

VA WOMEN'S HEALTH RESEARCH NETWORK (WHRN)

VA HSR&D Service Directed Research (Project #10-012)

Executive Summary (January 2016)

Background and Rationale

Women Veterans' rapid growth among VA users, highly publicized care gaps, and documented gender disparities in quality have escalated demand for a stronger evidence base to better understand and systematically improve access to, quality of, and outcomes of their care. VA Health Services Research & Development (HSR&D) Service has become a leader in increasing attention to women's inclusion in VA research and building capacity to increase the conduct of women's health research to address critical knowledge gaps. The VA Women's Health Research Network (WHRN) is among HSR&D's special initiatives to systematically transform VA's capacity to examine and reduce gender differences, meet federal requirements to include women in sufficient numbers to enable subgroup analyses by gender, and use research to increase delivery of evidence-based care for women.

Objectives of the VA Women's Health Research Network (WHRN)

WHRN was initially funded in 2010 by HSR&D following several years of systematic development of the VA's Women's Health Research Agenda that spanned all four Services of the VA Office of Research & Development.¹ WHRN's initial objectives (2010-2013) were to (1) build capacity in VA women's health research by developing a **national Consortium of VA researchers** and arming them with the knowledge, skills and resources necessary to successfully design and conduct women Veterans' health research, and (2) develop, implement and test a **VA Women's Health Practice Based Research Network (WH-PBRN)** to facilitate recruitment of women Veterans in VA research by establishing a ready-to-use infrastructure of partnered VA healthcare facilities enabling investigators to access enough women Veterans, their providers and their care settings. Together, the Consortium and Women's Health PBRN enable conduct of high-priority research on gender differences and women Veteran-specific issues.



In three short years, WHRN met or exceeded all of its deliverables...

WHRN's **Consortium** work focused on methodological and women Veterans-focused education and training through national cyber-seminars and small group sessions; building capabilities and collaboration through technical support, mentorship and research development around high-priority topical areas of research; increasing dissemination; and accelerating implementation of research into practice by enhancing research-clinical partnerships. Over 250 VA investigators and clinicians joined the Consortium, with broad participation in over 30 national cyber-seminars. With a target of 10+ research proposal *submissions*, **WHRN instead helped 29 women's health-related grants actually get funded**. Similarly, while HSR&D hoped to see at least 20 peer-reviewed scientific manuscripts published on women Veterans' research, **WHRN oversaw 2 VA-funded journal supplements²⁻³ devoted to women Veterans' health and health care that delivered 40 papers**, not counting many other WHRN-supported publications, markedly expanding the scientific literature. National mentors were

¹ Yano EM, Bastian L, Frayne S, et al. Toward a VA women's health research agenda: Setting evidence-based priorities to improve the health and health care of women veterans. *J Gen Intern Med.* 2006;21(Suppl 3):S93-101.

² Yano EM, Frayne, SM. Health and health care research among women veterans and women in the military: Research informing evidence-based practice and policy (*Commentary*). *Women's Health Issues.* 2011;21(4 Suppl):S64-S66.

³ Bastian LA, Bosworth HB, Washington DL, Yano EM. Setting the stage: Research to inform practice, policy and interventions to improve women veterans' health and health care. Editorial. *J Gen Intern Med.* 2013;28(Suppl 2):S491-S494.

identified to meet the needs of the growing group of young investigators interested in VA women Veterans' research, including postdoctoral fellows and VA HSR&D Career Development Awards (akin to NIH's K Awards for promising junior investigators) in key areas (e.g., intimate partner violence, substance use disorder treatment). WHRN organized a **National VA HSR&D Women's Health Services Research Conference (2010)**, which convened national VA policy leaders and VA women's health researchers, as well as leaders from the Institute of Medicine, U.S. Departments of Defense, Health & Human Services (including NIH leaders), Justice and Labor, among others, to learn about women Veterans' research. Participants also came to consensus on an HSR&D-focused research agenda, which expanded strategic planning in new priority areas, including access/rural health, primary care/prevention, mental health, post-deployment health, complex chronic conditions/aging, and reproductive health.⁴

Concurrently, WHRN's **Women's Health PBRN** developed the procedures and multilevel partnerships necessary to prepare member sites to participate in VA women's health research, including establishment of local VA Site Leads and procedures for engaging frontline providers, clinic staff, managers and leadership in research planning and conduct.⁵ The first four "founder" VA sites (Palo Alto, Los Angeles, Durham and Iowa City) tested PBRN capabilities in patient-, provider- and practice-level data collection through *Implementation Evaluation Projects*. Within the 1st year of operation, the Women's Health PBRN launched a **primary care practice-based study of women Veterans' preferences for gender-sensitive mental health care**.⁶ By the 2nd year of operation, WHRN collaboratively developed and launched a **4-site cluster randomized trial of an evidence-based quality improvement approach to implementing gender awareness training among VA providers and staff**.⁷ While HSR&D sought expansion by at least two sites by the end of the 3rd year, demand for participation far exceeded expectations, with **33 VA facilities joining** the PBRN, yielding a **nearly 10-fold growth to 37 diverse VA facilities**.

Together, the Consortium and WH-PBRN accelerated research production through the "pipeline," developing new research initiatives focused on women Veterans' health interventional and implementation research. Prior to WHRN funding, such studies were far and few between. First among these initiatives was the HSR&D-funded **Women Veterans' Healthcare CREATE**, a partnered research program of five studies developed collaboratively to use research to accelerate implementation of comprehensive care for women Veterans.⁸ The CREATE relies on the Women's Health PBRN to facilitate recruitment of sites, providers and women Veterans.

Building on the Successes of the VA Women's Health Research Network: "WHRN 2.0"

To continue to increase the equitable benefits of VA research through greater inclusion of women Veterans in VA research, VA HSR&D Service renewed WHRN, leveraging knowledge gained from the first phase of WHRN's efforts to further develop the national Consortium of VA researchers alongside the capabilities of the Women's Health PBRN. WHRN increased emphasis on **accelerating interventions, implementation and high-impact (I³) research**.

Learning from early use of the Women's Health PBRN, WHRN leaders also added a new objective to systematically identify **barriers to and facilitators of effective multilevel engagement in VA women's health research** through qualitative inquiry with VA leaders, providers, researchers and women Veterans themselves.

⁴ Yano EM, Bastian L, Bean-Mayberry B, Eisen S, Frayne SM, et al. Using research to transform care for women veterans: Advancing the research agenda and enhancing research-clinical partnerships. *Women's Health Issues*. 2011;21(4 Suppl):S73-S83.

⁵ Frayne SM, Carney DV, Bastian L, et al. The VA women's health practice-based research network: Amplifying women veterans' voices in VA research. *J Gen Intern Med*. 2013;28(Suppl 2):S504-S509.

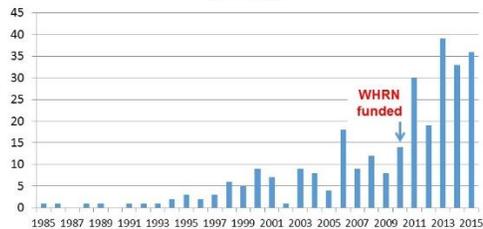
⁶ Kimerling R, Bastian LA, Bean-Mayberry BA, Bucossi MM, Carney DV, Goldstein KM, Phibbs CS, Pomernacki A, Sadler AG, Yano EM, Frayne SM. Patient centered mental health care for women Veterans. *Psychiatr Serv*. 2015 Feb 1;66(2):155-162.

⁷ Fox AB, Hamilton AB, Bean-Mayberry B, et al. Evaluation of an evidence-based quality improvement approach to enhance impact of employee training in the VA health care setting. *J Contin Educ Health Prof*. 2016;[in press].

⁸ Yano EM. A partnered research initiative to accelerate implementation of comprehensive care for women Veterans: The VA Women's Health CREATE. *Med Care*. 2015 Apr;53(4 Suppl 1):S10-14.

WHRN 2.0 (2014-2016) continued research development in each strategic priority area, supporting grant proposal development among **Consortium** members, further increasing emphasis on interventions and implementation science. For example, a new cluster randomized trial was launched to evaluate impacts of tailoring VA's patient-centered medical home model (PACT) to the needs of women Veterans, while a modified stepped wedge trial of gynecology SCAN-ECHO and electronic consults with expert women's health providers is underway to examine impacts on provider proficiency. **Over a dozen new VA HSR&D Career Development Awards were also funded,**

Published Manuscripts on Women Veterans Research (1985-2015)



including new researchers focused on women Veterans' cardiovascular risk reduction, preconception care, and maternity care quality, among others. **Two more VA journal supplements were produced,** in Medical Care and The Gerontologist, the latter transforming knowledge of older women Veterans' health needs by analyzing data from over 3,700 women Veterans enrolled in the *Women's Health Initiative*.⁹⁻¹⁰ The published scientific literature focused on women Veterans has continued to grow substantially since WHRN was funded.

In parallel, the **Women's Health PBRN nearly doubled in size** to a total of 60 VA medical centers, expanding the Network's ability to conduct multisite research, program evaluation and quality improvement in increasingly representative facility types and regions. Given **growing expertise in recruiting women Veterans into VA research,** the Women's Health PBRN was funded to systematically evaluate factors related to optimizing women's enrollment in a new comparative effectiveness trial of PTSD treatment (CSP #591). To date, 29 multisite projects have been funded across 38 Women's Health PBRN sites.



WHRN's successes led to its mention in the **VA Blueprint for Excellence** as key to *advancing innovations in women Veterans' health care*. WHRN responded by contributing to the development of the first VA Quality Enhancement Research Initiative (QUERI) Program focused on *Enhancing Mental & Physical health of Women through Engagement & Retention (EMPOWER)*. EMPOWER will enhance VA capacity to calibrate services to Veteran preferences through multilevel stakeholder engagement in 3 projects across 8 PBRN sites to improve care for depression and anxiety; reduce cardiovascular risks; and improve diabetes prevention among women Veterans.

Who leads WHRN?

WHRN is collaboratively led by three investigators who, respectively, oversee the Consortium, Women's Health PBRN and engagement work. **Elizabeth Yano, PhD, MSPH** (elizabeth.yano@va.gov) leads national Consortium development. Based at VA Greater Los Angeles, Dr. Yano is also Director of the VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy, Director of the VA Women Veterans' Healthcare CREATE, and Professor of Health Policy & Management, UCLA Fielding School of Public Health. **Susan Frayne, MD, MPH** (susan.frayne@va.gov) leads the Women's Health PBRN. At VA Palo Alto, Dr. Frayne also directs the VA Women's Health Evaluation Initiative, is a Core Investigator at the VA HSR&D Center for Innovation to Implementation, and Professor of Medicine, Stanford University. **Alison Hamilton, PhD, MPH** (Alison.hamilton@va.gov) leads the multilevel engagement work. Also at VA Greater Los Angeles, Dr. Hamilton is Director of the VA EMPOWER QUERI, and Research Anthropologist at the UCLA Department of Psychiatry & Biobehavioral Sciences.

⁹ Bastian LA, Mattocks KM, Rosen AK, Hamilton AB, Bean-Mayberry B, Sadler AG, Klap RS, Yano EM. Informing policy to deliver comprehensive care for women Veterans. *Med Care*. 2015 Apr;53(4 Suppl 1):S1-S4.

¹⁰ Bastian LA, Hayes PM, Haskell SG, Atkins D, Reiber GE, LaCroix AZ, Yano EM. Improving our understanding of health issues in older women Veterans: What can we learn from secondary analyses? *The Gerontologist*. 2016;56(S1):S10-S13.