

Patient-Centered Mental Health Care for Women Veterans

Results of the First VA Women's Health PBRN Study

HSR&D SDR 10-012

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VA HSR&D Cyber Seminar
May 21, 2015

VA Women's Health Research Network

HSR&D SDR 10-012

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Poll

Do you provide clinical care to women Veterans?

-Yes

-No

Poll

Have you ever conducted research that included women Veterans or that examined health care provided to women Veterans?

-Yes

-No

WOMEN'S HEALTH RESEARCH NETWORK: OVERVIEW

VA Women's Health Research Network

SDR 10-012 (PIs: Yano/Frayne/Hamilton)

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Consortium

- Train/educate, foster research-clinical partnerships
 - Focus on Strategic Priority Areas to increase Intervention, Implementation and high Impact research
- Technical consultation, mentorship, dissemination
 - Consultation on WH Research/WH QI
 - Women's Health Services Research national conferences
 - Women Veterans' health journal special issues

Elizabeth Yano, PhD, MSPH

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Practice-Based Research Network (PBRN)

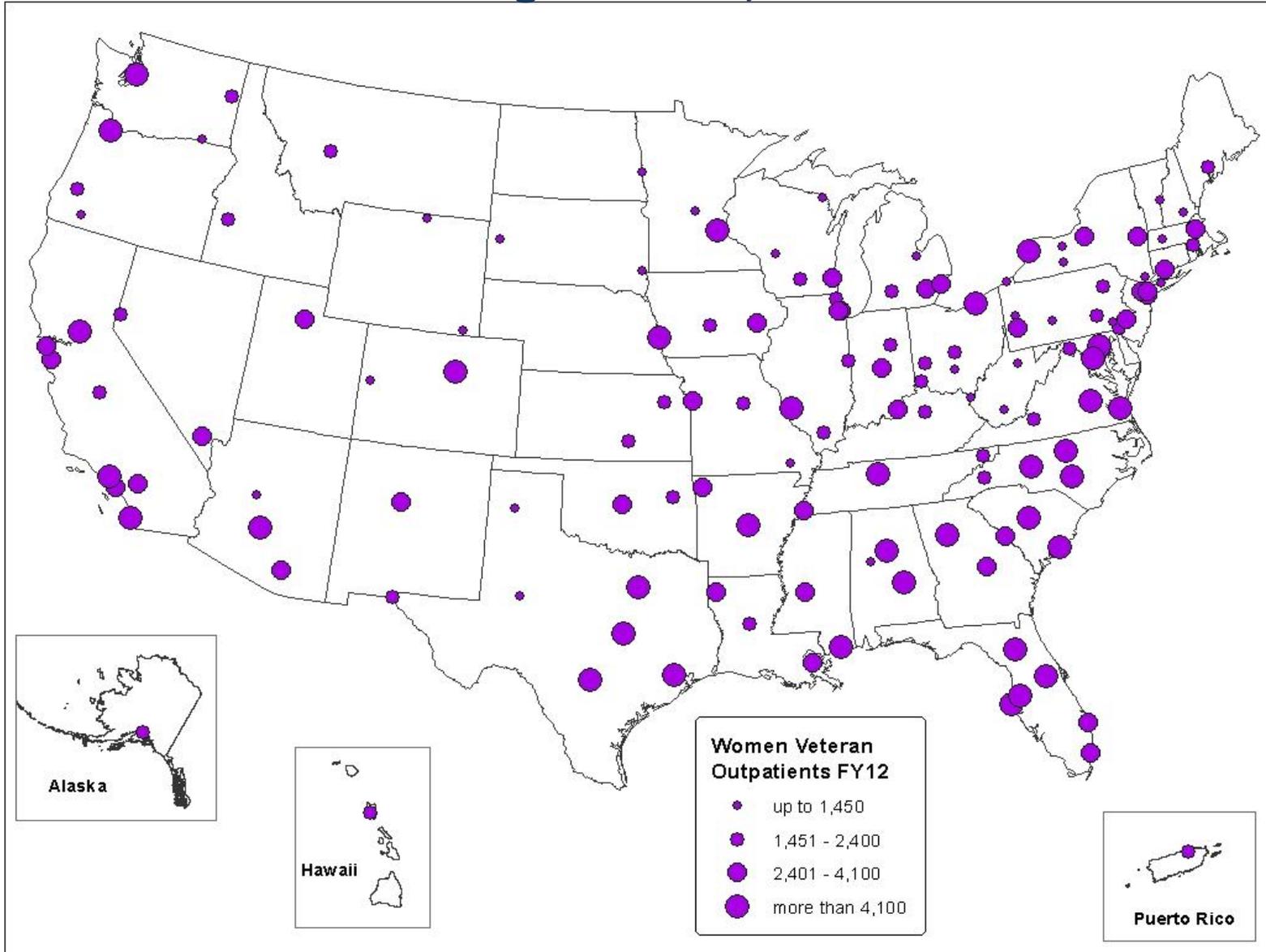
- Ready-to-use infrastructure facilitating multi-site intervention/implementation projects
 - 37 VA sites, each with a PBRN Site Lead
 - Represents 1 in 3 Women Veterans nationally (>100,000 WV)

Susan Frayne, MD, MPH

Director, VA Women's Health Practice-Based Research Network
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Limited # of Women at a Single Facility

Range: 508 – 9,273



Source: Women's Health Evaluation Initiative (WHEI)

Blueprint for Excellence

Veterans Health Administration

Intent: The four themes and ten essential strategies contained in the *Blueprint for Excellence* frame a set of activities that simultaneously address improving the performance of VHA healthcare now, developing a positive service culture, transitioning from “sick care” to “health care” in the broadest sense, and developing agile business systems and management processes that are efficient, transparent and accountable.

“g. Advance Innovations in Women Veterans’ Health Care:

VA studies will continue to address the health care needs of *all* Veterans, regardless of geography, gender, race, age, culture, or sexual orientation, and promote quality and equity throughout the VA system of care. One major focus will be the growing population of women Veterans that will be studied through the **VA Women’s Health Research Network**. This innovative network is building research capacity to address women’s health during and after deployment, reproductive health, primary care, and prevention. The overall goal is to develop, test, implement, and disseminate effective innovations to improve care and health outcomes.”

PBRN Coordinating Center: Key Roles

PBRN supports conduct of multisite research that focuses on women Veterans (WVs) and/or includes WVs in sufficient numbers to examine gender differences by:

Supporting PIs

- *Outreach to PIs to encourage inclusion of WV in research*
- *Access to WV populations*
- *Connections with diverse practices*
- *Technical expertise on recruiting WV for multi-site PBRN research*
- *Resource materials*
- *Primed sites*

Promoting Site Development

- *Capacity for multisite research*
- *Ability to engage local stakeholders*
- *Expand network to represent diverse array of WV populations and clinical settings*

Close collaboration with Consortium across all activities

PBRN Site Leads: Key Roles

Support Local Component of Studies

- *Diverse roles: Site PI, Site Co-I, Consultant*
- *Local connections with women's health clinicians, facility leaders, local researchers and local research administration*
- *If Site Lead is functioning as Site PI or Site Co-I then any funding to the Site Lead and/or local staff is negotiated on a study-specific basis*

Build Local PBRN Community

- *Engage local stakeholders: attending meetings, giving presentations, sharing information from national PBRN meetings, supporting local QI projects, etc.*

Contribute to National PBRN Community

- *Participate in national PBRN meetings*
- *Contribute to national PBRN initiatives*

The First PBRN Projects: Trailblazer Sites, Trailblazer Studies....

- The first 3 PBRN studies were conducted at our inaugural PBRN sites
 - Greater Los Angeles (Bevanne Bean-Mayberry, MD, MHS)
 - Durham (Lori Bastian MD, MPH; Karen Goldstein MD, MSPH)
 - Iowa City (Anne Sadler PhD, RN)
 - Palo Alto (Susan Frayne MD, MPH)
- These initial studies provided valuable findings while at the same time contributing tremendously to development of our procedures for multi-site women's health PBRN-based research...
 - Clinic-based patient interview study (PI: Rachel Kimerling PhD)
 - Provider interviews (PI: Ruth Klap PhD)
 - Implementation trial of gender awareness training (PI: Dawne Vogt PhD, Co-PI: Ellen Yee MD, MPH)

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Patient Centered Mental Health Care for Women Veterans: Priorities and Preferences

Kimerling, R., Bastian, L.A., Bean-Mayberry, B.A., Bucossi, M.M., Carney, D.V., Goldstein, K.M., Phibbs, C.S., Pomernaki, A. Sadler, A.G., Yano E.M., & Frayne, S.M. (2015). Patient-Centered Mental Health Care for Female Veterans. *Psychiatric Services*, 66(2), 155-162.

Supported by VA HSR&D 10-012

Patient-Centered Care in VHA

“Personalized, proactive, and patient-driven” health care that is “customized according to patient needs, values, and personal desire for control”

Blueprint for Excellence

Organizational level: Veteran stakeholder input can help ensure capacity to address individual preferences

- May be especially important for under-represented groups, where priorities or preferences for care may differ from majority: gender, race/ethnicity

What is the Need/Demand for Specialized Mental Health Services for Women?

Women Veterans are 7.7% of VHA Users

- 45 to 64 = largest age group (younger than men)
- Greater racial/ethnic diversity
- More likely to experience mental health & medical comorbidity

Specialized mental health services vary across facilities

(Oishi, Rose, Washington, MacGregor, Bean-Mayberry & Yano, 2011; MacGregor, Hamilton, Oishi & Yano, 2011)

- Designated provider(s) or group(s) for women
- Some specialty women's MH clinics
- Co-location within women's primary care clinics

Poll:

Does your Facility offer Designated Mental Health Services for Women?

Check all that apply

- Stand alone women's clinic, such as a women's stress disorders treatment team
- Designated women-only groups
- Integrated with women's primary care / PACT
- Offered through tele-mental health
- None/Don't know / not applicable

Objectives

Identify Women Veteran Stakeholders in VHA Mental Health Services in order to:

1. Identify priority areas for mental health treatment
2. Quantify preferences for specialized services for women specific to each priority area
3. Identify factors associated with preferences for gender-specific mental health services

Stakeholder Identification

- Women Veteran primary care users in VA Women's Health Practice Based Research Network (PBRN)
- Stakeholders: women with perceived or objective need for mental health services
 - mental health screens; subjective distress; perceived need
- Evaluated via survey
- N = 515; 75% participation rate
- Responders representative in demographic characteristics and primary care utilization



Priority Setting

Interviewer-facilitated Ranking

(PBRN coordinators)

- Stated goal of activity was priority setting
- 15 cards describing broad range of possible mental health services
- Rank order up to 5 that are most important to you
- Rate attributes for each service

Stressful or Traumatic Experiences



WHY WOULD YOU SEEK THIS SERVICE?

You may have had an experience or experiences that were frightening, horrible, or upsetting

WHO OR **WHAT** WOULD HELP YOU?

You might receive a combination of services, such as talking to a provider* and/or using medication

HOW WOULD THIS SERVICE BE OFFERED?

These services could be offered either individually (one-on-one) or in a group (with other patients and a provider)

*What do we mean by *provider*?

A provider could be a psychologist, psychiatrist, social worker, or marriage and family therapist

Preferences

“How important is it to you to receive this type of care in a setting specifically for women? This usually means a separate waiting room just for women patients, providers who know about women’s issues, or that any group treatment includes women only.”



how important is ...

how willing are you...

how important is...

*gender specialized:
women-only setting,
services tailored for
women*

*tele-mental health:
in order to receive
care tailored for
women*

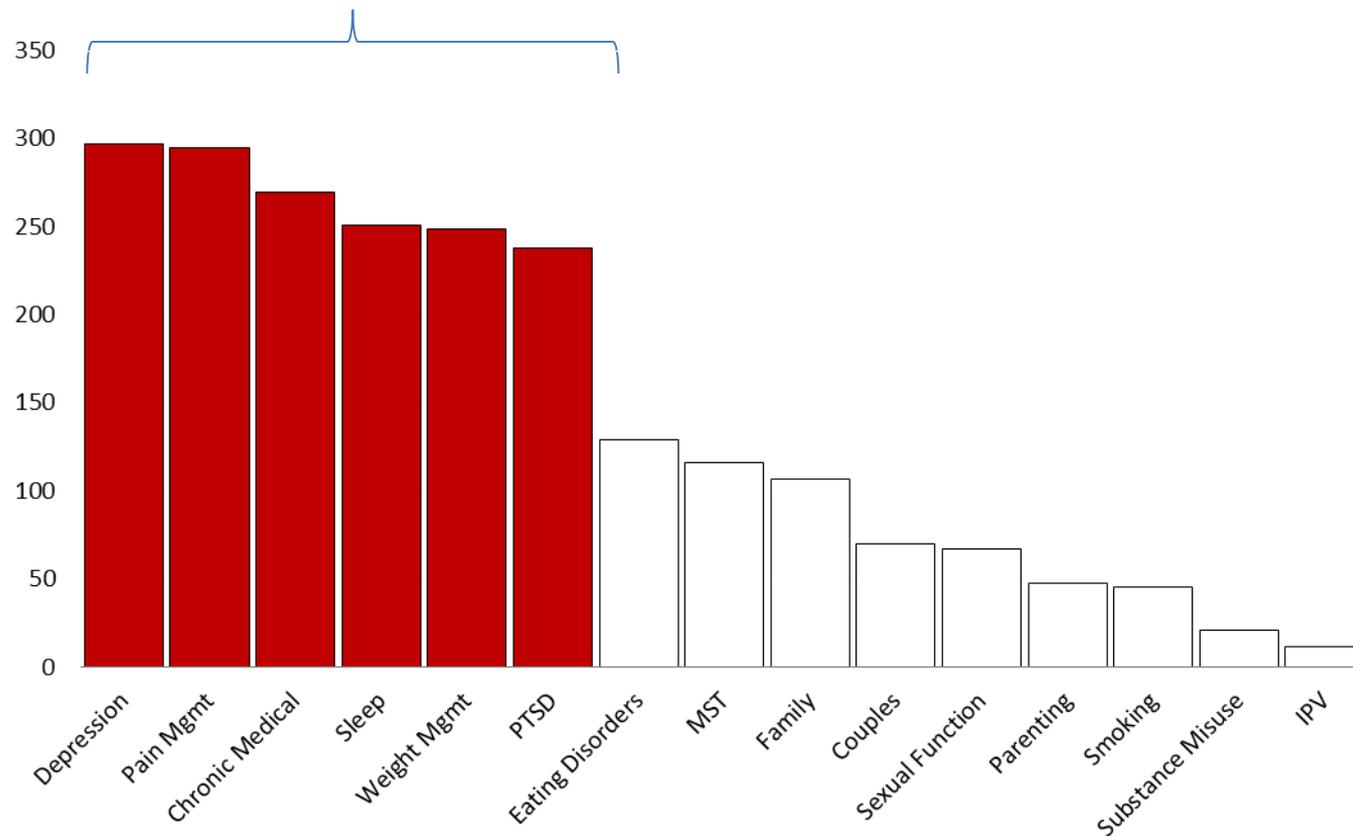
*primary care co-
location:
as compared to
specialty MH setting*

...for this type of service?

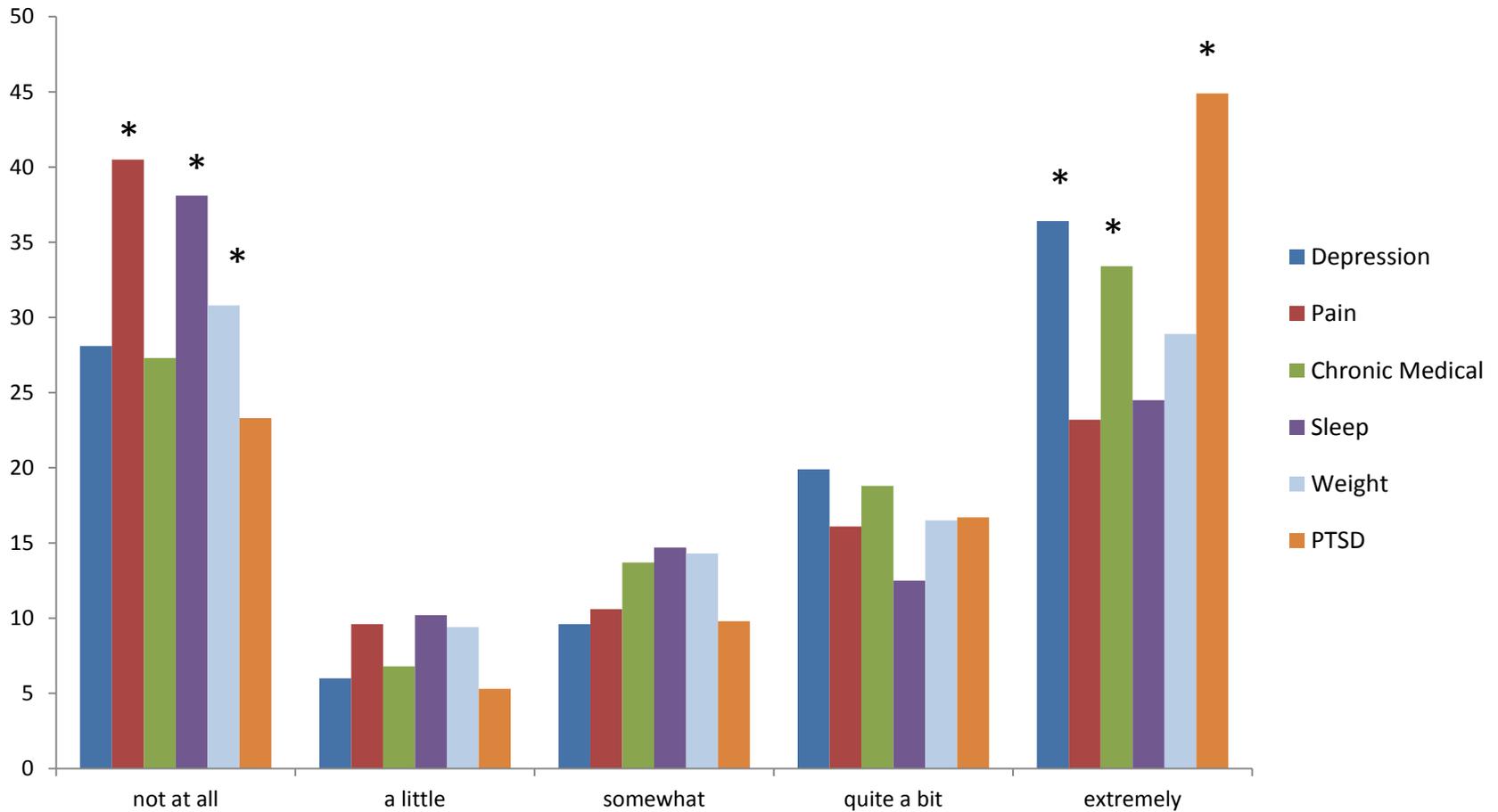
(1) not at all (2) a little (3) somewhat (4) quite a bit (5) extremely

Number of Women who Prioritized each Mental Health Area (N=484 stakeholders)

98% prioritized at least 1 of these 6
80% prioritized at least 3 of these 6



Importance Ratings: Specialized Women's Mental Health Services



*** modal response**

Correlates of Preferences for Designated Women's Services

- Ordered logit models predicting proportional odds of higher importance ratings (1 thru 5) for specialized women's services
- Adjusted for race, ethnicity, sexual orientation, age, and OEF/OIF/OND deployment
- Routine VA mental health screens: depression (PHQ-2), PTSD (PC-PTSD), alcohol misuse (AUDIT), MST
- Preferences: high acceptability for tele-MH and high importance for primary care setting
- Mental health multi-morbidity (0, 1, or 2+ MH diagnoses in chart)

results using random effects models accounting for site clustering did not significantly differ

Correlates of Preferences for Designated Women's Services: *Demographics*

	Adjusted Odds Ratios					
	Depression	Pain Mgmt	Chronic Medical	Sleep	Weight Mgmt	PTSD
White	ref	ref	ref	ref	ref	ref
Black	2.6	2.1	1.1	2.3	1.2	2.3
Asian/Other	0.9	1.2	1.4	4.2	1.2	1.3
Hispanic	0.5	0.6	1.1	4.0	1.2	1.4
Lesbian/ bisexual	1.8	2.4	1.3	1.4	1.7	3.0
18-44	ref	ref	ref	ref	ref	ref
45-64	0.9	1.4	1.0	2.4	2.4	1.1
65+	0.52	1.5	0.8	1.3	1.1	0.8

Correlates of Preferences for Designated Women's Services: *Clinical*

	Adjusted Odds Ratios					
	Depression	Pain Mgmt	Chronic Medical	Sleep	Weight Mgmt	PTSD
Tele-MH for Gender	1.1	1.5	0.9	1.2	0.7	1.2
Primary Care Co-location	5.1	5.2	6.4	4.8	5.3	4.9
+ PTSD Screen	1.9	1.4	1.9	2.6	1.1	n/a
Military Sexual Trauma	1.1	0.9	1.0	1.2	1.1	2.0
OEF/OIF/OND Deployment	0.7	0.7	1.0	0.8	0.7	0.5
No MH Dx	ref	ref	ref	ref	ref	ref
MH Dx	1.2	1.6	1.4	0.7	0.9	1.7
2+ MH Dx	1.3	2.1	1.2	1.1	1.4	2.2

Implications

- Women Veteran Stakeholders have clear priorities for mental health services
- Substantial proportions of women who endorsed each priority area state preferences for specialized women's services
- Preferences for specialized women's services vary across priority areas
- Preferences for primary care co-location are strongly associated with preferences for designated women's mental health services

Implications

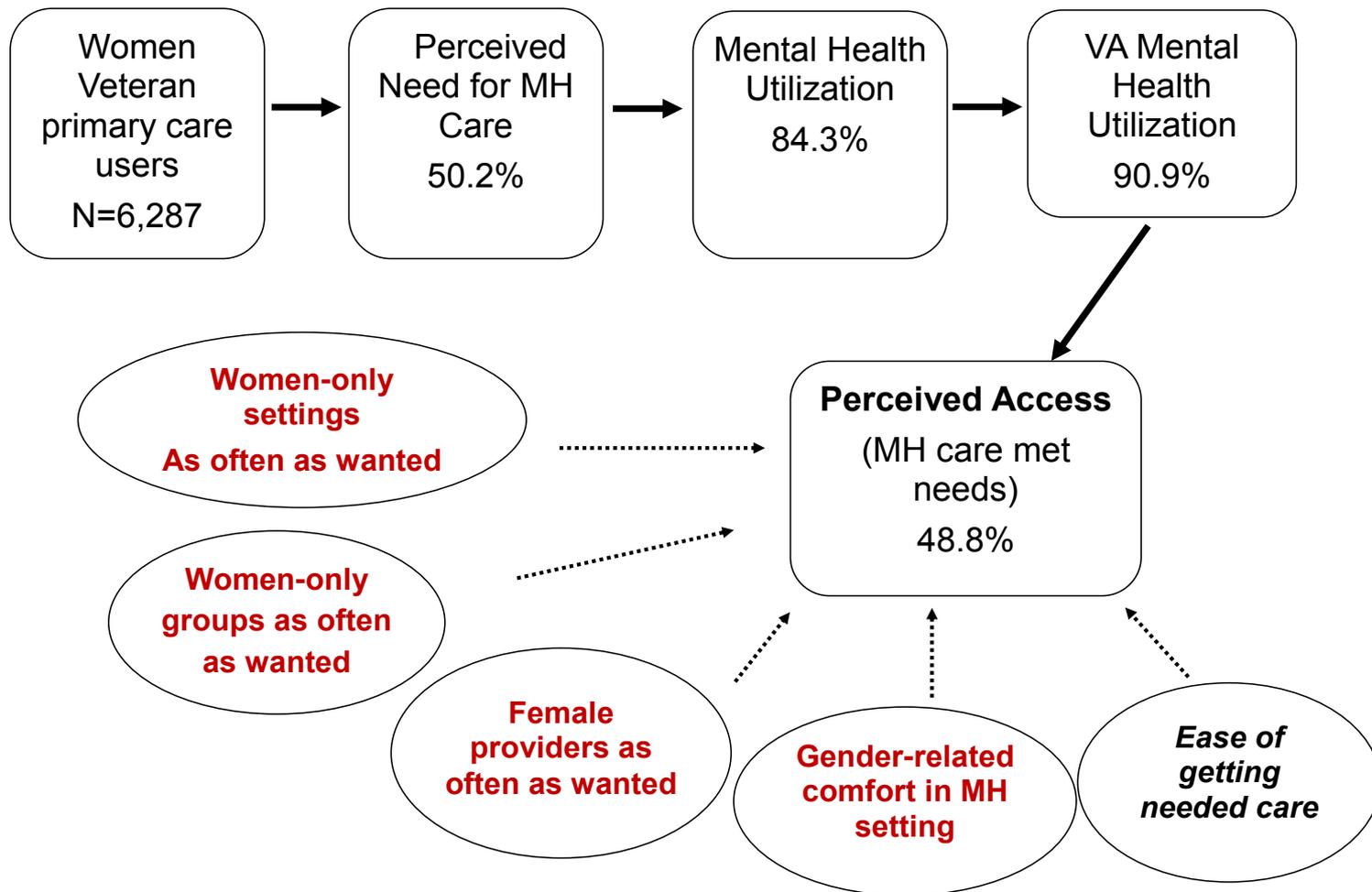
- Key priorities for Women's Mental Health:
 - Depression, Pain Management, Coping with Chronic Conditions, Sleep, Weight Management, and PTSD
- Not all women Veterans will prefer specialized women's mental health services
 - But those that do tend to state strong preferences
 - Shared decision making: match between preferences and services sought
- Primary Care is an efficient point of intervention to promote specialized MH services for women
 - DWHPs; PACT; Comprehensive Women's Health Clinics

Next Steps

Associations of preferences with access to and engagement with mental health services:

- Do these preferences represent gender-specific dimensions of access to mental health care?
- When preferred treatment options are available, are women more likely to use care and engage with care?
- Will these effects vary across conditions or services?

Preference – Concordant Care is Associated with Better Perceived Access for MH Care



References

Kimerling, R., Bastian, L.A., Bean-Mayberry, B.A., Bucossi, M.M., Carney, D.V., Goldstein, K.M., Phibbs, C.S., Pomernacki, A., Sadler, A.G., Yano, E.M., Frayne, S.M. Patient-Centered Mental Health Care for Female Veterans. *Psychiatric Services*. 2015 Feb 1;66(2):155-62.

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THANK YOU

Comments & Questions?

Please Contact Us!

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she
wore
these.

It's **our job** to give **her**
the best care anywhere.

