

New benefit increases veterans' access to urgent care in the community

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Two years ago, the Veterans Affairs healthcare system (VA) began rolling out a new benefit, enabling Veterans to receive urgent care from a network of community providers—rather than visiting a VA

emergency department or clinic. Progress toward expanding community care services for Veterans is the focus of a special supplement to the May issue of *Medical Care*. The journal is published in the Lippincott portfolio by Wolters Kluwer.

The urgent care benefit "provides a new way to deliver unscheduled, low-acuity acute care to Veterans," according to the new research by Anita Vashi, MD, MPH, MHS, of VA Palo Alto Health Care System and colleagues. The study is one of 12 [research papers](#) and commentaries on "Innovations in Community Care Programs, Policies, and Research"—focusing on Veterans' use of healthcare services in the community, and how VA centers interact with community care providers.

What's the best balance of VA and community care? That's the 'billion-dollar question'

Dr. Vashi and colleagues analyzed initial data on how Veterans are using the community urgent care benefit, which was implemented starting in June 2019. Eligible Veterans were able to receive urgent care from providers in VA's community network, without prior authorization. Focusing on minor illnesses and injuries that might otherwise lead to emergency department (ED) visits, the program was part of VA's "Maintaining Internal Systems and Strengthening Integrated Outside Networks" (MISSION) Act, designed to increase Veterans' access to health care in VA facilities and the community.

Through the first nine months of the program, 138,305 Veterans made a total of 175,821 urgent care visits to VA community network providers. That accounted for 2.4 percent of a cohort of 5.9 million potentially eligible Veterans. By comparison, 7.3 percent of Veterans visited a VA ED or clinic for lower-acuity (non-emergency) conditions during the

same period.

Dr. Vashi and colleagues examined trends in community urgent care use, including factors associated with urgent care rather than ED visits.

Urgent care visits generally increased over time and varied between regions. Most Veterans using urgent care lived in [urban areas](#)—more than 80 percent lived within 30 minutes of a VA primary care site. Most had no copays for urgent care visits.

Upper respiratory infections, back pain, and bronchitis were the most frequent reasons for community urgent care visits. Common procedures and treatments included chest x-rays, influenza or strep testing, and urinalysis. Average cost to VA for urgent care visits was \$132, with total costs of about \$23 million.

On analysis adjusting for other factors, women and younger Veterans were more likely to take advantage of the urgent care benefit. Driving time was a key factor: Veterans who lived more than 60 minutes from a VA ED or VA urgent care center were twice as likely to choose community urgent care services.

The study provides key information on how "early adopters" are taking advantage of the urgent care benefit. "As the program continues to expand and evolve, impacts on care coordination, medication safety, outcomes, and shifts in utilization of VA primary and emergency services must be evaluated," Dr. Vashi and coauthors write.

While most care is still provided at VA Medical Centers and outpatient sites, initiatives including the MISSION Act have greatly expanded Veterans' ability to seek care at private health care providers, clinics, and hospitals in the community. The papers in the new open-access supplement offer "a broad examination of the first two years of MISSION Act implementation, and highlights areas where additional

research is needed to understand Veterans' perceptions, satisfaction and use of VA Community Care," according to an introductory guest editorial by Kristin Mattocks, Ph.D., of VA Central Western Massachusetts and colleagues.

The supplement papers are an important step toward providing the best experience for Veterans in choosing among their healthcare options. Dr. Mattocks and coauthors conclude: "The enduring challenge for VA—literally the 'billion dollar question' - is to determine what balance of in-person VA care, virtual VA care, and care in the community offers the optimal balance of timely, patient-centered and high-quality care."

More information: Anita A. Vashi et al. Community Urgent Care Use Following Implementation of the Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks Act, *Medical Care* (2021). [DOI: 10.1097/MLR.0000000000001549](https://doi.org/10.1097/MLR.0000000000001549)

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