

ACC 97-068 Improving Service Delivery through Access Points

John C. Fortney, PhD

Central Arkansas Veterans Healthcare System; No. Little Rock, AR

Funding Period: January 1999 - December 2001

BACKGROUND / RATIONALE:

Community Based Outpatient Clinics (CBOC) represent one of VA's main managed care strategies for shifting the focus of care from the inpatient to the outpatient setting and for improving the health of our nation's veterans. Hypothesis-driven research is critically needed to test the basic assumptions motivating the expansion of CBOCs throughout the VA health care system.

OBJECTIVE(S):

The specific aim is to evaluate the impact of CBOCs on the service use patterns and costs of patients with ambulatory care sensitive conditions. We will test the hypotheses that after opening a CBOC, current users in its catchment area with ambulatory care sensitive conditions will have greater utilization of primary care outpatient services and lower utilization of inpatient and specialty outpatient services. In addition, we will test the hypothesis that after the opening of an Access Point, current users in its catchment area with ambulatory care sensitive conditions will have lower overall treatment costs.

METHODS:

Study Design - A quasi-experimental pre-post study design with intervention and reference groups will be employed to compare service utilization and costs in the two years before and the two years after the opening of the CBOC. Sample Selection - Eleven CBOCs from six VISNs that were opened in the second half of FY97 will be included in the sample. Two samples for each CBOCs will be compiled. The sample will include all current users in the CBOCs' catchment areas who were diagnosed with hypertension, diabetes, chronic obstructive pulmonary disease, angina, depression or alcohol dependence along with a reference group of current users outside CBOC catchment areas. The secondary data source is the VA's PTF and Census files housed at the Austin Automation Center. Data Analysis - Individual veterans are defined as the units of analysis. Reference groups have been category-matched on the intervention group to ensure a similar distribution of key variables. The hypotheses will be tested using random effects regression analyses. The dependent variables will be defined as post-CBOC inpatient utilization, outpatient utilization or cost. The explanatory variable of interest is whether the veteran resided inside a CBOC catchment area.

FINDINGS / RESULTS:

None at this time.

STATUS:

Data analysis.

IMPACT:

Not known at this time.

PUBLICATIONS:

Journal Articles

1. Fortney JC, Thill JC, Zhang M, Duan N, Rost K. Provider choice and utility loss due to selective contracting in rural and urban areas. Medical Care Research & Review 2001; 58: 60-75.