Historically, patient follow-up and treatment compliance for overactive bladder (OAB) is poor. Often patients are cycled between medications without improvement or progression to third line therapies. Clinical care pathways have been shown to be effective in improving and standardizing care in an array of medical conditions.

Introduction

- Implement an OAB clinical care pathway in our multispecialty urology practice
- Compare differences in follow-up rates and utilization of third line therapies before and after the clinical care pathway introduction

Objectives

- A voiding dysfunction database was designed and implemented to capture all patients in our university practice
- The database was queried to capture all new patient visits with the diagnosis of OAB
- Follow-up rates and progression to 2nd and 3rd line therapies were compared between pre and post implementation the clinical care pathway
- Results were sub-stratified into FPMRS certified urologists

Methods

- 1,343 new OAB patient encounters were identified over the course of 24 months
- Post pathway follow-up rates increased significantly at 6 weeks and 3 months
- The mean number follow up visits per patient increased by 50% (0.81 vs 1.23) at 6 months
- Post-pathway, utilization of third line therapies increased from 2.9% to 5.5% at 6 months
- The FPMRS provider experienced nearly a 100% increase in utilization of third line therapies (from 6.3% to 12%) after pathway implementation

Conclusions

- The implementation of an OAB clinical care pathway significantly increased the patient follow-up rate
- The progression to third line therapies within 6 months increased significantly over the study period
- Clinical care pathways have the potential to improve utilization of third line therapies and improve patient quality of life

References