CHRT

WITH SUPPORT FROM THE MICHIGAN HEALTH ENDOWMENT FUND

Ready to Serve?

Improving Community Care of Aging Veterans in Michigan

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CENTER FOR HEALTH
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TRANSFORMATION

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Executive Summary

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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.

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.

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.

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.

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.

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.

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.

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.

Background and Profile of Older Veterans in Michigan

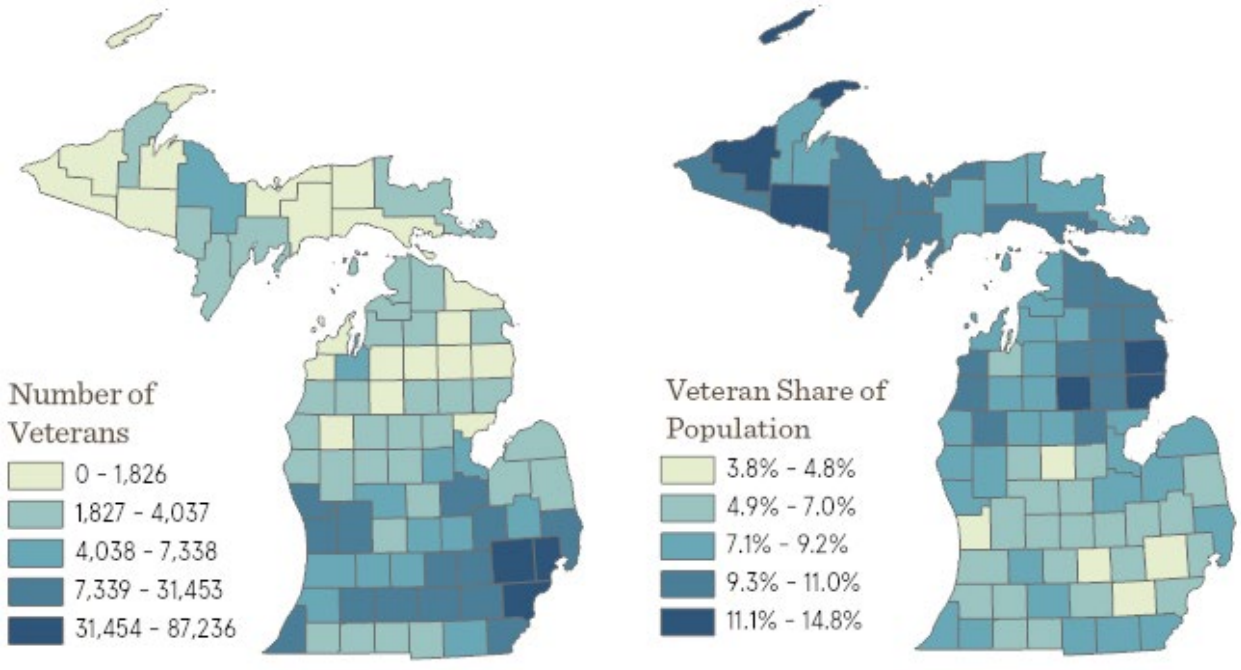
Profile of Veterans in Michigan

Geographic distribution

In 2017, there were 589,326 Veterans living in the state of Michigan, representing approximately 6 percent of the state's population. This is similar to the share of Veterans nationally; in 2017, there were nearly 20 million Veterans, just over 6 percent of the nation's population.[5]

In Michigan, the Veteran population varies by region, with the largest numbers of Veterans living in Southeast Michigan (see Figure 1). In general, counties in Michigan's Upper Peninsula and Northern Lower Peninsula tend to have a higher share of Veterans than counties in the southern half of the Lower Peninsula.

Figure 1: Number and Share of Veterans by County, 2017

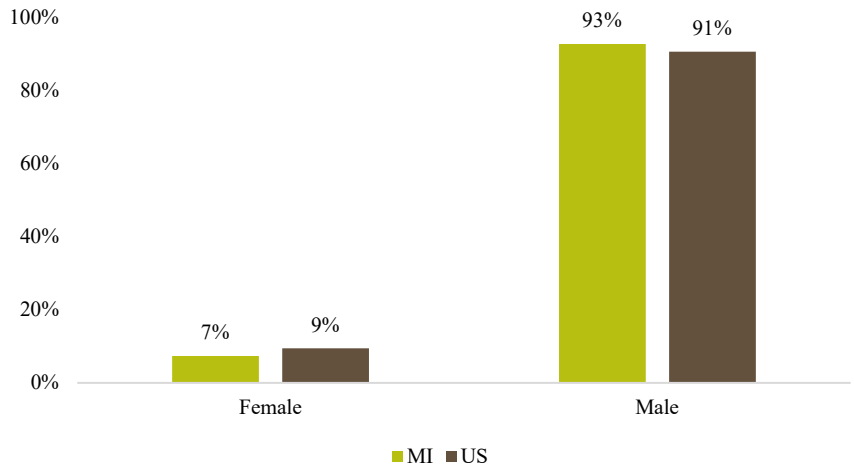


Source: U.S. Department of Veterans Affairs; U.S. Census Bureau

Gender

Men represent the vast majority of Michigan's Veteran population, accounting for 92.5 percent of the Veteran population in 2017 (see Figure 2). This is a slightly higher proportion of men than the national level (90.6 percent).[6] Men account for 97 percent of Veterans over age 65 in Michigan, similar to the national benchmark.

Figure 2. Veterans by gender, 2017

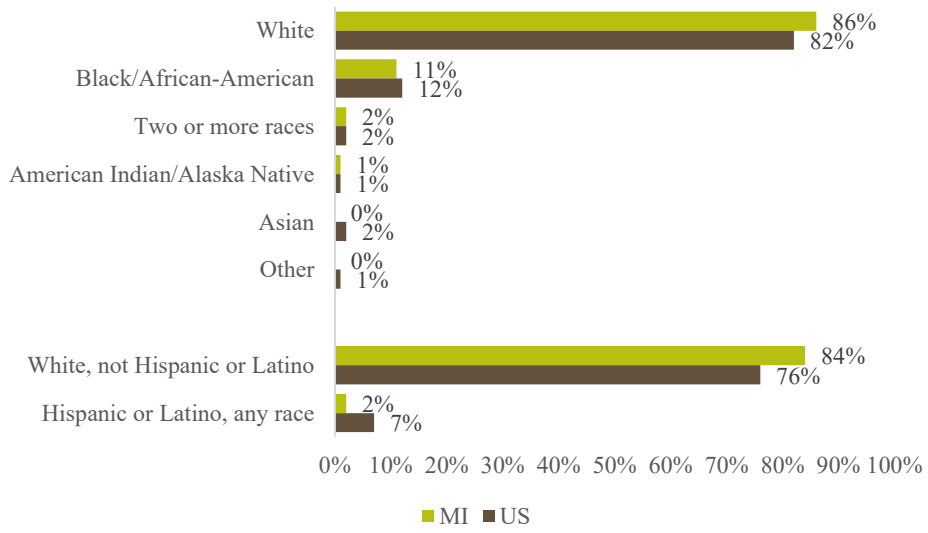


Source: U.S. Department of Veterans Affairs

Race/ethnicity

The race and ethnicity of Michigan Veterans is similar to that of the nation's overall Veteran population, but Michigan has a larger share of white Veterans and a smaller share of Hispanic/Latino Veterans than the nation as a whole (see Figure 3).[7]

Figure 3. Veterans by race/ethnicity, 2017

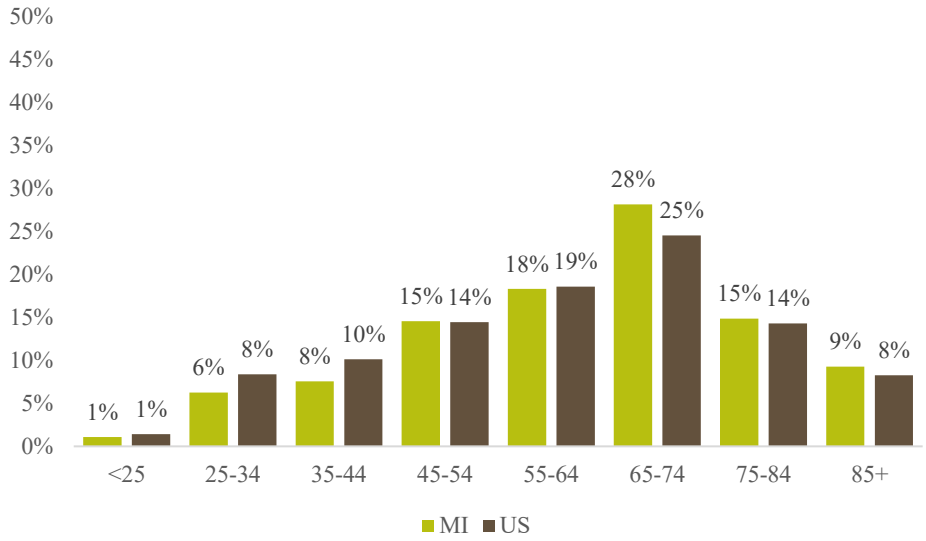


Source: U.S. Department of Veterans Affairs

Age

Michigan's Veteran population is older than the national Veteran population. Over half of Michigan Veterans (53.4 percent) are age 65 or older, compared to the national average of 47.1 percent (see Figure 4).

Figure 4. Veterans by age, 2017

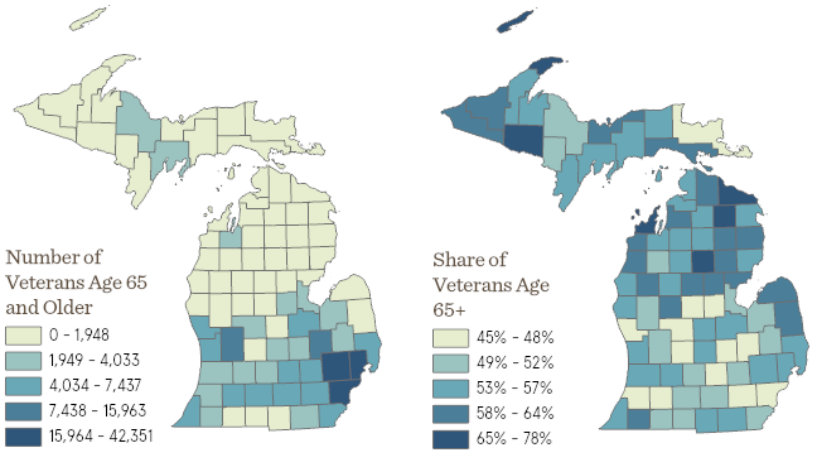


Source: U.S. Department of Veterans Affairs

Older Veteran distribution

The largest numbers of older Veterans live in southeast Michigan (see Figure 5). In 14 of Michigan's 83 counties, over 60 percent of Veterans are age 65 or older.[8]

Figure 5: Number and Share of Veterans Age 65 and Older, by County, 2017

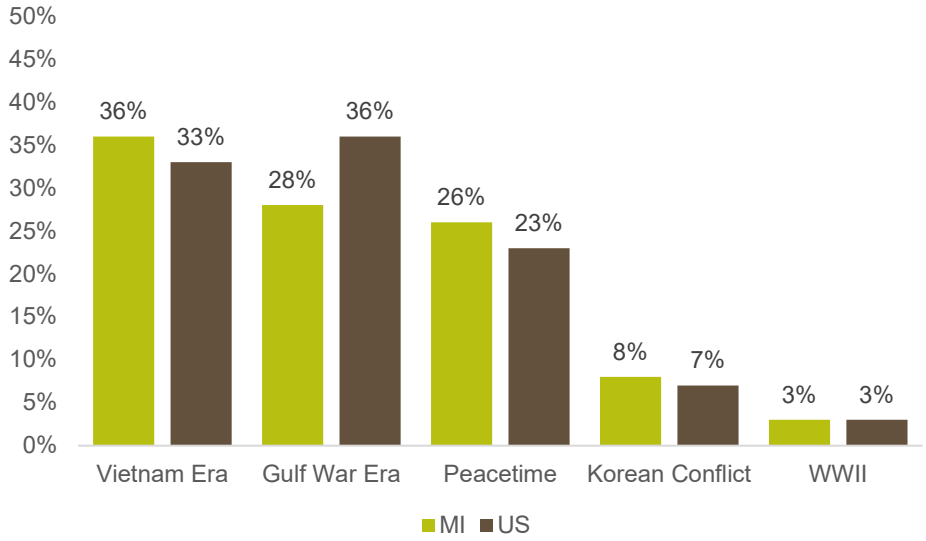


Source: U.S. Department of Veterans Affairs; U.S. Census Bureau

Era of service

Finally, Michigan has larger shares of Veterans who served in Vietnam, Korea, World War II, and during peacetime than the national average (see Figure 6).[9]

Figure 6. Veterans by era of service, 2017



Source: U.S. Department of Veterans Affairs

How Do Veterans Use Health Care Services?

Veterans obtain health coverage through a variety of public and private sources. Some Veterans are eligible for health care provided through the VA system, although not all VA-eligible Veterans choose to enroll in or use VA health care services. A number of Veterans get some or all of their health care through private or public insurance programs, including employer-sponsored insurance, Medicare, Medicaid, and TRICARE.[10]

Because there are no large active duty military bases in the state, Michigan is considered predominantly a National Guard and Reserve state.[11] This means that there are few active-duty members of the military residing in Michigan. According to the Department of Defense, in Fiscal Year 2017, there were just 2,088 active duty military in Michigan, the 9th lowest active-duty population in the nation. That year, Michigan had 14,934 Reservists and National Guard members, comprising the 24th largest Reservist population in the nation.[12]

Members of the National Guard and Reserve have limited eligibility for VA health care benefits. Like active-duty military Veterans, they must meet certain criteria for previous service, service-connected conditions, and income. In addition, they must have served a full term of federally-ordered active duty, and those not serving in combat are subject to additional eligibility factors.[13] Because Michigan has a large share of Reservists and National Guard members compared to active-duty military Veterans, the state likely has a substantial number of Veterans seeking health care outside of the VA system.

Care Within the VA System

While the Veterans Health Administration (VHA) is the largest integrated health care system in the United States, the VA does not consider itself to be a health insurance system. Not all Veterans are eligible to receive VA health care benefits, because Veterans must meet certain eligibility requirements to enroll. Eligibility is determined by 1) previous service (generally, a minimum of two years of service in combat or during wartime is required), 2) service-connected disability status (i.e. disability due to injury or illness that was incurred in or aggravated by military service, 3) income, and 4) discharge status (in addition to meeting the three criteria above, Veterans must also have been discharged from the military under any condition other than dishonorable discharge).

Funding for the VHA is finite, so the VA uses a priority grouping systm to ensure that certain Veterans have access to VA health care services. There are eight priority groups for Veterans seeking to enroll in VA health care services (see Figure 7).

Figure 7. VA Health Care Enrollment Priority Groups

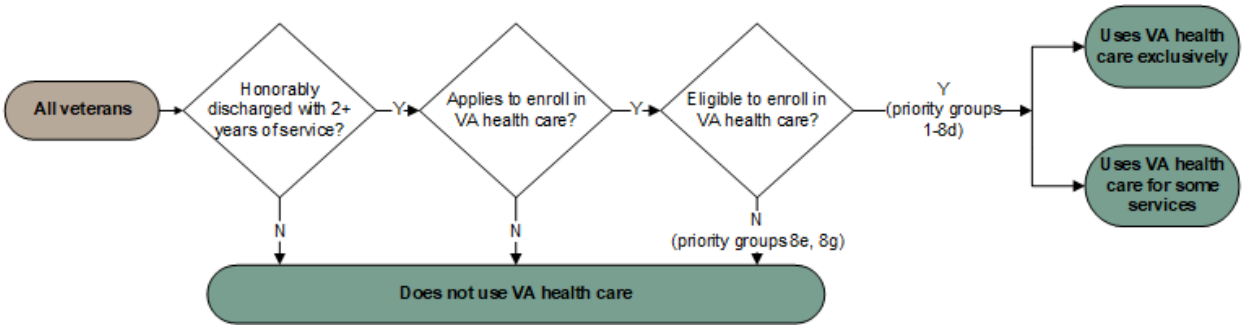
Priority Group	Eligibility Criteria	Number of Veteran Patients, FY2017 (all states)
1	• Service-connected disability that is 50% disabling or more • Unemployable due to service-connected disabilities • Medal of Honor recipients	2,005,689
2	• Service-connected disability that is 30 to 40% disabling	497,549
3	• Service-connected disability that is 10 to 20% disabling • Former prisoners of war • Purple Heart recipients • Discharged due to a disability incurred or aggravated during military service • Disabled by VA treatment or vocational rehabilitation	773,664
4	• Recipients of VA Aid and Attendance or housebound benefits • Determined to be "catastrophically disabled" by VA	175,555
5	• Annual income is below VA zip-code adjusted income limit • Recipients of VA pension benefits • Medicaid-eligible	1,232,129
6	• Service-connected compensable disability that is 0% disabling • Exposed to radiation during atmospheric testing or occupation of Hiroshima and Nagasaki • Project 112/SHAD participants • Vietnam-era Veterans (1/9/1962-5/7/1975) • Persian Gulf War-era Veterans (8/2/1990-11/11/1998) • 30+ days of active duty service at Camp LeJeune (8/1/1953-12/31/1987) • Served in a theater of combat operations after 11/11/1998 and discharged from activity duty on or after 1/28/2003 (eligible for 5 years after discharge)	257,769
7	• Gross household income is below VA zip-code adjusted income limit and agrees to pay co-payments	183,215
8a	• Non-compensable 0% service-connected disability and continuously enrolled in VA health care since 1/16/2003	47,563
8b	• Non-compensable 0% service-connected disability, enrolled in VA health care after 6/15/2009, and income exceeds VA zip-code adjusted income limit by 10% or less	2,640
8c	• Non-service connected disability and continuously enrolled in VA health care since 1/16/2003	805,064
8d	• Non-service connected disability, enrolled in VA health care after 6/15/2009, and income exceeds VA zip-code adjusted income limit by 10% or less	59,411
8e 8g	*Ineligible for enrollment in VA health care* • 8e: Non-compensable 0% service-connected disability • 8g: Non-service connected disability	30,811

Source: U.S. Department of Veterans Affairs[14,15]

Veterans assigned to priority groups 1 through 8d are eligible to enroll in VA health care. Within these groups, higher priority is given to Veterans who have more significant service-connected disabilities and low incomes. Lower priority is given to Veterans who have higher incomes and/or less severe service-connected disabilities; they are subject to co-pays for VHA services.

Individuals given lower priority may be more likely to seek health care outside of the VA system, either because they have a higher functional status, can access other types of health care, or because they prefer not to pay VA co-pays.[16] Veterans in priority groups 8e and 8g are ineligible to enroll in VA health care (see Figure 8).[17]

Figure 8. Who uses VA health care benefits?



Source: Adapted from RAND, 2015.

Among those eligible for VA services, some Veterans rely solely on the VA for their health care, but most have other forms of coverage as well. Conversely, some Veterans are not aware that they may be eligible for VA health care services. According to the U.S. Census Bureau, approximately 25 percent of uninsured working-age Veterans could qualify for VA services based on their income level and/or service-connected disability status.18

Care Outside the VA System

VA health care is not considered insurance, and Veterans are able to access health insurance coverage through a variety of sources, including employer-sponsored insurance, Medicare, Medicaid, or individually purchased coverage. Most older Veterans with VA health care coverage reported having additional sources of coverage outside of the VA. Of the approximately 76,000 Michigan Veterans who reported having VA health care benefits in 2017, 59.2 percent reported also having Medicare coverage, 38.9 percent reported having employer coverage, and 25.1 percent reported having TRICARE.

Many older Veterans in Michigan have access to a wide variety of community-based health care through Medicare or other types of health insurance. Among Veterans age 65 and older, Medicare is the dominant form of health coverage: nearly 98 percent of U.S. Veterans over age 65 reported having Medicare in 2017. A slightly larger share of older Veterans (39.7 percent) use VA health care compared to Veterans of all ages (35.5 percent).

Beyond Medicare, common coverage sources for VA-enrolled older Veterans include employer-sponsored coverage, direct purchase coverage, and TRICARE. Veterans may seek coverage outside of the VA system if they are not eligible for VA services or if they prefer community-based care due to convenience, quality, or cost. 63 percent of VA-enrolled Veterans report seeking care outside of the VA in 2017, and an estimated 40 percent of VA enrollees use no VA health care services in a given year.[19,20]

There are a variety of reasons why Veterans may choose to seek care outside the VA health system. Among Veterans who reported using community-based sources of care in 2017, approximately two-thirds indicated that these sources provided easier access and had providers that they liked and trusted. Around half of these enrollees reported that community-based care had appointments at more convenient times and provided better quality care than the VA system. Veterans age 65 and older are less likely than other age groups to report using VA health services to meet all of their health needs.[21]

If a VA-enrolled Veteran also has private insurance and uses VA services, the VA bills their private insurance for any medical care provided to the Veteran that is not for a service-connected condition. The exception to this rule is Medicare, which is prohibited from covering services received at a government facility. Medicare-covered Veterans may choose to seek care outside the VA system to use their Medicare benefits. However, 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.[22]

VA Community-Based Health Care Programs

The VA operates a number of programs intended to expand VA-enrolled Veterans' access to care in the community. Currently, there are six community care programs administered by the VA. There are two emergency care programs, the Patient-Centered Community Care (PC3) program, dialysis contracts, agreements with federal and university-affiliated facilities, and individual authorizations for community-based care.

The Veterans Choice Program (VCP), launched in 2014, was intended to consolidate all of the VA's community care programs into one, and to increase Veterans' access to health care through community-based providers. If a Veteran needs an appointment for a specific type of care and the VA cannot provide that care within 30 days, or if a Veteran lives more than 40 miles away from the nearest VA medical facility, then they can be referred to a community provider who participates in the VCP.

From November 2014 to August 2018, approximately 2.36 million Veterans used the VCP nationwide. Most of these Veterans qualified because of wait times at their nearest VA facility or because the required service was not available at the nearest VA facility.[23] In 2017, approximately 25,000 Michigan Veterans used the VCP.[24] In June 2019, the VCP was discontinued and as a result VCP eligibility is no longer used to determine eligibility for community care. Veterans may be eligible for community care under the "Grandfather" provision related to distance eligibility for the VCP.

A 2018 report from the U.S. Government Accountability Office (GAO) found that some Veterans using the VCP still faced lengthy wait times for necessary services, with an average wait time of 51 days to receive care. This report also highlighted opportunities for improvement in care coordination between VA medical centers, third-party administrators, and the Veterans' Health Administration.[25]

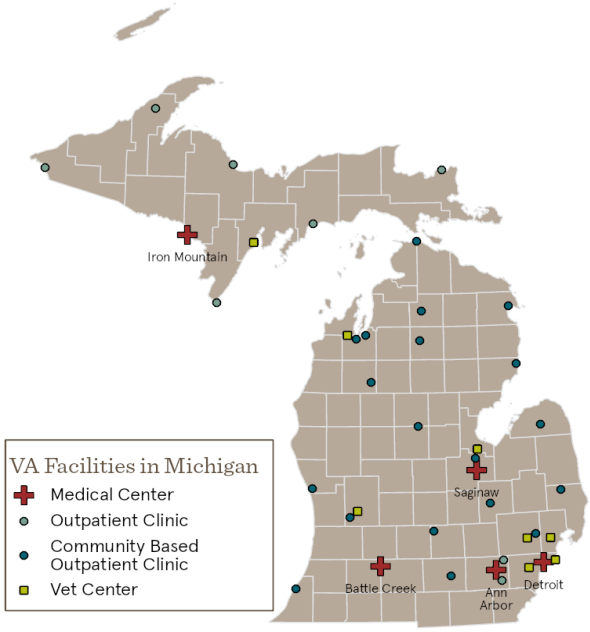
The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, was signed into law in June 2018 and established the Veterans Community Care Program (VCCP). The VCCP is intended to replace and expand the existing Veterans Choice Program. Under this program, the VA is in the process of establishing networks of community-based health care providers to provide health care services to VHA-enrolled Veterans who are unable to receive the services they need within the VHA system. The U.S. Congressional Budget Office estimated that approximately 640,000 additional Veterans nationwide would be referred to community-based care annually from 2019 to 2023.[26]

The VA Health Care System in Michigan

Michigan's VA health care system is divided across two Veterans Integrated Service Networks (VISNs). Each VISN is responsible for administering and coordinating VA health care services in a certain geographic area. In Michigan, VISN 10 covers the Lower Peninsula. Its service area also includes VA health care in Ohio, Indiana, and Northern Kentucky. Michigan's Upper Peninsula is located in VISN 12, which also serves most of Wisconsin and Illinois.[27]

In Michigan, the VA operates five inpatient care sites in Ann Arbor, Battle Creek, Detroit, Iron Mountain, and Saginaw. Additionally, there are eight outpatient VA clinics, 19 community-based outpatient clinics, and eight Vet Centers throughout the state (see Figure 9).[28]

Figure 9. VA Facilities in Michigan



Source: U.S. Department of Veterans Affairs

In 2017, the VA spent approximately $1.63 billion on medical care in Michigan. Medical care represented 39.5 percent of total VA spending ($4.09 billion) in Michigan in 2017, slightly higher than the national average (38.6 percent) that year. This is in spite of the fact that only 39 percent of all Michigan Veterans (231,960 Veterans) were enrolled in the VA health care system in 2017. This is a smaller share than the national average, where 46 percent of all U.S. Veterans are enrolled in VA health care. An even smaller share of Veterans actually uses VA health care services; in Michigan, 27 percent of Veterans (156,257 Veterans) visited a VA health facility in 2017. Nationally, 30 percent of Veterans visited a VA health facility in 2017.[29]

Health Care Coverage Sources for Michigan Veterans

Compared to national averages, Michigan Veterans are more likely to report having Medicare, employer-sponsored insurance, direct-purchase insurance, Medicaid, and Medicare/Medicaid (i.e., dually eligible). Michigan Veterans

are less likely to report being covered by the VA or TRICARE than Veterans nationally. In 2017, the uninsured rate for Michigan Veterans, 2.2 percent, is slightly lower than the national average of 2.9 percent (see Figure 10).[30]

Older Veterans in Michigan have similar coverage patterns to Veterans at the national level. The vast majority of Michigan Veterans age 65 and older are covered by Medicare. Older Veterans in Michigan are somewhat more likely to use VA health care than Veterans of all ages in Michigan; but the share of older Michigan Veterans using VA health care is smaller than the national average.

Figure 10. Sources of Health Insurance Coverage, Veterans, 2017

	Michigan		United States	
	All Ages	Age 65+	All Ages	Age 65+
Medicare	58.3%	98.0%	51.7%	97.6%
Employer-sponsored coverage	55.3%	47.3%	47.3%	35.1%
VA health care	32.2%	34.7%	35.5%	39.7%
Direct-purchase insurance	22.4%	34.5%	19.6%	31.4%
Medicaid	12.4%	8.9%	9.8%	16.0%
TRICARE	9.6%	11.5%	17.7%	9.7%
Dually eligible (Medicare and Medicaid)	7.8%	11.5%	5.9%	9.7%
Uninsured	2.2%	0.2%	2.9%	0.2%

Note: Categories are not mutually exclusive; individuals may report more than one type of coverage. Source: CHRT analysis of 2017 American Community Survey microdata

Michigan Veterans with VA health care also use additional health coverage sources. While these coverage patterns are somewhat similar to those at the national level, a larger share of Michigan Veterans have Medicare and employer coverage in addition to VA coverage. Notably, over half of VA-enrolled Michigan Veterans also report having employer coverage, a substantially larger share than at the national level.

Older Veterans in Michigan who use the VA health care system also carry a variety of other coverage types. The most likely of these is Medicare, with large shares of older Veterans also using employer-sponsored and direct-purchase coverage in addition to VA health care benefits (see Figure 11).

Figure 11. Additional Sources of Coverage for Veterans with VA Health Care, 2017

	Michigan		United States	
	All Ages	Age 65+	All Ages	Age 65+
Medicare	65.2%	98.8%	59.2%	98.3%
Employer-sponsored coverage	54.7%	45.7%	38.9%	34.0%
Direct-purchase insurance	25.4%	37.2%	22.7%	34.2%
TRICARE	18.3%	16.1%	25.1%	23.8%
Medicaid	16.1%	15.1%	12.1%	11.8%
Dually eligible (Medicare and Medicaid)	11.3%	15.1%	8.0%	11.8%

Note: Categories are not mutually exclusive; individuals may report more than one type of coverage. Source: CHRT analysis of 2017 American Community Survey microdata

Health Care Needs of Older Veterans

Chronic Conditions and Behavioral Health

Veterans have a higher prevalence of certain conditions, both service-connected and otherwise, than the general adult population. Chronic health conditions such as cancer, chronic obstructive pulmonary disease (COPD), diabetes, gastroesophageal reflux disease (GERD), and hearing loss are more prevalent among Veterans than civilians.[31] These differences are due in part to the fact that the Veteran population is generally older than the civilian population.

Depending on their era of service, Veterans are also exposed to a variety of service-connected conditions. Older Veterans who served in combat during World War II, the Korean Conflict, and the Vietnam War may have been exposed to noise, extreme temperatures, and occupational hazards as a result of their military service. World War II Veterans may have also been exposed to radiation and mustard gas during their service. Vietnam Veterans may have also been exposed to Agent Orange and Hepatitis C.[32]

While mental health conditions are about as prevalent in Veterans as they are in the civilian population, post-traumatic stress disorder (PTSD) has a particularly high prevalence rate among Veterans. According to analyses by the RAND Corporation, Veterans are over thirteen times more likely to be diagnosed with PTSD than civilians.[33] Among adults age 65 and older,

In addition, Centers for Disease Control and Prevention (CDC) data indicated suicide as the tenth leading cause of death across the country in 2016, with 22 percent of those 45,000 deaths being attributed to Veterans. As a result, the Department of Veterans Affairs made suicide prevention the highest clinical priority in their FY 2018–2024 Strategic Plan.[34]

Long Term Care Services and Supports

Given their complex health status, many Veterans will require long-term services and supports at some point in their lives. As the nation's Veteran population ages, demand for long-term services and supports will likely increase over time. In the general population, approximately half of adults age 65 years and older will need long-term services and supports at some point in their lives.[35] According to the VA, approximately 80 percent of older Veterans will need long-term services and supports at some point.[36]

The VA and Medicaid are the two main federal payers for long-term services and supports. The VA provides long-term services and supports to Veterans who require a nursing facility level of care as a result of a service-connected condition, and Veterans who have a certain level of overall service-connected disability.[37] Individual VA medical centers are responsible for the provision of long-term services and supports; each facility is required to offer certain mandatory programs and may opt to offer additional services. In addition to being eligible and enrolled in VA health care, eligibility for VA long-term services and supports depends on the Veteran's need for the service and whether the service is provided in an institutional or home-based setting.

Most VA long-term services and supports are provided in institutional settings (e.g., nursing facilities), which represent approximately 70 percent of VA spending on long-term services and supports.[38] Home- and community-based services furnished by the VA include geriatric evaluation services, home health care, adult day care, respite care, palliative care, and Veteran-directed care. VA staff directly provide certain services, while other services are purchased through non-VA providers.

Medicaid long-term services and supports vary by state, but generally cover nursing facility care, home- and community-based services, and in-home personal care services. In Michigan, the Michigan Department of Health and Human Services administers five major Medicaid long-term services and supports programs: Home Help (in-home personal care), nursing facility care, the Program of All-Inclusive Care for the Elderly (PACE), MI Choice (home-and community-based services waiver), and MI Health Link (integrated care for individuals eligible for both Medicaid and Medicare). Eligibility for these programs varies by location, income, age, and functional status.

In general, Medicare and private health insurance do not provide coverage for long-term services and supports. While most Veterans rely on non-VA sources of coverage for physical and behavioral health care, older Veterans may opt to use VA-covered long-term services and supports. Private long-term care insurance is available to Veterans, although few carry such coverage. In 2017, an estimated 8 percent of VA-enrolled Veterans reported carrying private long-term care insurance, which is about the same proportion of the general population with long-term care insurance.[39] The share of Veterans with long-term care insurance increases with age—while just 5.7 percent of Veterans under age 65 have private long-term care insurance, 10.9 percent of Veterans age 65 years and older have long-term care insurance.

Other Needs

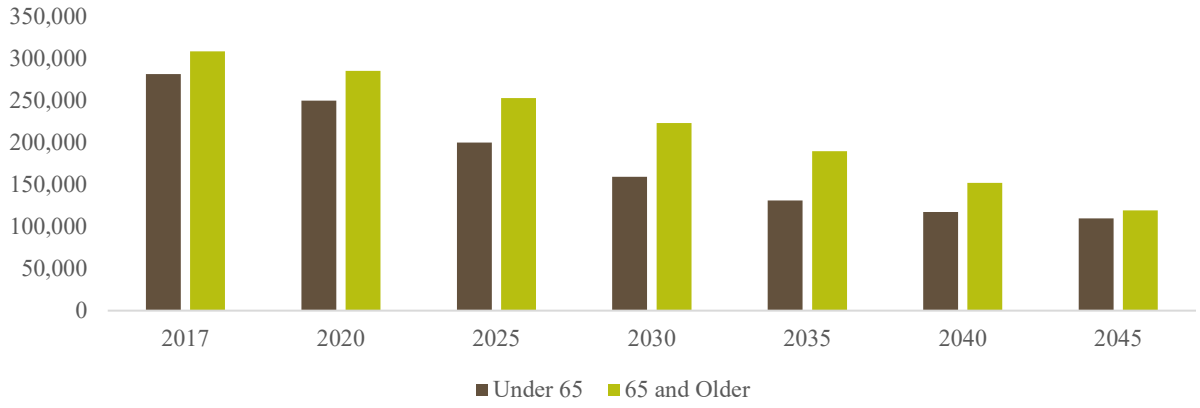
The VA provides a variety of other services that may be relevant to the health care needs of older Veterans. In addition to a variety of long-term services and supports, Veterans have access to dental and vision care through the VA. All enrolled Veterans can receive audiology and eye-care services. Certain Veterans can receive hearing aids and eyeglasses through the VA.[40] Certain older Veterans who receive pension benefits through the VA may qualify for Aid and Attendance stipends, which are additional monthly pension amounts for older Veterans who need help performing activities of daily living, are bedridden, are a nursing home resident, or have severely limited eyesight. Veterans can also receive an additional monthly pension benefit increase if they are homebound due to a permanent disability.[41]

However, many Veterans and community-based health care providers may be unaware of the aging-related resources they can access through the VA. In 2017, 9 percent of VA enrollees age 65 and older reported that they planned to use the VA for prescriptions, and 7 percent reported that they planned to use the VA for hearing aids, prosthetics, orthotics, and other medical devices in the future.[42] Community-based providers may be equally unaware of these benefits, and may not refer Veterans who are otherwise eligible to use these resources.

Preparing for Future Demand

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 Veterans in 2017 to 228,664 Veterans by 2045. The percentage of Veterans age 65 and older will remain relatively steady over this time (see Figure 12).

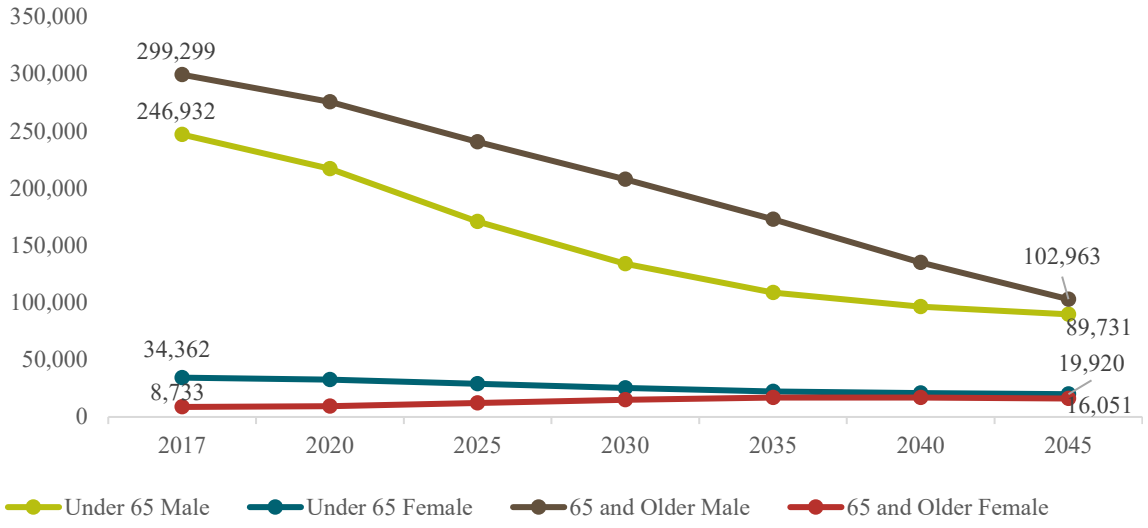
Figure 12. Projected Veteran population, by age, Michigan, 2017-2045



Source: U.S. Department of Veterans Affairs

While the share of Veterans who are age 65 and older is not expected to change substantially over the next several decades, the composition of this population will change. The number of women Veterans age 65 years or older is expected to increase over time, while all other age/gender cohorts are expected to decline (see Figure 13).

Figure 13. Projected Veteran population, by age/gender, Michigan, 2017-2045



Source: U.S. Department of Veterans Affairs

As the number of older women Veterans grows over time, community-based health care providers will need to be aware of the unique health needs of women Veterans in order to provide high-quality care to this population. Common conditions among older women Veterans include heart disease (namely, hypertension and high cholesterol), musculoskeletal disorders, and ophthalmologic disorders.[43] Many older women Veterans have multiple chronic conditions. Additionally, women Veterans may have unique reproductive health conditions. The American Congress of Obstetricians and Gynecologists (ACOG) recommends that OB/GYNs assess patients for Veteran status, understand the reproductive health impacts of military service, screen for post-traumatic stress disorder and military sexual trauma, and engage with local VA facilities to ensure women Veterans can access VA-provided resources.[44]

The nature of Veterans' military service will also change over time, meaning that providers will need to be prepared to treat different service-connected conditions. By 2045, the largest cohort of Veterans will be those who have served in the Gulf War era (1990-present), including those who served in the Iraq War and Operation Enduring Freedom in Afghanistan. Common service-connected conditions for Veterans serving in this era include health issues caused by toxic chemicals and other hazardous materials, explosion-related conditions (e.g., traumatic brain injury, injuries to extremities), occupational hazards, noise, infectious diseases, and extreme cold/heat. These conditions are different from the service-connected conditions experienced by current older Veterans, so health care providers will need to be aware of these differences as they prepare for future demand for care from this cohort of Veterans.

Assessment of Michigan Health Care Providers to Care for Older and Aging Veterans

Survey Goals

The Center for Health Research and Transformation (CHRT) conducted a statewide needs assessment of Michigan health providers to serve 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 strengths, gaps and opportunities 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 (e.g., Agent Orange), and other service-connected conditions; and
- Provide recommendations on strategies to further enhance the system of care for older Veterans in the community setting throughout the state of Michigan.

Our assessment of Michigan partially replicates the methodology of a RAND study in New York state.[45,46] Given our specific focus on aging and older Veterans, we tailored our methods by adding specific criteria to assess capacity and training to treat aging and older adults. Our study team included researchers at the Veteran Affairs Ann Arbor Center for Clinical Management Research (CCMR) who provided subject matter expertise on the VA structure, VA resources, and indicators of quality care for this population. The team also advised survey development, beta-testing, and analysis, and functioned as a liaison to the VHA Office of Community Care.

Sample

We obtained our sample of 116,249 licensed health care providers from the Michigan Department of Licensing and Regulatory Affairs (LARA). The sample was further limited to those with valid business email addresses (n=85,105; 73.2 percent of all providers).

We sent the survey to the entire sample in two waves: August and October 2019. In total, 8,879 (10.4 percent) opened the survey and answered the screener question about providing direct patient care. Since only respondents who indicated that they currently were providing direct patient care were eligible to take the survey, our final sample included 6,360 providers, yielding an overall response rate of 7.4 percent.

We compared characteristics of our sample to those of the entire list of licensed health providers to assess how closely our sample resembled the population. Response rates differed by type of health care professional (with the highest participation rate among dentists and the lowest among physician assistants and nurse practitioners), and geographic region (with the lowest participation rate in Michigan's western region and the highest in the state's northeastern region).

We weighted the final sample to adjust for these differences and to ensure the results were representative of the population of providers. For more information about our weighting approach, please see the Appendix A.

Survey Instrument/Measures

Domains for the survey were developed to collect key characteristics of providers and to assess the ability of these providers to provide high quality care for aging and older Veterans across Michigan. These domains included:

- Provider and practice characteristics
- Provider practice patterns and standards of care
- Experience with treating older adults, and especially older Veterans
- Perceptions and understanding of the VHA and its existing community care programs
- Experience working with the VHA and its programs
- Understanding of the unique medical and behavioral health care needs of older Veterans

Criteria were based on the definition of readiness developed by the RAND Corporation[47] and based on the Institute of Medicine's definition of 'high quality care',[48]—safe, effective, efficient, timely, patient-centered, and equitable—but also added criteria related to caring for older and aging adults:

Currently accepting new patients

- Prepared to deal with chronic conditions common among patients
- Screens for other conditions common among Veterans
- Accommodates patients with disabilities
- Familiar with military culture
- Screens patients to determine whether they are current or former members of the armed forces or family members of such a person
- Screens patients and has training to treat common conditions associated with aging and older populations

Provider responses were compiled into a 'readiness score' that enabled us to identify needs both overall and by specific profession.

All results reported here are statistically significant ($p<0.05$). All survey analysis was conducted using IBM SPSS Statistics 26.

Survey Results

Demographic characteristics

Overall, over three-quarters of respondents were white (77 percent) and two-thirds (66 percent) were female. The over-representation of women in the sample reflects the composition of the professions (nursing, therapists, and LPNs) that heavily skew female. Compared to the other professions, LPNs were most likely to be female (89 percent) and African American (17 percent). Over half of respondents were from Southeast Michigan (16 percent) and Metro Detroit (38 percent). (Appendix A, Table 1)

Sixty-six percent (66 percent) of respondents were female

Seven percent (7 percent) reported either past or current military service; by profession, dentists and physicians were most likely to have past or current military service (13 percent and 11 percent, respectively). This most likely reflects the fact that those professions skew male. (Appendix A, Table 1)

Seven percent (7 percent) of respondents had past or current military service

Primary Practice Settings

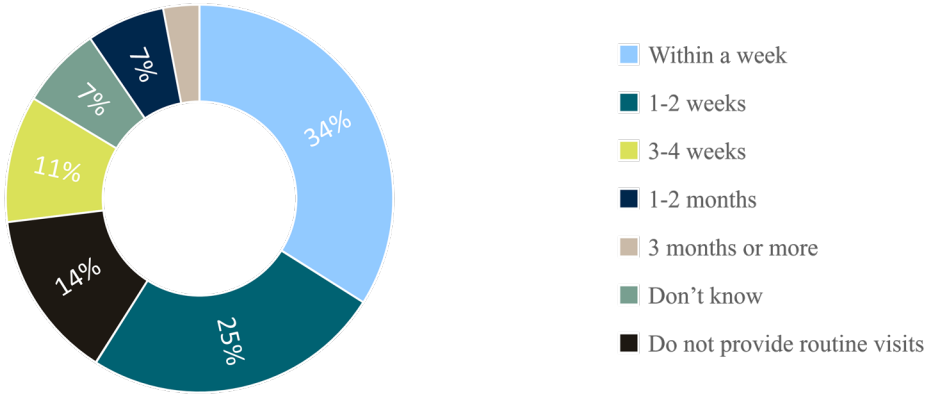
Practice settings for providers in our survey align with the general structure and location of the health care workforce in the population. Physicians and PA/NPs are most likely to be in a hospital or ambulatory clinic while dentists and mental health providers are more likely to be in a private practice/office. LPNs are most likely to be in long-term care facilities or providing home care. (Appendix Table 2)

We assessed the structural capacity of providers to care for patients through self-reported access measures (availability of appointments, wait times for new and established patients, and same day appointments). By these self-reports, overall structural capacity is high as most providers indicated that they are accepting new patients (range 90 percent – 98 percent). Physicians and mental health providers were more likely to have stopped accepting new patients (9 percent) compared to their colleagues in other professions. (Table 3)

Over 90 percent of providers reported accepting new patients

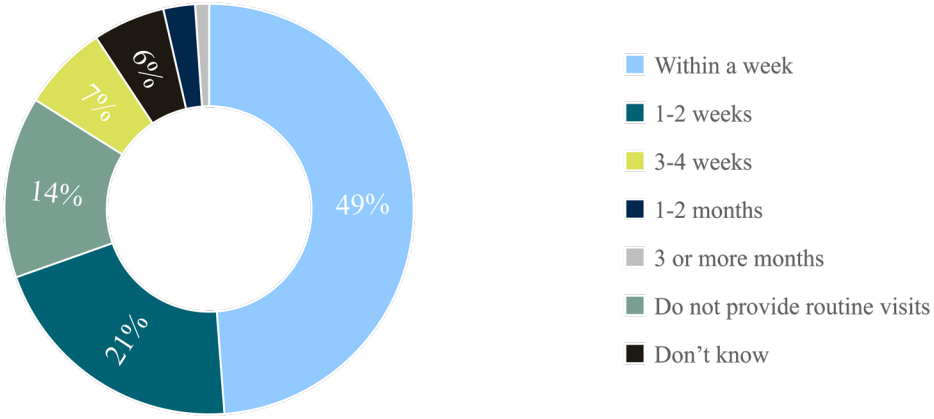
Providers report that overall, 70 percent of established patients and 59 percent of new patients can get routine appointments within 1 – 2 weeks. We approach this self-report about access with some caution, however, as there is other evidence that wait times can be much longer, especially for new patients.[49] (Appendix Table 3)

Figure 14: New Patient Appointment Wait Time



Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Figure 15: Existing Patient Appointment Wait Time



Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Patient Populations

Providers are more familiar with older patients and less familiar with patients who are Veterans or older Veterans. Overall, 62 percent of providers reported that about half or greater of their patient panels are comprised of older adults (aged 55 or older) while far less have significant proportions of Veterans in their patient panels. (Appendix Table 4)

Most providers (62 percent) report that older patients (age 55 or older) make up about half or more of their patient population.

About 22 percent of providers report that older Veterans (age 55 or older) make up about half or more of their patient population.

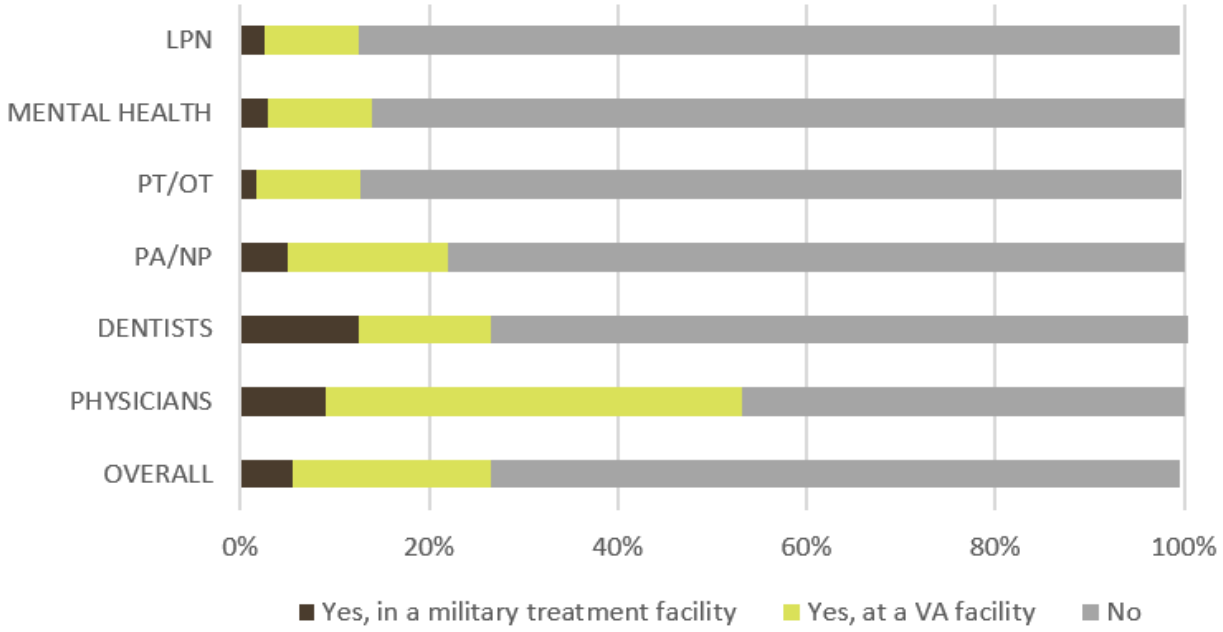
Experience with the Military and Veteran Populations

About 27 percent of our respondents reported working in a military training facility (MTF) or a VA facility and 22 percent reported having completed training at a VA hospital. Just over half of the physicians reported that they had

worked in an MTF and/or VA as well as having completed some clinical training at a VA hospital. This is slightly lower than national estimates for physicians but demonstrates the important role that the VA plays in health care education and training in the country.[50]

Dentists are the second most likely group to have worked in a MTF/VA setting but just 16 percent completed clinical training at a VA hospital. 22 percent of physician assistants and nurse practitioners have worked in an MTF/VA and 22 percent reported that they had completed clinical training at a VA hospital. (Appendix A, Table 5)

Figure 16: Experience with Military or VA Setting by Profession

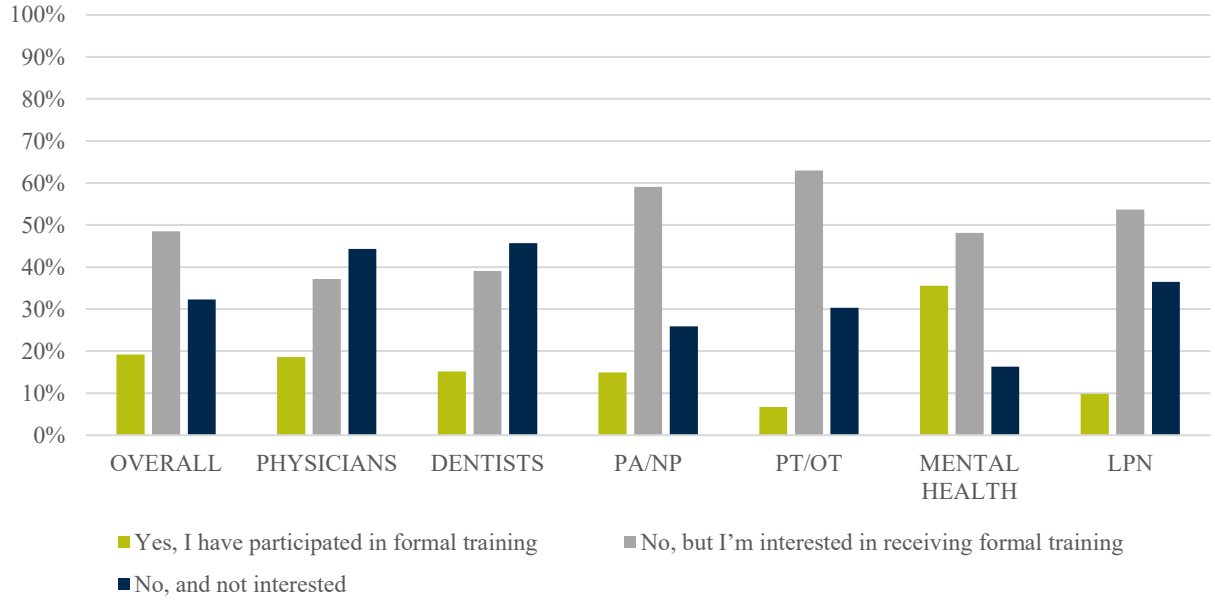


Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Just 19 percent of respondents reported having completed some training regarding military or Veteran culture but 49 percent reported they would be interested in receiving such training; 32 percent indicated no interest in such trainings.

Those in the mental health professions were more likely to have had this training (36 percent), followed by physicians (19 percent), dentists (15 percent), PA/NP (15 percent), LPNs (10 percent) and OT/PT (7 percent). (Appendix Table 6)

Figure 17: Military or Veteran Culture Training

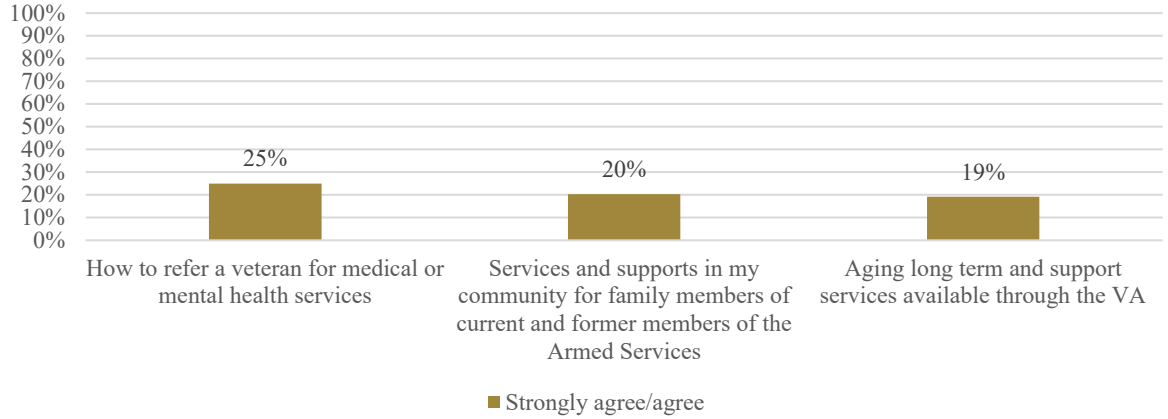


Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Overall, providers have a general lack of knowledge about where to refer Veterans, particularly for long-term supports and services. Just one in four know how to refer a Veteran for medical or behavioral health needs, and one in five know where to refer family members of a service member or Veteran for assistance.

Just 19 percent of providers know about aging and long-term services and supports available through the VA. This indicates an important opportunity to improve awareness of available resources both within the community and the VA for their patients who are older Veterans. (Appendix A, Table 7)

Figure 18: Awareness of Services and Supports for Veterans



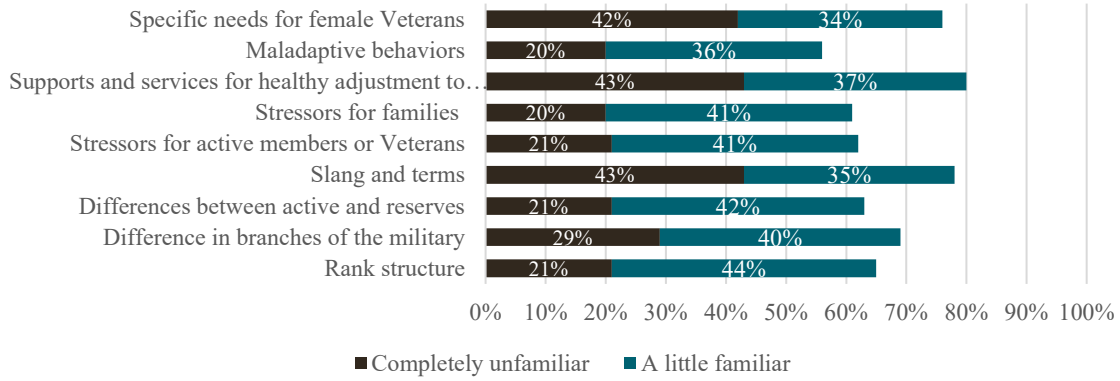
Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Knowledge about U.S. Military Culture and Needs of Service Members/Veterans

Overall, there is not a strong understanding of military culture among Michigan providers. From the perspective of creating a more culturally competent health care system that is inclusive of and welcoming to Veterans, this is an important consideration (Appendix A, Table 8). When coupled with the low level of training regarding Veteran health needs and the low interest in taking such trainings, this is concerning. Of particular note:

- There is a potential 'language barrier' with three-quarters of providers indicating no or limited familiarity with common military terms or slang.
- While familiarity with stressors for service members, Veterans, and their families is higher than other items, there is a potential lack of awareness about services and supports for healthy adjustment to civilian life.
- As noted in the background section, women Veterans are a growing segment of the Veteran (and aging population), however understanding of specific health needs for women Veterans is quite low with 42 percent of providers reporting being completely unfamiliar with the specific needs of women. (Appendix Table 8).

Figure 19: Gaps in Familiarity with Military Culture



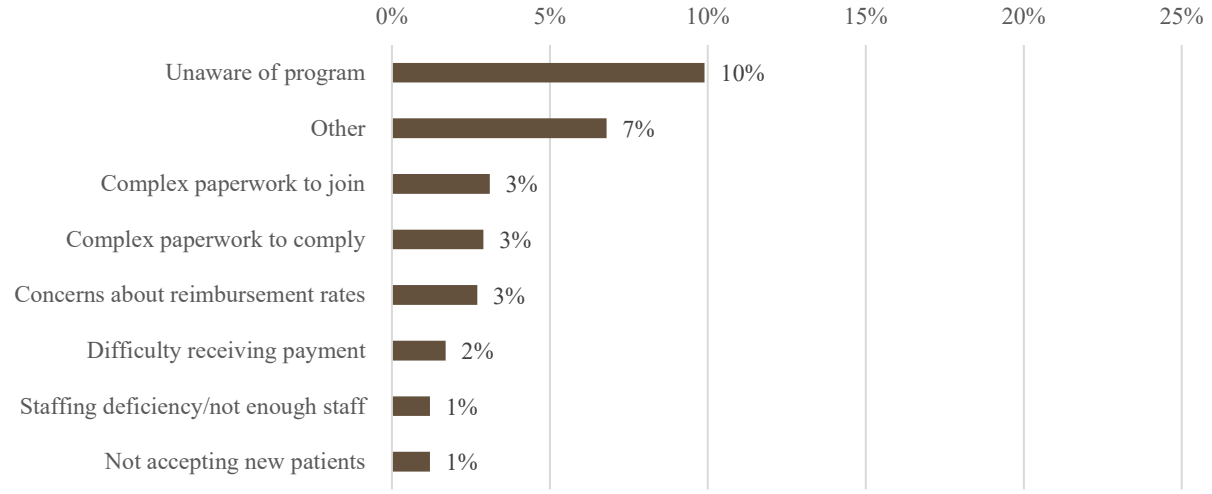
Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Experience and Perceptions of VA Community Care Program

About 22 percent of Michigan health care providers are aware of the new Veterans Community Care Program (VCCP) that seeks to expand community access to health care providers. Altogether, about 61 percent of providers in Michigan are not registered to participate in any of the VA Community Care Programs (TRICARE, New VA Community Care, VA Patient Centered Community Care Contracts).

A lack of awareness seems to be the more commonly cited reason with about 10 percent of providers citing this as a reason for non-participations (Appendix Table 9).

Figure 20: Reasons Provider Does Not Participate in VA Community Care

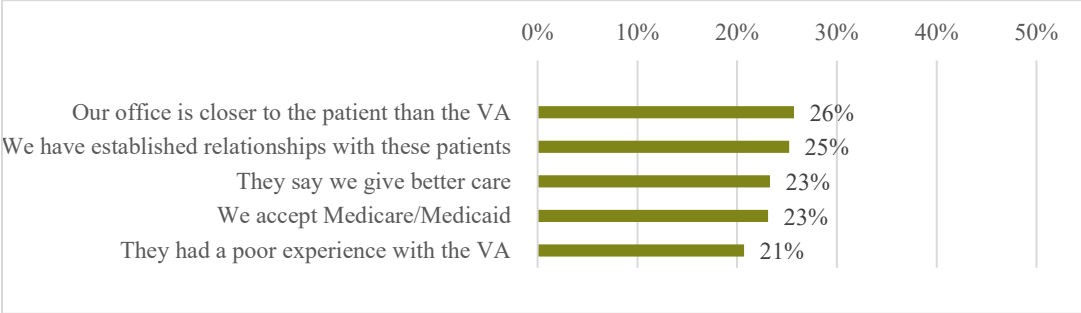


Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

When asked why they think their patients would have a preference for community-based care (Appendix Table 10), approximately 25 percent of providers cite proximity of their practice and having an established relationship with the patient as reasons a patient would prefer being seen in the community setting. The next most common reasons cited were the perception by patients of higher quality among the community providers and that they accept Medicaid and Medicare.

These findings are consistent with surveys of Veterans that indicate that they seek care in the community because of easier, more convenient access, a perception of higher quality care, and connection to their own providers whom they like and trust.[51]

Figure 21: Most Common Reason Cited by Providers for Patients' Preference for Community Care



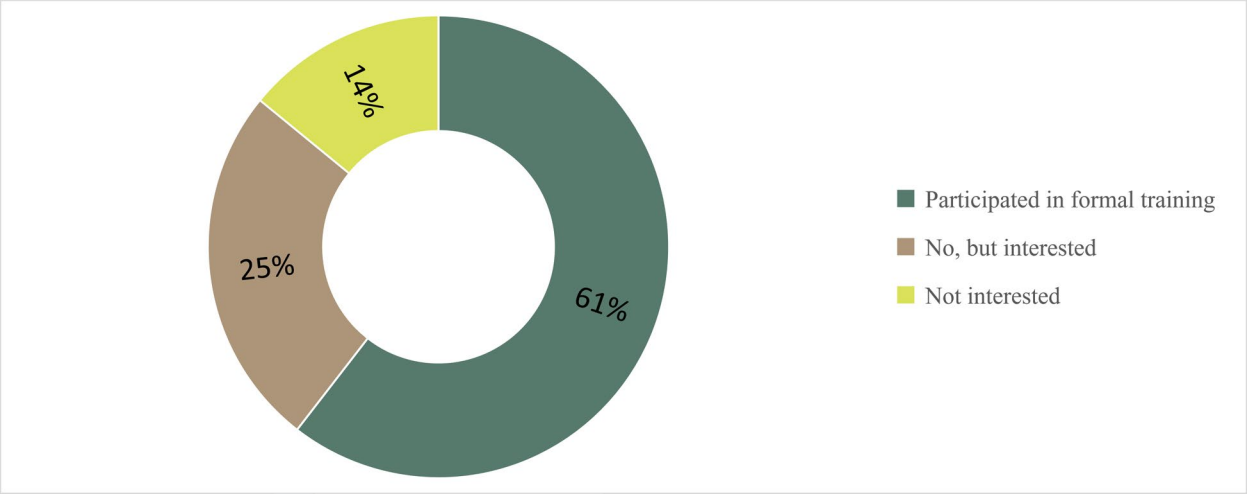
Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Formal Training to Care for Older Adults

Overall, providers were much more likely to have gone through trainings related to caring for the needs of older adults compared to similar trainings for Veterans—almost 61 percent had reported completing such training. While 25 percent would be interested in the training, just 14 percent indicated no interest in a training related to needs of

older adults. PT/OT and LPNs were most likely to have completed formal trainings, and dentists were the least likely at 44 percent. (Appendix Table 11)

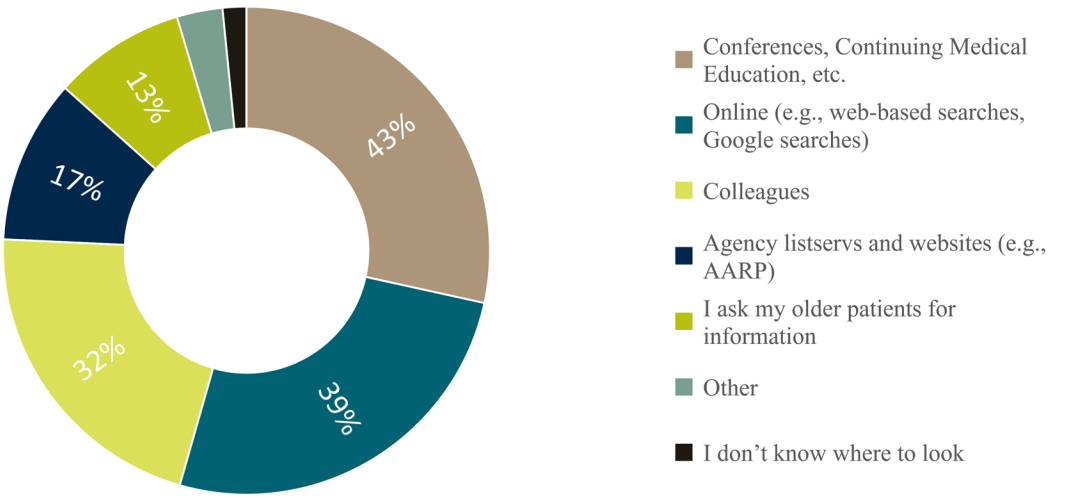
Figure 22: Provider Participation in Formal Training about Caring for Older Adults



Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Providers in Michigan utilize a variety of sources when seeking information for older adults. The top sources cited include conferences/continuing medical education opportunities (43 percent), online searches (39 percent), and colleagues (32 percent). These suggest potential venues and platforms that could be targeted in terms of providing education and supports to health care providers regarding aging Veterans. (Appendix Table 12)

Figure 23: Provider Information-Seeking for Services/Supports for Older Adults



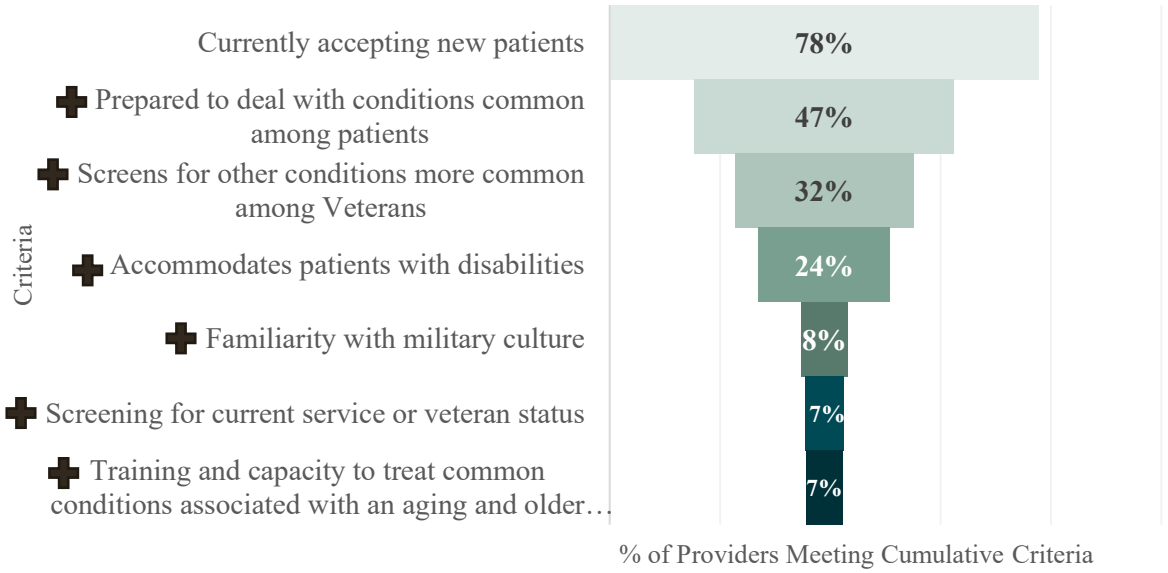
Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Readiness of Health Professionals to Meet Older Veterans' Needs

Capacity and readiness to serve older Veterans was assessed using a set of seven components that define and shape access to high-quality and cultural competent care.[52] These components are:

- **Criteria 1: Currently accepting new patients**—Accepting new patients is the minimum threshold for providing care and access for all patients.
- **Criteria 2: Prepared to deal with conditions common among patients**—Training and self-reported confidence in treating common chronic diseases such as diabetes, high blood pressure, hyperlipidemia, etc. as an indicator of capacity to provide quality care for older patients.
- **Criteria 3: Screens for other conditions more common among Veterans**—Assess patients for exposure to service related hazards and behavioral health conditions such as Gulf War Syndrome, suicidal ideation, PTSD, toxic exposures, etc.
- **Criteria 4: Accommodates patients with disabilities**—Ability of provider to provide accommodations for patients with disabilities such as limb amputations, mobility issues, hearing loss, traumatic brain injury or functional impairments which can be more common among Veteran and older populations.
- **Criteria 5: Familiarity with military culture**—Participation in training regarding military culture as well as level of familiarity with structure, terminology and other key features of military service as an indicator of cultural competency regarding current service members and Veterans.
- **Criteria 6: Screening for current service or Veteran status**—Screens patients to determine whether they are current or former members of the armed forces or family members of such a person and where they served to provide context and help flag potential risks.
- **Criteria 7: Training and capacity to treat common conditions associated with an aging and older population**—Training regarding needs and supports for aging and older adults, assesses for aging related conditions such as cognitive impairment, musculoskeletal health, risk of falls, social isolation, etc. as an indicator of capacity to provide quality care for older adults.

Figure 24: Providers Meeting Cumulative Readiness Criteria (n=6,360)



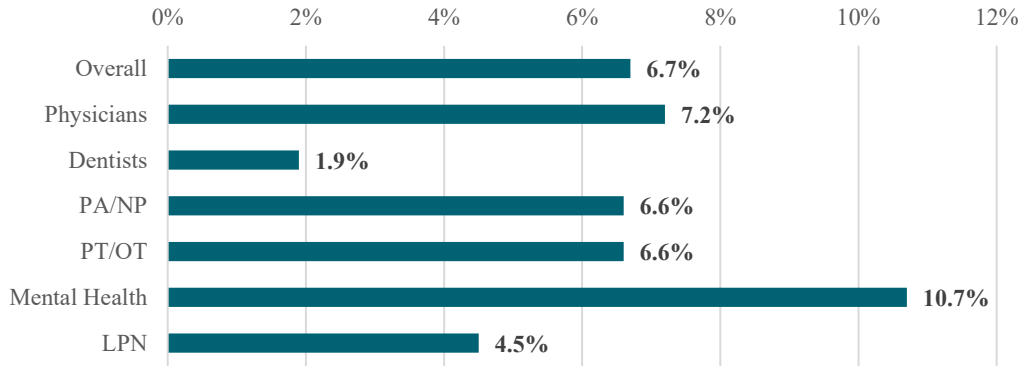
Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

Health care providers were determined to exhibit readiness if they replied in the affirmative to a minimum threshold of items within that criterion. The final estimate represents the proportion of providers who met all of the seven criteria described above. (See the Appendix A for methodology for more details on the readiness assessment and scoring.)

Overall, about 7 percent of all providers in Michigan are prepared to provide high quality, culturally competent care to older Veterans. The largest drop in readiness occurred when assessing criterion five (familiarity with military culture). This is both a challenge and an opportunity for all health professionals in Michigan.

Dentists had a very significant drop in readiness at criterion three (screening for conditions more common among Veterans). (Appendix Table 13) Again, this points to opportunities to improve care for aging and older Veterans by identifying appropriate screenings and assessments to better understand and treat older patients.

Figure 25: Proportion of Providers Who Meet all Seven Readiness Criteria



Source: CHRT Ready to Serve Capacity Assessment Survey, 2019

There are small but significant variations by profession. Mental health professionals are more likely to exhibit readiness to serve older Veterans (almost 11 percent met all seven criteria), while dentists were the least prepared (just 1.9 percent met all criteria). About 7 percent each of the physicians, PA/NPs and OT/PTs and 4.5 percent of LPNs met all seven criteria.

Suggestions for Future Action

It is clear that Michigan has many opportunities for improving its ability to care for Veterans—especially older Veterans—in community-based settings.

The VA has a wealth of resources available for providers who are interested in learning about the VA Community Care Network and can use these resources to support efforts to improve Veteran care within their practices or care settings. Most are available regardless of formal affiliation with the VA Community Care program.

There is also information about how providers can become part of the VA Community Care network. Additionally, the American Medical Association has developed a resource guide focused on the specific needs of Veterans and their families that may prove useful to physicians and other medical professionals.

Specific opportunities for future action include:

1. Improve Screening for Current or Past Military Service and Service-related Conditions/Issues

The survey found that approximately 38 percent of 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 step that can increase health care system readiness to treat aging Veterans and their families.

Similarly, providers do not consistently screen for service-connected conditions or issues such as PTSD, substance use or occupational related exposure to hazards such as Agent Orange, 'burn pits' or asbestos. Once a service member or Veteran is identified, screening to follow up on conditions that are more likely to occur among military and Veteran populations should be conducted.

The American Medical Association (AMA) has developed a resource page that has numerous examples of tools and resources for these types of screenings.

2. Improve Familiarity with Military Culture

The level of understanding of military culture is an important component of readiness and significant opportunity to enhance Michigan's own 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. There are some very robust resources available to providers:

- The Veterans Health Administration provides training modules and resources on military culture for community based health professionals.
- The American Medical Association includes links on its resource page to trainings on military culture that are eligible for free continuing medical education credits.
- The Center for Deployment Psychology has a robust set of resources and trainings for health care professionals who wish to learn about military culture and other factors impacting active duty service members, Veterans and their families. This site also has a culturally competent care checklist that can be used as a self-assessment for practices that wish to improve understanding of military culture.

3. 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.

Given that most providers in our survey indicate that they seek information about resources for older adults from conferences, continuing medical education, or from colleagues, stakeholders should leverage these opportunities to improve education about military culture and the needs of Veterans, more specifically the needs of older Veterans, and the VA resources that are available for older patients.

As noted above, 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.

4. Work with the Veteran Community Partnership Program in Michigan to Develop and Improve Collaborations, Communication, and Education

As the VA prepares for the 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 national effort to improve access and care for Veterans and their family members and includes 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. As actions to improve community care for aging Veterans are considered, the VCP programs should be engaged to explore current scopes of these programs and identify opportunities to expand, refine, or develop new models that improve community provider engagement and partnerships for improvement and coordination of care.

Finally, to facilitate these actions and opportunities, a targeted and phased approach should be considered. While this report highlights low readiness, it is unclear what the ideal level should be, which raises several questions for future consideration:

- Is 100 percent readiness feasible? If not, what should the target be and for whom?

- Should the target vary based on how likely certain providers are to engage with aging Veterans or older populations, in general?

This report should be used to facilitate a conversation among providers, VA administrators, and state and local stakeholders to determine the best and most feasible target for readiness. Furthermore, as opportunities are created and expanded, identifying champions to help lead and encourage peers within each group of providers will be key to implementing and spreading these practice changes.

Conclusion

Along with the rest of the nation, Michigan's Veteran population is aging and will have unique health needs related to their military service. A substantial share of Veterans already seek care in community-based settings, and the share of Veterans using health care outside of the VA is expected to grow as the VA expands access to its community care programs under the VA MISSION Act of 2018.

Health care providers in Michigan must be prepared to identify Veterans in their patient population, recognize health conditions that are prevalent among Veterans, and understand military experiences to be able to deliver high-quality, culturally-competent care for our state's Veterans.

This research shows that there are clear opportunities to improve readiness and capacity to care for aging Veterans as they seek care in communities across Michigan. As the MISSION Act expands access and coverage, it is important to continue improving the ability of the civilian health care workforce to understand, connect, and assess Veterans for the unique needs they bring into health care interactions.

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Ready to Serve Aging Vets

Table 1: Key Characteristics by Profession

	OVERALL	PHYSICIANS	DENTISTS	PA/NP	PT/OT	MENTAL HEALTH	LPN
Race/Ethnicity[1]							
White	77.2%	71.4%	76.1%	84.2%	76.9%	82.7%	72.9%
Black or African-American	6.9%	5.4%	5.5%	5.8%	1.6%	8.4%	16.9%
Asian	6.3%	11.6%	3.1%	2.9%	12.3%	1.0%	2.1%
Other	2.8%	4.5%	4.3%	1.2%	1.6%	2.7%	1.4%
Prefer not to answer	6.2%	6.5%	11.0%	5.6%	7.0%	4.6%	6.1%
Gender							
Female	66.3%	39.5%	42.1%	84.3%	76.9%	78.2%	88.3%
Male	31.9%	59.1%	55.5%	14.3%	21.1%	19.8%	9.6%
Prefer not to answer	1.6%	1.4%	2.4%	1.2%	2.0%	1.6%	1.2%
Region							
1: UP	3.5%	2.2%	2.9%	3.0%	2.5%	2.1%	7.7
2: NW	3.6	3.7	3.8	3.9	3.8	3.9	2.8
3: NE	2.3	1.1	1.4	2.4	1.6	1.4	5.7
4: West MI	13.4	11.4	11.6	15.2	13.4	14.6	14.1
5: East Central	5.6	4.5	5.0	5.5	6.5	5.1	7.4
6: East Michigan	5.4	2.1	5.5	4.7	7.2	6.0	8.4
7: South Central	4.8	5.	4.5	4.3	4.4	6.0	3.5
8: SW	7.5	6.7	6.4	7.8	7.7	8.3	7.9
9: SE	16.2	20.7	15.7	16.3	12.	16.2	12.6
10: Metro Detroit	37.7	42.5	43.2	36.8	40.2	36.4	30.0
Did you ever, or do you currently serve in any branch of the US Armed Forces?							
Yes	7.4	11.0	13.2	6.2	1.6	6.4	5.9
No	92.6	89.0	86.8	93.8	98.4	93.6	94.1

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation, 2019.
*All categories' relationship with Profession is statistically significant (i.e. all differences between professions are statistically significant). **Frequencies and proportions are listed within each respective profession

Table 2: Primary Practice Setting by Profession[1]

	OVERALL	PHYSICIANS	DENTISTS	PA/NP	PT/OT	MENTAL HEALTH	LPN
Inpatient or hospital campus	18.5%	32.9%	3.25	29.6%	17.2%	9.0%	8.2%
Ambulatory clinic or office within a hospital campus	12.2	22.5	3.7	18.8	8.0	6.9	5.2
Ambulatory clinic or office not within a hospital campus	22.5	30.8	23.4	31.9	21.0	19.9	8.5
Rehabilitation facility	5.7	0.4	0.0	1.5	18.2	1.6	14.6
Long term care facility	10.1	1.1	0.5	3.7	7.9	1.9	42.5
Home or private office	16.5	7.3	57.2	5.5	6.3	37.8	3.6
Patient's homes	7.2	1.9	0.0	5.3	17.7	8.3	10.2
Other	6.9	2.2	11.9	3.7	3.6	14.7	6.6

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation, 2019.

Table 3: Structural Capacity and Access to Care by Profession

	OVERALL	PHYSICIANS	DENTISTS	PA/NP	PT/OT	MENTAL HEALTH	LPN
Are you accepting new patients?							
Yes, I accept new patients	93.2%	91.0%	97.9%	95.1%	98.4%	90.9%	92.8%
No, I have stopped accepting new patients within the last 12 months	3.7%	3.3%	1.0%	2.6%	0.8%	7.5%	3.2%
No, I stopped accepting new patients more than 12 months ago	3.1%	5.7%	1.0%	2.3%	0.8%	1.6%	4.1%
On average, about how long does it take for a new patient to get an appointment in your primary practice setting for a routine visit?							
Within a week	33.8%	22.9%	31.7%	28.0%	68.4%	39.4%	27.1%
1-2 weeks	24.9%	22.0%	39.9%	20.4%	5.9%	36.6%	11.8%
3-4 weeks	10.5%	16.4%	13.5%	11.8%	4.3%	8.8%	5.3%
1-2 months	6.5%	10.5%	6.9%	9.6%	2.3%	4.0%	4.3%
3 or more months	2.9%	5.5%	5.0%	2.9%	0.0%	1.6%	1.9%
Do not provide routine visits	14.5%	15.8%	1.1%	20.3%	12.7%	7.1%	30.8%
Don't know	6.8%	6.8%	1.9%	7.0%	6.4%	2.4%	18.8%
On average, about how long does it take for an existing patient to get an appointment in your primary practice setting for a routine visit?							
Within a week	48.8%	38.4%	37.8%	46.2%	71.7%	59.4%	36.5%
1-2 weeks	20.8%	21.7%	38.8%	18.0%	9.3%	28.3%	9.6%
3-4 weeks	6.8%	11.8%	13.8%	7.2%	1.1%	3.1%	4.4%
1-2 months	2.5%	5.4%	4.8%	1.8%	0.1%	0.6%	1.6%
3 or more months	1.1%	2.3%	1.9%	1.1%	0.0%	0.2%	0.9%
Do not provide routine visits	14.3%	16.0%	0.8%	20.5%	12.0%	6.7%	28.8%
Don't know	5.7	4.3	2.1	5.1	5.7	1.8	18.3
What proportion of your patients who request a same or next day in-person appointment can get one with you or another provider in your clinical setting?							
Few (Less than 20%)	17.5	18.9	16.7	11.0	14.5	23.2	13.7
Some (20-40%)	13.0	11.2	14.9	12.4	14.3	16.0	9.4
About half (41-59%)	9.0	7.7	11.9	7.7	9.9	11.3	6.0
Most (60-80%)	14.7	15.2	21.5	15.9	15.2	14.8	8.1
Almost all (more than 80%)	28.3	31.9	29.4	33.4	30.3	24.9	19.5
Don't know	17.5	15.2	5.6	19.6	15.8	9.7	43.2

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation, 2019.
*All categories' relationship with Profession is statistically significant (i.e. all differences between professions are statistically significant)
**Frequencies and proportions are listed within each respective profession

Table 4: Patient Populations

Proportion of patients who are:	Aged 55 or older	Veterans	Veterans, aged 55 and older
None	6%	11%	6%
Few (less than 20%)	14%	58%	46%
Some (20-40%)	17%	20%	15%
About half (41-59%)	22%	3%	5%
Most (60-80%)	23%	1%	8%
Almost all (>80%)	17%	5%	9%
Don't know/not applicable	18%	11%	23%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation, 2019.

Table 5: Experience with Military and/or VA Settings by Profession

	OVERALL	PHYSICIANS	DENTISTS	PA/NP	PT/OT	MENTAL HEALTH	LPN
Have you ever worked in either a military healthcare setting or in the Veterans Health Administration?							
Yes, in a military treatment facility	5.5%	9.1%	12.5%	5.0%	1.7%	3.0%	2.6%
Yes, at a VA facility	21.4%	43.6%	13.9%	16.9%	11.0%	11.1%	10.3%
No	73.1%	47.2%	73.6%	78.2%	87.2%	85.9%	87.1%
Did you complete any part of your clinical training in a VA hospital?							
Yes	22.4%	50.3%	16.2%	21.0%	10.5%	6.7%	9.0%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 6: Participation in Trainings about Military and Veterans Culture

	OVERALL	PHYSICIANS	DENTISTS	PA/NP	PT/OT	MENTAL HEALTH	LPN
Have you participated in any formal training regarding military and Veteran culture?							
Yes, I have participated in formal training	19.2%	18.6%	15.2%	14.9%	6.7%	35.6%	9.8%
No, but I'm interested in receiving formal training	48.5%	37.2%	39.1%	59.1%	63.0%	48.1%	53.7%
No, and not interested	32.3%	44.3%	45.7%	25.9%	30.3%	16.3%	36.5%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 7: Awareness of Services and Supports for Veterans

I am knowledgeable about:	Strongly agree/agree	Neither agree nor disagree	Disagree/ strongly disagree	Don't know
How to refer a veteran for medical or mental health services	25.0%	16.1%	48.8%	10.1%
Services and supports in my community for family members of current and former members of the Armed Services	20.3%	16.7%	53.9%	9.0%
Aging long term and support services available through the VA	19.2%	15.7%	56.9%	8.7%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 8: Familiarity with Elements of Military Culture and Veteran Needs

	Rank structure	Difference in branches of the military	Differences between active and reserves	Slang and terms	Stressors for active members or Veterans	Stressors for families	Supports and services for healthy adjustment to civilian life	Maladaptive behaviors	Specific needs for female Veterans
Completely unfamiliar	21%	29%	21%	43%	21%	20%	43%	20%	42%
A little familiar	44%	40%	42%	35%	41%	41%	37%	36%	34%
Moderately familiar	21%	18%	22%	12%	22%	23%	13%	25%	15%
Very familiar	8%	8%	10%	5%	11%	10%	5%	13%	6%
Extremely familiar	6%	5%	5%	4%	5%	6%	3%	7%	3%
Unanswered	1%	2%	2%	2%	2%	2%	2%	2%	2%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 9: Reasons Provider does not Participate in VA Community Care Programs

Reason	Percent
Unaware of program	9.9%
Other	6.8%
Complex paperwork to join	3.1%
Complex paperwork to comply	2.9%
Concerns about reimbursement rates	2.7%
Difficulty receiving payment	1.7%
Staffing deficiency/not enough staff	1.2%
Not accepting new patients	1.2%
We accept only a certain number of patients with VACCC	<1.0%
Concerns about patients not keeping appointments	<1.0%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 10: Providers Perceptions of Patients' Preference for Community Care

Reason Cited by Providers:	Percent
Our office is closer to the patient than the VA	25.7%
We have established relationships with these patients	25.2%
They say we give better care	23.3%
We accept Medicare/Medicaid	23.1%
They had a poor experience with the VA	20.7%
Lack of specialty care at VA	16.0%
They were unable to get an appointment at the VA	16.0%
We accept private insurance/TRICARE	15.3%
They don't want to use the VA	14.4%
I don't know	14.4%
They say we have better expertise	12.9%
Lack of emergency/urgent care at VA	10.8%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 11: Participation in Formal Training about Caring for Older Adults

	OVERALL	PHYSICIANS	DENTISTS	PA/NP	PT/OT	MENTAL HEALTH	LPN
Participated in formal training	60.5%	53.3%	44.3%	58.9%	78.2%	56.7%	76.0%
No, but interested	25.4%	23.2%	38.7%	31.3%	16.1%	31.2%	15.5%
Not interested	14.1%	23.5%	17.0%	9.8%	5.75%	12.2%	8.5%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 12: Information Seeking for Service/Supports for Older Adults

Most likely sources of information regarding care/supports for older adults:	Percent
Conferences, Continuing Medical Education, etc.	43.1%
Online (e.g., web-based searches, Google searches)	39.4%
Colleagues	32.3%
Agency listservs and websites (e.g., AARP)	16.5%
I ask my older patients for information	13.3%
Other	4.6%
I don't know where to look	2.4%

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation. 2019.

Table 13: Readiness Scores of Michigan Providers, Overall and by Profession

		Profession					
Criterion Met:	Overall	Physicians	Dentists	PA/NP	PT/OT	Mental Health	LPN
1	77.8%	82.6%	88.4%	85.6%	90.8%	82.6%	50.1%
1,2	47.0	47.8	52.4	57.2	57.2	42.8	29.6
1,2,3	32.4	34.2	6.4	43.2	43.2	33.2	21.6
1,2,3,4	23.9	24.1	4.8	28.4	28.4	25.7	15.9
1,2,3,4,5	8.4	9.3	2.4	9.0	9.0	12.2	5.5
1,2,3,4,5,6	6.9	7.2	1.9	7.1	7.1	11.2	4.5
Meets all 7	**6.7**	**7.2**	**1.9**	**6.6**	**6.6**	**10.7**	**4.5**

Source: Ready to Serve Assessment of Michigan Health Providers. Center for Health and Research Transformation, 2019.
Shaded areas represent areas of significant drop off in readiness.