Outreach and Enhanced Engagement of Rural Veterans

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Rurality Affects Utilization of Health Services and Outcomes

People who live in rural areas are more likely:
- Older
- Worse health with more functional limitations
- Poor health-related quality of life
- More often un-insured

Compared to Urban Areas:
- Fewer health providers
- Fewer physician visits
- Less access to preventive services
- Higher hospitalization rates
- Lengthy travel time
Goals:

1. Understand the health care needs and access to services for Veterans residing in rural areas and who are not currently enrolled or used VA services in past 2 years.

2. To encourage rural Veteran enrollment, education, and engagement in VA primary and mental health care services through active outreach efforts.
Alabama Veterans Rural Health Initiative

Motivational Interviewing + Patient Navigation + Health Services Education = Rural Veterans Receiving VA Health Care
Methods

- Grassroots Outreach and Mailed Invitation
- Veteran Community Outreach Health Care Workers

1. Comprehensive baseline needs assessment
2. Randomized to administrative enrollment verses enhanced engagement intervention
3. Follow-up chart review to determine Access

Clinical Sites:
- Tuscaloosa VAMC; PI Lori Davis, MD
- Birmingham VAMC; PI Stefan Kertesz, MD
Recruitment

- Grassroots
  - Community Stores
  - Places of Worship
  - Vet Centers / Veterans of Foreign War
  - Libraries or Community Centers
  - Street or Roads
  - Word of Mouth
- Mail Out Invitation to Previously Enrolled
- Could not find a list of Veterans in the State of AL
Eligibility Criteria

Inclusion:

- Signed Informed Consent
- Living in Rural Alabama
- Veteran has never enrolled in VA for health care OR
- Past enrollment in VA but has not accessed the VA for health care in 2 or more years

Exclusion:

- Under the age of 19
- Prisoners
Randomizations, Interventions, Enrollment

Veterans from 31 rural counties in AL (n=203) Nov 2008 and Oct 2010 (FY 2009 and 2010) were randomized in a 1:1 ratio to either:

- **Enhanced Enrollment and Engagement Outreach**
  (n=101)
  motivational interview, education, and patient navigation
  or
- **Administrative Outreach**
  (n=102)
  VHA enrollment document package without education, patient navigation, or motivational interview
Primary Hypothesis

• Compared to VA administrative outreach, veterans who receive the enhanced VA enrollment and education intervention will be significantly more likely to attend a VA primary care or mental health appointment within 4 months of the in-home comprehensive baseline evaluation.

Secondary Hypothesis

• Compared to VA administrative outreach, veterans who receive the enhanced VA enrollment and education intervention will have a significantly shorter time between the in-home comprehensive baseline evaluation and their first VA primary care or mental health appointment.
EEE Outreach
(en enhanced enrollment and engagement)

- Veteran was engaged in approximately 30 minutes of Motivational Interviewing (MI) with the Outreach Worker.
  - The MI approach was used to engage the Veteran in a dialogue to explore his/her ambivalence about seeking VA health care services, health care concerns, past experiences, health care goals, and intention to attend future VA appointments.
- A 20-minute educational outreach video about VHA services was then shown to the Veteran.
- Outreach Worker provided navigation support (assisted Veteran in filling out VA eligibility and enrollment paperwork and took papers to enrollment clerk within that same or next business day; obtained primary care appointment).
AO Condition
(administrative outreach)

- This component lasted approximately 20-30 minutes.
- The Veterans was given an administrative enrollment package for the nearest VA medical center, and was instructed to complete the package and mail or take it to the enrollment office at that designated VA.
- Appropriate appointments were made by the designated VA, and an appointment letter was mailed to the veteran using standard processes currently in place. No further assistance by the VCOHW was provided.
Demographics

- Mean age of 56 years (SD = 14, range = 21-85)
- 58.6% white and 40.9% black
- Predominantly male (93%)
- Most were married (63.1%)
- Majority high school or more education (95%)
- 65% served in the Army or Army National Guard
- 56% served overseas at least once
- More whites randomly assigned to AO group (covariate)
Prior Use of Services

- 12% had previously enrolled in VA services
- 88% had not previously enrolled in VA services
- When asked where they currently sought treatment when sick,
  - 68% private health care clinic
  - 11% another community source
  - 13% hospital emergency room
  - 2% urgent care clinic
  - 6% no usual source of care
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<th>Type of Care in Past 12 Months</th>
<th>Unable or Delayed in Getting</th>
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<td>Specialty Care</td>
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Outcomes

• EEE participants enrolled and attended VA appointments at higher rates and within fewer days than those in AO.
• 87% of EEE Veterans attended an appointment within 6 months, compared to 58% of AO Veterans ($P < .0001$).
• Median time to first appointment was 12 days for the EEE group and 98 days for the AO group ($P < .0001$).
• Black and white individuals benefited equally from the EEE intervention; however, black individuals who received AO took significantly longer to attend appointments than their white counterparts.
Conclusions

- Grassroots Outreach is needed and effective
- Un-met needs: evaluation and treatment of mental disorders, dental, and pharmacy
- EEE Outreach is superior to Administrative Outreach
- The EEE Outreach Intervention is a package that is readily translatable across health care delivery systems

References: