Project Title: Development of an Integrated Practice Center for Chronic Pelvic and Gynecologic Pain

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Background, Challenge or Opportunity: The provision of patient care under our current health care system is often fragmented, leading to duplication of efforts, poor utilization of resources and inefficient interdisciplinary communication. It has been suggested that one solution to this is the provision of care under a system of integrated practice units (IPUs) in which health care is provided based, not upon a particular specialty, but rather upon a specific patient complaint. These units bring together practitioners from different specialties who work together as a team to provide integrated, comprehensive care to the patient. Pelvic pain and gynecologic pain is one family of complaints that lends itself to such an integrated management approach.

Purpose/Objectives: The goal of this project is the development of a chronic pelvic and gynecologic pain center at the University of Rochester.

Methods/Approach
The University of Rochester has several practitioners who specialize in the management of pelvic and gynecologic pain syndromes. We are also one of the few minimally invasive surgery fellowships in the country that includes training in the management of chronic pain. A working group made up of these practitioners was created and the goals of the program were defined. The team was tasked with creating the template for an integrated team approach to the management of these conditions including clinical protocols and standards, staffing and physical space requirements and work flow models. They were also asked to identify allied health professionals and providers from other specialties with whom to develop collaborative relationships. A business plan was developed and the resources needed to complete the project were requested.

Outcomes and Evaluation Strategy:
Together, the group identified what was felt to be the optimal approach to patient care from the initial management of referrals, optimal staffing structure, patient flow within the clinic and effective schedule templates. The group developed screening and intake questionnaires and evidence based practice algorithms for the major pain syndromes. Allied health professionals to be included in the team were identified and the role of these providers in the initial evaluation as well as continuing management was established. Physical space to house the clinic was identified and renovations are scheduled. Approval has been obtained to expand staffing such that a dedicated pain staff has been established.

The team also identified a collection of quality indicators that reflect clinical outcomes most important to providers and patients. The success of the clinic will be determined though the achievement of these quality indicators, the results of patient satisfaction surveys as defined by patient specific goal achievement, referring physician satisfaction via semiannual surveys, time from referral to initial evaluation, and the achievement of fiscal goals as defined by the business plan.
The provision of health care under our current system often leads to fragmented health care with duplication of efforts, redundant utilization of resources and poor interdisciplinary communication. It has been suggested that one solution to this is the provision of care under a system of integrated practice units (IPUs) in which health care is provided based, not upon a particular specialty, but rather upon a particular patient complaint. These units bring together practitioners from different specialties who work together in a team based approach to provide integrated care for the patient.

To develop an integrated practice unit within the department of obstetrics and gynecology to care for patients with chronic pelvic and other forms of gynecologic pain. The large differential diagnosis for pelvic pain, encompassing several organ systems, as well as the efficacy of a multidisciplinary approach to the management of chronic pain makes chronic gynecologic pain a good candidate for such an integrated management approach. The University of Rochester has one of the few minimally invasive gynecologic surgery fellowships in the country that also includes training in the management of chronic pelvic pain. It is also the regional referral center for lower genital tract pain syndromes.

**Approach**

- Identified specialists from other departments with whom to collaborate
- Identified/ recruited departmental team members
- Expanded team to include allied health professionals
- Relocation and renovation to larger physical space approved
- Identified appropriate standardized screening tools for most common diagnoses
- Developed/ identified evidence based protocols for most common pain syndromes
- Physical therapy candidate identified
- Behavioral Health candidate identified
- Identified physical space for on site therapy, necessary materials for on site PT established
- Identified behavioral health screening methods and referral protocols
- Optimal patient flow established, schedule templates developed
- Dedicated nursing and administrative staff identified
- Develop patient centered quality indicators
- Develop business plan for on site physical therapy
- Develop business plan for on site behavioral health

**Key**

- In process
- Completed

**Outcomes and Evaluation Strategy**

- Achievement of identified, program specific quality indicators
- Results of patient satisfaction surveys as defined by patient specific goal achievement
- Referring physician satisfaction via semiannual surveys
- Time from referral to initial evaluation
- Achievement of fiscal goals as defined by the business plan

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