Caring for the Health Needs of Virginia’s Veterans

Steven Combs, Deputy Commissioner of the Virginia Department of Veterans Services and a William and Mary Public Policy alumnus, spoke recently to William & Mary students and staff about health policy issues related to the care of veterans in Virginia. According to a 2015 legislative study by the Joint Legislative Audit and Review Commission (JLARC), Virginia has approximately 780,000 veterans with nearly 12% of its adult population being veterans.

Recognizing that military service is a “high risk occupation,” Deputy Commissioner Combs reported that veterans exhibit a variety of health care needs. While the U.S. Department of Veterans Affairs has the primary role in addressing these needs through the “nation’s largest integrated health care system,” virtually all states have agencies dedicated to helping veterans access federal benefits as well as providing and connecting them with other health services.

Deputy Commissioner Combs’ talk focused on the services provided to Virginia veterans through the state’s Department of Veterans Services (DVS). Among the services Deputy Commissioner Combs highlighted are care centers, veterans and family support offices, and 26 benefits services offices. In FY 2016, service representatives submitted nearly 28,500 claims on behalf of Virginia’s veterans to the U.S. Department of Veterans Affairs, which made $2.8 billion in disability compensation and pension payments to Virginia’s veterans. Deputy Commissioner Combs also discussed implementation of the Veterans Choice Program, which allows veterans to receive healthcare in their communities rather than at designated veterans facilities.

Prior to serving as Deputy Commissioner, Mr. Combs served 10 years in the U.S. Air Force. He was also a Governor’s Fellow under then-Governor Mark Warner and later became the Director of Policy & Planning for the Virginia Department of Veterans Services, where he led the Department’s budget and legislative development initiatives. He received an MBA and an MPP from William & Mary.
Students Use Data Analytics to Study Virginia Hospitalizations

Under the Schroeder Center - Brock Institute (SC-BI) Summer Health Policy Research Fellowship Program, students from William & Mary and medical students from Eastern Virginia Medical School (EVMS) were competitively selected to conduct independent research studies focused on health policy/health services issues in Virginia. In its second year of the program, all of the William & Mary student researchers conducted their studies with large databases that include more than 850,000 records of individual hospitalizations per year from all Virginia hospitals. They learned how to write statistical programs in Stata software to extract the data necessary to study their research questions and to conduct statistical and econometric tests of their hypotheses. Below are the 2016 William & Mary SC-BI Fellows with a description of their work and study findings.

Aidan Fielding (B.A., Economics, 2018) studied whether an individual physician’s treatment style is affected by that of his or her peers. To understand the degree to which physicians are influenced by the way their peers practice medicine, Fielding analyzed deliveries in Virginia from 2012 to 2014. He measured each physician’s “treatment style” in a given year as his/her risk-adjusted propensity to perform cesarean section on patients in that year. He then examined the extent to which an individual physician’s treatment style is affected by the average treatment style of the physicians in his/her peer group. The main finding is that there are strong positive correlations between individual physicians’ treatment styles and those of their local and regional peers. Fielding’s research is featured in a policy brief, available on the Schroeder Center website.

Andy Loh (B.S./B.A., Computational Applied Math and Economics, 2017) examined the relationship between area-level socioeconomic status measures and the likelihood a patient is readmitted to a hospital. In addition, Loh studied how including area-level socioeconomic status measures in the risk adjustment process affects whether or not a hospital is predicted to pay a penalty under the Hospital Readmissions Reduction Program (HRRP). This study finds no evidence that area-level socioeconomic status influences the likelihood of readmission among Virginians age 65 and older with a principal diagnosis of acute myocardial infarction (AMI), or heart attack. In addition, the findings suggest that the inclusion of area-level socioeconomic status measures in the calculation of risk-adjusted readmission rates does not substantially change whether or not a hospital is predicted to pay a penalty for having excess readmissions under the HRRP. Loh’s research is featured in a recently prepared policy brief, available on the Schroeder Center website.

Grace Nowadly (B.A., Economics, 2017) examined, among other things, opioid overdose hospitalizations in Virginia. Nowadly found that while Virginia’s hospitalization rates for opioid misuse were lower than the national average for each year between 2008-2014, Virginia’s rate increased an average of 6.9% each year. In addition, she reports that since 2010, adults aged 85 and over had the highest rate of hospital inpatient stays for opioid misuse compared to all other age groups. She found that Southwest Virginians had the highest opioid hospital rates compared to all other regions of the state, and that females had consistently higher rates than males. In terms of paying for these hospital stays, Nowadly found nearly 50% of opioid hospitalizations in Virginia are paid for by Medicare and Medicaid.
Schroeder Center Publishes Study on Medicare Hospital Readmissions

In a recently published study in the journal *Health Economics*, Schroeder Center staff write about Medicare hospital readmissions and associated penalties under the Hospital Readmissions Reduction Program (HRRP). A readmission is when a patient returns to the hospital shortly after being discharged for a condition. Out of concern that hospitals were readmitting Medicare patients too frequently, a practice that could indicate poor quality of care and also lead to substantial costs for the Medicare program, the HRRP was designed to incentivize hospitals to cut back on readmissions that take place within 30 days. The Schroeder Center study found that the HRRP significantly reduced readmission for Medicare patients treated for heart attack. This study is “the first to examine the effects of the HRRP in Virginia, and the first nationwide study to find robust data indicative of the program’s effectiveness.”

The study’s authors were Jennifer Mellor, Michael Daly, and Molly Smith. Smith graduated from William & Mary in May, and was among the first cohort of students competitively selected as a Schroeder Center - Brock Institute (SC-BI) fellow in 2015. This study is the first SC-BI project to result in a peer-reviewed publication involving collaboration between William & Mary students, faculty, and staff. For more information, please visit the Schroeder Center website.

Recent Grads Apply Their Skills on the Job

Each year, the Center awards fellowships to students with exceptionally strong academic records who plan to pursue careers in health policy. The Schroeder Center is particularly pleased that three of our research assistants, who recently graduated from William & Mary, are starting exciting careers in health policy analysis and using the skills they learned while at the Center.

- **John Snouffer (B.A., 2015; M.P.P., 2016)** — While at the Schroeder Center, Snouffer conducted research on dependent coverage expansion under the Affordable Care Act, and he geocoded physician locations in Virginia. Snouffer is currently a Research Analyst in the healthcare department at the National Opinion Research Center (NORC) at the University of Chicago. His work involves research design, analysis and data collection on evaluations for federal programs such as LAUNCH (Linking Actions to Unmet Needs in Children's Health) as well as the Next Generation Accountable Care Organizations. He also co-authored a report on rising inpatient drug prices, sponsored by the American Hospital Association.

- **Irene Wang (M.P.P., 2016)** — Wang’s Schroeder Center work focused on the analysis of Healthcare Cost Reporting Information System (HCRIS) data as well as evaluations of the School Health Initiative Program (SHIP) and the Health Education and Literacy (HEAL) program. Wang is currently a Research Analyst at Optimal Solutions Group, where she works on two Medicare contracts supported by the Centers for Medicaid & Medicare Services (CMS). Among her duties, Wang provides data management support for the Center for Medicare & Medicaid Innovation (CMMI) on its development of new payment and service delivery models.

- **Jimmy Cao (B.A., 2016)** — While at the Schroeder Center, Cao geocoded healthcare provider locations and wrote about the impact of alcohol license density on alcoholic liver disease hospitalizations in Virginia. Cao is currently employed at the Berkeley Research Group, which is a consulting firm that provides, among other things, data analytics and independent studies to government agencies and regulatory bodies.
William & Mary Faculty’s Impact on Health Policy

William & Mary faculty involve themselves in health policy research in many different ways and distribute their findings in various venues. Their research is published in peer-reviewed journals and presented to colleagues at conferences around the world. They serve as experts to reporters who are writing stories about health policy topics, and they serve on national and local health policy boards and committees. Below are some recent examples of their work:

In October 2016, Peter McHenry (Associate Professor of Economics) presented research, conducted in collaboration with Jennifer Mellor (Professor of Economics and Director of the Schroeder Center), on “Medicare Hospital Payment Adjustments and Nursing Labor Markets” at the University of Memphis in Tennessee. In August 2016, McHenry discussed the wage gaps between white and black physicians for a Medical Economics article, demonstrating that black physicians earn less on average than white physicians.

Louis Rossiter (Director of the Health Sector Program at the Mason School of Business and Virginia’s former Secretary of Health and Human Resources) serves on a U.S. Department of Health and Human Services subcommittee under the Advisory Committee on Blood and Tissue Safety and Availability. Established by U.S. Secretary Sylvia Mathews Burwell, the subcommittee is examining the long-term sustainability of the nation’s blood supply. Rossiter also serves as a Trustee for the Williamsburg Health Foundation and is Chair of the Grants Committee.

In May 2016, Christine Jensen (Adjunct Assistant Professor of Public Policy and Director of Health Services Research at the Riverside Center for Aging and Lifelong Health) presented “Virginia’s Innovations in Caregiver Support and Dementia Care” at the Virginia Governor’s Conference on Aging in Richmond, Virginia. In July 2016, Jensen was invited by Rosalynn Carter to serve on a Carter Center presentation panel “Voices from the Field” at her inaugural Uniting Forces to Support Military Caregivers Summit in Atlanta, Georgia.

Schroeder Center Moves to William & Mary’s Tyler Hall

In August 2016, the Schroeder Center moved to its new home in the newly renovated Tyler Hall, which is located at 300 James Blair Drive near William & Mary’s historic Wren Building and the Sunken Garden. The Schroeder Center relocated with William & Mary’s Public Policy Program, International Relations, and the Departments of Economics and Government. The Schroeder Center itself occupies one wing of the 4th floor and consolidates staff into one location.

If your travels bring you to Williamsburg, we would enjoy the opportunity to show you the Schroeder Center as well as the rest of Tyler Hall. Please stop by and see us!