



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

Project Overview

This practice-based intervention seeks to improve the quality of care for women with urinary incontinence (UI) using methods grounded in the Chronic Care Model (CCM) and guided by the Consolidated Framework for Implementation Research (CFIR). A multi-faceted, four-pronged intervention is being implemented with the following components: academic detailing, clinical decision support (CDS), Advanced Practice Provider (APP) co-management, and electronic referral.

Academic detailing entails group lectures led by a champion specialist/primary care provider (PCP) dyad in addition to monthly one-on-one intervention feedback between the clinician champions and individual primary care practices. The PCPs will be trained in how to use clinical decision support, such as note templates, order set, interruptive alert, and banner/smart zone within the electronic health record. APPs will assist with self-management and medication prescribing. Referrals to specialists will be screened so that specialists can request further workup before referral.

Monthly intervention feedback over Zoom or email will occur between the clinical champions and the individual PCPs, and physicians with poor performance will receive additional support.

Characteristics of the Primary Care Systems and Patients Served

The project is a four-site intervention and encompasses a broad mix of PCPs who care for patients with UI at large Southern California health systems. University of California (UC) San Diego and associates have 80 eligible primary care offices, with 240 physicians, and a large managed care population who are medically underserved. Cedars-Sinai has over 350 physicians across 36 specialties throughout Los Angeles, with 32 offices of internists, geriatricians, gynecologists, and family practice physicians eligible for randomization. UCLA Medical Group provides primary and specialty medical care at over 170 ambulatory locations, with 48 eligible primary care offices and 160 physicians. LA County Department of Health Services Primary Care Network (UCLA-Harbor Medical Center) has a large managed care population and serves the medically underserved with over 12,000 patients.

Patients will encompass an ethnically diverse population of women who are fluent in either English or Spanish, aged 18 or over, and have no significant psychiatric history that would prevent them from participating.

Goals

Overall goals: 1) implement patient-centered outcomes research (PCOR) evidence regarding nonsurgical UI treatments for an ethnically diverse population of women through a controlled practice-based primary care intervention, 2) evaluate the effect of implementation on referral rates to specialists (with the goal to reduce rates), 3) improve patient-centered outcomes, 4) reduce disparities in care, and 5) disseminate findings to a diverse population of patients and providers.

Lead organization

University of California (UC)
San Diego Health

Partner organizations

Cedars Sinai Medical Delivery Network
UCLA Medical Network
Harbor UCLA primary care network

Principal investigators

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Geographic region

Southern California, including Los
Angeles and San Diego

Project period

February 2022 – 2025

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Notable Features

Aims

1. Improve the quality of incontinence care provided to an ethnically diverse population of women through a controlled practice-based intervention involving generalists.
2. Determine if increasing adherence to UI quality-of-care indicators (QIs) by primary care physicians results in a decrease in utilization of specialty care.
3. Measure the effect of a practice-based UI intervention on patient outcomes, as measured by validated questionnaires, including symptom severity, disease-specific quality of life, patient knowledge, and perceived shared decision making.
4. Determine if a practice-based UI intervention reduces variation and disparities in care.

- Developing a new pragmatic approach for incorporating subspecialty expertise into primary care settings that does not overburden primary care.
- Applying an APP co-management strategy where APPs will conduct the patient education component.
- Learning from a successful electronic consultation system already in place in Los Angeles County.
- Using a set of quality measures, termed “quality indicators,” previously developed by the research team to include stress vs. urge UI.
- Tailoring management for each type of UI for applicability beyond older women.
- Addressing possible disparities in care.

Evaluation Overview

Sixty offices across the four sites will be randomized to the intervention or the control arm of the study, with 30 offices in each arm. At baseline, each physician’s prior compliance with a set of UI-specific quality indicators will be reviewed through review of charts of patients with a positive diagnosis for UI (five percent of all records will be re-abstracted to establish inter-rater reliability). After the initial lecture and one-on-one feedback with providers, patients will be screened for bothersome UI the week before their PCP visit. Patients who screen positive and wish to participate will complete a set of questionnaires assessing UI severity and quality-of-life impact at baseline, three, and six months. A post-intervention quality assessment will occur six months after the initial patient assessment through chart abstraction using the set of QIs. A validation phase will be performed in which the 30 control offices cross over and receive the intervention. Data will be analyzed as a separate cohort to confirm improvements in patient care and outcomes can be duplicated.

Outcomes for assessment include: 1) patient-level aggregate score of the proportion of recommended care received (0-100%); 2) the number of referrals to a specialist over the intervention period compared between intervention and control groups - secondary analysis will examine the interaction of patient race/ethnicity, provider variables such as sex, and time to referral; 3) patient-centered outcomes between physicians participating in the intervention and those who do not.

“We are thrilled that AHRQ has taken the initiative to support research addressing the nonsurgical management of urinary incontinence. Our study will support primary care providers in delivering conservative management options to women with urinary incontinence, with the ultimate goal of improving quality of care, access to care, and patient-reported outcomes.”

*Tamara Grisales, MD
Site PI, UCLA
Associate Clinical Professor of Urogynecology*

Quick Numbers and Recruitment Characteristics as of January 2024

Number of participating practices: **61**

Number of women reached/contacted: **8,019**

Number of women completed screening: **1,032**

Proportion of women who screened positive for UI: **31%**

Multiple specialties within primary care are represented including family medicine, internal medicine, general gynecology, and geriatrics.

In addition to primary care attending physicians, resident physicians and advanced practice providers are included in the project.

Harbor-UCLA, a safety net provider catering to predominantly underserved patient populations, is one of the participating sites.