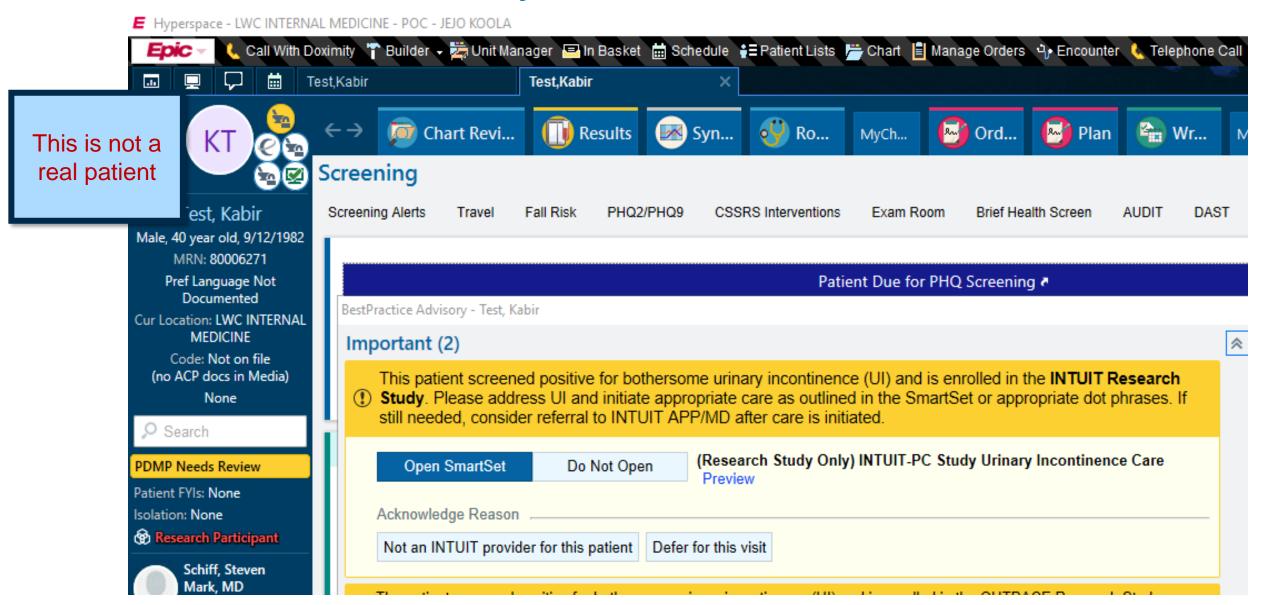
UC San Diego Health

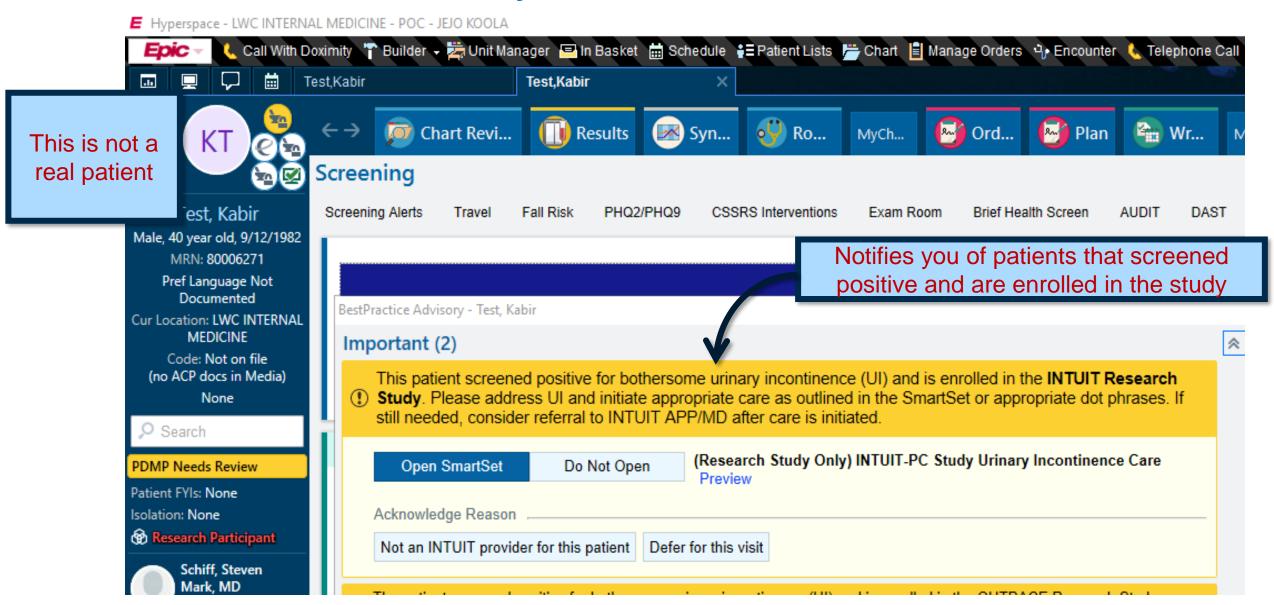
This project was funded under grant number U18HS028740 from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS). The authors are solely responsible for this document's contents, findings, and conclusions, which do not necessarily represent the views of AHRQ or of HHS. Readers should not interpret any statement in this report as an official position of AHRQ or of HHS. None of the authors has any affiliation or financial involvement that conflicts with the material presented in this report

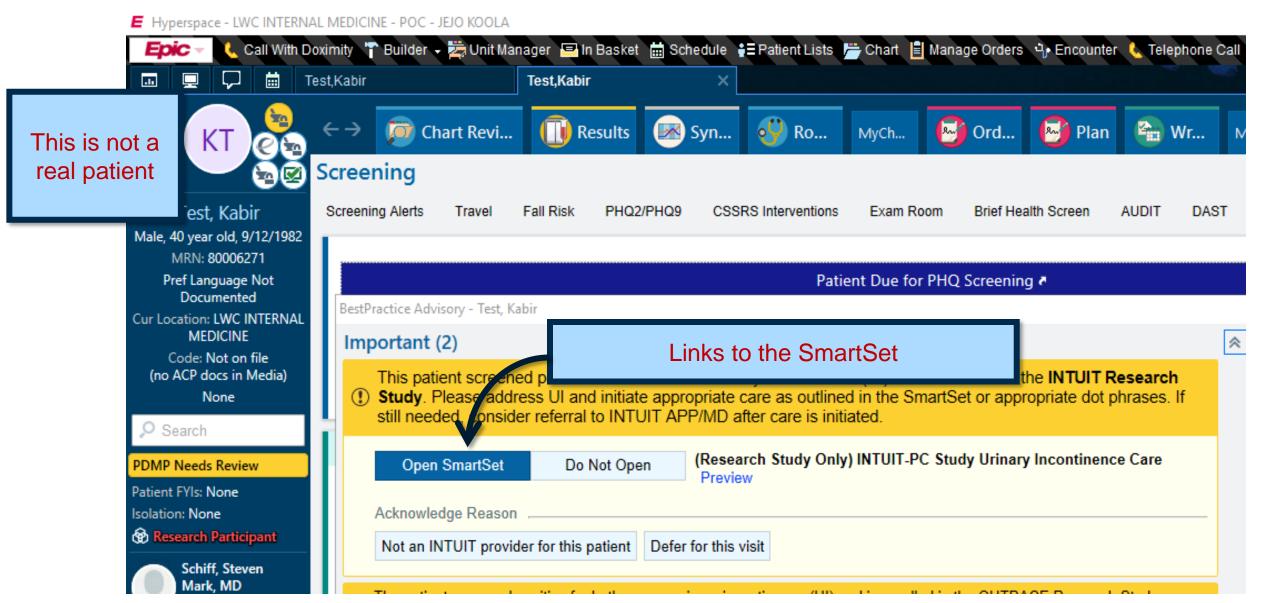
Clinical Decision Support Tools

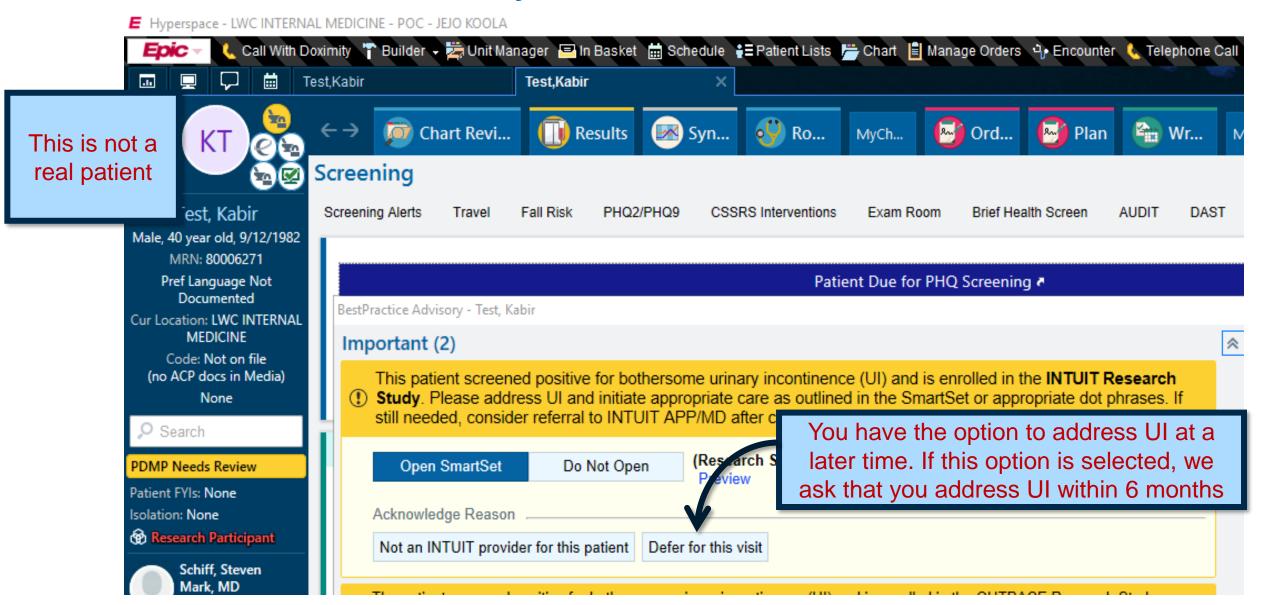
A Practice-based Intervention to Improve Care for a Diverse Population of Women with Urinary Incontinence (INTUIT-PC)

Jejo Koola, MD, MS Jennifer Anger, MD, MPH









Note Template

Note **Template**

Teal is ghost text which will disappear when the note is signed

Urinary Incontinence ROS:

TIP | This TIP will automatically disappear then the note is signed

Please document focused history including symptom severity, fluid intake including amount and type, prior treatment, and symptoms that differentiate between

Stress incontinence - urine leakage with coughing/laughing/sneezing/sexual activity/changes in position

<u>Urge incontinence</u> - experiencing sudden, strong urge to urinate, loss of control, increased frequency during both day and night:24073}

Frequency {urinating frequency:18708}

Nocturia {NUMBERS; 0-10:11728} times/night

Stress urinary incontinence - {Blank single:21803::"Denies","Frequent with

cough/sneeze","Infrequent with cough/sneeze"}

Urge urinary incontinence - {Blank single:21803::"Denies","Frequent","Infrequent"}

Pad usage: {Yes/No:15322}

Medications for incontinence: {Blank single:21803::"Previously tried: ***","Currently taking:

***","None"}

Fluid intake: ***

Focused history

Note Template

Physical Exam

Assessment and Plan

Physical Exam:

GU Fxam:

- External genitalia: normal in appearance, no skin changes, no lesions/masses
- Urethra/bladder: urethral meatus normal in location and appearance, stress incontinence {blank single:21803::"evident","not evident"} with cough / valsalva
- Vagina: {blank single:21803::"moist & pink","vaginal atrophy noted"}, no lesions/masses, no blood/abnormal discharge, {Blank single:21803::"prolapse: ***","no prolapse"} {Blank single:21803::"Not able","Able"} to adequately contract pelvic floor muscles

Assessment & Plan:

{TIP | This TIP will automatically disappear when the note is signed

Urinary incontinence management guidelines

<u>Stress incontinence</u> - recommend weight loss if overweight, recommend/give information on pelvic floor exercises, a.k.a Kegels, or refer to PT, do **not** prescribe anticholinergic therapy <u>Urge incontinence</u> - recommend behavioral modification such as fluid restriction, and cut caffeine,

recommend pelvic floor exercises, and consider starting anticholinergic or beta-3 agonist therapy:24073}

The patient has predominately {Blank single:21803::"Urge urinary incontinence","Stress urinary incontinence","Mixed urinary incontinence"}

{UCSD AMB URINARY INCONTINENCE ASSESSMENT AND PLAN CHECKLIST (IMPACT STUDY):35796}

Accessing Note Template

Option #1: SmartPhrase

.INTUITSTUDYURINARYINCONTINENCE**PROGNOTE**

.INTUITSTUDYURINARYINCONTINENCE**ASSESSMENTPLAN**

.INTUITSTUDYURINARYINCONTINENCE**HPI**

.INTUITSTUDYURINARYINCONTINENCE**PHYSICALEXAM**

Option #2: SmartSet (recommended)

(Research Study Only) INTUIT-PC Study Urinary Incontinence Care

- Manage User Versions
- ▼ DOCUMENTATION
- ▼ Required Documentation for Urinary Incontinence
 - Urinary Incontinence Progress Note

SmartSet

(Research Study Only) INTUIT-PC Study Urinary Incontinence Care Manage User Versions **▼** DOCUMENTATION Click for more ▶ Required Documentation for Urinary Incontinence ▼ DIAGNOSIS Urinary Incontinence Click for more ▼ ORDERS Routine Labs Click for more Referrals Click for more ▼ MEDICATIONS Medication Guidance: Tolterodine (Detrol), oxybutynin (Ditropan), darifenacin (Enablex), fesoterodine (Toviaz), trospium (Sanctura), and solifenacin (Vesicare) may be relatively contraindicated in patients with cognitive impairment and certain older adults due to anti-cholinergic properties. Mirabegron (Myrbetrig) and vibegron (Gemtesa), β3 adrenergic receptor agonists, are contraindicated for patients with uncontrolled hypertension and may be relatively contraindicated in patients with other uncontrolled cardiovascular disorders including QT-prolongation. Click for more Urge Incontinence (Overactive Bladder) Medications **▼ PATIENT FOLLOW-UP** ▶ Patient Education Click for more Click for more Follow Up (Suggested time frame is 3 months) **▼** LOS New Patient Click for more

Established Patient

Click for more

SmartSet: UI Diagnoses

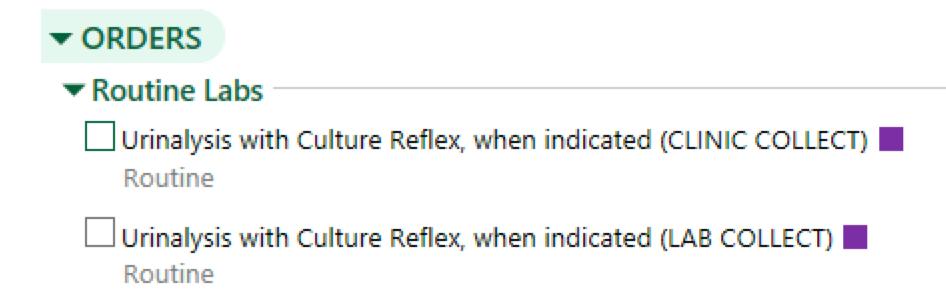
▼ DIAGNOSIS					
▼ Urinary Incontinence					
Urinary incontinence					
Mixed incontinence urge and stress					
Urgency inco	ontinence				
Female stress	s incontinence				
Stress incont	tinence, female				
Urethral sphincter deficiency, intrinsic (ISD)					
Overflow inc	continence of urine				
Neurogenic bladder					
☐ Primary noct	turnal enuresis				

Smart Set: Medications

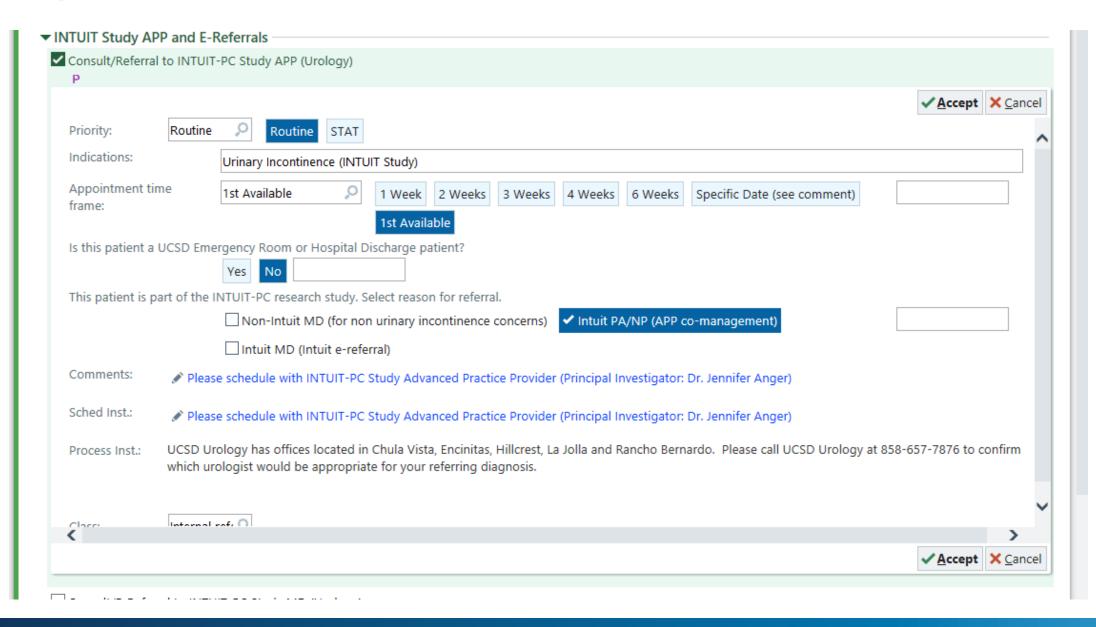
Medication guidance



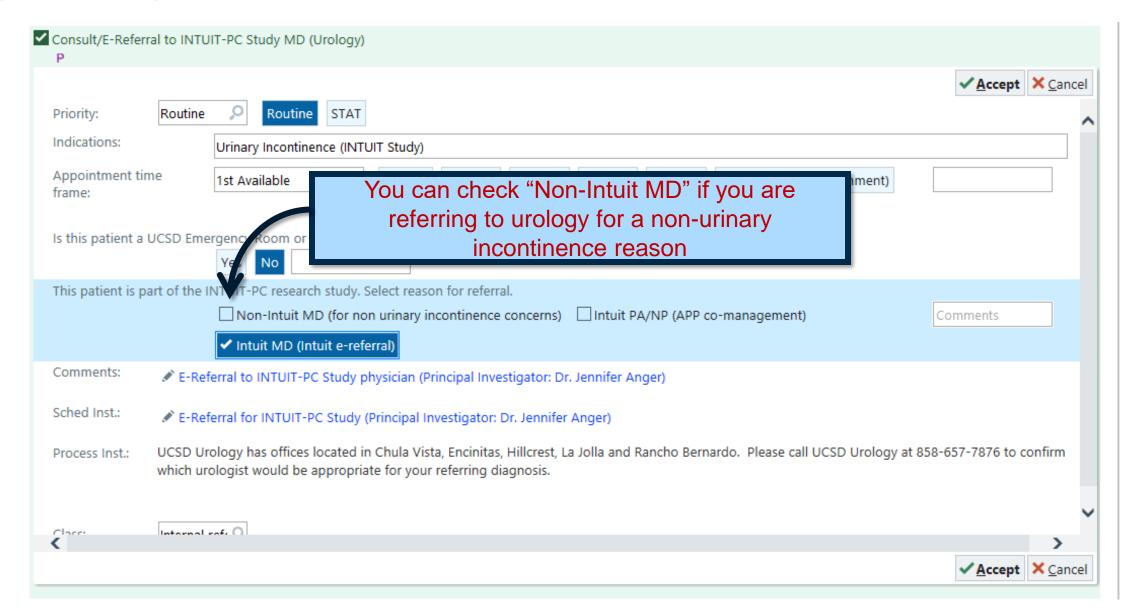
Smart Set: Lab Orders



Smart Set: APP Referral



Smart Set: E-Referral



Patient Education

▼ PATIENT FOLLOW-UP					
▼ Patient Education					
Patient education for urinary incontinence care generally directed towards outpatient, conservative care.					
Urinary Incontinence Basic Patient Information (English)					
✓ Urinary Incontinence Basic Patient Information (Spanish)					
Urinary Incontinence Behavior Modification (English)					
✓ Urinary Incontinence Behavior Modification (Spanish)					
Urinary Incontinence Pelvic Floor Muscle Exercises (English)					
✓ Urinary Incontinence Pelvic Floor Muscle Exercises (Spanish)					
Follow Up (Suggested time frame is 3 months)					
▼ LOS					

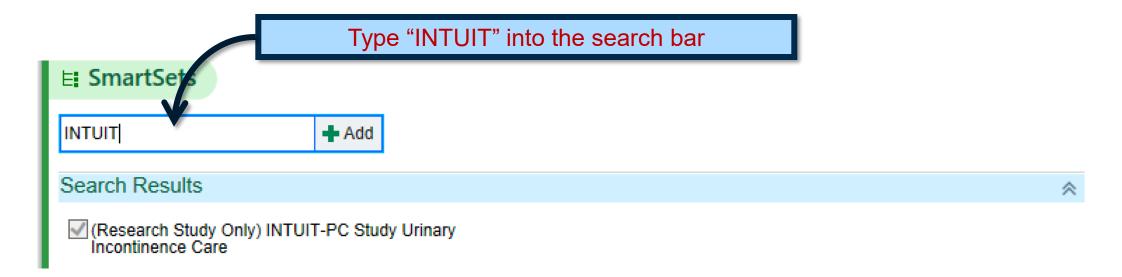
Accessing SmartSet

Option 1: Click on the "Open SmartSet" button on the BPA

•	This patient screened positive for bethercome urinary incentinence (UI) and is enrolled in the INTUIT Research Study. Please address Click here still needed, consider referral to INTUIT APP/MD after care is initiated.							
	Open SmartSet Do Not Open		(Research Study Only) INTUIT-PC Study Urinary Incontinence Care Preview					
	Acknowledge Reason							
Not an INTUIT provider for this patient Defer for this visit								
	T1 2 1 1 12			/LIIV 12	II II II OUTDAOED I OUI			

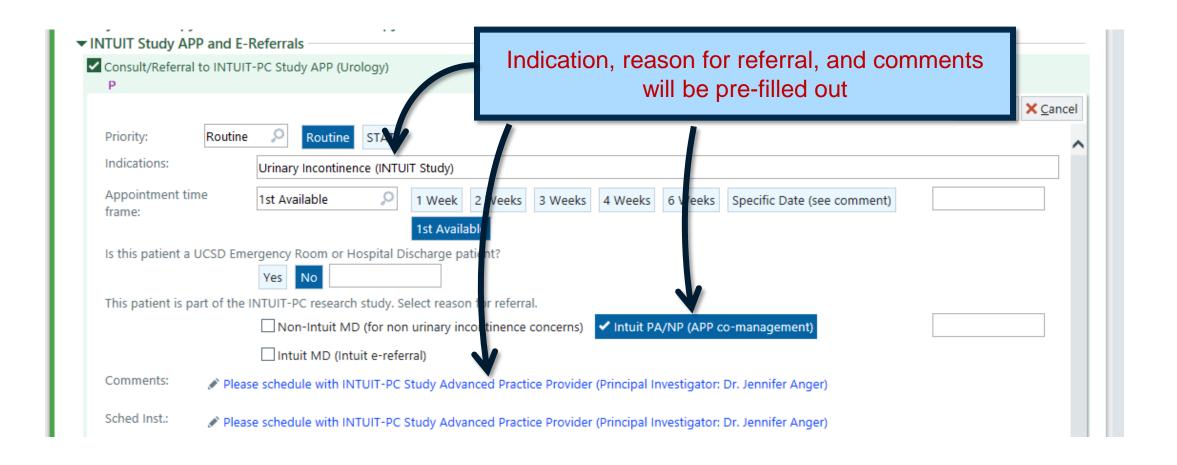
Accessing SmartSet

Option 2: Select "(Research Study Only) INTUIT-PC Study Urinary Incontinence Care" from the SmartSet search bar

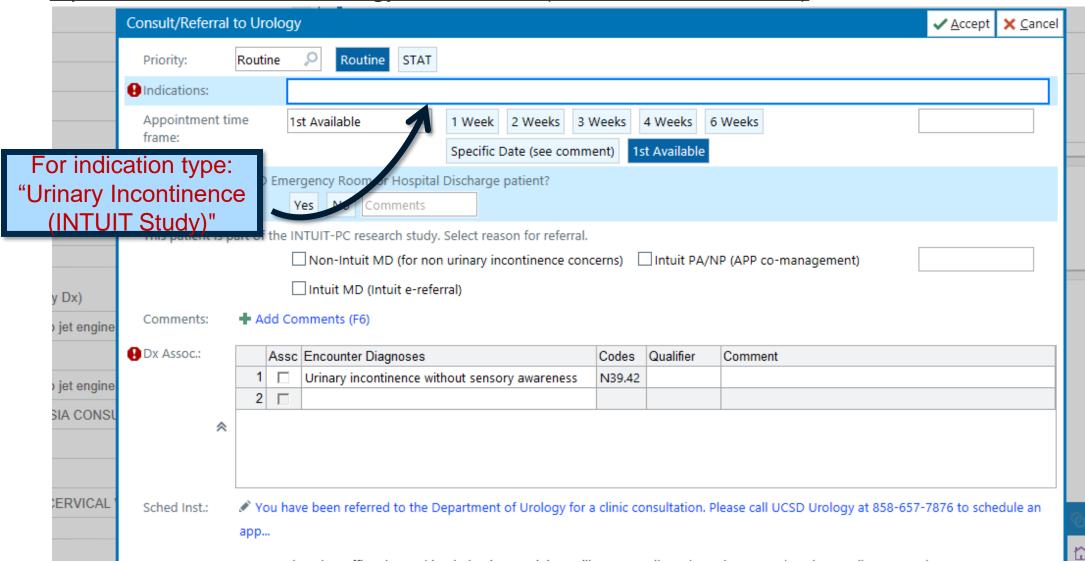


APP Co-Manager

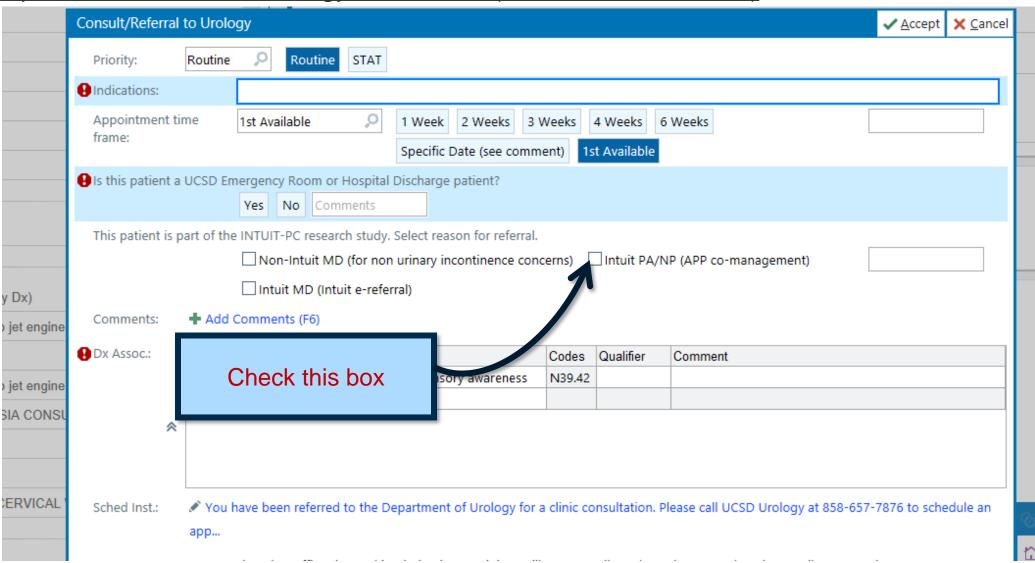
Option #1: SmartSet (recommended)



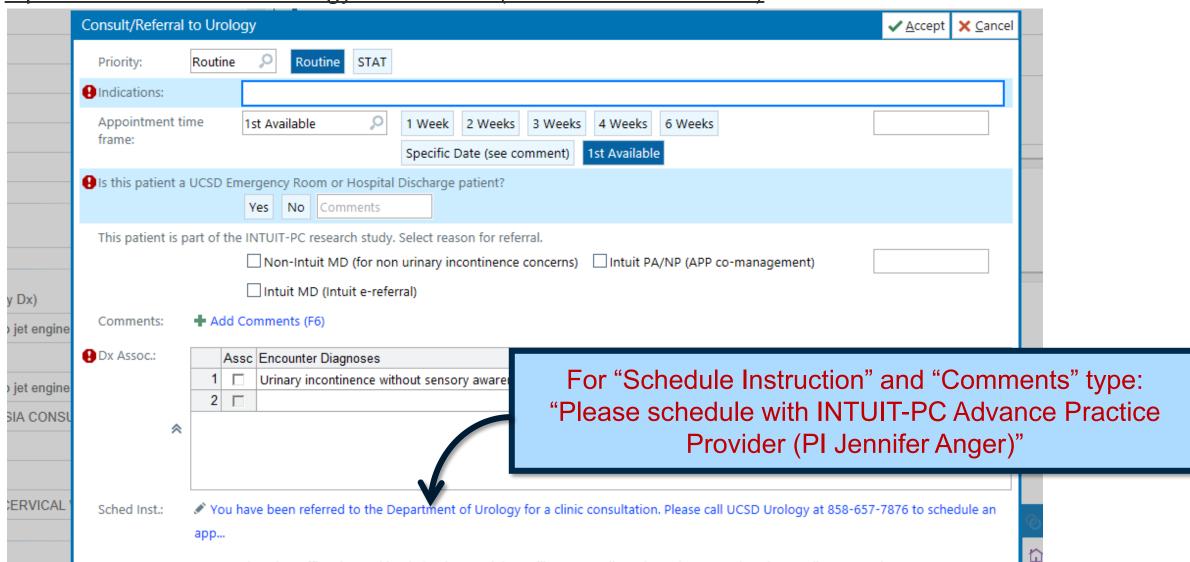
Option #2: Referral to urology clinic order (outside the SmartSet)



Option #2: Referral to urology clinic order (outside the SmartSet)

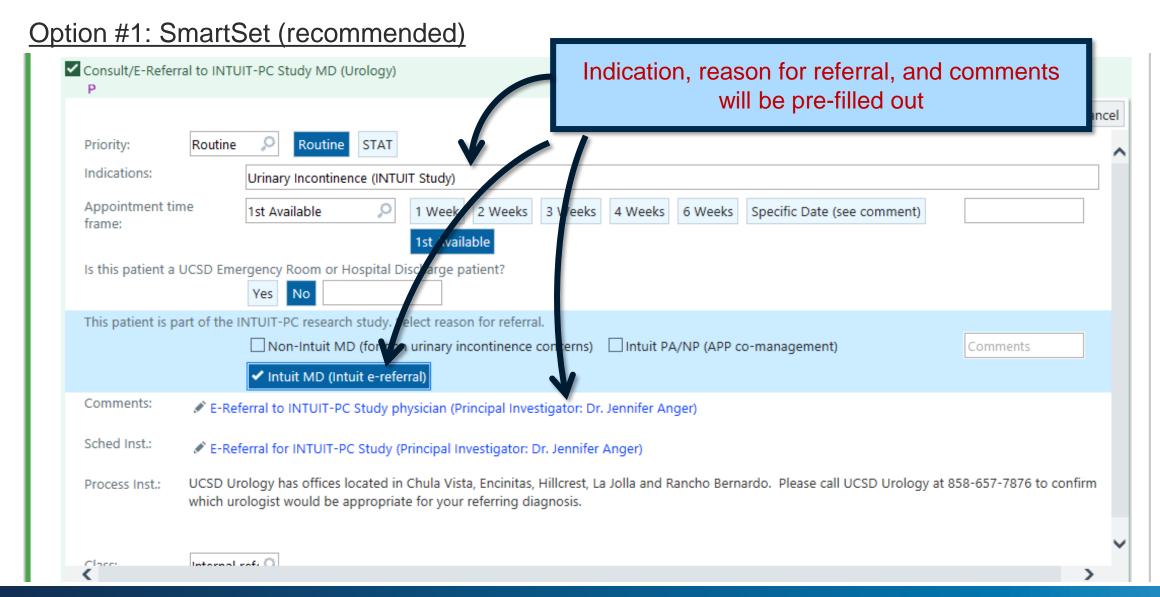


Option #2: Referral to urology clinic order (outside the SmartSet)



E-Referral

Accessing E-Referral



Accessing E-Referral

Consult/Referral to Urology ✓ Accept

✓ Cancel Option #2: Routine STAT Priority: Routine Referral to ● Indications: urology clinic Appointment time 1st Ava 3 Weeks 4 Weeks 6 Weeks 1 Week 2 Weeks order (outside frame: Specific Date (see comment) 1st Available the SmartSet) ls this patient a UCSD Emerge (cy Room or Hospital Discharge patient? Comments For indication type: ne INTUIT-PC research study. Select reason for referral. "Urinary Incontinence ent is part Non-Intuit MD (for non urinary incontinence concerns) Intuit PA/NP (APP co-management) (INTUIT Study)" Intuit MD (Intuit e-referral) + Add Comm Alts (F6) Encounter Diagnoses Codes Qualifier Comment Select "INTUIT MD" Urinary incontinence with For "Schedule Instruction" and "Comments" type: "Please schedule with INTUIT-PC Study Physician (PI: Dr. Jennifer Anger)" You have been referred to the Department of Urology for a clinic consultation. Please call UCSD Urology at 858-657-7876 to schedule an Sched Inst.: app...