

# HPR POLICY BRIEF

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## PATIENTS CARED FOR BY THE VETERANS HEALTH ADMINISTRATION PRESENT UNIQUE CHALLENGES TO HEALTH CARE PROVIDERS

### EXECUTIVE SUMMARY

The Veterans Health Administration (VHA) has become a model for high quality patient care recognized by multiple medical authorities, including the Institute of Medicine. Periodically, the VHA reviews and revises its *Nursing Handbook*, and presently is considering policies that could change the scope of practice of Advanced Practice Registered Nurses working in the VHA system. While making such policy decisions, the VHA should consider the challenges presented by their patient population. This policy brief summarizes research examining the health characteristics of the VHA patient population and why the disparities seen create problems for health care providers involved in perioperative care.

- The VHA has a history of high quality care and should continue to serve as a model for responsible and safe patient care.
- The veteran population is much older and sicker than the general population and their health disparities increase as they age.
- The VHA primarily cares for the sickest members of the veteran population. This presents challenges to all providers working in the VHA system, in particular those involved in perioperative care.
- Any revisions to the *VHA Nursing Handbook* should reflect the needs of the VHA's patient population and make patient safety and high quality care top priorities.

### HIGH QUALITY OF CARE IN THE VHA

Although the Veterans Health Administration (VHA) was widely criticized during the 1990s for its poor quality of care, it has since turned its reputation around and has become a model for care quality within the United States. Studies have shown that care quality within the VHA has improved faster than Medicare,<sup>1</sup> and that the VHA performs better on quality measures than other care systems.<sup>2</sup> Articles published in academic journals and news publications have touted the VHA as a model for high quality care,<sup>3-6</sup> with the Institute of Medicine stating in a 2002 report that the VHA's "integrated health information system, including its framework for using performance measures to improve quality, is considered one of the best in the nation."<sup>7</sup> While considering revisions to the *VHA Nursing Handbook*, this reputation of quality should be used to inform any decisions about the scope of practice of anesthesia providers. Previous research found differences in quality of care between physician anesthesiologists and nurse anesthetists,<sup>8-10</sup> and these differences should receive special attention when looking at the patients served by the VHA. This particularly vulnerable population presents challenges to health care providers in the VHA.

## VETERANS VS. NON-VETERANS

The most apparent difference between the veteran population and the non-veteran population is age. The average veteran in 2011 was between 60 and 64 years old,<sup>11</sup> while the median age of the U.S. population was 36.8 years.<sup>12</sup> Age is not the only difference between these two populations; chronic conditions and health issues present more frequently in veterans.

The Centers for Disease Control and Prevention examined the health of male veterans and non-veterans between 2007 and 2010<sup>13</sup> and found that veterans are more likely than non-veterans to report being in fair or poor health, and are more than twice as likely to report experiencing two or more chronic conditions. Research studies have confirmed these health differences between veterans and non-veterans; with obesity, cardiovascular disease, hypertension, diabetes, and cancer all more prevalent in veteran populations.<sup>14-17</sup>

Chronic conditions can be caused by myriad factors in any population, but the health behaviors of veterans make them particularly vulnerable. Veterans are more likely to drink alcohol and smoke,<sup>18,19</sup> and substance abuse – particularly prescription drug abuse – is seen disproportionately within the U.S. Armed Forces.<sup>20</sup> These behaviors make veterans more susceptible to chronic disease, creating complex patients for any health care provider.

The VHA only provides care for a small percentage of veterans. In 2011, only 27.9 percent of veteran males reported using VHA health care at all and only 4.3 percent of veteran males reported using VHA health care exclusively.<sup>21</sup> When considering policy changes within the VA health care system, the characteristics of this subset veteran population must be closely examined.

## THE VHA PATIENT POPULATION

Researchers have investigated the health status of the VHA patient population and consistently found that VHA patients are in disproportionately poor health. Of particular note are the studies that directly compare VHA veterans and non-VHA veterans (Agha et al. 2000, Nelson 2006, Koepsell et al. 2009). Not only are veterans in poorer health than the general population, the VHA system cares for the sickest veterans. It is critical that policymakers consider these disparities before enacting any changes that affect the care provided to this especially complicated and vulnerable population.

Study Author, Year	VHA Patients Compared To:	Health status more prevalent in VHA Patients <sup>‡</sup> :
Koepsell et al. 2009 <sup>22</sup>	Non-VHA veterans	OB
Nelson 2006 <sup>14</sup>	Non-VHA veterans	OB
Das et al. 2005 <sup>23</sup>	General population	OB
Rogers et al. 2004 <sup>24</sup>	Non-veterans	SF,DB,CA,AN,AR
Selim et al. 2004 <sup>25</sup>	Non-veterans	SF
Nowicki 2003 <sup>26</sup>	General population	OB
Yu et al. 2003 <sup>27</sup>	General population	CD
Agha et al. 2000 <sup>17</sup>	Non-VHA veterans	PH,CD
Kazis et al. 1998 <sup>28</sup>	Non-VHA patients	SF

<sup>‡</sup>PH=Poor Health, CD=Chronic Disease, OB=Obesity, SF=Poor performance on Short Form 36 Survey, DB=Diabetes, AR=Arrhythmia, CA=Cancer, AN=Anemia

## ELDERLY VETERANS

Some studies suggest that these health disparities between VHA and non-VHA patients increase with age. Two recent studies looked at veteran groups from World War II, the Korean War, and the Vietnam War.<sup>18,29</sup> and found that as veterans get older, particularly after the age of 65, their health declines are steeper than the general population. Considering that the average age of the veteran population is projected to increase over the next decade,<sup>11</sup> VA Medical Centers will be facing greater burdens and challenges in the near future.

## SICKER PATIENTS AND SURGICAL COMPLICATIONS

Every surgery is a serious event, with the potential for many complications that could negatively impact the patient's outcome. This is particularly true for patients that possess the health characteristics seen in the VHA population. High patient comorbidity has been found to predict surgical complications and postoperative mortality,<sup>30-34</sup> with some studies showing an association between surgical complications and low scores on the SF-36.<sup>35,36</sup> Other factors such as advanced age,<sup>34,37-40</sup> obesity,<sup>41-53</sup> cardiovascular disease<sup>41,52,54,55</sup> and diabetes<sup>54-60</sup> – all things more prevalent in the VHA patient population – have been shown to negatively impact surgical complication rates, mortality rates and postoperative quality of life. Any VHA health provider involved in perioperative care must be adequately trained and prepared for these types of patients.

## POLICY POINTS

- The VHA has a history of high quality care and should continue to serve as a model for responsible and safe patient care.
- The veteran population is much older and sicker than the general population and their health disparities increase as they age.
- The VHA primarily cares for the sickest members of the veteran population. This presents challenges to all providers working in the VHA system, in particular those involved in perioperative care.
- Any revisions to the *VHA Nursing Handbook* should appropriately reflect the needs of their patient population and should make patient safety and high quality care top priorities.

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## REFERENCES

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