

Transcript Details

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How to Start a Pelvic Health Program

Announcer:

This is Partners in Practice, a weekly series dedicated to the evolving field of the advanced practice clinician. Here is your host, Nurse Practitioner Mimi Secor.

Mimi Secor, NP:

Hi. I'm Mimi Secor, nurse practitioner, ReachMD radio host and with me today is a very special guest, Nurse Practitioner Helen Carcio. Welcome Helen.

Helen Carcio, NP:

Well thank you, Mimi. I'm delighted to be here with you and with ReachMD.

Mimi Secor, NP:

Well Helen, I know you're an expert in overactive bladder, incontinence care, and pelvic health, and I also know you're an entrepreneur, and you are the founder and director of the Continence Center of New England in South Deerfield, Massachusetts.

Helen Carcio, NP:

Correct.

Mimi Secor, NP:

And I have learned so much from you over the years and I'm thrilled you're here with us today to talk more about this very important, underappreciated topic. So welcome, Helen.

Helen Carcio, NP:

Thank you very much, Mimi.

Mimi Secor, NP:

So what are some of the statistics related to this problem?

Helen Carcio, NP:

Well they are very surprising, they're shocking. Across the country there's 22 million individuals who have some form of a bladder problem, and 75 percent of them are women which I'm sure isn't a surprise to you at all, but the amazing thing is that only 50 percent of them will even talk about it to their providers.

Mimi Secor, NP:

Now Helen, that's shocking.

Helen Carcio, NP:

I know.

Mimi Secor, NP:

Do you think it's a little bit different for nurse practitioners? Do you think they open up a little bit more with us?

Helen Carcio, NP:

Well that's why I feel the nurse practitioner is ideal for this situation. They are kind and caring as all providers are, but they also seem to have more of a focus on education and plus they love promoting wellness, and we're going to talk more later about a holistic approach

that I advocate.

Mimi Secor, NP:

Yes. Yes. I think that is what's so unique about us as nurse practitioners, combining the best of nursing and medicine and one of those aspects is really patient education and empowerment.

Helen Carcio, NP:

Exactly.

Mimi Secor, NP:

I know you're hugely passionate about this subject.

Helen Carcio, NP:

I am.

Mimi Secor, NP:

And where does that come from?

Helen Carcio, NP:

Well I'm really glad you asked that, Mimi. I was raised with an Irish grandmother who had 12 kids and she lived with my family, and she leaked urine all of the time, and it was almost to the point that I was embarrassed to bring people to my home because the house, the cushions smelled of urine, and I see her face in every single woman that I sit across from, and I'm saying here's to you, Grandma Kelly, I'm going to help you get better through them.

Mimi Secor, NP:

Wow. That's very special, Helen.

Helen Carcio, NP:

Thank you.

Mimi Secor, NP:

Talk about a memory. Those sensory memories are just so powerful.

Helen Carcio, NP:

That's right.

Mimi Secor, NP:

What is this pelvic health that you now are talking about in relation to the bladder issues?

Helen Carcio, NP:

Well it's an old term with a new kind of glint, and it used to be called incontinence which is a negative image, then it went to continence but that was maybe too focused, so now we call it pelvic health and wellness, and pelvic health means any organ in the pelvis but where we're particularly focusing on is the bladder and the pelvic floor muscle. So it's a whole new concept with a positive glint to it.

Mimi Secor, NP:

I like that. Incontinence is certainly very negative.

Helen Carcio, NP:

It is. And plus, women don't understand what it is.

Mimi Secor, NP:

Absolutely. But they know their pelvis.

Helen Carcio, NP:

They know their pelvis.

Mimi Secor, NP:

And what is pelvic floor rehabilitation?

Helen Carcio, NP:

Pelvic floor rehabilitation is part of a program, part of a pelvic wellness program and a lot of people think it's just physical therapy but it is physical therapy, we're teaching how to do exercises of the pelvic floor muscle, but it's using something called biofeedback, electrical stimulation, working on that all important levator muscle which goes from your pubic bone to your sacrum.

Mimi Secor, NP:

You call that the sling muscle, don't you?

Helen Carcio, NP:

It is like a sling. It's a big trampoline and when you cough things bounce off and if your trampoline doesn't hold things up you're going to leak.

Mimi Secor, NP:

Well that's certainly a problem, as we know, and how common is this problem, Helen?

Helen Carcio, NP:

It's extremely common and we are all, as I'm reminded every day when I look in the mirror, we're all aging and sagging. The baby boomers born in 1946 to '64 are now approaching their seventies, so it's going to be the big problem of tomorrow. It's going to increase by sixty percent in the next ten years.

Mimi Secor, NP:

That number is really frightening.

Helen Carcio, NP:

Staggering.

Mimi Secor, NP:

And another reason why I think it's so important for nurse practitioners and other advanced practice clinicians to really get on board with this information. So thank you for being here, Helen. Why do you think nurse practitioners offer such a potentially unique approach in dealing with this?

Helen Carcio, NP:

Well as I said, it's their genre, it's their niche. Lack of available services will open doors for them. They're going to fill a need because physicians care but they are very busy with their practices so it's a really nice role as an adjunct whether they're an intrapreneur or an entrepreneur.

Mimi Secor, NP:

Well I think you need to clarify those terminologies.

Helen Carcio, NP:

Well an intrapreneur, as we don't hear that much as we know about the entrepreneur, but an intrapreneur is someone who has an idea, and like many of you listening they might be in a private physician practice or might be employed by a hospital, and they say, "Wow. What I'd love to do is bring to this community access to healthcare and I'd like to set up a pelvic health program," and then they go through the appropriate people. The problem that I would warn them about is make sure nobody steals your idea and also sometimes you can't teach old dogs new tricks, but that's why we always talk about there actually can be a lucrative business line.

Now briefly, on the other hand we have the entrepreneur who as we all know is someone who comes up with an idea, she's more independent, and she'll set up these programs independently.

Mimi Secor, NP:

Like you.

Helen Carcio, NP:

Like me. She has to worry about financial backing and all of those things.

Mimi Secor, NP:

Because right now you're helping people launch programs all over the country through your programs that you offer.

Helen Carcio, NP:

I am. I am. I've been doing this for about twelve years and set up hundreds of people both with physicians and with the advanced practice clinician.

Mimi Secor, NP:

Awesome. We'll talk more about how people can get connected with you at the end of the program. How do you think the new codes will affect this area of pelvic health?

Helen Carcio, NP:

Well that question is being asked all over the medical and nursing world. The new ICD-10 codes are out. They've been put off for a little while but I've done a lot of research and as far as working with the pelvic health program, it's procedurally based. We use some physical therapy codes, but we talk to women about their constipation, etcetera, etcetera. So I don't feel that the impact is going to be there which is really good news for us.

Mimi Secor, NP:

That's better than good news because people are very fearful of the rollout of these news codes.

Helen Carcio, NP:

They are.

Mimi Secor, NP:

And also with the cuts in Medicare.

Helen Carcio, NP:

Yes.

Mimi Secor, NP:

What do you think about those cuts in Medicare in terms of the impact on this subject?

Helen Carcio, NP:

At this point there is, as far as my research goes, there is not going to be any impact. Why Medicare reimburses a pelvic wellness program so well is that as I said, it's procedurally based and it's keeping women out of the OR and keeping them from getting decubitus ulcers when they're 95 years old.

Mimi Secor, NP:

And falling down and breaking their hips because they slipped in their urine.

Helen Carcio, NP:

And slipped in their urine or slipped in the middle of the night trying to get to the bathroom. It's 50 percent reason why women get into nursing homes, because of that exact thing, Mimi.

Mimi Secor, NP:

Fifty percent. Oh my gosh.

Helen Carcio, NP:

And half of them never come out. So it's huge.

Mimi Secor, NP:

We know that. We certainly know that. Wow. What do you think some of the barriers are going to be to setting up these programs?

Helen Carcio, NP:

For the nurse practitioner there are some. When I first started out a huge barrier was being by myself. What would the community think of the nurse practitioner role? What would the community think of what we were doing? What would physicians think about what we were doing? How would I get the money? How would I find the space? And one of the things that really surprised me was that I was lonely. I was all by myself in the center and it was very difficult but I've made sure that everybody knows these barriers before they begin. So they are surmountable, is the other thing.

Mimi Secor, NP:

From the programs that I've been to that you've offered it's really great how you do point out some of these aspects that clinicians have to think about. What does a typical visit involve?

Helen Carcio, NP:

Well it involves a lot. I end up using five or six codes for that one visit which also is why you're able to be reimbursed so well. But they will come in and I'll just say this very briefly, I will do an assessment of the pelvic floor, the big thing is I will put my fingers at two and five o'clock in the vagina and access their pelvic floor muscle which is the main thing that we're going to do. But my approach and the approach of most nurse practitioners is the holistic approach. So I'm going to ask when was your last mammogram, let's talk about vaginal estrogen, do you have dyspareunia, let's talk about obesity, do we want to have you lose weight, so we'll assess all these things, do you cough, do you strain having a bowel movement, people never talk, women, how to have a bowel movement. We push instead of relax.

Mimi Secor, NP:

Isn't that...I learned that from you, Helen. Nobody teaches women or anyone how to have a bowel movement.

Helen Carcio, NP:

And men are instinctively born with knowing how to go to the bathroom and relax and read the paper.

Mimi Secor, NP:

Very good point. Field and Stream or Playboy.

Helen Carcio, NP:

Boston Redsox.

Mimi Secor, NP:

Oh yeah. Definitely. Well there has to be humor involved.

Helen Carcio, NP:

There is.

Mimi Secor, NP:

I suppose that's a good way to test for incontinence.

Helen Carcio, NP:

Have them laugh. And that's one of my mottos. Leak less and laugh more.

Mimi Secor, NP:

I love your mottos. Fantastic. What equipment do people need if they're really thinking about getting into this kind of program?

Helen Carcio, NP:

It's very cost effective. There's a very good return on investment. So there is the biofeedback, EMG machine which is between 25 hundred and five thousand dollars, and then they need some electrical stimulation unit to do. So other than that, except for having to buy pessaries, it's excellent. So basically you can set up a program for less than six thousand dollars.

Mimi Secor, NP:

Now that's good news. That is a number that people can really wrap their brains around.

Helen Carcio, NP:

Absolutely.

Mimi Secor, NP:

Whereas five years ago wasn't it much higher than that?

Helen Carcio, NP:

It was seven to eight.

Mimi Secor, NP:

And five years before that, wasn't it a lot higher than that?

Helen Carcio, NP:

Twenty, twenty-two to twenty-five.

Mimi Secor, NP:

Yeah. That's what I'm remembering.

Helen Carcio, NP:

Just like TVs.

Mimi Secor, NP:

Yeah. All right. A flat screen biofeedback machine.

Helen Carcio, NP:

We do use a flat screen, touch tone.

Mimi Secor, NP:

Right on. Right on. So what are some additional advantages of this pelvic wellness program?

Helen Carcio, NP:

It's far reaching and I think the most important is the community. Most pelvic wellness centers that I set up are the only centers in the community and you're providing local access to care for these women. Plus the person who runs the pelvic wellness program goes out into the community and one of the things I'm proudest of is going to a senior center, recruiting a woman to the pelvic wellness program, we found blood in her urine, she had advanced cancer and because we brought her into the system, it's an access to the healthcare system, it's a portal, and we saved her life.

Mimi Secor, NP:

Awesome.

Helen Carcio, NP:

So it's really good for the community, it's good for the women, and it's good for the providers that they have now an articulate, excellent program to refer their women to and it makes them look good if they're helping their patients.

Mimi Secor, NP:

Wow. So how are you reaching out to make this more available to other clinicians right now, Helen?

Helen Carcio, NP:

So what I'm going is I have templates that have lots of community PowerPoint presentations. I have educational forms. I go to the Curves. I want us to be the Curves of continence and I have a little thing in the bathroom that says, "If you're wet and it's not sweat call the Pelvic Wellness Center."

Mimi Secor, NP:

Oh. I love that. Fantastic. Well Helen, you're very witty, you're brilliant, we're thrilled that you are here today with us to talk about your exciting new programs. How will people get more information about yourself and your programs?

Helen Carcio, NP:

They can go to my website which is www.bladderhealthcenter.com, and I have all my articles, all my hints, how to sign up for my courses, and they can take any information they want for their own. They don't even have to take the course. I'm willing to help them no matter what.

Mimi Secor, NP:

I know. You've helped me so much over the years and you're a great mentor, friend, I appreciate you being here today.

Helen Carcio, NP:

Same here.

Mimi Secor, NP:

Anything else you'd like to share with our listeners?

Helen Carcio, NP:

No. I'd particularly like to thank ReachMD. It's the second interview that I've done with them and I had a great response when I did it. So this type of thing, advocating the nurse practitioners as being part of the new services of tomorrow for all these aging baby boomers is just great.

Mimi Secor, NP:

Well thank you again, Helen, and have a great convention here at ACOG.

Helen Carcio, NP:

Thank you.

Announcer:

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