



Peri/Menopause

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:

Each year, about 1.3 million individuals enter menopause, yet over one-third with symptoms go undiagnosed. Fewer than 20% are identified before menopause, with rural residents facing greater barriers to treatment.ⁱ
ⁱⁱSymptoms often affect daily life, and appropriate screening and management is crucial for long-term health. Whole-person care for the transition through menopause includes identifying peri/menopause early, addressing symptoms through hormonal and nonhormonal treatment, screening for and monitoring for whole-person midlife health, including cardiometabolic health, bone density, mental health concerns, urogenital and sexual health, thyroid and cancer screening, etc. Clear perimenopause and menopause care guidelines could improve outcomes and quality of life in Washington state.

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

☒ VARIATION IN CARE

☒ SAFETY CONCERNS

☒ HIGH COST AND POOR OUTCOMES

☒ EQUITY CONCERNS

PROPOSED SCOPE:

Scope: Consensus of best practices for patient and provider education, identification and diagnosis of menopause and perimenopause, and available symptom-driven treatments, Identification and implementation of quality measures for menopause care, Identifying employer policies that are menopause-friendly

Out of scope: Other reproductive health/women's health concerns or topics

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams: Appropriate screening based on symptoms, shared decision-making, diagnosis and available evidence-based symptom management, prevention of menopause-related conditions (e.g., osteoporosis)

Delivery Systems: Workforce training, Structured treatment approaches for menopause symptoms

Plans: Coverage of range of treatments for symptoms, screening/testing for common related concerns (e.g., osteoporosis) and prevention interventions, identifying quality measures linked to quality of menopause care

Purchasers: menopause-friendly employer policies (flexible work schedules, employee resource groups), benefit redesign to incent improved interventions for perimenopause/menopause related symptoms and conditions (e.g., osteoporosis)

AVAILABLE DATA FOR MONITORING AND EVALUATION:

Existing quality measure (e.g., osteoporosis screening and management (OMW), depression screening and follow up (DRE),

MsFLASH (menopause strategies: finding lasting answers for symptoms and health trials) from Fred Hutch/MsFLASH network)

POTENTIAL PARTNERS:

Department of Health, Health Care Authority, Microsoft, UW, patient advocacy organizations, Premera, OBCOAP, Washington Health Alliance, Fred Hutch MsFLASH Network

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

Bree could build consensus around evidence-based practices, to address knowledge/education gaps, standardizing quality measures relevant to menopause care, and promoting supportive employer practices, promote appropriate shared decision-making, and address roles and impacts across the healthcare ecosystem.

ⁱ Dwyer, E. R., Maki, P. M., Katz, R., Mallampalli, M. P., & Reed, S. D. (2025). Menopause symptom burden and management across rural, suburban, and urban settings in a U.S. population. *Menopause*, 32(1), 23–30.
<https://doi.org/10.1097/GME.0000000000002454>

ⁱⁱ Society for Women’s Health Research. (2024, February). Menopause fact sheet [PDF]. Retrieved July 7, 2025, from https://swhr.org/wp-content/uploads/2024/03/swhr_factsheet_menopause_rev_0222-1.pdf