

REDUCING WAIT TIMES FOR PROLAPSE AND INCONTINENCE PATIENTS

A Shared Care Project

Project Overview

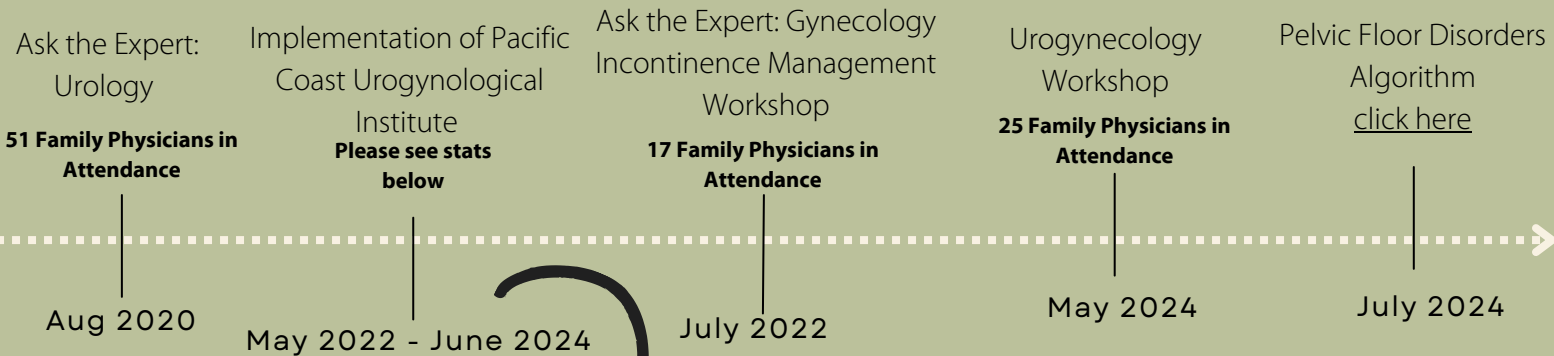
Problem: Average wait times were up to 23 months to see a urogynecologist.

Project Aim: Reduce wait times for prolapse and incontinence patients.

Project Leads: Dr. Sanja Matic (Family Physician) and Dr. Sara Houlihan (Urogynecologist)

Target population: Patients with pelvic floor disorders awaiting treatment, local FPs and Urogynecologists in the FNW

Key Project Activities



CLINIC STATS MAY 2022 - JUNE 2024

102 Patients seen

16 Clinic days

46 Received Follow Up Care

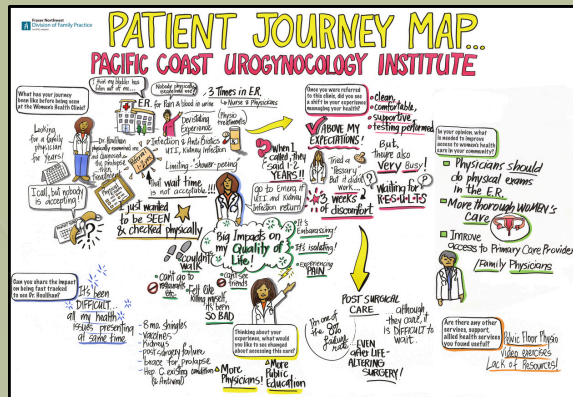
What is the clinic model?

Clinics days are held by a specialized FP with focused expertise in women's pelvic medicine, who provides expedited care for women's pelvic health concerns. For urgent cases, the specialized FP will triage patients directly to the Urogynecologist. These were held at the Pacific Coast Urogynecology Institute (PCUI) in New Westminster.

Patient Satisfaction Survey (n= 41)

- 85.6% (n=16) of patients were satisfied with length of time it took to get an appointment
- 99% (n=21) of patients were satisfied with the overall care received at the PCUI

Patient Journey Map - Pacific Coast Urogynecology Institute
April 2022



Scan here
or
[Click here](#) for full resolution image of the Journey Map

Lessons Learned: What Worked Well?



The project successfully reduced average wait time to 4.9 months by utilizing FPs to provide timely care, expedite conservative management for non-surgical candidates and fast-racked complex cases to urogynecologist.



Education sessions and knowledge sharing with community Primary Care Providers (PCPs) improved referral accuracy and symptom identification and enabling better triaging.



Patients improved in prolapse and incontinence symptoms, with modest quality of life gains (PFDI-20: 9 points, PFIQ-7: 11%) and global health (EQ-5D-5L), though some results were below clinical significance, and anxiety/depression showed no change.



Cross-collaborative effort with physicians and clinic staff (e.g. MOA supports) and utilization of existing resources to host clinic days.

Challenges & Gaps

- A lack of clinic space, resulting in limited space for physician recruitment
- The new LFP payment model has caused billing challenges, leading to reduced compensation due to limits on billing patients outside the physician's regular patient panel
- Additional administrative supports to educate patients of the pilot project was needed, outside of appointment times with the provider
- Time constraints resulted in inability to host community education session for local patients with pelvic floor disorders

Next Steps & Opportunities

- Identify alternative billing solutions or adjust clinic operations to address billing challenges
- Sustain and annually update the Pelvic Floor Disorders algorithm through Pathways to ensure continued relevance and accessibility of the resource
- Provide ongoing education for PCP's and integrate pelvic floor disorders into medical school and residency curriculums
- Enhance patient education to reduce stigma, raise awareness of symptoms, and promote available treatment options

[Scan or click here for the full final report](#)

