

Participation of Veterans Affairs medical centers in coordinated care networks to address veterans' social needs: Past and current research

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Disclaimer/Disclosure

These views are my own and do not represent those of the Department of Veterans Affairs or the United States Government.

I am a member of the PAServes Service Navigation Advisory Committee

Past Research: Understanding how VA Medical Centers participate in AmericaServes



A Case Study in Partnerships:

**LESSONS LEARNED FROM ENGAGEMENT
OF VA MEDICAL CENTERS
IN AMERICASERVES NETWORKS**

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Health Services Research

RESEARCH ARTICLE | [Full Access](#)

Participation of Veterans Affairs Medical Centers in veteran-centric community-based service navigation networks: A mixed methods study

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<https://www.cherp.research.va.gov/>

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Veterans & Military Families
JPMorgan Chase & Co., Founding Partner

<https://ivmf.syracuse.edu/>

2015 - AmericaServes First Network Launched

AmericaServes is the country's first coordinated system of public, private, and non-profit organizations working together to serve Veterans, transitioning service-members, and their families. Our vision is that every service-member, Veteran, and their family can easily access the full range of comprehensive services required to achieve their unique goals, and to provide a first-class service experience to match service-member and Veterans' first class military service. We work to ensure all public, private, and non-profit organizations serving Military families are accountable to one another and should embrace formalized communication, coordination, and transparency.

<https://ivmf.syracuse.edu/programs/community-services/americaserves>



The Main Question

How can VA Medical Centers (VAMCs) work more effectively with community-based service navigation networks, such as AmericaServes, to address unmet social needs of Veterans?

What we set out to do

Characterize the level of, as well as the barriers to and facilitators of, participation of VAMCs in AmericaServes Networks

Examine the degree of overlapping clients between VAMCs and AmericaServes and compare client characteristics

Convergent Parallel Mixed Methods Study Design

Aim 1 (Qualitative)

Methods:

- Semi-structured interviews with a purposeful sample of 4 key informant groups from 7 AmericaServes Networks
- Rapid qualitative analysis

Primary Outcomes:

- Levels of participation of VA Medical Centers in AmericaServes Networks
- Barriers to and facilitators of stronger participation

Aim 2 (Quantitative)

Methods:

- Link AmericaServes client data from 2019 with VA electronic health records
- Descriptive and bivariate statistics comparing VA-only, AmericaServes-only, and dually-served groups within each AmericaServes Network

Primary Outcomes:

- Client demographics, VA health care utilization, and social needs documented in VA health records
- AmericaServes referral resolution rates

Aim 3 (Integration and Interpretation)

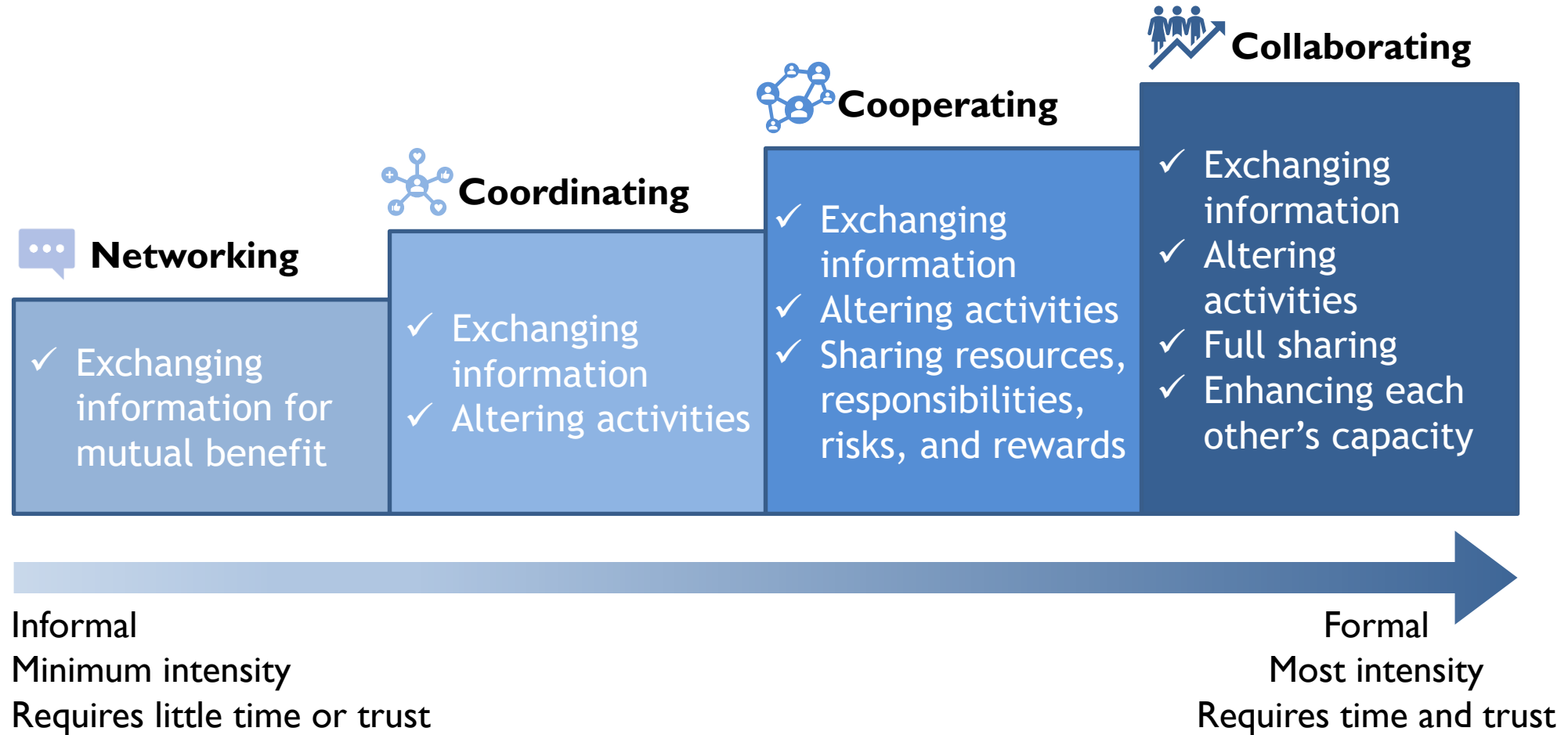
Methods:

- Integration of findings through matrices and joint displays
- Facilitated discussions with Study Engagement Panel

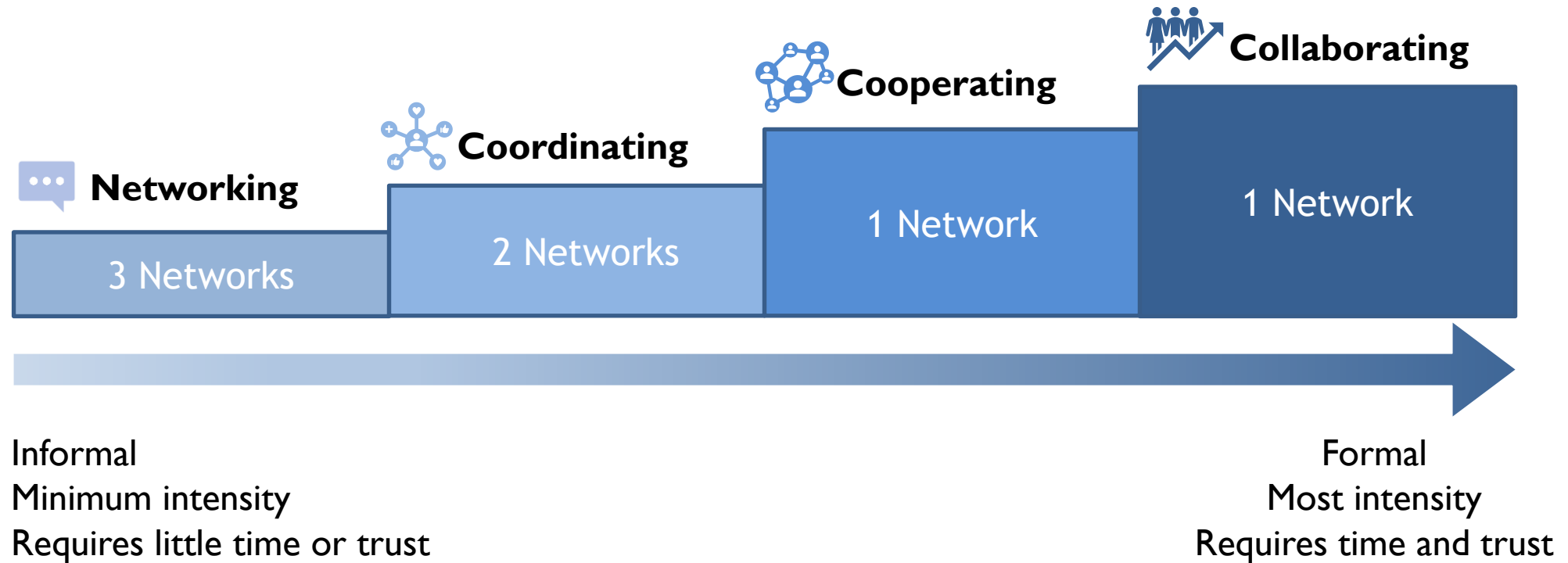
Products:

- Recommendations to guide future participation of VA Medical Centers in AmericaServes and similar Networks
- Panel-informed research priorities based on study findings

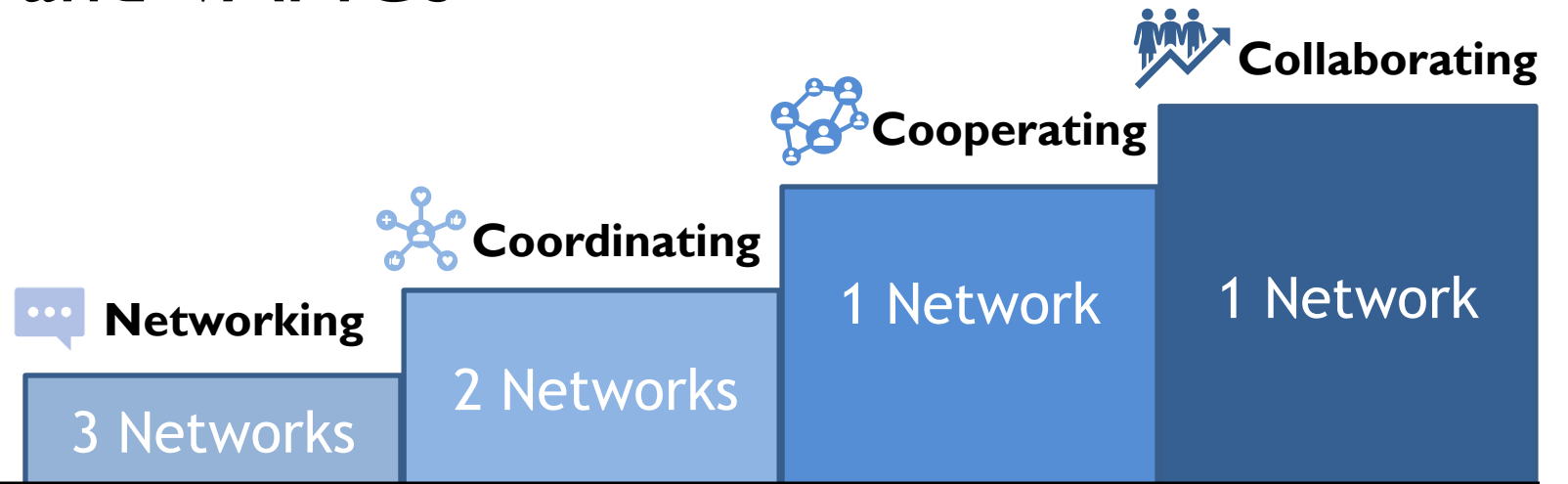
Guiding Framework: Himmelman's Developmental Continuum of Partnerships



VAMC Participation Levels in Seven AmericaServes Regional Networks



AmericaServes Referral Resolution Rates for Clients Served by AmericaServes or Dually-Served by AmericaServes and VAMCs



Overall Resolution Rate	65%	79%	86%	83%
AmericaServes-Only Clients	66%	77%	84%	80%
Dually-Served Clients	65%	81%	86%	85%
(Difference)	(-1)	(+4)	(+2)	(+5)

How do dually-served Veterans compare to the general VAMC patient population across all 7 AmericaServes Networks?

Characteristic	Dually-Served (N=4296)	General VAMC (N=699,986)	
Age, median (IQR)	48.7 (36.6,58.9)	63.2 (48.0,72.6)	➤ Younger
Female, n (%)	917 (21.5)	795,759 (11.4)	➤ More women
Race and Ethnicity, n (%)			
Hispanic	352 (8.2)	48,022 (6.9)	➤ More Hispanic and Black Veterans
Non-Hispanic Asian/AIAN/NHPI	61 (1.4)	23,411 (1.8)	
Non-Hispanic Black or AA	1400 (32.8)	169,608 (24.2)	
Non-Hispanic Multi-Race	50 (1.2)	5659 (0.1)	
Non-Hispanic White	1629 (38.2)	411,234 (57.7)	
Unknown	777 (18.2)	52,968 (7.6)	
Screened for Food and Housing Needs, n (%)	3079 (72.1)	541,232 (77.3)	➤ More documented social needs and risks in VA health record
Screened+ for Food Insecurity	326 (10.6)	7346 (1.4)	
Screened+ for Housing Instability	318 (10.3)	9029 (1.7)	
Social Risk Factors in VA Medical Record, n (%)			
Homelessness or Inadequate Housing	1939 (45.4)	37,938 (5.4)	
Justice Involvement	314 (7.4)	7805 (1.1)	
Unemployment or Low Income	748 (17.5)	12,924 (1.8)	

Past Research Summary

- AmericaServes Networks have a range of relationships with VA Medical Centers
- Those with stronger relationships have higher case resolution rates, especially for dually-served Veterans
- Veterans served by AmericaServes and the VA are high-risk and have more complex needs than the general VA patient population

Current Study

How does receiving support from one AmericaServes Network (i.e., PAServes) affect receipt of benefits, VHA healthcare use, and VHA healthcare costs?



PA Serves

PA Serves offers service members, veterans, and their families access to a class-leading continuum of providers that runs the gamut from superior housing and emergency service providers to employment, recreation and fitness, financial capabilities and more!

Run by the Veterans Leadership Program, PA Serves is the second most active AmericaServes Network and has historically had strong relationships with VAMCs and the Veterans Benefits Administration in Western Pennsylvania

PA Serves - Greater Pittsburgh

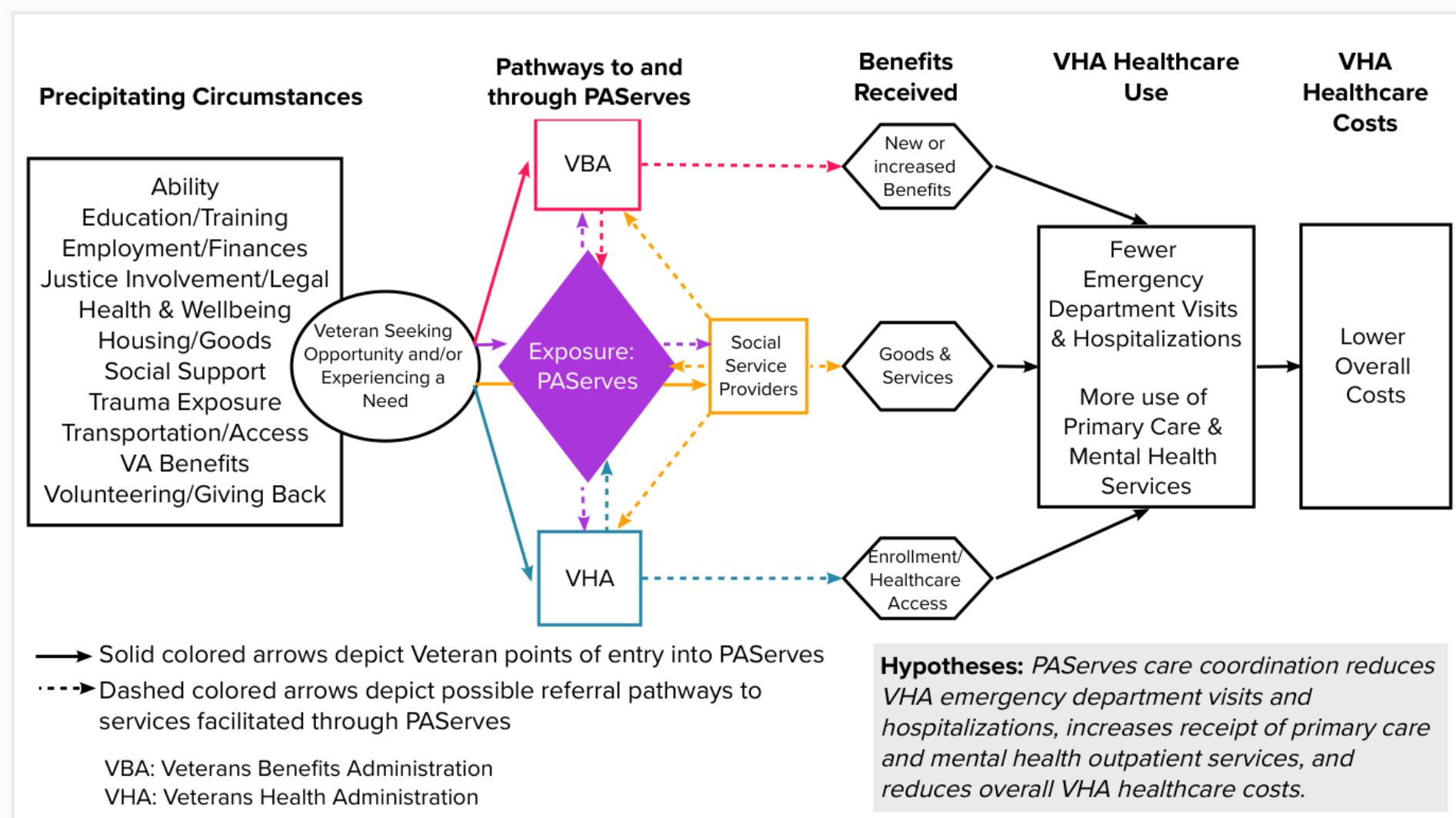
<https://ivmf.syracuse.edu/programs/community-services/americaserves/locations/paserves/>

VA



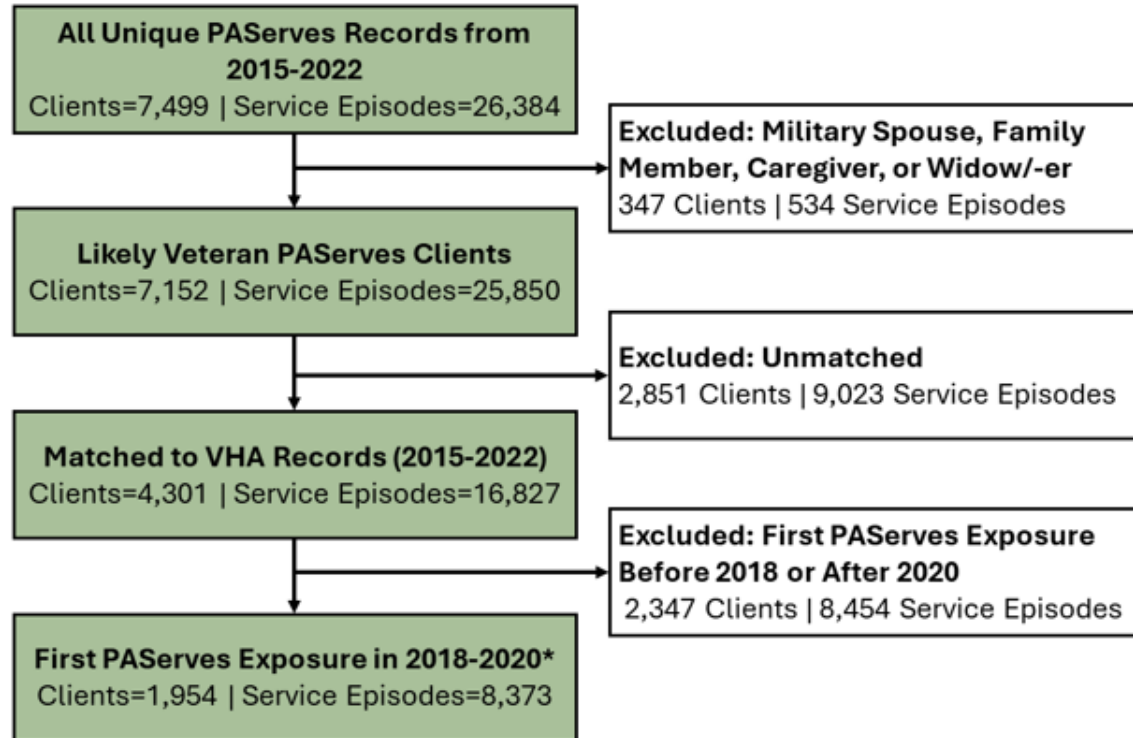
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Conceptual Model



Interim Findings – Creating the Cohort

Figure 2. Creation of PAServes Exposure Cohort



*Matches include: 1) 1,754 clients (7,619 service episodes) with a perfect match on first name, last name, and birthdate plus phone number or email; 2) 194 clients (725 service episodes) with an imperfect match on first name, last name, and birthdate, defined by a) maximum edit distance of less than 4, b) same last name but middle and first name initials interchanged, or c) manual matches (e.g. nicknames, hyphenated names, etc.); and 3) 6 clients (29 service episodes) with a perfect match on first name and last name plus an imperfect match on phone and/or email.

Exclusions:

- Non-Veteran or active duty PAServes clients
- Those who could not be matched to VHA records
- Those whose first PAServes exposure was before 2018 or after 2020

Analyses will include
**1,954 clients and 8,373
service episodes**

Cohort Demographics Based on VHA Records

Characteristic	N=1954
Age, Median (IQR)	51.6 (37.7 - 62.3)
Female, n (%)	298 (15.3)
Race and Ethnicity, n (%)	
AIAN, Asian, or NHPI	23 (1.2)
Black or African American	580 (29.7)
Hispanic or Latino	7 (0.4)
White	1,184 (60.6)
Multiracial and/or Multiethnic	65 (3.3)
Missing	95 (4.9)
Rural or Highly Rural*, n (%)	307 (17.2)
Area Deprivation Index**†, n (%)	
1	52 (3.2)
2	111 (6.7)
3	88 (5.3)
4	101 (6.1)
5	154 (9.3)
6	156 (9.5)
7	209 (12.7)
8	178 (10.8)
9	243 (14.7)
10	358 (21.7)

Things to note:

- Women Veterans are over-represented relative to the overall Veteran population (11.3% women in 2023)
- Black or African American Veterans are over-represented relative to the Allegheny County Region (13.4% in 2020)
- Clients are living in high deprivation areas (21.7% live in neighborhoods ranked in the top 10% of deprivation)

Cohort Health-Related Social Risks

Health-Related Social Risks*	n (%)
Screened for Food Insecurity	1,068 (66.2)
<i>Screened Positive for Food Insecurity</i>	82 (7.7)
Screened for Housing Instability	1,122 (69.5)
<i>Screened Positive for Housing Instability</i>	162 (14.4)
Screened for Suicidality	627 (38.8)
<i>Screened Positive for Suicidality</i>	166 (26.5)
Social Risk Factors in VA Medical Record	
Homelessness or Inadequate Housing	61 (3.8)
Justice Involvement	177 (11.0)
Unemployment or Low Income	372 (23.1)

Things to note:

- 82.6% of cohort had a VHA healthcare encounter in 24 months prior to PAServes exposure
- Substantial social risks are documented in VHA records

Yet to Come

- Finalize a comparison cohort
- Develop propensity weights
- Hypothesis testing

Thanks!

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