

ABSTRACT

Objective(s): Tracking the success or failure of initiatives intended to decrease wait times requires reliable waiting time measures. VA policymakers have struggled to find the most reliable waiting time measure and have used capacity measures (e.g. number of days until the first next available appointment (FNA)), time-stamp measures (e.g. number of days when appointment is created in system and appointment is scheduled (CD); number of days between when a patient desires an appointment and the appointment is scheduled (DD)) and access list measures (e.g. number of individuals waiting for an appointment at a point in time. This study directly compares these alternative measures of wait times and examines which measure performs best when predicting patient satisfaction and health outcomes. A sub-analysis of a home-based primary care (HBPC) population with high-priority access will examine the effect of this priority access on health outcomes. Specific objectives are:

Objective 1: Examine the correlation between the five different wait time measures

Objective 2: Estimate the relationships between patient satisfaction and wait time measures

Objective 3: Estimate the relationship between primary care wait times among patients with diabetes and short-term health outcomes

Objective 4: Estimate the relationship between primary care wait times among patients with diabetes and long-term health outcomes

Objective 5: Compare the effect of access to HBPC among patients with diabetes on long-term health outcomes

Research design: This was a retrospective study of secondary administrative data obtained between 2005 and 2011.

Methods: Objective 1 was a facility-level analysis that examined the correlation between wait time measures. Objectives 2-4 examined the effect of waiting for outpatient care, defined by the different wait time measures on patient satisfaction, short (e.g. glycated hemoglobin (HbA1c)) and long-term outcomes (e.g. mortality) among a sample of patients diagnosed with diabetes. Diabetes was identified by anti-diabetes medication in 2005 or 2006. Heckman selection models predicted the presence and value of HbA1c and logistic regression models predicted patient satisfaction and the likelihood of experiencing mortality, stroke, heart attack or preventable hospitalization. Models included demographics, risk adjustors for health status and facility and seasonal fixed effects to control for facility quality differences, casemix selection and seasonal effects. Objective 5 predicted whether patients who receive HBPC have better health outcomes including mortality and preventable hospitalization compared to a control group.

Findings: The new patient capacity, retrospective time stamp and the prospective access list measure using create date consistently predict satisfaction and HbA1c. The returning patient prospective desired date measure significantly predicts both outcomes. Access to HBPC significantly decreases preventable hospitalization.

Clinical relationships:

Impact/Significance: The relationship between wait times and patient satisfaction and health outcomes found in this study changed FY2013 performance measures as VHA made the distinction between new and returning patients when measuring access. Results were also cited

in the response to Congress and the presidential administration when a crisis in confidence regarding access measures occurred in the spring of 2014. HBPC may be a cost-effective model for managing elderly, vulnerable individuals.

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