Applying the Behavioral Model to the Veteran Population

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Aims

- **Aim 1.** To review the Behavioral Model as a conceptual framework for analyzing access to care for Veterans
- **Aim 2.** To describe dimensions of access to care used to improve health care utilization and health outcomes for Veterans
- **Aim 3.** To show examples of how to apply the Behavioral Model to improve access to care for Veterans experiencing homelessness

Why should we care about access to care and about Veteran centered care?

- The NAM Committee on Monitoring Access to Medical Care defined *effective access* as the timely use of personal health services to achieve the **best possible health outcomes**[1]

[1] *Access to Health Care in America, Committee on Monitoring Access to Personal Health Care Services & National Academy of Medicine, 1993*

Definition of access to care used in the Behavioral Model

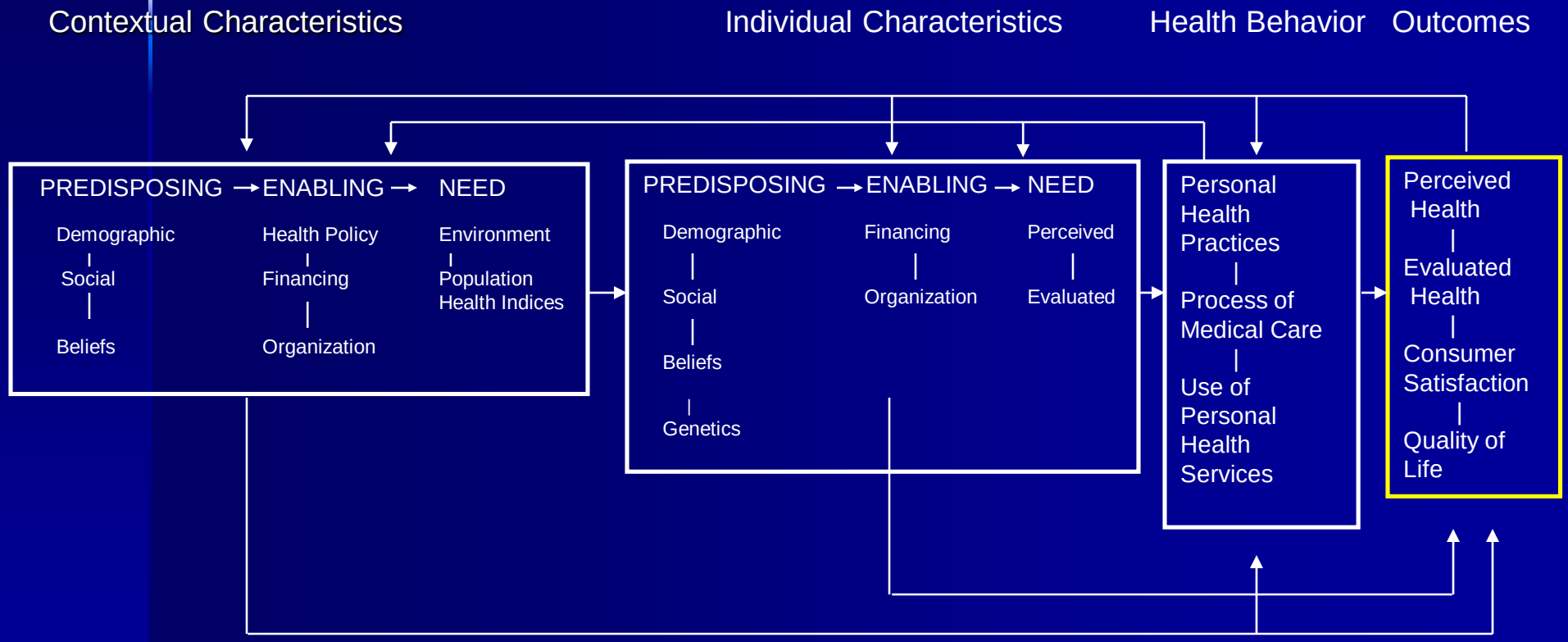
- We define **access** as the **actual use** of personal health services and **everything that facilitates or impedes the use** of personal health services. **It is the link** between health services systems and the populations they serve.
- The conceptualization and measurement of access is key to understanding and formulating health policy because it can be used to **predict health services use**, to **promote social justice,** and to **improve health outcomes**.

Andersen RM, Davidson PL, Baumeister SE. Improving access to care in America. In: Kominski EF, editor. Changing the U.S. health care system. 4th edition. San Francisco, CA: Jossey-Bass; 2014. p. 33–69.

Aim 1.

To review the Behavioral Model as a conceptual framework for analyzing access to care for Veterans

The Behavioral Model



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Adapting the Behavioral Model for Vulnerable Populations

- Gelberg & Andersen (2000) adapted the Behavioral Model by adding domains relevant to *vulnerable populations*
- This model has been extensively utilized to understand access to care for Veterans

Gelberg L, Andersen RM, Leake BD. The Behavioral Model for Vulnerable Populations. Health Services Research. 2000 Feb;34(6):1273–1302.

Contextual and Individual Characteristics

- **Improving access** to care for Veterans is best accomplished by understanding both **individual and contextual determinants that can impede or facilitate use of services**
- Individual and Contextual characteristics are divided in the same way:

  (1) Existing conditions that *Predispose* Veterans to use or not use services

  (2) *Enabling* conditions that facilitate or impede Veterans' use of services

  (3) *Need* or conditions that laypeople or health care providers recognize as requiring medical treatment

Examples: Contextual and Individual Characteristics

- Veteran's **Contextual characteristics** might include:
  - *Predisposing:* demographics and poverty status of the community
  - *Enabling:* healthcare organization and provider-related factors
  - *Need:* population health and environmental factors
- Veteran's **Individual characteristics** might include:
  - *Predisposing*: demographics, socioeconomic status, health beliefs
  - *Enabling:* service connectedness, social support, transportation, housing
  - *Need* : multi-morbidity, PTSD, military sexual trauma

Health Behaviors

Improving access to care for Veterans must also consider **health behaviors that can impede or facilitate use of services**

Health Behaviors include:

- Use of health services
- Process of care
- Personal health practices

Health Behaviors:
Use of Health Services

- Ambulatory care, emergency room visits, inpatient care, long-term care, etc.
- Synchronous Care
  - Patient-doctor visits that occur in “real-time”
- Asynchronous Care
  - Does not require simultaneous presence of the Veteran and provider to be at the same location
  - Text messages, email, telehealth, especially relevant during the COVID-19 pandemic

Health Behaviors:
Process of Health Care

- Behavior of providers interacting with Veterans
- *Patient-Centered Care (Veteran Led Care)*
  - Care determined by and for the Veteran
  - Care and outcomes tailored to Veteran preferences

Health Behaviors
Personal Health Practices

- Practices performed by Veterans including:
  - Diet, exercise, stress reduction, self-care, adherence to care, COVID-19 prevention
  - Substance use (tobacco, alcohol, drugs), use of weapons
- The **process of care** that Veterans experience and their **personal health practices** are important for understanding their **health services utilization**

Aim 2.

To describe dimensions of access to care used to improve health care utilization and health outcomes of Veterans

Dimensions of Access

- Access – Veterans' use of personal health services and everything that facilitates or impedes their use
- Potential Access - Presence of Veterans' enabling characteristics that affect use of services
- Realized Access – Veterans' Use of services
- Equitable Access – Use of services is predicted by Veterans' demographics, genetic susceptibility, and need
- Inequitable Access – Use of services is predicted by Veterans' social and enabling characteristics, vulnerabilities
- Effective Access - Realized access (use of services) that improves Veterans' health outcomes
- Efficient Access - Realized access (use of services) that improves Veterans' health outcomes while minimizing VA costs

Outcomes

Access to care matters because it impacts Veterans' outcomes:

- Health status (perceived and evaluated)
- Veteran's satisfaction with care
- Quality of life (life satisfaction, physical health, mental health, social health, well-being)
- Housing stability

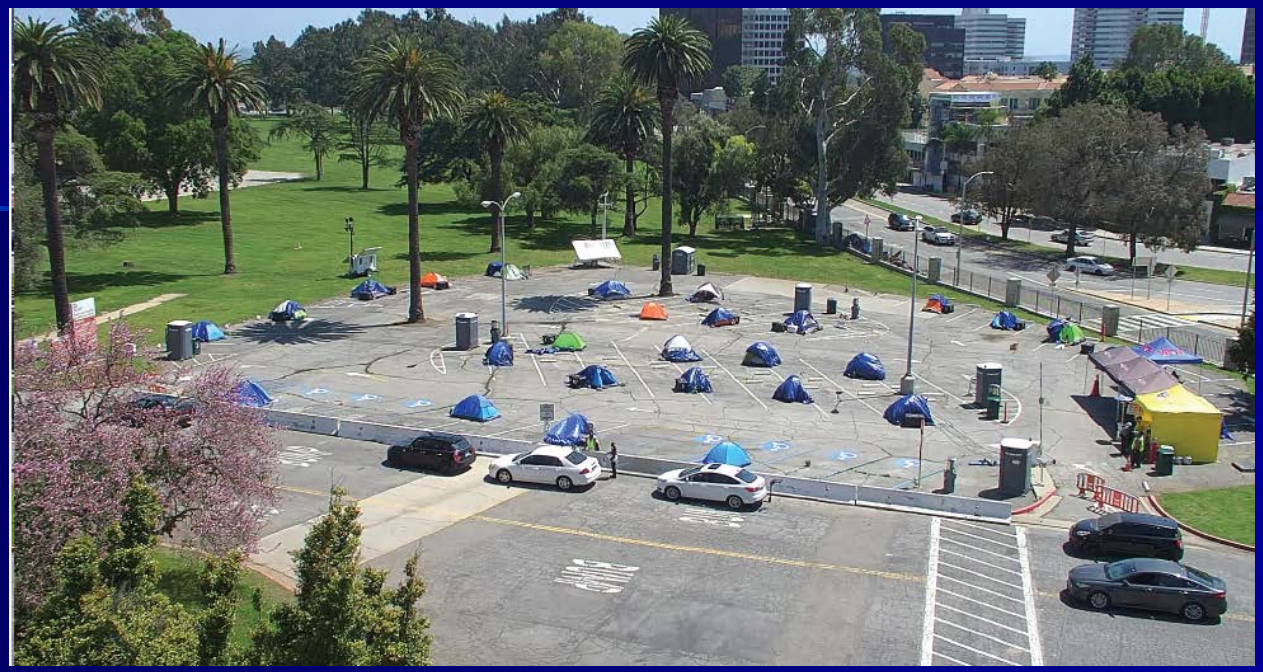
Aim 3.

To show examples of how to apply the Behavioral Model to improve access to care for Veterans experiencing homelessness

Improving access to care via Homeless Veteran-Centered processes of care

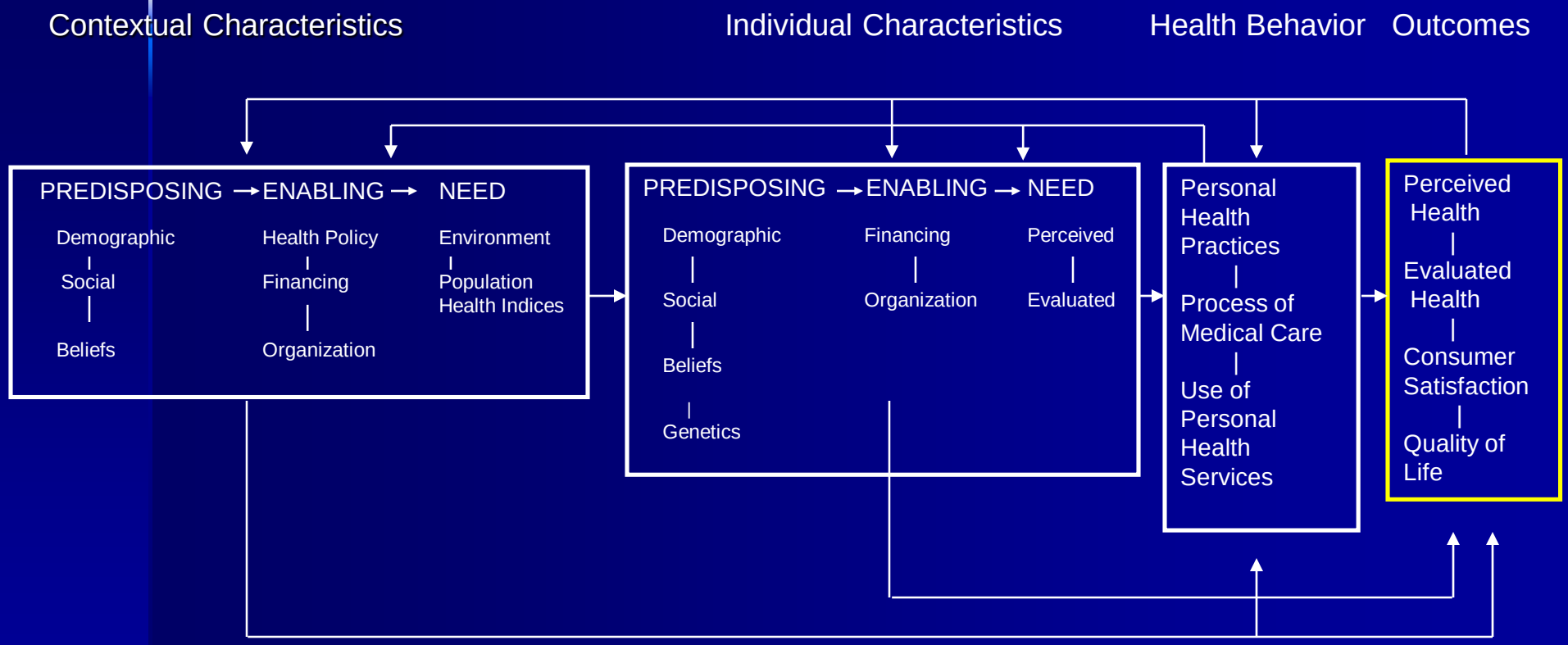
1. VAGLA CTRS Tent Community
2. Interprofessional Care Teams
3. Humanism Pocket Tool

VAGLA Tent Community



- Los Angeles County has largest unsheltered homeless population in U.S.
- The COVID-19 pandemic prompted VAGLA leadership to create a safe environment for Veterans experiencing homelessness to shelter in place, and increase access by providing Veteran-centered healthcare & housing
- This first of its kind program, the Care Treatment and Rehabilitation Service (CTRS) provides immediate shelter in tents on VA land sanctioned by the government, with integrated housing, hygiene, food, primary care, peer support, and social services

The Behavioral Model



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Interprofessional Team-Based Care
Veteran-centered process of care

- VAGLA's COE IA-HPACT is a one-stop shop for homeless experienced Veterans[1]
  - Center of Excellence, Interprofessional Academic, Homeless Patient Aligned Care Team
  - Model of a medical training program on homeless healthcare
  - Interprofessional Team-Based Care: Peer support specialists, front desk staff, nurse care managers, social workers, pharmacists, psychologists, psychiatrists, nurse practitioners, primary care physicians
  - Community engagement/ community partnerships

1. Warde, Soh, Stuber, Tilden, Gelberg. *An Interprofessional Team Performance Training Program for the Care of Vulnerable Patients in the Ambulatory Setting*. Journal of Interprofessional Education and Practice (in press)

Humanism Pocket Tool

Veteran-centered process of care

- Veterans may be able to make a health care visit
- But, Veterans may not return for follow-up visits, especially those who have complex care needs, if their health care provider is rushed, and not kind, compassionate, Veteran-centered
- But, Veterans may be excited to return for care if we provide them with "concierge care" tailored to their needs
  - Their health care provider shows warmth, expertise, optimism, Veteran-centeredness supported by the tools of the Humanism Pocket Tool[1] of the VAGLA's IA-HPACT
  - Their health care provider feels supported because they are providing care as part of an interprofessional team

1. Soh, Shaner, Gelberg, et al. *Using the Humanism Pocket Tool for Patients With Challenging Behaviors.* Annals of Family Medicine 2018;16(5):467-467.

The Humanism Pocket Tool*

version 5.4

Techniques for Clinicians and Trainees

Concept: Your brain is equipped with inborn, automatic, emotional responses biased to protect you from people who *might* be dangerous, infectious or time-consuming. These emotions can sneak up on you. Use the following techniques to adjust your brain and stay humanistic.

1. **Coach yourself toward a caring frame of mind**
   For example, tell yourself "You may be frustrated *AND* you can choose compassion." Or, "Mr. Smith is not himself today." Or, "You've got a strong and compassionate team." (See 5, 6 and 7, on back of card).
2. **Be warm**
   Use your non-verbal behavior—tone of voice, physical proximity, touch, and mirroring patient movements—to reassure a patient that you are not angry, frightened, or disgusted. Begin by comparing your behavior in warm, professional relationships with your behavior with challenging patients. Then, adjust your behavior with patients in the warm direction.
3. **Listen actively and be curious**
   Begin with a question like "What brings you here today?" For 3-5 minutes, use only open-ended questions, brief encouragements to continue, restatement, and empathic remarks. Avoid yes/no questions.
4. **Create a vivid vignette**
   Use active listening and questions such as "What matters to you?", "What brings you joy?" and "What gets in the way?" to discover the patient's aspirations and obstacles. Distill them into a vignette such as "35-year-old Marine Corps veteran studying to be a pastor but haunted by an Iraqi torture chamber." Tell the patient how you will use the vignette (see below). Read the vignette to the patient and ask what changes you should make. The vignette reassures the patient that you see him or her as a person, not simply a diagnosis.
5. **Use the vivid vignette to inspire and coordinate care.**
   Refer to the patient using the vivid vignette in discussions with colleagues and in the ID or summary section of progress notes. This helps you and your colleagues to see the patient more vividly as a person, and to see your interactions with the patient as part of an evolving story, one in which you may become an important character. As you get to know the patient and the story evolves, update the vignette.
6. **During interprofessional meetings, listen actively and appreciate differences.**
   These two techniques help you understand others' assessments and treatment proposals and thereby create overall treatment plans no one person could design or deliver. Knowing that your team is both willing and effective allows you to remain humanistic with complex patients who would otherwise seem overwhelming (see number 1).
7. **Know your colleagues as people**
   The better you know your colleagues, the better you can see their points of view and the better you can understand their assessments and treatment proposals. Try this: On Monday mornings, check in with some of your team members by asking about their weekend. This will help you know them better.

Under continuous development by:

The VA Center of Excellence: Interprofessional Academic - Homeless Patient Aligned Care Team (COE-IA-HPACT) at the VA West Los Angeles Healthcare Center with support from the Arnold P. Gold Foundation.

Brief description available at: goo.gl/Bnc4cw

Full manual available at: goo.gl/kx3FfE

**For more cards to give to colleagues, send your physical address to: Andrew.Shaner@va.gov or Andrew.Shaner@gmail.com.*

Summary: The Behavioral Model and Patient Centeredness

- Using the Behavioral Model, we gain an understanding of how **Veteran-centered care (Veteran led care)** – structures and processes of care tailored to the needs of Veterans -- enables them to access care and improves their outcomes because of the care they received

Thank you

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