



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

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Dear Dr. Perlin:

I am pleased to provide the Department of Veterans Affairs' (VA) responses to the Special Medical Advisory Group's recommendations regarding the future for Veterans health care in New Hampshire.

The Committee's ideas, input, and support are most helpful and have assisted VA in making critical improvements. I appreciate the Committee for its unwavering dedication to our Veterans.

Thank you for our continued support of our mission.

Sincerely,

A handwritten signature in blue ink, appearing to read "Peter M. O'Rourke".

Peter M. O'Rourke
Acting

Enclosure



VA's Response to SMAG/New Hampshire Vision 2025 Recommendations

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Manchester VAMC Subject Matter Expert Response to the 2025 Task Force Recommendations

Recommendations 1	Concur
Recommendations 2	Concur
Recommendations 3	Concur
Recommendations 4	Concur
Recommendations 5	Concur
Recommendations 6	Concur
Recommendations 7	Concur
Recommendations 8	Concur
Recommendations 9	Concur
Recommendations 10	Concur
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Recommendations 24	Concur
Recommendations 25	Concur
Recommendations 26	Concur
Recommendations 27	Concur
Recommendations 28	Concur
Recommendations 29	Concur

- **Red has potential capital asset considerations.**
- **Current and future endeavors discussed will be conducted under VA's current legal authority. Details of each authority are not detailed in this document.**

Capital Asset Considerations

1. **Recommendation 9: Creation of a Whole Health Community Care Center (CCC)**
Space for the CCC would likely be procured via a leased space in the Manchester, NH area or in a hospital concept.
2. **Recommendation 11: Combination of the Somersworth and Portsmouth Community Based Outpatient Centers (CBOC) for Expanded Services**
The Subject Matter Experts (SME) and Manchester, NH VA Medical Center (VAMC) agree that locations in the seacoast area should be considered for a new CBOC. In addition, exploring different leasing and contract options to include community partnership with a local medical facility that has available space should be strongly considered when selecting a site.
3. **Recommendation 12: Establishment of an Ambulatory Surgical Center in Manchester, NH**
An out of cycle construction project/lease or partnership between an academic affiliate is required to move this recommendation forward.
4. **Recommendation 20: Establishment of Residential and Intensive Outpatient Mental Health Services**
Establishing these services at the Manchester VAMC would require some initial investment into staffing and infrastructure, however, the ongoing benefit to Veterans would be enormous. This will require an out of cycle Strategic Capital Investment Planning (SCIP) project.
5. **Recommendation 27: Increasing the number of Community Living Center (CLC) beds on-site at Manchester**
This recommendation would require an out of cycle SCIP project and in-depth analysis to determine the future number of beds.

Recommendation 1: Sustained Investment in Organizational Culture; Culture was a primary factor in Manchester's challenges. Completion of the Manchester Culture Task Force work is vital, as is proactive and ongoing leadership engagement with a focus on accountability at all levels of the organization. Employees need multiple specific options to elevate and resolve concerns before adverse events occur. The ecosystem culture – facility, regional, and National – should emphasize mission, ethics, teamwork, communication, and respect.

Cultivating a healthy and ethical organizational culture at Manchester VAMC is critical to fulfilling our mission of high quality care for Veterans. As Veterans now have a choice for where they can receive their care we need to ensure that they will choose to receive their health care at the Manchester VAMC.

Current Actions:

1. The easiest and most prominent method, which all employees are encouraged to use, is the "I WANT TO REPORT" red button that is one of the most prominent items on the Manchester VAMC intranet homepage.
2. Workforce Executive Council is actively working on the following three priority areas identified on the 2017 All Employee Survey: workload, accountability, and growth.
 - a. Each of these three sub-committees has a leader who is a member of the Manchester VAMC staff and a Quadrad sponsor.
3. Manchester Culture Task Force is continuing to collaborate with Manchester VAMC leadership and the Workforce Executive Council to promote an ethical environment and workplace.
4. The Culture Task Force is also supporting employee engagement and leadership development through a book club, morning coffee cart, purposeful rounding and leadership lobby morning greeting.

Future Actions:

1. Veterans Integrated Service Network (VISN) 1 has hired an organizational psychologist who will be focused on culture change and is also developing a contract for organizational transformation with Kotter International. The Kotter team works to promote inclusivity within organizations and equips team members with the resources and tools needed to generate transformational change within the organization.

Recommendation 2: Evaluation of Process, Metrics, and Role Efficacy; Quality metrics did not automatically trigger examination of care delivery in Manchester. Providers were required to personally elevate clinical quality and facility cleanliness concerns in order for these to be addressed. This type of risk to Veteran well-being needs to be fully resolved, therefore the Task Force recommends:

- 1. Ensuring that existing reporting mechanisms and quality standards are meaningfully implemented**
 - 2. Review of care quality and culture metrics by an independent, external quality organization.**
- Additionally, external assessment of interdisciplinary team roles and team productivity - with an emphasis on employees working to the top of their ability and/or licensure - will promote efficiency, enhanced access, and empowerment to raise concerns.**

Current Actions:

- Deliberate steps to ensure that the existing virtual reporting process for clinical quality concerns, with the option of reporter anonymity and including leadership feedback, is in meaningful effect
 - ♦ There are six major forms of virtual reporting available to all staff: Joint Patient Safety Reporting, Episode of Care Review Requests, Ask the Director, Established committee structure, Chain-of-command, Women Veteran Disparity Tracking.
 - ♦ Ensuring there is an alignment with evidence-based quality standards (e.g., Joint Commission), including tracking of sentinel events and documentation of steps taken in response.
 - ♦ Sentinel events are reviewed by the Quality Management and Patient Safety staff to their respective programs, with feedback provided to leadership.
 - ♦ Associate Director for Patient and Nursing Services/Chief Nurse Executive (ADPNS/CNE) hired a Staffing Methodology Nursing Informaticist approximately six months ago. Due to these efforts, Manchester VAMC now has a five-star Centers for Medicare and Medicaid Services rating for staffing.
- Mission Control Room.
- Within the last ten months, Manchester VAMC has had 58 surveys, including various accreditation and oversight visits; this is a 300-percent increase over the previous 3 years.

Future Actions:

- More extensive use of Issue Briefs;
- Use of Quality metrics from outside sources;
- Commitment to tracking of team efficiency metrics and a deliberate effort to identify and disseminate best practices, including interdisciplinary staffing models proven to increase workflow; and
- Commitment to adequately staffing each unit to allow for sufficient support for providers and optimal Veteran access to care.

Recommendation 3: Leadership Engagement of External Stakeholders; When care delivery and structural challenges compounded in Manchester in 2017, the robust relationships with external stakeholders that could have eased the impact and accelerated solutions were not in place. Current leadership's proactive approach has been pivotal in turning Manchester in a better direction. Notably, Manchester employees, local Veterans Service Organizations, community healthcare organizations, the Governor's Office, the Congressional delegation, and the community at large are highly invested in the success and excellence of care delivery to Veterans in the State and region. This is a sound foundation on which further progress should be built.

Current Actions:

1. **The Way Forward:** The Manchester VAMC has a five-pronged approach to recovery road map that is tracked and shared with all stakeholders.
 - a. As an organization, we engage the community by holding monthly Veteran Town Halls supplemented with Outreach events.
 - b. Monthly State Veterans Affairs Committee with Public Affairs and Congressional Liaison staff.
 - c. The Medical Center Director meets with New Hampshire Veterans Service Organizations (VSO), the Governor, and Congressional representatives, routinely and as needed.

Current Actions:

- ♦ **Honoring Those Who Serve:** A weekly write up on a Veteran that highlights their service and connects the Veteran to the VAMC. The connection might be related to services we offer, the Veteran's volunteer work or even how Manchester VAMC partners with the organization they work for/own, etc. Since inception in February 2018, the practice has yielded 12 recognitions all of which are shared with the New Hampshire media market, stakeholders, and congressional offices. One of the write-ups was taken from Senator Hassan and used as a nomination for Granite State Veteran of the Year. The Veteran engagement has gained momentum and is seen as a coveted recognition to aspire to.
- ♦ **Honoring Employee Veterans:** A feature wall in the facility recognized as a VISN 1 Best Practice that showcases the Veterans who are employees and what they do at the Manchester VAMC as well as their military service. This is a way to honor their service, and is a tool for welcoming the Veterans we serve and putting them at ease. To date, 47 Veteran Employees have been recognized; employees, Veterans, and dignitaries make the prominent wall a stop during their visits.
- ♦ **Ask the VA:** This is a monthly agreement at no cost for a printed piece in the Manchester New Hampshire Union Leader, the largest print newspaper in New Hampshire, which highlights a service and the provider and/or expert in the area. It is submitted for print, and information prep is repurposed to have the provider/expert appear on local radio. The medical center is in its third month of this practice and has content prepped throughout the next several months.

Recommendation 4: Emphasis on Educations and Awareness; As today's inpatient procedures become tomorrow's ambulatory care, and as inpatient stays are reserved for cases of increasingly high acuity, New Hampshire Veterans will benefit from public-private partnerships that expand services ahead of this trend. Breaking from the traditional brick-and-mortar models of years past, the Task Force envisions comprehensive services delivered in innovative fashion, with greater accessibility and fewer barriers to care. This model, and many of the other recommendations that comprise this vision are concepts not well known among Veterans and the broader community, and a robust marketing and education campaign is necessary to communicate the Secretary's decisions for the way forward in New Hampshire and make these innovations accessible.

The Manchester VAMC concurs with the recommendation to help NH Veteran's access ambulatory care and inpatient care by developing working models of public-private partnerships and by informing the community that these options comprise functional and transparent means to provide very high quality procedural care close to home

Current Actions:

- ♦ Performance of GI endoscopy with VA physicians and nurses, using VA equipment and the VA electronic medical record, at one of our major community hospitals. This roll-out included local publicity.
- ♦ An orthopedic surgeon who performs outpatient procedures on our Veterans at a community hospital due to our operating room (OR) being closed by a facility flood last July.
- ♦ Continue to use a provider dashboard to help showcase our timeliness for appointments scheduled in a 30 day window.
- ♦ To ensure continuum of care for our Veterans, we will utilize case management services within the Office of Community Care program.
- ♦ We will also continue communications efforts to educate and provide awareness by publishing articles on our website like "Hey Manchester VA... Did you know?" and by mentioning on radio talk shows and town hall meetings.

Future Actions:

- ♦ Work with local hospitals who will deliver in-patient or Emergency Room (ER) care in addition to the White River Junction (WRJ) VA hospital.
- ♦ Continue to network with local medical institutions to expand coverage to all Veterans.

Recommendation 5: Timely, Innovative Approach to Infrastructure; A critical element of any future vision for New Hampshire is renovation of the existing infrastructure on-site in Manchester. Much of the facility infrastructure is failing, and renovation is needed to provide a secure platform for clinical operations. Clinical services also require more space than is currently available, and “swing” space is needed to begin renovations without impact to care delivery. Furthermore, the Task Force advises a shift in capital assets philosophy – from VA as the sole construction planning and funding source to collaboration with the community on major projects. Engaging academic affiliate and community entities on joint ventures can create synergy, position VA as a leading collaborator, reduce project risk, and expedite timelines.

The Manchester VA Medical Center concurs that partnering with academic affiliates and the community for capital assets is worth exploring. It would provide patient care in locations aligned with Veteran residence demographics and in more modern facilities; facility partnering can create a more dispersed model of health care delivered throughout the State of New Hampshire.

Future Actions:

- Partnerships and moving care off of the Manchester VAMC campus can provide swing space to begin needed renovations to existing infrastructure.
 - ♦ Substantial investment in Manchester VAMCs existing infrastructure, both in buildings and utilities, will be required to continue to operate the facilities remaining on Manchester VAMC’s campus.

Recommendation 6: Enhanced Regional Collaboration; The Task Force encourages regional collaboration, rooted firmly in the concept that efforts must not consolidate but rather regionalize for expansion of services. Close affiliation with White River Junction VAMC is paramount for growth and introduces the possibility of a Dartmouth academic affiliation that would bring intellectual invigoration and new pipelines of talent to New Hampshire. Structured regionalization of the two facilities should be further explored with full stakeholder engagement and, if pursued, implemented with a deliberate, phased approach. It is imperative that any steps taken result in benefit to Veterans in both States. Additionally, a regional shuttle system would enhance service line collaboration opportunities and create ease of movement for providers to bring care to more Veterans in the North Market.

Close affiliation between the Manchester VAMC and WRJ VAMC is critical to meet the needs of both New Hampshire and Vermont Veterans in the future. Organic collaborations across medical centers have been under way in various clinical services for several years and these partnerships have accelerated in various services (e.g., surgery, community care) since July 2017.

Enhanced Regional Collaboration

Phase 1 (July 2017 to May 2018)

- Organic collaboration under Manchester Acting Medical Center Director and shared Acting Chief of Staff.

Phase 2 (Summer 2018)

- Jointly held strategic planning with White River Junction and Manchester VAMCs.
- Appointment of traditionally structured permanent quadrads at both facilities.
- Development of synced process of resource planning, hiring and credentialing.

Phase 3 (2018-2020)

- Responsibility for Implementation of recommendation owned by Manchester VAMC with help/consultation from engaged stakeholders at WRJ VAMC.
- Each leadership team supports the continued organic collaboration.
- Continuous ongoing assessment as to the need for more formalized regional structures.

Recommendation 7: Focus on Right Care, Right Place, Right Time

Response from Subject Matter Experts:

The Manchester VA Medical Center is in concurrence with this recommendation. Consistent with the community care authorities, VA has ensured that Veterans receive the needed clinical care in the environment that is suited to the Veterans clinical needs adhering to the treatment plan decision between the Veteran and their clinical provider.

Current Actions:

- Fully Staffed Office of Community Care led by a physician.
- ~85 percent of consults are handled by a staff of 35 personnel.
- 98 percent of consults are < 7 days in the last month compared to 57 percent in December 2017
- Real time scanning of records.
- Existing Community Care Partner – Catholic Medical Center.

Future Actions:

- Ensure that community care is coordinated by the VA to ensure continuity of care and proper utilization of VA resources, including the authority to purchase community care and availability within the local market.

Recommendation 8: Leveraging Interdisciplinary Academic Affiliations; Enhanced collaboration with the White River Junction VAMC opens the possibility of bringing the Dartmouth Geisel School of Medicine academic affiliation to Manchester. The lack of such an affiliation was identified by the Market Assessment as a key challenge to providing comprehensive, high-quality care in the facility. Additionally the Task Force advises an expansive, interdisciplinary approach to academic affiliations, building talent pipelines and enhancing recruitment and retention potential for nursing, social work, and other disciplines.

Manchester VAMC is in concurrence that Academic Affiliations will enhance and enrich both WRJ and Manchester VAMCs in terms of recruitment of providers and build up our resources for high end quality care. The future state is to host residents and fellows. Our first site to do so would be within our specialty clinics. Our collaboration in Pulmonary and Cardiology between WRJ and Manchester is already taking flight and we would seek to enhance the offerings of cross coverage by hosting a resident and/or fellow in our respective clinics on station.

Current Actions:

- The Manchester VAMC has been focused on increasing our Academic Affiliation by hiring a 0.5 FTE Associate Chief of Staff for Education.
- Visited by the Geisel School of Medicine at Dartmouth who we seek to develop a strong affiliation with for rotations within the primary care and specialty care sites monthly.
- We currently host on average 50-75 students a week from 11 services within the Manchester VAMC.
- Manchester has an academic affiliation with Boston University (BU) to bring in medical students into the Family Medicine/Primary Care clerkship and have been hosting a BU student monthly in our neurology clinics in past years.

Future Actions:

- Design an all-inclusive approach to academic affiliations by collaborating with local educational institutions.
- Enhance recruitment.

Recommendation 9: Creation of a Whole Health Community Care Center; A Whole Health Community Care Center (CCC), similar to the Errera Community Care Center in West Haven, Connecticut, would provide wrap-around VA and community services to Veterans who are facing mental illness, substance abuse, homelessness, and other conditions at the intersection of medical and socio-behavioral care.

The delivery of recovery and psychosocial rehabilitation services to Veterans with complex medical, behavioral and social needs is often fragmented, inefficient, and as a result, difficult for Veterans to access. Housing these services together in one place and offering them by a team of mental health professionals will not only improve access, but will also demonstrate exemplary and innovative care

Future Actions:

- Creation of a Community Care Center (CCC) in Manchester.
- Hospital in a Hospital (under current confines of current legal authority).
- Outreach to Homeless Veterans and to Veterans who are not enrolled.
- Transportation is integral to the operation of the CCC, and will need to include public transportation, partnerships with VSOs and partnerships with community transportation services.
- Staff to provide services at the CCC to include members of the Manchester VAMC Recovery Team
 - ♦ Homeless Outreach, Housing and Urban Development (HUD) VA Supported Housing (HUD/VASH), Homeless-PACT, Veterans Justice Programs and Employment services.
- Providing space for community partners to provide services such as legal support/law clinics, SSI/SSDI Outreach, Access, and Recovery (SOAR)/Social Security assistance, clothing and food assistance and other recovery-based programming.

***** This may require an out of cycle SCIP project *****

Recommendation 10: Expansion of Telehealth and Virtual Services; Enhancement of access through Telehealth, especially for rural Veterans and those needing Mental Health or specialty care, is feasible and necessary. Utilizing excess VISN Telehealth hub capacity and pursuing non-VA rural Telehealth sites will rapidly expand access and services.

Current Status:

- At this time, the current agreement between Veterans Health Administration (VHA) and Office of Information and Technology (OI&T) limits support to two simultaneous video calls at all CBOCs.
- Most of the CBOCs in both Manchester's and White-River Junctions area have 3 to 4 T-1 lines.

Future Actions:

- Install 10 Mb Metro Ethernet to replace the older, slower T-1 data circuits to double speed.
 - ♦ In order for this to be done, the agreement between VHA and OI&T needs to be renegotiated and funding secured as well.
- Both Manchester VAMC and White River Junction currently have 100 Mb Ethernet; however, adding more medical device imaging, increasing collaboration between services, and adding patients who interact through the internet, will require funding and increases in bandwidth.

Recommendation 11: Combination of the Somersworth and Portsmouth Community Based Outpatient Centers for Expanded Services; Veterans would benefit from the combination of the Somersworth and Portsmouth CBOCs, located just 20 minutes apart, into one larger “Seacoast” CBOC that offers expanded services. Combined patient volume could bring expanded specialty and other services on-site.

A new larger combined Seacoast CBOC would allow for us to expand our service reach, our delivery of services and be of significant benefit for New Hampshire Veterans. Because of its location on the seacoast this expanded clinic would provide better access to services to Veterans in southern Maine and northeastern Massachusetts as well.

Current Actions:

- Planning has already begun.

Benefits:

- Better access to services to Veterans.
- Could potentially reduce current space gaps at the main Manchester VAMC campus.
- Reduce wait time for the patients that live in the Seacoast area.
- Expansion of specialty care services such as Pulmonary, Pain, Cardiology, Optometry and Audiology and Home Based Primary Care would allow for more Veteran-centric care.
- A combined CBOC would also eliminate the current CBOC located on Pease Air National Guard base, where a heightened security posture occasionally prevents Veterans from accessing the clinic.

***** This will require an out of cycle SCIP project *****

Recommendation 12: Establishment of an Ambulatory Surgical Center in Manchester

The establishment of an on-site ambulatory surgical center in conjunction with collaborative efforts between Manchester and WRJ will not only expand services and provide exceptional high-quality care for our Veterans, but it will also incentivize, attract, recruit, and retain the best talent.

Current Actions:

- This model of care, in its infancy, is currently in-use between Manchester and WRJ VAMCs with on-going collaborations in Pathology and Laboratory, Radiology, and Surgical Services.

Future Actions:

- Future plans include establishment of outpatient pain interventions, general surgery procedures, a wide range of endo-urologic procedures and biopsies, orthopedic procedures, minimal invasive surgeries, and ophthalmology operations including cataract extractions.
- The model will enhance recruitment of surgeons and specialty care providers, and it will improve collaboration and provision of timely care at both facilities.
- Collaborations will include Cardiology, Pulmonology, Nephrology, Ophthalmology, and Sleep Services embedded with telehealth services.
- Hospital in a Hospital.
- Open the door to more academic affiliations.

*** This will require an out of cycle SCIP project ***

Recommendation 13: Inpatient services provided through community and network partnerships

Currently many processes are in-place to assist in the care for our Veterans with in-patient care needs. The Manchester VAMC will continue to provide in-patient services in collaborations with WRJ and other VAMCs across the VISN using the bed board/bed management system occasionally to help bring to view bed availability and continue mainly working with our bed coordinators and their counterparts across the VISN and the Nation.

Current Actions:

- Currently, Manchester VAMC has a contract with Concord Hospital, in Concord, NH, to care for our Urgent Care patients who require inpatient level of care.
- Other provider agreements exist with other local hospitals in New Hampshire to augment inpatient care needs that cannot be provided by Concord Hospital.
- Additionally, the Manchester VAMC is undergoing contracting processes with 4 hospitals to allow inpatient services geographically based in northern, central and southern locations in the State of New Hampshire.

Future Actions:

- Enhance partnerships through contracts and other agreements with local hospitals as well as continued partnership growth with WRJ VAMC to increased focus on collaborating bed flow management.

Recommendation 14: Right-sizing space and fully-staffing Patient Aligned Care Team

Patient Aligned Care Team (PACT) teams at Manchester VAMC have a full complement of staff for the PACT team but the number of rooms available is becoming difficult to sustain as the demand and growth of full spectrum whole health care of Veterans is realized. Right sizing space would allow for the complementary services that assist a PACT team such as social workers, clinical pharmacists, telehealth programs, care managers for intrafacility/interfacility VA consults and care in the community.

Currently Actions:

- Hiring the last of the needed number of providers to round out the desired coverage volume of patient to providers.
- New patient wait time for a Primary Care visit is 23.1 days.
- Returning patient wait time for a Primary Care visit is 5.7 days.

Future Actions:

- Space considerations need to take into account the technology needs for those who would need to come in intermittently such as home based primary care.
- Storage for Durable Medical Equipment (DME) (prosthetic items) and medications that can be used in the clinic.
- Conference/multiuse rooms are required for group meetings and group patient care services.
- Lab space is essential to ensure that there are no missed opportunities for capturing patient plans of care after their visits.

***** An out of cycle SCIP lease for a building that can fully provide for space needs listed above and we need OI&T to work on bandwidth issues to accommodate telehealth services to be provided into the CBOCs.*****

Recommendation 15: Supporting Women Veterans through an Enhanced Women's Clinic

There has been a long-recognized need for a larger and more modernized women's clinic at the Manchester VAMC to meet the ever-increasing number of eligible women Veterans utilizing the VA's services. Nationally, the women Veteran population using VA has grown by 275 percent since 2000, and the population of women Veterans is projected continue to rise at over 9 percent per year

Current Actions:

- In the process of relocating; the clinic the project was approved in the VISN 1 fiscal year (FY) 2018 construction operating plan for design.
- New Hampshire Representatives tasked the Manchester VA with providing a plan to relocate the clinic to an area in which Women Veterans would feel safe, respected, and have a private entrance.

Future Actions:

- Incorporation of additional provider teams; a gynecologist and co-located services, which will increase continuity of care and patient satisfaction.
- Include mental health, social work, nutrition and other services a space to see Veterans within the Women's Health clinic setting.

Recommendation 16: Enhancement of Primary Care access via Telehealth

Current Actions:

- Currently providing Clinical Video Telehealth (CVT) for ancillary services in primary care such as mental health, social work and clinical pharmacy all of which support the PACT team.
- In the preliminary stages of starting Primary Care CVT visits for telehealth.
- Providers are signing telework agreements and getting an in-service on how to provide the service from their laptops.

Future Actions:

- Train more primary care providers on CVT.
- Employ this style of health care to help keep access to care up to desired numbers so that if a patient is ill or cannot drive into the clinic they can be seen via telehealth with the provider.

Recommendation 17: Enhancement of pain and opiate management programs

The Manchester VAMC concurs with focusing on alternative ways of helping Veterans not just survive their chronic pain but thrive in living with chronic pain by focusing on the whole Veteran with the emphasis being on empowering the self-healing mechanisms within the whole person.

Current Actions:

- Implementation of our new and innovative Whole Health Program.
- Veterans have been provided complementary & integrative healthcare (CIH) services like acupuncture, chiropractic care, occupational/physical therapies and yoga therapy, which have been integrated in our new interdisciplinary Intensive Pain Rehabilitation Program.
- To assist in stress relief we will be providing yoga therapy at various locations in the state; to include the newest partner, the Nashua YMCA, so that Veterans can minimize travel time from their homes to receive these services.

Future Actions:

- Expanding CIH services by increasing the number of offerings, the technical aspects of the offerings, the creative innovations of these services and including family and community support.
- Introduce new and innovative treatment modalities like Ketamine infusions, Plasma Rich Protein (PRP) injections and technological treatments like Spinal Cord Stimulator pumps, etc.
- Apply for CARF accreditation.

Recommendation 18: Seamless Connection from Initial Point of Contact into Mental Health Services

Eliminating barriers and ensuring Veterans get the right care at the right time and the right place is a top priority of the Mental Health Service Line of the Manchester VAMC.

Current Actions:

- Changes have been implemented in the same day access flow for Veterans who are new patients to mental health clinic seeking services.
- The Primary Care Mental Health Integration (PCMHI).

Future Actions:

- Expansion of PCMHI services to the CBOCs via telehealth and utilization of VA Video Connect technology will be important tools for enhancing access, particularly for the rural population in New Hampshire.
- Increase access to community care providers through contracts and other agreements.

Recommendation 19: Collaboration with the community to establish full spectrum of Mental Health services

The lack of a full service hospital for Veterans in New Hampshire, and particularly the lack of an inpatient mental health unit, presents challenges for meeting the behavioral health needs of Veterans requiring more intensive treatment than can be provided in the outpatient setting.

Current Actions:

- In the process of developing a partnership with the New Hampshire Hospital.
- Multiple other avenues for partnership with community mental health providers and within the VISN exist.
- Continued expansion of case management services to assure seamless transitions and collaboration with community partners, establishment of VA liaisons for our partners, and ongoing education and training about VA services and resources are all important elements to successfully working together to meet the needs of Veterans in our region (#29).

Future Actions:

- Developing the capacity to provide inpatient mental health care for Veterans with one or more community partners.
- Establishment of a general Residential Rehabilitation Treatment Program (RRTP) at the Manchester VAMC (#20).
- Establishment of a detox unit at WRJ could enhance the full spectrum of services for Veterans from New Hampshire and Vermont.

Recommendation 20: Establishment of Residential and Intensive Outpatient Mental Health Services

Treatment of Mental Health (MH) and Substance Use Disorders (SUD) are foundational services the VA provides to Veterans. Without appropriate MH/SUD treatment in place at time of discharge, many Veterans are at extremely high risk of suicide, decompensation, and/or relapse.

Currently:

- In the Northern Market, the wait time for a RRTP bed is often 3-4 weeks.

Future Actions:

- RRTPs provides an additional layer of support by providing 24/7 onsite housing and staff support to maintain a safe and sober environment which promotes recovery and healing. The formation of an IOP/RRTP at the Manchester VAMC would open the door to enhanced specialty treatment modalities such as Transcranial Magnetic Stimulation, Ketamine Infusion Treatments, and Electroconvulsive Therapy.
- Establishing these services at the Manchester VAMC would require some initial investment into staffing and infrastructure.

***** This will require an out of cycle SCIP project*****

Recommendation 21: Creation of a regional amputation Center of Excellence in Manchester

The development of a Regional Center of Excellence in Innovation to include Amputee Center of Excellence (COE) exists to partner with industry leaders in the local area to assist with this public/private partnership.

- Recent prosthetic advances with the Luke Arm have proven the value of this multidisciplinary team of VA staff and community partners like DEKA Research & Development Corporation.
- Telehealth consultations with the COE would be frequently utilized by VISN 1 and across the Nation.
- This center would fit well into the Community Care Center (#9) as referenced in the SMAG report or onsite with renovations or a new build.
- Staffing to support this Amputee Center of Excellence would consist of: Orthotist/Prosthetist, Physiatrist, Health Technician, Occupational Therapy, Physical Therapy, and Medical Support Assistant. The space design would include a prosthetic lab, storage, workspace, open clinic space, and private exam rooms.

Recommendation 22: Right-sizing space and staffing Rehabilitative services on-site at Manchester

Rehabilitation Services at the Manchester VAMC are projected to nearly double over the next 10 years and current space constraints already exist. As rehab services are all highly utilized to support the foundational services that the VHA has a commitment to, this proposal is certainly supported. In order to meet the demand there is a specialty clinic consolidation (Audiology/Optomety) project that is currently under design and slated for construction in FY 2019.

Currently:

- The Audiology Clinic space assessment has identified a ~7000 sf space gap; the facility has plans 60 percent complete to design/build a new space for Audiology and Optometry on site. This will address the large space gap that currently exists.
- The core foundational services, to include TBI, SCI, and Blind Rehab, function in poorly designed space, are not all collocated for ease of communication and patient convenience

Future Actions:

- Along with the addition of Audiology Telehealth and future plans to include Audiology in CBOC redesign plans, Audiology services will support the workload projections.
- Formal space gaps on these services will be conducted taking into consideration current staffing and workload data. Some of these current space gaps may also be addressed by shifting staff over to the proposed community care center, (PT/OT/RT).
- Manchester VAMC will conduct a staffing assessment of the Rehabilitative services section and move forward the recruitment actions that are identified.

Recommendations 23: Expansion of access to rehabilitative services via CBOCs, Telehealth, and community partnerships.

- **CONCUR-Telehealth**

In support of the VA's recent initiative to expand telehealth services to our rural Veterans, this proposal recommends further expanding these opportunities. Currently, the rehab department offers Veterans telehealth services at all NH CBOCs when there is a need for durable medical equipment training. This allows Veterans access to safety and orthotic devices without having to travel to Manchester.

Recommend the addition of home safety assessments and exercise progression follow ups using the latest home telehealth equipment, VA Video Connect Technology.

Expansion of telehealth Audiology is being proposed to allow Veterans to have their hearing aids molded and fit via telehealth closer to their homes. With the properly trained telehealth technician and the correct telehealth audio equipment, Manchester will be able to offer this service into the CBOCs of New Hampshire.

- **CONCUR- CBOCs**

Analysis of community purchased care suggests that physical therapy and chiropractic services are two of the most sought after in the community. The nature of this care delivery often requiring frequent visits entices patients to seek this care closer to home. Recommend providing PT/chiropractic care (with acupuncture) at each CBOC site to allow Veterans to continue to choose the VA for such services.

These services also support the Whole Health Initiative and will improve continuity of care as the staff will work directly with the PACT team. Space analyses will need to occur at the CBOCs to determine if exam rooms are available and considering evening and weekend hours will allow for shared space with other disciplines to address space limitations. Also, recommend the addition of full audiology services into future CBOC designs to offer this service in its entirety to our more rural Veterans.

- **CONCUR-Community Partnerships**

Manchester has greatly increased provider agreements for rehab services in the community and plans to continue to expand opportunities to allow Veterans to receive this type of care closer to their homes when this is needed.

Recommendation 24: Right-sizing space and staffing Radiology services on-site at Manchester

Radiology is an essential support service that must have the necessary staff, space, equipment and supporting infrastructure to meet the demands of the various medical and surgical services that refer for imaging. It must provide basic and advanced imaging in a timely manner to meet the needs of our Veterans.

Current Actions:

- Current leadership has been responsive to staffing needs with approval of multiple positions including both technical and administrative roles. The department is currently fully staffed.

Future Actions:

- Infrastructure improvements include new HVAC for the department in preparation for SPECT/CT installation.
- A comprehensive review of equipment, space and infrastructure needs will be undertaken and included in the construction plan.

Recommendation 25: Expansion of imaging services into the CBOCs where appropriate

Response from Subject Matter Experts:

One of the Taskforce's recommendations includes a combined Somersworth and Portsmouth CBOC for Expanded Services. If implemented, the Medical Center would include a review and possible inclusion of in-house imaging services (general radiography and possibly US) at the expanded CBOC as part of that expansion.

Additionally, the feasibility of mobile imaging services (e.g., ultrasound van) could be investigated. This may serve as a model to guide inclusion of radiology services in the remaining CBOCs.

Recommendation 26: Expansion of imaging services through partnerships

Currently:

- Current Radiology services offered at Manchester are general radiology, ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), and nuclear medicine. Even with the expansion of Imaging space at Manchester, more advanced or critical services such as Interventional Radiology (IR) would still be performed at partner facilities, whether community partners or other VA facilities. Manchester and WRJ currently have an established process for sharing IR and Positron Emission Tomography (PET) services; however, both sites will need additional staffing to support a more robust referral program.
- Mammography services are currently offered through several community partners, and the Task Force encourages the continuation of these arrangements.
- The Radiology service line is already using telehealth capabilities to allow providers at remote locations to read images and data from tests and procedures performed on-site at Manchester. The Task Force supports the continuation and expansion of these efforts.

Status of current partnership between Manchester VAMC and WRJ VAMC regarding imaging:

- Longstanding support for Interventional Radiology, primarily biopsies as recommended by the WRJ VAMC Tumor Board with patients presented via tele link by Manchester Pulmonary and Oncology. In future may be advantageous to provide limited image guided procedures at Manchester, for example lumbar punctures. This would require prep and recovery space and nursing staff.
- Long standing support for PET/CT at WRJ in lieu of travel to Boston. Potential future expansion of trailer PET/CT to Manchester.
- Relatively recent (6 months) support for Radiology interpretation, studies read remotely at WRJ using fee basis radiologists recruited and credentialed at WRJ. In the future, may be advantageous to have dedicated fee basis radiologist to provide in-person support at Manchester in times of radiologist shortage due to sickness, vacation, or reserve deployment.

Recommendation 27: Increasing the number of Community Living Center (CLC) beds on-site at Manchester

The Community Living Center (CLC) provides multiple levels of care for Veterans requiring in-patient care, from rehabilitation and skilled care to long term care.

- The state of New Hampshire has a strong need for long term care/mental health beds. The Manchester CLC admits Veterans from other VISN 1 medical centers without a CLC or in-patient skilled care program.
- The Manchester CLC staff is especially trained to care for medically complex Veterans and to meet their psycho/social needs.
- An expanded Community Living Center will impact all areas of medical center's focus; expanding access to excellent clinical care, allow a greater community stewardship, and expand the partnership with the other VISN 1 medical centers.
- CLC expansion would require additional patient rooms and staff. The floor below the current CLC wings contains patient rooms, which are currently used as office space. A phased approach to implementing the CLC expansion will allow the continuation of Veteran care as new space and staffing are integrated into the established operations.
- Memory Care Center.

****This recommendation would require an out of cycle SCIP project****

Recommendation 28: Expansion of home-based services, including Home Based Primary Care

- Geriatrics and Extended Care Service (GEC) support this initiative to expand HBPC services throughout the state. HBPC has a proven record of decreasing admissions and bed days of care associated with acute admissions/hospitalizations.
- Expansion would include adding additional staff to include providers, and various disciplines to ensure HBPC has a full specialty PACT to include the existing locations at Manchester, Tilton, Conway Portsmouth, and Somersworth CBOC areas.
- GEC would like to expand HBPC services to areas not currently covered by HBPC. Currently HBPC covers 35 minutes, 40 miles from Manchester and each CBOC. HBPC would like to close some of these gaps in services in the state and offer HBPC services in south western part of the state towards the Peterborough area.
- In addition HBPC would like to offer services further north of Tilton into the Plymouth area.
- In order to provide additional service areas, HBPC would need additional staff. In thinking outside of the box, HBPC could also consider integrating and augmenting with a WRJ HBPC team at the WRJ Keene or Littleton CBOC sites, if present.
- The Manchester VAMC is currently moving forward with recruitments for HBPC through a VISN initiative.

Recommendation 29: Implementing the Social Work Case Management Model for medically complex, vulnerable Veterans

Case Management is a collaborative process of assessment, planning, facilitation, and advocacy to meet a Veteran's individualized health care needs through communication and available resources to promote quality cost-effective outcomes.

- An Integrated Case Management (ICM) Program will impact excellence in clinical care, maximize financial resources, provide community stewardship, and preserving and promoting a healthy workforce. The ICM Program will lead in a new and innovative Case Management process through the VISN to bridge VA and community care coordination. Continuity, accountability, and sustainability will be met when Case Managers are aligned under single comprehensive program. However, there is a concern for a potential of working in a "silo" and as this is a recognized concern, measures will need to be in place to ensure that this does not happen.
- Implementation of an ICM Program will provide care coordination for our medically complex and vulnerable Veterans who are in need. Some of the core components of the ICM model are: using an integrated approach and is co-lead by nursing and social work; an ICM Review Team that is co-facilitated by Nursing and Social Work to review complex Veteran cases; conduct a Facility Readiness assessment; and, use the stratification methodology when determining level of CM services to Veterans.
- Priority phasing will be a focus on the CBOCs to impact our vulnerable and rural Veterans. The Case Management Department has completed and submitted a rural health grant through the Office of Veterans Rural Health Resource Centers on April 28, 2018. Secondary phasing will be focusing on implementation of integrated case management model for all Manchester Veterans.