

The logo for VA Health Systems Research, featuring the letters 'VA' in a large, bold, white font on a dark blue background.

Health  
Systems  
Research

ACCENT  
News

Winter 2024

## About the ACCENT CORE

ACCENT is a nationwide network of VA researchers and operations partners, fostering collaboration and knowledge diffusion in the areas of Access and Community Care among VA investigators, VA Operational Partners, VISN and VA facility leadership, and VA Health Systems Research to support and inform national priorities for achieving high-quality and timely access to care. ACCENT extends the work initiated by the Community Care Research Evaluation and Knowledge (CREEK) Center and the Veterans Access Research Consortium (VARC).

View the recording of the ACCENT CORE Cyberseminar (held February 12, 2024) [Introducing the Access and Community Care Engagement Network Team \(ACCENT\)](#)

## Get in touch!

Interested in receiving the quarterly ACCENT CORE newsletter? Email us at: [VHAACCENTCORE@va.gov](mailto:VHAACCENTCORE@va.gov)

New research published or presented at a conference? Please let us know so we can share it with the community in our next newsletter. Email [VHAACCENTCORE@va.gov](mailto:VHAACCENTCORE@va.gov)

Email [accent.data@va.gov](mailto:accent.data@va.gov) if you have questions for the ACCENT data team.

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### Check out the ACCENT CORE Website

Check out the [ACCENT website](#), where you will find funded projects, recently published papers, past quarterly newsletters, minutes from monthly calls with the VA Office of Integrated Veteran Care (IVC), information about using community care data captured in the Consolidated Data Set and Program Integrity Tool, and information about current access- and community care-related programs and projects.

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# CORE News

## New Resources

### [Healthcare Access and Community Care Active Projects Inventory \(va.gov\).](#)

Preparing a new grant application or manuscript? This resource may help! We are pleased to present a public database of currently funded VA Health Systems Research (HSR) and Quality Enhancement Research Initiative (QUERI) studies addressing healthcare access and community care. If you are an investigator on an active VA-funded project and don't see your project or your project's information is incorrect, please reach out to us to help us fix it by emailing:

[accent.data@va.gov](mailto:accent.data@va.gov)

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### [Information on Specific Community Care Programs and Policies \(va.gov\).](#)

In response to recent requests to identify inpatient and outpatient community care claims in CDS, ACCENT has published a document “**Categorizing Claims in the Consolidated Data Set (CDS)**” which attempts to clarify the use of bill type, place of service, and revenue codes for determining whether a claim can be classified as outpatient or inpatient (acute and other) in the CDS data. Please refer to this document when seeking to understand which claims to use in a study. [The new document](#) replaces the previous CDS inpatient document (“Finding Hospital Inpatient Stays in CDS”). Let us know at [data@va.gov](mailto:data@va.gov) if you have any questions or concerns.

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### [VINCI's Updated Road Network](#)

**Dataset.** The 2022-Era GIS Road Network Dataset is now available in VINCI, providing an updated resource for calculating travel distances and times using current road configurations and speed limits. This dataset, designed for use with ArcGIS Pro and the Network Analyst extension, supports a wide range of analyses, including determining drive

## ACCENT Veteran and Caregiver Engagement Panel (VCEP)

The ACCENT VCEP held its inaugural meeting on November 6, 2024. Dr. Kevin Griffith, from VA Partnered Evidence-Based Policy Resource Center and Vanderbilt University Medical Center, shared his work to improve timeliness and ease of access to VA and community care by sharing waiting time information to Veterans during appointment scheduling. The VCEP shared personal experiences navigating wait times and delays caused by needing reauthorization for community care. They emphasized that wait time estimates should take into account individual Veterans' location and unique care needs. After meeting with the VCEP, Dr. Griffith described the enhanced value engagement boards, such as the ACCENT VCEP, bring to VA research,

*“I believe they [VCEPs] provide important context and validity to the research. As a researcher, I view data on the back-end so it is important to check my assumptions and interpretations with Veterans who have lived experience. Engagement boards also help ensure the research design and questions are relevant and reflect Veterans' priorities.”*

**If you are interested in meeting with the ACCENT VCEP, please contact [Kenda Steffensmeier](#) to discuss opportunities to hear Veterans' and care partners' feedback on your research ideas. We have openings on March 5 and September 3, 2025.**

distances and times from Veteran homes to VA or Community Care facilities, pharmacies, and other locations. It replaces the previous road network dataset based on 2005–2006 data and is located as **RoutingApplication\_ND** in the **NorthAmerica.gbd** geodatabase on the D Drive. For questions or assistance, please contact [VINCI@va.gov](mailto:VINCI@va.gov), and for more information see [VIREC's web page on the updated road data](#), written by ACCENT Data team member Warren Pettey.

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## News from the Research Community

### The VIREC Data Issues Brief (DIB)

The Data Issues Brief (DIB) focuses on providing data news and updates to VA researchers and data users. It covers a variety of topics, such as changes to existing data sources, newly available data, tips for using VA data, information about data utility, and more. It is also a go-to venue for announcing and marketing resources presented in the data ecosystem. DIB articles are short, concise blurbs that are no more than a few tight paragraphs and present just enough detail to give data users a flavor for how a topic or resource may be beneficial to their work. Visit the [DIB Section](#) of VIREC's Intranet site to learn more about this product and to view previous issues and DIB Tips.

### VHA Data Portal

We would like to draw attention to a new informational tool that describes VA-purchased care data in the community and how to go about navigating it. Please use this [VHA Data Portal](#) link and check it out!

### New Supplement focused on Veterans from *Pain Management Journal*

The journal *Pain Medicine* has a new supplement sponsored by the NIH-DOD-VA Pain Management Collaboratory, an important tri-government agency partnership that supports 16 large scale, multisite, pragmatic clinical trials of nonpharmacological approaches for the management of pain and common co-occurring conditions in military and veteran health settings. This journal supplement shares new knowledge from the Pain Management Collaboratory. Contents focus on key measurement issues, optimization of health record data, challenging methodological and analytic issues, adverse event monitoring, and implementation science and partner engagement. Two recently funded trial protocols showcase ongoing pragmatic/implementation clinical trial design and methodological innovation. [https://academic.oup.com/painmedicine/issue/25/Supplement\\_1](https://academic.oup.com/painmedicine/issue/25/Supplement_1)

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## Highlighting Current Research

The Effects Of The Veterans Health Administration's Referral Coordination

## The Effects Of The Veterans Health Administration's Referral Coordination Initiative On Referral Patterns And Waiting Times For Specialty Care

The evaluation explores whether the Veterans Health Administration's (VHA) Referral Coordination Initiative (RCI) is associated with changes in the proportion of VHA specialty care referrals completed by community care (CC) providers (rather than VHA providers) and changes to mean appointment waiting times for VHA and CC providers. Using VHA administrative data on RCI implementation, referral rates, and waiting times from the Corporate Data Warehouse, evaluators collected monthly facility level data on over 22,000 specialty care referrals for eight high-volume specialties from October 1, 2019 to May 30, 2022. Qualitative survey data from the Office of Integrated Veteran Care (IVC) from June 2022 to September 2022 was also used. In this staggered difference-in-differences approach, evaluators categorized facilities into high and low RCI use based on the proportion of total referrals managed by referral coordination teams (RCT), and later stratified by specialty and the staffing model adopted by high RCI users. The evaluation found that RCI did not have a measurable effect on waiting times or CC referral rates, diminishing concerns that RCI might be impeding Veteran access to CC providers. Going forward, VHA could improve the value of RCI by asking RCTs to compare VHA and CC waiting times before approving referrals.

**For inquires, contact:** [Daniel Asfaw, PhD, VA Partnered Evidence-based Policy Resource Center](#). For more information, check out the paper's corresponding policy brief [here](#).

**Asfaw, D. A.,** Price, M. E., Carvalho, K. M., Pizer, S. D., & Garrido, M. M. (2024). The effects of the Veterans Health Administration's Referral Coordination Initiative on referral patterns and waiting times for specialty care. *Health services research, 59*(3), e14303. <https://pubmed.ncbi.nlm.nih.gov/38553984/>

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## Postsurgical opioid prescribing among veterans using community care for orthopedic surgery at non-VA hospitals compared to a VA hospital with a transitional pain service

This study examined whether there was a difference in opioid- prescribing practices among Veterans who underwent orthopedic joint procedures using community care at non-VHA hospitals as opposed to surgery at major VA medical centers in the same geographical referral region with a transitional pain service. We found that Veterans having orthopedic surgery at non-VA hospitals received a significantly higher number of opioids prescribed both at discharge and in the first 90 days after discharge. In addition, Veterans who had surgery at non-VHA community hospitals were at significantly higher risk to continue to fill opioid prescriptions 90 days after surgery than veterans who had surgery at a VA hospital with a transitional pain service. Using risk adjusted regression modeling, Veterans undergoing orthopedic surgery at a VA medical center were 94% less likely to meet the criteria for persistent postsurgical opioid use than patients using community care for surgery. These findings highlight the importance of having transitional pain services at VA medical centers and the potential for significant differences in post-operative outcomes when Veterans choose the VA community care program for surgery at a non-VA hospital.

**For inquiries, contact:** Benjamin Brooke, MD, PhD, or Michael J. Buys, MD, both of the [Informatics, Decision-Enhancement, and Analytic Sciences](#) (IDEAS) Center of Innovation at the VA Salt Lake City Healthcare System.

**Buys M.J.,** Anderson Z., Bayless K., Zhang C., Presson A.P., Hales J., **Brooke B.S.** (2024). Postsurgical opioid prescribing among veterans using community care for orthopedic surgery at non-VA hospitals compared to a VA hospital with a transitional pain service: a retrospective cohort study. *Reg Anesth Pain Med.* <https://pubmed.ncbi.nlm.nih.gov/38677883/>

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# Upcoming and Past Cyberseminars and Presentations

## Upcoming Webinars

### **Optimizing Veteran Decision-Making About Use of VA and Non-VA Health Care**

*Presenter:* Jeffrey Kullgren, MD

*Date & Time:* January 13,, 2025. 1:00PM EST

### **Physicians and Specialties in the VA's Community Care Network**

*Presenter:* Kevin Griffith, PhD

*Date & Time:* April 14, 2025. 1:00PM EST

### **Trends and Outcomes of Community vs. VA Nephrology Referral 2012-2020**

*Presenter:* Ann O'Hare, MD

*Date & Time:* July 14, 2025. 1:00PM EST

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## Past Recordings

[Implementing an Innovative Community-Based Doula Care Program for Pregnant Veterans of Color](#) (Dr. Kristin Mattocks)

[Integrating Revealed and Stated Preference Analysis to Improve Maternal Healthcare Access in Rural Areas](#) (Drs. Paul Brown and Adriana Nunez)

[Outcomes and Spending from VA vs. Community Care: Evidence from Ambulance Rides](#) (Dr. David Chan)

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## Presentations

**Erin Beilstein-Wedel** of the ACCENT Data team will give an updated presentation on the Office of Integrated Veteran Care's Consolidated Data Set (CDS) in [VIREC's Database and Methods Cyberseminar](#) series on On February 3, 2025, at 1:00PM ET

**Kevin Griffith, MD, MPH**, presented his poster *Breadth and Representativeness of the Veterans Health Administration's Community Care Network* at the 2024 annual meeting of the Patient-Centered Outcomes Research Institute (PCORI) in Washington, DC. Dr. Griffith also presented, [Physicians and Specialties in the Veterans Health Administration's Community Care Network](#) at the 2024 PCORI second Annual Congressional Science Fair.

## New Access & Community Care Publications

Apaydin, E. A., Paige, N. M., Begashaw, M. M., Larkin, J., Miake-Lye, I. M., & Shekelle, P. G. (2023). Veterans health administration (VA) vs. Non-VA healthcare quality: A systematic review. *Journal of General Internal Medicine*, 38(9), 2179–2188.

<https://doi.org/10.1007/s11606-023-08207-2>

Davila, H., Mayfield, B., Mengeling, M. A., Holcombe, A., Miell, K. R., Jaske, E., Iverson, W., Walkner, T., Stewart, G., & Solimeo, S. (2024). Home health utilization in the Veterans Health Administration: Are there rural and urban differences? *The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association*.

<https://doi.org/10.1111/jrh.12865>

Dizon, M. P., Chow, A., Ong, M. K., Phibbs, C. S., Vanneman, M. E., Zhang, Y., & Yoon, J. (2024). Lower comorbidity scores and severity levels in Veterans Health Administration hospitals: a cross-sectional study. *BMC Health Services Research*, 24(1).

<https://doi.org/10.1186/s12913-024-11063-3>

Eck, C. S., Ho, V., Jiang, C., & Petersen, L. A. (2024). Determinants of referral network size for screening colonoscopies in the Veterans Health Administration after the implementation of the MISSION Act. *Health Services Research*, 59(1).

<https://doi.org/10.1111/1475-6773.14239>

Eck, C. S., Jiang, C., & Petersen, L. A. (2024). Veterans Health Administration enrollees' choice of care setting relates to the expansion of care options: Evidence from screening colonoscopies before and after the MISSION Act. *Health Services Research*, 59(1).

<https://doi.org/10.1111/1475-6773.14241>

Holland, D. E., Vanderboom, C. E.,

Rose, L., Tran, D., Wu, S., Dalton, A., Kirsh, S., & Vashi, A. (2023). Payer shifting after expansions in access to private care among veterans. *Health Services Research*, 58(6), 1189–1197. <https://doi.org/10.1111/1475-6773.14162>

Rosen, A. K., Beilstein-Wedel, E. E., Harris, A. H. S., Schwartz, M., Vanneman, M. E., Wagner, T. H., & Giori, N. J. (2022). Comparing postoperative readmission rates between Veterans receiving total knee arthroplasty in the Veterans Health Administration versus community care. *Medical Care*, 60(2), 178–186.

<https://doi.org/10.1097/MLR.0000000000001678>

Slatore, C. G., Scott, J. Y., Hooker, E. R., Disher, N., Golden, S., Govier, D., & Hynes, D. M. (2024). Motivators, barriers, and facilitators to choosing care in VA facilities versus VA-purchased care. *Medical Care Research and Review: MCRR*, 81(5), 395–407.

<https://doi.org/10.1177/10775587241264594>

Vanneman, M. E., Rosen, A. K., Wagner, T. H., Schwartz, M., Gordon, S. H., Greenberg, G., Zheng, T., Cook, J., Beilstein-Wedel, E., Greene, T., & Kelley, A. T. (2022). Differences between VHA-delivered and VHA-purchased behavioral health care in service and patient characteristics. *Psychiatric Services (Washington, D.C.)*, 74(2), 148–157.

<https://doi.org/10.1176/appi.ps.202100730>

Vanneman, M. E., Yoon, J., Singer, S. J., Wagner, T. H., Goldstein, M. K., Hu, J., Boothroyd, D., Greene, L., & Zulman, D. M. (2022). Anticipating VA/non-VA care coordination demand for Veterans at high risk for hospitalization. *Medicine*, 101(7), e28864.

<https://doi.org/10.1097/md.00000000000028>

Mandrekar, J., Harmsen, W. S., Gustavson, A. M., Kaufman, B. G., Dose, A. M., Wild, E. M., Ingram, C., & Griffin, J. M. (2024). The impact of internet connectivity when conducting a virtual clinical trial with participants living in rural areas. *Contemporary Clinical Trials Communications*, 42(101366), 101366. <https://doi.org/10.1016/j.conctc.2024.101366>

Krishnamurthy, S., Li, Y., Sileanu, F., Essien, U. R., Vanneman, M. E., Mor, M., Fine, M. J., Thorpe, C. T., Radomski, T., Suda, K., Gellad, W. F., & Roberts, E. T. (2024). Racial and ethnic differences in health care experiences for Veterans receiving VA community care from 2016 to 2021. *Journal of General Internal Medicine*, 39(12), 2249–2260. <https://doi.org/10.1007/s11606-024-08818-3>

Ma, Y., Phelan, J., Jeong, K. Y., Tsai, T. C., Frakt, A. B., Pizer, S. D., Garrido, M. M., Dorneo, A., & Figueroa, J. F. (2024). Medicare Advantage Plans With High Numbers Of Veterans: Enrollment, Utilization, And Potential Wasteful Spending: Article examines Medicare Advantage plans with high numbers of veterans. *Health Affairs (Project Hope)*, 43(11), 1508–1517. <https://doi.org/10.1377/hlthaff.2024.00302>

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Vashi, A. A., Urech, T., Wu, S., & Tran, L. D. (2024). Community emergency care use by veterans in an era of expanding choice. *JAMA Network Open*, 7(3), e241626. <https://doi.org/10.1001/jamanetworkopen.2024.1626>

Wagner, T. H., Schmidt, A., Belli, F., Aouad, M., Gehlert, E., Desai, M., Graham, L., & Rose, L. (2024). Health insurance enrollment among US veterans, 2010-2021. *JAMA Network Open*, 7(8), e2430205. <https://doi.org/10.1001/jamanetworkopen.2024.30205>

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