2017 WATCH: An update on the Implementation of Comprehensive Women’s Health

Women’s Assessment Tool For Comprehensive Health (WATCH)
Fiscal Year 2017

Prepared by Women’s Health Evaluation Initiative and the Center for the Study of Healthcare Innovation, Implementation & Policy for Women’s Health Services
Version date: 7/12/2018
Poll Question #1

• What is your primary role in VA?
  – Women’s Health Primary Care Provider
  – Other clinician or trainee
  – Researcher
  – Women Veteran Program Manager
  – Other Administrator
Poll Question #2

- Were you involved in the WATCH survey?
  - Directly completed survey
  - Provided data for survey
  - Aware of WATCH but not involved
  - Was not aware of WATCH survey
WATCH Initiative: Methods

• Administered as an online survey completed by Women Veteran Program Managers (WVPM) for Fiscal Years (FY) 2010-2017 for each Health Care System (HCS)

• Self-assessments were reviewed by facility and VISN leadership before submission
WATCH Initiative: Methods

• FY17 Design
  – Part A: Health Care System Survey
    • Characteristics of the Women’s Health Program (WHP) at the HCS level
    • Demographics, enrollment and utilization data for women Veterans served at the HCS
    • Program management staff and strategic planning
  – Part B: Site Specific Survey
    • Completed for each Medical Center and Community-Based Outpatient Clinic (CBOC)
    • Completed for each model of primary care delivery at each site of care
    • Collects information on designated WH Primary Care Providers/Patient Aligned Care Teams (PACT) in each site of care/model of care.
WATCH Initiative: Methods

- WVPMs completed self-assessments of their WH Programs for 140 Health Care Systems (HCS) FY11-FY17
  - 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
  - Assessments included drop-down menus for the sites in each HCS based on VAST
  - FY17 analyses only included primary care sites found on VAST
Women’s Assessment Tool for Comprehensive Health (WATCH) Self-Assessment: FY2017

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.

Below are links to additional WATCH Survey Reports:

Women’s Assessment Tool for Comprehensive Health (WATCH) Self-Assessment: Health Care System Report
Women’s Assessment Tool for Comprehensive Health (WATCH) Self-Assessment: Site Specific Detail Report

<table>
<thead>
<tr>
<th>Question</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22</th>
<th>FY23</th>
<th>FY24</th>
<th>FY25</th>
<th>FY26</th>
<th>FY27</th>
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<th>FY29</th>
<th>FY30</th>
<th>FY31</th>
<th>FY32</th>
<th>VISN</th>
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<tbody>
<tr>
<td>Part A - Important Data Points</td>
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<tr>
<td>Total HCS</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>11</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>140</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Women’s Health Medical Champions</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Women’s Health Medical Coordinators</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>117</td>
<td></td>
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<td>Part A - Key Personnel of the Women’s Health Program</td>
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</tbody>
</table>
**Number of Sites Delivering Primary Care By Fiscal Year for the WATCH Self-Assessment**

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year 2011</th>
<th>Fiscal Year 2012</th>
<th>Fiscal Year 2013</th>
<th>Fiscal Year 2014</th>
<th>Fiscal Year 2015</th>
<th>Fiscal Year 2016</th>
<th>Fiscal Year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Centers</strong></td>
<td>150</td>
<td>148</td>
<td>146</td>
<td>147</td>
<td>154</td>
<td>161</td>
<td>165</td>
</tr>
<tr>
<td><strong>CBOCs</strong></td>
<td>795</td>
<td>743</td>
<td>774</td>
<td>781</td>
<td>876</td>
<td>864</td>
<td>870</td>
</tr>
<tr>
<td><strong>Total Sites</strong></td>
<td><strong>945</strong></td>
<td><strong>891</strong></td>
<td><strong>920</strong></td>
<td><strong>928</strong></td>
<td><strong>1,030</strong></td>
<td><strong>1,025</strong></td>
<td><strong>1,035</strong></td>
</tr>
</tbody>
</table>
Women Veteran Enrollment

- 740,217 unique women Veterans were enrolled in the VHA in FY17
- Age of women Veterans enrolled in VHA in FY17

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Unique Women Veterans Enrolled in VHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 29 years old</td>
<td>61,960 (8%)</td>
</tr>
<tr>
<td>30-44 years old</td>
<td>246,669 (33%)</td>
</tr>
<tr>
<td>45-64 years old</td>
<td>325,900 (44%)</td>
</tr>
<tr>
<td>65-84 years old</td>
<td>87,601 (12%)</td>
</tr>
<tr>
<td>Over 85 years old</td>
<td>18,086 (2%)</td>
</tr>
</tbody>
</table>

2Total does not equal 740,217 due to unknowns in the Current Enrollment Cube
Note: numbers here might not match WHEI data
### VHA Utilization by Women Veterans

- **489,865 unique women Veterans received care from the VHA in FY17**
- Of those women, 70,970 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 FY17:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Unique Women Veterans Receiving Care from VHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 29 years old</td>
<td>34,549 (7%)</td>
</tr>
<tr>
<td>30-44 years old</td>
<td>150,369 (31%)</td>
</tr>
<tr>
<td>45-64 years old</td>
<td>227,211 (46%)</td>
</tr>
<tr>
<td>65-84 years old</td>
<td>59,463 (12%)</td>
</tr>
<tr>
<td>Over 85 years old</td>
<td>9,088 (2%)</td>
</tr>
</tbody>
</table>

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4Total does not equal 489,865 due to unknowns in the Uniques Cube

Note: numbers here might not match WHEI data
## VHA Utilization by Women Veterans

Number of unique women Veterans receiving care per Stop Code in FY17 (Note: women can be seen in more than one Stop Code):

<table>
<thead>
<tr>
<th>Stop Code</th>
<th>Number of Unique Women Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>(323) Primary Care/Medicine</td>
<td>326,233</td>
</tr>
<tr>
<td>(322) Comprehensive Women’s Primary Care Clinic</td>
<td>163,584</td>
</tr>
<tr>
<td>(404) Gynecology</td>
<td>56,303</td>
</tr>
<tr>
<td>(704) Women’s Gender-Specific Preventive Care</td>
<td>14,956</td>
</tr>
<tr>
<td>(130) Emergency Department</td>
<td>121,390</td>
</tr>
</tbody>
</table>

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Note: numbers here might not match WHEI data
FY16 Women Veterans Enrollment Market Penetration
FY16 Women Veterans VA Users Market Penetration
Women Veterans’ Diagnoses

Ten most common ICD-10 codes used for women Veterans in FY16:

<table>
<thead>
<tr>
<th>ICD-10 Code and Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(401.9) Hypertension</td>
</tr>
<tr>
<td>(311.) Depressive Disorder</td>
</tr>
<tr>
<td>(309.81) Posttraumatic Stress Disorder</td>
</tr>
<tr>
<td>(724.2) Lumbago</td>
</tr>
<tr>
<td>(250.00) Diabetes Mellitus without Complication</td>
</tr>
<tr>
<td>(272.4) Hyperlipidemia</td>
</tr>
<tr>
<td>(719.46) Joint Pain-Lower Leg</td>
</tr>
<tr>
<td>(300.00) Anxiety State</td>
</tr>
<tr>
<td>(296.30) Recurrent Depressive Disorder</td>
</tr>
<tr>
<td>(346.90) Migraine</td>
</tr>
</tbody>
</table>

7Per VSSC WATCH Report for FY16:
91% of 140 Health Care 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 2017

Number of HCS per VISN

% of Healthcare Systems
Women Veterans Health Strategic Planning

Percent of Health Care Systems with a Completed Written Strategic Plan for the Women’s Health Program FY11-FY17
Key Personnel of the WH Program

- **Women Veteran Program Managers (WVPM) for 140 HCSs:**
  - 130 HCSs had at least one full-time WVPM
  - 2 HCSs had a part-time WVPM
  - 6 HCSs had their WVPM position filled in an “acting/interim” capacity
  - 2 HCS did not have their WVPM position filled

- **WH Medical Director or Champion for 140 HCSs:**
  - 130 HCSs had a WH Medical Director and/or a WH Champion

- **CBOC WH Liaison for 140 HCSs:**
  - 119 of 140 Health Care Systems had a WH Liaison at each CBOC

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Note: One HCS had a second WVPM
Key Personnel of the WH Program

Professional Designation of Women Veteran Program Managers (WVPM)

- RN: 45%
- Social Worker: 33%
- NP: 11%
- PA: 2%
- Psychologist: 2%
- MD: 4%
- Other: 5%

Note: One HCS had a second WVPM
Key Personnel of the WH Program

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

- 93% MD
- 2% DO
- 1% NP
- 4% PA

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

- 56% Internal Medicine
- 28% Family Practice
- 15% Gynecology
- 2% Other
Percent of HCS with Mammography, Maternity Care & Pap Coordinators in FY17

- Mammography Coordinator: 55%
- Maternity Care Coordinator: 76%
- Pap Coordinator: 39%
Percent of HCS with Maternity Care Coordinators
FY11-FY17

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of HCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>0%</td>
</tr>
<tr>
<td>FY12</td>
<td>10%</td>
</tr>
<tr>
<td>FY13</td>
<td>30%</td>
</tr>
<tr>
<td>FY14</td>
<td>50%</td>
</tr>
<tr>
<td>FY15</td>
<td>60%</td>
</tr>
<tr>
<td>FY16</td>
<td>80%</td>
</tr>
<tr>
<td>FY17</td>
<td>100%</td>
</tr>
</tbody>
</table>
Comprehensive Primary Care

• Provision of complete primary care and care coordination at one site by a Designated Women’s Health Primary Care Provider (WH-PCP) and Women’s Health PACT team

• The WH-PCP and WH PACT 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

Note: From VHA Handbook 1330.01 (Feb 15, 2017)
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 as of 9/30/2017

140 HCS with Primary Care Services

165 Medical Centers

161 Model 1 Clinics
31 Model 2 Clinics
68 Model 3 Clinics

870 Community Based Outpatient Clinics*

853 Model 1 Clinics
38 Model 2 Clinics
14 Model 3 Clinics

Note: Sites may have more than one type of model clinic
*Health Care Centers are included under CBOCs

VETERANS HEALTH ADMINISTRATION
Designated WH Primary Care Provider (WH-PCP)

• Definition
  – Primary Care Provider (PCP) who is trained and experienced in women’s health
  – Preferentially assigned women Veterans to their primary care panels

Note: From VHA Handbook 1330.01 (Feb 15, 2017)
Requirements to be Designated as a WH-PCP

• To be initially designated, a provider must have one of the following:
  – Documentation of attendance at a WH Mini-Residency within the previous 3 years
  – Documentation of at least 20 hours of WH CME or CEU within the previous 3 years
  – Documentation of at least 3 years in a practice with at least 50% women patients within the previous 5 years
  – Evidence of completion of an internal medicine or family practice residency; WH fellowship; or WH, adult, or family practice NP or PA training within the previous 3 years
  – Documentation of a current preceptorship arrangement with an experienced WH-PCP such as weekly meetings (for at least 6 months)
  – Evidence of being recognized as a known WH leader and subject matter expert with experience practicing, teaching, and/or precepting WH

• To maintain the designation, a provider must complete at least 10 hours of CME or CEU in women’s health every 2 years

Note: From VHA Handbook 1330.01 (Feb 15, 2017)
### Percent of Health Care Systems and VHA sites with a Designated Women's Health Primary Care Provider (DWHP) FY11-FY17

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>VHA Sites (Medical Centers and CBOCS)</td>
<td>100%</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Health Care Systems</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Percent of VHA Sites with 0, 1, or more than 1 Designated Women’s Health Primary Care Provider (DHWP) in FY17

VHA Site Types

- Medical Centers
- CBOCs

Percent of Sites

- 0 DWHP
- 1 DWHP
- >1 DWHP
Percent of VHA Sites with 0, 1, or more than 1 Designated Women’s Health Primary Care Provider (DHWP) FY14-FY17

- >1 DWHP
- 1 DWHP
- 0 DWHP

VHA Site Types:
- FY14 Medical Centers
- FY15 Medical Centers
- FY16 Medical Centers
- FY17 Medical Centers
- FY14 CBOCs
- FY15 CBOCs
- FY16 CBOCs
- FY17 CBOCs
Patient Aligned Care Teams (PACT)

- WH PACT Teamlets should include
  - Designated WH-PCP
  - Required 3:1 staffing ratio (3 support staff to 1 PCP) (4:1 is recommended for WH teams)

- In FY17, 88% of the 1,035 sites delivering primary care had at least 1 WH PACT Teamlet designated in PCMM.
Patient Aligned Care Teams (PACT)

Percent of VHA Sites at least 1 WH PACT Teamlet
FY11-FY17

Percent of Sites

0% 20% 40% 60% 80% 100%

FY11 FY12 FY13 FY14 FY15 FY16 FY17
Women’s Health PACT Staffing in FY17

- Model 1 (n=2,108)
- Model 2 (n=145)
- Model 3 (n=246)

<table>
<thead>
<tr>
<th>Staffing Ratio</th>
<th>Percent WH PACT Teamlets</th>
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<tbody>
<tr>
<td>Teamlets with 3:1</td>
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</tr>
<tr>
<td>Teamlets with a Registered Nurse</td>
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</tr>
<tr>
<td>Teamlets with a Clerk</td>
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</tr>
<tr>
<td>Teamlets with a Health Tech or LPN or LVN</td>
<td>100%</td>
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</tbody>
</table>

Women’s Health PACT Staffing in FY17

- Model 1 (n=2,108)
- Model 2 (n=145)
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<tr>
<td>Teamlets with a Clerk</td>
<td></td>
</tr>
<tr>
<td>Teamlets with a Health Tech or LPN or LVN</td>
<td>100%</td>
</tr>
</tbody>
</table>
Co-located Specialty Services in Medical Center Primary Care Clinics FY17

- Model 1 (n=161)
- Model 2 (n=31)
- Model 3 (n=68)

<table>
<thead>
<tr>
<th>Specialty Services</th>
<th>Percent Medical Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>100%</td>
</tr>
<tr>
<td>Specialty Gynecology</td>
<td>60%</td>
</tr>
<tr>
<td>Social Work</td>
<td>80%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100%</td>
</tr>
</tbody>
</table>
Co-located Telehealth Services in Medical Center Primary Care Clinics in FY17

Percent of Medical Centers

- Tele-mental health
- Tele-specialty gynecology
- Tele-social work
- Tele-pharmacy

Model 1 (n=161)  Model 2 (n=31)  Model 3 (n=68)
### Co-located Specialty Services in CBOC Primary Care Clinics in FY17

<table>
<thead>
<tr>
<th>Specialty Service</th>
<th>Model 1 (n=853)</th>
<th>Model 2 (n=38)</th>
<th>Model 3 (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Specialty Gynecology</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Social Work</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>
Co-located Telehealth Services in CBOC Primary Care Clinics in FY17

- Tele-mental health
- Tele-specialty gynecology
- Tele-social work
- Tele-pharmacy

Model 1 (n=853)  Model 2 (n=38)  Model 3 (n=14)
WH Specialty Services

Co-located Specialty Services in Model 3 Clinics
FY11-FY17

Percent of Sites

Mental Health | Specialty Gyn | Social Work | Pharmacy

FY11 | FY12 | FY13 | FY14 | FY15 | FY16 | FY17

Graph showing the percent of sites with co-located specialty services in Model 3 clinics from FY11 to FY17.
Percent of Clinics with Primary Care-Mental Health Integration (PC-MHI) Access in FY17

- Model 1: 68% of 1,014 clinics
- Model 2: 84% of 69 clinics
- Model 3: 88% of 82 clinics
Primary Care-Mental Health Integration

Percent Clinics with PC-MHI Access by Model of Care
FY13-FY17

- Model 1
- Model 2
- Model 3
Specialty Gynecology

- 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
Location Where Specialty Gynecology is Reported to be Received Most Often by Model of Care in FY17

- At this clinic
- At another clinic within this VA Site
- At another site within this Healthcare System: within 50 miles
- At another VA outside this Healthcare System: within 50 miles
- Through non-VA (fee) care/contract services: within 50 miles
- At another site within this Healthcare System: more than 50 miles
- At another VA outside this Healthcare System: more than 50 miles

Percent of Clinics

- All Model 1 Clinics (n=1014)
- All Model 2 Clinics (n=69)
- All Model 3 Clinics (n=82)
Specialty Gynecology

Location Where Specialty Gynecology is Reported to be Received Most Often in Medical Centers by Model of Care in FY17

- At this clinic
- At another clinic within this VA Site
- At another site within this Healthcare System: within 50 miles
- At another VA outside this Healthcare System: within 50 miles
- Through non-VA (fee) care/contract services: within 50 miles
- At another site within this Healthcare System: more than 50 miles
- At another VA outside this Healthcare System: more than 50 miles
Specialty Gynecology

Location Where Specialty Gynecology is Reported to be Received Most Often in CBOCs by Model of Care in FY17

- At this clinic
- At another clinic within this VA Site
- At another site within this Healthcare System: within 50 miles
- At another VA outside this Healthcare System: within 50 miles
- Through non-VA (fee) care/contract services: within 50 miles
- At another site within this Healthcare System: more than 50 miles
- At another VA outside this Healthcare System: more than 50 miles
Questions:

• Contact:
• Sally Haskell, MD, MS
• 203-932-5711 x5546
• Sally.Haskell@va.gov