Dr. Hung: Welcome everyone. Really excited to be here and have the floor to be able to introduce my CDA project, which will run for the next five years starting in July. So just wanted to say hi, introduce myself. I’m going to turn over to looking at another screen where my slides are. So I’m going to turn my video off for now and basically walk through the slides that Rob mentioned were in the email and give you kind of a sense of what we’re thinking about for this CDA project. So let me just go to my first kind of slide here which is just a big thank you to the HSR&D service for funding this work and kind of our disclosure that what we’re talking about today and where we’re going with this project, these are all representing our own views and not the views of the government or of VA. And a huge thank you and acknowledgement to the many mentors and advisors who played a large role in being able to shape the proposal and who will continue to be shaping this work over the next five years.   
  
And also a big thank you to support that we’ve had from our center regarding all of again, just kind of intellectually but also logistically so many pieces. So a big thank you to the large team. So for today’s session, this was really meant to be more kind of a work’s progress seminar so we’re very…or I’m very early on in kind of brainstorming and starting up this work. And again, it starts July and will span five years. And so what I wanted to do today was to go over the four study aims and to essential give the group kind of a sense of where we’re going. And then also kind of hope we get some advice and feedback from those on the call and we’re kind of doing this with our stakeholders as well. So just kind of, we’re in the beginning. There are elements here that we want to make sure we get right, and we do this in a way that is most useful to VA and veterans and so we’re using this opportunity to get advice and feedback from you all.   
  
So just a heads up. There will be quite a few poll questions coming up and some of them will be kind of check all that apply. I think the three of them are going to be kind of select the option that makes most sense to you. And then a few of them are actually going to be more open next field. So for those, we pause and give you a little bit of time to kind of go ahead and submit your thoughts. And for those, we won’t be able to review the thoughts during the session, but we’ll have that kind of information and we’ll be able to look at that after the session.   
  
So again, we’ll give you some time to be able to give us some your thoughts and that we’ll review that information at the end of the session afterwards. Also, at any point during the session if you’re finding that this information is really interesting and you kind of would love to talk more about kind of the study in general or kind of provide advice if you are a former CDA or you’re a mentor of a CDA just have tips to share, I am very, very open and wanting to meet a lot of the CDA awardees in the network. And so please feel free to reach out via email. Here I have my VA anna.hung@va.gov email address as well as my anna.hung@duke.edu address. So either way, would love to meet you and talk about the study or just talk about life in general.   
  
So moving on. I’m going to have I guess my first poll question here. And Rob, did you want me to go through the poll questionnaire or was that something that you would prefer to do?

Rob: It’s really up to you.

Dr. Hung: Okay. Either way works. I guess I can maybe go ahead and kind of read off here. So the first whole question is, what’s your primary goal in the VA? And this is one of those check all that apply questions. Just wanting to get a sense of who is out there in the audience. So I guess it should show up on the right-hand side of your screen. I’m not sure. You might have to kind of open up the panel if you’re not seeing it. So it should show up under the Q&A and below that there should be a polling section and then you should see the question there. And then there are the, I guess seven options here and you can select everything that applies. So current CDA awardee, if you are a former CDA awardee, a student trainee, or fellow. Maybe you’re a clinician. Maybe you’re a researcher. Maybe you’re an administrator, manager, or policymaker. And then other. So please feel free to go ahead and check everything that applies for you.

Rob: Attendees, don’t forget to hit submit once you make your decision. Sometimes people forget to do that. We have two people who haven’t finished yet, so I’ll leave it open for just a few seconds longer. Dr. Hung.

Dr. Hung: That looks good. Should I be submitting here? I guess not. I don’t know if I’m one of the two.

Rob: No. I’m going to go ahead and close the poll and let me share out the results. And you will see that nobody is a current CDA awardee nor are any of them former CDA awardees which is a little disappointing. Five percent answered student trainee or your fellow. Twenty-one percent answered clinician. Sixty-three percent answered researcher. Eleven percent answered administrator, manager, or policymaker. And 16% percent answered other. So obviously that adds up to more than 100 percent. But the largest is researchers. Back to you.

Dr. Hung: Thank you. So let’s see. So we’ll keep going then and I’ll start to talk a little bit about the study overview. So essentially our…I’m going to I guess backup for second and give a bit of background here as to why we want to think about helping veterans navigate two different prescription insurance benefits essentially or pharmacy benefit. So taking a step back here, what we’ve seen is that nearly 30 percent of veterans with diabetes have both Medicare Part D and VA pharmacy benefits. So they’re veterans, they’re already enrolled and have access to the VA’s pharmacies and kind of payment for all those medications. But they also are enrolling in the care and specifically Medicare prescription drug insurance, which is the Part D plan, and so the question is kind of, wow. That’s kind of a large percentage of those with diabetes. Thirty percent.   
  
And this here shown is a figure from a survey that was done in 2013 or 2014 where they essentially asked…it was 97 veterans and they asked them, why did you enroll in Medicare Part D. And so the kind of largest proportion here that answered a certain reason was 51 percent who said they enrolled in Medicare Part D to save money. And then 41 percent who said to cover the cost of prescriptions that were being prescribed by non-VA doctors. Thirty-two percent who were saying that to be able to get medications that aren’t available through the VA. And then there are quite a few other reasons as well such as, 20 percent mentioning that it’s nice to have a backup in case there’s changes in VA benefits in the future. Reasons related to low-income assistance, that was 16.7 percent. So for example, those with Medicare but they could also have Medicaid, and could also qualify for some kind of low-income assistance through that.   
  
And then also reasons related to the distance to the nearest VA facilities, so ten percent mentioning that the closest VA facility is too far away. Another ten percent saying that it takes a long time for them to get an appointment with the VA prescribers for their prescription. And then a couple other more specific reasons like there’s a specific prescription brand or a very specific prescription dose that they want, and they want to be able to access it and perhaps that is not the one that the VA is advocating for and covering. So there are quite a few different reasons for why we’re seeing that a veteran’s diabetes have both the VA pharmacy benefit as well as the Medicare Part D kind of benefit. And there are definite advantages to having kind of dual use or two different pharmacy benefit options. So very obviously it’s going to open choice. There is more in terms of maybe being able to visit different types of providers both VA providers and non-VA providers and then also being able to fill those medications through VA and non-VA sources.   
  
And so those kind of reasons were reflected in that last slide. But there’s also potential negative concerns or negative outcomes and things that we want to think about. So with dual use because there are multiple providers involved oftentimes with prescribed medications, you could have per supply and over \_\_\_\_\_ [00:11:00] because there’s kind of just not optimal care coordination and so one provider is doing one thing on one site prescribed medications and another provider outside the VA is prescribing other medications. You could end up with gaps in care so maybe there’s not enough of the medication or there’s too much of a medication in terms of day supply. And then that we can see could affect medication adherence.   
  
So if there are gaps in medication access, then we can see how adherence will not be so optimal which can also lead to poor glycemic control. And then also, kind of just regarding the whole navigation of different systems, we can also start to see aspects in terms of just time spent navigating different healthcare systems like VA and non-VA systems can operate very differently such as the processes by which veterans need to go through to be able to access their medications can be very different. And so it can be confusing, and it can lead to a lot of time spent on that and it can be quite frustrating.   
  
So this next slide shows a couple of…well, it’s a table here that we’re showing essentially outlining on the left-hand side here the benefits of dual use from different perspectives. From the perspective of the veteran, from caregivers, and then from providers. But then also on the right-hand side thinking about potential drawbacks of dual use from again, those veteran caregiver and provider perspectives. And so these were results from a couple qualitative studies that were done. And again, kind of focused on dual use of pharmacy benefit, so specifically when veterans are filling prescriptions through both VA and non-VA like Medicare Part D through that insurance, what are some of the things that we’re seeing.   
  
So on the left-hand side here, a lot of what we’ve kind of discussed. There were themes around from the veteran’s perspective when we have access to both VA and non-VA prescription benefits, we have access to medications. We have maybe increased convenience in terms of being able to obtain medications a more urgent basis. And then also the opportunity to balance between convenience and kind of saving money. So you’ve got more options, you can kind of choose what fits best for you. From the caregiver perspective here, we’re also seeing similar themes around increased convenience and access. And then also being able to maintain relationships with non-VA providers. That showed up as a theme.   
  
And then again, also being able to potentially reduce medication costs if we can kind of choose between a VA pharmacy and a non-VA pharmacy based on potentially lower costs. So again, kind of more benefits. And then from the provider perspective, there were also elements here about again, increased convenience and access specifically talking about reduced kind of travel burden and potentially appointment wait time and maybe any administrative barriers to obtaining medications. Oftentimes that would be a prior authorization request if the medication requires one. And then also being able to maintain relationships with non-VA providers. And again, also being able to reduce medication costs. So a lot of kind of similar themes and specific elements within those themes.   
  
On the right-hand side here when we start to look at, okay, so those were the benefits. What are potential drawbacks to dual use using two pharmacy benefits to fill your medications? So one was from the veteran’s perspective this theme one around the responsibility to coordinate care. So now there’s this kind of responsibility that better feeling in terms of needing to coordinate care between both their VA and non-VA providers to be able to…in a lot of cases be able to fill prescriptions through both the VA and non-VA sources. There’s also this element of kind of duplicative time and effort.   
  
So maybe you’ve had labs done at one place or a test done for one provider, but then you for whatever reason, there there’s not maybe the best EHR linkage across. There’s pretty much probably not an EHR linkage across the two systems, and so you have to go to the other system and then maybe it’s not enough for them to fax over your test results or there’s something slightly different that they need. And so you need to get another test. So there is this element of maybe needing duplicative time and effort spent to be able to fill you medication through both the VA and through non-VA sources.   
  
Theme three here is around conflicts and recommendation. So often there can be differences of opinion. We know this is kind of a reason why someone might get a second opinion. And so just understanding that there could be conflicts in terms of what one provider is recommending versus another provider and that’s something that veterans will have to kind of work through. From the caregiver perspective, there’s again kind of that concept around there could be communication barriers between VA and non-VA providers. And so sometimes they feel if they’re the caregiver that they need to help facilitate those communicative ties across the different provider systems. Everyone is so busy and so it’s hard to kind of keep up and be able to contact everyone in that moment or waiting for phone calls back and forth. So caregivers also recognize kind of that responsibility to coordinate care.   
  
They also mentioned that there are complexities in navigating multiple healthcare systems. So the two different health systems are very different and so it would be helpful to have all that information in one place to kind of understand that if you were to fill your medications through one system versus another, what will that look like. And Medicare Part D is so different than how VA runs their pharmacy benefit. So that’s an important point. And then also they mentioned kind of similarly there’s potentially overlapping or interacting medications from different systems and needing to kind of manage that kind of conflict if you will. And then providers also mentioned kind of similarly communication barriers between VA non-VA providers, and so oftentimes relying on the patient to communicate complex medical information between the two.   
  
And then also mentioning again kind of conflicting care decisions across the systems, which we kind of talked about before. And then also thinking about medication related safety risks. So they kind of mentioned seeing veterans get very frustrated if they’re trying to fill maybe one…some of their prescriptions that were from non-VA providers in the VA and then they find out their medication is not on the VA formulary. So then they often don’t understand the different formulary systems and that can lead to medication switching and delays. And when we have delays in medications, then we can have potential risks as well.   
  
So a lot going on that shows positives and negatives and it’s just kind of…to kind of take this all into account, there’s already dual use that’s going on. There are positives and negatives and what can we do in the future to help improve this. So that will lead me to my next poll question. And this one is open text field. Well, I think we’ll give you just maybe like a minute or so to answer this one. And I flip back to the last slide. But just wondering from folks in the audience today, in addition to what was listed on the last slide, have there been other challenges that you’ve noticed in terms of dual use of VA and non-VA healthcare systems when it comes to filling medications. Because you might have heard it from veterans or caregivers of veterans or maybe your healthcare confessional or know of healthcare professional colleagues. Just wondering if there’s anything else that we haven’t covered in this last slide and please go ahead and kind of share your thoughts there.

Rob: It looks as though things are working Dr. Hung, which is good news. I see that a couple people are in progress.

Dr. Hung: Oh, great.

Rob: Yeah. And if you’re able and when you’re ready, you could probably move ahead with your presentation slowly and we can leave this open for a few more minutes to give people time to finish. But I mean, that’s really up to you. But it looks like it’s going to work. We will see be able to see the poll on right-hand side and the slide a little bit smaller on the left. If I’m wrong about that attendees, please go ahead and send me a chat and tell me that I’m wrong and we’ll figure something out. The first time I’ve done this.

Dr. Hung: Okay, great. Yeah, I’m very open to hearing your all thoughts. And maybe you’re like, yes. There are certain elements here that I’m showing on this slide that are very, very true and I’m going to talk about next where we’re going with the project. And so like, make sure you address this aspect or just very open to collecting thoughts right now. So yeah, that would be great. So I guess we’ll keep that open and I will keep moving. But please continue to fill out your thoughts as I kind of keep moving through this presentation. So all of this leads us to kind of the central hypothesis for this study. And essentially, it’s covering what I talked about on the last few slides that dual use is happening and when there’s not really a good understanding around the differences between the two pharmacy benefits, what we can have are kind of choices in where we get our medications from veterans that are not aligned with veteran preferences or their expectations.   
  
They might think, great. I have two options here and think that the systems will be very similar, and they can…it will be very easy to navigate. And then what they find is oh, actually, if I go down one group, then those medications are not going to necessarily be the same medications that I can get in the other system, in the other route. And so there are difficulties here on around aligning kind of preference and expectation of veterans with their choices. And when we kind of have that happen, what we often also see is that veterans will bump into medication acquisition barriers. So for example, they might see…especially in the Medicare Part D side through the insurance that co-pays can change over time. They can be very high. And so there might be higher than expected medication co-pays. There could also be unanticipated restrictions in terms of what is covered through the insurance and maybe the medication they’ve been getting through the VA is not available through Part D and they have to switch to something else. And so just we can bump up against the other barriers.   
  
And we talked about this on the bottom here, all these kind of outcomes, potential outcomes highlighted in orange related to when that happens, you can have delays and you can have switching in terms of medication that can lead to non-adherence in medication \_\_\_\_\_ [00:23:54] for veteran health. And along that process, we can have veterans who are getting kind of frustrated and not understanding what’s going on and maybe experiencing dissatisfaction and decisional regret. And on the left-hand side, there are also potential expenditures that could’ve been prevented in terms of both kind of direct medical costs like co-pays to veterans, but also their time. So cost in terms of their time. And also same thing to their VA. So maybe there’s something that we can do to help improve this overall situation.   
  
And so that’s kind of our goal is to create a decision aid. And so we have four aims of this study and aim one, we will be doing interviews and aim two, we’ll do a survey. And that those are kind of informing aim three, which is the development of a decision aid. And then aim four is a cost analysis to kind of look at, what is the impact of dual use of different medication prescription benefits on cost to our veterans and also to both VA and Medicare. And so we will have a stakeholder advisory board that runs for the entire five years throughout all four aims. So it’ll be very, very helpful in terms of framing a lot of everything really in this study and across each of the four aims.   
  
And so just to kind of briefly highlight in aim one, our interviews will be having kind of interviews with 24 veterans and 12 caregivers. And our focus there is to kind of identify what are the challenges that you experience in terms of getting access to your medications and what would you have liked to have known? What are your kind of informational needs when you’re filling diabetes medications through VA and Part D? And here for this overall project, we’ll be focused on the diabetes based because there are a lot of medications and also for feasibility reasons to kind of focus on one common chronic condition that is very expensive and has a lot of medications.   
  
And then in aim two, we’ll then be conducting a survey that applies a discrete choice experiment methodology that allows us to get at quantitative estimates to look at how veteran’s preferences around different aspects influence where they end up choosing to fill their diabetes medication. So maybe some veterans care only about whatever option that will give them the lowest co-pay. And so if that were the case, that’s the piece that is very important to them. But others might be more interested in balancing those convenience factors that we talked about in the kind of reasons in earlier slide. So there could be travel time or await time and there’s a balance between how much they want to wait and how much they’re willing to pay.   
  
And then in aim three, we’ll be developing the decision aid and essentially assessing the feasibility and acceptability of the decision aid that we create. And ultimately the goal here is for decision aid that is helping veterans with Medicare Part D who have those two options in terms of where they can fill their medications understand, what does it look like to fill my medication through VA? What does it look like to fill through Medicare Part D? And how do make those choices? And then aim for \_\_\_\_\_ [00:27:43] cost analysis. And so the stakeholder advisory board will be running through the five years, and we have a 11 participants. We’ll have quite a few…well, so maybe I’ll just kind of jump to that slide for second before I go to the poll question.   
  
And so essentially, we’ve got 11 participants on the stakeholder advisory board. We have three veterans, two caregivers or care partners or family members that are involved in their veteran’s decision-making process around prescriptions. And then a VA pharmacist, a VA primary care provider, a VA endocrinologist, a VA community care program pharmacist so someone involved in that, because that’s also an element we’d like to include if possible because that’s becoming more and more important in expanding. And then also representation from VA PDN and then someone very familiar from the Medicare side as well.   
  
So we’ve got 11 members and I thought I’d just do many quick poll questions around this. Do you currently have experience working with a stakeholder advisory board for VA research project that either you lead our are participating in? And I think…yep. I see it showing up on my right-hand side now. And so this is one of those questions were you just select one option below. And so I’m just kind of gauging. We’re currently in processes of…we’ve got almost everyone identified but we have a couple more that we’re trying to identify. So just getting a sense of, how common are these stakeholder advisory boards for VA research projects? And curious about your experience.

Rob: It looks like people are providing answers rather quickly for this one.

Dr. Hung: Okay, great.

Rob: Those that care to. And I see one and two and three pop up every now and then as in-progress. So I think maybe we should leave it open for maybe another ten seconds and then we’ll be finished.

Dr. Hung: Okay, sounds good.

Rob: Okay, well, it looks like it’s leveled off so I’m going to go ahead and close the poll and then I’ll share the results out. And you’ll see that 8 percent answered yes, 85 percent answered no, and eight percent answered unsure. Back to you.

Dr. Hung: So fewer than thought. I guess most of us don’t have a stakeholder advisory board. So I’m not sure if my next question will be as relevant. So maybe I will…well, maybe we could open it quickly. So essentially, if you had a stakeholder advisory board involved in your research project, I just wanted to kind of get a quick gauge of how often does your stakeholder advisory board meet. Because that’s one of the questions that we’re thinking through right now and would be just helpful to get a sense. So kind of every week, every month, every three months, every six months, every year, less frequent than ever year. So hopefully this will be also a quick one just for folks that have a stakeholder advisory board that they’re working with.

Rob: You have gotten a few replies so far. But it looks like that’s all you’re going to get. So I’m going to go ahead and close the poll and share out the results. And you had three responses. Thirty-three percent answered every month, thirty-three percent answered every three months, and thirty-five percent answered less frequent than every…another thirty-two percent. So it looks like one person answered B, one person answered C, and one person answered F.

Dr. Hung: Okay, that’s so helpful to see. Thank you. Okay, so we will keep going. So I think my next question is around the stakeholder advisory which is that we’re currently looking for two more veterans with diabetes who have both on VA and/or are enrolled in Medicare Part D. And as well as one more kind of caregiver representative. And so my next question is actually around just if folks on the call had any thoughts around suggestions for identifying veterans with diabetes and Medicare Part D and their caregivers to serve on the stakeholder advisory board. We’ve done a couple things already. We have a vet rep panel here at our center and so they’ve been…had already kind of given a presentation to them.   
  
And they had suggestions that we’ve been kind of working through their list. One of which is working with clinicians who have patients that would potentially qualified. So we’re going through that avenue. And then also there is a caregiver support program at our center, so we’ve given a presentation there and were able to identify one of our caregivers through that route as well. And then also through kind of other community organizations. There’s a Medicare senior center where they help with Medicare counseling. And so we’ve gone through them as well and have had a couple or leads. Yeah, so we’ve gone through quite a few different avenues and I’m just kind of all ears if there are other kind of thoughts. Yeah, so feel free to answer on the right-hand side there in the open text field.

Ron: And this is one that we can leave open until your next poll.

Dr. Hung: Okay, perfect. So I will keep moving. And so just want to share, like this is the big picture of our overall five-year study and how the different aims fit in. This is from the Ottawa Decision Support framework. So kind of thinking about, what are the decisional needs and how do they impact decisional outcomes and what is that kind decisional support thing that you’re going to use to help address that? In our case, it’s a decision need. So aims one to three are really building into aim three and we want to build a division aid that can help veterans who have Medicare Part D to kind of understand the two different systems and be able to kind of make choices that are aligned with what they’re expecting and what their preferences are so that ultimately, we can add an optimal choice based on again, veteran references.   
  
And then also be able to have hopefully longer-term outcomes in terms of improved health outcomes like appropriate medication supply. Less medication switching. Less of a delay. Better medication adherence. Better glycemic control. Fewer adverse events. Also in terms of that decisional regret aspect and kind of dissatisfaction. So we want to minimize any decisional regret and improve any veteran satisfaction with the whole process of kind of navigating the two systems. And then also in terms of costs, so can we decrease out-of-pocket costs for veterans and also total cost for VA. And so those are kind of the outcomes that we’re thinking about, and these are how the different aims are kind of attaching to and working through this model.   
  
So I’m going to keep going. Go onto the next slide, which had this question asked by one of my mentors around at the end of the five years, what would you ideally like to achieve because I’ll blink, and it’ll be gone. And so really we wanted to develop a decision aid that is meaningful and useful for veterans and to VA. And we also…I really want to have strong pilot studies and strong collaborations to support a broader kind of research program to help improve prescription insurance navigation in the future. So I’m going to kind of go into one of the questions I was hoping to get folks on the call thoughts about. I know I kind of gave you the overview of the study and now I just kind of want to hone in on aim three and what is our final goal with the decision aid. Because there’s a lot of different kind of information that we could cover. So we can provide a decision aid that is just educational only.   
  
We just tell veterans about FYI, when you’re filling your prescriptions through VA versus through Medicare Part D, these are some of the differences. These are some concepts that you should know about. Let me show you an example. So here is option one. Tell them about, these are certain concepts you should understand related to out-of-pocket costs here on the left-hand side regarding, what is your kind of deductible, your premium, co-pay, your coinsurance? Especially with regards to Medicare Part D because it’s so different from VA. And then also in terms of thinking about access to medication.   
  
So oftentimes through the VA you might not see prior authorization request so much because the provider might be handling it and working with the pharmacist at the center to be able to get access to the medication that they feel is appropriate for the veteran. But in Medicare Part D, we see this all times where patients come to the pharmacy counter and the medication is not approved. It’s on the formulary, there’s a prior authorization request and you have to kind of step through different types of other medications, what we call step therapy request before you can get access to that final medication.   
  
And so there are new concepts that veterans might not be aware of and so we could tell them about those concepts so that they are aware of them. And then also related to Part D, there’s a lot of differences in terms of how costs can change. And I won’t go into the deeper details. Don’t need to bore you there. But it can change a lot over just the course of a year. So depending on how much you spent, things we are commonly familiar with are deductible. If your deductible, then you’ll start to see coverage at this percent or at this co-pay. But there are other phases as well. So it can get quite complicated. So we could say, there are a lot of concepts for folks to understand.   
  
And then we could go one step further. And I’m going to present these four options and ask you all at the end to just vote really quickly to give a sense or give some thoughts around what you think would make sense. So anyway, just to prepare you. So option two could be, let’s give you a platform that allows you to put in your medication information and that gives you information for every single medication in terms of what it would cost and if it’s covered through VA versus through Part D. So an example of that would be something like this, and this is just a mockup and it’s very early on so look much better than this. But just to give you a sense on the top, we’re looking at the cost and so let’s say you’re on three medications for diabetes. On the left-hand side, Jardiance, Lantus, Metformin.   
  
And then we could show you okay, this is what your cost would look like in the VA. This is kind of your monthly co-pay that you would expect or your annual. And then we could say okay, and this is what it would look like for your Part D plan in the net next column over. So Part D plan and you are filling through a specific pharmacy because the medication cost can actually differ by pharmacy even with the same insurance plan…same Part D plan. And so we could say again, this is what your monthly cost might look like. And then this is what your annual cost would look like. Or we could on the very far right here show you Part D plan and this what the mail-order pharmacy looks like, or the costs would look like if you were to fill through Part D and through your mail-order pharmacy in terms of monthly and annual costs. So a lot of information, but we’re giving you this information for your specific medications. And this would require building out an IT tool.   
  
And then on the bottom here we could also tell you about formulary coverage. So just kind of there might be restrictions. In most of these cases, there aren’t really restrictions. I think for Lantus you might have to switch to another insulin product depending on which area you’re in. But we would essentially layout what are the access considerations to some degree. So that’s kind of \_\_\_\_\_ [00:41:15]. So again, just you put in the medications and then we’ll tell you what that cost and the formulary coverage would look like. In option three, we can start to think about a scenario where we bundle it. So thinking about here in scenario one just column two starting from the left-hand side. Thinking about if you were to fill your three medications the same once I showed on the last slide all through the VA, this is what it would look like in terms of costs. So 288 dollars to 324 dollars. And then this is what it would look like in terms of if you would have to go through anything in terms of coverage. So maybe you had to switch to another insulin.  
  
And then we’ll also talk about other factors that we mentioned previously like convenience factors. Needing to coordinate care. Those other factors. So maybe you have to wait or drive for a doctor’s appointment. Maybe it’s something like an estimated two hours. And then for care coordination, all your medications are being filled through the VA and so you don’t have to coordinate at least between the VA and through a non-VA provider. So that’s kind of scenario one showed there. Scenario two again, kind of thinking about the bundle of all three medications is to say okay, these are…what if you filled all your medications through Part D through a Walgreens pharmacy? This would be your expected annual cost 824 dollars. In terms of coverage, no changes. You would have access. You wouldn’t have to wait. There wouldn’t be any prior authorization that you have to wait for.   
  
And then kind of drive and wait time maybe it’s also two hours. And then again, because you’re filling all of your medications through Part D through one system we’re going to assume, then you don’t have to do any coordination of care between VA and non-VA. So N/A. Not applicable there. And then scenario three is on the second column from the right there. So again, very similar setup. Billing all your medications through Part D, but through a mail order pharmacy in this scenario. And then what I want to highlight is this last column on the right-hand side, which is your lowest cost option. And again, these are mockups. We will make this much easier to read. But just to get a sense of the information we can provide.   
  
On the furthest right-hand side here, we can show okay, what if you filled your medications through both VA and Part D in a way that lowered your cost? So essentially 132 dollars is your expected cost over the year in this scenario. But what it might mean is that maybe you have to drive to two different doctors to get prescriptions from two different doctors and/or you have to wait for two different doctors. And so maybe it’s four hours of wait time. And now you also might need to coordinate care. And because of that coordination care, if you don’t think you’ll be doing that great of a job, you might also be at increased risk of having adverse events just because you have got multiple providers. So anyways. Just factors to consider. So that’s kind of a bundled scenario that we can show instead of giving information at the medication level, these are your difference scenarios that you can go through.   
  
And then option four, would be a little bit simple. So we could before we can even get to this question, we would ask a series of questions. And again, kind of in a frame of an IT tool. So we would ask a couple questions to try to get at, what are the factors that you care most about? So if someone said they care most about just having the lowest costs or having the least drive or wait time, then we’re just going to show you those scenarios. So this would be kind of the same thing as option three that I showed here before where we’re talking about a bundle if you were on these three medications. And we’re going to bundle it if you were to fill all through one place to another place. But we’re just going to show you fewer options now to make it a little bit easier so you don’t have to go through so many scenarios which can be quite complicated. And honestly from the decision aid kind of perspective, it’s better to have less information. So anyway.   
  
So we could kind of hone it down. Just show you a couple options that would be most aligned your preferences. And so again, kind of these are the two scenarios that happens to be okay, yeah. Fill in all your medications at the VA. This is what it would look like in terms of costs and drive and wait time assuming those were the two aspects that you care most about. Or thinking about if you only care about kind of the lowest cost option. This scenario on your right-hand side would be the one to think about. So I’m going to go to the poll question and see if folks kind of have any thoughts around which one would you vote for. And I know that was a whirlwind. I’m sorry. I just try to explain the thought.   
  
But I’d be curious if there’s just kind of a gut instinct vote for a certain kind of option. And in the next kind of poll question, I’ll also give you a chance to kind of give more feedback on if there are other ideas. So I see the poll questions on the right-hand side now. So again, which of those four options would you vote for? And I can show them again really quickly which is option one, which is kind of education only. Just learning about concepts but nothing is tied to your medications. And when I say you’re, I mean, as a veteran, who would be using this tool down the road or a caregiver of a veteran who’s using this tool.   
  
So option one is just education. Option two would be okay, there are three specific medications or whatever medications you’re on and we will show you the costs and the kind of coverage considerations for those specific medications. Option three is kind of information at the scenario levels where we give you a lot of different scenarios. And then option four is again, at the scenario level. But we are just going to hone in on a couple where those are the factors that you identified as being kind of the most important to you. So curious if folks have thoughts.

Rob: Looks like everybody who’s going to has made their choices and submitted their answers, so I’m going to go ahead and close the poll and share out results. And what we have is that 0 percent answered option one, 30 percent answered option two. Info at the medication level. Forty percent option three. Info at the scenario level. And 30 percent option four. Info at the scenario level only one to two scenarios.

Dr. Hung: Okay, perfect. Thank you. That’s actually quite helpful. And thanks for trying to kind of process through the different options in my mind. My next question is just kind of in follow-up to that. After seeing those various options, do you have any additional thoughts essentially? And what are you willing to share? Because maybe you said, yeah. I think I like option three, but you should do this in addition to it. So there might be kind of tweaks that you were thinking about. Or just the other kind of thoughts around like, hey. Have you thought about contacting this group with the VA because they do a lot with this and think about this often. And so anyways. Very, very open-ended question here.   
  
I see it’s on the right-hand side in the polling if they’re just kind of initial thoughts around yeah, these are potential options for a decision made. And this is what…my kind of gut reaction and some of my immediate thoughts were when I was looking at the options you provided. So I’ll give folks maybe a bit of time to answer that. But also just say a big thank you. I know we’re about ten minutes out so just want to say thank you so much for bearing with me and for listening to this presentation. If you were kind of interested in this project and wanted to discuss more or just wanted to share thoughts in general, please feel free to reach out to me. My email is listed there. I’d love to kind of talk more about this project, but also just meet folks and kind of get to know the kind of VA landscape a little bit better. So very very open.

Rob: Dr. Hung. I’ve left the poll open and at this time normally, we would invite people to submit questions to you if they were interested. So attendees, if you have questions for our presenter, please do submit them to the Q&A and I’ll read them off. We don’t have any right now, and I see that there are still a few people who are trying to craft their message to you in the open text poll question. We’re not getting any questions in.

Dr. Hung: Yeah, I mean, I feel like I’ve given folks a lot of opportunity to respond. There’s so many poll questions. I’m not too surprised. But just want to say huge thank you for being willing to send in feedback. And a huge thank you to you Rob for being willing to try out these short text questions.

Rob: Yeah, sure. It was fun for me. We’ll find out how helpful it is to you. I think I see a question that came in. This person asked, could you provide more insight about the CDA and what makes it different from the work that current researchers do? Pros and cons about the program.

Dr. Hung: Oh, yeah. Sure. So the CDA is the Career Development Award. This one is through HSR&D. And so the idea is to give investigators five years for at least the HSR&D program to kind of build out this one research project and so that’s what I’m sharing today. You’ll have multiple aims and idea is to be able to give you time to kind of continue to train, but also start to grow out a network and the other VA researchers and to have the time and space and resources and funding to be able to build out some of these pilot studies. So in my case, I’m think trying to develop this decision aid so that you can kind of continue to build that out in the future. So pros I would say is a lot of what I just discussed in terms of giving you kind of time and space to be able to train, to invest in you in terms of your pilot study work so that you can pursue future funding.   
  
And then cons is a little bit harder. It’s a really good program. I don’t know. I guess it’s usually kind of a five-year award. It’s almost kind of similar to outside of the VA’s landscape kind of like a K versus an R01 in the NIH landscape. So I guess a potential con would be that if you thought you could already go for an R01, then maybe you wouldn’t need to go for a K Award. So if you were already at a very senior level and you could submit for really, really large grants already, then it wouldn’t necessarily make sense for you. And I’m not even sure that you would qualify to submit for kind of an early investigator award if that makes any sense. Kind of award that it’s meant to help develop a career. Hopefully I kind of addressed that question. I see follow-up questions.

Rob: It’s by the same person. Once you complete the CDA, where do you go from there? Are you a floating investigator not attached to a specific center? So would have to find soft money funding for the rest of your career to fund your research and salary.

Dr. Hung: I think usually the CDAs are attached to a center. So usually you would be an investigator at a specific center. And then yeah, so once you complete the CDA, the idea oftentimes is you had that time to train, to build a good collaborator network, and to get pilot studies out. So the idea is that you’ll be submitting for larger grants through your center. And so I think that’s the where do you go from there. And I guess so the last part probably just applying. Yeah, \_\_\_\_\_ [00:55:05]. You’re welcome.

Rob: Let’s see. I don’t know if it’s a glitch. But there still appears to be one person who has typed at least one character in the open text field and not hit submit. So it may be a problem with the system I’m not sure. Maybe somebody clicked it and they never planned on writing anything. But we’re just about out of time, so if you’d like to make closing comments, I’ll leave that open for little bit longer. No, actually the last person did hit submit so I’ll go ahead and close that poll. If you have closing comments, unless we have another…this person just writes, thank you for this information. Well presented.

Dr. Hung: Oh, good. That’s great feedback. Thank you. Yeah, really, I think my only comments are just a big thank you to the group for attending this presentation today. A big thank you to Rob and the rest of the team for being able to try out these open text fields. And I’m looking forward to looking through some of that those comments after this, so thank you again.

Rob: Great. Thanks everybody for playing along. When I close the webinar, a short survey will pop up. Please do take a few moments and provide answers to those questions. Not sure if any of them will be relevant to the things that we did differently today, but you may have an opportunity to comment on that. With that, I’ll just close and say please, I hope everybody has a good day. Thanks again Dr. Hung.

Dr. Hung: Thank you.