



**VA NEW HAMPSHIRE VISION 2025 Task Force
FOCUS GROUP REPORT: SL RECOMMENDATIONS
December 18, 2017**

FOCUS GROUP REPORT ON SERVICE LINE RECOMMENDATIONS

EXECUTIVE SUMMARY

Focus Groups were held to gather Veteran feedback on proposed improvements to the medical services offered by the Manchester VA. Questions were developed by the Service Lines to assist in determining potential barriers and concerns related to the recommendations they had made to the VA New Hampshire 2025 Task Force. Multiple Focus Groups were identified for four dates and times to be held at two locations in New Hampshire. Communication was conducted using newspaper, radio, internet sites and email with Veteran Service Organizations within the Manchester VA catchment area. The goal was to seek input from Veterans who use and do not use the VA services. Unfortunately turnout was low despite the efforts to communicate the need for input. This was consistent with what one Senator's staff had seen in the past when working on Veterans issues.

The Focus Group attendees were consistent in their wish to have inpatient care delivered locally, "in their backyard". There was limited support of an inpatient medical surgical hospital, they wanted to continue to go to their local hospital with reasons given including good quality of care, family close by and limited travel required. They did not want to travel distances for inpatient care. They had similar thoughts about travel for subspecialty care including rehabilitation services. They prefer it to be local. If the Veterans currently get care at a local CBOC, they want subspecialty services to be expanded, if they did not receive care at a local CBOC, they preferred to get care in the private sector. All supported the combining of the two small CBOCs with the caveat that the large CBOC formed, had increased subspecialty, and maintained all staff from the smaller CBOCs to ensure timely delivery of services. The Veterans did express an opinion that more inpatient Mental Health Services was needed, and if the VA could provide that service, they felt it would be used. However, they recognized the difficulty in the recruitment of Mental Health clinicians which could impact the ability to provide that service. There was no interest in building additional nursing home beds; however all supported an increase in availability of services to assist Veterans in staying in their own homes. All voiced that CHOICE needed to be fixed to enable ease in use of the private facilities.

FOCUS GROUP METHODOLOGY

Focus Groups were planned for several locations in the Manchester VA catchment area, with two held at the Sweeny VFW Post in Manchester NH and two at the seacoast at the Newington NH DAV Post.

Communication of the events occurred through newspapers, radio, the VISN 1 Internet Page, communication with Veterans Service Officers, and local VFW/DAV Posts. Communication included the time and location of the events and the proposed questions.

Questions to be answered by the Focus Groups were generated by the Service Line Directors and reviewed by the Deputy Chief Medical Officer VISN 1 (Task Force Member) and the Co-Chairpersons of the VA Manchester 2025 Task Force.

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.

FOCUS GROUP FINDINGS:

Despite extensive communication of the Focus Groups, there was very poor attendance at the sessions. In discussion with members of the Senator Maggie Hassen’s team, they had experience similar poor attendance for events they had held in recent months concerning Veteran’s care issues. Demographics of the Veterans who did attend are below:

Demographics	Total
Age	62 - 84
F Sex	2
Currently Use VA	13
Total # of participants	16

Surgery Questions for Focus Groups based on Options Presented to 2025 Task Force

Q1. What would be your major concerns if the Manchester VA provided a full spectrum of outpatient surgery, with more extensive inpatient surgery being done at the local community partner hospitals?

I would prefer “having an exceptional outpatient clinic” that provides timely care. I do have concerns if the outpatient surgery is not located close to my home and requires a distance to travel, such as to Manchester.

All participants except one indicated they could not identify any major concerns other than travel time, if Manchester provided outpatient surgery only, with inpatient surgery done at a local facility. Their main concerns were travel distance if they were required to have inpatient procedures at either VA Boston or White River Junction.

One participant said they preferred having a full service hospital with inpatient surgery at Manchester as the facility would have knowledge of the full needs of the patient especially as it related to specific needs of Veterans, such as PTSD.

Q2. What are your thoughts about having a VA designated unit at the contracted community hospital versus your being admitted to any floor of the hospital with no designation as a VA unit?

There was small support from the participants for the idea of a medical unit designated as VA at a local hospital. However the predominant statements related to having high quality of care, “it would not matter to me as long as I am getting the care I need, put me in a closet, just so long as I get the care I need”

2a. Follow up question: How do you think that would make a difference in the quality of care you receive?

Most did not think this would make a difference in the quality of care delivered related to surgical care. However, it might be helpful to have clinicians who had access to the patient’s medical record, which would assist the provider knowing about other care being provided to the Veterans.



Rehabilitation Questions related to Options Presented to 2025 Task Force

Background: Currently, Manchester provides a range of Rehabilitation services at the main medical center. This creates a considerable travel burden for some NH veterans and a lot of this care is sent to CHOICE. The Task Force has heard a proposal to expand some rehabilitation services in the 4 DBOCs. We need Veteran feedback to better understand which services may be sensible to add to a CBOC or may best stay in the current arrangement where care is provided at Manchester or in the community.

Q1. Would you prefer to receive Physical Therapy in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?

Q2. Would you prefer to receive Chiropractic Care in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?

Q3. Would you prefer to receive Acupuncture in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?

Q4. Would you prefer to receive Audiology in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?

The Veterans indicated they would prefer to have these services provided locally in their community, as they did not want to travel to receive them.

The Task Force has also heard a proposal to create a “Wellness Center” at the Manchester VA campus.

A Wellness Center was defined for the task force as an independent to semi-independent Veteran-driven concept that offers varying types of programming aimed at overall physical fitness. Veterans can select between land-based activities (i.e., gymnasium, group exercise classes, etc.) and water-based activities (i.e., pool activities). The Wellness Center amenities would include: half Olympic-size (approx. 40 ft. x 80 ft.) heated pool; 3 group/multipurpose rooms (note: these could also be used for conference rooms); Veteran common space; gymnasium; locker rooms; computer lab, including My Healthy Vet Portal access; space for a teaching kitchen; and storage.

Q5. If a gymnasium and heated pool were available at the Manchester VAMC, how often would you see yourself using it to maintain your physical fitness?

None of the Veterans indicated they would be interested in using a gym or a pool at the Manchester VA. Some use healthcare facilities near where they live.

Primary Care Questions related to Options Presented to 2025 Task Force

Q1. Currently, the Women’s Health clinic is located on a different floor than the Primary Care Clinic. Both provide primary care services. If Women’s Health was located adjacent to Primary Care but continued to have a separate waiting area and entrance to the clinic, there would be the possibility of sharing more services such as behavioral health, social work, clinical pharmacy and nutrition. What are your thoughts regarding the movement of the Women’s Health Clinic at the Manchester campus to the same floor as Primary Care?

The female participants stated that as long as there was a separate waiting area and entrance then this would be satisfactory, however she did say that some would be concerned with any shift in current state away from a totally separate area.

Q2. Currently there are two CBOCs a short distance from each other – Somersworth and Portsmouth. Both serving a similar, small volume of patients with limited onsite services. There is an opportunity to expand services available if the two CBOCs are combined into one larger CBOC. What are your thoughts about the potential benefits versus limitations of this proposal?

The participants felt there could be both positive and negative impacts with the combining the two smaller CBOCs into one larger CBOC. Some Veterans may have transportation issues that occur with the movement of the clinics to another site depending on its location and it could impact their ability to get to another site. However, in general they support the idea of moving towards one larger CBOC if there would be expanded space thus serving more Veterans and having more providers available to deliver care. They expressed a wish to have the expansion include additional offerings not currently available such as the MOVE program, Yoga, optometry, and audiology.

2a. Follow up Question. In assessing where might a combined CBOC be situated, there was an assessment looking at the population and the assessment identified Dover as an ideal location. Would Dover be equally accessible to you and others who currently receive their care at Portsmouth or Somersworth?

The Veterans, who lived closer to Dover, liked the idea. They also indicated there were multiple ways to get to Dover including main and back roads which could facilitate travel. They also felt moving off of Pease Air Force Base might be positive and make it easier for Veterans to visit a CBOC without having their name on a designated list that is required for Airforce Base entry.

Extended Care Questions related to Options Presented to 2025 Task Force

Extended Care focused its attention of the availability of Nursing Home Care beds for the Veterans in New Hampshire. They had recommended increasing the number of Nursing Home Beds in Manchester.

Q1. Talk to me about the challenges of accessing a nursing home bed in New Hampshire.

The attendees indicated that the limitation in obtaining a nursing home bed is your ability to pay. “There are lots of nursing homes and more are being built all the time.” However, there is a wait for subsidized nursing home beds, for example the State Veterans Home in Tilton has a 3 year wait at present.

Q2. How might additional long term care beds at Manchester VA change your future planning for long term care?

None of the Veterans felt they would use Long Term Care beds at the Manchester VA as their plans included living with family or seeking care at the State Veterans home.

Q3. The Extended Care staff is looking for feedback on accessing home and community based care to prevent stays in Nursing Homes. If we increased home based primary care or home based care how would this impact you?

Veterans were enthusiastic about having more home based care, especially if there are no family members who were available to provide necessary support.

Mental Health Questions related to Options Presented to 2025 Task Force

Background: The Task Force was presented with several options: Option 1 was to provide comprehensive Mental Health services both inpatient and outpatient at the Manchester VA. This would include a 12 bed inpatient unit, 20 beds designated for lodging, and 20 bed rehabilitation. Option 2 was to continue current mental health services using appropriate resources and contract for additional services in the community. Option 3 is to provide current mental health services on an outpatient services, capacity for overnight evaluation, and contract for services/inpatient beds in the community. (Community programs could include: Acute Inpatient beds in partnership with a local private hospital; Homeless/Substance Abuse lodging (Safe Haven); Rehabilitation Programs that could be placed either On-site or in Community: expanded Primary Care and Mental Health Integration; Wellness/Recovery Program; Mental Health Intensive Case Management; Intensive Outpatient Treatment Programs for Substance Abuse; 20 Bed Lodging unit; Ambulatory Detox services).

Q1. One option is to lease space in the community for inpatient Mental Health beds to be staff by VA physicians. What concerns might you have about this plan?

Veterans indicated they were aware of lack of mental health beds in the community so they were not sure if there were empty beds or clinicians to be found who would work for the VA. Several indicated that at the present there is turnover in VA staff such that treatment is more medically based and without the insight or perspective of the potential impact of a military background. Thus it would not make a difference if the care was provided by a VA physician or not.

Q2. Are there currently issues accessing Mental Health Rehabilitation services in the community for Veterans with mental illness, addiction, or psychological deficits?

Veterans indicated they were aware of lack of mental health beds in the community due to the large number affected by addiction issues in the state.

Q3. Would you use Mental Health Rehabilitation services in the community for Veterans with mental illness, addiction, or psychological deficits if VA offered them?

Veterans who attended felt that if they needed the MH rehabilitation services and they were provided by the VA they would use them as there are limited services available in the community at the present. With the large issues with addiction in the state, additional resources are needed. Concerns were also raised about how to pull in more Veterans to receive the help they need as only a small percentage of Veterans with suicide had received treatment by the VA.

Q4. Are there thoughts on how best to enhance transportation services within the state?

The participants had strong feelings about how to enhance Transportation. The DAV in Newington had recently purchased a \$55,000 Van to assist with transportation. Veteran Service Officers need to be engaged in enlisting volunteers to help with transportation of Veterans for example use of DAV vans. They did mention that drivers were getting older and this was a concern re the number of drivers and their physical ability to drive.

They also indicated there might also be better collaboration with community sponsored services to provide transportation; one Veteran mentioned the availability of community purchased vans that could be used to transport Veterans to CBOCs or to the main Manchester facility. CBOCs were specifically highlighted as lacking transportation. The group also mentioned that there would be similar transportation issues if there were inpatient beds at Manchester or inpatient beds at a community hospital.



Medicine Questions related to Options Presented to 2025 Task Force

Introduction: Two options were presented to the Task Force: Option #1 one was to build a full service 20-30 bed Medical/Surgical Hospital including the ability to conduct endoscopy procedures. Option #2 No inpatient hospital. VA Manchester would provide outpatient clinics for specialists a Veteran might need (These could include cardiology, ophthalmology, general surgery, Gastroenterology) to include

providing onsite Endoscopy. (Community partners would be used for hospitalization with or without VA clinicians providing care).

The Pros for a Full Service hospital are: (1) Easier to hire clinicians for a hospital setting (2) Veterans would have continuity of care (5) The VA has proven its ability to control medical costs is much better than the community

The Cons for a Full Service hospital are: (1) Cost. (2) Building a new facility does not alone result in improvement, culture change, or guarantee recruitment. (3) Significant logistical hurdles not the least of which will be the interim plan while a facility would be built. (4) Veterans would have to travel to Manchester for services located at the new facility. (6) Lack of staff to support 24/7 inpatient operations.

Q1: How important is it that your healthcare all be provided within the same system? (For example, if you went to an emergency room and needed to be placed in the hospital, how important would it be that you are admitted at that particular hospital?)

The responses varied. Some individuals felt it was totally dependent on what emergency room you were brought to by the ambulance and the quality of the hospital it was connected with. If they needed specialized care, they would want it to be delivered in a facility that could deliver the highest or best quality of care. If the hospital could not, they would want to be transferred to another facility for care. In addition, Veterans indicated they wanted inpatient care to be as local as possible where the family members could provide support.

Q2: Do you feel that getting care within the VA is a better option than in the community (for example: Do you think quality and the ability to be seen when needed would be better in the VA?)

The participants were not sure if getting care within the VA for all types of care was better than in the community. One example given was that for a heart attack. Local facilities have specific services that are required such as cardiac catheterization and open heart surgery as well as cardiac testing that may not be able to be delivered in the VA. They also voiced concerns that the VA may not bring in the talent or quality clinicians if the pay scale is lower reducing the ability to hire good staff members.

Concerns were also raised about the cost effectiveness of replicating care that was available in the community, "the money will have to come from somewhere".

They did express that the experience getting seen by a medical subspecialist in the Manchester VA was now easier than 6 months ago. However they felt that the CHOICE program continues to be difficult.

The difficulties were with the administrative component for example having the correct consult/test identified and ordered.

Q3: Would you have issues or concerns with your basic medical care being delivered in a modern multispecialty clinic at the Department of Veterans Affairs but more complex care (for example: hospital admissions, and certain surgeries) being delivered in a community facility? Would it matter to you if this care was delivered by Non-VA doctors and nurses?

None of the participants disagreed with having a full range of multispecialty clinics at the Manchester VA. The Veterans expressed their concern about the need for the CBOCs needing to have similar access to subspecialty care. They felt that telehealth would be an option they would be comfortable with if it was available to provide needed subspecialty care.

They all agreed that having a qualified VA doctor was the most important component for the care delivery in a community facility. There were no concerns raised about whether the nursing staff was VA or non-VA.

One individual did indicate they wanted a VA hospital in Manchester. Veterans in NH need to have their own hospital, “the only state without a hospital”, “to me this is a way to make the VA go away”.

Added Comments: The group felt it was important to have an effective urgent care in place at Manchester VA now to ensure Veteran needs that arise can be promptly addressed.

