

# VISN 1 Big-MAC

## April 10, 2014

Speaker	Discussion	Do-Out
<p><b>Dr. Mayo-Smith</b></p>	<ul style="list-style-type: none"> <li>▪ Question: If there are 260,000 users, what's the total population of veterans?</li> <li>▪ Answer: 900,000. Peaked at 1.2M veterans in 2007. The prediction for 2025 is 650,000 veterans. Number is dropping by almost 50% over 20 years. Not everyone is eligible for the VA due to service connection, means test, etc.</li>   <li>▪ Question: What's preventing those 300,000 from accessing? What are the barriers? Concerns about quality? Are they using private insurance?</li> <li>▪ Answer: VA New England is starting to do focus groups to figure that out. In part, some veterans have health insurance from their jobs and therefore, don't use the VA. There are other reasons – distance, for example. VA New England is trying to find out and address those specific reasons. Is it reputation? Services offered? Confusion over VA eligibility? Or lack of awareness about the VA?</li> <li>▪ Would like to keep the enrollment numbers going up. Could use VSO and Veterans help in outreach efforts wherever possible.</li>   <li>▪ Question: What is the eligibility window open for OIF/OEF?</li> <li>▪ Answer: 5 years. Dr. Mayo-Smith noted that when it was first introduced it was 5 years with a deadline of 2013. Dr. Mayo-Smith noted that with PTSD for instance, Veterans don't come in for a while, so it may have been introduced to extend it from 5-15 years to keep the window open.</li> <li>▪ John Stansbury from Paralyzed Veterans (ME) also expressed concern for Veterans that don't know they are catastrophically disabled. Very time sensitive; only a 30 day window. Education is helping somewhat, but Benefits advisors not getting the word out. Mentioned the possibility of a change in the EZ form to directly ask the Veteran if you have a condition you feel qualifies as catastrophically disabled.</li> </ul>	<ul style="list-style-type: none"> <li>▪ ACTION: Will do more with state programs, VSOs and other agencies for outreach and awareness efforts.</li>   <li>▪ ACTION: Follow-up with Robert Lewis with American Legion (CT) regarding eligibility window for OIF/OEF Veterans.</li>   <li>▪ ACTION: Could incorporate awareness of catastrophic disabled benefits into Outreach efforts.</li> </ul>

<p><b>Bradley Mayes</b></p>	<ul style="list-style-type: none"> <li>▪ Addressed previous question – why aren’t more veterans using benefits available? Noted that VSOs can assist by encouraging active military personnel to seek us out when they’re separating from the service.</li>   <li>▪ Question regarding pension recipients.</li> <li>▪ Answer: Pension recipients are live pensions, primarily Veterans; wouldn’t be death pensions. It’s a means based program and a very small number. For a death pension, the widow qualifies for \$18,219. This can be offset by recurring medical expenses, but is still well below the poverty line. For a Veteran with no dependence, the amount is \$12,256. If the Veteran needs assistance, can go up to \$20,447. Bradley Mayes noted that these claims are processed in Philadelphia.</li>   <li>▪ Question: How many of the communication officers are familiar with special exemptions for POWs? Is VBA familiar with those cases?</li> <li>▪ Answer: Bradley Mayes noted that there is a POW coordinator in each VBA office. All claims examiners receive training. If a Veteran has a former disability or disease, VBA concedes that it’s a result of a POW experience. VBA typically expedites those cases, as many of those are Veterans and survivors from WWII.</li>   <li>▪ Question: Last July and August at the Mini-Mac in White River Junction, number of Veteran population for New Hampshire was higher than presented figure. Went from 127,000 to 113,000. What happened to 14,000? Thinks the figures are low.</li> <li>▪ Answer: The number comes from Veteran population data, but will go back and double check.</li> <li>▪ Similar question stated by another attendee for Maine’s enrollment numbers. Questioner wondered whether or not different numbers would cause any problems.</li> <li>▪ Answer: Bradley Mayes answered no, as the difference is in Veterans moving into the system and filing a claim. Veteran population is not as much a driver for resource allocation, as is utilization. That’s the message – do what you can to get veterans into the system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ ACTION: Will go back and double check numbers for questioner - Bob Blais (NH)</li> </ul>
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<p><b>Kristin Mattocks</b></p>	<ul style="list-style-type: none"> <li>▪ Question – will a letter be going out to all veterans?</li> <li>▪ Answer: Yes, if the VA sees that you have an upcoming appointment, you’ll be getting a letter.</li>   <li>▪ Question: Regarding telephones, noted the system here for VA New England is good. When you call the 800 number for Benefits though, it’s impossible to get through.</li>   <li>▪ Peter Corey noted that he has wanted to help Veterans with drug and alcohol issues by finding a treatment program for them. Has been told there is nothing available. Notes that he is aware of treatment facilities in NH, but needs to know how to work with them to get access.</li> </ul>	<ul style="list-style-type: none"> <li>▪ ACTION: Can VA New England help to improve the 800 phone number for Benefits?</li>   <li>▪ Follow-up with Peter Corey at <a href="mailto:Peter.l.corey.mil@mail.mil">Peter.l.corey.mil@mail.mil</a> regarding access to treatment facilities in NH.</li> </ul>
<p><b>Jordan Peck</b></p>	<p>Feedback – What Stakeholder Expects from the VA? Attendees noted:</p> <ul style="list-style-type: none"> <li>▪ Proper treatment in a timely manner</li> <li>▪ Treated with dignity</li> <li>▪ When we talk to someone we expect to be believed</li>   <li>▪ Expect to receive services near home if possible</li> <li>▪ Want healthcare to be effective, so we want the proper care for the particular issue</li> <li>▪ Doing these things helps the VSO to maintain morale, recruit members, keep Veterans involved and engaged. VSO can trust that VA is giving great care.</li>   <li>▪ Robert Lewis noted that healthcare is a partnership between the provider and the patient. One thing we hear in our organization frequently is the issue of scheduling. The provider within the VA is not scheduling for a follow up; that responsibility is on the Veteran. Next, what usually happens is that the Veteran misses a couple of cycles, goes from an active list to an inactive list, and all of a sudden is not in the active system.</li>   <li>▪ Question regarding the lengthy hiring process. Specifically, this is in regards to having an Acting Director. Still waiting. For the patients, they want to see someone. Waiting for someone to come in as a leader that we can go to. <ul style="list-style-type: none"> <li>▪ Jordan Peck noted that this is something VISN 1 could do to be more stable and more continuous in order to not have times of insecurity. Studies show that the most stressful time in life for people (even</li> </ul> </li> </ul>	

more so than being unemployed) is when you have a new boss coming in, due to the fear that something could change that you can't expect.

- Brian Dupee stressed concerns with VA costs for a Veteran who is not disabled, as they can frequently get it cheaper out in town. It's not that Veterans don't want to use VA services, but costs are often cheaper out in town with new programs. Brian Dupee noted that he wants to be able to tell them why it's better to go to the VA, but if they've got health coverage already and that coverage is cheaper, explaining to them why they should go to the VA becomes a difficult challenge.
- Claudia McKelway would like to see better communication between civilian and VA hospitals. VA is not called by private hospitals on behalf of Veterans that have a heart attack, for example. They forget to call the VA or call the spouse, and the Veteran is then hit with a huge bill because hospital didn't notify them in a certain amount of time. (Department of Veterans Services).
  - Jordan Peck asked the question, how can the VA help you straighten this out?
    - Ms. McKelway responded that the VA needs to have better communication and outreach to civilian hospitals to let them know what the procedure is.
- Robert Noble from the American EX-POW wants to see improvement in the waiting time at clinics. Overscheduling for what they can do in the day. Most are not too bad, he noted. This is particularly relevant for the Eye Clinic. Got to an eye appointment 30 minutes early, only to leave two and a half hours later with his wife waiting for him outside. The Veteran sitting next to him was likely going to miss the bus back to Togus.
- Mr. Noble stressed that it's not the doctors, as they do an excellent job on his eyes. Feels the VA is scheduling too many appointments for the doctors they have, or they need more doctors.
- Suggested that the Veteran taking the shuttle could have seen a private doctor in Maine instead.

<b>Plusses/Deltas</b>	<p>Plusses:</p> <ul style="list-style-type: none"><li>▪ Helpful information</li><li>▪ Will bring it back to VSOs</li></ul> <p>Deltas:</p> <ul style="list-style-type: none"><li>▪ Could have VBA from Western market speak. (Providence, CT, for example)</li><li>▪ Graphs – Readability. Use contrast next time so you can read the numbers.</li></ul>	
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