



VA Health at a Glance

A population-level primary care tool, the Preventive Health Inventory, has helped identify, reengage, and improve outcomes for veterans whose chronic care was interrupted by the pandemic.¹ Another study suggests that, beyond clinical tools, culturally attuned clinicians and camaraderie with fellow veterans are key factors in choosing VA care, especially for younger patients.²

However, substantial functional limitations and unmet long-term care needs remain among older veterans, with the highest social and mental health vulnerabilities in veterans who have both activities of daily living impairments and a lack of sufficient help.³ Such vulnerabilities are further complicated by the changing landscape of care delivery. A recent national survey of primary care clinicians found that, as telehealth expands, higher secure message volumes have been independently associated with greater staff burnout.⁴

Camaraderie and Veterans' Healthcare Choices²



A survey study of VHA users found that camaraderie with other veterans is an important factor in healthcare choice, particularly among younger veterans.

Sample and Demographics



652 veterans using VHA care



74.5% male

The survey examined...



Conventional factors

What influences veterans' healthcare choices, such as quality and access



Cultural factors

Camaraderie, or the opportunity to be around other veterans; clinician cultural competency (ie, understanding veterans' problems/needs); and ability to maintain a connection to military experience



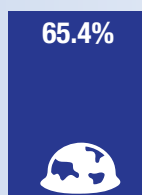
Satisfaction
with VHA care

Camaraderie Importance by Age

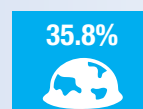
Percent of veterans who reported valuing camaraderie



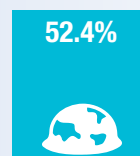
18-34



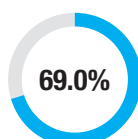
35-64



≥ 65



Overall



would choose VA over private care if cost and distance were equal.



2.24x

Veterans who valued camaraderie were **2.24x** more likely to choose VHA care.

Bridging the Chronic Disease Care Gap¹

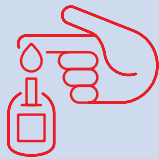


COVID-19 disrupted care through missed chronic healthcare appointments and testing. To identify and reengage patients with delayed care, VHA implemented the Preventive Health Inventory (PHI) — a multicomponent primary care tool that streamlines care coordination by integrating a national quality-measure dashboard with nurse-led telehealth visits and standardized EHR templates focusing on diabetes, hypertension, cancer screening, and mental health.

Primary Care Quality and Utilization Seen With PHI

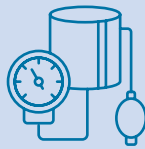
National VHA primary care rollout; high- vs low-PHI-use clinics compared across 216 clinics and 829,527 veterans in matched cohorts followed during 2021-2022.

Better Diabetes and Blood Pressure Control



Poor diabetes control

↓ by ~ 2.9%
in PHI



Adequate blood pressure control

↑ by ~ 4.0%
in PHI

Preventable Emergency Department and Hospital Visits



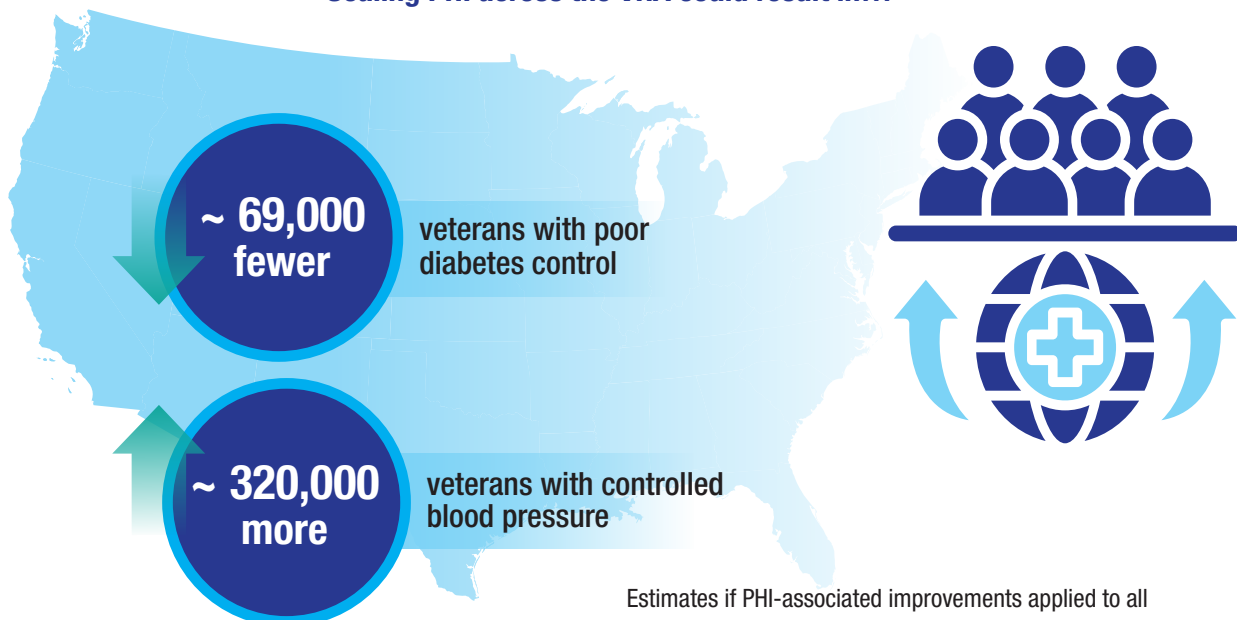
No significant differences in preventable emergency department visits or hospitalizations for ambulatory care-sensitive conditions.

Increased Primary Care to Re-Engage Veterans



PHI was associated with
+310 outpatient visits per
1000 veterans

Scaling PHI across the VHA could result in...



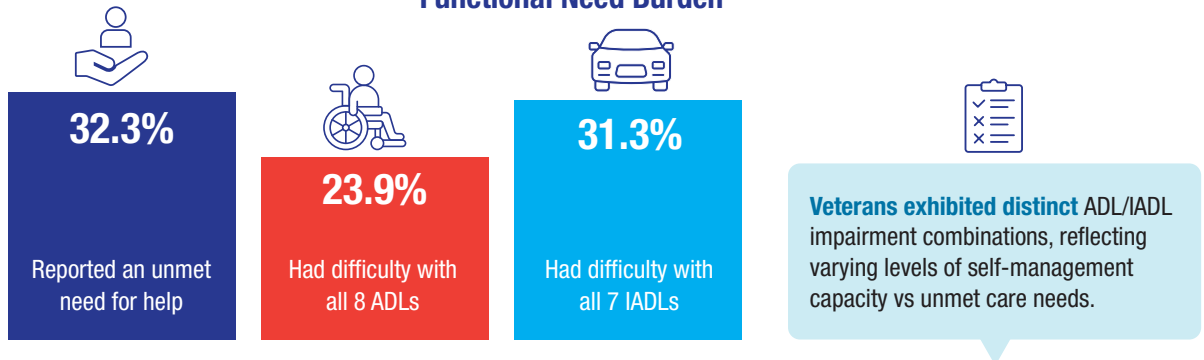
Estimates if PHI-associated improvements applied to all ~ 9.2 million veterans in VHA care.

Unmet Long-Term Care Needs for Older Veterans³



A cross-sectional analysis of 7424 veterans aged 65+ from the HERO CARE Survey revealed that nearly one-third of veterans with functional impairments have unmet long-term care needs, demonstrating substantial social and mental health vulnerabilities.

Functional Need Burden



Activities of daily living (ADLs): eating, bathing, toileting, dressing, getting in or out of bed, managing incontinence, walking across a small room, and brushing teeth. **Instrumental activities of daily living (IADLs):** Cooking, taking medications, using the telephone, transportation, grocery shopping, housework, handling money.

52.5%

of the study population have at least one ADL or IADL limitation. Veterans with both ADLs and IADLs experience:



Greater prevalence of food insecurity



Missed medical appointments



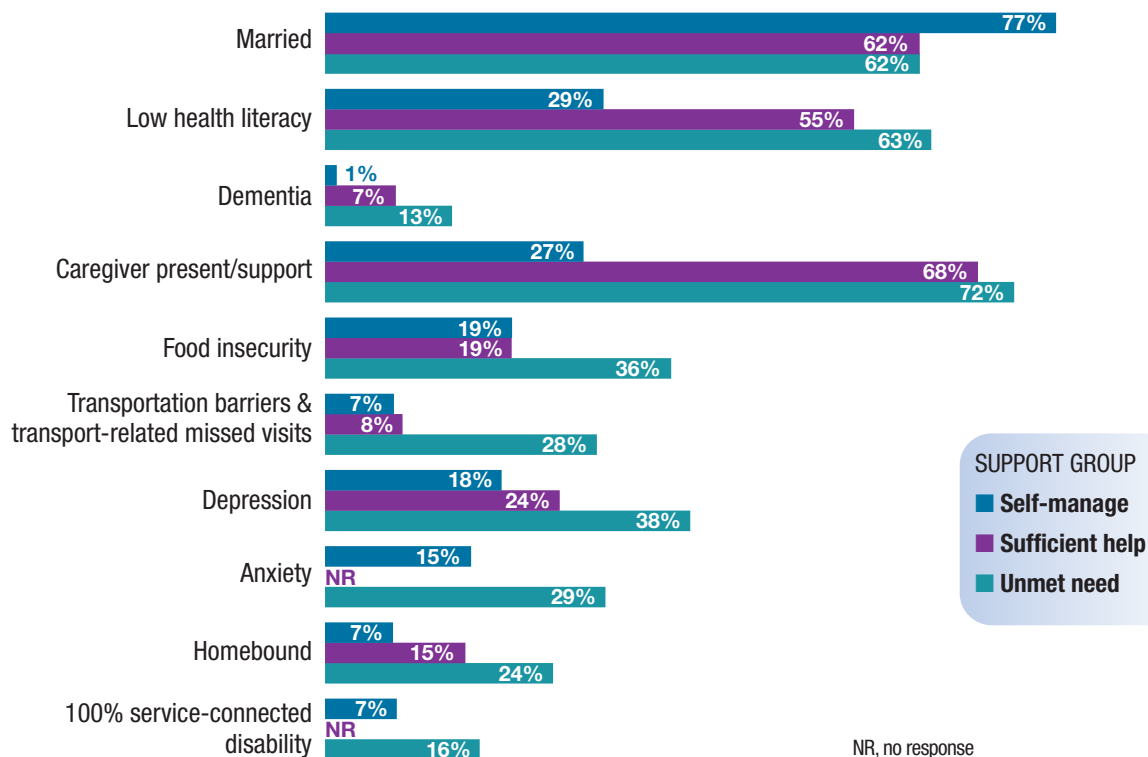
Low health literacy



Depression

Clinical and Social Characteristics by Support Status (Older Veterans)

Older veterans show wide heterogeneity in functional impairment, with sharp rises in clinical and social vulnerability as ADL/IADL burden and unmet need increase.



VHA Primary Care Burnout and Telehealth Workload⁴



Among ~ 17K VHA primary care clinicians, burnout rose sharply from 2020 to 2023 as telehealth expanded, with secure messages — not video visits — emerging as a key workload driver.

Burnout not evenly distributed

Higher odds among:



Female vs male clinicians



Clinicians aged < 60
(middle-aged, 40–59 years)



Mid-career clinicians
(2–20 years tenure)



Non-Hispanic White vs other race
and ethnicity groups

Burnout climbed from 2020 to 2023

% PCPs reporting burnout



Video visit volume increased sharply

Median video visits per 1000 patients increased from **15.9 to 227.6** across VA healthcare systems.



Secure messages increased

Median secure messages per 1000 patients increased from **23.4 to 35.3**.



Which telehealth workloads relate to burnout?

Video visits

Video visit volume **was not** significantly associated with burnout after adjusting for other factors.



Secure messages

Higher secure message volumes **were** independently associated with higher burnout.



Messaging workload effect

