



# VA Women's Health Research Network

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## Supporting Multisite Women's Health Research: Practice-Based Research Network

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**VA Palo Alto Health Care System**

Spotlight on Women's Health

VA HSR&D Cyberseminar

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*Pls: Yano, Frayne, Hamilton*

# Overview of Today's Session

- **Context: Women's Health Research Network**
- **Focus on WH-PBRN**
  - How can the WH-PBRN help me?
  - History and overview
- **WH-PBRN Core Components**
  - Support for Researchers
  - Support for Sites
- **Impacts: Vignettes**
- **Q&A**



VA Women's Health Research Network

# CONTEXT: WOMEN'S HEALTH RESEARCH NETWORK

# Major Infrastructure Solution to Including Women Veterans in VA Research

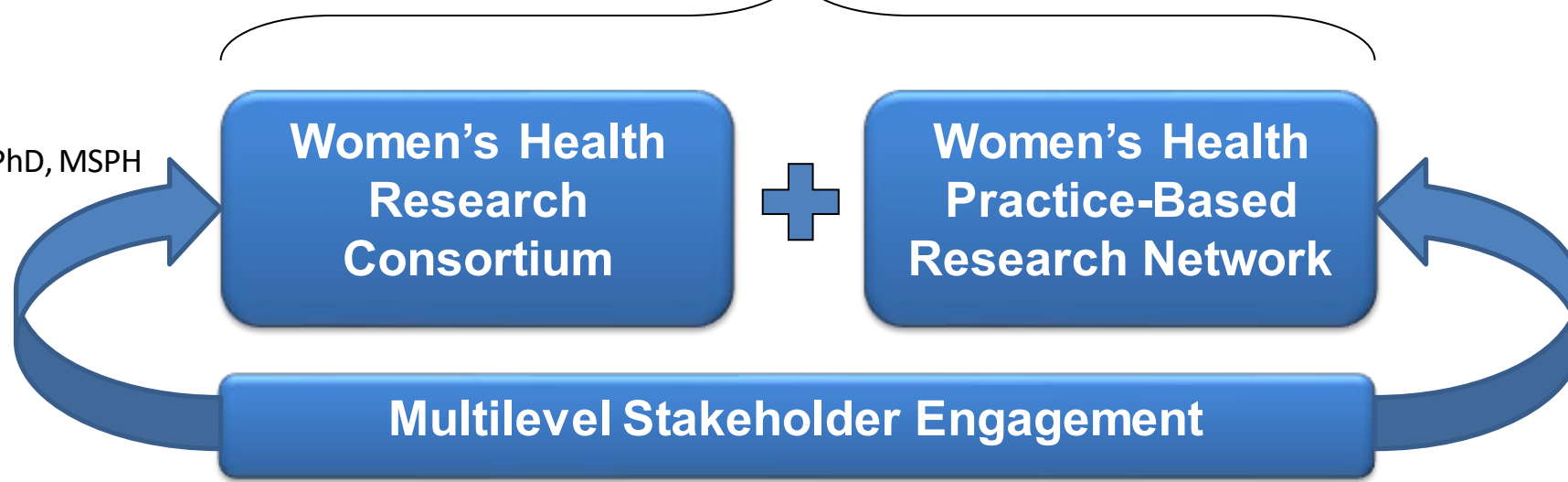
VA HSR&D SDR 10-012



Elizabeth (Becky) Yano, PhD, MSPH



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# Major Infrastructure Solution to Including Women Veterans in VA Research

VA HSR&D SDR 10-012



National network: 76 VA facilities supporting multisite research/QI

VA Women's Health Practice-Based Research Network

**WH-PBRN**

# VA Women's Health Practice-Based Research Network: How can the WH-PBRN Help Me?

- ***I'm a researcher...***
  - WH-PBRN supports multi-site studies seeking to ensure representation of women Veterans
- ***I'm a clinician, manager or policy-maker...***
  - WH-PBRN generates an evidence base to inform practice and policy, and at member sites provides opportunities for participation

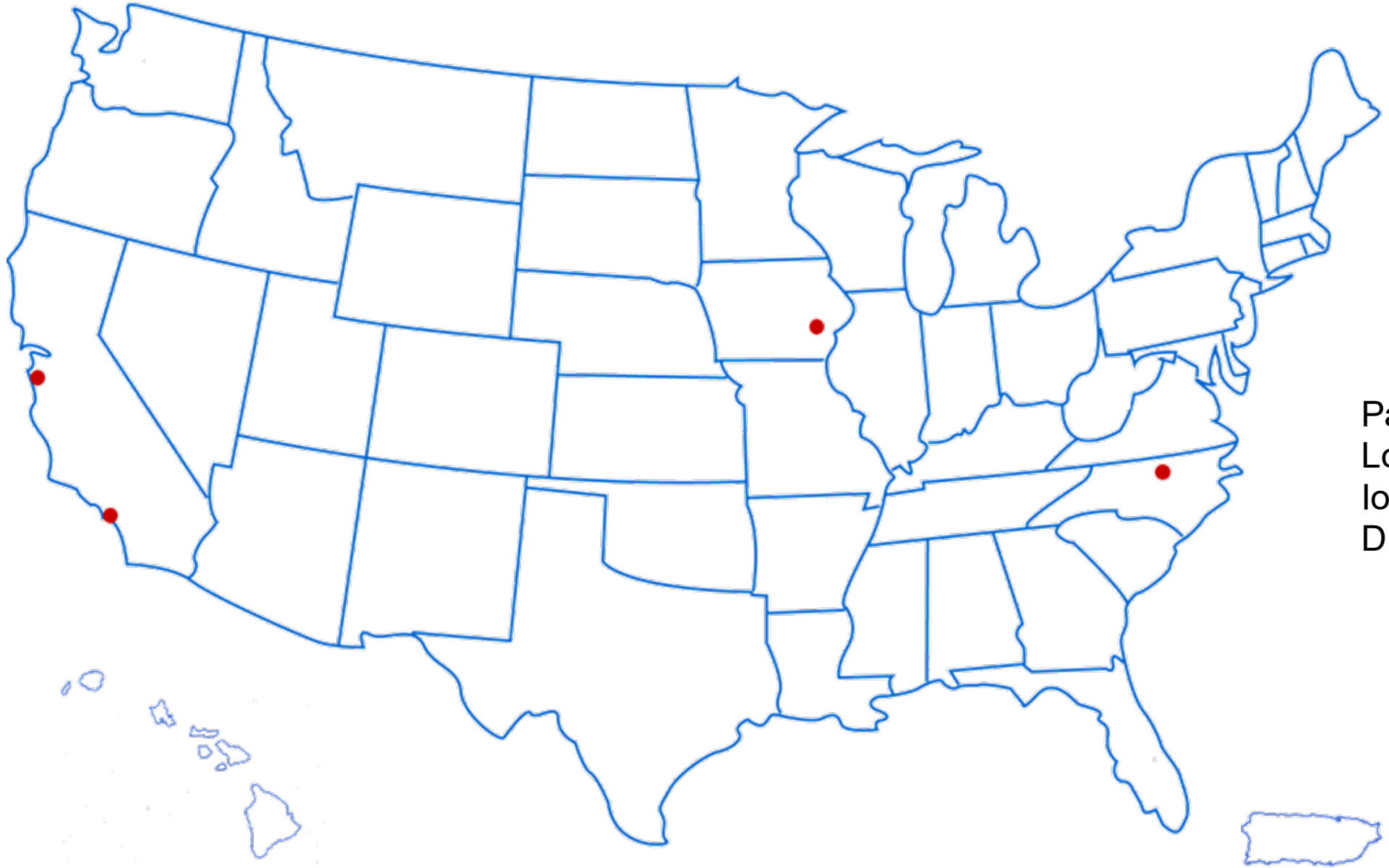
# History

- **Low # of women Veterans at any one site was a barrier to women's inclusion in VA research**
  - You can recruit enough men with heart disease in a *single* VA
  - You might need *dozens of VAs* to get the same # of women
- **Solution: Create a network to support multisite research**



# VA WOMEN'S HEALTH PBRN

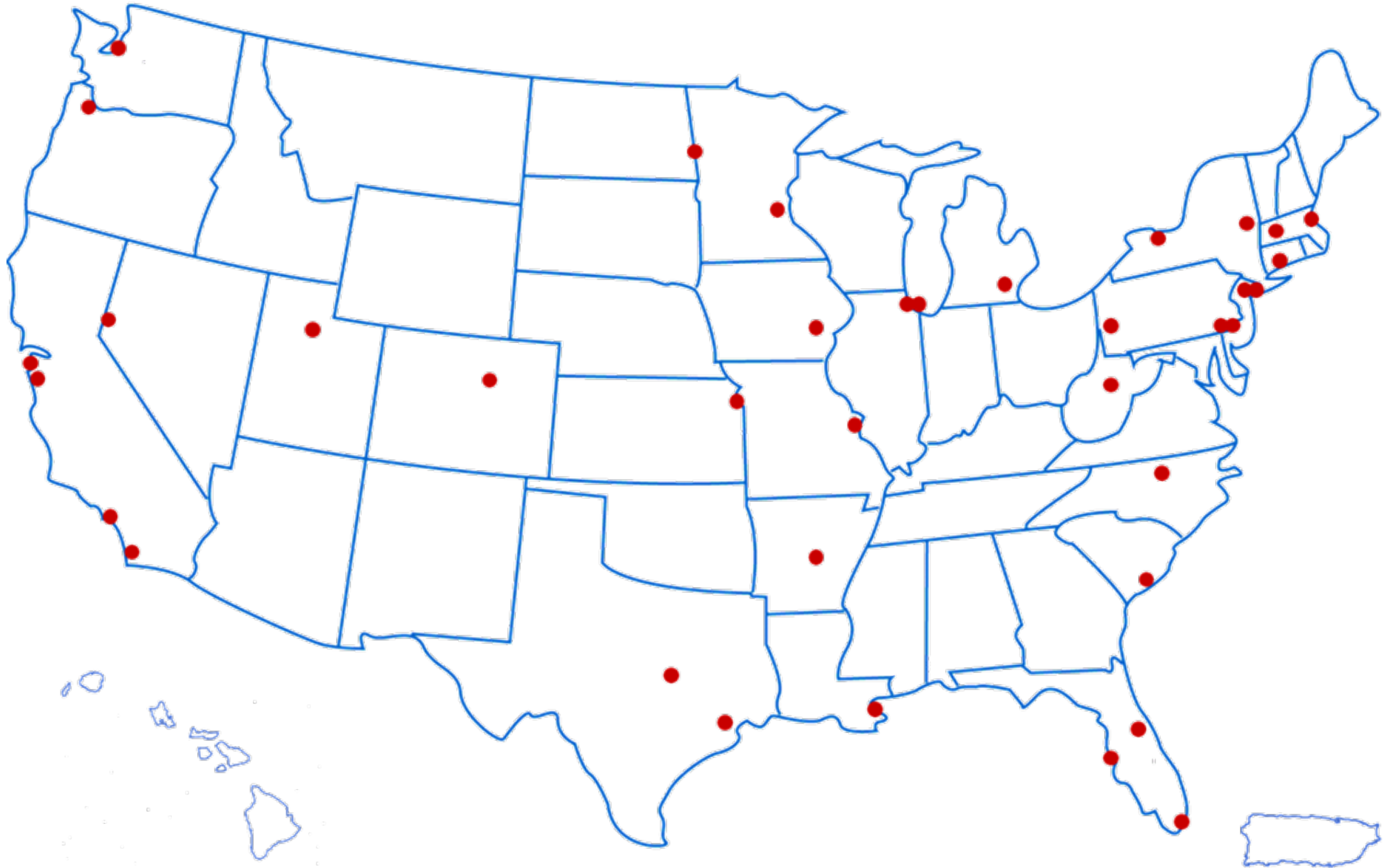
**4 Inaugural Sites: June 2010**



Palo Alto  
Los Angeles  
Iowa City  
Durham

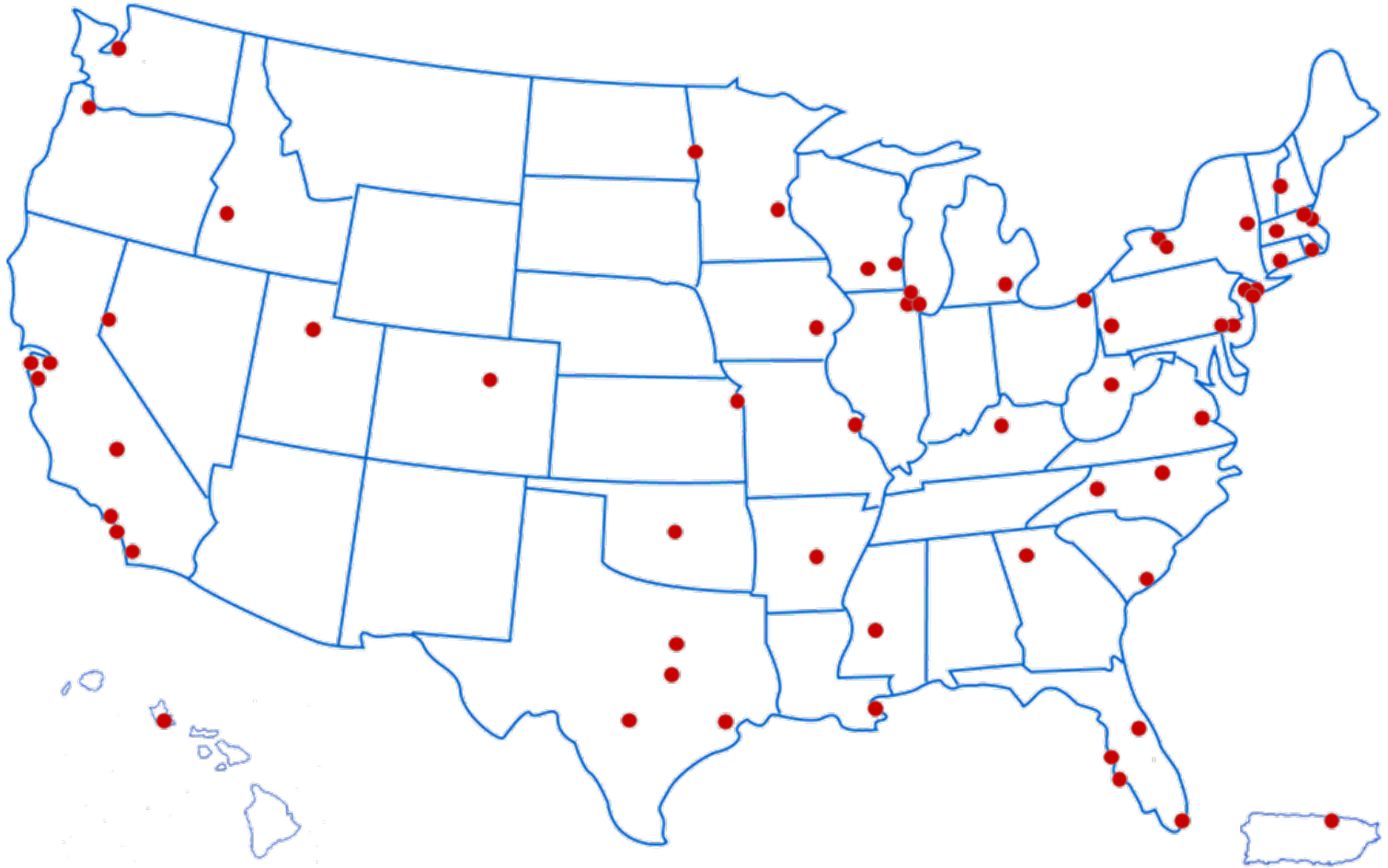
# VA WOMEN'S HEALTH PBRN

**37** Wave 1: February 2012



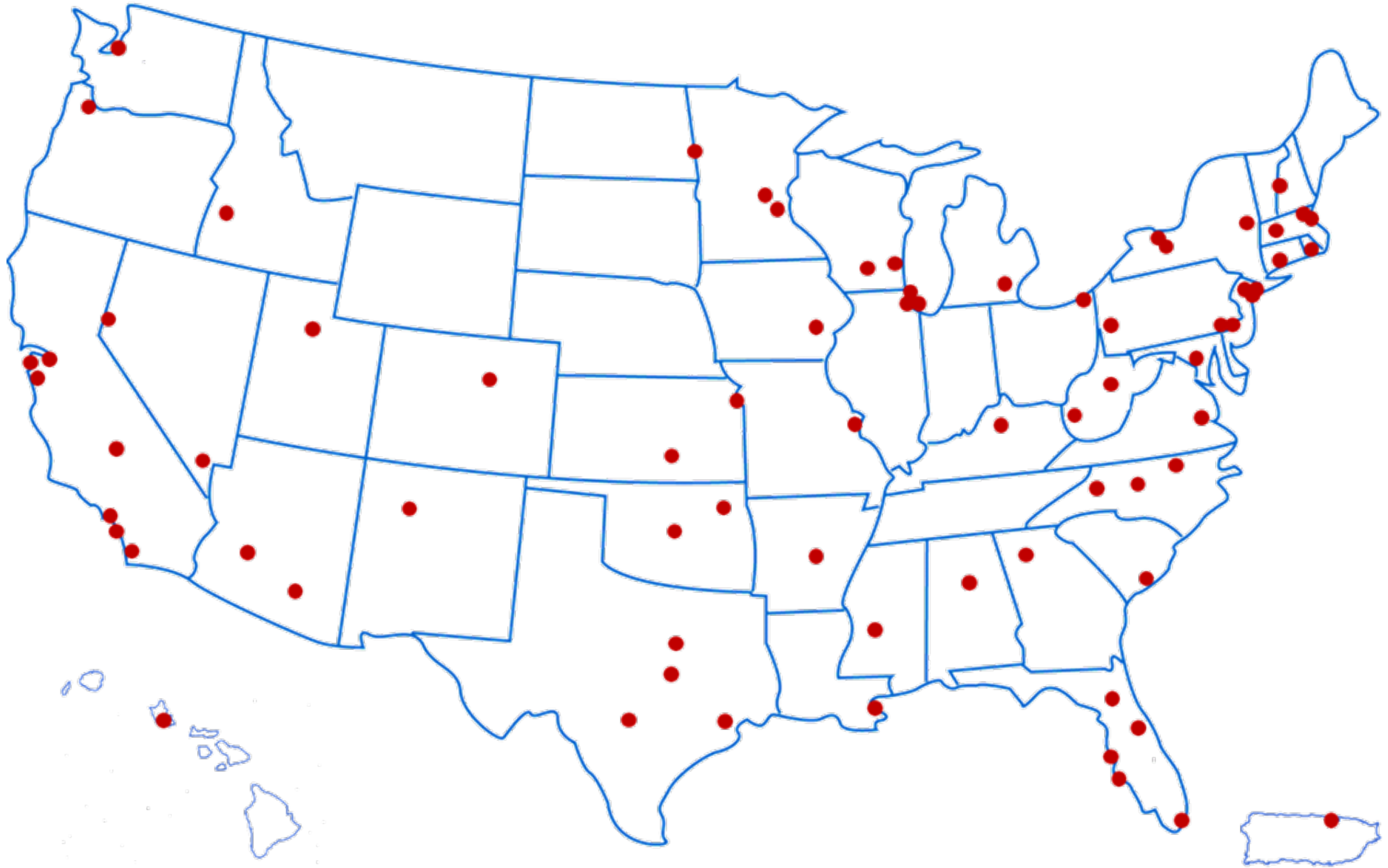
# VA WOMEN'S HEALTH PBRN

**61** Wave 2: June 2015



# VA WOMEN'S HEALTH PBRN

**73** Wave 3: October 2020



# VA WOMEN'S HEALTH PBRN

**76** Wave 4 (include non-research sites): October 2021



# VA Women's Health PBRN: Overview

- **National network of 76 VA facilities partnering to promote and support the conduct of multi-site research/QI**
  - About women Veterans and/or their health care
  - Seeking to over-sample women to make gender analyses possible
- **WH-PBRN Site Lead at each facility**
  - Primed for PBRN research to improve health/health care of women Veterans
  - Connected with local clinicians, managers, leaders, researchers
- **National PBRN Coordinating Center**
  - Promote local site development
  - Support researchers conducting WH-PBRN studies
  - Close collaboration with Consortium and Engagement arms of WHRN

# PBRN: Core Activities

- **Researchers:** Support PIs conducting multi-site research with women Veterans
- **Sites:** Develop national network with capacity for women Veteran research and multilevel stakeholder engagement



PBRN Core Activities

**RESEARCHERS**



# PBRN Supports Many Studies/Projects

- **97 multisite projects to date (research, operations)**
- **37 Intervention/implementation studies**
- **Projects address high-priority topics; examples:**
  - Access to comprehensive Women's Health PCPs
  - Cardiovascular Disease
  - HIV
  - Suicide
  - PTSD
  - Stranger Harassment on VA Grounds
  - Reproductive Health
  - Rural health

# PBRN Supports PIs

- **Study development**
  - **Site selection:** *we know the member sites; sites database*
  - **Warm handoff to engaged sites:** *existing relationships*
  - **Access to Site Lead stakeholders:** *learning healthcare system*
  - **Technical consultation:** *Consortium, PBRN, Engagement*
- **Conduct of study**
  - **Problem-solving:** *sample materials*
  - **Primed sites:** *ongoing projects foster stakeholder engagement and build sites' readiness*
  - **Access to geographically dispersed women Veterans and diverse clinical practices:** *enhanced with WH-PBRN growth*
- **Applying results**
  - **Dissemination:** *Consortium, PBRN, Engagement*

# Access to Women Veteran Populations: Overcoming the Problem of Small N

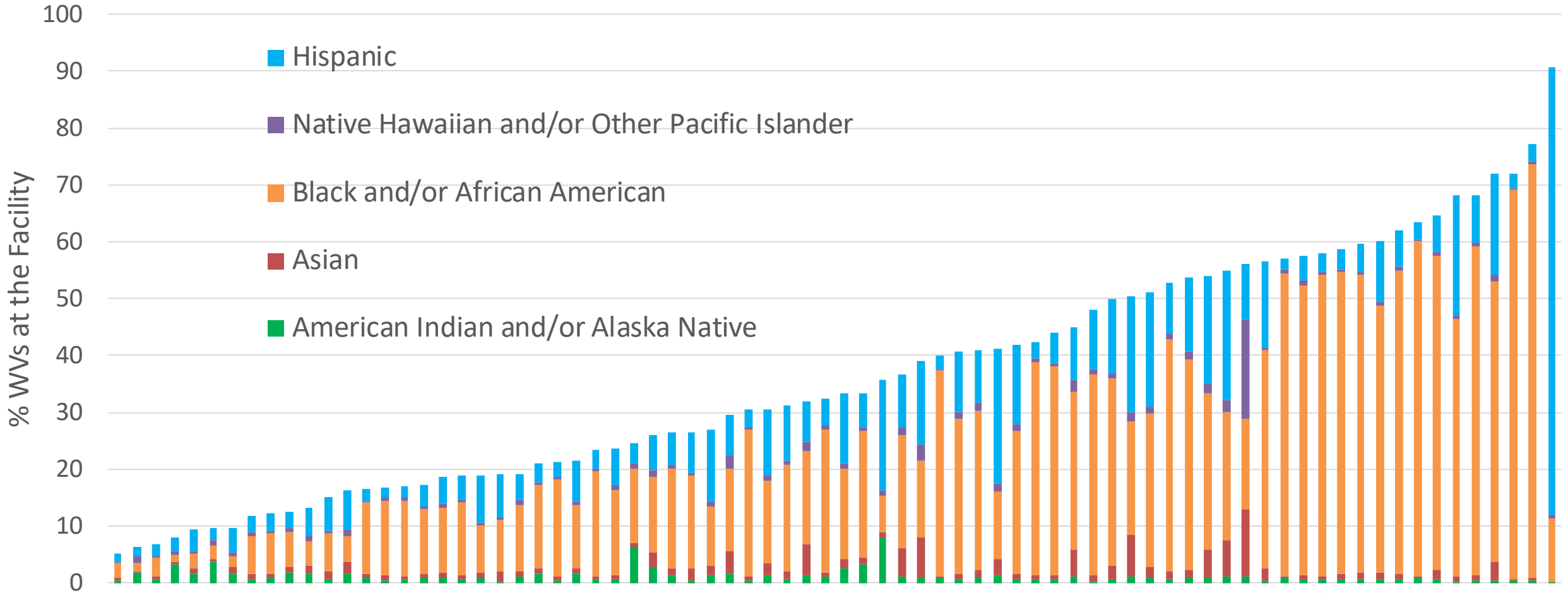
**WH-PBRN represents more than half of women Veteran VHA patients nationally**

**Opportunity for inclusion of diverse women Veteran populations**

# % Women Veterans of Color, by WH-PBRN Facility, FY20

Range: 5% - 91%

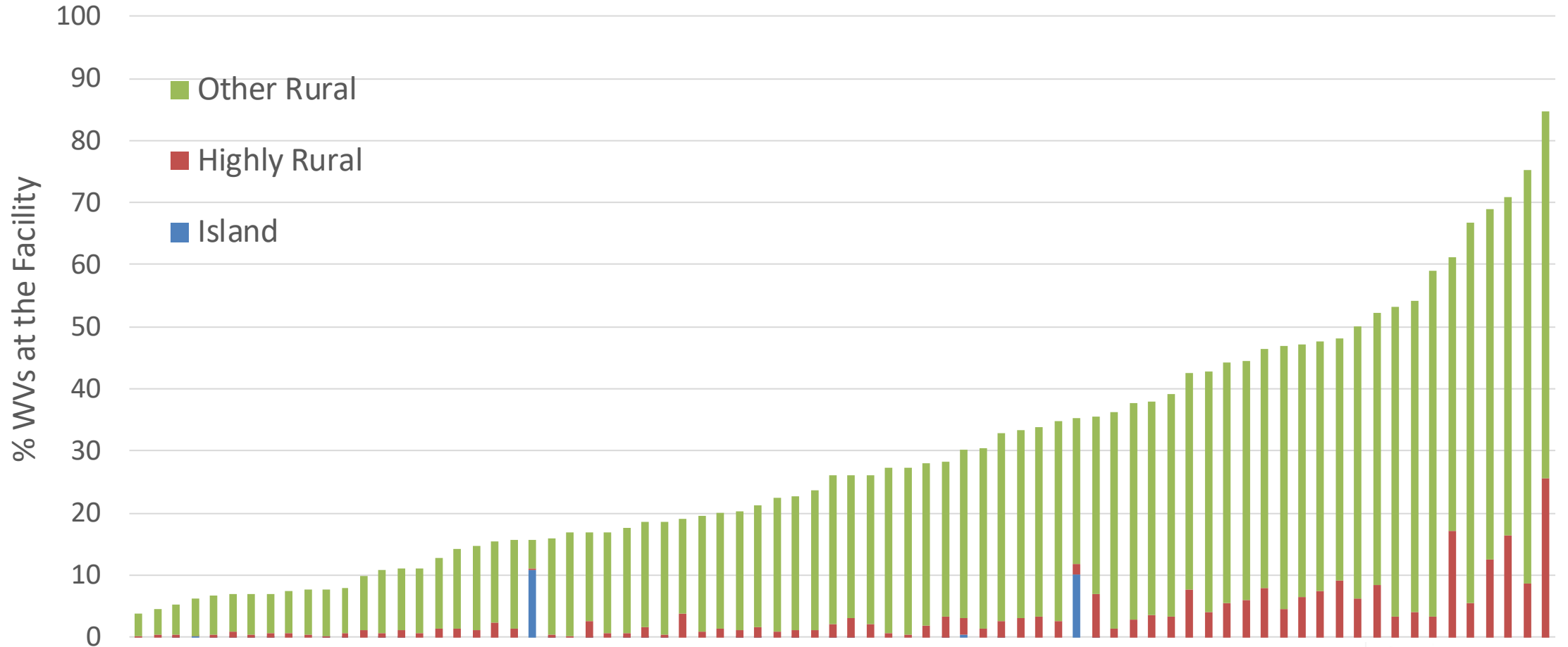
N=76 Sites



# % Women Veterans With Rural Residence, by WH-PBRN Facility, FY20

Range: 4% - 85%

N=76 Sites



# Connections with Diverse Practices for Implementation Studies

- **Access to diverse practices**
  - Small and large facilities (1,000 → 10,000+ women)
  - Rurality: 4-85% rural across sites
  - Diverse delivery care models: Some have Women's Clinics, others do not
  - 21 are affiliated with a VA HSR&D Center, but also includes facilities that typically do not receive as much research attention, and non-research facilities
- **Cluster Randomized Trial designs**
  - May require multiple sites per VISN

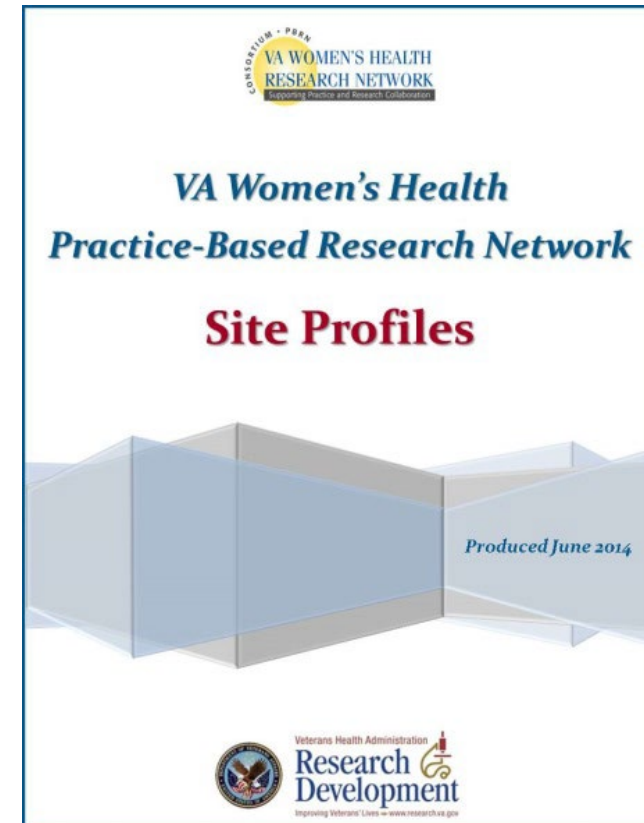
# WH-PBRN Site Lead: “Boots on the Ground”

## WH-PBRN Site Leads have:

- ***Commitment*** to building the evidence base to improve care for women Veterans
- ***Expertise*** about the local women’s health delivery system
- ***Long-term relationships*** with clinicians and leaders at their sites; can help with local site engagement

# Knowledge of Sites/Connections with Site Leads

- **Site Selection**
  - Site characteristics  
(Sites Database)
- **Brokering connection with site**
  - Warm handoff





# Key Ways PBRN Adds Value to Researcher Stakeholders

- Knowledge of sites and connections with Site Leads
- Access to sufficient # of women Veterans, diverse populations, help PI meet inclusion mandate
- Technical expertise around practice-based recruitment of women Veterans
- Diverse clinical practices reflecting the settings where women Veterans receive care nationally
- Primed sites with local connections to engaged clinicians and leaders due to ongoing relationship-building
- Opportunity for stakeholder-engaged research at local sites and nationally
- Pathways for dissemination and spread

# Are you a VA Investigator who is interested in applying to use the PBRN?

- Please contact [WHRN@va.gov](mailto:WHRN@va.gov)
  - At least 2 months before the grant submission deadline
- We'll send you a short application form
- Exploratory call to assess whether study is a fit with WH-PBRN
  - If so, identify how Women's Health Research Network can help
- Site selection
  - Participating sites are identified either before grant submission or after grant funding
  - WH-PBRN Coordinating Center facilitates PI's contact with proposed sites
  - If site is agreeable to participating, PI and Site Lead work out specifics of the site's proposed roles, etc.

PBRN Core Activities

**SITES**

# WH-PBRN Site Lead: Key Activities

## Support Local Component of Studies

- Diverse roles: local site collaborator or consultant (and sometimes site investigator)
- Guide the investigator on local recruitment issues
- Local connections: WH clinicians, leaders, researchers

## Build Local PBRN Community

- Engage local stakeholders: giving presentations, sharing information from national WH-PBRN with clinical staff, local researchers, and/or local leadership
- Oversee local non-research data collection (Practice Scans, Veteran Feedback Projects, Quality Improvement Collaboratives)

## Contribute to National WH-PBRN Community

- Cross-site networking
- Presentations or other contributions to national WH-PBRN meetings

# WH-PBRN Sites

- **Site Development, National Community**
  - Monthly national Site Lead calls
    - Dissemination of findings
    - Didactics on methods
    - Networking
    - Stakeholder-engaged research
  - Quarterly newsletter, SharePoint

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  - Quarterly newsletter, SharePoint
- **Site participation in multisite projects**
  - Research studies
  - Practice Scans
  - Card studies
  - Evidence-Based Quality Improvement Collaboratives (QIC)

# Practice Scans

## Rapid turnaround queries to the field, to describe elements of care delivery systems.

- Typically in response to need of a national partner
- WH-PBRN Site Lead serves as a *Key Informant* who can describe local practice arrangements

## Examples

- *Sexual Orientation/Gender Identity*: how sites collect and document → informing implementation by LGBTQ+ office
- *COVID in women Veterans*: info needs of frontline providers, early insights from the field → report to Office of WH; Cyberseminar
- *Complementary/Integrative Health*: services offered at WH-PBRN facilities → card study w/ OPCC&CT/Office of WH

# Card Studies

- **Veteran feedback survey (anonymous)**
  - Addresses a priority area of national operations partner
- **Data collection period of up to 4 weeks at VAMCs and up to 6 weeks at CBOCs**
  - Clerks/nurses distribute to women Veterans coming in for appointments in primary care or women's clinic
- **Women return form in a lock box**
- **WH-PBRN Coordinating Center oversees data analysis and reporting**
  - Send each site their data benchmarked against national
  - Send national partners aggregate data
- **Certificates of participation**





# Card Studies

- **Complementary and Integrative Health**

- Mar 2017: **20** Sites, **11** CBOCs, **1,191** women

- CBOC = Community-Based Outpatient Clinic*

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- **Stranger Harassment Veteran Feedback Project** (National *End Harassment* and *Stand Up to Stop Harassment Now!* campaigns)

- Wave 1 (Aug 2017): **26** Sites, **3** CBOCs, **1,303** women

- Wave 2 (Sep 2018): **30** Sites, **14** CBOCs, **1,714** women

- Wave 3 (Nov/Dec 2019): **35** Sites, **26** CBOCs, **2,135** women

- Wave 4 (Mar/Ap 2021): **29** sites, **16** CBOCs, **1,245** women

- Wave 5 (Mar/May 2022): **32** sites, **24** CBOCs, **1,645** women



*Stand Up to Stop Harassment Now Pledge*



*End Harassment Campaign poster*



# Evidence-Based Quality Improvement Collaboratives

- **Goals**

- Spread/tailor promising practices developed by WH teams at other VAs
- Expand capacity for evidence-based quality improvement (EBQI) initiatives at WH-PBRN sites
- Build collaborative relationships among women’s health champions across WH-PBRN sites and with national leadership
- Foster local site stakeholder engagement

- **Components**

- EBQI trainings
- Toolkit of resource materials
- Practice facilitation (group, individual)

- **Topics (selected via WH-PBRN Priorities Questionnaire)**

- Abnormal Mammogram Follow-up: VISN 21 (3 sites)
- Culture Change: National (10 sites)

Supporting the VA Learning Health Care System

# **IMPACTS: VIGNETTES**



# Vignette: PI Using Learning Healthcare System On National WH-PBRN Site Lead Calls

Lisa S. Callegari MD, MPH  
VA Puget Sound Health Care System



## 2017

- Disparities in VA hysterectomy
- Office of Health Equity project: Request sites' support for recruiting gyns for interviews
- Site Lead input about approach

## 2018

- Women Veterans' care preferences
- Site Lead input on conversations about women's family planning goals

## 2019

- MyPath (patient-facing, web-based decision support tool): pilot results
- Site Lead input on plans for clinical trial at 7 PBRN sites.

## 2022

- PBRN-based LARC Practice Scan results

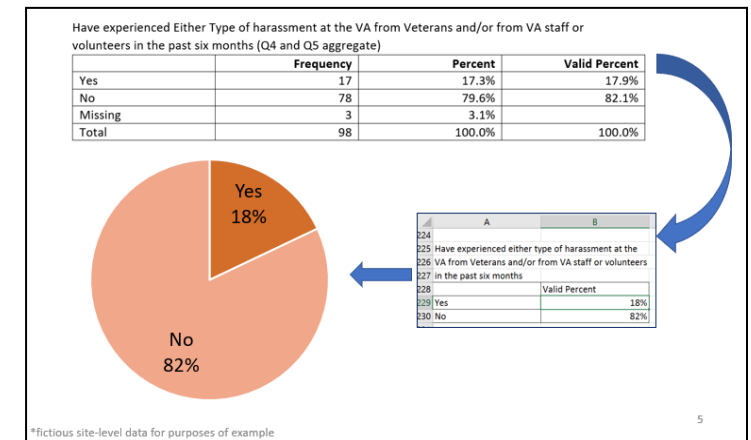
# Local Site Impacts

## Vignette: Using Resources Provided by WH-PBRN to Engage Facility Leadership

Agnes Santiago-Cotto, MSW, WH-PBRN co-site lead  
Women Veteran Program Manager  
VA Caribbean Healthcare System, San Juan, Puerto Rico



- WH-PBRN provided local site results for Stranger Harassment Veteran Feedback Project
- WH-PBRN also provided Excel template to automatically create PowerPoint-ready graphs from site data
- Site Lead presented data to facility leadership
  - Impact: Strengthened enthusiasm to support staff education initiatives facility-wide
- Shared her experiences on national WH-PBRN Site Lead call



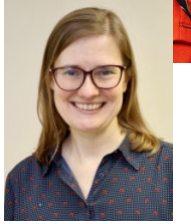
*Fictitious data for illustrative purposes only*

# *Impacts for National Policy-Makers*

## **Vignette: Practice Scan Informing National Partner Initiative**

Mary Driscoll, Ph.D., VA Connecticut Healthcare System

Lynette Adams, Ph.D., Office of Women's Health, VA Central Office



National Office of Women's Health needed stakeholder input on planned  
*Toolkit: Trauma-Informed Care*

Collaborated with WHRN to develop Practice Scan content

Rapid feedback from WH-PBRN sites; response rate 86%

Quantitative/qualitative responses helped inform toolkit content

Learning Healthcare System: Presentation re trauma-informed care and toolkit  
on national Site Lead call (and subsequent national dissemination by OWH)

**How to Reach  
the Women's Health Research Network:  
[WHRN@va.gov](mailto:WHRN@va.gov)**

***Please contact us—we want to hear from you!***

