



Polyendocrine Metabolic Ovarian Syndrome (PMOS)

“...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:

PMOS (formerly known as polycystic ovary syndrome or PCOS) affects 1 in 8 women worldwide, and is a endocrine condition characterized by a constellation of metabolic, reproductive, dermatological, and psychological symptoms. Individuals with PMOS experience delayed diagnosis, dissatisfaction with care, workplace impacts, worse healthcare outcomes, and increased healthcare-related cost.^{i, ii, iii, iv} New international consensus guidelines recommend a whole-person approach to diagnosis, longitudinal chronic condition risk reduction, symptom management, family planning, and coordination across primary care, gynecology, endocrinology, behavioral health, and other relevant specialties.

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

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| ☒ VARIATION IN CARE | ☒ SAFETY CONCERNS |
| ☒ HIGH COST AND POOR OUTCOMES | ☒ EQUITY CONCERNS |

PROPOSED SCOPE:

- Consensus best practices for education, recognition, and diagnosis across the lifespan, including appropriate use of diagnostic testing
- Individualized assessment and metabolic, reproductive, behavioral health, dermatologic and other symptoms
- Risk reduction and monitoring for long-term cardiometabolic and endometrial health
- Considerations for family planning
- Benefit design and workplace support for those experiencing symptoms related to PMOS
- Development of measurement framework for PMOS care

Out of scope: management of infertility or other gynecologic conditions; treatment protocols for related chronic conditions;

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams: Consistent diagnostic pathways relevant across the lifespan – avoid requiring ovarian morphology when other appropriate criteria are met; comprehensive assessment of metabolic, cardiovascular, sleep, behavioral health, and reproductive health and planning; longitudinal risk reduction and management

Delivery Systems: Build primary care capacity to manage those with PMOS, multidisciplinary referral and coordination, transition processes from adolescent to adult care

Plans: Address barriers to whole-person longitudinal risk reduction (e.g., cardiometabolic prevention), nutritional and behavioral health services; access to appropriate family planning services.

Purchasers: benefit design responsive to PMOS needs; workplace accommodation support; evidence-based fertility and behavioral health benefits

AVAILABLE DATA FOR MONITORING AND EVALUATION:

OBCOAP; CDC NATIONAL SURVEY OF FAMILY GROWTH

POTENTIAL PARTNERS:

DOH, HCA, Washington State Women’s Commission, WCAAP, WA ACOG

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

The Bree Collaborative, through an expert workgroup, could address a knowledge gap and variation in primary care, facilitate multidisciplinary healthcare teams for whole-person management, reduce diagnostic delays and unnecessary testing, reduce productivity loss, and align the healthcare ecosystem around comprehensive care across the lifespan for people living with PMOS.

ⁱ Gibson-Helm M, Teede H, Dunaif A, Dokras A. Delayed diagnosis and a lack of information associated with dissatisfaction in women with polycystic ovary syndrome. *J Clin Endo & Metab* 2017;102:604-12.

ⁱⁱ Dokras A, Saini S, Gibson-Helm M, Schulkin J, Cooney L, Teede H. Gaps in knowledge among physicians regarding diagnostic criteria and management of polycystic ovary syndrome. *Fertil Steril* 2017;107(6), 1380_6.e1.

ⁱⁱⁱ Huddleston, H. G., Milani, A., & Blank, R. (2024). Productivity loss due to polycystic ovary syndrome and its relationship to race, mental health and healthcare delivery indices. *F&S Reports*, 5(2), 157–163. <https://doi.org/10.1016/j.xfre.2024.02.004>

^{iv} Riestenberg, C., Jagasia, A., Markovic, D., Buyalos, R. P., & Azziz, R. (2022). Health care-related economic burden of polycystic ovary syndrome in the United States: Pregnancy-related and long-term health consequences. *The Journal of Clinical Endocrinology & Metabolism*, 107(2), 575–585. <https://doi.org/10.1210/clinem/dgab613>