



# **Developing a Patient-Centered Approach to Optimizing Veterans' Access to Health Care Services**

**A Virtual Workshop**



**July 9-10, 2020**

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# Statement of Task

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**The workshop will examine patient-centered methods to optimize access to high-quality health care for veterans. In doing so, we will discuss, among other things:**

- **What does “access to care” mean?**
- **How should access be measured?**
- **What strategies can be used to optimize access?**
- **Are there specific ways VA could improve access to care?**
- **What strategies can be used to ensure timely access to care for VA’s special patient populations?**

# Workshop Sponsor

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**U.S. Department of Veterans Affairs**

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# Planning Committee Members

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**Kenneth W. Kizer** (Chair), Atlas Research

**Adrian Atizado**, TriWest Healthcare Alliance

**David Au**, University of Washington and U.S. Department of Veterans Affairs

**Andrew Bindman**, University of California, San Francisco

**Joseph Kimura**, Atrius Health

**Timi Leslie**, BluePath Health

**Mark Murray**, Mark Murray and Associates

**Lisa Rubenstein**, RAND Corporation and University of California, Los Angeles

**Jeannette South-Paul**, University of Pittsburgh School of Medicine

**Heather Young**, University of California, Davis

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# Setting the stage....



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# What is access to care?

# Conceptualizing and Defining Access to Care

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- **“the ability of the population to seek and obtain care” (Dutton, 1986)**
- **“...the timely use of personal health services to achieve the best health outcomes” (IOM, 1993)**
- **“The opportunity to consume health goods and service.” (Haddad & Mohindra, 2002)**
- **“...the functional relationship between the population and medical facilities and resources, and which reflects the differential existence either of obstacles, impediments and difficulties, or of factors that are facilitators for the beneficiaries of health care” (Bashshur et al., 1971)**
- **“the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their needs” (Daniels, 2002)**
- **Others**

# Some of The Many Complexities of Access

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- **Supply-side factors of health systems and organizations**
- **Demand-side features of individuals and populations**
- **Process factors about the ways in which services are realized**
- **And once one “has access,” is it to the most appropriate service**



# Situational Context

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- **VA is required by law to track and publicly report its wait times for access to care and to compare them to private health care providers (who are not required to track and report wait times) and to refer patients to community providers based in large part on wait times.**
- **There is no standard approach to or framework for defining and assessing access to care, nor is there a standardized nomenclature and agreed upon definitions for individual terms used in assessing access (e.g., even *wait times* has variable definitions and meanings).**
- **Stakeholders often find VA's data about wait times difficult to interpret, confusing and not always reliable.**

# Agenda

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## July 9, 2020

**Session 1: Workshop Welcome and Overview**

**Session 2: Strategic Considerations for Conceptualizing Access**

**Session 3: Operational and Tactical Considerations for Measuring Access**

**Session 4: Increasing Access Capacity**

## July 10, 2020

**Session 5: Ensuring Adequate and Timely Access for Special Patient Populations**

**Session 6: Stakeholder Perspectives on the Discussion and Priorities for the Path Forward**