Fecal Incontinence in Primary Care Consortium – Draft CER ideas

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| CER idea | What we currently know (science) | What consortium patients/providers said | Population at risk for health topic  | Relevance to your partnership (how did we get to decide this) | Considerations | Health Topic |
| The impact of increased awareness of primary care providers (PCP) about prevalence of FI on screening for primary care patients | One study reports, individuals with fecal incontinence underestimated the severity of FI. Clinicians not routinely inquiry about Incontinence (2).  | Patients may feel that FI is a “normal part of aging” and that there is little that their doctor can do to help them. | Primary care patients | Discussion during Tier one meeting. Summary in minutes. Approval of topic… scoring/ranking…. | Advisors discussed that improving awareness of prevalence may improve care seeking behavior provider awareness. | Fecal Incontinence |
| The impact of educational programing on managing FI in primary care on patient health outcomes and/or quality of life | Studies report, the evaluation and treatment of FI can be also hindered by lack of understanding of the current management options among healthcare providers and how they impact on QOL. (4,5) | Better communication about FI in primary care could potentially lead to earlier treatment and/or better quality of life; improved health outcomes.Primary care providers do not understand FI and/or treatments that can be provided in Primary care. | Primary care patients |  |  | Fecal Incontinence |
| The impact of screening for FI in primary care on diagnosis and treatment for patients at high risk for FI. | Doctors rarely screen for this condition and patients seldom volunteer complaints of fecal incontinence (7). | Better communication about FI in primary care could potentially lead to earlier treatment and/or better quality of life; improved health outcomes. | Primary care patients |  | There was discussion that PCPs are currently overloaded with management of chronic diseases and other requirements and may not be open to additional screening/services. | Fecal Incontinence |
| The role of treatments for FI provided in primary care compared to treatments provided by specialists in terms of health outcomes and quality of life | AHRQ March 2016 report found no treatments that are comparatively more successful than other.1 One study suggested that PCP type of intervention (e.g. dietary fiber, modifying drugs and advice) were comparable to biofeedback. | Patients may feel that FI is a “normal part of aging” and that there is little that their doctor can do to help them.Primary care providers do not understand FI and/or treatments that can be provided in Primary care. | Primary care patients |  | There was discussion that PCPs are currently overloaded with management of chronic diseases and other requirements and may not be open to additional screening/services. | Fecal Incontinence |
| The impact of improving patient-provider trust on discussing FI in primary care | Studies report, Some people with FI do not discuss it with their physician because their symptoms are mild, and most prefer physicians to ask them directly about FI. Educating patients and physicians about the prevalence of FI and management strategies may improve consultation rates.(3) | Most patients do not discuss FI with providers and live with it on their own.Better communication about FI in primary care could potentially lead to earlier treatment and/or better quality of life; improved health outcomes. | Primary care patients | Advisors discussed the issue of trust related to patient-provider community |  | Fecal Incontinence |
| The impact of documenting FI in the problem list in EHR (verses clinical note) on longitudinal care for patients with FI |  | If FI is documented in the clinical note it may not be reviewed by other providers, thus hampering longitudinal care. | Primary care patients | Community do not understand how prevalent FI is and this can influence awareness about seeking care. |  | Fecal Incontinence |
| The impact of different terminologies to discuss FI and levels of patient embarrassment/discomfort to discussing FI | One study reports, the term “fecal incontinence” is not commonly understood by patient until explained by health care providers (2). Patients report that the common terms for FI are considered rude, and therefore, unacceptable. | Patients/providers may feel more comfortable talking about FI if the terminology was more medical in nature (which may reduce embarrassment/discomfort.) | Primary care patients |  |  | Fecal Incontinence |
| The impact of educational programming targeted to high risk patients on FI and care seeking behavior for FI | One study reports, “lack of knowledge about the condition; Lack of knowledge about treatment; Interventions to promote access to effective treatments for accidental bowel leakage should include information about prevalence and treatability” (8). | Community do not understand how prevalent FI is and this can influence awareness about seeking care. | Primary care patients |  |  | Fecal Incontinence |

 References:[[1]](#endnote-1)

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5. Meyer I1, Richter HE. *Impact of fecal incontinence and its treatment on quality of life in women.* Women’s Health (Lond). 2015 Mar; 11(2):225-38. doi: 10.2217/whe.14.66.
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7. Whitehead, W.E., O.S. Palsson, and M. Simren, *Treating Fecal Incontinence: An Unmet Need in Primary Care Medicine*. N C Med J, 2016. 77(3): p. 211-5.
8. Brown, H.W., Rogers, R.G. & Wise, M.E. *Barriers to seeking care for accidental bowel leakage: a qualitative study.* Urogynecol J (2016) doi:10.1007/s00192-016-3195-1

1. $Type equation here.$ [↑](#endnote-ref-1)