VA Health Services Research & Development Service

Virtual Care CORE

State of the Art Conference

Workgroup

VA Virtual Care Access Disparities

May 19, 2022

U.S. Department of Veterans Affairs
Veterans Health Administration
Health Services Research & Development Service

Access Workgroup Members – Thank You!

Workgroup Facilitators

Donna Zulman, MD, MS
Charlie M. Wray, DO, MS, FHM
Ursula Myers, PhD

Workgroup Members

Crystal Henderson, EdD

Leonie Heyworth, MD, MPH

Teresa Hudson, PharmD, PHD

Peter Kaboli, MD, MS

Rebecca Keller, MBA, OTR

Catherine Kelso, MD, PhD

Susan Kirsh, MD, MPH

Alison Lewinski, PhD

Workgroup Project Manager

Cindie Slightam, MPH

Ernest Moy, MD, MPH

John Murphy, MD

Sarah Ono, PhD

Kevin Trueman, MBA, HCA

Thomas Edes, MD

U.S. Department of Veterans Affairs
Veterans Health Administration
Health Services Research & Development Service

The Mighty Virtual Care Access Workgroup

Access Questions

- Based on the existing evidence about **barriers that impede virtual care access** in digitally vulnerable populations, what additional research is needed to understand these factors?

- Based on the existing evidence about **digital inclusion strategies**, what additional research is needed to identify the most promising strategies?

What We Know: Virtual Access Barriers

- There is a digital divide, and we know many (but not) all groups effected
  - We know more about patterns related to frequently studied sociodemographic characteristics
  - We know less about intersectionality among characteristics and characteristics not captured in EHR (e.g., gender minorities)

- Virtual care access barriers exist at the patient, provider, and system level
  - Access barriers are well-established

- Connectivity and a device are necessary but not sufficient
  - We know some, but not all factors that influence Veterans' decisions to use VC

What We Know: Virtual Access Strategies

- Expansion is feasible (we know this from COVID)

- Providing Veterans with devices & connection seems to work (but not for all)

- Changing provider behavior/habits is hard

- Training needs to be tailored (one-size-fits-all models don't work)

- VA has implemented some effective VC access strategies – need better mechanism for dissemination
  - Digital Divide consult (many patients/providers are not aware of tablets/internet service)
  - eConsults (rates vary markedly by VISN)

- Patient needs are dynamic (strategies need to be dynamic too)

Access Research Questions – Our Top 6!

1. Identify and evaluate opportunities to optimize Veterans' access to virtual care through interventions at the patient, provider, and system level

2. Create standardized virtual care access metrics with the goal of tracking access expansion and equity

3. Customize technology, implementation strategies, and virtual care models to ensure equitable virtual care access

4. Examine how VA can offer access to virtual care that meets a Veterans' dynamic clinical needs and social circumstances

5. Identify which implementation strategies increase patient/clinician adoption of effective virtual care technologies

6. Identify rapid, real-time evaluation methods to optimize virtual care access, engagement, and outcomes

#1. Identify and evaluate opportunities to optimize Veterans' access to virtual care through interventions at the patient, provider, system level

Patient

- Research is needed to understand how patients' VC access is influenced by their:
  - Trust/preferences, perceived value
  - Ease of access (reduced complexity)
  - Digital literacy
  - (*All this assumes that the Veteran has the necessary device and internet access...*)

- Examples of patient-oriented VC access interventions that merit evaluation:
  - Training to enhance Veterans' knowledge, skills, interest
  - Supporting Veterans to advocate for their virtual access needs
  - Patient assessments (for VC readiness, need for extra support)
  - Digital Navigators
  - Tech support

#1. Identify and evaluate opportunities to optimize Veterans' access to virtual care through interventions at the patient, provider, system level

Provider

- Research is needed to understand how provider behaviors are shaped by:
    - VC knowledge/comfort/confidence
    - Perceptions about value of VC and quality of care offered virtually
    - Workload/balance of VC in panel
    - Biases about patients' interest/capacity to use VC
    - Knowledge about patient preferences/access capability

- Examples of provider-oriented VC access interventions that merit evaluation:
    - Training (tailored to the provider's needs/ability)
    - Dissemination of best practices
    - Incentives
    - Scripts, decision support

#1. Identify and evaluate opportunities to optimize Veterans' access to virtual care through interventions at the patient, provider, system level

System

- Research is needed to understand how VC access at a system-level is shaped by:
    - Culture (at facility and community level) and Climate (structure, processes, policy)
    - Workforce distribution (influences access patterns and can be shaped by VC expansion)

- Examples of systems-oriented VC access interventions that merit evaluation:
    - Structural changes and policies that optimize Veterans' access to VC
    - Implementation strategies that optimize reach and penetration of VC interventions
    - Workforce distribution to maximize VC access (e.g., Clinical Resource Hubs)
    - Culture change – how do we foster a culture that supports widespread VC access?
        - e.g., how should virtual visits and other VC be adapted/restructured to maximize access and address workforce capacity challenges
        - Identify an access "point of entry" to capitalize on situations (e.g., ED visit, hospitalization) where a Veterans might gain access to virtual care

#2. Create standardized virtual care access metrics with the goal of tracking access expansion and equity

Examples of measurement goals:

- Measure changes in the digital divide

- Measure effectiveness of access interventions

- Quantify a person's virtual access, capability, and/or use
  - create a digital "CAN score" (VA risk score predicting a patient's risk of hosp/mortality)
  - Consider algorithmic bias

#3.Customize technology, implementation strategies, and virtual care models to ensure equitable virtual care access

- Equity is a central theme that needs to be addressed in all VC access research

- Further define and describe specific barriers contributing to inequity in access

- Consider special populations that need targeted intervention and outreach
    - Older Veterans, those with complex needs (chronic, disabling conditions; multimorbidity), urban/rural, socioeconomically disadvantaged

- Examine potential equity-related adverse consequences that could arise from VC access interventions/policy
    - Expansion of VC access could exacerbate certain disparities
    - Recognize that VC might not be a good fit for some patients

#4. Examine how VA can offer access to virtual care that meets a Veterans' dynamic clinical needs and social circumstances

- Recognize the dynamic nature of each Veteran's needs
  - Clinical trajectory, changing social risks, evolving digital literacy

- Identify the optimal VC/non-VC modality for a given patient based on clinical/social factors
  - Offer the right care in the right place at the right time...

- Avoid excess/inappropriate virtual access

- How can VC access encourage Veterans to choose VA care over community care

#5. Identify which implementation strategies increase patient/clinician adoption of effective virtual care technologies

- Identify implementation barriers/facilitators and their relationship with virtual care access patterns

- Evaluate variation in VC access across clinics/facilities/VISNs
  - Learn from positive outliers (e.g., VISN with high rates of eConsult), and scale those successful interventions rapidly

- Leverage implementation science approaches to enhance VC access
  - e.g., increase awareness of new and existing VC services, interventions, resources

#6. Identify rapid, real-time evaluation methods to optimize virtual care access, engagement, and outcomes

- Incorporate user-centered design methods to improve accessibility of VC

- Integrate informatics approaches (e.g., usability testing, dashboards, tracking) to inform best practices

- Develop new and refined methods for conducting rapid, iterative evaluations

- Leverage big data/machine learning approaches to identify patient populations with access needs (e.g. patient phenotypes)

Access Research Questions

1. Identify and evaluate opportunities to optimize Veterans' access to virtual care through interventions at the patient, provider, and system level

2. Create standardized virtual care access metrics with the goal of tracking access expansion and equity

3. Customize technology, implementation strategies, and virtual care models to ensure equitable virtual care access

4. Examine how VA can offer access to virtual care that meets a Veterans' dynamic clinical needs and social circumstances

5. Identify which implementation strategies increase patient/clinician adoption of effective virtual care technologies

6. Identify rapid, real-time evaluation methods to optimize virtual care access, engagement, and outcomes