Veterans Speak Out: VA Health Care vs. Community Care

Authors: Nikky Greer, PhD; Allison Miller, PhD;
Maria Regalado, MA; and Tara Fannon, PhD

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Introduction

The Veterans Health Administration's (VHA's) Community Care program is designed to provide Veterans with timely access to care. However, rapidly increasing program costs have drawn attention from the Department of Veterans Affairs (VA) and Congress.

Inflated costs are due primarily to program expansions under three laws: the Choice Act (Veterans Access, Choice, and Accountability Act of 2014); the MISSION Act (Maintaining Internal Systems and Strengthening Networks Act of 2018) in particular; and the PACT Act (Sergeant First Class Health Robinson Honoring Our Promise to Address Comprehensive Toxins Act of 2022). These expansions have led to a 15 – 20% increase annually in community care referrals since 2018, totaling a 192% rise overall **(Ballard and Czarnecki, 2024)**.

In June 2024, Aptive and Artemis ARC surveyed members of the Veterans Experience Council (VXC) to determine the reasons Veterans might choose community care over VHA care. This paper examines those reasons and recommends tools and strategies VA can use to encourage and enable Veterans to choose care through VHA.

Of the 254 Veterans who responded to the survey call, 148 met the inclusion criteria, which was consenting to participate in the survey and having experience using both VA and community care referred providers and facilities. Information about the survey respondents is included on page 7.

Background

Media reports in 2014 about long wait times and "secret" waitlists at VA hospitals led to increased distrust among some Veterans about VHA health care: namely, female, Black and Hispanic Veterans (Jones et al., 2021). These reports prompted the MISSION Act of 2018, which expanded community care eligibility for Veterans based on need and travel distance – and included telehealth options.

The VA MISSION Act streamlines various community care programs into a single, simplified system and mandates that VA set new quality standards for external care to reduce wait times and expand access to Veterans, particularly those who are underrepresented and/or living in rural areas (Rasmussen and Farmer, 2023; Griesemer et al., 2024).

The act increases care by allowing Veterans to choose VA or local community providers (Feyman et al., 2021). VA has significantly enhanced internal health care and often matches or exceeds non-VA systems in both inpatient and outpatient safety and effectiveness (O'Hanlon et al., 2017; Anhang et al., 2018; Schlosser et al., 2020). For example, the average wait times to see a VA provider are much shorter for Veterans than in previous years, regardless of the Veteran's location, and significantly shorter than private facilities (Gurewich et al., 2021; Farmer, 2022).

However, geographic disparities (i.e., living long distances from health care facilities or having poor public transportation infrastructure) can increase appointment wait times, while insufficient resources to clearly explain health care options to Veterans contribute to a reluctance among some in the Veteran population to seek care (Griesemer et al., 2024).

Studies found that roughly 25% of U.S. Veterans, many of whom are older, Black, Hispanic or female, or who have complex medical conditions, live in health care shortage areas without VHA facilities and wait just over four weeks to see a provider (Doyle et al., 2017; Lum et al., 2020). Another study reported the challenges of coordinating care for Veterans in health care shortage areas (Miller et al., 2021). The authors found that organizational strategies – such as contracting with third-party administrators, developing VA-based community care offices and providing boundary-spanning staff – intended to bridge gaps between VHA and community providers, inadvertently widened gaps (Miller et al., 2021).

VA is dedicated to continuous improvement and regularly adapts the latest research and policy initiatives to bring quality health care to Veterans. For example, researchers recommended streamlining both scheduling and claims processing through integrated primary and mental health care (Hussey et al., 2016; Cordasco et al., 2019; Jones et al., 2019). Since 2005, VHA has been testing and improving its Primary Care-Mental Health Care Integration (PC-MHI) program using a co-located, collaborative care (CCC) model, which it continues to refine (Dundon, 2011; Lueng, 2022).

Research also supports advocating for expanded telehealth and virtual care (Farmer et al., 2016; Lum et al., 2020). VHA has been a leader in telehealth for the last 20 years and added virtual platforms in 2017 (Heyworth et al., 2024). About 40% of Veterans used telehealth or virtual care frameworks in 2023, and VA is actively exploring ways to enhance telehealth and virtual care services (Cooray, 2024).

Recent studies have explored the importance of resourcing barriers that impede care: for example, investing in decision-making tools for Veterans and caregivers to help them weigh complex health care needs and options (Olmos-Ochoa et al., 2019; Golden et al., 2022; Griesemer et al., 2024). These types of tools can also help Veterans make complex care decisions about using VHA or community care providers. As this report shows, Veterans benefit from understanding the services VHA offers and appreciate up-to-date communication and information.

Results at a Glance

The survey collected quantitative and qualitative data to gain a robust, nuanced understanding of Veteran decision-making when choosing VA health care and community care. Data was analyzed using thematic and sentiment analysis and categorized based on Veterans' choices to use VA health care or community care and the reasons behind their choices.

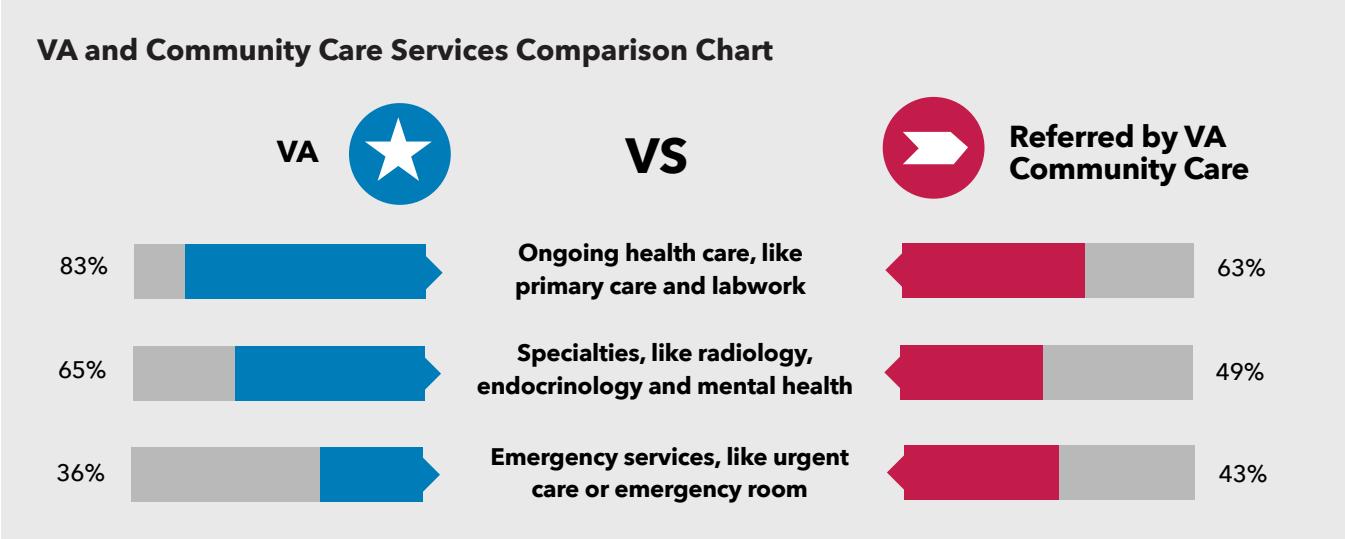


Figure 1. Percentages of Veterans who used each service and provider. Some Veterans saw VA and Community Care Providers for overlapping services, while others saw VHA providers for one type of service and Community Care providers for another.

Most Veterans (83%) used VA health care for primary care, and 63% were referred by VA to community care for health care such as primary care and lab work. Fewer Veterans (65%) used VA, and 49% were referred by VA to community care, for specialties such as radiology, endocrinology and mental health.

About one-third of Veterans (36%) had used VA, and 43% were referred by VA to community care, for emergency or urgent care services. Veterans (76%) are mostly satisfied with the quality of care they receive from VA facilities and from community care providers (80%).

Veterans said both VA and community care provide good continuity of care. Within that group, 40% said they are seen more quickly by community care providers, 30% said it takes about the same amount of time to be seen at VA as by a community care provider and 29% said they are seen at VA clinics or hospitals faster. The remainder were unsure or could not make a fair comparison.

Veterans estimated which health care options were closest to their home and had the shortest drive times. Civilian health care facilities, presumably with community care providers, were closest for 91% of Veterans needing an urgent care clinic, 86% needing a hospital or emergency room, 70% needing primary care for acute (sick) care and 60% of Veterans needing primary care for annual checkups and routine care.

Most Veterans surveyed (49%) live 30 to 60 minutes from the closest VA hospital, 26% live one to two hours away, and 25% live less than 30 minutes from the closest VA hospital. Most Veterans surveyed (49%) also live 30 to 60 minutes to the closest VA clinic, while 45% live less than 30 minutes away and 6% live one to two hours to the closest VA clinic.

Veterans said they prefer VA for pharmacy and lab care. Likewise, they prefer VA for acute care because they worry less about authorizations and billing costs. Of those surveyed, 64% said they would be inclined to use VA for acute care more often if more appointment times were available. One Veteran said, "*If VA offers acute care, I wouldn't worry about a medical bill*" (Participant 7).

Conversely, Veterans prefer community care for some specialty services: namely, oncology, neurology, dermatology, orthopedics and gynecology. One participant reflected on using a community provider for women's care, stating that ***"specialties (women's issues especially) are better handled through community care simply because my VA is still very male centric"*** (Participant 70). This dovetails with survey results that indicate frustration with VA about a perceived lack of LGBTQ+, disability and mental health competency. For example, when asked what VA can do to bring Veterans back to their clinics, one participant said:

> ***... better understanding of how to provide affirming care to LGBTQ+ Veterans, improving disparities for female/AFAB Veterans – as an example, not assuming medical concerns are only because of mental health – more awareness around neurodiversity. I was diagnosed with autism and PTSD by a civilian provider … but was told by a VA mental health provider that I didn't 'look autistic' and was asked several times if I was sure about my diagnosis.*** (Participant 72).

Survey respondents did not report notable preferences for VA or community care for other specialty services such as radiology and imaging, cardiology, endocrinology, gastroenterology, rheumatology, urology or men's health, geriatric, burn unit, allergies, pulmonary, nephrology and hepatology.

Qualitative and Quantitative Results Categorized and Summarized

Why Veterans Choose VA	Why Veterans Choose Community Care
▪ Comprehensive records contained in one central location ▪ Multiple specialties, lab and pharmacy in one location ▪ VA providers better versed in and more empathetic toward Veteran issues ▪ Quicker communication between VA primary and specialty care providers ▪ Good continuity of care between primary and specialty care providers ▪ No co-pays or billing issues ▪ Quick and easy authorizations and referral times ▪ Opportunities to socialize with other Veterans during in-person VA appointments	▪ Better continuity of care due to less provider turnover ▪ More professionalism among providers ▪ Providers more knowledgeable and competent in LGBTQ+ health, mental health and disability diagnoses and care ▪ Easier to contact providers for appointment and scheduling issues ▪ More specialty providers, especially for women's health, mental health, urology ▪ More autonomy to select a provider versus being assigned one ▪ Clinics closer to home ▪ More respectful, inclusive treatment ▪ More time with providers/providers more attentive and thorough ▪ Having less or no access to technology (e.g., internet access, laptops, mobile devices), making VA virtual appointments undoable

Mixed Results

- Wait time for appointments was reported by some Veterans as shorter at VA facilities and by others as shorter at community care facilities, suggesting that experience is location and facility dependent.
- Veterans prefer telehealth for preventative care, prescription refills, common cold and flu care, mental health and follow-up appointments. They prefer in-person appointments for diagnoses, annual checkups and emergencies. Some Veterans value doctor-patient relationships and feel telehealth hinders that.
- Continuity of care is important and Veterans report equally good continuity of care from VA and community providers, suggesting that experience is provider dependent.
- Feeling heard, valued, respected and understood by providers is essential and results on preference for VA or community care are mixed, suggesting that experience is provider dependent.

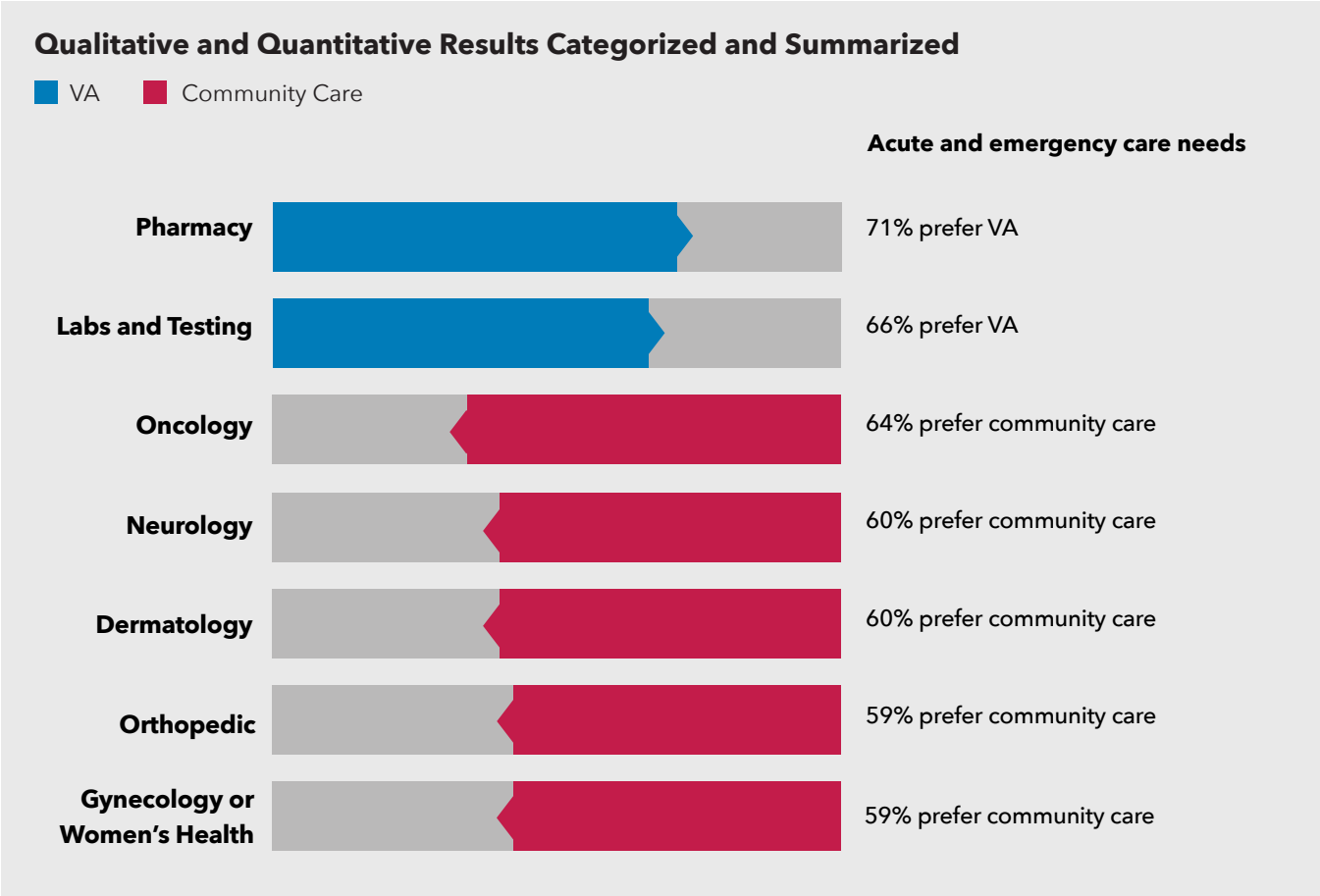


Figure 2. Veterans prefer VHA for pharmacy, labs, and testing, and somewhat prefer Community Care providers for many specialists.

Recommendations: Encouraging Veterans Back to VHA

Aptive and Artemis recommend that VA consider the following tools and strategies to encourage Veterans to return to VHA care:

Expand Access

- Expand accessibility via phone appointment options, as appropriate.
- Offer telehealth and hybrid care models for a wider variety of health needs.
- Increase the availability of evening and weekend appointments.
- Allow Veterans to choose providers and schedule their own appointments rather than being assigned a provider and appointment.
- Enhance website usability by making it easier for Veterans to find local clinics and hospitals. For instance, use a feature that redirects Veterans to their local clinic or hospital homepage, rather than requiring them to navigate through the broader VHA website to find the link.
- Encourage and teach Veterans to interact directly with providers and staff over My HealtheVet. As part of this action, implement a real-time communication option that lets Veterans and staff notify one another with scheduling updates (e.g., Veteran or provider is running late to appointment).

Optimize Staff, Provider and Veteran Relations

- Offer VHA provider sensitivity and trauma-informed training on treatment best practices for diverse populations, especially LGBTQ+ and disabled Veterans.
- Attract and retain providers, especially mental health practitioners and specialists, by assigning manageable caseloads and adequate time for and between appointments. This approach will help providers feel supported, prioritize patient care and allow VHA to maintain adequate staffing levels to serve Veterans effectively.
- Utilize MyHealtheVet to simplify and enhance positive and constructive feedback about staff, providers and facilities anonymously. Use this input to assess relationships, recognize outstanding performance and identify areas for improvement.

Increase Awareness of VHA

- Promote data showing VHA's high-caliber care, the holistic patient-centered approach and evidence-based uses and benefits of telehealth.
- Educate Veterans about their VHA options. Make sure they know how to switch to VHA from community care anytime, communicate with staff and providers in a variety of ways and use telehealth to reduce appointment wait times and access care in shortage areas.
- Provide clear, prominently displayed instructions on how to access telehealth appointments, including how to adjust device settings and join a session.
- Raise awareness of VA's efforts to Bridge the Digital Divide and to help Veterans connect to essential services.

Conclusion

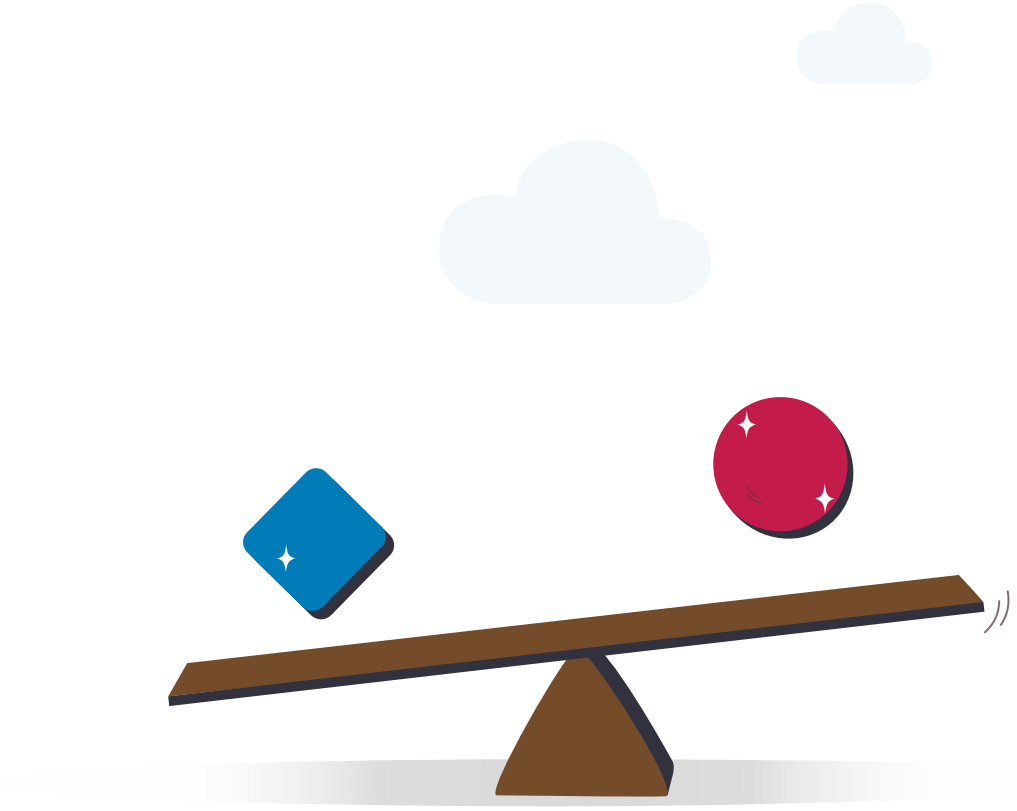
Veterans in this study did not prefer community care because they thought they could see a provider more quickly, as some VHA personnel theorized. Veterans are generally satisfied with both VA and community care providers. Veterans were somewhat more likely to say they are "very satisfied" with community care and somewhat more likely to say they are "satisfied" with VA health care.

Veterans who prefer community care (and those who were more dissatisfied with VA health care) cited reasons such as user-friendly websites and apps, friendlier staff, attentive providers and welcoming and comfortable medical facilities in community care. Additionally, most Veterans report VA clinics and hospitals are farther away than civilian clinics. They also reported a preference for community care specialists, citing reasons such as a belief that community providers have more experience and that the welcoming environment of some community care clinics improves comfort in otherwise uncomfortable situations.

Feelings were mixed about the use of telehealth. Younger Veterans may possibly be more open to telehealth than older Veterans, and having knowledge of technology and access to internet service could be reasons for this. Veterans were open to using VA health care more often, however, if extended hours or walk-in appointments were available for primary care and acute care needs.

About the survey respondents:

- Predominantly between the ages of 30 and 49 (65%)
- 60% male, 38% female; <1% identified as other than male or female, and the remainder declined to answer
- 42% White, 35% Black, 9% Hispanic, 5% Multiracial, 3% Asian,1% Native Hawaiian or Pacific Islander; 5% declined to answer
- 65% employed full time; 8% retired; 7% employed part-time; 2% declined to answer, and the remainder identified as students, disabled, unemployed or job-seeking
- 47% hold graduate degrees, 39% hold baechelor's degrees, 6% hold associate's degrees, 6% hold diplomas or GEDs and the remainder have trade school scertifications or chose "none of the above"
- 80% previously enlisted, 17% prior officer, 3% prior warrant officer
- From various military branches, primarily 24% Navy, 20% Army and 20% Air Force
- 33% served 6 to 10 years, 26% served 0 to 5 years, 23% served 21 to 30 years
- 62% were combat zone deployed
- 87% have a service-connected disability and 77% see a doctor multiple times per year



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