

Veterans Access to Healthcare Services: Evaluation of veterans' perspective of their healthcare

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Faces of Veterans in 21st Century



The purpose of this study was to collect qualitative and quantitative data in a rural setting of Onslow County on veteran's use and perception of VA services

Introduction:

VA Strategic Plan for fiscal years 2014-2020 to eliminate the veteran's disability and benefit claim backlogs and assure veterans' empowerment, independence, self-sustainment and well equipped for re-integration of civilian life **by increasing access to health care**

Update: VA 2018-2024 Strategic Plan, priorities in Customer Service and the Mission Act Implementation

Introduction:

There are a series of challenges to have access to veteran services from simple factors like:

- Distance to health facilities
- Stigma related to mental health
- Systemic infrastructure
- Lack of providers

Introduction:

- Delayed medical care
- Limited primary care, specialty clinics and diagnostics (Todd, 2014; Weeks, et al 2006)
- Inconvenient distance to facilities
- Benefit claim backlogs
- VA's Community-Based Outreach Clinic and Veteran Centers provide only complementary care (IOM, 2013)

Introduction: Disparities and Outcomes

disparities

- Use of multiple providers
- Limited familiarity with Internet usage
- Limited facility space and adequate parking
- Delay in care

outcome

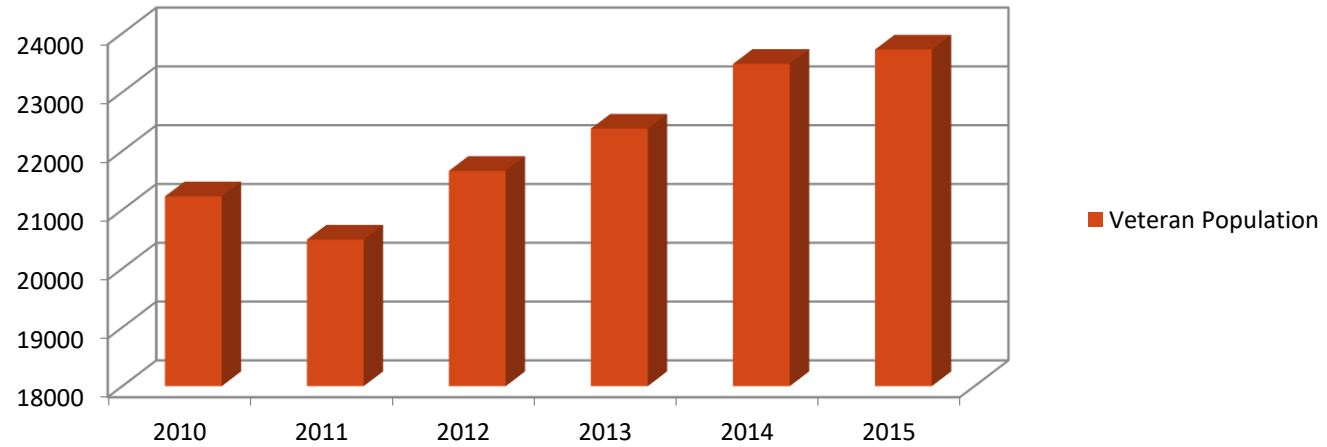
- Increase risk of medication side effects (Voils, 2014)
- Risk of older veteran population have less access to health information (Cho, 2010)
- Decrease interest in attending appointments or running late
- Decreased use in VA services exclusively (Elnitsky, 2013)

Onslow Count, NC

- Rural nature of Onslow County
- Growing population to provider ratio (McGill, 2016).
- No local veteran Hospital
- Clinic facilities are an inadequate size

Onslow Count, NC

Veteran Population 2010-2015 (US Census Bureau, 2017)



Methods

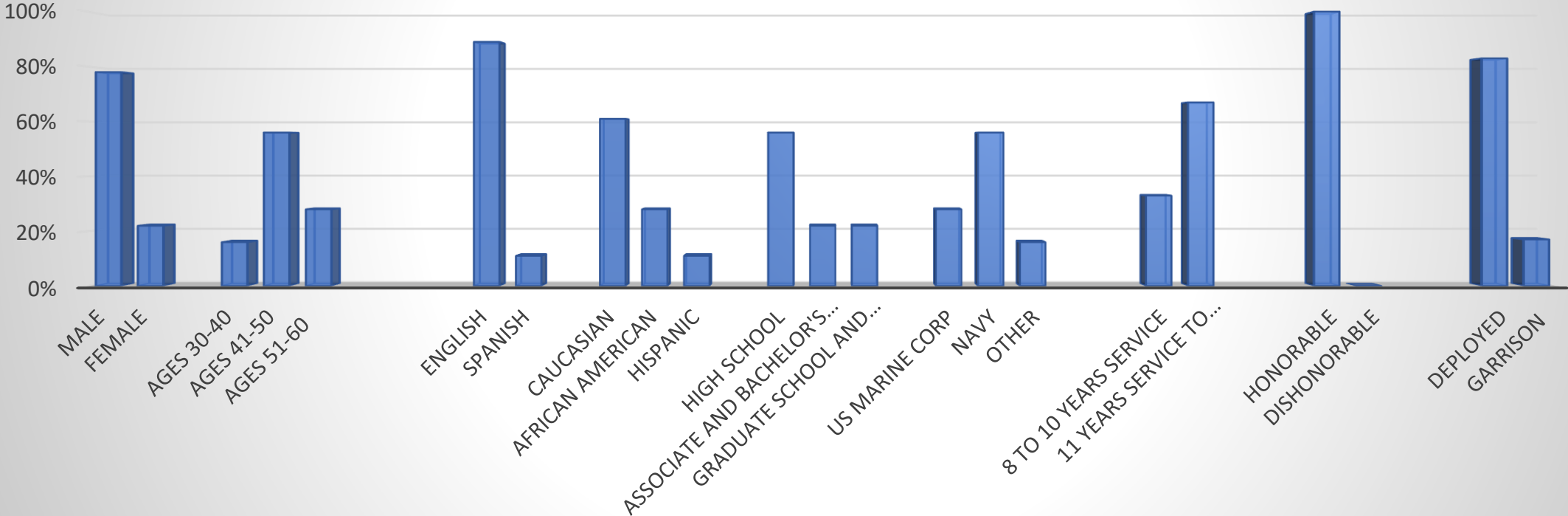
- Study contained **26** surveys and **15** interviews
- Collected from veterans who resided in Onslow County
- Data Collection instruments:
 - Demographics information sheet;
 - for qualitative data, likert style questionnaires;
 - for quantitative information a structured interview.
- Recruitment: Convenience sampling at local civic and religious institutions

Limitations

There were several limitations to this study, mainly:

- Small sample
- Convenience sample
 - Information cannot be generalized

Sampled Demographics Onslow County



Results: Summary

- All participants were retired or honorable separated from military forces.
- **Most veterans were satisfied with VA Services.**
- Veterans agreed that the **VA services have improved since 2014 (Choice Program)**. The items most discussed among veterans were **time and quality of VA services**.
- Points of interest for action were:
 - **Appointments**
 - **Outreach of services offered**
 - **Distance travelled to reach specialty care**
 - **Manpower**

Results:

- 96.2% Have medical disability
- 88.5% Receive VA services
- 92.5% Veterans at some point used the VA system
- 84.6% use other forms of insurance (Tricare, Private)
- 69.2% Veterans have 2 or more providers

Results:

- 69.2% Veterans are aware VA services have increased
- 36.4% Veterans believe VA is still not helpful or don't know because they don't use them
- 89.8% Veterans are satisfied with current medical insurance plan
- 92.3% Veterans are satisfied with current medical services received

Results:

- Lack of appointment availability
 - Appointments not available when they need them
 - Difficult process to schedule an appointment
 - Difficult phone service
 - Specialty care too far away
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- Need time off from work to make multiple VA appointments
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- Lack of manpower
 - Rudimentary and unprofessional front desk clerks

Henderson VA Clinic Parking Space

(US Department Veterans, 2017)



Results:

- **Appointments are limited** depending on the veteran's **type of insurance**. If the veteran had another form of insurance, those veterans did not use the VA system for acute or chronic medical conditions not identified during their disability rating.
- Due to this fact the opinion of the VA services was adequate or did know because they did not use the VA but for a few visits to never again after their disability rating was claimed. **Of the veterans who had no other insurance they were all 100% appreciate VA services because they had no other form of medical insurance.**

Results:

- Veterans also felt that they really did not know what the VA could offer in terms of level of medical care.
- First group, believed that the VA services were only for “service related” conditions and did not serve as their primary care provider. Also, they could not get a routine or acute appointment for 30 days. One interviewee said “this is not an appropriate time frame.”
- Second group, opinionated that they just did not know nor did they think the VA had the manpower to support more acute to chronic visits.

Results:

- Other concerns were the distance veterans had to travel to receive specialty care and receive disability rating. **Most veterans have to travel to either Fayetteville or Wilmington VA** office to receive specialty care.
- The problem is veterans have to take time off of work to make their appointments.
- If they miss an appointment they can not reschedule an appointment for up to **3-4 weeks**.
- Veterans at most felt very frustrated and some even stopped seeking veteran services due to the time needed to complete visits and time spent on travel was perceived as “inconvenient”.

Results:

- Some veterans remarked that the **front desk clerks** seem rudimentary and perceived the veterans as a **“burden”**. At least some veterans felt **disrespected and treated with less dignity**.
- As for the ancillary staff such as nurses, technicians and providers/physicians the response for almost every **veteran was complimentary**.
- Most veterans felt their providers treated them with investment and sincere effort in concern for their medical conditions. Even if the continuity of care was not always found.
- Veterans blamed the treatment of care that was found to be inadequate and unsatisfying timeliness of appointments to be due to a **lack of manpower**.
- The belief almost unanimously was that there were not enough providers to the veteran population to care for in a growing county where most veterans are now seeking to retire or stay after separation from service.

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Conclusions

- The main areas of concern for veteran access to care in Onslow County are **structural facility limitations, lack of outreach and the lack of use of the veteran clinics**. Structural concerns have been stated by veterans to be issues with distance of specialty providers.
- Veterans also **do not have a strong sense of the VA's improved quality of care and capacity**. Because some veterans are unaware of what services the VA can offer, they choose to use other forms of medical services provided which leads to duplication of services and potential risk of adverse medication reactions and drive up medical care cost (IOM, 2013).
- **Quality in care and appointment based systems has not changed the trust veterans place in the VA system.**

Conclusions

- Of main concern was **appointment availability, improved time to be scheduled for an appropriate visit, PCM availability and local access to specialty providers.**
- **More training of local staff members to providers** in how to better serve the growing Onslow County Veteran population would support good measures of change.
- Overall the VA services have improved their quality of care, but it is proposed that more **collaboration with stakeholders, community representatives and a systems approach to influence policy**, implement outreach and improve the veteran experience is in order.

Actionable items:

- Write a letter to your local congressman
- Organize meetings
- Collaborate with stakeholders
- Join support group like The American Legion
- Create Outreach and Advocacy programs

Next Steps:

- Expand the sample size
- Replicate project

- Impact of the VA Mission Act in future direction

Questions

