**Attributable Effects Report:**

**Key Drivers of Community Care**

**February 2016 – September 2016**

**National and VISN Results**

**National, VISN, and Facility Results**



**Reporting, Analytics, Performance, Improvement & Deployment – RAPID (10EA)**

# Table of Contents

Background 3

Results 7

National 7

VISN 1 8

VISN 2 9

VISN 4 10

VISN 5 11

VISN 6 12

VISN 7 13

VISN 8 14

VISN 9 15

VISN 10 16

VISN 12 17

VISN 15 18

VISN 16 19

VISN 17 20

VISN 18 21

VISN 19 22

VISN 20 23

VISN 21 24

VISN 22 25

VISN 23 26

Appendix A: Composite Abbreviations and Questions Used 27

Appendix B: Potential and Maintenance Examples 30

**About the SHEP Community Care Survey:**

The SHEP Community Care (CC) survey assesses Veteran perceptions of community care using a standardized and systematic survey methodology. Like other surveys in the SHEP family, the CC survey is CAHPS-like including questions regarding access, provider communication and basic provider/patient coordination of care. It specifically assesses experiences unique to the process of obtaining community care, including (a) the determination of eligibility, (b) referral to a third-party administrator and the arrangement of the first appointment with a community provider, (c) coordination between VA and the community provider, and (d) out-of-pocket payments and billing.

The population surveyed includes Veterans who received services in an office setting through either the traditional VA fee care program (TVCC) or the Choice program. Community care through the Choice program is coordinated through Health Net and TriWest. Each month a random sample is drawn from claims files and includes a wide variety of categories of care, from audiology and acupuncture through primary care and mental health care to ophthalmology, optometry, rehabilitation medicine and urology. The SHEP CC survey uses a rolling three month sampling strategy to allow time for claims submission and processing. The mechanism to submit and process claims continues to evolve, but until recently lacked a substantial number of Health Net claims. Therefore the AE report covers combined results for TVCC and Choice programs. Sample sizes only support national and some VISN findings. There are no immediate plans to collect and report facility results.

**Key Driver Analysis Using Attributable Effects (Fiscal Year 2016) – Community Care Survey**

The Office of Reporting, Analytics, Performance, Improvement & Deployment (RAPID) is pleased to provide an analytic tool designed to identify key Community Care (CC) survey questions associated with the Overall Satisfaction with Community Care. It is a simple, yet effective method used to identify the most influential relationships between aspects of care (as defined by the CC survey questions) and the patients’ Overall Satisfaction with Community Care. Two important features of the Attributable Effects analysis are that it provides information about both the drivers of *existing* satisfaction and the drivers that have potential to bring about *increases* in satisfaction.

Results based on data from February 2016 thru September 2016 are presented in this report at the National and network levels.

**What is Attributable Effects Analysis?**

Attributable Effects analysis is a probability-based analysis that partitions the impact of each possible driver into two components: *Potential* and *Maintenance*. Briefly, *Potential* estimates the degree to which improvement in a particular driver (for instance Question 22, Provider Up-to-Date on VA Care) would increase the patients’ Overall Satisfaction with Community Care. *Maintenance* estimates the degree to which a decrease in the driver would reduce the Overall Satisfaction amongst affected patients.

The strength of Attributable Effects analysis is that it focuses on differences between those who are satisfied with care (“Very Satisfied” and “Satisfied” for Overall Satisfaction with Community Care) and those who are not. This analysis is performed one survey question at a time, and can provide insight into where to focus quality improvement (QI) efforts. It identifies attributes of care that can have an impact on the outcome in either direction: potential improvement areas as well as where current effort must be maintained lest scores deteriorate.

There are several limitations to this analysis that should be considered. For example, the *Potential* analysis estimates what proportion of patients currently dissatisfied with the outcome (*Overall Satisfaction with Community Care*) would become satisfied if all patients became satisfied with the driver. However, it is unrealistic to assume that all patients can become highly satisfied with a particular question. The analysis also assumes a causal relationship between the outcome and driver, which may or may not be true. Lastly, Attributable Effects analysis examines only one driver at a time and does not account for the inter-relationships amongst the many drivers and our outcome of interest: Overall Satisfaction with Community Care. However, this analysis does logically identify those aspects of care that can potentially drive the patients’ Overall Satisfaction with Community Care in the right direction.

**Navigating the Report**

In the following pages you will find the Attributable Effects analysis at the National and network levels. The report provides data tables with the percent responding to the driver question, the percent of patients who are “Very Satisfied” or “Satisfied” with their Community Care experience, and the Step and Dimension of Care to which the question belongs. Driver questions with a smaller percentage of affected patients may have less of an impact on QI efforts than those with a larger percentage of patients responding. The graphs provide a nice visual display of where to increase efforts (Potential) and where efforts must be continued (Maintenance). Appendix A provides the full text of the questions used in the analysis; question snippets are used in the body of the report. Appendix B provides examples of how Potential and Maintenance are calculated with data taken from the National-level analysis, as well as the maximum possible movement in the Overall Satisfaction scores. While the examples are for National data, the same logic can be applied to your specific network.

**Special Features**

There are two special features to the charts in this report that are aimed at helping readers interpret the results more accurately. First, percentages in the second column on the left that are lower than 50% are flagged with an asterisk and printed in bold red font.  This designation is intended to draw attention to the fact that the attribute affects only a small proportion of patients (see *Where to Focus Action* on the following page).

Second, individual attributes and their maintenance and/or potential scores are flagged with two asterisks and printed in bold red font to indicate when scores are calculated from a low base of respondents. Attributable Effects analysis uses a different base for the potential calculation than it does for the maintenance calculation. The potential calculation is based on the respondents who are satisfied with an attribute and the maintenance scores are based on the respondents who are not satisfied. As a result, there can be insufficient base to calculate one of the Attributable Effects scores for an attribute (maintenance or potential) while there is sufficient base to calculate the other score. Taking Question 25 “CC Provider Showed Respect”, for example, 70.3% of respondents are satisfied with the attribute. Therefore, the potential calculation is strong but the maintenance calculation uses substantially less sample. Consequently, it is possible to have a low base for the calculation of the maintenance scores and not the potential score. For the purpose of this report, scores will be flagged when their calculation is based on fewer than 35 respondents.  When a score is flagged, the reliability of the individual score and/or rank order is less certain and the measure should be reviewed with caution when interpreting the results.

**Possible Scoring Differences:**

Some of the standard SHEP reports use the “Top-2 Box” scoring method; the percent of patients reporting the 2 most positive response categories (e.g. “Usually” & “Always”). The Community Care Attributable Effects report uses both “Top-2 Box” and “Top Box” methods (where the percentage reporting the most positive response category (“Always” or “Strongly Agree or Agree”) is used in calculating potential and maintenance). See Appendix A for a list of which scoring is used on each question. The Overall Satisfaction and key driver scores reported in the tables and examples are for patients who answered *both* the Overall Satisfaction *and* the key driver (attribute), whereas scores typically reported elsewhere are for patients who answered either the Overall Satisfaction *or* key driver (or both).

**Definitions of Potential and Maintenance:**

**Potential:** This value represents the proportion of affected patients who *are* *not* currently satisfied with their Overall Satisfaction with Community Care (Question 37) but who would *become* highly satisfied if the driver was improved such that everyone was having a highly positive experience. A positive experience is defined using either “Top-Box” or “Top-2 Box” scoring described above. For instance, in the National data below, the question with the most potential to drive improvement in the Overall Satisfaction with Community Care is Question 22—Provider Up-to-Date on VA Care. This means that 67.4% of patients who *are not* currently “Very Satisfied” or “Satisfied” with their Community Care experience would become highly satisfied if all patients “Always” thought that their “VA Community Care Provider was informed and up-to-date about any care received from VA providers.”

For ease of use, questions are sorted from highest Potential to lowest. For ease in identifying the lead Potential drivers, the 5 questions with the highest Potential score are highlighted in **Dark Blue** on each of the charts provided in this report. It is important to note that Potential is calculated only on patients who answer *both* the Potential *and* Overall Satisfaction questions, which accounts for the slight variation in the Overall Satisfaction across questions in the tables below. An example of how Potential is calculated can be found in Appendix B.

**Maintenance:** This value represents the proportion of affected patients who ***are*** currently satisfied with the outcome, but would become *dis*satisfied with the Overall Satisfaction if everybody were to become dissatisfied with the driver. Again, a positive experience is defined using either “Top-Box” or “Top-2 Box” scoring as described above. A question that has a relatively high Maintenance score is referred to as a maintenance driver; this attribute needs to be maintained otherwise the current Overall Satisfaction with Community Care scores will decline.For ease in identifying these lead maintenance drivers, the 5 questions with the highest maintenance score are highlighted in **Orange** on each of the charts provided in this report.

For instance, in the National data below, the question needing the most maintenanceis Question 25— Provider Showed Respect. This means 39.2% of patients who are currently “Very Satisfied” or “Satisfied” with their Community Care experience would become dissatisfied if all patients responded less than “Always” in Question 25. The maintenance proportions are based on those patients who answer both the Maintenance and Overall Satisfaction questions. An example of how Maintenance is calculated can be found in Appendix B.

**Where to Focus Action:**

In interpreting the results, it is important to consider that some questions are not answered by all respondents because they are not applicable to the individual patient’s experience**.** When determining quality improvement activities, it is important to consider the applicable population and the program impact. For instance, Q29 (Test Results Sent to VA Provider) is only answered by those who had tests done and subsequently had those test results sent to their VA provider. As a result, only 24.9% of patients answered this question and it is expected that improvement in this attribute will have no impact on the satisfaction of the remaining 75.1%.[[1]](#footnote-1)

In interpreting the results, it is also important to give special attention to attributes that score high both on potential and maintenance. These attributes are not common due to the nature of the analysis. When they occur they should be taken seriously because they exhibit the highest correlation with overall satisfaction. In order to maintain or increase overall satisfaction, it will be important to focus some quality improvement activities to affect satisfaction in these attributes.

**Next Steps**

The Attributable Effects analysis is based on cumulative SHEP data from February 2016 thru September 2016. The Office of Reporting, Analytics, Performance, Improvement & Deployment (RAPID) plans to update the report periodically. Preliminary indications are that the top several drivers remain at or near the top over time, but they may get reordered and the magnitude may change slightly. Drivers at the local level have more variance due to the characteristics of the service delivery unique to each market and the comparatively small sample used for calculating the results.

**For More Information, Please Contact:**

James H. Schaefer Jr. MPH

Director of Surveys

VHA Office of Organizational Excellence (10E)

Reporting, Analytics, Performance, Improvement & Deployment - RAPID

Performance Measurement (10EA)

[James.Schaefer@va.gov](mailto:James.Schaefer@va.gov)

Mobile: (919) 334-8040

Office: (919) 474-3914







# Appendix A: Abbreviations and Questions Used

|  |  |  |  |
| --- | --- | --- | --- |
| Step in Community Care Process | | Dimension of Care | Item |
| Abbreviation | Step Name |
| Eligibility | Eligibility | Information | Q3 Eligibility Requirements Clear |
| Information | Q4 Eligibility Information Helpful |
| Referral | Referral and 1st Appointment | Information | Q5 Scheduling Process Clearly Explained |
| Information | Q6 Responsibility for Arranging First Appt Clear |
| Patient Preferences/ Convenience | Q7 Enough Say in Selecting Provider |
| Patient Preferences/ Convenience | Q8 Enough Say in Appt Date and Time |
| Access | Q9 First Appt as Soon as Needed |
| Ease of Process | Q10 Ease of Getting First Appt |
| Information | Q11 Understand Process for Getting VA Community Care |
| RcntAppts | Scheduling | Access | Q13 Appt as Soon as Needed |
| Patient Preferences/ Convenience | Q14 Appt at Convenient Date and Time |
| Patient Preferences/ Convenience | Q15 Location Convenience |
| RcntVisits | Recent Visit Experience | Access | Q16 Seen Within 15 Minutes of Appt Time |
| Communication | Q17 CC Provider Explained Clearly |
| Communication | Q18 CC Provider Listened Carefully |
| Communication | Q20 CC Provider Gave Easy-to-Understand Info |
| Coordination of Care | Q21 CC Provider Aware of Medical History |
| Coordination of Care | Q22 CC Provider Up-to-Date on VA Care |
| Coordination of Care | Q23 VA Provider Up-to-Date on CC |
| Coordination of Care | Q24 Next Step in Care Clear |
| Communication | Q25 CC Provider Showed Respect |
| Communication | Q26 CC Provider Spent Enough Time |
| Coordination of Care | Q28 CC Provider Followed Up with Test Results |
| Coordination of Care | Q29 CC Test Results Sent to VA Provider |
| Access | Q30 Office Hours Medical Question Answered |
| Access | Q31 After Hours Medical Question Answered |
| Overall Rating of Provider | Q32 Overall Rating of CC Provider |
| Billing | Billing | Information | Q33 Clear When Out of Pocket Payments Required |
| Information | Q34 Billing Information Clear |
| Ease of Process | Q36 Billing Handled Smoothly |

**Questions Used**

|  |  |  |  |
| --- | --- | --- | --- |
| Q# | Question | Positive Outcome | Negative Outcome |
| Dependent Variable | | | |
| Q37 | Overall, how satisfied are you with your VA Community Care? | Very Satisfied or Satisfied | Somewhat satisfied, Somewhat dissatisfied, Dissatisfied, Very dissatisfied |
| Independent Variable | | | |
| Q3 | The eligibility requirements for VA Community Care are clear. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q4 | The information available about eligibility for VA Community Care is helpful. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q5 | The process for scheduling my first appointment for this service was clearly explained to me. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q6 | It was clear who was responsible for the process of arranging my first appointment for this service. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q7 | I had enough say in selecting a VA Community Care provider for this service. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q8 | I had enough say in selecting the date and time of my first appointment for this service. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q9 | I was able to get my first appointment for this service as soon as I needed. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q10 | It was easy to my first appointment for this service. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q11 | I understand the process for getting VA Community Care, including determining eligibility, finding a community provider, and scheduling an appointment. | Strongly Agree or Agree | Neither agree nor disagree, Disagree, Strongly disagree |
| Q13 | In the last 3 months, how often did you get an appointment for this service as soon as you needed? | Always | Never, Sometimes, or Usually |
| Q14 | In the last 3 months, how often were you able to get an appointment for this service at a convenient date and time? | Always | Never, Sometimes, or Usually |
| Q15 | In the last 3 months, how often were you able to get an appointment for this service at a convenient location? | Always | Never, Sometimes, or Usually |
| Q16 | Wait time includes time spent in a waiting room and exam room. In the last 3 months, how often did you see your VA Community Care provider within 15 minutes of your scheduled appointment time? | Always | Never, Sometimes, or Usually |
| Q17 | In the last 3 months, how often did your VA Community Care provider explain things in a way that was easy to understand? | Always | Never, Sometimes, or Usually |
| Q18 | In the last 3 months, how often did your VA Community Care provider listen carefully to you? | Always | Never, Sometimes, or Usually |
| Q20 | In the last 3 months, how often did your VA Community Care provider give you easy to understand information about these health questions or concerns? | Always | Never, Sometimes, or Usually |
| Q21 | In the last 3 months, how often did your VA Community Care provider seem to know the important information about your medical history? | Always | Never, Sometimes, or Usually |
|  |  |  |  |
|  |  |  |  |
| Q# | Question | Positive Outcome | Negative Outcome |
| Independent Variable | | | |
| Q22 | In the last 3 months, how often did your VA Community Care provider seem informed and up-to-date about any care you received from VA providers? | Always | Never, Sometimes, or Usually |
| Q23 | In the last 3 months, how often did your VA provider(s) seem informed and up-to-date about your VA Community Care? | Always | Never, Sometimes, or Usually |
| Q24 | In the last 3 months, how often was it clear what the next step in your care would be? | Always | Never, Sometimes, or Usually |
| Q25 | In the last 3 months, how often did your VA Community Care provider show respect for what you had to say? | Always | Never, Sometimes, or Usually |
| Q26 | In the last 3 months, how often did your VA Community Care provider spend enough time with you? | Always | Never, Sometimes, or Usually |
| Q28 | In the last 3 months, when your VA Community Care provider ordered a blood test, x-ray or other test for you, how often did someone from your VA Community Care provider’s office follow up to give you those results? | Always | Never, Sometimes, or Usually |
| Q29 | In the last 3 months, when your VA Community Care provider ordered a blood test, x-ray or other test for you, how often were the results also sent to the VA? | Always | Never, Sometimes, or Usually |
| Q30 | In the last 3 months, when contacted your VA Community Care provider’s office during regular office house, how often did you get an answer to your medical question that same day? | Always | Never, Sometimes, or Usually |
| Q31 | In the last 3 months, when you contacted your VA Community Care provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed? | Always | Never, Sometimes, or Usually |
| Q32 | Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate your VA Community Care provider? | 9 or 10 | 0 to 8 |
| Q33 | In the last 3 months, how often was it clear whether or not you would have to make any out-of-pocket payments for your VA Community Care? | Always | Never, Sometimes, or Usually |
| Q34 | In the last 3 months, how often was the information about billing for VA Community Care clear? | Always | Never, Sometimes, or Usually |
| Q36 | In the last 3 months, how often has the process for handling bills for VA Community Care gone smoothly? | Always | Never, Sometimes, or Usually |

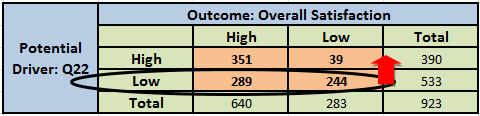
# 

# Appendix B: Potential and Maintenance Examples

**Calculation of Potential:**

Potential and Maintenance can be thought of as separate components of the correlation between driver and outcome. Potential answers the question “What would happen to the Overall Satisfaction with Community Care if the “Low Driver” people became proportionally as satisfied as the “High Driver” people?

* **Numerator:** Number of patients dissatisfied with Driver who would become satisfied with Outcome if *EVERYBODY* becomes satisfied with Driver.
* **Denominator:** Numberof patients dissatisfied with Outcome.
* **Potential:** Of respondents who are currently dissatisfied with Overall Satisfaction, what proportion would become satisfied if *all* respondents were satisfied with the Driver?



|  |
| --- |
| Numerator = [923 \* (351 / 390)] – 640 = 191 |
| Denominator =283 |
| Potential = 191 / 283 = 67.4% |

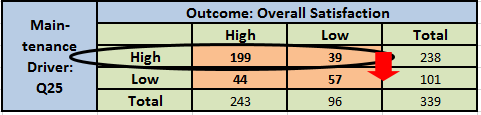
**Potential Example:**

|  |  |  |
| --- | --- | --- |
| If everyone who answered Q22 responded with “Always”, we would expect to see the Overall Satisfaction with Community Care increase from 71.1% to 85.4% overall. | | |
|  |  |  |
| **71.1%** | : | Patients currently “Very Satisfied” or “Satisfied” with Community Care. |
| **69.3%** | : | Patients currently “Very Satisfied” or “Satisfied” with Community Care who also answered Q22 |
| **100% - 69.3%** | : | Patients currently less than “Very Satisfied” or “Satisfied” with Community Care who also answered Q22 |
| **67.4%** | : | Patients who would become “Very Satisfied” or “Satisfied” with Community Care if all patients respond "Always" to Q22 |
| **69.2%** | : | Patients who answered both Q22 and the Overall Satisfaction with Community Care questions |
| **85.4%** | : | Overall Satisfaction Result |
|  |  |  |
| **85.4% = 71.1% + ((100% - 69.3%) x 67.4% x 69.2%)** | | |

**Calculation of Maintenance:**

Potential and Maintenance can be thought of as separate components of the correlation between driver and outcome. Here, the Overall Satisfaction with Community Care is fairly good, and we want to maintain this score Maintenance answers the question “What would happen to the Overall Satisfaction if the “High Driver” people became proportionally as ***dis***satisfied as the “Low Driver” people?

* **Numerator:** Number of patients satisfied with Outcome who would become *dissatisfied* if *EVERYBODY* becomes dissatisfied with the Driver.
* **Denominator:** Number of patients satisfied with Outcome.
* **Maintenance:** Of the respondents who are currently satisfied with Overall Satisfaction, what proportion would become dissatisfied if all respondents were dissatisfied with Driver?



|  |
| --- |
| Numerator = 243 - (339 \* 44 / 101) = 95 |
| Denominator =243 |
| Maintenance = 95 / 243 = 39.2% |

**Maintenance Example:**

|  |  |  |
| --- | --- | --- |
| If everyone who answered Q25 responded with “Never”, “Sometimes”, or “Usually”; we would expect to see the Overall Satisfaction Community Care decrease from 71.1% to 43.1% overall. | | |
|  |  |  |
| **71.1%** | : | Patients currently “Very Satisfied” or “Satisfied with their Community Care. |
| **61.7%** | : | Patients currently “Very Satisfied” or “Satisfied” with their Community Care who also answered Q25 |
| **39.2%** | : | Patients who would become less than “Very Satisfied” or “Satisfied” if all patients respond “Never”, “Sometimes”, or “Usually” to Q25 |
| **99.5%** | : | Patients who answered both Q25 and the Overall Satisfaction with Community Care questions |
| **43.1%** | : | Overall Satisfaction Result |
|  |  |  |
| **43.1% = 71.1% - (71.7% x 39.2% x 99.5%)** | | |

1. A certain portion of non-respondents may be in the category of item non-respondents—respondents that should have answered the question but didn’t. Therefore, a small portion of those patients that do not respond to the question may become more satisfied with improvement in the attribute. [↑](#footnote-ref-1)