Stakeholders in Identifying Access Research and Evaluation Priorities: A Foundation for the Access Research Roadmap

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March 2, 2022

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

ARC NETWORK
HSR&D VETERANS ACCESS RESEARCH CONSORTIUM

INTRODUCTIONS

The Veteran Access Research Consortium (VARC)

- Housed across Ann Arbor, Bedford MA, Denver, Iowa City
- Part of the ARC Network, comprised of researchers interested in access research (VA and non-VA)

Karen Albright, PhD

- Social scientist with VARC; focus on social determinants of health
- Associate Director, VA Denver-Seattle Center of Innovation (COIN)
- Associate Professor, Division of General Internal Medicine, CU SOM

Demetria M. McNeal, PhD, MBA

- Communication scientist with VARC
- Assistant Professor, Division of General Internal Medicine, University of Colorado School of Medicine

POLLING QUESTION #1: WHAT IS YOUR PRIMARY ROLE IN VA?

Student, trainee, fellow	Clinician	Researcher
Administrator, manager, policy maker	Other (within VA)	Other (outside VA)

ADVANCING ACCESS-RELATED RESEARCH IN VA

VARC received funding from VA Health Services Research and Development (HSR&D) to advance access-related research within VA

- Assessing the current state of VA access research
- Compiling and developing metrics used to measure access
- Soliciting access researchers and operational partners' opinions about directions for future VA research

Today's Cyberseminar focuses on VARC's Stakeholder Engagement with operational partners

- Mission: Create a roadmap that incorporates findings from these efforts along with a portfolio review of current and recent HSR&D and operationally-funded studies on access.

PORTFOLIO REVIEW WORKGROUP

- Drs. Sameer Saini, Megan Adams, Tanner Caverly, Ted Skolarus, Erika Sears, Christina Chapman, and Brad Youles
- Conducted an environmental scan to identify Access related research and operational projects
- Created database of Access projects
  - VARC Project Portfolio Search - Veteran Access Research Consortium (VARC)
- Mapped high priority access areas to access research portfolio to identify knowledge gaps

STAKEHOLDER ENGAGEMENT WORKGROUP

- ✓ Activities led by the Denver site
  - Drs. P. Michael Ho, Karen Albright, and Demetria M. McNeal
- ✓ Has engaged access researchers within and outside VA, operational partners, and Veterans to solicit their perspectives about the most important access-related research domains for VA to address in the next 5-10 years
- ✓ Ultimate goal: to inform VA HSR&D's funding priorities for access research and help shape the direction of the field

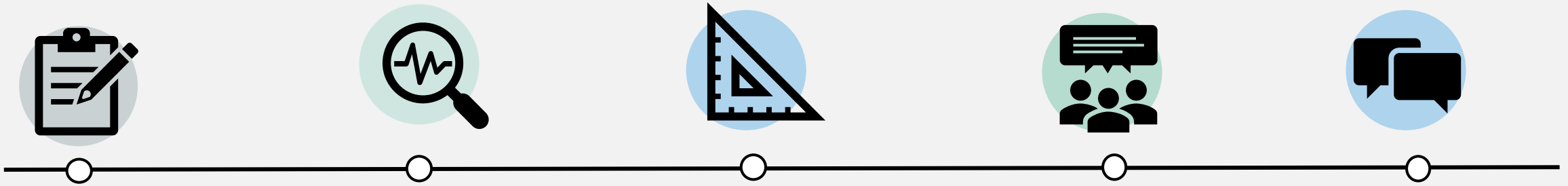
METRICS WORKGROUP

- Drs Peter Kaboli, Amy O'Shea, Ariana Shahnazi, and Bjarni Haraldsson
- Categorized existing measures of access using the Fortney model
- Created a compendium of VA access metrics including:
  - Evidence to support validity, data sources, definitions, and practical considerations
  - Proposed novel metrics to address measurement gaps
  - Access:Metrics Compendium, VARC Metrics Workgroup - VA Phenomics Library

ACCESS RESEARCH COMMUNITY WORKGROUP

- Drs. Stephanie Shimada, Stephanie Robinson
- Organized and supported the Access Research Consortium (ARC) Network to accelerate access related research through a collaborative network of researchers
  - Conducted needs assessment surveys to identify and organize access research priorities
  - Disseminated regular newsletters featuring access-related research and funding updates
  - Developed the VA Access Literature Repository organizing recent publications from VA access-related projects in a searchable format: VARC Access Literature Repository - Veteran Access Research Consortium (VARC)

TIMELINE TO ROADMAP DEVELOPMENT



Portfolio Review

Overview of current access-related research in VA

Stakeholder Engagement

Delphi panel with experts, listening sessions with Veterans and interviews with operational partners

Access Measurement

Identification of challenges in measuring access in VA

ARC Network Survey

Ranking of top priorities for access-related research

Operations Partner Engagement

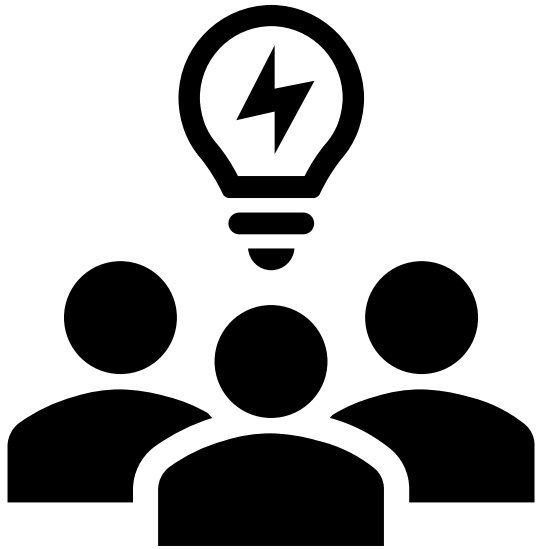
Delphi panel with experts, listening sessions with Veterans and interviews with operational partners

WHAT IS ACCESS RESEARCH?

Access to health care means having "the timely use of personal health services to achieve the best health outcomes“ (IOM, 1993).

Access to health care includes:

- Coverage: Insurance facilitates entry into the health care system.
- Services: Having a usual source of care is associated with adults receiving recommended screening and prevention services.
- Timeliness: The ability to provide health care when the need is recognized.
- Workforce: Providers are capable, qualified, and culturally competent.



DIMENSIONS OF ACCESS: OBSERVABLE MEASURES

Geographical	• Travel distance/time
Temporal	• Time to next appointment, Waiting time in reception
Cultural	• Language match, Provider stigma, Public stigma
Digital	• Connectivity
Financial	• Eligibility, Out of pocket costs

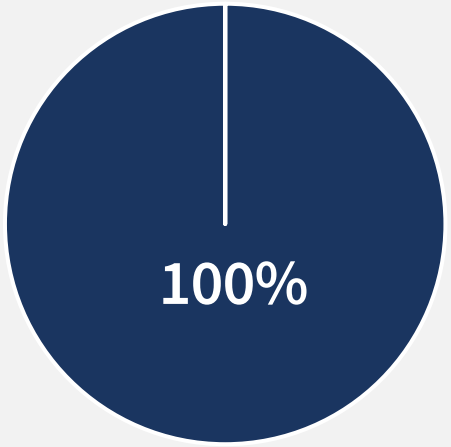
DIMENSIONS OF ACCESS: VETERAN EXPERIENCE AND PERCEPTIONS

Geographical	• Ease of travel
Temporal	• Time convenience
Cultural	• Understandability, Trust, Self-stigma
Digital	• Connectivity opportunities, Usability and privacy
Financial	• Eligibility complexity, Affordability

CURRENT STATE OF VA ACCESS RESEARCH (2015-20): VARC PORTFOLIO REVIEW WORKGROUP

Web-based review

233
Total projects identified



286 of 286 projects **coded with rubric**

Operational Interviews

11
Interviews completed

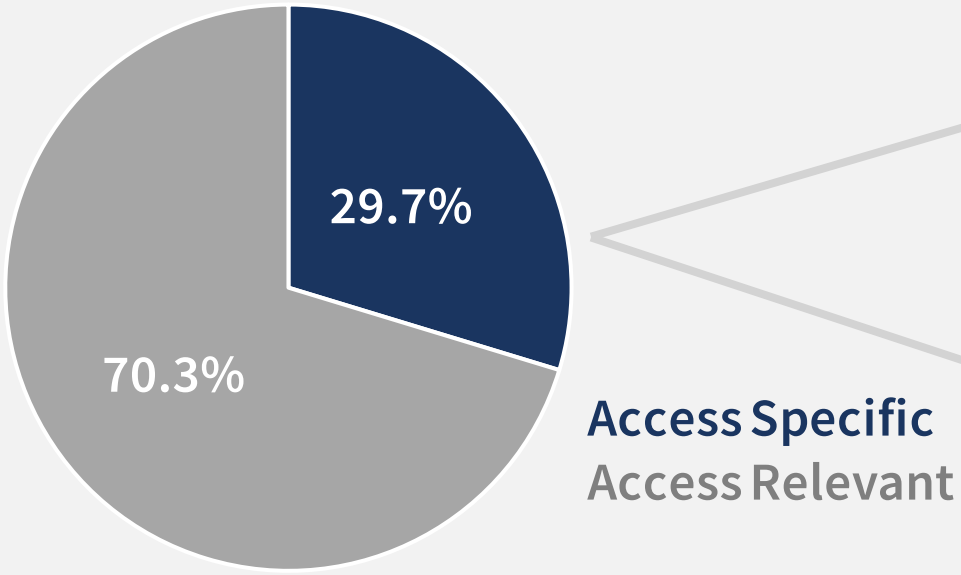
yielded

53
Operational projects identified

CURRENT STATE OF VA ACCESS-RELATED RESEARCH

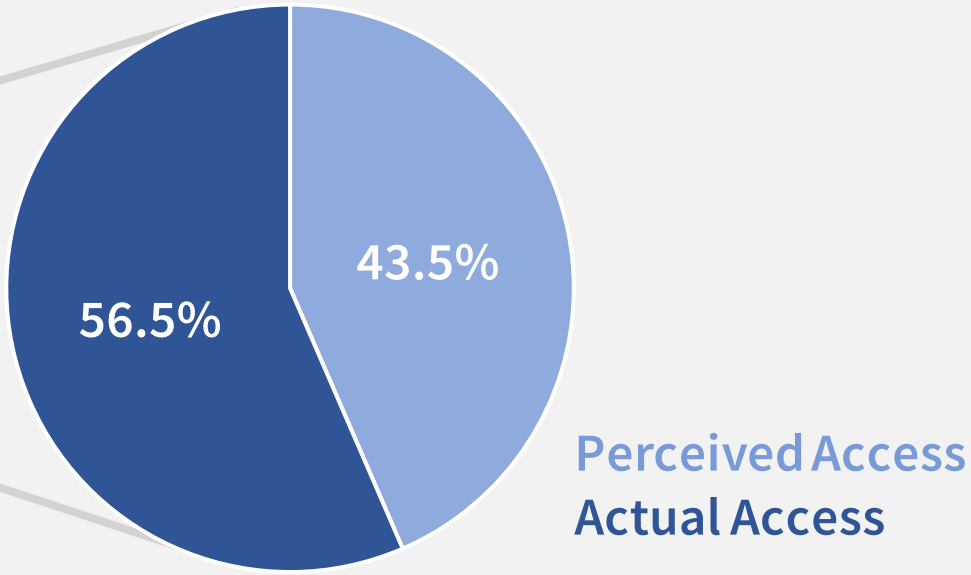
About half of access-related projects **directly measured access** (were access specific). N=85

Access specific projects measure actual or perceived access, whereas *access relevant* projects do not incorporate specific measurements of access.



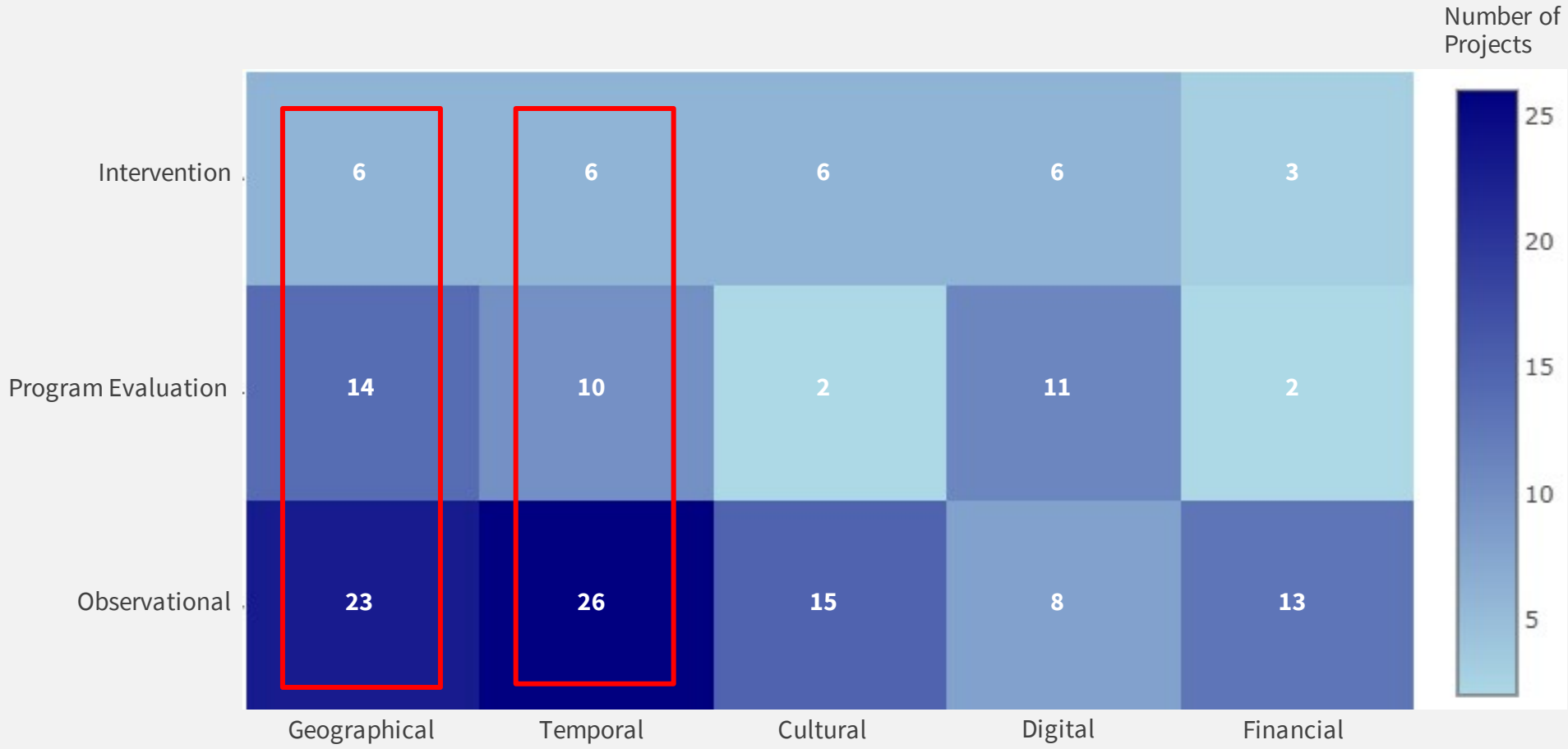
More projects tended to directly measure **actual patient access** as opposed to **patient perceptions** of access. N=48

Access type (i.e., actual or perceived access) are subsets of *access specific*.



CURRENT STATE OF VA ACCESS-RELATED RESEARCH

Of access specific projects, relatively few were **interventions**. Most projects focused on **geographic** and **temporal** barriers.



SOLICITING OPINIONS VIA A MODIFIED DELPHI METHOD

1

ROUND 1. PANELISTS INVITED TO PROVIDE A RESPONSE TO THE OPEN QUESTION: "WHAT ARE THE MOST IMPORTANT ACCESS RELATED QUESTIONS FOR VA TO ANSWER IN THE NEXT 5-10 YEARS?"

2

ROUND 2. PANELISTS ASKED TO RANK THE RESULTING 83 RESEARCH QUESTIONS IN TERMS OF PRIORITY (1-3); ONLY HIGHEST PRIORITY QUESTIONS RETAINED

3

ROUND 3. PANELISTS ASKED TO RANK 18 REMAINING RESEARCH QUESTIONS IN TERMS OF PRIORITY (TOP 10)

4

ROUND 4. PANELISTS THEN MET (VIRTUALLY) TOGETHER TO IDENTIFY TO IDENTIFY THE TOP 5 HIGHEST PRIORITY

DELPHI PANEL PARTICIPANTS:

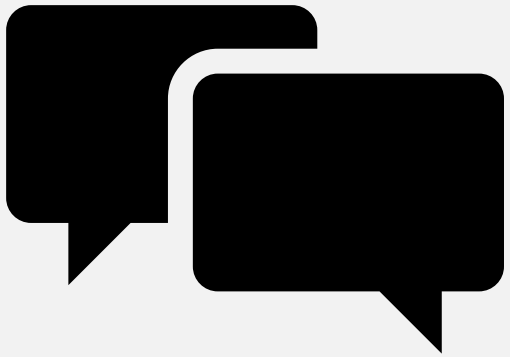
9 VA + 4 NON-VA RESEARCHERS
+9 OPERATIONAL PARTNERS

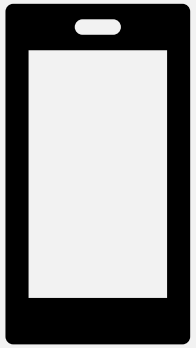
FINAL SUGGESTIONS FROM THE DELPHI PANEL

Access Research Domains	Leading Research Questions for Each Domain
Measurement of access	**How should actual and perceived access be defined and measured so it is understandable, uses the best possible data (surveys, electronic, etc), and has meaningful implications for Veteran outcomes, both in VA and the community?**
Barriers to access	**How do structural, logistic, personal and organizational barriers to access vary across subpopulations and interfere with veterans getting the care they need and/or desire?**
Equity and subpopulations	**How can we ensure equitable and effective access to services for Veterans who are underrepresented or experience disparities in the VA (e.g., racial/ethnic minorities, LGBTQ, women, those living on tribal lands, etc)?**
Effective interventions to improve access	**What are the most effective and scalable interventions that improve access, considering different modalities (e.g., in person, virtual care), settings (e.g., VA, community), and targets (e.g., patients, providers, system)? How does this vary for subpopulations?**
Consequences of poor/better access	**Does (a) increased access and/or (b) better access lead to improved quality care coordination, patient satisfaction, clinical outcomes, care continuity, and cost? What are the systemic consequences?**

VETERAN ENGAGEMENT SESSIONS

- October 2020 – Iowa City
  - Center for Access and Delivery Research and Evaluation (CADRE) Veteran Engagement Panel
- November and December 2020 – Ann Arbor
  - Center for Clinical Management Research (CCMR) Veteran Research Engagement Council
- November 2020 – Bedford/Boston
  - Center for Healthcare Organization and Implementation Research (CHOIR) Veteran Engagement in Research Group
- Mission: to provide Veteran perspectives and input on research studies
- Members range in age, service era, branch, race, education, and gender; approximately 7-12 Veterans at a session





SIGNIFICANT NEEDS FOR ACCESS TO CARE IDENTIFIED BY VETERANS

- **Dissemination of VA services**
  - Services and resources disseminated consistently and equally across VA system
  - Details of services should be easily available
- **Communication of services**
  - Need for widespread marketing and individualized contact
  - "This is like showing where the doors to services are. If you don't show people where the door is, there's no access!"
- **Connection and relationship to local communities/health care facilities**
  - Partnership with community organizations to connect with Veterans
  - Relationship with community-based health care clinics/hospitals
- **Telehealth support**
  - Education on technological resources and available options for telehealth care (e.g. tablet distribution)

VARC METRICS WORKGROUP: SUMMARY

- Created a compendium of VA & non-VA metrics of access, including:
  - Definitions
  - Data sources
  - Evidence to support validity
  - Practical considerations for investigators and program offices
- Makes available resources that foster interaction & collaboration between healthcare access researchers to support access-related research & innovation.
- Will address VA researchers' needs for better access to & guidance on use of VA data sources to measure access

ACCESS MEASUREMENT CHALLENGES

Current healthcare system is fragmented:

- Focuses on episodic, fee-for-service, in-person treatment
- Limited care coordination over time
- Negligible communication between encounters
- EMRs not designed to measure and collect access metrics

Overcoming Access Barriers Example: Enhancing Digital Access

May overcome access barriers:

- Telehealth visits
- Asynchronous secure messaging
- Electronic consults
- Patient portals (e.g., My Health**e**Vet)

May contribute to the "digital divide":

- Computer literacy
- Broadband access
- Income
- Rural residence

ACCESS METRIC COMPENDIUM (WIKI)

- Hosted on the Centralized Interactive Phenomics Resource (CIPHER)-*catalog and knowledge-sharing platform of EHR-based phenomic metadata and annotations to optimize Veterans' health data, drive collaborative research, and improve clinical operations.*"

Categorize existing & proposed metrics using the Fortney Model of Access:

- 5 Dimensions (Actual/Perceived)
- 4 Determinants
- 4 Characteristics
- Clinical Setting

https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/Access:Metrics_Compendium,_VARC_Metrics_Workgroup

ACCESS METRICS COMPENDIUM:

Browse by Category [edit]

Dimension	Determinant	Characteristic	Setting	Access
Geographic	Patient	Utilization	Primary Care	Perceived Access
Financial	Health System	Outcomes	Specialty Care	Actual Access
Digital	Community	Quality	Post-Acute Care	
Temporal	Provider	Satisfaction	Mental Health	
Cultural			Acute Care	
			Telehealth	

Browse Alphabetically [edit]

- Access List 14 days - Primary Care
- Access List 14 days - Specialty Care
- Access to Primary Care and Specialty Care Appointments
- Access to Routine Care
- Access to Urgent Care

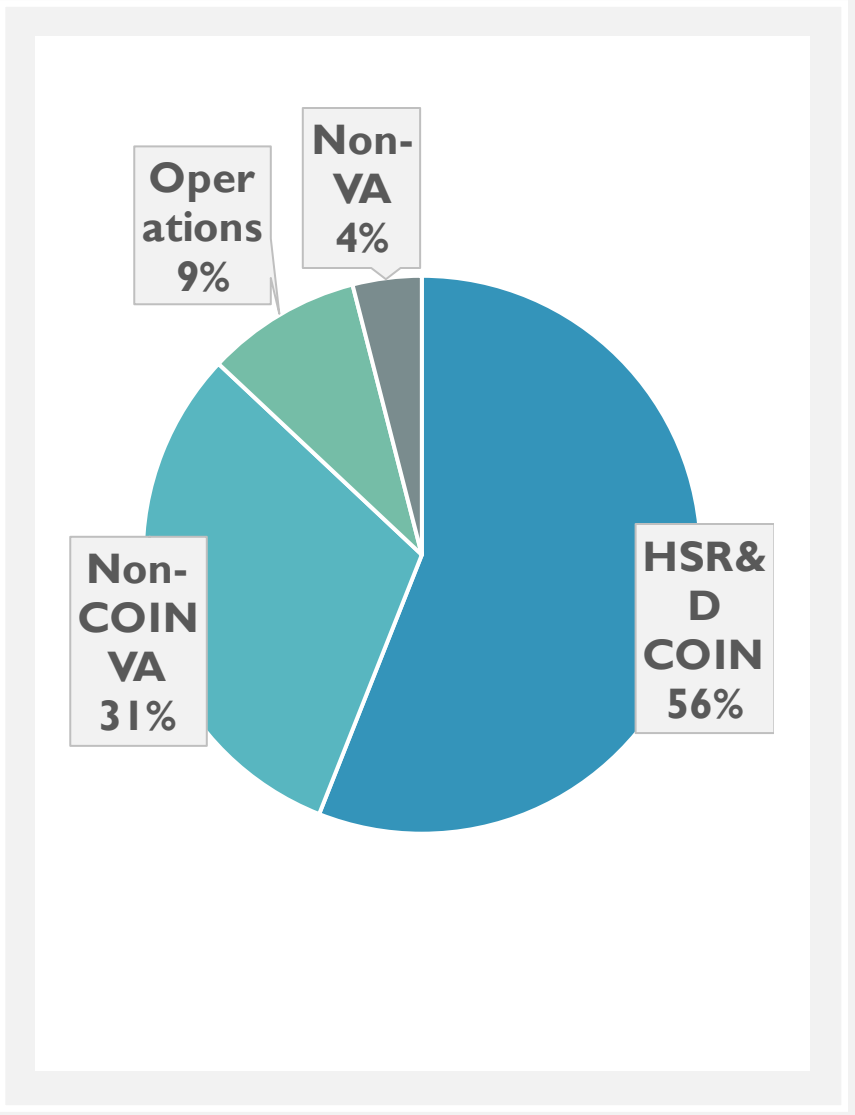
POLL QUESTION #2: OF THE 5 DOMAINS IDENTIFIED BY THE DELPHI PANEL, WHICH DO YOU THINK IS THE MOST IMPORTANT TO INFORM FUTURE HSR&D FUNDING?

- Measurement of access
- Barriers to access
- Equity and subpopulation
- Effective interventions to improve access
- Consequences of poor/better access

ARC NETWORK SURVEY

N=209

Representation across 16 HSR&D COINs



ARC NETWORK

HSR&D VETERANS ACCESS RESEARCH CONSORTIUM

Effective Interventions to Improve Access

We ask that you please now rank each research question related to **Effective Interventions to Improve Access** in terms of the priority you believe it should have in the field of VA access research, where 1 = high priority, 2 = moderate priority, and 3 = low priority.

	1 - High	2 - Moderate	3 - Low
Are access interventions designed to meet patient needs?	○	○	○
For which patients is a particular access intervention appropriate/inappropriate?	○	○	○
How can we improve Veterans' satisfaction with access to VA care?	○	○	○
How do we prioritize care to patients with the greatest need?	○	○	○
What interventions are effective in meeting time sensitive needs of Veterans?	○	○	○
How do access interventions for acute care differ from those for chronic illness?	○	○	○
Why do some access interventions work better than others?	○	○	○
What are the unintended consequences of interventions to improve access?	○	○	○
How do we improve access to specialty care?	○	○	○

ARC NETWORK SURVEY

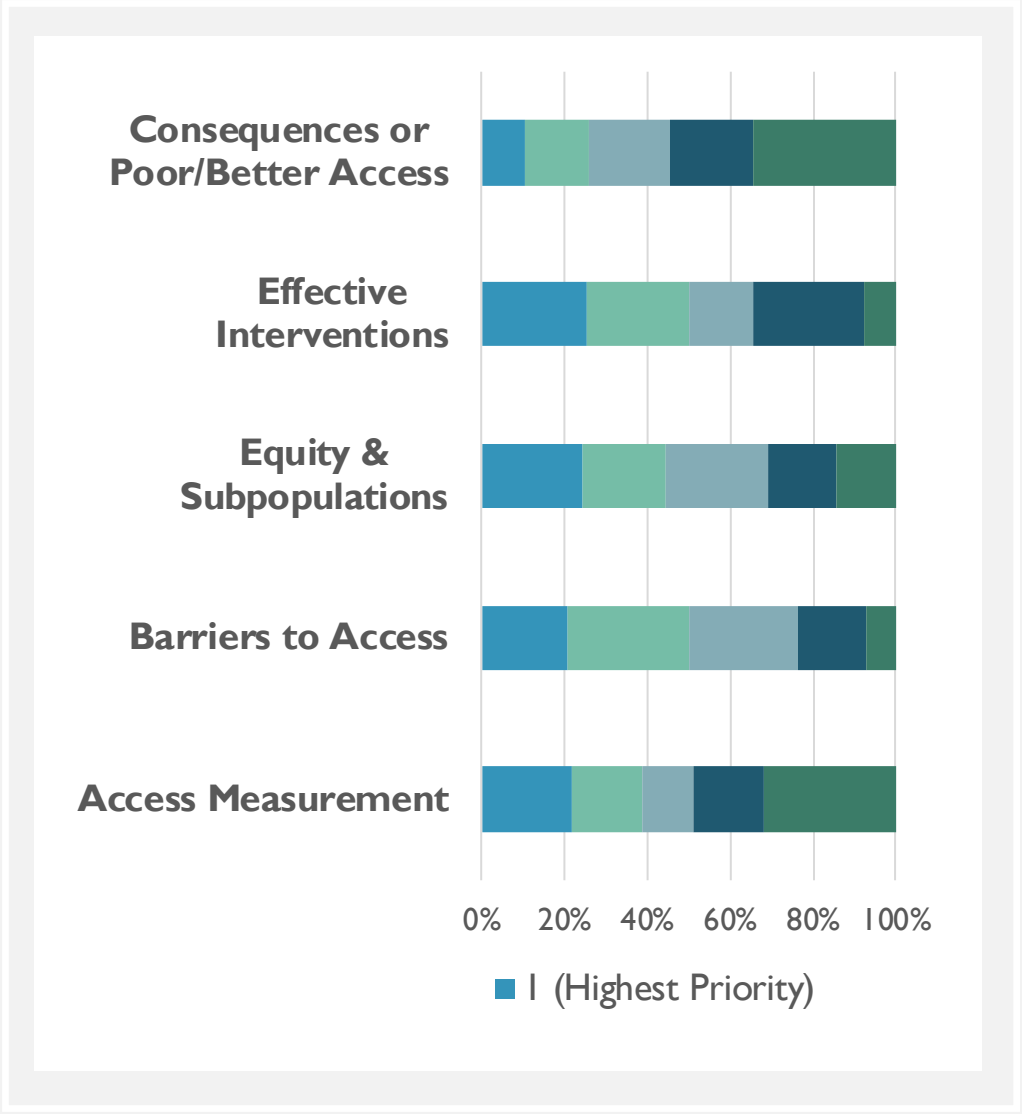
- *"What, in your opinion, are the most pressing access research questions or knowledge gaps for VA to address in the [domain] that are not reflected in the domain description?"*

- *Example responses:*
  - *Which virtual care interventions most effectively improve access?*
  - *How do we best engage patients, caregivers, providers in virtual care (e.g., telehealth, mobile applications, eConsults)?*
- *Example bigger picture question:*
  - *How do we best leverage virtual care interventions to improve access?*

ARC NETWORK RANKED PRIORITIES

26% ranked effective interventions as the highest priority

Followed by Equity and Subpopulations (24%) and Access Measurement (22%)



SUMMARY OF KNOWLEDGE

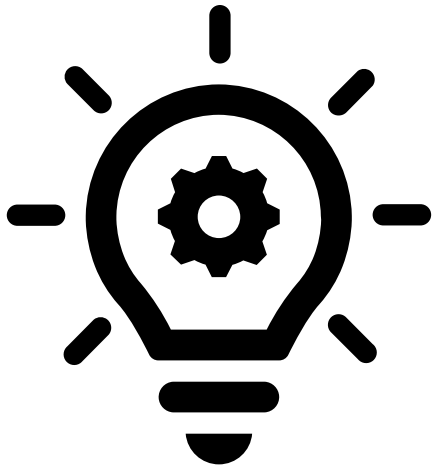
Over the last 5 years, VA has developed a robust access portfolio with research and operational work across clinical domains.

Much of the intervention / evaluation work has focused on geographical and temporal barriers.

Measurement of access is a work in progress to address a fragmented health care system

VA researchers, operational partners and Veterans cite key barriers to access to health care

A substantial proportion of interventions show promise and engage in pre-implementation work but fail to be translated / operationalized.



SEEKING OPERATIONAL PARTNER PERSPECTIVE

METHODOLOGICAL APPROACH

- **Surveys and Interviews with Leaders of Relevant VA Agencies:**

e.g. Executive Directors, Directors of Field Support & Analytics, Chief Medical Officer

  - Office of Veterans Access to Care (OVAC): 2
  - Office of Mental Health and Suicide Prevention: 2
  - Office of Community Care: 2
  - Office of Rural Health: 2
  - Office of Health Equity: 1
  - Office of Specialty Care Services: 1
  - Office of Primary Care Operations: 1

METHODOLOGICAL APPROACH

- Survey:
  - Purpose = to understand VA operational priorities as they relate to access-related research questions and potential areas of focus for the VA in the next 5-10 years.
  - Respondents were asked to identify and then rank order the importance of research questions in three different access domains, then to rank order the importance of each domain
    - Effective Interventions to Improve Access, Access Measurement, Equity and Subpopulations
- Interviews:
  - For each domain: "I see that you identified _____ as the highest priority questions of interest for your office. What was your reasoning for those rankings?"
  - "We are interested in understanding how to operationalize these questions to make them actionable and relevant to your office. What are your current needs around these issues? What opportunities are there to plug in? What are the barriers to making that happen?"

HIGHEST RANKED QUESTIONS: INTERVENTIONS

(1) Are access interventions designed to meet patient needs? (n=4)

(2) How do we prioritize care to patients with the greatest need? (n=4)

(3) How can we improve Veterans' satisfaction with access to VA care? (n=2)

HIGHEST RANKED QUESTIONS: MEASUREMENT

(1) Can we identify which measures of access are most strongly associated with clinically meaningful outcomes? (n=7)

(2) How can clinical indication and severity be incorporated into access metrics? (n=3)

(3) How can access measures be modified to specific clinical areas? (n=3)

(4) How can qualitative and mixed-methods be leveraged to improve access measurement? (n=2)

HIGHEST RANKED QUESTIONS: EQUITY

(1) What are the reasons for access inequities? (n=4)

(2) What are the barriers to access to those who are historically disenfranchised or affected by discrimination? (n=4)

(3) How do geographic/resources differences (e.g. urban/rural) exacerbate disparities? (n=4)

(4) How can we improve inequities in community care access? (n=3)

EMERGENT THEMES FROM INTERVIEWS

- **Need to understand access data with nuance and context**
- We [need to] recognize that good access, quality access, timely access is more than wait times. We are trying to move beyond that to look at other operational metrics, like veteran satisfaction, care coordination, equity.
- In our office, we don't like to label operational metrics as good or bad, just based on the [hard numbers]. It's very, very contextual. We wish that it wasn't so variable, that perhaps you didn't have to dig so deep into each individual site to understand their data. And in you know, dig into it in that context. But I always say that we start with the data, we never end with the data. Because you have to understand what you're working with… So looking at cold timeliness. As an example, if your site has a wait time of six months for screening colonoscopies, and another site has two months, somebody's gonna look like they're performing poorly compared to others. But are they? And not all procedures or needs fit the same length of time.

EMERGENT THEMES FROM INTERVIEWS

- **Need to better understand Veteran perspectives and needs**
- So to me, drilling further down into the access perception, and creating better measurement around that is probably the way we want to go in the measurement field rather than being limited to our kind of internal scheduling systems which kind of create some weird reports.
- I think it's evolving away from objective hard numbers and more towards subjective quality data.
- We need to know more or need to understand better what the key things actually are to Veterans, and really understand what motivates them, what's going to be the most important thing, and then essentially, to do what we can to motivate in that direction, you know, to be able to increase the likelihood of giving them the things that they want to increase their access.

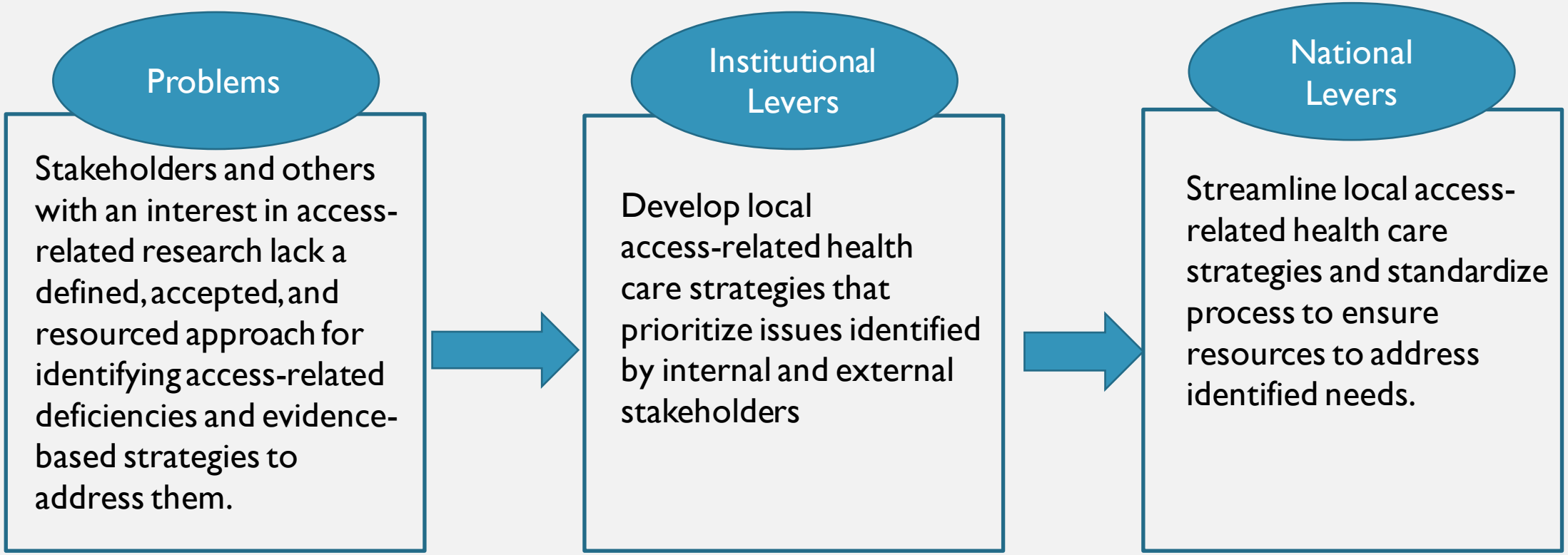
EMERGENT THEMES FROM INTERVIEWS

- **Need to show clear access-outcome connection**
- It all comes down to outcomes. How does access translate to improved outcomes?
- You know, as long as we can avoid bad press, we [can say we] have good access. For me, that's a terrible model. But to argue my model is a good model. I need support for that. Right. So what are the outcomes? Does providing sustained care, reduce crisis levels? Has it reduced the risk among populations? That's the only thing that's going to sway a medical center director because they just want to avoid bad press.

EMERGENT THEMES FROM INTERVIEWS

- **Need more attention to implementation processes and barriers**
- I think it has to do with workflows. If I'm a clinic manager, and I say, yeah, we want to be able to get people engaged in some way and care at the moment, they call us or contact us. But I don't know how to do it. I mean, we got all these providers, but they're scheduled out, you know, I don't know what to do. It's really the implementation piece of it. We need to look at workflows.

DEVELOPING A ROADMAP



FINAL THOUGHTS ON OVERALL PROJECT

Other Stakeholders views on VA healthcare access should also be considered as part of future research. Specifically, we should consider the viewpoints of:

- Policy makers
- Clinicians
- Veteran caregivers/family members
- Community-based providers
- Current military servicemen/servicewomen

ACKNOWLEDGEMENTS

Special thanks to our VARC colleagues across Ann Arbor, Bedford, Denver, and Iowa City:

Megan Adams, MD JD; Jennifer Caldararo, MSW; Tanner Caverly, MD MPH; Kelty Fehling, MPH; Joan Gargaro, MPH, MBA; Emily Leonard, MPH; Amy O'Shea, PhD; Carolyn Purington, MPH; Stephanie Robinson, PhD; Pia Roman, MS; Erika Sears, MD, MS; Ariana Shahnazi; Brad Youles, MPA; Stephanie Shimada, PhD (VARC MPI); Sameer Saini, MD (VARC MPI); Peter Kaboli, MD (VARC MPI); and Michael Ho, MD (VARC MPI)

THANK YOU!

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