

ENVIRONMENTAL SCAN: Dissemination and Implementation of Nonsurgical Urinary Incontinence (UI) Treatment for Women in Primary Care

KEY FINDINGS

- The environmental scan identified only 30 articles—representing 14 studies—that addressed the dissemination or implementation of nonsurgical UI care for women in primary care.
- Most of the studies focused on implementation of a specific care intervention without use of broader dissemination and implementation (D&I) strategies.
- Additional focus on dissemination and implementation strategies to improve UI diagnosis, management, and referral is needed.

About this Project

The Agency for Healthcare Research and Quality's (AHRQ) Managing Urinary Incontinence initiative builds on the success of the Agency's EvidenceNOW model to address important gaps in nonsurgical UI care for women in the primary care setting. As part of the initiative, AHRQ is funding five cooperative agreement (U18) grantees to develop primary care extension services to disseminate and implement improved nonsurgical treatment of UI for women within primary care. The RAND Corporation, in partnership with AcademyHealth, has been contracted to support the Managing Urinary Incontinence grantees and evaluate the initiative. Learn more at <https://www.ahrq.gov/evidencenow/projects/urinary/index.html>

Scan Reveals Important Research Gaps in Disseminating and Implementing Improved UI Care

UI is a Highly Prevalent & Impactful Condition among Women, but Underdiagnosed & Undertreated

Background

Studies in the United States indicate that nearly 50 percent of women 40 years of age and older report symptoms that are consistent with UI.¹

The condition also has a significant impact on patients' lives, including lower quality of life, higher rates of social isolation and depression, more sedentary lifestyles, increased risk for falls and fractures, and poorer management of other chronic medical conditions.²⁻⁵



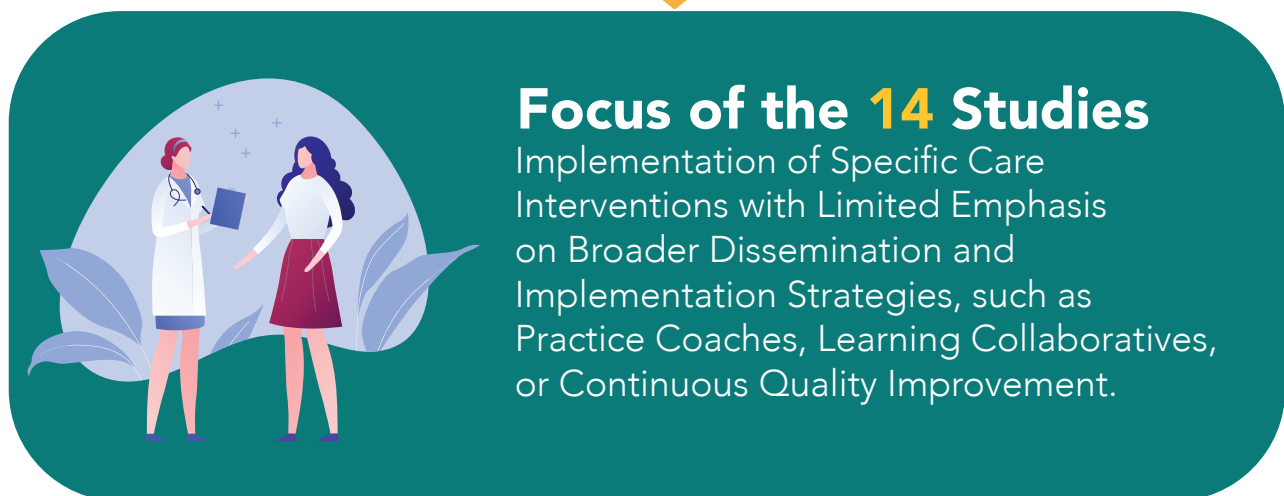
Despite the existence of screening tools and a variety of affordable, evidence-based nonsurgical treatments for UI, many women are not diagnosed or treated. Primary care clinicians are often best positioned to address this, but do not routinely ask patients about this problem.

As part of its national Managing Urinary Incontinence initiative, the Agency for Healthcare Research and Quality (AHRQ), asked RAND to conduct an environmental scan of prior research on dissemination and implementation of evidence-based processes to improve screening, diagnosis, and management of UI for women in the primary care setting.

Citations

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3. Hung, Kristin J., Christopher S. Awtrey, and Alexander C. Tsai, "Urinary Incontinence, Depression, and Economic Outcomes in a Cohort of Women Between the Ages of 54 and 65 Years," *Obstetrics and Gynecology*, Vol. 123, No. 4, April 2014, pp. 822-827.
4. Jerez-Roig, Javier, Joanne Booth, Dawn A. Skelton, Maria Giné-Garriga, Sebastien F. M. Chastin, and Suzanne Hagen, "Is Urinary Incontinence Associated with Sedentary Behaviour in Older Women? Analysis of Data from the National Health and Nutrition Examination Survey," *PLoS One*, Vol. 15, No. 2, 2020, e0227195.
5. Brown, Jeanette S., Eric Vittinghoff, Jean F. Wyman, Katie L. Stone, Michael C. Nevitt, Kristine E. Ensrud, and Deborah Grady, "Urinary Incontinence: Does It Increase Risk for Falls and Fractures?" *Journal of the American Geriatrics Society*, Vol. 48, No. 7, July 2000, pp. 721-725.

Research is Lacking on D&I Approaches for Improving UI Care in Primary Care Settings



Two Key Areas for Further Study to Improve UI Care

While the studies addressed multiple levels of the primary care system and evidence to improve screening, there are other important aspects of care that were not as robustly addressed, such as management and specialty referral.

The environmental scan revealed two key areas of opportunity to grow the evidence base to improve UI care, including:

- ✓ Studies that assess broader implementation or dissemination strategies, such as practice coaches and learning collaboratives; and
- ✓ Additional focus on management and referral strategies.