Project Overview: This study focuses on improving access to standard of care urinary incontinence (UI) treatments in primary care practiced 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 to improve normalization of the toolkit use. 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. All primary care practices will receive practice facilitation with a PURSUIT toolkit that includes (1) 1-2 visits with a practice facilitator; (2) mobile-health or mHealth application training (MAT); 3) online resource hub; and (4) health information technology (HIT) assistance. 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 trial implementation. Specifically, Community-Based Outpatient Clinics (CBOCs) from VA Integrated Service Network (VISN) 7 will be targeted, spanning the states of Alabama, Georgia, and South Carolina. The project will focus on VISN 7 CBOCs, serving at least 50 women Veterans with primary care services, will be 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, 50 percent (n=7,500) will participate. This project will include English-speaking, community-dwelling women Veterans 20 years or older with a diagnosis of UI (all types) and access to a telephone. Women Veterans who are currently pregnant or less than 12 weeks postpartum and those planning to move out of the area within three months will be 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 models: the use of a toolkit with mHealth UI modality alone and the use of a toolkit with mHealth modality combined with clinical expertise in UI delivered via video telehealth to improve normalization of the toolkit.
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 will use 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 adoption rate of the practice facilitation components and effectiveness of mHealth compared to mHealth with consultation models for symptom improvement.

At the start of implementation, the clinical champion at the CBOCs will complete a survey to capture baseline information on the organization of women’s health services at the CBOC. Workflow processes will be stored and sent back to the CBOC every three months for updates, and bi-monthly facility-level reports from the data dashboard will measure the degree of implementation, barriers, and facilitators. The data dashboard will capture adoption rates of provider usage of the toolkit (from baseline to post six months from baseline) and enrollment rates in MyHealtheBladder (captured at two-, four-, and six-months post baseline).

At approximately six months following the start of implementation at each of the sites, semi-structured telephone interviews will be conducted with one member of the core implementation team. Site champions, providers (n=62-100), 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.

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.”

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