Work Group: Population Health





Group Membership

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 Key issue: Incorporating veteran voice into the development of measures for well-being and whole health outcomes

- Barriers/Strategies to Overcome Barriers:
 - Barrier: Trust / Strategy: "Closing the Loop"
 - Barrier: Tokenizing / Strategy: Diverse representation of voices through out process of what measures are considered meaningful





Research ideas:

- What groups of Veterans should be represented?
- Intersectional representation and awareness of intersections that are important for stratification

• Policy recommendations:

- Center the Veteran voice in measure design they should be in alpha and beta testing of measures for wording and comprehension
- Veterans should know why this data is being collected and how it will be used to help them and this should be explained by parties collecting the data





- Dissemination strategies:
 - Reaching diverse Veteran channels to encourage inclusive participation
- Responsible program/office(s):
 - VBA
 - Veteran Experience Office
 - Veteran Insight Panel (SHEP)
 - Veteran focus groups
 - Office of LGBTQ+ Health, Center for Minority Veterans, Office of Diversity, Equity, and Inclusion, Office of Health Equity





- Key issue: Determining a framework and/or logic model that underpins measures for well-being.
- Barrier/Strategies to Overcome Barriers:
 - Barrier: Understanding VA's diverse datascape
 - Strategy: Environmental scan to create a proof of concept
 - Barrier: Determining what domains are meaningful to Veterans/VA
 - Strategy: Qualitative interviews (cognitive interviewing) and framework consensus development
 - Barrier: Determining what parsimonious set of measures would add value and be meaningful.
 - Strategy: CDC Healthy Days Measure, Well-Being Signals, PROMIS, Veteran Engagement DEs
 - Assess risk adjustment/strata, item reliability, time horizon for assessment (entry points)





Research ideas:

- Creating a composite well-being measure from current VHA/VBA measures and possibly creating a summary star rating to incentivize the performance of the measure.
- Grounding of measure with populations outside the VA to test and align to benchmark against other groups.
- Tracking measures that are sensitive to change and function equally for everyone. Rolling these up into new VA DEs.

Policy recommendations:

- Uniform data collected across VHA/VBA (e.g., such as sex assigned at birth AND how people identify their gender).
- Moving away from the target-driven medical approach of data collection to a more holistic measurement approach.
- Taking into consideration the lifecycle of measure development and implementation. The sense is that action is needed now but testing and proof are also needed-take time.





- Dissemination strategies:
 - Utilize current data sources such as SHEP, V-signals, and VBA data sources.
 - Ensuring underrepresented communities are stakeholders in measure testing and rollout.
- Responsible program/office(s):
 - Veteran Service Organization (VSO)
 - Veteran Insight Panel (SHEP)
 - Health Service Research and Development Service (HSR&D)
 - Office of Analytics and Performance Integration (API)
 - Office of Health Equity (OHE)
 - Veterans Benefit Administration (VBA)





Key issue: How are SDOH accounted for within a well-being measure?

- Research ideas to address barriers:
 - Is the social determinant an outcome, an intermediate process, or could it be used to adjust (stratify)?
 - Which social needs are an important part of Whole Health outcomes?
 - Maslow's hierarchy of SDOH and well-being: some things are more foundation and need to be addressed first.
 - Logic model- understanding of what are the inputs of Whole Health and what is the logic of the model to understand the logic for improvement.
 - What percent does SDOH play into population health and well-being outcomes?
 - Exploring engagement strategies such as the #Bethere campaign.
 - Social Prescribing (UK; Puget Sound) and Social Health Strategy (Canada).
 - Are services bringing value- VERA funding at the VISN-level.





Policy recommendations:

- Focus on the five SDOH DEs collected by Federal partners: housing, transportation, food insecurity, utility difficulty, and intimate partner violence.
- Should the VA purchase and gather data to attach to records to assess well-being?
- Procuring incentives to support data collection and reporting.

• Dissemination strategies:

- Ensuring data completeness and quality- and sound implementation.
- Moving beyond screenings and offering support across the Veteran's journey.

• Responsible program/office(s):

 ACORN, Veteran Service Organization (VSO), Veteran Insight Panel (SHEP), Health Service Research and Development Service (HSR&D), Office of Analytics and Performance Integration (API), Office of Health Equity (OHE), VBA, Office of Minority Veterans, Veterans Experience Office (VEO)





- Importance of addressing/assessing social connection, social purpose, sense of belonging for well-being
- Need crosswalk for clinical-population health measures to avoid duplication and lead to harmonization
- Methodologic issues e.g., using geospatial data for demographic differences between veterans and non-veterans
- How to look at financial well-being and who is responsible for it in VA
- VA is positioned to think innovatively about value-based payment and incentives for well-being in a way different from non-VA payors





- Community characteristics and partnerships are critical to inform what's happening outside of VA for the Veteran
- Whether or not to use individual measures versus portfolio approach consider ease for use by clinician and focus on adding only measures that have high value
- We need to know why we are collecting selected measures authority and intent of measure selection are crucial
- Sense of institutional pride versus betrayal based on identity (e.g., LGBTQ+ veteran experience)
- Be mindful of potential unintended consequences of generalizations extrapolated from a measure





- Veteran perception that their responses may affect the services they may be eligible for – "Will I lose access to services if my answer changes over time?"
- Trust in federal government may impact access and utilization of services
- Veterans might be afraid to speak up for their own needs (related to military culture of not complaining or voicing needs)
- Equity issues in communities that impact measure sensitivity e.g., redlining
- Understanding population health vis-a-vis diverse reasons for joining military (e.g., access to benefits/social mobility vs. draft vs. sense of duty, etc.)

Measuring What Matters Most VA HSR&D State of the Art Conference March 29-30, 202



- Collecting data on family structures and period of service as constituent elements of overall well-being
- Measuring navigation processes that take a Veteran from problem identified to connected to service to address outcome
- Measuring well-being should be tied to knowing what we'll do with the data and how it will inform resource allocation and efficiency
- Measures needs to serve everyone, especially mindful of minoritized populations
- Research on benefits and services and how they come together



