

# Examining Women Veterans' Experiences and Perceptions of the Veterans Choice Program

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and

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# DATA FOR TODAY'S PRESENTATION

- Data used for this presentation comes from two HSR&D studies:
  - Evaluation of Quality and Coordination of Outsourced Care for Women Veterans (CRE12-008: 3/1/13-9/30/17). MPI: **Lori Bastian** (VA Connecticut), Overall CREATE PI: **Becky Yano** (VA Los Angeles)
  - Patterns and Experiences of VA Maternity Care Coordination for Women Veterans (COMFORT) (IIR13-81: 5/1/15-9/30/18)
- VA Office of Community Care
  - Dr. Leo Greenstone (Deputy Executive Director, Clinical Integration) and Jennifer Peppiatt (OCC)
  - Kristin Cunningham (Executive Officer for DUSH, Community Care)

# Other Acknowledgements

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## My Research Staff:

- Rebecca Baldor (COMFORT study)
- Amber Brown
- Jose Casares
- COMFORT Site PIs
- PBRN: Susan Frayne, Diane Carney

# Presentation Notes

- None of this work would be possible without a close collaboration with the Office of Community Care.
- Where appropriate, policy updates have been included in presentation to reflect OCC programmatic and policy changes to improve VCP delivery.

# Brief Overview of the Veterans Choice Program

# Veterans Choice Program

## Background

- ❑ Veterans Access, Choice and Accountability Act (VACAA), which established the Veterans Choice Program (VCP), passed in **August 2014**
- ❑ VCP expands availability of medical services for eligible Veterans with community providers
- ❑ **Broad Eligibility Requirements:**
  1. Wait times for care beyond stated VA wait time goals (>30 days)  
OR
  2. Geographic Access / Distance (>40 miles from primary physician)  
OR
  3. Unusual or excessive travel burden

## Challenges

- ❑ VA was given just **90 days** to fully implement this nationwide program
- ❑ To achieve this timeline, VA modified existing purchased care contracts not designed to handle the scope of VCP
- ❑ Current contractors: HealthNet and TriWest
- ❑ The Choice program is significantly different than any other community care program

# Moving Toward a High-Performing Network



Strengthen and grow foundational services of the program.



Develop processes to monitor healthcare quality, utilization, patient satisfaction, and value.



Evolve from fee-for-service reimbursement to preferred providers with value-based reimbursement.



Identify and partner with the best quality providers available.



Transition to more seamless electronic exchange of healthcare information.



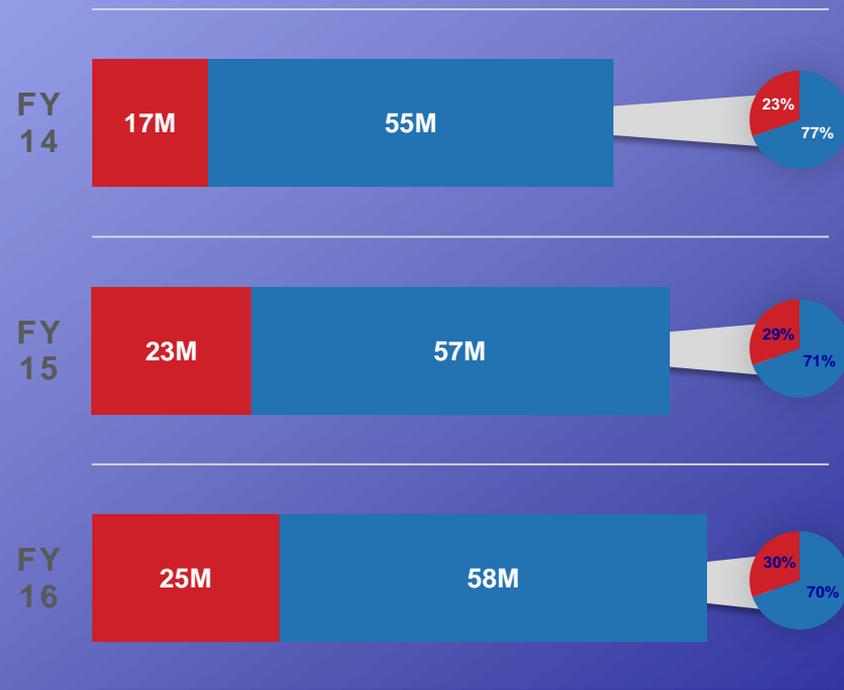
Transform our care model to support more personalized and coordinated Veteran care.

# Increasing Demand for Care

GROWTH IN COMMUNITY CARE COMPLETED APPOINTMENTS (FY14-16)



INTERNAL VA VS. COMMUNITY CARE COMPLETED APPOINTMENTS (FY14-16)

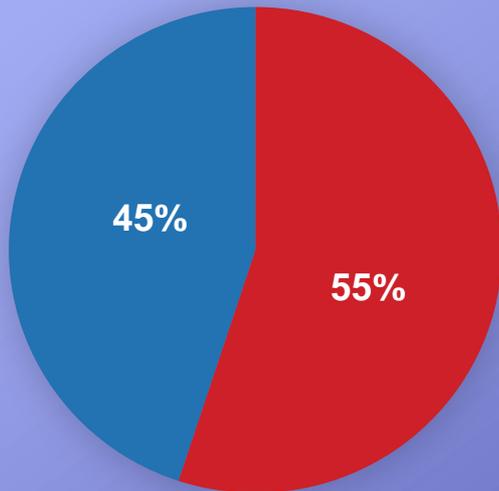


Community Care Appointments  
Internal VA Facility Based Appointments

# Services Vary by Location

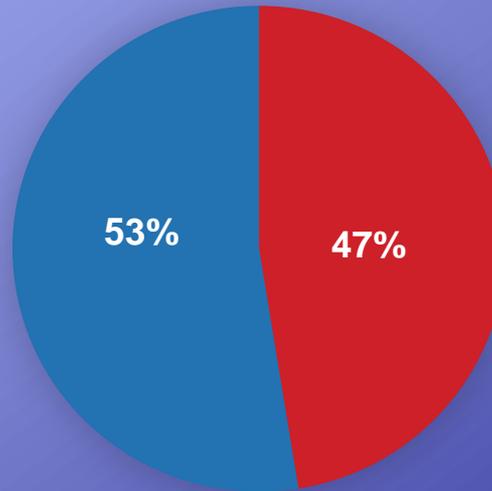
## Alaska

Internal VA vs.  
Community Care  
Completed Appointments  
Alaska (FY16)



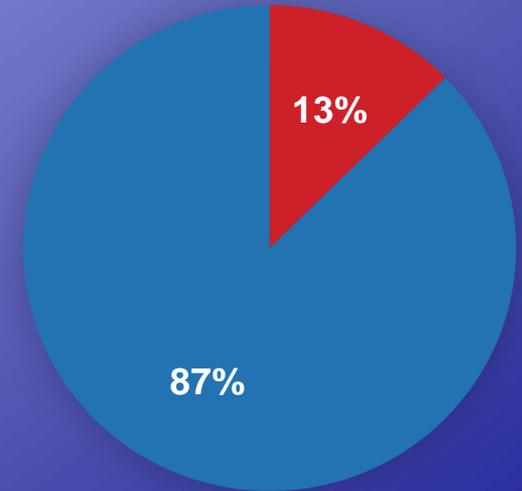
## Montana

Internal VA vs.  
Community Care  
Completed Appointments  
Montana (FY16)



## New York

Internal VA vs.  
Community Care  
Completed Appointments  
New York (FY16)



Internal VA Facility Based Appointments

Total Care in the Community Appointments

# Services Vary by Specialty

The balance between VA provided and externally purchased care varies significantly by specialty service type

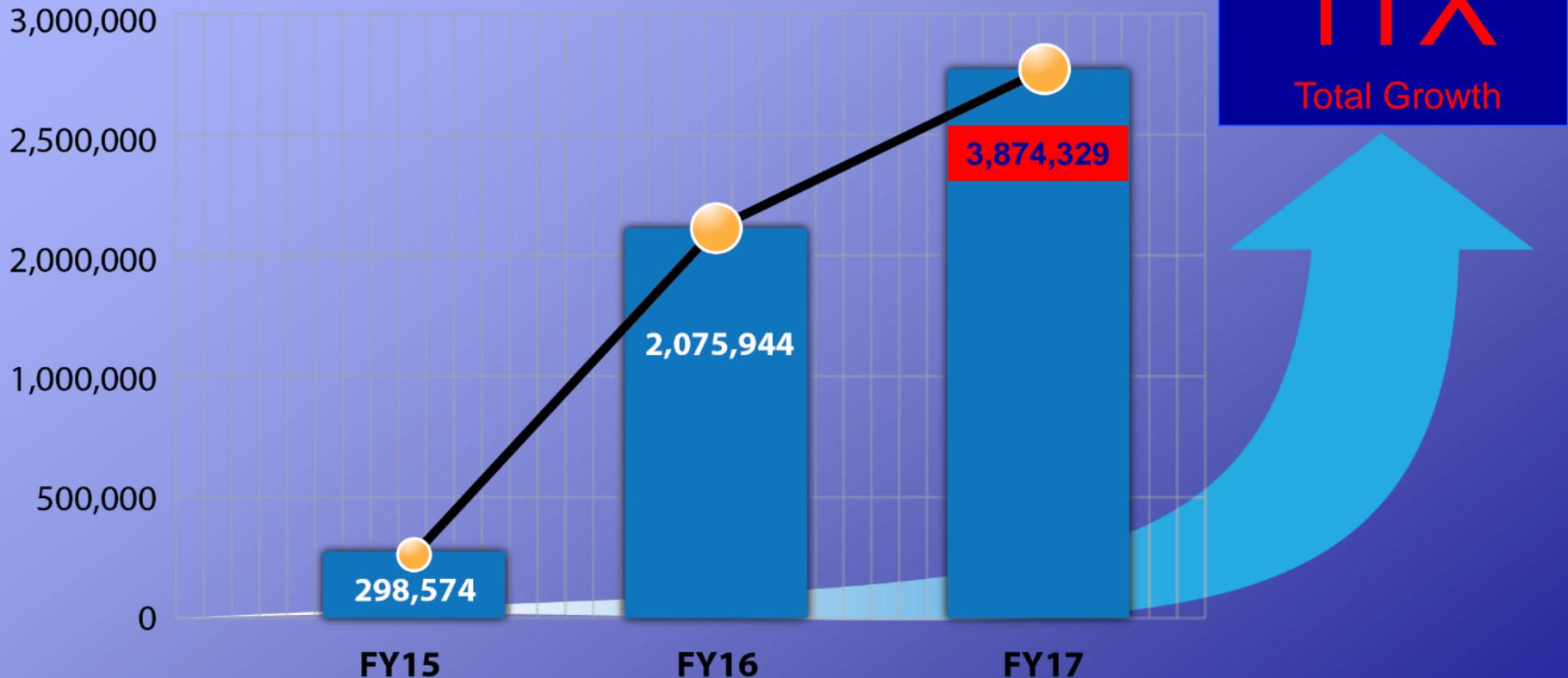
## VA Provided

- ❑ Certain types of care are provided by VA more often than not
- ❑ Many of these services surround culturally competent care associated with military-related conditions
- ❑ **Key Examples:**
  - ❑ Mental Health Services
  - ❑ Geriatric Services
  - ❑ Rehabilitation Services
  - ❑ Spinal Cord Injury
  - ❑ Prosthesis

## Purchased

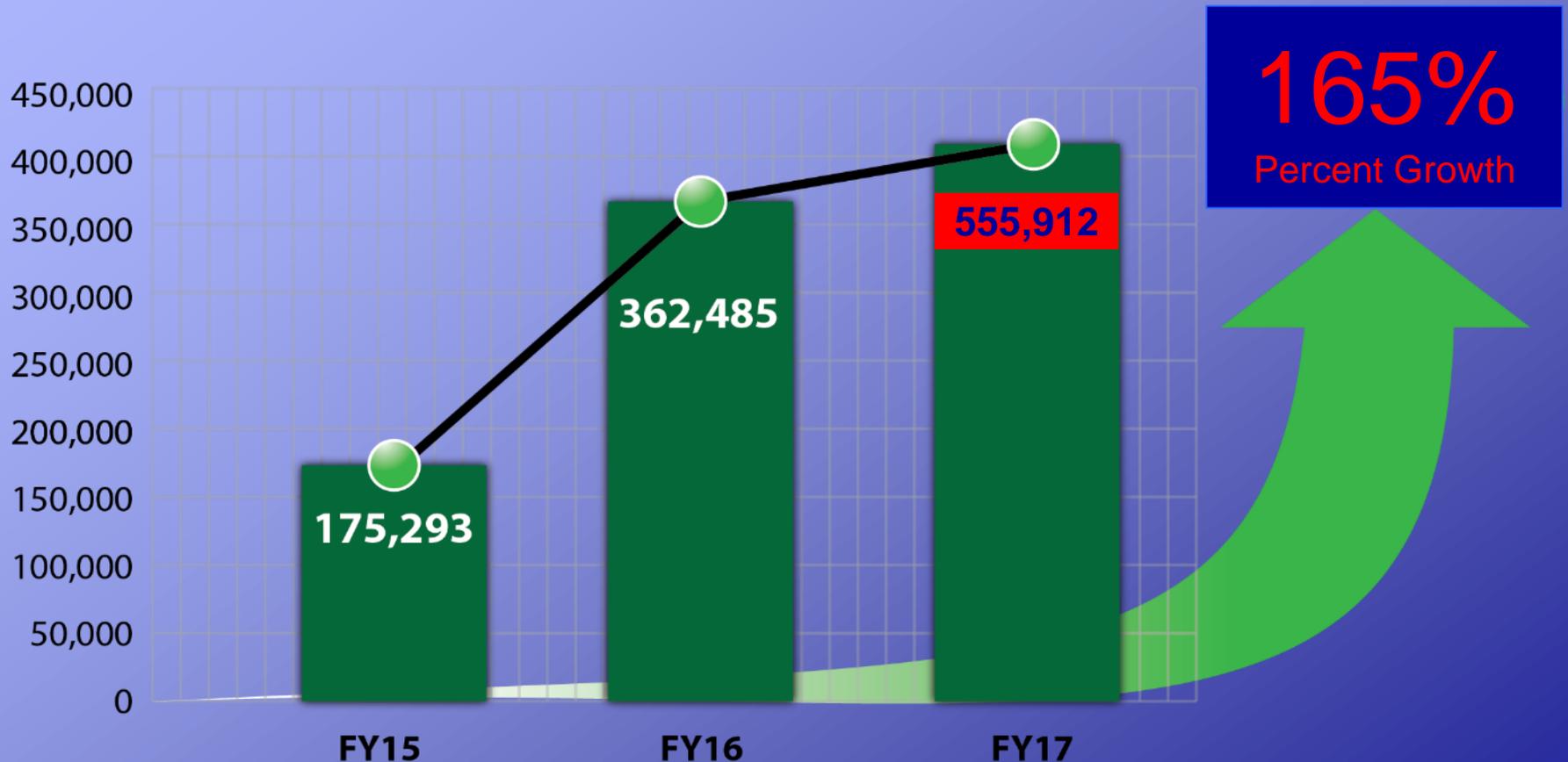
- ❑ Certain types of care are generally purchased from the community
- ❑ Most of these services are not associated with military-related conditions
- ❑ **Key Examples:**
  - ❑ Maternity Care
  - ❑ Free-Standing Dialysis
  - ❑ Dentistry
  - ❑ Home Health Care
  - ❑ Nursing Home Care

# Choice Authorizations Continue to Increase



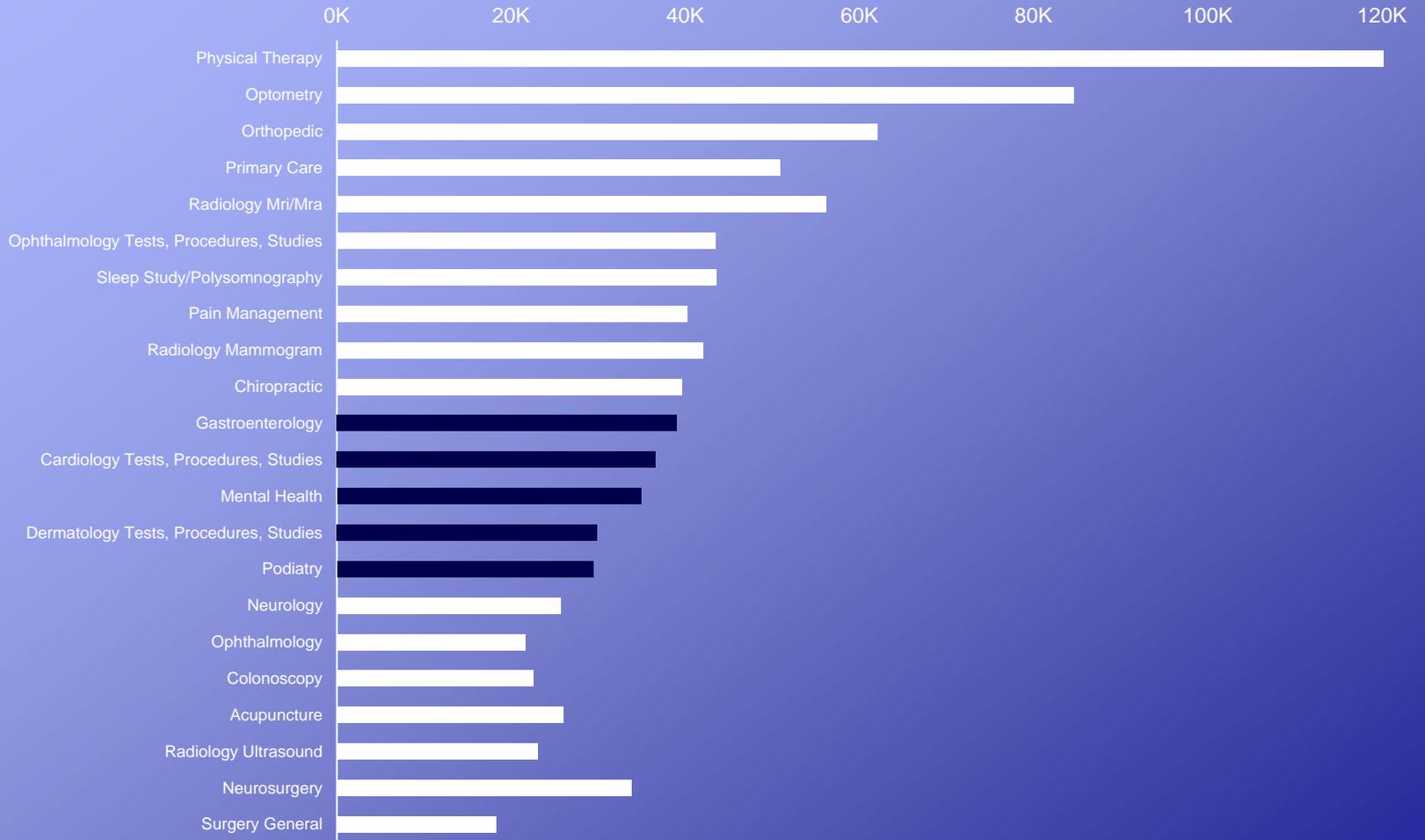
The above graph shows the total increase in Choice authorizations from FY15 to FY17

# Number of Choice Providers Increasing



The above graph shows the total increase in the number of Choice providers from FY15 to FY17

# Number of Authorizations (FY17 by Category of Care)



# Current State of VCP\*

- Nearly 2 million Veterans have received care through VCP since its inception in 2014 (approximately 25% of Veterans in VA care)
- More than 500,000 providers enrolled in VCP network through HealthNet or TriWest
- Overall, 73% of respondents either “satisfied” or “very satisfied” with their VCP experience.

Mattocks K, Yehia B. (2017). Evaluating the Veterans Choice Program: Lessons for developing a high performing integrated network. *Medical Care*, 55(Suppl7), 1:1-3

# Methods and Data for this Presentation

# CREATE Methods

- VA administrative data was used to create list of women using fee basis care in FY13 at 12 VA facilities that represented both high and low fee basis care use in FY13.
- Women were contacted and invited to participate in telephone interview to examine use of fee basis care.
- Once VCP was launched (August 2014), interview guide was modified to include questions about Choice care.
- All interviews were digitally recorded and transcribed by **VA HSR&D Centralized Transcription Services Program (CTSP)**. (Thank you Susan Zickmund!)

# CREATE Study Sites

High Fee Use Facility	Low Fee Use Facility
Tuscaloosa VAMC, AL	Central Arkansas VAMC, AR
Sioux Falls VAMC, South Dakota	Minneapolis VAMC, MN
VA Nebraska/Central Iowa HC system, NE	Martinsburg VAMC, WV
VA Montana Healthcare System	Phoenix VAMC, AZ
Mountain Home VAMC, TN	Central Texas VA Healthcare System, TX
North Florida/South Georgia VA Healthcare System, FL	Albany Stratton VAMC, NY

# CREATE Study Sample (N=148)

Characteristic	VCP Users (n=62)	VCP Non-Users (n=86)	P
Age	55.4	56.9	0.43
Race (White)	81%	78%	0.32
Service- Connected Disability (yes)	73%	52%	.01
Other insurance (Medicare)	24%	44%	.02
Self-rated health (fair/poor)	39%	34%	0.30
High fee use facilities	44%	51%	0.36

# COMFORT Methods

- Pregnant Veterans recruited from 14 VAMCs at time of pregnancy identification in VA
- Invited to participate in interviews at ~18-20 weeks of pregnancy and at 3 months postpartum
- Interviews focused on access to prenatal care, overall health/mental health during pregnancy, postpartum maternal and infant health
- Current study enrollment: **504** pregnant Veterans have completed baseline, **384** Veterans have completed postpartum interview

# COMFORT Local Site PIs

(All are Women's Health PBRN Site Leads)

- Los Angeles (CA): Bevanne Bean-Mayberry
- Dallas (TX): Geetha Shivakumar
- Little Rock (AR): Michael Cucciare
- Iowa City (IA): Anne Sadler
- Denver (CO): Allan Prochazka
- Minneapolis (MN): Erin Krebs
- Fargo (ND): Kim Hammer
- Temple (TX): John Zeber
- Durham (NC): Karen Goldstein
- West Haven (CT): Lori Bastian
- Boston (MA): Megan Gerber
- New Orleans (LA): Tina Theti
- Northampton (MA): Kristin Mattocks
- Tampa (FL): Pamela Smith-Beatty

# COMFORT Study Sample (N=502)

Characteristic	%
Age	32.2
Race (White)	62%
Married	62%
Working full/part time	51%
First pregnancy	36%
Using VA maternity benefits	78%
<b>Did not receive prenatal care as soon as would have liked</b>	<b>30%</b>
History of MST	52%
Depression (self-report)	57%
PTSD (self-report)	41%

# Major Themes

## CREATE

- Information regarding VCP eligibility and utilization was limited and confusing
- Veterans experienced substantial scheduling challenges with VCP
- VCP care results were not shared with women Veterans or their VA providers in a timely manner
- Mounting unpaid VCP bills led many women to be pursued by collection agencies
- Women's satisfaction with VCP varied widely

## COMFORT (maternity care study)

- Women experience substantial challenges finding VCP obstetrical providers in their area (provider networks)

# Disclaimer

- Many of these interviews were conducted in early days of VCP initiation (e.g. 2015). Substantial policy changes and program improvements have been made to VCP since inception, and many challenges noted in early interviews are less apparent in more recent interviews.

# Early VCP Information Limited and Confusing

When VCP launched in 2014, only 300,000 Veterans were initially eligible through 40-mile rule. However, 9 million Veterans received VCP cards. All cards labeled as “temporary”, causing confusion.

## Veteran from West Virginia:

“I did get a card from them with very little explanation about what this card was. I took the card and looked at it and it says “temporary” on it. I never got another one saying it was a permanent card, like a VA identification card that has your picture on it. I almost threw the card away because I thought it was an advertisement!”

## Veteran from Alabama:

“I never received a permanent Choice card. I did take the card with me to get my mammogram, but it was a temporary card which had long expired and the numbers didn’t work, but I still got to have my mammogram done”.

# Substantial VCP Scheduling Challenges

- When VCP launched, all VCP scheduling done by the contractor (HealthNet or TriWest). Many of the early VCP problems related to poor scheduling practices by the contractors.
- OCC has made substantial changes in this area. At present, some facilities (Alaska, Fargo, Montana) are doing their own VCP scheduling. Also, facilities schedule their own Choice provider agreement appointments.
- In new contracts (to be awarded in next few months), facilities will have the option to do all scheduling on their own (but may still opt for contractors to do scheduling).

# VCP Scheduling Challenges

## Veteran from West Virginia:

- “Do you have a preference of a facility?” the VCP people asked me. And I said well I’ve been going to my local hospital for years and years. So that makes the most sense to me. I live just down the road from it, and the VA has been sending me there. And they started naming off some hospitals in Virginia. And I’m like, “Are you kidding me?” You know, why should I go to Virginia? That’s a long way for me. So I said, “Ma’am I’m in West Virginia.”

# VCP Scheduling Challenges

- **Pregnant Veteran from Connecticut:** “I called Health Net continuously to tell them where I wanted to be seen, the office I wanted to be seen in, and where I wanted to deliver, assuming that I could choose because it’s called “Veterans Choice”. Going back and forth with Health Net they were trying to send me to the other side of the state of Connecticut to a doctor that I had never heard of. But what was so upsetting about that was, I kept asking the Veterans Choice, like who is in your program that can give me names and numbers (of obstetricians) to call and find out about other groups, and nobody would give me any information. They just said that there was one doctor for the whole state of Connecticut that did the VA maternity”.

# Inadequate Provider Networks

- ❑ VCP was launched within 90 days of legislation, and as a result of this quick start, many Veterans requiring VCP care in early days were met with inadequate community provider networks, particularly in certain areas of care and in more rural areas of the country.
- ❑ Though the number of providers have increased over time, many women experienced substantial challenges finding an obstetrical provider enrolled in VCP.
- ❑ Network adequacy refers to a health plan's ability to provide access to an adequate number of primary care and specialty providers. Formal network adequacy measures include wait time and distance standards.
- ❑ The new OCC contracts for community care require contractors to measure network adequacy.

# Examples of challenges accessing obstetrical care

Los Angeles: “I had to travel 3 days a week, 40 miles to my OB because I was high risk. I was high risk because of my age, but no complications. I wish I could have seen someone closer”.

Durham: “Finding an OB with Choice was extremely hard, but once I found one it was an excellent experience....it just took a long time”.

Little Rock: “By the time I got approved by Choice I was already in my second trimester, so I feel like my prenatal care should have been earlier”.

# VCP obstetrical providers, by selected state (2015)

State	# of obstetricians enrolled in VCP
Texas	301
Tennessee	192
California	95
Louisiana	62
New York	54
Utah	51
Massachusetts	19
South Dakota	16
Connecticut	14
Arkansas	13
Maine	1

# Another example of obstetrical access challenges

- Reno: “Since December, my OB has been trying to get an authorization to send me to a specialty clinic because I am thirty-six years old and having a baby. And I guess there’s some concerns. He has been trying for months and I’ve been calling as well to get an authorization. We keep getting the run around. No one is returning my calls. No one is returning his office calls. They send us to different numbers and tell us we need to talk with this person or that person. The test needs to be done in my first trimester and I will be entering my third trimester in a couple of weeks. The tests still haven’t been done.

# VCP Care Results Not Shared with Veterans/Providers in Timely Manner

Several women spoke of their frustration waiting for VCP test results to be returned to VA, and their VA providers' lack of knowledge regarding the care they received from their VCP providers.

*“I had to call my VCP provider to find out what the test results were. I had not heard from them in at least two weeks, and I wanted to know my results. I know they have to send them back to the VA and the VA has to scan everything into the records. And then I know the VA provider can be too busy in her regular clinical appointments to get these results back to you when you call and ask for information. So as far as getting results from the non-VA provider to the VA, and then back to me, it can be very time consuming”.*

# Mounting Unpaid Bills Sent Veterans into “Collections”

Many women Veterans were billed directly by VCP contracted providers, and the contractors (HealthNet, TriWest) did not reimburse the providers in a timely way. Consequently, many unpaid bills went into collections for these women Veterans.

*“My bills wind up going to collections because they’re not being paid. And I don’t even know who I’m supposed to call to get them paid. And I can’t pay them and request a reimbursement, so its really been a nightmare”.*

*“I’m afraid to go to any non-VA appointment. God knows when the next wrong thing will be billed. I get doctor’s bills for a rheumatologist that are in the thousands, not hundreds. Maybe I don’t want to take the chance and get that care again. Its too upsetting. I can’t go through it again.”*

# Satisfaction with VCP vs. VA Care

When asked to compare their experiences of VCP care with VA care, women had many different perspectives.

## Pennsylvania Veteran:

*“It does not compare at all. Like there is no comparison in the worst way possible. The Choice care is a thousand times better than the care that I received within the VA. Like there are a few people that are great at the VA, but they’re really the exception. I feel like the rule of care at the VA is just horrible”.*

# Satisfaction with VCP vs. VA Care

## Minnesota Veteran:

*“I would rate my non-VA care about seventy-five percent better than my VA care as far as length of time with my doctor and the time spent arranging things to be done, and not being split off with five or six different places or five or six different people. And just going to one place to see one doctor to have something done instead of seeing the primary care at the VA so that the primary care can refer me to the orthopedics who might be able to see me in six months, and then might see me in six months and say they don’t have any room to fix anything. And then call me back in another six months and then tell me they still don’t have any room to fix anything!”*

# Satisfaction with VCP vs. VA Care

Alabama Veteran:

*“Okay, so one to ten, ten being excellent, I would say the non-VA healthcare, I would say they would be, I would say an eight, and the VA a nine, only because the VA has direct access to all of my medical records, so they are usually able to pull everything up. I’m also more familiar with the VA than the non-VA. Both services have been excellent, but I would put the VA a little bit above because I’m familiar with them and they already know me so...”*

# Community Care Future

- At present, there are three different bills in Congress (1 in House, 2 in Senate) to create a new Community Care program, as well as several bills to simply modify the existing Veterans Choice Program.
- Funding for the Veterans Choice Program should remain in place through the end of May, as Congress authorized additional funding for VCP in December.
- The RFP for new contracts for CCN are to be decided in the upcoming months. The contracts will be split into four regions, and the earliest contract is scheduled to be awarded in March 2018. Current contractors are TriWest and HealthNet.

# Future Challenges and Opportunities

- With new contracts awarded, there is potential for substantial changes to existing provider networks if current contractors are not chosen and/or do not bid for the new contract. This could present additional challenges with provider networks.
- Many known VCP problems continue to be addressed, including:
  - Scheduling appointments
  - Referrals to providers
  - Timely return of test results
  - Improved care coordination

# Future Work

- Community Care Service-Directed Research Projects (SDRs)
  - Network adequacy
  - Make vs. buy decisions
  - Quality
- QUERI/VISN Partnered Community Care Coordination proposals
- IIRs
- More QI/research work needed!

# Questions?

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