

Executive Summary

In recent years, the U.S. Department of Veterans Affairs (VA) has sought to increase access to community-based health care services for Veterans enrolled in the VA health system.

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 established the Veterans Community Care Program to consolidate and expand existing VA community care programs (including the Veterans Choice Program) for those who live far away from a VA medical facility, for those who are unable to obtain services at their local VA medical facility within a specified time period, and for VA-enrolled Veterans who wish to receive care outside of the VA system.

With an aging Veteran population that is increasingly seeking care outside the VA, community-based providers in Michigan and across the nation have an opportunity to further improve their approach to meeting the unique health needs of these individuals while responding to increased demand for community-based health services in the future.

With support from the Michigan Health Endowment Fund, the Center for Health and Research Transformation (CHRT) at the University of Michigan assessed the capacity of Michigan's community-based health care providers to offer high quality, community-based care for older veterans.

The goals of the study were to:

- Assess the capacity of private, community-based providers in Michigan to provide high-quality care to older Veterans;
- Identify needs, strengths, and gaps in community-based primary and specialty care for older Veterans, especially in treating and managing conditions specific to Veterans, such as PTSD, military environmental exposures leading to later health conditions, and other service-connected conditions, and;
- Provide recommendations on strategies to enhance the system of care for older Veterans in community-based settings throughout Michigan.

CHRT's research was conducted in two phases.

In the first phase, CHRT conducted extensive background research to develop a profile of Veterans in Michigan. This included demographic and regional analyses, as well as understanding where and how Veterans access care and their health care needs—particularly related to chronic and service-related conditions.

In the second phase, CHRT conducted a statewide online survey (August – October 2019) that included 6,630 physicians, dentists, nurse practitioners, physician assistants, occupational and physical therapists, mental health professionals, and licensed practical nurses.

In this report, we share our findings and recommendations for community-based providers across Michigan that wish to further improve their approach to meeting the unique health needs of aging Veterans who are increasingly seeking care outside the VA.

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Key Findings

Veterans are a small but important part of Michigan's population

Veterans make up about 6 percent of Michigan's population.¹ Michigan's Veteran population is older than the national Veteran population with more than half of Michigan's Veterans (53.4 percent) age 65 or older, compared to the national average of 47.1 percent.

Over time, the composition of the Veteran population will change

According to VA population projections, the number of Veterans living in Michigan will decrease by 61 percent from 2017 through 2045—falling from a total of 589,326 to 228,664 veterans.

Despite the overall decline in Michigan's Veteran population, the share of older Veterans is projected to remain steady as a proportion of the population.

The number of women Veterans aged 65 years or older, however, is expected to increase over time, while all other age/gender cohorts are expected to decline.

How Do Michigan Veterans Use Their VA Benefits?

VA benefits may be under-utilized

In Michigan, 27 percent of Veterans (156,257) visited a VA health facility in 2017.

Older Veterans are more likely to use their VA benefits—39.7 percent of older Veterans use VA health care compared to 35.5 percent of Veterans of all ages.

VA benefits can supplement Medicare

Most older Veterans with VA health care coverage reported having additional sources of coverage outside of the VA. While Medicare-covered Veterans may choose to seek care outside the VA system to use their Medicare benefits, the VA covers some important health care services for older Veterans that are not covered by Medicare, including hearing aids, over-the-counter medications, and treatments for service-connected conditions.²

Many Veterans and community-based health care providers may be unaware of the aging-related resources they can access through the VA. For example, in 2017, only 9 percent of VA enrollees age 65 and older reported that they planned to use the VA for prescriptions, and only 7 percent reported that they planned to use the VA for hearing aids, prosthetics, orthotics, and other medical devices in the future.³

Many Michigan veterans may be unaware that their VA benefits could supplement Medicare

- As of 2017, only 9 percent of older VA enrollees reported that they planned to use the VA for prescriptions.
- Only 7 percent reported that they planned to use the VA for hearing aids, prosthetics, orthotics, and other medical devices.

As a 'Reservist state' Michigan may need more community-based care

Because there are no large active-duty military bases in the state, Michigan is considered predominantly a National Guard and Reserve state.⁴ This means that there are few active-duty members of the military residing in Michigan.

Members of the National Guard and Reserve have limited eligibility for VA health care benefits. Because of this, it is more likely that there are a substantial number of these Veterans who are seeking health care outside of the VA system.

What Do Michigan's Health Care Providers Need?

Our survey of health care providers in Michigan demonstrates that there is an opportunity to enhance the ability of Michigan health care providers to deliver high-quality, culturally competent care for older Veterans.

Health professionals need training on Veterans' needs

Few Michigan providers have specific training in caring for Veteran health needs.

Only about one in five (19 percent) of the health care providers surveyed reported having formal training in military culture or the specific health needs of Veterans. While about half (49 percent) of all providers surveyed reported that they would be interested in receiving such training, roughly one-third (32 percent) indicated no such interest.

Training about Veteran needs varies significantly by profession

Roughly one-third (36 percent) of the mental health providers surveyed reported having formal training in military culture and the specific behavioral health needs of Veterans.

In descending order, 19 percent of physicians reported formal training in military culture and the health needs of Veterans, followed by 15 percent of dentists, 15 percent of physician assistants and nurse practitioners, 10 percent of licensed practical nurses, and 7 percent of occupational or physical therapists.

More health care professionals are trained to care for older adults

Overall, Michigan providers were much more likely to be trained in caring for older adults.

Almost 61 percent of the providers surveyed reported being trained in caring for the health needs of older adults.

Physical and occupational therapists, as well as licensed nurse practitioners, were the most likely to have completed formal training programs in caring for older adults, while dentists were the least likely at 44 percent.

Providers aren't sure where to refer Veterans and their family members

Overall, providers lack knowledge about where to refer Veterans and their family members, particularly for long-term supports and services.

About 25 percent of the providers surveyed reported knowing how to refer a Veteran for a medical or behavioral health need.

Only one in five knew where to refer family members of a service member or Veteran. Just 19 percent reported knowing about aging or long-term services and supports available through the VA agency.

How interested are providers in learning about veteran health needs?

- Half (49 percent) of all providers surveyed reported that they would be interested in receiving training in caring for veterans.

There is a lack of familiarity with military culture and Veteran needs

In general, Michigan's health care providers do not have a strong understanding of military culture. If the state hopes to create a more culturally competent health care system that is welcoming to Veterans, this is an important consideration. Specifically:

- There is a potential 'language barrier' with three-quarters of providers indicating little or no familiarity with common military terms or slang.
- While more providers understand the stressors Veterans face, fewer are aware of services and supports available to help Veterans adjust to civilian life.

Women Veterans are a growing segment of the Veteran and aging population, but providers have a very limited understanding of the specific health needs of women Veterans; 42 percent of providers reported being completely unfamiliar with the specific health needs of women Veterans.

There are gaps but we also need to clarify the goal

Fewer than 7 percent of Michigan's providers appear fully prepared to provide high-quality, culturally competent care to older Veterans

There are small but significant variations in preparedness by profession, with mental health professionals most likely to exhibit readiness (11 percent) followed by physicians, physician assistants and nurse practitioners, and occupational and physical therapists (7 percent), licensed nurse practitioners (4.5 percent), and dentists (1.9 percent).

While the readiness and capacity of Michigan's providers to serve older Veterans seems quite low, it is unclear what a reasonable target should be and what variation across providers should be expected. For example, should providers who are more likely to work with or treat older patients also have a higher expectation for readiness? If so, what actions are needed to support this effort?

Among health care professionals, policymakers, and other stakeholders, this assessment can be used as a baseline and a conversation starter for decisions going forward.

Future actions to address Veteran needs are clear

Improve screening for current or past military service and service-related conditions -- The survey found that approximately 38 percent of the health care providers screen patients or their family members for current or past military service. Universally implementing this kind of screening question on patient intake forms is an easy first step that can increase health care system readiness to treat aging Veterans and their families.

Gaps exist in understanding military culture and Veteran needs

- Three-fourths (75 percent) indicated limited or no familiarity with common military terms
- Many providers are aware of potential stressors for veterans but may not know where to refer for help
- There is a lack of awareness of the specific health needs of women Veterans

What's the goal?

- Fewer than 7 percent of Michigan's providers appear fully prepared to provide high quality, culturally competent care to older Veterans.
- However, there is no clear guideline for what an ideal target should be for readiness.
- This assessment should be treated as a baseline and a conversation starter among health care professionals, policymakers, and other stakeholders.

Improve familiarity with military culture – The level of understanding of military culture is an important component of readiness and a significant opportunity to enhance Michigan’s readiness and capacity. Such understanding should be viewed as a kind of cultural competency that makes community-based settings more welcoming and inclusive to all Veterans and, in particular, older Veterans.

Improve education and communication about VA resources among community providers – Understanding of resources for Veterans and their families, particularly for long-term services and supports, can be improved. There are robust online resources and tools for providers to use, however the VA may need to take a more active approach by directly engaging with community providers at professional meetings and conferences. Linking such education to the possibility of earning continuing education credits could provide additional incentives that engage providers.

Work with Veteran Community Partnerships to improve collaboration, communication, and education -- As the VA prepares for an influx of Vietnam-era Veterans and as the MISSION Act makes community-based care more viable, more work is needed to create and enhance partnerships between community providers and the Veteran Community Partnerships (VCP) program. The VCP is a partnership of the VA geriatric, rural health, caregiver support, and community engagement offices. Currently, there are two VCP programs in Michigan located in Battle Creek and Detroit.