

Project#: IAD 06-112-3

Title: Outpatient Waiting Times, Outcomes and Cost for VA Patients with Diabetes

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**Background/Rationale:**

Healthcare policymakers have argued that long waits for healthcare will negatively impact health due to delays in diagnosis and treatment. Despite the assumed importance of wait times, very little data exists on wait times because the VA is the only health care system in the United States to systematically collect information on wait times. Thus, little research has examined the health and cost implications of waiting for health care and this innovative study begins to fill this gap.

**Objectives(s):**

This project will explain the variation within the VA in how long veterans wait for outpatient care with supply and demand characteristics, and examine the potential effects of waiting for outpatient care on health outcomes and health care cost. Using VA administrative data and other publicly available data, we will focus on four objectives:

Objective 1: Study and describe the variation in wait times for outpatient care throughout the VA.

Objective 2: Develop a statistical model that predicts wait times for outpatient care.

Objective 3: Estimate the relationship between waiting for outpatient care, outpatient utilization, and health outcomes for veterans with diabetes.

Objective 4: For veterans with diabetes, measure the impact on VA, Medicare, and Medicaid costs of differences in utilization and health outcomes attributable to differences in outpatient wait times.

**Methods:**

This research will use VA administrative data and other publicly available Medicare and Medicaid data from the Centers for Medicare and Medicaid Services (CMS). For Objectives 1 and 2, the study population will be all VA parent stations (n=163), and the dependent variable will be parent-station wait times. The first objective will generate basic descriptive statistics on the variation in parent station wait times. Objective 2 will use linear regression to predict parent station wait times based on demand (e.g. availability of Medicare, Medicaid) and supply (e.g. number of appointments) characteristics. For Objectives 3 and 4, the study population will be non-institutionalized veterans with diabetes (n=375,000) over age 65. These veterans will be followed between 2002 and 2005. Survival analysis models for Objective 3 will examine if veterans with diabetes who visit parent stations with longer wait times are at greater risk for diabetic complications and mortality. Regression models for Objective 4 will predict the acute and long-term care costs of diabetic complications that could be avoided by decreasing outpatient wait times.

**Impact Statement:**

Although the VA has been committed to seeing veterans within 30 days of their appointment request since 1998, today not all VA facilities meet this goal. This study will substantially increase the VA's understanding of long wait times, by identifying the market characteristics outside of the VA that cause long wait times and the specific parent stations that struggle with long wait times. VA policymakers and administrators can then more effectively target interventions to decrease wait times. If long wait times for outpatient care are associated with poorer health outcomes, and higher costs, a renewed emphasis on decreasing waits for healthcare within and outside of the VA will have a substantial impact on healthcare quality.