

UNCLASSIFIED



Defense Advisory Committee on Women in the Services Request for Information

Defense Health Agency
SEP 10, 2024

BLUF

- The Defense Health Agency (DHA) is responding to the September 2024 Defense Advisory Committee on Women in the Services (DACOWITS) request for information on institutional policies and procedures to identify gaps that potentially inhibit family planning, to include eligibility for fertility services.
- DHA has been asked to provide a briefing in response to the questions detailed herein.



Family Planning – 6b

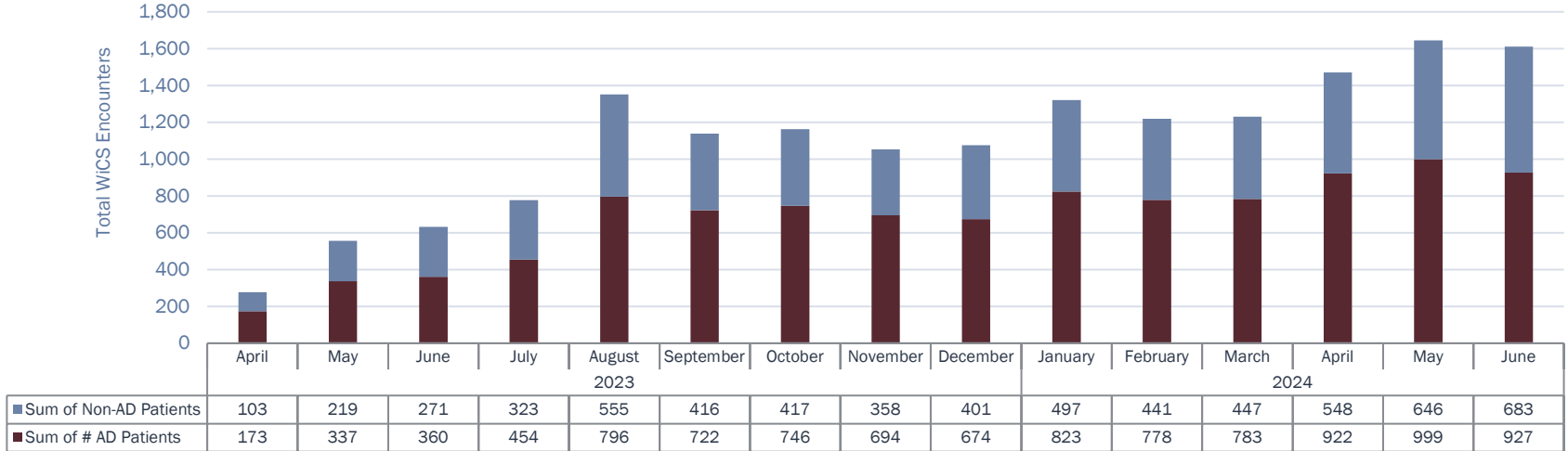
- **Question:** What are the utilization rates at these [women’s health clinics and walk-in contraceptive clinics] clinics by month and year for the years FY20-23? Do they serve both Servicewomen and female dependents?
- **DHA Response:** The Military Health System provides comprehensive women’s and gender-specific care to all women at every stage of life. There is no discrete count of “women’s health clinics,” as general women’s health care (including reproductive health care) care can be provided through either primary care or specialty care clinics, either in-person or virtually, at military medical treatment facilities (MTFs) worldwide. Walk-in contraception (WiCS) were established in 2023 at 130 MTFs for Active-Duty Service Members (ADSMs) and, on a space available basis, for all other eligible beneficiaries. Between April 2023 and June 2024, more than 16,600 beneficiaries utilized WiCS at these MTFs.



Family 6b – Total WiCS Encounters by Month

- WiCS utilization by ADSMs and non-Active Duty (AD) are shown below.

Total WiCS Encounters by Month
Using the WiCS Appointment Type in MHS GENESIS
April 2023 - June 2024



*Utilization includes any MTF on MHS GENESIS that utilized the WiCS appointment type at least once during the reporting timeframe. Data may not be reflective of the full timeframe.



Family Planning – 6c

- **Question 6c:** Are there any limitations as to which populations these clinics serve? For example, do these clinics serve only pregnant women, or only women with certain health issues, or only Servicewomen.
- **DHA Response:** No, women's health care is primary care, and there are no limitations on who can access care. Similarly, care provided through WiCS is available for ADSMs and, on a space available basis, for all other eligible beneficiaries, regardless of gender or sexual identity. WiCS, however, is intended only for contraceptive counseling and care, so it would not be an appropriate avenue for those seeking other types of primary or specialty care.



Family Planning – 6di

- **Question 6di:** Identify the full range of services related to women's reproductive health care they are staffed to provide. Do they provide care for contraception, pregnancy, fertility treatment, hormonal issues such as perimenopause and menopause, and other women's reproductive health conditions?
- **DHA Response:** Reproductive health care is inclusive of (but not limited to) contraception, fertility, pregnancy care, perimenopause and menopause conditions (hormonal, functional and emotional), and can be provided through primary care or specialty care clinics, either in-person or virtually, worldwide. Separately, WiCS provides same-day, walk in access to comprehensive contraceptive counseling and the full scope of non-surgical contraceptive methods care.



Family Planning – 6dii

- **Question 6dii:** If services are limited, can the clinic/providers in those clinics provide referrals to appropriate specialists on/off-base or must Servicewomen go back through a primary care manager (PCM) to obtain specialist care?
- **DHA Response:** Most women's health care is provided within primary care, with referral to specialty care (e.g., Gynecologic Surgery & Obstetrics (GS&O)) when available and medically appropriate. If care is not available within the assigned MTF, for either routine or specialty care, ASDMs will receive a referral for a community-based provider.



Family Planning – 6diii

- **Question 6diii:** Is counseling or other information provided regarding fertility and other reproductive and family planning matters?
- **DHA Response:** Defense Health Agency Procedural Instruction 6200.02, “*Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception*,” established procedures for comprehensive standards on health care with respect to access to comprehensive contraceptive counseling. Counseling, when feasible and medically appropriate, is to be provided at specific episodes of care, at a minimum annually. Episodes of care can include annual well-woman visits, reproductive health screenings, primary care MTF visits as requested, and follow up after the periodic health assessment. Episodes also include physical examinations, pre-deployment episodes, and/or when requested by the beneficiary.



Family Planning – 6e

- **Question 6e:** Provide a breakdown of the type and number of medical provider authorizations at each clinic, including administrative staff, OB/GYNs, nurses, midwives, physician assistants, medical technicians, and any other positions.
- **DHA Response:** As of March 2024, there were 116 authorizations for non-Active-Duty women's specialty care providers (GS&Os, Certified Nurse Midwives (CNMs), and Women's Health Nurse Practitioners (WHNPs)); of these, 112 were filled, with four CNM positions open/unfilled. DHA defers to the Military Services as to the authorizations and manning of ADSM GS&Os and other women's specialty care professionals. DHA is working to provide further fidelity in the breakdown of medical provider authorizations at each clinic, but this effort is not yet finalized.



Family Planning – 6f

- **Question 6f:** Provide current staffing numbers at each women's health and contraceptive clinic.
- **DHA Response:** There is no standardized staffing model for women's health, as this care can be provided through either primary care or specialty care clinics. Women's health specific providers (e.g., GS&Os, Women's Health Nurse Practitioners), in addition to other licensed and non-licensed staff, are in MTFs worldwide. WiCS staffing and provider mix is determined by each MTF, based on their patient population and utilization. In general, WiCS includes one to two health care providers (*i.e.*, physicians (Medical Doctor or Doctor of Osteopathic Medicine), Certified Nurse Midwives, Nurse Practitioners, or Physician Assistants), one to two Registered Nurses, one to two Licensed Practical Nurses or Medical Assistants, and one unlicensed staff.



Family Planning – 6g

- **Question 6g:** Provide the number and percentage of vacant positions at these clinics.
- **DHA Response:** The four open/unfilled civilian CNM positions noted earlier are at A.T. Augusta Military Medical Center, Brooke Army Medical Center, Womack Army Medical Center, and Naval Medical Center Portsmouth. Each MTF has one vacancy each; no information is available as to the total percentage these unfilled positions represent. DHA defers to the Military Services as to the AD vacancies.



Family Planning – 6h

- **Question 6h:** Describe/identify the staffing model or algorithm that is used to establish the number of authorizations for the women's health and contraceptive clinics? Is the staffing model based on the number of servicewomen and dependent females at the installation or some other criterion? How frequently is the staffing model updated? When was the last update completed?
- **DHA Response:** In accordance with DoDI 6000.19, minimum joint medical staffing levels needed to meet DoD mission requirements are recommended by the Office of the Deputy Assistant Secretary of Defense for Health Readiness, Policy, and Oversight, in coordination with the Joint Staff. DHA is working to provide further fidelity including staffing models for the delivery of care for both inpatient and outpatient care, but this effort is not yet finalized.



Family Planning – 6i

- **Question 6i:** What women's health-specific training do these clinic providers receive, particularly as it relates to women's reproductive health, including perimenopause, menopause, contraception, and reproductive health?
- **DHA Response:** There are currently no mandated trainings for these topic areas, as primary care providers receive training on these issues during their medical education and can identify if/when escalation of care is needed. If additional skills training is desired (e.g., such as LARC placement) it can be obtained on an ad hoc basis with a specialty care provider. Additional clinical guidance is routinely provided via DHA Practice Recommendations. DHA also hosts an annual Clinical Community Speaker Series session on women's health.



Family Planning – 6j

- **Question 6j:** How many OB/GYNs have training in REI and how many does the Service actually require? What is the staffing percentage?
- **DHA Response:** All GS&Os have education in reproductive endocrinology and infertility (REI). A fellowship in REI is required for GS&Os to perform advanced evaluations and treatments (e.g., In-Vitro Fertilization). Currently, eight MTFs have REI subspecialists in support of GS&O Graduate Medical Education: Walter Reed National Military Medical Center; Tripler Army Medical Center; Womack Army Medical Center; Madigan Army Medical Center; Brooke Army Medical Center; Naval Medical Center San Diego; Wright Patterson Medical Center – 88th Medical Group; and Naval Medical Center Portsmouth. The number of residency/fellowship participants varies by the needs of the Services and the supervising staff numbers varies in response.



Family Planning – 6k

- **Question 6k:** Do any women's health clinics or reproductive clinics offer telehealth or any other remote services? If so, which clinics and what type of services? Only for the locally based population? What are the utilization rates for remote services in the last two years?
- **DHA Response:** DHA offers in person or virtual visits for all encounters supportive of a virtual platform. There is no specific data on the utilization rate of virtual visits specific to beneficiary gender or the type of care requested.



Family Planning – 6n

- **Question 6n:** Do the DHA or Military Services plan to open more women's health clinics or contraceptive clinics in the future? If so, where and what is the projected timeline?
- **DHA Response:** There are no current plans to open more women's health clinics, as there is no data to suggest there are access concerns. Every MTF has the capacity to individually augment access to contraception through WiCS, either through increasing hours or days available, so long as services are offered at least weekly. Women's health care is provided through either primary care or specialty care clinics, either in-person or virtually, worldwide. When care cannot be provided by the MTF, ADSMs and dependents are referred to the community for care.



Family Planning – 6o

- **Question 6o:** What is the average lifetime medical cost calculated by DoD/DHA/actuaries, both with and without dependents, for a serviceman? Alternatively, provide annual budget planning estimates.
- **DHA Response:** Additional fidelity is needed to understand the intent of the inquiry and to be fully responsive to the request.



Family Planning – 6p

- **Question 6p:** What is the average lifetime medical cost calculated by DoD/DHA/actuaries, both with and without dependents, for a servicewoman? Alternatively, provide annual budget planning estimates.
- **DHA Response:** Additional fidelity is needed to understand the intent of the inquiry to be fully responsive to the request.

