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Female Veterans Perceptions of Quality and Access to Gynecological Care, An Extension.

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Female Veterans Perceptions of Quality and Access to Gynecological Care, An Extension

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Abstract:

Objective: Assess pt perceptions of quality and access to gynecological care through the Veterans Health Administration (VHA) versus outside the VHA.

Design: Anonymous cross sectional surveys distributed to VHA patients presenting for gynecological care and collected after visits.

Patients: A sample of 356 female Veterans presenting for care the Mission Valley VA Women's Clinic between Nov 16, 2010 and April 10, 2013.

Measures: Patients rated the quality and access of current care and over a 12 month period, both within and outside the VHA system.

Analysis: The answers to questions regarding quality and access to care at the VA were summarized. Answers to questions comparing the VA versus outside care was dichotomized (better at the VA versus the same or worse) and was analyzed with respect to age (18-39 versus ≥ 40) and race (White, Black, Asian, Hispanic and other).

Results: Gynecological care through the VA was rated as better than outside care by 70% and easier to access by 62%. There was no statistical significant difference reported with respect to age or race.

Key Words: quality of gynecological care; access to gynecological care; female Veterans; Veteran gynecology.

Introduction: Women have been part of the US military since the birth of this nation. However, it was not until 1948, with the passage of the Armed Services Integration Act that women became a permanent part of the US military. Thus, it is not surprising to find that women were not granted Veterans status until the 1970's, where it was reported that female Veterans comprised less than 2% of the Veteran population. In 2009, female Veterans comprised 8% of the Veteran population¹. Today females comprise about 14.6 % of the active military and it is projected that by 2035 female Veterans will make up 15% of Veterans². The increasing number of women serving in the military will lead to a significant increase in the number of women Veterans enrolled in VA health care services. This has prompted the VA health care system to implement initiatives targeted to improving access and quality health care to women Veterans³.

Prior research has demonstrated gaps in access, services and quality of care for women⁴. More specifically, in 1982, the General Accounting Office (GAO) reported that women did not have equal access to VA benefits, were unfamiliar with eligibility of care and gynecological care was virtually non-existent⁵. Since then the Veterans Health Administration (VHA) has introduced initiatives to improve access and quality health-care, such as the introduction of Women Health Centers (WHC) and gynecology clinics⁶. In an effort to improve the VHA national goals the VA Mission Valley Women's Clinic in San Diego County opened in 2003. In this study, primary care physicians referred female Veterans to the VA Mission Valley Women's Clinic for gynecological care.

While there are many current studies addressing overall patient satisfaction within the VHA system, our primary objective was to determine female Veterans perceptions on quality and access to gynecological care at the VA Mission Valley Women's Clinic in San Diego compared with outside care. One of our secondary objectives was to compare it with respect to age and race. We hypothesized that ratings of care would be high and that there would be no difference in perceived care depending on age and race variables.

A recent report on the outcomes of the 2010 VA Women's Health Services Research Conference recommends increased research in reproductive health needs, best models of specialty reproductive care (i.e. VA vs. community providers) and perceptions of care⁷. We hope that by obtaining a measure of VA gynecological care against outside gynecological care, we may provide insight into the optimal administration of gynecological care on a VA-wide scale.

Materials and Methods:

A one-page cross sectional survey was distributed to female Veterans obtaining gynecological care at the VA in Mission Valley Women's clinic between Nov 16, 2010 and April 10, 2013. Before survey distribution a nurse delivered a brief statement regarding the intent and anonymity of the survey. Completion of the survey was voluntary and no identifying data was collected. Surveys collected were placed in an envelope with previously collected surveys at the conclusion of the clinic visit. Survey responses were coded and recorded. Descriptive statistical analysis was performed using Microsoft Office Excel 2008 Version 12.3.6. For the comparative analysis a chi-square test was performed using R Core Team 2013.

Analysis:

A total of 356 surveys were collected between Nov 16, 2010 and April 10, 2013. Surveys completed twice by the same patient were excluded to give a total of 343 surveys. Descriptive statistical analysis was performed for several questions on the survey. A sub-analysis was focused on question C.2, which queried whether care is better through the VA versus outside the VA. Respondents were excluded from statistical analysis if the patient had completed the survey twice or failed to answer question C.2. Sub-analysis was accomplished by dichotomizing responses to question C.2. (better at the VA versus same or better outside the VA).

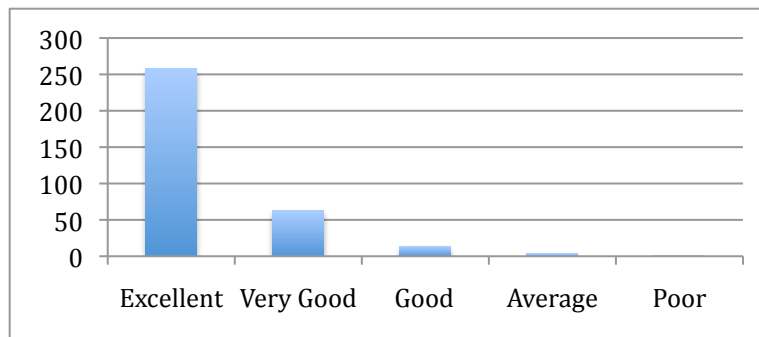
Results:

The demographics of the studied population are summarized on Table 1.

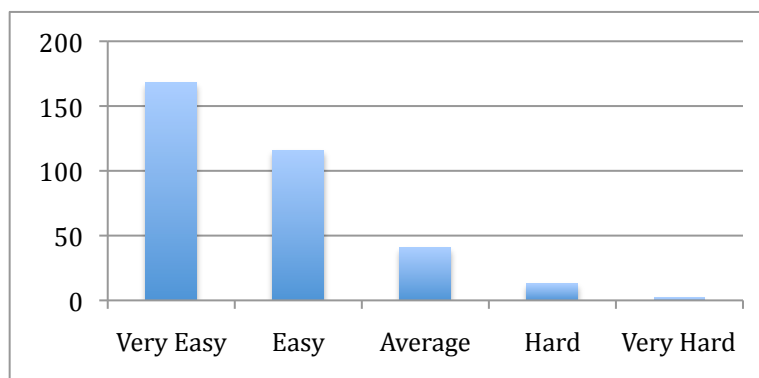
Table 1. demographics of studied population

Age	
18-30	223
≥40	131
Race	
White	173
Black	62
Asian	25
Hispanic	64
Other	29
Education	
High school or less	17
Some College	182
College Graduate	145

There were three sections on the questionnaire. The first section of the survey queries patient perceptions of VA gynecological care for both their current visit and visits over the past 12 months. The first question assesses the overall quality of care at their current visit. 258 patients rated the quality of care at their current visit as “excellent,” while five patients rated it as “average” or “poor” (Figure 1).

**Figure 1. quality of care received during their current visit**

In regards to ease of access to care, 83% of patients reported that it was either “very easy” or “easy” to get gynecological care through the VA (Figure 2).

**Figure 2. ease of access to VA gynecological care**

When it came to VA gynecological care over a 12-month period, 87% of patients rated care as “excellent” or “very good” and 4% rated care as “average” or “poor” (Figure 3).

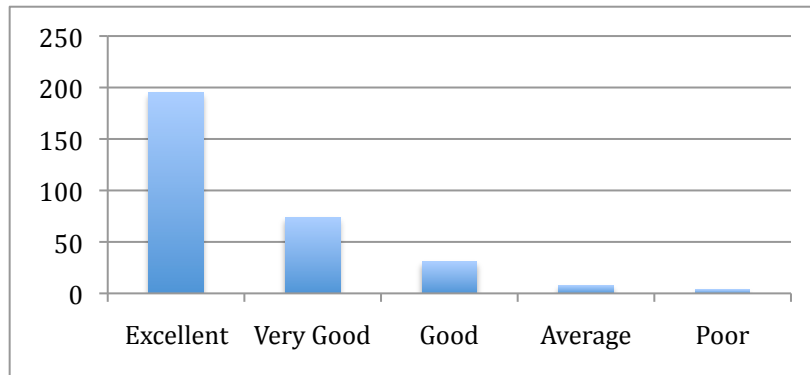


Figure 3. quality of VA gynecological care over 12 months

The second section of the survey queries patients regarding quality and ease to access to gynecological care outside the VA. Of the 343 qualifying surveys collected only 76 women reported that they had received gynecological care outside the VA health care system over the past 12 months. However, 100 patients responded to the question regarding easy access to care outside the VA and 73 patients responded to the question regarding overall quality of gynecological care outside the VA. The data summarized for this section included all patients that completed this section, regardless of whether they asserted that the care they obtained was within the past 12 months.

In regards to gynecological care outside the VA, 66% of patients had “easy” or “average” access to gynecological care (Figure 4). 30% of patients queried had overall “good” outside quality gynecological care and 26% of patients rated outside gynecological care as “very good” while 21% of patients rated outside gynecological care as “average” (Figure 5).

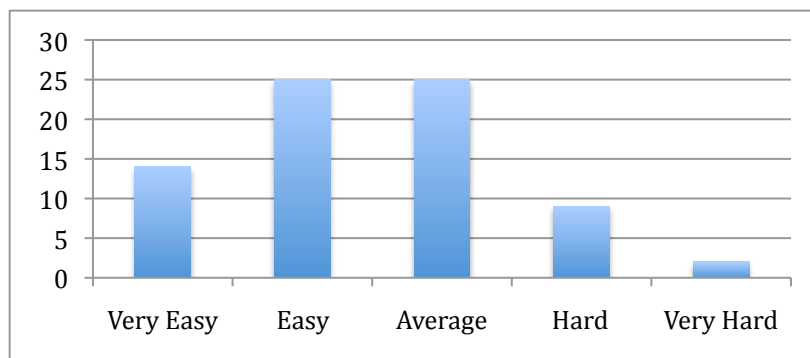


Figure 4. ease of access to outside gynecological care

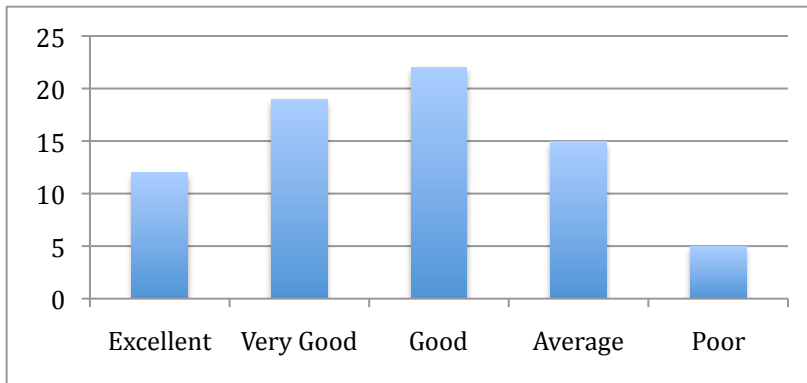


Figure 5. quality of outside gynecological care

The final section of the survey focuses on comparing quality and access to gynecological care at the VA versus outside the VA. 70% of patients thought that care was easier to get at the VA while, 28% responded that ease of access to care was the same through the VA or outside. Additionally, 2% felt that gynecological care was easier to obtain outside the VHA (Figure 6).

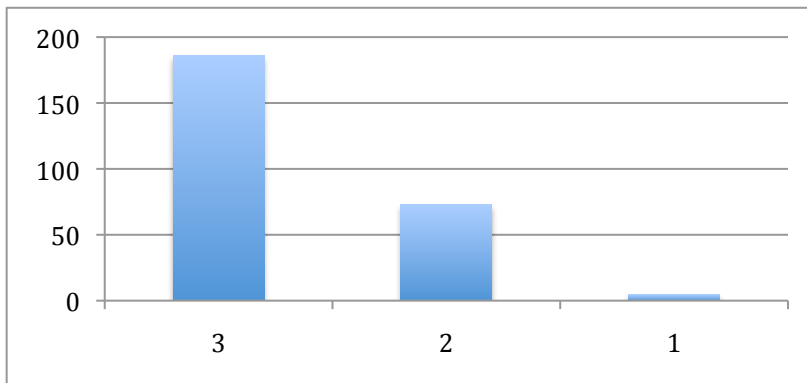


Figure 6. quality of gynecological care through the VA vs. outside.

When comparing access to VA gynecological care to outside care, 62% of female Veterans found it easier to obtain gynecological care through the VA health care system than outside. 28% found it “the same” and 27% found it easier to obtain gynecological care outside of the VHA (Figure 7).

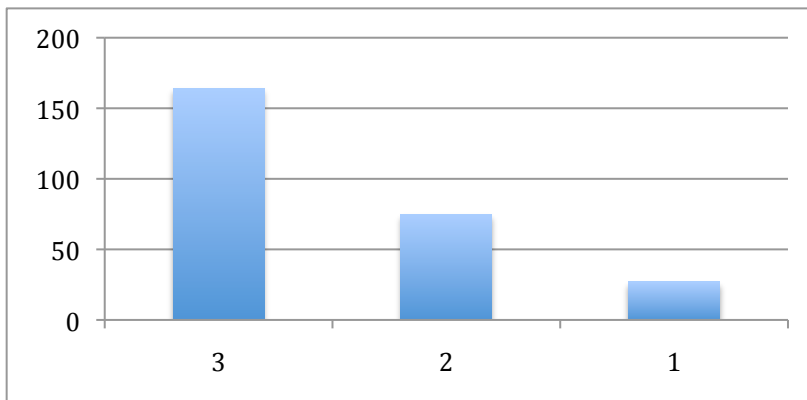


Figure 7. ease of access to gynecological care in VA vs. outside

It is important to note that the last question in this section addresses whether the patient would recommend VA gynecological care to a friend. 98% of female Veterans responded that they would recommend gynecological care provided by the VA.

A chi-square test was performed for the question comparing overall quality of VA gynecological care at the VA vs. outside of the VA. We found no statistically significant difference in the comparison scores with respect to age or race. 71% of VA patients younger than 39 rated quality of gynecological care better at the VA versus outside. Similarly, 69% of patients 40 years and older rated quality of gynecological care better at the VA versus outside (Table 2). This difference is not statistically significant with a P-value > 0.05 (X-squared value = 0.0554, df=1, p-value = 0.814).

	Age = 18-39	Age >= 40
Quality better at the VA	71%	69%
Quality same or worse at the VA	29%	30%

Table 2. chi square test for quality and age

When we analyzed responses to overall quality of VA gynecological care at the VA vs outside care with respect to race, we did not find a statistically significant difference given a P-value > 0.05 (X-squared value = 1.3617, df=4, p-value = 0.8508). Although there is no statistical significant difference between race and quality of care at the VA vs. outside of the VA, note that Hispanics and Asians perceived better quality of care at the VA (Table 3).

	White	Black	Asian	Hispanic	Other
Quality better at the VA	70%	64%	74%	75%	70%
Quality same or worse at the VA	30%	36%	26%	25%	30%

Table 3. chi square test for quality and race

Discussion:

This study showed that female Veterans presenting for gynecological care at the VA Mission Valley Women's Clinic are overwhelmingly satisfied with access and quality to gender-specific health care. Most importantly, VA gynecological care compared favorably with outside gynecological care in both access and quality of care. And as hypothesized, when comparing race or age with VA care versus outside care, we found no significant differences in preference.

As noted on the demographics table, 63% of female Veterans queried are less than or equal to 39 years old. The median age of today's female Veteran is 48 years old. The population in our study is younger than the average US female Veteran population as reported by the National Center for Veterans Analysis and Statistics¹. This reflects previously published findings that VA users tend to be younger than the female Veteran population at large⁸.

There is great diversity in the population studied: 49% White, 18% Black, 7% Asian and 18% Hispanic. This does not, however, necessarily reflect San Diego's diversity, which mostly consists of Whites and Asians. The population in the study does resemble the returning ORF/OIF women Veterans to San Diego County.

Although the number of respondents was less for gynecological care received outside of the VA system, when compared to VA gynecological care, the comparative data analyzed revealed salient differences. When comparing gynecological care the majority of female Veterans had positive responses, while outside care closely resembles a bell shaped curve with most responses falling under the "good" or "average" categories. Note that, it is difficult to interpret the results of this section because the survey did not attempt to address the types of care received outside the VA system. Nevertheless, this should be encouraging to female Veterans concerned with the quality of VA gender-specific care.

Since the opening of the VA Mission Valley Women's Clinic in 2003 the clinic has grown in provider time, space and nursing staff. Emphasis however, has been placed on accessibility. It was reassuring to find that 83% of female Veterans found it "very easy" or "easy" to get VA gynecological care compare to outside care, despite days to weeks wait time for a general gynecological appointment. One potential reason for this positive perceived result might be due to the clinics efforts to continue to decrease barriers to care. For instance, they recently eliminated the need for a consult to be placed by their primary care physician's (PCP's), allowing patients to be seen more rapidly. Additionally, they have added dedicated schedulers to make gynecological appointments, created nurse injection clinics and have formed close relationships with PCP's and pharmacists. It was encouraging to find that the efforts put forward resulted in good patient satisfaction and overall quality of care.

Although this study results represent VA gynecological care at one specific VA site in San Diego County, we hope to encourage female Veterans not currently using VHA benefits to begin taking advantage of quality gynecological healthcare through the VA system. We also hope that the changes made throughout the years of the study may serve as potential model for further implementation in women's health care.

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