

# New Hampshire Task Force Feedback

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The Secretary of the VA is seeking input into future plans for VA Manchester. Teams of clinicians have developed initial recommendations but are looking to Veterans to provide feedback on specific questions that will assist the Task Force members as they move forward in developing a report for the Secretary. Please take the time to provide your input. The specific questions and some background are provided below.

Please provide your comments at the end of each set of questions to facilitate the Task Force members in the analysis of your input. Comments should be submitted to the Task Force no later than January 25 through the [internet feedback page](#).

## **Surgery Questions for Focus Groups based on Options Presented to 2025 Manchester Task Force**

Background: Historically, Manchester VA provides a limited range of ambulatory procedures. A majority of procedures are sent either to Boston, WRJ or the Community.

*Option 1:* Manchester VA will provide ambulatory surgical procedures in which the patient checks in during the morning and leaves at the end of the day after surgery. These are the most common surgeries that patients require. If more extensive surgery is needed then the patient would go to another hospital for the surgical procedure with care by a VA surgeon.

Pros: The majority of the surgery needs would be met by this option. Patients could receive surgical care closer to home for simple surgeries.

Cons: Having all patient medical record information in one place will be difficult.

*Option 2:* Manchester VA functions as a full service hospital which would include between 20-30 inpatient beds for combined medical and surgical care. More complex needs would still be referred to more complex facilities (VA Boston or community may be used for heart surgery).

Pros: The majority of the surgical services would be provided within the VA by all VA providers. It would be easier for all VA clinicians to participate in the inpatient care (for example if psychiatry clinical input is needed.)

Cons: By the time this inpatient facility is completed, there would not be enough patients to justify an inpatient facility. The cost of an inpatient hospital is large and exceeds what it would cost to provide the care in the community. Care for complex surgery will still need to be provided in the community or other VA hospitals.

## **Focus Group Questions:**

**Q1. What would be your major concerns if the Manchester VA provided a full spectrum of outpatient surgery, with more extensive inpatient surgery being done at the local community partner hospitals?**

**Q2. What are your thoughts about having a VA designated unit at the contracted community hospital versus your being admitted to any floor of the hospital with no designation as a VA unit?**

**2a. Follow up question: How do you think that would make a difference in the quality of care you receive?**

### **Medicine Questions related to Options Presented to Manchester 2025 Task Force**

Introduction: Two options were presented to the Task Force: Option #1 one was to build a full service 20-30 bed Medical/Surgical Hospital including the ability to conduct endoscopy procedures. Option #2 No inpatient hospital. VA Manchester would provide outpatient clinics for specialists a Veteran might need (These could include cardiology, ophthalmology, general surgery, Gastroenterology) to include providing onsite Endoscopy. (Community partners would be used for hospitalization with or without VA clinicians providing care).

The Pros for a Full Service hospital are: (1) Easier to hire clinicians for a hospital setting (2) Veterans would have continuity of care(5) The VA has proven its ability to control medical costs is much better than the community

The Cons for a Full Service hospital are: (1) Cost. (2) Building a new facility does not alone result in improvement, culture change, or guarantee recruitment. (3) Significant logistical hurdles not the least of which will be the interim plan while a facility would be built. (4) Veterans would have to travel to Manchester for services located at the new facility. (6) Lack of staff to support 24/7 inpatient operations.

**Q1: How important is it that your healthcare all be provided within the same system? (For example, if you went to an emergency room and needed to be placed in the hospital, how important would it be that you are admitted at that particular hospital?)**

**Q2: Do you feel that getting care within the VA is a better option than in the community (for example: Do you think quality and the ability to be seen when needed would be better in the VA?)**

**Q3: Would you have issues or concerns with your basic medical care being delivered in a modern multispecialty clinic at the Department of Veterans Affairs but more complex care (for example: hospital admissions, and certain surgeries) being delivered in a community facility? Would it matter to you if this care was delivered by Non-VA doctors and nurses?**

### **Primary Care Questions related to Options Presented to Manchester 2025 Task Force**

**Q1. Currently, the Women's Health clinic is located on a different floor than the Primary Care Clinic. Both provide primary care services. If Women's Health was located adjacent to Primary Care but continued to have a separate waiting area and entrance to the clinic, there would be the possibility of**

sharing more services such as behavioral health, social work, clinical pharmacy and nutrition. What are your thoughts regarding the movement of the Women's Health Clinic at the Manchester campus to the same floor as Primary Care?

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**Q2. Currently there are two CBOCs a short distance from each other – Somersworth and Portsmouth. Both serving a similar, small volume of patients with limited onsite services. There is an opportunity to expand services available if the two CBOCs are combined into one larger CBOC. What are your thoughts about the potential benefits versus limitations of this proposal?**

**2a. Follow up Question. In assessing where might a combined CBOC be situated, there was an assessment looking at the population and the assessment identified Dover as an ideal location. Would Dover be equally accessible to you and others who currently receive their care at Portsmouth or Somersworth?**

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### **Mental Health Questions related to Options Presented to Manchester 2025 Task Force**

Background: The Task Force was presented with several options: Option 1 was to provide comprehensive Mental Health services both inpatient and outpatient at the Manchester VA. This would include a 12 bed inpatient unit, 20 beds designated for lodging, and 20 bed rehabilitation. Option 2 was to continue current mental health services using appropriate resources and contract for additional services in the community. Option 3 is to provide current mental health services on an outpatient services, capacity for overnight evaluation, and contract for services/inpatient beds in the community. (Community programs could include: Acute Inpatient beds in partnership with a local private hospital; Homeless/Substance Abuse lodging (Safe Haven); Rehabilitation Programs that could be placed either On-site or in Community: expanded Primary Care and Mental Health Integration; Wellness/Recovery Program; Mental Health Intensive Case Management; Intensive Outpatient Treatment Programs for Substance Abuse; 20 Bed Lodging unit; Ambulatory Detox services).

**Q1. One option is to lease space in the community for inpatient Mental Health beds to be staff by VA physicians. What concerns might you have about this plan?**

**Q2. Are there currently issues accessing Mental Health Rehabilitation services in the community for Veterans with mental illness, addiction, or psychological deficits?**

**Q3. Would you use Mental Health Rehabilitation services in the community for Veterans with mental illness, addiction, or psychological deficits if VA offered them?**

**Q4. Are there thoughts on how best to enhance transportation services within the state?**

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### **Extended Care Questions related to Options Presented to Manchester 2025 Task Force**

Extended Care focused its attention of the availability of Nursing Home Care beds for the Veterans in New Hampshire. They had recommended increasing the number of Nursing Home Beds in Manchester.

**Q1. Talk to me about the challenges of accessing a bed in Community Nursing Homes in New Hampshire. How might long term care beds within Manchester VA affect these challenges?**

**Q2. How might additional long term care beds at Manchester VA change your future planning for long term care?**

**Q3. The Extended Care staff is looking for feedback on accessing home and community based care to prevent stays in Nursing Homes. If we increased home based primary care or home based care how would this impact you?**

### **Rehabilitation Questions related to Options Presented to Manchester 2025 Task Force**

Background: Currently, Manchester provides a range of Rehabilitation services at the main medical center. This creates a considerable travel burden for some NH veterans and a lot of this care is sent to CHOICE. The Task Force has heard a proposal to expand some rehabilitation services in the 4 DBOCs. We need Veteran feedback to better understand which services may be sensible to add to a CBOC or may best stay in the current arrangement where care is provided at Manchester or in the community.

**Q1. Would you prefer to receive Physical Therapy in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?**

**Q2. Would you prefer to receive Chiropractic Care in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?**

**Q3. Would you prefer to receive Acupuncture in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?**

**Q4. Would you prefer to receive Audiology in a Community Based Outpatient Clinic (CBOC), or in the community with a non-VA provider, or have the ability to choose between the two?**

**The Task Force has also heard a proposal to create a “Wellness Center” at the Manchester VA campus. A Wellness Center was defined for the task force as 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.**

**Q5. If a gymnasium and heated pool were available at the Manchester VAMC, how often would you see yourself using it to maintain your physical fitness?**

