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Timely Access to Mental Health Care within the Veterans Affairs Healthcare System

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by

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Abstract

Background: The Veterans Health Administration is America's largest integrated healthcare system, providing care at 1,298 healthcare facilities, including 171 medical centers such as Michael E. DeBakey Department of Veterans Affairs Medical Center in Houston, Texas, and 1,113 outpatient healthcare clinics. Studies show that suicide rates are significantly higher among the veteran population than the general population.

Purpose: The purpose of conducting a literature review is to identify factors contributing to the lack of timely access to mental health care services internally and externally. It also explored what initiatives need to be implemented to improve the timely access of mental health services within the Veterans Affairs healthcare system to aid in the reduction of suicide rates among the veteran population.

Method: Integrative review of literature articles obtained by utilizing the Walden University Library to search through various databases such as APA PsycInfo, Military & Government Collection, Business Source Complete, MEDLINE with Full Text, Journals@OVID, Gale Academic OneFile Select, CINAHL Plus with Full Text, and PubMed.

Results: New frameworks and strategies are currently being piloted to improve the Veterans Affairs Healthcare System operations. However, timely access to mental health care continues to be an ongoing issue.

Conclusions: Enhancements are currently being piloted to improve the VA's structure, processes, and outcomes for timely access to mental healthcare services, which may contribute to reducing the rates of suicide among the United States of America's veteran population.

Part 1: Practice-Based Problem

Problem of Interest

The quality of care provided by the Veterans Affairs (VA) Healthcare System is an ongoing concern, particularly due to the unique and complex needs of each veteran. Lambert and Fowler (1997) indicated that, "suicide risk assessment is more complicated and challenging in the VA than in many other large health care systems" (p.356). There have been multiple innovative interventions implemented over the years to evolve the VA's operational performance, enhance the VA's ability to utilize resources appropriately, and ameliorate the VA's capacity to deliver timely access of mental health care services. Notwithstanding, suicide rates among the veteran population remain significantly higher than the general population. The Government Accountability Office (GAO) reported an average of 17 veterans died by suicide daily in 2019, a rate 52% higher than the general adult population (United States Government Accountability Office, 2022). The existing capacity of the VA system has been strained by the increasing demand for mental health care, resulting in longer wait times and restricted access to care at VA facilities.

According to the U.S. Department of Veteran Affairs' 2023 National Veteran Suicide Prevention Annual Report, during the COVID-19 pandemic it was found that veterans experienced more mental health issues than non-veterans. A systematic review of 23 studies found increases in the prevalence rates of alcohol use, anxiety, depression, posttraumatic stress disorder, stress, loneliness, and suicidal ideation. The results of the systematic review also indicated that key risk factors for increased mental health concerns among veterans included pandemic-related stress, family relationship strain,

lack of social support, financial concerns and preexisting mental health disorders (U.S. Department of Veteran Affairs, 2023).

Veteran risk factors are associated with a veteran's social determinants of health, as well as individual barriers to healthcare. Examples of social determinants consist of health care access and quality, education access and quality, neighborhood and environment, social and community context, and economic stability (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion., 2022). These social determinants of health are the nonmedical factors that influence health outcomes (World Health Organization, 2013). A barrier can be referred to as an obstacle or challenge that prevents an individual from using or accessing a resource effectively. Some barriers faced by veterans when calling the VA consisted of excessive hold times, frequent disconnections, veteran preference, and situational or individual factors (Locatelli, Hill, Talbot, Schectman, & LaVela, 2014). Individual factors may include the veteran's reputation, the stigma associated with mental health care/fear/embarrassment, distance from the nearest VA clinic, the hassle of obtaining an appointment, the lack of information about health care benefits, limited services hours, insurance/monetary availability, the fear of military records being accessed, or the veteran's active-duty orders (U.S. Department of Veteran Affairs, 2024).

Additionally, veterans living in rural areas faced challenges with interorganizational care coordination in five main domains such as organizational mechanisms, organizational culture, relational practices, contextual factors, and the role of the Third-Party Administrators responsible for scheduling and payment for community services (Miller, Shin, Pugatch, & Kim, 2021).

The Veterans Health Care January 2023 report published by the United States GAO directed to the U.S. Congressional Committees reviewed VA actions needed to ensure timely scheduling of specialty care appointments and provided recommendations to the VA. The GAO found that the Veterans Affairs updated their scheduling process for specialty care in 2020. The updated scheduling process now consists of referral coordination teams at VA medical centers. These coordination teams will review referrals for specialty care and discuss care options with veterans. The new specialty care scheduling process requires the timeliness standard of appointments at VHA facilities must be scheduled within 3 business days from the date a VHA provider enters a referral. However, the VA's limited comprehensive analysis on scheduling timeliness that VHA officials conducted in 2021 lacked information for the current standard. Furthermore, this updated specialty care process specifies the timely access for referrals to specialty care but does not discuss the timely access to specialty care that is a veteran-initiated appointment request. To receive specialty care, a VHA provider must initiate a request on behalf of the veteran by submitting a referral, which VHA calls a consult. Moreover, the referral team must then review the veteran's options for care based on eligibility, veteran's preference, and other factors (United States Government Accountability Office, 2023).

The demand for veteran suicide risk management is another factor contributing to the lack of timely access to mental health care for veterans due an insufficient collaboration between VA health professionals and private sector professionals. Shulkin (2016) declared that while VA care differs significantly from care in the private sector, our continuous transformation entails enhanced collaboration with private sector entities.

Establishing this connection between VA health professionals and private sector health professionals would be particularly beneficial to veterans seeking care from community providers. (Shulkin, 2016). The GAO January 2022 Report on VA Mental Health Care orchestrated a study on Improvements Needed in Tracking and Overseeing Partnerships with Nongovernmental Entities because the VA reported that almost two-thirds of veterans that died by suicide in 2019 did not receive VHA services in 2018 or 2019 (United States Government Accountability Office, 2022). The VA is now working towards collaborating with the private sector to increase access to health care for veterans and improve patient outcomes. Despite these efforts, continuity of care models and the development of initiatives are necessary to aid in advancing the VA and private sector's collaboration of veteran care management.

Healthcare Administration Problem

Background

The Veterans Health Administration (VHA) is America's largest integrated health care system, providing care at 1,298 health care facilities, including 171 medical centers such as Michael E. DeBakey Department of Veterans Affairs Medical Center in Houston, Texas, and 1,113 outpatient health care clinics.

Mission, Vision, and Values

The Department of Veterans Affairs' Mission Statement was updated on March 16, 2023, to read, "To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors." The new mission statement was adopted by the VA to demonstrate inclusiveness and equity of all

veteran groups. As for the VHA mission statement, the VHA strives to honor veterans by providing exceptional health care that improves their health and well-being. The VHA's Vision declares to lead the future in delivering unparalleled health and well-being to the veteran population and their families. Cooperatively, the VHA's values follow the acronym I.C.A.R.E which stands for integrity, commitment, advocacy, respect, and excellence. These values serve as a guide for the Department of Veterans Affairs to ensure that the mission to care for others is achieved (U.S. Department of Veteran Affairs, 2023).

Organizational Size and Structure

According to the Department of Veteran Affairs Functional Organization Manual (2021), The VHA organizational size and structure chart includes the Office of the Under Secretary for Health with various departments dedicated to veteran health care. The departments particularly involved with veteran care are health informatics, strategy, community care, clinical services, patient care services, quality and patient safety, operations, and support. The Office of the Under Secretary for Health is responsible for the leadership and direction of the largest integrated health care system, the VHA.

Operational Problem

Presently, the timeframe for scheduling a comprehensive appointment for mental health care services is causing a harmful delay among the veteran population in obtaining mental health treatment from VA medical centers, nationwide. Draper, D.A (2015) reported a conflict in two VHA policies regarding timely access to mental health care. One policy found in the VHA *Uniform Handbook for Mental Health Services* indicated that a 30-day policy was established when defining timely access to mental health care.

Meanwhile, another policy indicates a 14-day policy set by the VHA in response to the Veterans Access, Choice, and Accountability Act of 2014 as the appropriate definition of timely access to mental health care. Recently, a GAO report to congressional committees published in January 2023 claimed that the VA specialty care scheduling process has been updated to establish a specialty care appointment, such as mental health, within 3 days of a provider entering the referral (United States Government Accountability Office, 2023). The conflicting policies concerning the standard for timely access to mental health care set by the VHA *Uniform Handbook for Mental Health Services*, the *Choice Act*, and the 2020 VHA *Referral Coordination Initiative* are causing a gap in VA practice.

According to the repeated cross-sectional study of wait time data, *Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers*, the results of the study reflected that 9.7% of new patients seeking mental health experienced a delay of 30 days or greater beginning the date an initial appointment was requested to the date the initial mental health care appointment. 17.2% of VHA patients seeking a specialty appointment within a PTSD clinic experienced a delay in obtaining an appointment. Lastly, 14.3% of VHA patients seeking general mental health appointments experienced a delay in appointments as well (Nelson, et al., 2022).

Ideal State of Operations

The ideal and desired state of operations would consist of not only obtaining a same-day appointment within 24 hours of a veteran requesting mental health care, but also the completion of a comprehensive mental health appointment with 2-3 days of the initial appointment request.

Professional Practice Gap Statement

A practice-based gap identified within these articles is the inability to provide comprehensive mental health care services to veterans sooner than 30 days, later revised in 2015 to within 14 days, after their initial request for an appointment. Additionally, in the year 2020 the VA implemented the *Referral Coordination Initiative* specialty care scheduling process to establish a specialty care appointment, such as mental health, within 3 days of a VA provider entering the referral. However, it is unknown if this new initiative captures the timeframe beginning on the date of the veteran-initiated appointment request versus beginning on the date that a provider placed a referral for mental health care (United States Government Accountability Office, 2023). The VA health centers' lack of an updated scheduling system and lack of a mental health domain to their existing SAIL report identified areas of improvement, but a solution has yet to be developed.

Summary of Evidence

The identification of theories in research will provide a greater understanding of the research problem of interest. The known knowledge from several theories can aid in building a conceptual framework to discover the importance of this research problem. Healthcare organization operations, policies and procedures, scheduling systems, and structures are important to have set to a standard expectation, especially a large integrated healthcare organization such as the Veterans Affairs Healthcare System. The analysis of the articles reviewed for this study proves that initiatives need to be implemented within the VA to improve timely access to mental health care services to aid in reducing the risk of suicide among veterans.

The article, *Veterans Health Administration Scheduling System: The Path to High Reliability Realization*, confirms the access benefits derived from changing the VHA scheduling system from the Veterans Information Systems and Technology Architecture (VistA) scheduling system to the Medical Appointment Scheduling System (MASS), while also pinpointing areas for improvement. The Veterans Health Administration (VHA) performed an evidence-based analysis of the structure, driver, processes, and outcomes during the years of 2015 through 2020 to compare the efficiencies and benefits of the VistA and MASS scheduling systems. The results of this analysis provided the supportive data necessary to encourage the VHA's decision to begin the implementation of a new scheduling system at other VHA sites to improve timely access (Ford, MacTaggart, & Gunnar, 2021).

A persistent problem in all health care systems is referred to as a "no-show" which is defined as a scheduled appointment that is not cancelled by the patient nor attended by the patient. Teo et al., (2021) claims "The Office of Inspector General estimated that in 2008, 5.7 million veterans and their dependents used the Veterans Health Administration and over 12% of 26.5 million scheduled healthcare appointments were no-shows" (p.121). The occurrence of no shows compromises the access to health care, increases wait times and is very costly to the Department of Veterans Affairs, resulting in poor quality care being delivered to the veteran population (Teo, et al., 2021).

The article, *Measurement-Based Management of Mental Health Quality and Access in VHA: SAIL Mental Health Domain*, found that the mental health domain in the first year demonstrated its utility for quickly diagnosing challenge points faced by mental health programs and for encouraging coordinated action to address them. The mental

health domain was developed to track accessibility and quality of mental health care in the United States Veterans Health Administration (VHA). Although the mental health domain was well-received by the VHA, it was not useful to the VHA as the mental health domain is specifically designed for system-level performance, which comprised of numerous veterans (Lemke, et al., 2017).

The article, *The VA MISSION Act — Creating a Center for Innovation within the VA*, resulted in the authorization to prioritize pilots, test alternative payment models, and direct attention to the specific needs of veterans. On June 6, 2018, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act was signed into law. The MISSION Act is comparable to the Center for Medicare and Medicaid Innovation (CMMI) which was established as part of the Affordable Care Act (ACA) to improve quality of care and explore alternative payment models (Reddy, Fihn, & Liao, 2019).

The update to the VHA's process for specialty care in 2020 known as, *Referral Coordination Initiative,* strives to enhance scheduling efficiency and alleviate administrative workload for referring providers by integrating measures to guarantee that referrals are comprehensive and encompass all relevant clinical details prior to scheduling appointments within the VHA or with community providers (United States Government Accountability Office, 2023).

The book, *Evaluation of the Department of Veterans Affairs Mental Health Services – Timely Access to Mental Healthcare*, reported that since the year of 2005 to 2017 there have been numerous reports from the VA Office of Inspector General and the Government Accountability Office (GAO) consistently advocating for enhanced

scheduling practices, reduced wait times, and improved data collection on wait times within the VA. The findings acquired from the evaluation of the Department of Veterans Affairs Mental Health Services encompasses wait times and scheduling care, programs to improve timely access to care, and practices to facilitate timely access (National Academies of Sciences, 2018).

The article, *Relational Continuity or Rapid Accessibility in Primary Care? A Mixed-Methods Study of Veteran Preferences*, examined veterans' preferences for delayed access to telephone care with a familiar healthcare professional versus rapid access to telephone care from an unfamiliar healthcare professional. The results of this study determined that although rapid access care from an unfamiliar healthcare professional was ideal in urgent matters, continuity of care from a primary care provider was highly preferred. Moreover, veterans' individual and situation factors imposed an influence on the veterans' preference (Locatelli, Hill, Talbot, Schectman, & LaVela, 2014).

A qualitative analysis regarding *Veteran Perspectives on Care Coordination Between Veterans Affairs and Community Providers* explored veterans' experience with interorganizational care coordination between the VA and community providers in rural areas. Veterans interviewed in this study reported five key domains related to interorganizational care coordination, including organizational mechanisms, organizational culture, relational practices, contextual factors, and the role of the Third-Party Administrators responsible for scheduling and payment for community services. The study concluded that veterans living in rural areas encountered multiple challenges

with utilizing health services from both the VA and community providers (Miller, Shin, Pugatch, & Kim, 2021).

The article, *National Media Coverage of the Veterans Affairs Waitlist Scandal: Effects on Veterans' Distrust of the VA Health Care System*, assessed veterans' trust and distrust in the VA healthcare system before and after media coverage about the VA was publicly broadcasted. On April 23, 2014, US media reported accusations of excessive wait times and secret waitlists at some Veterans Affairs (VA) hospitals. Veterans were interviewed from June of 2013 through January of 2015, using a scale of distrust (1-5) to evaluate each veteran's change in distrust of the VA healthcare system. Following media coverage of VA access issues, women exhibited heightened levels of distrust, with Black/Hispanic veterans consistently displaying higher levels of distrust compared to White veterans across all time periods (Jones, et al., 2021).

A longitudinal retrospective cohort study analyzed data obtained from 160 primary care clinics located in eight United States regional VA Veterans Integrated Service Networks (VISN) with 24 health care systems from June 2014 to June 2017 to predict provision of timely care using Bayesian hierarchical regression models. Researchers developed a novel measure for assessing VA timely care for patients requesting same day or next available appointments. This novel measure integrated patient-stated preferences and walk-in requests, taking into consideration the various channels through which veterans received care (such as mental health services, hospital admissions, telehealth, and secure messaging) both within and outside the VA system. Upon applying this measure to the VA, the results indicated that 83 percent to 88 percent of patients who requested timely care had care fulfilled within 48 hours. In contrast, 16

percent of clinics varied significantly in fulfilling timely care within the 48 hours. Despite the VA's rates of timely care fulfillment, these metrics focused on primary care rather than specifically targeting timely mental health care. (Batten, Augustine, Nelson, & Kaboli, 2020).

The article, *Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers*, discovered that there was no significant difference in wait times between the VA and private sector. In fact, during 2017, the average wait times at VA facilities were notably shorter when compared to those at private sector facilities. Researchers organized a repeated cross-sectional study during the years of 2014 to 2017 of wait time data extracted from VA facilities and private sector hospitals in primary care, dermatology, cardiology, and orthopedics. The difference in wait times highlighted improvements in wait times at VA facilities between 2014 and 2017, while wait times at private sector facilities stayed consistent. Unfortunately, timely mental health care was not included in the data analyzed (Penn, et al., 2019).

Purpose of the Integrative Review

The purpose of conducting a literature review pertaining to access to mental health care services within the VA healthcare system is to identify factors which contribute to the lack of timely access to mental health care services internally and externally. The lack of timely access to mental health care can result in detrimental outcomes for veterans suffering from a mental illness. My study will identify social determinants that influence a veteran's ability to obtain mental health care services. It will also explore what initiatives need to be implemented to improve the timely access of

mental health services within the Veterans Affairs healthcare system to aid in the reduction of suicide rates among the veteran population.

Integrative Review Question(s)

What initiatives need to be implemented to improve the timely access of mental health services within the Veterans Affairs healthcare system to aid in the reduction of suicide rates among the veteran population?

Theoretical and/or Conceptual Framework

Donabedian's Quality Model measures structure, process, and outcome. The framework is designed to evaluate care quality, demonstrating versatility across various scenarios (Berwick, 2016). Timely access to mental health care is the main theme of this integrative review, comprised of healthcare administration practices such as scheduling systems, VA healthcare policies, and VA operations. This research will focus on the Quality of Healthcare Domain: Timely - reducing waits and sometimes harmful delays can result in a decrease of suicide rates among the veteran population (AHRQ, 2022). The concept of access to mental healthcare was analyzed in this literature review by using Rodgers's evolutionary concept analysis method in the article, *Access to Mental Healthcare in the 21st Century: An Evolutionary Concept Analysis*. Rodger's concept includes (1) determining the concept, (2) identifying an appropriate sample and setting for data collection, (3) collection of data, (4) analysis of characteristics of the concept, (5) providing an exemplar case of the concept, and (6) discussing implications for clarifying the concept for further use (Smith-East, 2022).

Part 2: Literature Review, Quality Appraisal, and Analysis

Literature Search Strategy

Research has shown that veterans, particularly those who served in combat zones, are at a higher risk of developing mental health conditions such as post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse. Understanding the prevalence and specific mental health needs of veterans is a critical aspect of timely access to mental health care services within the VA healthcare system. Given the high rate of veteran suicide, research on suicide prevention strategies within the VA is of paramount importance. This includes studying risk factors, protective factors, and the impact of mental health care interventions on reducing suicide rates among veterans. Although the VA provides invaluable services to many veterans, there are still areas where improvements can be made, particularly in areas of mental health care scheduling, and comprehensive treatment. The literature evaluated for this integrative review were obtained by utilizing the Walden University Library to search through various databases such as APA PsycInfo, Military & Government Collection, Business Source Complete, MEDLINE with Full Text, Journals@OVID, Gale Academic OneFile Select, CINAHL Plus with Full Text, and PubMed. Screening for literature was performed by entering key words related to the topic via Walden University's Library search and advance search. Sorting literature consisted of establishing inclusion and exclusion criteria. The literature containing the inclusion criteria was then reviewed thoroughly by full text. Selection for literature was achieved through critical appraisal of each article's full text review. The articles selected for integrative review were useful in identifying the present

organizational problems within the VA healthcare system, as well as constructive in developing proposed solutions for the current VA issues with timely access. Reference Appendix B for search results corresponding with this search strategy.

Table 1

Inclusion and Exclusion Search Criteria

Inclusion Search Criteria	Exclusion Search Criteria
• VHA or Veterans Health Administration or VA or Veterans Affairs • Timely Access to Mental Health Services • United States Veteran Population	• Nonveteran populations • Healthcare organizations other than the Veterans Affairs Healthcare System

Quality Appraisal

Assessing the quality of timely access to mental health care within the U.S. Department of Veterans Affairs (VA) involves considering various factors to ensure that veterans receive the appropriate mental health care in a timely manner. Therefore, a critical appraisal was conducted on each article reviewed for this research topic. A critical appraisal is the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context. It is an essential skill for evidence-based medicine because it allows people to find and use research evidence reliably and efficiently. Conducting critical appraisals enhances the ability to obtain an in-depth understanding of each article reviewed. The final selection of articles to be

reviewed for this capstone study was achieved through the utilization of John's Hopkins Hierarchy of Evidence Critical Appraisal Tool. This tool distinguished whether a data source was biased.

View Appraisal Results Log in Appendix C for specific results for each literature article.

Thematic Analysis of Literature

A thematic analysis of timely access to mental health care within the U.S. Department of Veterans Affairs (VA) involves identifying and examining recurring themes, patterns, and issues related to access to mental health services for veterans. The Donabedian Model was used to assess the quality of the VA's healthcare system through conceptual framework which measured the VA's structure, processes, and outcomes related to timely access to mental healthcare. The articles reviewed for this research included the following initial codes: Veterans Affairs Healthcare, Improve Veteran Care, Solution Recommendations, Timely Care, Bayesian Hierarchical Regression Models, VA Improvement Needs, Veterans Health Administration, VA Scheduling Systems, Timely Access, VistA Scheduling, MASS Scheduling, Veteran Preferences, Relational Continuity, Rapid Accessibility, VA Care, Interorganizational Care Coordination, Rural Areas, Department of Veterans Affairs, Improve Access, Private Sector, Wait Times, Veteran Distrust in VA, Veterans Affairs Medical Centers, VA Healthcare Policies, Mental Healthcare, VA Innovation, Government Funding, Veteran Centered, Access to Care, No-shows, Missed Appointments, Appointment Reminders, Military veterans, and Mental Health Domain. Moreover, these initial codes lead this integrative literature review towards the following preliminary themes: 1) enhancing VA appointment reminders to reduce no-shows, 2) healthcare reform and legislation driving VA policy

changes, 3) strategic planning to improve the quality of VA operations, 4) updating VA scheduling systems to meet complex needs of veterans and 5) promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS. The core theme of this review is improving timely access to mental healthcare services within the VA. This thematic analysis provides a comprehensive understanding of the key factors contributing to the lack of to timely access to mental health care within the VA and serves as a valuable tool in bridging the gaps in current practices, driving policy changes, quality improvement efforts, and further research on this topic.

Part 3: Presentation of Results and Interpretation of Findings

Presentation of Results

The thematic analysis conducted in this research concluded in the identification of one major theme and five sub-themes, referred to as preliminary themes. Several initial codes were determined upon data extraction from each article listed in the thematic analysis matrix. The main theme, timely access to mental health care, was found to be associated with all articles reviewed in this study.

A visual representation of the results of this thematic analysis shown in Appendix D.

Review Question(s)

What initiatives need to be implemented to improve the timely access of mental health services within the Veterans Affairs healthcare system to aid in the reduction of suicide rates among the veteran population?

Two Examples of Initial Codes

Veterans Health Administration (VHA): Core Values of the VHA are defined by the acronym I-CARE which stands for Integrity, Commitment, Advocacy, Respect, Excellence. These values drive and guide the organization in the services the organization provides to veterans and their families to improve their overall health/well-being.

Timely Access: One of the six domains of quality healthcare. According to the Agency for Healthcare Research and Quality (AHRQ) timely access is defined as reducing waits and sometimes harmful delays for both those who receive and those who give care (AHRQ, 2022)

After considering all codes that were produced from each article reviewed for this study, the codes were narrowed down to five sub-themes. These subthemes include

enhancing VA appointment reminders to reduce no-shows, healthcare reform and legislation driving VA policy changes, strategic planning to improve the quality of VA operations, updating VA scheduling systems to meet complex needs of veterans and promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS.

1. Enhancing VA Appointment Reminders to Reduce "No Shows" – a "no-show" is a term used when an individual does not appear for a scheduled appointment due to individual and situational factors or social determinants.
    - Social Determinants of Health – the nonmedical factors that influence health outcomes.
    - Examples of veteran-reported social determinants of health:
        a) Reputation – the perceived characteristics of someone being altered due to the veteran seeking mental health care services or help.
        b) Mental health stigma – societal disapproval or the shame placed on people living with a mental illness or seeking help for emotional distress.
        c) Embarrassment – a feeling of self-consciousness and/or shame veterans experience.
        d) Distance – the length of miles from the veteran's home to the VA.
        e) Hassle – an inconvenience or disruption to the veteran.
        f) Lack of information – the absence or insufficient amount of information provided to the veteran about services available to them.

g) Limited hours for services – the time of day at which services are available at the VA medical center and clinics.

h) Issues with insurance – obstacles that arise when utilizing VA health insurance and/or private health coverage.

i) Insufficient monetary means – a veteran's inability to afford health care services.

j) Fear – an emotion felt by a veteran that believes their medical records, which contain confidential information, will be accessible to others.

k) Deployment – a veteran's active-duty orders to perform full time military services, typically outside of the United States.

- Strategies used by veteran patients to keep appointments.
  a) Using a calendar - transferring information from the appointment reminder to an electronic or paper calendar.
  b) Heightening visibility - highlighted information on appointment reminder letters or put appointment reminder information in a predictable location encountered on a daily basis.
  c) Piggybacking - a person links or associates a new behavior with another established behavior (habit)
  d) Combining strategies – the utilization of more than one of the strategies.

2. Healthcare Reform Driving VA Policy Changes – policies drive organizational operations, administrative procedures, clinical practices, and influence the quality of health care delivery.

- VA healthcare policies require reform to align these policies with modern science and medicine associated with new research regarding post-traumatic stress disorder (PTSD) among veterans.
- 2014 Veterans Access, Choice, and Accountability Act
- 2015 Revision of mental health wait-time policy outlined in Uniform Mental Health Services in VA Medical Centers and Clinics
- 2018 Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act

Strategic Planning to Improve the Quality of VA Operations - administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

- Development of a Novel Metric to measure Timely Access using Bayesian Hierarchical Regression Models
- The VHA 2023-2025 Operational Planning Guidance report seeks to improve their operations by prioritizing the following strategies:
    a) Hire faster and more competitively.
    b) Connect Veterans to the soonest and best care.
    c) Serve Veterans with military environmental exposures.
    d) Accelerate VA's journey to a High Reliability Organization.
    e) Support Veterans' whole health, their caregivers, and survivors.
    f) Prevent Veteran suicide.

- The budget for the fiscal year of 2024 invests $139 million within VA research programs, together with $16.6 billion within the VA Medical Care program and $559 million to further advance the veteran suicide prevention initiatives.

Updating VA Scheduling Systems to Meet Complex Needs of Veterans – a tool or software that manages the scheduling of appointments for veterans and VA providers.

- Veterans Information Systems and Technology Architecture (VistA) - clinic-based scheduling system used by the VHA for more than 30 years to schedule appointments.
- Medical Appointment Scheduling System (MASS) - a commercial-off-the-shelf resource-based system.
- Cerner Scheduling System (CSS) - a modernized healthcare system capable of increased decision support and functionality to ensure that veterans receive timely, coordinated, and integrated primary and specialty care.
- Technological improvements – automated scheduling systems.
- Uniform Mental Health Services in VA Medical Centers and Clinics – The VHA's Handbook establishes minimum clinical requirements for VHA Mental Health Services.
- 2020 VHA Referral Coordination Initiative - The Referral Coordination Initiative (RCI) is the VHA's revised process to streamline the referral

process. This change shifts the work of multiple clinical staff members to dedicated Referral Coordination Teams (RCTs) of administrative and clinical staff dedicated to RCI.

- VA Access to Care, Average Wait Times at Individual Facilities Search – https://www.accesstocare.va.gov/PWT/SearchWaitTimes/
  a) New patient versus established patient
  b) Category of appointment
  c) Location of appointment
- The estimated wait time for a new patient mental health care appointment is approximately 30 days.
- VA Wait Times – the period that it takes for a veteran to obtain an appointment for health care services, the interval between appointment time arrival and the time a veteran is seen/treated by a healthcare professional.

Promoting VA and Private Sector Collaboration to Encourage Veterans to Utilize VA and PS – partnerships between the Veterans Affairs Health Centers and Private Sector Health Organizations to provide enhanced benefits and health care services to veterans and their families.

- Veterans Affairs - The largest integrated healthcare system in the United States, controlled by the US federal government.
- Private Sector – individuals and organizations that are neither owned nor directly controlled by governments.

- Continuity of Care – the delivery of health care services over time by the same health care professional or team
- Care Management – processes and functions that a primary care team can apply to help the patient more effectively prevent/manage their medical conditions.
- Rapid Accessibility – easy and quick to access.

A depiction of these sub-themes is shown in Appendix E: Final Concept/Thematic Map.

Interpretation of the Findings

Enhancing VA Appointments Reminders to Reduce "No Shows"

In efforts to combat veterans' social determinants of health, a trial of enhanced appointment reminders was analyzed as part of an intervention development study. The study found that four strategies used by veteran patients resulted in them keeping their appointments. These strategies include using a calendar, heightening visibility, piggybacking, and combining strategies. In accordance with veterans' experiences with current appointment reminders, six recommendations were suggested based on the evidence obtained via veteran interviews. The six recommendations pertaining to content, timing, and the mode of delivery consists of: 1) mixing up the presentation of the appointment reminder, 2) keeping the reminder short and simple, 3) adding a personal touch to the reminder, 4) include specifics and contact information for the location of the appointment, 5) timing of reminders based on mode of delivery, and 6) hand over the control of the reminders to the patient (p.126) (Teo, et al., 2021). As healthcare systems continue to struggle with the phenomenon of "no-shows" these six recommendations suggest an insight into improving appointment reminders, reducing the incidence of no

shows, and increasing timely access to health care services. The occurrence of no-shows consequently delays a veteran's care, takes time away from scheduling another veteran for potential care, and causes an inaccuracy of metrics captured when measuring timely access. Furthermore, the enhanced usability of appointment reminders was vital in preventing no-shows. Moreover, the reminders should adjust various elements of appointment reminders, including their content, timing, and delivery, to demonstrate effectiveness and be more veteran-centered.

Healthcare Reform and Legislation Driving VA Policy Changes

Healthcare Policies drive organizational operations, administrative procedures, clinical practices, and influence the quality of health care delivery, as well as the development of healthcare systems. Veteran Affairs Healthcare Policies are regulated by the Office of Regulatory Policy and Management (ORPM) with the primary mission to provide centralized management and control for the formulation and publication of all VA Regulations. The public is allowed to participate in the VA's rulemaking process by accessing the website, Regulations.gov (U.S. Department of Veteran Affairs, 2021).

On April 23, 2014, national news was released claiming that veterans were experiencing excessive wait times at Veteran Affairs (VA) Medical Centers and accused the VA Healthcare System of having "secret" wait lists (Jones, et al., 2021). This news coverage affirmed that political action was necessary to improve VA health care. The United States Congress then passed the 2014 Veterans Access, Choice, and Accountability Act, which provided veterans with the ability to receive health care purchased by the VA from the private sector (Jones, et al., 2021). In response to the Choice Act, VA wait-time policies were revised to align with attempts to improve timely

access to VA mental healthcare. The VA's mental health wait-time policy, outlined in Uniform Mental Health Services in VA Medical Centers and Clinics (VA, 2015b), requires that first-time patients requesting mental health care be seen for an initial evaluation within 24 hours, followed by a comprehensive diagnostic and treatment evaluation to be completed within 30 days. This policy was revised in November 2015, post the 2014 Veterans Choice Act, to require a comprehensive exam to be completed within 14 days rather than 30 days (National Academies of Sciences, 2018). Thus, reducing the wait-time for a comprehensive mental health care appointment.

On June 6, 2018, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act was signed into law which provides more choices regarding the utilization of the VA or community care providers that are VA contracted with Third-Party Administrators (TPAs). The purpose of this act was implemented to increase veterans' access to care, under the Veterans Choice Program (VCP) and the MISSION Act. The MISSON Act encourages the VA to explore initiatives like tele-mental health services, which are already being trialed among veterans, to expand mental health support within the VA system (Reddy, Fihn, & Liao, 2019).

In 2020, the VHA refined its internal appointment scheduling process with VHA providers and community care providers by implementing the *Referral Coordination Initiative* to evaluate specialty care referrals. The purpose of the Referral Coordination Initiative is to furnish veterans with details regarding care options, including wait times for accessing care from either a VHA provider or a community care provider, empowering veterans to make informed decisions regarding their healthcare (United States Government Accountability Office, 2023).

Since the enactment of the Veterans Choice Act of 2014 and the VA MISSION Act of 2018, there has been a substantial increase in veterans seeking community health care services. These legislative measures aimed to facilitate access to care for veterans, particularly those residing in rural areas, by enabling them to receive treatment within their local communities. The VA's endeavors to implement changes to its healthcare policies in response to legislative acts and healthcare reform, have been proven to be effective initiatives in improving timely access to mental health care for veterans.

Strategic Planning to Improve the Quality of VA Operations

Organizational operations are an organization's major function in driving quality mental health care services, along with timely access to these services. Veterans Affairs (VA) Medical Care is funded by the federal government. Thus, requiring the Department of Veteran Affairs to allocate resources and funding from the federal government allowance, then distribute funds based on the fiscal year (FY) annual budget. The scarcity of resources and fundings directly correlates with the VA's quality of health care services provided to their veteran patients. The report, Budget in Brief March 2023 by the U.S Department of Veterans Affairs for FY 2024 Budget Submission, proposed an investment of $139 million within VA research programs, together with $16.6 billion within the VA Medical Care program and $559 million to further advance the veteran suicide prevention initiatives. The 2024 funding request will provide the necessary resources to meet VA's commitment to provide timely access to world-class health care and earned benefits to Veterans (U.S. Department of Veterans Affairs, 2023). The financial aspect of healthcare system operations is an important part of strategic planning when creating a workflow suitable for the specific demands imposed on each VA Medical Center.

In attempts to meet the mental health needs of veterans, a mental health domain was developed to be presented alongside the existing nine medical domains in the VA's Strategic Analytics for Improvement and Learning Value Model (SAIL) report. The final version of the mental health domain, consisting of three component measures, was developed in December of 2014. The three component measures of the mental health domain include Population Coverage, Continuity of Care, and Experience of Care. These components represent access to care, assess the coordination of services, and capture patients' experiences and satisfaction. The utilization of the SAIL Mental Health Domain resulted in rapid identification of challenges faced by VA mental health programs and encouraged the implementation of interventions needed to address those challenges. The Mental Health Domain continues to be reviewed regularly, last revised in 2016 based on the ongoing reviews. The final SAIL Mental Health Domain was developed through a structured process of evaluating areas needing improvement, developing specific measurements as a baseline for each area, pilot programs to test these measures, then audit, report, and display measures to maintain the efficiency of improvements (Lemke, et al., 2017). Establishing a baseline measurement of the VA's operations is essential in developing a strategic plan to improve present VA operations.

In December 2015, an ORMS report was able to pinpoint operational issues and furnish a set of recommendations to better serve the veteran population. The recommendations encompass the following: (a) focus on veteran access to healthcare, transition to civilian employment, and support to veterans facing homelessness or legal problems; (b) structural reform of VA operations in aligning veteran resources and requirements; (c) expand data sharing between the government, private and nonprofit

sectors; and (d) eliminate barriers to public-private-nonprofit partnerships to help veterans succeed in civilian life (Samuelson, 2015). The VA's consideration of these recommendations is pivotal when initiating a strategy to improve the VA's operations.

The Veterans Health Administration (VHA), Chief Strategy Office reviewed the VA Handbook 0216, VA Planning Handbook, VHA Directive 1075 to create a strategic operational plan for the fiscal year (FY) 2023-2025 to help guide the VHA in prioritizing specific health care operations. The VA Health Care Priorities endorsed by the VHA Chief Strategy Office in this planning guidance are as follows: 1) Hire faster and more competitively; 2) Connect Veterans to the soonest and best care; 3) Serve Veterans with military environmental exposures; 4) Accelerate VA's journey to a High Reliability Organization; 5) Support Veterans' whole health, their caregivers, and survivors; and 6) Prevent Veteran suicide (Veterans Health Administration, Chief Strategy Office, 2023).

The use of Bayesian hierarchical regression models was utilized to develop a novel measure for assessing if the VA provision of timely care was met for primary care patients. Upon applying this measure, the results of this study suggested that timely care was achieved at a higher rate in comparison to smaller studies from prior years, in 2010-2012. However, although the rate of timely care increased, variability in timely care was identified among 25 of 160 clinics included in the study. Furthermore, timely care was not fulfilled by all patients in this study, indicating a gap in VA practices. Utilizing this novel metric could aid in pinpointing the causes of access discrepancies and guide efforts to promote more uniform access to timely care across clinics. Any new performance metrics should be introduced with careful consideration to prevent unintended repercussions or manipulation of the metric (Batten, Augustine, Nelson, & Kaboli, 2020).

Updating VA Scheduling Systems to Meet Complex Needs of Veterans

VA scheduling systems are software program tools used to manage the booking of veteran appointments on a VA healthcare provider's schedule. The United States Government Accountability Office (GAO) reported in 2015 and 2016 the details surrounding the issue of VA scheduling practices. For example, the VA was not capturing the initial date that a veteran would request an appointment or was referred to schedule an appointment for services. Instead, the VA was capturing the veteran's preferred appointment date as the starting point when calculating the wait time. Consequently, improper scheduling practices such as the example previously mentioned, deemed the VA's scheduling system inefficient. Whilst improvements have been implemented to the VA's scheduling system, veterans continue to experience unnecessary delays in receiving the health care services required to promote positive health outcomes (National Academies of Sciences, 2018).

Being that the VA is the largest integrated healthcare system in the United States, the importance of an efficient scheduling system is critical in driving timely access and quality care for its veteran patients. The VHA completed a direct causation analysis (2015–2020) to assess the VHA's clinic-based Veterans Information Systems and Technology Architecture (VistA) scheduling system and the Medical Appointment Scheduling System (MASS) to evaluate the benefits of each system and identify opportunities for to improve veteran access to health care. The VistA scheduling system has been utilized by the VA for over 30 years, performing the basic function of scheduling a simple one provider to one veteran to one appointment. On the contrary, the MASS scheduling system performs the function referred to as a "many to many"

capability to support complex patients that require inter-related appointment scheduling for the purpose of demonstrating continuity of care. Also, a benefit of implementing the MASS scheduling system comprised of veterans experiencing a reduction in average wait times for completed new patient mental health care appointments, most months. The evidence-based data retrieved from this analysis provided the VHA with the support which they sought to begin to implement the modernized scheduling system, Cerner scheduling system (CSS). In conclusion researchers proclaimed that scheduling is an essential component of the journey to improved safety and quality in healthcare (p.430) (Ford, MacTaggart, & Gunnar, 2021). In an additional effort to enhance the scheduling procedure, the VA introduced a mobile application known as Veteran Appointment Request (VAR). This app enables veterans to arrange appointments conveniently using their smartphones, tablets, or home computers via the web. It facilitates users receiving care from either a Veterans Affairs Medical Center (VAMC) or Community-Based Outpatient Clinics (CBOC) to schedule primary care appointments and request mental health appointments (National Academies of Sciences, 2018).

VA wait times represent the period that it takes for a veteran to obtain an appointment for health care services, as well as the interval between appointment time arrival and the time a veteran receives the requested health care services. The quality of healthcare is dependent on six main domains. One of these domains is referred to as timely access. VA wait times are directly related to the timely access of health care services provided at VA health centers. Moreover, revealing a clear connection between VA wait times and the quality of health care delivered by VA health care professionals. In 2017, the VA launched a website that was meant to provide the public with complete

transparency of VA wait times. This website allows users to search for the average wait times by appointment category, facility location, and new versus established patient appointment types (National Academies of Sciences, 2018).

The United States Government Accountability Office (GAO) reported in January 2023 the VHA documentation of an updated specialty care scheduling process that was introduced to VHA policies and procedures in 2020. The VHA's revised specialty care scheduling procedure, the Referral Coordination Initiative, engages various VA staff members, including the referring provider, the referral coordination teams, and scheduling personnel. The specialty care referral undergoes several stages throughout the scheduling process, encompassing entry, review, and scheduling an appointment within 3 business days of a VA provider entering the referral. However, information regarding the current standard for scheduling timeliness could not be obtained due to the VHA's limited analysis of scheduling timeliness which was carried out by VHA officials in 2021 (United States Government Accountability Office, 2023). Constant evaluation of VA operations is imperative in identifying areas in need of improvement to drive VA strategy planning to implement interventions and initiatives sought to improve the quality of health care delivered to veterans by the VHA.

VA and Private Sector Collaboration to Encourage Veterans to Utilize VA and PS

During the years of 2014 and 2017, a study analyzed veterans' access to mental health care by comparing the wait times for new patients between the Private Sector (PS) and the United States Department of Veterans Affairs Medical Centers (VA). The results of this analysis determined that in 2014 there was no significant difference in the overall wait time for new patient appointments between the VA and PS. However, in 2017 the

overall wait time for new patient appointments was shorter at the VA than the PS. Although the overall wait time was shorter at the VA than the PS in 2017, the VA reflected an increase in unique patients seen, encounters, and an improvement in Consumer Assessment of Healthcare Providers and Systems (CAHPS) access scores, proposing an enhancement in VA wait times. Unfortunately, this study did not include VA mental health care specialty (Penn, et al., 2019).

The concurrent utilization of VA and community health care services by veterans can result in challenges related to interorganizational care coordination, which involves coordinating care among providers from different institutions. Insufficient coordination may result in duplicated, delayed, or conflicting medical services, or even lead to patients disengaging from care altogether. In efforts to mitigate these issues, the VA has initiated recent measures aimed at enhancing interorganizational care coordination. To assess the progress of such coordination, we previously conducted qualitative interviews with VA and community providers regarding the provision of shared care for rural veterans (Miller, Shin, Pugatch, & Kim, 2021).

A mixed-methods sequential explanatory design was conducted to examine veterans' preferences for relational continuity and rapid accessibility for telephone care. The term relational continuity refers to telephone care provided by the veteran's primary care provider or primary care team, possibly delayed. The term rapid accessibility refers to telephone care provided by an unfamiliar healthcare provider or healthcare team at a quicker rate. The results of this study concluded that a larger percentage of veterans considered conversing with a nurse from their designated primary care team (69%) or with a nurse they had prior contact with (60%) to be highly significant compared to

talking to any nurse promptly (53%) or receiving immediate advice (50%). In focus groups, participants favored seeing a familiar provider within 24 hours rather than immediate contact with an unfamiliar provider, especially for routine matters. Rapid access was commonly preferred for urgent inquiries or concerns (Locatelli, Hill, Talbot, Schectman, & LaVela, 2014).

Part 4: Recommendation for Professional Practice and Implications for Social Change

Recommendations for Professional Practice

The use of Donabedian's theoretical framework to evaluate the quality of care was used to explore the VA's structure, processes, and outcomes to determine what initiatives need to be implemented by the VA to improve timely access to mental health care services. The recommendations for VA professional practice are comprised from the reflective thematic analysis presented in appendix E. An overview of the study topic, timely access, and corresponding themes were identified through data extracted from each articled reviewed in this study. Themes identified include enhancing VA appointment reminders to reduce no-shows, healthcare reform and legislation driving VA policy changes, strategic planning to improve the quality of VA operations, updating VA scheduling systems to meet complex needs of veterans and promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS. The structure of the VA can be defined are the largest integrated system in the United States, funded by the U.S. Federal government. Due to its system size being so large, the MISSION Act, which provided more choices for veterans to use VA or community care, served as an aid in the implementation of innovative ideas such as pilot programs and care coordination between the VA and the private sector. The development and enhancement processes that VA healthcare professionals practice is driven by healthcare reform and legislation. Processes such as appointment reminders, scheduling systems, policies for timely access to mental healthcare, and strategic planning to improve VA operations. The continuous evaluation of current processes provides the VA with a guide regarding areas in need of improvement. Government agencies such as GAO suggest recommendations proven to

improve outcomes. The overall improvement of outcomes among the veteran population is the goal when exploring what factors are contributing to the lack of timely access, as timely access to mental healthcare can have a direct impact on the rate of suicide among veterans. Moreover, the findings of this study confirm that that following initiatives listed below are consistent with improving timely access to mental healthcare and reducing suicide rates among the veteran population.

The VHA's quality improvement of operations should be implemented through the application of techniques that continually improve the quality of care provided, patient safety, organizational performance, and the financial health of the organization. The Quality of Healthcare Domain: Timely - Reducing waits and sometimes harmful delays can result in a decrease in suicide rates among the veteran population. The VHA should resolve the conflicting policies concerning the standard for timely access to mental health care set by the VHA Uniform Handbook for Mental Health Services, the Choice Act, and the 2020 VHA Referral Coordination Initiative. The VHA must declare one single policy setting the standard timeframe for obtaining an initial mental health care appointment and a comprehensive mental health care appointment. Quality improvement can also be achieved through strategic planning. The VA is entitled to a specific amount of federal funding to perform its duties. Strategic planning consists of budgeting, adherence to new legislation and healthcare reform, interventions needed to improve current practices, pilot programs, assessment and evaluation of outdated systems or procedures, etc.

The VHA should enhance appointment reminders to be more veteran centered to reduce or eliminate the number of "no-shows" for scheduled appointments. The enhanced

usability of appointment reminders would aid in combatting veteran social determinants of health, thus increasing timely access to health care services. Six suggested strategies recommended for healthcare systems to enhance appointment reminders include 1) mix up the content and format, 2) keep reminders short and simple, 3) add a personal touch, 4) include details about clinic location and contact information, 5) time when the reminder is sent based on method of delivery, and 6) allow patients to choose the type of reminders they would like to receive (e.g. text, email, postcard).

Promoting VA and Private Sector collaboration would aid in continuity of care through care management and primary care teams within the VA and with community providers. Care management consists of utilizing resources for the patient to obtain optimal and comprehensive proactive care, treatment, and post discharge care. The collaboration between the VA and private sectors would enable opportunities for veterans to exhaust all resources available for attaining care, in attempts to bridge the gap between timely access to mental health care services and utilizing resources.

Lastly, updating the VHA scheduling systems to meet the unique and complex needs of each veteran is suggested. The VA's adoption of the Medical Appointment Scheduling System (MASS) scheduling system proved to have demonstrated system advantages supported by evidence-based framework. The modern scheduling systems implemented resource-based scheduling integrated with standardized business logic. This automated technology and streamlined business processes assist users, minimize human error, enhance productivity, and promote the potential for timely service access and patient safety.

On a final note, Donabedian's model framework served as a guide in evaluating the structure, processes, and outcomes of the Veterans Affairs Healthcare System. The organizational size and structure chart of the Veterans Health Administration (VHA) encompasses the Office of the Under Secretary for Health, overseeing numerous departments committed to veteran healthcare. These departments, integral to veteran care, cover areas such as health informatics, strategy, community care, clinical services, patient care services, quality and patient safety, operations, and support. Under the guidance of the Office of the Under Secretary for Health, the VHA assumes leadership and direction over the largest integrated healthcare system dedicated to veterans. VA processes identified in this study involved enhancing appointment reminders, updating scheduling systems to meet unique and complex veteran needs, protocols ensuring prompt access to mental healthcare in response to healthcare reform and legislative acts, strategic initiatives aimed at enhancing VA operations, and encouraging collaboration between the Veterans Affairs Healthcare System and the private sector. Applying these initiatives to VA processes within the VA structure resulted in positive outcomes, validating improved timely access to mental healthcare, and reduced veteran suicide rates.

Implications for Social Change

My study seeks to improve timely access to mental health care services within the VA healthcare system and reduce suicide rates among the veteran population. Veterans have a significantly higher rate of suicide than the general population. According to the U.S. Department of Veterans Affairs' 2023 National Veteran Suicide Prevention Annual Report, an increase in veteran suicides was documented to reflect a total of 6,392 veteran deaths by suicide in the year of 2021. This total number increased by 114 in comparison

to the year 2020 (U.S. Department of Veteran Affairs, 2023). Veteran suicide prevention continues to be a priority for all veterans being treated within the VA and outside of the VA. A proactive approach such as the Strong Veterans Act of 2022, which requires that the VA implement changes to their current operations, training, access to mental health care, etc. is one of the many strategies seeking to implicate a positive social change for the veteran population. The need for access to mental health care services within a timely manner is vital to the prevention of suicide completion rates. The sooner a veteran is screened for mental illnesses and suicide risks, the higher the chance of providing the veteran with effective treatment. Moreover, reducing the suicide rates among our U.S. veteran population, improving the overall well-being of veterans, and promoting a positive social change for veterans living with mental health conditions. In addition, veterans who may be seeking mental health services for the first time will be at ease in trusting that the VA healthcare system will have the capacity to ensure a comprehensive approach is completed within an appropriate timeframe. Thus, altering the VA's reputation regarding timely access and wait times, from a negative outlook to a positive. Furthermore, the implementation of VHA initiatives such as enhancing VA appointment reminders to reduce no-shows, healthcare reform and legislation driving VA policy changes, strategic planning to improve the quality of VA operations, updating VA scheduling systems to meet complex needs of veterans and promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS, would support the VA's demand for timely access to mental healthcare – resulting in a decrease of suicide rates among the veteran population.

Limitations

The limitations of this study consist of the lack of disclosure regarding internal operations within the VA healthcare organization and the perspectives of veterans, as well as the accuracy of data reported by the VA. Furthermore, prohibiting this research to include direct interviews with the veteran population, VA healthcare staff members, and any information that was not retrieved from a database of existing literature. Moreover, confidential memos and internal data were not permitted to be accessed for the purpose of this study. The method of this study was conducted as an integrative review of existing literature related to known information about timely access to mental health care services within the VA healthcare system. Each article reviewed must have been published within the last 10 years and categorized as a scholarly peer-reviewed article. A critical appraisal of evidence was performed for all articles referenced in this integrative review. The information obtained from these articles included limitations for each individual article such as the methods used to collect data, the non-randomized and randomized design of each study, the sample size, and the influence impacting the interpretations of findings. Consequently, these limitations suggest that more in-depth research is needed to truly identify internal root causes and factors contributing to timely access issues within the VA healthcare system. Upon the identification of internal VA operational root causes and factors, only then will a proper solution be deployed to combat the challenges veterans face with receiving timely access to mental health care services.

Conclusion

The Veterans Affairs Healthcare System has been reported as a high-risk organization. Quality improvement of VA operations through strategic planning is

necessary to allocate resources and drive initiatives to increase timely access to mental health care services. New frameworks and strategies are currently being piloted to improve the operations within the Veterans Affairs Healthcare System, but further research is required to determine the efficiency of pilot programs. The six domains of quality in healthcare are achieved through holistic and veteran-centered approaches.

Updating VA scheduling systems to a modern scheduling system was found to have tremendous benefits in addressing the unique and complex needs of veterans. VA scheduling policy revisions were implemented upon the enactment of legislation acts and healthcare reforms to align with current veteran health care needs.

Social determinants of health such as factors contributing to veterans missing appointments can be tackled by enhancing appointment reminders. The development of an enhanced appointment reminder should be veteran centered to promote the usability of recurring appointment reminders. Reducing the number of no-shows, also referred to as missed appointments, would increase the timely access to mental health care.

Veterans are encouraged to utilize care from both the Veterans Affairs Healthcare System and the private sector to achieve optimal care. The VA is working towards making use of continuity of care models such as care management and primary care teams. A collaboration between Veteran Affairs healthcare professionals and private sector healthcare professionals would aid in the delivery of high-quality care to improve overall veteran patient outcomes. Moreover, lowering the incidence of suicide within the veteran community of the United States of America.

In conclusion, through Donabedian's model framework, the assessment of the VA's structure, processes, and outcomes further solidified what interventions support

improvements to mental healthcare timely access. Additionally, contributing to the reduction of veteran suicide rates. The VA's structure constitutes as the largest integrated healthcare system in the United States, making it difficult to execute initiatives across all VA medical centers and outpatient clinics. However, the following initiatives to VA processes: improving appointment reminders, modernizing scheduling systems to address the distinct and multifaceted needs of veterans, implementing protocols to ensure timely access to mental healthcare in alignment with healthcare reform and legislative mandates, initiating strategic efforts to boost VA operations, and fostering collaboration between the Veterans Affairs Healthcare System and the private sector, demonstrated successful outcomes in revamping timely access to mental healthcare for veterans. Furthermore, decreasing the rates of veteran suicide.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future research	Implications For practice	Empirical Research (Yes or No)
Ford, J., MacTaggart, P., & Gunnar, W. (2021)	Evidence-based framework	An effective and efficient scheduling strategy is dependent on an evidence-based approach that focuses on critical drivers of the scheduling system related to patient safety and quality as well as access.	VHA completed a thorough structure, driver, processes, and outcomes measurement analysis (2015–2020) of its VistA scheduling system.	As the integrated VHA's veteran-centered healthcare delivery system has evolved through the decades, the complicated healthcare needs of its diverse population have required a modernized scheduling system.	The article, Veterans Health Administration Scheduling System: The Path to High Reliability Realization, identified limitation of evidence as VistaA scheduling system and VSE offering limited reports on productivity, quality, and profitability.	The same assessment methodology can be used going forward to validate benefits realized and limit risks of additional scheduling system improvements.	The evidence-based assessments provided support for VHA's decision to begin implementation of the Cerner scheduling system at one site while continuing to implement the Cerner Millennium EHR platform, which includes the Cerner scheduling system at other VHA sites.	No

Teo, A. R., Metcalf, E. E., Strange, W., Call, A. A., Tuepker, A., Dobscha, S. K., & Kaboli, P. J. (2021)	Analytic Framework	To understand how patients experience appointment reminders as part of intervention development for a pragmatic trial of enhanced appointment reminders.	Qualitative content analysis	Interviews showed four limitations on the usability of current appointment reminders which may contribute to no-shows: (1) excessive information within reminders; (2) frustrating telephone systems when calling in response to an appointment reminder; (3) missing or cryptic information about clinic logistics; and (4) reminder fatigue. Patients who were successful at keeping appointments often used specific strategies to optimize the	Appointment reminders are vital to prevent no-shows, but their usability is not optimized for patients. There is potential for healthcare systems to modify several aspects of the content, timing, and delivery of appointment reminders to be more effective and patient centered.	While there have been dozens of randomized controlled trials testing the effectiveness of various appointment reminder systems and modes of delivery, there has been exceedingly little qualitative research done on appointment reminders.	Veterans noted that they are likely to tune out, or even ignore, appointment reminders that appear the same, and that varying appointment reminders might prompt them to examine the content more closely. This effect might be achieved by adding new content on a rotating basis, altering the length, or otherwise changing the appearance or format of reminders.	Yes

				usability of reminders, including (1) using a calendar; (2) heightening visibility; (3) piggybacking; and (4) combining strategies. Our recommendations to enhance reminders are as follows: (1) mix up their content and format; (2) keep them short and simple; (3) add a personal touch; (4) include specifics on clinic location and contact information; (5) time reminders based on the mode of delivery; and (6) hand over control of reminders to patients.				

Lemke, S., Boden, M. T., Kearney, L. K., Krahn, D. D., Neuman, M. J., Schmidt, E. M., & Trafton, J. A. (2017).	Conceptual	The Mental Health Domain covers three important aspects of mental health treatment: Population Coverage, Continuity of Care, and Experience of Care.	Development of the SAIL Mental Health Domain followed a structured process consisting of these steps: conceptualizing the areas to be measured, translating these concepts into measure specifications, pilot testing, auditing, reporting and displaying measures for users, and maintaining their effectiveness over time.	Experience with the Mental Health Domain in the first year demonstrated its utility for quickly diagnosing challenge points faced by mental health programs and for encouraging coordinated action to address them. It also made clear the critical importance of available consultation and technical assistance to guide interpretation and plan effective responses to the measures.	The article, Measurement-Based Management of Mental Health Quality and Access in VHA: SAIL Mental Health Domain, claims that there are present limitations with VHA data.	As the VHA obtains required data, develops measures to tap these areas, and gains experience with the resulting measures, the Mental Health Domain may be expanded to be even more inclusive of the broad array of services offered to veterans.	Based on continuing review, the SAIL Mental Health Domain has been revised for FY 2016. These changes reflect various considerations in ongoing review.	Yes
Reddy, A., Fihn, S. D., & Liao, J. M. (2019).	Report	The VA MISSION Act dedicates $50 million per year to a new Department of Veterans	Report	The VA and traditional Medicare operate in ways that result in fundamentally different	The Mission Act resulted in the authorization to prioritize pilots, test alternative payment	The VA center could also build on the rigorous design of some CMMI pilot	The VA center could leverage CMMI's efforts working with nongovernme	No

		Affairs innovation center and would allow it to prioritize pilots that counterbalance underlying incentives, test episode-based payment approaches, and address veteran-specific needs.		incentives for providers. VA health systems function largely under a tiered capitation system, in which care is funded by a global budget that is adjusted based on patient- and facility-level complexity.	models, and direct attention to the specific needs of veterans.	evaluations — such as the Comprehensive Care for Joint Replacement program — and incorporate randomization into its pilots whenever feasible, and it could use patient-reported outcomes to emphasize the importance of patient-centered care.	ntal payers to establish shared quality measures. Multi-payer alignment could be particularly important for coordinating care, avoiding duplication and waste, and improving integration, given that many veterans receive care both within and outside the VA system.	
Washington (DC): National Academies Press (US); 2018 Jan 31. 9,	Theoretical	Using information from the committee's survey, site visit, and literature research, this chapter examined the issues affecting timely access	It summarizes the published research regarding wait times, wait-time data collected within the VA, the qualitative site interview data obtained as part of this study, appointment scheduling	The VA's mental health wait-time policy, outlined in Uniform Mental Health Services in VA Medical Centers and Clinics (VA, 2015b), requires that first-time	Veterans who have received either formal or informal assistance navigating the VA system report that they are able to receive care with relative ease. Furthermore,	While the Veterans Access, Choice, and Accountability Act of 2014 allows eligible veterans who meet certain conditions to seek care outside of the	In an attempt to improve transparency about wait times and the quality of care, in 2017 the VA launched www.accesstocare.va.gov. On that site users can	No

		to mental health care services at the VA.	practices, cancellation and missed appointment practices and policies, the VA's efforts to improve timely access, and suggestions for improvement from site visit interviews.	patients requesting mental health care be seen for an initial evaluation within 24 hours, followed by a comprehensive diagnostic and treatment evaluation to be completed within 30 days. This policy reflects a revision made in November 2015, before which the comprehensive exam was required to be completed in 14 days instead of 30.	veterans who present with acute mental health needs are also, understandably, given priority.	VA, non-VA community mental health providers are in short supply in many areas and may lack the training and expertise to deliver high-quality care for conditions such as PTSD.	search for facilities by location and see the average wait times for different types of clinical appointments (e.g., mental health, women's health) and visit type (e.g., returning appointment, new appointment).	
Batten, A. J., Augustine, M. R., Nelson, K. M., & Kaboli, P. J. (2020).	Theoretical	To develop a model for identifying clinic performance at fulfilling next-day and walk-in requests after adjusting for	Using Department of Veterans Affairs (VA) administrative data from 160 VA primary care clinics from 2014 to 2017. Using a retrospective cohort design, we	Across 160 primary care clinics, requests for timely care were fulfilled 86 percent of the time (range 83 percent-88 percent). Our model of timely	Statistical models of timely care allow for identification of clinics in need of improvement after adjusting for patient demographics	Future work should validate this metric with additional actual and perceived measures of access and test the	The timely care metric may provide clinical managers with real-time and meaningful estimates of timely care fulfillment	Yes

		patient demographics and risk.	applied Bayesian hierarchical regression models to predict provision of timely care, with clinic-level random intercept and slope while adjusting for patient demographics and risk status.	care fit the data well, with a Bayesian R2 of .8. Over the four years of observation, we identified 25 clinics (16 percent) that were either struggling or excelling at providing timely care.	and risk status. VA primary care clinics fulfilled 86 percent of timely care requests.	impact on health outcomes.	rates, after adjusting for the relative risk of their patient population.	
Penn, M., Bhatnagar, S., Kuy, S., Lieberman, S., Elnahal, S., Clancy, C., & Shulkin, D. (2019, January 18).	Theoretical	Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers.	repeated cross-sectional study	In this repeated cross-sectional study of wait time data from VA facilities and private sector hospitals in primary care, dermatology, cardiology, and orthopedics from 15 major metropolitan areas, there was no statistically significant difference between private sector and VA mean wait times in 2014. In 2017, mean	Access to care within VA facilities appears to have improved between 2014 and 2017 and appears to have surpassed access in the private sector for 3 of the 4 specialties evaluated.	An analysis of access to mental health services and of access in rural areas in the VA and PS would be useful to pursue in further research.	With data from both PS and VA facilities, further analyses of wait times can be conducted to identify needed change in access.	Yes

				wait times were statistically significantly shorter for the VA compared with the private sector facilities as wait times from 2014 to 2017 improved in the VA facilities while wait times in the private sector remained unchanged.				
Miller, C. J., Shin, M., Pugatch, M., & Kim, B. (2021).	Theoretical	To investigate veteran perspectives on challenges in care coordination between US Department of Veterans Affairs (VA) clinics and community providers in rural areas.	qualitative interviews with a geographically diverse sample of 51 veterans who had used both VA and community health care services	Results from 5 major domains: external and veteran context, organizational mechanisms, organizational culture, relational practices, and TPAs. In terms of emergent themes, many veterans spoke about the implications of breakdowns in interorganizational care	The findings may inform a fundamental policy question: under what circumstances, and how, should VA partner with community health care institutions to provide treatment for veterans under the MISSION Act?	Future research will attend to these issues while developing and refining specific programs to enhance interorganizational care coordination between VA and community providers.	Efforts to achieve these goals may involve improving medical record interoperability; more comprehensively connecting VA and community care coordination staff; and leveraging telehealth technologies	No

				coordination across these domains.			where appropriate.	
Samuelson, D. A. (2015).	Theoretical	The report outlines the critical issues and strategic issues facing this community as the nation ends two major wars, wrestles with an age of fiscal austerity, and enters a presidential election that will set the course of policy for this community and the nation.	Quantitative Analysis	The following recommendations reported as solutions to serve the veteran population better: 1) focus on veteran access to healthcare, transition to civilian employment, and support to veterans facing homelessness or legal problems. 2) structural reform of VA operations in aligning veteran resources and requirements. 3) expand data sharing between the government, private and non-profit sectors. 4) eliminate barriers to public-private-	A quantitative analysis suggests a set of recommendations for the next president on issues pertaining to veterans' health care.	This article will help guide further research to obtain data that can aid in the understanding of this phenomenon.	This source is applicable to the research the current operational issues within the Veterans Affairs Administration and provides proposed solutions based on quantitative analysis.	Yes

				nonprofit partnerships to help veterans succeed in civilian life.				
Locatelli, S. M. , Hill, J. N. , Talbot, M. E. , Schectman , G. & LaVela, S. L. (2014).	Theoretical	The purpose of this study is to examine the preferences of veterans for continuity and rapid accessibility to healthcare via telephonically	Mixed Method Explanatory Design	Results found that veterans preferred receiving telephonic medical advice from their primary care office or a familiar provider rather than immediate advice from an unfamiliar nurse. However, rapid accessibility was preferred for urgent questions and concerns.	Telephonic health care access could improve veteran health and reduce the determinants associated with lack of access to health care for veterans.	The article can be applied to future research in discovering alternative methods of health care for veterans.	For example, veterans who experience long wait times to be seen can utilize telephonic health care for medical questions and concerns first rather than scheduling an appointment and having to wait a long period of time to be seen.	Yes
Jones, A. L., Fine, M. J., Taber, P. A., Hausmann , L. R., Burkitt, K. H., Stone, R. A., &	Theoretical	The aims were to assess changes in Veterans' distrust in the VA health care system before and after the media	Veterans completed semi structured interviews on health care satisfaction from June 2013 to January 2015, including a validated scale of	For women (n=600), distrust scores (mean=2.09) increased by 0.45 in days 0–90 (P<0.01), then decreased by 0.45 in days 90–180	Health system distrust increased in women following media coverage of VA access problems and was higher in Black/Hispanic	Conducting research into the quality of care at VA versus community care settings and developing educational	Results from this study have implications for current care seeking. Since 2014, the VA has greatly expanded	No

Zickmund, S. L. (2021, June).		coverage and explore sex and racial/ethnic differences in the temporal patterns.	health system distrust (range: 1–5).	(P<0.01). Among men (n=575), distrust scores (mean=2.05) increased by 0.18 in days 0–90 (P=0.059). Distrust levels were significantly higher for Black versus White women (time adjusted mean difference=0.21) and for Black and Hispanic versus White men (differences=0.26 and 0.18). However, the temporal patterns did not vary by race/ethnicity for women or men (interaction P=0.85 and 0.21, respectively).	versus White Veterans at all time periods. Such perceptions could influence Veteran decisions to seek health care in the community rather than VA.	tools to inform Veterans about the VA's unique services and strengths could help to improve Veterans' trust and confidence in choosing the VA.	community care initiatives (eg, Veterans Choice Program, MISSION Act) that allow eligible Veterans to receive health care purchased by the VA from the private sector, and trust in the health care system is one factor in Veteran intentions to use VA versus non-VA health care options.	
Brunner, J., Schweizer,	Theoretical	The study aimed evaluated	Survey measures were derived from validated	The sample of 419 women veteran primary	Findings suggest that overall	Additional research is needed to	The study highlights opportunities	No

C. A., Canelo, I. A., Leung, L. B., Strauss, J. L., & Yano, E. M. (2019).		problems that patients might face in obtaining care, and examined subjective ratings of VA care as a function of timely access to mental health care	instruments adapted using pilot tests and cognitive interviews with women veterans.	care users who had received mental health care in the previous 12 months, 248 (59%) reported "always" getting an appointment for mental health care as soon as needed, and another 93 (22%) reported "usually" getting an appointment as soon as needed	experience of care is associated with timely access to mental health care, and that such access may be amenable to improvements related to clinic hours, or mechanisms for answering patient questions between visits.	determine whether secure messaging, telephone clinics, or improved methods of answering systems for mental health visits improve patients' (or subgroups of patients') perceptions of access to care.	for addressing barriers to timely access to VA mental health care (i.e., "appointment times conflicting with other activities," "difficulty getting questions answered between visits") through patient-centered health care innovations, such as non-traditional clinic hours, open access scheduling, telemedicine, and secure messaging.	

Appendix B: DHA Review Question(s) Search Log

Database or location name	Search Terms	Results	Notes
APA PsycInfo	• vha or veterans health administration or va or veterans affairs • mental health • timely access	18	1. Nelson, S. M., Mach, J. J., Hein, T. C., Abraham, K. M., Jedele, J. M., & Bowersox, N. W. (2022). Access to timely mental health care treatment initiation among Veterans Health Administration patients with and without serious mental illness. Psychological Services, 19(3), 488–493. https://doi.org/10.1037/ser0000534 2. Brunner, J., Schweizer, C. A., Canelo, I. A., Leung, L. B., Strauss, J. L., & Yano, E. M. (2019). Timely access to

Database or location name	Search Terms	Results	Notes
			mental health care among women veterans. Psychological Services, 16(3), 498–503. https://doi.org/10.1037/ser0000226 3. Tanielian, T., Woldetsadik, M. A., Jaycox, L. H., Batka, C., Moen, S., Farmer, C., & Engel, C. C. (2016). Barriers to engaging service members in mental health care within the US Military health system. Psychiatric Services, 67(7), 718–727. https://doi.org/10.1176/appi.ps.201500237
Military & Government Collection	• vha or veterans health administration	3	1. Draper, D. A. (2015). Clearer

Database or location name	Search Terms	Results	Notes
	or va or veterans affairs • mental health • timely access		Guidance on Access Policies and Wait-Time Data Needed. GAO Reports, 1–53 2. VA strengthens care and benefits for Veterans with $220 billion budget. (2019). Vantage Point, 1. 3. Dodaro, G. L. (2020). Priority Open Recommendations: Department of Veterans Affairs. GAO Reports, 1–22.
Business Source Complete	• vha or veterans health administration or va or veterans affairs • mental health • timely access	6	1. Dodaro, G. L. (2020). Priority Open Recommendations: Department of Veterans Affairs. GAO Reports, 1–22. 2. Vanneman, M. E., Wagner, T. H., Shwartz, M.,

Database or location name	Search Terms	Results	Notes
			Meterko, M., Francis, J., Greenstone, C. L., & Rosen, A. K. (2020). Veterans' Experiences W ith Ou tp a tient Care: Comparing The Veterans A ffairs System W ith Community-Based Care. Health Affairs, 39(8), 1368–1376. https://doi.org/10.1377/hlthaff.2019.01375
MEDLINE with Full Text	• vha or veterans health administration or va or veterans affairs • mental health • timely access	14	1. Feyman, Y., Asfaw, D. A., & Griffith, K. N. (2022). Geographic Variation in Appointment Wait Times for US Military Veterans. JAMA Network Open, 5(8), e2228783.

Database or location name	Search Terms	Results	Notes
			https://doi.org/10.1001/jamanetworkopen.2022.28783 2. Rajendran, S., Mills, P. D., Watts, B. V., & Gunnar, W. (2022). Suicide and Suicide Attempts on Veterans Affairs Medical Center Outpatient Clinic Areas, Common Areas, and Hospital Grounds. Journal of Patient Safety, 18(1), 33–39. https://doi.org/10.1097/PTS.0000000000000796
MEDLINE with Full Text	• Veterans Health Administration Scheduling System: The Path to High Reliability Realization.	1	1. Ford, J., MacTaggart, P., & Gunnar, W. (2021). Veterans Health Administration Scheduling System: The Path to High Reliability

Database or location name	Search Terms	Results	Notes
			Realization. Journal of Healthcare Management / American College of Healthcare Executives, 66(6), 421–430. https://doi.org/10.1097/JHM-D-20-00257
Journals@OVID	• Measurement-Based Management of Mental Health Quality and Access in VHA: SAIL Mental Health Domain	1	1. Lemke, S., Boden, M. T., Kearney, L. K., Krahn, D. D., Neuman, M. J., Schmidt, E. M., & Trafton, J. A. (2017). Measurement-Based Management of Mental Health Quality and Access in VHA: SAIL Mental Health Domain. Psychological Services, 14(1), 1–12.

Database or location name	Search Terms	Results	Notes
			https://doi.org/10.1037/ser0000097
Gale Academic OneFile Select	• The VA MISSION Act - Creating a Center for Innovation within the VA	1	1. Reddy, A., Liao, J. M., & Fihn, S. D. (2019). The VA MISSION Act - Creating a Center for Innovation within the VA. The New England Journal of Medicine, 380(17), 1592.
@ Walden University Library	• Evaluation of the Department of Veterans Affairs Mental Health Services	10	1. Canady, V. A. (2018). Mandated report finds unmet need for MH services among vets. Mental Health Weekly, 28(7), 7–8. https://doi.org/10.1002/mhw.31349 2. Agency Information Collection (Evaluation of the Department of Veterans Affairs Mental Health

Database or location name	Search Terms	Results	Notes
			Services); Activities Under OMB Review. (2016, February 8). Federal Register.
CINAHL Plus with Full Text	• Batten, A. J., Augustine, M. R., Nelson, K. M., & Kaboli, P. J. (2020).	1	1. Batten, A. J., Augustine, M. R., Nelson, K. M., & Kaboli, P. J. (2020). Development of a novel metric of timely care access to primary care services. Health Services Research, 55(2), 301–309. https://doi.org/10.1111/1475-6773.13255
PubMed	• veterans affairs timely access to mental health	52	1. Penn, M., Bhatnagar, S., Kuy, S., Lieberman, S., Elnahal, S., Clancy, C., & Shulkin, D. (2019). Comparison of Wait Times for New Patients

Database or location name	Search Terms	Results	Notes
			Between the Private Sector and United States Department of Veterans Affairs Medical Centers. JAMA Network Open, 2(1), e187096. https://doi.org/10.1001/jamanetworkopen.2018.7096 2. True, G., Rigg, K. K., & Butler, A. (2015). Understanding Barriers to Mental Health Care for Recent War Veterans Through Photovoice. Qualitative health research, 25(10), 1443–1455. https://doi.org/10.1177/1049732314562894 3. Ospina-Pinillos, L., Davenport, T. A.,

Database or location name	Search Terms	Results	Notes
			Ricci, C. S., Milton, A. C., Scott, E. M., & Hickie, I. B. (2018). Developing a Mental Health eClinic to Improve Access to and Quality of Mental Health Care for Young People: Using Participatory Design as Research Methodologies. Journal of medical Internet research, 20(5), e188. https://doi.org/10.2196/jmir.9716 4. Miake-Lye, I., Mak, S., Shanman, R., Beroes, J. M., & Shekelle, P. (2017). Access Management Improvement: A Systematic Review. Department of Veterans Affairs (US).

Database or location name	Search Terms	Results	Notes
			5. Smith, C., Boden, M., & Trafton, J. (2023). Veterans Health Administration Outpatient Psychiatry Staffing Model: Longitudinal Analysis on Mental Health Performance. Journal of general internal medicine, 38(Suppl 3), 814–820. https://doi.org/10.1007/s11606-023-08119-1 6. Colaiaco, B., Roth, C. P., Ganz, D. A., Hanson, M., Smith, P., & Wenger, N. S. (2018). Continuity of Information Between Mental Health and Primary Care Providers After a Mental Health Consultation.

Database or location name	Search Terms	Results	Notes
			Psychiatric services (Washington, D.C.), 69(10), 1081–1086. https://doi.org/10.1176/appi.ps.201800025 7. Fletcher, T. L., Johnson, A. L., Kim, B., Yusuf, Z., Benzer, J., & Smith, T. (2021). Provider perspectives on a clinical demonstration project to transition patients with stable mental health conditions to primary care. Translational behavioral medicine, 11(1), 161–171. https://doi.org/10.1093/tbm/ibz172 8. Jones, A. L., Chu, K., Rose, D. E., Gelberg, L., Kertesz, S. G., Gordon, A. J.,

Database or location name	Search Terms	Results	Notes
			Wells, K. B., & Leung, L. (2023). Quality of Depression Care for Veterans Affairs Primary Care Patients with Experiences of Homelessness. Journal of general internal medicine, 38(11), 2436–2444. https://doi.org/10.1007/s11606-023-08077-8 9. Leung, L. B., Yoon, J., Rubenstein, L. V., Post, E. P., Metzger, M. E., Wells, K. B., Sugar, C. A., & Escarce, J. J. (2018). Changing Patterns of Mental Health Care Use: The Role of Integrated Mental Health Services in Veteran Affairs

Database or location name	Search Terms	Results	Notes
			Primary Care. Journal of the American Board of Family Medicine : JABFM, 31(1), 38–48. https://doi.org/10.3122/jabfm.2018.01.170157 10. Kim, B., Benzer, J. K., Afable, M. K., Fletcher, T. L., Yusuf, Z., & Smith, T. L. (2023). Care transitions from the specialty to the primary care setting: A scoping literature review of potential barriers and facilitators with implications for mental health care. Journal of evaluation in clinical practice, 10.1111/jep.13832. Advance online

Database or location name	Search Terms	Results	Notes
			publication. https://doi.org/10.1111/jep.13832 11. Riblet, N. B., Soncrant, C., Mills, P., & Yackel, E. E. (2023). Analysis of Reported Suicide Safety Events Among Veterans Who Received Treatment Through Department of Veterans Affairs-Contracted Community Care. Military medicine, 188(9-10), e3173–e3181. https://doi.org/10.1093/milmed/usad088 12. Dang, S., Gomez-Orozco, C. A., van Zuilen, M. H., & Levis, S. (2018). Providing Dementia Consultations to Veterans Using

Database or location name	Search Terms	Results	Notes
			Clinical Video Telehealth: Results from a Clinical Demonstration Project. Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 24(3), 203–209. https://doi.org/10.1089/tmj.2017.0089 13. Miller, C. J., Shin, M., Pugatch, M., & Kim, B. (2021). Veteran Perspectives on Care Coordination Between Veterans Affairs and Community Providers: A Qualitative Analysis. The Journal of Rural Health : Official

Database or location name	Search Terms	Results	Notes
			Journal of the American Rural Health Association and the National Rural Health Care Association, 37(2), 437–446. https://doi.org/10.1111/jrh.12526 14. Jones, A. L., Fine, M. J., Taber, P. A., Hausmann, L. R. M., Burkitt, K. H., Stone, R. A., & Zickmund, S. L. (2021). National Media Coverage of the Veterans Affairs Waitlist Scandal: Effects on Veterans' Distrust of the VA Health Care System. Medical care, 59(Suppl 3), S322–S326. https://doi.org/10.1097/MLR.0000000000001551

Database or location name	Search Terms	Results	Notes
Gale Academic OneFile Select	• Improving protection for our protectors • Relational continuity or rapid accessibility in primary care?: a mixed-methods study of veteran preferences	2	1. Samuelson, D. A. (2015). Improving protection for our protectors: in recommending priorities for veterans' care, new study presents opportunities for quantitative analytics. OR/MS Today, 42(6), 32. 2. Locatelli, S. M., Hill, J. N., Talbot, M. E., Schectman, G., & LaVela, S. L. (2014). Relational continuity or rapid accessibility in primary care?: a mixed-methods study of veteran preferences. Quality Management in Health Care, 23(2), 76.

Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Ford, J., MacTaggart, P., & Gunnar, W. (2021) Veterans Health Administration Scheduling System: The Path to High Reliability Realization	Level 3 Good	HSO: VA Healthcare System Research: An effective and efficient scheduling strategy is dependent on an evidence-based approach that focuses on critical drivers of the scheduling system related to patient safety and quality as well as access.	As part of a continuing effort to improve access, the Veterans Health Administration (VHA) completed a direct causation analysis (2015–2020) using an evidence-based framework and comprehensive measurement plan. The analysis, described here, validates access benefits realized specialty by specialty and facility by facility, identifies opportunities for improvement, and acknowledges limitations of the change from the Veterans Information Systems and Technology Architecture scheduling system to the Medical Appointment Scheduling System.	VHA completed a thorough structure, driver, processes, and outcomes measurement analysis (2015–2020) of its VistA scheduling system as the baseline measure. The metric-by-metric comparison of VistA to MASS for this analysis included 150 foundational and functional measures for each of 12 VHA clinics.	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			VistA scheduling lacks the reliability to assure timely access to appropriate services.		
Lemke, S., Boden, M. T., Kearney, L. K., Krahn, D. D., Neuman, M. J., Schmidt, E. M., & Trafton, J. A. (2017). Measurement-Based Management of Mental Health Quality and Access in VHA: SAIL Mental Health Domain	Level 1 Good	HSO: The Veterans Health Administration Research: a quasi-experimental design with a comparison group but without pretest measurement (Harris et al., 2006) to evaluate eScreening as a health informatics intervention in our Transition Care Management Program.	Experience with the Mental Health Domain in the first year demonstrated its utility for quickly diagnosing challenge points faced by mental health programs and for encouraging coordinated action to address them. VHA has several initiatives to try to obtain routine, timely, and representative feedback from veterans and providers through novel approaches. Over time, it will also be important to validate performance on the overall composite and its three component measures against	Statistical Analyses of measures: Sociodemographic and service history, Military sexual trauma (MST), Traumatic brain injury, Somatic symptoms, Pain intensity, Tobacco and alcohol use, posttraumatic stress disorder symptoms, Depression symptoms, Anxiety symptoms, insomnia, satisfaction ratings, accessibility, screening completion, and the care management intake process, and Connection to clinical care.	First, the nonrandomized design of the study limits the interpretation of results because of several potential threats to internal validity such as cohort effects, unknown changes to processes unrelated to the informatics intervention, and other confounding factors. Second, authors used a convenience sample of veterans enrolling for VA health care in one facility and in only one clinical setting. Third, the present study primarily used research staff to aid clinical staff in the implementation of eScreening, so authors have limited information on the potential challenges associated with implementation of technology-based screening

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			changes and improvements made by high-level managers.		in an organization like the VHA.
Reddy, A., Fihn, S. D., & Liao, J. M. (2019). , The VA MISSION Act - Creating a Center for Innovation within the VA	Level 3 Good	HSO: Department of Veterans Affairs Research: Report about how The Mission Act resulted in the authorization to prioritize pilots, test alternative payment models, and direct attention to the specific needs of veterans.	As a result of the Mission Act, the VA center could focus on conditions that are prevalent among both veterans and the general population, such as cancer and cardiovascular disease, as well as those that disproportionately affect veterans, such as mental illness. The bill dedicates $50 million per year to a VA Center for Innovation for Care and Payment that will "develop innovative approaches to testing payment and service delivery models in order to reduce expenditures while preserving or enhancing the quality of care" provided by the VA	On June 6, 2018, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act was signed into law with the goal of improving care for the more than 9 million veterans served by the Department of Veterans Affairs (VA) health care system.	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			The MISSION Act permits successful pilot programs launched by the new VA center to be expanded to reach veterans throughout the country.		
Washington (DC): National Academies Press (US); 2018 Jan 31. 9, Evaluation of the Department of Veterans Affairs Mental Health Services, summarizes the published research regarding wait times	Level 3 Good	HSO: Department of Veterans Affairs Research: the issues affecting timely access to mental health care services at the VA.	The VA's mental health wait-time policy, outlined in Uniform Mental Health Services in VA Medical Centers and Clinics (VA, 2015b), requires that first-time patients requesting mental health care be seen for an initial evaluation within 24 hours, followed by a comprehensive diagnostic and treatment evaluation to be completed within 30 days. This policy reflects a revision made in	This chapter is intended to beally descriptive and to illustrate the present programs and services offered by the VA. Evaluating wait-times and scheduling, programs to improve timely access to care, and practices to facilitate timely access to care.	N/A

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			November 2015, before which the comprehensive exam was required to be completed in 14 days instead of 30.		
Batten, A. J., Augustine, M. R., Nelson, K. M., & Kaboli, P. J. (2020). Development of a novel metric of timely care access to primary care services, applied the Bayesian Model to predict provision of timely care	Level 2 Good	HSO: Department of Veterans Affairs Research: To develop a model for identifying clinic performance at fulfilling next-day and walk-in requests after adjusting for patient demographics and risk.	When applying our measure to VA, our results suggest the system is delivering timely care at high rates. Across the 160 clinics, 83 percent-88 percent of patients who requested timely care had it fulfilled within 48 hours with only 16 percent of clinics significantly varying from this mean and did not vary across rurality. In comparison, smaller studies from 2010 to 2012 indicated same-day access on average was only 43 percent-60 percent.8, 12 Broadening the definition of same-day care to 48 hours and including other locations	Statistical models of timely care allow for identification of clinics in need of improvement after adjusting for patient demographics and risk status. Timely care request Date and Location of care fulfillment. Calculating timely care Covariates Statistical Methods	Timely care measures

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			and ways timely care could be provided may explain this higher performance. Alternatively, the higher level of timely care may reflect the substantial changes within the VA system to meet higher standard of delivering timely care since 2012.11, 13, 24 We did not observe a significant change in the average timely care across the 160 clinics over the time period. This may reflect a ceiling effect or regression to the mean (or both), where high-performing clinics have difficulty maintaining a consistently high success, while low-performing clinics are catching up. Regardless, our measure may reflect a more precise measure of timely care that accounts for VA's		

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			variability in fulfillment across many clinic locations, in addition to the many ways VA has integrated and modernized the delivery system for timely care.		
Penn, M., Bhatnagar, S., Kuy, S., Lieberman, S., Elnahal, S., Clancy, C., & Shulkin, D. (2019, January 18). Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers	Good Level 2	HSO: Department of Veteran Affairs Research: To determine wait times for new patients receiving care at VA medical centers and compare wait times in the VA medical centers with wait times in the private sector (PS).	In 2014, reports indicated that veterans were waiting too long for care and that scheduling data may have been manipulated at a United States Department of Veterans Affairs (VA) facility in Phoenix, Arizona. In response, the VA has worked to improve access, including primary care, mental health, and other specialty care services.3 There is evidence suggesting that these efforts have improved access to care, including reports that 22% of VA patients are	A retrospective repeated cross-sectional study was conducted of new appointment wait times for primary care, dermatology, cardiology, or orthopedics at VA medical centers in 15 major metropolitan areas in 2014 and 2017. Wait times in the VA were determined directly from patient scheduling. Wait times in the PS were as reported in Merritt Hawkins surveys	"This study has limitations. The method for collecting wait times was different between the MH report and VA data. However, the MH survey method may lead to reporting shorter wait times for the PS. For the secret shoppers method, the research associates at MH called physicians' offices asking to be told the first available time for a new-patient appointment. This earliest availability was recorded as the wait time. However, the VA data record scheduled wait times, which may not reflect the earliest available appointment. If a veteran declines the initial

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			now seen on the same day as the requested appointment. Despite these efforts, the adequacy of access to VA care remains unclear. Because of the comparison of the PS with the VA, the results of this study suggest that VA initiatives, rather than changes to the overall health services market, led to the decrease in wait times, increase in the unique number of patients seen and volume of encounters, and improvement in CAHPS access score ratings within the VA.	using the secret shopper method.	appointment and asks to be seen later, this delayed scheduled appointment is the wait time entered and documented. In addition, if the distributions within specialty and region are skewed, the median will be a better measure of centrality than the mean; however, because the MH survey data reported only arithmetic means for each specialty and region, for consistency, the comparison was made between means of the PS and VA."
Miller, C. J., Shin, M., Pugatch, M., & Kim, B. (2021). Veteran Perspectives on Care Coordination	High	HSO: US Department of Veterans Affairs (VA) clinics Research: To investigate veteran perspectives on challenges in care	Some veterans noted improvements over time in veteran-centeredness of VA care; this may be tied in part to recent VA initiatives aimed	NVivo Qualitative Data Analysis was used to capture all coding activity.	"First, our findings ultimately are based on a limited number of qualitative interviews across 8 geographically diverse sites, meaning that we may

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Between Veterans Affairs and Community Providers: A Qualitative Analysis		coordination between US Department of Veterans Affairs (VA) clinics and community providers in rural areas.	squarely at this domain of interorganizational care coordination. Veteran respondents noted the value of open communication with both their frontline clinicians and staff responsible for interorganizational care coordination at VA and community sites. These findings align closely with key components of Gittell's theory of relational coordination which spells out the utility of communication that is frequent, timely, accurate, and solution-oriented in the pursuit of goals that are shared between parties.		not have captured all issues relevant to interorganizational care coordination. Nonetheless, we aimed to enhance comprehensiveness and generalizability by conducting interviews with veterans (for the current study) as well as VA and community providers in the same geographic areas in prior work.22 Second, we conducted our qualitative interviews during a 4-month period (May to August 2019), during which the Veterans Choice Act was superseded by the VA MISSION Act. Since then, VA and community care coordination has changed rapidly,43 and it will be expected to evolve further during the COVID-19 pandemic. Thus, some study results may be less relevant than others moving forward. Third, our procedures did not involve speaking to

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
					representatives from the TPAs, potentially limiting generalizability."
Samuelson, D. A. (2015). Veterans' Care: Improving protection for our protectors	High	HSO: Veterans Administration Research: experts have presented a comprehensive overview of issues and a plan with substantive recommendations for how the next president can best serve the veteran and military community.	The following recommendations reported as solutions to serve the veteran population better: 1) focus on veteran access to healthcare, transition to civilian employment, and support to veterans facing homelessness or legal problems. 2) structural reform of VA operations in aligning veteran resources and requirements. 3) expand data sharing between the government, private and non-profit sectors. 4) eliminate barriers to public-private-nonprofit partnerships to help veterans succeed in civilian life.	The quantitative analysis suggests a set of recommendations for the next president on issues pertaining to veterans' health care.	OR/MS analysts can continue to support these efforts, perhaps with greater focus on the policy and political decisions that enable or hinder analytics-based improvements.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Jones, A. L., Fine, M. J., Taber, P. A., Hausmann, L. R., Burkitt, K. H., Stone, R. A., & Zickmund, S. L. (2021, June). National Media Coverage of the Veterans Affairs Waitlist Scandal: Effects on Veterans' Distrust of the VA Health Care System	High	HSO: Veterans Affairs (VA) Medical Centers Research: assess changes in Veterans' distrust in the VA health care system before and after the media coverage and explore sex and racial/ethnic differences in the temporal patterns	Efforts to enhance Veterans' trust in the VA health care system will continue to be important as Veterans currently have more options to choose VA-supported health care in the community from non-VA providers.	Participants self-reported sociodemographic and clinical characteristics previously shown to correlate with patient experiences with care and ratings of distrust.	"This study has limitations. First, results are derived from a stratified sample of patients drawn from largely minority-serving VA facilities and may not generalize to all Veterans. Second, in four facilities study recruitment was complete within 180 days of April 23, 2014, reducing the precision of our estimates of distrust >180 days following the media reporting. Third, the samples of Veterans from specific sex and race/ethnicity groups interviewed within each 90-day time interval were small. This may have limited our power to detect statistical differences in temporal patterns for subgroups of minority women and men. Finally, the observational study design limits causal interpretations."

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Locatelli, S. M. , Hill, J. N. , Talbot, M. E. , Schectman, G. & LaVela, S. L. (2014). Relational Continuity or Rapid Accessibility in Primary Care?: A Mixed-Methods Study of Veteran Preferences	High	HSO: Department of Veterans Affairs Research: To examine preferences for relational continuity and rapid accessibility for telephone care.	Health care systems supplementing in-person care with telephone care need to ensure that this care aligns with patient preferences and provide opportunities for both relational continuity and rapid accessibility where possible. Focus group participants preferred a familiar provider within 24 hours over immediate contact with an unfamiliar provider, particularly for routine needs. Rapid accessibility was more frequently preferred for urgent questions/concerns.	Large-scale to measure specific variables of interest, such as satisfaction, and unmet needs, but exploratory qualitative research is also needed to examine the complex narratives behind preferences and satisfaction for relational continuity and rapid accessibility. Using a mixed-methods framework to design the study, analyze data, and triangulate results capitalizes on the strengths of both qualitative and quantitative methods by providing richer and more explanatory data and results.	"Mixed-methods studies can provide very meaningful results and allow for the exploration of issues not well suited for studies only using quantitative or qualitative methods alone. Our sample size, although small compared with the overall Veteran population, represents a mix of Veterans from a variety of geographic areas and a reasonably large sample as compared with other qualitative studies. Conducting these studies as quality improvement may have also been a limitation, in that questions and topics had to be limited to those directly relevant to the quality issues and seen as useful by our operations partner. However, the interviews and focus groups provided an opportunity to explore important issues, relational continuity, and rapid accessibility in an

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
					applied setting, which helps build upon more theoretical research in these areas to show how they affect patient needs and preferences. In addition, given that the interviews and focus groups were about telephone experiences, it is possible that people with very negative experiences were more likely to participate; however, interview results showed that satisfaction was generally high, and focus group results included a variety of opinions, both positive and negative."
Teo, A. R., Metcalf, E. E., Strange, W., Call, A. A., Tuepker, A., Dobscha, S. K., & Kaboli, P. J. (2021). Enhancing Usability of Appointment Reminders: Qualitative	Level 3 High	HSO type: a single Department of Veterans Affairs hospital and its satellite clinics Research: To understand how patients experience appointment reminders as part of intervention development for a	In conclusion, this study builds upon the existing literature by describing four limitations of current appointment reminders and providing six patient-informed recommendations for improving appointment reminders. As healthcare systems struggle to	Qualitative content analysis We conducted five waves of interviews using rapid qualitative analysis, in each wave continuing to ask veterans about their experience of	First, we only interviewed 27 veterans in the VA's integrated healthcare system in one region of the USA, and thus our findings may not be generalizable to a more general population. Second, our results focused on patients' experiences with outpatient clinic appointments for which

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Interviews of Patients Receiving Care in the Veterans Health Administration.		pragmatic trial of enhanced appointment reminders.	optimize clinic access and minimize no-shows, these insights can help design improved systems of care that are more efficient and meet the needs that patients themselves identify.	reminders. We double-coded all interviews, used deductive and inductive content analysis to identify themes, and selected quotations that exemplified three themes (limitations, strategies, recommendations).	they receive printed appointment reminder letters. Reminders designed for other types of healthcare services—particularly distinctive, "one-time" services such as a surgery or diagnostic procedure—may require separate consideration. Additionally, implementation of our recommendations requires developing a nuanced understanding of the barriers and facilitators to changing appointment reminders, particularly when considering the complexity of large integrated healthcare systems. Finally, randomized controlled trials (RCTs) are needed to definitively determine whether these recommendations translate into reduced improved outcomes such as fewer no-shows. Some of our recommendations (e.g.,

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
					timing of reminder phone calls) have been examined in RCTs.

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Data extracted	Initial codes	Preliminary themes
Ford, J., MacTaggart, P., & Gunnar, W. (2021)	As part of a continuing effort to improve access, the Veterans Health Administration (VHA) completed a direct causation analysis (2015–2020) using an evidence-based framework and comprehensive measurement plan. The analysis, described here, validates access benefits realized specialty by specialty and facility by facility, identifies opportunities for improvement, and acknowledges limitations of the change from the Veterans Information Systems and Technology Architecture scheduling system to the Medical Appointment Scheduling System. VistA scheduling lacks the reliability to assure timely access to appropriate services.	Veterans Health Administration VA Scheduling Systems Timely Access VistA Scheduling MASS Scheduling	Updating VA scheduling systems to meet complex needs of veterans
Lemke, S., Boden, M. T., Kearney, L. K., Krahn, D. D., Neuman, M. J., Schmidt, E. M., & Trafton, J. A. (2017).	Experience with the Mental Health Domain in the first year demonstrated its utility for quickly diagnosing challenge points faced by mental health programs and for encouraging coordinated action to address them. VHA has several initiatives to try to obtain routine, timely, and representative feedback from veterans and providers through novel approaches. Over time, it will also be important to validate performance on the overall composite and its three component measures against changes and improvements made by high-level managers.	Veterans Health Administration Mental Health Domain Timely Access	Strategic planning to improve the quality of VA operations

Reddy, A., Fihn, S. D., & Liao, J. M. (2019).	As a result of the Mission Act, the VA center could focus on conditions that are prevalent among both veterans and the general population, such as cancer and cardiovascular disease, as well as those that disproportionately affect veterans, such as mental illness. The bill dedicates $50 million per year to a VA Center for Innovation for Care and Payment that will "develop innovative approaches to testing payment and service delivery models in order to reduce expenditures while preserving or enhancing the quality of care" provided by the VA. The MISSION Act permits successful pilot programs launched by the new VA center to be expanded to reach veterans throughout the country.	Veterans Affairs Center VA Healthcare Policies VA Innovation Government Funding	Healthcare reform and legislation driving VA policy changes
Washington (DC): National Academies Press (US); 2018 Jan 31. 9,	The VA's mental health wait-time policy, outlined in Uniform Mental Health Services in VA Medical Centers and Clinics (VA, 2015b), requires that first-time patients requesting mental health care be seen for an initial evaluation within 24 hours, followed by a comprehensive diagnostic and treatment evaluation to be completed within 30 days. This policy reflects a revision made in November 2015, before which the comprehensive exam was required to be completed in 14 days instead of 30.	Veterans Affairs Medical Centers Wait Times VA Healthcare Policies Timely Access Mental Healthcare	Healthcare reform and legislation driving VA policy changes

Batten, A. J., Augustine, M. R., Nelson, K. M., & Kaboli, P. J. (2020).	When applying our measure to VA, our results suggest the system is delivering timely care at high rates. Across the 160 clinics, 83 percent-88 percent of patients who requested timely care had it fulfilled within 48 hours with only 16 percent of clinics significantly varying from this mean and did not vary across rurality. In comparison, smaller studies from 2010 to 2012 indicated same-day access on average was only 43 percent-60 percent. Broadening the definition of same-day care to 48 hours and including other locations and ways timely care could be provided may explain this higher performance. Alternatively, the higher level of timely care may reflect the substantial changes within the VA system to meet higher standard of delivering timely care since 2012. We did not observe a significant change in the average timely care across the 160 clinics over the period. This may reflect a ceiling effect or regression to the mean (or both), where high-performing clinics have difficulty maintaining a consistently high success, while low-performing clinics are catching up. Regardless, our measure may reflect a more precise measure of timely care that accounts for VA's variability in fulfillment across many clinic locations, in addition to the many ways VA has integrated and modernized the delivery system for timely care.	Timely Care Bayesian Hierarchical Regression Models VA Improvement Needs	Strategic planning to improve the quality of VA operations

Penn, M., Bhatnagar, S., Kuy, S., Lieberman, S., Elnahal, S., Clancy, C., & Shulkin, D. (2019, January 18).	In 2014, reports indicated that veterans were waiting too long for care and that scheduling data may have been manipulated at a United States Department of Veterans Affairs (VA) facility in Phoenix, Arizona. In response, the VA has worked to improve access, including primary care, mental health, and other specialty care services.3 There is evidence suggesting that these efforts have improved access to care, including reports that 22% of VA patients are now seen on the same day as the requested appointment. Despite these efforts, the adequacy of access to VA care remains unclear. Because of the comparison of the PS with the VA, the results of this study suggest that VA initiatives, rather than changes to the overall health services market, led to the decrease in wait times, increase in the unique number of patients seen and volume of encounters, and improvement in CAHPS access score ratings within the VA.	Department of Veterans Affairs Improve Access Private Sector Wait Times	Promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS.

Miller, C. J., Shin, M., Pugatch, M., & Kim, B. (2021).	Some veterans noted improvements over time in veteran-centeredness of VA care; this may be tied in part to recent VA initiatives aimed squarely at this domain of interorganizational care coordination. Veteran respondents noted the value of open communication with both their frontline clinicians and staff responsible for interorganizational care coordination at VA and community sites. These findings align closely with key components of Gittell's theory of relational coordination which spells out the utility of communication that is frequent, timely, accurate, and solution-oriented in the pursuit of goals that are shared between parties.	VA Care Interorganizational Care Coordination Rural Areas Timely Access	Promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS.
Samuelson, D. A. (2015).	The following recommendations reported as solutions to serve the veteran population better: 1) focus on veteran access to healthcare, transition to civilian employment, and support to veterans facing homelessness or legal problems. 2) structural reform of VA operations in aligning veteran resources and requirements. 3) expand data sharing between the government, private and non-profit sectors. 4) eliminate barriers to public-private-nonprofit partnerships to help veterans succeed in civilian life.	Veterans Affairs Healthcare Improve Veteran Care Solution Recommendations	Strategic planning to improve the quality of VA operations

Jones, A. L., Fine, M. J., Taber, P. A., Hausmann, L. R., Burkitt, K. H., Stone, R. A., & Zickmund, S. L. (2021, June).	Efforts to enhance Veterans' trust in the VA health care system will continue to be important as Veterans currently have more options to choose VA-supported health care in the community from non-VA providers. In a national sample, we found low levels of distrust in men and women before media broadcasts of VA waitlists, followed by increases in health system distrust among women in the first 90 days after the broadcasts. Black and Hispanic Veterans had consistently higher levels of distrust compared with White Veterans, which did not change following the media release.	Excessive Wait Times Veteran Distrust in VA Timely Access	Healthcare reform and legislation driving VA policy changes
Locatelli, S. M. , Hill, J. N. , Talbot, M. E. , Schectman, G. & LaVela, S. L. (2014).	Health care systems supplementing in-person care with telephone care need to ensure that this care aligns with patient preferences and provide opportunities for both relational continuity and rapid accessibility where possible. Focus group participants preferred a familiar provider within 24 hours over immediate contact with an unfamiliar provider, particularly for routine needs. Rapid accessibility was more frequently preferred for urgent questions/concerns.	Veteran Preferences Relational Continuity Rapid Accessibility Timely Access	Promoting VA and private sector collaboration to encourage veterans to utilize the VA and the PS.

Teo, A. R., Metcalf, E. E., Strange, W., Call, A. A., Tuepker, A., Dobscha, S. K., & Kaboli, P. J. (2021).	In conclusion, this study builds upon the existing literature by describing four limitations of current appointment reminders and providing six patient-informed recommendations for improving appointment reminders. As healthcare systems struggle to optimize clinic access and minimize no-shows, these insights can help design improved systems of care that are more efficient and meet the needs that patients themselves identify.	Veteran Centered Access to care No-shows Missed appointments Military veterans Appointment Reminders	Enhancing VA appointment reminders to reduce no-shows

Appendix E: Final Concept/Thematic Map