2024 VA Reproductive Health Conference: Leveraging the Learning Health System to Improve Care for Women Veterans

Speaker Profiles

Amanda E. Borsky

DrPH, MPP

Scientific Program Manager- Women's Health & Healthcare Organization and Delivery, Health Systems Research (HSR)

Amanda E. Borsky is a health services researcher with nearly 20 years of experience sponsoring, leading, managing, and conducting research in the Federal government and non-profit research organizations. In 2022, she joined the Department of Veterans Affairs, Health Systems Research as a Scientific Program Manager, where she oversees the research portfolios and projects for women's health and health care organization and delivery as a scientific program manager and review officer. She also serves as the Office of Research and Development lead for women Veteran's health.

Kristina M. Cordasco

MD, MPH, MSHS

Corresponding Principal Investigator, LEARN VA QUERI Evidence-Based Policy Evaluation Center; Director of Health Informatics Research and Core Investigator, Center for the Study of Health Care Innovation, Implementation & Policy (CSHIIP); Internal Medicine Physician, VA Greater Los Angeles Healthcare System; Clinical Professor of Medicine, The University of California, Los Angeles

Dr. Cordasco has designed, implemented, and assessed innovations for VA maternity care and other women Veterans' healthcare coordination, post-Emergency Department care coordination, communications at the time of hospital discharge, and care coordination between specialists and primary care. She is leading LEARN's evaluation of VA's Women's Health Innovations and Staffing Enhancements (WHISE) initiative.

Maureen M. Elias

MA

Senior Advisor for Benefits, Veterans Benefits Administration, Veteran, Military Retiree Spouse

Ms. Elias has held multiple roles at VA and is currently serves as the Senior Advisor for Benefits. Prior to coming to VA she served as a staffer for the House Veterans Affairs Committee and two of the “Big Six” Veteran Service Organizations. She has been an active member of the military and veteran community for over 223 years and uses her lens as both veteran and military retiree spouse to positively impact policy decisions. She is the proud mother of three amazing children and a captivating storyteller.

Erin P. Finley

PhD, MPH

Professor/Researcher
Division of Hospital Medicine, Department of Medicine
Division of Behavioral Sciences, Department of Psychiatry and Behavioral Science UT Health San Antonio

Erin P. Finley is a Professor with the Departments of Medicine and Psychiatry and Behavioral Sciences at the Long School of Medicine, University of Texas (UT) Health Science Center at San Antonio, and Core Investigator and Qualitative Methods Core Lead with the Center for the Study of Healthcare Innovation, Implementation, and Policy at the VA Greater Los Angeles Healthcare System. Her research interests include Veterans' health, mental health, and use of qualitative and mixed methods in implementation planning and evaluation.

Carolyn Gibson

PhD, MPH, MSCP

WHISE Psychologist, San Francisco VA Health Care System, Assistant Professor of Psychiatry & Behavioral Sciences, University of California, San Francisco

Dr. Gibson is a clinical-health psychologist and health services researcher based at the San Francisco VA (SFVA). Dr. Gibson is a Staff Psychologist in the SFVA Women's Mental Health Program, Assistant Professor in the Department of Psychiatry & Behavioral Sciences at the University of California, San Francisco (UCSF), and co-director of the UCSF Women's Health Clinical Research Center. She serves as a Menopause Subject Matter Expert for VA and Co-lead of the VA Menopause Research Workgroup, a national research network promoting collaborative research around menopause-related health and care needs among women and gender-diverse Veterans.

Sally G. Haskell

MD, MS

Acting Chief Officer, Office of Women's Health (OWH), Veterans Health Administration; Professor of Medicine, Yale School of Medicine

Dr. Haskell is the Acting Chief Officer for the Office of Women's Health in VHA. She is an internal medicine physician with over 30 years' experience as a clinician leader in women's health. Prior to her current role, Dr. Haskell was the Deputy Chief Officer for Clinical Operations and National Director of Comprehensive Women's Health where she implemented policy and operations for comprehensive women Veteran's healthcare nationally. Dr. Haskell has led significant policy changes, women's health innovations and staffing enhancements, evidenced based quality improvement projects, electronic health record tracking systems and many other initiatives that have enhanced the care of women Veterans within the VHA. Prior joining VA Central Office Dr. Haskell served as Women's Health Medical Director for VA Connecticut and VISN 1. She has a background in women's health clinical care, education, and health services research, with over 150 publications. Dr. Haskell continues to maintain a small Primary Care Internal Medicine Practice in VA Connecticut.

Joy J. Ilem

National Legislative Director
DAV (Disabled American Veterans),
Veteran

Joy Ilem, a service-disabled Army veteran, serves as the national legislative director of DAV. She has been a member of DAV's legislative team for over 25 years and works at the organization's Washington Headquarters in Washington, D.C.

In her role as legislative director, Ms. Ilem is the principal advocate and spokesperson for DAV before Congress on behalf of the more than 1 million member organization and leads the advancement of DAV's policy objectives to promote and defend reasonable and responsible legislation to assist service-disabled veterans, their families and caregivers nationwide.

Amanda M. Johnson

MD, FACOG

Acting Deputy Chief Officer, VA Office of Women's Health

Dr. Amanda Moore Johnson is an Obstetrician Gynecologist and Acting Deputy Chief Officer for the Office of Women's Health in VACO . She has been on the OBGYN faculty of Columbia's College of Physicians and Surgeons and has been faculty at the University of Washington School of Medicine, teaching first- and second-year medical students . She is a Gynecologist at the Cheyenne VA Medical Center . Dr . Johnson is the recipient of the 2023 University of Washington School of Medicine Alumni Association Early Career Achievement Award and the recipient of the 2024 American College of Obstetricians and Gynecologists Distinguished Service Award for her work to improve the health and lives of Veterans.

Jodie G. Katon

PhD, MS

Core Investigator, VA HSR Center for the Study of Healthcare Innovation, Implementation & Policy, VA Greater LA Healthcare System

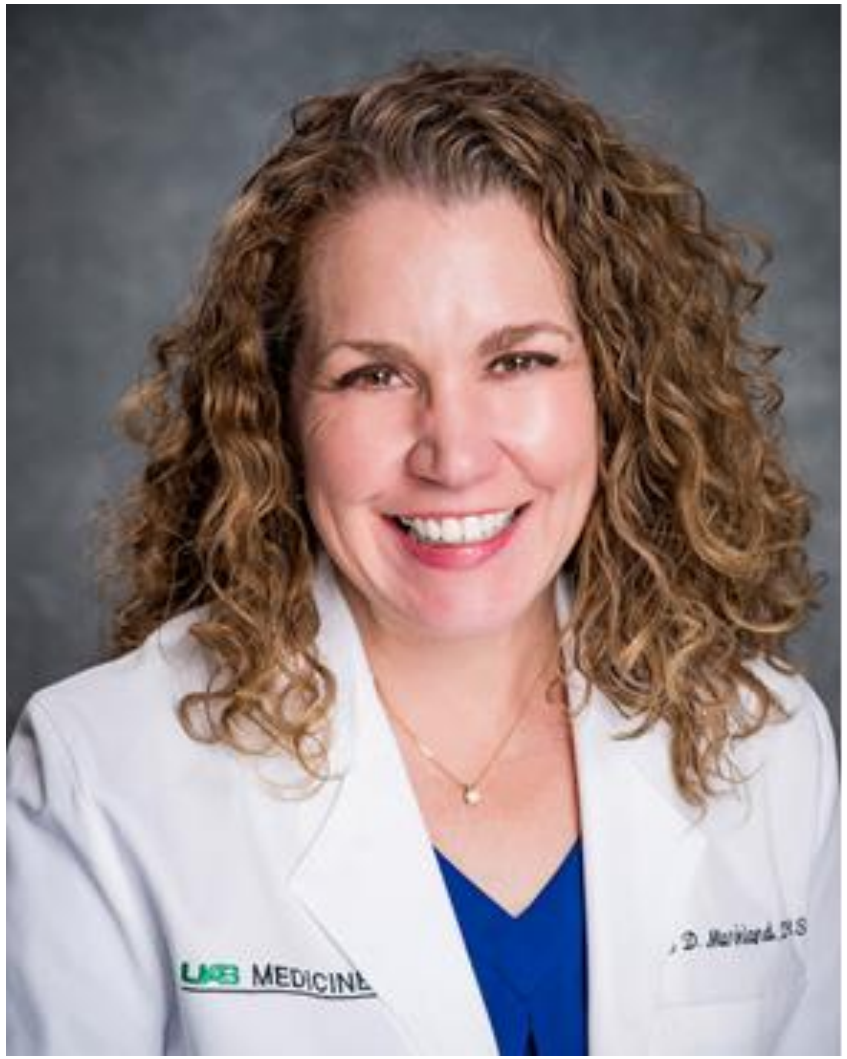
Dr. Katon is an epidemiologist and health services researcher focused on understanding and improving reproductive health care and outcomes for women Veterans. She is a former HSR Career Award recipient, co-leader of the WHRN Reproductive Health Work Group, and investigator at the VA Greater Los Angeles Health Care System Center for the Study of Healthcare Innovation, Implementation, and Policy.

Alayne D. Markland

DO, MSc

Geriatrician, Birmingham VA Medical Center; Director, Birmingham/Atlanta Geriatric Research, Education, and Clinic Center (GRECC); Professor of Medicine, University of Alabama at Birmingham

Dr. Markland is a Professor of Medicine in the Division of Gerontology, Geriatrics, and Palliative Care and the holder of the Parrish Professorship in Geriatric Medicine at the University of Alabama at Birmingham (UAB) in Birmingham, Alabama. She is also a nationally recognized clinician researcher at the Birmingham VA Health Care System and the Director of Birmingham/Atlanta Geriatric Research, Education, and Clinic Center (GRECC).
She is the principal investigator on the NIH-funded multicenter consortium on the Prevention of Lower Urinary Tract Symptoms in Women (PLUS network) and the principal investigator on other NIH, AHRQ, and VA-funded clinical trials.



Laura J. Miller

MD

Medical Director, Reproductive Mental Health, Women's Mental Health, VA Office of Mental Health and Suicide Prevention

Laura J. Miller MD is the Medical Director of Reproductive Mental Health for the Veterans Health Administration. She is a Professor of Psychiatry at Loyola Stritch School of Medicine who has authored or co-authored more than 90 articles and book chapters related to women's mental health. She has developed nationally award-winning women's mental health services and educational programs, participated in numerous women's mental health policy initiatives, and devoted her career to improving the mental health of women through clinical care, education, and research.

Elizabeth Patton

MD, MPhil, MSc, FACOG

Acting Director, Reproductive Health, VA Office of Women's Health; Assistant Professor, Department of Obstetrics & Gynecology, Boston Medical Center; Assistant Professor, Obstetrics & Gynecology, Chobanian & Avedisian School of Medicine at Boston University

Dr. Elizabeth W . Patton is an Obstetrician Gynecologist, Health Services Researcher and Acting Director of Reproductive Health for the Veterans Health Administration, field-based in Boston. She also serves as Co-lead for the VA Reproductive Health Research Workgroup, a national research network promoting collaborative research around key issues in the reproductive health of women and gender diverse Veterans.

Deirdre A. Quinn

PhD, MSc, MLitt

Core Investigator, Center for Health Equity Research and Promotion (CHERP), VA Pittsburgh Healthcare System
Assistant Professor of Medicine, University of Pittsburgh

Since joining VA, Dr. Quinn's research has focused on advancing the quality and equity of reproductive health and healthcare for women and gender-diverse Veterans. She is currently supported by a VA HSR Career Development Award to examine links between pre-pregnancy health and social risks, healthcare experiences, and adverse maternal outcomes among Veterans. Through operational partnerships with VA's Office of Women's Health and Diffusion of Excellence team, Dr. Quinn also co-leads the multi- site implementation of *Contraception on Demand*.

Elizabeth M. Yano

PhD, MSPH

Director, VA HSR Center for the Study of Healthcare Innovation, Implementation & Policy; VA Greater LA Healthcare System; Director, VA Women's Health Research Network (WHRN) Consortium; Professor, UCLA Geffen School of Medicine and UCLA Fielding School of Public Health

Trained in health care epidemiology, biostatistics and health policy at UCLA and RAND, Dr. Yano studies multilevel factors associated with quality and patient experience and evidence-based quality improvement (EBQI) approaches for implementing, tailoring and spreading care models to improve system and practice-level quality and outcomes, with a focus on primary care and women's health. Dr. Yano has received the VA HSR Senior Research Career Scientist Award (2007-26), the VA Under Secretary for Health Award for Outstanding Accomplishment in Health Services Research (2012), a UCLA Lifetime Achievement Award (2017), and a Special Recognition Award from Disabled American Veterans (2018) and from the VA Secretary (2023) for research impacts on women Veterans' care. She is Faculty Mentor in the VA Women's Health Fellowship Program, the National VA Clinician Scholars Program, and the VA Health Systems Research/Learning Health System Fellowship Program, and mentors a wide array of postdoctoral fellows, career development awardees, and other investigators. She has published 300 peer-reviewed publications, delivered hundreds of conference presentations and briefings, and been continuously funded as a principal investigator for over 30 years.

VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

2024 VA Reproductive Health Conference: Leveraging the Learning Health System to Improve Care for Women Veterans

will begin at:

9 am PT | 10 am MT | 11 am CT | 12 pm ET

Welcome!

Elizabeth M. Yano, PhD, MSPH

Director, VA HSR Center for the Study of Healthcare Innovation, Implementation & Policy, VA Greater LA Healthcare System

Director, VA Women's Health Research Network (WHRN) Consortium

Professor of Medicine at the UCLA Geffen School of Medicine and Professor of Health Policy & Management at the UCLA Fielding School of Public Health

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REPRODUCTIVE HEALTH RESEARCH IN THE CONTEXT OF A LEARNING HEALTHCARE SYSTEM

Sally Haskell, MD, MS
Acting Chief Officer
Office of Women's Health

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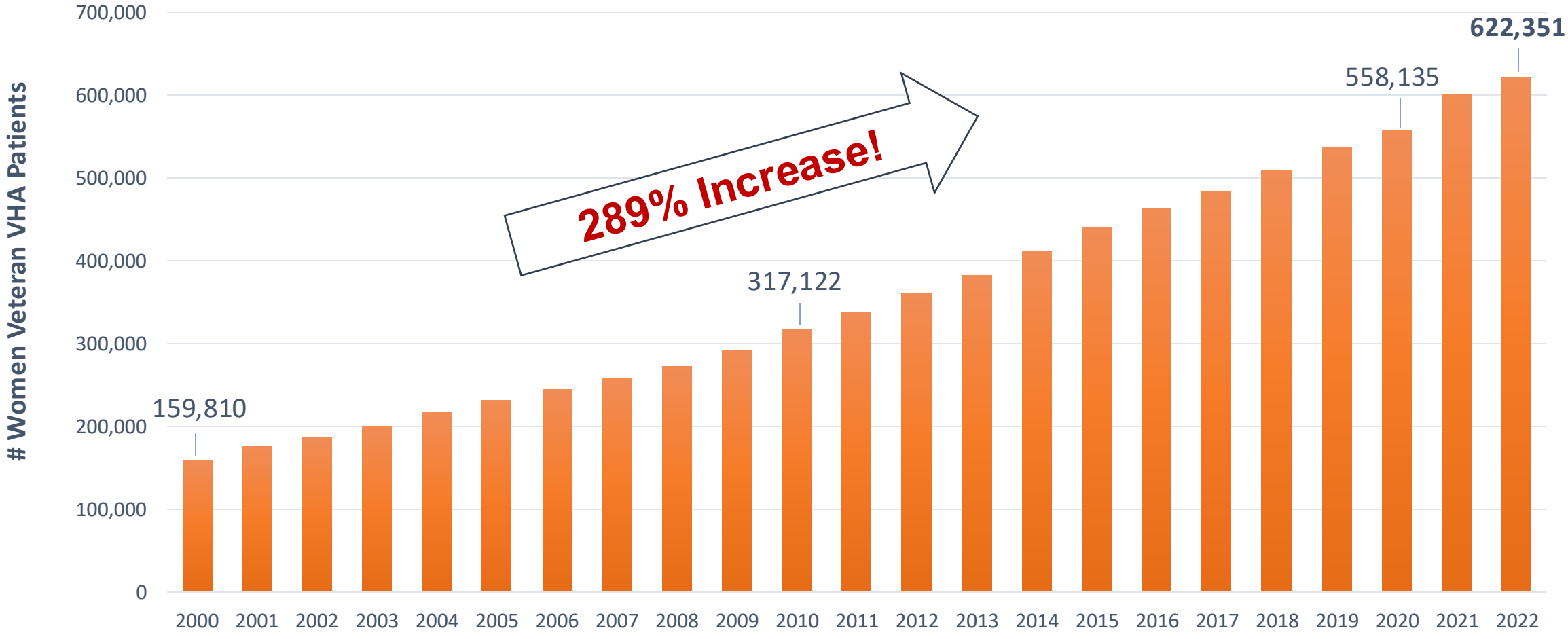
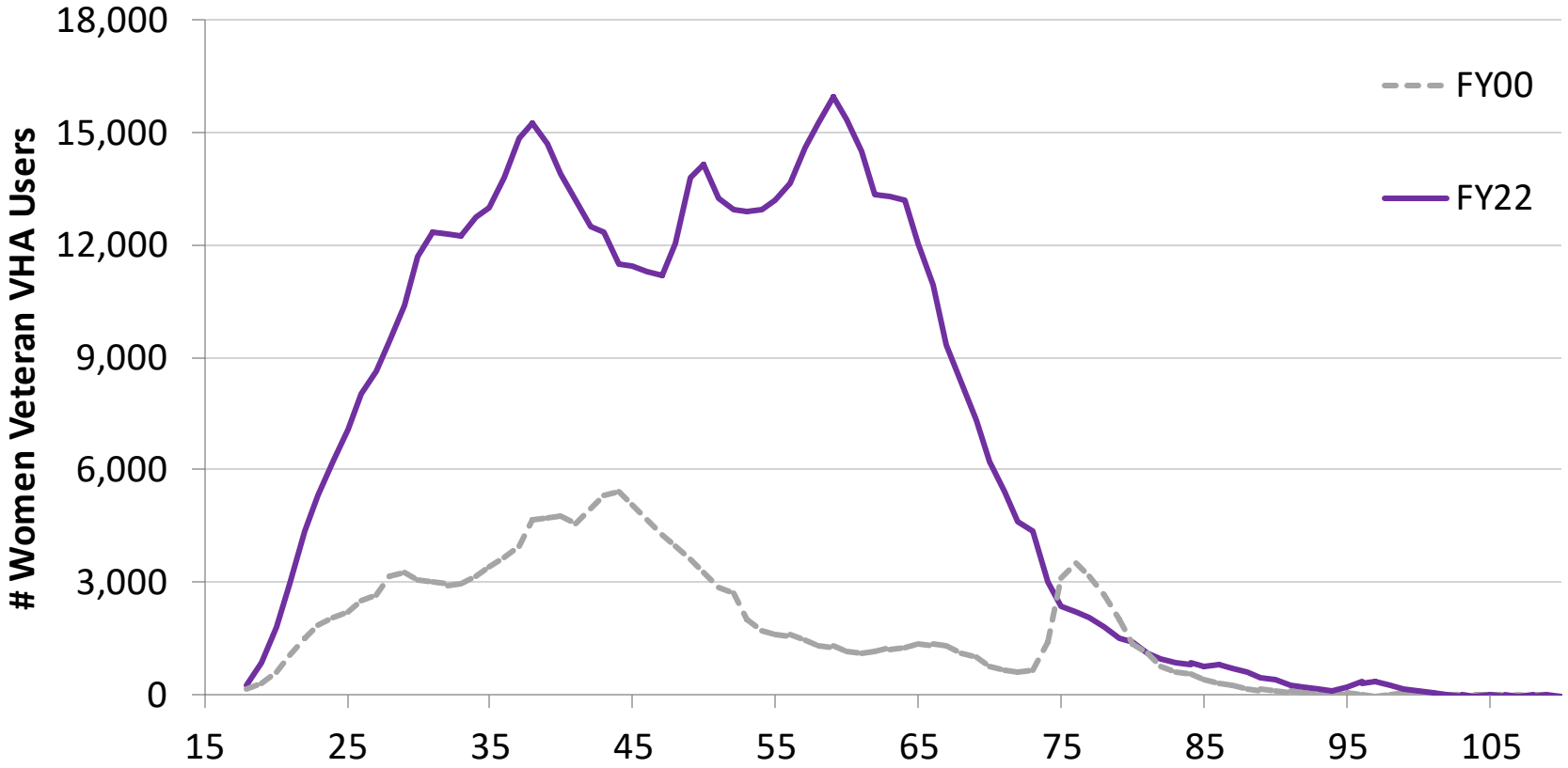
Women Veteran VHA Patients by Fiscal Year (FY) 2000-2022



Cohort: Women Veteran VHA patients in each year. Source: VA Women's Health Evaluation Initiative (WHEI) Master Database, FY00-FY22

Age Distribution of Women Veteran VHA Patients: FY00-FY22



Cohort: Women Veteran VHA users with non-missing ages 18-110 years (inclusive) in FY00 and FY22. Women in FY00: N=159,553; FY22:N=622,158.
Source: WHEI Master Database, FY00-FY22

VHA Office of Women's Health: Vision and Mission

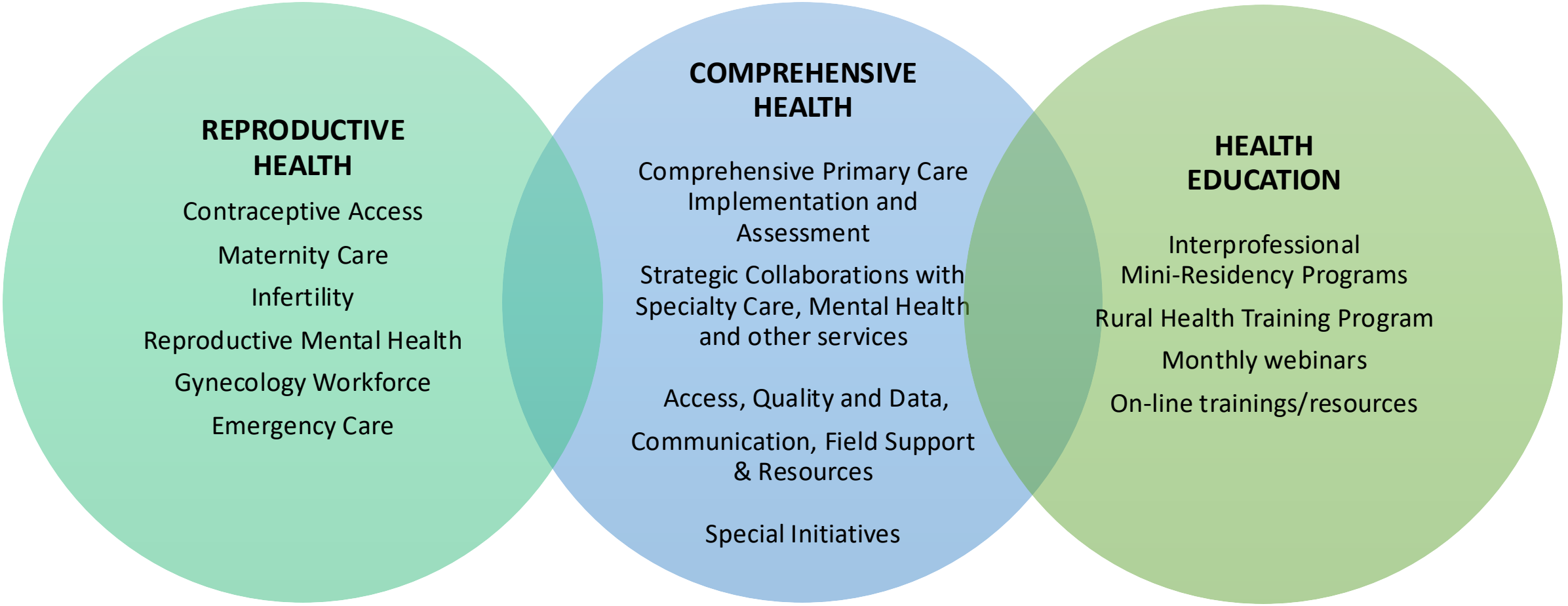
Vision:
VA strives to be a national leader in the provision of health care for women Veterans, thereby raising the standard of care for all women

Mission:
VA Women's Health serves as a trusted resource for the field and works to ensure that women Veterans experience timely, high quality comprehensive care in a sensitive and safe environment at all points of care

Office of Women's Health Role at the National Level

- Develop policy & guidelines for VA Medical Centers
- Ensure availability of women's health services at all sites
- National women's health education and training programs
- Support innovations and best Practices
- Outreach to women Veterans
- Interface with Congress, Public Organizations, Auditors
- Evaluation and Assessment
- Research Collaborations

Overview of Women's Health at the National Level



Reproductive Health Initiatives and Priorities

- Basic Reproductive Health/Gender Specific Care in Primary Care
- Contraceptive Access
- Menopause Care
- Specialty Gynecologic Care
- Maternity Care (Expanded Maternity Care Coordination)
- Maternal Morbidity and Mortality
- Reproductive Mental Health
- Infertility Care (Expanded Eligibility for IVF)
- Abortion
- Addressing Disparities
- Emergency Care

Opening Remarks: Vision for Women's Health Across the VA Research Enterprise

Amanda E. Borsky, DrPH, MPP
Scientific Program Manager for Women's Health
Health Systems Research
Office of Research and Development

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Bottom Line Up Front (BLUF)

- Women Veteran's health is a priority for Office of Research and Development (ORD)
  - Including reproductive health across the lifespan
- Current organizational structure remains with women's health being spread across Broad and Actively Managed Portfolios
- + New Research Integration Workgroup (RIG) to bring stakeholders in women's health together

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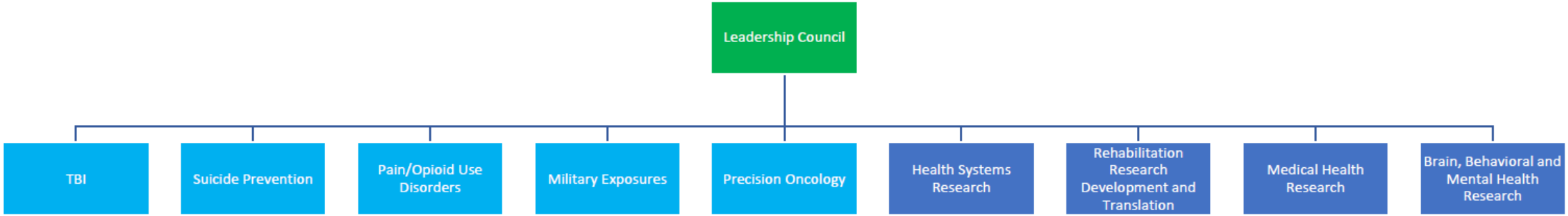
Office of Research and Development

Leadership Council

Shared Governance



Actively Managed Portfolios

Focused purviews

Broad Portfolios

Broad purviews

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Women's Health is a RIG!

- The Women's Health Research Integration Workgroup (RIG) Charter was approved by ISRM 5/30/2024
- **Vision:** To generate research that improves the health and healthcare for women Veterans
- **Mission:** To identify a research organizational structure that facilitates the translation and implementation of evidence to improve the health and healthcare for women Veterans

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Women's Health RIG Scope

- Support for investigators to encourage women Veteran's health and healthcare research across scientific disciplines
- Create and maintain an ORD organizational structure(s) that facilitates and promotes women Veteran's health and healthcare research across the scientific disciplines
- Prioritize women's health issues and mechanisms for potential cross-service funding opportunities
- Provide a "home" for women's health expertise across ORD
- Support White House Women's Health Initiative Executive Order
  - Emphasis on midlife health

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WH RIG Members

- ORD scientific program managers overseeing women's health research from each of the scientific disciplines
- ORD data scientists, e.g., VINCI/VIREC, CIRB, and registries/repositories
- ORD Cooperative Studies Program
- HSR's Women's Health Research Network
- Select ORD field investigators (e.g., content experts or experts in statistical analyses of sex differences), as needed
- VA National Office of Women's Health, Office of Mental Health, and potentially other program offices

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Women's Health in RFAs and NOSIs

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REPRODUCTIVE HEALTH RESEARCH IN THE CONTEXT OF A LEARNING HEALTHCARE SYSTEM: Setting the stage

Jodie G. Katon, PhD, MS

Center for the Study of Health Care Innovation, Implementation and Policy

Elizabeth W. Patton, MD, MPhil, MSc, FACOG

VA Office of Women's Health

U.S. Department of Veterans Affairs
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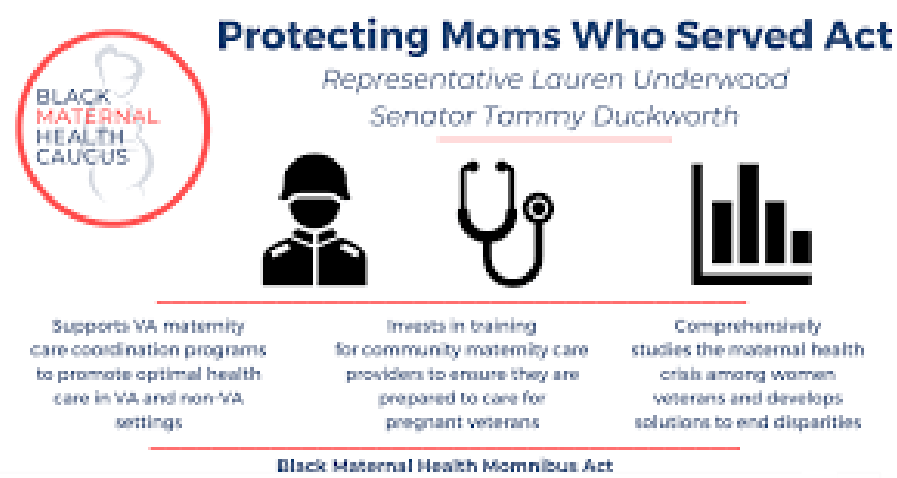
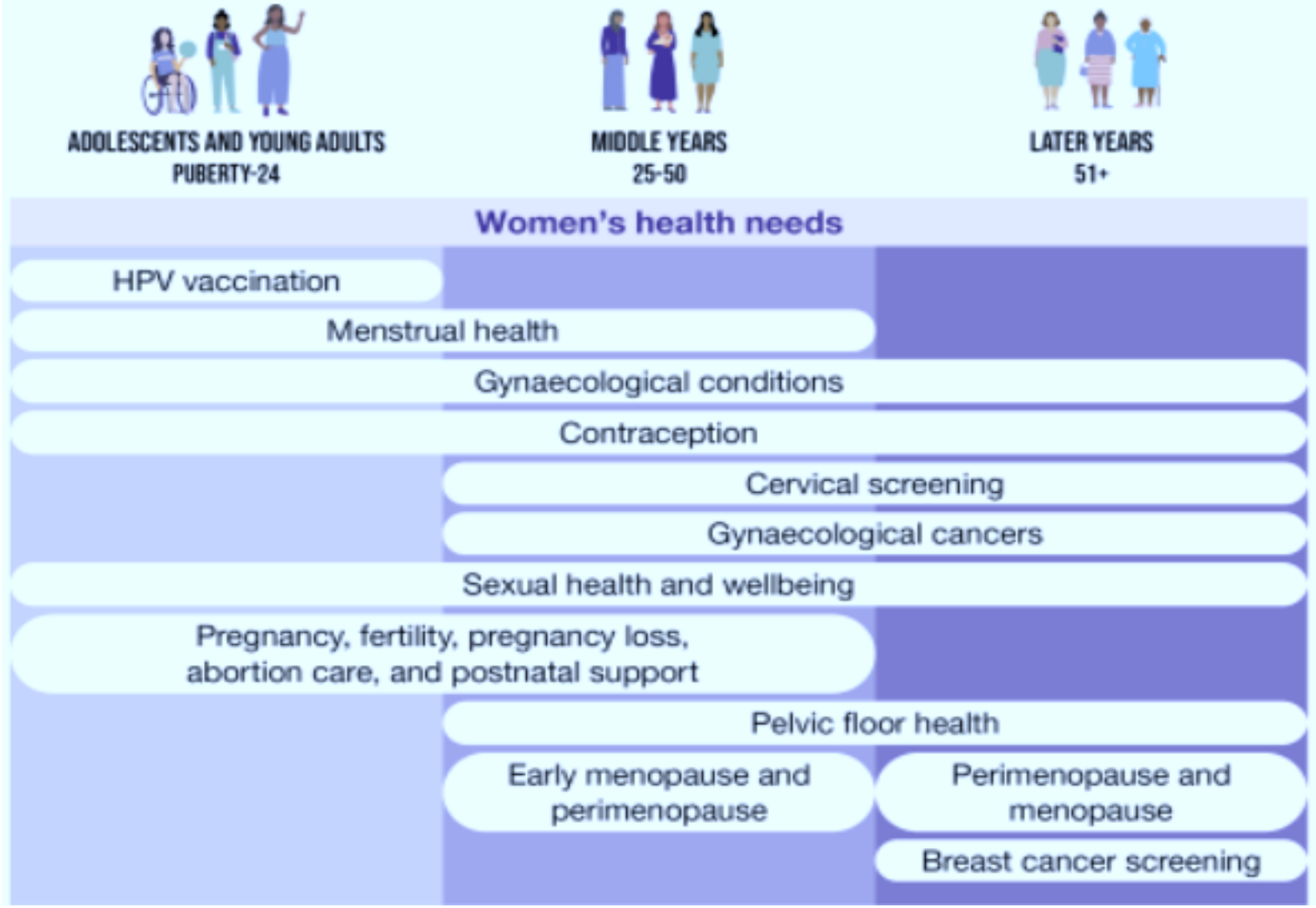
Increasing attention to reproductive health research

- 2024 White House Executive Order
- Rapidly changing policy & healthcare delivery landscape, both inside and outside VHA
- VHA presents unique opportunities and challenges for RH research



What is reproductive health?

"Reproductive health is a **state of complete physical**, **mental**, and **social wellbeing** and <u>not merely</u> the **absence of disease** or infirmity, in all matters related to the reproductive health system and to its functions and processes." WHO



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Reproductive health & women Veterans

- Women Veterans remain the fastest growing group of new VA users
  - In FY22 >622,000 women Veterans used VA care, 289% increase from FY10
- VA reproductive health services
  - Multidisciplinary – 250+ GYN clinicians + primary care, PT, pharmacy
  - Preventive care (contraception, STI screening, cervical cancer screening)
  - Gynecology care - specialty medical and surgical management of gynecologic conditions
  - Fertility/family building services
  - Maternity care coverage and coordination
  - Specialty collaborations (e.g., Reproductive Mental health consultation)

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VA OWH Priorities

- ***Optimize reproductive health care delivery*** – best experience possible for veterans
- ***Multidisciplinary collaborations to tailor care to needs of veterans,*** many of whom have chronic conditions
  - Mental health
  - Physical Therapy
  - Pharmacy
  - Whole Health
- ***Expand services*** – increase the availability of Gynecologic specialty care, including surgical, across VA
- ***Expand coverage*** – fertility, pregnancy-related care – MCC, pregnancy options

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Reproductive health research & women Veterans

- Research on reproductive health and health care for women Veterans also increasing. Since 2016:
  - 5.3-fold increase in reproductive mental health
  - 3.7-fold increase in reproductive health
- 2018 literature review identified gaps regarding infertility, sexually transmitted infections (STIs), and menopause
- 2021 WHRN half-day Virtual VA Reproductive Health Conference
  - 192 attendees, 12 panelists
  - Reproductive health research priorities – *Women's Health Issues May 2023* *https://pubmed.ncbi.nlm.nih.gov/36702724/*

Katon JG, Rodriguez A, Yano EM, Johnson AM, Frayne SM, Hamilton AB, Miller LJ, Williams K, Zephyrin L, Patton EW. Research Priorities to Support Women Veterans' Reproductive Health and Health Care Within a Learning Health Care System. Womens Health Issues. 2023 May-Jun;33(3):215-221.

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Research Priorities to Support Women Veterans' Reproductive Health and Health Care

1. Novel approaches to improving patient-clinician communication for reproductive health decision-making
2. Enhancements to care coordination for reproductive health care
3. Address persistent gaps in VA reproductive health research
4. Expand reproductive mental health research beyond perinatal mental health
5. Developing, testing, & implementing models for trauma-informed reproductive health care
6. Incorporate health equity frameworks into all reproductive health research
7. Veteran-engaged reproductive health research

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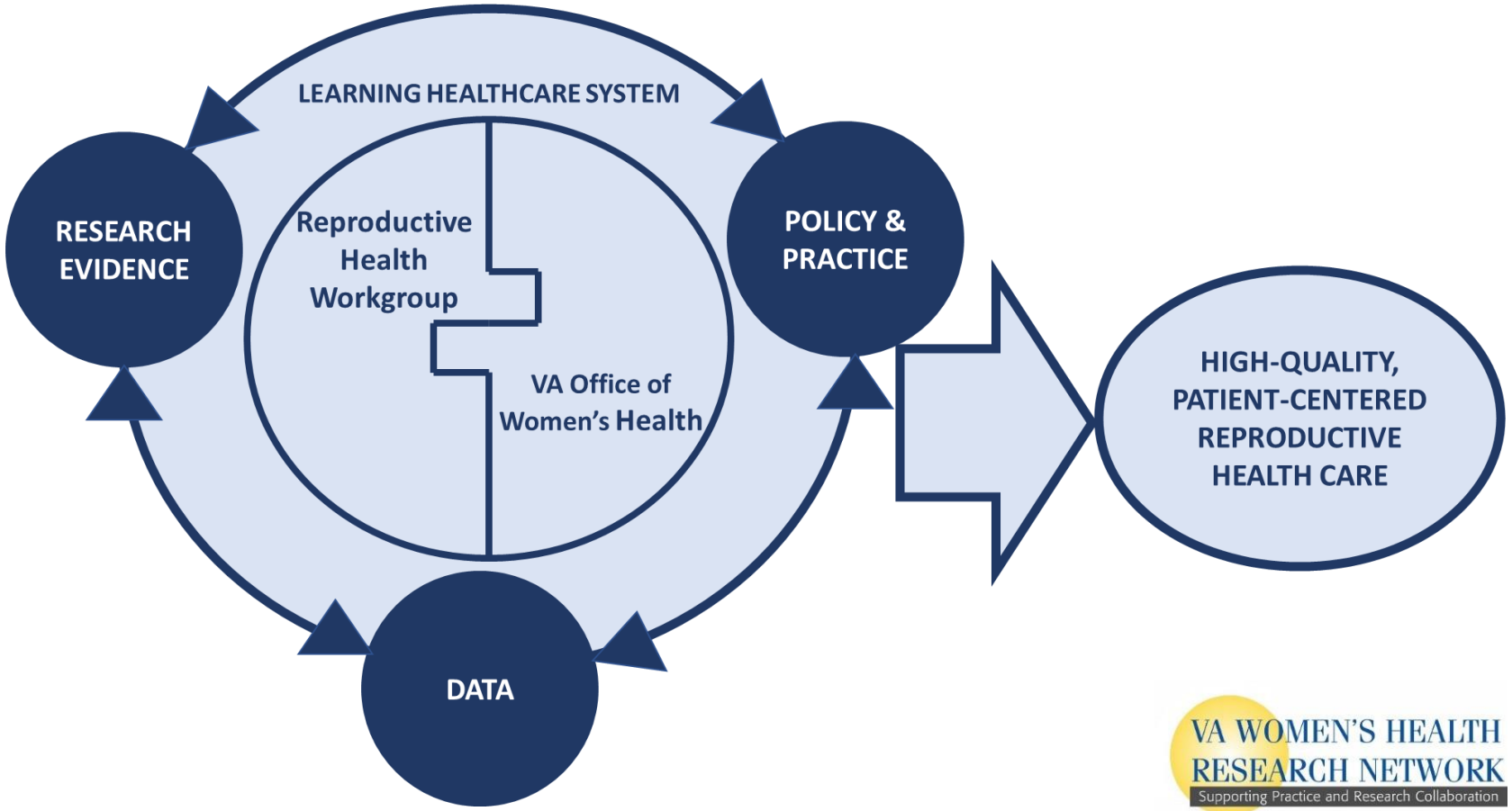
WHRN VA Reproductive Health Work Group

Objective: Build a portfolio of reproductive health research to support VA as a learning healthcare system

Co-Leads: Dr. Jodie Katon; Dr. Elizabeth Patton



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Conference Objectives

- ❑ **Highlight ongoing research and emerging areas of interest**, including projects that address multiple research priorities
- ❑ **Provide examples of research being translated and implemented** into clinical settings and policy
- ❑ **Discuss the future of VA research and operations work** in reproductive health

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EMERGING VA REPRODUCTIVE HEALTH RESEARCH: addressing the gaps in evidence

Carolyn Gibson, PhD, MPH, MSCP
Alayne D. Markland, DO, MSc
Jodie G. Katon, PhD, MS

Discussant: Elizabeth Patton, MD, MPhil, MSc, FACOG

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Understanding Needs of Rural Women Veterans Experiencing the Menopause Transition: The Development of a Mind-Body Menopause Program

Carolyn Gibson, PHD, MPH, MSCP
San Francisco VA Health Care System
University of California, San Francisco

August 26, 2024

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The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Funding: VA Office of Rural Health NOMAD #04118, "Development and Feasibility of a Telehealth Mind-Body Menopause Program" (PI: Nicosia)

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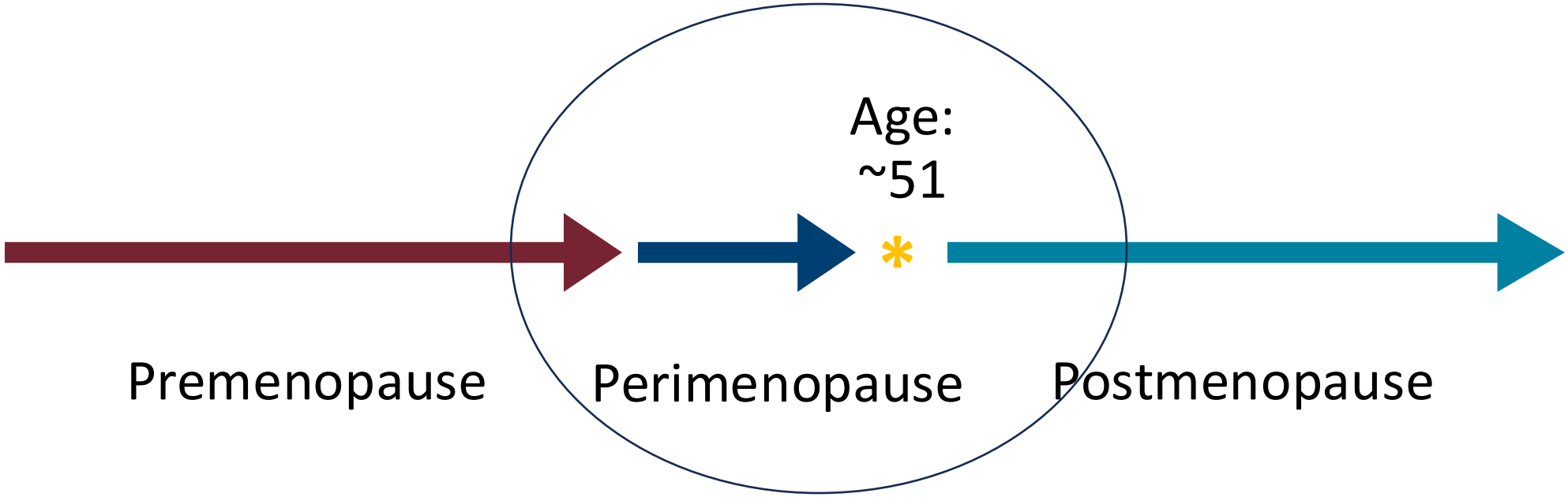
Menopause transition



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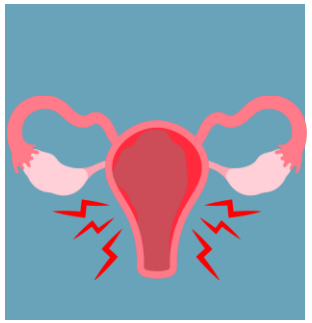
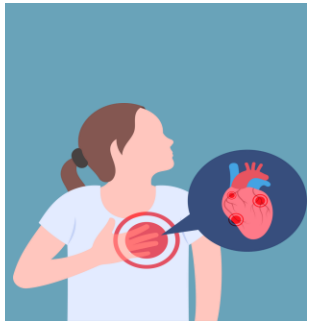
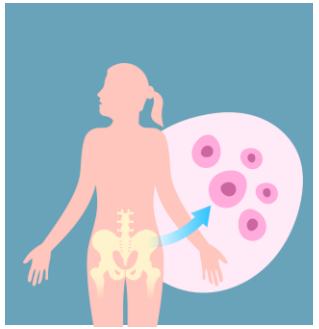
Common Symptoms and Health Changes of the Menopause Transition





Freeman 2007, Hall 2015, NAMS 2020, Maki 2018, Gibson 2019

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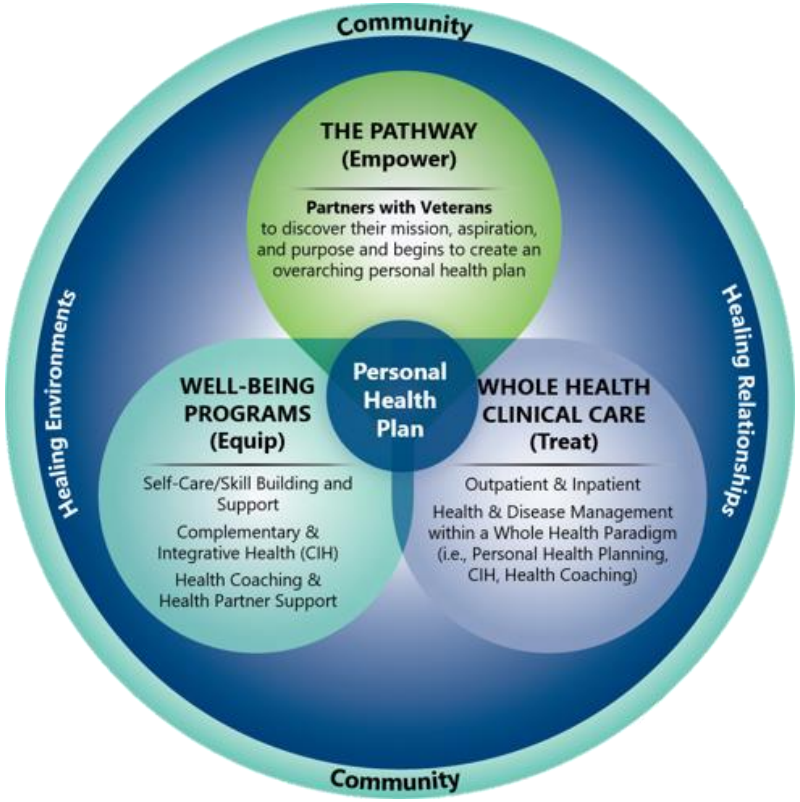
Developing a Mind-Body Menopause Program



- **Expert interviews: Key considerations from national menopause, integrative health experts**
  - **Rapid qualitative analysis**
- Rapid evidence review: RCTs of non-pharmacologic approaches for menopause- and aging-related symptoms
- Convene development group of experts and women Veterans for iterative co-design
- Feedback from rural women Veterans and clinicians on program design, materials

ORH NOMAD #04118 (PI: Nicosia)

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Key Findings: Expert Interviews

Perspectives on Menopause

15 Interviews

- Researchers
- Primary care, gyn, mental health clinicians
- CIH practitioners
- Expertise in women's health, menopause, complementary & integrative health

Competing responsibilities/ demands

"…peak life complexity…"

Emergence of new identity

"We have the good fortune of having to go through menopause… Aren't you glad you have it? Because you're living long enough to have it. Also you care less about what people think and isn't that liberating? "

Ebb and Flow of Symptoms

"…it's not a light switch. It is a transition, and it can be very long for some people…it can get very confusing as to what is going on ."

Supporting Overall Health

"They have to do nutrition, exercise, everything with the mindset of, this is bullet proofing."

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Key Findings: Expert Interviews

✓Guiding Principles

- Promoting sense of self-awareness, self-advocacy
- Mindfulness, self-compassion in this transition
- Emphasis on menopause as a natural process, not a medical issue to be “cured”
- Empowerment to help manage symptoms, support sleep and mood

✓Program elements

- Unique considerations for women Veterans, experiences related to service
- Prioritize peer support, social connection
- Multi-modal options (yoga, mindfulness, CBT, acupressure, health education?)
- Expectation setting: Manage symptoms, health promotion

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Conclusions: Mind-Body Menopause Program Key Considerations

- Group-based, multi-modal approach with attention to themes and guiding principles
- Focus on social support, self-efficacy, health promotion, adaptive coping
- Veteran-centered
- We have more work to do!

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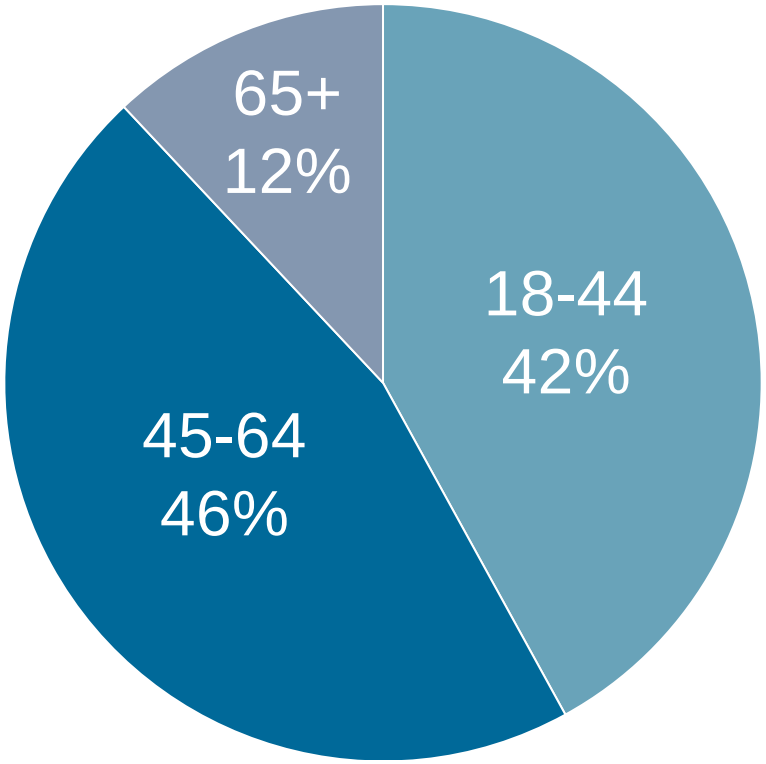
Clinical and Policy Implications/Impact



- Half of women Veterans served by VA are likely peri- or postmenopausal, with comorbidities and risk factors for menopause symptom burden
- Increasing demand and support for comprehensive, patient-centered menopause care
- The Mind-Body Menopause Program may provide an evidence-based, scalable option for symptom management and health promotion across VA

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Thank you!

Mind-Body Menopause Team

Francesca Nicosia, PhD, C-IAYT (PI)

Carrie Gibson, PhD, MPH, MSCP

Mary K. Good, PhD

Molly Delzio, BS

Caitlin Haas, BA, BS

Niah Johnson, BS

Review support: Robin Austin, PhD, DNP, DC, RN-BC,

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ORH NOMAD #04118 (PI: Nicosia)

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Understanding and Treating Urinary Incontinence in Women Veterans

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August 26, 2024

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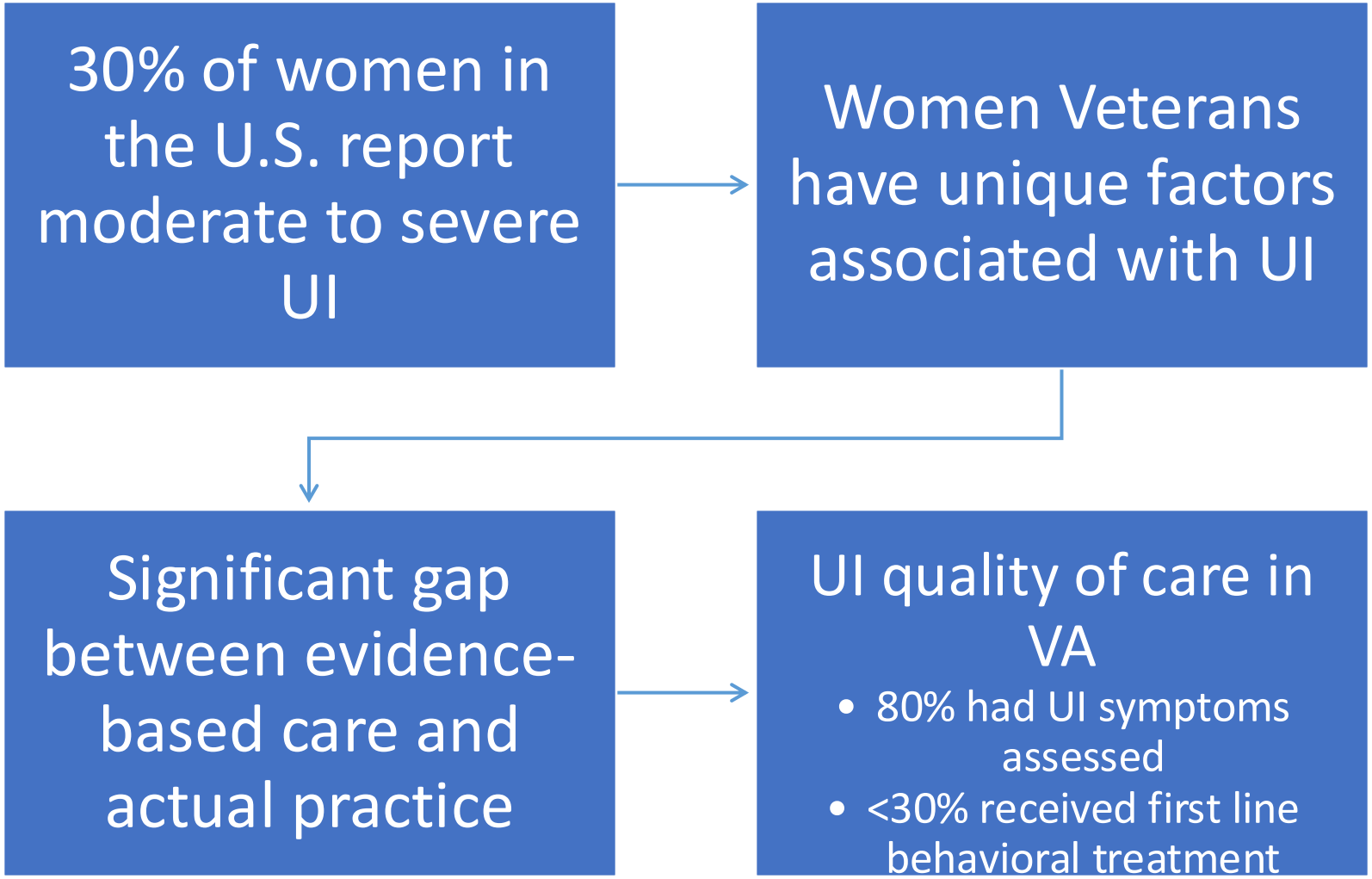
Urinary Incontinence (UI) among Women Veterans



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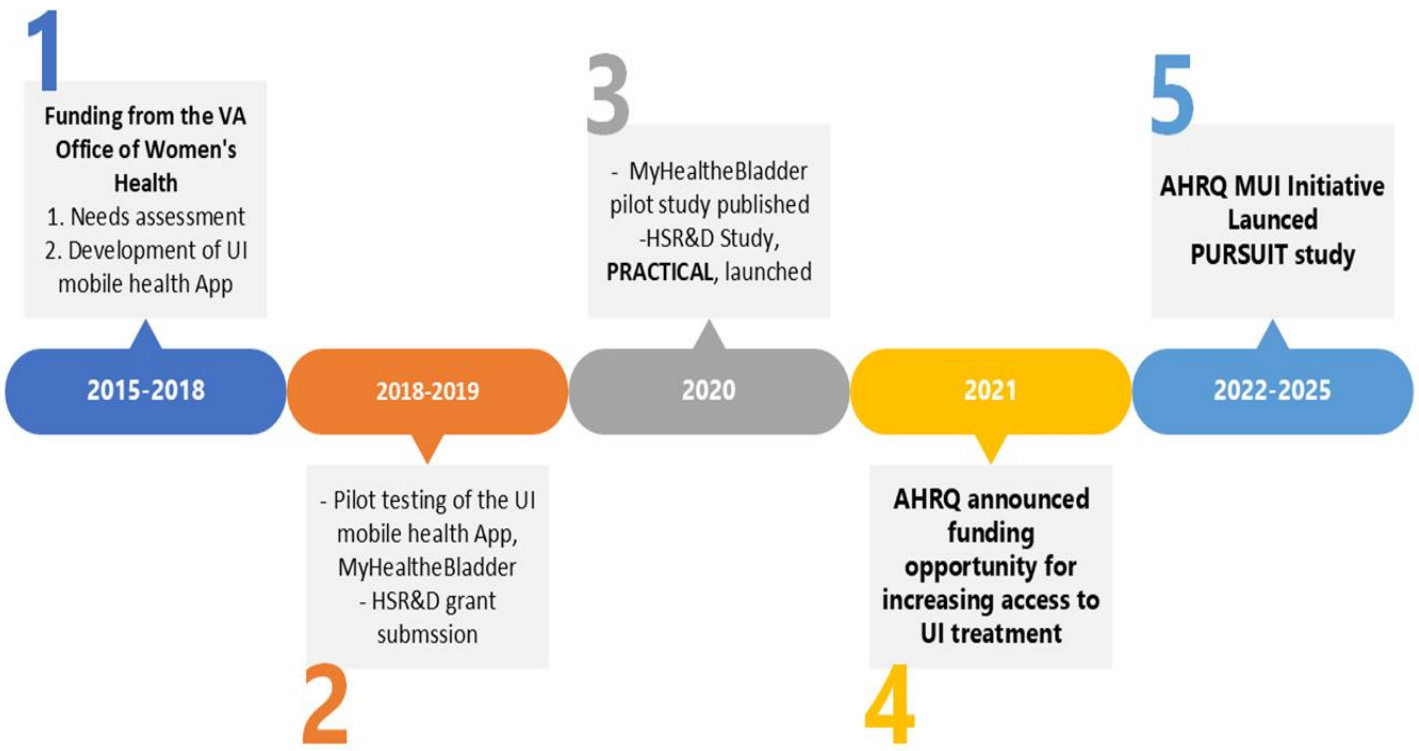
Timeline for Developing, Testing, and Implementing *MyHealtheBladder*

Putting Evidence into Practice: Learning Health System



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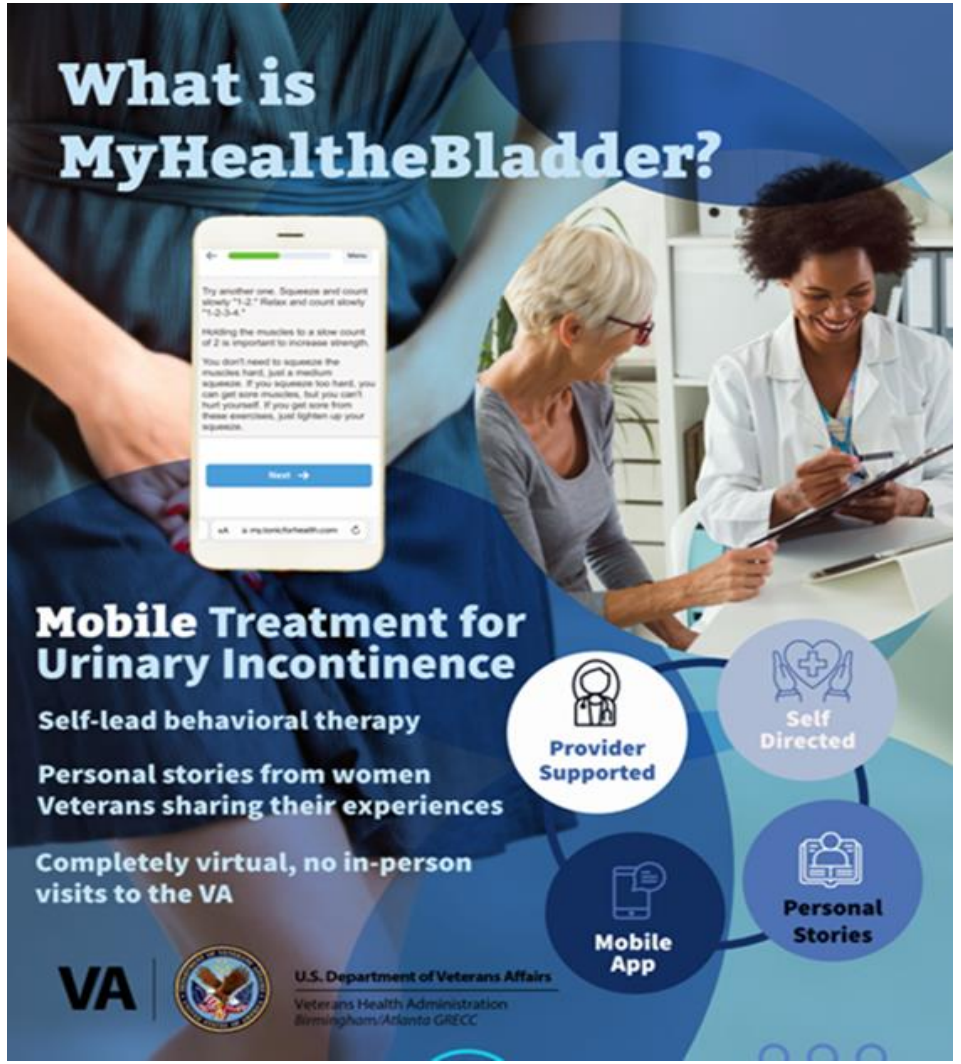
What is *MyHealtheBladder*?

- MyHealtheBladder or **MHB** - developed using evidence-based behavioral treatment for UI in women Veterans
- 8-weeks (56 educational sessions) on behavioral treatment for UI management
- Outcome questions embedded for symptom improvement tracking
- Pilot and feasibility testing showed improved UI symptoms



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What do women Veterans say about *MyHealtheBladder*?

*This was the best way for me because the **clinic would have been**… **two hours away...**That way I **didn't have to take off work***

*You would learn about what certain women did to help kind of **put it in more perspective**… It covered things you would be embarrassed to ask.*

*It was good content. Providing **information about some of the services and things that you could get through the VA…***

*The biggest thing that I got out of it was that **strengthening those muscles can really help** with the issues that I had with urgency*

*It made me be significantly more aware… made me more consistent in practice... and **it has improved my overall wellbeing***

I thought no one had this problem but me.

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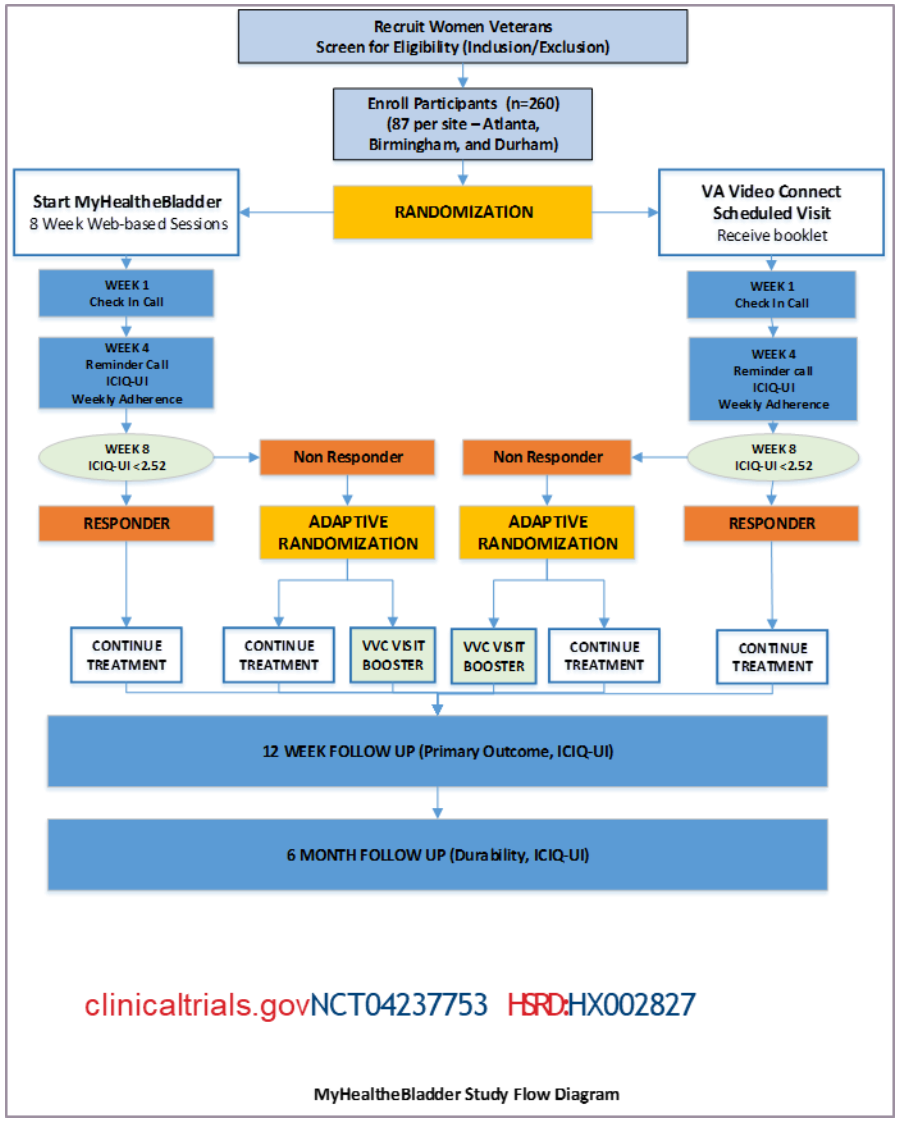
A Sequential Multiple Assignment Randomized Clinical Trial: *MyHealtheBladder* vs Telehealth/VVC



- 3 sites, N=286 women Veterans
  - Mean age: 53 ± 11 years (33 to 83)
  - 56% self-identified as Black
- 70% response rate at 12-weeks, n=200
- **More improvement in UI symptoms in the women randomized to MHB vs telehealth at 12-weeks, p=0.02**
  - MHB and telehealth BOTH improved UI
  - Additional booster visits did not improve UI symptoms for non-responders
  - UI symptoms remain improved at 6-months with no differences between groups

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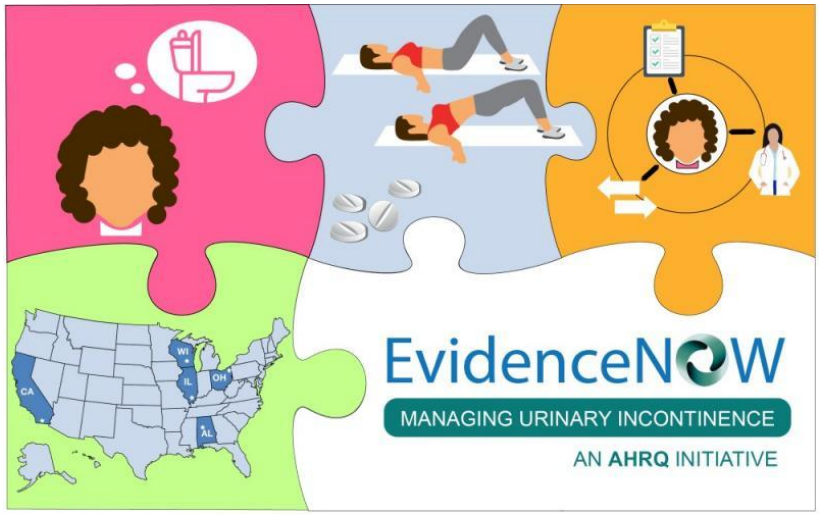
Implementing MHB into Primary Care for Women Veterans – Current Study

Practice facilitation, n=60:

1. Virtual or on-site visit, 1-3 practice facilitator visits
2. *MyHealtheBladder* education and training with/without Consult Pathway
3. Online Toolkit, including a clinical data dashboard

Women Veterans, n=3,330:

1. Direct outreach with provider approval
2. Access to *MyHealtheBladder*
3. Ability to see continence care specialist – virtual or in person



EvidenceNOW: Managing Urinary Incontinence | Agency for Healthcare Research and Quality (ahrq.gov)

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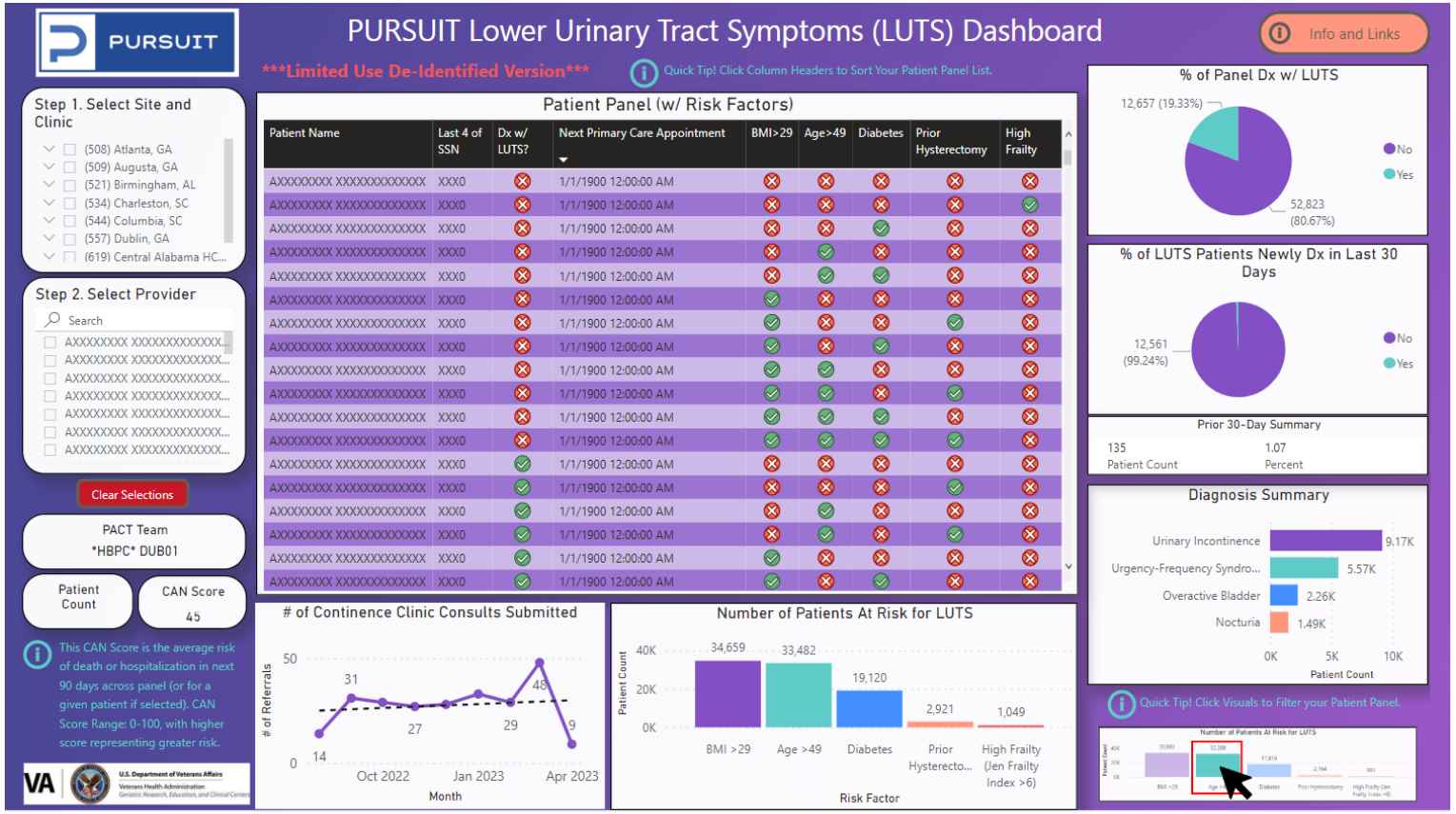
Online Tools and Resources

- Online toolkit
  1. Data dashboard – novel clinic and provider level data
  2. Educational products on UI screening and treatment in the VA
  3. Recruitment materials for women Veterans
  4. Link to *MyHealtheBladder*
  5. Team IT support



PURSUIT - Home (sharepoint.com)

https://dvagov.sharepoint.com/sites/vhapursuit

Conclusions

- **Many women Veterans want UI treatment outside of provider visits**
- **Remote delivery of behavioral UI treatment is effective**
- **Engaging providers is a key component**
- **Endorsement by the VA is important**

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Clinical and Policy Implications/Impact

- **Clinical implications: Paradigm shift in specialty care for UI**
- **Policy implications: Improved access for UI care within the VHA**
- **Impact Statement: *MyHealtheBladder* increases access to effective treatments for urinary incontinence**
- **Gap: Increasing provider and veteran awareness of UI treatment options remains a key factor**
- **Next steps (2 prong approach):**
  1. **Working with the Office of Connect Care and the Office of Health Innovations for a VA-approved platform for delivery**
  2. **Dissemination needs for scalability and spread**

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Understanding Racial Disparities in Uterine Fibroid Treatments & Outcomes: A mixed-methods approach

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August 26, 2024

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- No conflicts of interest to disclose
- The views expressed are those of the presenters and do not necessarily reflect the policy of the US government or the US Department of Veterans Affairs

Thank you to the Veterans who trusted us and shared their fibroid experiences and journeys with our team

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Introduction: What are uterine fibroids?

- Common non-cancerous uterine tumors:
  - 70-80% of those with a uterus have fibroids by age 50
- ~25% are symptomatic: pelvic pain/pressure, heavy menstrual bleeding and anemia, problems with fertility and pregnancy
- Growing number of medical or surgical management options
  - Hysterectomy is the only definitive treatment
- Treatment decisions involve patient preferences, symptom severity, and surgical skill/resources of the gynecologist
- *Disproportionately affect Black and African American (hereafter Black) individuals with a uterus in terms of incidence, severity, and outcomes*

Katon 2023

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Introduction: Why does this matter for Veterans?

- >622,000 women Veterans using Veterans Health Administration (VA) health care in FY2022
  - VA continues to build its gynecology program
  - 30% of women Veterans using VA health care identify as Black
- Racial disparities in minimally invasive hysterectomy for uterine fibroids persist in VA despite enhanced access
- *Understanding the root causes of racial disparities in uterine fibroid treatments and outcomes is essential for ensuring high-quality, equitable gynecology care in VA*

WHEI data; Callegari 2019; Katon 2019; Carey 2022

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Approach

UNDERSTANDING RACIAL INEQUITIES IN FIBROID CARE FOR VETERANS (U-RISE)

- Convergent parallel mixed-methods study (IIR 19-154)
- Administrative cohort of N=8247 (Black n=5,041; White n=3,206) Veterans diagnosed uterine fibroids in fiscal years (FY) 2010-2012 followed through FY 2018.
  - Analyzed treatment patterns & outcomes (e.g. hospitalization for anemia)
- Semi-structured interviews with 20 Black Veterans sampled from the cohort based on treatment
  - Black Veterans' experiences of care for uterine fibroids

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Key Findings: Treatment Patterns

- Black Veterans were less likely than White Veterans to have any treatment for uterine fibroids
  - E.g. Adjusted percentage <45 yrs with anemia receiving any treatment

    Black: 60% (95% CI 57-64%) vs White: 71% (95% CI 66-75%)
- Among those treated, Black Veterans were less likely than White Veterans to have a hysterectomy as their first treatment
  - E.g., <45 years old Black: 32% (95% CI 28-37%) vs White: 44% (95% CI 40-49%)

Katon 2023

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Key Findings: Disparities in outcomes

Preliminary results (unpublished):

- Black Veterans in specific subgroups (e.g., <45 years old with anemia) undergoing surgery were less likely than White Veterans to have a minimally invasive approach
  - E.g., Veterans <45 years old with anemia Black (53%) vs White (69%)
- Black Veterans were twice as likely as White Veterans to have either an emergency department (ED) visit or hospitalization for anemia (13% vs 7%)

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Key Findings: Qualitative themes

THEME	QUOTE
Lack of Veteran knowledge and education about fibroids	“I didn’t know what they were… until after I got older and that’s when they told me that I had fibroids. And I was like, oh that’s what that pain was?"
Dismissal of symptoms and biased care by providers	"I didn’t talk to anybody else because they just acted like they thought it was just my period too… they never did any other kind of tests and stuff.”
Being offered only one option	"if they would’ve given me options, I would’ve been okay. Just give me options. Don’t just tell me, this is it, this is what you have to do...”
Devaluation of reproductive potential by providers	"I never went back, because, I mean, why would you want to be under somebody’s care like that, that all he wants to do is take your womb?”

Carey 2023

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Conclusions

Black Veterans experienced structural barriers (e.g., lack of education, lack of treatment options, and biased/low-quality care) to diagnosis and treatment of uterine fibroids

These barriers delayed or prevented Black Veterans from getting diagnosis and needed treatment regardless of clinical severity of their disease

Delays in diagnosis and treatment may underlie racial disparities observed racial disparities in outcomes

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Clinical and Policy Implications/Impact

- Provider communication and counseling for fibroid treatment should consider historical context and reinforce Veterans' bodily autonomy and choice.
- Addressing disparities in fibroid treatment outcomes between Black and White Veterans will require investments in:
  - Training providers on race-conscious, person-centered counseling and shared decision-making
  - Increasing Veteran awareness of fibroids and de-stigmatizing conversations regarding menstruation

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QUESTIONS

BREAK

TRAJECTORIES OF RESEARCH TO IMPACT

Deirdre Quinn, PhD, MSc, MLitt
Erin P. Finley, PhD, MPH
Kristina M. Cordasco, MD, MPH, MSHS

Discussant: Amanda M. Johnson, MD, FACOG

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Expanding contraceptive access for Veterans: Facilitated replication of pharmacist provision across 5 sites

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Center for Health Equity Research & Promotion (CHERP)

VA Pittsburgh Healthcare System

August 26, 2024

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Background

- **90%** of Veterans who could become pregnant say they want to avoid pregnancy right now[1]
- Consistent contraceptive use is the most effective way to prevent undesired pregnancy
- **> 64%** of women Veterans had at least one gap in their contraceptive coverage lasting a week or more in the past year – and those gaps can lead to an undesired pregnancy[2]

[1]Wolgemuth et al (2019). *Women's Health Issues*; [2]Borrero et al (2013). *Am J Obstet Gynecol.*

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Synergy between research & clinical practice

- Evidence-based practices like pharmacist provision and 12-month dispensing improve contraceptive access
- 12-month contraceptive dispensing could save VA > $2 million per year compared to 3-month dispensing[3]
- Clinical pharmacist specialists in VA already prescribe multiple categories of medications

[3]Judge-Golden et al (2019). *JAMA Internal Medicine.*

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Contraception on Demand Pilot

- VA Pittsburgh & VA Puget Sound, July 2021 - January 2022

- Quantitative data collection via custom EHR note template
- Qualitative data collection via interviews with Veterans and pharmacists

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Contraception on Demand Pilot

- We trained VA Clinical Pharmacy Practitioners to conduct patient-centered contraceptive counseling and prescribing

- Pharmacists conducted COD appointments via telehealth (phone or video)
  - Reviewed medical and medication history
  - Could prescribe all short-acting prescription methods (pill, patch, ring, shot)
  - Could provide counseling and facilitate referral for long-acting reversible contraception (IUDs, implants)

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Contraception on Demand Pilot - Findings

- Pharmacists conducted 74 COD visits across the two sites during the study timeframe
  - 57 Veterans were prescribed a short-acting method
  - 6 Veterans were referred for placement of a long-acting method
  - 9 Veterans were flagged for safety concerns with their current method

- Among 40 eligible Veterans, **90%** opted to receive a 12-month supply

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Contraception on Demand Pilot - Findings

- Pharmacist provision is SAFE and expands Veterans' contraceptive access
  - "It was like having a pocket pharmacist for your womanly needs" (Veteran participant, COD Pilot)
  - "This was much better [than my previous experiences getting contraception at VA]" (Veteran participant, COD Pilot)

- Contraceptive prescribing meaningfully expands VA clinical pharmacists' scope of practice
  - "*Contraception on Demand* helped us become better, more well-rounded pharmacists" (Project pharmacist, COD Pilot)

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DIFFUSION OF EXCELLENCE

VHA SHARK TANK

Identifies Promising Practices and matches them with interested facilities

- Our winning bid involved 5 new sites (4 in Florida, 1 in Colorado)

- Built an implementation team
  - 3 ‘Diffusion Fellows’ from the original team
  - 1 or 2 ‘Implementing Fellows’ at each new site
  - Implementation Lead from VA Diffusion of Excellence

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Expanding via “Facilitated Replication”

- Sharing resources from our pilot project
  - Flyers, evaluation plan, preliminary findings

- Confirming participating staff and local support

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Expanding via “Facilitated Replication”

- In Person 2-Day conference
  - Learning the basics of implementation science
  - Honing our implementation blueprint
  - Brainstorming site-specific adaptations
  - Sharing Resources

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Expanding via “Facilitated Replication”

- Weekly Implementation Team Meetings
  - Included:
    - site updates
    - real-time tracking of team deliverables
    - group troubleshooting

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Expanding via “Facilitated Replication”

- Weekly Implementation Team Meetings
  - Pre-implementation requirements
    - updating local drug files
    - working with informatics to import EHR template
    - conducting local outreach

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Expanding via “Facilitated Replication”

- Weekly Implementation Team Meetings
  - Operational Partners
    - Local and national support for implementation
    - Local and national assistance/troubleshooting
    - Alignment with operational priorities

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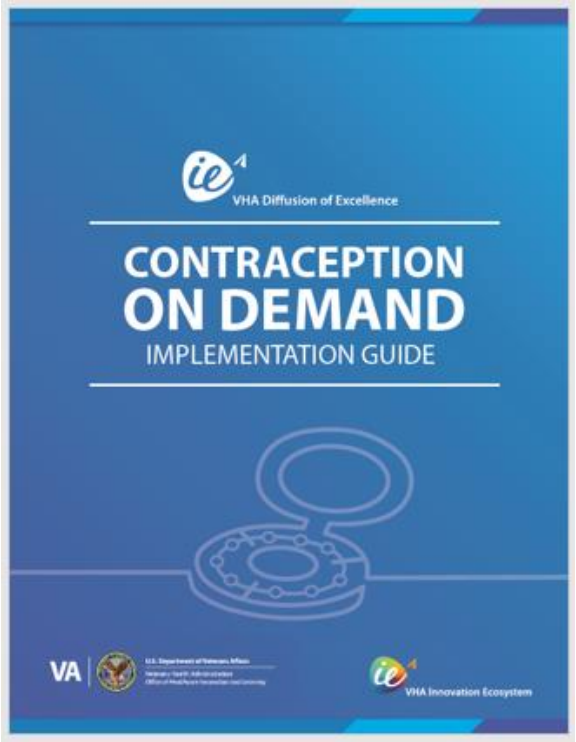
Expanding via "Facilitated Replication"

- After 3 months of preparation, we successfully launched at all 5 sites!
  - 17 participating pharmacists
  - 214 *COD* consults completed between 3/15/23 – 9/15/23
    - 48% resulted in 12-month refills

- Implementation Guide and Resource Toolkit



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Changing Policy and Practice

- In August 2022, VA policy changed to allow 12-month dispensing of hormonal contraception

- In October 2023, *COD* was selected for 'National Diffusion' and named a National VA Promising Practice!
  - 3 years of support for rollout across VA
    - a national EHR note template
    - a national virtual training for pharmacists
    - a plan for systematic rollout

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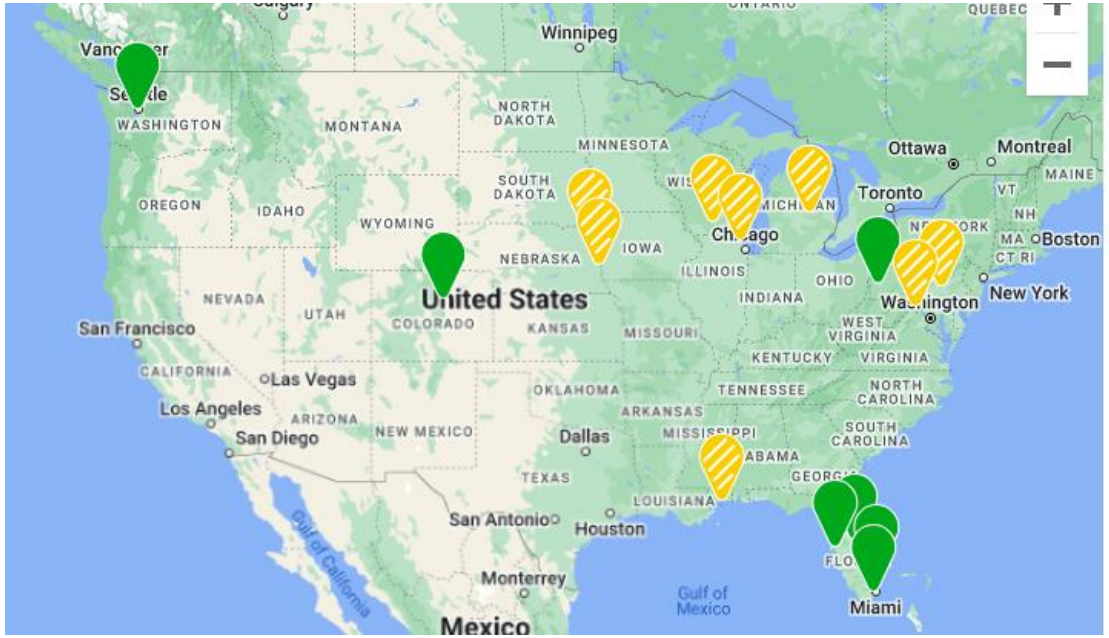
Changing Policy and Practice

- 7 successful adoptions +
  8 sites in-progress



To date:

- 600+ COD visits completed
  - 80% resulted in a prescription
    - 53% of prescriptions were for 12-month supply

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Lessons Learned

- Every VA's environment and workflow processes are unique
  - Local experts helped make our implementation plan work in diverse environments

- Including 'implementers' in planning and preparation ensures buy-in at every level

- Engaging partners early and often was critical to our success

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The Best Team Ever!

VA Pittsburgh
Brandon Herk, PharmD, BCACP
Sonya Borrero, MD, MS
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Thank You!

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Learn more about *Contraception on Demand:*

https://marketplace.va.gov/innovations/contraception-on-demand

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Adapting Reach Out, Stay Strong Essentials (ROSE) for Women Veterans

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August 26, 2024

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- The views expressed in this presentation are those of the authors and do not necessarily represent the views of the U.S. Department of Veterans Affairs.

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The Tragedy of Being a New Mom in America

One in five mothers in the U.S. suffers from mood and anxiety disorders during pregnancy or soon after birth. For many, help is hard to find.

Ohmer shuttled between doctors and hospitals in her search for help. PHOTO: MADDIE MCGARVEY FOR THE WALL STREET JOURNAL

Headline: Wall Street Journal, August 3, 2023

Perinatal depression

- Onset of depressive symptoms during pregnancy or first 12 months post-partum
- Associated with
  - Increased risk of suicide ideation for mothers
  - Long-term mental and behavioral health problems in children
- Women Veterans may be at additional risk
  - 28% had clinically significant depressive symptoms (Kroll-Desrosiers et al., 2019)

Reach Out, Stay Strong Essentials (ROSE)

Five randomized clinical trials:
Crockett et al., 2008;
Phipps et al., 2013;
Zlotnick et al., 2001; 2006; 2016

- US Preventive Services Task Force recommends counseling interventions for prevention
  - ROSE an exemplar
- Teaches skills for communication and social support
- Delivered in small outpatient groups
  - Four group sessions
  - One post-delivery “booster” session

EMPOWER 2.0 Quality Enhancement Research Initiative (QUERI)

- Implementing three evidence-based preventive care interventions across 20 VA facilities (Hamilton et al., 2023)
- Comparing adaptive implementation strategies
  - Replicating Effective Programs
  - Evidence-Based Quality Improvement
- Adaptations can improve the appropriateness, reach and effectiveness of interventions (Chambers, Glasgow, and Stage 2013)

EMPOWER QUERI

Objectives

Early ROSE implementation

Emerging ROSE adaptations

Implications for rapid, pragmatic tailoring and diffusion of interventions to improve reproductive health in VA

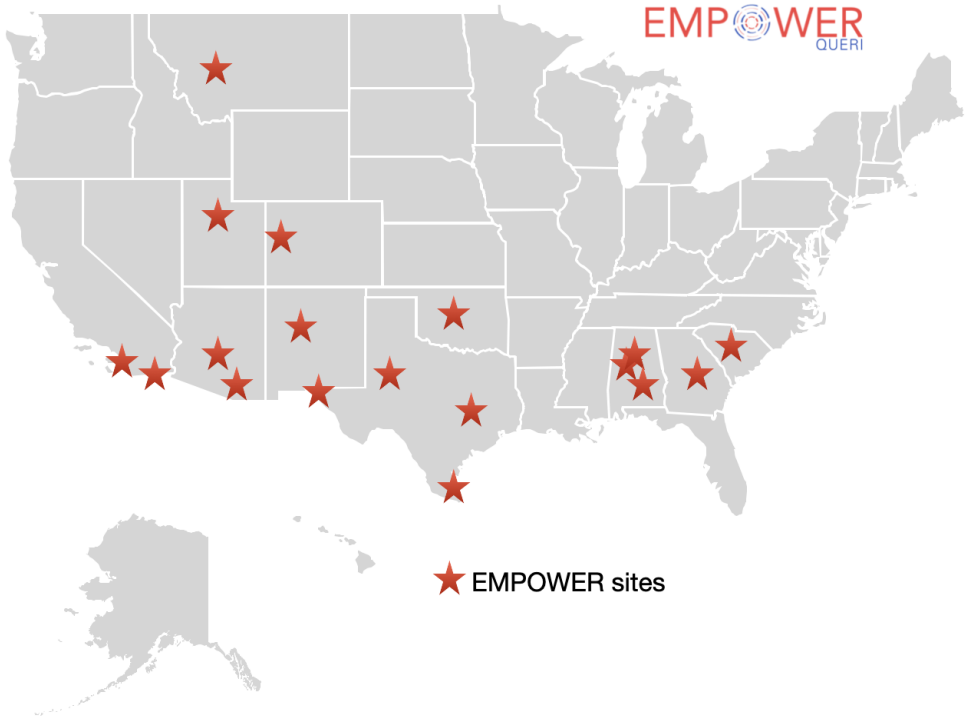
Methods

- 50 periodic reflections completed with ROSE implementation team (Finley et al., 2018)
  - February 2021 to February 2024
- Adaptations characterized (FRAME and FRAME-IS)
  - Debriefs and member checking

EMPOWER 2.0 ROSE early implementation

129 VA Providers trained to deliver ROSE across

18 EMPOWER 2.0 sites in 4 VISNs



Early challenges

"They're going to need to have a suicide protocol and referrals to mental health."

- Required collaboration across women's health, primary care, and mental health
- Need for tailoring intervention for Veterans and VHA
  - Trauma and mental health burden
  - Fit within existing services

Early momentum

"the Women's Health Care Coordinator said she's very excited about ROSE – that she has an action plan and she can't wait to do it."

- Flexibility of ROSE
  - Virtual or in-person
  - Individual or group
  - Multiple provider types
- Support from partnering national VA offices
- Site-level interest exceeded expectations
  - Including sites not in EMPOWER 2.0

Sample adaptations to ROSE intervention

FRAME (Stirman, Baumann, Miller 2019)	**Adaptation**	**Planned vs. responsive**	**Who led modification**	**What is modified**	**Nature of modification**	**Goal of modification**
Adaptations to ROSE intervention	Tailor to fit VA setting and population	Planned	Implementation team	Content	Tailoring	Improve fit
	Update marketing materials	Responsive	Implementation team	Content	Tailoring; Adding elements	Improve acceptability
	Tailor for cultural and gender diversity	Responsive	Implementation team and site users	Content	Tailoring	Improve acceptability
	Tailor to increase alignment with VA guidelines	Responsive	Implementation team and site users	Content	Tailoring; Adding elements	Improve fit, effectiveness
	Repackage in shorter sessions	Responsive	Site users	Content	Lengthening	Improve reach, engagement

Tailor for cultural and gender diversity

- Concerns
  - Western bias: assertiveness “is not necessarily a characteristic that is valued outside of Western culture, particularly for women.”
  - Cisgender, heteronormative bias

- VA-Tailored ROSE
  - Acknowledges potential biases
  - Offers tailored recommendations and patient-facing materials
  - Importance of listening to the individual Veteran’s experience and adapting accordingly

Intimate partner violence (IPV)

- Concern
  - Language around IPV needs updating

- VA-Tailored ROSE
  - First round: EMPOWER 2.0 ROSE training lead
    - ✓Updating language, reframing as “ROSE can open the discussion for what is a healthy relationship”
  - Second round: site-led
    - ✓Further updated language to align with VA guidelines
    - ✓Added guidance on safety planning, temporary restraining order

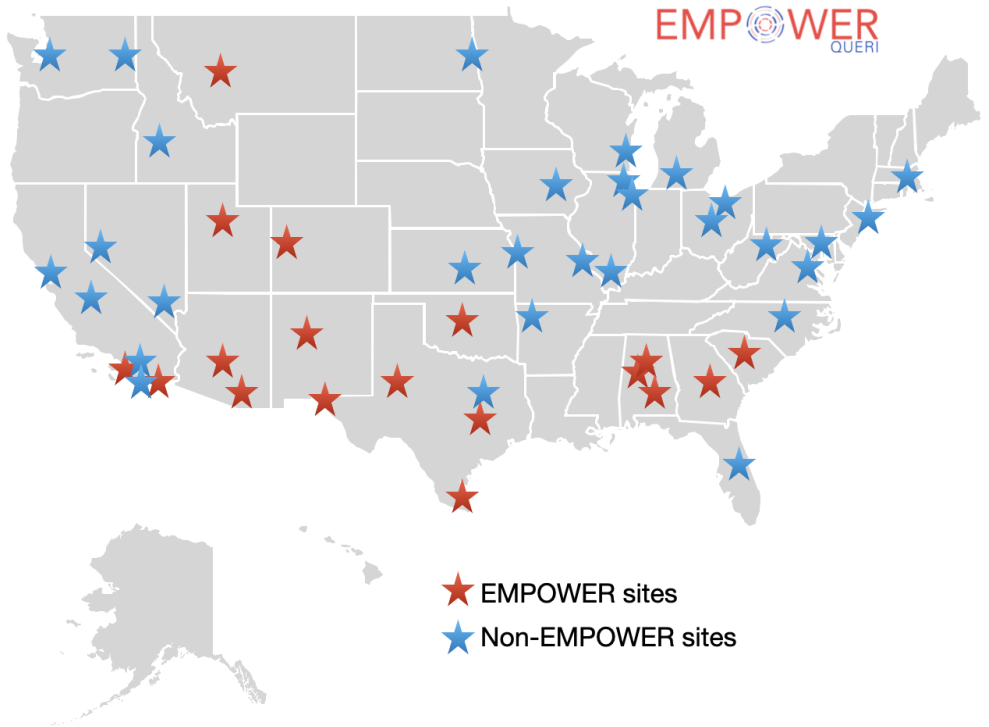
Sample adaptations to implementation approach

FRAME-IS (Miller et al., 2021)	**Adaptation**	**Planned vs. responsive**	**Who led modification**	**What is modified**	**Nature of modification**	**Goal of modification**
Adaptations to implementation approach	Offer training to non-EMPOWER sites	Responsive	Implementation team and national partners	Population	Adding elements	Increase adoption
	Augment dissemination across VA	Responsive	Implementation team and national partners	Context	Adding settings	Increase adoption
	Grouped training across sites	Planned	Implementation team	Training	Integrating of another strategy	Increase adoption
	Make direction consultation available post-training	Responsive	Implementation team	Training	Integration of another strategy	Increase adoption/ improve fidelity

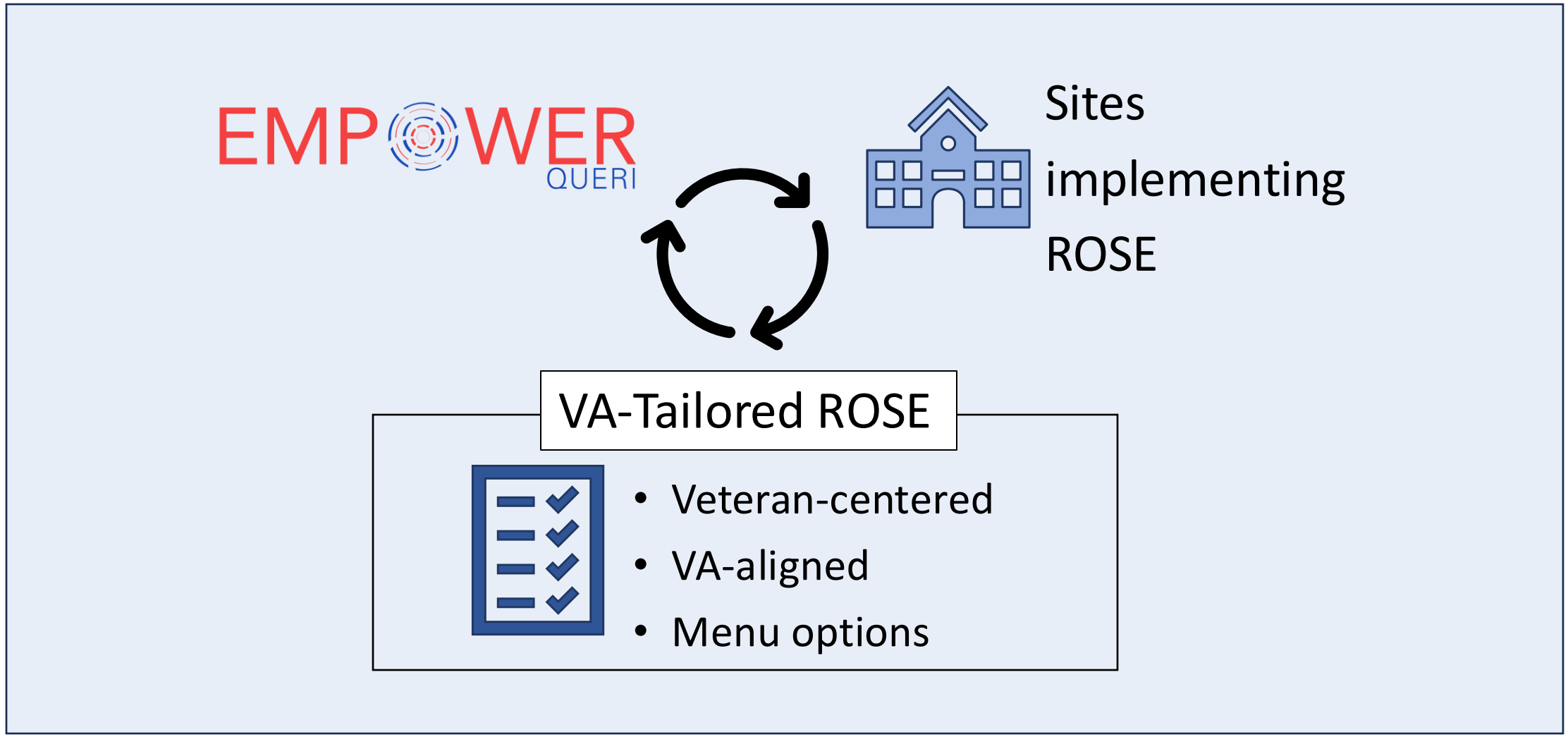
EMPOWER 2.0 ROSE early implementation

127 VA Providers trained to deliver ROSE across

30 non-EMPOWER 2.0 sites in 14 VISNs



Diffusion and Spread



Conclusions and future directions

- Tailoring ROSE for VA is an ongoing process
  - Developing train-the-trainer model to improve sustainability
  - Working with sites to integrate documentation and evaluation
  - Discussing next steps with national partners
- Implementation of ROSE in EMPOWER 2.0 provides a pragmatic model for rapid iteration and diffusion of adaptations
  - Collaborative models for continuous learning can support adaptive models for Veteran-centered care

Thank you to VA QUERI, Sites, and Partners!

Office of Women's Health
Office of Mental Health
National Center for Health Promotion & Disease Prevention
Office of Primary Care
Office of Rural Health
Office of Patient-Centered Care and Cultural Transformation
Office of Connected Care

QUE 20-028

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Thank you!

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Using Evaluation to Inform Implementation of VA's WHISE Initiative

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August 26, 2024

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- VA Quality Enhancement Research Initiative (QUERI) EBP 22-102

Partner

- VA Office of Women's Health

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- View own, not necessarily those of VA or U.S. government
- No conflicts of interest

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LEARN Evidence-Based Policy Evaluation Center

- Partners with VA national leaders and program offices
- Conducts time-sensitive, rigorous, and responsive national evaluations
- Aims to influence continual improvements in VA policies and programs
- Establishing a pipeline of early-to-senior career-level expertise in evaluation to enhance VA's evaluation capacities

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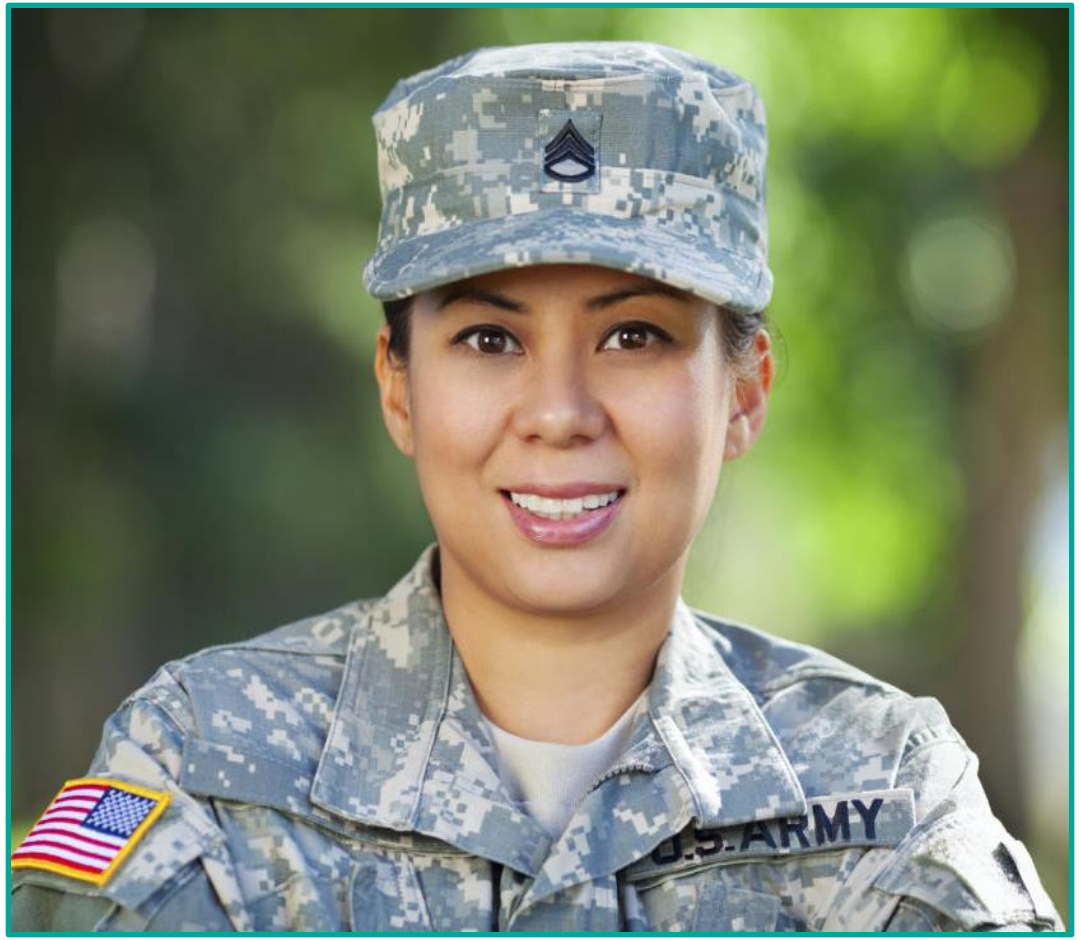
WHISE Initiative

- Women's Health Innovations and Staffing Enhancements
- Launched in fiscal year (FY) 2021
- $70-112 million/year specific purpose funding, distributed across VA facilities, to fill gaps in VA women's health care
  - ➢ Staffing
  - ➢ Equipment
  - ➢ Program development

Gaps in VA Reproductive Health Services

- Specialty gynecology
- Pelvic floor physical therapy
- Reproductive mental health
- Infertility Care
- Care coordination for maternity care and sub-specialty gynecology



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WHISE Funding for Reproductive Health

- Gynecologists, gynecology clinic staff, equipment for gynecologic procedures
- Pelvic floor physical therapists, equipment and educational materials
- Women's mental health providers, educators and champions
- Reproductive endocrinologists
- Care coordinators: maternity care, gynecology, Care in the Community, cervical cancer screening
- Women's Health primary care providers and staff

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WHISE Implementation

- Facility-based Women Veterans Program Managers (WVPMs) apply annually
  - Funding approved and distributed by VA's Office of Women's Health (OWH)
  - Positions approved for three FYs
- WVPMs submit monthly hiring and expenditures tracking worksheets
- OWH provides technical assistance
  - Twice monthly "office hours"
  - OWH, Deputy Field Directors and VISN lead WVPMs

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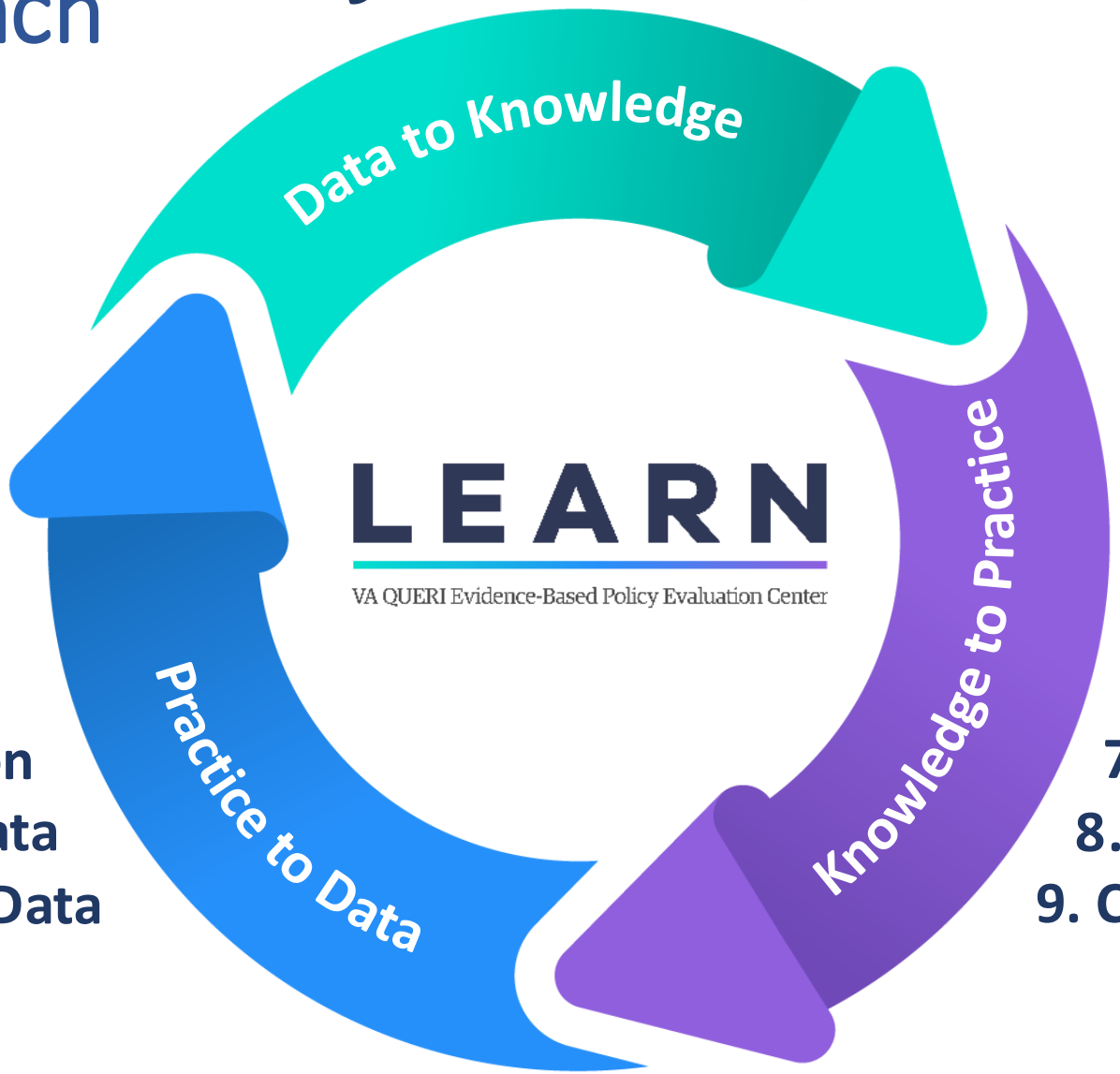
Learning Health System Approach



4. Analyze Data
5. Interpret Results

6. Represent Knowledge
7. Manage Knowledge
8. Apply Knowledge
9. Change Practice

1. Plan Evaluation
2. Collect Data
3. Assemble Data

LEARN's Evaluation of WHISE

In April 2022, in partnership with VA's Office of Women's Health, LEARN launched a mixed-methods evaluation of WHISE's implementation, using the RE-AIM framework

Reach: addressing known gaps in WH care?

Effectiveness: impacting WH care access, utilization, and experiences?

Adoption: how funding has been utilized?

Implementation: facilities hiring and retaining providers/staff? purchasing equipment? (barriers and facilitators?)

Maintenance: positions being maintained after the 3 years of funding? (barriers and facilitators?)

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Pelvic Floor Physical Therapy

- Evidence-based practice to protect and improve pelvic floor functioning by building and restoring pelvic muscle strength and flexibility

- Integral to preventing (e.g., post-partum) and treating urinary incontinence, bowel dysfunction, musculoskeletal sexual dysfunction, and pelvic pain

- Women Veterans have higher need for pelvic floor physical therapy due to conditions caused or exacerbated by their military service
  - Traumatic and over-use musculoskeletal injuries
  - Military sexual trauma

Pelvic Floor Physical Therapy: Adoption, Reach and Implementation

- WVPMs tracking worksheets used to classify role and work area for each position
- Merged tracker data with VA's Women's Assessment Tool for Comprehensive Health (WATCH) National Survey data

- Determined which facilities had received funding for physical therapist time
- Calculated: among facilities with no pelvic floor physical therapists, proportion that received funding for physical therapist time
- Assessed: among facilities approved for physical therapy funding, how many filled positions by end of first year

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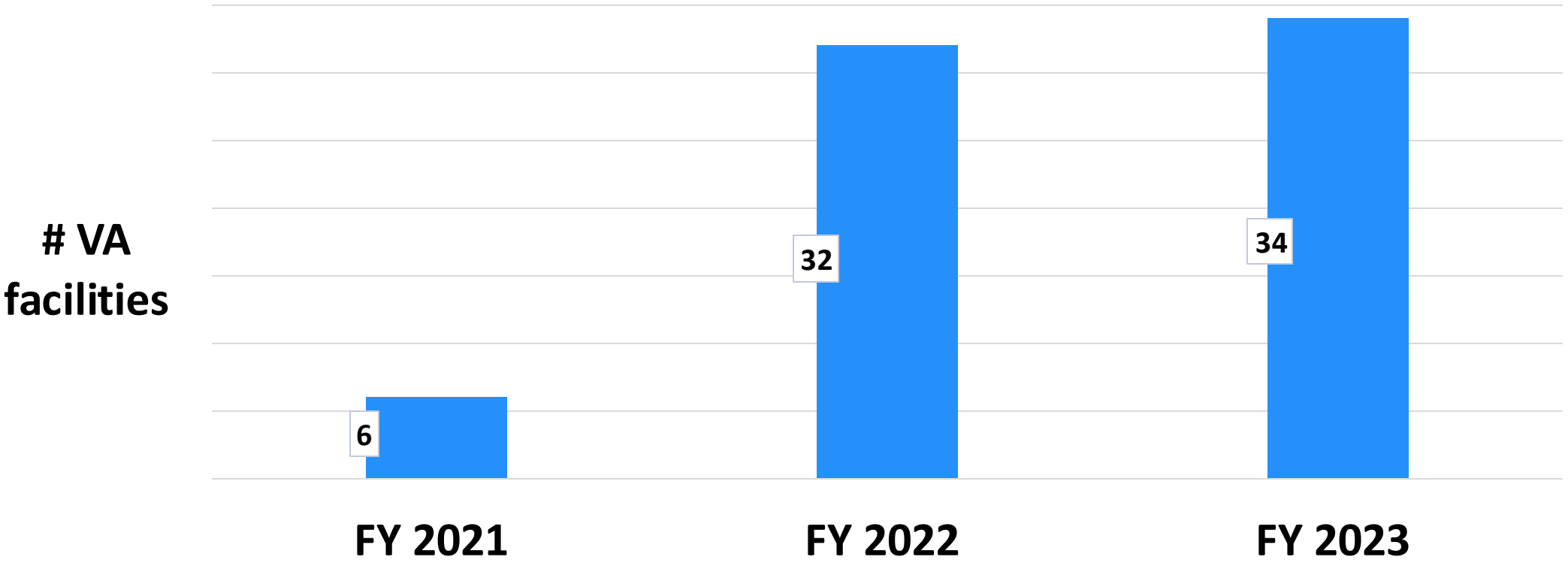
Adoption: Number of Facilities with WHISE Funding for Physical Therapists



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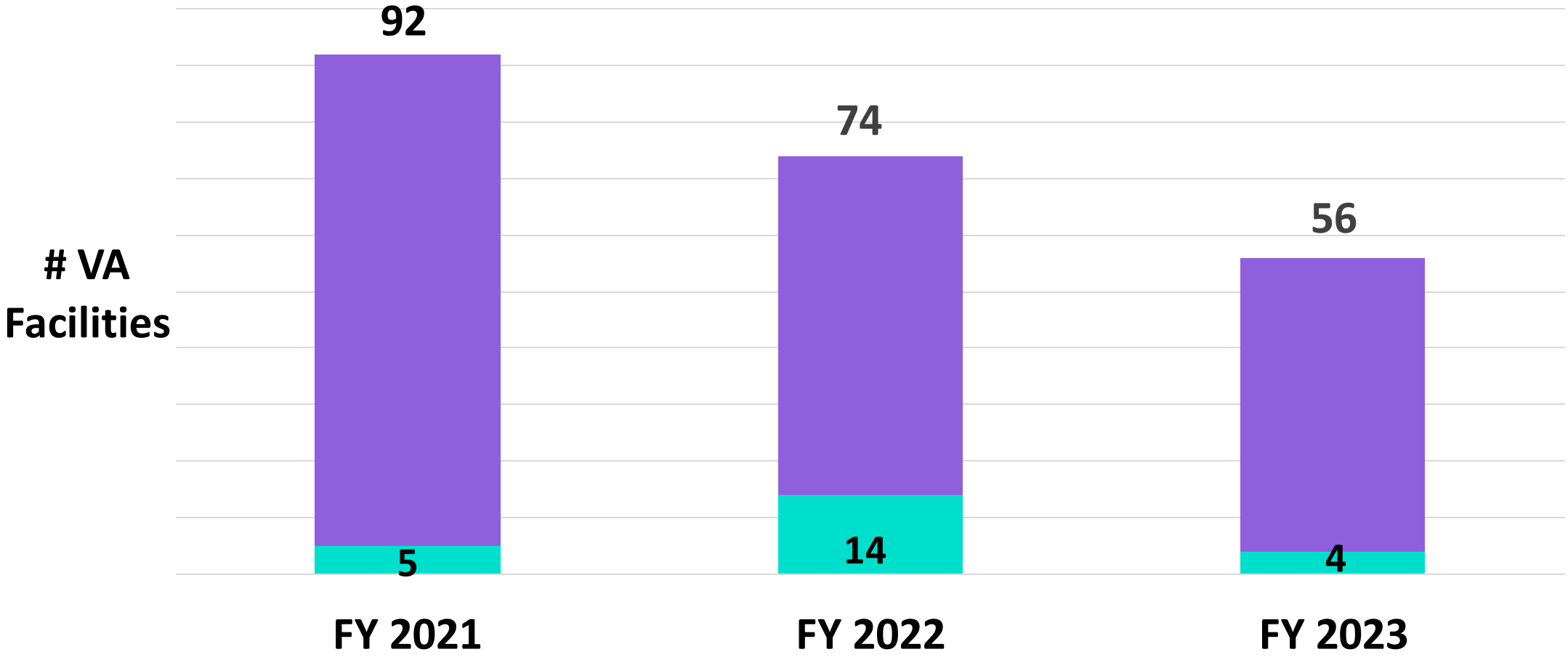
Reach: VA Facilities without Pelvic Floor Physical Therapy in the Prior Year



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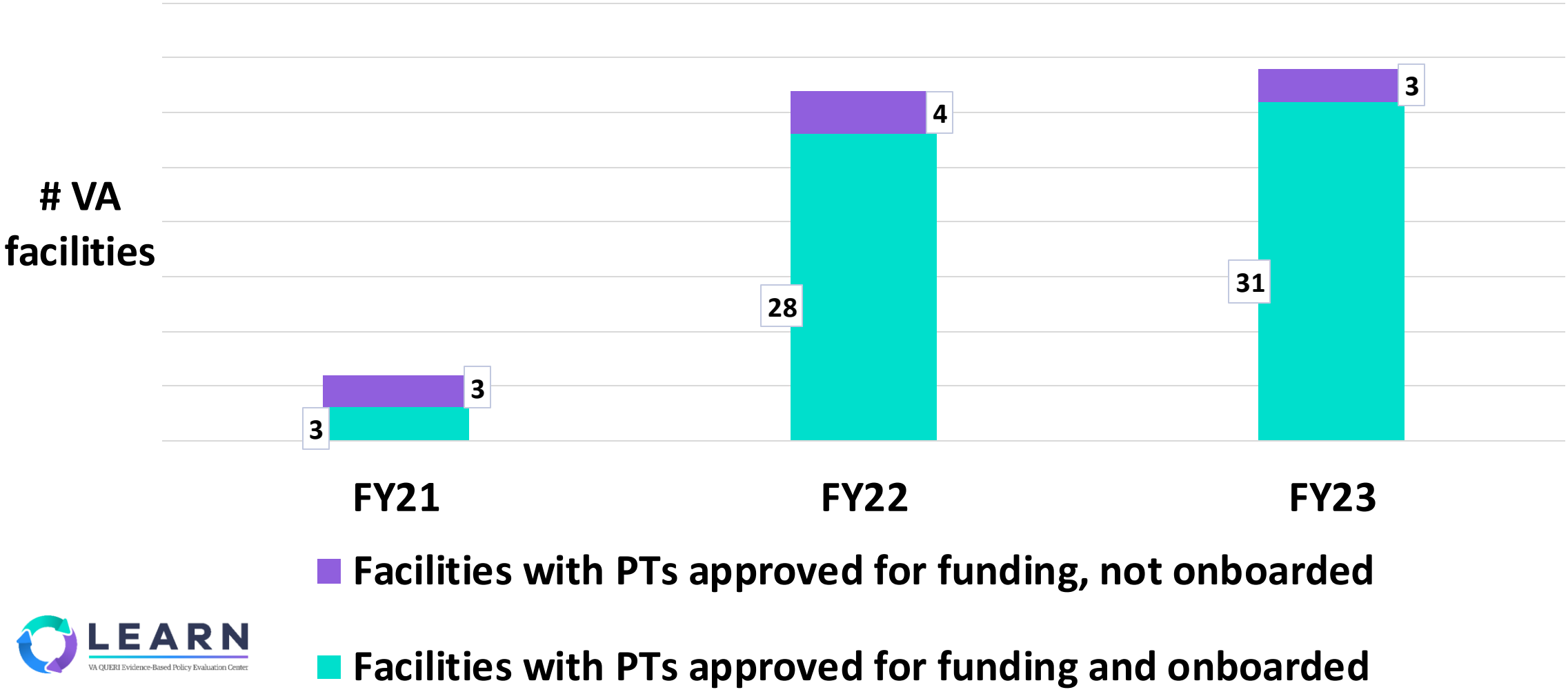
Implementation: Approved Physical Therapy Positions Filled by End of Fiscal Year



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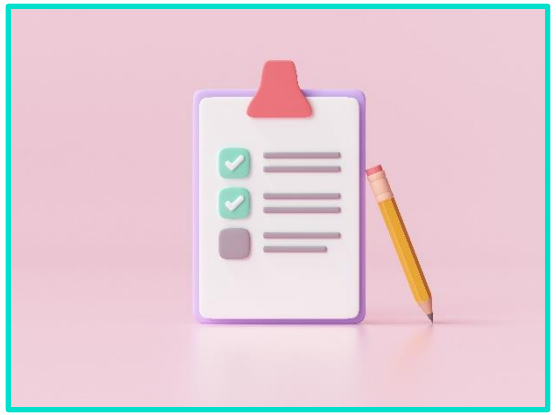
Maintenance

In June and July 2024, LEARN surveyed WVPMs regarding positions that had received 3 years of funding (FYs 21-23), assessing if the facility was maintaining the funded positions

5/5 facilities that had physical therapist positions funded by WHISE for 3 years had maintained them (with facility funding) in FY 2024



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Effectiveness: Pelvic Floor Encounters and Women Veterans Served

- Identified VA pelvic floor physical therapy encounters with women in VA's Corporate Data Warehouse, FYs 2016-2023

- Compared volume of encounters and proportion of women Veterans served each year, by facility receipt of WHISE funding for physical therapy

Developed Processes for Identifying VA Pelvic Floor PT Encounters With Women

CDW outpatient workload encounters for women patients with

a physical therapy stop code (primary or secondary) or a staff position title of physical therapist

and

at least one pelvic floor-related ICD10 code* or at least one CPT code specific to pelvic floor PT**

*ICD-10 condition categories include bladder dysfunction, vaginal or sexual dysfunction, bowel dysfunction, non-specified pelvic dysfunction, and pregnancy-related

**CPT codes 90912, 90913, 90911, 51784, 51785, 91122

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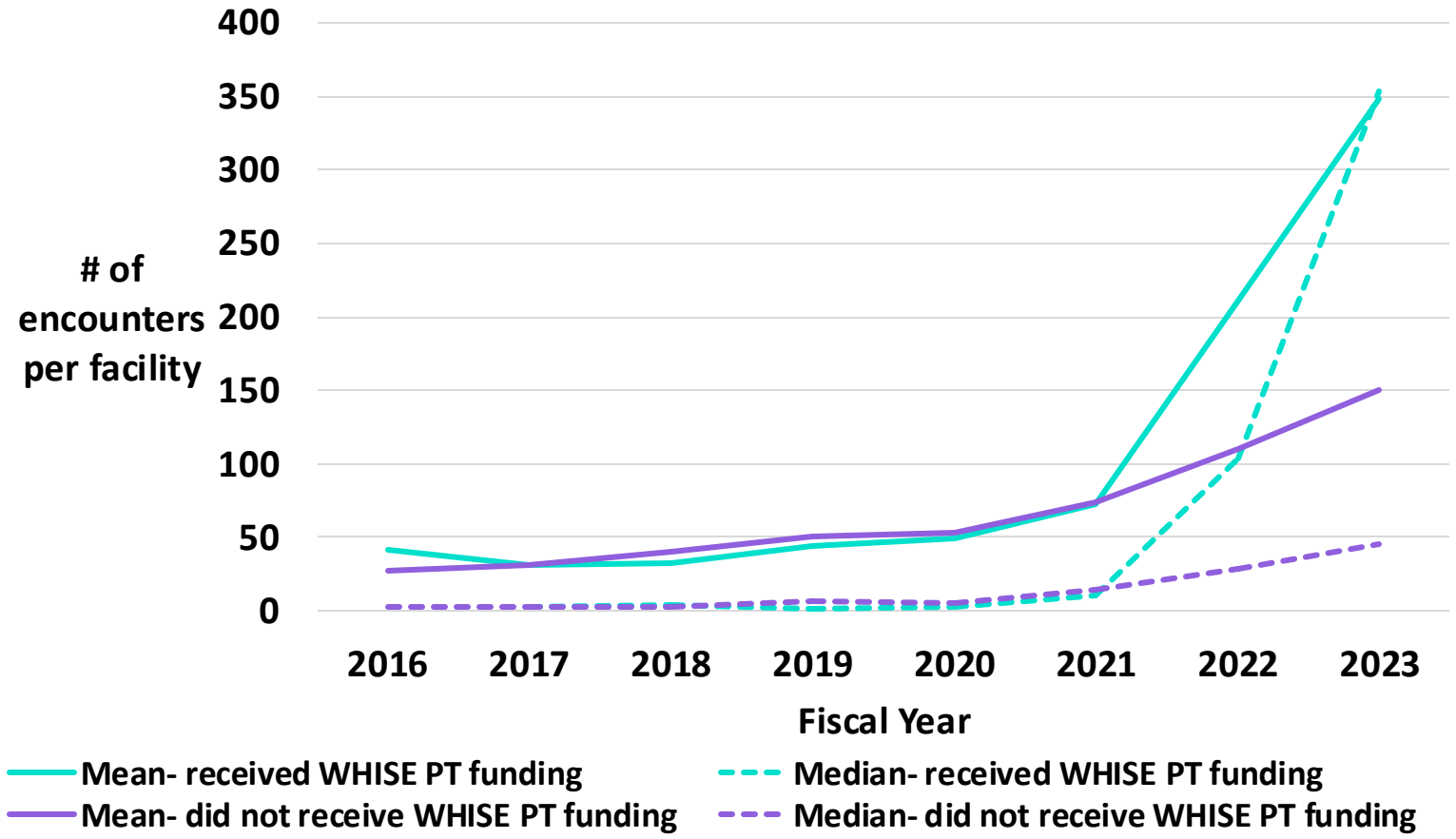
Women Pelvic Floor PT Encounters by Facility Receipt of WHISE PT Funding



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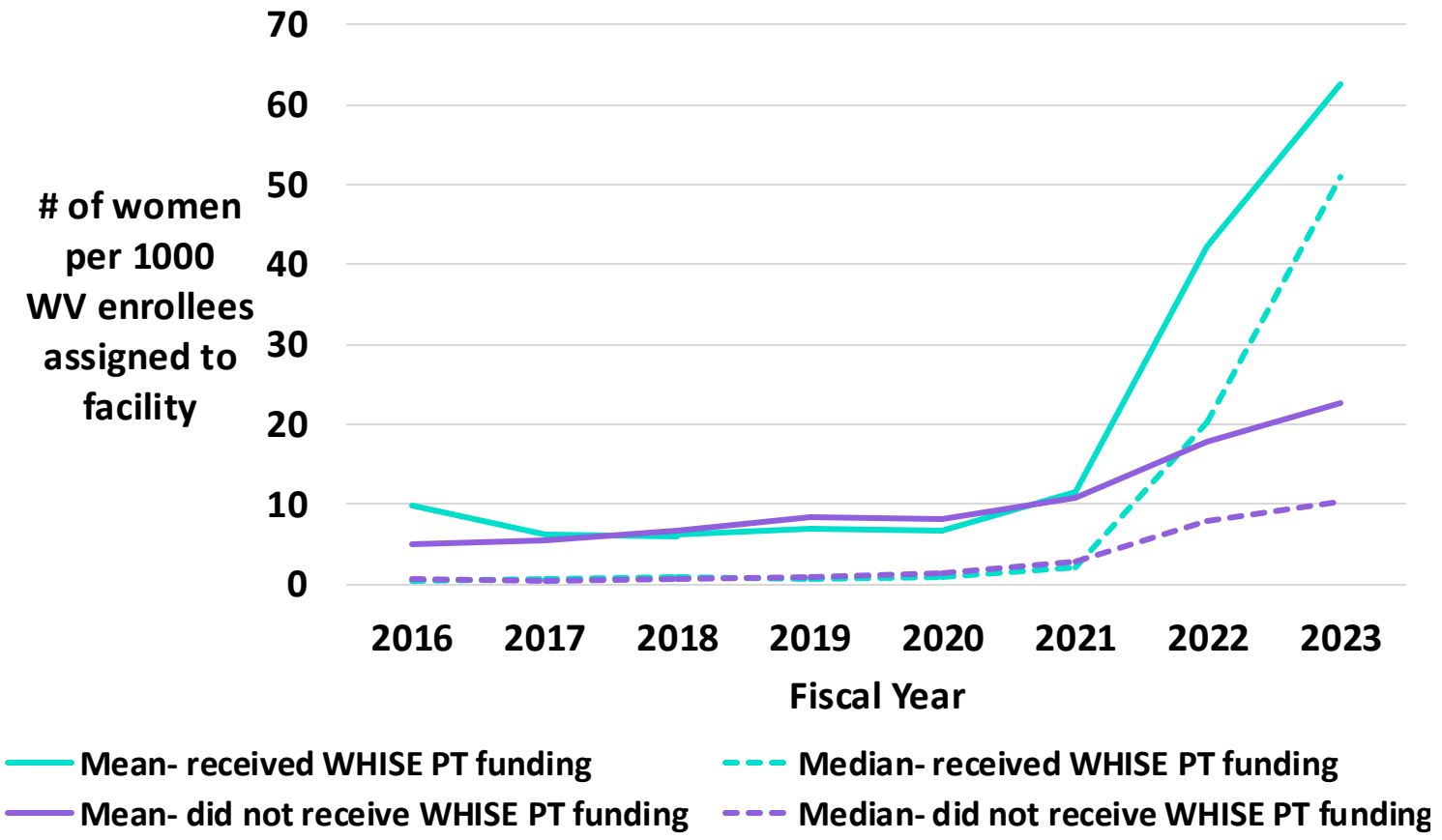
Women Receiving Pelvic Floor PT per 1000 Enrollees, by Facility Receipt of WHISE PT Funding



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Knowledge to Practice: How has LEARN's Evaluation Impacted WHISE Implementation?

- Findings support WHISE budget requests
- Findings being provided to OWH in real-time as evidence to support developing tailored implementation resources
- WHISE implementation team adopted LEARN's classifications of roles and work areas for each position, and unique position identification numbers to link position applications across fiscal years

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Knowledge to Practice: Impacts on VA Reproductive Health Research and Evaluation

- Algorithm developed for identifying VA encounters for pelvic floor physical therapy sets foundation for further research, evaluation, and quality improvement activities

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Next Steps

Assessing impacts of WHISE on:

- VA gynecology specialty care
- VA Community Care for reproductive health services (e.g., pelvic floor physical therapy, gynecology)
- Veteran wait times, care coordination and experience of care

QUESTIONS

MODERATED DISCUSSION:
Reproductive health in a rapidly changing research environment. Where do we go from here?

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CLOSING REMARKS

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U.S. Department of Veterans Affairs
Veterans Health Administration
Health Systems Research

August 26, 2024

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Gratitude

- ***Thank you to:***
  - Our wonderful speakers, discussants, and panelists
  - VA Women's Health Research Network, including Dr. Becky Yano (Consortium Director), Dr. Jessica Friedman, and Dr. Adriana Rodriguez
  - The Office of Women's Health: Dr. Sally Haskell & Dr. Amanda Johnson
  - VA HSR: Dr. Amanda Borsky, Ms. Heidi Schlueter and CIDER team
  - ***Our Veterans***
- ***Get involved!***
  - Email Jodie.Katon@va.gov and Elizabeth.Patton@va.gov to join the VA WHRN Reproductive Health Research Work Group.
  - Subscribe to the VA WHRN Listserv

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