**Gap Analysis**

GAP ANALYSIS: Addressing Sexual Health Side in Cancer Care

1. Do you currently have an Advanced Practice Provider with specialty knowledge related to sexual health side effects caused by cancer or its treatment? (YES or NO)
   1. If yes, does the provider have dedicated time for sexual health visits?
   2. How much dedicated time?
2. Do you currently have patient care team members trained in educating patients on sexual health concerns?

(YES or NO) If yes, please explain:

1. Do you currently have patient-facing educational content and resources related to common side effects and navigating intimacy during or after cancer therapy? (YES or NO) If yes, please explain:
2. Do you currently have access to supplies, samples, and other patient information on pharmaceutical products? (YES or NO) If yes, please explain:
3. Do you have a way to order products? (YES or NO)
4. Do you currently have a Uro-Oncology provider in your system, not embedded in your clinic, who will take patient referrals? (YES or NO) If not, do you have a Uro-Oncology provider outside your system who will take referrals? Explain:
5. Do you have a gynecology provider in your system, not embedded in your clinic, who will take patient referrals? (YES or NO) If not, do you have a gynecology provider outside your system who will take referrals? (Please explain)
6. Do you have a pelvic floor therapist trained in oncology care to refer patients to? (YES or NO) If yes, does your PT have cancer rehab experience?
7. Do you have mental health providers in your system, not embedded in your clinic, who will take patient referrals? (YES or NO) If not, do you have mental health providers outside your system who will take referrals? Explain:
8. Do you currently have a survivorship/supportive services administrator role responsible for rolling out programs? (YES or NO)
9. Do you want CoC Accreditation? (YES or NO)
10. Would you be interested in After Cancer assisting with one of the following standards?
    1. 4.8 Survivorship
    2. 7.3 Quality Improvement project to meet survivorship program accreditation.
    3. 7.4 Cancer Program Goal

Complete the above questionnaire and send your responses to [erin@aftercancer.co](mailto:erin@aftercancer.co). We will schedule a call to review your current state and put a training plan in place.

A close-up of a logo

AI-generated content may be incorrect.

Empowering Providers. Supporting Patients. Integrating Sexual Health into Cancer Care.