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## Editorial

## Equity in Access for Veterans in the VA Community Care Program

Baligh R. Yehia, MD, MPP, MSc; Said A. Ibrahim, MD, MPH, MBA

The US Department of Veterans Affairs (VA) plays a unique and vital role in achieving quality care for millions of US veterans. Since 1865, the moral commitment to provide veterancentric care for those who have served in the nation's military has been central to this continuously evolving mission. In recent years, Congress has passed significant legislation to enhance access to care within and outside the VA system.<sup>1</sup>

In 2014, Congress enacted the Choice Act. This act was intended to enhance the options for health care available to eligible veterans, enabling them to receive care outside of the VA from private-sector clinicians in the community. In 2018, Congress passed the MISSION Act, which further broadened access to VA-purchased private-sector care in the community for eligible veterans. In 2022, approximately 45% of veterans used the community care provisions provided by the Choice and MISSION Acts.<sup>2</sup>

Although these acts were enacted to broaden veterans' options for care, this strategy has raised concerns it could undermine VA-delivered health care and negatively affect veterans' health.<sup>3</sup> Numerous studies have demonstrated that the quality and safety of VA care are as good as, and sometimes better than, comparable care in the community.<sup>1</sup> A prior report suggested variations by demographic factors and geography—rural vs urban—in the impact of the Choice Act on wait times for veterans who depended on VA care.<sup>4</sup> However, relatively little is known about how the MISSION Act may have influenced the previously reported variations in utilization and access to primary care. Some reports have also indicated racial and ethnic disparities in access to specialty care under both the Choice and MISSION Acts.<sup>2,5,6</sup>

Enter the study by Rosen and colleagues<sup>2</sup> in *JAMA Health Forum*. The authors conducted a retrospective, observational study using data from the VA Corporate Data Warehouse for fiscal years 2021 and 2022. To evaluate primary care utilization, they assembled a cohort of over 5 million unique veterans who had primary care visits. To evaluate wait times, they assessed over 4.6 million primary care consults over the study period.

The study found that overall primary care utilization increased during the study period for all groups regardless of rural or urban setting. They discovered that 92.5% of veterans in the cohort used VA primary care and 7.5% used community care. Mean wait times for VA primary care consults were consistently shorter than those in community care. Black and Hispanic veterans were less likely to use community care compared to White veterans, irrespective of rural or urban setting. For community care, Black veterans experienced longer wait times relative to White veterans in both rural or urban settings, but wait times for VA primary care were shorter for Black than White veterans. Hispanic veterans had longer wait times for community care than White veterans in rural areas but had shorter wait times in urban areas.

In interpreting the findings of this study, several limitations must be considered. The authors noted a significant limitation: a subjective measure of access to primary care was not included. Such a measure is crucial, as veterans' perceptions of their care are as important as their actual experiences. Second, the study period coincided with a substantial increase in the utilization of telemedicine, which the study did not evaluate. Specifically, it did not assess how the expansion of telemedicine following the COVID-19 pandemic may have affected the reported findings on utilization and access. Third, this primarily descriptive study does not explore the causal relationship between policy changes and primary care utilization and access. Finally, this study did not assess the effect of these policies on the quality of primary care and patient outcomes.

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Despite these limitations, this observational study provides valuable insights into the effects of 2 critical VA policy interventions to facilitate access to primary and specialty care for veterans. Specifically, the study explores how these policies may have influenced primary care utilization and access based on patient demographic factors and geographic setting. Future research should consider using quasi-experimental methods, such as difference-in-differences and regression discontinuity analyses, to evaluate how these policies aimed at advancing care have influenced the quality and equity of care for the nation's veterans.

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#### ARTICLE INFORMATION

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