CMEO
BriefCase

Pivoting to Telehealth: Optimizing Technology for the Care of Postmenopausal Women

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Learning Objective 1

Apply current evidence-based guidance on benefits and risks of hormone therapy to counseling and treatment decisions for postmenopausal patients.

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Learning Objective 2

Implement best practices for telehealth consultations with postmenopausal patients.

Patient Case: Clarice Collins

- 52-year-old postmenopausal woman
- Up to date on mammogram and Pap
- Requested telehealth visit to discuss new symptoms including: sleep disturbance, nocturia, vaginal discomfort/burning, and sexual pain

Pap = Papanicolaou test

Virtual Visit #1: Ms. Collins

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Visit 1 – WRONG WAY

- Poor webside manner – appeared distracted
- Lack of empathy – dismissive of symptoms
- Assumed patient is married to a man
- Behavioral interventions presented in shaming matter
- No mention of additional treatment options
- Failed to invite the patient to ask questions now or to call the office with questions later

Audience Response

Which of the following is an example of poor webside manner during virtual visits?

A. Attempting to maintain eye contact with patients
B. Repeating back key points of what you heard the patient say
C. Multi-tasking to address urgent clinic needs during telehealth visits
D. Inviting the patient to ask questions now or to call your office later
E. I don’t know

Webside Manner: Tips for Connecting with Patients During Virtual Visits

- Before the visit begins, check your internet connection, camera, microphone, speakers, attire, lighting, backdrop, and privacy
- Place camera at eye level and look into it to make eye contact
- Break the ice, wave hello, and acknowledge any technical issues
- Express empathy verbally and nonverbally
- Active listening: Maintain eye contact, nod while listening, repeat back summary of what you heard
- Avoid unnecessary movements or multitasking; tell the patient if you are taking notes or need to look away
- Closing the visit: Recap the discussion and next steps; invite patient questions or concerns; provide contact information and resources

Chua IS, et al. *J Palliat Med.* 2020;23(11):1507-1509.
Chi S. Health Recovery Solutions Website. 2020. https://www.healthrecoverysolutions.com/blog/6-tips-to-improve-your-webside-manner.
Talierco R, et al. Cleveland Clinic Website. 2018. https://consultqd.clevelandclinic.org/improve-your-webside-manner-tips-on-virtual-visits/.

Discussing Symptoms of Menopause

- Many women do not realize that symptoms of menopause that erode quality of life are, in fact, treatable
- Critical tasks for health care provider:
  - Establish rapport and conduct a thorough assessment
  - Counsel patient on all the relevant options for treating her symptoms as well as the risks and benefits of each option
  - Use shared decision-making to agree on a personalized management plan

Nappi RE, et al. *Climacteric.* 2016;19(2):188-197.

Virtual Visit #1: Ms Collins

Best Practices for Telehealth

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Can Menopausal Symptoms Be Managed via Telehealth?

- Telehealth achieves health outcomes comparable to those with traditional health care delivery methods
- Telehealth improves patient engagement and satisfaction
- A full consultation on management of menopausal symptoms, including hormone therapy (HT), can be conducted via telehealth
- Offering telehealth will allow clinicians with traditional office-based practices to maintain continuity of care for their patients during the coronavirus disease 2019 (COVID-19) pandemic and beyond

Implementing telehealth in practice: ACOG committee opinion summary, number 798. *Obstet Gynecol.* 2020;135(2):493-494.
Bachmann GA. *Case Rep Womens Health.* 2020;27:e00241.
Liaw WR, et al. *J Am Med Inform Assoc.* 2019;26(5):420-428.

Benefits of Telehealth Visits for Postmenopausal Women (PMW)

- Eliminates travel time and costs for patient
- Eliminates long waits in crowded waiting room and potential exposure to COVID-19
- Reduces time away from work or caregiving responsibilities
- Cost savings for patients and healthcare systems

Nord G, et al. *Am J Emerg Med.* 2019;37(5):890-894.

Telehealth Is Cost Effective

- Prospective observational study of 650 patients who received care via synchronous audio-video on-demand telemedicine
- Use of telemedicine resulted in net cost savings of $19-$121 per visit by diverting patients from more expensive care settings
- 74% of patients had their care concerns resolved during the telemedicine visit
- 16% would have "done nothing" if they had not done the telemedicine visit

Nord G, et al. *Am J Emerg Med.* 2019;37(5):890-894.

Barriers to Telehealth for PMW

- Although PMW may prefer telehealth during the pandemic for safety reasons, some limitations may include:
  - Lack of internet and phone access
  - Lack of technological knowledge or need for training on how to use telehealth platform
    - Nearly 70% of baby boomers and 40% of Americans over age 65 own smartphones
  - Doubts about cybersecurity
  - Lack of privacy; concern that family or colleagues may overhear their conversation with the clinician

Bachmann GA. *Case Rep Womens Health.* 2020;27:e00241.
Grimes CL, et al. *Int Urogynecol J.* 2020;31(6):1063-1089.

Patient Preferences for Telehealth

- According to the Cleveland Clinic, > 90% of patients in their Express Care Online program are satisfied with virtual visits
  - 45% report an improved relationship with their clinician
  - 53% report no impact on the relationship
- For patients and clinicians with an established therapeutic relationship, surveys found that:
  - Both patients and clinicians rated the overall quality of virtual video visits (VVVs) to be comparable to, or better than, traditional office visits
  - Patients preferred the convenience and time savings of VVVs
  - 52.5% of clinicians reported that VVVs were more efficient
- The Department of Veterans Affairs (VA) attributes success of a telehealth platform for female veterans to:
  - Patient preference for frequent contact, as well as telephone contact, with health care providers
  - Convenience of telehealth compared to traveling for in-office care

Talierco R, et al. Cleveland Clinic Website. 2018. https://consultqd.clevelandclinic.org/improve-your-webside-manner-tips-on-virtual-visits/.
Donelan K, et al. *Am J Manag Care*. 2019;25(1):40-44.
Department of Veterans Affairs [VA]. VA Website. 2017. https://www.hsrd.research.va.gov/publications/esp/womens-telehealth.cfm.

Outcome of Visit 1 – RIGHT WAY

- Good webside manner
- Empathetic communication
- Educated patient on nonpharmacologic approaches to manage symptoms
- Made a plan to follow up in 6 weeks via telehealth visit and consider HT if needed

Vasomotor Symptoms of Menopause (VMS)

- Consist of hot flashes and night sweats
- Persist for an average of 7.4 years
- Associated with diminished sleep quality, irritability, difficulty concentrating, reduced quality of life, and poorer health status
- Appear to be linked to cardiovascular (CV), bone, and cognitive risks
- HT remains the gold standard, first-line therapy for relief of persistent VMS in appropriate candidates

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

Genitourinary Syndrome of Menopause (GSM)

- Can worsen over time, usually does not resolve without treatment, and can adversely affect quality of life
- GSM includes vulvovaginal atrophy (VVA) and changes to the labia, vagina, urethra, and bladder; symptoms may include:
  - Genital dryness, burning, and irritation
  - Sexual symptoms of diminished lubrication and pain
  - Urinary symptoms of urgency, dysuria, and recurrent urinary tract infections
- Estrogen therapy (ET) is the most effective treatment for GSM and has been shown to improve genitourinary tract anatomy, increase superficial epithelial vaginal cells, reduce vaginal pH, and improve VVA symptoms
- Low-dose vaginal estrogen preparations are effective and generally safe for the treatment of VVA, with minimal systemic absorption, and are preferred over systemic therapies when ET is considered only for GSM

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

Approaches to Assessing GSM

- Starting the conversation:
  - *"Many women after menopause have concerns about sexual functioning. What about you? Tell me about it."*
- Asking a direct screening question
  - *"Do you have any problems or concerns related to sex or pain with sexual activity?"*
  - *"Do you have bleeding during or after sex?"*
  - *"Do you have any problems with urinary leakage during sex?"*
- Do not assume that a woman is heterosexual or partnered

Faubion SS, et al. *Menopause.* 2018;25(6):596-608.

Virtual Visit #2

Virtual Visit #2
Best Practices

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Who Is a Candidate for HT?

Unless contraindications are present, ET is indicated for:

- Treatment of bothersome VMS
- Treatment of GSM
- Prevention of bone loss
- Women with hypoestrogenism caused by hypogonadism, primary ovarian insufficiency, bilateral oophorectomy, or premature surgical menopause

Contraindications include:

- Unexplained vaginal bleeding
- Severe active liver disease
- Prior estrogen-sensitive breast or endometrial cancer
- Coronary heart disease, stroke, or personal history or inherited high risk of thromboembolic disease
- Dementia

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

HT Is the Most Effective Treatment for VMS and GSM

Clinical Guidelines: Level I Recommendations

- HT is the most effective treatment for VMS and GSM
- **Vasomotor symptoms:** HT is recommended as first-line therapy for bothersome VMS in women without contraindications
- **GSM/VVA:** When isolated genitourinary symptoms caused by menopause are present, low-dose vaginal ET is recommended over systemic ET as first-line medical therapy

HT has been shown to prevent bone loss and fracture

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

Audience Response

When starting a hysterectomized woman on hormonal therapy to treat bothersome vasomotor symptoms, which would you prescribe?

A. Systemic estrogen alone
B. Systemic estrogen + a progestogen
C. Local vaginal estrogen alone
D. Local vaginal estrogen + a progestogen
E. I don’t know

Endometrial Protection

Clinical Guidelines: Level I Recommendations

- For women with a uterus who use systemic estrogen, endometrial protection requires an adequate dose and duration of a progestogen or use of the combination conjugated equine estrogen with bazedoxifene
- Progestogen therapy is not recommended with low-dose vaginal ET, but appropriate evaluation of the endometrium should be performed if vaginal bleeding occurs, given the limits of safety data

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

Potential Risks of HT for PMW

- For healthy symptomatic women age < 60 or within 10 years of menopause onset, the more favorable effects of HT on CHD and all-cause mortality should be considered against potential rare increases in risk of breast cancer, VTE, and stroke
- Women who initiate HT when age > 60 and/or > 10 years and clearly by 20 years from menopause onset are at higher absolute risk of CHD, VTE (risk of PE), and stroke than women initiating HT in early menopause
- The effect of HT on breast cancer risk may depend on the type of HT, dose, duration of use, regimen, route of administration, prior exposure, and individual characteristics

Potential Risks of HT for Women Age < 60 or Within 10 Years of Menopause Onset Include:	Additional Risks Across All Ages Include:
• Rare risk of breast cancer with combined EPT • Endometrial hyperplasia and cancer with inadequately opposed estrogen • VTE • Biliary issues	• Myocardial infarction • Stroke • Dementia

CHD = coronary heart disease; EPT = estrogen-progestogen therapy; PE = pulmonary embolism; VTE = venous thromboembolism

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

Audience Response

Level I Recommendations from the North American Menopause Society state that benefits are most likely to outweigh risks for symptomatic women who initiate hormone therapy during which time window?

A. Age younger than 60 years and at least 3 years after any breast cancer diagnosis
B. Age older than 60 years and at least 3 years after any breast cancer diagnosis
C. Age younger than 60 years or within 10 years of menopause onset
D. Age older than 60 years or more than 10 years past menopause onset
E. I don’t know

Weighing Benefits and Risks of HT

Clinical Guidelines: Level I Recommendations

- Benefits are most likely to outweigh risks for symptomatic women who initiate HT when aged younger than 60 years or who are within 10 years of menopause onset
- Discussion of benefits and risks of HT should include heart disease and all-cause mortality, particularly the:
  - Reduced risk if started in women younger than age 60 or within 10 years of menopause onset, and
  - Greater risk if initiated in women age 60 and older or further from menopause onset

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. *Menopause.* 2017;24(7):728-753.

Discussing Benefits and Risks as Part of Shared Decision-Making

- Distinguish relative risks from absolute risks
- Consider personal and familial risk of CVD, stroke, VTE, and breast cancer
- Use the appropriate, often lowest, effective dose of systemic ET consistent with treatment goals that provides benefits and minimizes risks for the individual
- Individualize and periodically reassess the formulation, dose, and route of administration for HT

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. Menopause. 2017;24(7):728-753.

Outcome of Visit 2

- Discuss additional treatment options for persistent vasomotor systems via shared decision-making
- Decide to initiate systemic estrogen
- Follow up in 3 months

Virtual Visit #3

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Outcome of Visit 3

- Start topical estrogen to address sexual concerns and dryness; may help with bladder symptoms as well
- Follow up in 3 months via telehealth visit

Audience Response

Which of the following is most likely to be able to be managed via telehealth with no need for an in-person office visit?

A. Unexplained vaginal bleeding
B. Vasomotor symptoms of menopause
C. Pessary fitting for prolapse management
D. Lump detected in breast during self-exam
E. I don’t know

When Is An In-Person Visit Needed?

- Postmenopausal bleeding: pelvic examination and ultrasound
- Prolapse and pessary fitting
- Cervical cytology not up to date
- Mammograms in radiology office
- Laboratory testing
- Specific needs for physical exam, imaging, or other evaluations

Bachmann GA. *Case Rep Womens Health.* 2020;27:e00241.

Clinician Resources

Telehealth Resources

- AMA Telehealth Implementation Playbook
- Implementing telehealth in practice: ACOG committee opinion summary, number 798. *Obstet Gynecol.* 2020;135(2):493-494
- WPSI and ACOG FAQs for Telehealth Services
- Managing Patients Remotely: Billing for Digital and Telehealth Services

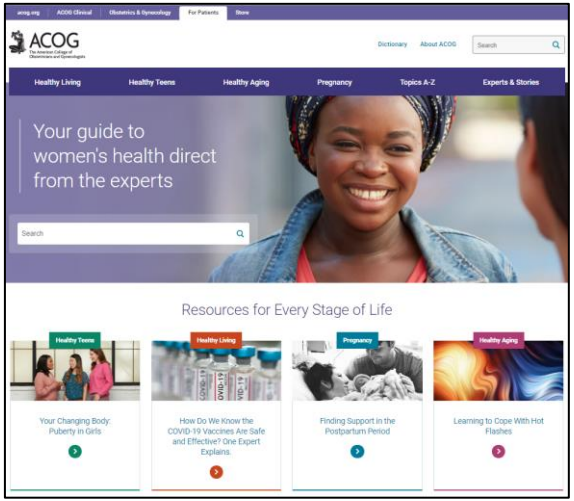
Guidelines on Use of HT in PMW

- The 2017 hormone therapy position statement of The North American Menopause Society. *Menopause.* 2017;24(7):728-753
- 2017 position statement of the American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE) on menopause. Cobin RH, Goodman NF. *Endocr Pract.* 2017;23(7):869-880
- Check AAFP and internal medicine

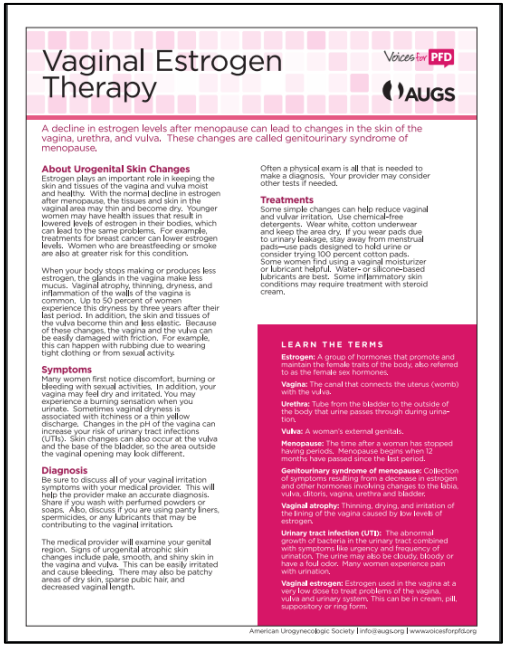
Patient Resources

North American Menopause Society
menopause.org/for-women

American College of Obstetricians and Gynecologists
acog.org/womens-health



American Urogynecologic Society
augs.org/patient-fact-sheets



Take-Home Points

- Telehealth is an excellent way to assist symptomatic PMW who do not require an in-office visit
  - Benefits of telehealth for patients and clinicians will outlive the pandemic
  - More than one telehealth visit may be required to address all of a patient's needs
- Guidelines offer evidence-based recommendations for use of HT in PMW
  - Counsel patients on risks and benefits and use shared decision-making to develop an individualized treatment plan

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

When providing telehealth consultations to postmenopausal patients:

- Confirm that mammogram and Pap testing are up to date
- Ask patients about their symptoms of menopause
- Provide education, empathy, and empowerment
- Counsel patients on risks and benefits of treatment options
- Engage in shared decision-making to develop individualized treatment plans to manage symptoms of menopause
- Have electronic resources ready to provide to patients