

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



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The problem

- ▶ 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

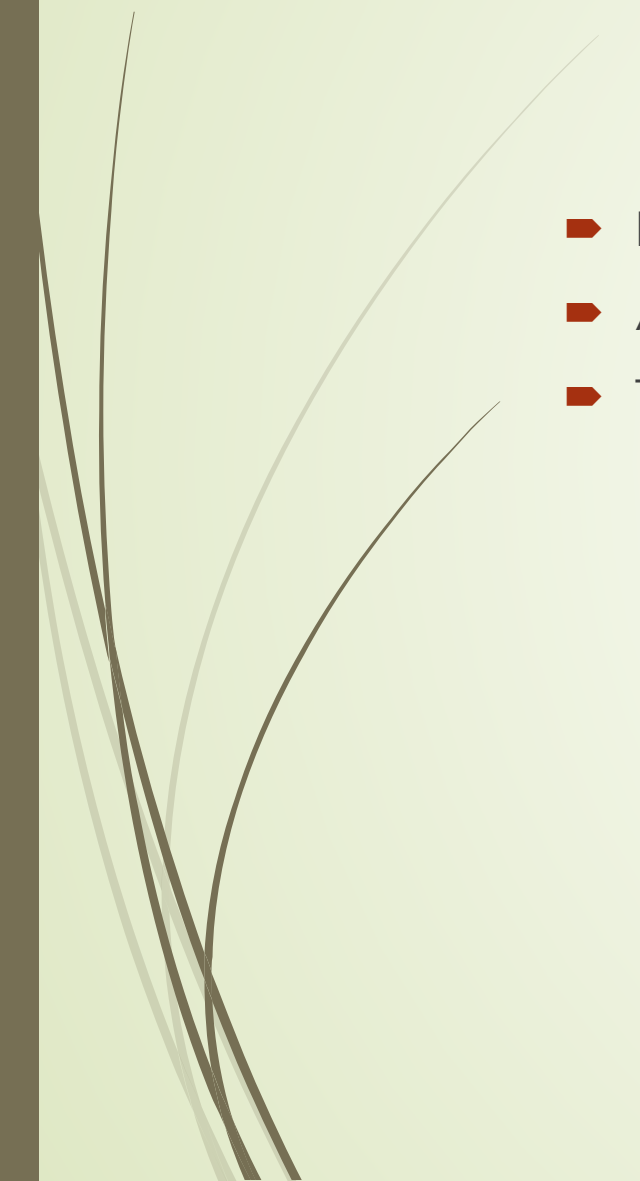


Causes of female pelvic pain

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

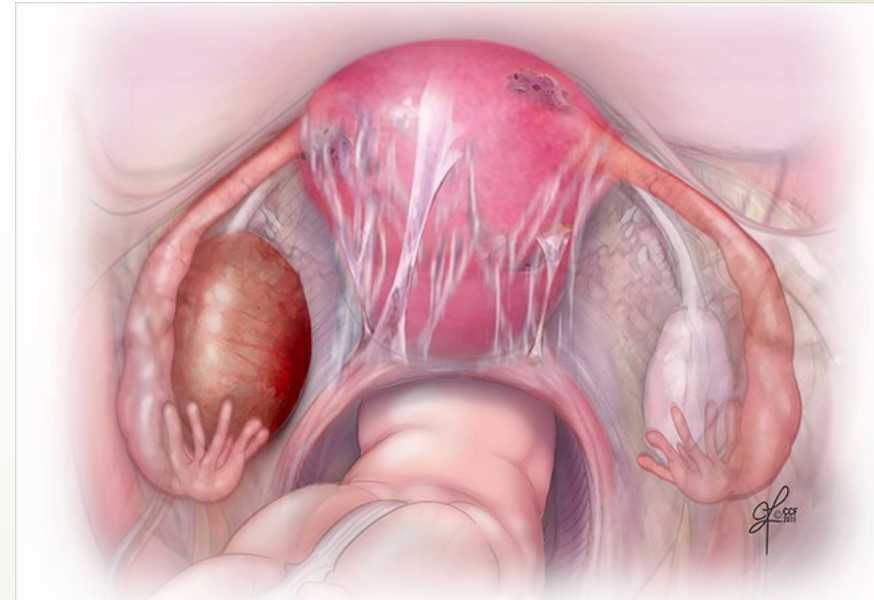


Endometriosis in our population

- ▶ 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.
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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





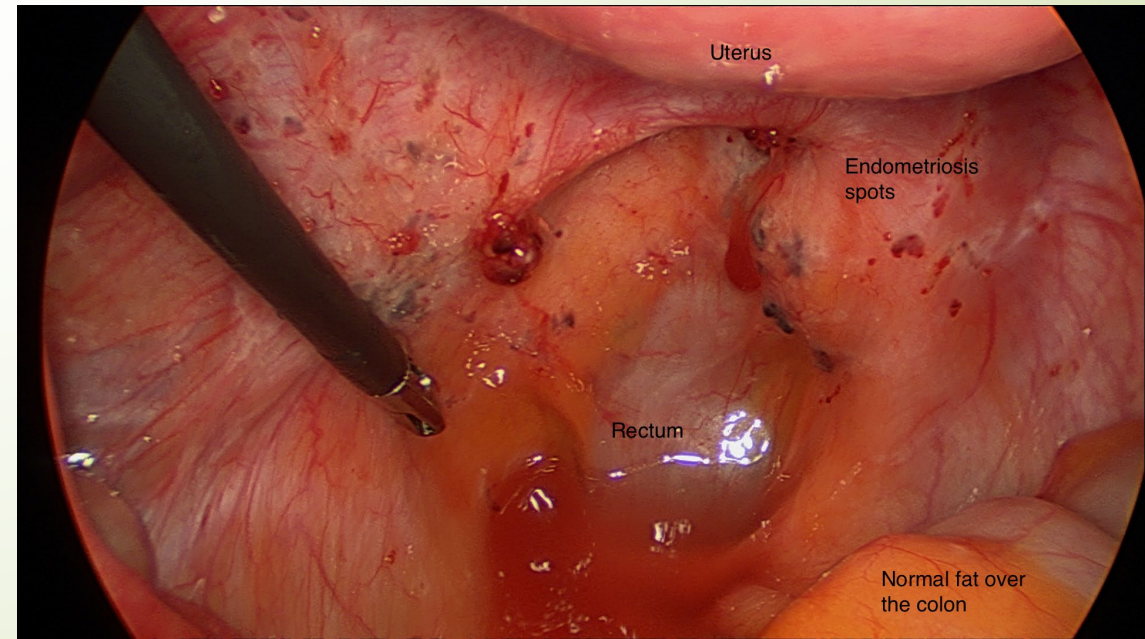
How is endometriosis treated?

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
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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

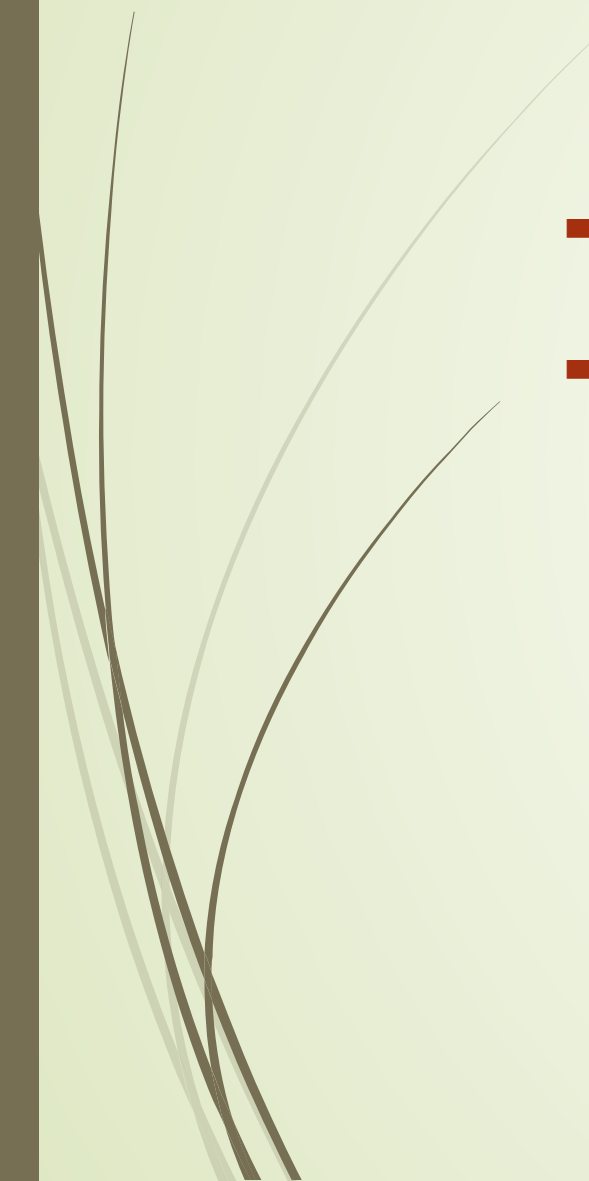


Pelvic Floor Physical Therapy- Who It Serves

- ▶ 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
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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
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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?