

# CHERP Policy Brief

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Veterans Affairs (VA) medical centers might improve satisfaction and reduce use of non-VA providers among women veterans by ensuring that health care delivery models provide comprehensive and coordinated services, either through women's clinics or through seamless integration of gynecological and traditional primary care.

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## Optimizing Health Care for Women Veterans

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**Context:** Women are a small but rapidly growing segment of the patient population served by VA medical centers—by 2010 over 10% of veterans will be women. With a health care system historically serving mostly men, VA faces tremendous challenges in meeting the needs of the women veteran population. After Congress enacted the Women Veterans Health Programs Act of 1992, VA made great strides toward reducing barriers to health care and increasing the availability and use of services for women veterans. However, health care for women veterans is delivered using a variety of models. Indeed, women veterans may receive care in traditional primary care clinics that also serve men, specialized comprehensive women's clinics, or under a mixed-model where specialized gynecological services (for example, pelvic and breast examinations) are provided by a screening clinic outside the primary care clinic but within the VA facility. This Policy Brief summarizes work by CHERP investigator Dr. Bean-Mayberry that explores the impact of existing VA models of health care delivery upon women veterans.

### Background

The findings presented here are based on data collected from an anonymous two-wave mail survey of women veterans who had at least one outpatient visit between March 1, 1999 and March 1, 2000 to VA medical centers in Altoona, Butler, Coatesville, Erie, Lebanon, Pittsburgh, Philadelphia, and Wilkes-Barre, Pennsylvania; Wilmington, Delaware; or Clarksburg, West Virginia. These VA medical centers represent a range of women's health care delivery models, including specialized comprehensive women's clinics, gender-specific screening clinics, and traditional primary care clinics.

Within this VA network, veterans do not choose where to receive care. They are assigned to a particular clinic based upon the services available and geographic location, rather than by their preference for a particular model of care. As a result, although assignment to clinical models is not random, researchers can compare clinic sites within the VA health care system without having to account for ways in which patient preferences might influence results.

*Women veterans who obtained care in VA women's clinics received more health care from the VA than women who received care in traditional VA primary care clinics.*

## Methods

- The researchers used the outpatient administrative files from the National Patient Care Database to randomly select two groups of women patients from each site. One group included those who had visited a VA women's clinic at least once, the other group had visited only the traditional VA primary care clinic and had not visited the women's clinic. From the women who met the study inclusion criteria, the researchers selected a stratified random sample of 170 women's clinic patients and 80 traditional primary care patients at each site. In sites with less than 170 unique women's clinic patients, the researchers surveyed all of the women's clinic patients and oversampled among patients from the primary care group to achieve a site total of 250 patients.
- The team mailed 2,235 questionnaires; 74 were undeliverable, and 1,321 (61%) were completed and returned. Survey respondents were older, more likely to be white, and more likely to report incomes above \$20,000 compared to those who did not participate.
- The survey collected demographic information (e.g., age, race, marital status, education level, and income), evaluated health care utilization patterns and health status, and measured patient satisfaction using questions from both the VA National Survey of Ambulatory Care and a draft of the Primary Care Satisfaction Survey for Women from the Office of Women's Health of the Department of Health and Human Services. Using this information, the researchers conducted several analyses.

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## Results

- The research team evaluated a subset of 971 surveys, divided between patients who received care at VA women's clinics (61.7%) and those who had received care only at traditional VA primary care clinics (38.3%). Butler and Clarksburg had no women's clinics so the 222 women from these sites were excluded from this analysis, as were the 128 women who did not specify their VA clinic location.
- Marital and educational status, income, and overall health did not differ between women veterans who received care in women's clinics and women veterans who received care in traditional primary care clinics. However, compared to women veterans who received care in traditional primary care clinics, women veterans treated in women's clinics were younger and less likely to be white.
- Patients who had received treatment in women's clinics were more likely to rely solely on the VA for their health care, were more likely to have seen other VA-providers, and were less likely to report using non-VA physicians.

- In multivariate analyses controlling for demographic differences, as well as use of non-VA physicians, women veterans who received care in VA women's clinics were more likely to report excellent satisfaction than those seen in traditional VA primary care clinics.
- This analysis also showed that women veterans who received care in VA women's clinics were more likely to report excellent satisfaction on all domains of the Primary Care Satisfaction Survey for Women. These domains include: obtaining care, privacy and comfort, communication, complete care, and follow-up care.
- In order to determine the factors that contribute to dual use of VA and non-VA providers, Dr. Bean-Mayberry and colleagues analyzed the responses of 644 patients who reported seeing only VA health care providers and 407 who reported that they had seen non-VA physicians in addition to their VA primary care providers.
- Users of non-VA care were more likely than VA-only users to be older (i.e., 65+ years) and report a VA service connected disability. They also tended to be married and college graduates. Multivariate analysis demonstrated that dissatisfaction and higher income significantly increased the likelihood of dual use of VA and non-VA health care services.
- Receipt of gynecological care from a VA provider or use of a VA women's clinic was significantly associated with low dual use of VA and non-VA health care services. VA-only users were more likely to report that they received care from a woman physician; however, multivariate analysis controlling for patient characteristics and type of clinic showed that physician gender did not affect dual use of VA and non-VA health care providers.

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## Implications

- VA might reduce use of non-VA providers among women veterans, thus improving coordination and continuity of care, by ensuring that comprehensive services are available to women veterans seeking treatment within the VA health care system.
- Although comprehensive care, whether in a women's clinic or coordinated within a primary care clinic, influences patient use and satisfaction with VA health care, the specific factors leading to patient satisfaction and dissatisfaction remain unknown.
- Research exploring the clinical outcomes of the various health care delivery models for women veterans within the VA is needed.

*Women veterans treated in VA women's clinics had higher satisfaction with their care than women treated in traditional VA primary care clinics.*

*Women veterans who received gynecological care from the VA were more likely to get their care exclusively within the VA.*

*More affluent women veterans and those who were dissatisfied with their care were more likely to seek additional health care from a non-VA provider.*

This issue of the CHERP Policy Brief is based on the following publications: Bean-Mayberry BA, Chang CH, McNeil MA, Hayes PM, Scholle SH. *Comprehensive Care for Women: Indicators of Dual Use of VA and Non-VA Providers*. Journal of the American Medical Women's Association. 2004 Summer; 59(3):192-197; Bean-Mayberry BA, Chang CH, McNeil MA, Whittle J, Hayes PM, Scholle SH. *Patient Satisfaction in Women's Clinics Versus Traditional Primary Care Clinics in The Veterans Administration*. J Gen Intern Med. 2003 Mar;18(3):175-81; Washington DL. *Challenges to Studying and Delivering Care to Special Populations – The Example of Women Veterans*. (Guest Editorial) Journal of Rehabilitation Research & Development. March/April 2004; 41(2): vii-ix; VA Health Care for Women: *Progress Made in Providing Services to Women Veterans*. Washington, DC: US General Accounting Office; 1999. GAO-HEHS 99-38, 1-24.

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