
SMALL INVESTMENT = LARGE IMPACT:

**IMPLEMENTING A SIMPLE, YET EFFECTIVE SERVICE LINE
FOR WOMEN WITH PELVIC FLOOR DISORDERS
IN RURAL NEBRASKA**

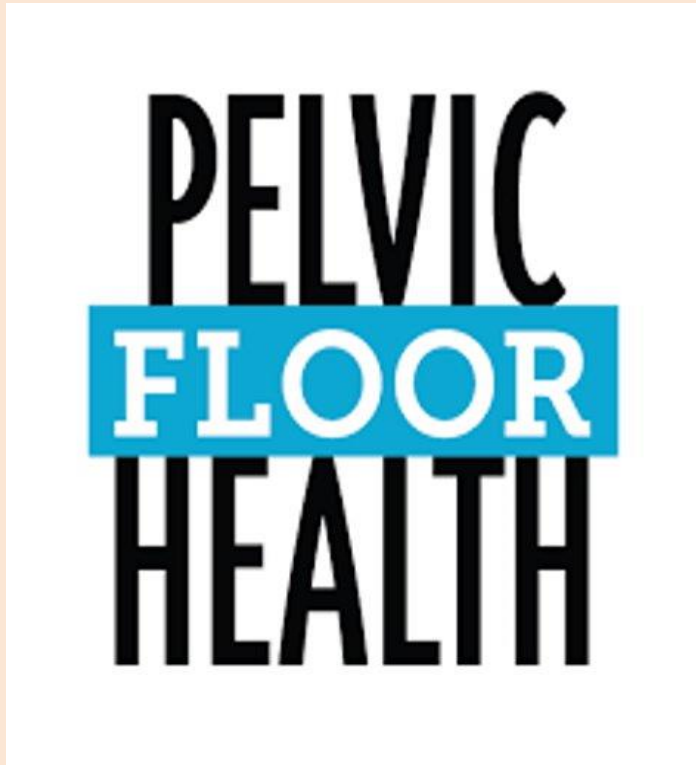
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Female Pelvic Medicine and Reconstructive Surgery***



FIRST, A THANK-YOU

- *Appreciation for Platform to Inform ~
Background*
- *What Experience Has Taught Me ~
Increased Need for All Non-surgical Options
Pelvic Floor Stimulation not utilized as often, yet very effective*

A LITTLE ABOUT MYSELF & MY DESIRE TO IMPROVE PELVIC FLOOR HEALTH



- ❓ I began working in the field of Urogynecology as a Nurse Case Manager in 1995 at the newly opened Continence Center at UNMC
- ❓ Developed a passion for the field of Urogynecology and graduated with my Master's in Women's Health in 2004 and my DNP in 2017
- ❓ Currently am Assistant Professor & Co-Director of the Women's Health Nurse Practitioner Program, UNMC College of Nursing
- ❓ Continue to Practice in Urogynecology
- ❓ Promoter of Non-surgical Options & Pelvic Floor Health Promotion

OBJECTIVES

Define	Pelvic Floor Disorders and Prevalence
Discuss	Risk Factors & Current Gap in Women's Health Care
Explain	Mechanism of action of Pelvic Floor Electrical Stimulation
Discuss	Benefits for Patients/Facilities/Community

PELVIC FLOOR DISORDERS

Encompass wide array of diagnoses caused by weak pelvic musculature

Urinary incontinence

- Recent study demonstrated 61.8% of women had UI (Patel et al., 2022)
- 57% of first-time mothers developed UI 6 weeks to 1 year postpartum

Pelvic Organ Prolapse

- 41-50% women will develop POP over their lifetime

Sexual Dysfunction

- Incidence of Sexual dysfunction in women with PFD is 50-83% (Veeter et al., 2019)

Fecal Incontinence

- 1 in 10 women aged 25 years, and 2 in 10 women by age 60 years (Veeter et al., 2019)

WHO IS AT RISK?



- Vaginal deliveries
- Number of deliveries
- Previous hysterectomy
- Menopause
- Obesity
- Diabetes Mellitus
- Lung Disease
- Chronic constipation
- Heavy Lifting Jobs

CURRENT PRACTICE EMPHASIS & RESEARCH PROMOTES PELVIC FLOOR HEALTH PROMOTION & EARLY TREATMENT

- ❑ **Numerous Professional Organizations Emphasize Pelvic Floor Health Promotion & Prevention of PFDs**
 - ❑ *National Institutes of Health (2018)*
 - ❑ *International Consultation on Incontinence (2018)*
 - ❑ *Agency for Healthcare Research & Quality (2021)*
 - ❑ *National Institute for Health and Care Excellence (2021)*
 - ❑ *The Royal College of Obstetricians & Gynecologists (2016)*
 - ❑ *American Urogynecological Society (2020)*
- ❑ **Prevention & first line therapies have shown significant positive results**
 - ❑ *Successful prevention of PFD*
 - ❑ *Decreased Severity of PFD*
 - ❑ *Increased Quality of Life*

NICE GUIDELINES FOR PREVENTION & CURRICULUM OF PELVIC MUSCLE EXERCISES - 2021



- Developed guidelines to prevent pelvic floor dysfunction
- Recommends Antepartum & Postpartum pelvic muscle exercises
 - Supervised program instructing women on proper technique
 - 3-month program with trained professional in pelvic floor health

WHERE IS THE U.S. AT WITH CURRENT RESEARCH?

Focus is still on Tertiary Care

Often not screened, even at high-risk times

Women continue to feel embarrassment or shame due to misconceptions

U.K. provides 10 office pelvic floor biofeedback & pelvic floor stimulation session as part of STANDARD postpartum care (Royal College of Obstetricians, 2016)

MUCH room for improvement in U.S. in our current system



ROLE OF PELVIC FLOOR STIMULATION



PART OF COMPREHENSIVE CARE FOR PELVIC FLOOR DISORDERS

Pelvic Floor Muscle Exercises

Behavioral Techniques

Lifestyle Modifications

Pelvic Floor Biofeedback & Stimulation

Pessary Use

Medication Management

Sacral Neuromodulation

Botox bladder injections

Periurethral Bulking agents

Surgical Interventions

SO, WHAT IS PELVIC FLOOR STIMULATION?

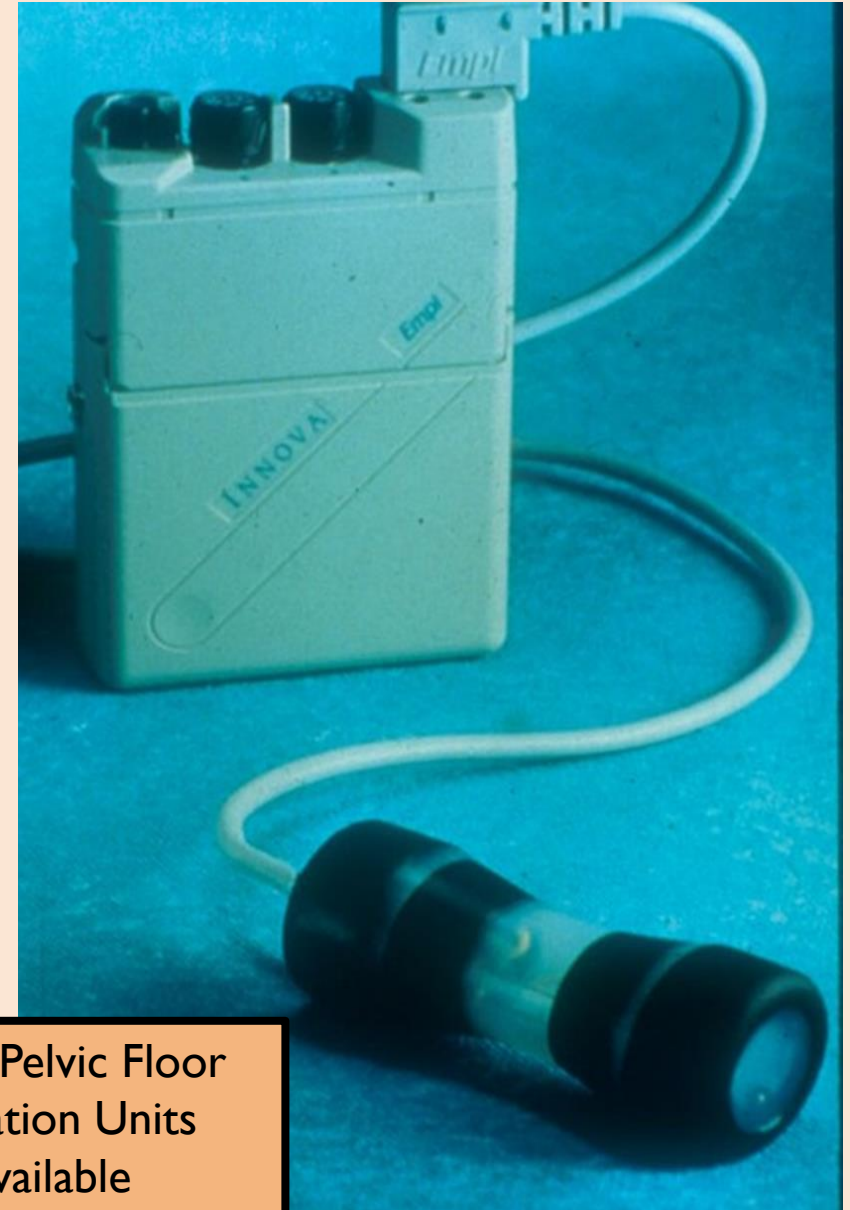
- Often part of a complete Pelvic Floor Rehabilitation Program; however not performed as often as Pelvic Floor Biofeedback.
- Vaginal probe delivers variable rates of current to pelvic floor musculature
- Induces skeletal muscle training and recruitment of muscles to increase muscle mass and tone
- Activates a bladder inhibition reflex to prevent bladder urges.
- Assists with muscle identification
- Increases sensory awareness of what pelvic floor muscles are to progress to performing pelvic muscle exercises on own and when needed.



WHICH PELVIC FLOOR DISORDERS CAN IT TREAT?

Action:

- **Urinary Incontinence:** Increases muscle mass & tone and provides an inhibitory reflex to bladder
- **Pelvic Organ Prolapse:** increased muscle mass provides support to eliminate symptoms
- **Sexuality:** Increases proprioception during intercourse for both men and women
- **Fecal Incontinence, Flatulence:** Improves anal sphincter tone to reduce or eliminate episodes



Home Pelvic Floor
Stimulation Units
Also Available

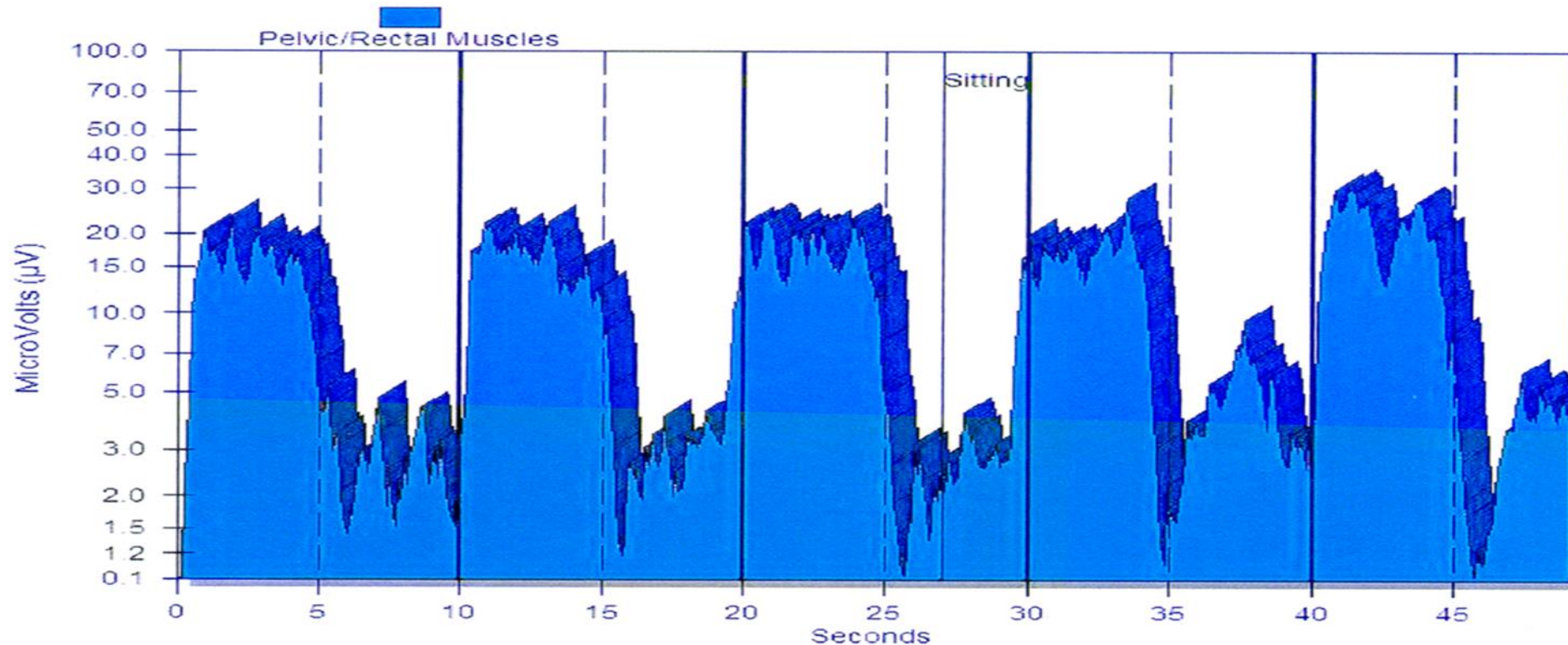
WHO IS AN APPROPRIATE CANDIDATE?

- **Any women with PFD**
- **Diagnosed weak pelvic floor strength on physical exam**
- **Women who are unable to contract effectively on their own**
- **Inability to be coached on proper contraction technique**

MANUAL MUSCLE TEST

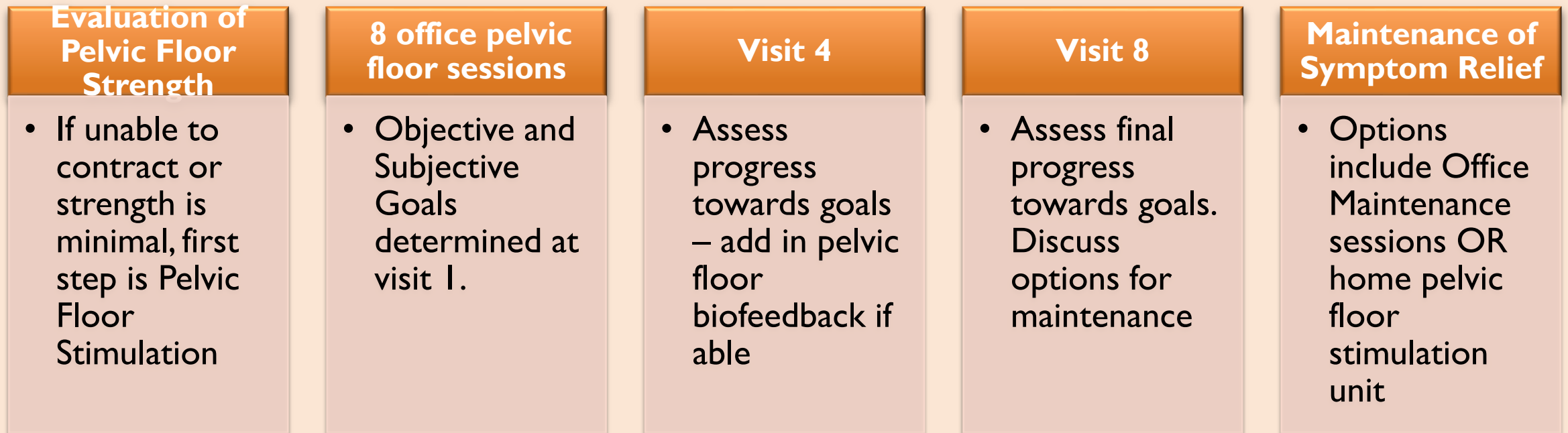
0/5 No contraction	1/5 Flicker	2/5 Weak squeeze, no lift
3/5 Fair squeeze, Definite lift	4/5 Good squeeze, Good lift & able to hold & repeat	5/5 Strong squeeze, Long hold with Many reps

PELVIC FLOOR BIOFEEDBACK



Beneficial for those who have developed pelvic floor strength

TYPICAL COURSE OF PELVIC FLOOR STIMULATION THERAPY





ROLE OF APPS AND IMPLEMENTATION OF SERVICE



NEBRASKA POPULATION AT A GLANCE

- Total Population: 1,960,790 people
- 66% of the population lives in rural communities
- 89% of Nebraska cities have less than 3,000 people with hundreds of towns having less than 1,000 people
- 75.3% are aged 18 and over with a median age of 36.2 years
- Female Gender accounts for 50.3% of the population

U.S. Census Bureau, 2020

HUGE OPPORTUNITY FOR RURAL NEBRASKA & ADVANCED PRACTICE PROVIDERS

- **Total of 5 Urogynecologists in Nebraska – all with main location in Omaha**
- **According to American Urological Association, Nebraska is a “Urology” Desert with 3.46 Urologists for every 100,000 people which is below the national average (Nebraska ranks 38th in Nation)**
- **Even though the # of Urogynecologists are projected to increase, the physician – patient ratio will remain steady at its current level (Brueseke et al., 2016).**
- **According to U.S. Census Bureau, by 2030, there will be a 35% increased demand for care for women with PFDs**



APP'S IN PRIME POSITION TO IMPLEMENT

DRIVERS OF SCREENING PROCESS

- **IMPLEMENT SCREENING QUESTIONNAIRE**
 - **MESA QUESTIONNAIRE**
 - **QUALITY OF LIFE QUESTIONNAIRE**

INITIAL ASSESSMENT

- **INITIAL EVALUATION INCLUDES**
 - **UROGYNECOLOGY FOCUSED HISTORY & PHYSICAL**
 - **PELVIC FLOOR STRENGTH**
 - **PELVIC ORGAN PROLAPSE**
 - **POST-VOID RESIDUAL**
 - **URINALYSIS**

**ADDRESSES 2021 MIPS QUALITY MEASURES FOR
URINARY INCONTINENCE**

POTENTIAL IMPACT

Patient Volume in Waiting Rooms!

Address 2021 MIPS Measure for UI with Screening & Evaluation Process

Improve Patient Care Outcomes & Value Based Care



SMALL INVESTMENT = LARGE IMPACT FINANCIAL

COST OF IMPLEMENTATION

Supplies	Cost
Pelvic Floor Biofeedback & Stimulation Unit	\$7,500.00
Vaginal Probes (EO740) single use probe	\$ 48.00/probe (billed to patient)
APP FTE (estimated at .1-.2/week)	\$ Dependent upon Facility & Salary

CPT CODING AND REIMBURSEMENT

CPT Codes	Reimbursement
E/M 99214 x 3 visits	\$255.00 each
E/M 99213 x 5 visits	\$160.00 each
97032 x 16 (30- minute PFS/visit)	\$ 49.40 x 2 = \$98.80/visit

***Complete Provision of PFES Service =
\$2,355.00 OR \$294.00/visit***

SMALL
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=
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ROI EXAMPLE

- Profit Margin \$200.00/visit
- If 1 patient presented twice weekly, or 2 patients presented 1x/week ~ Investment of Unit would be covered in 6 mos.
- If only 1 visit per week ~ Investment of Unit would be covered in 1 year
- ROI would be 100% at 1 year with very low patient volume
- Normal Life of Unit ~ 7 years.
- Total Profit would be ~ \$40k to \$50k with ONLY 7 women annually

SMALL INVESTMENT = LARGE IMPACT

PATIENT CARE OUTCOMES

- *Empower Women with Education*
- *Increase Self-Efficacy of Performing Pelvic Floor Muscle Exercises*
- *Successful Prevention of Pelvic Floor Disorders*
- *Decrease Severity of Pelvic Floor Disorders*
- *Increase Quality of Life*

FACILITY BENEFITS

- *Increased Patient Satisfaction*
- *Increased Continuity of Care*
- *Increased Reputation within Community*
- *Decreased need for Outside Referrals*

THANK-YOU FOR
YOUR TIME!

A photograph of a hand in a dark suit sleeve writing the words "ANY QUESTIONS?" in white chalk on a dark chalkboard. The text is written in a bold, sans-serif font. The hand is positioned on the right side of the frame, with the chalk tip touching the end of the question mark.

ANY
QUESTIONS?

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