Announcer: Welcome to the VA HSR&D investigator insights podcast series. In this episode, HSR&D research content editor Maria Hecht talks with investigator Polly Noel with the VA HSR&D Elizabeth Dole Center of Excellence for veteran and caregiver research. They’re discussing her work with veterans’ experiences of healthcare system hassles among veterans who use both VA and VA and community care.

Polly Noel: I have been affiliated with the VA in one way or another since the late 90s. Currently I am affiliated with the recently funded Elizabeth Dole Center of Excellence for veteran and caregiver research. For this particular project I’ve been collaborating with the VA care coordination QUERI program on their specific project on the coordination toolkit and coaching initiative and collaborating along with their investigators at the greater Los Angeles VA as well as some of my colleagues at the south Texas Veterans Healthcare System, Erin Finley and Lauren Penney.

Maria Hecht: What brought you to the VA? And what brought you to health services research? Why do you stay?

Polly Noel: That’s a good question. I guess after I completed my doctorate in clinical health psychology, I returned to San Antonio where I grew up and got connected with Jackie Pugh, actually on a non-VA project. But after we had worked together for a couple years, she and her colleagues invited me to collaborate with them on an application to VA Center of Excellence that we were awarded, the Veterans Evidence-based Research Dissemination and Implementation Center or VERDIC that was funded for over a decade. Really enjoyed the work with an intradisciplinary group of clinicians and social scientists.   
  
I’m really dedicated to the VA. I think they do great work. Although I’ve also done non-VA research. But it might be partly because my father was a WWII veteran and prisoner of war. I just really am passionate about the VA and helping to contribute to the work and its commitment to the veterans.

Maria Hecht: Veterans can use VA care, but they can also go outside of the VA care system. Particularly if they’re older and if they have Medicare coverage.

Polly Noel: Correct.

Maria Hecht: Now with the Mission Act, it’s expanding the amount of choice the veterans have to get their care. I would assume that that can lead to different kinds of problems with care coordination. If you’re getting care in the community, their physician in the community might not be communicating with their physician at VA so there might be some dropouts of information. Specifically, your work focused on healthcare hassles which we all go through whether we use the VA or not. Talk a little bit about this project.

Polly Noel: Absolutely. As you mentioned, dual care use has been associated with care fragmentation, duplication of services and other quality gaps. This project, we capitalize on the baseline data from the CTAC project to look at this issue. The baseline data was actually collected prior to the implementation of the Mission Act. We were able to just evaluate the healthcare system hassles that veterans were experiencing under the community access standards that existed at that time. In providing sort of a baseline, if you will, that we will also be looking at with our follow-up analysis.

Maria Hecht: What might be an example of some of the hassles that you were assessing?

Polly Noel: We were using a questionnaire, the healthcare systems hassle questionnaire, which is a 16-item questionnaire. It was specifically developed to look at problems or hassles if you will, that primary care patients especially those with either multimorbidity or complex medical conditions might be likely to experience with their general healthcare. Things like poor communication between different healthcare providers as opposed to problems that might arise with a specific provider at a specific encounter. The questionnaire is recognized by the agency of healthcare research and quality as a measure of care coordination.   
  
We’re using it as a primary outcome for the coordination toolkit and coaching project and analyze the patient responses on the baseline survey for this particular questionnaire.

Maria Hecht: Was there an outcome that was unexpected? Something that you saw and you thought wow, that really surprised me?

Polly Noel: I would say the top five hassles that we identified were the same as the top five hassles that we identified when we first developed the questionnaire over a decade ago.

Maria Hecht: Wow, that’s really fascinating.

Polly Noel: And also at least four of those five hassles were also identified as top hassles or reported as the most frequently experienced hassles by investigators in the UK, as well as another group in the Los Angeles VA for a different project. The persistence of some of these care coordination hassles I think is a little bit surprising. Especially given the VA’s efforts to improve care coordination and other aspects of care delivery with the implementation of its version of the patients who are in medical home, the PACT because one of the goals and expectations of PACT implementation was that it would improve care coordination.

Maria Hecht: Right.

Polly Noel: To me, this is purely speculative, but it would suggest that these particular problems are particularly tough nuts to crack if you will, and I think will suggest that additional efforts are needed. Maybe thinking outside of the box in terms of different ways that we might assist veterans. Maybe they can’t be completely avoided but to diminish their experience of these problems.

Maria Hecht: Is there anything that you could also speculate on what these particular five things might be attributable to? Are they systemic? Are they cultural?

Polly Noel: Given the complexity of our healthcare system and especially when you add on layers of having to navigate across two or more systems of care for the dual care users, maybe it’s not surprising that these are particular problems for primary care patients in general. But there’s always the hope that with new health information technology and perhaps with increased bidirectional communications that might help to alleviate some of these issues. But I think that given patient experience questionnaires typically indicate that basic communications, interpersonal exchanges also contribute a lot to patients’ perceptions of healthcare quality, I think kind of that relational piece will always be important as well. We can’t overlook that piece and just rely on technology alone. I think just better communication between providers, whether it’s within system or across systems as well as better communication with patients and their families will go a long way.

Maria Hecht: If there were an outcome, such as a policy change, practice guideline, an ideal outcome from this work, what is it that you’d like to see be the result?

Polly Noel: I think the ultimate goal for all of us at VA is to improve patient experience and outcomes. I think the big policy change has already happened in terms of the Mission Act. Because once again these data were collected prior to its implementation. I think that there’s a lot of expectation and a lot of research questions that will be generated by the Mission Act.   
  
I know the Mission Act has generated some concerns about increased expectations for care coordination for veterans who are navigating VA to community care. Our results indicate that on average dual care users do experience more hassles. I think VA and hopefully us in HSR&D will be working on what are the best ways to try and reduce the experience of hassles for those veterans that are going to be dual care users. I know the VA wants to be the healthcare system of choice and will be striving towards that end, but there are some veterans for whom there are a number of reasons that have been identified why they might use more than one healthcare system, such as the Medicare beneficiaries, the ones who due to geographical barriers are not able to access VA on a timely manner. But I know the VA is looking at new strategies to try and connect veterans to the VA where that hadn’t been possible before. But for those who might still be using dual care in the future, what are the best ways to help those veterans?

Maria Hecht: Do you think it’s possible to go forward five years and do this work a little bit again an maybe one of those five hassles would hopefully be diminished?

Polly Noel: Absolutely. That would be wonderful.

Maria Hecht: You’ll wait and see?

Polly Noel: Yeah. [laughs]

Maria Hecht: What does working in the VA mean for you personally and professionally? I mean you did touch on that. Your father was a WWII veteran as well as a prisoner of war. This must be very personal work for you.

Polly Noel: Well, I’m proud of the work that VA and HSR&D have done and the contributions to veterans’ healthcare. But also to …

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