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
South Texas Veterans Health Care System
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

<table>
<thead>
<tr>
<th>Veterans Feedback</th>
<th>Local barriers</th>
<th>Third Party Administrators</th>
</tr>
</thead>
</table>
| • Veterans who used the Choice program satisfied with care received  
  • Lack of understanding about program.  
  • Limited number of outside providers.  
  • Gaps in care coordination. | • Inadequate staff and Veteran education and training about the program  
  • Difficulty translating national policies  
  • Suboptimal staffing levels | • 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
Some VCP Primary Care Providers are Located Outside Existing VA 40-mile Service Areas
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

The bar chart compares the number of providers in various specialties within two VISNs: VISN 10 and VISN 20. The specialties are categorized into those inside service areas and those outside service areas. The chart indicates that the number of providers in different specialties varies significantly, with primary care having the highest number of providers both inside and outside service areas.

VISN 10:
- Gastroenterology
- Anesthesiology
- Ophthalmology
- Radiology/Diagnostic Imaging
- Optometry
- Behavioral Medicine
- OB/GYN
- Surgery
- Physical Med/Rehabilitation
- Primary Care

VISN 20:
- Cardiology
- Other
- OB/GYN
- Radiology/Diagnostic Imaging
- Emergency/Critical Care
- Anesthesiology
- Surgery
- Physical Med/Rehabilitation
- Behavioral Medicine
- Primary Care

Number of Providers

0 100 200 300 400 500 600

0 2000 4000 6000 8000

12/2015
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

VISN 10

VISN 20

VISN
Service Area
Specialty 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

![Wait Time Frequency Chart]

Eliminate

Create Date Wait Time

Frequency
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
- (< 10)
- (11 – 40)
- (41 – 100)
- (101 – 300)
- (> 300)
Service Areas are Reduced when Considering Temporal Access to Primary Care

VISN 10

VISN 20

Veterans/SqMi
- (< 2)
- (2 – 5)
- (6 – 20)
- (21 – 60)
- (> 60)

Access
No Access

VA Clinic
VA Medical Center
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)

Erin P. Finley, PhD, MPH and Mary Bollinger, PhD MPH
South Texas Veterans Health Care System/UT Health Science Center, San Antonio
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**QUERI/OABI**

**Additional Collaborators:**

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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

Psychotherapy Providers

Prescribing Providers
Provider Availability - Vermont

Psychotherapy Providers

Prescribing Providers

Legend
VT_Overlappling_Buffers
Psychotherapists by county
Psychotherapists
0
1 - 12
13 - 46
47 - 63
64 - 72
73 - 94
95 - 107
108 - 168
169 - 243
244 - 751

Legend
Prescribers by County
Prescribers
0
1 - 7
8 - 47
48 - 51
52 - 60
61 - 78
79 - 80
81 - 127
128 - 151
152 - 589
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)


<table>
<thead>
<tr>
<th>Care Potentially Related to PTSD or Common Comorbidity</th>
<th>Texas Total requests = 6825</th>
<th>Vermont Total requests = 127</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>931</td>
<td>19</td>
</tr>
<tr>
<td>Pain</td>
<td>752</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>1200</td>
<td>27</td>
</tr>
<tr>
<td>Mental Health</td>
<td>233</td>
<td>4</td>
</tr>
</tbody>
</table>
Authorizations for Veterans with PTSD

Choice - Texas
Authorization Accepted
All Categories of Care

Choice - Texas
Authorization Accepted
Mental Health

Legend
- Authorization Accepted
- CBOC
- IOC
- VAMC
## VCP Participation

<table>
<thead>
<tr>
<th></th>
<th>Prescribers</th>
<th></th>
<th>Psychotherapists</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Sample N=230</td>
<td>VCP/PC3 List Providers N=23</td>
<td>General Sample N=283</td>
<td>VCP/PC3 List Providers N=78</td>
</tr>
<tr>
<td>Reimbursed by VA (PC3 or VCP)</td>
<td>3.5%</td>
<td>21.7%</td>
<td>4.6%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Aware of VCP</td>
<td>37.0%</td>
<td>39.1%</td>
<td>30.7%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Interested in being VCP provider</td>
<td>50.0%</td>
<td>56.5%</td>
<td>54.0%</td>
<td>71.8%</td>
</tr>
<tr>
<td>Currently VCP Provider</td>
<td>0.4%</td>
<td>8.7%</td>
<td>0.7%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>
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)

- 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.*

11 providers reported current VCP providers
Availability of Psychotherapy for PTSD
Availability of Prescribing for PTSD

Legend
- Training in appropriate prescribing
- Potentially inappropriate prescribing
- Potentially appropriate prescribing
- CBOC
- IOC
- VAMC
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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?