Unidentified Female: Welcome to the VA HSR&D Investigator Insights podcast series. In the second half of this wide-ranging conversation, Query Dissemination Coordinator Diane Hanks talks with Dr. Joe Francis, Chief Improvement and Analytics Officer in VA's Office of Reporting, Analytics, Performance Improvement, and Deployment. They're discussing the value of veteran engagement, on-the-ground qualitative interviews, and perception versus reality in VA quality standards for care.

Diane Hanks: You said, it's great to fly by the numbers, but remember, healthcare is a human problem. How do you make the numbers more focused on the individual patient?

Dr. Joe Francis: Yeah, so my office is noted for flying by the numbers because we generate a lot of numbers, but I'll tell you, the other thing my office does is we spend a lot of time in the field. And on a typical week, I'm usually traveling to one or another VA facility where we have teams that work with facilities on quality improvement.

And what we found is that the numbers are often just the invitation to take a closer look at what happens. And to really understand facilities' performance, you have to walk around, you have to talk to people, you have to consider medical practices. And you have to have to understand the clinical context of who they're serving, the clinical workforce, the various other challenges which may be related to technology, resources, physical plans, distance, human resources, and staff turnover. Every facility is a slightly different story. That human element, going beyond the numbers and seeing what’s actually happening at the bedside or in the clinic with patient care is key.

Part of what my own team is starting to understand where we find that the key to working with numbers is to find ways that combine tools that center around evidence. What does the evidence say we should be doing or implementing with tools based on profit observation and profit improvement. That’s where tools like Lean come through, or change management. We can take that to heart that the numbers alone cannot tell you the full picture. That’s the worst way, in a health system, to improvement is to sit behind a computer screen looking at spreadsheets and tables of numbers. But you really have to go out, walk the walk, talk to people, physically what’s happening. Sometimes you’ll see disconnect.

More often observing the clinic practice really amplifies what you saw. And we have many examples where we couldn't interpret what the data were telling us until we actually touched down.

Diane Hanks: So, people on your staff do a lot of work in the field as well. Going out to see what it’s like at the individual facilities.

Dr. Joe Francis: That's correct. And we are even inviting some of the folks from the research community to be a part of those visits because we would like them to help us evaluate what we’re doing well and what we need to do better.

Diane Hanks: A lot of research groups are now using veteran engagement as part of their research. Is that something that you would consider, or does it not apply to the bigger picture for you?

Dr. Joe Francis: Well, I think veteran engagement is really key if you want to understand the priorities for quality. And we don't do that directly, but every VA facility is required to have veteran and family council that provides input and priorities, helps them address the aspects of veteran experience and we support that work directly through the Chef program, often the agenda of those visits is to share with the veteran what the facility performance is as we report in our own data system. I’ve had the opportunity to join some of the veteran groups talking about performance at a local level, answering questions. And they appreciate the transparency. We try, in those conversations, to clarify misconceptions the media sometimes pick up numbers or the star ratings and present things in a different way than how we would or how veterans perceive the care.

I even had one opportunity to talk to a veteran council at a facility that was rated as one star but I’ll just say, based on our own observations and their performance trending, the facility was doing amazing work and really moving forward. And it hadn't been reflected in the star rating for a variety of reasons and the veterans actually picked, these star ratings are not fair to your staff or to us, they're demoralizing staff and they're making needless the facility. And I have to say we took that comment to heart and that’s one reason why Dr. Stone is asking us to revisit how we do star ratings because they may not be helping our cause of transparency and we’ll be talking about that with our congressional stakeholders, sharing information about our plans going forward to revisit star ratings.

The work that we do is a lot more complicated, very context dependent. And I’ll say that there are real regional differences across the country both in VA and in Medicare. One of the real concerns, as you know, is in Medicare, through the social determinants of health right into comparative hospital performance. In other words, the best way to be ranked higher if you are being ranked in hospital compare by CMS or in US News and World Report, you have to find some way to avoid serving the very disadvantaged. If we took that route, we would be selling our soul and running counter to our mission.

Diane Hanks: Right.

Dr. Joe Francis: That’s something we don’t want to do. But still, the social determinants of health and hospital ratings or rankings is still being debated at large and in the research community. I would welcome ideas of the VA health services researchers about how this could crack the nut. And we’ve seen some great analyses that have been done in recent years, an example that I quote a lot by Karen Nelson out of Puget Sound Health System, using data from the American Community Survey and showing how when such social determinants are factored in, the hospital mortality comparisons would look like a very significant difference of performance across quintiles of VA facilities basically melted away. That’s important insight.

It's hard to translate that into a real time reporting system. Because it took her about two years to do that work. But I think it was a fundamentally important observation that differences in performance is often due to something other than the technical quality.

Diane Hanks: Right.

Dr. Joe Francis: I’m also pleased that so much of VA research now is looking at what addresses social determinants of health, oftentimes, through unique approaches to delivering care and services. And another great example that I use and we actually share this with sites that we work with, who work with Judith Long and the chirp out of Philadelphia in Pittsburgh with community health workers, veterans who basically have chronic diseases themselves have learned to self-manage their conditions effectively and now become assets and partners with the clinic teams in helping veterans that might be frequent utilizers of the system stay out of the hospital and avoid complications from their diabetes or other conditions. The whole concept of community engagement in research has been talked about for years now in US healthcare. I don’t see a better example than that of VA, in terms of adopting that approach on a large level.

Diane Hanks: How do you feel about the Medicare for All Plan? Would that make it easier or more difficult and does that include veterans? Does that include phasing out VA and privatizing VA into a Medicare system or is it separate? I’m never sure.

Dr. Joe Francis: Even if we were by a magical mechanism to say we will have Medicare for All, the question is how do we get there. Because it’s an incremental process. How do we meet the leverage to help us do that successfully in a way the system can afford. So I think there would be few better examples than the VA health system to give some guidance for that. But I will say this. America has a unique relationship to its veterans. The likelihood that Medicare for All would consume VA or make it unnecessary or obsolete, I can think of so many studies conducted by VA health services researchers, by RAND, and others, that shows how unique the cultural attributes are of the population we serve, how unique and competent we have, and how rare those competencies are in the community.

Medicare for All, if it ever became a reality, that would scare me in terms of the future of VA. I think we’re going to be a mosaic, we’re going to have a variety of solutions to healthcare in America because that’s who we are as a nation. How we get there is going to be an interesting policy and political and resource debate. But I feel pretty optimistic that VA is going to have an important role always with the care of veterans and that means great opportunities for health services research.

Unidentified Female: The views and opinions expressed in the preceding podcast do not necessarily reflect current or to be implemented VA policy. Visit the VA HSR&D website at www.hsrd.research.va.gov.