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2015 Survey of Veteran Enrollees' Health and Use of Health Care

Contract No: GS-23F-8144H

Main Results Report

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December 11, 2015

Prepared for:

Strategic Analysis Service (SAS)
Office of Strategic Planning and Analysis (OSPA)
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Executive Summary

Overview of the Survey of Enrollees

The Department of Veterans Affairs (VA) operates the country's largest, most comprehensive, integrated health care system through the Veterans Health Administration (VHA). All Veterans who served on active duty for at least 24 continuous months and who were released under conditions other than dishonorable are eligible to enroll in the VA.

VA uses a priority-based enrollment system, which gives some Veterans an enhanced eligibility status based on service-connected or other disabilities or exposures, income, and other factors, such as prisoner of war status or receipt of a Purple Heart. The priority groups include: Veterans with service-connected disabilities (Priority Groups 1 and 2); prisoners of war and recipients of the Purple Heart (Priority Group 3); Veterans with catastrophic disabilities unrelated to service (Priority Group 4); low-income veterans (Priority Group 5); Veterans who meet specific criteria, such as having served in specific conflicts or who were exposed to radiation (Priority Group 6); and all other Veterans (Priority Groups 7 and 8). Priority Group 1 has no copay for care, whereas Priority Groups 7 and 8 are generally expected to pay copays for the care they receive.

VHA needs to understand enrolled Veterans' health care needs and their use of VA health care services and programs relative to their use of any community health care services and programs (i.e., VA reliance). In addition, the role demographic and socioeconomic factors play in enrolled Veterans' health care usage patterns is important to VHA's planning process.

The Survey of Enrollees is designed to provide VHA an in-depth understanding of demographics, available health care options, perceptions of VA health care, and self-reported health status of the enrollee population.

Conducted by the Assistant Deputy Undersecretary (ADUSH) for Policy and Planning, the Survey of Veteran Enrollees' Health and Use of Health Care (Survey of Enrollees) is an annual survey of more than 40,000 Veterans who are enrolled in VA's health care system. The Survey of Enrollees was initially designed to give VHA the information it needed to predict the demand for services in the future. The data are used to develop health care budgets and to assist VA with its annual enrollment decisions. Over the years, the data have also been used to analyze policy decisions, provide insights into specific populations and their perspectives, and inform management decisions affecting delivery of care. In addition to collecting basic demographic information, the survey explores insurance

coverage, use of health care inside and outside of VA, pharmaceutical use, attitudes and perceptions about VHA services, perceived health status, and trends in smoking among Veterans enrolled in the VHA system.

The purpose of this report is to present findings from the 2015 Survey of Enrollees.

Methodology

There have been 13 cycles of the Survey of Enrollees (1999, 2000, 2002, 2003, 2005, 2007, 2008, 2010, 2011, 2012, 2013, 2014, and 2015). Through 2011, the survey was conducted using a telephone interview. In 2012, a multi-mode design was introduced, consisting of Computer-Assisted Telephone Interviewing (CATI), mail, and web data collection. In 2015, the modes of data collection were Web and mail. The sampling frame for VA's 2015 Survey of Enrollees was selected from the VHA enrollment file and contained all Veterans enrolled in VA health care as of September 2014. The sample was stratified by priority group, pre- and post-enrollee status, and market. Stratification by market was added in 2015. Data collection for the 2015 Survey of Enrollees began on March 27, 2015, and ended on June 9, 2015. In total, 140,000 enrollees were invited to participate, and 50,673 enrollees had submitted or returned a completed survey.

The data are weighted so that the findings are representative of the entire enrollee population.

Demographic and Socioeconomic Characteristics of the Enrollees

The 2015 enrollee population at the time of weighting (September 30, 2014) was 8,442,380. The largest proportion of enrollees was in Priority Groups 1-3 at 43 percent. The median age of enrollees was 63. Approximately 46 percent of the enrollees reported an annual household income of $36,000 or higher.

For the most part, enrollees were male, married, white, and non-Hispanic. However, the enrollee population continues to become more diverse. The number of female enrollees showed a steady increase over the past five years, as did Hispanic/Latino enrollees. In 2015, women represent 8 percent of the enrollee population and 12 percent of the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) enrollee group. Eight percent of the enrollees reported that they are of Hispanic/Latino ethnicity.

The majority of enrollees (57%) are not in the labor force, followed by 37 percent that reported either full-time or part-time employment, and 4 percent that reported that they were unemployed. The unemployment rate (9%) for those who are in the labor force has continued to decline over the past several survey cycles.

The single largest component of the enrollee population (39%) served during the Vietnam War, as was true in previous years. Nevertheless, enrollment continues to trend higher in the post-Vietnam eras. Enrollees also have reported higher combat exposure rate over the last year. In 2015, 45 percent of the enrollees reported seeing combat during their active duty service, an increase of two percentage points from 2014.

Health Insurance Coverage and Awareness of the Affordable Care Act

Insurance Status

Veterans have varied health insurance options, including Medicare, Medicaid, TRICARE, and private insurance. The availability of other public or private insurance coverage is an important factor related to enrollee use of VA health care services.

In 2015, 20 percent of enrollees reported no public or private insurance coverage. The percentage of uninsured enrollees decreased from 22 percent in 2014 to 20 percent in 2015. The rate of uninsurance was higher among enrollees who were younger and had lower household incomes. Also, enrollees in priority groups 4 to 6 were more likely to be uninsured than those in Priority Groups 1 to 3 or Priority Groups 7 to 8. Priority Group 5 includes Veterans with service-connected disability ratings of 0 percent whose incomes are below VA's geographically adjusted income limits, Veterans receiving VA pension benefits, and Veterans eligible for Medicaid.

Understanding and Perceived Impact of the Affordable Care Act

The Affordable Care Act (ACA) is intended to create more health insurance choices through state exchanges, premium and cost-sharing subsidies, and expanded Medicaid eligibility. Most enrollees said that they did not understand the ACA. About one-in-four said that they follow the issue closely, and 46 percent said that they rely on others for information about the act. Only 25 percent of respondents said that they understand the ACA. Awareness and understanding did not differ based on availability of insurance coverage. Among respondents who said that they understood the ACA, the majority (74%) said that it will not change their use of VA health care.

Most enrollees, including those with no health insurance coverage, report relatively low levels of understanding of the ACA.

The majority of enrollees do not believe the ACA will change their use of VA health care.

Health Status

Since 2011, enrolled Veterans' perceived health status has improved steadily. More enrollees (as a percentage of the total) have been reporting "good" to "excellent" health and fewer have been reporting "fair" or "poor" perceived health. The number of enrollees reporting excellent health has decreased by 2.4 percentage points since 2011 and the percentage of those responding with "very good" or "good" perceived health has increased by 7 percentage points. The number of enrollees reporting "poor" health has decreased by more than 5 percentage points.

Although the smoking habits of enrolled Veterans can vary considerably across age, income and priority groups, fewer enrolled Veterans currently smoke, and more have quit or have never taken up smoking in the first place.

Prescription Drug Coverage and Use

In order to understand enrollees' reliance on the VA for prescription drugs, the 2015 Survey of Enrollees includes questions about prescription drug coverage and using prescription drugs obtained from community sources as well as through the VA. Most enrollees (approximately 80%) have health insurance, but prescription drug coverage rates vary significantly by insurance type; while most (84%) of enrollees' private health insurance plans include coverage of prescription medication, just 33 percent of enrollees with Medicare have prescription drug coverage (under Medicare Part D).

Of the enrolled Veterans who reported taking at least one prescription drug in the last 30 days, enrollees showed a tendency to obtain all of their prescription medications from VA: 46 percent of enrollees obtained all of their prescription medications from VA.

VA Reliance and Health Care Services

VA Outpatient Reliance

Given that 80 percent of enrolled Veterans are either eligible for other public insurance coverage (e.g., Medicare, Medicaid, or TRICARE) and/or have private insurance coverage, it is not surprising that enrollees seek care across multiple providers and systems to meet their health care needs. For the purposes of this report, reliance is considered the ratio of the number of outpatient visits to VA or paid for by VA to the total number of outpatient visits to all providers between October 2014 and December 2014. Twenty-one percent of enrollees were 100 percent reliant on VA, meaning that they utilized the VA for all of their outpatient health care needs. The majority of enrollees, 52 percent, were 0 percent reliant on VA, meaning that they received all of their outpatient care from community providers during the three-month period. The balance of enrollees (27%) received care from both VA and community sources. It is important to note that VA outpatient reliance during a three-month window is only one measure of enrollees' use of VA healthcare. Among the 52 percent of enrollees who had 0 percent outpatient reliance from October to December 2014, 43 percent were VA patients in FY 2014 and 31 percent used VA pharmacy benefits in FY 2014.

Multivariate regression analysis revealed that lack of insurance coverage and high priority group are the two strongest drivers of reliance. Enrollees without alternative insurance coverage are significantly more reliant than those with insurance coverage. Similarly, enrollees in a high priority group (1 to 6) are significantly more reliant than those in a low priority group (7 or 8). Other factors that reduce reliance include being age 65 or older, married, employed, and being a current era Veteran. Having low income or living in a rural or highly rural area significantly increase reliance. Gender, race, health status, and number of functional limitations were unrelated to reliance after adjusting for the other variables in the multivariate regression model.

Multivariate regression analysis revealed that lacking insurance coverage and "high" priority group (1 to 6) were the strongest drivers of reliance.

Current and Planned Future Use of VA Health Care

About one third (32.5%) of enrollees said that they currently use VA services to meet all of their health care needs. In terms of planned future use of VA health care, 44 percent of enrollees said that they plan to use VA health care as the primary source of health care. Another 19 percent said they plan to use VA as a back-up for minor services, or just for prescriptions or specialized care. Another 19 percent said that they plan to use VA as a "safety net" only if needed. About 7 percent of enrollees have no plans to use VA health care. There has been very little change in planned future use of VA services over the past five years.

Use of My Health*e*Vet Website

My Health*e*Vet (MHV) is an online personal health record for Veterans and active duty service members, as well as their health care providers and dependents. The objective of MHV is to make accurate health information easily available to patients and providers. MHV provides an online platform where enrollees can record, access and share important health information and communicate with their health care provider. Forty-seven percent of enrollees said that they were aware of the MHV website. Among enrollees who were aware of the MHV website, 46 percent said that they used it. Awareness and use of the MHV website decreased with age.

Use of Long-Term Care Services

Use of Nursing Home Services

VA nursing homes provide both short stay and long stay care. Short stay care, which usually lasts less than 90 days, includes post-acute and rehabilitative care. One percent of enrollees less than age 65 were admitted to a nursing home compared to 15 percent of enrollees age 85 or older. Older enrollees were also more likely to be admitted to nursing homes for both short and long stays.

Among enrollees with short stays (31 to 89 days) at a nursing home, Medicare is the most common payer for the first month, whereas self-pay is the most common payer for the first month among those with long stays (90+ days). Among enrollees with long stays, more enrollees reported Medicaid in the last/most recent month than in the first month. This is likely explained by the fact that Medicare will generally only pay for stays less than 90 days involving rehabilitative care.

Use of Home and Community Based Services

Three percent of enrollees said they received nursing services at home in the past month. The percentage of enrollees who received nursing services at home increased with age. The most common payer for enrollees' nursing services was Medicare (45%). This reflects the fact that Medicare Part A and Part B provide coverage for home and community-based services. The second most common payer was VA (35%). Twelve percent said that they paid for the nursing care themselves through their own finances.

Key Drivers of Enrollees' Health Care Decision Making

The following qualities are believed to be important predictors of enrolled Veterans' use of VA health care services: cost, quality, ease of access and availability of health care as well as their knowledge of VA health benefits and perceived availability of alternative health care from community providers. While enrollees have a positive opinion about the key aspects (called "key drivers") of VA health care overall, perceptions of VA health care also seem to be linked to VA use; those who actually use the VA for some or all of their health care tend to think more positively about VA health care compared with enrollees who do not use VA health care at all. When examined by sociodemographic characteristics, enrollees ages 65 and older, those in high priority groups (1 to 6) and those with lower incomes (less than $36,000) generally had more positive views of VA health care.

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Overview of the Survey of Enrollees 1

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VHA needs to understand enrolled Veterans' health care needs and their use of VA health care services and programs relative to their use of any community-based health care services and programs (i.e., VA reliance). In addition, the role demographic and socioeconomic factors play in enrolled Veterans' health care usage patterns is important to VHA's planning process. Conducted by the Assistant Deputy Undersecretary (ADUSH) for Policy and Planning, the Survey of Veteran Enrollees' Health and Use of Health Care (Survey of Enrollees) is an annual survey of more than 40,000 Veterans who are enrolled in VA's health care system.

The Survey of Enrollees is designed to provide VHA an in-depth understanding of enrollee demographics, available health care options, perceptions of VA health care, and self-reported health status. The survey was initially developed in 1999 to support VHA's planning efforts and to inform the VA Enrollee Health Care Projection Model (EHCPM), VHA's tool for projecting enrollment, utilization, and expenditures. However, over the years, the data have also been used to analyze policy decisions, provide insights into specific populations, and inform management decisions affecting VHA's delivery of care. The purpose of this report is to present findings from the 2015 Survey of Enrollees.

1.1 VA Enrollment

In FY 1999, VA began to use a priority-based enrollment system, established by the *Veterans' Health Care Eligibility Act of 1996* (Public Law 104- 262). Some Veterans have an enhanced eligibility status based on the existence of service-connected or other disabilities or exposures, income, and other factors, such as prisoner of war status or receipt of a Purple Heart. Each Veteran is assigned a priority group, which ranges from 1 to 8, with 1 being the highest priority group. The priority groups include: Veterans with service-connected disabilities (Priority Groups 1 and 2); prisoners of

war and recipients of the Purple Heart (Priority Group 3); Veterans with catastrophic disabilities unrelated to service (Priority Group 4); low-income veterans (Priority Group 5); Veterans who meet specific criteria, such as having served in specific conflicts or who were exposed to radiation (Priority Group 6); and all other Veterans (Priority Groups 7 and 8). Priority Group 1 has no copay for care, whereas Priority Groups 7 and 8 are generally expected to pay copays for the care they receive. Veterans in Priority Groups 2 through 6 have required copayments depending on the type of care, service-connected disability, and other factors. Figure 1-1 summarizes the priority groups.

VA provides primary and specialty care, a comprehensive pharmaceutical benefits package, and ancillary services to an estimated 9.4 million of the 22 million eligible Veterans in 152 hospitals, 800 community-based outpatient clinics, 126 nursing home care units and 35 domiciliaries.[1,2] For administrative purposes, the VA is divided into 21 Networks called Veterans Integrated Service Networks (VISNs).[3] Between 2003 and 2010, an estimated 1.9 million Veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) have become eligible for VA health care, and about 61 percent of these Veterans have obtained health care from VA.[4] OEF/OIF/OND Veterans are most likely to seek treatment for mental health conditions, such as post-traumatic stress disorder (PTSD) and depression,[5] suggesting that as this group of Veterans continues to grow, so will the demand for mental health care. Many Veterans who use VA health care also access health care funded through public and private insurance.

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1 http://www.va.gov/budget/docs/summary/Fy2016-BudgetInBrief.pdf

2 http://www.va.gov/about_va/vahistory.asp

3 VA plans to realign its structure into five "MyVA" districts. As part of this reorganization, VISNs will also be realigned to fit into these five districts, which requires reducing the number of VISNs from 21 to 18.

4 http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf

5 http://www.ncbi.nlm.nih.gov/pubmed/25826341

Figure 1-1. VA eligibility categories and priority groups

Priority Group 1	• Veterans with service-connected disabilities rated 50% or more disabling
Priority Group 2	• Veterans with service-connected disabilities rated 30% to 40% disabling
Priority Group 3	• Veterans who are former prisoners of war • Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty • Veterans with a service-connected disabilities rating of 10% to 20% disabling • Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"
Priority Group 4	• Veterans who are receiving aid and attendance or household benefits • Veterans who have been determined by VA to be catastrophically disabled
Priority Group 5	• Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code) adjusted income limits. • Veterans receiving VA pension benefits • Veterans eligible for Medicaid programs
Priority Group 6	• Compensable 0% service-connected Veterans • Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki • Project 112/SHAD participants • Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975 • Veterans of the Persian Gulf War that served in the Southwest Asian theater of combat operations between August 2, 1990 and November 11, 1998 • Veterans who served in a theater of combat operations and discharged from active duty on or after January 28, 2003, for five years post discharge
Priority Group 7	• Veterans with gross household income below the geographically-adjusted income limits (GMT) for their resident location and who agree to pay copays
Priority Group 8	• Veterans with gross household income above the VA and the geographically-adjusted income limits for their resident location and who agree to pay copays

1.2 Background of the Survey of Enrollees

The VHA Survey of Veteran Enrollees' Health and Use of Health Care (Survey of Enrollees) was initially designed to give VHA the information it needed to predict the demand for services in the future. The data are used to develop health care budgets and to assist VA with its annual enrollment decisions. In addition to collecting basic demographic information, the survey explores insurance coverage, VA and community health care use, pharmaceutical use, attitudes and perceptions about VHA services, perceived health status, and smoking habits of Veterans enrolled in the VHA system. Each year, additional topics may be added depending on the information needs of VA. For example, the 2010 survey included questions about enrollees' awareness of the Affordable Care Act (ACA). The purpose of the survey is to provide critical and essential information on enrolled Veteran utilization of health services. This information supports annual VHA projections of enrollment, utilization, and expenditures, as well as a variety of high level VHA budget and policy related analyses.

There have been 13 cycles of the survey (1999, 2000, 2002, 2003, 2005, 2007, 2008, 2010, 2011, 2012, 2013, 2014, and 2015). Through 2011, the survey was conducted using a telephone interview. In 2012, a multi-mode design was introduced, consisting of Computer-Assisted Telephone Interviewing (CATI), mail, and web data collection. In 2015, the main modes of administration were Web and mail, with CATI planned as a final attempt to obtain participation from non-responders to the first two modes. However, due to the success of the web and mail methods in 2015, no CATI interviews were necessary to meet survey goals. Comparisons with previous years should be considered with this format change in mind. Some changes in measures over time may be, in part, a reflection of change in the survey mode rather than actual change in enrollee perception or behavior. This issue is discussed in more detailed in the relevant sections of the report.

1.3 Methodology

The sampling frame for VA's 2015 Survey of Enrollees was selected from the VHA enrollment file and contained all Veterans enrolled in VA health care as of September 2014. The sampling plan for the Survey of Enrollees was designed to meet the following three goals:

1. Guarantee an effective sample size of at least 400 within each market and for each priority group within a VISN, where the effective sample size was the number of

completed surveys adjusted for the design effect resulting from oversampling subgroups.

2. Ensure that at least 30 percent of the completed surveys were pre-enrollees.[6]

3. Provide a total sample size large enough to ensure 42,000 completed surveys.

Consistent with the 2014 survey, the 2015 survey used a multimode design. However, the data collection approach was changed for 2015 in an effort to increase efficiency and reduce costs. The survey was initially launched via the web to all sampled enrollees, and then followed up with a mailed paper survey to non-responding enrollees. For non-responders to the first two modes, a telephone interview was planned to ensure that response goals were met in all the VISNs and markets. As indicated previously, the numbers of respondents to the web and mail modes of administration were large enough that the telephone interview mode was not needed. All data collection targets (i.e., number of completed interviews in each VISN and market) were met with web and mail survey respondents. Table 1-1 provides a comparison of the 2014 and 2015 designs.

Data collection for the 2015 Survey of Enrollees began on March 27, 2015, and ended on June 9, 2015. In total, 140,000 enrolled Veterans were invited to participate. To allow better targeting of stratification cells and ensure that all cells met their quotas, the sample was released in two waves. The first, Wave 1, released on March 27, 2015 included 99,997 sampled enrollees. Wave 2 released on April 30, 2015 included an additional 40,003 sampled enrollees. Completed interviews for each Wave were accepted through the end of the data collection period.

Table 1-1. Comparison of survey of enrollees design, 2014 and 2015

	2014	2015
Weighted population of Veteran enrollees	8,486,965	8,442,380
Weighted population as of	September 2013	September 2014
Stratified sample size	151,683	138,918
Sample stratified by	VISN, priority group, gender	VISN, market, priority group, pre- and post-enrollee
Number of completed interviews	46,249	50,673
Response rate	30.5%	36.4%
Interviews collected during the following timeframe	February 2014 to June 2014	March 2015 to June 2015
Mode of data collection	CATI, Web, and mail	Web and mail

[6] Pre-enrollees are those who enrolled in VA health care before March 31, 1999, when VA began to use priority groups to determine enrollment.

Even after achieving the targeted number of completed surveys by VISN and market, Westat continued data collection for more than a week to allow sufficient time for mail surveys to be received. At the conclusion of data collection, 50,673 enrolled Veterans had submitted or returned a completed survey. Nearly 40 percent of them completed the web version of the questionnaire and the remaining respondents completed the mail survey.

Although the survey design emphasized a specific number of completed surveys, as opposed to reaching a target response rate, non-response bias is still a concern, as with any scientific study that uses survey data. Rigorous, sound research practice dictates that studies based on survey data employ the use of survey weights to adjust for non-response, and thereby reduce the potential for bias. Therefore, we examined response rates by strata and constructed survey weights to account for non-response. When analyzing and reporting on findings from the survey data, survey weights allow us to adjust the survey data to represent the population from which the same was drawn. Hence, although the survey was administered to sample of enrollees, analysis of the survey data using survey weights allow us to generalize the findings to the entire enrollee population.

1.4 Recent VA Policy Changes

Many VA enrollees get a significant share (or all) of their healthcare from other health systems. Veterans' access to health insurance coverage is a critical factor determining whether they use the VA. As a result, Veterans who rely heavily on the VA for their care tend not to have health insurance coverage, are less well-off financially and are less healthy than the general civilian population.[7] Moreover, the health care needs of VA patients with service-connected disabilities are different from those of the civilian population.[8] Recent health care reform and policy changes are likely to create increased choices for uninsured Veterans to obtain health care. These include the Veterans Choice Act of 2014 and the Affordable Care Act. It is important to understand the potential impact that these two policy changes are having on enrollees' use of VA health care. In the sections below we briefly discuss these changes as context for interpreting results from the 2015 Survey of Enrollees.

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[7] Agha Z, Lofgren RP, VanRuiswyk JV, et al. Are patients at the Veterans Affairs medical centers sicker? A comparative analysis of health status and medical resource use. Arch Intern Med. 2000;160:3252–57.

[8] Angrist, Joshua D. 1990. Lifetime Earnings and the Vietnam-era Draft Lottery: Evidence from Social Security Administrative Records." American Economic Review 80(3), 313-36.

1.4.1 Veterans Choice and Access to Care Act

To improve access to and timeliness of health care for Veterans, the Veterans Access, Choice and Accountability Act of 2014 requires VA to offer authorization to receive care from community providers to Veterans who are unable to secure an appointment at a VA medical facility within 30 days or who live more than 40 miles from the nearest VA medical facility. To expand VA's internal capacity to provide timely care to Veterans, the bill provides $5 billion to VA to increase access to care through the hiring of physicians and other medical staff and by improving VA's physical infrastructure, and authorizes the leases of 27 major medical facilities in 18 states and Puerto Rico.[9] A 2015 amendment to the Choice Act provides Veterans access to VA funded health care with alternative health care systems when the nearest VA facility is within 40 miles, but unable to provide the care sought by the Veteran.

1.4.2 Affordable Care Act

The Affordable Care Act (ACA) was signed into law by President Obama on March 23, 2010 and is designed to increase health insurance coverage, reduce health care costs, and improve health care quality. The ACA does not change VA benefits. However, there are some of the basic provisions of ACA that will expand coverage and make the basic health insurance more affordable to many people.

Individual Shared Responsibility Provision. Under the so-called "individual mandate," the ACA requires that most Americans obtain health insurance or pay a tax penalty in 2015. VA health coverage meets the definition of minimum essential coverage. This means that Veterans enrolled in VA health care do not need to take any additional steps to meet the individual responsibility requirement outlined in the law.

Healthcare Marketplace. The ACA requires the creation of a health insurance marketplace in each state that allows people to compare and purchase health insurance plans. The federal government establishes exchanges in the states that do not set up the exchanges themselves. The exchanges are required to provide an essential health benefits package at minimum, and so they provide an alternative or supplement to VA health care for the Veterans who want it. This provision authorizes

[9] https://veterans.house.gov/the-veterans-access-choice-and-accountability-act-of-2014-highlights

tax credits to individuals and small businesses that purchase health insurance through these state exchanges.

Premium Tax Credits. The ACA creates a refundable premium tax credit and cost-sharing subsidies for private insurance coverage purchased through the Healthcare Marketplace, thus making alternatives to VA health care more affordable. Families with a household income between 100 percent and 400 percent of the Federal Poverty Line (FPL) qualify for the premium tax credit on the exchange. The premium tax credit is generally not available to an individual who is enrolled in other government programs that meet the minimum essential coverage requirement, including VA health care. Other benefits from the VA (e.g., disability pension and benefits) do not count towards income in determining eligibility for the premium tax credit.

Expansion of Medicaid. The ACA gives states the option to expand Medicaid to all eligible individuals under age 65: children, pregnant women, parents, and adults without dependents with incomes up to 138 percent of the federal poverty line.[10] Newly eligible adults are guaranteed a benefit package that meets the essential health benefits available through the state exchanges. While Medicaid or the Children's Health Insurance Program (CHIP) was available to some low-income Veterans and their family members, Medicaid eligibility was limited in most states prior to the ACA. Nearly 50 percent of uninsured Veterans and approximately one-third of their family members are estimated to be newly eligible for Medicaid under the Medicaid expansion provision, for those living in states opting to expand.[11]

The net impact of the ACA on Veterans' reliance on the VA is unclear. The ACA does not affect current VA health care benefits, eligibility, or cost to beneficiaries. On the one hand, the individual shared responsibility provision of the ACA could result in a greater number of applications for enrollment in VA health care, since it satisfies the minimum essential coverage requirement. On the other hand, the ACA will clearly create a greater number of alternatives for uninsured Veterans. A Veteran's decision to use VA versus another health care system will likely depend on their individual health care needs, proximity to the medical facilities that provide needed care, and personal preference. The net result of these two opposing potential effects is unclear.

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[10] http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf405143

[11] Haley, Jennifer and Kenney, Genevieve M. 2013. "Uninsured Veterans and Family Members: State and National Estimates of Expanded Medicaid Eligibility Under the ACA" Washington: The Urban Institute. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412775-Uninsured-Veterans-and-Family-Members-State-and-National-Estimates-of-Expanded-Medicaid-Eligibility-Under-the-ACA.pdf

Although the ACA will create choice and flexibility for Veterans, there are concerns about possible fragmentation of care for Veterans who use more than one system. Because VA health care beneficiaries are generally only covered for care that they receive in VA facilities, it is easier for VA providers to provide coordinated care to patients that are contained within one integrated system. Moreover, the potential shift in care from VA facilities to private practice physicians, who may have had less experience treating conditions prevalent among Veterans, has been discussed as a potential negative consequence of Veterans having more choices.

The 2015 Survey of Enrollees asked respondents about their awareness of the ACA and the perceived impact that the ACA will have on their use of VA health care. In addition, recent enrollees were asked whether they enrolled in VA health care to meet the individual responsibility requirement. It is important to examine changes in uninsured rates and use of VA health care services relative to community health care services based on the 2015 Survey of Enrollees with these policy changes in mind.

Demographic and Socioeconomic Characteristics of the Enrollee Population 2

The demographic and socioeconomic information provides insights into the Veteran enrollee population and their potential healthcare needs. Eligibility for enrollment is based on specific criteria such as income, service-connected disability, benefits received from VA, active duty period of service, OEF/OIF/OND status, etc. Veterans are assigned a priority group for health care enrollment. This chapter examines the key characteristics of the VA enrollees and compares the 2015 results to years prior.

2.1 Demographic Overview

Results of the 2015 Survey of Enrollees are weighted to represent the population of Veterans enrolled in the VA health care system. The enrollee population at the time of weighting[12] was 8,442,380, a decrease of 44,585 enrollees from the 2014 report. Below are notable statistics about the 2015 enrollees.

Profile of the Average Enrollee

- Male
- 61 years old
- White, non-Hispanic
- Married with dependents
- Median annual household income of $35,999

- Women[13] represent 8 percent of the enrollee population, but comprise 12 percent of OEF/OIF/OND enrollee group.
- The majority of enrollees were married (61%), had at least one dependent (61%), and lived in an urban area (67%).
- Sixty-three percent of the enrollees reported only one active duty period of service; 39 percent served during the Vietnam era.
- Less than half of the enrollees (45%) reported exposure to combat during their military service; 15 percent served in the OEF/OIF/OND conflicts.
- On average, enrollees were released from active duty 35 years ago.

[12] The 2015 sampling frame contained all Veterans enrolled in VA health care as of September 30, 2014.

[13] Gender, Urban/Rural, OEF/OIF/OND, Age, and Priority Group came from VA administrative data file.

2.1.1 Priority Groups

The Veterans' Health Care Eligibility Act of 1996 mandated VA establish and implement a priority-based enrollment system to ensure each Veteran is enrolled based on the enrollee's specific eligibility status. Priority groups range from 1 to 8, with 1 being the highest priority for enrollment. Priority Groups 1 and 2 are Veterans generally with service-connected disabilities. Veterans in Priority Group 5 are non-service-connected with an annual income below the established VA Means Test threshold.[14] Veterans in Priority Groups 7 and 8 generally are non-service-connected with an annual income above the threshold.

In 2015, the largest proportion of enrollees was in Priority Groups 1-3 at 43 percent, an increase from 41 percent in 2014 (Table 2-1). This increase was solely contributed by Priority Group 1 and is being driven by an increase in both the number of service connection disability claims and the level at which they are approved. A closer look at the trends in Priority Groups will follow in the next section. At a more granular level, Priority Groups 7-8 have the largest proportion of enrollees (25%), followed by Priority Group 5 (22%) and Priority Group 1 (21%) (Figure 2-1).

Table 2-1. Enrollees by priority groups (1-3, 4-6, 7-8)

Priority group	N	%
1–3	3,650,665	43.2
4–6	2,654,719	31.4
7–8	2,136,996	25.3
Total	8,442,380	100.0

[14] VA uses the MT threshold for the current calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care. The 2014 VA National Income Threshold for Veterans with one dependent is $37,733.

Figure 2-1. Enrollees by priority groups

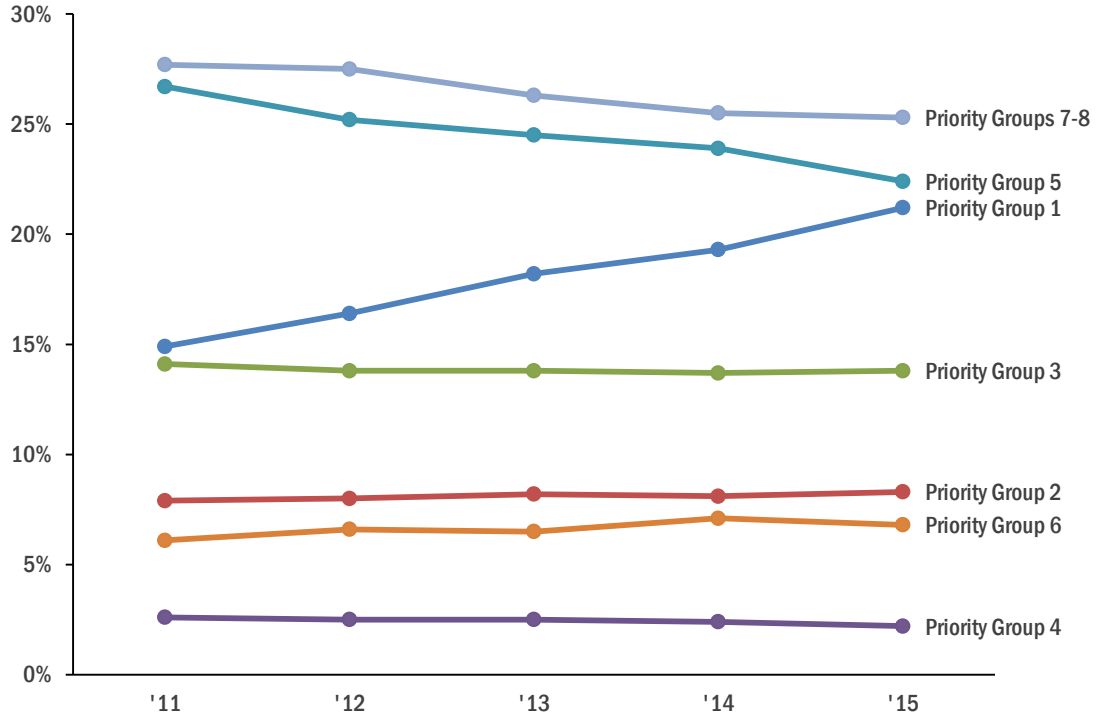
Priority group	Number of enrollees	% of enrollees by priority group
1	1,785,741	21.2
2	697,021	8.3
3	1,167,902	13.8
4	184,239	2.2
5	1,892,678	22.4
6	577,802	6.8
7-8	2,136,996	25.3
Total	8,442,380	

Changes in Priority Groups. Despite the overall distribution of the enrollees by priority remained steady over the years, there is a slight decrease in the number of enrollees in Priority Groups 5, 7-8 and slight increase in Priority Group 1. Looking at 2013 and 2014, the number of enrollees in Priority Group 5 were 2,033,429 and 2,026,553 respectively. The number of enrollees in Priority Group 7-8 in 2013 and 2014 were 2,186,862 and 2,166,728 respectively. Finally, the number of enrollees in Priority Group 1 in 2013 and 2014 were 1,509,790 and 1,642,015 respectively. Figure 2-2 compares the enrollee priority distributions throughout the past five survey cycles.

Since 2011, the proportion of enrollees in Priority Group 1 has gone up steadily while Priority Groups 2 and 3 had very little change over time. A closer look at Priority Group 1 reveals that these enrollees are more likely to be in the younger age group (<45) and more likely to have served in the OEF/OIF/OND conflicts and in a combat zone. This trend is reflective of the general VA population. According to National Center for Veterans Analysis and Statistics, the number of Veterans with a service-connected disability has been on the rise, particularly concentrated among those rated 50 percent or higher.[15] In contrast, the proportion of enrollees in Priority Groups 5 and 7-8 has gone down since 2011.

[15] http://www.va.gov/vetdata/docs/Quickfacts/SCD_trends_FINAL_2012.pdf

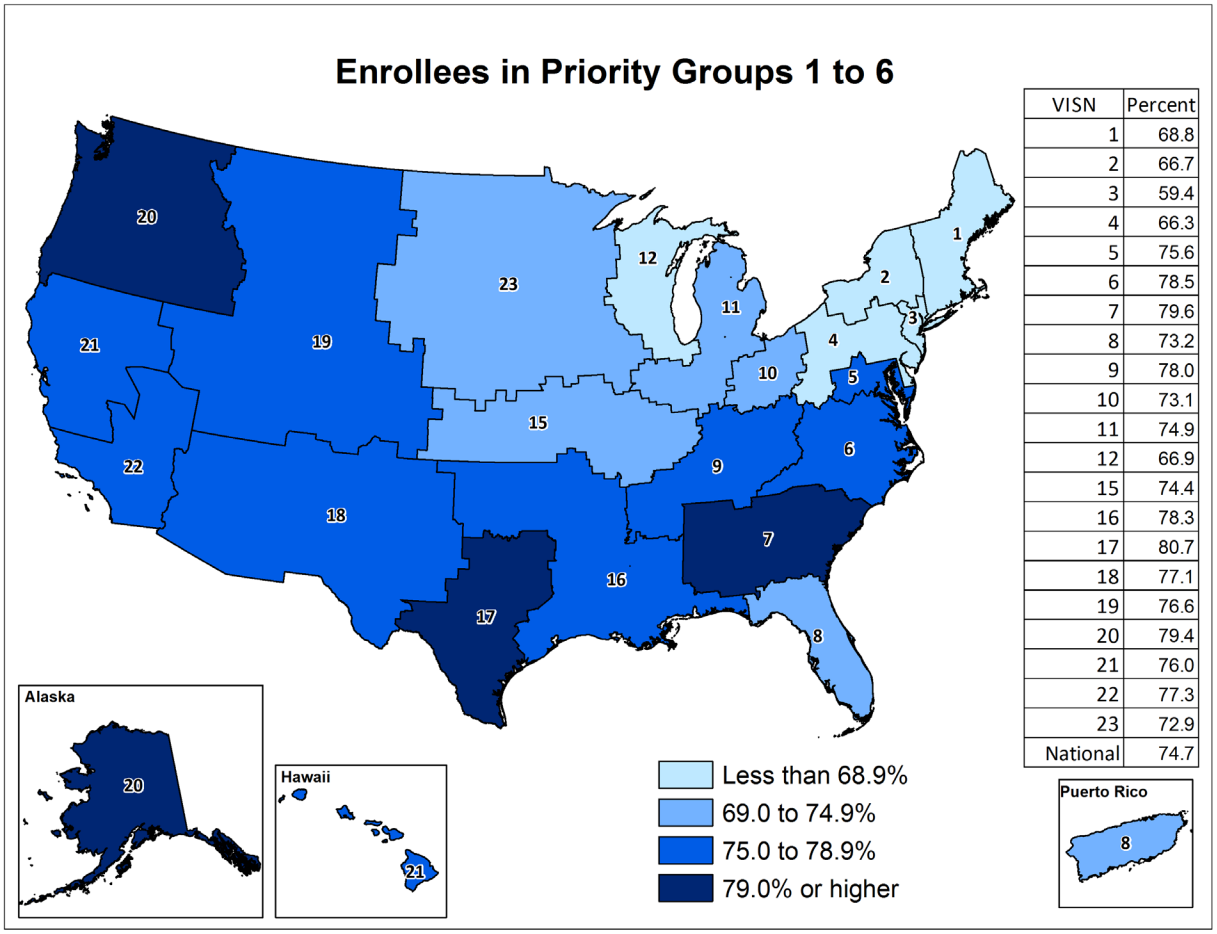
Figure 2-2. Percentage of enrollees by priority groups from 2011 to 2015



2.1.2 Priority Groups by VISN

Figure 2-3 shows the 2015 enrollee distribution in Priority Groups 1-6 by VISN. VISN 17 ranked first in the percentage of enrollees in Priority Groups 1-6 (81%), followed by VISN 7 (80%) and VISN 6 and 20 (79%). VISN 3 had the lowest percentage of enrollees in Priority Groups 1-6 (59%). This has implications for the ability within VISNs to have the capacity to care for enrollees in Priority Groups 7 and 8.

Figure 2-3. Enrollees in priority groups 1-6 by VISN



VISN	Percent
1	68.8
2	66.7
3	59.4
4	66.3
5	75.6
6	78.5
7	79.6
8	73.2
9	78.0
10	73.1
11	74.9
12	66.9
15	74.4
16	78.3
17	80.7
18	77.1
19	76.6
20	79.4
21	76.0
22	77.3
23	72.9
National	74.7

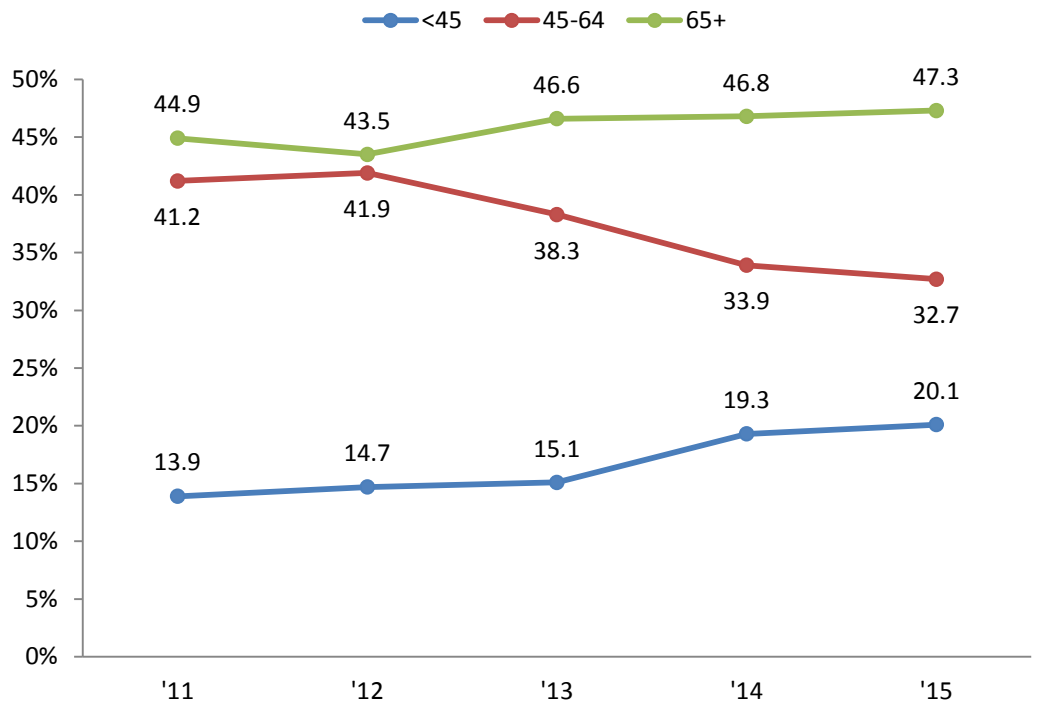
2.1.3 Age

Approximately 47 percent of 2015 enrollees were age 65 or over, 33 percent were 45-64, and 20 percent were under 45 years of age (Table 2-2). In comparing the current and previous years, the percentage of enrollees younger than age 45 and the percentage of enrollees age 65 or older have increased over the past five years, whereas the percentage of enrollees ages 46 to 64 has declined (Figure 2-4).

Table 2-2. Enrollees by age group

Age group	N	%
<45	1,692,711	20.1
45–64	2,757,126	32.7
65+	3,992,543	47.3
Total	8,442,380	100.0

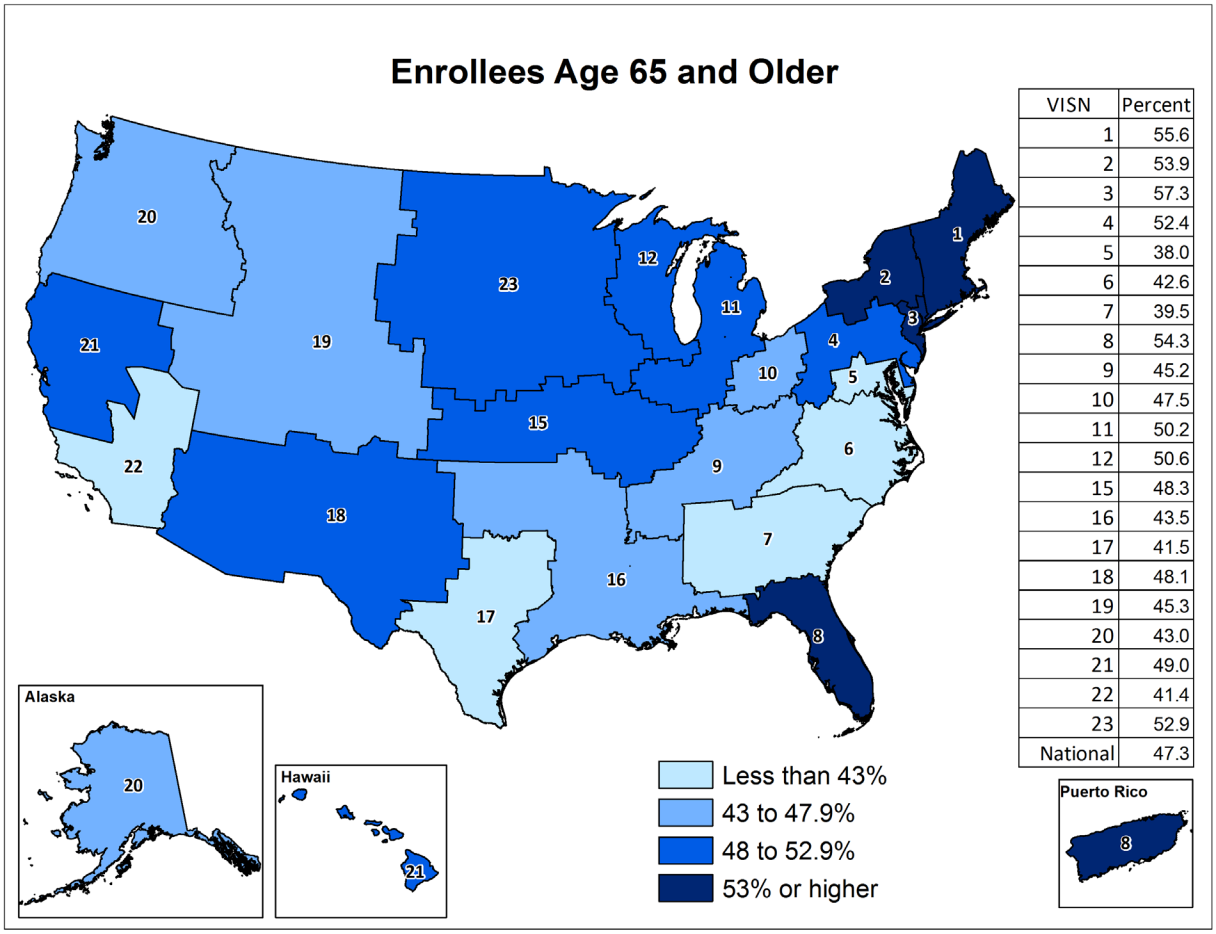
Figure 2-4. Percentage of enrollees by age from 2011 to 2015



2.1.4 Age Group by VISN

Figure 2-5 shows the 2015 enrollees age 65 or older by VISN. VISN 3 ranked first in the percentage of enrollees age 65 or older (57%), followed by VISN 1 (56%) and VISN 2 and 8 (54%). VISN 5 had the lowest percentage of enrollees age 65 or older (38%).

Figure 2-5. Enrollees age 65 and older by VISN



VISN	Percent
1	55.6
2	53.9
3	57.3
4	52.4
5	38.0
6	42.6
7	39.5
8	54.3
9	45.2
10	47.5
11	50.2
12	50.6
15	48.3
16	43.5
17	41.5
18	48.1
19	45.3
20	43.0
21	49.0
22	41.4
23	52.9
National	47.3

2.1.5 Income

VHA Directive 2011-042: Means Test and Geographic-Based Means Test Thresholds for Calendar Year 2012 describes the VA National Income Threshold for Veterans based on the number of dependents. The 2014 VA National Income Threshold for Veterans with one dependent is $37,733; thus the comparable breakouts of less than $36,000 and $36,000 or higher for reporting purposes. For this survey, income was defined as an enrollee's total annual household income in 2014 from all sources.[16]

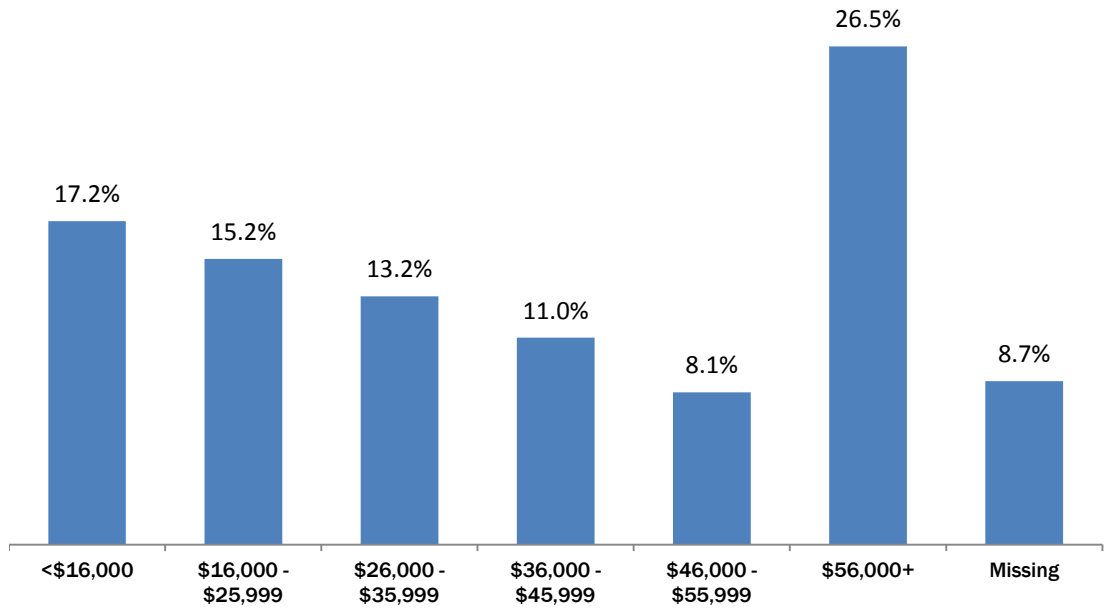
[16] In 2014 and earlier surveys, the income question asked respondents to report "total household income from all sources." The 2015 survey asked respondents to "Include wages, salary, VA compensation and disability payments, Social Security, government assistance programs, interest, dividends, child support, alimony, etc."

Results of the 2015 Survey of Enrollees showed that 46 percent of the enrollees reported a household income of $36,000 or higher (Table 2-3). At a more granular level, 17 percent reported incomes of less than $16,000, 15 percent earned between $16,000 and $25,999, 13 percent earned between $26,000 and $35,999, 11 percent earned between $36,000 and $45,999, 8 percent earned between $46,000 and $55,999, and 27 percent earned $56,000 or greater (Figure 2-6). Information on income is missing for 9 percent of enrollees.[17]

Table 2-3. Enrollees by income group

Income group	N	%
<$36,000	3,848,382	45.6
36,000+	3,855,998	45.7
Missing	738,000	8.7
Total	8,442,380	100.0

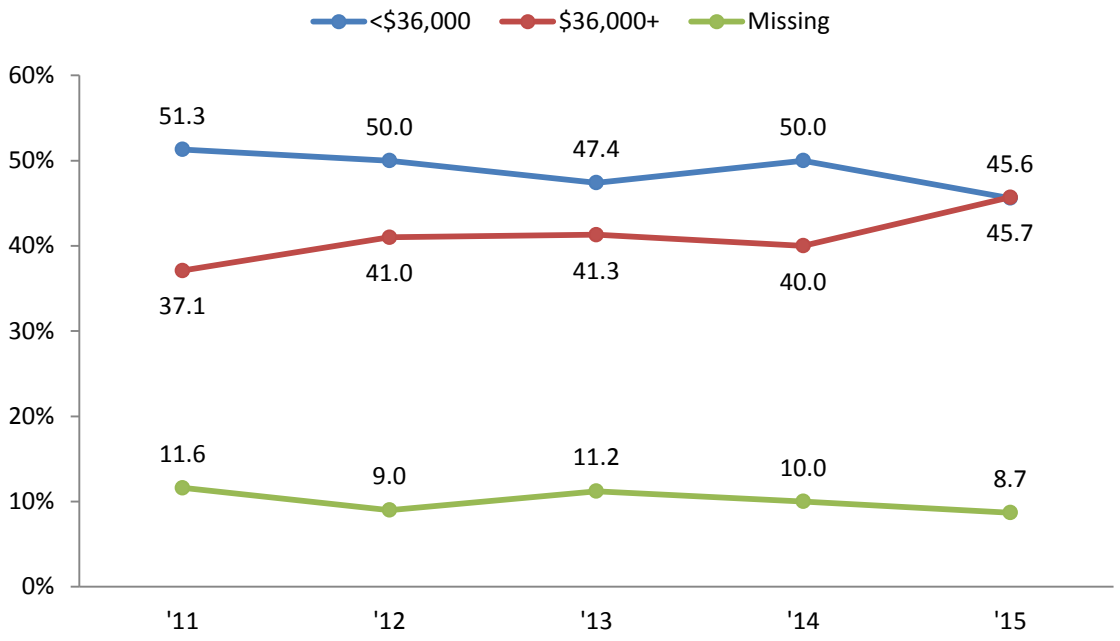
Figure 2-6. Percentage of enrollees by income



[17] Enrollees were asked to report the exact amount of total household income in 2014. Enrollees who did not answer were asked to provide the range that best described their income. Income is missing if enrollees reported neither the amount nor the range of income.

Figure 2-7 shows the comparison of <$36,000 and $36,000+ throughout the past five survey cycles. Although lower income enrollees tended to outnumber higher income enrollees in previous years, the percentage of lower and higher income enrollees has been converging. The survey results for 2015 show a 4 percentage point decrease in the lower income group and 6 percentage point increase in the higher income group, over the last year. As mentioned earlier, the 2014 survey was conducted by telephone, mail, and web, whereas the 2015 survey was conducted by mail and web. In 2014, the percentage of enrollees with incomes of $36,000+ was 43 percent among mail and web respondents only. This suggests that the increase in enrollees with incomes of $36,000+ may be only 3 percentage points. In 2015 the average annual household income for enrollees was $48,787, while the median was $35,999, approximately $4,000 higher than the 2014 median income.[18] The inflation rate for 2014, released by BLS, was 0.8 percent. The rate of increase in income over the last year was 12.5 percent, suggesting the enrollee income increased at a rate faster than inflation. (Figure 2-7).

Figure 2-7. Percentage of enrollees by income from 2011 to 2015

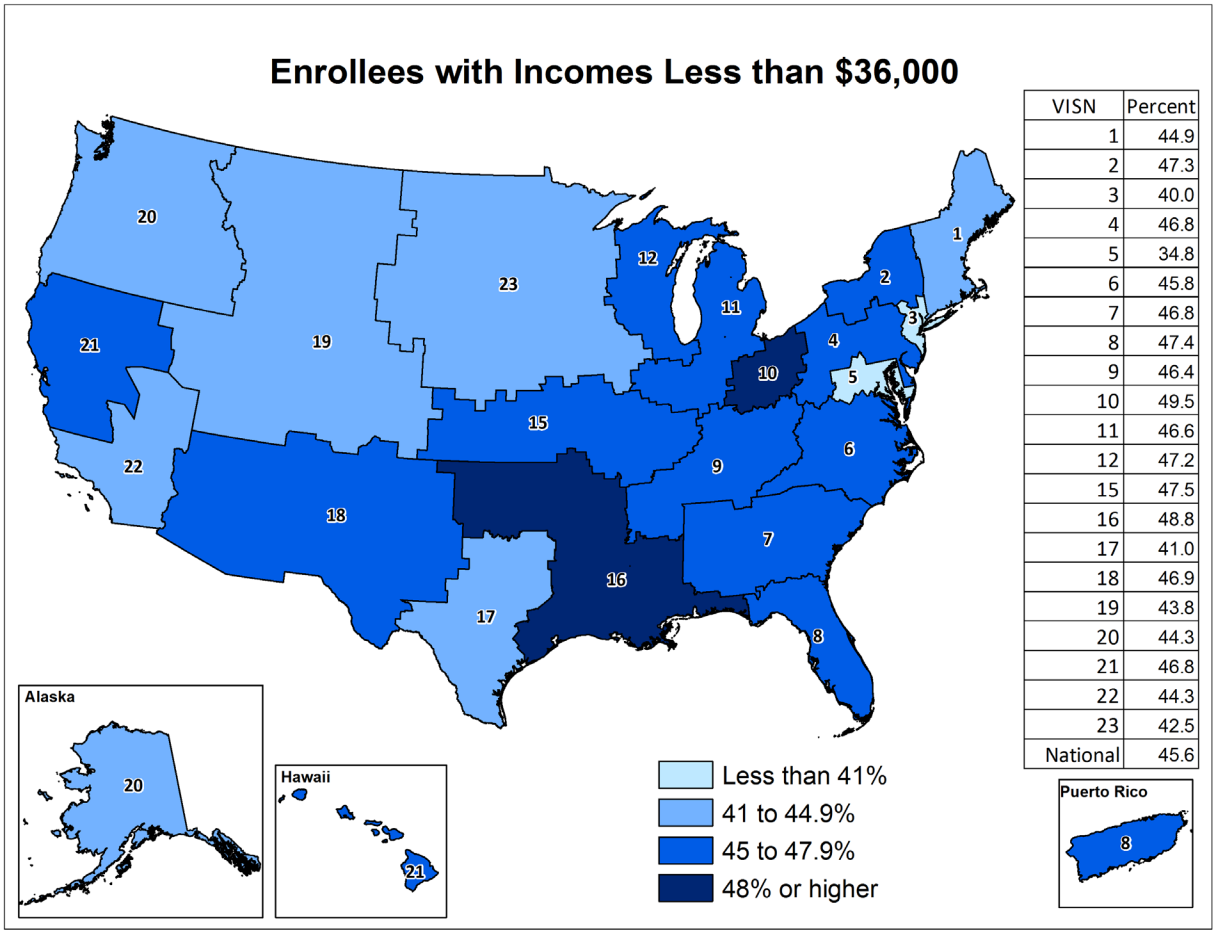


[18] Enrollees reported income either via a specific income value or an income range. If an enrollee reported an income range, the range midpoint was assigned as the enrollee's income. A value of $85,000 was assigned as the midpoint for the range $56,000 or higher. Average/median income was then calculated for all enrollees with an income value.

2.1.6 Income Group by VISN

Figure 2-8 shows the 2015 enrollees with income less than $36,000 by VISN. VISN 10 ranked first in the percentage of enrollees with income less than $36,000 (50%), followed by VISN 16 (49%) and VISN 15 (48%). VISN 5 had the lowest percentage of enrollees with income less than $36,000 (35%).

Figure 2-8. Enrollees with income less than $36,000 by VISN



VISN	Percent
1	44.9
2	47.3
3	40.0
4	46.8
5	34.8
6	45.8
7	46.8
8	47.4
9	46.4
10	49.5
11	46.6
12	47.2
15	47.5
16	48.8
17	41.0
18	46.9
19	43.8
20	44.3
21	46.8
22	44.3
23	42.5
National	45.6

2.1.7 Marital Status and Dependents

In 2015, married enrollees continued to represent the majority of the population. Sixty-one percent of the enrollees reported being married, followed by 17 percent who reported being divorced, 10 percent who reported never married, and 8 percent who reported being widowed (Table 2-4).

Enrollees were also asked to report the number of dependents they currently have. A "dependent" was defined as anyone who relied on the enrollee for at least half of that person's financial support. Approximately 61 percent of the enrollees reported having at least 1 dependent, 37 percent reported having dependents age 26 or under (not shown).[19]

Table 2-4. Enrollees by marital status and dependents

Marital status	N	%
Married	5,158,273	61.1
Widowed	646,152	7.7
Divorced	1,400,536	16.6
Separated	186,744	2.2
Never married	812,592	9.6
Civil Commitment or Union	107,876	1.3
Missing	130,208	1.5
Total	8,442,380	100.0
Dependents	**N**	**%**
0	3,047,260	36.1
1 – 4	5,002,453	59.3
5 or more	152,502	1.8
Missing	240,164	2.8
Total	8,442,380	100.0

2.1.8 Ethnicity and Race

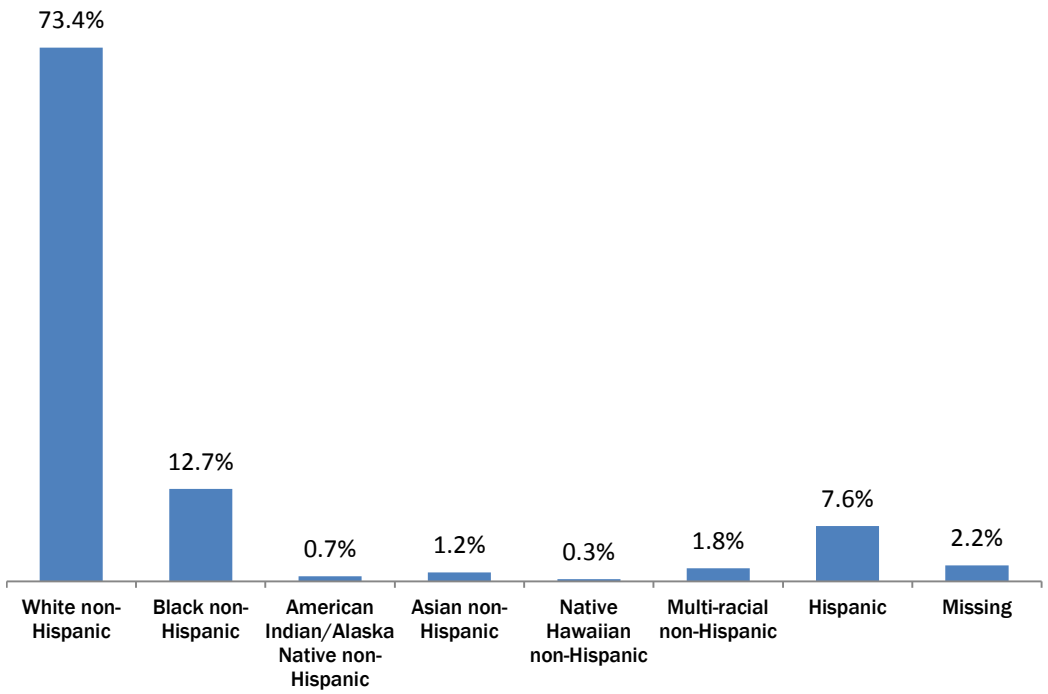
As previously stated in the demographic overview, the profile of an average enrollee is White and non-Hispanic.[20] In a series of questions, enrollees were first asked if they would describe themselves as Hispanic or Latino. Approximately 8 percent responded "Yes" to this question (not shown). The next set of questions asked about their race. Eighty-one percent of enrollees identified themselves as White, 14 percent identified themselves as Black, and 4 percent identified themselves as Other (not shown). Enrollees were told they could choose more than one race. Figure 2-9 shows the

[19] The number of dependents age 26 or under is derived as the sum of the number of dependents under the age of 18 and number of dependents between the ages of 18 and 26, provided that a minimum of 1 dependent was reported.

[20] White non-Hispanic refers to someone who is non-Hispanic and White only.

percentage of enrollees mutually exclusive by race.[21] About 73 percent of enrollees were White non-Hispanic, 13 percent were Black non-Hispanic, and 8 percent were Hispanic.

Figure 2-9. Percentage of enrollees by race (mutually exclusive)



The racial and ethnic mix of enrollees varies by age, with older enrollees being overwhelming non-Hispanic and White, while younger enrollees are racially and ethnically more diverse. Younger enrollees, under the age of 45, are more likely to be of Hispanic or Latino ethnicity than those 65 or older. Approximately 13 percent of the younger age group described themselves as Hispanic or Latino. Furthermore, enrollees who are non-Hispanic are more likely to be age 65 or older, specifically White non-Hispanic. Eighty-three percent of those 65 or older described themselves as White non-Hispanic. Black non-Hispanic enrollees are more likely to be in the middle age group of 45 – 64. Twenty percent of that age group described themselves as Black non-Hispanic. Table 2-5 shows the percentage of enrollees by ethnicity and race by age.

[21] Enrollees were considered to have missing race/ethnicity if they were missing race only. Enrollees who did not answer the question about ethnicity were considered to be non-Hispanic.

Table 2-5. Ethnicity and race of enrollees by age group (mutually exclusive)

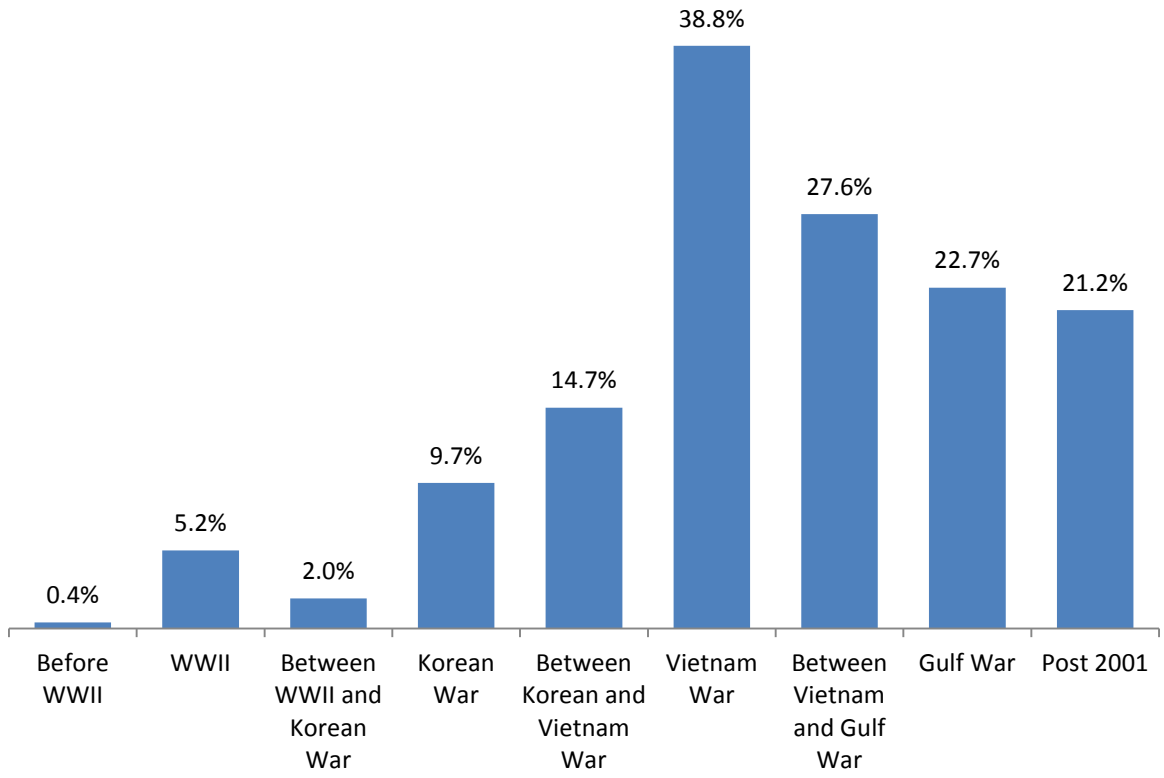
Category	<45		45–64		65+		Total
White non-Hispanic	1,104,739	65.3%	1,771,789	64.3%	3,319,428	83.1%	6,195,956
Black non-Hispanic	221,352	13.1%	562,853	20.4%	287,438	7.2%	1,071,642
American Indian/Alaska Native non-Hispanic	10,256	0.6%	27,130	1.0%	24,195	0.6%	61,581
Asian non-Hispanic	47,071	2.8%	29,482	1.1%	26,739	0.7%	103,292
Native Hawaiian non-Hispanic	6,882	0.4%	11,924	0.4%	7,608	0.2%	26,414
Multi-racial non-Hispanic	51,717	3.1%	63,342	2.3%	40,159	1.0%	155,218
Hispanic	214,139	12.7%	230,091	8.3%	199,157	5.0%	643,387
Missing	36,554	2.2%	60,517	2.2%	87,820	2.2%	184,890
Age Group Total (denominator)	1,692,711		2,757,126		3,992,543		8,442,380

NOTE: Percentages may not add to 100% due to rounding.

2.1.9 Active Duty Period of Service/Combat Exposure

Enrollees were asked to provide information on the period(s) of their active duty military service. They were asked to answer "Yes" or "No" to whether or not they served on active duty during periods such as September 2001 or later, Gulf War Era, Vietnam Era, etc. The results of the 2015 survey revealed that the single largest component of the enrollee population (39%) served during the Vietnam War, as was true in previous years. Of the remaining periods of service, 28 percent served between Vietnam and the Gulf War, 23 percent served during the Gulf War Era, and 21 percent served post 2001 (Figure 2-10). It is possible that enrollees served in more than one period of service. Most enrollees (63%) reported just one period, followed by 22 percent who said two and 9 percent who said three. Less than 2 percent said four or more. It is interesting to note that approximately 4 percent of the enrollees did not say "Yes" to any period, since the basic eligibility for enrolling in the VA health care requires that the Veteran served in the active military service.

Figure 2-10. Percentage of enrollees by period of service (not mutually exclusive)



NOTE: Percentages do not add to 100 percent because enrollees may have responded with multiple periods of service.

Before WWII – < 1942 WWII – 1942-1946 Between WWII and Korean War – 1947-1950

Korean War – 1951-1954 Between Korean and Vietnam War – 1955-1964

Vietnam War – 1965-1974 Between Vietnam and Gulf War – 1975-1990

Gulf War – 1991-2001 Post 2001 – >2001

Not surprisingly, as time passes, there is a trend in the percentage of enrollees who served on active duty pre- and post-Vietnam. In general, the percentage of enrollees serving in the pre-Vietnam era decreased slightly in all periods, and conversely, the percentage of enrollees in post-Vietnam periods increased slightly. The largest shifts occurred in the era between Korean and Vietnam War, dropping from 20 percent in 2014 to 15 percent in 2015. The post-2001 era also seems to have changed, increasing from 19 percent in 2014 to 21 percent in 2015. Length of separation from active duty also suggests that enrollment continues to trend higher in the post-Vietnam eras; the average length of separation decreased from 37 years in 2011 to 35 years in 2015.

Combat exposure rate of the enrollees has increased over the last year. In 2014, 43 percent of the enrollees reported that they had been involved in, or exposed to, combat during their active duty service; whereas in 2015, 45 percent reported combat exposure. (Note, the percentage of "No" dropped from 54 percent to 48 percent. Approximately 7 percent did not provide an answer, an increase from 3 percent in 2014). It is not hard to understand why more enrollees reported seeing combat as the number of separated OEF/OIF/OND Veterans enrolled in the VA health care has increased over time.

OEF/OIF/OND Enrollees. Operation Enduring Freedom (OEF) in Afghanistan took place during the period between October 2001 and December 2014. Operation Iraqi Freedom (OIF) began in March 2003 and ended in August 2010, when Operation New Dawn (OND) began. OND represents a shift from a predominantly military U.S. presence to one that is predominantly civilian. Given that enrollment of the post 2001 Veterans continues to get higher as a result of the withdrawal of U.S. active duty service members, a distinct subset of that population is the OEF/OIF/OND Veterans. Here are some interesting statistics about the 2015 OEF/OIF/OND enrollee population:

- The 2015 survey estimate indicated that of the 1,792,739 enrollees who served post 2001, more than half (65%) have OEF/OIF/OND status.
- Approximately 15 percent of the total enrollee population served in the OEF/OIF/OND conflicts, an increase from 13 percent in 2014.
- Twelve percent of the OEF/OIF/OND enrollee population is female, higher than the 8 percent of the total enrollee population that are female.
- Enrollees with OEF/OIF/OND status are more likely to be in the younger age group (under 45); in fact, they make up 55 percent of the enrollees age 44 or under.
- While the majority (65%) of the OEF/OIF/OND enrollees are White non-Hispanic, 13 percent identified themselves as Hispanic, which is double the non-OEF/OIF/OND enrollee population.
- OEF/OIF/OND enrollees self-reported an unemployment rate of 7 percent, which was lower than the unemployment rate of the total enrollee population (9%).

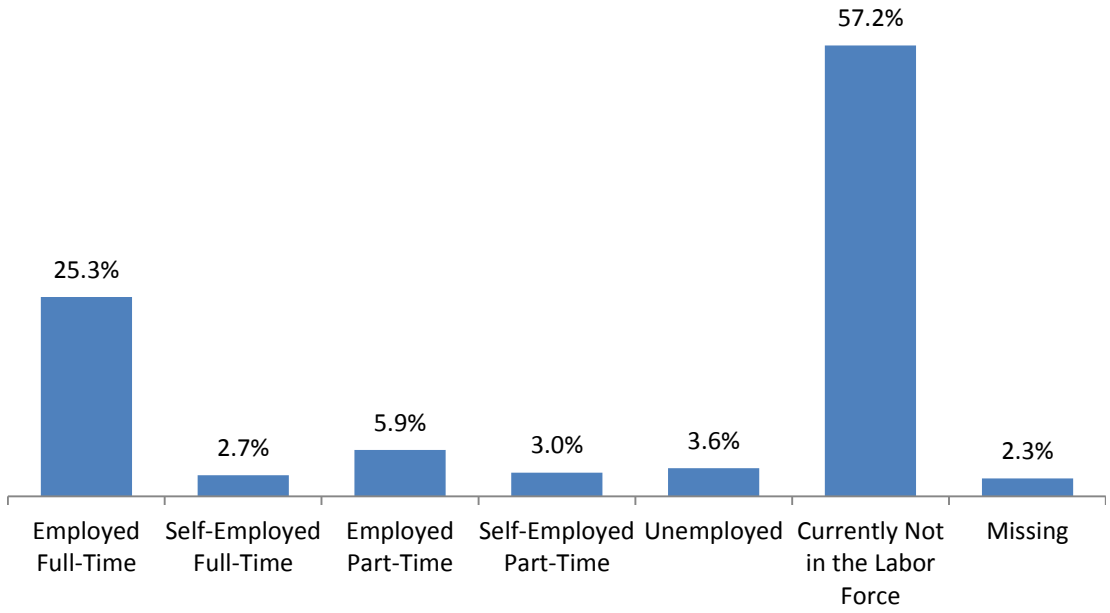
OEF/OIF/OND Enrollees

- 37 years old
- 12% are female
- 95% served in a combat zone
- 13% are Hispanic

2.1.10 Employment Status

It is likely that the U.S. economic and employment climate has a potential impact on the number of enrollees seeking health care benefits from VA. Employment status is calculated out of the entire enrollee population. The employment status of the 2015 enrollee population remained mostly unchanged from 2014; the majority of enrollees (57%) are not in the labor force,[22] followed by 37 percent that reported either full-time or part-time employed, a 2 percentage point increase from 2014. The percentage of enrollees who reported unemployed decreased from 6 percent in 2014 to 4 percent in 2015. Approximately 40 percent of the total enrollees were in the labor force. Figure 2-11 shows the percentage of enrollees by employment status.

Figure 2-11. Percentage of enrollees by employment status



NOTE: The percent of unemployed is out of the total enrollee population; this is not the unemployment rate, which is the percent of only the population in the labor force.

Employment status varies across age groups such that the older age group (65+) is predominantly individuals who are not in the labor force (82%), or likely retired. Furthermore, the younger age group (<45) is more likely to be in the labor force (76%) and employed (70%). The middle age

[22] Not in the labor force is defined in the survey as those who are currently not employed (for example: retired, a homemaker, a student, on disability).

group (45-64) is made up of a more even proportion of enrollees who are in the labor force (56%) and not in the labor force (42%). Table 2-6 shows the employment status by age.

Table 2-6. Employment status of enrollees by age group

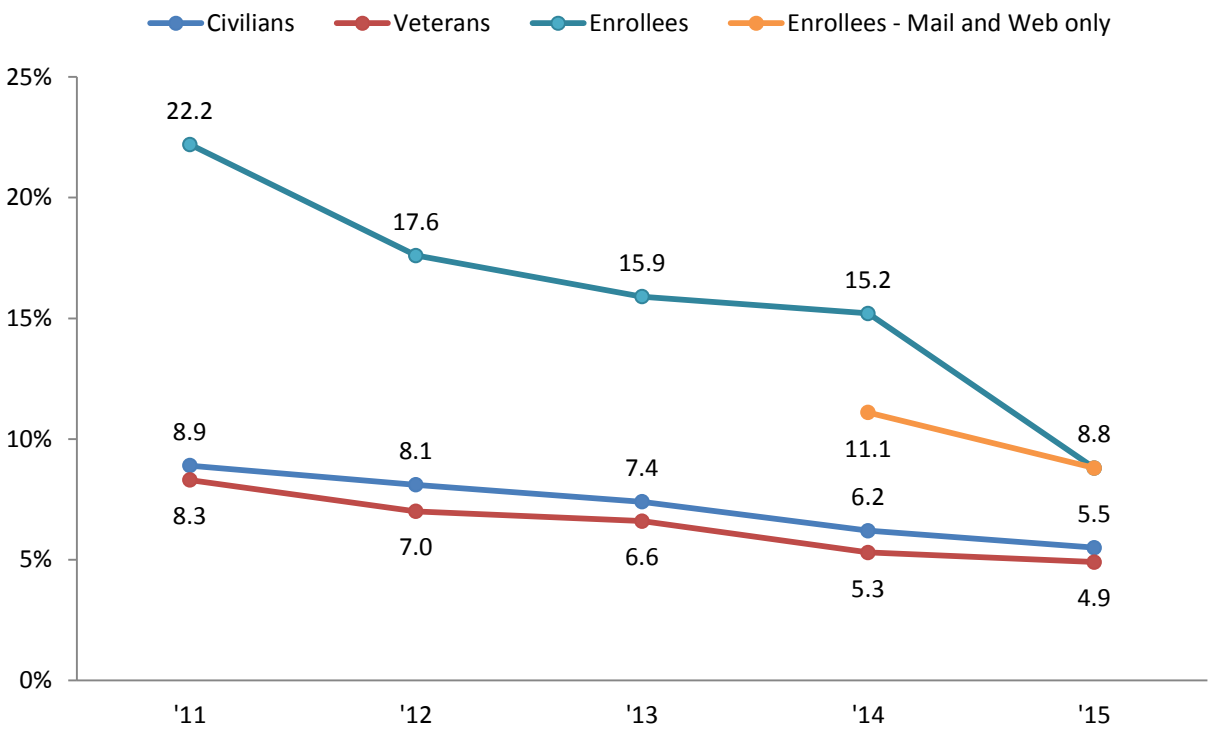
Category	<45		45–64		65+		Total
Employed Full-Time	939,119	55.5%	1,038,809	37.7%	156,068	3.9%	2,133,996
Self-Employed Full-Time	59,669	3.5%	99,180	3.6%	72,993	1.8%	231,842
Employed Part-Time	146,455	8.7%	168,482	6.1%	180,474	4.5%	495,410
Self-Employed Part-Time	33,593	2.0%	77,548	2.8%	141,318	3.5%	252,459
Unemployed	106,034	6.3%	158,058	5.7%	37,753	0.9%	301,845
Currently Not in Labor Force	382,978	22.6%	1,164,057	42.2%	3,284,277	82.3%	4,831,312
Missing	24,863	1.5%	50,993	1.8%	119,660	3.0%	195,517
Employment Total (denominator)	1,692,711		2,757,126		3,992,543		8,442,380

NOTE: Percentages may not add to 100% due to rounding.

Unemployment Rate. The Bureau of Labor Statistics (BLS) of the U.S. Department of Labor defines unemployment rate as the percent of the labor that is unemployed. More precisely, the unemployment rate is the number of unemployed persons divided by the labor force, where the labor force is the number of unemployed persons plus employed persons. According to data released by BLS the unemployment rates have declined starting in 2010 both in the Veterans and Civilians populations. Figure 2-12 shows the unemployment rates by Veteran status over the past five years. The unemployment rate of the enrollee population, though consistently higher than that of the overall population, showed similar downward trend with a large decline from 2014 to 2015. Compared to 2014, the 2015 unemployment rate reduced significantly from 15 percent to 9 percent. As mentioned earlier, the 2014 survey was conducted by telephone, mail, and web, whereas the 2015 survey was conducted by mail and web. When the 2014 unemployment rate is recalculated including mail and web only, the decrease in the unemployment rate is much less steep—from 11 percent to 9 percent. This is due to the fact that the 2014 unemployment rate based on telephone is considerably higher (18%) than those obtained from mail and web. Because the change between 2014 and 2015 based on mail and web responses more closely parallels the national unemployment

rate trend for Veterans and civilians, the unemployment rate based on telephone responses is likely overestimated.[23]

Figure 2-12. Unemployment rate by veteran status from 2011 to 2015



SOURCE: Bureau of Labor Statistics, Labor Force Statistics. Accessed from http://www.bls.gov/webapps/legacy/cpsatab5.htm and http://www.bls.gov/cps/cpsaat01.htm.

Rates shown for Veterans and Civilians are the average annual unemployment rates.

Table 2-7 shows the unemployment rate by various demographics. Unemployment rate is highest among enrollees in Priority Group 4 (30%), under the age of 30 (12%), who served between Vietnam and Gulf War (10%), and who are of Hispanic ethnicity (11%).

[23] The high unemployment rate obtained by telephone may be explained by the fact that on telephone, respondents are read the answer choices sequentially, whereas in mail or web they are able to view all of the answer questions at the same time. The response choice of "unemployed" is before the response of not in the labor force. Respondents who were read the "unemployed" response choice first may have been more likely to select this response even though they were not in the labor force. In contrast, mail and web may produce a more accurate estimate of the unemployment rate because respondents are able to consider all of the response choice simultaneously.

Table 2-7. Unemployment rate by demographics

Category	Enrollees in labor force	Unemployed enrollees	Unemployment rate
Age Group			
<30	236,827	27,463	11.6%
30–49	1,391,058	113,626	8.2%
50–64	1,199,061	123,002	10.3%
65+	588,605	37,753	6.4%
Priority Group			
Priority Group 1	619,122	56,586	9.1%
Priority Group 2	386,651	25,890	6.7%
Priority Group 3	603,896	28,524	4.7%
Priority Group 4	22,326	6,618	29.6%
Priority Group 5	668,384	118,921	17.8%
Priority Group 6	327,430	16,950	5.2%
Priority Group 7	134,416	7,778	5.8%
Priority Group 8	653,327	40,577	6.2%
Period of Service[1]			
Before WWII	2,047	171	8.4%
WWII	19,437	1,830	9.4%
Between WWII and Korean War	8,381	484	5.8%
Korean War	56,058	3,877	6.9%
Between Korean and Vietnam War	156,189	10,893	7.0%
Vietnam War	839,126	68,571	8.2%
Between Vietnam and Gulf War	1,321,579	131,750	10.0%
Gulf War	1,386,419	100,552	7.3%
Post 2001	1,333,021	99,258	7.4%
Race (Mutually Exclusive)			
White non-Hispanic	2,368,957	174,907	7.4%
Black non-Hispanic	505,854	70,643	14.0%
American Indian/Alaska Native non-Hispanic	27,006	2,502	9.3%
Asian non-Hispanic	57,193	5,693	10.0%
Native Hawaiian or Other Pacific Islander, non-Hispanic	12,046	2,351	19.5%

Table 2-7. Unemployment rate by demographics (continued)

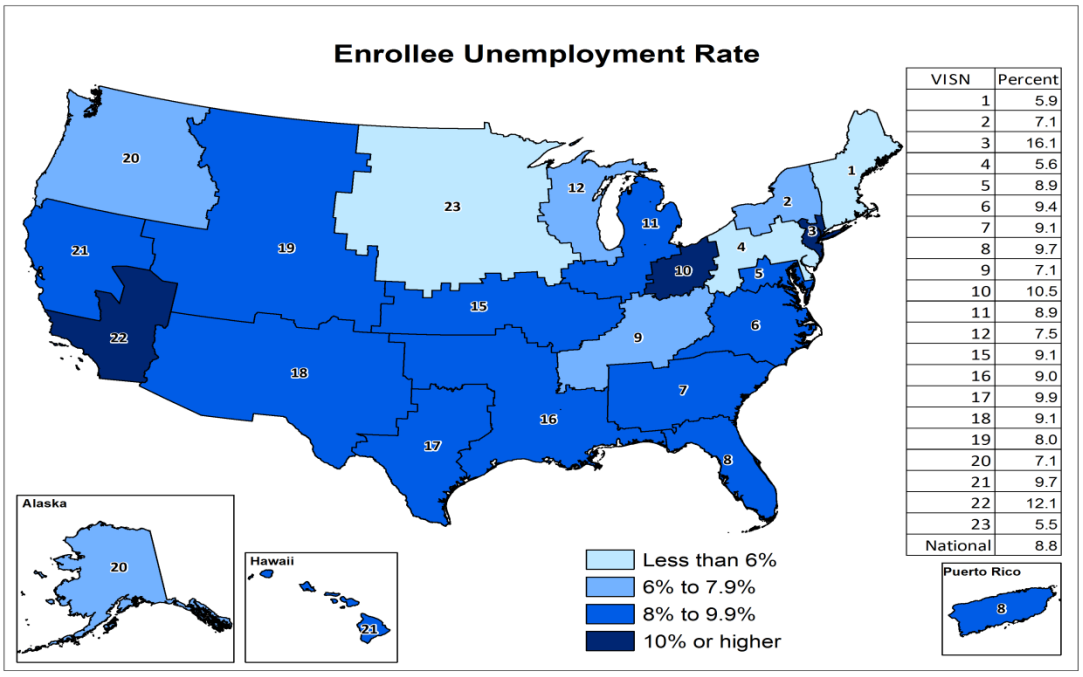
Category	Enrollees in labor force	Unemployed enrollees	Unemployment rate
Ethnicity			
Hispanic	329,537	35,294	10.7%
Non-Hispanic	3,042,441	261,963	8.6%
Urban/Rural			
Urban	2,365,666	219,232	9.3%
Rural/Highly Rural	1,049,275	82,612	7.9%

[1] Categories not mutually exclusive.

2.1.11 Unemployment Rate by VISN

Figure 2-13 shows the 2015 enrollee unemployment rate by VISN. While the national unemployment rate was 8.8 percent, some VISN's were substantially higher. VISN 3 had the highest unemployment rate (16%), followed by VISN 22 (12%) and VISN 10 (11%). VISN 1, 4, and 23 had the lowest unemployment rate (6%).

Figure 2-13. Enrollee unemployment rate by VISN



Public and Private Health Insurance Coverage 3

Veterans have varied health insurance options. Many VA enrollees have private insurance, TRICARE, or are eligible for Medicare or Medicaid. Insurance coverage has been found to reduce reliance on VA health care.[24] This may be because insurance coverage decreases the effective cost of care outside of VA. Although the ACA is not specifically designed to target uninsured Veterans, it is likely that many Veterans will have increased alternatives to VA health care, including purchasing private insurance through the marketplace or through the Medicaid expansion if the Veteran resides in a state that participates. Veterans with dual or even triple eligibility could pose challenges in terms of continuity and coordination of care. It is therefore important to understand the insurance coverage of VA enrollees and how it has changed over time. We discuss some of the insurance options available to VA enrollees below and how each interacts with VA health care.

Health Insurance Options

- TRICARE
- Medicare
- Medicaid
- Private insurance

TRICARE. Tricare is the Department of Defense's (DoD) medical program that serves active duty military and active members of the reserves and National Guard. Veterans are eligible for TRICARE if they are military retirees who have served for at least 20 years. While active duty military and their families are enrolled in TRICARE at no cost, retirees and their dependents must pay an annual premium. TRICARE enrollees generally obtain primary care from military health facilities. In 2001, enrollment was extended to retirees over age 65 with the advent of TRICARE for Life, which is wrap-around coverage for those in Medicare. TRICARE for Life pays for costs not covered by Medicare.

Medicare. Medicare is a Federal health insurance program for individuals age 65 and older and those under age 65 with certain disabilities. There are two ways to enroll in Medicare: Original Medicare and Medicare Advantage. Original Medicare is a fee-for-service program that includes Part A (hospital) and Part B (medical) coverage. Part A covers hospital stays but not doctor's care. Beneficiaries are automatically enrolled in Part A when they sign up for Medicare. Part A beneficiaries do not pay a premium but must meet a deductible before Medicare will cover hospitalization costs. Part B is optional and requires a monthly premium and deductibles. Individuals under the age of 65 who receive disability benefits from Social Security for two years are

[24] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496577/

automatically enrolled in Medicare Part A and Part B. Medicare Advantage (Part C) is a managed care option consisting of plans offered by private companies that contract with Medicare to provide Part A and Part B coverage. Prescription drug coverage is available separately under Medicare Part D. Some Medicare enrollees may purchase Medicare Supplemental Insurance, or Medigap, to cover some of the costs that Original Medicare does not cover.

Medicaid. Medicaid is a state-administered health plan for individuals and families with low incomes and limited resources. Veterans who qualify for Medicaid do not pay copayments for VA health care. Prior to the ACA, Medicaid coverage for adults was limited. However, the ACA provides states with additional funding to expand Medicaid to adults with incomes up to 138 percent of the FPL. Nearly half of uninsured Veterans and about a third of their family members have incomes below 138 percent of FPL, and thus would be eligible for Medicaid coverage under the ACA if their state were to expand.[25] In most states, individuals with disabilities who receive Social Security Insurance (SSI) are automatically qualified for Medicaid coverage.

Private Insurance. Finally, private insurance includes insurance provided through a Veteran's employer, spouse, or other non-Federal source. When a Veteran has private insurance, VA is required to bill the private insurance for the cost of care, prescriptions, and other services provided to the Veteran. Veterans are not responsible for the unpaid portion of the claim not covered by private insurance.

3.1 VA Enrollment

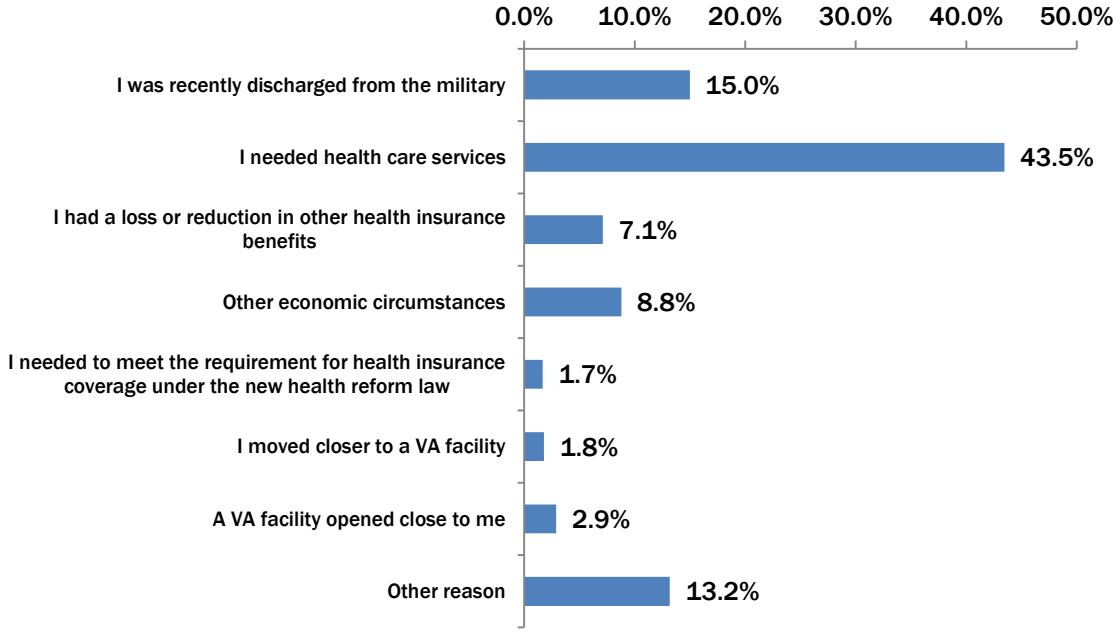
As in previous years, the 2015 Survey of Enrollees first asked respondents whether they were enrolled in VA health care. Despite the fact that all respondents are enrolled according to administrative records and have access to VA health care services, 9 percent said that they were not enrolled and another 7 percent said that they could not remember enrolling. (Two percent of enrollees did not answer the question.) Taken together, 18 percent of enrollees indicated that they were not enrolled in VA health care. Respondents who said that they were not enrolled were more likely to report public or private insurance coverage, suggesting that lack of knowledge about enrollment may be due to not needing VA health care. For example, among respondents who said

[25] Haley, J., Kenney, G.M. (May 2012). Uninsured Veterans and Family Members: Who Are They and Where Do They Live? (Timely Analysis of Immediate Health Policy Issues). Washington, DC: Robert Wood Johnson Foundation/Urban Institute. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412577-Uninsured-Veterans-and-Family-Members-Who-Are-They-and-Where-Do-They-Live-.PDF

that they were not enrolled, 93 percent (not shown) reported public or private insurance coverage compared to 78 percent (not shown) of respondents who said that they were enrolled. However, further investigation is needed to understand why some uninsured enrollees report they are uninsured despite being enrolled in VA health care according to administrative records.

About half (51%) of enrollees said that they enrolled in VA health care since 2010. Respondents who enrolled since 2010 were asked about their reasons for enrolling. Figure 3-1 shows that the most common reasons for enrolling were needing health care services (44%) and having been recently discharged from the military (15%). As discussed previously, the individual mandate of the ACA requires all Americans to have minimum insurance coverage. VA health care meets the minimum coverage requirements, so uninsured Veterans could choose to enroll in VA health care as a way of meeting the individual mandate. The individual mandate went into effect in 2014. Only 2 percent of respondents said that they enrolled to meet the requirement for health insurance coverage under the new health care reform law. Most of the other reasons for enrolling were reported by less than 10 percent of respondents.

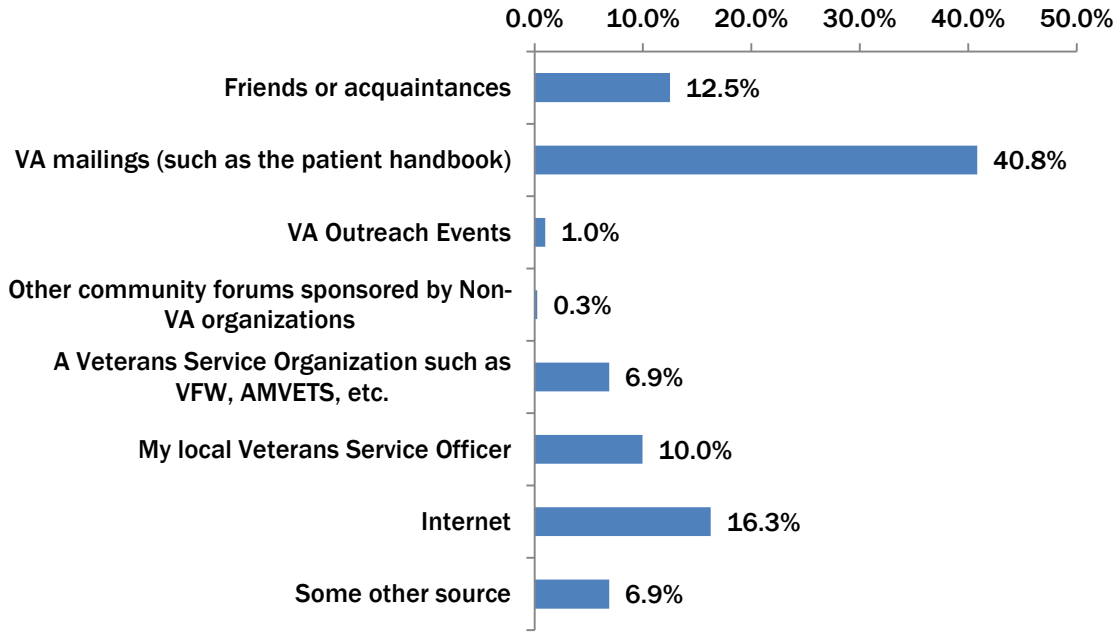
Figure 3-1. Among respondents who enrolled in VA health care since 2010, the percentage reporting various reasons for enrollment



NOTE: Weighted *n* = 3,554,366 enrollees who enrolled in VA health since 2010.

The survey also asked respondents about the primary source from which they obtained information about VA benefits. The Veterans Benefit Handbook provides detailed information about the VA health care benefits such as medications, prosthetics and dental care and is tailored specifically to each Veteran. The handbook also provides answers to commonly asked questions as well as information about the ACA. VA began mailing a new version of the handbook to enrollees in 2014. Figure 3-2 shows that the primary source of information was VA mailings (such as the patient handbook). Other common sources included the Internet (16%) and friends or acquaintances (13%). All of the other possible sources of information were reported by 10 percent or less of enrollees.

Figure 3-2. Percentage of enrollees reporting primary source for VA benefits information



NOTE: Denominator is all enrollees. Weighted *n* = 8,442,380 enrollees.

3.2 Public and Private Insurance Coverage

The availability of other public or private insurance coverage is likely the most important factor related to enrollee use of VA health care services. As in previous years, the survey asked enrollees whether they are covered by various public and private insurance plans. Most enrollees (80%) reported that they had some type of public or private insurance coverage. Table 3-1 shows that just more than half (51%) of

Twenty percent of enrollees reported that they were uninsured (no public or private insurance coverage).

The percentage of uninsured enrollees decreased 2 percentage points from 2014.

enrollees reported Medicare coverage; 7 percent reported Medicaid coverage; 19 percent report TRICARE coverage; and 28 percent reported private insurance coverage. Among those with Medicare, 33 percent reported Medicare Part D Coverage. Since Medicare Part D coverage was implemented in 2006, the percentage of enrollees with this type of coverage has increased. This chapter later covers issues with Medicare coverage in more depth.

3.2.1 Insurance Status

In this report, "uninsured" refers to the lack of any alternative insurance coverage, either public or private. Enrollees who did not report that they had Medicare, Medicaid, TRICARE, or private insurance coverage are considered to be uninsured.[26] In 2015, 20 percent of enrollees reported no public or private insurance coverage. The percentage of enrollees with no insurance coverage was examined over time to understand impacts of health care reform and policy changes on enrollee insurance status. Open enrollment for the health insurance marketplace began on October 1, 2013 for 2014, and coverage under the Medicaid expansion began on January 1, 2014. Uninsurance was examined using 2011, which is three years before key provisions of the ACA and Choice Act were implemented. Figure 3-3 shows that the percentage of uninsured enrollees decreased from 22 percent in 2014 to 20 percent in 2015.

[26] Enrollees who did not answer the questions about insurance were considered to be uninsured as they did not report alternative insurance coverage. This includes enrollees who did not answer any of the questions or who answered "No" to some of the questions and did not answer other questions as insurance could not be determined. This was done to be consistent with the definition of no insurance coverage in previous reports by ICF International and VHA so that trends could be examined. Approximately 2 percent of enrollees did not answer the questions on insurance status. Excluding these enrollees would decrease the percent with no coverage from 20 percent to 18 percent.

Table 3-1. Percentage of enrollees reporting each type of insurance coverage

Medicare[1]		Medicare advantage[2]		Medicare Part A[2]		Medicare Part B[2]		Medigap[2]		Medicare Part D[2]	
#	%	#	%	%	#	%	#	#	%	#	%
4,326,760	51.3	1,211,129	28.0	2,582,726	59.7	2,285,276	52.8	1,167,199	27.0	1,409,916	32.6

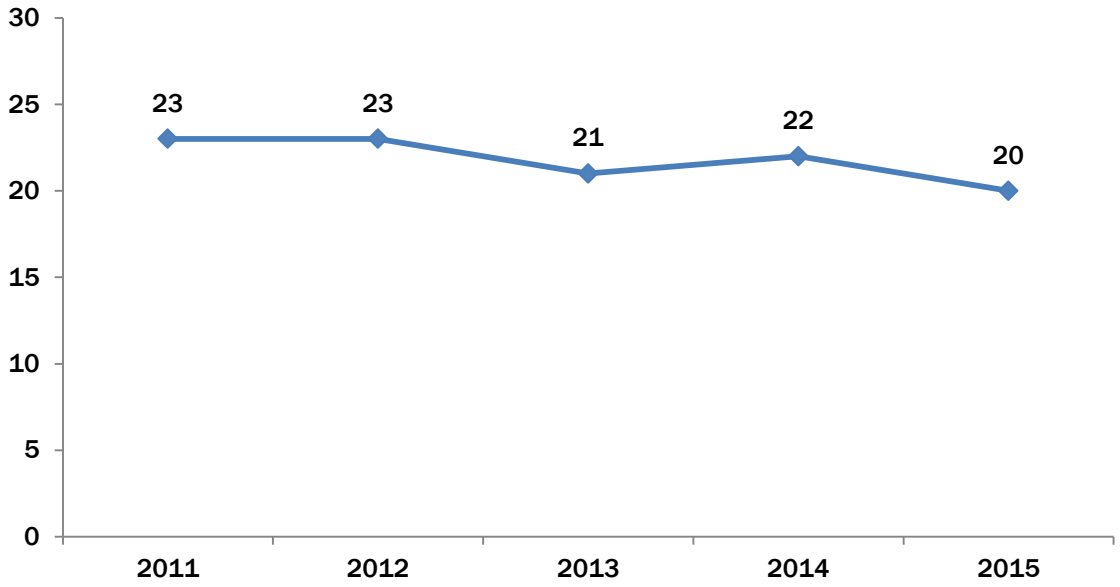
Medicaid[1]		Tricare[1]		Private coverage						Private drug coverage[1]		No coverage[1]	
				HMO[1]		Non-HMO[1]		Total[1]					
#	%	#	%	#	%	#	%	#	%	#	%	#	%
576,771	6.8	1,562,697	18.5	1,230,762	14.6	1,025,869	12.2	2,396,621	28.4	2,016,141	23.9	1,689,245	20.0

[1] Denominator is all enrollees. Weighted *n* = 8,442,380 enrollees.

[2] Denominator is enrollees with Medicare. Weighted *n* = 4,326,760 enrollees.

NOTE: The numbers of enrollees with HMO and non-HMO coverage do not equal the total number of enrollees with private coverage because some enrollees with private coverage did not indicate whether the coverage was HMO or non-HMO.

Figure 3-3. Percentage of enrollees with no insurance coverage, by year



NOTE: Denominator is all enrollees. Weighted *n* = 8,442,380 enrollees.

The most recent data available from the U.S. Census Bureau indicate that Veterans are more likely to be uninsured than the U.S. population. For example, in 2013, 14.5 percent of the U.S. population lacked public or private health insurance.[27] (Figures were not available for 2014 or 2015.)[28]

Insurance Coverage by Demographic and Socioeconomic Characteristics. Insurance coverage was examined by demographic and socioeconomic characteristics of enrollees. Table 3-2 shows that enrollees in Priority Groups 4 to 6 were more likely to be uninsured than those in Priority Groups 1 to 3 or Priority Groups 7 to 8. Priority Group 5 includes Veterans with service-connected disability ratings of 0 percent whose incomes are below VA's geographically adjusted income limits, Veterans receiving VA pension benefits, and Veterans eligible for Medicaid. Unisured rates are higher among enrollees who are younger than age 45 and ages 45 to 64 than among those age 65 or older. Only 6 percent of enrollees age 65 or older lack other public or private insurance coverage. This low rate of uninsurance is explained by the near universal coverage by Medicare of enrollees in this age group. (Medicare coverage and differences by age are discussed in greater detail in the next section.) Not surprisingly, uninsured rates were higher among enrollees whose incomes were less than $36,000 per year compared to enrollees whose incomes were $36,000 or greater.

[27] https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf

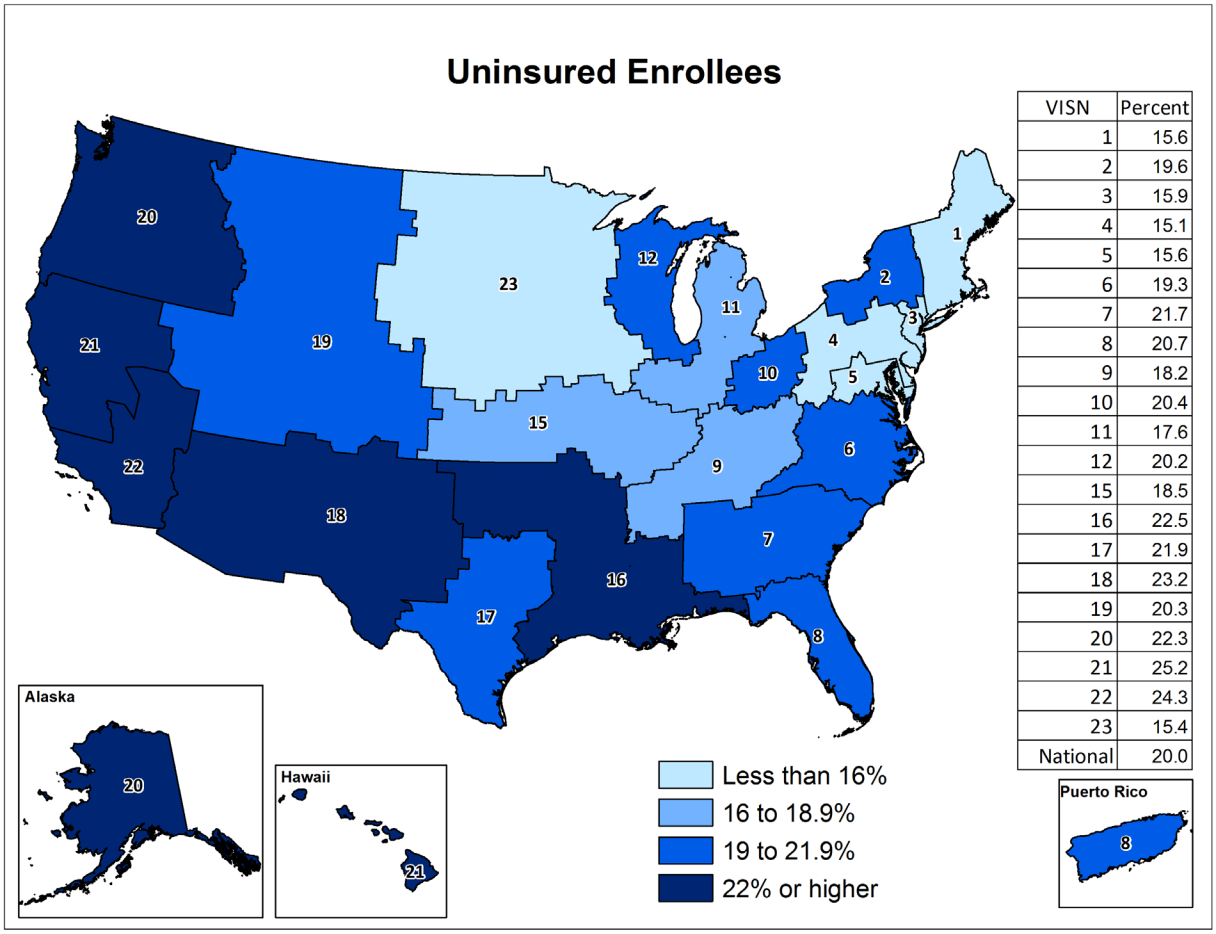
[28] Data on insurance status for the U.S. population come from the American Community Survey (ACS). The ACS is conducted monthly and asks respondents whether they are insured at the time of the interview (point-in-time estimate). The uninsured rate is an annual average of the 12 monthly point-in-time estimates.

Table 3-2. Percentage of enrollees with no insurance coverage, by priority group, age, and income

	Uninsured		Total
	#	%	
Priority Group			
P1-P3	702,828	19.3	3,650,665
P4-P6	729,384	27.5	2,654,719
P7-P8	257,033	12.0	2,136,996
Age			
<45	582,834	34.4	1,692,711
45-64	867,216	31.5	2,757,126
65+	239,195	6.0	3,992,543
Income			
<$36,000	1,140,499	29.6	3,848,382
$36,000+	391,724	10.2	3,855,998
Missing	157,022	21.3	738,000

Figure 3-4 shows that there is considerable variation in the enrollee uninsurance rate by VISN. VISN 23 had the lowest unemployment rate of 15.4, whereas 5 VISNs had uninsurance rates of 22 percent of higher. These were VISNs 20, 21, 22, 18, and 16.

Figure 3-4. Percentage of enrollees with no insurance coverage, by VISN



VISN	Percent
1	15.6
2	19.6
3	15.9
4	15.1
5	15.6
6	19.3
7	21.7
8	20.7
9	18.2
10	20.4
11	17.6
12	20.2
15	18.5
16	22.5
17	21.9
18	23.2
19	20.3
20	22.3
21	25.2
22	24.3
23	15.4
National	20.0

3.2.2 Medicare Coverage

As discussed earlier, individuals age 65 or older can choose to get their Medicare through Original Medicare or a Medicare Advantage plan. Original Medicare is a fee-for-service program that includes Part A (hospital) and Part B (outpatient) coverage. Part A covers hospital stays but not doctor's care. Beneficiaries are automatically enrolled in Part A when they sign up for Medicare. Part A beneficiaries do not pay a premium but must meet a deductible before Medicare will cover hospitalization costs. Part B is optional and requires a monthly premium and deductibles. Medicare Advantage consists of plans that are offered by private companies that contract with Medicare to provide Part A and Part B coverage.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, otherwise known as the Medicare Modernization Act (MMA), expanded the Medicare program by creating the prescription medication benefit called Part D. Prior to this law, Medicare did not offer a prescription drug benefit. Medicare Part D is a voluntary program available to anyone enrolled in both Medicare Part A and Part B. Since 2006, Medicare beneficiaries have been able to receive coverage for their prescription medications through these private plans. Medicare Part D is discussed in greater detail in Chapter 5 on Pharmaceutical Use.

The survey asked respondents whether they were enrolled in Medicare and, if so, whether they were enrolled in a Medicare Advantage plan. For those not in a Medicare Advantage plan, the survey asked about enrollment in Part A or Part B. As discussed earlier, 51 percent of enrollees reported that they were enrolled in Medicare. Among those enrolled in Medicare, 50 percent were enrolled in both Medicare Part A and B and 9 percent were enrolled only in Medicare Part A. Interestingly, about 2 percent of enrollees reported that they were enrolled in Medicare Part B only. Individuals who are not eligible for premium-free Medicare Part A may sign up for Medicare Part B only. The number of enrollees who reported Medicare A or B or Medicare Advantage is somewhat less than the total number of enrollees who reported Medicare coverage. This is because about 10 percent of enrollees who reported Medicare coverage did not select Part A, Part B, or a Medicare Advantage plan. Table 3-3 shows that Medicare coverage was near universal among enrollees ages 65 and older: 92 percent of these enrollees reported Medicare coverage.

Table 3-3. Percentage of enrollees with Medicare coverage and type of Medicare coverage

	Medicare		Total[1]	Medicare Part A and B		Medicare Part A only		Medicare Part B only		Medicare advantage		Total[2]
	#	%		#	%	#	%	#	%	#	%	
Priority Group												
P1-P3	1,564,000	42.8	3,650,665	855,054	54.7	141,909	9.1	30,761	2.0	362,370	23.2	1,564,000
P4-P6	1,365,810	51.4	2,654,719	620,278	45.4	159,087	11.6	20,210	1.5	405,166	29.7	1,365,810
P7-P8	1,396,949	65.4	2,136,996	709,171	50.8	71,947	5.2	14,599	1.0	443,593	31.8	1,396,949
Age												
<45	111,738	6.6	1,692,711	62,878	56.3	17,360	15.5	3,820	3.4	16,261	14.6	111,738
45-64	581,840	21.1	2,757,126	271,878	46.7	81,026	13.9	14,742	2.5	153,885	26.4	581,840
65+	3,633,182	92.0	3,992,543	1,849,746	50.9	274,558	7.6	47,008	1.3	1,040,983	28.7	3,633,182
Income												
<$36,000	2,115,056	55.0	3,848,382	952,086	45.0	211,176	10.0	33,025	1.6	648,818	30.7	2,115,056
$36,000+	1,792,273	46.5	3,855,998	1,029,270	57.4	137,084	7.6	27,787	1.6	444,588	24.8	1,792,273
Missing	419,431	56.8	738,000	203,146	48.4	24,683	5.9	4,757	1.1	117,723	28.1	419,431

[1] Total is all enrollees.

[2] Total is enrollees with Medicare.

3.2.3 Medicaid Coverage

Table 3-4 shows that the percentage of enrollees with Medicaid coverage was related to priority group. Not surprisingly, enrollees in Priority Groups 4 to 6 were more likely to report Medicaid enrollment compared to those in other priority groups. Priority group 5 includes enrollees with nonservice connected disabilities who are eligible for Medicaid. The percentage of enrollees on Medicaid was also strongly related to income. Eleven percent of enrollees with incomes less than $36,000 were enrolled in Medicaid versus 2 percent of those with incomes of $36,000 or higher. Enrollees age 65 or older were more likely than those in younger age groups to report enrollment in Medicaid. Although the majority of enrollees age 65 or older are enrolled in Medicare, some enrollees may be eligible for both Medicare and state Medicaid coverage. For such individuals, Medicaid helps to cover the costs of Medicare premiums and cost sharing as well as services that Medicare does not cover, such as long-term care.

Table 3-4. Percentage of enrollees with Medicaid coverage, by priority group, age, and income

	Medicaid coverage		Total
	#	%	
Priority Group			
P1-P3	164,291	4.5	3,650,665
P4-P6	309,697	11.7	2,654,719
P7-P8	102,784	4.8	2,136,996
Age			
<45	66,929	4.0	1,692,711
45-64	190,353	6.9	2,757,126
65+	319,490	8.0	3,992,543
Income			
<$36,000	430,027	11.2	3,848,382
$36,000+	92,559	2.4	3,855,998
Missing	54,185	7.3	738,000

3.2.4 TRICARE Coverage

Nineteen percent of enrollees reported that they had TRICARE or TRCIARE for Life coverage available to them. Table 3-5 shows that TRICARE coverage was most common among enrollees in Priority Groups 1 to 3. These enrollees generally have service-connected disabilities. Enrollees with higher incomes were more likely to have TRICARE coverage.

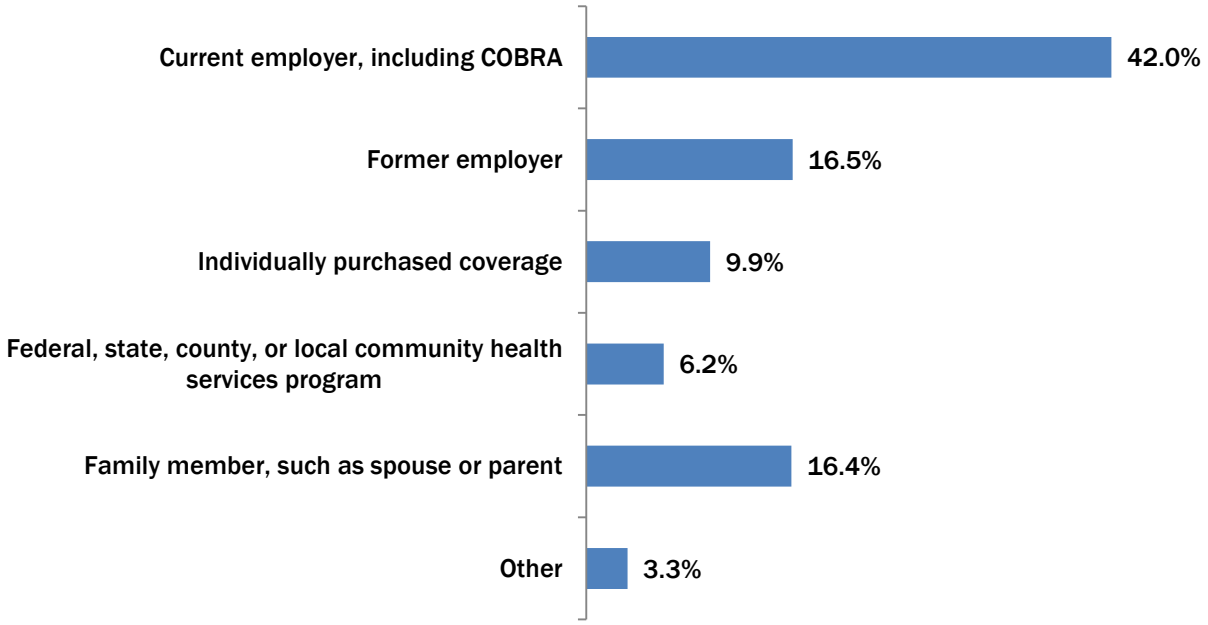
Table 3-5. Percentage of enrollees with TRICARE coverage, by priority group, age, and income

	TRICARE		Total
	#	%	
Priority Group			
P1-P3	1,127,919	30.9	3,650,665
P4-P6	232,191	8.7	2,654,719
P7-P8	202,588	9.5	2,136,996
Age			
<45	285,036	16.8	1,692,711
45-64	691,684	25.1	2,757,126
65+	585,978	14.7	3,992,543
Income			
<$36,000	360,756	9.4	3,848,382
$36,000+	1,061,434	27.5	3,855,998
Missing	140,507	19.0	738,000

3.2.5 Private Insurance Coverage

As discussed earlier, 28 percent of enrollees reported that they had some sort of private plan available to them. Enrollees who said that they had private insurance coverage were asked about the source of the coverage. Figure 3-5 shows the source of the coverage over the past four years. The most common source of private insurance coverage was a current employer, which was reported by 42 percent of enrollees who had private coverage. Current employer coverage includes Consolidated Omnibus Budget Reconciliation Act (COBRA) health benefits. Other common providers included a former employer (17%) or family member or spouse (16%). All other sources of coverage were reported by 10 percent or fewer enrollees who had private coverage. There has been very little change since 2012 in the source of coverage among enrollees with private insurance.

Figure 3-5. Among enrollees with private insurance coverage, the percentage reporting various sources of coverage



NOTE: Denominator is enrollees with private insurance coverage. Weighted *n* = 2,396,621 enrollees.

The percentage of enrollees with private insurance coverage was further broken out by enrollee demographic and socioeconomic characteristics. Table 3-6 shows enrollees in Priority Groups 4 to 6 and age 65 and older were least likely to have private coverage. Income was strongly related to private coverage. Only 12 percent of enrollees with incomes less than $16,000 had private insurance compared to 48 percent of those with incomes of $56,000 or greater.

Table 3-6. Percentage of enrollees with private insurance coverage, by priority group, age, and income

	Private coverage		Total
	#	%	
Priority Group			
P1-P3	1,103,896	30.2	3,650,665
P4-P6	578,295	21.8	2,654,719
P7-P8	714,431	33.4	2,136,996
Age			
<45	760,845	44.9	1,692,711
45-64	838,200	30.4	2,757,126
65+	797,576	20.0	3,992,543
Income			
<$16,000	166,721	11.5	1,454,609
$16,000-25,999	199,942	15.6	1,280,252
$26,000-35,999	246,254	22.1	1,113,522
$36,000-45,999	275,483	29.6	930,945
$46,000-55,999	256,708	37.3	687,800
$56,000+	1,065,442	47.6	2,237,253
Missing	186,070	25.2	738,001

3.3 Awareness and Impact of the Affordable Care Act

The Patient Protection and Affordable Care Act, also known as the health care reform law, contains provisions that may impact Veterans. Specifically, the individual shared responsibility provision requires most individuals to maintain minimum essential coverage for themselves and their families or pay a penalty for each month of noncompliance with the mandate. Minimum essential coverage includes most public and private coverage such as employer-sponsored coverage, individual coverage, Medicare, and Medicaid, among others. VA health care meets the minimum essential coverage requirement. Veterans who are uninsured may choose to enroll in VA to avoid the penalty. The ACA will not change VA benefits or out-of-pocket costs.

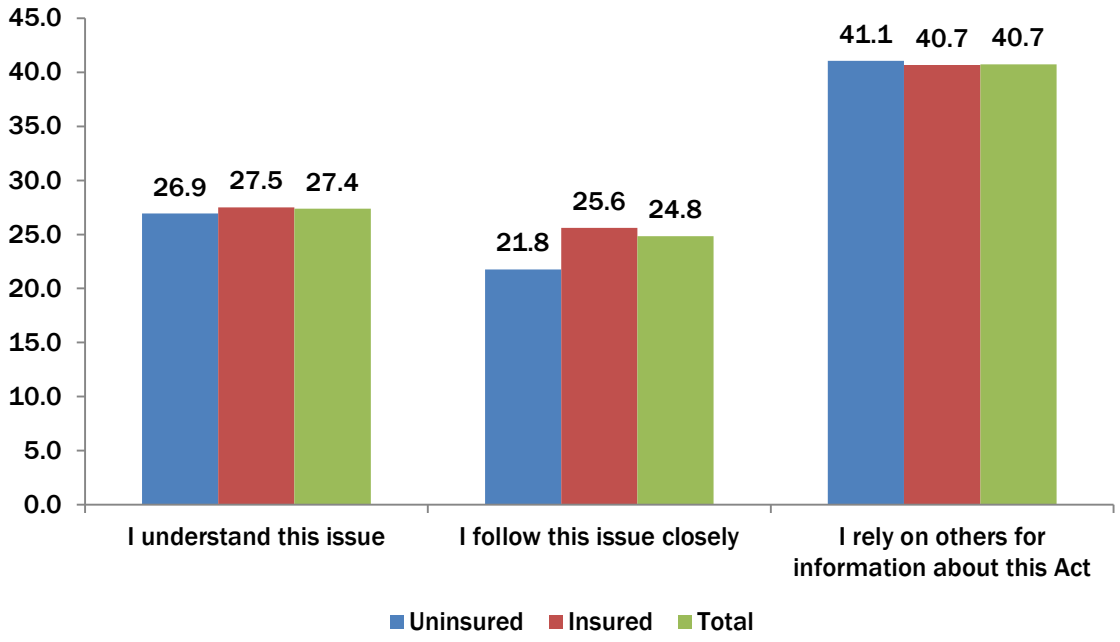
It is likely that the ACA will create more choices for VA users. The ACA creates state exchanges where individuals can purchase insurance. Premium and cost-sharing subsidies will be provided to

lower-income individuals to purchase insurance through an exchange. In addition, Medicaid eligibility will be expanded to individuals with incomes less than 135 percent of the poverty line. The net impact of the ACA provisions on VA users is unclear but is likely to depend to some degree on whether enrollees are aware of and understand the provisions of the ACA.

3.3.1 Awareness

The survey asked respondents several questions about their awareness of the ACA and the extent to which it was likely to impact their use of VA health care. As shown in Figure 3-6, in general, respondents were unaware of the ACA. About one-in-four said that they follow the issue closely, and 41 percent said that they rely on others for information about the act. Only 27 percent of respondents said that they understand the ACA. Because insured Veterans are most likely to be impacted by the ACA, we examined responses separately by insured status. There were few differences between insured and uninsured respondents in terms of any of the awareness question responses.

Figure 3-6. Percentage of enrollees reporting awareness and understanding of the ACA, by insurance status



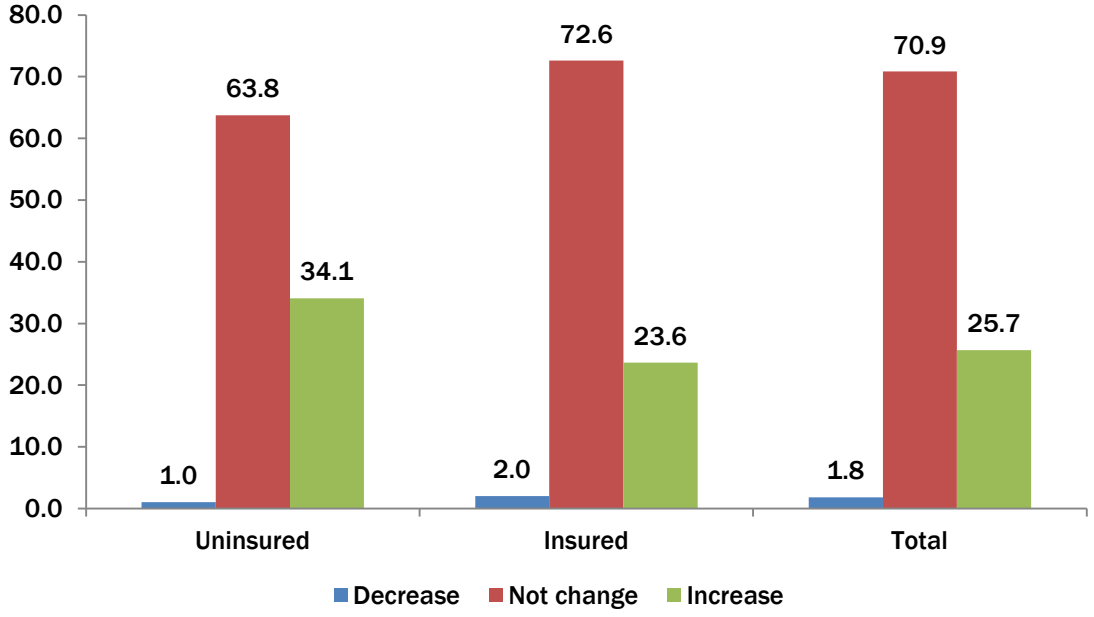
NOTE: Denominator is the national enrollee population. Weighted *n* = 8,442,380 enrollees.

3.3.2 Change in Use of VA Health Care

> The majority of enrollees who understand the ACA report that they do not believe they will change their use of VA health care as a result of the ACA.

Although the survey does not ask whether enrollees purchased insurance through an exchange or plan to do so in the future, it does query them on how they believe that their use of the VA health care system is likely to change in the future as result of the ACA. Among respondents who said that they understood the ACA, the majority (71%) said that it will not change their use of VA health care (See Figure 3-7). One in four said it would either probably or definitely increase their use and only 2 percent said it would probability or definitely decrease their use of VA healthcare. Interestingly, respondents who were uninsured were more likely to report that the ACA would increase their use of VA health care. It is unclear why these enrollees would believe that the ACA would increase their use of VA health care, since they are currently enrolled, which satisfies the individual mandate.

Figure 3-7. Among enrollees reporting that they understand the ACA, percentage reporting planned change in VA health care use, by insurance status



NOTE: Denominator is the national enrollee population who reported that they understood the ACA by insurance status. Percentages do not sum to 100 across the response categories of decrease, no change, and increase because missing responses are not shown.

As reported earlier, the survey also asked respondents who recently enrolled (since 2010) in VA health care the main reason why they enrolled. Only 2 percent (not shown) said that they enrolled to meet the minimum essential coverage requirement of the ACA.

Health Status and Cigarette Smoking Status 4

In addition to alternative insurance coverage discussed in Chapter 3, health status is likely an important determinant of enrollees' use of VA health care services. Previous research indicates that Veterans who use the VA for all of their health care are more likely to be in poor health than Veterans who use the VA for only some or none of their health care.[29] As in previous years, the 2015 survey gathered information about enrollees' perceived health status and functional limitations. Health status was assessed with a question that asked enrollees to rate their health relative to other people their own age. Functional limitations were assessed with a series of questions about the level of difficulty with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). These health status variables are standard measures in socioeconomic and health interview surveys that are used to predict potential health care needs.

One specific health measure that is important to consider is cigarette smoking. While smoking rates among the Veteran population tend to be similar to that of the general population,[30] smoking nevertheless remains a significant health problem for both Veterans and nonveterans. The Centers for Disease Control and Prevention (CDC) estimates cigarette smoking to cause approximately one in five deaths each year in the United States, and is the leading preventable cause of death in the US.[31] There are also groups within the Veteran population that smoke more than their nonveteran counterparts. Smoking is more prevalent in service members who are male, white, have issues with alcohol abuse, are deployed to combat zones, and have Post-Traumatic Stress Disorder. Smoking is also more common in service members who are deployed to Afghanistan or Iraq, particularly in those suffering from mental illness.[32] Although most young smokers start prior to turning 18, many in the military start smoking during their period of service.[33,34] Enrollees can access several options

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[29] http://www.publichealthreports.org/issueopen.cfm?articleID=1787

[30] http://www.publichealth.va.gov/smoking/professionals/tobacco-use.asp

[31] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

[32] Barnett P, Hamlett-Berry K, Sung H, Max W. Health care expenditures attributable to smoking in military veterans. *Nicotine & Tobacco Research*. May 2015;17(5): 586-591 6p. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed November 24, 2015.

[33] http://www.publichealth.va.gov/smoking/about-tobacco/index.asp

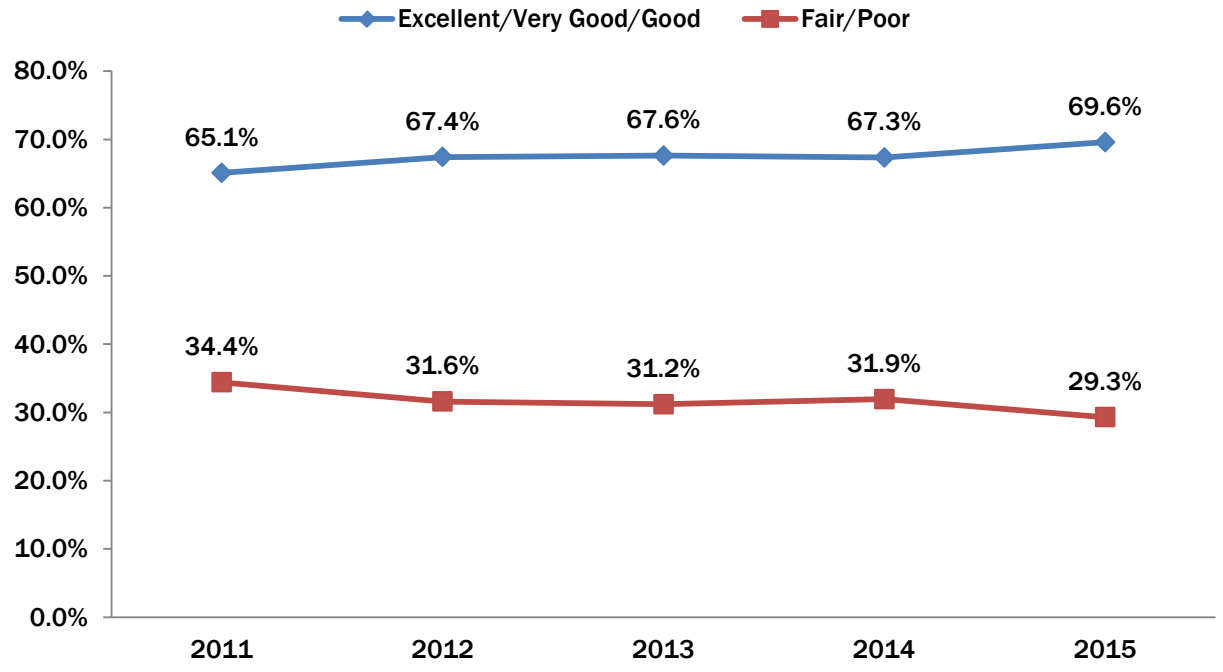
[34] http://uthscsa.edu/hscnews/pdf/IOMReport_CombatingTobaccoUseinMilitaryandVeteranPopulations.pdf

through VA to help them quit smoking, including smoking cessation medication, counseling, a smoking Quit VET quitline, and text messages through SmokefreeVET.

4.1 Perceived Health Status

Enrollees were asked to rate their current health status relative to other people their own age as "excellent", "very good", "good", "fair", or "poor". Enrollees were categorized into two distinct groups based on their response to this question: (1) those who reported that their health was excellent, very good, or good and (2) those who reported that their health was fair or poor. Figure 4-1 shows the percentage of enrollees reporting excellent, very good, or good health over the past 5 survey cycles. Since 2011, the proportion of enrollees reporting excellent, very good, or good health has increased by about 5 percentage points, and the proportion reporting fair or poor health has decreased by about 5 percentage points. This trend is likely to be explained by the increase in enrollees under the age of 45 discussed in Chapter 2.

Figure 4-1. Perceived health status of enrollees, by year



NOTE: Denominator is all enrollees. Weighted *n* = 8,442,380 enrollees. Percentages of enrollees with excellent/very good/good health and fair/poor health do not total to 100 because of missing data, which is not shown.

Table 4-1 shows responses to the health status question disaggregated by each of the response choices. Much of the increase in respondents with excellent, very good, or good perceived health can be attributed to the increased number of enrollees who reported having "good" or "very good" health. There was actually a decrease in the number of respondents who said they had "excellent" health compared with others their own age. On the other hand, the number of enrollees reporting "poor" health status decreased from 13 percent in 2011 to 8 percent in 2015.

Table 4-1. Perceived health status of enrollees, by year

	2011		2012		2013		2014		2015	
	#	%	#	%	#	%	#	%	#	%
Excellent	899,710	11.4	902,888	11.3	914,154	11.0	897,450	10.6	761,544	9.0
Very Good	1,911,897	24.2	2,057,505	25.7	2,126,544	25.6	2,106,452	24.8	2,222,432	26.4
Good	2,329,943	29.5	2,441,303	30.5	2,574,314	31.0	2,711,052	31.9	2,893,377	34.3
Fair	1,699,009	21.5	1,695,145	21.2	1,759,815	21.2	1,880,200	22.2	1,833,904	21.8
Poor	1,018,135	12.9	836,164	10.4	831,083	10.0	830,041	9.8	639,263	7.6
Missing	36,410	0.5	80,229	1.0	98,047	1.2	61,771	0.7	79,372	0.9
Total	7,895,104	100.0	8,013,234	100.0	8,303,957	100.0	8,486,966	100.0	8,429,892	100.0

4.1.1 Perceived Health Status by Priority, Age, and Income

Table 4-2 shows health status by enrollee socioeconomic characteristics. Overall, enrollees in higher Priority Groups 1 to 3 are less healthy than enrollees in the lower priority groups. A higher percentage of enrollees in Priority Groups 7 to 8 and Priority Groups 4 to 6 respond with "good" or better perceived health status than enrollees in Priority Groups 1 to 3. Conversely, more enrollees in Priority Groups 1 – 3 rate their health as "fair" or worse than enrollees in the lower priority groups. This is not surprising as enrollees in Priority Groups 1 to 3 have service-connected disabilities.

Enrollees in the 45 to 64 age group have rated their health status lower than either the 45-or-younger age group or the 65+ age group. This age group has the highest percentage of respondents rating their health as fair or worse, and the lowest percentage rating their health as being good or better (not shown). The more positive health of enrollees under age 45, and the increase in this age group is likely driving the increase in the percentage of enrollees who rate their health as positive. Higher-earning enrollees generally rated their health higher than their lower-earning counterparts.

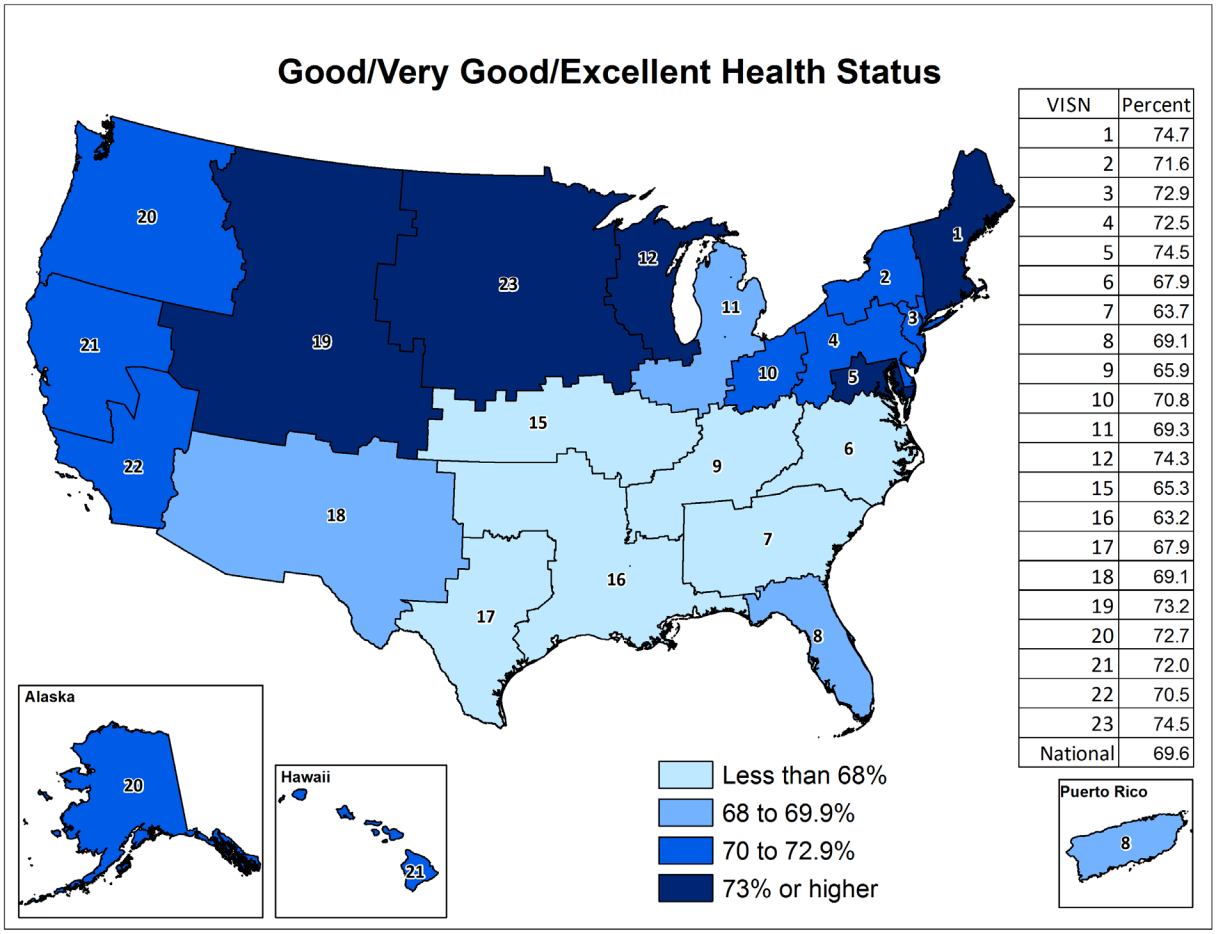
Table 4-2. Perceived health status of enrollees, by priority, age, and income

	Excellent/very good/good		Fair/poor		Missing		Total
	#	%	#	%	#	%	
Priority Group							
P1-P3	2,373,720	65.0	1,240,428	34.0	36,517	1.0	3,650,665
P4-P6	1,823,137	68.7	800,082	30.1	31,500	1.2	2,654,719
P7-P8	1,680,495	78.6	432,658	20.2	23,843	1.1	2,136,996
Age							
<45	1,247,950	73.7	432,075	25.5	12,687	0.7	1,692,711
45-64	1,841,941	66.8	894,781	32.4	20,404	0.7	2,757,126
65+	2,787,461	69.8	1,146,312	28.7	58,770	1.5	3,992,543
Income							
<$36,000	2,472,067	64.2	1,338,602	34.8	37,713	1.0	3,848,382
$36,000+	2,942,144	76.3	888,597	23.0	25,257	0.7	3,855,998
Unknown	463,141	62.8	245,968	33.3	28,891	3.9	738,000

4.1.2 Perceived Health Status by VISN

Figure 4-2 shows that there is little variation in perceived health status by VISN. In all VISNs, the majority of enrollees reported good, very good, or excellent health status. The percentage of enrollees with good, very good, or excellent health status ranged from 62 percent in VISN 16, to 75 percent in VISN 1 and VISN 23.

Figure 4-2. Perceived health status of enrollees, by VISN, 2015



VISN	Percent
1	74.7
2	71.6
3	72.9
4	72.5
5	74.5
6	67.9
7	63.7
8	69.1
9	65.9
10	70.8
11	69.3
12	74.3
15	65.3
16	63.2
17	67.9
18	69.1
19	73.2
20	72.7
21	72.0
22	70.5
23	74.5
National	69.6

4.2 Functional Limitations

Enrollees were asked about their level of difficulty with functional tasks including Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs represent the fundamental functions of self-care and IADLs represent tasks necessary for independent functioning as a member of a community. Enrollees were asked how much assistance they needed to conduct the following ADLs: eating, transferring (i.e., getting in or out of bed or a chair), dressing, bathing, walking around the house, and going to the toilet. They were also asked how much help they needed to conduct the following IADLs: preparing meals, managing money, doing light housework, making telephone calls, and taking medications. Having difficulty with (I) ADLs means the respondent requires some, or being completely dependent on, the assistance of another person or special equipment to perform the activities. The tasks requiring, at minimum, some help were

tallied for each enrollee respondent to create a disability index. The disability index has a value of 0 for enrollees reporting no ADL or IADL limitations. The disability index has a value of 1 for enrollees reporting one more IADLs but no ADL limitations. This is referred to as having a "low level disability." The disability index is coded 2 for enrollees who have 1 ADL, 3 for enrollees who have 2 ADLs, and so forth. Enrollees who failed to answer one or more of the ADL or IADL questions were excluded from the calculation of the disability index and thus the analysis in this section. About 13 percent of enrollees did not respond to one or more of the ADL or IADL items.

Table 4-3 shows that the majority of enrollees (92%) are categorized as having no disability or having a low-level disability.[35] Another 6 percent of enrollees are categorized as having 1 or 2 ADL disabilities and 3 percent have 3, 4, or 5 ADL disabilities.[36]

Table 4-3. Percentage of enrollees with ADL and IADL disabilities

Disability index	Description	#	%
0	No ADL or IADL	5,596,806	76.5
1	IADL but no ADL	1,096,933	15.0
	No or low level disability	6,693,739	91.5
2	One ADL disability	281,990	3.9
3	Two ADL disabilities	120,635	1.6
	1 or 2 ADL disabilities	402,625	5.5
4	Three ADL disabilities	70,505	1.0
5	Four ADL disabilities	52,979	0.7
6	Five ADL disabilities	95,942	1.3
	3,4, or 5 ADL disabilities	219,426	3.0
Total		7,315,791	100.0

NOTE: Excludes enrollees who did not answer one or more of the ADL or IADL questions.

[35] The disability index cannot be compared to the previous year because of changes in the items. Specifically, the 2014 survey screens included both a timing (past 3 months) and personal assistance screen.

[36] ADL and IADL scores were not compared with previous years because of differences in questions.

4.2.1 Functional Limitations by Age, Priority, and Income

Table 4-4 shows the percentage of enrollees with ADL and IADL disabilities by priority, age, and income. The lack of disability (no ADL or IADL disability) is most prevalent in the youngest (less than 45 years old), higher-income ($36,000 or more), and lowest priority groups (7 to 8). Having 3 or more ADL disabilities is uncommon, but the rate of having 3 to 5 ADL disabilities is higher among enrollees earning less than $36,000 per year and in Priority Groups 1 to 3. A high level of disability (3, 4, or 5 ADL disabilities) is most common among enrollees in Priority Groups 1 to 3 and enrollees with incomes less than $36,000. Although the difference across age groups is less than a percentage point, the percentage of 45 to 64 year-olds with 3 to 5 ADL disabilities is the highest out of all age groups, and enrollees 65 or older are the least likely age group to have this level of disability.

Table 4-4. Percentage of enrollees with ADL and IADL disabilities, by priority, age, and income, 2015

	No ADL or IADL disability		IADL but no ADL disability		1 or 2 ADL disabilities		3, 4 or 5 ADL disabilities		Total
	#	%	#	%	#	%	#	%	
Priority Group									
P1-P3	2,290,161	71.9	550,456	17.3	219,323	6.9	124,594	3.9	3,184,534
P4-P6	1,754,208	77.3	326,227	14.4	124,869	5.5	63,211	2.8	2,268,515
P7-P8	1,552,437	83.3	220,251	11.8	58,434	3.1	31,622	1.7	1,862,743
Age									
<45	1,188,819	78.9	218,009	14.5	53,647	3.6	47,030	3.1	1,507,506
45-64	1,865,122	75.8	344,859	14.0	169,495	6.9	80,992	3.3	2,460,468
65+	2,542,865	76.0	534,066	16.0	179,482	5.4	91,404	2.7	3,347,817
Income									
<$36,000	2,364,994	72.0	576,798	17.6	219,023	6.7	122,244	3.7	3,283,058
$36,000+	2,793,250	81.0	426,856	12.4	149,021	4.3	79,509	2.3	3,448,636
Missing	438,562	75.1	93,279	16.0	34,582	5.9	17,674	3.0	584,097

NOTE: Excludes enrollees who did not answer one or more of the ADL or IADL questions.

4.3 Cigarette Smoking Status

Enrollees were asked a series of questions about their smoking habits. First, enrollees were asked whether they smoked at least 100 cigarettes in their lifetime. Enrollees who responded "no" that they did not smoke 100 cigarettes in their lifetime were not asked any further questions about smoking. Enrollees who responded "yes" that they smoked 100 cigarettes were asked two followup questions about their smoking habits. Specifically, they were asked whether they currently smoke every day, some days, or not at all and whether in the past 12 months they stopped smoking for more than a few days because they were trying to quit smoking.

Based on their responses, enrollees were classified into one or more of four groups: (1) ever smokers; (2) current smokers; (3) former smokers; and (4) recent quitters.

- Have you smoked at least 100 cigarettes in your life?
  - Enrollees who responded "no" were classified as "never smokers".
  - Those who responded "yes" were classified as "ever smokers" and considered part of the smoker populations. These "ever smokers" were then asked questions (ii) and (iii).
- Do you now smoke cigarettes every day, some days, or not at all?
  - Enrollees who answered "every day" or "some days" were classified as "current smokers."
  - Enrollees who answered "not at all" were classified as a "former smokers."
- During the past 12 months, have you stopped smoking for more than a day because you were trying to quit smoking?
  - Those who answered "yes" were classified as "recent quitters."

Table 4-5 describes how enrollee smokers were classified into these groups based on their responses to the smoking questions. In 2015, 62 percent of enrollees were classified as "ever smokers." The percentage of enrollees who are current smokers is calculated out of all enrollees and just those who are "ever smokers." Using all enrollees as the denominator, 17 percent of enrollees are current smokers. Of ever smokers, 27 percent are current smokers.

Table 4-5. Smoker status classification

Classification	# Enrollees	% Enrollees
"Ever smokers" are respondents who answered "yes" to: Have you smoked at least 100 cigarettes in your life? ■ 5.2 million (62%) of the enrollee population are classified as ever smokers	5.2 million	61.9%
"Current smokers" are respondents who answered "every day" or "some days" to: Do you now smoke cigarettes every day, some days, or not at all? ■ Of all enrollees, 1.4 million (17%) of the are classified as "current smokers" ■ 27 percent of the "ever smoker" population are classified as "current smokers"	1.4 million	16.8%
"Former smokers" are respondents who answered "not at all" to: Do you now smoke cigarettes every day, some days, or not at all? ■ Of all enrollees, 3.7 million (44%) of the are classified as "former smokers" ■ 71 percent of the "ever smoker" population are classified as former smokers	3.7 million	43.6%
"Never smokers" are enrollees who responded "no" to: Have you smoked at least 100 cigarettes in your life?	3.1 million	36.6%
"Recent quitters" are enrollees who are "ever smokers" but also reported that they have stopped smoking during the last 12 months. ■ Of all enrollees, 1.5 million (18%) of the are classified as "recent quitters" ■ 29 percent of the "ever smoker" population are classified as recent quitters	1.5 million	18.0%

Table 4-6 shows smoking status over the past 5 survey cycles in which the questions about smoking were asked. (Questions about smoking were not asked in 2013.) In 2015, 62 percent of enrollees responded that they have "ever smoked." Of the "ever smoker" population, 27 percent currently smoke. The percentage of enrollees who are current smokers can also be calculated based on all enrollees rather than just ever smokers. Using all enrollees as the denominator, current smokers make up 17 percent of the total enrollee population. About 29 percent of ever smokers reported to have recently quit smoking, which translates to 18 percent of the enrollee population.

The results from prior survey years and from 2015 show a falling trend in current smoking, less uptake of ever smoking, and higher rates of enrollees who have never smoked and/or have quit smoking. Because quitting can be difficult and the quitting success rates are generally very low,[37] perhaps the most encouraging is the smaller proportion of enrollees who never take up smoking; the

[37] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494968/

percentage of enrollees who have smoked 100+ cigarettes in their lifetime has decreased by almost 6 percentage points since 2010. The most static smoking measure is the percentage of ever smokers who become former smokers; this measure has hovered around 70 to 71 percent since 2010 and it has changed the least out of the other measures reported in the table below.

Table 4-6. Enrollee smoking status, by year

Smoking status	2010	2011	2012	2014	2015
Ever Smokers	**5,282,388**	**5,367,301**	**5,329,350**	**5,394,677**	**5,223,149**
% Enrollee Population	67.7%	68.0%	66.5%	63.6%	61.9%
Never Smoked	**2,522,252**	**2,527,807**	**2,683,958**	**3,092,288**	**3,086,199**
% Enrollee Population	32.3%	32.0%	33.5%	36.4%	36.6%
Current Smokers	**1,533,668**	**1,558,901**	**1,525,628**	**1,521,919**	**1,415,952**
% Ever Smoker Population	29.0%	29.0%	28.6%	28.2%	27.1%
% Enrollee Population	19.7%	19.8%	19.0%	17.9%	16.8%
Former Smokers	**3,748,720**	**3,808,401**	**3,721,315**	**3,765,995**	**3,680,338**
% Ever Smoker Population	71.0%	71.0%	69.8%	69.8%	70.5%
% Enrollee Population	48.0%	48.2%	46.4%	44.4%	43.6%
Recent Quitters	**1,292,191**	**1,303,176**	**1,384,996**	**1,523,430**	**1,517,599**
% Ever Smoker Population	24.5%	24.3%	26.0%	28.2%	29.1%
% Enrollee Population	16.6%	16.5%	17.3%	18.0%	18.0%
Enrollee Population	**7,804,639**	**7,895,108**	**8,013,308**	**8,486,965**	**8,442,380**

There are significant differences in smoking habits across different priority groups, age groups, and income groups (See Table 4-7). Enrollees under 45 years of age who earn more than $36,000 per year are less likely to have ever smoked than their older and poorer counterparts. There are some significant differences in smoking habits across priority groups, but it is more difficult to determine if these differences can be attributed to voluntary changes in smoking habits, compared with other characteristics like age. For example, 44 percent of recent quitters are in Priority Groups 1-3 while only 19 percent of recent quitters are in priority groups 7 or 8, and 41 percent of former smokers are in Priority Groups 1-3 and 29 percent are in Priority Groups 7 or 8 (not shown). Although we also do not know the motivation for a 65+ year-old to quit versus a 25 year-old, it is plausible that some Priority Group 1 enrollees may have debilitating service-related conditions that prevent them from smoking.

Table 4-7. Enrollee smoking status, by priority group, age, and income

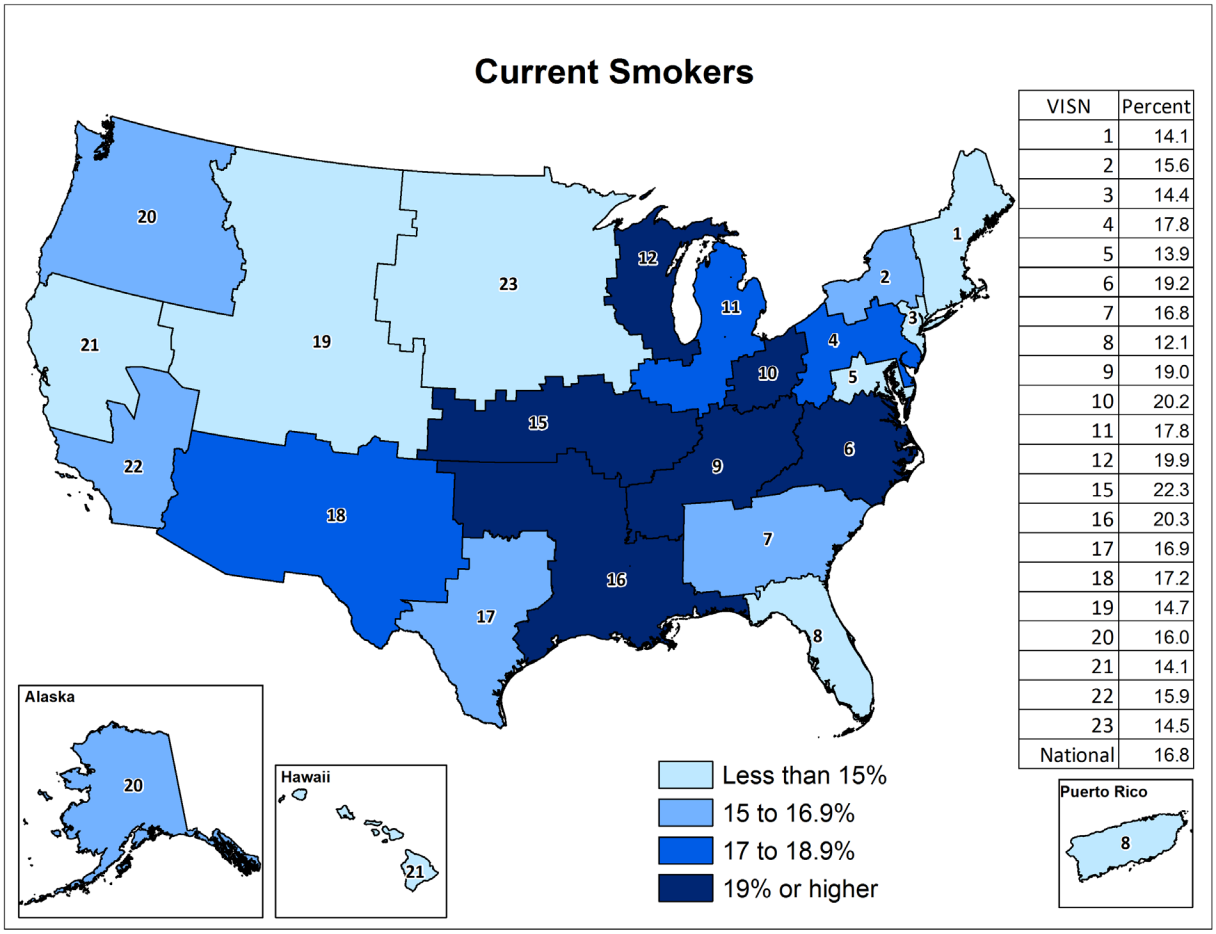
	Priority group			Age group			Income group	
	1-3	4-6	7-8	<45	45 – 64	65+	<$36K	$36K+
Ever Smokers	**2,143,341**	**1,727,564**	**1,352,244**	**819,359**	**1,681,539**	**2,722,252**	**2,574,459**	**2,206,708**
% Enrollee Population	58.7%	65.1%	63.3%	48.4%	61.0%	68.2%	66.9%	57.2%
Never Smoked	**1,456,227**	**880,844**	**749,129**	**856,574**	**1,040,709**	**1,188,917**	**1,214,692**	**1,614,581**
% Enrollee Population	39.9%	33.2%	35.1%	50.6%	37.7%	29.8%	31.6%	41.9%
Current Smokers	**575,766**	**600,459**	**239,728**	**326,955**	**684,666**	**404,332**	**865,683**	**428,069**
% Ever Smokers	26.9%	34.8%	17.7%	39.9%	40.7%	14.9%	33.6%	19.4%
% Enrollee Population	15.8%	22.6%	11.2%	19.3%	24.8%	10.1%	22.5%	11.1%
Former Smokers	**1,525,448**	**1,079,007**	**1,075,883**	**485,615**	**951,556**	**2,243,167**	**1,636,060**	**1,736,907**
% Ever Smokers	71.2%	62.5%	79.6%	59.3%	56.6%	82.4%	63.5%	78.7%
% Enrollee Population	41.8%	40.6%	50.3%	28.7%	34.5%	56.2%	42.5%	45.0%
Recent Quitters	**661,968**	**562,040**	**293,591**	**340,136**	**634,326**	**543,136**	**867,562**	**524,831**
% Ever Smokers	30.9%	32.5%	21.7%	41.5%	37.7%	20.0%	33.7%	23.8%
% Enrollee Population	18.1%	21.2%	13.7%	20.1%	23.0%	13.6%	22.5%	13.6%
Enrollee Population	**3,650,665**	**2,654,719**	**2,136,996**	**1,692,711**	**2,757,126**	**3,992,543**	**3,848,382**	**3,855,998**

NOTE: Missing income group not shown.

4.3.1 Cigarette Smoking Status by VISN

Figure 4-3 shows the percentage of total enrollees who are current smokers by VISN. There is considerable variation in current smoking status by VISN. In 7 VISNs, the percentage of current smokers is less than 15 percent of the total enrollee population. These include VISNs 21, 19, 23, 8, 5, 3, and 1. Three VISNs (VISN 10, 15, and 16) have current smoking rates that are 20 percent or greater.

Figure 4-3. Percentage of enrollees who are current smokers, by VISN



VISN	Percent
1	14.1
2	15.6
3	14.4
4	17.8
5	13.9
6	19.2
7	16.8
8	12.1
9	19.0
10	20.2
11	17.8
12	19.9
15	22.3
16	20.3
17	16.9
18	17.2
19	14.7
20	16.0
21	14.1
22	15.9
23	14.5
National	16.8

Prescription Drug Coverage and Use 5

The VA covers prescriptions written by VA health care providers. This prescription drug benefit is affordable and makes prescription medications accessible. Some enrollees with a service-connected disability are eligible to receive their prescription medications free of charge. According to the VA's 2015 Copayment Rates, enrollees in Priority Group 1 do not pay for medications, and enrollees in Priority Groups 2 to 6 have an $8 copay for each 30-day supply of a medication for treatment of nonservice-connected conditions, with a $960 medication copay annual cap. In contrast, enrollees in Priority Groups 7 and 8 have a $9 copay and do not qualify for the medication copay annual cap.[38] VA facilities have pharmacies to fill prescriptions immediately. In addition, the VA operates a Consolidated Mail Outpatient Pharmacy system for medication refill requests. These requests can be made remotely by way of mail order, telephone, or online through the My Health*e*Vet website.[39]

As in previous years, the 2015 Survey of Enrollees included questions about the availability of prescription drug coverage through private insurance or Medicare Part D, the number of prescriptions from VA pharmacies and community pharmacies used in the past 30 days, and monthly out-of-pocket drug costs. It is important to understand the extent to which enrollees rely on VA for prescription medications. VA prescription medication reliance was calculated as the number of prescriptions from VA pharmacies in the past 30 days divided by the total number of prescriptions in the past 30 days. The measure of VA prescription medication reliance was calculated only for enrollees who had prescription medications in the past 30 days. It excludes those with no prescriptions, and those who did not answer the questions about the number of prescriptions from VA or total number of prescriptions used in the past 30 days.

5.1 Private Insurance Prescription Drug Coverage

As discussed in Section 3, about 80 percent of enrollees have health insurance coverage. Enrollees who reported having private health insurance coverage were asked if their coverage included prescription drug coverage. Table 5-1 shows that among enrollees who said they had private

[38] http://www.va.gov/HEALTHBENEFITS/resources/publications/IB10-430_copay_rates.pdf

[39] http://www.va.gov/healthbenefits/access/prescriptions.asp

insurance coverage in 2015, the majority (84%) indicated their coverage included a prescription benefit. About 5 percent of enrollees did not answer the question. Out of all enrollees, about 24 percent report having a private insurance prescription benefit (not shown).

Table 5-1. Among enrollees with private insurance coverage, the percentage with coverage that includes a prescription benefit

Private insurance includes prescription drug benefit	#	%
Yes	2,016,141	84.1
No	268,805	11.2
Missing	111,675	4.7
Total	2,396,621	100.0

The appendix tables in section A.4 show in all VISNs, the majority of enrollees who had private insurance coverage also reported prescription drug coverage, although there is some variation. Enrollees in VISN 15 reported the lowest rate of prescription drug coverage with their private insurance coverage (80%), whereas enrollees in VISN 22 had the highest rate of prescription drug coverage (88%).

5.2 Medicare Part D Coverage

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, otherwise known as the Medicare Modernization Act (MMA), expanded the federal Medicare program by creating the prescription medication benefit called Part D. Prior to this law, Medicare did not offer a prescription drug benefit. Medicare Part D is a voluntary program available to anyone enrolled in both Medicare Part A and Part B. There are numerous Part D plans available depending on the recipient's specific needs, income and region. Since 2006, Medicare beneficiaries have been able to receive coverage for their prescription medications through Medicare Part D. In 2014, more than 37 million Medicare beneficiaries were enrolled in Medicare Part D.[40]

The VA prescription drug benefit is considered to be "creditable" coverage, which means that, on average, it provides benefits that meet or exceed those provided by Medicare Part D. Enrollees can

[40] http://files.kff.org/attachment/medicare-part-d-in-its-ninth-year-the-2014-marketplace-and-key-trends-2006-2014-report

have both VA prescription drug benefits and Medicare Part D coverage. However, VA prescription benefits and Medicare Part D do not work together. VA prescription drug benefits covers medications obtained through VA providers, whereas Medicare Part D coverage generally does not cover medications obtained through VA providers. Although the VA pharmacy benefit is deemed equivalent to Medicare Part D, Veterans who meet low-income assistance thresholds under Medicare Part D may reduce out-of-pocket expenses under Medicare Part D compared to using the pharmacy, thereby making Medicare Part D more attractive.[41]

Some Medicare Part D beneficiaries who have cost-shared past a certain threshold (in 2015, this threshold was $2,960)[42] enter the coverage gap, colloquially called the "doughnut hole". To get out of the coverage gap, the beneficiary must pay a greater portion out-of-pocket until they reach the gap ceiling ($4,700 in 2015),[43] after which they are covered under Part D again. The ACA has been endeavoring to phase out the gap in coverage by requiring manufacturers to provide a 50 percent discount on the price of brand-name drugs in the coverage gap, reducing copayments for brand-name and generic drugs in the gap, and gradually lowering copayments to the level that applies before the gap. The goal is to eliminate the coverage gap in Part D benefits by 2020.[44]

Enrollees who had Medicare coverage, whether it is through the Original Medicare Plan (with Parts A and B) or through a Medicare Advantage plan, were asked if they have Medicare Part D. Table 5-2 shows that among enrollees with Medicare coverage in 2015, 33 percent reported that they had Medicare Part D coverage.

Table 5-2. Among enrollees with Medicare, the percentage with Medicare Part D coverage

Medicare Part D coverage	#	%
Yes	1,409,916	32.6
No	2,582,571	59.7
Missing	334,273	7.7
Total	4,326,760	100.0

[41] http://www.ncbi.nlm.nih.gov/pubmed/17909387

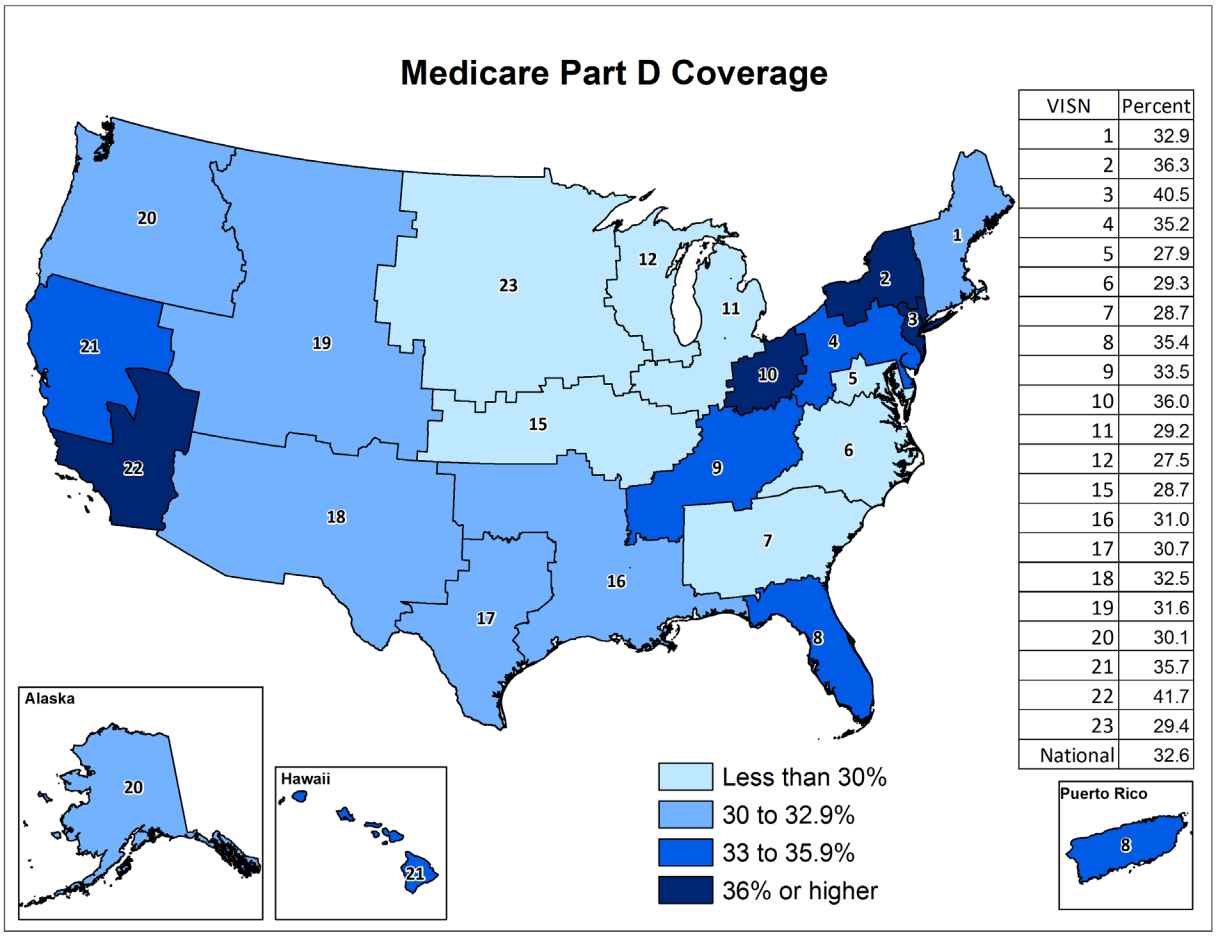
[42] http://www.medicare.gov/part-d/costs/coverage-gap/part-d-coverage-gap.html

[43] http://www.aarp.org/health/medicare-insurance/info-11-2009/part_3_the_doughnut_hole.html

[44] http://kff.org/medicare/issue-brief/medicare-part-d-prescription-drug-plans-the-marketplace-in-2013-and-key-trends-2006-2013/

Figure 5-1 shows that there was considerable variation in Medicare Part D coverage by VISN. Part D coverage rates ranged between 27 percent in VISN 12 and approximately 42 percent in VISN 22.

Figure 5-1. Among enrollees with Medicare, the percentage with Medicare Part D coverage, by VISN



VISN	Percent
1	32.9
2	36.3
3	40.5
4	35.2
5	27.9
6	29.3
7	28.7
8	35.4
9	33.5
10	36.0
11	29.2
12	27.5
15	28.7
16	31.0
17	30.7
18	32.5
19	31.6
20	30.1
21	35.7
22	41.7
23	29.4
National	32.6

5.2.1 Medicare Part D Coverage by Socioeconomic Characteristics

Table 5-3 shows Medicare Part D coverage rates by socioeconomic and demographic characteristics of enrollees. Among enrollees with Medicare, those in Priority Groups 1 to 3 are less likely than those in Priority Groups 4 to 6 or Priority Groups 7 and 8 to have Medicare Part D coverage (25% versus 35% and 39%, respectively). Among enrollees who have Medicare coverage, Medicare Part D coverage is less likely among enrollees ages 45 to 64 (29%) than among those younger than age 45

(34%) or age 65 and older (33%). As discussed in Section 3, individuals younger than 65 who have disabilities can qualify for Medicare. The rates of Medicare Part D coverage are similar across enrollees who reported making less than $36,000 in annual income and those earning more than $36,000.

Table 5-3. Among enrollees with Medicare, the percentage with Medicare Part D coverage by priority group, age, and income

	Medicare Part D coverage		
	#	%	Total
Priority Group			
P1-P3	392,559	25.1	1,564,000
P4-P6	477,076	34.9	1,365,810
P7-P8	540,281	38.7	1,396,949
Age			
<45	37,396	33.5	111,738
45-64	166,997	28.7	581,840
65+	1,205,523	33.2	3,633,182
Income			
<$36,000	715,786	33.8	2,115,056
$36,000+	561,880	31.4	1,792,273
Missing	132,250	31.5	419,431

NOTE: Weighted *n* = 4,326,760 enrollees receiving Medicare.

5.3 Prescription Medication Use

The survey asked enrollees the number of prescription medications they had used in the last 30 days and the number they had obtained from the VA pharmacies. Table 5-4 shows that among all enrollees, 43 percent reported using five or more prescription medications in the past month. Another 19 percent reported taking 1 to 2 prescription medications in the past month and 21 percent reported taking 3 to 4 prescription medications. Only 15 percent of enrollees reported taking no prescription medications in the past month. The average (mean) number of prescription medications taken by enrollees in the past 30 days was 4.7. The mean includes those who took 0 prescription medications.

Table 5-4. Number of prescription Medications used in the last 30 days

Number of prescriptions in last 30 days	#	%
0	1,292,431	15.3
1 – 2	1,592,095	18.9
3 – 4	1,755,671	20.8
5 or more	3,621,304	42.9
Missing	180,879	2.1
Total	8,442,380	100.0

Enrollees who reported taking at least one prescription medication in the past 30 days were asked about the number of prescription medications they obtained from VA pharmacies. Table 5-5 shows that among these enrollees, 28 percent obtained 5 or more of their prescription medications from VA pharmacies. Another 16 percent obtained 1 to 2 prescription medications from VA and 15 percent obtained 3 to 4 prescription medications from VA. Thirty-seven percent obtained no prescription medications from VA. For those who reported using 1 or more prescription drugs in the last 30 days, enrollees obtained an average of 3.28 prescriptions from the VA. The next section explores the topic of VA prescription medication reliance in greater detail.

Table 5-5. Among enrollees who used prescription medications in the past 30 days, the number of prescription medications from VA

Number of prescriptions from VA in last 30 days	#	%
0	2,592,614	37.2
1 – 2	1,145,336	16.4
3 – 4	1,062,943	15.3
5 or more	1,969,551	28.3
Missing	198,626	2.9
Total	6,969,070	100.0
Mean = 3.28		

NOTE: Excludes enrollees who used 0 prescriptions from VA in the past 30 days or who had missing data on the question about number of prescriptions.

Finally, the survey asked enrollees how much, on average, they spent out-of-pocket for all of their prescription and over-the-counter medications. Table 5-6 shows that about half of all enrollees reported spending between $20 and $199 per month out-of-pocket for all of their over-the-counter and prescription medications, not including any health insurance premiums they paid. Nearly a quarter of enrollees (23.5 percent) responded that they spent nothing out-of-pocket per month on all their medications. While the median out-of-pocket spending is $21.65 per month, the mean is almost $61. Since the distribution of out-of-pocket spending on medications does not follow a normal distribution, it makes more sense to report the median when referring generally to "typical" out-of-pocket spending.

Table 5-6. Monthly out-of-pocket expenses for medications

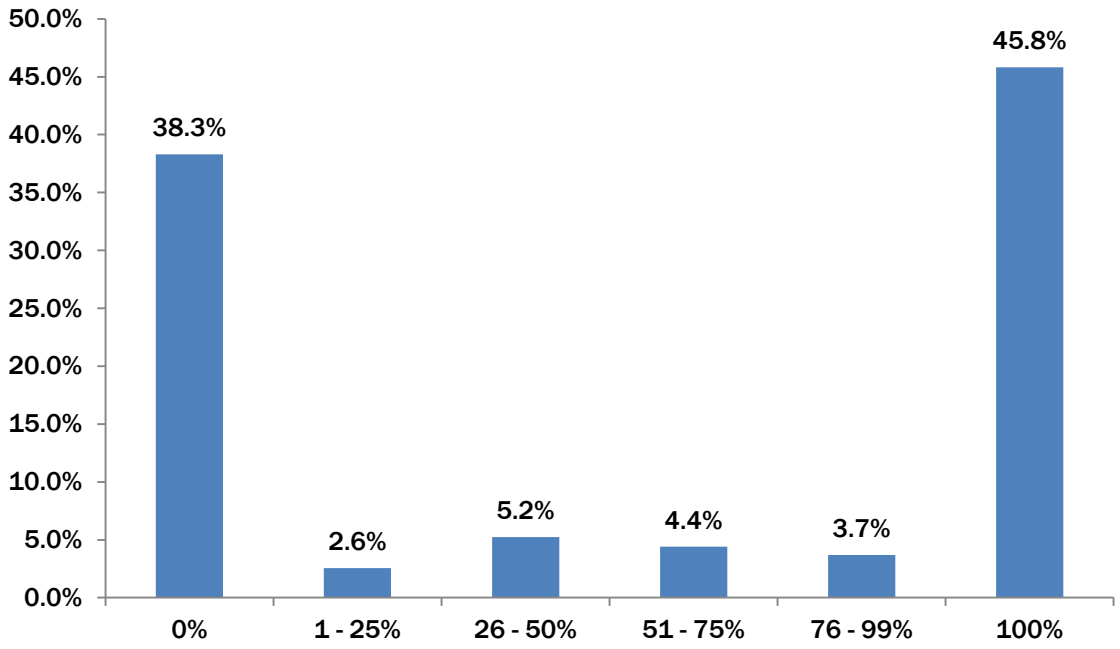
$/Month	#	%
$0	1,983,947	23.5
$1 – 19	1,323,999	15.7
$20 – 49	2,059,964	24.4
$50 – 199	2,081,238	24.7
$200 or more	437,716	5.2
Missing	555,517	6.6
Total	8,442,380	100.0
Mean = $60.80	Median = $21.65	

5.4 VA Prescription Medication Use

To better understand the reliance on the VA for prescription medications, VA prescription drug reliance was calculated as the number of prescription medications obtained from VA in the past 30 days divided by the total number of prescriptions in the past 30 days. The measure of VA prescription drug reliance is calculated only for enrollees who used prescription medications in the past 30 days. Figure 5-2 shows a bimodal distribution of VA prescription medication reliance. That is, enrollees tend to obtain either all of their prescription medications from VA or none of their prescription medications from VA. For example, 46 percent of enrollees reported being entirely reliant on the VA for their prescription medications in the past 30 days. Another 38 percent of enrollees obtained none of their prescription medications from VA. About 16 percent of enrollees

can be described as "dual" users, obtaining some of their prescription medications from VA pharmacies and some from outside pharmacies.

Figure 5-2. VA prescription medication reliance, 2015



NOTE: Weighted *n* = 6,770,444 enrollees who used prescription medication in the past 30 days and had non-missing data on both number of prescriptions from VA and outside sources.

5.4.1 VA Prescription Medication Use by Socioeconomic and Demographic Characteristics

VA prescription medication reliance was examined by socioeconomic characteristics of enrollees. Enrollees were classified into three groups based on their level of VA prescription medication reliance. "VA only" includes enrollees who obtained all of their prescription medications in the past 30 days from VA (100% reliant). "Outside only" includes those who obtained none of their prescription medications in the past 30 days from VA. "Dual use" includes those who obtained some of their prescription medications from VA pharmacies and some from outside pharmacies in the past 30 days (1-99% reliant).

Profile of enrollees with the highest VA prescription medication reliance

- No prescription drug coverage
- "High" priority group (1 to 6)
- Poor health
- Younger than age 30

Table 5-7 shows that VA medication reliance is strongly related to whether an enrollee has prescription drug coverage. Not surprisingly, enrollees who have prescription drug coverage much lower reliance on VA pharmacy services. Twenty-four percent of those with prescription drug coverage used VA only, compared to 60 percent of those who lacked prescription drug coverage. Enrollees in Priority Groups 1 to 6 were more likely to be in the "VA only" user group compared to those in Priority Groups 7 and 8. Reliance was greatest among the youngest enrollees (under age 30) and the lowest among enrollees 65 or older. This is likely due to the availability of Medicare Part D coverage for those ages 65 or older. Among enrollees who reported themselves in fair or poor overall health, over 50 percent obtained their prescriptions exclusively from the VA. The majority of enrollees with an annual income of $16,000 or less relied exclusively on the VA (66%), while the majority of enrollees earning $56,000 per year or more relied exclusively on their prescription coverage for their prescriptions (57%).

Table 5-7. VA prescription medication reliance by socioeconomic and demographic characteristics

	VA only (%)	Both VA and community providers (%)	Community providers only (%)	Total (#)
Has Prescription Drug Coverage				
Yes	24.0	17.8	58.2	2,580,118
No	59.3	14.7	26.0	4,190,326
Priority Group				
P1	62.0	17.8	20.2	1,554,045
P2	41.8	17.2	41.0	568,777
P3	35.9	14.3	49.8	918,141
P4	62.9	17.2	20.0	158,527
P5	59.0	12.4	28.7	1,444,603
P6	30.6	10.9	58.5	405,461
P7	25.8	12.4	61.8	305,679
P8	29.4	19.9	50.7	1,415,210
Age				
<30	68.1	10.3	21.5	189,829
30 – 49	54.2	10.8	35.0	1,209,821
50 – 64	53.2	12.7	34.1	1,886,423
65+	37.7	19.7	42.6	3,484,371

Table 5-7. VA prescription medication reliance by socioeconomic and demographic characteristics (continued)

	VA only (%)	Both VA and community providers (%)	Community providers only (%)	Total (#)
Income				
<$16,000	66.0	12.0	21.9	1,132,925
$16,000 – $25,999	56.1	16.3	27.6	1,052,816
$26,000 – $35,999	47.2	19.1	33.7	911,289
$36,000 – $45,999	45.9	16.4	37.7	767,396
$46,000 – $55,999	41.2	19.1	39.8	563,724
$56,000+	27.7	14.9	57.4	1,760,030
Perceived Health Status				
Excellent	40.5	9.3	50.2	467,245
Very Good	41.0	12.8	46.2	1,661,911
Good	44.7	16.6	38.7	2,419,798
Fair	51.4	18.6	30.0	1,593,303
Poor	53.6	19.9	26.5	556,428

NOTE: Weighted *n* = 6,770,444 enrollees who used prescription medication in the past 30 days and had non-missing data on number of prescriptions from VA

VA Reliance 6

Given that 80 of Veteran enrollees are either eligible for other public insurance coverage (e.g., Medicare, Medicaid, or TRICARE) and/or have private insurance coverage, it is clear that enrolled Veterans seek care across multiple providers and systems to meet their health care needs. Enrollees who have insurance coverage are less likely to be reliant on the VA. An objective of the Survey of Enrollees is to help VHA understand enrolled Veterans' use of VA health care services and programs relative to their use of community health care services and programs. The Survey of Enrollees is the only source of information about "reliance" upon the VA health care delivery system. Understanding the demographic and socioeconomic characteristics of enrollees who are the most reliant is critical for VA planning purposes.

Recent policies are likely to have implications for reliance. First, as discussed earlier, under the Choice Act, the Veterans Choice Card allows Veterans who live more than 40 miles away from a VA medical care facility or who will have to wait more than 30 days for an appointment to obtain health care from providers in the community. While the Choice Act is likely to increase utilization of community care paid for by VA, it may also decrease utilization of care at VA facilities. Second, under the ACA, many uninsured Veterans are able to purchase private insurance through the marketplace or become eligible under the Medicaid expansion if they live in a participating state. It is therefore important to track reliance over time as these changes are implemented.

The Survey of Enrollees provides data on outpatient reliance only. The 2015 survey asked respondents about the number outpatient visits to both VA and community providers in the last 3 months of 2014. Reliance is the ratio of the number of outpatient visits to VA to the total number of outpatient visits to both VA and community providers. For example, if an enrollee had 10 VA visits and 10 total visits, he or she would have a reliance of 1 (100 percent reliant). Similarly, if an enrollee had 10 visits and 0 VA visits, he or she would have a reliance of 0 (0 percent reliant). Reliance is only calculated for enrollees who reported outpatient care in the last 3 months of 2014. Respondents who had no outpatient care, or who did not respond to the questions about either the number of VA or community visits, were excluded from the reliance calculation.

This chapter examines the distribution of reliance at the national level and differences in reliance by demographic and socioeconomic characteristics and health status of enrollees. In addition to

bivariate analysis, this chapter also includes a multivariate regression analysis to better understand the relationship between reliance and enrollee characteristics. Multivariate analysis can help to isolate the most important influence on an outcome when the predictor variables are interrelated. For example, enrollees who are unemployed may be more reliant, but this association may not be caused by employment status *per se* but rather due to the fact that unemployed enrollees are more likely to be uninsured. In this case, it is lack of insurance coverage, rather than employment status, that drives reliance. The results of the multivariate analysis are presented at the end of the chapter.

6.1 VA Reliance at the National Level

Twenty-one percent of enrollees were 100 percent reliant, meaning that they used VA for all of their outpatient health care.

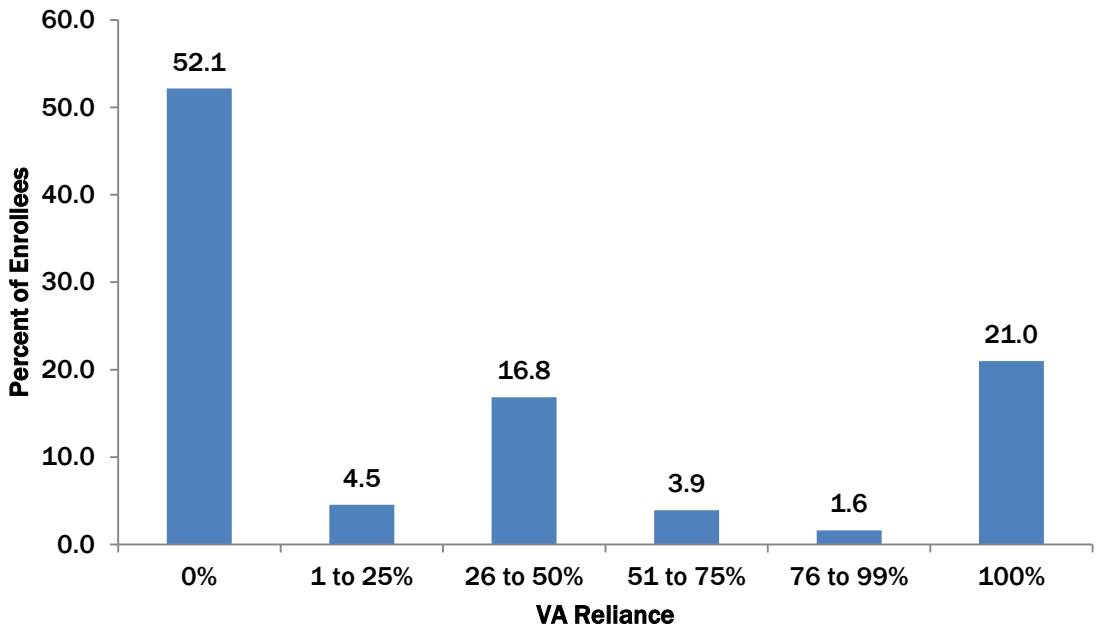
On average, enrollees were 33 percent reliant, meaning that they used VA for 33 percent of their outpatient health care.

Approximately 30 percent of enrollees were not included in the reliance measure. These are respondents who either did not utilize any VA or community care in the last 3 months of 2014, or who did not answer the questions about the number of visits. Figure 6-1 shows that among enrollees included in the analysis, 21 percent were 100 percent reliant on VA, meaning that they utilized the VA for all of their outpatient health care needs. Another 52 percent of enrollees were 0 percent reliant on VA, meaning that they received all of their outpatient care from community providers. The balance of enrollees received care from both VA and community sources. About 5 percent of enrollees received most (1 to 25%) of their outpatient care from VA; 2 percent received most of their outpatient care from community providers (76 to 99%). About 21 percent of enrollees could be described as usually reliant (26 to 75%) on care from both VA and community providers. The percentage of enrollees who are 100 percent reliant on VA for outpatient care (21%) is substantially less than the 46 percent of enrollees who are 100 percent reliant on VA for prescription medications, as described in Section 5. We categorized enrollees into three groups based on the extent to which they rely on the VA for their outpatient care; community provider user only (0 percent reliance), user of both VA and community care (1 to 99 percent reliance), and VA-only user (100 percent reliance).

It is important to note that the reliance measure may not fully capture the extent to which enrollees use VA. Reliance is based on outpatient visits during the three-month period from October to December 2014. The percentages of enrollees who use VA is higher when additional healthcare services and a longer time window are considered. For example, VA administrative data indicate that 66 percent of enrollees were VA patients in FY 2014 (October 2014 to September 2015) and

56 percent used VA pharmacy benefits. Among the 52 percent of enrollees who had 0 percent outpatient reliance from October to December 2014, 43 percent were VA patients in FY 2014 and 31 percent used VA pharmacy benefits. Therefore, VA outpatient reliance during a three-month window is only one measure of enrollees' use of VA healthcare.

Figure 6-1. Distribution of 2015 VA reliance



Percentages are based on weighted *n*=5,833,338. Excludes enrollees who did not use outpatient care or who did not answer the questions about the number of VA or community outpatient visits.

6.2 Reliance by Demographic and Socioeconomic Characteristics

6.2.1 Insurance Coverage

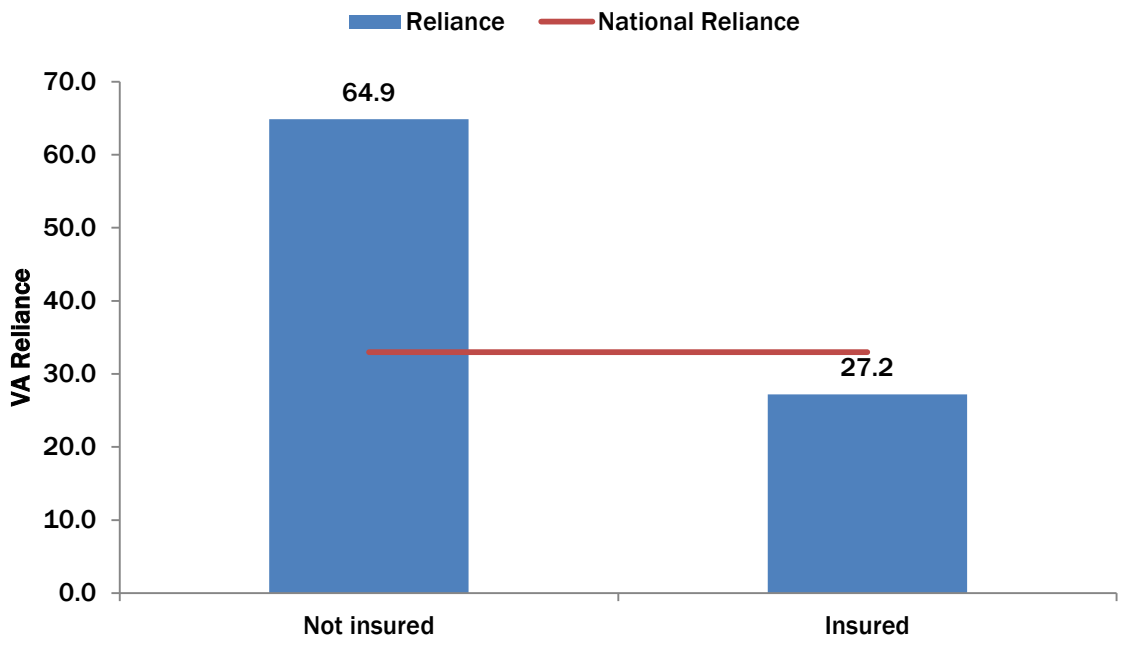
Profile of enrollees with the highest reliance

- Not insured
- "High" priority group (1 to 6)
- Poor health
- Younger than age 30
- Low income
- Unemployed
- Not married

The mean reliance was calculated at the national level for all enrollees. The mean national VA reliance was 33 percent, indicating that, on average, enrollees obtained 33 percent of their ouptatient visits from VA. The median national VA reliance was 0. This is due to the fact that the median is the 50th percentile of the distribution, and 52 percent of enrollees reported that all of their outpatient care was from community providers. Figure 6-2 shows that

insurance coverage was strongly related to lower reliance on the VA for outpatient visits. Specifically, enrollees with no public or private insurance coverage had an average reliance of 65 percent compared to 27 percent among enrollees with insurance.

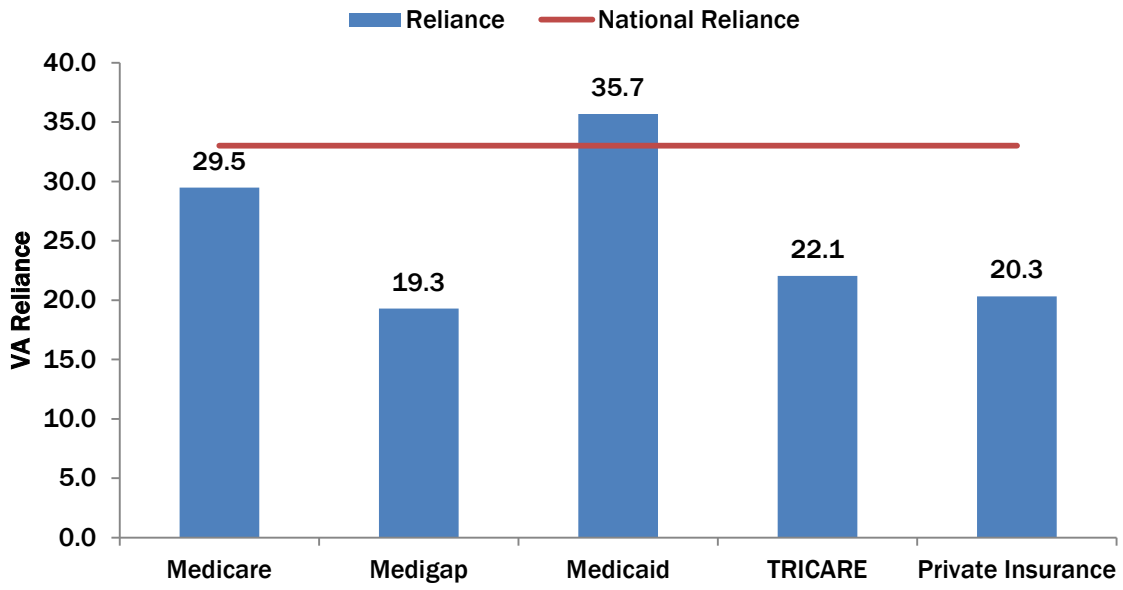
Figure 6-2. VA reliance by insurance coverage



Based on weighted *n*=5,833,338.

Reliance was related to the type of insurance coverage. Figure 6-3 shows that enrollees who reported that they had Medcaire or Medicaid had higher reliance (30% and 36%, respecitvely) than those who reported TRICARE or private insurance (22% and 20%, respectively). The higher reliance of enrollees with Medicaid coverage may be explained in part by the decreasing number of providers willing to accept Medicaid coverage.

Figure 6-3. VA reliance by type of insurance coverage



We also examined reliance by categorizing enrollees into three distinct use groups: community only users, dual users, and VA only users.[45] Table 6-1 shows that 51 percent of enrollees with no insurance coverage were VA only users compared to only 15 percent of those with insurance. Conversely, 21 percent of enrollees with no insurance were community only users compared to 58 percent of those with insurance coverage. The likelihood of being a VA only user was also related to the type of insurance coverage; while nearly one-fifth of enrollees with Medicaid and 17 percent with Medicare coverage are completely reliant on the VA, only 10 percent of enrollees with TRICARE or private health insurance have 100 percent reliance.

Table 6-1. VA user group by type of insurance coverage

Category	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Insurance Status						
No Insurance	201,646	21.3%	264,179	27.9%	481,494	50.8%
Has Insurance	2,866,258	58.1%	1,317,923	26.7%	751,838	15.2%
Insurance Coverage						
Medicare	1,740,945	54.1%	933,710	29.0%	542,207	16.9%
Medicaid	171,752	46.2%	129,476	34.8%	70,727	19.0%
Tricare	739,813	63.1%	316,001	26.9%	116,812	10.0%
Private	1,194,987	67.7%	385,488	21.8%	184,541	10.5%

[45] We define "VA only" users as those who exclusively receive outpatient services from a provider at a VA facility or a provider authorized by Health Net to render and bill for services.

6.2.2 Perceived Health Status

Figure 6-4 shows that VA reliance was related to perceived health status. Enrollees whose perceived health status was poor or fair had 38 percent reliance on VA for outpatient visits. In contrast, those whose perceived health status was good had 33 percent reliance (the national average), those who health status was very good had 30 percent reliance, and those whose health status was excellent had 29 percent reliance.

Figure 6-4. VA reliance by perceived health status

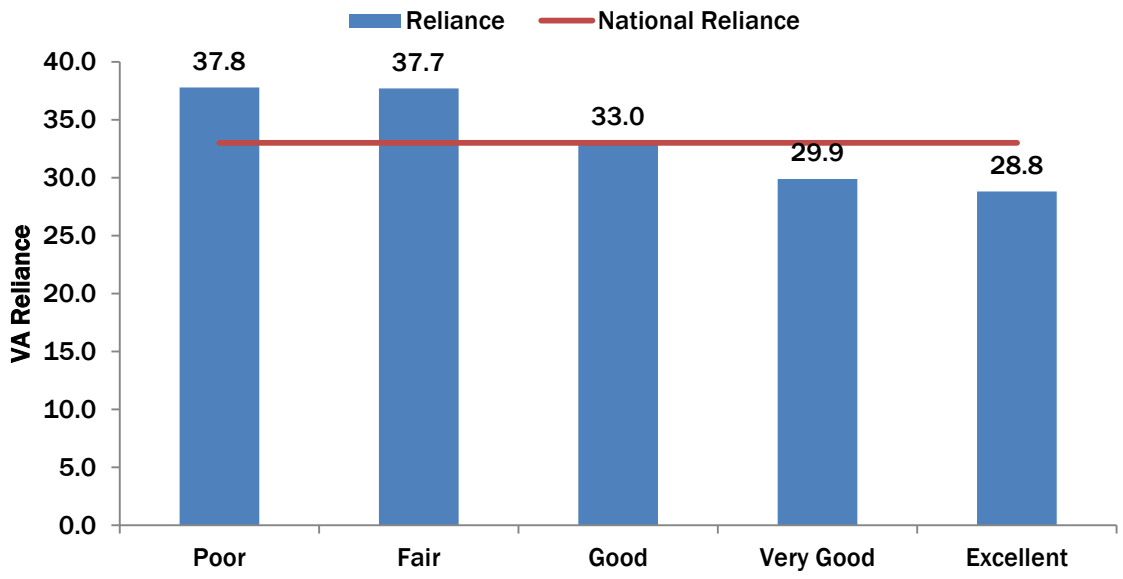


Table 6-2 shows that enrollees who use VA only or who are dual users are more likely to report excellent, very good, or good health compared to enrollees in the community only group.

Table 6-2. VA user group by perceived health status

Variable category	Reliance on the VA (number and percentage)					
	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Perceived Health Status						
Poor	211,747	44.3%	163,435	34.2%	102,667	21.5%
Fair	616,592	45.8%	415,042	30.8%	314,010	23.3%
Good	1,058,471	51.7%	571,501	27.9%	417,626	20.4%
Very Good	864,161	58.0%	329,213	22.1%	296,195	19.9%
Excellent	287,044	61.3%	86,457	18.5%	94,497	20.2%

6.2.3 Priority Group

As discussed earlier, VA uses priority groups to manage enrollment of Veterans based on annual funding provided by Congress to VA. Veterans must first apply for VA health care benefits and are assigned a priority group based on factors such as the presence of a service-connected disability and income. Priority groups range from 1 to 8, with lower numbers indicating higher priority. Enrollees in Priority Group 1 are generally those with a service-connected disability. Those with lower priorities generally pay copayments and may receive fewer benefits.

Figure 6-5 shows that Priority Groups 7 and 8 had the lowest levels of reliance on VA. Priority Group 1 and 5 had the highest levels of reliance on VA for outpatient care. Priority Group 1 includes enrollees with service-connected disability ratings of 50 percent or greater. Those in Priority Group 5 do not have service-connected disabilites but are considered low income and are eligible for Medicaid. Priority Groups 7 and 8 generally do not include enrollees with service-connected disabilities. Priority Group 7 includes low-income Veterans. Enrollees in these groups pay copays for VA health care.

Figure 6-5. VA reliance by priority group status

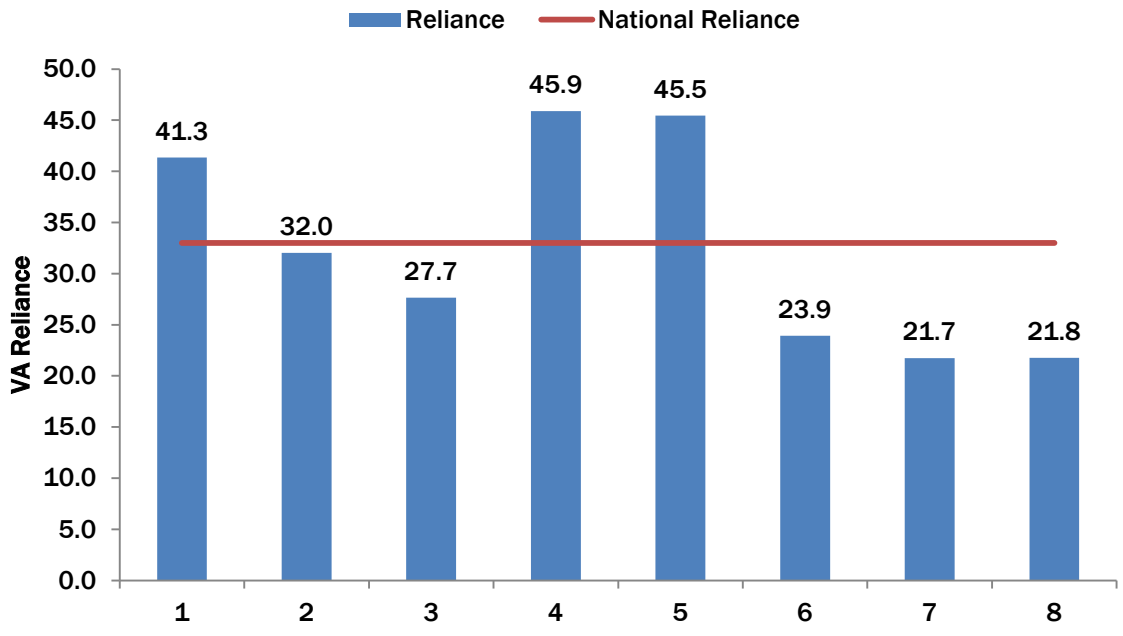


Table 6-3 shows that Priority Groups 7 – 8 have the lowest percentage of enrollees in the VA only group and dual user group. Enrollees in Priority Groups 7 and 8 are required to pay copays for outpatient care, while enrollees in Priority Groups 1 – 6 are generally not subject to copays.[46] Priority Group 7 – 8 enrollees also have the highest rate of community only use compared with enrollees in Priority Groups 1 – 3 and 4 – 6.

Table 6-3. VA user group by priority group status

Variable category	Reliance on the VA (number and percentage)					
	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Priority Group						
1–3	1,299,417	48.8%	799,951	30.0%	564,032	21.2%
4–6	789,916	46.1%	436,548	25.5%	485,412	28.4%
7–8	978,571	64.9%	345,602	22.9%	183,888	12.2%

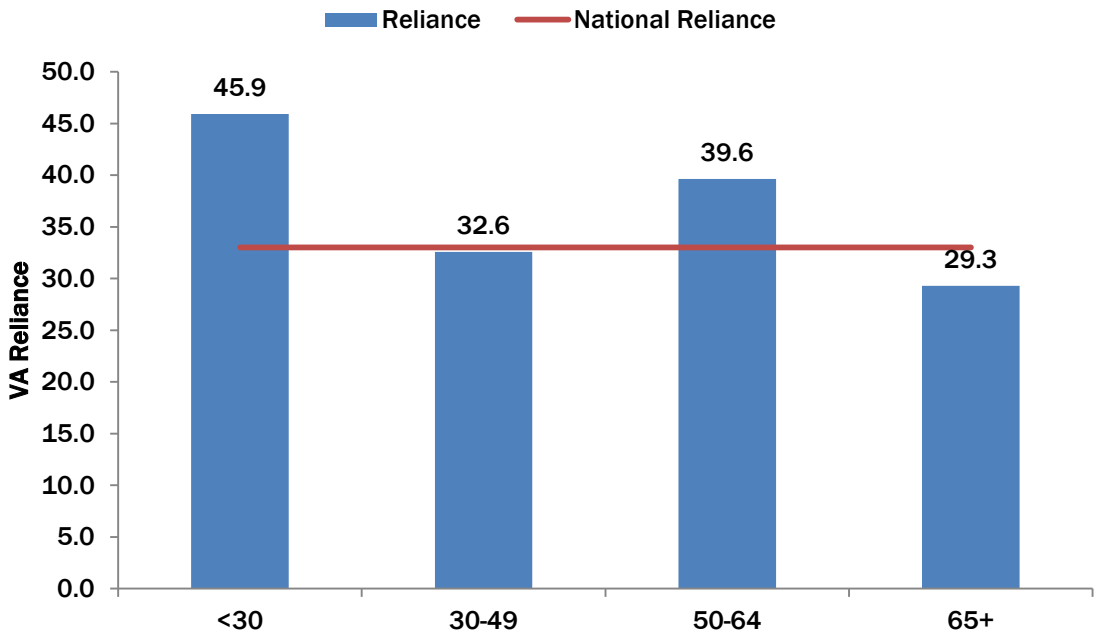
6.2.4 Age

In the general population, health care utilization increases with age.[47] Reliance is different than utilization as it captures the proportion of total health care that was obtained at VA versus community sources. Figure 6-6 shows that enrollees age 65 and older have the lowest rate of reliance on the VA of any age group. Specifically, enrollees age 65 and older have reliance of 29 percent. In constrast, those younger than age 30 have the highest reliance of 46 percent. The low rate of reliance among older enrollees can be explain by the fact that most enrollees age 65 or older are enrolled in Medicare.

[46] http://www.va.gov/healthbenefits/resources/publications/IB10-431_copay_requirements_at_a_glance.pdf

[47] http://www.cdc.gov/nchs/data/misc/healthcare.pdf

Figure 6-6. VA reliance by age



Percentages are based on weighted *n*=5,833,338.

Table 6-4 shows that the percentage of enrollees in the VA only user group is lowest (17%) among those age 65 and older and highest among those younger than age 30. These findings are generally consistent with the differences in mean levels by age group.

Table 6-4. VA user group by age

Variable category	Reliance on the VA (number and percentage)					
	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Age Group						
<30	76,991	39.5%	61,231	31.4%	56,893	29.2%
30–49	658,355	55.7%	269,091	22.8%	254,814	21.6%
50–64	734,946	46.8%	409,464	26.1%	424,798	27.1%
65+	1,597,612	54.4%	842,315	28.7%	496,827	16.9%

The reason for low reliance among enrollees age 65 and older is in part due to the near universal coverage by Medicare of this population. Table 6-5 shows that among enrollees with no public or private insurance coverage, reliance increased with age. Enrollees less than age 30 with no insurance had a reliance of 60 percent compared to 66 percent for enrollees age 65 or older with no insurance. However, this relationship between age and reliance was not observed among enrollees with

insurance. In the next section, we further attempt to isolate the influence of age and insurance coverage on reliance using multivariate regression analysis.

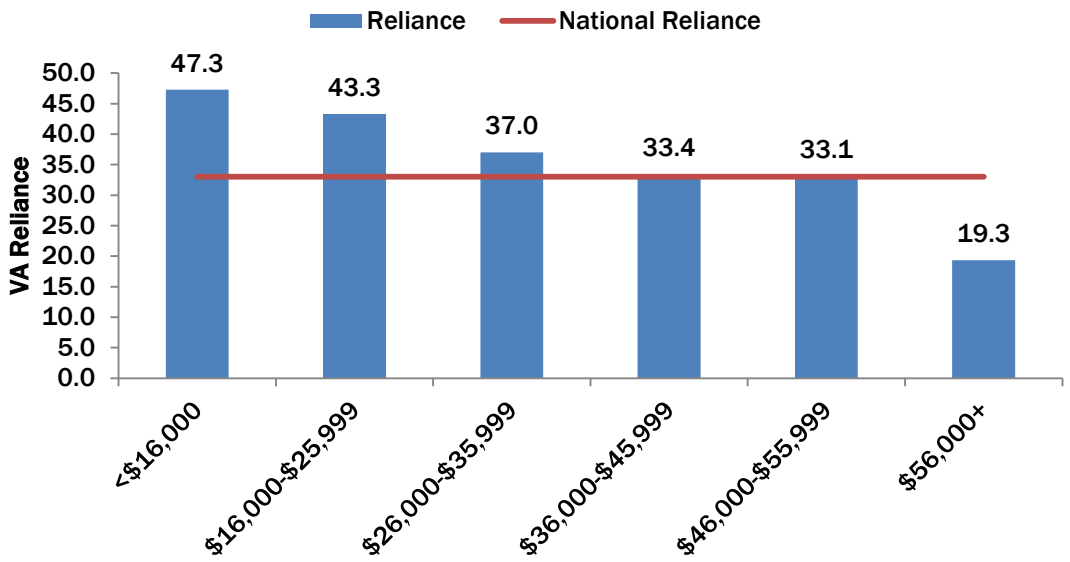
Table 6-5. Percentage of enrollees by current use of VA services to meet health care needs

Age	Mean national reliance	Insurance status		Health status	
		Uninsured	Insured	Fair/poor	Excellent/ very good/good
<30	45.9	59.5	36.6	55.9	41.7
30-49	32.6	60.1	22.9	35.9	31.2
50-64	39.6	69.1	28.8	44.8	36.7
65+	29.3	65.6	27.5	32.5	28.0

6.2.5 Income

Figure 6-7 shows that income was strongly related to reliance. Specifically, enrollees who reported lower incomes were more likely to be reliant on VA for outpatient care than those with higher incomes. Enrollees with incomes of less than $16,000 had a reliance of 47 percent, whereas enrollees with incomes of $56,000 or greater had a reliance of 19 percent.

Figure 6-7. VA reliance by income



*Excludes enrollees who did not report income.

Table 6-6 shows that VA user group status is related to income. Those in the top income bracket ($56,000 or more) have the highest percentage of community only users and the lowest percentage of VA only users of outpatient care of all of the income group.

Table 6-6. VA user group by income

Category	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Income Group						
<$16,000	331,805	36.6%	284,402	31.4%	290,968	32.1%
$16,000-$25,999	339,746	40.1%	260,854	30.8%	246,547	29.1%
$26,000-$35,999	364,203	46.9%	223,955	28.9%	187,578	24.2%
$36,000-$45,999	349,264	51.2%	189,632	27.8%	143,235	21.0%
$46,000-$55,999	265,345	52.2%	139,665	27.5%	102,915	20.3%
$56,000+	1,162,190	69.2%	351,453	20.9%	166,659	9.9%

6.2.6 Employment Status

Figure 6-8 shows that full-time employment was related to lower reliance on the VA for outpatient visits. Specifically, enrollees who were employed full-time had 26 percent reliance on VA, the lowest reliance of any of the employment status groups. In contrast, enrollees who were unemployed had 43 percent reliance on VA. The reliance of enrollees who were employed part-time or self-employed was more similar to the reliance of those who were unemployed than to those who were employed full-time.

Figure 6-8. VA reliance by employment status

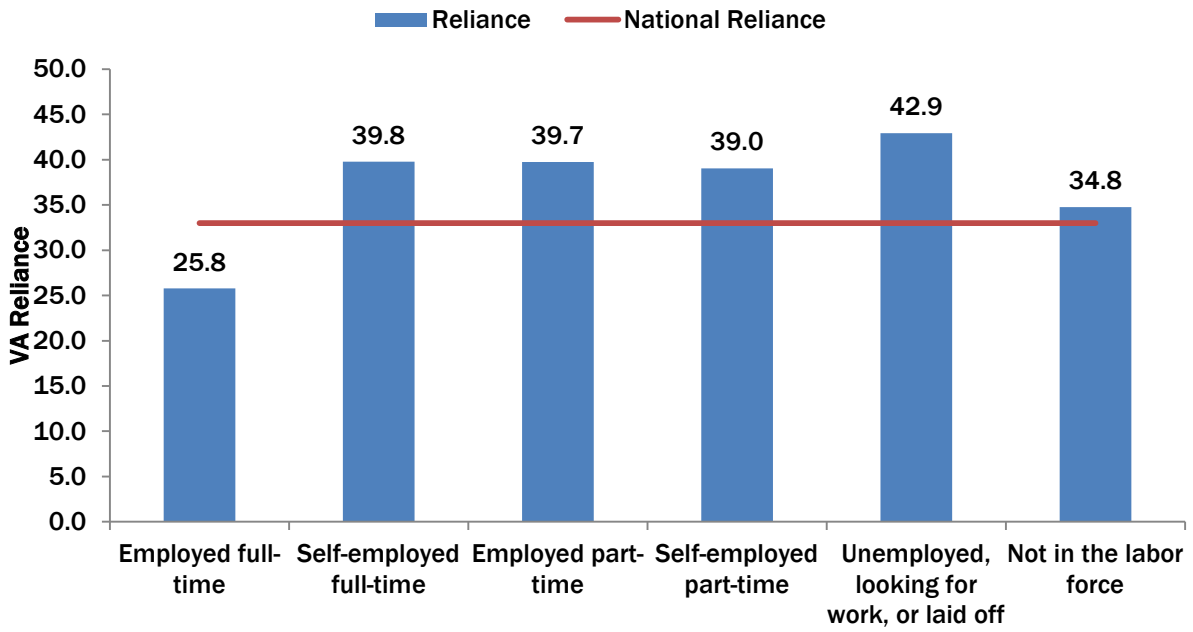


Table 6-7 shows that enrollees who are employed full-time also have the lowest rates of 100 percent reliance and dual use compared with enrollees who are self-employed full-time, employed part-time, self-employed part-time, unemployed, and those not in the labor force (which includes discouraged workers).

Table 6-7. VA user group by employment status

Category	Community only (0%)		VA & Community (1-99%)		VA only (100%)	
Employment Status						
Employed Full-Time	918,070	63.8%	288,839	20.1%	232,715	16.2%
Self-Employed Full-Time	68,870	49.1%	30,481	21.7%	40,978	29.2%
Employed Part-Time	156,769	46.2%	90,138	26.6%	92,156	27.2%
Self-Employed Part-Time	81,629	47.1%	45,314	26.1%	46,450	26.8%
Unemployed	68,233	41.6%	51,133	31.1%	44,823	27.3%
Currently Not in Labor Force	1,716,654	48.8%	1,040,506	29.6%	757,103	21.5%

6.2.7 Marital Status

Figure 6-9 shows that enrollees who are widowed or married have the lowest levels of reliance (30% and 28% respectively). The differences in reliance by marital status are explained by the fact that married and widowed enrollees are more likely to have health insurance coverage. For example, 87 percent of married and 90 percent of widowed enrollees have alternative insurance coverage, versus 56 percent of enrollees who are not married (not shown).

Figure 6-9. VA reliance by marital status

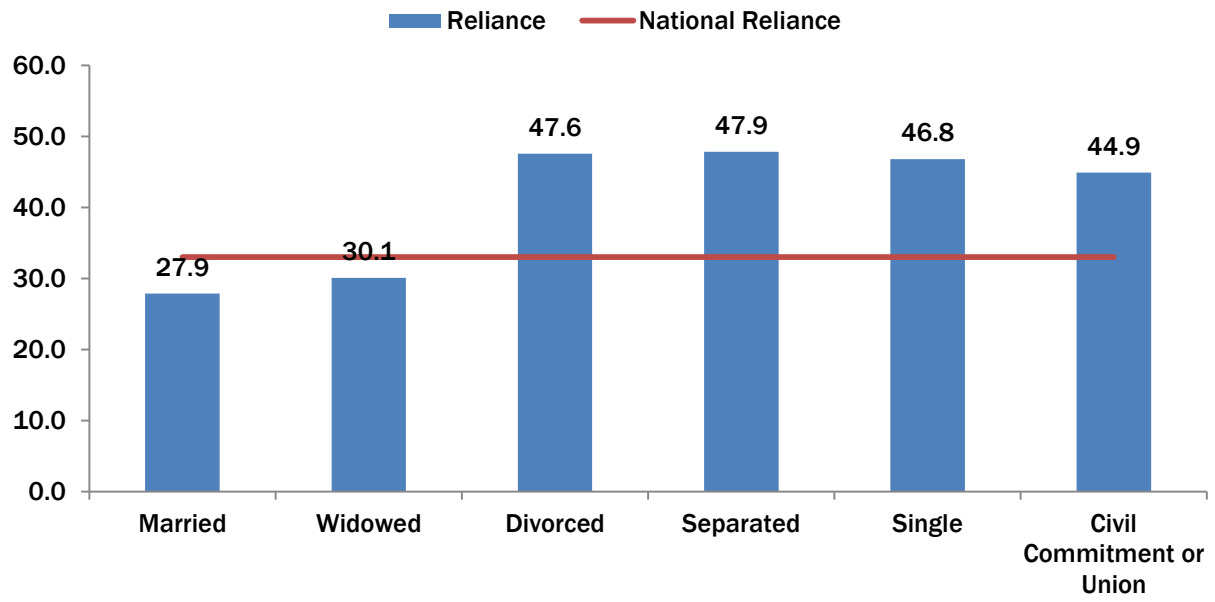


Table 6-8 shows that married and widowed enrollees, perhaps in part due to a spouse's health insurance plan, are the least likely to be in the VA only user group out of the other marital categories. Married enrollees are also least likely to be dual users.

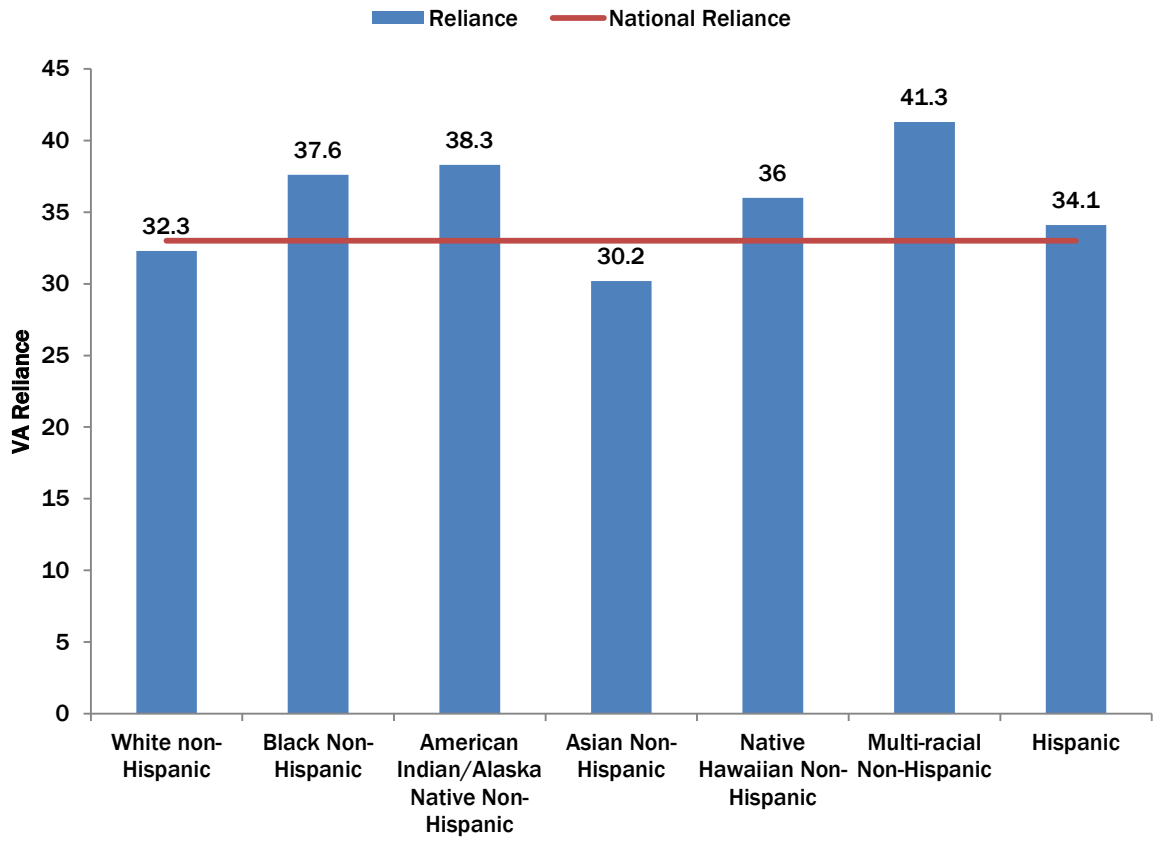
Table 6-8. VA reliance by marital status

Category	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Marital Status						
Married	2,182,101	57.6%	994,989	26.3%	610,219	16.1%
Widowed	247,574	53.6%	134,652	29.2%	79,467	17.2%
Divorced	343,115	38.4%	240,676	27.0%	309,041	34.6%
Separated	40,517	33.8%	41,345	34.4%	38,163	31.8%
Never married	186,868	39.8%	122,198	26.0%	161,000	34.3%
Civil Commitment or Union	26,299	39.4%	21,350	32.0%	19,147	28.7%

6.2.8 Race and Ethnicity

The survey asked enrollees to report their ethnicity (Hispanic or non-Hispanic) and race separately. Enrollees could be Hispanic and be of any race. Enrollees could also select more than one race. This information was used to create a combined race and ethnicity variable with mutually exclusive groups. Figure 6-10 shows that there were racial and ethnic differences in reliance on VA for outpatient visits. White non-Hispanic and Asian non-Hispanic enrollees had lower levels of reliance than all of the other racial and ethnic groups. White non-Hispanic enrollees had a reliance of 32 percent and Asian non-Hispanic enrollees had a reliance of 30 percent.

Figure 6-10. VA reliance by race and ethnicity



Consistent with the findings for mean reliance by race, Table 6-9 shows that enrollees who are white, Asian, and Hispanic are less likely to be VA only users compared to the other race and ethnicity groups. Black non-Hispanics have the highest rate of dual use compared with enrollees in other race categories (32 percent), and multi-racial non-Hispanics have the highest 100 percent reliance rate (30 percent).

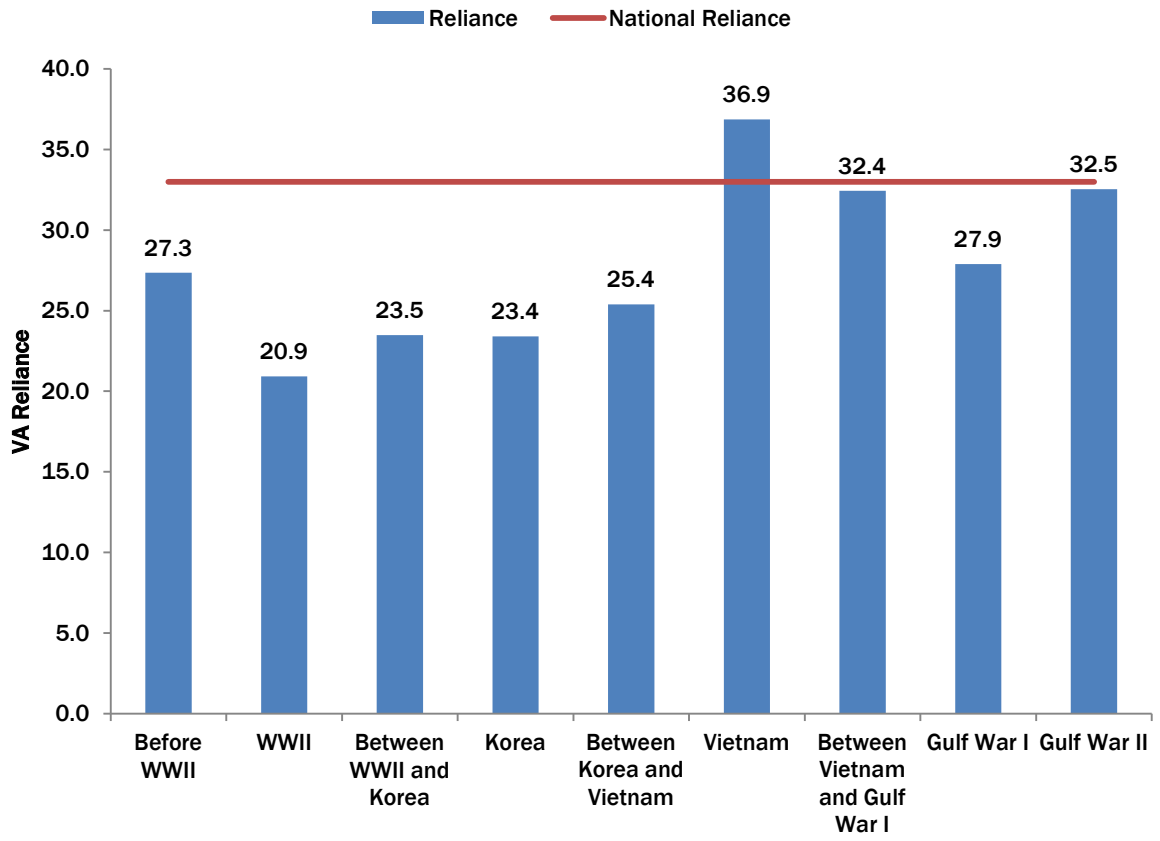
Table 6-9. VA user group by race and ethnicity

Category	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Race/Ethnicity						
White non-Hispanic	2,343,955	53.3%	1,147,589	26.1%	904,393	20.6%
Black non-Hispanic	319,864	45.8%	222,082	31.8%	156,612	22.4%
American Indian/Alaska Native non-Hispanic	17,621	45.3%	11,979	30.8%	9,307	23.9%
Asian non-Hispanic	44,135	58.5%	16,510	21.9%	14,768	19.6%
Native Hawaiian non-Hispanic	8,914	47.6%	5,746	30.7%	4,049	21.6%
Multi-racial non-Hispanic	49,537	45.7%	26,510	24.5%	32,310	29.8%
Hispanic	221,681	51.9%	115,063	26.9%	90,231	21.1%

6.2.9 Era of Service

The survey asked enrollees about era of service. Enrollees could check multiple responses. Figure 6-11 shows that reliance was related to era of service. Enrollees who served during Vietnam had the highest level of reliance on VA for outpatient visits (37%). Enrollees who served in the current (Gulf War II era) and those who served during Gulf War I and post-Vietnam, had lower levels of reliance than those who served during Vietnam. However, reliance for those who served in all eras before Vietnam was much lower than for any other era of service.

Figure 6-11. VA reliance by era of service



The findings from Table 6-10 for VA user groups generally parallel those for mean reliance above. Specifically, nearly one-fourth of enrollees who served during the Vietnam War, the largest service era cohort, use the VA exclusively for outpatient services, which is the highest 100 percent reliance rate out of all service era cohorts. Enrollees who served during or prior to World War II have the lowest rates of 100 percent reliance, and those who served prior to WWII also have the highest percentage of dual users compared with enrollees in other service era categories.

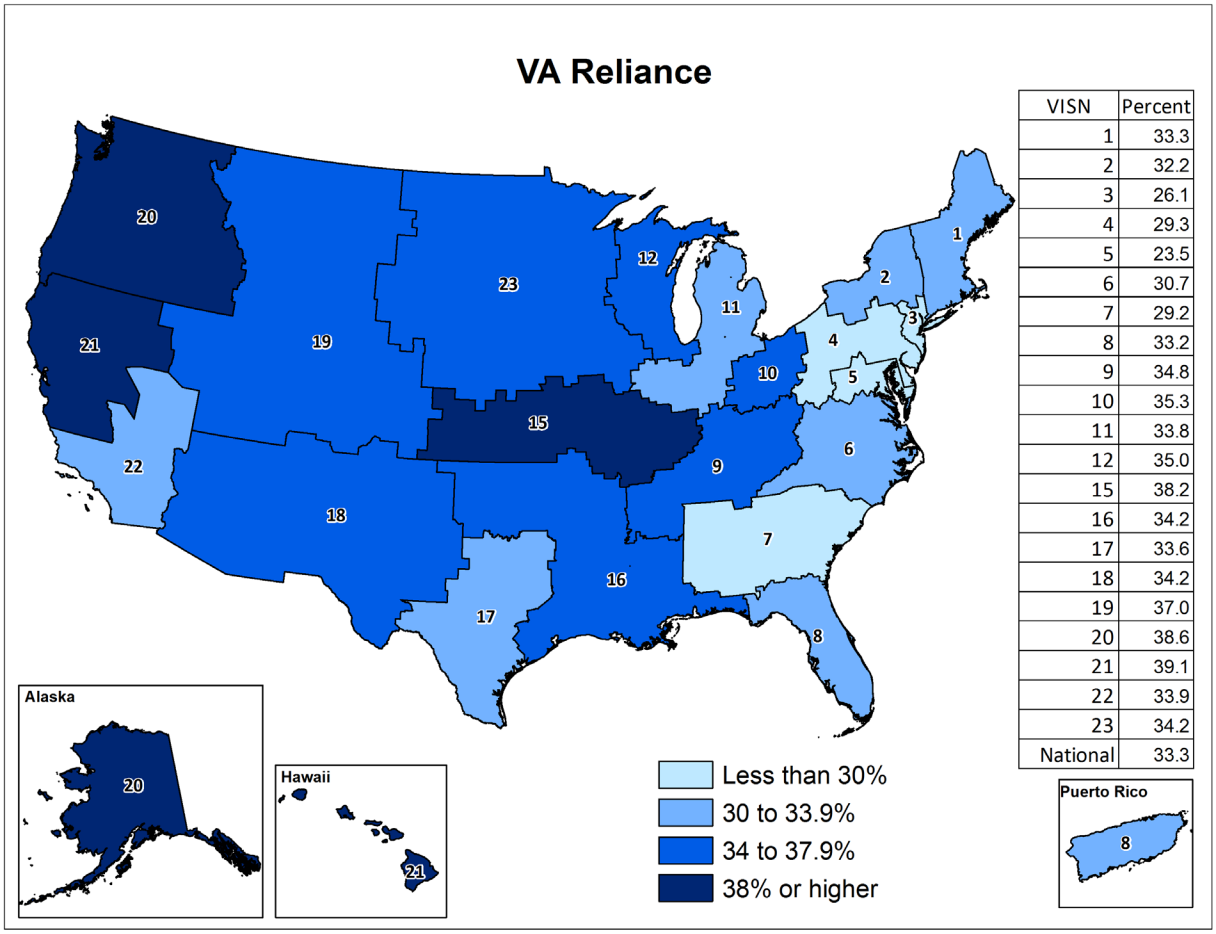
Table 6-10. VA user group by era of service

Category	Community only (0%)		Dual use (1-99%)		VA only (100%)	
Era of Service						
Before WWII	11,095	52.0%	8,187	38.3%	2,067	9.7%
WWII	195,233	60.0%	103,642	31.8%	26,658	8.2%
Between WWII and Korean War	71,442	57.4%	40,179	32.3%	12,913	10.4%
Korean War	354,405	58.5%	183,064	30.2%	68,486	11.3%
Between Korean and Vietnam War	554,418	58.7%	258,965	27.4%	131,164	13.9%
Vietnam War	1,144,969	48.5%	642,026	27.2%	573,550	24.3%
Between Vietnam and Gulf War	889,161	54.2%	412,561	25.1%	339,868	20.7%
Gulf War	810,190	60.4%	298,553	22.3%	232,650	17.3%
Current Era	648,339	54.5%	300,536	25.3%	240,161	20.2%

6.2.10 Reliance by VISN

Figure 6-12 shows the mean VA outpatient reliance by VISN. There is considerable variation in VA reliance by VISN. Four VISNs—VISNs 3, 4, 5, and 7—have a mean reliance of less than 30 percent. VISN 5 has the lowest mean reliance at 24 percent. In contrast, three VISNs—VISN 15, 20, and 21—have a reliance of 38 percent or higher. The VISN with the highest reliance is VISN 21, which has a mean reliance of 39 percent.

Figure 6-12. VA reliance by VISN



VISN	Percent
1	33.3
2	32.2
3	26.1
4	29.3
5	23.5
6	30.7
7	29.2
8	33.2
9	34.8
10	35.3
11	33.8
12	35.0
15	38.2
16	34.2
17	33.6
18	34.2
19	37.0
20	38.6
21	39.1
22	33.9
23	34.2
National	33.3

6.3 Predictors of Reliance

This section summarizes and discusses the findings from multivariate regression analyses that identify the factors that impact reliance. Multivariate regression analysis identifies how a given independent variable (or predictor) affects a dependent variable (or outcome), while holding other variables fixed. For example, unemployed enrollees have lower levels of reliance on the VA for outpatient visits. When we examine differences in reliance by employment status alone we may be also picking up the effect of insurance status as Veterans who are unemployed are more likely to be uninsured. In other words, it may really be lack of alternative insurance coverage, rather than employment status per *se*, that drives reliance. If we include both employment status and insurance status in the multivariate regression model, we can identify the independent effect each of these

variables have on their own on reliance. Therefore, regression analysis helps to identify the independent contribution of each demographic and socioeconomic characteristic.

In Table 6-11, "positive" indicates that the variable significantly increases reliance; "negative" indicates that the variable significantly decreases reliance; and "not significant" indicates that there is no significant relationship between reliance and the variable after adjusting for all of the other variables in the multivariate regression analysis. Lack of insurance coverage and priority group are the two strongest drivers of reliance. Enrollees without alternative insurance coverage are significantly more reliant than those with insurance coverage. Similarly, enrollees in a high priority group (1 to 6) are significantly more reliant than those in a low priority group (7 or 8). Other factors that reduce reliance include being age 65 or older, married, employed, and being a current era Veteran. Having low income or living in a rural or highly rural area significantly increase reliance. Gender, race, health status, and disability were unrelated to reliance after adjusting for the other variables in the multivariate regression model.

Table 6-11. Factors that contribute to VA reliance

Explanatory variable	Effect on reliance[1]
Age > 65 years	Negative
Male	Not significant
White	Not significant
Married	Negative
Income < $36,000	Positive
No insurance	Positive
Employed	Negative
High priority group (1 to 6)	Positive
Health fair or poor	Not significant
Disability	Not significant
Current era	Negative
Rural or highly rural residence	Positive

[1] The effects are based on a linear regression model where the dependent variable is VA reliance.

6.4 Current and Planned Future Use of VA Services

The survey asked enrollees to describe how they currently use VA services. Table 6-12 shows that about one third (32.5%) of enrollees said that they currently use VA services to meet all of their health care needs. It is interesting to note that this is somewhat higher than the 21 percent of enrollees who used VA only (100% reliance).[48] Finally, 15 percent used VA services for most of their health care needs and 26 percent used it for some of their health care needs. Table 6-3 also shows that the percentage of enrollees who reported using VA services to meet all of their health care needs has increased since 2011.

Table 6-12. Percentage of enrollees by current use of VA services to meet health care needs

	2011	2012	2013	2014	2015
All of my health care needs	29.9	29.1	29.5	30.3	32.5
Most of my health care needs	17.3	15.8	15.4	15.4	14.6
Some of my health care needs	28.0	27.1	27.5	26.9	25.7
None of my health care needs	18.8	21.7	21.4	21.5	22.1
I have no health care needs	4.9	4.7	4.8	4.8	3.7
Missing	1.1	1.5	1.2	1.1	1.4
Total Enrollees	7,895,108	8,013,308	8,303,957	8,486,965	8,442,380

When the question about current use of VA services was analyzed by socioeconomic characteristics of enrollees, the results generally mirrored those for reliance. The results are shown in Table 6-13. Enrollees in high priority groups—Priority Groups 1 to 3 and 4 to 6—were more likely to report that they used VA for all of their health care needs than those in low priority groups (Priority Groups 7 and 8). Enrollees who were ages 65 or older were least likely of all of the age groups to report that they used VA services to meet all of their health care needs. Enrollees whose incomes were less than $36,000 were more likely to report that they use VA for all of their health care needs (44%) than those with incomes of $36,000 or more (21%).

[48] The reason for the discrepancy may be due to fact that some enrollees who reported that they currently used VA for all of their healthcare needs may have actually reported some outpatient visits outside of VA. About 27 percent of enrollees had reliance of higher than 50 percent, which is closer to the 33 percent who reported that they used VA for all of their healthcare needs.

Table 6-13. Percentage of enrollees by current use of VA services to meet health care needs, by priority, age, and income

	Have No Needs	None of needs	Some needs	Most needs	All needs	Total
Priority Group						
P1-P3	2.0	18.3	27.6	17.2	33.9	3,650,665
P4-P6	4.3	18.6	19.2	14.1	42.2	2,654,719
P7-P8	6.1	32.9	30.5	10.7	18.0	2,136,996
Age						
<45	6.1	19.4	22.8	16.9	34.2	1,692,711
46-64	3.2	20.8	18.6	14.6	41.7	2,757,126
65+	3.1	24.2	31.8	13.7	25.4	3,992,543
Income						
< $36,000	3.0	13.9	21.4	16.0	44.2	3,848,382
$36,000 +	4.6	30.4	30.0	13.2	20.7	3,855,998
Unknown	3.2	21.3	25.9	14.5	32.6	738,000

As in previous years, the survey also asked enrollees about the ways in which they plan to use VA health care in the future. Table 6-14 shows that 44 percent of enrollees said that they plan to use VA health care as the primary source of health care. Another 8 percent said they plan to use it as a back-up, and 19 percent said that they plan to use VA as a "safety net" only if needed. There has been very little change in planned future use of VA services over the past five years.

Table 6-14. Percentage of enrollees by planned future use of VA health care

	2011	2012	2013	2014	2015
Primary source	47.5	42.9	43.8	44.3	43.6
Back up source	13.1	11.4	10.9	10.8	7.9
Safety net if needed	11.8	16.2	16.5	16.7	19.0
Prescriptions	8.3	7.9	7.8	7.1	7.5
Specialized care	3.7	3.5	4.8	5.0	3.8
Other	1.1	1.2	0.6	0.6	3.7
No plans to use	11.5	10.3	9.9	9.8	7.3
Missing	3.0	6.6	5.7	5.7	7.1
Total Enrollees	7,895,108	8,013,308	8,303,957	8,486,965	8,442,380

Table 6-15 shows that planned future use is related to enrollee socioeconomic characteristics. Enrollees in Priority Groups 7 and 8 are less likely than those in Priority Groups 1 to 6 to report that they plan to use VA as their primary source of care and more likely to report that they plan to use VA as a "safety net," for prescriptions only, or not at all. Enrollees ages 65 or older are also less likely to report that they will use VA as their primary source of care and more likely to report that they will use VA for prescriptions only compared to enrollees in the other age groups. Finally, enrollees with incomes less than $36,000 are more likely to use VA as their primary source of care, whereas those with incomes of $36,000 or more are more likely to report that they will use VA as a back-up or safety net.

Table 6-15. Percentage of enrollees by future use of VA health care, by priority, age, and income

	Primary source	Back up source	Safety net	Prescriptions	Specialized care	No plans to use	Total
Priority Group							
P1-P3	47.1	8.6	16.6	5.7	4.8	5.7	3,650,665
P4-P6	51.6	6.5	17.2	5.9	3.1	5.9	2,654,719
P7-P8	27.7	8.6	25.2	12.6	3.1	11.7	2,136,996
Age							
<45	49.4	9.7	20.2	2.9	3.6	5.6	1,692,711
46-64	53.8	7.4	17.1	3.7	3.4	5.4	2,757,126
65+	34.1	7.6	19.7	12.0	4.2	9.4	3,992,543
Income							
< $36,000	54.7	5.9	13.3	7.4	3.2	4.9	3,848,382
$36,000 +	33.3	10.1	25.1	7.4	4.6	9.4	3,855,998
Missing	39.9	7.5	16.4	8.0	3.4	8.8	738,000

6.5 Use of the My HealtheVet Website

My Health*e*Vet (MHV) is an online personal health record for Veterans and active duty service members, as well as their health care providers and dependents. The objective of MHV is to make accurate health information easily available to patients and providers. MHV provides an online platform where enrollees can record, access and share important health information and communicate with their health care provider.

Using MHV, enrollees can enter health-related information in their account to view/download it later, or share it with health care providers. Health-related information includes family health history, healthcare providers, health insurance, immunizations, lab reports and tests, medical events, medications, military health history, health goals, and current medical/health conditions.[49] The level of access to MHV features, including ability to view VA and/or DoD records through MHV and request prescription refills, depends on the account level the enrollee holds. Only enrolled Veterans and/or VA patients can hold advanced and premium level accounts, which require the account holders to have their identity verified by the VA. Anyone who registers on MHV can have a basic account, which has limited access to MHV features and primarily allows the account holder to enter and view their health information.

The 2015 Survey of Enrollees asked questions about awareness and use of the MHV website.[50] Forty-seven percent (not shown) of enrollees said that they were aware of MHV website. Among enrollees who were aware of the MHV website, 46 percent (not shown) said that they used it. Awareness and use of the MHV website was related to age. Table 6-16 shows that younger enrollees were more likely to be aware of MHV than older enrollees. Specifically, 66 percent of enrollees age 30 or younger, 55 percent of enrollees ages 30 to 49, and 53 percent of enrollees ages 50 to 64 were aware of the MHV website. Conversely, 37 percent of those ages 65 or older were aware of the MHV website and of those who were aware of it, only 39 percent reported using it.

Table 6-16. Among patients, percentage who are aware of and use the My HealtheVet (MHV) website by age

Age	Aware of MHV[1]		Total	Among aware, used MHV[2]		Total
	#	%		#	%	
<30	226,569	65.9	343,645	115,915	51.2	226,569
30 to 49	988,175	55.3	1,787,765	516,673	52.3	988,175
50 to 64	1,228,413	53.0	2,318,428	544,709	44.3	1,228,413
65+	1,488,957	37.3	3,992,543	578,420	38.8	1,488,957

[1] Denominator is enrollees by age group.

[2] Denominator is enrollees by age group who were aware of the My HealtheVet web site.

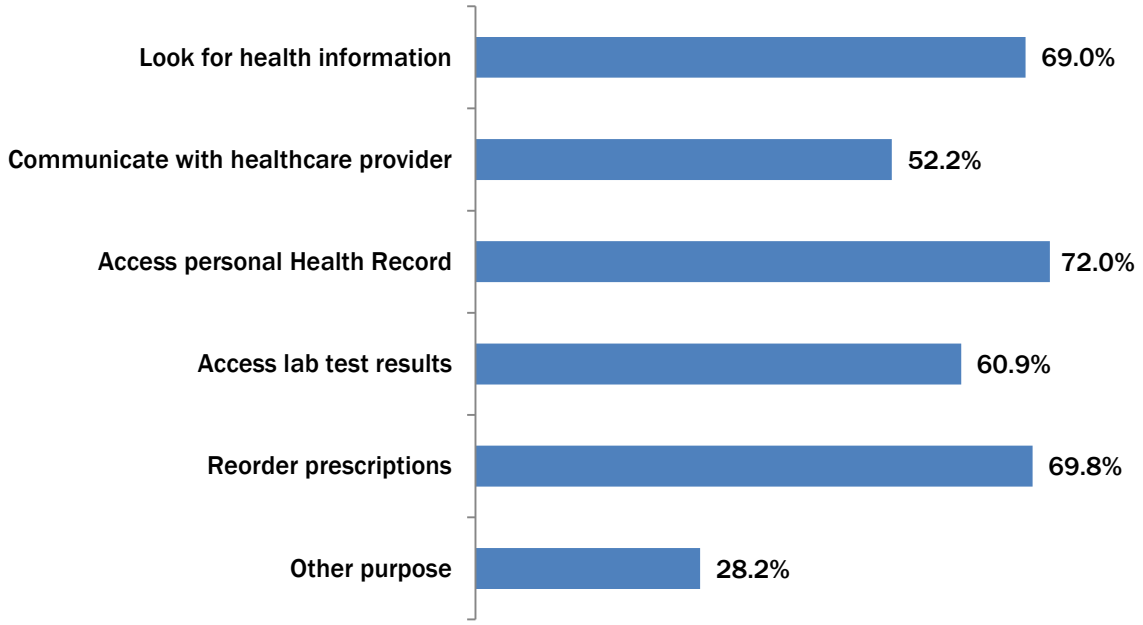
[49] http://catalog.data.gov/dataset/my-healthevet-mhv

[50] The 2014 Survey of Enrollees also included the question about awareness of MHV website. In 2014, 40 percent of enrollees said that they were aware of the MHV website. The increase to 46 percent in 2015 should be interpreted with the change in mode in mind. The 2014 survey was primarily telephone, whereas the 2015 survey was primarily web. The 2015 enrollee respondents may have been more comfortable with using the web than the 2014 respondents and therefore more aware of the MHV website.

It is important to examine awareness of MHV for patients and non-patients separately, since most non-patients would not be expected to be aware of MHV. Patients are enrollees who used VA in FY 2015 based on administrative records. Consistent with this expectation, most patients (59%) were aware of the MHV website whereas only 22 percent of non-patients were aware (not shown). Among patients who were aware of MHV, 29 percent (not shown) said that they used MHV.

Among enrollees who used MHV, Figure 6-13 shows that most used it for more than one reason. Seventy percent used it to reorder prescriptions, 52 percent used it to communicate with their health care provider, 72 percent used it to access their health care record, and 61 percent used it to access lab test results.

Figure 6-13. Among VA patients who used the My HealtheVet (MHV) website, percentage reporting various reasons for use



NOTE: Weighted *n* = 1,755,718 enrollees who used the MHV website.

Long-Term Care 7

VA provides long-term care to eligible Veterans in both residential settings and nursing homes. Residential settings include the following:

- **Community Care Program (CRC).** The CRC provides housing and health care supervision to Veterans who are not in need of acute hospital care but who are unable to live independently because of medical or psychiatric conditions and have no suitable family or significant others to provide the needed supervision and supportive care. The cost of residential care is financed by the veteran's own resources. Placement is made in residential settings inspected and approved by the appropriate VA facility.

- **Medical Foster Home (MFH) Program.** The MFH program offers Veterans the opportunity to live with a family in the community that provides room, board, and 24-hour supervision and personal assistance. Homes are inspected and approved by VA. Veterans pay approximately $3000 per month.

- **Adult Foster Homes.** Adult Foster Homes are private homes where Veterans can rent a room and receive assistance with activities of daily living (ADLs) from a trained caregiver 24 hours per day. Adult foster homes are typically less expensive than assisted living. The Veteran is responsible for the rent but VA may pay for nurse visits.

VA provides nursing home care in three settings:

- **Community Living Center.** Community Living Centers are VA-owned and operated nursing homes that are designed to resemble "home" as much as possible and provide help with ADLs and skilled nursing and medical care.

- **Community Nursing Homes.** Community nursing homes are private nursing homes that contract with VA to provide care to Veterans. Veterans choose to live in community nursing homes so that they can receive care close to family and friends.

- **State Veterans Homes.** State Veterans Homes are facilities that are owned and operated by state governments that provide nursing home and adult day care to Veterans. To be recognized as a State Veterans Home, a facility must be surveyed by VA each year to make sure that it meets VA standards.

VA generally does not cover the cost of nursing home care for Veterans. Veterans may pay for nursing home care through Medicaid, private insurance, or private funds. Medicare does not pay for long-term nursing home residence but does cover short-term days in skilled nursing or rehabilitation

facilities. Medicaid is the single largest payer for long-term care in the United States.[51] Individuals must generally "spend down" their assets before becoming eligible for Medicaid. However, the *Veterans Millennium Health Care and Benefits Act of 1999* (Public Law 106-117) makes mandatory nursing home care service available to any Veteran whose service-connected disability necessitates nursing home care and to any Veteran who is rated 70 percent or more service-connected disabled. In addition, VA may provide nursing home care to eligible Veterans as capacity and resources permit.

In addition to residential and nursing care, VA also provides chronically ill or disabled Veterans care to remain in their homes. This includes:

- **Home-Based Primary Care.** In home-based primary care, health care services are provided to Veterans in their home by a team supervised by a VA physician.
- **Homemaker and Home Health Care Aide.** This program provides Veterans with a homemaker or home health care aide who helps the Veterans with daily activities. Homemakers and home health aides are supervised by a registered nurse. These individuals are usually contracted by VA.
- **Skilled Home Health Care.** Skilled Home Health Care (SHHC) provides short-term services to Veterans who remain in their homes if they are homebound or live far away from VA. The care is delivered by a community-based home health agency that has a contract with VA.

The 2015 Survey of Enrollees collected information about enrollees' use of long-term care services, including residential and home-based care, paid for by VA and other sources. This chapter examines enrollees' use of long-term care services and differences between those who are reliant on VA to pay for these services versus enrollees who pay through other sources.

7.1 Use of Long-Term Care Services

The 2015 Survey of Enrollees asked respondents the number of times they had been a resident of a nursing home, assisted living, convalescent, or rest home. Enrollees who said that they were admitted to a nursing home were asked about the length of stay for the most recent admission. This information was used to group nursing home admissions into short stays (less than 90 days) and long stays (90 days or more). VA nursing homes provide both short stay and long stay care. Short

[51] http://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf

stay care, which usually lasts less than 90 days, includes post-acute and rehabilitative care. Long-term stays are usually for Veterans with dementia. Table 7-1 shows that nursing home admission was strongly related to age. One percent of enrollees less than age 65 were admitted to a nursing home compared to 15 percent of enrollees age 85 or older. Older enrollees were also more likely to be admitted to nursing homes for both short and long stays. However, some enrollees less than age 65 are admitted for nursing home care.

Table 7-1. Percentage of enrollees admitted to a nursing home, assisted living, convalescent, or rest home

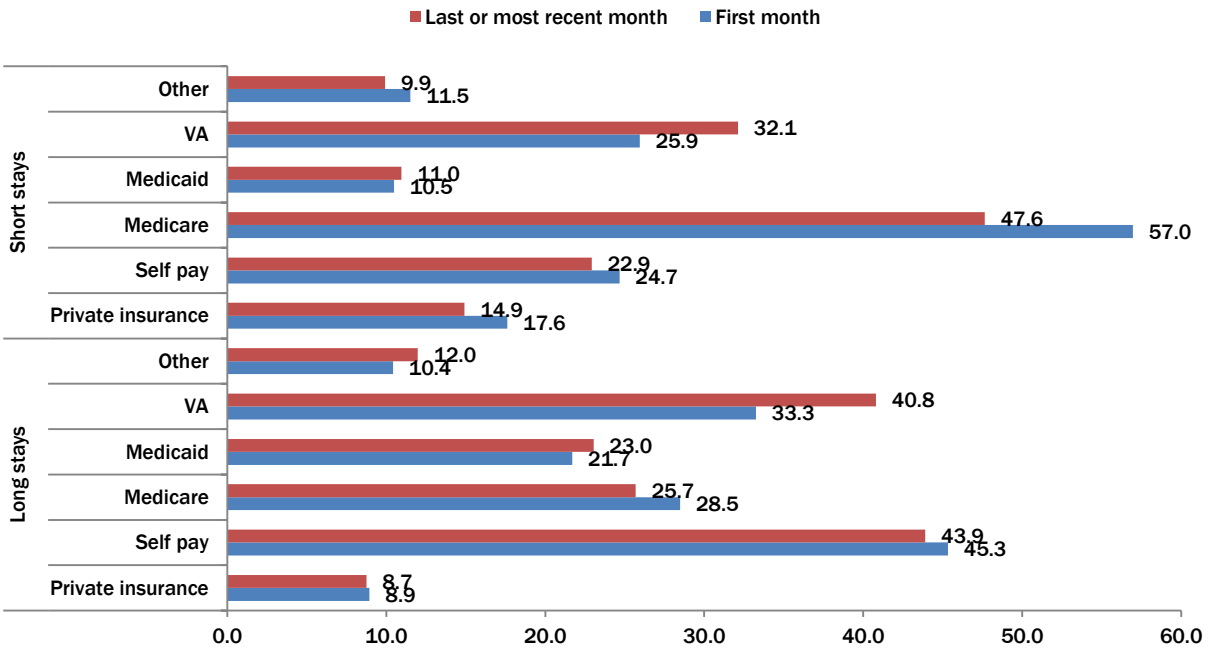
Age	Any admission		Short stay (<90 days)		Long stay (90+ days)		Total
	#	%	#	%	#	%	
<65	57,694	1.3	37,738	0.8	17,573	0.4	4,449,837
65-74	66,779	3.0	49,788	2.3	13,874	0.6	2,208,535
75-84	83,355	7.1	67,560	5.7	12,027	1.0	1,175,005
85+	92,300	15.2	58,138	9.5	29,644	4.9	609,004

NOTE: Numbers of short and long stays do not sum to the number of residents because some enrollees who were residents did not answer the question about length of stay.

Enrollees who reported that they were ever admitted to a nursing home were asked about the source of payment for the first month of the billing period. Figure 7-1 shows that among enrollees with short stays (31 to 89 days), Medicare is the most common payer for the first month, whereas self-pay is the most common payer for the first month among those with long stays (90+ days).[52] Among enrollees with long stays, more enrollees reported Medicare in the first month than the last/most recent month and more reported Medicaid in the last/most recent month than in the first month. This is likely explained by the fact that Medicare will generally only pay for stays less than 90 days involving rehabilitative care. However, 26 percent of enrollees who stayed longer than 90 days said that Medicare paid for the last/most recent month. This is inconsistent with the fact that Medicare will generally only cover stays of up to 90 days in skilled nursing facilities (SNF), such as those for rehabilitation following a stroke. VA was more likely to be reported as a payer for long stays than for short stays. For both short and long stays, VA was more likely to be reported as a payer in the last month of the billing period. However, the data do not provide information on whether VA is paying for nursing home care or only some services received by Veterans in nursing homes.

[52] Only enrollees whose length of stay was for more than 30 days were asked about the source of payment for the last or most recent month of the billing period. Therefore, short stays include those whose stays were 31 to 89 days.

Figure 7-1. Among enrollees with long stays (90+ days) and short stays (31 to 89 days), percentage of enrollees by source of payment for first and last month of the billing period



NOTE: Weighted n is the 73,118 weighted enrollees with a long-term stay. For short stays, weighted n is 58,887 with stays between 31 but less than 90 days.

7.2 Use of Home and Community Based Services

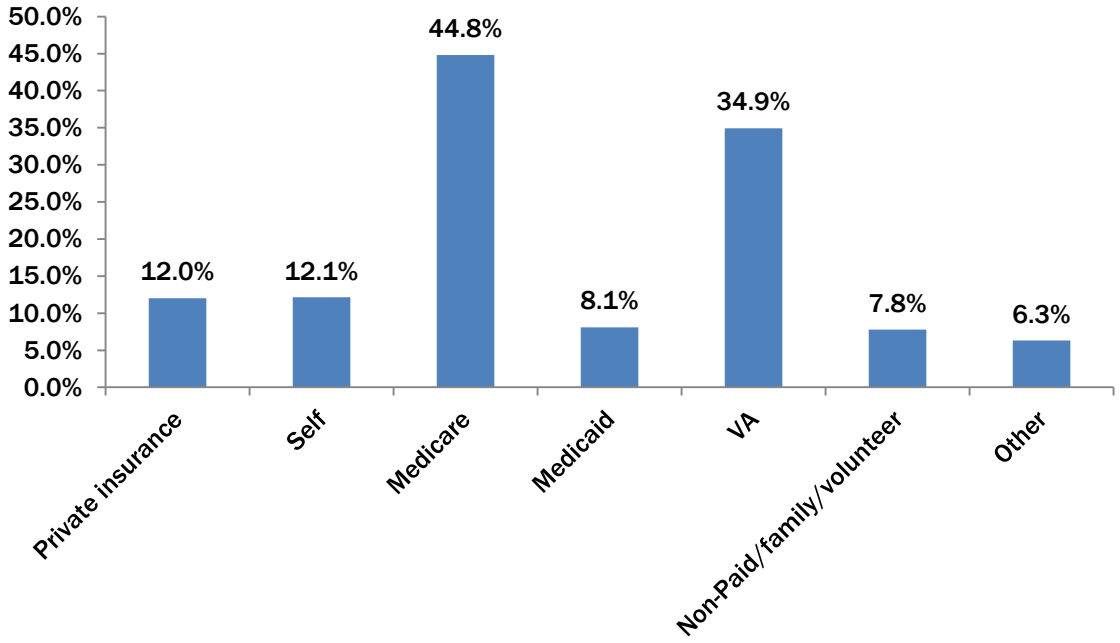
The survey also asked respondents the number of times in the past month that they received nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide. Approximately 3 percent (not shown) of enrollees said they received nursing services at home in the past month. Not surprisingly, the percentage of enrollees who received nursing services at home increased with age. Table 7-2 shows that one percent of enrollees less than age 65 received nursing services at home versus 13 percent of enrollees age 85 or older. About 1.5 percent (not shown) of enrollees received nursing services 1 to 5 days per month, which might be thought of as receiving services on a weekly basis, as there are about 5 weeks in a month. Another 1.5 percent (not shown) received nursing services more than 5 days per month.

Table 7-2. Percentage of enrollees who received nursing services at home

Age	Any nursing services at home		1 to 5 days/month		6+ days/month		Total
	#	%	#	%	#	%	
<65	58,725	1.3	28,884	0.6	29,841	0.7	4,449,837
65-74	52,367	2.4	28,492	1.3	23,875	1.1	2,208,535
75-84	57,513	4.9	30,976	2.6	26,537	2.3	1,175,005
85+	76,587	12.6	37,883	6.2	38,704	6.4	609,004

Enrollees who received nursing services at home in the past month were asked about the payer for the past month. Figure 7-2 shows that the most common payer for enrollees' nursing services was Medicare (45%). This reflects the fact that Medicare Part A and Part B provide coverage for home and community-based services. The second most common payer was VA (35%). Twelve percent said that they paid for the nursing care themselves through their own finances. Eight percent said that they did not pay for the nursing care or that it was provided by a family or volunteer.

Figure 7-2. Among enrollees who received nursing care at home in the past month, the percentage reporting various payers



Weighted N=245,193 enrollees who received nursing care at home in the past month.

7.3 Long-Term Care Insurance

At an average cost of than $80,000 per year, long-term care is unaffordable for most middle-class Americans.[53] Neither private health insurance nor Medicare generally covers long-term care. Medicare only covers care in a skilled nursing facility or at home following an inpatient hospitalization. Most individuals "spend down" their private resources to pay for long-term care and then apply for Medicaid. Long-term care insurance can provide coverage for care in residential settings, such as nursing homes or assisted living facilities, in adult day care programs, or in the home by paid caregivers.

The 2015 Survey of Enrollees asked respondents about whether they had a long-term care policy that covers nursing home care, assisted living, or long-term care services in the home. Overall, 8 percent of enrollees said that they had a long-term care policy. This number is identical to the 8 percent of the U.S. population that is estimated to have long-term care insurance.[54] Table 7-3 shows the percentage of enrollees who had a long-term policy by age group. Among enrollees less than age 65, 6 percent had a long-term care policy, 9 percent of those ages 65 to 74, 13 percent for those ages 75 to 84, and 14 percent for those ages 85 and older.

Table 7-3. Percentage of enrollees with a long-term care policy

Age	Long-term care policy		Total
	#	%	
<65	254,378	5.7	4,449,837
65-74	192,897	8.7	2,208,535
75-84	150,046	12.8	1,175,005
85+	83,584	13.7	609,004

[53] https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_032514_CostofCare_FINAL_nonsecure.pdf

[54] http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf410654

Key Drivers of Enrollees' Health Care Decision Making

8

A series of questions was created to better understand why enrollees choose to utilize VA health care services. These questions were developed through focus groups with VA staff and enrollees and were used in the 2007 and 2008 surveys. Starting in 2010, questions that in previous years led to significant predictors of VA utilization were included in the survey. These questions or "key drivers" centered on five subjects: quality, cost, availability and accessibility, knowledge of VA health benefits, and perceptions of availability of community health care alternatives. Enrollees were asked to respond to statements about VA health care services using a 5-point response scale in terms of agreement (Completely agree, Agree, Neither, Disagree, Completely disagree).

To more easily interpret enrollees' perceptions of VA health care services, a percent agreement was calculated for each question. Percent agreement was the combined percentage of enrollees who answered "Completely Agree" or "Agree". To determine whether perceptions of VA health care are related to use of VA health care services, responses to these questions were cross-tabulated with self-reported use of VA and community outpatient health care during the last 3 months of 2014. Enrollees were categorized into four user groups:

- Those who reported that they used VA outpatient health care services only (15%);
- Those who reported that they used both VA and community outpatient health care services (dual users) (19%);
- Those who reported that they used only community outpatient health care services (36%); and
- Those who reported that they did not use any VA or community outpatient health care services (30%).

This chapter also examines the percent agreement for key driver questions at the national level and differences by demographic and socioeconomic characteristics.

8.1 Overview

Table 8-1 shows the percent of enrollees who agree with each of the key driver statements. The statements are ranked from the highest to lowest percent agreement. In general, enrollees have positive views of VA health care. The statement with the highest percent agreement (71%) is: "VA health care providers treat their patients with respect." The statements with the second and third highest percent agreement are "It is easy to get to my local VA facility" and "It is easy for Veterans like me to get around in the VA health care facility." The statement with the least agreement is "My use of the VA will decrease if my financial resources improve."[2] This suggests that only a small percentage of enrollees perceive the VA as a source of back up care. This is similar to the 19 percent of enrollees who say that they plan to use VA health care as a "safety net."

The key driver items were included in previous surveys. Table 8-1 also shows changes in agreement with these statements between 2014 and 2015. Only mail and web responses are included in 2014 because agreement was substantially more likely for most of the key driver items among enrollees who completed the interview via CATI. Inclusion of CATI responses in 2014 overestimated agreement, thereby making it appear as if there were substantial decreases is agreement with these items from 2014 and 2015. When mail and web only are included, the responses are generally similar, suggesting that most of the decrease may be due to the change in mode rather than to a real decrease in perceptions about the VA.[55] Table 8-1 shows that agreement with several of the items increased between 2014 and 2015. For example, the percentage of enrollees who agreed with the statement that "VA is the most cost-effective health care providers for Veterans like me" increased from 58 percent in 2014 to 63 percent in 2015. However, it is important to note that mail and web responses constitute 40 percent of all responses in 2014. Therefore, comparisons of key drivers over time should be interpreted considering that 60 percent of the 2014 sample is not included.[56]

[55] This is consistent with the tendency for respondents to provide positive ratings in the presence of an interviewer compared to a self-administered mode.

[56] Upon closer inspection, the demographic distribution of mail and web respondents in 2014 is generally similar to the distribution of the CATI respondents in 2014. However, the web and mail only sample was somewhat older, more likely to be in a "high priority" group (1 to 6) compared to the full 2014 sample. There was no difference in income.

Table 8-1. Percentage of enrollees who completely agree or agree with key drivers of health care decision making, 2014 and 2015

Key drivers	Domain	2014 (Mail and web only)	2015
VA health care providers treat their patients with respect	Quality	69.5%	70.5%
It is easy to get to my local VA facility	Availability and Accessibility	66.8%	68.5%
It is easy for Veterans like me to get around in the VA health care facility	Availability and Accessibility	63.1%	67.0%
VA is the most cost-effective health care provider for Veterans like me.	Cost	58.0%	63.1%
VA offers Veterans like me the best value for our health care dollar	Cost	56.5%	59.4%
There is a VA provider in my area that offers all of the health care services that Veterans like me need	Availability and Accessibility	56.7%	57.5%
Veterans like me who use VA are satisfied with the health care they receive	Quality	57.6%	56.7%
Veterans like me can get in and out of an appointment at VA in a reasonable time	Availability and Accessibility (Wait Times)	52.9%	53.0%
If the cost of health care to me increases, I will use VA more[1]	Current and Future Uses of VA	57.2%	56.1%
When Veterans like me go to VA for an appointment they do not wait a long time to see the doctor	Availability and Accessibility (Wait Times)	50.0%	51.9%
I feel I know what is available to me through my VA benefits	Knowledge of VA Benefits	48.8%	51.1%
I have a doctor outside VA who I really like and trust	Availability of Insurance	52.9%	48.1%
I understand how my VA health benefits work	Knowledge of VA Benefits	46.3%	48.0%
I would use VA only if I did not have access to any other source of health care	Current and Future Uses of VA	42.8%	45.5%
Veterans like me like going to VA because you can talk to other Veterans	Camaraderie	37.2%	42.5%
My family has a health insurance plan that covers me and the rest of my family	Availability of Insurance	39.9%	35.2%
I tend to use the same health care providers as my spouse/partner and/or children	Current and Future Uses of VA	35.5%	31.1%
Veterans who can afford to use other sources of health care should leave the VA to those who really need it	Current and Future Uses of VA	29.8%	27.3%
My use of the VA will decrease if my financial resources improve[2]	Cost	16.4%	18.1%

[1] Includes enrollees who did not use VA to meet all of their health care needs.

[2] Includes enrollees who used VA to meet at least some of their health care needs.

In general, perceptions of VA health care are related to VA health care use. Enrollees who used VA health care only and dual users are more likely to agree with positive statements about VA health care compared to those who used community health care only or who did not use health care. For example, 89 percent of enrollees who used VA only and 84 percent of dual users agreed with the statement the VA providers treat their patients with respect compared to only 57 percent of enrollees who used community providers only and 70 percent of those who did not use health care. It is important to note that the VA user groups are based on use during the last 3 months of 2014. Thus, enrollees who used only community health care or who did not use health care may have used VA health care in the more distant past.

When examined by sociodemographic characteristics, enrollees ages 65 and older, those in high priority groups (1 to 6) and those with lower incomes (less than $36,000) were generally associated with more positive views of VA health care. For example, 75 percent of enrollees ages 65 and older agreed with the statement that VA providers treat their patients with respect compared to 69 percent of those ages 45 to 64 and 64 percent of those age 45 or younger. Seventy percent of enrollees in Priority Groups 1 to 3 and 74 percent of enrollees in Priority Groups 4 to 6 agreed with this statement compared to 67 percent of those in Priority Groups 7 and 8. Finally, 77 percent of enrollees with incomes less than $36,000 agreed with this statement compared to 67 percent of those with incomes of $36,000 or greater.

The sections that follow present the findings for each key driver item in detail.

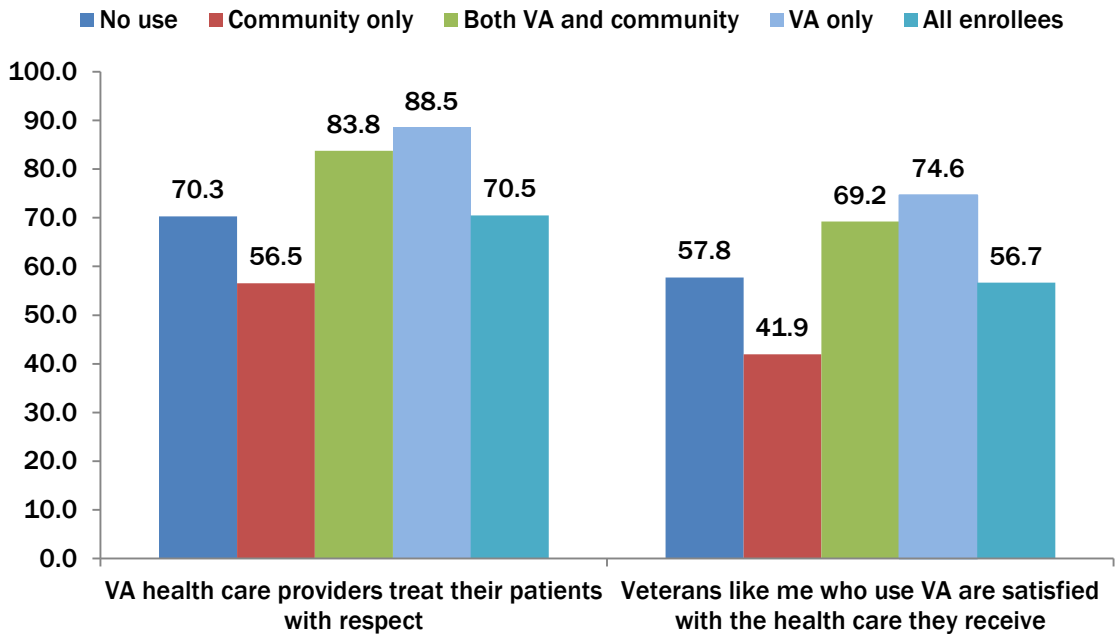
8.2 Perceptions of Quality

Enrollees who used only VA health care and those who used both VA and community health care (dual users) are more likely to agree with positive statements about VA health care than those who use only community health care or used no health care.

In 2013, VA established its Core values and Characteristics to help guide the actions of all VA staff: Integrity, Commitment, Advocacy, Respect, and Excellence (I CARE). Two of those values, excellence and respect, are key driver quality measures of the Survey of Enrollees. Figure 8-1 shows that VA users were more likely to positively endorse statements about quality compared to non-users. Among enrollees who used VA only or both VA and community providers (dual users), more than 80 percent agreed with the statement that VA providers treated their patients with respect. In contrast, 57 percent of those who use community providers only and 70 percent of

those who used no health care said that they agreed with this statement. A similar pattern was observed for satisfaction with the VA. For example, 75 percent of those who used VA only were satisfied with VA, compared to 42 percent of those who used community providers only.

Figure 8-1. Perceptions of quality by use of VA health care services



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

Table 8-2 shows that older enrollees generally had more positive views of the quality of VA health care compared to younger enrollees. Enrollees ages 65 and older were more satisfied with VA health care than those younger than age 45 (63% versus 44%), and were also more likely to agree that VA health care providers treat them with respect (75% versus 64%). Perceptions of quality also varied by priority group, although the direction was not as clear cut as for age. Enrollees in Priority Groups 1 to 6 were more likely to agree on the respect questions (70% and 74%) than those in Priority Groups 7 and 8 (67%). However, those in Priority Groups 4 to 6 were most likely to agree on the satisfaction question (61%). Enrollees' satisfaction with VA health care seems to decrease as their household income increases. Enrollees with household incomes of less than $36,000 are more likely to agree that they are treated with respect (76% agree) and are satisfied (62%) with the care they receive than enrollees who earn $36,000 or more per year.

Enrollees in "high" priority groups (1 to 6), those ages 65 and older, and those with lower incomes are most likely to agree with positive statements about VA health care.

Table 8-2. Perceptions of quality by priority group, age, and income

	VA health care providers treat their patients with respect	Veterans like me who use VA are satisfied with the health care they receive	Total
Priority Group			
P1-P3	70.3	54.9	3,650,665
P4-P6	73.9	60.7	2,654,719
P7-P8	66.6	54.4	2,136,996
Age			
<45	63.6	44.1	1,692,711
45-64	69.0	55.2	2,757,126
65+	74.5	62.9	3,992,543
Income			
<$36,000	76.0	62.2	3,848,382
$36,000+	66.1	51.8	3,855,998
Missing	64.7	52.9	738,000

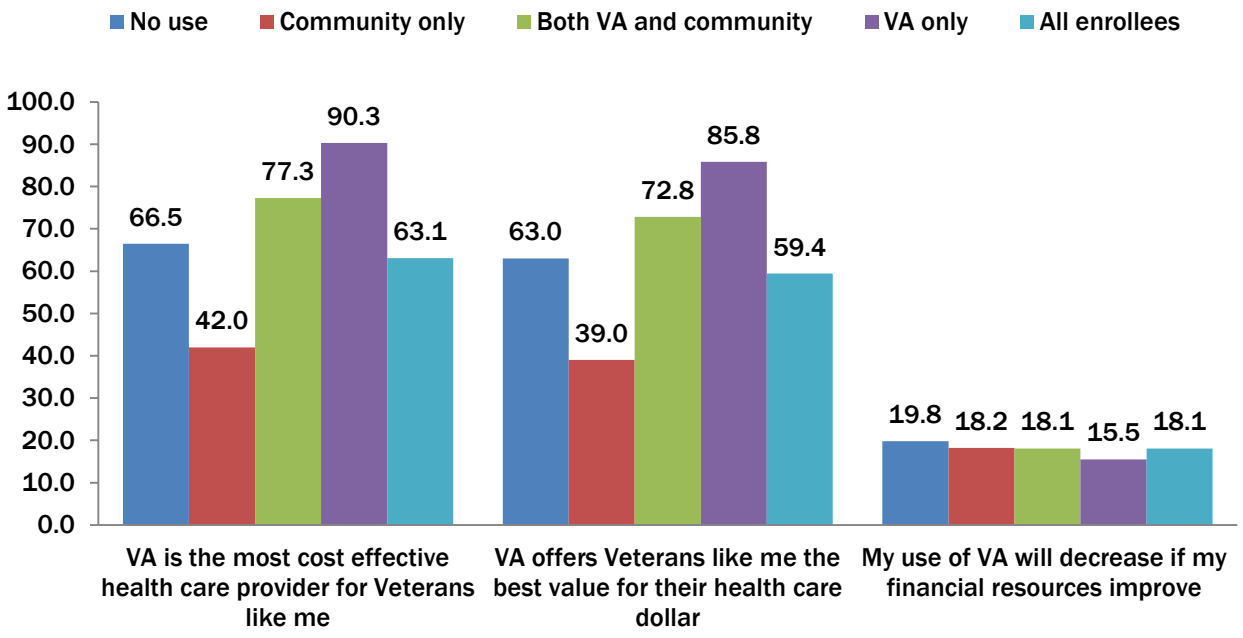
8.3 Perceptions of Cost

Many enrollees qualify for cost-free health care services based on a compensable service-connected condition, income, or other factors. Most enrollees not receiving VA disability compensation or pension payments must complete a financial assessment at the time of enrollment to determine if they qualify for free VA health care. While enrollees do not pay premiums for VA care, some enrollees are required to pay copayments for medical services and outpatient medications related to the treatment of nonservice-connected conditions. It is therefore important to understand how perceptions about cost factor into enrollees' use of VA health care services, and how these perceptions are related to priority group and income.

The survey asked enrollees three questions related to cost and value. Overall, about three in five enrollees (63%) agreed that VA is the most cost effective health care provider for Veterans like them (See Figure 8-2). Similarly, 59 percent of enrollees agreed that VA offers Veterans like them the best value for their health care dollar. Only 18 percent of enrollees said that their use of VA would decrease if their financial resources improved. Agreement with the cost and value statements varies across enrollees with different health care use patterns. Enrollees who only get their health care

through the VA are the most likely group to agree with both the cost and value statements, compared with enrollees who use both VA health care and care outside of the VA system (dual users), those who use community health care only, or don't use any health care. VA-only users are also the least likely to agree with the statement that "my use of VA will decrease if my financial resources improve", although the levels of agreement with this statement do not vary as much across health care types (VA only, community providers only, dual, none) as they do for the other two statements.

Figure 8-2. Perceptions of cost by VA health care use



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

Table 8-3 shows there was little difference in perception of cost across the age groups. Enrollees in Priority Groups 1 to 3 and 4 to 6 were more likely to agree with the cost and value statements compared to those in Priority Groups 7 and 8. Enrollees in Priority Groups 7 and 8 generally have copays for VA health care. Enrollees with a self-reported household income of $36,000 or more were less likely to agree that the VA is the most cost-effective health care provider than their counterparts earning less than $36,000. Higher income respondents were also less likely to agree that the VA offered the best value of health care to Veterans; only 52 percent of higher income enrollees agreed that VA health care offers the best value for money, whereas 68 percent of lower income enrollees agreed with this statement. Agreement with the statement "My use of the VA will decrease

if my financial resources improve" implies a lower likelihood of VA health care use. Earning a household income of less than $36,000 per year was associated with agreement with this statement.

Table 8-3. Perceptions of cost by priority group, age, and income

	VA is the most cost effective health care provider for Veterans like me	VA offers Veterans like me the best value for their health care dollar	My use of VA will decrease if my financial resources improve[1]	Total
Priority Group				
P1-P3	65.5	59.5	15.0	3,650,665
P4-P6	68.5	65.4	22.6	2,654,719
P7-P8	52.2	51.9	18.1	2,136,996
Age				
<45	62.0	53.1	20.2	1,692,711
45-64	65.6	61.4	19.1	2,757,126
65+	61.9	60.8	16.4	3,992,543
Income				
<$36,000	72.6	68.1	21.3	3,848,382
$36,000+	54.5	51.6	14.4	3,855,998
Missing	58.6	55.2	16.5	738,000

[1] Excludes enrollees who used VA to meet none of their health care needs. Weighted *n* = 6,147,720.

8.4 Perceptions of Availability and Accessibility

VA has several existing programs to help enrollees better access VA health care services. In 2014, Congress enacted the Veterans Access, Choice, and Accountability Act, which provides $15 billion in new funding for Department of Veterans Affairs (VA) health care. In general, this law requires VA to offer Veterans the option to receive hospital care and medical services from a community provider when a VA facility cannot provide an appointment within 30 days, or when Veterans reside more than 40 miles from the nearest VA facility.[57] The VA Beneficiary Travel program reimburses eligible enrollees for certain transportation expenses to travel to VA-provided or VA-authorized

[57] http://www.gao.gov/highrisk/managing_risks_improving_va_health_care/why_did_study

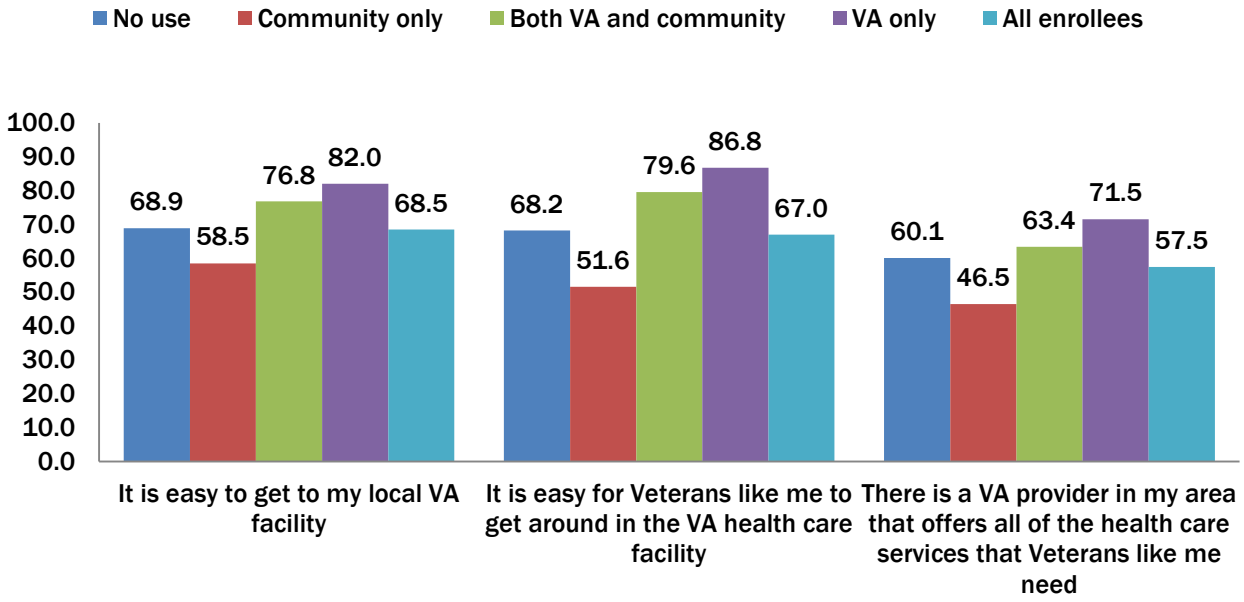
outpatient and inpatient medical services.[58] It will be important to track perceptions of availability and accessibility of VA health care as these policies are rolled out.

8.4.1 Perceptions of Accessibility

The 2015 Survey of Enrollees asked three questions about accessibility of VA health care services. Figure 8-3 shows that more than two-thirds (69%) of enrollees agreed that it was easy to get to their local VA facility and it was easy to get around in the VA health care facility (67%). More than half of enrollees (58%) agreed that there is a VA provider in their area that offers all of the health care services that Veterans like them need.

Enrollees who use community health care are the least likely to agree with these statements about the accessibility of VA health care, while enrollees who receive their health care exclusively through the VA are the most likely to agree. Those who use both VA and community care (dual users) are more likely than users of care in the community to agree with the accessibility statements, but less likely to agree than VA-only users.

Figure 8-3. Perceptions of accessibility by use of VA health care services



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

[58] http://www.va.gov/HEALTHBENEFITS/vtp/beneficiary_travel.asp

As shown in Table 8-4, enrollee perceptions of accessibility were fairly consistent across age groups. The largest disparity between age groups was regarding whether a VA provider in their area offers all of the healthcare services Veterans need. Enrollees 65 years of age or older (59%) were more likely to agree than enrollees less than 45 years of age (54%). There was considerably more variation in enrollees' perceptions of accessibility by priority group. Veterans in Priority Groups 1-3 and 4-6 were more likely to agree that it is easy to get to their local VA facility and that it is easy to get around in their VA facility than those in Priority Groups 7-8. For enrollees in Priority Groups 1-3, which include enrollees with VA-rated service-connected disabilities, agreement with the three accessibility statements were similar to the national means. Lower-income enrollees were more likely to agree than the higher-earning respondents for all three accessibility questions. Agreement rates were lowest for the statement, "There is a VA provider in the area that offers services that Veterans like me need" for all income, age, and priority group categories.

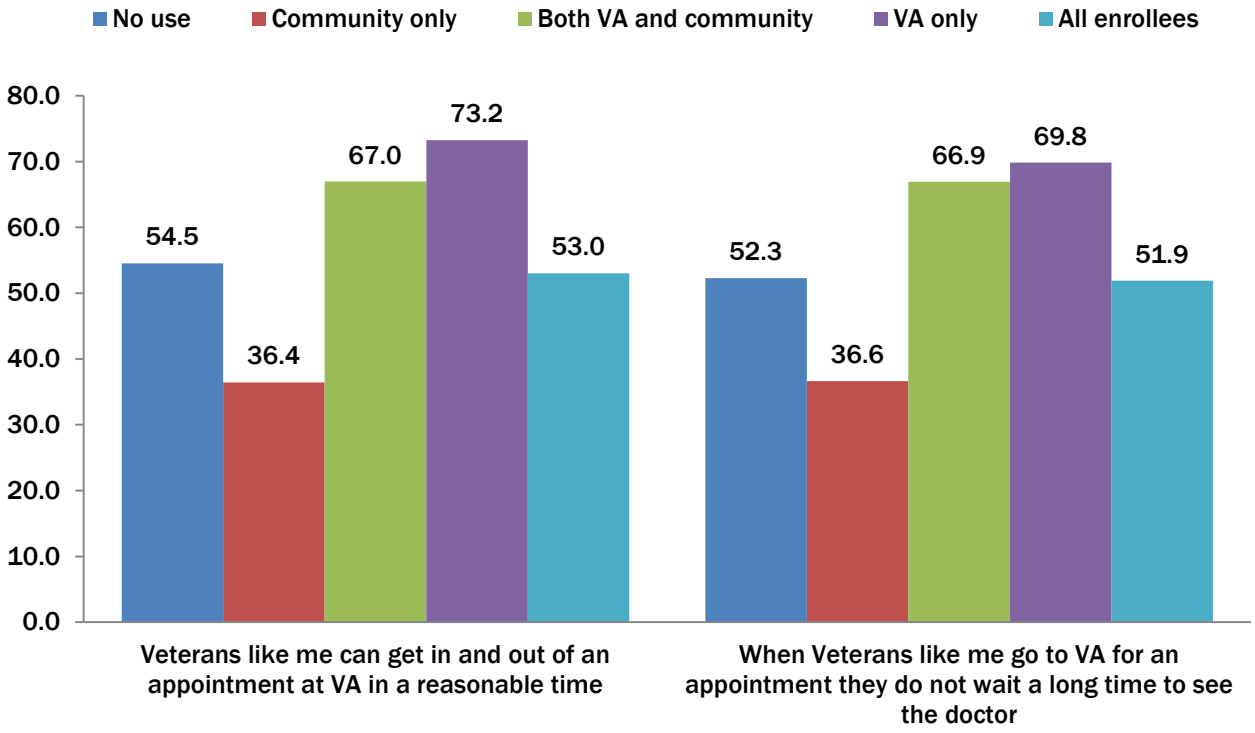
Table 8-4. Perceptions of accessibility by priority group, age, and income

	It is easy to get to my local VA facility	It is easy for Veterans like me to get around in the VA health care facility	There is a VA provider in my area that offers all of the health care services that Veterans like me need	Total
Priority Group				
P1-P3	68.7	68.0	56.4	3,650,665
P4-P6	70.3	70.7	60.6	2,654,719
P7-P8	66.0	60.9	55.3	2,136,996
Age				
<45	65.5	65.0	54.0	1,692,711
45-64	69.0	67.0	57.9	2,757,126
65+	69.4	67.9	58.6	3,992,543
Income				
<$36,000	71.2	73.6	60.9	3,848,382
$36,000+	66.8	61.2	55.2	3,855,998
Missing	63.4	63.6	51.5	738,000

8.4.2 Perceptions of Wait Times

Although the survey does not ask enrollees how long they waited to schedule an appointment or see a provider, it does ask whether they agree that they can get in and out of an appointment in a reasonable amount of time and that they do not wait a long time to see the doctor once at the VA for an appointment. Over half of all enrollees agreed with both questions, but among users of community care, just 36 percent agreed that an appointment took a reasonable amount of time and only 37 percent agreed the wait times were not long. Dual users' sentiments about wait times more closely resemble those of VA-only users than those of community provider users. (See Figure 8-4).

Figure 8-4. Perceptions of wait times by use of VA health care services



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

Table 8-5 shows that older respondents (65+) were most likely to agree with both statements (60%). In contrast, 39 percent of enrollees less than 45 years of age agreed that Veterans can get in and out of an appointment in a reasonable time; 38 percent agreed that they do not wait a long time to see the doctor. Perceptions of wait times were most positive among Priority Groups 4-6; 58 and 56 percent agreed that Veterans can get in and out of an appointment in a reasonable time and not

wait a long time to see the doctor, respectively. Priority Groups 1-3 and 7-8 answered similarly for both wait time statements. Lower-income (earning less than $36,000 in annual household income) enrollees were more patient than their higher-income counterparts. Three out of five of the lower-income respondents said they could get in and out of an appointment in a reasonable amount of time, but only 46 percent of the higher-income respondents could say the same.

Table 8-5. Perceptions of wait times by priority group, age, and income

	Veterans like me can get in and out of appointment at VA in reasonable time	When Veterans like me go to VA for an appointment, they do not wait a long time to see the doctor	Total
Priority Group			
P1-P3	50.3	49.6	3,650,665
P4-P6	58.1	55.9	2,654,719
P7-P8	51.3	51.0	2,136,996
Age			
<45	38.6	37.5	1,692,711
45-64	51.4	49.9	2,757,126
65+	60.3	59.4	3,992,543
Income			
<$36,000	60.4	57.9	3,848,382
$36,000+	46.1	46.0	3,855,998
Missing	50.3	50.9	738,000

8.5 Perceptions of Camaraderie

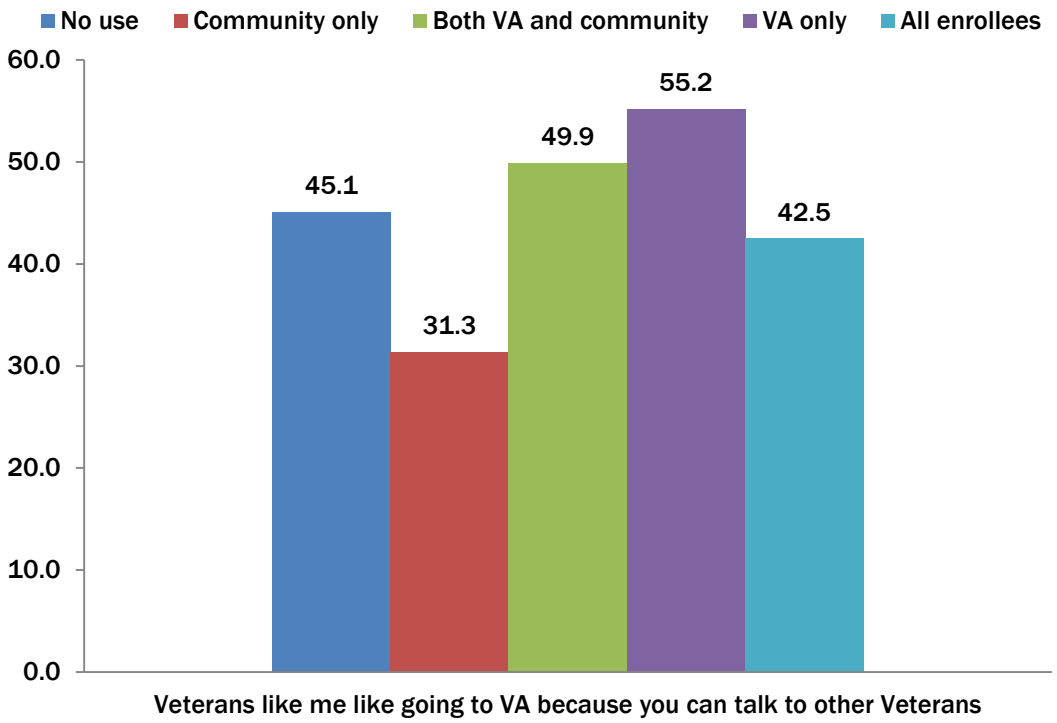
As VA's public awareness campaign "Make the Connect" notes, difficult experiences can be harder to cope with when it feels like no one, not even family or friends, understands what you went through.[59] Connecting with other Veterans and reaching out for support can help enrollees overcome isolation and increase enjoyment of life.[60] VA health care facilities can serve as a meeting place for struggling enrollees to talk and provide support to each other. Two out of five enrollees

[59] http://maketheconnection.net/symptoms/social-withdrawal

[60] http://maketheconnection.net/symptoms/social-withdrawal

(43%) agreed that Veterans go to VA because they can talk to other Veterans (Figure 8-5). Not surprisingly, respondents receiving all of their health care outside the VA were the least agreeable to the camaraderie statement, and VA-only users were the most agreeable.

Figure 8-5. Perceptions of camaraderie by use of VA health care services



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

Table 8-6 shows that enrollees 45-64 years of age were most likely to agree that Veterans like going to VA to talk to other Veterans (47%). A large proportion of this age group likely served during the Vietnam era spanning from 1964 to 1975. Enrollees less than 45 years of age (41%) and 65 years of age or older (40%) answered similarly to the camaraderie statement. Perception of camaraderie also varied by priority group. Camaraderie was highest among Priority Groups 1-3 (43%) and Priority Groups 4-6 (48%), while Priority Groups 7-8 had the lowest agreement (35%). The percentage of lower-income respondents in agreement is nearly 13 percentage points higher than the percentage of higher-income respondents who agree that they like to go the VA to talk with fellow Veterans. The reason(s) for disagreement is unclear. To enrollees who disagree, it could be that camaraderie simply is not a priority or a low priority when they are going to the VA to receive care, they think the camaraderie is poor among Veterans at VA facilities, a combination of the two, or some other reason.

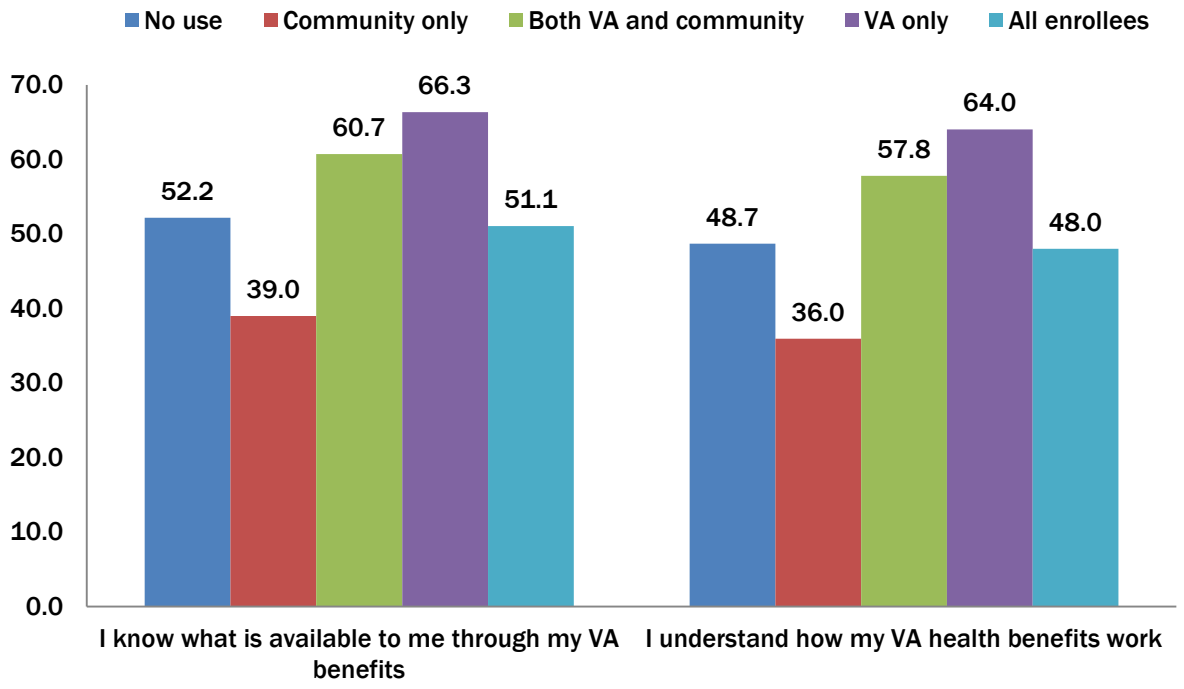
Table 8-6. Perceptions of camaraderie by priority group, age, and income

	Veterans like me like going to VA because you can talk to other Veterans	Total
Priority Group		
P1-P3	43.1	3,650,665
P4-P6	47.5	2,654,719
P7-P8	35.2	2,136,996
Age		
<45	41.4	1,692,711
45-64	47.0	2,757,126
65+	39.7	3,992,543
Income		
<$36,000	49.0	3,848,382
$36,000+	36.2	3,855,998
Missing	40.8	738,000

8.6 Knowledge of VA Benefits

As shown in Figure 8-6 below, approximately half (51%) of enrollees agreed that they know what VA benefits are available to them and just under half (48%) that they understand how the benefits work. VA-only users had a higher propensity to know and be aware of their benefits and how they worked, relative to all other users (no health care use, community provider users, dual users). Approximately two-thirds of enrollees who exclusively get their care from the VA said they knew what was available to them through their VA benefits, and just under one-third of VA-only users said they understood how those benefits worked. Three out of 5 dual users reported knowing what their available benefits were, and 58 percent of dual users reported understanding how their benefits worked. Predictably, users of community health providers had the lowest levels of knowledge and understanding of benefits.

Figure 8-6. Perceptions of knowledge of VA benefits by use of VA health care services



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

Table 8-7 shows that older enrollees were more likely to agree that they knew about their benefits. Enrollees younger than 45 years were least likely to feel they know what VA benefits are available (42%) and understand how VA health benefits work (40%), while the majority of enrollees 65 years of age or older were most likely to agree with the knowledge of benefits and understand benefits statements. Perceptions of knowledge of VA benefits varied by priority group with Priority Groups 1-3 most likely to agree while Priority Groups 7-8 least likely to agree with the knowledge and understand statements. Enrollees with a self-reported household income of $36,000 or more were least likely to agree that they knew what their benefits were (48%) and understand how VA health benefits work (45%). More respondents reported knowing what their benefits were than respondents who said they understood how their benefits worked in every priority group, age, and income categories.

Table 8-7. Perceptions of knowledge of VA benefits by priority group, age, and income

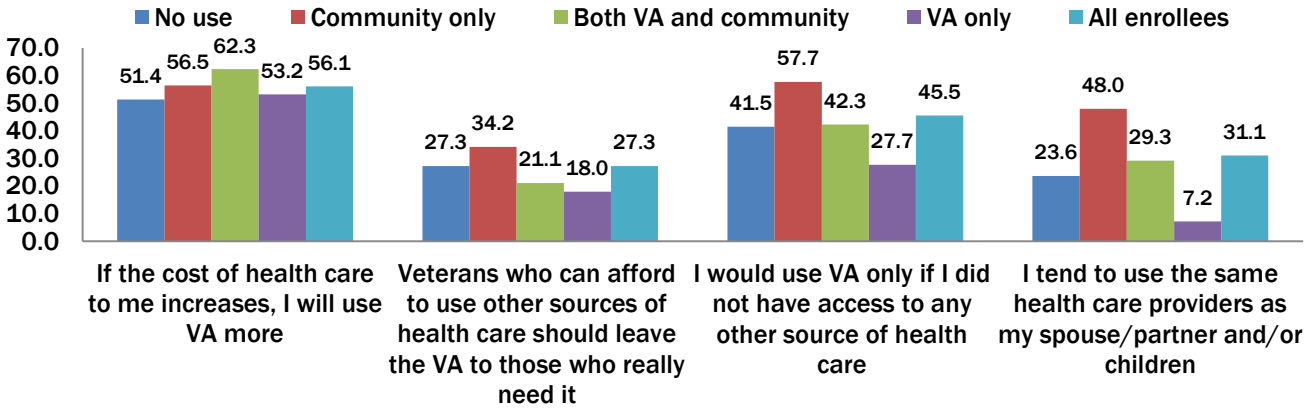
	I know what is available to me through my VA benefits	I understand how my VA health benefits work	Total
Priority Group			
P1-P3	54.0	51.4	3,650,665
P4-P6	51.1	47.9	2,654,719
P7-P8	46.0	42.5	2,136,996
Age			
<45	41.9	39.8	1,692,711
45-64	49.2	46.6	2,757,126
65+	56.2	52.5	3,992,543
Income			
<$36,000	54.8	51.8	3,848,382
$36,000+	48.3	45.3	3,855,998
Missing	45.9	42.9	738,000

8.7 Planned Current and Future Use

According to the FY 2014-2020 Strategic Plan, in the coming decades, the VA projects the Veteran population will change dramatically by gender, race/ethnicity, and age.[61] Increases in the diversity of the Veteran population will result in the need for more diverse services, outreach, communications, research, and development. To understand the needs of a changing Veteran population, it is crucial to examine enrollees' reasons for current and future use of VA care. The survey asked enrollees three questions regarding their planned current and future uses of VA health care services (Figure 8-7). The majority of enrollees (56%) agreed that if the cost of health care increases, they will use VA more. Over one-fourth (27%) of enrollees agreed that Veterans who can afford to use other sources of health care should leave the VA to those who really need it. Finally, 46 percent agreed with the negatively-worded statement they would use VA only if they did not have access to any other source of health care.

[61] http://www.va.gov/op3/docs/strategicplanning/va2014-2020strategicplan.pdf

Figure 8-7. Planned current and future use of VA by VA health care use



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

The statement about health care cost increasing (and the subsequent use of VA care) elicits an agreement rate of 62 percent of dual users, which is the highest agreement rate out of all health care users. This outcome is not unanticipated; after all, dual users are more likely to use VA health care than users of community care and at the same time, they have the ability to substitute their community care with VA care, unlike enrollees who already receive all of their care at the VA and therefore cannot use the VA more. Perhaps equally predictable is the majority agreement among users to the statement that "I would only use the VA if I did not have access to any other source of health care", and the agreement rate to that statement being lowest for VA-only users out of all other users (dual use, community provider, no health care use). Community health care users were the only user group that had a majority agreement to this statement.

Most enrollees in all user groups did not agree that only Veterans who really need VA health care should use it. The agreement rate for this statement was highest among users of community care. Although alternative statements are not offered for respondents who disagreed, the level of disagreement with this statement shows that enrollees believe that access to VA health care should not be entirely needs-based.

The survey also asked enrollees if they tend to use the same health care providers as their spouse/partner and/or children. Nearly half of community health care users agree that they prefer to use the same health care providers as their families, but just 7 percent of VA-only users agree. This agreement rate among VA-only users is the lowest by a significant amount relative to the other health care user groups.

Table 8-8 shows that the percentage of enrollees in agreement with the statement that "If the cost of health care to me increases, I will use the VA more" is highest among respondents in Priority Groups 4-6, a priority group category that is more likely to pay co-payments for VA health care than Priority Groups 1-3, but less likely to cost-share than enrollees in Priority Groups 7 and 8. The level of agreement, which is over 50 percent for all priority group, age, and income categories (with the exception of missing income category), does not vary greatly across priority, age, and income groups.

Table 8-8. Planned current and future use of VA by priority group, age, and income

	If the cost of health care to me increases, I will use VA more[1]	Veterans who can afford to use other sources of health care should leave the VA to those who really need it	I would use VA only if I did not have access to any other source of health care	I tend to use the same health care providers as my spouse/partner and/or children	Total
Priority Group					
P1-P3	54.9	23.8	44.0	32.4	3,650,665
P4-P6	58.5	28.9	42.7	22.7	2,654,719
P7-P8	55.5	31.1	51.6	39.4	2,136,996
Age					
<45	55.1	22.4	41.6	30.9	1,692,711
45-64	56.4	24.8	43.7	26.6	2,757,126
65+	56.3	31.0	48.4	34.4	3,992,543
Income					
<$36,000	58.2	27.1	41.6	20.4	3,848,382
$36,000+	56.2	28.5	50.3	42.4	3,855,998
Missing	46.0	21.5	41.3	28.0	738,000

[1] Excludes enrollees who used VA to meet all of their health care needs. Weighted *n* = 5,700,151.

Veterans who are placed into Priority Groups 7 or 8 are categorized on the basis of financial need, whereas Veterans in the higher Priority Groups 1-3 have a service-connected disability and do not necessarily demonstrate a financial need for benefits. This could at least partially explain why over 30 percent of Priority Group 7-8 Veterans felt that Veterans "who can afford to use other sources of health care should leave the VA to those who really need it", while just 24 percent of Priority Group 1-3 enrollees agreed with this statement. The youngest age group has the lowest agreement rates in response to this statement, the middle-aged (45-64 year-olds) group is in the middle, and the oldest age group (65+ years of age) has the highest percentage agreeing with the statement.

Agreement with this statement among people who earn more versus less than our threshold income of $36,000 is relatively even across the two income groups at 29 percent and 27 percent, respectively.

However, rates of agreement with "I would use the VA only if I did not have access to any other source of health care" does differ more across the two income groups; just over half of the higher-income group agrees with this and only 41 percent of the lower-income group agrees. The oldest (48% of 65+ year-olds) and those in the lowest Priority Groups 7 and 8 (52%) are most likely to agree that they would only use the VA if they had no other health care option, while Priority Group 4-6 enrollees (43%) and those younger than 45 years of age (42%) are least likely to agree with this statement.

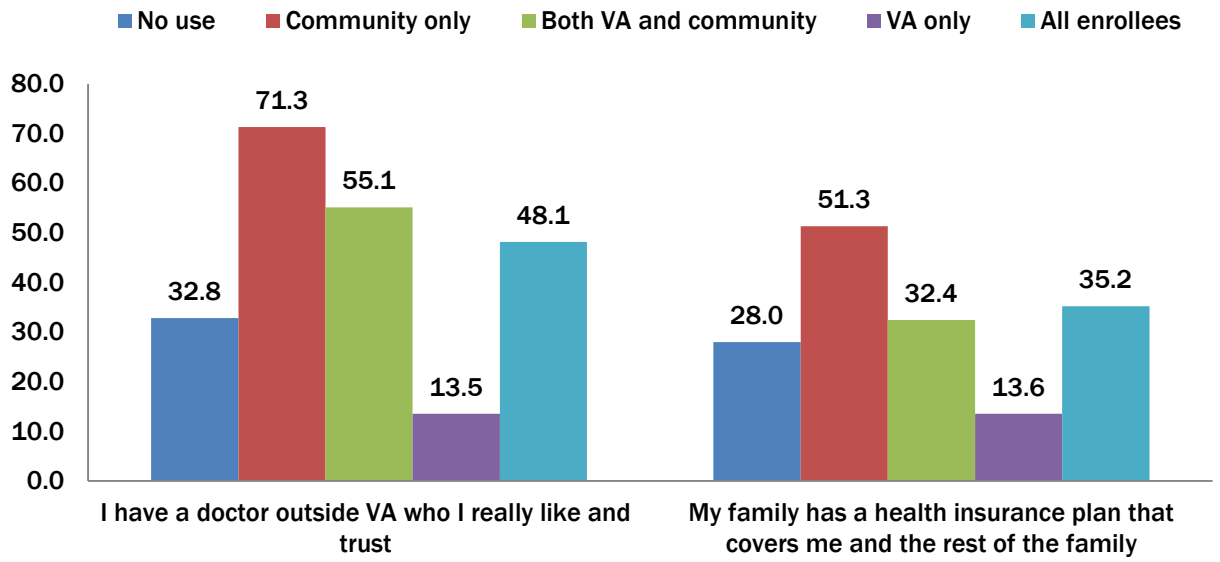
The greatest differences in agreement rates for the statement "I tend to use the same health care providers as my spouse/partner and/or children" is between Priority Group 4-6 and Priority Group 7-8 enrollees at less than 23 percent and almost 40 percent, respectively. About one-fifth of enrollees with an annual income of less than $36,000 agreed with this statement, whereas more than two-fifths of enrollees earning $36,000 or more agreed.

8.8 Insurance Coverage

Figure 8-8 shows that just under half (48%) agreed with the negatively-worded statement about having a doctor outside VA who they really like and trust. Enrollees who use Community health care only are much more likely to agree; 71 percent of these enrollees agree, whereas less than 14 percent of VA-only health care users agree. Over half of dual users (55%) agree with this statement.

Although many enrollees who only use community health care or use a combination of VA and community provided health care have a doctor outside the VA that they like and trust, fewer of them have a health insurance plan that covers them and their family. Fewer enrollees for nearly all user types agreed with the statement that "my family has a health insurance plan that covers me and the rest of the family". Of those enrollees who use community providers, just over half agreed, while only about one-third of dual users agreed. Of VA-only users, the percentage who agreed with this statement is similar to percentage who agreed they have a doctor outside VA who they like and trust.

Figure 8-8. Community providers and availability of non-VA insurance by use of VA health care services



NOTE: Weighted *n* = 1,233,333 for VA only group, 1,582,101 for dual use group, 3,067,904 for community provider only group, and 2,559,042 for no use group.

As shown in Table 8-9, while under half of Priority Group 1-3 enrollees agree that they have a doctor outside VA who they like and trust, and less than 40 percent of Priority Group 4-6 enrollees agree, nearly 3 out of 5 of Priority Group 7-8 enrollees agree. The youngest enrollees (under 45 years of age) are the least likely to agree to this statement at 37 percent, while the 65+ group's agreement rate is over 20 percentage points higher at almost 60 percent. Higher-income respondents are also significantly more likely to agree than the lower-income respondents; the rate of higher-income enrollees who report having a doctor outside VA they like is 20 percentage points higher than that of lower-income enrollees.

Enrollees in the lower and higher-income groups also differed significantly on the second statement indicating availability of insurance. Less than one-fifth of the lower-income respondents agreed that they had an insurance plan that covered them as well as their family, but over half of the higher-income respondents agreed that they had this kind of health insurance plan. Priority Group 4-6 enrollees were the least likely to agree with this statement than enrollees in the other priority groups (24% of Priority Group 4-6 enrollees agreed). Those younger than 45 years were more likely to agree (44% agreed) than respondents 45 or over.

Table 8-9. Community providers and availability of insurance by priority group, age, and income

	I have a doctor outside VA who I really like and trust	My family has a health insurance plan that covers me and the rest of the family	Total
Priority Group			
P1-P3	48.6	39.2	3,650,665
P4-P6	38.7	24.0	2,654,719
P7-P8	59.1	42.2	2,136,996
Age			
<45	36.5	43.7	1,692,711
45-64	39.6	33.6	2,757,126
65+	59.0	32.7	3,992,543
Income			
<$36,000	38.2	19.6	3,848,382
$36,000+	58.3	51.7	3,855,998
Missing	46.8	30.2	738,000

Appendix Tables

A.1 Demographics

Table A.1-1. Enrollees by priority

VISN	VISN total	Priority group					
		1-3		4-6		7-8	
1	340,086	136,357	40.1%	97,767	28.7%	105,962	31.2%
2	190,255	63,523	33.4%	63,351	33.3%	63,381	33.3%
3	279,383	82,182	29.4%	83,787	30.0%	113,415	40.6%
4	435,026	144,238	33.2%	144,302	33.2%	146,486	33.7%
5	228,286	110,424	48.4%	62,152	27.2%	55,710	24.4%
6	504,977	249,394	49.4%	146,933	29.1%	108,649	21.5%
7	571,109	284,403	49.8%	169,967	29.8%	116,739	20.4%
8	706,735	282,737	40.0%	234,676	33.2%	189,322	26.8%
9	391,463	174,135	44.5%	131,016	33.5%	86,312	22.0%
10	309,590	107,019	34.6%	119,332	38.5%	83,238	26.9%
11	392,013	159,304	40.6%	134,470	34.3%	98,239	25.1%
12	335,542	111,292	33.2%	113,209	33.7%	111,041	33.1%
15	325,739	134,414	41.3%	108,022	33.2%	83,303	25.6%
16	682,280	316,810	46.4%	217,466	31.9%	148,005	21.7%
17	431,952	229,178	53.1%	119,198	27.6%	83,576	19.3%
18	362,828	162,602	44.8%	117,019	32.3%	83,206	22.9%
19	279,648	133,623	47.8%	80,569	28.8%	65,457	23.4%
20	407,884	200,150	49.1%	123,551	30.3%	84,184	20.6%
21	364,800	157,793	43.3%	119,581	32.8%	87,427	24.0%
22	485,458	211,927	43.7%	163,244	33.6%	110,287	22.7%
23	417,327	199,160	47.7%	105,107	25.2%	113,059	27.1%
National	8,442,380	3,650,665	43.2%	2,654,719	31.4%	2,136,996	25.3%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Table A.1-2. Enrollees by age

VISN	Age group					
	<45		45-64		65+	
1	71,741	21.1%	79,297	23.3%	189,048	55.6%
2	33,745	17.7%	53,887	28.3%	102,623	53.9%
3	50,872	18.2%	68,424	24.5%	160,088	57.3%
4	79,256	18.2%	127,802	29.4%	227,968	52.4%
5	54,661	23.9%	86,852	38.0%	86,773	38.0%
6	99,672	19.7%	190,214	37.7%	215,092	42.6%
7	124,768	21.8%	220,759	38.7%	225,581	39.5%
8	86,202	12.2%	237,019	33.5%	383,514	54.3%
9	77,803	19.9%	136,718	34.9%	176,941	45.2%
10	52,945	17.1%	109,720	35.4%	146,925	47.5%
11	78,245	20.0%	116,909	29.8%	196,859	50.2%
12	74,219	22.1%	91,573	27.3%	169,750	50.6%
15	67,710	20.8%	100,836	31.0%	157,193	48.3%
16	133,745	19.6%	251,539	36.9%	296,996	43.5%
17	100,725	23.3%	151,894	35.2%	179,333	41.5%
18	72,212	19.9%	115,971	32.0%	174,645	48.1%
19	68,838	24.6%	84,026	30.0%	126,784	45.3%
20	85,427	20.9%	146,922	36.0%	175,535	43.0%
21	73,357	20.1%	112,688	30.9%	178,755	49.0%
22	123,206	25.4%	161,049	33.2%	201,203	41.4%
23	83,363	20.0%	113,026	27.1%	220,937	52.9%
National	1,692,711	20.1%	2,757,126	32.7%	3,992,543	47.3%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Table A.1-3. Enrollees by income

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	152,646	44.9%	160,124	47.1%	27,316	8.0%
2	89,949	47.3%	82,613	43.4%	17,693	9.3%
3	111,684	40.0%	139,292	49.9%	28,408	10.2%
4	203,451	46.8%	194,615	44.7%	36,960	8.5%
5	79,411	34.8%	129,976	56.9%	18,899	8.3%
6	231,282	45.8%	227,624	45.1%	46,071	9.1%
7	267,351	46.8%	248,098	43.4%	55,660	9.7%
8	335,160	47.4%	307,603	43.5%	63,972	9.1%
9	181,686	46.4%	172,729	44.1%	37,048	9.5%
10	153,162	49.5%	123,012	39.7%	33,416	10.8%
11	182,783	46.6%	175,239	44.7%	33,990	8.7%
12	158,426	47.2%	152,813	45.5%	24,303	7.2%
15	154,697	47.5%	139,028	42.7%	32,015	9.8%
16	332,694	48.8%	289,668	42.5%	59,918	8.8%
17	177,071	41.0%	219,547	50.8%	35,334	8.2%
18	170,089	46.9%	164,299	45.3%	28,439	7.8%
19	122,541	43.8%	130,750	46.8%	26,358	9.4%
20	180,861	44.3%	193,928	47.5%	33,096	8.1%
21	170,861	46.8%	163,170	44.7%	30,769	8.4%
22	215,186	44.3%	234,006	48.2%	36,266	7.5%
23	177,391	42.5%	207,866	49.8%	32,070	7.7%
National	3,848,382	45.6%	3,855,998	45.7%	738,000	8.7%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Table A.1-4. Enrollees by period of service

VISN	Period of service									
	Before WWII		WWII		Between WWII and Korean War		Korean War		Between Korean and Vietnam War	
1	779	0.2%	27,605	8.1%	7,775	2.3%	46,830	13.8%	57,031	16.8%
2	579	0.3%	11,889	6.2%	3,960	2.1%	21,033	11.1%	31,355	16.5%
3	2,443	0.9%	27,024	9.7%	5,200	1.9%	39,109	14.0%	39,457	14.1%
4	967	0.2%	28,705	6.6%	8,687	2.0%	51,845	11.9%	66,264	15.2%
5	941	0.4%	10,103	4.4%	4,375	1.9%	19,567	8.6%	25,953	11.4%
6	1,415	0.3%	14,815	2.9%	9,043	1.8%	41,633	8.2%	71,774	14.2%
7	1,351	0.2%	21,998	3.9%	9,312	1.6%	38,511	6.7%	68,298	12.0%
8	3,996	0.6%	46,650	6.6%	21,292	3.0%	84,098	11.9%	123,684	17.5%
9	1,028	0.3%	12,911	3.3%	6,359	1.6%	35,273	9.0%	49,127	12.5%
10	924	0.3%	17,210	5.6%	5,352	1.7%	32,263	10.4%	39,916	12.9%
11	1,392	0.4%	21,644	5.5%	4,187	1.1%	36,166	9.2%	54,162	13.8%
12	1,471	0.4%	21,797	6.5%	5,860	1.7%	33,143	9.9%	44,087	13.1%
15	1,389	0.4%	17,942	5.5%	4,345	1.3%	31,868	9.8%	47,793	14.7%
16	1,112	0.2%	25,919	3.8%	12,852	1.9%	56,634	8.3%	107,335	15.7%
17	2,084	0.5%	16,447	3.8%	7,782	1.8%	33,995	7.9%	66,239	15.3%
18	2,089	0.6%	15,224	4.2%	6,955	1.9%	36,820	10.1%	62,617	17.3%
19	1,096	0.4%	13,885	5.0%	3,853	1.4%	23,234	8.3%	41,541	14.9%
20	1,271	0.3%	18,486	4.5%	8,064	2.0%	26,522	6.5%	58,223	14.3%
21	1,567	0.4%	23,255	6.4%	11,729	3.2%	36,756	10.1%	58,452	16.0%
22	1,390	0.3%	22,690	4.7%	10,414	2.1%	42,934	8.8%	63,347	13.0%
23	925	0.2%	23,497	5.6%	9,363	2.2%	49,296	11.8%	67,914	16.3%
National	30,208	0.4%	439,696	5.2%	166,758	2.0%	817,533	9.7%	1,244,570	14.7%

Denominator is the enrollee population by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple periods of service.

Table A.1-4. Enrollees by period of service (continued)

VISN	Period of service									
	Vietnam War		Between Vietnam and Gulf War		Gulf War		Post 2001		Combat Status	
1	119,412	35.1%	63,882	18.8%	47,494	14.0%	74,520	21.9%	145,252	42.7%
2	74,482	39.1%	41,297	21.7%	29,710	15.6%	32,017	16.8%	79,412	41.7%
3	93,394	33.4%	41,953	15.0%	32,808	11.7%	48,554	17.4%	106,953	38.3%
4	161,149	37.0%	96,746	22.2%	75,661	17.4%	80,433	18.5%	182,982	42.1%
5	75,874	33.2%	77,946	34.1%	76,308	33.4%	71,715	31.4%	102,552	44.9%
6	199,569	39.5%	171,570	34.0%	160,166	31.7%	117,694	23.3%	229,368	45.4%
7	218,438	38.2%	188,381	33.0%	185,006	32.4%	135,566	23.7%	274,481	48.1%
8	283,987	40.2%	205,952	29.1%	137,641	19.5%	99,482	14.1%	279,375	39.5%
9	160,108	40.9%	108,139	27.6%	88,334	22.6%	80,721	20.6%	182,528	46.6%
10	117,683	38.0%	85,255	27.5%	62,507	20.2%	56,636	18.3%	133,620	43.2%
11	157,343	40.1%	94,537	24.1%	69,734	17.8%	71,554	18.3%	173,149	44.2%
12	124,527	37.1%	64,918	19.3%	57,849	17.2%	75,398	22.5%	147,911	44.1%
15	125,009	38.4%	82,102	25.2%	70,965	21.8%	69,830	21.4%	152,727	46.9%
16	289,296	42.4%	214,664	31.5%	168,014	24.6%	147,091	21.6%	310,060	45.4%
17	166,758	38.6%	146,361	33.9%	126,539	29.3%	112,232	26.0%	210,796	48.8%
18	152,308	42.0%	108,825	30.0%	77,656	21.4%	75,944	20.9%	172,747	47.6%
19	106,626	38.1%	79,081	28.3%	76,864	27.5%	73,335	26.2%	137,900	49.3%
20	167,336	41.0%	133,744	32.8%	102,409	25.1%	81,454	20.0%	192,626	47.2%
21	149,128	40.9%	94,688	26.0%	70,087	19.2%	73,953	20.3%	171,070	46.9%
22	175,810	36.2%	140,414	28.9%	129,740	26.7%	123,961	25.5%	227,596	46.9%
23	159,992	38.3%	86,347	20.7%	74,940	18.0%	90,647	21.7%	178,861	42.9%
National	3,278,229	38.8%	2,326,804	27.6%	1,920,432	22.7%	1,792,739	21.2%	3,791,968	44.9%

Denominator is the enrollee population by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple periods of service.

Table A.1-5. Enrollees by employment status

VISN	Employment status							
	Employed full-time		Self-employed full-time		Employed part-time		Self-employed part-time	
1	84,133	24.7%	9,460	2.8%	25,419	7.5%	9,222	2.7%
2	42,625	22.4%	3,817	2.0%	14,398	7.6%	4,506	2.4%
3	59,345	21.2%	5,455	2.0%	14,035	5.0%	9,148	3.3%
4	114,776	26.4%	8,263	1.9%	22,266	5.1%	12,621	2.9%
5	84,421	37.0%	5,357	2.3%	11,705	5.1%	5,697	2.5%
6	134,813	26.7%	13,937	2.8%	31,712	6.3%	15,722	3.1%
7	149,186	26.1%	21,198	3.7%	30,830	5.4%	13,739	2.4%
8	137,648	19.5%	18,450	2.6%	32,209	4.6%	22,624	3.2%
9	102,622	26.2%	9,507	2.4%	27,511	7.0%	8,157	2.1%
10	72,869	23.5%	6,291	2.0%	18,146	5.9%	7,451	2.4%
11	96,050	24.5%	6,097	1.6%	27,317	7.0%	7,553	1.9%
12	83,399	24.9%	6,964	2.1%	29,918	8.9%	7,066	2.1%
15	78,854	24.2%	6,594	2.0%	18,107	5.6%	8,921	2.7%
16	159,507	23.4%	19,967	2.9%	27,735	4.1%	20,283	3.0%
17	135,060	31.3%	12,140	2.8%	22,939	5.3%	14,412	3.3%
18	80,719	22.2%	13,938	3.8%	23,640	6.5%	14,575	4.0%
19	75,132	26.9%	9,303	3.3%	22,628	8.1%	12,856	4.6%
20	110,396	27.1%	14,914	3.7%	22,517	5.5%	11,967	2.9%
21	78,614	21.5%	12,582	3.4%	20,684	5.7%	12,999	3.6%
22	139,929	28.8%	12,837	2.6%	23,813	4.9%	19,765	4.1%
23	113,899	27.3%	14,770	3.5%	27,882	6.7%	13,175	3.2%
National	2,133,996	25.3%	231,842	2.7%	495,410	5.9%	252,459	3.0%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Table A.1-5. Enrollees by employment status (continued)

VISN	Employment status							
	Unemployed		Not in the labor force		Missing		Unemployment rate	
1	8,050	2.4%	194,331	57.1%	9,471	2.8%	8,050	5.9%
2	5,024	2.6%	114,873	60.4%	5,013	2.6%	5,024	7.1%
3	16,853	6.0%	164,901	59.0%	9,647	3.5%	16,853	16.1%
4	9,382	2.2%	255,791	58.8%	11,927	2.7%	9,382	5.6%
5	10,527	4.6%	105,547	46.2%	5,032	2.2%	10,527	8.9%
6	20,419	4.0%	275,616	54.6%	12,758	2.5%	20,419	9.4%
7	21,398	3.7%	323,623	56.7%	11,136	1.9%	21,398	9.1%
8	22,723	3.2%	456,185	64.5%	16,895	2.4%	22,723	9.7%
9	11,301	2.9%	222,554	56.9%	9,812	2.5%	11,301	7.1%
10	12,303	4.0%	184,368	59.6%	8,162	2.6%	12,303	10.5%
11	13,317	3.4%	232,910	59.4%	8,769	2.2%	13,317	8.9%
12	10,273	3.1%	190,745	56.8%	7,177	2.1%	10,273	7.5%
15	11,300	3.5%	193,228	59.3%	8,735	2.7%	11,300	9.1%
16	22,456	3.3%	414,526	60.8%	17,807	2.6%	22,456	9.0%
17	20,296	4.7%	218,141	50.5%	8,965	2.1%	20,296	9.9%
18	13,322	3.7%	210,670	58.1%	5,963	1.6%	13,322	9.1%
19	10,391	3.7%	143,036	51.1%	6,303	2.3%	10,391	8.0%
20	12,228	3.0%	230,231	56.4%	5,632	1.4%	12,228	7.1%
21	13,479	3.7%	216,324	59.3%	10,117	2.8%	13,479	9.7%
22	26,966	5.6%	255,851	52.7%	6,297	1.3%	26,966	12.1%
23	9,837	2.4%	227,862	54.6%	9,902	2.4%	9,837	5.5%
National	301,845	3.6%	4,831,312	57.2%	195,517	2.3%	301,845	8.8%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Unemployment rate=100*(unemployed/(employed + unemployed)).

A.2 Health Benefits

Table A.2-1. Health insurance coverage reported by enrollees by priority

VISN	Medicare						Medicaid					
	1-3		4-6		7-8		1-3		4-6		7-8	
1	61,848	45.4%	59,699	61.1%	76,221	71.9%	8,667	6.4%	18,304	18.7%	8,932	8.4%
2	29,683	46.7%	35,332	55.8%	44,447	70.1%	2,764	4.4%	10,376	16.4%	4,107	6.5%
3	41,995	51.1%	44,338	52.9%	81,167	71.6%	7,217	8.8%	14,661	17.5%	4,845	4.3%
4	69,714	48.3%	77,607	53.8%	97,899	66.8%	6,226	4.3%	19,365	13.4%	6,457	4.4%
5	33,280	30.1%	29,435	47.4%	30,001	53.9%	4,555	4.1%	7,895	12.7%	3,010	5.4%
6	100,673	40.4%	70,494	48.0%	69,818	64.3%	11,786	4.7%	12,766	8.7%	5,863	5.4%
7	107,864	37.9%	84,596	49.8%	72,749	62.3%	11,044	3.9%	12,480	7.3%	2,861	2.5%
8	144,239	51.0%	127,784	54.5%	134,819	71.2%	13,812	4.9%	28,820	12.3%	9,365	4.9%
9	77,091	44.3%	67,160	51.3%	57,698	66.8%	9,360	5.4%	14,378	11.0%	3,016	3.5%
10	44,687	41.8%	58,985	49.4%	56,654	68.1%	6,955	6.5%	12,917	10.8%	6,503	7.8%
11	80,441	50.5%	67,731	50.4%	68,466	69.7%	10,467	6.6%	15,086	11.2%	5,308	5.4%
12	46,813	42.1%	60,192	53.2%	77,239	69.6%	5,915	5.3%	16,094	14.2%	3,851	3.5%
15	58,165	43.3%	59,061	54.7%	54,102	64.9%	7,027	5.2%	8,527	7.9%	3,099	3.7%
16	143,370	45.3%	109,410	50.3%	87,949	59.4%	9,263	2.9%	18,839	8.7%	4,268	2.9%
17	92,823	40.5%	56,595	47.5%	44,697	53.5%	6,655	2.9%	10,193	8.6%	2,865	3.4%
18	68,414	42.1%	63,024	53.9%	51,260	61.6%	8,424	5.2%	13,635	11.7%	3,345	4.0%
19	53,596	40.1%	39,303	48.8%	39,792	60.8%	4,655	3.5%	8,254	10.2%	2,851	4.4%
20	71,910	35.9%	66,545	53.9%	51,804	61.5%	4,941	2.5%	16,854	13.6%	3,418	4.1%
21	68,048	43.1%	62,443	52.2%	56,060	64.1%	5,271	3.3%	16,201	13.5%	6,184	7.1%
22	71,561	33.8%	74,952	45.9%	65,135	59.1%	10,559	5.0%	22,040	13.5%	5,196	4.7%
23	97,786	49.1%	51,126	48.6%	78,973	69.9%	8,728	4.4%	12,010	11.4%	7,439	6.6%
National	1,564,000	42.8%	1,365,810	51.4%	1,396,949	65.4%	164,291	4.5%	309,697	11.7%	102,784	4.8%

Denominator is the enrollee population by Priority by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-1. Health insurance coverage reported by enrollees by priority (continued)

VISN	TRICARE						Private insurance					
	1-3		4-6		7-8		1-3		4-6		7-8	
1	28,593	21.0%	6,218	6.4%	5,055	4.8%	51,099	37.5%	23,190	23.7%	36,179	34.1%
2	10,482	16.5%	4,503	7.1%	4,557	7.2%	19,917	31.4%	17,414	27.5%	27,692	43.7%
3	10,584	12.9%	5,178	6.2%	4,251	3.7%	29,827	36.3%	23,213	27.7%	54,172	47.8%
4	28,477	19.7%	13,002	9.0%	10,934	7.5%	52,442	36.4%	44,755	31.0%	57,609	39.3%
5	49,612	44.9%	8,437	13.6%	6,810	12.2%	39,414	35.7%	17,657	28.4%	21,093	37.9%
6	111,786	44.8%	13,323	9.1%	10,259	9.4%	67,937	27.2%	28,253	19.2%	37,141	34.2%
7	121,345	42.7%	23,524	13.8%	17,511	15.0%	75,045	26.4%	31,938	18.8%	37,130	31.8%
8	99,557	35.2%	20,855	8.9%	18,532	9.8%	62,245	22.0%	44,782	19.1%	50,732	26.8%
9	49,222	28.3%	13,649	10.4%	9,311	10.8%	51,759	29.7%	29,022	22.2%	23,197	26.9%
10	25,263	23.6%	6,845	5.7%	4,559	5.5%	32,858	30.7%	32,329	27.1%	26,812	32.2%
11	31,104	19.5%	8,765	6.5%	7,733	7.9%	67,680	42.5%	31,790	23.6%	32,734	33.3%
12	13,617	12.2%	6,838	6.0%	5,281	4.8%	37,511	33.7%	28,297	25.0%	40,477	36.5%
15	43,294	32.2%	7,181	6.6%	7,731	9.3%	37,545	27.9%	19,839	18.4%	28,236	33.9%
16	104,639	33.0%	21,309	9.8%	20,574	13.9%	85,071	26.9%	41,220	19.0%	42,231	28.5%
17	91,559	40.0%	10,512	8.8%	10,927	13.1%	61,216	26.7%	24,232	20.3%	30,518	36.5%
18	54,980	33.8%	13,233	11.3%	9,637	11.6%	35,753	22.0%	19,101	16.3%	27,954	33.6%
19	49,284	36.9%	8,046	10.0%	8,790	13.4%	33,986	25.4%	19,005	23.6%	18,761	28.7%
20	56,645	28.3%	9,330	7.6%	9,991	11.9%	68,480	34.2%	19,747	16.0%	27,401	32.5%
21	40,677	25.8%	9,324	7.8%	9,604	11.0%	48,067	30.5%	23,707	19.8%	27,988	32.0%
22	73,352	34.6%	12,477	7.6%	13,869	12.6%	72,440	34.2%	31,934	19.6%	33,223	30.1%
23	33,846	17.0%	9,643	9.2%	6,674	5.9%	73,604	37.0%	26,870	25.6%	33,151	29.3%
National	1,127,919	30.9%	232,191	8.7%	202,588	9.5%	1,103,896	30.2%	578,295	21.8%	714,431	33.4%

Denominator is the enrollee population by Priority by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-1. Health insurance coverage reported by enrollees by priority (continued)

VISN	No coverage					
	1-3		4-6		7-8	
1	22,914	16.8%	21,310	21.8%	8,754	8.3%
2	18,717	29.5%	13,170	20.8%	5,347	8.4%
3	17,286	21.0%	18,978	22.7%	8,102	7.1%
4	23,150	16.1%	31,047	21.5%	11,399	7.8%
5	13,826	12.5%	13,471	21.7%	8,372	15.0%
6	38,304	15.4%	48,987	33.3%	10,176	9.4%
7	58,916	20.7%	51,117	30.1%	13,699	11.7%
8	54,977	19.4%	66,059	28.1%	25,065	13.2%
9	27,192	15.6%	31,263	23.9%	12,720	14.7%
10	22,021	20.6%	31,626	26.5%	9,368	11.3%
11	21,394	13.4%	36,284	27.0%	11,246	11.4%
12	29,351	26.4%	29,321	25.9%	9,197	8.3%
15	22,317	16.6%	29,777	27.6%	8,174	9.8%
16	64,831	20.5%	63,342	29.1%	25,643	17.3%
17	43,124	18.8%	38,351	32.2%	13,037	15.6%
18	39,649	24.4%	34,522	29.5%	10,158	12.2%
19	26,420	19.8%	20,349	25.3%	9,958	15.2%
20	45,365	22.7%	33,786	27.3%	12,005	14.3%
21	43,026	27.3%	35,860	30.0%	13,074	15.0%
22	43,784	20.7%	55,395	33.9%	18,764	17.0%
23	26,263	13.2%	25,371	24.1%	12,772	11.3%
National	702,828	19.3%	729,384	27.5%	257,033	12.0%

Denominator is the enrollee population by Priority by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-2. Health insurance coverage reported by enrollees by age

VISN	Medicare						Medicaid					
	<45		45-64		65+		<45		45-64		65+	
1	4,637	6.5%	19,653	24.8%	173,479	91.8%	6,184	8.6%	8,611	10.9%	21,108	11.2%
2	2,116	6.3%	12,971	24.1%	94,374	92.0%	2,332	6.9%	5,772	10.7%	9,144	8.9%
3	5,107	10.0%	14,466	21.1%	147,926	92.4%	6,179	12.1%	8,219	12.0%	12,325	7.7%
4	3,303	4.2%	27,859	21.8%	214,057	93.9%	4,451	5.6%	11,081	8.7%	16,516	7.2%
5	1,047	1.9%	12,479	14.4%	79,190	91.3%	3,509	6.4%	5,806	6.7%	6,145	7.1%
6	5,428	5.4%	38,088	20.0%	197,468	91.8%	1,561	1.6%	11,216	5.9%	17,638	8.2%
7	8,408	6.7%	48,732	22.1%	208,068	92.2%	0	0.0%	9,153	4.1%	17,232	7.6%
8	11,861	13.8%	49,211	20.8%	345,770	90.2%	160	0.2%	16,909	7.1%	34,928	9.1%
9	5,228	6.7%	35,994	26.3%	160,727	90.8%	3,245	4.2%	9,056	6.6%	14,453	8.2%
10	4,182	7.9%	23,272	21.2%	132,872	90.4%	4,458	8.4%	10,033	9.1%	11,885	8.1%
11	6,309	8.1%	29,248	25.0%	181,081	92.0%	1,961	2.5%	9,650	8.3%	19,249	9.8%
12	6,050	8.2%	21,436	23.4%	156,758	92.3%	2,951	4.0%	7,917	8.6%	14,991	8.8%
15	7,480	11.0%	20,813	20.6%	143,034	91.0%	3,513	5.2%	4,607	4.6%	10,534	6.7%
16	11,306	8.5%	60,151	23.9%	269,273	90.7%	2,335	1.7%	10,846	4.3%	19,189	6.5%
17	3,708	3.7%	26,189	17.2%	164,218	91.6%	28	0.0%	6,521	4.3%	13,164	7.3%
18	4,226	5.9%	25,064	21.6%	153,408	87.8%	3,568	4.9%	8,589	7.4%	13,248	7.6%
19	4,523	6.6%	14,164	16.9%	114,005	89.9%	2,383	3.5%	5,304	6.3%	8,072	6.4%
20	5,563	6.5%	26,804	18.2%	157,891	89.9%	2,724	3.2%	10,857	7.4%	11,632	6.6%
21	3,414	4.7%	24,578	21.8%	158,559	88.7%	4,751	6.5%	9,020	8.0%	13,885	7.8%
22	6,388	5.2%	28,555	17.7%	176,704	87.8%	7,146	5.8%	15,649	9.7%	15,000	7.5%
23	1,453	1.7%	22,114	19.6%	204,318	92.5%	3,491	4.2%	5,537	4.9%	19,151	8.7%
National	111,738	6.6%	581,840	21.1%	3,633,182	91.0%	66,929	4.0%	190,353	6.9%	319,490	8.0%

Denominator is the enrollee population by Age by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-2. Health insurance coverage reported by enrollees by age (continued)

VISN	TRICARE						Private insurance					
	<45		45-64		65+		<45		45-64		65+	
1	8,597	12.0%	11,842	14.9%	19,427	10.3%	34,639	48.3%	30,023	37.9%	45,806	24.2%
2	1,538	4.6%	8,001	14.8%	10,003	9.7%	11,077	32.8%	20,898	38.8%	33,048	32.2%
3	5,392	10.6%	7,041	10.3%	7,580	4.7%	21,574	42.4%	29,817	43.6%	55,821	34.9%
4	9,410	11.9%	21,527	16.8%	21,475	9.4%	48,290	60.9%	51,191	40.1%	55,324	24.3%
5	13,214	24.2%	34,287	39.5%	17,358	20.0%	26,176	47.9%	29,650	34.1%	22,337	25.7%
6	26,146	26.2%	62,015	32.6%	47,207	21.9%	42,117	42.3%	54,813	28.8%	36,400	16.9%
7	36,362	29.1%	76,615	34.7%	49,403	21.9%	41,317	33.1%	63,148	28.6%	39,648	17.6%
8	14,722	17.1%	61,053	25.8%	63,168	16.5%	33,197	38.5%	59,927	25.3%	64,635	16.9%
9	10,586	13.6%	36,975	27.0%	24,621	13.9%	37,839	48.6%	40,054	29.3%	26,084	14.7%
10	7,130	13.5%	19,510	17.8%	10,028	6.8%	22,914	43.3%	35,748	32.6%	33,337	22.7%
11	14,518	18.6%	17,318	14.8%	15,765	8.0%	39,134	50.0%	44,584	38.1%	48,487	24.6%
12	4,668	6.3%	11,219	12.3%	9,850	5.8%	39,213	52.8%	31,913	34.9%	35,158	20.7%
15	15,770	23.3%	25,951	25.7%	16,486	10.5%	31,196	46.1%	27,955	27.7%	26,470	16.8%
16	20,879	15.6%	64,295	25.6%	61,347	20.7%	60,861	45.5%	63,299	25.2%	44,362	14.9%
17	13,765	13.7%	49,328	32.5%	49,905	27.8%	46,172	45.8%	42,023	27.7%	27,771	15.5%
18	13,528	18.7%	31,089	26.8%	33,232	19.0%	23,918	33.1%	28,360	24.5%	30,530	17.5%
19	16,555	24.0%	29,122	34.7%	20,443	16.1%	29,840	43.3%	19,760	23.5%	22,152	17.5%
20	9,404	11.0%	39,768	27.1%	26,794	15.3%	37,456	43.8%	50,838	34.6%	27,333	15.6%
21	8,586	11.7%	23,699	21.0%	27,320	15.3%	26,829	36.6%	30,670	27.2%	42,264	23.6%
22	23,641	19.2%	40,195	25.0%	35,862	17.8%	57,250	46.5%	40,152	24.9%	40,195	20.0%
23	10,625	12.7%	20,835	18.4%	18,704	8.5%	49,835	59.8%	43,376	38.4%	40,414	18.3%
National	285,036	16.8%	691,684	25.1%	585,978	14.7%	760,845	44.9%	838,200	30.4%	797,576	20.0%

Denominator is the enrollee population by Age by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-2. Health insurance coverage reported by enrollees by age (continued)

VISN	No coverage					
	<45		45-64		65+	
1	20,886	29.1%	24,244	30.6%	7,847	4.2%
2	18,224	54.0%	14,709	27.3%	4,301	4.2%
3	18,779	36.9%	19,427	28.4%	6,160	3.8%
4	22,746	28.7%	35,477	27.8%	7,373	3.2%
5	13,938	25.5%	17,838	20.5%	3,894	4.5%
6	29,030	29.1%	56,084	29.5%	12,353	5.7%
7	49,964	40.0%	62,157	28.2%	11,612	5.1%
8	35,040	40.6%	85,918	36.2%	25,142	6.6%
9	22,925	29.5%	35,630	26.1%	12,620	7.1%
10	17,372	32.8%	35,959	32.8%	9,685	6.6%
11	21,490	27.5%	36,554	31.3%	10,880	5.5%
12	27,547	37.1%	31,251	34.1%	9,070	5.3%
15	16,284	24.0%	34,504	34.2%	9,480	6.0%
16	46,514	34.8%	86,967	34.6%	20,336	6.8%
17	38,841	38.6%	45,388	29.9%	10,283	5.7%
18	29,899	41.4%	39,698	34.2%	14,732	8.4%
19	21,805	31.7%	25,834	30.7%	9,088	7.2%
20	34,769	40.7%	43,241	29.4%	13,147	7.5%
21	37,051	50.5%	42,112	37.4%	12,797	7.2%
22	38,807	31.5%	61,929	38.5%	17,208	8.6%
23	20,923	25.1%	32,295	28.6%	11,188	5.1%
National	582,834	34.4%	867,216	31.5%	239,195	6.0%

Denominator is the enrollee population by Age by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-3. Health insurance coverage reported by enrollees by income

VISN	Medicare						Medicaid					
	<$36,000		$36,000+		Missing		<$36,000		$36,000+		Missing	
1	95,784	62.7%	85,077	53.1%	16,908	61.9%	26,537	17.4%	6,097	3.8%	3,268	12.0%
2	54,241	60.3%	42,596	51.6%	12,624	71.4%	12,259	13.6%	2,705	3.3%	2,283	12.9%
3	63,669	57.0%	85,612	61.5%	18,218	64.1%	19,380	17.4%	4,340	3.1%	3,003	10.6%
4	132,946	65.3%	88,984	45.7%	23,289	63.0%	24,344	12.0%	5,043	2.6%	2,662	7.2%
5	41,723	52.5%	42,335	32.6%	8,658	45.8%	11,448	14.4%	2,658	2.0%	1,354	7.2%
6	115,496	49.9%	99,821	43.9%	25,668	55.7%	22,867	9.9%	5,240	2.3%	2,308	5.0%
7	123,876	46.3%	112,856	45.5%	28,476	51.2%	17,803	6.7%	5,025	2.0%	3,558	6.4%
8	199,548	59.5%	170,897	55.6%	36,397	56.9%	38,421	11.5%	9,621	3.1%	3,955	6.2%
9	103,628	57.0%	77,204	44.7%	21,117	57.0%	20,228	11.1%	4,007	2.3%	2,520	6.8%
10	90,848	59.3%	50,581	41.1%	18,897	56.6%	18,568	12.1%	5,278	4.3%	2,530	7.6%
11	109,840	60.1%	86,203	49.2%	20,595	60.6%	23,348	12.8%	5,602	3.2%	1,911	5.6%
12	92,383	58.3%	76,188	49.9%	15,673	64.5%	19,238	12.1%	5,315	3.5%	1,307	5.4%
15	85,476	55.3%	65,074	46.8%	20,777	64.9%	12,727	8.2%	4,648	3.3%	1,278	4.0%
16	179,114	53.8%	127,061	43.9%	34,555	57.7%	26,772	8.0%	2,922	1.0%	2,676	4.5%
17	87,064	49.2%	90,121	41.0%	16,930	47.9%	13,902	7.9%	3,332	1.5%	2,479	7.0%
18	85,024	50.0%	81,411	49.6%	16,263	57.2%	19,759	11.6%	3,077	1.9%	2,568	9.0%
19	63,563	51.9%	57,413	43.9%	11,716	44.4%	11,712	9.6%	2,182	1.7%	1,866	7.1%
20	96,272	53.2%	78,537	40.5%	15,450	46.7%	19,048	10.5%	3,530	1.8%	2,635	8.0%
21	87,597	51.3%	81,127	49.7%	17,826	57.9%	22,327	13.1%	3,560	2.2%	1,769	5.8%
22	96,713	44.9%	97,358	41.6%	17,576	48.5%	28,650	13.3%	3,159	1.3%	5,986	16.5%
23	110,250	62.2%	95,818	46.1%	21,818	68.0%	20,691	11.7%	5,217	2.5%	2,270	7.1%
National	2,115,056	55.0%	1,792,273	46.5%	419,431	56.8%	430,027	11.2%	92,559	2.4%	54,185	7.3%

Denominator is the enrollee population by Income by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-3. Health insurance coverage reported by enrollees by income (continued)

VISN	TRICARE						Private insurance					
	<$36,000		$36,000+		Missing		<$36,000		$36,000+		Missing	
1	8,936	5.9%	28,156	17.6%	2,774	10.2%	27,027	17.7%	74,624	46.6%	8,817	32.3%
2	4,661	5.2%	12,492	15.1%	2,390	13.5%	18,150	20.2%	41,850	50.7%	5,023	28.4%
3	7,494	6.7%	10,634	7.6%	1,884	6.6%	21,621	19.4%	75,512	54.2%	10,079	35.5%
4	13,235	6.5%	34,595	17.8%	4,584	12.4%	43,684	21.5%	99,671	51.2%	11,450	31.0%
5	8,392	10.6%	52,890	40.7%	3,576	18.9%	13,874	17.5%	56,503	43.5%	7,786	41.2%
6	32,021	13.8%	91,232	40.1%	12,114	26.3%	34,441	14.9%	88,398	38.8%	10,493	22.8%
7	41,443	15.5%	102,254	41.2%	18,683	33.6%	45,310	16.9%	88,743	35.8%	10,060	18.1%
8	32,721	9.8%	94,775	30.8%	11,448	17.9%	48,982	14.6%	96,975	31.5%	11,802	18.4%
9	15,447	8.5%	51,637	29.9%	5,097	13.8%	28,461	15.7%	63,871	37.0%	11,646	31.4%
10	8,031	5.2%	24,580	20.0%	4,056	12.1%	23,584	15.4%	59,652	48.5%	8,763	26.2%
11	8,707	4.8%	33,604	19.2%	5,291	15.6%	36,938	20.2%	86,436	49.3%	8,831	26.0%
12	6,765	4.3%	16,802	11.0%	2,169	8.9%	23,821	15.0%	75,029	49.1%	7,434	30.6%
15	15,986	10.3%	35,844	25.8%	6,376	19.9%	22,025	14.2%	57,483	41.3%	6,113	19.1%
16	42,150	12.7%	89,211	30.8%	15,161	25.3%	46,280	13.9%	110,659	38.2%	11,583	19.3%
17	22,696	12.8%	78,771	35.9%	11,531	32.6%	27,856	15.7%	78,690	35.8%	9,420	26.7%
18	18,932	11.1%	52,880	32.2%	6,037	21.2%	21,831	12.8%	53,402	32.5%	7,575	26.6%
19	14,877	12.1%	45,324	34.7%	5,918	22.5%	18,131	14.8%	48,176	36.8%	5,446	20.7%
20	12,635	7.0%	56,541	29.2%	6,791	20.5%	24,544	13.6%	80,021	41.3%	11,062	33.4%
21	13,143	7.7%	41,791	25.6%	4,671	15.2%	25,734	15.1%	65,313	40.0%	8,715	28.3%
22	21,397	9.9%	72,006	30.8%	6,296	17.4%	28,199	13.1%	102,360	43.7%	7,038	19.4%
23	11,089	6.3%	35,415	17.0%	3,660	11.4%	32,422	18.3%	94,267	45.3%	6,937	21.6%
National	360,756	9.4%	1,061,434	27.5%	140,507	19.0%	612,918	15.9%	1,597,633	41.4%	186,070	25.2%

Denominator is the enrollee population by Income by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

Table A.2-3. Health insurance coverage reported by enrollees by income (continued)

VISN	No coverage					
	<$36,000		$36,000+		Missing	
1	36,061	23.6%	12,865	8.0%	4,051	14.8%
2	24,604	27.4%	10,006	12.1%	2,624	14.8%
3	28,753	25.7%	11,436	8.2%	4,177	14.7%
4	43,498	21.4%	16,294	8.4%	5,804	15.7%
5	20,802	26.2%	11,786	9.1%	3,082	16.3%
6	70,376	30.4%	16,986	7.5%	10,105	21.9%
7	88,151	33.0%	20,766	8.4%	14,817	26.6%
8	94,666	28.2%	33,618	10.9%	17,817	27.9%
9	47,912	26.4%	18,081	10.5%	5,183	14.0%
10	43,176	28.2%	12,221	9.9%	7,619	22.8%
11	49,534	27.1%	12,576	7.2%	6,814	20.0%
12	49,332	31.1%	14,673	9.6%	3,863	15.9%
15	44,488	28.8%	11,059	8.0%	4,721	14.7%
16	100,952	30.3%	37,906	13.1%	14,958	25.0%
17	60,736	34.3%	25,351	11.5%	8,425	23.8%
18	56,775	33.4%	21,692	13.2%	5,862	20.6%
19	36,180	29.5%	13,376	10.2%	7,172	27.2%
20	58,679	32.4%	24,531	12.6%	7,947	24.0%
21	61,624	36.1%	22,764	14.0%	7,572	24.6%
22	82,635	38.4%	25,326	10.8%	9,982	27.5%
23	41,567	23.4%	18,412	8.9%	4,427	13.8%
National	1,140,499	29.6%	391,724	10.2%	157,022	21.3%

Denominator is the enrollee population by Income by VISN.

Percentages do not total 100 percent because enrollees may have responded with multiple coverage.

A.3 Health Status and Cigarette Smoking

Table A.3-1. Enrollees who ever smoked by priority, age, and income

VISN	Priority group						Age group					
	1-3		4-6		7-8		<45		45-64		65+	
1	81,289	59.6%	65,882	67.4%	70,217	66.3%	39,670	55.3%	50,292	63.4%	127,426	67.4%
2	41,464	65.3%	45,620	72.0%	39,928	63.0%	21,738	64.4%	35,382	65.7%	69,892	68.1%
3	49,412	60.1%	51,198	61.1%	69,919	61.6%	24,362	47.9%	42,843	62.6%	103,325	64.5%
4	86,595	60.0%	90,266	62.6%	89,867	61.3%	35,806	45.2%	78,280	61.3%	152,642	67.0%
5	51,805	46.9%	36,267	58.4%	31,830	57.1%	20,784	38.0%	43,803	50.4%	55,314	63.7%
6	145,261	58.2%	96,843	65.9%	69,170	63.7%	47,815	48.0%	109,679	57.7%	153,780	71.5%
7	150,790	53.0%	113,162	66.6%	72,030	61.7%	55,011	44.1%	127,592	57.8%	153,379	68.0%
8	167,251	59.2%	139,609	59.5%	117,926	62.3%	36,228	42.0%	138,171	58.3%	250,388	65.3%
9	103,198	59.3%	89,310	68.2%	56,547	65.5%	38,732	49.8%	86,646	63.4%	123,678	69.9%
10	68,739	64.2%	84,376	70.7%	50,319	60.5%	31,298	59.1%	72,757	66.3%	99,379	67.6%
11	103,669	65.1%	86,257	64.1%	64,742	65.9%	42,381	54.2%	76,382	65.3%	135,905	69.0%
12	75,671	68.0%	75,199	66.4%	77,157	69.5%	47,626	64.2%	61,667	67.3%	118,733	69.9%
15	88,295	65.7%	72,308	66.9%	55,056	66.1%	38,710	57.2%	66,727	66.2%	110,222	70.1%
16	197,588	62.4%	148,222	68.2%	96,737	65.4%	69,606	52.0%	160,093	63.6%	212,847	71.7%
17	134,734	58.8%	73,688	61.8%	55,243	66.1%	53,604	53.2%	81,560	53.7%	128,502	71.7%
18	92,409	56.8%	73,912	63.2%	55,353	66.5%	31,251	43.3%	73,660	63.5%	116,762	66.9%
19	69,528	52.0%	48,245	59.9%	37,158	56.8%	25,007	36.3%	47,023	56.0%	82,901	65.4%
20	113,147	56.5%	84,393	68.3%	56,635	67.3%	35,642	41.7%	92,257	62.8%	126,276	71.9%
21	91,721	58.1%	73,020	61.1%	50,238	57.5%	34,348	46.8%	63,475	56.3%	117,157	65.5%
22	106,530	50.3%	107,888	66.1%	62,204	56.4%	49,542	40.2%	96,546	59.9%	130,534	64.9%
23	124,246	62.4%	71,898	68.4%	73,969	65.4%	40,201	48.2%	76,704	67.9%	153,208	69.3%
National	2,143,341	58.7%	1,727,564	65.1%	1,352,244	63.3%	819,359	48.4%	1,681,539	61.0%	2,722,252	68.2%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-1. Enrollees who ever smoked by priority, age, and income (continued)

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	106,403	69.7%	92,544	57.8%	18,441	67.5%
2	62,161	69.1%	53,250	64.5%	11,601	65.6%
3	68,731	61.5%	86,123	61.8%	15,676	55.2%
4	139,104	68.4%	106,984	55.0%	20,640	55.8%
5	50,900	64.1%	58,604	45.1%	10,398	55.0%
6	158,456	68.5%	127,396	56.0%	25,422	55.2%
7	180,992	67.7%	122,425	49.3%	32,565	58.5%
8	206,252	61.5%	180,883	58.8%	37,651	58.9%
9	126,274	69.5%	100,703	58.3%	22,078	59.6%
10	109,648	71.6%	74,921	60.9%	18,864	56.5%
11	126,359	69.1%	106,722	60.9%	21,586	63.5%
12	111,019	70.1%	101,360	66.3%	15,647	64.4%
15	107,586	69.5%	86,312	62.1%	21,760	68.0%
16	225,776	67.9%	178,021	61.5%	38,749	64.7%
17	120,744	68.2%	122,297	55.7%	20,624	58.4%
18	104,256	61.3%	99,986	60.9%	17,431	61.3%
19	77,199	63.0%	65,074	49.8%	12,657	48.0%
20	130,085	71.9%	103,360	53.3%	20,730	62.6%
21	104,850	61.4%	91,394	56.0%	18,735	60.9%
22	132,908	61.8%	123,626	52.8%	20,088	55.4%
23	124,756	70.3%	124,721	60.0%	20,636	64.3%
National	2,574,459	66.9%	2,206,708	57.2%	441,982	59.9%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-2. Current smokers by priority, age, and income

VISN	Priority group						Age group					
	1-3		4-6		7-8		<45		45-64		65+	
1	18,968	13.9%	20,276	20.7%	8,315	7.8%	17,310	24.1%	16,940	21.4%	13,309	7.0%
2	10,256	16.1%	14,841	23.4%	4,510	7.1%	7,811	23.1%	14,100	26.2%	7,696	7.5%
3	11,969	14.6%	16,676	19.9%	11,312	10.0%	9,205	18.1%	19,513	28.5%	11,239	7.0%
4	28,864	20.0%	34,717	24.1%	13,960	9.5%	23,074	29.1%	32,047	25.1%	22,420	9.8%
5	12,327	11.2%	13,437	21.6%	5,921	10.6%	7,180	13.1%	16,898	19.5%	7,607	8.8%
6	41,323	16.6%	39,627	27.0%	15,097	13.9%	22,689	22.8%	49,699	26.1%	23,661	11.0%
7	41,987	14.8%	39,408	23.2%	14,545	12.5%	19,051	15.3%	52,900	24.0%	23,989	10.6%
8	35,471	12.5%	34,002	14.5%	15,546	8.2%	8,737	10.1%	45,616	19.2%	30,666	8.0%
9	30,728	17.6%	31,057	23.7%	11,865	13.7%	16,426	21.1%	34,589	25.3%	22,635	12.8%
10	22,625	21.1%	31,672	26.5%	8,094	9.7%	15,154	28.6%	31,863	29.0%	15,374	10.5%
11	28,062	17.6%	32,324	24.0%	8,753	8.9%	14,645	18.7%	33,161	28.4%	21,333	10.8%
12	26,820	24.1%	26,988	23.8%	12,549	11.3%	20,518	27.6%	28,899	31.6%	16,941	10.0%
15	33,749	25.1%	28,598	26.5%	10,032	12.0%	21,601	31.9%	31,586	31.3%	19,192	12.2%
16	56,617	17.9%	57,515	26.4%	24,357	16.5%	32,934	24.6%	69,497	27.6%	36,058	12.1%
17	37,123	16.2%	23,787	20.0%	12,092	14.5%	17,812	17.7%	33,422	22.0%	21,768	12.1%
18	23,672	14.6%	26,177	22.4%	12,348	14.8%	10,529	14.6%	33,620	29.0%	18,047	10.3%
19	15,404	11.5%	16,890	21.0%	8,789	13.4%	10,905	15.8%	17,554	20.9%	12,625	10.0%
20	26,800	13.4%	28,590	23.1%	9,897	11.8%	10,365	12.1%	35,853	24.4%	19,069	10.9%
21	20,679	13.1%	23,353	19.5%	7,535	8.6%	11,849	16.2%	23,589	20.9%	16,129	9.0%
22	26,853	12.7%	37,882	23.2%	12,324	11.2%	17,507	14.2%	34,794	21.6%	24,758	12.3%
23	25,472	12.8%	22,639	21.5%	11,887	10.5%	11,655	14.0%	28,528	25.2%	19,815	9.0%
National	575,766	15.8%	600,459	22.6%	239,728	11.2%	326,955	19.3%	684,666	24.8%	404,332	10.1%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-2. Current smokers by priority, age, and income (continued)

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	32,884	21.5%	11,800	7.4%	2,875	10.5%
2	18,367	20.4%	9,450	11.4%	1,789	10.1%
3	22,795	20.4%	13,494	9.7%	3,668	12.9%
4	49,701	24.4%	22,712	11.7%	5,127	13.9%
5	17,956	22.6%	11,515	8.9%	2,215	11.7%
6	59,853	25.9%	29,331	12.9%	6,864	14.9%
7	62,176	23.3%	23,989	9.7%	9,774	17.6%
8	48,395	14.4%	28,108	9.1%	8,516	13.3%
9	49,256	27.1%	21,100	12.2%	3,293	8.9%
10	39,642	25.9%	15,924	12.9%	6,825	20.4%
11	41,662	22.8%	22,416	12.8%	5,060	14.9%
12	37,958	24.0%	22,146	14.5%	6,253	25.7%
15	40,929	26.5%	23,339	16.8%	8,111	25.3%
16	85,785	25.8%	39,269	13.6%	13,435	22.4%
17	41,879	23.7%	23,545	10.7%	7,578	21.4%
18	37,376	22.0%	19,444	11.8%	5,376	18.9%
19	24,908	20.3%	11,828	9.0%	4,347	16.5%
20	39,276	21.7%	21,052	10.9%	4,958	15.0%
21	30,793	18.0%	15,038	9.2%	5,734	18.6%
22	50,460	23.4%	20,792	8.9%	5,807	16.0%
23	33,630	19.0%	21,774	10.5%	4,594	14.3%
National	865,683	22.5%	428,069	11.1%	122,201	16.6%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-3. Former smokers by priority, age, and income

VISN	Priority group						Age group					
	1-3		4-6		7-8		<45		45-64		65+	
1	60,943	44.7%	44,604	45.6%	59,768	56.4%	22,359	31.2%	32,672	41.2%	110,283	58.3%
2	29,690	46.7%	29,751	47.0%	34,226	54.0%	13,136	38.9%	20,235	37.6%	60,295	58.8%
3	36,279	44.1%	34,158	40.8%	56,789	50.1%	15,157	29.8%	22,839	33.4%	89,230	55.7%
4	56,420	39.1%	51,683	35.8%	73,773	50.4%	12,732	16.1%	43,872	34.3%	125,272	55.0%
5	38,599	35.0%	21,601	34.8%	25,186	45.2%	13,604	24.9%	25,339	29.2%	46,444	53.5%
6	100,826	40.4%	54,535	37.1%	52,637	48.4%	25,073	25.2%	56,680	29.8%	126,245	58.7%
7	103,634	36.4%	69,306	40.8%	56,444	48.4%	34,013	27.3%	70,042	31.7%	125,329	55.6%
8	128,588	45.5%	99,964	42.6%	98,843	52.2%	27,491	31.9%	86,381	36.4%	213,521	55.7%
9	70,542	40.5%	55,415	42.3%	43,201	50.1%	21,141	27.2%	50,218	36.7%	97,800	55.3%
10	44,705	41.8%	50,541	42.4%	41,124	49.4%	16,144	30.5%	38,311	34.9%	81,915	55.8%
11	73,410	46.1%	52,025	38.7%	52,845	53.8%	26,674	34.1%	40,968	35.0%	110,637	56.2%
12	47,452	42.6%	46,991	41.5%	63,091	56.8%	27,109	36.5%	31,947	34.9%	98,478	58.0%
15	52,995	39.4%	42,993	39.8%	43,255	51.9%	17,109	25.3%	32,861	32.6%	89,274	56.8%
16	138,314	43.7%	86,524	39.8%	69,416	46.9%	36,477	27.3%	87,294	34.7%	170,483	57.4%
17	94,726	41.3%	47,397	39.8%	41,979	50.2%	35,792	35.5%	46,045	30.3%	102,266	57.0%
18	67,256	41.4%	46,211	39.5%	41,892	50.3%	20,722	28.7%	38,877	33.5%	95,760	54.8%
19	52,460	39.3%	30,170	37.4%	27,580	42.1%	13,281	19.3%	28,307	33.7%	68,622	54.1%
20	83,819	41.9%	52,825	42.8%	45,516	54.1%	25,277	29.6%	54,097	36.8%	102,787	58.6%
21	69,607	44.1%	48,556	40.6%	41,279	47.2%	22,500	30.7%	39,016	34.6%	97,927	54.8%
22	78,586	37.1%	66,160	40.5%	47,885	43.4%	31,587	25.6%	59,566	37.0%	101,479	50.4%
23	96,597	48.5%	47,597	45.3%	59,153	52.3%	28,237	33.9%	45,989	40.7%	129,120	58.4%
National	1,525,448	41.8%	1,079,007	40.6%	1,075,883	50.3%	485,615	28.7%	951,556	34.5%	2,243,167	56.2%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-3. Former smokers by priority, age, and income (continued)

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	72,098	47.2%	78,884	49.3%	14,332	52.5%
2	41,432	46.1%	42,914	51.9%	9,320	52.7%
3	45,247	40.5%	70,252	50.4%	11,727	41.3%
4	83,928	41.3%	82,637	42.5%	15,310	41.4%
5	31,326	39.4%	46,009	35.4%	8,051	42.6%
6	94,645	40.9%	95,423	41.9%	17,930	38.9%
7	112,324	42.0%	94,717	38.2%	22,342	40.1%
8	150,655	45.0%	149,154	48.5%	27,586	43.1%
9	73,260	40.3%	77,240	44.7%	18,659	50.4%
10	67,591	44.1%	57,800	47.0%	10,978	32.9%
11	79,279	43.4%	82,608	47.1%	16,393	48.2%
12	70,679	44.6%	77,786	50.9%	9,068	37.3%
15	64,770	41.9%	61,696	44.4%	12,778	39.9%
16	133,208	40.0%	136,545	47.1%	24,501	40.9%
17	76,073	43.0%	95,857	43.7%	12,172	34.4%
18	64,400	37.9%	79,406	48.3%	11,553	40.6%
19	50,278	41.0%	51,881	39.7%	8,051	30.5%
20	86,474	47.8%	80,656	41.6%	15,030	45.4%
21	71,681	42.0%	74,935	45.9%	12,827	41.7%
22	79,850	37.1%	99,523	42.5%	13,258	36.6%
23	86,860	49.0%	100,982	48.6%	15,505	48.3%
National	1,636,060	42.5%	1,736,907	45.0%	307,371	41.6%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-4. Recent quitters by priority, age, and income

VISN	Priority group						Age group					
	1-3		4-6		7-8		<45		45-64		65+	
1	25,975	19.0%	19,110	19.5%	15,091	14.2%	18,368	25.6%	15,806	19.9%	26,002	13.8%
2	11,380	17.9%	14,563	23.0%	9,035	14.3%	6,893	20.4%	14,173	26.3%	13,912	13.6%
3	12,498	15.2%	17,660	21.1%	16,816	14.8%	9,365	18.4%	18,758	27.4%	18,851	11.8%
4	28,934	20.1%	29,621	20.5%	16,486	11.3%	13,296	16.8%	29,866	23.4%	31,878	14.0%
5	14,571	13.2%	13,935	22.4%	7,928	14.2%	9,396	17.2%	15,973	18.4%	11,064	12.8%
6	51,668	20.7%	31,425	21.4%	17,272	15.9%	24,912	25.0%	46,807	24.6%	28,647	13.3%
7	55,659	19.6%	37,086	21.8%	16,308	14.0%	27,723	22.2%	50,380	22.8%	30,949	13.7%
8	44,024	15.6%	40,511	17.3%	24,187	12.8%	8,327	9.7%	50,770	21.4%	49,627	12.9%
9	33,200	19.1%	29,814	22.8%	12,277	14.2%	18,115	23.3%	30,859	22.6%	26,317	14.9%
10	18,568	17.3%	28,162	23.6%	11,098	13.3%	11,243	21.2%	27,553	25.1%	19,031	13.0%
11	36,906	23.2%	29,816	22.2%	14,734	15.0%	20,831	26.6%	31,095	26.6%	29,529	15.0%
12	25,696	23.1%	25,515	22.5%	17,698	15.9%	18,211	24.5%	27,157	29.7%	23,541	13.9%
15	29,185	21.7%	23,237	21.5%	11,862	14.2%	15,677	23.2%	28,365	28.1%	20,243	12.9%
16	59,970	18.9%	52,968	24.4%	25,191	17.0%	33,701	25.2%	58,001	23.1%	46,427	15.6%
17	45,443	19.8%	20,819	17.5%	12,034	14.4%	19,384	19.2%	31,569	20.8%	27,344	15.2%
18	31,588	19.4%	21,886	18.7%	11,606	13.9%	13,650	18.9%	26,737	23.1%	24,693	14.1%
19	18,725	14.0%	15,757	19.6%	8,809	13.5%	12,146	17.6%	14,852	17.7%	16,293	12.9%
20	32,100	16.0%	26,491	21.4%	9,930	11.8%	17,121	20.0%	29,175	19.9%	22,224	12.7%
21	24,748	15.7%	24,008	20.1%	8,228	9.4%	13,510	18.4%	22,999	20.4%	20,475	11.5%
22	31,295	14.8%	38,939	23.9%	12,763	11.6%	15,609	12.7%	40,165	24.9%	27,223	13.5%
23	29,835	15.0%	20,717	19.7%	14,237	12.6%	12,657	15.2%	23,266	20.6%	28,867	13.1%
National	661,968	18.1%	562,040	21.2%	293,591	13.7%	340,136	20.1%	634,326	23.0%	543,136	13.6%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

Table A.3-4. Recent quitters by priority, age, and income (continued)

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	36,910	24.2%	18,851	11.8%	4,414	16.2%
2	20,090	22.3%	12,724	15.4%	2,165	12.2%
3	24,508	21.9%	18,029	12.9%	4,437	15.6%
4	44,854	22.0%	25,476	13.1%	4,710	12.7%
5	19,900	25.1%	14,107	10.9%	2,425	12.8%
6	61,069	26.4%	32,324	14.2%	6,972	15.1%
7	68,432	25.6%	30,231	12.2%	10,389	18.7%
8	63,031	18.8%	36,965	12.0%	8,727	13.6%
9	42,472	23.4%	27,621	16.0%	5,198	14.0%
10	35,033	22.9%	17,973	14.6%	4,821	14.4%
11	41,103	22.5%	33,526	19.1%	6,828	20.1%
12	38,500	24.3%	24,176	15.8%	6,232	25.6%
15	36,373	23.5%	20,924	15.1%	6,987	21.8%
16	82,186	24.7%	41,728	14.4%	14,215	23.7%
17	41,806	23.6%	28,749	13.1%	7,742	21.9%
18	34,957	20.6%	24,598	15.0%	5,525	19.4%
19	22,861	18.7%	15,456	11.8%	4,974	18.9%
20	37,300	20.6%	25,748	13.3%	5,473	16.5%
21	33,348	19.5%	19,023	11.7%	4,613	15.0%
22	47,096	21.9%	31,494	13.5%	4,407	12.2%
23	35,733	20.1%	25,105	12.1%	3,952	12.3%
National	867,562	22.5%	524,831	13.6%	125,205	17.0%

Denominator is the enrollee population by Priority, Age, or Income by VISN.

A.4 Pharmaceutical Use

Table A.4-1. Private insurance drug coverage by priority, age, and income

VISN	Priority group						Age group					
	1-3		4-6		7-8		<45		45-64		65+	
1	42,754	83.7%	18,968	81.8%	28,777	79.5%	32,553	94.0%	24,985	83.2%	32,961	72.0%
2	16,150	81.1%	14,790	84.9%	23,323	84.2%	10,617	95.8%	18,091	86.6%	25,555	77.3%
3	25,160	84.4%	20,606	88.8%	43,574	80.4%	19,471	90.3%	27,725	93.0%	42,145	75.5%
4	45,736	87.2%	35,949	80.3%	47,359	82.2%	46,301	95.9%	43,110	84.2%	39,633	71.6%
5	34,363	87.2%	13,842	78.4%	18,998	90.1%	24,526	93.7%	25,438	85.8%	17,238	77.2%
6	56,484	83.1%	23,706	83.9%	30,063	80.9%	39,207	93.1%	45,067	82.2%	25,980	71.4%
7	61,915	82.5%	27,265	85.4%	32,204	86.7%	36,851	89.2%	53,318	84.4%	31,215	78.7%
8	51,115	82.1%	40,773	91.0%	42,499	83.8%	29,776	89.7%	54,761	91.4%	49,850	77.1%
9	44,347	85.7%	25,725	88.6%	20,548	88.6%	34,337	90.7%	36,581	91.3%	19,703	75.5%
10	27,842	84.7%	26,607	82.3%	22,513	84.0%	22,590	98.6%	31,098	87.0%	23,274	69.8%
11	59,281	87.6%	26,547	83.5%	26,891	82.2%	36,925	94.4%	38,635	86.7%	37,159	76.6%
12	33,048	88.1%	23,925	84.5%	32,631	80.6%	37,598	95.9%	29,669	93.0%	22,335	63.5%
15	29,159	77.7%	17,194	86.7%	22,121	78.3%	24,692	79.2%	24,438	87.4%	19,343	73.1%
16	74,064	87.1%	36,614	88.8%	31,573	74.8%	57,274	94.1%	51,393	81.2%	33,584	75.7%
17	49,761	81.3%	20,740	85.6%	23,922	78.4%	38,857	84.2%	36,302	86.4%	19,265	69.4%
18	31,612	88.4%	15,629	81.8%	22,929	82.0%	22,814	95.4%	25,395	89.5%	21,962	71.9%
19	27,712	81.5%	15,835	83.3%	15,163	80.8%	27,583	92.4%	15,491	78.4%	15,636	70.6%
20	63,148	92.2%	14,837	75.1%	22,591	82.4%	36,980	98.7%	43,190	85.0%	20,406	74.7%
21	43,637	90.8%	19,912	84.0%	22,101	79.0%	25,057	93.4%	28,135	91.7%	32,458	76.8%
22	65,454	90.4%	28,000	87.7%	28,043	84.4%	52,683	92.0%	35,689	88.9%	33,125	82.4%
23	61,865	84.1%	22,870	85.1%	23,378	70.5%	44,271	88.8%	38,432	88.6%	25,410	62.9%
National	944,605	85.6%	490,334	84.8%	581,202	81.4%	700,963	92.1%	726,943	86.7%	588,235	73.8%

Denominator is the enrollee population with Private Insurance by Priority, Age, or Income by VISN.

Table A.4-1. Private insurance drug coverage by priority, age, and income (continued)

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	19,231	71.2%	64,285	86.1%	6,983	79.2%
2	13,532	74.6%	36,822	88.0%	3,909	77.8%
3	17,011	78.7%	64,990	86.1%	7,339	72.8%
4	33,003	75.5%	88,027	88.3%	8,015	70.0%
5	10,175	73.3%	50,244	88.9%	6,783	87.1%
6	24,314	70.6%	78,788	89.1%	7,151	68.2%
7	35,362	78.0%	77,033	86.8%	8,988	89.3%
8	39,177	80.0%	85,939	88.6%	9,271	78.6%
9	21,539	75.7%	58,829	92.1%	10,252	88.0%
10	16,022	67.9%	54,956	92.1%	5,984	68.3%
11	26,821	72.6%	78,100	90.4%	7,799	88.3%
12	17,391	73.0%	67,013	89.3%	5,199	69.9%
15	16,421	74.6%	46,909	81.6%	5,143	84.1%
16	36,587	79.1%	98,310	88.8%	7,354	63.5%
17	19,643	70.5%	69,107	87.8%	5,674	60.2%
18	17,485	80.1%	47,884	89.7%	4,801	63.4%
19	13,112	72.3%	42,028	87.2%	3,570	65.6%
20	17,619	71.8%	74,270	92.8%	8,687	78.5%
21	21,097	82.0%	58,508	89.6%	6,045	69.4%
22	23,247	82.4%	91,804	89.7%	6,446	91.6%
23	22,400	69.1%	80,997	85.9%	4,716	68.0%
National	461,188	75.2%	1,414,842	88.6%	140,112	75.3%

Denominator is the enrollee population with Private Insurance by Priority, Age, or Income by VISN.

Table A.4-2. Medicare part d drug coverage by priority, age, and income

VISN	Priority group						Age group					
	1-3		4-6		7-8		<45		45-64		65+	
1	14,850	24.0%	22,559	37.8%	27,640	36.3%	2,483	53.5%	4,837	24.6%	57,730	33.3%
2	9,544	32.2%	12,627	35.7%	17,610	39.6%	1,123	53.1%	4,012	30.9%	34,646	36.7%
3	14,019	33.4%	18,365	41.4%	35,425	43.6%	2,676	52.4%	5,159	35.7%	59,973	40.5%
4	18,007	25.8%	30,554	39.4%	37,706	38.5%	2,611	79.1%	10,473	37.6%	73,182	34.2%
5	6,734	20.2%	9,499	32.3%	9,657	32.2%	862	82.4%	3,490	28.0%	21,537	27.2%
6	22,500	22.3%	19,756	28.0%	28,259	40.5%	2,147	39.5%	8,336	21.9%	60,033	30.4%
7	24,777	23.0%	24,518	29.0%	26,938	37.0%	1,543	18.3%	11,944	24.5%	62,746	30.2%
8	38,922	27.0%	49,641	38.8%	55,459	41.1%	2,671	22.5%	13,370	27.2%	127,980	37.0%
9	19,867	25.8%	23,049	34.3%	24,738	42.9%	3,125	59.8%	10,943	30.4%	53,586	33.3%
10	14,038	31.4%	21,428	36.3%	22,301	39.4%	1,648	39.4%	8,042	34.6%	48,077	36.2%
11	17,865	22.2%	21,341	31.5%	24,143	35.3%	1,791	28.4%	9,703	33.2%	51,853	28.6%
12	10,340	22.1%	16,056	26.7%	24,210	31.3%	1,963	32.4%	4,471	20.9%	44,172	28.2%
15	13,757	23.7%	18,086	30.6%	17,266	31.9%	3,266	43.7%	3,737	18.0%	42,107	29.4%
16	35,629	24.9%	38,140	34.9%	31,982	36.4%	3,143	27.8%	19,988	33.2%	82,621	30.7%
17	22,399	24.1%	18,756	33.1%	18,401	41.2%	628	16.9%	6,544	25.0%	52,384	31.9%
18	17,324	25.3%	20,978	33.3%	21,055	41.1%	0	0.0%	8,216	32.8%	51,141	33.3%
19	12,873	24.0%	14,035	35.7%	15,034	37.8%	1,157	25.6%	3,226	22.8%	37,559	32.9%
20	13,535	18.8%	23,565	35.4%	20,216	39.0%	791	14.2%	8,187	30.5%	48,337	30.6%
21	18,159	26.7%	25,892	41.5%	22,594	40.3%	688	20.2%	8,202	33.4%	57,754	36.4%
22	24,276	33.9%	31,555	42.1%	32,427	49.8%	1,892	29.6%	8,641	30.3%	77,726	44.0%
23	23,146	23.7%	16,673	32.6%	27,222	34.5%	1,188	81.8%	5,475	24.8%	60,377	29.6%
National	392,559	25.1%	477,076	34.9%	540,281	38.7%	37,396	33.5%	166,997	28.7%	1,205,523	33.2%

Denominator is the enrollee population with Medicare by Priority, Age, or Income by VISN.

Table A.4-2. Medicare part d drug coverage by priority, age, and income (continued)

VISN	Income group					
	<$36,000		$36,000+		Missing	
1	34,261	35.8%	26,064	30.6%	4,725	27.9%
2	20,235	37.3%	14,442	33.9%	5,104	40.4%
3	26,086	41.0%	34,095	39.8%	7,628	41.9%
4	49,375	37.1%	28,707	32.3%	8,185	35.1%
5	13,026	31.2%	10,393	24.5%	2,471	28.5%
6	33,038	28.6%	30,530	30.6%	6,947	27.1%
7	38,516	31.1%	29,510	26.1%	8,207	28.8%
8	74,901	37.5%	56,038	32.8%	13,082	35.9%
9	36,422	35.1%	25,112	32.5%	6,120	29.0%
10	31,955	35.2%	18,532	36.6%	7,280	38.5%
11	32,831	29.9%	24,392	28.3%	6,125	29.7%
12	25,906	28.0%	21,281	27.9%	3,419	21.8%
15	25,521	29.9%	15,697	24.1%	7,891	38.0%
16	58,245	32.5%	37,700	29.7%	9,807	28.4%
17	29,131	33.5%	27,401	30.4%	3,024	17.9%
18	29,351	34.5%	25,178	30.9%	4,829	29.7%
19	21,357	33.6%	17,369	30.3%	3,216	27.5%
20	33,099	34.4%	19,678	25.1%	4,539	29.4%
21	29,600	33.8%	30,660	37.8%	6,385	35.8%
22	40,998	42.4%	39,956	41.0%	7,304	41.6%
23	31,932	29.0%	29,145	30.4%	5,964	27.3%
National	715,786	33.8%	561,880	31.4%	132,250	31.5%

Denominator is the enrollee population with Medicare by Priority, Age, or Income by VISN.

Table A.4-3. Enrollee use of prescription medications

VISN	Prescription medications in the last 30 days									
	0		1-2		3-4		5 or more		Missing	
1	48,674	14.3%	71,472	21.0%	70,738	20.8%	140,719	41.4%	8,483	2.5%
2	31,204	16.4%	32,283	17.0%	41,963	22.1%	81,458	42.8%	3,347	1.8%
3	48,616	17.4%	54,435	19.5%	56,634	20.3%	110,259	39.5%	9,439	3.4%
4	80,864	18.6%	77,854	17.9%	90,972	20.9%	176,129	40.5%	9,207	2.1%
5	38,382	16.8%	54,456	23.9%	46,962	20.6%	84,848	37.2%	3,639	1.6%
6	59,388	11.8%	92,115	18.2%	121,123	24.0%	220,848	43.7%	11,502	2.3%
7	67,968	11.9%	94,882	16.6%	125,812	22.0%	269,213	47.1%	13,234	2.3%
8	83,075	11.8%	112,621	15.9%	138,797	19.6%	357,681	50.6%	14,560	2.1%
9	51,648	13.2%	66,761	17.1%	82,511	21.1%	183,056	46.8%	7,487	1.9%
10	47,984	15.5%	53,611	17.3%	61,693	19.9%	138,085	44.6%	8,216	2.7%
11	54,095	13.8%	68,486	17.5%	86,410	22.0%	171,520	43.8%	11,502	2.9%
12	60,615	18.1%	63,179	18.8%	69,287	20.6%	137,706	41.0%	4,754	1.4%
15	46,171	14.2%	58,089	17.8%	60,237	18.5%	151,815	46.6%	9,428	2.9%
16	87,577	12.8%	114,674	16.8%	130,624	19.1%	336,108	49.3%	13,297	1.9%
17	64,951	15.0%	77,838	18.0%	98,547	22.8%	184,272	42.7%	6,344	1.5%
18	62,516	17.2%	69,291	19.1%	77,563	21.4%	144,667	39.9%	8,790	2.4%
19	51,513	18.4%	61,911	22.1%	60,394	21.6%	100,647	36.0%	5,184	1.9%
20	70,851	17.4%	100,421	24.6%	84,470	20.7%	140,633	34.5%	11,509	2.8%
21	67,588	18.5%	79,422	21.8%	70,211	19.2%	140,101	38.4%	7,478	2.0%
22	102,600	21.1%	96,905	20.0%	94,931	19.6%	184,467	38.0%	6,555	1.4%
23	66,150	15.9%	91,389	21.9%	85,792	20.6%	167,071	40.0%	6,925	1.7%
National	1,292,431	15.3%	1,592,095	18.9%	1,755,671	20.8%	3,621,304	42.9%	180,879	2.1%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Table A.4-4. Enrollee use of prescription medications obtained from VA

VISN	Prescription medications in the last 30 days from VA									
	0		1-2		3-4		5 or more		Missing	
1	110,722	39.1%	54,217	19.2%	36,325	12.8%	69,805	24.7%	11,860	4.2%
2	65,397	42.0%	26,860	17.3%	21,986	14.1%	37,214	23.9%	4,247	2.7%
3	114,733	51.8%	29,292	13.2%	27,400	12.4%	44,108	19.9%	5,795	2.6%
4	138,800	40.2%	62,844	18.2%	51,819	15.0%	81,694	23.7%	9,797	2.8%
5	90,783	48.7%	28,107	15.1%	23,424	12.6%	38,219	20.5%	5,732	3.1%
6	159,460	36.7%	68,037	15.7%	67,488	15.5%	122,025	28.1%	17,077	3.9%
7	183,355	37.4%	69,133	14.1%	80,663	16.5%	143,301	29.3%	13,455	2.7%
8	216,960	35.6%	96,847	15.9%	86,573	14.2%	190,866	31.3%	17,853	2.9%
9	126,132	38.0%	44,653	13.4%	51,532	15.5%	99,558	30.0%	10,453	3.1%
10	88,089	34.8%	41,840	16.5%	40,034	15.8%	74,451	29.4%	8,974	3.5%
11	118,256	36.2%	51,177	15.7%	54,995	16.8%	93,045	28.5%	8,942	2.7%
12	93,251	34.5%	43,334	16.0%	45,999	17.0%	80,413	29.8%	7,176	2.7%
15	85,651	31.7%	47,228	17.5%	39,753	14.7%	90,927	33.7%	6,580	2.4%
16	201,046	34.6%	79,781	13.7%	82,869	14.3%	202,025	34.7%	15,685	2.7%
17	135,611	37.6%	53,680	14.9%	58,583	16.2%	102,959	28.5%	9,822	2.7%
18	97,296	33.4%	49,967	17.1%	54,111	18.6%	83,374	28.6%	6,774	2.3%
19	79,644	35.7%	44,941	20.2%	35,723	16.0%	57,486	25.8%	5,158	2.3%
20	111,122	34.1%	71,338	21.9%	51,594	15.8%	82,866	25.5%	8,605	2.6%
21	105,676	36.5%	52,044	18.0%	43,952	15.2%	82,771	28.6%	5,290	1.8%
22	155,453	41.3%	64,422	17.1%	51,991	13.8%	94,119	25.0%	10,317	2.7%
23	115,175	33.5%	65,592	19.1%	56,129	16.3%	98,323	28.6%	9,032	2.6%
National	2,592,614	37.2%	1,145,336	16.4%	1,062,943	15.3%	1,969,551	28.3%	198,626	2.9%

Denominator is the enrollee population who reported using prescription medications in the last 30 days by VISN.

Percentages may not total 100 percent due to rounding.

A.5 Reliance

Table A.5-1. Enrollee reliance on VA by VISN

VISN	Enrollee reliance on VA											
	0%		1-25%		26-50%		51-75%		76-99%		100%	
1	122,586	52.2%	10,417	4.4%	38,805	16.5%	8,813	3.8%	4,361	1.9%	49,928	21.3%
2	74,109	55.5%	5,475	4.1%	18,401	13.8%	4,421	3.3%	1,547	1.2%	29,531	22.1%
3	111,914	60.2%	9,587	5.2%	27,225	14.7%	6,100	3.3%	2,962	1.6%	27,982	15.1%
4	175,933	56.7%	17,706	5.7%	44,304	14.3%	12,879	4.2%	2,993	1.0%	56,515	18.2%
5	106,765	65.9%	4,813	3.0%	20,817	12.8%	5,192	3.2%	1,658	1.0%	22,887	14.1%
6	199,306	54.4%	19,200	5.2%	59,473	16.2%	12,724	3.5%	7,318	2.0%	68,318	18.6%
7	235,739	55.5%	18,821	4.4%	73,541	17.3%	21,648	5.1%	5,206	1.2%	69,472	16.4%
8	254,785	49.7%	31,493	6.1%	93,998	18.3%	22,805	4.4%	10,254	2.0%	99,179	19.4%
9	132,581	49.6%	14,148	5.3%	47,139	17.6%	8,909	3.3%	7,112	2.7%	57,521	21.5%
10	105,470	49.4%	10,415	4.9%	39,290	18.4%	6,020	2.8%	2,513	1.2%	49,589	23.2%
11	142,073	52.5%	11,281	4.2%	45,388	16.8%	6,478	2.4%	3,346	1.2%	61,836	22.9%
12	124,471	52.5%	7,865	3.3%	36,558	15.4%	7,990	3.4%	4,420	1.9%	55,774	23.5%
15	97,200	45.2%	13,000	6.0%	40,033	18.6%	9,224	4.3%	3,423	1.6%	52,333	24.3%
16	245,679	51.6%	20,734	4.4%	74,420	15.6%	25,992	5.5%	7,506	1.6%	102,105	21.4%
17	153,057	51.8%	11,940	4.0%	52,708	17.8%	10,871	3.7%	4,146	1.4%	62,707	21.2%
18	128,145	51.3%	8,466	3.4%	45,783	18.3%	12,911	5.2%	3,052	1.2%	51,638	20.7%
19	92,012	48.3%	6,700	3.5%	35,393	18.6%	8,200	4.3%	3,177	1.7%	44,865	23.6%
20	134,981	47.4%	9,726	3.4%	50,802	17.8%	10,895	3.8%	5,149	1.8%	73,343	25.7%
21	112,481	47.4%	10,097	4.3%	38,378	16.2%	7,567	3.2%	3,085	1.3%	65,470	27.6%
22	174,947	53.1%	9,935	3.0%	56,087	17.0%	11,730	3.6%	5,183	1.6%	71,758	21.8%
23	143,670	50.2%	15,209	5.3%	51,173	17.9%	9,411	3.3%	6,163	2.2%	60,583	21.2%
National	3,067,904	52.1%	267,027	4.5%	989,717	16.8%	230,782	3.9%	94,575	1.6%	1,233,333	21.0%

Reliance measure excludes enrollees who did not use outpatient care or who did not answer the questions about the number of VA or community outpatient visits.

Percentages may not total 100 percent due to rounding.

Table A.5-2. Reasons for planned future use reported by enrollees

VISN	Planned future use of VA health care services							
	Primary		Backup		Safety net		Prescriptions	
1	137,894	40.5%	22,511	6.6%	71,302	21.0%	31,805	9.4%
2	74,991	39.4%	15,455	8.1%	39,373	20.7%	15,039	7.9%
3	90,601	32.4%	28,413	10.2%	66,644	23.9%	21,959	7.9%
4	156,379	35.9%	35,914	8.3%	91,996	21.1%	46,993	10.8%
5	80,407	35.2%	22,894	10.0%	56,086	24.6%	13,609	6.0%
6	220,864	43.7%	44,279	8.8%	91,856	18.2%	32,796	6.5%
7	257,794	45.1%	56,672	9.9%	98,357	17.2%	31,256	5.5%
8	327,884	46.4%	62,020	8.8%	128,894	18.2%	47,630	6.7%
9	177,214	45.3%	26,012	6.6%	74,942	19.1%	26,611	6.8%
10	136,927	44.2%	22,995	7.4%	56,623	18.3%	21,382	6.9%
11	162,931	41.6%	24,125	6.2%	76,922	19.6%	41,349	10.5%
12	139,055	41.4%	25,319	7.5%	64,510	19.2%	39,571	11.8%
15	142,049	43.6%	16,643	5.1%	57,011	17.5%	37,517	11.5%
16	329,186	48.2%	48,531	7.1%	117,022	17.2%	44,662	6.5%
17	190,674	44.1%	33,070	7.7%	79,812	18.5%	27,330	6.3%
18	175,840	48.5%	31,218	8.6%	61,698	17.0%	20,419	5.6%
19	122,393	43.8%	20,935	7.5%	54,051	19.3%	17,828	6.4%
20	202,435	49.6%	25,484	6.2%	67,981	16.7%	21,848	5.4%
21	177,588	48.7%	26,550	7.3%	63,211	17.3%	21,291	5.8%
22	209,900	43.2%	45,045	9.3%	104,753	21.6%	21,315	4.4%
23	167,643	40.2%	36,511	8.7%	76,791	18.4%	49,743	11.9%
National	3,680,649	43.6%	670,596	7.9%	1,599,834	19.0%	631,950	7.5%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

Table A.5-2. Reasons for planned future use reported by enrollees (continued)

VISN	Planned future use of VA health care services							
	Specialized care		Other		No plan to Use VA		Missing	
1	11,980	3.5%	7,868	2.3%	27,672	8.1%	29,054	8.5%
2	7,154	3.8%	4,931	2.6%	16,907	8.9%	16,406	8.6%
3	11,247	4.0%	6,773	2.4%	28,437	10.2%	25,308	9.1%
4	11,898	2.7%	16,272	3.7%	40,649	9.3%	34,926	8.0%
5	10,320	4.5%	10,458	4.6%	21,583	9.5%	12,931	5.7%
6	26,124	5.2%	17,934	3.6%	30,509	6.0%	40,615	8.0%
7	22,003	3.9%	22,832	4.0%	40,020	7.0%	42,174	7.4%
8	29,448	4.2%	23,366	3.3%	42,105	6.0%	45,387	6.4%
9	9,393	2.4%	15,825	4.0%	30,849	7.9%	30,617	7.8%
10	13,610	4.4%	7,457	2.4%	23,785	7.7%	26,811	8.7%
11	17,076	4.4%	13,854	3.5%	26,148	6.7%	29,607	7.6%
12	11,039	3.3%	10,871	3.2%	22,596	6.7%	22,580	6.7%
15	14,703	4.5%	11,715	3.6%	24,875	7.6%	21,226	6.5%
16	26,782	3.9%	22,053	3.2%	45,258	6.6%	48,786	7.2%
17	15,768	3.7%	16,623	3.8%	37,136	8.6%	31,539	7.3%
18	11,256	3.1%	14,113	3.9%	28,703	7.9%	19,581	5.4%
19	12,493	4.5%	10,512	3.8%	23,508	8.4%	17,929	6.4%
20	14,070	3.4%	25,846	6.3%	29,644	7.3%	20,577	5.0%
21	11,406	3.1%	15,450	4.2%	24,815	6.8%	24,489	6.7%
22	20,861	4.3%	22,944	4.7%	28,160	5.8%	32,479	6.7%
23	15,257	3.7%	18,587	4.5%	23,239	5.6%	29,555	7.1%
National	323,889	3.8%	316,285	3.7%	616,599	7.3%	602,577	7.1%

Denominator is the enrollee population by VISN.

Percentages may not total 100 percent due to rounding.

A.6 Key Drivers

Table A.6-1. Positive responses to quality and cost statements

VISN	Quality				Cost					
	VA health care providers treat their patients with respect		Veterans like me who use VA are satisfied with the health care they receive		VA is the most cost-effective health care provider for Veterans like me		VA offers Veterans like me the best value for our health care dollar		My use of VA will decrease if my financial resources improve*	
1	262,258	77.1%	215,079	63.2%	220,439	64.8%	210,844	62.0%	41,144	17.1%
2	138,198	72.6%	113,857	59.8%	114,806	60.3%	112,292	59.0%	23,211	17.6%
3	187,389	67.1%	155,961	55.8%	153,710	55.0%	150,926	54.0%	35,286	20.0%
4	304,584	70.0%	258,764	59.5%	262,193	60.3%	247,569	56.9%	50,005	17.0%
5	141,261	61.9%	109,394	47.9%	121,799	53.4%	110,506	48.4%	27,372	18.9%
6	352,097	69.7%	287,863	57.0%	324,386	64.2%	297,744	59.0%	65,498	17.7%
7	365,913	64.1%	276,921	48.5%	345,688	60.5%	307,382	53.8%	75,405	17.7%
8	519,860	73.6%	441,500	62.5%	464,961	65.8%	443,385	62.7%	103,873	19.1%
9	278,936	71.3%	224,074	57.2%	256,677	65.6%	243,369	62.2%	46,634	15.9%
10	224,657	72.6%	181,932	58.8%	203,341	65.7%	192,819	62.3%	38,858	17.4%
11	284,708	72.6%	233,334	59.5%	244,590	62.4%	234,415	59.8%	47,655	17.3%
12	250,972	74.8%	212,236	63.3%	223,286	66.5%	219,629	65.5%	48,890	20.0%
15	230,320	70.7%	185,107	56.8%	205,405	63.1%	191,577	58.8%	41,488	17.3%
16	476,808	69.9%	382,209	56.0%	439,764	64.5%	418,582	61.4%	89,237	17.2%
17	279,913	64.8%	216,526	50.1%	272,994	63.2%	248,382	57.5%	67,491	21.2%
18	243,661	67.2%	180,683	49.8%	216,244	59.6%	203,332	56.0%	48,451	18.1%
19	190,905	68.3%	142,079	50.8%	171,321	61.3%	157,823	56.4%	40,101	19.8%
20	292,755	71.8%	214,660	52.6%	254,628	62.4%	244,091	59.8%	53,258	18.0%
21	266,240	73.0%	215,393	59.0%	244,283	67.0%	231,981	63.6%	49,580	18.2%
22	338,938	69.8%	263,196	54.2%	306,531	63.1%	288,277	59.4%	74,630	21.0%
23	320,949	76.9%	269,075	64.5%	280,164	67.1%	263,828	63.2%	44,551	14.2%
National	5,951,322	70.5%	4,779,840	56.6%	5,327,211	63.1%	5,018,755	59.4%	1,112,619	18.1%

Denominator is the enrollee population by VISN.

*Denominator excludes enrollees who used VA to meet none of their health care needs.

Table A.6-2. Positive responses to availability and accessibility statements

VISN	Availability and accessibility									
	It is easy to get to my local VA facility		It is easy for Veterans like me to get around in the VA health care facility		There is a VA provider in my area that offers all of the health care services that Veterans like me need		Veterans like me can get in and out of an appointment at VA in a reasonable time		When Veterans like me go to VA for an appointment they do not wait a long time to see the doctor	
1	234,593	69.0%	235,495	69.2%	207,526	61.0%	203,503	59.8%	197,513	58.1%
2	136,964	72.0%	129,886	68.3%	118,354	62.2%	115,924	60.9%	115,404	60.7%
3	176,867	63.3%	176,879	63.3%	160,903	57.6%	145,190	52.0%	136,574	48.9%
4	295,523	67.9%	283,680	65.2%	259,061	59.6%	248,736	57.2%	245,744	56.5%
5	131,623	57.7%	134,082	58.7%	124,193	54.4%	103,264	45.2%	100,311	43.9%
6	339,244	67.2%	338,728	67.1%	281,924	55.8%	270,982	53.7%	265,397	52.6%
7	379,894	66.5%	362,908	63.5%	288,035	50.4%	255,812	44.8%	254,882	44.6%
8	505,509	71.5%	485,900	68.8%	442,817	62.7%	405,937	57.4%	390,350	55.2%
9	268,036	68.5%	260,171	66.5%	224,304	57.3%	205,093	52.4%	211,418	54.0%
10	233,780	75.5%	221,209	71.5%	196,192	63.4%	177,370	57.3%	176,284	56.9%
11	270,832	69.1%	279,331	71.3%	222,962	56.9%	224,342	57.2%	221,607	56.5%
12	241,470	72.0%	239,849	71.5%	208,752	62.2%	196,283	58.5%	189,404	56.4%
15	226,425	69.5%	216,655	66.5%	183,075	56.2%	175,765	54.0%	177,415	54.5%
16	458,021	67.1%	460,756	67.5%	363,645	53.3%	354,611	52.0%	328,300	48.1%
17	287,628	66.6%	284,239	65.8%	253,208	58.6%	188,842	43.7%	189,135	43.8%
18	253,991	70.0%	229,247	63.2%	192,160	53.0%	158,819	43.8%	162,577	44.8%
19	187,830	67.2%	180,542	64.6%	146,460	52.4%	129,736	46.4%	132,086	47.2%
20	255,554	62.7%	257,920	63.2%	222,507	54.6%	205,796	50.5%	200,853	49.2%
21	265,901	72.9%	260,026	71.3%	220,058	60.3%	213,322	58.5%	202,964	55.6%
22	335,231	69.1%	324,197	66.8%	284,998	58.7%	234,884	48.4%	228,712	47.1%
23	298,825	71.6%	297,693	71.3%	249,753	59.8%	261,444	62.6%	254,279	60.9%
National	5,783,743	68.5%	5,659,395	67.0%	4,850,886	57.5%	4,475,654	53.0%	4,381,209	51.9%

Denominator is the enrollee population by VISN.

Table A.6-3. Positive responses to current and future VA use and camaraderie statements

VISN	Current and future uses of VA								Camaraderie	
	If the cost of health care to me increases, I will use VA more*		Veterans who can afford to use other sources of health care should leave the VA to those who really need it		I would use VA only if I did not have access to any other source of health care		I tend to use the same health care providers as my spouse/partner and/or children		Veterans like me like going to VA because you can talk to other Veterans	
1	134,995	55.1%	103,485	30.4%	146,000	42.9%	103,501	30.4%	134,677	39.6%
2	78,992	59.3%	53,666	28.2%	85,987	45.2%	64,627	34.0%	82,534	43.4%
3	116,971	56.1%	92,319	33.0%	137,197	49.1%	103,086	36.9%	111,987	40.1%
4	176,315	54.2%	128,902	29.6%	215,486	49.5%	154,522	35.5%	195,822	45.0%
5	92,372	53.9%	73,308	32.1%	115,430	50.6%	82,676	36.2%	83,410	36.5%
6	190,997	56.9%	131,884	26.1%	233,884	46.3%	159,044	31.5%	230,625	45.7%
7	221,944	57.7%	151,518	26.5%	260,941	45.7%	185,271	32.4%	263,881	46.2%
8	269,597	58.4%	199,856	28.3%	322,348	45.6%	199,578	28.2%	295,844	41.9%
9	141,007	55.2%	104,277	26.6%	162,046	41.4%	115,468	29.5%	178,185	45.5%
10	104,187	52.1%	80,461	26.0%	135,829	43.9%	93,618	30.2%	145,283	46.9%
11	155,988	56.5%	98,934	25.2%	177,368	45.2%	132,177	33.7%	165,932	42.3%
12	132,260	59.0%	90,800	27.1%	154,941	46.2%	102,333	30.5%	145,303	43.3%
15	114,145	52.5%	81,579	25.0%	138,858	42.6%	97,196	29.8%	135,139	41.5%
16	236,629	55.7%	174,771	25.6%	301,817	44.2%	195,501	28.7%	321,081	47.1%
17	163,382	56.0%	118,680	27.5%	220,744	51.1%	137,440	31.8%	182,512	42.3%
18	128,276	55.4%	104,058	28.7%	159,168	43.9%	101,832	28.1%	146,461	40.4%
19	107,716	54.1%	72,629	26.0%	126,349	45.2%	87,432	31.3%	98,895	35.4%
20	144,082	54.3%	107,910	26.5%	173,033	42.4%	103,891	25.5%	139,297	34.2%
21	129,328	57.5%	105,334	28.9%	157,971	43.3%	103,235	28.3%	151,152	41.4%
22	183,973	57.5%	127,612	26.3%	241,464	49.7%	147,966	30.5%	199,337	41.1%
23	173,875	57.3%	99,742	23.9%	175,843	42.1%	157,556	37.8%	177,142	42.4%
National	3,197,030	56.1%	2,301,725	27.3%	3,842,704	45.5%	2,627,949	31.1%	3,584,499	42.5%

Denominator is the enrollee population by VISN.

*Denominator excludes enrollees that indicated use of VA to meet all health care needs.

Table A.6-4. Positive responses to knowledge of VA benefits and availability of insurance statements

VISN	Knowledge of VA benefits				Availability of insurance			
	I feel I know what is available to me through my VA benefits		I understand how my VA health benefits work		My family has a health insurance plan that covers me and the rest of the family		I have a doctor outside VA who I really like and trust	
1	180,979	53.2%	168,853	49.6%	124,343	36.6%	178,396	52.5%
2	102,815	54.0%	93,945	49.4%	70,666	37.1%	94,107	49.5%
3	136,441	48.8%	123,635	44.3%	109,440	39.2%	151,328	54.2%
4	222,447	51.1%	206,821	47.5%	173,758	39.9%	227,933	52.4%
5	110,702	48.5%	104,772	45.9%	101,714	44.6%	120,519	52.8%
6	265,904	52.7%	248,432	49.2%	180,497	35.7%	258,848	51.3%
7	254,625	44.6%	257,636	45.1%	191,843	33.6%	295,228	51.7%
8	389,438	55.1%	368,266	52.1%	211,389	29.9%	345,035	48.8%
9	205,083	52.4%	189,705	48.5%	135,859	34.7%	180,476	46.1%
10	171,028	55.2%	161,015	52.0%	109,840	35.5%	144,903	46.8%
11	198,627	50.7%	187,741	47.9%	149,723	38.2%	205,496	52.4%
12	174,253	51.9%	164,143	48.9%	112,897	33.6%	154,324	46.0%
15	171,792	52.7%	159,827	49.1%	103,831	31.9%	156,862	48.2%
16	339,644	49.8%	332,475	48.7%	220,816	32.4%	321,301	47.1%
17	212,505	49.2%	201,533	46.7%	159,193	36.9%	201,866	46.7%
18	181,592	50.0%	168,805	46.5%	114,533	31.6%	155,242	42.8%
19	135,570	48.5%	125,026	44.7%	100,378	35.9%	127,301	45.5%
20	198,291	48.6%	181,963	44.6%	133,552	32.7%	165,974	40.7%
21	190,648	52.3%	171,954	47.1%	115,094	31.5%	148,183	40.6%
22	248,126	51.1%	231,725	47.7%	166,855	34.4%	206,054	42.4%
23	219,328	52.6%	206,751	49.5%	183,770	44.0%	225,020	53.9%
National	4,309,838	51.1%	4,055,022	48.0%	2,969,990	35.2%	4,064,396	48.1%

Denominator is the enrollee population by VISN.