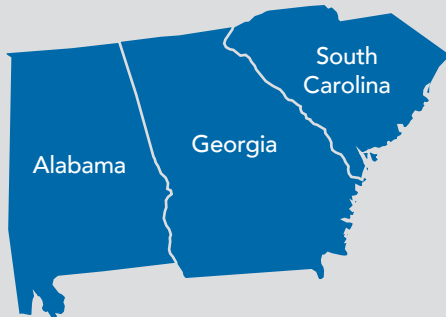


# Improving Primary Care Understanding of Resources and Screening for Urinary Incontinence to Enhance Treatment (PURSUIT)



## Lead organization

Veterans Affairs (VA) Health Care Systems in Birmingham and Atlanta, Birmingham/Atlanta Geriatric Research Education and Clinical Center (GRECC)

## Partner organizations

University of Alabama at Birmingham

Salt Lake City VA Medical Center

Emory University

VA Women's Health Practice based Research Network

VA Office of Women's Health

## Principal investigators

Alayne Markland, DO, MSc, Birmingham VA Health Care System

Camille P. Vaughan, MD, MS, Atlanta VA Health Care System and the Birmingham/Atlanta GRECC

## Geographic region

VA Integrated Services Network (VISN) 7; Alabama, Georgia, and South Carolina

## Project period

February 2022 – 2025

## Contact

**Email:** [vhabirpursuitstudy@va.gov](mailto:vhabirpursuitstudy@va.gov)

**Phone:** 205 558 7067

## Project Overview

This study focuses on improving access to standard of care urinary incontinence (UI) treatments in primary care practices in the VA Health Administration (VHA) healthcare system for women Veterans with UI. Using cluster randomization, the study will compare two models at the practice level: (1) the use of a practice facilitation toolkit with a mHealth UI modality alone and (2) the practice facilitation toolkit with a mHealth UI model combined with clinician expertise delivered via clinical video telehealth with a continence specialist. All primary care practices receive practice facilitation with a PURSUIT toolkit that includes (1) 1-3 visit with a practice facilitator; (2) mobile-health or mHealth application training; (3) online resource hub; and (4) health improvement technology assistance. Patient level outcomes related to UI symptom improvement will be compared. Patient and provider perceptions of factors that could influence future remote UI treatment scalability will also be assessed. PURSUIT's future goal is to disseminate the most effective modality for delivering nonsurgical UI treatment for women Veterans nationally within the VHA.

## Characteristics of the Primary Care Systems and Patients Served

PURSUIT aims to recruit 62 practices to participate in the implementation trial. Specifically, Community-Based Outpatient Clinics (CBOCs) from VA Integrated Service Network (VISN) 7 are being targeted, spanning the states of Alabama, Georgia, and South Carolina. The project focuses on VISN 7 CBOCs, serving at least 50 women Veterans with primary care services. Sites are recruited through connections with local women's health providers. The team estimates outreach to approximately 50,000 women Veterans and estimates that 30 percent (n=15,000) of these women will have UI symptoms, and, among those, 35 percent (n=2,500) will participate.

This project includes English-speaking, community-dwelling women Veterans 20 years or older with a diagnosis of UI (all types) and access to a mobile device. Women Veterans who are currently pregnant or less than 12 weeks postpartum and those planning to move out of the area within three months are excluded.

## Goal

The PURSUIT project aims to improve access to evidence-based nonsurgical UI treatment for women Veterans in the Southeast region of the United States using the most effective remote delivery modality.



## Aims

1. Compare two practice-level implementation models: the use of a toolkit with mHealth UI modality alone and the use of a toolkit with mHealth modality combined with education on clinical pathways for clinical care consultation with a continence specialist.
2. Compare patient-level outcomes related to UI symptom improvement.
3. Explore women Veterans' and providers' perceptions of key factors that may influence future remote UI treatment scalability for national dissemination across the VHA.

## Evaluation Overview

The PURSUIT project is using a Type 1 Hybrid Effectiveness-Implementation design to assess effectiveness of their mHealth intervention and use the RE-AIM framework to guide a practice level implementation approach. Variables to be assessed include diagnosis rates of UI and other symptoms and UI symptom improvement with the use of mHealth.

At the start of implementation, the clinical champion at the CBOCs completes a survey to capture baseline information at the CBOC. Workflow processes are stored and sent back to the CBOC every three months for updates, and facility-level reports from the data dashboard measure the degree of implementation, barriers, and facilitators. The data dashboard captures clinic-level outcomes that include diagnosis rates, adoption rates of provider usage of the toolkit (from baseline to post six months from baseline) and consultation rates (captured at three-, and six-months post baseline).

At approximately six months following the start of implementation at each of the sites, semi-structured telephone interviews are conducted with one member of the core implementation team. Site champions, providers (n=25-50), and patients (n=62-75) will be recruited to participate in 30-minute structured interviews on perceptions of key factors that may influence future remote UI treatment scalability for national dissemination across the VHA.

## Quick Numbers as of January 2024

Number of participating practices: **36**

Number of women reached/contacted: **15,260**

Number of women who completed screening: **1,142**

Proportion of women who screened positive for UI: **93.4%**

Women with UI who enrolled in the mHealth app: **969**

## Notable Features

- PURSUIT utilizes mHealth to connect patients with nonsurgical treatment options.
- Specific focus on Veteran women, a population increasing (and aging) within the VHA system and who may be at increased risk of UI due to exposures of military service including restricted toilet access, impact of heavy gear and equipment on the pelvic floor, and post-traumatic stress.

---

**“We are excited to embark on this project. We believe that facilitating implementation of nonsurgical incontinence treatments for busy primary care practices and the women Veterans they serve is an important first step in increasing access to initial incontinence care. Determining the keys to successful implementation of PURSUIT in this VHA region will inform reach and adoption across the VA healthcare system.”**

*Alayne Markland, DO, MSc  
Co-PI*

*Birmingham VA Health Care System and the  
Birmingham/Atlanta GRECC*

*Dr. E. Camille Vaughan, MD, MS  
Co-PI*

*Atlanta VA Health Care System and the Birmingham/  
Atlanta GRECC*

---