



Challenges and Opportunities in Caring for Rural Veterans

Views of Rural Non-VA Clinicians and Staff

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Background

- **Veterans Rural Health Resource Centers (VRHRCs)** are VA Office of Rural Health funded satellite offices that serve as hubs of rural health care research, innovation and dissemination.
- Portland, OR VRHRC focus areas:
 - **Increase access to care**
 - **Prevent rural Veteran suicide**
 - **Innovate to combat pain/opioid epidemic**
 - Engage rural Veterans & grow community partnerships
 - Explore rural Veteran experience and Whole Health opportunities
 - Address disparities in special populations

VETERANS RURAL HEALTH RESOURCE CENTERS





VRHRC-P FY20 Projects	Project Lead
Subspecialty rheumatology needs for primary care clinicians caring for rural Veterans	Jennifer Barton
Firearm injuries among Rural Veterans in the US	Kathleen Carlson
The MISSION Act's impact on Rural Veteran access to and experience of care: views of Rural Veterans and non-VA primary care clinics	Melinda Davis
Spatiotemporal clustering of Veteran suicides in rural Oregon	Lauren Denneson
Collaborative pain care for rural patients with opioid and other substance use disorders using telehealth technologies	Travis Lovejoy
Digging Deeper: understanding Veteran and community partner perspectives on agricultural approaches to connections and purpose	Anais Tuepker



Background

- One in four Veterans (4.8 million) reside in rural areas of the United States.
- Community care legislation helps Veterans access care from non-VA providers when there isn't VA care readily available.
- The MISSION Act (Maintaining Systems and Strengthening Integrated Outside Networks Act), enacted in June 2019, is the most recent community care program.



Methods

- Design & Setting: Semi-structured interviews with rural stakeholders across Oregon, Washington and Idaho between May-August 2020.
- We conducted interviews with Veterans, **non-VA providers and clinic staff**, VA-affiliated providers and clinic staff, and Veteran Service Officers.
- Analysis: Interview transcripts transferred to ATLAS.ti and analyzed using data-driven, emergent approach

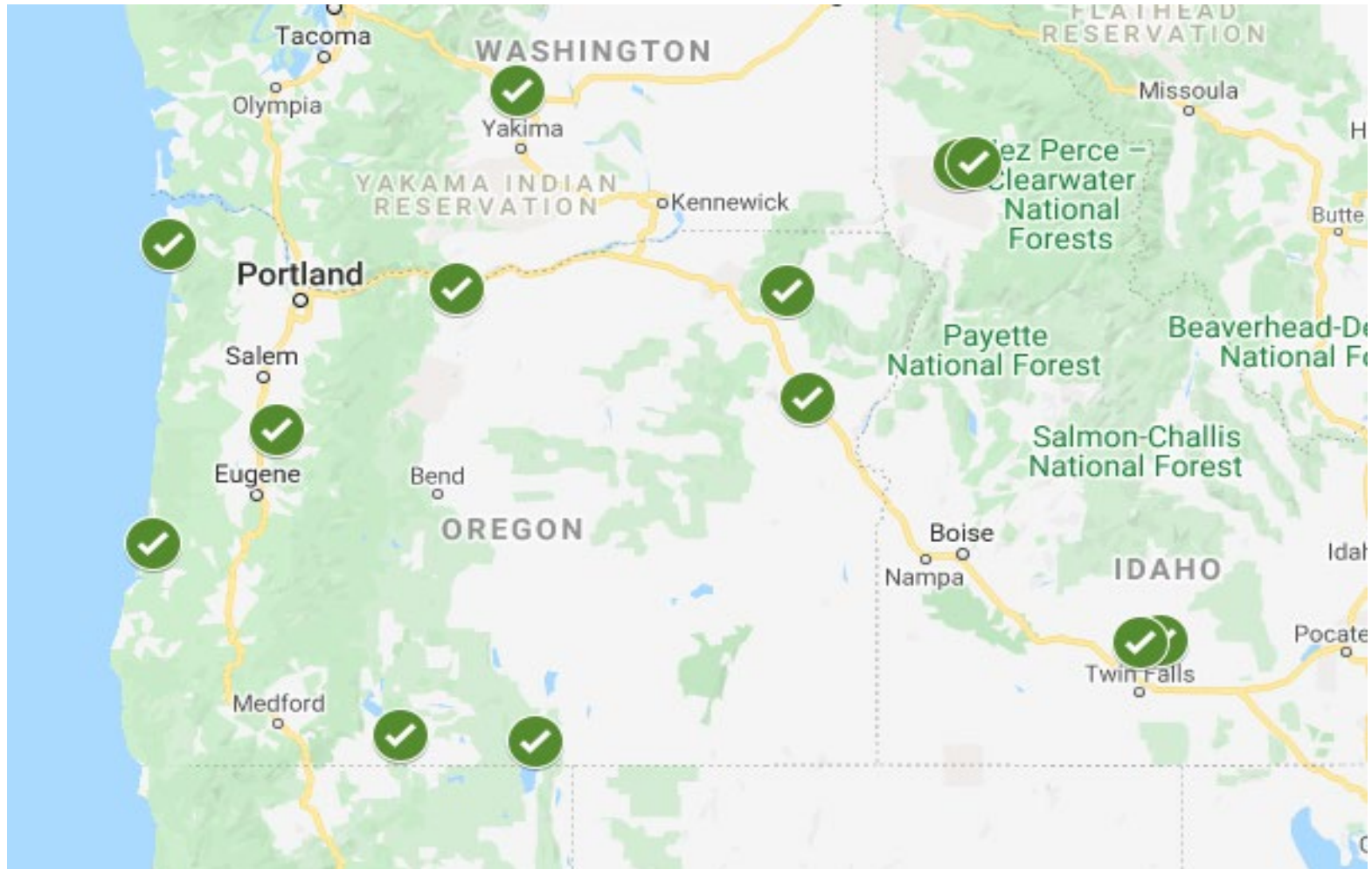
Results

Community 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%

Results

Geographic Distribution of Participants



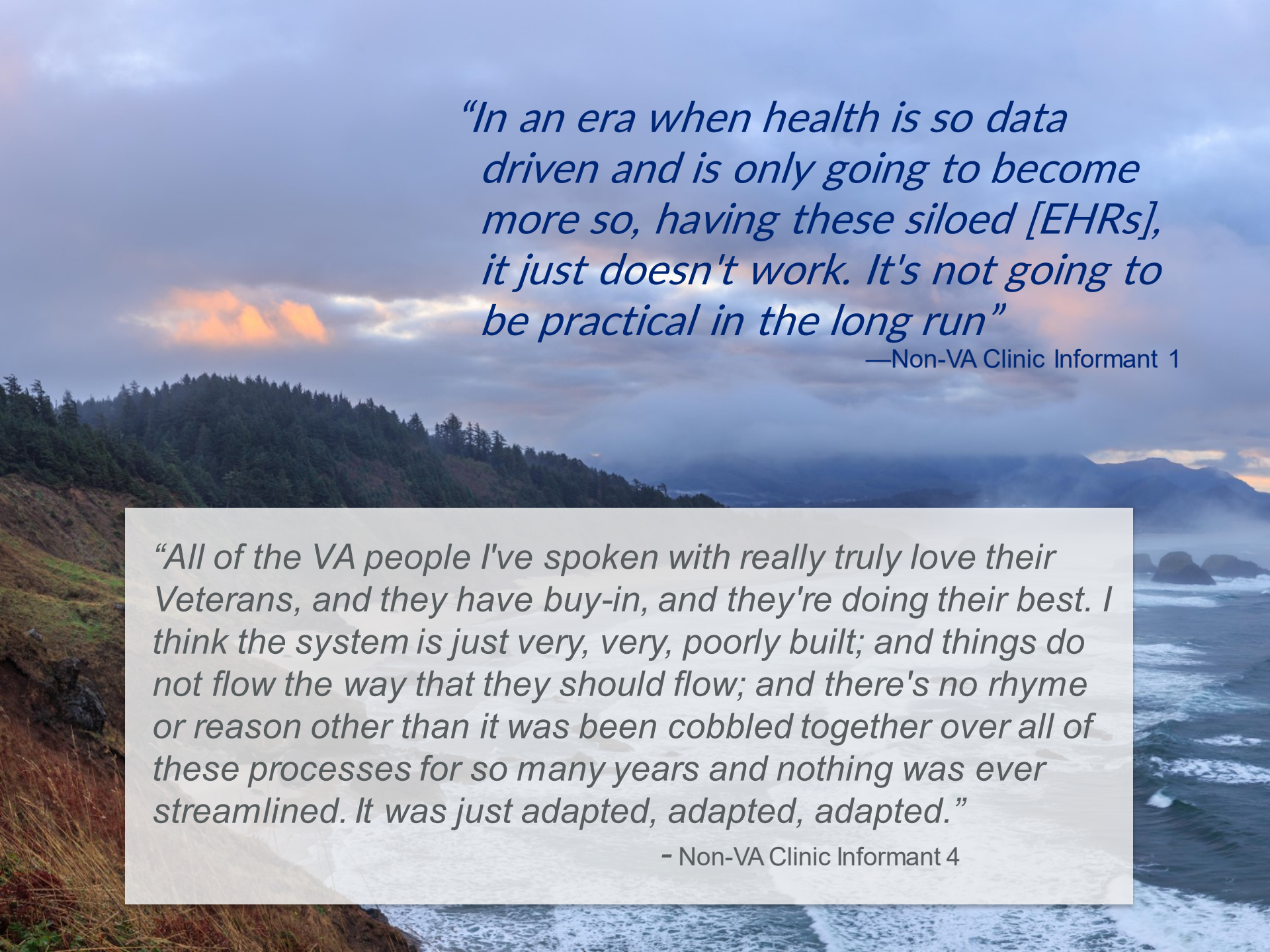
The background image shows a vast desert canyon under a clear blue sky. In the distance, a river flows through the canyon floor. The foreground is filled with dry, yellowish-brown grass and scattered dark rocks. A semi-transparent white rectangular box is centered over the image, containing the text.

Our findings fall into four categories:

- 1) Barriers to providing care
- 2) Factors influencing care choice
- 3) Perceptions of the MISSION Act
- 4) Suggestions for improvement

1) Barriers to Providing Care for Rural Veterans

- 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



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

—Non-VA Clinic Informant 1

“All of the VA people I've spoken with really truly love their Veterans, and they have buy-in, and they're doing their best. I think the system is just very, very, poorly built; and things do not flow the way that they should flow; and there's no rhyme or reason other than it was 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 Informant 4

2) Factors Influencing Rural Veteran Choice of VA or Non-VA Care

- Location
- Availability of care
- Cost
- Ease of use
- Quality or experience of care

“Recently a lot of [Veterans] have not been happy with the VA and a lot of them look to start going through their own insurance just because they're not happy with how long it takes and the rigmarole they have to go through to get their stuff paid for.” –Non-VA Clinic Informant 5

3) Perceptions of the MISSION Act

- Lack of familiarity, some confusing it with prior programs
- Limited impact on the number of Veterans seen; several clinics met prior distance requirement
- Informants preferred previous system
 - Easier authorization process
 - Challenges with billing and on-time payment

4) Suggestions for 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



Discussion- Concordant Views of Informant Groups

- Difficulty of record sharing due to incompatible EHRs
- Outdated and complicated VA processes
- Difficulty recruiting and retaining medical staff in rural areas
- Importance of having interpersonal connections with individuals when navigating the bureaucracy of the VA

Discussion- Discordant Views of Informant Groups

- Varied levels of familiarity with the MISSION Act, policies and processes.
- Differing perceptions on the impact of cost.
- Many noted that Veterans seek care from providers who create relationship and humanize care. However, informants differed on their perception of who achieves this most successfully.

Implications and Next Steps

- Many findings are presumably faced by urban Veterans as well as rural Veterans.
- Tension in implicit goals of the MISSION Act.
 - Legislation designed to improve access to care
 - VA as an entity is incentivized to encourage Veterans to stay within VA
- Next steps: Continue supplemental data collection and analysis, explore impact of COVID-19 and utilize findings to identify and prioritize future interventions.

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Thank You

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