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Effects of the VA Travel Reimbursement Rate on Health Care Utilization in the VA

Investigators from the Salt Lake City and the White River Junction VA recently published an article on how the February 2008 increase of the travel reimbursement rate for eligible Veterans driving to VA facilities for health care affected utilization. They compared health care utilization rates 10.5 months prior and 10.5 months after the February 2008 (did not include data after the November 2008 change) reimbursement rate increase. Their cohort consisted of over 250,958 Veterans, of which nearly 77% were eligible for the travel reimbursement. Using multivariable analyses to control for potential confounders, the investigators found that eligible Veterans were 6.8% more likely to have an outpatient encounter and had 2.6% more outpatient encounters than non eligible Veterans after the travel reimbursement rate increase. When the patients were stratified by urban vs. rural, the odds of an outpatient encounter was slightly greater for rural patients versus urban patients. When the patients were stratified by distance to a VA facility, the odds of an outpatient encounter increased to 9.1% for those living further than 50 miles from a VA facility versus those living less than 50 miles to a VA facility. Similar results were found for prescription fills at all distances (less than 50, 50, 75 and 100 miles), however there was no effect on the number of inpatient encounters. The authors conclude that while they can demonstrate an increase in VA outpatient health care utilization because of the increase in travel reimbursement rate, they cannot conclude anything regarding patient outcomes. However, increasing outpatient utilization while holding inpatient utilization steady is considered a positive outcome of a change in VA health care policy. *Citation:* Nelson, R. E., Hicken, B., West, A. and Rupper, R. (2011), The Effect of Increased Travel Reimbursement Rates on Health Care Utilization in the VA. The Journal of Rural Health. doi: 10.1111/j.1748-0361.2011.00387.x

Did You Know?

- The VA has reimbursed eligible Veterans for their travel to receive health care at VA facilities since the late 1970's.
- In February 2008, the VA mileage reimbursement rate for eligible Veterans more than doubled from 11¢/mile to 28.5¢/ mile. In November 2008 the rate increased again to 41.5¢/mile. The VA reduced the deductible to pre-reimbursement rate increase amounts in 2009 — \$6 for a round-trip and \$18.00 maximum for one month.
- Risk factors for stroke are more prevalent and specialized stroke treatment options less available in rural and remote areas than urban areas of the United States.
- IV tissue plasminogen activator (tPA), aka the "clot buster" drug is an effective treatment for ischemic stroke but must be administered within 3 to 4 and half hours after symptom onset. The American Heart Association and the American Stroke Association (ASA) advocate for the use of tPA in appropriate patients as the most beneficial treatment for acute ischemic stroke. ◆



Telestroke appears to be cost-effective compared to usual care over a lifetime horizon

Only 2 to 4% of eligible ischemic stroke patients receive tPA, with the lowest percentage in rural areas due to late symptom presentation and a lack of stroke specialists with experience using this treatment. Telestroke has the potential to lower this barrier by providing long-distance consultation from physicians with expertise in administering this treatment to rural areas, resulting in a higher quality of stroke care at rural hospitals. Assuming a system of home-based units with multiple spokes per hub in their cost-effectiveness analysis as well as a range of probability and costs inputs from the literature, investigators from the Salt Lake City VA, the University of Utah and the University of Michigan found that over a lifetime horizon, telestroke is more cost-effective than usual care (no administration of tPA to treat ischemic stroke). *Citation:* Nelson RE, Saltzman GM, Skalabrin EJ, Demaerschalk BM, Majersik JJ. Neurology. 2011 Oct 25;77(17):1590-8. Epub 2011 Sep 14. ◆

