## Feedback we are looking for

Presented at 03/01/2022 DCNP Big Tent Meeting

- 1.Do you find this model helpful for analyzing disrupted care?
  - Too complicated?
  - Anything missing (big categories)?
  - Does depiction of relationship between patient behavior and health services work?
  - Any concepts that are difficult to measure? (e.g., How can we best measure behavior change or risk factor control in pandemic?)
- 2. What's most important in the VA context?
- 3. We welcome any feedback you have! Please feel free to email it to <a href="mailto:karen.mcnamara@va.gov">karen.mcnamara@va.gov</a> Thank you!





## MODERATORS AND MEDIATORS INTERMEDIATE OUTCOMES **OUTCOMES Patient Visits** ACUTE CONDITIONS Insurance status Inpatient/Virtual Hospital Mortality of acute CVD Stay at home Preventive Care capacity **ICU Mortality** MH Screening orders Inadequate Maternal Mortality Diagnostic Services Clinical closures Procedures staffing Surgical complications Extended waiting Medication refills Sepsis mortality\* Delays in care times SNF mortality Soc. Det. Of Health Clinical Care CHRONIC and PREVENTABLE ILLNESS CVD risk factor control **Patient ACSC Hospitalizations** HIV viral suppression **Patient** Advanced stage cancers **Behaviors** Vaccine preventable illnesses External Unemployment MENTAL HEALTH factors - e.g., Isolation Alcohol/Drug use Suicide illicit drug COVID anxiety Risk taking behavior Overdose availability, Domestic violence Family illnesses PTSD access to non-Changes in diet, School closures Anxiety exercise, self-care VA care Unintentional

Injuries