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VA HEALTH CARE FOR WOMEN

Despite Progress, Improvements Needed

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SUMMARY

At the request of the Senate Committee on Veterans' Affairs, GAO reported in January 1992[1] on (1) VA's progress, since GAO's 1982 report,[2] in improving health care services to women veterans and (2) remaining barriers to women's access to care.

VA has made significant progress since 1982 toward ensuring that women veterans' access to health care is equal to that of men veterans. GAO identified three problems that remain, however:

-- Physical examinations, including cancer screening for women veterans, continue to be sporadic.

-- VA medical centers are not adequately monitoring their in-house mammography programs to ensure compliance with quality standards.

-- VA medical centers have inadequate procedures to help ensure that privacy limitations affecting women patients are identified and corrected during facility renovations.

GAO made a number of recommendations to correct the problems. These included that VA medical centers could correct problems in providing complete physical examinations if VA disseminated information about successful practices and implemented them throughout the system.

VA agreed with our findings and cited specific actions that it would take to implement our recommendations to improve services for women veterans.

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[1]VA Health Care for Women: Despite Progress, Improvements Needed (GAO/HRD-92-23, Jan. 1992).

[2]Actions Needed to Insure That Female Veterans Have Equal Access to VA Benefits (GAO/HRD-82-98, Sept. 1982).

Mr. Chairman and Members of the Committee:

We are pleased to be here today to discuss the results of our study requested by the Committee concerning (1) the Department of Veterans Affairs' (VA) progress in improving health care services for women veterans and (2) remaining barriers to women's access to care. We reported our findings to the Committee earlier this year.[3]

BACKGROUND

Women represent a small, but rapidly growing, segment of the nation's veteran population. In the past 10 years, the number of women veterans has grown from 740,000 to more than 1.2 million. Women now represent about 5 percent of the veteran population. The percentage of veterans who are women is projected to increase steadily into the next century; by 2040, about 11 percent of veterans are expected to be women.

The role of women in the military has also changed, as evidenced by the recent Persian Gulf conflict. In the past, most of the women serving in theater were nurses. During Operations Desert Shield and Desert Storm, however, women served in a wide range of combat support missions. Thirteen women were killed, and two were held as prisoners of war.

Although women have served in the military since at least World War I, they have not always gained recognition as veterans or received VA benefits equal to those of men. For example, women who served in the Women's Air Force Service Pilots during World War II were not legally eligible for VA benefits until 1979. Even women serving as nurses at combat hospitals in Vietnam have experienced problems in gaining recognition as veterans. Many of these inequities have been eliminated.

The growing number of women who seek care presents VA with a challenge--meeting women patients' needs in a health care system historically oriented toward men. GAO first reported on how well VA was meeting this challenge in 1982.[4] At that time, we reported that (1) limited privacy prevented women from being admitted to some specialized treatment programs, particularly in psychiatric and domiciliary programs, (2) physical examinations frequently did not include pelvic examinations, (3) gynecological care was sometimes unavailable to women patients with non-service-connected conditions, and (4) VA's facility-planning process did not adequately consider the needs of women veterans in planning renovation projects.

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[3]VA Health Care for Women: Despite Progress, Improvements Needed (GAO/HRD-92-23, Jan. 1992).

[4]Actions Needed to Insure That Female Veterans Have Equal Access to VA Benefits (GAO/HRD-82-98, Sept. 1982).

To assess the progress VA has made, we reviewed the care available to women veterans at eight VA medical centers: Bay Pines, Bronx, Hampton, Martinez, Richmond, San Francisco, Tampa, and Wilkes-Barre. In addition, we sent a questionnaire to the 19 medical centers with in-house mammography to determine their compliance with quality standards.

RESULTS IN BRIEF

VA has made significant progress in the last 10 years toward ensuring that women veterans' access to health care is equal to that of male veterans, and this morning I will discuss some of VA's actions. However, I would also like to focus on three problems that remain:

-- First, physical examinations, including cancer screening for women veterans, continue to be sporadic.

-- Second, VA medical centers are not adequately monitoring their in-house mammography programs to ensure compliance with quality standards.

-- Third, VA medical centers have inadequate procedures to ensure that patient privacy limitations affecting women patients are identified and corrected during facility renovations.

VA HAS TAKEN STEPS TO IMPROVE CARE FOR WOMEN VETERANS

VA has acted to improve care for women veterans since the issuance of our first report some 10 years ago.

-- First, in April 1983 VA established an Advisory Committee on Women Veterans to address issues relating to women's equal access to programs and benefits to which they were entitled.

-- Second, beginning in 1983, VA required that each medical center develop and implement a written plan outlining the provision of women's care. Each plan provides at least two means for obtaining gynecological services when such services are unavailable at VA medical centers.

-- Third, 60 percent of VA medical centers have established women's clinics offering gynecological care as well as preventive health and counseling services, according to a 1989 VA survey. Nineteen medical centers offer in-house mammography services.

-- Fourth, VA required 28 medical centers with physical barriers that prevented them from accommodating women in

all treatment programs to develop plans for eliminating those barriers. As a result, all domiciliaries that were unable to accommodate women veterans in 1982 now accept women.

-- Finally, to improve outreach, VA required its regional offices to (1) identify and maintain rosters of veterans' organizations with mostly women members and (2) maintain ongoing liaison with such organizations. In addition, VA surveyed the needs, attitudes, and experiences of women veterans. Because the survey showed a need for greater awareness of benefits and services, VA regional offices and medical centers increased outreach activities through the use of pamphlets, audiovisual presentations, and exhibits.

Let me turn now to the three areas where further improvements are needed.

NEED TO IMPROVE THOROUGHNESS OF PHYSICAL EXAMINATIONS

VA has not effectively implemented plans to help assure that, as part of their physical examinations, women veterans receive appropriate cancer screening.

VA requires that medical centers provide each woman inpatient with a complete physical examination, including breast and pelvic examinations and Pap test if these procedures have not been provided in the last year.[5] VA also requires each medical center to provide mammograms at intervals recommended by the American Cancer Society or other health care organizations.

Women veterans experience an unusually high incidence of cancer. Cancer-screening programs are important at early stages, when treatment is more likely to be successful. Early detection dramatically increases the 5-year survival rates of women with breast, ovarian, or uterine cancer.

Problems in Providing Complete Physical Examinations Are Long-standing

We first identified problems with the thoroughness of physical examinations in 1982. Since then, over 50 reviews by VA have found that medical centers are not providing women patients with appropriate cancer-screening tests as part of their complete physical examinations. For example, reviews in five districts found that from 20 to 86 percent of women patients did not receive

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[5]VA policy acknowledges that there are legitimate reasons why these procedures should sometimes be deferred or not performed (for example, patient refusal or patient having had a recent gynecological examination).

breast and pelvic examinations, Pap tests, and mammograms when required.

VA officials cited three primary factors as contributing to problems in providing complete examinations: (1) frequent rotation of the medical residents expected to perform the examinations, thus limiting knowledge of the requirements, (2) reluctance on the part of physicians to conduct breast and pelvic examinations when their specialties are in other fields of medicine, and (3) limited efforts by medical centers to monitor the thoroughness of women veterans' examinations.

Innovative Efforts to Correct Problems in Providing Complete Examinations

Three of the medical centers we visited had developed innovative efforts to correct problems in providing complete examinations:

-- The former Martinez VA Medical Center strengthened its quality assurance monitoring of women veterans' examinations. In 1988, medical center staff implemented a system to monitor the progress of health care services received by all hospitalized women veterans. In January 1991, a quality assurance review by the medical center indicated that the center was in 100-percent compliance.

-- The San Francisco VA Medical Center similarly strengthened procedures for monitoring examinations of women veterans. Center staff developed a chart to facilitate documenting and identifying whether gynecological examinations have been performed.

-- The Wilkes-Barre VA Medical Center established a women's clinic, based on the concept of women caring for women. Nurse practitioners operate the women's clinic and provide routine gynecological care, including the cancer-screening examinations. Two internal quality assurance reviews of medical records showed that the medical center's compliance with VA's requirements for cancer-screening examinations has improved to between 75 and 100 percent.

These efforts might prove successful at other medical centers if information about such practices was made available.

VA COMPLIANCE WITH MAMMOGRAPHY STANDARDS GENERALLY EXCEEDS THAT OF PRIVATE PROVIDERS, BUT SOME IMPROVEMENTS NEEDED

The 19 VA medical centers with in-house mammography services generally exceeded the performance of private providers' compliance

with selected American College of Radiology quality standards. Some VA improvements, however, are needed.

The American College of Radiology quality standards can be divided into two categories--service delivery and quality assurance. Service delivery standards include the process of providing mammographic services to patients; quality assurance standards include those associated with evaluating equipment and staff performance. For service delivery, VA performance was essentially comparable to that of private providers; we found few problems in how the 19 VA medical centers deliver mammography services. For quality assurance, too, VA medical centers' performance exceeded that of private providers. Some improvements are needed, however, in many medical centers' programs for ensuring the accuracy of their mammography equipment and the tests conducted. The key problem we found with VA medical center inspections of mammography equipment was the frequency of the inspections.

On September 12, 1991, VA published a circular requiring medical centers to follow the American College of Radiology guidelines for performing mammography. In part, the circular requires that medical centers establish an adequate quality assurance program that includes inspecting such items as equipment and film quality.

FURTHER ACTIONS NEEDED TO IDENTIFY AND CORRECT PRIVACY DEFICIENCIES

In 1982, we recommended that VA revise its privacy standards and ensure that future construction or renovation projects correct privacy deficiencies that limit women's access to facilities and treatment. VA has made significant progress in eliminating such structural problems: for example, at the eight medical centers we visited, we identified no program unable to accommodate women patients. But some barriers still exist because VA has not established adequate procedures to ensure that privacy needs of women patients are cited and corrected during renovation projects.

Inadequate Identification and Follow-Up for Privacy Deficiencies

After our 1982 report, VA surveyed its medical centers to identify programs that could not accommodate women patients. The survey was inadequate in two principal respects:

-- VA provided little guidance on when a medical center should report that it could not accommodate women patients.

-- VA medical centers did not give an adequate description of the specific deficiencies (such as lack of private rooms or toilets) that prevented the accommodation of women. This

made it difficult to determine the status of corrective actions.

The VA survey identified 28 medical centers with one or more programs unable to accommodate women patients, but VA has not adequately followed up to determine whether corrective actions have been completed. From the information gathered, neither VA nor we could determine whether renovations at many of the medical centers had corrected the privacy deficiencies that had limited women patients' access to treatment programs in 1982. This was because neither the original survey nor VA's follow-up efforts provided details of the specific deficiencies limiting women veterans' access.

Further Action Needed to Eliminate Communal Showers and Toilets

One type of privacy deficiency not reported in VA's 1982 survey was the use of communal showers and toilets. None of the eight medical centers we visited had identified communal showers as a privacy limitation in 1982; four of the medical centers had communal showers on their medical or surgical wards.

VA's facility planning standards allow the use of communal showers and toilets in newly constructed or renovated space only when space or structural barriers prohibit private or shared accommodations. These standards may not be followed during renovation projects. For example, the Tampa VA Medical Center renovated one of its medical and surgical wards--and planned to renovate the remaining wards--without subdividing the existing communal showers or establishing private showers to accommodate women patients. The medical center has both a women veterans coordinator and a women veterans committee, but neither is involved in the review and approval of construction and renovation projects. Increased involvement of women veterans coordinators in planning renovation projects might help ensure that the privacy needs of women patients are adequately considered.

RECOMMENDATIONS

In our January 1992 report, we recommended that VA

-- Require each medical center, as part of its quality assurance program, to develop and implement an action plan for improving compliance with the requirement that each woman inpatient receive a complete physical examination, including pelvic and breast examinations and a Pap test, at appropriate intervals.

-- As part of VA's quality assurance activities, monitor centers' compliance with the September 1991 circular on mammography services.

-- Issue guidance to medical centers on (1) identifying privacy deficiencies in accommodations for women veterans and (2) instituting a mechanism for tracking corrective actions. The latter should include the women veterans coordinator or women advisory committee or both in the approval process for facility renovation and construction projects, thus helping to ensure that the privacy needs of women patients are adequately addressed.

-- Insure that innovative practices for improving health services to women veterans are identified, disseminated, and, where appropriate, implemented throughout the system.

VA agreed with our findings and cited specific actions that it would take to implement our recommendations to improve services for women veterans.

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This concludes my prepared statement. We will be happy to answer any questions that you or the other members of the Committee may have.