



## Spotlight on Women's Health

# Women's Assessment Tool for Comprehensive Health: The WATCH Self-Assessment National Roll-Up

**Sally Haskell, MD**

Deputy Chief Consultant for Clinical Operations  
Director of Comprehensive Women's Health  
Patient Care Services, Women's Health Services

WOMEN VETERANS  
HEALTH CARE



VA  
HEALTH  
CARE | Defining  
EXCELLENCE  
in the 21st Century

# Outline

- Overview of the Challenge
- Understanding the State of Women Veterans Health Care
- WATCH Initiative: Methods
- Results
- VSSC Report
- Capabilities
  - Self Assessment
  - Site Assessments
- Limitations
- Conclusions

# Poll Question #1

- What is your primary role in VA?
  - student, trainee, or fellow
  - clinician
  - researcher
  - Women Veteran Program Manager
  - Other Management/Leadership

# Overview of the Challenge

- The number of women Veterans using Veterans Health Administration (VHA) services has doubled in the past decade<sup>1</sup>
- In 2008, the Under Secretary of Health Work Group released a report surveying the current state of health care delivery to women Veterans
  - Noted gaps in current health care delivery to women Veterans
  - Recommended conducting site assessments to better understand the delivery of care to women Veterans

<sup>1</sup> Frayne SM, Phibbs CS, Friedman SA, Berg E, Ananth L, Iqbal S, Hayes PM, Herrera L. Sourcebook: Women Veterans in the Veterans Health Administration. Volume 1. Sociodemographic Characteristics and Use of VHA Care. Women's Health Evaluation Initiative, Women Veterans Health Strategic Health Care Group, Veterans Health Administration, Department of Veterans Affairs, Washington DC. December 2010.

# Overview of the Challenge

- Since the 2008 report:
  - Placement of full-time Women Veterans Program Manager (WVPM) at every facility (December 2008)
  - Implementation of comprehensive primary care for women's health (VHA Handbook 1330.01: Health Care Services For Women; released May 2010)
  - Changing the language, practice and culture of VA to be more inclusive of women Veterans
- Gaps still exist in some Women's Health (WH) Programs indicating a need for continued assessment

# Understanding the State of Women Veterans Health Care

- WH Services created a tool to assess the development of Women's Health Program capabilities during site visits
  - A randomly chosen sample of sites have been visited each fiscal year
  - # sites visited as of 5/16/2013
- Women's Assessment Tool for Comprehensive Health (WATCH) Initiative Self-Assessment
  - The site visit assessment tool's questions were expanded
  - Self-Assessment conducted by all WH Programs
  - Provides all facilities the opportunity to focus on the requirements for achieving comprehensive health care for women Veterans outlined in the revision of VHA Handbook 1330.01, Health Care Services for Women Veterans (released May 2010).

# WATCH Initiative: Methods

- Administered as an online survey for Fiscal Years (FY) 2010, 2011, and 2012
- Self-assessments were reviewed by facility and VISN leadership before submission

# WATCH Initiative: Methods

- FY12 Design
  - Part A: Healthcare System Survey
    - Characteristics of the WHP at the HCS level
    - Demographics, enrollment and utilization data for women Veterans served at the HCS
    - Program management staff and strategic planning
    - Program capabilities leveraged from site assessment tool
  - Part B: Site Specific Survey
    - Completed for each Medical Center and CBOC
    - Models of primary care delivery
    - Designated WH Primary Care Providers/PACT

# WATCH Initiative: Methods

- WVPMs completed self-assessments of their WH Programs for 140 Healthcare Systems (HCS) in FY11 and FY12
  - A HCS contains one parent site defined by the Veteran Affairs Site Tracking (VAST) and all sites affiliated with that parent
- Sites included in the self-assessment
  - FY11 and FY12 assessments included drop-down menus for the sites in each HCS based on VAST
  - FY11 analysis included additional primary care sites that were not listed in VAST (e.g. satellite clinics without independent station IDs)
  - FY12 analysis only included primary care sites that were found on the VAST list

# Methods

	Fiscal Year 2011	Fiscal Year 2012
Medical Centers	150	148
CBOCS	795	743
Total Sites	945	891

2 Medical Centers were excluded from FY11 analysis and 4 Medical Centers were excluded from FY12 analysis because they did not provide primary care services

# WOMEN VETERANS HEALTH CARE

★ *You served, you deserve the best care anywhere.* ★

## WATCH part A: Healthcare System Survey

**Note: You are currently in preview mode and your responses are being saved. You should be sure to delete your entries before collecting real responses and analyzing your data.**

Page 1 of 38

The Women's Assessment Tool for Comprehensive Health (WATCH) Initiative provides an opportunity for network and facility leaders to recognize the current capabilities of their Women's Health Program (WHP) and detect opportunities for improvement through a self-assessment process. In addition, the responses will be summarized to identify both national trends in current capabilities and opportunities to enhance comprehensive health care for women Veterans across the VA.

The WATCH Initiative self-assessment will be completed online as 2 surveys.

**WATCH part A: Healthcare System Survey** will be filled out once for each Healthcare System (HCS). This survey assesses characteristics of the WHP at the HCS level and includes questions pertaining to demographics of the women Veterans served at the HCS, program management staff and program capabilities.

**Note:** A HCS is defined as the main administrative facility and all affiliated sites that deliver primary care (e.g. VA Medical Centers (VAMCs), Community Based Outpatient Clinics (CBOCs) and Outpatient Clinics (OPCs).

**WATCH part B: Site Specific Survey** will be filled out once for each VAMC, CBOC and OPC in the HCS. This survey takes a closer look at how comprehensive primary care was delivered within different models of care.

### INSTRUCTIONS FOR SURVEY RESPONDENTS

The Women Veterans Program Manager (WVPM), or the individual in an equivalent position at this HCS, should complete this survey about the Women's Health Program at this HCS.

If you are not this person or if you have questions about the survey, please contact the survey coordinator, Anu Torgal (Anupama.Torgal@va.gov or 202-461-1044), before you begin. For technical questions or difficulties, contact the technical director, Ruthie Shulav-Grogg (Ruthie.Shulav-Grogg@va.gov or 513-376-5474).

The survey should be completed in partnership with key facility women's health leaders. You are encouraged to consult with other knowledgeable individuals to answer these questions.

A response to each question is required (indicated by a red asterisk at the end of the sentence<sup>1</sup>); you will not be able to continue to the next page without first answering all questions on the current page. It is highly recommended that you complete a hardcopy of the survey before entering the data online. If you cannot complete the survey in one sitting, click the "Save" button before closing your browser. You can return to the survey by re-clicking on the survey link embedded in your e-mail invitation or Step-by-step directions.

You will need to have your responses reviewed by your Facility and VISN Leadership. You will be able to print your survey responses at the end of the survey when you click the "Done" option. If you need to edit any of your responses you can return to the survey by re-clicking on the survey link for WATCH part A only.

Next

Save

# WOMEN VETERANS HEALTH CARE

★ *You served, you deserve the best care anywhere.* ★

## WATCH part A: Healthcare System Survey

Page 2 of 38

1. Choose Your Healthcare System (HCS)\*

--Please Select--

Back

Next

Save

# WOMEN VETERANS HEALTH CARE

★ *You served, you deserve the best care anywhere.* ★

## WATCH part B: Site Specific Survey

Note: You are currently in preview mode and your responses are being saved. You should be sure to delete your entries before collecting real responses and analyzing your data.

Page 1 of 24

We would like to know about the models of care available at each site in your Healthcare System (HCS) as of September 30, 2012. A Healthcare System (HCS) is defined as the main administrative facility and all affiliated sites that deliver primary care (e.g. VAMCs, CBOCs and OPCs).

Please use FY12 data to answer questions in this survey unless the data is retrieved from the Primary Care Management Module (PCMM) (PCMM gives current data only). You will need to fill out a new survey for each of your sites (i.e. all medical centers and CBOCs)."

**You will not be able to save a partially completed survey for part B or edit your responses after submission. Please complete the hardcopy of the survey first to ensure completion in one sitting.**

1. Select a Healthcare System (HCS):\*

--Please Select--

Next

# WOMEN VETERANS HEALTH CARE

★ *You served, you deserve the best care anywhere.* ★

## WATCH part B: Site Specific Survey

Note: You are currently in preview mode and your responses are being saved. You should be sure to delete your entries before collecting real responses and analyzing your data.

Page 1 of 24

We would like to know about the models of care available at each site in your Healthcare System (HCS) as of September 30, 2012. A Healthcare System (HCS) is defined as the main administrative facility and all affiliated sites that deliver primary care (e.g. VAMCs, CBOCs and OPCs).

Please use FY12 data to answer questions in this survey unless the data is retrieved from the Primary Care Management Module (PCMM) (PCMM gives current data only). You will need to fill out a new survey for each of your sites (i.e. all medical centers and CBOCs)."

You will not be able to save a partially completed survey for part B or edit your responses after submission. Please complete the hardcopy of the survey first to ensure completion in one sitting.

1. Select a Healthcare System (HCS):\*

--Please Select--

- (V01) (402) Togus, ME
- (V01) (405) White River Junction, VT
- (V01) (518) Bedford, MA
- (V01) (523) VA Boston HCS, MA
- (V01) (608) Manchester, NH
- (V01) (631) VA Central Western Massachusetts HCS
- (V01) (650) Providence, RI
- (V01) (689) VA Connecticut HCS, CT
- (V02) (528) Albany, NY
- (V02) (528) Bath, NY
- (V02) (528) Canandaigua, NY
- (V02) (528) Syracuse, NY
- (V02) (528) Western New York, NY
- (V03) (526) Bronx, NY
- (V03) (561) New Jersey HCS, NJ
- (V03) (620) VA Hudson Valley HCS, NY
- (V03) (630) New York Harbor HCS, NY
- (V03) (632) Northport, NY

Next

# WOMEN VETERANS HEALTH CARE

★ *You served, you deserve the best care anywhere.* ★

## WATCH part B: Site Specific Survey

Page 2 of 24

2. Select a Medical Center Division or CBOC:\*

--Please Select--
(V05) (512) Baltimore
(V05) (512A5) Perry Point
(V05) (512GA) Cambridge
(V05) (512GC) Glen Burnie
(V05) (512GD) Loch Raven
(V05) (512GE) Pocomoke City
(V05) (512GF) Fort Howard

Back

Next

# WOMEN VETERANS HEALTH CARE

★ *You served, you deserve the best care anywhere.* ★

## WATCH part B: Site Specific Survey

Page 3 of 24

3. Please indicate ALL models of care available to women Veterans for primary care as of September 30, 2012. Choose the models that most closely resemble how care is delivered at this site. You may have more than one model at a site.\*

Model 1: Women's health care is delivered in a gender-neutral (integrated) primary care clinic

Model 2: Women's health care is delivered in a separate but shared space

Model 3: Women's health care is delivered in a Comprehensive Women's Health Clinic

- Model 1  
 Model 2  
 Model 3  
 No primary care delivered at this site

Back

Next

The questions you are answering below refer to (V05) (512) Baltimore Model 1 Clinic:

4. Please indicate if there were any extended hours for women to access comprehensive primary care services at this Model 1 clinic as of 9/30/2012. (Note: this should include gender specific primary care needs)\*

	Yes	No
Extended morning hours	<input type="radio"/>	<input type="radio"/>
Extended evening hours	<input type="radio"/>	<input type="radio"/>
Extended Saturday hours	<input type="radio"/>	<input type="radio"/>
Extended Sunday hours	<input type="radio"/>	<input type="radio"/>
No extended hours	<input type="radio"/>	<input type="radio"/>

13. How many PCMM designated Women's Health PACT teamlets (\*WH\*) have a Health Technician or Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) with the same FTEE as the provider (1:1 ratio)?\*

15. Did this Model 1 clinic provide comprehensive primary care for women Veterans in FY12?

Note: This is defined as the provision of complete primary care by one primary care provider at one site which includes care for acute and chronic illness, gender-specific primary care, preventive services, mental health services and care coordination\*

- Yes  
 No

# Women Veteran Enrollment<sup>2</sup>

- **583,580 unique women Veterans were enrolled in the VHA in FY12**
- Age of women Veterans enrolled in VHA in FY12

Age Range	Number of Unique Women Veterans Enrolled in VHA <sup>3</sup>
Under 29 years old	63,188
30-44 years old	171,719
45-64 years old	226,657
65-84 years old	53,800
Over 88 years old	24,447

<sup>2</sup>Per VSSC WATCH Briefing Book on 5/10/2013 with priority 99 (Unknown) excluded when applicable:

[http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV\\_Profile\\_Main&rs:Command=Render](http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV_Profile_Main&rs:Command=Render)

<sup>3</sup>Total does not equal 583,580 due to unknowns in the Current Enrollment Cube

# VHA Utilization by Women Veterans<sup>2</sup>

- **362,939 unique women Veterans received care from the VHA in FY12**
- Of those women, 64,262 were from the Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND) cohort
- Age of women Veterans receiving care from the VHA in FY12:

Age Range	Number of Unique Women Veterans Receiving Care from VHA
Under 29 years old	47,346
30-44 years old	110,279
45-64 years old	185,224
65-84 years old	34,986
Over 85 years old	15,067

<sup>2</sup>Per VSSC WATCH Briefing Book on 5/10/2013 with priority 99 (Unknown) excluded when applicable:

[http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV\\_Profile\\_Main&rs:Command=Render](http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV_Profile_Main&rs:Command=Render)

# VHA Utilization by Women Veterans<sup>2</sup>

- Number of unique women Veterans receiving care per stop code in FY12 (Note: women can be seen in more than one stop code):

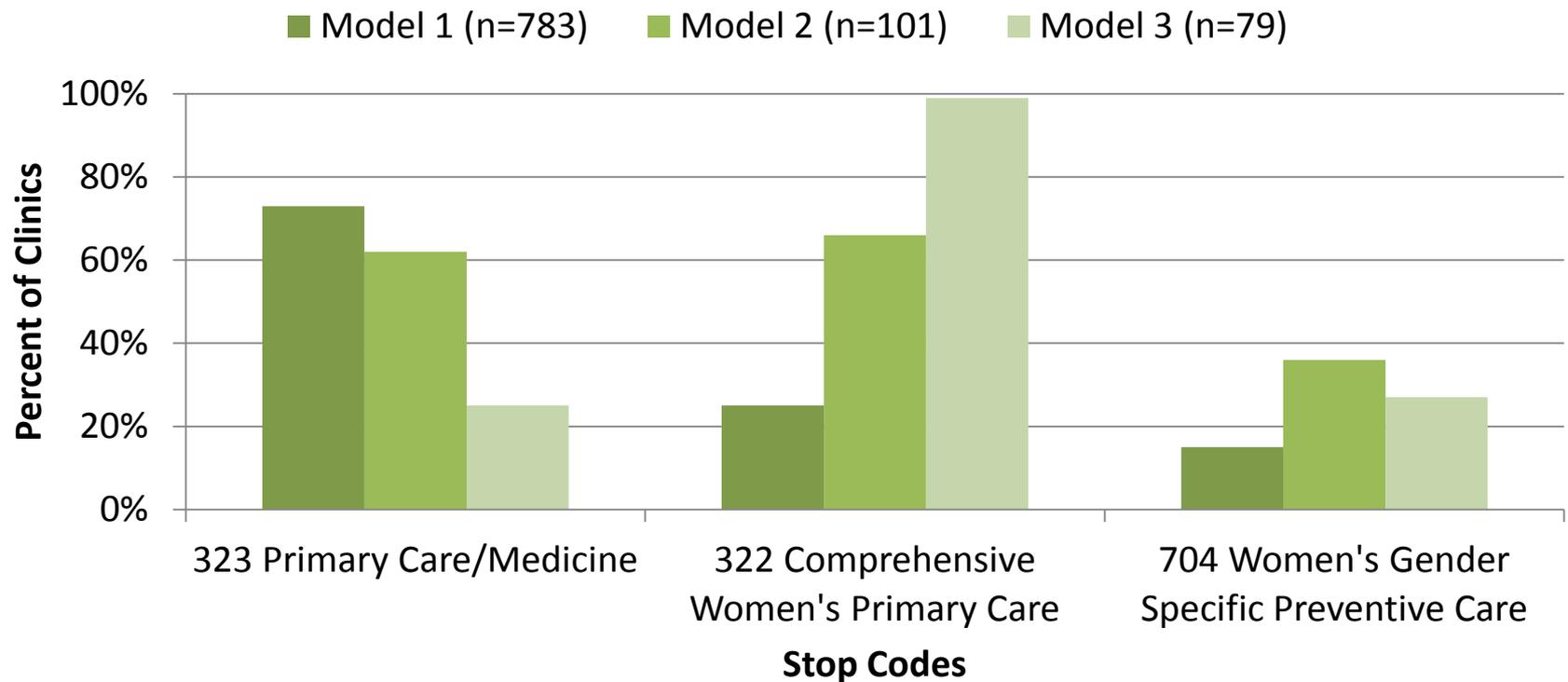
Stop Code	Number of Unique Women Veterans
(323) Primary Care/Medicine	230,848
(322) Comprehensive Women's Primary Care Clinic	114,184
(404) Gynecology	45,565
(704) Women's Gender-Specific Preventive Care	12,898
(426) Women's Surgery	1,011
(130) Emergency Department	80,174

<sup>2</sup>Per VSSC WATCH Briefing Book on 5/10/2013 with priority 99 (Unknown) excluded when applicable:

[http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV\\_Profile\\_Main&rs:Command=Render](http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV_Profile_Main&rs:Command=Render)

# VHA Utilization by Women Veterans

## Stop Codes Used for Comprehensive Primary Care



# Women Veterans' Diagnoses<sup>2</sup>

- Ten most common ICD-9 codes used for women Veterans in FY12:

ICD-9 Code and Description	Number of Unique Women Veterans with Diagnosis
(401.9) Hypertension	58,902
(311.) Depressive Disorder	46,632
(309.81) Posttraumatic Stress Disorder	43,734
(724.2) Lumbago	40,056
(250.00) Diabetes Mellitus without Complication	28,731
(272.4) Hyperlipidemia	28,207
(719.46) Joint Pain-Lower Leg	22,461
(300.00) Anxiety State	20,664
(296.30) Recurrent Depressive Disorder	17,002
(346.90) Migraine	16,461

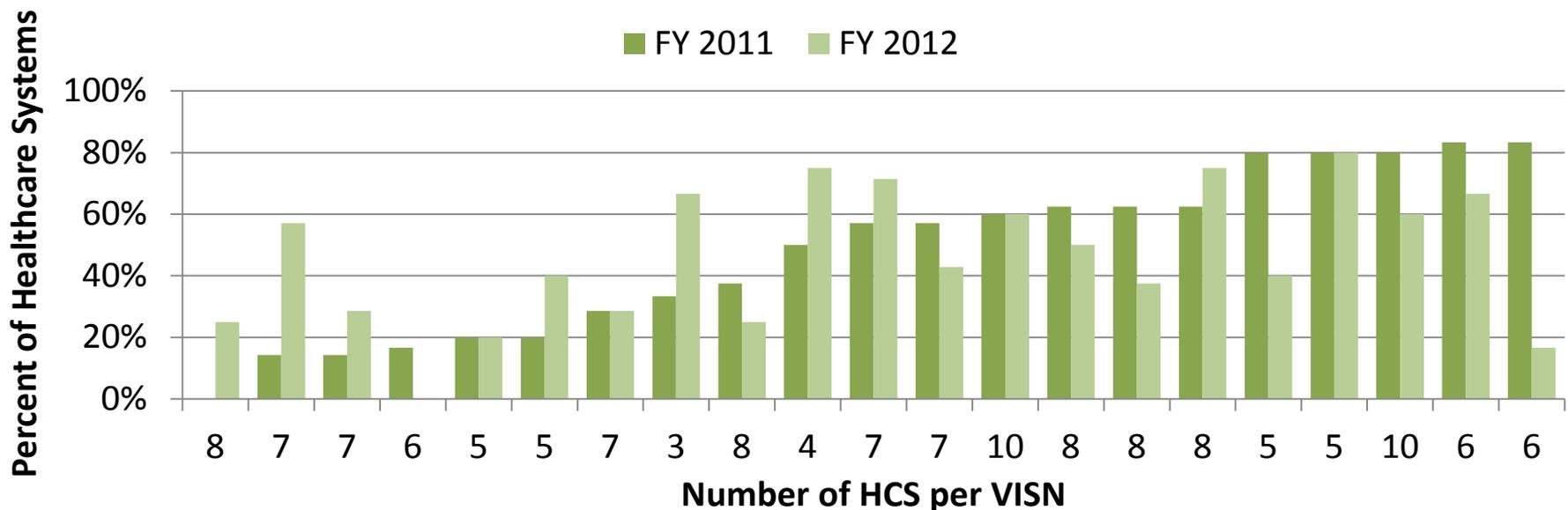
<sup>2</sup>Per VSSC WATCH Briefing Book on 5/10/2013 with priority 99 (Unknown) excluded when applicable:

[http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV\\_Profile\\_Main&rs:Command=Render](http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWV_Profile_Main&rs:Command=Render)

# Women Veterans Health Committee & Strategic Planning

- 97% of 140 Healthcare Systems had a Women Veterans Health Committee
- 46 % of 140 Healthcare Systems had a written strategic plan for their WH Program

**Percent of Healthcare Systems (HCS) with a Written Strategic Plan for their Women's Health Program by Veterans Integrated Service Network (VISN) in Fiscal Year 2011 and 2012**



# Key Personnel of the WH Program

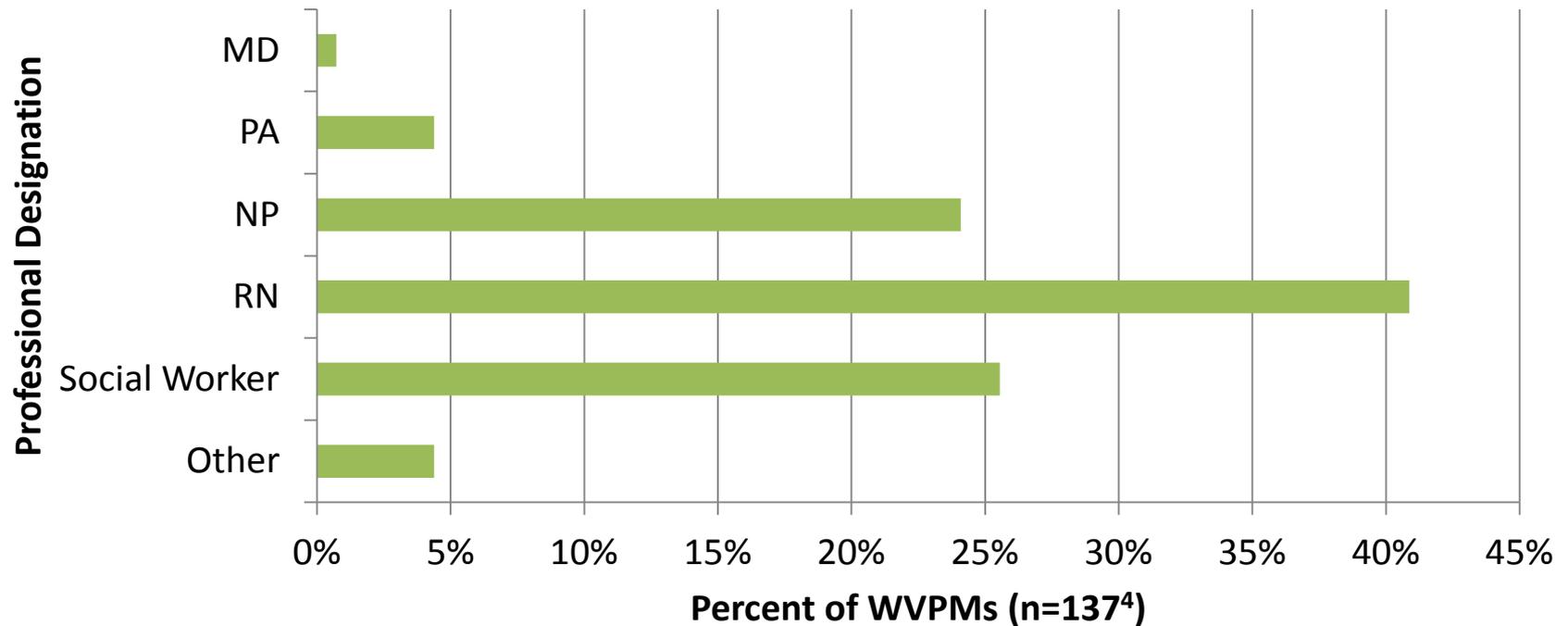
- **Women Veteran Program Managers (WVPM) for 140 HCSs:**
  - 131 HCSs had at least one full-time WVPM<sup>4</sup>
  - 4 HCS had a part-time WVPM
  - 4 HCSs had their WVPM position filled in an “acting/interim” capacity
  - 1 HCS did not have their WVPM position filled
- **WH Medical Director or Champion for 140 HCSs:**
  - 126 HCSs had WH Medical Director and/or a WH Champion
  - 14 HCSs had neither identified
- **CBOC WH Liaison for 139<sup>5</sup> HCSs:**
  - 122 of 139 Healthcare Systems had a WH Liaison at each CBOC

<sup>4</sup>Note: Two HCSs had a second WVPM

<sup>5</sup>Note: One HCS did not have any CBOCs

# Key Personnel of the WH Program

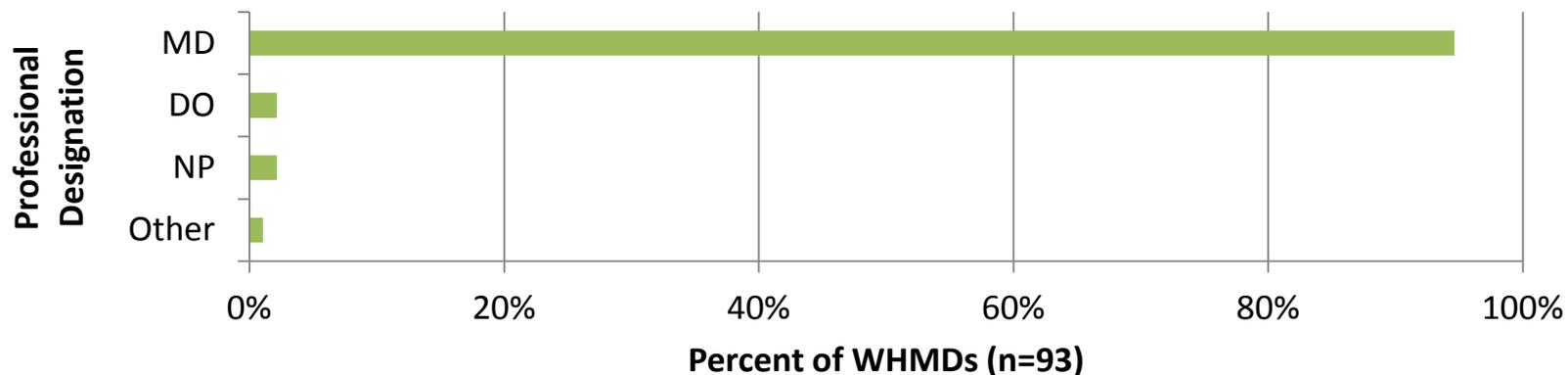
## Professional Designation of Women Veteran Program Managers (WVPM)



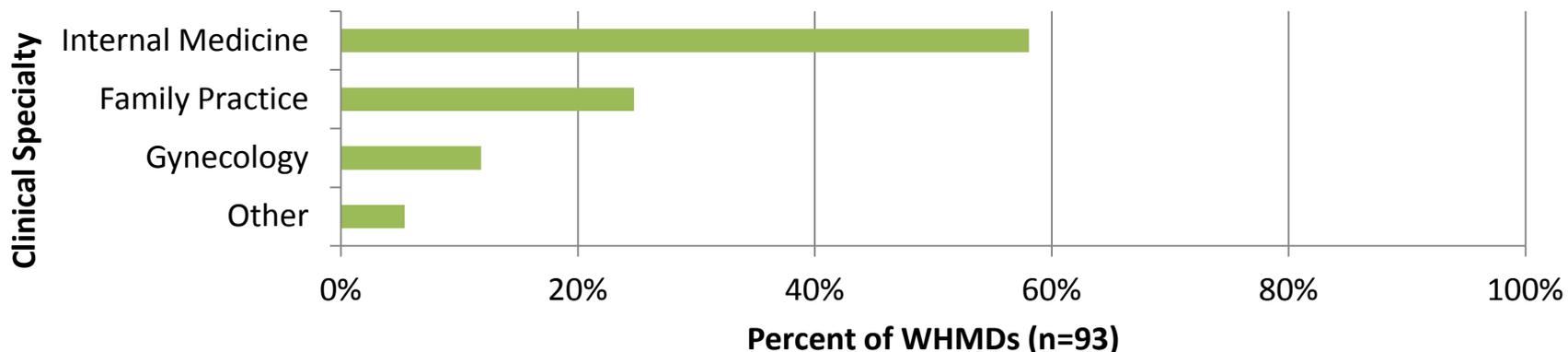
<sup>4</sup>Note: Two HCSs had a second WVPM

# Key Personnel of the WH Program

## Professional Designation of Women's Health Medical Director (WHMD)



## Clinical Specialty of Women's Health Medical Director (WHMD)

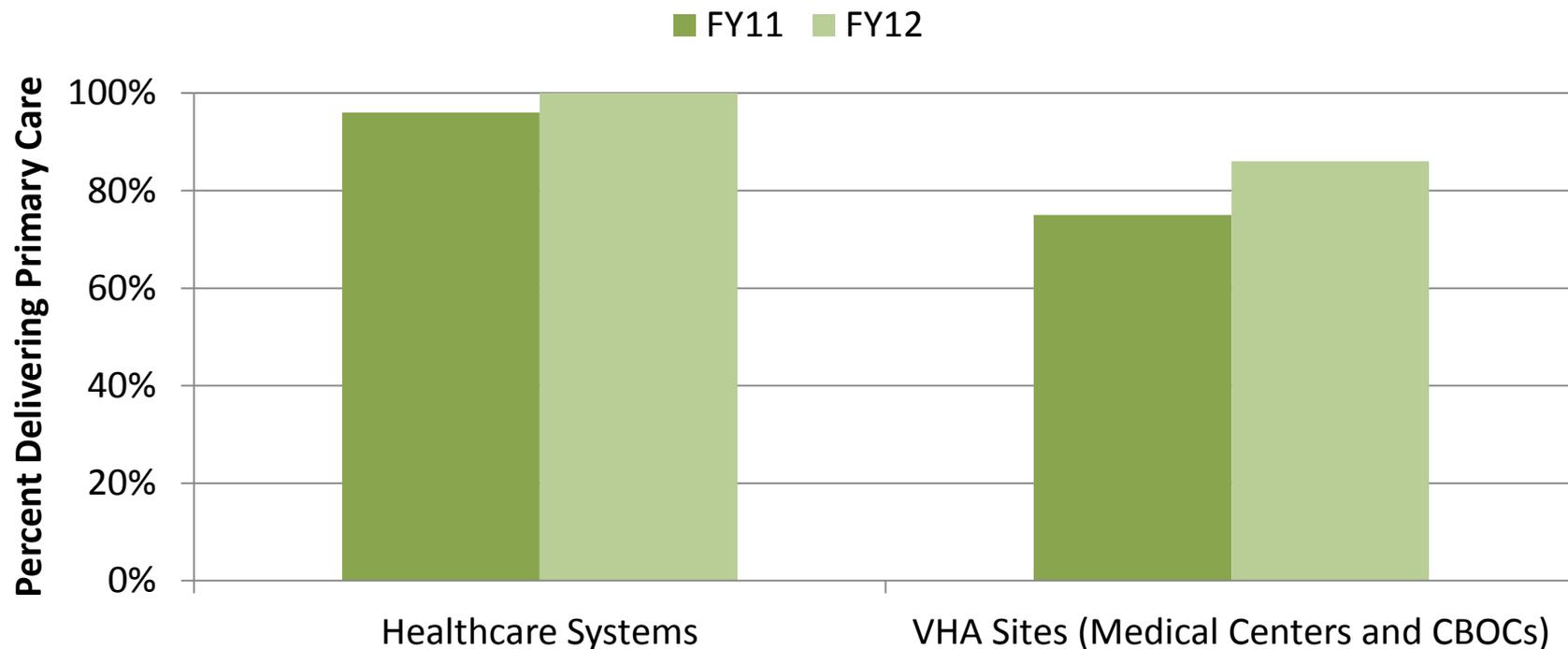


# Comprehensive Primary Care

- Provision of complete primary care and care coordination by *one primary care provider at one site*
- The primary care provider should, in the context of a longitudinal relationship, fulfill all primary care needs, including:
  - Care for acute and chronic illness
  - Gender-specific primary care
  - Preventive services
  - Mental health services
  - Coordination of care

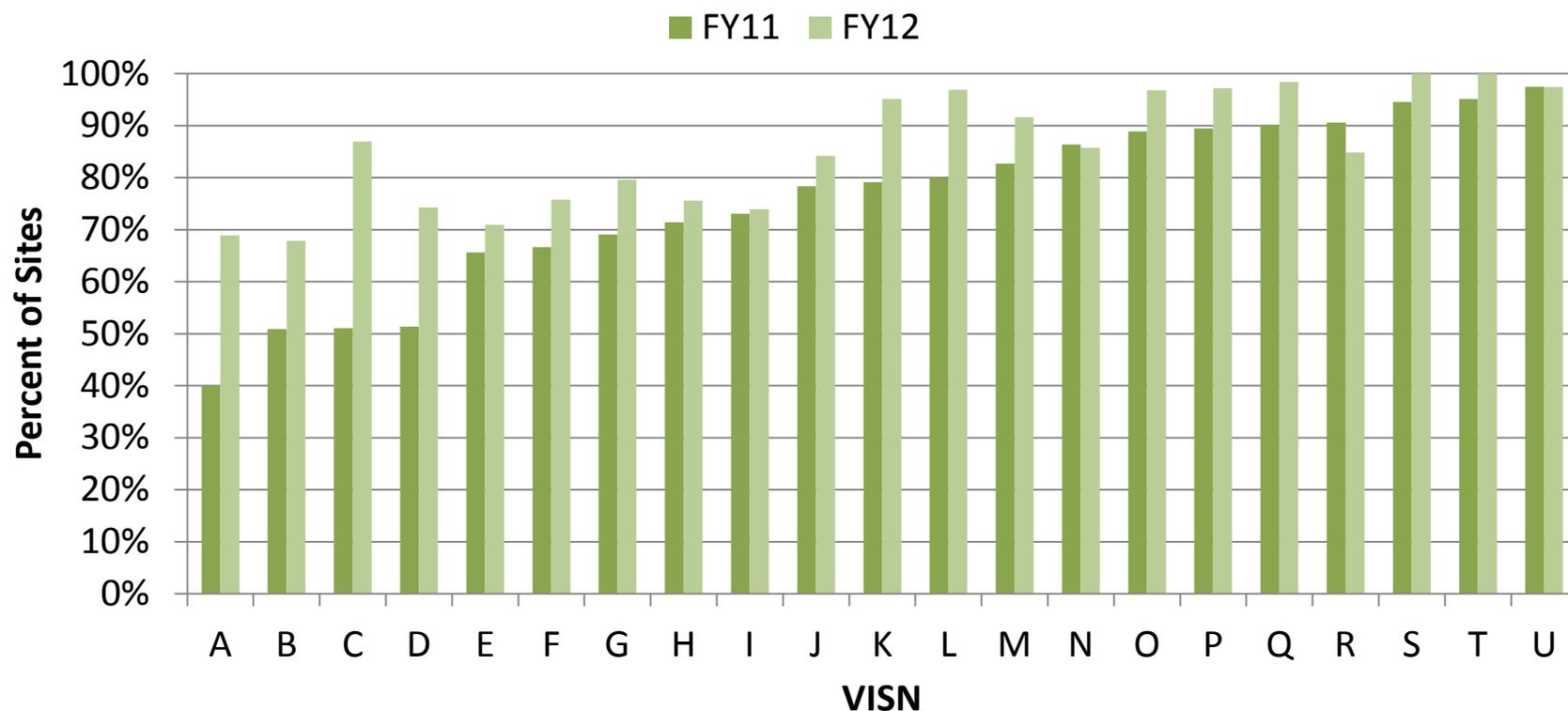
# Comprehensive Primary Care

**Percent of healthcare systems and VHA sites that delivered comprehensive primary care in FY11 and FY12**



# Comprehensive Primary Care

Percent of Sites Delivering Comprehensive Primary Care by VISN in Fiscal Year 2011 and Fiscal Year 2012

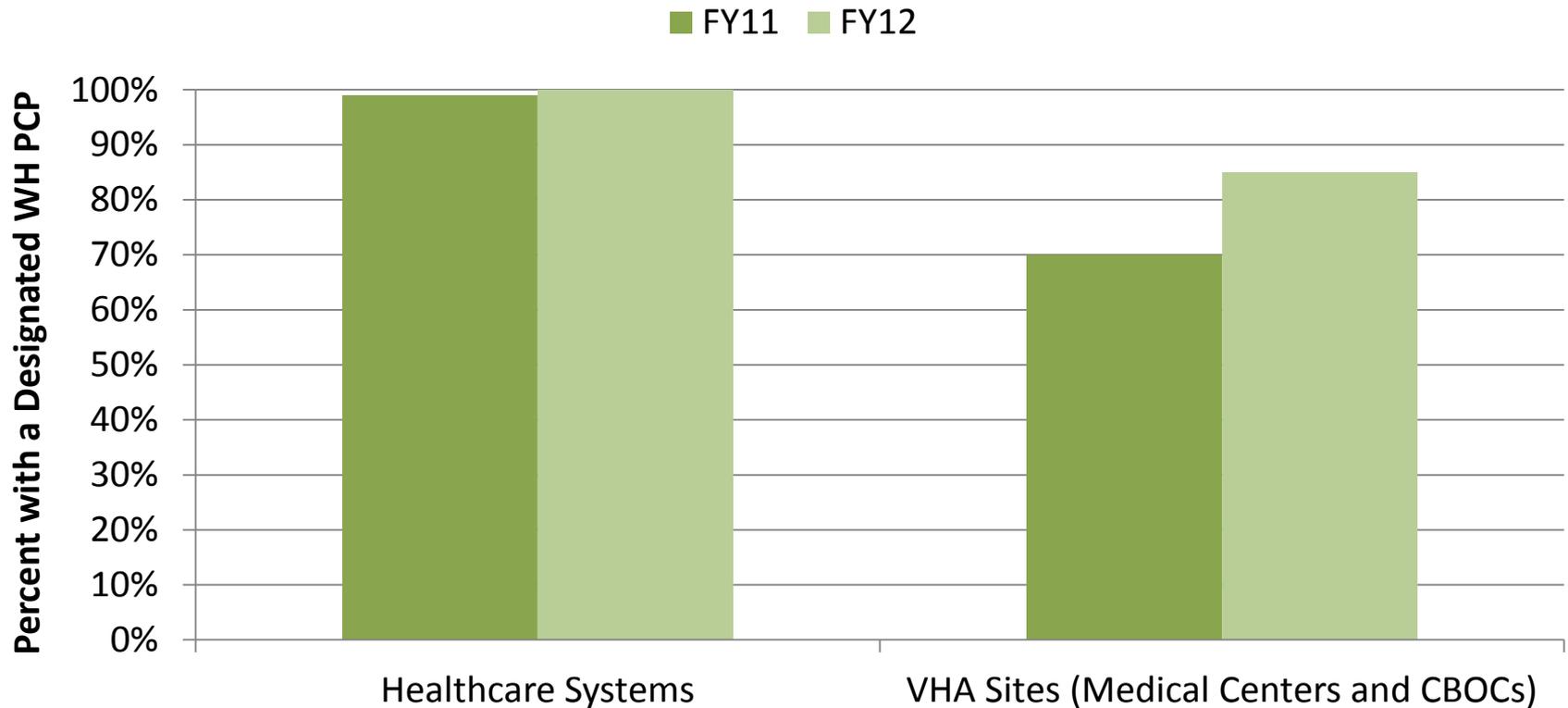


# Designated WH Primary Care Provider (PCP)

- Definition
  - PCP who is interested and proficient in Women's Health
  - Preferentially assigned women Veterans within their primary care panels
- Proficiency
  - WH PCP panels should be comprised of at least 10% female patients
  - If panels are less than 10% women, an alternative plan to ensure ongoing proficiency must be implemented at a local level

# Designated WH Primary Care Provider

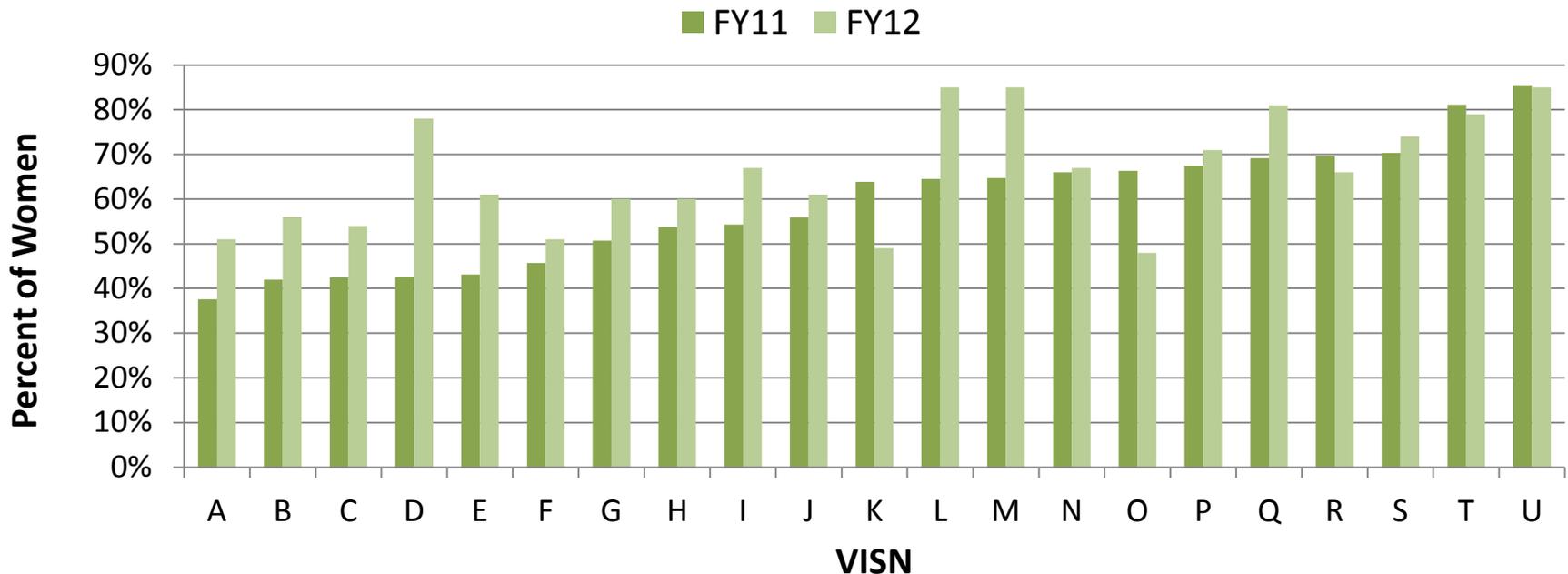
**Percent of healthcare systems and VHA sites with a Designated Women's Health Primary Care Provider (WH PCP) in FY11 and FY12**



# Designated WH Primary Care Provider

- 66% of women assigned to a primary care panel in the Primary Care Management Module (PCMM) were assigned to a Designated WH PCP

**Percent of Women Assigned to a Designated Women's Health  
Primary Care Provider by VISN in Fiscal Year 2011 and 2012**



# WH Models of Care

- Comprehensive Primary Care should be delivered by a designated WH PCP in one of three models:
  - Model 1: General Primary Care Clinics
  - Model 2: Separate but Shared Space
  - Model 3: Women's Health Center (WHC)

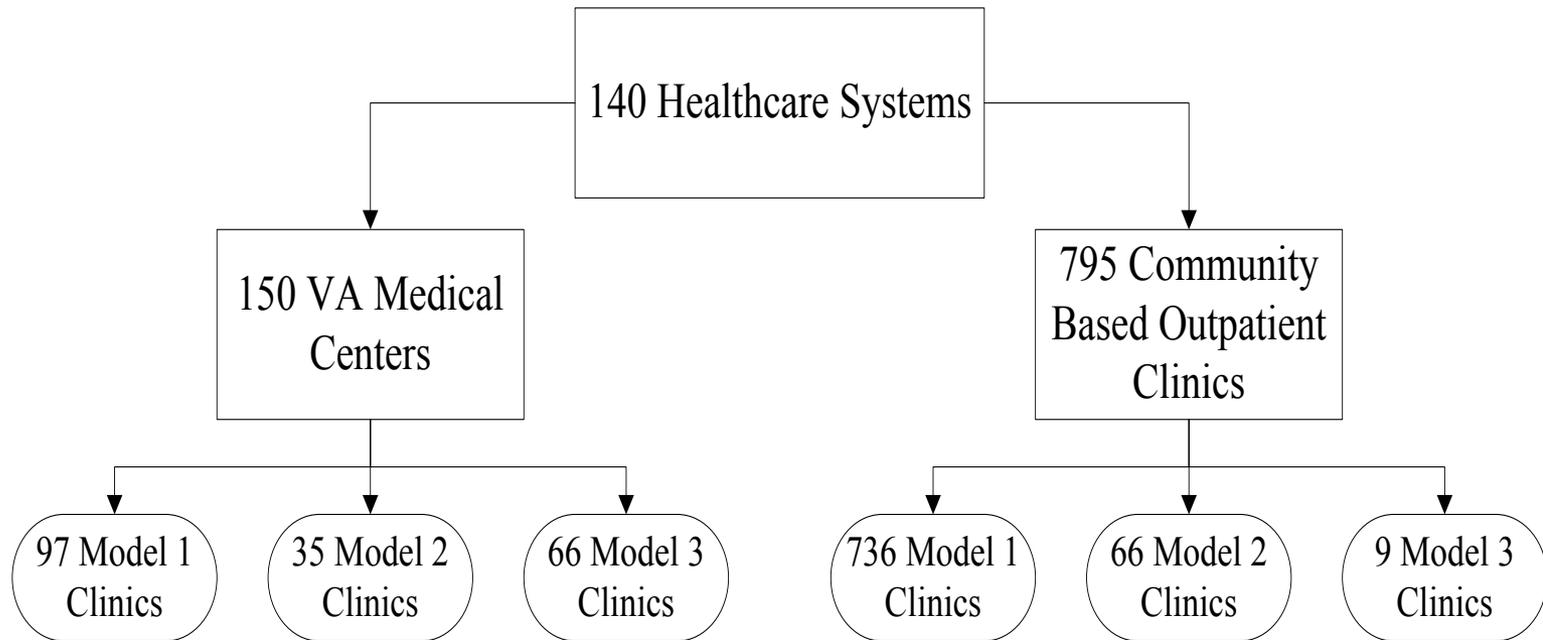
# WH Models of Care

- Each VA Medical Center and/or CBOC may offer 1 or more models of care onsite for women Veterans' Primary Care

Models of Care Available Per Site	No. of Medical Center Sites (n=148)	No. of CBOC Sites (n=743)	Total Sites (n=891)
Model of Care 1 only	49	662	711
Model of Care 2 only	18	59	77
Model of Care 3 only	26	5	31
Model of Care 1 and 2	16	8	24
Model of Care 1 and 3	39	9	48

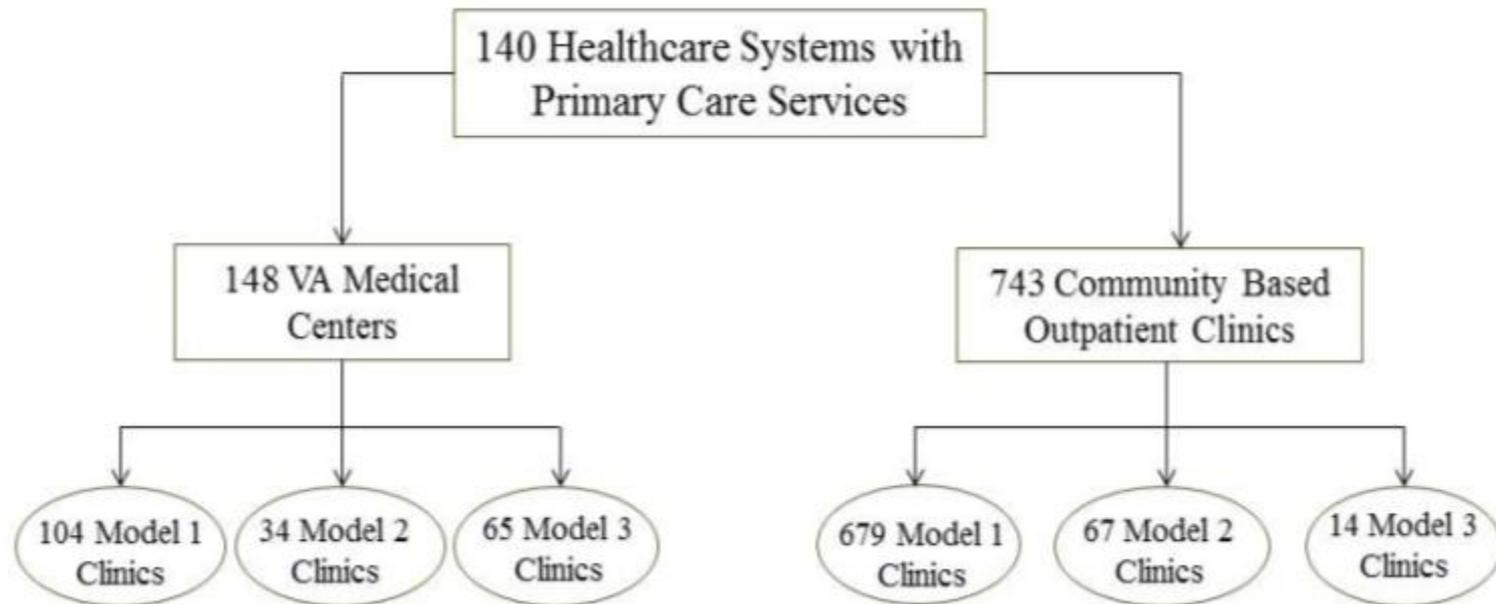
# WH Models of Care

- Models of Care available as of 9/30/2011:



# WH Models of Care

- Models of Care available as of 9/30/2012:

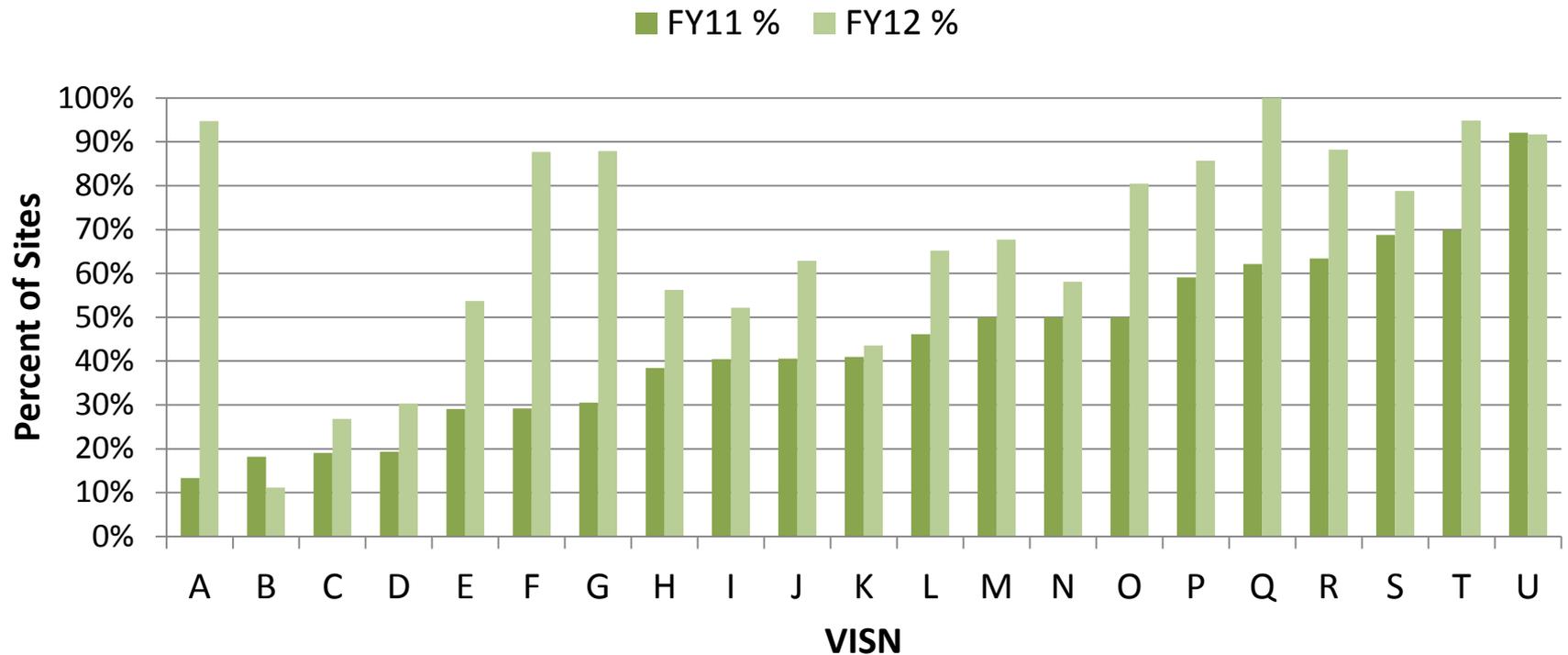


# Patient Aligned Care Teams (PACT)

- WH PACT Teamlets should include
  - Designated WH PCP
  - Recommended 3:1 staffing ratio (three support staff to one PCP)
- 66% of the 891 sites delivering primary care had at least 1 WH PACT Teamlet

# Patient Aligned Care Teams (PACT)

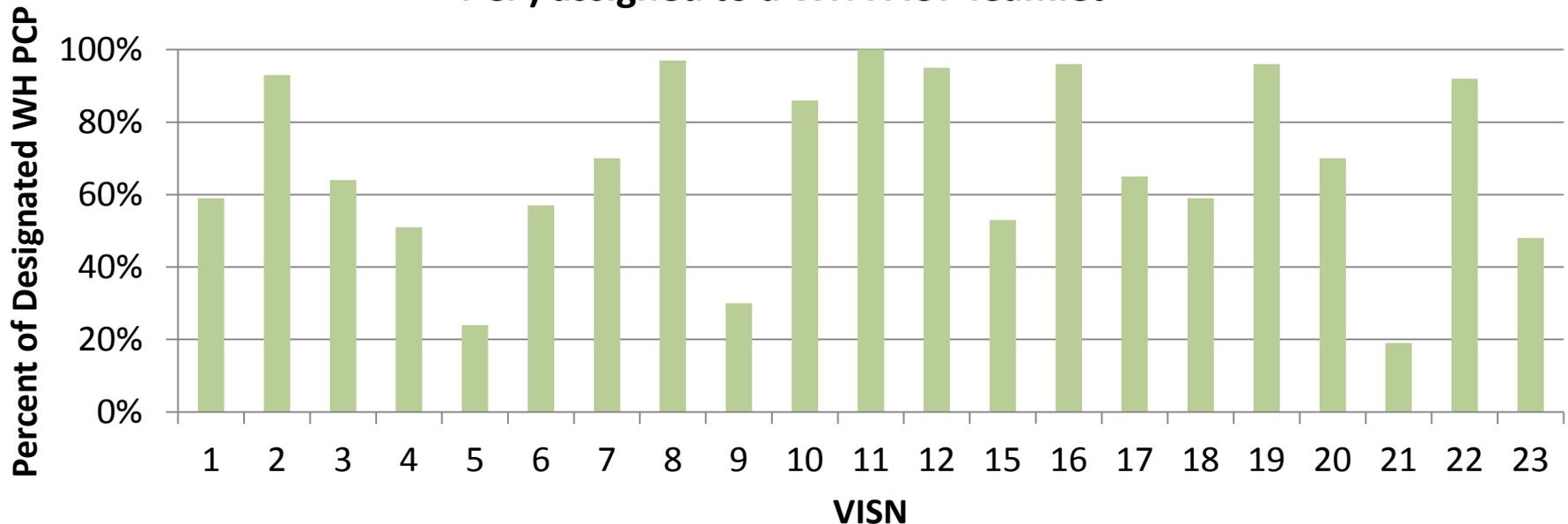
## Percent of Sites with at least 1 WH PACT Teamlet by VISN



# Patient Aligned Care Teams (PACT)

- 70% of Designated WH Primary Care Providers are assigned to a WH PACT Teamlet in PCMM (\*WH\*)

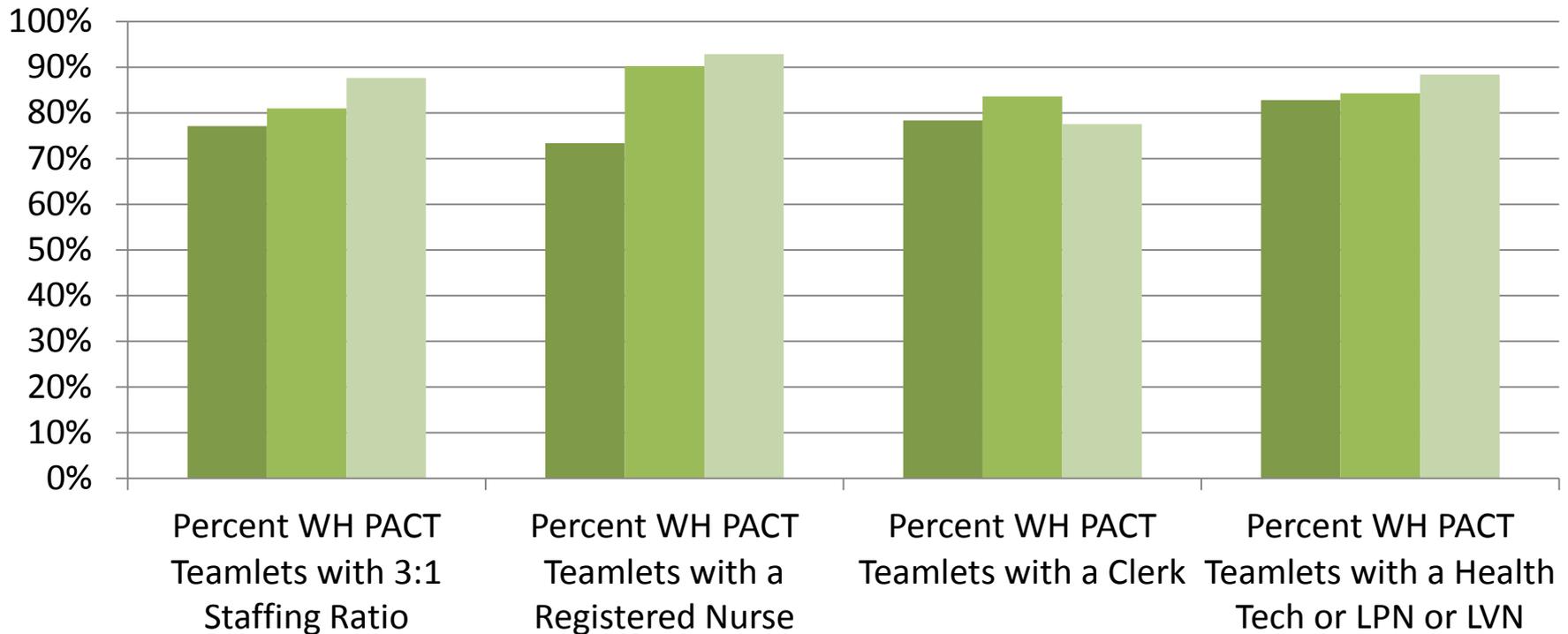
**Percent of Designated Women's Health Primary Care Providers (WH PCP) assigned to a WH PACT Teamlet**



# PACT STAFFING

## Women's Health PACT Staffing

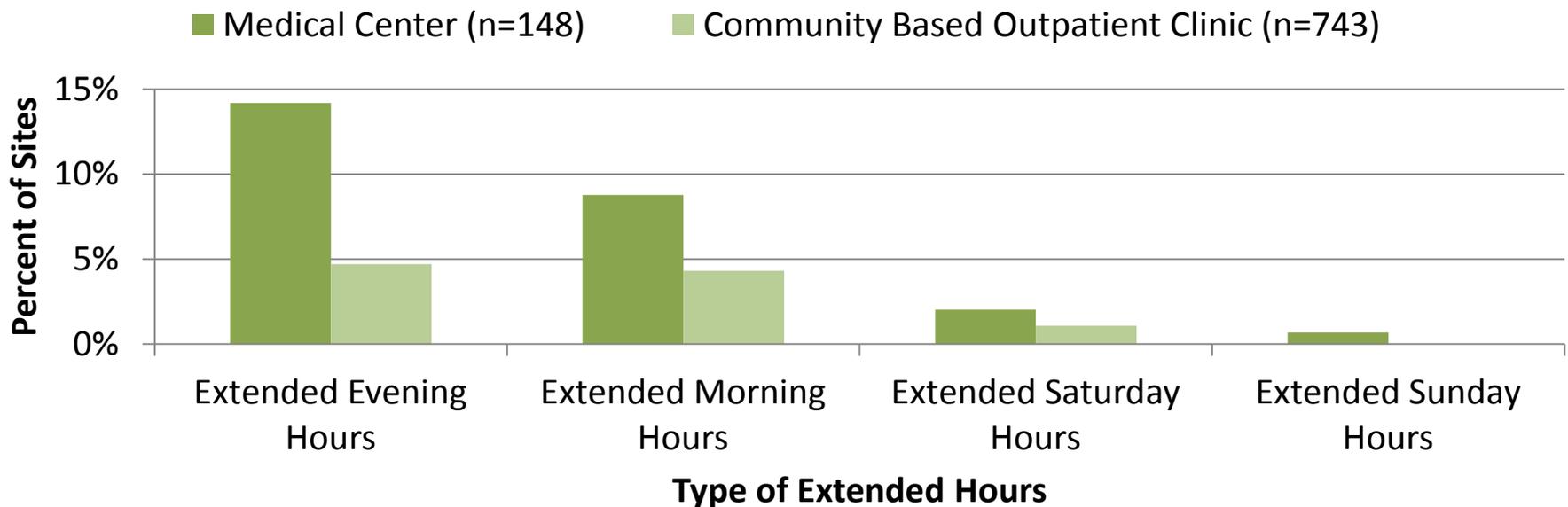
■ Model 1 ■ Model 2 ■ Model 3



# Extended Hours for Primary Care

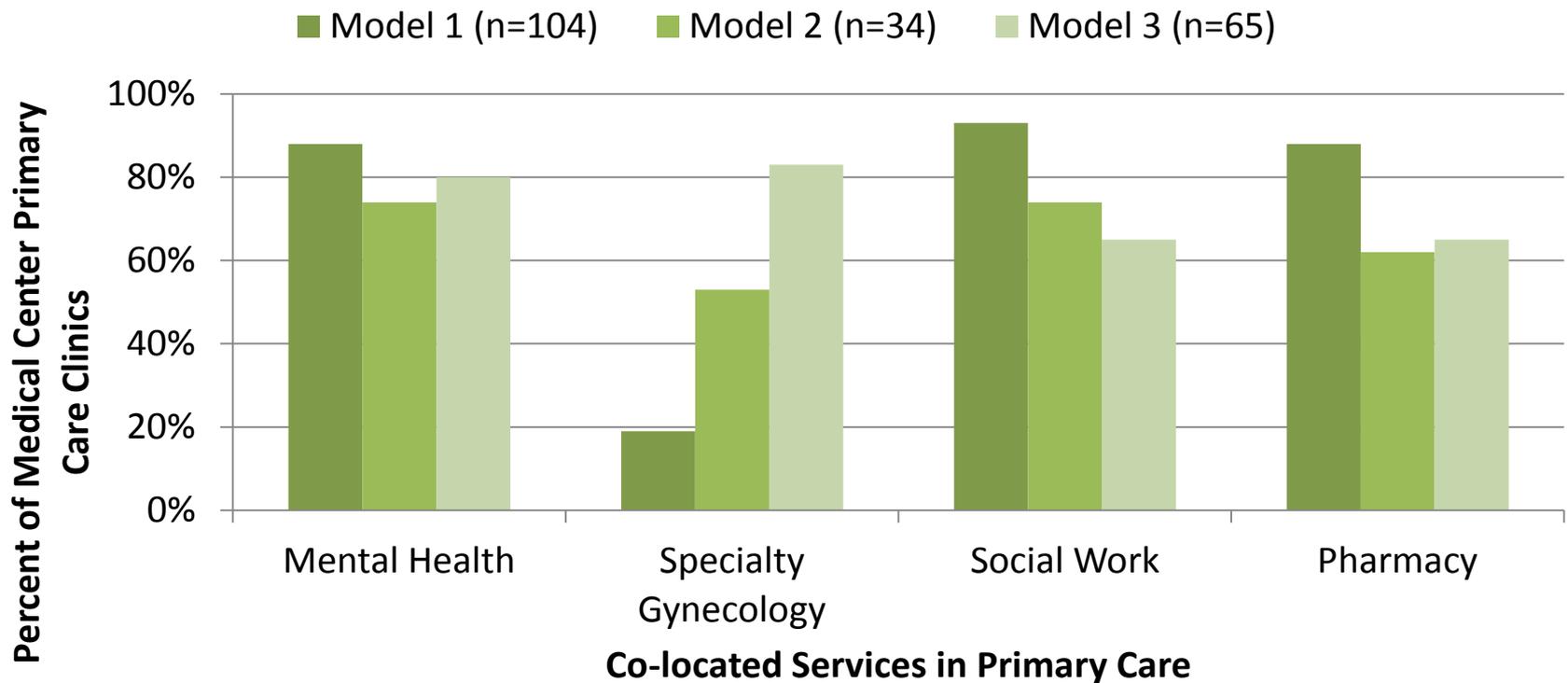
- 28 Medical Centers and 57 CBOCS had extended primary care hours in FY12.

**Percent of Sites with Extended Primary Care Hours in FY12**



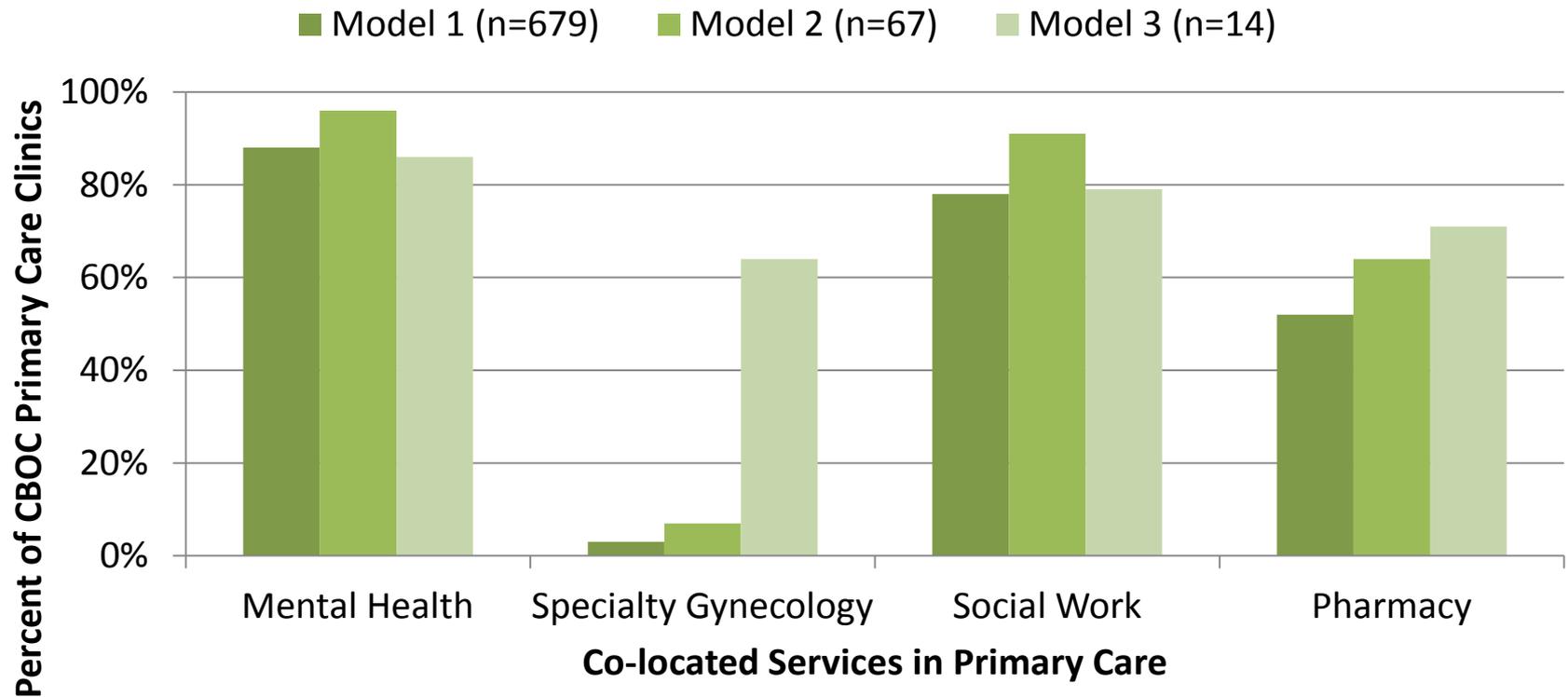
# WH Specialty Services

## Co-located Specialty Services in Medical Center Primary Care Clinics



# WH Specialty Services

## Co-located Specialty Services in CBOC Primary Care Clinics



## Co-located Services in WH Centers (Model 3)

- As of 9/30/2012, the 79 WH Centers offered the following additional co-located services with primary care:

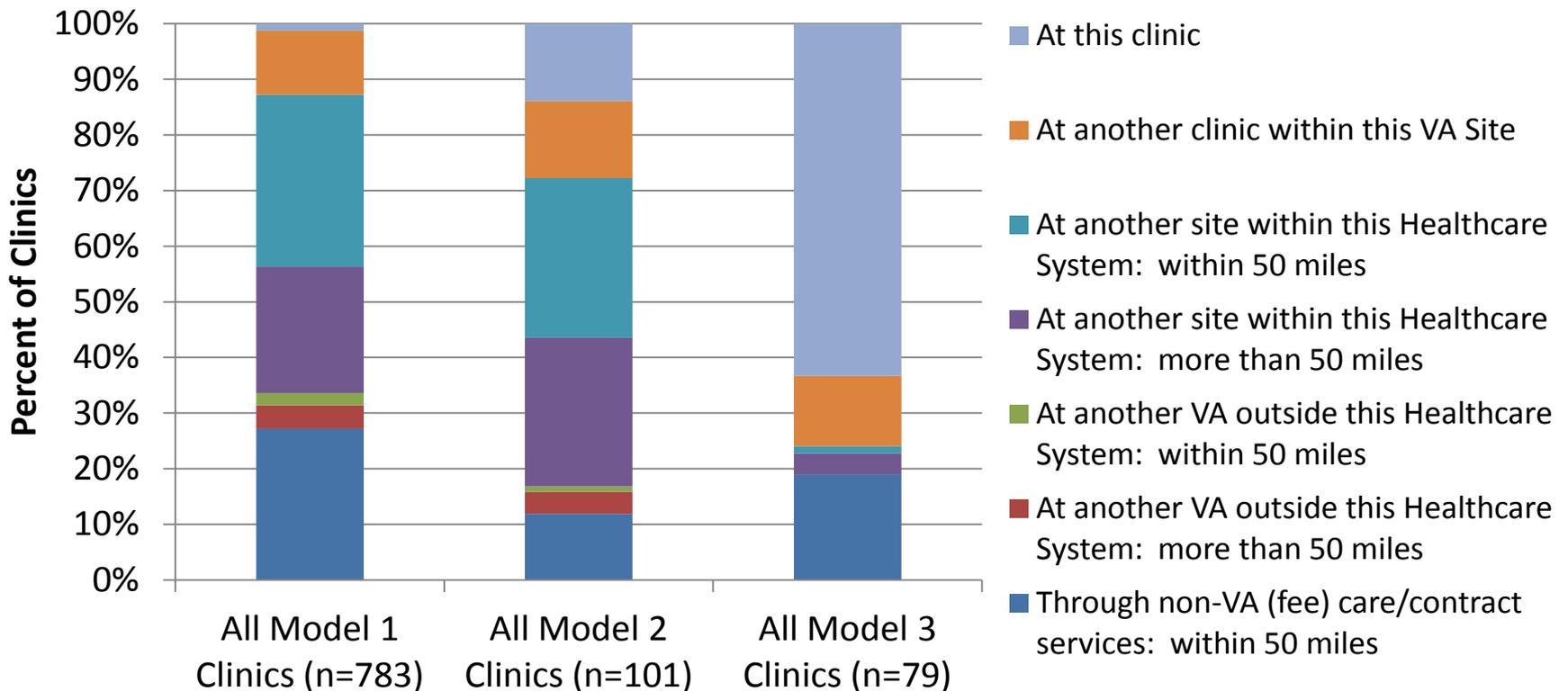
Type of Co-located Specialty Service	No. of WH Centers with the Co-located Service	Percent of 79 WH Centers
Breast Surgery Clinic	12	17%
Health Behavior Coordinator	25	36%
Nutrition	22	32%
OEF/OIF/OND	23	33%
MOVE!	23	33%

# Specialty Gynecology Services

- Services by a provider trained in general gynecological care or subspecialty gynecological care
- Screening Pap and Breast exams performed by a non-gynecologist or non-gynecology advanced nurse practitioner do not fall into this category

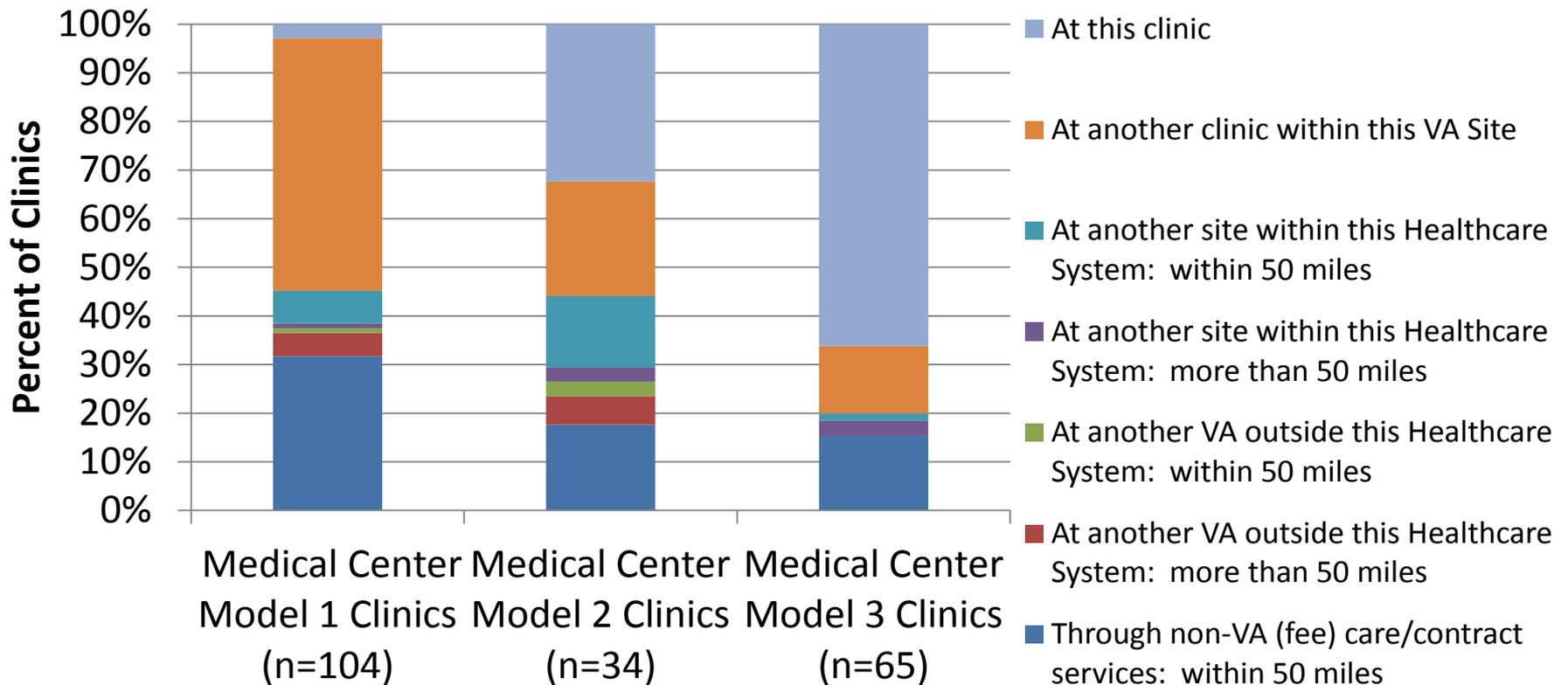
# Specialty Gynecology Services

## Location where specialty gynecology is reported to be received most often by model of care



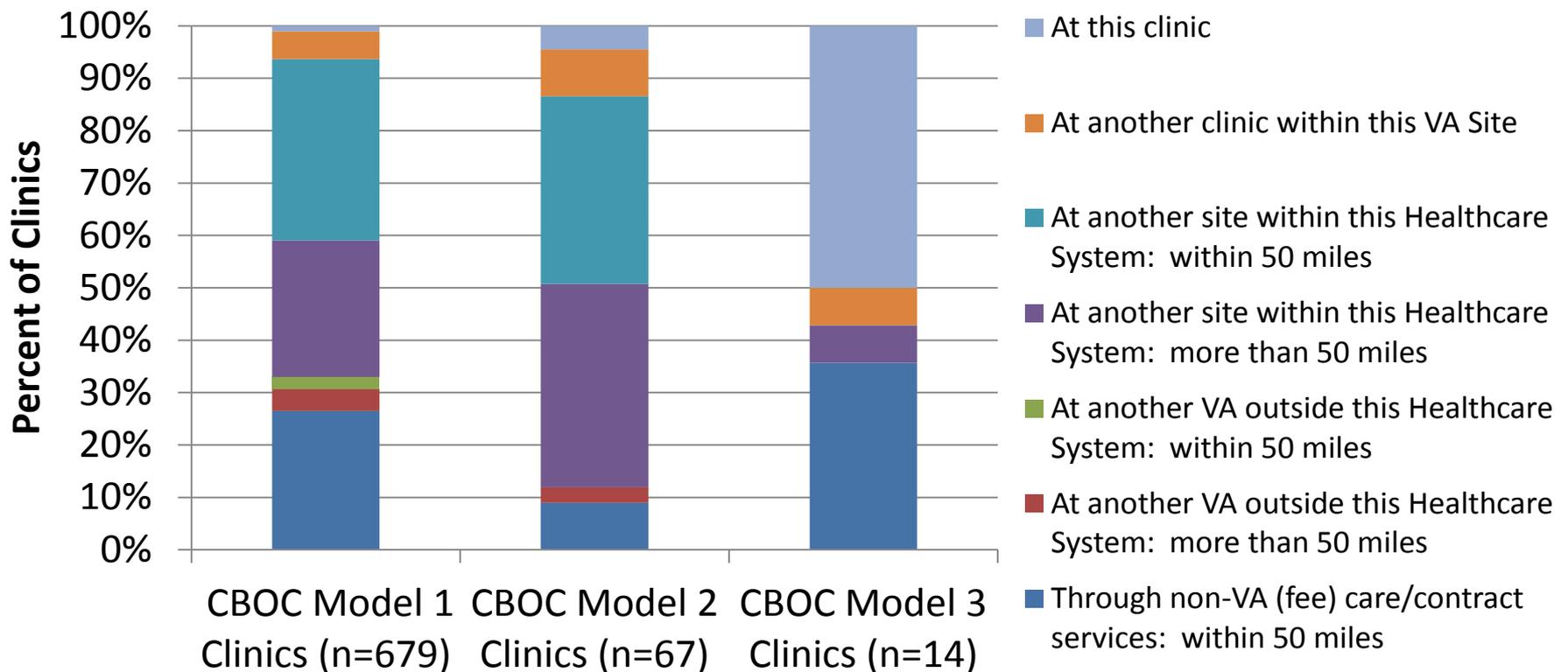
# Specialty Gynecology

## Location where specialty gynecology is reported to be received most often in Medical Centers by model of care



# Specialty Gynecology

## Location where specialty gynecology is reported to be received most often in CBOCs by model of care



# Self-Assessment Report

Select Category:  Select VISN(s):

Select Facility Level Report:  Select Report Group(s):

Select Report Table(s):  Select Model of Care:

1 of 1 100% Find | Next



## Women's Assessment Tool for Comprehensive Health (WATCH) Self-Assessment: FY12

This report presents VISN and VHA level data collected through the WATCH Self-Assessment. The WATCH Self-Assessment is completed by Women Veteran Program Managers at every healthcare system. It evaluates the status of the Women's Health Program and the delivery of comprehensive primary care to women Veterans within VA.

[Models of Care Flowchart within the Healthcare Systems](#)

[WATCH Briefing Book](#)

[Ask a Question About The Report](#)

[Data Definitions](#)

Question	V01	V02	V03	V04	V05	V06	V07	V08	V09	V10	V11	V12	V15	V16	V17	V18	V19	V20	V21	V22	V23	VHA	
<b>Part A-1 Important Data Points</b>																							
1.1 Important Data Points																							
Total HCS	8	5	5	10	3	8	8	7	6	5	7	7	7	10	4	7	6	8	6	5	8	140	
Total Women Veterans Program Managers	8	5	4	9	3	7	8	7	6	5	7	7	7	10	3	7	6	8	6	5	7	135	
Total Women's Health Medical Champions	2	3	5	4		4	5	3	5	3	4	4	3	6	1	2	3	3	2	3	3	68	
Total Women's Health Medical Directors	6	2	5	6	3	7	6	5	3	4	4	3	5	7	3	2	5	6	4	2	5	93	

[http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWATCH\\_Survey%2fWATCH&rs:Command=Render](http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPMR%2fWomenVeterans%2fWATCH_Survey%2fWATCH&rs:Command=Render)

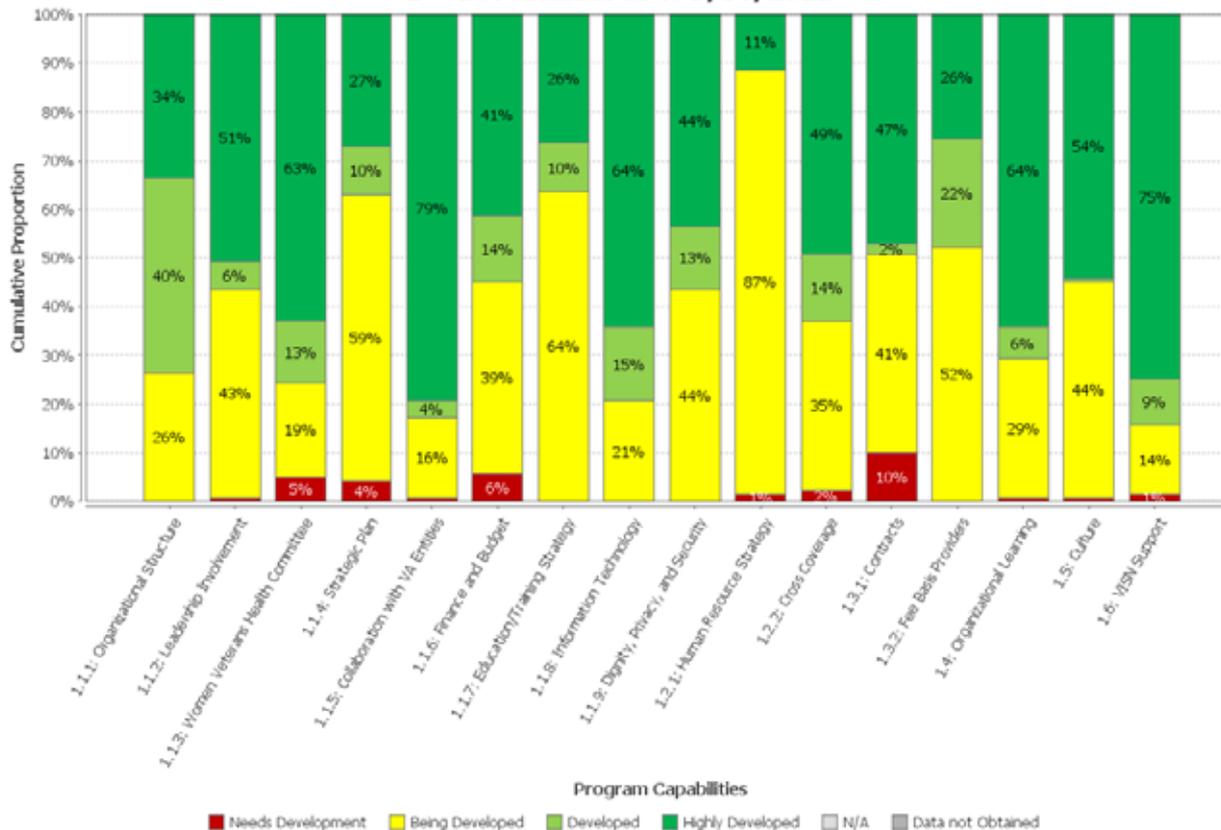
# Capabilities Self-Assessment

- FY12 data roll-up is in progress
- The FY11 self assessment data for the four program components are shown in charts that follow.
  - WH Program
  - Health Care Services
  - Outreach, Communication And Collaboration
  - Patient Centered Care/PACT
- Four components include 35 capabilities in FY11 and 36 capabilities in FY12
- Scored on a 4-point Likert scale (1-Needs Development; 2-Being Developed; 3-Developed; 4-Highly Developed)

# Self-Assessment FY11

## Development of Women's Health Capabilities: PROGRAM

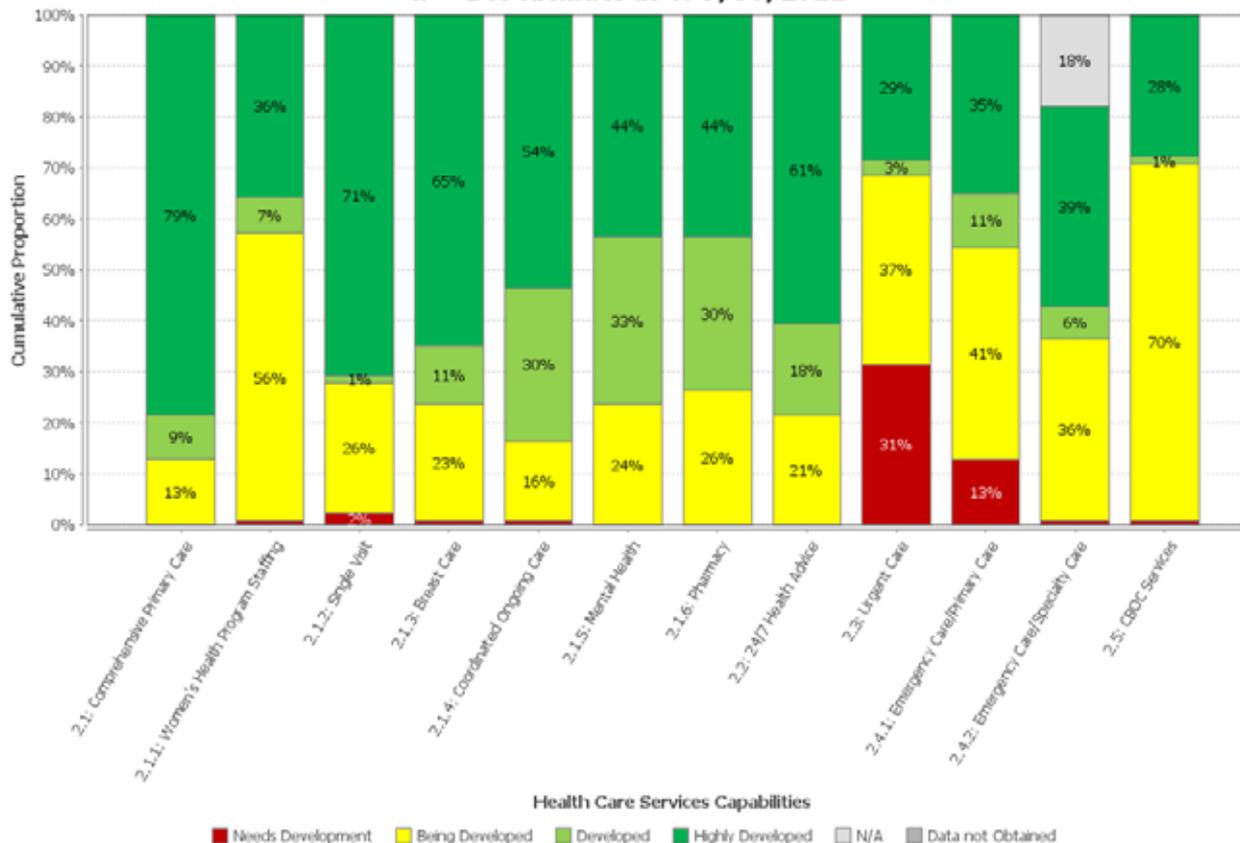
**National Women's Health Program Self-Assessment**  
**Development of Women's Health Capabilities: PROGRAM**  
**n = 140 facilities as of 9/30/2011**



# Self-Assessment FY11

## Development of Women's Health Capabilities: HEALTH CARE SERVICES

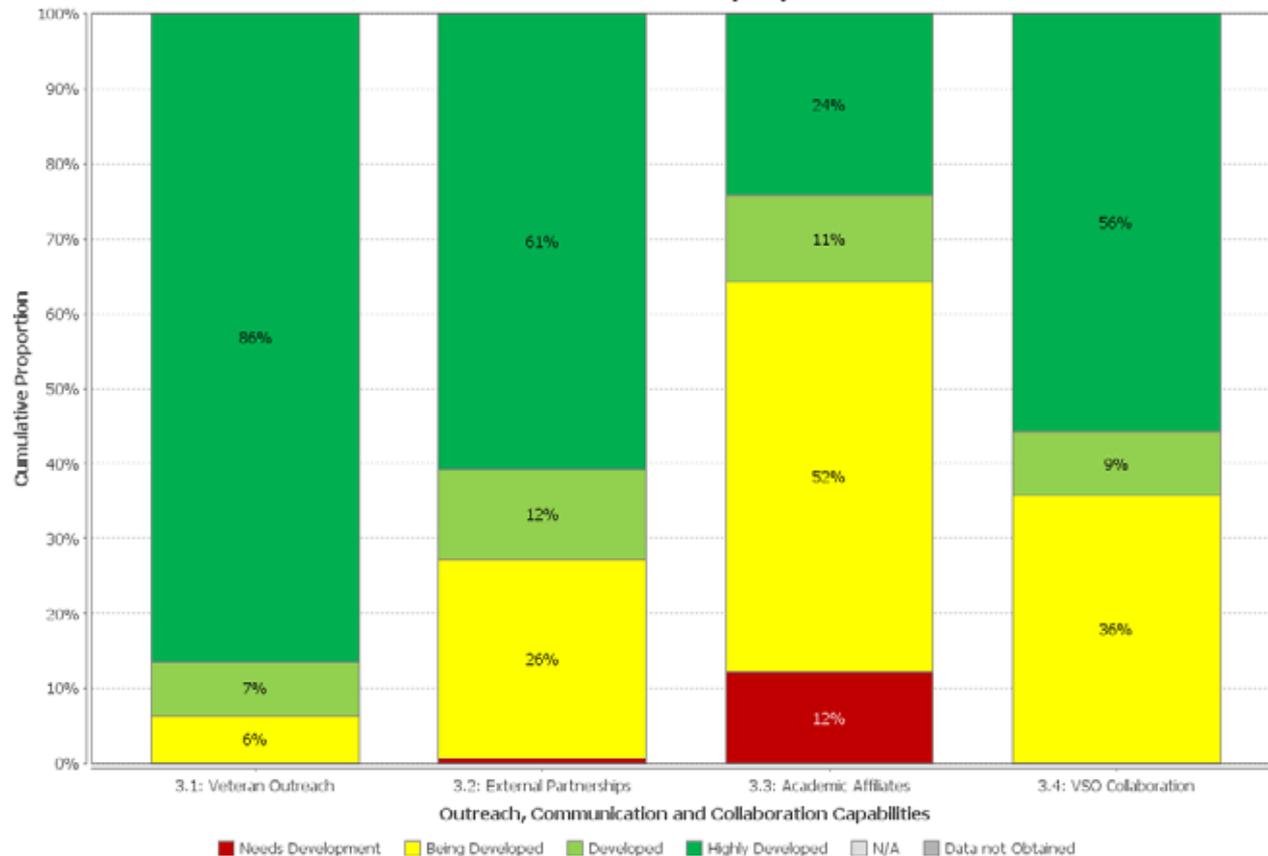
**National Women's Health Program Self-Assessment**  
**Development of Women's Health Capabilities: HEALTH CARE SERVICES**  
**n = 140 facilities as of 9/30/2011**



# Self-Assessment FY11

## Development of Women's Health Capabilities: OUTREACH, COMMUNICATION AND COLLABORATION

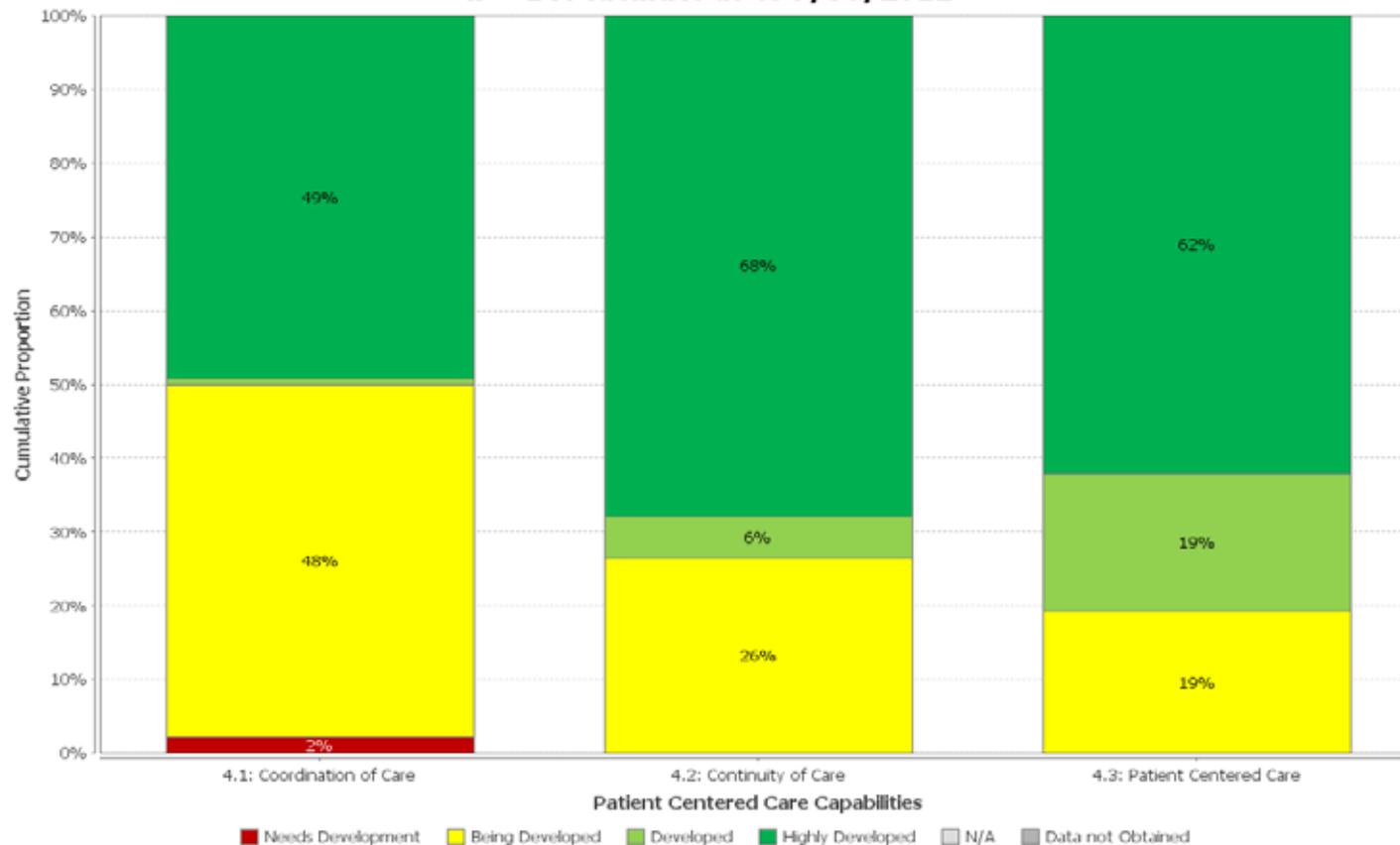
**National Women's Health Program Self-Assessment**  
**Development of Women's Health Capabilities: OUTREACH, COMMUNICATION AND COLLABORATION**  
**n = 140 facilities as of 9/30/2011**



# Self-Assessment FY11

## Development of Women's Health Capabilities: PATIENT CENTERED CARE

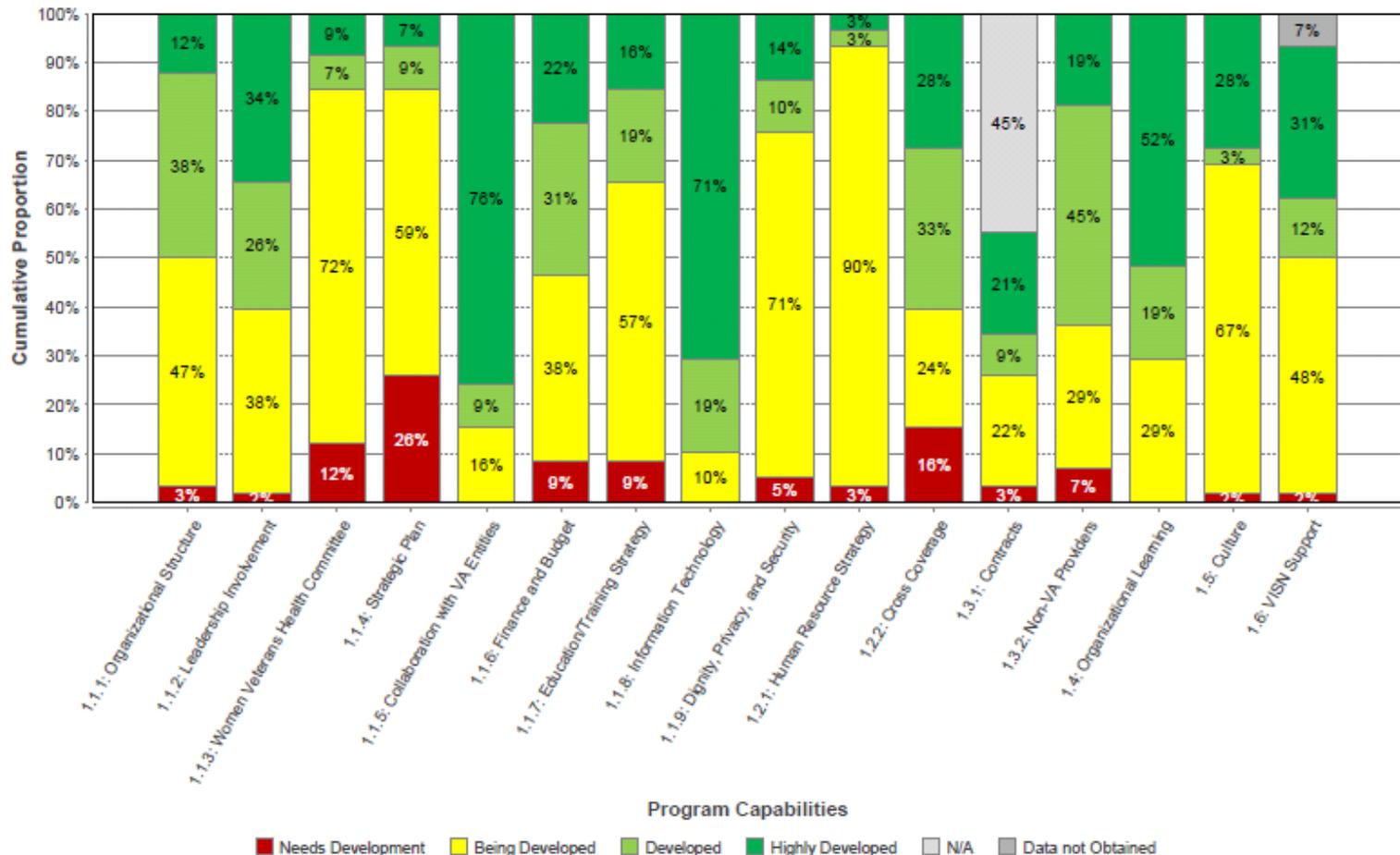
**National Women's Health Program Self-Assessment**  
**Development of Women's Health Capabilities: PATIENT CENTERED CARE**  
**n = 140 facilities as of 9/30/211**



# Site Visit

## Development of Women's Health Capabilities: PROGRAM

n = 58 facilities as of 4/2/2013

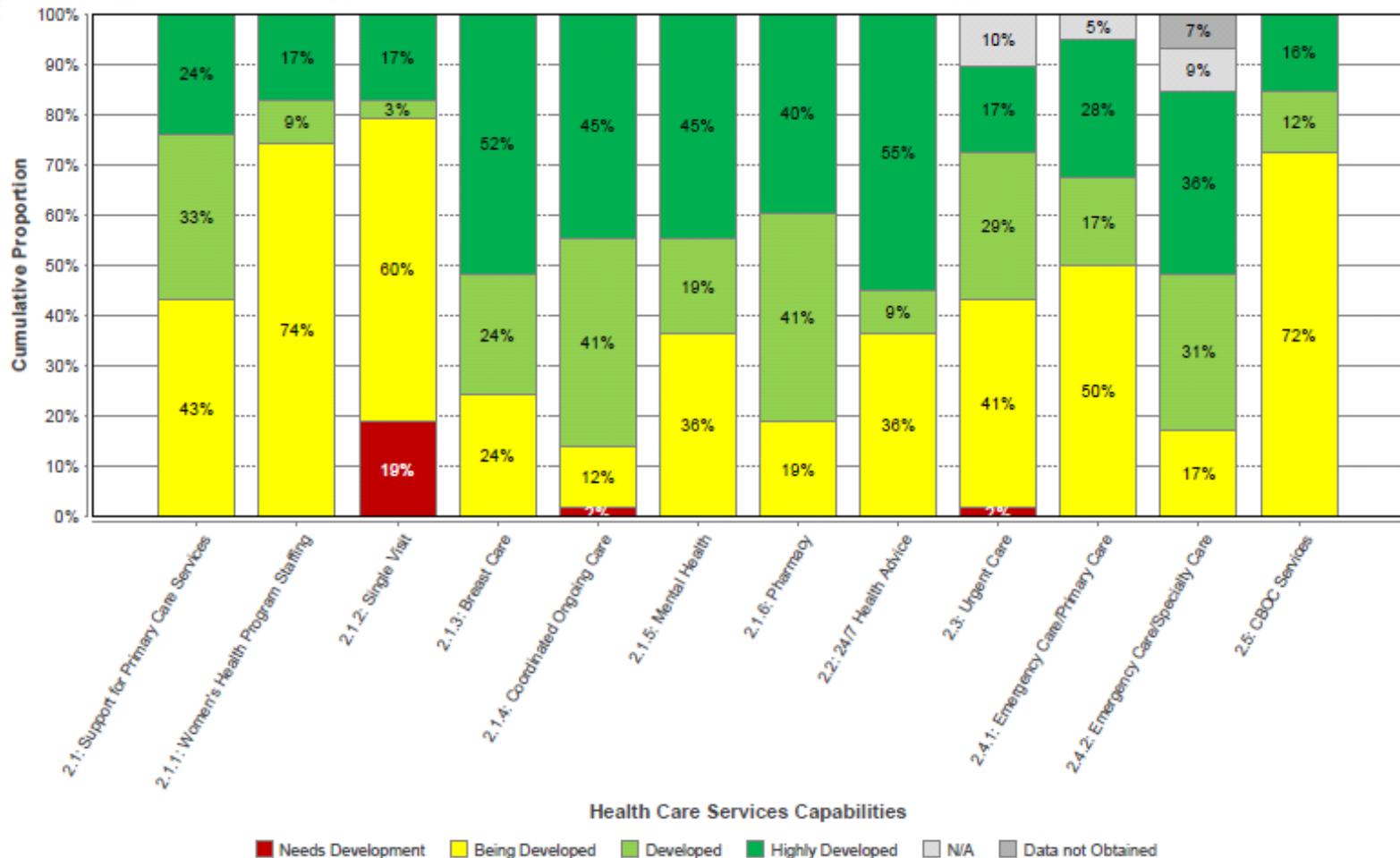


# Site Visit

## Development of Women's Health Capabilities:

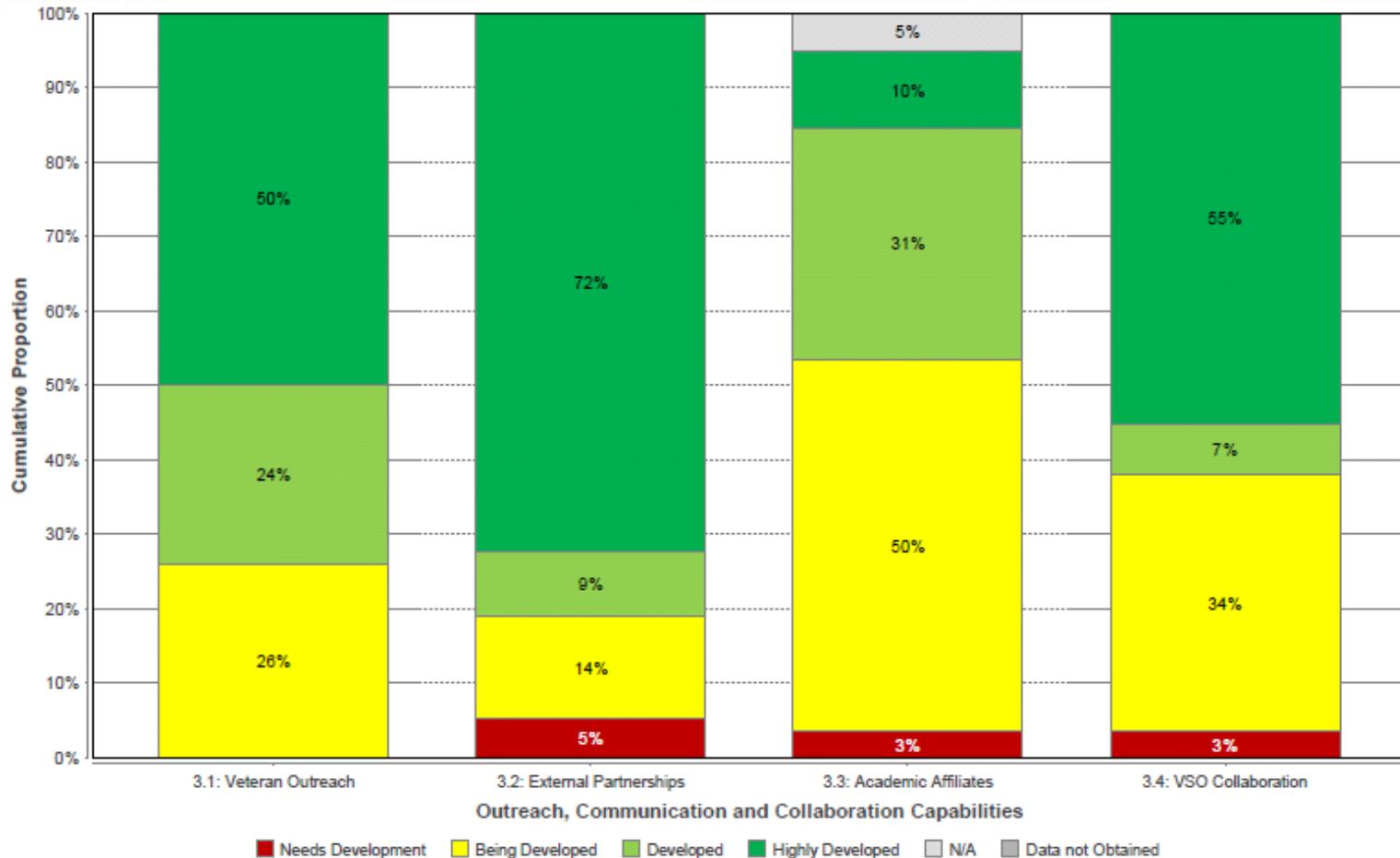
### HEALTH CARE SERVICES

n = 58 facilities as of 4/2/2013



# Site Visit

## Development of Women's Health Capabilities: OUTREACH, COMMUNICATION, AND COLLABORATION n = 58 facilities as of 4/2/2013

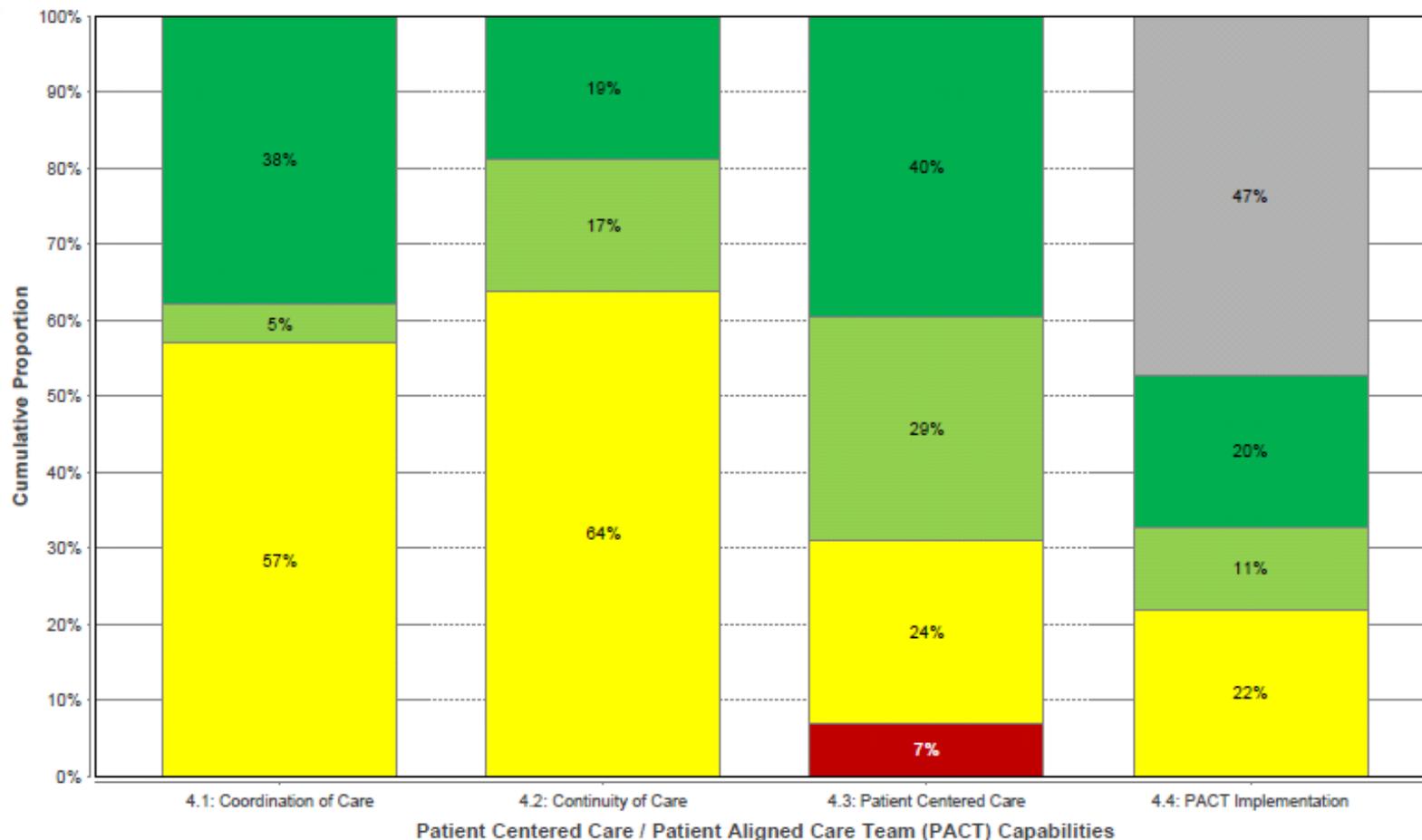


# Site Visit

## Development of Women's Health Capabilities:

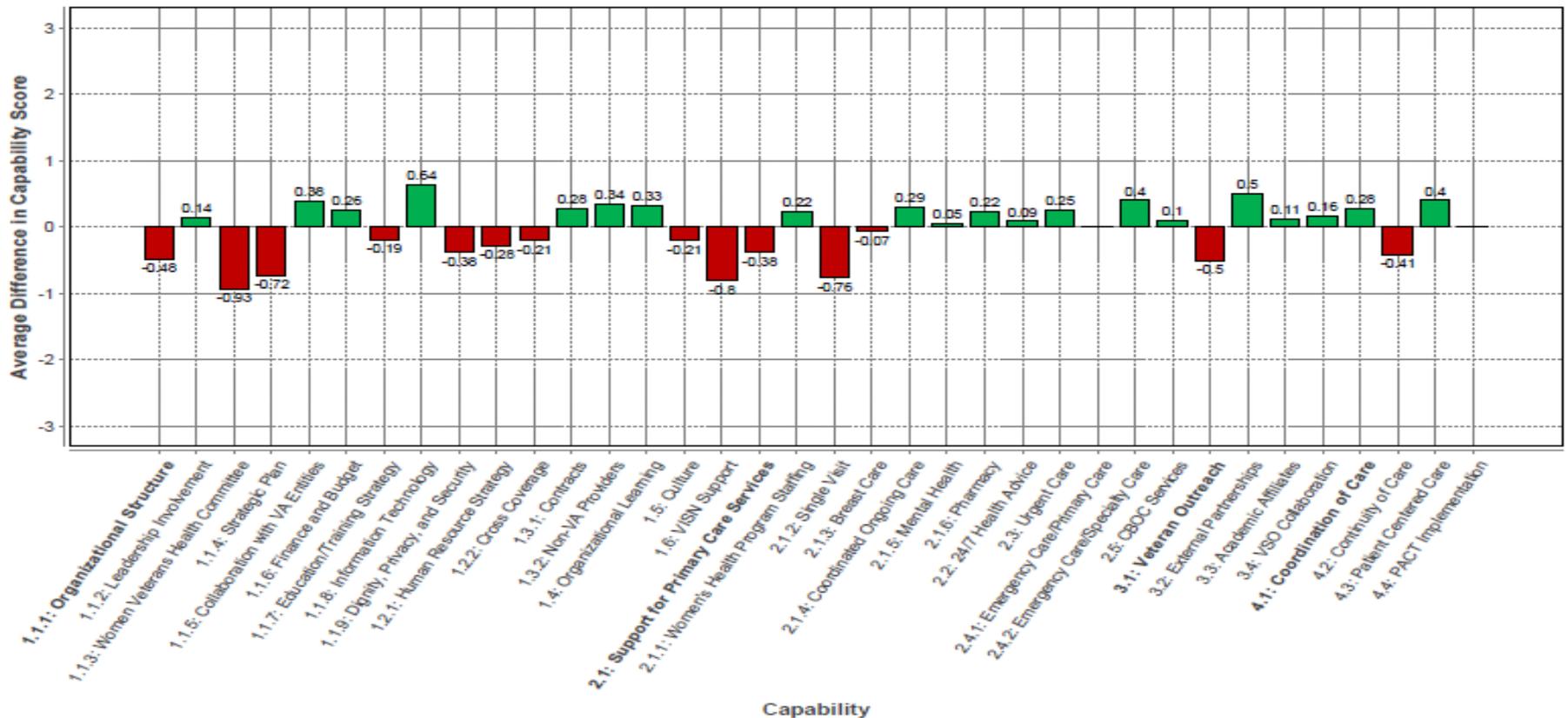
### PATIENT CENTERED CARE / PACT

n = 58 facilities as of 4/2/2013



# Site Visit versus Self-Assessment

Site Visit vs. Self-Assessment Comparison Averages Across All Facilities  
n = 58 facilities as of 04/02/2013



■ The site visit results were less favorable than self-assessment reports for this capability
 ■ The site visit results were more favorable than self-assessment reports for this capability

# Data Limitations

- Accuracy limited to respondent's assessment
- Data validation
  - Outliers were confirmed with WVPMS

# Findings and Conclusions

- Less than half of the 140 HCSs had a written strategic plan for provision of services to women Veterans
- Most HCSs had the required WH Program personnel positions filled including a WVPM and all CBOC liaisons
- Most HCSs had the recommended WH Program personnel positions filled including a WH Medical Director or WH Champion

# Findings and Conclusions

- All 140 Healthcare Systems had a Designated WH PCP and provided comprehensive primary care to women Veterans in at least one of their sites
- Over 50 sites implemented comprehensive primary care between FY11 and FY12 so that only 14% of the 891 primary care sites across VHA did not have the capability
- Despite enhanced comprehensive primary care implementation, 34% of women are not assigned to a Designated WH PCP

# Acknowledgements

- Nicole Hampton
- Lorraine Callahan
- Lori Cooper
- Ruthie Shulaw-Grogg
- Anu Torgal

