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VA HEALTH CARE

VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes

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Highlights

Highlights of GAO-10-287, a report to congressional addressees

Why GAO Did This Study

In 2008, VA provided health care to over 281,000 women veterans, a fast growing subgroup of veterans. Women veterans seeking VA health care need access to an array of services and Congress has raised concerns about how well VA is prepared to meet the physical and mental health care needs of women. GAO was asked to examine (1) the on-site availability of health care services at VA facilities for women veterans, (2) the extent to which VA facilities are following VA policies that apply to the delivery of health care to women veterans, and (3) key challenges that VA facilities face in providing health care to women veterans and how VA is addressing these challenges. GAO reviewed applicable laws and VA policies, interviewed officials, and visited a judgmental sample of 9 VA medical centers (VAMC) and 10 community-based outpatient clinics (CBOC) chosen, in part, based on the number of women using services. GAO also visited 10 VA counseling centers (Vet Centers).

What GAO Recommends

GAO recommends that VA provide complete information on its external Web sites about specialized residential programs for women; verify the information facilities report on compliance with privacy policies; expedite action to update VA's design and construction policies; and clarify the roles and responsibilities of the Women Veterans Program Manager (WVPM). VA concurred with GAO's recommendations.

View GAO-10-287 or key components.
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What GAO Found

The VA facilities GAO visited provided basic gender-specific and outpatient mental health services to women veterans on site, and some facilities also provided specialized services for women. Seventeen of the 19 medical facilities GAO visited offered basic gender-specific services including pelvic examinations and cervical cancer screening on site, and 15 offered access to one or more female providers for gender-specific care. The availability of specialized gender-specific services—such as treatment of reproductive cancers—and mental health services for women varied by service and facility. While some VAMCs offered a broad array of specialized gender-specific care on site, smaller CBOCs referred women to other VA or non-VA facilities for many or most of these services. Nationally, 9 VAMCs have residential mental health programs that are for women only or have dedicated cohorts for women. However, information about all of these programs was not available on VA's external Web sites.

In July 2009, GAO reported in *VA Health Care: Preliminary Findings on VA's Provision of Health Care Services to Women Veterans* (GAO-09-884T), that none of the facilities GAO visited were fully compliant with VA policy requirements related to privacy for women veterans. In response, VA has required facilities to report more information on their compliance with these policies. However, facility reporting on privacy policies has, in the past, been inaccurate, and VA's oversight process does not include a means to validate the information facilities report. The facilities GAO visited were in various stages of implementing a new VA initiative to provide comprehensive primary care—defined as complete primary care, including basic gender-specific services, and mental health care—to women veterans at all facilities. VA headquarters officials are working with Women Veterans Program Managers (WVPM) and facility leadership to help facilities implement this initiative.

In locations GAO visited, VA identified a number of key challenges in providing health care services to women veterans. For example, officials at VA medical facilities reported that space constraints have raised issues affecting the provision of health care services to women veterans, particularly related to ensuring their privacy and safety. According to VA officials, most VAMCs have planned renovation, construction, or relocation projects as part of their efforts to expand services and implement comprehensive primary care for women veterans. However, VA's design and construction policies have not been updated to reflect VA's privacy policies for women veterans. Moreover, the VA memorandum which established the WVPM as a full-time position outlined broad authority for the WVPM in facilitating changes in the delivery of services to women veterans, but some facilities have not modified the WVPM position as envisioned in VA's memorandum. For example, some WVPMs reported that they did not have sufficient authority and access to leadership to implement needed changes. Furthermore, VA's WVPM handbook, which defines the roles and responsibilities of the WVPM, has not been updated since the WVPM position was made full-time.