

Capsule Commentary on Zickmund et al., Racial, Ethnic, and Gender Equity in Veteran Satisfaction with Health Care in the Veterans Affairs Health Care System

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This study of satisfaction with the Veterans Affairs (VA) Health Care System took place during a time of major problems with access to VA health care nationally. The survey interviews were conducted from June 2013 to January 2015,¹ and the delays in access to care burst into the national spotlight in spring 2014.² In August 2014, the Veterans Choice Program (VCP) went into effect in response to the crisis.

This study, which included 1222 racially/ethnically diverse veterans, found that overall satisfaction was comparable to or better than satisfaction within other healthcare systems, and no clear patterns of differences in satisfaction by race/ethnicity or gender were identified (although some differences were noted).¹ However, satisfaction with access to care was low, with only 47% “very satisfied” and 24% “less than satisfied.”¹ Additionally, the authors noted that there was room for improvement in some aspects of care—among veterans receiving services for mental health, pain management, coordination of care, and communication, 22–17% were “less than satisfied.”

Because VCP was created to alleviate delays in access to care and to improve care quality, this study may not reflect current levels of care and satisfaction. One of the VCP measures allows veterans to receive community care if they cannot obtain an appointment within 30 days or if they live more than 40 miles from a VA facility. Although the purpose of enabling veterans to obtain care outside the VA is to improve the care available to them, there is concern that this provision for dual care may lead to

unintended adverse consequences.^{3,4} Determining the effectiveness of the VCP is critical, and satisfaction with care, including satisfaction with access to care, is one important gauge of health system performance.²

Using results from this survey for comparison, a similar follow-up survey should be conducted to determine whether, after implementation of VCP, 1) satisfaction has improved versus prior to VCP, 2) satisfaction remains similar by race/ethnicity and gender, and 3) satisfaction differs between those who receive all of their care within the VA and those who receive care from multiple health care systems.

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Compliance with Ethical Standards:

Conflict of Interest: The author has no conflict of interest with this article. The views expressed in this commentary are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs.

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