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Title

Advanced Practice Provider vs. Electronic Co-Management to Improve Urinary Incontinence CARE: Protcil for a Cluster Randomized Comparative Effectiveness Trial

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Introduction: Urinary incontinence (UI) affects an estimated 51% of US adult women. This is a comparative effectiveness study of practice-based interventions to improve UI care quality and reduce health disparities.

Objectives: Compare the effectiveness of two nonsurgical UI interventions on care quality, shared decision making (SDM), patient-centered outcomes and knowledge. Determine if interventions reduce care disparities and knowledge gaps in underserved Spanish-speaking Latinas.

Methods: Sixty primary care physicians (PCPs) from 3 health systems will be randomized into two arms. In Arm 1, patients are co-managed by urology advanced practice provider (APP) and PCP. APP provides UI care, education, and self-management by telemedicine. In Arm 2, patients are co-managed by PCP and urologist. Urologist electronically reviews referral for appropriate primary UI care and provide recommendations if indicated. In both arms, PCPs receive academic detailing and electronic clinical decision support. Shared decision making, patient-reported UI outcomes and knowledge will be assessed using validated questionnaires. Will compare the care quality by site, provider characteristics (sex and years in practice), and racial/ethnic patient groups.

Results: Study funding began in October 2022. 181 primary care clinics are eligible for participation. Recruitment began April 2023. Preliminary analysis found 21.1% of women who screened positive for UI discussed UI with PCP. EHR clinical decision support tools are implemented to prompt PCPs to discuss UI patients who screen positive.

Conclusions: Successful intervention(s) may lead to wide-scale implementation of effective, cost-saving, quality improvement methods to improve patient satisfaction and streamline UI care.