

**WOMEN VETERANS PROGRAM MANAGER (WVPM)**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook describes the duties and responsibilities of health care professionals who perform the duties of Women Veterans Program Managers (WVPM).
- 2. SUMMARY OF MAJOR CHANGES.** This VHA Handbook outlines WVPM standards of professional performance. The WVPM position:
  - a. Is to be a full-time position without collateral assignments.
  - b. Is a shift from a clinical position to an administrative management position in charge of program development.
  - c. Is responsible for direct supervisory reporting to the Facility Director or Chief of Staff.
- 3. RELATED ISSUES.** VHA Handbook 1330.01.
- 4. RESPONSIBLE OFFICE.** Women Veterans Health Strategic Health Care Group (10P4W) is responsible for the contents of this VHA Handbook. Questions may be referred to (202) 461-1070 or Fax at (202) 495-5961.
- 5. RECISSIONS.** VHA Handbook 1330.02, dated March 28, 2007, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of May 2017.

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Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publication Distribution List 6/4/2012

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## WOMEN VETERANS PROGRAM MANAGER (WVPM)

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes the minimum requirements for health care professionals appointed as Women Veterans Program Managers (WVPM). It outlines the duties, responsibilities, performance standards, and functional statements for Veterans Integrated Service Network (VISN) Lead WVPMs and facility WVPMs who are responsible for planning, executing, monitoring, and evaluating the Women Veterans Health Program services at the local level.

### 2. BACKGROUND

a. The Women Veterans Health Program has been in existence since 1985. In October 1991, the Department of Veterans Affairs (VA) issued G-5, M-2, Part I, Women Veterans Coordinators (WVC) Program Guide, to guide facilities in the development of WVC positions to oversee their local women Veterans programs and to ensure that women Veterans have equal access to VA facilities. On September 27, 1993, VHA issued the Women Veterans Health Care Guidelines as an attachment to Information Letter 10-93-027. The guidelines stated that all VHA facilities must designate a WVC, who would be a social worker or nurse, with responsibility for assessing the needs of women Veterans at their respective facilities, and then assisting in the planning, organizing, and coordinating of facility services and programs to meet those needs.

b. The duties and responsibilities of those individuals responsible for oversight and coordination of women Veterans programs have changed significantly since the program's inception. The Women Veterans Health Program contracted with Partners in Change to develop a Performance Model for the WVC position. As a first important step, the WVC position was renamed Women Veterans Program Manager (WVPM) in 2003, to emphasize the position's program management responsibilities.

c. In March 2007, the Women Veterans Program Office was elevated to a Strategic Health Care Group (WVHSHG) in VHA Office of Public Health and Environmental Hazards. The Chief Consultant was appointed in April 2008. This elevation shifted the focus of women's health to a comprehensive, public health view of women Veterans. Women are viewed as a distinct population, with significant sub-populations by race, ethnicity, and age. There is a focus on: conducting surveillance and epidemiology; disease prevention; risk reduction; and health promotion. There is enhanced policy development and implementation system-wide, and the scope of activities was increased to include all services provided for women Veterans. In March, 2011 the WVHSHG was reorganized under the VHA Office of Patient Care Services (PCS).

d. On July 17, 2008, a memorandum that provided an interim report on the Under Secretary for Health Workgroup on the Provision of Primary Care to Women Veterans was released. In that memorandum, the need for leadership development of primary care for women's health at each facility was tasked to the WVPM. In addition, the Deputy Under Secretary for Health for Operations and Management issued a memorandum to VISN leadership requesting that all WVPM positions be filled as full-time without collateral assignments. The position is to be an

administrative management position with maximum allotment of clinical time (1/8 full-time equivalent (FTE) employee) to maintain licensure where warranted (see App. A).

### 3. AUTHORITY

a. The VA Advisory Committee on Women Veterans was mandated by section 301 of title III of Public Law 98-160, Veterans' Health Care Amendments of 1983. This Advisory Committee recommended to the Chief Medical Director the establishment of a WVC position at each medical center to ensure women Veterans have equal access to VA facilities and receive high quality, comprehensive medical care. VHA Manual M-2, part I, chapter 29, first established the policy requiring each VA facility to appoint a WVC to serve as an advocate for women Veterans.

b. Sections 101 and 106 of title I of Public Law 102-585, Veterans Health Care Act of 1992, enhanced VA services for women Veterans by authorizing VA to provide specific health care services and general reproductive health care and sexual trauma counseling to eligible women Veterans.

c. Section 108 of title I of Public Law 102-585 requires the Secretary of VA to ensure that an official in each VHA region serves as a coordinator of women's services.

d. A Memorandum dated July 8, 2008, from the Deputy Under Secretary for Health for Operations and Management (10N) requested that the facility WVPM positions be made full-time positions and be filled as soon as possible, but no later than 12/1/08.

e. The Government Accountability Office (GAO) Report 2010, VA Health Care Services for Women Veterans, concluded that VA has taken steps to make services available to women Veterans, but needs to revise key policies and improve oversight processes. Recommendation 5 advised that the Secretary of Veterans Affairs direct the Under Secretary for Health to update VA policies to clarify the roles and responsibilities of the full-time WVPM position, in particular with respect to the level of reporting authority and access to senior facility management.

### 4. DEFINITIONS

- a. **Facility.** Facility refers to all freestanding medical centers.
- b. **Health Care System (HCS).** HCS indicates two or more VA medical facilities grouped administratively under one HCS Director and leadership staff.
- c. **WVPM.** The WVPM is an advocate for women Veterans providing leadership by establishing, coordinating and integrating accessible high-quality health care services with multiple disciplines within VA medical facilities and across VHA organizational elements at the VISN level.

## 5. SCOPE

Each facility must designate a full-time WVPM to assess the need for, and implementation of, services for eligible women Veterans, and to provide leadership and oversight to ensure that identified needs are met at the facility. Where facilities are administratively combined as a HCS, the HCS must have a minimum of one full-time WVPM. As the facility position must be full-time, a facility WVPM cannot also serve as the Lead WVPM for the VISN. Each VISN must also designate a lead WVPM that is **not** a facility WVPM.

a. Performance standards have been identified to ensure successful performance of WVPMs are to:

(1) Promote systems and practices that enhance women Veterans satisfaction.

(2) Identify and enroll women Veterans in need of health care.

(3) Increase utilization of women's health care services in compliance with clinical practice guidelines.

(4) Identify gaps in health care services and develop new programs and services as needed.

(5) Support performance improvement activities that benefit all Veterans.

(6) Develop and provide education activities for facility staff to increase sensitivity and awareness of the unique needs of women Veterans; and

(7) Ensure the health care environment of each VHA facility addresses the privacy and security needs of women Veterans.

b. The WVPM must be a health care professional (e.g., Registered Nurse, Nurse Practitioner, Physicians Assistant, Social Worker, Psychologist, Pharmacist, or Doctor of Medicine; or other allied health professional). In addition, the WVPM must have the following:

(1) Three years of progressive experience with demonstrated knowledge and expertise in program administration; and

(2) Experience in women's health.

c. The WVPM dedicates a minimum of 35 hours per week to programmatic activities with a maximum of 5 hours per week for clinical activities only if needed to maintain licensure.

## 6. RESPONSIBILITIES OF THE VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTOR

Each VISN Director is responsible for:

a. Ensuring that a lead WVPM is designated to serve as the VISN leader on women Veteran's issues and as a member of the WVHSHG Field Advisory Group. *NOTE: It is recommended that the VISN Lead FTE employee is located at the VISN Office and that at a minimum a 0.5 FTE employee is dedicated to women's health. The remaining 0.5 FTE employee may be assigned at the discretion of the VISN but may not be assigned as a 0.5 FTE employee facility WVPM.*

b. Ensuring the VISN lead WVPM reports directly to the Network Director or Chief Medical Officer, and that the VISN lead WVPM:

(1) Has direct access to top management in the VISN and serves on appropriate administrative and clinical boards or committees;

(2) Serves as a vital resource and advisor for programmatic, clinical or other crucial women Veterans health issues and inquiries; and

(3) Has VISN-level staff support for data analysis and project implementation.

c. Ensuring that a multi-disciplinary planning and implementation team for comprehensive patient centered care inclusive of women Veterans has been established at every facility and VISN and remains active.

d. Ensuring that all staff members assume the responsibility of caring for women Veterans.

e. If a facility WVPM also serves as the VISN lead WVPM, then additional staff must be appointed to provide full-time WVPM hours at that facility.

## **7. RESPONSIBILITIES OF THE VISN LEAD WVPM**

Each VISN lead WVPM is responsible for:

a. Leading and coordinating access to the highest quality health care services for women Veterans with multiple disciplines within the VISN.

b. Executing inter-disciplinary comprehensive planning at the VISN-level related to women's health issues.

c. Developing VISN-wide metrics that measure the quality improvement impact for women Veterans.

d. Evaluating and analyzing VISN-wide movement toward providing comprehensive medical care to women Veterans through data analysis, development of standardized tools, ongoing site visits, and providing information to facility and VISN leadership, along with recommendations for improvement. Providing written reports and verbal feedback to sites following visits.

- e. Serving on the VISN Environment of Care compliance team and taking responsibility for ensuring that all clinical areas meet privacy and safety requirements, particularly those areas that are used to serve female Veterans.
- f. Conducting periodic assessments to identify gaps related to provider and patient education.
- g. Developing or adapting educational programs, materials, and resources where gaps are identified.
- h. Developing annual VISN wide outreach plans that define outreach and growth targets, as well as effects of outreach events on enrollment.
- i. Analyzing factors that lead to patient drop out and recommending areas for programmatic or facility improvement.
- j. Developing and distributing internal and external communication tools that unite patients and professionals interested in women's health.
- k. Assuming a leadership role in VISN strategic planning and implementation on health concerns related to women Veterans.
- l. Developing a VISN wide needs assessment.
- m. Monitoring health care delivery and support the initiation of epidemiological and prevalence studies to improve health promotion.
- n. Mentoring WVPM's and women's health champions at the facility level.
- o. Acting as a liaison for WVPM's and women's health champions.
- p. Serving as a consultant on women's health for VISN and facility leadership.
- q. Monitoring any disparity in the provision of health care services to women Veterans for performance measures, conducting root cause analyses, overseeing interventions aimed at targeting disparities, and setting up systems for tracking progress related to recommended interventions.
- r. Serving as a mentor, coach, and advocate for facility WVPMs.
- s. Providing ongoing feedback related to facility WVPM performance and serving as a consultant to facility leadership regarding women's health concerns.
- t. Developing VISN-level women's health data dashboards that include workload, quality measures, access, and cost.

- u. Maintaining knowledge of pertinent women's health issues through participation in women's health professional organizations or academic communities.
- v. Reviewing policies, handbooks, strategic plans, operating plans, and contracts related to women's health; and
- w. Revising existing and developing new women's health policies, procedures, etc. where needed.

## **8. RESPONSIBILITIES OF THE FACILITY DIRECTOR**

Each Facility Director is responsible for:

- a. Ensuring that a full-time WVPM is appointed to serve as the facility leader on women Veteran's issues.
- b. Ensuring the WVPM reports directly to the Facility Director or Chief of Staff, and that the facility WVPM:
  - (1) Has direct access to top management in the facility and serves on appropriate administrative and clinical boards or committees; and
  - (2) Serves as a vital resource and advisor for programmatic, clinical and other crucial women's health issues and inquiries.
- c. Ensuring that a multi-disciplinary planning and implementation team for comprehensive patient-centered care inclusive of women Veterans has been established at the facility and remains active.
- d. Ensuring that each Community-based Outpatient Clinic (CBOC) has a Women's Health Liaison who collaborates with the WVPM at the parent facility.
- e. Ensuring that all facility staff members assume the responsibility of caring for women Veterans.
- f. Ensuring the professional development of the WVPM, including educational opportunities that enhance the WVPM's role as a subject matter expert on women's health as well as leadership development, including skills-building that address management, communication, budget, and quality assurance.
- g. Ensuring performance standards for success in providing the highest quality services for women Veterans are part of the WVPM and facility management performance plans.
- h. Ensuring that an individual is designated at each facility to enter data from women Veterans' health care services provided by the facility into existing software packages or other formal mechanisms and that this individual is a clerical support staff member and not the clinical professional providing the care.



i. Ensuring support for data analysis and project implementation and sufficient resources to support quality and follow-up care.

j. Ensuring that the name, location, and business telephone number of the WVPM is posted and appropriately publicized in each facility (e.g., on the facility website and accessible through the facility locator web tool).

k. Ensuring that when a new full-time WVPM is appointed, the name, title, commercial telephone number, and e-mail address is submitted to the appropriate Deputy Field Director and to the VISN Director within 10 working days.

l. Ensuring the WVPM possesses administrative management skills to implement comprehensive planning for women's health issues that improve the overall quality of care provided to women Veterans and achieve program goals and outcomes.

## **9. RESPONSIBILITIES OF THE FACILITY WVPM**

Each Facility WVPM is responsible for:

a. Leading and coordinating access to highest-quality health care services for women Veterans with multiple disciplines across the facility.

b. 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.

c. Collaborating with primary care leadership and providers to ensure that the needs of women Veterans are met in a comprehensive manner.

d. Actively participating in the Patient Aligned Care Team (otherwise known as PACT) implementation teams.

e. Working in coordination with diagnostic services to develop, implement, and maintain a formal tracking mechanism to ensure proper and timely notification of women's diagnostic studies.

f. Reviewing policies, handbooks, strategic plans, operating plans, and contracts related to women's health.

g. Revising existing and developing new women's health policies, procedures, etc. where needed.

h. Working with the Business Office to collaborate on contracts that impact the delivery of services to women Veterans (e.g., contracts for radiology and mammography, maternity and infertility, gynecology, grant and per diem, and CBOCs).

i. Participating in the regular review of the physical environment, including formal review of all plans for renovation and construction, in order to identify potential privacy and safety

deficiencies and facilitate availability and accessibility of appropriate equipment for the medical care of women in both outpatient and inpatient areas.

- j. Participating as an active member of the Environment of Care Rounds.
- k. Partnering with local Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Program Managers to ensure that recently-deployed women Veterans have access to and receive priority, quality, and comprehensive primary care and other women's health care services.
- l. Partnering with leaders from all other applicable programs such as the Military Sexual Trauma (otherwise known as MST) Coordinator, Homeless Coordinator and the Minority Veterans Coordinator at the facility to ensure coordination of women Veterans services.
- m. Monitoring delivery, coordination of care, and outcomes of services that have been delivered through contract or fee basis.
- n. Identifying opportunities to improve care and implementing programs to do so.
- o. Assisting the facility director in identifying a Women's Health Liaison at each CBOC, and working with CBOC liaisons to facilitate patient-related issues (see VHA Handbook 1330.01).
- p. Conducting outreach activities such as: mailings, public speaking, public service announcements, health fairs, recognition ceremonies, brochures, workshops, newsletters, newspaper articles, Web site maintenance, educational seminars, focus groups, and town hall meetings or forums where women Veterans have the opportunity to provide input and feedback to program staff and facility management.
- q. Organizing "In reach" activities of internal marketing to Veterans already using the system and to facility staff, including educational seminars, in-service programs and workshops, new employee orientation activities, and customer feedback mechanisms.
- r. Attending all national and regional WVHSHG conference calls to learn about ongoing initiatives to improve women Veteran's care, policy changes that impact the delivery of care to women Veterans, and emerging issues.
- s. Providing leadership to establish, coordinate, and integrate a quality health care program for women Veterans.
- t. Managing data on patient health outcomes and satisfaction.
- u. Overseeing women's health program evaluation.
- v. Increasing enrollment and improve access through outreach programs.

w. Improving continuity of care by coordinating the provision of comprehensive primary care, gynecology and mental health.

x. Increasing participation in preventive care and health promotion.

y. Supporting change to ensure safe and welcome environments.

z. Promoting educational programs for women's health providers.

aa. Promoting and developing educational programs for women Veterans.

bb. Advocating for women Veterans.

Department of  
Veterans Affairs

## Memorandum

July 8, 2008

Deputy Under Secretary for Health for Operations &amp; Management (10N)

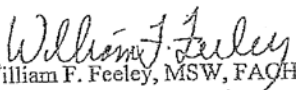
Subj: Women Veteran Program Managers Full-time FTEE Positions

To: VISN Directors 10N (1-23)

1. Serving the needs of women veterans is a vital part of our mission. The number of women serving in active duty military has grown steadily since 1990 with 42% of all OEF/OIF females utilizing VHA services. Of these returning women, 86% are under age 40 and of child bearing age. This fact alone requires a revisiting of our programs and support services for women veterans.
2. The position of the Women Veteran Program Manager (WVPM) has been required in VHA since 1992. I am now requesting that the WVPM be made a full-time position and filled as soon as possible, but no later than 12/1/08. I appreciate the dedicated WVPM employees and their advocacy for our veterans and know that this request for full-time status is long overdue. I anticipate that supporting this role will allow for increased outreach to women veterans, improvement in quality of care provision, and the development of best-practices in organizational delivery of women's health care.
3. Please ensure that the WVPM has full access to facility leadership in reporting and collaboration of care for women veterans. The role of the WVPM is to strategically plan, coordinate quality care, evaluate delivery of care including timeliness, and to outreach to women veterans that need our services. VHA Handbook 1330.02 provides a description of program duties and responsibilities, with sample Position Description and Functional Statement: <http://vaww1.va.gov/vvhp/docs/VA-Handbook-133.02.pdf>. I urge you to take this opportunity to make certain that the defined WVPM position has the support and reporting chain necessary to effectively carry out the rapid changes required at the facility level.
4. I also understand that it is important for many clinicians to maintain their practice skills, and for these WVPMs, a minimum amount of patient direct clinical work may be available to maintain competencies and licensure. This can be accomplished with employees on a case-by-case basis. However, the maximum time allotted for clinical work must not exceed the minimum requirement for licensure, certification, or privileges, usually not more than 1/8 time.
5. Internet-based training for the position of WVPM is available through EES. Employees must be individually granted access by contacting the Women Veterans Health Strategic Health Care Group (WVHSHG) at [VHA\\_CO\\_13E\\_Staff@va.Gov](mailto:VHA_CO_13E_Staff@va.Gov)

6. In order to track the implementation of this position, quarterly facility reports will be required to document the number of unique women veterans accessing VA services (including CBOCs), the progress of filling this WVPM position and the hours devoted to the position. In addition, names and contact information of the WVPM and any vacancies and new appointments must be reported to the Women Veterans Health Strategic Health Care Group and your VISN Lead WVPM on an ongoing basis.

7. For questions, please contact Patricia Hayes, Chief Consultant, Women Health Strategic Health Care Group at (202) 461-7174.

  
William F. Feeley, MSW, FACHE

VA 5000H  
MAR 1989

May 23, 2012

VHA HANDBOOK 1330.02  
APPENDIX B

**SAMPLE FUNCTIONAL STATEMENT, DUTIES, AND RESPONSIBILITIES FOR  
HYBRID TITLE 38 LEAD WOMEN VETERANS PROGRAM MANAGER-GS 13**



VHA HK 1330.02,  
App B. pdf

May 23, 2012

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APPENDIX C

**SAMPLE FUNCTIONAL STATEMENT, DUTIES, AND RESPONSIBILITIES FOR  
HYBRID TITLE 38 LEAD WOMEN VETERANS PROGRAM MANAGER-GS 14**



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APPENDIX D

**SAMPLE DIMENSION, QUALIFICATIONS, AND FUNCTIONAL STATEMENTS FOR  
TITLE 38 LEAD WOMEN VETERANS PROGRAM MANAGER -NURSE IV**



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APPENDIX E

**SAMPLE DIMENSION, QUALIFICATIONS, AND FUNCTIONAL STATEMENTS FOR  
TITLE 38 LEAD WOMEN VETERANS PROGRAM MANAGER -NURSE V**



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APPENDIX F

**SAMPLE FUNCTIONAL STATEMENT FACILITY WOMEN VETERANS PROGRAM  
MANAGER SOCIAL WORKER TITLE 38 HYBRID**



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VHA HANDBOOK 1330.02  
APPENDIX G

**SAMPLE FUNCTIONAL STATEMENT, FACILITY WOMEN VETERANS PROGRAM  
MANAGER WVPM TITLE 38**



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