DEPARTMENT OF VETERANS AFFAIRS

A Mixed-Method Evaluation of Challenges and Opportunities in the Care of Rural Veterans in VISN 23

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Introduction

This study is an in-depth exploration of perceptions and experiences of rural veterans, providers, and staff at VA Medical Centers (VAMC) primary care and Community-Based Outpatient Clinics (CBOCs) in the upper Midwest. Previous work has outlined a number of potential concerns and priorities in the care of rural veterans, while also highlighting the relative paucity of detailed research specific to the health of this demographic. This report supplements existing research to build a deeper understanding of current challenges and future opportunities in the care of rural veterans.

Background

Studies suggest that the quality of healthcare for rural inhabitants is adversely affected by access to appropriate healthcare. Access is one of the many potential challenges in providing for the health of rural inhabitants.[1] For example, access to and utilization of mental health services and preventive services is generally more limited in rural areas. [2-4] Less is known about the impact of rurality on the health of veterans in particular.[5] Care of rural veterans raises unique challenges, including co-management of care between the VA and the private sector. With almost 70% of veterans eligible for some for of co-management or "dual-utilization," potential logistical and quality issues may arise.

Key Findings

- Improving access is the top priority identified by veterans, providers and staff.
    - CBOCs are viewed as beneficial and their continued expansion and support is important.
    - Patients receiving primary care in CBOCs need better access to vision, dental, audiology and podiatry services.
    - Improved reimbursement for local acute and emergency services is essential.
- Improved integration of CBOCs into community resources and better cooperation with non-VA providers (including improved exchange of medical records) is vital to improving the range, quality, and efficiency of services and to ensuring patient needs are met.

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Methods

- Surveys, semi-structured interviews, and focus groups conducted on-site with patients, providers, and staff at a sample of outpatient primary care clinics in VISN 23 (VA Midwest Healthcare Network).
- 101 patients participated with 96 completed surveys and 42 completed interviews. 114 providers/staff participated with 88 completed surveys, 64 completed interviews, and 7 completed focus groups were completed (60 staff participated) at 15 sites in 8 states, including 13 CBOCs and 2 VAMCs.

Results

Topics Explored and Major Emerging Themes from Interviews and Focus Groups

Access Barriers for Patients

- **Distance to services** is the single greatest barrier identified by patients, providers, and staff.
  - While travel distance to all specialty services can be a barrier, long travel distance to medical centers for simple diagnostic services (e.g., X-rays) or uncomplicated specialty care (e.g., vision, audiology, podiatry) is widely viewed as an unnecessary barrier, and some patients choose to go without the service or care.

    Interviewer: *"Are there any resources that you would like or services you would like to be able to provide but you don't have or can't provide?"*

    Clinic Manager: *"Yeah, you know, it would be nice to be able to -- I mean vision and hearing are two things that, that everybody needs, and it would be nice not to have to go to [a VAMC] to do that, so having somebody come, you know, one day a week to offer either one of those services would be great. And there's other specialties but those two come to my mind, that regardless, those are two things that, everybody needs."*
  - Distance to acute and emergency VA services results in delayed treatments.
  - Travel time to CBOCs and VAMCs, in particular, is a barrier especially for working veterans.
  - Cost of travel can be prohibitive for many veterans.
- **Lack of local acute and emergency services** is commonly prioritized as an unmet necessity.
  - Local emergency treatment is often avoided.
  - Often results in walk-in visits to CBOCs and strain on resources and scheduling.
  - Uncertainty about and actual lack of reimbursement for emergency services put significant financial strain on veterans and often results in avoidance of needed emergency medical services.

Barriers for Providers and Staff

- **Coordination of care** is a common challenge both between CBOC and the VAMC for specialty care and between the CBOC and non-VA providers for co-managed patients.
  - Coordination with the VAMC is complicated by communication difficulties (e.g., lack of responsiveness to e-mail, telephone) and short-staffing at CBOCs.
  - Coordination with non-VA providers is complicated by similar communication difficulties and short-staffing (e.g., time required to track down medical records), as well as a deficit in understanding of VA services

  - among private providers

- **Clinic resources** are often viewed as inadequate by providers and staff.
  - Under-staffing creates high workloads and limits efficiency because providers and staff take on multiple responsibilities and roles.
  - Limited diagnostic resources and funding for contract services creates delays in clinical decision-making; resulting coordination of such services with VAMCs adds to staff workloads.
  - Reliance on courier services to carry lab samples and supplies may result in delays in clinical decision-making and a supply-chain breakdown despite a prompt and reliable schedule. Ongoing uncertainty of benefits may limit utilization of some services.
- **Communication with VAMCs** can be slow and time-consuming, with a lack of responsiveness to e-mails and phone calls requiring repeated follow-up by CBOC staff.
  - Communication difficulty can delay scheduling of referrals for diagnostic and specialty services.
  - Lack of responsiveness to requests for technical assistance and supplies may interrupt patient services and clinic flow.
- **Policies and mandates** may create unforeseen local consequences.
  - Individual clinic resources may be inadequate to implement policies fully or well.
  - Feedback from CBOCs may be unrecognized or undervalued.
- **Security** at outpatient clinics, typically provided by local police, is often viewed as inadequate, especially as mental health services are being expanded.

  Mental Health Nurse Practitioner: "*A barrier we have is that we don't have any security here. Our security is the [city] police, and when we've had to call them because the patient's gotten violent or we're worried about not wanting a patient to leave because we think he might be a danger to himself, the response time from the police isn't that fast. It would be nice to have security here at this clinic, and that's something that we've discussed and might happen sometime in future, but we don't have that now. So that's something that affects psychiatry, well, it affects all of us because our-- sometimes when patients become violent, it doesn't just threaten psychiatry, it threatens the whole clinic.*"

Co-Management

- **Coordination of care** for co-managed patients was identified by providers as their top barrier.
  - Coordinating care for co-managed patients may be particularly challenging for CBOC staff already stretched thin by multiple roles and limited resources.

    Nurse Practitioner: *"[W]e have a chronic communication problem with outside providers and the patients themselves to make sure that we get progress notes…especially progress notes that reflect a med change that we're expected to make. They come in here with just prescriptions and want their meds changed and we really need the progress note from the doctor, the outside provider, saying what the rational for that med change [is] and that doctor's assessment as to the causes [requiring] the med change. So we have to continually educate our patients about that and it's the patient's responsibility to do that. It's not our responsibility to do that…. [W]e just need to keep educating the patients. There are times when we have patients that really don't have the communication skills to handle that themselves and our case managers and I, we do get involved and make calls to the doctors themselves. But, it doesn't really fit into our time very well.*

- **Veterans frequently utilize local non-VA providers**, particularly for specialty care of diagnostic services, if patients can afford to and if doing so is convenient.
- **Duplication of diagnostic services** may occur because of inadequate communication with private providers or VA formulary requirements, and accessing such diagnostic services through the VA may be particularly difficult for patients in rural areas
- **Relationships with local non-VA providers** may be underdeveloped.
- **Medical record exchange between** VA and non-VA providers is often a major source of compromised efficiency for CBOC staff and may delay or hinder patient care.
- **Misunderstandings** between non-VA and VA providers over providing prescription medications may frustrate VA providers.

Telehealth

- **Providers** are generally distrustful and **staff** are wary of additional burdens telehealth may place on short-staffed clinics; nonetheless, both groups see potential for mental health and chronic disease management.

> Provider: *"[Telehealth is] very cumbersome and relies quite heavily on timely scheduling. And if you're not compliant, it's useless. It's effective if the patient has got the inclination to do it…. [But] the number of vets that I see that really want to get on and do much with that is pretty tiny, in the population we're serving here."*

- **Patients' perceptions** vary widely and include discomfort and fear of security lapses; users, however, have only minor complaints, and almost all patients are willing to try telehealth with proper introduction.

Reasons for Utilizing VA Health Care

- **Excellent quality of care.**
- **Low cost** of care and medications.
- Veterans utilize CBOCs because of their **proximity** and often prefer them over traveling farther to more "comprehensive" VAMCs.
- **Personalized service** and friendliness at local clinics can be an important factor for patients.

Quality of Care

- **VA care is perceived as equal to private sector** care from the perspective of patients, providers, or staff; quality of care is often cited by patients as one of the top two draws to the VA.

Pharmacy

- **Prescription benefits are a major draw for veterans** to VA health care, and the most important factor in choosing VA care for some patients.
- Majority of veterans using **automated refill/mail delivery services are satisfied** and value saved travel time.
- Patients' medication management questions may burden CBOC staff; **in-house pharmacist** greatly improves medication issues at one CBOC, and that option is seen as a potential improvement by other CBOCs.

References

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Impact

- The de-centralization of VA services following the construction of CBOC has not been mirrored with a de-centralization of decision-making.
- This may lead to a lack of local autonomy that could compromise effective resource allocation.

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