The Endometriosis and Pelvic Pain Center / Pelvic Physical Therapy at AHS

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Chronic pelvic pain disproportionately affects the quality of life and disability status of low income patients in a safety net population. Often, a history of trauma, sexual relationship issues, and physiologic abnormalities can all combine to create a complex vortex of disability for these patients. Physical activity, sexual intercourse, family planning, holding down a job, even sitting... all this and more becomes nearly impossible.
Pelvic Floor Physical Therapy Services

- Alameda Health System patients who would benefit from Pelvic Physical Therapy are best served by a Physical Therapist who specializes in Pelvic Physical Therapy.
- AHS did not have a Physical Therapist who specialized in Pelvic Physical Therapy, and patients were referred to outside facilities for Pelvic Physical services.
- Outside facilities stopped accepting Medi-cal and Medi-cal HMO insurance plans in 2021, leaving our patients with no options to receive care.
- At the time, approximately 10 outpatient referrals per month were generated for Pelvic Physical Therapy.
- Establishing Pelvic Physical Therapy at Highland Hospital would ensure care for these patients.
Causes of female pelvic pain

- Endometriosis
- Prior pelvic inflammatory disease
- Ovarian cysts
- Adhesions
- Adenomyosis
- Leiomyoma
- Vulvar pathologies
- Pelvic Congestion Syndrome
- Ovarian remnant syndrome
- Interstitial cystitis/painful bladder syndrome
Endometriosis in our population

- Endometriosis is one major cause of women’s pelvic pain and infertility
- Affects 1 of 10 women
- Takes on average 7 years for a woman to receive a diagnosis
  - but even longer within a safety net population.
What is endometriosis?

- An often painful disorder in which tissue similar to the tissue that normally lines the inside of the uterus — the endometrium — grows outside the uterus. Endometriosis most commonly involves the ovaries, fallopian tubes and the tissue lining the pelvis.
How is endometriosis treated?

A multimodal, coordinated, interdisciplinary approach:

- Hormonal medications (birth control pills, Lupron, etc)
- NSAIDs (Ibuprofen)
- Neuromodulator medications (gabapentin, effexor, Cymbalta, etc)
- Fertility workup and medications (hysterosalpingogram, clomid, etc)
- Psychology (cognitive behavioral therapy)
- Pelvic physical therapy
- Suboxone can be initiated in those who have been opioid dependent
- Laparoscopy (the only method for definitive diagnosis and treatment)
Minimally Invasive Surgery

- Dr. Falik uses a laser to excise all visible endometriosis lesions that may be lying along or invading even very sensitive organs such as the ureter or rectum
  - This technique prevents the recurrence more definitively than other surgical techniques
  - It can increase chances of fertility for women trying to conceive
  - Patients take on average 1 to 2 tablets total of oxycodone postoperatively
  - Return home same-day
  - Return to work in 1-2 weeks
Pelvic Floor Physical Therapy

- Pelvic Floor Physical Therapy can be an instrumental tool for both the treatment and recovery for someone with pelvic pain and pelvic floor dysfunction.

- Some of the modalities that are used include: joint mobilization, myofascial release, visceral mobilization, therapeutic exercises, patient education, biofeedback and self-care/home management tools.

- Patients are seen for 45 minutes every other week on average of 8-12 visits.

- Patients with endometriosis benefit from PFPT— it provides them with a better understanding of their pain, how to manage their symptoms and improve their quality of life.
Why a Pelvic Pain Center?

- Once patients seek help for their pelvic pain and receive a state of the art, integrated treatment approach, they can quite literally get back on their feet again and re-engage in relationships and work.

- Such a Pelvic Pain Center includes multidisciplinary care from a physician and Advanced Practice Provider (APP), a pain psychologist, pelvic physical therapist, and a social worker.

- Patients are referred from within AHS and from OCHIN clinics. With our new nurse practitioner in the Endometriosis and Pelvic Pain Center, wait time went from 3-6 months down to 2-3 weeks to be seen after being referred.
When did it open?

- Beginning October 18, 2021, we opened our Endometriosis and Pelvic Pain Center at AHS.
  - The center provides:
    - A coordinated, team-based approach,
    - with the patient at the center of the process,
    - to most effectively care for our pelvic pain and endometriosis patients.
Development of the Pelvic Physical Therapy Program

- Dr. Falik identified need for Pelvic PT program and reached out to Highland Rehabilitation Services to explore creating a Pelvic PT program
- Richard Espinoza, CAO Post-Acute Care Services and Teresa Randall, PT, Manager Rehabilitation Services collaborated with Dr. Falik to determine how Rehabilitation Services could support a Pelvic PT program
- Rehabilitation Services partnered with Finance, Regulatory and Compliance Departments to ensure all compliance regulations were considered and that billing codes were accurate and appropriate for reimbursement
- Treatment space identified within the Rehabilitation Services Department at Highland Hospital
- Specialized equipment and supplies identified and ordered
Pelvic Physical Therapy at Highland Hospital

- Anietie Ukpe-Wallace, PT, DPT began treating patients for pelvic dysfunction at Highland Hospital in November 2021 on a part-time basis
- Referral volume is monitored for potential need for growth
- Dr. Ukpe-Wallace communicates regularly with Dr. Falik and other providers regarding patient status
Pelvic Physical Therapy Referrals/ Patients Treated

- Referrals are received from both AHS Internal Providers and our CHCN External Partners
- The majority of referrals are received from the Women's Clinics at Highland, Eastmont, and Newark Wellness Centers
- Highland Rehabilitation Services worked with Epic Analysts to develop a method for sorting so that referrals for Pelvic Physical Therapy in the Referral Workqueue can be easily identified for scheduling
Pelvic Physical Therapy Referrals/ Patients Treated

- When at full capacity, the Pelvic Physical Therapy Clinic schedules approximately 40 appointments per month, including Evaluations and Follow Up Visits.
- Outpatient referrals have continued to increase, demonstrating need for this service, to approximately 30 referrals.
- To date, 88 patients have been scheduled for Pelvic Physical Therapy Evaluations.
Pelvic Floor Physical Therapy—Who It Serves

- Pelvic floor physical therapy provides needed services for our patients and provides support for:
  - Men, women, transgender and non-binary individuals
  - Pelvic pain, i.e. endometriosis, vulvodynia, proctalgia fugax
  - Pre-op and Post-op hysterectomy or prostatectomy
  - Mechanical Infertility, Pregnancy, and Post-partum
  - SI Joint and sacral dysfunction
  - Urinary and Rectal dysfunction
  - Prolapse of Uterus, bladder or rectum
  - Incontinence (Stress, Urge or Mixed)
  - GI distress (constipation, acid reflux, poor motility)
Next Steps

- As the Pelvic floor physical therapy continues, the referrals will be monitored to determine potential need for growth
- Ongoing communication and collaboration between the Rehabilitation Services Department and the Endometriosis and Pelvic Pain Center
Who are the providers?

- Dr. Rebecca Falik, MD, MST, Director
  Fellowship trained in minimally invasive gynecologic and endometriosis surgery
  Women’s clinic pelvic pain lead since 2017

- Sara Minahan, CNM, NP
  AHS CNM past 4yrs, transitioned to Pelvic Pain NP in March, 2022
  - 3 full-day clinics per week

- Dr. Anietie Ukpe-Wallace, PT, DPT
  Pelvic PT @HGH since November, 2021
  - Two half-day clinics per week
Where is it?

- Medical home: Eastmont Wellness Center, Specialty Clinic
- Minimally Invasive surgery: Highland and Alameda Hospitals
- Pain psychology: coordination with John Lang's psychology PhD students at the HGH Chronic Pain Clinic
- Pelvic Physical Therapy: Highland Hospital, Rehabilitation Services Department
Appreciation

- Thank you for their advocacy for our pelvic pain patients and working so diligently to help this Center come to fruition
  - OBGYN champions: Dr. Kevin Smith, Dr. Chitra Akileswaran, Dr. LanNa Lee MD, Dr. Terry White MD, Sally Miskelly
  - Richard Espinoza, NHA, CAO Post-Acute Services
  - Dr. Irina Williams
  - EWC champions: Gary Blake, Uche Joe-Emeson, Rafael Pena, Maritza Brown
  - Our tireless EWC MAs, nurses, and PSRs: Tonesha Jackson, Niema Lillard, Valia Almendarez, Vikashni Lal

- Thank you for your attention, time, and support

- Questions?