

**RIGHT to CARE:**  
*Voices of Swords to Plowshares'*  
*Veteran Community*

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VETS HELPING VETS SINCE 1974



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In Section 202 of the Veterans Access, Choice, and Accountability Act (VACAA) of 2014, Congress established the Commission on Care, charging it to examine veterans' access to Department of Veterans Affairs health care and to examine strategically how best to organize the Veterans Health Administration (VHA), locate health resources, and deliver health care to veterans during the next 20 years. Michael Blecker, Executive Director of Swords to Plowshares, is a commissioner.

In order to amplify the veteran narrative within the Commission on Care deliberative materials, Swords to Plowshares investigated access to VA and non-VA systems-of-care, and measured perceptions of the quality of services among the Swords to Plowshares veteran community. We conducted one-on-one in-depth interviews with 22 veteran clients and staff who have accessed VA care locally and throughout the country using a human-centered design for our user research.

# Main Research Questions

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*“How would you assess your overall health?”*

*“To what extent do you rely on VA for care? To what extent do you rely on care outside the VA?”*

*“Are there any needs not being met by your current level of care?”*

*“How comprehensive is your care?”*

*“How do you navigate VA care?”*

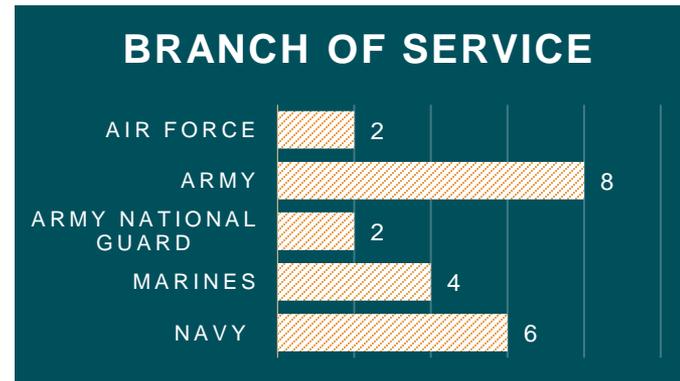
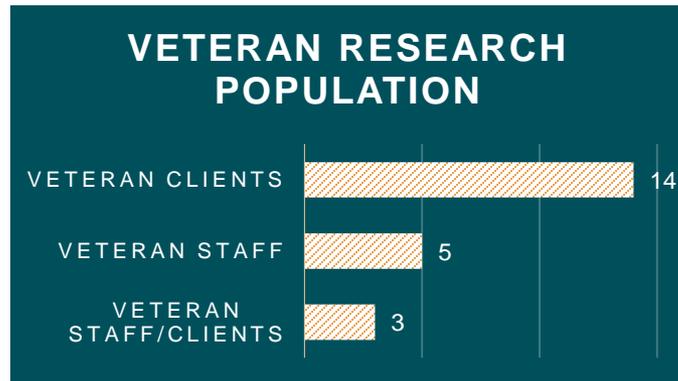
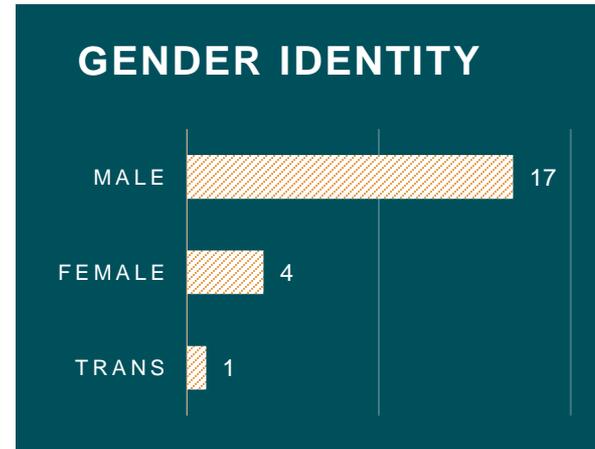
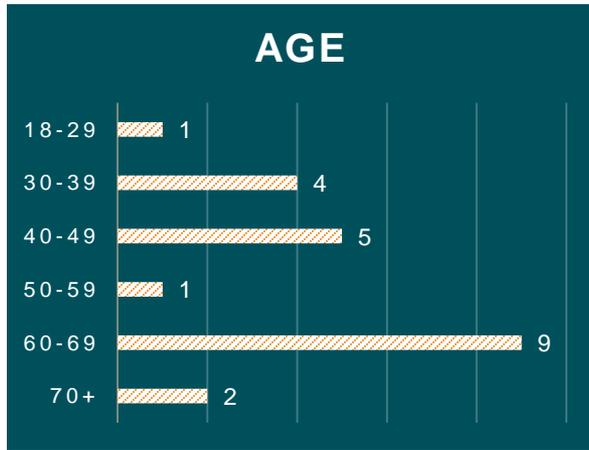
*“How would you rate the quality of care you are receiving?”*

*“How important is VA care to you?”*

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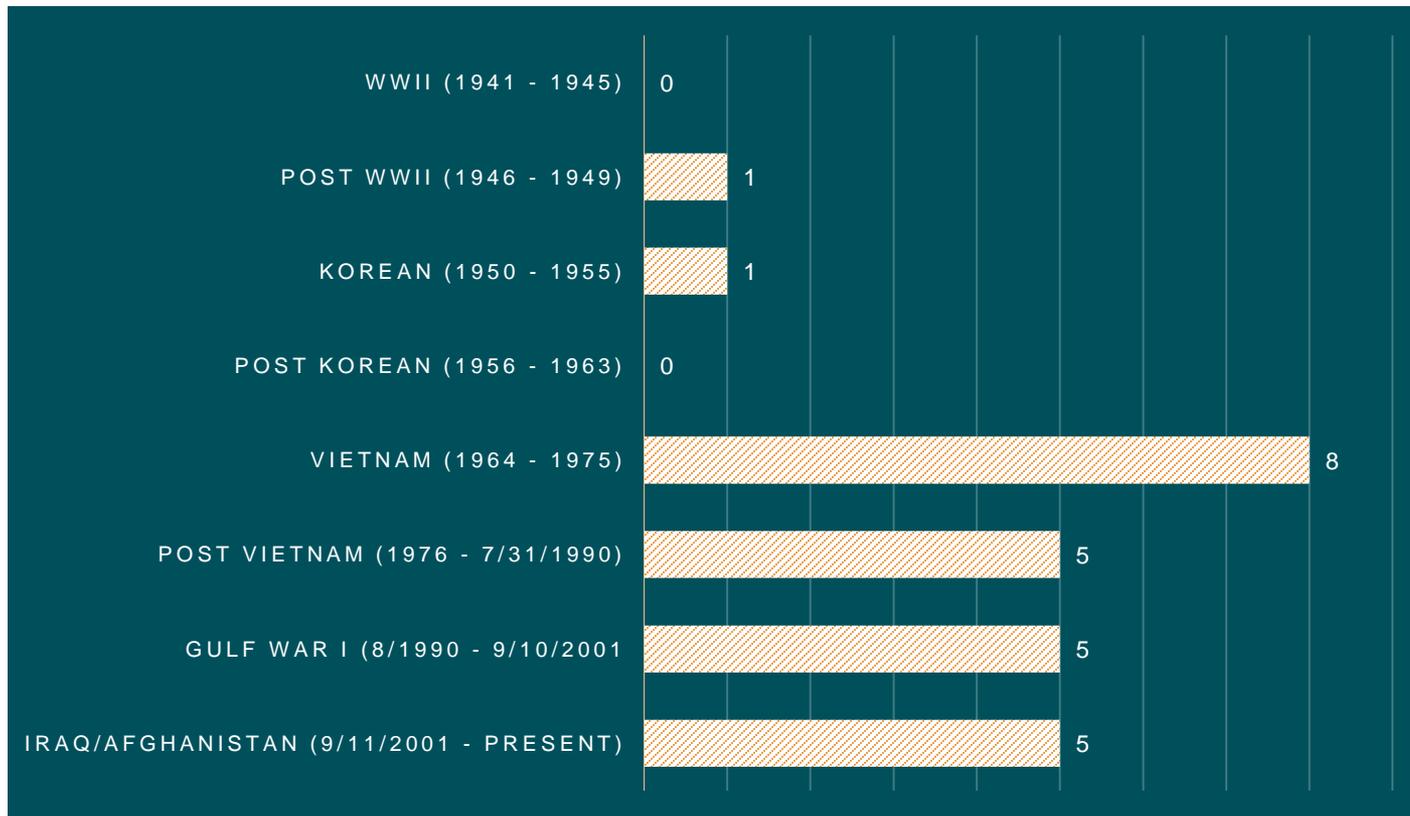
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- **HUMAN CENTERED DESIGN**
  - **CONTEXTUAL INQUIRY**
  - **USER RESEARCH**
  - **METHODOLOGY:** 22 in-person or by phone individual conversation style interviews. Client participants were recruited through case managers. We met with veterans individually in a convenient space: Swords to Plowshares offices or housing units, or at the veteran's workplace.

# Research Population



# Research Population

## ERA(S) OF SERVICE



# Research Population

## SERVED IN COMBAT ZONES OR AREAS OR HOSTILITY: 13

Vietnam: 3

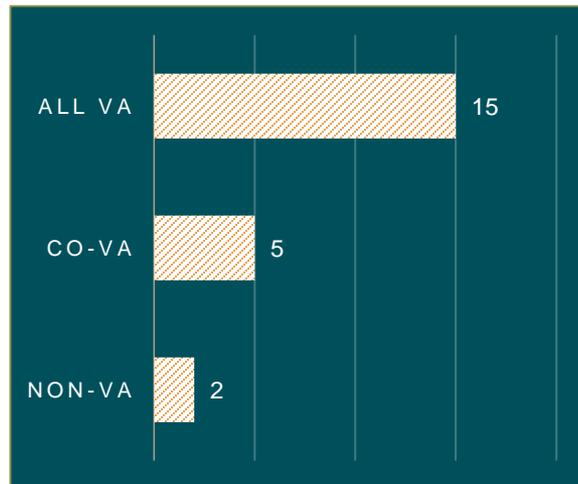
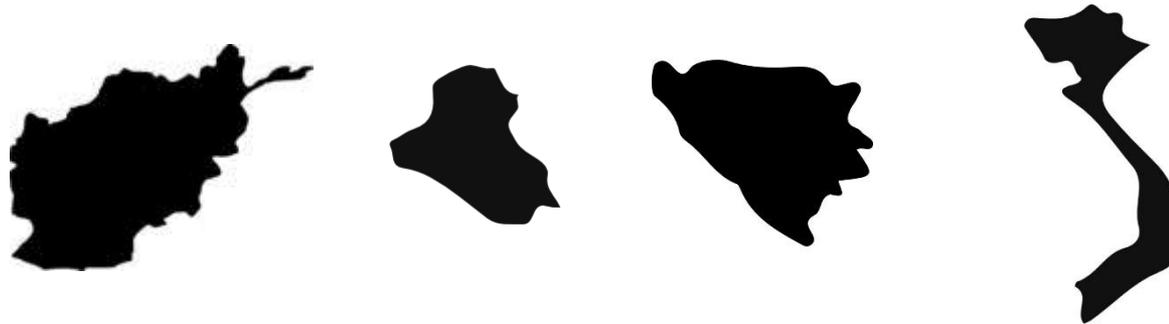
Iraq Gulf War: 1

Iraq Post-2001: 4

Afghanistan: 2

Bosnia: 1

Other Areas: 2



## FOURTEEN HIGHER-END VHA USERS

- Dependent solely on the VA for primary, specialty, and mental health
- What VA's Center for Innovation refers to as the "Lifer" or "Transactional" user
- Older veterans, have used the VA longer

## SIX LOWER-END VHA USERS

- Emergency care
- Infrequent users, co-enrolled
- What VA's Center for Innovation refers to as the "Just-in-Case" or the "Infrequent"
- Recently separated veterans, those who have used the VA for a shorter time

# VA User Levels

Veterans interviewed rely in varying degrees on the VA for their primary, specialty, and mental healthcare. Overall veterans reported an average of three providers. A large number use VA as their provider for all care. Few are co-enrolled and will use the VA selectively. Others will use the VA as a safety net for urgent situations or only when they are extremely ill. A few, including those with less than honorable discharges who've been deemed ineligible for the VA only access the VA for emergency circumstances.

The veterans we spoke to rely on VA care for various services. Younger and healthier veterans most typically seek care from VA for emergency needs, relying on VA care as a safety net. Those with more serious health concerns will seek care and tend to rely more heavily solely on VA care. Those who are co-enrolled more typically have a primary physician outside of VA care, and seek mental health services from the VA.

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*"I've got one [provider] for mental health, I've got two primary doctors, and I've got one for the eye. I've got one for podiatry, I've got one for my hands. So I've got a crew."*

*"I don't have any like scheduled checks or anything, but the few times when I've gotten really sick, I eventually...I'll go over there if I really have to. But I don't go there very often."*

*"I usually only go to the VA for emergency circumstances."*

**INTERVIEWER:** *"Where do you get your healthcare?"*

**VETERAN:** *"Mainly from Kaiser."*

**INTERVIEWER:** *"OK, and you mentioned you also get it from the VA?"*

**VETERAN:** *"I also...yeah, I get mental health services from the VA."*

*"Out here, I've seen the most doctors ever. I'm going to the PTSD education class. I'm seeing Dr. [name removed for anonymity], the psychologist. I saw [name removed for anonymity]...he's like a PTSD specialist. Then I see Dr. [name removed for anonymity], but I couldn't get her today because I was feeling so bad...I couldn't get out of bed. I called them to let them know. Then Dr. [name removed for anonymity] is my primary doctor...and I would see a pharmacist...She helped me with my diabetes, with the insulin. And like I say, I'm going to see a dentist, and then I'm going to see a couple of different doctors up in Martinez. I haven't been to Martinez in a really long time."*

# Findings: Health and Care-Seeking Behavior

## SELF-PERCEIVED HEALTH STATUS

Insights on personal health show veterans regard themselves as both physically and mentally fitter than what their stated conditions and healthcare needs may imply. Self-perceived health status is an important determinant of identified need (and demand) for healthcare and other health-related services. This appeared to impact how they access healthcare services (i.e. they don't access until they're in crisis).

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*"I'm in **good** health, because I just had blood work...I just have arthritis in my right knee, but overall, I guess I'm **okay**."*

*"Right, so you break it down a little bit. So I just had eye surgery. I had an operation on my left knee. I have a couple pending with my wrists and hands, but overall, after all of that, I'm **okay**."*

*"Compared to my veteran peers, it's **good**, but compared to my civilian peers, I'd probably say...**adequate**."*

*"Good, my health's **good**. Not excellent...there's always room for improvement...it's **good**. It's not poor."*

*"I have **good** hours during the day. They've given me an 80 percent rating, and 20 percent is pretty damn healthy."*

*"I have had diabetes, so I would say it's actually **pretty good**. And my mental health is getting better. I'm going to counseling for the PTSD. I have a claim in for it, too. ...after 47 years."*

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## RESTORING HEALTH DURING INJURY/ILLNESS RATHER THAN FOCUS ON PREVENTATIVE CARE

The majority of research participants focus on relieving illness and symptoms rather than preventative care. This is a similar behavior to patients in the private sector, but military service, culture, and trauma complicate this even further. Onset of physical symptomology can be an emotional trigger of trauma, especially if veterans feel the symptoms are service-connected, and they may feel additional stress and the desire to have their symptoms substantiated immediately.

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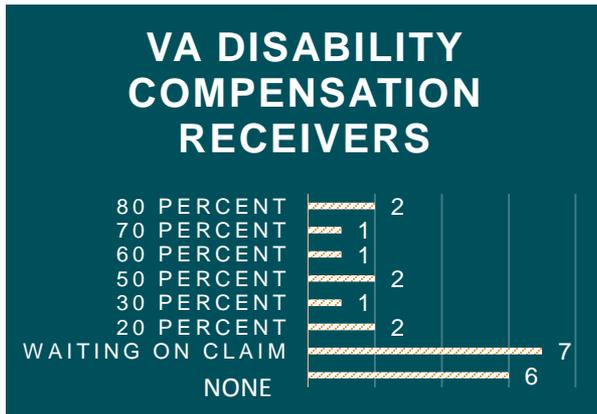
*"If any new issues arise I would [like to] have a fast and easy way of getting in touch with whoever's helping me so that we can resolve that situation a lot faster."*

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# Findings: Care Quality

## RATINGS OF VA CARE QUALITY AND IMPORTANCE OF VA

Most veterans rated their VA care quality as favorable, in spite of the administrative hurdles they cite. While veterans tend to regard care experience and timeliness of care as unexclusive, and in fact care standards for these veterans encompass the wait time that they experience, even those who mention lengthy delays and problems with certain care still mostly reported a high rating of VA care quality. Some reported timely access and easily coordinated care through their network of providers, which appeared to influence favorable ratings of VA care significantly, as predicted. When we asked them to describe how comprehensive their care is, veterans interviewed typically cited waiting for VA benefits claims as the primary hindrance in getting all of their needs met, followed by getting referrals for needed services.



*"I would say that overall, my care through the VA has been excellent. I figure it seems to be pretty good. Whenever I have something going on that I need to talk to my doctor about, I do that. I have regular diagnostic tests scheduled, and I go to those. If anything comes up, my doctor looks at it and makes that referral. So I would say my care is pretty comprehensive. If there is something going on, and I talk to my doctor and explain how I feel and what's going on, there doesn't seem to be any problem with scheduling a diagnostic test or sending me to whatever medical specialty I need to talk to."*

*"Well, I have some things that I go through...quality of life, issues that if I didn't have access to VA medical care, my quality of life would be really impacted because I don't...if I didn't have that care I wouldn't be able to afford to pay for it."*

*"I'm amazed at how this place works. I know it appears that they have problems almost every day of people being dissatisfied with this and dissatisfied with that. But not me...I appreciate it."*

*"It's real excellent because.... there's no long waits, so I get in right away when I go up there. No, the VA takes good care of you. They're taking real good care of me. If I didn't have the VA, then I would be kind of worried about my health because I'm getting old, getting up in age..."*

*"You know, by and large, I would say, when I do get care at the VA, it's very good care. You know, the residents out there, the students from UCSF, they are great. But getting an appointment with anyone is nearly impossible."*

# Findings: Care Quality

## CONTINUITY, COMMUNICATION AND COORDINATION

The VA care team is important to the veteran. Veterans desire and expect a meaningful relationship with their medical providers, and for their team to have a meaningful relationship as well. To them, their relationship with their providers is both a validation of their military service and an affirmation of trust, the tenets of which are communication, referral and coordination through their network. Veterans who have multiple providers, even those who receive care outside the VA, want their providers to share information amongst themselves so that the veteran doesn't have to keep informing and advocating on their own behalf.

Some mentioned seamless referral and coordination at the VA when they felt that their care team was communicating thoroughly about their health needs. Conversely, veterans sense when they are not being referred in a timely and coordinated manner, and it affects their care experience and relationship with their provider significantly. Overall, though, veterans on both end of this spectrum recognize that this integration of multiple care competencies is a distinctive quality of the VA, most especially that specialty care is complex and identification and treatment of these conditions requires providers to work closely together.

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*"I think because they have a knowledge of veterans, they can realize that there's more than meets the eye. Like someone even going to the dental, all of a sudden they are having a nervous fit, and they are just getting their teeth cleaned or something. Well, they can realize there's more to it than that...maybe there is something they should go see mental health for."*

*"They've been helping me...I now have high blood pressure I have to worry about. Dr. [name removed for anonymity] has just been wonderful as far as regularly testing me, to make sure the medications I'm taking are the medications I should be taking in the right doses, and making sure I have enough. And even providing his own cell phone number, when I would have trouble getting a medication... Dr. [name removed for anonymity] is just like being with a civilian doctor...he has his official number, but then he has the number he's given me access to in case I have problems in getting the medications I need to get. So, he's just been super."*

*"Especially as you get to know your care team over time, that relationship continues to build...unless you actually move a lot, that relationship only deepens and gets better... Since I've been diagnosed with traumatic brain injury, post-traumatic stress disorder, and chronic pain...there's a lot of overlap in symptoms and conditions, so it's very hard to pinpoint the difference and the nuance in what one might be affecting them. Outside providers might be specializing in one but not two or all three. At the VA, they recognize that and talk as a team for your care and procedures. The specialists, when I actually get to see them, have been phenomenal and always accommodating and work with you and actually talk with you about the issues and break it down to a level so you can understand and make the best decision moving forward."*

# Findings: Care Quality

## PATIENT EXPERIENCE: A RIGHT TO CARE

Veterans feel a right to veteran-specific care as a matter of respect for their military service, and an expectation that military service gives them this access to VA care. This right to care is expressed through a preference for VA/veteran-specific care over private care regardless of their own particular care quality. The VA has created an expectation for providing this service, and veterans feel upset when the VA fails to deliver certain care.

Patient experience encompasses much more than simply care quality and access; veterans access the VA because they feel a connection to their service, they feel it's their right, and thus their experience includes feelings of veteran identity, and a connection to that identity. A positive patient experience leads to a greater sense of respect to their service and their veteran identity. Contrary, when there are problems in their care quality or access they not only feel dissatisfied with their healthcare, but they feel a disrespect to their service and their veteran identity as well.

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*“Overall I would say my experience with the VA has been good. I've had some challenges. But I'm also a huge advocate of the VA.”*

**INTERVIEWER:** *“Is it important that it's veteran care specifically or are you just, I just want care and as long as it's good?”*

**VETERAN:** *“Well, it's...the old adage is, once you put the uniform on, you're always going to have that uniform, no matter what. That's part of the unity of the military, and if you've ever been a military brat, which I am, and which my mother was, you never let go of that. That's a part of your anatomy anyway is your military. As far as civilians going along into veterans hospitals, I wouldn't have any problem with that at all. But as far as if I am going to go to a hospital like General or UCSF, I would have a problem with that. And it's not just because of the fact that I really didn't get the care I should have been getting or that my mother didn't get the care she should have been getting either place or anything of that sort...it's the fact that you're still wearing that hat of the military and it's imbedded in you...it really is. A lot of veterans feel like I do...this is my hospital, this is my family, this is where I belong. I don't belong over there in UCSF or someplace else. And even though there are doctors from the outside who come to the VA, the VA to me has always impressed me not just because they are so big, it is because they are so caring. Because there is no other facility that is quite like a VA facility. And I've dealt with a lot of hospitals over the years.”*

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# Findings: Care Quality

## TIMELINESS—EXPECTATION FOR IMMEDIATE CARE, ESPECIALLY AMIDST TALK OF DELAYS

There is an expectation among the veterans in our sample that once a health issue emerges, they should receive immediate care. This is not an unrealistic expectation, and is a similar opinion among patients in other healthcare systems, but it does carry a knock-on effect given the complexity of their service-related health needs. Their health seeking behavior indicates that those who have delayed seeking care due to stigma, inaccurate self-health perception, low expectation of VA care, other factors, rush to seek care once any symptoms emerge. Coupled with issues of timeliness the VA has experienced leads to a perceived anxiety among the interviewees when an illness or injury occurs that they won't get the care they need. While some veterans interviewed have this expectation of waiting tend to build in time into their schedule to wait for appointments, knowing and preparing to wait increased their anxiety significantly, especially those seeking specialty care or mental health appointments.

Veterans see the wait time issues as systemic, but it was unclear whether their personal experience influenced this perception, as some who reported wait times as a VA system-wide problem said they themselves do not deal with lengthy delays. Many have differing experiences based on location and healthcare need. Many view issues with timeliness as a failure to meet demand for a certain healthcare need more than others, not in failures to meet overall care standards.

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*“Yeah, the VA clinic was really easy...I mean they always took care of the problem. Once I got in the program there, it was excellent. I never had a problem...but it just took a long time.”*

*“With the specialists, especially when it comes to some chronic pain management issues, especially like the neck and spine surgeon, and getting the appropriate tests done for that, did take a considerable amount of time. It took months to get the proper testing done and also see the appropriate specialists...just because the VA was overwhelmed with the amount of requests they were getting at the time. It wasn't their inability to actually process, just for the amount of demand that was going through...but once you got through, they were phenomenal in getting you through the process.”*

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# Findings: Care Quality

## NEED FOR TREATMENT CONSISTENCY ACROSS MULTIPLE LOCATIONS AND PROVIDERS

Veterans who have accessed care from multiple VISNs stress the importance of streamlining enrollment, patient information, and referrals to new doctors across medical centers. The migratory nature of some veteran populations makes accessing care more difficult, and there is an importance of maintaining records and providing consistent care across centers. Some stress through personal experience as well as hearing from other veterans that there is inconsistency in treatment quality among various providers within medical centers. This is especially frustrating for veterans who are receiving specialty care, and places additional burdens on the veteran to self-advocate.

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*“I had to re-register because I was with Oakland, but not with San Francisco and they did all the paperwork. They went out of their way to accommodate me...they found out how to do it and everything like that since my main care provider was Dr. [name removed for anonymity] in Oakland, and I thought about doing it here, because I have office hours in Oakland, I mean San Francisco, after doing the office hours at the VA there, I wanted to do blood work, which I had to do anyway. They were just marvelous and everything they did in arranging it.”*

*“The services and everything seem actually very thorough for the physical side in Illinois. When I went there for the first time, they did like a top-to-bottom physical check. They did like x-rays, they did all these things I've never taken before...x-rays, all these different body scans, literally all the same day. And it seemed like it was a relatively fast. I've also basically had the similar experience here at this VA [in San Francisco]. Any time I have been sick and gone to the ER, which has been, I think, once now, it was relatively quick. They did some blood tests and stuff like that and then gave me antibiotics. I have to say that it's decent. It gives me what I need.”*

*“Sometime I'd be on the street...sometime I'd miss appointments. Being in one place, it's a lot easier to get everything done...I've been back here for about 30 years or more. I started driving a cab here in 1971. Then I went up to Seattle, back and forth. I moved around a lot.”*

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# Findings: Care Quality

## STAFF TURNOVER HICCUPS CARE

Veterans who reported the same provider over a longer length of time tend to view their relationship with providers as more favorable. Veterans who reported changes in their providers reported a hiccup in care and frustration with having to repeatedly explain their health history to providers. This turnover fractures their relationships with providers and leads to less favorable views of their provider.

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*“My experience the second time going back wasn't as smooth. I remember...I met with an emergency care provider who wasn't my primary care...She ran through like the litany of questions, drug abuse, medications and everything else. I sat in her office for an hour before that and she never once looked at the one thing I came in there to look at. Maybe it wasn't her fault...maybe she just had to run through all these questions and get through this process of stuff they have to get through.”*

**VETERAN:** *“I have to see an endocrinologist every year. For ten years, it's been a different person every single time.”*

**INTERVIEWER:** *“Ah, okay. So it's not the consistency that you need.”*

**VETERAN:** *Absolutely, and it's a whole new introduction getting to know that doctor. It's ridiculous.*

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## RATINGS OF MENTAL HEALTH QUALITY AND NEED FOR INDIVIDUALIZED THERAPY MODELS

Overall, quality of mental health services was reported as somewhat favorable among the veterans we interviewed, however, mental health treatment specifically for PTSD is reportedly largely focused on group therapy, which works for some, but not all veterans. For instance, women veterans report that group therapy is a way to validate their own experience by hearing from others with similar issues. Veteran men tend to find group therapy triggering. Interestingly, those with comorbid diagnoses report they are able to get individualized care for those illnesses (bipolar treatment, substance use rehabilitation programs) more so than for PTSD. Despite these challenges accessing individual therapy for PTSD, most of the veterans don't want to seek care for PTSD outside the VA.

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**INTERVIEWER:** *“How important is receiving VA care to you?”*

**VETERAN:** *“It's very, very important...”*

**INTERVIEWER:** *“So are there any services that you receive from VA that feel like you can't get outside of the VA?”*

**VETERAN:** *“Definitely, most definitely PTSD counseling. Marriage counseling or family counseling, so that my family can understand what PTSD is and why I have the nightmares I have and why I go through what I go through.”*

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# Findings: Care Quality

## RATINGS OF MENTAL HEALTH QUALITY AND NEED FOR INDIVIDUALIZED THERAPY MODELS, cont.

*"I had a lot of trouble both emotionally and mentally dealing with it. I did seek out help through the mental health clinic...it was some of the best mental health professionals I've ever dealt with."*

*"The coping group was a women's group that I got to go to every week, and it would be me and a couple of other women veterans where we would meet for an hour. It was like a focus group where at the start of the group we would start with a breathing exercise, a meditation exercise, and they would start a topic, and each week would be a topic of different things. I think it really helped, because the group was about how to deal in social interactions with others and having to deal with the PTSD. But yeah, I guess that's the best way I could explain it."*

*"I seek counseling therapy through the Vet Center, and the lady I see there has been a tremendous help. She's been really supportive...yeah, she's been really amazing."*

**VETERAN:** *"I went out [to the VA], I was assessed, they agreed that I had PTSD, and they put me in a group. I went to that group twice, and called them and said, 'I'm never coming back.' So..."*

**INTERVIEWER:** *"What was the experience like if you don't mind me asking?"*

**VETERAN:** *"Triggering. They try to stay general. It was a group therapy, and I'm just not willing to talk about my experiences in a group, and the people who did talk about their experiences in group triggered me. And so, my sleep was shot...my nerves were shot. After the second session, I just said, I can't, I can't deal with this here. I think if I was able to deal with it one-on-one, with a therapist, I could probably do that. But I can't do it in a group, and that wasn't an option for me at the time."*

*"[Mental health practitioners outside of the VA] were not able to deal with the PTSD. I feel like to some extent...whether it's in the VA system or outside the VA system, that is just not being dealt with or not being dealt with adequately."*

# Findings: Care Quality

## MOST NEEDY POPULATIONS MOST AFFECTED

The veterans most in need of healthcare report to be most affected by administrative hurdles, and by failures to provide care that is tailored to their actual living conditions. They feel the VA system should be designed specifically for their service-related injuries and that those more pressing should take priority in terms of scheduling and availability of doctors. When these services are considered dire, waiting for an appointment seems especially difficult to these veterans. Critical to their livelihood, these populations feel particularly reliant on the VA for their care.

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*“I would like to have access to my doctor 24/7, somehow, so if I woke up in the middle of the night and had a scary nightmare, I could call them or page them to where they would call me back and we could talk about that nightmare right then and there. You know what I mean, so they could walk me through it so I could fall back asleep easily or fall back asleep with some kind of ease...or also have too a perfect scenario would be if I ran out of my medication, I could go to the VA anytime day or night seven days a week, 24/7, and walk in there and say, ‘Hey, I’m out of my medicine’, and they could provide that right away. I mean they are just really, really slow, and by the time they get to you, the problem has either worsened or it’s gotten completely out of control to where...I wouldn’t say you can’t help it now...but it gets to the point where you get those suicidal thoughts back, and it’s a thin line, and it happens to me and it happens to other veterans I know. And yeah, they do have that VA hotline, where you call them...but you know talking to someone about your issues that doesn’t know you and has never met you, and all they’re telling you is put the knife away or hey, put the gun away. It’s not worth it. It’s cool that they have that, but I feel like each veteran should be able to communicate with their doctor like that in a way...like they should have a 24-hour, 7-day a week kind of thing.”*

*“I was sick for four and half months. I would call and try to get an appointment with my primary care provider, and they would say, ‘We have something six weeks out.’ She doesn’t even have drop-in available until then. You can come in and see a different doctor. Trying to get referrals from my primary care physician...just for example, recently for GI work, took four months. I tried to get a referral for vision probably starting in February of last year, and I just got a message from a nurse who said they’d sent it to a doctor who was going to try to refer me out to vision. So, if you’re good and healthy, and you’re going in for regular checkups every three months, it’s great. ‘Cause you see them, they hand you a slip, they give you a date right then and there for your next appointment and you are set to go. If anything comes up, forget it. When I was sick most recently about two months in, I lost my hearing, and it took me two and a half months to get a referral to audiology.”*

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# Findings: Choice

## INTEREST IN CHOICE AND VA OBLIGATION TO PROVIDE CARE

Most interviewed were ineligible for Choice, and while some had utilized Choice or purchased care (most often a one-time use), veterans feel like it's a failing of the VA to provide that service. Many expressed anger at having to utilize care outside the VA. This was most common among veterans needing specialty care. Most veterans seeking care from the San Francisco VA Medical Center, which is considered to provide comprehensive services, and who live locally, stated they would not utilize Choice, perhaps telling that when local resources are available at the VA they are less likely to seek non-VA care.

A few that had become fed up with waiting for appointments said they would be interested in Choice. Two stated they would like utilize Choice for mental health, specifically PTSD treatment, but were unable to find a private psychologist who would accept the Choice card.

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**INTERVIEWER:** *"Once you do get [Choice], would you anticipate.... expanding your usage of it or would it just be for these things that you are having trouble accessing at the VA?"*

**VETERAN:** *"I think I'd use it for allergist. I look into using it for some sort of therapy where I'm not with other veterans, because the atmosphere of group therapy there can be really weird, to say the least. That would be the only thing."*

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While some veterans' use of the VA is be limited, many veterans expressed strong views about the obligation to provide care for veterans. Many veterans interviewed feel the VA has created an expectation for service quality. If the VA stops providing this standard of care by allowing another provider to provide that service, according to the veterans interviewed, they will feel very strongly that something has been taken away from them. This apprehension and concern that changes could diminish care was a recurrent theme among the interviewees.

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*"I'm ineligible due to the current regulations on the VA Choice card being...living in the City and County of San Francisco, and I also haven't seen a pressing need to seek care outside of the VA because when you actually get to see the appropriate personnel they're great with what they can do, it's just that they don't have the amount of staff to facilitate the amount of requests they are getting."*

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# Findings: Veteran—Provider Relationship

## THE TRUST PARADIGM

Perceptions of trust and mistrust in the provider-patient relationship are similar to civilian patient-doctor experiences and relationships, but is amplified given the nuance of military service and the complexity of injuries lack of available military health and service records from the Department of Defense, leaving the burden on the veterans to provide evidence of the traumatic stressors, and cultural competency of the provider. Mistrust is sometimes perceived by veterans FROM doctors and leads to a poorer patient-provider relationship.

*“I was under the assumption they would have me do some type of Agent Orange physical, which never happened. They then scheduled me to see a psychiatrist in Martinez, and I went and saw the psychiatrist at Martinez and spent probably about 45 minutes with him. And that was the extent of that. I received a letter from the VA saying that they again did not consider my bladder cancer Agent Orange-related but that they were giving me 30 percent for PTSD. They don't recognize bladder cancer as being Agent Orange-related yet. They say, it's on their list, but right now, it's not considered. Which, yeah, is beyond me.”*

*“When I go in, there's a level of defensiveness, a level of mistrust that I experience. And I'm insulted by it, when I'm not trusted by my doctor, and I tell them what's going on. [They say] ‘Oh, we're seeing something different.’ I'm like, ‘No, I'm telling you what's going on.”*

*“When I originally got out of the military, they said that those who served in Vietnam would get full medical VA, so I used my VA, and then when they changed the regulations, I switched over to Kaiser, because I was a city and county employee and I could get Kaiser for free. Then when my bladder cancer came up, I put in a claim with the VA. They denied the bladder cancer, but gave me 30 percent for PTSD.”*

# Findings: Veteran—Provider Relationship

## THE TRUST PARADIGM, cont.

Veterans seeking VA benefits feel particular mistrust if their military service records or evidence-based research regarding their health do not align with their account of service-related injuries. They feel the VA should act as an advocate on their behalf rather than rely on service records which may be inadequate in some cases or, in others, inaccurate representations of the events that led to service connection.

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*“And my attitude in the last few times I've gotten on the 38 to go there and I've been just irritated and pissed and upset when I get there. I'm like, I'm here...I'm on the 38 going to Fort Miley for the like the 450th time literally. Now that I know it's caused by chemical exposure in the Marine Corps, which they ignored for two decades, and lied about, and the whole story is horrendous. So I get there and I'm angry now. So my attitude is a little critical of the care.”*

*“I was a spray painter, too. In those days, they had like lead... I got emphysema from that. They keep on denying me from that thing...they say that I got it from smoking, but I was in there for only a year and four months, alright. I had to take a medical exam before I went inside you know. When I was discharged, the doctor said I had lungs like a 60-year-old man...my medical discharge, for some reason they can't find that, you know. So I filed a claim for that...I've got emphysema. They said I got it from smoking. They would have never let me in the service if my lungs was that bad. It was from the lead and asbestos and all the chemical that I was around. But I've been filing for this since '86. I keep getting the same things. You missed an appointment, so they denied me for that. I just think they want me to give up on it...”*

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Providers who are also veterans are perceived by veteran patients as much more knowledgeable with a direct understanding of the military and veteran experience. There is an increase of trust as a result.

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*“It's a wonderful feeling...it's just like when we supported each other when we was out in the field...or you know, in these combat areas and stuff like that...supporting one another, and you know that's important to have support and to be there...it makes you think you have a brother.”*

# Findings: Veteran—Provider Relationship

## IMPORTANCE OF CULTURAL COMPETENCY AND VALIDATION OF THE VETERAN EXPERIENCE

Opinions varied on the level of cultural competency among VA providers, yet veterans noted a stark difference in cultural competency among VA providers vs. outside the VA in non-veteran-specific care. Some veterans see cultural competency as only attainable if the provider is in fact a veteran, as they otherwise cannot know and understand fully the experience and background of the veteran. Some have both the expectation and belief that the VA should and does have culturally informed providers.

*"I do think some of them do understand. Well...honestly, the best example I can think of, like the psychologist I'm seeing in psychiatry in the women's groups that I'm going to...when I explain about the PTSD and the depression, they definitely do understand that. Even some that haven't been in the service, I can tell that they've worked with other women veterans and they can see...I think that from the experience they've had with other patients, it kind of gives me an idea that they...even though some of them have not been in the service, they still understand what women veterans go through. That part I was actually surprised about, but that really helped. It lets me know that I'm not the only patient they've dealt with, other women veterans, they understand what they go through because from what the women veterans tell them about the issues that they went through in the service... Yeah, I think that part helps. Even though some of them may have not been in the service, at least they can sympathize or understand."*

*"The VA doctors...the ones that I've worked with...they're not veterans themselves. So I know that they've been trained on...or given some kind of special training to help veterans, but at the same time, I don't know, I just feel like they don't know what they're doing, and can't relate because they didn't serve."*

*"The chaplain himself...he's not a medical doctor, but he's educated himself and his team on that...that they can recognize symptoms and then make the necessary referrals. With civilian doctors, they may or may not recognize the symptoms, and so there's no referrals...there's no further help, and the person is just turned loose on the street. Not with those guys, all of them, women and men at the VA, they understand things in a way about veteran experiences that I don't think, unless the doctor on the outside is a veteran themselves, do not understand."*

*"I would say they understand it...as a civilian who has never been to areas like I've been to or in situations...in a combat zone or whatever, 'cause...it would be near impossible for people that have not been there, to imagine it, and I think there's obviously a great deal of misunderstanding when it comes down to the military in general. Not every military person goes through things that I've seen or done things that I've done...and you know that's what it is. So I guess they could do the best that they can, and I enjoy that even though they don't understand it fully, they don't make any judgments...they're very understanding, I guess, is what's important."*

# Findings: Veteran—Provider Relationship

## IMPORTANCE OF CULTURAL COMPETENCY AND VALIDATION OF THE VETERAN EXPERIENCE, cont.

Cultural competency is most important for mental health and less so for primary health, especially primary health issues unrelated to military service, according to veterans. While veterans interviewed want their primary care provider to coordinate specialty and mental health care, they tended less to view cultural competency as an important driver for effective coordination through their care network.

*“If I had a broken arm, I don't care if the doctor works at the VA or the doctor works somewhere else as long as they have the experience to treat whatever needs to be treated. They don't have to be affiliated with the VA. I go there for their expertise and their treatment, not for their affiliation.”*

*“I've found, like with the PTSD clinic, and supposedly San Francisco is the model for the nation, for their treatment of PTSD, none of them are military. None of them can comprehend what we are struggling with, sometimes on a day-to-day basis. I find that there are outside organizations who have a much better grasp on what we struggle with on a day-to-day basis, than anyone at the VA does. I've found some online support who seemed to understand what a person who's struggling with PTSD is dealing with, much better than the VA does.”*

**INTERVIEWER:** *“So speaking of your doctors, have you found that they understand, that they have any kind of cultural competency or knowledge about veterans, or is that something that factors in...”*

**VETERAN:** *“Some of them do and some of them don't. It's a mixed bag.”*

**INTERVIEWER:** *“And what do you prefer?”*

**VETERAN:** *“Really, I prefer that they just look at me as a medical patient. They don't have to be particularly looking at me like, ‘Oh, wow, you're a war veteran or you're this or that. I mean that's all fine and dandy, but we're just talking about my body here. I don't want to go in-depth, unless I'm going in to or it's a group I'm talking to...as far as other veterans.”*

*“When it comes to mental health, I think, you want vet-specific care, but I think the physical stuff, which is mostly my issues, veteran-specific doesn't make a difference, I think.”*

# Findings: Veteran—Provider Relationship

## RESEARCH HOSPITALS

Given San Francisco VA's proximity and relationship with University of California, San Francisco, many veterans at the SFVAMC are receiving care from UCSF's medical residents. As such, they tend to receive less continuity in those situations. Also of note, all SFVAMC doctors are also faculty at UCSF which appears to influence veterans' perceptions of doctors' experience and whether veterans believe they are culturally competent.

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**INTERVIEWER:** *"What is most important to you about the care you get at the VA?"*

**VETERAN:** *"Most important to me? Seeing a doctor that will listen to me. I've experienced a couple of interns or others...I don't know what their position is...if they're doing an internship...cause it's a training hospital.... For the young interns coming out of UCSF, I feel a lot of empathy for them because they're dealing with some real difficult people for many reasons. I wouldn't want the job working there. It's a difficult environment, and I admire the doctors that do a good job. There are good doctors there, but it's a hell of a training ground to hit when you're coming out of UCSF to get that. I appreciate the care I get, but there is certainly a two-way mistrust."*

**VETERAN:** *"Sometimes you can get a little resentment from doctors that have never had any kind of familiarity as far as military background..."*

**INTERVIEWER:** *"Can you give an example?"*

**VETERAN:** *"I've had a couple of really young doctors that attended me for short periods of time, and the basis of their doctoring was just, they didn't want to be bothered, it was just nine to five."*

# Findings: Pre-Conceived Views of VA Care

## EXPECTATION OF POOR CARE LEADS TO CAUTIOUS APPROACH BY VETERAN

Veterans seem surprised when care quality is superior to their initial judgment prior to accessing care.

**INTERVIEWER:** “Initially, when you first enrolled, what was that process like for you?”

**VETERAN:** *“In Fresno, I was between jobs, so [enrolling at VA] was a matter of necessity. That said, the VA had a horrible reputation in Central California for services... and in the 60s and 70s and early 80's, if you needed to go to the doctor in Fresno, in Central California, you did not go to the VA. If you did not have the money, then you went to the county hospital as a last resort. You did not go to the VA.... I did enroll as a last resort, because of where I was financially, and knowing all of this, there was a lot of trepidation.... Now, it's a very, very different place.”*

**INTERVIEWER:** “In Fresno?”

**VETERAN:** *“In Fresno. It's a very, very different place. I can't speak for any of the other places. But in Fresno, it's a very different place, different atmosphere; they are very welcoming, very professional.”*

*“Yeah, you hear so many negative things about the VA and I went in there and it looked like a really nice hospital. It went well from the start, so I didn't have any reason to change it, seemed like.”*

## WORD OF MOUTH CAN SIGNIFICANTLY HELP OR HINDER

Word of mouth can significantly help or hinder whether the veteran enrolls in VA care, and is often the primary basis for their motives to either enroll or not enroll. Anecdotal information from VA users, most especially friends and family members who access the VA, plays a greater role in motivating the veteran than published reports or even recommendations from service providers.

Veterans who rate their care experience as high are likely to recommend the VA to other veterans as well. In addition, this was especially noted among Swords to Plowshares staff who are in the likely position of referring veterans to services.

*“I have a really good friend who was recently discharged.... I said, ‘Dude, carry your butt out to Fort Miley, take your DD214.... and get signed up with them.’ The next week, I said, ‘Have you gone out?’...and he was like, ‘Yeah, I already have my primary care provider.’ He is also seeing a therapist and psychiatrist down at the downtown clinic, and he's thrilled with it.”*

# Findings: Pre-Conceived Views of VA Care

## ENROLLMENT DOESN'T HAPPEN NATURALLY

Enrollment typically occurred under specific circumstances for many of the prior-era veterans interviewed, not as an assumed process during transition out of the military. Most especially it happens when veterans are in crisis. Economic shocks may sometimes be a contributor, such as when they lose employer insurance, but most often it was as a result of the emergence of health issues relatable to service. Recently separated veterans, however, appeared more likely to enroll as a product of their transition and are able to access under the five-year eligibility window of free services post-military.

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*"I initially signed up a few months after getting out, 'cause I was trying to continue my mental healthcare outside of the Army, and I ended up signing up for...I guess you get a certain amount of years of healthcare because of being in, either going overseas or being in combat...I don't know if it's either/or. So that is how I got started with getting healthcare in the VA."*

**INTERVIEWER:** *"Did you have any trouble getting enrolled at the VA?"*

**VETERAN:** *"No, I didn't. I actually didn't enroll in the VA until like about 30 years after I got out."*

**INTERVIEWER:** *"Oh, wow. And what prompted you..."*

**VETERAN:** *"I was in substance abuse rehab, and I got referred...I got an appointment from my counselor with the VA because I was a veteran, for my mental health. So I started going to the VA strictly for mental health."*

*"I was ahead of the game when I like actually got out...I got out on a Friday, and I enrolled the next Monday. The VA care providers were actually kind of shocked that I enrolled immediately, but my whole premise for going to VA care is I didn't have an emergency doctor, or couldn't get my annual shots, so that was the whole thing...just getting the basics covered. So at the time there was a three-year eligibility window, so being in college, going into VA healthcare was the way to go on a student budget."*

# Findings: The “Veteran Space”

## VETERANS FEEL A CONNECTION TO VA AS A “VETERAN SPACE”

Regardless of their patient experience, veterans feel a certain comfort in getting same care as their veteran peers, and going to the same place as their veteran peers.

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*“When I go out to Fort Miley, my comfort level increases enormously, because all of a sudden, I’m surrounded by a bunch of other people who are just like me. We might have different medical issues, different psychological issues, but I understand and appreciate the Vietnam vets, I understand and appreciate the Korean War vets, I understand and appreciate what the kids coming back now are struggling with. So even though I may not talk to any of the people when I walk into Fort Miley, I feel a comfort level and a similarity with them that I would not feel, say walking into St. Mark’s or St. Luke’s...a non-VA facility.”*

*“I like the fact that it is VA. I feel much more comfortable in a setting where everybody else is veterans, and the experience at the Oakland VA has been very positive. They seem very, very caring there toward their veterans, and it makes you feel comfortable.”*

*“I would say that my health issues are not that extraordinary. I just feel...I don’t know, I guess I’m just more comfortable in the VA medical care environment. I don’t know, the camaraderie or something. Can you see where I’m coming from with that?”*

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## SENIOR VETERANS AND THE “VETERAN SPACE”

Senior veterans feel a particular comfort and connection to the veteran space. Among older veterans interviewed, the veteran space fosters a tangibility to their memories of military service and a connection where they might otherwise feel increasing social isolation through the aging process.

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*“In the VA, if you get there early, you sit down in the lobby...you relax. And you hear the chit chat.”*

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# Conclusions & Recommendations

## ENSURE VA PROVIDERS CAN COORDINATE CARE

Veterans observe when their care is easily coordinated and essential services are integrated in a seamless manner. Conversely, veterans feel underserved when their care is not managed effectively. Treatment of distinctively military disabilities is dependent on a multitude of factors, including close communication and coordination among providers. Among VA users, 25 percent of the primary care patient population have comorbid chronic mental illness, and mental health providers have been able to diagnose, otherwise unseen by primary care, illnesses which necessitate a coordinated response which engages both primary and mental health in the delivery of veteran healthcare. Studies show veterans who screen positive for mental health issues are more likely to begin treatment if they see a mental health professional the same day that they are diagnosed. Medical conditions as a result of military service are complex, require a unique approach, and necessitate multiple care competencies. As the number of Priority 1A users are expected to double in the next 20 years, primary care doctors need to engage and work closely with specialists and mental health as a vital means of maintaining an integrated model.

## ENSURE CASE MANAGEMENT, CONTINUITY AND CONSISTENCY IN PROVIDERS, ESPECIALLY FOR THOSE WITH CRITICAL NEEDS

Veterans want continuity in their care, even when their doctors change. They don't want to navigate new relationships with multiple providers, and when there is staff turnover, they want their new providers to do their homework and ensure their healthcare needs are understood and their care approach is similar to their previous provider.

Those who express favorable provider relationships tended to have the same doctor for a longer period of time. The VA needs to invest resources to retain highly qualified, and highly regarded providers.

For veterans with critical needs, intensive case management is crucial for their improvement and increased health outcomes. The almost 250,000 veterans with serious mental illness seen at the VA need increased coordination among their care team, and consistency throughout their care plan.

# Conclusions & Recommendations

## INCREASE ACCESS TO MENTAL HEALTHCARE

While group therapy is becoming increasingly common and is cited to increase access, decrease costs, and allow veterans to identify with others, it may not serve the needs of all veterans. While veterans cite the benefits of longer-term therapy than they experience in the private sector and the importance of evidence-based practices which incorporate a trauma and culturally informed care approach, it's clear they need mental health services tailored to their individual needs. Treatment for PTSD, a hallmark of the VA mental healthcare model, should not be reduced to group therapy due to demand or cost restrictions. Its clear veterans want this service from the VA, who have shown in previous studies to have a higher evidence-based practice than non-VA and non-military providers.

## COMMUNICATE TO VETERANS ABOUT CHOICE PROGRAM AND VA CAPACITY, AND PRESERVE VA'S ROLE AS COORDINATOR OF CARE

While a primary motive of the Choice program is to expand options for veterans with limited access to needed services, some veterans feel very strongly that Choice will restrict their access to services at the VA even further. While some veterans expressed timeliness as the primary reason why they would utilize the Choice program, perhaps the most telling of the data is among those who access services from the San Francisco VA Medical Center, wherein a significant number of specialty services are available, veterans are less apt to seek care through Choice even if it means they won't have to wait.

Recommendations for expanding the Choice program should include VA as a coordinator of care and referrals, and ensure VA providers are communicating thoroughly with veterans regarding substantial changes in their care due to Choice. VA providers need to be the navigators for this care. Opportunities for expanding needed resources at VA centers where veterans are seeking Choice due to limited services should be examined, even when Choice is favorable due to local circumstances, as veterans interviewed tend to feel strongly that if the service is offered at their VA, that's where they choose to seek it.

# Conclusions & Recommendations

## VALIDATION AND REAL TALK

Veterans feel supported when their providers are acting on their behalf. They feel a particular resentment when they need to advocate for their care or feel judged by their military experience and burdened by having to establish proof of their service-connected injuries. Patient advocates have been a great resource for veterans to seek validation and gain an ally in their healthcare advocacy, but providers themselves need to act as advocates with a veteran-centered approach to care. This is especially true for veterans whose personal accounts of service may not correlate with military records.

Veterans need real talk about their care experience, and want to be more informed consumers. Customizing communications and offering online, app, telephone, and direct mail communications tailored according to the best mode for the veteran allows them to feel more informed about their healthcare choices and outcomes. In addition, VA outreach campaigns which include personal accounts from veterans voicing their positive, and even challenging, experiences could significantly help the VAs reach more veterans.

## HIRE MORE VETERANS AND INCREASE ACCESS TO PATIENT ADVOCATES AND PEER MENTORS

Establishing hiring practices which recruit veterans into jobs at the VA will expand a peer-based model and increase confidence among veteran patients that the VA can take care of their needs. Patient advocates have proven effective at supporting veteran healthcare and informing veterans of their healthcare choices. The VA is the largest employer of peer mentors in the world. Veterans should have easy access to patient advocates and peer mentors to improve engagement in treatment and self-advocacy in treatment, which studies show it has proven to do.

“VA Research Currents: Better Preparation, Planning Could Improve Effectiveness of VA Peer Specialists,” U.S. Department of Veterans Affairs, Office of Research & Development, accessed February 4, 2016, <http://www.research.va.gov/currents/winter2015/winter2015-26.cfm>.

“VA Research Currents: Better Preparation, Planning Could Improve Effectiveness of VA Peer Specialists,” Matthew Chinman, March 19, 2015, accessed February 4, 2016, <http://www.research.va.gov/currents/winter2015/winter2015-26.cfm>.

# Conclusions & Recommendations

## INCREASE CULTURAL COMPETENCY TRAININGS FOR VA PROVIDERS

Cultural competency is an expressed need among almost all who were interviewed, and many Veterans assume that providers in veteran-specific care have this knowledge. When they receive care from providers without an understanding of veteran culture, values, and healthcare needs, it can lead to tremendous distrust between the provider and patient.

Ensuring providers across medical centers meet minimum requirements for cultural competency training in addition to medical specialty training will ensure veterans are receiving culturally informed care and will benefit the provider and veteran relationship. Given 70 percent of all U.S. doctors receive training at VA medical centers, establishing provider networks with non-VA providers who have received both medical specialty training and cultural competency is recommended.

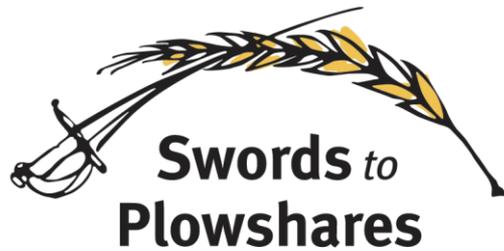
## MOVE TOWARD VETERAN-FOCUSED, AND VETERAN-CENTRIC CARE

Veterans have a real sense of the national VA care conversation, and feel a considerable disconnect from determining their own healthcare outcomes. When decisions are made without veteran input, veterans either feel very strongly that they must become their own advocate and fight for their care, or become disenchanted by the process and consequently don't receive the care they need, leading to illness burden and poorer health outcomes. Ensuring veterans are part of the decision-making process will move toward a veteran-centric approach to making the necessary improvements to VA care.

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*"We're all going to need healthcare, and good healthcare, forever. It's something that's a must. They need to unload a lot of the riffraff and bureaucratic crap and get to the meat of helping the VETERANS. And you've got a lot of them that get so frustrated so easily because they don't have the strength to fight for themselves. A lot of times, their families don't have the strength to fight for them either, and that is so sad. I know I've run into that in all kinds of communities."*

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VETS HELPING VETS SINCE 1974

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