Veterans Healthcare Policy Institute

Strengthening Care for Veterans and the Nation

PEER-REVIEWED STUDY SUMMARIES ON THE VA's SUPERIOR CARE

Compiled by the Veterans Healthcare Policy Institute

Quality of Care for Older Patients With Cancer in the Veterans Health Administration Versus the Private Sector: A Cohort Study

A study of 65-year-old men and older within the Veterans Health Administration (VHA) versus fee-for-service Medicare recipients diagnosed with cancers of interest between 2001 and 2004 found that diagnoses of colorectal, lung, lymphoma, and multiple myeloma cancers came earlier inside VHA facilities. The rates of curative surgeries and chemotherapies were also statistically higher at VHA than for the Medicare population.

Veterans Health Administration Hospitals Outperform Non-VHA Hospitals in Most Healthcare Markets

Within 121 healthcare markets studied by Dartmouth Institute for Health Policy and Clinical Practice, VHA hospitals were determined to provide as good or better care than their non-VA counterparts. The study's authors identified 15 outcome measures where VA excelled, including 30-day mortality for certain diseases and additional patient safety indicators. The bottom line is that the VA very rarely provided the worst care in a given market and were likely to provide the best care in a given market.

Veterans Fared Better Than General Population During COVID

Veterans carry an increased likelihood of comorbidities for severe COVID-19 illness but their access to consistent healthcare and VHA telemedicine proved instrumental factors in providing a slightly lower death rate than the general population.

Mortality Among US Veterans After Emergency Visits to Veterans Affairs and Other Hospitals: Retrospective Cohort Study

A study of almost 600,000 veterans over age 65 living within 20 miles of VHA and those sent to private hospitals found that the emergency treatment provided by the VHA had a significantly decreased mortality rate.

The adjusted 30-day morality rate was 20.1% lower for VHA patients and the cost of care in non-VA emergency rooms was 21% higher.

The study stated that "This pattern of findings is consistent with distinctive strengths of VA care that have been previously described—in particular, information technology and integration of care." The VA has long provided

integrated healthcare, supported by an advanced health information technology system, whereas movement toward electronic health records at non-VA hospitals has been substantially delayed.

The study's authors concluded that "increasing evidence of superior performance (at the VA) justifies a redoubling of efforts to understand how the VA system achieves this" adding, that these "insights could produce valuable lessons for healthcare delivery systems globally."

Ready or Not? Assessing the Capacity of New York State Health Care Providers to Meet the Needs of Veterans

The RAND Corporation developed a rigorous six-point definition with which to judge healthcare provider readiness to care for veterans in New York State—which has the fifth largest veteran population in the country. "The survey determined that while 92% of New York health care providers were accepting new patients, only 2.3% met all criteria for effectively serving the veteran population." The vast majority of providers were not able to understand military culture and were thus unable to provide competent care to veterans. Similarly, providers often struggled to provide screenings for conditions common among the veteran population including PTSD, depression, other mental disorders, and many more. The vast majority of providers said they were not interested in learning about veteran specific problems.

Association of American Medical Colleges National Equity Report

Dr. Daniel Kirch describes the increased diversity of the patients at VHA hospitals and compliments the consequences of greater healthcare equity within the veteran population as a microcosm of the greater American population.

Association of Race with Mortality and Cardiovascular Events in a Large Cohort of US Veterans

The study concludes that black veterans with equal access to healthcare in the VHA experience a comparatively lower risk of death for several diseases compared to the black population at large in the U.S.

Is There A VA Advantage? Evidence from Dually Eligible Veterans

Dr. David Chan and his colleagues examined veterans age 65 and older who are eligible for private and VHA hospital care. He and his co-authors found that care at VA facilities reduces 28-day mortality by nearly half compared to private hospitals while providing other long-term survival gains and spending a fifth less for a higher degree of care.

County-Level Impact of the COVID-19 Pandemic on Excess Mortality Among US Veterans: A Population Based Study

Veterans experience a uniquely high likelihood of comorbidities, which, during the COVID pandemic, could mean higher death rates. However, statistics show that despite the greater probability of risk factors in the veteran population, the higher access to consistent healthcare, including telemedicine, has led veterans to be slightly less likely to die from COVID than civilians.

Diabetes Care Quality in the Veterans Affairs Health Care System And Commercial Managed Care: The TRIAD Study

Between five matched geographic settings, 13 total hospitals, and almost 10,000 diabetic patients, VHA patients demonstrated significantly better management of 7 diabetes care processes and thus health statistics than patients in commercial managed care. Private and VHA patients reported similar levels of patient satisfaction.

Disparities in COVID-19 Infections among Veterans Mirror General Public, but Survival Rates among Racially Diverse Veterans are Comparable

Racially diverse veterans tend to receive the COVID-19 vaccination in similar rates to white veterans and have comparable survival rates despite a trend toward poorer healthcare and outcomes for minorities in private hospitals.

Veteran Use of Health Care Systems in Rural States: Comparing VA and Non-VA Health Care Use Among Privately Insured Veterans Under Age 65

The data show that across two rural midwestern states, of the 16,330 veterans studied with both VA and Private Health Insurance Plans (PHIP), over half used both services. However, the data did not match VA's internal records which indicates discrepancies of information being sent to VA from private health care providers in these rural locations and presumably elsewhere as well.

Value for Taxpayers' Dollars: What VA Care Would Cost at Medicare Prices

Projecting VA costs in a Medicare-style fee-for-service system of private sector outsourcing *conservatively* estimates a 20% cost burden on the taxpayer. This underscores the major savings that the public option of VA healthcare affords both taxpayers and veterans.

Balancing Demand and Supply for Veterans' Health Care

From the 2016 study: "VA care is often equal to or better than private sector but with variation across centers and types of care. Likewise, veterans who tend to rely most on VA care are younger and poorer in more rural settings while older and sicker veterans are the most common patient. The VA's private sector purchase programs lack overarching strategy with a large variation of care quality as well."

The Veterans Choice Act and Dual Health System Use

This report from the Society of General Internal Medicine cautions that the Veterans Choice Act does not adequately allow for veterans who engage in 'dual use' of both VA care and non-VA care through this program to have their medical information properly shared between public and private systems. The fragmentation will likely end up increasing veteran overall wait time.

Use of In-Laboratory Sleep Studies in the Veterans Health Administration and Community Care

Between 2014 to 2016, over 200,000 veterans were given sleep apnea tests. Measuring across VA tests, the older fee-basis model, and the newest 'community care' model demonstrated that veterans receiving these tests resulted in an increase of $8800 per 100 veterans receiving the testing through fee-basis and almost $16,000 more per 100 veterans using Community Care.

Use of the Veterans' Choice Program and Attrition from Veterans Health Administration Primary Care

Dr. Jean Yoon and her colleagues build a profile of the 1.4 million non-elderly veteran patients studied seeking private primary care and conclude that the 7% of patients who used the choice option tend to live long distances from VHA care. They also had longer mean wait times for appointments in the private sector than at VHA.

Veterans' Experiences with Outpatient Care: Comparing the Veterans Affairs System with Community-Based Care

The patient satisfaction metrics used to evaluate community care programs versus VHA healthcare found that patients were generally more satisfied with VHA care in all metrics except access. While the overall satisfaction for each metric has increased across VHA and non-VHA care over time, the magnitude of difference, or gaps between VHA and non-VHA satisfaction remain at a similar ratio, indicating greater satisfaction with VHA care.

The Impact of Community Care Referral on Time to Surgery for Veterans with Carpal Tunnel Syndrome

Studying the 30,000 veterans undergoing Carpal Tunnel Release surgery between Jan 2010 and December 2016 showed that veterans undergoing mixed care of VA and private care through the Community Care program increased wait times on average 200 days longer than veterans using only VA care. This data came with extreme certainty at the 1% confidence interval.

Ready to Serve?

The RAND Corporation conducted a survey of civilian mental health providers **"**to gather information about their competency with military and veteran culture and their training and experience treating posttraumatic stress disorder and depression." The report found that "only 13% of surveyed civilian providers met all the readiness criteria. Providers who met the threshold for cultural competency did not necessarily meet the other threshold for providing evidence-based care. Providers who work primarily in a military or VA setting were significantly more likely to meet all criteria than providers who do not."

Balancing Demand and Supply for Veterans' Health Care

The RAND corporation conducted an independent assessment of VA healthcare capabilities that was mandated by the 2014 Veterans Choice and Accountability Act. The assessment found that veterans who use VA for health care are typically older and sicker than other veterans. While the assessment found "considerable variability in access to care, as well as variation across centers and types of care, it fundamentally found that "quality of care delivered by VA is generally equal to or better than care delivered in the private sector."

Ten-Year Outcomes of Off-Pump vs On-Pump Coronary Artery Bypass Grafting in the Department of Veterans Affairs A Randomized Clinical Trial

Investigators mobilized the VA's vast research capability to conduct a multi-site study to address a vexing question in the treatment of patients undergoing coronary artery by-pass grafting (CABG). The results of this investigation will help not only veterans but all patients undergoing this type of surgery. The study, which would be difficult to do outside of the VA, illustrates why the VA's research mission is so critical not only to veteran patients but patients across the nation and indeed the world.

Setting Standards for Delivering High-Quality Care to Veterans with Invisible Wounds

The RAND Corporation released an important report on "Recommended Standards for Delivering High-Quality Care to Veterans with Invisible Wounds." Recognizing that care for veterans' PTSD, TBI, depression and substance use disorders have essentially no quality standards in the Veterans Community Care Program (VCCP), the report offers 10 recommendations that would ensure high quality care. It prioritizes the provision evidence-based care and regular monitoring of progress, work that happens routinely in the VA. It identifies grave deficiencies in VCCP's High Performing Provider designation, echoing problems that VHPI Senior Policy Analyst Russell Lemle has critiqued. It also criticizes the tradeoff that was made for increased access at the expense of quality, concluding that the 30-minute drive time standard doesn't appreciably contribute to quality care.