Report from the United States Senate Committee on Veterans' Affairs (Minority)
Senator Richard Blumenthal, Ranking Member

U.S. Department of Veterans Affairs Maternity Services: Actions Needed to Enhance Communication and Plan for Coordination of Care in the Community

December 8, 2016

Executive Summary

Background

Despite the growing demand for VA maternity services, most women who are eligible for this VA benefit do not use it. As a result, pregnancy is an important point at which many women leave the VA health care system, which raises concerns about continuity of care for women veterans—many of whom have complex health needs during and after pregnancy.

Considering the growing use of maternity services and the importance of careful communication and coordination of care for high-risk populations using the services, Congress and VA have an opportunity to carefully examine these services and make necessary changes to ensure that women veterans have ready access to timely, high quality, and well-coordinated services no matter where they are provided.

This Study

Committee staff studied the extent to which VA communicates its maternity benefits to eligible veterans and how—given the planned expansion of care in the community—VA is planning for effective coordination of care among VA and non-VA providers of maternity services for veterans.

Example of VA Maternity Services Message

Source: Department of Veterans Affairs

Findings

1) VA's communication regarding maternity services is lacking and may not be reaching a key population of veterans eligible for these services.

2) As VA expands care in the community, enhanced research and training is needed to ensure high quality maternity services.

3) Changes are needed to ensure veterans' access to maternity supplies.

Recommendations

Recommendations include:

- VA should expand its communication efforts to veterans of childbearing age to include information about the importance of coordination of care to manage pregnancy and other health conditions for which a veteran may need concurrent treatment.

- VA should create and implement a research plan to obtain the necessary data on the growing population of veterans using maternity benefits.

- VA should institute a systematic approach to training staff on changes related to the Veterans Choice Program to ensure staff have the most up to date information and that care coordination is managed effectively.

- VA should conduct an assessment of its current policies and ensure that they are aligned with best practices for the standard of care

- VA's plans for expanding care in the community should include provisions for maternity supplies that fall outside of prosthetics and pharmacy.

Introduction

The number of women veterans is steadily increasing and along with it the need for VA to offer the range of health care services and benefits to address the needs of this growing population. Over the years, VA has made a number of changes to address the health care needs of women veterans, including offering maternity care services for eligible veterans. The veterans eligible for VA maternity benefits are more likely to be at higher risk for health complications during pregnancy due to service-connected disabilities and other factors, yet most do not use the benefits. Of those who do use them, many do not return to VA care after delivery, which raises concerns about continuity of care for this population of veterans. Pregnancy is an important point of attrition from the VA for a patient population that VA should be following and treating for other health conditions. Given that VA provides most maternity services through community providers and that many veterans using those benefits have complex health issues due to service-connected disabilities, the need for effective coordination of care is even more imperative. This report reviews the current state of VA's maternity services, examines how those services are communicated and coordinated for veterans, and offers recommendations for specific actions VA should take to improve those services.

Scope and Methodology

Committee staff identified the following research questions for this report:

1. To what extent are options for maternity services communicated to veterans?
2. To what extent is VA planning for the expansion of VA care in the community with regard to its provision of maternity services?

In order to learn about VA's practices for communicating to veterans regarding the maternity services it offers and the Department's planning efforts for maternity services in light of upcoming expansion of care in the community, Committee staff met with VA officials and staff regarding VA policies, practices, and staffing of maternity services. In addition, Committee staff reviewed relevant documentation such as VA policies on delivery of women's health and obstetrical services; maternity services staff position descriptions; peer reviewed, published research on VA's provision of maternity services and veterans' experiences with them; reports and survey results on women veterans' experiences with VA health care published by veteran service organizations; and meeting minutes, reports, and other documents regarding the

training of VA staff who coordinate maternity services. Further, Committee staff met with veteran service organizations—The Iraq and Afghanistan Veterans of America and Disabled American Veterans— to gain the perspective of veterans from a variety of service eras. In addition, Committee staff met with representatives from the American Congress of Obstetricians and Gynecologists, Connecticut chapter to discuss health care provider experiences treating veterans covered under VA for maternity services.

Background

VA has offered maternity services in its medical benefits package since 1996. Currently, for eligible veterans, VA covers prenatal care, labor and delivery services, postpartum care, and newborn care for the first seven days after birth.[1] Collectively, this set of services is referred to as "maternity services," and is typically provided through arrangements with community providers. Although VA does not provide delivery and newborn care within its medical centers, it offers prenatal care up to a point in three VA medical center (VAMC) locations: Salt Lake City, Houston, and Greater Los Angeles. Women receiving prenatal care at these locations are transferred to an affiliate hospital or community provider for labor and delivery care. For example, VA officials note that for veterans receiving early prenatal care at the Greater Los Angeles VAMC, as the pregnancy progresses, they typically transfer their care to a university hospital with which VA has a clinical and academic partnership to deliver their babies. VA covers deliveries in hospital and birth center settings, but not home births. VA officials noted that VA has heard from some provider groups who attend home births that they would like to see VA's coverage expanded to include that option, but at this time VA is not taking steps to do so. VA's maternity services coverage and guidelines are described in full in the *Veterans Health Administration (VHA) Handbook*.[2]

Veterans' Use of VA Maternity Services

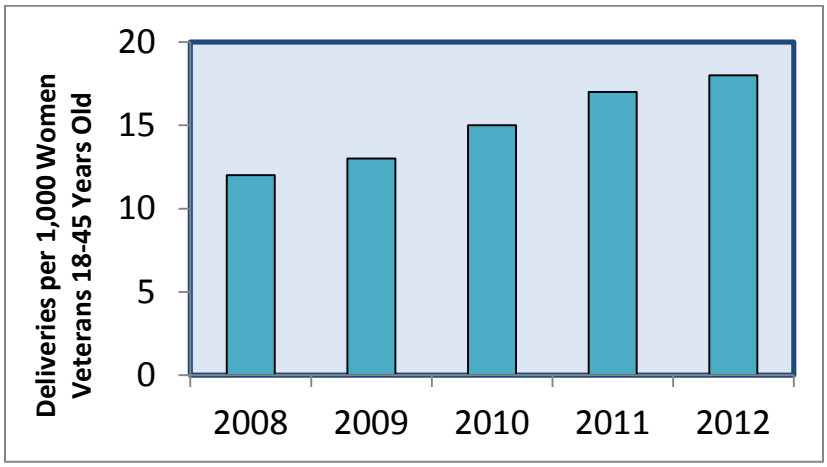
The number of women veterans of childbearing age enrolling in the VA health care system is increasing as a growing number of young women veterans are returning from military service

[1] In May 2010, VHA maternity benefits were expanded to include 7 days of infant care. There is pending legislation to extend the length of time newborn care is covered by VA from a maximum of 7 days to a maximum of 14 days. See (S.2520: Newborn Care Improvement Act).

[2] *VHA Handbook* section 1330.03: *Maternity Health Care and Coordination*; Department of Veterans Affairs, Veterans Health Administration, Washington, D.C., October 5, 2012.

and seeking reproductive health care from VA. Over the 5-year period between 2008 and 2012, there was a significant increase in the demand for VA maternity benefits. A 2014 study showed that between 2008 and 2012, the number of deliveries paid for by VA increased from 1,442 in 2008 to 2,730 in 2012.[3] According to VA officials, that number increased to 3,516 in fiscal year 2013, more than doubling the number of VA-covered deliveries in 2008. The overall delivery rate increased by 44% over the study period from 12.4 to 17.8 deliveries per 1,000 women veterans aged 18 to 45 years old (See Table 1).

Table 1: Rate of Deliveries Covered by the Department of Veterans Affairs from 2008 through 2012



Source: Department of Veterans Affairs based on research by Mattocks, et. al.

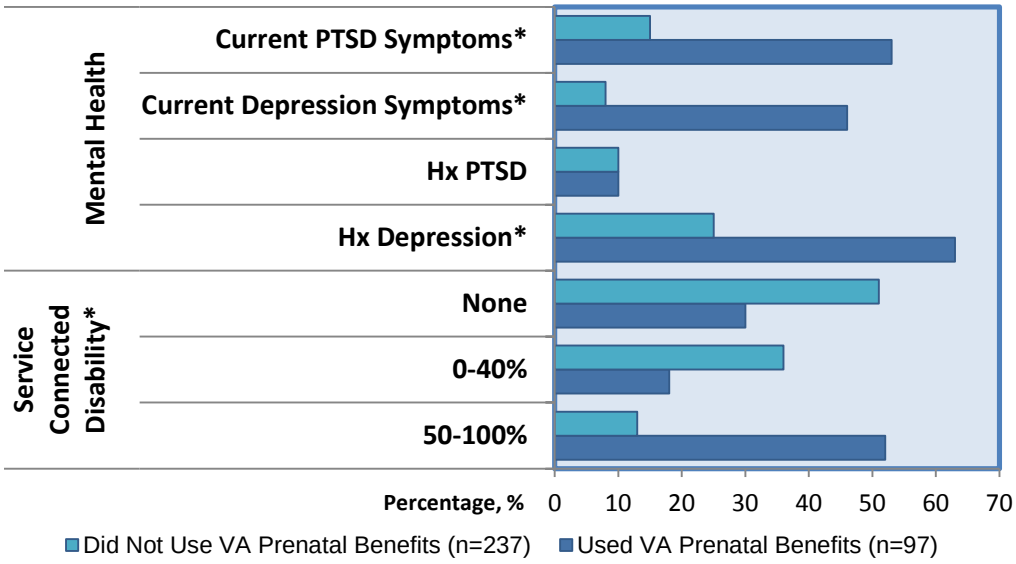
A majority of women using VA maternity benefits were age 30 or older and had a service-connected disability. From FY 2008 to 2012, the VHA paid more than $46 million in delivery claims to community providers for deliveries to women veterans, or roughly $4,993 per veteran. The study concluded that based on the sizable increase in demand for maternity services among veterans enrolled in the VA health system, VA "must increase its capacity to care for pregnant veterans and ensure care coordination systems are in place to address the needs of pregnant veterans with service-connected disabilities."[4] According to data provided by VA, the Department covered over 3,000 deliveries in FY 2013, totaling $7.8 million, approximately 3,600 deliveries totaling $10.9 million in FY 2014, and in FY 2015 covered over 3,500 deliveries costing $9.7 million.

[3]Mattocks, K. M., S. Frayne, et al. (2014). *Five-year Trends in Women Veterans' Use of VA Maternity Benefits, 2008-2012.* Women's Health Issues 24(1): e37-42.

[4]Mattocks, et. al.

Despite the growing demand for VA maternity services, most women who are eligible for this VA benefit do not use it. A 2015 study using data from the National Survey of Women Veterans found that of veterans who potentially had the opportunity to use VA maternity benefits, 25% used these benefits and 75% did not. In addition, the study notes that pregnant women veterans who use VA prenatal benefits are a high-risk group.[5] VA officials shared preliminary findings from another study (currently in peer review) that provides some insights into the characteristics of veterans who choose to use the VA maternity benefit (See Table 2).

Table 2: Characteristics of Veterans Using VA's Maternity Services Benefits



* Denotes a statistically significant difference

Source: Department of Veterans Affairs, based on research by Katon, et.al.

The percentage of women in the study sample using the VA maternity benefit was highest among those with current post traumatic stress disorder symptoms, current symptoms of depression, or a history of depression. In addition, women with a service-connected disability rating of 50 to 100 percent were more likely than those with no or lower rated service-connected disabilities to use the maternity services benefit from VA.[6] Other research has shown that compared with women veterans not using VA prenatal benefits, those who did were more likely to be 18 to 24 years old (39.9% vs. 3.7%), and more likely to have self-reported diagnosed

[5]Katon JG, Washington DL, et. al. (2015). *Prenatal Care for Women Veterans Who Use Department of Veterans Affairs Health Care.* Women's Health Issues 25(4):377-81.

[6]Katon, J., Washington, D., Cordasco, K., Reiber, G, Yano, E., Zephyrin, L. Prenatal Care for Women Veterans: What Obstetrician/Gynecologists Need to Know. *American Journal of Obstetrics and Gynecology*. Under Review.

depression (62.5% vs. 24.5%) and current depression (46.1% vs. 8%) or post-traumatic stress disorder symptoms (52.5% vs. 14.8%). Compared with women veterans not using VA prenatal benefits, those who did were more likely to resume VA use after delivery. The study concludes that "among those who opt not to use these benefits, pregnancy is an important point of attrition from VA health care, raising concerns regarding retention of women veterans within VA and continuity of care."[7] VA officials said they are looking for new ways to engage with veterans and provide innovative maternity services in order to retain women in the VA system. For example, a 2014 report from the VA Advisory Committee on Women Veterans included a number of recommendations for improving VA services in general for women veterans. One recommendation urged VA to expand its obstetrical and gynecological care options. In its response, VA concurred and noted that several innovative services for women—including tele-maternity care—were being implemented at some VAMCs.[8]

VA Maternity Care Coordinators

VA has established Maternity Care Coordinators (MCC) in its VAMCs to serve as liaisons between VA facilities and maternity service providers outside of VA caring for covered veterans and as points of contact for pregnant veterans receiving obstetrical or midwifery care outside of a VA facility. In addition, they monitor the delivery of maternity services and coordination of care and track health outcomes for patients. The MCC helps veterans stay connected and "tie back" to the VA and the benefits they receive. VA officials noted that there is an MCC position in each VAMC with the exception of VAMCs in VISN 1 (Northeast/New England) where a single MCC serves the entire VISN.[9] Because the majority of maternity care is provided outside of the VAMC system, VA must exchange clinical information with the outside provider(s). The MCC communicates regularly with the pregnant veteran's Patient Aligned Care Team (PACT)—either the primary care provider or the nurse—and serves as a liaison, exchanging information with the maternity services community provider where the veteran receives her care. VA officials said that medical record information is communicated primarily via secured fax after the veteran signs a permission for release of records. In addition to their role in facilitating information-sharing with community providers, the VHA Handbook outlines other responsibilities for MCCs

[7]Katon, et. al., Women's Health Issues 25(4):377-81.

[8]*Women Veterans—Proudly Breaking Barriers*, VA Advisory Committee on Women Veterans, Department of Veterans Affairs, September 2014.

[9]VA officials said this arrangement was made based on the relatively older veteran population in that region, which coincides with a lower use of maternity services.

including: assisting with links to community services and resources such as the Women Infants and Children Program, informing veterans of the covered services for newborn care, and ensuring that an electronic alert is added the patient's medical record flagging for other providers the fact that a veteran is pregnant or lactating.

VA employs a Lead MCC Field Coordinator based in northern California to provide a central point of contact for the MCC program. The direct oversight for individual MCCs resides in the local site, with general coordination of the overall programs residing in VA's Office of Women's Health Services. VA officials note that that MCCs are not full time positions; rather, the role of the MCC is a "collateral duty," most commonly fulfilled by a nurse, but also sometimes by a physician, social worker, or in rare circumstances, a Women Veteran Program Manager.[10] Based on the MCC's particular professional field and training, the MCC may have the expertise to do an assessment for risk factors such as psycho-social issues, partner violence, and various health habits that could impact a pregnancy. The responsibilities and expectations for MCCs are documented in a functional statement within the VHA Handbook.[11]

Legislative History of VA Maternity Services

Although there have been numerous legislative actions aimed at transforming the VA health care system, there has been very little legislation specifically aimed at the improvement of maternity services. In 1992 the *Health Care Services for Women Act* provided VA with authority to provide to women certain health care services including pap smears, breast examinations, mammograms, and "general reproductive health care." However, the measure excluded infertility services, abortions, and "pregnancy care, including prenatal and delivery care," except for certain cases where complications may arise due to a service-connected disability.[12] In 1996, the *Veterans' Health Care Eligibility Reform Act* required VA to establish and implement a national enrollment system and soon thereafter VA established in rules a Uniform Medical Benefits package. The package included pregnancy and delivery services as authorized by law

[10]The Women Veterans Program Manager position is one aspect of VA's effort to ensure that women veterans receive comprehensive, gender-specific care. According to the VHA Handbook (1330.01 section 11) the Women Veterans Program Manager has responsibility for, among other things, executing comprehensive planning for women's health issues that improves the overall quality of care provided to women veterans and achieves program goals and outcomes.

[11]VHA Handbook section 1330.03: *Maternity Health Care and Coordination*, paragraph 10, pages 9-10; Department of Veterans Affairs, Veterans Health Administration, Washington, D.C., October 5, 2012.

[12]*The Health Care Services for Women Act*, Nov. 4, 1992, P.L. 102-585, Title I, § 106, 106 Stat. 4847.

and certain medically necessary infertility services. [13] In the past ten years, the only enacted legislation related to maternity services for veterans is the *Caregivers and Veterans Omnibus Health Services Act of 2010* which authorizes the Secretary of Veterans Affairs to furnish care to a newborn child of a woman veteran receiving VA maternity care for up to seven days after the birth of the child.[14]

Currently, the House and Senate are considering measures to double the number of days that a veteran's newborn baby can receive post-delivery care services. Senator Klobuchar has introduced the *Newborn Care Improvement Act* (S. 2520) to authorize the Secretary of Veterans Affairs to extend the length of time a newborn is covered for medical treatment from 7 to 14 days. In testimony in support of the measure, Senator Klobuchar noted that right now, a qualifying veteran must find outside health care for her child within seven days of birth or the baby will not be covered for care. Factors like post-traumatic stress and combat injuries mean many female veterans face high-risk pregnancies. This bill provides for extra time in the hospital, should a veteran's baby need it. She further notes that even for a birth without complications, the standard of care for healthy newborns is 14 days—most pediatricians require newborns to return to the hospital at two weeks for a check-up.[15] VA officials said the department generally supports the *Newborn Care Improvement Act*, but would require additional appropriations to implement the legislation. Recognizing the burdens that a new mother may be facing, the House passed similar legislation in February 2016 without controversy. On July 14, 2015, before the House Committee on Veterans' Affairs, Subcommittee on Health, VA testified that the companion bill, H.R. 423, would cost $2.3 million in the first year, $12.7 million over 5 years, and $28.2 million over 10 years.

Given the compelling data regarding the increase in use of maternity services, the high proportion of women using the maternity benefit who have service-connected disabilities, and the increase in VA's use of care in the community, maternity services is an important aspect of VA's overall health care system. However, there has been comparatively little legislative action specifically focused on these services over the past decade. Especially considering the growing

[13] *The Veterans' Health Care Eligibility Reform Act of 1996*, P. L. 104-262.
[14] 111th Congress, S. 1963/P.L. 111-163, , Sec. 206 *Caregivers and Veterans Omnibus Health Services Act of 2010*: https://www.congress.gov/bill/111th-congress/senate-bill/1963.

[15] Statement of Senator Amy Klobuchar, United States Senate Committee on Veterans' Affairs, legislative hearing May 24, 2016.

use of maternity services and the importance of careful communication and coordination of care for high risk populations using the services, Congress and VA have an opportunity to carefully examine this set of services and make necessary changes to ensure that women veterans have ready access to timely, high quality, and well-coordinated services no matter where they are provided. Enhanced attention and Congressional oversight of maternity services will help to improve this vital area of women's health care services offered by VA.

Findings and Recommendations

Finding 1: VA's Communication Regarding Maternity Services Is Lacking and May Not Be Reaching a Key Population of Veterans Eligible for These Services.

VA's Handbook describing maternity services states that one of the Department's responsibilities is "ensuring that all VA clinical staff members are made aware of VA's responsibility for providing education and referral of pregnant Veterans for maternity related care."[16] In addition, VA officials told us that they consider it a key responsibility of the Department to ensure veterans are educated about the benefits they have earned—including maternity services. Officials said they have channels in place to communicate information on maternity services to veterans, although they believe there is room to improve upon that communication. This idea is supported by the results of the VA's 2015 Study of Barriers for Women Veterans to VA Health Care which found that only 36% of women veterans from the most recent service era (Operation Enduring Freedom/Operation Iraqi Freedom to present)—the era with the greatest proportion of veterans in their childbearing years—reported receiving information about VA health services available for women.[17] This suggests an opportunity for VA to enhance its outreach to a key population of veterans for whom information about maternity services could be useful.

VA officials discussed strategies the Department is using or considering for boosting the number of female veterans who use the VA's maternity services. For example, MCCs reach out to non-VA hospitals and providers to encourage them to ask their pregnant patients whether they are veterans or have ever served in the military as a routine aspect of patient history. Making this question a regular part of prenatal care may open the door to conversations about other

[16]VHA Handbook section 1330.03, 7d.

[17]*Study of Barriers for Women Veterans to VA Health Care 2015*, pg. 39; Department of Veterans Affairs, April 2015.

experiences or health conditions that could impact a woman during her pregnancy such as mental health treatment or military sexual abuse. Officials said that internally, VA is still not communicating enough about maternity services; and as a result, all staff are not as knowledgeable about what VA offers as they should be. Further, they noted that in general, both veterans and VA employees don't often know about VA's maternity services, pointing to a need for better communication about the services VA provides and pays for.

When asked whether they see the Transition Assistance Program as a venue for communicating about maternity services (Committee staff attended a transition session in September 2015 which did not mention them), they said that the newly revised curriculum is offered online and will contain information on maternity services.[18] However, they noted that most veterans probably do not retain that information for when they might need it in the future. Some of the communication tools VA uses to disseminate maternity services information are:

- **Mailings to pregnant veterans and community health care providers.** VA officials note that they routinely send authorization letters and literature on maternity benefits to pregnant veterans and non-VA providers explaining VA's maternity care process and benefits.

- **Phone contact during pregnancy.** According to VA officials, MCCs contact pregnant veterans in bi-monthly phone calls throughout a veteran's pregnancy to explain the maternity care process and address any concerns she may have. In addition, VA's Women Veterans Call Center staff is trained to provide information on VA's maternity services over the phone and to clarify the information packets mailed to veterans.

- **VA/Department of Defense Prenatal Care Guide.** VA officials note and the VHA Handbook directs that VA provide a copy of *Pregnancy and Childbirth, A Goal Oriented Guide to Prenatal Care*, commonly known as "The Purple Book" to pregnant veterans. The guide is directed to service members and veterans and includes a page specific to veterans' coverage and coordination of maternity services.[19] However, the guide was

[18]The Department of Defense in collaboration with VA and other agencies sponsors the Transition Assistance Program to provide information, assistance, and training to ensure service members separating from active duty are prepared for their next steps in life. One component of this mandatory program is information on eligibility and access to VA health care benefits.

[19] See *Pregnancy and Childbirth, A Goal Oriented Guide to Prenatal Care, version 3.0, pg 101*; September 2010; based on VA/DOD Management of Pregnancy Clinical Practice Guideline, 2009. (accessed July 5, 2016: http://www.crdamc.amedd.army.mil/obgyn/_files/pregnancychildbirth.pdf).

last updated in 2010 and the veteran-specific page does not include updated information about how services may be accessed through the Veteran's Choice Program and other VA programs through which veterans receive care in the community.[20]

- **VA Web Site.** VA has a limited amount of information regarding its maternity services on its website. This includes a brief statement about the use of care in the community, a frequently asked questions sheet, and links to other resources outside of VA that might be of use to pregnant women. In addition, the website provides some examples of signage and pamphlets for use by VAMCs (see Fig. 1). However, it is unclear how widely, if at all, these resources are used in the individual VAMCs and other locations.

Figure 1: Examples of VA Maternity Services Messages

Source: Department of Veterans Affairs

Most of the communication about pregnancy and maternity services is aimed at veterans who are already pregnant. While the information may be useful to pregnant veterans, it does not help VA to educate veterans who may be considering pregnancy about the services VA can provide for them. In addition, none of the communications VA shared or were available on-line emphasized the value of remaining with VA throughout a pregnancy in terms of VA's ability to effectively coordinate and track the veteran's prenatal care as it relates to ongoing care she may

[20] *The Veterans Choice Act of 2014* authorized VA to create the Veterans Choice Program—or "Choice Program." In addition, VA currently has six other programs through which eligible veterans may receive care in the community: 1) Patient-Centered Community Care (PC3), 2) Traditional VA Care in the Community (formerly "Non-VA Medical Care"), 3) Emergency Care in the Community for Certain Veterans with Service-Connected Disabilities, 4) Emergency Care in the Community for Non-VA Non-Service Connected Veterans, 5) Project Access Received Closer to Home—or "Project ARCH," and 6) Indian Health Service/Tribal Health Program.

be receiving within the VA system. Without these explicit messages, veterans may not appreciate the benefit of seeking maternity services through VA in terms of managing other health conditions, medications, and treatments concurrently through a pregnancy and beyond. Providing accessible and pro-active messages to the population of veterans in their childbearing years may help VA to address its goal of retaining more veterans eligible for maternity benefits. In addition, it is imperative that the communications offered to veterans be current and provide clear guidance on how maternity services may be accessed. For example, the "Purple Book" provided to all pregnant veterans in VA's care should be updated to reflect the current process for accessing maternity services.

As VA learns more about the needs of pregnant veterans and how to better provide maternity services to all eligible veterans through better communication, it is vital that VA also ensure that the MCC is properly resourced to be able to respond to those needs. While most of the country has an MCC at every VAMC, VISN 1 maintains one MCC for the entire network. This model allows for services to be provide by one dedicated individual where it appears that the volume of need for services is low; however, as veterans become more aware of what is available to them at VA, VA must be able to determine with specificity whether and how the MCC role should be expanded.

Recommendations

Recommendation 1.1: Given the research indicating a high proportion of veterans eligible for maternity benefits do not use them and that those who do are likely to have service-connected disabilities or conditions that require a high level of coordination, VA should expand its communication efforts to veterans of childbearing age to include information specifically about the importance of coordination of care to manage pregnancy and other health conditions for which a veteran may need concurrent treatment.

Recommendation 1.2: As VA expands its options for receiving care in the community and because this is already the primary means of providing maternity services, VA should ensure that its communications and education materials—including the "Purple Book"— are up to date and provide clear descriptions of how veterans may access maternity services.

Finding 2: As VA Expands Care in the Community, Enhanced Research and Training Is

Needed To Ensure High Quality Maternity Services for Veterans.

VA's handbook describing maternity services includes a requirement for VA staff to ensure "standard processes are in place to facilitate communication between non-VA maternity care providers and VA-based health care providers."[21] While VA has such processes in place currently, the impending expansion of care in the community—including for maternity services—will present challenges and will require vigilance to ensure a high quality of care for veterans. VA officials explained that pregnancy presents a particularly important and sometimes complex need for careful coordination of care given that there can be multiple transitions in care throughout a woman's pregnancy. Particularly for veterans with pre-pregnancy medical and mental health conditions treated within VA, the need for careful and effective coordination of care is even greater and can involve the need for multiple episodes of medical record transfers and other means of communication among care providers within and outside of VA. Given that these conditions have the potential to increase health risks for both the veteran and her newborn, having a process in place to evaluate pregnancy outcomes and health impact of service-connected disabilities is essential. For veterans with service-connected disabilities, VA has designed a model of care that provides veterans with access to their VA-based PACT team including mental health, social work, pharmacy, and other services, while MCCs provide assistance in navigating the system to provide and coordinate maternity services outside of VA.

Officials noted that care coordination is so important for pregnant veterans because VA wants to be able to follow its patients who may be receiving care from both VA and an outside provider and to link the veteran back into VA when the episode of care in the community is completed. Tight coordination enables VA to maintain complete records of patients' care and history and can help determine where best for a veteran to receive treatment. VA has recognized challenges in successful coordination of care for pregnant veterans and has sought ways to improve it. For example, VA is piloting some improvements to its ability to track, monitor, and analyze maternity care in its Salt Lake City medical center—one of the three locations where prenatal care is provided up to a point within VA. The pilot—which is a collaboration between VA's Women's Health Services and the VA Center for Innovation—includes a trial of some new or enhanced tools for coordinating care for veterans receiving maternity services from providers in the community. Officials have noted that one of the biggest challenges is getting non-VA

[21]VHA Handbook section 1330.03, 7b.

providers to participate in sharing their records via VA's tracking tool known as the Maternity Tracker dashboard. In addition, VA is developing and testing a variety of mobile applications to support the integration of pre-conception care into primary care, identify and track women veterans using high risk medications, and support the work of the MCCs.

With the prospect of increased care in the community, the ability to share medical information across providers will only become more essential. When asked how VA is strategizing or planning now for the impact on maternity care coordination under the Veterans Choice Program, VA officials said that the new program represents a change to the standard patterns of care and established relationships with providers in the community. They plan to conduct outreach to a wider range of providers in the community in order to increase the number of providers available to pregnant veterans. Currently, they said, VA has a strong network of maternity care providers with whom the MCCs are in communication and they hope that network remains intact and grows as a result of expanding VA's offerings of care in the community.

> *Understanding the impact of transitions of care between VA and non-VA medical care during pregnancy will allow providers and policy makers to identify barriers and facilitators for returning to VA care after delivery. Currently there are gaps in understanding quality of care at these transitions and the potential impact on maternity outcomes."*
>
> *—VA's 2014 report: The State of Reproductive Health in Women Veterans*

VA addressed the challenges ahead in its 2014 report *The State of Reproductive Health in Women Veterans*, noting that additional research is needed to understand pregnancy outcomes and to monitor quality of care for pregnant veterans. Specifically, the report states that "understanding the impact of transitions of care between VA and non-VA medical care during pregnancy and following delivery will allow providers and policy makers to identify barriers and facilitators for returning to VA care after delivery. Currently there are gaps in understanding quality of care at these transitions and the potential impact on maternity

outcomes."[22] The report concluded that research is needed to help providers understand the impact of service-connected disabilities and exposures on pregnancy, as well to assess the how veterans' transitions of care between VA and community providers affects health outcomes. As VA prepares for a major expansion of care in the community, such information will become even more important for ensuring high quality maternity services for veterans.

Given the pivotal role MCCs play in ensuring communication and exchange of information at care transitions for veterans receiving maternity services, adequate staffing and consistent and thorough training is essential. There are designated staff serving in the MCC role at each VAMC with one notable exception. VISN 1, which comprises eleven VAMCs in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, has only one MCC to serve all the VAMCs in this region. With the expansion of care in the community, there is a risk that a single MCC would be stretched too thin to adequately meet the coordination needs of the entire region. Designating additional MCCs within VISN 1 would help to ensure that veterans have the care coordination they need throughout their pregnancy and would increase the chances that veterans could be retained in the VA health care system following delivery—a critical juncture when many veterans leave the VA altogether.

When asked how MCCs are trained for their role, VA officials noted that they "haven't been able to do formal training." Instead, MCCs receive instructions and support through an informal mentoring relationship, through a community of practice for MCCs, and through consultations with the Lead MCC as needed. According to VA, MCCs use an email listserv to ask questions, start discussions, or post notices or other information that may be helpful to others. In addition, they use an electronic newsletter to share information and collaborate electronically. The Lead MCC hosts a bi-monthly call for all MCCs to share new developments, educate them on their role, provide "job enhancement" presentations, and provide a forum for Q&A with leadership on topics of interest. As VA prepares to expand options for care in the community and aspects of the maternity services it is critical that all staff—including MCCs— whose responsibilities include coordination of maternity services should receive training in the According to VA, the MCC program does not include a standardized training for all MCCs. This lack of a systematic approach to training as a major expansion of care in the community takes place, may put VA at risk for inconsistent messages and implementation across the VAMCs.

[22]Zephyrin LC, Katon J, et. al. *The State of Reproductive Health in Women Veterans: VA Reproductive Diagnoses and Organization of Care*. Women's Health Services, Veterans Health Administration, Department of Veterans Affairs, February 2014.

Recommendations

Recommendation 2.1: To ensure that veterans receive high quality and well-coordinated maternity services within and outside of VA, the Department should create and implement a research plan for obtaining the necessary data on this growing population.

Recommendation 2.2: To provide adequate coordination for veterans accessing maternity services and to increase the chances that veterans will remain in the VA system following maternity care, VA should increase the number of MCCs designated in VISN 1.

Recommendation 2.3: Given the important role the MCCs have in facilitating communication among veterans, their VA providers, and non-VA care providers, VA should institute a systematic approach to training MCCs on changes related to the Veterans Choice Program to ensure staff have the most up to date information and that care coordination is managed effectively.

Recommendation 2.4: To ensure high quality maternity services for veterans, VA should conduct an assessment of its current policies and ensure that they are aligned with best practices for the standard of care and develop legislative recommendations to address any areas where their policies are not aligned with best practices. The current House and Senate measures to extend the window for newborn care provides a good example of bringing VA practice in line with current standards of care.

Finding 3: Changes Are Needed to Ensure Veterans' Access to Maternity Supplies.

In addition to research and training, VA must ensure that its plans for expanding community care options include provisions for maternity supplies such as lactation supplies, back supports, childbirth education classes, and breast pumps and tubing. VA officials indicated that special consideration for these types of supplies is needed to ensure that they do not fall through the cracks with the roll out of the Veterans Choice Program. VA maternity service policies provide for such supplies to be accessed either through a prosthetics consult for items such as maternity belts, breast pumps, and nursing bras, or through the pharmacy for supplies including breast pads and nipple cream.[23] Officials said that there is no current system for obtaining

[23] VHA Handbook section 1330.03, 9g.

supplies that fall outside of prosthetics or pharmacy, which poses a challenge to veterans in need of some maternity care supplies. The Affordable Care Act of 2010 has made it significantly easier for women to obtain breast pumps by requiring most health insurance plans to cover the cost of a breast pump as part of women's preventative health services. VA should ensure that obtaining essential maternity supplies such as this is at least as easy for veterans eligible for VA benefits as it is for those covered by the Affordable Care Act. This means VA must integrate maternity supplies into its planning for expanded care in the community.

Recommendation 3.1: To ensure that veterans have access to necessary maternity supplies regardless of where their care is delivered, VA's plans for expanding care in the community should include provisions for maternity supplies that fall outside of prosthetics and pharmacy. In addition, Congress should require VA to reform its system for distributing medical supplies and products to ensure that veterans have ready access to maternity supplies they need while receiving those services through VA.

Conclusion

Although VA offers maternity services to eligible veterans, the Department is missing opportunities to inform all veterans who may be interested in using the services. Perhaps as a result, many who are eligible to use the services do not do so. For those veterans who do use VA's maternity services, VA is losing them after their pregnancies are completed, leaving veterans at risk for fragmented care and lack of follow up for other conditions for which VA may have been treating them. Enhancing communications of maternity services to a wider range of veterans and conducting research to further understand the needs and health care decisions of women veterans would help strengthen the VA's services to women and may reveal additional changes that would help ensure that veterans receive well-coordinated care at a critical juncture. The population of female veterans in their childbearing years is growing, as is the demand for maternity services. Effective communication and coordination of care for this largely high-risk population is absolutely essential. Congress should increase its oversight of this important aspect of women's health services and VA should assess and improve its current maternity services to ensure that women veterans receive accessible, high quality, and well-coordinated services no matter where they are provided.

****