



HSR&D's COVID-19 Response: Update on Efforts from Research & Operations Partners

David Atkins, MD, MPH | Director, HSR&D

Joe Francis, MD, MPH | Chief Improvement and Analytics Officer

Ernest Moy, MD, MPH | Executive Director, Office of Health Equity

Goals of Today's Session

- **Overview of HSRD efforts**
 - Review of ongoing studies
 - Focus on long-term research needs
- **Perspective from Clinical Operations – Joe Francis**
 - Data efforts of National Biosurveillance Taskforce (NST)
 - Looking ahead to what questions remain unanswered
- **Perspectives on COVID and Health Equity – Ernest Moy**
 - What are we currently seeing in VA data?
 - What do we know? What do we need to know?

COVID and Health Services Research

- COVID-19 pandemic is an unprecedented event for the VA health system and VA research
 - As of 6/2/2020, there have been 14,578 cases, 3862 admissions, 1271 deaths
- VA research is in a unique position to inform our clinical response to a fast-evolving pandemic and to learn about its impacts on Veterans, families, VA clinicians, and the larger VA health system
- Unique VA advantages for studying COVID:
 - National reach of our health system
 - Continuity of clinical care and records – prior to, during, and after the pandemic
 - Depth of clinical and demographic data on our patients
 - Variations in practice across the system

Challenge to VA Research and VA Researchers

- Can we change our usual practice and processes to contribute to real-time learning in a fast-evolving crisis?
- Can we balance the desire for *timely* information with need for *reliable* information based on sound data and methods?
 - That is, can we improve SIGNAL to NOISE ratio coming from the deluge of COVID related publications/pre-pubs?
- Can we create collaborations so that we build on collected experiences rather than compete?
 - Strive for “last word” not “first word” on issues

5 Major Areas of COVID -19 Activity

- Evidence Synthesis Program
- HSRD and CSRD Rapid Response Projects
- Observational Study Collaboratory – Drug Safety & Effectiveness
- COVID in long-term care facilities (CLCs)
- Understanding disparities in COVID (to be covered by Ernest Moy)

Efforts supported by broad collaborative efforts at VINCI to build a VINCI COVID Data Resource to assist array of operational and research partners

– See Cyberseminar and Online Resources

Evidence Synthesis Program (ESP)

Resource for Clinical and Operational Leadership to Support Decision-making for COVID-19

New website with completed and in-progress reviews, curated collections, and other resources:

<http://covid19reviews.org/>

Ultra-Rapid Reviews and Living Reviews

- Produced within 7-10 days of request from Emergency Medicine, Critical Care, and Hospital Medicine
- 4 ongoing, 5 completed
- [Antithrombotic therapies for COVID-19 Disease](#)
 - [Risk of transmitting COVID-19 during nebulizer treatment](#)
 - [COVID-19: Intensive care unit length of stay and ventilation days](#)
 - [Corticosteroid therapy for COVID-19 infection](#)
 - [The impact of ACE inhibitors or ARBs on severe acute respiratory illness due to SARS CoV-2](#) (produced in partnership with WHO)

Other Ongoing Work

- Continuous Guidance surveillance to support VA’s “Interim Guidance for Medical Management of Hospitalized COVID-19 Patients”:
- Working in collaboration with WHO and other systematic reviewers to share work and prevent duplication of efforts

Critical Appraisal of New Research

- Critical appraisal of individual high-priority studies produced within 2-3 days
- 4 ongoing, 6 completed:
 - [PREPRINT REVIEW: Outcomes of hydroxychloroquine usage in United States veterans hospitalized with Covid-19](#)
 - PREPRINT REVIEW: Early short course of corticosteroids in hospitalized patients with COVID-19
 - [ESP RT-PCR test sensitivity for SARS-CoV-2 evidence summary](#)
 - [ESP Home Telemonitoring evidence summary](#)
 - [WHO High Flow Nasal Cannula evidence summary](#) (partnership with WHO)
 - [WHO Nebulizer Treatments COVID-19 Transmission Risk evidence summary](#) (produced in partnership with WHO)

Please let us know if you’d like to receive email notifications for reports in progress: covid19reviews@gmail.com

HSR&D COVID-19 Rapid Response RFA

- Jumpstart COVID-19 research to inform clinical partners, learn from field innovation, leverage existing projects and support longer-term efforts
- Focus on questions that are time-sensitive, aligned with partners, likely to inform current practice, and appropriately scoped for a 9-month duration
- Timeline & Award
 - First round of awards announced May 1, 2020
 - Second round awards to be announced by June 8, 2020
 - **Possible** third round RFA to be released June 15, 2020
- Funded projects (includes CSR&D and RRD):
 - <https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19/SitePages/Research-Opportunities.aspx>

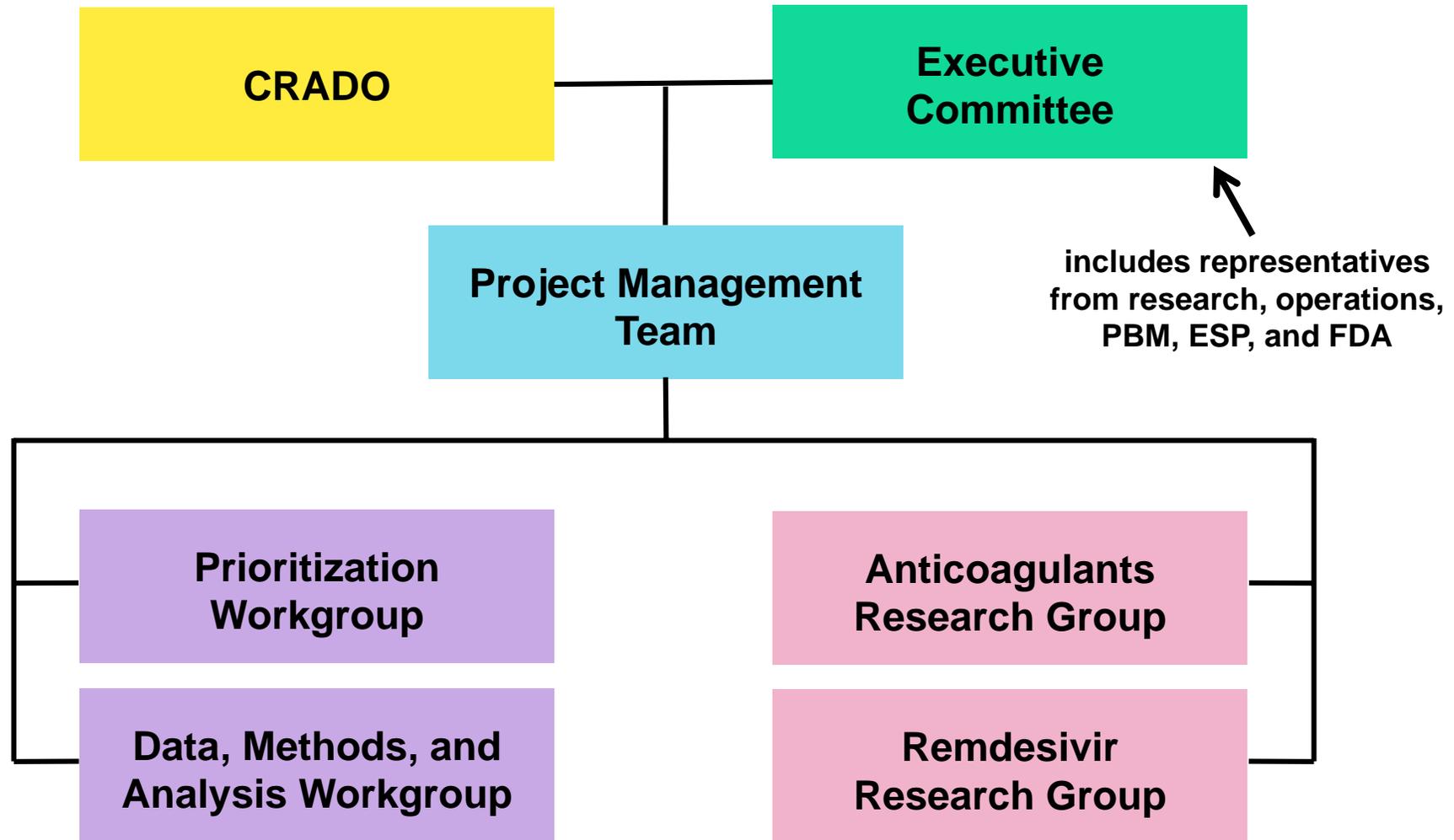
HSR&D Rapid Response Projects – First Round Projects

- **Long-term Care & Aging** – Monitoring in in CLCs; impact on older Veterans
- **Mental & Behavioral Health** – Assessing impact of COVID, changes in care and isolation on mental health & suicide risk; interventions to reduce adverse effects
- **Vulnerable Populations** – understanding impact and improving support for at-risk Veterans (rural, homeless, and mental health populations)
- **Patient Outcomes** – Understanding impact on access, social needs, and clinical outcomes
- **Providers** -- Supporting occupational health providers approaches to risk reduction
- **Telehealth** – Evaluating expanded use of telehealth services
- **Access & Systems** – Nurse staffing, handling backlogs in care

Observational Study Collaboratory – Drug Safety & Effectiveness

- **Goals**
 - Avoid duplication and competition among investigators
 - Identify appropriate priorities for observational analyses
 - Bring together investigators to determine best data sources and most appropriate methods for observational studies
- **Structure & Operations**
 - Executive committee involving research, clinical partners, FDA
 - Supporting cores and individual projects
 - Prioritization core identifies key VA opportunities
 - Data and methods core works with VINCI to develop new data elements
 - Individual studies invited and peer reviewed
 - Regular updates to partners

Medication Safety and Effectiveness Collaboratory



COVID-19 and Community Living Centers

- COVID incidence and mortality has been especially pronounced in nursing homes
- Problems of spread in closed facility and impact on vulnerable older patients
- VA took proactive steps to try to reduce impact on VA CLCs
 - Instituted universal testing in late April which gave insights into epidemic
 - Instituted some early work with Providence COIN to examine approaches and VA data (augmented by NIA supplement)
- This will remain a highly vulnerable population for COVID

VA Informatics and Computing Infrastructure (VINCI)

VA COVID-19 Shared Data Resource

- VA COVID-19 Cohort Master File
 - Regularly updated case list of all positive/presumptive positive and negatives developed by the VA National Surveillance Team
- VA COVID-19 data
 - Dimension tables, analytic Tables, CDW supplement tables, comparison cohort tables, and fact sheets
 - Developing new data elements for intubation, time on ventilator, etc.
- Community COVID-19 data
 - Hospital referral regions, effective reproduction rate, Johns Hopkins data
- [https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/COVID-19:Shared Data Resource](https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/COVID-19:Shared_Data_Resource)

Health Equity and COVID

- COVID has disproportionate impacts on African-American and Latino communities both within and outside VA
- Disparities remains a cross-cutting priority for HSRD
- Ernest Moy will cover in more detail what we know and what we need to know

Looking Ahead – HSRD Priorities

- COVID will be with us for foreseeable future
- Unravelling many of these questions will require sustained and careful effort
 - Getting the data right, understanding multiple interacting factors
- Pivot to longer-term, collaborative efforts with broader focus
 - Understanding and managing long-term health impacts of COVID
 - Impacts of COVID disruption on non-COVID outcomes
 - Disruptions in self-management and chronic disease care
 - Disruptions in care-seeking and care for acute and urgent problems
 - Impact on training (priority for OAA)
 - Handling the backlog of deferred care
 - Impacts of expanded telehealth (manage through Connect Care CORE)
 - Interventions to mitigate adverse effects of disruption
 - System-level effects (costs, staffing, etc.)



VA NATIONAL SURVEILLANCE TOOL (VA-NST)

Presented by:

Dr. Tamara Box, Director, Clinical Systems Development & Evaluation

Dr. Joel Roos, Assistant Deputy Under Secretary for Health for Quality, Safety & Value

Dr. Joe Francis, Chief Improvement and Analytics Officer



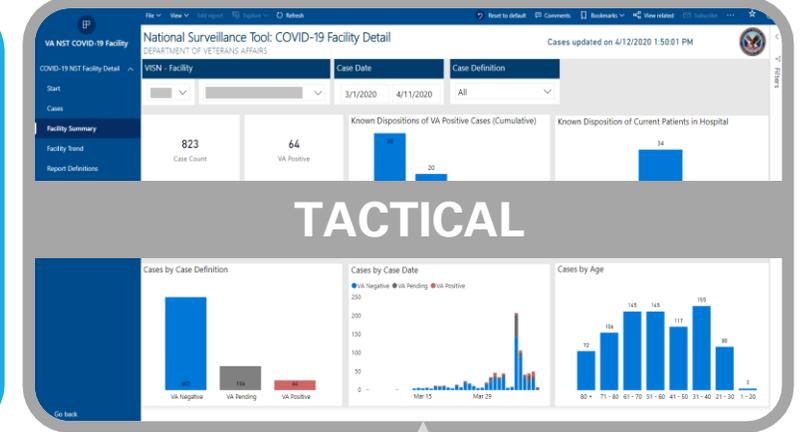
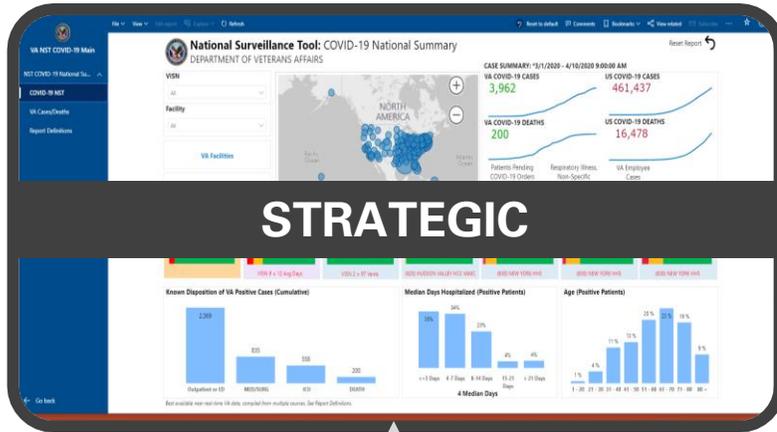
BUILDING A VA NATIONAL SURVEILLANCE CAPABILITY

VA NATIONAL SURVEILLANCE TOOL (VA-NST) GOALS:

- **Create a single, authoritative VA data source for outbreaks**, to provide a common denominator for all reporting and metrics during the course of an event.
- **Harmonize data from critical sources for patient information, system capacity, staffing, and inventory**, to serve multiple reporting and monitoring needs, from patient-level status to system-level readiness.
- **Provide a national surveillance summary**, capturing relevant information for **Strategic, Operational, and Tactical** response to an outbreak.

The Veterans Affairs (VA) National Surveillance Tool (VA-NST), developed under the auspices of the VA Director of Biosurveillance, is a collaborative effort between numerous offices from VA, Veterans Health Administration (VHA), and the Office of Information and Technology (OIT). Participating offices include: VHA National Infectious Disease Service; VHA Quality, Safety and Value (QSV), including Biosurveillance, Antimicrobial Stewardship, and Infection Control (BASIC), Health Systems Innovation, Planning, and Coordination (HSIPC), and Systems Redesign; VHA Office of Reporting, Analytics, Performance, Improvement and Deployment (RAPID), including Veterans Support Service Center (VSSC) and the Inpatient Evaluation Center (IPEC); National Data Systems (NDS); VHA Healthcare Operations Center (HOC); and OIT Business Intelligence Service Line (BISL) / Corporate Data Warehouse (CDW).

VA-NATIONAL SURVEILLANCE TOOL REALIZED



EXPORTS TO
CDC, HHS, Research, Operations

ACCESS to CARE
Public-Facing Website

NST – DATA MART

PATIENT INFORMATION

STAFF

INVENTORY

CAPACITY

VA-NST: Strategic (National Summary)



National Surveillance Tool: COVID-19 National Summary

DEPARTMENT OF VETERANS AFFAIRS

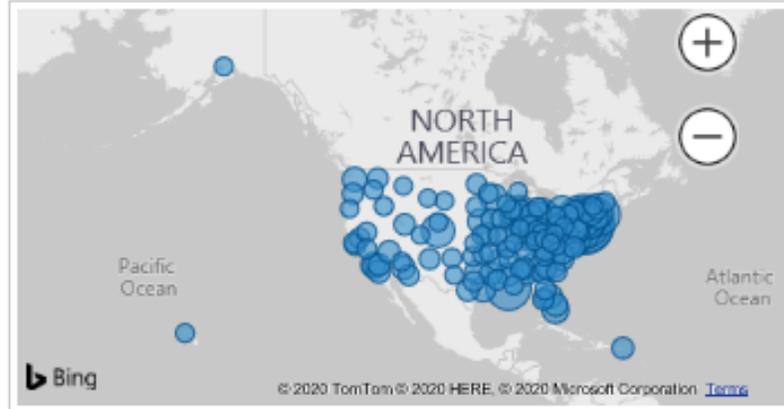
Reset Report ↶

VISN
All

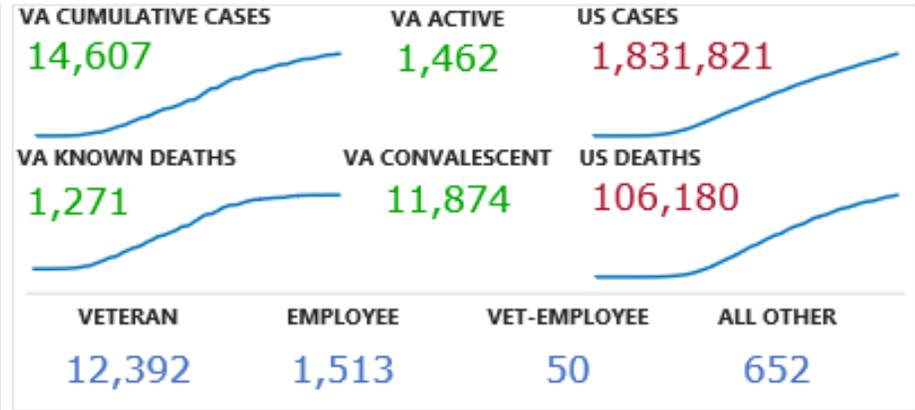
Facility
All

VA Facilities

VA Cases vs. US



COVID-19 POSITIVE CASES SUMMARY: 3/1/2020 - 6/3/2020 10:42:48 AM



Staff: 6/3/2020

Inventory: 6/2/2020

Capacity: 6/3/2020 10:21:00 AM

STAFF
95.67% Available
406,962 Total Available

N95 MASKS
205 Avg Days of Stock
6,063,191 QoH

VISN 5 = 38 Avg Days

VENTILATORS
8% Occupied
2,785 Total Vents

VISN 8 = 38 Vents

ED OVERCROWDING
84 Facilities
2,019 Total Beds

(SV21) (612A4) N. California HCS

CLC
67% Occupied
10,148 Total Beds

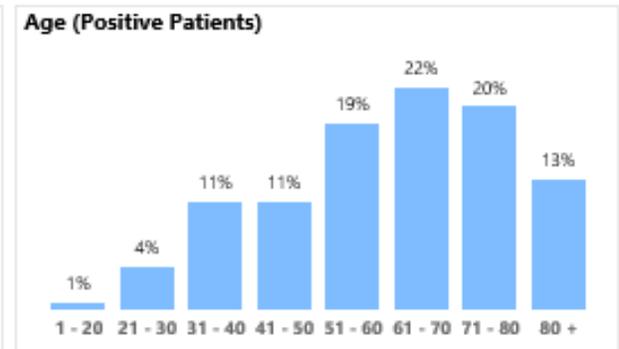
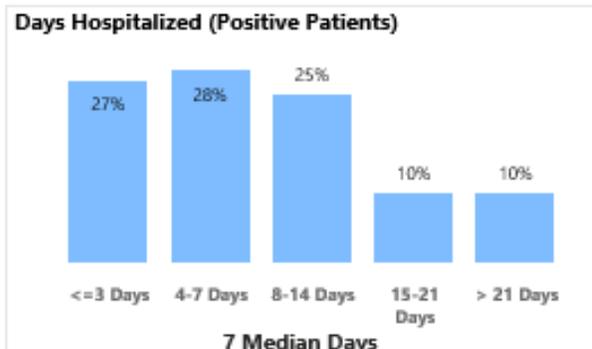
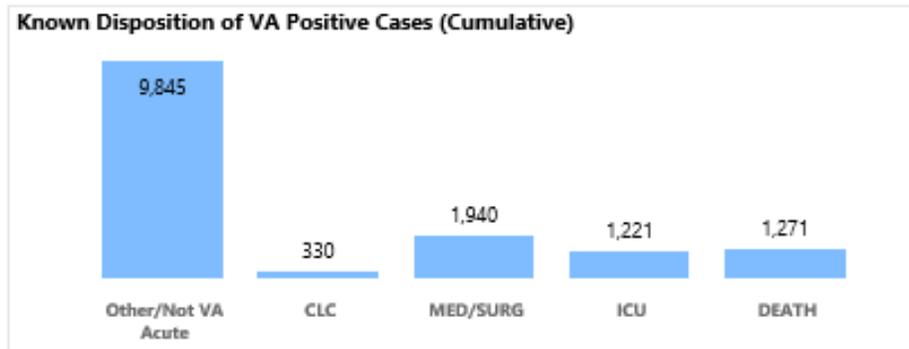
(4V19) (635) Oklahoma City, OK ...

MED/SURG
54% Occupied
9,007 Total Beds

(3V15) (589A4) Columbia, MO HCS

ICU
39% Occupied
2,733 Total Beds

(4V19) (635) Oklahoma City, OK ...



Best available near real-time VA data, compiled from multiple sources. See Report Definitions.

VA-NST: Operational (Symphony Surveillance)

Symphony Surveillance Total Confirmed Cases

Available Streams

National Surveillance Tool:
COVID-19 National
Summary

National Surveillance Tool:
COVID-19 Facility Detail

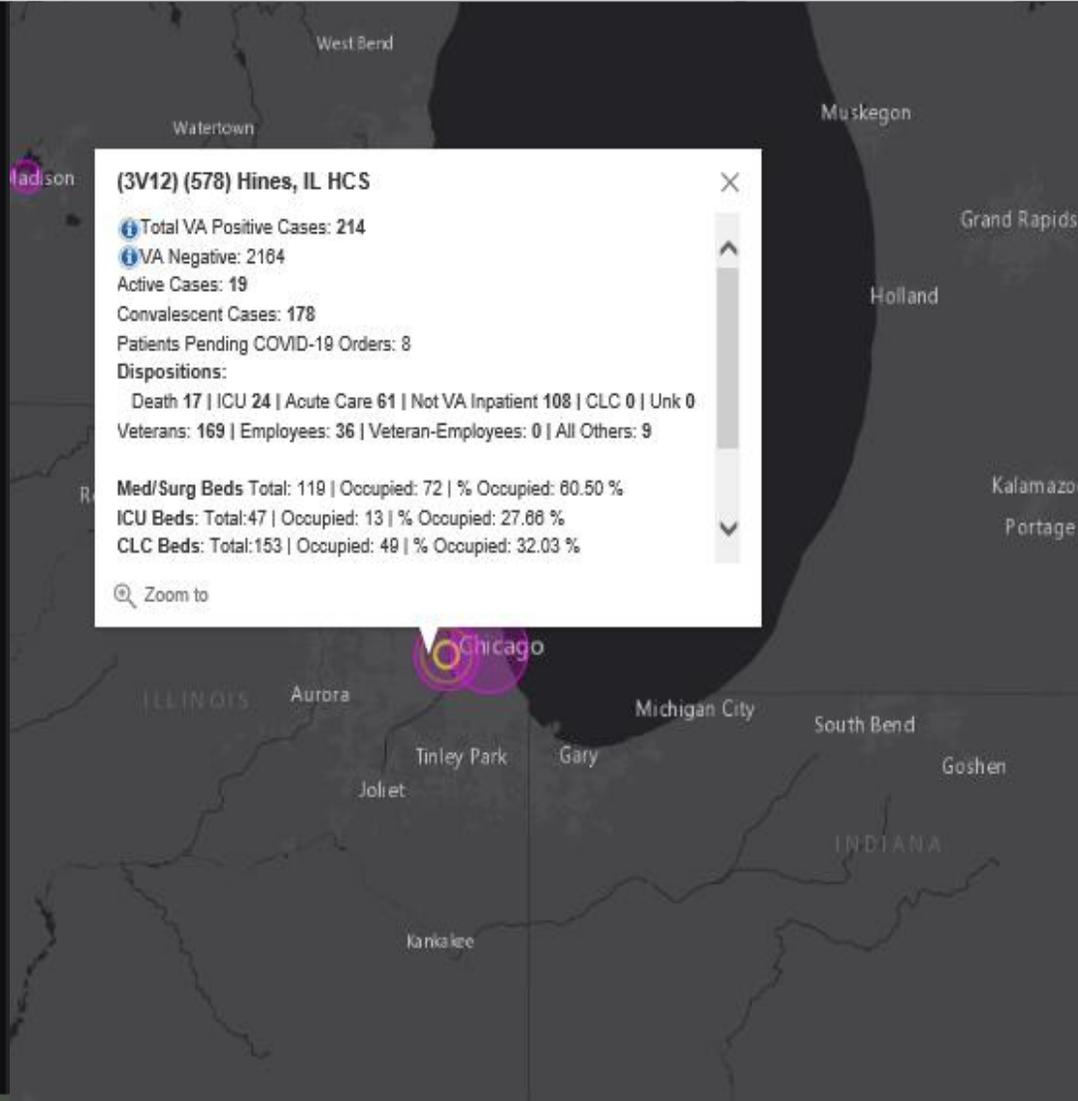
Virus Related Issue Brief
National Summary

National Daily ED ILI Report

Inpatient Activity Dashboard

National Surveillance Tool
Training

Powered by RAPID | VSSC



(3V12) (578) Hines, IL HCS

Overview

Detail

Leadership

Public Domain



5000 South 5th Avenue, Hines, Illinois, United States, 60141



Clear

79° F

5 to 10 mph NNE

Show 5-day forecast



High
Complexity

CLC Compare Star Designation (FY20Q1)



(3V12) (5789AA)
Hines-Illinois, IL - CLC

VA-NST: Tactical (Facility Detail)

File View Edit report Explore Refresh
Reset to default Comments Bookmarks View related Subscribe



VA NST COVID-19 Facility

COVID-19 NST Facility Detail

Start

Cases

- Facility Summary
- Facility Current State
- Facility Trends
- Facility Moving Avg Trends
- Report Definitions

National Surveillance Tool: COVID-19 Facility Detail

DEPARTMENT OF VETERANS AFFAIRS

Cases updated on 4/29/2020 8:50:02 AM



VISN	Facility	Case Date	Case Definition	Search by Patient
All	All	1/1/2020 - 12/30/2020	VA Positive	Search

Patient Name	Case Definition	Case Date	Admit Date	Discharge Date	Patient Type	Gender	Age	L4	RoomBed	Disposition
	VA Positive	04/28/2020			NSC VETERAN	M			V3-761-1-KC	MED/SURG
	VA Positive	04/01/2020			SC VETERAN	M			V3-760-1-KC	MED/SURG
	VA Positive	04/01/2020			NSC VETERAN	M			V3-759-1-KC	MED/SURG
	VA Positive	04/21/2020			SC VETERAN	M			UNTA-121	Outpatient or ED
	VA Positive	04/21/2020			SC VETERAN	M			UNTA-117	CLC
	VA Positive	04/21/2020			NSC VETERAN	M			UNTA-113	CLC

Collection date:	Test:	Result:	units	Abnormal	RefLow	RefHigh
2020-04-01 13:30:00	COVID-19 (COL,KC)	DETECTED		H*	"Not Detected"	

---- LABORATORY ----

Accession: SO 20 5226 Site/Specimen: NASOPHARYNX
 Provider: [REDACTED]
 Comment on specimen: called to [REDACTED] 4/17/20@0615 VAR Result reported to infection control practitioner. A Detected result is considered a positive test result for COVID-19. This indicates that RNA for SARS-CoV2 (formerly 2019-nCoV) was detected, and the patient is infected with the virus and presumed to be contagious IF requested by public health authority, specimen will be sent for additional testing.

Collection date:	Test:	Result:	units	Abnormal	RefLow	RefHigh
2020-04-16 08:40:00	COVID-19 (QUEST)	DETECTED		H*	"Not Detected"	

■ Select all
 ■ Show Cases with Labs
 ■ Show Cases w/o Labs

1
 Case Count

Test Name

- *CORONAVIRUS 229E
- *CORONAVIRUS HKU1
- *CORONAVIRUS NL63
- *CORONAVIRUS OC43
- COVID-19 (COL,KC)
- COVID-19 (QUEST)

← Go back

VA-NST: Tactical (Facility Detail)

National Surveillance Tool: COVID-19 Facility Detail

DEPARTMENT OF VETERANS AFFAIRS

Cases updated on 6/3/2020 10:42:48 AM



VISN	Facility	Division	Case Definition	Case Date	
12	(3V12) (578) Hines, IL HCS	All	VA Positive	3/1/2020 - 12/30/2020	See Notes

Total Cases

2,530

Cases by Case Definition

VA Positive

214

VA Pending

8

VA Negative

2,308

VA Positive Cases by Patient Status

Active

19

Convalescent

178

Known Deaths

17

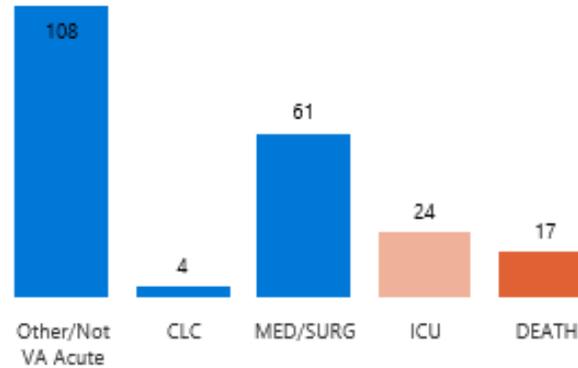
Inpatient

16

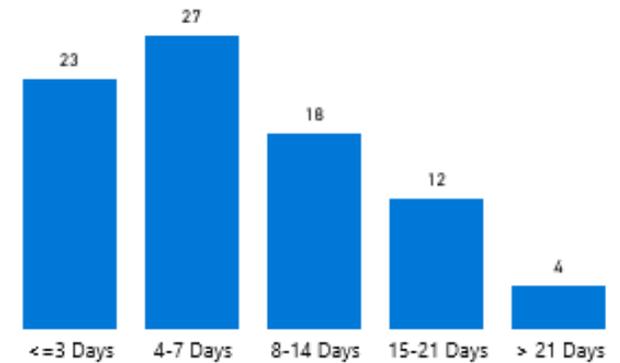
Known Other

1

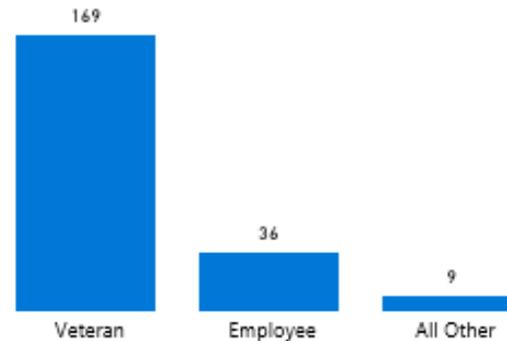
Known Disposition of Cases



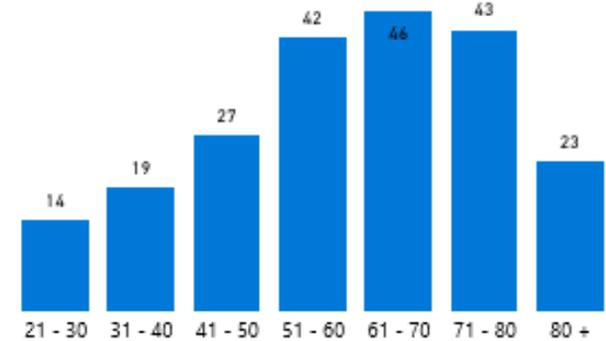
Days Hospitalized



Cases by Patient Category



Cases by Age



VA-NST: AI Validator (BASIC + Clinical Review)

Home > GPE > PCS_ISCTools > COVID-19_Dev > CovidValidation_NLPAnnot

File View Explore Refresh

VISN Station Patient Episode Refresh schedule: daily-12pm, 4pm, 10pm EST Data last loaded date/time: Apr 28 2020 6:35PM EST

COVIDstatus

Priority

Date	PatientSID	Name	SS#	Result	Patient	State	Location
4/22/2020 11:26:51 AM				VACOV19	Veteran	IL	(356) North Chicago, IL - 556
4/22/2020 1:30:00 PM				VACOV19	Veteran	MA	(523) Boston HCS (Boston) - 523A4
4/26/2020 11:08:49 PM				VACOV19	Veteran	SD	(438) Sioux Falls SD (CACHE S.D) - 438
4/22/2020 3:00:00 PM				VACOV19	Veteran	CA	(697) Greater Los Angeles HCS (Los Angeles, CA) - 697

Laboratory Select a patient in Patient Episode to see laboratory and document

PatientSID	LabResult	Specimen	Accession#	TestName	CollectionDate	Complete
	Not Detected	NASOPHARYNX	R/SMI 20 2155	CORONAVIRUS OC43	4/22/2020 10:25:00 PM	4/23/2020
	Negative	NASOPHARYNX	R/SMI 20 2142	COVID-19 (CEPHEID)	4/22/2020 1:30:04 PM	4/22/2020
	POSITIVE	NASOPHARYNX	R/SMI 20 2294	COVID-19 (CEPHEID)	4/27/2020 1:55:00 PM	4/27/2020

DOCUMENT

Document Title: MEDICINE/NOCTURNIST

About a week prior to consultation [redacted] was noted to develop a cough while at [redacted] where he resides. At that point in time, he reportedly underwent a SARS - CoV-2 PCR assay, which was reportedly negative. On the subsequent day, he was noted to be febrile.

In the emergency department [redacted] was afebrile. He underwent bloodwork, urinalysis and a portable chest radiograph in addition to a SARS - CoV-2 PCR assay. His studies were notable for an elevated INR value, hyponatremia, hypochloremia, hyperglycemia, renal insufficiency, hypoalbuminemia, bacteriuria, glucosuria, hematuria and pyuria in addition to lactic acidosis as well as pulmonary vascular congestion.

He was started on azithromycin and ceftriaxone. He again underwent a SARS - CoV-2 PCR assay: it was positive. He developed acute hypoxicemic respiratory failure, and underwent endotracheal intubation.

Document SID: [redacted]
 Patient SID: [redacted]
 Datetime: 2020-04-27 23:08:05
 Document Classification: POS

Document Title: NPN:SPECIAL CARE UNIT/ NURSING (B)

"My wife came to visit me this morning. " "My breathing is okay. " Objective: 77 yo male + COVID. transferred to Covid ICU 04/27/2020. NEUROLOGIC:

NLP Review Annotation

ID: 3639935

LABORATORY DETAIL

---- LABORATORY ----

Accession: R/SMI 20 2142
 Site/Specimen: NASOPHARYNX
 Provider: [redacted]
 Comment on specimen:

Collection date	Test	Result	units	Abnormal	RefLow	Ref
2020-04-22 13:30:04	COVID-19 (CEPHEID)	Negative				"Negative"

---- LABORATORY ----

Accession: R/SMI 20 2155
 Site/Specimen: NASOPHARYNX
 Provider: [redacted]
 Comment on specimen:

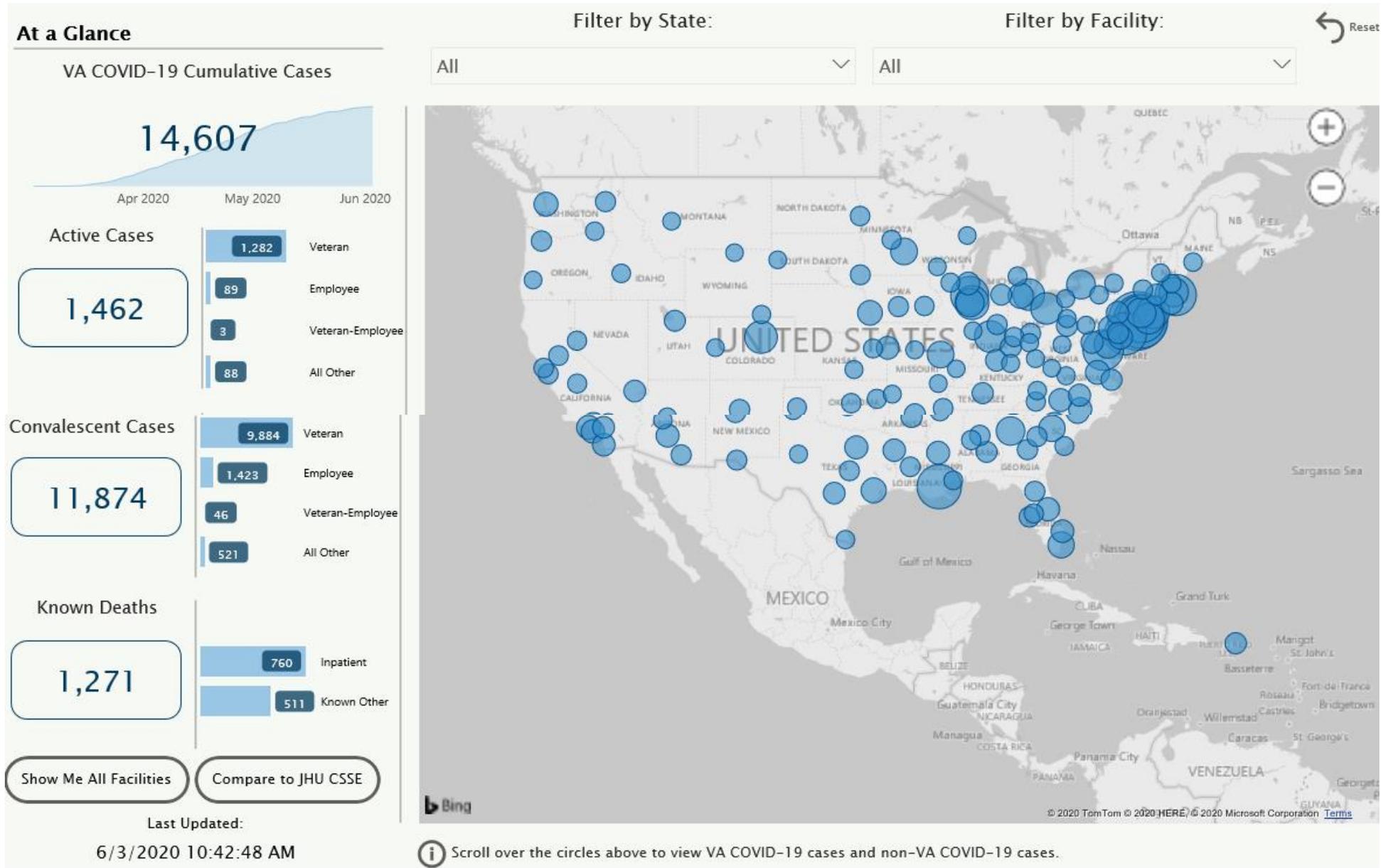
Collection date	Test	Result	units	Abnormal	RefLow	Ref

1

Count of PatientSID

Patient Lab & Document Patient Doc Review History Detail All Document Review History Report Definitions

VA-NST: VA Access to Care (Public-Facing) <https://www.accesstocare.va.gov/>





VA-NST ECOSYSTEM

DATA INTEGRATION, SOURCES, AND REPORTING



VA COVID-19 Data, Analytics, & Reporting Ecosystem

As of 4/28/2020 (Kickoff: 3/5/2020)

Ecosystem Summary:

- Serves as the authoritative source for data and information across the Department (Reference VHA 10N announcement 4/17/2020)
- Early detection and monitoring of cases
- Situational awareness for Patients, Assets, Capacity, and Employees
- Strategic, Tactical, Operational, and Case Level reporting
- Public facing reporting for Veterans, Congress, and Media
- Supports external data feeds to support strategic initiatives

VA Sponsors and Stakeholders:

- **Dr. Katie Wallace**, Director, VA Biosurveillance
- **Dr. Joel Roos**, Assistant Deputy Undersecretary for Health Quality, Safety and Value
- **Dr. Joe Francis**, Chief Improvement & Analytics Officer (VHA)
- **Dr. Tami Box**, Director, Clinical Systems Development & Evaluation (VHA)
- **Dr. Makoto Jones**, Director, Biosurveillance, Antimicrobial Stewardship & Infection Control (VHA)

OIT BISL Team Leads:

- Jack Bates, Director
- Data Lead: Dan Hardan (Data Czar)
- Visualization Lead: Jeremy Gebhard

OIT BISL Team Members (Industry Partner: Microsoft):

- Data Architecture: Trinity Hall, Richard Pham
- Data Management: Steve Martin, Andy Kelly
- Data Integration: Dan Hardan, Tom Huneke, David Burkhart, Dan Pina, Phil Woubshet
- VistA Data Integration: Augie Turano, Mike Baker
- Geospatial Data Integration: Michael Villeneuve
- Data Infrastructure: Ken Fuchsel
- Data Visualization: Jeremy Gebhard, Carrie Ruckdeschel, Shabnam Watson, Daniel Chang, Lyla Goldstein, Aaron Barth, Jeff Lyttle, Pankaj Surti, Haley Vingsness, Theresa Baamonde



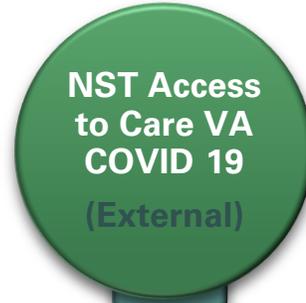
National Syndromic Surveillance Program
VHA Sponsor: John Quinn, Director, VHA National Data Systems (4/16/2020)



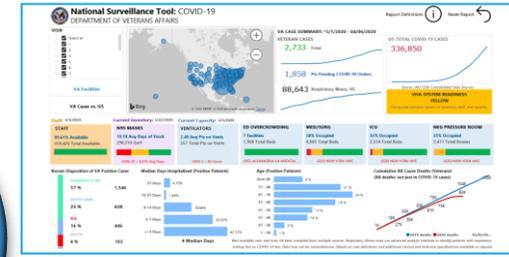
VA Health Services Research
VHA Sponsor: Dr. Scott Duvall, VINCI ORD Lead



Data to Dept. of Energy for Analysis (4/3/2020)
VA Lead: Dr. Rachel Ramoni, Chief, Office of Research and Development (CRADO)



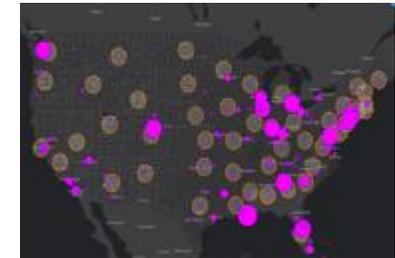
Audience: VA, VHA (VA IOC)



VA National Surveillance Tool (3/11/2020)

- VA COVID Cases
- VA Case Demographics
- VA Assets
- VA Capacity
- VA Employees
- Humanitarian Cases

Audience: VHA, VISN (VHA HOC)



VHA NST Symphony
VHA Lead: Scot Dingman & VSSC Team

Key Data Sources:

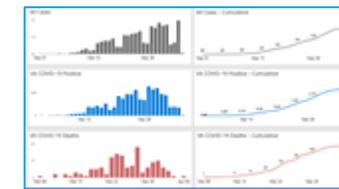
- VISTA TIU Notes
- VISTA CPRS Orders
- VISTA Chemistry Lab
- VISTA IV Meds
- VISTA Inpatient ADT
- VISTA Outpatient Visit
- VISTA Engineering
- VISTA Staff
- VISTA HR (PAID)
- EDIS
- VATAS
- MAXIMO
- MUSE EKG
- Active Directory
- Humanitarian Cases
- VAMC Self Report

Audience: Veterans, Congress, States, Media



Access to Care VA COVID-19
<https://www.accesstocare.va.gov/>

Audience: VISN, VAMC

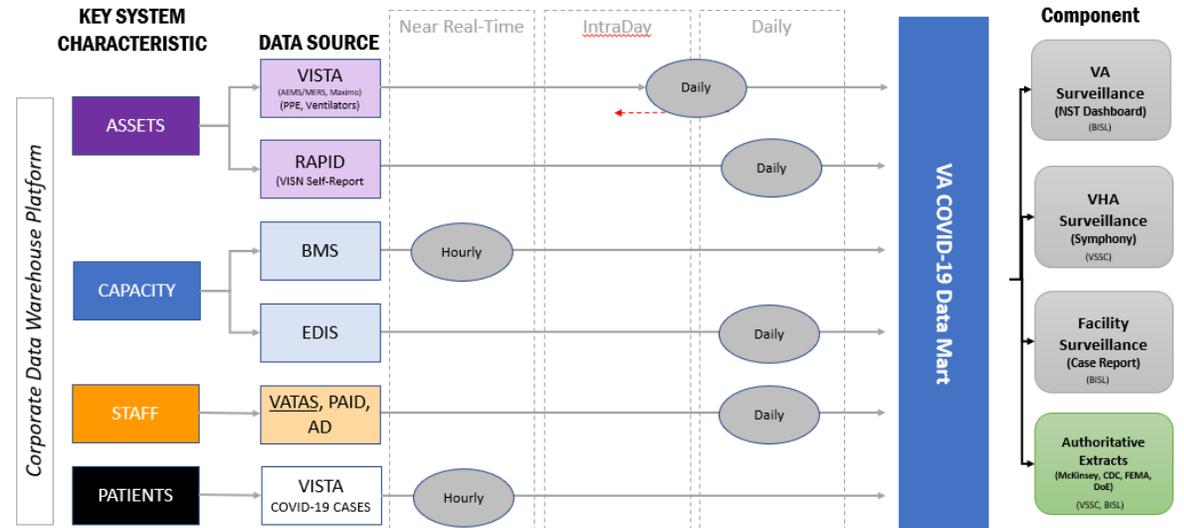


VAMC Case Summary

VA-NST: DATA MART

- Focus: Department Level Situational Awareness
- Audience: VA IOC, VHA HOC, VISN, Facilities
- Sponsors: Dr. Katie Wallace, Director, Director VA Biosurveillance; Renee Oshinski, Deputy Undersecretary of Health for Operations and Management; Andrew Bartlett, VHA Health Operations Center (HOC); Dr. Joel Roos, Assistant Deputy Undersecretary for Health Quality, Safety and Value
- System Owner: OIT BISL
- Platform: MS PowerBI on SQL Server
- Attributes:
 - Centralized source of assimilated and curated data from across VA
 - Serves as the authoritative source for data and information across the Department (Reference VHA 10N announcement 4/17/2020)
 - Serves as the authoritative data source for both internal and external COVID-19 reporting and analytic systems

National Surveillance Tool (NST) Component



VISTA Orders, TIU Notes, Lab, Meds, Visits, Admissions, Emergency Department, Engineering

Additional Data Integrations:

- **White House Task Force**: MUSE EKG, VISTA IV Meds, BMS Ventilator Usage (More requirements forthcoming)
- VA Health Services Research (VINCI): Mirror of Production COVID-19 Data Mart
- CDC: HL7 BioSense feed (Interim solution)

Department of Veterans Affairs

Memorandum

Date: April 17, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: National Surveillance Tool for Veterans Health Administration (VHA) COVID-19 Operations

To: Network Directors (10N1-23)

1. The purpose of this memorandum is to establish the [VA National Surveillance Tool \(VA NST\)](#) as the authoritative data source, operational dashboard and clinical monitoring platform for COVID-19 to be utilized by the entire VHA.

VETERANS HEALTH ADMINISTRATION

Office of Health Equity

<https://www.va.gov/healthequity/>

<https://dvagov.sharepoint.com/sites/VACOVHAOHE/SitePages/Home.aspx>

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Choose **VA**

VA



U.S. Department
of Veterans Affairs

Office of Health Equity Peacetime Goals

Mission

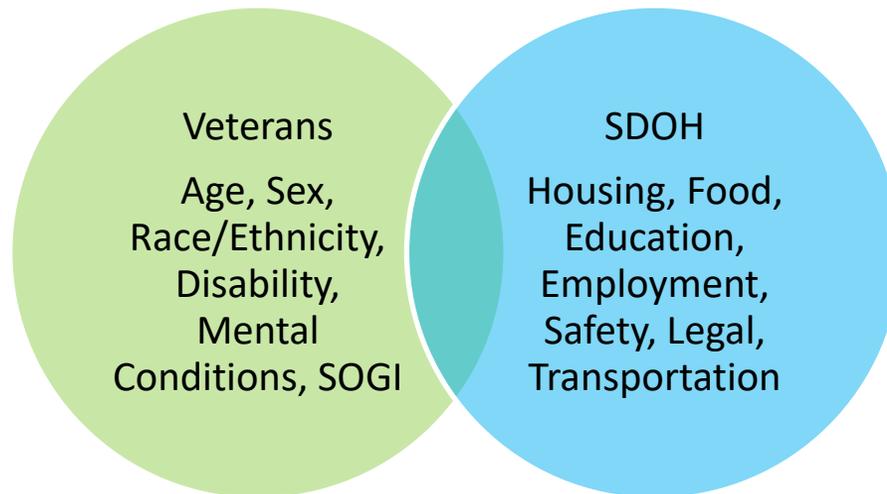
- Reduce disparities in health and health care affecting Veterans and enable all Veterans to achieve equitable health outcomes

Aims

- Share data related to health equity among Veterans
- Raise awareness
- Improve health and health care outcomes
- Strengthen leadership
- Support cultural competency and diversity



Health Equity = All Veterans get support to help them achieve their best health



Social Determinants of Health Briefs

- Beyond Clinical Care: Identifying Nine Domains of Health-Related Social Needs that Influence Veteran Well-Being
- Identifying and Addressing Health-Related Social Needs Amongst Veterans
- Health Literacy to Achieve Health Equity in Minority Veterans
- Health Literacy to Achieve Health Equity in Minority Veterans

Social Determinants of Health Cyberseminars

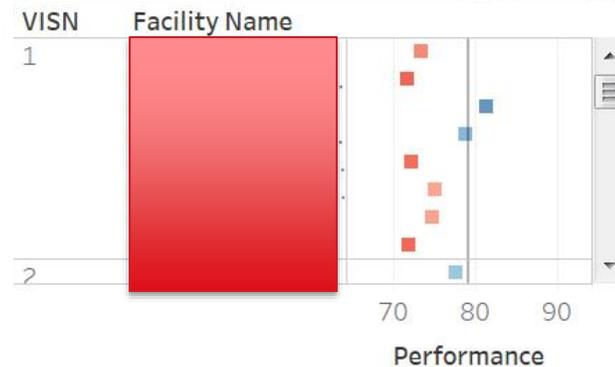
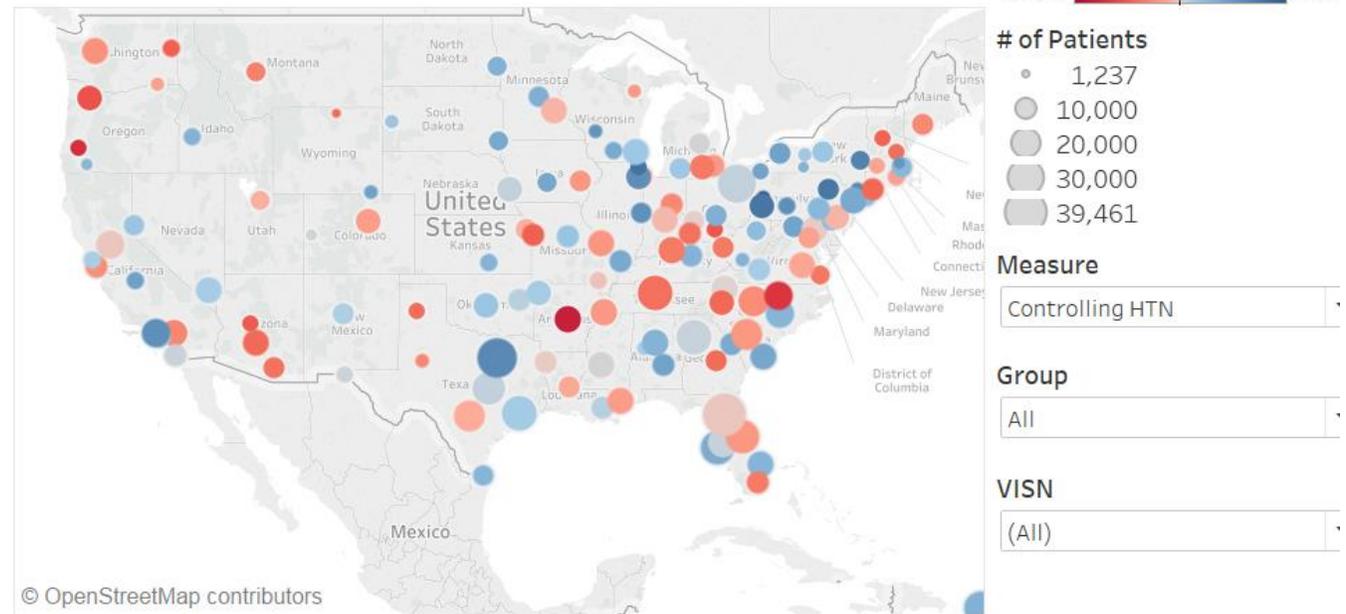
- Social Risks for Adverse Health Outcomes among Veterans
- Incorporating Social Determinants of Health into VHA Patient Care and Electronic Medical Records



EQUITY-GUIDED IMPROVEMENT STRATEGY

1: Identify Performance Gap

Controlling HTN, All Veterans



Top: Shows performance of measure across facilities for selected group. Size of circle indicates number of patients in selected group used to make estimate.

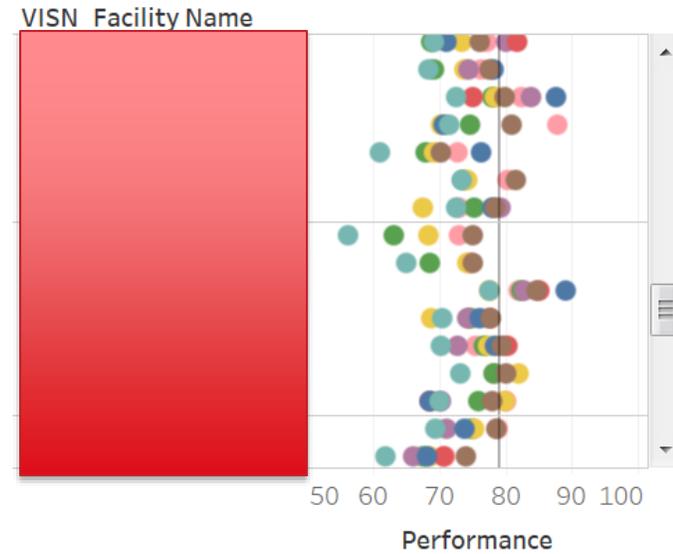
Bottom: Shows same information as map but is easier to sort. Vertical line shows performance of top quartile facilities (Top Quartile Target).



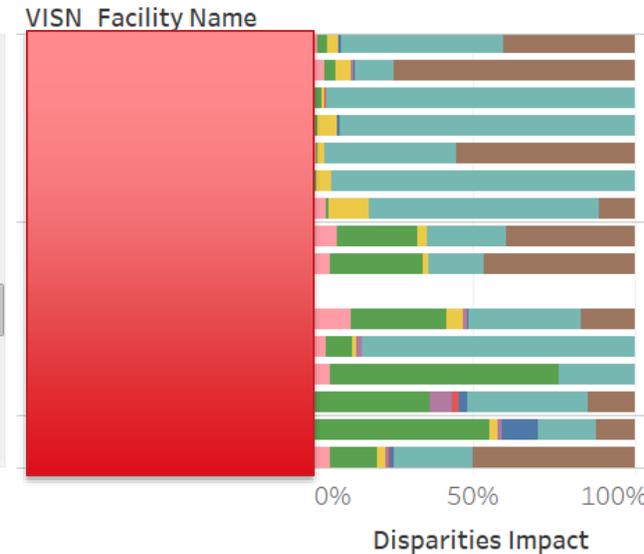
EQUITY-GUIDED IMPROVEMENT STRATEGY

2: Assess if Subgroups Account for High % of Performance Gap

Controlling HTN by Race/Ethnicity



Controlling HTN Disparities Impact by Race/Ethnicity



Left: Shows measure by race/ethnicity for each facility. Estimates with <30 patients in a facility are not shown. Vertical line shows performance of top quartile facilities (Target).

Right: Shows how much each race/ethnicity group contributes to performance below Target level. This is calculated as $(\text{Difference below Target of a group} * \text{size of group}) / (\text{Sum of differences below Target} * \text{size of all groups})$. Groups above Target are not included in this calculation. Facilities with overall performance in the top quartile appear as empty bars.

Measure

VISN

Group

- White
- NHPI
- Black
- Multiple
- AIAN
- Hispanic
- Asian
- Unknown

Office of Health Equity COVID I Goals

Aims

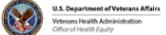
- Data
 - Coordinate analyses of COVID & Equity on CDW
 - Racial/ethnic disparities in COVID cases & outcomes
 - Association between social determinants of health & COVID
 - COVID in Veterans with PTSD & other mental conditions
 - COVID in Veterans with obesity, diabetes, metabolic syndrome
- Awareness
 - Coordinate VA messaging on COVID & Equity
- Improve COVID testing & outcomes



COVID-19 Screening Tools, National & VISN-level Information Briefs, Guidance for Equity Populations Available on OHE SharePoint

(<https://dvagov.sharepoint.com/sites/VACOVHАОHE/SitePages/COVID-19.aspx>)

OHE Internet

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- Health Equity Action P...
- ∨ Awareness
- ∨ Operational Partners
- Workforce Trainings
- Data and Tools
- Edit

COVID-19 Screening Tools

 COVID Prevalence & VA Disparities Maps & Tables of COVID Prevalence & VA Disparities for Counties in Each VISN	 VA COVID-19 National Summary Summary of COVID patients tested or treated at VA facilities
 COVID Social Risks Screening Tool Tool to assist screening of Veterans for COVID-19 Social Risks	 VA COVID-18 Chatbot Q & A about COVID prevention & screening & VA benefits & services

COVID-19 National and VISN Information Briefs

 COVID National Raci...	 VISN 1 COVID Info Brief	 VISN 2 COVID Info Brief	 VISN 4 COVID Info Brief
 VISN 5 COVID Info Brief	 VISN 6 COVID Info Brief	 VISN 7 COVID Info Brief	 VISN 8 COVID Info Brief
 VISN 9 COVID Info Brief	 VISN 10 COVID Info Brief	 VISN 12 COVID Info Brief	 VISN 15 COVID Info Brief
 VISN 16 COVID Info Brief	 VISN 17 COVID Info Brief	 VISN 19 COVID Info Brief	 VISN 20 COVID Info Brief
			

COVID-19 Guidance for Specific Equity Populations

 CDC Guidance: People of Color CDC Guidance on COVID-19 in Racial & Ethnic Minority Groups	 VA Response: Veterans of Color VA action to enhance outreach & screening of Veterans of Color
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IMPROVE: VA COVID-19 TESTING DASHBOARD

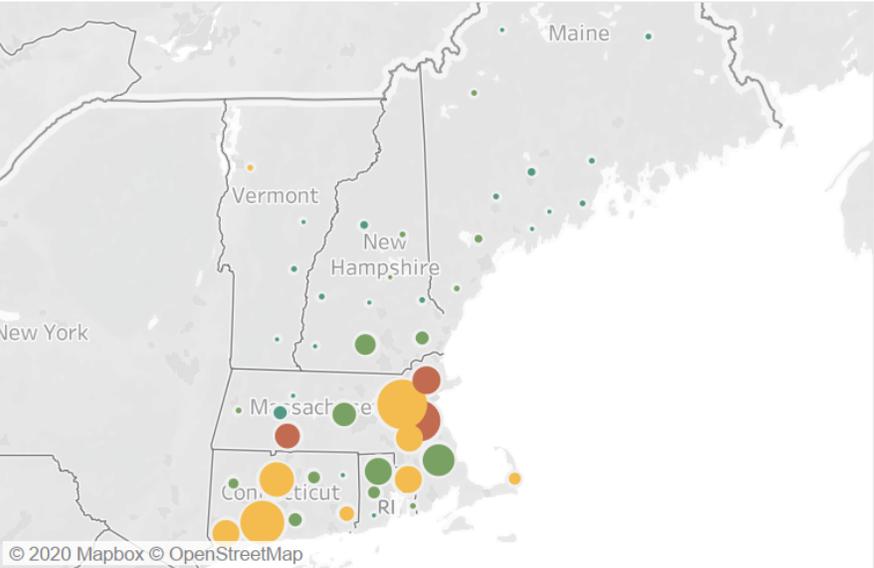
VISN Summary Prevalence of COVID-19 Cases Equity in COVID-19 Testing in VA Trends in COVID-19 Testing in VA

VISN Summary, 5/27/2020: Counties in red have Veteran populations with high positive test rates; consider outreach.

% Positive 0.0% 45.0% # of Positive Tests 0 50 Select VISN 01

Select counties on map to focus. Click on empty area to deselect.

%s in red indicate higher positive test rates. Hover for #s of tests.



VISN	County, State	% Positive, Whit..	% Positive, Blac..	% Positive, Hispan..	% Positive, Othe..
01		35%	20%	20%	45%
		20%	7%	42%	22%
		23%	15%	41%	0%
		17%	13%	33%	17%
		12%	18%	29%	18%
		10%	28%	28%	29%
		29%			
		14%	27%	27%	10%
		20%	26%	0%	27%
		15%	26%	0%	25%
		10%	25%		
		23%			
		14%	22%	11%	18%
		6%	22%		17%

IMPROVE: COVID SOCIAL RISKS SCREENER

EXPOSURES

Work

1. Do you or anyone you live with go to work in places where they may be exposed to COVID-19?

Transportation

2. In the past 2 weeks, how often have you or someone you live with used public transportation or rideshare services?

Shopping/supplies

3. In the past 2 weeks, how often have you or someone you live with left your home to get essential items like groceries or medications?

Social interactions

4. In the past 2 weeks, how often have you or someone you live with left your home to visit friends or family?

HOUSING DENSITY

5. How many people do you live with, including yourself?
6. Do you share a bedroom with anyone?

PREVENTION

7. Do you consider yourself to be at high risk of COVID-19 infection?
8. In the past 2 weeks, how often have you and everyone you live with stayed 6 feet away from others and worn a mask when closer than 6 feet?
9. Which of the following items do you have access to at home? Check all that apply:

ABBREVIATED CPRS SCREENER

1. How often in the past two weeks have you, or someone you live with, left the house for work and tasks (grocery shopping, healthcare appointments, etc.)?
2. In the past 2 weeks how often have you, or someone you live with, used public transportation or rideshare services?



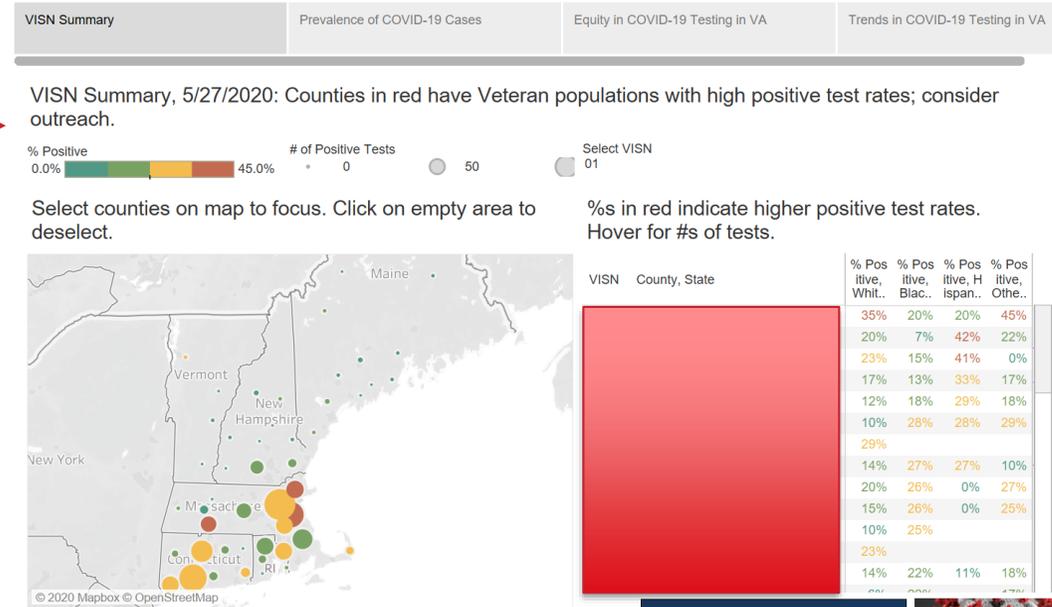
Equity Guided Planning

Dashboard

1. Counties X, Y, & Z have high VA positive test rates.
2. In each county, specific Veterans of Color are at particularly high risk.

Action: Let us

1. Identify VA facilities & VSOs serving Veterans of Color in these counties.
2. Provide **COVID & Veterans of Color brief** to inform Veterans.
3. Encourage use of **CPRS COVID Social Risks screener** to prioritize testing and counselling.
4. Develop & provide local **COVID Resource Guides** to connect Veterans with community services.



ABBREVIATED CPRS SCREENER

How often in the past two weeks have you, or someone you live with, left the house for work and tasks (grocery shopping, healthcare appointments, etc.)?

In the past 2 weeks how often have you, or someone you live with, used public transportation or rideshare services?



Plymouth Resources for use during COVID-19

- Transportation Resources **3**
- Food and Nutrition Resources **4**
- Utility Assistance Resources **5**
- Housing Resources **6**



COVID-19 DISPROPORTIONATELY AFFECTING PEOPLE OF COLOR: VA TAKING ACTION AND URGES VETERANS TO ACT

SUMMARY

Veterans defended our Nation before. Our Nation now calls upon them to take the lead in protecting their communities, families, and themselves. COVID-19 disproportionately affects persons of color, many of whom risk their lives as first responders and essential personnel and live in neighborhoods at ground zero of the pandemic. VA is working to provide excellent care to all who have served our nation in uniform, but we need your help. We ask Veterans' groups to help us reach out to Veterans, especially Veterans of color, to get them tested and under care earlier when appropriate. We ask Veterans to take immediate action to keep their communities, families, and themselves safe.

COVID-19 DISPARITIES AND VA RESPONSE

Many cities have reported a disproportionate burden of COVID-19 illness and hospitalization among people of color and the Centers for Disease Control and Prevention (CDC) have confirmed this at the national level. Reasons include the large numbers of people of color who work in essential industries such as nursing, live in densely populated areas or multi-generational households, have serious underlying medical conditions that may increase risk of COVID-19 complications, and experience difficulties that may delay accessing health care.

VA is taking action to ensure that all Veterans, including Veterans of color, are able to receive high quality COVID-19 testing and care in a timely and equitable fashion, and we continue to urge all U.S. health care providers to do so with us. VA is tracking data and acting on what the data tell us. What we see, preliminarily, is promising. VA data show that the overall survivability of COVID-19 in VA care, from the time of testing, does not differ by race. This may differ from what the rest of the country is seeing.

VA launched a campaign to educate our care teams about the specific risks of COVID-19 for Veterans of color and is screening for factors that may place particular Veterans at greater risk for COVID including:

- Living in households where family members may be exposed to COVID-19 at work or while taking public transportation
- Living in households where family members go out more often for supplies or social interaction
- Living in multigenerational households
- Availability and use of masks and supplies for good hand hygiene



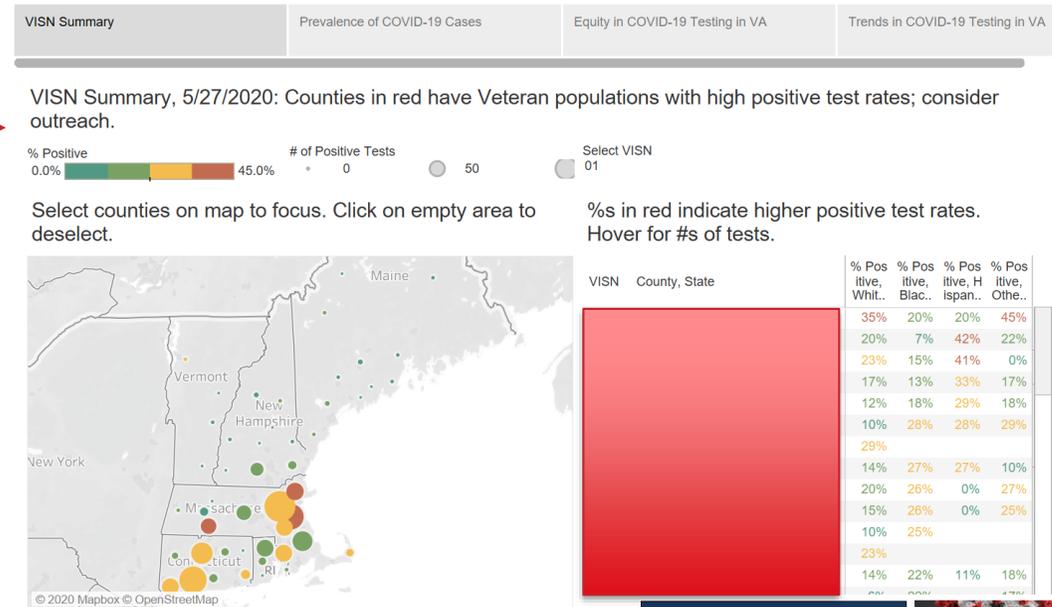
Social Risks Informed Screening

Dashboard

- Counties X, Y, & Z have high VA positive test rates.
- In each county, specific Veterans of Color are at particularly high risk.

Action: When speaking with Veterans in high risk counties or groups about reopening:

- Provide **COVID & Veterans of Color brief** to inform Veterans.
- Use **CPRS COVID Social Risks screener** to prioritize testing and counselling.
- Provide local **COVID Resource Guides** to connect Veterans with community services.



ABBREVIATED CPRS SCREENER

How often in the past two weeks have you, or someone you live with, left the house for work and tasks (grocery shopping, healthcare appointments, etc.)?

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Office of Health Equity COVID II+ Goals

Aims

- Data: Coordinate analyses of Equity on CDW
- Awareness: Coordinate VA messaging on Equity
- Strengthen leadership
- Support cultural competency and diversity: VHA Office of Diversity & Inclusion
- Improve health and health care outcomes



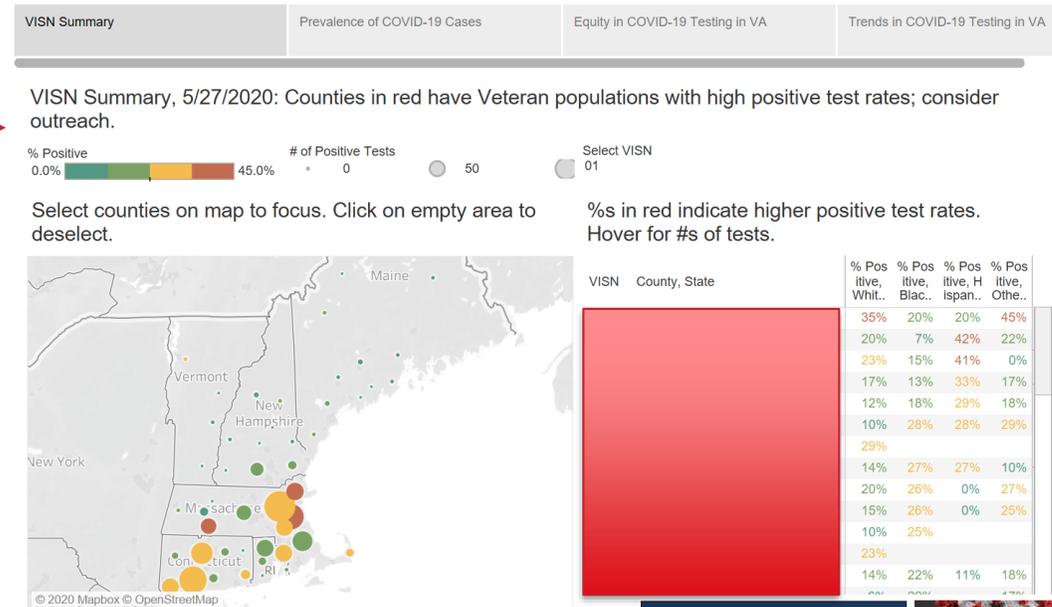
Social Risks Informed Reopening

Dashboard

- Counties X, Y, & Z have high VA positive test rates.
- In each county, specific Veterans of Color are at particularly high risk.

Action: When speaking with Veterans in high risk counties or groups:

- Provide **COVID & Veterans of Color brief** to inform Veterans.
- Use **CPRS COVID Social Risks screener** to prioritize care; low social risk + high medical risk -> Home-based Health Care?
- Provide local **COVID Resource Guides** to connect Veterans with community services.



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Plymouth Resources for use during COVID-19

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COVID-19 DISPROPORTIONATELY AFFECTING PEOPLE OF COLOR: VA TAKING ACTION AND URGES VETERANS TO ACT

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Social Risks Informed Wave 2

Dashboard

- Counties X, Y, & Z have **rising** VA positive test rates.
- In each county, specific Veterans of Color are at particularly high risk.

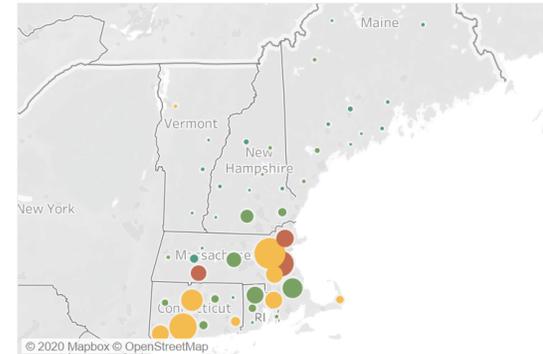
Action: Proactively, call Veterans in high risk counties or groups:

- Use stored **CPRS COVID Social Risks health factors** to identify Veterans at highest risk.
- Provide flu vaccination, med supply, access to VA Video Connect.
- Provide **COVID & Veterans of Color brief** to inform Veterans.
- Provide local **COVID Resource Guides** to connect Veterans with community services.

VISN Summary, 5/27/2020: Counties in red have Veteran populations with high positive test rates; consider outreach.

% Positive 0.0% 45.0% # of Positive Tests 0 50 Select VISN 01

Select counties on map to focus. Click on empty area to deselect.



% in red indicate higher positive test rates. Hover for #s of tests.

VISN	County, State	% Pos ilive, Whit..	% Pos ilive, Blac..	% Pos ilive, H ispan..	% Pos ilive, Othe..
35%	20%	20%	45%		
20%	7%	42%	22%		
23%	15%	41%	0%		
17%	13%	33%	17%		
12%	18%	29%	18%		
10%	28%	28%	29%		
29%					
14%	27%	27%	10%		
20%	26%	0%	27%		
15%	26%	0%	25%		
10%	25%				
23%					
14%	22%	11%	18%		

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ACORN
ACCOMMODATING CARE FOR SOCIAL RISKS

Plymouth Resources
for use during COVID-19

Transportation Resources	3
Food and Nutrition Resources	4
Utility Assistance Resources	5
Housing Resources	6

QUESTIONS?

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