



EvidenceNOW

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

Improving Nonsurgical Management of Urinary Incontinence in Women

Friday, October 14, 2022

2:30pm – 4:00 pm ET /

11:30am – 1:00pm PT

Webinar Agenda

- Welcome
- The Challenge & Opportunity: Patient & Provider Perspectives
- Introduction to EvidenceNOW: Managing Urinary Incontinence (MUI)
- Grantee Project Overviews
- Q&A
- Closing



EvidenceNOW

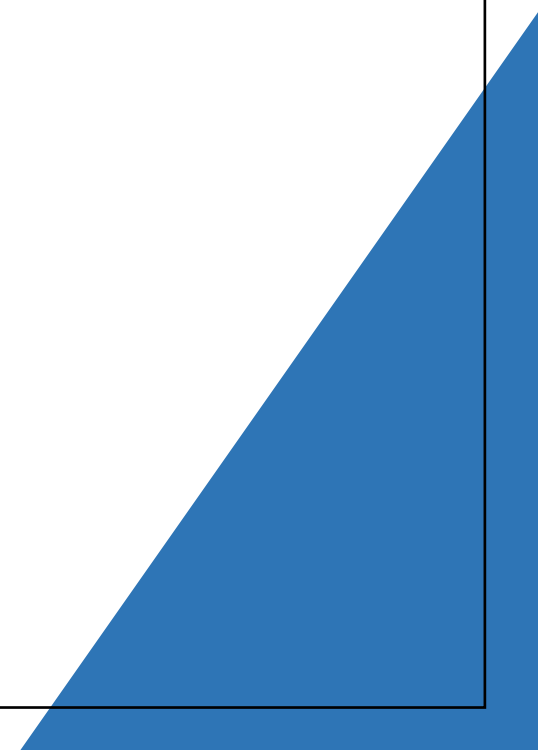
MANAGING URINARY INCONTINENCE

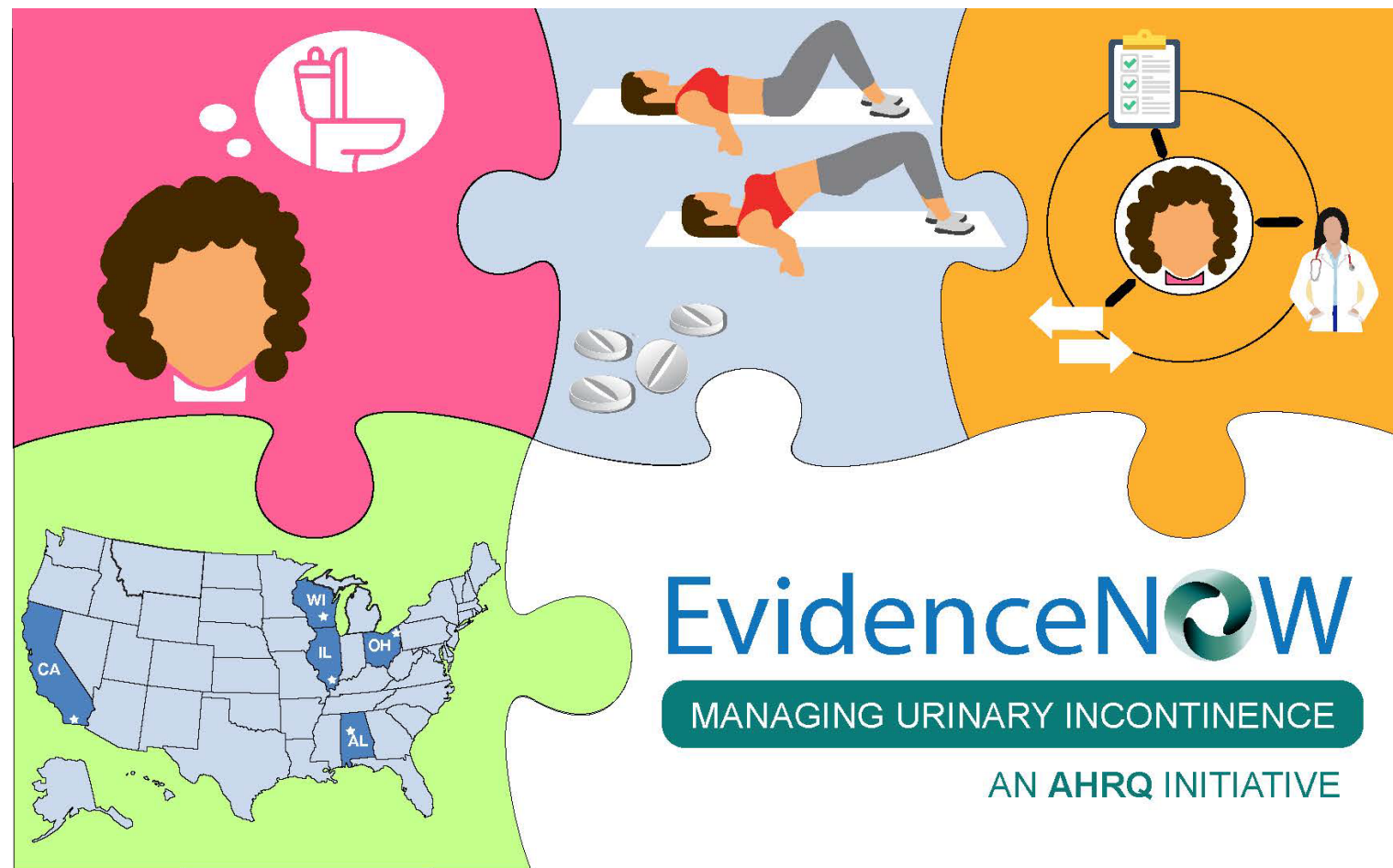
AN AHRQ INITIATIVE

Welcome

Arlene Bierman, M.D., M.S.

AHRQ, Center for Evidence and Practice Improvement





Arlene Bierman, MD, MS
Agency for Healthcare research and
Quality

Agency for Health Care Research and Quality (AHRQ) Mission

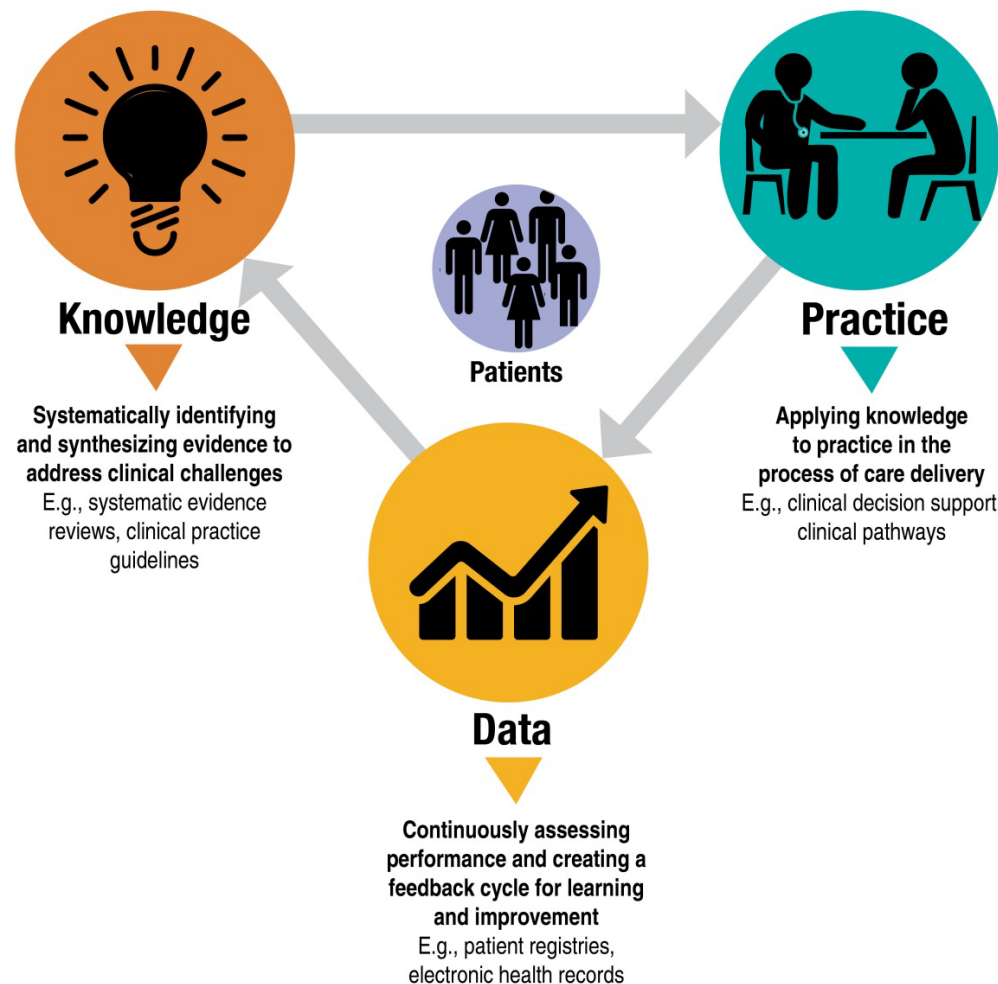


To produce evidence to make health care safer, higher quality, more accessible, equitable and affordable

To work with HHS and other partners to make sure that the evidence is understood and used

www.ahrq.gov

Leveraging the “Knowledge to Practice to Data” Cycle to Strengthen the Value of Patient Care



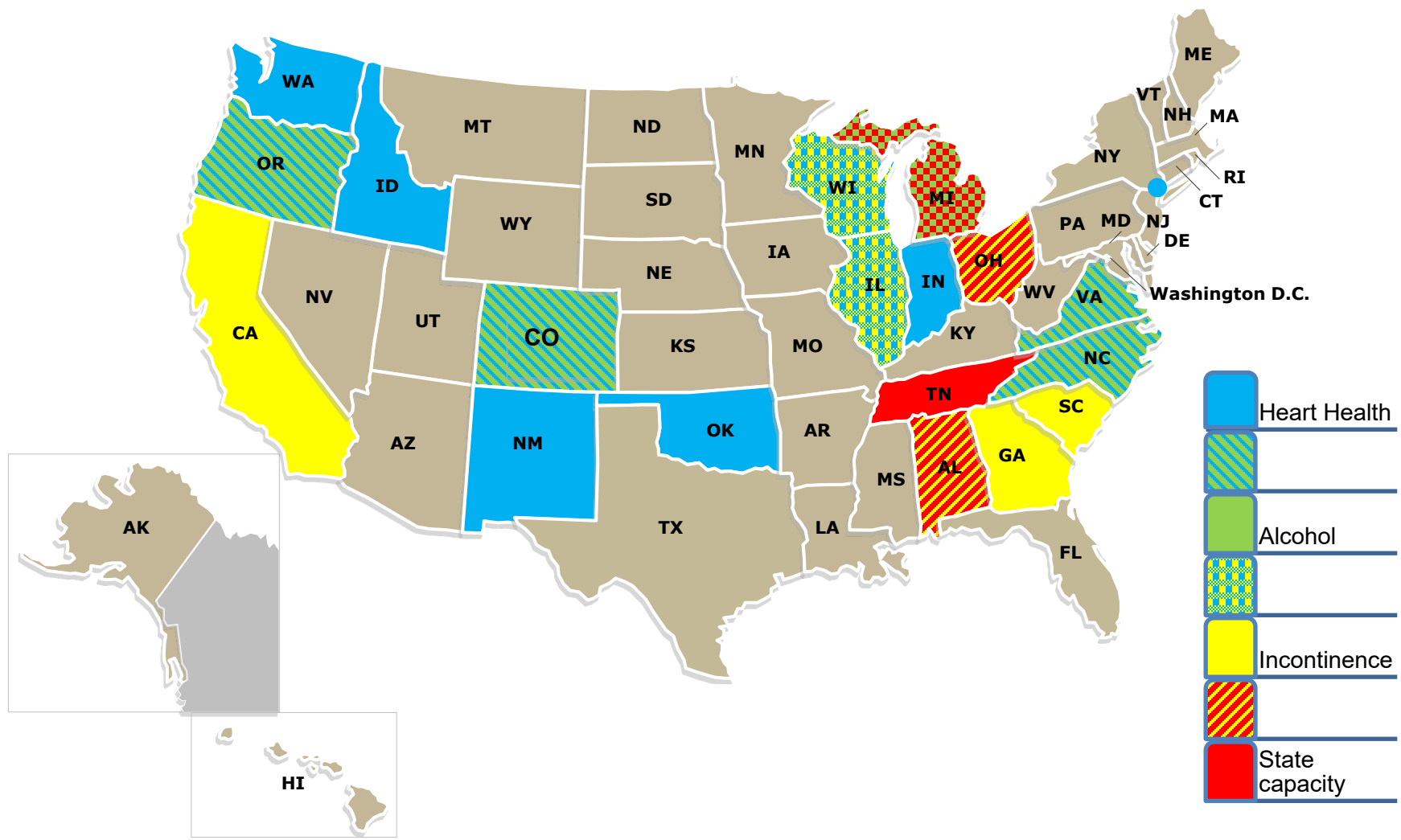
Learning While Implementing: Integrating Quality Improvement and Implementation Science



EvidenceNow: an approach for delivering external support to primary care practices to improve healthcare quality and implement new evidence into care delivery

- **Advancing Heart Health**
 - ▶ Building quality improvement capacity in small and medium sized primary care practices
 - ▶ EvidenceNow Tools for Change <https://www.ahrq.gov/evidencenow/index.html>
- **Advancing Equity in Heart Health by Building State Capacity**
 - ▶ Helping primary care practices in States with the highest rates of preventable cardiovascular disease events to improve the management of blood pressure, to decrease tobacco use and to improve equity in heart health
 - ▶ Developing Linkages between primary care and public health
- **Managing Unhealthy Alcohol Use in Primary Care**
 - ▶ Integrating Behavioral Health and Primary Care
- **Managing Urinary Incontinence in Primary Care**
 - ▶ Implementing a systems approach that integrates primary care, specialty care and community-based organizations in order to deliver patient-centered care in the context of multiple chronic conditions

EvidenceNOW Grantees: Heart Health, State Capacity, UAU, MUI



Research: The Science of Care



- What works AND how do we make it work?
- Move from a system that treats diseases and focuses on illness to one that treats the people living with disease in the context of their lives and focuses on wellness
- Partnership research and co-production of evidence
- Research
 - ▶ Learning while Implementing (Integrating Quality Improvement and Implementation Science)
 - ▶ Multilevel Interventions
 - ▶ Agile Implementation
 - ▶ Mixed Methods
 - ▶ Complexity Science



EvidenceNOW

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

The Challenge & Opportunity

Alison Huang, M.D., M.A.S.

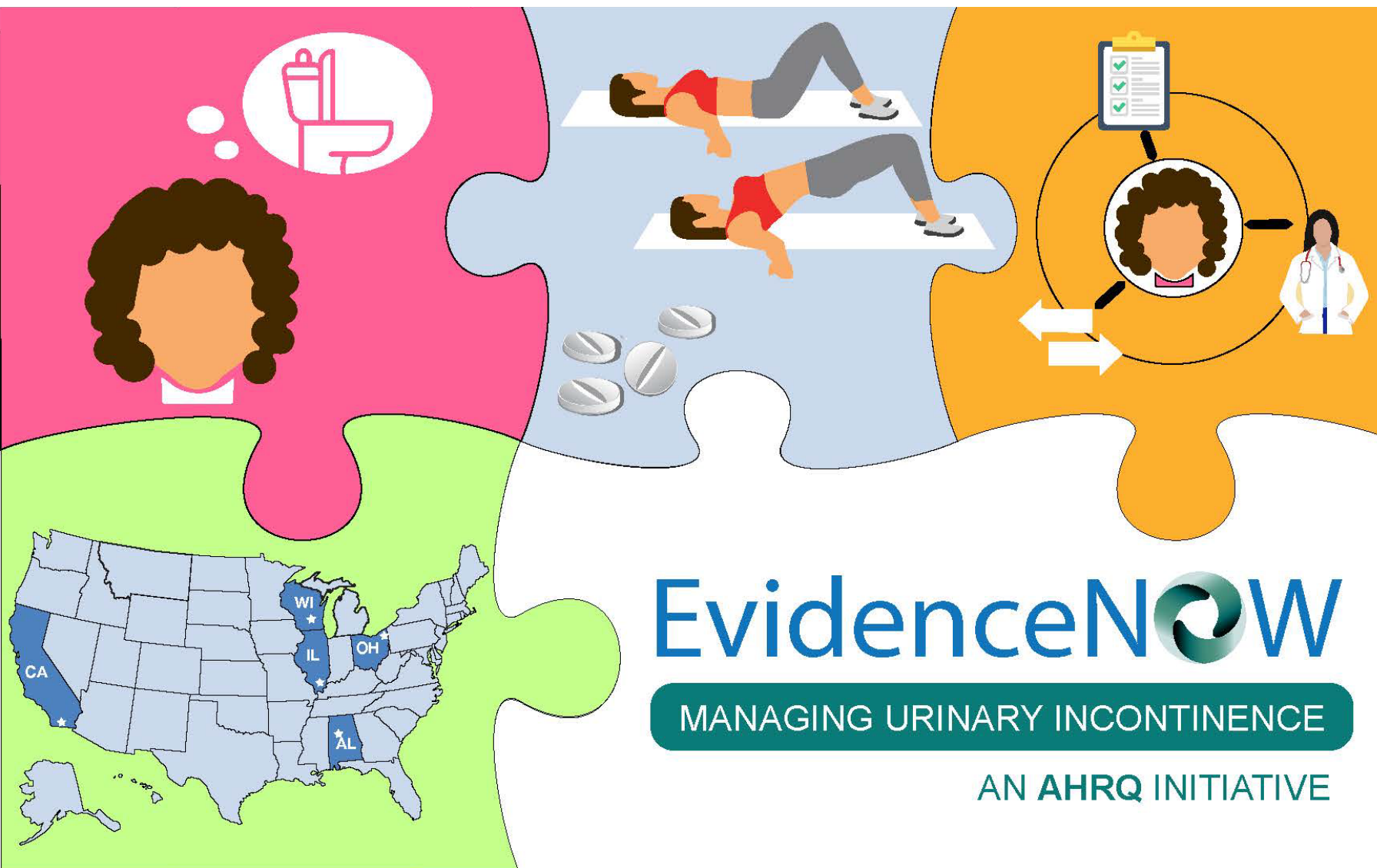
University of California San Francisco

Lynn Kiley, UI Patient

Northwestern Medicine Women's Integrated Pelvic Health Program

Patient & Provider Discussion

From each of your perspectives, what do you think are the biggest barriers to successful diagnosis and management of urinary incontinence in women?



**Jill Huppert,
MD, MPH**

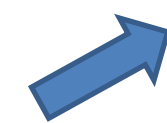
**Agency for Healthcare
Research and Quality**

AHRQ's Dissemination and Implementation (D&I) Process



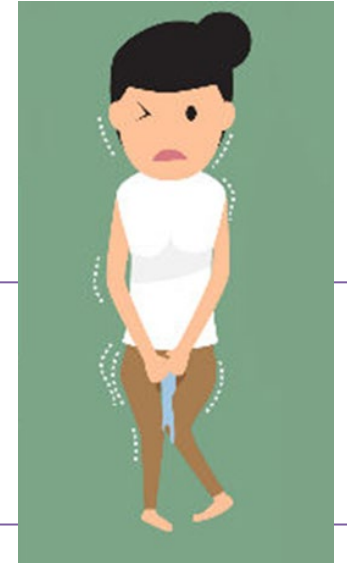
- (Left) Systematic Review sponsored by PCORI
 - Good evidence for effective interventions
- (Right) Assessed for action
- UI Stakeholder meeting

The Nomination Assessment Process



Assessment: Why Urinary Incontinence?

Public Health Burden	<ul style="list-style-type: none">✓ 40% women report any UI✓ ~30% older women report moderate/severe UI
Effective Non-surgical Interventions	<ul style="list-style-type: none">✓ Behavioral✓ Medications✓ Neuromodulation✓ Combinations
Patient Centered Outcomes	<ul style="list-style-type: none">✓ Symptoms✓ Quality of life (high social impact)✓ Cure
Evidence-Practice Gap	<ul style="list-style-type: none">✓ <40% screened in primary care✓ <50% with symptoms seek care✓ 30-50% treated
Role of Primary care	<ul style="list-style-type: none">✓ Early identification and treatment✓ Efficient use of specialty and community resources



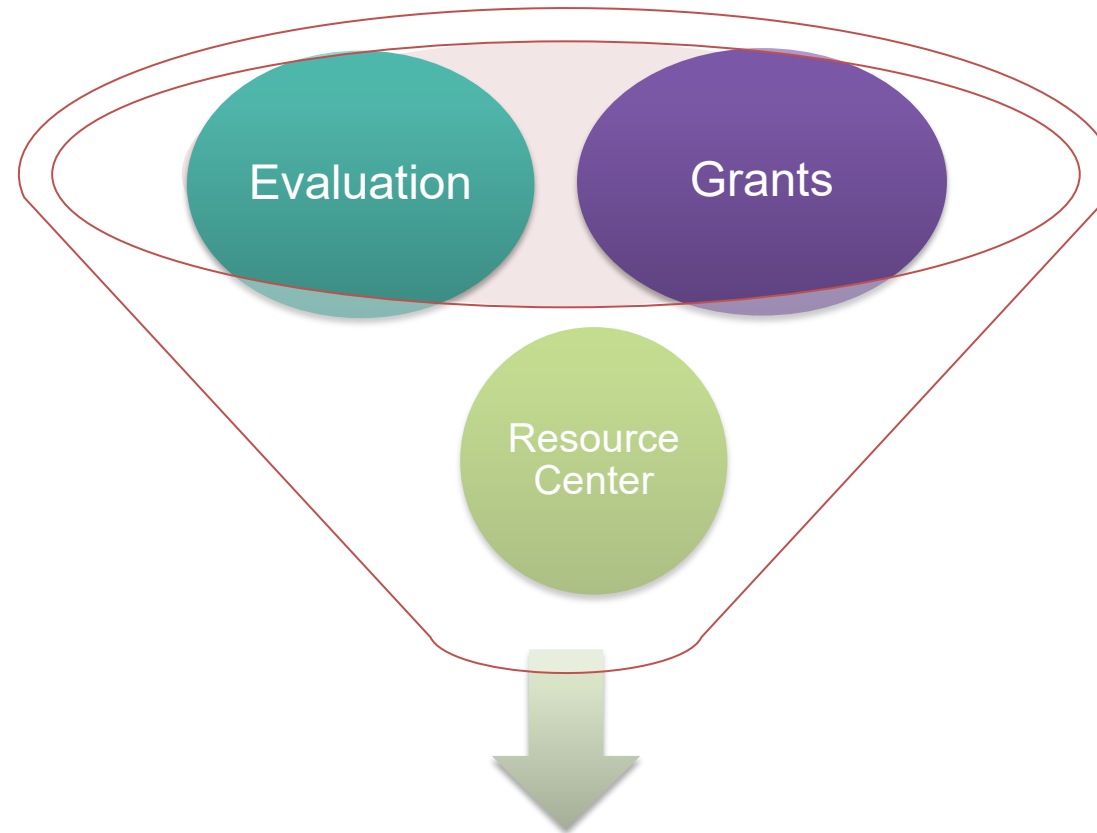
Primary Care

Providers



Patients

The EvidenceNOW model for the MUI Initiative



Improving Nonsurgical Treatment of UI for women in Primary care

Components of the MUI Initiative



Grants

- U18 mechanism –**Cooperative Agreement**, with substantial AHRQ programmatic involvement
- **5 awards**
- **Funding:** Total costs **\$3,000,000** for the entire project
- May not exceed 3 years

Contract

- One award (two parts)
- Resource Center and Evaluation Contract
- **Funding:** Total **\$3,000,000** for the entire project
- 4 years to complete evaluation

MUI Initiative Purpose

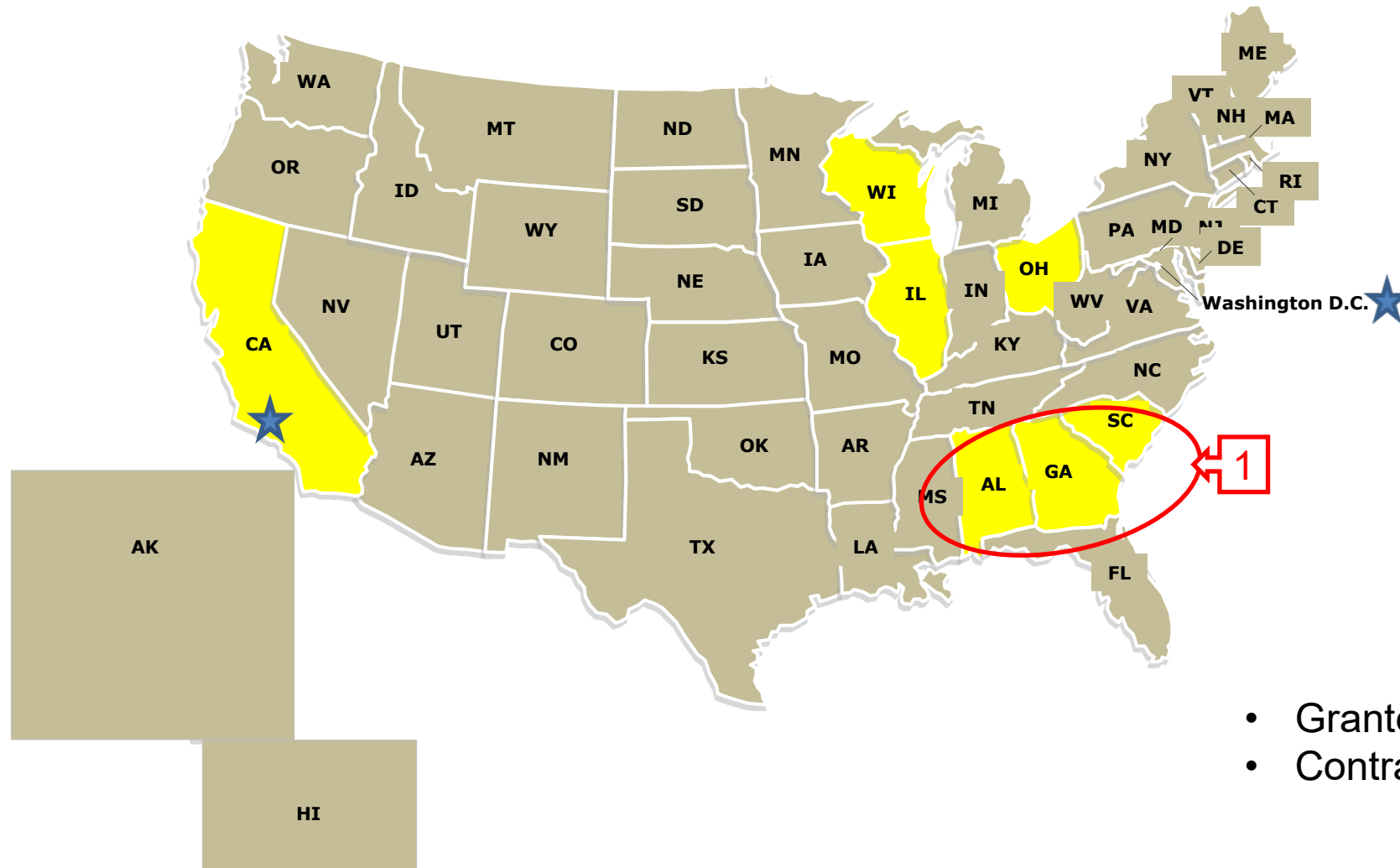
Grants:



- ▶ Make nonsurgical treatments for UI available to women in primary care practices
- ▶ Learn which implementation strategies work to improve primary care

Contract:






- Develop a resource center and environmental scan
- Provide technical assistance and facilitate a learning community among the grantees
- Conduct a rigorous evaluation that will assess the performance and impact of the grants

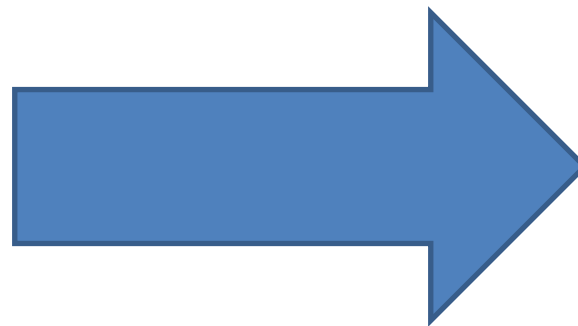
Geographic Reach of MUI Initiative



- Grantees (yellow) 
- Contract (blue stars) 

Grantees have unique features

	Grantee Project	What sets them apart?
	WI-INTUIT UW Madison	<ul style="list-style-type: none"> • Streamlined practice facilitation (Menu-based intervention: 5 A's) • ± Community partnership building
	PURSUIT UAB-VA	<ul style="list-style-type: none"> • mHealth toolkit (<u>MyHealtheBladder</u>, data dashboard) • ± consultative services
	IT2 Northwestern	<ul style="list-style-type: none"> • Automated UI screening and shared decision-making assistance (<u>Wisercare</u>)
	EMPOWER UH Cleveland	<ul style="list-style-type: none"> • Nurse navigation care pathway • ± AI conversation platform (<u>CeCe</u>) • ECHO
	UC San Diego UCSD	<ul style="list-style-type: none"> • Practice facilitation dyads • 4-pronged approach (academic detailing, clinical decision support, electronic referral, APP co-management)





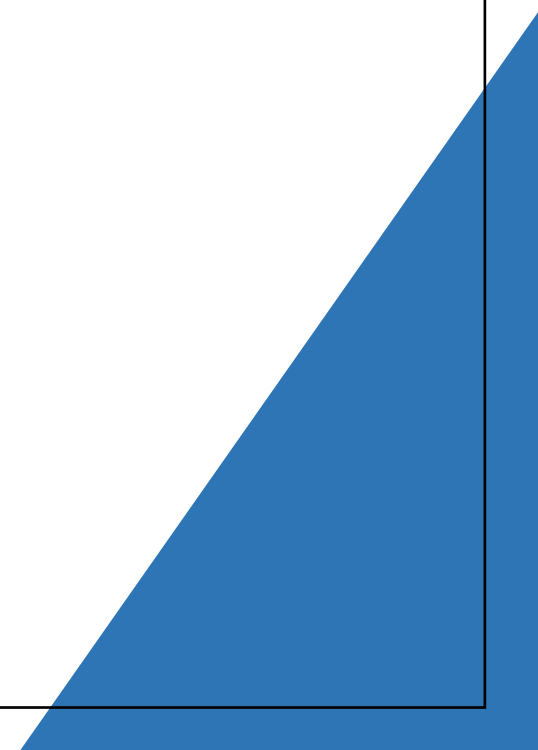
EvidenceNow

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

Project Overviews

EMPOWER, IT2, PURSUIT, UCSD, WI-INTUIT



Empowering Women and Providers for Improved Care of Urinary Incontinence (EMPOWER)

Adonis Hijaz, MD

*Lester Persky Professor of Urology, Case Western Reserve University
Director, Center of Female Pelvic Medicine & Surgery
Vice Chair of Academics and Research for the Urology Institute
University Hospitals Cleveland Medical Center*

Goutham Rao, MD

*Jack H. Medalle Professor and Chairman, Family Medicine and Community Health
University Hospitals Cleveland Medical Center and
Case Western Reserve University
Division Chief, Family Medicine
Rainbow Babies & Children's Hospital*

Project Team & Partners

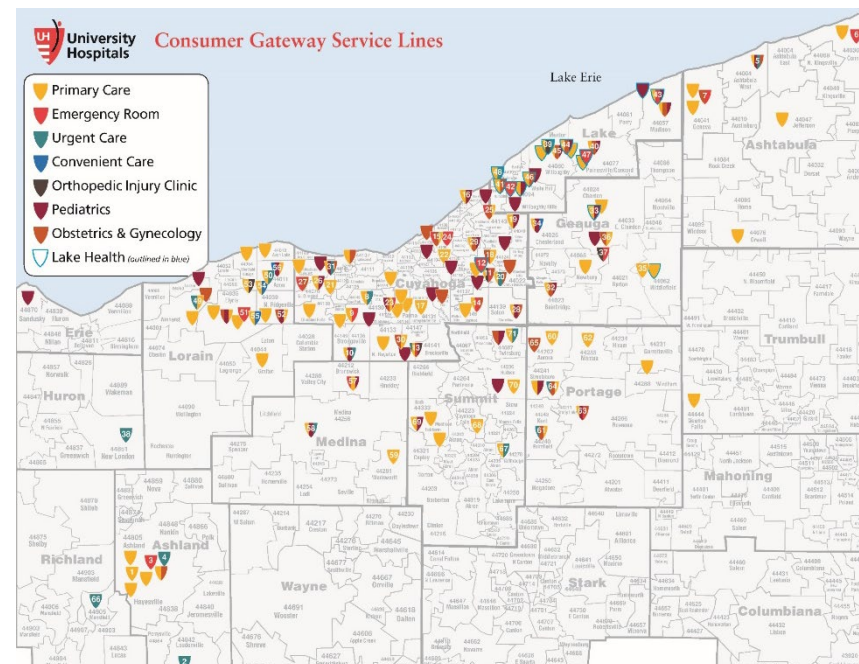


Project Goal

1. Implement the “Empowerment for Improving UI” program across a large network of primary care practices using the implementation strategies including screening and identification of UI, patient empowerment, provider training and empowerment, nurse navigation, and simple and practical evidence-based technology.
2. Create an evidence-based patient-centered care pathway that minimizes burden on primary care and optimizes health-information systems leading to sustainable improvement in quality of care.
3. Assess the impact of the intervention on patient outcomes, provider knowledge and confidence, practice workflow and satisfaction among practice providers and staff.

Populations of Focus

- Geographic region: Northeast Ohio (population, approximately 3 million)
- Target population: All adult women
- Target setting: Primary care practices within an integrated network that is part of a large health care system



Project Features

- The EMPOWER study underscores the importance of understanding patient-related and practice-related barriers to incorporating management of UI in the primary care setting.
- Primary care providers are already overburdened with multiple tasks to meet quality benchmarks and other measures. Our intervention was deliberately designed to be minimally burdensome for them.
- The project team is conducting large-scale screening, using a multilevel (patient, provider, and system) approach, and working within an integrated health care system.
- The project will foster patient education-empowerment impact through direct interaction with nurse navigators and artificial intelligence, CeCe.

Patient Impact

- Large scale systematic screening for UI with the option to participate in implementation study
- Individualized navigation through an EBM based care pathway with the help of nurse a navigator and CeCe (AI powered conversational agent) aiming to improve uptake, adherence and compliance with treatment guidelines
- Improved satisfaction with outcomes of intervention
- Patient empowerment is central to the intervention

Provider Impact

- Providers' empowerment will be achieved through structured education on UI diagnosis and management--the ECHO program. Our intervention will increase the likelihood of patients seeking help from primary care providers for treatment of UI. The ECHO program is designed to improve their knowledge in this regard, so they are well-prepared for the anticipated demand.
- Care pathways will be shared with providers and office managers.
- Champions within practices will be identified at the providers and support staff level to provide sustainable and continued care of UI within the practice.
- Screening tool will eventually be incorporated within the EMR intake forms. Our health system is starting a new systemwide Epic implementation.

Identify, Teach and Treat (IT2)

Kimberly Kenton MD, MS, FACOG, FACS

Arthur Hale Curtis Professor of Obstetrics & Gynecology

Chief, Female Pelvic Medicine & Reconstructive Surgery

Medical Director, Women's Integrated Pelvic Health Program

Northwestern Medicine/Northwestern University Feinberg School of Medicine

Project Team & Partners

Northwestern Urogynecology & Reconstructive Pelvic Surgery

- Kim Kenton, MD, MS,
Professor, Obstetrics & Gynecology; Director, Women's Pelvic Health Program (MPI)
- Julia Geynisman-Tan, MD
Assistant Professor, Obstetrics & Gynecology
- Sarah Collins, MD
Associate Professor, Obstetrics & Gynecology

Northwestern General Internal Medicine & Primary Care

- Stephen Persell, MD, MPH
Professor of Medicine, Director, Center for Primary Care Innovation (MPI)
- Tiffany Brown, MPH
Project Manager

WiserCare©

- Arul Thangavel, MD
Chief Executive Officer, WiserCare
Attending Physician, Internal Medicine, UCSF

Project Goal

Multilevel, health-system-wide implementation strategy to systematically improve:

1. identification of UI in primary care
2. support patient-centered decision making for UI
3. accelerate uptake of evidence-based nonsurgical treatment modalities for UI

Populations of Focus

- Female patients presenting for primary care at Northwestern Medicine
 - Chicago and surrounding suburbs
- Patients are racially and ethnically diverse
- In the past 2 years, the primary care clinics within the system delivered care to 279,293 unique adult women

Project Features

- Screen for UI ahead of scheduled, annual wellness visits via portal
 - If not completed ahead of visit, screening item will be added to encounter workflows
- Patients who (1) screen positive for bothersome UI and (2) request more information will be automatically given electronic invitation to complete Wisercare© shared decision-making module
- When patient completes the Wisercare© module
 - provider report is sent to clinician within the EHR
 - patient receives a preference map that ranks her best “treatment fit” based on her values, treatment goals, and risk-benefit tradeoff

Patient Impact

- UI screening in primary care will become standard of care throughout health system without additional burden to PCP
- Increase identification and counseling regarding treatment options to patients experiencing bothersome UI symptoms
- Patients who want additional information on UI complete UI education module that explains the different subtypes of UI and treatment options in basic language, using clear illustrations BEFORE they meet with PCP
 - Improved shared decision-making discussions with PCP
 - More focused and efficient counseling for PCP

Provider Impact

- Screening for UI and patient education are integrated into regular workflows in the EHR and can occur prior to scheduled visit.
- Patient have more background knowledge of UI and treatment options to make shared decision-making discussions with PCP more efficient and impactful.
- Order sets to facilitate referrals to local resources, physical therapy, evidence-based medications, or subspecialty referral to Urogynecology as appropriate to save clinicians time.
- Sustainable, automated pathway that will become a standard protocol within the health system to support screening for and treating UI within primary care

Thank You

- We welcome any questions!



EvidenceNOW

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

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

Alayne Markland, DO, MSc

*Professor and Director,
Birmingham/Atlanta GRECC
University of Alabama at Birmingham
(UAB) and the Birmingham VA Health Care
System*

E. Camille Vaughan, MD, MS

*Associate Professor and Site Director,
Birmingham/Atlanta GRECC
Emory University and the Atlanta VA
Health Care System*

Project Team & Partners

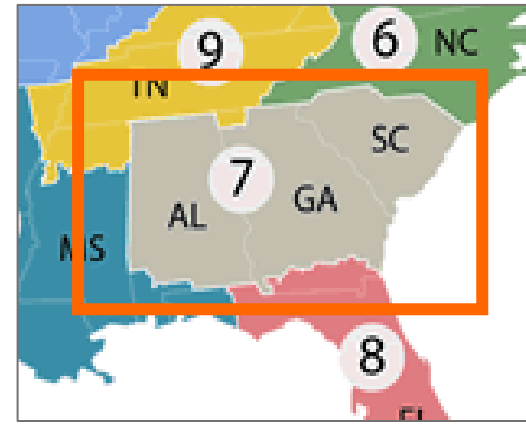
	MPI							
		Alayne Markland		Camille Vaughan				
	Co-Is							
		Andrea Cherrington	Lisa Zubkoff	T. Mark Beasley	Beverly Williams	Katharina Echt		
	Staff							
		Kayla Reinicke	Emily M. Boyd	Hannah Burns	Karlye Phillips			
	Partners							
		Ursula Kelly	Janice Phillips	Zach Burningham				

Project Goal

- **Increase primary care providers' knowledge of screening, diagnosis, and treatment** options for urinary incontinence (UI) in women Veterans
- **Improve UI symptoms** for women Veterans through participation in a mobile health application +/- telehealth consult with a continence specialist

Populations of Focus

- **Primary care practices** within VA Medical Centers and Community-Based Outpatient Clinics in a Veteran Integrated Service Network (**VISN-7**).
- **Women Veterans**, of all ages, who receive primary care in VISN-7 (Alabama, Georgia, and South Carolina).



Project Features - Provider

- Our practice facilitation toolkit includes resources for UI screening, diagnosis, and treatment in the VHA.

URINARY INCONTINENCE

Evaluation and Management Tools to support clinicians and systems that are caring for women Veterans

<p>Further Assessment</p> <ul style="list-style-type: none"> • if available have had • Bladder • LUTS - I • Cystosc • Depress <p>Non-Pharmacologic Management</p> <ul style="list-style-type: none"> • Classific • Minimiz • Behavio • AF <p>Pharmacologic Management (For Urge UI or Mixed UI)</p> <p>Try behavior significant</p> <p>MEDIC</p> <p>Oxybutyr VA Form (preferred)</p> <p>Trospium Preferred Formulary authorized</p> <p>Mirabegron Prior auth</p> <p>Darifenacil NF Request</p> <p>Fesoterodine NF Request</p> <p>Solifenacin VA Form</p> <p>Tolterodine VA Form</p> <p>Vibegron NF Request</p> <p>Muscarinic occur in patie Abbreviation</p> <p>Follow-Up</p> <p>Response</p>	<p>Background</p> <ul style="list-style-type: none"> • Urinary incontinence (UI) is an involuntary loss of urine and affects up to 25 million Americans <ul style="list-style-type: none"> • Although common, UI is not a normal part of aging and should be evaluated • Other risk factors include obesity, diabetes, and menopausal transitions, as well as obstetrical factors • Up to 20% of women Veterans experience UI and may be at increased risk due to exposures during military service <p>Screening</p> <p>Women Veterans will benefit from initial screening for UI, especially women Veterans with risk factors</p> <ul style="list-style-type: none"> • Please refer to the women Veterans' data dashboard for women who are at high risk in your panel [add link] • If screening is positive and UI is present, then document presence/absence and offer treatment • Add diagnosis code to the clinical encounter in the electronic medical record (see codes below) • If screening is negative, then rescreen every year. Consider rescreening sooner if worsening functional decline or increase in risk factors <p>Screening question: "During the last 3 months, have you leaked urine (even a small amount)?" YES/NO</p> <ul style="list-style-type: none"> • If YES, then ask about UI type, "During the last three months, did you leak urine." <ol style="list-style-type: none"> a. When you were performing some physical activity, such as coughing, sneezing, lifting, or exercise? b. When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough? c. Without physical activity and without a sense of urgency? May inquire about "other" types of UI 												
<p>Codes & Classifications</p> <p>ICD-10 Code: R32 Unspecified UI</p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th></th> <th>STRESS ICD-10 Code is N39.3</th> <th>URGE ICD-10 Code is N39.41</th> <th>MIXED ICD-10 Code is N39.46</th> </tr> </thead> <tbody> <tr> <td>HISTORY</td> <td> <ul style="list-style-type: none"> • Increased abdominal pressure (coughing, sneezing, lifting, exercising) </td> <td> <ul style="list-style-type: none"> • Urgency • Frequency • Nocturia • Difficulty holding </td> <td> <ul style="list-style-type: none"> • Stress and Urge symptoms • Can be Stress > Urge or Urge > Stress • Other symptoms: frequency, urgency, nocturia </td> </tr> <tr> <td>ETIOLOGY*</td> <td> <ul style="list-style-type: none"> • Impaired pelvic floor support • Failure of urethral closure (trauma, urethral atrophy, prior surgery, atrophic vaginitis) • Obstetrical injury </td> <td> <ul style="list-style-type: none"> • Detrusor over activity age related, idiopathic, upper motor neuro lesion, bladder irritation </td> <td> <ul style="list-style-type: none"> • Same as for Stress and Urge UI </td> </tr> </tbody> </table>		STRESS ICD-10 Code is N39.3	URGE ICD-10 Code is N39.41	MIXED ICD-10 Code is N39.46	HISTORY	<ul style="list-style-type: none"> • Increased abdominal pressure (coughing, sneezing, lifting, exercising) 	<ul style="list-style-type: none"> • Urgency • Frequency • Nocturia • Difficulty holding 	<ul style="list-style-type: none"> • Stress and Urge symptoms • Can be Stress > Urge or Urge > Stress • Other symptoms: frequency, urgency, nocturia 	ETIOLOGY*	<ul style="list-style-type: none"> • Impaired pelvic floor support • Failure of urethral closure (trauma, urethral atrophy, prior surgery, atrophic vaginitis) • Obstetrical injury 	<ul style="list-style-type: none"> • Detrusor over activity age related, idiopathic, upper motor neuro lesion, bladder irritation 	<ul style="list-style-type: none"> • Same as for Stress and Urge UI
	STRESS ICD-10 Code is N39.3	URGE ICD-10 Code is N39.41	MIXED ICD-10 Code is N39.46										
HISTORY	<ul style="list-style-type: none"> • Increased abdominal pressure (coughing, sneezing, lifting, exercising) 	<ul style="list-style-type: none"> • Urgency • Frequency • Nocturia • Difficulty holding 	<ul style="list-style-type: none"> • Stress and Urge symptoms • Can be Stress > Urge or Urge > Stress • Other symptoms: frequency, urgency, nocturia 										
ETIOLOGY*	<ul style="list-style-type: none"> • Impaired pelvic floor support • Failure of urethral closure (trauma, urethral atrophy, prior surgery, atrophic vaginitis) • Obstetrical injury 	<ul style="list-style-type: none"> • Detrusor over activity age related, idiopathic, upper motor neuro lesion, bladder irritation 	<ul style="list-style-type: none"> • Same as for Stress and Urge UI 										
<p>History of Present Illness</p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>GENERAL</th> <th>RED FLAG SYMPTOMS</th> <th>LOWER TRACT</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Onset • Frequency • Volume • Timing • Precipitants (caffeine, diuretics, cough, etc.) </td> <td> <ul style="list-style-type: none"> • Sudden onset • Pelvic pain • Hematuria • Dysuria • Severe straining • Inability to void </td> <td> <ul style="list-style-type: none"> • Frequency • Nocturia • Slow stream • Hesitancy • Urgency • Dribbling • Interrupted voiding </td> <td> <ul style="list-style-type: none"> • Medications • Congestive heart failure • Diabetes • Constipation • Fecal incontinence • Obesity </td> </tr> </tbody> </table>	GENERAL	RED FLAG SYMPTOMS	LOWER TRACT	OTHER	<ul style="list-style-type: none"> • Onset • Frequency • Volume • Timing • Precipitants (caffeine, diuretics, cough, etc.) 	<ul style="list-style-type: none"> • Sudden onset • Pelvic pain • Hematuria • Dysuria • Severe straining • Inability to void 	<ul style="list-style-type: none"> • Frequency • Nocturia • Slow stream • Hesitancy • Urgency • Dribbling • Interrupted voiding 	<ul style="list-style-type: none"> • Medications • Congestive heart failure • Diabetes • Constipation • Fecal incontinence • Obesity 				
GENERAL	RED FLAG SYMPTOMS	LOWER TRACT	OTHER										
<ul style="list-style-type: none"> • Onset • Frequency • Volume • Timing • Precipitants (caffeine, diuretics, cough, etc.) 	<ul style="list-style-type: none"> • Sudden onset • Pelvic pain • Hematuria • Dysuria • Severe straining • Inability to void 	<ul style="list-style-type: none"> • Frequency • Nocturia • Slow stream • Hesitancy • Urgency • Dribbling • Interrupted voiding 	<ul style="list-style-type: none"> • Medications • Congestive heart failure • Diabetes • Constipation • Fecal incontinence • Obesity 										
<p>Past Medical History</p>	<ul style="list-style-type: none"> • Neurologic: cerebrovascular disease, delirium, dementia, multiple sclerosis, normal-pressure hydrocephalus, Parkinson disease, spinal stenosis • Mental Health: depression, anxiety, PTSD, military sexual trauma (MST) • Urologic/Gynecologic/GI: surgeries, trauma, prior STDs, UTIs 												
<p>Social History</p>	<ul style="list-style-type: none"> • Caffeine intake, social support, home environment, tobacco use 												
<p>Medications</p>	<ul style="list-style-type: none"> • Angiotensin-converting enzyme (ACE) inhibitors, anticholinergics, antidepressants, antipsychotics, NSAIDs, sedative hypnotics, thiazolidinediones, calcium channel blockers, loop diuretics, opioids, α-adrenergic blockers, GABA-ergic 												
<p>Physical Examinations</p>	<ul style="list-style-type: none"> • Functional status • Cardiovascular (edema, heart failure) • Musculoskeletal (mobility and dexterity) • Neurologic (signs of Parkinson disease, neuropathy) • Rectal Exam (mass, tone, sensation, fecal load) • Vaginal Exam (mucosa, prolapse, vaginal squeeze) 												

Key Reference

contact our team at vhab@PURSUITstudy.va.gov

Sponsored by EvidenceNOW: Managing Urinary Incontinence - An AHRQ Initiative

**UI
Information
Sheet for
Providers
Front and Back**

UI Resource Pocket Card Front and Back

URINARY INCONTINENCE

Common Diagnoses (ICD-10 Code)

Stress UI (N39.3)	Overactive bladder (N32.81)
Urge UI (N39.41)	Nocturia (R35.1)
Mixed UI (N39.46)	Nocturnal enuresis (N39.44)

Incontinence without sensory awareness (N39.42)

Initiate lifestyle and behavioral strategies first - refer Veteran to the PURSUIT team (vhab@PURSUITstudy.va.gov)

Medications	Dosage
Oxybutynin (first line)	<ul style="list-style-type: none"> • 5-20 mg/d (XL formulation)** • 2.5-5 mg q6-12h (IR formulation) • 3.9 mg/24h (apply patch 2x/week)** - Available OTC, not VA formulary
Tolterodine	<ul style="list-style-type: none"> • 1-2 mg q12h • 2-4 mg/d (LA formulation)**
Trospium	<ul style="list-style-type: none"> • 20 mg q12-24h (on empty stomach) • 20mg/d, if age > 75 years • 60 mg/d (XR formulation), not VA formulary
Solifenacin	<ul style="list-style-type: none"> • 5-10 mg/d
Mirabegron*	<ul style="list-style-type: none"> • 25-50 mg/d
Vaginal estrogen cream	<ul style="list-style-type: none"> • Indication for atrophic vaginitis (Pharmacy (Outpatient))
Darifenacin	<ul style="list-style-type: none"> • 7.5-15 mg/d
Fesoterodine	<ul style="list-style-type: none"> • 4-8 mg/d
Vibegron	<ul style="list-style-type: none"> • 5-10 mg/d

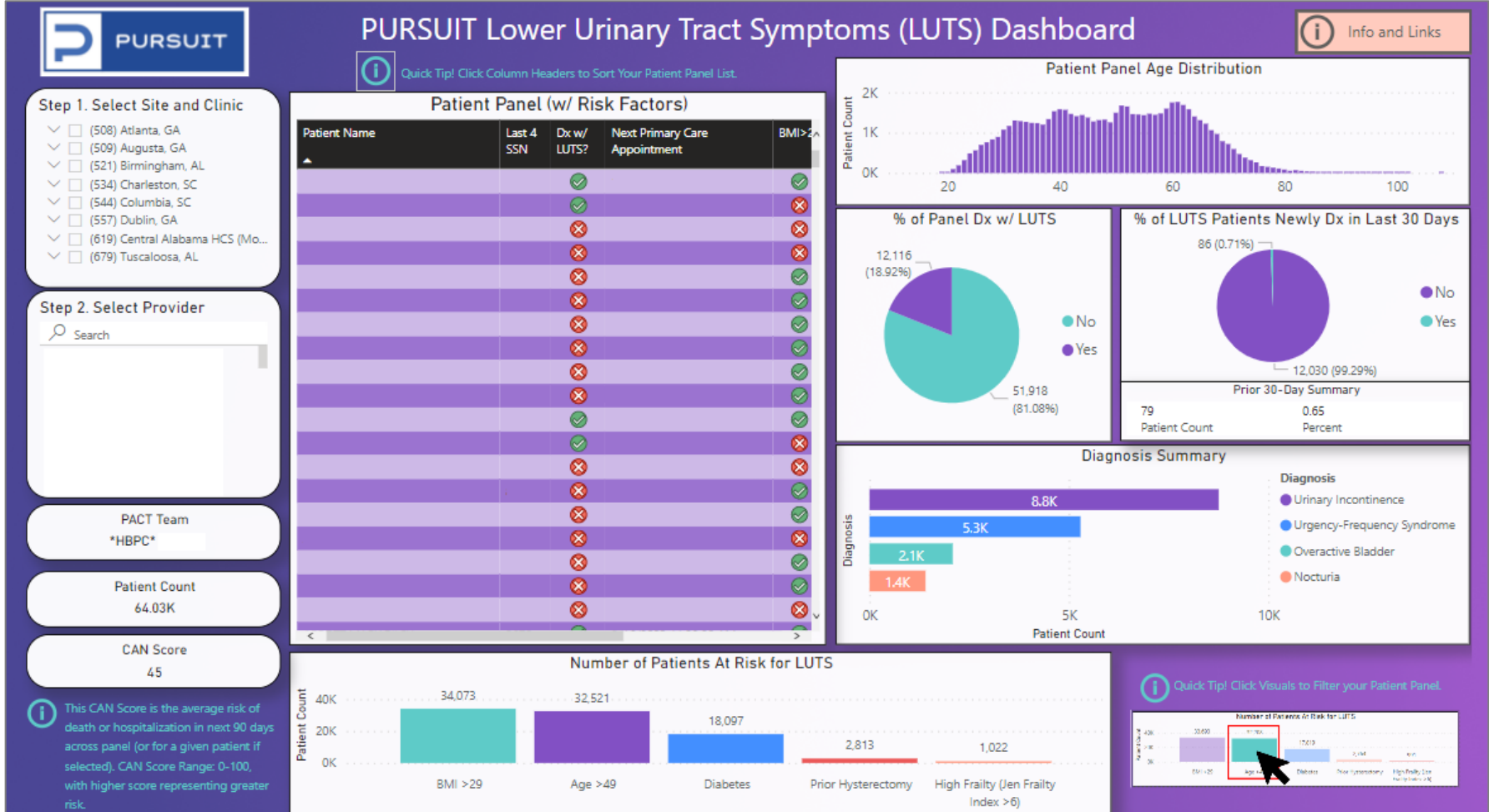
*Preferred agent when anticholinergic medication is contraindicated; **Associated with fewer side effects than IR formulation.

Item	Department
Incontinence Products	
Liners	Possible NF Request from Pharmacy
Pads - assess need for extended coverage	Pharmacy (Outpatient)
Diapers	Pharmacy (Outpatient)
Briefs (Pull-ups)	Pharmacy (Outpatient)
Bed pads	Pharmacy (Outpatient)
Urinal	Prosthetics
Pessaries*	Prosthetics
Skin Care	
Perineal Cleanser	Pharmacy (Outpatient)
Petroleum based ointment	Pharmacy (Outpatient)
Zinc based ointment	Pharmacy (Outpatient)
A&D ointment	Pharmacy (Outpatient)

*Referral may be needed for fitting.

Project Features - Provider


Clinical Data Dashboard



Provider Impact

- **Increased knowledge** of processes regarding UI treatment options for women Veterans available through the VHA, tailored for the primary care setting
- **Improved quality of life** for women Veteran patients may lead to improved job satisfaction for providers

Project Features - Patient




U.S. Department of Veterans Affairs



Do you have Bladder Trouble?

If so, you may qualify for a program for women Veterans with difficulty controlling their bladder.

You may be interested if you are:

- Experiencing accidental urine leakage or urgency.
- A woman Veteran.
- 20 years old or above.

AND

You are willing and able to:

- Answer questions about your medical history.
- Access the internet using your cell phone or computer.

Individuals who are interested will be enrolled in an online educational program called MyHealtheBladder for 8 weeks.

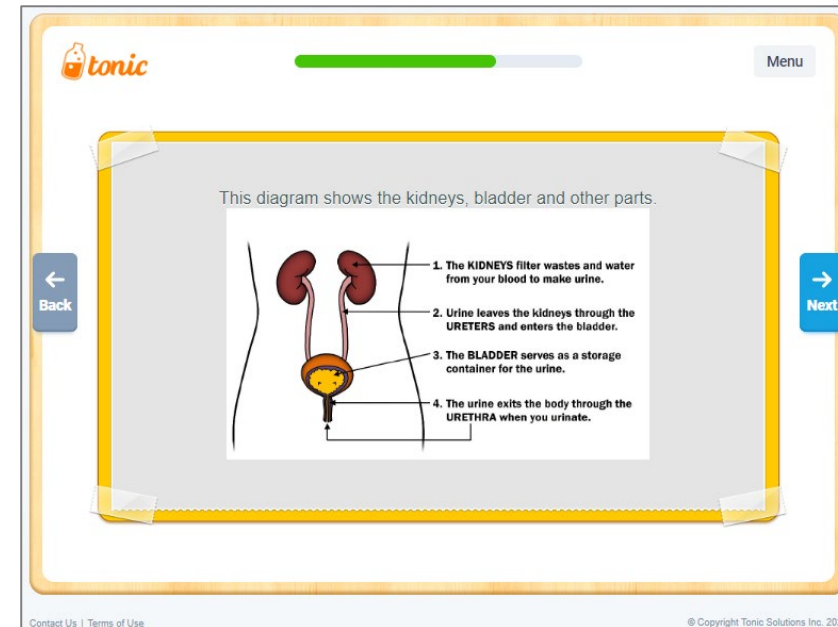
- **Compensation** is provided.
- All treatment is provided at **no charge**.
- There are **no** in-person visits.

If you are interested in learning more about the program, or determining if it is the right fit for you, please scan the **QR code**, call our program coordinator at **(205) 558-7067**, or email us at vhabirpursuitstudy@va.gov and ask for the *PURSUIT* program.

[QR CODE TO ONLINE SCREENING SURVEY]

ClinicalTrials.gov NCT# 05438849

MyHealtheBladder Mobile Health Application



Patient Impact

- Convenient, **remote access** to care
- **Self-management** tool (MyHealthBladder) for improved UI symptoms

UC San Diego

Health Sciences

EvidenceNOW

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

A Practice-Based Intervention to Improve Care for a Diverse Population of Women with Urinary Incontinence

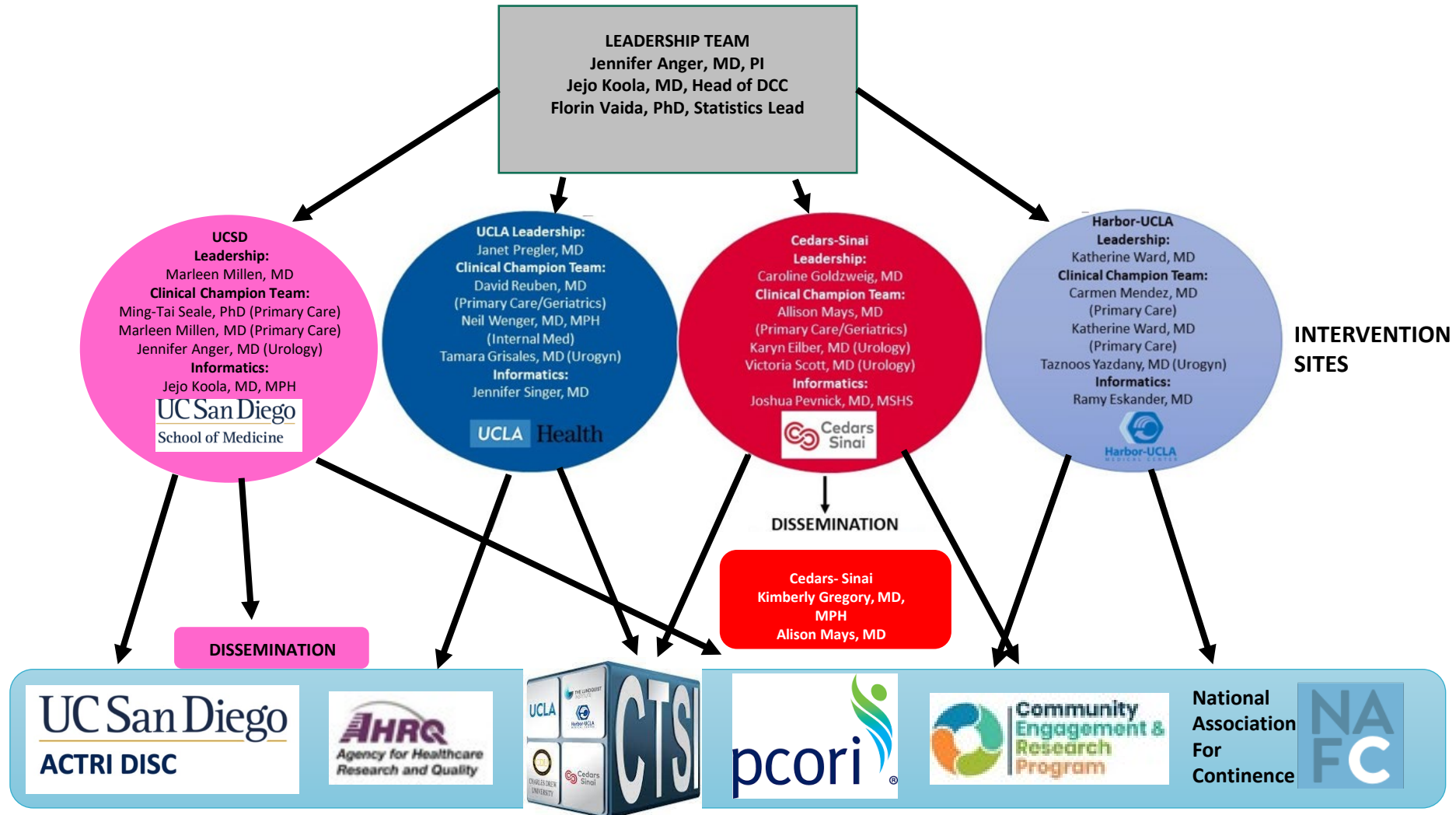
Jennifer Anger, MD

*Professor and Vice Chair of Research
UC San Diego Department of Urology*

Jejo Koola, MD, MS

*Assistant Clinical Professor of Medicine
UC San Diego Divisions of Hospital
Medicine and Biomedical Informatics*

Project Team & Partners



Project Goal

- **Specific Aim 1:** To improve the quality of incontinence care provided to an ethnically diverse population of women through a controlled practice-based intervention involving generalists.
- **Specific Aim 2:** To determine if this intervention decreases utilization of specialty care.
- **Specific Aim 3a:** To measure the effect on patient outcomes including symptom severity, disease-specific quality of life, patient knowledge, and perceived shared decision making.
- **Specific Aim 3b:** To determine if a practice-based urinary incontinence intervention reduces variation and disparities in care.
- *Can the quality of care for UI, as measured by adherence to evidence-based quality-of-care indicators, be improved through a practice-based intervention at the primary care level?*

Populations of Focus

- Study will involve English- and Spanish-speaking women across Los Angeles and San Diego counties
- Focus will be on the primary care outpatient setting
- UC San Diego Health and LAC-DHS accept public and private insurance and serve large managed care and medically underserved populations
- All sites are based in regions with large populations of Spanish-speaking Latinas

Project Features


- Study will apply a set of quality indicators that represent the latest patient-centered outcomes research evidences
- Will establish a new pragmatic approach for incorporating subspecialty expertise in primary care settings that does not overburden primary care
- Will imbed clinical decision support (CDS) into the electronic health record
- Will implement an electronic consultation system
- Will apply an Advanced Practice Provider (APP) co-management strategy
- Will ensure that these approaches are tested in diverse populations to promote equitable care

BestPractice Advisory

Quality & Compliance (1) ⬆

This patient screened positive for bothersome urinary incontinence. Please address their urinary incontinence in your visit with them. Please utilize the INTUIT PE, INTUIT ROS, and INTUIT A/P in your documentation, consider referral to INTUIT APP/MD, and order U/A and culture.

U/A, reflex to culture	Order	Don't Order
Referral to Ob/Gyn	Order	Don't Order

 Acknowledge Reason _____

Approve	Defer	
---------	-------	--

✓ Accept

SmartSets

Search for new SmartSet + Add

SmartSets

Associate Edit Multiple Patient Estimate Providers
Rx UCSD HILLCREST DISCHARGE PHARMACY 619-543-3279

UCSD AMB PRIMARY CARE URINARY INCONTINENCE BASIC CARE (IMPACT STUDY) ⤴

▼ DOCUMENTATION

▶ Required Documentation for Urinary Incontinence

▼ DIAGNOSIS

▶ Urinary Incontinence

▼ ORDERS

▶ Routine Labs

▶ Referrals

▼ MEDICATION

▶ Urge Incontinence Medications

▼ PATIENT FOLLOW-UP

▶ Patient Education

▶ Follow-Up (Suggested time frame is 3 months)

▼ LOS

▶ New Patient

▶ Established Patient

▼ Additional Orders

🔍 Search for additional SmartSet orders

You can search for an order by typing in the header of this section.

Patient Impact

- Patients obtain improved UI care from their primary care provider receiving the intervention resulting in diminished disease burden and improved quality of life
- Decreased utilization of specialists will reduce medical expenses to the patient
- Patients gain an improved knowledge of their condition, empowering them in their medical decision-making
- Patient participants are given a gratuity of \$30 for their involvement

Provider Impact

- Providers receive UI education and individualized coaching from an incontinence specialist
- Providers receive a variety of electronic health record tools including CDS and electronic consult service
- Providers are given the ability co-manage with an APP, reducing the overall burden of managing UI
- Clinics and health systems are given framework for implementing EHR tools and aspects of the intervention on a system-wide scale

EvidenceNOW

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

Bridging Community-Based Continence Promotion and Primary Care (WI-INTUIT)

Heidi Brown, MD, MAS, FACOG

Associate Professor

University of Wisconsin School of Medicine & Public Health

Project Team & Partners



			
Incontinence doctor	Patient-reported outcomes	Primary care doctor	Practice improvement
Heidi Brown, MD, MAS	Kathryn Flynn, PhD	Joan Neuner, MD, MPH	Mona Mathews, MA, PMP

Project Goal

- Ensure primary care practices have the support and resources they need to manage UI in adult women patients *without adding burden*
- **Research question:** Do partnerships between primary care and community-based resources improve rates of UI screening and treatment?

Populations of Focus

- Midwestern
- Rural & tribal communities
- Independent practices
- Health system practices
- Academic practices
- Family medicine, internal medicine, OB/GYN



What works for diverse primary care practices in the real world (not in the ivory tower)?

Project Features

- **Streamlined** practice facilitation
 - Benefits of tailoring without intensive time commitment
- **Partnership** building
 - Win-win connections make everyone's work easier

THE THREE STEPS

1. Ask patients whether they have UI using evidence-based tools (*screen*)

ASK options

- Electronic survey
- Paper survey
- Verbal screening

2. Advise patients that UI is common and there are good solutions without surgery (*educate*)

ADVISE options

- Links to online materials
- Printed information
- Verbal education

3. Assist patients in accessing solutions (*manage or refer*)

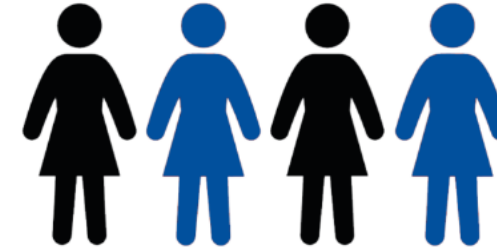
ASSIST options

- Evaluate and treat that day
- Schedule follow up problem visit
- Refer in your community

Patient Impact

“In the last 3 months, I’ve had only 3 small leakages. Before the workshop, I used to have several leakages a week. I am so glad I took this workshop because it has greatly improved my confidence.”

Half of all women age 50 or older will experience incontinence at some point in their lives.



Mind Over Matter can help you prevent or improve your symptoms!

3 sessions. 6 hours.

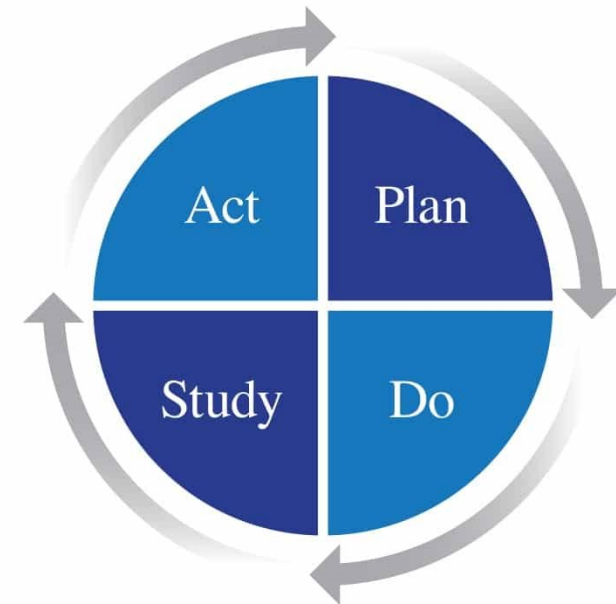
Feel better and do more.

wiha
Wisconsin Institute
for Healthy Aging



Provider Impact

- Improving UI improves patient satisfaction
- Menu-based approach with PDSA cycles builds skills for future QI improvement
- Partnerships support more than just UI





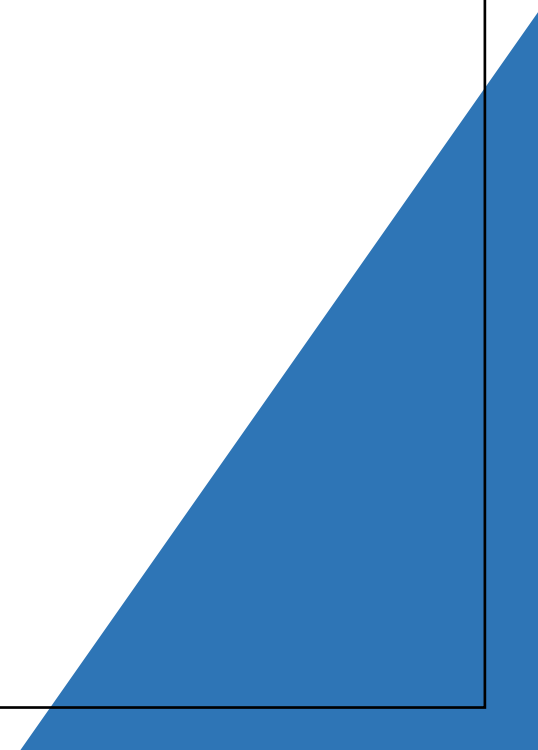
EvidenceNow

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

Q&A

Please put your questions in the Q&A feature.





EvidenceNow

MANAGING URINARY INCONTINENCE

AN AHRQ INITIATIVE

Thank you!

For more information, please visit

<https://www.ahrq.gov/evidencenow/projects/urinary/index.html>

or contact

MUI_SECenter@academyhealth.org

