Reaching out to Women Veterans about their hemoglobin A1c

THE DISPARITY OF CARE FOR WOMEN WITH HEMOGLOBIN A1C >9
INTRODUCTION

- Statistics provided by the National Center for Veterans show more women are joining the military and continually increasing making them the fastest growing group of Veterans
- Glycated hemoglobin also known as hemoglobin A1c is a form of hemoglobin made when it is exposed to glucose in the bloodstream
- The hemoglobin A1c test is a measure of the approximate glucose level that occurred in a person within a 3 month period
  - The recommended goal for a diabetic is 6.5% hemoglobin A1c but 8% or more indicates poor glucose control
According to VA’s Healthcare Effectiveness Data and Information Set (HEDIS) of fiscal year 2018, 2\textsuperscript{nd} quarter

- HEDIS measure dmg23h_ec DM: HbA1c poor control (eMeasure) is currently 23% for women Veterans.
- Goal by FY 18 EOY is the National level of 18%.

It has been recognized that the health care system has been designed for the male Veteran.

Factors impacted by gender disparity: medication adherence, care measures, education, cultural competency, self-care perception, and physician-patient relationship.
ACTION PLAN

- Women’s Health Huddle Team performed a self-assessment for quality improvement.
- Community Based Outpatient Clinics and CHW EO Pact Team performing population management using the VISN2 Data Warehouse to contact and manage women Veteran outliers.
- Refer patients to Endocrinology or Clinical Pharmacy Specialist for treatment management; including CVT modalities.
- Educate providers on the use of Endocrinology eConsult.
HGB A1C ACTION PLAN FOR WOMEN VETERANS IN PRIMARY CARE

- Access Diabetes Data Warehouse for list of outliers (HgbA1c >9 or not done) weekly
- Contact women Veteran outliers through phone calls and letter if needed
- Review glycemic goal with patients, ensure blood glucose monitoring technique and frequency
- Order all pertinent labs that are due
- Contact patient regarding lab results
- Schedule patient to see provider if indicated
- Consult with Clinical Pharmacy Specialist or Endocrinology (Provider)
- Discuss with primary care provider to refer to move group if indicated
- Consider referral to women’s health coaching, home telehealth, and nutrition consult if indicated
Hgb A1c Action Plan for Women Veterans in Primary Care

Access DM Data Warehouse for list of outliers (HgbA1c >9 or not done) weekly

Contact women outliers through phone calls and letter if needed.

Review glycemic goal with patient, ensure BG monitoring technique and frequency

Is HgbA1c not done?

Order all pertinent labs that are due.

Follow-up to ensure patient had labs drawn

Contact patient regarding lab results

Is HgbA1c > or =9?

Schedule patient to be seen by provider. If patient has not been seen within 1 year

Consult with Clinical Pharmacy Specialist or Endocrinology **

Discuss with PCP to refer to women’s health coaching group, home telehealth, nutrition consult if needed.

Continue with plan of care and monitor BG log and labs.

*appointment can be telephone, CVT, or face-to-face
** eConsult Endocrinology.
BREAKING THE BARRIERS

- It is essential to involve stakeholders and policymakers in quality improvement*
  + They might not be aware of the gender disparity
  + Allows them to focus on issues specific to women’s health care
  + Work with service lines and create cohesion to address the disparity

- Outcomes of quality improvement project*
  + Increasing PACT women’s health education
  + Improving access to care for women Veterans
  + Address care coordination through population management
  + Expand health care options and services

Another aspect to consider is physician-patient relationship

- Medication non-adherence and the root cause
- Clinical and pharmaceutical guidelines based on impact on men
- Possible gender bias when considering symptoms and treatment
- Access to comprehensive care is not emphasized enough
- Cultural competency and the ability to understand patients
- Address patient education about their condition and medications
- Working with women with military sexual trauma (MST)


NEW PERSPECTIVE TO CONSIDER

- The VA health care system is shifting from treating diseases to achieving overall wellness
- Whole Health system considers physical, mental, emotional, spiritual, and environmental influences
- Veterans discuss what matters most to them and how health ties in to their desires
- By setting personal goals, health care providers create personal health plan that may include professional health care, therapies to improve well-being, and self-care, and whatever is needed to help Veterans live life to the fullest

‡ https://www.va.gov/PATIENTCENTEREDCARE/explore/about-whole-health.asp
‡ https://www.va.gov/PATIENTCENTEREDCARE/docs/Personal-Health-Inventory-final-508-WHFL.pdf
INITIAL CARE
Veterans with personal health plan achieved better blood sugar levels and control of their diabetes (HgbA1c)
EXPECTED OUTCOMES

- By improving access and quality of care, women veterans have more options and locations
- Stakeholders, policymakers, and clinicians can create achievable and measurable goals
- The percent of women with Hgb A1c>9 or not done will decrease