GAO

United States General Accounting Office

Report to the Honorable
Frank H. Murkowski
U.S. Senate

June 1992

VA HEALTH CARE

Alternative Health Insurance Reduces Demand for VA Care

GAO/HRD-92-79

GAO

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

Human Resources Division

B-249216

June 30, 1992

The Honorable Frank H. Murkowski
United States Senate

Dear Senator Murkowski:

As health care reform unfolds in individual states and in the federal sector, it will undoubtedly have a significant impact on the nation's largest health care provider—the Department of Veterans Affairs (VA). This report responds to your request that we estimate the potential impact of two such reform measures—employer mandates and universal coverage—on the VA health system. Employer mandates would require employers to provide health insurance for their employees while universal coverage would extend health insurance coverage to all Americans.

Background

Serving over 26 million veterans, VA administers the nation's largest health care network, operating 171 hospitals, 126 nursing homes, and hundreds of outpatient clinics. When VA was established in 1930, private and public health insurance were virtually nonexistent. As the availability of health insurance has grown over time—particularly as a benefit of employment—so has the portion of veterans with private health insurance. In 1987, almost 80 percent of all veterans were covered by private health insurance. Also, veterans were slightly more likely to have health insurance than nonveterans.

Many states have taken or are considering actions that could further reduce the number of veterans without health insurance. For example, Hawaii enacted legislation in 1974 requiring employers to provide health insurance to most employees working 20 or more hours a week. According to Hawaii's estimates, the uninsured population has dropped from 17 percent to less than 5 percent since implementation of the mandates.

Massachusetts and Oregon have passed similar legislation that sets target dates for most employers to either provide health insurance for their employees or pay a tax that will go into a pool that will be used to help the uninsured obtain health insurance. Other states, including Delaware, New Jersey, California, and Washington, are also considering similar "play-or-pay" systems.

In the three states that have enacted employer health insurance mandates, no special exemptions or limitations were placed on the availability of

coverage to veterans simply because of their veteran status. However, because these mandates generally do not cover persons who (1) are unemployed and do not qualify for dependent coverage, (2) work part-time less than a minimum number of hours, (3) are seasonal workers, or (4) lack retirement benefits, veterans who fall into these categories will likewise be exempted. By contrast, universal coverage would include all veterans, regardless of their employment status.

At the national level, a number of proposals are calling for nationwide employer mandates or universal health insurance. Several related bills are pending before the Congress. In addition, various labor and consumer groups and health care associations have proposed plans to reduce the number of uninsured Americans.

Any program that would expand health insurance coverage among veterans could substantially reduce the demand for VA-sponsored health care. For example, we recently reported that the success of Hawaii's employer mandates was a contributing factor in reducing the need to construct additional acute care beds for veterans in Hawaii.[1]

Scope and Methodology

To estimate the number of veterans who would likely obtain alternate health insurance under employer mandates or universal coverage, we analyzed data from VA's 1987 Survey of Veterans. VA, in conjunction with the Bureau of the Census, designed the survey to evaluate its own programs and to assess the status and well-being of veterans across the nation. The survey was conducted by the Census Bureau based on its Current Population Survey—a monthly nationwide survey designed to obtain information on the employment status and other characteristics of the population. Each month, one-eighth of the households in the Current Population Survey are dropped from the sample and replaced by new households. Veterans who were rotated out of the Current Population Survey between April 1986 and January 1987 were included in the 1987 Survey of Veterans—a total of 11,439 veterans were sampled. An independent study completed in June 1989 by a VA contractor validated the Survey of Veterans methodology and key population estimates.

The Survey of Veterans contains information on the number of veterans, their employment status, their health insurance coverage, and their use of

[1]VA Health Care: VA Plans Will Delay Establishment of Hawaii Medical Center (GAO/HRD-92-41, Feb. 25, 1992).

VA medical facilities.[2] We used these data to calculate (1) the rate at which veterans with and without private health insurance use VA health care, (2) the number of veterans who would likely obtain alternate health coverage under employer mandates and universal coverage, and (3) the change in overall use of VA facilities as veterans who obtain alternate health coverage reduce their use of VA-sponsored health care.

We discussed state efforts with health officials from Hawaii, Massachusetts, and Oregon. We also discussed our approach and observations with Veterans Health Administration officials in VA's central office. We performed our work between October 1991 and January 1992 in accordance with generally accepted government auditing standards.

Results in Brief

Demand for VA inpatient services, as measured by days-of-care provided to veterans, could drop by about 18 percent if employers nationwide were mandated to either provide health insurance coverage for their workers or pay a tax that would be used to obtain the coverage. Similarly, demand for VA outpatient services could drop about 9 percent.[3] Demand for VA-sponsored nursing home care, however, would be largely unaffected because most reform proposals provide limited coverage of long-term care.

Under a nationwide universal health plan, the impact could be even greater—demand for VA inpatient care could drop by about 47 percent. Likewise, use of VA outpatient care could drop by about 41 percent.[4] The actual decrease, including the impact on nursing home care usage, could vary significantly depending on the type of universal coverage program adopted.

Although many veterans would continue to seek VA treatment, the magnitude of the likely decrease in demand for VA-sponsored health care—should either employer mandates or universal coverage be enacted—suggests that the VA health system should be included in any debate about reform of the American health care system.

[2]In commenting on a draft of this report, VA indicated that interviewers, respondents, or both appeared to be confused by the questions concerning use of VA outpatient care and that the estimates of outpatient usage reported in the survey may be low. (See app. II, p. 15, of this report.)

[3]Estimates for employer mandates are within 2 percentage points at the 95-percent confidence level.

[4]Estimates for universal coverage are within 3 percentage points at the 95-percent confidence level.

Principal Findings

Employer Mandates Likely to Reduce Demand for VA Care

The 1987 Survey of Veterans estimated that 463,000 veterans used VA hospital care in the 12 months preceding the survey. Our analysis of the data found that about 66,000 did not have private health insurance but would likely obtain coverage either through their own employer or their spouse's employer if employer mandates were implemented. Those veterans who are likely to obtain private insurance account for 14.2 percent of the veterans who used VA inpatient services, but because they are high users of such services, the potential decrease in VA's inpatient work load measured in days of care is 18.1 percent.

Demand for VA outpatient care, also measured in days-of-care, could decrease up to 8.7 percent if employer mandates were implemented. In contrast to inpatient care, veterans likely to obtain private insurance make fewer visits to VA outpatient facilities. Consequently, while they account for 9.2 percent (125,828 of 1,373,377) of the veterans using outpatient services, they represent a slightly smaller portion of VA's outpatient work load.

Our estimates are based on the premise that veterans obtaining alternate health insurance under employer mandates would, over time, reduce their use of VA health care to the lower rates, which characterize veterans who now have private health insurance. For example, veterans without private coverage were eight times more likely to use VA inpatient care than veterans with private health insurance—7.6 percent compared with 0.9 percent, respectively. Similarly, 19.2 percent of veterans without private health coverage reported using VA outpatient care compared with 3.2 percent with private coverage. Although several factors, such as the differences in the income of the employed-insured and employed-uninsured could reduce the effect of employer mandates, we believe there would be significant decreases in demand for VA care if employer mandates were implemented.

Universal Coverage Would Have a Greater Impact

Under a universal health insurance plan, veterans not covered by employer mandates—including the unemployed, retired, and part-time workers—would be covered by universal health insurance. Based on the usage rates derived from the 1987 Survey of Veterans, a nationwide universal health insurance plan could result in about a 47-percent drop in

demand for VA hospital care. Likewise, VA could expect demand for outpatient care to decrease by about 41 percent. Our estimates again assume that veterans obtaining health insurance under universal coverage would, over time, adopt the lower usage rates characteristic of veterans with health insurance.

Because veterans with private insurance use VA care at a lower rate than veterans with public insurance—that is, Medicare or Medicaid—the decrease in demand for VA services would vary depending on whether the universal plan adopted resembled a private or public plan. In either case, we believe that the decrease would be substantial.

Veterans Likely to Continue Using VA for Nursing Home Care

Even if future employer-mandated health insurance provides coverage for nursing home care, the mandates are not likely to have a significant impact on the demand for VA-sponsored nursing home care. This is because most VA nursing home care is provided to elderly veterans who are typically retired and would not be affected by employer mandates. In addition, the limited nature of nursing home coverage under employer mandates means that many veterans needing nursing home care would likely continue to seek such care from VA.

Universal health insurance coverage could, however, have a more significant effect on the demand for VA nursing home care to the extent that the universal plan adopted provides coverage of long-term care services. Most of the major proposals have, however, focused on acute rather than long-term care.

Concluding Observations

Under either employer health insurance mandates or some form of universal coverage, there will likely be a significant decline in demand for VA health care services. To the extent that such a decline occurs, health care costs currently paid through VA would be shifted to employers or to the new health insurance program. Thus, the costs of implementing these programs would, in part, be offset by reduced costs under the veterans health care program. Therefore, the VA health system should be included in any discussions of fundamental reform of the American health care system.

In the interim, as individual states implement health care reform measures, such as employer mandates, there will likely be a significant impact on the

demand for VA health care in the affected states. VA needs to monitor such reform measures in order to respond to changing veteran demands.

Agency Comments and Our Evaluation

In a June 1, 1992, letter, the Secretary of Veterans Affairs said that VA recognizes that its role could be dramatically different than it is today if health care reforms are enacted. VA agreed that it should be included in any discussions of fundamental reform of the American health care system. VA pointed out that, in addition to operating a vast health care infrastructure, it plays a large role in the training of this country's health care professionals and in carrying out health care research and also acts as a contingency for providing back-up health care for the Department of Defense during times of national emergency. While analyzing the effects of alternative health care financing, it is equally important, VA stated, to consider how VA can participate and what role it will presume in the aftermath of health care reform.

VA agreed that implementing either a national employer-mandated or universal health coverage plan will have an impact on demand for VA health care services. It believes, however, that the potential impact is overstated by the methodology we used to predict demand for VA services. VA also identified a number of factors that would tend to reduce the impact of employer mandates or universal coverage on demand for VA services, including the types of basic services offered and accessibility to these services.

We agree that many factors could increase or decrease the effect of employer mandates and universal health insurance on demand for VA health services. To the extent VA offers services not covered under an employer-mandated or universal health coverage plan, there will be little effect on demand for such services. Similarly, if VA offers services with lower cost-sharing requirements than are available under an employer mandate or universal health coverage plan, the effect on demand for VA services will likely be reduced. In a separate report, we will be comparing the types of services offered, service limits, and beneficiary cost-sharing under current public and private health benefits programs.

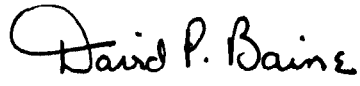
The purpose of our analysis was to develop an estimate of the potential impact of health care reforms on the VA health care system. We believe that our methods were sound and are consistent with the results VA obtained using a different statistical data base. Clearly, more analyses are needed to better predict the impact of specific health care reform

proposals on VA as those reform proposals develop. Under any of the major reform proposals being considered the impact on VA will be significant, and VA needs to begin planning now for how it will adapt to fundamental changes in the health care system.

A more detailed discussion of VA's comments and our evaluation is contained in appendix II.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 15 days after its issue date. At that time, we will send copies of this report to the Secretary of Veterans Affairs; the Director, Office of Management and Budget; and interested congressional committees. Copies also will be made available to others upon request. If you have any questions concerning this report, please contact me on (202) 512-7101. Other major contributors are listed in appendix III.

Sincerely yours,



David P. Baine
Director, Federal Health
Care Delivery Issues

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Abbreviations

VA Department of Veterans Affairs

Comments From the Department of Veterans Affairs

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

JUN 1 1992

Mr. David P. Baine
Director, Federal Health Care
Delivery Issues
Human Resources Division
U.S. General Accounting Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Baine:

I have read your draft report, **VA HEALTH CARE: Alternative Health Insurance Reduces Demand for VA Health Care** (GAO/HRD-92-79) and agree with your conclusion that any discussions of fundamental reform of the American health-care system should include the Department of Veterans Affairs (VA).

You are correct in stating that implementing either a national employer-mandated or universal health coverage plan will have an impact on VA's health-care delivery system. However, the impact depends on a number of factors, including types of basic services offered and accessibility to these services. Two additional variables that effect health-care demand are veteran income and copayment requirements. Since most state-employer insurance proposals contain, or will likely contain, caps on reimbursement per episode of care, VA can expect to serve more medically indigent even as insurance coverage is expanded. Currently, this workload constitutes over half of VA's inpatient and outpatient expenditures.

The report assumes that a percentage of VA system users would be covered under employer mandated or universal insurance coverage. What is missing is that VA treats patients who have specific medical conditions at a greater rate than the general population has. These conditions, which generally would not be covered by alternative health-care plans, include Post-Traumatic Stress Disorder, psychiatric problems, chronic illness, drug and alcohol abuse and their effects, homelessness, spinal cord injury, and AIDS. The question not only concerns a shift in demand but also, whether a new health-care financing package would cover these specific illnesses. An approach GAO can take is to make assumptions of a likely national health financing package and determine the number of VA system users that are inclined to use the new system. Presumably, all other patients would be unaffected.

Research has shown us that many factors other than lack of insurance are related to VA use, i.e., low income, service-connected status, race, education, health status, previous use of

VA benefits, distance to the nearest VA facility, and the services provided. Furthermore, there is no clear conclusion about age effects. Therefore, the impact of reduced VA use from simply acquiring employer private insurance has probably been overstated because GAO's estimates were based on the premise of relatively lower general population rate. The impact of reduced VA use because of universal coverage is probably overstated because of the much higher VA use rates by Medicare and Medicaid eligible veterans with their "universal" public coverage. VA will continue to serve a great many veterans if universal coverage is much like the current Medicare and Medicaid programs. Approximately 48 percent of VA inpatients are also eligible for Medicare or Medicaid.

Additionally, a universal health insurance program tends to create more demand than can be ultimately satisfied (e.g., Canada and the United Kingdom). In such a medical environment, the presence of VA's health-care system could play the important function of relieving the pressures of dealing with the encumbrances of a universal plan by continuing to provide immediate and specialized quality care to veterans.

GAO's use of the 1987 Survey of Veterans III (SOV-III) is somewhat misleading because of the significantly different characteristics seen in the general veteran population versus those seen in VA system users. SOV-III is the appropriate database to determine the rates at which veterans with and without private health insurance use VA health care. The denominator of all veterans is available only in this survey. However, the 1988 Survey of Medical System Users (SMSU) provides information on the specific characteristics of VA medical system users. It is more useful for analysis of inpatient trends than the SOV-III. In particular, SMSU provides VA inpatient data not captured by SOV-III. It includes VA inpatient details such as their insurance coverage, family employment status, level of use, etc. The SMSU should be used for a more accurate statistical perspective.

The SMSU informs us that 34 percent of VA inpatients are uninsured with no public or private health coverage. Of these inpatients with no health-care coverage, 63 percent are nonworker veteran inpatients for which employer mandated coverage may not apply. This group consists of the following: disabled or unable to work - 31 percent; retired - 15 percent; unemployed, but looking for work - 10 percent; unemployed, not looking for work - 5 percent; and students or other - 2 percent. The remaining 37 percent are from either full-time or part-time employed families who might obtain private insurance in an employee mandated system. However, using the SMSU, we estimate this to be 12.4 percent of VA inpatients, as opposed to the GAO's estimate of 14.2 percent using the SOV-III data.

The report's estimates involving VA outpatients are also not accurate because not all VA outpatients were used for GAO's

estimates. GAO used the SOV-III VA staff outpatient estimate. However, interviewers and/or respondents appeared to be confused by this question. The survey question immediately following concerned outpatient care paid by VA (fee-basis). Combining these two responses is a better estimate of total VA outpatients. The total figure used as a base for GAO's estimate should be 3,287,200 instead of the 1,323,377 used by GAO. This reflects a more accurate VA outpatient user population than the report assumes.

The role of VA in a post health-care reform environment could be dramatically different than it is today. Not only does VA have a vast health-care infrastructure, it also plays a large role in the training of this country's health-care professionals, health-care research and as a contingency for providing back-up health-care for the Department of Defense during times of national emergency. While analyzing the effects of alternate health-care financing, it is equally important to consider how VA can participate and what role VA will presume in the aftermath of health-care reform.

To be sure, more discussion, information, and possible ranges can be employed in this area of great uncertainty. We at VA are interested in meeting with your staff to discuss further your methodology to determine the estimates of workload changes. We are also eager to share our information on detailed statistical analyses of VA system users.

Thank you for the opportunity to comment on this report.

Sincerely yours,

Edward J. Derwinski

Evaluation of VA Comments

VA's comments noted on the following pages are from its June 1, 1992, letter to GAO. Each section of the VA comments is followed by our evaluation.

VA Comment 1

You are correct in stating that implementing either a national employer-mandated or universal health coverage plan will have an impact on VA's health-care delivery system. However, the impact depends on a number of factors, including types of basic services offered and accessibility to these services. Two additional variables that effect health-care demand are veteran income and copayment requirements.

GAO Evaluation

We agree. To the extent VA offers services not covered under an employer-mandated or universal health coverage plan, there will be little effect on demand for such services. Similarly, if VA offers services with lower cost-sharing requirements than are available under an employer mandate or universal health coverage plan, the effect on demand for VA services will likely be reduced. In a separate report, we will be comparing the types of services offered, service limits, and beneficiary cost-sharing requirements under current public and private health benefits programs.

VA Comment 2

Since most state-employer insurance proposals contain, or will likely contain, caps on reimbursement per episode of care, VA can expect to serve more medically indigent even as insurance coverage is expanded. Currently, this workload constitutes over half of VA's inpatient and outpatient expenditures.

GAO Evaluation

We do not agree with VA's suggestion that veterans gaining coverage under employer mandates would actually increase their use of VA services. Providing insurance coverage, even with caps on reimbursement, to veterans who currently have no insurance will most likely lead to a reduction in demand for VA services.

VA Comment 3

The report assumes that a percentage of VA system users would be covered under employer-mandated or universal insurance coverage. What is missing is that VA treats patients who have specific medical conditions at a greater rate than the general population has. These conditions, which generally would not be covered by alternative health-care plans, include

Post-Traumatic Stress Disorder, psychiatric problems, chronic illness, drug and alcohol abuse and their effects, homelessness, spinal cord injury, and AIDS. The question not only concerns a shift in demand but also, whether a new health-care financing package would cover these specific illnesses. An approach GAO can take is to make assumptions of a likely national health financing package and determine the number of VA system users that are inclined to use the new system. Presumably, all other patients would be unaffected.

GAO Evaluation

Our analysis recognizes that veterans with private health insurance would continue to use VA for certain services. In estimating the effects of employer mandates and universal coverage, we did not assume that veterans obtaining insurance coverage would stop using VA services altogether. Rather, we assumed that their usage would decline to the rate characterized by veterans with private health insurance. This usage rate includes veterans seeking services not covered under their private health insurance. We agree with VA, however, that the actual decrease in demand will depend on the benefits included in any employer-mandated health insurance or universal coverage plan. For example, we point out on page 5 of this report that veterans would likely continue to use VA for nursing home care because of the limited coverage of nursing home care under employer mandates.

VA Comment 4

Research has shown us that many factors other than lack of insurance are related to VA use, i.e., low income, service-connected status, race, education, health status, previous use of VA benefits, distance to the nearest VA facility, and the services provided. Furthermore, there is no clear conclusion about age effects. Therefore, the impact of reduced VA use from simply acquiring employer private insurance has probably been overstated because GAO's estimates were based on the premise of relatively lower general population rate.

GAO Evaluation

We recognize on page 4 of the report that such factors could reduce the effect of employer mandates. Neither the 1987 Survey of Veterans nor the Survey of Medical System Users contains sufficient information to permit quantification of such effects.

VA Comment 5

The impact of reduced VA use because of universal coverage is probably overstated because of the much higher VA use rates by Medicare and Medicaid eligible veterans with their "universal" public coverage. VA will continue to serve a great many veterans if universal coverage is much like the current Medicare and Medicaid programs. Approximately 48 percent of VA inpatients are also eligible for Medicare or Medicaid.

GAO Evaluation

We recognized on page 5 of the report that the decrease in demand for VA services would vary depending on whether the universal plan resembled a private or public plan. It should also be noted, however, that if the universal health plan has no beneficiary cost-sharing the decline might be larger than the 47 percent suggested if the universal plan resembled private insurance, which imposes copayments and deductibles.

VA Comment 6

Additionally, a universal health insurance program tends to create more demand than can be ultimately satisfied (e.g., Canada and the United Kingdom). In such a medical environment, the presence of VA's health-care system could play the important function of relieving the pressures of dealing with the encumbrances of a universal plan by continuing to provide immediate and specialized quality care to veterans.

GAO Evaluation

Maintaining the current VA health care system to offer veterans a choice of providers is clearly one option to be considered in defining VA's role under a universal health insurance program. Other options might include restructuring VA to focus on providing services not covered under the universal program or merging the VA and Department of Defense health care systems. A full discussion of such options is, however, beyond the scope of this report.

VA Comment 7

GAO's use of the 1987 Survey of Veterans III (SOV-III) is somewhat misleading because of the significantly different characteristics seen in the general veteran population versus those seen in VA system users. SOV-III is the appropriate database to determine the rates at which veterans with and without private health insurance use VA health care. The denominator of all veterans is available only in this survey. However, the 1988 Survey of Medical System Users (SMSU) provides information on the specific characteristics of VA medical system users. It is more useful for analysis of inpatient trends than the SOV-III. In particular, SMSU provides VA inpatient

data not captured by SOV-III. It includes VA inpatient details such as their insurance coverage, family employment status, level of use, etc. The SMSU should be used for a more accurate statistical perspective.

The SMSU informs us that 34 percent of VA inpatients are uninsured with no public or private health coverage. Of these inpatients with no health-care coverage, 63 percent are nonworker veteran inpatients for which employer-mandated coverage may not apply. This group consists of the following: disabled or unable to work –31 percent; retired - 15 percent; unemployed, but looking for work - 10 percent; unemployed, not looking for work - 5 percent; and students or other - 2 percent. The remaining 37 percent are from either full-time or part-time employed families who might obtain private insurance in an employer-mandated system. However, using the SMSU, we estimate this to be 12.4 percent of VA inpatients, as opposed to the GAO's estimate of 14.2 percent using the SOV-III data.

GAO Evaluation

As pointed out on pages 2-3, the 1987 Survey of Veterans does contain information on insurance coverage, family employment status, and level of use. We agree with VA, however, that veterans using VA facilities have different characteristics from the general veteran population. Accordingly, our estimates were based on the subgroup of the Survey of Veterans universe who reported using VA facilities. Like VA, we included veterans likely to obtain insurance coverage through their spouses' employment. While both data bases contain comparable data on veteran characteristics, only the Survey of Veterans, as VA recognized in its comments, captured the needed data on the rates at which veterans with and without private health insurance use VA health care. VA's estimate that 12.4 percent of VA inpatients might obtain private health insurance under employer mandates is relatively close to our estimate of 14.2 percent using the Survey of Veterans.

VA Comment 8

The report's estimates involving outpatients are also not accurate because not all VA outpatients were used for GAO's estimates. GAO used the SOV-III VA staff outpatient estimate. However, interviewers and/or respondents appeared to be confused by this question. The survey question immediately following concerned outpatient care paid by VA (fee-basis). Combining these two responses is a better estimate of total VA outpatients. The total figure used as a base for GAO's estimate should be 3,287,200 instead of the 1,323,377 used by GAO. This reflects a more accurate VA outpatient user population than the report assumes.

GAO Evaluation

We added a footnote to the scope and methodology section of the final report to reflect VA's concern about the accuracy of the questionnaire responses. We do not believe, however, that it would be appropriate to combine the two responses as an estimate of VA outpatient users because it would also include those veterans who understood the questions and used only fee-basis care.

Our analysis is based on the number of veterans who reported using a VA outpatient facility. Including an unknown number of veterans who used fee-basis care would, in our opinion, distort our estimates. Assuming that use of VA services by veterans who answered the question correctly is representative of the use of VA services by veterans who misunderstood the questions, our estimates, calculated as a percent change, would apply to all veterans who used VA outpatient clinics.

Major Contributors to This Report

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