05 An evidence-based pelvic organ prolapse care pathway optimizes shared decision making between patients and surgeons

L. Caldwell 1, A. E. Papermaster 1, G. E. Halder 1, A. B. White 1, A. Young 1, R. G. Rogers 2

1University of Texas at Austin Dell Medical School, Austin, TX, 2Albany Medical Center, Albany, NY

OBJECTIVES: Pelvic organ prolapse (POP) is common, with estimates that up to 4.9 million women will be diagnosed with POP by 2050. Evidence-based care pathways improve care standardization and patient outcomes. We created a standardized POP care pathway as a decision aid for our care team as a component of value-based care.

MATERIALS AND METHODS: Using a modified Delphi process, a multidisciplinary expert team reviewed existing guidelines and literature for POP diagnosis and treatment to reach consensus on care pathway definitions and components.

RESULTS: Our POP care pathway is seen in Figure 1. Entry occurs via an advanced practice provider (APPs) visit. Symptom and quality of life questionnaires as well as open-ended patient goals are used to guide patient-provider shared decision making. Initial evaluation includes measurement of post-void residual (PVR) and Pelvic Organ Prolapse Quantification (POP-Q) examination. Treatment choices of observation, pessary, pelvic floor physical therapy (PFPT) and surgery are presented to patients by APPs. Observation is offered for patients with normal PVR or less than Stage 3 POP. If POP is Stage 3 or 4, renal ultrasound and measurement of blood urea nitrogen and creatinine are recommended. Patients electing non-surgical management follow up by telehealth (preferred) or in-person visits as illustrated in Figure 1. Surgeon consultations are scheduled for patients desiring surgery. Surgical patients undergo urodynamics (UDS) or simple cystometries (SC) according to the UDS clinical pathway (Figure 2). SC is performed for patients with prolapse only, or prolapse with stress incontinence or mixed incontinence (MUI) with mild urge. UDS is ordered for patients with MUI with predominant or moderate urge. Postoperative follow up includes telehealth visits and minimizes in-person visits for women with uncomplicated postoperative courses. Patients with resolution of prolapse symptoms are graduated from clinic and return to their referring physician. The pathway is revised following publication of new compelling evidence.

CONCLUSION: We developed a POP care pathway to standardize care across a diverse provider group. APPs use this care pathway as a shared decision making tool for initial evaluation of patients with POP. This pathway serves as a component of value-based care and encourages team members to function at the top of their license (Figure 1).

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Lauren Caldwell: Nothing to disclose; Amy E. Papermaster: Nothing to disclose; Gabriela E. Halder: Nothing to disclose; Amanda B. White: Nothing to disclose; Rebecca G. Rogers: Nothing to disclose.

06 A systematic review of validity evidence for the fundamentals of laparoscopic surgery (FLS) exam in gynecology

V. Lerner 1, C. Destephano 1,2, A. Ulrich 1,3, E. Han 1,4, E. LeClaire 5, G. Chen 6

1Albert Einstein College of Medicine Montefiore Medical Center, NY, NY, 2Department of Obstetrics & Gynecology, Mayo Clinic, Jacksonville, FL, 3Department of Obstetrics & Gynecology, University of Connecticut Health Center, Farmington, CT, 4Department of Obstetrics & Gynecology, Columbia University Medical Center, NY, NY, 5University of Oklahoma Health Sciences Center, Oklahoma City, OK, 6Department of Gynecology and Obstetrics, Johns Hopkins University, Baltimore, MD

OBJECTIVES: FLS (Fundamentals in Laparoscopic Surgery) is a test and a curriculum to test and teach laparoscopic surgery skills. Our