VISN 9 OEF/OIF FOCUS GROUP DISCUSSION

TO: Office of the Deputy under Secretary for Health for Operations and Management

FROM: Nancy Withers, MSW, LISW OEF/OIF Program Manager
Memphis VAMC
1030 Jefferson Avenue
Memphis, TN 38104

TOPIC: Discussion Group Meeting Report

DATE: March 16, 2009

In accordance with the VHA Handbook 1010.01, dated May 31, 2007, Transition Assistance and Case Management of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans, paragraph 5.d (1). (2) a Discussion Group was held at VAMC Memphis (614) on March 16, 2009.

THOSE IN ATTENDANCE:

Mr. John Dandridge, Jr., Network Director, VISN 9
Mrs. Patricia Pittman, Medical Center Director
Margarethe Hagemann, MD, Chief of Staff
Marlin Angell, Associate Medical center Director
Nancy Withers, MSW, LISW, OEF/OIF Program Manager
Joe Campbell, Transitional Patient Advocate
Patrena Winfrey, OEF/OIF Case Manager
Jack Stephens, OEF/OIF Regional Office, Jackson, Mississippi
5 OEF/OIF veterans and 3 family members

TOPICS DISCUSSED:
Nine questions from the 'approved questions' for discussion group were selected by the above Memphis VAMC team prior to the Focus Group. These questions were typed and provided to each veteran and VA employee to review. The following highlights the points that were most emphasized by those veterans attending:

1. One Veteran reported that he was registered for care in Colorado but then moved to Memphis. He states he was informed of where the Memphis VAMC was located and his care was transferred to the Memphis VAMC with no problem.

2. Several Veterans reported that they had a smooth transition from their Demob site to the Memphis VAMC. (Ft Campbell and Camp Robinson were specifically noted for their assistance in this transition)

3. No barriers were noted in obtaining the care needed from the Memphis VAMC.

4. Several of the Veterans reported the quality of care they received at the Memphis VAMC was 'A-1 compared to the other medical treatment we got in the military'. Another responded 'Memphis VA has 'Top Notch care'. Another reported 'I've gotten lost in the VA before and the employee just walked me down the hall to show me where my appointment was located'.

5. One Veteran reported he was upset, during an inpatient hospitalization, as he was only permitted to have one cup of coffee during the course of the day.

6. One Veteran noted a problem he was experiencing with a prescription medication his doctor prescribed. He states the medication he had been prescribed by the military was not on the VA formulary so he was prescribed a substitute medication. He further indicated that this substitute medication was not working for him and that his next VA appointment was not until June, 2009.

7. One Veteran mentioned he is still having problems sleeping during the night.

8. One Veteran related her extensive experience with the neurology department, noting their willingness to go the 'extra mile' in providing the needed care.

9. One Veteran indicated that he and his family had a difficult time keeping up with where and when his appointments were located.

10. A Veteran indicated she had submitted a lot of applications for VA Memphis employment; however, she had not gotten any feedback on these applications. She noted how frustrated she was about this lack of response from the Human Resource Department.

11. A Veteran noted the Veteran Service office in Covington, TN did not have a computer or other things needed to assist him in filing his VA claim.

12. One Veteran indicated she was uncertain if she was able to return to work or not as there appeared to be some confusion between information provided to her by the Pulmonary Doctor and her Primary Care Doctor.

13. ChampVA questions were presented to the Regional Office contact, who was available by telephone, regarding how to find doctors that would take this type of payment.

14. Severance pay and the requirement to pay it back was a topic discussed with the Regional Office contact.

15. A question arose as to what to do if the military diagnoses and the VA diagnosis are two different ones.

16. One Veteran wanted to learn more about CRSC, CRDP, and DFASS.

ACTION PLAN:

1. No action needed.

2. No action needed.

3. No action needed.

4. No action needed.

5. Mrs. Pittman indicated she would look into this matter.

6. Nancy agreed to assist this veteran in obtaining an earlier appointment with his Primary Care Provider. (Appointment has been scheduled, at Vets request, in two weeks)

7. Nancy agreed to have this Veterans Case Manager arrange for a Primary Care appointment to further discuss this concern.

8. No action needed.

9. Nancy agreed to assign this veteran a case manager. (this has been completed)

10. Mr. Angell indicated he would address this concern with the Veteran and the Human Resource Department.

11. Mrs. Pittman indicated she would bring this up at the next Veteran Service office meeting.

12. Nancy agreed to check into this with both doctors and provide feedback to this Veteran.

13. The Regional Office Contact, Jack Stephens discussed some suggestions and then offered to further discuss at a later time with this Veteran on the telephone.

14. The Regional Office contact offered general information but did agree to talk more extensively on the telephone with this Veteran.

15. Regional Office contact suggested that the Veteran go to the military correction board to present case. He also agreed to talk further with this Veteran via the telephone.

16. These were explained to this Veteran by the Regional Office contact and the Veteran was invited to have further discussion via the telephone at a later time.

Respectfully submitted,

Nancy Withers, MSW, LISW
Program Manager, OEF/OIF
VAMC Memphis

(901) 623-8990 ext 5530
nancy.withers@va.gov