

A Mixed-Method, Multi-Site Evaluation of the Implementation of the Veterans Choice Act

Denver, CO Cleveland, OH Seattle, WA

Overview

The Veterans Access, Choice and Accountability Act of 2014 (VCA), was signed into law in August 2014. The VCA authorized expanded availability of medical services from non-VA entities for three years. **A Mixed-Method, Multi-Site Evaluation of the Implementation of the Veterans Choice Act** was funded to identify actionable insights to inform the Veterans Choice Program (VCP) implementation. Investigators assessed whether the VCP achieves the goal of improving access to VA care by specialty—and what makes the VCP work or not work. Rigorous evaluations of the VCP implementation were conducted at three VA medical centers and three Veterans Integrated Service Networks (VISNs 10, 19, and 20) comprising two VCP regions. This work was guided by the RE-AIM (Reach Effectiveness Adoption Implementation Maintenance) evaluation framework. The culminated data produced detailed perspectives of the Veterans, clinical providers, and staff, which resulted in the creation of value stream process maps, and an analysis of the VCP process efficiency and quality for each site.

Additionally, investigators conducted several geospatial analyses using Geographic Information Systems (GIS) across three VISNs with large variation in population density and service area coverage. The first analyses focused on examining approved VCP external providers in relationship to existing VA service areas as defined by the 40-mile service area. The second analyses focused on defining access to existing VA clinics. VA site and specialty clinic information was integrated to create new 40 mile service areas that were specialty specific, and reflected temporal access based on wait times.

Early Impacts

The potential benefits of this evaluation include increasing understanding of:

- VCP implementation across three sites,
- Patient and other stakeholder experience with VCP,
- Variation in VCP implementation across sites, and
- Barriers and facilitators to VCP usage.

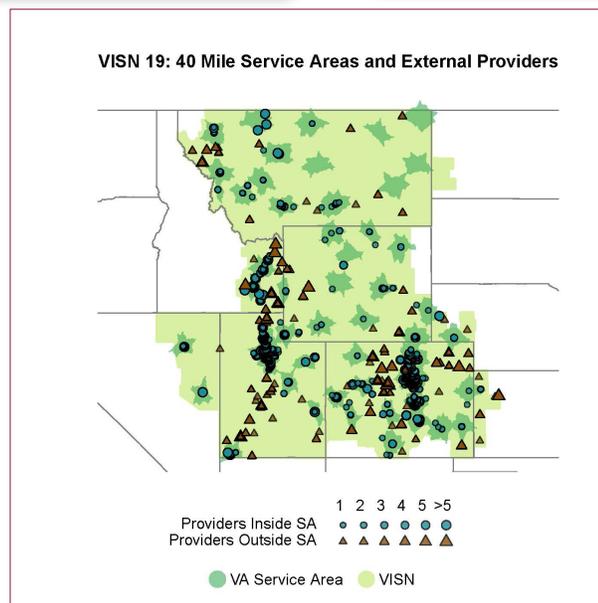
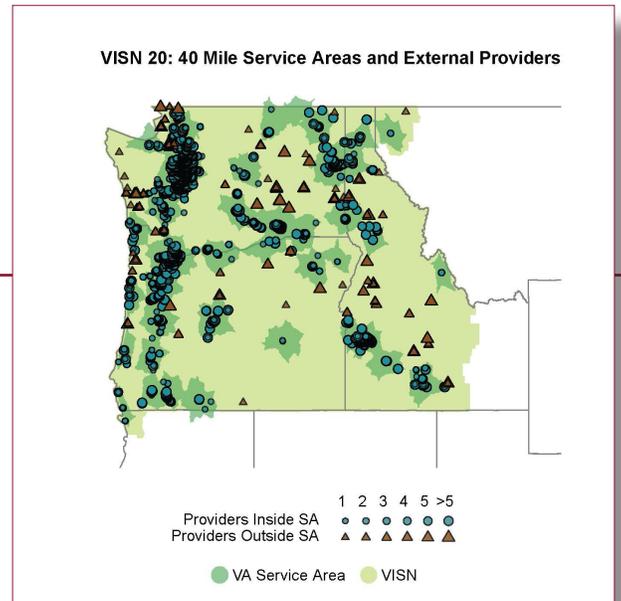
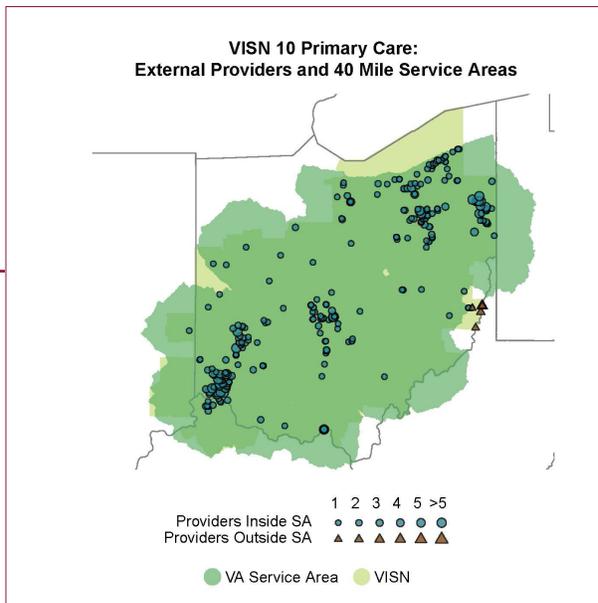
The knowledge gained through this evaluation can benefit VA and its partners by identifying best practices and addressing implementation challenges. Implementing a national program comprised of a singular process that fits into different VA facilities with various organizational systems, staffing, and Veteran population demographics is a difficult task. Program implementation should allow for tailoring of the program based on local variation in staffing capability, clinical resources, and Veteran population needs. Front-line staff are a valuable resource, and their opinions and feedback should be sought before, during and after the implementation process.

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Early Impacts (cont'd)

The spatial evaluation of external providers showed that the majority of TPA (third-party administrator) approved providers are within the existing 40 mile service areas. Since the goal of the VCP is to increase access for Veterans, further development of TPA networks should be strategically directed based on knowledge of existing VA network resources. The analysis of temporal and spatial access demonstrated that a definition of existing VA network resources should be site- and specialty-specific, and consider both temporal and spatial access based on recent data. Investigators have provided a proof-of-concept of this approach that can be further refined by clinical expertise.



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Operations Partners
VA Specialty Care Services and the Under Secretary for Health