

# Understanding Access on the Ground: The Experience of Veterans, Providers, and Staff

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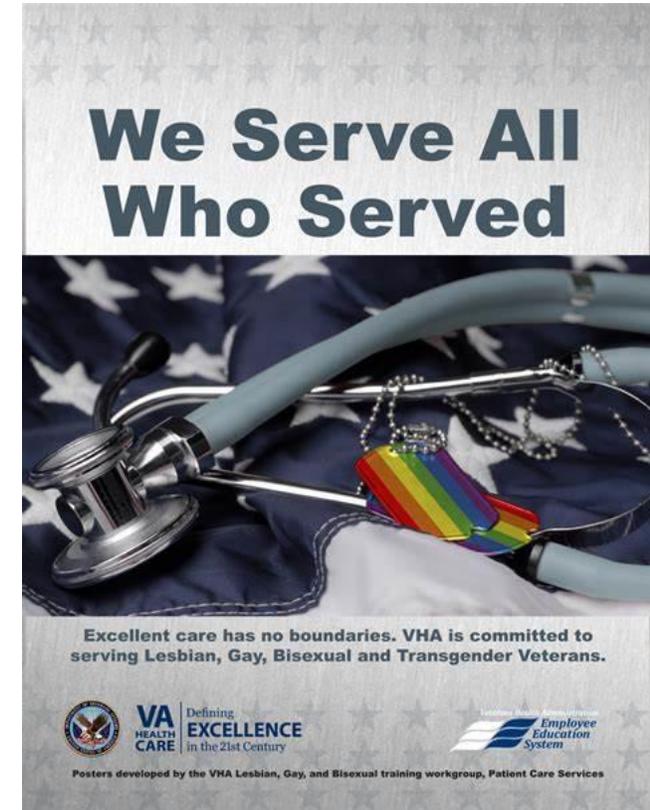
# Overview

- Access and the VA: Unique Challenges
- Understanding Access
- Improving Access
- Research journey and lessons learned (tossed in along the way)
- Next steps

# Access and the VA: Unique Challenges

Serving those who serve

- Any Veteran
- Anywhere



# Understanding Access

- Measuring Access
- The Lived Experience of access

# Measuring Access: Access Waitlist Shutdown

- 2014 Audit: In response to concerns about excessive waits for appointments and irregular scheduling procedures, a very rapid, national audit was conducted to determine whether deviations from scheduling policies occurred
- Audit Goals:
  - Gauge front-line staff understanding of proper scheduling processes
  - Assess frequency and pervasiveness of both desired and undesirable practices employed to record Veteran preferences for appointment dates, manage waiting lists, and process requests for specialty consultation
  - Identify factors that interfere with schedulers' ability to facilitate timely care for Veterans
  - <http://www.va.gov/health/docs/VAAccessAuditFindingsReport.pdf>

Operational Partner: Office of Analytics and Business Intelligence (OABI)

# Data and Analysis

- 731 total facilities, including 140 parent facilities and all VAMCs
- Brief interviews at 140 parent sites
- 3,203 respondents provided narrative information
- Rapid turn-around time: May 16<sup>th</sup> - June 9<sup>th</sup>, 2014:
  - 3 days to initial phase I analysis and report
  - 23 days to final report
- “Distributed Manifest Content Analysis”

# Findings

- 93% described previously selecting “desired date” from among available clinic dates, rather than determining desired date based upon the Veteran’s preferred date or the date requested by the provider.
- Respondents at 79 sites reported being instructed to alter dates previously entered on waitlists, and in at least 2 clinics respondents believed someone other than a scheduler routinely altered the recorded desired dates to improve access performance measures.
- At 15 sites, respondents reported feeling threatened or coerced to follow inappropriate scheduling practices and a small number reported punitive actions after raising concerns with supervisors.
- Barriers to following correct scheduling practices included an undue focus on performance measures, complicated scheduling policies, inadequate staffing, low morale, and shortage of other resources.

# Conclusion

The data reflect a culture in which preoccupation with arbitrary and unrealistic performance expectations led to widespread, improper scheduling practices such that some front-line, middle, and senior managers felt compelled to manipulate VA's mandated scheduling processes.

# Lessons Learned

Say “Yes”

Expect unintended consequences

# Access: A Lived Experience

- Qualitative Research:

Ensuring that VA's national policy and Access efforts are informed by the voices of Veterans and the providers and staff who work on the frontlines.

# Improving Access

Current VA question:

*“Build it or Buy it?”*

Build: Improve existing or develop new care modalities.

Buy: Purchase Care in the Community

# Build It

- SCAN-ECHO and E-Consults
- Implementing the Group Practice Manager in the VHA
- Choose VA

# Specialty Care Evaluation: SCAN-ECHO and E-Consults

- Specialty Care Access Network-Extension for Community Healthcare Outcomes program (SCAN-ECHO):
  - Video specialty care training and consultation to PCPs at a distance from VAMCs
  - Specialist teams make treatment recommendations and present related didactic material
  - Case-specific
  - PCPs can become local experts on a specific health condition
- Electronic consultations (e-consults) to maximize practice efficiency and patient convenience:
  - Test results, medication lists, and other pertinent data are available.

Operational Partner: Office of Specialty Care

PIs: David Au, MD, PhD; Michael Ho, MD, PhD & Dave Aron, MD.

# Impact on Access to Care: Indirect Access to Specialty Care

- Several participants stated e-consults improved access to specialty care services and decreased travel for Veterans.

*It's another way of getting care to the patient when the patient needs it without having to wait.*

- Providers described SCAN-ECHO as increasing access to specialty care.

*I will say that SCAN-ECHO will definitely have improved access to specialty care because, case in point, we have never had dermatologists on staff and we have had other occasions where we have had our PCPs presenting dermatology cases.  
(PCP)*

*I think for those patients who do not have to drive, their access is improved.  
(Follow-up Specialist)*

# Lesson Learned

Develop and Enjoy Collaborative Relationships with Operational Partners:

Engage them at every step of the project

Understand and respond to their changing needs

# Implementing the Group Practice Manager in the VHA

- The Veteran Choice Act required the implementation of a clinic management training program to provide standardized education on health care practice management and scheduling.
- In November of 2015, VA created a new position: Group Practice Manager (GPM) and began hiring and training to spearhead and centralize this effort at VA sites around the nation.
- Qualitative evaluation of the 5 initial sites

PIs: Lisa Rubenstein, MD & George Sayre, PsyD

[https://www.hsrd.research.va.gov/for\\_researchers/cyber\\_seminars/archives/video\\_archive.cfm?SessionID=2390](https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=2390)

# A Few Findings

- Participants saw the GPM as the central staff member responsible for providing oversight of any activities.

*Just you know, honestly, the oversight, ensuring everybody's doing what they're supposed to do. It's the absolute oversight. And then when I see gaps, trying to develop a process or again develop training and have finding time to meet with people, to kind of close those gaps. (GPM)*

- Participants reported changes in organizational structure designed to standardize clinic management processes

*... to establish a clinic practice management infrastructure inside of these facilities so all the processes have to take place. We have to create that orchestrated team inside each facility to do that, and that's where we're really facing up a huge challenge.*

- GPMs facilitated a culture change towards metrics.

*To me the harder thing is the culture; we got to get away from the mindset that we are working with numbers. That's why access performance measures is a dirty word as I mentioned earlier. We are trying to provide timely quality care for veterans and that's really what it is about. (GPM)*

# Evaluating Choose VA

- In 2016, VA launched an initiative designed to rapidly increase Veteran access to care and decrease wait times across all 152 VA Medical Centers (VAMCs) and 1,061 Community Based Outpatient Clinics (CBOCs).
- Mandated changes included providing same day services in primary and mental health care, offering Veterans extended clinic hours and virtual care when appropriate, and reporting access data to Veterans and the public.
- <https://www.choose.va.gov/>

Operational Partners: ORH Pathway to Partnership Grant & OVAC  
PIs: David Au, MD, PhD; Michael Ho, MD, PhD, & George Sayre, PsyD

# Data Collection and Analysis

- Data Collection
  - 21 Site visits over 5 months
    - Open-ended interviews
    - 18 interviewers from 6 VAs
    - 127 focus groups, 81 individual interviews, totaling 145 hours of audio and 2949 pages of transcripts
  - 48 phone-based, semi-structured interviews with national sample of Veterans
- Analysis
  - 13 Analysts from 3 VAs
  - Rapid Template Analysis
  - Inductive Content Analysis

# Lessons Learned

Complex subjects require complex projects

Cherish your colleagues

# Veteran Perspective: Urgency, Waiting, and Expectations of Timely Care

- Veterans often described timely access to care in terms of “reasonable waiting”

*Veterans need to expect that if it's not an emergency then you shouldn't be number one on the list. You will have to wait. Make your appointment and keep your appointment and don't complain...There are lots of Veterans to be seen and everybody needs their turn.*

*If it's something I feel is urgent, then I want to be seen fast as possible.*

*If you call up and they tell you you've gotta wait 'til September that's not a great feeling. That's bad access. I mean, if it's routine sure, but if it's where you're having a problem (like pain) and need to be seen, two months is too long.*

# Provider and Staff Experience

- Improving the Numbers

*Dr. [NAME] was pretty clear from the very beginning that you know, “I don’t really care what the numbers say, we’re gonna change this, we’re gonna change this health care system, that the Veterans are our primary concern, that we’re gonna deliver quality, safe, effective care and when we can do that, then our numbers will start to turn.*

- MSAs make the Magic Happen

*It’s still very hard because MSAs of course are very smart individuals, they do some of the most, in my opinion, complex work across the VA of juggling all these plates and these balls. So, I think in regards to access efforts, I think that we’ve kind of forgot about as an organization the effects of our efforts on some of the most important people in our organization, and that’s the schedulers, who then tie in to our Veterans.*

- Same Day Mental Health Access

*And Veterans sense that [SDA policy], they think... “whether I show up in this building, in the ER... I am not gonna get turned away,” so I think that’s helped some Veterans who maybe were, would have an excuse not to come in, now they know, “Hey I’m gonna get seen by someone.”*

# Lesson Learned

Naiveté can be a virtue

or

Participants might know more than we do

# Dissemination: Slidedoc on VA Pulse

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Same-Day Access to Primary Care is an Every-Day

Perspectives on Veterans' Role in Access

### In the event of an emergency, access here: Improving access with emergency and urgent care

Rachael Kenney, MA George Sayre, PsyD, David Au, MD, Mike Ho, MD, and the Veteran Access to Care Evaluation Group

David Au, MD, (Seattle); Mike Ho, MD, (Denver); Peter Kaboli, MD (Iowa City) and the Veteran Access to Care Evaluation Group

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#### EXECUTIVE SUMMARY

Participating sites offered a variety of emergency and urgent services including traditional Emergency Departments (EDs) and Urgent Care Centers (UCCs), urgent care providers that rotated through the UCC, ED "fast tracks," and reserved urgent care slots in provider schedules.

- EDs and UCCs were used in a variety of non-emergency situations, such as overflow when providers' schedules were full, walk-in when Veterans were seeking same day access, triage, and patients who were unassigned or traveling.
- Most EDs had access to mental health services and stationed mental health providers and suicide prevention teams in the ED or UCC. If there were not mental health providers stationed in the ED or UCC, they were available on call. One site cautioned that if the ED did not have mental health providers patients in a mental health crisis should be directed elsewhere.
- Challenges in the ED and UCCs included defining "emergency" and "urgent," lack of staff in the ED and primary care, and misunderstanding about when and how to use non-VA ED in non-urgent situations rather than immediately sending Veterans to non-VA E
- Strategies in the ED and UCC included moving non-emergent cases to more addressing medication refills outside of the ED. One site that did not have an ED utilize VA ED in non-urgent situations rather than immediately sending Veterans to non-VA E

Medical Support Assistants' and Access

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#### EXECUTIVE SUMMARY

Participants across sites described Medical Support Assistants (MSAs) as key to Veterans' access to care. Given the importance of the MSA role, site leadership and staff readily expressed their concerns with turnover and staffing by citing various burdens and barriers associated with the position, including increasingly complex job requirements and expectations imposed by access-related initiatives. To address these challenges, we discuss strategies and solutions shared by interview participants, as well as recommendations offered by the Access to Care Evaluation team.

Strategies, solutions, and challenges are discussed within five themes generated from our data, including:

- MSAs' play a critical role in Veterans' access to care.
- Increasing complexity and expectations do not match MSA pay grades.
- MSAs often receive inconsistent and inadequate supervision.
- [Low staffing drives chronic turnover.](#)
- Integrating MSAs into clinical teams improved MSA engagement.



Microsoft Excel Macro-Enabled Worksheet

MSA Staffing Model Calculator

## Medical Support Assistants (MSAs) "Make the Magic Happen"

Barriers and burdens as well as strategies and solutions to MSAs' role in Veteran access to care

Andrew Coy, BS & Leah Haverhals, MA



Adobe Acrobat Document



Microsoft PowerPoint Presentation

VETERAN ACCESS TO CARE EVALUATION

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As MSAs turn over, you bring in new MSAs and they have to be comfortable with the team and comfortable with the flow, and so I think that part really plays a lot into the flaws [...] 'Cause I know some of our more experienced MSAs, the ones that are kind of lifers, that love it and couldn't see themselves being anywhere else, their teams and their relationships with their providers really are just spot on and really make the magic happen in primary care.

Focus Group – GPM & CPM

# Reports

- Shifting to a data-driven culture
- Local impact of access-related mandates
- Veterans' role in access
- MSAs role in access
- Chronic staffing shortages
- Emergency and urgent care
- Same day access to primary care
- Care in the community
- Clinic practice management teams
- GPMs
- Telehealth
- Veterans on the road
- Same day mental health
- PCMHI's role in access

# Lessons Learned

Dissemination matters

# Access: “Buying it”

- Care in the Community
  - The Choice Act
  - The Mission Act

# Accessing Care Through the Veterans Choice Program (VCP): The Veteran Experience

- In response to the public outcry regarding excessive wait times for Veterans to receive care and potential adverse consequences, Congress passed the Veterans Access, Choice, and Accountability Act of 2014 (VACAA).
- Allows Veterans who have wait times of 30 days or longer, or live more than 40 miles from the nearest VA facility, to receive care paid for by the VA from contracted, non-VA providers.
- Qualitative Evaluation
  - 47 Veterans
  - Semi-structured telephone interviews

Sponsor: Program Award, QUERI  
PIs: David Au, MD, PhD & Michael Ho, MD, PhD

# Variation of Veteran Experience

- Most Veterans who had received care through the VCP felt that it improved their access to care.

*Well I would definitely tell them [other Veterans] that that would be the way to go, you know. Yes, it's most definitely a step up, you know, to be honest with you I can't really say anything bad about the VA or anything like that because I've never really had any issues.*

- The program complexity and lack of available local providers are most likely to impact the very Veterans who need access to community care the most.

*I had a doctor that I had outside of the VA who was taking care of everything. And then all of a sudden, midstream, the services were cut. [...] So that's when I had to go through the VA and get that started again, which was an impossibility. I mean even though, he, the specialist at the VA, was trying to get it set up, so I could get the care through the program...we still couldn't get it started.*

# Mission Act: Public Comments on Quality Standards

- The Mission Act combines 7 VA community care programs, including the VCA, into one program to make efficient use of VA healthcare resources.
  - Mandates Quality Measures for Care
  - A summary of public comments regarding health care standards for quality was compiled through use of a modified matrix analysis. Data included 91 pages of the September 24<sup>th</sup>, 2018 Mission Act public meeting transcript file, and 12 written public comments (31 pages) by members of the public, Veteran service organizations, and health care associations.

Operational Partner: Mission Act Quality Workgroup

# Potential Challenges

- Public commenters welcome the inclusion of quality standards into the Mission Act, but identify potentially significant challenges in doing so.
  - Lack of existing standards and measures for some conditions
  - Lack of evidence-based practice in the community
  - Difficulty of collecting comparable patient data and quality measures
  - Burdens associated with ensuring community quality standards may pose a significant barrier to community provider participation (especially following the negative experiences some community providers reported with CHOICE)

# Next steps

- VA Community Partnerships
- Developing Veteran-Centered Access Measures

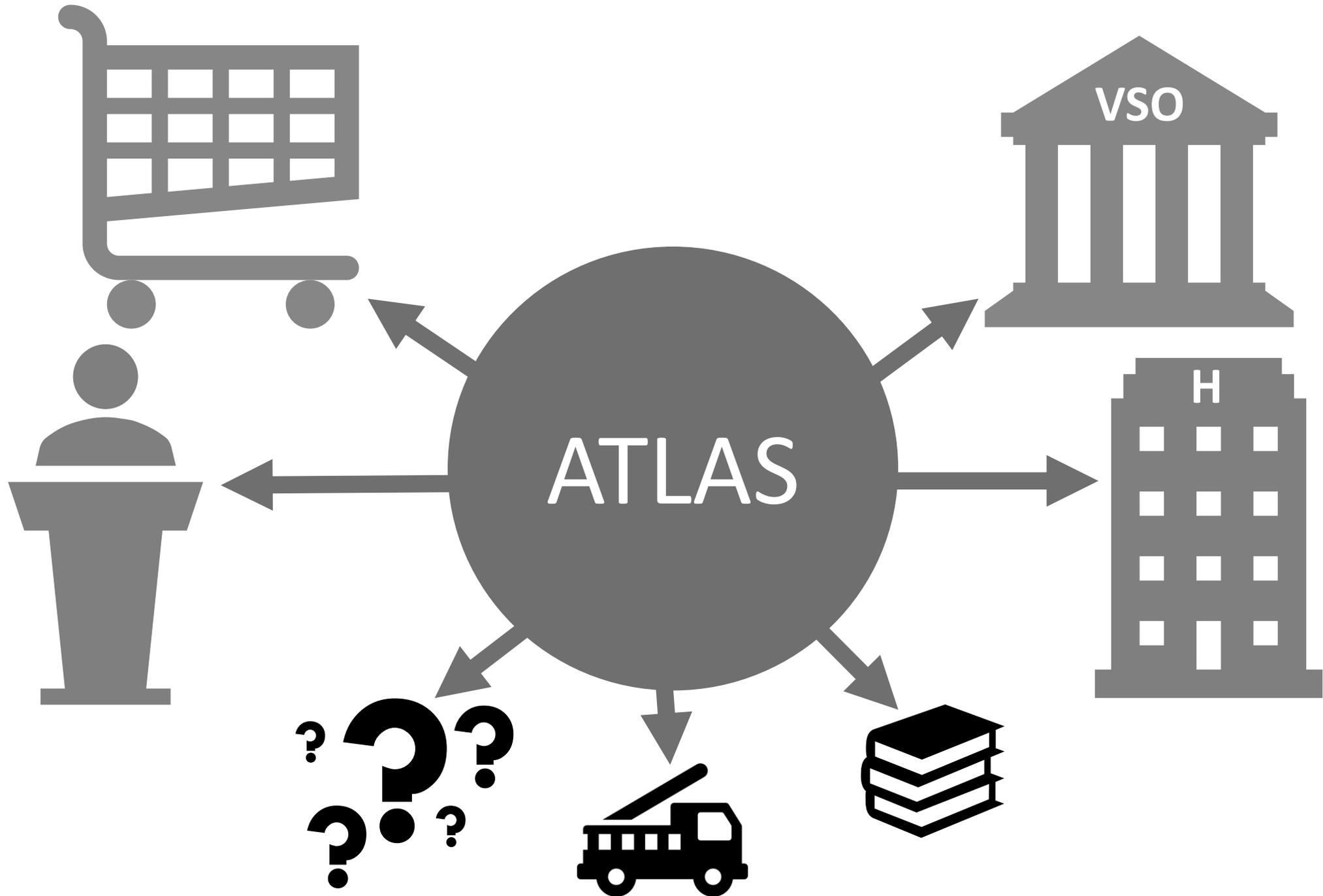
# Project ATLAS (PARTNER)

- Advancing Telehealth Through Local Access Stations (ATLAS)
- VA Hub and Community Partner Spoke will allow Veterans to receive VA telehealth care at:
  - Walmarts
  - VFWs
  - American Legion
  - Colleges?
  - Etc.
- Currently Evaluating Pre-Implementation Stage

Operational Partners: ORH and Project ATLAS

Sponsor: Office of Community Care

PI: Michael Ho, MD, PhD



# Developing Veteran-Centered Access Measures

- Reflecting
  - Veteran preferences
  - Clinical need

# Thanks

Getting credit for the work of many people:

- Center Leadership: David Au, MD, PhD; Michael Ho, MD, PhD; Steve Zeliadt, PhD; and, Cari Levy, MD, PhD
- Operational Partners: Office of Veteran Access to Care (OVAC); Office of Rural Health (ORH); Office of Community Care (OCC) and Patient Aligned Care Team (PACT)
- Investigators and Research staff
- Veterans
- VA Providers and Staff
- Many, many others

Everyone in HSR&D has tremendous IMPACT!

Questions or Comments?

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