COVER COMMISSION

Creating Options for Veterans' Expedited Recovery

Duty 2
Analytical Summary Report

October 21, 2019

COVER COMMISSION
Creating Options for Veterans' Expedited Recovery

TABLE OF CONTENTS

BACKGROUND & INTRODUCTION

Approach & Purpose

To satisfy the Duty 2 legislative mandate, existing quantitative and qualitative data sources were analyzed to inform the Duty 2 Workgroup and the Commission's final recommendations.

The Duty 2 Workgroup began identifying potential data sources as of July 2018. This included meetings with various VA program offices to discuss existing quantitative and/or qualitative data sources that were relevant to the Commission's second legislative mandate (see Appendix B for a full listing).

At the end of November 2018, the Workgroup began discussing the elements to be included in the analytical plan. The analytical plan served to guide the use and analyses of existing data sources identified to address the Workgroup's key questions. By March 7, 2019, the outline was drafted including identifying key questions that were aligned to the subcomponents of Duty 2. They were finalized by May 23, 2019. Using key questions, a full analytical plan was finalized by August 8, 2019.

Figure 1. Timeline of the Duty 2 Analytical Approach and Milestones

Overview of Comprehensive Addiction and Recovery Act (CARA) of 2016

The Comprehensive Addiction and Recovery Act of 2016 (CARA), Section 931 Public Law 114-198 (see Appendix A for a copy of the legislation), mandates the establishment of a Commission, known as the Creating Options for Veterans' Expedited Recovery (COVER) Commission. The COVER Commission is charged to examine the evidence-based therapy treatment model used by The Secretary of Veterans Affairs for treating mental health (MH) conditions of Veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, US Code).

Per the CARA legislation, for Duty 2, the Commission shall:

> *Conduct a patient-centered survey within each of the Veterans Integrated Service Networks (VISNs) to examine:*

> a. *The experience of Veterans with VA when seeking medical assistance for mental health issues through the VA Health Care System;*
> b. *The experience of Veterans regarding available treatment for mental health issues with non-VA facilities and providers;*
> c. *The preference of Veterans regarding available treatment for mental health issues and which methods the Veterans believe to be most effective;*
> d. *The experience, if any, of Veterans with respect to the complementary and integrative health treatment therapies described in #3;*
> e. *The prevalence of prescribing prescription medication among Veterans seeking treatment through the VA Health Care System;*
> f. *The outreach efforts of VA regarding the availability of benefits and treatments for Veterans for addressing mental health tissues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.*

Evaluating the Options to Satisfy the Second Legislative Mandate

The Commission created five Workgroups to examine each of the respective five duties of the CARA legislation. At the August 21-22, 2018 Commission meeting held in Washington, D.C., the Duty 2 Workgroup presented six options to the full Commission to satisfy the second duty including:

Option 1: Using one or more existing data sources (quantitative and qualitative)
Option 2: Designing and Conducting a web-based survey
Option 3: Designing and Conducting patient-centered focus groups
Option 4: Combination of Options 1 and 2
Option 5: Combination of Options 1 and 3
Option 6: Combination of Options 1, 2, and 3

The Workgroup identified significant potential barriers and challenges to executing the options above including the complexity and large task of creating and administering a web-based survey. The short timeframe of less than 18 months for completion of the Commission report, availability emails for a representative sample of VA healthcare users and non-users, and time needed to receive the Office of Management and Budget (OMB) approval to comply with the Paperwork Reduction Act (PRA) for any survey tools created substantial barriers to conduct of a web-based survey before December 2019... As a result, the Commission voted to continue gathering existing data sources to make a better determination of which option(s) to pursue.

At the November 5-6, 2018 Commission meeting, the Duty 2 Workgroup presented a listing of the existing data sources found that could potentially be used to satisfy the legislative mandate, including identifying gaps in information. Given the time constraints and the barriers to conducting a patient-centered web-based survey, the Commission voted to pursue Option 5 using existing data sources, as well as augmenting previous surveys with collection of feedback using patient-centered focus groups. in lieu of the web-based survey. Given the Commission's charge to examine Veterans' preferences and experiences with mental health services, focus

groups were deemed an optimal data collection strategy to gather the extensive qualitative data needed to supplement the data analyses.

Commission Follow-up with SECVA Related to Duty 2

The November 2018 vote also instructed the Commission to follow-up with the Secretary of the Veterans Affairs (SECVA) to discuss this decision and inquire if the SECVA could assist in designing and conducting a web-based survey in the future. On December 7, 2018, the Duty 2 Workgroup Lead, Commissioner Michael Potoczniak, PhD., along with members of the COVER Commission including Chairman Jake Leinenkugel and Commissioner Shira Maguen, PhD, met with the SECVA. The Commission inquired of the SECVA the feasibility of VA completing this task—i.e., designing and conducting a web-based survey to gather information from Veterans about their perceptions and experiences of care, that could be sustained after the Commission ends. To make a determination and respond to the Commission's inquiry, the SECVA requested additional information, specifically the survey's scope and projected level of effort to complete the task.

The Duty 2 Workgroup met and consulted with representatives from the National Academies committee that conducted the Evaluation of the Department of Veterans Affairs (VA) Mental Health Services report given the committee also conducted a web-based survey for Veterans of similar nature and magnitude being asked of the COVER Commission. The table below illustrates key steps or milestones, with approximate timeframes, to design and conduct a high-quality web-based survey.

Table 1. Approximate Timeframes of Key Milestones Related to the Survey of Veterans for the National Academies' Evaluation of VA Mental Health Services

Key Event	Duration
Development of survey protocol, questionnaire, and survey materials	8 months
Development of analysis plan	2.5 months
Cognitive (pilot) testing of survey instrument	1 month
Programming of web survey and survey management system	3 months
CATI system development and programming	1 month
Sampling	6 months
Study Approvals	1 year
Survey Implementation	23 weeks
Preparation of analytic datasets, analysis, and draft analytic report	6 months

As shown in Table 1 above, creating a high-quality survey is an extensive task, that can take approximately 2-3 years from instrument development to duration of sampling/data collection, and final analyses. Per the discussion with the National Academies' committee, these timeframes were also underestimated, and additional follow-up using Computer-Assisted Telephone Interviews (CATI) was required given the low response rate, a challenge when conducting any web-based survey. Similar precautions were provided to SECVA to be taken if VA pursues an additional survey for Veterans to address the gaps in information that existing surveys and data collection are not addressing. This information was provided to the SECVA as a memo in February 2019.

METHODOLOGY

Key Questions

See Appendix C for a full listing of the key questions identified for each subcomponent of Duty 2. They have been grouped into the topics below.

Figure 2. Key Question Topics Aligned to the Duty 2 Legislative Subcomponents

2.A Examine the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department	• Veteran Experience with VA Mental Health Services • Veteran Satisfaction with VA Mental Health Services • Veteran Experience with VA Inpatient & Outpatient MH Services (SHEP)
2.B: Examine the experience of veterans with non-Department facilities and health professionals for treating mental health issues	• Veteran Experience with non-VA Mental Health Services • Veteran Experience with MH Community Care (SHEP)
2.C: Examine the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective	• Veteran Preferences for Mental Health Treatments
2.D: Examine the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in Duty 3	• Veteran Experience with CIH Treatments • CIH Offerings in VA
2.E: Examine the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues	• Prevalence of Prescription Medications for Mental Health Conditions
2.F: Examine the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments	• VA Outreach Efforts for Mental Health and CIH Services

Data Sources and Analyses

The overall methodology includes evaluating each data source individually. In addition to using existing quantitative and qualitative data, the Workgroup also conducted literature reviews, identifying relevant tables and figures from peer-reviewed publications that have been aligned to the key questions and subcomponent of the Duty 2 legislation. Each data source evaluates a different Veteran subpopulation and includes its own methodology. Overview of each data source and specific analyses conducted for each dataset are provided below.

Veteran Satisfaction Survey (VSS). The VSS is a "mail survey sent to a random sample of new and established Veterans who recently received mental health services" (Introducing the VSS and VOA). The survey is intended to assess satisfaction with mental health care. The survey is "confidential but not anonymous and has a numerical identifier for each survey participant, but no information that would be considered Personal Health Information (PHI) per Federal

regulations" (Introducing the VSS and VOA). Veterans return forms in the mail directly to Northeast Program Evaluation Center (NEPEC) in a pre-stamped envelope. The VSS data are used in MH Strategic Analytics for Improvement and Learning (SAIL) measures. The data flow into SAIL measures in the aggregate such that no individual Veteran responses are visible, and all reports generated from the data are aggregated.

Background information, access to VSS dashboard, and a deidentified SAS datafile containing FY 2018 responses merged with patient records to examine demographic information was provided by NEPEC[1]. A variable, oief, was also included in the SAS datafile. This variable was created using information provided by the Department of Defense (DoD), identifying Veterans that were part of the OEF/OIF/OND conflicts. A limitation of this data includes that Veterans, once flagged as participating in at least one of those conflicts, are not included in any other conflict they may have participated in (i.e. Gulf War). From the VSS dashboard, FY 2019 national-facility level information was examined instead of national-individual level data given the variation from facility to facility in the number of individual Veteran responses. Using the VSS dashboard, national-facility level results were generated from FY 2019. Using SAS software (version 9.4, SAS Institute, Inc., Cary, NC) analyses were conducted to estimate the prevalence for demographic characteristics of all respondents from FY 2018 from the SAS datafiles provided.

Veterans Outcome Assessment (VOA). The VOA is modeled after the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes (ECHO) survey. The VOA is a "quality improvement project designed to determine whether VA mental health services are effective" (Introducing the VSS and VOA). It assesses "clinical outcomes, program effectiveness and satisfaction of VA mental health services" (Introducing the VSS and VOA). These data will help VA understand the effectiveness of programs for internal purposes, and the data are needed to fulfill an obligation for a congressionally mandated external program evaluation of VA mental health programs required by the Clay Hunt Suicide Prevention Act.

The VOA is a telephone survey of all new Veterans in mental health programs. The target sample of completed interviews is 10,000 pairs (to include an initial and a follow-up interview) per year. Veterans who agree to participate are "asked questions about symptoms and functioning within two weeks of beginning treatment, and 3-4 months later, even if they do not continue to receive mental health care" (Introducing the VSS and VOA). All reports from the VOA are "aggregated and no individual responses are shared with one important exception: Veterans whose responses to the Columbia Suicide-Severity Scale indicate high risk for suicide" (Introducing the VSS and VOA).

NEPEC[2] provided a deidentified SAS datafile containing both the responses from FY 2018 as well as demographic information from patients records that were merged to survey responses. Responses from questions E2 through E9 (see Appendix D) were used given they were the most

[1] Dr. Hoff, Director of the Northeast Program Evaluation Center, Office of Mental Health & Suicide Prevention (OMHSP).
[2] Dr. Hoff, Director of the Northeast Program Evaluation Center, Office of Mental Health & Suicide Prevention (OMHSP).

relevant to the Commission's charge. Like VSS, the VOA datafile also included the same "oief" variable, with the same limitations previously identified.

Similarly, for VOA, SAS software was used to calculate estimates of prevalence information from questions E2-E9 from the survey baseline responses as well as demographic characteristics of all respondents in FY 2018 from the SAS datafiles provided.

Complementary and Integrative Health (CIH) Veteran Preference Survey. In July 17-25, 2017, Taylor et al. (2019)[3] conducted the first national survey of Veterans' interest in, frequency of, and reasons for use of, and satisfaction with 26 CIH approaches. A convenience sample was used, inviting members of the Veterans Insights Panel (VIP) via email (survey link provided) to participate and were given two weeks to complete the survey. VIP is a national online group of Veterans who regularly use VA services, designed to provide feedback on VA services and programs. A total of 3,346 surveys were collected, with 1,230 completed surveys, representing a 37% response rate. A copy of the full report can be found in Appendix D.

At the request of the Commission, Dr. Taylor[4] conducted additional analyses using the data collected from the CIH Veteran Preference Survey. The proposed analyses were developed by the Workgroup and provided to Dr. Taylor. The additional analyses evaluated comparing two subsamples, one for any Veteran who reported using CIH for depression or anxiety, substance use, PTSD, or for improving overall health and well-being ("MH/SUD/Health"= 467) to those who reported using CIH for any other reason, which includes pain ("Other"=178). Results were also summarized by Dr. Taylor and provided to the Commission in Word format.

Some limitations of the study Taylor et al. (2019) conducted included:

1. The sample was not representative of the Veteran population in general in that they used a large convenience sample.

2. Veteran patient population is not generalizable to the entire population.

3. 37% response rate, although standard for patient surveys, may have resulted in an overestimation of the use of and interest in CIH approaches.

Veteran Outreach Efforts (VOE) Questionnaire. The Veteran Outreach Efforts questionnaire was developed by the Workgroup to capture the frequency of mental and behavioral health outreach efforts within the VA healthcare system. The questionnaire prompted respondents to input the total number of outreach events held within calendar year (CY) 2018 and CY 2019 for six types of outreach efforts including: Town Hall Meetings, Community Outreach Efforts, Facebook posts, Twitter posts, Public Service Announcements (PSA), and Newsletters. The types of outreach efforts were further divided by specific mental health topics: MH, Substance Use Disorder (SUD), Suicide Prevention (SP), and CIH. In addition to including the frequency of outreach events, respondents were presented with two open-ended questions at the end of the

[3] Taylor, S. L., Hoggatt, K. J., & Kligler, B. (2019). Complementary and integrated health approaches: What do Veterans use and want. *Journal of general internal medicine*, *34*(7), 1192-1199.
[4] Analyses and results provided by Dr. Stephanie Taylor, Associate Director, Greater Los Angeles VA HSR&D

questionnaire, (1) "Describe any other outreach efforts your facility has used", and (2) "Describe outreach practices your facility has found most promising".

Between September to October 2019, the VOE questionnaire was distributed with the assistance of the Office of the Deputy Under Secretary for Health Operations Management (DUSHOM) to all 18 VISNs and completed at the facility-level. The completed questionnaires were provided[5] to the Workgroup for analyses. The questionnaire was completed by 100 healthcare facilities across 15 VISNs. VISNs 20, 22, and 23 did not respond to the questionnaire and were not included in the analyses. Using Excel, the questionnaire responses were aggregated and stratified VISN, to better assess the frequency of outreach efforts across VISNs.

A limitation of the data is that not all 18 VISNs are represented. As mentioned previously, VISNs 20, 22, and 23 did not submit any responses by the timeframe specified and were not included in the analyses. The data is also not representative of all the facilities with the responding VISNs therefore the estimates of the total number of outreach efforts are likely to be underestimated.

Operation Enduring Freedom/Operation Iraqi Freedom Veterans Health and Needs Assessment. The VISN 6 Mental Illness Research, Education, Clinical, Center of Excellence (MIRECC) conducted a study to evaluate the health of post-deployment Veterans specific to those who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Publications[6] using the data collected from the OEF/OIF Veterans Health and Needs Assessment were provided to the Workgroup. Of the 16 articles received, eight were relevant to the Commission's charge, and of those two were opinion pieces and excluded from the final count. Of the six remaining articles, a narrative summary was created, extracting data tables and factual information from the articles, highlighting the most salient results across the studies. See appendix D for a copy of the narrative summary. A limitation of these results is that they are specific to a subpopulation of Veterans who served in OEF and/or OIF and may not be generalizable to other Veteran populations.

Strategic Analytics for Improvement and Learning (SAIL). VA developed the SAIL model to measure, evaluate and benchmark quality and efficiency at medical centers (SAIL 2019). The SAIL model highlights "successful strategies of VA's top performing facilities in order to promote high quality, safety, and value-based health care across all its medical centers" (SAIL 2019). SAIL is one of the tools VA uses to improve health care delivery and access to Veterans. Each VA Medical Center (VAMC) is organized slightly differently to best serve Veterans' health care needs, and SAIL is designed accordingly. SAIL's quality measurements consider "the complexity level of each VAMC (e.g., patient volume, number of residents and complex clinical program, and research dollars) when comparing their relative performance" (SAIL 2019). Unlike most other health industry report cards updated annually, SAIL is updated quarterly to allow medical centers to more closely monitor the quality and efficiency of the care delivered to Veterans.

[5] Casin Spero, Executive Director, COVER Commission, provided the completed questionnaires to the Workgroup.
[6] Publications and information about the assessment was provided by Dr. John Fairbank, Director, VISN 6 MIRECC, VA and Dr. Mira Brancu, Deputy Director, VISN 6 MIRECC, VA.

Given the Commission's charge, the Workgroup focused on the MH Domain of SAIL in addition to access and wait times information at the national level. The MH Domain of SAIL is divided into three composite measures including Population Coverage, Continuity of Care, and Experience of Care. There are 19 measures that inform the Population Coverage composite, and 13 measures inform the Continuity of Care composite. Both the Veteran Satisfaction Survey and the Mental Health Provider Survey inform the Experience of Care composite. The MH composite scores were designed to provide a quick glance assessment of high-level organizational challenges that mental health and substance use disorder programs may be experiencing (SAIL 2019).

The Commission received access to the MH Domain dashboard[7] and examined the most current data from Quarters 1 to 3 in FY 2019 at the national level. An Excel report was generated from the dashboard for all measures included in the domain. The Commission created a supplemental Word document that includes additional description information for each measure as well as the inclusion criteria for each measure's numerator and denominator to assist the Workgroup with interpreting the results of the measures and composites. See Appendix D for a copy of the detailed report measures in addition to the embedded Excel report.

For access and wait times, the Workgroup used the most recently available information reported by VA on their timeliness to care and access to specialty care at the national level[8]. The Workgroup examined the information and created a summary document. A limitation of these data included not being able to differentiate wait times and access specific to MH.

Evaluation of the Department of Veterans Affairs Mental Health Services. The *Evaluation of the Department of Veterans Affairs Mental Health Services* was a legislatively-mandated study designed to examine the access and quality of the mental health services provided to Veterans serving in Afghanistan and Iraq during Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). The Committee set out to determine the extent to which Veterans are afforded mental health treatment choices and offered a full range of necessary mental health services. To achieve their charge, the committee developed a mixed-methods study design that involved conducting both qualitative and quantitative original research; qualitative data collection was collected from site visits and quantitative data was obtained from a survey of OEF/OIF/OND Veterans who used VA mental health services and those who did not. Prior to the original data collection and several times over the course of the study, the committee performed a comprehensive literature review of existing research. The Committee developed qualitative interview protocols for site visits, planned and executed the site visits, and submitted individual site visit reports as well as a final qualitative analysis report across all sites. The National Academies study began on September 30, 2013 and took 54 months to complete. The committee developed a plan to address its approach to the charge; to develop the survey and site visit methods, instruments, and analysis plans in consultation with Westat; to obtain information from invited speakers and members of the public during four information-gathering sessions; to deliberate on the body of evidence from the survey, site

[7] Data access and information was provided by Dr. Jodie Trafton, Director, Program Evaluation and Resource Center (PERC), Office of Mental Health and Suicide Prevention (OMHSP), VHA.
[8] Information examined from VA's website https://www.accesstocare.va.gov/.

visits, literature, and other sources of information; to draft its report; and to develop and come to consensus on the findings, conclusions, and recommendations (National Academies 2018). The Committee created a final report, *Evaluation of the Department of Veterans Affairs Mental Health Services*, released January 8, 2018.[9] Based on the COVER Commission's mandate to study the entire Veteran population, a limitation of the *Evaluation of the Department of Veterans Affairs Mental Health Services* study was that it focused only on the population of OEF/OIF/OND Veterans and did not address other eras. Therefore, these results may not be generalizable to other Veteran populations.

The Workgroup requested an abstract of information contained in the National Academy of Medicine's report. The purpose of the abstracted review was to give the Commissioners and the COVER Commission writers a shorter summary of the most relevant data, information, and findings contained in this more than 400-page document. The Commission abstracted Chapters 6 and 8-15 of the full report.

FY 2015 VHA Complementary and Integrative Health Services Survey. The FY 2015 VHA Complementary and Integrative Health Services Survey was developed with the assistance of the Healthcare Analysis and Information Group (HAIG) to evaluate and report on the current state of Integrative Health services across the VA Health Care System. Data were collected using a web-based survey instrument administered by HAIG. The survey was distributed by VISN officers to facility Chiefs of Staff who collaborated with their CIH Point(s) of Contact and/or the appropriate Patient Centered Care Point(s) of Contact to complete the survey. The survey was administered between December 9, 2014 through January 22, 2015. The CIH survey was distributed to 141 VHA Administrative Parents consisting of Medical Centers and Health Care Systems. The response rate for the survey was 100%. Survey data were analyzed independently, in addition to being compared to previous VHA Complementary and Alternative Medicine (CAM) surveys from 2002 and 2011, as available. A copy of the completed report was provided to the Workgroup[10]. The Workgroup abstracted the key findings aligned to the Commission's and Workgroup's charge. See Appendix D for a copy of the FY 2015 HAIG report and the summary. A limitation of this study is that the results may be outdated. The Workgroup decided to include this information to provide a baseline and have met with various VA Subject Matter Experts to discuss current and future CIH plans that address many of the recommendations identified in the HAIG report.

Survey of Healthcare Experiences of Patients (SHEP). The COVER Commission received data from the VHA SHEP survey responses provided by Veterans who use VA mental health services[11]. The SHEP Program assesses patient experience within VA care from the perspective of the Veteran. The SHEP survey program began in 1994, and in 2010, it began using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of survey instruments and protocols to measure patient experience. The CAHPS surveys are the health

[9] The National Academies report can be retrieved here http://nationalacademies.org/hmd/Reports/2018/evaluation-of-the-va-mental-health-services.aspx
[10] The report was provided by Brandy Drum, MBA, Project Manager, Healthcare Analysis and Information Group (HAIG), Office of Strategic Planning and Analysis (OSPA), Office of the ADUSH for Policy and Planning
[11] Jim Schaefer, Director of Surveys, Clinical Analysis and Reporting, VHA and Dr. Mark Meterko, Senior Survey Methodologist, Performance Measurements, VHA Office of Analytics & Business Intelligence (OABI).

care industry standard for patient experience measurement and are collected by mail on a voluntary basis. The VA receives inpatient and primary specialty care outpatient feedback on the dimensions:

VA Inpatient Care	VA Outpatient Specialty Care	VA Community Care
▪ Communication with Nurses ▪ Communication with Doctors ▪ Communication about Medications ▪ Responsiveness of Hospital Staff ▪ Discharge Information ▪ Communication about Pain ▪ Cleanliness of Hospital Environment ▪ Quietness of Hospital Environment ▪ Care Transition ▪ Willingness to Recommend ▪ Overall Rating of Hospital ▪ Subjective Mental Health Status	▪ Communication (composite) ▪ Access (composite) ▪ Care Coordination (composite) ▪ Overall Rating of Provider ▪ Overall Satisfaction ▪ Subjective Mental Health Status	▪ Communication ▪ Appt as Soon as Needed ▪ Got Answer Same Day ▪ Provider Knew Medical History ▪ Provider Followed-Up with Results ▪ Got Service Needed ▪ Easy Get Service Needed ▪ Trust VA to Fulfil Country's Commitment ▪ Provider Gave Easy to Understand Information on Health Questions ▪ Overall Rating of Provider ▪ Overall Satisfaction ▪ Subjective Mental Health Status

The SHEP Program surveys Veterans and reports monthly. Twice each month, all eligible inpatient discharges and all eligible primary and specialty care outpatient visits are sampled according to an annual sampling plan that includes all VA hospitals and all VA outpatient clinics. At the end of a 5-week survey period, completed surveys are cleaned, weighted to account for the sample design and differential response rates between facilities, and results are tabulated and reported using CAHPS data cleaning protocols.

The Workgroup received three data analyses including:

1) Comparison of the experience of Veterans receiving psychiatric care vs. all other inpatient care. [IP]
2) Comparison of the experience of Veterans receiving outpatient psychiatric and MH care vs. all other specialty care in outpatient settings. [SC]
3) Comparison of the experience of Veterans for receiving outpatient psychiatric and MH care at community clinics vs. at VA facilities. [CC]

For all three analyses, results were stratified by age groups to identify any potential differences across the different age groupings.

The sampling plans for Inpatient Psychiatric (IP), Specialty Care (SC), and community care (CC) yielded these sample sizes for the time period of July 2018 through June 2019:

- IP: 52,201 completed surveys
- SC: 246,829 completed surveys
- CC: 34,981 completed surveys (CC overall); 903 surveys completed (CC mental health)

Additional information on the methodology can be found in Appendix D in addition to the data tables and copies of each questionnaire.

Veteran Experience Office. The Veteran Experience Office (VEO)'s mission is to "enable VA to be the leading customer service organization in government so that Veterans, their families, caregivers, and survivors Choose VA" (VEO 2019). VEO helps coordinate both VA and non-VA health services for Veterans, acting as a liaison. As part of their evaluation efforts, they administer the Veterans Signals Outpatient Survey, collecting information on the Veteran experience throughout specific moments as they use outpatient services (i.e. when requesting prescriptions or scheduling an appointment). Veterans Signals Outpatient Survey is administered twice weekly and includes five to seven questions in addition to an open text field comment box.

In August 2018, the Duty 2 Workgroup requested data from VEO to gather additional information on the Veteran experience with VA mental health care services. At the request of VEO, the Workgroup drafted, a list of keyword search criteria, identifying the keywords aligned to the legislative mandate, to guide the qualitative analyses of the open text field comment box. VEO provided[12] 13 individual handouts, one for each of the topic themes aligned to the Commission's charge, providing snapshots of Veteran's comments. These themes include Anxiety Disorder, Bipolar Disorder, Chronic Insomnia Disorder, Marijuana/Cannabinoids, Mental Health, Healing Touch/Massage, Mindfulness/Meditation, Opioid Use Disorder, Outdoor Sports Therapy, Post Traumatic Stress Disorder, Service Dogs, Whole Health, and Yoga/Tai Chi. VEO also provided additional contextual information including the total number of responses received for each theme, further stratified by gender, at the VISN level. See Appendix D for copies of these handouts, tables, and figures.

Office of Community Care. The Office of Community Care (OCC) assists Veterans to receive care in the community when VA is not able to provide the health care services needed. According to the VA OCC website, "community care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual Veterans" (OCC, 2019).

The Workgroup requested any information OCC gathers about the Veteran experience in the community with non-VA mental health care services. OCC was able to provide[13] data on the number of unique authorizations and total amount paid for all mental health related services for the past three FYs, 2016-2018, at the VISN level. To aid in the data collection, the Workgroup created, a spreadsheet listing all of the relevant International Statistical Classification of Diseases (ICD) 10 and Current Procedural Terminology (CPT) codes that align to the Commission's charge. With the data provided, the Workgroup created data tables and visual representations to assist the Commission evaluate the information (see Appendix D).

[12] Data and information was provided by Anil Tilbe, Director of Enterprise Measurement & Design, Veteran Experience Office (VEO).
[13] Data was retrieved and provided by Charity Ramos, Senior Program Analyst, Informatics and Data Analytics, VHA Office of Community Care (OCC).

KEY FINDINGS

This section presents key findings for each data source aligned to the subcomponents of Duty 2.

Duty 2A: Examining the experience of Veterans within the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care systems of the Department

Veteran Satisfaction Survey (VSS). Results below are from the SAS datafile provided by NEPEC. Table 2 presents the demographic characteristics of all participants (N=10,175) in FY 2018. Most respondents for FY 2018 were male (88.1%), older than 65 years old (50.24%), non-Hispanic White (74.04%) and married (54.99%). Appendix D contains the results from the VSS dashboard at the national facility level from FY 2019.

Table 2. Demographic Characteristics of VSS respondents (N=10,175) in FY 2018

Characteristic	n	%
Gender		
Male	8,964	88.10
Female	1,211	11.90
Age (in years)		
Less than 30	118	1.16
30-65	4,945	48.60
Greater than 65	5,112	50.24
Race/Ethnicity*		
Non-Hispanic White	7,534	74.04
Non-Hispanic Black	1,456	14.31
Non-Hispanic Asian	149	1.46
Non-Hispanic American Indian	72	.71
Hispanic	576	5.66
Marital Status		
Divorced	2,395	23.54
Married	5,595	54.99
Never Married	1,433	14.08
Separated	352	3.46
Single	13	.13
Widow/widower	15	.15
Widowed	311	3.06
Unknown	41	.40
Missing	20	.20
OEF/OND/OIF Status		
Yes	1,186	11.66
No	8,989	88.34

*Race is a mutually exclusive variable, but Hispanic ethnicity is not. Data is limited to self-reported responses.

Veterans Outcomes Assessment (VOA). Results below are from the SAS datafile provided. Table 3 presents the demographic characteristics of all baseline respondents (N=15,498) that

participated in VOA in FY 2018. Most respondents in FY 2018 of VOA were male (85.53%), in the 30-65 age group (65.92%), non-Hispanic White (63.66%), and not currently married (54.76%). A limitation of the datafile is its lack of stratification or detail for marital status.

A listing of questions E2-9 and their results for FY 2018 can be found in appendix D.

Table 3. Demographic Characteristics of VOA respondents (N=15,498) from FY 2018

Characteristic	n	%
Gender		
Male	13,255	85.53
Female	2,243	14.47
Age (in years)		
Less than 30	1,288	8.31
30-65	10,217	65.92
Greater than 65	3,993	25.76
Race/Ethnicity*		
Non-Hispanic White	9,866	63.66
Non-Hispanic Black	3,349	21.61
Non-Hispanic Asian	265	1.71
Non-Hispanic American Indian	133	.86
Hispanic	1,145	7.39
Marital Status		
Currently Married	7,012	45.24
Not Married	8,486	54.76
OEF/OND/OIF Status		
Yes	4,057	26.18
No	11,441	73.82

Veteran Experience with VA Mental Health Services

The VSS and VOA both capture Veteran self-reported experiences with MH services. The responses below indicate what both surveys report.

VSS FY 2019 results indicate that most Veterans (74%) "agree" or "strongly agree" they have shared decision making, indicating they are able to choose treatments they want after discussion with their MH provider about the options. Similarly, 75% of Veterans, when combining "agreed" and "strongly agreed" responses, reported that they develop a treatment plan together with their MH provider, with 80% stating their MH provider take into account their personal goals and preferences during their treatment.

Regarding experiences with video-phone or telehealth, according to VSS FY 2019 respondents, of those that responded, about 52% of Veterans indicated their appointments go smoothly with few technical problems in addition to approximately 40% stating these appointments are just as helpful as meetings in person.

VOA FY 2018 responses also indicated that about 70% of Veterans felt things were explained in a manner they could understand while 65% stated that those they went to see for MH treatment also spent enough time with them.

Access to VA Services

Of the VOA FY 2018 respondents, about 17% of Veterans indicated they always saw someone as soon as they needed for MH treatment right away in the last 3 months. This question, however, is part of a skip pattern in the survey, and the percentage may be an underestimate.

In an article entitled "Improving Mental Health Treatment Utilization in Military Veterans: Examining the Effects of Perceived Need for Care and Social Support" Graziano et al. (2017) reported on a 2009 survey of 3,000 Veterans, randomly selected from Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) National Post-Deployment Adjustment Study. They concluded that one salient fact that limits Veterans from accessing care, is their own Health Belief Model (HBM):

> *"The Health Beliefs Model (HBM) postulates that a key reason why patients fail to obtain needed care is their belief "it's up to me to handle my own problems." This view was endorsed by 42% in the current national sample of Veterans and was found in multivariate analysis to predict less treatment seeking in the next year."*

The survey showed that more than 40% of Veterans endorsed the HBM "It's up to me to work out my own problems". This interferes with their decisions to seek and follow-up with mental health care from VHA. These data are limited to OEF/OIF Veterans and not include generalizable to other Veteran populations. See appendix D for more information, found in the VISN 6 narrative summary.

Another study specific to OEF/OIF Veterans "Barriers to the Use of Veterans Affairs Health Care Services Among Female Veterans Who Served in Iraq and Afghanistan" Newins et al. (2019) concluded: "In general, the study found that choosing to receive care outside the VA and lack of knowledge regarding eligibility for VA care were the most frequently endorsed barriers to use of VA health care." Other barriers identified were "negative opinions about mental health treatment and concerns about mental health stigma were the most commonly endorsed barriers to mental health treatment among female Veterans screening positive for PTSD or depression (Newins et al., 2019)". See appendix D for more information, found in the VISN 6 narrative summary.

As of October 2019, Veterans currently have over 11.1. million appointments scheduled, where 92% are scheduled for care within 30 days of the requested date compared to 8% that are scheduled after 30 days of the requested date. In August 2019, Veterans had 15, 897 referrals to a specialist for care needed immediately, of which 98% were resolved within seven days and 99.7% were resolved within 30 days.[14]

[14] Information examined from VA's website https://www.accesstocare.va.gov/.

Since October 2001, roughly 61% of OEF/OIF/OND Veterans have enrolled in VA health care (including both mental and non-mental services) – a higher rate compared to previous eras (National Academies, 2018). About 140,000 new Veterans become eligible for care each year with VA estimates that approximately 40% never access any type of VA health care. Among the 1.7 million Veterans who have a need for mental health, 55% are not receiving any mental health services (MHS). Timely access to MH care also varies across VA facilities.[15] The National Academies committee identified the following barriers to utilizing mental health services among VA-users:

- 33% were unaware VA provided MHS
- 42% did not know how to apply
- 30% felt they did not deserve MHS
- 40% thought they were not entitled to MHS

For Veterans who are utilizing VA MH services, the following reasons were provided in the survey the National Academies of Medicine conducted:

- 87% endorsed prescription benefits
- 85% indicated entitlement
- 83% cited lower cost
- 68% included convenience of the VA locations
- 64% had previously used VA services or like VA doctors
- 64% indicated VA was their only source of MHS
- 49% thought VA provided types of services not available elsewhere
- 46% endorsed the belief that VA provided a higher quality of care

Veteran Satisfaction with VA Mental Health Services

Examining the most recently available information from VSS (FY 2019), 71% of Veterans "strongly agreed" when asked if they were treated with kindness and respect. When asked about their overall satisfaction with VA MH care, 84% of Veterans "agreed" or "strongly agreed" they were satisfied.

Regarding wait times, based on FY 2019 VSS data, 77% of Veterans "agreed" or "strongly agreed" they get MH appointments on the day that they want. Similarly, 76% of Veterans "agreed" or "strongly agreed" they are able to get appointments in the early morning, evenings, or weekends if they need them. Regarding access and availability, most Veterans (72%) indicated they "agreed" or "strongly agreed" that MH therapies they are interested in are available when they are ready to use them.

Based on VOA data, approximately 73% of Veterans indicated they feel they were listened to carefully when seeking MH treatment. Approximately 74% indicated they felt safe when seeking MH care and 77% indicated they felt respected. Overall, a high percentage of respondents (39%) rated their quality of care as a "10", the highest level of quality included in

[15] National Academies of Sciences, Engineering, and Medicine. 2018. *Evaluation of the Department of Veterans Affairs Mental Health Services.* Washington, DC: The National Academies Press. doi: https://doi.org/10.17226/24915.

the assessment. A limitation of these data is that it samples Veterans *new* to specific MH programs, not necessarily patients who may be new to VA MH services, in general.

Veteran Experience with VA Inpatient MH Services (SHEP results)

The analyses focused on the patient experience for Veterans receiving inpatient psychiatric and mental health care at VA hospitals compared to the patient experience for Veterans receiving all other inpatient services and care at VA hospitals. Key findings include the following[16]:

- Patient experience for inpatient psychiatric and mental health at VA hospitals scored lower than all other inpatient care for all metrics.
- The metrics for inpatient psychiatric care related to communication with nurses, responsiveness of hospital staff, communication about pain, and quietness of hospital environment were all more than 10% below all other inpatient care.
- Only two metrics for inpatient psychiatric care were within 5% below all other inpatient care: discharge information and care transition.
- The experiences of patients in the 75 years or older age group receiving inpatient psychiatric care were above all other inpatient care for four metrics: communication with nurses, communication with doctors, communication about medications, and communication about pain.

Veteran Experience with VA Outpatient MH Services (SHEP results)

The analyses focused on the patient experience for Veterans receiving outpatient psychiatric and mental health care at VA clinics compared to the patient experience for Veterans receiving outpatient specialty care at VA clinics for all other specialties. The following were key findings[17]:

- Patient experience for outpatient psychiatric and mental health at VA clinics scored higher than outpatient specialty care for all other specialties for all metrics except one: subjective mental health status.
- The metrics for outpatient psychiatric care experience by patients at VA clinics were slightly higher than all other specialties, ranging from 1.15% to 2.72% higher, except for subjective mental health status, which was 23.08% below all other outpatient specialty care.
- These findings and results indicate a somewhat even patient experience for Veterans receiving outpatient psychiatric care compared to Veterans receiving all other types of outpatient specialty care.

[16] Results and information provided by Ipsos. Survey results represent data from July 2018 through June 2019.
[17] Results and information provided by Ipsos. Survey results represent data from July 2018 through June 2019.

Duty 2B: Examining the experience of Veterans with non-Department facilities and health professionals for treating mental health issues

This section will be updated if additional information is received in a timely manner from the Office of Community Care.

Veteran Experience Seeking Mental Health Services

For OEF/OIF/OND Veterans identified as having a MH need, but not utilizing VA services, the following reasons were cited for not seeking VA care[18] (National Academies 2018, chapter 6):

- 42% did not know how to apply
- 40% thought were ineligible or not entitled
- 33% did not know VA offered mental health services
- 30% thought they did not deserve mental health benefits
- 30% did not trust the VA
- 23% cited a previous bad experience with the VA
- 19% thought they were unwelcome at the VA

The National Academies committee also suggested that "perceived need clearly influences a Veteran's decision to seek MHS. Veterans with a perceived need are more likely to seek care and a lack of perception of a need to seek MHS is a possible barrier to care" (chapter 6).

From the information provided by the Office of Community Care (OCC), the total amount paid for MH services in the community has increased in the past three FYs, 2016-2018, from $200,491,364.72 in FY 2016 to $662,066,618.97 in FY 2018. The total claims processed has also increased from 1,491,724 in FY 2016 to 4,144,376 in FY 2018.

Veteran Experience with MH Community Care (SHEP results)

The analyses focused on the patient experience for Veterans receiving outpatient psychiatric and mental health care through community clinics and medical groups compared to psychiatric and mental care received at VA clinics. Some key findings included[19]:

- Patient experience for psychiatric and mental health care at VA clinics was higher than patient experience at CC clinics for provider communications, the provider knowing the Veterans' medical history, the provider following up with results, the Veteran receiving the service needed, the Veteran feeling it was easy to get the service needed, the trust felt that the VA would fulfill the country's commitment, providers giving easy to understand information on health questions, the overall rating of the provider, and the subjective mental health status.

[18] National Academies of Sciences, Engineering, and Medicine. 2018. *Evaluation of the Department of Veterans Affairs Mental Health Services.* Washington, DC: The National Academies Press. doi: https://doi.org/10.17226/24915.
[19] Results and information provided by Ipsos.

- Patient experience for psychiatric and mental health care at VA clinics was lower than patient experience at CC clinics for scheduling the appointment as soon as needed, getting answers the same day, and overall satisfaction.

- These results suggest that CC providers may have more efficient and refined processes for scheduling and providing same-day answers, which contributes to a slightly higher overall satisfaction score (the VA is 0.76% below CC for overall satisfaction). In contrast, the VA providers perform better on communicating with the Veteran population, the provider knowing the Veterans' medical history, the provider following up with results, the Veteran receiving the service needed, the Veteran feeling it was easy to get the service needed, the trust felt that the VA would fulfill the country's commitment, providers giving easy to understand information on health questions, the overall rating of the provider, and the subjective mental health status. These factors lead to higher overall ratings of providers.

Duty 2C: The preference of Veterans regarding available treatment for mental health issues and which methods the Veterans believe to be most effective

Veteran Preferences for Mental Health Treatments

VSS data show that approximately 88% of Veterans responded (when combining "agreed" and "strongly agreed" responses) that MH treatments have been helpful in their lives. Similarly, 80% indicated (combining "agreed" and "strongly agreed" responses) that MH services make them feel more hopeful about the future.

Duty 2D: The experience, if any, of Veterans with respect to complementary and integrative health (CIH) treatment therapies

Utilization of CIH Treatments

Demographic characteristics of all participants from the national survey administered can be found in Appendix D, in the full report. Overall, those who reported any use of CIH approaches (52%), a were more likely to be under the age of 65 years (45%), non-Hispanic White (81.1%), and male (80.9%).

Results from the additional analyses conducted comparing MH/SUD/Health group with those using CIH for all other reasons, Table 4 presents the demographic characteristics. For those using CIH for MH/SUD/Health purposes, most were married (61%), male (79%), middle age (39%), and reported a low utilization of VA health care services (59%).

Table 4: Demographic Characteristics of Additional Analyses Conducted

Demographic Characteristics	Used CIH for MH/SUD/Health (n=467)	Used CIH only for other reasons (n=178)
Marital Status		
Single/Never Married	7%	5%
Married	61%	68%
Separated/Divorced/Widowed	32%	27%
Age*		
Young (Born 1979+)	11%	6%
Middle Age (1955-1978)	39%	33%
Older (1954 and Before)	51%	61%
Household Income		
Less than $10,000	3%	3%
$10,000-$19,999	9%	11%
$20,000-$39,999	24%	20%
$40,000-$59,999	17%	19%
$60,000-$79,999	14%	14%
$80,000-$99,999	9%	10%
$100,000 or more	12%	13%
I don't know/I don't want to say	12%	11%
Use of VA Healthcare Services		
High	36%	26%
Low	59%	69%
Not Answered	5%	5%
Have Medicare/Medicaid Health Insurance	39%	46%
Have Tricare Health Insurance*	22%	12%
Have Private Health Insurance	27%	32%
Have "Other" Health Insurance	4%	5%
Have No Health Insurance	31%	25%
Self-Rated Health Status		
Poor/Fair	34%	29%
Good	34%	40%
Very Good/Excellent	32%	31%
Gender*		
Male	79%	87%
Female	21%	13%

*=Statistically significant, p<=0.05

In the article "Complementary and Integrated Health Approaches: What Do Veterans Use and Want", Taylor, Hoggatt & Kligler (2019) stated Veterans represent 7% of the population, tend to have less income and education, are predominantly male, and are more disabled than the general population. Veterans have a high need for management of chronic pain and symptoms of anxiety or depression, conditions for which some types of CIH might be effective. They also suggested predictors of any CIH use and no CIH use, where users of CIH are more likely to be middle-aged, female, non-Hispanic Native Hawaiian/Pacific Islander or American Indian/Native American.

The top three CIH approaches were massage therapy (44%), chiropractic (37%) and mindfulness (34%). Except for battlefield acupuncture, Veterans appeared to be more likely to use CIH approaches outside of VA as opposed to within a VA setting. The top three reasons also reported for CIH use included pain, stress reduction/relaxation, and to improve overall health and well-being. The most helpful approaches for stress/relaxation were hypnotherapy/hypnosis and animal-assisted therapy. Overall, 84% reported they would be interested in trying or learning more about at least one CIH approach (Taylor et al. 2019).

Lastly, Taylor et al. (2019) concluded prevalence of CIH utilization appears to be higher among Veterans than the general population reported in 2012. Several reasons for the higher prevalence were provided in the study such as CIH approaches are provided at low to no cost to Veterans using VA services; Veterans interested in CIH approaches may be more likely than other Veterans to complete the survey, meaning the rates of use and interest among the wider Veteran population may be lower.

From the additional analyses conducted,[20] patients who used CIH for MH/SUD/Health were significantly more likely than those using CIH for other reasons to use: acupressure (18% vs. 6%), acupuncture (18% vs. 12%), healing touch (12% vs. 2%), animal assisted therapy (19% vs. 4%), progressive relaxation (26% vs. 5%), biofeedback (8% vs. 3%), guided imagery (12% vs. 2%), hypnotherapy (5% vs. 0%), mindfulness meditation (44% vs. 7%), mantram meditation (14% vs. 3%), other meditation (29% vs. 12%), yoga (31% vs. 8%), qi gong (5% vs. 1%), tai chi (13% vs. 2%), Native American Healing (7% vs. 1%), creative art therapy (11% vs. 1%), movement therapy (21% vs. 9%) than patients who used CIH for other reasons.

Results were not significantly different in their use of: battlefield acupuncture (2% vs. 2%), reflexology (13% vs. 8%), massage therapy (46% vs. 38%), chiropractic care (35% vs. 43%), EMDR (3% vs. 1%), pilates (7% vs. 3%).

Within each of the two main groups being examined, too few people responded to the survey item on effectiveness to be able to conduct an accurate examination for almost all types of CIH. Specifically, five or more people responded to the effectiveness survey item within each of the two groups being examined for the set of analyses producing these results. (Also, given the low cell count, it cannot be determined which differences are significant, so that results can only say that the groups "appear" different):

1. Of people using chiropractic care, patients who used it for MH/SUD/Health reasons (74%) appeared more likely than those using it for other reasons (57%) to find it very or moderately helpful for lowering their number of medications.

2. Of people using meditation (not mindfulness or mantram meditation), patients who used it for MH/SUD/Health reasons (62%) appeared slightly more likely than those using it for other reasons (55%) to find it very or moderately helpful for stress reduction or relaxation.

[20] Analyses and results provided by Dr. Stephanie Taylor, Associate Director, Greater Los Angeles VA HSR&D.

CIH Offerings in VA

In 2011, at least one CIH service was offered in 89% of the sampled facilities, which increased to 93% in 2015. Appendix C of the 2015 VHA CIH Services HAIG report details the locations, organized by VISN, that have offered specific CIH services in 2002, 2011, and 2014. The factors most commonly noted as enabling the delivery of CIH services include consistency with the patient-centered model of care (93%), promotion of overall well-being (92%), chronic disease management (83%), and patient preference (79%).

Outpatient facilities that most commonly offered CIH services included mental health (89%), rehabilitation (79%), primary care (64%), and women's health (51%). In an inpatient setting, CIH services were most commonly used within mental health (53%), extended care (55%), and palliative care (47%) facilities. Stress management relaxation therapy (85%), mindfulness (82%), guided imagery (74%), and yoga (73%) were the CIH services most commonly provided by VA staff, while acupuncture (49%) and chiropractic procedures (66%) were most often referred to outside providers (HAIG 2015).

Analysis of the FY 2015 CIH HAIG survey results led to eight recommendations for future initiatives regarding the integration of CIH services within the VHA. These included the following[21]:

1. There is an additional need for a more systematic method to capture the provision of CIH services within the VHA.

2. The VHA should repeat the CIH survey at specific intervals, which will allow the VHA to track changes in CIH service delivery and availability.

3. A survey of Veterans on their interest in CIH would assist VHA in developing an appropriate level and variety of CIH services.

4. Strategies should be developed to assess the value and sustainability of CIH services.

5. Further study should focus on the use of CIH services for Mental Health conditions to determine the value and effectiveness.

6. Additional study should focus on CIH services that may enhance the overall care provided to Veterans when administered in conjunction with conventional medicine.

7. Consideration should be given to alleviate common barriers to developing or supporting CIH services.

8. The term CIH should be eliminated as these practices should simply be considered part of VA care.

[21] Gaudet, T., & Vandenberg, P. (2015). FY 2015 VHA Complementary & Integrative Health Services (Formerly CAM). *Healthcare Analysis & Information Group (HAIG). May*.

Duty 2E: The prevalence of prescribing prescription medication among Veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues

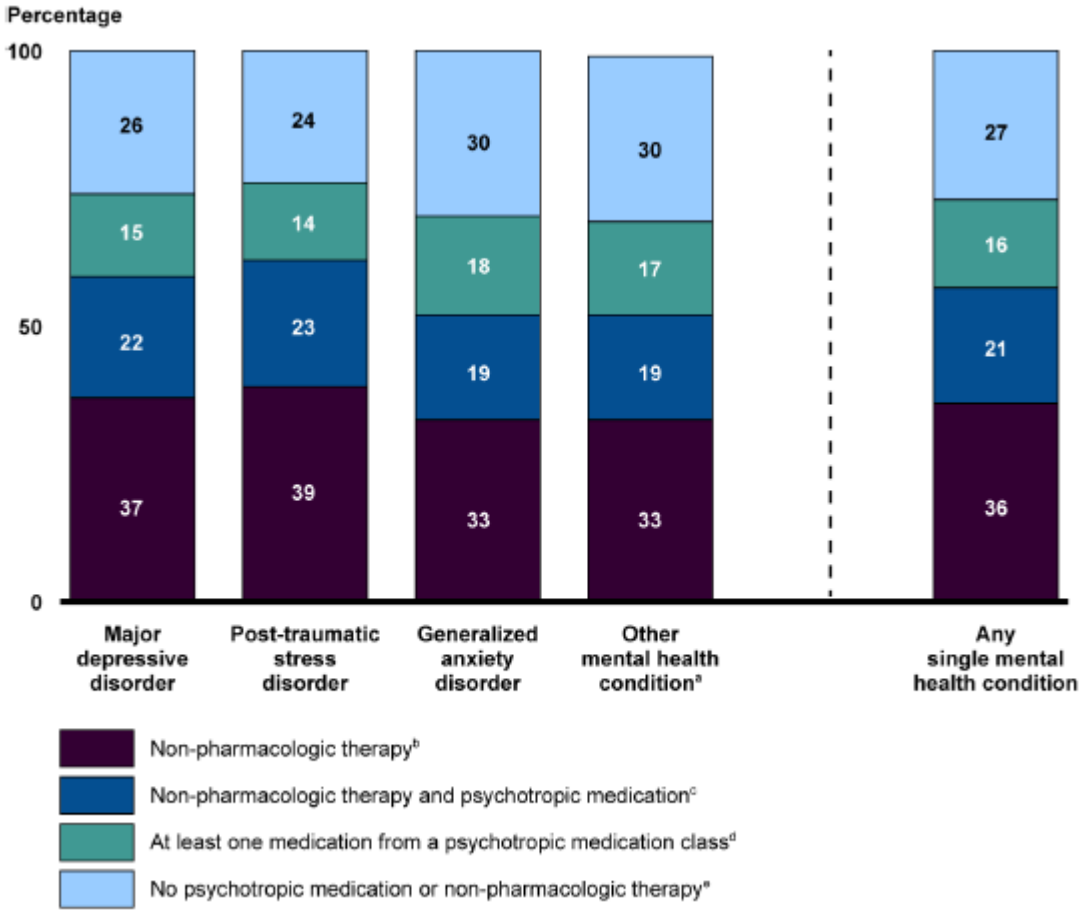
According to the United States Government Accountability Office (GAO) report on "VA Mental Health: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight" (2019), VA has taken measures to improve Veteran's mental health treatment through the "Psychotropic Drug Safety Initiative (PDSI)—an initiative focused on the safe and effective prescribing of certain psychotropic medications. For example, the first phase included a performance metric aimed at decreasing the percentage of veterans with post-traumatic stress disorder receiving one or more outpatient prescriptions for a benzodiazepine (a medication used to treat anxiety) because of risks associated with the medication."[22] As a result of this initiative, there was a 5.4% decrease in the prescribing of this medication. Other performance measures part of the initiative have seen similar nationwide decreases. See Appendix D for a copy of the report.

The following figure (Figure 3) was from page 37 of the GAO report, illustrating the percentage of Veterans with a single mental health condition, by treatment decision, for the three most prevalent conditions, in FY 2018. As seen in the figure, for any single mental health condition, the largest percentage (36%) of Veterans have non-pharmacology therapy followed by (27%) have no psychotropic medication or non-pharmacologic therapy. This same trend was seen for the three most prevalent mental health conditions listed including Major Depressive Disorder (37%, 26%), Post-traumatic Stress Disorder (39%, 24%), and Generalized Anxiety Disorder (33%, 30%) as well as for other mental health conditions (33%, 30%).

In FY 2018, for Veterans with a single mental health condition, 21% had non-pharmacologic therapy and psychotropic medication and 16% had at least one medication from a psychotropic medication class. (GAO, 2019, page 37).

[22] United States Government Accountability Office. (2019). *VA Mental Health: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight* (Report No. 19-465). Retrieved from https://www.gao.gov/assets/700/699775.pdf

Figure 3. Percentage of Veterans with a single mental health condition, by treatment decision, for the three most prevalent conditions, in FY 2018



Source: GAO analysis based on Veterans Health Administration (VHA) data. | GAO-19-465

Note: Veterans represented in the data shown in this figure were those who had a VHA encounter in fiscal year 2018. Further, the percentages represent veterans with only one diagnosed mental health condition (major depressive disorder, post-traumatic stress disorder, generalized anxiety disorder, or another single diagnosed mental health condition; they do not include veterans who had other, co-occurring diagnosed mental health conditions).

[a]"Other mental health condition" refers to a single mental health diagnosis that did not include major depressive disorder, post-traumatic stress disorder, or generalized anxiety disorder.

[b]Veterans who received non-pharmacologic therapy only received a form of outpatient non-pharmacologic therapy known as psychotherapy, which involves treating mental illnesses using psychological rather than medical means.

[c]Veterans who received non-pharmacologic therapy and psychotropic medication received a combination of treatments. These treatments may have been provided concurrently or sequentially; according to VHA officials, the data do not capture the order in which these types of treatments were received by a veteran or the amount of time that occurred between the initial receipts of each treatment type.

[d]Veterans who received a medication from at least one psychotropic drug class means that they received a form of pharmacologic therapy. VHA classifies psychotropic medications into different classes based on biological targets or drug effects. This analysis used data on the following four classes: (1) antidepressants, (2) antipsychotics, (3) anxiolytics, and (4) mood stabilizers.

[e]Veterans who did not receive psychotropic medication or non-pharmacologic therapy may have received other VHA services to help manage their mental health conditions, such as, according to VHA officials, evaluation and management services. These veterans may also not have received any treatment or services from VHA at all because they may have received treatment outside of the VHA system or they may have declined treatment.

Veteran Perspective on the Prevalence of Prescription Medication for Mental Health Conditions

Data from VSS show that most Veterans (67%) "disagreed" or "strongly disagreed" when asked if their MH providers were most likely to suggest or prescribe medication than talk to them about their concerns. About 81% of Veterans "agreed" or "strongly agreed" that their MH provider has educated them as to why they are prescribed psychiatric medications. 86% of Veterans also "agreed" or "strongly agreed" that their MH provider has educated them about how to take their psychiatric medications while 73% indicated they "agreed" or "strongly agreed" they were educated about the side effects of their psychiatric medications.

Duty 2F: The outreach efforts of the Secretary regarding the availability of benefits and treatments for Veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments

VA Outreach Efforts for Mental Health and CIH Services

From the results of the VOE questionnaire, Community Outreach Events were the most frequently implemented (N=13,497 in 2018; N=12,422 in 2019), while Town Hall Meetings were the least frequent (N=1,222 in 2018; N=1,004 in 2019). When combining both years, suicide prevention (N=40,876) was the outreach topic that was most frequently focused upon followed by mental health, CIH related topics, and then substance use disorders. Refer to Appendix D for additional details about the aggregated data, by VISN, for each of the outreach efforts listed below.

Town Hall Meetings

In 2018, there were a total of 1,222 town hall meetings that focused on mental and behavioral health conditions across the 15 VISNs. Mental Health town hall meetings were the most common (N=358), followed by suicide prevention meetings (N=357), CIH meetings (N=274), and substance use disorder (SUD) meetings (N=233). In 2019, the number of mental and behavioral health town hall meetings decreased from 2018 (N=1,004). Like 2018, mental health and suicide prevention were still the most prevalent topics covered in 2019.

Community Outreach Efforts

In 2018, there were 13,497 mental and behavioral health community outreach events across all 15 VISNs. Most community outreach events were focused on suicide prevention (60%), followed by mental health events (17.4%), SUD events (11.6%), and CIH events (11.1%). Like 2018, in 2019 most community outreach events were focused on suicide prevention (55.4%), followed by mental health events (18%), however there was an increase in the number of CIH events (N=1, 494 in 2018; N=1, 806 in 2019).

Facebook Posts

In 2018, 7,674 Facebook posts were made regarding mental and behavioral health across all 15 VISNs. Most posts covered topics related to mental health (30%) and suicide prevention (29%), followed by posts regarding CIH (28%), and SUD (13%). In 2019, the number of Facebook posts decreased (N=6, 805). This trend was consistent across all Facebook post topics. Like 2018, in

2019 most Facebook posts focused on mental health (30.2%) and suicide prevention (30.1%), followed by CIH posts (27.4%), and SUD posts (12.3%).

Twitter Posts

In 2018, 6,520 Twitter posts were made regarding mental and behavioral health across all 15 VISNs. Most posts covered topics specific to mental health (33%), followed by suicide prevention posts (26%), SUD posts (22%), and CIH posts (20.2%). In 2019, the number of Twitter posts decreases slightly (N=6, 208). Like 2018, in 2019 most Twitter posts covered mental health topics (N=2,103), followed by suicide prevention (N=1,599), SUD (N=1,351), and CIH (N=1,155).

Public Service Announcements

In 2018, there were 1,570 public service announcements (PSA) made regarding mental and behavioral health across all 15 VISNs. Most announcements were specific to suicide prevention (31.3%), followed by mental health (29.2%) mental health, CIH (28.1%), and SUD (11.3%). In 2019, the number of PSAs increased (N = 4,425). In 2019, most of the PSA's were focused on suicide prevention (81%), followed by CIH (8.2%), mental health (8%), and SUD (3.4%).

Newsletters

In 2018, 8,548 newsletters focusing on mental and behavioral health were produced for Veterans across all 15 VISNs. Most newsletters focused on suicide prevention (91.3%), followed by mental health (3.5%), CIH (3.2%), and SUD (2.1%). Most suicide prevention newsletters were produced by VISNs 15 (N = 5,721) and 16 (N = 1,415). In 2019, there was a decrease in the number of newsletters produced (N = 5,569). Like 2018, in 2019, most newsletters focused on suicide prevention (89.2%), also led by VISNs 15 (N = 3,222) and 16 (N = 1,309).

REFERENCES

Introducing the VSS and VOA, Are Veterans asking why they are getting phone calls and surveys about their mental health? Provided by the Northeast Program Evaluation Center (NEPEC).

Taylor, S. L., Hoggatt, K. J., & Kligler, B. (2019). Complementary and integrated health approaches: What do Veterans use and want. *Journal of general internal medicine*, *34*(7), 1192-1199.

Taylor, S. L. (2018). The National Survey of Veterans Use of and Interest in Complementary and Integrative Health Approaches [PowerPoint slides].

Newins, A. R., Wilson, S. M., Hopkins, T. A., Straits-Troster, K., Kudler, H., & Calhoun, P. S. (2018). Barriers to the use of Veterans Affairs health care services among female veterans who served in Iraq and Afghanistan. *Psychological services*.

Calhoun, P. S., Schry, A. R., Dennis, P. A., Wagner, H. R., Kimbrel, N. A., Bastian, L. A., ... & Straits-Tröster, K. (2018). The association between military sexual trauma and use of VA and non-VA health care services among female veterans with military service in Iraq or Afghanistan. *Journal of interpersonal violence*, *33*(15), 2439-2464.

Crawford, E. F., Elbogen, E. B., Wagner, H. R., Kudler, H., Calhoun, P. S., Brancu, M., & Straits-Troster, K. A. (2015). Surveying treatment preferences in US Iraq–Afghanistan veterans with PTSD symptoms: A step toward veteran-centered care. *Journal of Traumatic Stress*, *28*(2), 118-126.

Elbogen, E. B., Wagner, H. R., Johnson, S. C., Kinneer, P., Kang, H., Vasterling, J. J., ... & Beckham, J. C. (2013). Are Iraq and Afghanistan veterans using mental health services? New data from a national random-sample survey. *Psychiatric Services*, *64*(2), 134-141.

Fleming, E., Crawford, E. F., Calhoun, P. S., Kudler, H., & Straits-Troster, K. A. (2016). Veterans' Preferences for Receiving Information About VA Services: Is Getting the Information You Want Related to Increased Health Care Utilization?. *Military medicine*, *181*(2), 106-110.

Graziano, R., & Elbogen, E. B. (2017). Improving mental health treatment utilization in military veterans: Examining the effects of perceived need for care and social support. *Military Psychology*, *29*(5), 359-369.

VA Quality of Care. (August 2019). *Strategic Analytics for Improvement and Learning (SAIL)*. Retrieved from https://www.va.gov/QUALITYOFCARE/measure-up/Strategic_Analytics_for_Improvement_and_Learning_SAIL.asp. Accessed October 19, 2019.

Access to Care. (October 2019). *Timeliness of VA Care*. Retrieved from https://www.accesstocare.va.gov/Healthcare/TimelinessOfVACare. Accessed October 19, 2019.

Access to Care. (October 2019). *Access to Specialty Care*. Retrieved from https://www.accesstocare.va.gov/Healthcare/AccessToSpecialtyCare. Accessed October 19, 2019.

VA. (January 2019). VA wait times for new appointments equal t or better than those in private sector: News Release.

National Academies of Sciences, Engineering, and Medicine. (2018). *Evaluation of the department of veterans affairs mental health services*. National Academies Press.

Gaudet, T., & Vandenberg, P. (2015). FY 2015 VHA Complementary & Integrative Health Services (Formerly CAM). *Healthcare Analysis & Information Group (HAIG). May*.

VA. (2019). *Veteran Experience Office (VEO).* Retrieved from https://www.va.gov/ve/. Accessed November 20, 2019.

VA. (2019). *Office of Community Care (OCC).* Retrieved from https://www.va.gov/communitycare/. Accessed November 20, 2019.

United States Government Accountability Office. (2019). *VA Mental Health: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight* (Report No. 19-465). Retrieved from https://www.gao.gov/assets/700/699775.pdf

APPENDIX A:
COMPREHENSIVE ADDICTION AND RECOVERY ACT, SECTION 931

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

PUBLIC LAW 114–198—JULY 22, 2016 130 STAT. 695
Public Law 114–198; 114th Congress

Subtitle C—Complementary and Integrative Health

SEC. 931. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

(a) ESTABLISHMENT.—There is established a commission to be known as the "Creating Options for Veterans' Expedited Recovery" or the "COVER Commission" (in this section referred to as the "Commission"). The Commission shall examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

(b) DUTIES.—The Commission shall perform the following duties:

(1) Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes.

(2) Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine—

(A) the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department;

(B) the experience of veterans with non-Department facilities and health professionals for treating mental health issues;

(C) the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective;

(D) the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in paragraph (3);

(E) the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and

(F) the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.

(3) Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for veterans, including with respect to—

(A) music therapy;

(B) equine therapy;

(C) training and caring for service dogs;

(D) yoga therapy;

(E) acupuncture therapy;

(F) meditation therapy;

(G) outdoor sports therapy;

(H) hyperbaric oxygen therapy;

(I) accelerated resolution therapy;

(J) art therapy;

(K) magnetic resonance therapy; and

(L) other therapies the Commission determines appropriate.

(4) Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among veterans seeking treatment within the Department.

(5) Study the current treatments and resources available within the Department and assess—

(A) the effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans;

(B) the number of veterans who have been diagnosed with mental health issues;

(C) the percentage of veterans using the resources of the Department who have been diagnosed with mental health issues;

(D) the percentage of veterans who have completed counseling sessions offered by the Department; and

(E) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by the Department.

(c) MEMBERSHIP.—

(1) IN GENERAL.—The Commission shall be composed of 10 members, appointed as follows:

(A) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

(B) Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a veteran.

(C) Two members appointed by the majority leader of the Senate, at least one of whom shall be a veteran.

(D) Two members appointed by the minority leader of the Senate, at least one of whom shall be a veteran.

(E) Two members appointed by the President, at least one of whom shall be a veteran.

(2) QUALIFICATIONS.—Members of the Commission shall be individuals who—

(A) are of recognized standing and distinction within the medical community with a background in treating mental health;

(B) have experience working with the military and veteran population; and

(C) do not have a financial interest in any of the complementary and integrative health treatments reviewed by the Commission.

(3) CHAIRMAN.—The President shall designate a member of the Commission to be the Chairman.

(4) PERIOD OF APPOINTMENT.—Members of the Commission shall be appointed for the life of the Commission.

(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

(6) APPOINTMENT DEADLINE.—The appointment of members of the Commission in this section shall be made not later than 90 days after the date of the enactment of this Act.

(d) POWERS OF COMMISSION.—

(1) MEETINGS.—

(A) INITIAL MEETING.—The Commission shall hold its first meeting not later than 30 days after a majority of members are appointed to the Commission.

(B) MEETING.—The Commission shall regularly meet at the call of the Chairman. Such meetings may be carried out through the use of telephonic or other appropriate telecommunication technology if the Commission determines that such technology will allow the members to communicate simultaneously.

(2) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive evidence as the Commission considers advisable to carry out the responsibilities of the Commission.

(3) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any department or agency of the Federal Government such information as the Commission considers necessary to carry out the duties of the Commission.

(4) INFORMATION FROM NONGOVERNMENTAL ORGANIZATIONS.—In carrying out its duties, the Commission may seek guidance through consultation with foundations, veteran service organizations, nonprofit groups, faith-based organizations, private and public institutions of higher education, and other organizations as the Commission determines appropriate.

(5) COMMISSION RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

(6) PERSONNEL RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

(7) COMPENSATION OF MEMBERS; TRAVEL EXPENSES.—Each member shall serve without pay but shall receive travel expenses to perform the duties of the Commission, including per diem in lieu of substances, at rates authorized under subchapter I of chapter 57 of title 5, United States Code.

(8) STAFF.—The Chairman, in accordance with rules agreed upon the Commission, may appoint and fix the compensation of a staff director and such other personnel as may be necessary to enable the Commission to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, without regard to the provision of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of pay fixed under this paragraph may exceed the equivalent of that payable for a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(9) PERSONNEL AS FEDERAL EMPLOYEES.—

(A) IN GENERAL.—The executive director and any personnel of the Commission are employees under section 2105 of title 5, United States Code, for purpose of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of such title.

(B) MEMBERS OF THE COMMISSION.—Subparagraph (A) shall not be construed to apply to members of the Commission.

(10) CONTRACTING.—The Commission may, to such extent and in such amounts as are provided in appropriations Acts, enter into contracts to enable the Commission to discharge the duties of the Commission under this Act.

(11) EXPERT AND CONSULTANT SERVICE.—The Commission may procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily rate paid to a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(12) POSTAL SERVICE.—The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

(13) PHYSICAL FACILITIES AND EQUIPMENT.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this Act. These administrative services may include human resource management, budget, leasing accounting, and payroll services.

(e) REPORT.—

(1) INTERIM REPORTS.—

(A) IN GENERAL.—Not later than 60 days after the date on which the Commission first meets, and each 30-day period thereafter ending on the date on which the Commission submits the final report under paragraph (2), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and the President a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the Commission.

(B) OTHER REPORTS.—In carrying out its duties, at times that the Commission determines appropriate, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the Commission.

(2) FINAL REPORT.—Not later than 18 months after the first meeting of the Commission, the Commission shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the Commission. Such report shall include the following:

(A) Recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the Commission pursuant to subsection (b).

(B) An analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment.

(C) The findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to subsection (b)(2).

(D) An examination of complementary and integrative health treatments described in subsection (b)(3) and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating veterans with mental health issues.

(3) PLAN.—Not later than 90 days after the date on which the Commission submits the final report under paragraph (2), the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the following:

(A) An action plan for implementing the recommendations established by the Commission on such solutions and remedies for improving wellness-based outcomes for veterans with mental health care issues.

(B) A feasible timeframe on when the complementary and integrative health treatments described in subsection (b)(3) can be implemented Department-wide.

(C) With respect to each recommendation established by the Commission, including any complementary and integrative health treatment, that the Secretary determines is not appropriate or feasible to implement, a justification for such determination and an alternative solution to improve the efficacy of the therapy models used by the Secretary for treating veterans with mental health issues.

(f) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the Commission submits the final report under subsection (e)(2).

APPENDIX B:
DATA EXPLORATION MEETINGS HELD, LISTS THE VA PROGRAM OFFICES AND POINTS OF CONTACTS THE WORKGROUP CONTACTED AND THE POTENTIAL DATA SOURCES EVALUATED.

Meeting Date	VA Program Office	Points of Contacts	Data Source
7/11/2018	VISN 6 Mental Illness Research, Education, Clinic Center (MIRECC)	Dr. John Fairbank Dr. Mira Brancu Dr. Patrick Calhoun	Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) Health and Needs Assessment
7/12/2018	National Academies' of Medicine Committee	Dr. Laura Aiuppa Dr. Abigail Mitchell	National Academies Evaluation of the Department of Veterans Affairs Mental Health Services
7/13/2018	National Center for Post Traumatic Stress Disorder (PTSD)	Dr. Paula Schnurr Misty Carrillo	PILOTS Database
7/16/2018	VISN 2 Center for Integrated Healthcare	Dr. Laura Wray Dr. Gregory Beehler	Relevant research articles part of the Workgroup's literature review
7/20/2018	Healthcare Analysis & Information Group (HAIG)	Brandy Drum	FY2015 VHA Complementary and Integrative Health (CIH) Services Report
8/3/2018	Health Services Research and Development (HSRD)	Dr. Stephanie Taylor	National Veterans Survey on CIH Use and Interest Of
9/6/2018	Veterans Experience Office (VEO)	Dr. Lynda Davis Dr. Lee Becker Anil Tilbe	Medallia/Veterans Signals Outpatient Survey
9/21/2018	Northeast Program Evaluation Center (NEPEC)	Dr. Rani Hoff	Veterans Satisfaction Survey (VSS) and the Veterans Outcomes Assessment (VOA)
9/21/2019	CHOIR – Center for Healthcare Organization & Implementation Research	Dr. Barbara Bokhour	Veterans Health and Life Survey at the 18 Whole Health Flagship Sites
10/4/2018 and 3/14/2019	VA Program Evaluation and Resource Center	Dr. Jodie Trafton	Mental Health (MH) Provider Survey and Strategic Analytics for Improvement and Learning (SAIL)

Meeting Date	VA Program Office	Points of Contacts	Data Source
10/4/2018 and 11/8/2019	Reporting, Analytics, Performance, Improvement & Deployment (RAPID)	Mark Meterko Dr. Jim Schaefer Dr. Joe Francis	Survey of Healthcare Experiences of Patients (SHEP)

APPENDIX C:
KEY QUESTIONS ALIGNED TO DUTY 2 LEGISLATION

Legislative Mandate	Key Questions
2.A Examine the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department	▪ What are the experiences of Veterans when *seeking* VA MH care (including SUD treatment)? ▪ What are the experiences of Veterans with VA mental health (including SUD and suicide prevention) treatment? How does this compare to Veterans with non-mental health treatments? ▪ Are Veterans satisfied with the MH treatment and care received? ▪ Do Veterans feel valued? Do they feel heard? Do they feel safe? ▪ What are the access/wait times for MH (including SUD and suicide prevention) services for initial visit? For a follow-up visit?
2.B Examine the experience of veterans with non-Department facilities and health professionals for treating mental health issues	▪ What are the experiences of Veterans when *seeking* non-VA MH care (including SUD treatment)? ▪ What are the experiences of Veterans with non-VA facilities and health care professionals for treating MH issues (including SUD and suicide prevention)? ▪ Are Veterans satisfied with the treatment and care received? ▪ Do Veterans feel valued? Do they feel heard? Do they feel safe? ▪ What are the access/wait times for MH (including SUD and suicide prevention services) in the Community Care Networks for initial visits? For follow-up visits?
2.C Examine the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective	▪ What are Veterans' preferences for mental health treatments? ▪ Are they able to get their preferred treatments? ▪ What treatment methods do Veterans believe to be most effective for them? ▪ Are Veterans aware of the treatments available to them?
2.D Examine the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in paragraph (3)	▪ What are the experiences, if any, of Veterans with respect to CIH treatments included as part of Duty 3? ▪ Have they had any difficulty accessing or receiving CIH treatments? ▪ Are Veterans aware of the available CIH treatments? ▪ What are the available CIH treatments and where are they offered?
2.E Examine the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues	▪ In 2018, what was the prevalence of prescribing psychiatric medication among Veterans seeking MH treatment in VA? – Stratify by MH Condition

Legislative Mandate	Key Questions
2.F Examine the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments	▪ What are the outreach efforts of Department of Veterans Affairs/SECVA regarding the availability of benefits and treatments for Veterans for addressing MH issues (including SUD)? ▪ What are ways VA has reduced barriers and gaps in MH benefits and treatments (including SUD)? (This does not appear to be a quantitative data analysis issue) ▪ How many townhall meetings are held by VISNs and VAMCs? ▪ How many community outreach events are hosted by VAMCs? – How many addressed MH, SUD and SPP for Veterans? ▪ How does VA use social media, PSAs, newsletters, posters, etc. ▪ How many are hosted by VA student university programs?

COVER COMMISSION
Creating Options for Veterans' Expedited Recovery

APPENDIX D:
ADDITIONAL DATA TABLES BY DATA SOURCE.

Veteran Satisfaction Survey

Veteran Satisfaction Survey FY 2019 National-facility level results.

Veteran Satisfaction Survey Report

Export to Excel: Follow this link to view the VSS quarterly data in Excel.
(The reporting services export option located at the top of the report is not functioning properly at this time)

Click here for SAIL Measure Component details...

1. I am treated with respect and kindness by mental health program providers and staff. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru **FY 2019 Qtr4**	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1 SD ↓ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1/2 SD ↓ National Mean			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	0.1	1.4	1.3	2.5	23.4	71.4	140	4.61	0.10	

Click here to view more details...

2. Mental health treatment has been helpful in my life. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru **FY 2019 Qtr4**	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1 SD ⚑ 1/2 SD ↑ National Mean ⚑ 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	0.4	1.7	2.2	8.5	31.		140	4.37	0.11	

Click here to view more details...

3. The staff is open to my suggestions regarding improvements to mental health services at my VA.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1 SD ↓ ⚑ 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	16.8	2.9	5.0		20.0	31.	140	4.01	0.16	

Click here to view more details...

4. The mental health services provided to me make me feel more hopeful about the future. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1 SD ↓ ⚑ 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	0.9	2.2	3.9		13.9	36.	140	4.14	0.13	

Click here to view more details...

5. I get mental health appointments on the day that I want. ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1 SD ↓ ⚑ 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	1.9	3.1	6.2		14.2	35.	140	4.04	0.18	

Click here to view more details...

6. I am able to get follow-up appointments with mental health providers who know me.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	3.2	2.2	3.2	8.1	34.		140	4.30	0.15	

Click here to view more details...

7. I am able to get appointments in the early morning, evenings, or weekends if I need them.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	9.4	3.5	6.9	13.7	32.		140	4.04	0.18	

Click here to view more details...

***(Reversed Item) 8. I can't see my mental health provider(s) as much as I should because the provider(s) do not have time to see me. ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	5.7	7.5	11.3	17.2	30.		140	3.71	0.20	

Click here to view more details...

***(Reversed Item) 9. During appointments, my mental health provider(s) focus on the computer rather than engaging with me in face-to-face eye contact. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru	N/A or No Response	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD

FY 2019 Qtr4										
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	1.5	5.6	8.0		11.6	32.	140	3.98	0.17	

Click here to view more details...

10. I know that I will get a call back if I leave a message for my mental health provider(s). ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean	1/2 SD ↑ National Mean	1 SD ↓	1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	5.0	2.8	4.5		13.2	36.	140	4.11	0.19	

Click here to view more details...

11. I am able to choose treatments I want after discussion with my mental health provider about the options. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean	1/2 SD ↑ National Mean	1 SD ↓	1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	6.0	3.2	5.5		17.3	39.	140	3.95	0.15	

Click here to view more details...

12. The mental health therapies I am interested in using are available when I am ready to use them. ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean	1/2 SD ↑ National Mean	1 SD ↓	1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	8.1	3.7	6.0		18.9	37.	140	3.91	0.18	

Click here to view more details...

***(Reversed Item) 13. My mental health provider(s) are more likely to suggest or prescribe medication than to talk with me about my concerns. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	2.7	6.6	9.6		17.2	34.	140	3.75	0.17	

Click here to view more details...

14. I can see the mental health provider who prescribes my medications as frequently as needed. ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD

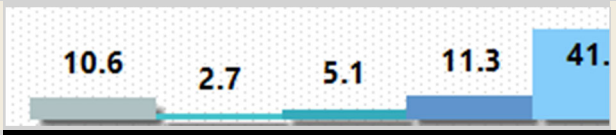
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	9.4	4.3	9.3		18.5	37.	140	3.80	0.20	

Click here to view more details...

15. My mental health provider has educated me about why I am prescribed my psychiatric medications.

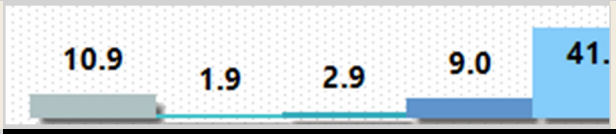
Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag

NATIONAL(FACILITY)							140	4.09	0.15

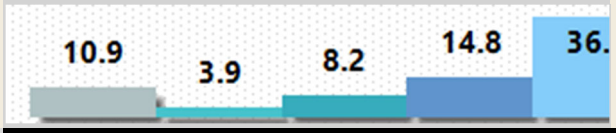
Click here to view more details...

16. My mental health provider has educated me about how to take my psychiatric medications.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)							140	4.23	0.12	

Click here to view more details...

17. My mental health provider has educated me about the side effects of my psychiatric medications.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)							140	3.93	0.16	

Click here to view more details...

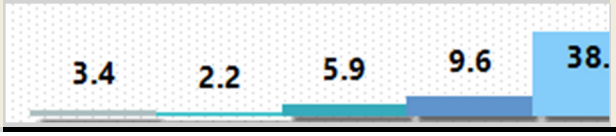
18. If I have a question about my medications, I can get in touch with a mental health provider or pharmacist by phone to get my question answered. ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag

NATIONAL(FACILITY)		140	4.11	0.17	

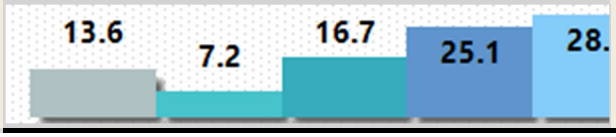
Click here to view more details...

19. My mental health provider(s) and I have discussed what I could do in the case of a mental health emergency.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)							140	4.15	0.13	

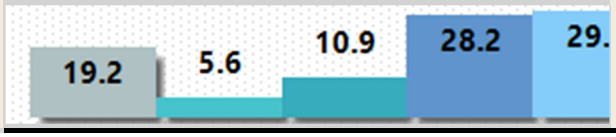
Click here to view more details...

20. When I call to make a mental health appointment, I am asked if I need to speak with a provider immediately. ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)							140	3.42	0.20	

Click here to view more details...

21. If I need to talk to a mental health provider urgently, I am able to talk to or see a provider the same day.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)							140	3.58	0.20	

Click here to view more details...

22. I have been asked if I am interested in having my spouse or partner, other family member or friend involved in my treatment (e.g. participating in appointments or couples/family therapy; attending education classes; or discussing treatment options). ***(VSAA1)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	18.1	7.4	15.5	18.5	31.		140	3.54	0.19	

Click here to view more details...

23. I am satisfied with the contacts my mental health provider(s) have had with my family or people close to me.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	29.9	5.4	9.0	25.2	30.		140	3.69	0.20	

Click here to view more details...

24. I am satisfied with the education my family or people close to me have received about my diagnosis and/or treatment.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean / 1 SD ↓ / 1/2 SD			
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	30.8	7.3	11.0	27.0	29.		140	3.53	0.21	

Click here to view more details...

25. Couples/family psychotherapy has been helpful to me.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean	⚑ 1 SD ↓ ⚑ 1/2 SD
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	53.7	6.8	11.8	39.9	21.		140	3.35	0.20	

Click here to view more details...

26. My mental health provider(s) and I developed my treatment plan together.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean	⚑ 1 SD ↓ ⚑ 1/2 SD
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	4.6	3.2	6.4	15.5	38.		140	3.98	0.16	

Click here to view more details...

27. My mental health provider(s) have taken my personal preferences and goals into consideration during my treatment. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean	⚑ 1 SD ↓ ⚑ 1/2 SD
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	2.6	2.8	4.7	12.5	39.		140	4.09	0.14	

Click here to view more details...

28. My mental health provider(s) are open to discussing potential changes to my treatment plan. ***(VSPC2)

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	4.0	2.4	4.0		12.0	41.	140	4.12	0.14	

Click here to view more details...

29. My mental health provider(s) discussed the benefits of meaningful employment as part of my overall mental health.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	38.0	6.8		13.8	31.2	26.	140	3.42	0.20	

Click here to view more details...

30. My mental health provider(s) offered me supportive services to obtain employment if I was not working.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	50.8	9.3		17.2	37.7	19.	140	3.16	0.23	

Click here to view more details...

31. My mental health providers work together and share information about my treatment.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	17.7	3.7	5.5		25.1	34.	140	3.83	0.16	

Click here to view more details...

32. Meetings with my mental health provider(s)by video-phone go smoothly with few technical problems.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1 SD ⚑ 1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	55.6	7.1	8.9		31.4	26.	140	3.52	0.25	

Click here to view more details...

33. Meetings with my mental health provider(s) by video-phone are just as helpful as meetings in person.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1 SD ⚑ 1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	54.0	12.8	15.5		32.2	19.	140	3.16	0.25	

Click here to view more details...

34. The mental health clinic waiting area feels safe to me.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	★ 1 SD ↑ National Mean ⚑ 1/2 SD ↑ National Mean ⚑ 1 SD ⚑ 1/2 SD

	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag

NATIONAL(FACILITY)	2.3	2.2	3.2	12.4	38.	140	4.18	0.13	

Click here to view more details...

35. Group therapy rooms comfortably fit all participants.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD		
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	41.1	4.4	6.6	23.2	34.		140	3.80	0.21	

Click here to view more details...

36. When I have an individual mental health session with my provider, we meet in a room that is private.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD		
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	2.5	1.1	0.7	2.4	29.		140	4.58	0.08	

Click here to view more details...

37. Overall, I am satisfied with the quality of VA mental health care.

Rolling 12 mo. (4 qtr.) data thru FY 2019 Qtr4	N/A or No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1 SD ↑ National Mean / 1/2 SD ↑ National Mean	1 SD ↓ / 1/2 SD		
	(%) N/A	(%) 1	(%) 2	(%) 3	(%) 4	(%) 5	(%) n	Mean	SD	flag
NATIONAL(FACILITY)	0.3	3.3	4.1	8.2	30.		140	4.26	0.17	

Click here to view more details...

Veterans Outcomes Assessment. These data tables represent responses for questions E2-9 from FY 2018.

E2. In the last 3 months, when you needed mental health treatment right away, how often did you see someone as soon as you wanted?

Response	Frequency	%
Never	945	6.1
Sometimes	1324	8.54
Usually	1158	7.47
Always	2610	16.84
Missing	9461	61.05

E2 is part of a skip pattern, so only those participants that answered "Yes" to E1 would answer this question.

E3. **Now thinking about all mental health care you received at a VA**…In the last 3 months, how often did the people you went to for mental health treatment listen carefully to you?

Response	Frequency	%
Never	528	3.41
Sometimes	1313	8.47
Usually	2106	13.59
Always	11179	72.13
Missing	372	2.4

E4. In the past 3 months, how often did the people you went to for mental health treatment explain things in a way you could understand?

Response	Frequency	%
Never	479	3.09
Sometimes	1349	8.7
Usually	2537	16.37
Always	10776	69.53
Missing	357	2.3

E5. In the last 3 months, how often did the people you went to for mental health treatment show respect for what you had to say?

Response	Frequency	%
Never	453	2.92
Sometimes	1050	6.78
Usually	1670	10.78
Always	11981	77.31
Missing	344	2.22

E6. In the past 3 months, how often did the people you went to for mental health treatment spend enough time with you?

Response	Frequency	%
Never	752	4.85
Sometimes	1734	11.19
Usually	2564	16.54
Always	10017	64.63
Missing	431	2.78

E7. In the last 3 months, how often did you feel safe when you were with the people you went to for mental health treatment?

Response	Frequency	%
Never	531	3.43
Sometimes	1248	8.05
Usually	1885	12.16
Always	11467	73.99
Missing	367	2.37

E8. In the past 3 months, how often were you involved as much as you wanted in your mental health treatment?

Response	Frequency	%
Never	790	5.1
Sometimes	2245	14.49
Usually	2677	17.27
Always	9248	59.67
Missing	538	3.47

E9. Using any number from 0-10, where 0 is the worst quality possible and 10 being the best quality possible, what number would you use to rate the quality of your VA mental health treatment in the last 3 months.

Rating	Frequency	%
0	284	1.83
1	109	.7
2	189	1.22
3	266	1.72
4	291	1.88
5	679	4.38
6	501	3.23
7	1226	7.91
8	2810	18.13
9	2622	16.92
10	6028	38.9
Missing	493	3.18

Complementary and Integrative Health Veteran Preference Survey

As of July 2017, the VIP panel self-reported the following characteristics:

- Health status was very good or excellent (32%), good (38%), or poor (31%)
- Residence was urban (63%) or rural (37)
- Length of time using VA services as 10 years or more (39%), 5-9 years (26%), or 1-4 years (29%), or less than 1 year (2%), or do not use VA services (4%)
- Level of VHA utilization as at least once/month (28%), every few months or less (68%), with the 4% non-VA users not responding to this question

Embedded is a copy of the Taylor et al. (2019) report.

Taylor et al. CIH Approaches_What d

Veteran Outreach Efforts Questionnaire

A copy of the questionnaire is embedded.

COVER Commission_Veterai

Table D-1. Total Number of Town Hall Meetings Held by VISN for 2018 and 2019

VISN	# Facilities within VISN	2018				2019			
		MH	SUD	SP	CIH	MH	SUD	SP	CIH
1	7	20	19	23	16	13	13	17	16
2	5	8	6	10	5	7	5	9	4
4	9	40	23	55	33	39	22	44	32
5	6	20	17	17	13	7	7	8	4
6	7	18	12	12	21	16	9	14	11
7	6	14	2	15	17	7	1	9	7
8	7	15	4	18	18	13	4	13	18
9	5	19	18	19	17	11	11	11	10
10	11	41	36	44	34	49	40	48	41
12	1	44	34	19	42	44	24	34	34
15	7	20	16	23	23	13	9	13	15
16	8	30	13	25	13	21	6	16	6
17	6	13	4	9	5	9	3	9	6
19	7	23	16	36	12	15	13	19	9
21	8	33	13	32	5	40	11	40	5
TOTAL	**100**	**358**	**233**	**357**	**274**	**304**	**178**	**304**	**218**

Table D-2. Total Number of Community Outreach Efforts by VISN for 2018 and 2019

VISN	# Facilities within VISN	2018				2019			
		MH	SUD	SP	CIH	MH	SUD	SP	CIH
1	7	264	241	546	81	338	312	526	181
2	5	39	32	573	16	52	49	286	25
4	9	305	181	706	198	468	349	822	393
5	6	34	12	271	26	38	11	405	27
6	7	65	45	521	44	50	31	567	33
7	6	188	179	519	124	148	144	414	95
8	7	80	26	521	143	89	16	458	211
9	5	68	67	75	56	93	93	98	92
10	11	390	347	1,123	320	283	241	890	263
12	1	398	76	781	144	211	35	569	149
15	7	91	36	340	79	77	41	223	76
16	8	87	161	474	157	72	89	299	93
17	6	63	51	486	8	119	49	558	87
19	7	228	14	846	11	123	17	604	7
21	8	54	92	307	87	22	79	158	74
TOTAL	**100**	**2,354**	**1,560**	**8,089**	**1,494**	**2,183**	**1,556**	**6,877**	**1,806**

Table D-3. Total Number of Facebook Posts by VISN for 2018 and 2019

VISN	# Facilities within VISN	2018				2019			
		MH	SUD	SP	CIH	MH	SUD	SP	CIH
1	7	70	25	155	49	46	18	147	37
2	5	68	25	82	60	117	31	125	69
4	9	184	51	117	210	165	30	109	209
5	6	122	14	101	61	180	19	111	62
6	7	184	151	210	120	190	157	198	142
7	6	106	21	84	425	81	31	68	335
8	7	227	60	284	167	185	43	177	203
9	5	78	52	83	39	60	42	47	31
10	11	301	194	299	303	228	130	249	234
12	1	135	47	102	179	121	15	94	187
15	7	149	52	83	142	86	40	55	88
16	8	196	39	167	91	144	52	104	63
17	6	288	202	305	185	298	167	382	141
19	7	81	37	81	43	70	34	99	24
21	8	90	37	99	62	85	28	81	41
TOTAL	**100**	**2,279**	**1,007**	**2,252**	**2,136**	**2,056**	**837**	**2,046**	**1,866**

Table D-4. Total Number of Twitter posts by VISN for 2018 and 2019

VISN	# Facilities within VISN	2018				2019			
		MH	SUD	SP	CIH	MH	SUD	SP	CIH
1	7	24	2	9	2	16	11	18	4
2	5	0	0	0	0	28	16	25	14
4	9	130	31	156	79	143	21	215	129
5	6	764	730	296	18	822	750	327	43
6	7	142	110	151	113	154	127	156	132
7	6	82	16	53	365	69	25	60	229
8	7	205	59	206	112	101	32	114	73
9	5	19	19	23	22	15	16	15	16
10	11	221	143	209	182	164	105	170	142
12	1	32	28	36	79	33	8	30	92
15	7	93	37	138	112	25	14	23	24
16	8	117	32	61	68	126	33	75	62
17	6	240	166	214	89	277	161	263	107
19	7	22	6	42	23	71	14	65	51
21	8	54	21	66	51	59	18	43	37
TOTAL	**100**	**2,145**	**1,400**	**1,660**	**1,315**	**2,103**	**1,351**	**1,599**	**1,155**

Table D-5. Total Number of Public Service Announcements by VISN for 2018 and 2019

VISN	# Facilities within VISN	2018				2019			
		MH	SUD	SP	CIH	MH	SUD	SP	CIH
1	7	16	4	23	10	17	1	113	15
2	5	8	6	8	0	12	12	14	4
4	9	23	1	9	0	24	8	11	6
5	6	1	0	8	1	5	2	10	1
6	7	20	7	28	3	16	9	20	28
7	6	65	30	32	300	50	35	36	175
8	7	24	2	25	18	16	3	25	23
9	5	44	22	47	24	25	17	26	18
10	11	54	51	133	18	36	27	3,208	18
12	1	13	8	15	0	7	2	8	3
15	7	31	14	34	14	21	11	22	33
16	8	94	18	78	34	42	7	28	17
17	6	26	4	22	8	38	8	33	14
19	7	13	3	18	8	10	2	11	3
21	8	27	8	12	3	21	7	8	3
TOTAL	**100**	**459**	**178**	**492**	**441**	**340**	**151**	**3,573**	**361**

Table D-6. Total Number of Newsletters by VISN for 2018 and 2019

VISN	# Facilities within VISN	2018				2019			
		MH	SUD	SP	CIH	MH	SUD	SP	CIH
1	7	11	2	18	23	18	6	19	22
2	5	0	0	17	1	0	0	15	0
4	9	27	7	37	13	29	4	28	20
5	6	101	55	81	54	75	30	55	30
6	7	11	11	16	12	5	5	15	4
7	6	44	15	10	70	30	11	5	36
8	7	2	2	2	2	2	1	1	5
9	5	36	36	43	29	29	29	30	26
10	11	5	7	8	20	12	5	20	16
12	1	10	7	36	7	22	10	26	17
15	7	1	1	5,721	5	3	1	3,222	4
16	8	19	14	1,415	13	19	6	1,309	5
17	6	2	0	364	0	0	0	196	0
19	7	11	11	23	7	8	8	14	6
21	8	17	8	10	18	20	1	14	20
TOTAL	**100**	**297**	**176**	**7,801**	**274**	**272**	**117**	**4,969**	**211**

Operation Enduring Freedom/Operation Iraqi Freedom Veterans Health and Needs Assessment

A copy of the narrative summary created from the six articles is embedded below.

Narrative Summary of VISN 6 MIRECC st

National Academies of Medicine Evaluation of the Department of Veterans Affairs Mental Health Services.

This is the link to the full report and abstracts on MAX.gov:
https://community.max.gov/display/VAExternal/NAM+Study

Veteran Experience Office (VEO).

The following are the response summaries and corresponding tables provided by VEO on the 13 themes aligned to the COVER legislative mandate.

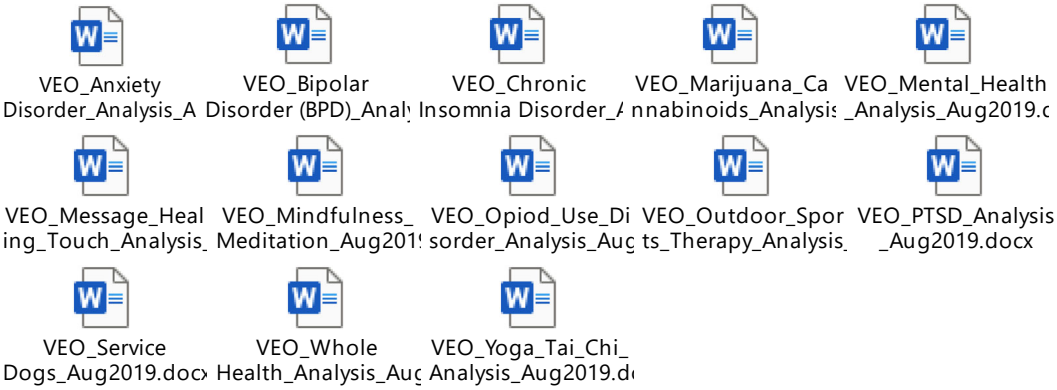


Table D7. Overall Responses Received for the Themes by Gender

Theme	# of Overall Responses	# of Responses by Male Respondents (Veterans, Caregivers, Survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families)
Anxiety Disorder	1,867	1,302	565
Bipolar Disorder	83	60	23
Chromic Insomnia Disorder	110	85	25
Marijuana Cannabinoids	328	303	25
Massage/Healing	1,950	1,561	389
Mental Health	8,273	6,369	1,904
Mindfulness/Meditation	136	110	26
Opioid Use Disorder	848	767	81
Outdoor Sports Therapy	1,292	1,072	220
PTSD	3,186	2,740	446
Service Dogs	200	150	50
Whole Health	129	96	33
Yoga Tai Chi	186	135	51

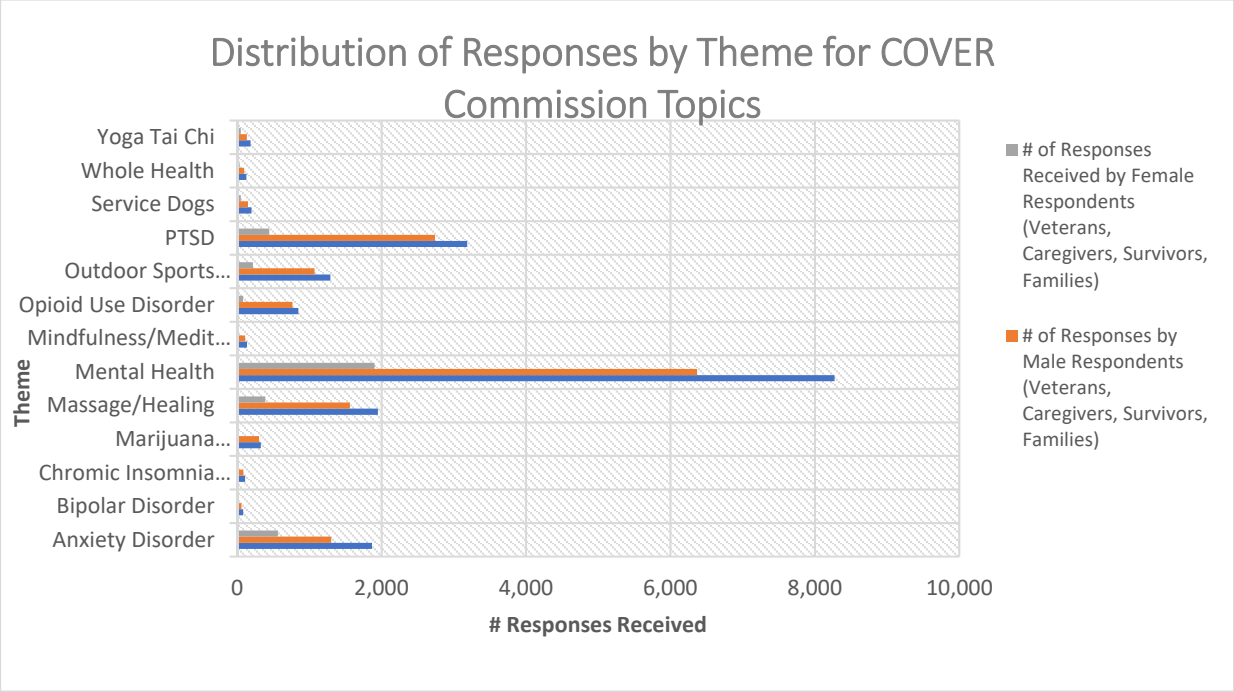


Table D8. Anxiety Disorder Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	70	57	13
VISN 2	68	46	22
VISN 4	81	60	21
VISN 5	53	34	19
VISN 6	101	64	37
VISN 7	137	90	47
VISN 8	184	128	56
VISN 9	77	41	36
VISN 10	104	82	22
VISN 12	55	41	14
VISN 15	48	35	13
VISN 16	124	80	44
VISN 17	155	102	53
VISN 19	115	81	34
VISN 20	113	81	32
VISN 21	132	94	38
VISN 22	179	128	51
VISN 23	71	58	13

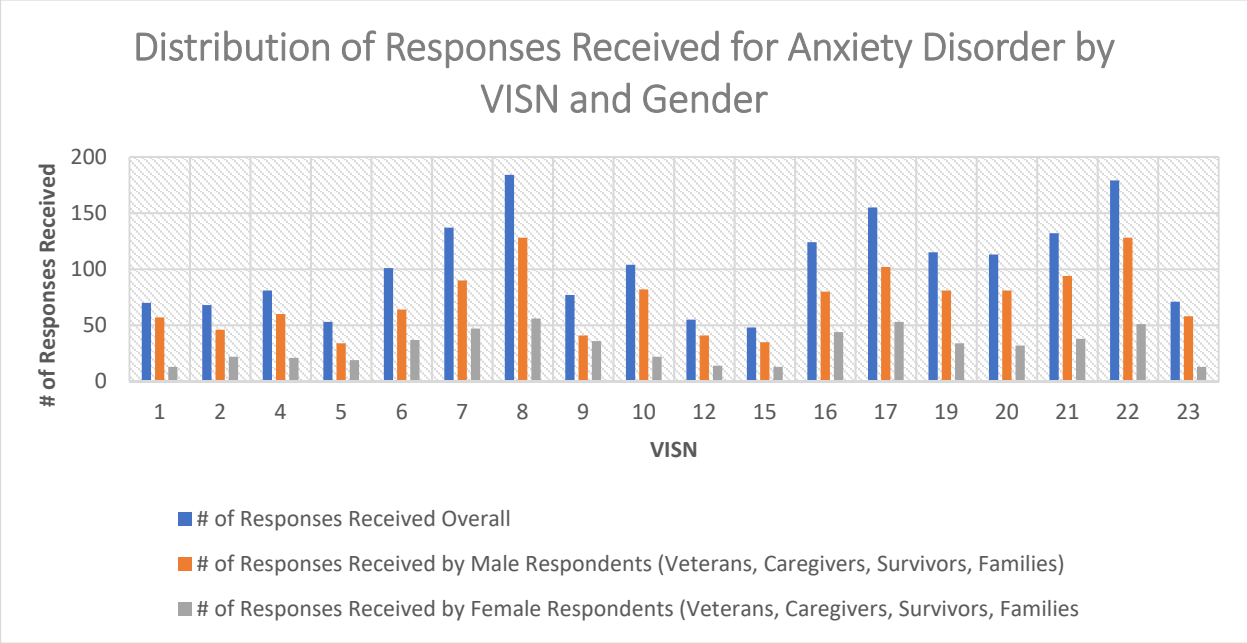


Table D9. Bipolar Disorder Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	6	6	0
VISN 2	0	0	0
VISN 4	2	0	2
VISN 5	3	2	1
VISN 6	4	3	1
VISN 7	5	3	2
VISN 8	8	6	2
VISN 9	4	2	2
VISN 10	6	5	1
VISN 12	2	0	2
VISN 15	3	3	0
VISN 16	9	9	0
VISN 17	9	6	3
VISN 19	5	4	1
VISN 20	5	3	2
VISN 21	6	5	1
VISN 22	3	1	2
VISN 23	3	2	1

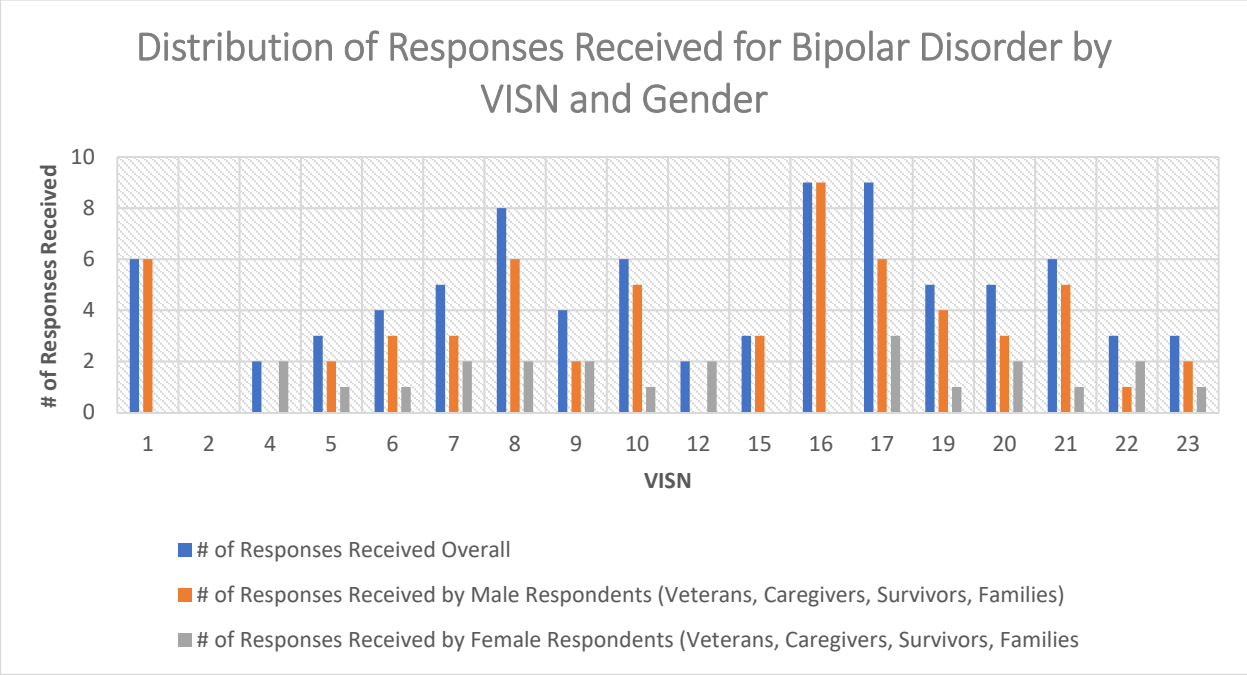


Table D10. Chronic Insomnia Disorder Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	3	2	1
VISN 2	5	4	1
VISN 4	5	3	2
VISN 5	3	2	1
VISN 6	7	6	1
VISN 7	6	5	1
VISN 8	9	8	1
VISN 9	7	6	1
VISN 10	7	6	1
VISN 12	3	2	1
VISN 15	5	5	0
VISN 16	8	6	2
VISN 17	8	6	2
VISN 19	7	4	3
VISN 20	5	4	1
VISN 21	10	9	1
VISN 22	9	5	4
VISN 23	3	2	1

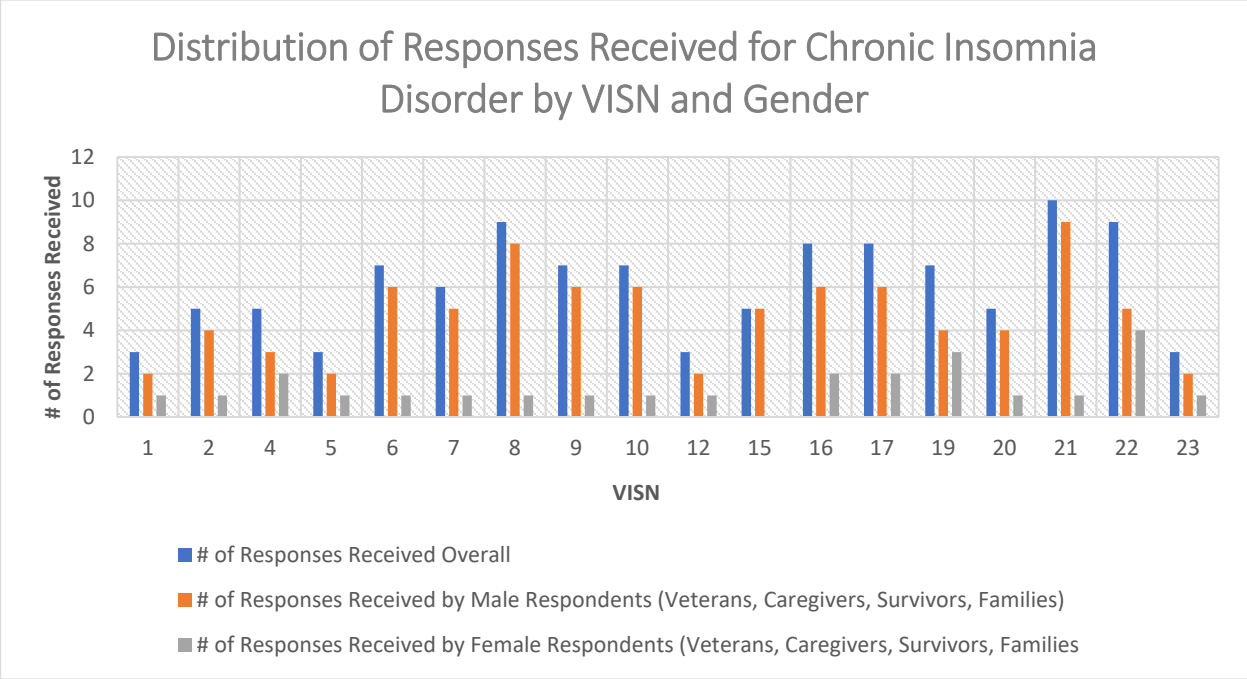


Table D11. Marijuana and Cannabinoid Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	5	5	0
VISN 2	16	15	1
VISN 4	15	13	2
VISN 5	4	3	1
VISN 6	11	8	3
VISN 7	21	20	1
VISN 8	35	30	5
VISN 9	13	12	1
VISN 10	23	21	2
VISN 12	12	11	1
VISN 15	9	9	0
VISN 16	27	26	1
VISN 17	12	11	1
VISN 19	28	26	2
VISN 20	23	22	1
VISN 21	30	29	1
VISN 22	32	31	1
VISN 23	12	11	1

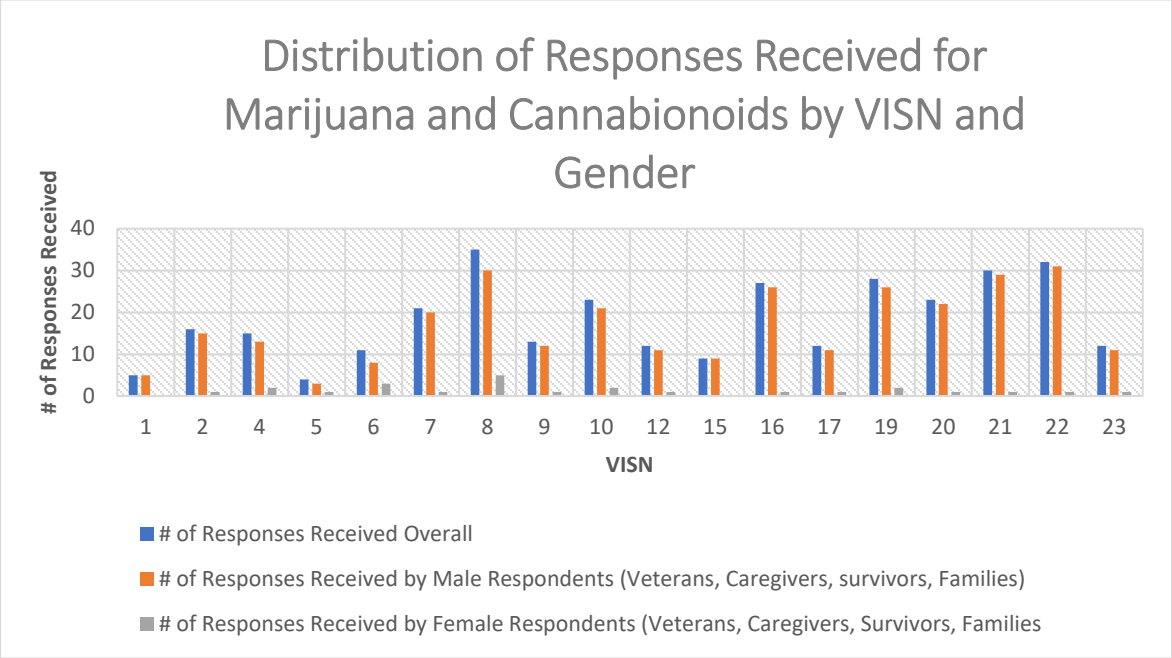


Table D12. Massage and Healing Touch Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	61	51	10
VISN 2	113	96	17
VISN 4	65	61	4
VISN 5	43	30	13
VISN 6	93	76	17
VISN 7	80	62	18
VISN 8	220	176	44
VISN 9	53	48	5
VISN 10	132	107	25
VISN 12	82	67	15
VISN 15	89	68	21
VISN 16	127	98	29
VISN 17	167	120	47
VISN 19	77	66	11
VISN 20	132	110	22
VISN 21	168	132	36
VISN 22	161	128	33
VISN 23	87	65	22

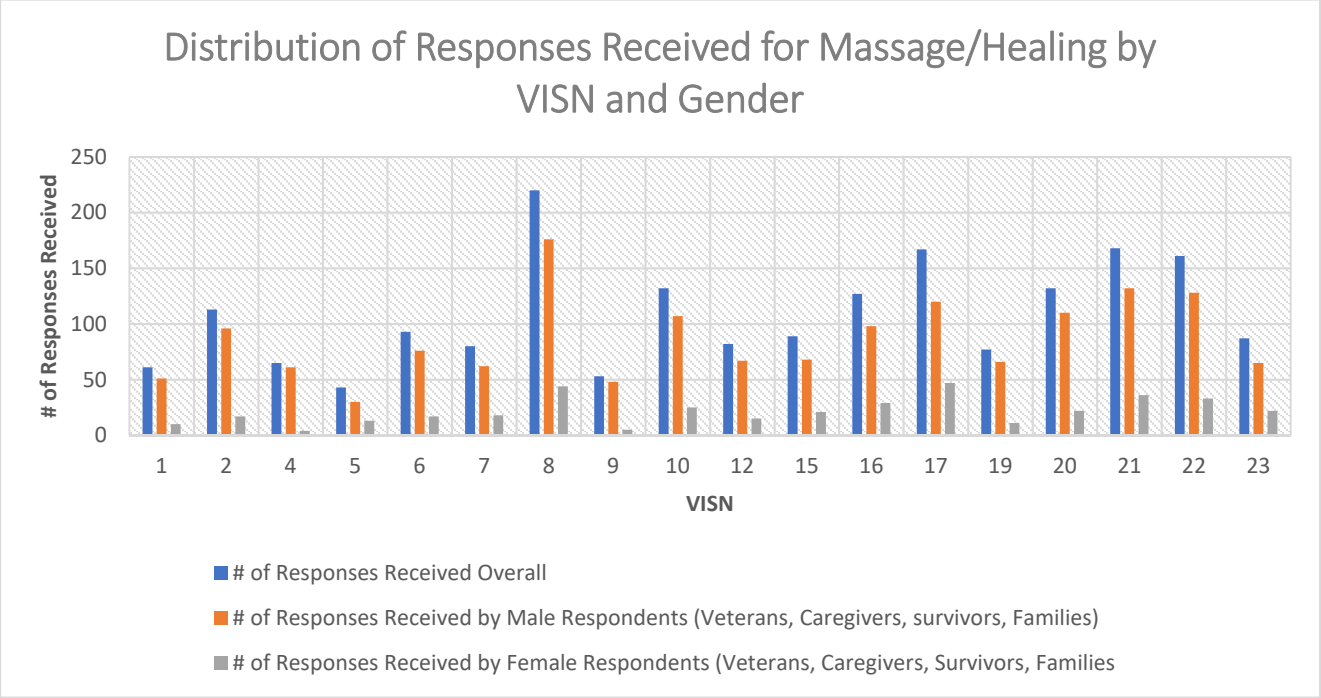


Table D13. Mental Health Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	278	223	55
VISN 2	300	232	68
VISN 4	171	136	35
VISN 5	196	146	50
VISN 6	598	445	153
VISN 7	664	479	185
VISN 8	812	636	176
VISN 9	289	226	63
VISN 10	498	392	106
VISN 12	264	212	52
VISN 15	168	133	35
VISN 16	678	498	180
VISN 17	789	582	207
VISN 19	568	453	115
VISN 20	500	393	107
VISN 21	613	492	121
VISN 22	619	474	145
VISN 23	268	217	51

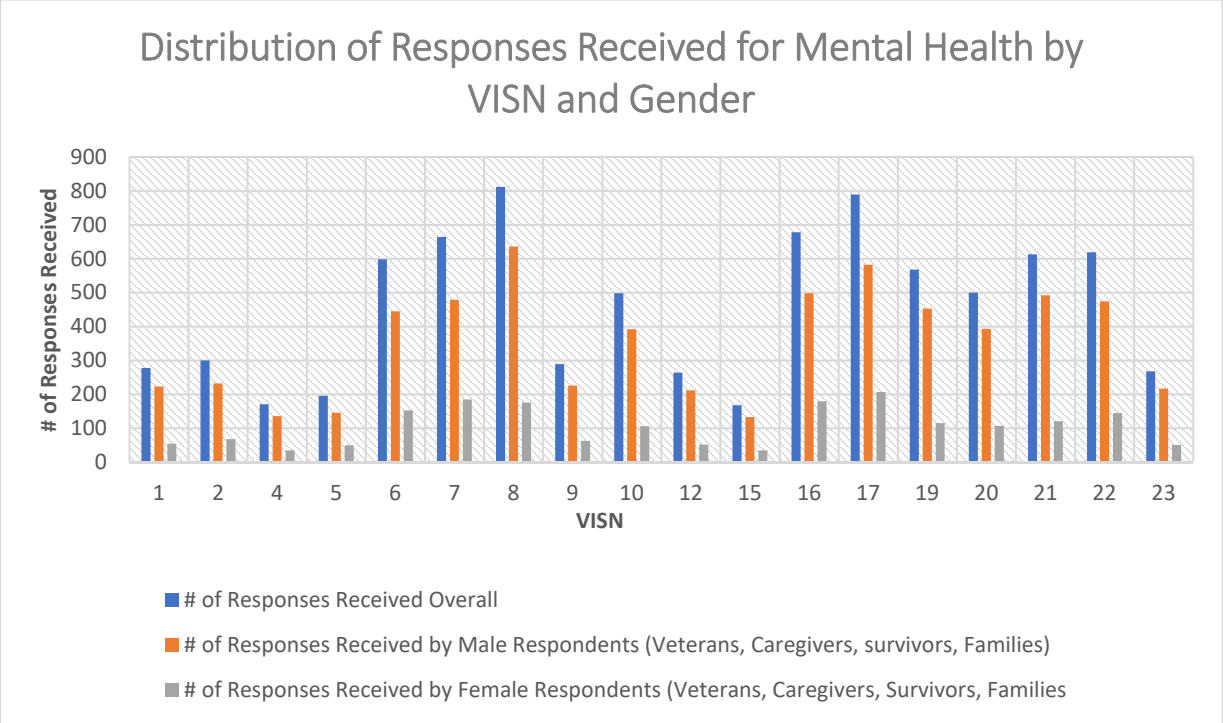


Table D14. Mindfulness/Meditation Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	5	5	0
VISN 2	10	9	1
VISN 4	3	3	0
VISN 5	6	5	1
VISN 6	8	5	3
VISN 7	13	10	3
VISN 8	21	16	5
VISN 9	3	3	0
VISN 10	4	2	2
VISN 12	1	1	0
VISN 15	3	3	0
VISN 16	6	5	1
VISN 17	12	11	1
VISN 19	4	3	1
VISN 20	8	8	0
VISN 21	6	5	1
VISN 22	19	12	7
VISN 23	4	4	0

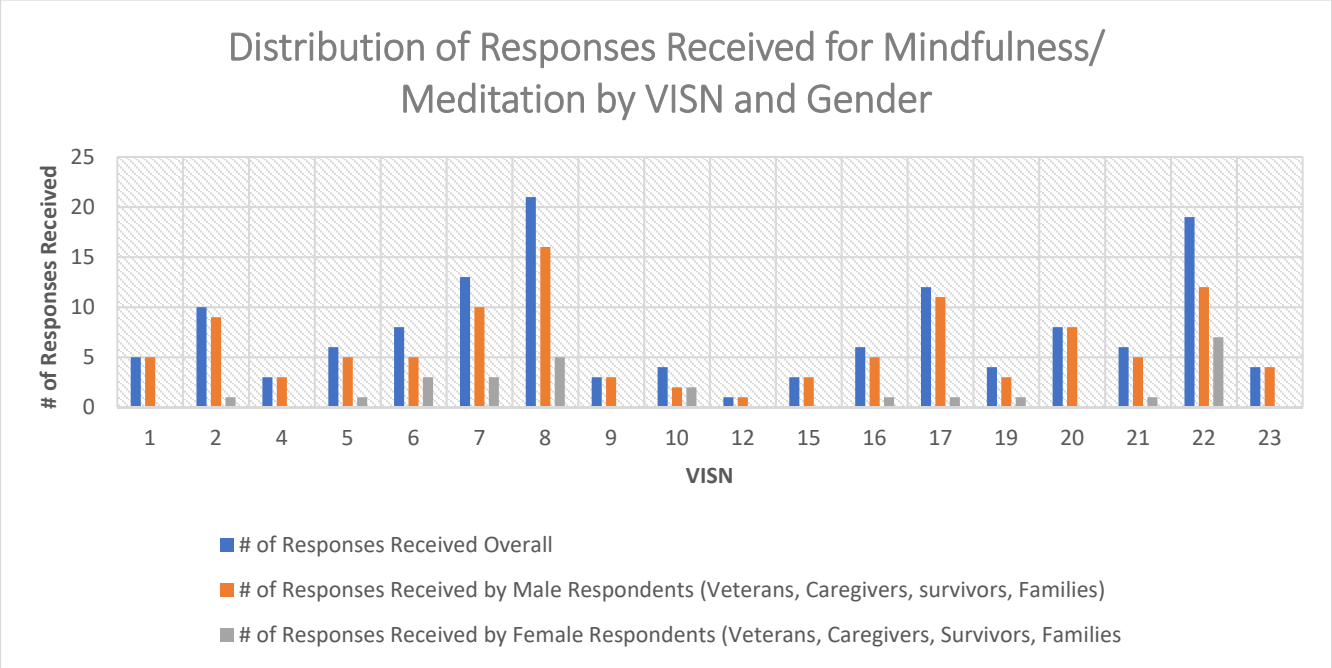


Table D15. Opioid Use Disorder Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	27	24	3
VISN 2	18	18	0
VISN 4	32	28	4
VISN 5	9	9	0
VISN 6	68	58	10
VISN 7	47	44	3
VISN 8	72	69	3
VISN 9	28	28	0
VISN 10	54	46	8
VISN 12	35	29	6
VISN 15	24	21	3
VISN 16	56	52	4
VISN 17	52	49	3
VISN 19	65	58	7
VISN 20	78	70	8
VISN 21	64	57	7
VISN 22	84	73	11
VISN 23	35	34	1

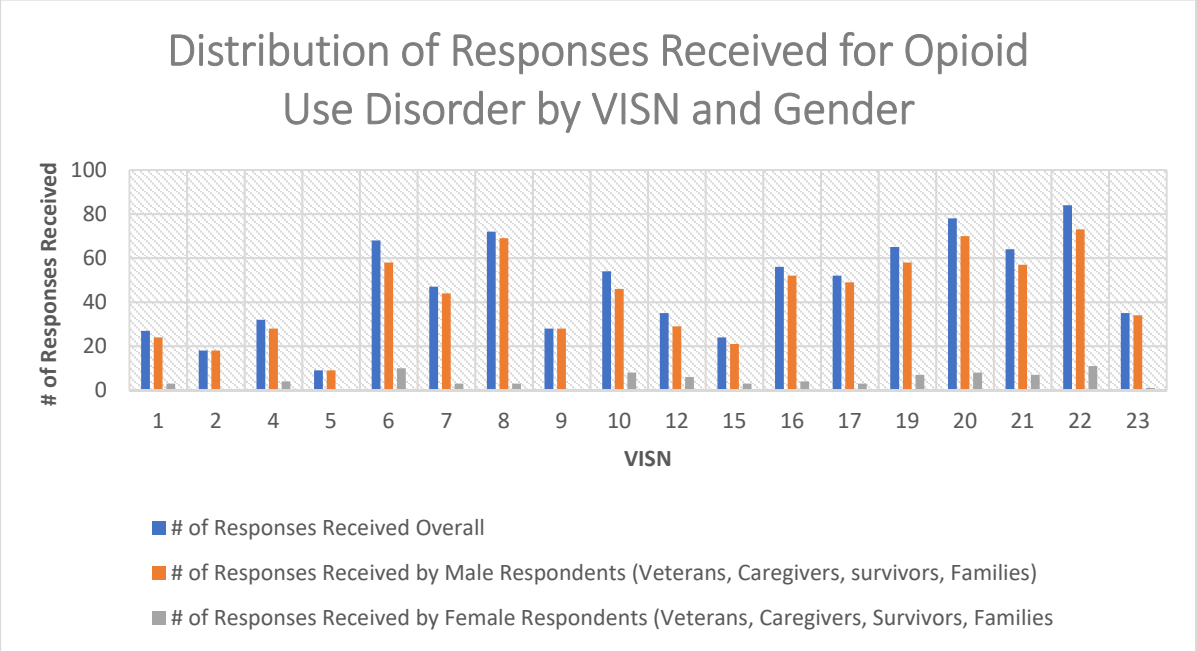


Table D16. Outdoor Sports Therapy Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	46	41	5
VISN 2	61	56	5
VISN 4	39	34	5
VISN 5	28	22	6
VISN 6	87	63	24
VISN 7	69	52	17
VISN 8	130	109	21
VISN 9	40	31	9
VISN 10	82	73	9
VISN 12	57	50	7
VISN 15	35	30	5
VISN 16	67	55	12
VISN 17	81	60	21
VISN 19	73	58	15
VISN 20	70	57	13
VISN 21	126	109	17
VISN 22	144	120	24
VISN 23	57	52	5

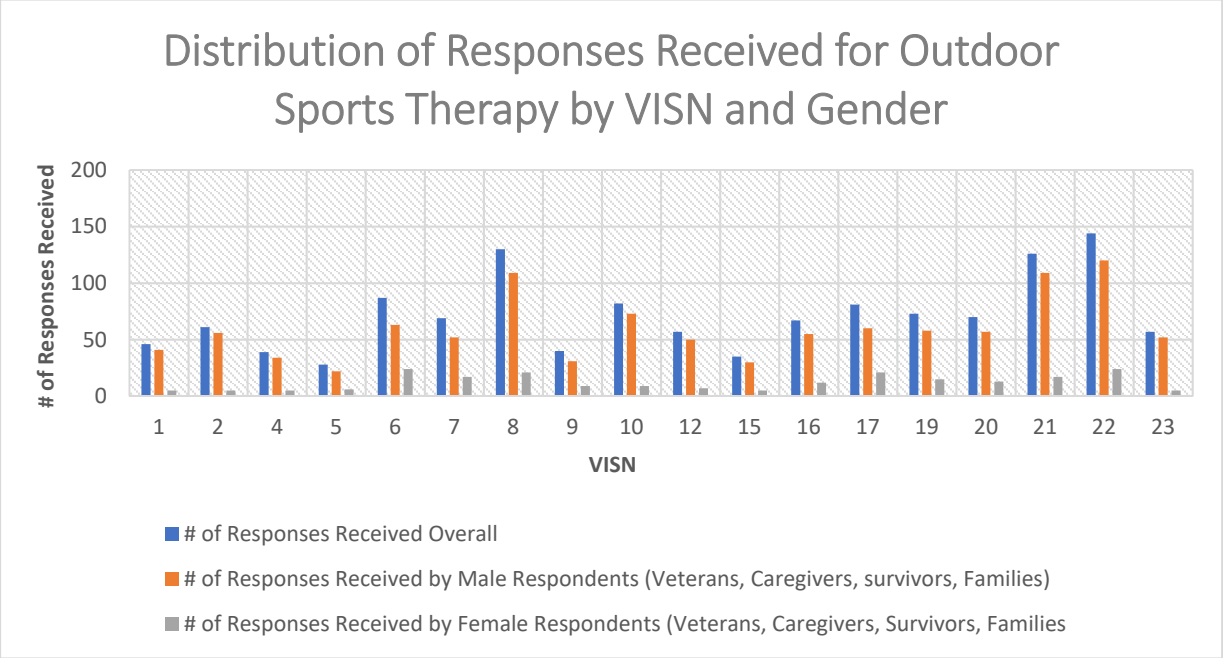


Table D17. Post Traumatic Stress Disorder Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	105	97	8
VISN 2	200	170	30
VISN 4	116	101	15
VISN 5	67	55	12
VISN 6	185	153	32
VISN 7	196	155	41
VISN 8	307	268	39
VISN 9	120	105	15
VISN 10	185	162	23
VISN 12	103	88	15
VISN 15	108	96	12
VISN 16	189	162	27
VISN 17	238	207	31
VISN 19	199	168	31
VISN 20	197	164	33
VISN 21	246	215	31
VISN 22	334	295	39
VISN 23	91	79	12

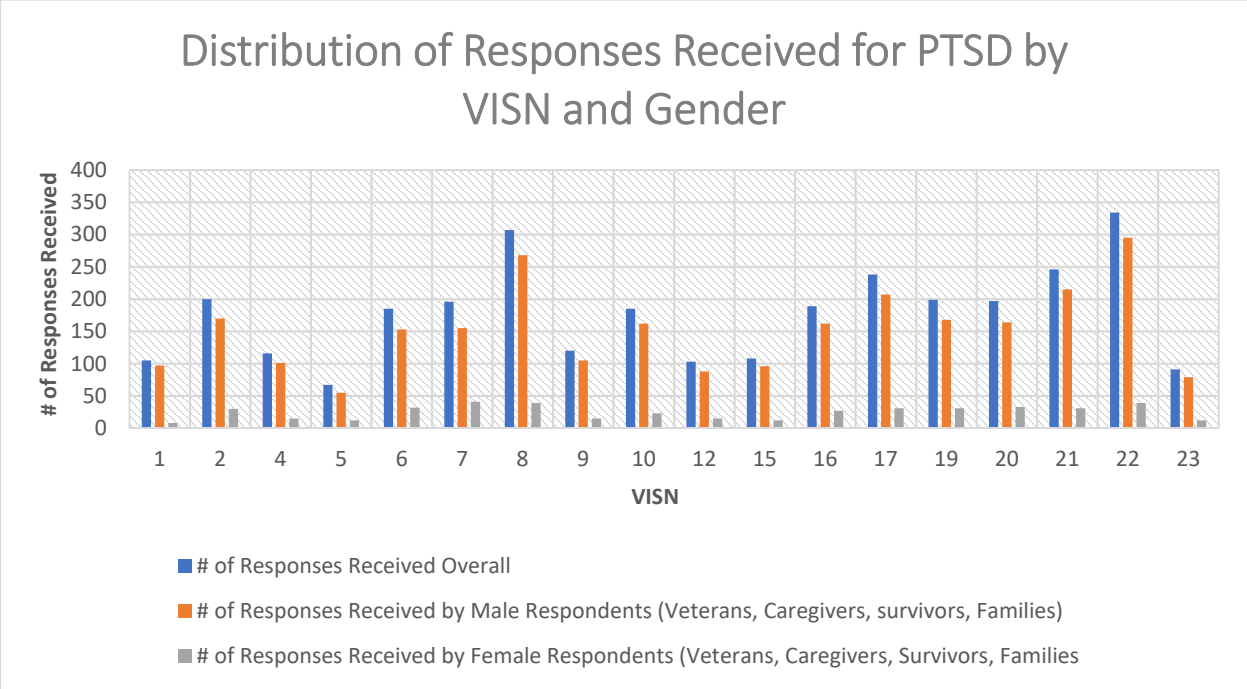


Table D18. Service Dogs Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	10	9	1
VISN 2	7	4	3
VISN 4	3	3	0
VISN 5	6	5	1
VISN 6	15	10	5
VISN 7	11	9	2
VISN 8	25	15	10
VISN 9	5	3	2
VISN 10	5	4	1
VISN 12	6	3	3
VISN 15	4	4	0
VISN 16	14	10	4
VISN 17	15	11	4
VISN 19	18	16	2
VISN 20	18	13	5
VISN 21	15	13	2
VISN 22	16	12	4
VISN 23	7	6	1

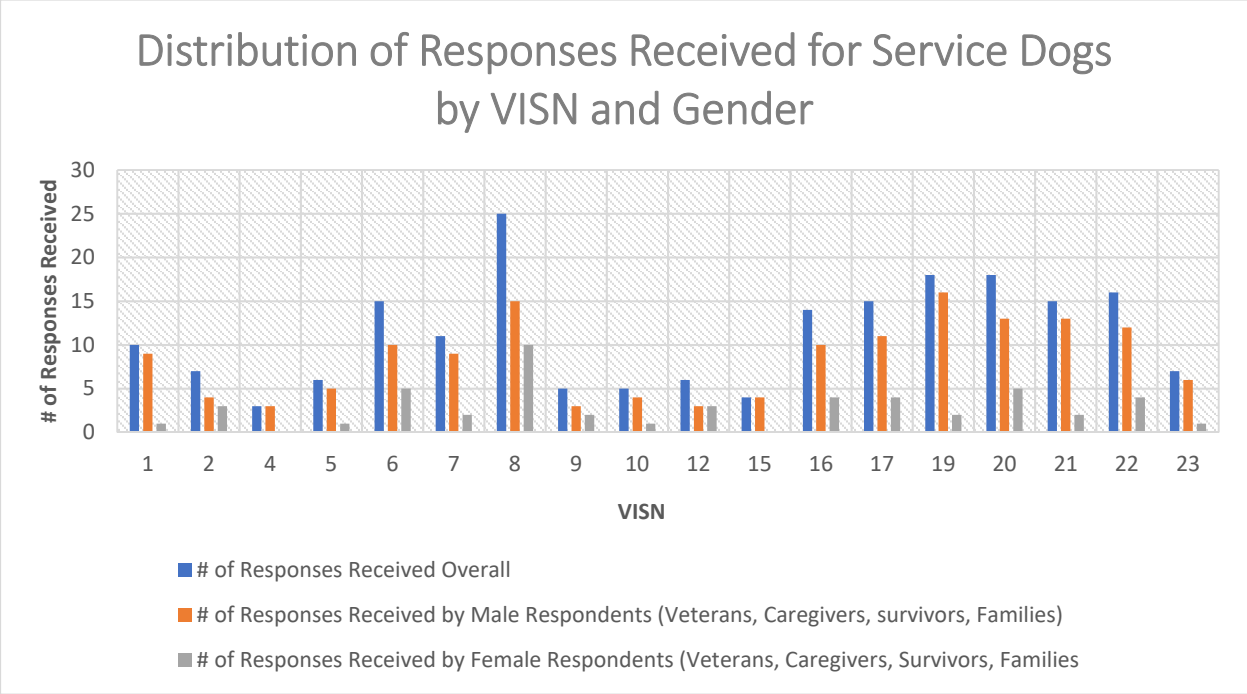


Table D19. Whole Health Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	7	6	1
VISN 2	6	5	1
VISN 4	7	6	1
VISN 5	1	0	1
VISN 6	6	4	2
VISN 7	5	5	0
VISN 8	15	11	4
VISN 9	8	2	6
VISN 10	7	4	3
VISN 12	8	6	2
VISN 15	9	9	0
VISN 16	4	4	0
VISN 17	10	8	2
VISN 19	4	3	1
VISN 20	8	5	3
VISN 21	6	6	0
VISN 22	5	5	0
VISN 23	13	7	6

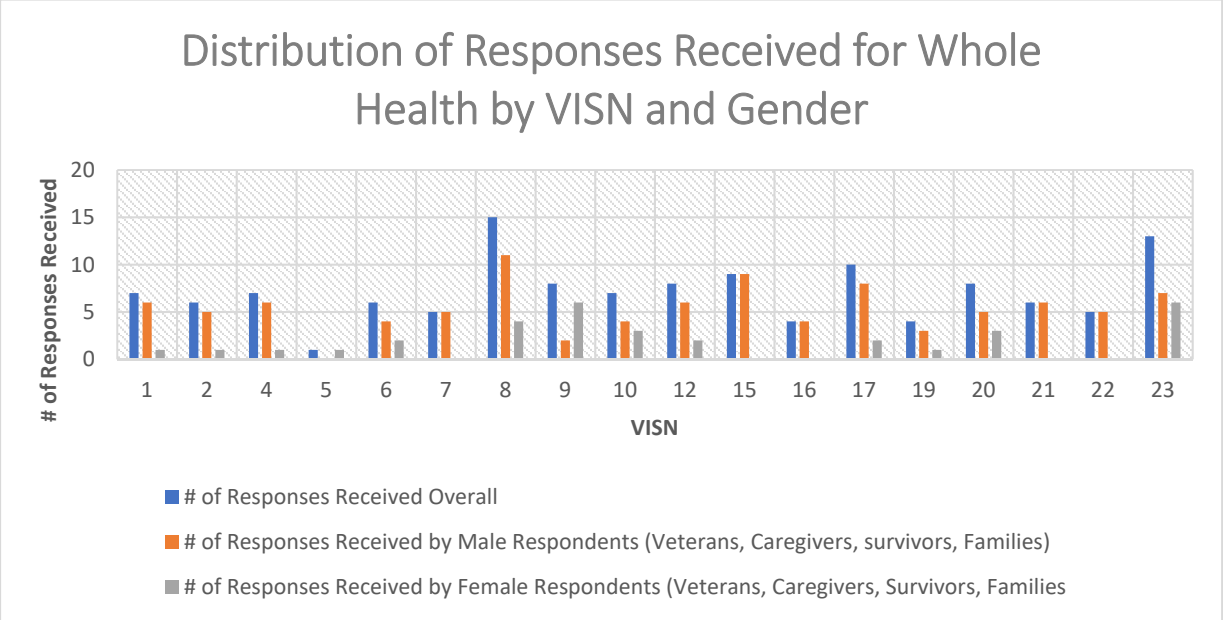
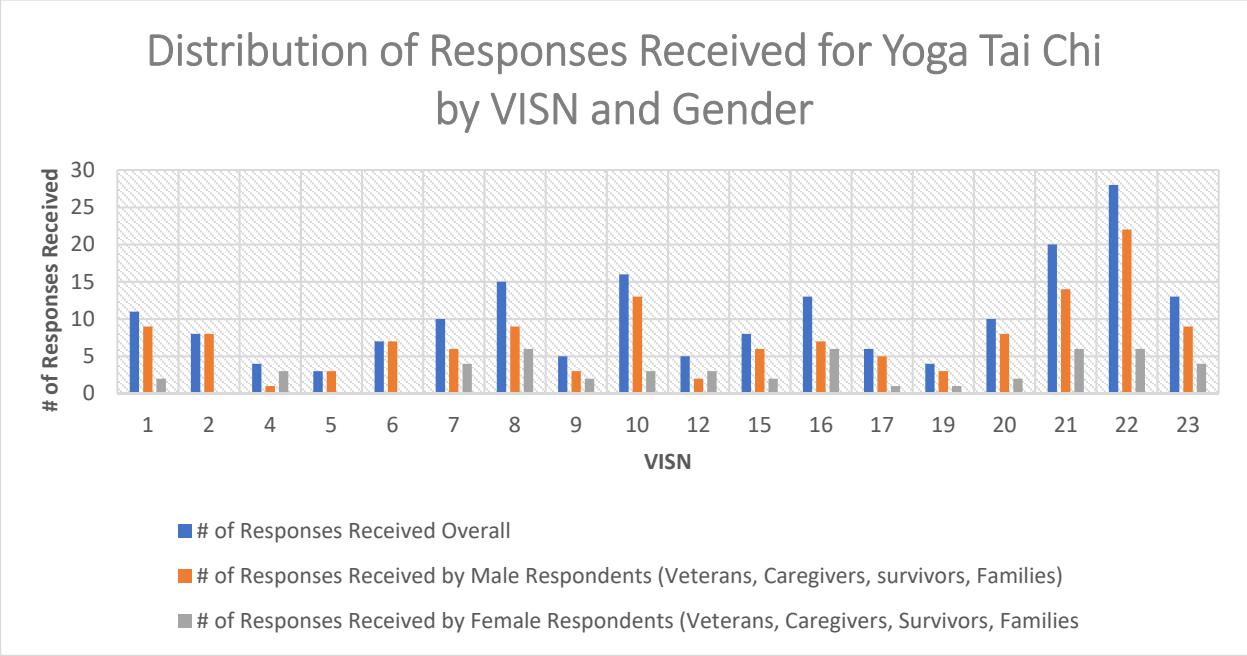


Table D20. Yoga/Tai Chi Responses Received for each VISN, by Gender

VISN	# of Responses Received Overall	# of Responses Received by Male Respondents (Veterans, Caregivers, survivors, Families)	# of Responses Received by Female Respondents (Veterans, Caregivers, Survivors, Families
VISN 1	11	9	2
VISN 2	8	8	0
VISN 4	4	1	3
VISN 5	3	3	0
VISN 6	7	7	0
VISN 7	10	6	4
VISN 8	15	9	6
VISN 9	5	3	2
VISN 10	16	13	3
VISN 12	5	2	3
VISN 15	8	6	2
VISN 16	13	7	6
VISN 17	6	5	1
VISN 19	4	3	1
VISN 20	10	8	2
VISN 21	20	14	6
VISN 22	28	22	6
VISN 23	13	9	4



Office of Community Care

The following are tables and graphs created from the data provided by the Office of Community Care.

Table D21. The Total Distinct Number of Claims Processed and Total Amount Paid for Mental Health Services in the Community by VISN in FY 2016

VISN	Total Claims Processed	Total Amount Paid
1	28,519	$4,391,351.91
2	18,067	$1,972,241.59
4	24,894	$3,542,754.64
5	96,815	$14,208,738.18
6	42,744	$5,274,066.61
7	63,698	$9,831,263.39
8	55,414	$11,958,699.59
9	17,064	$1,971,474.91
10	55,537	$8,665,382.66
12	24,612	$4,365,844.42
15	837,693	$90,497,765.72
16	20,786	$3,289,072.49
17	28,554	$3,873,553.71
19	41,070	$8,205,998.44
20	39,960	$9,487,864.06

VISN	Total Claims Processed	Total Amount Paid
21	32,274	$5,790,103.11
22	30,650	$7,427,025.37
23	33,373	$5,738,163.92
Total	**1,491,724**	**$200,491,364.72**

* Calculations exclude observations with missing VISN information

Table D22. The Total Distinct Number of Claims Processed and Total Amount Paid for Mental Health Services in the Community by VISN in FY 2017

VISN	Total Claims Processed	Total Amount Paid
1	168,298	$22,409,569.50
2	158,732	$19,949,771.57
4	176,016	$22,637,473.43
5	368,152	$48,229,034.13
6	213,616	$25,550,173.34
7	266,838	$35,257,520.01
8	250,901	$41,919,187.07
9	151,715	$17,910,409.94
10	260,963	$36,666,420.33
12	103,113	$14,726,738.13
15	671,847	$92,741,781.68
16	112,250	$16,300,718.77
17	135,918	$18,154,681.14
19	109,872	$17,303,279.64
20	111,978	$21,775,767.01
21	105,422	$17,098,332.57
22	122,434	$22,405,546.19
23	146,154	$18,825,037.38
Total	**3,634,219**	**$509,861,441.84**

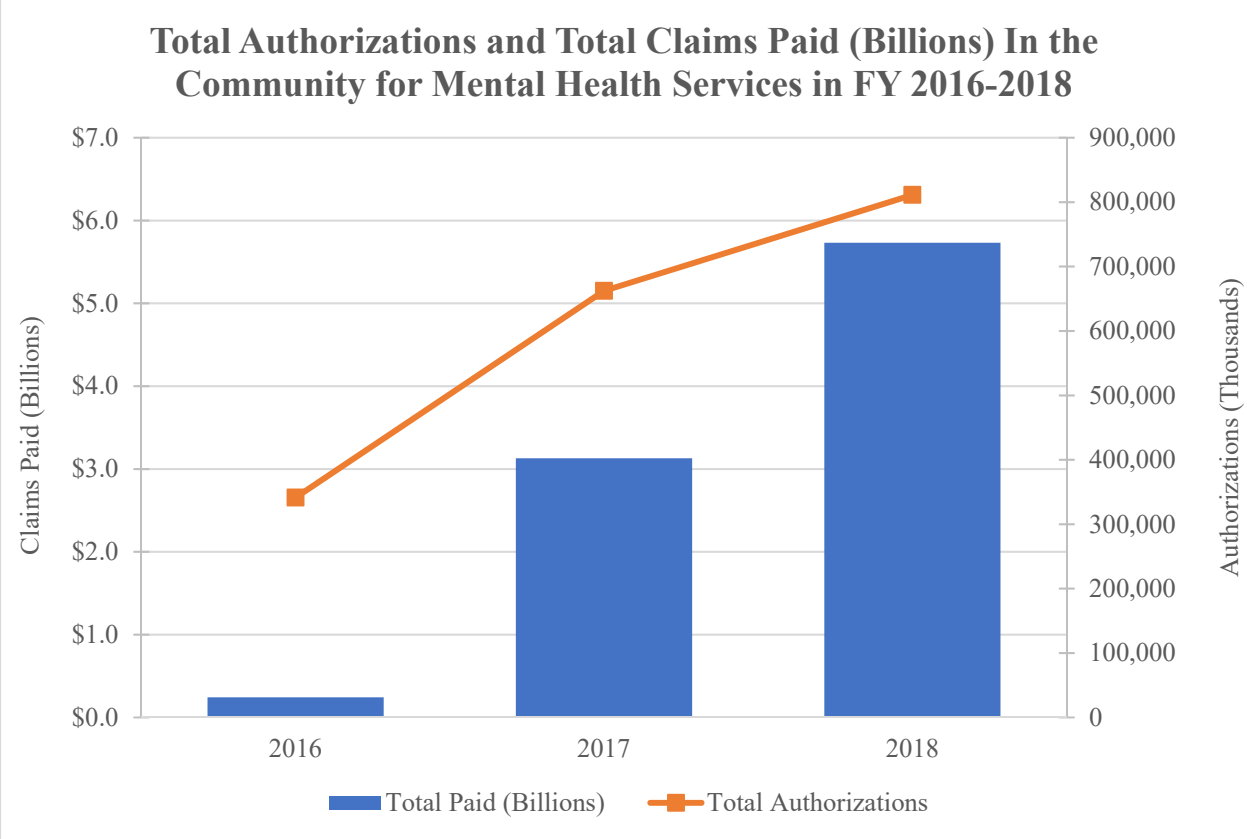
* Calculations exclude observations with missing VISN information

Table D23. The Total Distinct Number of Claims Processed and Total Amount Paid for Mental Health Services in the Community by VISN in FY 2018

VISN	Total Claims Processed	Total Amount Paid
1	206,185	$35,066,245.02
2	153,204	$23,174,107.01
4	169,612	$25,080,701.97
5	276,791	$43,660,751.09

VISN	Total Claims Processed	Total Amount Paid
6	252,448	$33,822,329.48
7	219,884	$32,633,054.09
8	326,388	$61,427,484.73
9	191,289	$26,217,930.48
10	274,605	$42,215,165.70
12	135,091	$20,802,226.30
15	488,615	$81,371,436.95
16	174,466	$25,300,052.01
17	275,847	$35,495,584.68
19	162,179	$25,383,165.79
20	222,264	$46,921,964.27
21	168,034	$26,910,050.50
22	231,750	$47,049,164.45
23	215,724	$29,535,204.44
Total	**4,144,376**	**$662,066,618.97**

* Calculations exclude observations with missing VISN information



U.S. Government Accountability Office (GAO) Report

Embedded is a copy of the U.S. GAO Report: VA Mental Health: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight.

GAO Report -19-465.pdf

Strategic Analytics for Improvement and Learning

Embedded is the Excel report generated from the MH Domain dashboard of SAIL for the last three quarters of FY 2019 at the national level.

MHDomainCompositeSummary_Nationa

COVER COMMISSION
Creating Options for Veterans' Expedited Recovery

Mental Health (MH) Domain of SAIL – Detailed View

A. Population Coverage Composite

- For the measures below, look at each individual numerator and denominator when interpreting each measure. Each of the individual measures below all help explain the overall picture of population coverage (access) to VA MH services and care. Low scores may indicate issues with access or resources.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
MH Population Coverage	PCov2		↑	**-0.5**: -0.1: 0.7	--	--	0.02	--	--	0.02	--	--	0.02
% MH-treated patients w/ family	Fam2	1	↑	**0.7**: 1.3: 2.0	29,140	2,155,941	1.35%	30,014	2,195,408	1.37%	30,718	2,218,271	1.38%

- MH population coverage consists of 16 population-coverage measures. In this summary, it represents the national average.
- Measure Description: Fam2 indicates the percentage of MH-treated patients with a family psychotherapy visit.
- Numerator: The number of Veterans who received specialty MH treatment and a family psychotherapy visit.
- Denominator: The number of Veterans who received specialty MH treatment.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Vets w/ ICMHR-targeted dx	HIAS21	1	↑	**2.9**: 4.2: 6.1	8,674	205,034	4.23%	8,691	206,222	4.21%	8,748	206,678	4.23%

- Measure Description: Percentage of Veterans with Intensive Community MH Recovery (ICMHR)-targeted diagnosis receiving ICMHR services.
- Numerator: Number of Veterans with ICMHR-targeted diagnoses who received ICMHR-services.
- Denominator: Number of Veterans with ICMHR-targeted diagnoses.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Vets w/ PRRC-targeted dx served	HIAS72	1	↑	**0.4**: 0.9: 2.3	13,281	1,331,160	1.00%	13,618	1,369,640	0.99%	13,782	1,385,118	1.00%

- Measure Description: Percentage of Veterans with Psychosocial Rehabilitation and Recovery Center (PRRC)-targeted diagnoses served by PRRC.
- Numerator: Number of Veterans with PRRC-targeted diagnoses served by PRRC (at least three outpatient encounters).
- Denominator: Number of Veterans with PRRC-targeted diagnoses.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% VHA pts using MH services	MPT1	1	↑	**17.7**: 23.5: 27.6	1,093,061	4,885,217	22.37%	1,106,442	4,909,435	22.53%	1,120,479	4,950,114	22.63%

- Measure Description: Percentage of VHA patients using MH services.
- Numerator: Number of VHA enrollees who received MH services.
- Denominator: Number of enrolled Veterans that receive benefits (identified by VETSNET data and must have a positive award amount for inclusion).

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% primary care patients with PC-	PACT15	1	↑	**5.5**: 8.1: 11.2	357,862	4,106,922	8.71%	365,728	4,109,477	8.90%	371,007	4,106,067	9.04%

- Measure Description: The percentage of primary care patients engaged in Primary Care MH Integration (PCMHI).
- Numerator: The total number of assigned primary care patients seen in PCMHI during the past 12 months for required divisions.
- Denominator: Number of patients enrolled in primary care.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% pts w/ MH dx who have a MH E&M	PMED1	1	↑	**39.3**: 49.8: 59.5	1,074,657	2,138,547	50.25%	1,086,035	2,177,846	49.87%	1,094,182	2,200,558	49.72%

- Measure Description: Percentage of patients with MH who have a MH Evaluation and Management (E&M) visit.
- Numerator: Number of Veterans with MH or SUD diagnoses and an E&M visit.
- Denominator: Number of Veterans with MH or SUD diagnoses.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% MH-service-connected Vets in the	Pop6	1	↑	**39.5**: 47.7: 55.7	929,807	2,025,604	45.90%	940,921	2,056,375	45.76%	952,413	2,093,368	45.50%

- Measure Description: Percentage of MH-service-connected Veterans in the facility catchment with MH care.
- Numerator: Number of Veterans service-connected for a MH diagnosis who were treated in a MH specialty program.
- Denominator: Number of Veterans in facility catchment area who are service-connected for a MH diagnosis (per VBA).

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% depression-dxed pts w/	Psy32	1	↑	**32.2**: 38.5: 46.3	426,004	1,073,921	39.67%	436,025	1,090,832	39.97%	443,247	1,105,857	40.08%

- Measure Description: Percentage of depression-diagnosed Veterans with psychotherapy visit for depression.
- Numerator: Number of Veterans with depression diagnoses and a psychotherapy visit for depression.
- Denominator: Number of Veterans with depression diagnoses (all diagnostic positions) from an outpatient visit in the last four quarters.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% SMI-dxed Vets w/ psychosocial tx	Psy34	1	↑	**34.3**: 41.8: 49.7	96,729	231,817	41.73%	97,433	232,476	41.91%	97,527	233,039	41.85%

- Measure Description: Percentage of Serious Mental Illness (SMI)-diagnosed Veterans with psychosocial treatment for SMI.
- Numerator: Number of Veterans with SMI diagnoses and a psychotherapy or psychosocial treatment visit for SMI.
- Denominator: Number of Veterans with SMI diagnoses (all diagnostic positions) from an outpatient visit in the last four quarters.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% SUD-dxed Vets w/ psychosocial	Psy36	1	↑	**31.5**: 39.3: 49.1	203,145	508,022	39.99%	205,868	515,128	39.96%	206,591	520,115	39.72%

- Measure Description: Percentage of Substance Use Disorder (SUD)-diagnosed Veterans with psychosocial treatment for SUD.
- Numerator: Number of Veterans with SUD diagnoses and a psychotherapy or psychosocial treatment visit for SUD.
- Denominator: Number of Veterans with SUD diagnoses (all diagnostic positions) from an outpatient visit in the last four quarters.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% PTSD-dxed patients w/	Psy38	1	↑	**46.1**: 56.1: 66.5	380,624	689,373	55.21%	385,547	698,902	55.16%	388,186	707,953	54.83%

- Measure Description: Percentage of Post Traumatic Stress Disorder (PTSD)-diagnosed Veterans with psychotherapy visit for PTSD.
- Numerator: Number of Veterans with PTSD diagnoses and a psychotherapy visit for PTSD.
- Denominator: Number of Veterans with PSTD diagnoses (all diagnostic positions) in the last four quarters.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% PTSD-dxed patients receiving	PTSD56	1	↑	**10.6**: 18.1: 30.3	130,172	699,601	18.61%	131,238	717,346	18.29%	130,447	726,309	17.96%

- Measure Description: Percentage of PTSD-diagnosed patients receiving specialty PTSD outpatient care.
- Numerator: Number of Veterans with PTSD diagnoses who had at least two visits to a specialized outpatient PTSD specialist or program, or at least two evidence-based psychotherapy templates for cognitive processing therapy or prolonged exposure.
- Denominator: Number of Veterans with PTSD diagnoses (all diagnostic positions) in the last four quarters.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Pts w/ schizophrenia, bipolar	SMIE1	1	↑	**0.4**: 1.4: 2.8	3,576	235,717	1.52%	3,655	238,839	1.53%	3,714	239,218	1.55%

- Measure Description: Percentage of patients with schizophrenia, bipolar disorder, or other psychoses using supported employment services.
- Numerator: Number of Veterans with schizophrenia, bipolar disorder, or other psychoses diagnoses who used supported employment services in the last four quarters.
- Denominator: Number of Veterans with schizophrenia, bipolar disorder, or other psychoses diagnoses.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Number of Veterans with opioid	SUD16	1	↑	**17.0**: 30.9: 46.9	24,875	65,933	37.73%	25,490	65,976	38.64%	25,963	65,982	39.35%

- Measure Description: Percent Number of Veterans with opioid use disorder (OUD) diagnoses who received medication-assisted treatment (MAT).
- Numerator: Number of Veterans with OUD diagnoses who received opioid agonist or antagonist treatment or who had a visit to an opioid substitution clinic.
- Denominator: Number of Veterans with OUD diagnoses.

Population Coverage Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% SUD-dxed patients with intensive	SUD4	1	↑	**2.8**: 5.6: 10.1	31,157	532,475	5.85%	31,459	539,144	5.83%	31,338	544,047	5.76%

- Measure Description: Percentage of SUD-diagnosed Veterans who used intensive SUD treatment.
- Numerator: Number of Veterans with SUD diagnoses who received intensive SUD treatment.
- Denominator: Number of Veterans with SUD diagnoses (all diagnostic positions) from an outpatient visit, residential stay or inpatient stay in the last four quarters.

B. Continuity of Care Composite

- Continuity of MH care measure is comprised of 13 continuity-of-care measures.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
Continuity of MH Care	Cont3		↑	**-0.5**: -0.1: 0.5	--	--	0.08	--	--	0.13	--	--	0.18
% Vets w/ ICMHR-targeted dx and	HIAS22	0.33	↑	**30.2**: 54.6: 75.4	4,574	8,674	52.73%	4,985	8,691	57.36%	5,258	8,748	60.11%

- Measure Description: Percentage of Veterans with ICMHR-targeted diagnoses and services with at least 12 ICMHR visits in the past 90 days.
- Numerator: Number of Veterans with ICMHR-targeted diagnoses and services who received 12 or more ICMHR visits in the past 90 days.
- Denominator: Number of Veterans with ICMHR-targeted diagnoses who receive five or more ICMHR visits in the past year.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Vets w/ PRRC-targeted dx and	HIAS73	0.33	↑	**38.2**: 53.4: 67.5	7,015	13,281	52.82%	7,041	13,618	51.70%	7,391	13,782	53.63%

- Measure Description: Percentage of Veterans with PRRC-targeted diagnoses (schizophrenia, bipolar disorder, other psychoses, PTSD or depression) and services with at least 3 PRRC visits in the past quarter.
- Numerator: Number of Veterans with PRRC-targeted diagnoses (schizophrenia, bipolar disorder, other psychoses, PTSD or depression) and services with at least 3 PRRC visits in the past quarter.
- Denominator: Number of patients with PRRC-targeted diagnoses (schizophrenia, bipolar disorder, other psychoses, PTSD or depression) from an outpatient visit or inpatient stay in the last four quarters who also received three or more PRRC visits in the last four quarters.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
Care process composite for Veterans at high risk for suicide	HRF7	1	↑	**-0.5**: 0.4: 0.8	--	--	0.33	--	--	0.50	--	--	0.50
							HRF1 Score			HRF1 Scor			HRF1 Scor
							Transformed			Transfor			Transfor
							HRF2 Score			HRF2 Scor			HRF2 Scor
							Transformed			Transfor			Transfor
							HRF5 Score			HRF5 Scor			HRF5 Scor
							Transformed			Transfor			Transfor

- Measure Description: Care process composite for Veterans at high risk for suicide. HRF1: Percentage of Veterans with a new assignment or reactivated High Risk Flag (HRF) with a Safety Plan documented within 7 days before or after flag initiation, or on or before discharge; HRF2: Percentage of Veterans with a new assignment or reactivated HRF who received at least four MH visits within 30 days or flag initiation; HRF5: Percentage of Veterans with a new assignment, reactivated, or continued HRF who received a case review within 100 days after flag initiation.
- Numerator: Total of equally weighted, transformed or standardized scores for the three measures minus low HRF activity.
- Denominator: Veterans who are assigned a new assignment or reactivated HRF for suicide (all constituent measures), and Veterans whose HRF was continued (for constituent measure HRF5 only).

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% pts on new antidepressant med	MDD43h	0.5	↑	**62.9**: 76.4: 85.9	64,358	83,927	76.68%	65,065	83,891	77.55%	71,190	91,386	77.90%

- Measure Description: Effective Acute Phase Treatment (12 weeks).
- Numerator: Number of depression-diagnosed patients who received greater than or equal to 84 days of antidepressant medication through 114 days after index prescription start date (115 total days).
- Denominator: Number of patients with a depression diagnoses newly treated with antidepressant medication.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
Effective Continuation Phase	MDD47h	0.5	↑	**49.3**: 60.7: 69.6	52,037	83,927	62.00%	52,290	83,891	62.33%	57,605	91,386	63.03%

- Measure Description: Effective Continuation Phase Treatment (6 months).
- Numerator: Number of depression-diagnosed patients who received greater than or equal to 180 days of antidepressant medication through 231 days after index prescription start date (232 total days).
- Denominator: Number of patients with depression diagnosis newly treated with antidepressant medication.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% pts diagnosed with SMI who have	MHOO27	0.5	↑	**69.2**: 77.4: 83.5	222,080	290,117	76.55%	224,036	293,147	76.42%	225,243	294,148	76.57%

- Measure Description: Percentage of patients diagnosed with SMI who have an assigned primary care provider and a primary care visit.
- Numerator: Number of Veterans with SMI diagnoses who have an assigned primary care provider and a primary care visit.
- Denominator: Number of Veterans with SMI diagnoses (outpatient encounter or inpatient stay in the past eight quarters).

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% high-risk pts diagnosed with SMI	MHOO28	0.5	↑	**66.3**: 69.9: 75.5	121,701	174,310	69.82%	123,558	177,553	69.59%	123,828	177,855	69.62%

- Measure Description: Percentage of high-risk patients diagnosed with SMI who have a MH visit every six months.
- Numerator: Number of high-risk Veterans with SMI diagnoses who have one or more MH visits every six months in the past year.
- Denominator: Number of Veterans with SMI diagnoses who have an adverse or high-risk event in the past two years.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Inpatient and residential MH	PDE1	1	↑	**63.5**: 70.9: 80.9	88,854	121,337	73.23%	88,565	120,659	73.40%	89,387	121,415	73.62%

- Measure Description: Percentage inpatient and residential MH discharges with outpatient MH care engagement within 30 days post-discharge.
- Numerator: Number of qualifying discharges in Groups 1-3 with the respective number of face-to-face, telehealth or telephone encounters in any primary or secondary 500-series MH stop code 30 days after discharge.
- Denominator: Number of qualifying discharges in Groups 1-3. Group 1: Number of discharges from MH RRTP or medical treating specialties with principally diagnosed MH conditions. Group 2: MH inpatient discharges. Group 3: Discharges with an active high risk flag or diagnoses related to suicide.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% depression-dxed & trtd Vets w/ 5	Psy33	0.25	↑	**14.0**: 20.5: 30.0	76,131	373,360	20.39%	76,299	378,624	20.15%	78,143	385,275	20.28%

- Measure Description: Percentage depression-diagnosed and treated Veterans with 5 psychotherapy visits in 10 weeks.
- Numerator: Number of Veterans with depression diagnoses and a psychotherapy visit for depression who received at least five psychotherapy treatments for depression in a 10-week period, weighted to apply a 30% higher weight to cases when at least three visits were provided using an evidence-based psychotherapy protocol for depression.
- Denominator: Number of Veterans with depression diagnoses and a psychotherapy visit for depression in the last four quarters.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% SMI-dxed&trtd Vets w/ 5	Psy35	0.25	↑	**27.7**: 39.8: 54.1	34,840	87,159	39.97%	34,688	87,121	39.82%	34,795	87,119	39.94%

- Measure Description: Percentage SMI-diagnosed and treated Veterans with five psychosocial treatments in 10 weeks.
- Numerator: Number of Veterans with SMI diagnoses and a psychotherapy visit for SMI who received at least five psychotherapy treatments for SMI in a 10-week period, weighted to apply a 30% higher weight to cases when at least three visits were provided using an evidence-based psychotherapy protocol for SMI.
- Denominator: Number of Veterans with SMI diagnoses and a psychotherapy or psychosocial treatment for SMI in the last four quarters.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% SUD-dxed&trtd Vets w/ 4	Psy37	0.25	↑	**37.0**: 47.6: 57.5	86,542	187,050	46.27%	86,204	186,905	46.12%	86,650	187,835	46.13%

- Measure Description: Percentage of SUD-diagnosed and treated Veterans with four psychosocial treatments in eight weeks.
- Numerator: Number of Veterans with SUD diagnoses and a psychotherapy or psychosocial treatment visit for SUD who received at least four psychosocial or psychotherapy treatments for SUD in an eight-week period, weighted to apply a 30% higher weight to cases when at least two visits were provided using an evidence-based psychotherapy for SUD.
- Denominator: Number of Veterans with SUD diagnoses and a psychotherapy or psychosocial treatment visit for SUD in the last four quarters.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% PTSD-dxed & trtd Vets w/ 5	Psy39	0.25	↑	**27.7**: 35.7: 48.4	121,718	337,320	36.08%	121,326	338,378	35.86%	121,780	340,603	35.75%

- Measure Description: Percentage of PTSD-diagnosed and treated Veterans with five psychotherapy visits in 10 weeks.
- Numerator: Number of Veterans with PTSD diagnoses and a psychotherapy visit for PTSD who received at least five psychotherapy treatments for PTSD in a 10-week period, weighted to apply a 30% higher weight to cases when at least three visits were provided using an evidence-based psychotherapy protocol for PTSD.
- Denominator: Number of Veterans with PTSD diagnoses and a psychotherapy visits for PTSD in the last four quarters.

Continuity of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Denominator	Score	Numerator	Denominator	Score	Numerator	Denominator	Score
% Pts w/ schizophrenia, bipolar	SMIE3	0.33	↑	**17.9**: 38.5: 62.3	1,346	3,576	37.64%	1,598	3,655	43.72%	1,680	3,714	45.23%

- Measure Description: Percentage of patients with schizophrenia, bipolar disorder, or other psychoses using supported employment services with three supported employment (SE) visits in the last 90 days.
- Numerator: Number of Veterans with schizophrenia, bipolar disorder, or other psychoses diagnoses who received three or more SE services visits in the past 90 days.
- Denominator: Number of Veterans with schizophrenia, bipolar disorder, or other psychoses diagnoses who received three or more SE visits in the past year.

C. Experience of Care Composite

- Experience of MH Care is composed of both provider (annual MH Provider Survey) and patient (quarterly Veterans Satisfaction Survey) survey responses.

Experience of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Total N	Score	Numerator	Total N	Score	Numerator	Total N	Score
Experiences of MH Care	ExpC1		↑	**-0.8**: -0.1: 1.0	--	--	0.02	--	--	0.03	--	--	0.00
MH Provider Survey--Collaborative	MHPC3	0.25	↑	**3.4**: 3.7: 4.0	--	--	3.73	--	--	3.77	--	--	3.77

- Measure Description: Mean or average of six MH Provider Survey collaborative care items including team meets regarding improving patient access, actions to improve patient access, discuss program improvement, discussion Handbook requirements, workgroup communicates well, and cooperative spirit.
- Numerator: Average of the six items described above.
- Denominator: 30 possible points from the six included items.

Experience of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Total N	Score	Numerator	Total N	Score	Numerator	Total N	Score
MH Provider Survey--Job	MHPS4	0.25	↑	**3.3**: 3.7: 4.0	--	--	3.66	--	--	3.63	--	--	3.63

- Measure Description: Mean or average on two MH Provider Survey job satisfaction items including 1) considering everything, how satisfied are you with your job? And 2) Overall, how would you rate your level of burnout?
- Numerator: Average of the two items.
- Denominator: 10 possible points from the two included items.

Experience of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Total N	Score	Numerator	Total N	Score	Numerator	Total N	Score
MH Provider Survey--Quality of MH	MHPQ2	0.25	↑	**3.5**: 3.9: 4.2	--	--	3.85	--	--	3.82	--	--	3.82

- Measure Description: Mean or average of five MH Provider Survey quality of care items including well-coordinated care, facility has best practices; MH programs effective; MH integration with Primary Care working well; facility MH care Veteran-centered and recovery-oriented.
- Numerator: Average of the five items.
- Denominator: 25 possible points from the five included items.

Experience of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Total N	Score	Numerator	Total N	Score	Numerator	Total N	Score
MH Provider Survey--Timely Access	MHPA1	0.25	↑	**2.5**: 2.8: 3.1	--	--	2.82	--	--	2.85	--	--	2.85

- Measure Description: Mean or average of six MH Provider Survey timely care items including schedule patients as needed, schedule allows evidence-based practice sessions, workload reasonable, collateral duties reduce care time, support staff could do some of work, and vacancies affect patient care.
- Numerator: Average of the six items.
- Denominator: 30 possible points of the six included items.

Experience of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Total N	Score	Numerator	Total N	Score	Numerator	Total N	Score
Veteran Satisfaction Survey--MH	VSAA1	1	↑	**3.7**: 3.9: 4.0	--	--	3.84	--	--	3.85	--	--	3.84

- Measure Description: Mean or average of eight Veteran Satisfaction Survey access to care items including appointments on the day I want; can see providers as much as I should; will get a call back if I leave a message; therapies I am interested in are available when I am; can see provider who prescribes medications as frequently as needed; can get in touch with provider or pharmacist by phone; asked if I need to speak with a provider immediately; and asked if interested in having other involved in treatment.
- Numerator: Average of the eight items.
- Denominator: 40 possible points of the eight included items.

Experience of Care Composite					FY2019 Qtr1			FY2019 Qtr2			FY2019 Qtr3		
Measure Description	Measure Name	Measure Weight	Preferred Direction	FY18 Nat'l Score 10th-50th-90th ptile	Numerator	Total N	Score	Numerator	Total N	Score	Numerator	Total N	Score
Veteran Satisfaction Survey--Patient-	VSPC2	1	↑	**4.0**: 4.1: 4.3	--	--	4.14	--	--	4.14	--	--	4.14

- Measure Description: Mean or average of eight Veteran Satisfaction Survey patient-centered care items including treated with respect and kindness; treatment has been helpful in my life; feel more hopeful about the future; focus on the computer rather than engaging with me; able to choose treatments I want; taken my personal preferences and goals into consideration; and open to discussing potential changes to my treatment plan.
- Numerator: Average of the eight items.
- Denominator: 40 possible points of the eight included items.

FY 2015 VHA Complementary and Integrative Health Services Survey

A copy of the full FY 2015 report is embedded below in addition to the executive summary.


FY2015_VHA_CIH_signedReport_HAIG R


HAIG 2015 Executive Summary_

Survey of Healthcare Experiences of Patients[23]

The IP and SC sampling plans for VA facilities are as follows:

- Inpatient – A fixed sample size of eligible discharges is selected each month. This is a stratified design where the strata are the hospitals and medical, surgical, obstetrics, and psychiatry serve as substrata.
- Outpatient – A fixed sample size of eligible visits is selected each month from each parent (St3a) facility. This is also a stratified design where the strata are the parent facilities. Specialties, including psychiatry, are substrata within facilities.
- Community Care – The sampling plan for CC is a stratified design of eligible outpatient visits with market areas serving as strata. Specialties also serve as substrata.

The lengths of the field periods for each survey are: 6 weeks from first survey for IP, 5 weeks from mailing survey for SC (6 weeks for initial online note for online survey), and 4 weeks from mailing survey for PCMH and CC (5 weeks for initial online note for online survey).

Weighting

The data in this analysis have statistical weights. Statistical weights serve two purposes. The first adjusts the sampling plan. Sometimes a sampling plan oversamples smaller clinics compared to their base of patient visits to have sufficient numbers of completes to produce meaningful reports. As a result, a smaller clinic will have greater influence on overall measures for the VA relative to its number of patients. Statistical weights bring each clinic back into its relative proportion of patient visits or discharges. A second step adjusts the proportions of younger and older patients, and men and women patients, to account for different propensities for these groups to respond to surveys.

The weighing process uses the following steps:

1. Calculate design weights

Design weights arise from the sampling plan's probabilities of selection. In a stratified sample design, the design weight for a patient *i* from a hospital (or facility) *j* is:

$$DW_j = n * {}^{N_h}/_{n_h},$$

[23] All information provided by Ipsos.

where n is the monthly sample size for hospital IP study (or SC facility study), n_h is the sample size for a hospital or facility, and N_h is the population size – number of discharges with IP study and patient visits in the SC study.

1. Adjust design weights to account for differential responses rates

The IP, SC, and CC studies cannot assume that the response rates are the same for every subgroup. For example, younger patients are known to respond less frequently than older patients, and males respond less frequently than females. Without a correction, male and younger patients' responses are assumed to be under-represented in estimates. The design weights are adjusted using a *raking-ratio weight adjustment* algorithm. Raking-ratio adjustment is an iterative process that first adjusts the design weights so that the percentage under the design weights match the age distribution of the population. The next step completes the first iteration by calculating the distribution of gender under the first iteration and age weights. These are then adjusted to match the gender split percentage in the population. The process is repeated until there is no substantial change in the weights.

VA Inpatient Analysis

> *Research Question 1: How good is the reported patient experience for Veterans receiving psychiatric inpatient care at VA hospitals compared to the reported patient experience for Veterans receiving all other inpatient care at VA hospitals?*

This analysis uses the SHEP IP data and compares the ***VA IP psychiatry service line*** to all other VA IP service lines. The analysis examines data across all VA Hospitals combined. Statistical comparisons were made for each of the following SHEP IP patient experience metrics presented in Table D-7 (items shaded in blue are SHEP composites; *Overall Hospital Rating* is a single SHEP survey question and is shaded in gold; items shared in red are single-item health questions, which are also used in patient-mix adjustment calculations).

Table D-7: IP SHEP Metrics Compared

Communication with Nurses	Communication with Doctors	Communication about Mediations	Willingness to Recommend
Responsiveness of Staff	Discharge Information	Communication about Pain	Subjective Mental Health Status
Cleanliness of Hospital Environment	Quietness of Hospital Environment	Care Transition	
Overall Hospital Rating			

The analysis consists of tests of mean differences for VA IP psychiatry vs. all other VA IP service lines for each of the metrics in Figure 1, as well as within each of the age groupings presented in Table D-8.

Table D-8: Age Groupings for Analysis

18-34	35-44	45-54
55-64	65-74	75+

VA Specialty Care Analysis

> *Research Question 2: How good is the reported patient experience for Veterans receiving outpatient psychiatric and mental health care at VA clinics compared to reported patient experience for Veterans receiving outpatient SC at VA clinics for all other specialties?*

This analysis uses SHEP SC data and compares the ***VA SC psychiatry service line*** to all other VA SC service lines. The analysis looks at all VA clinics combined. Statistical comparisons are made on the following SHEP SC PX metrics presented in Table D-9 (items shaded in blue are SHEP composites; items shaded in gold are single outcome questions; items shaded in red are single-item health questions, which are also used in patient-mix adjustment calculations).

Table D-9. SC SHEP Metrics Compared

Access	Communication	Care Coordination
Overall Rating of Provider	Overall Satisfaction	Subjective Mental Health Status

The analysis consists of overall tests of mean differences between VA SC psychiatry and mental health care, and all other VA SC service lines, as well as within each of age groupings listed in Table D-8 above.

VA vs. Community Care Analysis

> *Research Question 3: How good is the reported patient experience for Veterans receiving outpatient psychiatric and mental health care through community clinics and medical groups compared to psychiatric and mental care received at VA clinics?*

This analysis uses both the SHEP SC and SHEP CC data and compares VA SC mental health patient experience to VA CC mental health patients. Statistical comparisons are made on the following SHEP PX metrics ***common to both the SC and CC survey protocols*** presented in Table D-10 (items shaded below in blue are SHEP composites; items shaded in gold are single questions; items shaded in red are single-item health questions, which are also used in patient-mix adjustment calculations).

Table D-10. SC SHEP Metrics Compared

Communication	Appt as Soon as Needed	Got Answer Same Day
Provider Knew Medical History	Provider Followed-Up with Results	Got Service Needed
Easy Get Service Needed	Trust VA to Fulfil Country's Commitment	Provider Gave Easy to Understand Info on Health Qs
Overall Rating of Provider	Overall Satisfaction	Subjective Mental Health Status

Comparisons will consist of overall tests of mean differences for VA SC psychiatry vs. the associated VA CC patient groups, as well as within each of the age groupings listed in Figure 2 above.

Caveat to the VA vs. CC analysis: Comparisons between care at VA facilities and CC can be challenging in some situations since they can include in the CC group Veterans who do not have a comparable option in their VA facility, as well as those who do have direct access to the associated service line at a VA facility. For this reason, it is sometimes desired to limit the VA vs. CC comparison to only those patients who would have the option of receiving their CC at a VA facility. Given Ipsos's understanding of the current study objectives, Ipsos did not adjust for this possible "apples to oranges" comparison issue and combine all CC patients into a single analysis.

Patient-Mix Adjustment and the AHRQ PMA Macro

The goal of the CAHPS PMA macro is to provide a flexible way to make valid comparisons of performance across units of analysis. The macro is designed to analyze data from any of the CAHPS survey instruments and adjust for case mix. Here, case mix refers to a patients' perceived health status and their sociodemographic characteristics, such as age or educational level. Perceived health status and sociodemographic characteristics are often observed to impact ratings and reported patient experiences. Without an adjustment, observed differences between service lines or source of care may be due to their mix of patients rather than true differences in quality. For example, older patients may perceive their patient experience differently than younger patients, more educated differently than less educated, patients in better perceived health status than lesser, and those with better perceived mental health status than lesser.

The CAHPS Consortium recommends using general health status, age, and education. The CAHPS macro adjusts the survey data for respondent age, education, general health status, and mental health status. This adjustment makes it more likely that reported differences are due to real differences in performance, rather than differences in the characteristics of patients.

Description of Macro

The PMA macro is a very flexible tool. The macro includes a number of parameters specifications to handle many different scenarios. These include:

- **Reporting unit entity:** Using the neutral term entity, this allows many different choices for the unit of analysis – the point where comparisons take place. Examples of possible

units of analysis include health plans, hospitals, provider groups, clinics, sites of care, and individual physicians. In the analyses here, the units of analysis were: 1) facilities split into IP Psychiatry care versus all other service lines (medical, surgical) combined, 2) facilities split into VA OP mental health care versus all other VA specialty care, and 3) facilities split into VA OP mental health care versus CC mental health care.

- **Adult & child care:** The SHEP surveys do not include child patients. The analyses use only CAHPS adult care surveys.
- **Frequency of care:** The analyses can split under 3 visits and 3-and-over visits. The analyses here combined low (under 3 visits) level of usage with high (3-or-more visits) level of usage.
- **Probability of Type I error:** The macro requests what level of Type I error to use in the analyses. The analyses used a 0.05 level of Type I error.
- **Weights:** The algorithm has the option to use weights in either the regression estimation process or the estimation of the means. Not providing a weight variable assumes unweighted estimation. This analysis uses the weight provided in the IP, SC and CC SHEP data files for both the regression and calculation of means.
- **Case-mix adjustment:** Analysts can choose to do case-mix adjustment to estimates. Not choosing case-mix adjustments produces unadjusted estimates. This analysis uses case-mix adjusted estimates for all results.
- **Case-mix adjustment measures:** The macro accepts a variable list of adjustor factors. In general, this analysis uses factors such as age, gender, education, self-reported health status, self-reported mental health status, service line / specialty, and survey response mode. See Table 1 for a full list of adjusters for each of the analyses.

The PMA macro revolves around a regression-based algorithm that scales back the impact of one age group if they are over-represented and so on. When the regression is finished, the final estimates are made up of score contributions from each adjustors' subgroups as if each unit of analysis has the same distribution of adjustors.

Mathematical Description of the PMA Macro

The PMA macro examines the relationship between a given measure and its PMA adjusters. The assumptions of the PMA are that at some adjusters differentiate impact on aggregated results of a given measure. A linear regression model captures these differences where a given measure is the dependent variable and the adjustor variables are the explanatory variables. In the analyses here, the underlying regression model for a measure y includes age, gender, education, health status, and mental health status adjustors. A model representation in the aggregate is:

$$y = a + \vec{b}_1 \cdot (\vec{A}) + \ b_2\,(\bar{G}) + \ b_3(\bar{E}\,) \ + \ b_4(\bar{H}) \ + \ b_5(\bar{M}),$$

where $\vec{A}$ is a vector of variables with the proportion of the sample in each of the age categories, $\bar{G}$ is a gender variable with the proportion of males, $\bar{E}$ is the average level of education, $\bar{H}$ is the average health status, and $\bar{M}$is the average mental health status. Each is for the total sample. The coefficients for $\vec{b}_1$ through b_5 are estimated based on respondent-level data using SAS PROC Reg contained in the PMA macro. The vector $\vec{b}_1$ represents the coefficients for each category of age.

To create a PMA measure value for an entity, the coefficients from the above regression are used in the following adjustment formula:

$$Y_{adj,\,j} = Y_{Unadjusted,\,j} + \vec{b}_1 \cdot \left(\vec{A} - \vec{A}_j\right) + b_2\left(\bar{G} - G_j\right) + b_3\left(\bar{E} - E_j\right) + b_4\left(\bar{H} - H_j\right) + b_5\left(\bar{M} - M_j\right).$$

$\vec{A}$ is a vector with proportions of the total sample for each age category, $\bar{G}$ is a gender variable with the total sample proportion of males, $\bar{E}$ is the total sample average level of education, $\bar{H}$ is the total sample average health status, and $\bar{M}$is the total sample average mental health status. $\vec{A}_j$is a vector of proportions of the sample in each age category for entity j, G_j is a gender variable with the sample proportion of males for entity j, E_j is the average level of education for entity j, H_j is the average health status for entity j, and H_j is the average mental health status for entity j. The adjustment formula takes the unadjusted score for entity j, calculates how each adjustor for entity j differs from the total sample, and adds an adjustment for each factor to arrive at an adjusted score.

Analytical Test of Means

The third step of the analytical plan is to conduct a standard test of means between the PMA-adjusted results for each measure. For example, if $\hat{X}_{CC}$ is the estimate for overall rating of provider for Psychiatry for Community Care and $\hat{X}_{SC}$ is the estimate for the overall rating of providers for Psychiatry for SP, then the appropriate is the t-test for two independent means. This example holds for testing between two mutually exclusive entities (no respondent can be included in both entities). Due to large sample sizes, small differences will likely be statistically significant. Statistical significance does not imply scientific significance.

The statistical test takes on the form of

$$T - stat = \frac{(\hat{X}_{U1} - \hat{X}_{U2})}{\sqrt{Var(\hat{X}_{U1}) + Var(\hat{X}_{U2})}}.$$

$\hat{X}_{U1}$ and $\hat{X}_{U2}$ are the estimates for two mutually exclusive entities, $Var\left(\hat{X}_{U1}\right)$ and $Var(\hat{X}_{U2})$ are the sampling variances[24]. The test statistic, T-stat, is a simple test between two independent means without assuming equal variances. By estimate, this can be the mean of scalar variable, the mean of a zero-one variable, or the mean of a composite estimate. The PMA macro produces the estimate values and their sampling variances for each facility. These values are

[24] The square root of the sampling variance, $\sqrt{Var(\hat{X})}$, is the standard error of the estimate.

then aggregated to the national using the formulas below, where p_i = proportion at facility i and n_i = sample size at facility i.

$$p_{national} = \sum_{i=1}^{K} \frac{n_i * p_i}{\sum_{i=1}^{k} ni}$$

$$Var(P_{national}) = Var\left(\sum_{i=1}^{K} \frac{n_i * p_i}{\sum_{i=1}^{k} ni}\right) = \sum_{i=1}^{K} \frac{n_i^2 * Var(p_i)}{(\sum_{i=1}^{k} ni)^2}$$

The PMA macro is written is SAS, and the macro creates SAS data files with these results. The statistical testing is done using a SAS program.

Data Tables

Table D-11: Summary Findings and Results for the VA Inpatient Analysis

VA Inpatient Metric	Findings / Results – VA Inpatient Analysis	Notes
Communication with Nurses	Psychiatric care 12.94% below all other IP care	**
Communication with Doctors	Psychiatric care 8.64% below all other IP care	**
Communication about Medications	Psychiatric care 9.92% below all other IP care	**
Responsiveness of Hospital Staff	Psychiatric care 14.45% below all other IP care	**
Discharge Information	Psychiatric care 1.16% below all other IP care	
Communication about Pain	Psychiatric care 17.97% below all other IP care	**
Cleanliness of Hospital Environment	Psychiatric care 8.14% below all other IP care	**
Quietness of Hospital Environment	Psychiatric care 12.55% below all other IP care	**
Care Transition	Psychiatric care 1.77% below all other IP care	*
Willingness to Recommend	Psychiatric care 6.26% below all other IP care	**
Overall Rating of Hospital	Psychiatric care 6.81% below all other IP care	**
Subjective Mental Health Status	Psychiatric care 12.12% below all other IP care	**

*Denotes significance at the p<0.05 level.
**Denotes significance at the p<0.01 level.

Table D-12: Summary Findings and Results for the VA Inpatient Analysis by Age Group

VA Inpatient Care Metric	Age Groupings	Findings / Results – VA Inpatient Analysis	Notes
Communication with Nurses	18-34	Psychiatric care 18.22% below all other IP care	**
	35-44	Psychiatric care 4.13% below all other IP care	
	45-54	Psychiatric care 19.43% below all other IP care	**
	55-64	Psychiatric care 11.29% below all other IP care	**
	65-74	Psychiatric care 19.61% below all other IP care	**
	75+	Psychiatric care 17.68% above all other IP care	**

VA Inpatient Care Metric	Age Groupings	Findings / Results – VA Inpatient Analysis	Notes
Communication with Doctors	18-34	Psychiatric care 29.52% below all other IP care	**
	35-44	Psychiatric care 12.94% below all other IP care	**
	45-54	Psychiatric care 20.23% below all other IP care	**
	55-64	Psychiatric care 3.68% below all other IP care	**
	65-74	Psychiatric care 11.32% below all other IP care	**
	75+	Psychiatric care 19.91% above all other IP care	**
Communication about Medications	18-34	Psychiatric care 37.02% below all other IP care	**
	35-44	Psychiatric care 29.29% below all other IP care	**
	45-54	Psychiatric care 12.25% below all other IP care	**
	55-64	Psychiatric care 4.17% below all other IP care	*
	65-74	Psychiatric care 5.12% below all other IP care	**
	75+	Psychiatric care 16.28% above all other IP care	**
Responsiveness of Hospital Staff	18-34	Psychiatric care 47.76% above all other IP care	**
	35-44	Psychiatric care 2.43% above all other IP care	
	45-54	Psychiatric care 49.79% below all other IP care	**
	55-64	Psychiatric care 19.80% below all other IP care	**
	65-74	Psychiatric care 16.08% below all other IP care	**
	75+	Psychiatric care 146.27% below all other IP care	** & ***
Discharge Information	18-34	Psychiatric care 10.47% below all other IP care	**
	35-44	Psychiatric care 5.68% below all other IP care	**
	45-54	Psychiatric care 1.17% below all other IP care	
	55-64	Psychiatric care 4.97% below all other IP care	**
	65-74	Psychiatric care 2.54% above all other IP care	*
	75+	Psychiatric care 14.61% below all other IP care	**
Communication about Pain	18-34	Psychiatric care 28.43% below all other IP care	**
	35-44	Psychiatric care 10.52% below all other IP care	**
	45-54	Psychiatric care 42.82% below all other IP care	**
	55-64	Psychiatric care 7.64% below all other IP care	**
	65-74	Psychiatric care 5.82% below all other IP care	**
	75+	Psychiatric care 4.29% above all other IP care	
Cleanliness of Hospital Environment	18-34	Psychiatric care 34.00% below all other IP care	**
	35-44	Psychiatric care 4.01% below all other IP care	
	45-54	Psychiatric care 16.00% below all other IP care	**
	55-64	Psychiatric care 4.09% above all other IP care	**
	65-74	Psychiatric care 25.72% below all other IP care	**
	75+	Psychiatric care 12.48% below all other IP care	**

VA Inpatient Care Metric	Age Groupings	Findings / Results – VA Inpatient Analysis	Notes
Quietness of Hospital Environment	18-34	Psychiatric care 6.34% above all other IP care	
	35-44	Psychiatric care 12.07% below all other IP care	**
	45-54	Psychiatric care 8.76% below all other IP care	**
	55-64	Psychiatric care 7.46% below all other IP care	**
	65-74	Psychiatric care 15.23% below all other IP care	**
	75+	Psychiatric care 13.02% below all other IP care	**
Care Transition	18-34	Psychiatric care 24.26% below all other IP care	**
	35-44	Psychiatric care 7.16% below all other IP care	**
	45-54	Psychiatric care 4.66% below all other IP care	*
	55-64	Psychiatric care 3.06% below all other IP care	*
	65-74	Psychiatric care 0.33% below all other IP care	
	75+	Psychiatric care 3.63% below all other IP care	
Willingness to Recommend	18-34	Psychiatric care 40.98% below all other IP care	**
	35-44	Psychiatric care 4.62% below all other IP care	
	45-54	Psychiatric care 6.26% below all other IP care	**
	55-64	Psychiatric care 2.38% below all other IP care	
	65-74	Psychiatric care 7.16% below all other IP care	**
	75+	Psychiatric care 20.46% below all other IP care	**
Overall Rating of Hospital	18-34	Psychiatric care 82.91% below all other IP care	**
	35-44	Psychiatric care 9.54% below all other IP care	**
	45-54	Psychiatric care 4.18% below all other IP care	
	55-64	Psychiatric care 2.13% below all other IP care	
	65-74	Psychiatric care 7.88% below all other IP care	**
	75+	Psychiatric care 23.89% below all other IP care	**
Subjective Mental Health Status	18-34	Psychiatric care 30.11% below all other IP care	**
	35-44	Psychiatric care 15.02% below all other IP care	**
	45-54	Psychiatric care 19.03% below all other IP care	**
	55-64	Psychiatric care 19.33% below all other IP care	**
	65-74	Psychiatric care 26.45% below all other IP care	**
	75+	Psychiatric care 43.79% below all other IP care	**

*Denotes significance at the p<0.05 level.

**Denotes significance at the p<0.01 level.

***Denotes a very small sample size for that age group, which is contributing to this unusually high percentage.

Table D-13: Summary Findings and Results for the VA Specialty Care Analysis

VA Specialty Care Metric	Findings / Results – VA Specialty Care Analysis	Notes
Communication (composite)	Outpatient psychiatric care 2.72% above all other outpatient SC	**
Access (composite)	Outpatient psychiatric care 2.22% above all other outpatient SC	**
Care Coordination (composite)	Outpatient psychiatric care 1.15% above all other outpatient SC	*
Overall Rating of Provider	Outpatient psychiatric care 2.07% above all other outpatient SC	**
Overall Satisfaction	Outpatient psychiatric care 1.26% above all other outpatient SC	*
Subjective Mental Health Status	Outpatient psychiatric care 23.08% below all other outpatient SC	**

*Denotes significance at the p<0.05 level.

**Denotes significance at the p<0.01 level.

Table D-14: Summary Findings and Results for the VA Specialty Care Analysis by Age Group

VA Specialty Care Metric	Age Groupings	Findings / Results – VA Specialty Care Analysis	Notes
Communication (composite)	18-34	Outpatient psychiatric care 4.08% above all other outpatient SC	
	35-44	Outpatient psychiatric care 6.84% above all other outpatient SC	**
	45-54	Outpatient psychiatric care 3.35% above all other outpatient SC	**
	55-64	Outpatient psychiatric care 2.69% above all other outpatient SC	**
	65-74	Outpatient psychiatric care 2.30% above all other outpatient SC	**
	75+	Outpatient psychiatric care 3.66% above all other outpatient SC	**
Access (composite)	18-34	Outpatient psychiatric care 10.61% above all other outpatient SC	**
	35-44	Outpatient psychiatric care 9.67% above all other outpatient SC	**
	45-54	Outpatient psychiatric care 7.10% above all other outpatient SC	**
	55-64	Outpatient psychiatric care 1.18% above all other outpatient SC	
	65-74	Outpatient psychiatric care 1.06% above all other outpatient SC	
	75+	Outpatient psychiatric care 0.48% above all other outpatient SC	
Care Coordination (composite)	18-34	Outpatient psychiatric care 5.29% above all other outpatient SC	**
	35-44	Outpatient psychiatric care 6.17% above all other outpatient SC	**
	45-54	Outpatient psychiatric care 3.45% above all other outpatient SC	**
	55-64	Outpatient psychiatric care 0.50% above all other outpatient SC	
	65-74	Outpatient psychiatric care 2.92% above all other outpatient SC	**
	75+	Outpatient psychiatric care 0.83% above all other outpatient SC	
Overall Rating of Provider	18-34	Outpatient psychiatric care 11.58% above all other outpatient SC	**
	35-44	Outpatient psychiatric care 10.79% above all other outpatient SC	**
	45-54	Outpatient psychiatric care 3.01% above all other outpatient SC	*
	55-64	Outpatient psychiatric care 1.58% above all other outpatient SC	
	65-74	Outpatient psychiatric care 2.27% above all other outpatient SC	**
	75+	Outpatient psychiatric care 2.51% above all other outpatient SC	

VA Specialty Care Metric	Age Groupings	Findings / Results – VA Specialty Care Analysis	Notes
Overall Satisfaction	18-34	Outpatient psychiatric care 8.66% above all other outpatient SC	**
	35-44	Outpatient psychiatric care 9.63% above all other outpatient SC	**
	45-54	Outpatient psychiatric care 6.24% above all other outpatient SC	**
	55-64	Outpatient psychiatric care 1.30% above all other outpatient SC	
	65-74	Outpatient psychiatric care 0.73% above all other outpatient SC	
	75+	Outpatient psychiatric care 1.30% below all other outpatient SC	
Subjective Mental Health Status	18-34	Outpatient psychiatric care 17.92% below all other outpatient SC	**
	35-44	Outpatient psychiatric care 17.25% below all other outpatient SC	**
	45-54	Outpatient psychiatric care 18.92% below all other outpatient SC	**
	55-64	Outpatient psychiatric care 23.52% below all other outpatient SC	**
	65-74	Outpatient psychiatric care 29.03% below all other outpatient SC	**
	75+	Outpatient psychiatric care 31.02% below all other outpatient SC	**

*Denotes significance at the p<0.05 level.

**Denotes significance at the p<0.01 level.

Table D-15: Summary Findings and Results for the VA vs. Community Care (CC) Analyses

VA Community Care Metric	Findings / Results – VA vs. CC	Notes
Communication	VA 0.34% above CC	
Appointment as Soon as Needed	VA 9.43% below CC	**
Got Answers the Same Day	VA 8.65% below CC	**
Provider Knew Medical History	VA 8.46% above CC	**
Provider Followed-Up with Results	VA 1.92% above CC	
Got Service Needed	VA 6.35% above CC	**
Easy to Get Service Needed	VA 10.60% above CC	**
Trust VA to Fulfil Country's Commitment	VA 8.38% above CC	**
Provider Gave Easy to Understand Information on Health Questions	VA 1.13% above CC	
Overall Rating of Provider	VA 2.59% above CC	
Overall Satisfaction	VA 0.76% below CC	
Subjective Mental Health Status	VA 1.35% above CC	

*Denotes significance at the p<0.05 level.

**Denotes significance at the p<0.01 level.

Table D-16: Summary Findings and Results for the VA vs. Community Care (CC) Analyses by Age Group

VA Community Care Metric	Age Groupings	Findings / Results – VA vs. CC	Notes
Communication	18-34	VA 7.68% below CC	
	35-44	VA 0.71% above CC	
	45-54	VA 3.36% above CC	
	55-64	VA 1.74% above CC	
	65-74	VA 0.43% above CC	
	75+	VA 0.10% below CC	
Appointment as Soon as Needed	18-34	VA 12.22% below CC	
	35-44	VA 20.13% below CC	**
	45-54	VA 0.92% below CC	
	55-64	VA 4.58% below CC	
	65-74	VA 8.57% below CC	**
	75+	VA 1.86% above CC	
Got Answers the Same Day	18-34	VA 27.54% below CC	*
	35-44	VA 10.73% below CC	
	45-54	VA 1.72% below CC	
	55-64	VA 2.34% below CC	
	65-74	VA 4.47% below CC	
	75+	VA 11.90% below CC	
Provider Knew Medical History	18-34	VA 3.77% above CC	
	35-44	VA 2.03% above CC	
	45-54	VA 12.01% above CC	**
	55-64	VA 12.29% above CC	**
	65-74	VA 11.60% above CC	**
	75+	VA 12.42% above CC	
Provider Followed-Up with Results	18-34	VA 17.44% below CC	
	35-44	VA 10.66% below CC	
	45-54	VA 2.27% below CC	
	55-64	VA 6.85% above CC	
	65-74	VA 3.45% above CC	
	75+	VA 3.66% above CC	
Got Service Needed	18-34	VA 5.88% above CC	
	35-44	VA 1.78% above CC	
	45-54	VA 10.82% above CC	**
	55-64	VA 5.04% above CC	
	65-74	VA 3.59% above CC	
	75+	VA 4.61% below CC	

VA Community Care Metric	Age Groupings	Findings / Results – VA vs. CC	Notes
Easy to Get Service Needed	18-34	VA 10.78% below CC	
	35-44	VA 7.42% above CC	
	45-54	VA 17.61% above CC	**
	55-64	VA 8.75% above CC	*
	65-74	VA 11.38% above CC	**
	75+	VA 4.33% below CC	
Trust VA to Fulfil Country's Commitment	18-34	VA 3.90% below CC	
	35-44	VA 8.90% above CC	
	45-54	VA 11.98% above CC	**
	55-64	VA 6.64% above CC	*
	65-74	VA 7.84% above CC	**
	75+	VA 7.79% below CC	
Provider Gave Easy to Understand Information on Health Questions	18-34	VA 8.90% below CC	
	35-44	VA 0.49% below CC	
	45-54	VA 8.35% above CC	
	55-64	VA 6.75% above CC	
	65-74	VA 4.70% above CC	
	75+	VA 9.29% below CC	
Overall Rating of Provider	18-34	VA 3.07% below CC	
	35-44	VA 6.18% above CC	
	45-54	VA 4.95% above CC	
	55-64	VA 0.91% above CC	
	65-74	VA 4.53% above CC	
	75+	VA 11.80% above CC	
Overall Satisfaction	18-34	VA 13.78% below CC	*
	35-44	VA 1.52% below CC	
	45-54	VA 4.70% above CC	
	55-64	VA 1.34% below CC	
	65-74	VA 7.00% above CC	**
	75+	VA 6.27% above CC	
Subjective Mental Health Status	18-34	VA 2.70% above CC	
	35-44	VA 0.98% below CC	
	45-54	VA 3.21% above CC	*
	55-64	VA 0.55% above CC	
	65-74	VA 0.72% above CC	
	75+	VA 3.19% below CC	

*Denotes significance at the $p<0.05$ level.

**Denotes significance at the $p<0.01$ level.

COVER COMMISSION
Creating Options for Veterans' Expedited Recovery

OMB Number 2900-0712
Est. Burden: 12 minutes
VA Form 10-1465-9

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

SPECIALTY CARE 2019

In order for the VA to carry out its mission to provide the best possible medical care and services to all Veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all Veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other Veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to.

Participation is voluntary and your answers to the survey will not affect the health care you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 12 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Version: 14 - 0419

SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

  ☑ Yes ➔**If Yes, go to #1**

  ☐ No

VA SPECIALTY CARE CLINIC

1. Our records show that you got care at the VA specialty care clinic named below in the last 6 months.

[SC_Clinic]

Facility: [OFFICIAL]

Is that right?

☐ Yes

☐ No➔**If No, go to #35**

For the questions in this survey booklet, "this provider" refers to the type of specialist you saw at the clinic mentioned above.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

☐ Yes

☐ No

3. How long have you been going to this provider?

☐ Less than 6 months

☐ At least 6 months but less than 1 year

☐ At least 1 year but less than 3 years

☐ At least 3 years but less than 5 years

☐ 5 years or more

YOUR CARE FROM THIS PROVIDER IN THE LAST 6 MONTHS

These questions ask about <u>your own</u> health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

☐ None ➔**If None, go to #35**

☐ 1 time

☐ 2

☐ 3

☐ 4

☐ 5 to 9

☐ 10 or more times

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that <u>needed care right away</u>?

☐ Yes

☐ No ➔**If No, go to #7**

6. In the last 6 months, when you contacted this provider's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you needed?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

7. **In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> with this provider?**

   ☐ Yes

   ☐ No ➔**If No, go to #9**

8. **In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed?**

   ☐ Never

   ☐ Sometimes

   ☐ Usually

   ☐ Always

9. **In the last 6 months, did you contact this provider's office with a medical question during regular office hours?**

   ☐ Yes

   ☐ No ➔**If No, go to #11**

10. **In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

11. **Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <u>within 15 minutes</u> of your appointment time?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

12. **In the last 6 months, how often did this provider explain things in a way that was easy to understand?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

13. **In the last 6 months, how often did this provider listen carefully to you?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

14. **In the last 6 months, did you talk with this provider about any health questions or concerns?**

    ☐ Yes

    ☐ No ➔**If No, go to #16**

15. **In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

16. **In the last 6 months, how often did this provider seem to know the important information about your medical history?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

17. **In the last 6 months, how often did this provider show respect for what you had to say?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

18. **In the last 6 months, how often did this provider spend enough time with you?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. **In the last 6 months, did this provider order a blood test, x-ray, or other test for you?**

- ☐ Yes
- ☐ No ➔**If No, go to #21**

20. **In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. **Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?**

- ☐ 0 Worst provider possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best provider possible

22. **In the last 6 months, did you take any prescription medicine?**

- ☐ Yes
- ☐ No ➔**If No, go to #24**

23. **In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

CLERKS AND RECEPTIONISTS

24. **In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

25. **In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

CONTACTING THIS PROVIDER'S OFFICE BY SECURE MESSAGING OR TELEPHONE

Next, we would like to learn more about the contacts that you may have had with this provider's office other than face-to-face appointments.

26. In the last 6 months, did you use secure messaging online to contact this provider's office?

- ☐ Yes
- ☐ No ➔**If No, go to #28**
- ☐ I am not sure ➔**If not sure, go to #28**

27. In the last 6 months, when you contacted this provider's office using secure messaging, how often did you get a helpful response as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. In the last 6 months, did you phone this provider's office?

- ☐ Yes
- ☐ No ➔**If No, go to #30**

29. In the last 6 months, when you phoned this provider's office, how often did you get a helpful response as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR OVERALL EXPERIENCE WITH VA HEALTH CARE

30. Overall, how satisfied are you with the health care you have received at your VA facility during the last 6 months?

- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat Dissatisfied
- ☐ Somewhat Satisfied
- ☐ Satisfied
- ☐ Very Satisfied

YOUR OVERALL EXPERIENCE WITH THE DEPARTMENT OF VETERANS AFFAIRS

Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include health care, benefits programs, or memorial services).

Please tell us how you feel about the following statements:

31. I got the service I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

32. It was easy to get the service I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

33. I felt like a valued customer.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

34. I trust VA to fulfill our country's commitment to Veterans.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

ABOUT YOU

35. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

36. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

37. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

38. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

39. What is your race? Mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

40. What language do you <u>mainly</u> speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Russian
- ☐ Vietnamese
- ☐ Portuguese
- ☐ Some other language (please print):

_____

41. Did someone help you complete this survey?

- ☐ Yes
- ☐ No ➔ **Thank you. Please return the completed survey in the postage-paid envelope.**

42. How did that person help you? Mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
   a. VA Benefits: 1-800-827-1000
   b. Healthcare Benefits: 1-877-222-8387
   c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of Veterans' benefits is available on our home page at http://www.va.gov
3. At your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

Department of Veterans Affairs
c/o Ipsos
P.O. Box 806046
Chicago, IL 60680

OMB Number 2900-0712
Est. Burden: 16 minutes
VA Form 10-1465-2

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

RECENTLY DISCHARGED INPATIENT 2019

In order for the VA to carry out its mission to provide the best possible medical care and services to all Veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all Veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other Veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to.

Participation is voluntary and your answers to the survey will not affect the health care you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 16 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

*** ABOUT YOUR RECENT HOSPITAL STAY ***

We realize that you may receive care at more than one VA location. However, it is important that you answer the questions in this survey based on your <u>VA hospital stay described below:</u>

Version: 62E – 0419

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☐ Yes

☑ No ➔ **If No, Go to Question 1**

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #2900-0712

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

2. During this hospital stay, how often did nurses listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

6. During this hospital stay, how often did doctors listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. During this hospital stay, how often was the area around your room quiet at night?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- ☐ Yes
- ☐ No ➔ **If No, Go to Question 12**

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

12. During this hospital stay, did you have any pain?

- ☐ Yes
- ☐ No ➔ **If No, Go to Question 15**

13. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. During this hospital stay, were you given any medicine that you had not taken before?

- ☐ Yes
- ☐ No ➔ **If No, Go to Question 18**

16. **Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. **Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

WHEN YOU LEFT THE HOSPITAL

18. **After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?**

- ☐ Own home
- ☐ Someone else's home
- ☐ Another health facility ➔ **If Another, Go to Question 21**

19. **During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?**

- ☐ Yes
- ☐ No

20. **During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?**

- ☐ Yes
- ☐ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. **Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?**

- ☐ 0 Worst hospital possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best hospital possible

22. **Would you recommend this hospital to your friends and family?**

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. **During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree
- ☐ I was not given any medication when I left the hospital

Now we would like to gather some additional detail on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a little different way of thinking about the topics.

FURTHER QUESTIONS ABOUT YOUR EXPERIENCE

26. During this hospital stay, how often was personal information about you treated in a confidential manner?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

27. During this hospital stay, how often did nurses show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. During this hospital stay, how often did you feel nurses really cared about you as a person?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. During this hospital stay, how often did doctors show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. During this hospital stay, how often did you feel doctors really cared about you as a person?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

31. During this hospital stay, were providers willing to talk to your family or friends about your health or treatment?

- ☐ Yes
- ☐ No

32. During this hospital stay, how often did you have a hard time speaking with or understanding your doctors or other health providers because you spoke different languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. If you could have free care outside the VA, would you choose to be hospitalized here again?

- ☐ Definitely would not
- ☐ Probably would not
- ☐ Probably would
- ☐ Definitely would

34. During this hospital stay, how often did healthcare providers seem informed and up-to-date about the care you got from other providers at the hospital?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. Were there times when you were confused because different providers told you different things?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

36. Did you know who to ask when you had questions about your health care?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

37. During this hospital stay, when there was more than one choice for your treatment or health care, did providers ask which choice you thought was best for you?

- ☐ Yes
- ☐ No

38. During this hospital stay, did providers talk with you about the pros and cons of each choice for your treatment or health care?

- ☐ Yes
- ☐ No

ABOUT COMMUNICATING WITH VA

39. Did you have a complaint about how you were treated (medically or personally) during your last hospitalization?

- ☐ Yes
- ☐ No ➔ **If No, Go to Question 45**

40. If you reported this complaint to someone at the VA location where you received your care, to whom did you report this complaint?

- ☐ Treatment team ➔ **Go to Question 42**
- ☐ Patient advocate ➔ **Go to Question 42**
- ☐ Other VA staff ➔ **Go to Question 42**
- ☐ Did not report the complaint to a VA employee

41. If you did not report this complaint, what was the most important reason you did not report it? (Please mark only one.)

- ☐ I didn't know where to complain
- ☐ I was afraid of what would happen if I did complain
- ☐ I thought complaining wouldn't do any good
- ☐ I wasn't sure I had the right to complain
- ☐ Other

42. If you had a complaint, how easy was it for you to find someone to hear your complaint?

- ☐ Very easy
- ☐ Easy
- ☐ Difficult
- ☐ Very difficult
- ☐ Not applicable

43. If you spoke with someone at the VA location about a complaint, how satisfied were you with the way your complaint was handled?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not applicable

44. How long did it take for the VA hospital to resolve your complaint?

- ☐ Same day
- ☐ 2-7 days
- ☐ 8-14 days
- ☐ 15-21 days
- ☐ More than 21 days
- ☐ Complaint is not resolved
- ☐ Not applicable

YOUR OVERALL EXPERIENCE WITH THE DEPARTMENT OF VETERANS AFFAIRS

Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include health care, benefits programs, or memorial services).

Please tell us how you feel about the following statements:

45. I got the service I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

46. It was easy to get the service I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

47. I felt like a valued customer.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

48. I trust VA to fulfill our country's commitment to Veterans.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

ABOUT YOU

There are only a few remaining items left.

49. During this hospital stay, were you admitted to this hospital through the Emergency Room?

- ☐ Yes
- ☐ No

50. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

51. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

52. What is the highest grade or level of school that you have <u>completed</u>?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

53. Are you of Spanish, Hispanic or Latino origin or descent?

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Puerto Rican
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

54. What is your race? Please choose one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

55. What language do you <u>mainly</u> speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Russian
- ☐ Vietnamese
- ☐ Portuguese
- ☐ Some other language (please print):

_____

If you have a specific question or need help with your VA care, you may contact the VA:
1. By telephone:
    a. VA Benefits: 1-800-827-1000
    b. Healthcare Benefits: 1-877-222-8387
    c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of Veterans' benefits is available on our home page at http:// www.va.gov
3. At your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

If you have a specific question about this survey, call 1-866-594-5444.
If you have a specific question about something other than this survey, please refer to the contact options above.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

Department of Veterans Affairs
c/o Ipsos
P.O. Box 806046
Chicago, IL 60680

OMB Number 2900-0712
Est. Burden: 12 minutes
VA Form 10-1465-10

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

VA COMMUNITY CARE 2019

In order for the VA to carry out its mission to provide the best possible medical care and services to all Veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all Veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other Veterans and shared with those responsible for managing VA Community Care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the appropriate staff at your VA facility if it is the best way to address your concerns, unless you instruct us not to.

Participation is voluntary and your answers to the survey will not affect the health care you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 12 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ Yes ➔**If Yes, go to #1**

☐ No

YOUR VA COMMUNITY CARE

This survey is about VA Community Care (for example, the Veterans Choice Program). VA Community Care refers to all care provided to eligible Veterans outside of the VA medical system but paid for completely or in part by VA.

In the remainder of this survey, we will use "VA Community Care" or "this service" to refer to the VA Community Care healthcare service listed in Question 1 below.

1. Our records show that within the past 3 months you have received VA Community Care for the following type of healthcare service:

{CATCARE_GROUP_CL}

Is that right?

☐ Yes

☐ No ➔**If No, go to #45**

2. When did you first begin to receive this service?

☐ Within the last 3 months

☐ 4-6 months ago

☐ 7-12 months ago

☐ Over a year ago

☐ I am not sure

YOUR ELIGIBILITY FOR VA COMMUNITY CARE

A Veteran must meet eligibility requirements in order to receive VA Community Care. The next questions are about your experience with determining your eligibility for VA Community Care.

Please tell us how you feel about the following statements:

3. The eligibility requirements for VA Community Care are clear.

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

4. The information available about eligibility for VA Community Care is helpful.

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

YOUR REFERRAL AND GETTING YOUR FIRST APPOINTMENT FOR VA COMMUNITY CARE

Please tell us how you feel about the following statements:

5. The process for scheduling my <u>first appointment</u> for this service was clearly explained to me.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

6. It was clear who was responsible for the process of arranging my <u>first appointment</u> for this service.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

7. I had enough say in <u>selecting a VA Community Care provider</u> for this service.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

8. I had enough say in selecting the date and time of my <u>first appointment</u> for this service.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

9. I was able to get my <u>first appointment</u> for this service as soon as I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

10. It was easy to get my <u>first appointment</u> for this service.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

11. I understand the process for getting VA Community Care, including determining eligibility, finding a community provider, and scheduling an appointment.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

YOUR RECENT APPOINTMENTS FOR VA COMMUNITY CARE

Next please tell us about your experience getting appointments for the service named in Question 1 <u>during the last 3 months</u>.

12. In the last 3 months, how many times have you received this service?

- ☐ None ➔ **If None, go to #45**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

13. **In the last 3 months, how often did you get an appointment for this service as soon as you needed?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
14. **In the last 3 months, how often were you able to get an appointment for this service at a convenient date and time?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
15. **In the last 3 months, how often were you able to receive this service at a convenient location?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

YOUR EXPERIENCE WITH VA COMMUNITY CARE

The next questions are about your experience with the provider of your VA Community Care, and about the coordination of your care with your VA providers in the last 3 months.

16. **Wait time includes time spent in a waiting room and exam room. In the last 3 months, how often did you see your VA Community Care provider within 15 minutes of your scheduled appointment time?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
17. **In the last 3 months, how often did your VA Community Care provider explain things in a way that was easy to understand?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
18. **In the last 3 months, how often did your VA Community Care provider listen carefully to you?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
19. **In the last 3 months, did you talk with your VA Community Care provider about any health questions or concerns?**
    - ☐ Yes
    - ☐ No ➔ **If No, go to #21**
20. **In the last 3 months, how often did your VA Community Care provider give you easy to understand information about these health questions or concerns?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
21. **In the last 3 months, how often did your VA Community Care provider seem to know the important information about your medical history?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

22. **In the last 3 months, how often did your VA Community Care provider seem informed and up-to-date about any care you received from VA providers?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
    - ☐ I do not know
    - ☐ Does not apply ➔**If Does not apply, go to #24**

23. **In the last 3 months, how often did your <u>VA provider(s)</u> seem informed and up-to-date about your VA Community Care?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
    - ☐ I do not know

24. **In the last 3 months, how often was it clear what the next step in your care would be?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

25. **In the last 3 months, how often did your VA Community Care provider show respect for what you had to say?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

26. **In the last 3 months, how often did your VA Community Care provider spend enough time with you?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

27. **In the last 3 months, did your VA Community Care provider order a blood test, x-ray, or other test for you?**
    - ☐ Yes
    - ☐ No ➔ **If No, go to #30**

28. **In the last 3 months, when your VA Community Care provider ordered a blood test, x-ray or other test for you, how often did someone from your VA Community Care provider's office follow up to give you those results?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

29. **In the last 3 months, when your VA Community Care provider ordered a blood test, x-ray or other test for you, how often were the results also sent to the VA?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
    - ☐ I do not know

30. **In the last 3 months, when you contacted your VA Community Care provider's office during regular office hours, how often did you get an answer to your medical question that same day?**
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always
    - ☐ Does not apply

31. **In the last 3 months, when you contacted your VA Community Care provider's office <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Does not apply

32. **In the last 3 months, did you contact your VA Community Care provider's office <u>using email, a web site or online tool</u>?**

- ☐ Yes
- ☐ No ➔ **If No, go to #34**
- ☐ I am not sure ➔ **If not sure, go to #34**

33. **In the last 3 months, when you contacted your VA Community Care provider's office <u>using email, a web site or online tool</u>, how often did you get a helpful response as soon as you needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

34. **In the last 3 months, when you <u>phoned</u> your VA Community Care provider's office, how often did you get a helpful response as soon as you needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Does not apply

35. **Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate your VA Community Care provider?**

- ☐ 0 Worst provider possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best provider possible

BILLING FOR VA COMMUNITY CARE

The next questions ask about any bills and out-of-pocket expenses related to your VA Community Care.

36. **In the last 3 months, how often was it clear whether or not you would have to make any out-of-pocket payments for your VA Community Care?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

37. **In the last 3 months, how often was the information about billing for VA Community Care clear?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

38. In the last 3 months, have you received any bills for your VA Community Care?

- ☐ Yes
- ☐ No ➔ **If No, go to #40**

39. In the last 3 months, how often has the process for handling bills for VA Community Care gone smoothly?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR OVERALL EXPERIENCE WITH VA COMMUNITY CARE

Please answer the next question thinking about your <u>entire experience</u> with <u>VA Community Care,</u> including the determination of eligibility, the process of finding a community provider and scheduling appointments, the care received from the community provider, and billing.

40. Overall, how satisfied are you with your VA Community Care?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied

YOUR OVERALL EXPERIENCE WITH THE DEPARTMENT OF VETERANS AFFAIRS

Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include health care, benefits programs or memorial services).

Please tell us how you feel about the following statements:

41. I got the service I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

42. It was easy to get the service I needed.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

43. I felt like a valued customer.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

44. I trust VA to fulfill our country's commitment to Veterans.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

ABOUT YOU

45. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

46. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

47. Under which of the following types of health insurance or health plans are you <u>currently</u> covered? Check all that apply.

- ☐ Medicare
- ☐ Medicaid
- ☐ Tricare, Indian Health Service, or other government healthcare plan (not including VA)
- ☐ Employer or private insurance plan
- ☐ None, not insured

48. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school but did not graduate
- ☐ High School Graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

50. What is your race? Mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

THANK YOU

Please return the completed survey in the postage-paid envelope.

If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
    a. VA Benefits: 1-800-827-1000
    b. Healthcare Benefits: 1-877-222-8387
    c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of Veterans' benefits is available on our home page at http:// www.va.gov
3. At your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

Department of Veterans Affairs
c/o Ipsos
P.O. Box 806046
Chicago, IL 60680