

# Differences in Satisfaction with Choice: Laying the Foundation for the Evaluation of the Choice Act

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# Poll Question #1

What is your primary VA role?

- Research
- Operations
- Healthcare provider
- Non-VA research or policy
- Other

# Poll Question #2

How familiar are you with the Veterans Choice program?

- Very familiar
- Somewhat familiar
- Not at all familiar

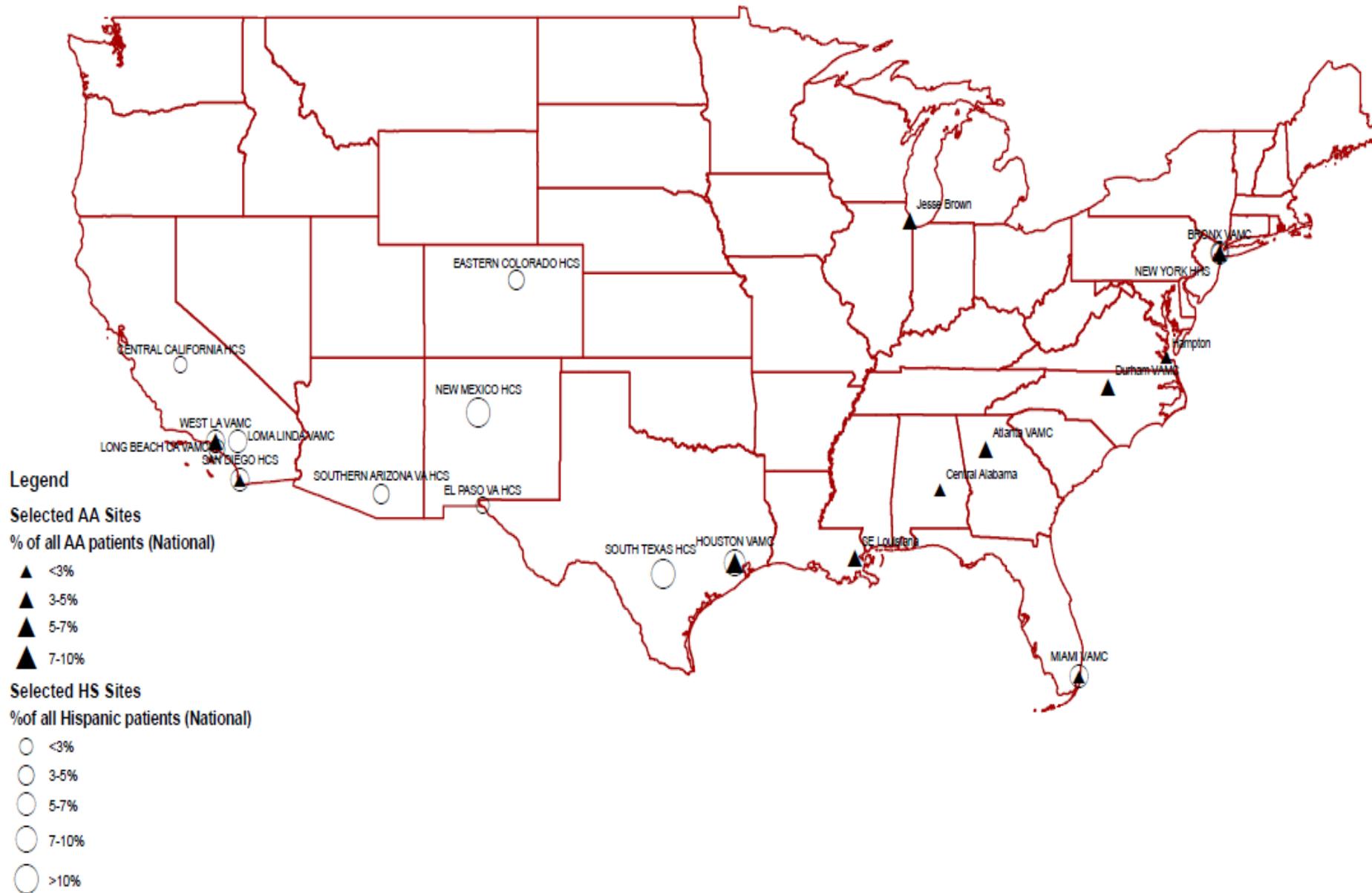
## Purpose of VACAA or “Choice”

- Legislation in wake of the media reporting the “scandal” around illegal wait lists
- The purpose of Choice was to expand Veteran access to care – allow Veterans to receive VA funded care in the community
- Roll-out within 90 days of legislation
- Little known of patient satisfaction with Choice compared to traditional VA care
- Also unknown: experiences of Veterans’ unsuccessful in attempts to use Choice

## “DISC” Choice

To answer the question of the Veteran satisfaction with Choice we turned to our companion study:

- Disparities in Satisfaction with Care (DISC) HSR&D IIR 10-144 and SDR 13-425 (PI - Zickmund)
- Veterans completed Likert scale and open-ended interviews about their satisfaction with VA care from June 2013-January 2015
- Recruitment focused on Veterans from predominantly minority-serving VA medical centers
- Semi-structured telephone interviews with 1,222 Veterans from 25 VA Medical Centers across the country



# Identifying Choice-eligible Veterans

- Using the VA Corporate Data Warehouse (June 2015), chose a sample of Veterans from 1 of the 25 DICS sites
- Known Choice users: filed TriWest or Health Net claim as of 06/30/2015
- Choice non-users: No third party claim, CDW table identified Veterans eligible for Choice due to distance > 40 miles, wait time > 30 days, both
- We sought to interview 200 Veterans divided between Choice users and non-users, eligible by distance and/or wait time
- To compare satisfaction with VA care, Veterans had at least 1 VA visit in the last 24 months

# Recruitment

- We mailed invitations to participate using an “opt out” system
- Screening: confirmed patient was eligible for Choice, and current status of attempting to use the program
- Consent for audio recorded interviews
- We excluded patients who could not complete a telephone interview or who did not speak English

# Verifying Choice use

*Have you tried to receive non-VA care under the Choice program?*

*Have you seen a non-VA provider using the Choice Act?*

Three groups:

- No attempt
- Attempt without receipt
- Receipt of Choice care

# Satisfaction ratings

*How satisfied are you with your [VA] health care overall?*

*How satisfied are you with your experience of care under the Choice Program?*

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Less than satisfied

# Sociodemographic characteristics

- Age
- Sex
- Race/ethnicity
- Health literacy
- Charlson comorbidity index
- Global health rating
- Eligibility for Choice: distance > 40 miles, wait time > 30 days, both

# Statistical analyses

- 1) Compared sociodemographics of respondents across Choice receipt of care groups
- 2)  $\chi^2$  test of differences in satisfaction ratings
  - VA rating by Choice care status
  - Choice rating by Choice care status
- 3) Compared satisfaction with Choice to satisfaction with VA health care
  - Cross-tab of VA and Choice Likert ratings, stratified by receipt of care
  - Symmetry, marginal homogeneity of Likert responses

# Qualitative methods

- Semi-structured interviews asked about reasons for using Choice; access, coordination, quality of care; program barriers; suggestions for improvement; intentions to use Choice in the future
- Qualitative codebook from larger DISC study adapted to Choice interviews
- 20% intercoder reliability across coders
- We focus here on the Choice satisfaction and dissatisfaction themes emerging from entire interviews

# Quantitative Results

# Survey response

Letters mailed to 752 Veterans

- 364 consented to screening
- 253 eligible for Choice interview
- 195 completed interviews

Main reasons for non-response

- Mailed consent forms for audio-recorded interview
- Cell of stratified sampling matrix filled before interview was conducted

# Participants (n=195)

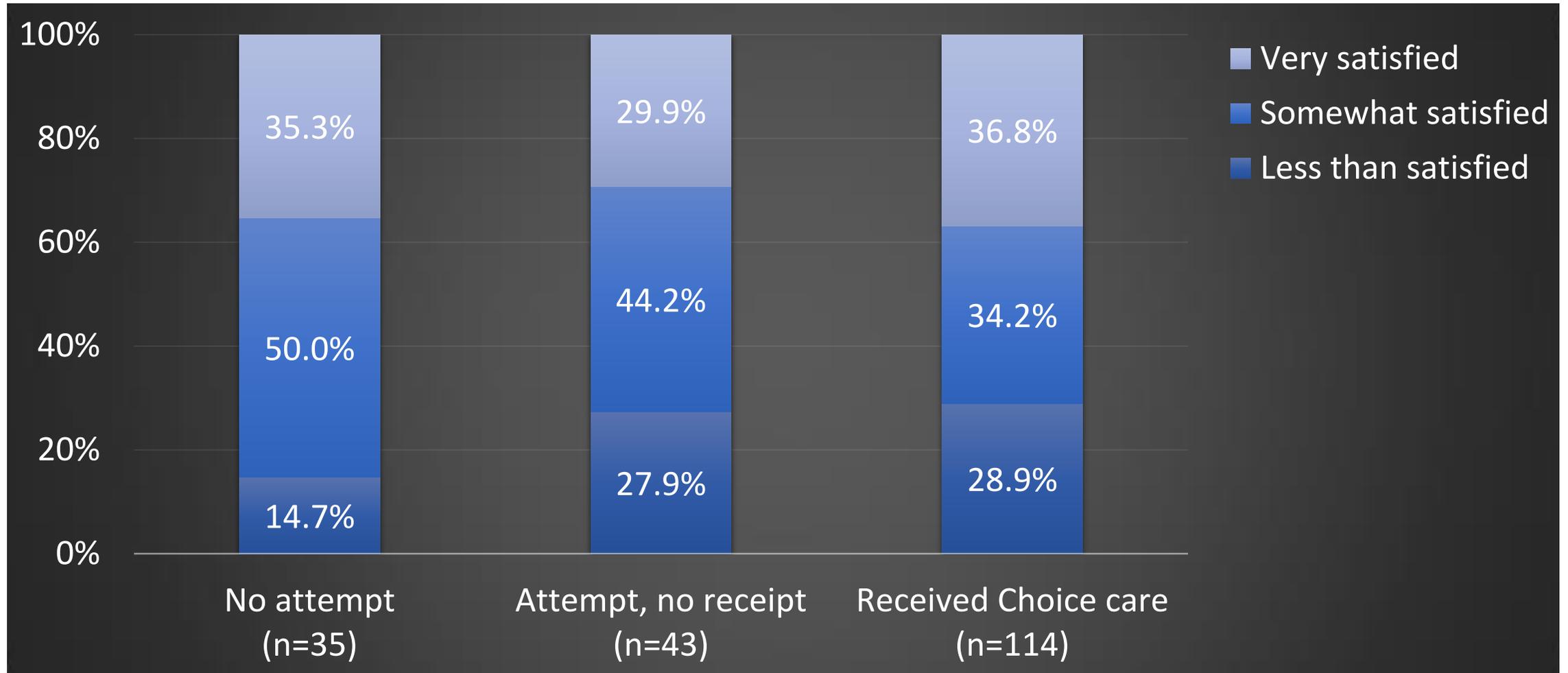
Sociodemographic characteristics	No attempt (n=35)	Attempt without receipt (n=43)	Received Choice care (n=117)
Non-Hispanic white	74%	72%	74%
Male gender	94%	91%	89%
Age (mean)	60 yr	62 yr	64 yr
Married	63%	49%	61%
High school or less	23%	26%	25%
Confident with medical forms	91%	85%	85%
Fair/poor health	34%	48%	45%
Eligibility***			
Distance > 40 miles	77%	74%	50%
Wait time > 30 days	3%	9%	4%
Distance + wait time	20%	16%	46%

# Poll Question #3

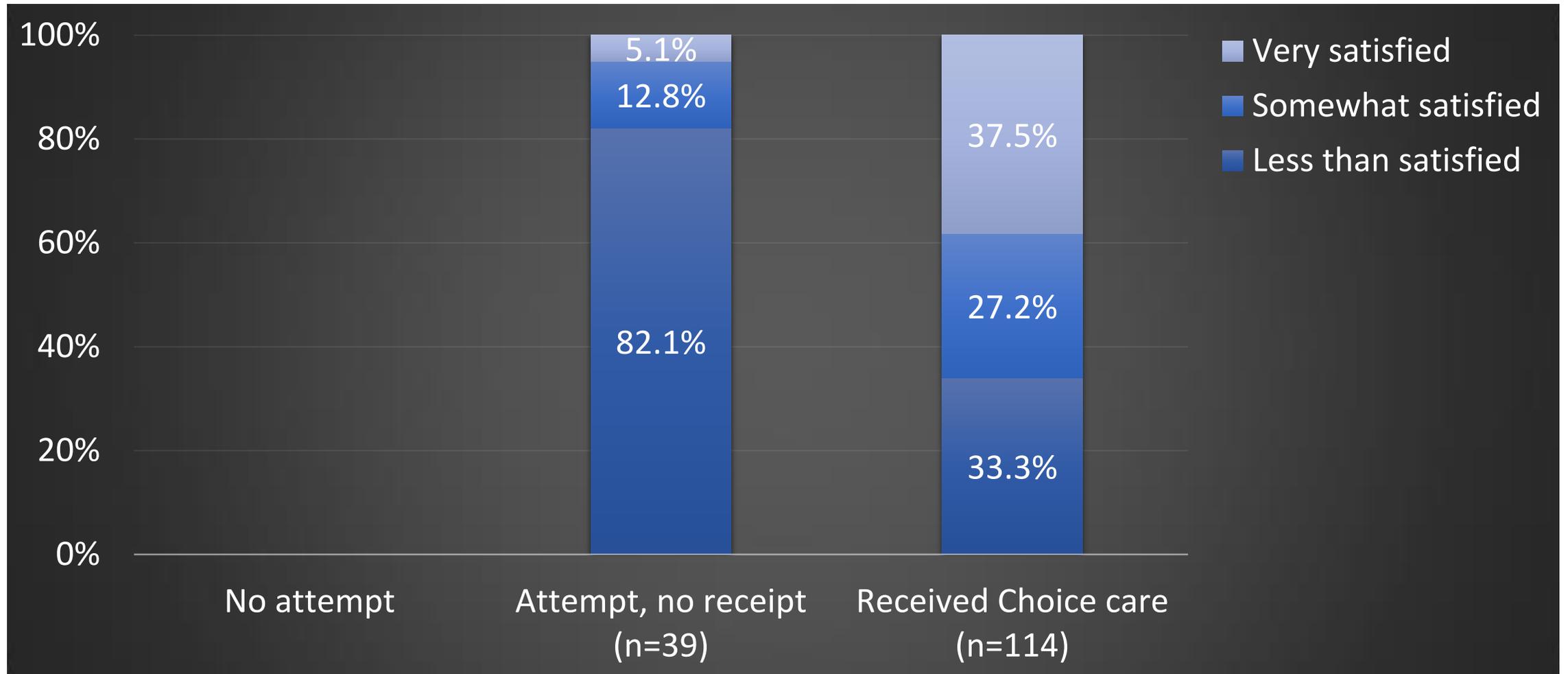
How familiar are you with data on patient satisfaction in the VA?

- Very familiar
- Somewhat familiar
- Not at all familiar

# Satisfaction with VA health care, by receipt of Choice care



# Satisfaction with Choice, by receipt of Choice care



# Comparison of satisfaction ratings, attempt without receipt of Choice care (n=39)

	<u>Satisfaction with Choice</u>			
Satisfaction with VA health care	Very satisfied	Somewhat satisfied	Less than satisfied	Total
Very satisfied	0	2	10	12 (30.8%)
Somewhat satisfied	2	3	11	16 (41.0%)
Less than satisfied	0	0	11	11 (28.2%)
Total	2 (5.1%)	5 (12.8%)	21 (82.1%)	39 (100%)

Test of symmetry and marginal homogeneity,  $p$ 's<.001

# Comparison of satisfaction ratings, received Choice care (n=111)

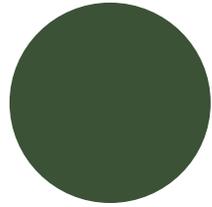
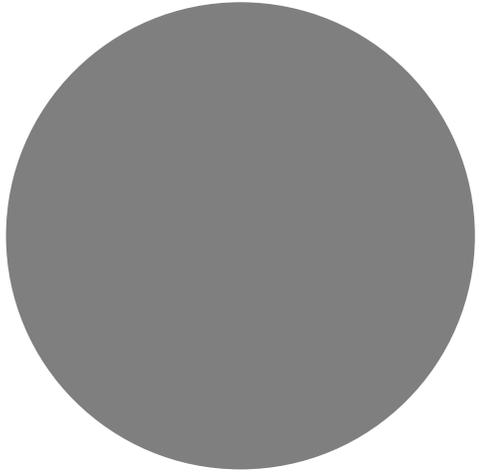
	<u>Satisfaction with Choice</u>			
Satisfaction with VA health care	Very satisfied	Somewhat satisfied	Less than satisfied	Total
Very satisfied	24	7	10	41 (36.9%)
Somewhat satisfied	12	13	13	38 (34.2%)
Less than satisfied	8	10	14	32 (28.8%)
Total	44 (39.6%)	30 (27.0%)	37 (33.3%)	111 (100%)

Test of symmetry and marginal homogeneity, p's >.05

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# Qualitative Results





# Dissatisfaction Themes

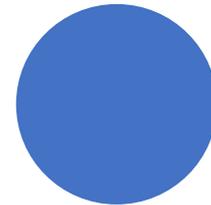


- 186 statements; 35% vs. 50% of participants attempting vs. receiving care

*I tried in February--I spent the entire month trying to get an appointment, and couldn't get one. In May, I decided to try again. Again, another month went by, and I still don't have an appointment. - attempt without receipt*

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Third-Party Administrators



# Third-Party Administrators



*You have got to call to have them make an appointment and they have to check [if] the doctor will take the Choice card and [then] they call you back to tell you when your appointment is blah, blah. I figured my Choice Card would be used like my Blue Cross Blue Shield Card. I make the appointment and show my choice card and the VA pay for it. But no, that's not the case.*  
- received Choice care



## Lack of information about Choice

- 122 statements; 28% and 44% of those attempting or receiving Choice care

*I know it is a new program, but seemed like several of them that I talked to didn't really understand it themselves. That's what I felt like. – attempt without receipt*

## Lack of information about Choice

*I'm very disappointed [with] the amount of work and persistence the patient has to do in order to get on board with that system. There needs to be a handbook with pitfalls and you had that in that writing. Like I said, I didn't get any good info from Choice and that includes the Tri-West people. – received Choice care*

## Authorization and red tape

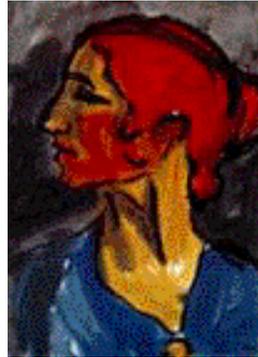
- Difficulties with obtaining authorization for non-VA care (69 statements; 21% and 29% of those attempting or receiving Choice care)
- Red tape associated with Choice (70 statements; 26% and 26% of those attempting or receiving Choice care)

# Authorization and red tape

*The weakness I see is the way it was explained to me. In order to use it I still have to wait to see my PCP from the VA to be put on a waiting list, and have each individual appointment approved by my VA. I can only see her three times a year. It makes no sense. – attempt without receipt*



# Authorization and red tape



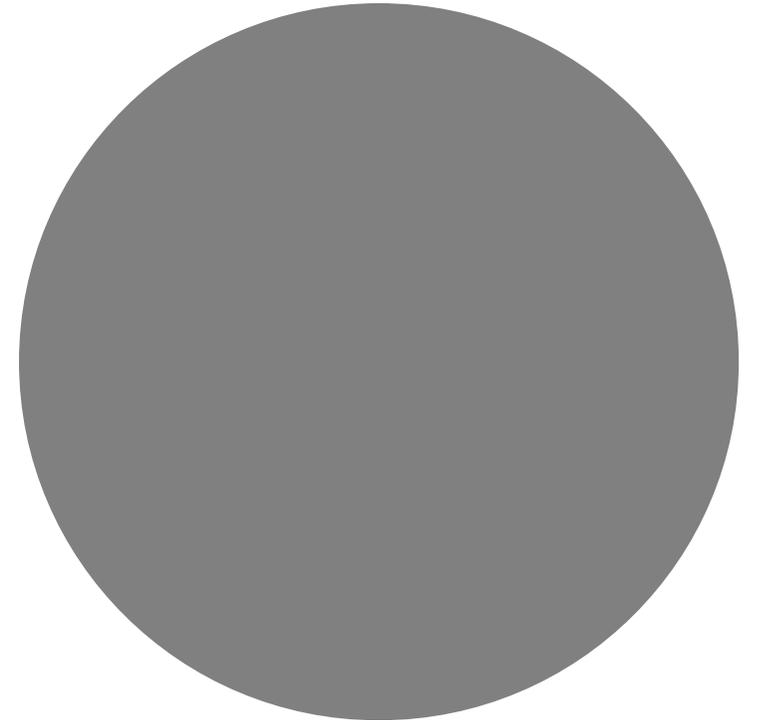
*In the end, I got care and it was quicker than going to the VA but it was still a bureaucratic nightmare that you had to fight. It shouldn't be that way.*  
– received Choice care

- Some participants were surprised to learn they would have to travel a longer distance, or experience a longer wait time to see a Choice provider than their regular VA provider due to inadequate provider networks.

*I tried to [use Choice] but they couldn't find somebody to work with them out here where I live. - attempt without receipt*

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Increased distance



# Increased distance

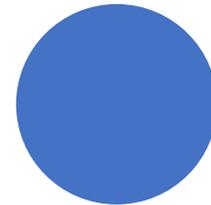


- *I got frustrated with the program. I would like to go to the Choice for mental health, but it's so much trouble to call and set up an appointment. I find out he's 5-10 minutes from the VA hospital, I might as well go to the VA. – received Choice care*

*They need to open up better communication between choice doctors and the TPA to schedule appointments and the choice and VA pharmacy. When I call the Choice program I have to talk to three or four different people before things get done. I don't know if the first person doesn't record it in the computer or forgets or drops it. There are a lot of problems there. – received Choice care*

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Choice use concerns: coordinating doctors and TPA

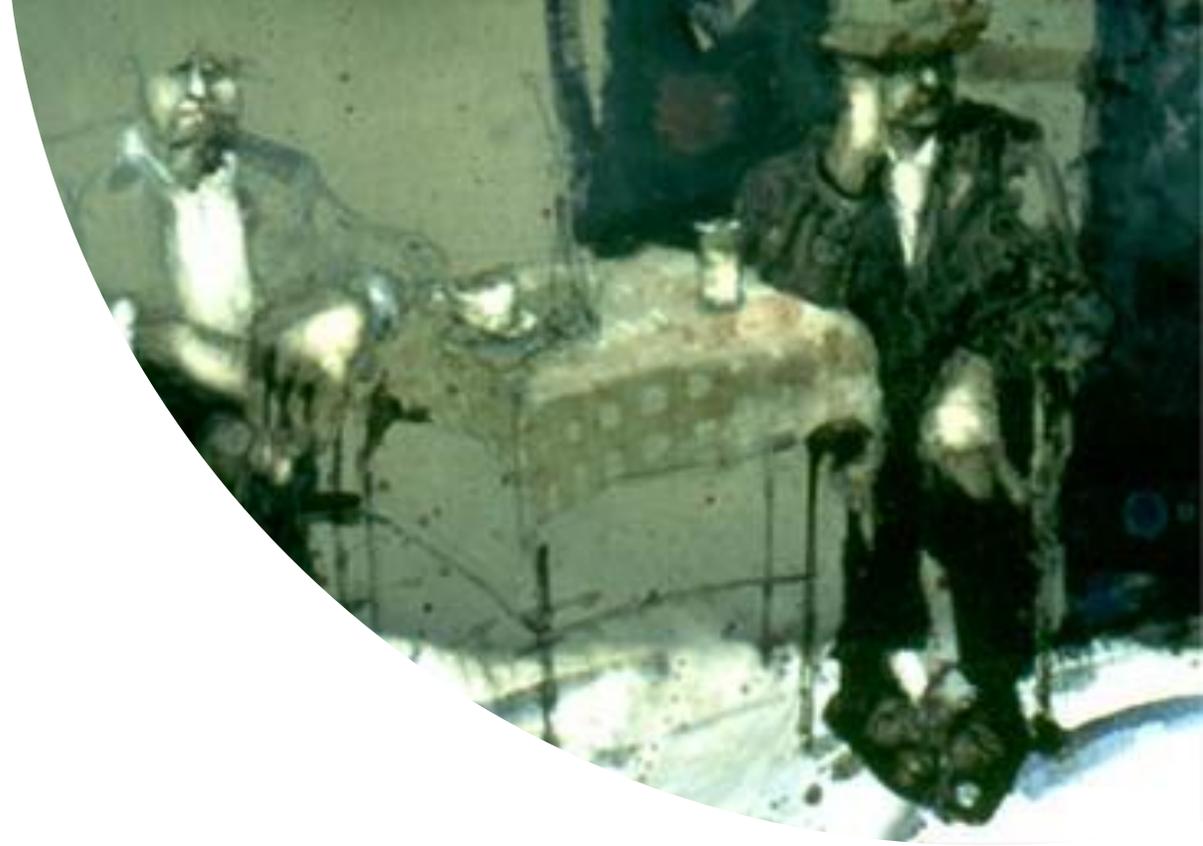
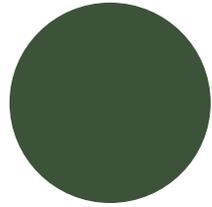
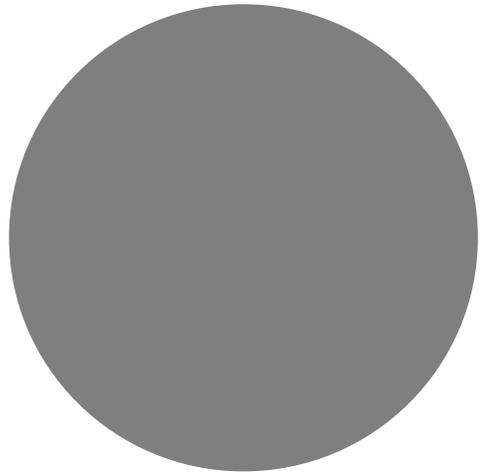


# Choice use concerns: billing

*I'm still getting a bill from the provider because Tricare hasn't paid the bill. – received Choice care*

*I thought the VA was going to pay for everything and now I'm getting bills in the mail. To state we will pay this or everything. The financial part is what is being paid and what's not being paid. I got bills sent to me for \$300 for a urine test. Something is wrong here if you send me a bill. TriWest straightened it out. – received Choice care*





# Satisfaction Themes

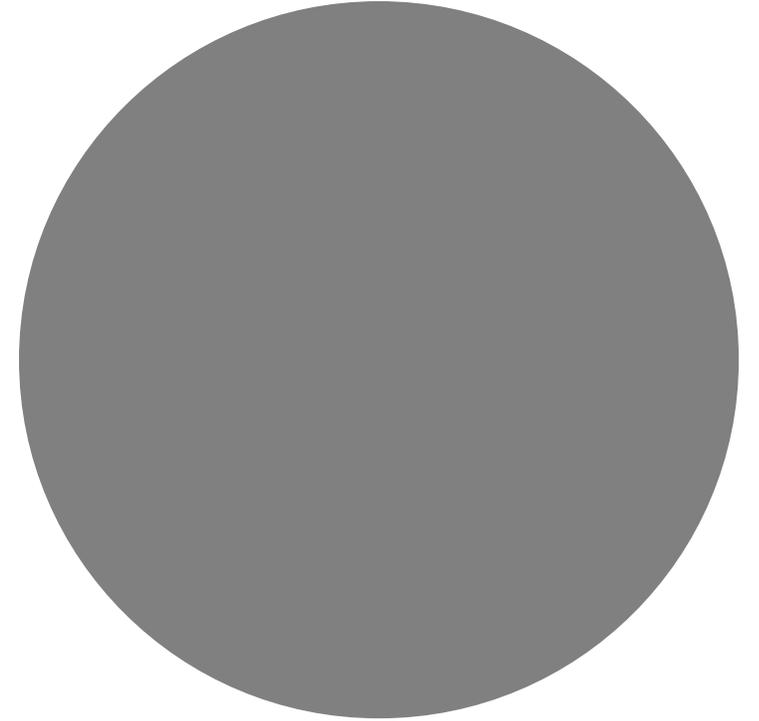


- 267 statements; 79% vs. 61% for Choice vs. attempt

*If I could use it, it would be very strong because it takes me two hours to get to [the VA]. If I got to see a doctor here it would be more convenient. – attempt without receipt*

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Reduced distance





## Reduced distance

*I get an appointment within a few days, and not a few months. And it is closer. I mean, I don't have to get someone to drive with me to go to the doctor. I can just hop down the street, because that's where he's at. – received Choice care*



# Improved wait times

- 52 statements; 21% vs. 3% for Choice receipt versus attempt

*The Choice Program is pretty good at getting you an appointment when you have a doctor. First started, it took awhile. Now, that I'm in, I can call the doctor and go in as long as I'm in the 3 month suspension. – received Choice care*

Scheduling  
appointments  
&  
signing up

- Scheduling = 89 statements; 34% vs. 12% for Choice receipt vs. attempt
- Signing up = 18 statements; 11% versus 5% for Choice receipt versus attempt

*They were Johnny-on-the-spot when I called them, and they were eager to help me get set up for this, [but] that's as far as it went. – attempt without receipt*

*I called Health Net, and they called me back the same day or the next day with my appointment. – received Choice care*

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16 statements; 10% vs. 5% for Choice receipt  
versus attempt

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*Choice is good once you get [in]. Once you get  
through it, it's smooth. The providers are  
great.— received Choice care*

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Good  
providers

# Interest in Choice

*Do you intend to seek care outside of the VA through the Choice Program in the future?*

Most respondents said “yes” or “maybe”

No attempt: 86%

Attempt without receipt: 78%

Received Choice care: 89%

# Discussion

- Most participants were very satisfied or somewhat satisfied with VA healthcare
- Participants were also satisfied with Choice when they succeeded in getting care
- Those participants unsuccessful in attempts to use Choice were highly dissatisfied with the program – much less satisfied with Choice than with VA care
- Many participants expressed interest in using or continuing to use Choice in the future

# Sources of dissatisfaction

- Prior studies reported on challenges with Choice implementation during the first year
- Qualitative interviews revealed these barriers were main sources of dissatisfaction, especially for Veterans who did not receive care
- Scheduling and staffing through third party administrators was the area of greatest frustration
- Inadequate provider networks, red tape, and billing problems added to frustrations

# Satisfaction when care was received

When patients got into the system, they were reported satisfaction with

- Improved wait times
- Reduced travel distance
- Good care from Choice providers

*I think it has the potential to be a great program. It's just been poorly handled, and rolled out so far. It's getting better. There have been improvements, even since I've been in it. – received Choice care*

# Implications

- VA is working to address main sources of dissatisfaction
- The Veterans Coordination and Rewarding Experiences (CARE) Act - simplify Choice program to meet Veterans healthcare needs quickly and in a way that is easy to understand
- Need to assess whether satisfaction with scheduling, information, choice of local providers improve
- Ongoing evaluations should consider the experiences of patients trying to use the program, in addition to those who succeed in getting care

# Limitations

- Interviews conducted with some of the first users of Choice program – may not reflect views today
- Recruitment of Veterans from select VA medical centers, stratified sampling
- Small numbers precluded modeling of differences in qualitative themes

# Conclusions

Choice eligible Veterans are satisfied with VA care

Choice can work when:

- the providers patients' want are available
- the scheduling system is user-friendly
- the burden is not too great

# Funding and co-investigators

Differences in Satisfaction with Choice: Foundation for Evaluating the Choice Act, **QUERI VCA 15-245** (PI - Zickmund)

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## Questions & Discussion