

Ensuring Quality and Care Coordination in the Era of Veterans Choice

Ann Arbor, MI

Overview

Providing appropriate healthcare means ensuring that patients get the care they need while avoiding care that is unnecessary or harmful. Beginning in the 1990s, VA focused on increasing the use of necessary services through a performance management system that resulted in a dramatic decrease in the underuse of necessary VA healthcare services. Today, there is growing interest in also identifying and reducing overuse—care that exposes patients to services that may not be beneficial or may cause harm, and which may take scarce resources away from those who would benefit most from them. Moreover, if Veterans are to increasingly receive care from non-VA providers via the Veterans Choice Act (VCA) or other care in the community options, it is imperative that methods be developed to identify, prioritize, and track their care in both VA and non-VA settings in order to ensure that Veterans continue to get excellent and appropriate healthcare.

The **Ensuring Quality and Care Coordination in the Era of Veterans Choice** helped lay a critical foundation for future systematic assessments of quality of care for Veterans who use VCA or other care in the community options. More specifically, this QUERI evaluation project:

Identified and prioritized quality measures of underuse and overuse relevant to the Veterans Choice Act by:

- Assembling an expert council comprised of national VHA clinical and policy leaders. The council developed a list of clinical areas, relevant to the VCA, which should be monitored.
- Prioritizing eight clinical areas and identifying quality measures and recommendations (of overuse and underuse) related to those areas. The expert council rated each measure/recommendation on its validity/ importance, improvement opportunity, and measurement feasibility.

Assessed the use of existing and non-VA data sources to evaluate quality of care for Veterans receiving care in the community by:

- Conducting a phone survey and chart review to determine the availability and reliability of pharmacotherapy information for VA patients with diabetes receiving care in the community, including care under VCA.
- Developing and testing an interactive voice response (IVR) approach for collecting outcomes to allow outcome-based measurement of Veterans' depression care.

Identified areas of importance to Veterans with respect to access, continuity, and coordination by:

- Reviewing existing survey items to identify measures of patient satisfaction with care coordination and access.
- Conducting patient interviews to determine if domains emerged that were not covered by survey items.
- Engaging patients in a decision-making process to identify factors that likely influence their desire to use non-VA care and factors that lead to greater satisfaction with access, continuity, and care coordination.

(over)

Impacts

In accordance with these goals:

- Eight clinical areas prioritized by the expert council included: back pain, cardiac testing, diabetes, GI procedures, headaches, hepatitis C, prostate cancer, and PTSD. Within these, 29 measures/recommendations were rated by the council as highly valid and important for Veterans receiving care in the community.
 - For those areas where an improvement opportunity is confirmed, the identified measures/recommendations could be further developed into quality tracking measures for Veterans receiving care in the community.
- Twenty-two percent [21/97] of phone survey respondents reported taking medications prescribed by a non-VA provider that were not in VA automated data. Comparing medications from non-VA scanned records with medications found in VA's Corporate Data Warehouse (CDW) revealed that 25% (59/233) of patients had at least one blood pressure medication on a non-VA scanned record that was not in CDW. The percentage of statins (15%) and diabetes medications (17%) not in CDW also was noteworthy.
 - In order to accurately evaluate quality of care for Veterans receiving care in the community, non-VA prescribed medications will need to be better documented in VA automated data.
- A functional IVR prototype was developed to assess depression treatment outcomes. Thirty-five percent (35/100) of patients provided baseline depression data via IVR.
 - With slight modifications to increase the response rate (e.g., live person contact), the IVR technology could be adapted for operational use across VA for essentially any patient-reported outcome.
- Two new care coordination domains emerged from 10 patient interviews. These included: 1) Burden that falls on the patient and family to ensure care coordination, and 2) Effort required and resulting stress to determine financial responsibility. Twenty three Veterans participated in a day-long consensus-oriented session. Session participants recommended that "condition severity" be a criterion for deciding whether Veterans should get care in the community; this included consideration of clinical necessity for getting care in the community and the burden taken on by the Veteran to get care within VA. After deliberation, participants indicated that they favored funds to strengthen VA (building) rather than increasing payment for care in the community (buying).
 - This information could be used by VA to guide development of new patient-centered survey measures related to care coordination and access.

Principal Investigator

Eve Kerr, MD, MPH
Eve.Kerr@va.gov

Operations Partner

VA's Office of Analytics and Business Intelligence