OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Graham, Laura Ansley**

eRA COMMONS USER NAME (credential, e.g., agency login): **LAG1234**

POSITION TITLE: **Advanced Post-Doctoral Fellow**

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
| Valdosta State University, Valdosta, GA | B.S. | 05/2004 | Biology |
| University of Alabama at Birmingham, Birmingham, AL | M.P.H | 05/2006 | Epidemiology |
| University of Alabama at Birmingham, Birmingham, AL | Ph.D. | 12/2017 | Epidemiology |

**A. Personal Statement**

I am a health services researcher with a wide variety of experience in data management and analysis, including large multi-center health services and outcomes research studies, provider survey studies, and laboratory-oriented research. My research interest include surgical outcomes research, cardiovascular epidemiology, and patient enagagement. The bulk of my research experience is centered around the use and analysis of large administrative datasets collected by the Veterans Health Administration. I have been involved in a multitude of Health Services Research & Development funded and unfunded studies using these administrative data to assess surgical outcomes. I also have acquired funding through the American Heart Association in the form a mentored award to expand my expertise in cardiovascular epidemiology and patient engagement research.

**B. Positions and Honors**

**Positions and Employment:**

2003 Research Assistant,Valdosta State University, Valdosta, GA

2005 Research Internship, Breast Cancer Surveillance Consortium, National Cancer Institute

2005-2007 Research Assistant, Birmingham VA Medical Center, Birmingham, AL

2006 Research Work Study, School of Public Health, University of Alabama at Birmingham

2007-2008 Epidemiologist, Centers for Disease Control and Prevention, Atlanta, GA

2008-2017 Analyst, Birmingham VA Medical Center, Birmingham, AL

2012-2014 Contract Analyst, CE Outcomes, LLC, Birmingham, AL

2013- Research Associate, University of Alabama at Birmingham Hospital, Birmingham, AL

2017- Advanced Post-Doctoral Fellow, VA Palo Alto Health Care System, Palo Alto, CA

2017- Post-Doctoral Scholar, Stanford School of Medicine, Stanford University, Stanford, CA

**Honors:**

|  |  |
| --- | --- |
| 2017 | Lawrence M. Brass Stroke Research Award, American Heart Association / American Stroke Association / American Brain Foundation |
| 2015 – 2016 | Graduate Tuition Scholarship, University of Alabama at Birmingham |
| 2004 – 2005 | Public Health Merit Scholarship, University of Alabama at Birmingham |
| 2001 – 2004 | Dean’s List, Valdosta State University |
| 2001 – 2004 | Odum Scholarship, Valdosta State University |
| 2001 – 2002 | Honor Program Participant, Valdosta State University |

**C. Contributions to Science**

1. Veterans needing surgery after cardiac stent implantation face a poorly defined increased risk of adverse peri-operative events and mortality. To address this question, I worked as an analyst on the VHA Health Services Research & Development study ‘Cardiac Risk and Stent Effect on Adverse Perioperative Events’ (IIR 09-347) which provided much needed knowledge regarding the guidelines for management of patients with stents needing subsequent surgical intervention. To date, the major impact of this study has been the change in the ACC/AHA guidelines on management of patients with drug eluting stents undergoing non-cardiac surgery. The 2014 guidelines now recommend delaying surgery for 6 months (formerly one year) and cite our publication as the reference for this change in recommendation.
   1. Hawn MT, **Graham LA**, Richman JS, Itani KM, Henderson WG, Maddox TM. Risk of major adverse cardiac events following noncardiac surgery in patients with coronary stents. JAMA : the journal of the American Medical Association. 2013 Oct 9; 310(14):1462-72.
   2. Hawn MT, **Graham LA**, Richman JR, Itani KM, Plomondon ME, Altom LK, Henderson WG, Bryson CL, Maddox TM. The incidence and timing of noncardiac surgery after cardiac stent implantation. Journal of the American College of Surgeons. 2012 Apr 1; 214(4):658-66; discussion 666-7.
   3. **Graham LA**, Singletary BA, Richman JS, Maddox TM, Itani KM, Hawn MT. Improved adverse postoperative outcomes with revised American College of Cardiology/American Heart Association guidelines for patients with cardiac stents. JAMA surgery. 2014 Nov 1; 149(11):1113-20.
   4. **Graham LA**, Maddox TM, Itani KM, Hawn MT. Coronary stents and subsequent surgery: reported provider attitudes and practice patterns. Am Surg. 2013 May;79(5):514-23.
2. The Surgical Care Improvement Program (SCIP), of which VHA is one of 34 partners, had the goal of reducing surgical complications by 25% by 2010. While these measures were intended to reduce surgical complications, few studies had shown associations between individual SCIP performance measures and the adverse surgical outcomes they are intended to prevent. I worked as an analyst on the VA Health Services Research & Development study ‘Measuring Up: Associations between SCIP measures and Surgical Outcomes’ (PPO 10-296) which examined the infection, venous thromboembolism (VTE), and cardiac event prevention modules. In our study, adherence to any of the three modules was not significantly associated with a decrease of the targeted adverse events. Our study also produced a landmark papers on how the choice and timing of oral antibiotic prep for colorectal surgery was associated with a greater than 50% reduction in SSI which may influence guidelines and quality measures in the future.
   1. Hawn MT, Richman JS, Vick CC, Deierhoi RJ, **Graham LA**, Henderson WG, Itani KM. Timing of surgical antibiotic prophylaxis and the risk of surgical site infection. JAMA surgery. 2013 Jul 1; 148(7):649-57.
   2. Hawn MT, Vick CC, Richman J, Holman W, Deierhoi RJ, **Graham LA**, Henderson WG, Itani KM. Surgical site infection prevention: time to move beyond the surgical care improvement program. Annals of surgery. 2011 Sep 1; 254(3):494-9; discussion 499-501.
3. Abdominal wall hernias are one of the most common conditions treated by the general surgeon, yet the outcomes remain poor. I worked as an analyst on a project applying multi-level statistical techniques to examine variability in and predictors of hernia recurrence and wound complication following ventral hernia repair as well as to examine the effect on patient quality of life. The main finding from the patient level analysis was that underlay mesh technique is associated with lower recurrence rates without significant increase in complications when compared to other mesh techniques and suture repair.
   1. Hawn MT, Snyder CW, **Graham LA**, Gray SH, Finan KR, Vick CC. Long-term follow-up of technical outcomes for incisional hernia repair. J Am Coll Surg. 2010 May;210(5):648-55, 655-7.
   2. **Graham LA**, Altom LK, Vick CC, Snyder CW, Deierhoi RJ, Hawn MT. Agreement between patient survey and medical chart: Pitfalls in measurement strategies for hernia recurrence. Surgery. 2011 ep;150(3):371-8. Epub 2011 Jul 23.
   3. Snyder CW, **Graham LA**, Vick CC, Gray SH, Finan KR, Hawn MT. Patient satisfaction, chronic pain, and quality of life after elective incisional hernia repair: effects of recurrence and repair technique. Hernia. 2011 Apr;15(2):123-9. Epub 2010 Nov 12.

**D. Additional Information: Research Support and/or Scholastic Performance**

17MCPRP33350072 Graham (PI) 01/01/2017-12/31/2018

American Heart Association

**Improving Participation and Reducing Acute Cardiovascular Hospitalizations with Weight Management (ReACH)**

This study utilizes data from the Veterans Affairs (VA) Healthcare MOVE! program and no-VA community-level resources to assess factors affecting recruitment and engagement in lifestyle interventions targeting improved cardiovascular health. The study also strives to examine factors affecting long-term cardiovascular among individuals enrolled in lifestyle interventions.

**Role: Principal Investigator**

**Completed Research Support**

IIR 09-347-2 Hawn (PI) 10/01/2014 - 09/30/2017

VA HSR&D

**Improving Surgical Quality: Risks and Impact of Readmission**

The objectives of this project are first to evaluate the contribution of patient, procedure, post-operative complication and system factors on readmission within 30 days of hospital discharge following surgery, and use these data to (a) develop and validate a readmission risk prediction tool that can be used real-time, (b) develop a classification of readmission reasons, and (c) explore processes of care linked with readmission.

Second, the study will provide an assessment of potential patient factors not currently collected by VASQIP at discharge and determine their association with readmission. Finally, following the completion of Aims 1 and 2, categories of readmission following surgical procedures will be ranked for (a) potential for preventability and (b) appropriateness as a measure of surgical quality.

**Role: Analyst**

IIR 09-347-2 Hawn (PI) 10/01/2010 - 09/30/2014

VA HSR&D

**Cardiac Risk and Stent Effect on Adverse Perioperative Outcomes**

This study aims to determine the rate of subsequent surgical procedures in patients after cardiac stent implantation and to assess whether a) time between cardiac stent and surgical procedure, and b) type of cardiac stent is associated with adverse perioperative events compared with controls. We will also examine current beliefs and practices of cardiologists, anesthesiologists and surgeons regarding the risk of stent thrombosis and bleeding in the peri-operative period and evaluate whether surgery performed within the current guidelines is safer than those performed outside the guidelines.

**Role: Analyst**

IIR 03-247-1 Hawn (PI) 07/01/2004 -12/31/2009

VHA HSR&D

**Mesh Repair for Ventral Hernia: Which Rate is Right?**

The aim of this project is 1) to determine outcomes for the various ventral hernia repairs in a large VA sample and 2) use this data to develop an educational intervention for surgeons in the VA system.

**Role: Analyst**