



Examining VACAA Implementation and Care Coordination for Women Veterans

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VACAA Project Team and VACO Partners

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Poll Question #1

- What is your primary role in VA?
 - clinician
 - researcher
 - manager or policy-maker
 - Student, trainee, or fellow
 - I am not affiliated with the VA

Poll Question #2

- A Veteran living less than 40 miles from the nearest VA can receive Choice care if:
 - He/she must travel by boat to reach the VA
 - He/she must drive through hazardous weather conditions
 - There is excessive traffic
 - He/she has a medical condition that impacts their ability to drive
 - All of the above

Poll Question #3

- What does the VA term “the hierarchy” refer to?
 - The administrative infrastructure of the VA
 - A cool new film about the VA starring Harrison Ford
 - Whether you should eat your dessert before your lunch when sitting at your desk on a VA conference call
 - The preferential order in which VA and non-VA care should be delivered

Veterans Access, Choice, and Accountability Act 2014 (Choice Act)

- Requires VA to offer an authorization to receive non-VA care to any Veteran who is unable to secure care at a VA medical facility within 30 days or resides more than 40 miles from the nearest VA medical facility
- Overarching aim of Choice to improve access to care by reducing wait times.
- Now, a closer look at some of those eligibility criteria in order to better understand our evaluation...

A closer look at Choice eligibility: Wait Time

- Wait time:
 - The Veteran is unable to schedule an appointment for hospital care or medical services within 30 days OR
 - The period deemed clinically necessary for such care if this period shorter than 30 days.

A closer look at Choice eligibility:

Distance

- Distance:
 - For a Veteran seeking primary care, reside more than 40 miles from a VA medical facility (including CBOCs) that are able to provide such primary care by a full-time primary care clinician, or
 - For Veterans not seeking primary care, reside more than 40 miles from a VAMC or CBOC that is closest to the residence of the Veteran

A closer look at Choice eligibility: Distance (exceptions to 40)

- Distance:
 - The Veteran must reside 40 miles or less from nearest VA facility AND must travel by air, boat, or ferry to reach the facility, OR
 - Reside 40 miles or less from the nearest VA medical facility and face and unusual or excessive burden in accessing such a facility.
 - Geographical challenges
 - Environmental factors such as roads not accessible to general public (through a military base)
 - Traffic
 - Hazardous weather conditions
 - A medical condition that impacts ability to travel

A closer look at Choice eligibility: Distance (Exceptions)

- Distance/Access:
 - Reside in a state without a full-service VA medical facility that provides hospital, emergency services and surgical care having a surgical complexity of standard, and residing more than 20 miles from such a facility.
 - Alaska
 - Hawaii
 - New Hampshire
 - US Territories: Guam, American Samoa, Commonwealth of Northern Mariana Islands and the US Virgin Islands.

Just when you thought you had it all figured out:

Choice First (May 2015)

- A policy revision to the original Choice program which introduces the “hierarchy of care”, which details what should happen if a VA facility cannot provide care to a Veteran, either because of 30-day time, or because care not available at that facility.
 - For example, mammography, obstetrics, chiropractic care
- Hierarchy of care:
 - Another VA facility
 - Veterans Choice program
 - Non-VA care (fee basis care)

What happens next?

- The Veteran calls the Choice Program Call Center (866-606-8198) to check eligibility and make an appointment.
- The VA has contracted with two Third Party Administrators (TPAs) to staff the call center:
 - TriWest
 - HealthNet
- The TPAs work with the Veterans to get an appointment scheduled in the community

A Simplistic (and perhaps a bit sarcastic) View of How VACAA Works

- Once eligibility has been established, Veteran placed on Veteran Choice List (VCL)
- Third Party Administrators (Health Net and Tri West) work with Veterans to schedule an appointment in the community.
- The Veteran goes to the appointment as scheduled and all is well.
- Results from VACAA appointment are returned in timely manner to the VA.

Early Findings from our VACAA
Evaluation Work, with a Focus on
Women Veterans

QUERI VACAA Grantees*

- Dr. Michael Ho (Denver, CO)
- Dr. Eve Kerr (Ann Arbor, MI)
- Dr. Will Becker (West Haven, CT)
- Dr. Erin Finley (San Antonio, TX)
- Dr. Susan Zickmund (Pittsburgh, PA)
- Dr. Todd Wagner (Palo Alto, CA)

*All working closely with Joe Francis (OABI) and Amy Kilbourne (QUERI)

For detailed list of all projects:

<http://www.queri.research.va.gov/choiceact.cfm>

Project Goals

- Aim 1: To understand the perspectives and experiences of VA providers and staff for provision, coordination, and quality oversight of VACAA care for women Veterans (WVs).
- Aim #2: To understand perceptions of and experiences with Choice Act care among WVs.

Project Methods

- Conducted VA site visits between 5/1/15-8/1/15 at the following locations:
 - Temple, Texas (Central Texas HCS)
 - Helena, Montana (VA Montana)
 - Sheridan, Wyoming (Sheridan VA)
 - Fargo, North Dakota
 - Sioux Falls, South Dakota
- Intended to visit 5 additional facilities but VA travel ban complicated matters. Phone interviews underway.

Key Informants

- Choice Champions
- Women Veteran Program Managers/Women's Health Medical Directors
- Chief of Mental Health, or designee
- Chief of Primary/Ambulatory Care, or designee
- Facility Directors, if possible
- Women Veterans (list of WVs who had used Choice provided after site visits)

Staff/provider/WV interview totals, to date

- Conducted 37 in-person interviews and/or small focus groups with VA staff and providers at 5 VA medical facilities.
- Conducted follow-up telephone interviews with 38 women Veterans at 4 VA medical facilities who had used Choice care.

Evaluation questions for VA staff and providers

- What have been the biggest barriers or challenges to implementing Choice at your facility? How have you overcome those barriers?
- What are the unique challenges in implementing Choice for small/rural VA facilities (if applicable)?
- To what degree have providers in your community/state signed up for the Choice program? What obstacles have they faced in doing so?
- To what degree have women Veterans used Choice at your facility? What are the main types of medical conditions and/or procedures that have required Choice care?

Evaluation questions for women Veterans

- What were your experiences using the Choice program?
 - Did you have any difficulties working with the Call Center?
 - Were you able to work with a VA staff member to help you understand more about Choice, if you had questions?
 - Did you have any difficulties trying to get an appointment?
 - What were your experiences working with a Choice provider?
 - Would you use Choice again?

A research disclaimer...

- Interviews were conducted during a time in which Choice was changing rapidly (further clarification of 40-mile rule, Choice First, etc). Some quotes you may see are reflective of earlier Choice policies/procedures rather than later Choice policies.

Choice Authorizations/Appointments

(11/1/14-9/15/15)

- Total Choice authorizations: 205,406
- Total unique (SSN) authorizations: 151,877
 - Male Veteran authorizations: 135,273
 - Female Veteran authorizations: 16,427
- Total appointments scheduled: 150,612
- Overall, 67% of authorizations due to wait time, and the remaining 33% due to distance

Major Findings

1. Rapid implementation of Choice and frequent policy changes caused early confusion among staff and Veterans
2. The VA continues to experience challenges in building community provider networks
3. Substantial scheduling challenges and delays
4. Unique challenges for women Veterans, particularly pregnant Veterans

Rapid Implementation Problems

Rapid Implementation Problems within VA

(Medical Center Director)

- *Choice was rapidly implemented, without a lot of instruction and discussion ahead of time. The rapid implementation caused a lot of problems. And since then, its gone through a lot of iterations and changes, with the 40-mile rule and all that. And now they've got something called Choice First. And so the speed at which it was rolled out and the number of changes already has led to mass confusion for our staff here, trying to keep up on what the latest rule and regulation of the week is...*

Rapid Implementation Problems from Community Perspective

(Medical Center Director)

- *Now we're doing Choice. There's also non-VA purchased care or what used to be called fee basis. And there's PC3. You know, quite frankly, it's a chore for us to keep up with it all inside the VA, so you can imagine what some provider downtown, who's just trying to just survive in a practice, is going through trying to understand this.*

Rapid Implementation Problems: Veteran Perspective

- *I remember receiving the Choice Card six months after the Choice program went into effect. It was early the next year—mid-January. So apparently it took awhile to get to me, and I live in a black hole, administratively, to the Choice program. I spent six entire weeks figuring out why, when I called the Choice program and gave them my ZIP code, nothing was happening.*

Rapid Implementation Problems for Veterans

- *We have added a layer of confusion and consternation for our Veterans, because we've had patients who were getting fee care for years for certain specialties or whatever. And now, all of a sudden, the ruling has come down...well, first you have to try to get VA care, then Choice, then VA purchased care. So its quite frankly been very confusing for our patients.*

Rapid Implementation Problems: Veteran Perspective

- *My appointment with the VA hospital got cancelled because of the Choice appointment. And then I had to wait another month for someone through the Choice Program to schedule the appointment with neurology, which didn't happen because they scheduled me with a spine doctor instead. Then I had to get another appointment, and by the time I got the next appointment, the VA decided they couldn't service because it had something to do with being outsourced. So then I had to wait again! Then when I got to the appointment, he said he didn't have all the information he needed about me so he couldn't see me. I REALLY don't wanna use the Veterans Choice Program again because I've gone through too much mess with it and my back is still hurting!*

Rapid Implementation Problems: Veteran Perspectives on Choice

- *Veterans don't want to use Veterans Choice. They don't want to go into the community. They like the VA. But, if we're scheduling past 30 days, we're required to them tell they're eligible for Choice, give them the 800 number, put them on the Veterans Choice List. And patients are getting upset, saying "I don't want to be on the list. I have no intention of using Choice". But by law, we're supposed to put them on anyways.*

Challenges in Building Community Provider Networks

Recruiting Community Providers

- *The number of Choice providers we have has gotten off to a slow start. There just aren't that many {providers} around as there are in some of the bigger places, you know? I'm sure places like Ohio, California, New York—the magnitude and volume of providers available there outpace what we could ever hope to have here in Wyoming.*

Insufficiency of Community Provider Networks: Provider Recruitment (Choice Champion)

- *So even if we're scheduling over 30 days in the VA, telling them to go to Choice, we only have specialists, maybe one deep, in the whole state sometimes. And so the wait times in the community are just as long, and it becomes this tedious process, and putting the veteran through having to call, and go through that long process, only to be told that they're scheduled just as far out in the community.*

Insufficiency of Provider Networks (Choice Champion)

- *One of our biggest challenges in a rural area is networking. It's easy to go after the large providers not the small town optometrist who might treat 50 Veterans. The provider buy-in (for Choice) has been very, very hard in our area. I don't think our TPA knows to network differently in rural areas than you do in a big city, because it is a completely different world.*

Recruiting Community Providers into Choice

- *We had an excellent relationship with our community providers, so for us to go and promote Choice to our community providers, knowing Choice is really struggling, was a difficult position to be in because the community providers call us when they're frustrated and want us to fix it as we are the VA.*

Scheduling Problems

Scheduling Problems

(Choice Champion)

- *The 40-mile rule has been very difficult for us, because we don't even know Tri West has scheduled something for the veteran. They send 'em out for care, and we don't even know about it unless you happen to be on Tri West and something pops up, telling us he has an appointment, and here might be some results. Otherwise, you'd never know.*

Scheduling Appointments with Choice

- *Here's the scheduling scenario: We put the consult in and then we have to wait three business days to call {the Veteran} and then we tell them to wait three business days to call Choice, and then it takes Choice—literally!—weeks to call them back and schedule an appointment.*

Dummy Appointments

- One Third Party Administrator made “dummy appointments” for Veterans in order to send clinical documentation for providers to review to determine if appointment is appropriate. Veterans showed up for appointments that did not exist.
 - In some regions, providers, especially specialties, do not make appointments without screening record.
 - TPA will not send a record prior to making an appointment.
 - Some TPA staff record a dummy appointment to send the record, with the intention of updating the appointment info later with the actual date/time. Some dummy appointments do not get updated.

Dummy Appointments

(Choice Champion)

- *The (TPA) puts in a fake appointment in order to wait for the records to arrive. And these appointments...the doctor doesn't even exist, the address for the care doesn't even exist. In one case, we had an 84-year old drive 80 miles one way, a frail guy, and the place and the doctor didn't exist.*

Dummy Appointments

(Choice Champion)

- *In one day, we had one appointment in Pennsylvania, one in Florida, one was in (our state), but when we called the TPA and the guy showed up for care, the care was actually scheduled in Florida, but when we called Florida and they actually didn't have an appointment on the books. So it was just literally made up!*

Dummy Appointments

(Choice Champion)

- *This isn't just a one-off situation or an "oopsie!". This is happening all over the place. Every appointment we hear about now, we double check with the vendor to see if the appointment was actually made, and we have a very, very high rate of the appointment was never actually made.*

VACAA for Women Veterans

Choice Care for Women Veterans (WVs)

- The Third Party Administrators do not track gender in the Choice program, so hard to get good overall picture of Choice Care for WVs
- Across all facilities interviewed, relatively few women had utilized Choice Care. Like men, many were authorized for care, but few had actually received any Choice Care.
- Choice Care for pregnancy presents unique challenges.

Most Common Consult Types for Women Using Choice

Type of Consult	Number of unique SSNs (Female)
Primary Care	1156
Orthopedic	1016
Radiology (mammogram)	918
Physical therapy	870
Optometry	593
Gynecology	443
Mental health	391
Neurology	382
Chiropractic	380

Provider networks may be insufficient for women's health care

- Community provider networks are often insufficient to deliver women's health care, particularly for maternity care
 - Montana: At time of evaluation, only 6 ob/gyn providers registered for Choice in entire state of Montana (and all located in Western Montana).
- Guidance released on August 18th regarding potential delays in maternity care through Choice
 - Women presenting after 7 weeks of pregnancy should receive appointment in 14 calendar days or non-VA care is approved.
 - Women should not be approved to travel beyond a 50-mile distance or 60 minute commute time.

Choice Care and pregnancy

- *And if you've been seeing one doctor for your previous birth experience, and now you're pregnant again, or you started out with one provider, but now you're gonna have to change because {provider} is not a Choice provider. What does that do for continuity of care?*

Urgency of Care for WH Issues

(VA Gynecologist)

- I did an endometrial biopsy on her, and she had endometrial sarcoma, which is an aggressive endometrial cancer. The closest gyn-oncologist is 400 miles away, and I needed to get this gal there. Eventually, two and a half weeks later, she finally got an appointment. But it took an intense amount of...pressure isn't the right word, but fastidiousness to stay on top of it. And the reason she finally got an appointment is that this case sat on my desk, and every day or two I would call (patient) for an update. So it's a little disturbing to think a patient with this kind of cancer who had myself and multiple people really watching this and it took this long to get her in. In the private sector, I would have this gal scheduled for an appointment within a day.*

Conclusions

- Certainly some early growing pains with the implementation of Choice program
- Community provider networks needs to be strengthened: whose job is this (TPA, VA?).
- Processes regarding scheduling/communication between VA/TPA/community providers needs continued improvement.
- Data quality needs to be improved—quality of data being returned to VA from TPA questionable at times. Gender needs to be included.
- Most important question: has Choice achieved its original aim to improve access and reduce wait times?

Helpful Choice Resources

- The best Choice resources are here:
 - <http://vaww.va.gov/CHOICE/>

Further Questions?

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