VA Women’s Health Evaluation Initiative

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Program Evaluation Funding: VA Women Veterans Health Strategic Health Care Group
Womens Health Center

Mental Health

WV Program Mgr

MST Support Team

Miniresidency

Fellowship

Women’s Health Research
History of Clinical Operations - Research Partnership

Women Veterans Health Strategic Health Care Group

WHEI

VA Palo Alto

CHCE

HERC

Women’s Health Evaluation Initiative WHEI
Key Objective

Develop a Sourcebook with key descriptive information about women veterans, e.g.,:

• Distribution across facilities
• Growth over time
• Demographic characteristics
• Diagnoses
• Utilization
• Cost of care
Methods

Cohort for today’s presentation:

Women veterans who use VHA

Excludes non-veterans

~50% of VHA women patients are non-veterans

Employees (predominant group)

CHAMPVA, Tricare, other

Data sources:

NPCD

DSS

ADUSH Enrollment file
Women represent 3-8% of veteran outpatients at most VA facilities in FY08

-Small population with unique needs.

Women veterans only (not employees, Tricare, CHAMPVA, etc.)
# of Women Veterans Using VA: Doubled over Past Decade

- Need increasing capacity
Age Distribution for FY00
Women Veteran VA patients
New Trimodal Age Distribution
Women Veteran VA patients

-Immediate attention to needs of very young and very elderly
-Prepare for impending large new cohort of elderly
New VA Women Veteran Patients Tend to be Younger

FY09

- Services for child-bearing age
- Workforce education
- Positive first impressions
- Potential life-long users: early intervention opportunities

% with Age<45

New VA Patients

Returning VA Patients
31% of Women vs. 20% of Men have a Diagnosed Mental Health Condition

- Robust mental health services needed for a range of conditions

Mental health condition based on presence of ≥2 ICD-9 codes in VA outpatient administrative data in FY08; includes veteran patients only.
At nearly all facilities, 25-45% of women Veterans use mental health services at least once.
## Top 8 Conditions in Women Veterans

*Based on 1+ instance of an ICD-9 code in FY08*

<table>
<thead>
<tr>
<th>% with condition</th>
<th>Overall (n = 249,242)</th>
<th>&lt;40 years (n = 76,712)</th>
<th>40-64 years (n = 134,563)</th>
<th>65+ years (n = 37,964)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>32.7</td>
<td>7.9</td>
<td>37.2</td>
<td>67.1</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>30.8</td>
<td>9.1</td>
<td>36.5</td>
<td>54.2</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>27.1</td>
<td>31.4</td>
<td>14.0</td>
<td>30.6</td>
</tr>
<tr>
<td>Lumbosacral spine disorders</td>
<td>22.1</td>
<td>21.8</td>
<td>24.4</td>
<td>14.4</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>18.3</td>
<td>16.3</td>
<td>19.4</td>
<td>18.7</td>
</tr>
<tr>
<td>Tendonitis, other soft tissue</td>
<td>18.3</td>
<td>13.9</td>
<td>22.0</td>
<td>14.3</td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td>17.6</td>
<td>14.1</td>
<td>21.4</td>
<td>11.0</td>
</tr>
<tr>
<td>Joint disorders, lower extremity</td>
<td>17.4</td>
<td>17.0</td>
<td>19.0</td>
<td>12.5</td>
</tr>
</tbody>
</table>

- Common medical conditions amenable to intervention include cardiovascular risk factors and painful conditions.
- Health services delivery systems must take varying needs of different age groups into account.
Putting It All Together: The Sourcebook

Descriptive data in accessible format

Sociodemographics, diagnoses, utilization, costs
Longitudinal FY2000-FY2009
Key subgroups
Gender comparisons

Future directions

Annual updates
Integrated, longitudinal databases as implementation tool
Acknowledgements

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