

Factors Affecting Choice Act Implementation and Quality for Veterans with PTSD

South Texas

Overview

Under the Veterans Choice Act, the Veterans Choice Program (VCP) provides community-based primary care, inpatient and outpatient specialty care, and mental health care for eligible Veterans when they experience wait times longer than 30 days for the needed service, or when the VA facility that can provide the service is more than 40 miles away. Because the VCP faced significant barriers during early implementation, it was important to study if this new model for community-based care for Veterans improved access, and resulted in comparable quality to VA care, particularly for complex conditions such as post-traumatic stress disorder (PTSD). Providers treating patients with PTSD require levels of training and support frequently unavailable outside of VA in order to deliver high-quality care. In collaboration with VA's National Center for PTSD and the Office of Rural Health, the Factors Affecting Choice Act Implementation and Quality for Veterans with PTSD project evaluated how effectively VCP implementation met the needs of Veterans with PTSD in the first year of the program.

Surveys were conducted among Veterans with PTSD and among community-based mental health and primary care providers in two states—Texas and Vermont—and addressed the following objectives:

- Describing perceptions and experiences of the Choice Program among community providers treating Veterans with PTSD;
- Assessing variations in appropriateness of PTSD care (e.g., guideline-recommended prescribing and psychotherapy practices), and
- Identifying patient-, provider-, and community-level factors associated with utilization of and satisfaction with the Choice Program for Veterans with PTSD.

Findings

Within the first year of the VCP, few Veterans with service-connection for PTSD accessed the Veterans Choice Program for mental health care within the first year of the VCP. As of September 30, 2015, of the 73,156 Veterans residing in Texas and 1,416 Veterans residing in Vermont with PTSD service connection, there had been 6,952 total requests for VCP care of any type in Texas and Vermont, but only 237 of these requests were for mental health care. Specific results include:

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- In a general survey of Veterans in Texas and Vermont with service connection for PTSD (n=427 responses), 55% had sought professional care for PTSD from the VA in the previous 12 months. Of these, 30% were unable at least once to get an appointment in a VA facility within 30 days, and 45% were more than a 40-mile driving distance from the nearest VA facility, with a total of 66% reporting at least temporary eligibility for VCP services.
- Among those eligible for VCP, 88% reported preferring the VA for PTSD care, primarily due to a good relationship with an existing VA provider or being generally satisfied with VA care.
- The median score for overall quality of PTSD care at a VA facility was 8 out of 10. The median score for overall quality of PTSD care received from a VCP provider, among the few Veterans who reported ultimately accessing such care (n=12), was 6 out of 10.

Provider participation in the program was also limited in the first year of VCP implementation. Of providers surveyed (n=370 responding psychotherapists and n=248 responding prescribers) few reported actively attempting to become a VCP provider (n=21) and of those, only 12 reported currently serving as a VCP provider.

- Providers who reported having attempted to become a VCP provider reported low mean satisfaction with the process (4.85 of possible 10). Examination of open-ended responses revealed that respondents were frequently dissatisfied with their communications with VA and/or the third-party administrators (TPAs; TriWest in Texas; HealthNet in Vermont) and felt VCP processes were “inefficient” or “disorganized”.
- Only 9 of 110 responding providers who were identified as a VCP provider by third-party administrators reported being aware that they were a VCP provider.
- Relatively few community-based providers reported using guideline-recommended psychotherapy or prescribing treatments (GRTs). Moreover, despite their contraindication for patients with PTSD, benzodiazepines were prescribed “often” or “always” for patients with PTSD by 15% of providers overall, a number which rose to 20% when prescribing for sleep-related symptoms was taken into account. Psychiatric specialty was not a guarantee of more optimal prescribing.

Impact

Relatively few Veterans with service-connection for PTSD made use of VCP care for any mental health concern in the program’s initial year, and many reported significant confusion about VCP eligibility and how to access the program. Developing an effective infrastructure for community-based care will likely require multi-faceted efforts including:

- Proactive engagement by VA with local non-VA providers to assess needs for training and consultation;
- Making VA-sponsored academic detailing, training, or consultation in GRTs available to community providers, particularly those willing to participate in Care in the Community;
- Improving the clarity of communication about VCP to Veterans and providers;
- Streamlining VCP authorization and scheduling processes; and
- Identifying regions where further investment in VA capacity is needed (e.g., through telehealth specialist care in rural areas).

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Operations Partners

- VA’s National Center for PTSD
- The Office of Rural Health