

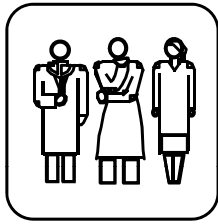
CONSORTIUM • PBRN

VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women Cyberseminar Series

Funded by the VA HSR&D (Project# SDR 10-012)



Center for the Study of
Healthcare Provider Behavior



Integration of Women Veterans into VA Research: *What Researchers Need to Know*

Elizabeth Yano, PhD, MSPH (VA Greater LA)

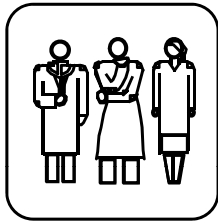
Susan Frayne, MD, MPH (VA Palo Alto)

Co-Directors, VA Women's Health Research Network



Integration of Women Veterans into VA Research: Overview of Today's Talk

- **Part 1:** Why it is important to integrate women veterans into your VA research
- **Part 2:** Submitting grants proposing to use the VA Women's Health PBRN



**Center for the Study of
Healthcare Provider Behavior**

Enhancing the Value of VA Research

Why Integrate Women Veterans into Your VA Research Projects & Plans

Elizabeth M. Yano, PhD, MSPH

Director, VA Women's Health Research Consortium

Center for the Study of Healthcare Provider Behavior, VA Greater Los Angeles

Professor of Health Services, UCLA School of Public Health

Women's Health Cyberseminar Series

October 4, 2011



What is the Problem?

- Research participants should represent the population(s) for whom resulting treatments or care improvements will be implemented
 - Women historically under-represented in research
 - Concerns about harm of potential exposures on developing fetuses
 - Women of childbearing age excluded from research
 - Knowledge of treatment, intervention, care model effectiveness among women extremely limited
 - Early 1990s → federal agencies reversed their policies
 - Slow gains in knowledge, some large women-focused trials

What is the Problem?

- Federal agencies now require inclusion enabling valid analyses of sex differences in intervention effects
 - Cost cannot be used as a justification for their exclusion
 - Effective outreach programs to recruit women into studies now required
- Research within VA has similar requirements to include women veterans as subjects as appropriate
 - Historically, many researchers have indicated they:
 - Will include women *proportionate* to VA representation
 - Will *not* include women due to numerical minority

What is the Problem?

- Rapid growth of women in military and in VA
 - “Proportionate” now means you need 10%+ WVs in your study
 - Has to be sufficient #s to support subgroup analyses
 - Should be capable of publishing sex differences and/or WV data in their own right
 - Reviewers less likely to accept their exclusion in part because HSR&D has invested in infrastructure to facilitate their inclusion (PBRN)

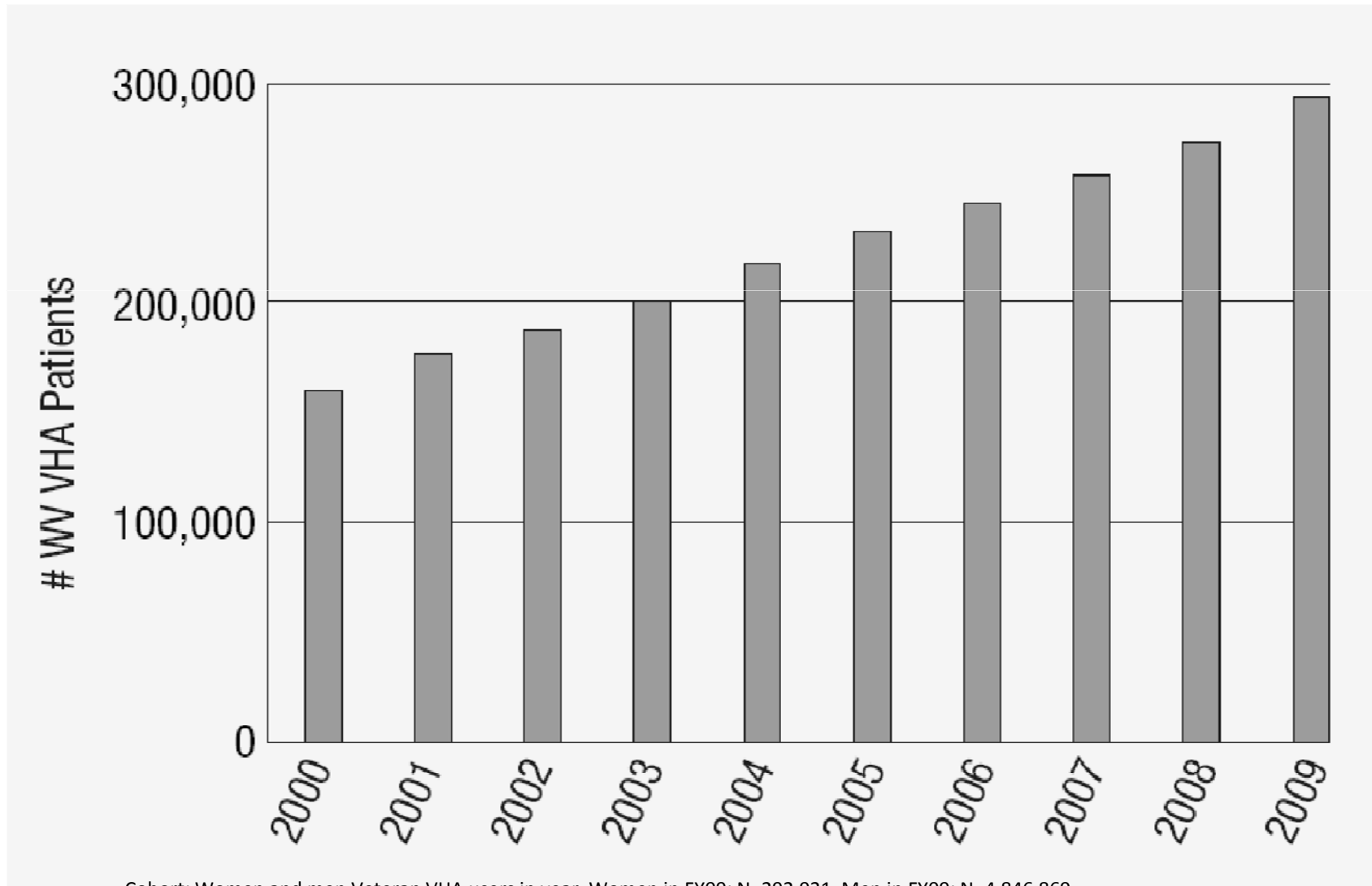
What is the Problem?

- General sampling strategies may be insufficient to recruit adequate WV sample
 - Women veterans have different age distributions
 - Women veterans have unique health care needs (e.g., gender-specific, higher MH burdens)
 - Women veterans have different patterns of VA use (e.g., more reliance on fee basis/contract care)
 - Women veterans may be seen in different clinics (e.g., some use women's clinics for primary care)

What are some Solutions?

- Better understand
 - Women veterans as a population
 - How women's health care is organized in VA
 - How quality of care compares between men and women veterans
 - The policy and practice context for VA women's health care

of Women Veterans Using VA: Doubled over Past Decade



Cohort: Women and men Veteran VHA users in year. Women in FY09: N=292,921; Men in FY09: N=4,846,869.

Source: WHEI analysis of ADUSH Monthly Enrollment Files, FY00–FY09.

Sourcebook: Women Veterans in the Veterans Health Administration - Volume 1 (December 2010)

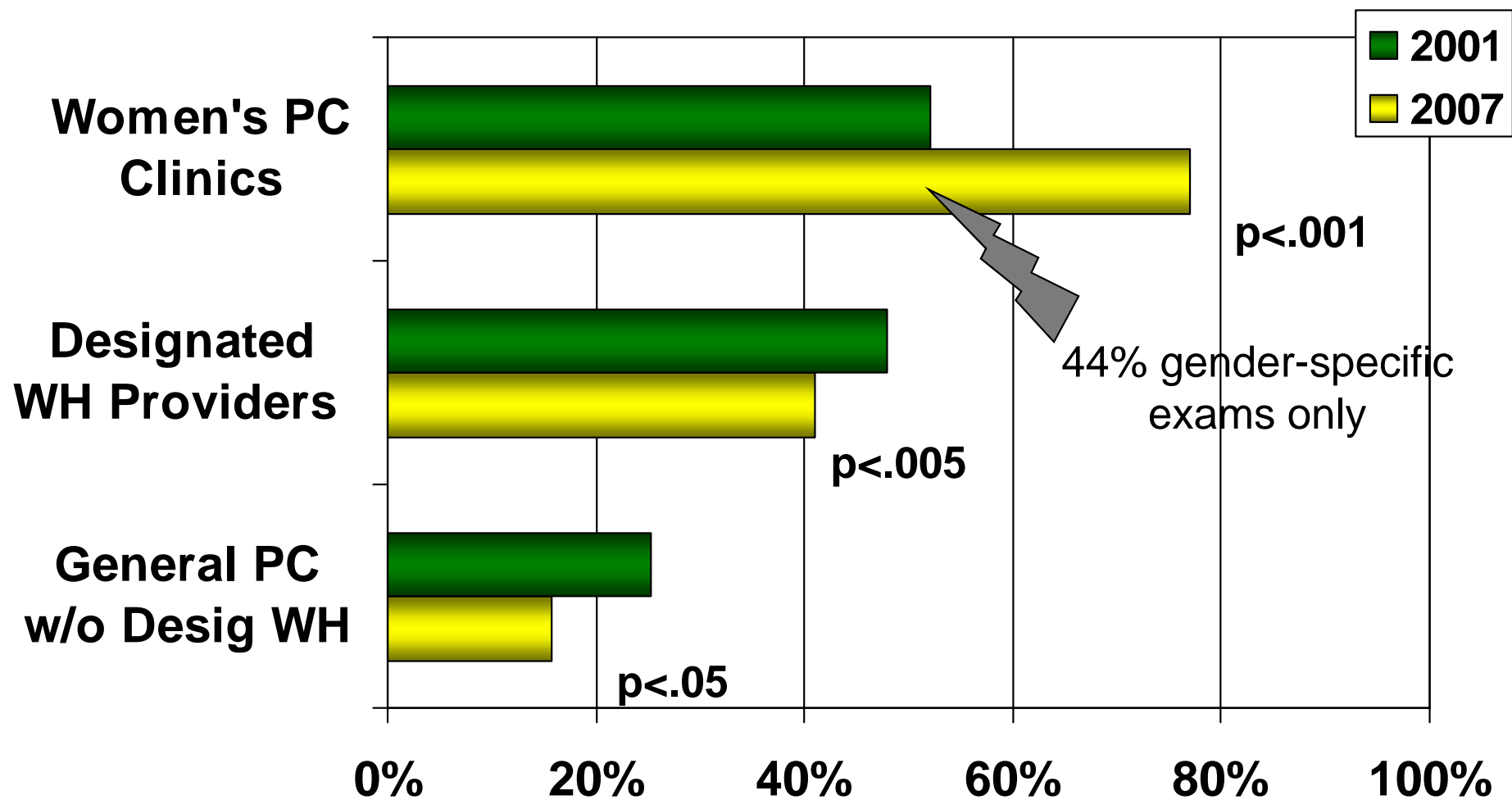
Women Veterans

- 10% of veteran population by 2018
- Younger, on avg, than male veterans (48 vs. 61)
- Less likely to use VA (15% vs. 22% in 2007)
 - But VA enrollment now >2x national level (>50%)
 - Barriers to VA care: lack of information about VA eligibility, benefits, and available WH services; perceptions of poor VA quality
 - But among users, WVs more likely than non-users to be low income, w/o insurance, poor health and soc support and service-connected disability
- Top dxs: PTSD, hypertension, depression, hyperlipidemia, chronic low back pain...

How is VA Women's Health Care Organized?

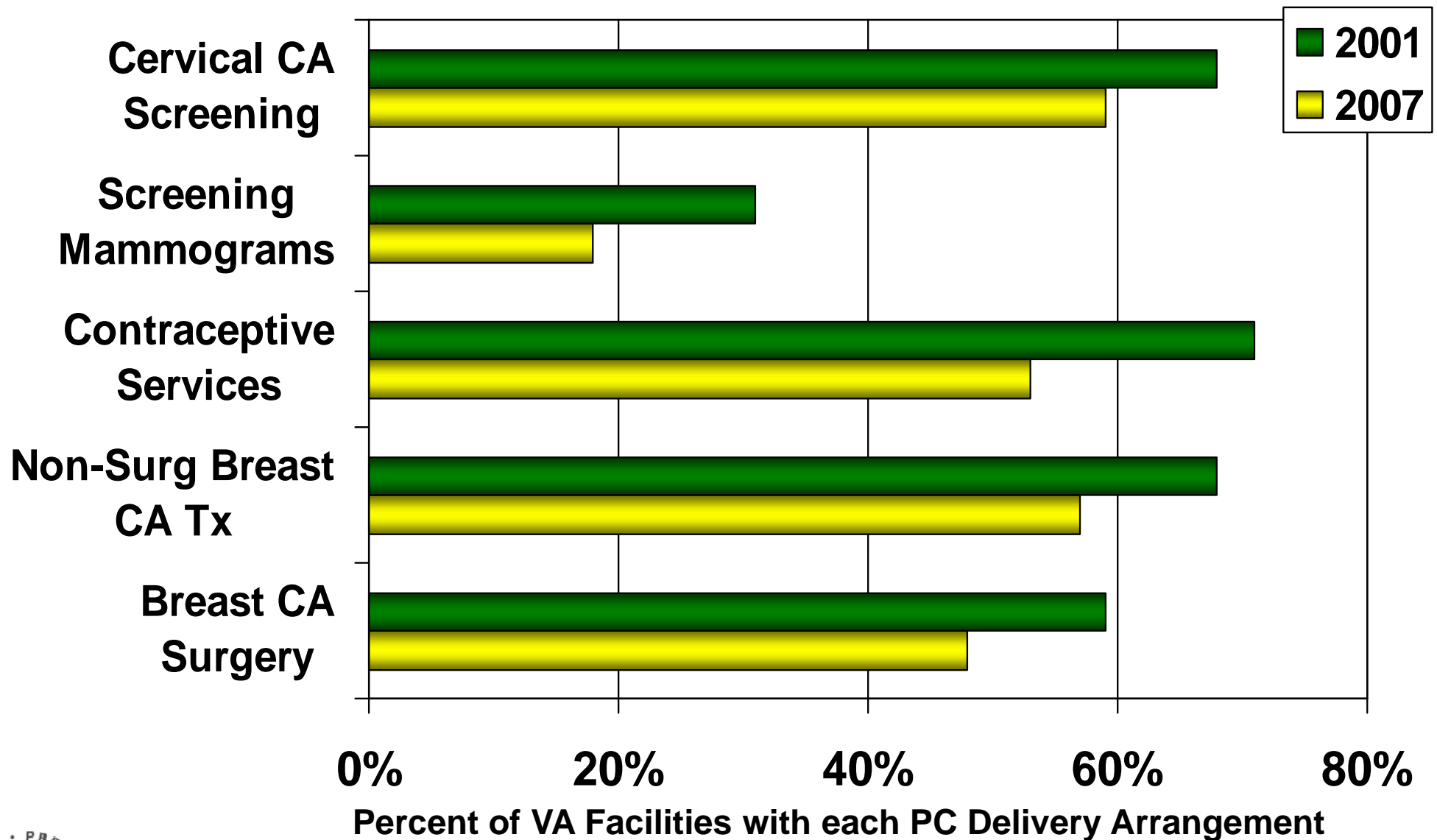
- Challenge of organizing gender-specific and gender-sensitive services in system historically focused on treating men
- Numbers of women veterans in any one VA varies considerably
 - Affects how care is organized at each VA

Changes in VA WH Care Arrangements



Percent of VA Facilities with each PC Delivery Arrangement

Changes in WH Service Availability



VA Women's Health Care

- Care for women veterans can pose considerable training/experiential requirements for workforce with limited exposure to female pts
 - Gender-specific care (e.g., reproductive health)
 - Care for conditions of higher prevalence among women (e.g., osteoporosis)
 - Different clinical presentations (e.g., MI)
- Difficulty with provider/staff gender sensitivity
- Privacy problems, procedural barriers
- Safe, comfortable care environments

Gender Disparities in VA Quality Persist

- VA quality among women outperforms most HEDIS measures among commercial, Medicare and Medicaid groups, but...
- Significant, durable gaps in care existing by gender within VA
 - CRC screening, immunizations, depression screening
 - CVD risk (lower use cholesterol meds, poorer LDL control)
 - Diabetic care (lower rates of proteinuria testing, retinal exams, poorer LDL control)

VA Women's Health Leadership

- Overseen by Women Veterans Health Strategic Healthcare Group (Office of Patient Care Services)
 - Provides strategic direction and programmatic support to address WV health care needs
 - VACO level senior staff leading comprehensive WH care, reproductive health, medical education, etc.
 - Regional Deputy Field Directors and local Women Veteran Program Managers

Challenges and Potential Solutions

- Understand context of how care is delivered
 - National data available on local care variations that may facilitate study design/sampling choices
 - Consider whether interventions need adaptation
- Work with VAs that have established WH programs to facilitate WV inclusion
 - Local community building, networks, trust
 - Research-clinical partnership opportunities
 - Advantages may be offset due to high caseloads (more limited clinical backup or admin support)

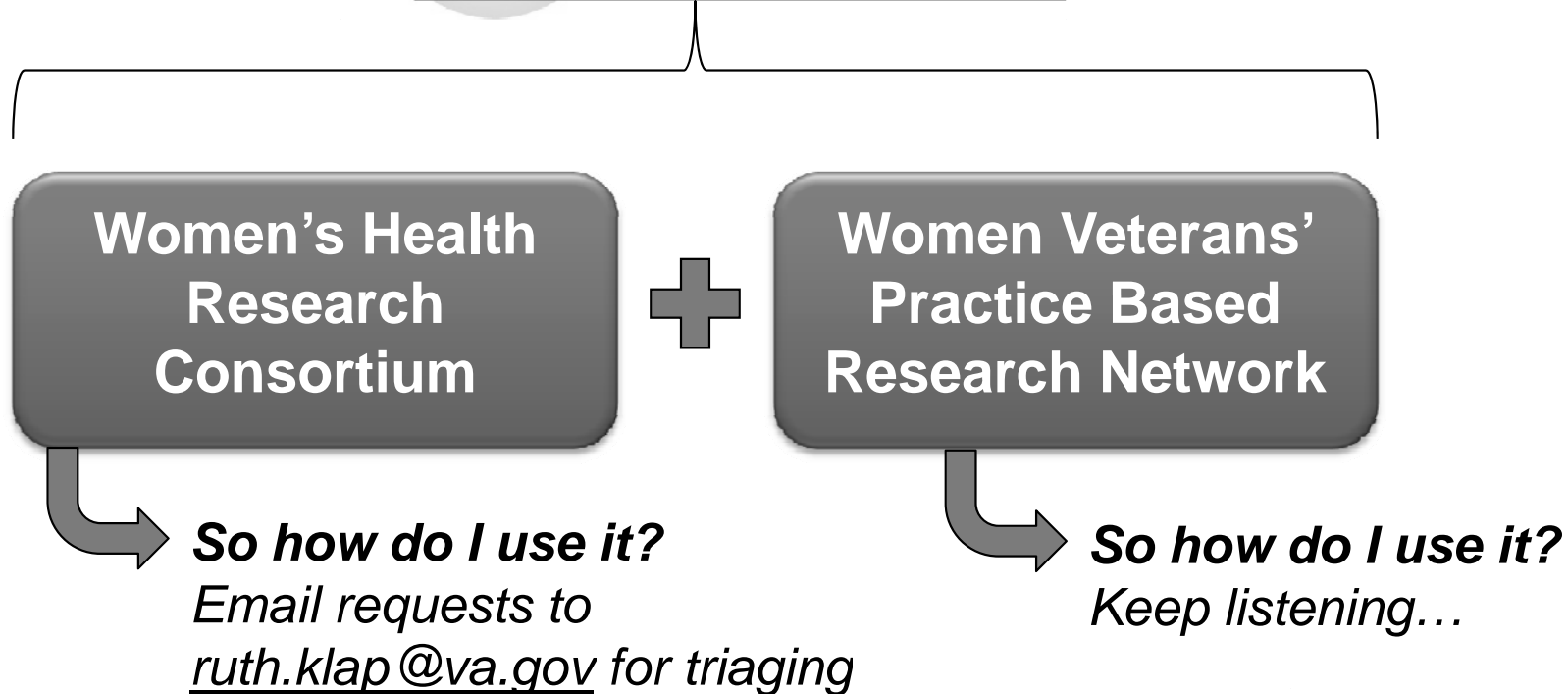
Challenges and Potential Solutions

- Women veterans' younger age may complicate research participation
 - Work and/or childcare obligations
 - Few VA facilities can accommodate childcare needs
 - But lack of accommodation may bias sample
 - Adequate cash incentives may offset childcare arrangements during participation

Challenges and Potential Solutions: *Implementation Studies*

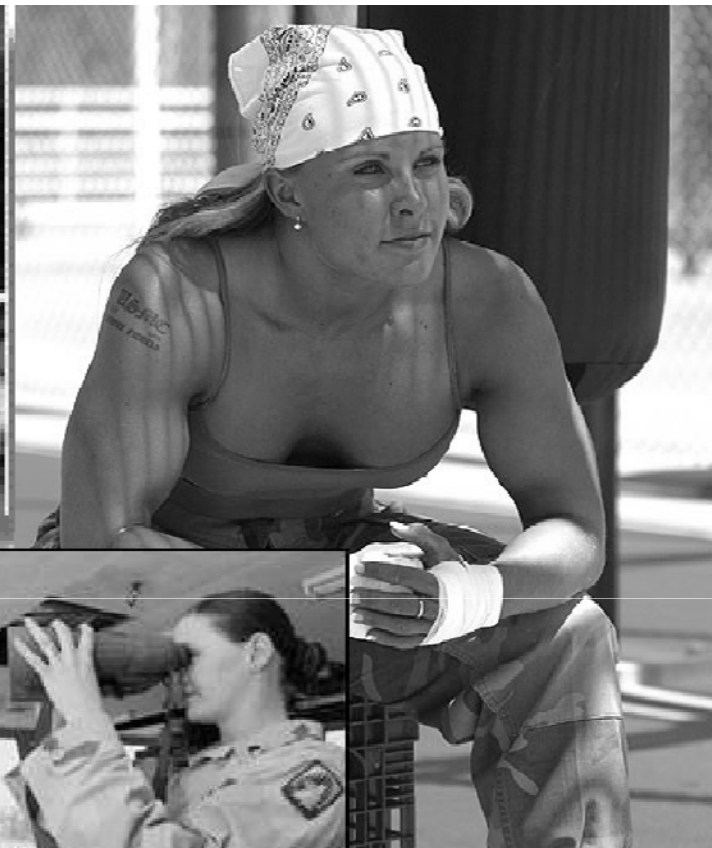
- Step #1: Appraise the samples from which evidence base was drawn (i.e., evidence of effectiveness by gender)
- Step #2: Examine the distribution of patients and patterns of care in target practices
 - How does the evidence relate to the planned implementation environment?
- Step #3: Determine need for adaptation

Major *Infrastructure Solution* to Including Women Veterans in VA Research





Not all women wore love beads in the sixties.



Veterans Health Administration

Research  Development

Improving Veterans' Lives - www.research.va.gov

VA Women's Health Practice-Based Research Network

Submitting Grants Proposing to Use the PBRN

Susan Frayne MD, MPH

Director, Women's Health PBRN

Center for Health Care Evaluation, VA Palo Alto Health Care System

Associate Professor of Medicine, Stanford University

Women's Health Cyberseminar Series

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Poll

- Do you provide **clinical care** to women Veterans?
- *Yes
- *No

Poll

- Do you conduct **research** which **focuses** on women Veterans?
- *Yes
- *No

Poll

- Do you conduct **research** which **includes** women Veterans?
- *Yes
- *No

Poll

- Are you considering submitting a grant that proposes to use the PBRN?
- *Yes
- *No

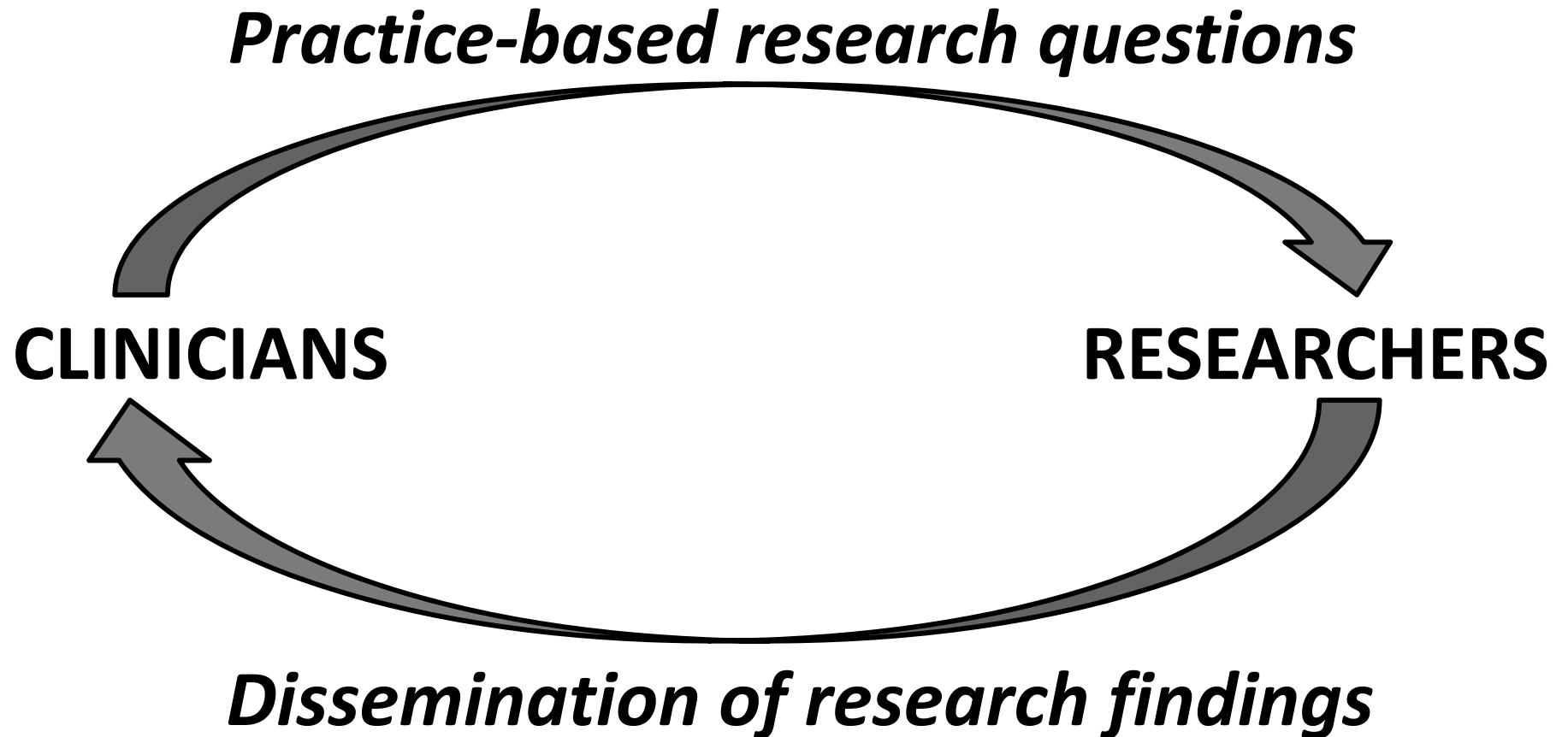
OUTLINE

- Design of the PBRN
- How to apply to use the PBRN in a new study
- Why to use the PBRN
- Audience questions

Women's Health PBRN: Design

- Network of partnered VA facilities
- Provides infrastructure
 - researcher-initiated, funded research projects
 - clinician-initiated quality improvement projects
- Implementation Evaluation Projects
 - For early test of infrastructure

PBRN Philosophy: Bi-Directional Collaboration



How to Apply to Use the PBRN

- Contact the PBRN Coordinating Center (CC) [include both in email]
 - Susan Frayne MD, MPH (susan.frayne@va.gov)
 - Diane Carney MA (diane.carney@va.gov)
- For exploratory discussion, you will be asked to email us with a brief description of study, and your CV
- Exploratory discussion will include topic, potential sites, help needed from CC, and proposed level of involvement of PBRN site research staff and clinical staff
- Investigator will complete a form summarizing study needs
- CC will approach sites regarding potential participation
- Investigator will have ongoing discussions with CC and site leads as proposal development proceeds, to work out logistics such as specifics of site roles, budget, etc.
- For studies that the PBRN accepts, the PBRN Director will write a letter of support, to accompany the grant proposal submission

Why should I submit a grant using the PBRN?

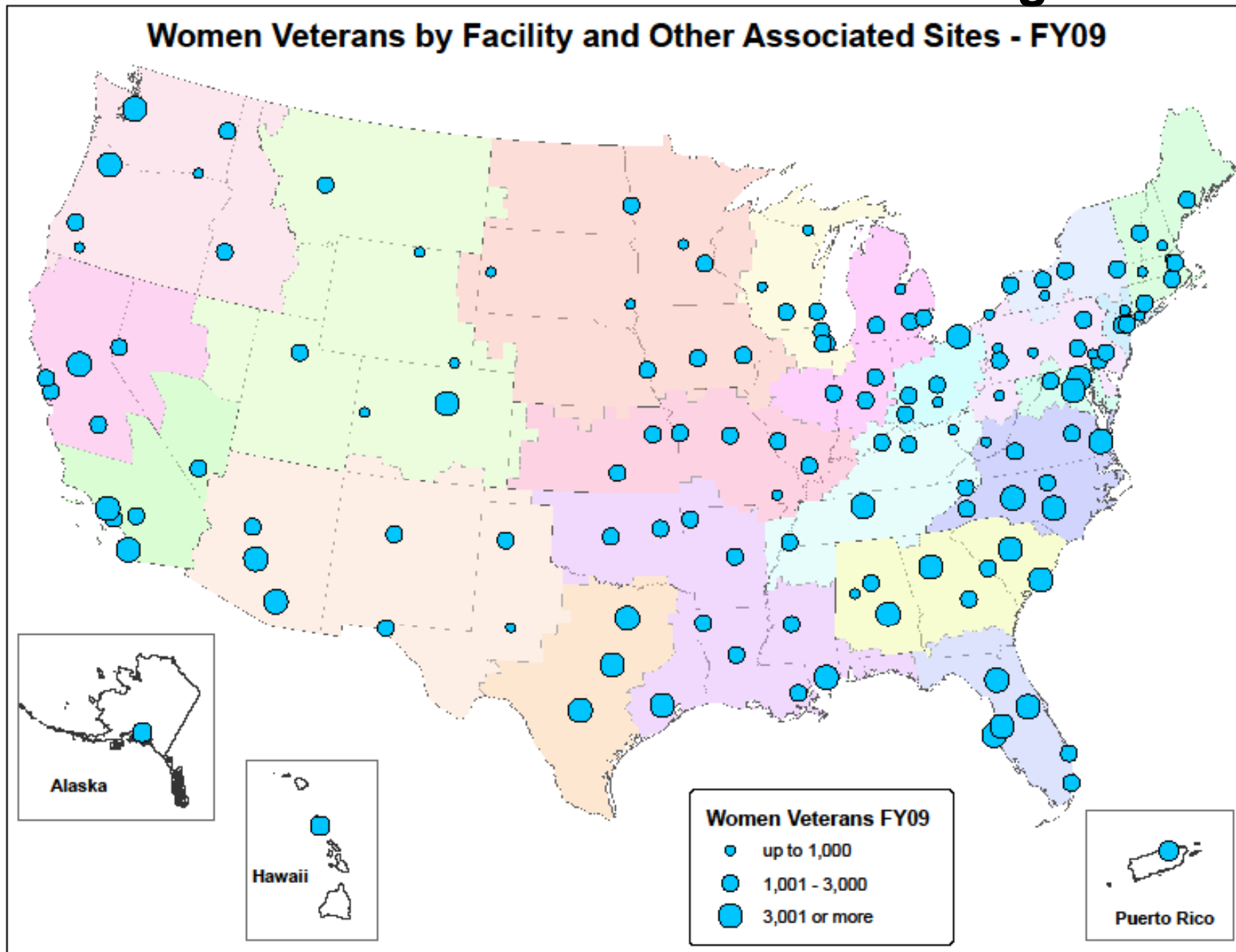
Five Good Reasons....

Why should I submit a grant using the PBRN?

Reason #5:

VA requires inclusion of women, but there are a relatively limited number of women at any one VA facility.

Limited Number of Women Veterans at a Single Facility



Why should I submit a grant using the PBRN?

Reason #5:

VA requires inclusion of women, but there are a relatively limited number of women at any one VA facility.

Investigators can use the PBRN to *supplement* the number of women in their studies, even if the focus is not upon women.

Why should I submit a grant using the PBRN?

Reason #4:

Women Veterans have unique characteristics that need to be taken into account when including them in research.

Special issues arising in research focusing on women Veterans

– Clinical issues

- Pregnancy
- Menstrual cycle
- Parenting
- Trauma exposure/trust
- Distinct patterns of illness
- Distinct patterns of health care utilization

– Health care delivery issues

- Variability in systems of care for women's primary care and mental health care
- Local leaders in women's health (e.g., Women Veteran Program Manager, Women's Health clinical director, MST Coordinator, etc.)

– State of the evidence base

- For some topics, relatively limited women's health evidence base to inform intervention and implementation studies

Why should I submit a grant using the PBRN?

Reason #4:

Women Veterans have unique characteristics that need to be taken into account when including them in research. **PBRN team, combined with Consortium network, have expertise in content areas and methodological issues arising in the study of women Veterans.**

Why should I submit a grant using the PBRN?

Reason #3:

Identifying sites can be a challenge.

Why should I submit a grant using the PBRN?

Reason #3:

Identifying sites can be a challenge.

The PBRN has a growing network of existing sites:

- *Site lead has been identified**
- *Characteristics of the site and its patients are known**

Why should I submit a grant using the PBRN?

Reason #2:

Running a multi-site study is a challenge.

Why should I submit a grant using the PBRN?

Reason #2:

Running a multi-site study is a challenge.

The PBRN provides research infrastructure to help with administrative and logistical aspects of running a multi-site study.

Some Services Provided by PBRN

- Addressing local clinical logistics issues
 - Clinician engagement in recruitment; space in clinic; specifics of local clinic operations; etc.
- Addressing local research administration logistics issues
 - Local R&D procedures; HR issues; unions; etc.
- Navigating regulatory requirements
 - Central IRB; between-site data transmission; etc.
- Conducting multi-site data collection
 - Assuring standardized, cross-site Interviewer training; quality control in transmitting raw data to central repository (e.g., through CSP systems); etc.

Why should I submit a grant using the PBRN?

Reason #1:

Some women's health researchers in VA lack local collaborators.

Why should I submit a grant using the PBRN?

Reason #1:

Some women's health researchers in VA lack local collaborators.

The PBRN has an enthusiastic, collaborative staff, ready to help!

Our Leadership Team

- **Coordinating Center (Palo Alto)**

Susan Frayne, MD, MPH, Director (susan.frayne@va.gov)

Diane Carney, MA, Program Manager (diane.carney@va.gov)

Ciaran Phibbs, PhD, Co-Investigator (HERC)

Julia Lin, PhD, Statistician (CSPCC)

- **Clinical Trials Division (Durham)**

Lori Bastian MD, MPH, Division Director

- **Health Care Delivery Division (Greater Los Angeles)**

Bevanne Bean-Mayberry, MD, MHS, Division Director

Elizabeth Yano, PhD, Director, Women's Health Research Consortium

Ruth Klap, PhD, Program Manager, Women's Health Research Consortium

- **Post-Deployment Health Division (Iowa City)**

Anne Sadler, PhD, RN, Division Director



Resources

- **HSR&D Women's Health Research**
 - Includes searchable women's health literature database and searchable women's health research portfolio

http://www.hsrd.research.va.gov/for_researchers/womens_health/
- **Women's Health Evidence Synthesis Reports**

<http://www.hsrd.research.va.gov/publications/esp/women.cfm>
<http://www.hsrd.research.va.gov/publications/esp/women-vets.cfm>
- ***Women's Health Issues* supplement**

<http://www.whijournal.com/content/supplements>
- **Cyberseminar series**

http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/catalog-archive.cfm?SeriesSortParam=y&SeriesIDz=56##Archived

Contact Information PBRN

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Contact Information Consortium

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Ruth Klap PhD (ruth.klap@va.gov)

Please contact us—we want to hear from you!