

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 25, 2008

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 25, 2008.

THOSE IN ATTENDANCE:

Mr. John Dandridge, Jr, Network Director, VISN 9
Dr. Vincent Alvarez, CMO, VISN 9
Mrs. Patricia Pittman, Medical Center Director
Margarethe Hagemann, MD, Chief of Staff
Keith W. Novak, MD, ACOS/Ambulatory Care
Nancy Withers, MSW, LISW, OEF/OIF Program Manager
Patrick Kennedy, BSET, Transitional Patient Advocate
Lora Kirk, Customer Service Manager
10 OEF/OIF veterans (included was two female veteran, two fathers whom also are veterans, one wife, one husband, and many service connected veterans)

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 given to each veteran and VA employee to review. The following highlights the points that were most emphasized by those veterans attending:

- Veterans reported that the military was in a hurry to discharge them and told them to get their medical care at the VA but often didn't even tell them where the VA was located.

- TSGLI insurance paperwork for injured military veterans was not filled out at the military facility; consequently this caused financial hardship on families which resulted in the OEF/OIF team searching for private financial resources. (TSGLI = Traumatic Service Member Life Insurance which pays vet a stipend until military and VA disability monies start)
- Veterans expressed difficulty in getting 'fast action' in filing their service connected claim which resulted in them losing their homes and having difficulty with day to day expenses
- Veterans also expressed difficulty communicating with their regional office about their service connected claim and gathering the supportive documentation needed to get the claim filed. (Many veterans are suffering with TBI and other serious injuries which make them confused about what is needed in the claim process.)
- Injured National Guard combat veterans unable to make their drills due to injury or appointments with the VA had difficulty collecting incapacitation pay (INCAP).
- Veterans indicated difficulty understanding why they were rated temporarily disabled when their medical condition was never ever going to get better.
- All veterans thought the Combat Veteran Shared Medical Appointment (Group Clinic) was an excellent way to get introduced into the VA system.
- Appreciation was expressed for all the assistance the Transitional Patient Advocate and Program Manager provided regarding health care, financial assistance, visiting on them on the inpatient unit; getting appointments organized, and offering benefit information.
- Other positive points that were made: the VA Medical Center at Memphis was cleaner than any other hospital they had seen. Thought the physicians and other staff were courteous. They also appreciated that the OEF/OIF psychiatrist calling ahead to order their medications so when they arrived at the Memphis campus they did not have to wait. PTSD residential program was good.
- Things the VA didn't do so well included: Long waiting times in the ER area; limited parking; problems getting travel pay (travel pay criteria is very limited); poor treatment in inpatient psychiatric mental health; not getting a prosthetic ordered in a timely manner from podiatry department;
- It was suggested a medical alert bracelet for all TBI and other seriously injured veterans be available for all veterans.

- Pharmacy hours needed to be expanded to include longer hours during week and Saturday and Sunday hours.
- Returning injured combat veterans complained that they were getting billed for bloody helmets and uniforms that were cut off while receiving medical attention in combat.
- Problems getting specialty appointments in a timely manner.
- Mental health services not available for veterans and their families that live far away

ACTION PLAN:

- Increase knowledge at PDHRA's where VA's are located
- Report to VACO that OEF/OIF injured veterans need TSGLI paperwork completed prior to their release from active duty to avoid financial hardship when they return to their home
- Request a service officer be hired to specifically work with OEF/OIF veterans in filing and processing claims and explaining benefits. Also request VBA representative attend future Focus Group meetings.
- Same as above
- Utilize the Transitional Patient Advocate to work with National Guard and veteran regarding incapacitation pay
- Request a service office be hired to specifically work with OEF/OIF veterans in filing and processing claims and explaining benefits.
- No action needed
- No action needed
- No action needed
- Veteran parking is in the process of being increased
- Provide veterans with increased information about their travel benefits when first enrolled. Also utilize Casemanager and TPA to obtain as many appointments as possible on the same day

- Seek alternative ways to provide travel money for veterans coming to the VA to attend a Focus Group meeting
- Develop sensitivity training for staff and increase staff education regarding OEF/OIF population
- Discuss with prosthetic department about the availability of medical alert bracelets for certain diagnosis experienced by the OEF/OIF veteran population
- Discuss with Hospital Director to determine the possibility of increasing pharmacy availability in evenings and weekends
- Report on up to VACO that combat injured OEF/OIF veterans are being billed for military uniforms damaged when they received medical attention while in Iraq
- Utilize Casemanager and TPA to work with specialty clinics regarding earlier appointments for OEF/OIF veterans
- Utilize fee based mental health referral process for OEF/OIF veterans that live a long distance from Memphis VA and CBOC services

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