

Purpose: Veterans enrolled in VA healthcare often obtain much of their medical care from non-VA providers: Roughly three quarters of their hospitalizations are in non-VA hospitals, and most of their outpatient care is in the private sector, though they also rely heavily on the VA for certain types of treatment, such as mental health care or pharmacy services. Their reliance on VA relative to non-VA care is influenced by travel times and distances, urban-rural residence, income, insurance coverage, age, Medicare eligibility, and VA priority level. To date, however, enrollees' reliance on VA and non-VA outpatient and inpatient care has not been examined in a single study using administrative healthcare data. It is not known whether most healthcare-using VA enrollees use one system of care predominantly or both extensively, or whether dual users receive duplicative services or are subject to conflicting or misdirected care that might lead to poorer outcomes. Since recent combat Veterans are automatically eligible for five years of VA treatment, but also are more likely to be National Guard or Reserve personnel who are returning to their jobs and insurance coverage, it is not known to what extent they might opt to use either system of care, and for what conditions, or how distance to care and rural residence might influence them. We propose to study VA enrollees who are "high users" of healthcare (patients with hospitalizations and/or substantially higher than median amounts of outpatient care) and "dual users" (patients who used both VA and non-VA care), comparing them to other VA enrollees in each system of care with respect to their use of primary, specialty, pharmacy, and inpatient care, principal diagnoses and procedures, co-morbidities, age and other demographics, insurance coverage (including Medicare/Medicaid), VA priority level, travel times to access care, and urban-rural residence. Results will serve to inform the planning of VA, state, and private sector healthcare stakeholders.

Data Sought: The proposed study will examine healthcare use by Veterans living in Maine at any time during the years 2005 through 2010 who were enrolled in the VA and for which there were any commercial insurance claims for either VA or non-VA medical care. We seek to acquire inpatient, outpatient, dental, and pharmacy data for all services these VA enrollees might have obtained from any providers who billed any insurance companies or other payers. We are asking for these data from the 2005 – 2010 Restricted Medical Claims, Dental Claims, Pharmacy Claims, and Eligibility files. Requested data elements will include MHDO's patient ID numbers, diagnostic and procedural codes, medications prescribed, dates of service, ZIP codes of providers, provider specialties, charges and payments by payer (including out-of-pocket), admission and disposition status, and patient demographics including age, gender, race/ethnicity, and ZIP code of residence.

VA's National Data Systems (NDS; VA's national repository of enrollee and clinical datasets) will generate a list of personal identifiers (SSNs, dates of birth, and genders) for all VA enrollees who lived in Maine at any time during 2005 through 2010, and provide them to the Maine Health Data Organization (MHDO), under encryption and password protection. These data will include flag variables to indicate each enrollee's level of service connection (percentage of disability due to injuries sustained in military service – coded in 10% increments) and priority for VA care (which determines access to VA services – coded in 8 categories). MHDO will use the identifiers to search its archives for any medical records for matching individuals, and attach the flag variables to the matching records. The resulting dataset, with SSNs and other personal identifiers removed, will be sent to NDS, which will then provide it to our research team. MHDO will then certify that it has erased all records of these identifiers and flags from its data systems. All datasets will be maintained and analyzed on the dedicated research server at the White River Junction VA Medical Center, behind the VA's firewall. As with our other projects, no individual level information will ever be taken from the server; all analyses are done on-station from VA desktop computers – we do not use laptops, thumb drives, or other portable media to store individual level information.

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Internal Review Board: This project has been approved by the White River Junction VA Medical Center's Research & Development Committee, and by our IRB of record, Dartmouth College's Committee for the Protection of Human Subjects (CPHS #22936). CPHS approval is embedded here. The project was submitted to VA's Health Services Research & Development Service for funding; it received a good score but short of the funding level; it has been resubmitted and a decision is anticipated in March 2012. The project will be undertaken regardless of the funding decision, as we currently have sufficient funds to purchase data.

Delivery Media Requested: We (and NDS) use SAS statistical analysis software, and so would prefer the data in SAS data files or transfer files. Data transfers are requested using encrypted and password protected CD/DVDs. NDS can provide the encryption software and instructions.

Internet Display: We have no intention of displaying summary data on the Internet, but we cannot guarantee that our VA superiors will not display summary data on the VA's intranet. We will never release individual level data or small-area data based on fewer than 10 individuals, even internally to other VA entities.