



Ready or Not?

Assessing the Capacity of
New York State Health Care Providers
to Meet the Needs of Veterans

Appendixes

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Preface

Veterans represent a special population of men and women who have served their country, many facing extraordinary health risks during deployment. Because many veterans have served on overseas missions, including in combat, veterans with service-connected health issues are a clinically complex and potentially vulnerable population. The mission of the U.S. Department of Veterans Affairs (VA) health care system is to meet the health care needs of this population. Over the past decade, the demand for health care services among veterans has increased. In response, VA has increased both the number of health professionals working within its facilities and its purchases of care from private-sector providers to accommodate veterans whose needs cannot be met in-house. Thus, providers working in the civilian sector are an increasingly important part of the overall health workforce addressing veterans' needs. However, we know very little about whether private health care providers are equipped to offer timely access to high-quality care that addresses the unique needs of veterans. As a result, many of the current training programs to sensitize private health care providers to these unique circumstances might not be targeting the areas or topics of greatest need.

The study was designed to assess the capacity and readiness of health care professionals to address the service-connected health-related needs among veterans in New York State. This report describes the findings with respect to the training, experience, practices, and attitudes toward veterans and the VA health care system among licensed health care professionals across the state. The report should be of interest to policymakers focused on addressing concerns about veterans' access to high-quality care. The findings are also relevant to those who design training efforts aimed at increasing provider capabilities to attend to the special needs of this population.

This study was sponsored by the New York State Health Foundation and conducted within the Health Services Delivery Systems program of RAND Health. A profile of RAND Health, abstracts of its publications, and ordering information can be found at www.rand.org/health. Questions about this research can be directed to Terri_Tanielian@rand.org or Carrie_Farmer@rand.org.

This appendix provides auxiliary information to the main report.

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Abbreviations

CDC	Centers for Disease Control and Prevention
DO	doctor of osteopathic medicine
DoD	U.S. Department of Defense
MD	doctor of medicine
MTF	military treatment facility
NP	nurse practitioner
OT	occupational therapist
PA	physician assistant
PC3	Patient-Centered Community Care
PhD	doctor of philosophy
PT	physical therapist
PTSD	posttraumatic stress disorder
VA	U.S. Department of Veterans Affairs

Appendix A

Survey Measures and Instrument

This appendix provides details about the survey, including information about the specific survey items and the survey weighting approach. It also includes more-detailed information about the characteristics of providers and their clinical practices. The tables show the unweighted number of respondents and present the weighted statistic (percentage, mean, etc.), unless otherwise indicated.

Survey Response and Weighting Approach

Respondent Characteristics

Table A.1 shows the response rate by provider type and region. Response rates differed by type of health care professional and geographic region, but they did not differ by VA contractor status.

Table A.1. Response Rates by Sampling Strata, by Percentage

Region	Medicine (N = 260)	Mental Health (N = 216)	PA, NP (N = 158)	PT, OT (N = 112)	Total (N = 746)
Central/capital	5.4	11.7	10.0	9.5	7.6
Metropolitan	2.8	3.9	9.2	4.4	4.2
Western	5.8	15.1	12.8	8.4	8.7
Total	4.2	6.8	10.2	5.8	6.4

NOTE: PA = physician assistant; NP = nurse practitioner; PT = physical therapist; OT = occupational therapist.

Survey Measures

Table A.2 provides an overview of the survey domains, a description of the specific constructs, and information about how the items were used in analysis. We selected these items with a goal of using them to examine the readiness of these providers to deliver high-quality care to veterans with service-connected conditions.

A total of 1,232 health care providers clicked on the link in the email invitation to navigate to the survey. Once on the survey website, 243 (19.7 percent) did not begin the survey and 168 (13.6 percent) indicated that they were not currently providing direct patient care to adults and were therefore screened out. Individuals who were classified as PT/OT were more likely to screen out than those who were classified as PA/NP. Individuals who were registered as HealthNet providers were less likely to screen out. We found no differences by geographical region in responses to the screening question. There were 821 respondents who screened into the survey.

Table A.2. Provider Survey Domains

Domain	Types of Items	Sources and Use
Provider characteristics	Highest academic degree (MD/DO, PhD, master's), medical specialization, gender, age, race/ethnicity, years in practice	Adapted from prior Centers for Disease Control and Prevention (CDC) and RAND surveys and used to characterize respondents and examine predictors of practice behaviors and provider attitudes
Practice characteristics	Setting type, populations served, types of insurance coverage accepted/compensation method accepting new patients/time to new appointment, time spent in work activities	Drawn from prior surveys of health care providers conducted by the CDC, Commonwealth Fund, Kaiser Family Foundation, and RAND. Used to describe the practice setting of survey participants
Current caseload characteristics	Average number of visits in typical work week, types of patients commonly treated, distribution of typical patients by insurance type	Drawn from the CDC National Ambulatory Medical Care Survey, Commonwealth Fund International Survey of Primary Care Doctors, and the RAND Survey of Behavioral Healthcare Providers. Used to describe the caseload and the types of patients served by the participant's practice
Military and veteran knowledge/experience	Awareness of military/veteran culture, awareness of military/veterans in current caseload, prior experience with military or VA (as an employer, treating members of the population, etc.)	Drawn from a survey by Kilpatrick et al. (2011) and the RAND Survey of Behavioral Healthcare Providers. Used to assess providers' personal experiences with, knowledge of, and attitudes toward the military and VA
Practice preparedness	Experience treating and perceived practice preparedness to address conditions common among veterans (e.g., hearing loss, physical disabilities, mental health problems), office accessibility	Modified based on the Commonwealth Fund International Survey of Primary Care Doctors to evaluate the preparedness of the practice to treat and accommodate common conditions among veterans
Practice behaviors	Degree to which providers routinely screen for posttraumatic stress disorder (PTSD), depression, alcohol use, suicide risk, occupational risk/exposures including screening for military history	Adapted from the RAND Survey of Behavioral Healthcare Providers. Used to evaluate how or if providers identify military history of their patients and to assess whether their practice made accommodations for individuals with disabilities
Experience with VA Community Care	Awareness of VA purchased care programs (e.g., Veterans Choice Program), experience as a VA-contracted provider, number of veterans served, experience with administrative authorization and compliance, barriers to enrolling, experience with reimbursement process, perceived support for working with veterans, sources of information and resources for working with veterans, percentage of patients that also use VA health, referral to VA, communication with VA, coordination of care, perceptions of VA care	Adapted from the RAND Survey of Behavioral Healthcare Providers, the Kaiser Family Foundation/Commonwealth Fund National Survey of Primary Care Providers, the CDC National Survey of Primary Care Providers, and feedback from VA (Gaglioti et al., 2014; Kilpatrick et al., 2011). Used to evaluate the provider's knowledge and perceptions of the VA Medical System

NOTE: DO = doctor of osteopathic medicine; MD = doctor of medicine; MTF = military treatment facility; PhD = doctor of philosophy.

Of those who screened in, one answered only the screening question and did not move on to the rest of the survey. There were 70 respondents who dropped out of the survey after answering some or all of the provider background questions, and there were three individuals who answered some of the military and veteran experience questions but dropped out before indicating whether they were currently treating any service members or veterans. We dropped these 74 individuals from the analytic sample. These individuals were more likely to be located in the metropolitan region of the state; there were no differences in survey completion rate by provider type or HealthNet provider status.

One respondent indicated that their practice was outside of the New York state region; we also dropped this individual from the analysis.

The weights were calculated for each of the 24 strata as: “Number of Individuals in Sampling Frame/Number of Individuals in Analytic Sample,” thus reflecting the likelihood of being in a strata as well as the likelihood of participating in the survey. Because of low response rates among physicians in the New York metropolitan region that resulted in very large sample weights for some participants (weights ranged from 6.71 to 154.48), we Winsorized the weights to a maximum of 50 to prevent the providers in that category from having an outsized influence on the results.

Table A.3 displays the breakdown of the eligible population compared with those invited to participate and those who responded. It also shows the composition of the final weighted analytic sample.

Table A.3. Comparison of Population and Final Sample

Characteristic	Eligible Population		Invited to Participate		Unweighted Analytic Sample		Weighted Analytic Sample	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Provider type								
Physician (MD, DO)	13,099	60.6	6,196	48.1	260	34.9	7,306	46.5
Mental health	4,929	22.8	3,181	24.7	216	29.0	4,859	30.9
PA, NP (non-mental health)	1,648	7.6	1,567	12.2	158	21.2	1,637	10.4
PT, OT	1,959	9.1	1,942	15.1	112	15.0	1,914	12.2
Geographic region								
Central/capital	2,820	13.0	2,685	20.8	203	27.2	2,773	17.6
Metropolitan	16,100	74.4	7,618	59.1	318	42.6	10,249	65.2
Western	2,715	12.6	2,583	20.1	225	30.2	2,693	17.1
HealthNet status								
Yes	2,711	12.5	2,298	17.8	118	15.8	2,642	16.8
No	18,924	87.5	10,588	82.2	628	84.2	13,073	83.2

NOTES: Differences in distributions between the weighted analytic sample and the eligible population are due to trimming of the weight, which we executed to prevent under-represented groups from having excessive influence on the results. Percentages might not sum to 100 because of rounding.

Provider Characteristics

To characterize the sample and examine how practice behaviors might vary by demographic or training characteristics, we gathered data on gender, birth year, ethnicity and race, highest professional degree (e.g., MD, PhD, master's), medical specialty type (primary care, specialty care, etc.), and the completion year for the most recent professional training.

New York's physicians, nurse practitioners, physician assistants, mental health care providers, and occupational and physical therapists are a diverse population whose characteristics vary by provider type. Our sample consisted of 746 respondents, and data were weighted to reflect the population from which they were drawn (see Table A.4).

Table A.4. Demographics and Training History of Provider, by Provider Type

Characteristic	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Gender											< 0.0001
Female	423	55.2	80	32.1	68	61.8	125	84.7	150	77.3	
Race/ethnicity											0.1713
Hispanic	32	5.0	9	4.9	2	1.1	11	7.7	10	5.7	
Non-Hispanic black	16	2.5	5	1.9	2	2.6	3	2.0	6	3.4	
Non-Hispanic white	541	74.1	182	71.5	81	71.5	110	73.8	168	78.9	
Other/ refused to answer	123	18.5	55	21.7	21	24.7	23	16.5	24	12.0	
Age											< 0.0001
Younger than 35	78	8.5	20	7.3	18	15.9	27	18.2	13	4.5	
35–44	153	20.6	56	20.6	31	30.0	36	25.2	30	15.5	
45–54	192	26.4	59	24.0	32	32.0	39	27.0	62	27.6	
55–64	192	29.7	76	33.1	20	18.9	34	23.5	62	30.8	
65 or older	90	14.8	38	15.0	3	3.2	8	6.1	41	21.6	
Highest health care degree											N/A
Bachelor's	61	5.6	0	.	31	29.5	30	19.1	0	.	
Master's	326	36.2	0	.	45	40.4	111	70.1	170	77.5	
Doctorate (MD, PhD, etc.)	359	58.2	260	100.0	36	30.1	17	10.8	46	22.5	

Characteristic	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Geographic region											< 0.0001
Central/capital	203	17.6	85	22.9	27	13.6	33	21.7	58	10.0	
Metropolitan	318	65.2	90	55.6	61	72.6	81	55.6	86	80.0	
Western	225	17.1	85	21.5	24	13.8	44	22.7	72	10.0	
Any military service											0.0001
Yes	37	5.4	22	8.8	2	1.1	3	1.7	10	3.2	
Close family military service											0.0002
Yes	227	26.1	52	18.0	36	31.6	53	32.8	86	33.8	
Years since training											< 0.0001
Less than 5 years	68	6.4	12	4.3	16	13.0	31	18.6	9	3.0	
5–10 years	119	12.9	32	10.7	19	15.2	39	25.9	29	10.9	
10–20 years	218	28.5	56	20.5	32	28.6	47	29.4	83	40.0	
20–30 years	179	25.4	68	27.7	29	30.5	25	15.6	57	23.1	
30 or more years	162	26.8	92	36.8	16	12.7	16	10.5	38	23.0	
Trained in VA hospital											< 0.0001
Yes	197	27.7	135	49.3	12	11.2	32	19.8	18	4.4	
Ever worked in MTF/VA											< 0.0001
MTF only or MTF+VA	30	3.9	19	6.9	4	2.8	3	1.9	4	0.6	
VA only	149	22.2	102	38.0	10	10.2	17	10.5	20	7.1	
Neither	567	73.8	139	55.1	98	86.9	138	87.6	192	92.3	

NOTES: These data were tested with a chi-square test. N/A means that a p-value cannot be computed because of cell counts of zero. Cells marked with a "." indicate that with 0 respondents, there is no percentage to calculate.

Practice Characteristics

The practice characteristics of health care providers in the state also varied by provider type. To better understand the characteristics of the provider's practice setting and typical clinical behaviors, we asked several questions about how they spent their time, the types of settings in which they worked, their clinical caseload, their payment structure, and the types of insurance they accepted. We asked respondents to identify their primary practice setting through a series of questions to identify where they see the greatest number of patients each week. We then instructed respondents to answer subsequent questions with respect to that primary practice setting. For several questions, our survey instrument was programmed to auto-fill the primary practice setting into the wording of the question to enhance the reliability of their responses (see Table A.5).

Table A.5. Practice Characteristics, by Provider Type

Characteristic	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
More than 20 hours of patient care per week											< 0.0001
Yes	579	76.6	227	84.7	74	65.5	134	84.2	144	66.3	
Any time spent teaching											< 0.0001
Yes	351	49.6	162	63.5	47	42.2	64	40.9	78	34.7	
Any time spent on research											0.0105
Yes	232	34.1	99	40.3	31	27.2	39	24.6	63	30.7	
Number of weeks worked in past year											0.0455
26 weeks or fewer	36	4.7	8	2.4	5	4.2	10	7.0	13	7.6	
27–47 weeks	187	24.9	63	23.2	24	22.8	42	26.3	58	28.0	
48–49 weeks	282	40.0	117	46.2	37	36.0	57	35.4	71	33.8	
50–51 weeks	151	18.6	49	18.0	35	27.4	31	19.5	36	15.7	
52 weeks	90	11.8	23	10.2	11	9.5	18	11.8	38	15.0	
Compensation method											< 0.0001
Fixed salary	370	44.9	106	42.5	62	50.4	111	69.9	91	38.1	
Salary adjusted for performance	152	22.9	105	38.7	8	7.9	13	7.3	26	10.3	
Shift, hourly, or other time-based payment	120	17.4	17	7.6	31	32.4	25	16.7	47	26.4	
Share of practice billings or workload	53	7.8	24	8.7	4	4.2	3	1.9	22	9.9	
Other method	51	6.9	8	2.5	7	5.1	6	4.2	30	15.3	
Main practice setting											< 0.0001
Hospital campus	168	24.3	95	38.7	17	10.7	42	26.9	14	7.0	
Ambulatory clinic or surgery center	299	38.2	127	46.8	21	18.3	84	53.8	67	27.9	
Rehab/long-term care	45	5.8	7	2.8	24	23.0	5	3.1	9	4.6	
Home or private office	179	24.3	29	10.8	30	28.9	20	12.5	100	46.8	
Patient home/other	54	7.4	2	0.9	20	19.1	6	3.7	26	13.6	
Average number of hours worked in main practice setting											< 0.0001
10 hours or fewer	61	9.6	21	9.1	9	8.4	6	4.1	25	12.6	
11–20 hours	89	12.3	23	8.2	12	9.8	15	9.4	39	20.6	
21–30 hours	108	14.5	38	13.4	18	18.2	11	6.3	41	17.5	
31–40 hours	301	36.1	81	31.3	48	41.8	90	57.7	82	33.8	
41–50 hours	122	16.7	49	18.7	17	14.0	32	19.9	24	13.6	
51 or more hours	65	10.8	48	19.3	8	7.8	4	2.6	5	1.8	

Characteristic	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Average number of patients at primary practice											< 0.0001
10 or fewer	103	15.4	22	9.7	14	13.2	15	10.2	52	26.6	< 0.0001
11–25	173	24.6	37	16.3	18	19.1	22	14.2	96	42.8	
26–50	212	28.0	65	26.7	44	38.3	46	29.3	57	25.7	
51–100	173	21.2	91	31.3	22	18.6	53	33.7	7	3.0	
More than 100	75	10.6	41	15.9	12	10.8	20	12.6	2	1.9	
See patients during evenings or on weekends											< 0.0001
Yes	322	47.9	91	37.2	45	40.6	45	28.5	141	73.2	

NOTE: These data were tested with a chi-square test.

Questions specific to the provider included the amount of time the provider spent doing clinical care and nonclinical work (i.e., teaching trainees, conducting research, management/administrative duties). We also asked providers to identify the amount of time spent in their primary practice setting, time spent “on call” to treat acute injury or illness, time spent supervising trainees while they provided patient care, and time spent providing direct care while not supervising a trainee. We also asked participants to quantify the amount of time they spent doing various clinical activities, such as conducting procedures under general anesthesia, noninvasive therapies (i.e., psychotherapy, physical therapy), providing first-contact care, seeing new patients, seeing patients referred from another doctor, seeing established patients, seeing patients at off hours (i.e., before 8:00 a.m., on weekends), providing care through telehealth reading tests, communicating with patients and other providers, documenting patient care, completing paper work, and reading about patients’ conditions. We also asked if they were accepting new patients, the amount of time a new patient has to wait to be seen, the amount of time an existing patient has to wait to be seen, the proportion of patients who request same-day or next-day appointments, and whether they see patients on an outpatient basis on the weekends.

Questions about the provider’s practice included the type of setting in which they practice (i.e., hospital, rehab facility, private office), the payment structure in the provider’s primary practice setting (i.e., salary, hourly, share of practice billing), and the zip code of the provider’s primary practice setting.

These data were used to understand the types of settings and facilities in which respondents were working and how providers spent their time. Using the zip codes of providers’ primary practice facilities, we calculated the distance between their practices and the nearest U.S. Department of Defense (DoD) or VA health care facility to create a proximity-to-DoD/VA-facility variable. We also used these data to determine if the provider worked in an urban or rural setting.

Current Caseload Characteristics

To understand the types of medical conditions that the provider treats, we asked how often he or she saw patients with mental health, substance use, multiple chronic conditions, chronic pain, concussions and traumatic brain injury, significant physical disabilities, hearing loss, functional impairment, history of occupational injury or illness (including from time served in the military), need for palliative care, need for long-term care, and those that required logistical support in the community (i.e., transportation, housing, meals) (see Table A.6). To better understand the payments accepted by respondents and the volume of patients providing different types of payments, we asked participants to estimate the proportion of their patients who pay through private/commercial insurance, Medicare, Medicaid, TRICARE, VA Community Care (such as the Veterans Choice Program), other government or publicly funded health insurance, self-pay, uninsured, or other.

Table A.6. Structural Capacity of New York State Providers to Treat Veterans, by Provider Type

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Currently accepting new patients											0.0755
Yes	690	92.1	237	91.5	107	94.4	147	92.9	199	91.7	
Time for new patient to get an appointment for routine visit											N/A
Don't know	29	3.3	9	3.9	5	4.8	10	6.5	5	0.8	
Within 1 week	246	35.8	56	23.4	62	57.5	37	23.9	91	50.1	
1–2 weeks	209	26.8	62	23.3	24	19.9	38	23.9	85	35.7	
3–4 weeks	87	9.9	41	15.0	4	2.8	23	13.5	19	3.6	
1–2 months	56	7.3	35	12.0	4	3.6	15	9.4	2	1.1	
3 or more months	21	3.3	19	6.5	1	1.2	1	0.7	0	.	
Do not provide routine visits	98	13.5	38	15.8	12	10.2	34	22.0	14	8.6	
Time for existing patient to get an appointment for routine visit											N/A
Don't know	20	2.4	5	2.1	3	3.1	8	5.6	4	1.4	
Within 1 week	348	48.7	85	32.7	80	72.7	57	35.3	126	67.8	
1–2 weeks	196	24.0	77	29.7	11	9.4	38	24.0	70	21.1	
3–4 weeks	50	6.5	29	10.6	1	1.2	15	9.2	5	1.5	
1–2 months	29	4.5	21	8.1	0	.	7	4.5	1	1.0	
3 or more months	8	1.2	7	2.4	0	.	1	0.5	0	.	
Do not provide routine visits	95	12.7	36	14.4	17	13.6	32	20.8	10	7.1	

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Percentage of patients who receive a requested same-day appointment											0.1759
Don't know	83	10.7	32	11.4	14	13.3	24	15.8	13	6.8	
Few (less than 20%)	139	20.4	52	20.9	18	16.7	17	10.5	52	24.2	
Some (20–40%)	118	14.9	34	11.8	18	15.2	25	15.7	41	19.3	
About half (41–59%)	60	7.5	18	6.8	12	12.1	13	7.9	17	6.7	
Most (60–80%)	114	14.9	41	16.2	16	12.9	29	18.3	28	12.6	
Almost all (more than 80%)	232	31.6	83	32.8	34	29.8	50	31.8	65	30.3	

NOTES: These data were tested with a chi-square test. N/A means that a *p*-value cannot be computed because of cell counts of zero. Cells marked with a "." indicate that with 0 respondents, there is no percentage to calculate.

Military and Veteran Knowledge/Experience

We asked several questions about participants' knowledge and experience with the military and veterans so we could better understand their ability to be sensitive about and understand issues specific to veteran and military populations. These questions were about both personal experience in the military and about family experiences. For personal experience, we asked if they had ever served in the military and, if so, for how long. We also asked if they had ever worked in a military or VA health care facility and for how long and if they had done any of their medical training in a VA hospital (Table A.7). For the experience of family, we asked if the respondent had any close family members, such as a parent or a spouse, who had served in the U.S. Armed Forces, including the Reserves or National Guard. Finally, we asked participants to rate, on a scale from completely unfamiliar to extremely familiar, their knowledge about various aspects of the military such as rank structure, the different cultures of the separate branches of the military, the differences and similarities between active and reserve components of the military, general and deployment-related slang and terms, general and deployment-related stressors for service members and veterans, general and deployment-related stressors for military-affiliated families, programs and services available to support health adjustment for military-affiliated patients, how behaviors learned in war can be maladaptive at home, and the specific health needs of women veterans. These data were used to evaluate providers' comfort with the military and their potential capacity to be sensitive to the cultural needs of service members and veterans.

Provider Preparedness

In this section, we were aiming to understand providers' training background to manage certain clinical conditions, several of which are common to veterans, their use of clinical practice

guidelines, and the steps they take to stay up to date on current medical knowledge (e.g., reading medical journals, continuing medical education). Using a Likert scale, we asked providers how well prepared they felt to manage patients experiencing the following conditions: serious mental illness (i.e., schizophrenia, bipolar disorder), depressive disorders, PTSD, other mental disorders (i.e., anxiety disorders, social phobia), alcohol or substance-use related issues, risk factors for suicide, chronic obstructive pulmonary disease, chronic kidney disease, diabetes, musculoskeletal issues, congestive heart failure, neurological disease or stroke, chronic multi-symptom illness (previously called Gulf War Syndrome), autoimmune diagnoses, sleep disturbances, chronic pain, concussions and/or traumatic brain injury, significant physical disability (i.e., limb amputation, spinal cord injuries), hearing loss, functional impairment, and history of occupational illness or injury—including military, palliative care, and long-term care.

We asked these questions because they facilitate an understanding of the capacity of these providers to care for common medical problems, especially those among veterans and service members. Asking about the continuing education guidelines that these providers engage in also facilitates an understanding of whether they are open to using new methods and are concerned with providing evidence-based medicine.

Practice Behaviors and Accommodations

As a health care setting, the VA mandates that certain screenings and accommodations be made for patients. We also wanted to understand the extent to which veterans would experience similar experiences in the private or community-based sector. Therefore, we asked providers how often they screened for suicidal ideation, concussions, pain-related concerns, and physical impairments. Since the VA employs several validated screening tools for particular conditions, we also asked providers how often they used several of these validated screening tools, several of which screen for conditions—such as PTSD, depression, and substance use—that are common to veterans and service members. We also asked participants what kind of accommodations were provided to make their offices more accessible to those with disabilities. The accommodations included such things as assistance with undressing, transportation, and extended appointments for those with multiple chronic conditions. These questions helped us to analyze their use of validated screening measures and the degree to which providers furnish care sensitive to the needs of veterans and service members.

Experience with VA Community Care

We also wanted to understand the knowledge that providers had about different VA programs, their opinion and experience with these programs and with VA care more generally, their current involvement with these programs, and their coordination of care with VA providers. To accomplish this, we asked providers if they were aware of the Veterans Choice Program and asked them to rate their opinion of the program. We were also concerned with their ability to provide care to veterans within the registered networks of TRICARE, VA Patient-Centered Community Care (PC3) contract, and/or the Veterans Choice Program. We also asked if they were registered for one of these

programs, if they were currently seeing patients through the programs, and if they were accepting new patients from these programs. If they were not participating with the program, we asked them to identify the reason. We also wanted to know their views on VA reimbursement through these separate programs and asked them to rate the amount they were paid, the timeliness of these payments, and the ease of the administrative work associated with getting paid.

We also asked them to identify the percentage of patients who are receiving care in both their practice and at the VA and, of those patients who were seen at both sites, the types of VA services they were using (i.e., emergency care, mental health specialists, medical specialty care). We asked for their opinion on why these patients were seeking care from them rather than the VA. Finally, we asked if they referred patients to the VA for care and, if so, why.

On the issue of communication with the VA, we asked if they had attempted to contact the VA in the last two years and their satisfaction with that communication. We also asked them to characterize the response they received from the VA, from nonexistent to excellent. (See Tables A.7–A.9.)

Table A.7. Experience with VA Health Care System, by Provider Type

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Ever worked in MTF/VA											
MTF and/or VA	30	3.9	19	6.9	4	2.8	3	1.9	4	0.6	< 0.0001
VA only	149	22.2	102	38.0	10	10.2	17	10.5	20	7.1	
Neither	567	73.8	139	55.1	98	86.9	138	87.6	192	92.3	
VA contractor	118	16.8	89	32.0	5	2.8	18	9.8	6	1.9	< 0.0001
Refer patients to VA	274	36.6	95	35.5	25	21.1	51	33.9	103	45.2	0.0006
Attempted to contact VA provider or clinic in past 2 years											0.1174
Yes	165	50.5	83	55.6	14	33.1	35	47.3	33	47.0	
Percentage of patients in practice also seen at VA											< 0.0001
Don't know	189	25.0	61	26.0	38	34.5	57	39.5	33	15.1	
None	197	33.1	48	22.9	29	28.8	19	13.9	101	56.2	
1–10%	302	38.5	137	48.1	35	31.1	58	37.8	72	27.2	
More than 10%	33	3.4	8	3.0	6	5.6	15	8.7	4	1.5	
Know how to refer a patient to VA											0.0007
Strongly disagree/disagree	293	39.8	108	43.1	56	48.1	61	40.4	68	31.5	
Don't know/neither	228	33.0	78	30.8	38	40.2	56	39.0	56	31.5	
Strongly agree/agree	194	27.2	67	26.1	13	11.7	30	20.6	84	37.0	

NOTE: These data were tested with a chi-square test.

Table A.8. Percentage of Providers with Experience with VA Community Care, by Provider Type

	Overall	Medicine (MD, DO)	PT/OT	PA/NP	Mental Health	p-value
Aware of Veterans Choice program						0.0007
Yes	19.4	25.1	9.0	16.4	16.0	
Registered as part of VA PC3						< 0.0001
Don't know	38.1	47.6	41.7	52.1	17.8	
Yes	3.2	3.5	5.0	5.8	1.1	
No	58.7	48.9	53.3	42.1	81.0	
Registered as part of Veterans Choice Program						< 0.0001
Don't know	38.5	49.1	40.0	50.8	17.7	
Yes	4.3	3.4	7.1	5.8	4.0	
No	57.3	47.5	52.8	43.3	78.3	
Currently treating veterans with VA Community Care coverage (Among those who were registered or did not know whether they were registered)						0.0321
Don't know	61.2	65.5	52.4	67.6	47.8	
Yes	10.8	10.6	12.4	15.8	5.9	
No	28.0	24.0	35.2	16.5	46.3	
Opinion of Veterans Choice Program (Among those who were aware of program)						0.3174
Somewhat/very unfavorable	14.1	9.0	12.4	13.6	26.6	
No opinion/don't know	22.9	21.7	26.5	29.8	22.4	
Somewhat/very favorable	63.0	69.3	61.1	56.7	50.9	

NOTE: These data were tested with a chi-square test. N/A means that a p-value cannot be computed because of cell counts of zero.

Table A.9. Percentage of Providers with Experience with VA Community Care, by Region

	Overall		Central/Capital		Metropolitan		Western		p-value
	N	%	N	%	N	%	N	%	
Yes	274	36.6	94	45.7	93	33.7	87	38.0	0.0013
No	180	24.0	42	23.6	75	22.0	63	32.1	
Not applicable	265	39.4	61	30.6	135	44.3	69	29.9	

Finally, we asked participants if they had engaged in any formal training about military or veteran culture. We also asked where they were most likely to find information to help them provide appropriate and sensitive care to service members and veterans. Questions within this domain helped us to understand these providers' opinions about and experiences with

community VA and military health care programs. They also helped us understand the capacity of these participants to provide appropriate care and their willingness to provide appropriate care going forward.

Opinion of VA

We also tabulated a composite score for providers' opinions about VA health care (see Chapter One for more detail on the construction of this variable). We also wanted to know how satisfied they were with the care provided by VA to their patients who were veterans or service members and to veterans and service members more generally. For this reason, we asked them several questions to better understand their satisfaction or dissatisfaction with specific issues, such as timeliness of VA care. Physicians had higher overall opinions about VA health care than other provider types; however, the difference between physician and mental health provider scores was not statistically significant (Table A.10).

Table A.10. Average Scores on Opinion of VA

Profession Group	N	Mean	95% CL for Mean	
Medicine (MD, DO)	253	1.55	1.33	1.77
Mental health	208	1.30	1.02	1.58
PA, NP (non-mental health)	147	1.03	0.80	1.26
PT, OT	107	0.86	0.60	1.12

NOTE: Lower scores indicate a negative experience or a lack of experience with the VA health care system. Higher scores indicate a positive experience with the VA health care system overall. Range is 0 to 4. CL = confidence limits.

Appendix B

Assessing Provider Readiness

As we discussed in Chapter Two, we constructed a definition of readiness based on several components and then applied our definition criteria in a step-wise fashion. Tables B.1 through B.9 provide responses by provider type on each of the items used in our variable derivation. At the bottom of each table, we report the proportion of providers who met our threshold on each item.

Table B.1. Components of Readiness, by Provider Type

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Accepting new patients											0.8316
No	56	7.9	23	8.5	5	5.6	11	7.1	17	8.3	
Yes	690	92.1	237	91.5	107	94.4	147	92.9	199	91.7	
Practice is prepared to handle patients with common veteran conditions											< 0.0001
No	252	36.8	75	31.0	20	22.6	40	26.3	117	54.1	
Yes	460	63.2	176	69.0	86	77.4	107	73.7	91	45.9	
Meets the previous two criteria											< 0.0001
No	287	41.2	94	37.8	24	27.2	46	30.3	123	55.1	
Yes	425	58.8	157	62.2	82	72.8	101	69.7	85	44.9	
Provider often or always uses clinical practice guidelines to inform treatment decisionmaking											0.2266
No	197	29.9	76	32.7	29	25.4	32	21.1	60	30.5	
Yes	515	70.1	175	67.3	77	74.6	115	78.9	148	69.5	
Meets all three criteria											< 0.0001
No	396	58.2	136	56.3	46	45.5	64	43.0	150	71.0	
Yes	316	41.8	115	43.7	60	54.5	83	57.0	58	29.0	
Provider screens for common conditions among veterans											0.0513
No	396	56.9	128	52.3	63	59.5	82	53.3	123	64.2	
Yes	333	43.1	127	47.7	46	40.5	71	46.7	89	35.8	
Meets all four criteria											0.0652
No	523	75.4	179	73.4	75	71.9	102	69.0	167	81.9	
Yes	189	24.6	72	26.6	31	28.1	45	31.0	41	18.1	

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		<i>p</i> -value
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Provider makes accommodations											0.0002
No	275	40.6	89	35.9	25	27.5	59	40.9	102	52.5	
Yes	437	59.4	162	64.1	81	72.5	88	59.1	106	47.5	
Meets all five criteria											0.0250
No	575	83.0	205	82.2	77	74.5	116	79.2	177	88.6	
Yes	137	17.0	46	17.8	29	25.5	31	20.8	31	11.4	
Provider is familiar with military culture											0.0176
No	535	73.0	189	74.1	87	79.3	129	81.9	130	65.9	
Yes	207	27.0	70	25.9	24	20.7	29	18.1	84	34.1	
Meets all six criteria											0.5383
No	671	95.3	239	95.9	98	92.5	143	97.2	191	94.9	
Yes	41	4.7	12	4.1	8	7.5	4	2.8	17	5.1	
Provider screens for current/previous military service/family											< 0.0001
No	579	80.8	221	88.1	95	90.1	136	88.9	127	63.4	
Yes	150	19.2	34	11.9	14	9.9	17	11.1	85	36.6	
Meets all seven criteria											0.0371
No	689	97.7	248	99.2	102	97.0	145	98.8	194	95.3	
Yes	23	2.3	3	0.8	4	3.0	2	1.2	14	4.7	

**Table B.2. Perceived Preparedness for Management of Care for
Common Conditions Among Veterans**

How Prepared Is Your Practice to Manage Care for Patients with the Following Conditions?	Percentage Somewhat or Well Prepared				
	Overall	Medicine	Mental Health	PA/NP	PT/OT
Severe mental health problems (e.g., schizophrenia, bipolar disorder)	60	50	82	53	50
Depressive disorders (e.g., major depression, dysthymia)	76	65	99	68	66
PTSD	67	56	94	59	54
Other mental disorders (e.g., anxiety disorders, social phobia, generalized anxiety, personality disorders)	79	69	99	71	75
Issues related to alcohol or substance use	73	67	88	71	58
Risk factors for suicide or history of suicidal ideation or suicide attempts	72	63	94	72	52
Multiple chronic conditions	87	82	88	88	94
Chronic obstructive pulmonary disease (or other chronic respiratory conditions)	60	71	27	76	79
Chronic kidney disease	57	69	26	75	69
Diabetes mellitus	64	74	31	80	86
Musculoskeletal issues	67	79	26	82	98
Congestive heart failure, ischemic heart disease	57	67	24	72	80
Neurological disease or stroke	62	71	28	71	95
Chronic multisymptom illness (formerly referred to as Gulf War Syndrome)	35	39	22	36	48
Autoimmune diagnoses (e.g., Crohn's disease, lupus, multiple sclerosis)	68	75	46	74	88
Sleep disturbances	75	78	71	80	69
Chronic pain, low back pain, headache	76	78	58	80	98
Concussions, traumatic brain injury	61	61	44	64	91
Significant physical disabilities (e.g., spinal cord injuries, limb amputations)	55	60	33	54	88
Hearing loss	55	61	38	57	70
Functional impairment or disability (e.g., managing medications, cooking, driving; challenges with bathing, eating, walking)	66	69	50	64	94
History of occupational, including military, exposures (e.g., Agent Orange [dioxin], smoke from burn pits, benzene, uranium).	26	29	20	33	24
Need of palliative care, including for cancer	61	73	41	67	64
Need of long-term services (home-base support services, home care services, nursing or personal care)	61	73	42	65	64
Need of social services in the community (e.g., housing, meals, and transportation)	68	71	63	75	62
Percentage somewhat or well prepared to deal with at least one-half of conditions	65	70	44	73	81

Table B.3. Screening Practices

How Often Do You or Your Practice Setting Staff Screen or Assess Patients for	Percentage Responding Occasionally, Often, or Always				
	Overall	Medicine	Mental Health	PA/NP	PT/OT
Suicidal ideation or risk	58	50	90	50	24
Sleep-related problems (e.g., sleep duration, sleep quality)	50	49	59	52	28
Pain-related concerns (e.g., migraines, low back pain)	70	72	53	76	91
Physical impairments including hearing or vision limitations.	50	54	35	57	61
Functional impairment or disability including problems (e.g., managing medications, cooking, driving; challenges with bathing, eating, walking)	59	58	53	52	85
Occupational, including military, exposures (e.g., Agent Orange [dioxin], smoke from burn pits, benzene, uranium).	16	15	20	18	8

Table B.4. Accommodations for Patients with Disabilities

Does Your Practice Provide Any of the Following Disability Accommodations for Patients with Disabilities?	Percentage Answering Yes				
	Overall	Medicine	Mental Health	PA/NP	PT/OT
Providing extended appointment times for individuals with complex medical histories	53	57	41	51	67
Providing assistance with undressing, using the restroom, and/or lifting and positioning on the exam table	42	55	8	55	64
Scheduling a patient in a room with a height-adjustable exam table that lowers to 17" for individuals who have difficulty getting on an exam table	27	32	7	30	48
Providing access to mechanical, Hoyer-type lift equipment that can be used to assist with patient transfers	20	22	6	21	42
Providing access to a lifting team or other trained lifters who can assist patients on to and off of exam tables	20	23	6	22	39
Asking patients if they need any accommodations on intake forms or when making an appointment	39	37	37	35	52
Having a written policy that allows service and support animals to accompany the patient during an appointment	31	33	25	35	36
Assisting with scheduling transportation	40	51	28	37	40
Noting in patients' charts any disability accommodations they require	47	50	39	42	62
Other	5	3	9	3	8
Percentage providing at least 2 of the above accommodations	71	78	51	76	83
Percentage providing at least 3 of the above accommodations	57	65	37	60	76

Table B.5. Knowledge of Military Culture

Using the Scale Below, Please Rate Your Current Level of Knowledge About the U.S. Military. As You Consider Your Knowledge and Awareness of the Armed Forces (U.S. Army, Navy, Air Force, Marine Corps, and Coast Guard), Please Rate Your Level of Familiarity with the Following	Percentage Responding Moderately, Very, or Extremely Familiar				
	Overall	Medicine	Mental Health	PA/NP	PT/OT
Military rank structure	30	36	31	18	32
Different cultures of different military branches	25	27	27	18	27
Differences and similarities between active and reserve components of the military	35	36	37	29	40
General and deployment-related military slang and terms	19	23	19	13	19
General and deployment-related stressors for service members and veterans	37	35	51	25	33
General and deployment-related stressors for military affiliated families	38	35	54	25	34
Programs and services available to support healthy adjustment for military-affiliated patients	21	16	35	16	14
How behaviors learned in war can be maladaptive at home	45	35	72	32	32
Specific health needs for women veterans	22	20	34	16	14
Percentage at least moderately familiar with more than half of above items	30	27	39	18	22

Table B.6. Components of Readiness, by Provider Characteristics (Cumulative Components)

NOTE: Frequencies and percentages describe the providers that meet the criterion in the column header, as well as all of the criteria in the columns to the left. Bold indicates statistically significant chi square tests ($p < 0.05$).

		Accepting New Patients		+ Practice Is Prepared to Handle Patients with Common Veteran Conditions		+ Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		+ Provider Screens for Common Conditions Among Veterans		+ Provider Makes Accommodations		+ Provider Is Familiar with Military Culture		+ Provider Screens for Current/ Previous Military Service/ Family	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sex	Female	394	92.6	257	57.3	197	42.1	118	24.9	90	17.5	30	5.3	18	2.9
	Male	264	91	168	60.6	119	41.3	71	24.2	47	16.3	11	4	5	1.5
Race/ ethnicity	Hispanic	30	96.9	21	65.8	19	57.6	8	18	7	15.4	2	2.4	2	2.4
	Non-Hispanic black	15	87.4	10	66.6	8	43.8	3	22.1	3	22.1	1	6.5	0	.
	Non-Hispanic white	499	92.2	324	58.6	234	39.9	145	24.8	105	16.8	34	5.2	18	2.3
	Other/refused to answer	114	89.9	70	56.8	55	44.8	33	26	22	17.6	4	3.2	3	2.5
Years since completing training	Less than 5 years	62	93.2	44	66.9	34	47.4	20	24.8	13	16.8	4	4.6	3	2.7
	5–10 years	114	93.9	79	65.7	65	53.6	37	29.6	29	22.9	11	5.7	7	3.2
	10–20 years	202	91.3	123	62.8	98	48	57	26	44	18.1	11	3.3	5	1.3
	20–30 years	161	90.8	90	53.3	64	37.1	43	25	28	15.2	6	3.7	4	2.4
	30 or more years	151	93	89	54.5	55	32.5	32	20.2	23	14.8	9	6.6	4	2.7

		Accepting New Patients		+ Practice Is Prepared to Handle Patients with Common Veteran Conditions		+ Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		+ Provider Screens for Common Conditions Among Veterans		+ Provider Makes Accommodations		+ Provider Is Familiar with Military Culture		+ Provider Screens for Current/ Previous Military Service/ Family	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Provider type	Medicine (MD, DO)	237	91.5	157	62.2	115	43.7	72	26.6	46	17.8	12	4.1	3	0.8
	Mental health	199	91.7	85	44.9	58	29	41	18.1	31	11.4	17	5.1	14	4.7
	PA, NP (non-mental health)	147	92.9	101	69.7	83	57	45	31	31	20.8	4	2.8	2	1.2
	PT, OT	107	94.4	82	72.8	60	54.5	31	28.1	29	25.5	8	7.5	4	3
Registered as TRICARE/ Veterans Choice Program provider	No	491	91.4	312	58.5	229	40.7	134	23.4	96	15.5	25	3.4	15	1.6
	Yes	180	94.1	113	59.6	87	45.4	55	28.4	41	22	16	9	8	4.7
Completed training on military culture	No	579	91.5	375	59.5	277	42.3	164	25.1	119	17.3	27	3.7	14	1.5
	Yes	86	95	50	53.8	39	37.9	25	21	18	14.7	14	11.5	9	7.5
Worked or trained in VA/MTF	No	472	92.4	272	52.8	203	38	122	22.6	93	16.1	28	4.6	17	2.6
	Yes	218	91.4	153	62.9	113	43.9	67	25.4	44	16.5	13	4.3	6	1.4

		Accepting New Patients		+ Practice Is Prepared to Handle Patients with Common Veteran Conditions		+ Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		+ Provider Screens for Common Conditions Among Veterans		+ Provider Makes Accommodations		+ Provider Is Familiar with Military Culture		+ Provider Screens for Current/ Previous Military Service/ Family	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Opinion of VA	0	309	91.7	190	55	140	39	69	18.8	50	12.7	16	3.3	9	1.3
	1	136	90	93	61.4	63	40.2	47	31.6	34	22.7	8	7	5	4.2
	2	74	93.7	46	61.2	35	45	20	24.2	12	12.1	2	1.4	1	0.4
	3	51	90.8	35	58.9	28	44.4	15	22.4	13	17.3	4	3.8	3	2.9
	4	51	94.8	33	59.8	27	47.4	23	36.8	15	25.2	3	5.7	1	3.7
	5	40	94.7	28	63.2	23	44.8	15	25.4	13	22.8	8	11.9	4	3.4
Geographic region	Central/capital	186	91	106	53.8	72	37.3	49	25.3	34	15.9	12	5.2	7	2.2
	Metropolitan	294	92.2	182	54.6	132	37.1	68	20.2	47	13.9	11	3.5	6	1.8
	Western	210	92.7	137	65.1	133	43.6	72	34.5	56	25.5	18	7.7	10	3.8
Distance from VA Medical Center (miles)	10 or fewer	346	92.2	222	62.5	167	45	97	24.9	64	16	19	4.1	9	1.4
	10–25	222	92.5	133	53.5	99	38.1	62	25.7	53	20.8	14	5.8	8	3.5
	26–40	53	90.3	27	51	21	32.6	13	18.4	8	9.9	4	5.3	3	3.5
	More than 40	69	89.9	43	61.2	29	40.3	17	22.9	12	14.6	4	4.1	3	2.8

NOTES: Frequencies and percentages describe the providers that meet the criterion in the column header, as well as all of the criteria in the columns to the left. Bold indicates statistically significant chi square tests ($p < 0.05$). N/A means that a p -value cannot be computed because of cell counts of zero. Cells marked with a "." indicate that with 0 respondents, there is no percentage to calculate.

Table B.7. Opinion of VA Services, by Provider Type

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
Satisfaction with patient care at VA											0.0038
Somewhat/very dissatisfied	54	16.5	26	18.4	9	21.4	9	12.1	10	11.2	
Don't know/neither	156	44.6	53	35.4	18	41.5	42	57.2	43	64.3	
Somewhat/very satisfied	124	38.9	66	46.2	14	37.1	22	30.7	22	24.4	
The VA health care system does an adequate job of meeting the health care needs of veterans and reservists											0.0099
Strongly disagree/disagree	170	24.8	64	26.0	25	21.6	27	18.0	54	26.4	
Don't know/neither	385	50.6	118	44.8	65	61.4	99	67.6	103	49.7	
Strongly agree/agree	160	24.6	71	29.1	17	17.0	21	14.3	51	23.9	
The VA health care system provides high-quality health care services											0.1208
Strongly disagree/disagree	118	18.2	45	20.0	22	19.9	15	9.7	36	17.5	
Don't know/neither	402	53.8	127	49.0	63	58.7	100	67.7	112	54.6	
Strongly agree/agree	195	28.0	81	30.9	22	21.4	32	22.7	60	27.9	
The VA provides an adequate customer service experience for nonurgent issues											0.0010
Strongly disagree/disagree	112	16.4	47	18.3	14	10.9	18	11.3	33	17.4	
Don't know/neither	421	57.1	124	49.5	79	75.1	91	62.5	127	60.0	
Strongly agree/agree	182	26.5	82	32.3	14	14.0	38	26.2	48	22.7	
The VA provides care to veterans in a timely fashion											0.0015
Strongly disagree/disagree	206	29.0	80	31.9	34	29.8	28	17.9	64	27.9	
Don't know/neither	397	54.0	121	46.7	66	63.9	98	67.8	112	56.8	
Strongly agree/agree	112	16.9	52	21.4	7	6.3	21	14.3	32	15.2	

	Overall		Medicine (MD, DO)		PT, OT		PA, NP		Mental Health		p-value
	N	%	N	%	N	%	N	%	N	%	
I am hesitant to refer patients to the VA because of quality concerns											0.0583
Strongly disagree/disagree	259	37.8	109	41.6	29	27.5	38	25.4	83	40.2	
Don't know/neither	324	44.0	99	39.8	52	50.4	83	58.0	90	43.3	
Strongly agree/agree	132	18.2	45	18.7	26	22.1	26	16.5	35	16.4	
Communication provider received from VA											N/A
Don't know/not applicable	99	30.0	33	24.0	16	42.4	18	26.5	32	41.8	
Nonexistent	55	18.2	27	20.6	7	16.6	11	15.3	10	14.2	
Poor	66	17.9	30	17.6	10	25.0	16	20.4	10	14.0	
Adequate	103	30.7	50	33.9	8	16.0	26	34.6	19	27.7	
Excellent	11	3.1	5	3.9	0	.	2	3.2	4	2.3	
Satisfaction with communication from VA clinics											0.0077
Somewhat/very dissatisfied	76	22.0	38	24.1	9	23.5	18	24.0	11	14.7	
Don't know/neither	171	50.5	57	41.4	26	63.4	44	61.1	44	62.7	
Somewhat/very satisfied	87	27.5	50	34.5	6	13.1	11	14.9	20	22.6	

NOTE: These data were tested with a chi-square test. N/A means that a *p*-value cannot be computed because of cell counts of zero. Cells marked with a "." indicate that with 0 respondents, there is no percentage to calculate.

Table B.8. Odds Ratios for Logistic Regression Models Predicting Components of Readiness

Parameter	Effect	Practice Is Prepared to Handle Patients with Common Veteran Conditions			Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking			Provider Screens for Common Conditions Among Veterans			Provider Makes Accommodations			Provider Is Familiar with Military Culture			Provider Screens for Current/Previous Military Service/Family		
		OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL
Race/ethnicity	Male vs. female	0.92	0.58	1.48	0.76	0.46	1.26	0.98	0.64	1.51	0.88	0.56	1.38	1.21	0.73	2.03	0.90	0.51	1.60
	Hispanic vs. non-Hispanic white	0.82	0.29	2.27	3.15	0.86	11.51	0.57	0.21	1.51	2.11	0.80	5.53	0.96	0.33	2.80	0.68	0.19	2.49
	Non-Hispanic black vs. non-Hispanic white	1.10	0.26	4.59	1.14	0.24	5.43	0.95	0.24	3.84	2.53	0.68	9.47	2.03	0.32	12.70	1.73	0.44	6.76
	Other/refused to answer vs. non-Hispanic white	0.75	0.44	1.30	1.71	0.96	3.06	1.18	0.71	1.96	0.73	0.43	1.23	0.67	0.35	1.27	1.63	0.83	3.23
Years since completing training	5–10 years vs. less than 5 years	1.14	0.46	2.84	3.46	1.40	8.57	0.86	0.38	1.97	2.75	1.16	6.48	0.83	0.33	2.06	1.00	0.35	2.86
	10–20 years vs. less than 5 years	1.21	0.50	2.90	2.42	1.05	5.58	1.14	0.55	2.40	1.73	0.78	3.86	0.66	0.28	1.55	0.56	0.20	1.55
	20–30 years vs. less than 5 years	0.79	0.33	1.91	1.76	0.76	4.07	1.05	0.48	2.28	1.17	0.51	2.69	0.69	0.27	1.71	0.42	0.14	1.23
	30 or more years vs. less than 5 years	0.84	0.34	2.07	1.21	0.52	2.81	1.29	0.58	2.85	1.71	0.75	3.92	0.69	0.28	1.70	0.64	0.22	1.88

Parameter	Effect	Practice Is Prepared to Handle Patients with Common Veteran Conditions			Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking			Provider Screens for Common Conditions Among Veterans			Provider Makes Accommodations			Provider Is Familiar with Military Culture			Provider Screens for Current/Previous Military Service/Family		
		OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL
Distance from VA medical center	10–25 miles vs. less than 10 miles	0.65	0.41	1.05	1.13	0.71	1.81	1.15	0.74	1.77	1.24	0.79	1.96	1.05	0.62	1.77	1.97	1.10	3.52
	26–40 miles vs. less than 10 miles	0.75	0.31	1.81	0.93	0.41	2.12	1.46	0.73	2.93	1.36	0.61	3.02	0.83	0.36	1.90	1.31	0.49	3.48
	More than 40 miles vs. less than 10 miles	1.32	0.65	2.68	0.91	0.44	1.90	0.98	0.51	1.86	0.86	0.41	1.80	0.54	0.26	1.11	1.70	0.69	4.16
Provider type	Mental health vs. medicine (MD, DO)	0.58	0.30	1.14	1.28	0.62	2.65	0.61	0.33	1.14	1.01	0.54	1.90	2.13	1.00	4.52	6.72	3.18	14.21
	PA, NP (non-mental health) vs. medicine (MD, DO)	1.41	0.75	2.63	1.66	0.85	3.23	1.03	0.59	1.78	0.90	0.50	1.59	1.01	0.52	1.95	0.98	0.45	2.16
	PT, OT vs. medicine (MD, DO)	2.13	1.01	4.52	1.62	0.76	3.47	0.80	0.41	1.55	2.49	1.24	5.02	1.27	0.56	2.86	0.97	0.33	2.81
Practice setting	Ambulatory clinic/surgery center vs. hospital campus	0.56	0.31	1.02	0.45	0.26	0.80	1.49	0.90	2.46	0.94	0.55	1.59	0.97	0.52	1.80	1.40	0.69	2.86
	Home/private office vs. hospital campus	0.33	0.16	0.66	0.39	0.19	0.80	1.19	0.64	2.20	0.38	0.20	0.73	1.14	0.53	2.47	0.63	0.25	1.61
	Rehab/long-term care vs. hospital campus	2.28	0.56	9.24	0.64	0.18	2.30	1.69	0.65	4.40	2.71	0.82	9.02	1.09	0.36	3.36	1.46	0.30	7.10
	Other location vs. hospital campus	0.42	0.16	1.08	0.55	0.19	1.57	1.31	0.53	3.23	0.70	0.28	1.75	1.24	0.38	4.01	1.88	0.61	5.83

Parameter	Effect	Practice Is Prepared to Handle Patients with Common Veteran Conditions			Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking			Provider Screens for Common Conditions Among Veterans			Provider Makes Accommodations			Provider Is Familiar with Military Culture			Provider Screens for Current/Previous Military Service/Family		
		OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL	OR	LCL	UCL
Registered as TRICARE/Veterans Choice Program provider		1.06	0.64	1.76	1.11	0.67	1.82	0.93	0.60	1.44	2.64	1.62	4.29	2.71	1.64	4.48	1.42	0.78	2.58
Completed training on military culture		0.98	0.48	1.98	1.56	0.75	3.26	1.39	0.76	2.57	0.65	0.33	1.25	5.54	2.89	10.62	3.68	1.86	7.27
Worked or trained in VA/MTF		1.38	0.84	2.28	1.04	0.62	1.75	0.89	0.56	1.42	1.65	1.02	2.67	2.04	1.17	3.57	1.16	0.60	2.23
Opinion of VA		1.09	0.96	1.25	1.03	0.90	1.19	1.09	0.96	1.23	1.03	0.91	1.18	1.16	1.01	1.34	1.12	0.95	1.32
Geographic region	Central/capital vs. metropolitan	0.78	0.46	1.31	1.23	0.71	2.12	1.56	0.97	2.52	1.00	0.60	1.68	1.30	0.75	2.24	1.43	0.75	2.71
	Western vs. metropolitan	1.44	0.89	2.35	1.45	0.89	2.38	1.54	1.00	2.36	1.32	0.83	2.10	1.01	0.61	1.70	1.22	0.69	2.16

NOTE: Bold indicates that the odds ratios and parameter estimates are statistically significant ($p < 0.05$). OR = odds ratio; LCL = lower 95% confidence limit; UCL = upper 95% confidence limit.

Table B.9. Components of Readiness, by Provider Characteristics (Individual Components)

		Accepting New Patients		Practice Is Prepared to Handle Patients with Common Veteran Conditions		Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		Provider Screens for Common Conditions Among Veterans		Provider Makes Accommodations		Provider Is Familiar with Military Culture		Provider Screens for Current/ Previous Military Service/ Family	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sex	Female	394	92.6	276	61.4	319	73	196	41.9	259	58.5	109	25.5	92	22.2
	Male	264	91	184	65.5	196	66.4	132	45.4	178	60.4	91	29	53	15.3
Race/ethnicity	Hispanic	30	96.9	22	67.4	27	88.1	12	28.5	22	76.6	8	26.6	8	15
	Non-Hispanic black	15	87.4	10	66.6	13	72.3	5	36.7	11	75.8	5	36.3	3	27
	Non-Hispanic white	499	92.2	352	63	381	67	250	43.3	333	58.5	161	28.2	107	18.2
	Other/refused to answer	114	89.9	76	62.6	94	76.9	61	48.8	71	56.2	26	21.5	27	23
Years since completing training	Less than 5 years	62	93.2	48	71.7	47	68	31	40.8	38	53.5	18	28.5	15	20.7
	5–10 years	114	93.9	83	69.6	93	83.6	50	39.1	78	70.8	32	25.1	29	25.6
	10–20 years	202	91.3	132	66.5	160	77	98	42.5	127	62.2	62	26.8	44	20.9
	20–30 years	161	90.8	101	59.3	117	67.8	77	41.2	99	53.8	47	26.5	30	13.7
	30 or more years	151	93	96	58.4	98	58.8	77	47.8	95	57.4	48	28	32	19.2

		Accepting New Patients		Practice Is Prepared to Handle Patients with Common Veteran Conditions		Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		Provider Screens for Common Conditions Among Veterans		Provider Makes Accommodations		Provider Is Familiar with Military Culture		Provider Screens for Current/ Previous Military Service/ Family	
		<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Provider type	Medicine (MD, DO)	237	91.5	176	69	175	67.3	127	47.7	162	64.1	70	25.9	34	11.9
	Mental health	199	91.7	91	45.9	148	69.5	89	35.8	106	47.5	84	34.1	85	36.6
	PA, NP (non-mental health)	147	92.9	107	73.7	115	78.9	71	46.7	88	59.1	29	18.1	17	11.1
	PT, OT	107	94.4	86	77.4	77	74.6	46	40.5	81	72.5	24	20.7	14	9.9
Practice setting	Hospital campus	158	94.6	131	77.7	128	79.2	71	39	110	65.3	38	24.1	20	11
	Ambulatory clinic or surgery center	272	90.1	175	63.8	205	67.8	146	49	184	64.5	77	25.8	62	21
	Rehab/long-term care	41	89	35	89.2	31	78.7	18	44.4	34	85.7	14	22.9	12	19.4
	Home or private office	170	96.1	86	44.9	112	61.7	75	38.9	80	40.5	57	31.1	37	19.5
	Other	48	82.8	33	55.7	39	73.4	23	38.7	29	58	21	31.9	19	35.8
Registered as TRICARE/ Veterans Choice Program provider	No	491	91.4	337	62.7	380	70	239	41.8	306	54.7	121	22.3	107	18.5
	Yes	180	94.1	123	65	135	70.2	93	47	131	74.7	81	42	42	20.9

		Accepting New Patients		Practice Is Prepared to Handle Patients with Common Veteran Conditions		Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		Provider Screens for Common Conditions Among Veterans		Provider Makes Accommodations		Provider Is Familiar with Military Culture		Provider Screens for Current/ Previous Military Service/ Family	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Completed training on military culture	No	579	91.5	405	63.9	442	69.2	278	42.1	383	60.5	137	20.8	102	14.9
	Yes	86	95	55	58.4	73	75.8	51	49.6	54	51.9	63	67.6	46	47.9
Worked or trained in VA/MTF	No	472	92.4	292	58.6	346	69.6	215	41.3	281	55.1	115	22.4	105	20.5
	Yes	218	91.4	168	72.3	169	70.8	118	46.5	156	67.7	92	35.8	45	16.7
Opinion of VA	0	309	91.7	203	58.9	234	68.2	127	37	200	59.3	77	21.9	58	16.1
	1	136	90	104	65.8	109	69.5	85	53.1	95	57	41	23.8	28	18.5
	2	74	93.7	51	69.9	57	73.2	38	40.4	47	57.9	18	30.3	16	15.3
	3	51	90.8	37	63.7	43	71.9	26	43.5	32	54.9	21	29.4	15	21
	4	51	94.8	35	67.2	40	76.6	30	49.5	32	63.4	17	30.7	19	34.9
	5	40	94.7	30	67.2	32	68.6	23	48.6	31	71.7	26	58	10	25.1
Geographic region	Central/capital	186	91	119	63.4	132	69.3	103	51.2	119	61.8	65	31.4	47	20.1
	Metropolitan	294	92.2	192	60.5	217	68.6	119	38.3	170	55.9	72	25.4	52	18.9
	Western	210	92.7	149	73	166	76.2	111	52.4	148	69.8	70	28.5	51	19.3

	Accepting New Patients		Practice Is Prepared to Handle Patients with Common Veteran Conditions		Provider Often or Always Uses Clinical Practice Guidelines to Inform Treatment Decisionmaking		Provider Screens for Common Conditions Among Veterans		Provider Makes Accommodations		Provider Is Familiar with Military Culture		Provider Screens for Current/ Previous Military Service/ Family		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Distance from VA Medical Center	10 miles or fewer	346	92.2	237	66.4	260	69.8	160	40.6	210	56.7	106	25.9	68	15.6
	10–25 miles	222	92.5	140	57.0	162	71.7	100	44.1	146	62.7	65	29.6	54	25.6
	26–40 miles	53	90.3	34	60.2	43	69.1	36	53.2	38	67.3	18	26.9	10	16.4
	More than 40 miles	69	89.9	49	68.9	50	65.5	37	48.3	43	57.8	18	22.6	18	22.7

NOTE: Bold indicates a statistically significant chi-square test result ($p < 0.05$).