VETERANS ACCESS RESEARCH CONSORTIUM (VARC)

VA HSR&D **CYBERSEMINARS**

Supporting Ongoing and Future Access-Related Research and Innovation Through the Creation of an Online Metrics Compendium

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U.S. Department of Veterans Affairs
Veterans Health Administration
Health Services Research & Development Service

ARC Network
HSR&D VETERANS ACCESS RESEARCH CONSORTIUM

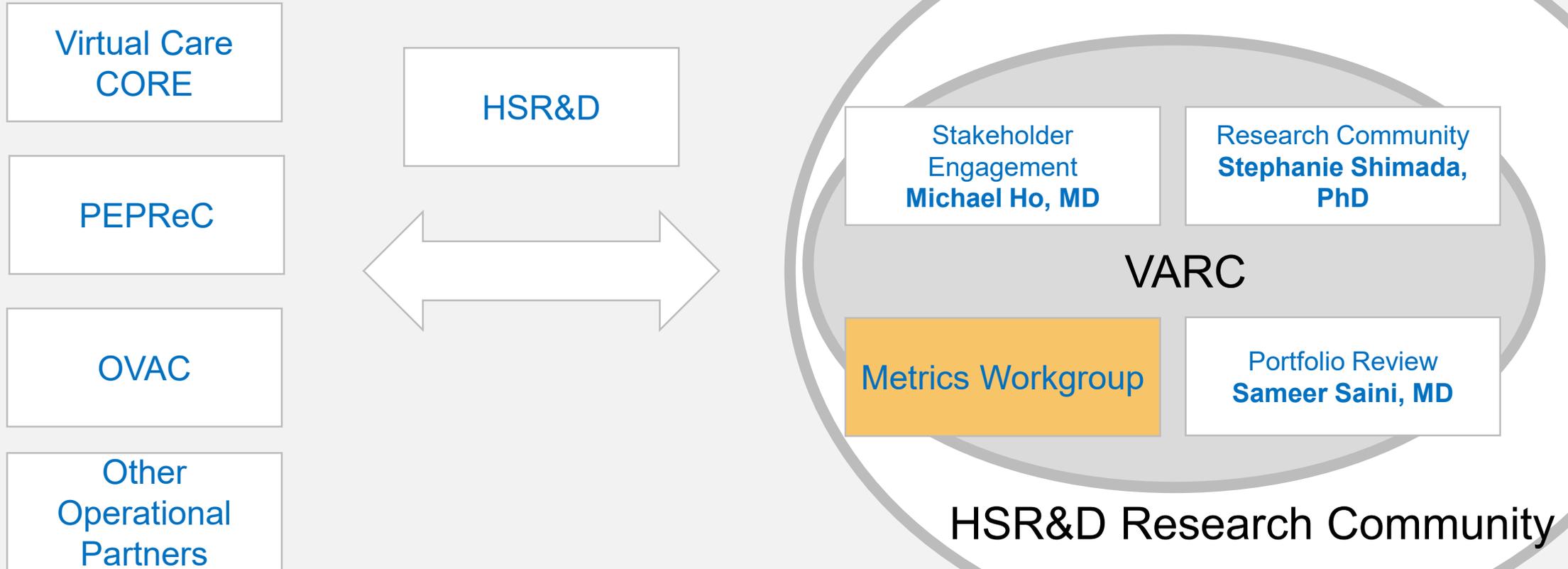**VETERAN** ACCESS TO CARE EVALUATION

OBJECTIVES

- Overview: HSR&D Veterans Access Research Consortium (CORE)
- Background: Access Framework
- Access Metrics Workgroup Products:
  - Metric Compendium
  - Metric "How To" Data Guide
- Access Metrics Wiki Page Demo (*feat.VA Phenomics Library*)
- Existing and Novel Metrics
- How to Contribute
- Next Steps

POLLING QUESTION: PRIMARY VA ROLE

What is your primary role in VA?

- ❑ Clinical
- ❑ Operations
- ❑ Research
- ❑ Other (Please specify in comments)
- ❑ I am not part of the VA

VARC STRUCTURE

Virtual Care CORE

PEPReC

OVAC

Other Operational Partners

HSR&D

VARC

Stakeholder Engagement
Michael Ho, MD

Research Community
Stephanie Shimada, PhD

Metrics Workgroup

Portfolio Review
Sameer Saini, MD

HSR&D Research Community

VARC DELIVERABLES

FORMATION OF ACCESS RESEARCH CONSORTIUM (ARC) NETWORK

NEEDS ASSESSMENT OF ARC NETWORK

DATABASE OF CURRENT ACCESS RESEARCH/EVALUATION PROJECTS

3-5 HIGH PRIORITY ACCESS RESEARCH QUESTIONS/FOCUS AREAS

REPORT OF ACCESS METRIC COMPENDIUM

REPORT OF ACCESS MEASUREMENT GUIDE

Access Metric Workgroup

Wednesday, November 4, 11:00am ET
COnsortia of REsearch
A Systematic Assessment of VA Funded Access Research and Evaluation Activities: A Five Year Review
by Sameer Saini, MD
Bradley Youles, MPA

3-5 HIGH PRIORITY ACCESS METRIC RESEARCH QUESTIONS/FOCUS AREAS

ACCESS RESEARCH ROADMAP

POLLING QUESTION:

What is the primary reason you joined this cyberseminar?

- ❑ I work on an Access research project
- ❑ I work on an Access QI project
- ❑ I want to incorporate access metrics into future projects
- ❑ I am interested in the Wiki platform for other applications
- ❑ I had an open slot and needed one more Teams/Zoom meeting to fill up my calendar

2015 INSTITUTE OF MEDICINE REPORT

Transforming Health Care Scheduling and Access

Getting to Now

- *"The IOM report* Crossing the Quality Chasm *(2001) identified six fundamental aims for healthcare-that it be: safe, effective, patient-centered, efficient, equitable, and* **timely***. Of these fundamental aims,* **timeliness** *is in some ways the least well studied and understood."*

2011

REVIEW

A Re-conceptualization of Access for 21st Century Healthcare

John C. Fortney, PhD[1,2,3], James F. Burgess, Jr. PhD[4,5], Hayden B. Bosworth, PhD[6,7], Brenda M. Booth, PhD[1,3], and Peter J. Kaboli, MD[8,9,10]

- **Access to Care** represents the potential ease of having *virtual* or *face-to-face* interactions with a broad array of healthcare providers including clinicians, caregivers, peers, and computer applications.

  - **Actual:** represents those directly-observable and *objectively* measurable dimensions of access.
  - **Perceived:** represents those self-reported and *subjective* dimensions of access.
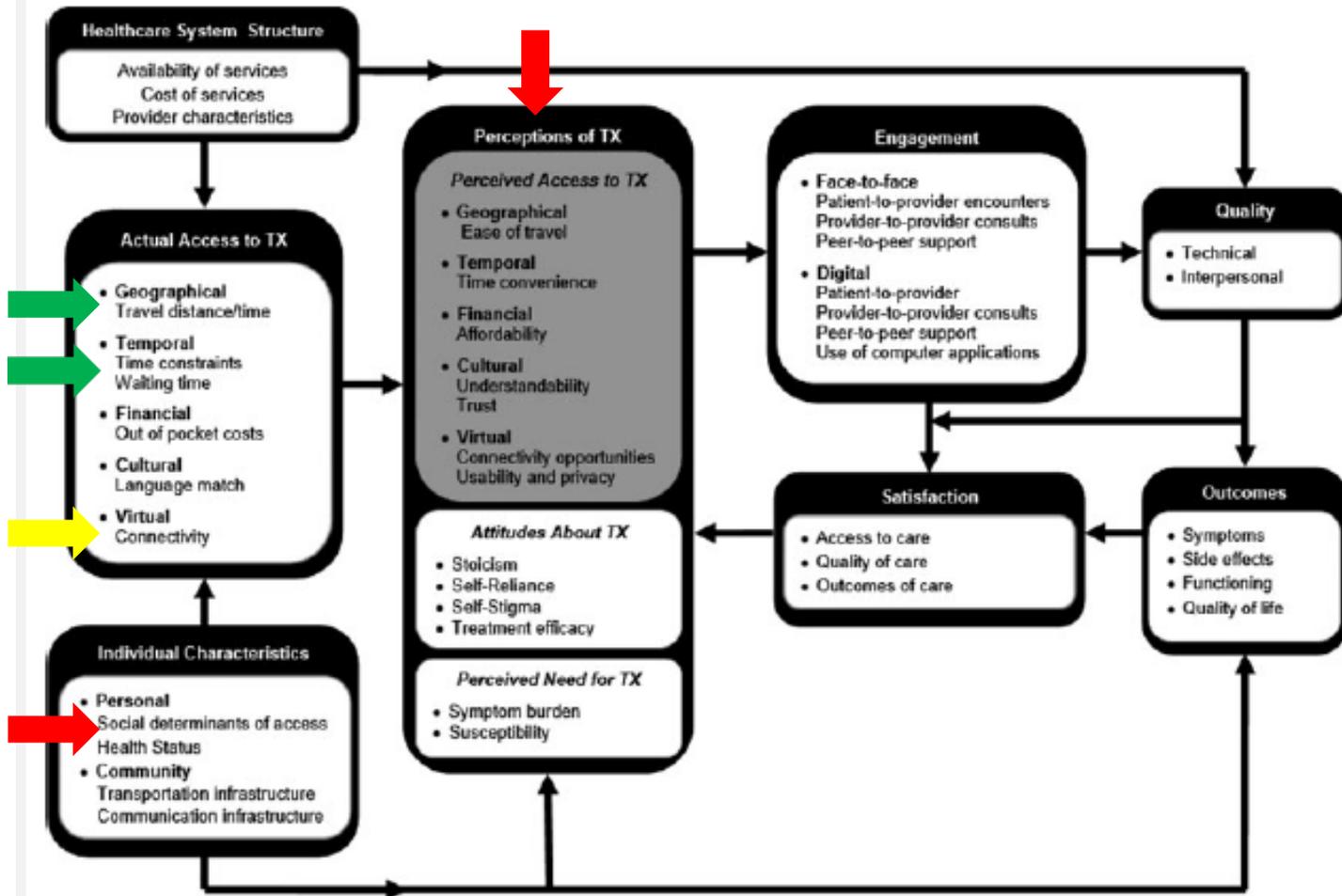
FORTNEY MODEL OVERVIEW

Figure 1. Access model. Revised from Fortney et al. (2011a).

Dimensions, Determinants, Characteristics

5 Dimensions of Access
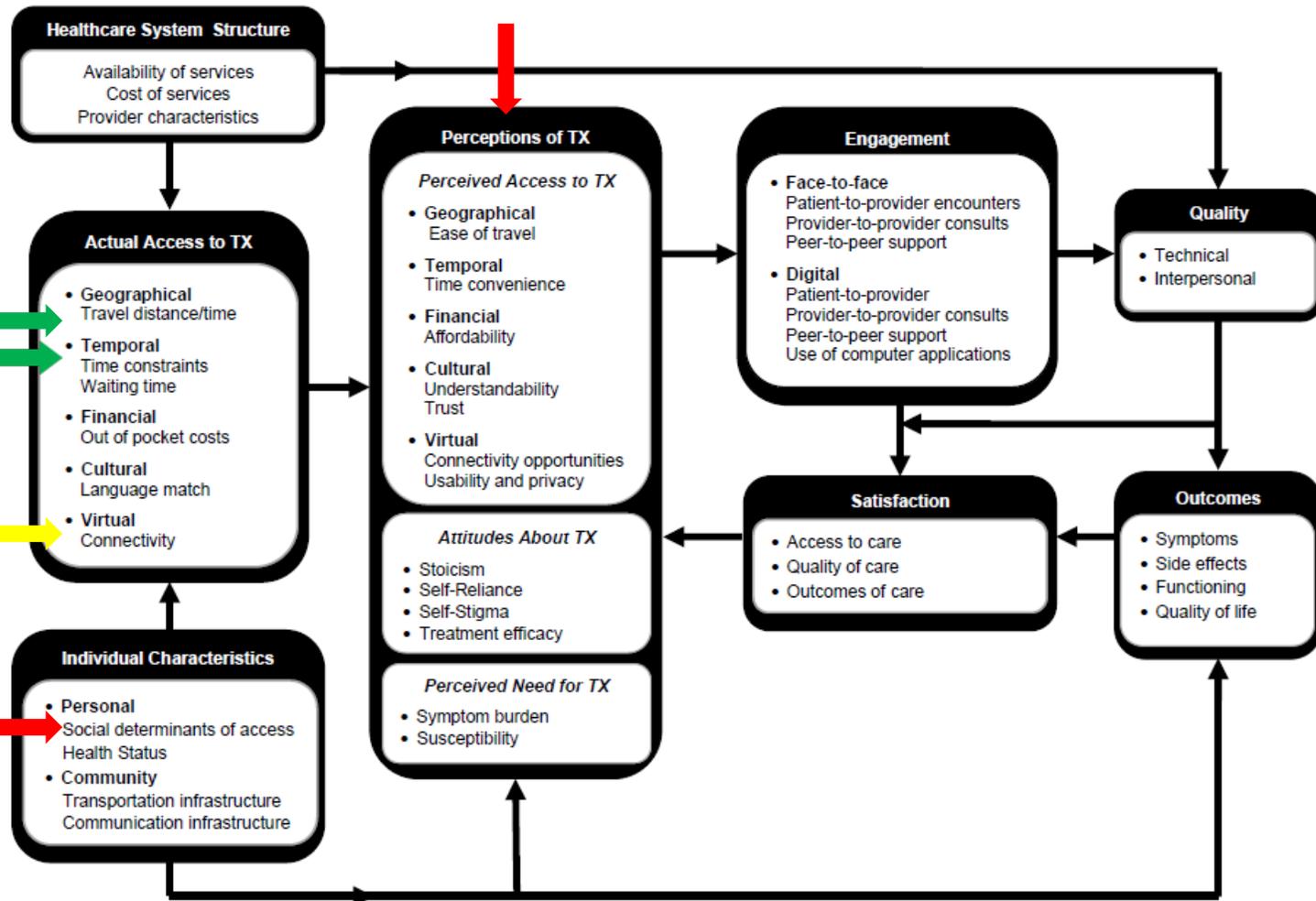Geographical, temporal, financial, cultural, and digital

4 Determinants of Access
Patient, provider, community, health system (i.e., VA and non-VA)

4 Characteristics of Access
Utilization, quality, outcomes, and satisfaction

FORTNEY MODEL OVERVIEW

Dimensions, Determinants, Characteristics

5 Dimensions of Access
  Geographical, temporal, financial, cultural, and digital

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4 Characteristics of Access
  Utilization, quality, outcomes, and satisfaction

5 Dimensions of Access

Temporal
- ACTUAL: Wait for appointment (1st or 3rd Next Available); Waiting Room Time (Time in ED)
- PERCEIVED: Time inconvenience, SHEP, PAI, APAC

Geographic
- ACTUAL: Travel distance and time (Geocoded miles and time); Distance to specialists
- PERCEIVED: Ease of travel, PAI, APAC

Financial
- ACTUAL: Insurance status (Uninsured rate); Eligibility (VA Category); Co-pay and Premiums ($$)
- PERCEIVED: Financial burden of cost, PAI, APAC

Digital
- ACTUAL: Broadband (Coverage area); Smartphone (Y/N); Speed of response (Minutes); Call abandonment rates (%); 1st call resolution (%); Secure messaging (Time to response); E-consults
- PERCEIVED: Usability; Privacy, PAI, APAC

Cultural
- ACTUAL: Language (Interpreters); Veteran status (%)
- PERCEIVED: Understandability; Stigma, PAI, APAC

11

OBJECTIVES OF ACCESS METRICS WORKGROUP

Overall: Create an interactive and collaborative team of healthcare access researchers to support ongoing and future access-related research and innovation.

REPORT OF ACCESS
METRIC COMPENDIUM

REPORT OF ACCESS
MEASUREMENT GUIDE

ACCESS METRIC COMPENDIUM

- **Categorize** measures of access using Fortney Model of Access
  - 5 Dimensions
  - 4 Determinants
  - 4 Characteristics
  - Clinical setting
  - Actual or perceived
- **Create compendium**, including evidence to support validity, data sources, definitions, and practical considerations. Sources include:
  - *Published and unpublished work from ORH Access Evaluation group, PEPReC, ARC Network, and non-VA researchers*
  - *Existing metrics used by OVAC and defined by VSSC*
- **Propose Novel metrics** for future research to fill gaps
  - Engage ARC Network to propose metrics and become "stewards"? (e.g., NQF Process)

ACCESS METRIC WIKI PAGE DEMO

- Create an on-line data guide that is user-friendly to meet the needs of researchers and operations who want to incorporate access measurement into their work.
- Hosted by the VA Phenomics Library:
  - https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/VA_Phenomics_Library
  - https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/Access_Metrics_Compendium,_VARC_Metrics_Workgroup

EXISTING VA ACCESS METRICS

- Geographic Access
  - Drive Time (Michelle Mengeling)
  - Mental Health Population Coverage (Mark VanderWeg)
  - Intensive Substance Use Disorders (SUD) Treatment (Michael Ohl)
- Temporal Access
  - Same Day Access (Bjarni Haraldsson)
  - Third Next Available (Bjarni Haraldsson)
  - SHEP Perceived Access (Bjarni Haraldsson)
  - Extended Hours Primary Care (Bjarni Haraldsson)
- Digital Access
  - Secure Messaging (Amy O'Shea)
- Other
  - Primary Care Panel Fullness (Matt Augustine)

NOVEL METRICS

Development of a novel metric of timely care access to primary care services

Adam J. Batten BS[1] | Matthew R. Augustine MD, MS[2,3] | Karin M. Nelson MD, MSHS[1,4,5] | Peter J. Kaboli MD, MS[6,7]

- Limited methods to assess access for <u>walk-in/urgent</u>, unscheduled needs
- Industry standard for temporal access is "Third Next Available"

Objective: develop a novel metric to assess the provision of timely care, determine the extent to which timely care was provided by VA, and correlate timely care with patient perception of access.

VA TIMELY CARE

- *"If you need care right away during regular business hours, you can receive services the same day, or if after hours, by the next day from a VA Medical Center or Health Care Center.*
  - *Options for how that care might be provided include:*
    - *in person*
    - *via telephone*
    - *smart phone*
    - *through video care*
    - *secure messaging*
    - *or other options*
  - *This care may be delivered by your provider or another appropriate clinical staff member based on availability and your care needs."*

TABLE 2 Annual timely care appointment requests at 160 VA primary care clinics, proportion successfully fulfilled, and location of fulfillment

|	2013-14[a]	2014-15[a]	2015-16[a]	2016-17[a]
Requests	306 683	367 722	415 501	377 660
Success, N (%)	271 065 (88)	318 214 (87)	345 959 (83)	328 093 (87)
VA Fulfillment, N (%)				
Primary Care	184 712 (68)	217 007 (6)	223 854 (65)	212 820 (65)
Other Service Line	73 054 (27)	83 434 (26)	101 039 (29)	100 914 (31)
Mental Health	8624 (3)	10 284 (3)	12 050 (3)	11 232 (3)
Secure Message	1756 (1)	2636 (1)	4410 (1)	2400 (1)
Non-VA Fulfillment, N (%)				
Outpatient	2910 (1)	4853 (2)	4606 (2)	727 (0)[b]
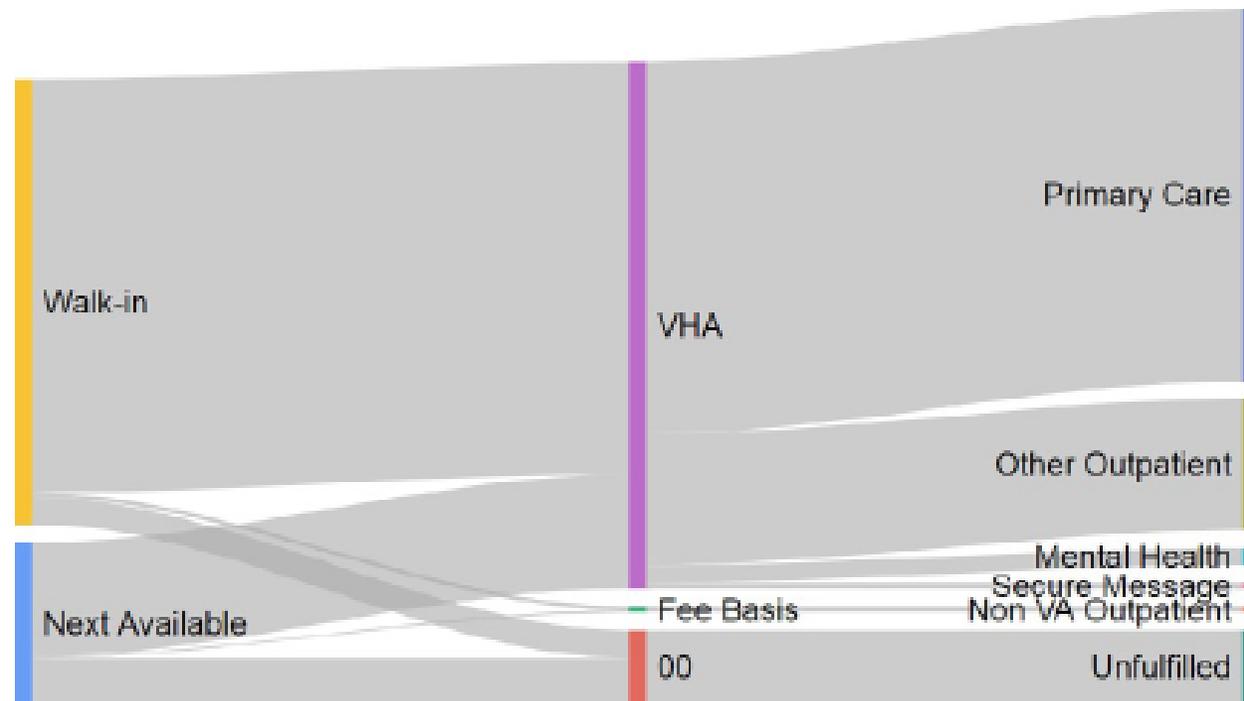
FIGURE 1 Timely care requests within VA primary care clinics and location of fulfillment. Starting on the left-hand side of the diagram, all 1 467 566 appointment requests over the study period are mapped by request type to the place where the appointment was fulfilled. Most timely care requests are fulfilled within VA
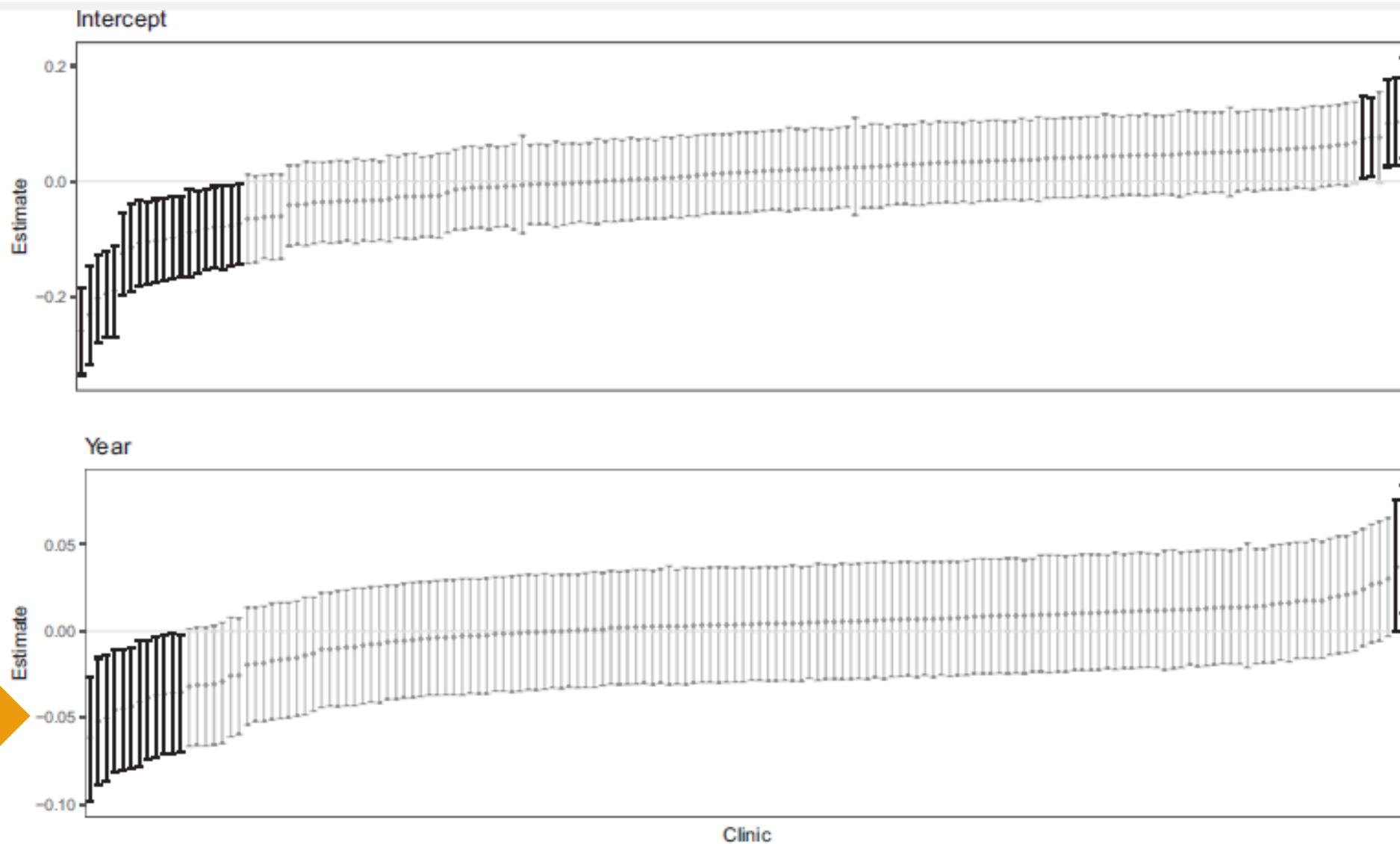
FIGURE 2 Caterpillar plots of the estimates and 95% credible interval for clinic-level baseline effects (top) and time effects (bottom). Baseline effects were significantly different from zero in 25 clinics (top panel). Thirteen clinics had a time effect significantly different from zero (bottom panel). Clinics with random effects not significantly different from zero are included and grayed out in both panels

USE OF A NOVEL TIMELY CARE METRIC

- Changing patient behavior and clinic provision of care
  - 30-40% of patients are requesting "timely care" with number increasing
- VA fulfilling ~90% of requests, with 98% by VA
  - What is the future role and impact of CHOICE/MISSION Act?
- 6.9% of clinics (11/160) were low outliers
  - Potential to use to identify clinics in need of improvement
- How would I know about this metric?
  - https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/Timely_Care

Psychometric Properties of the Assessment of Perceived Access to Care (APAC) Instrument

John C. Fortney; Jeff M. Pyne; Matt Hawrilenko;
Jared M. Bechtel; Dana Moore; J. P. Nolan; Paul Pfeiffer;
Stephanie Shushan; Jay H. Shore; Deb Bowen

- An instrument designed to measure the precisely defined construct of perceived access and is distinct from other related constructs (e.g., social determinants of access, service availability, treatment attitudes, utilization, and satisfaction.)

- Captures 5 dimensions of access in the Fortney model: 1 geographic, 1 financial, 3 temporal, 3 cultural, and 1 virtual item.

- Scoring: average the numerical values associated with the 9 items, the mean is subtracted by 6 and multiplied by -1 resulting in a range of 1.0-5.0; higher values represent better perceived access.

AFTER EACH QUESTION, I WILL ASK YOU WHETHER YOU THINK IT "HELPED A GREAT DEAL," "HELPED SOMEWHAT," "NEITHER HELPED NOR INTERFERED," "INTERFERED SOMEWHAT," OR "INTERFERED A GREAT DEAL" WITH GETTING THE MENTAL HEALTH CARE YOU NEEDED.

- 1. How much did **travel time** to the clinic …?
- 2. How much did the **cost of services** …?
- 3. How much did being able to **schedule an appointment** as soon as you wanted …?
- 4. How much did the **amount of time providers spent** with you during appointments …?
- 5. How much did the **availability of appointments** at times when you did not have work, school, or family responsibilities …?
- 6. How much did your **trust in providers** …?
- 7. How much did **treatment privacy and confidentiality** …?
- 8. How much did **understanding the conversations** with your providers …?
- 9. How much did your **access to a computer, tablet, or smartphone** with a **reliable Internet connection** …?

NEW POTENTIAL METRIC: BROADBAND ACCESS

- Amy O'Shea, PhD, PI
- <u>Broadband Access as a Social Determinant of Health</u>: The Association of Broadband Access with Changes in Use of Primary Care and Mental Health Services During the COVID-19 Pandemic
  - Virtual Care CORE Pilot Project
  - 22% of rural Americans lack broadband internet coverage compared to 1.4% in urban areas
  - Combine FCC data with VA data
  - Create an access metric that addresses social determinants of health

OTHER NOVEL METRICS

- Geographic
  - US Territory Access (Clara "Libby" Dismuke)
- Temporal
  - Hospital Bed Occupancy (Bjarni Haraldsson)
- Other
  - Perceived Access Inventory (Jeffrey Pyne)

NEXT STEPS:

- Expand content
  - Veteran **Perceived Access** limited
  - **Cultural Access** metrics non-existent
  - **Digital**/Virtual care access metrics need defined
  - Refinement of **Temporal Access**, especially "wait times"
  - Limited **Financial Access** measures
- Solicit contributors
- Improve usability
- Move from Intranet to Internet
- Future quality control and maintenance
  - http://www.qualityforum.org/about_nqf/work_in_quality_measurement/

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Thank you.

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VETERAN ACCESS TO CARE EVALUATION

Proceedings of a Workshop

IN BRIEF

September 2020

Developing a Patient-Centered Approach to Optimizing Veterans' Access to Health Care Services

Proceedings of a Workshop—in Brief

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

NATIONAL ACADEMIES WORKSHOP: KEY FINDINGS

- Although extensive research, no single definition or measure of access.
- Ways to improve access:
  - Prioritize patients' needs and perspectives regarding care
  - Examine measures of access that go beyond wait times
  - Emphasize wait times for time-sensitive conditions
- Consider "precision" systems in which timing for specialty care is determined by the needs of each patient (e.g., clinically indicated date)
- From the UK experience:
  - There will be unintended consequences with incentives and penalties
  - Alternate forms of access may increase rather than decrease workload and widen disparities
  - Beware of sample size in surveys of access
  - Constant focus on access may worsen continuity
- Ensure access measures are responsive to Veteran needs and preferences