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VA Mobile Discussion Series:
Preconception Care and
Caring4Women Veterans Apps

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Women’s Health Services, VHA
Friday, June 26th 2015
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- Introduction to the VA Mobile Health Provider Program
- About the Preconception Care and Caring4Women Veterans Apps
- Accessing the Apps
- Upcoming Women’s Health Apps
- Lessons Learned
- Additional Resources
What is the VA Mobile Health Provider Program?

Phase 1: 2014
- Begin to deliver devices to up to 11,000 VA care teams members

Phase 2: 2015
- Release VA-developed apps for VA care teams

Phase 3: 2015
- Transition device procurement decisions to the field
Feedback from VA care team members indicates the tablets are already enhancing their care delivery.

Read program Success Stories to learn more about how mobile devices are enhancing care delivery: [https://mobile.va.gov/providers/successstories](https://mobile.va.gov/providers/successstories)

“\textit{A Mobile Device is \textit{\textquoteleft\textquoteleft Worth a Thousand Words\textquoteright\textquoteright}} in Patient Education”
-Dr. Leslee Davis
Women’s Clinic Medical Director
Orlando VA Medical Center
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## WHS Mobile Applications

<table>
<thead>
<tr>
<th>WHS App Name</th>
<th>Target Audience</th>
<th>Estimated Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconception Care</td>
<td>Providers</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Caring4WomenVeterans</td>
<td>Providers, fellows, residents new to VA or new to treating women</td>
<td>Summer 2015</td>
</tr>
<tr>
<td>Maternity Care Coordinator Support (MCC Support)</td>
<td>Maternity Care Coordinators, providers</td>
<td>Fall/Winter 2015</td>
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<td>VA Moms</td>
<td>Women Veterans</td>
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<tr>
<td>SafeWomenRx</td>
<td>Providers</td>
<td>Fall/Winter 2015</td>
</tr>
</tbody>
</table>
Preconception Care

**WHY?** To optimize women Veterans health *before* pregnancy. Support providers with a national tool for preconception care.

**AUDIENCE:** VA and non-VA Providers

**GOAL:** Support integration of preconception care in all health care interactions.

**FUNCTIONALITY:** Informational

**COLLABORATORS:** WHS, Mental health
How can the Preconception Care app help care team members?

- The app is intended for use by both VA and non-VA care team members to:
  
  - Review a healthy lifestyle checklist with patients that addresses topics such as alcohol, drug and tobacco use.
  
  - Find talking points to guide discussions on medical and mental health issues, general health concerns and risk factors specific to pre-pregnancy and pregnancy decisions.
  
  - Share resources and evidence-based information with patients about services and programs from VA and other key organizations.
Planning for pregnancy (or to prevent pregnancy) reduces adverse pregnancy outcomes and improves the health of women and their families. Other parts of well-woman care, such as taking a complete sexual history, also inform this discussion. The CDC suggests using the following open-ended questions to encourage patients to consider their reproductive wishes and plans. Discussion of your patient's answers also provides opportunities for education about contraception and other health issues that can impact her well being during pregnancy.

Would you like to have any (more) children at any time in your future?

Yes, I would like to have (more) children in the future

No, I do not wish to have (more) children in the future
Reproductive History

The goal of taking a thorough reproductive history is to identify factors that may increase risk during a future pregnancy and actions that may mitigate these risks.

Questions to ask:

- History of recurrent pregnancy loss
- History of ectopic pregnancy
- History of preterm birth
- History of second-trimester pregnancy loss
- History of cervical surgery (LEEP/Cone Biopsy)
- Known uterine anomaly (fibroids, septum or other)

Questions to ask:

- History of recurrent pregnancy loss
  - Recurrent pregnancy loss is the occurrence of 3 or more consecutive losses of a clinically recognized pregnancy prior to the 20th week of gestation
  - Try to identify underlying cause of losses:
    - Start with a thorough history including pregnancy history as well as medical history and physical
    - Evaluate for parent karyotype abnormalities
    - Assess for presence of uterine anomalies (sonohysterogram)
    - Consider assessing for antiphospholipid syndrome
    - Assess thyroid function
### Contraceptive Methods from Most Effective to Least Effective

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD — Levonorgestrel (e.g. Mirena, Skyla)</td>
<td>Extremely Effective</td>
<td>Use up to 5 years. May have lighter, infrequent, or absent menses. Rapid return of fertility after removal.</td>
</tr>
<tr>
<td>IUD — Copper T (e.g. ParaGard)</td>
<td>Highly Effective</td>
<td>Use up to 10 years. May have heavier, more painful menses initially. Rapid return of fertility after removal.</td>
</tr>
<tr>
<td>Tubal sterilization</td>
<td>Very Effective</td>
<td>Permanent. Requires surgical procedure.</td>
</tr>
<tr>
<td>Partner’s vasectomy</td>
<td>Effective and Less Effective</td>
<td>Permanent with that partner. Ineffective with other partners.</td>
</tr>
<tr>
<td>Lactational amenorrhea for first 6 months after birth</td>
<td>Effective and Less Effective</td>
<td>Requires exclusive breastfeeding during first 6 months after delivery. Effectiveness declines thereafter.</td>
</tr>
</tbody>
</table>

*PPY = pregnancies per year that occur among 100 women with typical use of the method.*
Concurrent Health Issues

- Asthma
- Chronic Pain/Narcotic Dependence
- Diabetes
- HIV
- Hypercoaguable Conditions & Thrombophilia
- Hypertension
- Lupus
- Obesity
- Renal Disease
- Seizure Disorders
- Sexually Transmitted Infections

Hypertension

- Counsel on Increased Risk with Pregnancy
- Management
- Contraception Counseling

Expand / Collapse All Content
Caring4WomenVeterans

**AUDIENCE:** VA and non-VA Providers

**GOAL:** Provide education on the unique needs of women Veterans

**FUNCTIONALITY:** Informational only

**COLLABORATORS:** WHS, Primary Care, Mental Health, Homelessness
How will the Caring4Women Veterans app help care team members?

- The app is intended for use by both VA and non-VA care team members to:
  - Learn which particular health issues and conditions are common to a specific era of service.
  - View screening and treatment guidelines for women Veterans who have experienced Posttraumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST).
  - Share helpful, relevant resources with women Veterans who are transitioning to civilian life.
About Women Veterans

Facts About Women Veterans

Women Veteran Population Growth

Snapshot History of Women in the U.S. Military

Facts About Women Veterans

A greater proportion of women Veterans are Black or Hispanic than their male counterparts.

- Women Veterans are less likely to be married than their male counterparts.
- In FY 2009 and FY 2010 PTSD, hypertension, and depression were the top three diagnostic categories for women Veterans treated by VHA.
- About 1 in 5 women seen in VHA respond "yes" when screened for Military Sexual Trauma (MST).

Women Veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND)

- Women make up nearly 11.6 percent of OEF/OIF/OND Veterans.
- 57% of women OEF/OIF/OND Veterans have received VA health care; of these, 89.8 percent have used VA health care more than once.
- Nearly 51% of female OEF/OIF/OND Veterans who used VA care during FY 2002-2011 were born in or after 1970 (aged 43 or younger) compared to nearly 48 percent of male OEF/OIF/OND Veterans.

Women in the Military

- Women who have served in the military don’t always identify themselves as Veterans.
Have you ever served in the military?

Why Ask?

Questions to Ask

Location and Role

- What branch and what was your rank?
- When did you serve?
- What were your duties in the service?
- Were you deployed?
- Where were you deployed?

Experiences

- Did you see combat, enemy fire, or casualties?
- Did you ever become ill while you were in the service?
- Did you seek help?
- What were you exposed to?
  - Examples: Chemical (pollution, solvents, etc.), Biological (infectious disease), Physical (radiation, heat, vibration, noise, etc.).
- Were you a prisoner of war?
- Ask about symptoms of PTSD, depression, or exposure to Military Sexual Trauma (MST). See this app’s sections on PTSD and MST for more info.

VA Care
Iraq War and Afghanistan War
Iraq War (OIF/OND) – (2003 – 2011) and Afghanistan War (OEF) – (2001 - present)

Gulf War
(1990 – 1991)

Vietnam War
(1965 – 1975)

Cold War
(1945-1991)

Korean War
(1950- 1953)

World War II
(1939- 1945)

Gulf War 1990 – 1991

- Burns
- Chemical & Biological Weapons during the Gulf War
- Depleted Uranium (DU)
- Embedded Fragments (shrapnel)
- Heat Injury
- Immunizations & Medications
- Infectious Diseases
- Nerve Agents
- Oil Well Fires/Smoke
- Particulate Matter
- Pesticides
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Accessing the Apps

- Once the apps are released (tentatively mid-July) the direct download link for Apple/Android stores, and training materials such as a User Manual, Slideshow and FAQs will be available at:

  - Preconception Care:  
    [https://mobile.va.gov/training/preconception-care.](https://mobile.va.gov/training/preconception-care.)

  - Caring4Women Veterans:  
    [https://mobile.va.gov/training/caring-4-women-veterans.](https://mobile.va.gov/training/caring-4-women-veterans.)
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Upcoming Women’s Health Apps

**SafeWomenRx**

**Hypertension**

**Background**
- Among women Veterans aged 18-45 using VHA for their healthcare, 9.4% have a diagnosis of hypertension. Hypertension complicates 3% of pregnancies.
- Hypertension is defined as:
  - A systolic BP of 140 mm Hg or greater, a diastolic BP of 90 mm Hg or greater, or both.
  - During pregnancy, hypertension is considered mild to moderate until diastolic or systolic levels reach or exceed 110 mm Hg and 160 mm Hg respectively.
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Lessons Learned

1. Understanding roles and expectations
2. Realistic expectations (Business Owners)
3. Know the key players and involve them early
4. Sprint review and agile process not always agile
5. IT developers responsible for functionality development – not medical editing
6. Defects vs. Bugs vs. Enhancements
7. Timelines
8. Be ready to hit the ground running
9. Making changes
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Additional Resources

- Explore and access additional apps developed by VA Mobile, free for both care team members and patients on the VA App Store: https://mobile.va.gov/appstore.

- For more information about the VHA’s office of Women’s Health Services and to view additional resources available for care team members working with women Veterans, visit: http://www.womenshealth.va.gov/.
Contact Information

- For questions about the VHA’s office of Women’s Health Services apps, or to report content issues or suggested revisions, please contact the VA Mobile help desk at (877) 470-5947 (available weekdays 7 a.m.-7 p.m. CT).
Questions?
Thank you!

What future topics would you like to discuss? Let us know by providing feedback below:

https://www.surveymonkey.com/r/QM8ZJHN

Join us for next month’s presentation July 24 on the new 311VET App