

Introduction

What do 2 practice-based research networks (PBRNs), 9 primary care clinics, 5 gynecology clinics, a Patient Engagement & communications company, a sexuality resource center & a medical education association have in common?

Answer: A partnership to improve patient care for patients with vulvovaginal atrophy (VVA) through shared decision making (SDM).

Research Question or Purpose

The primary goal was to change clinician behavior to increase appropriate management of symptomatic VVA that results in improved Quality of Life for women ages 35-80.

Secondary goals included:

- Increase women’s awareness of VVA
- Increase clinician and clinic staff knowledge of VVA
- Develop an internet-based toolkit
- Increase diagnosis rates of symptomatic VVA in women age 35-80
- Develop a SDM decision aid that VVA patients will recommend to friends and family

Methods

The Wisconsin Research and Education Network and the Duke Primary Care Consortium recruited primary care and gynecology clinics to participate in this study. Fourteen clinic sites were assigned to three different research waves through a stepped wedge design. Practices participated in multiple education and improvement strategies. All learners had to participate in the Spaced Education module prior to Academic Detailing and Practice Facilitation. Physicians recruited patients to participate in the study by reviewing a SDM patient decision aid.

WI Clinics	NC Clinics	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Family Medicine	Family Medicine	Control	Intervention	Intervention	Intervention
Family Medicine Drop Out	Internal Medicine	Control	Intervention	Intervention	Intervention
GYN	OB/GYN	Control	Intervention	Intervention	Intervention
Family Medicine	Family Medicine Drop out	Control	Control	Intervention	Intervention
Family Medicine	Family Medicine	Control	Control	Intervention	Intervention
GYN	OB/GYN	Control	Control	Intervention	Intervention
Family Medicine	Family Medicine	Control	Control	Control	Intervention
Family Medicine	OB/GYN	Control	Control	Control	Intervention

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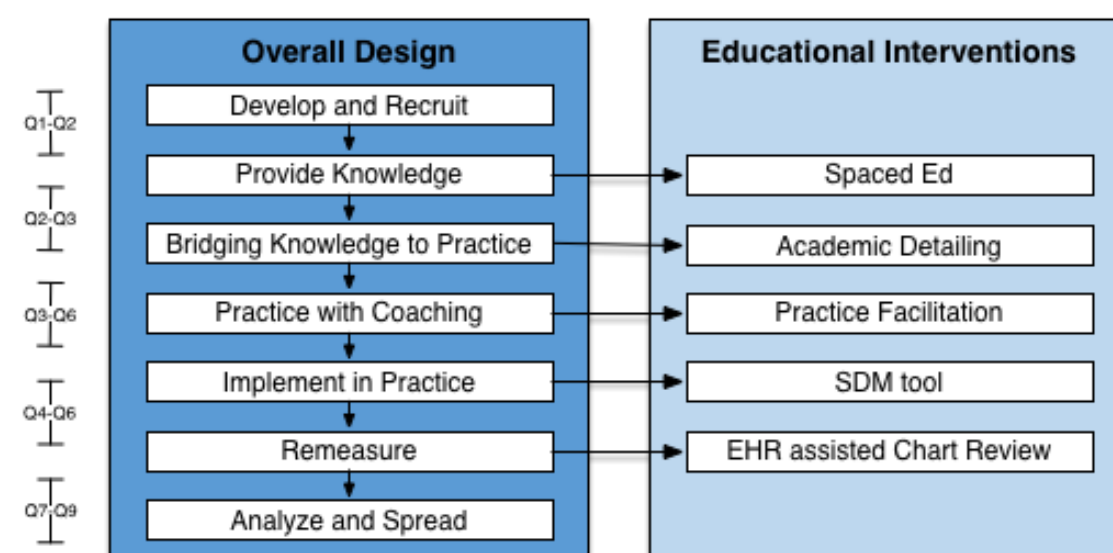
A Woman’s Touch
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A special thank you to all of the clinics that participated in this study:

Affinity Medical Group - Greenville
 Dean Clinic – East
 Randolph Community Clinic
 Scenic Bluffs Community Health Center
 UW Health - Fort Atkinson
 UW Health – WomanCare Clinic
 UW Hospitals & Clinics - Gynecology

Duke Primary Care Croasdaile
 Duke Primary Care Henderson
 Duke Primary Care Hillsborough
 Durham OBGYN
 Sutton Station Internal Medicine
 Duke Women’s Health Associates – Brier Creek
 Duke Women’s Health Associates – Patterson Place

Methods continued



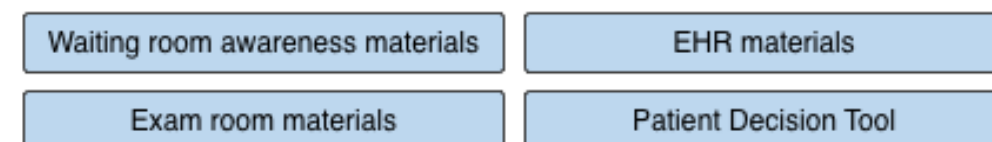
Practices participated in performance improvement (PI-CME) with a study practice facilitator. Clinics spent 6 months engaged in the overall process. Figure 1 outlines learner flow through the study. Patient data will be extracted from EPIC electronic health record (EHR) databases installed at Duke and Wisconsin clinics.

The curriculum was developed by primary care and gynecology faculty from both PBRNs as well as resources from A Woman’s Touch – a sexuality resource center.

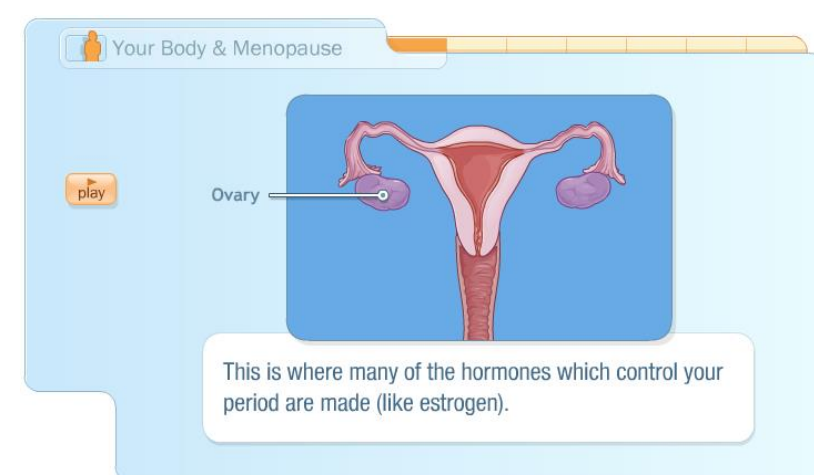
The project was approved by the University of Wisconsin IRB.

Patient Engagement

Tools were developed to support SDM. Tools included:



The interactive patient decision aid, developed by Emmi Solutions, provided information on therapy options and encouraged women to discuss their treatment objectives for VVA with their physicians.



Results

Nine primary care and 5 gynecology clinics participated in the study, including 42 clinicians seeing patients. An additional 55 clinicians participated in some aspect of the education. One hundred thirty patients completed the entire study, rating their symptom management post study.

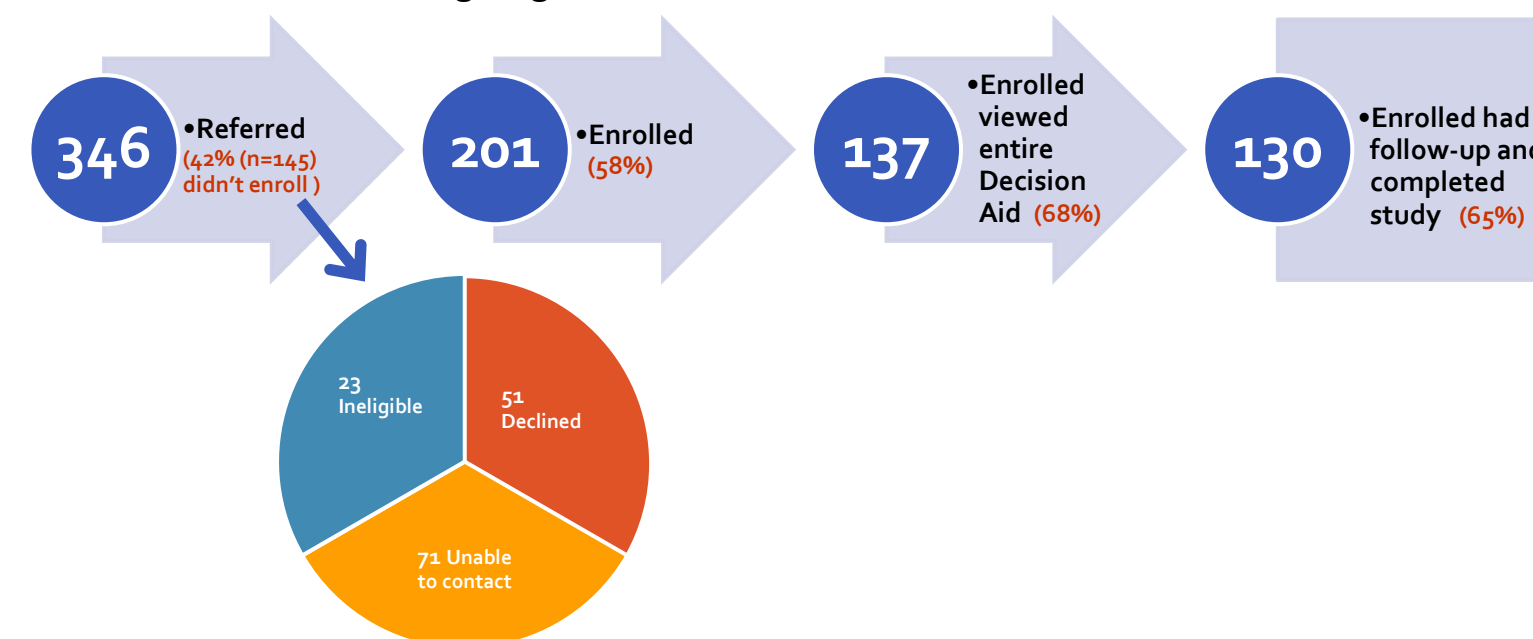
A health care provider self assessment pre-intervention indicated that 42% of respondents were already screening patients for VVA. Post-intervention 74% indicated they were screening for VVA. Similar results were reported for adding VVA to a patient’s problem list: 52% pre, 74% post.

	VVA Spaced Ed n=97	SDM Spaced Ed n=90	Academic Detail n=107	PI-CME n=59	All Activities n=41
MD/DO	30	27	33	11	11
NP	12	12	12	7	5
PA	7	6	8	5	5
RN	12	12	15	10	10
Other	36	33	39	26	10

The majority of learners completing the VVA spaced education activity found the content (69%) and usefulness (71%) excellent/very good. Learners completing the SDM activity also found the content (60%) and usefulness (55%) excellent/very good.

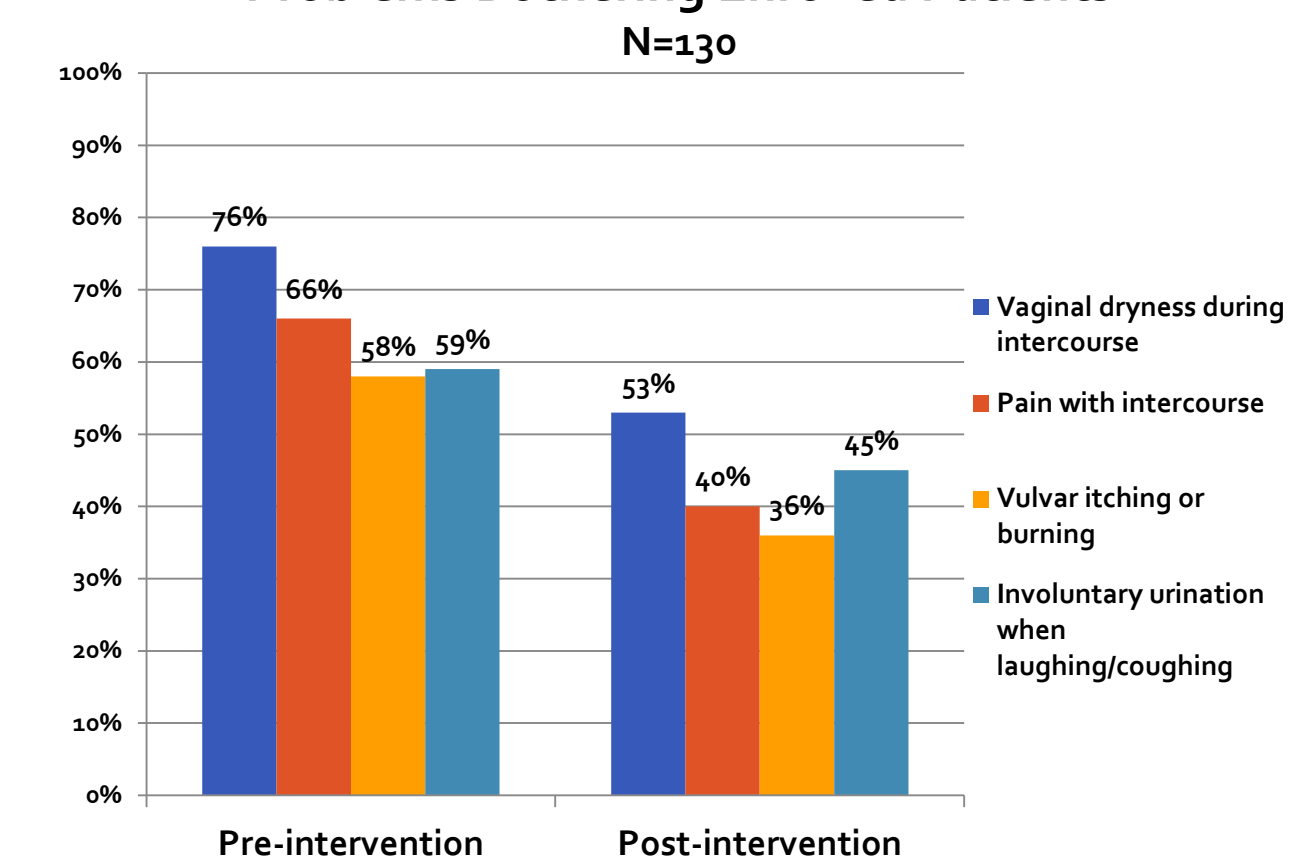
After completing all educational activities, 97% of clinicians intended to use SDM with patients with symptomatic VVA and 84% intended to use SDM with patients with other diagnoses in the future.

- Patients**
- Patients who completed entire study: 130/201 enrolled (65%)
 - Ages: 42 - 76
 - Average Age: 58



Results continued

Problems Bothering Enrolled Patients N=130



Process

- 76% of patients recommend using the internet VVA program
- 85% of patients recommend the VVA SDM process

Conclusions

Our methods of education and facilitating practice change were successful in a variety of practice sites in multiple health systems located in 2 states, in 2 regions of the country, suggesting our results can be generalized and reproduced elsewhere.

Our takeaways:

- Patients liked the shared decision making (SDM) tool and would recommend it to others.
- Patients reported a reduction in vaginal dryness during intercourse, pain with intercourse, and vulvar itching/burning. A lesser reduction was reported with involuntary urination.
- Preliminary results show a change in clinician self-reported behaviors (our #1 goal).
- A multimodal educational strategy and Practice Facilitation supports change in physician behavior.