

GAO Highlights

Highlights of [GAO-16-596](#), a report to congressional committees

Why GAO Did This Study

DOD provides health care services to active-duty servicemembers, their dependents, and others, in part through direct care provided at military hospitals and clinics located on military bases. Women represent a significant percentage of the population eligible for MHS services, comprising nearly half of the 7 million adults eligible for coverage at the end of fiscal year 2014.

In recent years, DOD's study of the quality of care in the MHS raised questions about the quality of health care at military hospitals, including the quality of women's health care services. The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 included a provision for GAO to describe the availability of women's health care services at military hospitals, particularly maternity care, and the measurement and monitoring of the quality of these services.

This report describes: (1) the extent to which women's health care services are available to servicemembers and other beneficiaries at domestic military hospitals; (2) how the MHS selects quality measures for women's health care services provided at military hospitals; and (3) the quality measures that the MHS has selected for women's health care services and how they are used to improve the quality of care. GAO reviewed documentation, information, and data provided by DOD and the military services, on women's health care services available as of July 2015, and interviewed officials from DOD, the military services and NCR, and six hospitals (selected based on military service, geographic diversity, and volume of deliveries).

View [GAO-16-596](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

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DEFENSE HEALTH CARE

Availability and Quality Measurement of Women's Health Care Services in U.S. Military Hospitals

What GAO Found

Almost all of the domestic military hospitals in the Department of Defense's (DOD) Military Health System (MHS) offered general women's health care services, including general maternity, neonatal, and gynecological care, with fewer offering specialty care services. Specifically, according to officials from the three military services and the National Capital Region (NCR) (which includes two military hospitals in the Washington, D.C. area), 37 of the 41 domestic military hospitals offered a basic or specialized level of maternity and neonatal care services, although fewer offered more specialized levels of these services. All of the 41 hospitals offered general gynecological care, including contraceptive services and cervical cancer screenings, while fewer offered more specialized care, such as treatment for gynecological cancers, according to officials.

According to MHS officials, the MHS selects quality measures for women's health care services based on assessments and input from advisory groups at multiple levels of the MHS, including at the department, military service, and hospital levels. Members of these advisory groups participate in the activities of national clinical organizations and educate their colleagues within the MHS about new developments in health-care quality assessment, including new quality measures. According to officials from the MHS and all three services and NCR, coordination of the selection of quality measures for women's health care services across the military services and NCR has increased in the past several years, including for the selection of measures to include in a perinatal quality measures "dashboard," which is being developed to provide more timely quality information to providers during the patient's stay in the hospital.

In 2015, the MHS collected data for 90 quality measures related to maternity, neonatal, and gynecological care, a number of which related to areas that had been identified nationally as being problematic and associated with high rates of maternal morbidity. In maternity and neonatal care, for example, data was collected on elective deliveries (where the birth is facilitated, such as with medication or surgical cesarean section, without a medical indication). For gynecological care, the MHS collected data for quality measures related to prevention, such as screenings for breast and cervical cancer, and gynecological surgery, such as morbidity rates within 30 days following surgery. The MHS, the military services and NCR, and individual military hospitals used the data collected to identify areas for quality improvement and implement related improvement activities. For example, MHS officials told GAO that the MHS's 2015 Perinatal Quality Initiative was implemented across all military hospitals in response to a finding that postpartum hemorrhage rates were higher in military hospitals compared to certain civilian hospitals. This initiative included training for hospital staff, clinical simulation drills, and using quality tools to help providers prepare for and carry out steps to minimize the risk and negative outcomes of the condition. Officials reported that after implementation of the initiative, postpartum hemorrhage rates decreased, on average, across the MHS.

GAO is not making recommendations in this report. DOD reviewed a draft of this report and provided technical comments, which GAO incorporated as appropriate.