

VA Primary Care and Prevention Research Focused on Women Veterans

Until recently, little VA research has focused explicitly on primary care and prevention among women Veterans,¹ with the exception of VA organizational studies that have examined how VA primary care is organized for women and how those structures and practice arrangements influence women's preventive care.^{2,3} This has changed recently with the funding of several new implementation trials. Under the Women Veterans' Healthcare CREATE, researchers are testing an evidence-based quality improvement approach to tailoring VA's medical home model to the needs of women Veterans.^{4,5} Under the recently funded EMPOWER QUERI, three primary care improvement studies have been launched, including trials of engagement strategies to improve women's primary care-mental health integration and cardiovascular risk reduction and a quality improvement study of diabetes prevention among women Veterans.⁶

Much of the work in primary care and prevention for women Veterans has otherwise been supported through VA evaluation and quality improvement efforts. For example, VA has been a leader in evaluating its own performance measures by gender, including preventive practices, and found persistent gender disparities. Organized quality improvement initiatives at the national, regional and local levels led to significant disparities reductions.⁷ Rates of gender-specific preventive care, such as breast and cervical cancer screening, in VA settings also outperform the private sector.⁸ VA Women's Health Services has had a significant role in fostering evaluation and quality improvement in this area, including, for example, an evaluation of VA's comprehensive women's health primary care workforce initiative.^{9,10}

The VA HSR&D Women's Health Research Network (WHRN) developed a Strategic Priority Area in Primary Care/Prevention, co-led by Karen Goldstein, MD, MPH (Karen.goldstein@va.gov) at the Durham VA and Bevanne Bean-Mayberry, MD, MHS (bevanne.bean-mayberry@va.gov) at VA Los Angeles.

¹ Bean-Mayberry B, Yano EM, Washington DL, et al. Systematic review of women Veterans' health: Update on successes and gaps. *Women's Health Issues*. 2011;21(4 Suppl):S84-S97.

² Bean-Mayberry BA, Chang CC, McNeil MA, et al. Patient satisfaction in women's clinics vs. traditional primary care clinics in the Veterans Administration. *J Gen Intern Med*. 2003;18(3):175-181.

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⁵ Yano EM. A partnered research initiative to accelerate implementation of comprehensive care for women Veterans: The VA Women's Health CREATE. *Med Care*. 2015;53(4 Suppl 1):S10-S14.

⁶ Veterans Health Administration, QUERI National Program Network, Enhancing Mental and Physical Health of Women through Engagement and Retention (EMPOWER). <http://www.queri.research.va.gov/about/factsheets/empower.pdf>.

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⁹ Maisel NC, Haskell S, Hayes PM, et al. Readying the workforce: Evaluation of VHA's comprehensive women's health primary care provider initiative. *Med Care*. 2015;53(4 Suppl 1):S39-S46.

¹⁰ Bastian LA, Trentalange M, Murphy TE, et al. Association between women Veterans' experiences with VA outpatient health care and designation as a women's health provider in primary care clinics. *Women's Health Issues*. 2014;24(6):605-612.

RESEARCH HIGHLIGHTS:

Cardiovascular/Lipids Research

- A gender gap with lipid control persists among Veterans, with women Veterans having worse lipid control, which is particularly worrisome among women with known ischemic heart disease.¹¹
- Gender differences in lipid control among Veterans could be reduced by addressing depression and increasing prescription and intensification of lipid lowering drugs.^{12,13}
- Women Veterans continue to smoke more than civilian women with 18% of OEF/OIF women Veterans smoking currently and 36% having a lifetime history of cigarette use.¹⁴
- CVD risk factors are common among middle aged women Veterans, and black women Veterans are at a higher risk for CVD than white women Veterans.^{15,16}

Cancer Screening Research

- Breast and cervical cancer screening rates are higher among patients paneled to designated women's health providers compared to general primary care providers.¹⁷ Primary care clinic autonomy and staffing are associated with higher breast and cervical cancer screening.¹⁸

Menopause

- Women Veterans are twice as likely to use hormone therapy for relief of menopausal symptoms compared to civilian women, and may be more negatively impacted by vasomotor symptoms.^{19,20}

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¹⁹ Katon JG, Gray KE, Gerber MR, et al. Vasomotor symptoms and quality of life among Veteran and non-Veteran postmenopausal women. *Gerontologist*. 2016;56 Suppl 1:S40-S53.

²⁰ Gerber MR, King MW, et al. Hormone therapy use in women Veterans accessing VHA care: A national cross-sectional study. *J Gen Intern Med*. 2015;30(2):169-175.