

Wait Times for Veterans Scheduling Health Care Appointments

Challenges with Available Data on the Timeliness and Quality of VA Community Care

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Wait Times for Veterans Scheduling Health Care Appointments: Challenges with Available Data on the Timeliness and Quality of VA Community Care

Testimony of Carrie M. Farmer¹
The RAND Corporation²

Before the Committee on Veterans' Affairs
United States Senate

September 21, 2022

Chairman Tester, Ranking Member Moran, and members of the committee, thank you for your invitation to testify today. My name is Dr. Carrie Farmer. I am a senior policy researcher at the nonprofit, nonpartisan RAND Corporation, where I codirect the RAND Epstein Family Veterans Policy Research Institute. I am a health services researcher by training, and my research is focused on military and veteran health care, including care provided by the U.S. Department of Veterans Affairs (VA).

Over my 13-year career as a policy researcher at RAND, I have been immersed in rigorous research on how to improve veterans' access to high-quality care, both from VA and from non-VA providers. In 2015, I led an independent analysis of the health care delivered by VA, required by the Veterans Access, Choice, and Accountability Act of 2014 ("Choice Act"). The Choice Act and the independent assessment it required were driven by concerns over reports that veterans were facing long wait times to receive health care at VA facilities. Our analysis revealed that although there was significant variability depending on VA facility, over 90 percent of VA appointments were completed within 30 days of veterans' preferred date for care, for both new

¹ The opinions and conclusions expressed in this testimony are the author's alone and should not be interpreted as representing those of the RAND Corporation or any of the sponsors of its research.

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patients and established patients, in both primary care and specialty care.³ Although this result suggested that problems with timely care were perhaps not widespread, our analysis also found that only 55 percent of veteran patients reported that they were always able to get a routine appointment as soon as they needed one. Over half of VA medical center directors reported that some veterans faced clinically meaningful delays in care.⁴

In part to address deficiencies in veterans' access to timely care, VA and Congress established new efforts to shorten patient wait times. VA's efforts were driven largely by changes to staffing and scheduling and through the implementation of VA Community Care, a key aspect of the Choice Act that expanded veterans' access to private-sector care paid for by VA. While VA has enabled veterans to access care from non-VA providers throughout its history, the passage of the Choice Act, and subsequently the MISSION Act in 2018, established a permanent entitlement for veterans unable to access care from a VA facility to receive care from non-VA providers, paid for by VA.⁵

Over 3 million veterans have received non-VA care through the VA Community Care program since 2014,⁶ and VA has estimated that 44 percent of all care available from both VA facilities and VA Community Care is now provided by non-VA providers.⁷ However, whether this expansion of VA Community Care has resulted in more-timely care for veterans is not well understood, and concerns about veterans' access to care have persisted.⁸

In this testimony, I discuss what we know about veterans' access to timely, high-quality health care. First, I will provide a brief overview of how timeliness of care is assessed. Next, I will discuss VA's approach to measuring and reporting appointment wait times. I will describe how wait times for VA appointments compare with wait times for non-VA appointments, noting that VA is the only health system in the country that publicly reports wait times. Because very limited data are available on the timeliness and quality of VA Community Care, I will

³ Carrie Farmer, Susan Hosek, Christine Eibner, Heather Krull, David Adamson, Ernesto Amaral, Philip Armour, Trinidad Beleche, Olena Bogdan, Kristine Brown, et al., *Balancing Demand and Supply for Veterans' Health Care: A Summary of Three RAND Assessments Conducted Under the Veterans Choice Act*, Santa Monica, Calif.: RAND Corporation, RR-1165/4-RC, 2016, https://www.rand.org/pubs/research_reports/RR1165z4.html.

⁴ Peter Hussey, Jeanne Ringel, Carrie Farmer, Melissa Bauman, Kristin Leuschner, Mary Vaiana, Susan Hosek, Sarah MacCarthy, Katherine Watkins, Sangeeta Ahluwalia, et al., *Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans*, Santa Monica, Calif.: RAND Corporation, RR-1165/2-VA, 2015, https://www.rand.org/pubs/research_reports/RR1165z2.html. RAND's 2015 Survey of VA Resources and Capabilities was fielded to 141 VA medical center chiefs of staff to ask about delays in care for both new and existing patient appointments, reasons for delays, issues affecting provider and system efficiency, and recruitment and retention of clinical personnel.

⁵ Congressional Budget Office, *The Veterans Community Care Program: Background and Early Effects*, Washington, D.C., October 2021.

⁶ LaPuz, Miguel, Acting Deputy Under Secretary of Veterans Affairs for Health, statement before the U.S. House of Representatives, Committee on Veterans' Affairs, Subcommittee on Health, July 14, 2022.

⁷ LaPuz, 2022.

⁸ Petra Rasmussen and Carrie M. Farmer, *The Promise and Challenges of VA Community Care: Veterans' Issues in Focus*, Santa Monica, Calif.: RAND Corporation, PE-A1363-5, 2022, <https://www.rand.org/pubs/perspectives/PEA1363-5.html>.

recommend several approaches to improve data collection and reporting that could help veterans make better-informed decisions about their health care.

Wait Time Measures and Other Timeliness Metrics

There is no single, accepted measure of timely care, nor are there any national standards for how long is too long for a patient to wait for a health care appointment.⁹ Wait times for care can be assessed in several ways, each of which captures a slightly different aspect of health care appointment scheduling. VA has historically used a measure of timeliness that assesses the time between when the veteran wants the appointment to occur and the date of the appointment. This metric allows for flexibility for clinical appropriateness—for example, an appointment for follow-up care may not need to occur for another three months. It also allows for veteran preference—for example, a veteran might be unavailable for a period of time and would prefer the appointment to be scheduled at a later date. Last month, VA changed its wait time measurement for *new* patient appointments to be the difference in days between the first time a referral for care is entered into the scheduling system and the date the appointment is completed.¹⁰ For existing patient appointments, wait times continue to take into account provider and patient agreement on when the appointment should occur.

An alternative to this approach is a simple measure of the number of days between now and the next available appointment. A second alternative, which VA recently adopted as part of its transition to a new electronic health record and will eventually roll out VA-wide, considers that, in many instances, the next available appointment may be open because of a last-minute cancellation and therefore does not accurately represent appointment availability. In this alternative, wait time is a measure of the number of days between now and the third next available appointment. The *third next available appointment* metric is used by other health care systems, including the Military Health System,¹¹ and could enable “apples to apples” comparisons between VA and other health systems that report these data.

While appointment wait times have been a focus, veterans’ own self-reported experiences of getting timely care are equally important to assess. Like other health systems in the United States, VA regularly collects and reports on patient experience using Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, which are the national gold standard for assessing patient experience. CAHPS surveys ask a series of questions about how often the patient was able to get an appointment as soon as they needed one. These questions, along with other related questions, are analytically combined into an overall metric of “access,” which VA publicly reports at the facility level in comparison with national and regional benchmarks.

⁹ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, Washington, D.C.: The National Academies Press, 2015.

¹⁰ U.S. Department of Veterans Affairs, “Calculation of Average Wait Time for New and Established Patients,” *Federal Register*, Vol. 87, No. 141, July 25, 2022, pp. 44191–44192.

¹¹ Defense Health Agency, Analytics and Evaluation Division, *Evaluation of the TRICARE Program: Fiscal Year 2021 Report to Congress: Access, Cost, and Quality Data Through Fiscal Year 2020*, Washington, D.C.: U.S. Department of Defense, 2021.

VA Is the Only Health System in the United States that Publicly Reports Appointment Wait Times

By and large, no U.S. health care system other than VA publicly reports its data on wait times, so making comparisons is difficult. Those that do report data on wait times do so infrequently and in aggregate across the entire health system or health plan. For example, in its annual report to Congress, the Defense Health Agency (DHA) reports aggregate information on the timeliness of care in the Military Health System: the average number of days to the third next available appointment for acute and future primary care and the average number of days from scheduling to appointment for specialty care.¹² DHA reports these data in aggregate across the fiscal year, both for care delivered in military treatment facilities and for care delivered by providers who work outside military settings but participate in the TRICARE network. The state of California requires health plans to collect and report data on timely access to care, assessed by whether appointments were available within a set of standard time frames. Each year, the California Department of Managed Health Care reports these data in aggregate per plan as the percentage of providers within each health plan who had appointments available within the standard time frame.¹³

VA publicly reports wait time information at the facility level on its Access to Care website. VA updates these data daily, so any veteran looking for information about care local to them has up-to-date information about how long they should expect to wait for an appointment. Using my own location as an example, I was easily able to find out that the average wait time for a new neurology appointment in Pittsburgh, Pennsylvania, as of September 5, 2022, was 13 days. For individual mental health care, the average wait time for a new patient appointment at the local VA medical center was 34 days, but there was no wait for an appointment at a local VA community-based outpatient clinic. This kind of information simply does not exist outside VA.

Wait Times for VA-Delivered Health Care Are Often Shorter than for Non-VA Care in the Private Sector

As noted earlier, very little public data exist about wait times for health care outside VA. A just-released study by Merritt Hawkins reported on physician appointment wait times in 15 major metropolitan areas.¹⁴ In spring 2022, using a secret shopper approach, researchers called physician offices and attempted to make a new patient appointment for a nonurgent condition. Merritt Hawkins found that, in general, wait times in these metropolitan areas have increased significantly since the survey was last conducted, in 2017: Average wait times were 34.5 days for a dermatologist appointment (up 7 percent since 2017), 26.6 days for a cardiologist (up 26

¹² Defense Health Agency, Analytics and Evaluation Division, 2021.

¹³ California Department of Managed Health Care, *Timely Access Report: Measurement Year 2020*, Sacramento, Calif., 2022.

¹⁴ Merritt Hawkins, *2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*, Dallas, Tex.: AMN Healthcare, 2022.

percent), and 16.9 days for an orthopedic surgeon (up 48 percent). On the other hand, wait time for a new appointment with a family physician was 20.6 days, a 30-percent reduction from 2017.

To understand how wait times in the private sector compare with VA’s wait times, I used the real-time data from VA’s Access to Care website to estimate average wait times in each of the metropolitan areas covered in the Merritt Hawkins survey. I note that how wait times are calculated are different; the Merritt Hawkins study uses a *first-available appointment* measure, and VA measures *average time from referral to appointment completion*.¹⁵ We should expect the Merritt Hawkins *first available appointment* metric to generally produce shorter wait times, since VA’s *average time from referral to care* metric includes the time it takes for a scheduler to work with a veteran to schedule care. In many cases, the scheduled VA appointment is not the next available appointment—for example, if the veteran is unavailable or unable to attend during that particular time slot.

With the caveat about differences in methodology, Table 1 compares average new patient appointment wait time for specialty care (dermatology, cardiology, and orthopedic surgery) between VA and non-VA providers in the 15 metropolitan areas included in the Merritt Hawkins survey. For the VA data in this comparison, I used the VA Access to Care website to identify average wait time for a new patient appointment in each of the three specialty areas, using a radius of 25 miles from each metropolitan area.¹⁶

Table 1. Average Wait Time, in Days, for a New Patient Appointment from VA and Non-VA Providers

Metropolitan Area	Dermatology		Cardiology		Orthopedics	
	VA	Non-VA	VA	Non-VA	VA	Non-VA
Portland, OR	53	84	40	49	33	28
Washington, DC	0	12	32	36	20	5
Denver, CO	14	27	49	33	31	14
Miami, FL	1	45	30	32	26	13
Boston, MA	4	50	36	29	17	15
Philadelphia, PA	1	9	62	29	50	10
Seattle, WA	26	45	63	29	43	21

¹⁵ Specifically, VA measures the average time from referral to appointment completion or the date the appointment is scheduled to occur if it has not yet been completed. In the absence of a referral, the wait time measurement starts with “the earliest recorded date in the process of receiving care - typically the date a scheduler works with a Veteran to coordinate a future appointment” (Access to Care, “Same-Day Healthcare Services and Other Options at VA Facilities Search,” webpage, U.S. Department of Veterans Affairs, <https://www.accesstocare.va.gov/PWT/SameDayService>).

¹⁶ I selected 25 miles as a radius to capture both major VA medical centers and VA clinics providing specialty care in a given metropolitan area.

Metropolitan Area	Dermatology		Cardiology		Orthopedics	
	VA	Non-VA	VA	Non-VA	VA	Non-VA
New York, NY	13	23	22	28	19	8
Atlanta, GA	10	26	85	26	29	8
Houston, TX	23	25	32	23	18	11
Los Angeles, CA	25	15	28	22	42	31
Minneapolis, MN	0	72	35	20	26	16
San Diego, CA	42	22	29	17	33	55
Detroit, MI	59	29	58	13	24	10
Dallas, TX	39	34	35	13	23	28

SOURCES: Data on average wait time from VA providers collected from VA's Access to Care website on September 5, 2022 (Access to Care, homepage, U.S. Department of Veterans Affairs, undated, <https://www.accesstocare.va.gov>). Data on average wait time from non-VA providers are from Merritt Hawkins, 2022.

NOTE: Bold type indicates that VA wait time is shorter than non-VA wait time.

These data suggest that, in many parts of the country and for some types of care, veterans may face a shorter wait time for care from VA than an average person would face getting care from the private sector. This is especially notable because we would expect wait times for the next available appointment (the Merritt Hawkins approach) to generally be shorter than wait times calculated as the time from the referral to the completed appointment (the VA approach). For example, in Portland, Oregon, wait times are consistently shorter for VA care than for private-sector care. But the reverse is true in other metropolitan areas, such as Detroit, where VA wait times appear to be longer, even when we consider differences in methodology. Across 11 of the 15 metropolitan areas I looked at, average wait times for a new patient appointment for cardiology seem to be longer for VA than in the private sector. In Philadelphia, Seattle, Atlanta, and Detroit, veterans have to wait almost double the time to seek care at VA than in the community.

While this is an imperfect review, there are no other sources of data that I am aware of that allow this kind of comparison between VA's timeliness and that of the private sector, and this kind of information is both useful and important. My simple example has a very short shelf life, though; while the VA data are continuously updated, the Merritt Hawkins data are six months old at this point, so already the availability of private-sector health care may have changed. Furthermore, the Merritt Hawkins survey is conducted only every five years; includes only these 15 metropolitan areas; and does not include some types of care that are especially important for veterans, such as mental health care. Without ongoing, comparable data on wait times in the private sector, it is extremely difficult to interpret VA's published wait times as a measure of VA's performance.

Wait Times Are Often Shorter for VA-Delivered Care than for VA Community Care

Although VA provides detailed information on how long veterans should expect to wait for an appointment at a VA facility, it does not publicly report wait times for VA Community Care appointments—care in the community that is paid for by VA. The limited existing evidence, conducted by VA researchers who have access to detailed appointment data, suggests that veterans may wait longer for VA Community Care than for care from a VA facility. Some of the added wait time for VA Community Care appointments is due to the requirement that veterans first receive approval from VA before receiving Community Care.¹⁷ Most studies on the differences between VA-delivered care and VA Community Care have focused on differences in the timeliness of a particular type of care or medical procedure. In one recent study, veterans with hepatitis C who were referred to VA Community Care waited 42 days for treatment, compared with 29 days for veterans receiving care from VA.¹⁸ In another study, veterans with sleep apnea waited an average of 252 days between testing and therapy in a VA Community Care setting, compared with 129 days in a VA facility.¹⁹ A third study found no difference between VA-delivered care and VA Community Care in wait times for a colonoscopy.²⁰

The most-recent comprehensive analysis of timeliness of VA-delivered care compared with VA Community Care was just published in *JAMA Network Open* in August 2022.²¹ In this analysis, researchers examined referrals for new patient appointments for VA-delivered care and VA Community Care between 2018 and 2021. They calculated wait time as the time between when the veteran received approval for VA Community Care and when the appointment was completed. By calculating wait time from the date of approval, the researchers were able to set aside any added delay due to the approval process to enable a direct comparison of wait times for VA-delivered care and VA Community Care. The analysis included more than 22 million appointments for nearly 5 million unique veterans, and the researchers examined appointments for primary care, mental health care, and specialty care. Table 2 shows the study’s findings of mean wait times for each of these types of appointments for both VA-delivered care and VA

¹⁷ Kevin N. Griffith, Nambi J. Ndugga, and Steven D. Pizer, “Appointment Wait Times for Specialty Care in Veterans Health Administration Facilities vs Community Medical Centers,” *JAMA Network Open*, Vol. 3, No. 8, August 26, 2020; U.S. Government Accountability Office, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, Washington, D.C., September 2020.

¹⁸ Daniel Chao, Hema Buddha, Chitra Damodaran, Linda Tran, Richard Strong, and Christian S. Jackson, “Outcomes Comparison of the Veterans’ Choice Program with the Veterans Affairs Health Care System for Hepatitis C Treatment,” *Federal Practitioner*, Vol. 37, Supp. 3, June 2020.

¹⁹ Bhavika Kaul, Denise M. Hynes, Alex Hickok, Connor Smith, Meike Niederhausen, Annette M. Totten, Mary A. Whooley, and Kathleen Sarmiento, “Does Community Outsourcing Improve Timeliness of Care for Veterans with Obstructive Sleep Apnea?” *Medical Care*, Vol. 59, No. 2, February 2021.

²⁰ Jeffrey M. Dueker and Asif Khalid, “Performance of the Veterans Choice Program for Improving Access to Colonoscopy at a Tertiary VA Facility,” *Federal Practitioner*, Vol. 37, No. 5, May 2020.

²¹ Yevgeniy Feyman, Daniel A. Asfaw, and Kevin N. Griffith, “Geographic Variation in Appointment Wait Times for US Military Veterans,” *JAMA Network Open*, Vol. 5, No. 8, August 25, 2022.

Community Care. For each type of care, wait times were shorter for VA-delivered care than for VA Community Care. (All differences were statistically significant.)

Table 2. Mean Wait Times, in Days, for VA-Delivered Care and VA Community Care New Patient Appointments

Type of Care	VA-Delivered Care	VA Community Care
Primary care	28	35
Mental health care	35	40
Specialty care	36	41

SOURCE: Feyman, Asfaw, and Griffith, 2022.

The authors examined whether these findings persisted in different parts of the country. They found that, overwhelmingly, wait times for VA-delivered care were shorter than for VA Community Care in nearly every region of the country. VA is organized regionally into 18 Veterans Integrated Services Networks (VISNs). For primary care, wait times were shorter for VA-delivered care than for VA Community Care in 15 of 18 VISNs; for mental health care, wait times for VA-delivered care were shorter in 16 of 18 VISNs; and, for specialty care, wait times for VA-delivered care were shorter in 17 of 18 VISNs.

Although the wait time data suggest that there are shorter wait times for VA-delivered care than for VA Community Care, veterans may not always perceive this to be the case. VA collects information on veterans’ experiences with Community Care through its Survey of Healthcare Experience of Patients (SHEP)–Community Care and through its annual Survey of Veteran Enrollees’ Health and Use of Health Care. In the 2021 Survey of Enrollees, 23 percent of respondents reported having received VA Community Care.²² Veterans reported slightly better experiences with getting appointments from VA Community Care compared with VA-delivered care—81.4 percent of enrollees reported that, “most of the time,” or “always/nearly always,” it was easy to get appointments within a reasonable time with VA Community Care, compared with 77.7 percent who reported this for VA-delivered care.

Quality Matters as Much as Timeliness

Although most of my testimony has focused on timeliness, it is critical that discussions about veterans’ access to care always consider care quality. An appointment available tomorrow that provides poor care could be worse than waiting for good care. As prior RAND research has demonstrated, VA typically provides care that is equal to or better than care from the private

²² Z. Joan Wang, Pavan Dhanireddy, Cynthia Prince, Michael Larsen, Michael Schimpf, and Gerald Pearman, *2021 Survey of Veteran Enrollees’ Health and Use of Health Care*, Monterey, Calif.: Advanced Survey Design, 2021.

sector.²³ However, we know very little about how VA-delivered care compares with VA Community Care.

VA tracks and reports on dozens of quality performance measures and makes much of the data publicly available through its Access to Care website.²⁴ The website includes facility-level data on standardized performance measures, such as the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures are developed by the National Committee for Quality Assurance to assess health care quality and are widely used throughout the country. HEDIS measures and other measures included on the website allow veterans to compare the quality of care at their local VA facility with that of non-VA providers in their community, as required by the MISSION Act.²⁵ VA makes additional data available on its “Open Data” website, which includes quarterly reports on VA medical center performance on VA’s Strategic Analytics for Improvement and Learning Value Model (SAIL).²⁶ SAIL data include selected performance measures on hospital readmission rates, sepsis management, employee satisfaction, suicide risk screening rates, and other quality metrics.

Equivalent data are not available for VA Community Care. VA does not publicly report, or, to my knowledge, collect, quality and performance measures for VA Community Care. Studies by VA researchers who have access to data on VA Community Care have provided some limited insights into the quality of VA Community Care. In one recent analysis, VA researchers found that veterans who received total knee arthroplasties at a VA facility had lower odds of readmission than those whose surgeries had been performed by a VA Community Care provider.²⁷ Another analysis of complications following cataract surgery found no significant differences between VA-delivered care and VA Community Care.²⁸ Researchers who used the SHEP survey to analyze veterans’ experiences with care found that veterans’ satisfaction with

²³ Claire O’Hanlon, Christina Huang, Elizabeth Sloss, Rebecca Anhang Price, Peter Hussey, Carrie Farmer, and Courtney Gidengil, “Comparing VA and Non-VA Quality of Care: A Systematic Review,” *Journal of General Internal Medicine*, Vol. 32, No. 1, January 2017; Rebecca Anhang Price, Elizabeth M. Sloss, Matthew Cefalu, Carrie M. Farmer, and Peter S. Hussey, “Comparing Quality of Care in Veterans Affairs and Non-Veterans Affairs Settings,” *Journal of General Internal Medicine*, Vol. 33, No. 10, October 2018.

²⁴ Access to Care, homepage, U.S. Department of Veterans Affairs, undated, <https://www.accesstocare.va.gov>.

²⁵ Access to Care, “How Does Care Compare in VA and Other Facilities in My Area?” webpage, U.S. Department of Veterans Affairs, undated, <https://www.accesstocare.va.gov/Healthcare/QualityOfCare/>

²⁶ U.S. Department of Veterans Affairs, “SAIL FY2022 Hospital Performance – All Facilities,” data set, last updated August 22, 2022, <https://www.data.va.gov/dataset/SAIL-FY2022-Hospital-Performance-All-Facilities/rc4s-93qz>.

²⁷ Amy K. Rosen, Erin E. Beilstein-Wedel, Alex H. S. Harris, Michael Shwartz, Megan E. Vanneman, Todd H. Wagner, and Nicholas J. Giori, “Comparing Postoperative Readmission Rates Between Veterans Receiving Total Knee Arthroplasty in the Veterans Health Administration Versus Community Care,” *Medical Care*, Vol. 60, No. 2, February 2022.

²⁸ Amy K. Rosen, Megan E. Vanneman, William J. O’Brien, Suzann Pershing, Todd H. Wagner, Erin Beilstein-Wedel, Jeanie Lo, Qi Chen, Glenn C. Cockerham, and Michael Shwartz, “Comparing Cataract Surgery Complication Rates in Veterans Receiving VA and Community Care,” *Health Services Research*, Vol. 55, No. 5, October 2020.

their communication with care providers, care coordination, and provider rating scores were higher for VA-delivered care than for VA Community Care.²⁹

VA Should Improve Data on Timeliness and Quality of VA Community Care

Better data about the timeliness and quality of VA Community Care are needed to enable veterans to make decisions about where to receive care and to enable VA to better plan for care delivery. There are likely some types of care and some locations where it will be faster for a veteran to receive care from VA Community Care Network providers than from VA providers, but this is not always or even often the case. Accurate information about wait times for both VA-delivered care and VA Community Care would ensure that veterans are able to get the care they need, when and where they need it.

Similarly, comprehensive analysis of the quality of VA Community Care compared with that of VA-delivered care is essential to ensure that veterans receive high-quality care, regardless of where it is provided. Our own analysis of health care providers in New York found that fewer than 5 percent of non-VA providers were prepared to treat veterans.³⁰ VA requires its providers to complete training on such topics as military cultural competence, suicide risk screening, and evidence-based treatments for mental health conditions and offers this training to Community Care providers through the VHA TRAIN website.³¹ However, few Community Care providers complete this training.³² Better data, analysis, and public reporting of the quality and performance of Community Care are needed.

I have several specific suggestions for how to improve data on the timeliness and quality of VA Community Care. First, VA should publicly report average wait times for VA Community Care appointments, using the same data and methodology used to report average wait times for VA-delivered care. These data should already exist, since they are collected by VA as part of the appointment scheduling process, but they are not publicly reported. There might be some types of care or geographic locations where the volume of VA Community Care appointments is too low to reliably report average wait times. If this is the case, VA could determine a volume threshold (e.g., a certain number of appointments per month) for public reporting.

Second, VA should make use of existing data to systematically monitor and publicly report the quality of care provided in the community. VA could use Community Care Network claims-

²⁹ Megan E. Vanneman, Todd H. Wagner, Michael Shwartz, Mark Meterko, Joseph Francis, Clinton L. Greenstone, and Amy K. Rosen, “Veterans’ Experiences with Outpatient Care: Comparing the Veterans Affairs System with Community-Based Care,” *Health Affairs*, Vol. 39, No. 8, August 2020.

³⁰ Terri Tanielian, Coreen Farris, Caroline Batka, Carrie M. Farmer, Eric Robinson, Charles C. Engel, Michael William Robbins, and Lisa H. Jaycox, *Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families*, Santa Monica, Calif.: RAND Corporation, RR-806-UNHF, 2014, https://www.rand.org/pubs/research_reports/RR806.html.

³¹ U.S. Department of Veterans Affairs, “VHA TRAIN,” webpage, last updated June 9, 2021, https://www.va.gov/EMPLOYEEEDUCATION/ees_vha_train.asp.

³² Carrie M. Farmer, Sierra Smucker, Natalie Ernecoff, and Hamad Al-Ibrahim, *Recommended Standards for Delivering High-Quality Care to Veterans with Invisible Wounds*, Santa Monica, Calif.: RAND Corporation, RR-A1728-1, 2022, https://www.rand.org/pubs/research_reports/RRA1728-1.html.

type data to construct quality measures for veterans receiving care in the community. To do this, it would need to consider the types of care frequently provided by VA Community Care providers and identify appropriate existing claims-based quality measures, such as those used by the Centers for Medicare & Medicaid Services.³³ There may be lessons to be learned from the Department of Defense, which publishes quality measures, including some HEDIS measures, for care received at military treatment facilities and for non-DoD care paid for by DoD through the TRICARE network.³⁴ Providing aggregate information about the quality of VA Community Care at the VISN (or another) level using existing standardized quality measures would allow for comparisons with VA-delivered care.

Third, the third-party administrators (TPAs) responsible for managing the Community Care Network routinely collect information about network providers that is not shared with VA because such information-sharing is not required by contract. VA should explore contract changes that would facilitate additional information-sharing and new data collection about network providers and the quality of care they provide. For example, VA could require TPAs to report whether network mental health providers have received training and certifications in evidence-based psychotherapies, if this is information they have already collected for other payers.

Conclusion

Concerns about veterans' access to timely, high-quality care have been long-standing. Limited available data suggest that veterans' wait times for care from VA facilities are usually shorter than wait times for VA Community Care. VA wait times seem to be similar to those in the private sector, although they may be longer for some types of specialty care, but data are even more limited, and the use of different metrics makes comparisons challenging. VA is the only health system in the country that makes detailed information about wait times available, and this is commendable, for it provides veterans with needed information to make decisions about where to receive care and what to expect. To truly improve veterans' care, however, additional data and analysis on the timeliness and quality of VA Community Care, and how it compares with VA-delivered care, are required.

³³ Quality Payment Program, "Quality Performance Category: Traditional MIPS Requirements," webpage, U.S. Centers for Medicare & Medicaid Services, last updated August 30, 2022, <https://qpp.cms.gov/mips/quality-requirements>.

³⁴ Defense Health Agency, Analytics and Evaluation Division, 2021.