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
Welcome

Arlene Bierman, M.D., M.S.
AHRQ, Center for Evidence and Practice Improvement
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

Knowledge
Systematically identifying and synthesizing evidence to address clinical challenges. E.g., systematic evidence reviews, clinical practice guidelines

Practice
Applying knowledge to practice in the process of care delivery. E.g., clinical decision support, clinical pathways

Data
Continuously assessing performance and creating a feedback cycle for learning and improvement. E.g., patient registries, electronic health records

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

• **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
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?
EvidenceNOW
MANAGING URINARY INCONTINENCE
AN AHRQ INITIATIVE

Jill Huppert, MD, MPH
Agency for Healthcare Research and Quality
AHRQ’s Dissemination and Implementation (D&I) Process

1. Receive Nominations
2. Review Against Minimum Criteria
3. Assess Evidence and Impact
4. Assess Feasibility
5. Explore Implementation Approaches
6. Support Investment
7. Evaluate Project

- (Left) Systematic Review sponsored by PCORI
  - Good evidence for effective interventions
- (Right) Assessed for action
- UI Stakeholder meeting
## Assessment: Why Urinary Incontinence?

### Public Health Burden
- 40% women report any UI
- ~30% older women report moderate/severe UI

### Effective Non-surgical Interventions
- Behavioral
- Medications
- Neuromodulation
- Combinations

### Patient Centered Outcomes
- Symptoms
- Quality of life (high social impact)
- Cure

### Evidence-Practice Gap
- <40% screened in primary care
- <50% with symptoms seek care
- 30-50% treated

### Role of Primary care
- Early identification and treatment
- Efficient use of specialty and community resources
Primary Care

Providers

Patients
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

<table>
<thead>
<tr>
<th>Grantee Project</th>
<th>What sets them apart?</th>
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| WI-INTUIT       | • Streamlined practice facilitation (Menu-based intervention: 5 A’s)  
                  • ± Community partnership building |
| UW Madison      |                       |
| PURSUIT         | • mHealth toolkit (MyHealtheBladder, data dashboard)  
                  • ± consultative services |
| UAB-VA          |                       |
| IT2             | • Automated UI screening and shared decision-making assistance (Wisercare) |
| Northwestern    |                       |
| EMPOWER         | • Nurse navigation care pathway  
                  • ± AI conversation platform (CeCe)  
                  • ECHO |
| UH Cleveland    |                       |
| UC San Diego    | • Practice facilitation dyads  
                  • 4-pronged approach (academic detailing, clinical decision support, electronic referral, APP co-management) |
| UCSD            |                       |
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

Principal Investigators (PIs):
Adonis Hijaz, MD - Urology
Goutham Rao, MD - Family Medicine

Leadership Team:
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Goutham Rao, MD (PI)
Ellen Divoky, Project Manager
Brit Conway, Evaluation Liaison
Sarah Koopman, Evaluation
Fred Schumacher, Evaluation
Mary Dolansky, Dissemination
Rachel Pope, Implementation
David Sheyn, Implementation
Carla Harwell, Implementation
Esther Thatcher, Implementation
Kurt Stange, Consultant
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!
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

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- 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.
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
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.

ClinicalTrials.gov NCT# 05418849
Patient Impact

• Convenient, **remote access** to care

• **Self-management** tool (MyHealththeBladder) for improved UI symptoms
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 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
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**
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

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
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

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<thead>
<tr>
<th>Incontinence doctor</th>
<th>Patient-reported outcomes</th>
<th>Primary care doctor</th>
<th>Practice improvement</th>
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<tbody>
<tr>
<td>Heidi Brown, MD, MAS</td>
<td>Kathryn Flynn, PhD</td>
<td>Joan Neuner, MD, MPH</td>
<td>Mona Mathews, MA, PMP</td>
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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)?
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

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Project Features

- **Streamlined** practice facilitation
  - Benefits of tailoring without intensive time commitment

- **Partnership** building
  - Win-win connections make everyone’s work easier
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.”
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
Q&A

Please put your questions in the Q&A feature.
Thank you!

For more information, please visit


or contact

MUI_SECenter@academyhealth.org