

PRIMARY CARE PHYSICIAN KNOWLEDGE, ATTITUDE, AND THE THERAPEUTIC RELATIONSHIP IN MENOPAUSE CARE: A GAP ANALYSIS

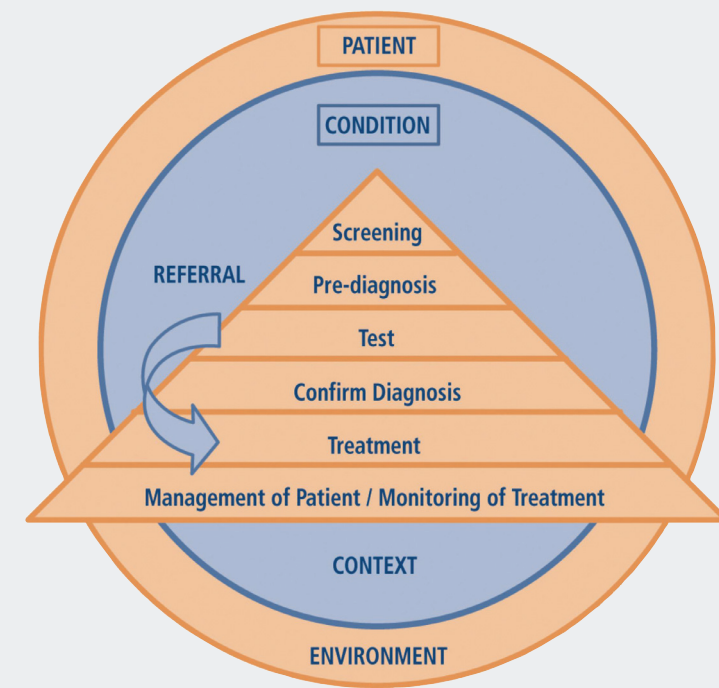
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INTRODUCTION

- There are 33 million women in the United States who are 55 years or older.
- They may experience menopausal symptoms that interfere with their physical, emotional, sexual and cognitive functions, which can have a negative impact on their sense of well-being and quality of life.
- Treatments to alleviate symptoms are available, yet research suggests that primary care physicians do not have adequate knowledge about treatment options, nor do they adequately discuss these options with their patients.
- Investigation of care given to women experiencing menopausal symptoms suggests that such care is not reliably provided, resulting in women receiving less than optimal evidence-based care.

FRAMEWORK

>RESEARCH FRAMEWORK



OUTCOMES & OBJECTIVES

>OUTCOMES

Conduct a credible, IRB-approved needs assessment in the area of peri-menopausal, menopausal, and post-menopausal care in order to:

- Identify care gaps in the primary care of patients
- Identify knowledge, skills, attitudinal, behavioral, and contextual barriers to providing optimal care

>RESEARCH OBJECTIVES

Collect data that will:

- Inform the design and development of educational initiatives for improving menopausal care
- Collect data that will guide evidence-based decisions regarding educational initiatives in the therapeutic area

METHODS

>MIXED METHOD APPROACH

PHASE 1
<ul style="list-style-type: none"> • Conduct a literature search and environmental scan to anchor the study • Design and develop the research framework and instruments • Qualitative and quantitative methods • Submit for IRB approval – ethics review

PHASE 2
<ul style="list-style-type: none"> • Conduct qualitative data collection as determined by the research framework • 8 focus groups (n = 45) & key informant Interviews (n = 59) • Analyze and interpret data

PHASE 3
<ul style="list-style-type: none"> • Validate findings • Online survey (n = 262) • Develop conclusions and recommendations • Publish findings

>SAMPLE

• Focus Groups	8
• Key Informant Interviews	59
• Regional Locations	East, West, North, South
• Sampling	Representative sampling

Number of Participants			
Provider Type / Patient	Focus Groups	Interviews	TOTAL
PCPs	25	33	58
AHPs	6	9	15
Specialists	4	10	14
Patients	10	7	17
TOTAL	45	59	104
• Online Survey			262

RESULTS

>ASSESSMENT GAPS

Gaps	Causes
<ul style="list-style-type: none"> • Passive, left to women to raise issues and concerns • No systematic process 	<ul style="list-style-type: none"> • Attitude: <ul style="list-style-type: none"> > Menopause not seen as a priority • Knowledge: <ul style="list-style-type: none"> > Menopause not seen as a priority > Inadequate • System: <ul style="list-style-type: none"> > Practice not structured to systematically screen for menopausal care

"Generally the patients seem to already have made up their minds (about the diagnosis) and they just come in to talk about treatment."

Primary Care Physician

"I think when you're like in your early 40's and you're going to your doctor, to your OB/GYN for a PAP, he should say, ... the time has come when you should go to your primary care doctor ... things happen, there are changes, you should go and have a full check-up and take care of yourself. ... just a little hint like that would kind of (help),... then it will take time for you to think about it ... your doctor should see you and ask you about your symptoms, ... take things out, talk to you more about it."

Patient

Knowledge of assessment of menopause	Level of Knowledge		Gap
	Current	Desired	
Conducting interviews appropriately to support detection of peri-menopausal and menopausal symptoms	3.71	4.48	0.77
Administering tests correctly to support and confirm diagnosis	3.67	4.47	0.80
Systematically screening women past the age of 45 for menopause	3.53	4.39	0.86

PCPs are satisfied with their current level of knowledge of screening and assessment methods.

>TREATMENT GAPS

Gaps	Causes
<ul style="list-style-type: none"> • Confusion regarding treatment of menopause-related symptoms → gaps in care • Inadequate treatment <ul style="list-style-type: none"> > Not based on science > Not tailored to individual > No cohesive, comprehensive treatment plan 	<ul style="list-style-type: none"> • Attitude: <ul style="list-style-type: none"> > Menopause not seen as a priority • Knowledge: <ul style="list-style-type: none"> > Confusion generated by WHI (2002, 2004) • Skill: <ul style="list-style-type: none"> > PCPs lack knowledge and do not have the skills to seek out, interpret, and translate research-based information into practice • Lack of confidence and resources regarding <ul style="list-style-type: none"> > Safety of treatment options > Specific symptoms > Discontinuation of treatment options > Alternatives to hormone therapy

"I think there's so much controversy swirling around the hormone issue that many people in my profession, internal medicine, choose not to deal with it and I think that's a real, they choose to refer them to OB/GYNs for hormones or to just flat out tell the patients that they will not write hormones regardless."

Primary Care Physician

"I think the doctors need to have more compassion about the wide array of symptoms that women can experience during this part of their life that have a real impact on their quality of life and that women need to be better informed so that they can talk to their doctors and demand the level of care that they need."

Patient

>MANAGEMENT AND MONITORING GAPS

Gaps	Causes
<ul style="list-style-type: none"> • Passive, lack of active follow-up • Lack of preventive monitoring and screening of associated risks • Inadequate follow-up of psycho-social, emotional issues 	<ul style="list-style-type: none"> • Attitude: <ul style="list-style-type: none"> > Menopause not seen as a priority > Seen as complex and demanding • Knowledge: <ul style="list-style-type: none"> > Focused on medical issues as opposed to quality of life as defined by patient • Lack of confidence, resources • System: Practice organized for acute care

Online Survey, PCPs: Knowledge of management of menopause n=262	Level of Knowledge		
	Current	Desired	Gap
Determining when and how to discontinue hormone therapy	3.60	4.61	1.00
Determining when to discontinue hormone therapy	3.48	4.60	1.12
Managing care following discontinuation of hormone therapy	3.52	4.58	1.06

Online Survey, PCPs: Knowledge of management of menopause n=262	Level of Knowledge		
	Current	Desired	Gap
Managing care without hormone therapy	3.48	4.58	1.10

"There was just a real inconsistency in how treatment was approached or suggested to me (patient) and a lack of, I felt, compassionate care."

Patient

"I don't see it as huge of a health concern that I have to ... get after those non-compliant patients immediately as I would if somebody were diabetic and not following through with their treatment plan, ... it's not life-threatening, as imminently life-threatening."

Primary Care Physician

>RESEARCH & GUIDELINE GAPS

Gaps	Causes
<ul style="list-style-type: none"> • Behavior: PCPs not practicing in accordance with clinical practice guidelines 	<ul style="list-style-type: none"> • Attitude: <ul style="list-style-type: none"> > Menopause not seen as a priority • Knowledge: <ul style="list-style-type: none"> > PCPs unfamiliar with knowledge base > Information overload • Skill: <ul style="list-style-type: none"> > PCPs do not have the skills to seek out, interpret, and translate research-based information into practice • Lack of confidence in knowledge and skills

"The WHI is your biggest (information source). I don't think that WHI has entirely dissuaded me from hormone use in the way it has some people but I think you have to read between the lines and I think that there are things about that study that were flawed."

Primary Care Physician

"Maybe the OB/GYNs have very clear guidelines and that but it's not filtering down to us [PCPs]: 'This is what you guys should be doing'."

Primary Care Physician

>PATIENT EDUCATION GAPS

Gaps	Causes
<ul style="list-style-type: none"> • PCPs do not have the knowledge or skills to provide adequate patient education • Patients lack understanding, are confused 	<ul style="list-style-type: none"> • Attitude: <ul style="list-style-type: none"> > Menopause not seen as a priority • Focus is primarily transmitting medical information to achieve medical goals • Media quicker to respond to new developments than health care system and providers • Patients not provided user-friendly information

Gaps	Causes
<ul style="list-style-type: none"> • Disconnect in exchange of information between PCPs and patients 	<ul style="list-style-type: none"> • Knowledge and Skills: <ul style="list-style-type: none"> > PCPs knowledge of relational issues and counseling skills is generally insufficient for effective counseling and teaching > Little understanding of psycho-social issues of patients

"It's the relationship you have with your patients, it's able to be able to communicate to them what they need to do and what they need to take, you have to communicate trust, you have to communicate knowledge and you have to communicate that you care. And if you can't communicate any of those, then it doesn't matter what you say, they're not going to trust you and they're not going to believe you."

Primary Care Physician

"The biggest challenge is trying to convince women to use hormones because of all that publicity that went out about the increased risks of heart attacks and cancer."

Primary Care Physician

>THERAPEUTIC RELATIONSHIP GAPS

Gaps	Causes
<ul style="list-style-type: none"> • Deterioration of therapeutic relationship • Lack of trust • Lack of adherence 	<ul style="list-style-type: none"> • Lack of information, communication, proactive care • PCPs unaware of risk to trust
<ul style="list-style-type: none"> • They see little reason to change practice that they interpret as effective 	<ul style="list-style-type: none"> • Poor insight into level of practice • Self-evaluation of own level of knowledge and skill is poor

"There was just a real inconsistency in how treatment was approached or suggested to me and a lack of, I felt, compassionate care."

Patient

"I think the doctors need to have more compassion about the wide array of symptoms that women can experience during this part of their life that have a real impact on their quality of life and that women need to be better informed so that they can talk to their doctors and demand the level of care that they need."

Patient

SUMMARY

1. PCPs do not have sufficient knowledge and skills to provide menopausal care that is aligned with best practices or guidelines
 - They do not systematically screen women over 45 or initiate care
 - They do not follow up consistently with women under treatment for menopause
 - They do not perceive menopause as a priority
2. PCPs are unaware of their own deficits
3. PCPs struggle to provide comprehensive patient education beyond medical goals
4. There is a lack of continuity in the care for women across providers
5. Gaps in PCP care, knowledge, skill, and attitude undermine the therapeutic relationship

RECOMMENDATIONS

1. Design and conduct professional development interventions to support PCPs in developing a systematic, comprehensive, cohesive, interdisciplinary plan of care for women from perimenopause through menopause to post-menopause
2. Develop interactive, case-based education interventions that embed clinical practice tools for continuum of care
3. Initiate educational interventions designed to provide necessary knowledge AND translation of this knowledge into practice
4. Develop point-of-care, clinical practice tools to support recommended practice
5. Adopting a pro-menopausal attitude
6. Provide educational interventions targeting patient-provider relationship skills

