Disrupted Care in VA and Utilization Outside VA

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*Thank you to Sam Rosa, Louise Davies, and Brian Lucas for development of the slides

Intro

- Fundamental Problem: We want to evaluate how VA performed in providing care during the COVID-19 pandemic, but VA does not provide all care to enrollees
  - In some cases it's not even the majority of care!
- Want to think about who the VA population actually is
- Today: Considerations and open questions

Some background info

- About 17.5 million Veterans in United States
  - About 10 million enrolled in VHA
  - Roughly 6-6.5 million seen per year (not counting CHAMPVA, employees, etc)

=> Our studies are about “VA enrollees” and not “Veterans”

Some background info

- What about among VA enrollees?
  - About 85% have some other form of health insurance
  - About 33% have used some form of community care

=> What can we do about this?

Options - What do we care about?

- All VA enrollees
  - Maybe we care about anyone that has the option to use VA care
    - Pros: encapsulates everyone, better view into what VA pays/provides
    - Cons: captures unknown portion of total utilization, with wide variation
- VA users
  - Maybe we care about people that regularly use the VA for their health care

Options - What do we care about?

- VA users
  - No full information on their “other” care use, so can only define by some metric of VA use
  - Two current working definitions in one of our studies in DCNP:
    - At least one diagnosis in the last two years
      - Close to “legal” definition of enrolled - VA will pay for emergency care if at least one visit in previous 24 months
    - Active User
      - At least one inpatient stay (in selected bedsections/treating specialties) OR
      - At least two outpatient visit (in selected stop codes) occurring on separate days (i.e. not 2 on the same day) OR
      - At least one outpatient visit (in selected stop codes) and at least one VA paid community care outpatient visit

Options - What do we care about?

- VA users with FFS Medicare - Maybe we care about knowing where people go for care
  - Lots of studies about this group
  - Pros: can assume full information about utilization
  - Cons: not fully representative (age, SSDI), and lose people that have or switch to Medicare Advantage (extreme data lag)

Tough questions - How do you define....

- Established VA users prior to COVID-19?
- Incident new VA users during COVID-19? How is this different from #1 (aside from a time cut off)?
- Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)
- Established users completely lost to follow up during COVID-19 and not known dead?
- Dual users? Medicare? Community care?

Tough questions

- Establish VA users prior to COVID-19?
  - Multiple definitions, but fundamentally depend on how inclusive you want the study to be
  - The typical VA enrollee will use VA for some things but not others, and this likely changed during the pandemic
- Incident new VA users during COVID-19? How is this different from #1 (aside from a time cut off)?
- Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)
- Established users completely lost to follow up during COVID-19 and not known dead?
- Dual users? Medicare? Community care?

Tough questions

- Establish VA users prior to COVID-19?
- Incident new VA users during COVID-19?
  - No straight answer here
  - VA adds 10-30k enrollees per month - We felt needed to include
  - Also consider those that just came for vaccine
  - Some examples:
- Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)
- Established users completely lost to follow up during COVID-19 and not known dead?
- Dual users? Medicare? Community care?

Tough questions

- Establish VA users prior to COVID-19?
- Incident new VA users during COVID-19? How is this different from #1 (aside from a time cut off)?
- Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)
  - This depends a lot on your study
    - If you care about all VA, not relevant
    - If you care about COVID treatment and followup, have to consider reinfection without VA care

Tough questions

- Establish VA users prior to COVID-19?
- Incident new VA users during COVID-19? How is this different from
- Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)
- Established users completely lost to follow up during COVID-19 and not known dead?
  - Already known that VA had different responses to pandemic than private health care
  - Cannot know if these individuals sought health care elsewhere unless they maintained enrollment in Medicare FFS
- Dual users? Medicare? Community care?

Tough questions

- Establish VA users prior to COVID-19?
- Incident new VA users during COVID-19? How is this different from
- Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)
- Established users completely lost to follow up during COVID-19 and not known dead?
- Dual users? Medicare? Community care?
  - Medicare FFS 2021 data available soon
  - MA data during pandemic…not soon
    - But can establish enrollment
  - Important to include VACC if study deals with utilization

June Big Tent Meeting Responses

Marianne Matthias/Alan McGuire: Impact on Pain management

How are you defining:

1.Established VA users prior to COVID-19?

- We're using a retrospective cohort defined by criteria associated with chronic low back pain—cohort is defined at beginning of 2019, before onset of covid.

2.Incidents of new VA users during COVID-19?

- New users are not applicable for our cohort. we're not assessing whether patients are covid-positive.

3.Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)

- We're not assessing whether patients are covid-positive.

4.Established users completely lost to follow up during COVID-19 and not known dead?

- Our concern is solely with understanding changes to chronic low-back pain care over this period.

5.Dual users?

- Our concern is solely with understanding changes to chronic low-back pain care over this period.

Sam Connolly/Chris Miller: telemental health care during COVID-19

How are you defining:

1.Established VA users prior to COVID-19?

- Given our focus on mental health, we've defined "established users" as people with at least two outpatient (or one inpatient) mental health encounters in the past year, at least one of which was in the previous three months.

2.Incidents of new VA users during COVID-19?

- All Veterans who have had at least two MH outpatient appointments during the observational period, defined as between March 11, 2020 (the date of the COVID-19 pandemic declaration) -October 2022, estimated to be ~2 million patients based on VISN 1 CDA national CDW MH outpatient analyses

Elizabeth Oliva: Mental Health services/non-fatal overdoses

How are you defining:

1.Established VA users prior to COVID-19?

- We do not have any requirements around this. The UNIVERSE/DENOMINATOR of patients examined in our study include ANY VA patient with an opioid and/or stimulant-related overdose from FY14-21. The only inclusion criterion for our study is being a VA patient with an opioid and/or stimulant overdose (there are NO exclusion criteria).

2.Incidents of new VA users during COVID-19? How is this different from #1?

- We can examine this in our data (i.e., if patients with an overdose post-COVID had ANY VA care pre-COVID); however, this is not a focus of our study

3.Those who became COVID-19 positive? (ie, do you censor them after exposure or never count them?)

- This is not a factor in our study which takes all VA patients with an opioid and/or stimulant overdose

4.Established users completely lost to follow up during COVID-19 and not known dead?

- This is not a focus of our study but we could examine this in our study

5.Dual users? Medicare? Community care?

- We are definitely going to look at dual users and plan to specifically incorporate Medicare and community care data.

Jean Yoon: Virtual Care and Adherence to Chronic Medications

How are you defining:

1.Established VA users prior to COVID-19?

- My project involves a small cohort of high-risk patients with diabetes using VA care prior to the pandemic. We follow them over a 3-year period to look at changes in VA utilization after the pandemic begins.

Discussion

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