Evaluating the Veterans Choice Program

Lessons for Developing a High-performing Integrated Network

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As the largest integrated health care system in the country, the Veterans Health Administration (VHA) delivers care to >8 million Veterans each year at over 1700 sites of care across all 50 states. In addition to providing services within VHA facilities, VHA provides community care by partnering with federal and private providers, clinics, and hospitals to care for Veterans. In August 2014, Congress enacted the Veterans Access, Choice and Accountability Act (Choice Act), which required VHA to establish the Veterans Choice Program (VCP). The VCP allowed VHA to expand the availability of community care for eligible Veterans and became an additional avenue for VHA to deliver community care. Approximately 23% of all VHA community care appointments are delivered using the VCP.

The VCP has grown exponentially since its inception. Between November 2014 and January 2017, 1,478,039 Veterans have received care through VCP. This represents approximately 17% of all users of VHA care. In addition, the number of VCP appointments has grown from just over a million VCP appointments in 2015 to more than 5.6 million appointments in 2016. Nearly half a million private providers have joined the VCP network since 2014, an increase of 138% since the inception of VCP. Overall, 73% of respondents were either "satisfied" or "very satisfied" with their experience with the VCP, an increase of over 5% between March and September 2016. VHA has made great progress providing Veterans expanded access to health care through VCP and has improved the program since its implementation to better meet the needs of Veterans. However, there is still ample opportunity to improve VCP through needed legislation and removal of the expiration date, which is rapidly approaching.

As one of its 3 core missions alongside clinical care and education, the VHA research program plays a critical role in evaluating Veterans' health care outcomes, costs, and utilization. In this issue of *Medical Care*, Kilbourne et al[1] describes how VHA's Quality Enhancement Research Initiative (QUERI), which funds studies that promote more rapid implementation of research into clinical practice, evolved to meet the changing needs of Veterans with the passage of the Choice Act. Notably, QUERI updated its proposal review criteria to ensure its Centers focus on cross-cutting VHA priorities, and promoted the application of implementation strategies to enhance uptake of effective practices. QUERI also increased funding for scientific evaluations of VCP, which will help inform the design and implementation of the next evolution of VCP.

In this supplement, 12 articles highlight some of important findings from early research evaluating VCP implementation. Several articles in this supplement are dedicated to understanding the impact of VCP on specific medical conditions. In a study

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examining Veterans seeking Hepatitis C virus treatment through VCP, Tsai et al[2] found that many Veterans experienced difficulty accessing treatment through the Choice program, due to limited availability of VCP providers and fragmented care coordination between VHA and VCP providers. Similarly, in a retrospective cohort study of Veterans hospitalized for chronic obstructive pulmonary disease at VHA hospitals, Rinne et al[3] found that prior use of non-VHA outpatient care was associated with an increased risk of 30-day readmissions for chronic obstructive pulmonary disease, though non-VHA care was not associated with an increased risk of all-cause readmissions.

Several investigators also focused on the use of prescriptions under VCP. Gellad and colleagues found that 5% of prescriptions, but 90% of prescription cost, in the first year of VCP went toward Hepatitis C medications. In interviews with VHA pharmacists charged with working with VCP, respondents raised concerns about the safety of opioids dispensed through VCP, the challenges of communicating with non-VHA providers when problems came up with prescriptions, lack of access to laboratory data required to safely dispense medications, and unintended barriers such as requiring controlled substance prescriptions to be hand delivered to VHA pharmacies.[4] Similarly, in a study examining Veterans' use of prescription opioids for pain, Becker et al[5] analyzed Kentucky prescription drug monitoring data and found that nearly 20% of Veterans prescribed opioids within VHA had non-VHA sources of controlled substances as well; these Veterans were more likely to receive risky medication regimens.

Several other studies focused on Veteran experiences with VCP. Vanneman et al[6] found that among Iraq and Afghanistan veterans eligible for VCP, there was a relatively low uptake of outpatient VCP services and that VHA outpatient utilization tended to decline slightly after VCP implementation. In an examination of the purchase of outpatient surgical care from 2010 to 2016, Rosen and colleagues found a small but significant increase in the purchase of surgical care through Choice, with 21% of outpatient surgeries referred to VCP by 2016, compared with 16% in 2013. Increases in VCP surgeries were prominent in cardiovascular, digestive, eye, and ocular; and male genital surgeries.[7] In another study focused on sex-specific specialty care for women Veterans, services for patients with gynecologic cancers were provided through a piecemeal combination of VHA and community care. Challenges with this approach included care fragmentation, lack of role clarity and care tracking, difficulties associated with VHA and community provider communication and patient communication, and slow or incomplete patient records exchange.[8]

Other articles in this supplement focused on VHA and VCP providers' perceptions and experiences with VCP. Finley explored attitudes of community-based primary care and mental health providers toward the VCP during its early implementation, and found that very few providers were participating in VCP; those who did participate reported significant barriers to participation. These findings provide useful suggestions for VHA's efforts to build more robust networks of providers participating in VCP, including targeting provider groups most likely to be responsive to outreach and tailoring outreach messaging and communications.[9] Similarly, Mattocks et al[10] examined attitudes and perceptions of VCP among VHA administrators and providers at 5 Midwestern VA Medical Centers and describes some early implementation challenges experienced by VA Medical Center administrators, staff, and providers as they tried to implement VCP when the legislation was first passed. Ball et al[11] used an adapted Lean Six Sigma methodology to identify gaps and inefficiencies in the VCP such as inefficient exchange and dissemination of information, provider shortages, duplication of appointments, declines in care coordination, and lack of program adaptability to local processes.

As VCP moves forward, additional research is needed to evaluate how patient experiences are measured. In an effort to understand how to measure patient experiences with access and care coordination in community care, Quinn et al[12] conducted a structured literature review, followed by preliminary qualitative interviews with community care users, and mapped 279 previously developed survey questions to 11 domains relevant to community care access and coordination. Issues potentially important to Veterans using community care but not well reflected in existing survey instruments included: (1) whether patients experienced hassles accessing and coordinating care; (2) whether time and burden to access care was appropriate for the patients' clinical severity; and (3) patients' sense of providers' comfort and familiarity with Veteran culture.

Although VHA has made progress providing Veterans expanded access to timely and quality health care through the VCP, there is still ample opportunity for both VA and Congress to work together to further improve the program. VCP will expire on August 7, 2017, if no further Congressional action is taken. In addition to ensuring that VCP does not prematurely end, VHA has other immediate legislative needs to improve the Choice Program for Veterans and to streamline VHA's multiple programs for community care. As VHA Community Care continues to evolve, evaluation of VCP is critical to ensure that Veterans are receiving high-quality care in a timely manner, from both VHA providers as well as VCP providers.

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