



BOTTOM LINE UP FRONT

To ensure that Veterans have access to timely care, Section 401 of the MISSION Act required the Department of Veterans Affairs (VA) to identify underserved VA medical facilities in primary, mental health, and specialty care. This led to the development of statistical models that measure the supply of and demand for care. The ongoing evaluation measures the effectiveness of these scores and mitigation strategies in improving underservedness and access to care for Veterans.

Introduction

Most Veterans who are enrolled in VA care live in areas with limited access to health care services. Approximately 16% of Veterans live within primary care shortage areas and 70.2% live in mental health care shortage areas (1). To improve Veteran access to quality care, VA implemented the Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MISSION Act) in 2018 (2). In compliance with Section 401 of the MISSION Act, the Office for Veterans Access to Care (OVAC), in collaboration with other research and operations offices, developed scoring algorithms to identify underserved VA medical facilities in primary, mental health, and specialty care. Each year, the most underserved facilities are required to develop action plans explaining how they intend to improve Veteran access to care at their facilities through various mitigation strategies.

Evaluation

The development of underserved scoring algorithms and facility-level mitigation strategies has led to an ongoing evaluation to measure the effectiveness of these methods in addressing underservedness across VA medical facilities (see “Goals of MISSION 401 Evaluation”). This evaluation, led by the Partnered Evidence-based Policy Resource Center (PEPRc), also studies ways to continually improve the statistical models, while also taking into consideration priority populations (i.e., historically underserved, marginalized communities).

Goals of MISSION 401 Evaluation

- To develop a novel access measure (underservedness) for primary care, mental health care, and specialty care in VA medical facilities.
- To assess access to care at VA medical facilities using the novel measure.
- To assess the impact of mitigation strategies employed by underserved facilities on improving access to care.

The models are developed and evaluated using the economic principles of supply and demand, through both a quantitative longitudinal cohort study and a qualitative study design (see “The Underserved Models”). Administrative data on health care use, Veteran demographics, facility and market characteristics, and interviews with stakeholders are used for analysis. The evaluation assesses how well the scoring methodologies for primary and specialty care measure underservedness (the mental health algorithm was developed by another office). It also evaluates individual variables to ensure they are important components in the measure of underservedness and worth keeping in the algorithm.

Evaluators also interview local leadership to determine what mitigation strategies have been employed in response to the underserved designation to improve access to care. This information is used to assess how well those strategies worked at improving access and future underserved scores. The analysis includes a comparison of underservedness between the facilities that were required to submit action plans and those that were not. Evaluators estimate the effectiveness of the program by measuring the extent to which the action planning group demonstrates greater improvement than the comparison group on various metrics.

Dissemination & Policy Response

Evaluation efforts are ongoing through collaboration with OVAC, PEPRc, Office of Primary Care, Office of Mental Health and Suicide Prevention, and Office of Specialty Care. Findings are disseminated through annual evaluation reports to OVAC, shared with Congress in the program's annual congressionally mandated reports, and with local and national leadership as requested. Evaluators will also produce deidentified and/or aggregated results that can be shared with the public. Dissemination will continue so long as model development and evaluation continue.

Impact

The implementation of Section 401 of the MISSION Act is an essential step to ensure that all Veterans receive the care they need in a timely and patient-focused manner. This evaluation allows VHA leaders to review and improve existing methods in assessing underserved VA medical facilities and the measures that are being taken to improve access to care. By using the underserved scores, which systematically identify imbalances in supply of and demand for VHA care, evidence-based policymaking and equitable resource allocation can be implemented. Additionally, this approach is also used to guide resource allocation in Section 402 of the MISSION Act, mental health clinic operations forecasting, budget forecasting, local clinic management. Similar approaches could also be used in other health systems as novel ways to assess and mitigate access to care.

The Underserved Models

- Statistical models employing the concepts of supply and demand, used to measure underservedness in primary care and specialty care.
- **Supply variables:** clinic time, clinic work rate, scheduling practices, community care.
 - *Supply measures how much care is available, the types of care available (face to face, virtual), and the patients served (new, established).*
- **Demand variables:** Veteran demographics, other insurance coverage, local income levels, drive time, Health Professional Shortage Area score.
 - *Demand is unchangeable by local leadership, but it provides context.*

References

1. Ohl, M, Carrell, M, Thurman, A. Availability of healthcare providers for rural Veterans eligible for purchased care under the Veterans choice act. BMC Health Services research. (2018)
2. VA MISSION Act of 2018, Pub. L. No. 115-182, STAT. 2372 (2018)