"Development of criteria for designation of certain medical facilities of the Department of Veterans Affairs as underserved facilities and plan to address problem of underserved facilities."

- Certain factors required by law (Veteran to provider ratio, range of specialties provided, wait times, local community access, etc.)
- Measure and report underservedness at least once a year
- Use MISSION 401 to guide resource allocation in MISSION 402
• Evidence-based approach – statistical modeling of supply and demand

• Underservedness – the imbalance between Veteran demand for primary care and a VAMC’s supply of primary care

• Underserved score – adjusted, predicted new patient wait time

**MISSION 401**
Underservedness

**PEPReC**
Partners Evidence-based Policy Resource Center
A VA QUERI Program

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**Time Varying Characteristics**
- VAMC capacity
- Veteran demand
- Utilization of CC
- Clinic efficiency
- Clinic scheduling
- HPSA
- Drive time
- Patient complexity

**Fixed Facility Characteristics**
- Ranges of specialties offered

**Unknown Factors**

**VAMC’s Underserved Score**
### MISSION 401

**Variable influence**  
*FY20 – June CMR*

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>NON-NUMERICAL WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of Veterans over 65 years old</td>
<td>HIGH</td>
</tr>
<tr>
<td>2. Household median income</td>
<td>HIGH</td>
</tr>
<tr>
<td>3. IM/Geri provider FTEs per 1000 enrollees</td>
<td>HIGH</td>
</tr>
<tr>
<td>4. Percentage of Priority Groups 7 or 8 Veterans</td>
<td>HIGH</td>
</tr>
<tr>
<td>5. Medicare Advantage community penetration</td>
<td>HIGH</td>
</tr>
<tr>
<td>6. Zillow House Value Index</td>
<td>MED</td>
</tr>
<tr>
<td>7. Nox risk adjustment score</td>
<td>MED</td>
</tr>
<tr>
<td>8. Community health insurance coverage</td>
<td>MED</td>
</tr>
<tr>
<td>9. Community unemployment rate</td>
<td>MED</td>
</tr>
<tr>
<td>10. PI' Score</td>
<td>MED</td>
</tr>
<tr>
<td>11. Unique community care patients</td>
<td>LOW</td>
</tr>
<tr>
<td>12. Dollars spent on community care</td>
<td>LOW</td>
</tr>
<tr>
<td>13. HPSA score</td>
<td>LOW</td>
</tr>
<tr>
<td>14. Drive time &amp; distance</td>
<td>LOW</td>
</tr>
<tr>
<td>15. RVUs per IM/Geri FTE</td>
<td>LOW</td>
</tr>
<tr>
<td>16. FACSI Panel Size</td>
<td>LOW</td>
</tr>
</tbody>
</table>

**Fixed facility characteristics**

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>NON-NUMERICAL WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Mental health program complexity</td>
<td>LOW</td>
</tr>
<tr>
<td>18. ICU/surgical program complexity</td>
<td>LOW</td>
</tr>
<tr>
<td>19. Complex clinical program complexity</td>
<td>LOW</td>
</tr>
</tbody>
</table>

### MISSION 401

**Top 10 underserved PC facilities**  
*FY20 – June 2020 CMR*
FY21 Model Changes
Overview

- We find the models to be accurate and effective at assessing underservedness
  - Wait times are validated
  - Strong relationships between independent and dependent variables
  - Facilities agreed with designation

- We continually improve the models by adding new variables, updating variable construction, and incorporating stakeholder feedback
  - Clinic capacity
  - Clinic efficiency
  - Established patient scheduling
  - Veteran age

FY21 Model Changes
Clinic capacity

- Updated variable construction; variable substituted
  - Total clinic time per Veteran enrollee – observed clinic time exhibits a more direct relationship with patient access
  - Reported FTE data – inadequate sensitivity to changes in clinic capacity
  - Includes all providers who generate workload in the primary care clinics
  - Observation at the provider-day level – flexibility, optimal for testing additional considerations
  - Translatable to established units (e.g. FTEs)
  - Alternative site virtual care capacity assigned to patient-site
**FY21 Model Changes**

**Clinic efficiency**

- **New variable**
  - Total clinical encounters per day of clinic capacity – an important element of clinical operations that mediates the relationship between clinic inputs and total production
  - Impact on waiting times is analogous to adding additional staff
  - Includes all types of in-person and virtual encounters where a provider is observed performing an outpatient service
  - *Provides facilities with a new tangible mitigation strategy*
  - VISN 1 pilot program – targeted enhancements to clinic efficiency to improve access outcomes

**FY21 Model Changes**

**Established patient scheduling**

- **New variable**
  - Percentage of established patient appointments scheduled more than 90 days in advance
  - Scheduling practices have been shown to directly impact new patient wait times
  - Past policy initiatives have aimed to address this practice to reduce cancellations and avoid crowd-out of new patients (Recall Reminder)
  - *Provides facilities with a new tangible mitigation strategy*
FY21 Model Changes
Veteran age

- **New variable(s)**
  - *Continuous age variable* – captures age health effect (gradient demand)
  - *Percentage of Veterans under 55yo* – accounts for younger Veterans who demand less health care overall
  - Example of how qualitative feedback from management teams can lead to model improvements

**FY21 Status & Next Steps**

- **FY21 Status**
  - Most updated variables constructed now
  - Processing new drive time data from PSSG
  - Estimating FY21 models to produce new ranking in November

- **Next Steps (with OVAC)**
  - Brief affected VISN and VAMC leadership
  - Include ranking in Report to Congress
  - Consult with field on action planning