2011 Veterans’ Health Administration Emergency Services For Women (ESW) Survey

Kristina M. Cordasco¹,², Laurie C. Zephyrin³,⁴, Ismelda Canelo¹, Chad Kessler⁵,⁶, Merri Mallard³, Lisa V. Rubenstein¹,², Elizabeth M. Yano⁴,⁷,¹ VA Greater Los Angeles Healthcare System, Los Angeles, CA, United States. ² Department of Medicine, The David Geffen School of Medicine at The University of California, Los Angeles, CA, United States. ³ Women Veterans’ Health Strategic Healthcare Group, Patient Care Services, The Veterans’ Health Administration, Washington, DC, United States. ⁴ Department of Gynecology, VA New York Harbor Healthcare System, New York, NY, United States. ⁵ Department of Emergency Medicine, Jesse Brown VA Hospital, Chicago, IL, United States. ⁶ Department of Emergency Medicine, The University of Illinois - Chicagoh, Chicago, IL, United States. ⁷ Department of Health Services, UCLA School of Public Health, Los Angeles, CA, United States. (Control ID: 1337288)

Background: More women are using Veterans’ Health Administration (VHA) Emergency Departments (EDs). Women Veterans presenting to VHA EDs may have different needs, and therefore require different resources and processes of care, than their male counterparts. VHA EDs’ capacities to meet these needs have not been previously assessed. In a research-operations partnership, we surveyed VHA ED capabilities relevant to caring for women Veterans.

Methods: We surveyed all 120 VHA ED directors between May 24th and June 30th, 2011. We report here primarily on results for gynecologic and sexual assault care and pregnancy testing. Because VHA EDs are known to vary, we compared female-specific capabilities (resources and processes of care) to gender neutral capabilities to ground our analyses. We also assessed capabilities stratified by number of ED encounters by women, total ED encounters per year, facility complexity, and facility location in large versus small or non-metropolitan areas.

Results: All VHA EDs (100%) completed the survey. Thirty-five percent of VHA EDs have emergent gynecology consultations available at all times compared to 77% having cardiology and 74% urology. An additional 28% of VHA EDs have emergent gynecology consultations available some of the time. Emergency psychiatric consultation for sexual assault is available in 86% of EDs at all times, and 77% are able to arrange follow-up mental health services within 48 hours for this problem. Most (92%) VHA EDs transfer sexual assault victims to other institutions for physical and evidentiary evaluation and treatment. EDs commonly use point-of-care testing (i.e., immediate testing in the ED) for troponin (58%) but not for pregnancy (8%). Similarly, standing order sets are common for electrocardiogram (88%) and fingerstick glucose (75%) but less common for pregnancy tests (40%). Nurse triage note templates have a designated space for last menstrual period in 33% of the EDs. Basic female-specific supplies, such as speculums and gynecologic examination tables, are available in most, but not all VHA EDs (98% and 88%, respectively). Emergency contraception is available in 87% of VHA EDs and Rho(D) immune globulin in 53%. Seventy-two percent of VHA EDs have pelvic ultrasounds available to ED patients, 39% have this available at all times. VHA EDs with fewer encounters by women, located in small or non-metropolitan areas, and part of less complex VHA healthcare systems have less capabilities for caring for women.

Conclusions: While many VHA EDs have capabilities for female-specific care, gaps remain, especially in those with fewer women Veteran encounters. Lack of point of care capability to carry out pregnancy tests, for example, may result in delays in emergency gynecologic and radiologic care to women. Such gaps must be further assessed and addressed if VHA is to provide comprehensive care to women. These data will be used as the basis for developing recommendations for ensuring quality care to women in VHA EDs.
Developing Female Academic Leaders: Outcomes of the VA Women’s Health Fellowships 1995-2011

Sarah A. Tilstra1, 2, Melissa McNeil1, 2, Doris Rubio2 Internal Medicine, UPMC/VAPHS, Pittsburgh, PA, United States. 2 Clinical & Translational Science Institute, University of Pittsburgh, Pittsburgh, PA, United States. (Control ID: 1322148)

Background: While some progress has been made in allocating research grants and administrative positions to women the medical community remains dissatisfied with the low proportion of female academic leaders. The VA has been a pioneer in developing academic leaders in women’s health, many of whom are women, by instituting the VA Women’s Health Fellowships (VAWHF). These programs have never been evaluated to determine if these fellowships are producing female academic leaders. The objectives of this study are to describe the career outcomes of female graduates of the VAWHF in terms of academic productivity, leadership roles, and clinical practices in women’s health.

Methods: In this cross-sectional survey study, all graduates of the VAWHF from 1995-2011 identified by the VA central office were eligible for participation. A 60-item survey consisting of multiple choice, short answer and Likert scale questions was developed to assess employment and academic advancement. Contact information was obtained for 80 graduates from current program directors, PubMed and the internet. Graduates received a letter or email inviting them to participate in this survey, which were completed online using REDCap electronic data capture tools hosted at the University of Pittsburgh. Preliminary results were analyzed with descriptive statistics.

Results: Twenty-five (31%) graduates have responded to date. Average age was 40 yrs, average time post-fellowship was 8 yrs, 96% were female, and 64% have obtained an advanced degree during fellowship (MS in Research (44%), Public Health (19%), Education (19%), or Epidemiology (13%)); one pursued a PhD. Most graduates were trained in internal medicine (80%). For female graduates, 79% currently hold academic positions with 47% on a tenure track. Eighty percent have held a position in a teaching setting. Clinician educators represent 38% of graduates, 38% are clinician researchers, 13% are clinicians, 5% are administrators, and 5% fill other academic roles. Seventy-five percent practice women’s health and of these, 85% teach women’s health to trainees.

Graduates show a high rate of productivity for academic activities including successful grant funding (88%), published peer reviewed article (76%), presented at national meeting (96%), curricular development/evaluation (64%), and received teaching/research award (56%). All academic graduates <5yrs in training are assistant professors. Associate professors comprise 10% of graduates 5-10yrs in training. Of graduates >10yrs in training, only 25% have achieved associate professor status without any obtaining professorship. Sixty percent of graduates have obtained administrative/leadership roles in primary medical education (31%), residency/fellowship (20%), division/section (27%), and clinical settings (27%).

Conclusions: The VAWHF Program has been successful in training leaders in women’s health while producing exceptional female role models in academic medicine. These graduates are likely to stay in academics, practice and teach women’s health, and have a high rate of productivity and achievement of leadership positions. However, the rate of academic promotion is slow. This may be due to the phenomenon of late-peaking academic careers for female graduates due to family rearing or part-time work, which were not assessed in this study. The unique elements of the VAWHF that have made it successful bear further scrutiny and may serve as a template for future development of female leaders in academic medicine.
Idiopathic Granulomatous Mastitis: Non-surgical Management with Steroid Therapy in a Case Series of 49 Women

Tanu Pandey¹, Pamela Ganschow¹, Leah Bressler¹, Elizabeth Marcus¹.1 Medicine, John H Stroger Hospital of Cook County, Chicago, IL, United States. (Control ID: 1339893)

Background: Idiopathic granulomatous mastitis (IGM) is a rare benign breast disease of unclear etiology. Only a few hundred cases have been reported as case reports and small case series. Clinical features are similar to infectious mastitis and it may radiologically resemble breast cancer. Treatment options remain controversial and recent studies have advocated surgical treatment with wide excision or mastectomy as well as oral corticosteroids. We present one of the largest case series of women with IGM. The aim of the study was to describe the demographic characteristics, clinical features, associated conditions, and the outcomes of initial treatment focused on the use of non-surgical therapies.

Methods: We conducted a prospective observational study in the breast clinics of a large safety net hospital in Chicago by enrolling all women with biopsy proven granulomatous mastitis between 2006 and 2010. Demographic, clinical, laboratory, and radiological data were obtained from electronic and paper records. Secondary causes of breast granulomas were excluded. Treatments prescribed included oral steroids, observation or surgical excision. The primary end points were the number of women who achieved complete resolution of disease with non-surgical treatment and the time to resolution. Resolution was defined by clinical examination and not self-report. IRB approval and patient consent were obtained.

Results: 49 women were diagnosed with IGM during this period and all were enrolled into the study. The mean age was 35 years (range 24-67). 39(80%) women were Hispanic whereas one third of overall referrals to the breast clinics are Hispanic. 39(80%) women presented with a painful breast mass with overlying erythema. 29(59%) women were initially prescribed antibiotics for presumed infectious mastitis to which they had minimal response. 44(90%) women were prescribed oral steroids, 2(3%) women had surgical excision and 3(6%) remained under observation only. Of the 44 women who received oral steroids, 35(80%) had complete resolution of disease, 6(14%) were lost to follow up, 2(5%) remained on steroid treatment at the time of submission and 1 had surgical excision after failure of steroid treatment. Excluding one woman who was non-adherent to her treatment, the mean time to complete resolution on steroids was 194 days (range 45-581) with 20(59%) resolving within 6 months. Weight gain and epigastric discomfort were the most common side effects from steroid treatment during the study period.

Conclusions: Idiopathic granulomatous mastitis is a rare benign breast disease for which surgery, including mastectomy, has been widely used for treatment but may be unnecessary. In our case series, surgery-sparing treatments (primarily with oral steroids) led to resolution in over 90% of women suggesting that most patients with this disease may be successfully managed with conservative therapy alone. In addition, the predilection of IGM among young Hispanic women of childbearing age in our study supports similar findings from other studies and may suggest a common genetic, environmental, immunological or infectious etiology, which warrants further multidisciplinary investigation.
Ductal Carcinoma In Situ: Knowledge of Associated Risks Among Latinas and non-Latina Whites

Leah Karliner1,2, Anna M. Napoles1,2, Celia Kaplan1,2 Medicine, UCSF, San Francisco, CA, United States. 2 Medical Effectiveness Research Center for Diverse Populations, UCSF, San Francisco, CA, United States. (Control ID: 1334627)

Background: Since the advent of mammography screening for breast cancer, ductal carcinoma in situ (DCIS) has become a common diagnosis, accounting for almost one-third of breast cancers. While DCIS is not life-threatening, it can progress to invasive disease if left untreated and does confer a higher risk of future breast cancer. Several treatment courses are possible and understanding the disease is crucial for women to deciding the optimal treatment course. Among women with DCIS, we investigated their knowledge of DCIS and whether knowledge differed by language and ethnicity.

Methods: Telephone interviews of California Latina and non-Latina White women diagnosed with DCIS between 2002-2005. We examined participant’s knowledge of DCIS with four true/false statements about DCIS. The four statements were: “This type of breast problem is not itself life-threatening”, “Women with this type of breast problem have more chances of developing breast cancer in the future”, “If untreated, this type of breast problem can become invasive cancer”, and “The chances of dying from the breast problem are the same for women who have a mastectomy and for those who have a lumpectomy with radiation”. We modeled the odds of giving a correct answer for each question by ethnicity-language (Latina English-speakers, Latina Spanish-speakers, white English-speakers) and surgical treatment type (lumpectomy or mastectomy), adjusting for family history of breast cancer, educational attainment, age, insurance, geographic region in California, time since diagnosis to interview, and having sought out a second-opinion.

Results: Of 710 participants, 52% (n=368) were white English-speakers, 21% (n=152) Latina English-speakers, and 27% (n=190) Latina Spanish-speakers. Overall, 67% had undergone lumpectomy and 33% mastectomy. Less than half (41%) of participants were aware that DCIS is not life-threatening and only 32% knew that mortality risk is the same for mastectomy and lumpectomy plus radiation; whereas two-thirds (67%) were aware that DCIS confers increased risk of future breast cancer, and almost all (92%) knew that it could become invasive if not treated. In adjusted analyses, compared to White English-speakers, both Latina English- and Spanish-speakers had significantly lower odds of knowing that their DCIS was not life-threatening. In contrast, compared to white English-speakers, Latina Spanish-speakers had more than two-fold higher odds of knowing that DCIS increases risk of future breast cancer, but English-speaking Latinas were no different from English-speaking whites. Surgical treatment type was not associated with knowledge.

Conclusions: Our data suggest that physicians diagnosing and treating women with DCIS are more successful at conveying the risks conferred by DCIS than the nuances of the difference between DCIS and invasive cancer. This uneven communication is most marked for Spanish-speaking Latinas. Efforts are needed to create culturally and linguistic standardized information for DCIS patients.
Asking for what she needs? Pregnancy testing or Emergency Contraception

E. Bimla Schwarz1,2, Sara M. Parisi1, Erin Baldauf1, Rachel B. Rapkin2, Glenn M. Updike2,1 Medicine, University of Pittsburgh, Pittsburgh, PA, United States. 2 Obstetrics and Gynecology, University of Pittsburgh, Pittsburgh, PA, United States. (Control ID: 1326256)

Background: Emergency contraceptive (EC) pills are safe and effective in preventing pregnancy when taken up to 5 days after unprotected sex. Although dedicated EC products have been available in the US since 1998, EC is used relatively rarely and unintended pregnancy remains common in the US. We assessed how often women seeking pregnancy testing might have benefited from EC and explored characteristics associated with women asking for EC when it was needed.

Methods: We surveyed women aged 15-45 years who sought EC or walk-in pregnancy testing from a Title X family planning clinic between January 2011 and December 2011. Women were eligible to complete surveys if they had a negative pregnancy test and did not want to become pregnant at the time of their visit. Surveys were conducted as part of a larger study on use of highly effective reversible contraceptives. Respondents were asked what had prompted their visit to the clinic, how many days since they last had unprotected sex, and how many times they had used EC in the past. They were also asked about their reproductive history and sociodemographic characteristics. We calculated the proportion of women seeking pregnancy testing who might have benefited from same-day use of EC and identified patient characteristics associated with seeking EC when its use was indicated.

Results: Two hundred and thirteen women who visited the study clinic completed the survey questions of interest (a response rate of 30%). Respondents were 22±5 years of age; 70% were black, 17% were white and 13% self-identified as other; 59% had previously been pregnant; 40% had been tested for sexually transmitted infection (STI) in the prior 3 months. Twenty-eight percent (n=59) of respondents were seeking EC and 72% (n=154) were seeking pregnancy testing. Of those seeking pregnancy testing, 49% might have benefited from same-day use of EC, as they reported a contraceptive emergency (i.e. unprotected sex or sex where the contraceptive method may have failed) within the past 5 days; an additional 4% said that they “didn’t know” how many days it had been since they had unprotected intercourse and might have also benefitted from same-day use of EC. Of those seeking EC, 98% were eligible for same-day use of EC; only one woman (2%) reported it had been more than 5 days since she had unprotected sex.

Among women who may have benefited from same-day use of EC, those who asked for EC differed from those who asked only for pregnancy testing in a number of ways. Women who requested EC were older (mean±SD: 24.3±5.2 vs. 21.4±4.3 years, p<0.01), more likely to have experienced an unwanted pregnancy (55% vs. 34%, p=0.03), more likely to have had an abortion (46% vs. 19%, p<0.01) and more likely to have ever used EC in the past (68% vs. 39%, p<0.01). In logistic regression models adjusted for these factors as well as other demographics, previous use of EC was the strongest predictor of whether or not a woman who could have benefited from EC actually asked for it (OR:4.17, 95%CI:1.42-12.24).

Conclusions: A significant portion of women seeking pregnancy tests may benefit from information about and same-day access to EC. Clinicians should ensure that all women seeking pregnancy testing are asked whether they want to be pregnant and how long it has been since unprotected sex. All women at risk of unintended pregnancy should receive timely access to EC.