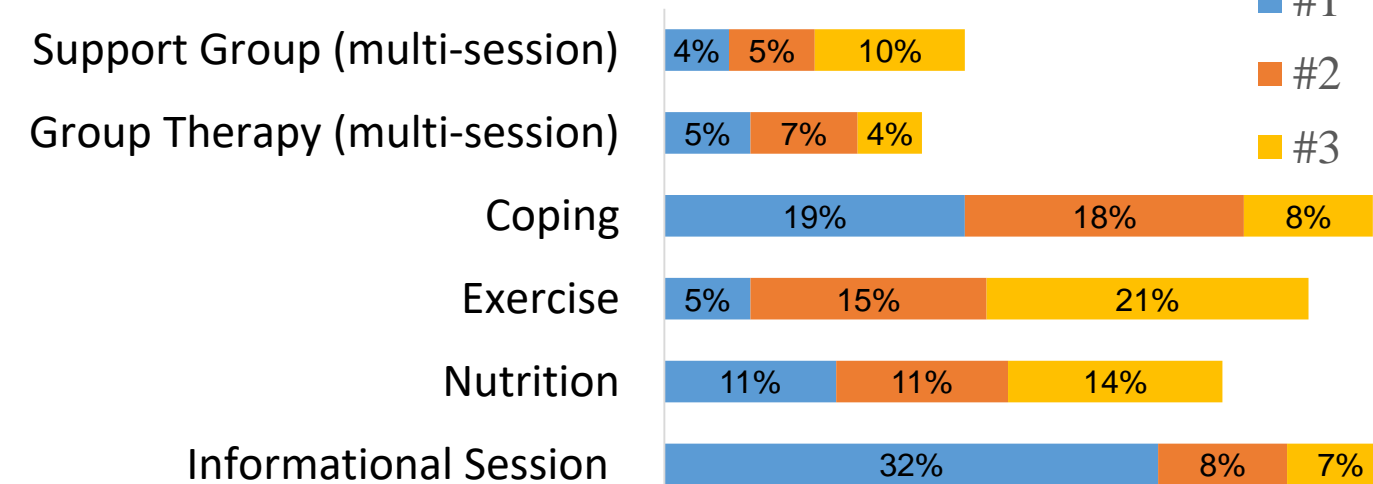
1. What additional needs or services are priorities?



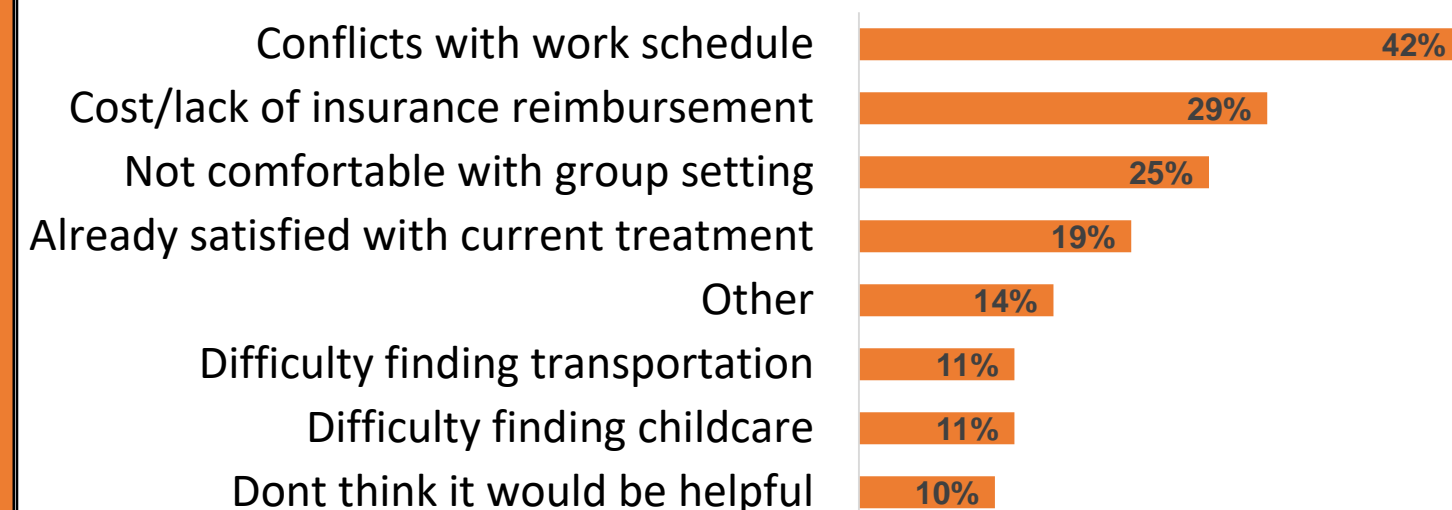
2. Preferred group format?



3. Of the options below, which services would you actually commit to?



4. Barriers?



PROVIDER VIEWS

The hardest thing about treating pts with chronic pelvic/vulvar pain is...

"not being able to "fix" them"

"dealing with pts' frustration with the lack of a cure"

"when it seems that pts have tried everything and nothing seems to help"

"trying to meet unreasonable expectations... feeling helpless when patients aren't coping well"

Some supports that would enhance my treatment of these challenging pts are...

"better education for patients on the chronic nature of their conditions"

"a document with resources for complimentary/ alternative options for pain management (i.e. cheap yoga, pain support groups)"

"expanded network of PT and BH providers for those who are unable to access care locally"

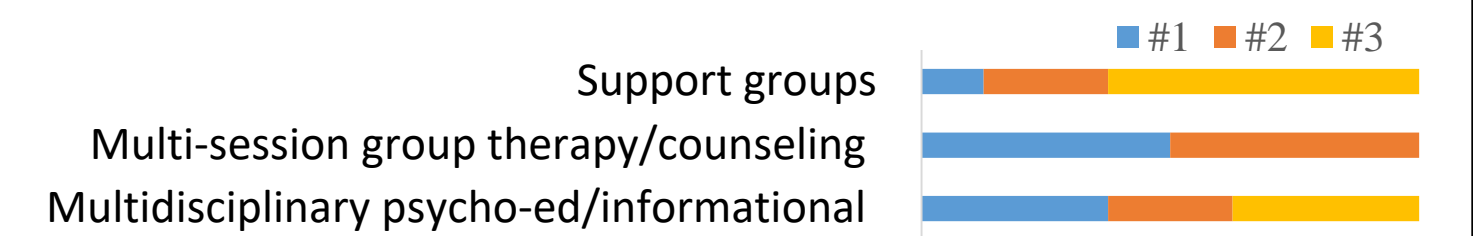
It is rewarding when...

"patients improve!"

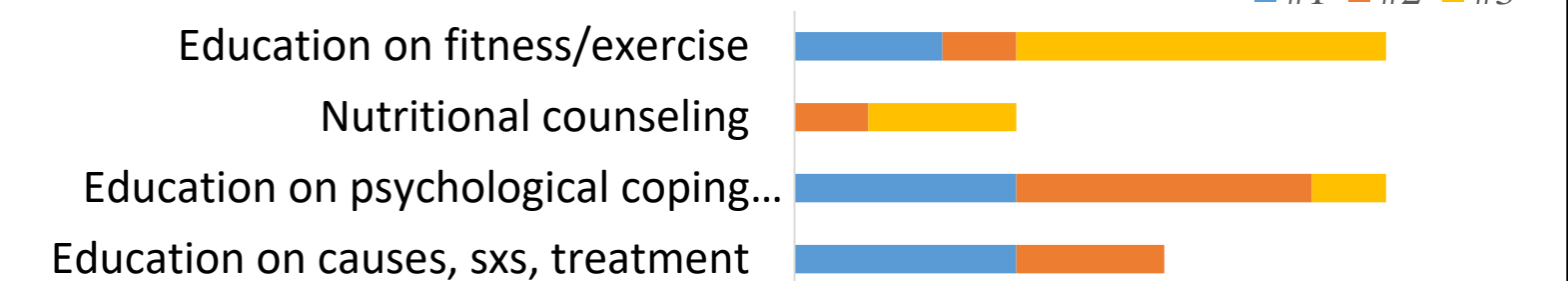
"they let you know how much they appreciate you for believing them and not dismissing their symptoms"

PROVIDER OUTCOMES

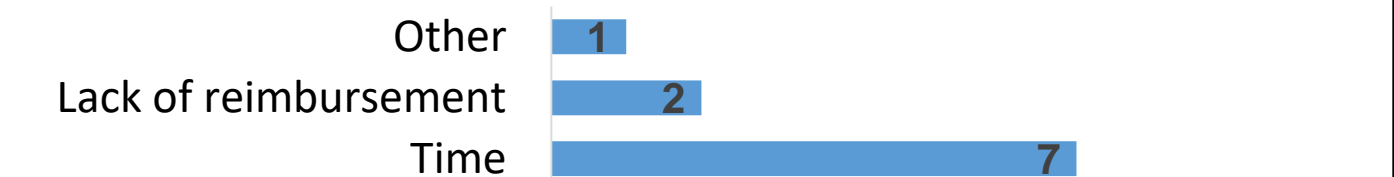
What additional needs or services are priorities?



What content would be most useful for patients?



Providers' barriers to participation?



SUMMARY

- Providers and patients had different priorities: providers emphasized multi-session CBT therapy; patients preferred 1-time, brief educational supports.
- This discrepancy underscores the importance of doing a needs assessment before offering services based on providers' views of what patients need.
- Results also underscore the importance of assessing not only what patients *want* but also *what they will actually commit to*. For example, a high percentage of patients expressed interest in fitness/nutrition, but far fewer indicated a willingness to actually commit to these support services.
- Patients living with chronic pelvic pain desire more education on their symptoms than is being routinely provided by their healthcare team. Providers may be giving information already, but results suggest that patients want even more than they are receiving.
- Providers experience their own distress related to managing patient expectations and coping with patient frustration and hopelessness; they want better education for patients on the chronic nature of their conditions and access to a broader network of providers and complementary services to offer patients.

NEXT STEPS

The team met to review findings and discuss next steps in developing and implementing a series of brief, diagnosis-specific educational seminars to be held quarterly and led by a multidisciplinary team of providers from gynecology, psychiatry, and physical therapy. The team plans to contact partners at URMC's Healthy Living Program to discuss whether their nutritional and fitness programming can be adapted into a 1-time format. Preliminary brainstorming conducted to identify additional services and supports that may be helpful in reducing the risk of provider burnout.