Supporting severe and/or complex menopause

Organisational models

This document provides decision-makers with options to provide care in different service delivery settings for people experiencing severe and/or complex menopause. Together with the Clinical Priorities for Supporting Severe and/or Complex Menopause, these organisational models are informed by the latest evidence about best clinical care; the effectiveness of different delivery models; current service delivery levels; and the experiences of clinicians and patients.

Improving key priority areas

Awareness and capability building in primary care

Care providers are skilled and supported to manage severe and/or complex menopause.

Holistic assessment

Comprehensive history incorporates physical and psychosocial elements.

Clear referral pathways to menopause services

Identifiable pathways for referrals to services enable timely triage and care coordination.

Moving to team-based care

With the patient as partner, coordinated treatment is planned with a multidisciplinary team.

What matters to consumers?

- Access to well-informed, supportive primary care for advice to optimise their menopause transition and the years beyond.[1]
- An individualised approach to assessment and advice factoring in lifestyle, diet and the role of menopause hormone therapy.
- Referral to specialist menopause care when appropriate.
- Support in the workplace.[2,3]
- Multidisciplinary team care; in particular, psychosocial support, when required.
- Recognition of impact upon intimate relationships.
- Resources for family and carers.

Principles of care

- Whole-of-person individualised assessment with a trauma-informed approach using patient-reported outcome measures.
- Using shared decision making to develop a multidisciplinary personalised management plan to determine the most appropriate therapeutic intervention that considers benefits, risks and personal needs.
- Health equity incorporating cultural and gender diversity, living conditions, affordability of health care[4] and flexible service delivery, including virtual care.[5]

NSW GOVERNMENT | AGENCY FOR CLINICAL INNOVATION

Published March 2024. Next review 2029.
ACI/D23/4014 | SHPN (ACI) 240088 [ACI_9237]

The following organisational models include a network of referral sites and four statewide hub services enabling access to an escalation pathway for specialist care based on individual needs.

Model 1: General practice shared care

Most people will be effectively managed via this model. General practitioners (GPs) manage menopause care as part of their usual practice. For severe and complex symptoms, this model involves shared care with hospital, community and allied health services and partnerships between local GPs, pharmacies, multidisciplinary teams and the primary health network (PHN).

Why use this model?

- Supportive, local practice familiar with patient's medical history and psychosocial environment
- Increases menopause skills among GPs and facilitates cost efficiencies
- Uses established relationships with practice nurses, community nursing, allied health and pharmacies

If you choose this, then...

- Build capability in primary care settings through shared care
- Identify clear referral pathways for escalation to menopause specialist care
- Establish partnerships between local teams and the PHN

Model 2: Menopause networked referral sites

This model is well suited to regional and rural settings, or where there is limited access to clinicians who specialise in menopause management. A coordinator leads the referral site service, provides clinical triage and assists a person to navigate care locally and within the hub. Referrals can be made for additional nursing, allied health or medical specialist menopause care at a menopause hub.

Why use this model?

- Provides patients with a care coordinator for local clinical management and access to services close to home
- Supports an escalation pathway to specialist care and is simple to set up

If you choose this, then...

- Plan and set up referral pathways to hub services for specialist menopause medical, nursing and allied healthcare
- Establish strong relationships with other care providers, such as local GPs, the PHN, women's health centres and Aboriginal community controlled health organisations (ACCHOs)
- Establish communication processes with the hubs using case conferences and agreed documentation processes
- Enhance face-to-face services by incorporating virtual care modalities

Model 3: Menopause hub

This model provides ready access to a multidisciplinary team inclusive of medical specialists, nursing and allied health to support shared care. A coordinator provides clinical triage and assists navigation of multidisciplinary care within the hub.

Why use this model?

- Ensures specialist menopause care is as close to home as possible
- Maximises benefits of multidisciplinary care to improve patient outcomes across all models
- Provides a collaborative team environment for consumers and clinicians

If you choose this, then...

- Establish strong relationships with other care providers, such as GPs, the PHN, women's health centres and ACCHOs
- Ensure sufficient clinic time, technologies, space and support is available
- Establish communication processes with networked referral sites using case conferences and documentation
- Enhance face-to-face services by incorporating virtual care

References

1. British Menopause Society. Menopause: Guidance for Practice Top Ten Tips. UK: Feb 2022 [cited 30 Jun 2023].
2. United Kingdom Government. Menopause and the Workplace: How to enable fulfilling working lives: government response. UK; 18 Jul 2022 [cited 30 Jun 2023].
3. Australasian Menopause Society. Menopause and the Workplace. Aus: Nov 2022 [cited 30 Jun 2023].
4. Cortés YI, Marginean V. Key factors in menopause health disparities and inequities: Beyond race and ethnicity. Curr Opin Endocr Metab Res. 2022;26.
5. NSW Agency for Clinical Innovation. Key principles of virtual care. Sydney: 2023 [cited 30 Jun 2023].