CHALLENGES OF VETERANS CHOICE IMPLEMENTATION FROM INSULAR ISLAND PERSPECTIVE

Irma L. Molina-Vicent, MD
ACOS for R&D VA Caribbean Healthcare System
This presentation is aligned with the VHA core values, I CARE:

- **Integrity to do what is Right, not what is Easy**
- **Commitment to Research & Education**
- **Advocacy to our Veterans**
- **Respect to our Patients & Relatives**
- **Excellence in all we do!**

...and with the Blueprint for Excellence

**Strategy 7**

Strategy Seven: Lead the nation in research and treatment of military service-related conditions.
Objectives

- At the end of this presentation the participants will be able to list...
  - the definition of VHA ORH Insular Island category
  - the unique characteristics of the VA Caribbean Healthcare System (VACHS), as a VA facility serving insular islands Veterans
  - the challenges associated to the VA Choice Program implementation in the VACHS, as a facility serving insular islands Veterans

- Clinical Perspective
- Administrative/Management Perspective
- Patient Perspective/Veterans Experience
Rural-Urban Commuting Area Codes (RUCAs)

New Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. In addition, a ZIP Code RUCA approximation was developed.

HRSA’s ORHP
DoA’s ERS
WWAMI RHRC

http://depts.washington.edu/uwruca/index.php
Insular Island Definition

- Rural-Urban Commuting Areas (RUCA) is used to define urban, rural and highly rural land areas of the United States.
- VA recently added an "I" category to complement "U", "R" and "H". The "I" value is assigned to veterans living on the U.S. insular islands (territories): Guam, American Samoa, Northern Marianas and U.S. Virgin Islands.
- Puerto Rico

http://www.ruralhealth.va.gov/aboutus/ruralvets.asp#atlas
Insular Island Definition

From: VHA 10P1R ORH Communications Shared Mailbox  
Sent: Tuesday, August 30, 2016 5:13 PM  
To: Molina, Irma L  
Subject: RE: Insular Island Definition |

Irma,

Thanks for your inquiry! Like the U.S. mainland, Puerto Rico’s geographic space is classified as urban, rural and highly rural based on the Rural-Urban Commuting Area (RUCA) system. Since these RUCA data are available for Puerto Rico (unlike the islands you mention below) it is not included in the “insular” category.

I hope this answers your question! Please let us know if we can provide additional information.

Best,

Krista

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From: Molina, Irma L  
Sent: Monday, August 29, 2016 2:34 PM  
To: VHA 10P1R ORH Communications Shared Mailbox  
Subject: Insular Island Definition  
Importance: High

Dear All: I was navigating within the ORH website: http://www.ruralhealth.va.gov/aboutus/ruralvets.asp#atlas to get more information on the definition of the insular island category. I found the following definition:

“in addition, VA recently added an “I” category to complement “U”, “R” and “H”. The “I” value is assigned to veterans living on the U.S. insular islands (territories): Guam, American Samoa, Northern Marianas and U.S. Virgin Islands.”

I would like to know in which category Veterans from Puerto Rico are categorized. The VA Caribbean Healthcare System serves Puerto Rico and USVI, USVI is indeed included in the definition on insular islands...but now, I am not clear about Puerto Rico as I do not see it included in the definition.

Irma L. Molina, MD
Associate Chief of Staff for R&D
Puerto Rico RUCA Codes 2010

945 FIPS (Federal Information Processing Standards) codes

Primary RUCA Codes, 2010

1. Metropolitan area core: primary flow within an urbanized area (UA)
2. Metropolitan area high commuting: primary flow 30% or more to a UA
3. Metropolitan area low commuting: primary flow 10% to 30% to a UA
4. Micropolitan area core: primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)
5. Micropolitan high commuting: primary flow 30% or more to a large UC
6. Micropolitan low commuting: primary flow 10% to 30% to a large UC
7. Small town core: primary flow within an Urban Cluster of 2,500 to 9,999 (small UC)
8. Small town high commuting: primary flow 30% or more to a small UC
9. Small town low commuting: primary flow 10% to 30% to a small UC
10. Rural areas: primary flow to a tract outside a UA or UC
99. Not coded: Census tract has zero population and no rural-urban identifier information

Insular Island Definition

http://www.ruralhealth.va.gov/about/rural-veterans.asp
VA Caribbean Healthcare System (VACHS): Serving Veterans in Puerto Rico and the U.S. Virgin Islands

Complexity system level 1a of care Facility
Tertiary care VA Medical Center (VAMC) located in San Juan, Puerto Rico
2 Outpatient Clinics (OPCs)
5 Community Based Outpatient Clinics (CBOC)
3 Rural Clinics
Facility: Name, Year of Establishment, Size, and Unique patients as per FY15

- **Northwest-Arecibo CBOC (1999)**
  - Size: 8,053 square feet
  - Patients: 4,455 Unique Patients (2015)

- **Comerío Rural Clinic (2010)**
  - Size: 1,360 square feet

- **VA Medical Center-San Juan (1969)**
  - Patients: 62,764 Unique Patients

- **South- Ponce Euripides Rubio OPC (1988)**
  - Size: 56,550 square feet
  - Patients: 11,995 Unique Patients (2015)

- **Utuado Rural Clinic (2010)**
  - Size: 1,000 square feet
  - Patients: 1,604 Unique Patients (2015)

- **West -Mayaguez OPC (1976)**
  - Size: 54090 square feet
  - Patients: 9,907 Unique Patients (2015)

- **Southeast-Guayama CBOC (2003)**
  - Size: 6,075 square feet
  - Patients: 1,604 Unique patients (2015)

- **East-Ceiba CBOC (2012)**
  - Size: 8,846 square feet
  - Patients: 3,808 Unique Patients (2015)

- **St. Croix CBOC (1994)**
  - Size: 4,500 square feet
  - Patients: 835 Unique Patients (2015)

- **St. Thomas CBOC (1994)**
  - Size: 4,508 square feet
  - Patients: 803 Unique Patients (2015)

- **Vieques Rural (2011)**
  - Size: 1,435 square feet
Transition...

1921
- Veterans Bureau was established in San Juan, Puerto Rico

1933
- President Roosevelt authorized VA in PR to hospitalize veterans in private hospitals under contract basis

1946
- VA General Medical and Surgical Hospital

1955

1969

2016
VA Caribbean Healthcare System (VACHS)

- 300 authorized acute care beds (including 12 blind rehabilitation beds)
- 122 nursing home beds (including 29 transitional beds and 5 beds for Long Term Care Spinal Cord Injury)
- Services are provided to a population of 107,207 veterans in Puerto Rico and the U.S. Virgin Islands
- In FY 2015 the VA Caribbean Healthcare System registered:
  - 63,879 unique patients
  - 1,087,350 outpatient visits
  - 9,187 veterans treated as inpatients
VA Caribbean Healthcare System (VACHS)

- Specialized Services and Programs:
  - Polytrauma Network Site Level II
  - Spinal Cord Injury
  - Blind Rehabilitation
  - Women Health Program: 2,298 Uniques Female Patients (2015)
  - Chest Pain Center
  - Community Living Center
  - Research and Development Program
  - VACHS Caregivers Support Program: serves 921 caregivers; 576 receive comprehensive benefits
- OEF/OIF/OND:
  - In FY15…
    - 2,000+ soldiers and family members were reached in 30+ outreach activities
    - VACHS registered 8,047 OEF/OIF/OND uniques
    - Enrolled 12,404 returning soldiers; 7% Women Veterans
Clinical Video Telehealth:
- 23+ (nutrition, social work service, clinical pharmacy, dental, polytrauma/traumatic brain injury (TBI)-individual, audiology, speech language pathology, PM&R amputation clinic, bros (blind rehab o/p spec), spinal cord injury (SCI), cardiology, dermatology, pulmonary/chest, renal/nephrol(except dialysis), primary care/medicine, move program grp, gynecology, podiatry, urology, mental health, psychiatry, sub use disorder indiv, PTSD-indiv, care of HT program patients, etc.)

Currently working to establish VA Video Connect for our veterans during FY 2017

Store-and-Forward Telehealth: Currently serving over a combined 5,100 unique Veterans in Puerto Rico and the U.S. Virgin Islands

Expanding to telehealth directed research related to TBI
VACHS: Serving Veterans in Puerto Rico & the U.S. Virgin Islands

8/2015: Chest Pain Center received full accreditation by the Society of Cardiovascular Patient Care

7/2016: “the best Medical Facility in Puerto Rico and the Caribbean”

2/2016: Awarded with the prestigious Accreditation Council of Graduate Education and Gold Foundation’s DeWitt C. Baldwin, Jr. Award. The award recognizes institutions with accredited residency/fellowship programs that are “exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care”
Which were the challenges when we implemented the Veterans Choice Program in VACHS to include our Puerto Rican and US Virgin Islanders Veterans?
Methodology

**Focus Groups**
- Veteran Choice Program Focus Group:
  1. Clinical Only
  2. Administrative (HAS) Only
  3. Administrative/Clinical Participants = 7 (3 clinical & 4 administrative)

**Online Survey**
- Veterans Choice Program Quality Survey:
  1. Primary Care Providers
  2. Clinical/Administrative Service Chief and Executive Team

Participants = 29

**Face to Face Interviews**
- Veterans Choice Program Quality Survey - The Veterans Experience:
  1. Puerto Rico (341)
  2. US Virgin Islands (9)

Participants = 350
VCP Focus Groups

Clinical

Administrative
VCP Focus Groups Results - Dimensions identified

**Dimension I: Disparities Issues**
- Language
- Geographical Challenges
  - Adjustment of Medicare Payments to Physicians
  - No service agreements with the affiliated institutions
  - No other Main VA Facility available

**Dimension II: Infrastructure Issues**
- Staffing
- Educational Needs
- IT
- Pharmacy Operations

**Dimension III: Accountability Issues**
- TPA
- HAS/NVCC

**Dimension IV: Issues related to provision of care**
- Access to Community Services
- Efficiency
- Quality
VCP Focus Groups Results

Clinical
- Language Barrier
- Geographic Challenges
  - Adjustment of Medicare Payments to Physicians
  - No service agreements with the affiliated institutions
  - No other Main VA Facility available
- Lack of Training
- Providers no register in VA Pharmacy
- TPA Documentation
- HAS/NVCC Accountability
- Clinical professionals moving to Mainland
- No Quality Control measures

Administrative
- Language Barrier
- Lack of Training
- IT interconnections (CPRS : DOMA)
- The TPA work is done by the VA
- Volume VCP referrals returned back to the Facility
  - Untimely by TPA
- Delay on “start-up” of TPA scheduling
- Enrollment process not considered “lean”
No Shows Rate at VACHS

<table>
<thead>
<tr>
<th>Facility</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tampa, FL (V08 (673))</td>
<td>12.98%</td>
</tr>
<tr>
<td>West Palm Beach, FL (V08 (548))</td>
<td>13.11%</td>
</tr>
<tr>
<td>Bemidji, MN (V08 (516))</td>
<td>13.40%</td>
</tr>
<tr>
<td>San Juan, PR (V08 (672))</td>
<td>13.85%</td>
</tr>
<tr>
<td>V08</td>
<td>14.39%</td>
</tr>
<tr>
<td>Gainesville, FL (V08 (573))</td>
<td>14.79%</td>
</tr>
<tr>
<td>Orlando, FL (V08 (675))</td>
<td>15.60%</td>
</tr>
<tr>
<td>Miami, FL (V08 (546))</td>
<td>17.21%</td>
</tr>
<tr>
<td>Guayama (V08 (672GE))</td>
<td>9.44%</td>
</tr>
<tr>
<td>Ponce (V08 (672B0))</td>
<td>11.43%</td>
</tr>
<tr>
<td>Mayaguez (V08 (672BZ))</td>
<td>13.62%</td>
</tr>
<tr>
<td>San Juan VAMC (V08 (672))</td>
<td>14.11%</td>
</tr>
<tr>
<td>Ceiba (V08 (672GD))</td>
<td>14.41%</td>
</tr>
<tr>
<td>St Croix (V08 (672GA))</td>
<td>16.78%</td>
</tr>
<tr>
<td>Arecibo (V08 (672GC))</td>
<td>17.91%</td>
</tr>
<tr>
<td>St Thomas (V08 (672GB))</td>
<td>18.08%</td>
</tr>
</tbody>
</table>

https://bioffice.pa.cdw.va.gov/default.aspx?bookid=4ebf7e78-d693-47d9-8162-73164dacf38b|ispasFalse|reportcf375f4f-248a-40f5-87fe-c24fc2f93d84|ws5|wsb0|isDisabledAnalyticsTrue|isDashboardPanelOnTrue
No Shows Rate at VACHS


https://bioffice.pa.cdw.va.gov/default.aspx?bookid=4ebf7e78-d693-47d9-8162-73164dacf38b|ispasFalse|reportcf3754f-248a-40f5-87fe-c24fc2f93d84|ws5|wsb0|isDisabledAnalyticsTrue|isDashboardPanelOnTrue
VCP Focus Groups: Specific Examples

100 miles
Online Survey: VCP Quality Survey Results

Providers

Service Chiefs
Online Survey: VCP Quality Survey Results

**Type of Service**
- Clinical: 21, 72%
- Administrative: 8, 28%

**Age**
- 18 - 30 years old: 0, 0%
- 31 - 44 years old: 2, 7%
- 45 - 64 years old: 5, 17%
- 65 years or older: 22, 76%
Online Survey: VCP Quality Survey Results

**Years working at VACHS**
- Less than 5 years: 3, 10%
- 5 - 10 years: 4, 14%
- 11 - 20 years: 8, 28%
- 21 - 30 years: 8, 27%
- More than 30 years: 6, 21%

**Familiarity with Choice**
- Not at all familiar: 0, 0%
- Slightly familiar: 19, 65%
- Somewhat familiar: 6, 21%
- Moderately familiar: 4, 14%
- Extremely familiar: 0, 0%
Online Survey: VCP Quality Survey Results

Expectation of Choice

- Very good program: 11, 38%
- Good program: 8, 28%
- Average program: 6, 21%
- Poor program: 3, 10%
- Very poor program: 1, 3%
- Had no expectation: 0, 0%

Expectation vs. Reality

- Better than expected: 26, 90%
- Exactly as expected: 3, 10%
- Worse than expected: 0, 0%
Online Survey: VCP Quality Survey Results – INTERNAL CHALLENGES

**Clinical**
- Enrollment process is confusing: 91%
- Lack of targeted personnel: 81%
- Untimely services for urgent care conditions: 76%

**Administrative**
- Enrollment process is confusing: 100%
- Lack of targeted personnel: 75%
- Untimely services for urgent care conditions: 75%
Online Survey: VCP Quality Survey Results–EXTERNAL CHALLENGES

Clinical

- No follow-up procedure: 76%
- Lack of available physicians in PR: 52%
- Choice results are rarely received in VHA: 48%

Administrative

- Lack of available physicians in PR: 100%
- Language barrier: 88%
- No follow-up procedure: 50%
Online Survey: VCP Quality Survey Results—
MOST IMPORTANT ASPECT TO ADDRESS

Clinical

- Healthnet accountability: 38%
- Administrative service accountability: 24%
- Infrastructure: 19%

Administrative

- Language barrier: 25%
- Infrastructure: 25%
- Healthnet accountability: 25%
Face to Face Interviews: VCP Quality Survey - The Veterans Experience

Those who have used VCP
Those that have knowledge about VCP but have not used it
Those that do not know about VCP
Face to Face Interviews: VCP Quality Survey - The Veterans Experience

Puerto Rico (n=341)

Gender

- Male: 96%
- Female: 4%

Age

- 18 – 30: 65%
- 31 – 44: 27%
- 45 – 64: 7%
- 65+: 1%

US Virgin Islands (n=9)

Gender

- Male: 89%
- Female: 11%

Age

- 18 – 30: 67%
- 31 – 44: 22%
- 45 – 64: 0%
- 65+: 11%
Face to Face Interviews: VCP Quality Survey-
The Veterans Experience

Puerto Rico (n=341)

Knowledge about Choice:
- No: 239 (70%)
- Yes: 102 (30%)
- Not used: 59 (17%)

Has used Choice:
- 43 (13%)

US Virgin Islands (n=9)

Knowledge about Choice:
- No: 2 (22%)
- Yes: 7 (78%)

Has used Choice:
- 7 (78%)
- 0 (0%)
Face to Face Interviews: VCP Quality Survey - The Veterans Experience (those who have used VCP)

**Puerto Rico**

<table>
<thead>
<tr>
<th>Satisfaction with Choice</th>
<th>Unsatisfied</th>
<th>Not at all probable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Wait time</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Quality of Service</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Use Choice again</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Recommend to others</td>
<td>31%</td>
<td></td>
</tr>
</tbody>
</table>

**US Virgin Islands**

<table>
<thead>
<tr>
<th>Satisfaction with Choice</th>
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<tr>
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<tr>
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<td>14%</td>
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<td>Use Choice again</td>
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</table>
Face to Face Interviews: VCP Quality Survey - The Veterans Experience (those that have knowledge about VCP but have not used it)

<table>
<thead>
<tr>
<th>Veterans Location</th>
<th>Barriers to use Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rico</td>
<td>No need to use it 37%</td>
</tr>
<tr>
<td></td>
<td>Not eligible 29%</td>
</tr>
<tr>
<td></td>
<td>Better services at VHA 25%</td>
</tr>
<tr>
<td>US Virgin Islands</td>
<td></td>
</tr>
</tbody>
</table>

0 participants mentioned that they had knowledge about Choice but had not used it.
Face to Face Interviews: VCP Quality Survey - The Veterans Experience (those that have knowledge about VCP but have not used it)

Puerto Rico

**Barriers to use Choice**

- No need to use it: 37%
- Not eligible: 29%
- Better services at VA: 25%
- Scheduling process was confusing: 19%
- Language barrier: 9%
- Transportation issues: 3%
- Not recommended by patient: 2%
- Not recommended by physician: 0%
- Not recommended by VA personnel: 0%
- Not recommended by family member: 0%
Face to Face Interviews: VCP Quality Survey - The Veterans Experience (those that do not know about VCP)

Puerto Rico

Would use Choice if eligible

- Yes: 70%
- No, but would consider: 20%
- No, would not consider: 10%

US Virgin Islands

Would use Choice if eligible

- Yes: 0%
- No, but would consider: 50%
- No, would not consider: 50%
Face to Face Interviews: VCP Quality Survey - The Veterans Experience (those that do not know about VCP)

Puerto Rico

Aspects about Choice that attract

- Wait time: 70%
- Closer healthcare: 10%
- Scheduling process: 20%

US Virgin Islands

Aspects about Choice that attract

- Wait time: 50%
- Not attracted to Choice: 50%

23% is not attracted to the VCP at all
Face to Face Interviews: VCP Quality Survey - The Veterans Experience (those that do not know about VCP)

Aspects about Choice that could prevent from using

**Puerto Rico**
- Prefers VHA: 56%
- None: 26%
- Prefers to select own provider: 19%

**US Virgin Islands**
- Prefers VHA: 50%
- None: 50%
Face to Face Interviews: VCP Quality Survey - The Veterans Experience: Specific Examples

- “I haven’t used Choice because my VA providers know me and my medical history”

- “The Choice appointed provider is upset with the payments”

THE TOTAL AMOUNT OF VACHS VETERANS IN THE VCL LIST FOR FY16 AS PER 8/23/2016 = 27,137

- 7,160, 26%
- 19,977, 74%
Equality versus Equity

Equality = **Sameness**
GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place

Equity = **Fairness**
ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality
From the Caribbean Insular Island perspective...

Veterans Choice Program (VCP)

Direct research efforts on VCP into...
Initiatives to gain a better understanding of Insular Islands’ geographical reality and the challenges it represents.

Measure the impact of having bilingual personnel at TPA.

Implementation of new technology for bi-directional interface between CPRS and TPA Portal.

Incorporate quality measures into the VCP structure to assure appropriate standard of care.

Partnering with the Community to provide services to our Veterans and, if needed, helping them to raise up their healthcare standards: Federal Qualified Healthcare Organizations.

Implementation of a trackable mechanism for providers to be informed of referral’s status.

Implement Educational Initiatives and measures the outcomes: Veterans, Providers and HAS/NVCC staff oriented.

Improve coordination of care: Establishment of a Service Center for VCP (Veterans’ Centered Idea) Analyze data on return of referrals Improve CPRS documentation (Expert Panel).
The concept is innovative…
The innovation to assure a flawless implementation…
That is in our hands!

Acknowledgement: Yadiel Morales, Valeria Trinidad, Ivan Rabelo, Naiomi Rivera, Ester Ferrer, Israel Mojica, Nicole Serrant, Ivonne Baerga, Maria Frontera, Darlín Díaz and Milena Aquino from the VACHS Introductory Research Program
Brunilda Padilla, MT and Michelle Moreno, Outreach Coordinator from VACHS R&D Service
Juliette Millin, SW from St. Thomas USVI / Desiree James, RN and Wanda Centeno, MSA from St. Croix USVI
Gerardo Jovet, Statistician from VACHS R&D Service
Axel Román, VACHS Chief of Patient and Community Relations