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Sensory and Physical Rehab Service Line

Process

Members

- Erik Sargent, Lead/VISN 1 Sensory and Physical Rehabilitation Services (SPRS) Service Line Director
- Eileen Bayer, Speech Pathology, Maine VA Medical Center
- Jacqueline Dion, Blind Rehab, Manchester VA Medical Center
- Ann Hogan, Audiology, Boston, VA Medical Center
- Kristine Incandella-Lucas, Audiology, Maine VA Medical Center
- Kelly Jarosz, Blind Rehab, Central Western Massachusetts Medical Center
- Stephen Imbruno, Prosthetics, Maine VA Medical Center
- Catherine Kelly, Physical Therapy (PT), Boston VA Medical Center
- Katherine Langille, Occupational Therapy (OT), Boston VA Medical Center
- Lisa McKenna, Speech Pathology, Manchester VA Medical Center
- Melissa Morley, National Blind Rehab Consultant
- Dan Plante, Audiology, Manchester VA Medical Center
- Lauren Russell, Presidential Management Fellow (PMF), VISN 1 Network Office
- Laura Shannon, Recreation Therapy, Manchester VA Medical Center
- Nadene Stillings, Recreation Therapy, Bedford VA Medical Center
- Deidre Tukey, Pain, Maine VA Medical Center
- Randi Woodrow, Amputation Care, Boston VA Medical Center
- Julie Vose, OTR/L, Service Line Manager, Manchester SPRS

Data sources considered

- VHA Directive 141, HBPC
- Blind Rehabilitation Center Program Procedures (Veterans Health Administration Handbook 1174.04; December 2, 2009)
- Blind Rehabilitation Outpatient Specialist Program Procedures (Veterans Health Administration Handbook 1174.01; February 19, 2016)
- Commission on Accreditation of Rehabilitation Facilities (CARF): Medical Rehabilitation Standards Manual (CARF International; July 1, 2017 – June 30, 2018)

- Denver VA Prosthetics/Orthotics Lab Blueprint
- National Blind Rehab Program Consultant - Melissa Morley
- Outpatient Blind and Vision Rehabilitation Clinic Procedures (Veterans Health Administration Handbook 1174.05; July 1, 2011)
- Polytrauma System of Care (Veterans Health Administration Handbook 1172.01; March 20, 2013)
- Prosthetics and Sensory Aids Service (VA Space Planning Criteria (308); March 2008)
- Strategic Capital Investment Planning (SCIP) Process
- Spinal Cord Injury and Disorders System of Care (Veterans Health Administration Directive 1176; October 1, 2010)
- Tampa Organizational Chart
- Tampa Pain Clinic / Jen Murphy
- Veterans Health Administration Eye Care (Veterans Health Administration Handbook 1121.01; March 10, 2011)
- VISN I PH II Integrated Planning (Manchester Master Plan by Ernest Bland and Associates)
- VSSC

Other resources used

- Corporate Data Warehouse (CDW)

Site visits completed:

- September 12, 2017

On-Site Staff Listening Sessions:

- September 22, 2017
- October 5, 2017
- October 10, 2017

Town Hall

- September 22, 2017

Interactions with the Task Force

- November 1, 2017

Current Status of Sensory and Physical Rehab

- **Current staffing*** (*Detailed list of current staffing provided in Appendix B)
- **Staffing needed to serve the current population**
    - **Recommended staffing to address current population needs:**
        - 1.0 MSA (SCI)
        - 1.0 Physiatrist
        - 1.0 Blind Rehab Specialist
        - 0.5 Speech Pathologist
        - Outpatient Recreational Therapist
- **Services offered (IN HOUSE) in Manchester** only (Note: *Denotes 1 provider deep position)
    - Amputee Clinic
    - Audiology
    - *Blind Rehab
    - Home-Based Primary Care (HBPC) Occupational Therapy
    - Occupational Therapy
    - Pain Services (not included in SPRS at Manchester VAMC)
    - *Physiatry
    - Physical Therapy
    - Polytrauma/Traumatic Brain Injury
    - Recreational Therapy
    - Speech Language Pathology
    - Spinal Cord Injury and Dysfunction
    - Wheelchair Clinic

Program in development stage: Outpatient Pain Program for Commission on Accreditation of Rehabilitation Facilities (CARF) in collaboration with Pain Clinic

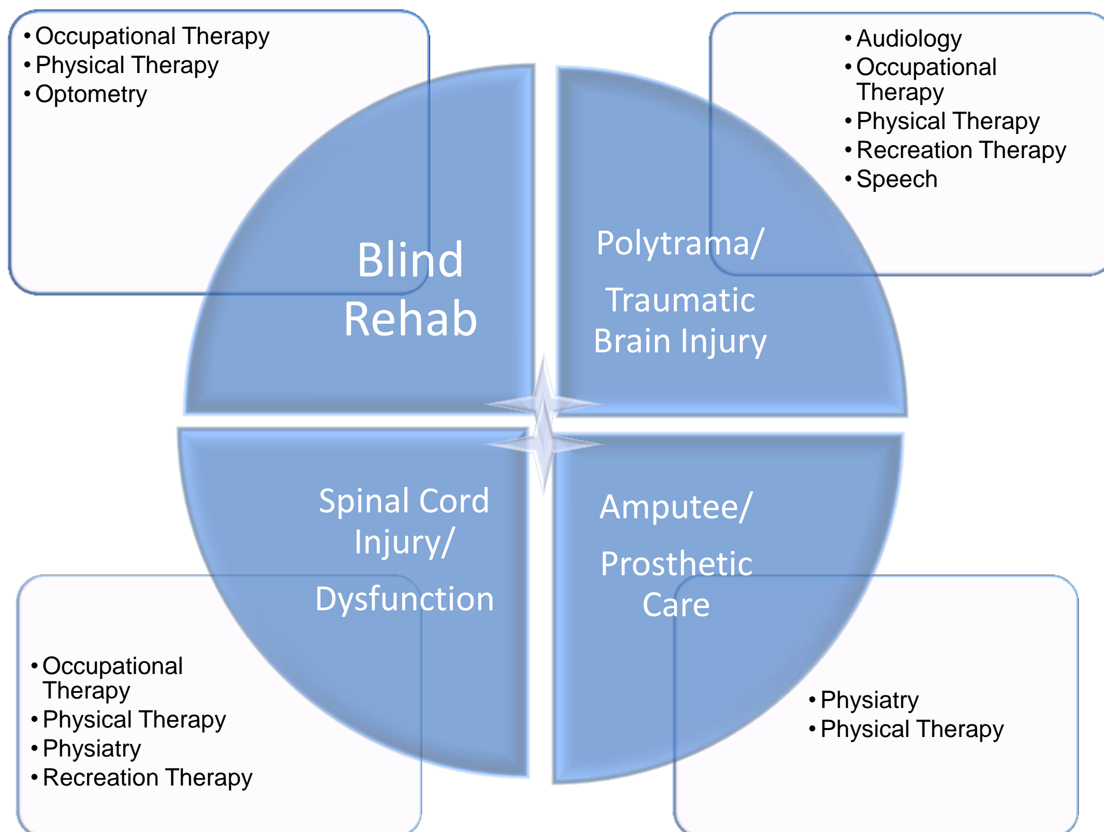
Services not offered in-house at this time

- Adaptive Sports Clinic
- Aquatic Therapy
- Blind Rehab Training: Currently, when the VIST coordinator identifies the need for outpatient blind rehab, this is also paid in the community and often entails community vendors seeing the patient in their homes. The turn-around time to

have these services provided and the documentation received back to scan into chart is about 4 – 6 weeks.

- ❖ Inpatient Commission on Accreditation of Rehabilitation Facilities (CARF) Pain Rehab Program.
- ❖ Wellness Center: an independent to semi-independent Veteran-driven concept that offers varying types of programming aimed at overall physical fitness

Figure 1: Manchester's Foundational Services within SPRS and the clinical support services needed to provide this level of care



Current referral pattern data

- ❖ The majority of the referrals received by SPRS stem from VA providers in Primary Care and Specialty clinics.
- ❖ These providers also refer these services out into the community utilizing the electronic medical record system, with the exception of inpatient blind rehab.

Current State of Manchester SPRS

The SPRS department has been a leader at the Manchester VAMC in telehealth implementation. Since the programming and equipment was introduced here in Manchester years ago, the amputation clinic has operated using this technology with great success; the Boston VA Prosthetist is able to view the patient and the amputation team here in Manchester, providing collaborative evaluations for these highly complex patients. Rehab offered pre-operative education classes with Boston Orthopedics for some time using telehealth; this eliminated the need for NH Veterans to travel to Boston for that appointment. The rehab department has been providing durable medical equipment (DME) to Veterans at the NH CBOCs for several years now with great success and reports of patient satisfaction. This technology is readily available and staff is familiar with the possibilities that exist with telehealth. Plans to expand Audiology services into the CBOCs will help Veterans receive the full service experience (without the drive time). In alignment with the VHA's Strategic Objectives, Manchester can continue to utilize this technology to its full potential.

Manchester VAMC SPRS has not been without access issues in the last few years. The most vulnerable issues have been experienced in the Spinal Cord Injury/Disorder (SCI/D) clinic, Speech/Language Pathology (SLP), and Blind Rehab. There is strong interest and concern regarding lack of Outpatient Recreational Therapy Services. The Audiology department has experienced very high demand with wait time over 30 days for the past many years; patients continue to choose to wait for this service rather than explore community care, due to the fragmented care provided in the community.

The Manchester VAMC is currently focused on the following goals:

- **Blind Rehab:** add one Outpatient Specialist and provide one vehicle
- **Recreation Therapy:** utilize the provider agreement with Northeast Passage for Outpatient Recreation Therapy
- **Speech Language Pathology:** improve access to this service by adding new staff in order to promote enhanced collaboration with TBI program. The addition of a second part-time Speech Language Pathologist should address this challenge and does not require the incorporation and/or addition of (new) space. (Note: addition of an otolaryngologist (ENT) at the Manchester VAMC would help complement the services provided by the Speech Language Pathology team.)
- **Spinal Cord Injury/Disorder:** ensure all necessary members of this service are identified according to the staffing recommendations provided

in the VA Handbook 1176.01. In addition, assign another co-located treatment room to the SCI/D clinic

- **Traumatic Brain Injury:** co-locate TBI clinic rooms for better coordination of care.

Feedback from stakeholder groups on the current state of services

- VA Nursing (i.e., Registered Nurses (RNs) and Nurse Practitioners (NPs)) salaries don't compete with the nursing salaries at community hospitals
- Difficulties hiring and recruiting staff
- No specific clinic to provide comprehensive care to those with Amyotrophic Lateral Sclerosis
- Manchester would benefit from a wellness
- Rehab work space does not flow well (a space gap has been identified and shared later in the document)
- Increase rehab services in the Home Based Primary Clinic
- Increased administrative support

Current state of SPRS services provided in the community

- Audiology care becomes fragmented when sent to community
- Physical Therapy and some Occupational Therapy available in community and generally the convenience of this care is appreciated by Veterans.
- Outpatient Recreation Therapy is available via a sole provider agreement. The agreement is unique as there are not similar Recreational Therapy offerings in NH.
- Blind Rehab Training currently purchased in the community but Veterans experience delays in care due to the referral process.
- Speech Pathology available in the community is not being utilized as a good deal of these Veterans are receiving comprehensive care from the interdisciplinary team of providers in the Traumatic Brain Injury Clinic.

Below are tables used to show patient growth, as well as the space gap within Sensory and Physical Rehabilitation Services at Manchester VAMC.

Table 1. 5 Year Growth – Manchester Outpatient Uniques

5 Year Growth - Manchester Outpatient Uniques							
Site	FY12	FY13	FY14	FY15	FY16	FY17	Sparkline
Amputee Clinic	58	56	68	46	42	35	
Audiology	4159	3975	3870	4480	4841	4516	
Blind Rehab	115	119	110	101	104	48	
HBPC OT	312	176	189	202	197	199	
Occupational Therapy	1519	1364	1511	1579	1589	1411	
Physiatry	49	81	180	346	341	402	
Physical Therapy	2277	2404	2576	2520	2747	2512	
Polytrauma/TBI	447	303	444	353	388	402	
Recreational Therapy	0	4	3	0	0	0	
Speech Language Pathology	103	129	165	206	205	215	
Spinal Cord Injury/Disorder	138	106	143	103	134	173	

DATA SOURCE VSSC "CLINIC STOPS AND PERSONS"-(WORKLOAD)

Table 1 Notes: In regards to the above date, please note the following items: (1) Audiology was down one provider for quarter four (Q4) of fiscal year 2017 (FY17); (2) the amount of patient uniques in Blind Rehab in FY17 was likely lower than in FY16 given that the VIST Coordinator position was vacant for six months of FY17; (3) the amount of patient uniques in Occupational Therapy likely dropped in FY17 since Manchester VAMC did not have access to support the true patient demand; (4) the amount of patient uniques in Physical Therapy likely decreased from FY16 to FY17 since PT was down one whole provider; and (5) the amount of patient uniques in Recreation Therapy is likely incredibly small since Manchester VAMC is the only VA Hospital in VISN 1 that does not provide outpatient services.

Table 2: 5 Year Growth – Manchester Outpatient Encounters

5 Year Growth - Manchester Outpatient Encounters							
Site	FY12	FY13	FY14	FY15	FY16	FY17	Sparkline
Amputee Clinic	69	116	114	78	67	68	
Audiology	8641	6854	6372	7761	9270	8368	
Blind Rehab	169	179	139	146	145	66	
HBPC OT	653	300	358	388	374	316	
Occupational Therapy	4482	4038	5027	5275	4766	3818	
Physiatry	94	196	375	812	908	1082	
Physical Therapy	5960	6121	6906	6369	7101	6721	
Polytrauma/TBI	1031	982	1232	963	1247	1108	
Recreational Therapy	0	4	3	0	0	0	
Speech Language Pathology	296	275	324	446	401	468	
Spinal Cord Injury/Disorder	235	358	405	264	338	450	

DATA SOURCE VSSC "CLINIC STOPS AND PERSONS"-(WORKLOAD)

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Table 3: Current Square Footage

Current Square Footage			
Site	Square Footage	Needed Space	Space Gap
Amputee Clinic (Prosthetics)	604	*	*
Audiology	1188	9012	7824
Blind Rehab/VIST Coordinator	187	*	*
Polytrauma/TBI	859	*	*
Rehab Medicine and SCI/D	5703	10800	5097

Note: * indicates that specific space analyses for these Foundational Programs are in development

DATA SOURCE CAPITAL ASSET INVENTORY DATA BASE

Projected Workload for SPRS

Table 4: VSSC

Manchester Veterans Affairs Medical Center (VAMC)		FY2016 Modeled	FY2021 Modeled	FY2026 Modeled	FY2036 Modeled
		RVUs	RVUs	RVUs	RVUs
Amb Medical: Chiropracty	All Funding Source	7,231	11,228	13,289	14,877
	In-house	1,274	1,934	2,225	2,363
	Community	5,957	9,294	11,065	12,514
Amb Medical: Pain Medicine	All Funding Source	271	392	464	530
	In-house	23	34	40	46
	Community	248	358	424	484
Amb Medical: Physical Medicine and Rehabilitation	All Funding Source	2,849	4,196	5,026	5,830
	In-house	1,443	2,042	3,379	2,535
	Community	1,407	2,154	2,647	3,295
Amb Rehab: Audiology	All Funding Source	260,534	327,915	368,599	379,049
	In-house	256,220	321,547	360,933	369,231
	Community	4,315	6,368	7,666	9,817
Amb Rehab: Blind Rehab	All Funding Source	2,062	3,238	4,032	5,918
	In-house	2,062	3,238	4,032	5,918
	Community	no data	no data	no data	no data
Amb Rehab: Occupational Therapy	All Funding Source	152,555	232,296	277,874	325,480
	In-house	142,032	216,319	258,506	301,494
	Community	10,523	15,977	19,368	23,986
Amb Rehab: Physical Therapy	All Funding Source	708,436	1,092,737	1,318,327	1,537,106
	In-house	163,319	245,449	286,313	316,558
	Community	545,116	847,288	1,032,013	1,220,547
Amb Rehab: Recreational Therapy	All Funding Source	79,887	85,349	82,939	76,937
	In-house	79,887	85,349	82,939	76,937
	Community	no data	no data	no data	no data
Amb Rehab: Speech Language Pathology	All Funding Source	38,131	60,456	74,878	85,040
	In-house	38,131	60,456	74,878	85,040
	Community	no data	no data	no data	no data

Table 5: All Funding Source Data, VSSC

Manchester VAMC RVU Projections (VSSC)	FY2016 Modeled RVUs	FY2021 Modeled RVUs	FY2026 Modeled RVUs	FY2036 Modeled RVUs	Sparkline
Amb Medical: Chiropracty	7,231	11,228	13,289	14,877	
Amb Medical: Pain Medicine	271	392	464	530	
Amb Medical: Physical Medicine and Rehabilitation	2,849	4,196	5,026	5,830	
Amb Rehab: Audiology	260,534	327,915	368,599	379,049	
Amb Rehab: Blind Rehab	2,062	3,238	4,032	5,918	
Amb Rehab: Occupational Therapy	152,555	232,296	277,874	325,480	
Amb Rehab: Physical Therapy	708,436	1,092,737	1,318,327	1,537,106	
Amb Rehab: Recreational Therapy	79,887	85,349	82,939	76,937	
Amb Rehab: Speech Language Pathology	38,131	60,456	74,878	85,040	

Information from the Market Analysis will be incorporated when available (currently pending). Space estimation and space gap data will also be incorporated when available.

Options Considered

The Sensory and Physical Rehabilitation Services (SPRS) Sub-Group crafted and evaluated the following three options:

(1) Expand space and staffing for current services to meet future demand
(2) Add SPR Services at Community Based Outpatient Clinics
(3) Provide a Wellness Center in Manchester
  a. Provide a Residential Rehab Lodge in Manchester to support Intensive Outpatient Programming
  b. Provide a state of the art Inpatient Pain Rehab Program

Options 1 – 3 can occur independently of one another; to clarify, the success of each subsequent option does not rely on the implementation of the previous option. However, the creation and construction of a Wellness Center at Manchester VAMC must occur prior to the implementation of option 3a *or* 3b.

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Option 1: Expand space and staffing for current services to meet future demand at Manchester VAMC

This option addresses space gaps and staffing shortages that will reduce the VAMC's ability to provide adequate services to all New Hampshire Veterans by 2025. Manchester SPRS staff will continue to refer patients to the community for some services when believed to be more beneficial for the Veteran. The disciplines most likely to utilize community care as an adjunct to address the demand include: acupuncture, chiropractor, and physical therapy.

- Incorporation of new services to address the projected needs:
  - Adaptive Sports Clinic (Outpatient Recreation Therapy): requires recruitment of clinical staff and administrative support; purchase of equipment; creation and/or allocation of space
  - Amputee Clinic: recruitment of prosthetist for Manchester (note: Manchester SPRS staff currently rely upon Boston Hub for consult)
  - Blind Rehab: implementation of this service in order to provide more timely care to Veterans
  - Interdisciplinary Amyotrophic Lateral Sclerosis (ALS): provided by SCI/D team
- Expansion of existing services to address the projected needs:
  - Increase provision of Rehab services to better meet the needs of Veterans in the evenings and on weekends
  - Increase staff recruitment and administrative support
  - The finalized space gap analysis will allow the SPRS sub-group to better determine how much space is needed to expand existing services.

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Table 6. Breakdown of Option 1

Rehab	Manchester	CBOC	Purchase in Community	Other VA
Acupuncture				
Audiology				
Amputation Clinic			*	Boston (Telehealth)
Blind Rehab				Connecticut (Inpatient)
Chiropracty				
Occupational Therapy				
Oupatient Pain Rehab Program				
Physical Therapy				
Polytrauma/TBI				
Recreational Therapy				
Speech Pathology				
Spinal Cord Injury/Disorder				Boston Hub

*Clinical care is provided at Manchester VAMC with Boston Hub consult as needed. Prostheses are fabricated at various orthotic shops in communities throughout New Hampshire.

Data to support the information provided in this option: Table 4 and Table 5 provided in this document accurately depict the substantial projected increase in SPRS service demand through 2036; clinic utilization reviews and wait times reviewed over a trended timeframe (over the past several years); evaluation of patient uniques and encounters, as well as Manchester VAMC staff productivity; assessment of program gaps through listening sessions, during site visits, consultation with National Blind Rehab Service, and with guidance from national handbooks and directives; and space/flow assessments of the clinics using the SCIP and Master Plan provided by Ernest Bland Associates.

- **RESOURCE IMPACTS (make this more broad…add the overall clinical and administrative/space gaps that we might have)**
    - Current space gap for Rehab Medicine / SCI/D / Audiology = 12,921 sq. ft.
    - General projections for nearly all SPRS services double by FY 36
    - Adequate space planning projections must be reviewed with consideration given to extending clinic hours as a strategic plan
    - Follow through with proposed construction of new Audiology space on the Manchester campus (note: funds already allocated and construction set to begin in FY 18)

Table 7. Pros and Cons for Option 1

PROS	CONS
1. Supports Foundational Services with necessary staffing to optimize provision of care 2. Increases Veterans' access to services previously not offered at Manchester VAMC, such as Blind Rehab	1. Requires addressing large space gaps 2. Continues to more heavily rely on community care due to limited resources at CBOCs 3. Dependent upon allocation of significant financial resources to hire clinical staff and administrative support

Option 2: Expand SPR Services at Community Based Outpatient Clinics

Option 2 aims to increase the provision of rehab services at the New Hampshire CBOCs, specifically the CBOCs located in Tilton and along the Seacoast due to the density of Eligible Veterans residing in these areas. As shown in the table below, the patients utilizing the following three services often rely on community care due to the frequency of visits and convenience to their home: Acupuncture, Chiropractor, and Physical Therapy. In addition, due to the significant space limitations in the Audiology Clinic at Manchester, as well as the projected increase in demand, offering this service at the CBOCs is recommended.

Table 8. Choice Uniques for SPRS and Pain

Choice Uniques for SPRS and Pain			
Category of Care	**FY 15**	**FY 16**	**FY 17**
ACUPUNCTURE	32	146	202
AUDIOLOGY	53	83	68
CHIROPRACTY	74	327	311
OCCUPATIONAL THERAPY		6	34
PAIN MANAGEMENT	177	328	141
PHYSICAL THERAPY	196	531	361
REHABILITATION MEDICINE	5	21	14

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Table 9. New Hampshire Projection of Eligible Veterans

New Hampshire Projection of Eligible Veterans										
New Hampshire Counties	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2025	FY2030	FY2036	Sparkline
Belknap, NH	4,460	4,355	4,259	4,172	4,093	4,022	3,669	3,386	3,018	
Carroll, NH	3,989	3,903	3,820	3,748	3,687	3,633	3,405	3,228	2,931	
Merrimack, NH	9,197	9,021	8,847	8,696	8,560	8,429	7,816	7,283	6,545	
Rockingham, NH	16,581	16,250	15,928	15,645	15,378	15,128	13,930	12,815	11,353	
Strafford, NH	7,713	7,575	7,439	7,317	7,199	7,089	6,533	6,017	5,336	
Hillsborough, NH	21,256	20,618	20,012	19,470	18,976	18,528	16,580	14,905	12,990	
Cheshire, NH	5,306	5,211	5,113	5,007	4,917	4,819	4,336	3,892	3,416	
Coos, NH	2,639	2,581	2,524	2,469	2,422	2,374	2,143	1,952	1,738	
Grafton, NH	5,721	5,603	5,485	5,375	5,279	5,181	4,699	4,283	3,796	
Sullivan, NH	3,295	3,224	3,153	3,086	3,027	2,968	2,687	2,443	2,160	
Totals	**80,156**	**78,341**	**76,581**	**74,984**	**73,538**	**72,172**	**65,799**	**60,205**	**53,284**	

- Expansion of Services at Tilton CBOC:
  - Add Audiology Clinic
  - Recruit chiropractor for acupuncture and chiropractor
  - Recruit physical therapist(s)
- Expansion of Services in one of the CBOCs located on the Seacoast:
  - Add Audiology Clinic
  - Recruit chiropractor for acupuncture and chiropractor
  - Recruit physical therapist(s)
- Expansion of Services in North Conway CBOC:
  - Add Audiology Clinic

- **RESOURCE IMPACTS**
  - Audiology equipment (i.e., sound booth) and space (1 large room (that fits sound booth) in each CBOC)
  - Space for Acupuncture, Chiropractor, and Physical Therapy
  - Equipment needs for chiropractor and physical therapists
  - Administrative support (i.e., Medical Support Assistants) at each CBOC

Table 10. Breakdown of Option 2

Rehab	Manchester	CBOC	Purchase in Community	Other VA
Acupuncture				
Audiology				
Amputation Clinic			*	Boston (Telehealth)
Blind Rehab				Connecticut (Inpatient)
Chiropracty				
Occupational Therapy				
Oupatient Pain Rehab Program				
Physical Therapy				
Polytrauma/TBI				
Recreational Therapy				
Speech Pathology				
Spinal Cord Injury/Disorder				Boston Hub

*Clinical care is provided at Manchester VAMC with Boston Hub consult as needed. Prostheses are fabricated at various orthotic shops in communities throughout New Hampshire.

Table 11. Pros and Cons for Option 2

PROS	CONS
1. Reduce need for community care by increasing services offered by the VA in the CBOCs 2. Provides Veterans the care they need in a convenient location 3. Allows the Primary Care and Mental Health staff at the CBOCs to perform real-time consults utilizing interdisciplinary approaches 4. Address limited Audiology space at Manchester by dispersing Audiology clinics throughout the state	1. Requires fiscal resources to hire clinical and administrative staff 2. Fails to address projected needs at Manchester VAMC (note: this means continuing to rely on CHOICE and send Veterans out to community) 3. Necessitates space allocation at CBOCs

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Option 3: Wellness Center

Option 3 focuses on providing a new Wellness Center at Manchester VAMC. This center should be developed in conjunction with the Pain Clinic and other services considering a Wellness Center, such as Mental Health. The Wellness Center is 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.

Table 12. Breakdown of Option 3

Rehab	Manchester	CBOC	Purchase in Community	Other VA
Acupuncture				
Audiology				
Amputation Clinic			*	Boston (Telehealth)
Blind Rehab				Connecticut (Inpatient)
Chiropracty				
Occupational Therapy				
Oupatient Pain Rehab Program				
Physical Therapy				
Polytrauma/TBI				
Recreational Therapy				
Speech Pathology				
Spinal Cord Injury/Disorder				Boston Hub
Wellness Center				

*Clinical care is provided at Manchester VAMC with Boston Hub consult as needed. Prostheses are fabricated at various orthotic shops in communities throughout New Hampshire.

Table 13. Pros and Cons for Option 3

PROS	CONS
1. Increases convenience and access to services for Veterans, as it places multiple SPRS services in one location 2. Co-locates Rehab Medicine and Pain, which is ideal for intensive outpatient pain (IOP) programming 3. Facilitating increased collaboration between service lines 4. Introduces a new and emerging model of care (i.e., preventive care)	1. Requires significant fiscal resources to plan and construct a new building on the Manchester campus 2. Primarily benefits patients within a certain proximity of the facility 3. Fails to provide equal access to an exercise facility for all Veterans

Option 3a: Residential Rehab Lodge

Option 3a requires the addition of lodging space within the Wellness Center to support intensive outpatient programs, such as Pain and Mental Health. The second floor of the Wellness Center could be dedicated to the Residential Rehab Lodge that will serve as "dorm-like" housing accompanied by the provision of meals. If this is not added onto the Wellness Center, then another option is to add a third floor to the Community Living Center area of Building 15. This area will serve for housing while patients are participating in intensive outpatient programs.

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Table 14. Breakdown of Option 3a

Rehab	Manchester	CBOC	Purchase in Community	Other VA
Acupuncture				
Audiology				
Amputation Clinic			*	Boston (Telehealth)
Blind Rehab				Connecticut (Inpatient)
Chiropracty				
Occupational Therapy				
Oupatient Pain Rehab Program				
Physical Therapy				
Polytrauma/TBI				
Recreational Therapy				
Residential Rehab Lodge				
Speech Pathology				
Spinal Cord Injury/Disorder				Boston Hub
Wellness Center				

*Clinical care is provided at Manchester VAMC with Boston Hub consult as needed. Prostheses are fabricated at various orthotic shops in communities throughout New Hampshire.

Table 15. Pros and Cons for Option 3a

PROS	CONS
1. Supports the recently funded outpatient pain program to be considered for CARF accreditation 2. Accommodates Veterans who drive further distances to receive care 3. Facilitates more diverse programming as it increases face-to-face time with Veterans	4. Increases demand on safety and security

Option 3b: Inpatient Pain Rehab

Option 3b provides the addition of a 12-bed Inpatient Pain Rehab area. Currently, patients who need this service must travel to the James A. Haley Veterans' Hospital in Tampa, Florida to receive this type of care.

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Table 16. Breakdown of Option 3b

Rehab	Manchester	CBOC	Purchase in Community	Other VA
Acupuncture				
Audiology				
Amputation Clinic			*	Boston (Telehealth)
Blind Rehab				Connecticut (Inpatient)
Chiropracty				
Inpatient Pain Rehab				
Occupational Therapy				
Oupatient Pain Rehab Program				
Physical Therapy				
Polytrauma/TBI				
Recreational Therapy				
Residential Rehab Lodge				
Speech Pathology				
Spinal Cord Injury/Disorder				Boston Hub
Wellness Center				

Table 17. Pros and Cons for Option 3b

PROS	CONS
1. Supports the recently funded outpatient pain program to be considered for CARF accreditation (note: this applies for patients who may need stepped-down from inpatient to outpatient programming) 2. Makes Manchester VAMC a viable research partner with academic affiliates 3. Contributes to addressing a current "Health Emergency"	1. Low utilization of inpatient approach to chronic pain 2. Difficult to staff (due to nursing pay-scale issue) 3. Elicits skepticism from Manchester staff (note: queried multiple service line subject matter experts) due to a lack of overwhelming evidence/research

Recommendations

The following information incorporates information from discussions with Manchester VAMC staff – inside and outside of the SPRS area – and evaluations conducted utilizing literature, VA handbooks and directives, and data. The SPRS Sub-Group began gathering information after the first conversation with Manchester Task Force Sub-

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Group Leads on September 1, 2017 and continued to participate in conversations and collect information through to the present.

Regardless of which option is pursued, in the event that the funds allocated for the construction of the new Audiology building are no longer used for this purpose, the Audiology service will continue to experience significant space constraints. Currently, of all services included under the SPRS umbrella, Audiology suffers from the greatest space gap.

The SPRS Sub-Group collaborated with the Manchester VAMC Mental Health Service Line Lead, Dr. Claire Tenny, as well as the Chief of Anesthesia and Pain Care, Dr. Grigory Chernyak, and explored the development of an Inpatient Pain Rehab Program. The SPRS Sub-Group learned that average inpatient bed days are relatively low and will likely not support the development of an inpatient pain program. The sub-group was also informed that nurse staffing of an inpatient unit is challenging due to nurse salaries compared to the community. In addition, VISN 1 is actively developing evidenced based outpatient pain programs in every market within VISN 1 to prepare for CARF accreditation.

In the event that Manchester VAMC opens inpatient units (i.e., Acute Medical/Surgical, Skilled, Sub-Acute Rehab) more calculated staffing evaluations will be necessary.

Manchester SPR services are expected to increase in need over the next 20 years as demonstrated above in Table 5. With the intent of providing NH Veterans a full service experience, it is recommended that SPR services be offered in a collaborative manner at Manchester, in the CBOCs, and purchased through community care. Enhancing the delivery of four complex Foundational Services aligns with Secretary Shulkin's priorities. In order to properly provide these services, increasing current staffing levels within SPRS is necessary.

The plan presented in Option 2 addresses a plan for the current needs and growth projections that have been studied.

Manchester VAMC Sensory and Physical Rehab Service line has a strong commitment to providing NH Veterans patient-centered & evidence based care when they need it. The SPRS teams have been forward thinking and embrace change. The Manchester VA SPR Service Line welcomes the challenge of strategically planning a way forward.

Recommendation 1: Option #2 – Expand SPR Services to Community Based Outpatient Clinics (CBOCs)

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Currently, New Hampshire is the only state in VISN 1 that does not provide one or more of these services in their CBOCs to some capacity: Acupuncture, Audiology, Chiropractic, and Physical Therapy. Expanding SPR Services into the CBOCs aligns with Veterans' preferences by increasing access and ease of convenience to receive these services. In addition, the Choice numbers support expanding Chiropractic and Physical Therapy services into the CBOCs.

As previously mentioned, these services are ancillary to the Foundational Services and are integral in the overall continuum of care. Manchester SPRS staff and New Hampshire CBOC staff support this option.

Recommendation 2: Option 3 – Wellness Center

The development of a Wellness Center aligns with Veterans' and Congressional' preferences, as well as garners a great deal of support from various services lines at Manchester. In addition, this option provides the largest scale of change and opens the door to design and implement a residential rehab lodge *or* inpatient pain rehab in the future.

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Appendix A – Decision Matrix

Evaluative Criteria	OPTION 1: Expand Manchester to accommodate projected demand	OPTION 2: Expand SPR Services into CBOCs	OPTION 3: Wellness Center	OPTION 3a: Residential Rehab Lodge	OPTION 3b: Inpatient Pain Rehab
Veteran Centric- in alignment with the Voice of the Veteran	Moderate	Significant	Significant if packaged with Option 2	Moderate	Significant
Supports Foundational Services	Yes	Yes	Yes, but not necessarily to deliver SPRS's foundational services	Moderately	Not Directly
Evidenced Based/high quality	Moderate	Yes	Yes	Yes	Moderate
Fiscally challenging	Moderate (Funds already allocated for new Audiology building)	Moderate	Significant	Significant	Significant
Congressionally Aligned	Moderate	Moderate	Significant	Moderate	Significant
Scale of Change	Moderate	Moderate	Significant	Significant	Significant
Supported by Manchester Staff	Moderate	Significant	Significant	Significant	No
Subgroup Recommendation	Yes	Yes	Yes, if the Medical Center changes focus to a different tier level or inpatient hospital status	Moderate	No

Appendix B – Current Manchester VA Medical CenterStaffing Numbers

Current staffing* (*Detailed list of current staffing provided in Appendix B)

- Audiology
    - 1.0 Audiology Supervisor
    - 3.0 Audiologists
    - 1.0 Audiology Licensed Practical Nurse (LPN)
    - 1.0 Medical Support Assistant (MSA)
    - 1.0 Audiology Technician
- Blind Rehab
    - 1.0 Visual Impairment Service Team (VIST) Coordinator
- Spinal Cord Injury/Disorder
    - 0.75 Physiatrist
    - 1.0 Registered Nurse (RN) Case Manager
    - 1.0 Social Worker
- Traumatic Brain Injury
    - 0.3 Neurologist
    - 0.6 Neurologist
    - 1.0 Neuropsychologist
    - 1.0 Social Worker
    - 1.0 Registered Nurse (RN) Case Manager
- Occupational Therapy
    - 1.0 Occupational Therapy Supervisor
    - 2.5 Staff Occupational Therapists
    - 1.0 Home-Based Primary Care Occupational Therapist
    - 1.0 Occupational Therapy Assistant
- Physical Therapy
    - 1.0 Physical Therapy Supervisor
    - 3.0 Staff Physical Therapists
    - 2.0 Physical Therapy Assistants
    - 1.0 Health Technician/Physical Therapy Aid
- Recreational Therapy
    - 1.0 Recreational Therapy Assistant
    - 2.0 Recreational Therapists
- Speech Language Pathology
    - 0.6 Speech Language Pathologist
- Administrative Support
    - 1.0 Administrative Assistant
    - 1.0 MSA Rehab
    - 1.0 Service Line Manager