

VETERANS HEALTH ADMINISTRATION

Office of Health Equity

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AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



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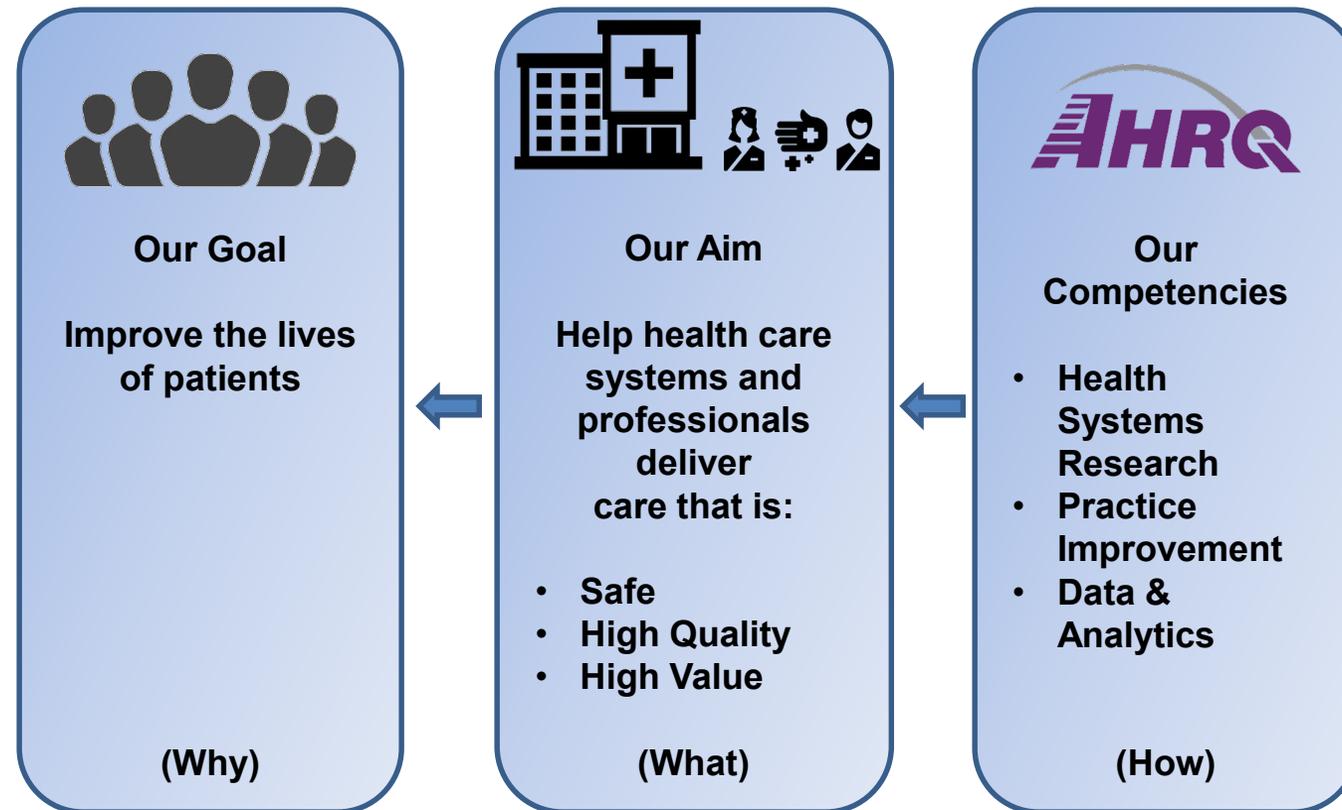
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NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORT

Chartbook on Healthcare for Veterans November 2020

This presentation contains notes. From the ribbon, select View, then select Notes Page in Presentation View to read them.

AHRQ's Role: The Why, What, and How



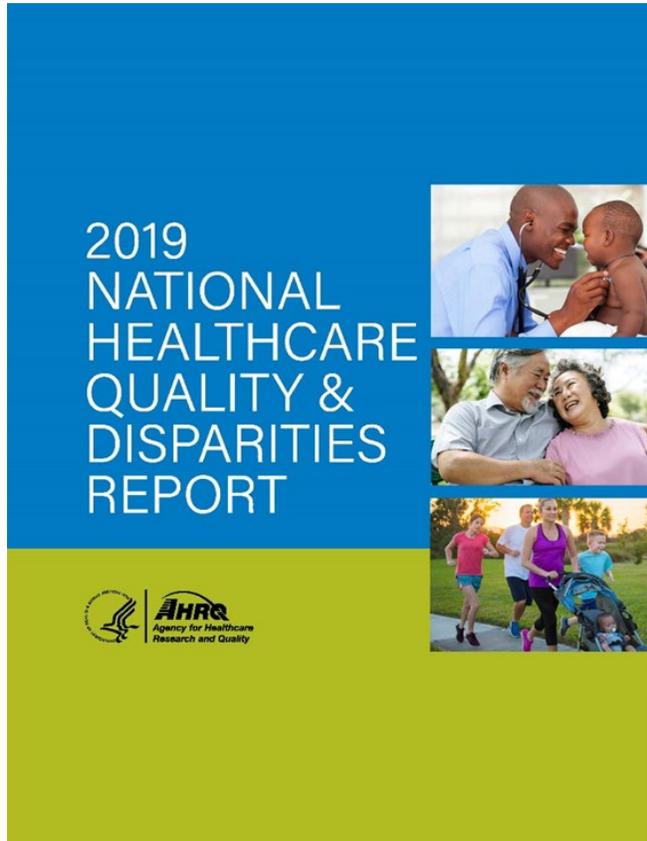
National Healthcare Quality and Disparities Report (NHQDR)



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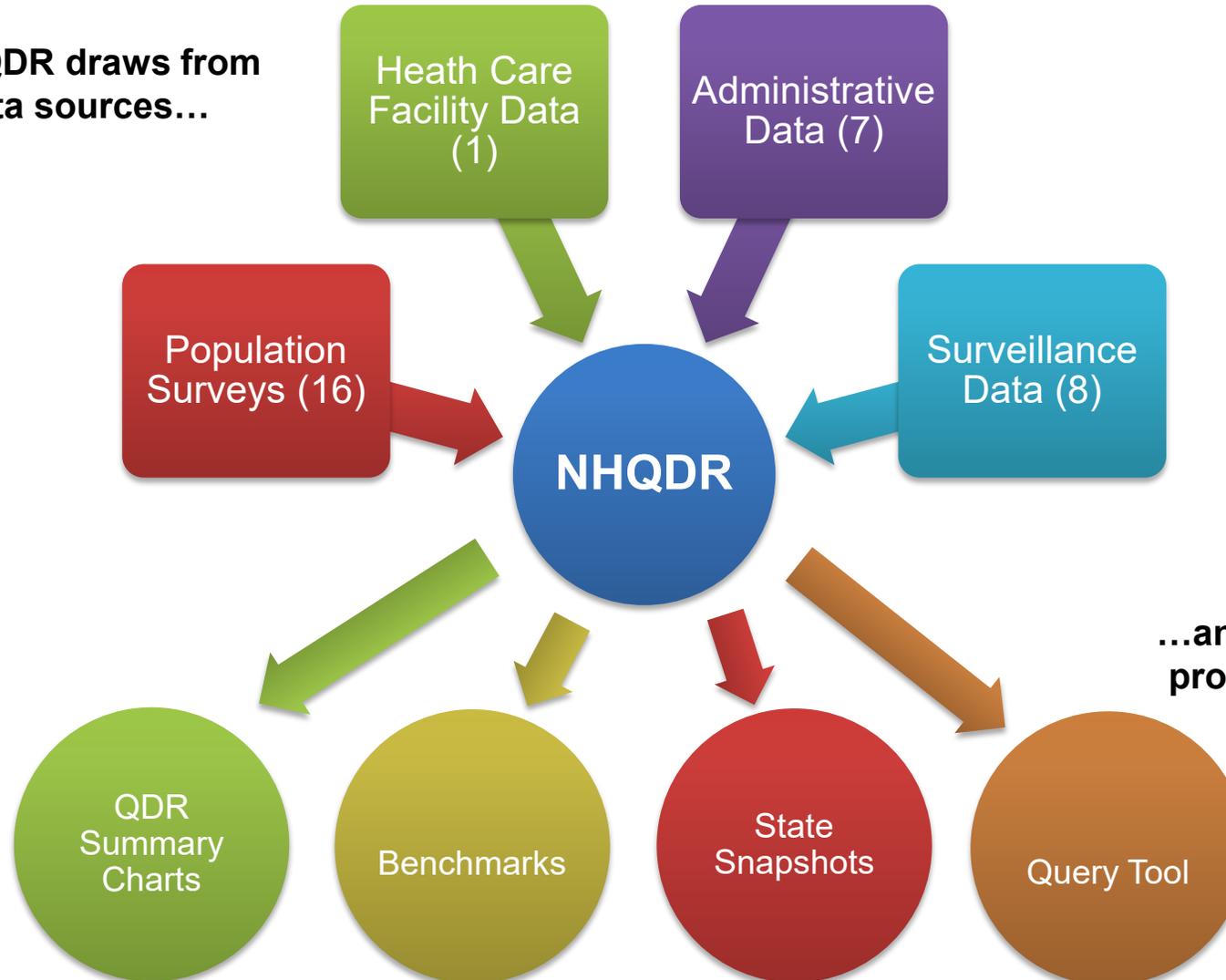


<https://nhqdr.ahrq.gov>

- Annual report to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129).
- Provides a comprehensive overview of:
 - ▶ Quality of healthcare in the U.S.
 - ▶ Disparities in care experienced by different racial socioeconomic, and other groups.
- Assesses the performance and identifies areas of strength and weakness along three main axes:
 - ▶ Access to healthcare
 - ▶ Quality of healthcare
 - ▶ NHQDR priorities
- Guided by an Interagency Work Group.
- Submitted on behalf of the Secretary of the Department of Health and Human Services (HHS).

The NHQDR Translates Data into Insights

The NHQDR draws from 32 data sources...



...and offers multiple products and tools.

NHQDR Organization



- NHQDR assesses **access** to and **quality** of healthcare.
- There are 250+ access and quality measures in the NHQDR.
- Quality is organized by NHQDR priority area.

Patient Safety	Making care safer by reducing harm caused in the delivery of care
Person-Centered Care	Ensuring that each person and family is engaged as partners in their care
Care Coordination	Promoting effective communication and coordination of care
Effective Treatment	Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
Healthy Living	Working with communities to promote wide use of best practices to enable healthy living
Affordable Care	Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models

National Healthcare Quality and Disparities Report - Products



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Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

National Healthcare Quality and Disparities Reports

Your source for the Reports, State Snapshots, and QR/DRnet



Reports

Read and download the full reports

National View

National summary across quality measures

State View

State-level summaries and snapshots across measures

Data Query

Search data across specific measures

Opioids

Search for opioids measures the report

Resources

Resources to improve quality performance



National View

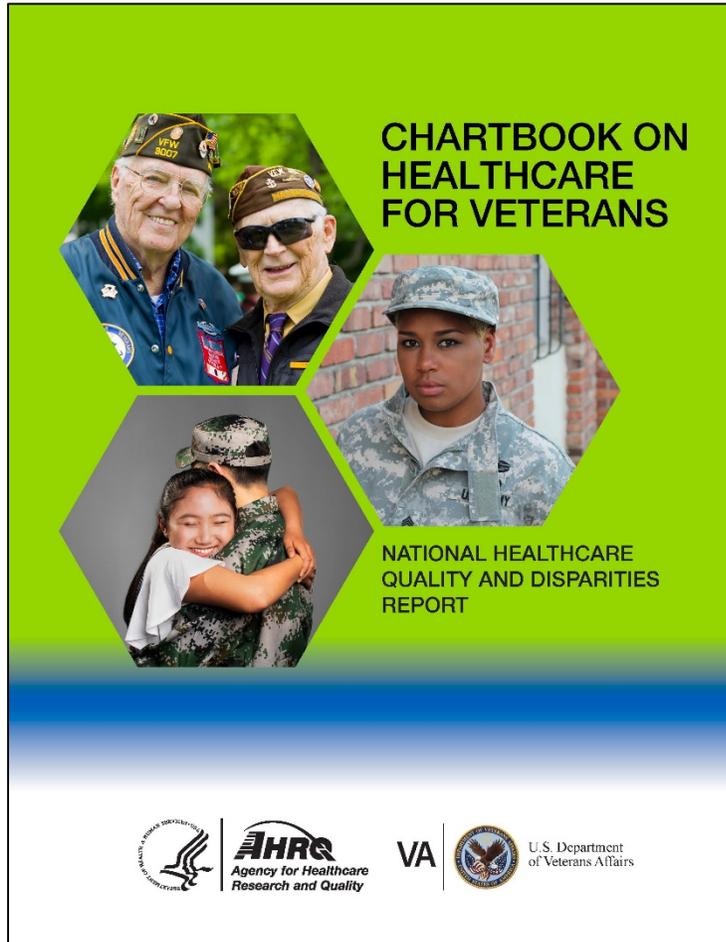
- Begin your investigation with national-level data
- View a national summary of overall performance in healthcare quality and disparities
- "Drill down" to view specific measures and respective benchmarks
- Examine national data across sociodemographic and other factors

1 2 3 4 5 6

[News and Highlights](#)

[New to the Reports?](#)

VHA & QDR Collaboration on the Chartbook on Healthcare for Veterans



- **May 2019:** OHE and the NHQDR team explored the development of a chartbook examining healthcare for Veterans.
- **Sept 2019:** AHRQ contracted with IMPAQ International to support development and analysis.
- **July 2020:** The Chartbook was presented to the Inter-agency workgroup.
- **Nov 2020:** The Chartbook was published on AHRQ.gov.



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NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORT

**Chartbook on Healthcare for Veterans
January 13, 2021**

This presentation contains notes. From the ribbon, select View, then select Notes Page in Presentation View to read them.

INTRODUCTION TO CHARTBOOK ON HEALTHCARE FOR VETERANS

National Healthcare Quality and Disparities Report Chartbooks



- The NHQDR is supported by a series of related chartbooks that:
 - ▶ Present information on access and quality measures.
 - ▶ Are posted online at: <https://www.ahrq.gov/research/findings/nhqdr/chartbooks/index.html>.
- Chartbooks cover different topics, such as:
 - ▶ Access to care
 - ▶ Healthcare priority areas (e.g., patient safety)
 - ▶ Priority populations (e.g., rural population)

Chartbook on Healthcare for Veterans



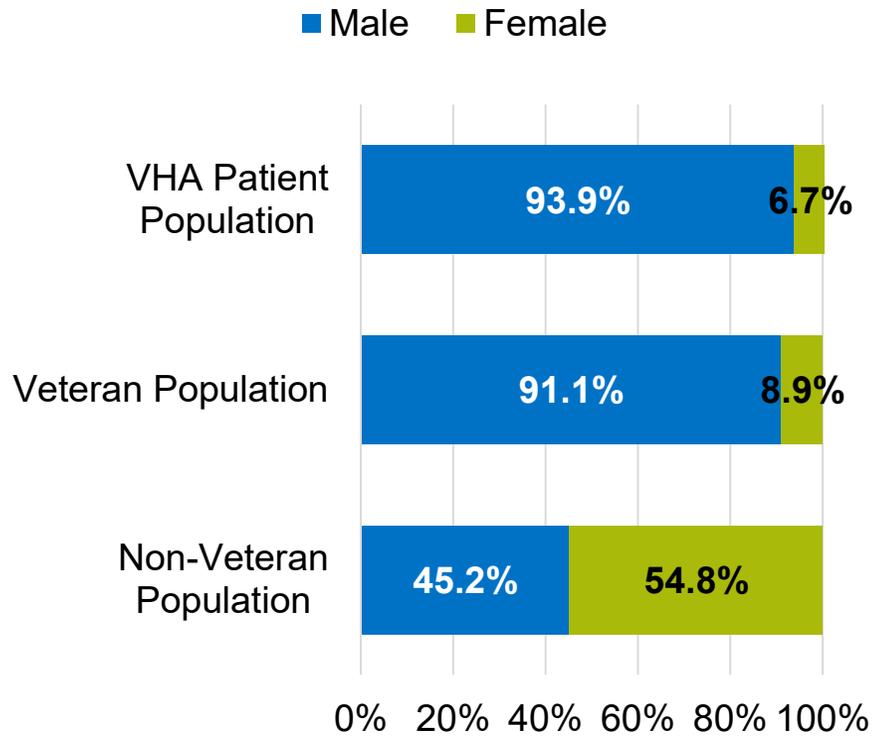
- The Veterans Health Administration (VHA) Office of Health Equity (OHE) was created in 2012 to promote the advancement of health equity and reduction of health disparities among Veterans.
 - ▶ **Health equity** is the attainment of the highest level of health for all people.
 - ▶ **Health disparities** are health differences that are closely linked with social or economic disadvantage.
- The chartbook is a collaboration between the AHRQ NHQDR team, VHA OHE, and the Interagency Work Group.

VETERANS

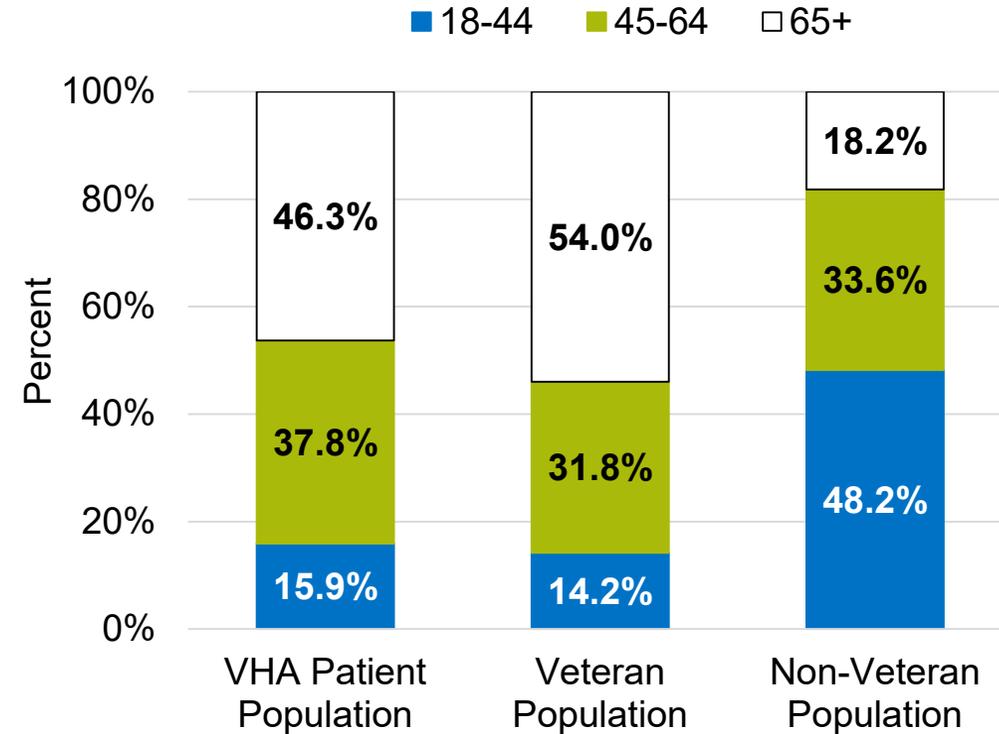
- Veterans, individuals who have served in the armed forces, differ from non-Veterans on various characteristics.
- Some Veterans receive healthcare through VHA.
 - ▶ VHA users differ from Veterans who do not use VHA.
- Evidence suggests that disparities in healthcare access and quality exist between:
 - ▶ Veterans and non-Veterans
 - ▶ Within the Veteran population
 - ▶ Within the VHA patient population

Demographics – Gender and Age

Percent Distribution of Gender Among VHA Patient, Veteran, and Non-Veteran Populations



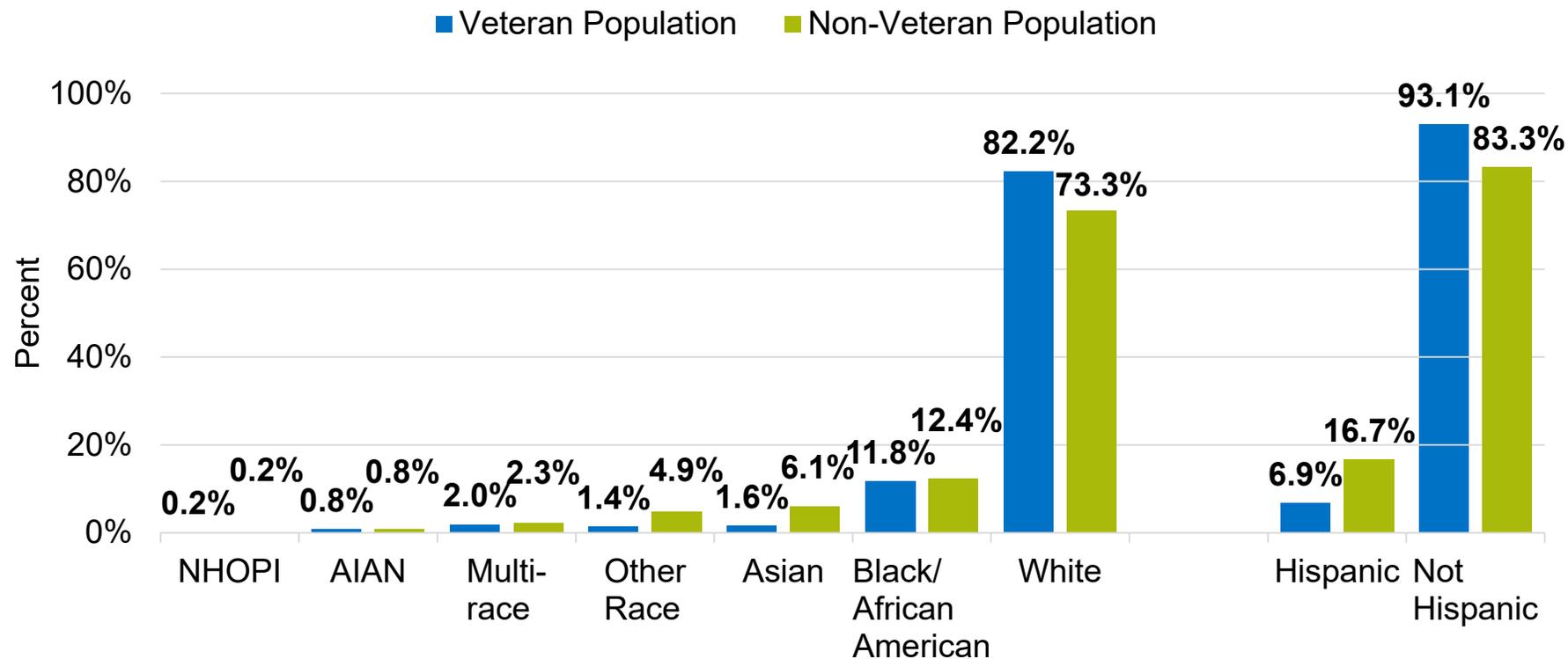
Percent Distribution of Age Among VHA Patient, Veteran, and Non-Veteran Populations



Source: U.S. Census Bureau, 2017 (Veterans and non-Veterans) and VHA administrative data, 2017 (VHA patients).

Demographics – Race and Ethnicity

Percent Distribution of Race and Ethnicity Among Veteran and Non-Veteran Populations

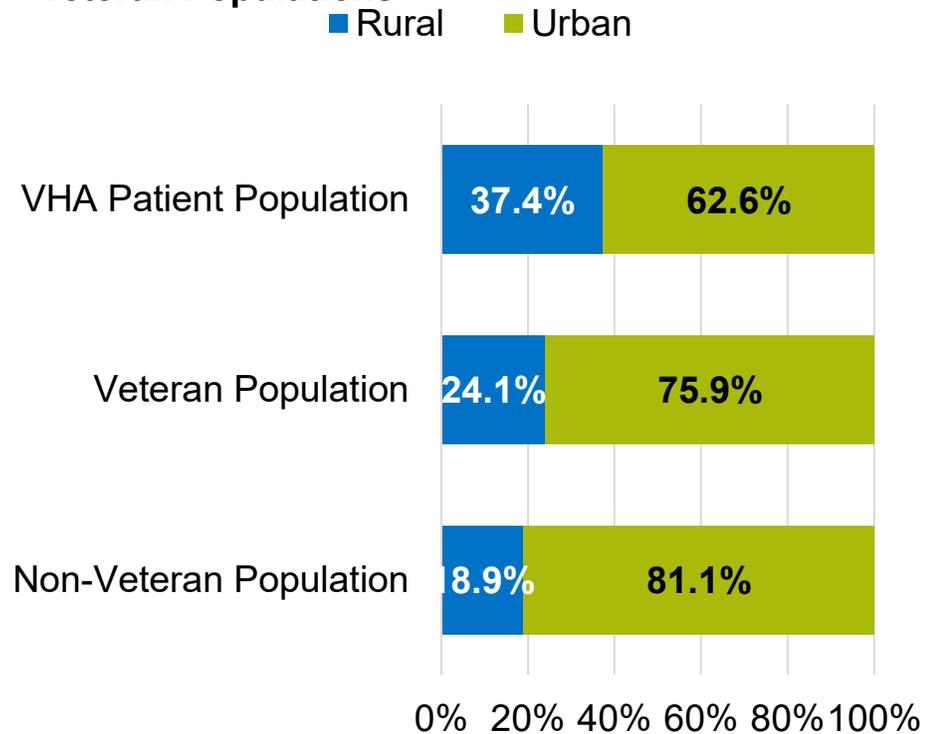


Key: NHOPI = Native Hawaiian and Other Pacific Islander; AIAN = American Indian and Alaska Native.

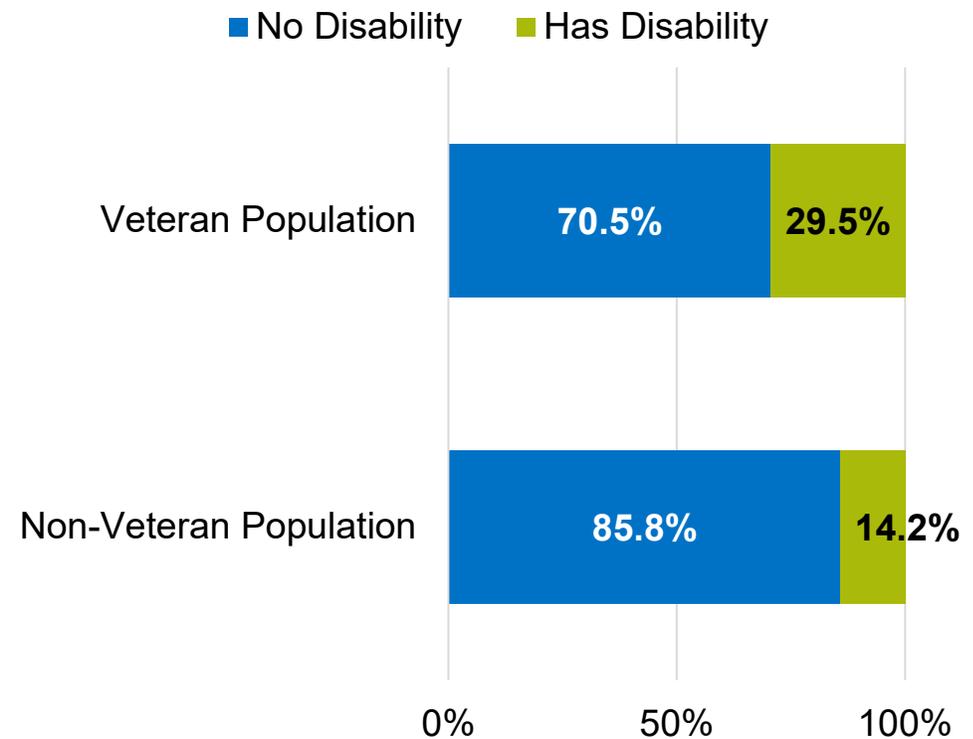
Source: U.S. Census Bureau, 2017.

Location and Disability Status

Percent Distribution of Rural/Urban Status Among VHA Patient, Veteran, and Non-Veteran Populations



Percent Distribution of Disabilities/Limitations Among Veteran and Non-Veteran Populations



Source: U.S. Census Bureau, 2017 (Veterans and non-Veterans) and VHA administrative data, 2017 (VHA patients).

CHARTBOOK METHODOLOGY

Comparison Populations and Contrasts

- Analyses included three populations: Veterans, non-Veterans, and Veterans who use VHA services.
- Analyses were organized into three types of comparison (i.e., contrasts).

#1	Veterans and non-Veterans	Assessed disparities by comparing Veterans to non-Veterans, standardizing by age and gender
#2	All Veterans	Assessed disparities across characteristics such as age, gender, race, ethnicity, education, income, disabilities/limitations, and insurance
#3	Veterans who use VHA services (i.e., VHA users)	Assessed disparities across characteristics such as age, gender, race, ethnicity, and education

- Data for Contrasts 1 and 2.
 - ▶ **National Healthcare Interview Survey (NHIS)** - National in-person interview survey providing detailed information about health status, access to care, and receipt of services. Data were self-reported.
 - ▶ **Medicare Expenditure Panel Survey (MEPS)** - Set of national panel surveys of individuals and providers collecting and reporting comprehensive information about access, use, quality, and cost of healthcare. Data were self-reported.
- Data for Contrast 3.
 - ▶ **Survey of Healthcare Experience of Patients (SHEP)** - Customer experience survey used to evaluate and improve the experience of care among users of VHA facilities. Data were self-reported.

Data Preparation

- Metrics were aligned so that a higher rate is “better” (i.e., higher rate implies a healthier status).
- Reference groups were determined.

Variable	Reference Group
Veteran Status	Non-Veterans
Age	Younger age (i.e., 18-44 or 20-49 years)
Gender	Male
Race/Ethnicity	White, non-Hispanic
Income	Middle or high income
Education	College education
Insurance	Any private insurance
Activity Limitations	No activity limitation

Analysis Summary

- Measure values for were compared using age and gender strata, age-adjusted gender strata, or age-gender adjusted values.
- Comparisons were made between priority and reference groups.
- Meaningful differences between two groups were determined based on two criteria.
 - ▶ Absolute difference was statistically significant with $p < 0.05$ on a two-tailed test.
 - ▶ The relative difference was at least 10%, where relative difference is defined as the difference between priority group and reference group, divided by reference group value.

CONTRAST 1 FINDINGS:

Disparities Between Veterans and Non-Veterans

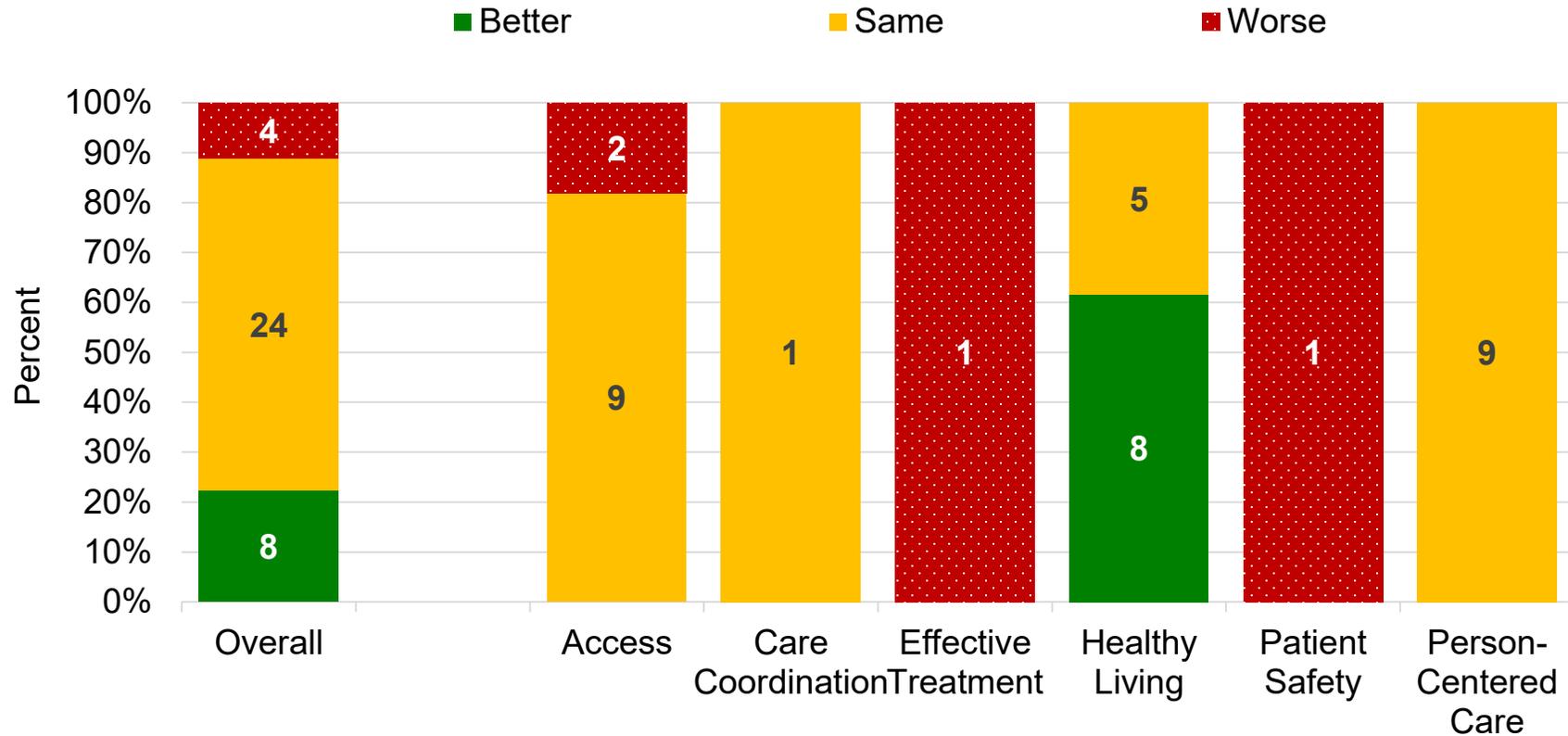
Number and percentage of measures for which Veterans of selected groups experienced better, same, or worse access to or quality of care compared with reference group Veterans, 2014-2017 or 2015-2018



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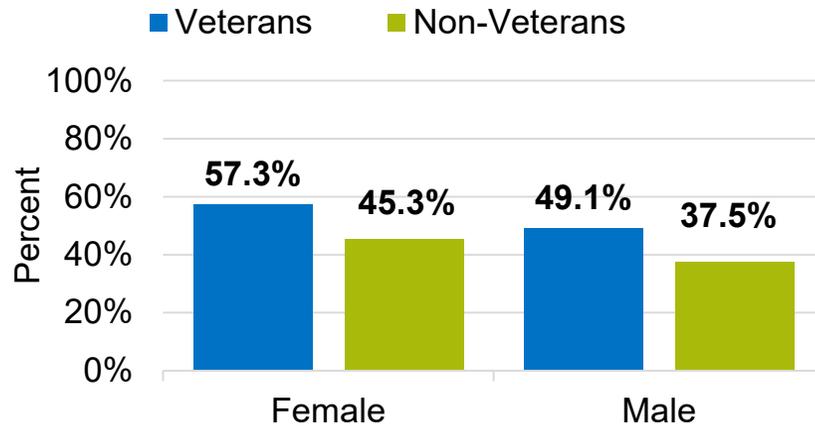


Key: y.o. = years old; NH = non-Hispanic.

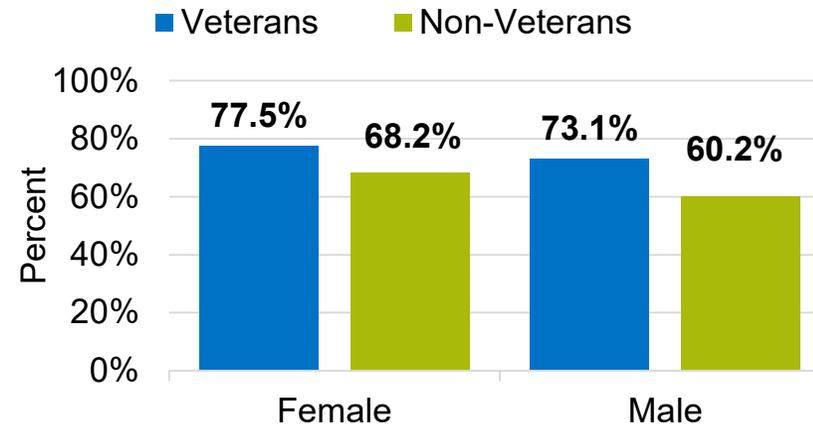
Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2015-2018.

Respondents who reported receiving vaccinations, 2015-2018

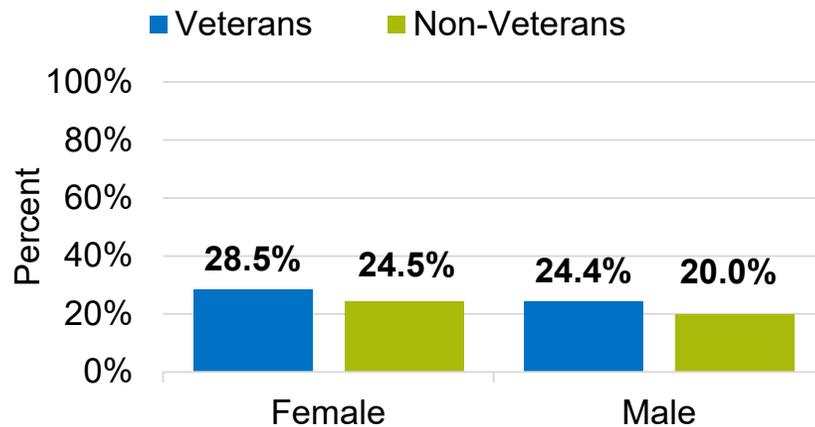
Influenza Vaccination



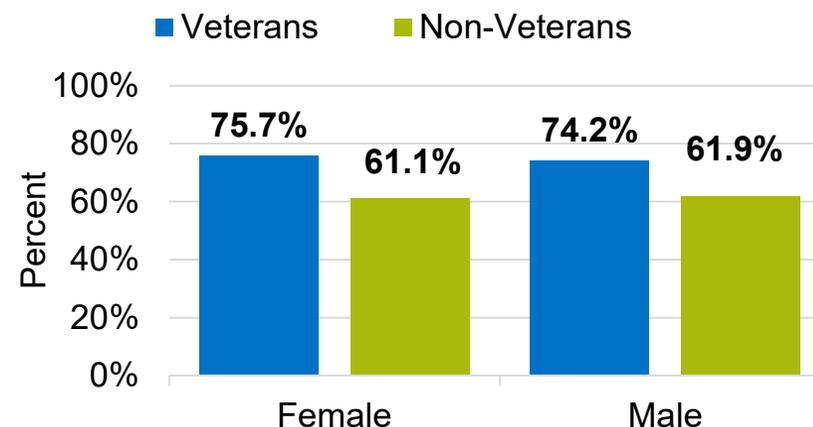
Pneumococcal Vaccination



Shingles Vaccination



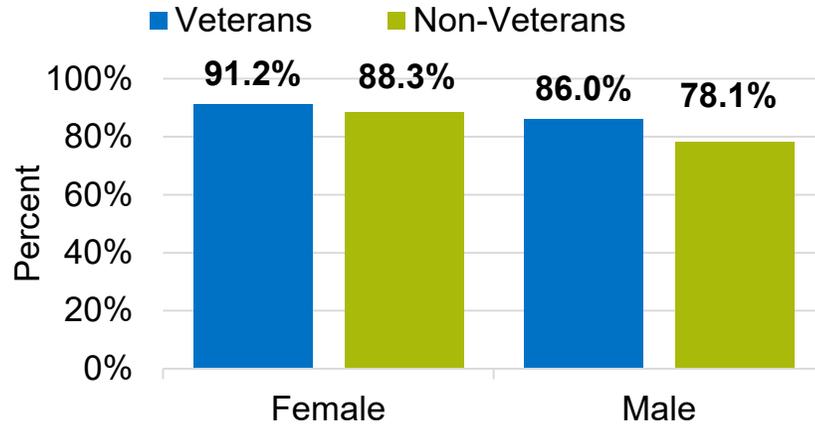
Tetanus Vaccination



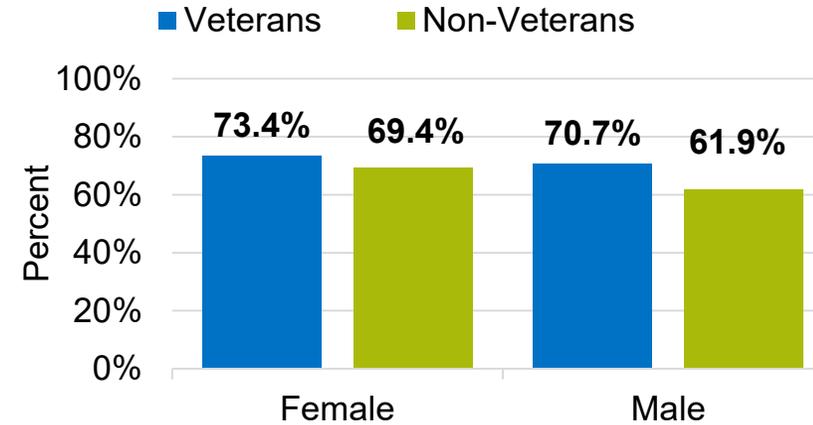
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2015-2018.

Respondents who reported receiving screenings in the past 12 months, 2015-2018

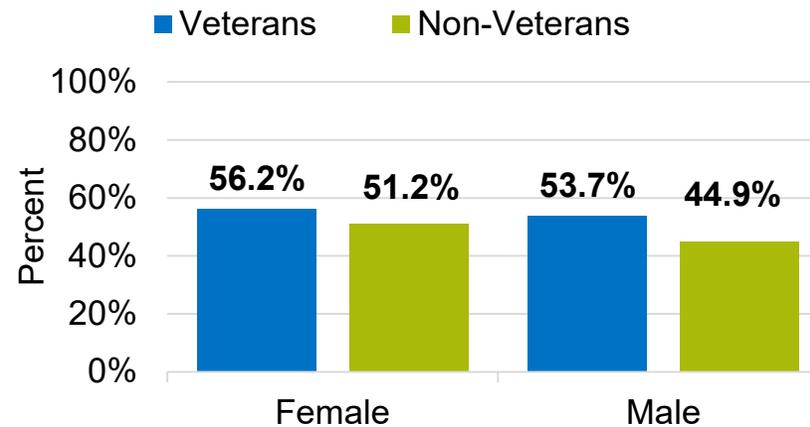
Blood Pressure Screening



Cholesterol Screening



Glucose Screening



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2015-2018.

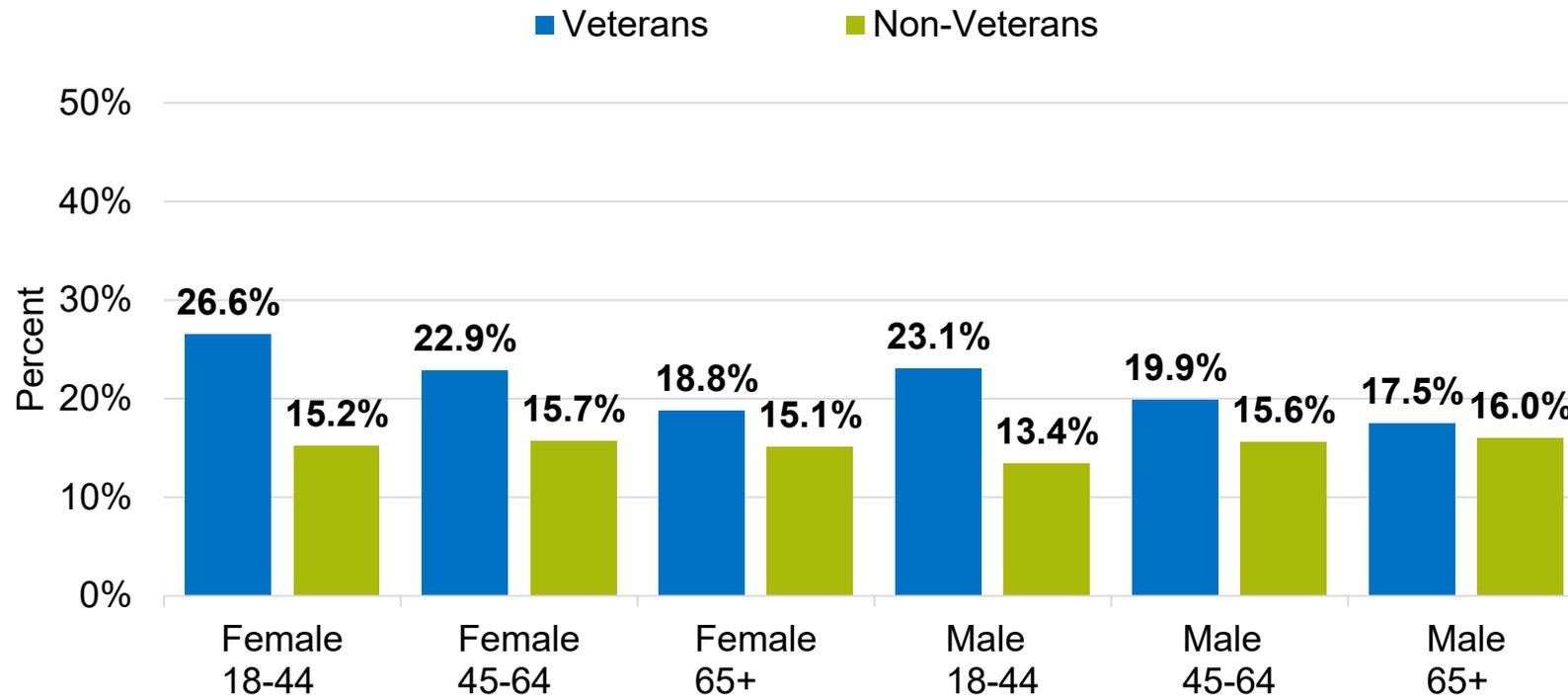
Respondents who indicated their usual source of care was somewhat to very difficult to contact during regular business hours over the telephone, 2014-2017



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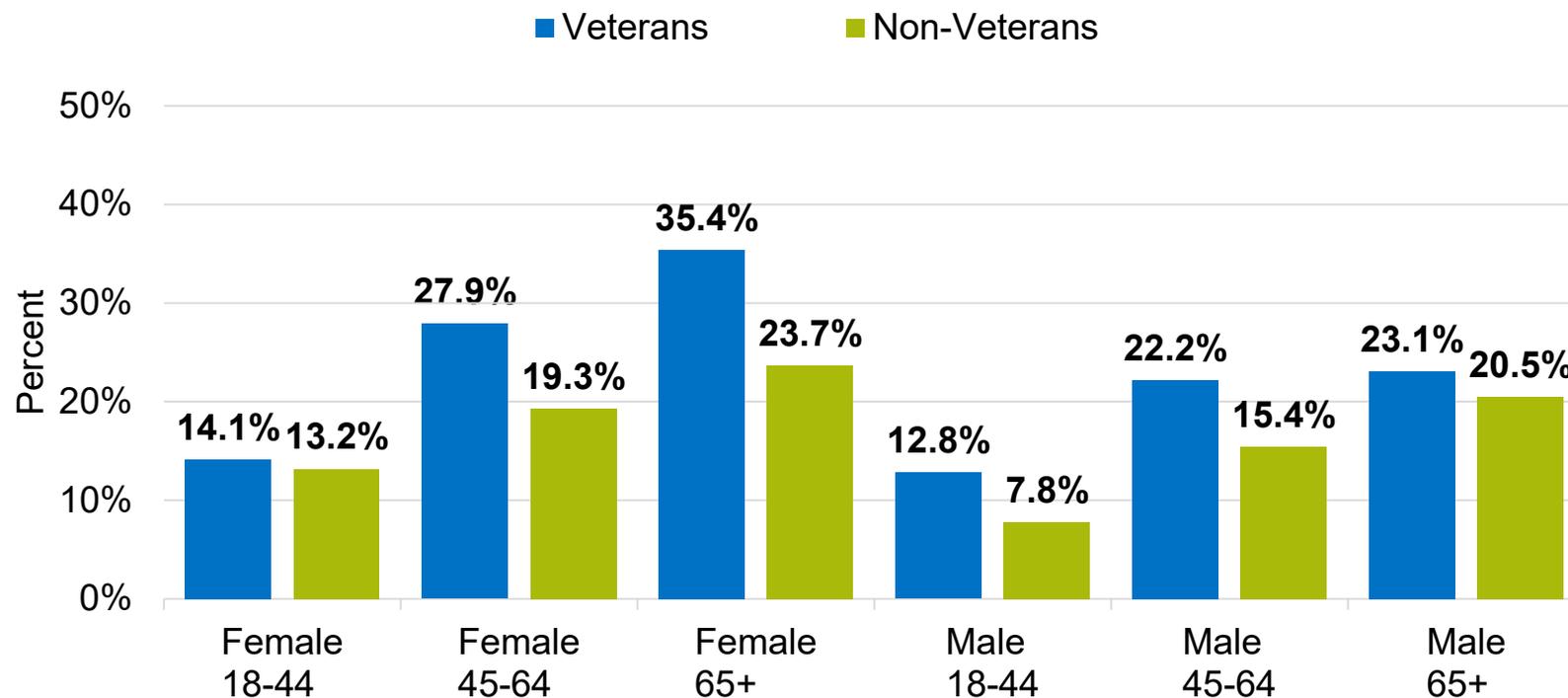


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Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017.

Respondents who filled an outpatient opioid prescription in the calendar year, 2014-2017



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017.

CONTRAST 2 FINDINGS:

Disparities Within the Veteran Population

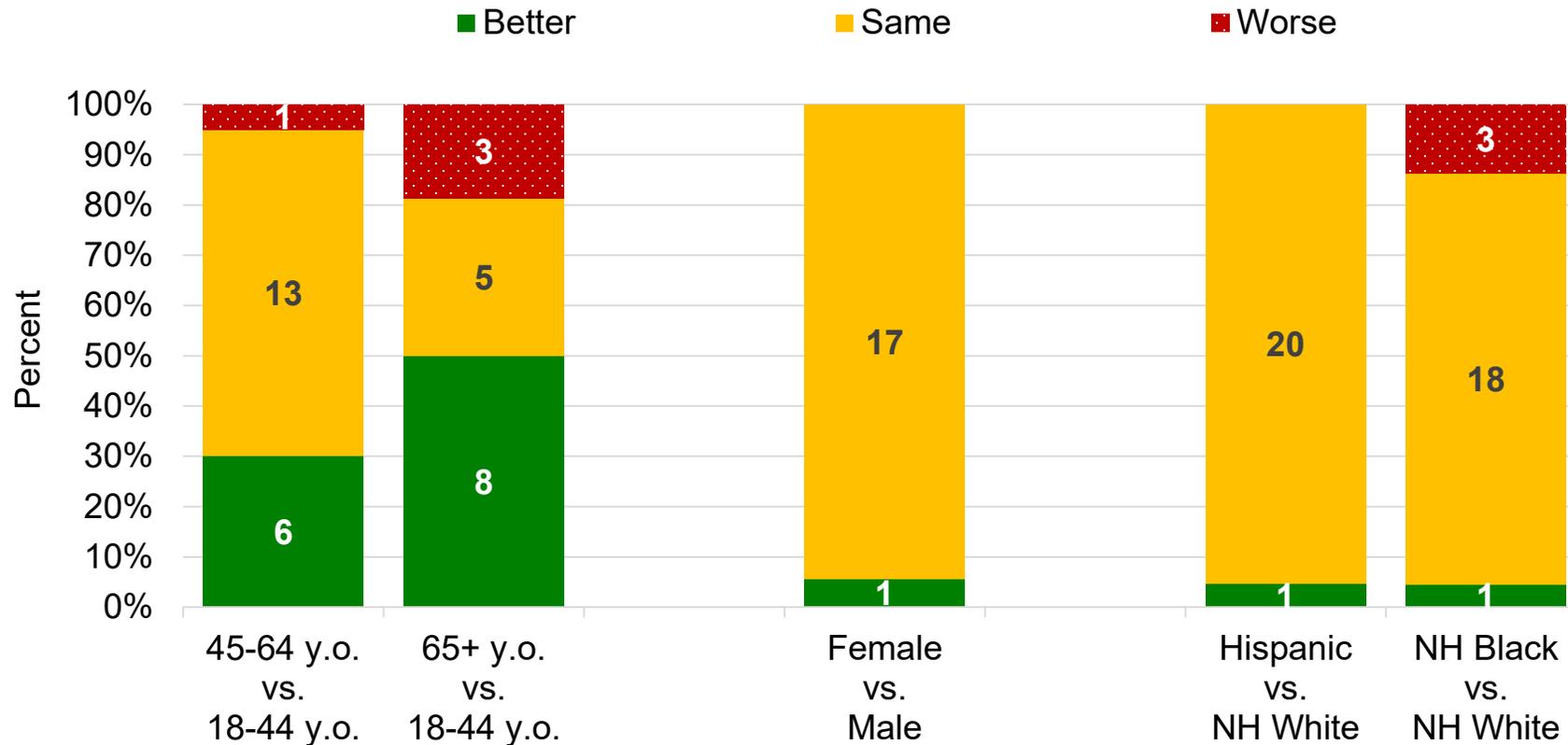
Number and percentage of measures for which Veterans of selected groups experienced better, same, or worse access to or quality of care compared with reference group Veterans, 2014-2017 or 2015-2018



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Key: y.o. = years old; NH = non-Hispanic.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2015-2018.

Note: For the nine National Health Interview Survey measures, the youngest age category was 20-49 years old and the middle age category was 50-64 years old.

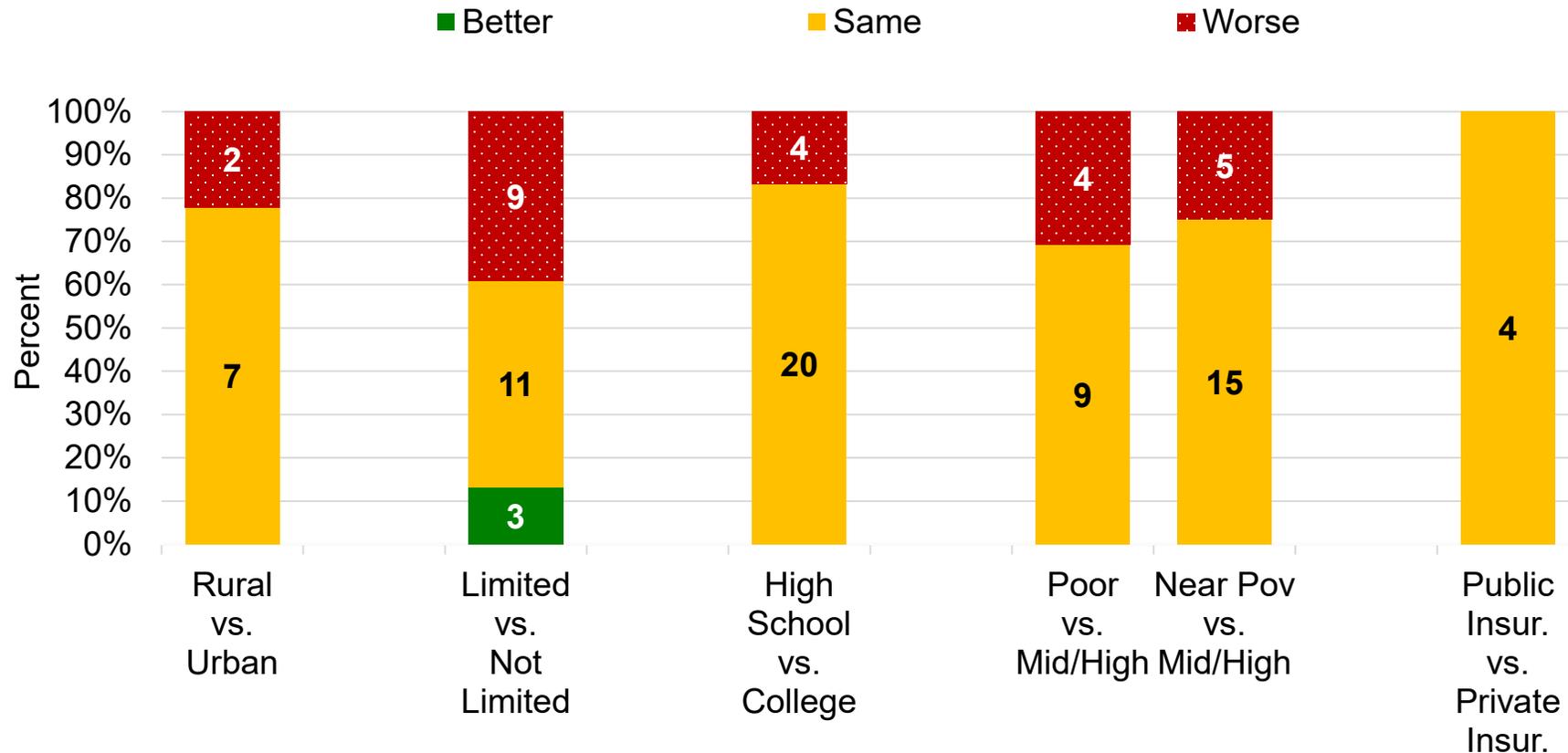
Number and percentage of measures for which Veterans of selected groups experienced better, same, or worse access to or quality of care compared with reference group Veterans, 2014-2017 or 2015-2018



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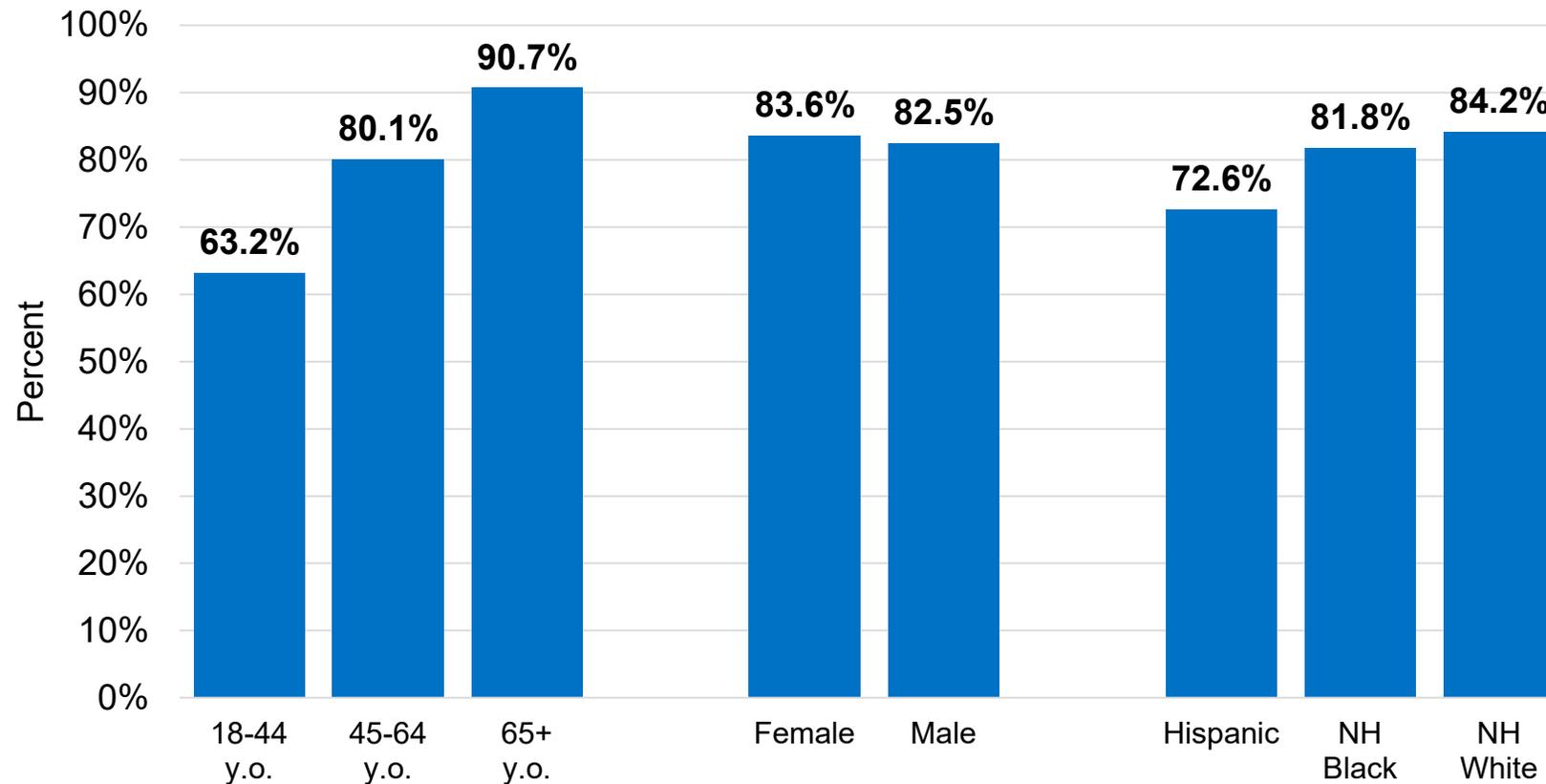
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Key: Mid/High = Middle to high income; Near Pov = Just above the poverty line; Insur = Insurance

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017; and Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2015-2018.

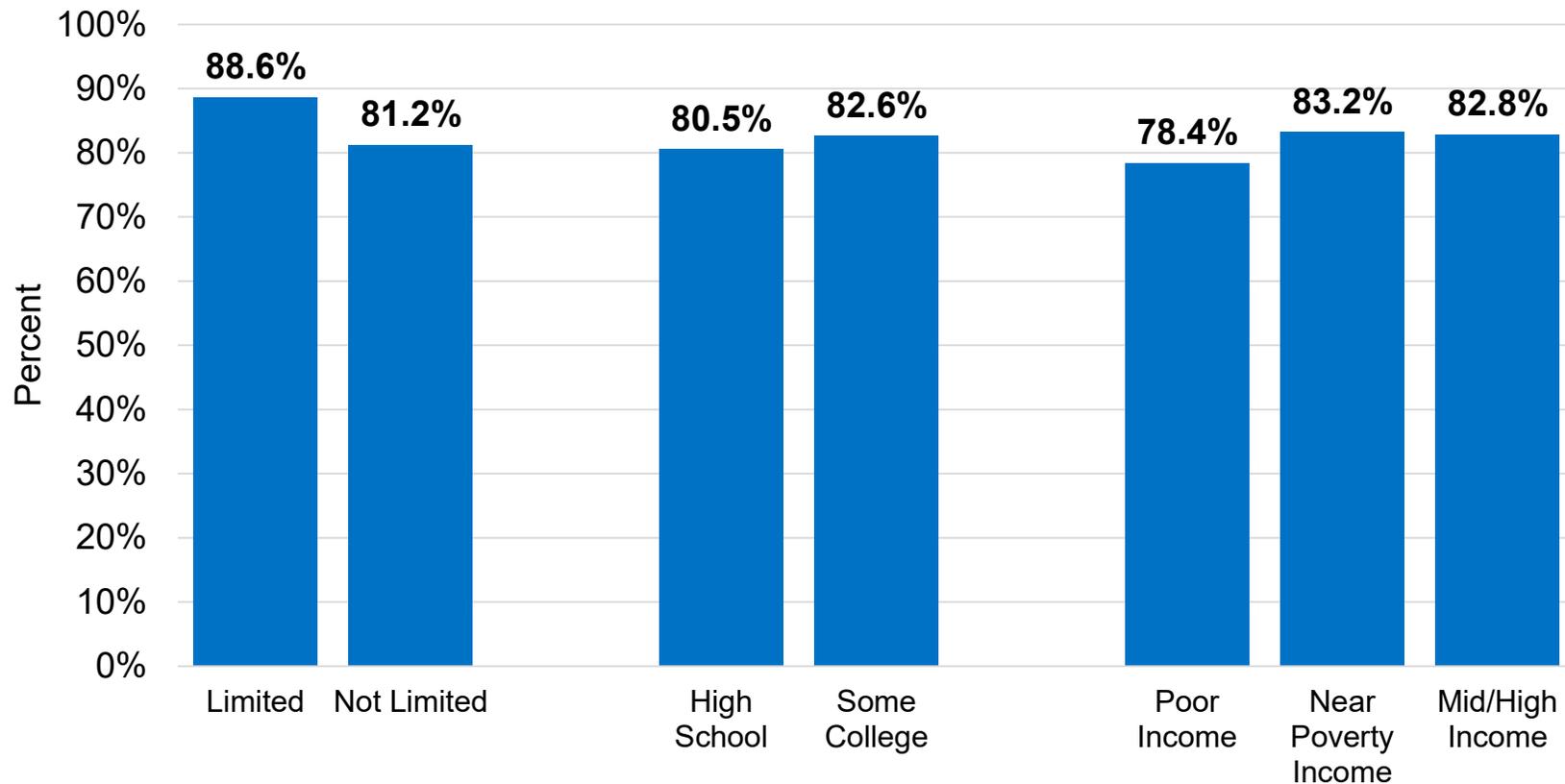
Veterans with usual primary care provider, 2014-2017



Key: y.o. = years old; NH = non-Hispanic.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017.

Veterans with usual primary care provider, 2014-2017

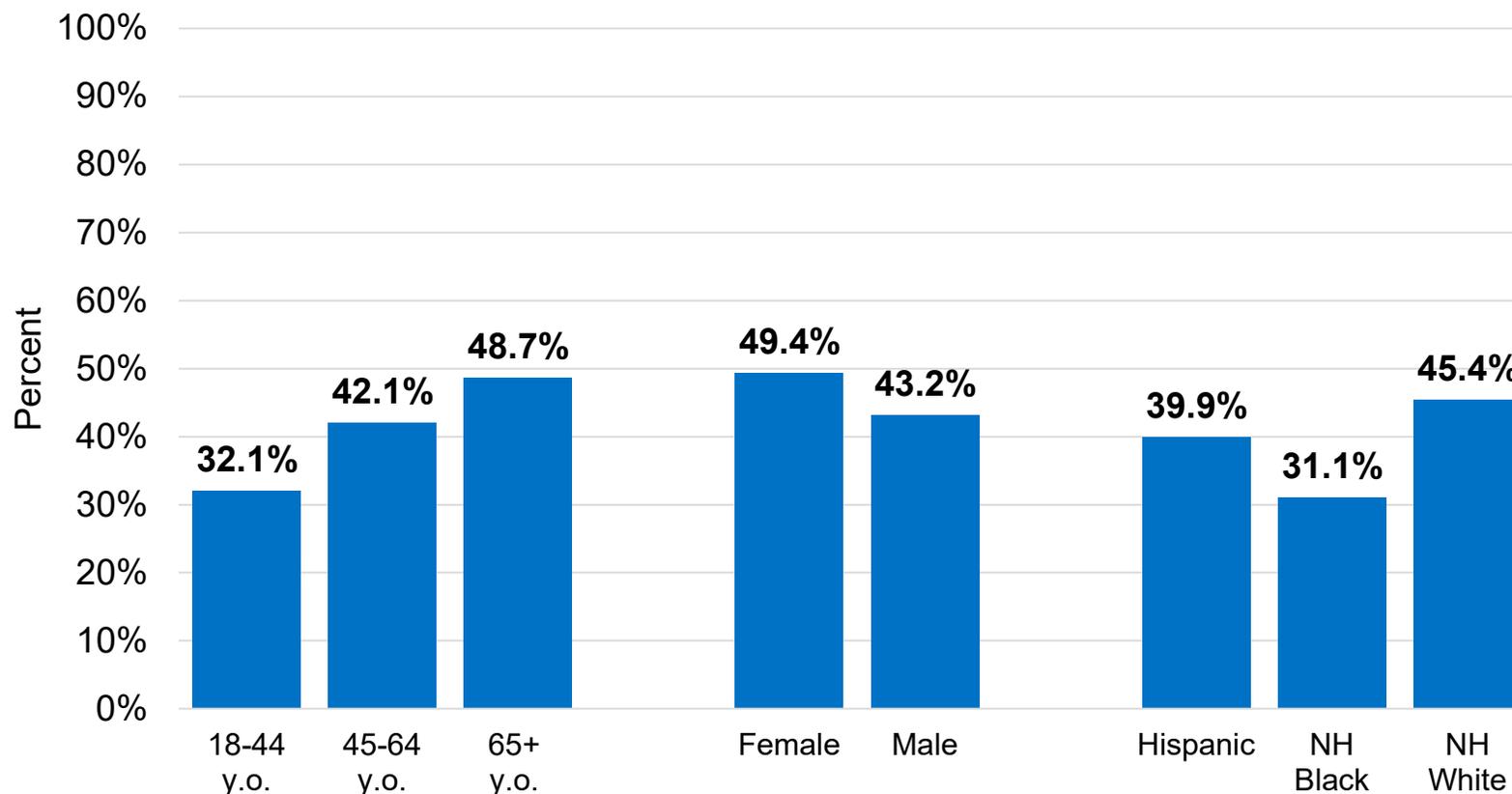


Key: Mid/High = Middle to high income;

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017.

Note: The data for rural vs. urban location and private vs. public insurance did not meet criteria for statistical reliability and are not included.

Veterans who indicated a dental visit in the past calendar year, 2014-2017



Key: y.o. = years old; NH = non-Hispanic.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017.

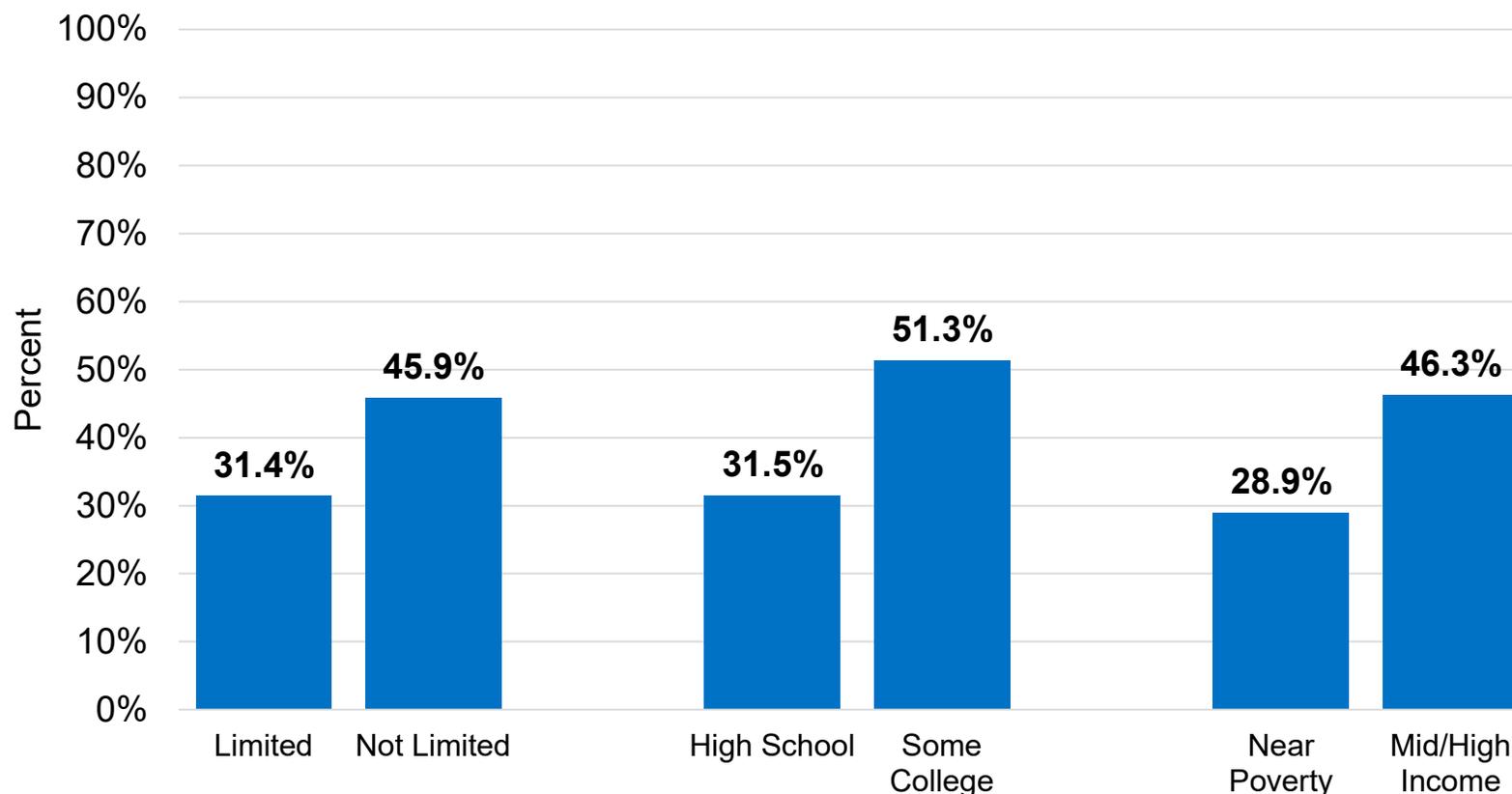
Veterans who indicated a dental visit in the past calendar year, 2014-2017



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Key: Mid/High = Middle to high income;

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014-2017.

Note: The data for poor vs. middle/high income, rural vs. urban location, and private vs. public insurance did not meet criteria for statistical reliability and are not included.

CONTRAST 3 FINDINGS:

Disparities Within VHA Users Access and Quality Measures

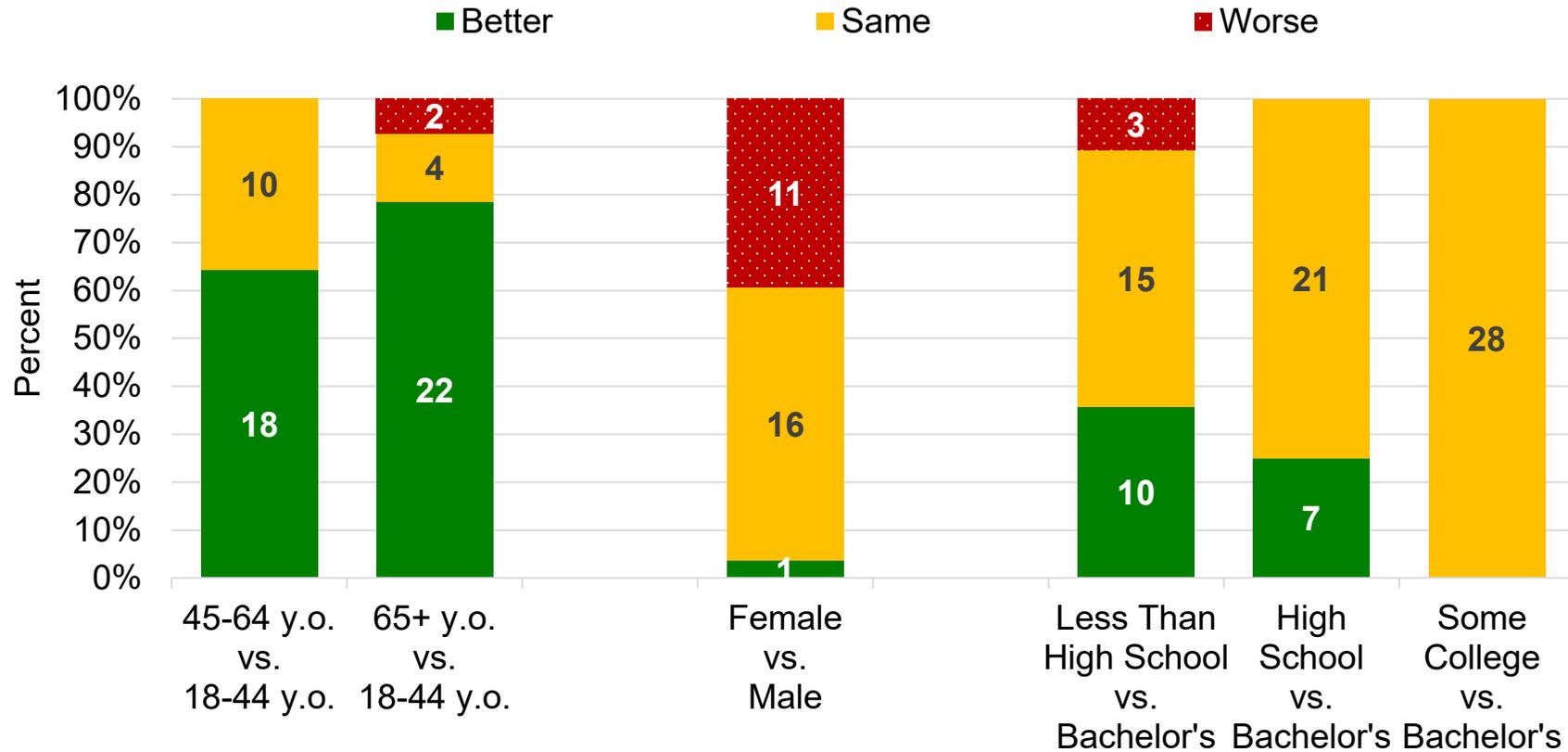
Number and percentage of measures for which VHA users of selected groups experienced better, same, or worse access to or quality of care compared with reference group VHA users, 2015



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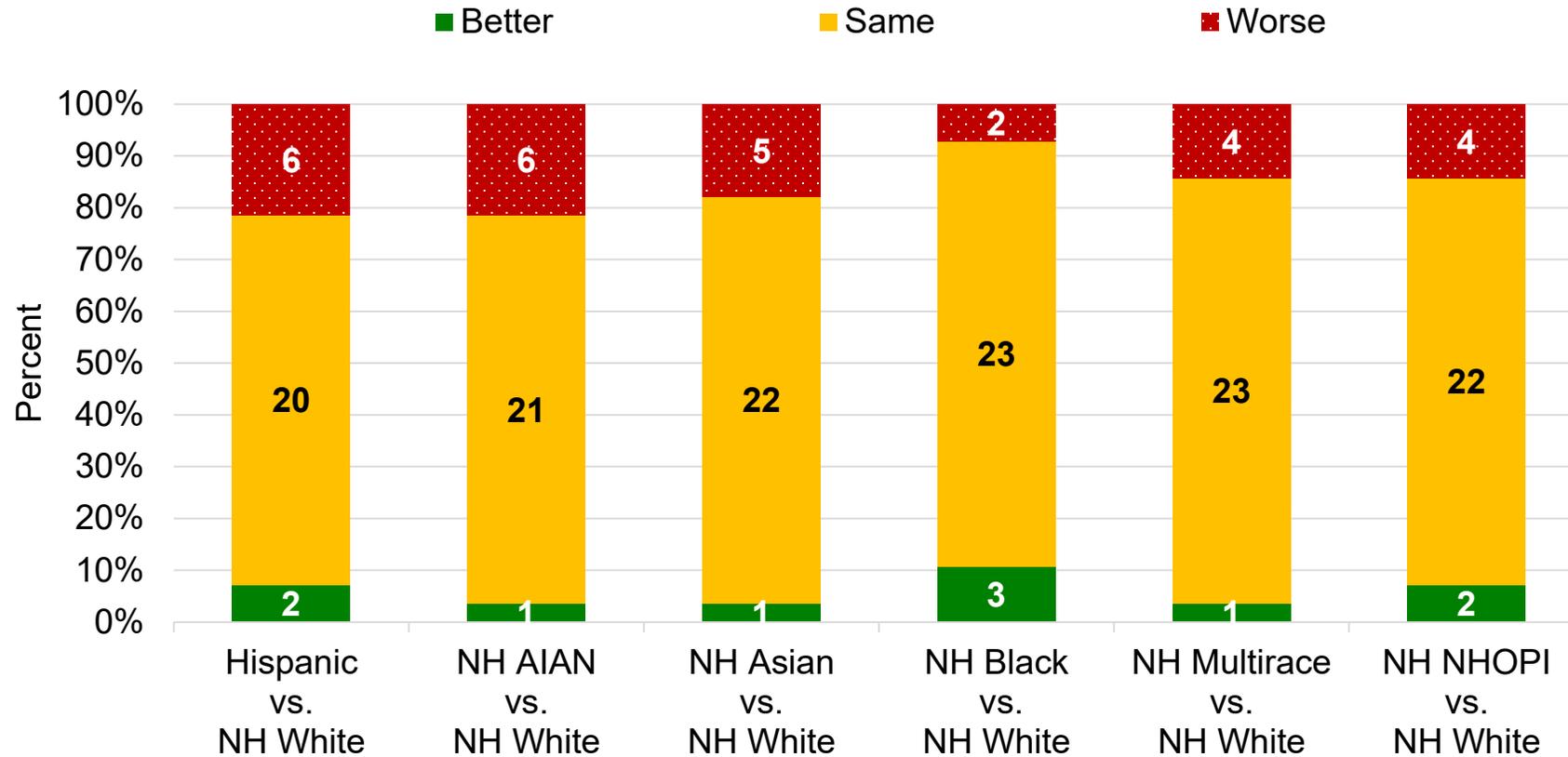
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Key: y.o. = years old.

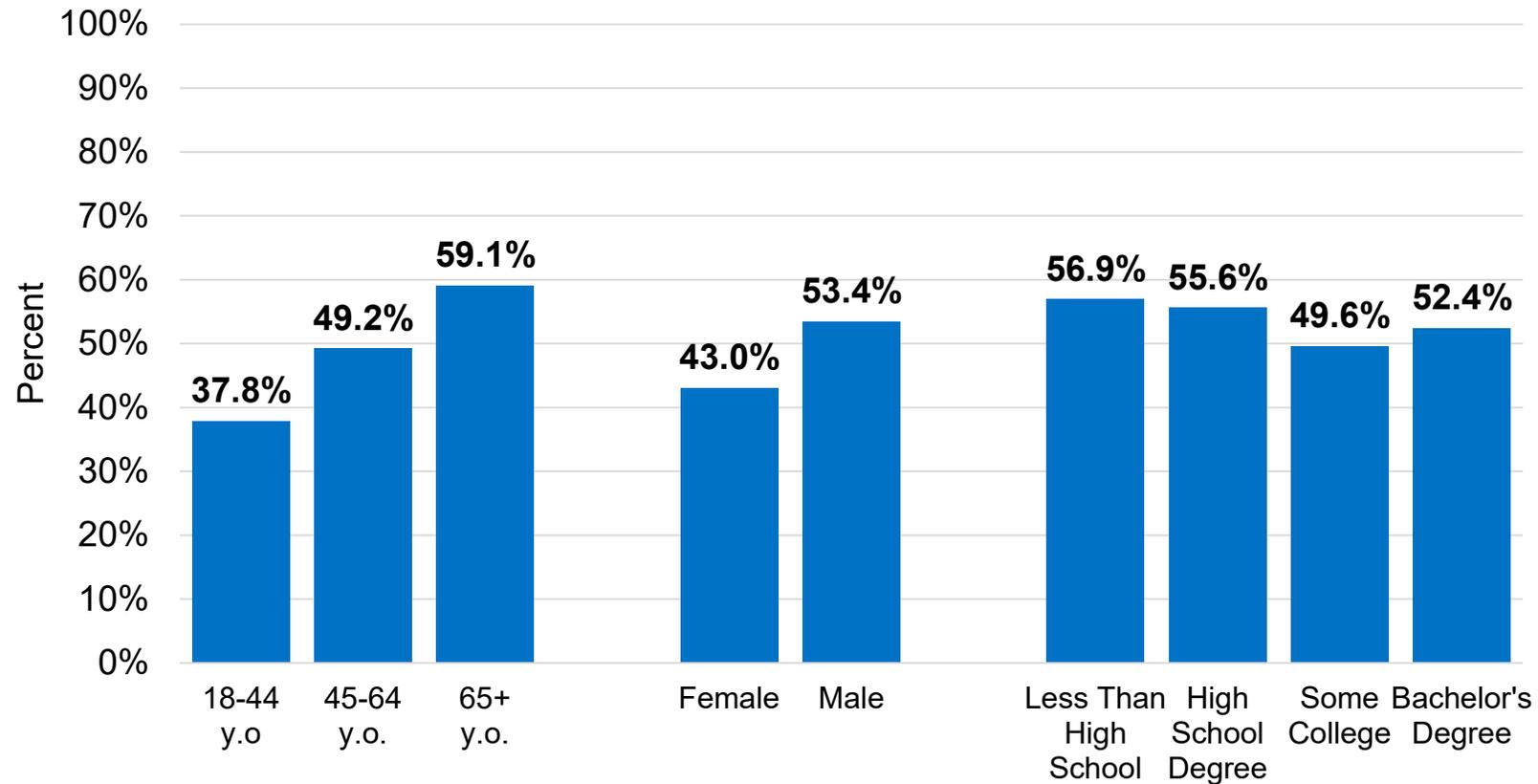
Source: Veterans Health Administration, Survey of Healthcare Experience of Patients, 2015.

Number and percentage of measures for which VHA users of racial/ethnic groups experienced better, same, or worse access to or quality of care compared with non-Hispanic White VHA users, 2015



Key: NH = Non-Hispanic; AIAN = American Indian and Alaska Native; NHOPI = Native Hawaiian or Other Pacific Islander
Source: Veterans Health Administration, Survey of Healthcare Experience of Patients, 2015.

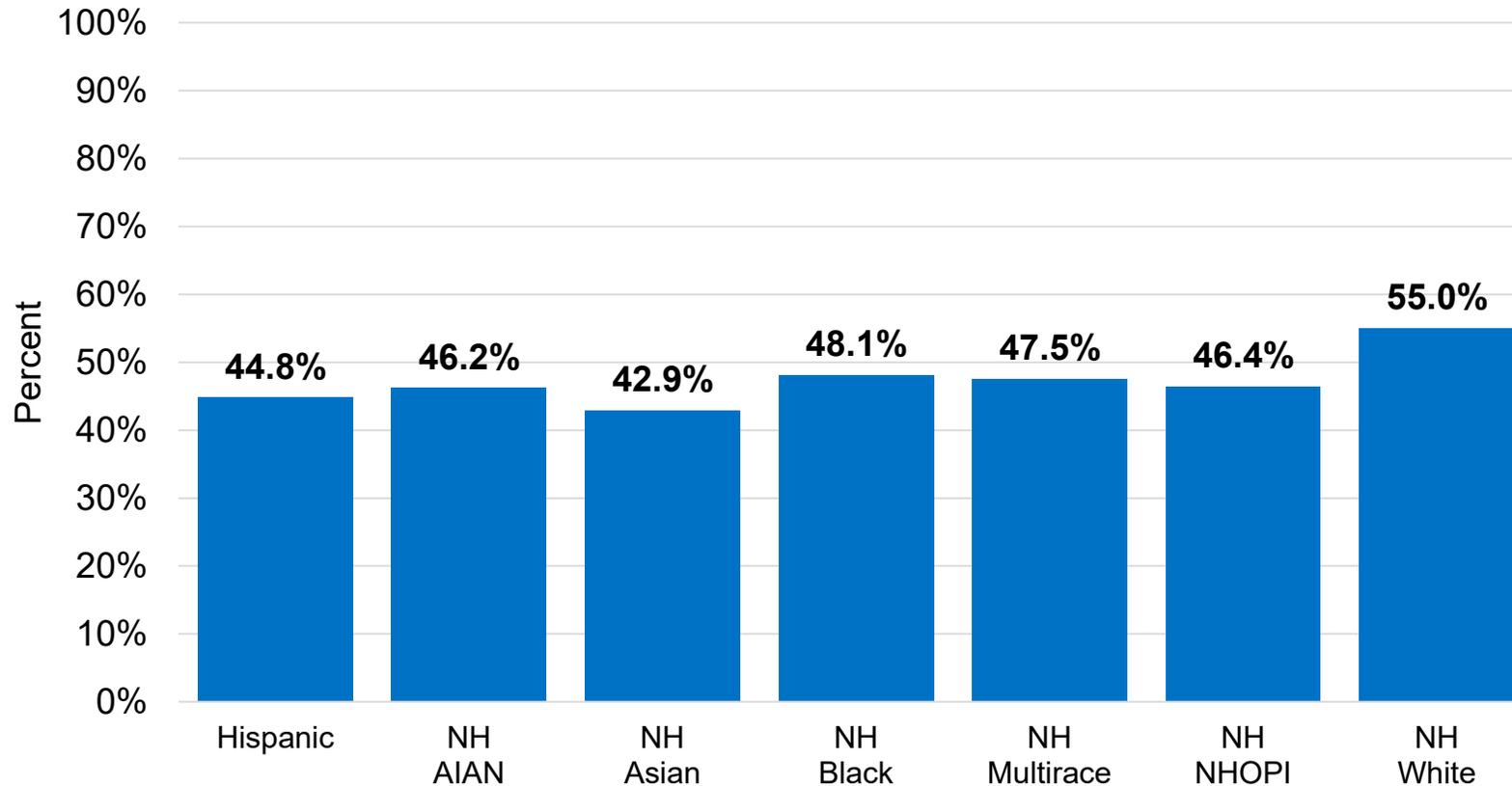
VHA users who indicated that in the last 12 months, when making an appointment for a checkup or routine care, they got an appointment as soon as needed, 2015



Key: y.o. = years old.

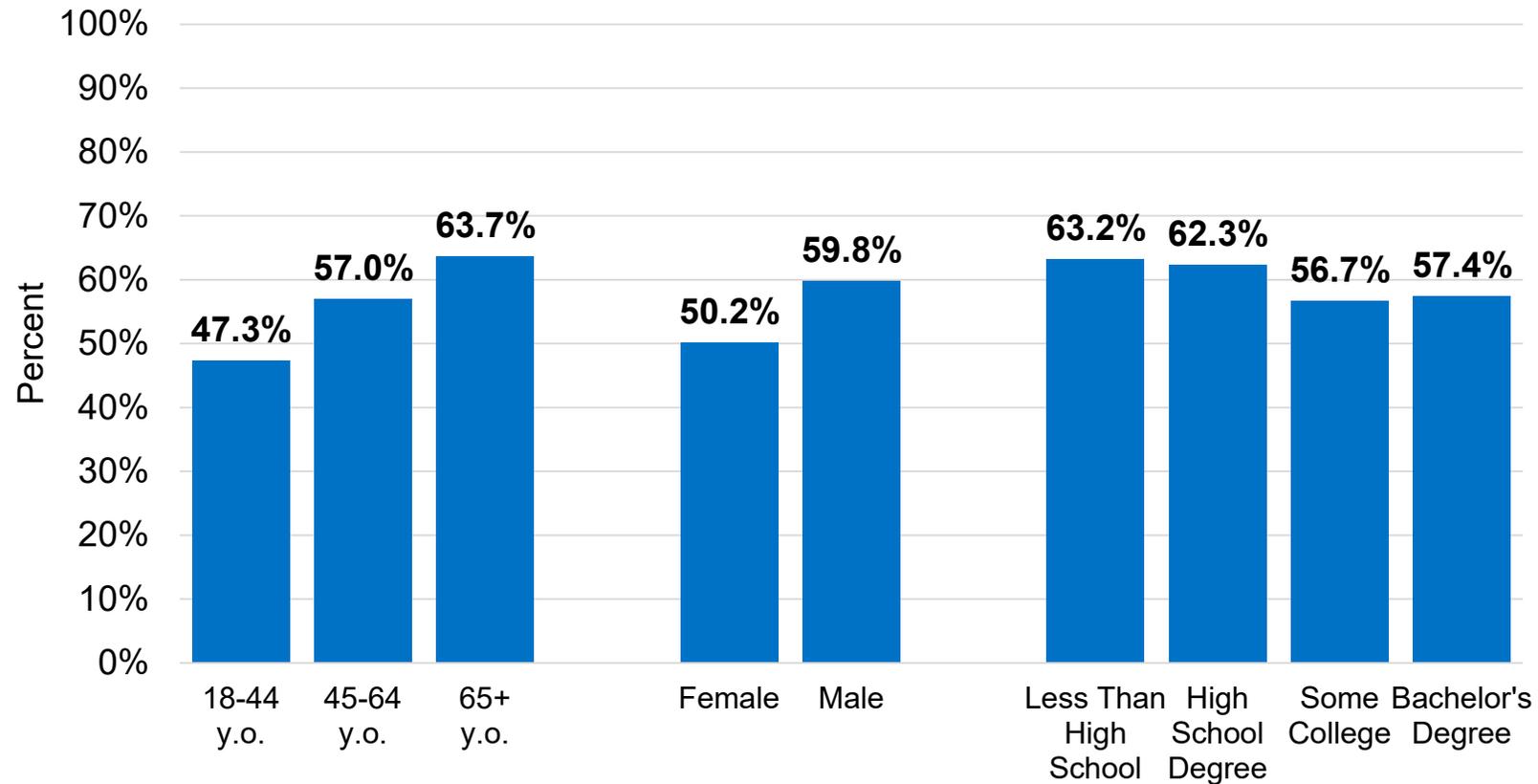
Source: Veterans Health Administration, Survey of Healthcare Experience of Patients, 2015.

VHA users who indicated that in the last 12 months, when making an appointment for a checkup or routine care, they got an appointment as soon as needed, 2015



Key: NH = Non-Hispanic; AIAN = American Indian and Alaska Native; NHOPI = Native Hawaiian or Other Pacific Islander
Source: Veterans Health Administration, Survey of Healthcare Experience of Patients, 2015.

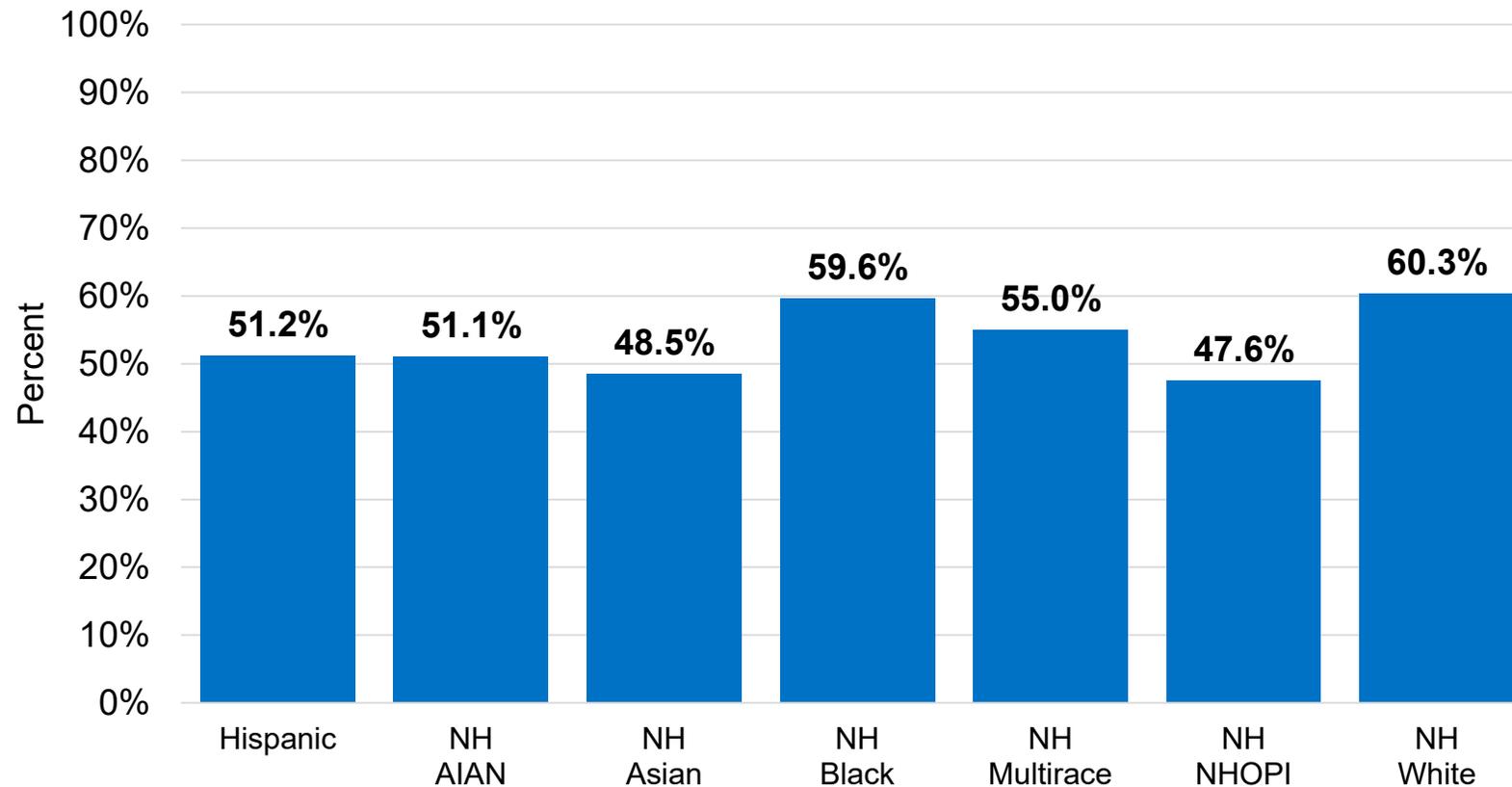
VHA users who received a followup from their provider's office after the provider ordered a blood test, x-ray, or other test within the last 12 months, 2015



Key: y.o. = years old.

Source: Veterans Health Administration, Survey of Healthcare Experience of Patients, 2015.

VHA users who received a followup from their provider's office after the provider ordered a blood test, x-ray, or other test within the last 12 months, 2015



Key: NH = Non-Hispanic; AIAN = American Indian and Alaska Native; NHOPI = Native Hawaiian or Other Pacific Islander

Source: Veterans Health Administration, Survey of Healthcare Experience of Patients, 2015.

SUMMARY

Summary: Contrast 1 Key Findings



- Key findings from this chartbook include the following.
- **Contrast 1:** Assessing disparities in access to and quality of care for Veterans vs. non-Veterans.
 - ▶ Veterans reported **better care** for 22% of measures, which often related to vaccinations and health screening.
 - ▶ Veterans reported **similar care** for 67% of measures.
 - ▶ Veterans reported **worse care** for 11% of measures, which often were for access to care or related to prescribed medications.

Summary: Contrast 2 Key Findings

- **Contrast 2:** Assessing disparities in access to and quality of care for Veterans with different characteristics.
 - ▶ Disparities occurred most often across **age** and **disability status**.
 - Compared with younger Veterans, **middle age** and **older** Veterans had more often had better care.
 - Compared with Veterans with no activity limitations, Veterans with **activity limitations** more often had worse care.
 - ▶ Fewer disparities occurred across: gender, race/ethnicity, location, education, income, and insurance categories.

Summary: Contrast 3 Key Findings



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- **Contrast 3:** Assessing disparities in access to and quality of care for VHA users with different characteristics.
 - ▶ Disparities in access to and quality of care occurred most often across **age** and **gender** categories.
 - ▶ When examining access to care measures only, disparities occurred frequently across **racial/ethnic** categories.
 - ▶ Fewer disparities occurred across **education** categories.