



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 blood stream
- ✖ 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

GENDER DISPARITY

- ✖ According to VA's Healthcare Effectiveness Data and Information Set (HEDIS) of fiscal year 2018, 2nd quarter
 - + HEDIS measure dm23h_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.

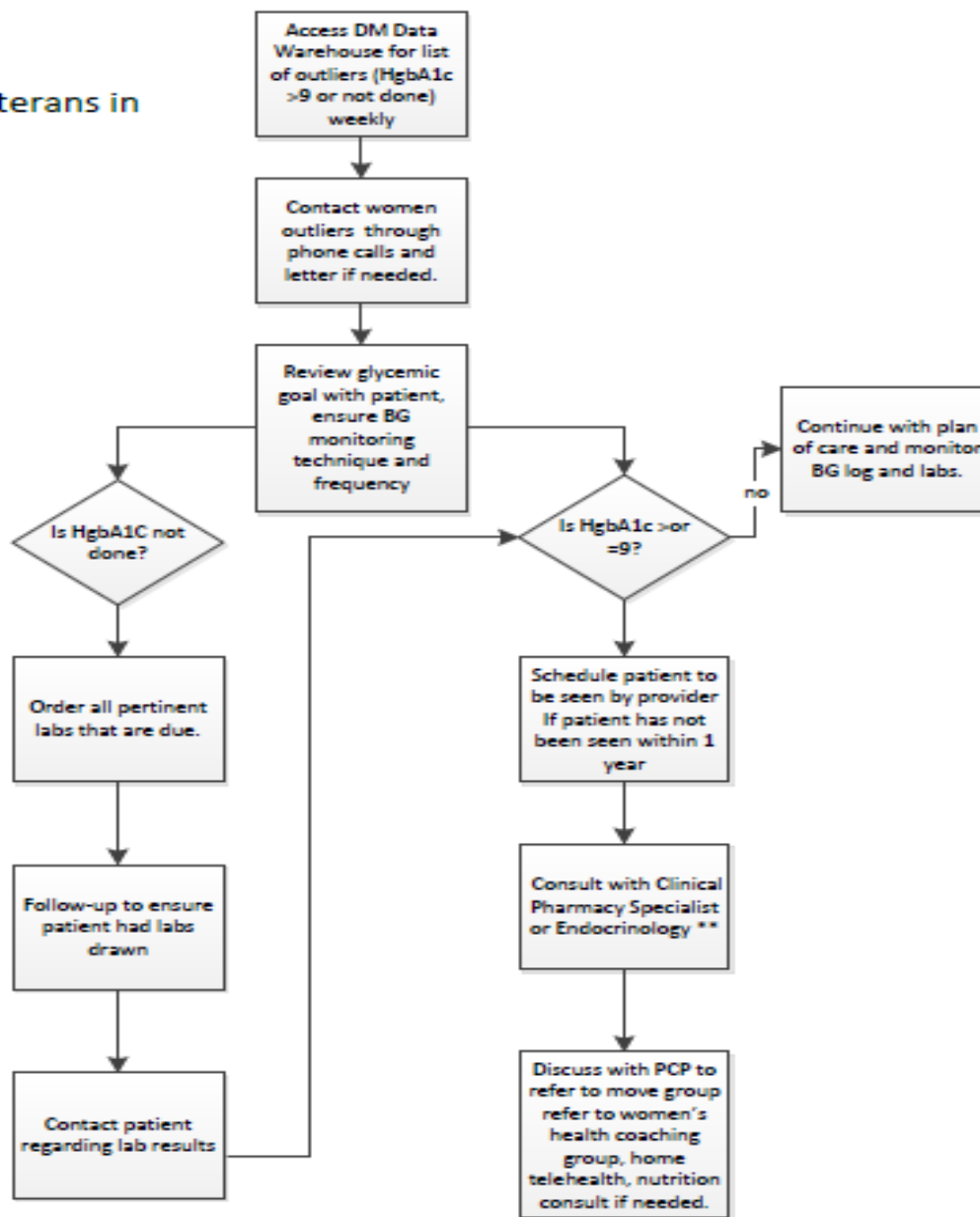
ACTION PLAN

- ✘ 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



*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

*Hamilton, A. B., Brunner, J., Cain, C., Chuang, E., Luger, T. M., Canelo, I., . . . Yano, E. M. (2017, June 5). Retrieved April 04, 2018, from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5645285/>

BREAKING THE BARRIERS PT. 2

- ✗ 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)

**Manteuffel, M., Williams, S., Chen, W., Verbrugge, R. R., Pittman, D. G., & Steinkellner, A. (2014, February). Influence of patient sex and gender on medication use, adherence, and prescribing alignment with guidelines. Retrieved April 04, 2018, from <https://www.ncbi.nlm.nih.gov/pubmed/24206025>

†Kirk, Julianne K,P.H.A.R.M.D., C.D.E., Hildebrandt, C., B.A., Davis, S., M.A., Crandall, Sonia J,P.H.D., M.S., Siciliano, A. B., P.A.-C., & Marion, Gail S,P.A.-C., P.H.D. (2014). PERCEPTIONS OF CULTURALLY COMPETENT DIABETES MANAGEMENT IN A PRIMARY CARE PRACTICE. Journal of Cultural Diversity, 21(1), 22-8. Retrieved from <https://search.proquest.com/docview/1518917780?accountid=109541>

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

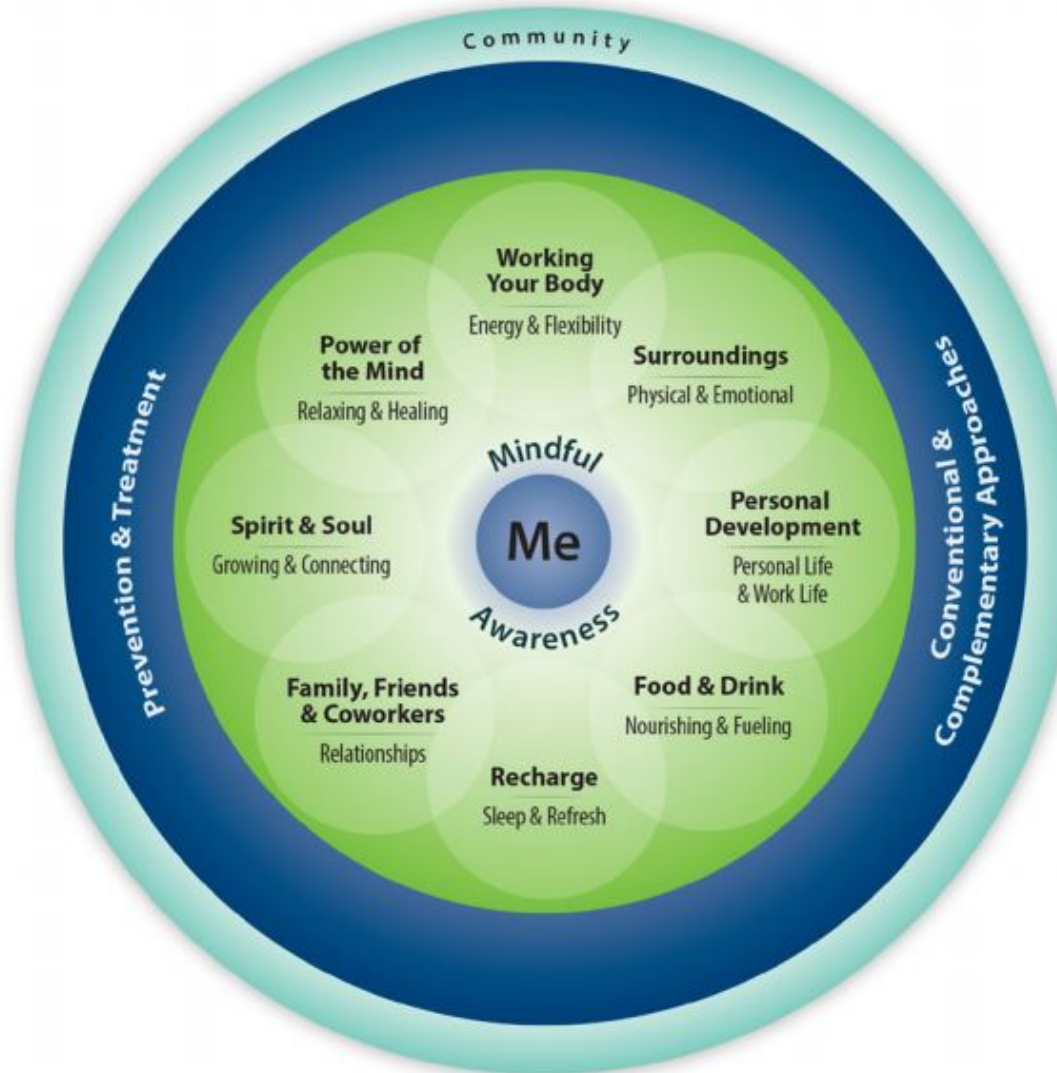
[‡] <https://www.va.gov/PATIENTCENTEREDCARE/explore/about-whole-health.asp>

https://www.va.gov/PATIENTCENTEREDCARE/docs/2017-AR-Vet-Facing_FNL-W508.pdf

<https://www.va.gov/PATIENTCENTEREDCARE/docs/Personal-Health-Inventory-final-508-WHFL.pdf>

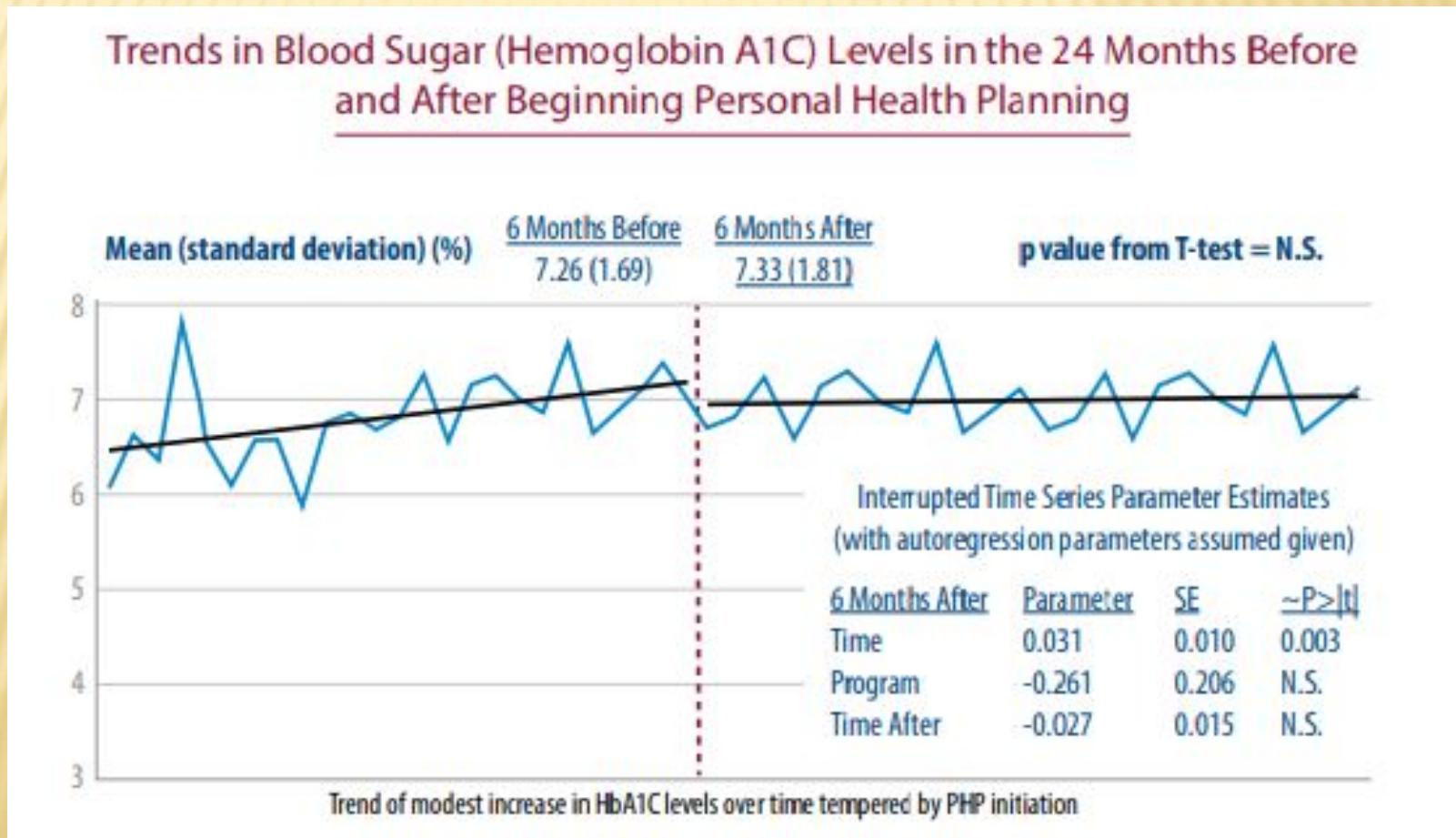
INITIAL CARE

Components of Proactive Health and Well-Being



WHOLE HEALTH IMPACT

- ✖ 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