

# Suicide Prevention Opportunities and Challenges with the Growth of VA-Purchased Community Care

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# Agenda

**Brief background on the VA healthcare system and VA-purchased community care**

**Importance of care prior to suicidal crisis or suicide attempt**

**VA-purchased primary care and mental health care**

- Growth over time
- Patient experience and quality of care differences compared to VA-direct care

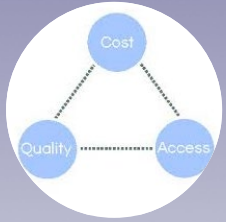
**Challenges and opportunities for Veteran suicide prevention**

- Health system
- Data



# Funding sources and collaborations

## VA Health Services Research & Development Service



### **SDR 18-318, Rosen/Vanneman/Wagner**

Make Versus Buy- Examining the Evidence on Access, Utilization, and Cost: Are We Buying the Right Care for the Right Amount?



### **IIR 18-092, Yoon**

Veterans' Choice in Hospital Care



### **CDA 15-259, Vanneman**

Access to and Choice of VA or Non-VA Health Care by Veterans of Recent Conflicts



# Veterans & VA healthcare system

16.5 million living  
Veterans

~9 million  
healthcare enrollees

6.3 million  
patients

- Very large **integrated** healthcare system

- 171 medical centers
- 1,113 outpatient clinics
- Annual budget of \$69 billion

(About VHA 2022)

- On average, patients relied on VA for **50% of care** in 2014

(Giroir and Wilensky 2015)

(2021 US Census Bureau & 2022  
Office of Integrated Veteran Care)



# Veterans Access, Choice and Accountability Act of 2014 ("Choice Act")

## Response to an access crisis

- Provide access to care for VA enrollees regardless of where they live

## Expanded eligibility for VA-purchased "community care"

- Drive distance to VA
- Wait time for VA
- Hardship to VA



# VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 ("**MISSION Act**")

Consolidated community care programs

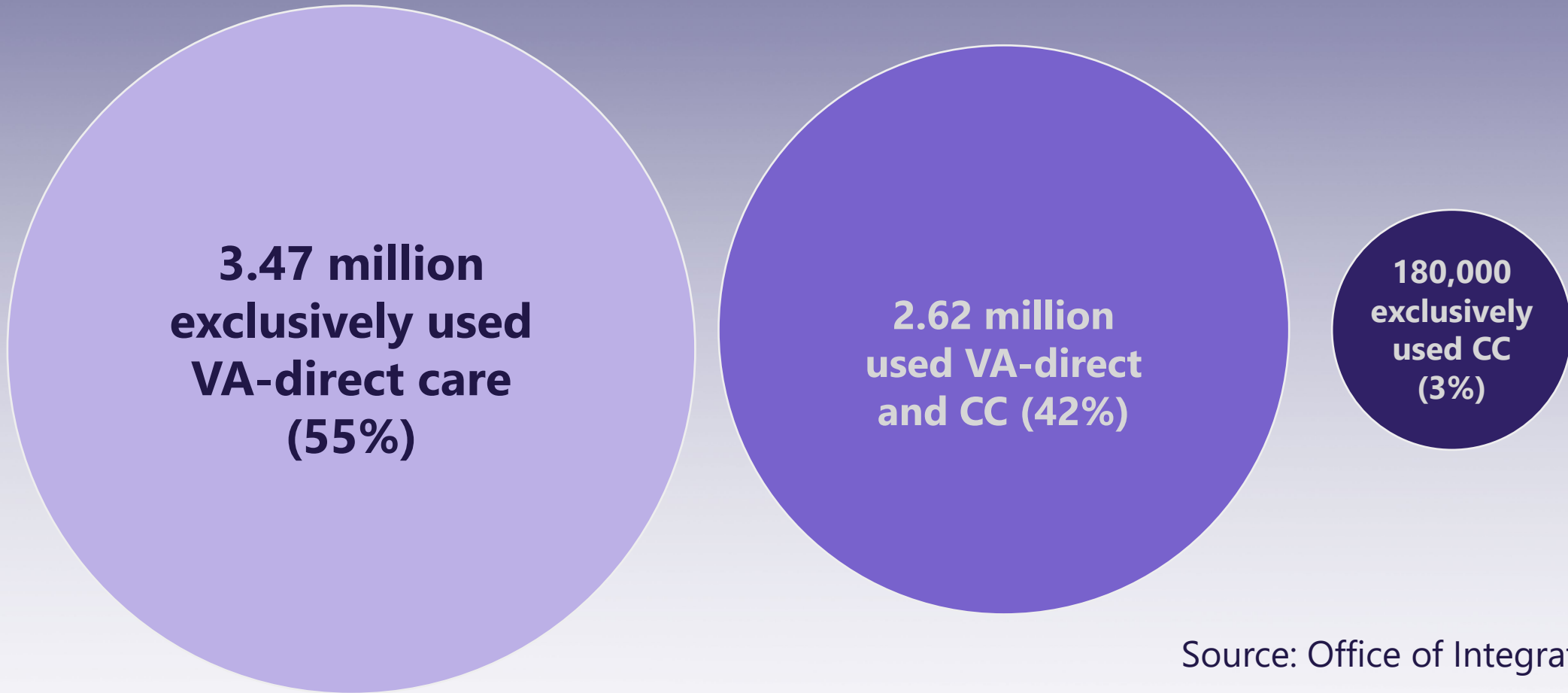
Established Community Care Network (CCN) with more providers

Further expanded VA enrollees' access to community care

- Drive time (rather than drive distance) to VA
- Wait time for VA
- Hardship to VA



# In 2022, out of the 6.27 million VA users:



Source: Office of Integrated Veteran Care



# What do we know about primary care and mental health care in the Choice and MISSION Act eras?



Areas with few healthcare providers



Veteran experience



By type of provider



Admissions and readmissions





# Areas with Few Healthcare Providers

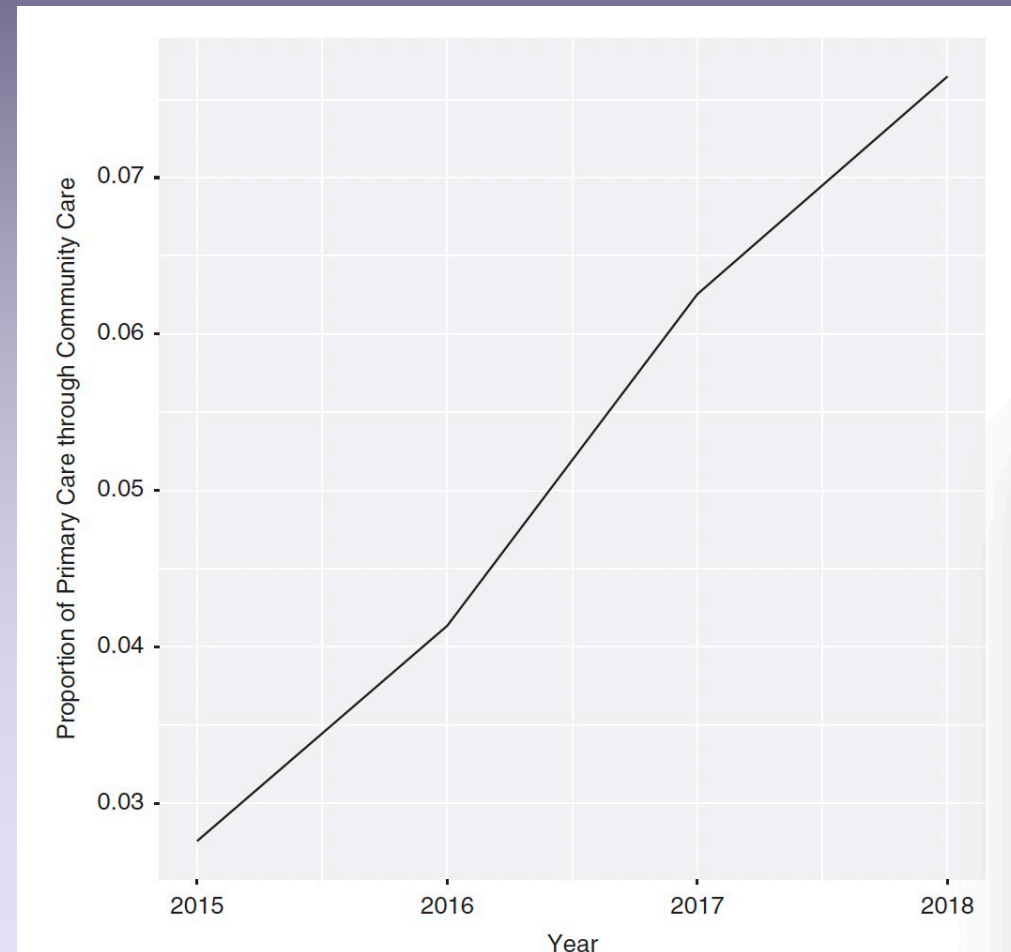


## County-level Predictors of Growth in Community-based Primary Care Use Among Veterans

*Sarah H. Gordon, PhD, MS,\*† Erin Beilstein-Wedel, MA,‡ Amy K. Rosen, PhD,‡§ Tianyu Zheng, MS,||¶ Alan Taylor Kelley, MD, MPH, MSc,||# James Cook, MS,||\*\* Sarah S. Zahakos, MPH,† Todd H. Wagner, PhD,††‡‡ and Megan E. Vanneman, PhD, MPH||¶\*\**

Although small, proportion of primary care in the community is growing

VA-purchased primary care may be serving an access need in counties that are rural, without a VA, and with lower provider supply.



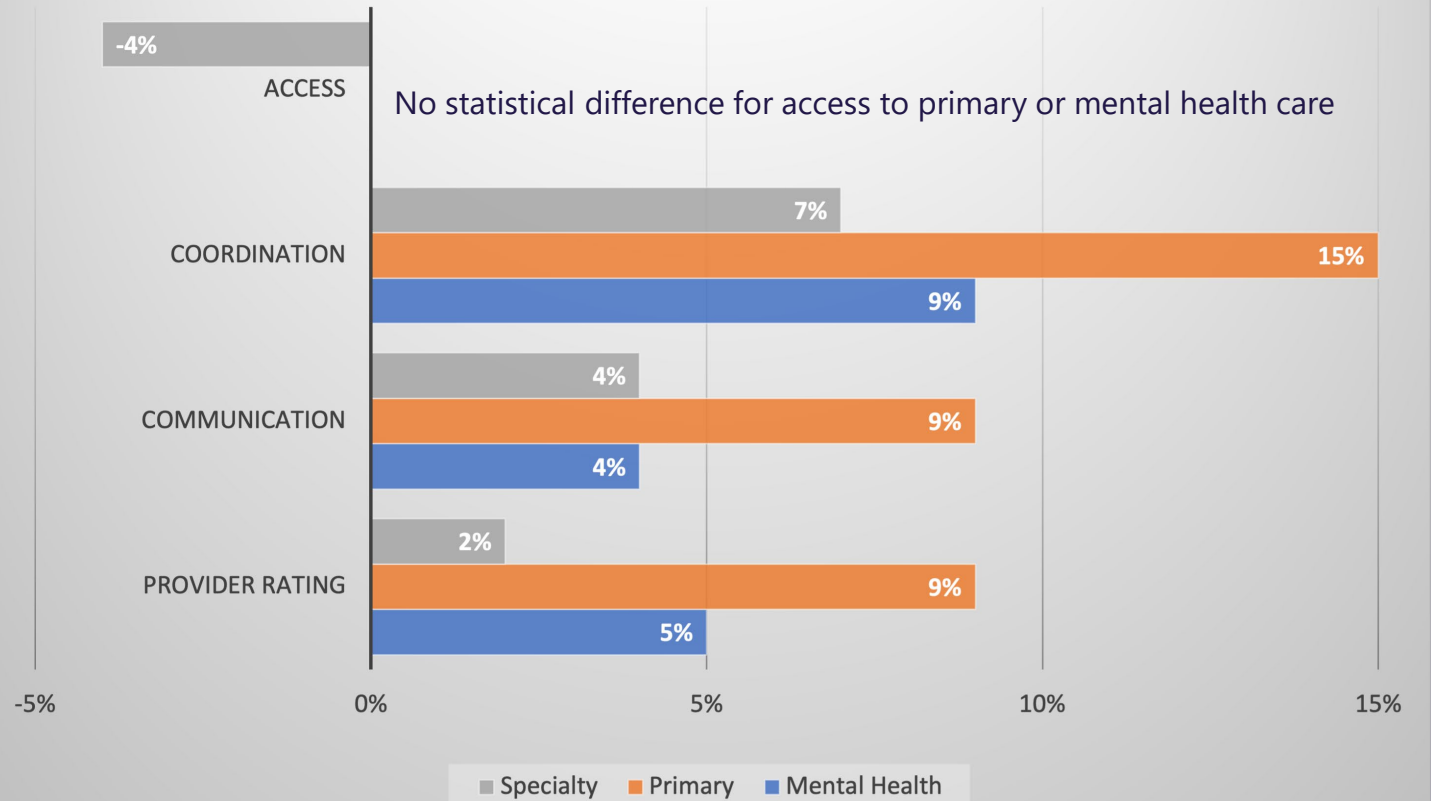
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 NO. 8 (2020): 1368–1376  
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 The People-to-People Health  
 Foundation, Inc.

By 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

Difference Between VA and Community Care Scores at Baseline

CC scored higher ←→ VA scored higher





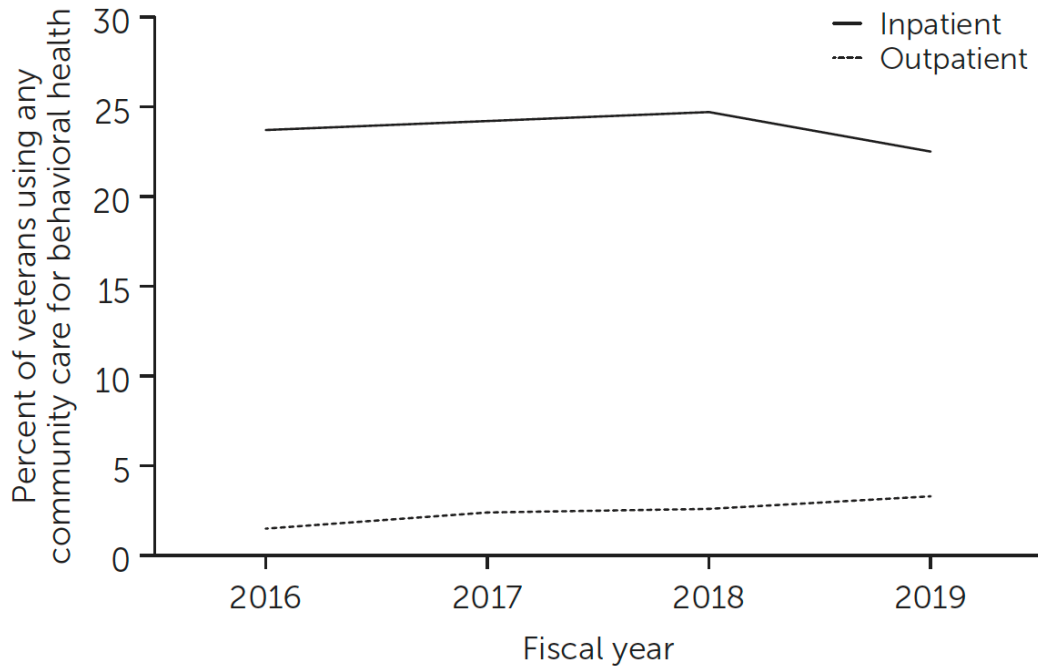
## By Type of Provider

# Psychiatric Services

## Differences Between VHA-Delivered and VHA-Purchased Behavioral Health Care in Service and Patient Characteristics

Megan E. Vanneman, Ph.D., M.P.H., Amy K. Rosen, Ph.D., Todd H. Wagner, Ph.D., Michael Shwartz, Ph.D., M.B.A., Sarah H. Gordon, Ph.D., M.S., Greg Greenberg, Ph.D., Tianyu Zheng, M.S., James Cook, M.Sc., Erin Beilstein-Wedel, M.A., Tom Greene, Ph.D., A. Taylor Kelley, M.D., M.P.H.

**FIGURE 1. Percentage of veterans using any community care for behavioral health, fiscal years 2016–2019**



**TABLE 3. Type of provider seen by veterans for behavioral health outpatient visits in the Veterans Health Administration (VHA) and in the community, fiscal years 2016–2019<sup>a</sup>**

Provider type	VHA visits		Community care visits	
	N	%	N	%
Psychiatry and behavioral neurology	11,769,045	22.1	172,661	10.2
Psychology	13,574,507	25.5	306,056	18.0
Behavioral health advanced practice provider	2,818,914	5.3	45,048	2.7
Behavioral health counseling and therapy	3,799,639	7.1	681,181	40.1
Behavioral health social worker	19,154,090	35.9	246,609	14.5
Psychiatric pharmacist	176,647	.3	8,217	.5
Other	2,053,889	3.9	237,104	14.0

<sup>a</sup> Standardized mean difference=1.06.

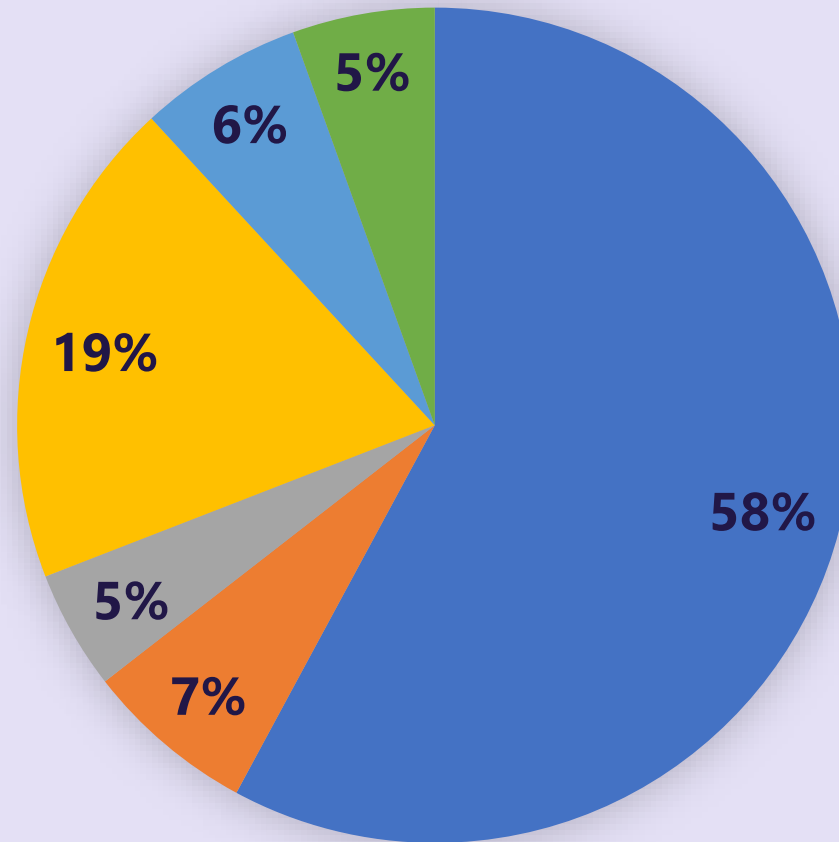


# Behavioral Health Admissions (preliminary findings)

## Hospital discharge data from 10 states

- VA
- VA community care
- Medicaid
- Medicare
- Private insurance
- Other payers

Portion of VA Enrollees' Behavioral Health Inpatient Stays by Payer (2012-2017)  
N=334,659 stays



# Any behavioral health admission

	<b>VA OR (95% CI)</b>	<b>VA community care OR (95% CI)</b>
Over time	<b>0.98 (0.97-0.99)</b>	<b>1.11 (1.09-1.13)</b>
Post-Choice Act	0.99 (0.96-1.01)	1.05 (0.98-1.12)

- Lower over time in VA
- Higher over time in VA community care
- No change after Choice Act

## Behavioral health admissions and 30-day all cause readmissions

### Adjusted predictions

- Longer length of stay in VA (8.5 days) than CC (5.5 days)
- Higher cost in VA (\$14,743) than CC (\$5,442)
- Lower readmission rate in VA (16%) than CC (20%)

# Summarizing the post-Choice Act era for primary care and mental health



Primary care access may have improved,  
but could potentially increase VA care coordination



Veteran experience on communication, coordination,  
and provider rating may be better in VA than CC



Characteristics of providers may vary between  
VA and CC



More likely to go to CC over time, and outcomes may  
vary between VA and CC

# Implications for suicide prevention **challenges** with the growth of VA-purchased community care

## **Many unknowns**

Does using community care (versus VA only) increase, decrease, or have no effect on suicidal crisis or suicide attempts?

## **Delicate balance between keeping/growing the Community Care Network (CCN) and provider requirements**

For example, VA is required to offer relevant trainings (e.g., lethal means), but CCN providers are not required to take them

## **Limitations of information sharing between VA and community care providers**

Community providers may not receive all relevant patient information from VA, and VA providers do not have easy access to all relevant information from the community

## **Difficult to integrate VA and non-VA data for risk prediction and real-time impact**





# Implications for suicide prevention **opportunities** with the growth of VA-purchased community care

## **Enrollment in VA and connection to VA and non-VA services strengthened by recent policy change**

- Enrollment – PACT Act
- Military to Veteran transition – Hannon Act
- Emergent suicide care and treatment at VA and non-VA locations – COMPACT Act

## **Research and quality improvement efforts to engage Veterans in care and address upstream predictors of risk**

## **New contract with CCN providers**





# Questions and brainstorming



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# References

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