



RESEARCH BRIEF

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Do Tailored VA Primary Care Services Reduce Differences in Experiences with Care between Homeless and Non-Homeless Veterans?

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Introduction

Patient experiences with care are important indicators of health care quality. Patients who report positive experiences with providers and care are more likely to use health services, follow treatment recommendations, and exhibit better health outcomes.^{1,2} Positive health care interactions may be particularly influential for persons with homeless experiences (henceforth “homeless”) because of the increased challenges that homeless persons face in accessing medical care, and stigma associated with homelessness and poverty. Prior research has found that persons who are homeless encounter less positive and more negative health care experiences than non-homeless patients,³ potentially contributing to inequities in health services use and health outcomes.⁴⁻⁶

In 2012, select Veterans Health Administration (VHA) facilities began tailoring primary care services to the unique needs of homeless Veterans through the Homeless Patient Aligned Care Team (HPACT) program. Located among standard VHA primary care services, HPACTs are structured to deliver accessible, well-coordinated, comprehensive services. While the exact features vary across facilities,⁷ HPACTs differ from standard primary care services in several regards.⁸ For example, HPACTs focus explicitly on the mission to reduce homelessness, provide access accommodations, train providers in homeless health care, and coordinate primary care with mental health, addiction, and social services.⁷⁻⁹ While there is evidence that HPACT improves primary care access,^{8,10-12} there is little information on patient perceptions of care in facilities with HPACTs among their services. The objective of this study is to compare the primary care experiences of homeless and non-homeless Veterans in VHA facilities with HPACTs among their services, and in facilities without HPACTs.

Methods

We linked responses from a national survey of VHA primary care patients, mailed from October 2013-2015, with patient clinical data from VHA’s electronic medical records. The Survey of Healthcare Experiences of Patients (SHEP) is a validated survey that assesses, over the past year, patient experiences in eight domains.¹³ For each domain, we categorized patient responses as negative, moderate, or positive, and calculated homeless minus non-homeless differences in the probability of reporting negative or positive experiences with care (0-100 scale). Our analyses focused on patients who received primary care at one of 25 VHA facilities with HPACTs among their services, or one of 485 facilities with no HPACT. All facilities were located in urban areas. We determined homelessness from clinical diagnoses and VHA homeless program use, documented in medical records in the year prior to SHEP. HPACT enrollment was determined from VHA administrative records.

Results

SURVEY RESPONSE

Housing status was a factor in whether or not patients returned the mailed SHEP survey. Among patients with evidence of homelessness, the response rate was 23% in facilities with HPACTs available and 21% in facilities without HPACTs. In the housed sample, the response rate was 44% in facilities with HPACTs available and 40% in facilities without HPACTs.

Survey respondents were more likely than non-respondents to be male (95% vs 90%), age 65 or older (68% vs 38%), and married (62% vs 48%); and less likely to have psychiatric disorder diagnoses (27% vs 40%).

DEMOGRAPHIC CHARACTERISTICS

Homeless patients were more likely than non-homeless patients to be female, in the youngest age cohort, non-Hispanic black, and to live in urban areas, but less likely than non-homeless patients to have four years of education or to be married (Table 1). Homeless patients were also more likely to rate their general health and mental health as fair or poor, had higher general comorbidity scores, and were more likely to have been diagnosed with psychiatric disorders. These patterns of results were observed in facilities with HPACTs and in facilities without HPACTs.

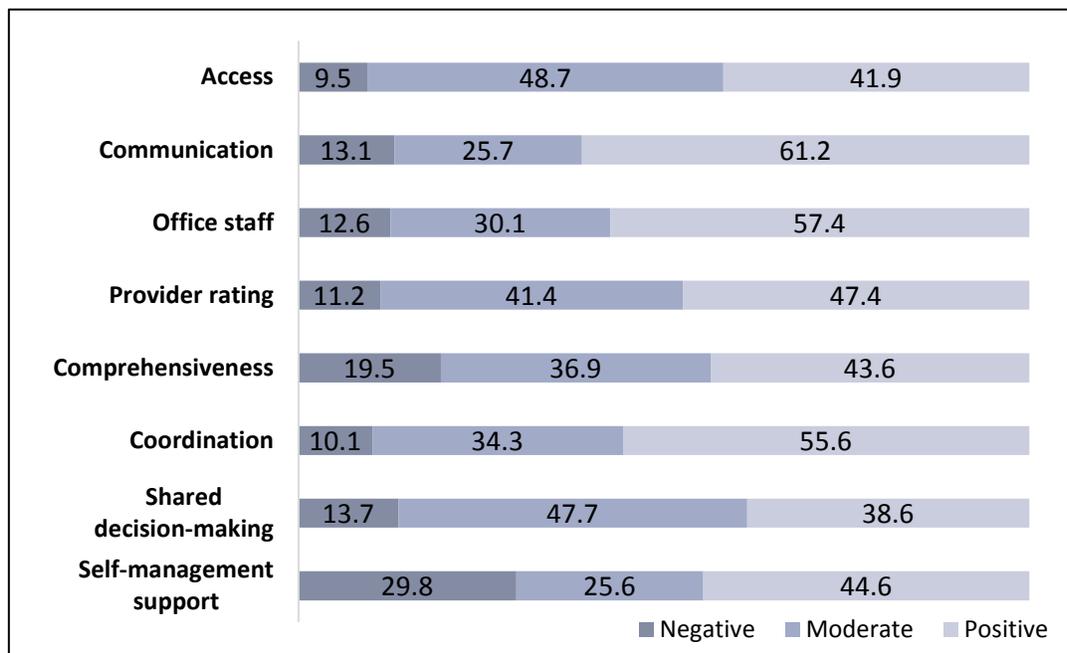
Table 1. Sociodemographic Characteristics of Homeless and Non-Homeless Patients in Facilities with and without HPACTs available

	Facilities without HPACT		Facilities with HPACT available	
	Non-homeless (n=309,779)	Homeless (n=10,148)	Non-homeless (n=20,941)	Homeless (n=2,022)
	%	%	%	%
Female	8.0	11.5	9.6	12.5
Age				
18-44	13.3	22.2	13.7	19.0
45-54	11.6	25.8	13.5	24.9
55-64	22.6	35.4	24.1	40.6
65+	52.3	16.6	48.7	15.5
Race/ethnicity				
Non-Hispanic white	73.7	49.0	58.4	31.1
Non-Hispanic black	15.1	36.5	28.9	52.3
Other	11.3	14.6	12.8	16.7
Four-year college degree	21.6	13.2	24.1	13.1
Married	60.1	22.3	50.0	17.1
Rural residence	30.8	15.5	13.9	4.3
General health rated fair/poor	37.8	49.8	37.4	45.4
Mental health rated fair/poor	30.7	53.3	31.8	52.1
Gagne comorbidity index (mean)	0.61	1.13	0.72	1.12
Psychiatric Diagnoses				
Mood disorder	19.3	48.7	21.2	47.7
Post-traumatic stress disorder	14.7	25.5	14.2	23.1
Other anxiety disorders	8.2	19.1	9.0	17.3
Psychotic disorder	1.9	8.1	2.9	11.0
Alcohol use disorder	4.3	26.8	5.8	27.5
Drug use disorder	2.2	25.3	3.9	26.7

POSITIVE, MODERATE, AND NEGATIVE HEALTH CARE EXPERIENCES

As shown in Figure 1, half of VHA patients who received primary care reported positive health care experiences in any domain, with the most positive experiences reported in the domain of communication (61.2%) and the fewest reported in shared decision-making (38.6%). Negative experiences were reported less often than positive experiences. The most negative experiences were reported in the domain of self-management support (29.8%), and the fewest negative experiences were reported in the domain of access (9.5).

Figure 1. Percentage of Patients Who Reported Negative, Moderate, and Positive Healthcare Experiences.



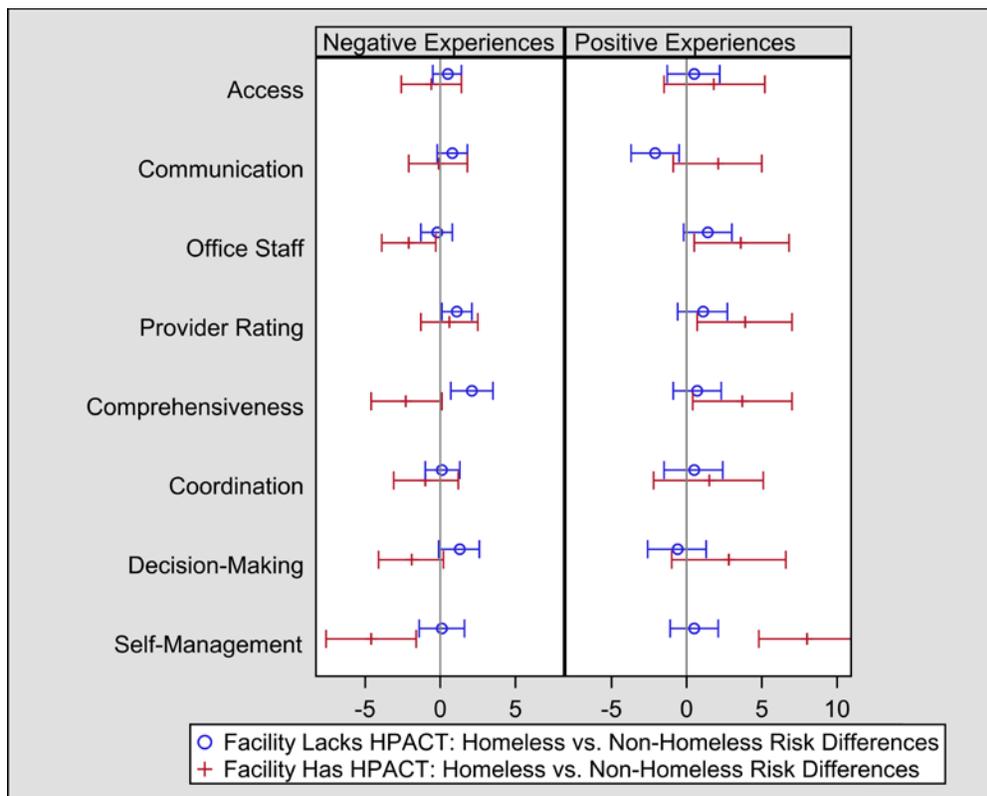
COMPARISON OF HEALTHCARE EXPERIENCES REPORTED BY HOMELESS AND NON-HOMELESS PATIENTS

We examined the percentage of homeless and non-homeless patients who reported negative, moderate, and positive healthcare experiences. There were small differences between homeless and non-homeless patients in the probability of reporting negative and positive healthcare experiences, with unique patterns of results across facilities (Figure 2).

In facilities without HPACTs, homeless patients were more likely to report negative provider ratings (adjusted risk difference [RD]=1.0), negative experiences with comprehensiveness (RD=2.1), and less likely to report positive experiences with communication (RD=-2.0), compared to non-homeless patients in the same facilities.

In facilities with HPACT among their services, however, homeless patients were less likely to report negative experiences with office staff helpfulness/courtesy (RD=-1.8) and self-management support (RD=-4.5), and more likely to report positive experiences with office staff (RD=3.4), comprehensiveness (RD=3.8), care coordination (RD=3.7), and self-management support (RD=8.0).

Figure 2. Homeless versus Non-homeless Differences in the Probability of Reporting Negative and Positive Experiences with Care, by Facility.



The patterns of results in facilities with HPACTs available differed statistically from the patterns of results in facilities without HPACTs in four domains, suggesting a more favorable experience for homeless patients in facilities with HPACT among their services: communication, comprehensiveness, shared decision-making, and self-management support.

PATIENT EXPERIENCE WITH HPACT VERSUS STANDARD PRIMARY CARE

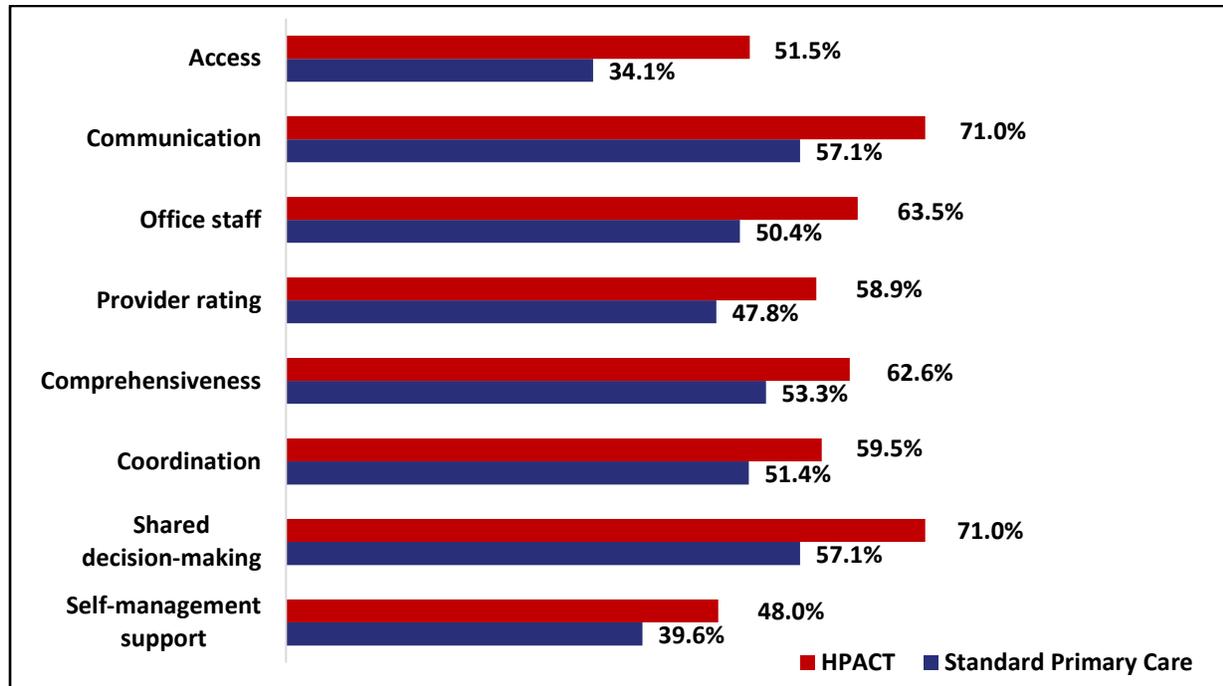
To determine whether HPACT was a factor in patient experiences, we identified those SHEP respondents enrolled in HPACT or standard primary care at the time of their survey. In the 25 facilities with HPACTs among their services, 251 homeless SHEP respondents were enrolled in HPACTs and 1,527 received standard primary care in the same facilities.

There were a few clinical differences across groups. For instance, homeless patients enrolled in HPACTs were less likely than those receiving standard primary care to be female (3.3% vs 14.5%) or non-Hispanic white (27.3% vs. 31.9%), and less likely to have a four-year college degree (7.4% vs. 14.1%), to rate their general health as fair or poor (36.9% vs. 47.0%), or to have post-traumatic stress disorder diagnoses (12.0% vs. 25.2%). Homeless patients enrolled in HPACT were more likely than homeless patients in standard primary care to report five or more primary care visits in the past year (34.8% vs 25.6%).

As shown in Figure 3, HPACT patients were much more likely to report positive experiences, compared to homeless patients receiving standard primary care in the same facilities. The differences reached

statistical significance in five domains: access (RD=17.4), communication (RD=13.9), office staff helpfulness/courtesy (RD=13.1), provider ratings (RD=11.0), and comprehensiveness (RD=9.3).

Figure 3. Percent of Homeless Patients Reporting Positive Primary Care Experiences, by HPACT Enrollment



Discussion

This brief report analyzed data from VHA’s ongoing national survey of patient experience to shed light on patient perspectives of care in facilities that have structured primary care services toward homeless patient needs. Whereas homeless patients tend to report more negative or less positive primary care experiences than non-homeless patients, these trends were reversed in facilities with HPACTs among their services. In facilities with HPACTs among their services, patients enrolled in HPACT were much more likely to report positive care experiences than homeless patients receiving standard primary care.

The results suggest that VHA facilities with specific services and planning for homeless Veterans foster a better care experience, with the greatest benefit for enrolled patients. These results are striking in light of prior literature documenting the role of negative health care experiences in preventing persons who are homeless from utilizing health services,¹⁴ and substantial patient and system benefits associated with positive care experiences.^{1,15,16} With evidence that homeless-tailoring of services relates to primary care engagement and satisfaction with care, VHA might wish to expand HPACT programs so that more patients may benefit from this care model.

While this descriptive analysis did not examine specific HPACT features, many of the domains where positive experiences were observed are key targets of the HPACT program. For instance, some HPACTs have expanded clinic hours or walk-in appointment capabilities to facilitate patient access. Mental health and social services are often closely integrated within HPACTs, and some HPACTs offer tangible supports (e.g., food pantry, clothes). HPACT providers are instructed to use warm hand-offs to connect patients with other VHA services, conduct outreach to highly vulnerable patients who may not

otherwise utilize VHA services, and offer staff training on homelessness. It is possible that tailored service arrangements, such as these, might explain our findings of positive care experiences in the domains of access, comprehensiveness, and experiences with providers and office staff. Research to determine which service design elements improve patient experiences and outcomes is needed to guide homeless services planning in VHA and other health care systems; such research is ongoing.



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The findings presented in this brief are based on research conducted by investigators at the VA Salt Lake City Health Care System, VA Pittsburgh Healthcare System, and VA Birmingham Medical Center: John Cashy, Adam J. Gordon, Adi V. Gundlapalli, Leslie R.M. Hausmann, Audrey L. Jones, Stefan G. Kertesz, Maria K. Mor, Warren Pettey, James H. Schaefer Jr., Ying Suo.

Opinions expressed in this brief represent only the position of the National Center on Homelessness among Veterans and do not necessarily reflect the official policy of the U.S. Department of Veterans Affairs.

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