VA WOMEN’S HEALTH RESEARCH NETWORK (WHRN)
VA HSR&D Service Directed Research (Project #10-012)

Executive Summary (October 2019)

Background and Rationale

Women Veterans’ rapid growth among VA users has 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. Funded since 2010, 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 disparities in health and health care and use research to increase delivery of evidence-based care tailored to women Veterans’ needs.

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

WHRN was initially funded by HSR&D in 2010, 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 research topics; 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 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 supplements devoted to women Veterans’ health and health care that delivered 40 papers, not counting many other WHRN-supported publications published elsewhere, markedly expanding the scientific literature. National mentors were identified to meet the needs of the growing group of young investigators interested in VA women Veterans’ research, including post-doctoral 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 WH-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 leaders in research planning and conduct.5 The first four “founder” VA sites (Palo Alto, Los Angeles, Durham, Iowa City) tested PBRN capabilities in patient-, provider- and practice-level data collection through Implementation Evaluation Projects. Within the 1st year of operation, the WH-PBRN launched a primary care practice-based study of women Veterans’ preferences for gender-sensitive mental health care.6 By the 2nd year, 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.7-8 While expansion was planned for at least two sites by the 3rd year, demand for participation far exceeded expectations, yielding a nearly 10-fold growth to 37 VA facilities.

Together, the Consortium and WH-PBRN accelerated research production through the “pipeline,” developing new interventional and implementation research initiatives focused on women Veterans’ health, which were far and few between prior to WHRN funding. First among these was the HSR&D-funded Women Veterans’ Healthcare CREATE Initiative, a partnered research program of five studies developed collaboratively to use research to accelerate implementation of comprehensive care for women Veterans.9 The CREATE relied on the WH-PBRN to facilitate recruitment of sites, providers and women Veterans, and is near completion. WHRN’s successes led to its mention in the VA Blueprint for Excellence as key to advancing innovations in women Veterans’ health care.

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 WH-PBRN, WHRN leaders 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. WHRN 2.0 (2014-2016) continued

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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 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 stepped wedge trial of virtual education and electronic consults with expert women’s health providers was started to study impacts on provider proficiency in VA community-based outpatient clinics.

**Over a dozen new VA HSR&D Career Development Awardees were also funded,** 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 via data from 3,700+ women Veterans enrolled in the Women’s Health Initiative.\textsuperscript{10-11} The scientific literature focused on women Veterans continued to grow substantially since WHRN’s inception.

In parallel, the WH-PBRN nearly doubled in size to a total of 60 VA medical centers, expanding 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 WH-PBRN was funded to evaluate how to optimize women’s enrollment in a new comparative effectiveness trial of PTSD treatment (CSP #591). Over 40 studies have used the WH-PBRN.

WHRN also contributed to development of the first VA Quality Enhancement Research Initiative (QUERI) Program focused on Enhancing Mental & Physical health of Women through Engagement & Retention (EMPOWER).\textsuperscript{12} EMPOWER is testing multilevel engagement strategies for gender-tailoring care to meet women Veteran preferences in depression/anxiety, cardiovascular risk reduction, and diabetes prevention.

**Extension of WHRN to Accelerate Interventions, Implementation & High-Impact Research**

As WHRN continued to support achievement of VA’s women’s health research agenda, VA HSR&D has extended funding through 2021 to continue key functions (e.g., cyber-seminars, researcher training, technical support for collaborative research development, building WH-PBRN Site Leads skills). WHRN also began pilot testing strategies for supporting VA as a learning healthcare system and increasing employee engagement in sustainable research-clinical partnerships capable of generating and acting on research evidence to improve care and respond to high-priority needs. For example, WHRN launched a women Veterans’ suicide prevention work group to consolidate efforts to generate high-quality research and educate researchers on risks and resiliency factors, developed a research agenda and provided technical support to increase funding rates, and is spearheading a new VA journal supplement on suicide research among women Veterans, active duty servicewomen, and civilian women. WHRN used a VA “evidence map”\textsuperscript{13} to create women Veteran-specific reviews of research on reproductive health, substance use disorders, and trauma. WHRN evaluated inclusion of women in VA clinical trials, with a new VA journal supplement in Women’s Health Issues focused on reporting sex differences in VA clinical trials and health services research. WHRN is also


focused on making VA research more accessible to non-research audiences by helping researchers develop easy-to-understand research “snapshots” and develop new ways to help stakeholders outside the VA find needed information. The WH-PBRN also expanded its “toolkit” working with VA facilities, including rapid “scans” of how care is delivered in its 60-member sites (e.g., where are mammograms offered, what activities are underway to reduce harassment of women Veterans on campus). Results provide useful background information for researchers and operations leaders alike. Through “card studies” that use a simple, anonymous Veteran Feedback Form format, the WH-PBRN is able to rapidly gauge women Veterans’ preferences for care. More than 30 VAs have participated in a card study, with the first two each collecting more than 1,000 forms from women Veterans within just two weeks.

The WH-PBRN is a testing ground for implementing and spreading evidence-based practice. For example, one of the VA HSR&D-funded trials that tested an evidence-based quality improvement (EBQI) approach to tailoring PACT to meet women Veterans’ needs in the WH-PBRN demonstrated substantial gains in a wide-range of quality gaps. With the help of EBQI, participating VAs increased access to women’s primary care providers, enhanced PACT team function, and improved trauma-sensitive care, among a host of other improvements. WHRN leaders are now studying how to take this research-tested strategy to scale in cost-effective ways via Quality Improvement Collaboratives.

WHRN is also working to get rapid feedback on the feasibility and usefulness of interventions before significant resources are spent testing them in larger trials. For example, before testing promising innovations for improving VA trauma-sensitive primary care (e.g., training, communication guides, environmental scans) in a large trial, VA researchers obtained modest funding to refine the options with women Veteran and subject matter expert input. Innovation options were then presented to the national WH-PBRN Site Lead community for interactive, “real time” polling feedback, making it possible to canvas front-line providers’ perspectives nationally in a matter of weeks to months instead of years.

Building on over 100 interviews with VA researchers, providers, leaders and women Veterans themselves, WHRN is also working to tailor and disseminate new strategies and tools for vetting research plans and products with the many stakeholders in VA care delivery. WHRN is developing a Women Veterans Improvement Network (WIN) to engage women Veterans who use the VA in the design, planning, execution, and dissemination of VA research findings, while also making it easier to recruit women in VA research so they may equitably benefit from VA’s research program.

Who leads WHRN?

VA HSR&D Service (in the VA Office of Research & Development) funds WHRN, which is collaboratively led by three investigators who, respectively, oversee the Consortium, WH-PBRN and engagement work. Elizabeth Yano, PhD, MSPH (elizabeth.yano@va.gov) leads national Consortium development. At VA Greater Los Angeles, Dr. Yano is also Director of the VA HSR&D Center for the Study of Healthcare Innovation, Implementation & 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 WH-PBRN. At VA Palo Alto, Dr. Frayne also directs the VA Women’s Health Evaluation Initiative, which has generated four national Women Veterans’ Sourcebooks, and is an Investigator at the VA HSR&D Center for Innovation to Implementation and Professor of Medicine, Stanford University Division of Primary Care and Population Health. 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 Program, and Research Anthropologist, Department of Psychiatry & Biobehavioral Sciences, UCLA Geffen School of Medicine. WHRN work is supported two Program Managers, Ruth Klap, PhD (ruth.klap@va.gov), whose expertise in health services research methods and inclusion of women in research advances Consortium capabilities, and Diane Carney, MA (diane.carney@va.gov), whose longstanding multisite research and project management experience ensures effective management of the 60-site WH-PBRN.