

VETERANS HEALTH ADMINISTRATION

Office of Health Equity

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Translation Lead

Office of Health Equity

Lauren.Korshak@va.gov

OFFICE OF HEALTH EQUITY

Created in 2012

Vision: To ensure that VHA provides appropriate individualized health care to each Veteran in a way that-

- Eliminates disparate health outcomes and
- Assures health equity

OFFICE OF HEALTH EQUITY TEAM

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

An official website of the United States government. [Here's how you know](#)

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Office of Health Equity

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EQUALITY

EQUITY

Equality vs. Equity

Many incorrectly use equality and equity in their conversations by believing that these concepts have the same meaning. Do you know the difference?

[Learn more](#)

[Learn More](#) [Equality vs. Equity](#) [Telehealth Fact Sheet](#)

VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA

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OUR PRESENTERS



Donna L. Washington, MD, MPH, FACP is the Director of the Office of Health Equity/Quality Enhancement Research Initiative, National Partnered Evaluation Initiative. She is also the Women's Health Focused Research Area Lead, VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy (CSHIIP). And is a Professor of Medicine at the UCLA Geffen School of Medicine.

Selected Findings: National Veteran Health Equity Report 2021

Donna L. Washington, MD, MPH, FACP

Director, Office of Health Equity/Quality Enhancement Research Initiative
National Partnered Evaluation Initiative

Women's Health Focused Research Area Lead, VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy (CSHIIP)

Professor of Medicine, UCLA Geffen School of Medicine

Focus on Health Equity and Action
Cyberseminar Series • May 12, 2021



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National Partnered Evaluation Initiative



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Acknowledgements

- Office of Health Equity (OHE) Operations Partners:
Ernest Moy, Kenneth Jones
- Office of Health Equity and QUERI funding for
OHE/QUERI National Partnered Evaluation Initiative (PEI)
- OHE/QUERI PEI NVHER analyst team:
Anita Yuan, W. Neil Steers, Joy Toyama
- Office of Quality and Patient Safety (QPS) – Analytics and
Performance Integration (API): SHEP and EPRP data use

Poll Question #1

I am interested in VA health equity primarily due to my role as:

- a. Clinician or Clinical Staff
- b. Operations Leader or Staff
- c. Researcher
- d. Research Staff
- e. Other – specify in the Q & A function

Session Outline

- Introduction
- Patient Experiences of VA Care
- Quality of VA Care
- Resources



Background: Health Equity in VA

- Equitable access to high quality care is a major tenet of the VA healthcare mission
- VHA Office of Health Equity created in 2012 to promote advancement of health equity and reduction of health disparities among Veterans
- Health Equity Action Plan includes a data, research and evaluation aim (monitoring and reporting) as one of the strategies to achieve health equity

Veteran Health Equity Reports

- VA Office of Health Equity (OHE):
National Veteran Health Equity Report, 2016.
 - Focus on VA user socio-demographic characteristics, VA health care utilization, and diagnosed conditions
- Chartbook on Healthcare for Veterans
 - Collaboration between AHRQ and VA Office of Health Equity
 - Comparisons of Veterans and non-Veterans; VA users and non-users; selected variations in care and mortality among VA users
- VA Women's Health Services, Women's Health Evaluation Initiative: Sourcebooks on Women Veterans in VHA
 - Detailed data summaries on health and health care of women Veterans

National Veteran Health Equity Report (NVHER) 2021

- NVHER 2021 focus
 - **Patient experiences of VA care**
 - **Veteran health care quality**
- } 62 measures across
6 dimensions
- Comparative information for Veteran VA users who vary by
 - Race/ethnicity
 - Gender
 - Age group
 - Rurality of residence
 - Socio-economic status
 - Service-connected disability
 - Selected chronic medical conditions
 - Mental health disorder

National Veteran Health Equity Report 2021 Chapter Authors

Office of Health Equity

- Ernest Moy
- Kenneth Jones

OHE/QUERI Partnered Evaluation Center

- Donna Washington

Veteran comparison chapters

- R. Neal Axon
- Bevanne Bean-Mayberry
- Jessica Breland
- Madison Cameron
- Melissa Farmer
- Susan Frayne
- Alison Hwong
- Lenny Lopez
- Juliette McClendon
- Tiffany Owens
- Debra Saliba
- Lueng Tcheung

Poll Question #2

Which health equity Veteran comparisons are of greatest interest to you? Comparisons by:

- a. Race/ethnicity
- b. Gender
- c. Age group
- d. Rurality
- e. Income
- f. Service-connected disability
- g. Chronic medical conditions
- h. Mental health disorder
- i. Other – specify in the Q&A function

NVHER 2021 Methodology

- Data sources
 - Survey of Health Care Experiences of Patients – Primary Care: customer experience survey of VA healthcare users
 - External Peer Review Program for quality measures
 - Corporate Data Warehouse for Veteran characteristics
 - Four fiscal years of data linked FY2016–FY2019
- Metrics aligned so that a higher rate is better, then dichotomized to response indicating best care vs. less
- Comparisons made between priority group(s) and reference group
 - e.g., Gender: women (priority group) compared to men (reference group)

Difference vs. Disparity

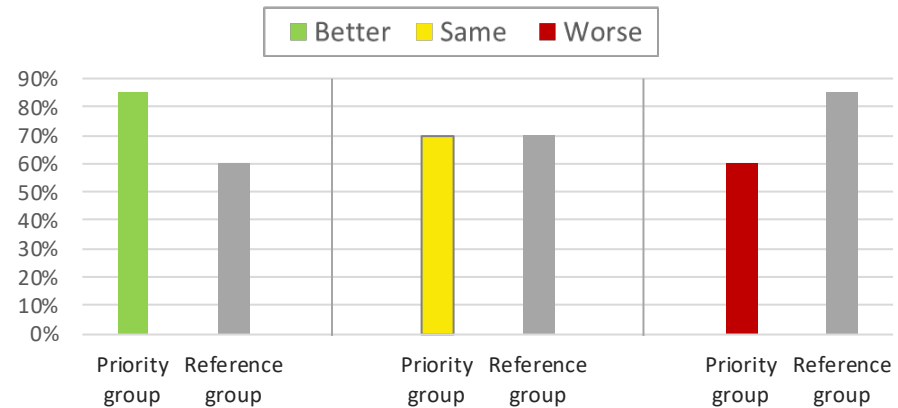
- Criteria for meaningful difference between two groups – both:
 - Absolute difference statistically significant with $p < 0.05$ on two-tailed test
 - Relative difference of at least 10%, where relative difference = $\frac{\text{difference between priority group gap in care and reference group gap in care}}{\text{reference group gap in care}}$

Source: Agency for Healthcare Research and Quality (AHRQ)
National Healthcare Quality and Disparities Report methodology

Difference vs. Disparity

- Criteria for meaningful difference between two groups – both:
 - Absolute difference statistically significant with $p < 0.05$ on two-tailed test
 - Relative difference of at least 10%, where relative difference = $\frac{\text{difference between priority group gap in care and reference group gap in care}}{\text{reference group gap in care}}$

Quality comparison illustrated



Source: Agency for Healthcare Research and Quality (AHRQ)
National Healthcare Quality and Disparities Report methodology

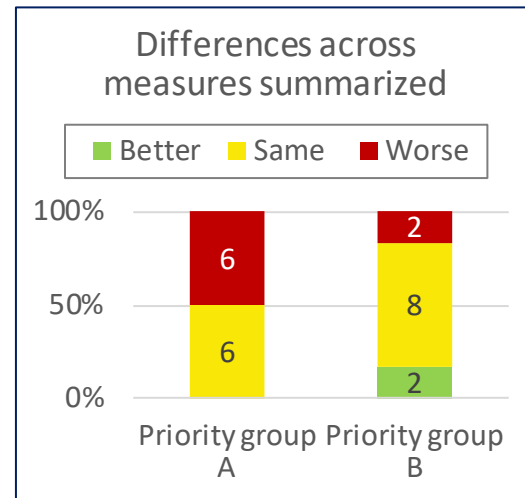
Difference vs. Disparity

- Criteria for meaningful difference between two groups – both:
 - Absolute difference statistically significant with $p < 0.05$ on two-tailed test
 - Relative difference of at least 10%, where relative difference = difference between priority group in care and reference group gap in care, divided by reference group gap in care

Quality comparison illustrated



Differences across measures summarized



Source: Agency for Healthcare Research and Quality (AHRQ)
National Healthcare Quality and Disparities Report methodology

Session Outline

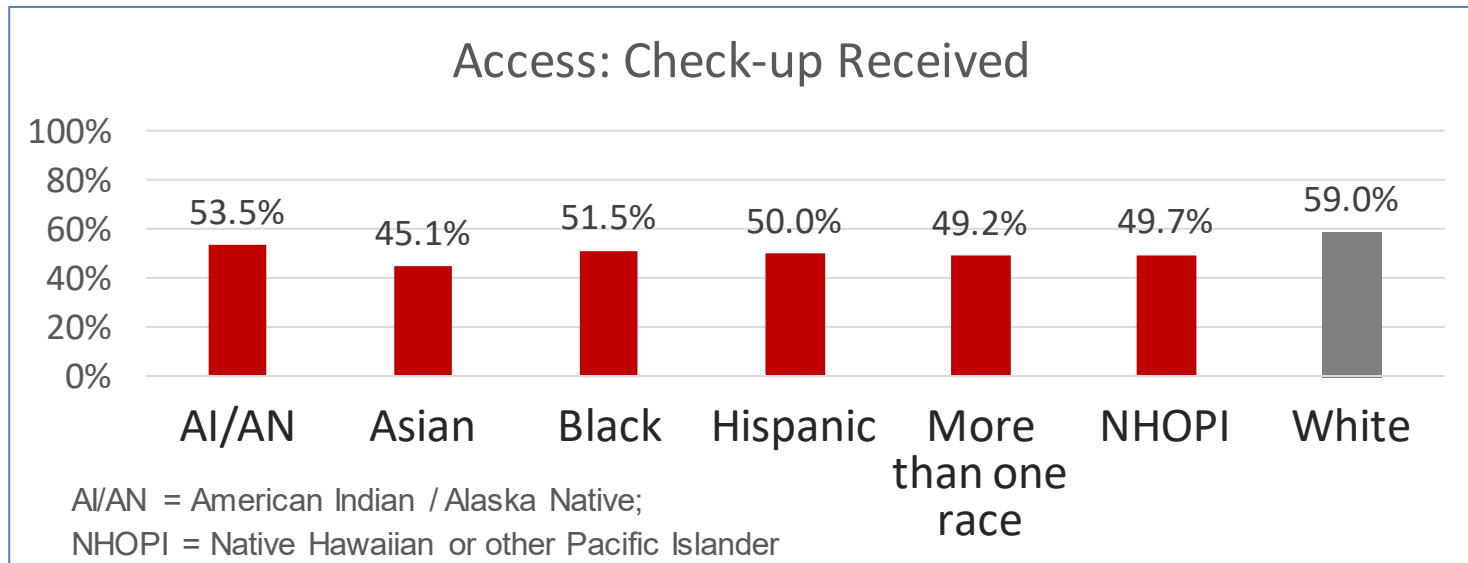
- Introduction
- Patient Experiences of VA Care
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Patient Experiences of VA Care

- Access – getting timely appointments, care, and information
- Patient Centered Care –
 - Communication – how well providers communicate with patients; office staff helpful and respectful
 - Comprehensiveness – providers paying attention to patient’s mental or emotional health
 - Self-management support – providers support patient in taking care of their own health
- Care Coordination – provider’s use of information to coordinate patient care, including discussing medication decisions

Timely Access to Care: Check-up Received

- Measure: VA 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
- Relevance: “Timely delivery of appropriate care is a measure of the healthcare system’s capacity to provide care quickly after a need is recognized” [NHQDR Chartbook of Veterans, 2021]



Source: OHE/QUERI/PEI analysis of SHEP-PCMH FY2016 – FY2019 data



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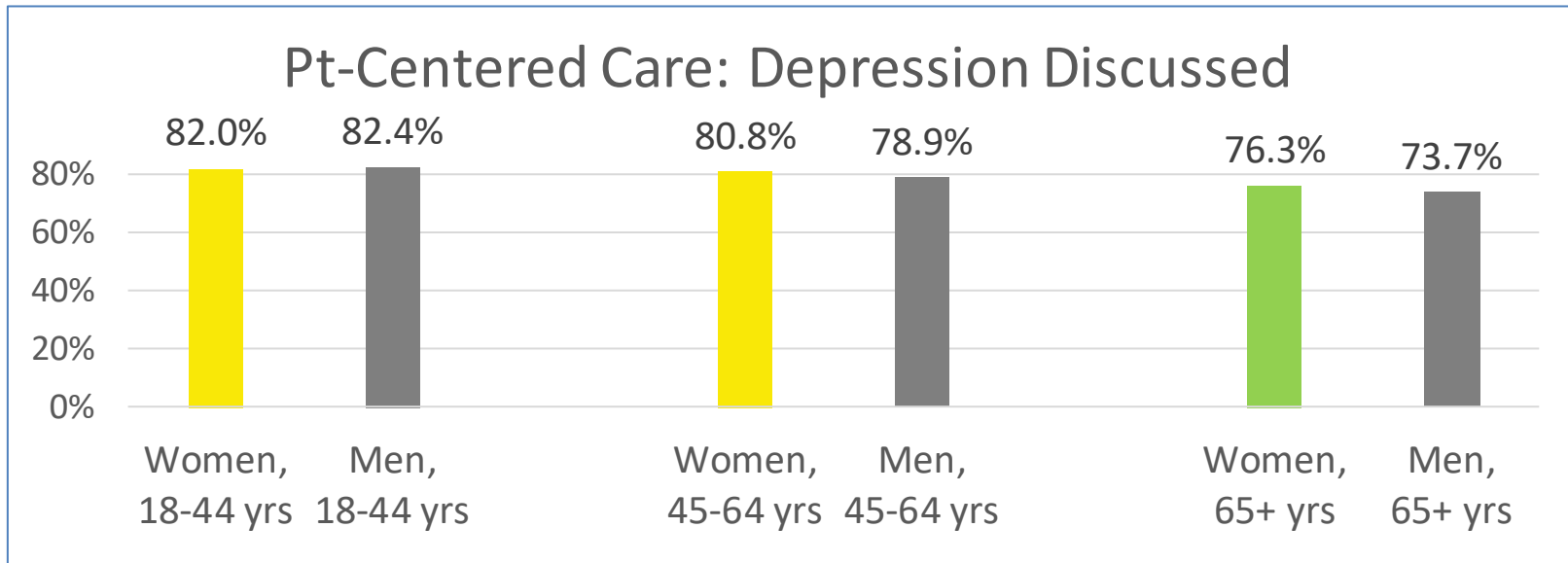
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Patient-Centered Care: Depression Discussed

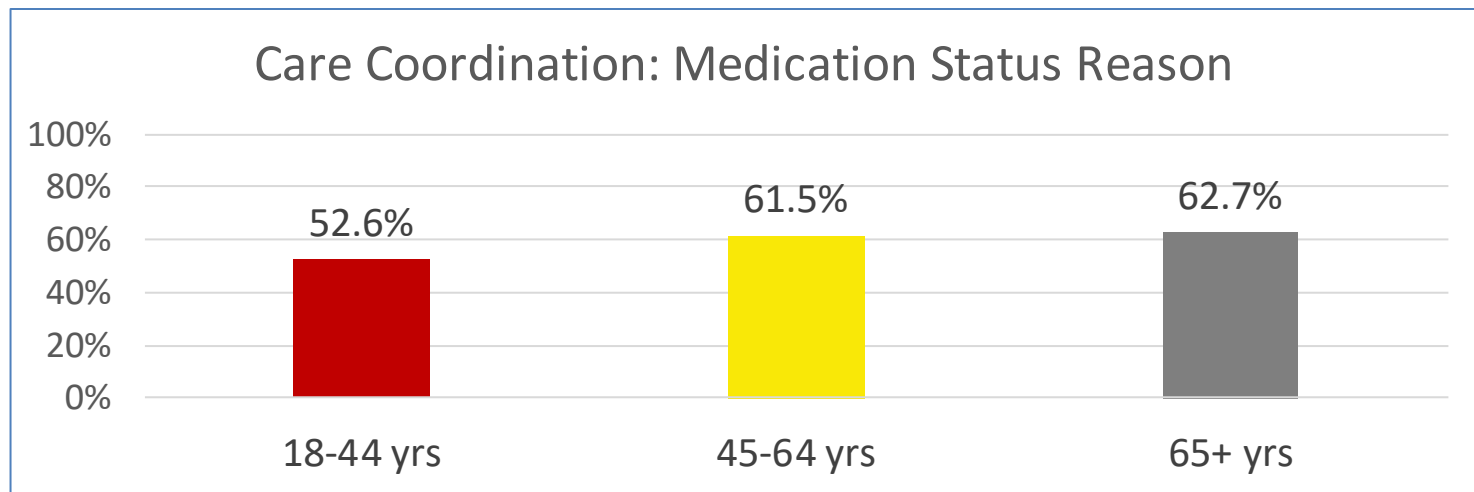
- Measure: VA users who indicated that in the last 12 months, someone in their provider's office asked if there was a period of time when they felt sad, empty, or depressed
- Relevance: Depression is a common mental health condition, and a risk factor for other conditions; effective treatments are available



Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

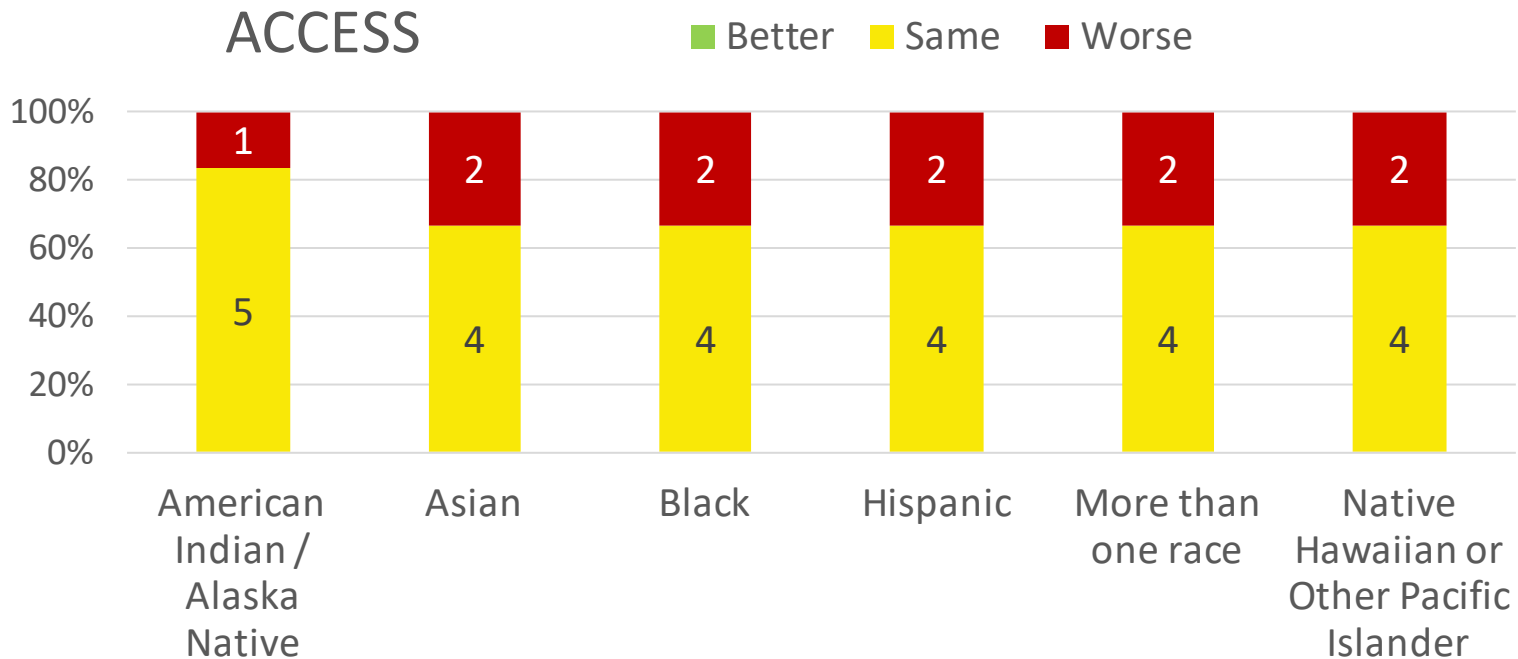
Care Coordination: Medication Status Reason

- Measure: VA users who indicated that when they talked about starting or stopping a prescription medication, the provider talked to them about reasons they might want to take the medication
- Relevance: Medication adherence and correct use of prescription medications are related to patient acceptance and understanding of the medication



Source: OHE/QUERIPEI analysis of SHEP-PCMH FY2016 – FY2019 data

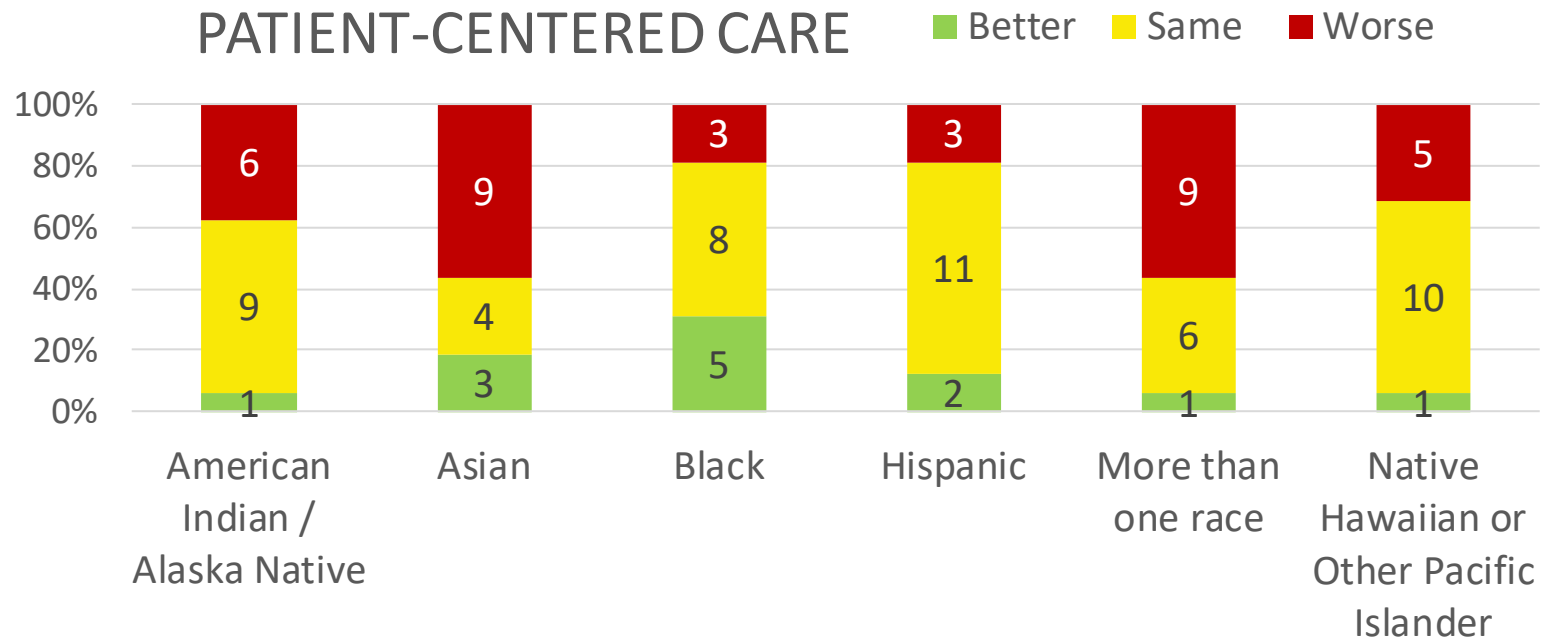
Variations in VA Access by Veteran Race/Ethnicity



Reference group: non-Hispanic White Veteran VA Users

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

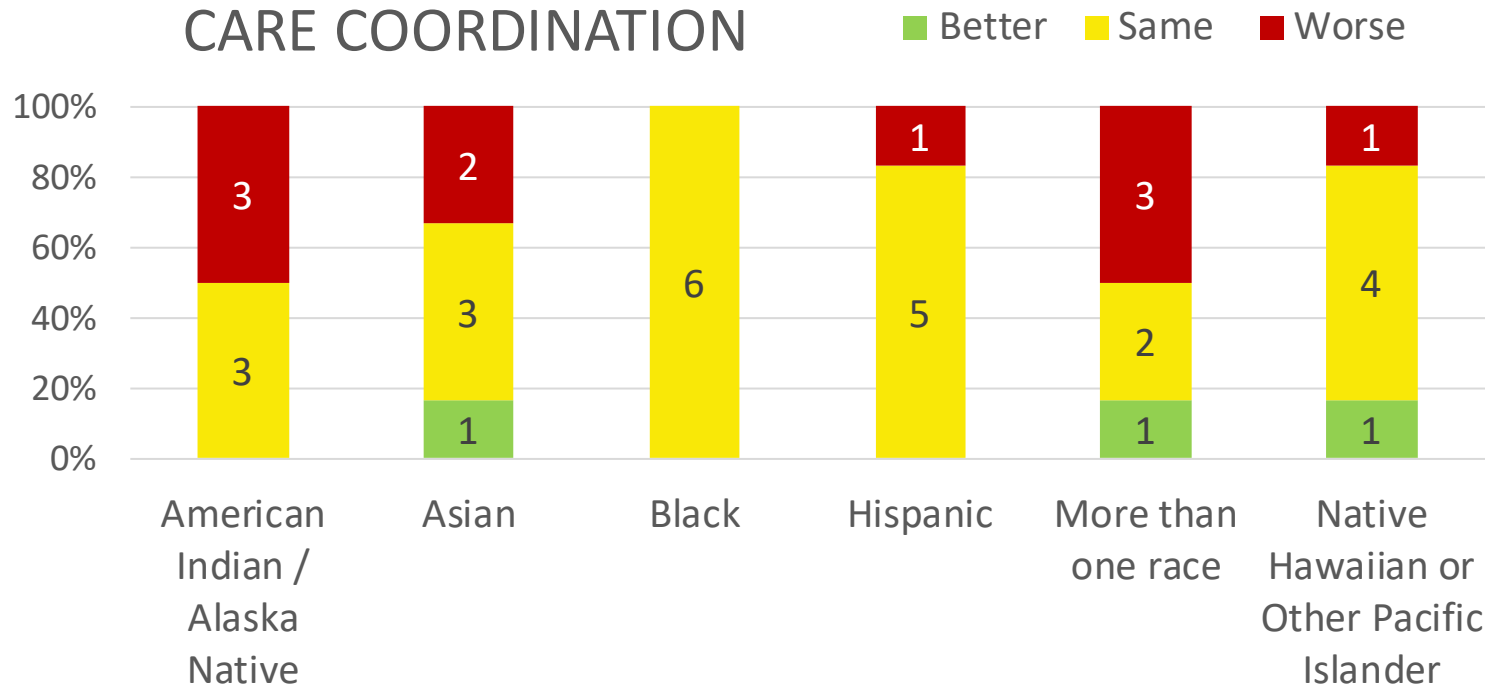
Variations in VA Patient-Centered Care by Veteran Race/Ethnicity



Reference group: non-Hispanic White Veteran VA Users

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VA Care Coordination by Veteran Race/Ethnicity



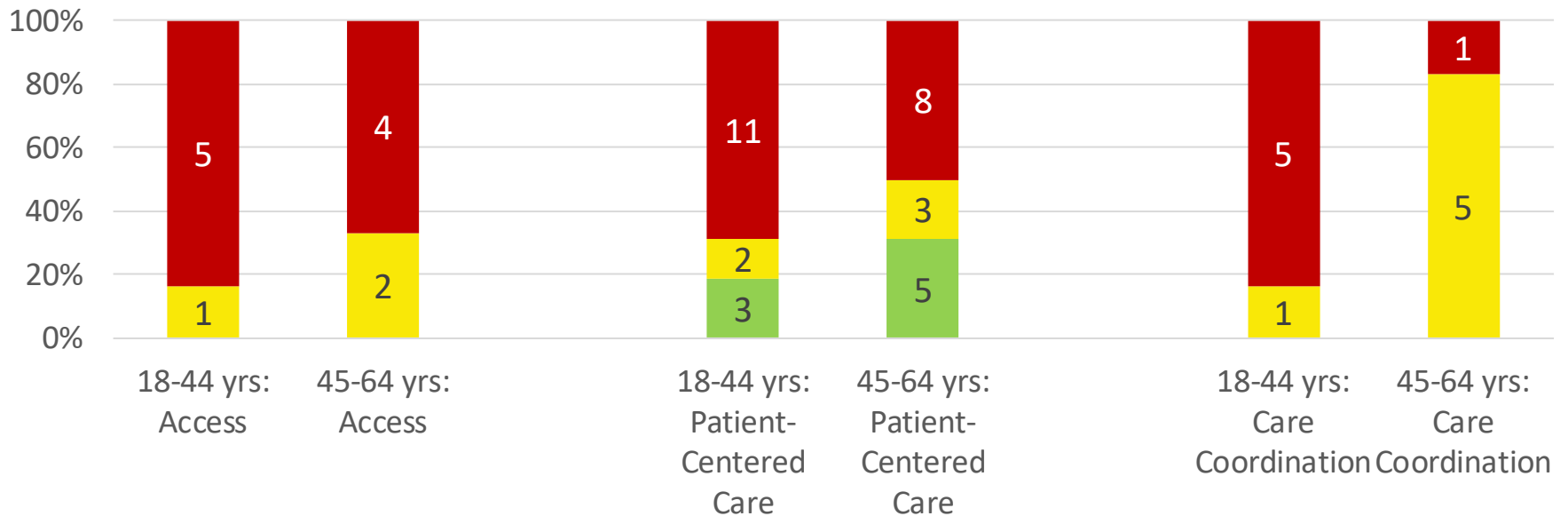
Reference group: non-Hispanic White Veteran VA Users

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VA Patient Experiences by Veteran Age Group

PATIENT EXPERIENCES BY AGE GROUP

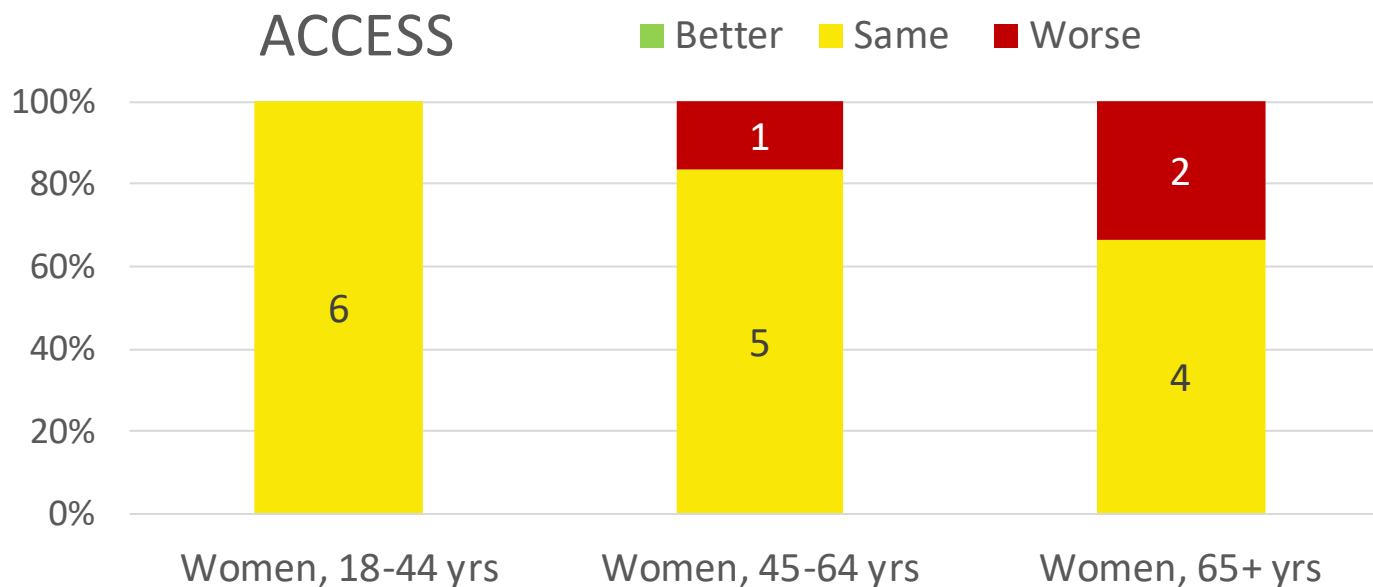
■ Better ■ Same ■ Worse



Reference group: Veteran VA Users age 65 and older

Source: OHE/QUERIPEI analysis of SHEP-PCMH FY2016 – FY2019 data

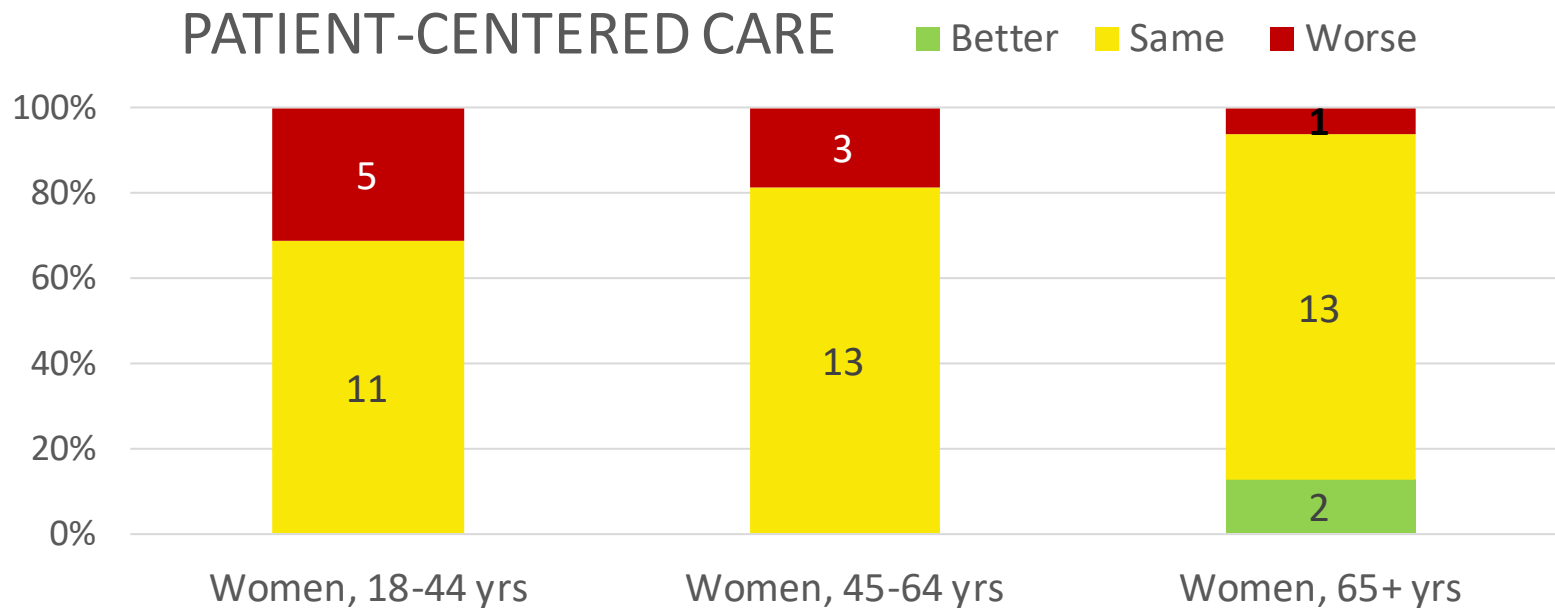
Variations in VA Access by Veteran Gender



Reference group: Male Veteran VA Users of corresponding age group

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

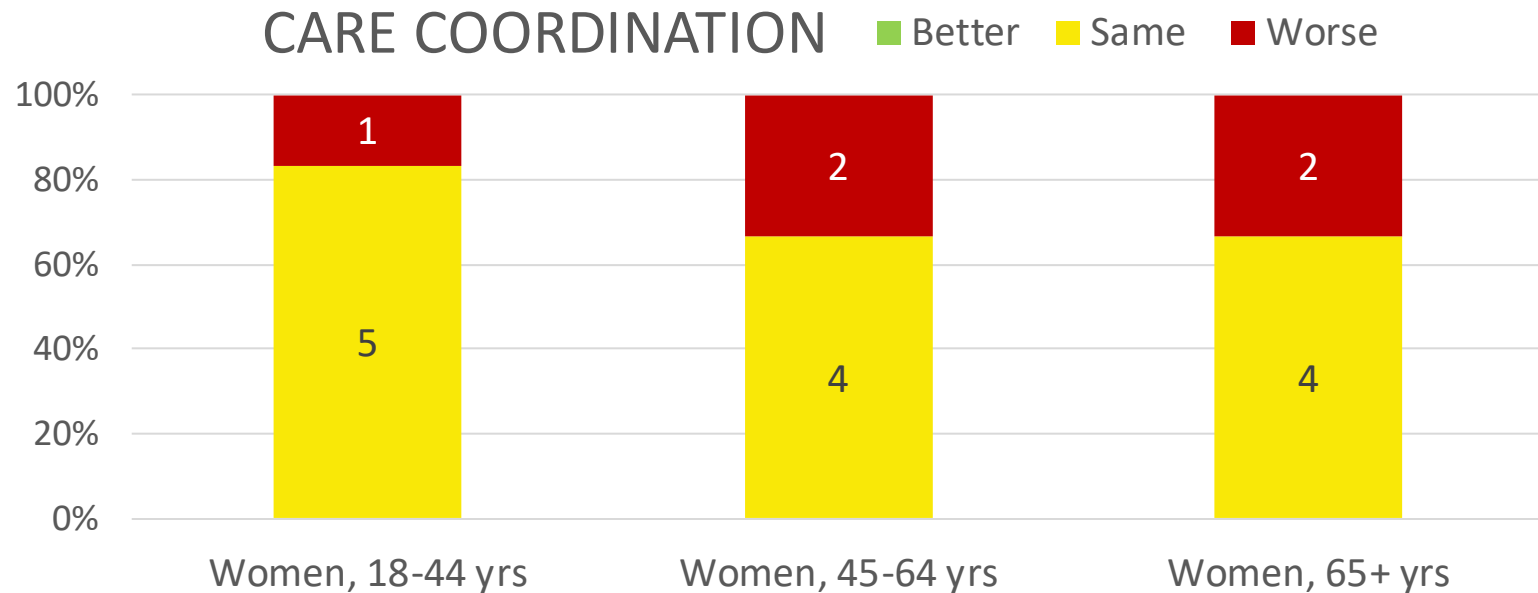
Variations in VA Patient-Centered Care by Veteran Gender



Reference group: Male Veteran VA Users of corresponding age group

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VA Care Coordination by Veteran Gender

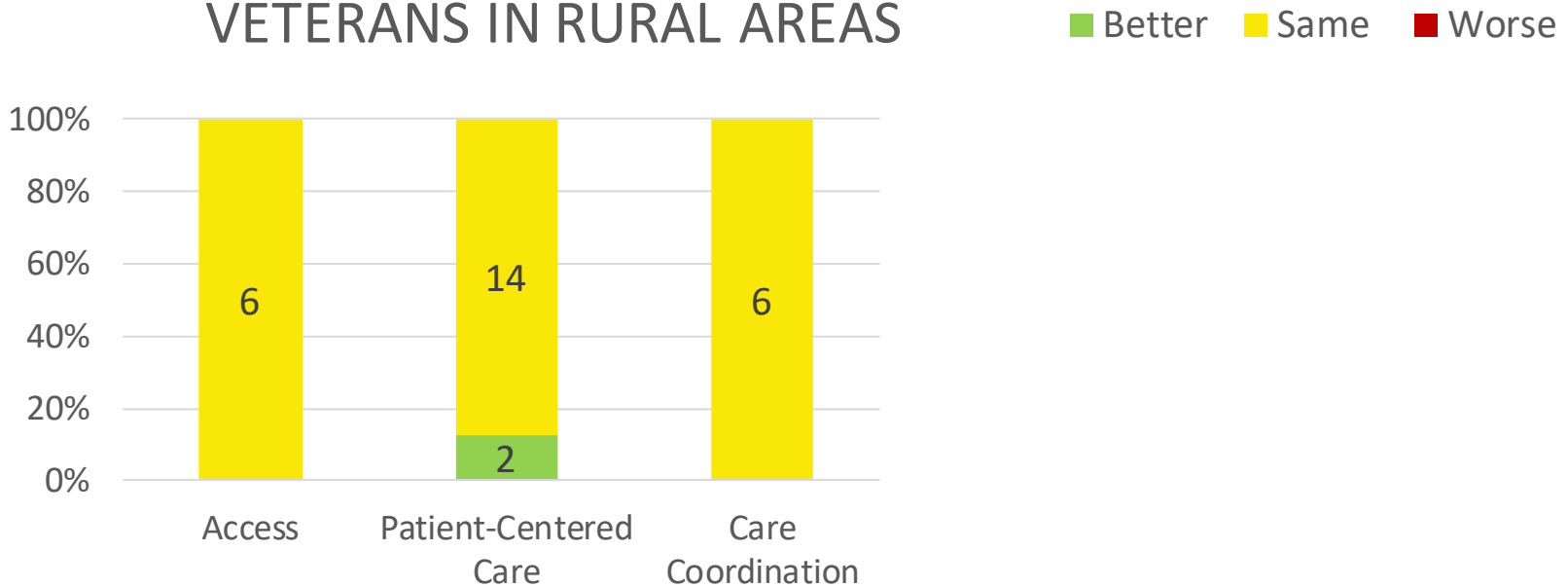


Reference group: Male Veteran VA Users of corresponding age group

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VA Patient Experiences by Veteran Rurality of Residence

VETERANS IN RURAL AREAS

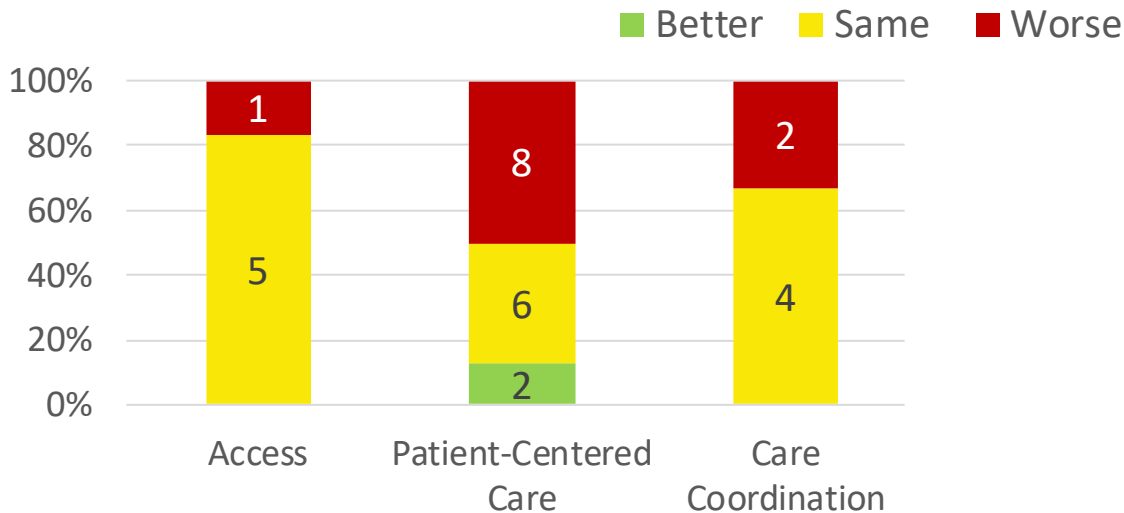


Reference group: Veteran VA Users residing in urban areas

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VA Patient Experiences by Veteran Socio-Economic Status

VETERANS WITH LOW SOCIO-ECONOMIC STATUS

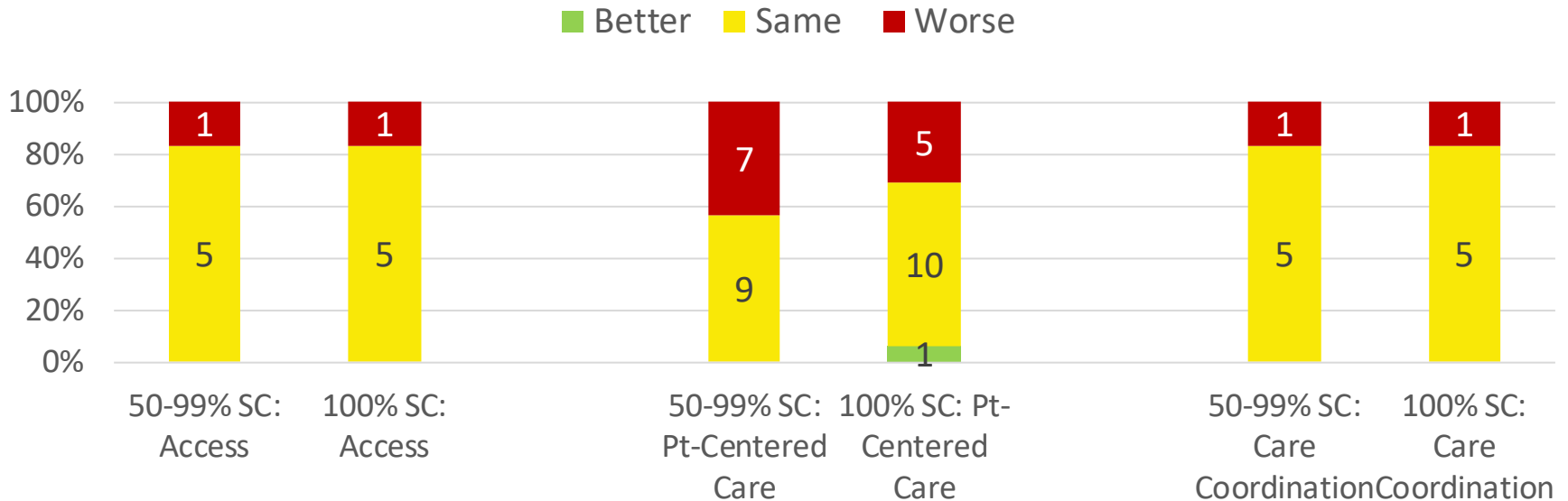


Reference group: Veteran VA Users who are required to make a copayment for VA use

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data

Variations in VA Patient Experiences by Veteran Service-Connected Disability

PATIENT EXPERIENCES BY SERVICE-CONNECTED DISABILITY



SC = service-connected disability

Reference group: Veteran VA Users with 0-49% service-connected disability rating

Source: OHE/QUERI PEI analysis of SHEP-PCMH FY2016 – FY2019 data



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Session Outline

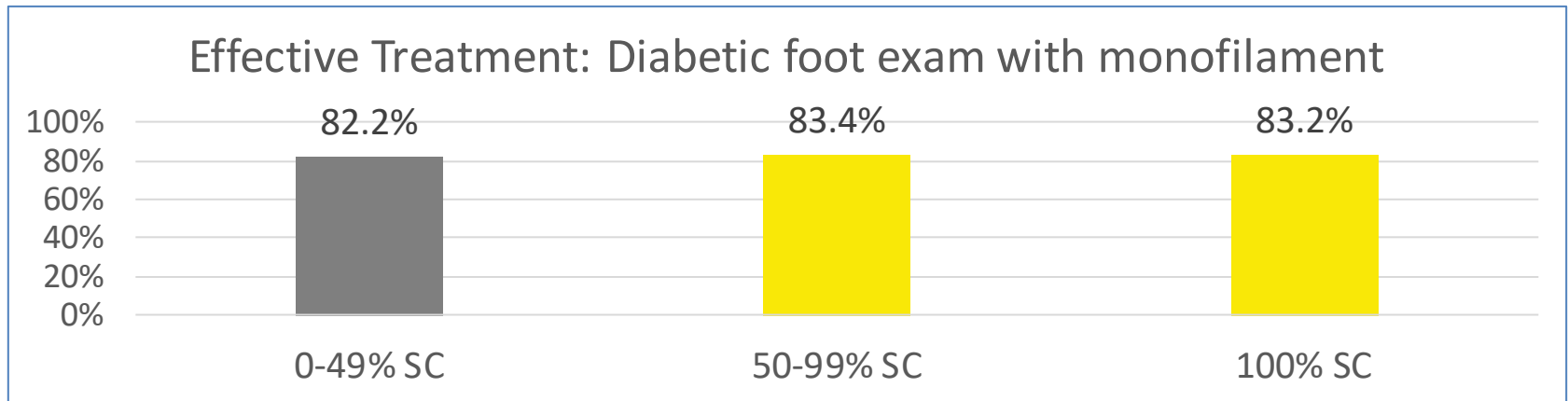
- Introduction
- Patient Experiences of VA Care
- **Quality of VA Care**
- Resources

Quality of VA Care

- Effective Treatment
 - Promoting the most effective prevention and treatment practices for the leading causes of mortality , starting with cardiovascular disease
- Healthy Living – Lifestyle Modification
 - Promoting lifestyle changes to address behavioral risk factors for chronic conditions
- Healthy Living – Clinical Preventive Services
 - Promoting wide use of best practices to enable healthy living

Effective Treatment: Diabetic Foot Sensory Exam with Monofilament

- Measure: Percent of VA primary care users with diabetes with documentation of receipt of annual foot sensory exam with a monofilament
- Relevance: An evidence-based practice for preventing the diabetes complication of foot infections (that can lead to amputations)

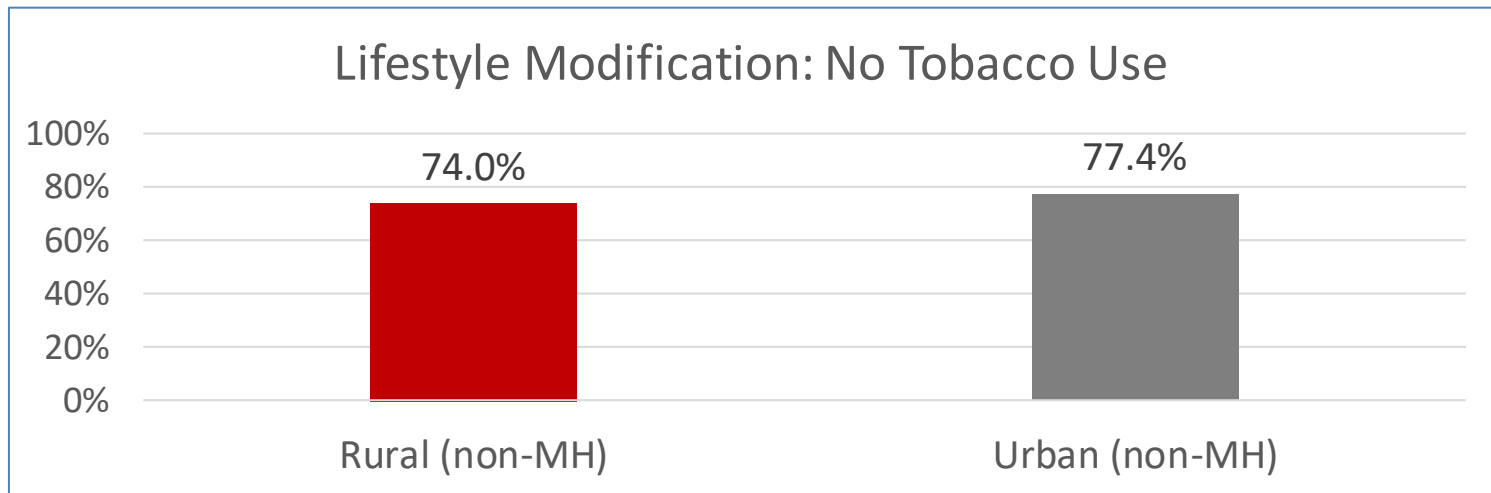


Reference group: Veteran VA Users with 0-49% service-connected (SC) disability rating

Source: OHE/QUERIPEI analysis of EPRP FY2016 – FY2019 data

Healthy Living – Lifestyle Modification: No Tobacco Use

- Measure: Percent of VA health care users who used tobacco in the prior 12 months (aligned, i.e., reverse coded, to no tobacco use)
- Relevance: Smoking is a risk factor for cardiovascular disease, cancer, severe outcomes with COVID-19 infection, and other disability

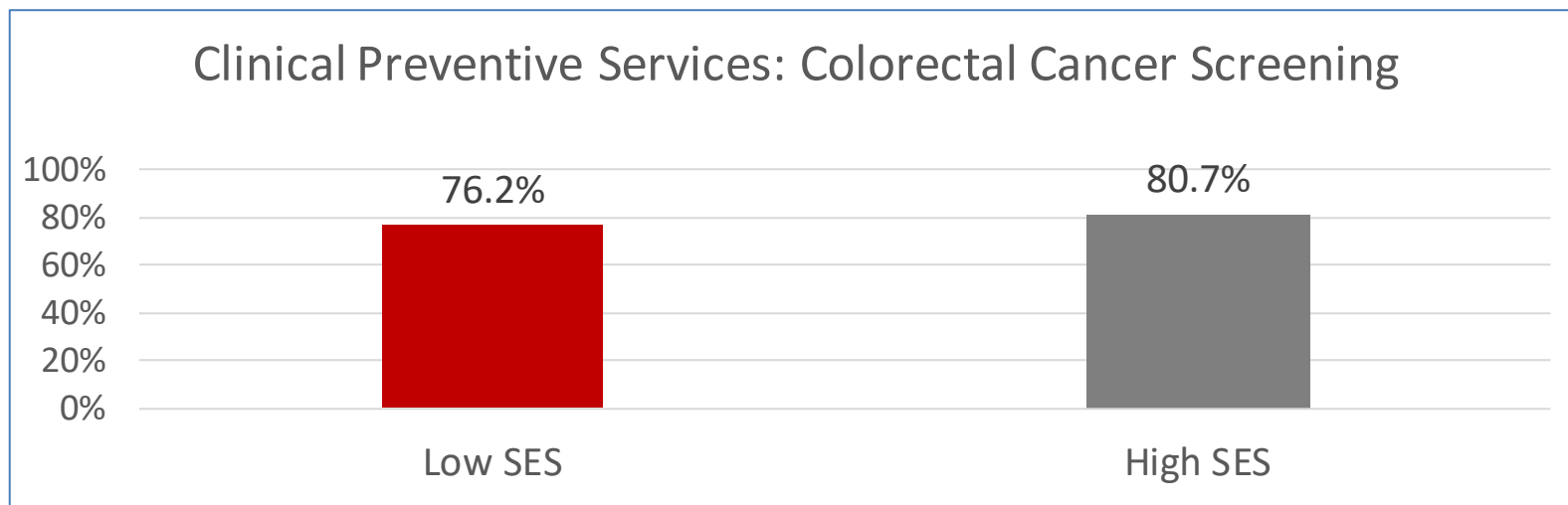


Reference group: Veteran VA Users residing in urban areas,

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Healthy Living – Clinical Preventive Services: Colorectal Cancer Screening

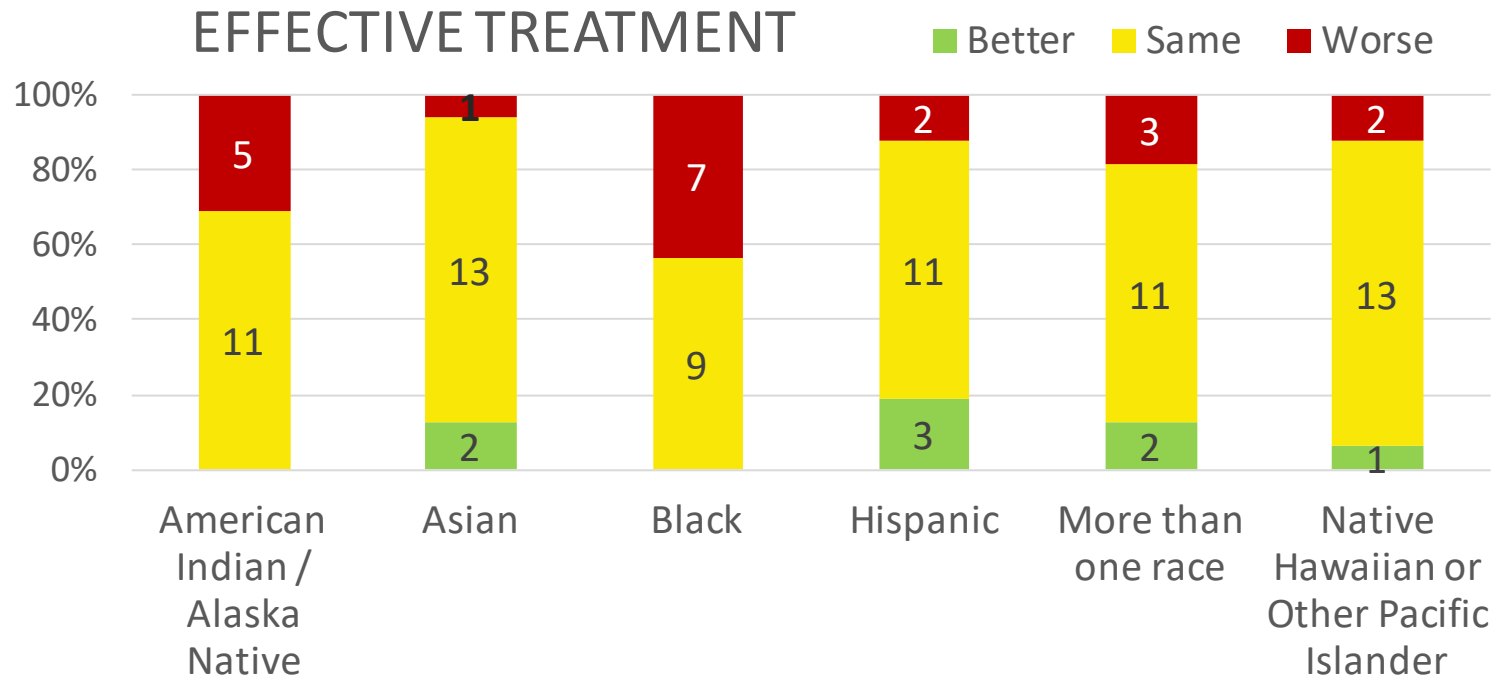
- Measure: Percent of VA primary care users age 50-75 with timely receipt of colorectal cancer screening
- Relevance: Colorectal cancer is the 3rd leading cause of cancer mortality; with appropriate screening, it may be diagnosed early



Reference group: Veteran VA Users who are required to make a copayment for VA use

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

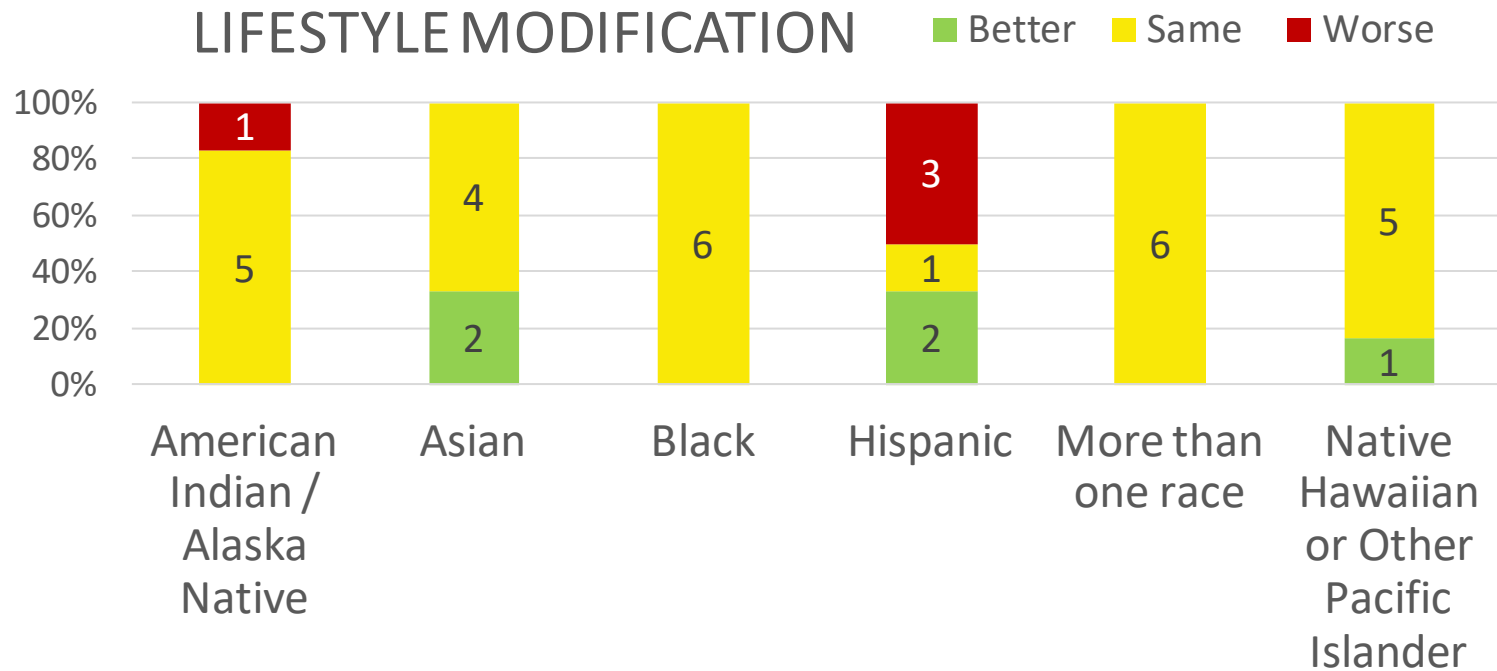
Effective Treatment for VA Users – Variations by Race/Ethnicity



Reference group: non-Hispanic White Veteran VA Users

Source: OHE/QUERIPEI analysis of EPRP FY2016 – FY2019 data

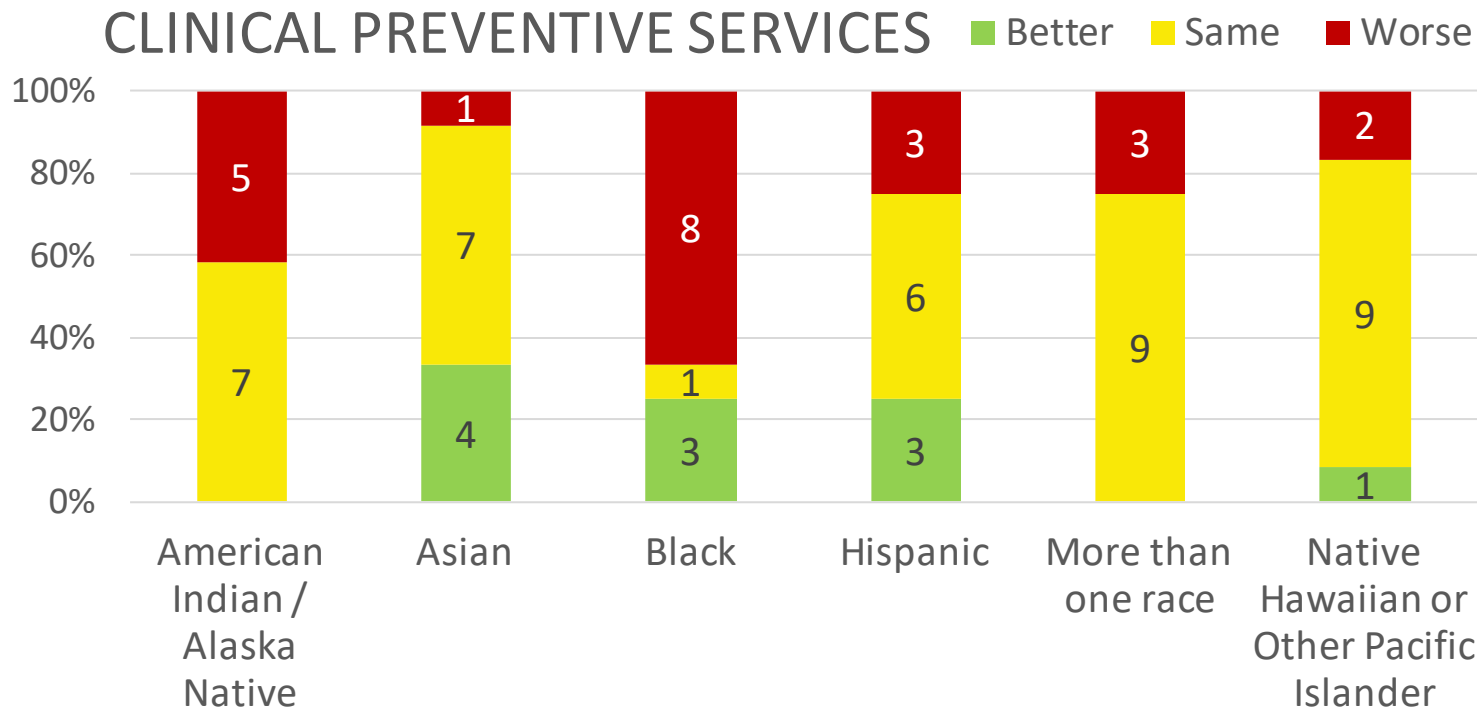
Healthy Living / Lifestyle Modification for VA Users – Variations by Race/Ethnicity



Reference group: non-Hispanic White Veteran VA Users

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Healthy Living / Clinical Preventive Services for VA Users – Variations by Race/Ethnicity

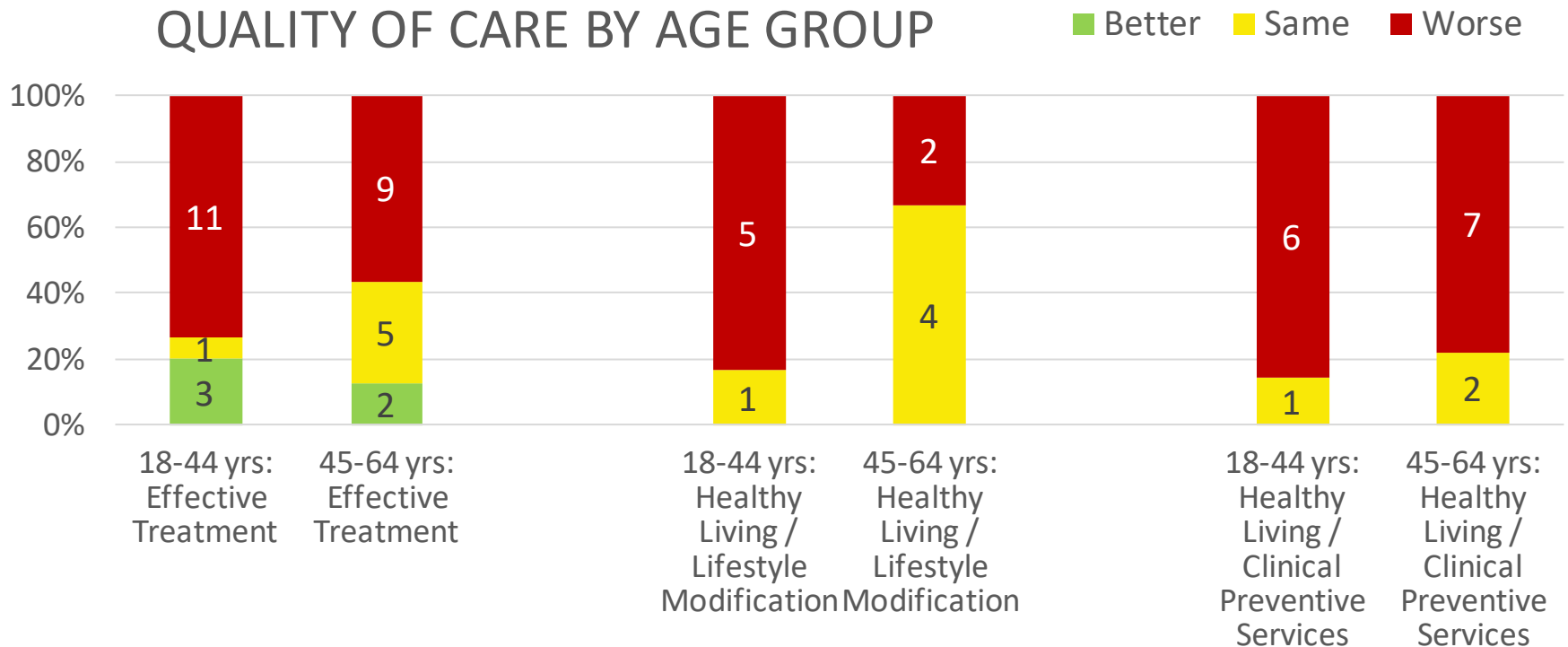


Reference group: non-Hispanic White Veteran VA Users

Source: OHE/QUERIPEI analysis of EPRP FY2016 – FY2019 data

Variations in VA Health Care Quality by Veteran Age Group

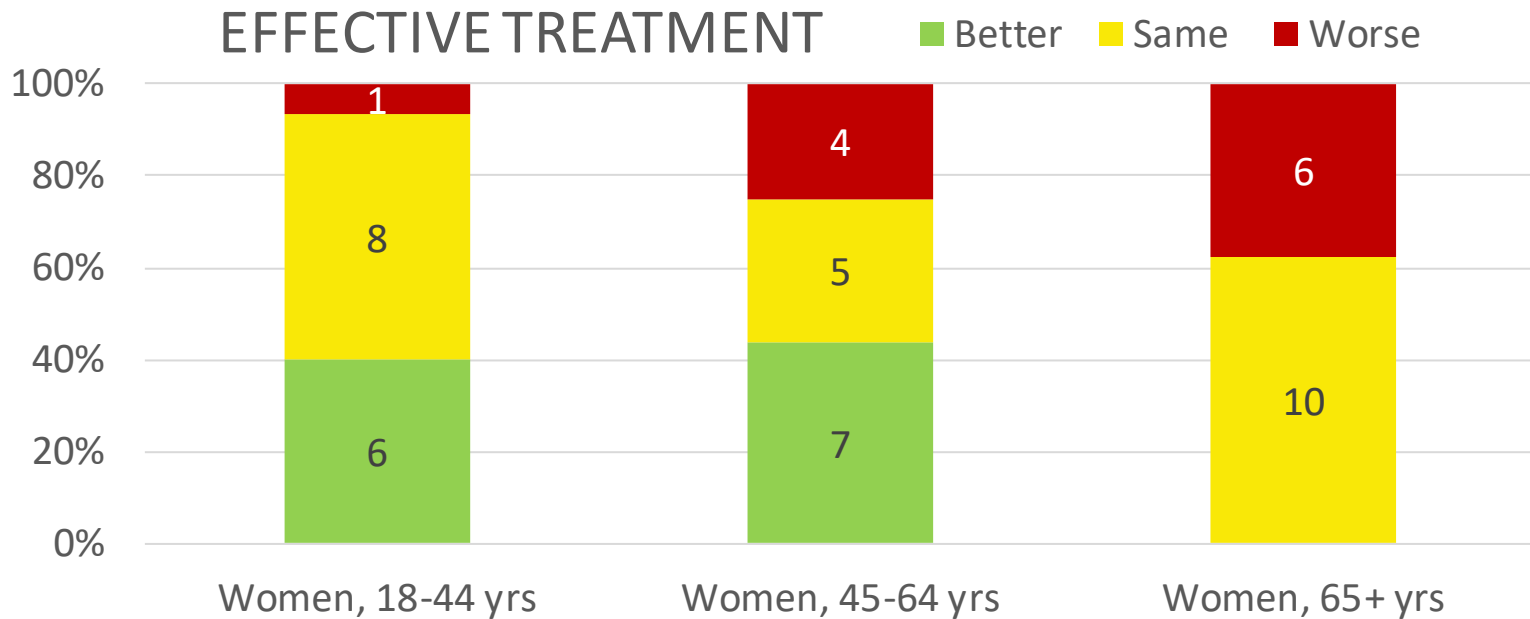
QUALITY OF CARE BY AGE GROUP



Reference group: Veteran VA Users age 65 and older

Source: OHE/QUERIPEI analysis of EPRP FY2016 – FY2019 data

Effective Treatment for VA Users – Variations by Gender

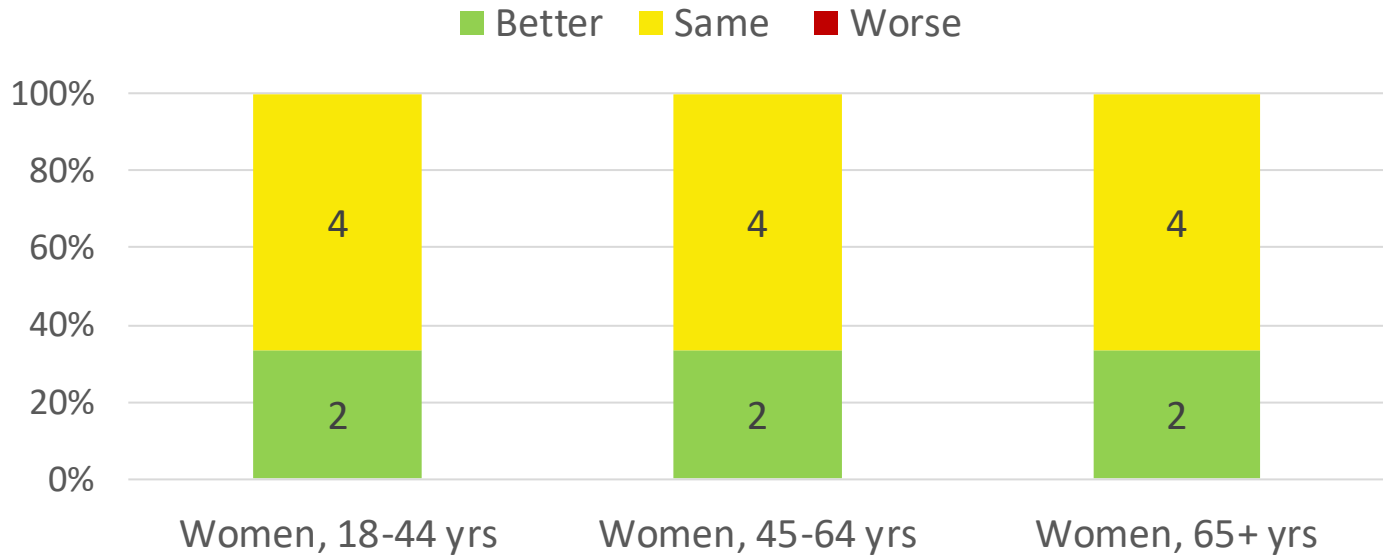


Reference group: Male Veteran VA Users of corresponding age group

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Healthy Living / Lifestyle Modification for VA Users – Variations by Gender

HEALTHY LIVING / LIFESTYLE MODIFICATION

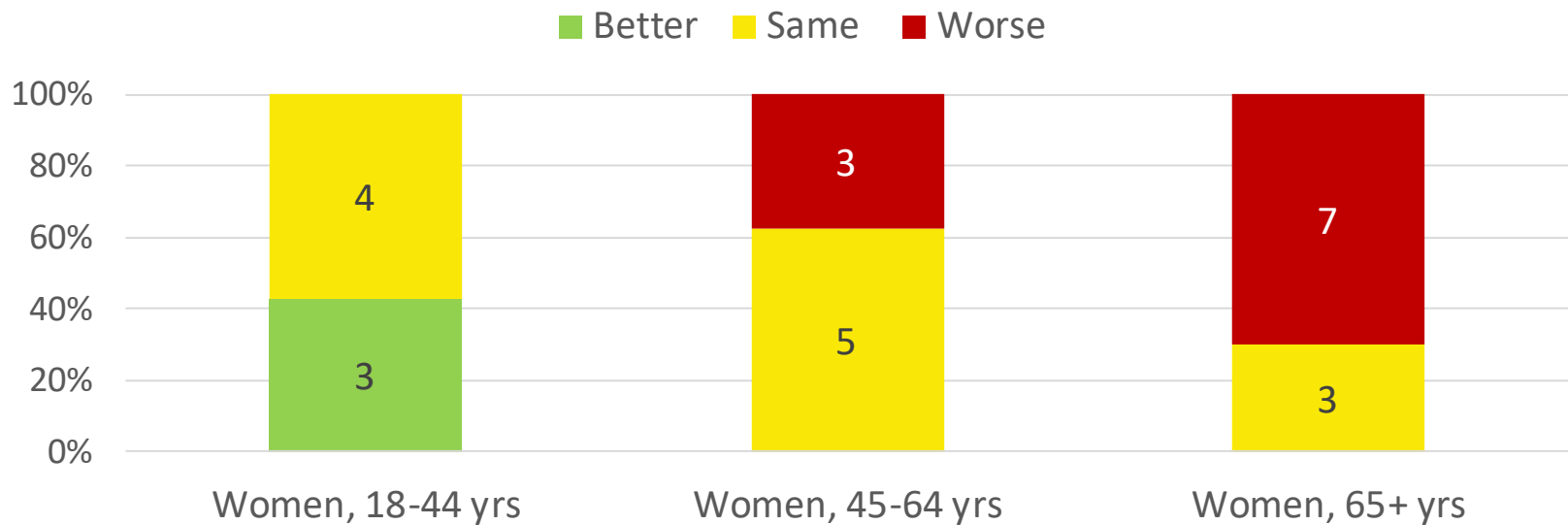


Reference group: Male Veteran VA Users of corresponding age group

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Healthy Living / Clinical Preventive Services for VA Users – Variations by Gender

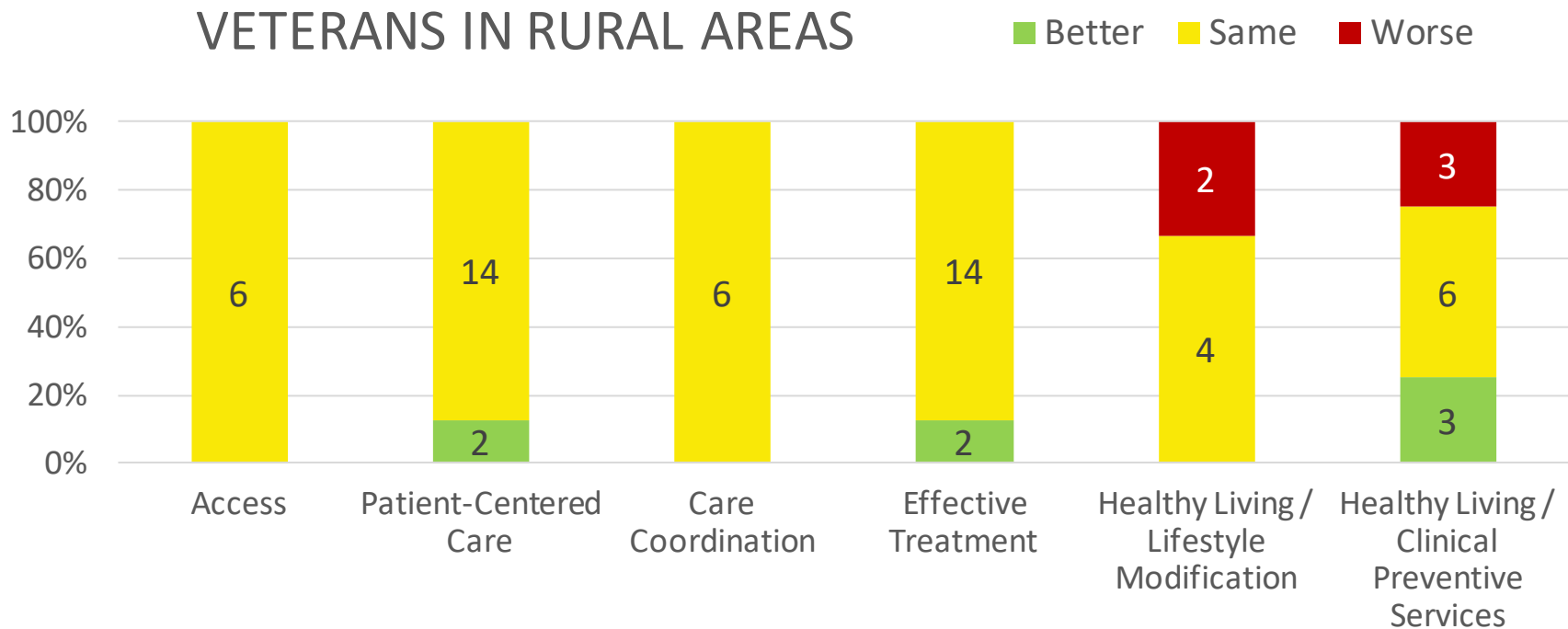
HEALTHY LIVING / CLINICAL PREVENTIVE SERVICES



Reference group: Male Veteran VA Users of corresponding age group

Source: OHE/QUERIPEI analysis of EPRP FY2016 – FY2019 data

Variations in VA Health Care Quality by Veteran Rurality of Residence

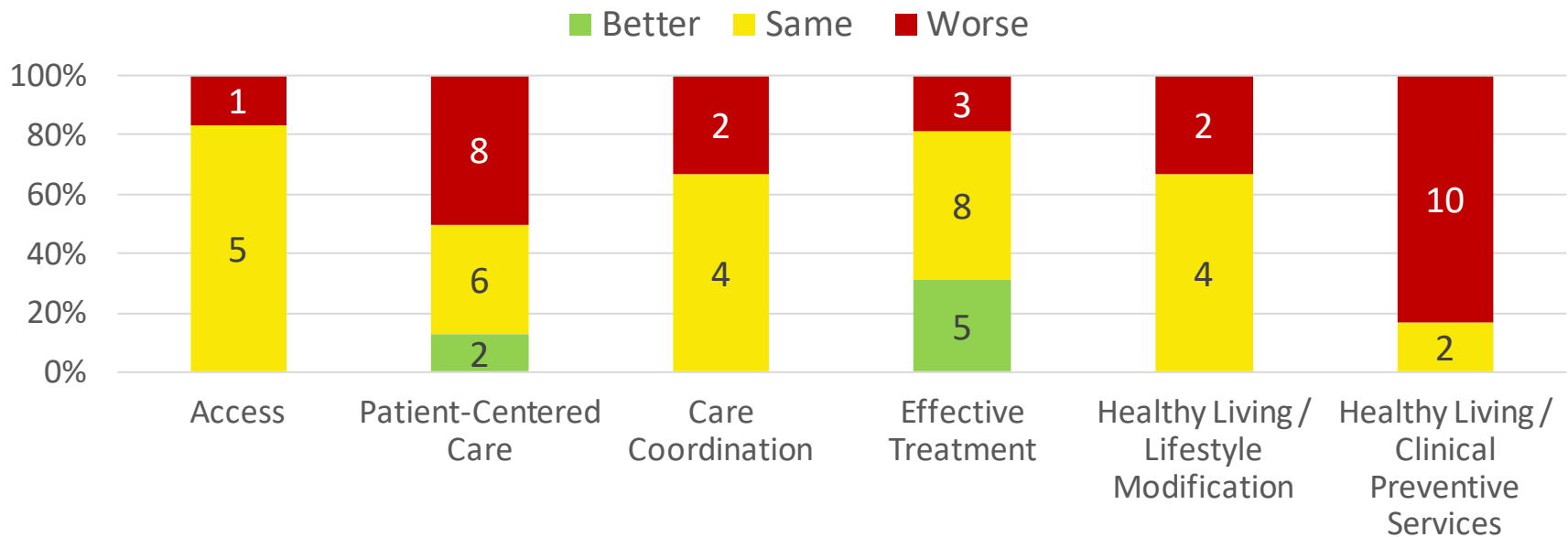


Reference group: Veteran VA Users residing in urban areas

Source: OHE/QUERI PEI analysis of SHEP-PCMH and EPRP FY2016 – FY2019 data

Variations in VA Health Care Quality by Veteran Socio-Economic Status

VETERANS WITH LOW SOCIO-ECONOMIC STATUS

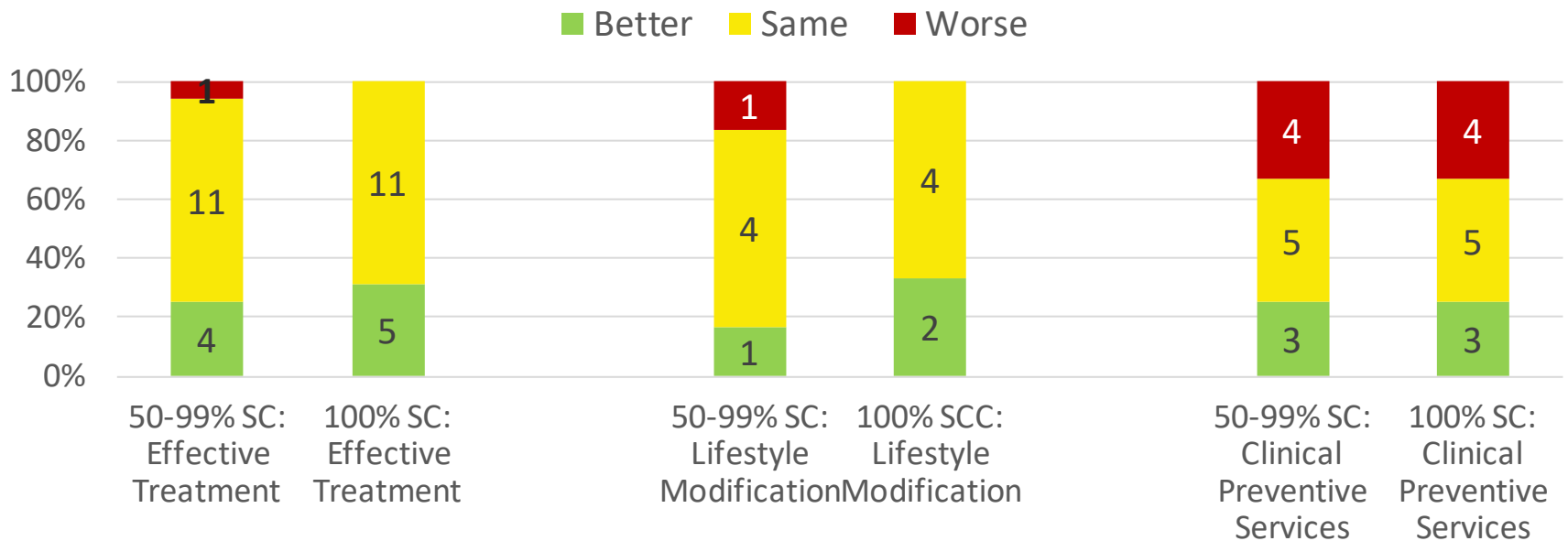


Reference group: Veteran VA Users who are required to make a copayment for VA use

Source: OHE/QUERI PEI analysis of SHEP-PCMH and EPRP FY2016 – FY2019 data

Variations in VA Health Care Quality by Veteran Service-Connected Disability

QUALITY BY SERVICE-CONNECTED DISABILITY



SC = service-connected disability

Reference group: Veteran VA Users with 0-49% service-connected disability rating

Source: OHE/QUERI PEI analysis of EPRP FY2016 – FY2019 data

Summary – Patient Experiences of VA Care

- Variation in patient experience across dimensions of care
 - For most priority (potentially vulnerable) groups, there were more frequent gaps in patient experiences for access and patient-centered care
- Variation across Veteran groups
 - On average, greatest gaps for Veterans < age 45 (compared with those 65+)
 - Some racial/ethnic minority, low socio-economic status, and service-connected Veteran groups experienced frequent gaps in some dimensions
 - No patient experience gaps by rurality

Summary – Quality of VA Care

- Variation across dimensions of quality of care
 - For most priority (potentially vulnerable) groups, the most frequent quality gaps in VA care were for healthy living / clinical preventive services
- Variation across Veteran groups
 - Black, American Indian/Alaska Native, and Women Veterans age 65+, and Veterans < age 65 and those with low socio-economic status had worse care quality on 40% or more measures in at least one dimension of care quality (without corresponding better care on other measures)

Poll Question #3

How will you use the National Veteran Health Equity Report 2021? (check all that apply)

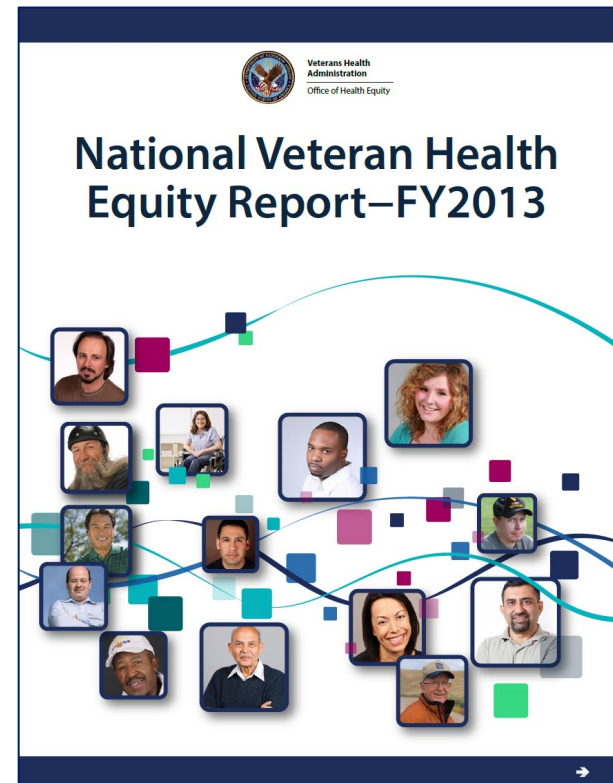
- a. Patient education or patient care
- b. Veteran engagement
- c. Other operations program use
- d. Teaching / medical education (e.g., of students)
- e. Research project background
- f. Other – please specify in the Q&A function

Session Outline

- Introduction
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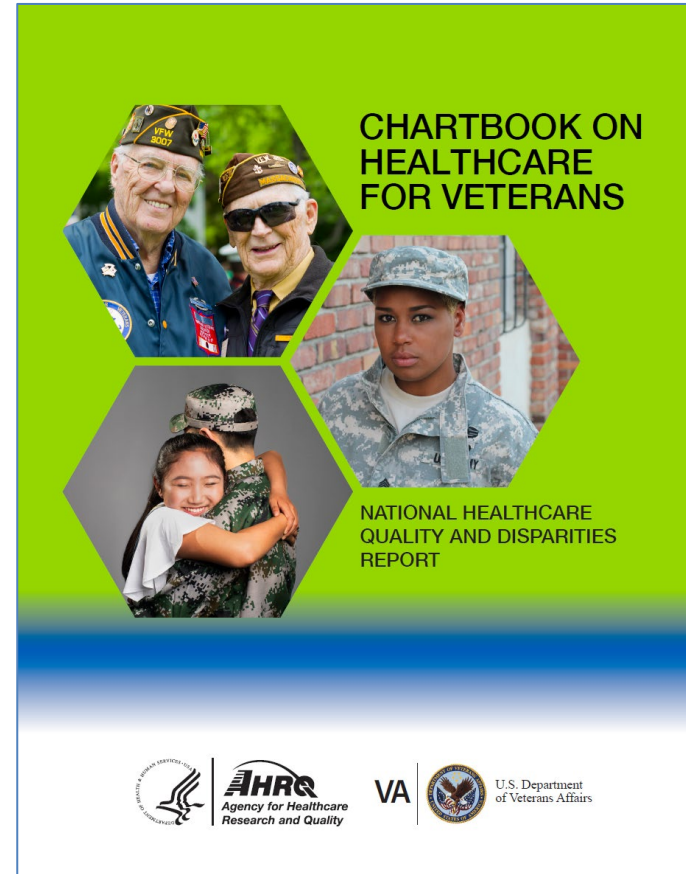
Resources

- VA Office of Health Equity online resources: [Office of Health Equity Home \(va.gov\)](http://www.va.gov/HEALTH/EQUITY/NVHER.asp).
- VA Office of Health Equity. 2016. National Veteran Health Equity Report–FY2013. US Department of Veterans Affairs, Washington, DC. Available online at: <https://www.va.gov/HEALTH/EQUITY/NVHER.asp>.



Resources

- Chartbook on Healthcare for Veterans. National Healthcare Quality and Disparities Report. Agency for Healthcare Research and Quality, Rockville, MD. Available online at: [Chartbook on Healthcare for Veterans | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/chartbook-on-healthcare-for-veterans).



Contact Information

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[Health Equity QUERI Center \(va.gov\)](https://www.queri.research.va.gov/centers/HealthEquity.pdf)
<https://www.queri.research.va.gov/centers/HealthEquity.pdf>