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

Project Overview: WI-INTUIT will compare streamlined practice facilitation (SPF) and SPF in combination with partnership building. SPF will encompass well-established strategies from Expert Recommendations for Implementing Change (ERIC) with the central strategies being facilitation and promoting adaptability. A menu of configurable solutions based on the 5 A’s (Ask, Advise, Assess, Assist, Arrange) will be adopted by the primary care practices using participatory design principles and the menu will be modified for each practice’s context and priorities. Academic detailing and change champions will support implementation.

SPF with partnership building will engage community resources and enable coalition building. In addition to a practice facilitator, a partnership facilitator from Wisconsin Institute for Healthy Aging (WIHA) will identify existing local community resources with which the practice may choose to partner. An online learning community will also be established where information can be exchanged. The American Urogynecological Society (AUGS) and the network of pelvic floor specialists in Wisconsin are committed to identifying local specialists and fulfilling requests for referrals across the state. Practices that are not randomized into the partnership building arm will be included in the online learning community as soon as the 18-month data have been collected for their site.

Characteristics of the Primary Care Systems and Patients Served:
The project team anticipates that practices will mirror the state population of Wisconsin overall, whose demographics roughly reflect the U.S. population. A wide variety of practices will be included (owned by or affiliated with large health systems, federally-qualified health centers, tribal clinics, and independent practices). Comorbidities associated with UI are common with more than 30 percent of Wisconsin adults affected by obesity and 31 percent of older adults living with a disability.

A minimum of 50 primary care practices that serve at least 50,000 adult women will be recruited for the WI-INTUIT project. It is anticipated that roughly half of the practices will be members of the Wisconsin Network for Health Research (WiNHR), the Wisconsin Research and Education Network (WREN), or The Medical College of Wisconsin (MCW). WREN is distributed across 36 of Wisconsin’s 72 counties and is comprised of 200 practicing clinicians at 80 different clinic sites from 37 health care organizations. WiNHR is comprised of Wisconsin’s four largest health care groups and includes 350 clinics that serve more than two-thirds of the state population. MCW primary care practices serve more than 160,000 patients in 26 community-based and 3 hospital-based practices. WIHA, who will connect the practices to community-based organizations, has already built capacity to deliver community-based UI treatment programs in 21 of Wisconsin’s 72 counties.
**Goal**

WI-INTUIT seeks to compare streamlined practice facilitation (SPF) alone with SPF plus partnership building. The goal of the intervention (UI-Assist) is to increase screening and treatment of urinary incontinence (UI) in primary care. WI-INTUIT will build partnerships between primary care practices and existing community and subspecialist organizations to overcome barriers to increase diagnosis and treatment of UI among women in primary care.

**Aims**

1. Compare implementation fidelity of UI-Assist using streamlined practice facilitation with or without supplemental partnership building.
2. Examine the impact of implementation strategy and contextual factors on UI-Assist’s Reach, Adoption, Implementation, and Maintenance.
3. Identify the impact of UI-Assist and contextual factors on patient-reported outcomes.

**Evaluation Overview**

WI-INTUIT will align evaluation analysis with the RE-AIM framework to determine whether the implementation of UI-Assist was successful for each practice. The team will use the Consolidated Framework for Implementation Research (CFIR) to explain why implementation succeeded or failed for each practice and to identify relevant modifiable factors that can promote or undermine RE-AIM outcomes. The team will compare the two implementation strategies through a Type 3 Hybrid Effectiveness Implementation Trial.

For aim one, implementation fidelity will be measured by the change from pre-implementation baseline between study arms in the proportion of women reporting having been screened for UI at each practice.

For aim two, supplemental partnership building in addition to streamlined practice facilitation will be examined to assess reach, adoption, implementation, and maintenance of UI-Assist, including an economic evaluation. A purposive sample of 30-40 women who participate in the online survey will be invited to participate in a telephone interview or virtual focus group to expand on the survey items already collected.

Lastly, the team will evaluate outcomes important to patients. Improvement in UI will be measured by the Patient Global Impression of Improvement (PGI-I) tool assessed via a 90-day survey and the International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) assessed at baseline and 90 days. Semi-structured discussions will cover UI symptom history and experience, impact on functioning and quality of life, experiences with healthcare providers regarding UI, treatments tried, and economic impact.

**Notable Features**

- Applying proven implementation strategies and commonly used frameworks in dissemination and implementation research to the diagnosis and treatment of UI in primary care.
- Centering primary care practices through incorporation of participatory design and principles from community-based participatory research and human factors engineering.
- Maximizing efficiency and promoting adaptability to context via configurable implementation solutions.
- Emphasizing context in approach and research questions, and compensating practices for participation.
- Testing impact of partnership building as implementation strategy.

“Over 60% of older women experience UI symptoms, yet few seek care. With more than 75% of women wanting their primary care provider to ask about their symptoms, WI-INTUIT will help support primary care providers in the diagnosis of UI and will help connect women to non-surgical treatment options. This project is designed to streamline primary care providers’ role in the management of UI and improve patients’ quality-of-life.”

- The WI-INTUIT team