

The Best Care Anywhere



An Opportunity to Become the Model for Delivery of Women's Health Care

To improve comprehensive health care for today's women veterans and to prepare for an historic influx of women veterans tomorrow, the VA will aim to provide world class services to our women veterans.

Our vision is to provide the highest quality care to every woman veteran:

- Highest quality ensures that each woman veteran coming to the VA will have her gender-specific primary care needs met by a proficient and interested primary care provider.
- Highest quality includes privacy, dignity, and sensitivity to gender-specific needs
- Highest quality ensures that health care equipment and technology is state-of-the-art
- Highest quality ensures gender parity in performance measures
- Highest quality provides the right health care in the right place at the right time
- Highest quality builds necessary efficiencies into the delivery of women's health care

While the end goal is the same for each VA facility, the approach will be different. There are 21 Veterans Integrated Service Networks (VISNs) across the country, and each is as different as the town or city that surrounds it. Each facility will assess its needs, its strengths, and its challenges and create a plan that best fits its population, its areas of expertise, and its facilities, equipment, and staffing capacity.

Most importantly, this is a chance for VA facilities to be ambitious, innovative, and groundbreaking in the way they treat their population of veterans. VISNs can explore better ways to deliver services, provide care, train personnel, or reach out to veterans through new approaches and pilot programs. While one VISN tests the use of technology in delivering test results to patients, another may conduct a pilot program for caring for homeless veterans. The possibilities are endless, and the results will raise the VA standard to provide the best care anywhere.



For more information

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Women Veterans Health Care

You Serve, You Deserve...

The Changing Face of the U.S. Military

As the frontlines of battle and the rules of warfare have changed dramatically in the last 50 years, so has the face of the U.S. military. Women constitute 14 percent of today's active duty soldiers, serving alongside men as fighter pilots, gunners, warship commanders, and military police in locations around the world. Today's women soldiers are tomorrow's women veterans.

The U.S. Department of Veterans Affairs (VA) currently treats record numbers of women while preparing for a greater influx in the coming years. Women make up 11 percent of veterans from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF)—that equates to nearly 70,000 women. The VA expects the number of women veterans who seek care at a VA health facility to double in the next five years.

The VA is committed to providing every veteran who walks through its doors with the highest quality comprehensive care. An internal review found that while the quality of VA health care exceeds that provided by the private sector, women do not get the same caliber of preventive care as men in the VA system. In order to continue to be a leader in health care and set the standard by which others will be measured, we must assess and plan appropriately to meet the needs of our women veterans.

Facing Change in the Veterans Affairs

While women and men wear the same uniforms, salute the same flag, and suffer similar battle wounds, the health care they require can be drastically different. The challenge for the VA is to deliver care of comparable quality to both women and men, while addressing the unique health care needs of each.

Some VA facilities have met the challenge of providing comprehensive, one-stop shop care to women, while at other facilities women receive fragmented care—a primary care physician handles her general health care needs while a second clinician may handle any gender-specific health needs. A woman may travel up to two hours or more for a pap smear or breast exam. These gaps—both literal and figurative—obstruct the continuity of care.

VA facilities were built with men in mind; therefore, many are not designed to ensure privacy between genders. Separate changing rooms outside test labs, private bathrooms in exam rooms—these are critical to delivering sensitive, private, and secure health care for men and women. Facilities need to hire clinicians trained in women's health issues and deliver clinical training in women's health to existing physicians.

Recent media headlines and Congressional hearings have brought gender issues to the forefront of VA health care. But most importantly, some of our women veterans feel they're not getting the care they need. For us, the veteran comes first.

Comprehensive Primary Health Care for Every Woman Veteran

The mass influx of women veterans that the VA faces would be a challenge for any health care system. It is particularly challenging for a system that has a history of caring for a predominantly male population. As recently as 1971, women constituted less than 1 percent of the U.S. military.



Female Enrollees FY 2007 = 255,324 Projected female enrollees 2010 = 533,208
 Projected female enrollees 2008 = 481,054 Projected female enrollees 2013 = 589,383

It is the goal of the VA to ensure that every woman veteran has access to a VA primary care provider who can meet all her primary care needs, including gender-specific care, in the context of an ongoing patient-clinician relationship. This approach will ensure that women have convenient high-quality health care with particular emphasis on continuity of care.

To achieve this goal, the VA has empowered the women's health initiative by creating the Strategic Health Care Group, led by Dr. Patricia Hayes and her staff, who are committed to collaborating with VA facilities and other VA Program Offices to evaluate and improve the delivery of women's health care throughout the VA. The Strategic Health Care Group is outlining a five-year initiative to bring the VA to the forefront of women's health care. As part of the initiative, each VA facility will assess current and projected utilization and gaps in treatment and explore new ways to care for its population of veterans. The Strategic Health Care Group will use the assessment results to develop planning guidance and help

facilities develop full-service women's primary care at every facility. The Deputy Under Secretary for Health for Operations and Management has requested that the Women Veterans Program Manager be made a full-time position by December 2008 to strategically plan, coordinate quality care, evaluate delivery of care, and reach out to women veterans who need service.

To date, the VA has:

- Established on-site mammography at 32 Medical Centers with significant women veteran populations and replaced older equipment with state-of-the-art full field digital mammography at 16 of these sites
- Invested \$7.9 million in specialized equipment to support clinical follow-up of initial breast screenings, \$3.5 million on DEXA scanners to evaluate osteoporosis, and \$5.9 million on other specialized equipment needed for women's health enhancements.

Building Blocks to Comprehensive Women's Health Care

- Committed VA Leadership/Management
- Champions of Women's Health at the facility level
- Supportive Primary Care Management
- Full-time Women Veteran Program Manager (WVPM) at every facility
- Proficient, interested, engaged Primary Care Providers (same gender providers by request)
- Ongoing mechanism to promote, improve, and maintain skills/competency for staff and providers
- System Elements:
 - Space configuration and space available to ensure patient privacy
 - Mental Health Services
 - Social Work
 - Gynecology Services
 - Emergency Care
 - Performance Measures

W-CHIP Timeline (Women's Comprehensive Healthcare Implementation Plan) • DRAFT •

