



# Brief Background and Overview

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Office of Performance Measurement

Assessing Quality of Out-of-Network Care, June 29, 2011

## Overview



1. Mission & Vision
2. Who We Serve, How We Care
3. VA Performance Results
4. Trends in Out-of-Network Care
5. Objectives and Outcomes for the day

# Mission & Vision

**Honor America's Veterans by  
providing exceptional health care that  
improves their **health** and **well-being**.**

## Vision



VHA will continue to be the benchmark of excellence and **value** in health care and benefits by providing exemplary services that are both **patient-centered** and **evidence-based**.

This care will be delivered by **engaged, collaborative teams** in an integrated environment that supports learning, discovery and **continuous improvement**.

It will emphasize **prevention** and **population health** and contribute to the Nation's wellbeing through education, research and service in national emergencies.

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## Veterans Health Administration



Who We Serve,  
How We Care

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# Today's Veterans



**There are over 22 million Veterans.**



**8 million Veterans are enrolled in VA, and over 6 million use our services**

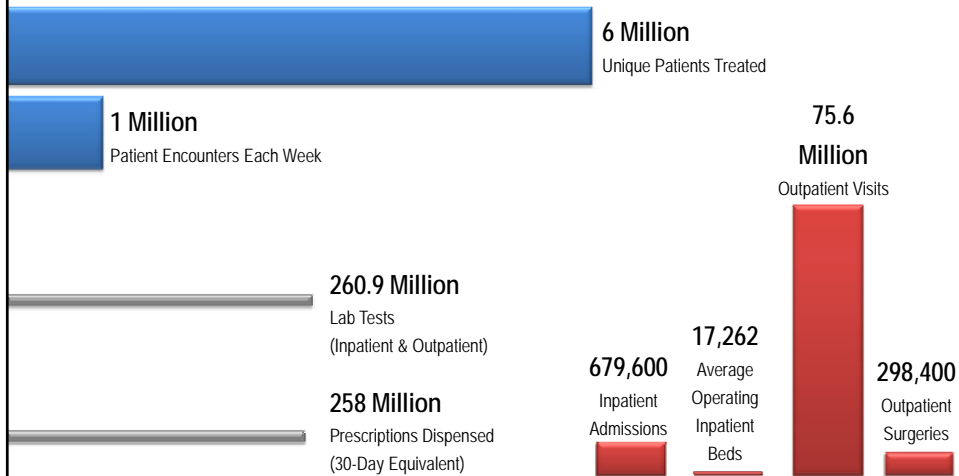
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# Vital Statistics- FY 2010



**\$47.5 Billion.....Total Medical Care Budget**



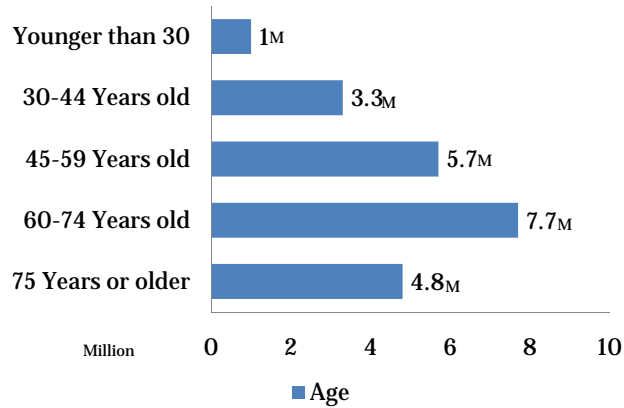
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## Today's Veterans



### 55% of Veterans are 60 years old or older



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## World War II Veterans



**The number of living WW II Veterans is expected to be less than 1,000 by 2036.**



**800 WW II Veterans pass away everyday.**

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## Increasing Women's Services



**Women are one of the fastest growing cohorts of Veterans, accounting for 325,000 (5%) of our enrollees**



**86% of women Veterans using VA are under age 65**

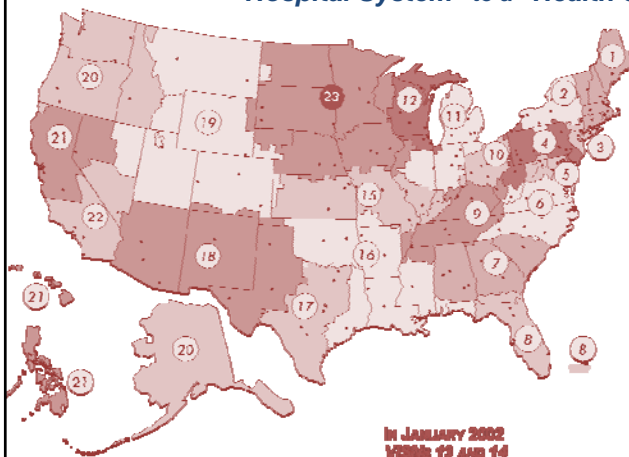
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## Hospital System to Health System



**VA created 21 VISNs to transform VA Health Care from a "Hospital System" to a "Health System."**



- 152 Medical Centers
- 965 Outpatient Clinics
  - 798 Community-Based
  - 152 Hospital-Based
  - 9 Mobile
  - 6 Independent
- 278 Vet Centers
- 96 Domiciliary Residential Rehabilitation Programs
- 133 Community Living Centers

**IN JANUARY 2002  
VISNs 13 AND 14  
WERE DITROGATED AND  
RENUMBERED VISN 23**

FY 2011 1<sup>st</sup> Quarter

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## Meeting Specific Veterans Needs



VA focuses on providing health care services that are uniquely related to Veterans' health or special needs.



- Traumatic Brain Injury (TBI)
- Post-Traumatic Stress Disorder (PTSD)
- Readjustment Counseling
- Polytrauma
- Advanced prosthetics

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## Reaching Rural Veterans



**43% of Veterans live in rural areas.**

VA continues to expand health access to rural Veterans through:

- Fee basis care
- Home based telehealth
- Community medical partnerships
- Mobile health clinics



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# VA Performance Results

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## VA Care compares favorably

Clinical Indicator (% meeting)	VA 2010	VA 2009	Commercial 2009	Medicare 2009	Medicaid 2009
Breast Cancer Screening	88	87	71	69	52
Cervical Cancer Screening	93	92	77	n/a	66
CV: LDL Cholesterol <100 mg/dL	69	67	59	56	41
CV: LDL-C Screening	95	96	88	88	81
Colorectal Cancer Screening	82	80	61	55	n/a
DM: BP <140/90	82	80	65	61	60
DM: Eye Exams	90	88	57	64	53
DM: HbA1c Testing	98	98	89	90	81
DM: LDL Cholesterol < 100 mg/dL	70	69	47	50	34
DM: HbA1c > 9 or not done	15	16	28	28	45
Advising Smokers To Quit	97	96	80	78	74
Smoking Cessation - Discuss Medications	94	90	53	n/a	43
Smoking Cessation - Discuss Strategies	97	96	50	n/a	39
Flu Shots for Adults (65 and older)	81	83	66	n/a	n/a
Pneumococcal vaccination	94	95	61	n/a	n/a

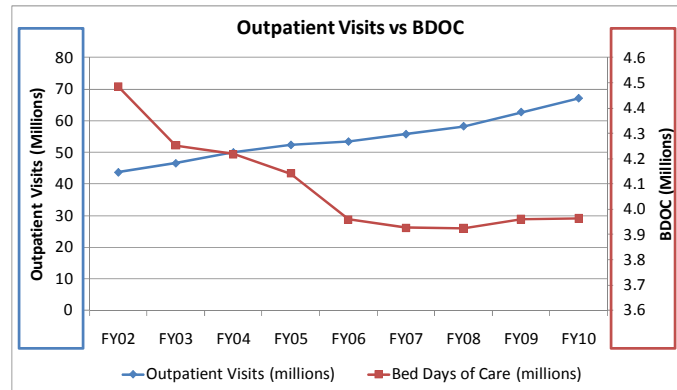
VHA Office of Informatics and Analytics



## Reducing the Stay



Average number of days a VA patient stayed for care in a hospital decreased from **4.5 days** in 2002 to **4.0 days** in 2010.



Medicare average is approximately **4.9 days**.

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## Improving Access



In 2010, **99%** of primary care appointments occurred within **30 days**.



In 2011, VA changed the standard from **30 days** to **14 days**.  
Mental health has been using the 14-day standard since 2009.

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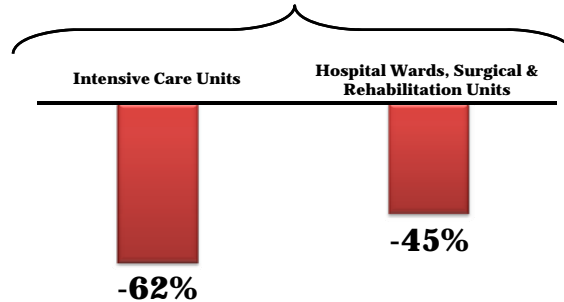
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# Enhancing Patient Safety



A targeted infection control strategy universally instituted at VA hospitals in 2007 has lowered MRSA infections by more than **60%**.

## Rates of Health Care-Associated MRSA Infections (VA Facilities)



Source: *Results of a Veterans Affairs Initiative to Prevent MRSA Infections*, *New England Journal of Medicine*, April 14.

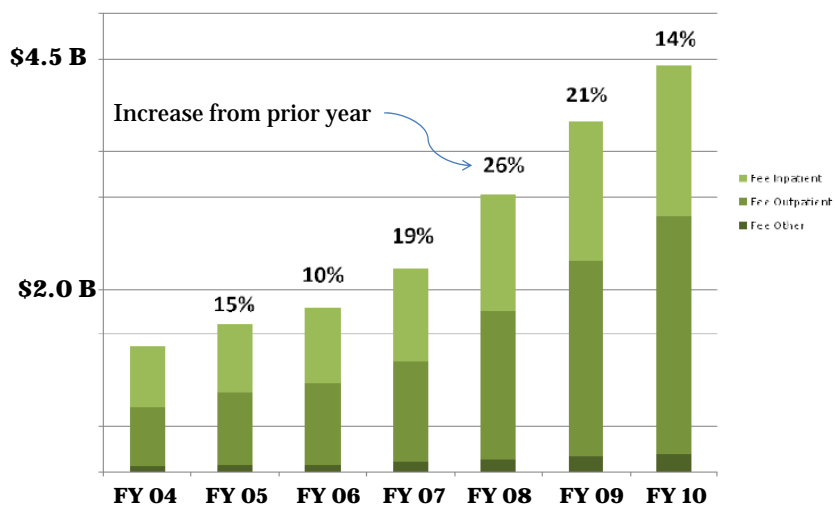
# High Public Accountability



The screenshot shows the VA Hospital Compare website. A large overlay from the Congressional Budget Office (CBO) is centered on the page. The overlay includes the CBO logo, the date 'AUGUST 2009', and the title 'Quality Initiatives Undertaken by the Veterans Health Administration'. Below the title is a photograph of surgeons in an operating room. The text on the overlay reads: 'Healthcare Inspection' and 'Alleged Poor Quality of Patient Care Marion VA Medical Center Marion, Illinois'. The website background shows navigation links like 'Home', 'Veteran Services', 'Business', 'About VA', 'Media Room', 'Locations', 'Contact Us', and 'Related Links'. There is also a search bar and a 'Hospital Compare' section.

# Trends in Purchased and “Out of Network” Care

## Purchased Care Trends



- VA enrollees have multiple options for health care
  - 79% have coverage outside VA
  - 25% have two or more non-VA sources of coverage
- VA enrollees over age 65:
  - Only 25% solely use VA
- VA enrollees under age 65:
  - 51% use *both* VA and outside sources of care

Liu CF et al. Reliance on VA Outpatient Care by Medicare-Eligible Veterans.  
*Medical Care*, June 16, 2011 (epub)

# Objectives and Outcomes for the day

## Question 1:



**What are guiding principles and conceptual approaches for measuring the quality of purchased and other “out of network” services received by veterans enrolled in VA?**

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## Question 2:



**What types and focus of measures are best suited for this task?  
(care coordination across providers & systems)**

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### Question 3:



**What are the potential data sources for this measurement strategy?  
(Include health information exchange)**

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### Question 4:



**What methodological issues and opportunities have to be addressed to ensure success?  
(e.g. small samples limit precision)**

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## Question 5:



**How should access be balanced with technical quality?**