

# Veteran Reported Outcomes for VA Regional Tele-Mental Health Hubs Compared to Community Care Providers

## Virtual Care QUERI Program

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- The views expressed are those of the authors and do not necessarily reflect the position or policy of the University of Washington, the Department of Veterans Affairs or the U.S. Government

# Background – The MISSION Act

- *2018 MISSION Act - Maintaining Systems and Strengthening Integrated Outside Networks*
  - Title I (Caring for our Veterans), section 101:
    - Enables eligible VA enrollees to receive Community Care paid for by the VA
    - Consults are authorized if any of the following conditions are met:
      1. The veteran needs a service that is not available at a VA facility (e.g., obstetrical care)
      2. VA cannot provide care within certain designated access standards (<30 minute average drive time for mental health or <20 days wait time for a mental health appointment)
      3. VA service line does not meet certain quality standards
      4. It is in the veteran's best medical interest

# Background – The MISSION Act, continued

- *2018 MISSION ACT*

- Title IV (Health Care in Underserved Areas), section 402 required:

- VA to conduct a three-year pilot program to address the problem of underserved facilities
    - VA established Clinical Resource Hubs (CRHs) in Fiscal Year 2019 by combining and expanding regional Tele-Primary Care Hubs with regional Tele-Mental Health Hubs

# Background

- The *2018 Mission Act* has prompted VA to revisit many of its past “make or buy” decisions
- Many have argued that mental health care should be a core service provided by VA due to:
  1. High volume
  2. VA provider expertise
  3. Non-VA provider shortages
- However, this issue has not been examined empirically

# Objectives

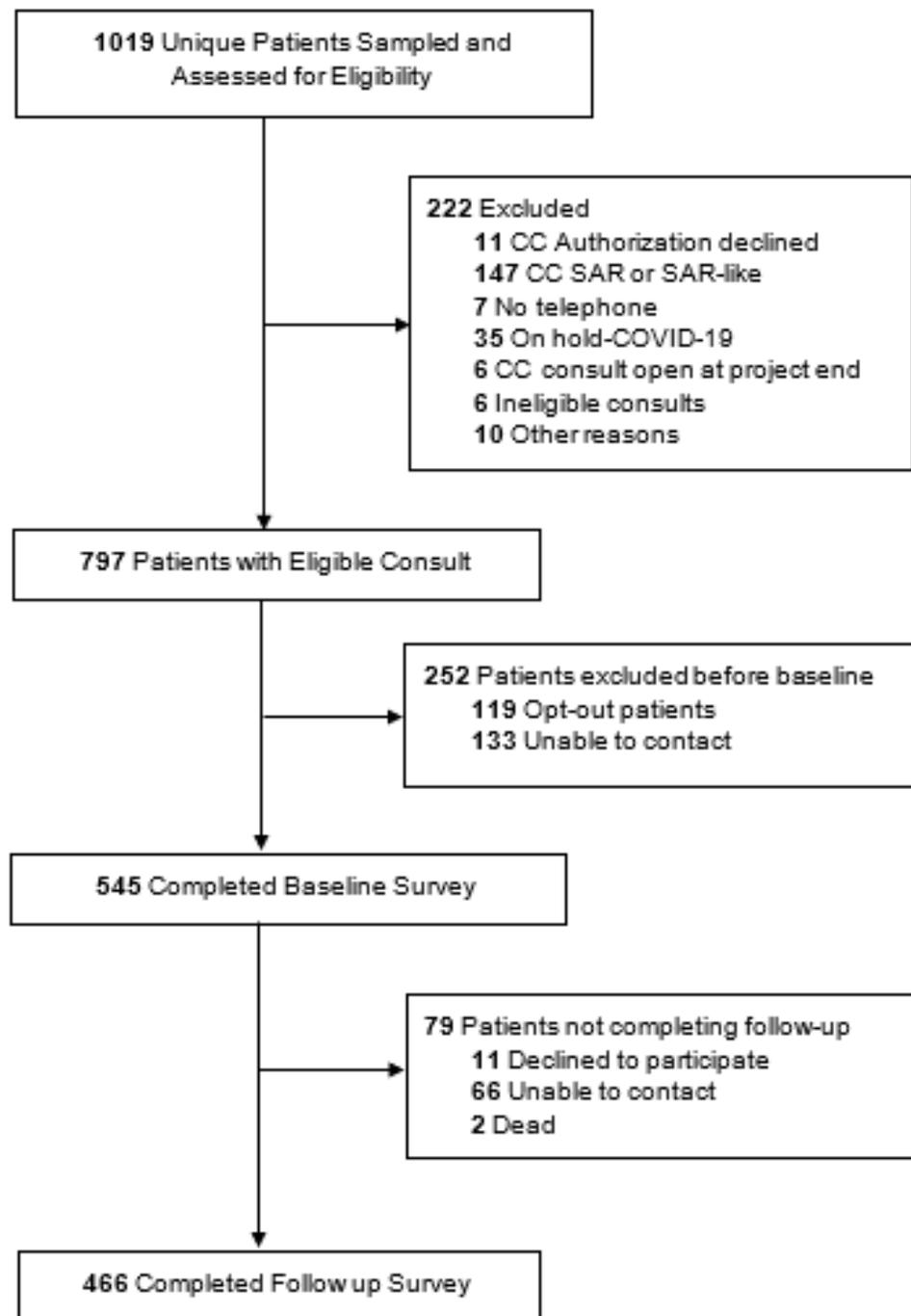
- The objective of this evaluation is to compare the patient-reported outcomes of Veterans with approved consults to Community Care (CC) and CRH Tele-Mental Health (TMH) Hubs
- **Hypothesis-** compared to veterans with CC consults, those with TMH Hub consults would report:
  - ↓ barriers to care
  - ↑ encounters
  - ↑ satisfaction with patient-centeredness of care
  - ↑ reductions in symptom severity

# Methods – Consult Identification

- Consults Identified in VA Corporate Data Warehouse
  - Inclusion criteria
    - Placed between October 2019 and May 2020
    - Originated from a CBOC in VISNs 10, 19, 20, 22
    - Consult type was CC or TMH
    - Provisional diagnosis of depression or PTSD
  - Exclusion Criteria
    - Consult status was discontinued or cancelled before sampling
    - Same (or similar) consult was requested and completed in the past 13 months

# Methods - Sampling

	Community Care		Telemental Health Hub	
VISN	PTSD	Depression	PTSD	Depression
10				
19				
20				
22				
<b>Total</b>				



# Methods – Completed Baselines

	<b>Community Care N = 242</b>		<b>Telemental Health Hub N=303</b>	
VISN	PTSD	Depression	PTSD	Depression
10	8	4	15	6
19	17	18	52	55
20	65	68	63	33
22	32	30	45	34
<b>Total</b>	122	120	175	128

# Methods – Survey

- Baseline
  - PHQ-8
  - PCL-5 (subset of Veterans with a provisional diagnosis of PTSD)
  - Satisfaction with appointment scheduling
- Follow-Up
  - PHQ-8
  - PCL-5
  - Perceived Access Inventory
    - CC-specific items
  - Encounters
  - OMHSP Veteran Satisfaction Survey (Patient Centered Care subscale)
    - TMH-specific items

# Results – Socio-demographics

Casemix	Community Care (N = 242)	TeleMental Health (N = 303)
Age	49.0	50.0
Male	78.5%	76.2%
Hispanic Ethnicity	13.7%	12.8%
White	86.6%	86.0%
Black	7.2%	5.4%
American Indian	3.3%	3.6%
Married	47.9%	50.8%
Rural/Highly Rural	36.4%	51.2%

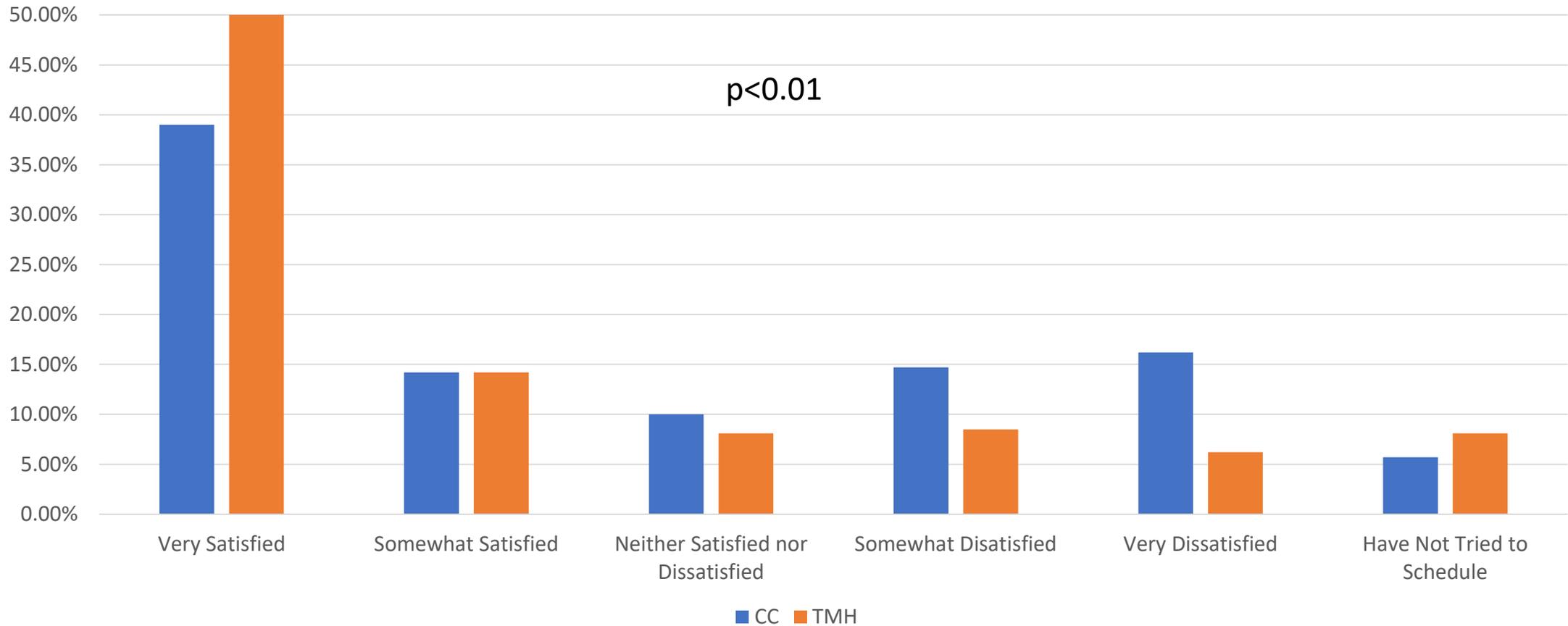
# Results – Clinical Characteristics

Casemix	Community Care (N = 242)	TeleMental Health (N = 303)
Provisional PTSD DX on Consult	50.4%	57.8%
Provisional Depression DX on Consult	49.6%	42.2%
Antidepressant	48.8%	48.2%
Antipsychotic	7.4%	8.3%
Anxiolytic	5.0%	5.3%
Benzodiazepine	5.8%	5.9%
PHQ-8 Baseline Score	13.2	13.3
PCL-5 Baseline Score	45.1	44.6

# Results – Clinical Characteristics

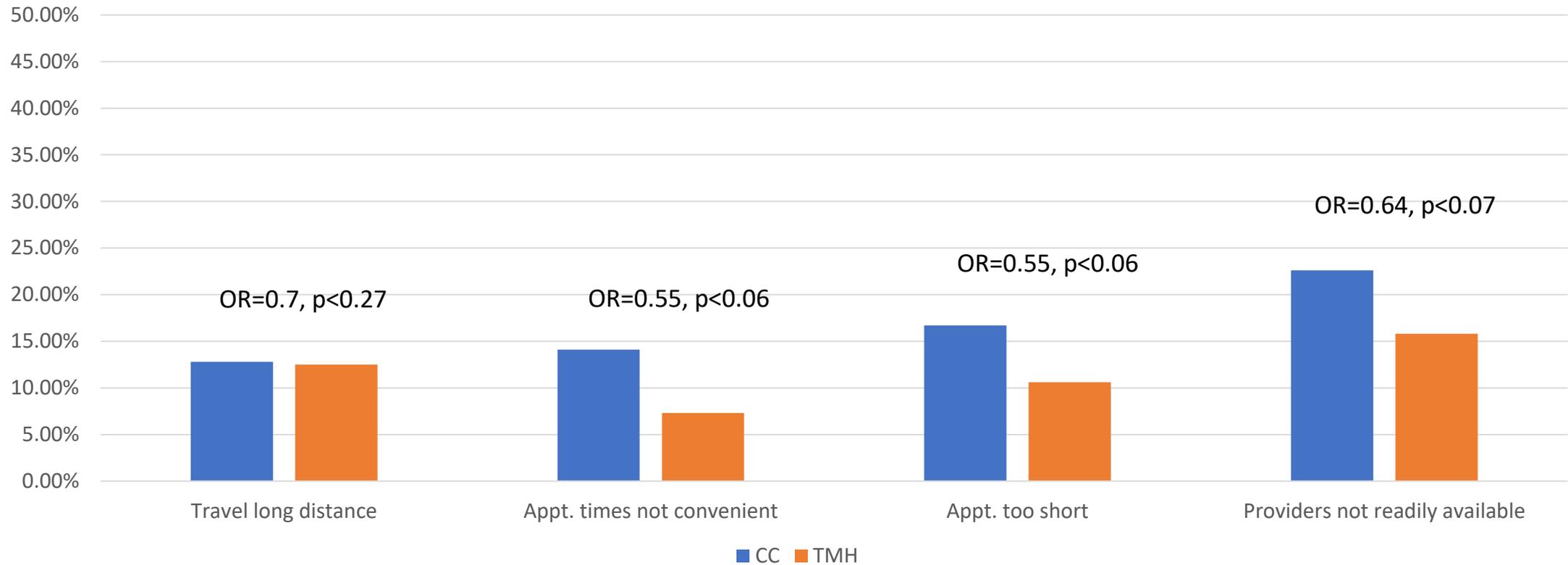
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# Results – Baseline Appointment Scheduling Satisfaction

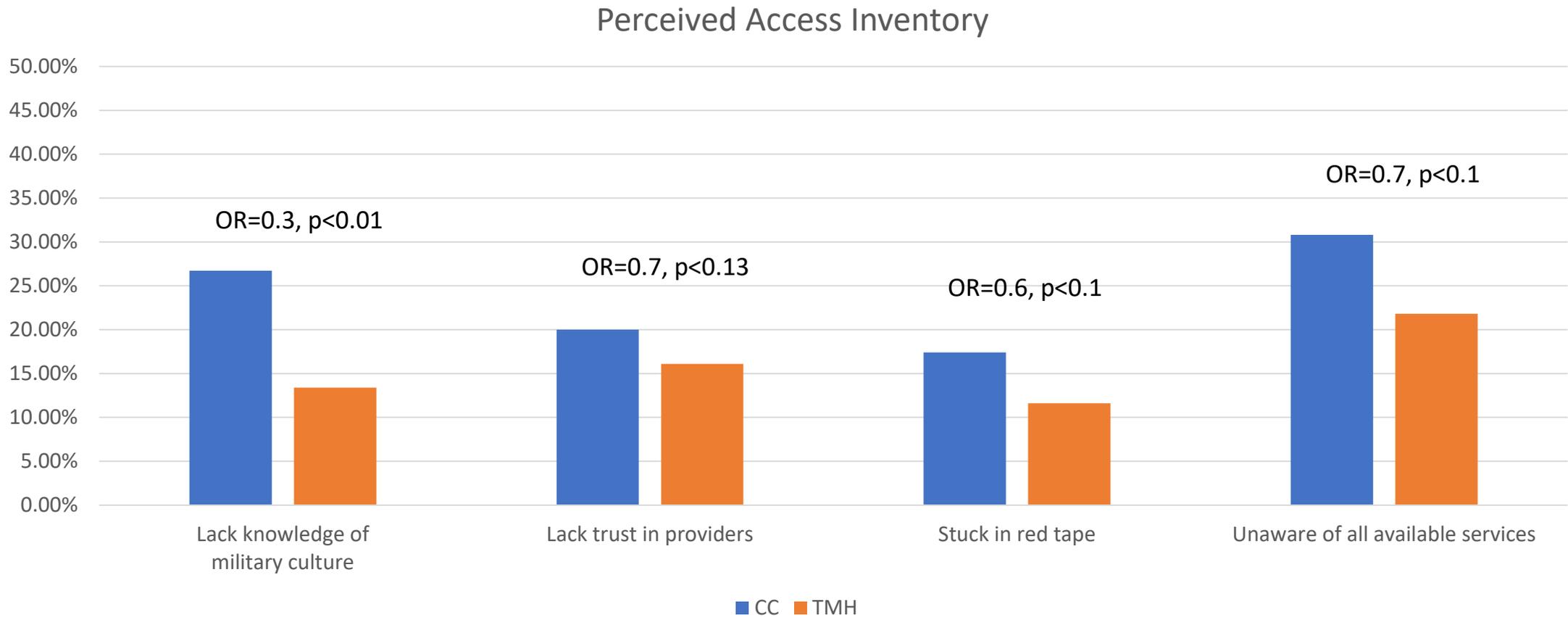


# Results – Perceived Access

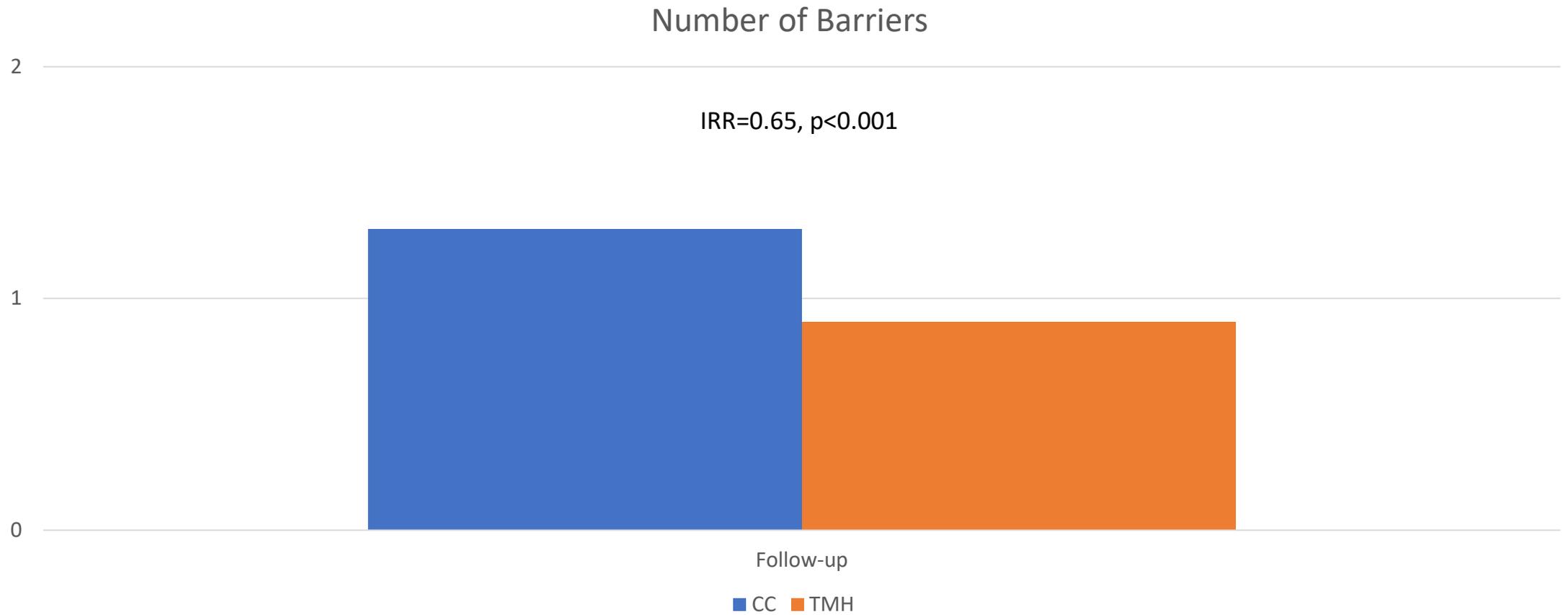
Perceived Access Inventory



# Results – Perceived Access, continued

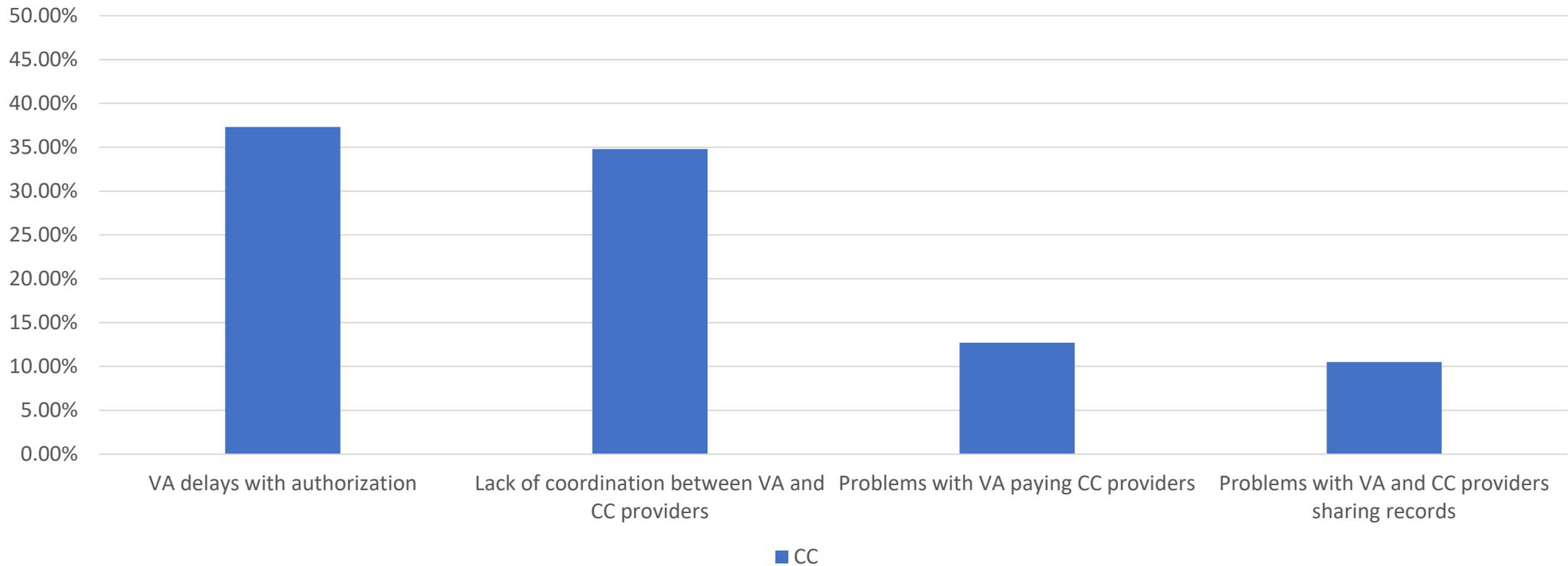


# Results – Number of Barriers Endorsed

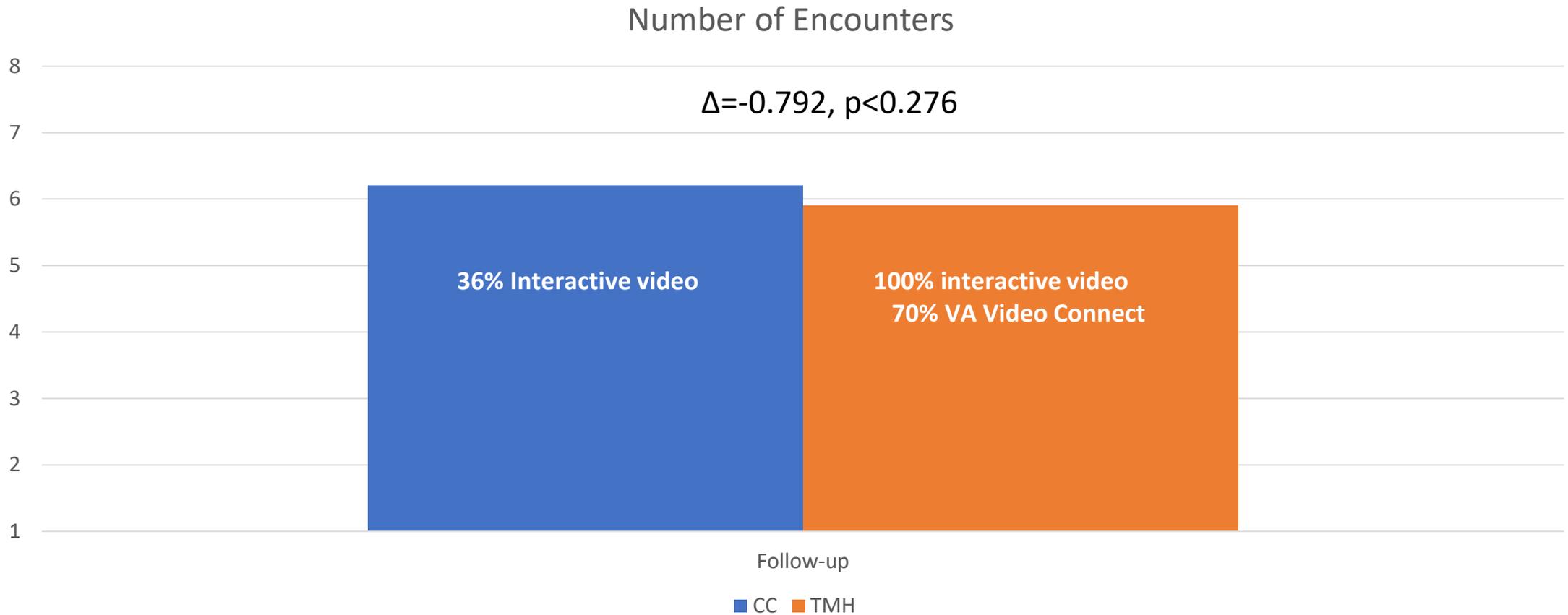


# Results – CC-Specific Barriers

Perceived Access Inventory

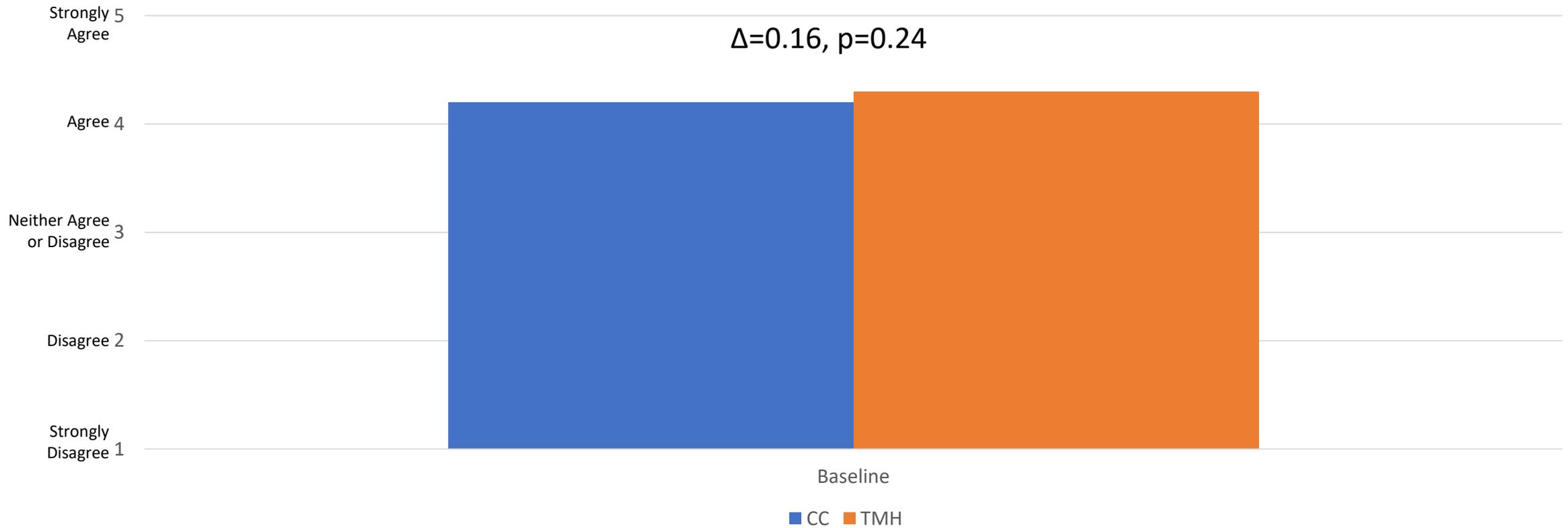


# Results – Encounters



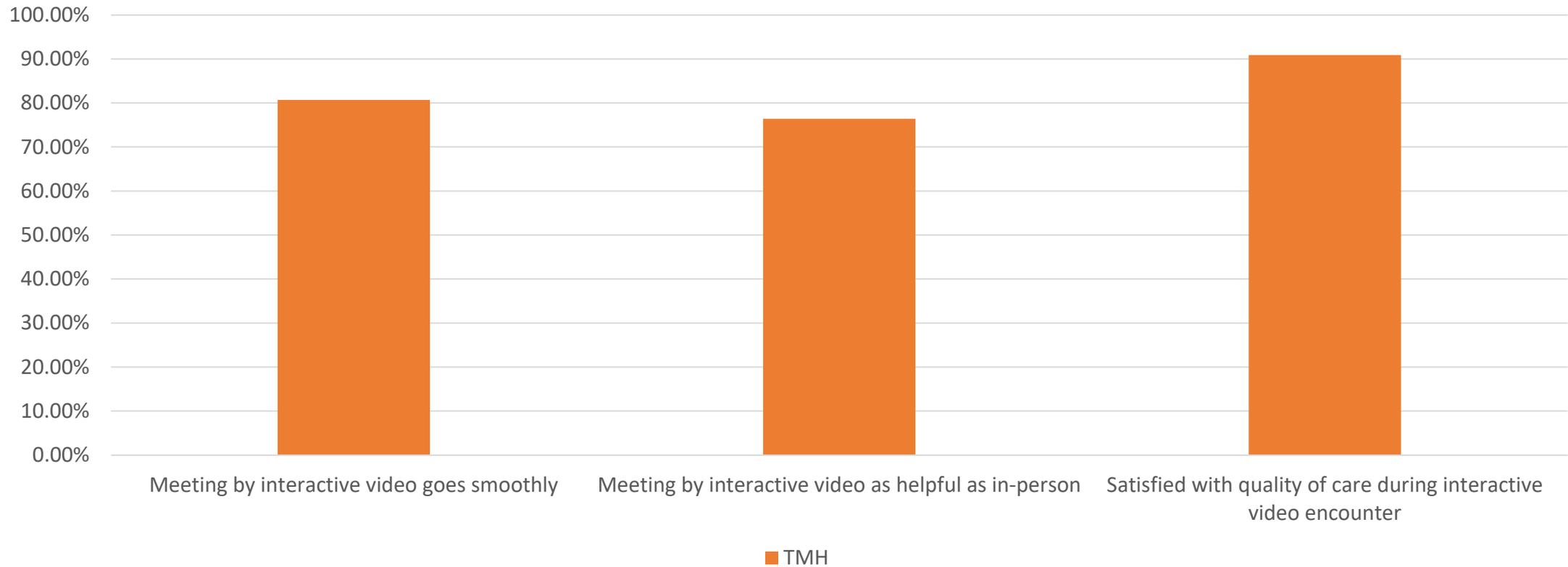
# Results – Patient Centered Care

## Satisfaction with Patient Centered Care

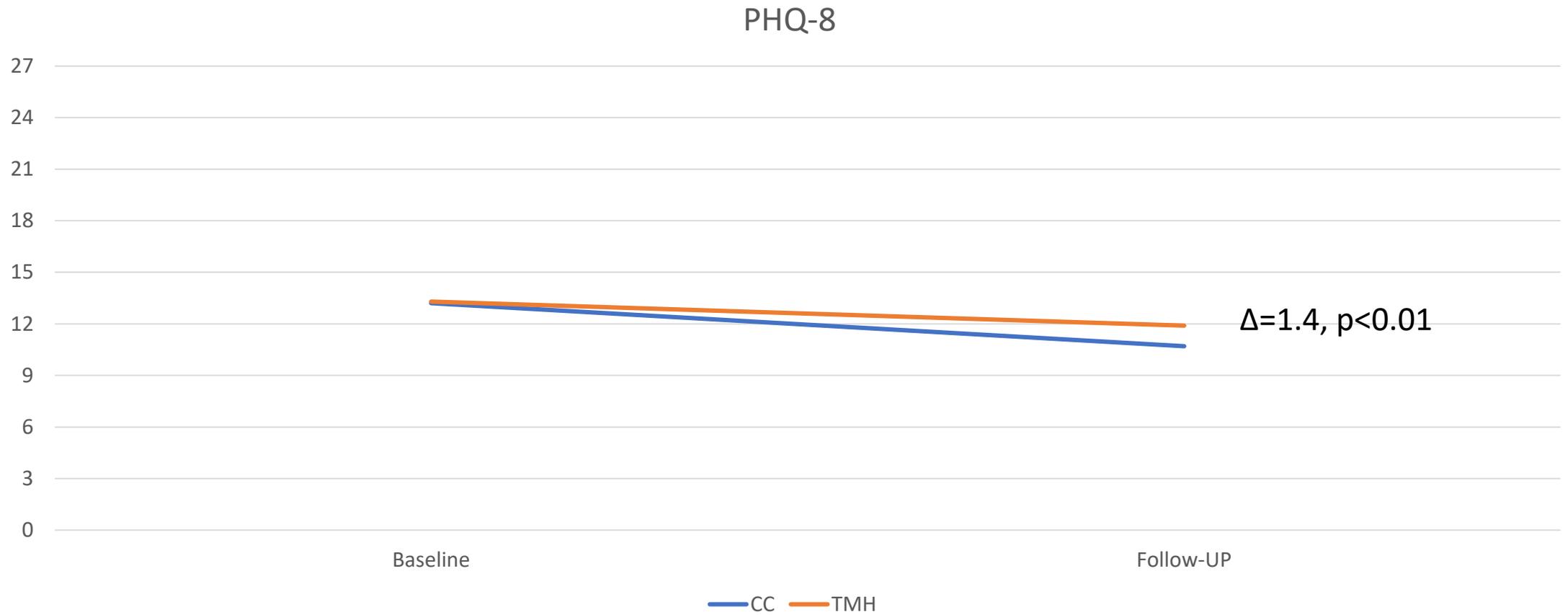


# Results – TMH-specific patient centeredness

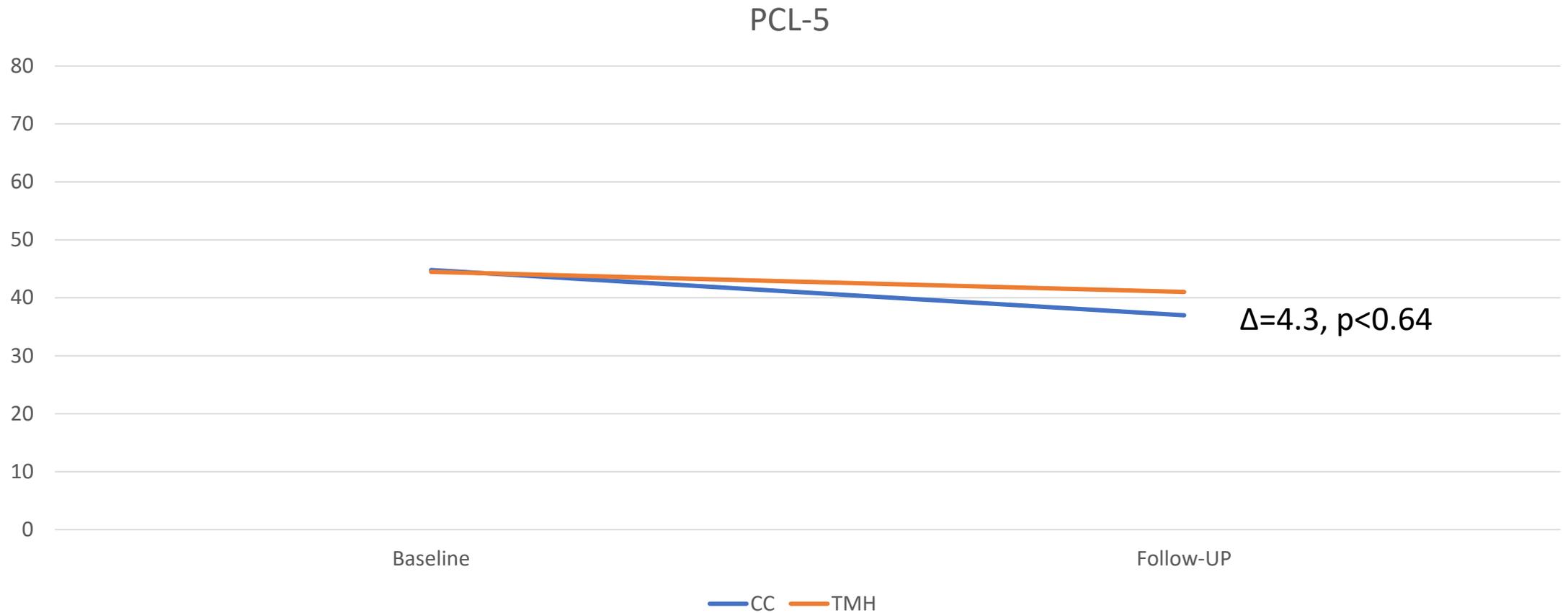
Reporting Agreed or Strongly Agreed



# Results – Depression Severity



# Results – PTSD Severity



# Summary

- Very high referral success rate for both TMH and CC
- Significantly greater satisfaction with appointment scheduling in TMH
- Somewhat greater perceived access in TMH
- Concerns about coordination between VA and CC providers
- High satisfaction with TMH encounters
- No difference
  - Number of encounters
  - Patient centeredness
  - PHQ-8
  - PCL-5

# Conclusions

- CC Program and TMH Hubs may complement one another
  - Some rural communities not be served by CC
- Make And Buy
- Poor clinical outcomes suggest more intensive treatment needed
  - Telepsychiatry Collaborative Care

# Future Directions

- Examine
  - Quality of care
  - Cost of care
  - Geographic variation
  - Health Disparities

# Questions and Comments

# Methods – Sampled Consults

	<b>Community Care N = 568</b>		<b>Telemental Health Hub N=444</b>	
VISN	PTSD	Depression	PTSD	Depression
10	15	9	19	9
19	37	37	79	73
20	203	152	83	44
22	68	47	79	58
<b>Total</b>	323	245	260	184