

Management of Menopausal Symptoms through the Use of Technology for Shared Decision Making and Improved Data Gathering

Principal Investigator/Project Lead:

Laura Borgelt PharmD, FCCP, BCPS, NCMP

University of Colorado Anschutz Medical Campus

Skaggs School of Pharmacy and Pharmaceutical Sciences

Funded by Pfizer Independent Grants for Learning & Change

Supported by the American Academy of Family Physicians Foundation

Objectives

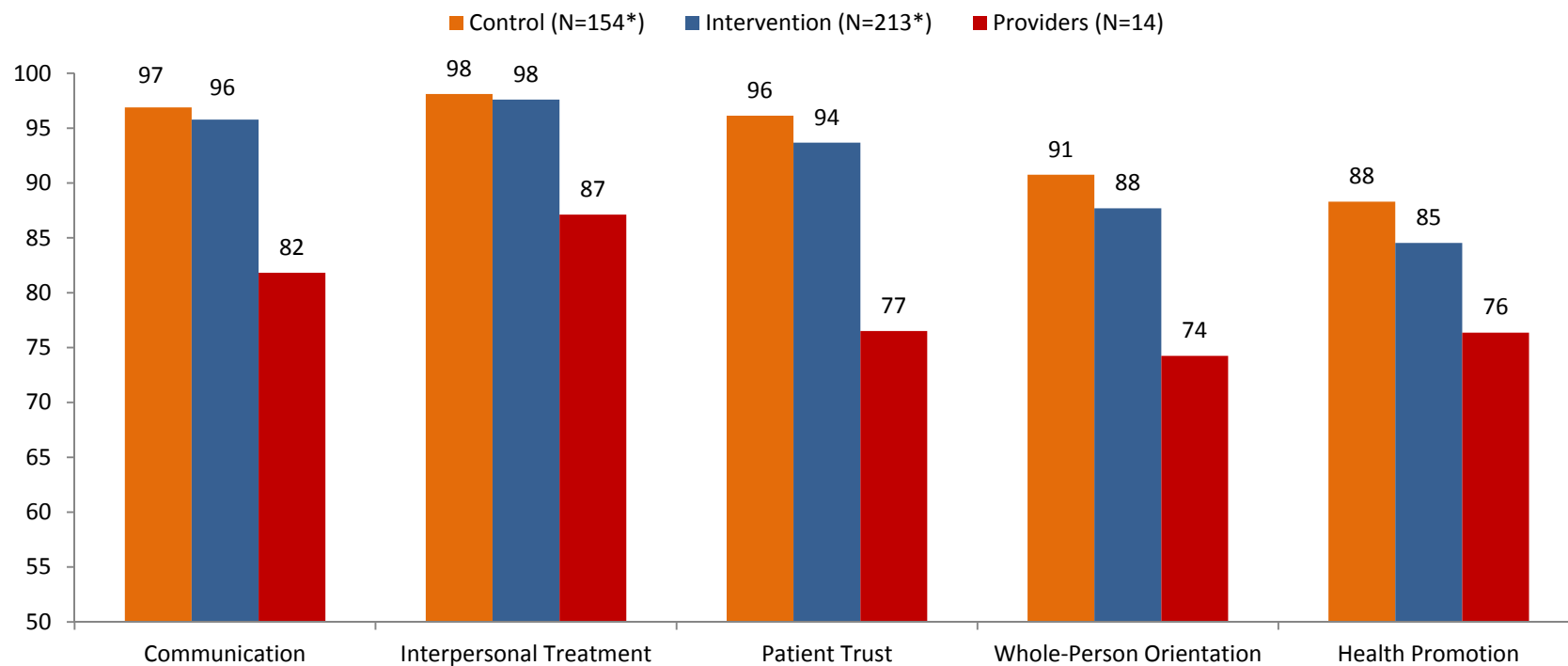
- Evaluate the impact of shared decision making (SDM) among providers and women age 45-65 years regarding issues of menopause, hormone therapy use, breast cancer risk, and lifestyle changes
- Utilize tablet technology to engage SDM leading to improved health outcomes, increased satisfaction with the healthcare appointment by women and providers and improved health data collection

Methodology

- Stepped wedge design
 - Practices randomly assigned to roll into the intervention
 - Each site enrolled women in the control and intervention groups, but with varying length of time in the intervention time frame
 - Each practice requested to enroll a minimum of 40 women age 45-65 years over one year.
 - Project goal of enrollment: 480 women
- Tablet computers were used to facilitate consenting, surveys, health assessment tools with scoring algorithms and educational videos for participants. All women were given the tablet at the beginning of their clinic visit and carried the tablet with them throughout the appointment.
- Control group: demographic survey and exit survey which included ambulatory care experience and satisfaction with shared decision making process
- Intervention group: in addition to control group surveys, completed a health assessment which included a menopause rating scale and breast cancer risk assessment

Results: Ambulatory Care Experiences Survey (ACES): Patient/Provider Interactions

- The ACES survey was used as a proxy for the shared decision making process. Data presented represents the average response by group.
- Women in both the control and intervention groups reported being extremely satisfied with the quality of the interaction across all 5 domains.
- Clinician perceptions of the quality of care they provide for women 45-65 years are lower than the perceptions indicated by the participants.



*Control/Intervention population numbers are an average of respondents across the 5 domains.

Note: No statistical difference was detected between intervention and control groups.

Results: Menopause Rating Scale (MRS)

The MRS is a brief survey (11 questions) designed to measure health-related quality of life or severity of complaints in menopausal women. A total of 252 women completed the MRS survey. Those scoring severe or very severe are reported in the table below. For these women, educational video vignettes (~6 minutes in length) relevant to their specific symptoms were available to provide women guidance on how to enhance discussions about menopause and SDM with their provider.

Symptom Category	n (%)
Any severe or very severe symptom	127 (50.4%)
Somatic	87 (34.5%)
Psychological	65 (25.8%)
Urogenital	69 (27.4%)

✓ KEY POINT:

The most prevalent symptoms, with >40% of women experiencing moderate, severe, or very severe symptoms, were:

- Muscular pain
- Sleep issues
- Depression
- Exhaustion
- Sexual symptoms