Putting the Person at the Center: Integrating Plans for Long-Term Services and Supports and Health Care Delivery through Health Information Technology - *Delivery and Payment Reform Policy Levers*

October 16, 2014 : **ACL-ONC town hall meeting**

Non-Traditional Determinants of Health, Health Equity and Health Information Technology – Veterans Affairs

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Greetings to All Veterans!

I CARE

DEPARTMENT OF VETERANS AFFAIRS

*VA Core Values: **I**ntegrity + **C**ommitment + **A**dvocacy + **R**espect + **E**xcellence =***I CARE***

What you can expect from this session?

- ❑ Quick Orientation to VA
- ❑ Veterans Health Administration
- ❑ Health Equity
- ❑ Non Traditional Determinants of Health
- ❑ Health IT Connection

VA overview

- ❑ VA Mission

- ➢ Established 1930
- ➢ Elevated to Executive Level 1989
- ➢ 2nd largest Federal Govt. Department*

- ❑ Department of Veterans Affairs has three arms:

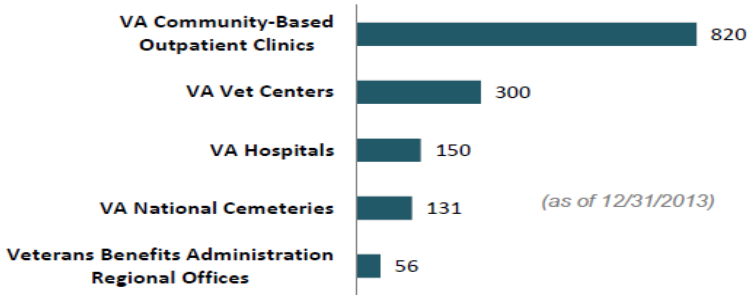
- ➢ VHA – Veterans health Administration*
- ➢ VBA- Veterans Benefit Administration
- ➢ NCA – National Cemetery Administration

Department of Veterans Affairs at a Glance

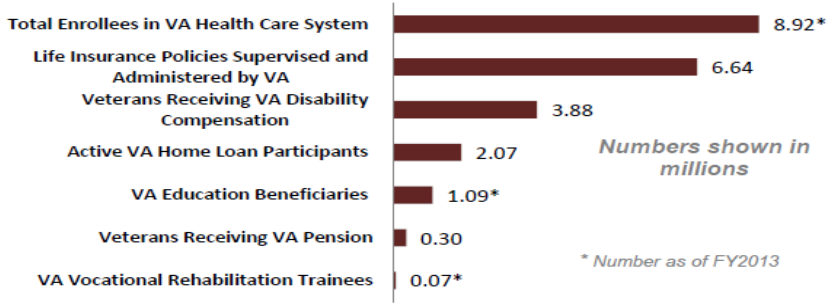
Department of Veterans Affairs Statistics at a Glance

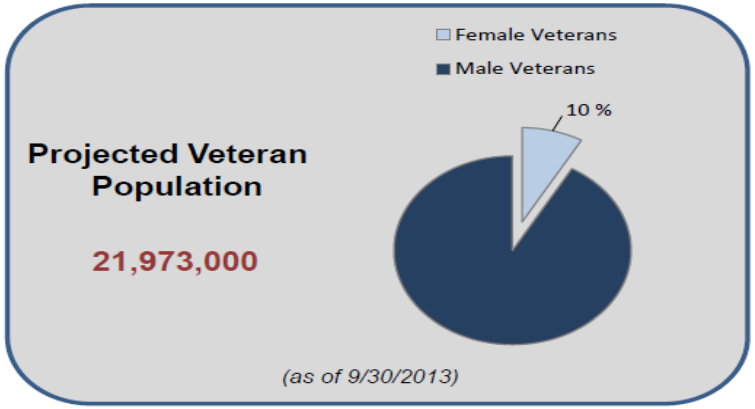
(Updated 6/30/2014)

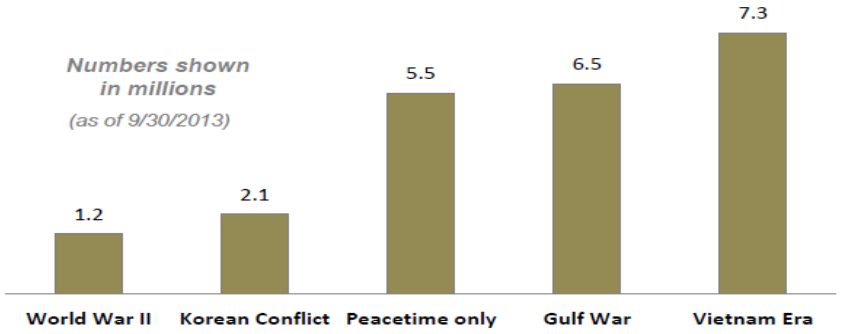
Number of VA Facilities



VA Benefits and Health Care Utilization







NOTE: Categories are not mutually exclusive. Veterans may serve in multiple periods.

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop) 2011; Veterans Benefits Administration; Veterans Health Administration, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning.

Prepared August 2014

NCVAS National Center for Veterans Analysis and Statistics

VETERANS HEALTH ADMINISTRATION

VHA Strategic Goal #1, *Objective 1e: Quality & Equity* – Veterans will receive timely, high quality, personalized, safe effective and equitable health care, irrespective of geography, gender, race, age, culture or sexual orientation.
Strategy: VHA will develop an understanding of where health and health care inequities exist and identify factors that contribute to inequity in Veteran populations, and intervene to eliminate the inequities.

- Health Equity Action Plan Focus Area Highlights:

- ***Awareness***: Crucial Strategic Partnerships within and outside VA

- ***Leadership***: Health equity impact assessed for all policies, EDMs, memos, handbooks, procedures, directives, action plans and NLC decision

- ***Health System Life Experience***: Incorporate social determinants of health in Electronic Health Records and Personalized Health Plan

- ***Cultural and Linguistic Competency***: Education & training on health equity, cultural competency to include unconscious bias, micro inequities, diversity & inclusion

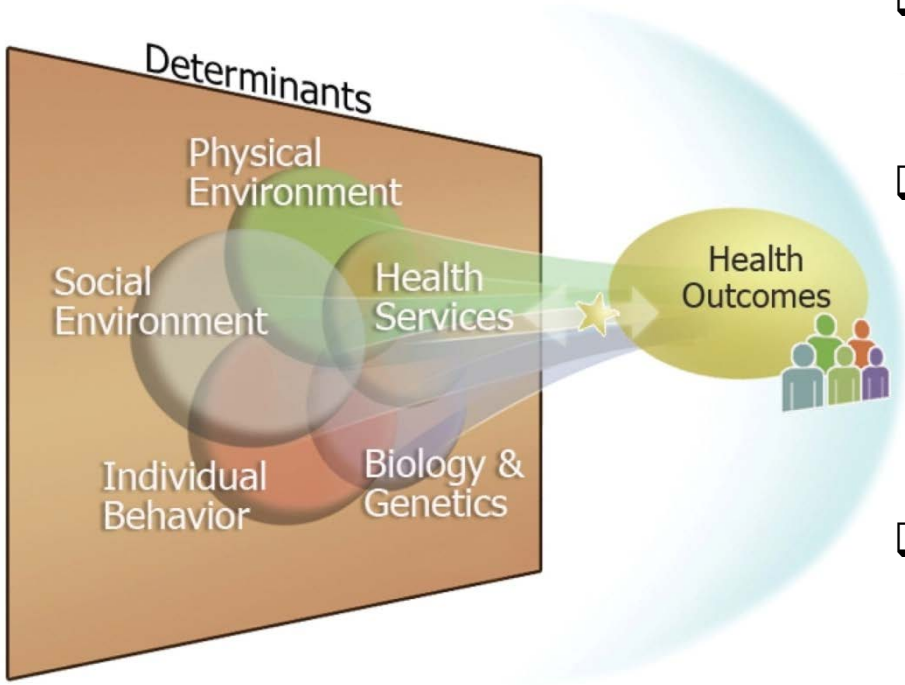
- ***Data, Research and Evaluation***: Develop common definitions and measures of disparities and inequities; Develop strategies for capturing data on race, ethnicity, language, and socioeconomic status and other variables needed to stratify the results for all quality measures and to address disparities; Incorporate health equity into SAIL and Balanced Score Card etc.

VHA Office of Health Equity - Definitions

- **Health equity** is attainment of the highest level of health for all people.*
- **Health disparities** adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on these:

- Racial or ethnic group
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Military Era*
- Sexual orientation
- Mental health
- Disability
  - ✓ cognitive /sensory / physical
- other characteristics historically linked to discrimination or exclusion

Background: NTDH



- Non Traditional Determinants of Health (NTDH) includes Social Determinants of Health (SDH)
- NTDH is defined as the personal behaviors, social interactions, and matrix of an individual or population, and the physical environments and influence an individual's access to care
- Incorporating strategies for electronic capture of NTDH in the clinical setting has potential to help achieve health equity and enhance quality of preventative care

* Theresa Cullen, MD @ VHA Health Equity Coalition 2014

Background : NTDH - EHR

- NTDH are complex components of an individual's health and key determinants of the well-being of Servicemembers, Veterans, their families, and their communities
- Electronic Health Records (EHR) currently are not adequately equipped to identify, measure, and monitor NTDHs
- Patients and their families with social and individual needs are being managed in a health care setting that is disconnected from the resources that best help them
- VA and Department of Defense (DoD) have the opportunity to improve the data collection and monitoring of NTDH within their respective EHR by introducing a framework for identifying and prioritizing social and non-traditional factors in the VA/DoD population

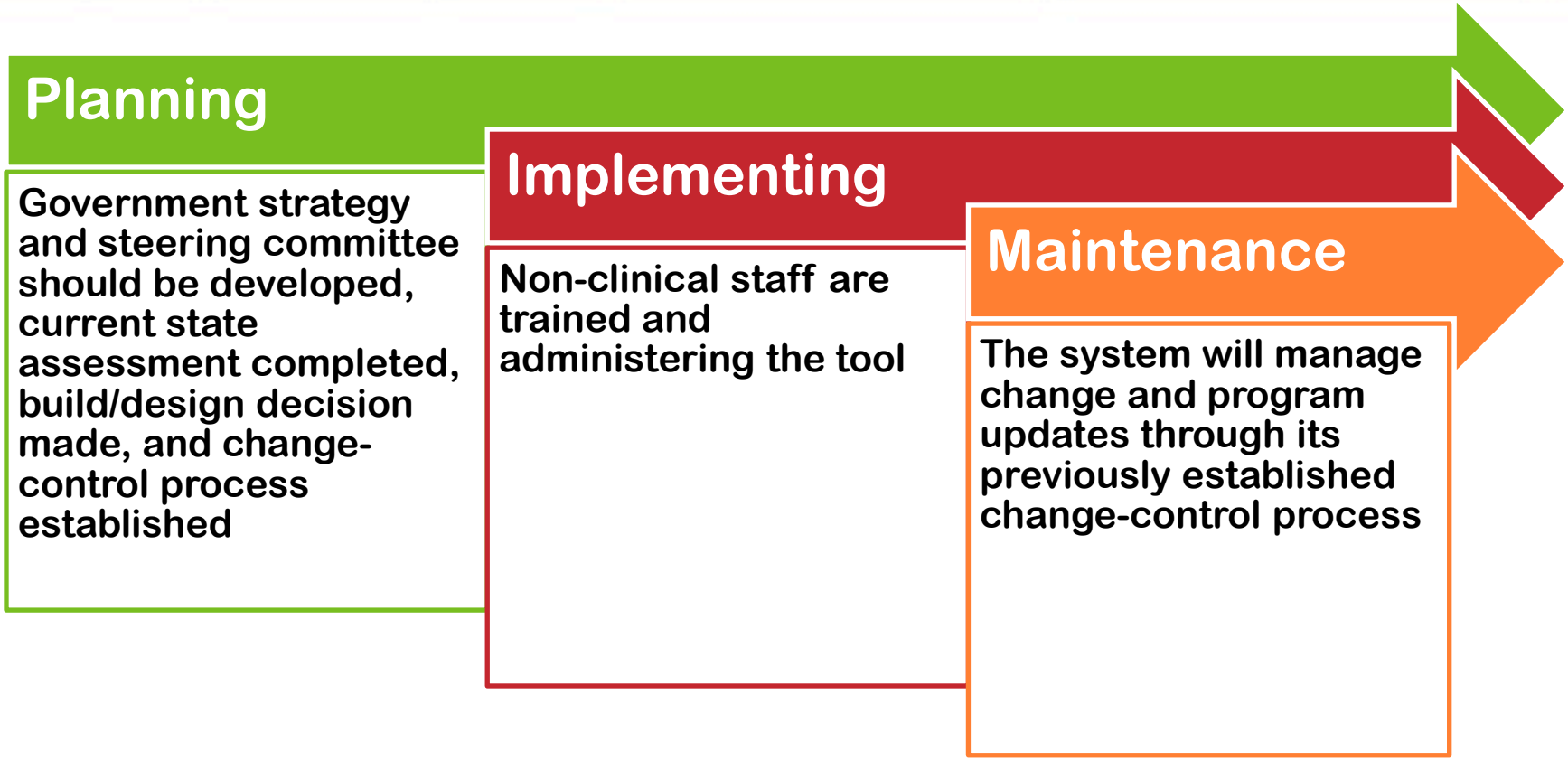
* Theresa Cullen, MD @ VHA Health Equity Coalition 2014

Challenges for Addressing NTDH

- Intervention strategies remain poorly integrated within the Health Information Technology (HIT) spectrum and affect health of populations and individuals
- Clinicians have focused on identifying and reducing biological risk factors along with managing illness, injury and disease for patients
- Sites where most frequent encounters within the health systems are likely to occur that present opportunities to gather information on NTDH:
  - Primary care appointments
  - Prenatal care and pediatric visits
  - Emergency department encounters
  - Mental health clinic visits

* Theresa Cullen, MD @ VHA Health Equity Coalition 2014

Roadmap for NTDH Screening Tool



New framework that identifies and creates standard definitions for NTDH is an essential step towards capturing and quantifying data

* Theresa Cullen, MD @ VHA Health Equity Coalition 2014

Factors for Critical Success

- Effective data management process
- Seamless clinical workflow
- Positive and timely engagement of the patient and clinical care team
- Efficient referral management process

* Theresa Cullen, MD @ VHA Health Equity Coalition 2014

Conclusion

- A care management record (which encompasses an individual's health record and their NTDH risk factors) is a more comprehensive record of one's health
- Creating screening tools and standardized data fields to capture NTDH data in the EHR, clinical care team, and ancillary care providers can help identify and monitor these factors longitudinally
- NTDH data must be screened more effectively and captured/converted into discrete data in order to effectively conduct robust risk analysis and track the progress of interventions on patients
- NTDH will remain in a disconnected state and not stored in a traditional EHR until appropriate data is collected in a standardized, meaningful way that can be tracked longitudinally
- HIT has the opportunity to improve the data collection for monitoring and NTDH >>> positively impact health equity and quality

* Theresa Cullen, MD @ VHA Health Equity Coalition 2014

Question/Comments…

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Other Links with VHA Office of Health Equity information:

- http://ajph.aphapublications.org/toc/ajph/104/S4
- http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=889
- http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=769