

VIReC Partnered Research Cyberseminar Series

Evaluating Implementation of the Veterans Choice Act: Findings from Geospatial and Qualitative Analyses

December 15, 2015

Evan Carey, MS and Michael Ho, MD, PhD
VA Eastern Colorado Health Care System

Erin P. Finley, PhD, MPH and Mary J. Bollinger PhD, MPH
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Session Agenda

- Introduction to the Veterans Choice Act (VCA) and Partnered Evaluation research
- Veteran feedback about the VCA and barriers to implementation
- Temporal and spatial access to VA Resources and how access varies by treating specialty
- Access to VA and non-VA providers and evidence-based care practices for Veterans with PTSD in Texas and Vermont
- Veterans' perceived access, quality of care, and satisfaction with the Choice Program, as well as barriers and facilitators

A Spatial Evaluation of Access and the Choice Act and Qualitative Findings on Barriers to Implementation in VISN's 10, 19, and 20

Evan Carey, MS and Michael Ho, MD, PhD
VA Eastern Colorado Health Care System

Poll Question:

What is your primary role at the VA?

- Research investigator
- Data manager
- Project coordinator
- Program specialist or analyst
- Other (specify)

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Veterans Access, Choice and Accountability Act (2014)

- Office of Analytics and Business Intelligence and QUERI partnered evaluation
 - [A Mixed-Methods, Multi-Site Evaluation of the Implementation of the Veterans Choice Act](#)
Principal Investigator: Michael Ho, MD, Denver, CO, Cleveland, OH, and Seattle, WA
 - [Factors Affecting Choice Act Implementation and Quality for Veterans with Post-Traumatic Stress Disorder \(Choice IQ\)](#)
Principal Investigator: Erin Finley, PhD, MPH, South TX
 - [Examining VACAA Implementation and Care Coordination for Women Veterans](#)
Principal Investigator: Kristin Mattocks, PhD, MPH, Northampton, MA
 - [Ensuring Quality and Care Coordination in the Era of Veterans Choice](#)
Principal Investigator: Eve Kerr, MD, MPH, Ann Arbor, MI
 - [Evaluating the Impact of the Veterans Choice Act on Appropriateness of Opioid Therapy](#)
Principal Investigator: William Becker, MD, West Haven, CT
 - [Differences in Satisfaction with Choice: Laying the Foundation for the Evaluation of the Choice Act](#)
Principal Investigator: Susan Zickmund, PhD, Pittsburgh, PA
 - [OEF/OIF/OND Veterans' Use of Primary and Specialty Care through Choice](#)
Principal Investigator: Todd Wagner, PhD, Palo Alto, CA

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Barriers to VCA Implementation

Veterans Feedback

- Veterans who used the Choice program satisfied with care received
- Lack of understanding about program.
- Limited number of outside providers.
- Gaps in care coordination.

Local barriers

- Inadequate staff and Veteran education and training about the program
- Difficulty translating national policies
- Suboptimal staffing levels

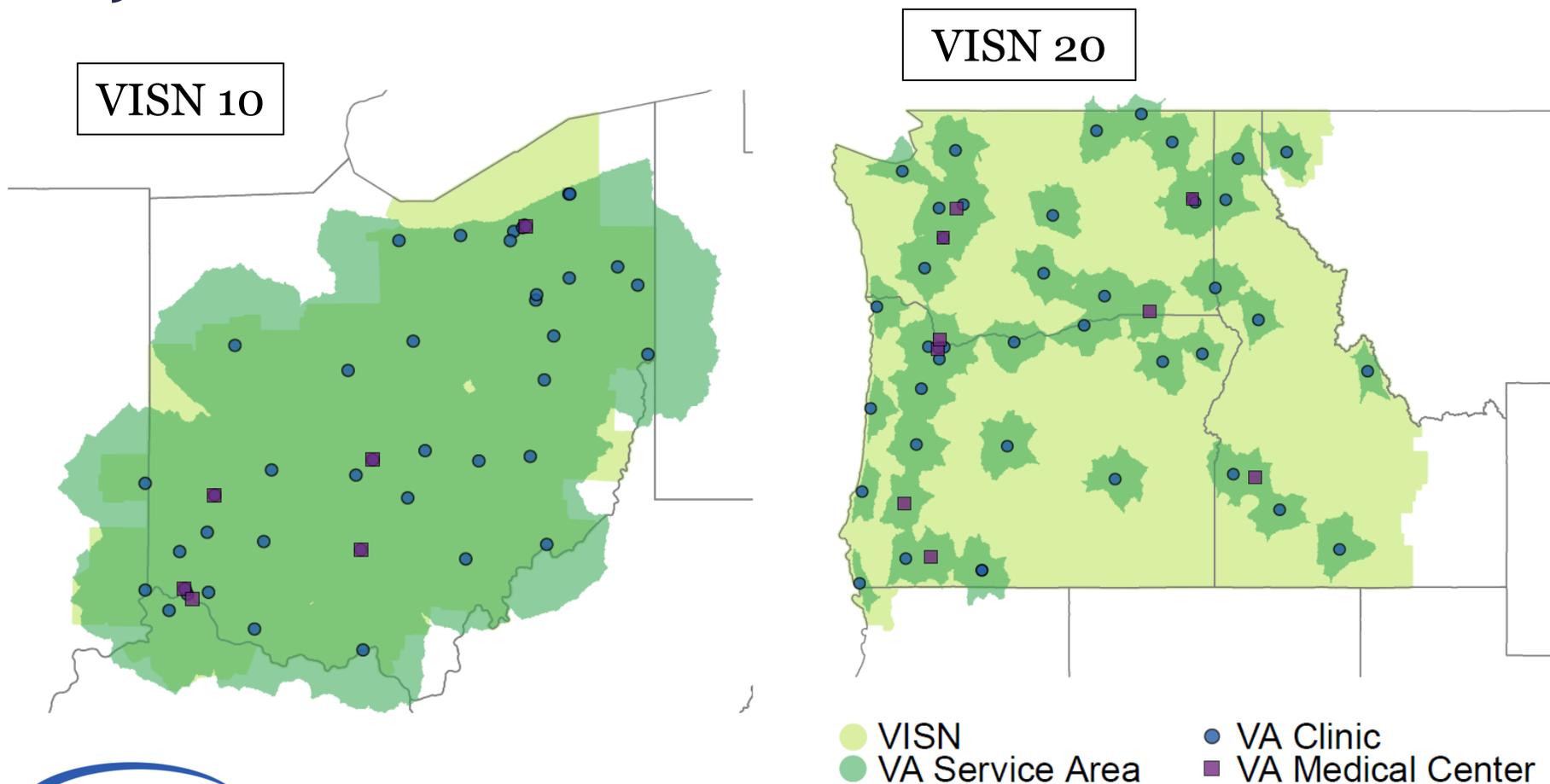
Third Party Administrators

- Inability to cope with demand
- Communications with TPA was challenging
- Appointments scheduled with little input from Veterans results in missed appointments
- Some staff felt relationship with the TPA was not collaborative or efficient

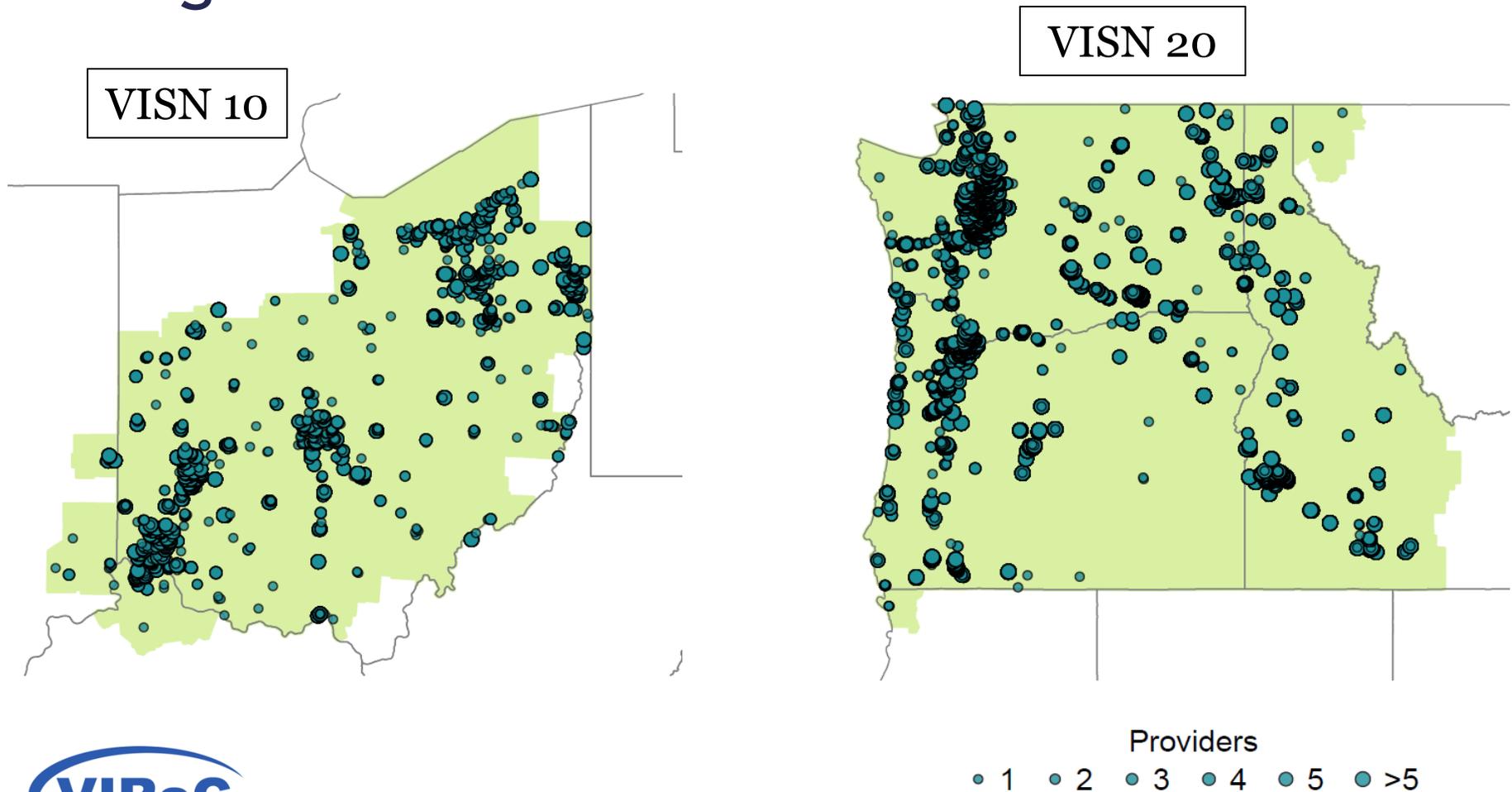
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40-Mile Service Area Coverage is Variable by VISN

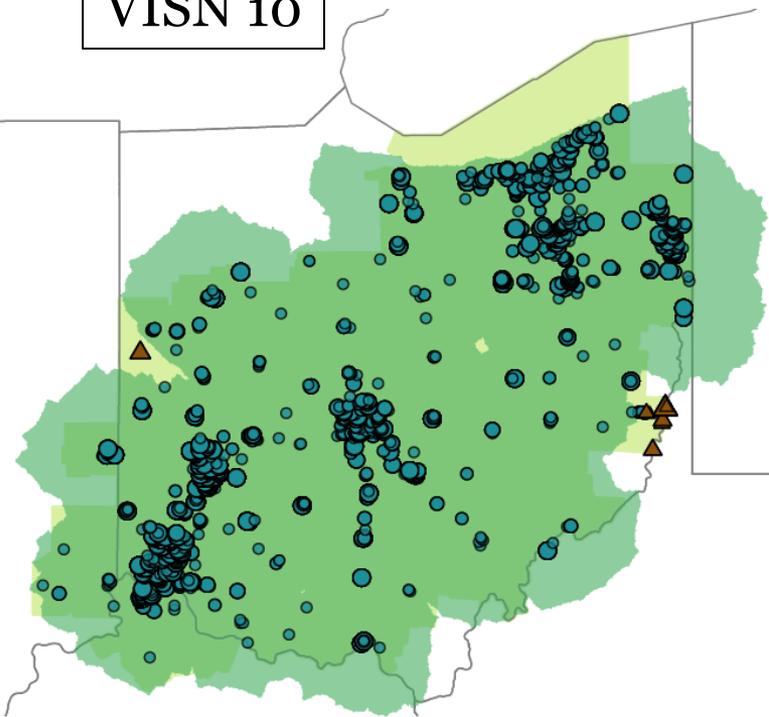


Non-VA VCP Providers are Clustered in Larger Cities

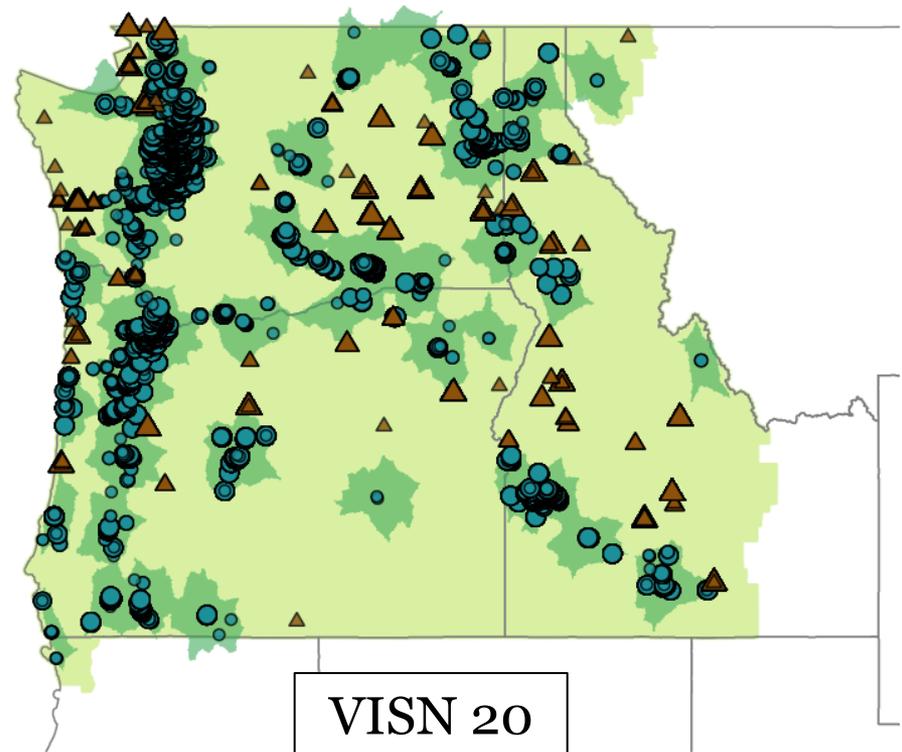


Most VCP Providers are Located Within Existing VA 40-mile Service Areas

VISN 10



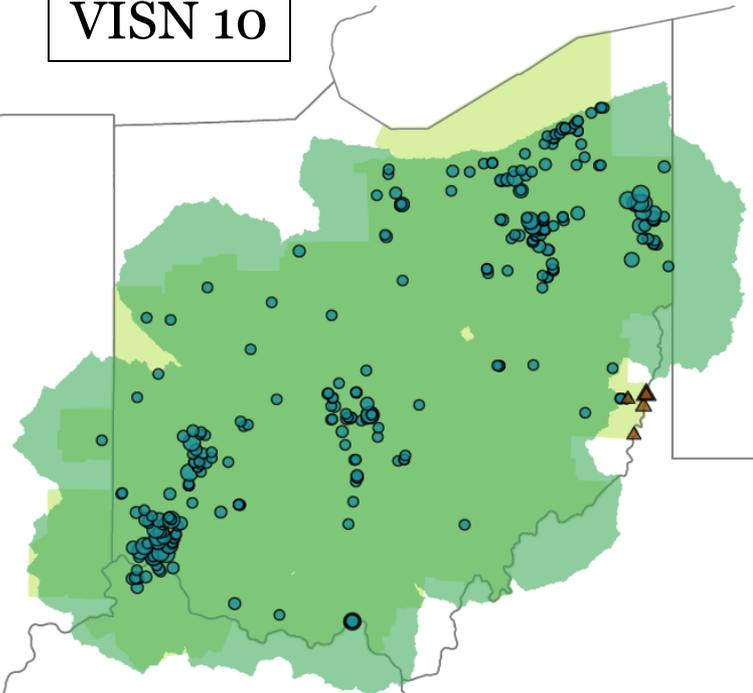
VISN 20



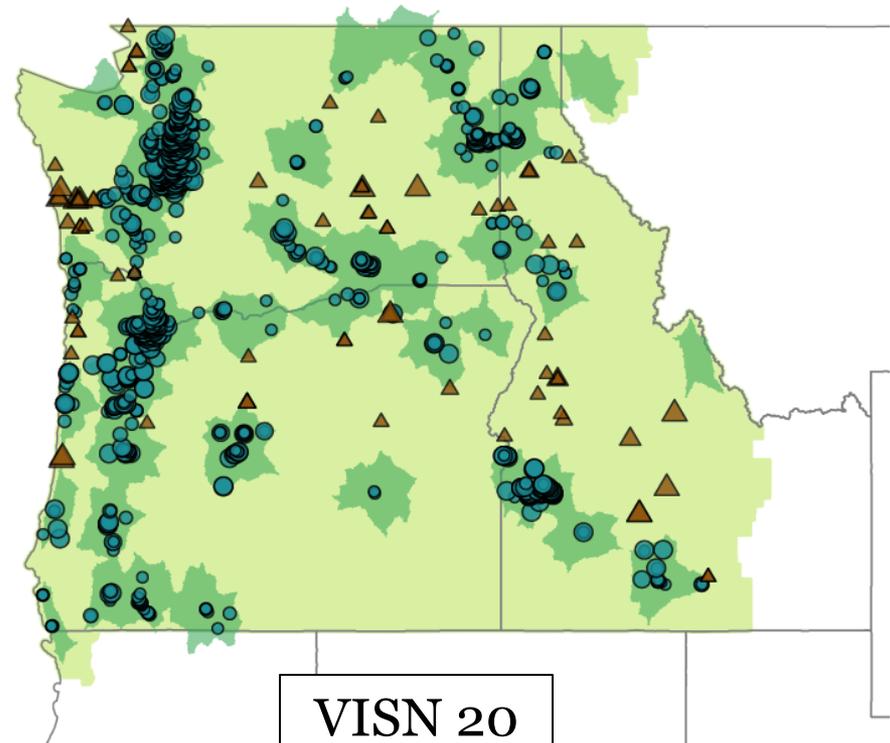
	1	2	3	4	5	>5
Providers Inside SA	●	●	●	●	●	●
Providers Outside SA	▲	▲	▲	▲	▲	▲

Some VCP Primary Care Providers are Located Outside Existing VA 40-mile Service Areas

VISN 10



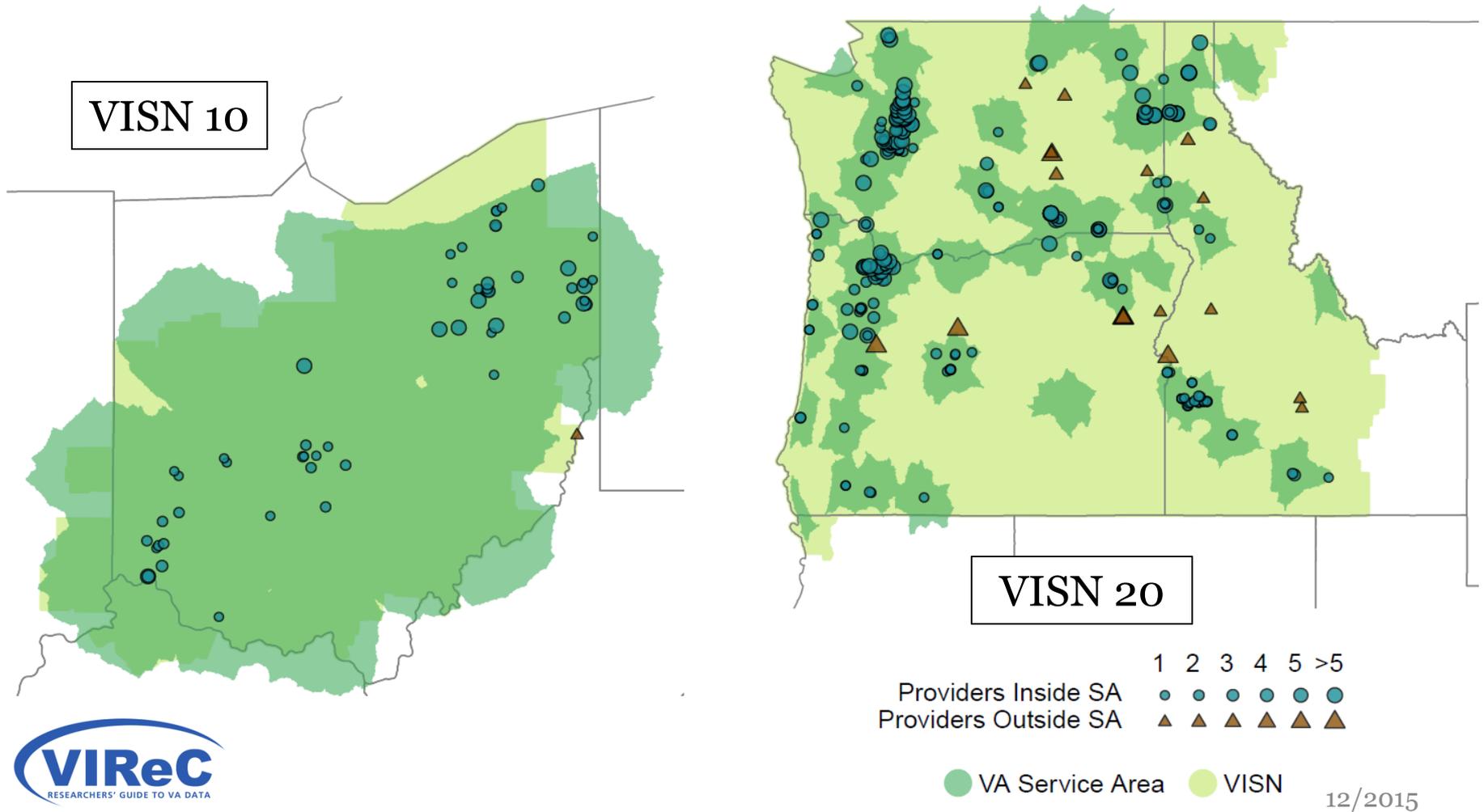
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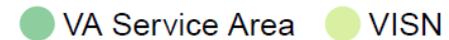
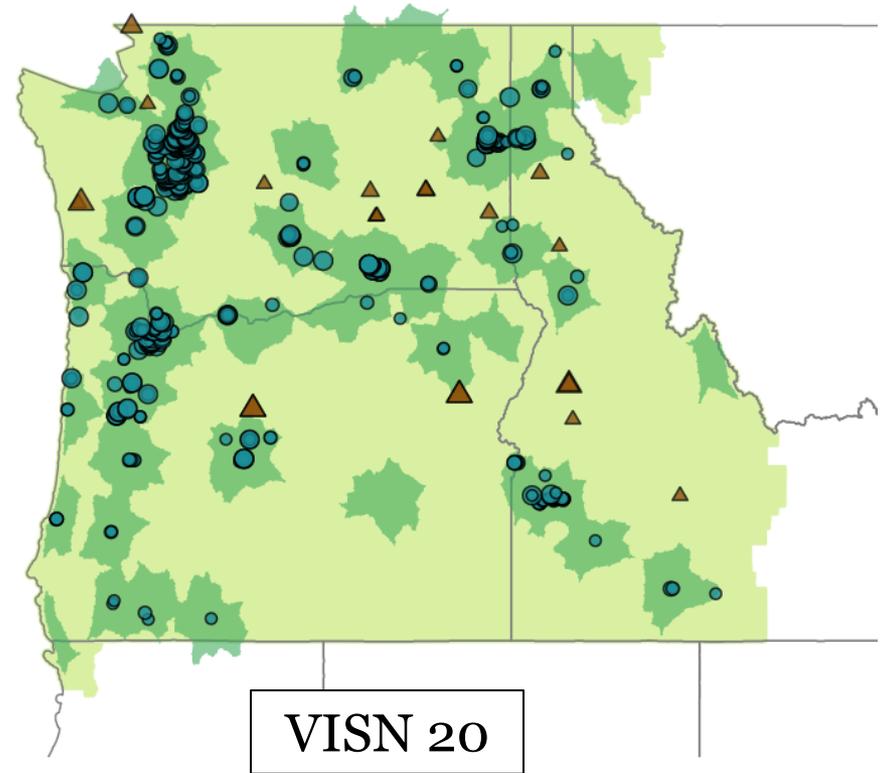
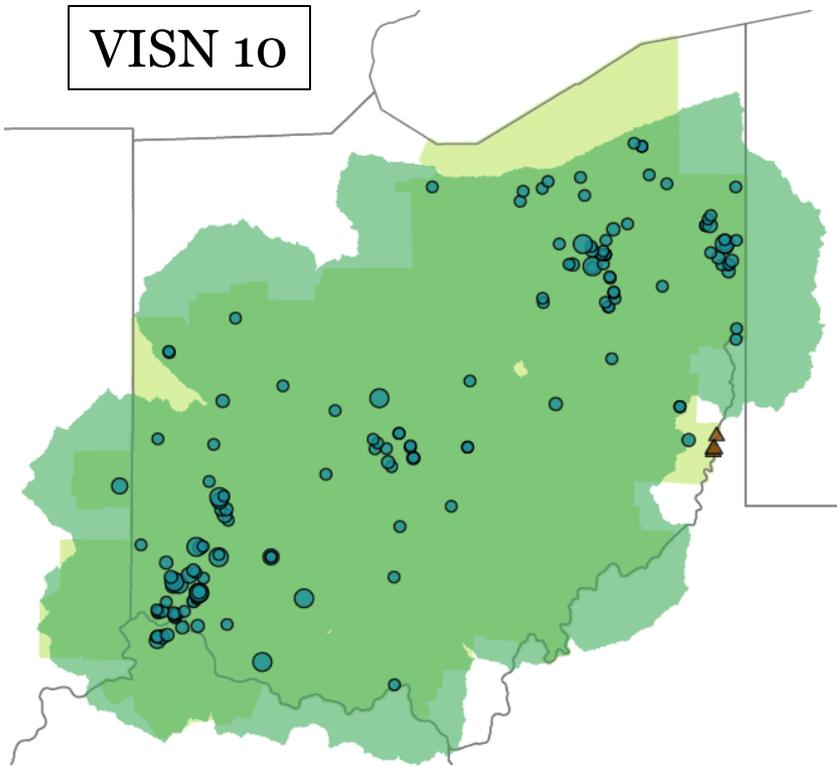
	1	2	3	4	5	>5
Providers Inside SA	●	●	●	●	●	●
Providers Outside SA	▲	▲	▲	▲	▲	▲

● VA Service Area ● VISN 12/2015

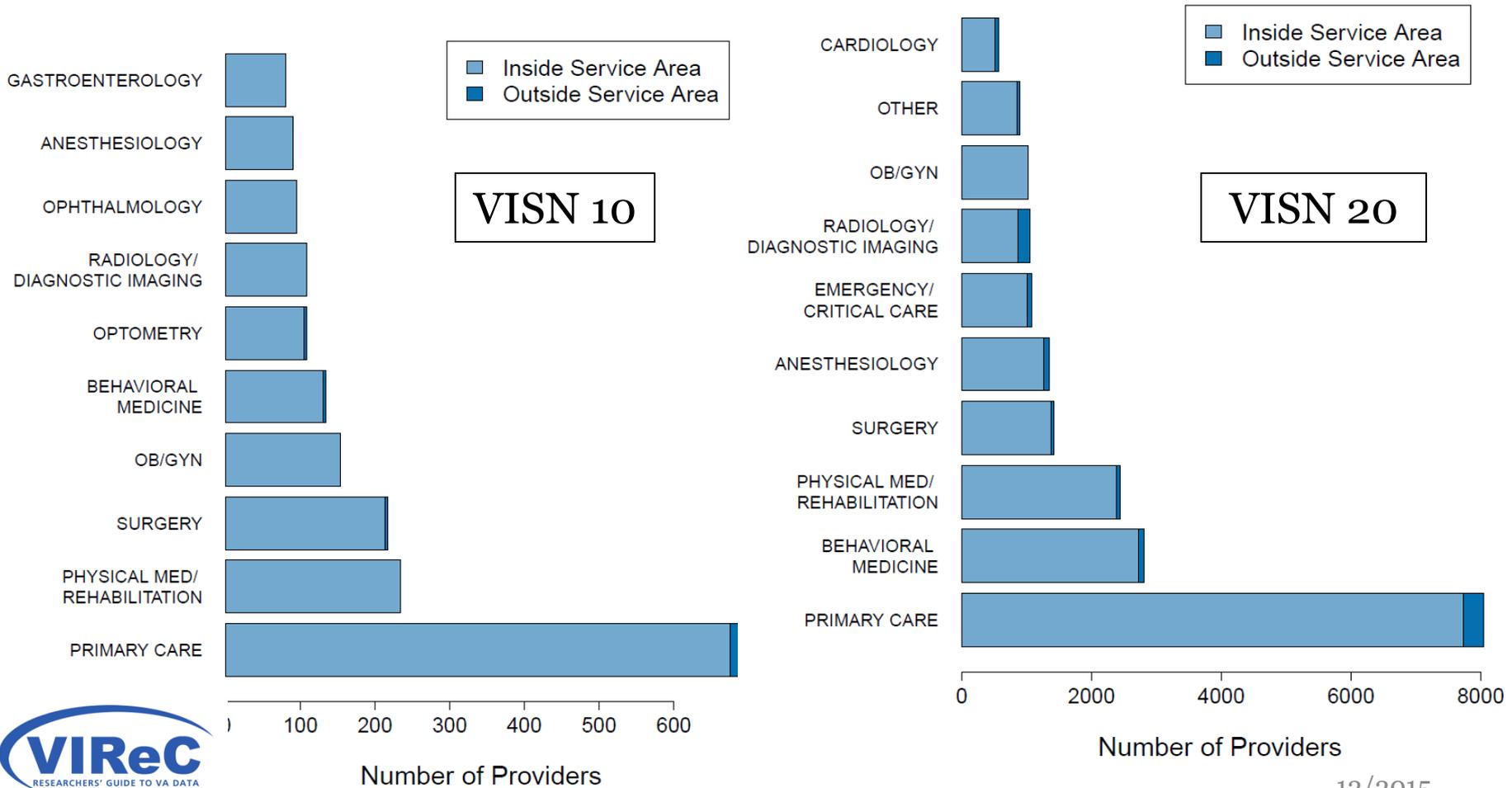
For Cardiology, VCP Providers Provide Limited Additional Access



Similar Limitations Apply to VCP Surgery Providers...



The Number of VCP Providers Outside Existing Service Areas Depends on Specialty



Where is care actually available?

Spatial Access

VA Provider of the correct specialty within 40 miles driving distance

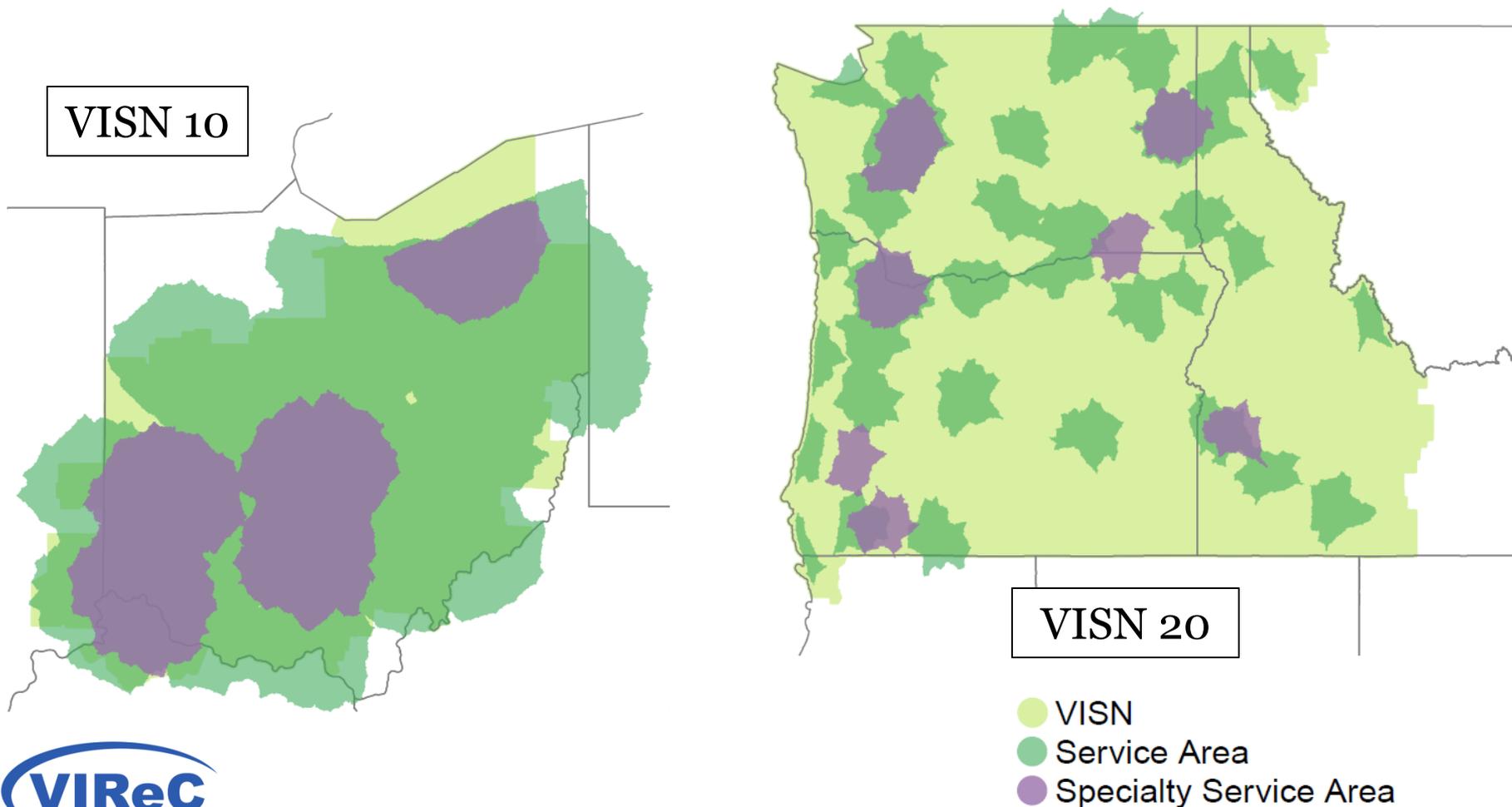
“I live 15 miles from a CBOC, but the closest Cardiologist is 50 Miles.”

Temporal Access

Wait times for New Patients for that specialty at that VA site are sufficiently low

“I live 5 miles from a VAMC with cardiology care, but I have been waiting 3 months for an appointment.”

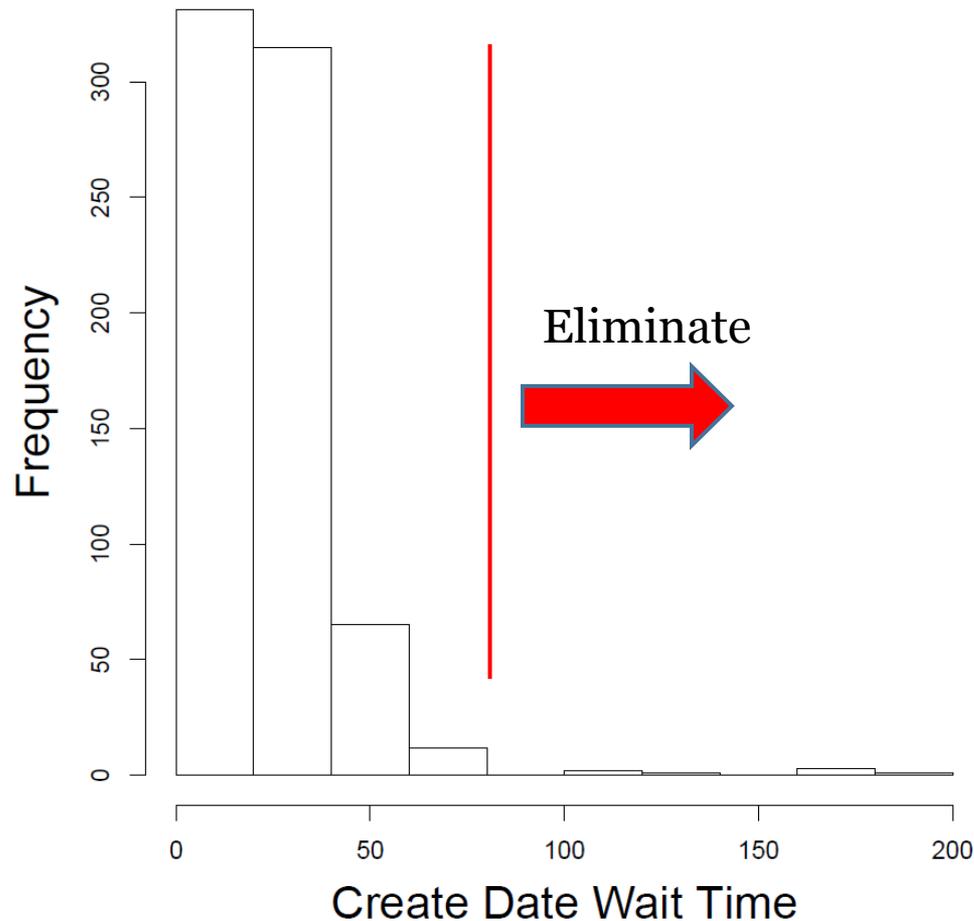
Specialty Care Service Area Coverage is Smaller than All Sites' Service Area



Wait Times Data Informs Temporal Access

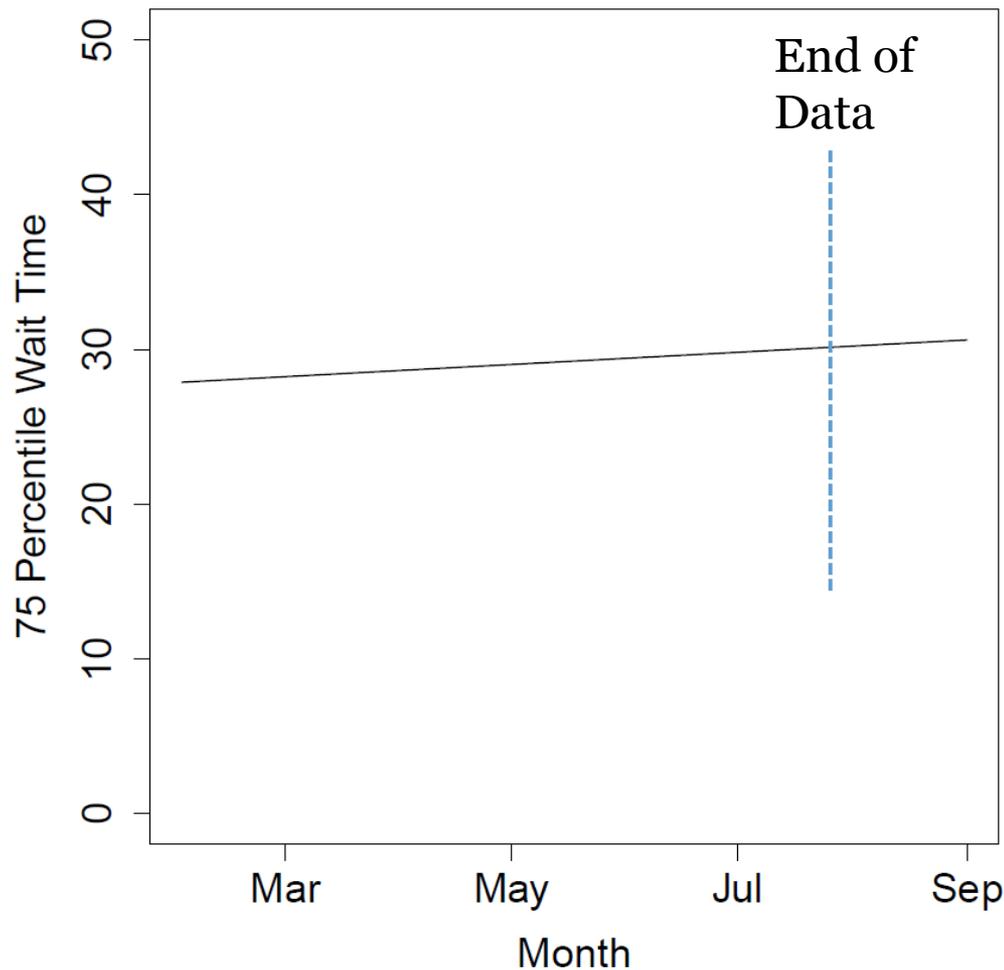
- Split New patient appointments by stop codes
- Aggregate based on current stop code groupings
- If # appointments above threshold (50 new veterans in 6 months), service is available
 - 554 (Denver): All specialties available
 - 554GB (Aurora CBOC): Only PC and Mental Health

Challenges with Wait Time Data



- Wait Times Data
 - Denver Cardiology
 - New Patients Only
 - Based on Create Date
 - Clean outliers within Clinic/Site

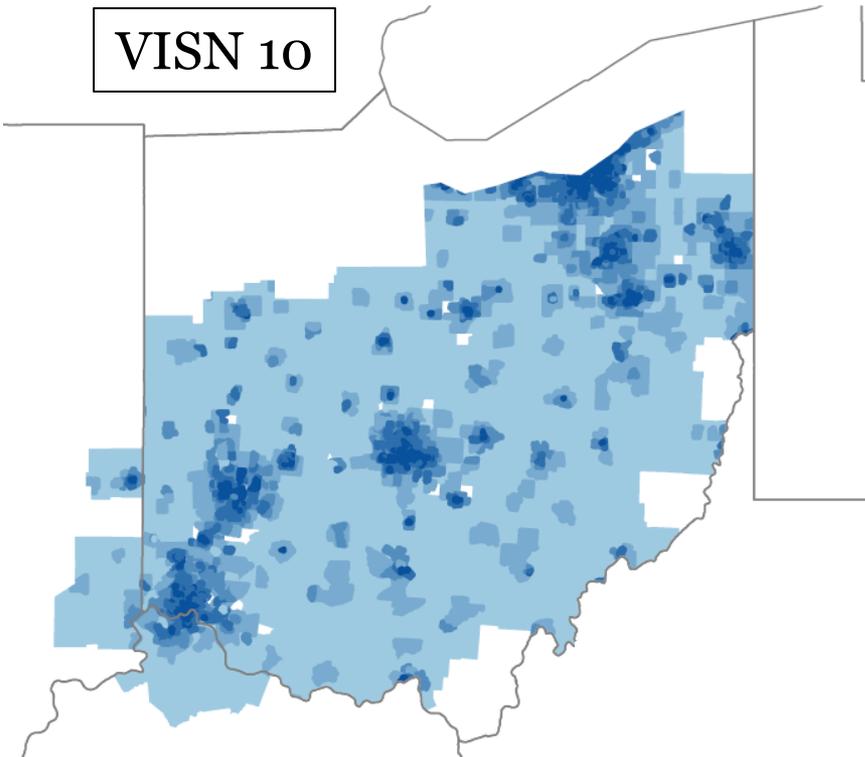
Predicting Temporal Access for Each Site / Specialty Combination



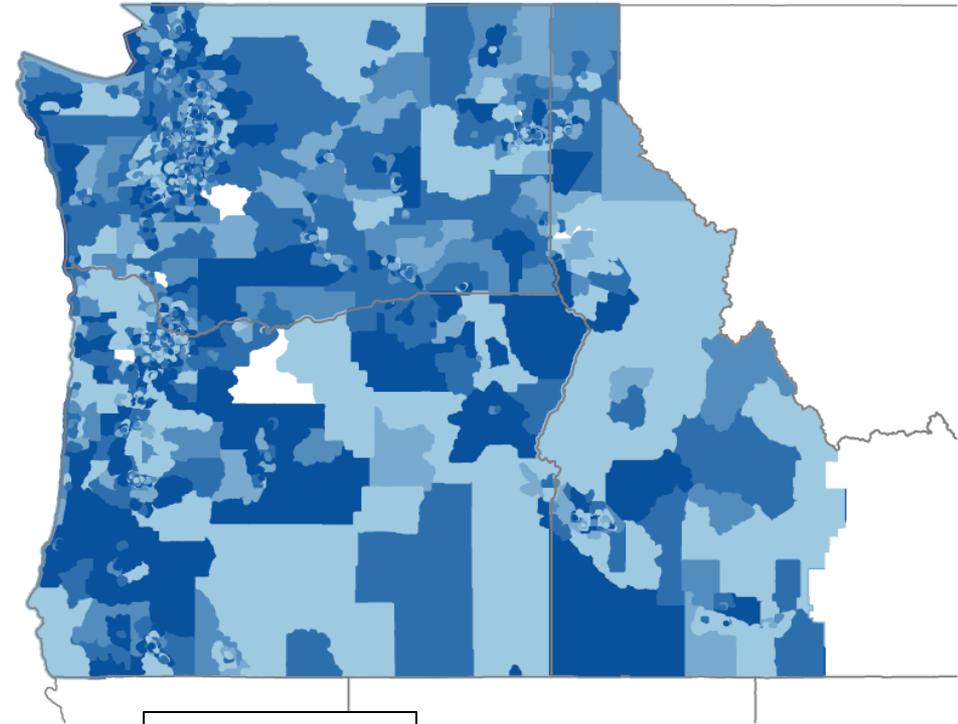
- Quantile Regression, estimate of 75% using past 6 months and a linear time trend
- “Next month, 25% of Veterans will wait at least _____ days for an appointment.”

Veteran Density is Variable Across Networks

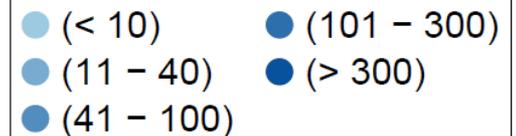
VISN 10



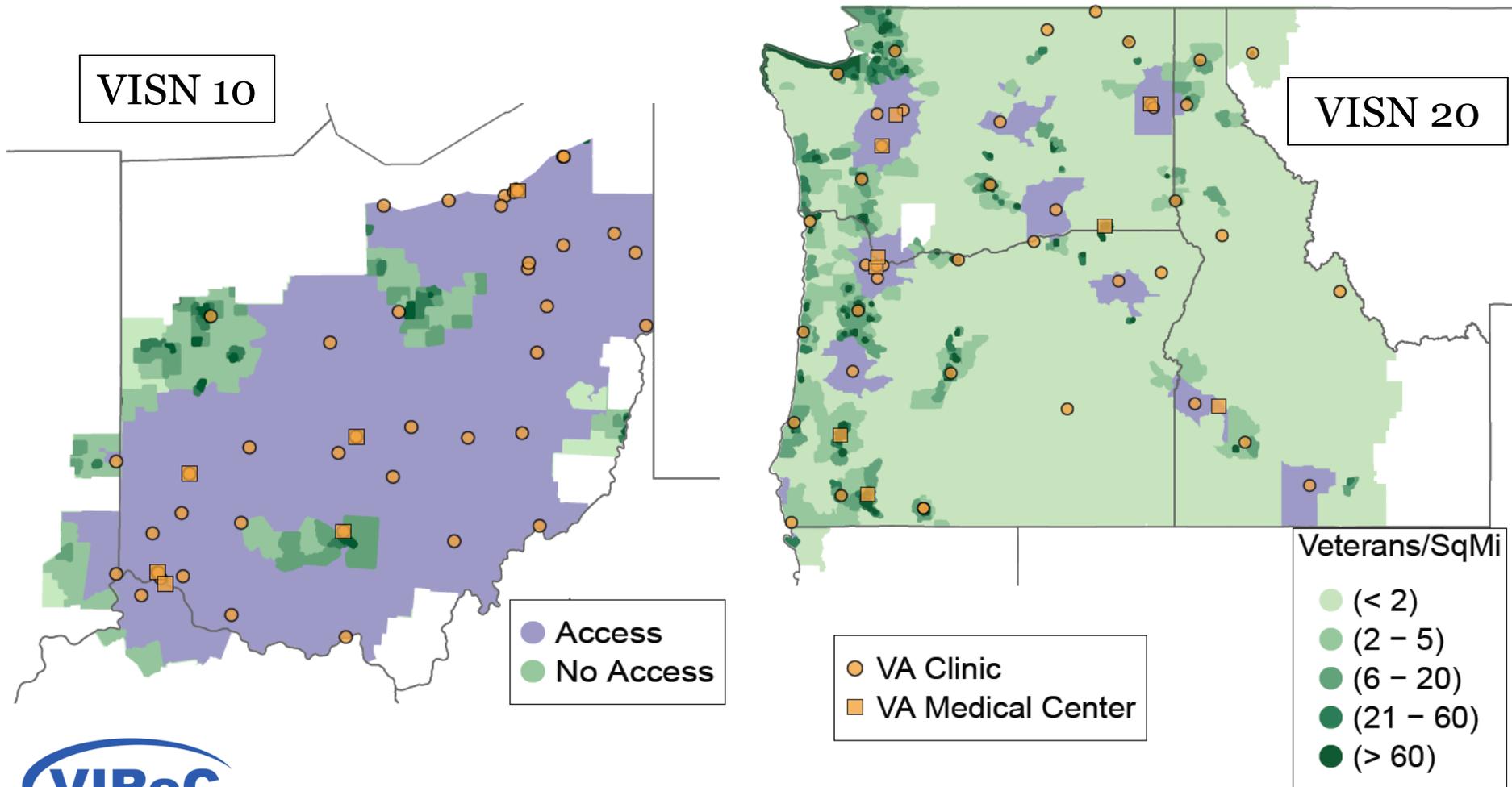
VISN 20



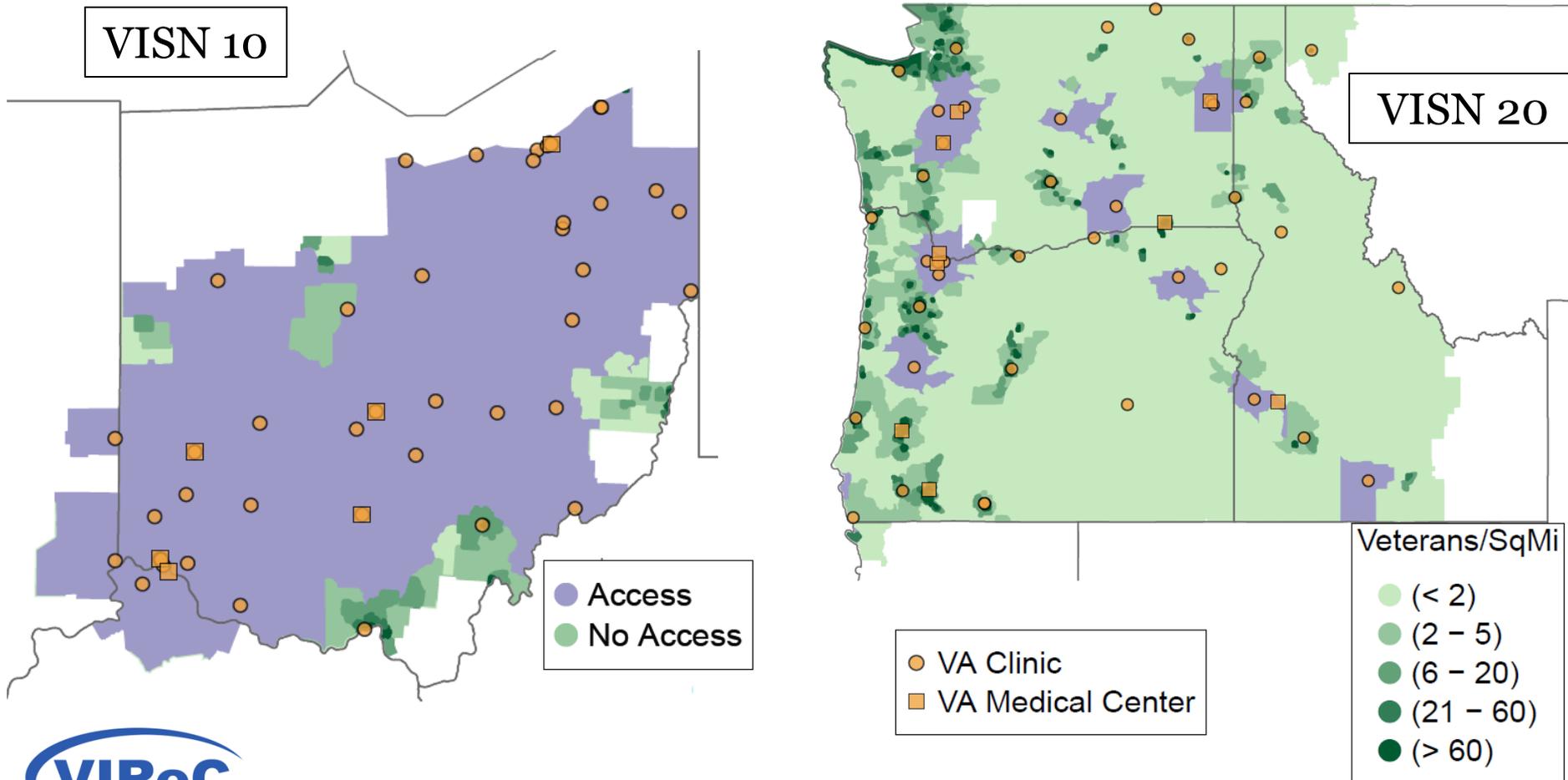
Veterans per Square Mile



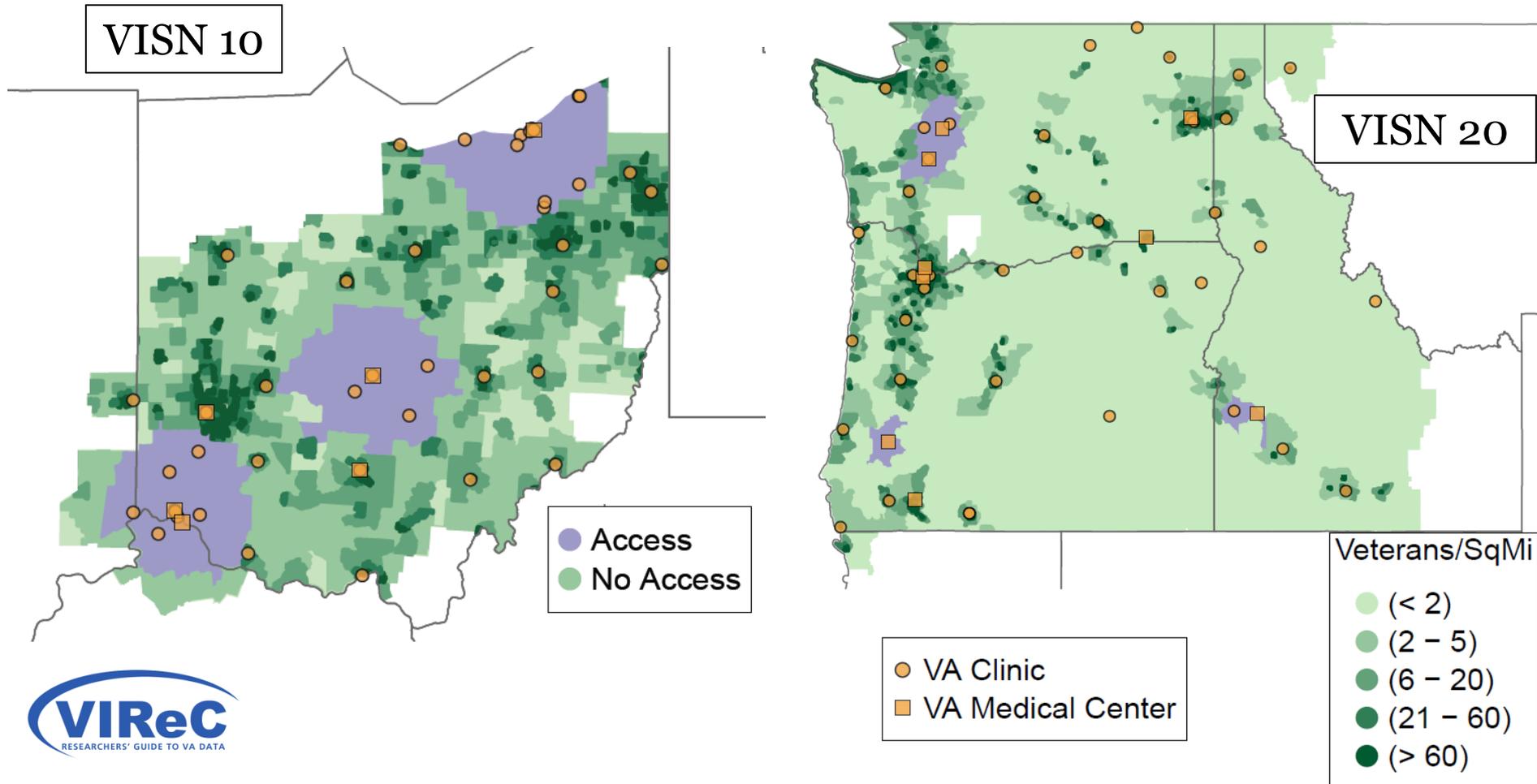
Service Areas are Reduced when Considering Temporal Access to Primary Care



Service Areas are Reduced when Considering Temporal Access to Mental Health



Access to Cardiology is Sparse Compared to Primary Care or Mental Health



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Factors Affecting Choice Act Implementation and Quality for Veterans with Post-Traumatic Stress Disorder (Choice IQ)

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South Texas Veterans Health Care System/UT Health Science
Center, San Antonio

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QUERI/OABI

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The views expressed in this presentation are solely those of the author(s) and do not represent the views of the Department of Veterans Affairs or U.S. Government.

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Why PTSD?

Veterans with PTSD may face additional challenges in seeking health care

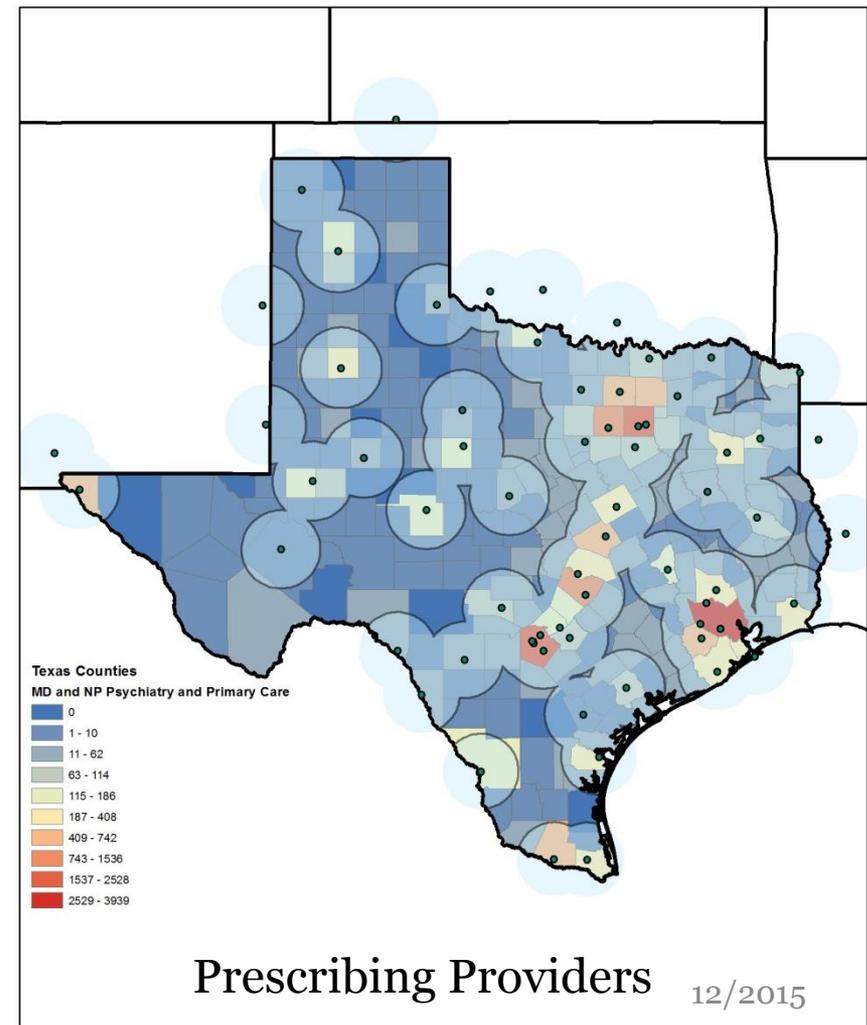
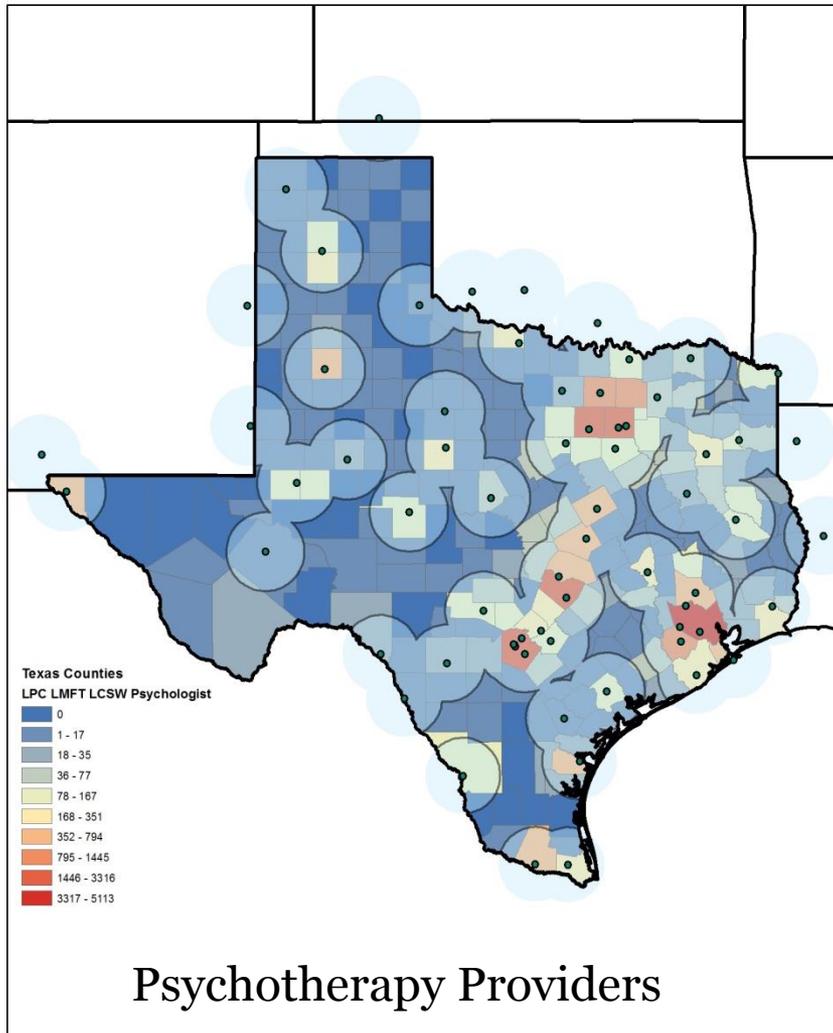
Trust

Avoidance symptoms

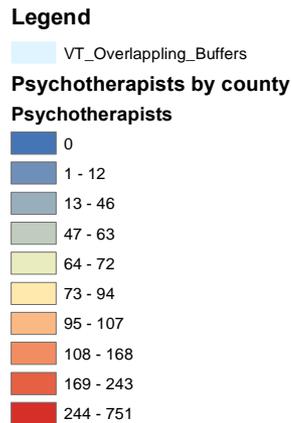
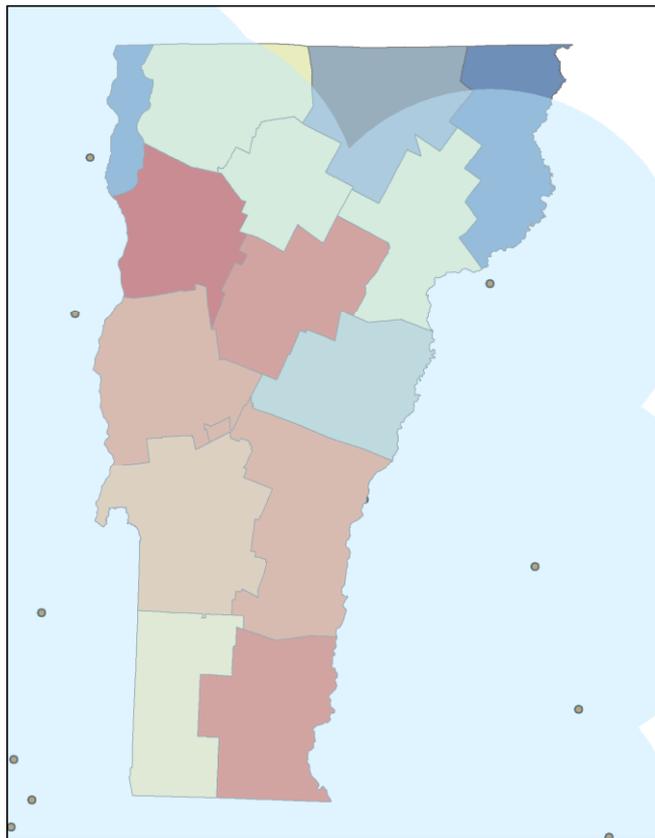
Lack of providers in areas of need

Lack of non-VA providers with training and experience

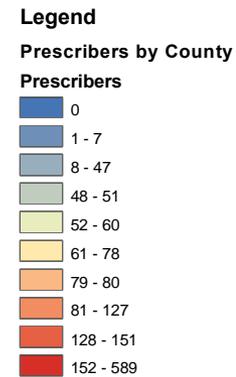
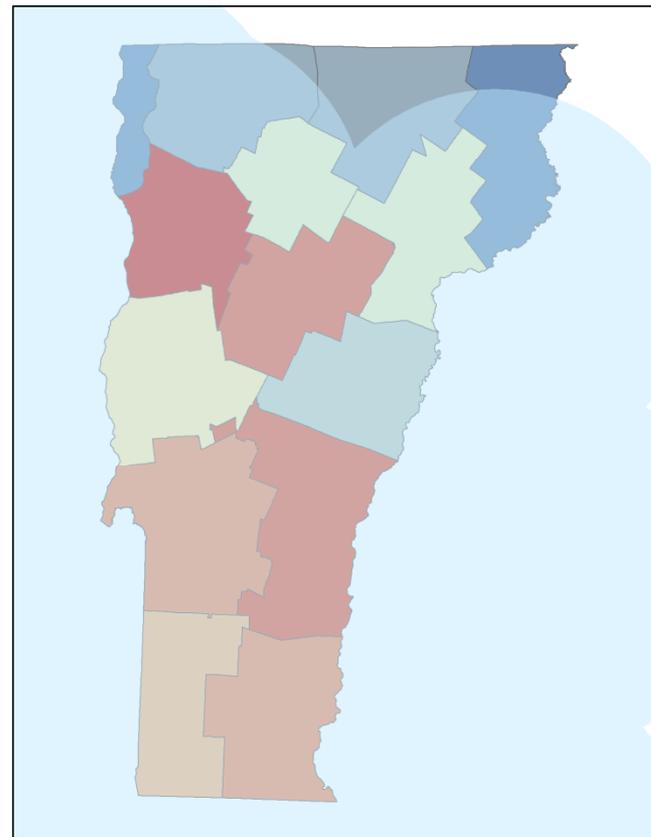
Provider Availability - Texas



Provider Availability - Vermont



Psychotherapy Providers



Prescribing Providers

Methods



Geospatial Analyses

Administrative data

Provider survey

Veteran survey

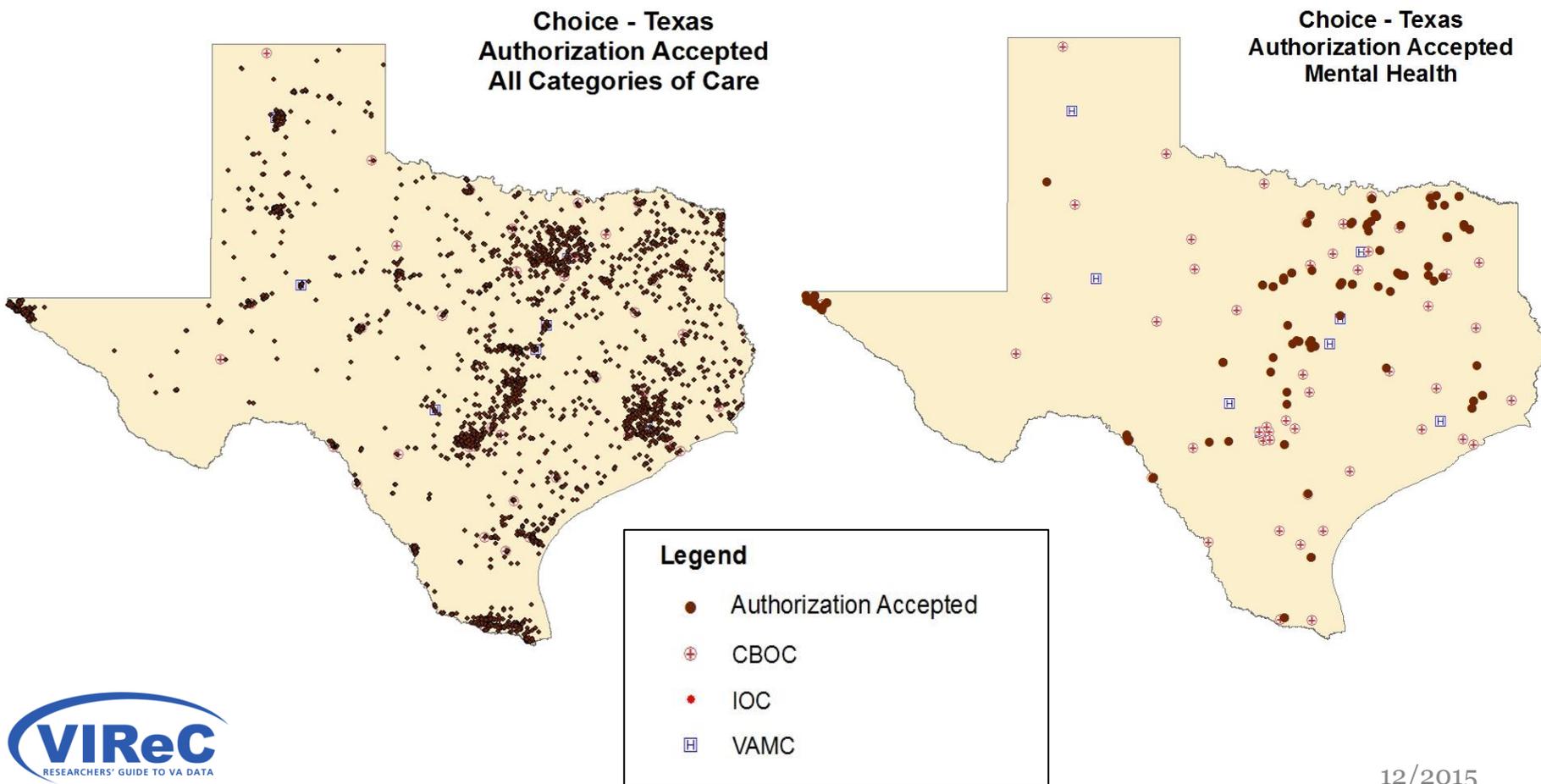
VCP Authorizations

- Veterans with service-connection for PTSD
 - Texas: 73,156 (~12% rural)
 - Vermont: 1416 (~75% rural)

Choice Authorizations, Nov 1, 2014 – Sept 30, 2015

Care Potentially Related to PTSD or Common Comorbidity	Texas Total requests = 6825		Vermont Total requests = 127	
	N requested	% accepted	N requested	% accepted
Primary Care	931	92%	19	79%
Pain	752	95%	33	91%
Other	1200	95%	27	93%
Mental Health	233	82%	4	75%

Authorizations for Veterans with PTSD



VCP Participation

	Prescribers		Psychotherapists	
	General Sample N=230	VCP/PC ₃ List Providers N=23	General Sample N=283	VCP/PC ₃ List Providers N=78
Reimbursed by VA (PC ₃ or VCP)	3.5%	21.7%	4.6%	18.0%
Aware of VCP	37.0%	39.1%	30.7%	39.7%
Interested in being VCP provider	50.0%	56.5%	54.0%	71.8%
Currently VCP Provider	0.4%	8.7%	0.7%	9.0%

Reasons for Not Participating in VCP

Less modifiable

Not a good fit for my practice type or patient population

Clinic/group setting (“I don’t make the decisions”)

Not looking to expand practice

Do not accept insurance

Reasons for Not Participating in VCP

Potentially modifiable

Lack information about VCP

I don't know anything about the program!

Unsure if meet eligibility requirements

Paperwork/bureaucracy

Do not want burden of paperwork or regulations.

Reasons for Not Participating in VCP

Low reimbursement

Historically very low reimbursement. This is why I'm not a Tricare/HealthNet provider. I simply cannot afford it....

Unsure but believe Medicare rates may be lower than the low...

Reasons for Not Participating in VCP

Privacy of records

I have been unwilling to provide records in the manner required by government organizations.

I don't tolerate bureaucratic nonsense, abuse of patient confidentiality, decision-making by consensus, or political correctness.

Reasons for Participating in VCP

Expand practice

Support for
Veterans

Increase
access/options
for Veterans

Believe have
expertise that
could be helpful

I really wanted to support our troops by giving back through my profession. I am extremely appreciative of what they have given to us!!!

I believe in my area Vets have limited access to therapists with EMDR training.

Provider Experiences with VCP (1)

20 attempts to
become a VCP
provider

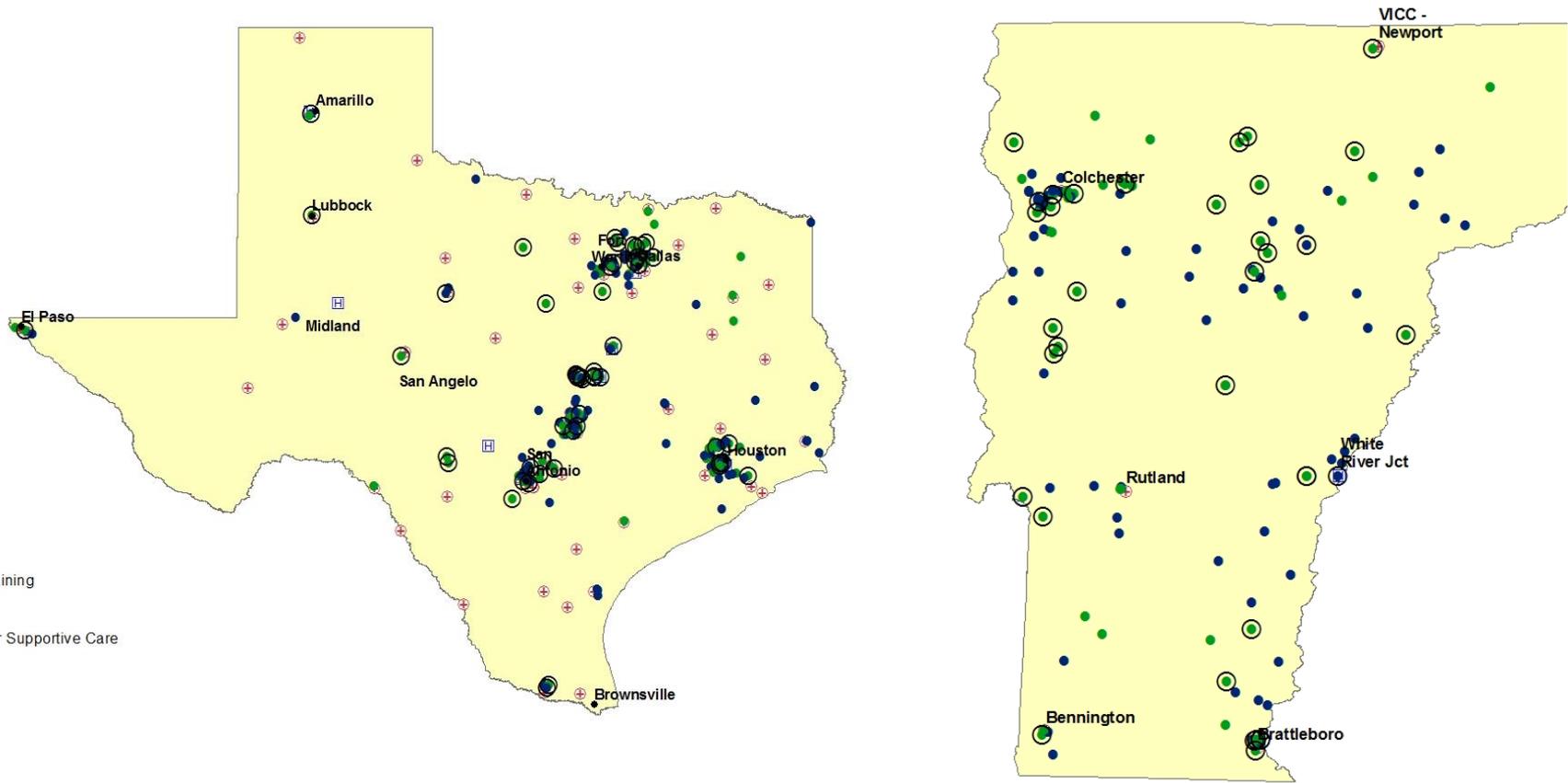
- Low satisfaction with process (mean 4.9, range 1, 9)
- *I submitted documentation but have heard nothing back.*
- *Rude, arrogant and hard to work with...*

Provider Experiences with VCP (2)

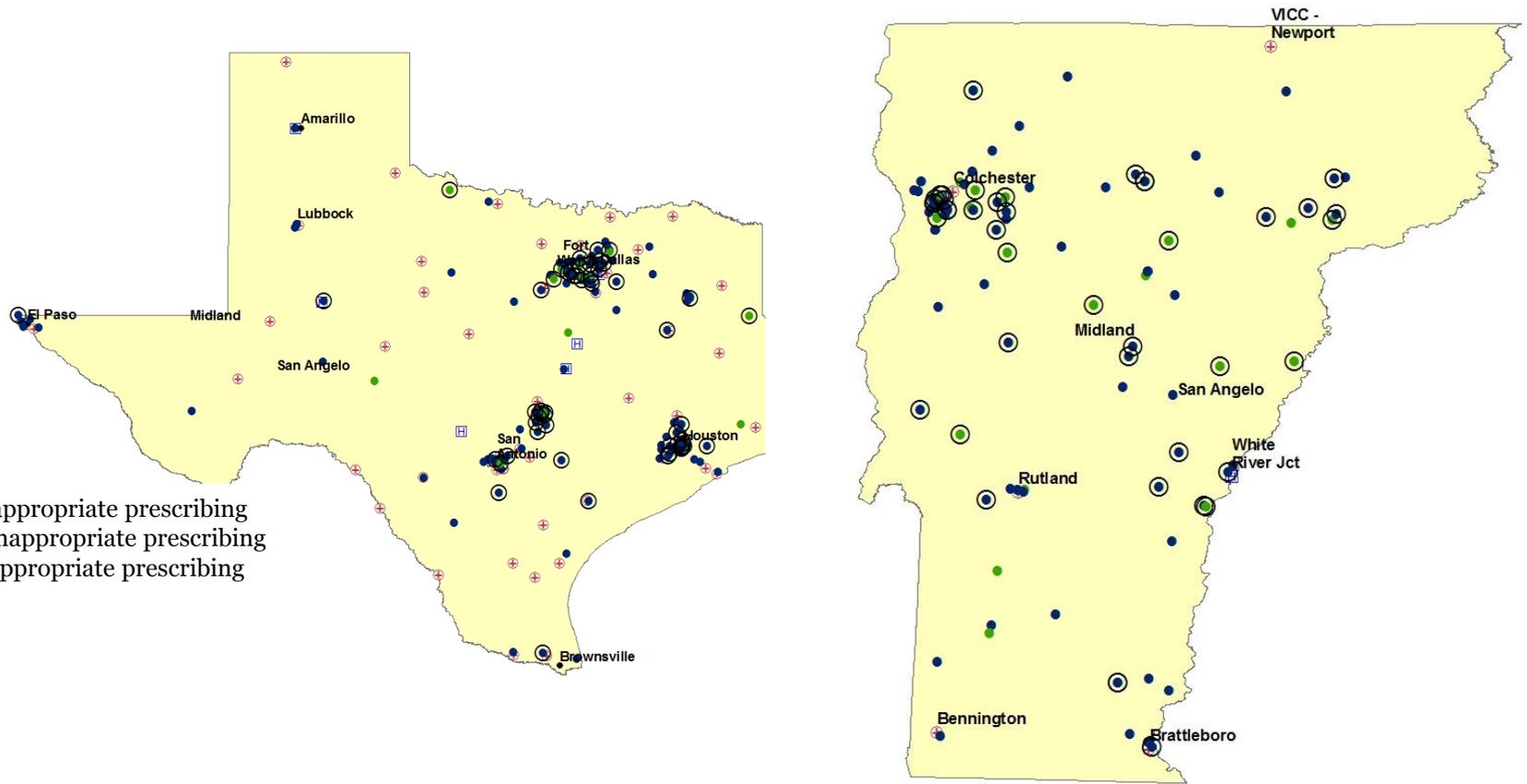
11 providers
reported current
VCP providers

- Mixed satisfaction as a VCP provider (mean 6.0, range 2, 8)
- *I and my staff find submitting records very inefficient, time consuming, pedantic, and somewhat feels intrusive into clients' personal information.*

Availability of Psychotherapy for PTSD



Availability of Prescribing for PTSD



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Perceptions of VCP among Veterans

I do not know, I have NEVER HEARD of the program.

The time it takes to get [appointments] set up. It always seems to be the TriWest people or the VA side losing my paperwork and then it takes weeks to get an answer each way for approval.

More care providers in my area.

I receive top-notch quality care from my psychiatrist and all the staff at the [VA] Outpatient Clinic.

When it comes to PTSD [VCP] was the quickest I received a Doctor yet. By the way, he is the best doctor I have ever had for my PTSD.

Working with Partners

- Opportunity to evaluate an emerging program
- Drs. Francis and Kilbourne facilitated and provided feedback
- Rapid timeline
- Capturing a program in motion
- Learning opportunity

Take-Home Messages

VA can use a variety of geospatial and other methods to identify regions where targeted strategies are needed to facilitate VCP implementation, to include:

- Strengthening local VA/provider networks
- Streamlining VCP authorization and scheduling processes
- Identifying where VCP has limited utility, and investing in VA capacity (e.g., telehealth specialist care in rural areas)

As evaluation continues, will require continued attention to needs of key subgroups, such as rural Veterans and Veterans with complex conditions like PTSD.

Thank you!

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Questions?