

Patient-Reported Access to VA Healthcare and Veterans' Use of Primary Care Services

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VA PACT Cyberseminar

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Presentation Outline

- Current focus on access in VA
- Conceptual framework for examining access
- Which Veterans seek PACT-related primary care services from VA?
- Do patient-reported wait times affect future use of primary care from VA and Medicare?
- Concluding remarks

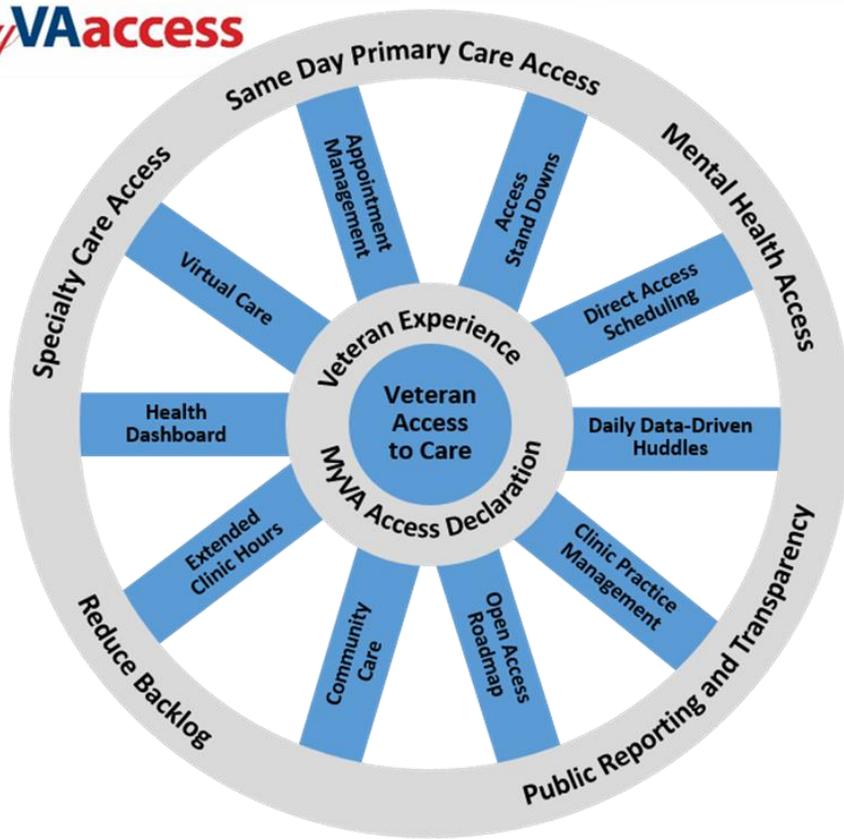
Poll Question #1

- What is your primary role?
 - student, trainee, or fellow
 - clinician
 - researcher
 - administrator, manager or policy-maker
 - other

Timely Access to VA Health Care of Critical Importance

- Improving access and reducing appointment wait times a critical priority area identified by the VA Under Secretary for Health
- Veterans Choice Program - provides non-VA care to Veterans with an expected wait of >30 days
- MyVA Access Initiative

Access as VHA Priority of Strategic Action



Driving systematic improvements
To enhance Veteran satisfaction

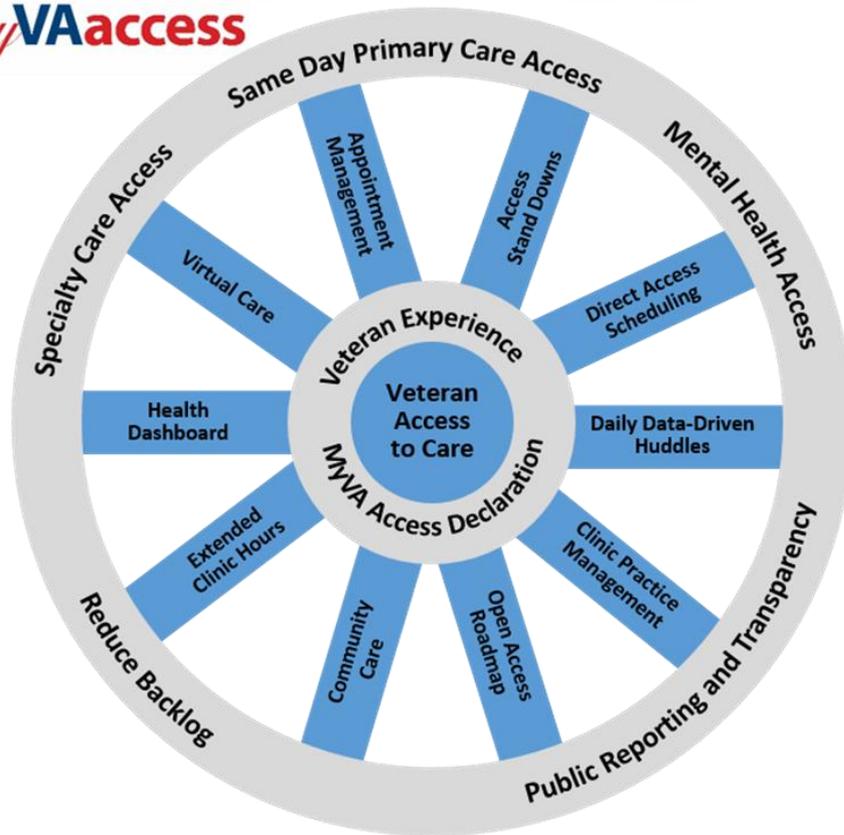
MyVA Access Declaration

We aspire to provide access to care based on the following core principles:

1. Provide timely care, including same-day services in Primary Care, as needed
2. Provide timely Mental Health care, including same day services, as needed
3. Provide Veterans medically necessary care from another VA Medical Center, while away from their primary facility
4. Respond to routine clinical inquiries within 2 business days
5. Offer appointments and other follow-up options upon leaving clinic
6. Actively engage Veterans for timely follow-up if a clinic is canceled due to unforeseen circumstances
7. Integrate community providers as appropriate to enhance access
8. Offer Veterans extended clinic hours, and/or virtual care options, such as Telehealth, when appropriate
9. Transparently report access to care data to Veterans and to the public

Access as VHA Priority of Strategic Action

*my*VAaccess



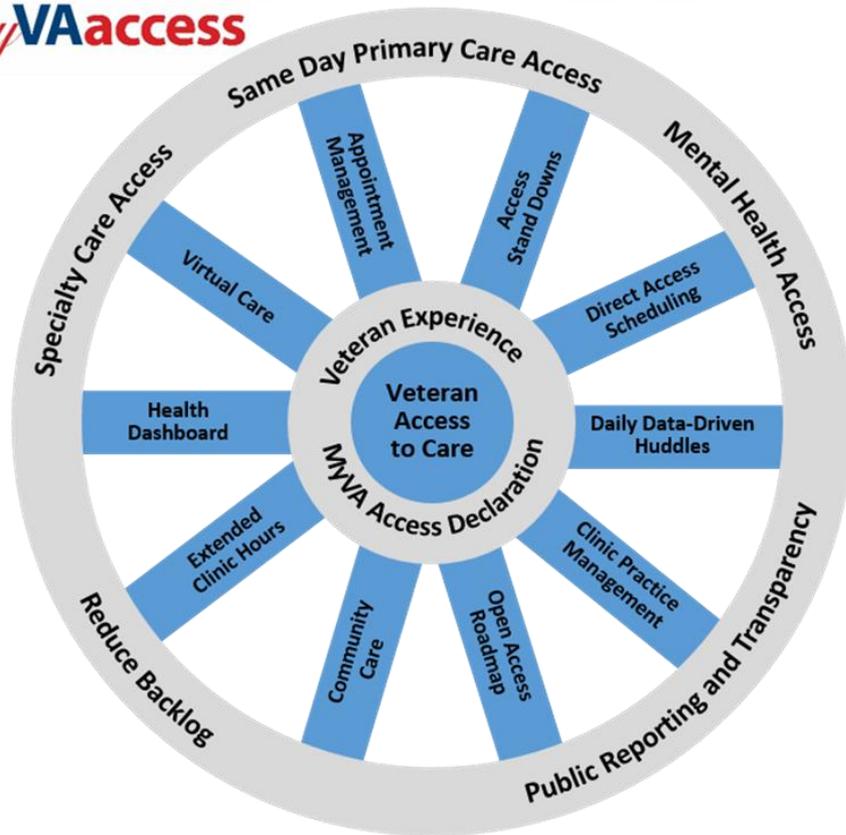
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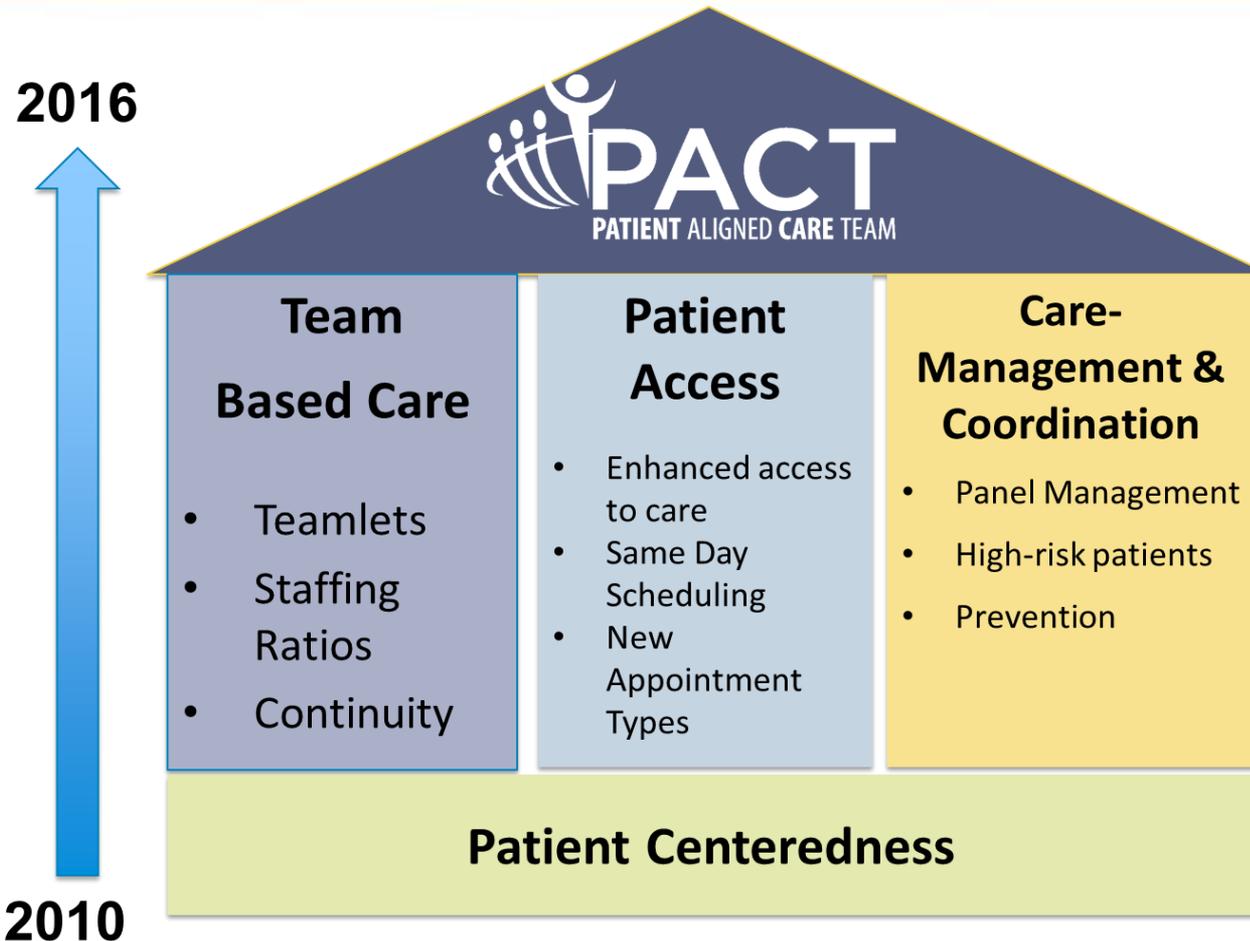
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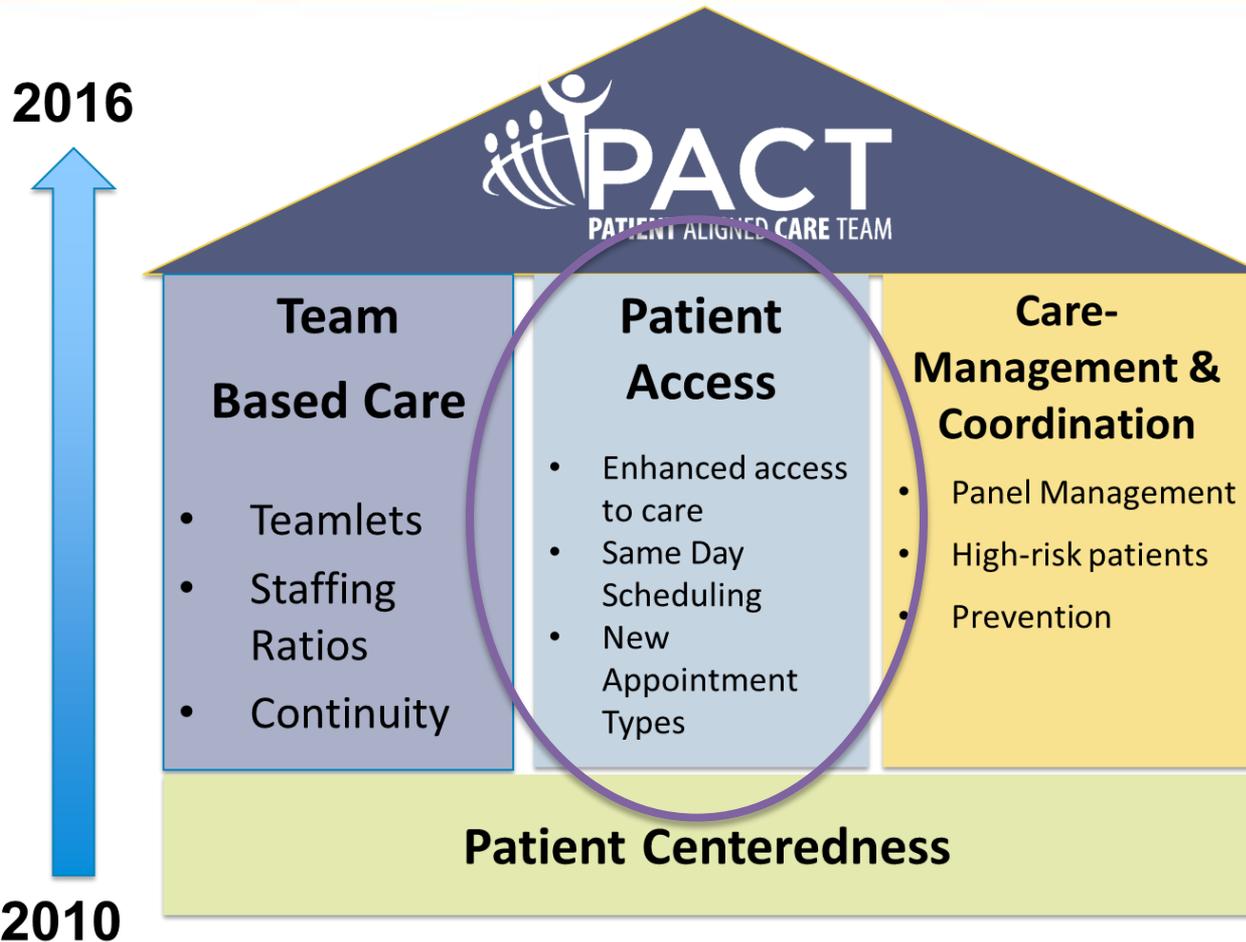
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Access Is a Central Goal of PACT



Access Is a Central Goal of PACT





Team-Based Care

Staff survey
18 items

Delegation, staffing,
team functioning,
working to top of
competency

Access

11 items

Continuity

3 items

Patient survey: CAHPS-PCMH
Administrative data: Corporate Data Warehouse

Care-Management & Coordination

8 items

Patient-Centeredness

Patient surveys
14 items

Comprehensiveness, Self-management support,
Patient-centered care, Shared decision making

PACT Implementation Progress Index

Conceptualizing Access within VA

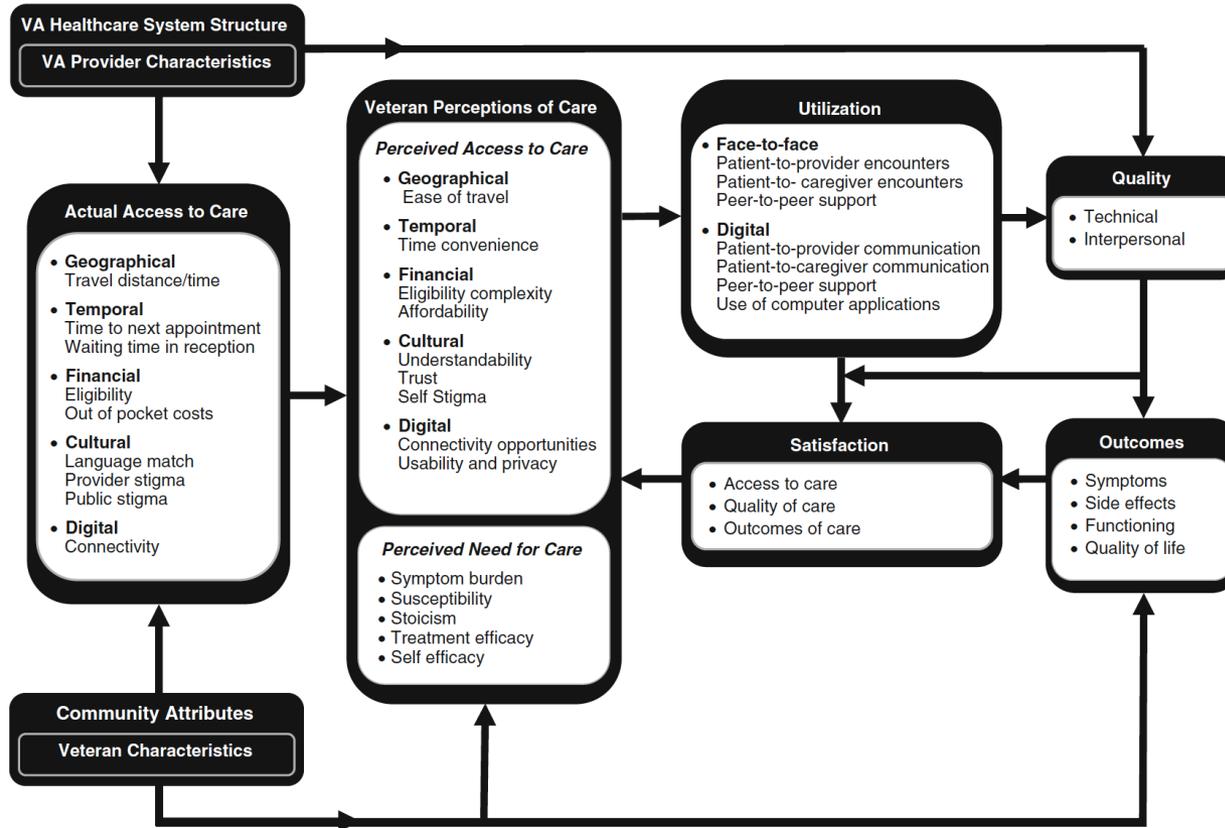


Figure 1. Conceptualization of access.

Conceptualizing Access within VA

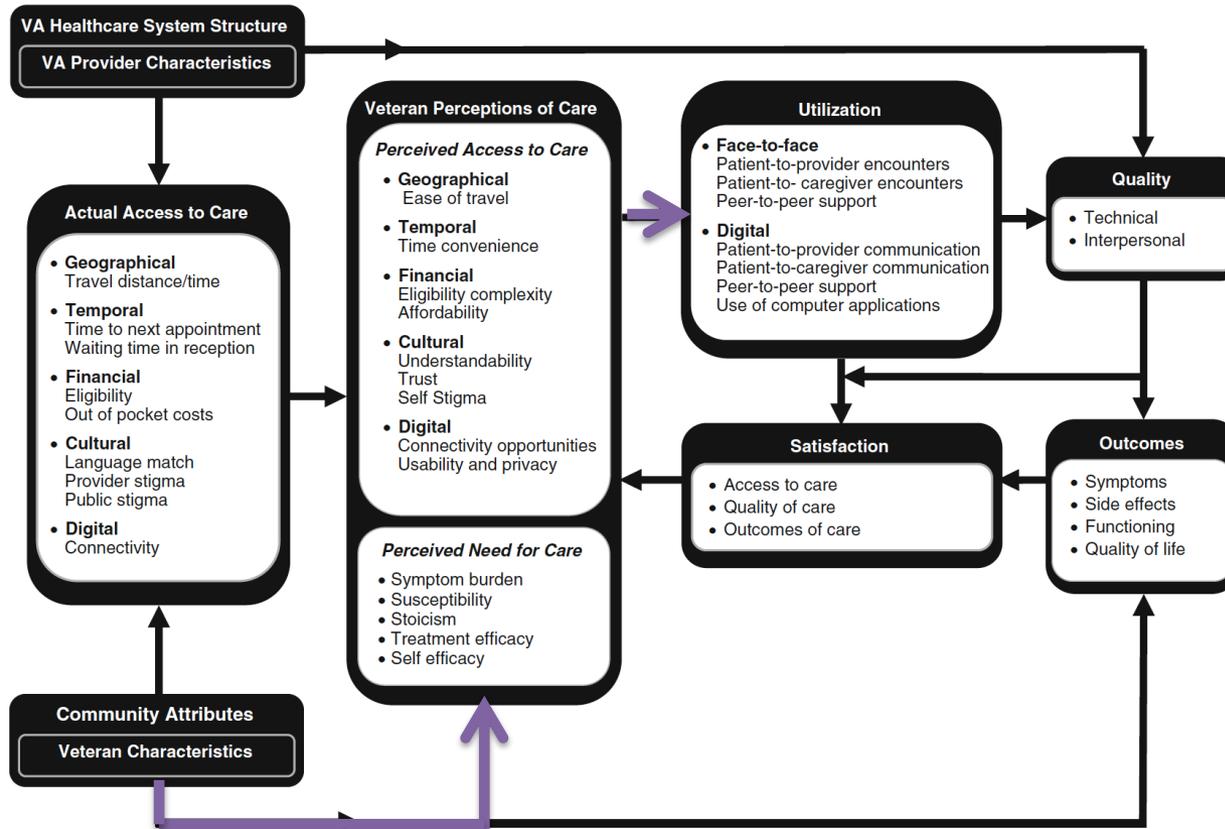


Figure 1. Conceptualization of access.

Conceptualizing Access within VA

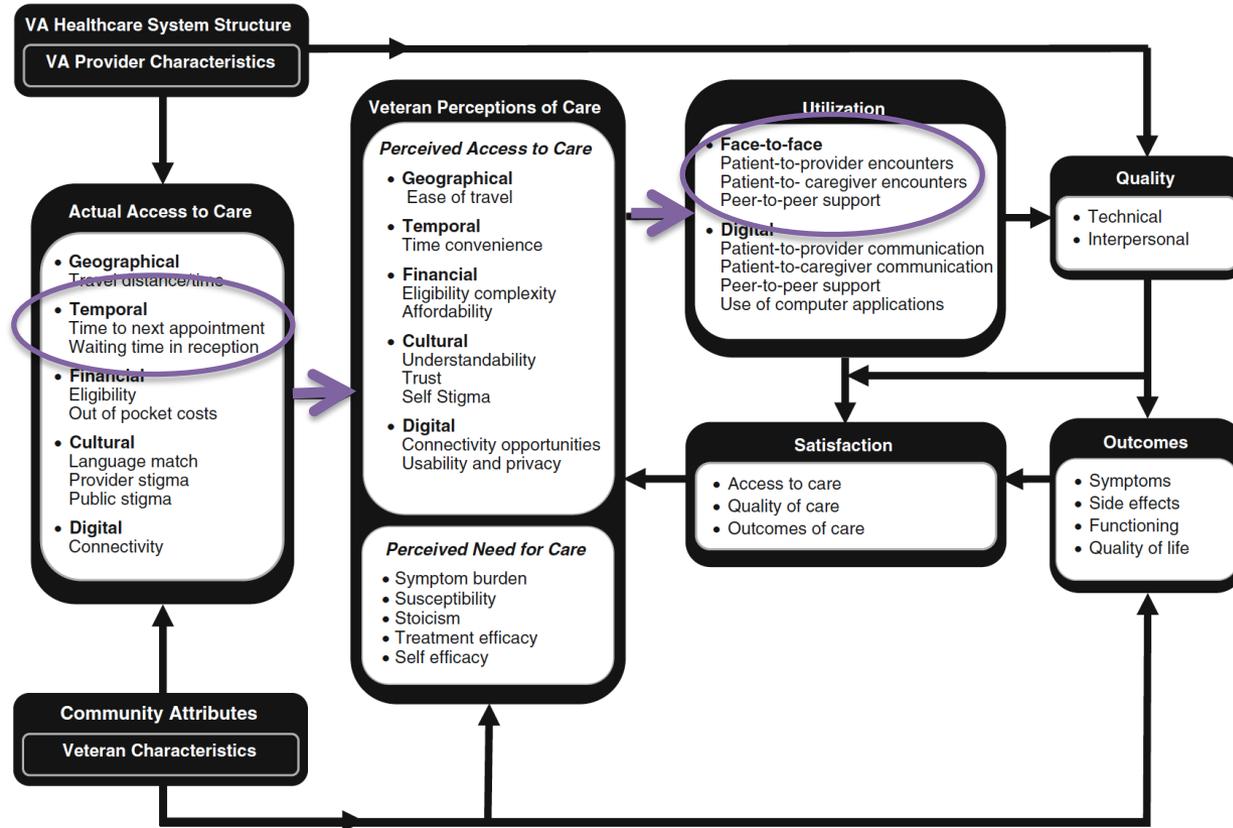


Figure 1. Conceptualization of access.



Which Veterans seek PACT-related primary care services from VA?

Background

- Goals of expanding access (e.g. afterhours, by phone, etc.)
 - (1) Equitable access
 - (2) Patient satisfaction
 - (3) Appropriate health care services use¹⁻³
 - (4) Health outcomes
- Despite PACT efforts, self-reported access remains poor⁴
- Limited information characterizing Veterans seeking different types of PACT-related services
- New knowledge may help clinics improve resource allocation and identify Veterans more apt to use different services.

¹Rust G, Archives Int Med, 2008

²Cheung PT, Annals Emerg Med, 2012

³Pukurdpol P, Acad Emerg Med, 2014⁵

⁴Reddy A, JAMA Int Med, 2015

Patient-Reported Access

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS)**, Patient Centered Medical Home (PCMH) item set, version 2.0, 2011 update^{1,2}
- **Survey of Healthcare Experiences of Patients (SHEP)-PCMH**
 - Implemented in 2012
 - Access Composite:
 - Routine Care
 - Immediate Care
 - After-hours Care
 - Calling during office hours
 - Calling during after hours
 - Office wait time < 15 minutes

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Relevance to PACT Implementation Progress Index

Table 1. PCMH Concepts and Pi² Domains

PACT Initiative Goals	Pi ² Domains	Total Items, No.	Items From Each Data Source, No.			Example Item ^d
			CAHPS PCMH ^a	CDW ^b	Personnel Survey ^c	
Accessible, continuous, and coordinated care	Access	11	6	5	0	How often did you get an appointment as soon as you needed? ^a When you phoned this provider's office, how often did you get an answer to your medical question that same day? ^a Same-day access to appointments (% of clinics) ^b Enhanced access: telephone clinics (%) ^b
	Continuity of care	3	1	2	0	How long have you been going to this provider? ^a Proportion of visits to assigned primary care provider ^b
	Care coordination	7	5	2	0	When this provider ordered a test, how often did someone from this provider's office follow up to give you those results? ^a Did the provider seem informed and up to date about the care you got from specialists? ^a Percentage of patients contacted 2 d after hospital discharge ^b
Patient-centered care	Comprehensiveness	3	3		0	Did you and anyone in this provider's office talk about things in your life that worry you or cause you stress? ^a
	Self-management support	2	2		0	Did anyone in this provider's office talk with you about specific goals for your health? ^a
	Patient-centered care and communication	6	6		0	How often did this provider explain things in a way that was easy to understand? ^a
	Shared decision making	3	3		0	When you talked about starting a prescription medicine, did this provider ask you what you thought was best for you? ^a
Team-based care	Delegation, staffing, and team functioning	18	0	0	18	Primary care provider relies on registered nurse care manager for tasks including gathering patient preventive services, responding to prescription refills ^c Percentage reporting recommended staffing ratio ^c Time spent in team huddles: percentage spending >30 min/d ^c

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Objective

- Determine characteristics of Veterans who report seeking Routine Care and 4 alternative types of PACT-related primary care services

Methods: Data Sources

- 2012 SHEP PCMH module
 - Provided by the Office of Analytics and Business Intelligence
- VA Corporate Data Warehouse
- Area Health Resource File

Methods: SHEP-PCMH

“Routine Care”

Contingent question:

In the last 12 months, did you make any appointments for a check-up or routine care with this provider?

Yes

No

Question:

In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

Always

Usually

Sometimes

Never

Methods: SHEP-PCMH

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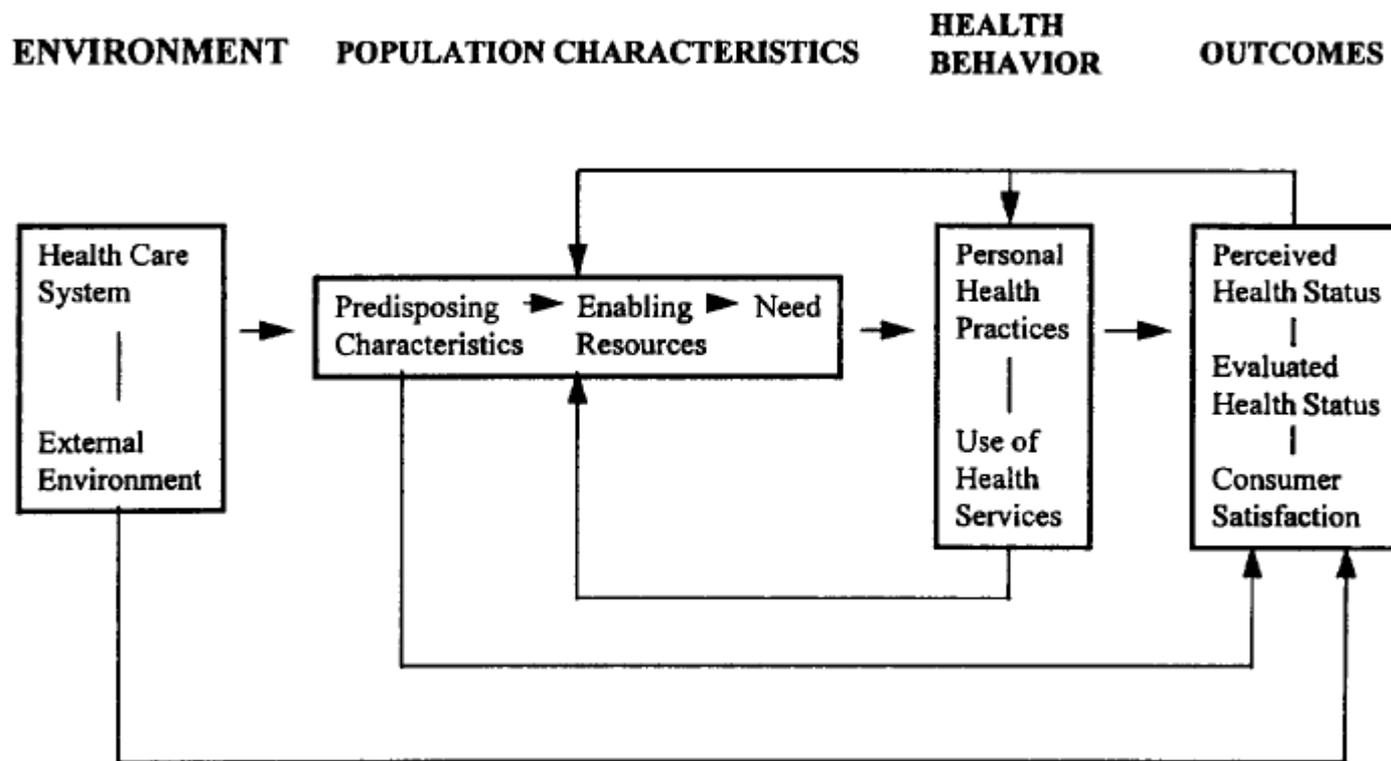
SHEP-PCMH Questions

Item	Question: In the last 12 months . . .
Routine Care	. . . did you make any appointments for check-up or <u>routine care</u> ?
Call Office Hours	. . . did you <u>phone</u> this provider's office with a medical question during <u>regular office hours</u> ?
Immediate Care	. . . did you phone this provider's office to get an appointment for an illness, injury or condition that needed <u>care right away</u> ?
Care after hours	. . . did you need care for yourself during evenings, weekends, or holidays?
Call after hours	. . . did you <u>phone</u> this provider's office with a medical question <u>after regular office hours</u> ?

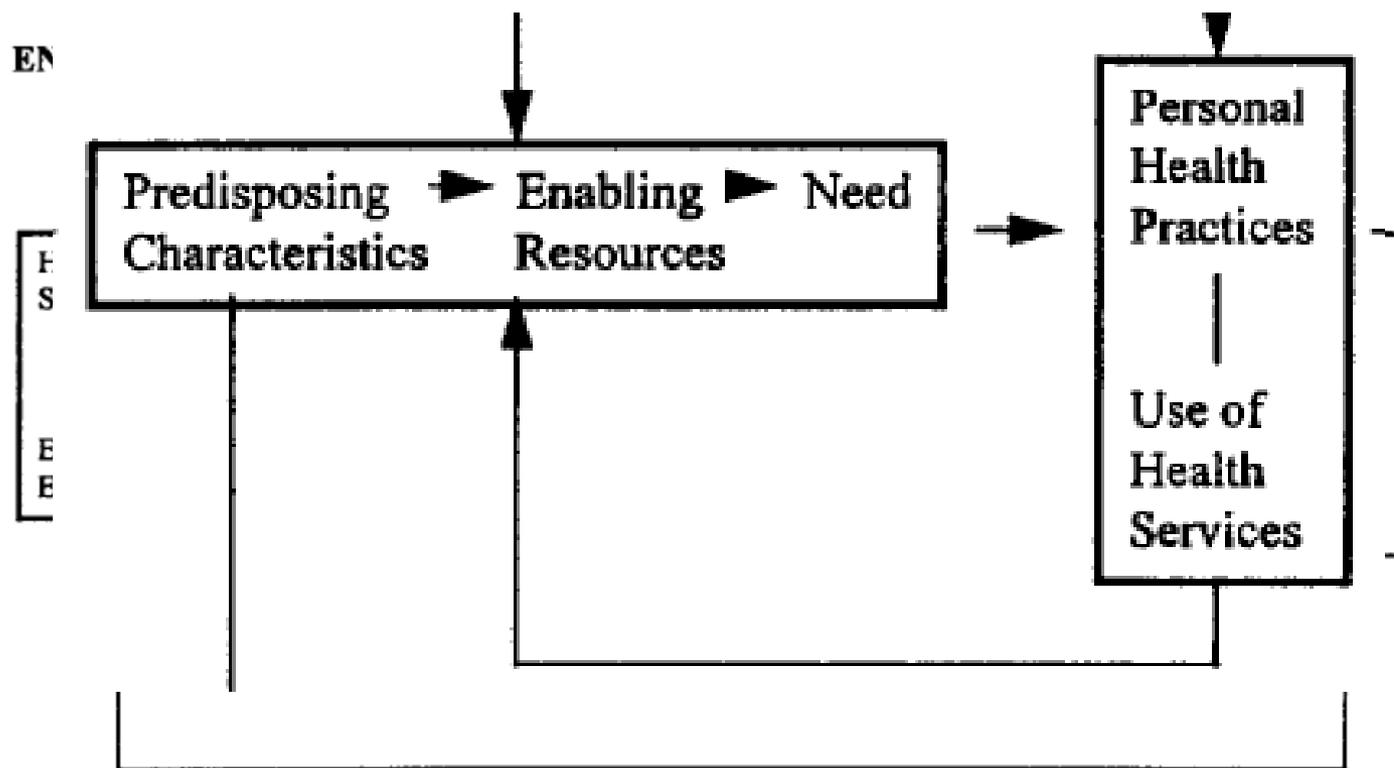
Methods – Study Sample

- 75,101 VA enrollees active on a primary care panel
 - Completed the SHEP PCMH Module in FY2012
 - Answered 1 of 5 access questions
 - “Routine care” (N = 67,549)
 - “Call during office hours” (N = 68,016)
 - “Immediate care” (N = 67,884)
 - “Care after hours” (N = 67,098)
 - “Call after hours” (N = 67,461)

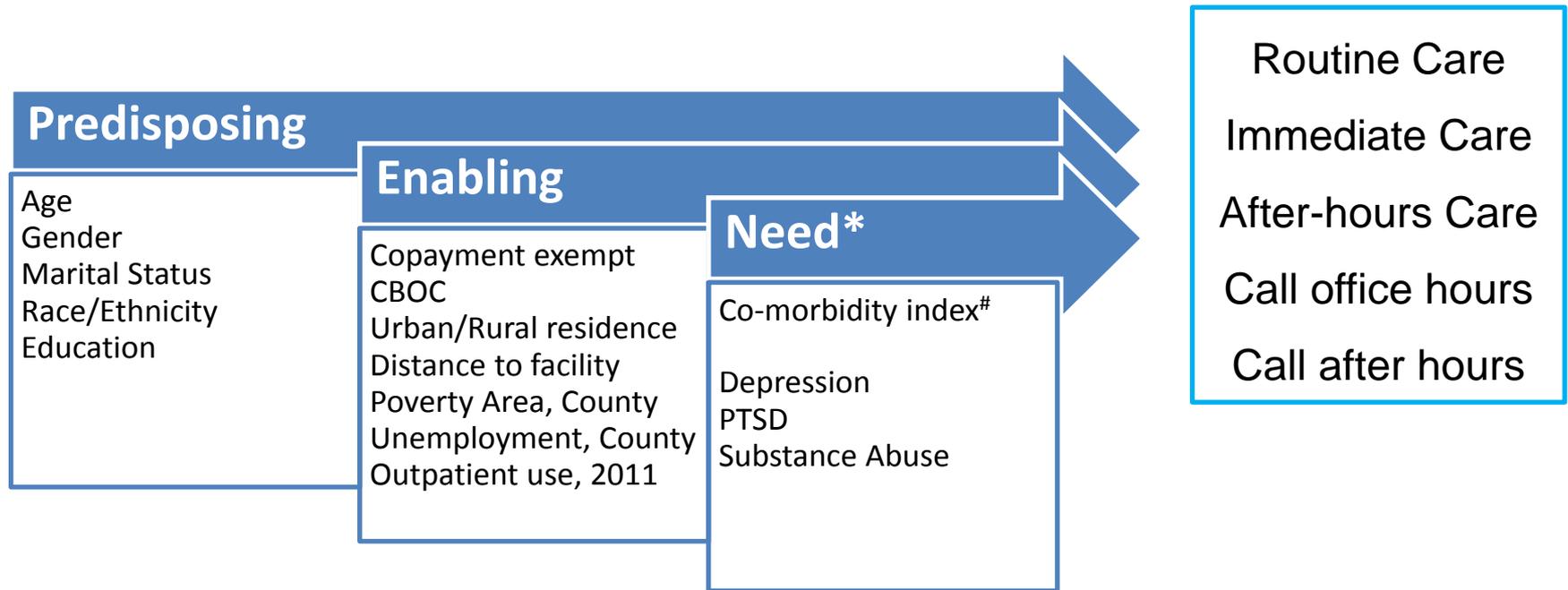
Conceptual Framework



Conceptual Framework



Methods: Explanatory Factors



*Evaluated Need

#Gagne score

Methods: Statistical Analysis

- Survey responses weighted for clinic, age, gender
- Multivariable logistic regression models
 - Separate models for each access question
 - Calculated odds ratios for explanatory factors
 - Standard errors adjusted for clustering by clinic

Selected Descriptive Statistics

N = 69,955

PREDISPOSING	
Age (mean)	62.6
Female (%)	7.3
Race/Ethnicity (%):	
White	70.3
Black	14.6
Hispanic	7.2
Other	7.9
Education:	
< High school	9.9
HS degree	30.9
Some college	40.1
College deg. +	19.1

ENABLING	
Copay Exempt (%)	89.2
CBOC (%)	49.7
Distance (%):	
< 5 mi.	30.3
40+ mi.	2.8
Residence (%):	
Urban	61.4
Rural	36.7
Poverty Area (%)	20.2

NEED	
Gagne Score	0.637
Depression (%)	6.3
PTSD (%)	20.9
Drug abuse	2.0

Results: “Routine Care”

Total = 67,549 Yes = 77.8%

PREDISPOSING	
Age (mean)	
Female	***1.37
Race/Ethnicity:	
White	<i>Ref</i>
Black	1.02
Hispanic	*0.85
Other	0.99
Education:	
Some HS	***0.56
HS degree	***0.64
Some college	***0.72
> College deg.	<i>Ref</i>

ENABLING	
Copay Exempt	**0.88
CBOC (%)	0.98
Distance:	
< 5 mi.	<i>Ref</i>
40+ mi.	0.99
Residence:	
Urban	<i>Ref</i>
Rural	0.94
Poverty Area	*0.88
PC visits, 2011:	
0-1	<i>Ref</i>
5 or more	***1.47

NEED	
Gagne Score	*0.97
Depression (%)	0.94
PTSD (%)	***1.23
Drug abuse	0.89

All are displayed in Odds Ratios
*p<0.05; **p<0.01; ***p<0.001

Results: “Immediate Care”

Total = 67,954 Yes = 43.7%

PREDISPOSING	
Age	***
Female	***1.33
Race/Ethnicity:	
White	<i>Ref</i>
Black	***1.49
Hispanic	***1.28
Other	***1.32
Education:	
Some HS	1.05
HS degree	0.92
Some college	1.02
> College deg.	<i>Ref</i>

ENABLING	
Copay Exempt	**1.53
CBOC (%)	1.01
Distance:	
< 5 mi.	<i>Ref</i>
40+ mi.	0.85
Residence:	
Urban	<i>Ref</i>
Rural	1.06
Poverty Area	1.03
PC visits, 2011:	
0-1	<i>Ref</i>
5 or more	***2.39

NEED	
Gagne Score	**1.08
Depression (%)	1.00
PTSD (%)	***1.27
Drug abuse	0.88

All are displayed in Odds Ratios
*p<0.05; **p<0.01; ***p<0.001

Results: “After-hours Care”

Total = 67,098 Yes = 25.8%

PREDISPOSING	
Age	***
Female	***1.10
Race/Ethnicity:	
White	<i>Ref</i>
Black	***1.41
Hispanic	***1.29
Other	***1.33
Education:	
Some HS	0.96
HS degree	*0.78
Some college	0.95
> College deg.	<i>Ref</i>

ENABLING	
Copay Exempt	***1.81
CBOC (%)	***0.79
Distance:	
< 5 mi.	<i>Ref</i>
40+ mi.	*0.76
Residence:	
Urban	<i>Ref</i>
Rural	0.95
Poverty Area	**1.14
PC visits, 2011:	
0-1	<i>Ref</i>
5 or more	***2.47

NEED	
Gagne Score	***1.15
Depression (%)	1.03
PTSD (%)	***1.35
Drug abuse	0.98

All are displayed in Odds Ratios
*p<0.05; **p<0.01; ***p<0.001

Results: “Call after-hours”

Total = 67,461 Yes = 8.2%

PREDISPOSING	
Age	***
Female	***0.81
Race/Ethnicity:	
White	<i>Ref</i>
Black	***1.58
Hispanic	***1.37
Other	***1.46
Education:	
Some HS	0.90
HS degree	***0.70
Some college	*0.80
> College deg.	<i>Ref</i>

ENABLING	
Copay Exempt	***1.66
CBOC (%)	***0.85
Distance:	
< 5 mi.	<i>Ref</i>
40+ mi.	*0.63
Residence:	
Urban	<i>Ref</i>
Rural	0.95
Poverty Area	1.04
PC visits, 2011:	
0-1	<i>Ref</i>
5 or more	***1.68

NEED	
Gagne Score	***1.07
Depression (%)	0.91
PTSD (%)	***1.38
Drug abuse	1.13

All are displayed in Odds Ratios
*p<0.05; **p<0.01; ***p<0.001

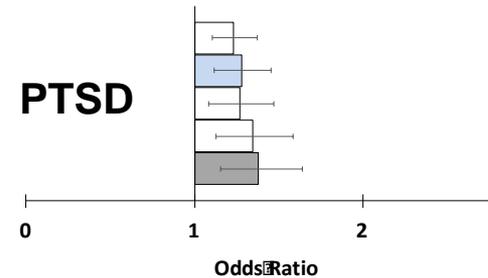
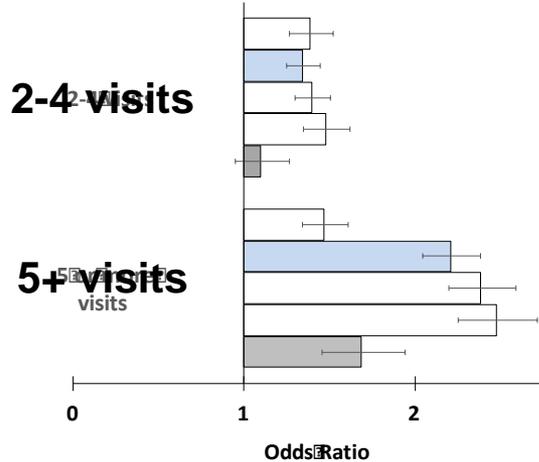
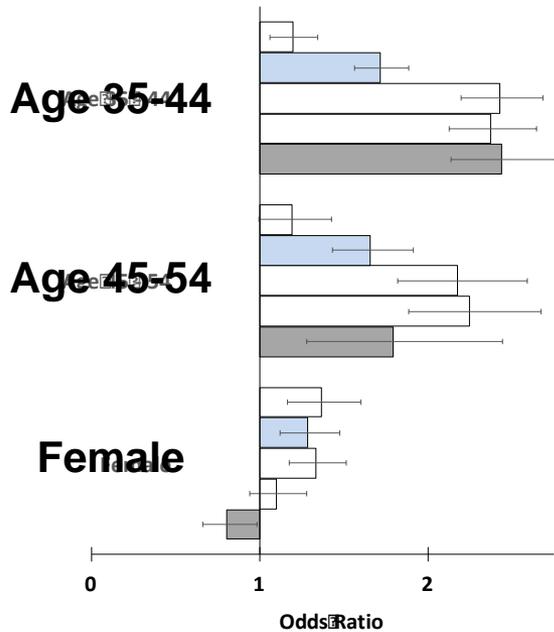
Results:

Pattern #1 - Higher use of all services

PREDISPOSING

ENABLING

NEED



Routine Care
Office Hours
Immediate Care
Care after hours
Call after hours

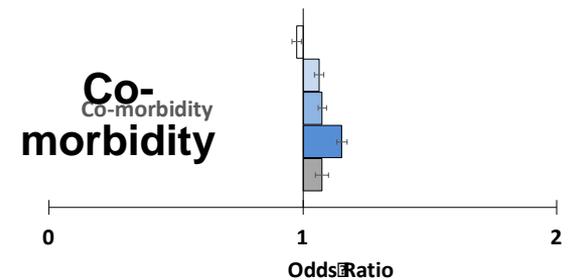
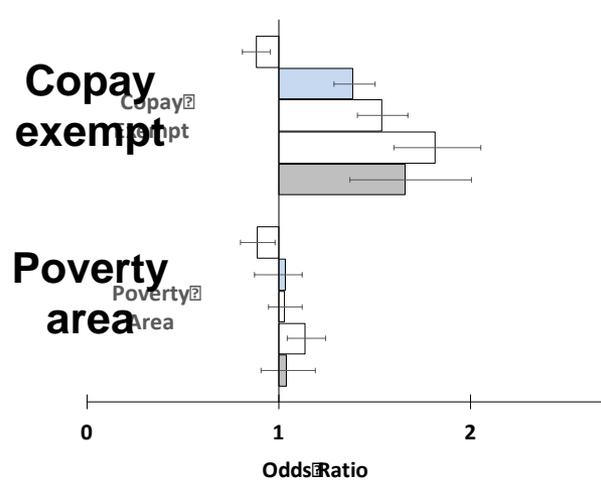
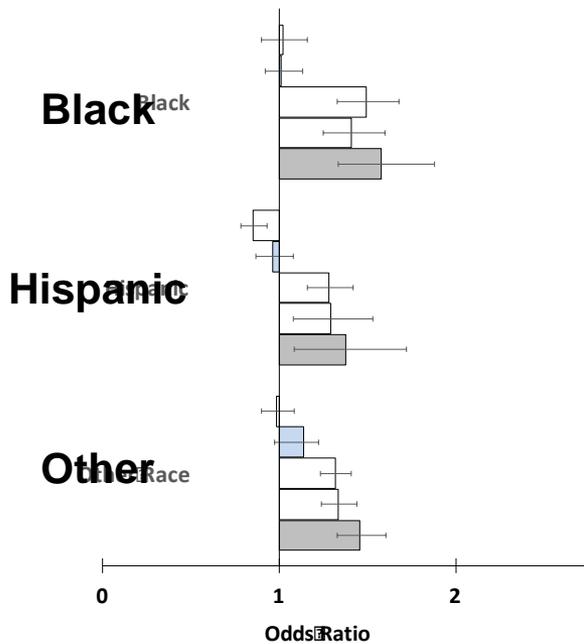
Results:

Pattern #2 – Less/equal routine care & Higher use of alternative services

PREDISPOSING

ENABLING

NEED



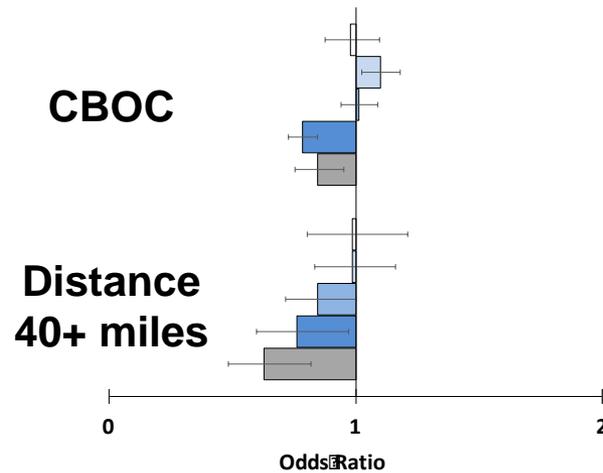
Routine Care
Call Office Hours
Immediate Care
Care after hours
Call after hours

Results: Distance & Community-Based Outpatient Clinics

PREDISPOSING

ENABLING

NEED



Routine Care
Call Office Hours
Immediate Care
Care after hours
Call after hours

Summary of Findings

- Factors across the core process of the Andersen's Behavior Model are associated with seeking routine care & alternative services
- 2 patterns emerge
 - (1) Higher reported use of ALL services
 - Younger ages, women, prior health care use, PTSD
 - (2) Higher reported use of only alternative services
 - Non-white, co-payment exempt, poverty area, higher co-morbidity

Potential Limitations

- Selected population who complete the survey
- Recall bias of self-reported measures
- Misclassification based upon understanding of question
- Generalizability to broader non-VA population

Conclusions and Policy Implications

- Notable differences among Veterans seeking routine care and alternative primary care services
- Underlying mechanisms driving these two patterns include patient preferences, quality of care, and economic opportunity costs.
- Prospective studies needed
- Potential need to prepare for this differential use among highest growing VA populations



Patient-Reported Wait Times and Future Use of Primary Care from VA and Medicare

Background

- Prior research examining VA wait times has focused on administrative data
- Longer wait times associated with:
 - Higher mortality
 - Increased risk of ACSC hospitalization
 - Worse clinical outcomes
 - Lower patient satisfaction
- Relationship between wait times and dual use of VA and non-VA care understudied

Background

- Relevance to health policy
 - Are longer wait times prompting VA enrollees to seek care from non-VA alternatives (e.g. Veterans Choice Program, Affordable Care Act options)?
- Relevance to primary care delivery
 - Greater dual use of VA and non-VA care may introduce challenges to providing continuous and coordinated care within PACT model

Objective

- To examine whether patient-reported wait times for immediate care from VA were associated with future use of primary care from VA and fee-for-service Medicare

Methods

- **Study Design:** Retrospective observational study
- **Data Sources**
 - VA Corporate Data Warehouse
 - Medicare Administrative Data
 - 2012 SHEP PCMH module

Methods – Study Sample

- **Study Sample:** 36,396 VA enrollees active on a primary care panel
 - Responded to the 2012 SHEP PCMH Module
 - Dually enrolled in fee-for-service Medicare
- **Exclusion criteria:**
 - Enrolled in Medicare Advantage
 - Missing covariate data
- **Unit of analysis:** Patient-year observations

Definition of Primary Care Utilization

- Primary care provider specialty code + Evaluation and Management Current Procedural Terminology (CPT) code¹
- Primary care visit counts in the 12 months after completing the SHEP
 - Respective VA and Medicare visit counts
- VA reliance – proportion of visits occurring in VA

Patient-Reported Wait Times

5. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away?

Yes

No → If No, go to #8

Patient-Reported Wait Times

7. In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

Patient-Reported Wait Times

- Usual number of days wait for care “needed right away” from VA
- Categorical measure: same day, 1 day, 2-3 days, 4-7 days, >7 days, did not seek immediate care

Statistical Analysis

- Negative binomial models to analyze visit counts
- Fractional logistic regression to examine VA reliance
- **Control variables:** patient demographics, comorbidity, prior VA utilization, non-VA health supply factors, clinic fixed-effects

Statistical Analysis (cont'd)

- Calculated predicted reliance and visit counts
 - Assessed differences relative to the 0 day wait category
- Analyses weighted to the FY2012 VA primary care population
 - SHEP respondents are a non-representative sample of all VA primary care patients
- Sensitivity analyses using propensity score methods

Selected Descriptive Statistics

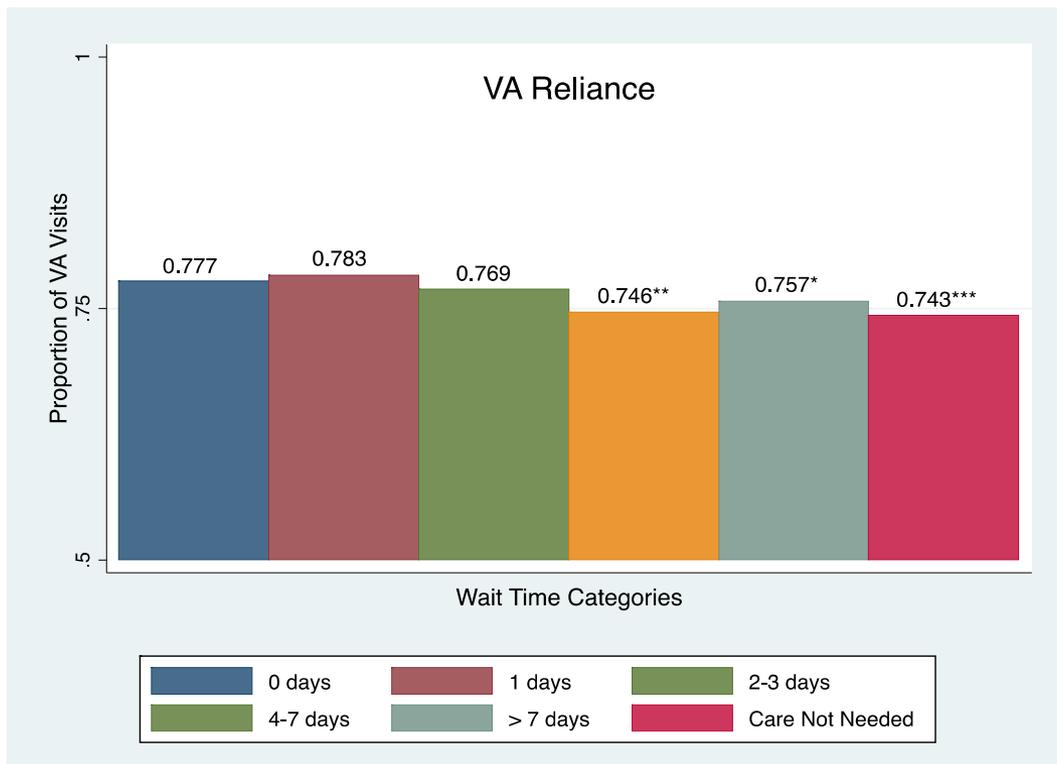
	Usual Appointment Wait Time for Immediate VA Care					
	Did not Seek N=22,731	> 7 Days N=2,850	4-7 Days N=1,979	2-3 Days N=2,763	1 Day N=2,426	0 days N=3,577
Age (mean/SD)	72 (10)	66 (11)	68 (11)	67 (12)	68 (11)	68 (11)
Male (%)	98	94	96	97	94	96
Married (%)	67	57	60	61	61	61
Copay Exempt (%)	77	93	91	90	88	89
Race White (%)	84	69	73	76	78	75
Elixhauser Score (mean/SD)	1.9 (1.7)	2.0 (1.9)	2.0 (1.9)	1.9 (1.9)	2.0 (1.9)	1.9 (1.9)
Miles to Nearest VA (mean/SD)	14 (15)	13 (13)	13 (14)	13 (17)	12 (13)	12 (12)

Results

- Among all Veterans, 67.8% reported not seeking immediate care from VA
- Categorical wait time percentages among Veterans seeking immediate care:

	Usual Appointment Wait Time for Immediate VA Care				
	> 7 Days N=2,850	4-7 Days N=1,979	2-3 Days N=2,763	1 Day N=2,426	0 days N=3,577
Percent of Veterans	25.4	17.2	20.3	14.6	22.4

VA Reliance by Wait Time Category



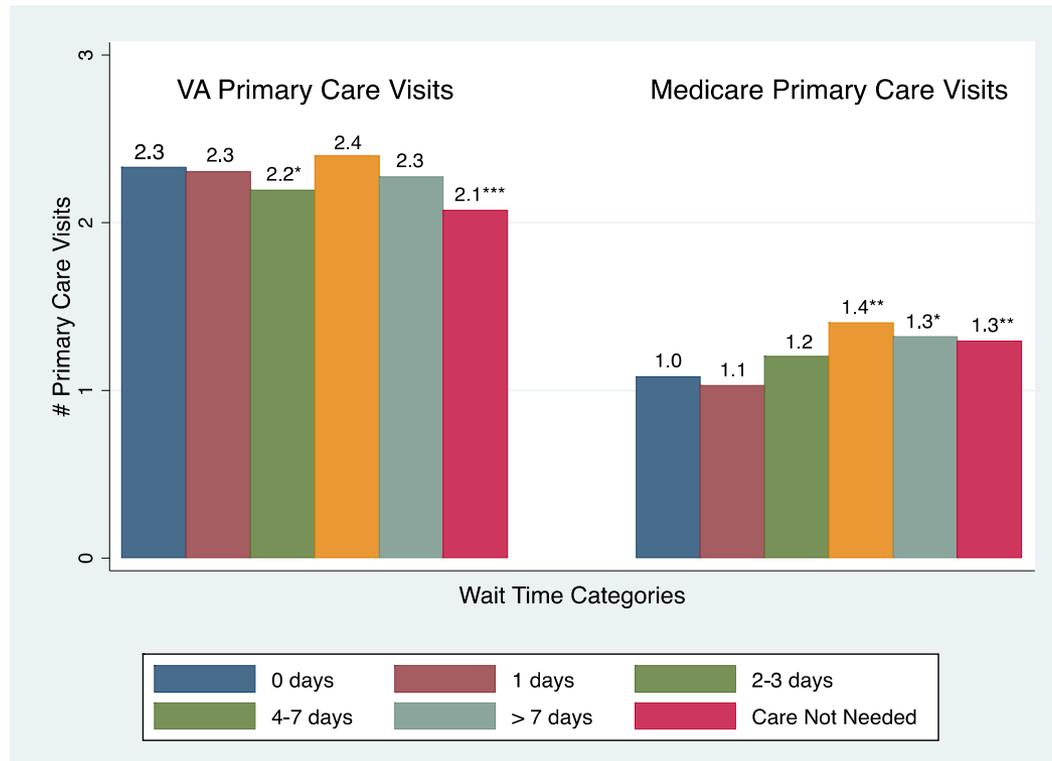
VA Reliance Compared to the 0 Day Wait Category

Wait Time Category	VA Reliance	Difference ¹	P-value ²
0 Days	0.777	-	-
1 Day	0.783	0.006	0.577
2-3 Days	0.769	-0.008	0.420
4-7 Days	0.746	-0.031	0.009
> 7 Days	0.757	-0.020	0.039
Did Not Seek Care	0.743	-0.034	< 0.001

¹Differences in VA reliance compared to the 0 day wait category

²P-value from test of the hypothesis that differences compared to the 0 day wait category are significantly different from zero.

Primary Visit Counts by Wait Time Category



VA Visits Compared to the 0 Day Wait Category

Wait Time Category	# VA Visits	Difference ¹	P-value ²
0 Days	2.33	-	-
1 Day	2.30	-0.03	0.652
2-3 Days	2.19	-0.14	0.024
4-7 Days	2.40	0.07	0.380
> 7 Days	2.27	-0.06	0.348
Did Not Seek Care	2.07	-0.26	< 0.001

¹Differences in visits compared to the 0 day wait category

²P-value from test of the hypothesis that differences compared to the 0 day wait category are significantly different from zero.

Medicare Visits Compared to the 0 Day Wait Category

Wait Time Category	# VA Visits	Difference ¹	P-value ²
0 Days	1.08	-	-
1 Day	1.03	-0.05	0.566
2-3 Days	1.20	0.12	0.282
4-7 Days	1.40	0.32	0.005
> 7 Days	1.32	0.24	0.022
Did Not Seek Care	1.29	0.21	0.001

¹Differences in visits compared to the 0 day wait category

²P-value from test of the hypothesis that differences compared to the 0 day wait category are significantly different from zero.

Summary of Results

- Compared to Veterans experiencing 0 day waits:
 - Veterans not seeking VA care or waiting 2-3 days had 0.26 ($p<0.001$) and 0.14 ($p=0.024$) fewer VA visits, respectively
 - Veterans not seeking VA care, waiting 4-7 days or >7 days had 0.21 ($p<0.001$) and 0.32 ($p=0.005$) and 0.24 ($p=0.022$) more Medicare visits, respectively
 - VA reliance was 3.4 ($p<0.001$), 3.1 ($p=0.009$) and 2.0 ($p=0.039$) percentage points lower for Veterans not seeking VA care or waiting 4-7 days and >7 days, respectively

Potential Limitations

- Role of unobserved severity
 - Clinics may selectively provide faster immediate care to sicker patients
- Inability to measure primary care use outside of FFS Medicare
- Patient-reported wait time data subject to recall bias
- Generalizability to Veterans dually enrolled in Medicare Advantage plans or other health insurance

Conclusions and Policy Implications

- Longer patient-reported wait times associated with lower future reliance on VA primary care services
- Lower VA reliance largely to Veterans seeking more services through FFS Medicare
- Greater health service use from non-VA alternatives due to relatively longer wait times potentially increases duplication of services and fragmentation of care
- For the public payer, the increased use of health services from Medicare among VA patients is significant for fiscal planning and cost shifting for two public health programs

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Questions/Comments

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EXTRA SLIDES

Results: Age Categories

	Routine Care	Call Office Hours	Immediate Care	Care After Hours	Call After Hours
	67,549	68,016	67,954	67,098	67,461
	OR	OR	OR	OR	OR
Age 18 - 24	1.17	1.04	3.44***	1.60	1.26
Age 25 - 34	0.93	1.26*	2.27***	2.59***	1.68***
Age 35 - 44	1.20	1.71***	2.43***	2.37***	2.44***
Age 45 - 54	1.19*	1.65***	2.17***	2.24***	1.79***
Age 55 - 64	1.10*	1.46***	1.69***	1.61***	1.45***
Age 65 to 74	1.08*	1.27***	1.28***	1.16***	0.99
Age 75 or older	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>