

## **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: December 14, 2007**

### **THOSE IN ATTENDANCE:**

**Mr. John Dandridge, JR, Network Director, VISN 9 (V-Tel)  
Mrs. Patricia Pittman, Medical Center Director  
Margarethe Hagemann, MD, Chief of Staff  
Keith Novak, MD, Associate Chief for Ambulatory Care  
Nancy Withers, MSW, LISW, OEF/OIF Program Manager  
Patrick Kennedy, BSET, Transitional Patient Advocate  
Lora Kirk, Customer Service Manager  
9 OEF/OIF veterans (included were 3 females, 1 vet on the National Wounded list, a husband and wife veteran team, and several 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 to review. The following highlights the points that were most emphasized by those veterans attending:**

**1. Information that was provided, in military debriefing, when vet returns from Iraq is forgotten and the importance of getting to the VAMC is not recognized at that time. (ie cattle herding techniques, 'all you want to do is sleep and get home', 'didn't know about 2 year period or dental care limitations', 'didn't know anything about women's group until today')**

**\*\*\*\*\* 2. There needs to be a better way to access Military, VA and Non-VA medical records to increase continuity of care.**

**3. Many veterans travel long distance to receive care from the VA and have difficulty paying for gas to travel and getting off work.**

**\*\*\*\*\* 4. Most all veterans wished there was some type of education program that would provide their spouse, significant other, or other family members with information that would assist them in understanding the vets experiences in Iraq. ('what about a caregiver support group?')**

5. VA Website is difficult to navigate when trying to find information.
- \*\*\*\*\*6. Many VA employees don't seem to be sensitive to the OEF/OIF veterans needs or concerns and sometimes don't respond in positive ways to the veteran.
7. Several veterans were interested in receiving family and/or marital counseling but were unable to receive this service
8. Doctors don't seem to take the time to understand all my medical problems (I need more time with my doctor)
9. Veterans very appreciative of the services they have received from the Transitional Patient Advocate and Program Manager
10. Veterans very appreciative of the services they have received from the OEF/OIF Psychiatrist and Psychologist
- \*\*\*\*\*11. Lots of discussion about veteran benefits, filing claims, claims not being processed in a timely manner, compensation issues, entitlements, etc.
12. Mental health and medical services are not being provided in a timely manner. ('help does not come quick enough', 'depressed and can't be seen for one month is too long', 'medication change that doesn't work, 1 month is too long')
13. 1-800 VA after hours hotline services has long waiting times before someone answers the phone
14. Anger management and stress reduction groups provided by the OEF/OIF psychiatrist and psychologist are very beneficial
15. Inpatient psychiatric ward is geared up to provide services to older mentally ill veterans ('Can't you have a wing for younger veterans that need 1C?')
16. Employment and education concerns ('we need help getting a job when we return')
17. There is limited services available for OEF/OIF veterans in their homes for those unable to leave their home because of military disabilities.
18. Those with Traumatic Brain Injury have difficulty finding way to the VAMC from their home and also within the VA itself

(\*\*\*\*\* denotes most important priorities)

#### **ACTION PLAN:**

1. Focus on ways to increase information to veterans about services available to them at the VAMC
2. Review current medical record system to determine how veteran records could be better shared with VA and major health care providers
3. Provide fee base services as need. Increase tele-medicine opportunities for veterans in outlining areas.
4. Develop an educational program for spouses, significant others, and family members that would provide information about vets Iraq experiences
5. Redesign the Website to make it more user friendly
6. Develop a educational and information program that would increase sensitivity to this population.

7. Provide more information to the OEF/OIF veterans about the availability of family and/or marital counseling and perhaps consider increasing these services.
8. Develop Primary Care teams that provide medical services to OEF/OIF veterans only
9. no action needed
10. no action needed
- \*\*\*\*11. Request that a service officer be hired to specifically work with the OEF/OIF population in filing and processing claims and explaining benefits. Also, request VBA representative attend future Focus Groups.
12. Utilize OEF/OIF casemanager to assist veteran in getting more timely appointments.
13. Review and suggest possible increase in 1-800 VA hotline personnel
14. no action needed
15. Discuss the possibility of creating a psychiatric unit for OEF/OIF veteran
16. Increase information regarding education and employment opportunities, establish partnerships with several human resources agencies that would be interested in providing jobs for OEF/OIF veterans
17. Increase home visits completed by Transitional Patient Advocate to learn of needs (establish phone support group, establish a volunteer program)
18. Discuss possibility of increasing number of user friendly signs and maps for specialty clinic areas (ie. Polytrauma) and providing transportation to TBI patients

### **SUMMARY:**

This was the first OEF/OIF Focus Group for VAMC Memphis. The group gathered at 1:45pm on December 14, 2007, officially started at 2pm and ended at 4:15pm. The veterans attending indicated that they were very pleased to have the opportunity of participating in this session with the Hospital and VISN Directors. They all spoke freely about the topics noted above and at times offered suggestions that the VA might improve services provided. The group of veterans was very diverse in gender, race, and medical disabilities but all had been to Iraq and experienced similar homecomings.

Topics that appeared to be priorities for this group: increase information about VA services and establish education programs about the Iraq experience for family members; obtain a veteran service officer from the regional office that is capable of providing services to OEF/OIF veterans in Arkansas, Tennessee, and Mississippi; increase medical records sharing with VA and non-VA providers; and establish more employment opportunities for returning veterans.

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