

POSTERS AND PRESENTATIONS BY CPCRN INVESTIGATORS
ACADEMY HEALTH 2020 ANNUAL RESEARCH MEETING (JULY 28 - AUGUST 6, 2020)

TUESDAY, JULY 28th – THURSDAY, AUGUST 6th

Ongoing	Poster Presentations	Virtual Poster Hall
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[Audit-Feedback to Improve Data Capture of New Healthcare Services: Implications for Implementation Evaluation and Research](#)

Authors: Rendelle Bolton, ENRM VA Medical Center, Brandeis U. Heller School for Social Policy & Management
 Justeen Hyde, ENRM VA Medical Center, Boston University School of Medicine
 Hannah Gelman, VA Puget Sound Health Care System
 Eileen Dryden, ENRM VA Medical Center
 Kelly Dvorin, ENRM VA Medical Center
 Juliet Wu, ENRM VA Medical Center
Steven Zeliadt, VA Puget Sound Health Care System, University of Washington
 Barbara Bokhour, ENRM VA Medical Center

Research Objective: Health services researchers routinely rely on national databases constructed from electronic health and billing records to study healthcare cost, utilization, and outcomes. As organizations adopt new programs and initiatives, high quality data capture is crucial for understanding implementation and effectiveness. One such initiative being implemented in the Veterans Health Administration (VHA) is Whole Health (WH), which adds new peer-based programming, skill-building classes, integrative medicine, and patient-centered communication. Effective capture of WH services requires documentation and application of new coding to clinical records. Yet, interviews from an ongoing evaluation of WH highlighted inconsistencies in coding despite national guidelines. Therefore, as part of a large mixed-methods implementation evaluation, we used audit-feedback methodology to inform improvement in WH data capture and coding at 18 VHA facilities implementing WH.

[Cervical Cancer Treatment Initiation and Survival: The Role of Residential Proximity to Cancer Care](#)

Authors: Peiyin Hung, University of South Carolina
Whitney Zahnd, University of South Carolina
Heather Brandt, University of South Carolina
Swann Adams, University of South Carolina
 Shiyi Wang, Yale School of Public Health
Jan Eberth, University of South Carolina

Research Objective: To examine the role of driving time to cancer providers on survival and days to cancer treatment initiation for cervical cancer patients.

[Contraindications to Kidney Transplantation: Variation in Nephrologists' Practices and Nephrologist Training Vintage](#)

Authors: Adam Wilk, Emory University Rollins School of Public Health
 Kelsey Drewry, Emory University Rollins School of Public Health
Cam Escoffery, Emory University
 Janice Lea, Emory University School of Medicine
 Stephen Pastan, Emory University School of Medicine, Emory Transplant Center
 Rachel Patzer, Emory Health Services Research Center

Research Objective: Less than 15% of the 125,000 Americans diagnosed with end-stage renal disease (ESRD) each year receive the condition's only curative treatment, kidney transplantation, or are placed on a kidney transplant waitlist within one year of diagnosis. When deciding whether to refer a patient for transplant evaluation (or determine the patient will be ineligible), nephrologists may apply patient evaluation criteria differently based on their exposure to different evidence and best practices during fellowships and early years in practice. Informed by the literatures on physician decision-making and technology adoption, we tested whether restrictiveness in applying evaluation criteria (i.e., more often interpreting them as contraindications versus minor concerns) is greater among older nephrologists.

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[Disparities in Access to Cancer Care Facilities and Colorectal Cancer Care Outcomes in South Carolina](#)

Authors: Peiyin Hung, University of South Carolina
Whitney Zahnd, University of South Carolina
 Songyuan Deng, University of South Carolina Arnold School of Public Health
 Shi-Yi Wang, Yale School of Public Health
Jan Eberth, University of South Carolina

Research Objective: To investigate the driving times to cancer providers among colorectal cancer patients in South Carolina and how driving times to the nearest and treating cancer facilities were associated with survival and days to cancer treatment initiation.

[Disparities in Evidence-Based Cervical Cancer Screening in Younger and Middle-Aged Women: By Disability and Race-Ethnicity](#)

Authors: Preeti Zanwar, Texas A&M University, Thomas Jefferson University
 Willi Horner-Johnson, Oregon Health & Science University
Melinda Davis, Oregon Health & Science University
 Ana Quinones, Oregon Health & Science University

Research Objective: Prior research has noted disparities between women with and without disabilities in the receipt of timely screening for cervical cancer. However, no study has evaluated how these disparities may differ by race and ethnicity. Our purpose was to evaluate disparities in compliance with U.S. Preventive Services Task Force guidelines for pap testing in age-eligible women at the intersection of disability and race/ethnicity.

[Does a Healthy Behaviors Program Reduce Emergency Department Utilization? Findings from Iowa's Medicaid Expansion](#)

Authors: Brad Wright, University of North Carolina at Chapel Hill
Natoshia Askelson, University of Iowa
 Monica Ahrens, University of Iowa
 Elizabeth Momany, University of Iowa
 Peter Damiano, University of Iowa

Research Objective: Since 2005, Iowa operated IowaCare—a Medicaid waiver program for categorically ineligible individuals with incomes below 200% of the federal poverty level (FPL). In 2014, most IowaCare enrollees were transitioned to Iowa's waiver-based Medicaid expansion, which also created a Healthy Behaviors Program (HBP), designed to promote personal responsibility and reduce Medicaid spending. Under the HBP, Medicaid enrollees must pay monthly premiums unless they complete an annual wellness exam and health risk assessment (HRA). We investigated the relationship between completing HBP requirements and emergency department (ED) utilization.

[Impact of VHA's Whole Health System of Care on Opioid Use](#)

Authors: Jamie Douglas¹, VA Puget Sound Health Care System
 Hannah Gelman¹, VA Puget Sound Health Care System
 Piper Williams, VA Eastern Colorado Health Care System
 Melanie Whittington, VA Eastern Colorado Health Care System
 Barbara Bokhour, ENRM VA Medical Center
 Stephanie Taylor, University of California Los Angeles Fielding School of Public Health
Steven Zeliadt, VA Puget Sound Health Care System

Research Objective: A major component of VHA's response to the Comprehensive Addiction and Recovery Act, the Whole Health System of Care (WHS), is part of an effort to address pain management and help reduce opioid use among Veterans. WHS is a patient-centered approach to care, focusing on designing care around Veterans' personal health goals and increasing access to Complementary and Integrative Health (CIH) services. This study aims to assess how the use of WHS services being broadly implemented at 18 pilot sites affects opioid use, and to develop methods to assess individual pain management initiatives in the context of widespread changes in pain care across VHA.

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[Implicit Bias in the Clinical and Learning Environment: Evaluation of a Brief Course for Clinical Teaching Faculty](#)

Authors: Janice Sabin, University of Washington
 Grace Geunther, University of Washington
 Davis Patterson, University of Washington School of Medicine
India Ornelas, University of Washington
 Bianca Frogner, University of Washington Center for Health Workforce Studies

Research Objective: We evaluated how exposure to a customized E-Learning course, developed in response to medical student concerns about faculty knowledge of implicit bias, *Implicit Bias in the Clinical and Learning Environment*, impacts provider bias awareness, communication, and development of anti-bias strategies. Topics included: the history of racism in medicine, social determinants of health, the science of implicit bias, evidence of implicit bias in health care, and strategies to mitigate the impact of implicit bias. To measure impact of the course, we used a pre- and post-test design to assess bias awareness, communication, and development of anti-bias strategies after taking the course. We also assessed providers' baseline implicit race and gender bias.

[It's Not Just "Foofoo Magic": Patient Perspectives on Cognitive-Behavioral Therapy to Enhance Post-Surgical Pain Management](#)

Authors: Kendra Stewart Steffensmeier, Veterans Rural Health Resource Center – Iowa City, Center for Access and Delivery Research and Evaluation (CADRE)
 Jennifer Van Tiem, Veterans Rural Health Resource Center – Iowa City, Center for Access and Delivery Research and Evaluation (CADRE)
 Mandy Conrad, University of Iowa College of Education
 Ashlie Obrecht, University of Iowa College of Education
Mark Vander Weg, Center for Access and Delivery Research and Evaluation (CADRE), University of Iowa, Carver College of Medicine
 Katherine Hadlandsmyth, Veterans Rural Health Resource Center – Iowa City, University of Iowa, Carver College of Medicine

Research Objective: Telephone cognitive behavioral therapy (TCBT) is a four-session intervention delivered prior to and following surgery in order to improve patients' outcomes involving persistent pain, poor functioning, and prolonged opioid use. We conducted a qualitative evaluation to identify patients' perceived impact and acceptance of TCBT.

[Qualitative Analysis of a Depression Care Study in Vietnam: Implementation Barriers, Solutions, and Implications](#)

Authors: Kristina Phan, CUNY Graduate School of Public Health and Health Policy
Catherine Dinh-Le, CUNY Graduate School of Public Health and Health Policy
Victoria Ngo, CUNY Graduate School of Public Health and Health Policy

Research Objective: Depression is one of the most economically and socially crippling health conditions for lower- and middle-income countries (LMIC) such as Vietnam. To address the cycle of depression and poverty, we implemented "LIFE-DM", an integrated depression and microfinance group intervention for economically disadvantaged women with depression. Due to the shortage of mental health providers in the country, we supported task-shifting of depression care to primary care providers and community health workers (CHWs) at Community Health Stations (CHS) in two provinces. While the program was found to be effective, providers reported challenges in implementation. This qualitative study explored barriers and solutions in implementing LIFE-DM to inform the scale-up of depression care in Vietnam and other LMIC.

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[Reducing Cervical Cancer Disparities By County Poverty: The Role of HPV Vaccination](#)

Authors: Jennifer Spencer, Dana Farber Cancer Center, Harvard TH Chan School of Public Health

Noel Brewer, Lineberger Comprehensive Cancer Center, University of North Carolina-Chapel Hill
Justin Trogdon, Lineberger Comprehensive Cancer Center, University of North Carolina-Chapel Hill
 Morris Weinberger, University of North Carolina at Chapel Hill
 Tamara Coyne-Beasley, University of Alabama at Birmingham
Stephanie Wheeler, Lineberger Comprehensive Cancer Center, University of North Carolina-Chapel Hill

Research Objective: Eliminating cervical cancer as a public health problem is likely in the coming decades, yet inequities may delay this achievement in some areas of the US. We sought to evaluate whether human papillomavirus (HPV) vaccination will reduce existing disparities in cervical cancer incidence between high- and low-poverty counties in the US.

[Rural Providers' Perspectives on Barriers to Implementing Specialty Chronic Pain Care through Telehealth: Implications for Hospital Management](#)

Authors: Jess Indresano, VA Puget Sound Health Care System

Steven Zeliadt, VA Puget Sound Health Care System
 Jessica Chen, VA Puget Sound Health Care System

Research Objective: Ensuring patients have access to specialty pain care is a priority for the U.S. Veterans Health Administration (VA), which necessitates use of telehealth for patients in rural areas. In 2019, the VA implemented a telehealth program, TelePain, to deliver some aspects of specialty pain care (e.g., cognitive behavioral therapy, mindfulness meditation, exercise) from urban facilities to rural clinics. This study examined gaps in existing pain care, how telehealth could be offered, and perceived barriers and facilitators to integrating specialty providers via telehealth.

[The Roles of Clinical Evidence and Other Providers in De-Implementing Low Value Care](#)

Authors: Chris Gillespie, Department of Veterans Affairs

Krystel Stryczek, VA Northeast Ohio Healthcare System
 George Sayre, Seattle-Denver Center of Innovation (COIN)
 Toral Parikh, VA Puget Sound Healthcare System
 Christine Hartmann, Center for Healthcare Organization and Implementation Research (CHOIR)
 Megan McCullough, Center for Healthcare Organization and Implementation Research (CHOIR)
Steven Zeliadt, VA Puget Sound Healthcare System
 David Au, VA Puget Sound Healthcare System
 Christian Helfrich, VA Puget Sound Healthcare System

Research Objective: Although efforts to reduce low-value care have attempted to raise awareness about the risks and harms from low-value care, relatively little research has assessed provider awareness of specific low-value practices and what factors influence it. While many studies have assessed clinicians' general perspectives on low-value care and efforts to de-implement, little research has assessed providers' perspectives about specific low-value practices in the context of active de-implementation projects. We sought to understand providers' awareness of the evidence about specific low-value practices and factors influencing efforts to de-implement them.

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TUESDAY, AUGUST 4TH

2:30 – 3:30 PM ET

Podium Presentation

Call for Abstracts Session

[A Controlled Trial of Dissemination and Implementation of a Cardiovascular Risk Reduction Strategy in Small Primary Care Practices](#)

Authors: Samuel Cykert, University of North Carolina at Chapel Hill
 Thomas Keyserling, University of North Carolina School of Medicine
 Darren DeWalt, University of North Carolina at Chapel Hill
 Michael Phgnone, University of Texas at Austin, Dell Medical School
 Crystal Cene, University of North Carolina at Chapel Hill
Justin Trogdon, University of North Carolina at Chapel Hill, Gillings School of Global Public Health

Research Objective: Cardiovascular disease (CVD) remains the leading cause of death in the U.S. and is particularly devastating in the Southeastern United States. Despite evidence-based approaches that can reduce CVD risk, adoption of effective therapies remains slow. The Heart Health Now (HHN) Study was designed to evaluate the effect of combining practice facilitation with an electronic health record derived, population management dashboard based on Atherosclerotic Cardiovascular Disease (ASCVD) 10-year risk scores on reducing risk for patients at high baseline risk.

WEDNESDAY, AUGUST 5TH

3:30 – 4:30 PM ET

Podium Presentation

Call for Abstracts Session

[Whole Health System of Care Improves Health and Well-Being and Reduces Opioid Use for Veterans with Chronic Pain](#)

Authors: Barbara Bokhour, ENRM VA Medical Center; Boston University School of Public Health
 Hannah Gelman, VA Puget Sound Health Care System
 Lauren Gaj, ENRM VA Medical Center
 Eva Thomas, VA Puget Sound Health Care System
 Anna Barker, ENRM VA Medical Center
 Melanie Whittington, University of Colorado Anschutz Medical Campus; VA E. Colorado Health Care System
 Jamie Douglas, VA Puget Sound Health Care System
 Rian Defaccio, VA Puget Sound Health Care System
 Stephanie Taylor, UCLA Fielding School of Public Health; VA Greater Los Angeles Healthcare System
Steven Zeliadt, VA Puget Sound Health Care System; University of Washington

Research Objective: VHA is piloting the Whole Health System of Care (WHS) at 18 sites to shift care from a disease-focused 'find-it, fix-it' model to one driven by patients' personal health goals, to foster patient self-management, and improve well-being. As part of the Comprehensive Addiction and Recovery Act VHA initiated a demonstration program in 18 VA Medical Centers to implement WHS. We report on its impact on Veterans.