

GAO

Report to the Ranking Minority Member
Subcommittee on Compensation

COMMITTEE ON VETERANS AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES

December 1985

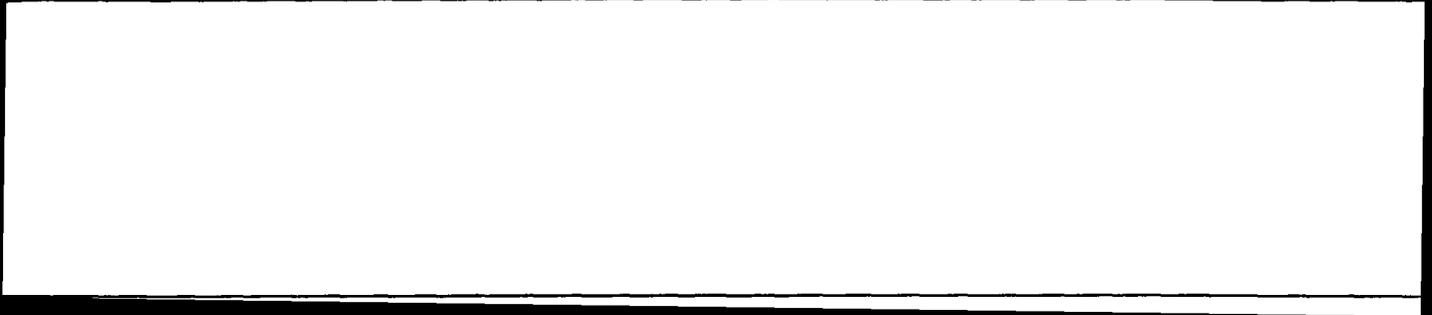
VA HEALTH CARE

HOW DISTANCE FROM

VA FACILITIES AFFECTS

VETERANS' USE OF VA

HEALTH CARE SERVICES





United States
General Accounting Office
Washington, D.C. 20548

Health, Education, and
Human Services Division

B-259617

December 20, 1995

The Honorable Lane Evans
Ranking Minority Member
Subcommittee on Compensation, Pension,
Insurance, and Memorial Affairs
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Evans:

In fiscal year 1994, the Department of Veterans Affairs (VA) provided medical care to about 2.5 million (9.4 percent) of the nation's 26.5 million veterans. Although VA operates one of the largest health care delivery systems in the United States, veterans frequently indicate that they do not use VA health services because they live too far from the nearest VA hospital or outpatient clinic.

This report responds to your request for information relating to the role of distance in predicting veterans' use of VA health care. Specifically, it answers the following questions:

- What percentage of the veteran population lives within selected distances of a VA hospital and outpatient clinic offering basic acute medical and surgical care?
- How does the distance a veteran lives from a VA hospital or outpatient clinic affect the likelihood that he or she will use VA for acute medical and surgical care?
- Is the number of services per veteran user higher for veterans living close to a VA hospital or clinic?
- Is use of VA health care facilities by veterans receiving VA compensation for service-connected disabilities or VA low-income pensions more or less sensitive to how far they live from a VA facility than use by other veterans?

Scope and Methodology

To develop this information, we used data from the 1990 Census and VA's patient treatment file, compensation and pension file,¹ and outpatient file. We measured distances between veterans' homes and the nearest VA hospital and outpatient clinic based on the zip codes of VA facilities and veterans' residences. We focused our work on acute medical and surgical

¹Information in VA's compensation and pension file was as of March 1993. Information in the patient treatment file and outpatient file was for fiscal year 1993.

care.² Accordingly, we excluded from our universe of hospitals 40 VA hospitals that (1) primarily provide long-term psychiatric care and (2) do not provide surgical care. A total of 131 of VA's 171 hospitals were included in our universe. However, the patients discharged from all 171 hospitals were included in our analyses except as noted below.

We then made several adjustments to data in the patient treatment file. Because of our focus on acute medical and surgical care, we excluded patients discharged from (1) psychiatric bed sections and (2) nonacute bed sections, including patients discharged from nursing home and intermediate care units; inpatient substance abuse treatment, post-traumatic stress disorder, and respite care programs; and halfway houses and hospices.

Similarly, we excluded from our analyses those VA outpatient clinics (and the associated outpatient visits) that (1) primarily provide psychiatric counseling or (2) do not provide a broad range of acute medical and surgical care. We also excluded visits to community providers reimbursed by VA on a fee basis. Veterans who used acute medical, surgical, or psychiatric services as well as nonacute VA programs were included in our analyses as users, but their nonacute services were excluded from the analyses of the number of outpatient visits. Our universe included 269 VA outpatient clinics that provide a wide range of acute medical and surgical care.³ (See app. I for a detailed description of our methodology.)

We conducted our work between May 1994 and August 1995 in accordance with generally accepted government auditing standards.

Results in Brief

Living within 5 miles of a VA hospital or outpatient clinic significantly increases the likelihood that a veteran will use VA health care services. Although most veterans live within 25 miles of a VA hospital and outpatient clinic, use of VA facilities, in terms of both likelihood of VA use and the frequency of use, declines significantly among veterans living more than 5 miles from a VA facility. Only about 11 percent of veterans live within 5 miles of a VA hospital providing acute medical and surgical care and 17 percent within 5 miles of a VA outpatient clinic.

²Distance may also be an important factor in veterans' decisions regarding use of VA psychiatric care. We excluded psychiatric care from this analysis, however, because many psychiatric hospitals offer a limited range of acute medical and surgical care. Their inclusion in the universe of facilities would, therefore, give a misleading picture of the availability of acute medical and surgical hospital care.

³A total of 256 zip codes were involved; 13 pairs of outpatient clinics had the same zip code.

Use of VA health care services does not decline with distance as rapidly among veterans receiving VA compensation or pension payments. Even those veterans with service-connected disabilities who live more than 100 miles from a VA outpatient clinic are more likely to use VA outpatient services than are higher income veterans with nonservice-connected disabilities who live within 5 miles of a VA outpatient clinic.⁴ A number of factors, including broader eligibility and entitlement to outpatient care for service-connected and low-income veterans, veterans' ages, and differences in available resources, could also contribute to the differences in use of VA services.

Background

In fiscal year 1993, VA operated 171 hospitals, 128 nursing homes, 38 domiciliaries, and 353 outpatient clinics. VA facilities vary widely in the types and complexities of the services provided. For example, some of the hospitals are large facilities providing a wide range of acute medical, surgical, and psychiatric care. VA also operates smaller rural hospitals providing more limited acute medical and surgical care. Still others provide primarily long-term psychiatric care and do not perform surgery.

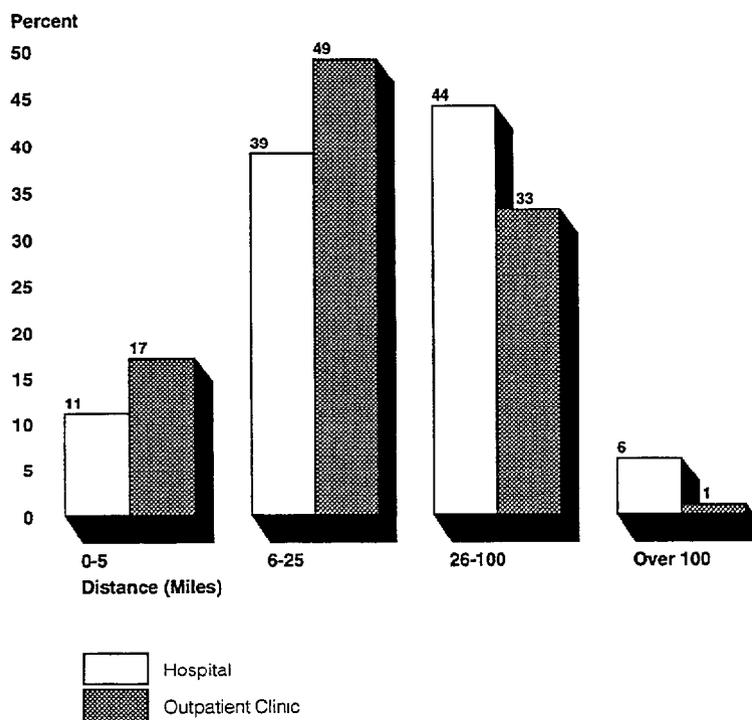
Similarly, there is considerable variability in the services available from VA outpatient clinics. In addition to the outpatient clinics located within medical centers, some VA medical centers operate satellite clinics in other locations. VA also operates several large, independent outpatient clinics and numerous smaller, community-based, rural outreach, and mobile clinics providing a narrower range of services.

Most Veterans Live Within 25 Miles of a VA Acute Care Facility

About 89 percent of veterans live more than 5 miles from a VA hospital providing acute medical and surgical care, but about 50 percent live within 25 miles. Similarly, approximately 83 percent of veterans live more than 5 miles from a VA outpatient clinic, but about two-thirds live within 25 miles. (See fig. 1 and tables II.1 and II.2.)

⁴This report uses the shorthand terms "service-connected veterans" and "nonservice-connected veterans" to refer to these two groups. As used in this report, "higher income" refers to nonservice-connected veterans not receiving a VA pension. This group includes an unknown number of veterans with incomes below the level that would qualify them for a pension but who are not receiving a VA pension. Data were not readily available to permit a more precise breakout of veterans' incomes.

Figure 1: Percentage of the Veteran Population Living Within Selected Distances of VA Acute Care Facilities

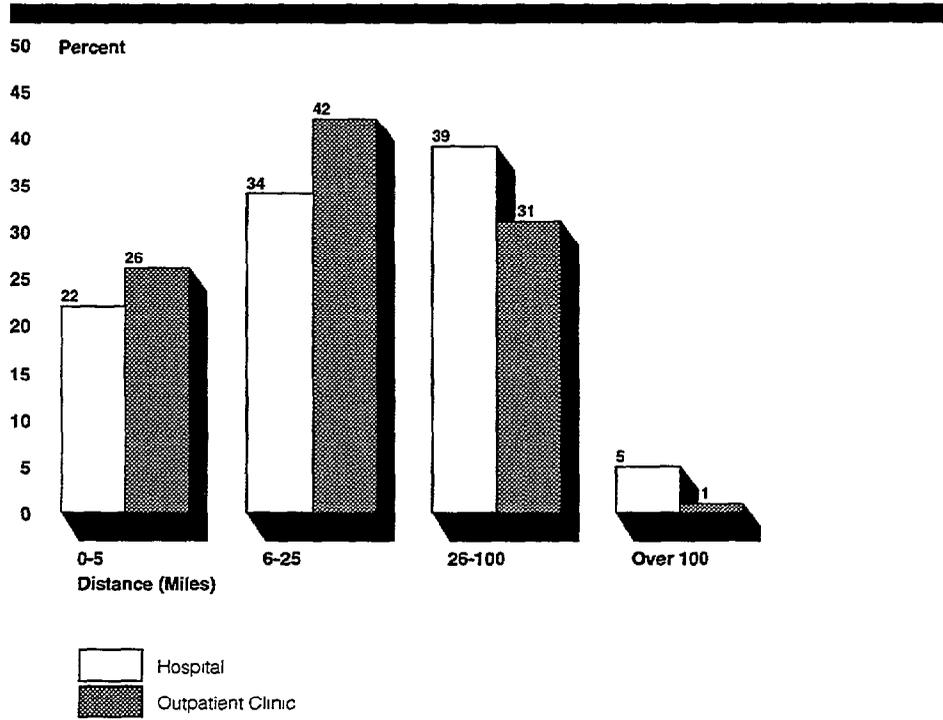


Source: Based on 1990 Census data.

Veterans Living Within 5 Miles of a VA Facility Most Likely to Use VA

Veterans who live close to a VA facility are more likely to use VA hospital and outpatient services, but users of outpatient services appear to be more sensitive to distance. Although only 11 percent of veterans live within 5 miles of a VA hospital, such veterans account for 22 percent of VA acute medical and surgical patients. Similarly, the 17 percent of veterans living within 5 miles of a VA outpatient clinic accounted for 26 percent of outpatient clinic users. (See fig. 2 and tables II.1 and II.2.)

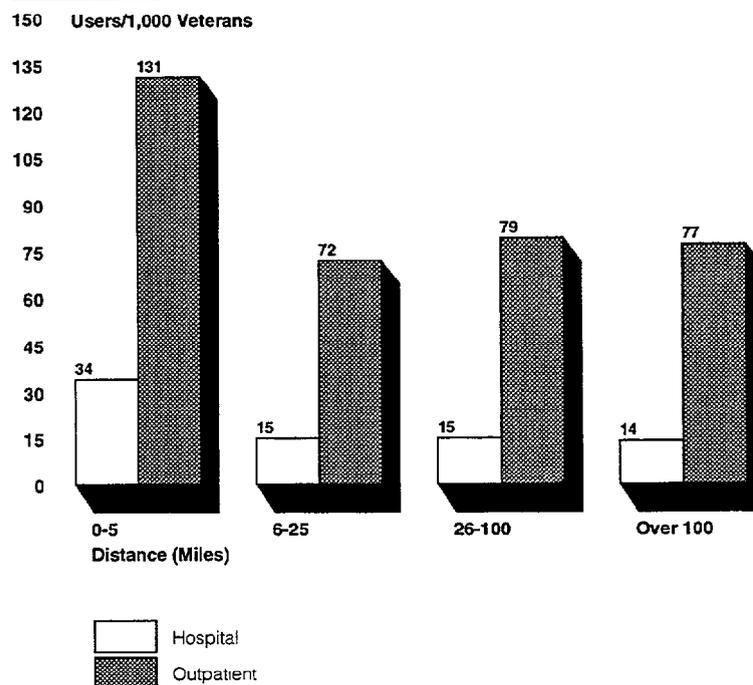
Figure 2: Percentage of Veterans Using VA Health Care Services, by Distance From VA Acute Care Facilities



Source: Based on VA's fiscal year 1993 patient treatment and outpatient files.

In other words, for every 1,000 veterans living within 5 miles of a VA hospital, there were 34 who used a VA hospital for acute medical or surgical care in fiscal year 1993; at greater distances from a VA hospital, only about 15 used VA hospital care. Similarly, the number of outpatient users per 1,000 veterans was significantly higher for veterans living within 5 miles of a VA outpatient clinic—131 per 1,000 veterans—than at greater distances—fewer than 80 per 1,000 veterans. (See fig. 3 and tables II.1 and II.2.)

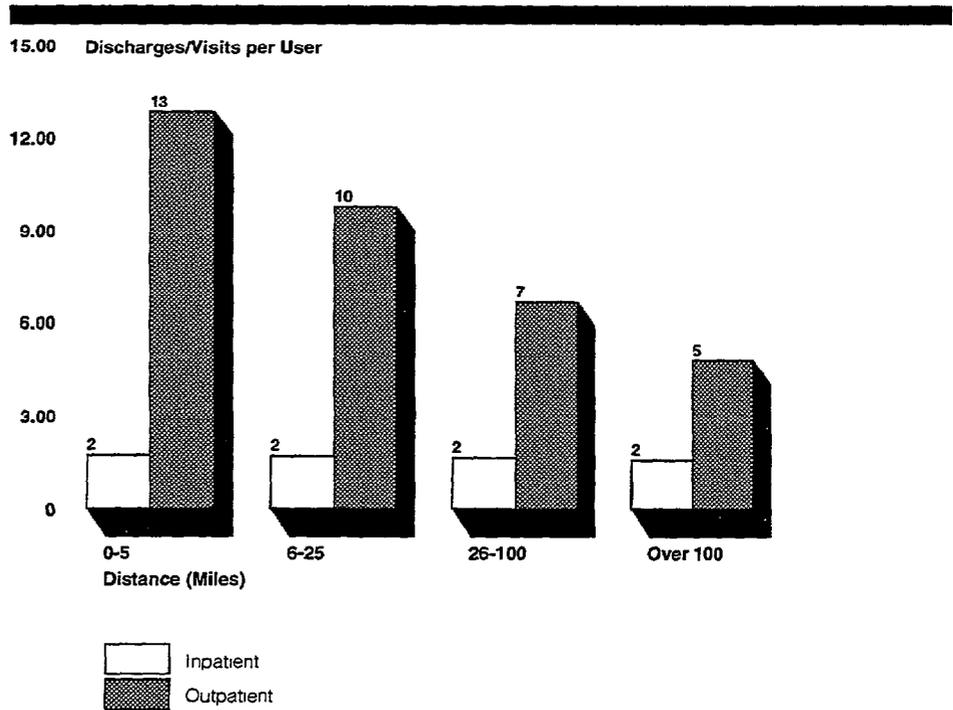
Figure 3: Users per 1,000 Veterans, by Distance From VA Acute Care Facilities



Volume of Services Used Is Also Sensitive to Distance

Distance also appears to play a role in the volume of services used. Generally, the number of outpatient visits per user decreased as veterans' distances from VA clinics increased. For example, the 26 percent of VA users living within 5 miles of a VA outpatient clinic accounted for 35 percent of outpatient visits. VA officials pointed out that visits may not be the best measure of the volume of services veterans use; veterans traveling longer distances to a VA clinic may make fewer visits but have more clinic stops on those visits than veterans living closer to the VA facility. Distance had little impact on the number of inpatient episodes of care VA users obtained from VA hospitals. (See fig. 4 and tables II.3 and II.4.)

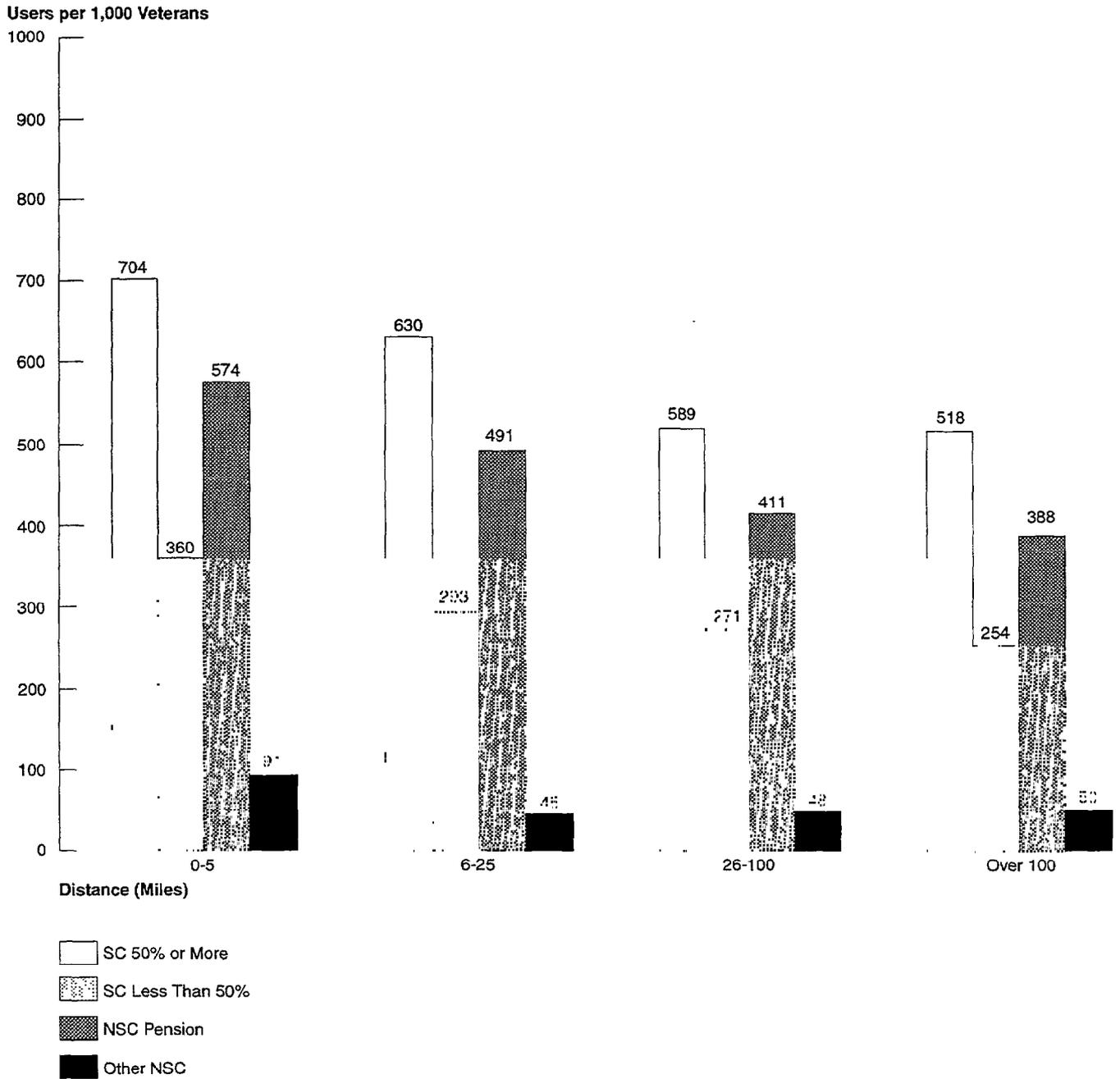
Figure 4: Services per Veteran User, by Distance From VA Acute Care Facility



Service-Connected and Low-Income Veterans Less Sensitive to Distance

Veterans receiving compensation for service-connected disabilities or VA low-income pensions for nonservice-connected disabilities appear less sensitive to distance than other veterans. Veterans receiving VA compensation or pension payments are significantly more likely to use VA health care services than other veterans with no service-connected disabilities regardless of how far they live from a VA hospital or outpatient clinic. And, their use of VA health care services does not decline as quickly at increasing distances from VA facilities. For example, use of VA outpatient clinics by veterans with service-connected disabilities rated at 50 percent or higher declined by about 10 percent, from 704 users per 1,000 veterans living within 5 miles of a VA outpatient clinic to 630 users per 1,000 veterans living between 6 and 25 miles from a clinic. By contrast, use by nonservice-connected veterans not receiving VA pensions declined by over 50 percent, from 91 users per 1,000 veterans living within 5 miles of a VA outpatient clinic to 45 users per 1,000 veterans living between 6 and 25 miles from a clinic. (See fig. 5 and tables II.13 through II.14.)

Figure 5: VA Outpatient Clinic Users per 1,000 Veterans, by Distance and Service-Connected Status



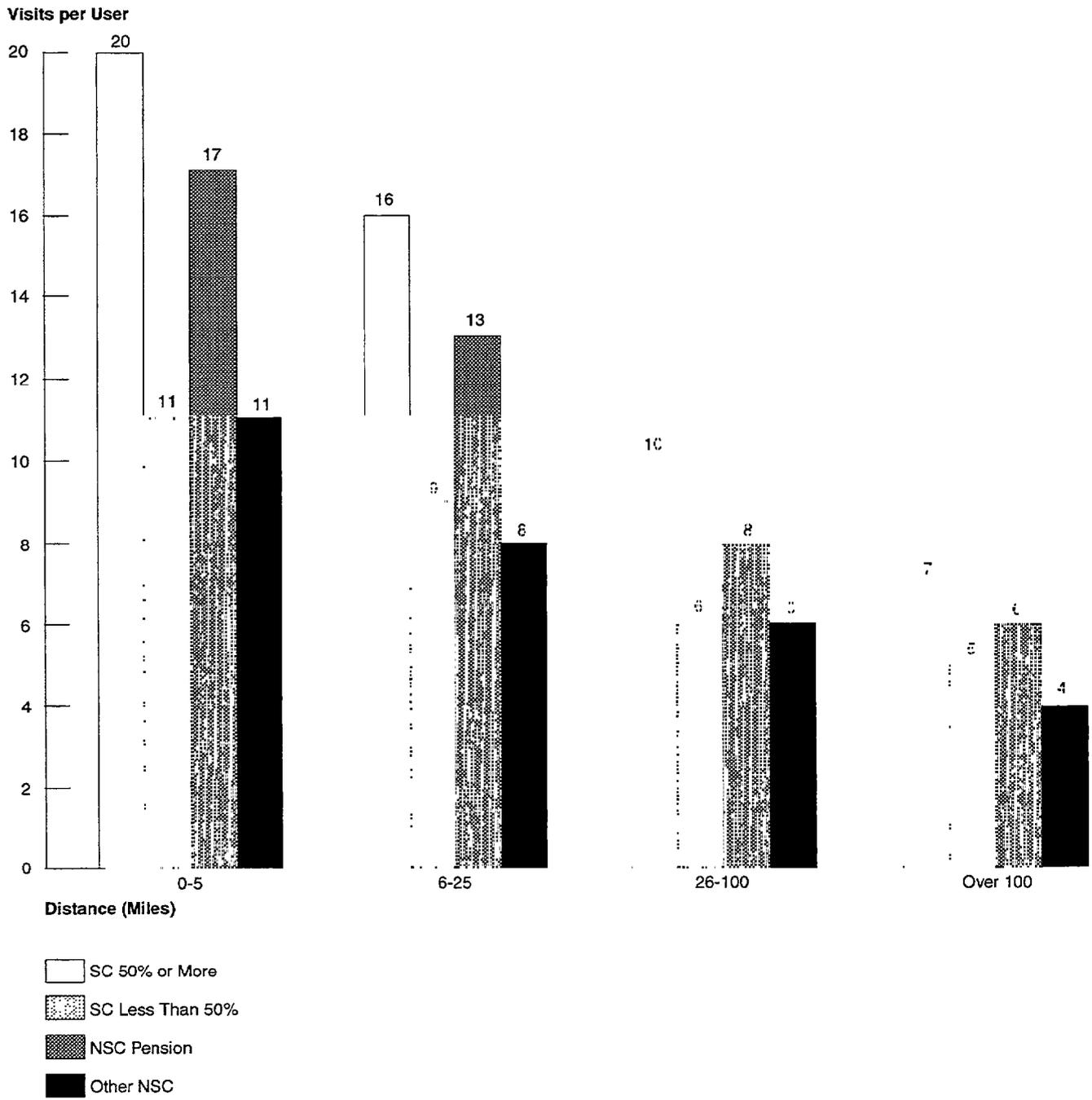
(Figure notes on next page)

Notes: SC is service-connected veteran; NSC is nonservice-connected veteran.

Figure is based on fiscal year 1993 data.

In addition to being more likely to use VA hospitals and outpatient clinics, veterans receiving (1) compensation for service-connected disabilities rated at 50 percent or higher or (2) nonservice-connected pensions use a higher volume of services than higher income nonservice-connected veterans. Veterans receiving compensation for service-connected disabilities rated at less than 50 percent are more likely to use VA services than higher income nonservice-connected veterans, but both types of users have roughly comparable numbers of discharges and outpatient visits. (See fig. 6 and tables II.11 and II.12.)

Figure 6: VA Outpatient Visits per Veteran User, by Distance and Service-Connected Status



(Figure notes on next page)

Notes: SC is service-connected veteran; NSC is nonservice-connected veteran.

Figure is based on fiscal year 1993 data.

Several factors other than distance could help explain the differences. For example, service-connected veterans, particularly those with disabilities rated at 50 percent or more, have broader eligibility for VA outpatient services than do nonservice-connected veterans. Similarly, VA pension recipients probably have fewer health care options than higher income veterans. For example, they are unlikely to have employer-provided health insurance and may be unable to afford the out-of-pocket costs they would incur through use of their Medicare benefits.

Agency Comments and Our Evaluation

We obtained comments on a draft of this report from the Deputy Under Secretary for Health and other VA officials. The Deputy Under Secretary said accessibility is an important aspect of quality health care and making VA health care services more accessible has long been a goal of VA. He said, however, that efforts to open additional outpatient "access point" clinics have been delayed until VA can communicate the details of its plans to the Congress. VA's recent reorganization into 22 service networks will provide veterans better access to care, the Deputy Under Secretary said.

VA officials expressed the following concerns about our methodology:

- Distance may not be as important as travel time in veterans' decisions about whether to use VA health care facilities. In their view, distance does not account for and is not representative of geographic barriers, road conditions, congestion, and other factors that might influence veterans' use of VA medical centers. We agree and previously identified this limitation in our scope and methodology (see p. 18). We are not aware of any database that would have enabled us to measure veterans' travel times from VA medical centers.

-
- Excluding psychiatric and long-term care facilities distorted our analyses. About 50 percent of VA medical and surgical patients have some lifetime psychiatric diagnoses or recurring symptoms. With limited availability and funding for psychiatric care in the private sector, veterans may be more willing to travel to VA facilities for these services. As a result, access to VA psychiatric care affects veterans' willingness to travel to VA. Also, VA facilities that offer medical and surgical care as well as psychiatric services are large and provide a significant portion of care rendered by VA.

We agree that veterans seeking VA psychiatric services may be less sensitive to distance than those seeking medical or surgical care and that the role of distance in predicting use of VA psychiatric care may warrant further study. However, including facilities that do not provide a wide range of medical and surgical services in an evaluation of the role of distance in predicting the use of VA medical and surgical care would distort the results of that analysis. Moreover, veterans who used both medical or surgical services and psychiatric services in fiscal year 1993 were included in our analyses regardless of whether they were treated in the excluded facilities.

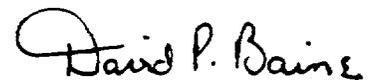
- Visits may not be an appropriate indicator of volume. Patients who travel greater distances to VA combine many clinic stops into one visit, thereby increasing the intensity of the care for each visit. We agree and recognized this limitation in our report (see p. 6). Although VA's point appears logical, we are not aware of any studies that show the extent to which veterans living greater distances from VA facilities obtain more services per visit than veterans living closer to VA facilities.
- Our percentage distributions by distance compare the user population with the entire veteran population, but the report does not contain the same types of analyses for nonusers. Data on nonusers can easily be derived from the tables in appendix II.

We are sending copies of this report to the Chairmen and Ranking Minority Members of the Senate and House Committees on Veterans' Affairs and the Secretary of Veterans Affairs. Copies will be made available to others upon request.

This work was performed under the direction of James R. Linz, Assistant Director, who may be reached at (202) 512-7110 if you or your staff have

questions concerning this report. Other major contributors include Linda Diggs, Sibyl Tilson, and Joan Vogel.

Sincerely yours,

A handwritten signature in cursive script that reads "David P. Baine".

David P. Baine
Director, Health Care Delivery
and Quality Issues

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Abbreviations

CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
NSC	nonservice-connected
SC	service-connected
VA	Department of Veterans Affairs

Scope and Methodology

This appendix provides additional details on development of the universes of VA hospitals, outpatient clinics, and users on which our analyses were based and the methodologies used in our analyses.

Developing a Universe of VA Hospitals

In fiscal year 1993, VA operated 171 hospitals, some of which provided only limited acute medical and surgical care services. To develop a universe of VA hospitals providing acute medical and surgical care for our analyses, we excluded 40 hospitals that (1) primarily provide long-term psychiatric care, (2) do not provide surgical care, or (3) are located outside the 48 contiguous states (that is, are located in Alaska and Puerto Rico). Hence, 131 hospitals were included in our universe of VA acute medical and surgical hospitals. However, the patients discharged from all 171 hospitals were included in our analyses except as noted below.

Developing a Universe of Medical and Surgical Hospital Users

From VA's fiscal year 1993 patient treatment file, we developed a universe of veteran users of VA acute medical and surgical hospital care by (1) excluding all discharges (6,219) of nonveterans (5,159) who used VA inpatient services; (2) deleting discharges from state veterans' homes and other non-VA facilities; (3) deleting discharges from VA nursing homes and domiciliaries; (4) deleting discharges from psychiatric bed sections; and (5) deleting discharges from nonacute bed sections, including inpatient substance abuse treatment programs, post-traumatic stress disorder programs, respite care programs, halfway houses, and hospices. Veterans who used both acute medical or surgical services and nonacute VA programs were included in our analyses as users, but their nonacute episodes of care were excluded from our analyses of the numbers of veterans' inpatient stays. The inpatient analyses included 462,809 veterans and about 777,190 discharges (see table I.1).

Table I.1: Summary of Data Exclusions From VA's Inpatient Treatment File

Type of adjustment	Original universe	Exclusions	Adjusted universe
Inpatient discharges	910,867	133,677	777,190
Hospitals	171	40	131
Veteran users	479,512	16,703	462,809

Developing Outpatient Universes

In fiscal year 1993, VA operated 353 outpatient clinics, including many providing primarily mental health services or only a narrow range of medical services. To develop a universe of VA outpatient clinics offering a

broad range of acute medical and surgical services, we excluded (1) mobile clinics and other clinics offering primarily eligibility screening, substance abuse outreach, mental health, or psychiatric services; and (2) clinics located outside the 48 contiguous states (that is, clinics in Alaska, Hawaii, and Puerto Rico). A total of 84 of VA's 353 outpatient clinics were excluded. From VA's fiscal year 1993 outpatient file, we developed a universe of veteran users by excluding (1) all visits to the 84 outpatient clinics removed from our universe; (2) all visits (995,323) to VA clinics by nonveterans (328,418), such as beneficiaries in the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or VA employees; and (3) outpatient visits to community providers who were reimbursed by VA on a fee basis. After adjustments, our analyses included 269 outpatient clinics, approximately 2.3 million outpatient users, and about 21.6 million visits.⁵ (See table I.2.)

Table I.2: Summary of Data Exclusions From VA's Outpatient Clinic File

Type of adjustment	Original universe	Exclusions	Adjusted universe
Outpatient visits	23,329,333	1,681,898	21,647,435
Clinics	353	84	269
Veteran users	2,626,228	352,221	2,274,007

Determining How Many Veterans Live Within Selected Distances of VA Facilities

To determine how many veterans live within selected distances of VA hospitals and outpatient clinics offering a broad range of acute medical and surgical care, we

- measured the straight-line distance between every residential zip code in the 48 contiguous states and the nearest VA hospital and outpatient clinic included in our universes;
- determined how many veterans lived within each zip code using 1990 Census data; and
- compiled the data on number of veterans living in each zip code in 5-mile increments from the closest VA hospital and outpatient clinic.

⁵A total of 256 zip codes were involved; 13 pairs of outpatient clinics had the same zip code.

Determining How Distance Affects Likelihood of VA Use

To determine the effect of distance on the likelihood that veterans will use VA hospital and outpatient services, we

- determined the number of VA users in each zip code in the 48 contiguous states (using data from the fiscal year 1993 patient treatment file and outpatient file) for both hospital and outpatient care;
- calculated the percentage of the user population living within 5-mile increments of the closest VA inpatient hospital and outpatient clinic; and
- compared the proportion of users with the proportion of veterans living within selected distances of VA facilities.

Determining the Effect of Distance on Volume of Services

To determine whether distance affected the volume of services VA users obtain from VA, we

- calculated the number of hospital stays and outpatient visits for each VA user in our universe;
- calculated the percentage of the visits or discharges attributed to users living within 5-mile increments of the closest VA inpatient hospital or outpatient clinic; and
- compared the proportion of visits or discharges with the proportion of users living within selected distances of VA facilities.

Determining Whether Service-Connected Veterans and Pension Recipients Are More Sensitive to Distance

To determine whether veterans with service-connected disabilities or receiving VA pensions are more or less sensitive to distance, we

- established a universe of service-connected veterans and veterans receiving VA pensions using VA's compensation and pension file;⁶
- conducted the analyses previously described for veterans receiving VA compensation or pension payments; and
- compared the results with those of nonservice-connected veterans not receiving pensions.

Our analyses have several limitations. First, the use of straight-line distance between zip codes does not account for differences in travel time due to road conditions, congestion, or structures such as bridges or tunnels, or differences in travel distances caused by geographic barriers such as rivers and mountains. Second, veterans do not always use the VA facilities closest to their homes or may use multiple facilities or move

⁶Information in VA's compensation and pension file was as of March 1993.

**Appendix I
Scope and Methodology**

during the year. Third, the accuracy of the zip code data in VA's patient treatment file and outpatient file was not verified.

We conducted our work between May 1994 and August 1995 in accordance with generally accepted government auditing standards.

Veteran Population and VA Users by Distance From VA Facilities

This appendix contains tables showing the distribution of the veteran population and VA users by distance from VA hospitals and outpatient clinics providing acute medical and surgical care. The first 4 tables provide information on the overall veteran population; the remaining 10 tables provide a more detailed breakout of the veteran population by service-connected status. The tables are based on our analyses of VA's fiscal year 1993 patient treatment file, outpatient file, and compensation and pension file along with 1990 Census data.

Table II.1: Distribution of Veterans and Users per 1,000 Veterans by Distance to VA Acute Care Hospitals (Fiscal Year 1993)

Distance (miles)	Veterans		Users		Users per 1,000 veterans
	Number	Percentage	Number	Percentage	
0-5	3,004,187	11	101,722	22	33.86
6-25	10,441,653	39	159,612	34	15.29
26-100	11,861,595	44	178,956	39	15.09
Over 100	1,641,587	6	22,519	5	13.72
Total	26,949,022	100	462,809	100	17.17

Table II.2: Distribution of Veterans and Users per 1,000 Veterans by Distance to VA Outpatient Clinics Providing Acute Care (Fiscal Year 1993)

Distance (miles)	Veterans		Users		Users per 1,000 veterans
	Number	Percentage	Number	Percentage	
0-5	4,488,856	17	589,383	26	131.30
6-25	13,275,406	49	959,788	42	72.30
26-100	8,830,577	33	697,430	31	78.98
Over 100	354,183	1	27,406	1	77.38
Total	26,949,022	100	2,274,007	100	84.38

Table II.3: Number of VA Hospital Discharges per Veteran User by Distance From Nearest VA Hospital Providing Acute Care (Fiscal Year 1993)

Distance (miles)	Hospital users	Hospital discharges	Discharges per veteran user
0-5	101,722	176,058	1.73
6-25	159,612	270,814	1.70
26-100	178,956	294,666	1.65
Over 100	22,519	35,652	1.58
Total	462,809	777,190	1.68

**Appendix II
Veteran Population and VA Users by
Distance From VA Facilities**

Table II.4: Number of VA Outpatient Visits per Veteran User by Distance From Nearest VA Outpatient Clinic Providing Acute Care (Fiscal Year 1993)

Distance (miles)	Outpatient users	Outpatient visits	Visits per veteran user
0-5	589,383	7,545,737	12.80
6-25	959,788	9,346,471	9.74
26-100	697,430	4,624,823	6.63
Over 100	27,406	130,404	4.76
Total	2,274,007	21,647,435	9.52

Table II.5: Distribution of Veterans by Distance to Nearest VA Acute Care Hospital by Service-Connected Status (1990)

Distance (miles)	Service-connected status				Nonservice-connected status			
	50-percent disabled or greater		Less than 50-percent disabled		Receiving VA pension		Other	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	55,651	13	201,426	12	71,341	16	2,675,769	11
6-25	150,069	34	631,550	38	112,058	25	9,547,976	39
26-100	199,781	46	726,298	43	236,702	52	10,698,814	44
Over 100	32,231	7	113,331	7	33,506	7	1,462,519	6
Total	437,732	100	1,672,605	100	453,607	100	24,385,078	100

Table II.6: Distribution of Veterans by Distance to Nearest VA Outpatient Clinic Providing Acute Care by Service-Connected Status (1990)

Distance (miles)	Service-connected status				Nonservice-connected status			
	50-percent disabled or greater		Less than 50-percent disabled		Receiving VA pension		Other	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	83,981	19	304,439	18	100,673	22	3,999,763	16
6-25	194,860	45	811,855	49	142,685	31	12,126,006	50
26-100	152,958	35	535,991	32	202,057	45	7,939,571	33
Over 100	5,933	1	20,320	1	8,192	2	319,738	1
Total	437,732	100	1,672,605	100	453,607	100	24,385,078	100

**Appendix II
Veteran Population and VA Users by
Distance From VA Facilities**

Table II.7: Distribution of Veterans Using VA Acute Care Hospitals by Distance and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status				Nonservice-connected status			
	50-percent disabled or greater		Less than 50-percent disabled		Receiving VA pension		Other	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	11,596	18	14,026	20	16,435	23	59,665	24
6-25	23,340	35	25,446	36	20,927	29	89,899	35
26-100	27,270	41	27,547	39	31,672	43	92,467	36
Over 100	3,571	5	3,694	5	3,822	5	11,432	5
Total	65,777	100	70,713	100	72,856	100	253,463	100

Note: Percentages may not add to 100 because of rounding.

Table II.8: Distribution of Veterans Who Used VA Outpatient Clinics Providing Acute Care by Distance and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status				Nonservice-connected status			
	50-percent disabled or greater		Less than 50-percent disabled		Receiving VA pension		Other	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	59,082	21	109,706	23	57,779	27	362,816	28
6-25	122,713	45	221,233	46	70,102	33	545,740	42
26-100	90,110	33	145,363	30	83,075	39	378,882	29
Over 100	3,072	1	5,164	1	3,176	1	15,994	1
Total	274,977	100	481,466	100	214,132	100	1,303,432	100

Table II.9: Acute Care Hospital Discharges by Distance and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status				Nonservice-connected status			
	50-percent disabled or greater		Less than 50-percent disabled		Receiving VA pension		Other	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	22,272	19	23,748	21	31,431	24	98,607	24
6-25	42,847	36	41,504	36	39,601	30	146,862	36
26-100	47,262	40	43,249	38	55,086	42	149,069	36
Over 100	5,678	5	5,447	5	6,434	5	18,093	4
Total	118,059	100	113,948	100	132,552	100	412,631	100

Note: Percentages may add to more than 100 because of rounding.

**Appendix II
Veteran Population and VA Users by
Distance From VA Facilities**

Table II.10: Visits to VA Outpatient Clinics Providing Acute Care by Distance and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status				Nonservice-connected status			
	50-percent disabled or greater		Less than 50-percent disabled		Receiving VA pension		Other	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	1,199,642	29	1,248,138	30	959,431	39	4,138,526	38
6-25	1,966,771	48	1,927,195	47	878,931	35	4,573,574	42
26-100	897,253	22	920,704	22	633,551	25	2,173,315	20
Over 100	21,023	1	24,480	1	17,954	1	66,947	1
Total	4,084,689	100	4,120,517	100	2,489,867	100	10,952,362	100

Note: Percentages may add to more than 100 because of rounding.

Table II.11: Acute Care Hospital Discharges per Veteran User by Distance and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status		Nonservice-connected status	
	50-percent disabled or greater	Less than 50-percent disabled	Receiving VA pension	Other
0-5	1.92	1.69	1.91	1.65
6-25	1.84	1.63	1.89	1.63
26-100	1.73	1.57	1.74	1.61
Over 100	1.59	1.47	1.68	1.58
Total	1.79	1.61	1.82	1.63

Table II.12: VA Outpatient Visits per Veteran User by Distance and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status		Nonservice-connected status	
	50-percent disabled or greater	Less than 50-percent disabled	Receiving VA pension	Other
0-5	20.30	11.38	16.61	11.41
6-25	16.03	8.71	12.54	8.38
26-100	9.96	6.33	7.63	5.74
Over 100	6.84	4.74	5.65	4.19
Total	14.85	8.56	11.63	8.40

Appendix II
 Veteran Population and VA Users by
 Distance From VA Facilities

Table II.13: Users of VA Acute Hospital Care per 1,000 Veterans by Distance to VA Inpatient Facilities and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status		Nonservice-connected status	
	50-percent disabled or greater	Less than 50-percent disabled	Receiving VA pension	Other
0-5	.208.37	69.63	230.37	22.30
6-25	155.53	40.29	186.75	9.42
26-100	136.50	37.93	133.81	8.64
Over 100	110.79	32.59	114.07	7.82
Total	150.27	42.28	160.61	10.39

Table II.14: Users of VA Outpatient Clinics per 1,000 Veterans by Distance to VA Outpatient Clinics and Service-Connected Status (Fiscal Year 1993)

Distance (miles)	Service-connected status		Nonservice-connected status	
	50-percent disabled or greater	Less than 50-percent disabled	Receiving VA pension	Other
0-5	703.52	360.35	573.93	90.71
6-25	629.75	272.50	491.31	45.01
26-100	589.12	271.20	411.15	47.72
Over 100	517.78	254.13	387.70	50.02
Total	628.19	287.85	472.07	53.45

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