



**VA NEW HAMPSHIRE VISION 2025 Task Force
FOCUS GROUP REPORT**

OCTOBER 31, 2017

CONTENTS

Assessment Overview.	pg 3
Executive Summary.	pg 4
Introduction.	pg 5
Elements of the Assessment	pg 6
Data Collection Methodology	pg 7
Summary of Key Themes by Group	
A. Veteran Organizations.	pg 10
B. Veterans.	pg 11
C. Staff Members.	pg 13
D. Adjacent VA Medical Centers (BOS, WRJ).	pg 16
E. Congressional	pg 18
F. Veterans Northern NH.	pg 21
G. Staff Northern NH.	pg 22
H. Women Veterans NH.	pg 23
I. Visual of Combined Identified Needs	pg 25
J. Chart of Combined Identified Needs.	pg 26

ASSESSMENT OVERVIEW

Dates of Assessment Visit: August 28 – October 20, 2017

Purpose of Visit: Conduct focus groups with stakeholders to gather information concerning level of services at the Manchester VA Medical Center

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EXECUTIVE SUMMARY

Trained facilitators conducted focus groups with key stakeholders of the Manchester Veterans Administration Medical Center to gather their input on service offerings to Veterans receiving care at that facility. Focus groups were conducted with Veteran patients; medical center staff; congressional staff members; Veteran Service Organizations; leadership from White River Junction and VA Boston and representatives of the State Veterans Committee.

Feedback from these focus groups was used to identify key themes which were developed and aligned with three issue areas; services to be strengthened; those that should be developed; and their opinions about a full-service healthcare facility. Staff and Veterans spoke favorably of Manchester VA's role in the delivery of care to Veterans. Groups overall indicated concerns about the number of staff available to provide services, including primary care support staff. Staff mentioned that specialty clinicians were often one staff member deep, resulting in delay in care.

Veterans and Staff groups had differing opinions of what services should be provided at the Manchester VA in the future that was not available at the present. These ranged from care paid for by the VA in the community to the addition of outpatient surgery to a full community hospital-like center. All however did agree that Veterans want to receive care in a timely fashion at the closest location possible.

The results of these focus groups indicate an eagerness to have ready, user friendly access for care for New Hampshire Veterans as the prime vision for the future. In order to accomplish this, the navigation, approval, tracking and billing processes surrounding the CHOICE program must be corrected.

INTRODUCTION

The summary of findings presented in this document is the result of focus groups conducted during the period of August 28 – October 20 at the Manchester VA Medical Center Main Campus and associated CBOCs. The purpose of these focus groups was to identify factors that should be considered in the determination of future services provided at the Manchester VA. The report was developed as a product for review by the VA New Hampshire VISION 2025 Task Force.

This focus group was developed in conjunction with discussions with Dr. Michael Mayo-Smith, Director of the New England Healthcare System and Chairperson of the Committee, to evaluate Veteran services within Manchester VA catchment area. Focus groups were held for both staff and patients at the Main campus and four CBOCs: Conway, Portsmouth, Somersworth, and Tilton. This allowed participants to respond to questions focused on Veteran Services. Key themes have been identified based on feedback consistently voiced by Veterans, employees and other stakeholders who participated in listening sessions.

The preparation carried out prior to the focus groups consisted of the development of the standard work for the focus groups and coordination with the trained facilitators to conduct the focus group in a consistent fashion. The Chairperson of the Committee reviewed and concurred with the guidelines developed prior to the initiation of the focus groups.

ELEMENTS OF THE ASSESSMENT

ORGANIZATIONAL PROFILE

The scope of services provided by Manchester VA Medical Center (VAMC) is designed around the needs of the community at large including eligible Veterans, military personnel and others as identified in established sharing agreements. Wide ranging educational, socio-economic, and cultural variation define our population, which is primarily male and over the age of 65. In recent years the number of female Veterans and beneficiaries has increased and those gender-related services are now incorporated into our service design.

The VAMC Manchester currently operates 6 Palliative Care and 35 skilled care beds. There is an active Primary Care Program with Community Based Outpatient Clinics (CBOCs). Urgent Care provides for acutely ill patients requiring triage and disposition to observation status or transfer to other VA or community agencies. Same Day Surgery and outpatient specialty clinics are available onsite. These include, but are not limited to: mental health, optometry, audiology, dermatology, urology, rheumatology, and prosthetics. Although acute inpatient medical and surgical care is not available at the VAMC Manchester, these services are provided through partnerships with other VISN 1 VA Medical Centers as well as contracts with community healthcare facilities. The VAMC supports academic affiliations in the following disciplines: logistics, medical administrative assistant, nursing, occupational therapy, optometry resident and student, pharmacy, physical therapy, physician assistant, radiology, and social work.

DATA COLLECTION METHODOLOGY

The following Focus Groups were conducted during August and September 2017 by staff that had been trained in conducting focus groups and facilitation skills.

GROUP	MEETING DATE	FACILITATOR
Veteran Service Organizations	9/11	Lynne Cannavo
Veteran Groups		
<ul style="list-style-type: none"> Manchester 	8/28 @ 9,1; 8/29 @ 9,1,2,	Karen Campbell/Tara Berry
<ul style="list-style-type: none"> Conway CBOC 	9/20	Anne Wilson
<ul style="list-style-type: none"> Portsmouth CBOC 	9/15	Susan Neimic
<ul style="list-style-type: none"> Somersworth CBOC 	9/15	Susan Neimic
<ul style="list-style-type: none"> Tilton CBOC 	9/20	Anne Wilson
<ul style="list-style-type: none"> Littleton CBOC 	10/18	Lynne Cannavo
<ul style="list-style-type: none"> Keene CBOC 	10/20	Lynne Cannavo
<ul style="list-style-type: none"> Women Veterans 	10/19	Lynne Cannavo
<ul style="list-style-type: none"> Newington Vet Center 	9/29	Lynne Cannavo
Staff Member Groups		
<ul style="list-style-type: none"> Manchester 	8/28; 8/29	Karen Campbell Tara Berry
<ul style="list-style-type: none"> Conway CBOC 	9/20	Anne Wilson
<ul style="list-style-type: none"> Portsmouth CBOC 	9/15	Susan Neimic
<ul style="list-style-type: none"> Somersworth CBOC 	9/15	Susan Neimic
<ul style="list-style-type: none"> Tilton CBOC 	9/20	Anne Wilson
<ul style="list-style-type: none"> Service Chiefs 	9/13	Lynne Cannavo
<ul style="list-style-type: none"> Littleton CBOC 	10/18	Lynne Cannavo
<ul style="list-style-type: none"> Keene CBOC 	10/20	Lynne Cannavo
Members of the Congressional Delegation	9/13	Lynne Cannavo
Stakeholders at WRJ	9/22	Anne Wilson
Stakeholders at VA Boston	9/7	Lynne Cannavo
State Veterans Affairs Committee	9/5	Lynne Cannavo

Logistical considerations: Each focus group was organized to last approximately one hour and arranged at a time when the designated group was most likely to attend. Each group was notified in advance and provided clear direction on the purpose of the session, that it was voluntary, and the location of the session. Some sessions were conducted with phone access provided to accommodate Veterans.

Identification of Participants for the Focus Groups:

1. Veterans: For the Manchester VA main campus and CBOCs, a list of Veterans was pulled for patients who would be attending a clinic on one of the scheduled meeting dates when rooms were available for the sessions to be held. These Veterans were called and invited to attend one of the 1-hour sessions on either 8/28 or 8/29 at the main campus of Manchester VA. The CBOC clinic patients were notified by either phone or during the day of the visit to the clinic to obtain their attendance at the listening sessions. If family members were transporting the Veterans they were also invited to attend.
2. Staff Members: A list of all staff members at the main campus was pulled and a random sample of staff was pulled and invited to attend one of the sessions scheduled. They were informed that the session was voluntary and their comments would be rolled up into key themes. Staff at the CBOC was invited to sessions on dates identified by their supervisors. Service Chiefs were asked to attend a one-hour session to provide feedback with additional input obtained through email for those who could not attend the focus group.
3. Veteran Interest Groups: Meeting times for input were arranged through contact of leadership with the following groups attending separate meetings: Veteran Service Organization and the State Veteran Affairs Committee. A single meeting was held with members who were able to attend, with additional input sought through email solicitation.
4. Congressional staff members: A focus group was held following their scheduled monthly meeting at the Manchester main campus.

Focus group questions: A standard set of questions was used exclusively during the focus group sessions to target feedback about the services provided at Manchester VA. All sessions were able to obtain feedback on all questions within a one-hour session.

1. What do you like about the current services currently offered at the Manchester VA?
2. What services would you like to see being offered in Manchester that are not being offered?
3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?
4. Are there any additional thoughts or concerns regarding services at the Manchester VA?

The Scripted Introduction to the Session:

Welcome everyone. Thank you for providing us this next hour of your time to give us your input. As most of you are aware, Dr. David Shulkin visited Manchester VA on August 4. During that time, he supported the development of a task force charged to look at a wide range of options to deliver full services to New Hampshire Veterans. We are meeting today to hear your thoughts and concerns. We are meeting with several groups with your input rolled into a singular report that will go into the information used by that taskforce who will be conducting an intensive analysis.

We would like to hear everyone's thoughts and as a facilitator we will try and make sure you are all heard. We have provided some notecards with the questions to each of you to add any additional comments and we will take these up at the end of the meeting.

The Scripted Closure to the Session:

I want to thank you for your thoughts. Our mission as an organization is to honor our Veterans by ensuring they receive the health care they need. Your input will help us in these considerations.

Key Principles that the Facilitators Considered Conducting their sessions:

The scripted introduction was used and all individuals were invited to participate; they were aware of what answers they might expect participants to give and were thoughtful about determining when a question was sufficiently answered; they strived for balanced participation from everyone in the group; and the ended with the scripted thank you.

SUMMARY OF KEY THEMES BY GROUP

A. Veteran Service Organizations (N=16)

1. What do you like about the current services currently offered at the Manchester VA?

Veterans are satisfied with most care they receive. Further strengthening of the Primary Care Service is needed. Primary Care should include more time for the Providers to talk with the patient. During the visit, lack of adequate time leads to a deficit in all information being gathered from the veteran. Additionally, lack of time to follow up on requested tests can impact quality of care provided. Good support staff is important so the physicians can be freed up to do the substantive work that needs to be done. This is critical as, similar to CHOICE, they act as the “Traffic Control” to appropriately move patients to appropriate specialists. At the present, physicians “don’t have time to talk, Hurry in and Hurry Out”.

Some additional access needed for long term care beds, dental care and Whole Health activities. Services that should be provided at Manchester and at all CBOCs to include: MOVE clinics, Yoga, Acupuncture and Chiropractic care. This could be accomplished with a contract in the community if staff is not available. “If you don’t make these alternatives readily available and easy to access for Veterans can get to it, they are not going to get it”.

2. What services would you like to see being offered in Manchester that are not being offered?

There is a need for additional specialty services and a need to improve the CHOICE program. There were two divergent themes on how to provide additional clinical

services in Manchester. A full-service community hospital was mentioned but many voiced the recognition that this would not happen. There was some suggestion that for specialty services used less frequently, the use of specialty care obtained in local health care settings was appropriate. For this to work smoothly there needs to be an improvement of the CHOICE program. Issues related to billing and willingness of Providers to work with CHOICE was discussed. Patients should be able to call a central line and have services set up for them. "Execution of CHOICE has been a third-Party nightmare for Veterans", "people are stuck, and the system is not working for them". Some suggested "they should use Tricare instead of CHOICE" as they identified that in that system, they call up, someone answers the phone, and they get the services they need.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

Local facilities could be used if payment issue resolved, most important is that the required clinical care should be received when it is needed. "There are many full-service hospitals nearby that could be used if they could solve the payment issue".

Primary Care would be critical as they are the "screening" arm and must be very good at the diagnostics to ensure that patients get appropriately referred to the outside facility for treatment and patients get what they need.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?

Navigation within the system of care at Manchester for new Veterans is difficult. There are challenges for Veterans "getting into the system and learning how to navigate it" so any navigational support would be helpful. The VSO indicated they "did not know a lot about the long-term care services" available in Manchester. They don't get a lot of information, and did not know what services were available to Veterans.

B. Veterans Who Use Manchester VA Services (N=46)

1. What do you like about the current services currently offered at the Manchester VA?

Basic clinical care needs are being met including Mental Health, PTSD, and Primary Care. “I get fantastic care here!”

Expand Urgent care, podiatry, prosthetics, dental and audiology availability. “I do not want to go to Urgent Care to be shipped out on an ambulance to another facility for treatment.” “It has taken months for me to get a podiatry appointment in Manchester for a pulled tendon in my foot, and now I have to take the day off of work just to get there. I really can’t afford that.”

2. What services would you like to see being offered in Manchester that are not being offered?

Additional specialty services should include orthopedics, same day surgery, urology, and vascular. Veterans find it difficult getting services beyond primary care at the CBOC. The distance, and in some cases getting transportation to other facilities for treatment, make it very difficult.

Improved scheduling and referral to services in the community is needed. Making appointments is complicated and frustrating; staff doesn’t always collaborate with other services to coordinate care; it is very difficult to get someone to answer the phone; and calls are transferred too much. Improve the CHOICE process to assist with getting a referral and dealing with billing issues. “I called my state senator before getting a colonoscopy approved”. “I had a payment problem for treatment of an emergent infection.” Additional administrative support in this area would be helpful.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

A full-service hospital means that a facility would provide both surgical procedures and inpatient care. “Manchester should offer inpatient care for sick people” and “I want it to operate like a community hospital.” Some added that full service meant all of Dental care needs could be met as well. They differed on where that service should be offered. For Veterans it was dependent on whether they lived close to Manchester. “Full Service would mean I could get all of my care in one place, but that probably isn’t going to happen here in Tilton” “it’s not very realistic for me to go to Manchester when I’m sick”. The some Veterans were strong in their feeling that they wanted “real old time services, what regular hospitals offered”. They included in their definition of the hospital services to include Medicine, Surgery, ICU, Emergency Department, Inpatient Detoxification and Rehabilitation, and Inpatient PTSD.

There was also differing opinions about if inpatient care should be offered at Manchester. “Specialty care like cardiac care for inputs should be regionalized. We do not need duplication of services, we can go to CMC for expert care, i.e. Heart surgery, but we should be able to have the appropriate tests done at the VA and with the appropriate qualified staff. “However, all agreed, that the coordination of care was important if the Veterans were going to return to Manchester for outpatient follow up. One Veteran stated the “VA is unable to coordinate care efficiently, (so I) prefer to not go to follow-up appointments to avoid frustration and confusion.” “Why not offer an insurance card to Veterans and let them go wherever they want to go”.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?
Additional needs at Manchester include stable staffing, laboratory availability in the CBOCs, parking, and additional space for equipment and supplies.

C. Staff Members (N=68)

1. What do you like about the current services currently offered at the Manchester VA?

There is a good array of services including mental health and prosthetics at the main hospital in Manchester but the number of providers is limited. Services in CBOCs are more limited.

Staff felt strongly that rural CBOC's face unique challenges that need to be considered. Provide the services or, a contract with local diagnostic and specialty resources. "Our current process results in higher costs and delays in veteran care, not to mention the red tape and frustration." There are some specialty services such as Mental Health, laboratory, telehealth, prosthetics, diabetic nutrition, and medication management education at the CBOCS which is convenient for Veterans.

Transportation services to/from Manchester. Transporting Veterans to services beyond the a CBOC is problematic, and often Veterans have to travel all the way to Manchester only to be referred back out to the community for a service the Medical Center cannot provide.

Staffing Concerns. There were concerns about the number of providers, "We are only a one deep provider site." Providing additional staff would improve access.

2. What services would you like to see being offered in Manchester that are not being offered?

Additional services that should be added to the Manchester VA include inpatient services, specialty services, and same day surgical procedures with a strong case management program to follow patients through care delivery. "If we are going to send our patients all the way to Manchester, we should be able to provide services like Podiatry, Cardiac Care, Surgery, telemetry, skilled nursing care for HBHC and oncology," as well as expanding specialty services such as nephrology, ENT, Orthopedics and same day surgical procedures (cystoscopies, prostate biopsies, pulmonary procedures). "If we want to improve the patient experience, more services need to be available at the CBOC". Staff felt that having 1-2 "super CBOC's" strategically placed in rural NH would improve care and reduce overall costs (and the need to send Veterans all the way to

Manchester). Having walk in service capability, radiology, lab, podiatry and other common specialty care services on site would improve our CBOCs for the Veterans. (They referenced a few of the Maine Super CBOC's).

If additional services are provided, then the availability of radiology and laboratory will need to be expanded, currently they are available Monday – Friday until 9PM and on weekends laboratory is available for 8 hours and radiology until 4PM.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

Full Service to staff meant the composition of a community hospital. Although the Vet to Vet experience is positive, staff is aware that Veterans do not want to travel for healthcare, they want it local. “Full service would mean we have 24/7 Urgent Care/ER, inpatient care, cardiac unit, orthopedics, CVA etc.” A suggestion offered for full-service was to have a floor rented at a local community hospital staffed by the VA to provide care for medical conditions such as pneumonia and cellulitis. There is value in vet-to-vet contact with therapeutic benefit that occurs when Veterans come together at the VA. “They are not going to get that if we send them out for everything”.

There was also recognition that Veterans do not want to travel, “Why can’t we have local, directly contracted community services for Veterans in rural areas so they don’t have to travel so far?” “Patients like to receive their chemo treatment close to home”.

Leadership should rethink how the organization uses community health care services; right now there are limited contracts. Improvement in this area would assist in ensuring Veterans get the care in a timely fashion if care is not available at Manchester.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?

Desire for more communication on change and availability of management to discuss concerns about services was vocalized by staff at CBOCs. The CBOC staff voiced a desire to have more time with management for more two way dialogue on changes on service delivery. Some staff vocalized need for additional training when changes are implemented and engagement to improve the delivery of services.

There was a general concern about the CHOICE program and infrastructure in Manchester. “CHOICE program does not work”. There should be some additional support for Veterans such as having VBA staff available at the Medical Center to assist Veterans and provide information as to what is available to them. The Manchester “Infrastructure needs updating or replacement” and the lacking of parking space needs to be addressed.

There is lack of space at present in Manchester to provide services currently in place. There is lack of space or need for upgrades in many clinical areas. Administrative space shortages are found in Human Resources, Contracting, Fiscal, Police, Business Office, Education and the Office of Community Care.

D. **VISN 1 VA BOS and WRJ (N=15)**

1. What do you like about the current services currently offered at the Manchester VA?

Current clinical services provided by Manchester VA need to be maintained with sufficient staff. Manchester needs to increase availability of extended care beds. WRJ has difficulty getting WRJ patients into the Manchester CLC. They should maintain and expand the Pain services as a component of Medical Home Model.

Manchester should be sure they are staffing their current services for the efficient and effective delivery of care; currently the PACT teams are not staffed effectively.

2. What services would you like to see being offered in Manchester that are not being offered?

Additional support and programs might include expansion of Long Term Care Services, outpatient medical procedures, and inpatient Mental Health Services.

Additional program development within Long Term Care is needed. The services need to include one to one sitters for their patients, which would assist in having patients moved back to the facility after their care is provided at a tertiary site. They need to move to skilled nursing and short stay restorative rehabilitation care. “Skilled nursing should include the capability to provide IV antibiotics, total parental nutrition, and tracheostomy care which is not available at the present. “

Additional services that could be developed include: endoscopy, colonoscopy, cystoscopy and simple outpatient procedures. These may be services that Veterans would desire however it should be considered in relation to SPC capability and Nursing support capacity.

Consideration of the development of more expansive mental health (MH) services including inpatient care. This would require consideration of patient needs, the MH capability/capacity in the community and adjusting the development of MH services to complement what is available. Looking at the Bedford VA as a model for MH health would be a starting point.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

A full-service hospital would include delivery of quality healthcare services to meet the Veteran’s needs. Concerns were raised about the quality of care that could be delivered with small volume, which has been projected. The parameter of 30 cases that was used in discussions within VHA was suggested.

In addition, the development of inpatient programs such as surgery would require thoughtful consideration of the infrastructure of capability and capacity of staff to

handle the processes required. The handling of surgical equipment would require an upgrade in SPC systems in addition to structural changes within the organization.

It is unclear if Manchester is making full use of services available at VA facilities within proximity including WRJ and Boston. There was a reported state regulation, indicating that only 4 – 7% of patients can be sent out of state for care. Issues also arise in getting ambulances to cross state lines.

“There is private hospital less than 2 miles away that provides all care”. “Surgical procedures require infrastructures that will need to be stood up”.

Of note, ¼ of the inpatients at WRJ come from the Manchester catchment area. To add inpatient beds at Manchester would compromise WRJ demand. “A full-service hospital at Manchester would not be sustainable.” Manchester is a rich environment for leveraging partners.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?
None provided.

E. Congressional Input (N=8)

1. What do you like about the current services currently offered at the Manchester VA?

Services currently available that need to be strengthened include better access for Primary Care and Mental Health. There also needs to be improved consistency of Providers for Mental Health and Women’s Care. Primary Care needs additional providers to ensure that there is availability of appointments. Manchester should consider Mental Health to expand to a full range of services to include substance abuse and PTSD services for inpatients. There also needs to be a focus on the continuity of services within Mental Health. Mental Health providers seem to change every six months, often without communication, “A Veteran shows up to his appointment and finds that a new provider is there,” no explanation has been given. This occurs with psychiatrists and psychologists.

A similar problem was identified for the Women Veteran’s Center, with a comment that there is a rotation in providers limiting the ability to develop trust in the care, “the next time you come in there is someone else there, there should be stability”.

2. What services would you like to see being offered in Manchester that are not being offered?

Congressional staff has heard Veterans most frequently name the following additional services for the Manchester VA: expansion to Inpatient Mental Health services, cardiac stress testing, dental, ambulatory surgery, orthopedic care, expansion of alternative medicine (chiropractic and acupuncture), follow up care after an admission and Pain Management.

Mental Health inpatient services for PTSD and substance abuse are appropriate as there is a lack of inpatient beds within the state of New Hampshire, and by adding beds this gap could be filled. Veterans currently must go off site to obtain a routine cardiac stress test which could be provided on site if sufficient cardiology staff could be made available. Dental care is available, but not the full range of services and access is currently limited. Orthopedic care is limited due to the number of providers available and this is a service that is frequently needed as Veterans age. Veterans reported they “don’t want to get on a bus to Boston to have follow up care after discharge from Boston,” they would think that this could be provided closer to their home. Pain Management services are available but could be expanded to offer additional support for substance abuse including the addition of an Opioid Monitoring Program necessary for the current health risk.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

Full-service hospital is a facility that is equipped to treat any acute medical illness. Some attendees felt that this meant “a Brick and Mortar building” to treat any acute

medical illness at the facility. There was less support for surgical procedures being offered at Manchester VA. “Surgery would be dependent on whether there was sufficient volume of services offered. “There was also a voice given to consideration of the family needs in terms of location of services and their ability to provide support that was needed during a hospitalization or clinical care being provided. The provision of services should be local so that family can visit.

If services are to be offered at a local facility then the mechanics of how this is accomplished need to be carefully designed. Options discussed included contracting with a local medical facility for one day/week where services for Veterans can be provided. At the present the CHOICE program is not working for Veterans who must receive a service outside the Manchester VA. “All constituent concerns go back to the CHOICE program”, “Patients are being dropped by their providers as they are not getting paid”, “I had Veterans who had their credit impacted by the lack of bill payment”. “There have been scheduled visits revoked on short notice, even with a visit that had been approved with no communication of the reason”.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?

Strengthen CBOC services and consider Veterans concerns regarding ease of using Peace AFB. Strengthening of the CBOC services is needed to provide additional services for audiology and optometry as “all Veterans are getting older and they need common storefront services readily available.” Some Veterans report concerns about getting on base to schedule appointments as they are not confident in scheduling outside of presenting themselves face to face.

F. New Hampshire Veterans seen in WRJ CBOCs in Littleton, Keene NH
(N=12)

1. What do you like about the current services currently offered at the Manchester VA?

All Veterans indicated that the services they received in the Littleton and Keene CBOC associated with the White River Junction VA were strong, “I get everything I need” or I travel to White River Junction VA main campus and receive it. There is a “fantastic” environment here at the CBOC.

2. What services would you like to see being offered in Manchester that are not being offered?

Veterans reported they did not get any services at the Manchester VA. They received care at the Littleton or Keene NH CBOC, at the White River Junction VA or in the private sector via CHOICE. In their own CBOC, they would like additional services such as Urgent Care availability, Podiatry and Chiropractic Care.

Veterans stated they paid out of pocket for podiatry nail cutting, chiropractic care, and ambulance bills that they felt should be made available to them at their CBOC.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

The Veterans view was that a full-service hospital is a facility that is equipped to treat any acute medical illness. Most considered the drive time to a full service hospital as critical and would not use a facility in lower New Hampshire due to traffic issues and travel distance. They received their inpatient care at either private facilities or from the White River Junction VA.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?

One veteran spoke about the difference in the poverty line between the Veterans Administration, state and federal descriptions. He also stated he could not get free medications as his social security benefits exceeded the allowable limits.

G. VA Staff members working in WRJ CBOCs in Littleton, Keene NH
(N=9)

1. What do you like about the current services currently offered at the Manchester VA?

The staff would like to have an expansion of telehealth services including have an identified room for the equipment (Keene) and additional MSA staff to support this effort.

2. What services would you like to see being offered in Manchester that are not being offered?

The clinicians spoke about their care delivery in the CBOC. The development of a MD/Physician of the day was suggested as a model for providing clinical advice to practitioners who might have questions about a case without taking providers away from their assigned patients. Services they would like to see in support of telehealth services include neurology, urology, and rheumatology. They would also like to see additional Dental Care being offered for Veterans.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

Full-service hospital is a facility that is equipped to treat any acute medical illness. Most considered the drive time as critical and felt that Veterans would not use a facility in lower New Hampshire due to traffic issues and travel distance. They stated that transportation for Veterans continues to be a problem impacting their ability to get to clinic appointments. They reported Veterans tried CHOICE but prefer to be with other Veterans.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?
There were no additional concerns raised.

H. Women Veterans (N=8)

1. What do you like about the current services currently offered at the Manchester VA?

During this discussion, they discussed services they used but felt they needed to be strengthened such as better access for Primary Care, Mental Health, Urgent Care and Military Sexual Trauma (MST) services. They also stated there needs to be improved consistency of Providers for Mental Health so that a relationship could be built. There was concern expressed about the recent appointment of a male provider for the Women's Care Clinic. Mental health services on the New Hampshire seacoast are missing, which is a significant issue for women with MST looking for a group that understands their unique perspective. A similar problem was identified for the Women Clinic, with a comment that there is a rotation in providers limiting the ability to develop trust in the care, "the next time you come in there is someone else there, there should be stability". Having a male in the clinic was reported to have resulted in some women avoiding the use of the clinic due to their history of Military Sexual Trauma. They stated that need for additional services for MST as patients have been discharged from the programs, as the schedules are too full and others need the services more. The discussion identified that not all women were aware of the full range of services that were available including acupuncture, chiropractic care and yoga. They reported that information was primarily word of mouth from other Veterans with lack of referrals being offered by clinicians.

There was also concern about the ability to have access for urgent care needs. They reported they could not get same day access to see their primary care provider and were referred to Urgent Care. This unit often required a 3 hour wait, with limited radiology and laboratory availability on the weekend. In addition, they reported that as

diagnostic ability was not available, it required ambulance transfer to an Emergency Room in the private sector for care.

2. What services would you like to see being offered in Manchester that are not being offered?

The women's group felt they wanted to see current basic services for Women

improved before additional services were offered at Manchester. Basic women's care should include an ability to have mammograms and a practitioner to address pelvic floor issues. Environmental upgrades desired include a separate entrance and space for women's care, to include areas for yoga.

3. There has been discussion about Manchester becoming a full-service hospital. What does the term full service mean to you?

Full-service hospital is a facility that is equipped to treat any acute medical illness. The women felt they had earned the right to have a full service hospital in addition to the basic services needed on a routine basis by women.

4. Are there any additional thoughts or concerns regarding services at the Manchester VA?

There were no additional concerns.

Attachment A:

KEY THEMES

EXPAND OR ADD SERVICES TO MANCHESTER VA



Attachment B:
Table of Concerns by Clinical Area

Area	Suggestion
Primary Care	Stabilize Providers Provide Provider time to see patients Increase support staff
Mental Health Care	Expand to inpatient PTSD, Detox, Rehab Stabilize Providers Communicate Provider Changes
Long Term Care	Add Skilled Nursing & Respite Beds Increase bed capacity
Dental	Increase capacity and full range of services
Urgent Care	Have availability outside of Manchester Improve ED access/payment
Specialty Care	Increase staff to more than one deep. Add: Orthopedics, podiatry, ENT Wellness (acupuncture/chiropractic) Expand Pain Expand same day surgery/procedures
Choice	Fix Billing, Navigation, Collaboration with Veterans with Scheduling; Need for case management
Women's Care	Mammography, MST counseling access, Pelvic floor specialist, Separate entry, waiting room, additional adjunct such as Yoga, increase # women providers, communication of services available.