Challenges and Opportunities in Caring for Rural Veterans: Evaluating the Impact of the MISSION Act on Rural non-VA Clinicians and Staff

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BACKGROUND

One in four Veterans (4.8 million) reside in rural areas of the United States. VA facilities tend to cluster in urban areas with higher populations. Consequently, for the rural Veterans who rely on the VA for their health coverage, it can be difficult to access VA-affiliated doctors. For those Veterans who may need care beyond what the VA can provide—whether due to a long travel distance, wait times, or specialist availability, Community Care legislation helps Veterans access care from non-VA providers. The MISSION Act (Maintaining Systems and Strengthening Integrated Outside Networks Act), enacted in June 2019, is the most recent community care program. The MISSION Act addresses disparities for Veterans by expanding access to non-VA primary care services. Most notably, the MISSION Act reduced the geographic distance requirement to a 30 minute drive-time radius.

RESEARCH OBJECTIVE

To qualitatively explore how the passage of the MISSION Act impacted rural Veteran's access to and experience of primary care, using non-VA clinician and staff interviews.

METHODS

We conducted interviews non-VA clinicians and clinic staff.
Analysis: Interviews were transcribed, uploaded into ATLAS.ti and analyzed using data-driven, emergent approach.

RESULTS

Participant Demographics (n=13)

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<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage of total</th>
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<tbody>
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<tr>
<td>Idaho</td>
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Limited impact on the number of Veterans being served in rural community clinics

“We're probably less affected by the MISSION Act only in that our patients have always been so far away from the Portland VA that they've always met the distance exception to get their care in the community.”

—Non-VA Clinic Informat 1

Confusion about VA processes

“What services am I providing and what is the VA providing? Because I'm not sure that is written in stone anywhere. It seems so individualized. And it seems like everybody has probably a different way that they use their services.”

—Non-VA Clinic Informat 10

Confused and delayed paperwork and record sharing

“In an era when health is so data driven and it's only going to become more so, having these silos (EHRs), it just doesn't work. It's not going to be practical in the long run.”

—Non-VA Clinic Informat 1

Outdated or complicated processes for interfacing with the VA

“I think the [VA] system is just very, very, very built, and things do not flow the way that they should flow, and there's no rhyme or reason other than it has been cobbled together over all of these processes for so many years and nothing was ever streamlined. It was just adapted, adapted, adapted.”

—Non-VA Clinic Informat and Veteran 4

Barriers to Providing Care

Increased difficulty in care authorizations

“I don't ever want to tell them it would be easier for you to go through the [VA] system but, honestly and truly right now it would be easier for them.”

—Non-VA Clinic Informat 3

Lack of or incomplete knowledge

“If you had asked me today before this, "What is the MISSION Act associated with?" I wouldn't have been able to tell you. I don't know the details.”

—Non-VA Clinic Informat 6

Lack of familiarity, some confusing it with prior community care programs

“Probably a different way that they use it.”

—Non-VA Clinic Informat 3

Increased difficulty in care authorizations

“I don't ever want to tell them it would be easier for you to go through the [VA] system but, honestly and truly right now it would be easier for them.”

—Non-VA Clinic Informat 3

Suggestions for future improvement

Streamlined and simpler processes for interacting with the VA and TriWest

“Electronically accessible records system that easily interfaced with clinic EHRs”

—Non-VA Clinic Informat 3

Continuous care authorizations for primary care

CONCLUSIONS

Across the non-VA informants barriers to providing care, perceptions and suggestions for the future were generally similar for both clinician and staff roles. They included:

Barriers to providing care:

- Unclear and difficult processes for record sharing
- Delayed or lost paperwork submitted to the VA
- Outdated or complicated processes for interfacing with the VA
- Inconsistency in community care consultations
- Limits to VA coverage
- Lack of knowledge about VA processes

Perceptions of the MISSION Act:

- Lack of familiarity, some confusing it with prior community care programs
- Limited impact on the number of Veterans seen; several clinics met prior distance requirement
- Informants preferred previous system due to easier authorization process

Suggestions for future improvement:

- Streamlined and simpler processes for interacting with the VA and TriWest
- Electronically accessible records system that easily interfaced with clinic EHRs
- Trainings, short videos, and other informational outreach strategies designed for community care providers
- Continuous care authorizations for primary care services

Many of the barriers to providing or facilitating care for rural Veterans identified by our informants are systemic and are presumably faced by community care providers and VSOs in urban areas as well. However, because Veterans in rural areas are more likely to receive care from community providers than their urban peers due to the criteria in the MISSION Act, these issues disproportionately affect their care.

Overall, participants noted that the MISSION Act had relatively minor impacts on the number of rural Veterans served compared to its predecessor community care programs. Participants often conflated or confused the MISSION Act with other iterations of legislation and generally demonstrated a low level of knowledge about VA processes. This was driven in part by limited proactive information sharing with community care settings. Concerns about changing difficulty in care authorizations was brought up as a novel barrier.

Informants suggested improved education and outreach to non-VA community partners could have a large impact on the success of such programs. Informants also noted without streamlined processes and record sharing, care for rural Veterans would likely continue to be fragmented and difficult.

The barriers identified in this study largely echo barriers identified in qualitative research conducted prior to the MISSION Act. This raises the question of whether the MISSION Act is indeed improving access for rural Veterans.

Future research should examine whether these findings persist over time and if the findings apply to rural Veteran communities outside of the Northwest.