Recording: Welcome to the VA HSR&D Investigator Insights Podcast Series. In this episode, HSR&D Research Content Editor Maria Hecht talks with Audrey Jones, investigator with the Informatics, Decision-Enhancement and Analytic Sciences Center. They’re discussing her work understanding how media portrayals of VA can have an impact on whether or not veterans choose to use or refer other veterans to VA care.

Maria Hecht: Hi, Audrey. Thanks so much for joining us.

Dr. Jones: Thank you, Maria. Thank you for inviting me.

Maria Hecht: First, what I’d really like to know is sort of what drew you to VA, how did you end up at VA, and how did you get into health services research?

Dr. Jones: My interest in health services started pretty early on and that was also my entrée to the VA. So initially, I was working as a research assistant on a clinical trial of depression for… with patients who had experienced traumatic brain injury. So, one of my responsibilities as a research assistant was recruiting patients into the study and then conducting follow-up interviews and asking patients about how they were coping and assessing symptoms of depression. Just hearing patient narratives about their experiences of depression and the observation that some patients got… were able to get treatment and others didn’t. So, it really led me to think about kind of the organization of the health care system more broadly and the various barriers that patients experience in accessing care.

 From that experience, I went on to pursue master’s training, and eventually a PhD, in health services research from the UCLA Fielding School of Public Health, and while I was at UCLA, I was very fortunate to do an internship program with the VA Greater Los Angeles Health Care System. I worked in the outpatient substance abuse programs for two years, and that also was a very formative experience. I really got… or developed an appreciation for the VA, its mission towards providing high-quality mental health and addiction care that you don’t always see in the private sector, and the emphasis on quality improvement. Also, as someone who is very interested in health services, I really just appreciated what I saw as a robust health services infrastructure and sort of a deep bench of mentors. The VA was just a natural home for me, really kind of from the beginning.

Maria Hecht: It’s really interesting when people talk about the UCLA Fielding School of Public Health. Usually, the next comment is and that’s how I met Becky Yano, the director of our Greater Los Angeles, and typically their -- most of the time -- medical anthropologist. But it’s great to hear about your appreciation for and your understanding of the mission because I think that that’s something that a lot of people who could go into the private sector, like yourself, are attracted to, and it’s really nice to hear.

 So, your work focused on the negative media coverage of VA wait times, which as we know in 2014 was quite widespread throughout the media, and quite a challenging thing for VA to deal with, and rightly so. It was an issue that needed to be addressed and is being addressed in an ongoing manner. It’s an important issue because the more you sort of talk down something the less people are willing to kind of embrace it, and we want our veterans to embrace the VA system. So, how did you get into this, and what drew you to it?

Dr. Jones: Yeah. Well, this is really a story of serendipity. I was at the Center for Health Equity Research and Promotion, CHERP, in Pittsburgh, and our team was conducting a large mix-method study of veteran satisfaction and experiences with care, at the time when this news event occurred. So, we were in the middle of conducting 1,200 interviews with a diverse sample of veterans from across the country. And as you mentioned, there was this negative event where we had discovered that the VA wasn’t meeting access standards, that facilities had kept wait lists in order to meet performance goals, and that veterans had died while waiting for care.

 The news coverage was so ubiquitous, and it was such a really salient event, and we heard through and in our interviews with veterans. They would talk about sort of the reputation of the VA and things they heard about the VA in relation to their personal experience, and we just had kind of an aha moment that we were really in a unique position to compare and contrast veteran experiences, trust in particular, in this really critical time. Lack of trust or distrust in the health care system can have a lot of implications in terms of if patients use services, if they follow… adhere to provider recommendations, and where they get care, if that’s in VA facilities or from providers in the community. So, the implications of a… potential changes or decrement in trust are really profound.

Maria Hecht: Right.

Dr. Jones: And the VA has made rebuilding veteran trust a really key priority since this happened five years ago. So, we just thought it would be important to kind of go back in time and empirically assess, well, what was the impact on veterans’ trust?

Maria Hecht: So, while you were doing this work, what finding was most surprising to you? What did… did something happen as a result that you were just like wow, we really were not expecting that?

Dr. Jones: What was most surprising to me was that we did see an increase in distrust of the health care system, but it was pretty time limited. So --

Maria Hecht: Interesting.

Dr. Jones: -- we had a really short, what I think is a fairly short observation period. Our interviews were maybe about a year before the media coverage and a year after, and in that brief amount of time, we saw that distrust increased, particularly for women, in the first 90 days of the… when I suspect media coverage was most intense.

Maria Hecht: Right, when the news broke, and it was everywhere.

Dr. Jones: That’s right.

Maria Hecht: Okay.

Dr. Jones: And then… and then distrust went back down and essentially went… returned to what you might… we might call baseline levels, or those same levels that it was at before the news coverage, all in about a six-month time period. So, it was a relatively brief increase, and I think that is… I think what’s really interesting is if you contrast that to what ended up being a very large policy change in terms of the Veterans Choice Act, and now the MISSION Act, really changing how veterans are able to access care. The contrast of the large policy change and a relatively small impact on veteran perspectives of care is kind of an interesting contrast.

Maria Hecht: That is really interesting because what you have is this massive, long-term policy change which has implications for everything, from a small community hospital that is not affiliated with VA to major VA medical centers, precipitated by a fairly brief but very intense spike in public opinion.

Dr. Jones: I think a second finding that is maybe a… maybe a bit less surprising but still really interesting is that you might expect distrust to be high given the… well, given two things. One, public opinion outside the VA, just general perceptions of the health care system. Trust and confidence is fairly low, and then the VA is under this very tight… or close microscope all of the time, and yet, we measured distrust on a one to five scale and the average rating was about a two. And so, it… distrust still is fairly low, and we, in our interviews, also saw high satisfaction with the VA among patients who were using the VA. This really came through in our interviews as well in terms of patient narratives. So, they would see things… there were certainly some veterans who were angry and upset, but there are also quite a few, I would say maybe even more veterans who felt compelled to sort of defend the VA during this time.

 So, they’d say things like, “I'm hearing these horror stories in the news, but that hasn’t been my experience.” Or this veteran told… one of the participants told the story that they were listening to a radio news program that was discussing access in the VA. There was a caller who was really upset with the VA and was saying negative things, and the veteran felt very strongly that there needed to be a counter perspective. So, they called into the radio program, explained their position to the call screener, and then got through and told the stories of the positive experiences. So, if you only focused on the negative media coverage, we kind of missed the point that a lot of veterans who use the VA have positive experiences and are happy with the VA.

Maria Hecht: As a result of this work, is there a long-term outcome that you would like to see, whether a policy change or practice implementation? Less of a practice implementation but… in clinical practice, but it could be.

Dr. Jones: I do think that, dovetailing to the point that you were making earlier that it is important for the VA to promote positive stories and success stories. They just don’t get picked up in the same way, unfortunately, than negative stories do, and the more that we can do to promote the positive work of the VA, I think, would be a… definitely be a helpful and good thing. Some of our veterans also said that in the interviews. They were like, “Why don’t we ever hear… we only hear negative things.” But also, this work really only happened because we happened to be conducting this large qualitative study at the time that the news coverage broke. So, I think another implication from what this work is, it really highlights the role of large-scale, qualitative index methods study in terms of capturing veteran perspectives in… when we’re going through these large health system transformations.

 So, we’re about to come up on a large transformation, which is implementing the new electronic medical record. So, I think going forward it would be important to examine trust of veterans who are using our community care… there might be ways to strengthen the community care programs and make sure that we continue to engender trust for all veterans, those who are receiving care in our brick-and-mortar facilities as well as from our network of community providers. It is very rewarding to hear the patient’s narrative and the way that the VA improved… strives to improve care to provide them with the best possible experience, and having been in the VA for six or eight years, depending how you count --

Maria Hecht: How you calculate it, yeah.

Dr. Jones: -- my graduate studies, the VA really has become my family. So, I really appreciate and just continue to be really inspired by the great work that everyone does.

Recording: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D-funded research and do not necessarily reflect current or to be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www.hsrd.research.va.gov.