A Quality Improvement Initiative to Improve Outcomes in Urinary Incontinence

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HEALTHCARE PROBLEM

- Urinary incontinence (UI) affects approximately 25 million Americans.[1]
- Data from multiple sources have revealed suboptimal assessment and management of individuals with UI.[2,3]
- The Physician Quality Reporting System (PQRS) has identified the several provider performance measures for improvement (Figure 1).

EDUCATIONAL STRATEGY

- A multifaceted strategy comprising baseline evaluation, patient chart review, point-of-care interventions, one-on-one physician mentoring, and online continuing medical education (CME) was developed to identify the identification and management of persons with UI.
- Healthcare provider gaps were aligned with PQRS Measures, which in turn were aligned with 2 case-based, online, CME-certified interventions, each with distinct learning objectives (Figure 1).

- Knowledge, attitudinal barriers, and performance data were evaluated at baseline via a Clinical Practice Assessment survey and patient chart review (550 charts), for a sample of 30 physicians (primary care providers and urologists) working within previously identified healthcare systems and meeting the specified inclusion/exclusion criteria (Figure 2).
- On the basis of baseline performance data, the clinicians received recommendations of up to 2 CME activities.
- Six months after CME completion, each clinician was assessed for performance improvement, using patient chart review, allowing for measurement of performance changes.

IMPACT ON PATIENT CARE

- Baseline data were extracted from 550 patient charts between May 1, 2013, and April 30, 2014
- All online interventions launched simultaneously on December 16, 2014, and providers were given 6 months during which they could engage in online interventions and make practice changes.
- Postintervention data extraction occurred between June 2015 and November 1, 2016.
- Providers with data available at both baseline and postintervention timepoints are included in this analysis.
- Evaluation of patient chart data revealed the effect of the intervention across all 3 PQRS measures.

- Among the 17 PCPs who were assessed for changes in their practice for the assessment of UI symptoms, 29% (n=5) increased their assessment of patients for UI symptoms (Figure 3).
- A subset of PCPs (n=9) who actively managed patients with UI were evaluated for changes in their practice with respect to the care of their patients.
- The educational interventions resulted in an increase in the number of Primary Care physicians who performed the following assessments among their patients with UI:
  - UI assessment: symptom documentation; assessment of ADL; UI testing (Figure 4A)
  - Development of plan of care (Figure 5A)
- Among the 10 Urologists included in this analysis, educational interventions resulted in an increase in the number of physicians who performed the following assessments among their patients with UI:
  - UI characterization: UI assessment; symptom documentation; UI testing (Figure 4B)
  - Development of a plan of care; appropriate use of pharmacotherapy (Figure 5B)

CONCLUSIONS

- Baseline chart review identified a variety of gaps across both primary care providers and urologists.
- This quality improvement initiative, which incorporated both point-of-care interventions and online CME programs, improved physician performance across 3 nationally defined quality improvement measures for management of UI.
- This multifaceted strategy, which included a collaboration among several partners, strove to impact provider performance and patient healthcare more than could be achieved by any single approach alone.

REFERENCES


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DISCLOSURES

The authors have nothing to disclose.