



The Current State of Rural VA Medical Centers

Discovery Readout | Fall 2017

“It’s like an outpost in the Old West. There is a demand and need, but because it’s so far remote, we don’t have any resources... It’s like they forget about us until something goes wrong. At least that’s my perception.”

- VA Staff, Rural TX



INTRODUCTION

In Fall 2017, VA Center for Innovation set out to speak with Veterans who live in Rural America about the experience accessing healthcare. We employed qualitative research methods to uncover the behavioral drivers behind how veterans are thinking about healthcare, and led a synthesis session to draw meanings and patterns that aren't obvious. We read into what people said, drew conclusions, and are presenting these to you as ways to form an innovation roadmap.

The topic areas we're identifying are what seem like the largest, across the board deficits and opportunity areas.

So often we go about making decisions and building systems and products that address what we think are the problems. This work is meant to provide themes and tools to focus our work where the greatest needs and opportunities are.

ROUND 1 [August 2017]

Focus on veterans enrolled in specialty care at the VA.

ROUND 2 [October 2017]

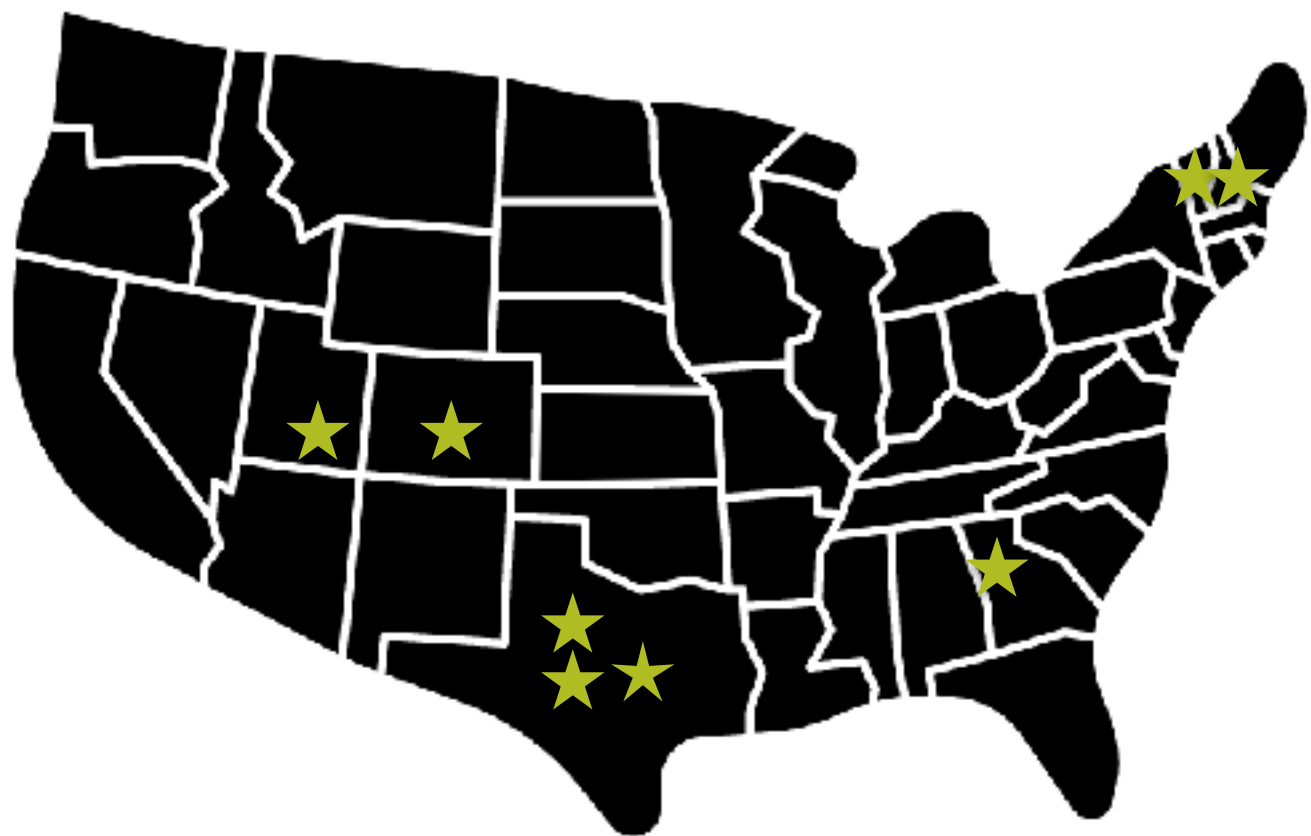
Focused broadly on veterans living in rural areas, to include VHA (casual and frequent users) and non-VHA using veterans. We spoke to a blend of spouses, caretakers, healthcare providers and community veteran support advocates.



RESEARCH PLAN



LOCATION (35 INTERVIEWS)



Brownwood, TX
San Angelo, TX
Big Spring, TX

Rochester, VT
Dublin, GA
Macon, GA

Grand Junction, CO
Plymouth, NH
Le Sal, UT

GOALS & INTENT

- To understand how rural veterans perceive healthcare and healthcare providers
- To understand how rural veterans and VA staff manage the logistics that go into making healthcare possible remotely
- To understand how rural Veterans think about VA care and customer service
- To understand the part that “rural” plays in a rural Veteran’s identity
- To understand how to attract and retain doctors to rural America

RESEARCH FINDINGS

We conducted synthesis sessions, wherein the participant quotes become data pieces that we “affinitize” into thematic categories. In this way, we can see the biggest needs that can then become opportunity areas we use to decide which products, systems and services we build, fix, etc.



1.

The Golden Rule is alive and well in Rural America. Staff who live or at grew up in rural areas are able to perceive life circumstances, thus are more likely to succeed and stay.

2.

Staff are met with resistance when overstepping their role, which is what it takes to truly serve veterans in rural environments

3.

Trust, established through actual rapport, is an imperative precursor to healthcare delivery. Veterans expect it from staff, not all of whom know to make time and room for it.

RESEARCH FINDINGS

Each finding is divided into sub-themes and validated by stories, quotes, and true lived experiences of veterans. Each of these sub-themes is a building block for an **innovation roadmap**.



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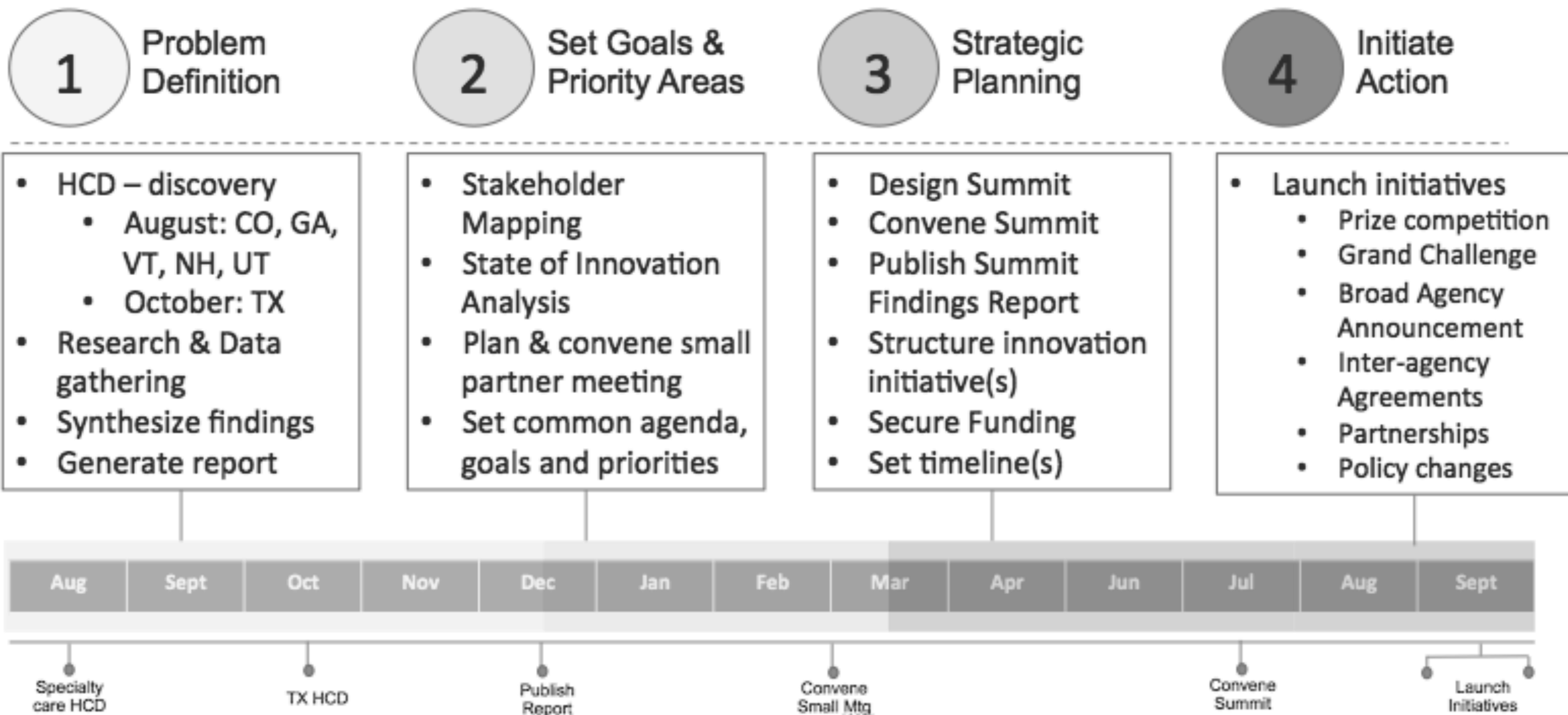
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COLLECTIVE IMPACT ROADMAP FOR RURAL HEALTHCARE



"I treat doctors the way I want them to treat me. Betty has a job just like anyone else. If she says be there, I'll be there."

- Veteran, Rural TX

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Along with trust, respect and honor are more than nice to have; they are the barrier or the access points to care. Do unto others as you would have them do unto you. This expression is alive and well in Rural America where customer service is seen as an extension of self and morale. An unwavering respect for serving others steers the conversations and the morale compass of popular opinion. In rural America, veterans see behind the curtain of VA operations more than in an urban environment and it only fuels the lack of trust and respect felt by those using the VA system.

SYSTEM INEFFICIENCIES ARE SEEN AS DISRESPECT

Inefficiencies and contradictions within the VA system come off as far more than inefficiencies, and in fact spark paranoia and deep distrust. This combined with word of mouth and the fact that everyone knows everyone sets up a reality where rumor is law. VA Providers who understand this are able to alter their service accordingly.

YOUR WORD IS YOUR BOND

When the system acts out of accordance with a doctor's promise, it's traumatizing for doctors, patients and their relationship with each other. For a provider and patient to share this inclination is a recipe for healthcare success.

TRIED & TRUE WITH A SIDE OF STRAIGHT TALK

When I ask you a question, I want a real answer with the fewest amount of words possible. If you can't explain the why behind something, I'll probably stop showing up. Broadly speaking, people's facts come from what they hear and are less-so augmented by what they read. Providers who understand this are able to serve accordingly.

1● The Golden Rule is alive and well in Rural America. Staff who live or at grew up in rural areas are able to perceive life circumstances, thus are more likely to succeed and stay.

“I always look at distance. Some of our patients drive 90 minutes... Instead of meeting them face to face, I’ll pick up the phone and see if they want to avoid it... And also offer them the option to come in and see my face. Most elect to do it over the phone. When it comes to diabetes, as long as they don’t lie...”

- Staff, Rural TX

“Telehealth as well. I’ll meet patients face to face at least for the first time. Generally, they get deferred to telephone. When they see my face for the first time, that familiarity helps bridge the gap”

- Staff, Rural TX

“There is not a level of basic knowledge to utilize the services. They’re listening to their friend and without knowing why, they believe it. It’s through word of mouth. So much of what goes on here, and it’s not always accurate.”

- Veteran, Rural GA

“All these people here know me. I go to church with them. I’m friendly; my wife is friendly”

- Veteran, Rural TX

“Instead of it feeling like work, I like them to feel appreciated. I always ask what concerns, questions and issues you have for me. At the beginning. Even if my agenda is diabetes, that might not be their agenda. I always make it conversational. And then I’ll generally develop a plan together. If they don’t want to do it, they won’t, and we won’t make progress. I usually lay out a series of options and let them choose. I’ll also repeat at the end of the visit what we agreed upon: what they’re going to do, what I’m going to do, and when we’re going to meet again. Then I’ll end the call.”

- Staff, Rural TX

“I’m the type of person who believes that you should treat everyone with respect. I love people. I treat everyone with kindness. I believe attitude has a lot do do with it. If you go into a clinic and you’re rude, they’re of course going to have a tendency to not want to deal with you”

- Veteran, Rural TX

“I just take care of patients the way they need to be taken care of! They tend to be a grateful, respectful population. They don’t take more than they need. It’s great to hear that they’re happy with their primary care. I just help to bridge between them and the PCP”

- VA Staff, Rural Provider

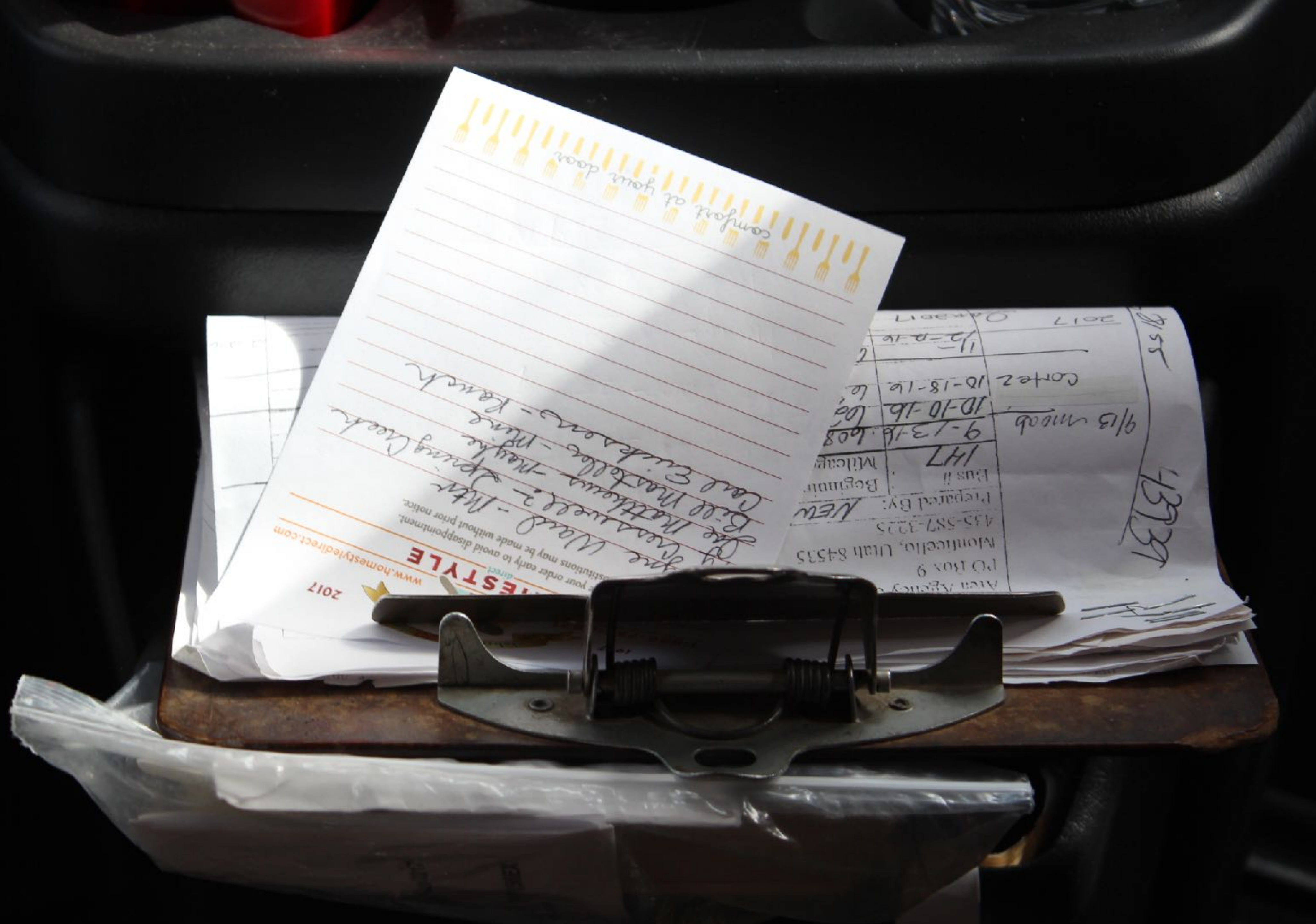
"I know my hurdles would be going to Temple and scheduling appointments that are a distanced time out; not something that's convenient or easy. When they make an appointment for you, that's the appointment. Unless you get Betty on the phone."

- Veteran, Rural TX



2.

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To be done successfully, logistics surrounding rural veteran healthcare is a shared burden between provider and patient. Staff don't perceive this burden and their expectations aren't set to do so. With even more hoops to jump through and bureaucratic hurdles, being a VA provider in rural Texas means taking risk, a more fastidious project management role and requires that you approach each patient encounter as a conversation.

I CAN ONLY CONTROL WHAT I CAN CONTROL (+ WHO I KNOW), WHICH IS NOT ENOUGH TO GET MY JOB DONE.

Because of limited system visibility and general bureaucratic hurdles, it's very difficult to accommodate things like tiered appointments, prescription sign-off's & timely approvals, what I promise to my patients is not always what ends up

THOSE WHO TAKE RISKS ARE TRULY SERVING

Rural providers we met who, at the end of the day would rather take a risk than protect their job were the ones truly serving patients in a way that also felt satisfying to them at the end of the day. To wait for permission or a well paved path towards providing care is to not be able to say yes to veterans and their needs.

I WISH I COULD DO HOUSE CALLS

Many providers, when asked what they would do with a magic wand, is to take one day a week to make house calls to all of the veterans for whom they know transportation is an insurmountable barrier. It's painful to work as a provider in a system where not everyone has true access, yet my hands are tied.

MOST PEOPLE LEAVE BEFORE ESTABLISHING CREDIBILITY

Many providers use rural hospitals as stepping stones to bigger VA's, and end up leaving before any of ideas or creative approaches to problems can be implemented. It takes time to make change at VA, and many providers choose to move on to a more resourced hospital with reduced risk involved in doing their jobs correctly.

2. Staff are met with resistance when overstepping their role, which is what it takes to truly serve veterans in rural environments.

“It took time. There was someone doing this role before me and there was resistance at the beginning related to my competency and overstepping my bounds. After they met with not only the patients after the fact or saw the improvement in their quality of life (or A1C reduction), combined with positive patient rapport they thought “oh, maybe she does know what she’s doing”

- Staff, Rural TX

“Because I work for rural veterans who can’t drive 3 hours to Temple to get their medication, I’ll call it into the local pharmacy for them to pick up. If it’s cheap - \$3, \$4, I’ll just handle it because it’s the same as their VA co-pay. They really appreciate it.”

- Staff, Rural TX

“It’s illegal for me to sign off on paperwork. Doctors help me take care of that when I have legal barriers. I can call him on his personal cell. He’ll refer them out to higher care. If it wasn’t a solid relationship, I wouldn’t be able to take care of the patients I need to take care of”.

- Staff, Rural TX

“It’s the steps. You have back pain? You can’t get medicine until you get an x-ray, but before then you have to get a catscan. And the doctors know that but they have to do this step before they go do that step. It adds up”

- Veteran, Rural VT

“I’d want a big hospital in every town. Instead of going through the whole system and bureaucracy... If they could just skip all that and say just go get your MRI tomorrow”

- Veteran, Rural TX

“If you have 3 appointments in the same building... Communicate. I’m using 3 days to drive this far for appointments that will take 15 minutes. Then drive 2.5 hours home... It’s just taking up my day”

- Veteran, Rural GA

“If you could walk in the place and the doctor could order it and get it done instead of you having to jump through this hoop and that hoop, then yes, I’d consider VA.”

- Veteran, Rural TX

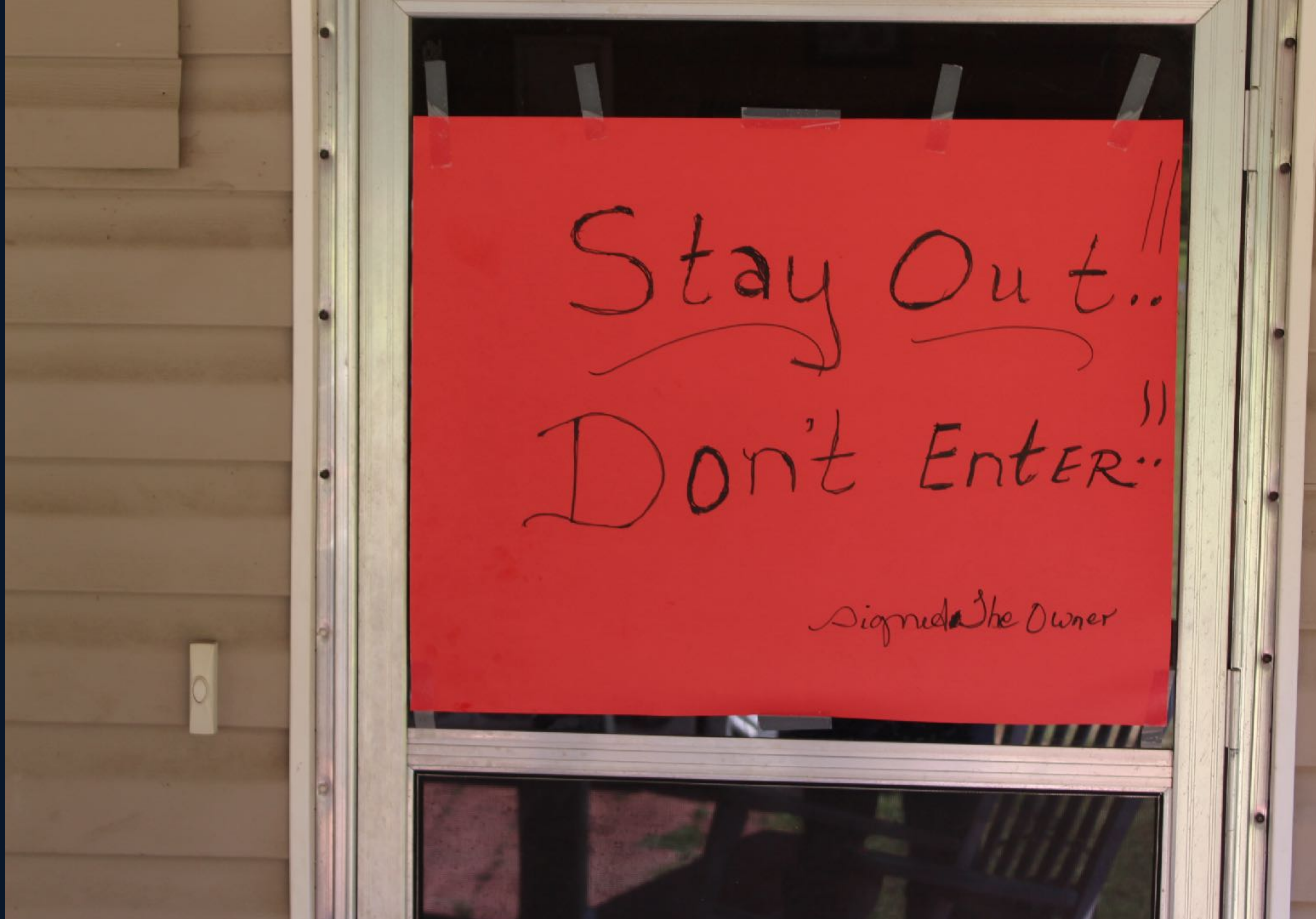
"I come here because I know everyone. And they know me"

- Veteran, Rural TX



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Trust, established through actual rapport, is an imperative precursor to healthcare delivery. Veterans expect it from staff, not all of whom know to make time and room for it, resulting in high doctor turnover - which is a huge barrier to care.



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My reasons for living in a rural area extend to my preferences and needs for healthcare as well. To be cared for is to not leave my comfort zone extends beyond geography to include **familiarity, trust & kinship**. In a world where roots run deep and word of mouth is law, high turnover of doctors is a huge source of frustration and disincentive to continuing to seek care at VA.

DEEP SENSE OF KINSHIP. FAMILIAR & FRIENDLY.

I want you to really know me, so to experience quick turnover of doctors is to be exhausted by the care itself. Roots run deep in Rural America and once trust is established, you're considered family for life. Until then, or in the case of you doing wrong by me, it's a cold shoulder and a part-time job to establish trust. Healthcare, or any exchange for that matter, can't exist without it. I am on a first name basis with those I love and trust and am wary of those whom I don't know. The first interaction (aka appointment) takes a long time.

REPUTATION & WORD OF MOUTH.

When we asked how someone finds a healthcare provider, the answer is that they ask someone. Word of mouth is far more powerful than an internet search and oftentimes the primary if not only searching mechanism. Reputation is everything.

LITERALLY, NOT OUT OF MY PHYSICAL COMFORT ZONE

People cited proximity to family as their reason for loving where they lived. When asked about their daily routines, most referenced a set geographic parameter outside of which they rarely stray. While this varied from person to person, what was consistent was a routine and a preference for staying within it. Those we spoke to who rarely use healthcare said they would stop by an Urgent Care if they needed anything as it's "on their way home from work".

SHARED RESPECT FOR SERVING OTHERS

Many people we spoke to referenced how a poor customer service experience not only ruins their entire view of say, VA, but breaks their sense of trust with the system.

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“I work here because I figured VA would be structured like the service. I came here to make things better but it’s been a struggle. Staff and Veterans use this place as a stepping stone to move to other VA’s. Once they leave the job stays vacant. The remoteness makes it feel like we got left out and forgotten”

- Veteran and VA Staff, TX

“America would be a more cohesive network if we all said howdy, damnit”

- Veteran, TX

“If you live here, you know who I am. We don’t need badge numbers here”

- Veteran, TX

“I don’t feel like a number when I see my private (CHOICE) doctor. The time that’s invested... They act like I’m important, don’t turn around and talk to 6 people at once then turn away to deal with another patient. It’s that 1:1 interaction”

- Veteran, CO

“When people genuinely know you’re concerned not only about them but about their loved ones, they’re way more likely to follow the treatment plan”

- VA Staff, Rural Provider

“Our patients really are our neighbors and friends”

- VA Staff, Rural Provider

“My job is to really listen. I even told my son how easy medicine is... You got in and just ask ‘how are you’?”

- VA Staff, Rural Provider

“We always have staffing problems, but if we’re short on help, we all pull together”

- VA Staff, Rural Provider

“I will not go back to urology in Temple. There’s no way. I don’t trust ‘em”

- Veteran, Rural TX

“Grew up in a small, rural area. Everyone is a Mr. or Mrs. My Dad is a Marine. It’s so familiar for me to take care of that patient population. The patients I take care of are very familiar to me... It’s more of an intuition.”

- VA Staff, Rural Provider