NUTS AND BOLTS OF STARTING A MENOPAUSE PRACTICE  
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Medical Education Related to Menopause

- 60% of ObGyn residents report having the least amount of experience and exposure to menopausal medicine compared with:
  - Obstetrics
  - Gynecology
  - Oncology
  - Reproductive Endocrinology.
- 2008 PGY IV CREOG Examination results:
  - Menopause: 42%
  - Overall: 63% [p < 0.001]

Demographics of Menopause

- U.S. age at menopause ranges from 40-58 years
- Est. 6,000 US women reach menopause daily (2 million/year)
- By 2020, >29 million women over age 65
- U.S. woman’s life expectancy is 80.5 years
- 1/3 to 1/2 lifespan of most North American women is spent in menopause
What approach to solve this?

- 2013 NAMS and APGO developed curriculum tool for menopause related teaching
- Call for development of Menopause clinics as effective teaching tools
- It’s not happening

Establishing A Menopause Clinic:

- Hartford Hospital: The Women’s Life Center
- Reading Hospital: The Menopause Clinic
- The sharing of ideas to help generate more & effective menopause clinics.

Taking Inventory

- 9% of women presenting to the WAHS were age 50 or older:
  - Women in this Latina population may not realize the need for care.
  - Educational gap for residents (Hind sight realization of need).

- Goals:
  - Address unmet needs of both populations (residents & women)
  - Utilize existing structure:
    - Clinic providing primary care to 8,000 women (> 30,000 visits / year).
  - Ancillary services:
    - Pharmacy, Social service, nutritionist, HIV/STD counselor, financial counselor, and DV counselor
    - Outreach programs: abstinence program, child abuse prevention, etc
  - Other sub-speciality clinics
    - Only needed secretary & PCA ½ day per week.

Information Finding Phase

Surveyed women from our population to determine the menopausal needs, barriers to care, and topics of educational interest to our patients:

| Health Issue   | Not concerned (%) | Somewhat concerned (%) | Very concerned (%) | Combined results %
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<tr>
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<tbody>
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<td>Osteoporosis</td>
<td>13</td>
<td>40</td>
<td>47</td>
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<tr>
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<td>43</td>
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<tr>
<td>Nutrition</td>
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<td>Pain</td>
<td>21</td>
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<td>Exercise</td>
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<td>Incontinence</td>
<td>35</td>
<td>33</td>
<td>32</td>
<td>65</td>
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<tr>
<td>Prostate</td>
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<td>20</td>
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<td>Glaucoma &amp; Vision</td>
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<td>Injury Prevention</td>
<td>45</td>
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<td>22</td>
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<td>Sexuality</td>
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<td>58</td>
<td>17</td>
<td>25</td>
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Information Finding Phase

Reported Barriers to Receiving Health Care (15% reported no current medical care)

<table>
<thead>
<tr>
<th>Item</th>
<th>Women (%) who identified item as barrier</th>
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<tr>
<td>Cost of medications</td>
<td>33</td>
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<tr>
<td>Language</td>
<td>28</td>
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<tr>
<td>Transportation</td>
<td>23</td>
</tr>
<tr>
<td>Cost for visit</td>
<td>17</td>
</tr>
<tr>
<td>Work schedule</td>
<td>17</td>
</tr>
<tr>
<td>Hours facilities are open</td>
<td>11</td>
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<tr>
<td>Parking</td>
<td>10</td>
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<tr>
<td>Fear of medical care</td>
<td>6</td>
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Funding:

- Medical service reimbursement
- Unrestricted Educational grants
- Additional Potential Funding:
  - Local service oriented grants
  - National menopause-focused grants
- Additional Financial Aids:
  - Sliding Scale – based on financial need.
  - Discounted laboratory charges.

Women's Life Center

Space and layout:
- 2 examination rooms; 1 precepting room; 1 waiting room;
- 1 secretary/reception desk
Supervision: 2 attending physicians, 1 PCA (bilingual), 1 secretary (bilingual)
- 1 ObGyn/Internist (NCMP)
- 1 Internist with interest in women’s health
Availability of nurse educator & other counselors
Availability of translators
Trainee’s who rotate through service:
- 1 ObGyn & 1 Int Medicine
- Additional: FM & ED residents, medical students, and NP’s
  Allows for the opportunity to discuss the keys areas related to menopause
  Additional topics related to menopause discussed at the end of hours
Referrals:
- WAHS
- Other hospital primary care clinics and community clinics
- word of mouth

Open Friday afternoons: about 6 follow-up’s & 2 new per session
- Closed the 4th Friday – for an Educational session with the patients:
  Centering Model (As many of the pt’s who can come)
  Lunch combined with didactics
  Cover topics from survey – open discussion with Q&A
  Gives residents a great opportunity to interact with patients

Some adjuncts to patient care & education:
- Heal U/S machine testing & osteoporosis education.
- Breast examinations on plastic models & breast health discussion.
- Cholesterol screening session & education.
Hospital of the University of Pennsylvania
Urban Academic Medical Center
Menopause Clinic oriented toward Resident Experience and Patient Need

- Realignment of existing resources
- Minimal disruption of existing structure
- Minimal cost-mostly patient/resident educational materials
- Focus on resident education

Getting Started

- Chair/clinic director/residency director support
- Clinic staff support
  - Medical assistants learn about menopause issues
  - RNs address phone calls appropriately
  - Clerical staff make patient information available
  - Registered Dietician on site
  - Social worker on site
  - Psychologist on site
  - Translator phone
- Schedulers triage and reassign patients from other gyn clinics to fill menopause clinic schedule
- Support from NAMS
  - Educational materials for residents and patients
  - Drs Peter Schnatz and JoAnn Manson

Triage for Menopause Clinic

- Women over age 40 for routine annual gyn and problem visits
- Vasomotor symptoms
- Vaginal dryness
- Sexual issues related to menopause
- Bone health
- Menopausal hormone therapy
- Management of genital prolapse symptoms with pessary

The Patients

- Gynecology patients seen in resident/NP clinics
- What do the patients gain?
  - Provider with a special interest in their concerns
  - Improved continuity with providers
  - Education from providers
  - Patient recruiting
  - Flyer/newsletters
  - Lectures to other departments and facilities
  - Local newspaper and radio interviews
  - Potential for community outreach, advertising
The Clinic: Helen O. Dickens Center for Women

- FY14- 8,641 gyn patient visits
  - 26.6% cancelation rate
  - 30.2% no show rate
  - Racial make up: 86% Black, 6.7% White, 2.2% Asian
  - Coverage: 67% Medicaid, 23% private, 7% Medicare, 3% self

- FY14 Menopause Clinic
  76 patients/17 sessions → average 4.47pts/session
  65% age 50-60 (general gyn clinic 9% age 50-60)

- Volume increased as scheduling strategies improved
The Residents

- 25 Penn Ob/Gyn residents 2013-2014
- PGY1&4 in Menopause Clinic 1-2 mornings/mo
- Resident with student sees patients, presents to attending, sees patients with attending as needed
- Attempt to present/discuss all patients as a group

Teaching

- 1 resident gives 15-20 min presentation before seeing patients
- Resources:
  - NAMS website access, slide sets, web lectures from annual meeting
  - NAMS/APGO website access
  - National Osteoporosis Foundation website and slide set
  - On-line tools → FRAX, Gail Risk, CVD and stroke risk assessment
  - Current reading list
- Staff lectures at department level teaching sessions
- Attending clinic teaching
The Attending

- NAMS Certified Menopause practitioner
- Interest in seeing women with menopause related issues
- Interest in teaching residents and medical students about clinical menopause care

Outcomes

- A Menopause Education Survey Monkey test was administered to ALL Penn Ob/Gyn residents in June 2014
- ALL 25 residents participated!
- 13 residents participated in Menopause clinic 68.04% correct
- 12 residents did not participate in Menopause clinic 54.48% correct p=0.029

Women’s Life Center

Practical Recommendations for Starting a Menopause Center:

✔ Assess the type of menopause service you would like to provide (e.g., comprehensive versus consultative)
✔ Take inventory of existing resources and determine needed resources
✔ Consider surveying your population to determine the issues of concern and barriers to providing an effective practice/receiving optimal care
✔ Assemble a practice/consultation team
✔ Encourage team members to obtain certification as menopause clinicians

Women’s Life Center - RESULTS

In the 1st 2 years:

✔ More than 120 new patients seen in consultation.
✔ > 30 ObGyn residents rotating through the center.
✔ > 50 Internal medicine, FM, students, and NP’s.

Allows for:
- Enhanced primary care to ObGyn
- Women’s health to Int Med / FM.
## Women’s Life Center - RESULTS

<table>
<thead>
<tr>
<th>Score (%)</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>P value</th>
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<tbody>
<tr>
<td></td>
<td>N Mean (SD) Median (min-max)</td>
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<tr>
<td>Total</td>
<td>74 64.4 (9.8) 64.3 (42.9-89.3)</td>
<td>38 76.7 (10.0) 75 (46.4-100)</td>
<td>&lt;.0001</td>
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<tr>
<td>Mean</td>
<td>54 63.9 (11.4) 64 (31.8-96.9)</td>
<td>38 76.9 (11.45) 76 (45.5-100)</td>
<td>&lt;.0001</td>
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Thank You
Risk Assessment Tool for Estimating 10-year Risk of Developing Hard CHD (Myocardial Infarction and Coronary Death)

The risk assessment tool below uses recent data from the Framingham Heart Study to estimate 10-year risk for “hard” coronary heart disease outcomes (myocardial infarction and coronary death). This tool is designed to estimate risk in adults aged 20 and older who do not have heart disease or diabetes. Use the calculator below to estimate 10-year risk.

Age: [ ] years
Gender: [ ] Female [ ] Male
Total Cholesterol: [ ] mg/dL
HDL Cholesterol: [ ] mg/dL
Smoker: [ ] No [ ] Yes
Systolic Blood Pressure: [ ] mmHg
Currently on any medication to treat high blood pressure: [ ] No [ ] Yes

Calculate 10-Year Risk

Reynolds Risk Score

Sex [ ] F [ ] M
Age [ ] years
Chol. [ ] mg/dL
SBP [ ] mmHg
HDL [ ] mg/dL
hsCRP [ ] mg/L
Current smoking [ ]
Parental history of MI < 60 y [ ]
10 year CVD Risk [ ]

FRAMINGHAM HEART STUDY

Stroke

Outcome: Stroke

Predictors:
- Age
- Systolic blood pressure
- Hypertension
- Diastolic blood pressure
- Diabetes mellitus
- History of smoking
- Prior cerebrovascular disease
- Arterial disease
- Left ventricular hypertrophy
- Use of antihypertensive medication
I have counseled and managed patients with the following:

<table>
<thead>
<tr>
<th>Management of menopausal symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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<tbody>
<tr>
<td>Yes</td>
<td>95</td>
<td>5</td>
<td>100</td>
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<td>5</td>
<td>6</td>
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<table>
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<tr>
<th>Use of hormone therapy (HT) for menopausal symptoms</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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<th>Use of biologic therapy for maintenance management of HRT</th>
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<th>Bone health, fracture prevention</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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<tr>
<th>Uterine bleeding</th>
<th>Yes</th>
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<th>Total</th>
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<th>Menopausal mood changes, sleep disorders</th>
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<th>Total</th>
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<th>Sexual dysfunction</th>
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<th>Total</th>
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<table>
<thead>
<tr>
<th>Uterine management for cervical causes</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Use of Pergynin or Replens/NDH or estrogen/fibrin irradiation of cervix with medical consultation or consultation for care and treatment</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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I Have...

<table>
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<tr>
<td>vaginal symptomatics with an HRT (tobacco, dyspareunia) of menopause (Gyn)</td>
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<td>menopausal mood changes, sleep disorders</td>
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