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Military Veteran Healthcare Access and Quality

George Bernardino

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MILITARY VETERAN HEALTHCARE ACCESS AND QUALITY

Submitted By: George Bernardino

EMPA 396 Graduate Research Project in Public Management

Golden Gate University: San Francisco, California

Faculty Advisors:

Joaquin Gonzalez, PhD and

Mick McGee, DPA

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Abstract

The topic for the research proposal seeks to determine the preference for medical care by military veterans between the Kaiser Permanente and Veterans Health Clinic in Stockton, California, based on quality and access to care. The importance of this particular research may broaden ongoing studies to support and improve the healthcare needs of military veterans. Relevant literature to support the research will substantiate and justify the Veterans Choice of care between VA and private healthcare. A vast portion of the research method will consist of quantitative techniques in order to produce and compare statistical data. Additionally, the proposed study will require the use of a qualitative methodology to analyze two organizations and the samples involved within those entities. The potential impact of this particular research is the possibility to supplement and validate ongoing research which drives the need of improving healthcare quality and access to health services for military veterans.

Chapter 1 - Introduction

In 2014, the Veterans Administration (VA) was making headlines due to ongoing scandals, such as veterans dying while waiting for medical appointments. According to the Office of Inspector General (OIG) report in 2014, the OIG “were able to identify 40 patients who died while on the Electronic Wait List (EWL) during the period April 2013 through April 2014” (VA Office of Inspector General, 2014, p.1). Scandals reported in the public include VA employees modifying reports of appointment wait time. Supervisors instructed subordinates to basically cook the books, deceiving people to believe that veterans had a shorter wait time for appointments, when actually it was the opposite. These significant findings are just one of the problems facing the VA. Veterans have argued that long appointment wait times of three months or sometimes longer was the blame for access to their healthcare benefits. The severe impact has resulted in the losses of lives of veterans waiting to see their doctor. What is disappointing is that veterans were sometimes scheduled for procedures, months after he/she had already passed away. A veteran waiting long periods of time for appointments is not new and has been a widespread concern. The problem with access to care could be taking place at any one of the VA locations on U.S. soil. The intended purpose of this study was to isolate one particular VA entity, the Stockton VA.

Background and History

The VA healthcare business model in Stockton has been described by veterans and their family members as optimal healthcare. Veterans have felt that services rendered at the Stockton VA are not superior when compared to Kaiser Permanente (KP) in Stockton California, which provides more choice in terms of services and specialty appointments. The VA Stockton is considered as a community based outpatient clinic (CBOC), which receives a portion of its

funding from Congress for “\$182.3 billion for VA 2017” (U.S. Department of Veterans Affairs Office of Budget). The VA in Stockton has the capacity to rival other managed care plans. Its healthcare services range from basic preventive care up to a large array of specialty care, such as optometry, physical therapy, and basic surgical services. Stockton VA is competitive with existing hospitals, such as Kaiser Permanente, and can certainly compete with existing managed care agencies. With regard to capacity, Stockton VA has struggled to sustain healthcare deliverables for a growing veteran population. A prime example is while there is a continuous growth of veterans residing in Stockton, the number of doctors and nurses has not increased. Additionally, the expansion of specialty services, such as optometry or dermatology, has not been a priority.

The Stockton VA has demonstrated its lack of access by requiring a veteran to travel four to five hours to other VA facilities that can render care. One of the concerns which the public in general should be mindful of is that these are bedridden veterans who are unable to operate a motor vehicle due to old age, or just do not have the means to commute. There is also a high turnover rate among its healthcare professionals, which has had an impact on the quality of care when the VA fails to provide continuity of care. This presents a unique challenge for military veterans residing in Stockton, especially for those that have no other choice than to opt in for VA healthcare. This lack in quality and access in the city of Stockton, which was meant to accommodate the health needs of military veterans, is the main focus of this study.

Main Research Question and Sub-questions

Main Research Question:

Are military veterans more inclined to utilize health services from the Stockton VA health facility if its access to care was just as excellent as the Kaiser Permanente’s

in the city of Stockton?

The selected research questions help support the hypothesis because experience and conversation among veterans has shown that these questions would extract the answers needed. By comparing the services and the access to care between Kaiser Permanente (KP) and Stockton VA, it was determined that these questions had a direct correlation, which could ensure the best results. With the knowledge that veterans were enrolled at KP, there was a need to determine why some veterans were seeking care at KP rather than Stockton VA. The research questions resulted in formulating these questions, which eventually led to comparing Stockton VA and KP's services.

Research Sub-Questions:

- 1) If access to care at the Stockton VA health facility was the same as Stockton's Kaiser Permanente, would military veterans be more inclined to seek care at the Stockton VA?
- 2) Which medical service provider is more cost effective: Stockton VA or KP?

These research questions were instrumental with scrutinizing the access to care at KP. There was an assumption that healthcare quality would impact access to care. Veterans opting for care at either KP or Stockton VA led to the use of a survey, which could extract data to determine how and why some veterans seek care at KP yet others at Stockton VA. The second sub-question of affordability of care led to the belief that veterans would likely access medical services at KP, as long as it was cost effective. The correlation between costs of care and where a veteran may opt in for his/her healthcare needs are driven by a number of factors, one being level of income. When a veteran is rated at one hundred percent service-connected disability, the cost for medical services with the VA is free of charge. This medical benefit could influence the veteran to seek medical care at the Stockton VA. Veterans that are unemployed or may not have

the means to pay for private health insurance could have preference to seek medical care at Stockton VA. Therefore, this sub-question led to idea that affordability would determine if healthcare at KP is cost effective.

Assumption:

There is an assumption that the access and quality of the healthcare delivery at KP meets or exceeds the needs of veterans in the city of Stockton. Veterans have argued that there is a shorter wait time for a scheduled appointment with KP when compared to the Stockton VA. Some services offered at KP in Stockton are not available at the Stockton VA. Veterans must travel four or five hours to another VA facility for services not available at Stockton VA. Other veterans have indicated excellent quality of care at KP and voiced their concern as being dissatisfied with the quality of care at the Stockton VA. However, there are Stockton VA veterans willing to wait more than thirty days or more for medical appointments. This is because the quality of care does not always influence the veteran's choice of care between KP and Stockton VA.

Some veterans rated by the VA at one-hundred percent disability normally prefer to seek treatment at their local VA since it is free of charge. This was important since affordability of medical treatment is a determining factor of where a veteran would access his/her medical care. There was also an assumption that veterans had lost confidence in seeking medical assistance at the Stockton VA. This stems from media reports of veterans dying while waiting for medical appointments. With this assumption, it would support the probability that veterans would prefer Stockton VA.

Hypothesis:

Veterans would be more inclined to utilize health services at the Stockton VA health

facility if its quality of care and access were the same as Stockton's Kaiser Permanente.

Veterans commute from Stockton to Livermore VA and Palo Alto VA for medical appointments. This led to the assumption that Stockton VA was incapable of providing the same medical services as KP. Some of the services which Stockton VA had lacked in are specialty care treatment such as urology, podiatry, dermatology, and physical therapy. Some veterans must commute to another Community Based Outpatient Clinic (CBOC) for their medical care or utilize alternative care through KP. This sets a low a standard for the Stockton VA when a wheelchair bound veteran must travel four to five hours to another CBOC for a basic twenty minute eye exam. With KP being located in Stockton, veterans are declining Stockton VA care due to inaccessibility and are enrolling with KP.

Scope and Limitations

A limitation of this study was the unavailability of data, which was due to KP management who chose not to disclose it. Relevant data, such as the budget allocation and the funding of operations at KP was difficult to retrieve due to the refusal of KP staff to produce such data. Another limitation was the unwillingness of veterans to be interviewed. Some veterans may felt sensitive and became apprehensive during the interview. It was assumed that some veterans, management at KP, and Stockton VA staff may decline to be interviewed. There was also a limitation when comparing KP as a health center and Stockton as outpatient clinic. This is why that the central focus was the comparison of the services of both and the access of them. Finally, those who filled out the surveys, due to old age or a language barrier, may not have understood the questions of the survey, resulting in unintended answers.

Chapter 2 - Literature Review

The literature review of veteran healthcare access has demonstrated that veterans are faced with many challenges when acquiring their healthcare needs through the Veterans Administration (VA). Veterans and their family members have had to accept the fact that access has not improved. As a result, veterans have been seeking medical assistance through a private healthcare network system in their community. The goal of the literature review is to identify access to care problems at the Stockton VA and why veterans are inclined to seek care at Kaiser Permanente (KP) in Stockton. Current literature argues that there is an ongoing movement to apply the changes that are needed. Community outreach and community leader involvement in support of veterans has only had a minimal impact.

According to the Veterans of Foreign War (VFW), “with the influx of additional veterans coming into the VA healthcare system over the past decade, coupled with inadequate funding, investment in capital infrastructure, and staffing, VFW believe that the system has quickly becoming overwhelmed” (VFW, 2015, p. 4). This would point to the fact that a contributing factor, such as the increasing number of veterans utilizing the VA health system, is creating the problem of long wait time for appointment. This increase in the number of veterans supports the fact that the VA was ill prepared in how to deal with the influx of veterans enrolling in the VA health system. To reduce the access to care, in 2014 Barack-Obama implemented the Veterans Access, Choice and Accountability Act of 2014 (VACAA), also called the Choice Program. The Choice Program authorizes veterans to seek care in their community when there are no appointments available with the VA within thirty days, or must commute over forty miles for appointments.

Opponents of the Choice Program have argued that this program has not reduced, but has contributed to more problems with access to care. The Choice Program carries a hefty price of “a \$10 billion plan created by Congress to squash long wait times veterans were encountering when going to see a doctor” (Walsh, Lawrence, Pupovac, 2016). Veterans that have opted in through the Vet Choice often find themselves returning to the VA for the same appointment, because they were dissatisfied with the private doctor or had waited more than thirty days for their appointments. Adding to more waste cost, the Government Accountability Office (GAO) stated that in 2015 “the community (CIC) programs, which allow veterans to obtain care from non-VA providers accounted for \$2.34 billion or 85 percent of VA's projected funding gap” (GAO, 2016, p. 1).

Another important campaign is the outreach activity provided by Kaiser Permanente (KP). One of prime example of those involved in improving access to care for veterans is Darryl C. Hunter, an oncologist with KP. According to Kaiser Permanente’s Feature Story article, Dr. Hunter “founded the first California chapter of the Kaiser Permanente Veterans Association, a multi-cultural business resource group that advocates for the health, rights and respectful treatment of veterans and active duty service members” (KP Featured Story, 2015).

Another ongoing strategy is revamping the transition of care from the Department of Defense for those separating from active duty service to the VA healthcare system which could help improve access to VA health. According to the National Academies Press, “transition points pose risks to access and quality of care, including disruption of relationships with care providers, treatment interruption, and handoff errors” (National Academies Press, 2013). Veterans are fortunate that the cost of services with the VA is not a barrier or is less likely a factor with access to care with the VA. In accordance with VA mandates, “all enrolled veterans are provided

treatment and medications for service-connected illness of injury by the VA free of charge. Those who are in the higher-priority groups usually do not pay a copayment for services unrelated to their military service, while those veterans in the lower-priority groups usually pay \$15 for a primary care visit and \$50 for a specialist care visit” (National Academies Press, 2013).

These recommendations rarely impact or produce significant results which really address the ongoing challenges affecting veterans. Scholars in the field of healthcare delivery have not always agreed on the contributing factor which has affected veteran access to healthcare. Experts in the health industry have their input and some have been implemented. For example, the Department of Veterans Affairs operates 31 mobile Vet Centers for California, which provides medical services to veterans. However, access to care remains problematic. Veterans and advocacy groups have been proactive in placing the blame on the VA, stating that the VA is allocating money in the wrong place.

One recommendation is the privatization of VA healthcare, which has been met with resistance from veterans. It was estimated that “in 2008, veterans enrolled in the VHA received an average of 77 percent of their health care services outside of the VA system” (Concerned Veterans for America, 2016, p.18). There may or may not be a need to conduct further research with privatizing a veteran’s health plan, since it is already taking place. There have been public programs which were privatized and were a success, which the VA could duplicate. An example was in the city of Chicago when it privatized “more than 40 city services. Since 2005, it has generated more than \$3 billion in upfront payments from private-sector leases of city assets” (Nichols, R., 2010). This current data is merely a small portion of ongoing research that will improve access to medical care for veterans.

Chapter 3 - Research Methodology

The research design will consist of quantitative elements of a cross-sectional research design. Data was collected from different age sample populations. The importance of this strategy is that with a developmental design the characteristics of those being sampled will provide a balanced outcome and reduce or eliminate the possibility of a biased result. Other ongoing qualitative research and credible findings will be drawn in to support this research study. It is important to look at the perspective and perception of those being sampled. Therefore, the importance of phenomenological findings from those being sampled will be of importance for the research design. For example, the perception of veterans towards VA care or private care will provide credibility to this ongoing research. Lastly, the researcher will utilize descriptive statistics to validate the findings of this research.

Research Questions

- Are veterans more inclined to utilize health services from the Stockton VA health facility if its access to care was the same as Stockton's Kaiser Permanente?
- If access to care at the Stockton VA health facility was the same as Stockton's Kaiser Permanente, would veterans be more inclined to seek care at the Stockton VA?
- Are veterans opting to seek care at the Stockton Kaiser Permanente due to greater access as compared to access at the Stockton VA health facility?

The focus of this study was on comparing the services and the access between Kaiser Permanente (KP) and Stockton VA. The questions asked in the interviews and survey questionnaire were designed to ensure data collected from respondents would create a strong correlation. It was important to obtain data from those veterans enrolled at KP to understand why they sought medical care at KP rather than at Stockton.

Sub-questions:

- Is the quality of care greater with Stockton's KP than with the VA clinic in Stockton?
- Is it more cost effective when veterans receive care at KP than care at the VA Stockton?
- Does Kaiser offer greater access to care, such as specialty care services?

These research questions were instrumental in scrutinizing the quality of healthcare rendered at KP, based on delivery of care. There was an assumption that healthcare quality would impact access to care. Quality of care was the mechanism that led to the use of a survey. The second sub-question of affordability of care led to the belief that veterans would likely access medical services at KP, as long as it was cost effective. The correlation between costs of care and where a veteran may opt in for his/her health care needs are driven by a number of factors, one being level of income. When a veteran is rated at one hundred percent disability, the cost for medical services with the VA is free of charge. This could influence the veteran to seek medical care with the VA. There are veterans who are unemployed or may not have the means to pay for private health insurance. Therefore, this sub-question led to idea that affordability would determine if healthcare at KP is cost effective.

Assumption:

There is an assumption that the access and quality of the healthcare delivery at KP meets or exceeds the needs of veterans in the city of Stockton. Veterans have argued that there is a shorter wait time for a scheduled appointment with KP as compared to the Stockton VA. There are services offered at KP in Stockton that are not available at the Stockton VA. Veterans must travel four or five hours to another VA facility for services not available at Stockton VA. Other veterans have indicated excellent quality of care at KP and voiced their concern as being dissatisfied with the quality of care at the Stockton VA.

However, there are veterans willing to wait more than thirty days or more for medical appointments, since quality of care does not always influence the veteran's choice of care between KP and Stockton VA. There are veterans rated by the VA at one-hundred percent disability and who normally prefer to seek treatment at their local VA since it is free of charge. This was important since affordability of medical treatment is a determining factor of where a veteran would access his/her medical care. There was also an assumption that veterans had lost confidence in seeking medical assistance at the Stockton VA. This stems from media reports of veterans dying while waiting for medical appointments. This assumption would support the probability that veterans would prefer Stockton VA.

Hypothesis:

Veterans would be more inclined to utilize health services at the Stockton VA health facility if its quality of care and access were the same as that of Stockton's Kaiser Permanente. The objective of this research paper is to determine how medical services at the Stockton VA and Stockton KP influence veterans in their selection of which agency to seek medical care. This study analysis the attitudes and behaviors of veterans and the factors that affects their preference to medical care.

Data Collection Plan and Analysis Overview

Primary Data:

The purpose of this research was to examine if veterans at Stockton, California would seek medical care at the Stockton VA if its quality of care and access were the same as the Kaiser Permanente at Stockton. Qualitative data was collected with the use of surveys and interviews. Data was collected from seven key informants, experts in the field of healthcare delivery systems and programs and from sixty-three respondents using survey questionnaires in

paper form. A customized Survey Monkey electronic questionnaire was also used. Secondary data derived from the literature produced by scholars and practitioners in the field of government healthcare delivery systems and historical records on Veterans Health Administration were also added to the research.

Interviews:

Five key informants from the Stockton Veteran's Administration Office and two were interviewed at the Kaiser Permanent (KP) in Stockton. For the protection of the key informants, they have requested their identity remain anonymous, aliases were used to identify respondents of the interview. The interview consisted of nine face-to-face questions. The Stockton VA informants stated that veterans who are enrolled have a number of challenges with access to their healthcare. One of the questions asked was about recommendations in order to improve access to care. One recommendation was the need for increase in funding its operation. Respondents were also asked if veterans could afford care at the Stockton VA, and where could veterans seek care if they opt out of Stockton VA. Respondents at KP did not provide detailed information to support the research. KP respondents confirmed that there are veterans seeking care at their facility. They were concerned that some veterans have difficulty getting to their appointments at KP. Data collected was sufficient from Stockton VA and Stockton KP.

Surveys:

The respondent who participated in the survey questionnaires were veterans. The survey consisted of 13 questions. Fifty-five of the surveys came in paper form and eight were received from a Survey Monkey electronic questionnaire. The American Legion and the Veterans of Foreign Wars from the city of Stockton were provided the survey forms.

Controlling for Bias:

In order to prevent the possibility of any biases which could influence the outcome of the research, each of the respondents were interviewed on an individual basis. It was guaranteed that the name and title of the interviewee would remain anonymous. The importance of anonymity provides the assurance that respondents would be provided the full disclosure of data to support the research. The researcher informed the interviewees that it was important that the answers provided were not influenced by any individual, other than themselves. Respondents of the surveys were not coerced to answer the survey questions which could in any way prove or disprove the research hypothesis. The surveys conducted were a non-observed survey.

Controlling for Threats of Internal and External Validity

Internal Validity:

One of the threats to internal validity was selection of groups. With the use of a survey, some respondents may have or possibly have not received medical treatment at the Stockton VA or KP. This leads to the assumption that answers could vary based on where veterans seek care. For example, question number nine on the survey is asking if access to care has gotten better or worse at the Stockton VA. Respondents that have not been treated at the Stockton VA may indicate that access to care is the same. Another respondent displeased with his/her medical care at the Stockton VA would more than likely answer that access to care has gotten worse. The historical event, such as data extraction between the first and second measurement with use of the survey, could be a threat to the internal validity. It is possible that this study could provide a different response if the respondents were provided the same set of questions after twelve months has elapsed.

External Validity:

The threat to the external validity is the insufficient numbers of respondents. There is a possibility that not all respondents that utilize the Stockton VA reside in Stockton. The quantity of respondents sampled should capture the highest number in order to ensure the reporting of the most accurate data. Additionally, there are respondents who could represent the number of veterans enrolled at KP, and capturing that amount is beyond the scope of this study, which requires further research.

In order to support this research, the researcher implemented thirteen independent variables that were found in the survey questions. The respondents of the survey displayed inconsistency in their answers. This dependent variable was a result of respondents who indicated that they either received their medical care at the Stockton VA or KP. For example, a respondent that normally seek medical care at KP might respond that their health plan is not affordable. Whereas, another respondent rated with a one hundred percent disability by the VA, who receives free medical care, might indicate that his/her medical care is affordable. Another possible finding that could be influenced by the independent variable is some respondents could have a different opinion or attitude towards the Stockton VA. An example is a respondent who is enrolled at KP and indicates that access to care at the Stockton VA has stayed the same. This answer derived from the respondent could be based on speculation. A respondent familiar with the Stockton VA and is satisfied with the access to care would more than likely state that Stockton has gotten better.

Another independent variable was the interview questions presented to the respondents at the Stockton VA and KP. Since the respondents of the interview are the dependent variables, their titles and job descriptions were indicative of the type of answers provided to the questions. One prime example is that one respondent who was a veteran appeared to be much more critical

and truthful with answering the questions. Another respondent who was in a more senior position wanted to ensure that the answer provided would not in any way tarnish the credibility of the VA. This respondent opted to provide answers that were short and brief. Other respondents provided detailed answers to the questions that had a direct correlation with this research. There was a significant difference in the attitude and opinion of the respondents at the Stockton VA when the interview was conducted. Respondents at the Stockton KP displayed a lack of interest and the independent variable did not capture the data from the dependent variable. This lack in substance was unexpected when the interview was conducted.

The interview and the surveys provided substantial data that gave importance to the body of this research. There was a causal relationship that the independent variable extracted from the dependent variable, and directly linked to the hypothesis and sub-questions. One example of causality is that respondents have identified affordability of medical care affects their access to healthcare. Another cause and effect are the lack of certain services at the Stockton VA causes veterans to seek care at KP. A third variable with causality is that it was assumed that respondents to the survey would indicate that commuting to their appointments is a challenge.

Operational Terms and Definitions:

Military Veterans: Military veterans are those that have served with any branch of the U.S. military and have been provided the option to utilize the healthcare services of the Veterans Healthcare Administration System.

- **More inclined to utilize:** More inclined indicates that veterans prefer to seek care from one organization over the other. A prime example occurs when veteran patients have determined that there are qualities that accommodate their needs or they feel it is in their interest with the continuity of care with the VA versus Kaiser Permanente.

- Health services: Health services involve any form of medical care which pertains to the health status, prognosis, treatment, procedures, referrals, or follow-up care. Any form of medical deliverables pertinent to the military veteran.

- Stockton VA health facility: The Stockton VA Facility is a healthcare center which is a branch or division of the VA Palo Alto Healthcare System and being a branch the Stock- ton VA Facility is also called a Community Based Outpatient Clinic. Its mission is to render medical services to U.S. military veterans, other retired allied service members and beneficiaries that are entitled to health benefits.

- Quality of Care: The relevance of quality of care is when the services received by the patient exceed their expectations. Some examples include superb customer service, proper diagnosis of a symptom which eliminates or reduces the pain that a veteran is experiencing and reduction of patient wait time for an appointment or demonstrating sincere concern for the veteran's health.

- Access to Care: Access to care can mean the elimination of the barriers for the veteran to receive medical care and creates a convenience for the patient to schedule an appointment. Being a champion for access to care can also mean an immediate accommodation and expedited care of services, or the reduction of prolonged waiting times to see a primary care provider, thereby easing access to medical services.

- The same as that of Stockton's Kaiser Permanente: Being the same is best determined by the services, quality and access to care that are comparable or are equal to one another if one was to compare the VA Stockton with the Kaiser Permanente located in Stockton.

Chapter 4 – Results and Findings

Objective:

The objective of this chapter is to provide the reader with results and findings from collected data of this study. Primary data was collected from seven key informants, experts in the field of healthcare delivery systems and programs and from sixty-three respondents using survey questionnaires. Fifty-five of the surveys came in paper form and eight was received from a survey monkey electronic questionnaire. Secondary data derived from the literature produced by scholars and practitioners in the field of government healthcare delivery systems and historical records on Veterans Health Administration were also integrated into the results and findings of this chapter.

Research Question:

The research examined in this study will determine if access to care at the Stockton VA health facility was the same as Stockton's Kaiser Permanente would veterans be more inclined to seek care at the Stockton VA.

Several research sub-questions were also examined to include:

1. Is the quality of care greater with Stockton's KP than the VA clinic in Stockton?
2. Is it more cost effective when veterans receive care at KP than care at the VA Stockton?
3. Does Kaiser offer greater access to care, such as specialty care services?

Overview of Results:

The following data is a representation of the people that were interviewed and veterans that were sampled with questions and answers.

Interview Data:

Five key informants from the Stockton Veteran's Administration Office and two were

interviewed at the Kaiser Permanent (KP) in Stockton. For the protection of the key informants, they have requested their identity remain anonymous. Aliases had been used to identify respondents of the interview.

1) How does your facility meet veteran access for medical care?

According Ms. Champ from the Stockton VA, they meet access to care in an effort to schedule appointments in less than thirty days. Stockton VA also offers the option for the patient to opt in through the Vet Choice program. Vet Choice is an alternative program, with which the veteran can seek healthcare in their community, in order to reduce the long wait time for an appointment. Stockton VA also utilizes the rotation of a specialty provider that specialized in physical therapy. Ms. Valee, Mr. Ray and Ms. Waters from Stockton VA indicated that patients are contacted when a procedure such as an exam becomes due. Ms. Champ also stated the clinic social workers also coordinate outreach programs in the community to assist homeless veterans. Housing and employment arrangements are also coordinated by the social worker. Stockton VA also offers a shuttle bus for veterans when an appointment is scheduled at Livermore VA or Palo Alto VA. Stockton VA also utilizes telehealth with use of a computer screen through a web link. Telehealth allows the patient to schedule with a doctor while a patient is at another location. Telehealth expands access by reaching out to patients that cannot commute or are in a remote area.

Mr. Endoza from Stockton KP confirmed that veterans make up a great bulk of their patient workload. The medical programs such as telehealth and general medicine at KP are similar to the programs available at Stockton VA. Ms. Crispy who works at the Admin Department stated that KP offers more specialty services when compared to the Stockton VA. She also indicated that in her meeting with the outreach coordinators, veterans of the Vietnam

era found KP to be more accommodating. Veterans that utilized KP have noted that KP was easier to access when compared to scheduling appointments at Stockton VA.

Analysis: In my analysis of this interview, the Stockton VA has a streamlined process which ensures veteran access to medical care. The calling of patients and the availability of a physical therapist on a rotational basis are some of those examples. A patient can schedule appointments and the Stockton VA staff proceeds by calling and reminding veterans of appointments. Data from KP suggested that it has full capacity to meet healthcare needs and services which veterans seek. The providers are accessible through the website portal, general and specialty care is available, and scheduling can be managed by the patient. KP appears to have more choice than the Stockton VA when comparing specialty physician appointments

2) Are some veterans you know choosing private healthcare due to inaccessibility at your facility?

According to Ms. Waters at the Stockton VA, veterans do prefer to seek care with their private healthcare provider. Veterans that are enrolled with the VA while simultaneously insured by KP do so for a variety of reasons. A prime example is when access at the Stockton VA requires a long wait time, such as over thirty days, the veteran will utilize his/her private health insurance. Mr. Ray who happens to be a veteran indicated that one of the major problems at the Stockton VA is the limited access to specialty care. This accessibility problem forces the veteran to seek medical treatment through a private insurer or possibly KP. According to Mr. Endoza at KP, inaccessibility is only a barrier if the veteran felt the cost was not affordable. Some of the veterans that utilize their facility only do so because it is an employer health coverage.

Analysis: The limitation of services at the Stockton VA is an indication that veterans will seek

out care where it is easier to access. He also indicated that affordability of care was correlated with access to car. Only when a veteran cannot pay for care at KP it would be a problem and the veteran would likely enroll at Stockton VA.

3) Where can military veterans seek care if treatment is not available at your facility?

According to Ms. Champ from the Stockton VA, access to care for veterans is a challenge at the Stockton VA. When a patient needs to schedule a urology or dermatology appointment, the veteran must commute to other Community Based Outpatient Clinics (CBOC), at the Livermore VA or Palo Alto VA. Patients can also seek care at the Mather or McClellan VA, which is a three to four hour commute. Another alternative to care is to enroll at KP Stockton or with other private health insurers. Ms. Champ indicated that the Stockton VA is not equipped to handle major services such as surgical procedures. Based on Mr. Endoza's statement from KP, veterans have been known to return to the Stockton VA for care when a KP physician might be unavailable for three to four weeks. He was unaware of other locations veterans might seek medical treatment.

Analysis: This interview has led me to believe that veterans face various challenges with scheduling medical appointments. Veterans who cannot afford care at KP are left with no other choice than to seek care at the Stockton VA. It appears that a veteran must remain with the Stockton VA if non-VA care is too expensive. The veteran must block their schedule when a specialty appointment is required at another CBOC. This could indicate that some veterans may be neglecting medical treatment, due to the difficulty of a long commute. In addition, veterans cannot always request time off from work, which only increases the difficulty of accessing medical care.

4) Is medical care affordable for military veterans at your healthcare facility?

According to the interview with Ms. Champ, medical care at the Stockton VA and KP is affordable. Veterans prefer Stockton VA when affordability is compared to that of private care. Veterans are divided into eight category groups, which determine their level of VA health eligibility. A veteran with a service-connected disability compared to another veteran with no disability could indicate that VA healthcare is affordable with a VA disability rating. Another example is the veteran who requires dialysis on a weekly basis and has a zero percent disability rating might feel that Stockton VA services are expensive. According to Ms. Crispy from KP, overall KP is affordable because patients utilize employer health coverage and receive coverage through Medicaid and Medicare. However, Ms. Crispy opted not to provide data to make a comparison with Stockton with regard to affordable care.

Analysis: Based on this interview, it was determined that affordability of care can be defined in a number of ways. Some of the factors to consider for veterans is the disability rating of a veteran, use of Medicaid or Medicare, or sponsorship through employer health coverage. Another important finding is about veterans who are unemployed and those who are homeless. Low income indicates that veterans may not seek medical care at either KP or Stockton VA, due to the lack of income.

5) Has the enrollment of military veterans at your facility increased in the last 5 years?

Respondents that were interviewed at the Stockton VA and KP both argued that there was a noticeable number of veterans utilizing their facility. A staff member who had been with the Stockton VA for thirty-five years stated that the demand for care has increased. This demand is due to the rising number of veterans residing in Stockton.

Analysis: The increase in demand for services at Stockton VA and KP could substantiate that enrollment of veterans has increased. There was preference not to disclose raw data on the number of enrolled veterans at their facility. Based on the increasing number of services and providers at Stockton VA and KP, it is likely that enrollment has increased in the last five years.

6) Why do veterans prefer to seek care at your facility?

According to one of the management team at the Stockton VA, veterans prefer the Stockton VA because it is affordable. Another reason is that veterans who are rated at 100% disability receive all their medical and dental care for free. Use of the Patient Aligned Care Team (PACT) ensures that the care team is available 24/7 to the veteran, which one of the interviewees had noted. Moreover, its being within commuting distance and having a friendly atmosphere were among other reasons that veterans preferred the Stockton VA. At KP, two interviewees stated that veterans preferred KP because of accessibility of services, which were not available at the Stockton VA. An interviewee at the Stockton VA also stated that there were veterans who seek care at both KP and the Stockton VA. Veterans who prefer to be enrolled at KP also utilize Stockton VA as an alternative healthcare plan.

7) Does your facility meet all the medical needs of veterans?

The five participants at the Stockton VA said it does not meet all the needs of veterans. They indicated that their facility were lacking in services. All five individuals provided examples such as urology, optometry, and dermatology, which the Stockton VA cannot provide. When scheduling for those specialty type of care, it requires that the veteran commute to another CBOC or Palo Alto VA. This becomes problematic because some veterans are delaying care, due to the lack of access at the Stockton VA. The two participants at KP indicated that they were meeting all the medical treatment that veterans seek at their facility. A respondent at KP stated

that veterans enrolled at KP have informed her that they offer services that are not available at the Stockton VA

Analysis: Some of the services that are not available at the Stockton VA could be the cause of why veterans could be seeking care at KP. The difficulty of traveling to another CBOC only causes veterans to decline any type of healthcare, while there are those that utilize KP as an alternative. This could certainly be due to the many frustrations involved in seeking care at Stockton VA.

8) What barriers exist at your facility, if any, which negatively impacts meeting the health needs of veterans?

At Stockton VA, the participants of the interview have argued that the lack of specialty providers was a contributing factor with access to care. As a result veterans are offered appointments to another VA facility. There are veterans willing to travel one to three hours away for appointments when treatment is unavailable at the Stockton VA. However, some veterans have opted out from seeking care or going to their appointments, due to the long commute, or cannot operate a motor vehicle. There is a concern with provider retention, which impacts care negatively. Some providers are contractors who are there to cover the gap of six to twelve months. Interns are temporary and doctors that resign often seek employment with KP. One of the leadership members at the Stockton VA stated that veterans are asking why doctors and nurses change treatment plans different from their previous doctor. Veterans have indicated that if the Stockton VA kept the same providers, their condition would improve. This respondent stated that these are just some of the problems that discourage veterans in seeking medical care at Stockton VA. Interviewees at Stockton KP have indicated that they will continue their effort in improving access and delivery of care to veterans. Their social worker and case managers

schedule periodic visits with veterans. They indicated that outreach among veterans in the community can be challenging. They remain committed in servicing veterans, especially those that require specialty care.

Analysis: Stockton VA lacks in a healthcare delivery that can provide a full scope of services, which respondents have stated is a contributing factor with access to care. Lack in continuity of physicians and nurses could be another barrier when veterans continually change from one provider to the next. It appears that retention of personnel exacerbates access to care for veterans at Stockton VA. Interviewees and veterans concur that the constant change of doctors has discouraged other veterans from seeking care at the Stockton VA. KP appears to be reputable among the veteran community in Stockton and was focused in the outreach activity involving veterans.

9). What would you recommend to improve the medical service for veterans?

Respondents at the Stockton VA suggested the increase of funding its operations in order to expand access to care and hire specialty providers. In addition, staff indicated that the lack of funding is the reason that it has been difficult in meeting the demands of veterans. Ms. Waters of the Stockton VA who had been with the Stockton VA for more than fifteen years suggested privatizing healthcare for veterans. She stated that it would provide more options for veterans to seek care with any doctor or nurse. Another recommendation was to incentivize providers to stay with the VA by revamping compensation packages. Another important data provided is that some doctors and nurses rotate every two to three years from the Stockton VA. Not all of the doctors brought on board are federal employees. Contractors are hired from periods of six to twelve months and normally do not stay once their contract ends. KP respondents suggested that improving outreach to veterans and improving how to coordinate the transport of veterans to

their medical appointments. Mr. Endoza of KP indicated some veterans are wheelchair bound, while others due to old age cannot operate a motor vehicle. He indicated that transporting patients who cannot drive to a medical appointment is an ongoing challenge for KP.

Analysis: Based on gathered research, Stockton VA could improve healthcare deliverables, provided that more funding was available. There is an indication that there is little to no incentive to encourage nurses, and especially physicians, to commit to a prolonged contract with the VA. This loss in staffing results in a continuous cycle of changes which has had a severe impact on the accessibility of medical care. KP remains a viable alternative agency for veterans to seek care, which its respondents indicated that it was committed to servicing its veterans.

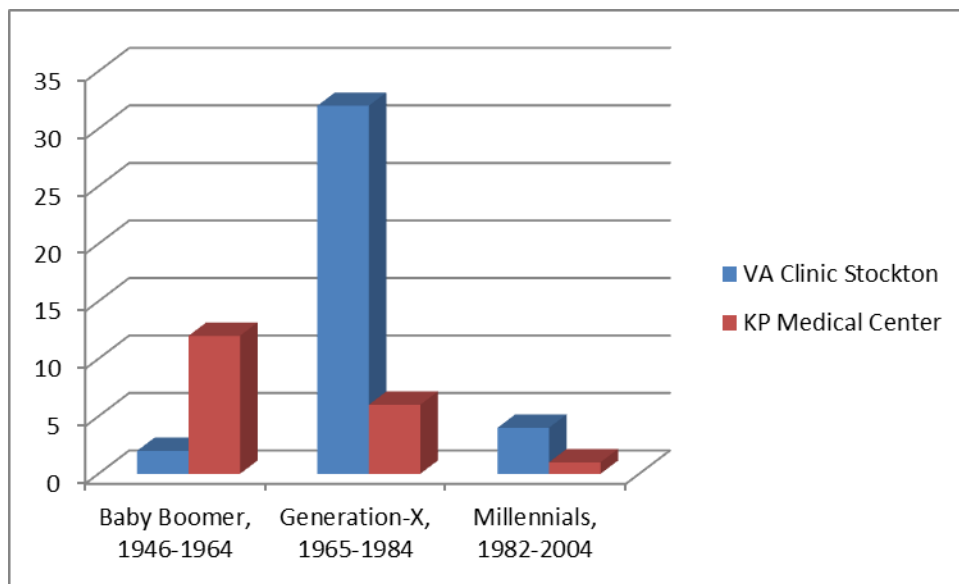
Survey Data:

The key respondents of the surveys were veterans. Sixty-three veterans participated in filling out the surveys. Respondents that participated in completing the surveys are from the Stockton Veterans of Foreign War, American Legion and colleagues that utilize the Stockton VA. Three of the respondents of the survey were conducted with a one on one meeting. The one on one meeting was important in order to extract more details based on the questions from the survey.

1) Where do you go for your healthcare needs?

VA Clinic Stockton	38	60%
Kaiser Permanente Medical Center Stockton	19	30%
Other:	6	10%
Total	63	100%

More than half of the respondents receive medical treatment at the Stockton VA. Of the 63 respondents, 30% prefer to seek care at KP, while 60% are enrolled at Stockton VA. Since 30% of the veterans have opted for KP, it indicates that access to care at Stockton VA is a contributing factor of why veterans have sought KP for medical care.

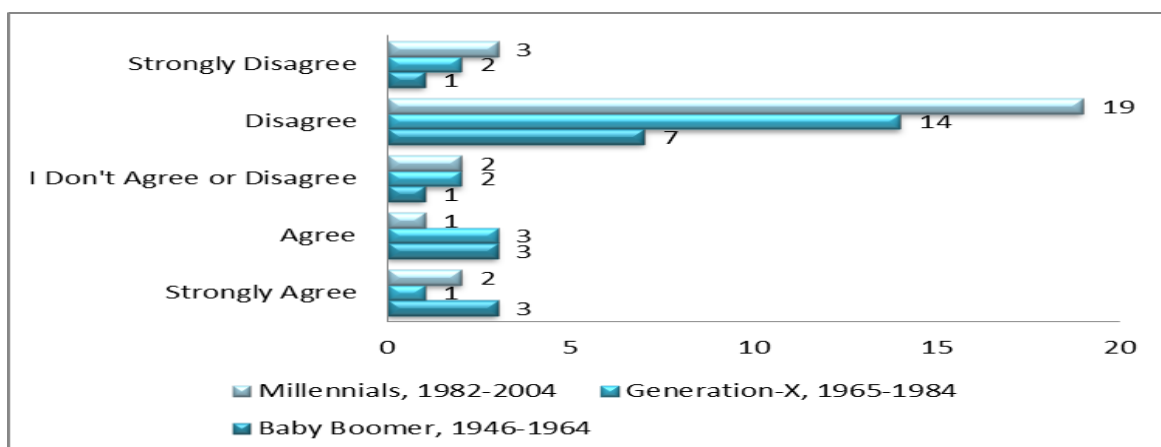


This data also shows that 32 of the 63 respondents sampled belong to the Generation-X, while the Millennial Generation was 4 out of 63. The smallest group consisted of 2 from the Baby Boomer population. This is a strong indication that the largest portion sampled are veterans enrolled at the Stockton VA. Since the Generation-X population represents the largest percentage, it indicates that this group is pleased with the Stockton VA. This also reflects the ease of access, shorter distance travel time to appointments, and a rating of 100% VA service connected disability

The chart displays a small number of respondents among the Millennial and Baby Boomer Generation. This may suggest that this group has opted not to seek care or are unaware of their health benefits at the Stockton VA. The small percentage could also suggest that veterans from this group can afford an alternative healthcare plan other than KP or Stockton VA

2) My medical center meets my medical needs.

Strongly agree	6	10%
Agree	7	11%
I don't agree or disagree	5	8%
Disagree	40	63%
Strongly disagree	6	8%
Total	63	100%



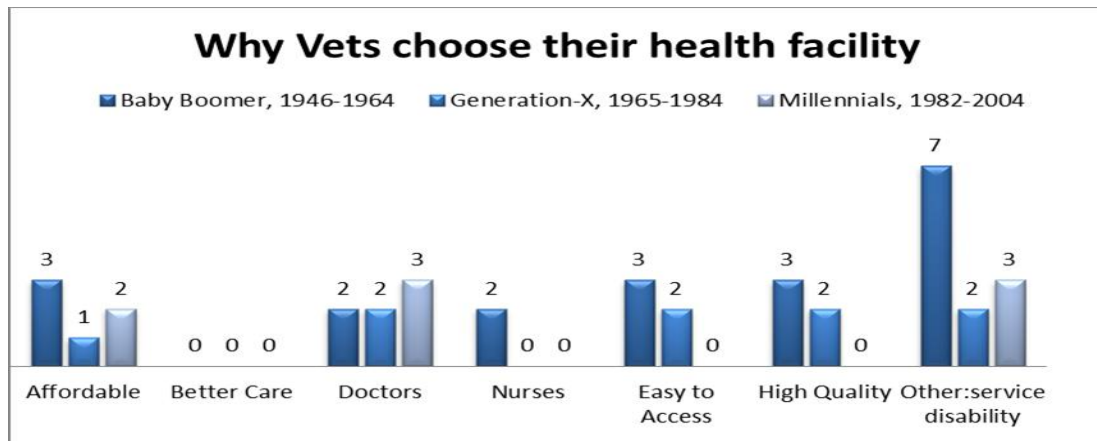
Only 10% agreed that their healthcare needs were being met. A significant finding was that 63% of the respondents disagreed that their healthcare needs were being met. This is regardless of being treated at KP, Stockton VA, or through their private doctor. The data below are the services provided at both Stockton VA and KP. KP provides more medical services than Stockton VA. This might suggest why 71% of the respondents disagreed that their medical needs were being met. This data indicates that 19 were from the Millennial Generation. This suggests that Millennials represent at least 30% of those that disagreed that their medical care was being met. The chart also shows a balanced dispersion of Generation-X and the Baby Boomers who felt that their medical care was being met. The data below provides the significant number of services provided at the Stockton KP when compared with Stockton VA.

Stockton VA Services Provided	Stockton KP Services Provided
General Internal Medicine Mental Health Clinic Smoking Cessation Social Work Service Substance Abuse Wellness Clinic	Stockton KP Services Provided Adult and Family Medicine, Allergy Clinic, Audiology, Breast Care Coordinator, Cardiology, Case Management Chronic Conditions Management, Congestive Heart Failure, Telemonitoring Program, Dermatology, EEG (Electroencephalogram), Endocrinology, Gastroenterology (GI), Genetics, Head and Neck Surgery, Hearing Center, Hematology/Oncology, Home Health Care, Hospice, Infectious Disease, Infusion Center, Injections, Laboratory, Midwifery, Nephrology, Neurology Nutrition Advice Line, Nutrition Helpline, Occupational Health Center, Ophthalmology, Optical Center, Optometry, Orthopedics/Podiatry, Pain Management, Palliative Care Program, Pediatrics, Perioperative Medicine / Anesthesiology, Pharmacy - First Floor, Pharmacy - Third Floor Physical Medicine and Rehabilitation, Physical Therapy, Poison Control, Psychiatry/Mental Health, Pulmonary Function Laboratory Pulmonary Rehabilitation, Pulmonology, Radiology/Diagnostic Imaging, Rheumatology, Skilled Nursing, Speech and Language Pathology, Sports Medicine, Surgery Procedure (Outpatient)

Source: <https://healthy.kaiserpermanente.org/health> & <https://www.va.gov/directory/guide/facility>

3) Why do you choose to go there?

Affordable	6	16%
Better care	0	0%
Doctors	7	18%
Nurses	2	5%
Easy to Access	5	8%
High Quality	5	8%
Other: service connected disability	12	19%
Total	63	100%



19% of the respondents seek medical care at Stockton VA. It is free of charge for injuries connected with military service. This could suggest that Stockton VA is the preference of care when a veteran incurs zero cost. Of significance is that 8% of 63 veterans felt that their medical

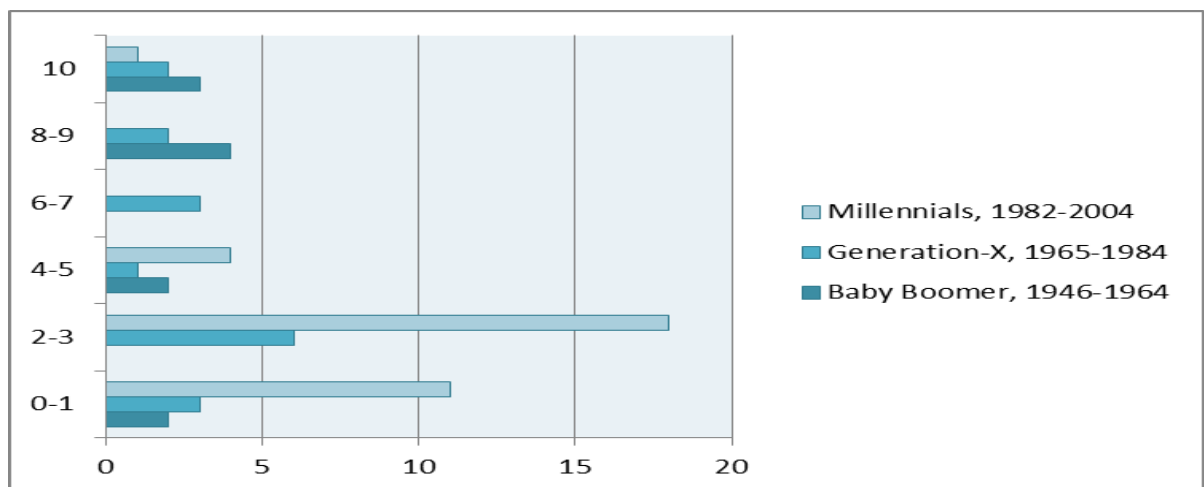
facility was easy to access and 16% felt their healthcare was affordable. This data suggest that barriers exist for veterans in seeking medical treatment. An important finding is that respondents felt that being close to their health facility was of utmost importance. 41% of the respondents indicated that being close to their residence was important. This data shows that none of the respondents chose their health facility because the care was better. It also indicates that 7 of the Baby Boomer Generation chose their health facility due to a service connected disability, which is only possible at the Stockton VA. It would also suggest that all three generations represent almost 20% of respondents who chose Stockton VA because of a service connected disability.

4) From a scale of 1 to 10, 10 being the highest, how would you rate the medical center you currently use?

0-1	16	25%
2-3	24	38%
4-5	7	11%
6-7	3	5%
8-9	6	10%
10	7	11%
Total:	63	100%

25% percent of the respondents provided a low rating of their healthcare facility. This data could suggest dissatisfaction from the 16 respondents. The highest rating of 11% was

extracted from the survey results. The data suggest that 7 of the 63 respondents are satisfied at the facility where they receive medical care. The Millennial Generation provided the lowest rating from a scale of 1 to 10. This is evident from the rating of 2 to 3, which shows that Baby Boomers abstained, 6 respondents were collected from Generation-X, and 18 from the Millennial Generation. This pattern was repeated in the 0 to 1 rating, whereby 11 of the 16 respondents consisted of the Millennials. This suggests that the Baby Boomer and Generation-X sampled find their healthcare affordable and accessible, due to a high rating. The low rating from the Millennial Generation suggests dissatisfaction with their health facility.

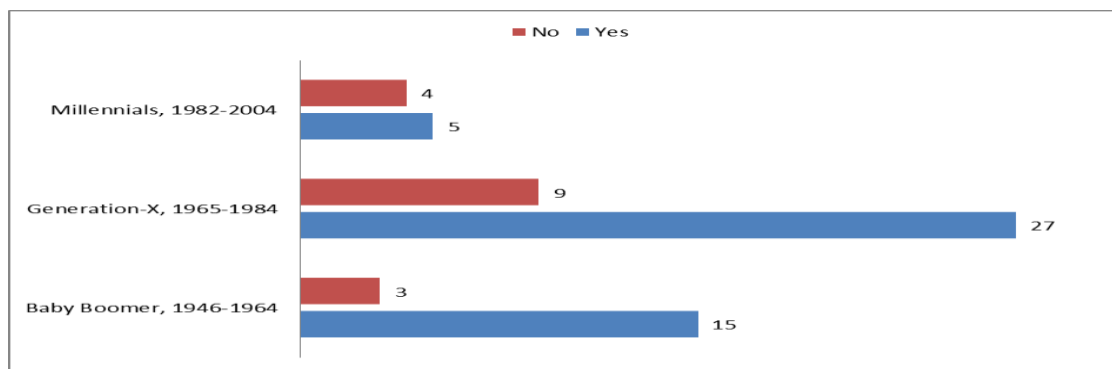


5) Do you know other veterans that are choosing to receive medical care at Kaiser?

Permanente rather than Stockton VA?

Yes	47	75%
No	16	25%
Total:	63	100%

75% of the respondents know of veterans that have given preference to seek medical care at KP rather than Stockton VA. The remaining 25% do not know of veterans that have chosen KP for their medical needs. This data could suggest that 47 of the respondents may at a later time sought their medical needs at KP. The data could also suggest that those in the 75% group have been inquiring about the services at KP. This data suggests that 27 respondents out of 47 that answered yes were from the Generation-X, which could suggest that this generation is proactive within their veteran community group and associations. This is relevant since it provides greater awareness of how, where and when veterans access their healthcare.

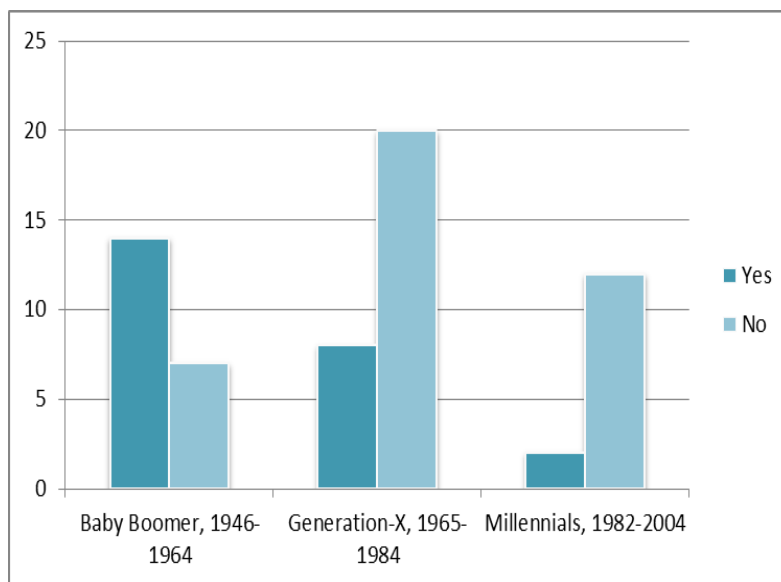


6) Would you seek care at the Stockton VA if access and quality of care improved?

Yes	24	38%
No	39	62%
Total:	63	100%

38% of the respondents stated that he/she would seek medical care at the Stockton VA, if access and quality improved. This might suggest that 24 of the 63 respondents feel that access

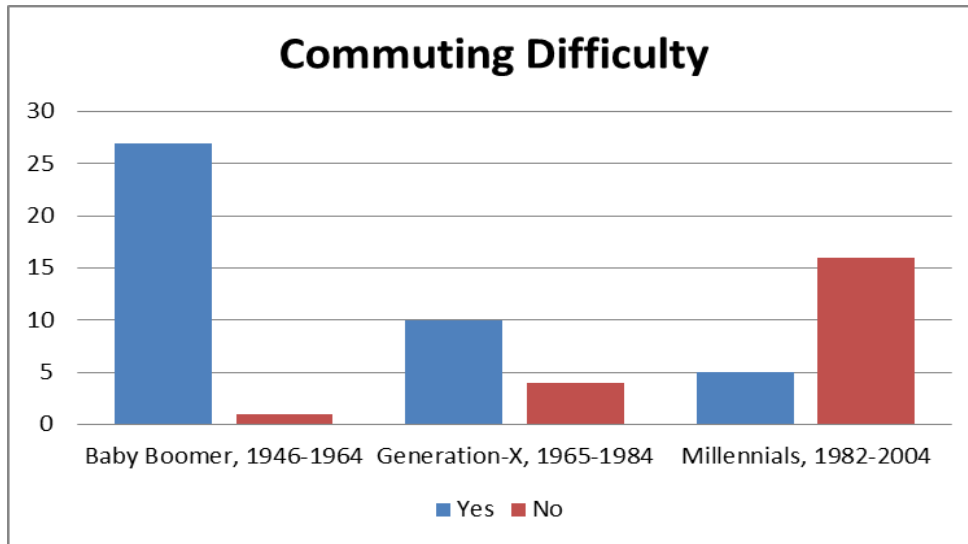
and quality of care meets their standards. 62% of the respondents have opted out from enrolling with the Stockton VA. This data might indicate that access and quality of care are two deciding factors if a veteran would seek care Stockton VA. This finding could also suggest that respondents from this group may have lost confidence in the VA health system. Another possibility is that those in this group may have established their healthcare needs with KP and prefer this continuity of care. This data shows that 14 out of 21 Baby Boomers are more likely to seek care at the Stockton VA if access improved, while 2 out of 12 from the Millennial Generation suggested the same. The Generation-X that answered no consisted of 20 respondents from a sample of 63 respondents. This suggests that the Generation-X is the group from this data set that has either established their health plan from a non-VA health provider or dislikes the VA for their medical care.



7) Is commuting to another VA facility such as Livermore or Palo Alto a problem for you?

Yes	42	67%
No	21	33%
Total	63	100%

67% of the respondents had agreed that commuting to another CBOC is a problem. This data could indicate that the long commute to Livermore VA and Palo Alto is a problem when veterans must schedule appointments away from Stockton. It is possible that not all veterans own an automobile. Another possibility is work conflict, because a veteran cannot always request absence from work for a medical appointment. 33% of the responders did not find the commute a problem. This might indicate that responders from this group drive to their appointments or have someone else drive them there. This data could also suggest that some veterans from either group require more frequent visits with their specialty provider. The data shows that 27 of the 63 respondents that find the most difficulty in commuting to their medical appointment are the Baby Boomers, which makes up 43% of the total respondents. Whereas the Millennial Generation that responded with the highest number and answered no difficulty in commuting, consisted of 16 respondents. This would suggest that commuting long hours to the Livermore and Palo Alto VA for a medical appointment is either physically demanding for the Baby Boomer Generation who may not be able to purchase or operate a motor vehicle.

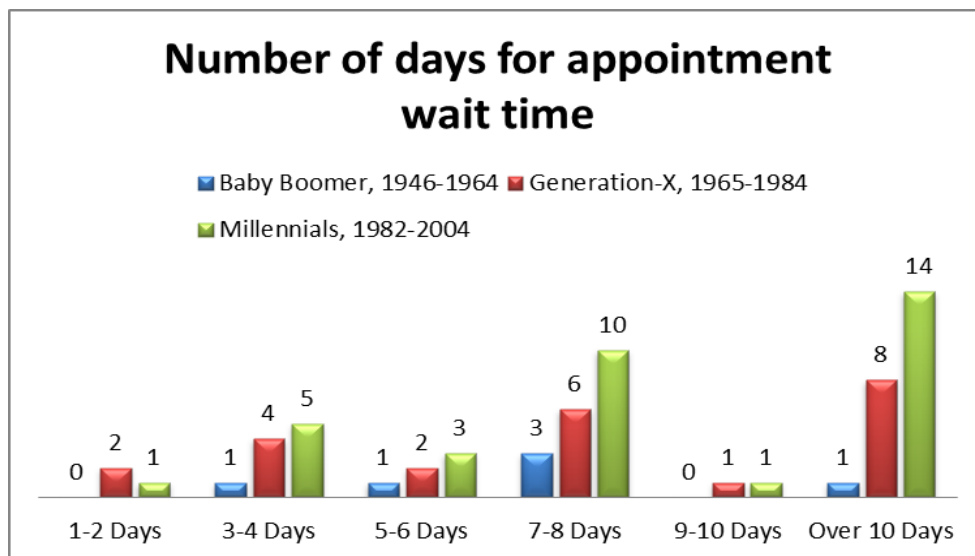


8) How many days do you wait for your scheduled appointment?

1-2	3	4%
3-4	10	16%
5-6	6	10%
7-8	19	30%
9-10	2	3%
Over 10	23	37%
Total:	63	100%

37% of the responders wait for appointments for more than 10 days, while only 4% have indicated that the wait time is between 1 to 2 days. This finding indicates that 70% of veterans wait 7 days or more for a medical appointment. This data could indicate that there is a problem

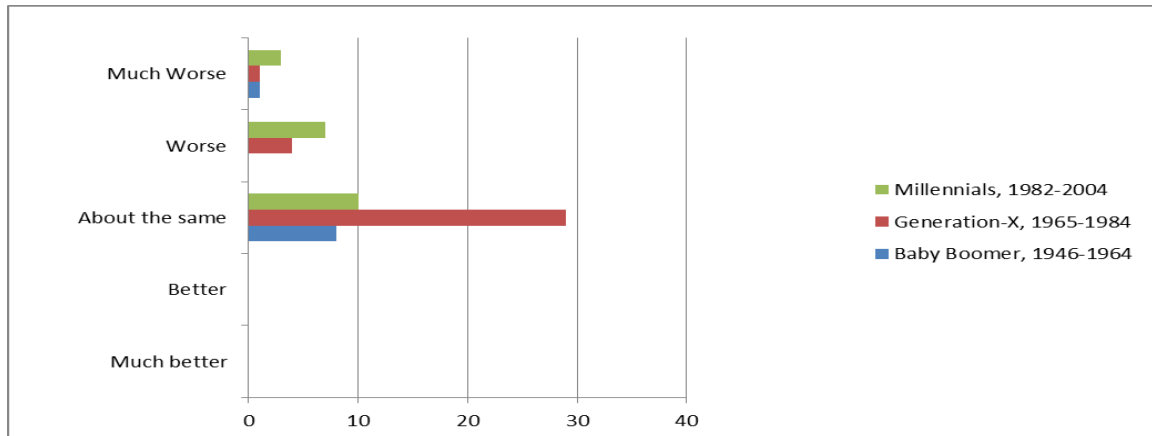
with long appointment wait times, which could be 30 or 60 days for some veterans. Another indication is that the veteran may be blamed for the long appointment wait time. Based on personal experience, veterans will sometimes cancel and reschedule appointments three or more times. When this occurs, a veteran might suggest that it took two to three months to get their appointment. This data shows that from a total of 63 respondents, the Millennial Generation waited the longest for a medical appointment, which was 10 days or more. Respondents that waited the least for an appointment at 1 to 3 days were the Baby Boomers. This suggests that there is a possibility the Millennial groups are actually waiting 10 days or more or cancel their appointments on numerous occasions. It could also suggest that those waiting 10 or more days are enrolled at the Stockton VA and that a high number of Baby boomers and Generation-X receive their medical care at KP.



9) Access to care at the Stockton VA in the past year has gotten much better, better, about the same, worse, or much worse.

Much better	0	0%
Better	0	0%
About the same	47	75%
Worse	11	17%
Much worse	5	8%
Total:	63	100%

8% of the responders have indicated that access to care at Stockton VA has gotten much worse and 47% stated that access is about the same. An interesting finding is that none of the responders would agree that access has gotten better. 17% indicated that access has gotten worse. Since access to care has remained the same in the past year, this indicates that the Stockton VA needs to prioritize improving access to care. The data shows that 29 out of 34 respondents from the Generation-X felt that in the past year access to care is about the same. This suggests that a majority of veterans that receive medical care at Stockton VA were born between 1965 and 1984. Additionally, the Millennial Generation responded with the highest number that access to care has either gotten worse or more worse. This could suggest that this group received poor quality medical treatment or could have waited 10 days or more for an appointment.



10) I definitely recommend my current medical center.

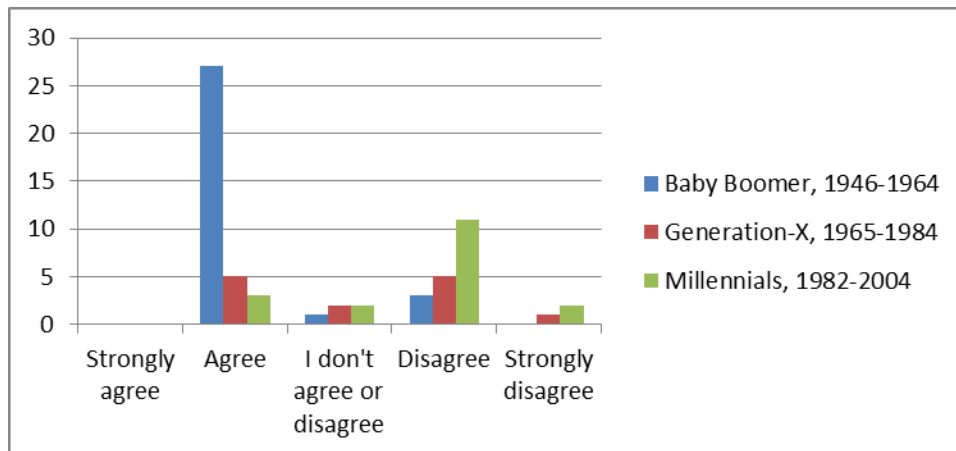
Strongly agree	0	0%
Agree	35	56%
I don't agree or disagree	5	8%
Disagree	19	30%
Strongly disagree	4	6%
Total:	63	100%

56% of the respondents would recommend their healthcare facility and 36% disagree.

This data suggest that more than half of the respondents are confident with their healthcare team.

It is possible that the 36% that disagree are dissatisfied with the services rendered by their healthcare team. A good example is a veteran who dislikes the Stockton VA, but only seeks medical care there for services that are free of charge. This data shows the group with the highest number that would recommend their medical center is 27 Baby Boomers from 63 respondents. Only 1 respondent from the Generation-X and 2 from the Millennial Generation

strongly disagreed that they would recommend their medical center. This chart could suggest that regardless of access to care problems, veterans are pleased with the healthcare they receive at KP or Stockton VA.



11) What would you recommend in order to improve access to care at the Stockton VA?

The following suggestions below were provided by 63 respondents. Some of the veterans provided the same recommendation.

Respondent Recommendations:

- 1) Get more doctors and nurses
- 2) Reduce appointment wait time
- 3) Pay more for doctors to stay
- 4) Eliminate the Vet Choice program, the VA billed for a procedure that was supposed to be free
- 5) Tell the VA Secretary that more funding is needed to expand specialty care
- 6) Make the system less confusing, the priority grouping is confusing and it's difficult to understand the whole VA system

7) Improve the credibility of the whole VA, the Phoenix VA scandal that took place and the Vets that died makes veterans feel the same might take place at the Stockton VA.

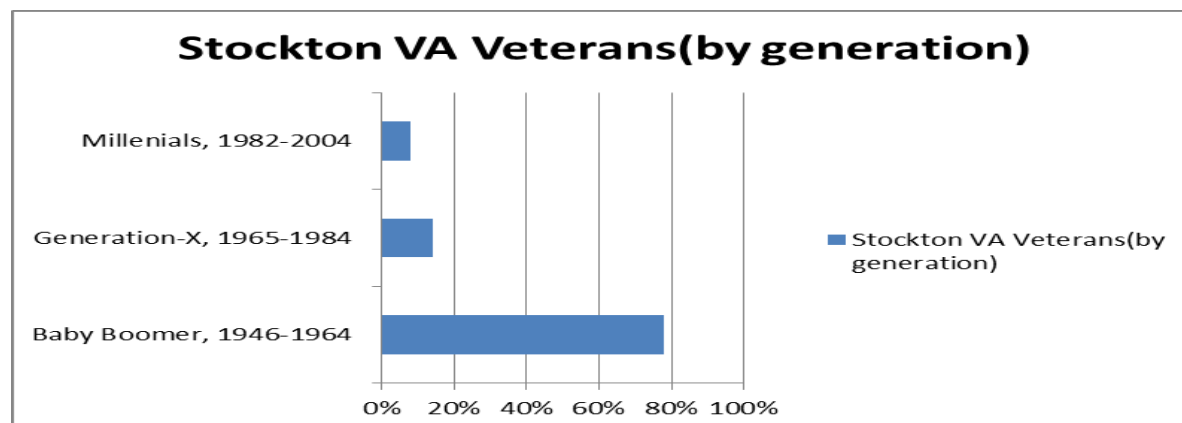
The recommendations provided suggest that based on the surveys and key informants who were interviewed; all participants had suggestions that are similar. This would indicate that the Stockton VA may not have the capacity to support its veteran population. One of the respondents indicated that the credibility of the VA has impacted the Stockton VA. He stated that veterans with membership at the Stockton Veterans of Foreign War and American Legion are aware of the veterans that died waiting for appointments at the Phoenix VA. He also added that the reputation of the VA health system took a nose dive when previous VA Secretary Eric Shinseki resigned. According to Bill Chappel of National Public Radio “Shinseki apologized for a situation that has reportedly included long wait times, fudged records and preventable deaths in the VA's medical system” (Chappel, 2014). He added that at previous town hall meetings, there was a discussion regarding vouchers for veterans which could be used for paying medical bills at a non-VA facility.

Another respondent stated that veterans are not always aware of their healthcare benefits or the type of service they qualify for. This adds to the confusion for veterans that are enrolled through the Stockton VA. The wording of a policy can be confusing between entitlement and benefit. Often times a veteran might feel they qualify for a particular service because of having been told that it is a benefit as a veteran. These problems indicate why Stockton VA faces unique challenges in fixing healthcare access. The data below are the priority groups which determine VA healthcare eligibility. The Priority Group below is a prime example of why some veterans may find some difficulty determining healthcare eligibility.

Priority Group 1	Veterans with VA-rated service-connected disabilities 50% or more disabling Veterans determined by VA to be unemployable due to service-connected conditions
Priority Group 2	Veterans with VA-rated service-connected disabilities 30% or 40% disabling
Priority Group 3	Veterans who are Former Prisoners of War (POWs) Veterans awarded a Purple Heart medal Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty Veterans with VA-rated service-connected disabilities 10% or 20% disabling Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation" Veterans awarded the Medal Of Honor (MOH)
Priority Group 4	Veterans who are receiving aid and attendance or housebound benefits from VA Veterans who have been determined by VA to be catastrophically disabled
Priority Group 5	Non-service-connected Veterans and non-compensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code) adjusted income limits Veterans receiving VA pension benefits Veterans eligible for Medicaid programs
Priority Group 6	Compensable 0% service-connected Veterans Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki Project 112/SHAD participants Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975 Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998 Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987 Currently enrolled Veterans and new enrollees who served in a theater of combat operations after November 11, 1998 and those who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge.
Priority Group 7	Veterans with gross household income below the geographically-adjusted income limits (GMT) for their resident location and who agree to pay copays

Priority Group 8	Veterans with gross household income below the geographically-adjusted income limits (GMT) for their resident location and who agree to pay copays
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12) What year were you born?



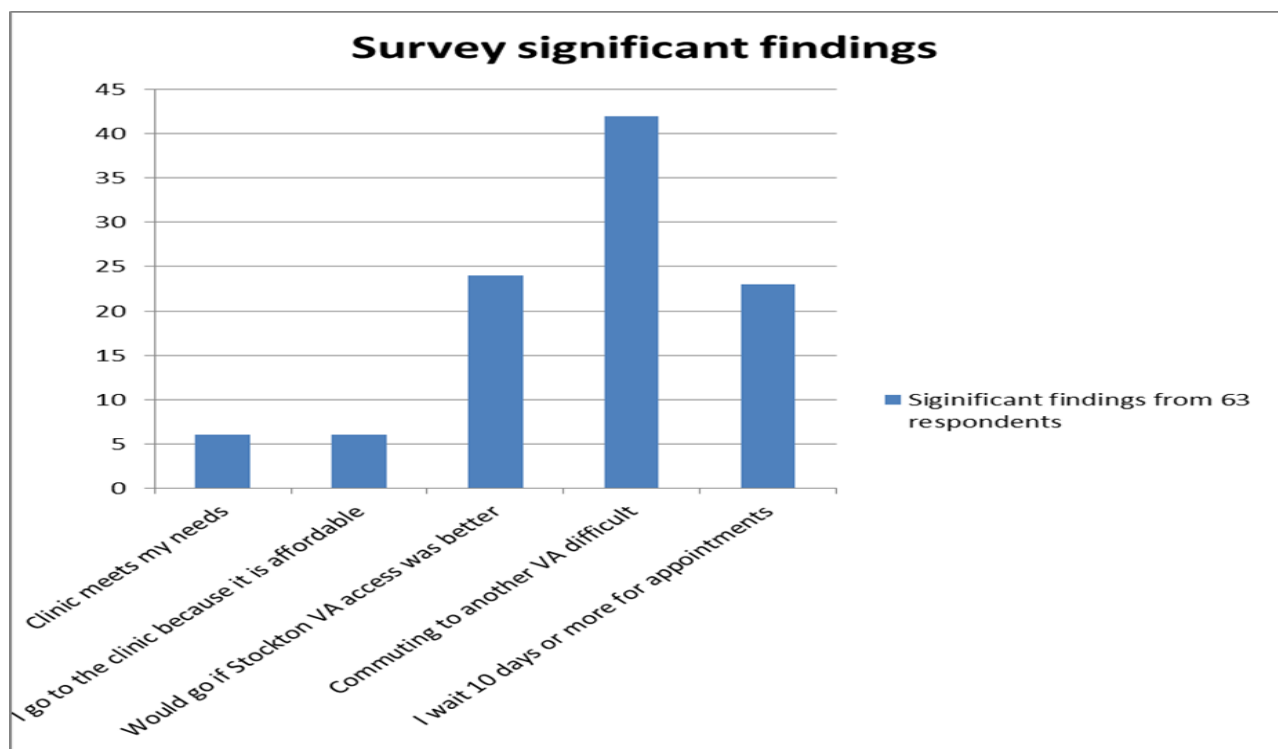
Respondents of the survey were born between 1942 and 1992. An interesting finding is that veterans born between 1942 and 1978 were more understanding of the access to care problems. Respondents from this group indicated that they chose their health facility because of affordability. Respondents who were born between 1979 and 1992 were more likely to scrutinize healthcare access at both KP and Stockton VA. In addition, people in this age group indicated that they would not recommend their health facility. Based on the age groups, one could certainly assume that age was a contributing factor to why responses to the surveys varied. This data shows that 78% of the surveyed population consisted of the Baby Boomer Generation while smaller percentages reflected the Generation X and Generation Y populations.

13) What is your zip code?

The zip code of the respondents has indicated that there are veterans utilizing the Stockton VA that do not reside in Stockton. There was little data to extract or interpret based on responder zip code.

Significant Findings

Respondents were in agreement that access to care at the Stockton VA is a challenge. They have agreed that more funding is needed in order to expand its services and hire more specialty providers. A significant finding from the survey is that there are veterans that only seek care at Stockton VA because of a service connected disability, since it is free of charge. Veterans that can afford an alternative healthcare plan are enrolled at KP and at Stockton VA. Another finding is 37% of the respondents have indicated that they waited more than 10 days for an appointment. One of the respondents had indicated that he waited for a pulmonary appointment for more than six months.



67% of the survey responders responded that commuting to another CBOC was difficult. This was significant because this burden puts the veteran in a predicament with only a few options. One option is to seek medical care at KP or through a private health insurer. Another

option that some veterans have taken is to work part-time in order to commit more time to their health needs. It is possible that some of the responders from the 67% have more health problems when compared to those in excellent health condition. This is an inconvenience when a veteran must take the shuttle bus to another CBOC three times or more on a weekly basis. Survey results indicated that 10% of the responders felt that their healthcare was affordable. This indicates that 90% of the respondents feel that affordability of healthcare impacts their access to medical care. These findings may help support the hypothesis of this research.

Chapter 5 - Conclusion and Recommendations

Conclusion:

Based on the research conducted, there were six barriers that impact a veteran's access to healthcare. It has been concluded that due to the inability of the Stockton VA to deliver specialty care services, veterans are opting to seek care at KP and other private healthcare entities. This demonstrates that the six barriers related to access to care at the Stockton VA was a result of specialty services that were not available. For example, a veteran enrolled at the Stockton VA wishing to schedule an eye appointment must schedule at another CBOC or seek care at KP. The inaccessibility impacts the veterans who do not own a motor vehicle or must utilize care through the Vet Choice. Access to care is problematic at the Stockton VA because of services that are not offered.

Income threshold is one of the determining factors that have affected the access of healthcare services of veterans. Healthcare can be expensive for veterans because some are unemployed or earn a low income. This demonstrates that the inability to pay health coverage affects access to care. Based on the survey results, only 10% of the responders found their healthcare affordable. Veterans that have been rated at one-hundred percent disability receive all VA healthcare benefits free of charge. There are veterans that can afford health care at the Stockton VA and at KP. This provides more option to seek care at KP for specialty care not available at the Stockton VA. We can also conclude that veterans are opting out from the Stockton VA, due to the constant turnover of nurses and doctors at the Stockton VA.

Continuity of care with the same provider is the preference of veterans. When providers depart only after having been at the Stockton VA six to twelve months, veterans are discouraged from seeking care at the Stockton VA. Transportation to a medical appointment is another

problem with access to care of veterans. Not all veterans can afford a motor vehicle, and some are blind, wheelchairs bound, or due to old age can no longer operate a car. Some veterans must rely on family, friends, and neighbors to go to their medical appointments. There are times that veterans have rescheduled appointments five to six times because their driver has cancelled the arrangement. When this occurs, veterans have been known to opt out from all their medical appointments. The Stockton VA offers a free shuttle when an appointment is scheduled at the Livermore or Palo Alto VA. However, it becomes a whole day event, which some veterans have stated is too time consuming. This long travel means veterans must miss time off from work.

There are veterans that have found the VA healthcare system too confusing. A prime example is the eight enrollment priority groups, which the VA uses to determine the veteran's eligibility of care. From personal experience, veterans have indicated that the VA healthcare system was difficult to understand and is the reason that KP was a better option for medical care. The Veterans Choice Program has also been confusing for veterans. This program was implemented in order to authorize veterans to seek medical care in their community. However, veterans are being billed for services provided and are told that this payment could be garnished if not paid immediately. Veterans have argued that opting in for appointments through the Vet Choice was poor and that their needs were not met. When this occurs, the veteran would normally return to the Stockton VA to reschedule the appointment. The back and forth between Vet Choice and Stockton VA has been known to take two to three months to address a veteran's health concern.

The credibility of the VA has been tarnished from the media reports of veterans that died waiting for appointments at the Phoenix VA. According to Andrew Bogardus "a CNN investigative report reported that there had been 40 veterans who had died while waiting for

appointments” at the Phoenix VA (Bogardus, A., 2016, p. 30). There are veterans that have recently separated and felt that they could be victimized, due to inadequate care and long appointment wait time. It has been concluded that long wait times for appointments is a barrier for veterans. Veterans see this as being problematic that impacts their access to care at Stockton VA.

Recommendation: 1

Stockton VA “serves 87,000 veterans across a wide geographic area that includes San Joaquin, Stanislaus, Calaveras, Tuolumne, and Alameda Counties, among others” (Congressional Record, 2016, p. 3). An organization with the size of Stockton VA should have an oversight committee, with team members that consist of upper level management, analyst and consultants. The oversight committee would meet on a quarterly basis with department heads and report any findings and recommendations which could improve its clinical operations. On a semiannual basis the committee would meet the executive leadership and provide recommendations, such as implementation of new programs. This would provide justification when the need arises for more funding. New facilities should be built in three to five years. This investment could eliminate the need for veterans seeking care through the Vet Choice or commuting to another VA facility.

Recommendation: 2

Stockton VA should be utilizing mobile health services. Mobile clinics which are also called VA Vet Centers are currently operated by the VA at 20 locations in the United States. The VA Stockton could purchase or lease shuttles that provide specialty services such as dermatology or optometry. The shuttle could service



Source: <http://www.cincinnati.va.gov/images/MobileUnitExteriorright.JPG>

veterans at a community center or are centrally located and accessible to veterans. According to the Department of Veterans Affairs “more than 190,000 Veterans and families made over 1.3 million visits to VA Vet Centers in fiscal year 2011” (Department of Veterans Affairs, 2017). According to the Department of Veterans Affairs website, under section VA Vet Centers for California, the VA operates 31 mobile Vet Centers. The Stockton VA coordinates a bus shuttle service to transport veterans to their VA appointments. It would be cost effective to shuttle nurses and doctors to veterans. The shuttle service would need to be equipped and provide only specialty care such as dermatology, audiology and optometry. A pilot program would be recommended, with three shuttle runs on a weekly basis.

Recommendation: 3

Privatization of the VA is the third recommendation which will be submitted to the VA Secretary. The privatization model aims to improve and standardize healthcare access at all VA clinics and hospitals. This proposal would certainly require further research and study, with a timeline of three to five years before it should be implemented. Why not create a group committee that can over see a pilot program? This committee would oversee the pilot program and will comprise of four states; two from the east coast and two from the west coast. The

importance of this trial period is that it provides the assurance to Congress that a privatized VA program is a viable investment.

Action Plan Committee Duties and Responsibilities

- Meet quarterly with VA Directors, consultants, and community leaders
- Collect and compile data to determine program effectiveness
- Conduct financial analysis with use of cost benefit analysis or net present value (NPV)
- Meet with oversight team members from each VA facility
- Meet semi-annually with VA Secretary, VA Executives, and submit progress reports
- 6) Attend Congressional hearings and provide results and findings, based on committee

Assessments provide recommendations to lawmakers with improving access to care.

This committee will consist of veterans and community leaders, such as the VFW and American Legion. Panel members will also require the expertise of those in the field of project and financial management. This team should also consist of previous and current VA employees that manage VA programs and with experience in data analytics

In order to accommodate all veterans, there should be an option for veterans to stay in the VA system and provide an option for other veterans to seek care in the private sector. Further research and development is needed to privatize VA healthcare. With a projected growth of the veteran population, it is a matter of time before the VA health system could become privatized.

Areas of Further Research

This study has opened the opportunity for further research regarding healthcare access of veterans. During the course of this project, 63 veterans participated in completing a survey and 7 respondents were interviewed on a one-on-one basis. One of the reasons that additional study ought to be conducted is that the quantities of the test samples were too small. The number of survey respondents who contributed to the body of the research does not fully represent the number of veterans who seek medical care at the Stockton VA. Based on the 2016 Congressional Record, the Stockton VA “serve 87,000 veterans” (Congressional Record, 2016, p. 3) which comprises more than 5 counties. This leaves the researcher to speculate that more data could have been collected in support of this research. This does not necessarily mean there should be reason to invalidate the results and findings from this research. This current research should explore additional questions which are included below

- How many veterans are enrolled at the Stockton VA?
- How many veterans are enrolled at the Kaiser Permanente VA?
- How many veterans actually commute beyond Stockton for medical appointments?
- Should further research use the support of other outlying VA staff members?
- Should community leaders be involved if further research was conducted, such as the Board of Supervisors or city mayor?
- Should further research include the local Veteran Service Organization (VSO) or other veterans group other than the VFW or American Legion?
- How much time is needed for further research? Is 12 months enough?
- Should a team be assembled if further research was conducted?

A research of this magnitude would certainly require more than the time which was initially allotted. The results and findings from this research infers that there are grounds for validating the hypothesis, however further study is recommended.

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