# VA's Community Care Program: A Learning Health System in Action

# AGENDA

- Introductions

- Panel Presentations

- Current Research & Opportunities

- Discussion and Q&A

# Community Care Research Evaluation & Knowledge (CREEK) Center



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https://www.hsrd.research.va.gov/centers/creek/

1. Community Care Data Resources
2. Funded Projects List
3. Recently Published Papers

SERVICES:

1. Quarterly Calls: presentations & updates
   (e.g., High Performing Providers (HPP), Tier 2 System, transition to Office of Integrated Veteran Care (IVC))
2. Facilitate letters of support for grant proposals
3. Data consults

# Recently Funded Community Care Pilot Grants

| | |
|---|---|
| Impact of the Referral Coordination Initiative on Veterans' Decisions to Use Community Care | Dr. Anna Zogas, Boston |
| Incorporating Virtual care into VA Care Options to encourage Veterans to Remain in VA Care: Evaluating Veteran Attitudes and Intentions toward VA And Community care Across Multiple Services | Dr. Lynn Garvin, Boston |
| Intended and Unintended Consequences of the MISSION Act for Medicare-Eligible Veterans | Dr. Liam Rose, Palo Alto |
| FRagmented Care Analysis - GeoMapped Encounter NeTworks (FRAGMENT): | Dr. Zachary Hahn, Maine |
| Assessing the Quality of Community Obstetrical Care for Veterans | Dr. Aimee Kroll-Desrosiers, VA Central Western |
| Examining the Impact of the MISSION Act on Disparities in Access to and Utilization of Primary Care | Dr. Deborah Gurewich, Boston |

# Overview of Integrated Veteran Care

IVC will create a more seamless and coordinated experience for Veterans who access health care through the VA health care system, either at VHA facilities or in the community.

VA is integrating Office of Veterans Access to Care (OVAC) and Office of Community Care (OCC) to enable VA to better coordinate care while also streamlining and simplifying access processes.

**We are changing to:**

➢ Advance our mission of providing Veterans with timely access to high-quality and equitable care

➢ Provide seamless and coordinated experience for any Veteran who accesses the VHA system

➢ Create a transparent, coordinated, and consistent experience for Veterans regardless of where they choose to receive care

➢ Improve operational efficiency and effectiveness
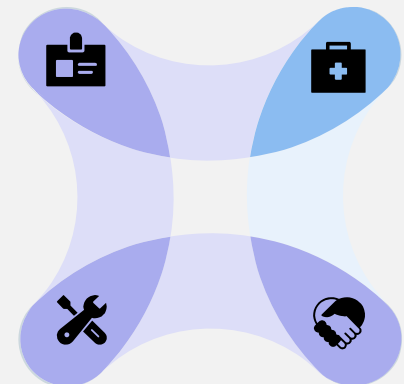
# IVC Goals & Strategies

VHA is utilizing ten strategies to form the future-state IVC model, which align to the IVC goals.
IVC is currently developing plans for implementing these strategies across VHA

## Seamless Care to Veterans

1. Improve Veteran Decision Making for Care Options
2. Improve Bi-Directional Care Data to/from Community Partners
3. Facilitate Real-Time Scheduling for All Appointments

## Financial Sustainability

4. Proactive Care Management for Veterans in Community Hospitals
5. Improve Access within VHA's Current Capacity
6. Make VHA Referral Processes Easier for Providers
7. Strengthen VHA Financial Performance
8. Effective Balancing of Access Investments

## High Reliability

9. Strengthen Operational Support to Field
10. Enable Market Assessments and Strategic Assessments

# Opportunities To Support IVC Through Research & Areas of Focus:

A key goal of IVC is to provide the tools and support for national and local leadership to make data-driven decisions on access investments or partnerships as appropriate for their market

➢ Enable users to apply a value-based measurement framework to measure both outcomes and costs ensuring progress toward goals and guides decisions on how to pivot as needed.

  ➢ Identify ways to measure quality of care and outcomes across direct care system and community care

➢ Champion and coordinate "big data" analytics for purchased care network population health efforts, to provide comparability to VHA population health efforts

  ➢ Focused reviews on population health measures, impacts on health equity, rural health access, etc.

➢ Collect, analyze, and integrate both internal direct care and external network data to provide stakeholders actionable information for investment, resource, program, and operational management decisions.

  ➢ Measuring success of access initiatives (i.e. Referrals Coordination Initiative, VA Health Connect, Care Optimization of Emergency Departments, and others)

# The Evidence Act: Policy and Practice Implications

## Cecille Avila, MPH

*Senior Policy Analyst*

Partnered Evidence-Based Policy Resource Center (PEPReC)

# Foundations for Evidence-based Policymaking Act (2018)

**§ 312. Agency evidence-building plan**

REQUIREMENT.—The head of each agency shall include in the strategic plan required under section 306 a systematic plan for identifying and addressing policy questions relevant to the programs, policies, and regulations of the agency. Such plan shall contain the following:

1) A list of policy-relevant questions for which the agency intends to develop evidence to support policymaking.

2) A list of data the agency intends to collect, use, or acquire to facilitate the use of evidence in policymaking.

3) A list of methods and analytical approaches that may be used to develop evidence to support policymaking.

…

*-- full text*

**PEPReC**
*Partnered Evidence-based Policy Resource Center*
*A VA QUERI Center*

# Strength of Evidence Checklist

| STRENGTH OF EVIDENCE REVIEW PROTOCOL | |
|---|---|
| *Please adequately address the following considerations in the proposal.*<br>*Please also provide any necessary supplemental material (e.g., cost breakdowns).* | **Score (x/100)** |
| **NEED** | |
| Explain the clear policy need for a new approach or additional resources in this area *at this time*. | |
| Explain the clear operational need for *this specific* proposed approach or *these* additional resources. | |
| Ensure that the evidence included to demonstrate need is **clearly linked** to the question at hand. | |
| **FEASIBILITY** | |
| Explain the current context or logistical environment in which the proposal will be implemented (e.g., political environment, external markets, clinical and administrative priorities, VA strategic plan). | |
| Explain the *political and policy* feasibility of this proposal (mention any anticipated opposition). | |
| Explain the *operational* feasibility and implementation of this proposal (mention any anticipated barriers). | |
| Explain the proposed method for quantifying *implementation* success (with specific metrics). | |
| Ensure that the evidence included to demonstrate feasibility in the current context or logistical environment is **clearly linked** to the question at hand. | |
| **EFFECTIVENESS** | |

**PEPReC**

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*A VA QUERI Center*

# Quality & Performance Assessment Priorities

## Sachin Yende, MD, MS

*Acting Executive Leadership Team, Office of Integrated Veteran Care*

U.S. Department of Veterans Affairs

# Community Care Growth Over The Years

**Growth in Community Care has continued since FY14. Record number of authorizations and distinct Veterans in FY21 with FY22 on pace to exceed it**

| Fiscal Year | Authorizations | Growth (Previous FY) | Distinct Veterans (Authorized) | Growth (Previous FY) |
|---|---|---|---|---|
| FY19 | 4.90M | - | 2.04M | - |
| FY20 | 5.24M | 7% | 2.13M | 5% |
| FY21 | 5.92M | 13% | 2.33M | 10% |
| FY22TD* | 4.38M | N/A | 2.02M | N/A |

*Fiscal Year 2022 data timeframe (Oct 1, 2021 – May 31, 2022)*

**Use of virtual care options in the community has also grown during the COVID-19 pandemic**

| Telehealth Appointments (Mar 1, 2020 – May 31, 2022) | Unique Veterans (Mar 1, 2020 – May 31, 2022) |
|---|---|
| 1.37M+ | 307,000+ |

# Community Care Growth (continued)

- Key areas of growth:
  - Emergency Care
  - Geriatrics & Extended Care
  - Specialty Care
  - Mental/Behavioral Health

- Inpatient care (scheduled and emergent) continues to be a major factor in community care growth

- Increasing future community care workload trends reflected in the FY2023 President's Budget as well

**Community Care Utilization:**
**Top 10 Categories of Care (By Cost)**

| # | Category of Care | # | Category of Care |
|---|---|---|---|
| 1. | Emergency Care | 6. | Mental Health |
| 2. | Homemaker/Home Health Aide | 7. | Orthopedic |
| 3. | Community Nursing Home | 8. | Dialysis |
| 4. | Skilled Home Health | 9. | Cardiology |
| 5. | Oncology | 10. | Dental |

**Community Care Obligations (in millions of dollars):**
*Includes Medical Community Care, Veterans Choice Fund, and American Rescue Plan (community care category)*

| Fiscal Year | Total Obligations (in millions) |
|---|---|
| **2023 Estimated** | ~$31.6B |
| **2022 Estimated** | ~$27.9B |
| **2021 Actual** | ~$23.6B |

# Quality of Direct vs. Community Care

**Quality of Care**

Many studies suggest that, on average, **VA provides as good and perhaps higher quality of care** compared to non-VA care.[1,2,3]

**Veterans Trust VA**

Veterans trust and prefer VA for their care, with outpatient trust scores improving from **84.7% in FY18 to 90.1% in FY21**.

VA must strengthen its capacity and services to support Veterans' preferences

[1]O'Hanlon C, Huang C, Sloss E, Anhang Price R, Hussey P, Farmer C, Gidengil C. Comparing VA and Non-VA Quality of Care: A Systematic Review. J Gen Intern Med. 2017 Jan;32(1):105-121. doi: 10.1007/s11606-016-3775-2. Epub 2016 Jul 15. PMID: 27422615; PMCID: PMC5215146.g

[2]Anhang Price, R., Sloss, E.M., Cefalu, M., et al. Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings. J GEN INTERN MED 33, 1631-1638 (2018). https://doi.org/10.1007/s11606-018-4433-7.

[3]Chan, David C, Danesh, Kaveh, Costantini, Sydney, Card, David, Taylor, Loweel, Studdert, David. Mortality among US veterans after emergency visits to Veterans Affairs and other hospitals: retrospective cohort study. BMJ, 2022, https://doi.org/10.1136/bmj-2021-068099.

# VA's Quality of Care Data

- Transparency and public availability of quality data has always been a focus of VA

- Hospital Compare website allows comparison of VA hospitals with others to help patients make decisions on where to get health care

  - Available publicly via CMS and VA's Access To Care Website
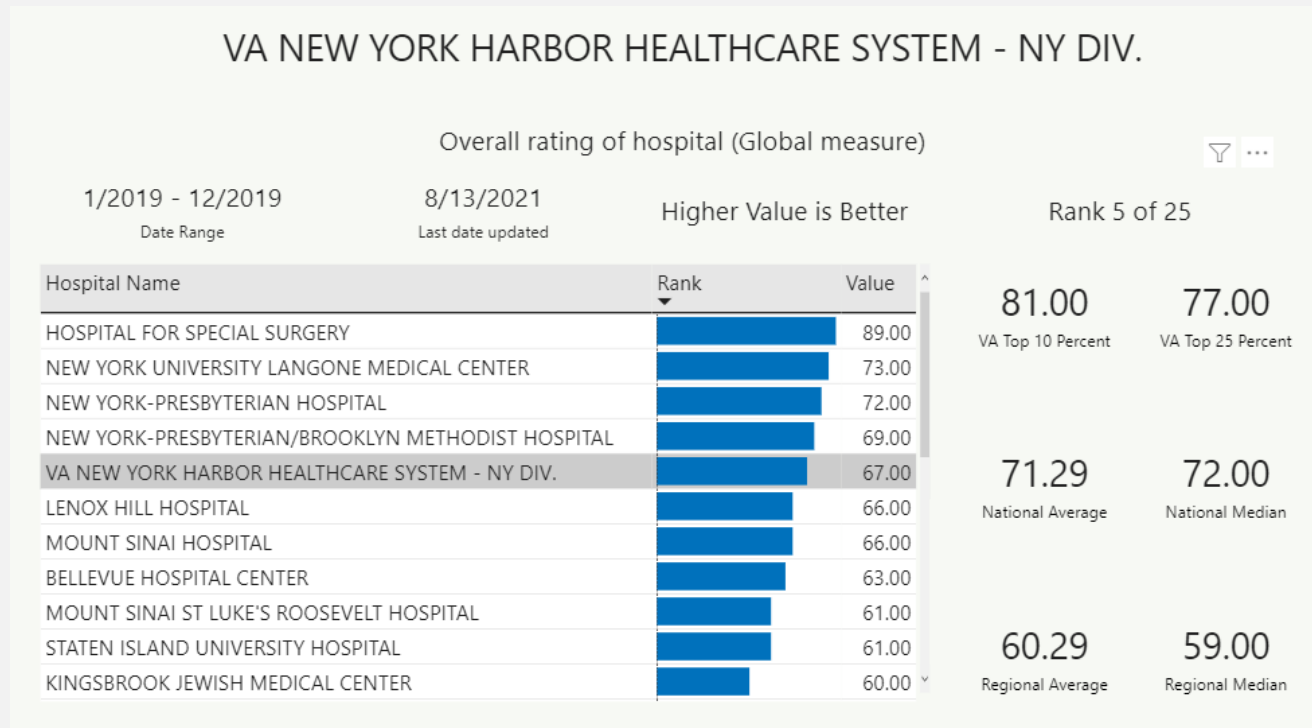
# VA's Quality of Care Data (continued)

- Outpatient Compare Data on VA's Access To Care Website

## Outpatient Compare Data for VA New York Harbor Healthcare System – New York

### Legend
Blue VA Facility Data   Red Regional Data   Green National Data
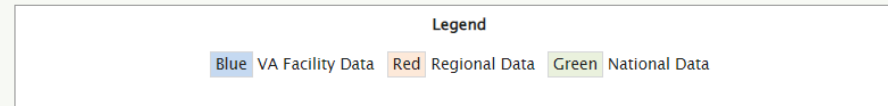
| | VA Data Date Range | Is Higher or Lower Score Better? | VA New York Harbor Healthcare System – New York | Regional Average – Commercial | Regional Average – Medicaid | Regional Average – Medicare | National Average – Commercial | National Average – Medicaid | National Average – Medicare |
|---|---|---|---|---|---|---|---|---|---|
| **GENERAL PRIMARY CARE AND PREVENTIVE SERVICES** | | | | | | | | | |
| Colorectal Cancer Screening | 2017-10 – 2018-09 | Higher is Better | 83.41 | 58.40 | Not Available | 69.66 | 61.05 | Not Available | 70.04 |
| Flu Vaccinations for Adults Ages 18–64 | 2017-10 – 2018-09 | Higher is Better | 58.39 | 51.64 | 42.43 | Not Available | 50.02 | 39.60 | Not Available |
| Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers To Quit | 2017-10 – 2018-09 | Higher is Better | 93.04 | Not Available | 80.57 | Not Available | 74.52 | 76.97 | Not Available |
| Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Medications | 2017-10 – 2018-09 | Higher is Better | 95.51 | Not Available | 61.47 | Not Available | 50.40 | 51.53 | Not Available |
| Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Strategies | 2017-10 – 2018-09 | Higher is Better | 93.04 | Not Available | 52.36 | Not Available | 44.37 | 45.37 | Not Available |
| Non-Recommended PSA-Based Screening in Older Men | 2017-10 – 2018-09 | Lower is Better | 7.11 | Not Available | Not Available | 32.67 | Not Available | Not Available | 31.52 |
| **WOMEN'S HEALTH** | | | | | | | | | |
| Breast Cancer Screening | 2017-10 – 2018-09 | Higher is Better | 83.68 | 68.81 | 64.74 | 72.77 | 71.37 | 58.28 | 72.45 |
| Cervical Cancer Screening | 2017-10 – 2018-09 | Higher is Better | 92.62 | 73.36 | 66.48 | Not Available | 73.75 | 59.42 | Not Available |
| **CARDIOVASCULAR HEALTH** | | | | | | | | | |
| Controlling High Blood Pressure | 2017-10 – 2018-09 | Higher is Better | 77.14 | 54.35 | 58.84 | 67.45 | 58.48 | 56.92 | 71.14 |
| Persistence of Beta-Blocker Treatment after a Heart Attack | 2017-10 – 2018-09 | Higher is Better | 92.41 | 85.27 | 84.17 | 91.44 | 84.56 | 78.46 | 90.15 |

# Current Challenges & Next Steps

- **Granularity of quality measures are limited for community care**

    - **Not sufficient to enable informed decisions at the provider level between VA and community providers**

    - **Provider profiling to help Veterans make more informed decisions**

- **Fee-for-service payment model used for community care**

    - **Alternative Payment Models (APM) to incentivize payments to provide high-quality, cost-efficient, and Veteran-centered care**

AcademyHealth Panel Session

June 4, 2022

Summary Remarks

# What's New & Needed in VA Community Care Research?

# What's New?

Recently Funded VA
Community Care
Pilot Projects

# Impact of the *Referral Coordination Initiative* on *Veterans' Decisions* to Use Community Care



**Dr. Anna Zogas, VA Boston**

Aim 1:  Determine the factors that contribute to Veterans choosing VA healthcare and identify how conversations with referral coordinators impact their *decision-making process*.

Aim 2: Develop and refine a *survey to measure* the relative contribution of factors influencing Veterans decision-making when referred for specialty care.

# Incorporating *Virtual Care* into VA Care Options to encourage Veterans to Remain in VA Care: Evaluating Veteran Attitudes and Intentions toward VA And Community care Across Multiple Services

**Dr. Lynn Garvin, VA Boston**

Aim 1:  Construct and disseminate a *national web-based survey to evaluate attitudes and intentions* toward VA and Community Care regarding in-person and virtual care across multiple services.

Aim 2: Conduct quantitative and qualitative analyses of survey data to understand factors associated with *Veterans' preferences* for virtual, in-person VA care, and CC.

Aim 3: Report and Disseminate Results / IIR Proposal Submission

# Intended and Unintended Consequences of the MISSION Act for *Medicare-Eligible Veterans*

**Dr. Liam Rose, VA Palo Alto**

Aim 1: Determine the *effect of the MISSION Act on Medicare-eligible* Veteran's utilization of Medicare compared to VACC.

Aim 2: Calculate the *costs to VA* that result from Veterans switching from Medicare-paid care to VA-paid care following the MISSION Act.
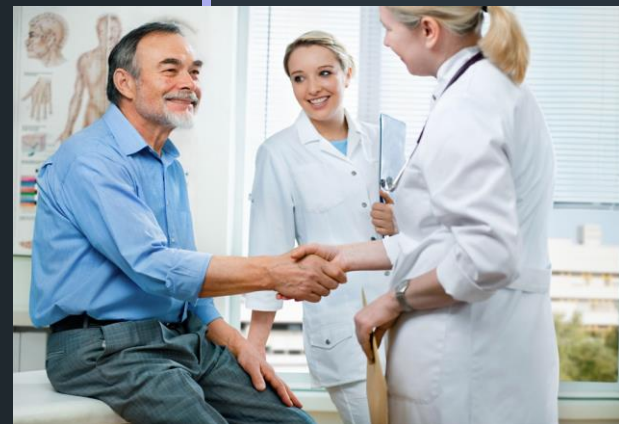
# FRagmented Care Analysis - GeoMapped Encounter NeTworks (FRAGMENT)

**Dr. Zachary Hahn, VA Maine**

Aim 1:  Identify the observed VA care network for high-cost services (Cardiology, Nephrology, Oncology, Sleep) by *geomapping patient encounter* data

Aim 2: Identify the community care network by geomapping observed community care referrals

Aim 3: *Quantify the degree of VA care fragmentation* through several well-defined measures of care fragmentation
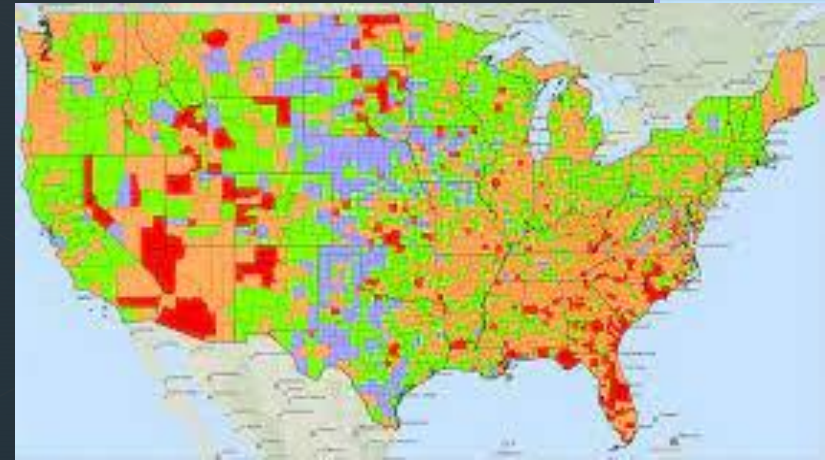
# Assessing the *Quality* of Community *Obstetrical Care* for Veterans

**Dr. Aimee Kroll-Desrosiers, VA Central Western MA**

Aim 1:  Using data from the COMFORT study, identify hospitals used by Veterans to deliver babies between 2016-2022 using inpatient stay data

Aim 2: Using publicly available Joint Commission *perinatal care quality metrics*, examine the percentage of hospitals with acceptable quality ratings on elective deliveries, cesarean births, exclusive breast milk feeding, and unexpected complications in term newborns.

Aim 3:  Examine Veteran factors contributing to receiving care at acceptable quality hospitals and assess *association with quality of care*.

# Examining the *Impact of the MISSION Act* on *Disparities in Access to and Utilization* of Primary Care

**Dr. Deborah Gurewich, VA Boston**

Aim 1: Describe variation in national- and facility-level utilization of primary care in VA and CC among all Veterans and two potentially "vulnerable" subgroups (*minority Veterans, and Veterans living in rural/highly rural area*s) post-MISSION Act implementation.

Aim 2: Examine variation in national- and facility-level access to VA vs. CC for primary care with risk adjustment.

Aim 3: Compare the *quality of CC providers within each local VA facility's Community Care Network (CCN) to the quality of the CC providers* used by both individual Veterans and the two Veteran subgroups within each local VA facility's CNN.

# Areas Addressed in Other Ongoing Research

- Referral Coordination Initiative on Veterans' decisions

- Satisfaction with CCN care

- Access, use & costs of primary care and specific specialty care under CHOICE & MISSION

- Telehealth, mental health care, other specialty care

- Care coordination

- Special populations-women, rural Veterans

- Urgent care and COVID

https://www.hsrd.research.va.gov/centers/creek/creek-projects.pdf

# What's Needed?

## Opportunity Areas for Community Care Research & Putting Research Into Action

- Does quality of care improve under MISSION?

  - *How can we improve on the data we need to inform policy and practice?*

- What are the economic outcomes of increasing CCN care ?

  - *What are the opportunity cost and out of pocket costs when Veterans use CCN providers?*

- What does care coordination look like when Veterans use VA primary care and CCN specialty care?

  - *How can we improve measurement and tracking?*

- How are Veterans doing regarding their health-related social needs with multiple providers?

- What evidence should VA gather to monitor quality and costs and satisfaction of CCN care?

Let's Turn to You….

Discussion/Q&A

# Acknowledgements

## VA HSR&D-sponsored session

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## CREEK Team

Kristin Mattocks, Amy Rosen, Megan Vanneman, Melissa Garrido
Avery Laliberte, Valerie Marteeny

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Veterans Health Administration
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