Maximizing Diversity: Lessons from Implementation Trials

Amanda Midboe, PhD

Presentation for Collaboratory Grand Rounds Diversity Workshop Series, 7/16/21

Ci2i
CENTER FOR INNOVATION
TO IMPLEMENTATION

Overview of today’s presentation

- What do I mean by diversity?
- An unexpected success
- Lessons from implementation trials

Diversity

- Caveat: depends on your trial
- Individuals who are potentially vulnerable to adverse health outcomes

An unexpected success: Background

- Individuals living with HIV are disproportionately in racial/ethnic minority groups - Black/African American (AA) and Hispanic Latino communities in particular[1]
  - New infections among Black/AA women are disproportionately higher than other racial/ethnic groups
- Evidence for lower adherence to anti-retroviral therapy (ART) among racial/ethnic minority groups, particularly Black/AA men[2]
- Lower engagement in tethered personal health record registration and use[3]

An unexpected success: Method

1. Administrative data to streamline identification of sites and participants

2. Ongoing support from veteran stakeholder group

3. Targeted engagement methods
    a) Tailored mailings, follow-up
    b) Monetary incentives
    c) Flexible data collection (phone, in clinic)

An unexpected success: Method

1. Veterans Health Administration (VHA) data for >140 VHA facilities; site selection was prioritized based on:
   - Number of veterans in a racial/ethnic minority group receiving care for HIV care at a site
   - Number of women veterans receiving HIV care
   - Sites in certain regions/areas of the country (e.g., South, rural/remote urban)
   - *Note*: Sites were initially identified as low- or high-performing on key metrics

2. Early and regular collaboration with veterans and other networks
   - Local veteran engagement board
   - A veteran in the study team
   - Women's health practice-based research network (PBRN)

3. Outreach process
   - Introductory letter with opt-out card, followed by study team contact if no opt out
   - Phases of mailing

An unexpected success: Results

Veterans living with HIV in our sample

- 53% White
- 47% non-White
- 73% men
- 27% women (~4.5% of veterans living with HIV are women)

Area for improvement

- 27% of our sample was Black/AA veterans living with HIV, BUT 49% of veterans living with HIV in VHA are Black/AA

Lessons from Implementation Trials

- Large scale implementation trial of medication for veterans with opioid use disorder (OUD)

  1. Leveraged administrative data to target low-performing sites and monitor performance

  2. 13-member diverse veteran engagement board that meet regularly with implementation teams to provide feedback
     - Some members were interviewed for videos used for outreach to other veterans and providers - https://www.youtube.com/playlist?list=PL3AQ_JVoBEyy2VbMmeMMdnwzyGDdTRkXx

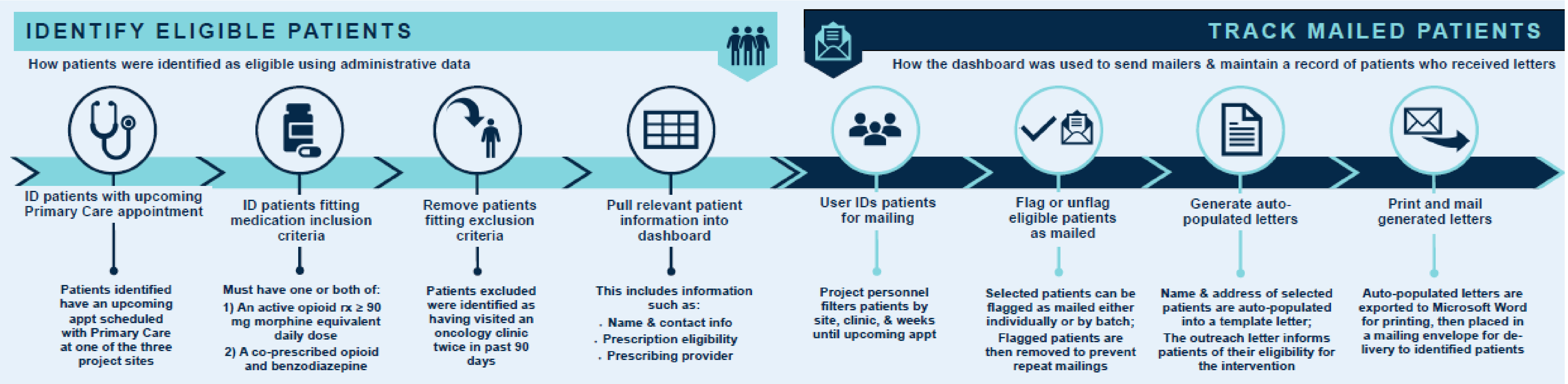
QUERI
VA Quality Enhancement Research Initiative
EVIDENCE INTO PRACTICE

Lessons from Implementation Trials

- Implementation trial to provide veterans access to evidence-based non-pharmacologic treatment for chronic pain

  1. Leveraged administrative data to create a case-finding dashboard of all eligible patients[4]
  2. Direct-to-consumer outreach implementation strategy

Case-Finding Dashboard Flow



IDENTIFY ELIGIBLE PATIENTS

How patients were identified as eligible using administrative data

ID patients with upcoming Primary Care appointment

Patients identified have an upcoming appt scheduled with Primary Care at one of the three project sites

ID patients fitting medication inclusion criteria

Must have one or both of:

1) An active opioid rx ≥ 90 mg morphine equivalent daily dose

2) A co-prescribed opioid and benzodiazepine

Remove patients fitting exclusion criteria

Patients excluded were identified as having visited an oncology clinic twice in past 90 days

Pull relevant patient information into dashboard

This includes information such as:

- Name & contact info
- Prescription eligibility
- Prescribing provider

TRACK MAILED PATIENTS

How the dashboard was used to send mailers & maintain a record of patients who received letters

User IDs patients for mailing

Project personnel filters patients by site, clinic, & weeks until upcoming appt

Flag or unflag eligible patients as mailed

Selected patients can be flagged as mailed either individually or by batch;

Flagged patients are then removed to prevent repeat mailings

Generate auto-populated letters

Name & address of selected patients are auto-populated into a template letter;

The outreach letter informs patients of their eligibility for the intervention

Print and mail generated letters

Auto-populated letters are exported to Microsoft Word for printing, then placed in a mailing envelope for delivery to identified patients

So, what does this mean for *pragmatic clinical trials*?

Increasing Diversity

1. Identify what diversity means for your trial

2. Leverage administrative data to determine where to target efforts to reach diverse individuals
    - e.g., rural vs urban; women vs men; Black/AA vs White

3. Involve patients and the surrounding community targeted by the trial as early as possible and throughout
    - Advisory board and/or part of the team
    - Community-based outreach, Direct-to-consumer outreach[5,6,7]
    - Endorsement of evidence-based practice by key community members
    - Provide tangible support when needed - incentives for initial enrollment; childcare for families

4. Tailor outreach materials and adapt for the setting of interest
    - Based on patient-/provider-level feedback

5. Tailor engagement efforts of diverse populations based on a comprehensive mixed-methods evaluation[8]

References

[1]Simoni JM, Huh D, Wilson IB, et al. Racial/Ethnic disparities in ART adherence in the United States: findings from the MACH14 study. *J Acquir Immune Defic Syndr*. 2012;60(5):466-472.

[2]Richardson KK, Bokhour B, et al. Racial Disparities in HIV Care Extend to Common Comorbidities: Implications for Implementation of Interventions to Reduce Disparities in HIV Care. *J Natl Med Assoc*. 2016 Winter;108(4):201-210.e3.

[3]Javier, SJ, Troszak, LK, Shimada, SL, McInnes, DK, Ohl, ME, Avoundjian, T, Erhardt, TA, Midboe, AM, Racial and ethnic disparities in use of a personal health record by veterans living with HIV, *Journal of the American Medical Informatics Association*, Volume 26, Issue 8-9, August/September 2019, Pages 696–702.

[4]Erhardt, T., Avoundjian, T., Becker, W., & **Midboe, A.** (2018). Novel use of a case-finding dashboard as an implementation tool. Poster Presentation at the *11th Annual Conference on the Science of Dissemination and Implementation*, Washington, DC, December 4.

[5]Lee D, Begley CE. Racial and ethnic disparities in response to direct-to-consumer advertising. *Am J Health Syst Pharm*. 2010 Jul 15;67(14):1185-90.

[6]Yang Y, Gourley DR, Gourley GA, Faris RJ, Womeodu RJ, Yang J, Likens CC. African American patients' attitudes toward proactive health behaviors after exposure to direct-to-consumer advertising. *J Natl Med Assoc*. 2010 May;102(5):408-15.

[7]Karlin BE, Brenner LA. Improving engagement in evidence-based psychological treatments among Veterans: Direct-to-consumer outreach and pretreatment shared decision-making. *Clinical Psychology: Science and Practice*. 2020;27

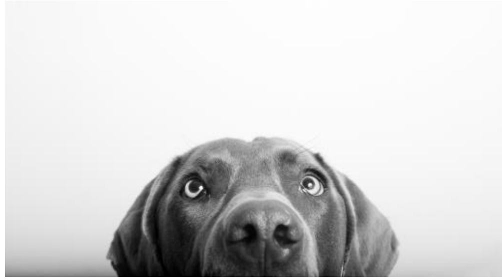
[8]Midboe AM, Gray C, Cheng H*, et al* Implementation of health-focused interventions in vulnerable populations: protocol for a scoping review *BMJ Open* 2020

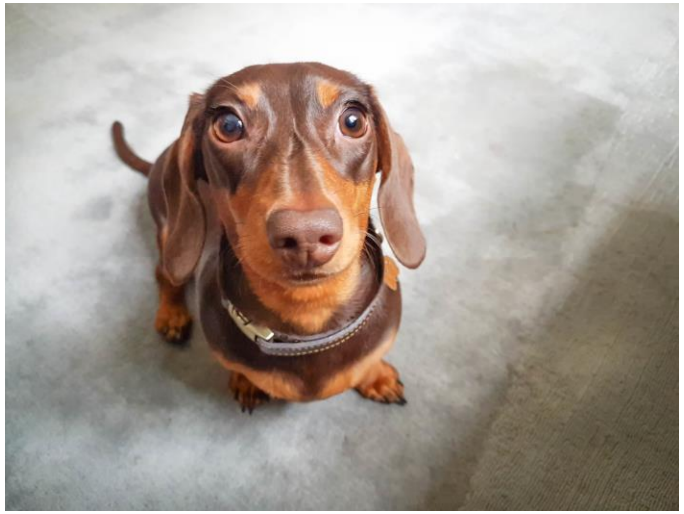
Acknowledgments

- Veterans, including those who are part of various advisory boards

- Dr. Ernest Moy, Office of Health Equity, VHA
- Dr. Sarah Javier, VA Palo Alto HCS, Ci2i

- Findings discussed in this study were supported by Merit Award 101 HX002051-01A2 from the United States (US) Department of Veterans Affairs, Health Services Research and Development Service and various QUERI funding awards.





Thank you!
Amanda.Midboe@va.gov