Supporting Multisite Women’s Health Research: Practice-Based Research Network

Susan Frayne, MD, MPH, Director, WH-PBRN
Diane Carney, MA, Program Manager, WH-PBRN

VA HSR&D Center for Innovation to Implementation (Ci2i)
VA Palo Alto Health Care System

Spotlight on Women’s Health
VA HSR&D Cyberseminar
November 29, 2022

Funding: VA HSR&D SDR 10-012
PIs: 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

Women’s Health Research Consortium + Women’s Health Practice-Based Research Network

Multilevel Stakeholder Engagement

Elizabeth (Becky) Yano, PhD, MSPH

Susan Frayne, MD, MPH

Alison Hamilton, PhD, MPH
Major Infrastructure Solution to Including Women Veterans in VA Research

VA HSR&D SDR 10-012

Women’s Health Research Consortium

Women’s Health Practice-Based Research Network

Multilevel Stakeholder Engagement

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
61 Wave 2: June 2015
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 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

- Hispanic
- Native Hawaiian and/or Other Pacific Islander
- Black and/or African American
- Asian
- American Indian and/or Alaska Native
% 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
  – 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
WH-PBRN Sites

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• **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
Card Studies

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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
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
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

Please contact us—we want to hear from you!