Guest Editorial

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Changing the Face of Health Care for Women Veterans

While the number of male veterans is steadily declining, the number of women veterans is on an upward course. It is projected that, within the next 15 years, one in every seven VHA enrollees will be female, compared with one in every 16 today. Although the largest proportion of women veterans treated by the VA served during the Vietnam War era, there is a recent influx of women newly discharged from service related to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). And these new women veterans are more likely than their counterparts from previous wars to obtain health care from the VA. In 2008, 44.2% of the more than 100,000 OEF/OIF women veterans enrolled in the VHA, and 43.8% of that group received health care services at a VA facility between two and 10 times that year.[1]

Despite these shifting demographics, women remain underserved by the VA. Although the percentage of the total women veteran population that is served by the VA has grown in recent years (from 11% to 14.6% between 2003 and 2007), it remains well below that of the male veteran population (which held steady at 22% over the same period).[2] Women veterans have higher physical and mental health burdens than their female nonveteran counterparts and health care challenges comparable to or worse than that of male veterans. Moreover, even when women utilize VA health care services, they are more likely than men to seek outside services as well, especially for gynecologic care.[3] This can create challenges with regard to continuity of care.

The influx of new veterans also is changing the health care needs of the women veteran population. Traditionally, women who seek VA health care services have been younger, on average, than their male counterparts: Data for fiscal year 2007 showed that the mean age of women veterans was 48 years, compared with 61 years for men. And nearly 90% of OEF/OIF women veterans who enroll in the VHA are between the ages of 20 and 40.[1] As this newest cohort is of childbearing age, reproductive concerns—such as the teratogenic effects of commonly prescribed medications, which is the subject of this month's CME activity by Schwarz, Borrero, and Chireau ("Safe Prescribing for Women of Reproductive Age: Treatment Recommendations for the VA" on page 38)—are likely to become increasingly important for women seeking VA care.

Given all of these factors, it is clear that women veterans have unique health care needs that must be addressed. Unfortunately, recent data indicate that the VA is performing poorer on quality clinical indicators for women compared with men, which has raised questions about overall health care delivery to women veterans and the best models for improving this care.

PRIMARY CARE FOR WOMEN

In the VA, health care services for women have evolved in a largely patchwork fashion, without a standard model for delivery. In some cases, the absence of a clear model resulted in heavy utilization of fee-basis, or contract, care. This situation tends to promote fragmentation of care, in which one provider delivers primary care while another, in a separate clinic, provides gender-specific care.

VHA research has shown that access and wait-time scores are better at sites where gender-specific services are available in a comprehensive women's primary care setting. The VA facilities that have established a "one-stop" delivery model had better patient satisfaction scores on care coordination for contraception, screening for sexually transmitted diseases, and menopausal management than facilities that separated these services across multiple clinics.

MOVING TOWARD COMPREHENSIVE CARE

VA leadership and policy have played important roles in driving change in the provision of health care to women veterans. In March 2008, Dr. Michael J. Kussman, the VA's under secretary for health, created a workgroup with the charge of ensuring 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."[4]

Since then, the VA has been moving swiftly to implement enhancements that will address the needs of women veterans. In July 2008, former VA Secretary James B. Peake announced that, by December 2008, there would be a full-time women veterans program manager at every VA facility. Approved by Dr. Kussman in November 2008, the workgroup's final report delineated a new consensus definition of

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comprehensive primary care and outlined a strategic roadmap for delivering such care to women veterans. The workgroup and the Women Veterans Health Strategic Health Care Group (WVHSHG) developed and disseminated the Women's Comprehensive Healthcare Implementation Plan (WCHIP) to allow every facility to assess their local care delivery needs and tailor a plan for delivering comprehensive primary care to women veterans. WCHIP focuses on four areas: identifying the wants and needs of women veterans by soliciting their feedback; identifying and remedying gaps in VA women's health care services; researching and evaluating current resources and directing funds to where they are needed; and establishing central leadership support through regular management reviews and continued, necessary funding. The goal of the WVHSHG is to provide comprehensive primary health care for every woman veteran by 2014.[4]

Every woman veteran deserves continuity of care and an ongoing relationship with a VA primary care provider who is proficient, interested, and engaged. Fulfilling this promise will ensure the highest quality care for our women veterans. To that end, the WVHSHG is collaborating with VA facilities and other VA program offices to evaluate and enhance the delivery of primary care to women throughout the VA system. Ultimately, the goal is to develop a national model for women's health care that can work for the VA and beyond. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this editorial.

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