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.[1] 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.[2] 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

Design & Setting: Semi-structured interviews with rural stakeholders across Oregon, Washington and Idaho between May-August 2020.

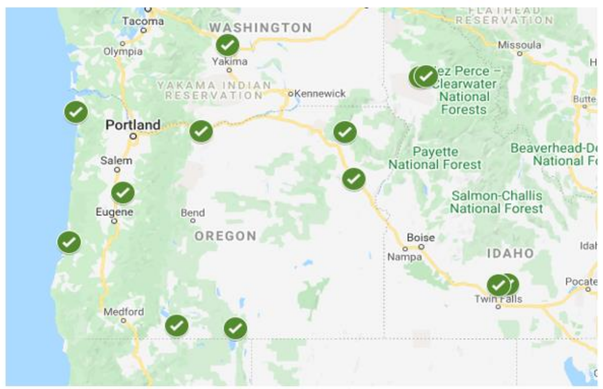
We conducted interviews **non-VA clinicians and clinic staff**.

Analysis: Interviews were transcribed, uploaded into ATLAS.ti and analyzed using data-driven, emergent approach.

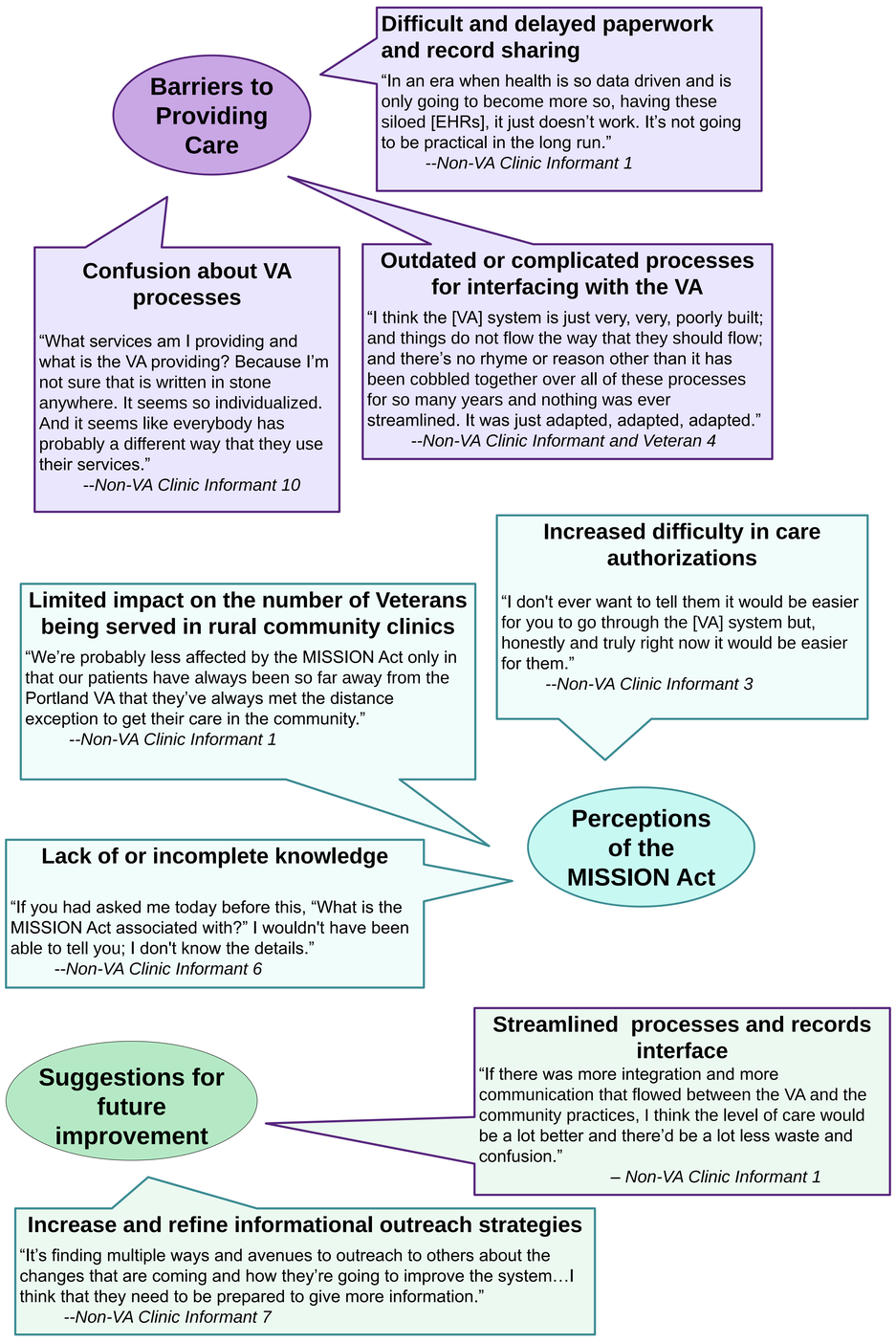
Participant Demographics (n=13)

Category	Number	Percentage of total
Participant Role		
Clinic Staff	4	31%
MD/DO	4	31%
PA/NP	5	38%
Gender		
Male	4	31%
Female	9	69%
Veteran Status		
Veteran	2	16%
Non-Veteran	11	84%
State of Residence		
Oregon	8	61%
Washington	1	8%
Idaho	4	31%

Geographic Distribution of Participants



RESULTS



RESULTS

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

CONCLUSIONS

Many of the barriers to providing or facilitating care for rural Veterans identified by our informants are **systemic issues** and are presumably faced by community 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 records 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.

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[1] Rural Health Information Hub. (2018). *Rural Veterans and Access to Healthcare*. https://www.ruralhealthinfo.org/topics/returning-soldier-and-veteran-health
[2] US Department of Veterans Affairs Office of Public and Intergovernmental Affairs. (2019, June 6). *VA launches new health care options under MISSION Act* [News]. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5264