



Association of preventive, primary care, and specialty visits with incontinence diagnosis & treatment among older breast cancer survivors

Emily RW Davidson MD, Kathryn E Flynn PhD, Sarah Marowski BS, R Corey O'Connor MD, Aaron Winn PhD, Joan M Neuner MD MPH
Medical College of Wisconsin

BACKGROUND

- Urinary incontinence (UI) is extremely common
- Breast cancer (BC) survivors are at increased risk of UI
- Prior work in our group found Medicare Annual Wellness Visits (AWV) were not associated with improved UI diagnosis or treatment
- Unclear if other visit types would be associated with UI care in BC survivors

METHODS

- Retrospective cohort study of BC survivors using administrative data
- Inclusion criteria:
 - Women >65 yo with breast cancer
 - Enrolled in Medicare Advantage plans 1 year before and 2+ years after BC diagnosis
- Receipt of UI Care definition (1 or more)
 - UI Diagnosis: ICD9 or ICD10 billing codes
 - UI pharmaceutical treatment: 1+ fill
 - UI procedural treatment: 1+ CPT® code
- Statistical analysis: logistic regression
 - Independent variables: #of visits with primary care, gynecology providers, and AWWs
 - Adjusted for age, race/ethnicity, household income, prior UI care, receipt of chemotherapy, Elixhauser comorbidity index score, rural/urban status, and receipt of low-income subsidy

PURPOSE

We sought to determine whether either the number of visits with primary care or gynecologic providers or attendance at a prevention-focused visit (Annual Wellness Visit/AWV) were associated with higher incidence of UI care (diagnosis or treatment) among a cohort of older breast cancer survivors.

RESULTS

Description of All Patients

Age (years), mean ± SD	73.72 ± 5.19
Race, n (%)	
Black	1011 (17.05)
Other	720 (12.14)
White	4199 (70.81)
Number primary care visits, mean ± SD	7.89 ± 5.59
Number gynecology visits, mean ± SD	0.69 ± 1.58
Number of oncology visits, mean ± SD	6.99 ± 5.16
Prior urinary incontinence care, n (%)	638 (10.76)
Receipt of low-income subsidy, n (%)	675 (11.38)
Metropolitan zip code, n (%)	4811 (81.13)
Elixhauser Comorbidity Index, n (%)	
0	3032 (51.13)
1	1312 (22.12)
2	830 (14.00)
3+	756 (12.75)
Previous chemotherapy, n (%)	1238 (20.93)

Total Population & UI Care

5930 patients met inclusion criteria

655 (10.9%) received UI care

Predictors of UI Care

Prior UI care: aOR 23.1 (18.9-28.2)

Primary Care visits: aOR 1.03 (1.01-1.05)

OBGYN visits: aOR 1.06 (1.01-1.12)

Note: aOR is per 1 additional visit

CONCLUSIONS

- Increased number of **primary care** or **gynecology** visits was associated with a **higher odds of UI care** for breast cancer survivors
- Attendance at a visit focused on prevention (AWV) was not

NEXT STEPS

- Our P20 aims to improve our health system's AWW and evaluate if this prevention-based visit could eventually prove more useful for UI patient care

FUNDING

NIDDK P20 DK127511