Mobile Clinic Interview Notes

Who we talked to:

We interviewed VA employees who

- Run and manage the MMU programs and services
  - 2 - Emergency managers
  - 6 - Health programs and operations management (physicians, nurses and clinic managers)
- Publicize the events and information to Veterans
  - 7 - Public Affairs and communications officers
  - 1- Veteran outreach coordinator

1. Tara Ricks - Director of Communications
2. Stephen Wilkins - Deputy Director of Communications
3. Scott Defreece - Nurse Manager Rural & Telehealth Clinics
4. Izabella Jackson - Nurse Manager, run/manage the mobile clinic programs
5. Tim Hippen - Chief, Voluntary Service and Outreach Coordinator & Acting Public Affairs Officer

6. Tanya Henry - Nurse Manager - manages mobile clinic
7. Tammy Finney - Chief of Communications, Engagements
8. Andrea Boyd - Physician, Vaccine Coordinator
9. Bob Hall - PA Specialist
10. Matthew Bell - PA Specialist
11. Reginald Kornegay - Emergency Manager for Orlando
12. Gregory Donohue - Emergency Management Specialist, Orlando
13. John T Cinco, MD - Physician - Service Chief
14. Nestor Rodriguez - Veterans Outreach Coordinator & Minority Veterans Program Coordinator
15. Daniel P. Gutkoski - Clinic Manager VHA, (NARS authorized VARO/OC Manila)
16. Armenthis Lester - Public Affairs Specialist, VISN 21

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Key findings

- Mobile clinics, events and services will not be adequately represented with the current model of 1 webpage per vehicle.
    - Mobile clinics, MMUs, MUVs vary widely in their use and purpose
    - A mobile asset may be owned by a particular facility but it's custodianship falls under emergency management, who can deploy it at any time, for different needs, crossing health system and catchment area borders.
- PAOs are apprehensive or resistant to adopting upgraded websites
    - PAO staffing and capabilities vary widely across VISNs, systems, and facilities. Some PAOs don't feel adequately staffed or trained or supported.
    - Current web solutions don't factor in this variability. PAOs prefer to update their facilities' Facebook pages than their current official website.

        Solution:
        - More discovery work to understand PAO tools, processes, needs and pain points.
        - Find ways to improve relationships with PAOs, and create solutions that take their needs into account.
- Coordination and communication between VHA and Vet Centers is inconsistent at best, and hints at adversarial in some cases. This is not good for the Veteran or VA staff.
    - MMUs and MVCs (Mobile Vet Centers) can be used interchangeably for different situations and may be parked next to each other without the other knowing. This means Veterans are not being effectively routed to potential care and benefits.
    - In past research, Vet Center staff voice concerns over the negative relationship between VHA and Vet Center. In this study, VHA staff volunteered the same concern.
    - Health systems where VHA and VC work together effectively, like Orlando, have acknowledged the issue and put practices in place to rectify it. However, this

scenario seems to be an outlier, due to considerable concerted effort by motivated staff, rather than the VA norm.

- In past research, Veterans expressed anger and resentment that they were not informed of Vet Center mental health care options by their VHA providers.
    - More research is needed to understand the source of the problem and additional unknown downstream effects that it may be causing.

MMU's Historical Context

We learned that mobile assets (vehicles used by facilities to deliver services) have been around since the early 2000s and used to be owned and managed by facilities. Some emergency incidents, where the VA was not able to respond, led to an Inspector General review in 2014 that found that MMUs could not be deployed at a moment's notice when emergencies occur. Some were in disrepair, others were just used as office overflow space. So, it was mandated that the custodianship of "Critical Deployable Resources", which includes mobile clinics, fall under the Office of Emergency Management. Now, all CDRs must be tracked and be in a ready state and can be deployed at any moment. Mobile units start moving around, changing ownership, and get used more intentionally for very different purposes.

What does this mean for the Facilities Team?

What units still exist, where, and for what purpose varies widely and isn't reflected in the VAST data that we were surfacing on Facility Locator, (prior to suppressing Mobile Clinics altogether). An MMU's purpose, which can change on short notice, drives what needs to be communicated to Veterans.

How are units used today?

Theoretically, any MMU can be pulled from its daily use to be deployed across the country in the event of an emergency. Any MUV (multi use vehicle) whether owned by VBA, VHA, Vet Centers, etc can be deployed and aren't beholden to their catchment areas or owner. We learned some mobile assets are:

Non-emergency:

- Used as primary care clinics to offer scheduled appointments by a predictable schedule
- Used as dedicated space for a CBOC to deliver scheduled specialty care; cardiology
    - Ability to connect to a secure weblink as one reason for choice of location
- Used as private space for counseling during planned outreach events
- Walk-in services during a planned event

During emergency response:

- Used to deliver primary care in high visibility location
- Used to deliver food, showers, mental health counseling
- Used by VHA staff for counseling even when typically staffed by Mobile Vet Center

What do Veterans need to know?

How do Veterans find out about mobile services and events today?

> Opportunity > How might we get data to understand this space?

- **Local news**
- **Automated calls (Stream Calls)**
- **Emails (GovDelivery)**
- **Vet Text**
- **Postcards**
- **FaceBook**
    - **Easiest for PAOs but does this effectively reach Veterans?**
- **Instagram**
- **Twitter**
- **Website**
    - **Pain points: teamsite, have to go to the building during an emergency**

Specialty care

- Days and times that a service is available

Primary care
Walk-in event

The biggest risk identified:
PAOs

- Public affairs offices at any given location may be understaffed, overworked, under-skilled, or all of the above
- Opportunity: We need to make them our ally - align our goals with theirs
    - Build tool/processes to make communicating easy during emergencies, et all
    - Opportunity: Can *we* leverage their FB usage? Post to FB auto posts to VA.gov

Next Steps

- Get an updated list of all Mobile Units from emergency management

OR

- Send out a mandatory survey to PAOs:
    - Have them confirm or correct the MMU inventory
    - Give them a choice publish a website (predictable primary care use case)
    - Ask them about tools
        - Would you be interested in a tool that would allow you to publish events from home in the event of an emergency?
        - Would you like to participate in

What can we do now?

What should we work toward next?

Stakeholder Discovery - Mobile Clinics

Fayetteville, NC

June 17, 2021;
Interviewers: Leyda/Dave/Michelle

Interviewees:
Tara Ricks **(Director of Communications)**
Stephen Wilkins **(Deputy Director of Communications)**

Pre Covid what were MMUs used for?
We'll probably go back to the standard for operating. So the MMUs were used to deploy during emergencies. The majority, lets say in VISN 6, you take North Carolina and Virginia, we have MMUs stations… some people have more of them, some people have inoperable MMUs, sort of like your dad's RV, but obviously pushed the requirement to get them up and rolling. But I don't think that's going to necessarily change the way that they get used for normal operation, especially for NC and Virginia. I would say that when we talk about it during COVID times, we're used those MMUs for um testing, vaccines, but they're not, they're not their own entity. They are part of the healthcare system. So, rarely, would I ever, ever communicate an MMU as its own entity.

However, that being said, in northern california there are sites, and there are other places with demographics similar to northern california, like reading and such, where during the winter time, its very hard for our Vetreans to get over the mountain passes, so they will bring the MMUs out there, but they're by appt, they aren't walk-in clinics. There might be but I haven't seen it. Usually people that use those, that deploy during winter, for deployment, they know there there. They don't need formal advertising.

Now when does an MMU need to be advertised?
It would be when in an emergency situation, so for example we had to deploy to Moorehead out in front of the walmart parking lot because the Moorhead had flooded because of a hurricane.So, we were moving operations to that location and that particular MU was at the walmart. However, if a Veteran were to go to the, when you have an emergency, a yellow bar is launched, at the top of the header and it would say that. And if you go to clinic status, you would click on Moorehead city and you would see Morehead City is closed and has been deployed to the Walmart.

So, in my perspective, it would be very confusing to have its own page. I think it needs to be in conjunction with sites or with the service. It could be an option. But unless its in an emergency, I don't think the Veteran, is going to be like 'ok, there's an MMU there from 9-5'. It doesn't really work that way.. However, there may some sites that are different. That from what I've seen, Oklahoma is tornado city, right? Its the scariest place to live, don't ever live there. They have an amazing emergency system. Probably the best in the United States of America. Incredible, but MMU. It was deployed in the Moore Tornado of 2014, one of the worst tornadoes.. I was there. Tat was deployed to a K-Mart because people literally were in trouble. I mean that was serious stuff. But I mean, they don't have internet! They don't have a phone in these situations. They're not like, 'where's the MMU?' We're usually calling, if you have a phone, using some type of radio system, to locate these MMUs, it varies, but I think it would be confusing for it to have its own page. I think it would be weird. But I'm open to ideas.

Dave: maybe it doesn't make sense except in the case of an emergency. But for another facility, where it has different stops, it may have to be a different solution. We're just in data gathering.

If you look at the demographics of Veterans that can't get over mountain passes during the winter time, its imperative that those MMUs get there. But now there is choice. There may be more choices, more virtual options, we've put hot spots in peoples home. There are more options since COVID.

I would really appreciate, if there was a way, on the website... the bars on the website. I mean, the websites in general, I love you guys but we need web people on our sites, the PAOs are so over doing this. You can probably look at my websites and shame me because I look at my website and shame me for them too. But you know what, it's exhausting to learn the backdrop….

Updating status of an MMU is a painpoint - needs more research

[Steve talking to Tara but inaudible] "Oh you did…[reading] MMUs can be loaned out for emergencies, yes so then if you post the loan status location, [reading from screen but inaudible] chicago loaned it to durham for placement". Yeah, I think that in general for me the MMUs are critical for us in VISN 6 during hurricane season. They're absolutely needed, they're checked, ready to go, we know they're good to go and deployable at any time. I would say that another part of the VA that you need to access is the Vet Centers. They have they're own MMUs and they deploy them all the time during emergencies. The problem is they don't necessarily talk to the VA and Veterans, and being a combat Veteran myself that uses websites, also, for my care, they'll deploy it but Vet Centers don't have their own little, they don't really have their own website, I mean it does, it kind of works.

Dave: we're working on it, this team is launching them

Vet Centers should look different than VA

I love, secret, don't tell VA. I work for them, but I love Vet Centers, I think that are imperative to Veterans care, especially our younger Veterans that refuse to get care from the VA. So anyway you can make them look different than VA [she hides her mouth] you should do it. Because you'll get more usage. Anyway, because yeah that's where we are.

How many?
Don't we have 3-7? Durham, Salem, Fayetteville, Asheville… I don't think Hampton has one. I mean they travel. For example, we keep the one from Fayetteville down, well we did before COVID, in Wilmington, but let's say Salsbury needs too, it would move to Salsbury. I mean its like a mobile RV.

Dave: VAST says VISN 6 has 6

I've seen 2, they look identical. They're mobile clinics. Have you ever had your blood drawn in one. They're like that but less cool.

Michelle: I'm thinking about N California, are they seeing providers? Is it a doctor?
Depends on what the care is. If you're seeing someone in an emergency, an emergency what they really need is prescriptions, they don't necessarily need care, care, like doctors appointments. So, during emergencies, prescriptions are our number one issue. I mean quite frankly, that issue, for communication, needs to be managed moreso than the MMUs, because it's very difficult for Veterans that are stuck with no phone, no internet, and have medicines that they absolutely need. And those MMUs do provide… so who's there? It depends if its covid vaccines, its a different team. If deploying for winter, those teams are really small, 2-3, usually only 2 primary care teams clinics. They might be on rotation or send the same PAC team every Tuesday?

Michelle: so they are on a set schedule?

Yes, but you don't want to promote that. Let's say you go to Telluride, CO. If you get stuck in Telluride, in the middle of winter, you're screwed. You're there because your car ain't going nowhere. Chances are those Veterans have been living that location, and they know that their doctor is coming every Tuesday. Doctor is not there to say, "Hey guys come see me". They have booked appointments that are planned ahead of time. Its not a drop-in situation.

Walk-in Primary Care on College Campus - discontinued for lack of use as an MMU
But there is one, its almost like you can give people the option, and because we don't have webmasters running the website and we have shops of 1 public affairs officers, which is ridiculous, running all of these things, you're going to get outdated information. Ultimately that's what's going to happen in my opinion. But in Northern California, Martinez, California. That particular site deploys an MMU like every wednesday to Berkeley college to offer appts to Veterans. Those are non-scheduled appts so they had a mental health section and primary care. Non-scheduled. To try to tap into the younger audience, so there's one example, but then you have to be very careful because if these people are not updating their websites enough,

and they are putting that out there, its really not worth the physicians time because noone is going there. It's better to get that physician a room vs a whole MMU. So, then noone takes it off the website, it's one of those things that's very difficult.

It's rare to use and they stopped because it cost so much so they instead contracted a room. So what they notices with colleges, its mental health that was the need, they are using it as a tool to teach, for PTSD,so there's more collaboration with the campus.

If it were up to me I would not communicate MMU deployment, unless it was an emergency. That would be my preference.

So, you're saying there may only be one person dedicated to this work?
There might be no person dedicated to this work. That's how much they care about the Public Affairs Officers and website content.

Dave: you're talking about specifically the PAOs and we've heard often there is only 1 PAO who is managing multiple healthcare websites.

New websites should come with the manpower to support them
Yeah, for example, Fayetteville. I was running this team and Fayetteville's team and we have yet to do the content review of their new website that needs to be deployed. We haven't yet, because I'm training her as a Public Affairs Officer. And they're going to get… I was able to convince them to get a webmaster as a GA11 to run the website for Fayetteville, Salisbury, and for Asheville as a content manager. Just to constantly make sure that… but you, I mean you may have a 1A facility.. Those facilities are really, really, really, big. And they may have 4-5 people. But you may have a Salem, a Hampton, and Asheville, who don't have anybody and you can tell. Their websites are very outdated. Just because…

1. Right now, Teamsite, its super outdated, [makes retching sound] ugh I hate it. I've used it my entire VA career. I hate it. Its horrible. But. I can't wait to get the new one. That might be helpful, but then the other piece is you have to pause. You have teach a public affairs officer. A communicator a new skill set. They didn't go to college to be webmasters. Even though you're not using a lot of coding, alot of HTML coding on these websites, it is alot of plug-n-play, you still have alot of update here, and update here, and update here. So that's my concern. Anything that isn't constant is my concern, is always putting it out there. Because it can be forgotten, and ultimately impacts the care we can give to Veterans just because that's the way the VA is at this point.

Dave: Can I set up a separate meeting with you to dig into that. Just regarding the VAMC product. One of my concerns has been teaching people how to website.

Yeah, I would love to, I wish every website came with.. I mean you don't run a surgery without nurses and technicians. But you expect Public Affairs communicators to run entire shops with one person. It's absolutely impossible and so because of that. Because of logistics. Because

actual operations are so… it varies so much I really try to make sure what we do, we can 100% do it well. And it doesn't burden and if opportunity, let me give you an example, there are times during an emergency when Steve and I have to take over for someone else's website, because they do not have the opportunity to do it, or don't have the skillset to do it. All these things are real. I mean, I only have the real basic skills. I wouldn't even call it a skillset. I wouldn't put it on my resume. So, that's the kind of stuff. Anything that isn't used on a daily basis. I want them to have the ability to deploy that as a resource but not have it as a constant on the website because that's just confusing for the audience.

Getting the word out. "It's alot easier to update people through FB than it is through changing the content on our websites."
Northern California example: There could be like 10 patients, older WWII patient,s Vetr old Veterans that know that their doctor is going to be there.. When it comes to emergency management, I've done hurricanes, tornadoes, a dam broke (almost). I mean PAO use the news. We are 100% blasting it. We are making sure we are on the news. So we're not relying on our website at all. To be honest with you, when late breaking news happens, we are directing people to our FaceBook page, because its alot easier to update people through FB than it is through changing the content on our websites. Because remember a lot of these things do happen off-hours, like it or not.

You can't get into Teamsite and update anything off hours, I mean you have to come in, who has time for that? That's stupid. We have to be able to update the public immediately. So what we will say on news interviews, is 'please get your information during this time… please be checking our facebook feed' and the news media will be checking our FB feed simultaneously. So, anything that's really significant, they'll start putting it out there. And when we get the opportunity, we'll add it to our banner. The yellow portion of our website. I think this new one, this new website, don't they have a downloadable function where you can download an app?

[Dave clarifies no app, just responsive]

I remember Stan saying you could use it on your mobile.

Fixed location: Vets needs to make appts still?

All of our websites, we use them as a support mechanism. The operations doesn't change. So if you have an MMU at your hospital, the information doesn't change. First of all, people don't know what MMUs are so they'll come in.Oh you're coming in for a Covid shot, go over there. But they aren't advertising, in our minds there's no need to advertise that because its a support tool for the main clinic.

Are they close by?

Yes, they are parked near the emergency.

Michelle: So its effectively another suite, another building on a campus.

Yes, but because they are so ‘mobile’ we have people out there directing or we have signs. For covid shots, when we had walk-ins, you would go into the facility and tell you where to go, directing. But now we don’t have them anymore because of the patient flow its too slow.

L: So what happens to them when not in use?

They get parked and forgotten about until they need to be used again. They are not used on a regular basis. They are emergency vehicles. [to steve] “Have you seen them used on a regular basis?” No. yeah. He said no.

They’re required to run, they check on them constantly. They’re kind of like you know companies have fleets of cars. Right like they are in the fleet.

MVCs and VHA for emergencies
The Morehead City example, they are only there for a week. And that was so blasted on the news. And Morehead is so small, it was easy. We put them in high traffic areas. And the Vet Center will probably tell you the same. They put them in high traffic areas. Walmarts, Target, any place like that where people are gathering, if there’s shelter,. The example, when the dam was about to break and all those people had to move and were in shelters, really far away, that particular mobile Vet Clinic. In that instance, that mobile clinic was not owned by VHA, it was owned by the Vet Center and they moved the clinic over to a certain location. But then it was staffed by the VA with clinical people. They really are a resource for emergencies.

Shared beyond catchment?
Yes, they can. We’ve sent to Chicago (like Steve said) Chicago lowned us one. We were on standby to send ours to South Carolina.

Serve 6 different generations of Veterans
18 to ~100. All susceptible to using them in an emergency. Medication is the most important, that Veterans are wanting to get during an emergency.

Sometimes, it will be for mental health, like the Vet Centers provide.So you may have two, but they called them VA Mobile Clinics, or Vet Center Mobile Clinics, where in the tornado, they were used for mental health. I mean people lost their homes. And mobile Vet Centers, yea. In that instance they were staffed by VA and Vet Center mental health people.

MMUs
Some have been around forever, some kept up and look great, others look like garbage. They do get replaced but it varies. Who buys them? I assume the facility
Website

What could make it easier?
Not having it {a website for an MMU} and putting it on the emergency site. It's like having a website for a cell phone. Its just a tool. It should be embedded in the tools that everyone is accustomed to using. Like emergency webpages. Now you could put a place on emergency webpage that says, has the MMU been activated? That could be cool. I'd be down with that. But their own special… I would not be cool with that.. It would not get updated. I can hardly get people to update the front page of their website with a new story. I mean,

So emergencies, if it comes down, it's a part of the emergency response option:

1. Has the MMU been deployed": and I would actually ask it as, "Has VA's mobile medical clinic been deployed?" Yes/No
2. Where: here
3. Hours of operation
4. What services can this MMU provide?
5. Not emergency; urgent care walk-in, or whatever. Like you can list what services they can provide
6. has the Mobile Vet Center been deployed too?

Dave: services; do they change based on what scenario an MMU is addressing, yes, absolutely. For example, Moorhead City did not have mental health services. Wait, actually Vet Center did deploy. OK, that's another issue. Another issue, is the Vet Center might deploy right next to the VA mobile clinic but we don't know what they do. Are they providing mental health services. I guess you should probably put has the Mobile Vet Center been deployed too? Because mental health services can be provided by them but they don't always go hand in hand. It depends on the relationship between the Vet Center and the site. Some sites have great relationships, some do not. But you can add it. I mean that would be beneficial. I mean it would be good to have a checklist of services. And most of them, more like walk-in clinics, we don't want emergency services, medication refills, prescription refills, I think that is all for that particular one. But I would say, this would be an ever evolving list, as most have different services. But most have been walk-in primary care, and mental health from Vet Center, and sometimes mental health from the VA, it depends if the VC isn't capable of providing the services. And definitely pharmaceuticals. Some of them serve food.
Michelle: Rx, how to fill, onsite?

No, only under normal circumstances. VA has a national contract with either CVS or Walgreens, it changes every year, where you have a 1800 # and you can get 10 days of emergency medicine. However, it's not how we want people to go, we rather they call the VA's pharmaceutical line and get it mailed to them. But in an emergency situation your house might have been taken down. So there's a third option. Is to go to Mobile Clinic, hey doc I need my blood pressure medication. How do you want me to go about getting this? And then they can send you to the ER but I don't feel comfortable going into these details online.

Dave: the behavior you want to encourage is come into the mobile clinic and ask for next steps

In Oklahoma City, the mobile clinic was in front of a Walmart that wasn't leveled, very public space, next to a Vet Mobile Clinic that was providing mental health, where the VA was providing triage care, medication services, ok so if you don't have a place to get your medicine yet, well the hospital was right down the road in that instance, we have full pharmacies there that can give you your medicine.

But let's say you're in More City, that doesn't exist, they would activate the usage to get it at one of our contracting locations. But Veterans wouldn't know that because its a very complicated process, especially for older veterans. We put so much stuff out there, for them just to call a number and someone to walk them through that, or go to a certain location, where the benefit could be is if you pull down the yellow banner and you say, you see a picture of a mobile clinic, yes, a mobile clinic has been deployed, where, location, hours of operation, services available. I would say you could make a list of some basic stuff, and then put a space where 'other' could be filled in by a public affairs officer, where you Moorehead City in 2019 did offer food, they offered 3 meals that people could take with them. Um there's times when you have homeless program where they're offering placement, but like I was saying they are not going to a different location. They don't even go to the 1800 on the homepage for the call center. I think if you had it on the banner where there was an option to add to and that would be very helpful. And I think it would be helpful to have the opportunity to add little icons and things like that, that would be cool. Because people are visual learners. Then the PAOs could link back to that page from their social media sites.

[Steve Wilkins wants to share hi screen]

VA Responds To Hurricane Matthew

Steve Wilkins

Mobile Medical Units from Chicago, Richmond, Va., Tampa, Fla., Wilmington, Del., Clarksburg, W.Va., and a Vet Center fro Greenville, N.C., came together to support efforts providing Veterans in flood damaged counties surrounding Tarboro, N.C. The Veterans Canteen Service also contributed a mobile unit in Tarboro, as well as Laurinburg, N.C., to help provide meals and essential personal care items to those in need.

Steve Wilkins

Motor Vehicle Operator Anthony Jimenez works to check an IT hub in a mobile clinic with IT Support Brian Simmons from the Durham VAMC. Jimenez drove from the James A. Haley VAMC in Tampa to Tarboro, N.C.

Steve Wilkins

Fayetteville VA Nurse Jessica Simmons watches as Veteran William Locklear is advised on his medications by Pharmacy Chief Consultant Jennifer Zacher.

Steve Wilkins

Vet Center Counselors from Greensboro, N.C., talk with a Veteran during his visit to the mobile medical unit stationed at the Laurinburg, N.C., Walmart Oct. 14.

Steve Wilkins

Outside a mobile medical unit from Tampa's James Haley VAMC, Vet Center Counselor Timothy Ligons, from Baltimore, Md., talks to Marine Corps Veteran Leroy Barnes of Rocky Mount, N.C., during his visit to the VA Mobile Medical Unit in Tarboro, N.C.

Steve Wilkins

VISN 6 Chief Pharmasist Steve Coombs talks to Tarboro Army Veteran Dennis Lyons to get him set up with emergency medications following Hurricane Matthew.

Steve Wilkins

Mike Burzic, Richard Vetali and Jamie Brown prepare for disbursement operations in a mobile pharmacy unit. Hines VAMC sent a pharmacy mobile unit from Chicago.

So what you're looking at there is an MMU. You see in the lower right corner what one looks like. The top left shows that we took Walmart over and had several MMUs from across the country. Pharmacy is the inside of top photo. That MMU was set up to always be a pharmacy. Most are set up to be flexible. Top right, are getting hardware to be able to connect.

Staffing MMUs
So although a facility owns and MMU, they are staffed depending on the need. MMUs can be activated for other healthcare systems. Hurrricane Matthew, I want to say we were serving 4 locations that we were serving Veterans with MMUs.

More important to talk to Veterans about services available rather than about the MMU itself.

Is there a phone number? Contact?
That's something that would be situational by incident. Typically, Veterans have a couple options, a 1800 number, a national call center. There may be a local call center set up. In this case, during the flooding, the medical center was still operational so staff were still manning phones, and so a lot of the call traffic would go through the medical center.

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Des Moines, IA

(Interview notes)
Region 5 / VISN 23 / VA Central Iowa health care

Tim Hippen
- Chief, Voluntary Service and Outreach Coordinator
- Acting Public Affairs Officer

Mobile clinic(s) name(s):

- 1 "old, old" Vehicle. A former MMU that was repurposed to now serve 42 counties in central Iowa.

What services are available?

- "everything that's on the postcard" [from email response:] Central Iowa uses the Mobile Clinic through Tele-health to provide services out to the counties for scheduled events with the county VSOs.

Who uses mobile clinics?

- Rural Veterans Thru Tele-health and walk in appointments, also coordinate with county VSOs on appointments. Eligibility is mostly done thru Video Connect.

Are any services walk-in?

- Tele-Eligibility
- Blood Pressure Checks
- Battlefield Acupuncture
- Home Telehealth Screening/Enrollment
- Scheduling
- Live Telehealth Scheduling
- My HealtheVet Enrollment

How do Veterans learn about your mobile clinic services and events?

- [from email response:] We work Directly with the county VSO's to coordinate. 1-2 VSOs per county. They're county employees, but not full time positions

With regards to managing mobile clinic operations, how does decision-making work?

- Emergency Managament, county directors

Do you use any online tools for communicating mobile clinic services, schedules or events?

- post cards [from email response:] Web Page is nice, did not know we had one. We can list our scheduled events on it.

Follow-up via email, 'Do you use Facebook':

[from email response:] Yes, we do put on our facebook page to advertise, Telehealth does that, the county CVSO Directors just get info out to the Veterans in their County to assist their county Veteran by handing out or sending out the post cards.

Des Moines Mobile Clinic - https://www.va.gov/find-locations/facility/vha_636QH - In dual state? Yes - https://www.va.gov/central-iowa-health-care/

Reached out to VISN 23 PAO - meeting with Ron Woolery and Timothy (Shawn) Hippen

Tim (Shawn) Hippen Chief, Voluntary Service and Outreach Coordinator US Army Retired

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Cheyenne, WY

Scott Defreece - (Nurse Manager Rural & Telehealth Clinics)
Izabella Jackson - (RN) - run/manage the mobile clinic programs

Vehicle or building

- 3 vehicles, converted trucks or RV at these location. Fixed; stays parked, preserves vehicle longevity (no plan to replace); weather.
- 1 building on a college campus. a space in exchange of student nursing training.
- Eye Clinic in a Van: will travel to 4+ sites

Services

Labs, primary care via telehealth offsite provider. Hi-def camera. Specialty: pre surgery, anesthesia visits, neurocare, will offer dermatology by taking pictures and sending to provider via a HUB then tell them how to treat by them or within the community; pain consult; What is feasibly possible within physical space limitations. Steward Forward (asynch telehealth) such as derm and tele-retinal. Some services currently done at outpatient clinics might come here to in the future like audiology via telehealth using special headphones and they can diagnose remotely and fit hearing aids. Mental health is provided which is hard to find with Community Care - highly valued by Vets. Partner with a dedicated provider for med management for mental health and connecting with a HUB from Salt Lake City for therapy (they are a spoke site of many throughout US) to tap into a larger network of providers through telehealth.

Who provides MMU Services

Nurse practitioners are the provider's (i.e. MDs) in-person eyes, ears, eyes, and hands. Two teams travel to each of the sites, two days a week. Providers are seeing all these patients remotely as nurse practitioners travel or are at outpatient clinics. Eg. 3 nurse practitioners (2 primary, 1 mental) can be at a fixed site seeing patients at Rawlins until travel staff gets to Torrington to see patients all day, then ("provider") is back again in Rawlins again (remotely) to work out anything for the next day.

Since When
1 from 2009 grant from Office of Rural health, 2 from former mobile clinics

Wheelchair accessible
Yes; wheelchair lifts

Transportation services
Yes plus partnerships, like community shuttle bus

Who uses the clinics

Program started to serve rural communities; 4 locations to have high Veteran population

Demographic changes
Office of rural health evaluates this 2x yearly

Appointment required
Yes, mostly. Veterans can arrive and ask questions and sometimes be seen but mostly by appt.
Audiology: scheduler sets this up, patients given choice of location

Walk-in available
VA Questions go-to; Vaccines; labs; "Flu shots this week, no appt needed at all locations"; if the HUB has an opening, can see someone for mental health.

How clinics get publicized
At start, had a list of every Vet in catchment area, mailed info packet to each. Now via VSOs in Nebraska, Wyoming and Colorado, work with VFWs, Amer Legion. 2x yearly mail out post cards of new specialties, e.g. flu shots. Word of mouth, eg. coffee shop talk

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Columbia, SC

7-Jul-21

Interviewees

Tanya Henry - **Nurse Manager - manages mobile clinic**
Tammy Finney - **Chief of Communications, Engagements**
Andrea Boyd - **Vaccine Coordinator**
Bob Hall - PA Specialist
Matthew Bell - PA Specialist
Dave & Michelle on call

Mobile Units
Tanya: offers continuity of care, having mobile units come to them (rural Veterans) makes them feel comfortable.

How to schedule an appointment
Once patient is stable and is cleared, they can opt to use mobile. MSA (Medical Support Assistant (scheduler)) provider puts in the ("recharge to clinic") order like normal, MSA calls patients and based on clinically indicated date, they are offered an appt that fits their schedule. They have access to their schedule via secure messaging whether they're calling and let's say need to come in earlier, they have access to our nurses and our MSAs onsite, that all that info is given to the Veteran to choose to use a mobile unit.

Once they are getting to leave their appt, the nurses communicate with MSA just as they would here (brick and mortar) so that that patient leaves with a followup appt, so once they leave that mobile unit, they walk out the door with an appt.

Walk-in services?
Everything's scheduled for the most part but that's not to say that we haven't had patients will present to the CBOC, we're parked outside in the parking lot of the CBOC, we may get a call that a patient came into that primary care provider (at the CBOC) is having a cardiac issue or whatever, they'll place a call to the staff in the mobile unit, assuming they can work the patient in, they'll walk the patient over to get cardiac services that way, so we've had instances like that

Parked outside a CBOC - always same spot?
Always the same secure spot outside the CBOC just to ensure we have remote services. Some CBOCs, both actually, Anderson and Greenville, when they were built, they were recently redone, there was an area that was actually built for the mobile unit.

Hours
Greenville & Anderson: Staff work from 7-5:30 and the clinic runs from 10-3p
Orangeburg: 9-3:30p, we can fit in more patients because the distance isn't as far.

Scaling back up from COVID
Cardiac services remain the same, we just won't be there as often, 2 day vs 4 days a week.

Transportation services - CBOCs, dav vans etc?
Tammy: during the pandemic, we weren't running the DAV vans, but now they are back up, HSC is working with staff and social workers to identify Vets who need the services. Social workers or Vets can initiate. If a Vet knows they have an appt, they know to give

HSC a call and they schedule. If they aren't familiar with the process, social workers assist Veterans wit that.

Cardiology MMU was part of the Rural Health Grant
Andrea: multiple facilities were part of this and it was so successful that it has remained a funded part of the facility. Goes to established CBOCs, so whatever travel policies are in place for the established CBOC, the MMU is just another clinic. It is not something that is outside of it that you would have to do something different, it's just like going to an appt at the Orangeburg CBOC or the Greenville GOPC (outpatient clinic), if travel services are available for the CBOCs then they can use them for the MMUs as well.

About Rural Veterans in Columbia
Andrea: rural health, all our CBOCs, oddly enough, qualify for rural and not urban and one other is on the border and about to flip and no longer rural. But these clinics that are in larger cities like Spartanburg, Anderson and Greenville, they service counties that are incredibly small and have a great deal of very rural Veterans, so for them coming into these clinics is a haul.

We have a great home based primary care that goes out, I've talked with some of them, some of these individuals in these rural individuals, are just hard to get to and just don't have the accessibility to or like for our VBC or those type of modalities so getting these services out to them where its not a 4 hour drive, to get to some of these specialty services, is huge for them. From a demographic standpoint, I'm not in my office, but primarily the counties surrounding these upstate ones are incredibly rural, more mountain. Towards the lower state like orangeburg and florence, its a little a little different.

Dave: "I'm the product owner", nature of the mobile unit. I envision, seems as though a **traveling x-ray machine?**
Yes, that's what the grant was for. It's no surprise we live in the south, our cardiac diseases are pretty rampant in south carolina and getting these cardiac care is paramount.

Community care and mission act & scheduling
Andrea: Generally, the majority of our Veterans would prefer to go to the VA. They don't come in saying, "oh I qualify, I need to go here".. Basically, once the physician says they need to do something or go see a specialty service, they'll offer it to them. The majority are willing to make the drive to Dorn. My guess is we pulled people out of care with the MMU offering.

Tanya: She's right. Even during COVID we continued with services virtually with phone or VBC and I will tell you for the 16 months, we've had 98% show up for those appts. During that time there would be times when they'd drive down just because they wanted to see their provider face to face, in person, and then they would continue on with their care with a virtual visit. We have not lost anyone. I think by keeping the mobile unit or going virtually, it has allowed up to keep people and out of the community and within VA I think its very helpful in that sense.

How Veterans have been informed that these options are available? How might they find out?
Patients are scheduled like they normally would. So, the cardiac nurses that are assigned to that team call on a weekly basis with reminder calls and offered the option to come in face to face in Columbia, or they can have a virtual visit, now with the upcoming openings on Tuesdays, those calls that are made weekly, those Veterans are notified at that time, you can do face to face, you don't have to do virtual unless they just want to do virtual, but that we will be in their area.

Newsletter or other communication?
We haven't sent out a newsletter or mass means of communication only because we're opening in a modified fashion only on Tues and Thurs, and they can't all be seen on those days. But if they do need to be seen face to face, we'll make arrangements to accommodate those needs. But once we open up fully, we would set something up like that to let them know they can come back. I tink alot will want to continue to go virtual. And those are coordinated within those face to face.

For cardiology as a specialty, is just like any specialty, they need a consult first, it's not people that just want to come in. Cardiology has deemed them eligible and necessary for this type of care.

Also if there's a need to share this information, we are always available to assist through social media, or target vision, gov delivery or whatever the facility needs, we can assist.

Virtual services, new due to Covid or always existed?
Do Veterans ask for it?
We try to do it over what we call VBCs where we're seeing them over video connection. Some of them want to do that some want face to face. They have the option. We assume most will want to come in face to face, but also those in the 80 or 90 year old population, that would want to come f2f. Some 60s and 70s also want f2f, alot honestly don't love the virtual because we're looking at them over this video system. A Lot of

them don't have the internet system to support that so that has been difficult for them. Some have gotten use to it OR we're talking to them over the phone and that something we're trying to move away from. That's also why we're trying to open back up so that they have the opportunity to see us face to face. Lost live near these CBOCs either Greenville or Anderson.

We won't take virtual away from them in the future.

Vaccine initiative - refrigeration requirements or high demand drive MMUs role
Andrea: as vaccine coordinator early on, we talked about MMUs for our CBOCs but one of the limiting factor was the transportation of the vaccine so until J&J came where we wouldn't… you have to ensure that the vaccine will stay cold and/or frozen, depending on how you're transporting it and there were many time, because we were given Moderna to begin with and then we added Pfizer, we were able to ensure with the MMU... we were able to get a transport SOP put in place at Greenville CBOC that has a full pharmacy and freezer, but once J&J came out, we were able to use the mobile unit. We started not using the MMU because we had such demand,that we were just transporting them to the CBOCs and administering them at the CBOC. But what we began to find was that as #s dwindled down, we needed to be able to expand where we were going.

Vaccines with VSOs - on-the-spot vaccine clinics
Instead of being limited to our CBOCs, we took our MMU to our VSOs, we've done it at VFWs, VFW conference, churches, we just expanded, we're doing a couple coming up at businesses and so the MMU allows us to create an on-the-spot vaccine clinic. It has all the things we need to provide the vaccine and the administration.

Outreach with MMUs, walkin, enrollment
One of the reasons we use the CBOCs for the cardiology piece is for the connection for them to be able to get onto a secure weblink. So what we have to do when we take it out is to use gov't hot-spots to be able to connect. The MMUs have been very helpful to do outreach in these rural communities, the majority do not want to come in for a vaccine, let alone twice, so we use Johnson and johnson at our events so its one and done. So we do alot of work with our PAOs to advertise that. It's 100% walk-in and so its very different than how we have cardiology, since that is specialty care. If you want it, we give it to you. And we have the MSAs onsite as well to help getting them into the system, as well, we take enrollment and eligibility with us, for the SAVE LIVES act, for anyone not currently in our system.

Working with the PAOs to get the word out - working group

We formed a community outreach group, and in that group we have our PAOs as well as our voluntary service chief and then Ms Finney who's over those, myself, our CBOC nurse manager, and our nurse manager here, which just helps me understand what we need, and we have a pharmacy rep, and we just kind of discuss what we're doing when we're doing it, and our Chief of Veteran Services, she does a good job coordinating with our chaplain services and alot of the churches and getting lots of these different organizations, the VSOs, and basically I turn it to her and say, we can't have the MMu in more than one place at one time, so she reaches out to me and says, do you want to do this, gives me the date, I say yes, I kind of coordinate all the staff that will go onto it and then we move forward from there. It was a small group. We also have a Veterans Health Education Coordinator on there and she works closely with our PAOs to create materials and do that outreach and help them know and understand the importance of the vaccine

Catchment area reach

As a coordinator, I have access to a lot of national dashboards, not only demographics, but also where people are not vaccinated. And whether that falls in our area. I basically have a map of our state and our catchment and all the areas that belong to us and I'm able to determine from that map, what those vaccination rates are in those particular counties. So when we first started our group, we had our "priority 1" group, which were that were 10% of the Veterans were listed as vaccinated in our system, so we really tried to target that area. So our Chief of volunteer services went to those VSOs in those counties and said, hey do you want to partner with us and in that we have a developing partnership with one of the universities in one of our more rural areas in Clemson University, to get out there because what we find is that in those rural counties, a multitude of variables, but their vaccination rates are very low, also do not have the community health resources to handle an outbreak. So as a county, they are very vulnerable and we're trying to assist and help build them up and make them more robust. So we're trying to develop those community relationships so that if we go somewhere, Clemson can go with us and we can do a larger event, DHAC which is our dept of health in SC, I had reached out to them, when we started this, and they were also only using J&J on their mobile, basically I said until the rules change, they are on call for us if they need assistance. My hope is that they have the ability to transport the moderna and pfizer for children because that is something that we don't do. So, that was the original intent. But they don't use Moderna or Pfizer for their events. So again, we pick those priority counties based on their vaccination rates and then work from there.

Enrollment during outreach events

SLA (Save Lives Act) Vets that aren't registered, spouses, caregivers and specialty group for dependents. But those that fall under the SLA we can vaccinate. We don't enroll them, we register them, so that the VA can track into what category they fall into. Enrollment helps with that piece because we can't document unless they are in our system. And that's part of the tracking for the vaccine that way they know the CDC gave us this many vaccines and we've documented the vaccines.

Websites, tools, for vaccination publicity
What are all the tools at your disposal to get the word out about something like a vaccine event.
Robert Hall (Bob): Not only do we use our social media, Facebook, Twitter, Instagram and of course our public website, but we also rely heavily on GovDelivery, which we've got about 47K on the list that we can reach out to through GovDelivery.
Andrea: We also use VetText and StreamCalls, an electronic calling system. We have all active phone numbers and it's an automated call that tells them when we have an event or something along those lines.

How does the message change based on the medium
Bob: social media FB and twitter, video will only be used on those. I can't use video on our public website.But any kind of print material, whether its a notice or a flyer, or via GovDelivery. We use the same messaging, whether the Vet Text or the StreamCalls, we'll use a very similar message as we would with GoveDelivery, just so that we can make sure we blanket the market as much as we can.

Updating FB: what's the level of effort for updating FB, I keep up with it on FB daily or weekly or our events calendar on both our public website as well as our social media. And of course, I'm posting on FB and Twitter about these events, and typically, if I'm able to go out to these events, we'll go out and do FB live events, we did it at the Colonial Life arena earlier in the spring at the Vaccine Event.

On our public website, we have a calendar, our Columbia Homepage, I'll put the post up on both, then our FB events calendar, I'll put it on both.

What's the process for getting the HP updating
All done through the web, set up through the VA, you don't have to put in a request. I can do it here from my office. We are our own webmaster. In the PA office, we do the layout and design for our public website and our intranet site. Yeah, there's no request required.

Is it teamsite?

It’s a content management system. All web based, no need to write any code. WYSYWG you input the information from a spreadsheet and it posts it onto your calendar. It's pretty self explanatory for that one.

Tammy Finney: Add a word about the amazing word that Andrea and Tanya are doing with the MMU. We service, we provide out of our catchment area, 36/40 counties in South Carolina.

Dave: cardiology may only be listed as a service at the correct CBOC
Dr Andrea Boyd: feel free to reach out with questions about demographics and patterns for possible outreach for them

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Orlando, FL

29-Jul-21

Orlando PAO directs us to Emergency Manager

Interviewees

Reginald Kornegay - Emergency Manager for Orlando

Responsible (custodianship) for mobile and other emergency assets so not just assets owned by facility but also those owned by the VISN and assets distributed by the OEM for purposes of emergency response

Gregory Donohue - Emergency Management Specialist, Orlando
“I fall under emergency manager chief here”

John T Cinco, MD - Physician - Service Chief

MMUs org structure and background

MMUs have existed for about 15 yrs, some longer based on need across the country, like areas that don’t have VAs where it wasn’t cost effective to set up a brick and mortar. VA started

investing in mobile for mostly rural communities. This was before the VA choice program and fee based type of expansion. Very few at start and originally owned by individual facilities.

More recently, the VBA (Veterans Benefit Administration) began also using mobile assets to try to reach Vets to provide counseling for rural or hard to reach Vets, those who can't get to Regional offices… back then, less access to the internet.

History, Expansion of MMUs…
The expansion of MMUs came after, mostly East coast after hurricanes affected the southeast region who'd lose power, flooding, etc. VA looked for ways to have continuity of service when brick and mortar weren't able to provide care. Then they slowly started to expand this way. VISN 8 and Orlando units are used as MMU.

Mobile Vet Centers under VBA

MMUs provide outpatient services, draw blood, physical exams, other labs. VBAs units are not considered MMUs… don't have the same capabilities… Now they are called MVCs (Mobile Vet Centers) and are used to provide administrative space for staff of VBA in a relatively private space to discuss issues with Vets.

MMU Priority is emergency response
Not currently used for outreach (but they can be). Their primary use and their priority (following) is to respond to emergencies (VA directive published 03-20-08) dealing with all kinds of all kinds of emergency assets so they are able to respond and not get bogged down by process. This came out of 2014 review related to MMUs. They determined after an event where MMUs were requested, but units were not prepared. When VA asked what was the status, it was difficult to determine. IG review called for a review as to why they weren't ready to be deployed (2014). IG was unable to positively track the whereabouts of the units. Also they were being utilized for everyday operations to supplement space issues, not their intended use. This is the reason they weren't in physical state. Even those that were prepared, expressed hardship to have to give them up. IG sent out an directive that MMUs especially those purchased with emergency mgmt funding are to be in a ready use status for emergency and not be used for day-to-day ops. They can be used for outreach but would be inappropriate for day to day operations and render them unavailable for emergency.

Funding determines their primary use
Some units WERE purchased specifically for outreach for facilities in rural areas. Other were purchased with emergency funding and they have their responsibility. Although there can be cross pollination of activity. If paid for by emergency response, they must be ready for deployment at any time.

As for scheduling them, within the VA system, you will see a good portion of them that are not aligned like that because it would in violation of the recommendation from the IGs office. Then

some are in rural areas, are more aligned like that (within clinic operations) 032008 still identifies if those units need to be deployed, they have to do be able to do so.
Units designated for outreach purposes, **should** still be able be ready.
Units designated for emergency, **must**l be able be ready.

Units Under VHA
Some mobile units that facilities purchased to reach rural communities can fall under VHA. Do they still fall under 032008 is the question. Probably but may not be the first on the list to be called. Orlando has been called to respond all the way to Massachusetts (reason for IGs response). Other units that arrived that were a little closer, we sent back if they were not "mission capable" because of the state that they were in.

Orlando has (under custodianship) 2 MMU rolling RV type, not including VBAs mobile Vet Centers. Coordination still needs to be worked out by VA when VBA & VHA want to use Mobile Vet Centers for emergencies. Sometimes MVCs get deployed without the Medical Centers being involved. Sometimes a Medical Center can request and actually direct the MVC to support a Medical Center effort.

> E.g. During Pulse Shooting, Orlando deployed an MMU as well as the Mobile Vet Center and that was intentional. As the event progressed, MVC stayed on and Orlando MMU was pulled back. VBA was then doing its own supportive recovery effort several weeks after Orlando had deployed their clinical assets.

VC does constant outreach on a day to day with MVCs that Orlando emergency mgmt isn't part of but there when there is an emergency, they collaborate with VC to support the Medical Center request, may or may not be a Stafford Act request.

During non-emergency times
Normally for ad hoc out reach activities. Go out to support Vet functions, homeless Vet activities, Native American Pow Wow, where outreach has requested the use for ad hoc actions. Those don't require Veterans in advance and will see Veterans in a walk-in basis. Can be short term like a weekend. If an emergency were to occur on that weekend, the unit will be deployed. That's why appts aren't scheduled far in advance.

MMUs during COVID
Teetering on violating 032008 because they have been used for recovery efforts. Right now one is stationed at an audiology outpatient clinic to create more social distancing or catch-up with audiology appts. But it again can be pulled at a moments notice. Scheduled appts would need to follow alternative plan.

Events
Usually scheduled by event holders, Veteran organizations, like a Homeless outreach like a Homeless Stand Down event. Some of their assets can be used to provide showers (special showering assets), clothing and counseling provided on an as needed. Not scheduled. Event itself is scheduled and offered as outreach event.

E.g. Healthcare for Homeless Veterans will make that request for the use of the asset and the transportation folks will provide a driver or operator and they will coordinate with local homeless advocate programs letting them know to promote the event. They will do the publications of the event and reach out to homeless Veterans that they are engaged with to let them know.

There's been some turnover but contact Nestor Rodriguez, he's the primary contact for outreach

Healthcare for Homeless Veterans is Gina Fowlman

Minority Veterans Coordinator - Nestor is weaning that hat as well

Dr. Cinco - Vaccination COVID Event

2020/20201 with pandemic, routine outreach was put on hold so e.g. MMUs were used by Bay Pines for outreach vaccination events. Orlando did the same thing.

Eligibility during emergency
During Pulse, unit is expeditionary by design, came down from central office as mobile response team OEM victims reunification

Use of MMUs is not exclusive to Veterans, all depends on Central Office. Pulse was under mutual aid agreement. Non-stafford act deployment the asset can be used for non-VA personnel. VA always tries to get ahead of it and support Vets first. They requested VBA to support Surfside to be available. Not clinical but for social services. Been put on notice that stafford act has been approved but haven't been given the mission.

What Veterans need to know
Cinco: from VA nationwide, if my community was hit by a hurricane or tornado, I'd go online to see if any services are available… are they deploying any medical assets. Any MMU, tents. Where its located, hours, who can go seek care, is it just Veterans.

Because of fluidness, especially weather related, since they affect communities, access to care will always be affected. When we get deployed we are usually working with OEC and FEMA and HHS to determine the best location to deploy units and then communicate how to communicate. Once its established, where it will be deployed, within that catchment area, would be helpful. Can be challenging so cellphone towers may be down, so looking for all sorts of ways. Maybe in an area where Veterans can't easily get there.

Facebook
Yes, FB, twitter, Orlando PAO (heather) she tries, if not by VISN PAO.

What else, from a website perspective - noise from misinformation and skeptism
We're doing a good job trying to reach Veterans trying to reach them on social media and other modalities, they have many tools but what's challenging during emergencies is how to get past all the noise and misinformation that impacts the ability for the VA to communicate what they are doing, how to access care, to get their status, determine need. Many times, Veterans are blocking off this communication. There's a perception that this is unsolicited advertisements and other methods of communication. They don't feel trusting of strange phone numbers contacting

them related to their care. They are very skeptical that it's part of a scam or phishing and ignore it and that creates challenges.
Many who are in vulnerable categories don't use social media so always look for other ways to reach out to them. See below.

Mediums that get complaints = automated calls
Automated calls get ignored. "Live Process" is used to contact patients during emergencies to ensure that they ensure Vets know the services available to them during and after an emergency and to get a status of their situation. Response rate for Vets confirming status is below 20%.

- Leyda follow up: How do you like to be contacted

Magic Wand for VA website

Dr. Cinco: as a Veteran if I went onto the website, something in your face at the top that I could click on when there is a disaster.

Reggie: Could be on the national website. Sometimes we try to pull information instead of push. If Veterans could go onto the website and identify themselves and push that notification to the medical centers, then they could focus efforts to areas of the greatest need, rather than having to locate them and trying to have them respond… As a Veteran, post emergency, when I'm fine I'm more inclined to ignore the message and think, "Oh, I'll communicate with them later". If we could encourage them to go to the website so they can self identify and say, "Hey, I'm impacted" then potentially the MC or Vet Center could focus their energy where the area of greatest need is and not just parking, as they are currently, waiting during the collapse hoping we'll run into a Veteran that will be in need.

Services available during emergency and deployment - routine?
Rx refills, ets: Are there defined services or is it situation dependent.
Reggie: when deploying first its about providing critical review of folks that have been impacted. If a Vet needed to attend a specific appt they will tend to that, but also tend to walk-ins. Other services are available without needing a mobile asset like mail-in. There are mobile pharmacies, not many exist, but these can be deployed as well. Also, if there is a need, a package can be sent. This is usually at a smaller scale. Usually, Vets will grab their medication and take
HHS and FEMA also provide medication.

VAMC PAO responsible for pushing notice of MMU onto all sorts of Media
Dr. Cinco: office of emergency mgmt can identify which VAs nearby may have an exercise going on, sitting down within a command post to see how things are being managed could be a good idea. Every time there is an incident, there will be a command structure stood up and is composed of an incident commander, service chiefs from clinical to administration and logistics and fiscal to figure out how to utilize those assets to manage the emergency.. Usually physical, (not during COVID) like a conference room, where they have all communication assets and resources available to them so they can manage them as a team.

EOM boss? Dr. Paul Kim, he's responsible for the office of emergency management. If you know there's an emergency, you call the VAMC that covers that catchment and they will have they emergency command center activated, from there going through their PAO would be beneficial or if you contact the medical center director, they will be able to connect directly with you on how they are managing that incident internally through their ICS (incident command center).

Each Vet Medical center will publish which services are affected and which are still available also contingency operations, if they are standing up a mobile medical tent somewhere, or requested an MMU. Each PAO is responsible for pushing that information to the Veteran using all sorts of media.

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Orlando Part 2

12-Jul-21

Nestor Rodriguez

- Veterans Outreach Coordinator
- Minority Veterans Program Coordinator

Role
Reaching out to Vets in the community not using services available to them. Finding ways to get them connected to services. To VSOs, VBA if they need to file a claim. He explains how the claims process works but doesn't help them with the claims process itself.

I partner with the local Vet Center, Orlando, Clermont, and Melbourne which are all in my catchment area. We partner up when there's an event. They have their own MVC at some of these locations. They can show up with their unit if I request one with enough time, so some of what I'll do is bridge the gap in services for minority groups, e.g. if they feel they've been discriminated against, so it's advocating for them to connect them with resources, services and information.

Registering VS Enrolling Veterans
and my focus is basically getting them enrolled in the VA healthcare, I can get them registered and them I can get someone from enrollment services to contact the Vet back to schedule an initial appointment so that they can start receiving services.

I do the enrollment piece. I take the applications, if I have the computer with me I can take the application and I am able to get them registered but not enrolled. Registered means I got their application and got them into the system and the system will let me know if they qualify for services or not. Enrolled means they've been assigned a primary care provider and scheduled an appointment. I can schedule appointments but I don't have access to the panels to schedule with the primary care providers. So, therefore I have to forward that request to enrollment services. Now with me its a lot faster than doing it online or going to enrollment services

because I do it right then and there instead of waiting for someone to call them back a month later or whatever. So there will be less time.

Event where you've collaborated with others
Homeless Stand Down - since covid, it's been less and less, but 3 months ago started back up, over in Daytona a group, I was not the coordinator, I was a partner, community got together to get services together, we had, I won't call them vendors, but resources, and invited all the homeless Veterans in the Daytona area,

Homeless Stand Down
We partner up with the Social work for homeless program, a couple of the like Salvation Army was there, that d support Veterans. HUD/VASH is there because many will qualify for it. Basically social work services runs that program but basically what it is, is based on their income and their homeless status, and their service connectivity, they can get say an income based apartment, partner with city or county and covered by VA. Other orgs provide clothing or food vouchers or some toiletries during a Homeless stand down. In this case, its not an MMU its an MVC from the Vet Center which basically is the exact same vehicle but have different uses. In this case the Vet Center would be the coordinator. I would contact the director of the Vet Center in Melbourne and she has their own driver of the vehicle and he can show up at every location we have to support our events if he doesn't have something planned. Clermont Vet Center covers all of my counties in this area. So I have 11 counties, Clermont Vet Center only covers two counties which is Lake and Sumter counties. But when it comes to events, because Orlando and Melbourne don't have MVCs then he will drive down to our events and support ours as well.

Events coordinated by Nestor
All my events, I have an outreach committee, either a group of people that work with me or I partner up with, we meet once a month to talk about the events coming up, so that we can figure out, because my role is also to support all of their outreach efforts, cause the VA has other programs that Veterans are not aware of, like the Caregiver Support Program, HUD/VASH, Recreational Therapy, all these other programs, so we partner up with VSOs from different counties, in the state and the VCs and when we meet, let's say we have the wheels for Vets program coming up, I'm coordinating that. We have the Intimate Partners Relationship coordinator as part of the event as well as the Women's Veteran's program coordinator is also part of the outreach, so all of these different programs have the opportunity to display a table out there with resources, info, and of course they are SMEs and can help facilitate info to Veterans directly.

So for me to coordinate an event directly means I may get an invitation from a community partner, let's say, Palm Bay city counsel saying hey we're having a Veteran's Day event or something of that nature and then I'm the one they'll contact, and during our monthly outreach committee meetings, I'll offer to, I'll say hey I need someone from Caregiver's support program, Homeless program, Women's program, so we can partner up, show up at the event prepared. And mostly things that I do are Yellow Ribbon event, for national guard, reserve units that come back from deployment. I'll get the schedule and show up with a Vet Center rep and we'll do a presentation, I'll present on all the VHA benefits and she'll present on all the VC benefits and we'll have someone from VBA.

Ideal VAMC : VC relationship
We're one of the few Medical Centers that have a good relationship with Vet Centers and I say that they're my right-or-die people because there are many people that are not eligible for

services but they may be available for Vet Center services. They refer alot of people to me because...when Vets Google VA, Vet Center pops up under Google, and so they'll show up and say 'Hey, I want to apply for benefits' well instead of sending them all the way out here, she'll scan it in and send it to me directly and I'll contact the patient directly and register them right there and then.
[a little short cut]
We had a situation, when I first got here where a Veteran went all the way to Daytona, he wanted to be registered, he was 100% service connected, permanent and total as of two years ago, and his wife was also a Veteran. They told him, no you have to go to Orlando. He was not happy. He googled VA Orlando and Vet Center popped up. So he drove to the Vet Center and now the Veteran is upset because now the Veteran has been driving for 4 hours back and forth. Instead of turning him away they said well I know someone at the Va, lets see what we can do to help you. And they contacted me. They had their DD214 and that's all I really need to start the process and the letter from the Veteran that says he's 100% basically helps even more if we can't find him in the system. We actually did a Teams conference and he saw me and I saw him and I answered any questions he had and got him enrolled while we were talking. And I emailed her all the scheduled appointments so she could print them out and eliminated a barrier of having him bounce back and forth all over the place to get enrolled in the system what he was entitled to.

And then, one of the things I did, because I worked for the Veteran's experience officer, who reports to the director, I had to report that Daytona Beach failed to take care of a Veteran like they were supposed to, making him drive all over Orlando, which was not Kosher, not good service.

[congrats on getting him a happy ending]

Yes, we're starting a green belt project, calling it the One-Stop-Shop or the Express Enrollment Process (E2) where I go to the field, I do my presentation, a Vet comes to me and we do a complete circle that includes the Veteran's experience survey, getting them enrolled, getting them scheduled, a follow-up, a survey, a thank you and close the loop to make sure the Veteran was taken care of, it's in the process to start, to make sure they can get everything done in one visit vs 15 or so.

I have the Quality Management Dept and Systems Redesign Department involved, to start the project, they're doing the research now to move forward with the project.

One-Stop-Shop sounds catchy but misleading because no meds, not all services are possible. Enrollment yes, intent is to have tablets and get them enrolled right there.

Process for Getting the word out to Veterans
We have a lot of tools that most don't use, but I do use since I started during COVID. We can't go out as much as we could in person in the field but we do have phones, and Zoom, Webex, Teams and we have social media. I go into our Facebook page. I created my own spin off of our VA facility and looked up alot of Veteran organizations that we already had relationships with and requested to be friends with them. During pride event, I weekly make sure I follow-up and answer questions and provide my email and phone number so that they can contact me directly and then sometimes I even schedule a mtg with them directly.

"I am basically a salesman for the VA"

I am basically a salesman for the VA because I'm selling the services without charging any fees. We did have a successful month, pride month, because of all that. We partner up with Public Affairs and anytime we need to promote an event, eg. COVID vaccine sites and so I was the one that went out and found the sites for the vaccines and then promote it to make sure we had a good turn out. So weekly I had to do those. So public affairs would take care of promoting that on their site but then I would make sure that I would go to the different Veteran organizations to promote them individually, contact them by phone, whatever was needed to get the word out.

Difference of mediums
Public Affairs will use their own Orlando VA FaceBook page or Instagram account and so what I've done is created my own profile in FB as a VA employee, I got an approval from Public Affairs (everything has to be approved by PA) then I am able to post it on FB to my profile account. So, basically if you look me up I have a personal and VA, I keep them separate. I had one stalk me before. A lady looked me up and I had to tell her it seemed like she was stalking me. So that's how I started to promote.

Minority Outreach
And to reach out to minority groups, I reached out to different minority churches, black, asian, hispanic, etc. Zoom meetings with them and did my presentation via Zoom and contacted the Orlando City Council and did my presentation with them, the state representative was there, we had 800 attendees, it was all minority focused. How come outreach is working? We have the resources, we just need to use them.

Vets - what they tell him
I learned that 30% of Vets don't even know we're here. To get the word out seems to be the best and cheapest and the most believable. If a Vet talks to another Vet it's easier, I'm sharing my experience vs giving you information. The biggest question I get asked is am I a Veteran. That helps tone it down in terms of them asking me something they think I don't know anything about. I include that in my presentation. You learn about the different Veteran groups, like American Legion are Vietnam, they feel left out or forgotten. They don't do well with non-Veterans. I tell them, I'm Nestor Rodriguez, I served 23 years in the army and when I do that right away, it's like oh, he's a Veteran. It doesn't matter what branch. It makes them feel at ease.

Vietnam era Vet starts on Google: what's the right experience if they land on VA.gov?
Well it would be more of a general information section instead of a personal one. Let's say if they wanted to find out more about Orlando VA cuz not all VAs have the same services. So, I think it should be more globalized. All VAs offer different services and that's unfortunate. I think they should all be standardized. I know that's something they are working on, if I go to Texas or Orlando they look the same. That's why they came up with the Pac Center, the pac team, Patient Aligned Care Teams, what they do is they have a team of clinicians, a nurse practitioner, a social worker, a provider. That's a PAC team. If you're assigned to a PAc team, they all have these three. So, it's basically focused on providing the same services on each team. I

If they go to the VA.gov, it's much broader information, like a VA.gov library, but when they're looking for something specific are they going to be able to flow you to the correct link. It thinks the recreational therapy services we provide here are not the same recreational services that are provided in Denver, Colorado. See? So that may be... Is it going to flow you over to our specific location and be more specific and geared to that location? I think VA.gov is good for general information, you know when it comes to VBA benefits, like cemetery benefits and those sorts of things like that. Or just eligibility groups for enrollment because that never changes. Its going to be the same everywhere you go. But when it comes to programs and services at each

location, then it needs to be some sort of a shortcut or link to Orlando VA and then boom, it pops up the page with programs and services at Orlando VA.

Sign on is painful
From my own personal experience there is a problem with the sign on. A Lot of times when you use it from the phone,you know the 'I'm not a robot' check, to click on the images, click on the bridges, and you click on 3 or 4 bridges and it doesn't work, and then you click on bikes, and then buses and cars and your spending 10 minutes on that. I think that should be eliminated if you ask me. Why not sign on with fingerprints instead of going through all that? Biometrics. If I'm logging onto my bank acct I have a pin or zig zag, that works better than clicking on the buses and the cars and this and that.

ALL applications should <u>not</u> go through Atlanta
"When Veterans do an application online, applications go to an eligibility center in Atlanta. It should go to the nearest facility based on their system of record. So whatever their zip code is, send them to the nearest facility. Someone from enrollment from that VA could handle them, so if it's Orlando, the next morning I come in and call them one by one and get them started with the process. -VS- now that they all go all the way to Atlanta first, get them pre-qualified or whatever, and then they shoot an email down to Orlando, letting us know that Mr. Smith has been pending for a week now. Everybody who submits online goes through Atlanta. If they come to the facility directly, the facility will handle it directly. But when somebody goes online and submits 1010EZ and hits submit, it goes to the health eligibility center in Atlanta who verifies, but each facility can verify an individual. So why not send it to the closest VAMC facility based on their zip code? I should be able to get everybody in my 11 county catchment area myself and enroll them. That would speed up the enrollment process. It would probably eliminate 72 hours and we don't know if the person is homebound or homeless or if somebody needs to be contacted right away."

Step	Online application submitted by Vet	In person application submitted by VAMC internally	1st appt is scheduled and PCP is assigned	1st appt is attended
Status	Pending: Goes to Atlanta 'Eligibility Center' for pre-approval and then routed to correct VAMC	Approved and Registered: Gets routed to Enrollment Services	Enrolled and Assigned	Vested
				Facility is paid

Enrollment
A Veteran is considered a vested Veteran once they've attended their first initial appointment. So they've seen their provider and the provider has said, 'OK, we're going to see you in six months or you're good to go or let's get labs or whatever the situation is from that point forward'

the Veteran is not vested, which means the facility does not get paid until that Veteran is vested. That's how we make money. So you could be registered and not considered vested.

There's a thing called the VERA program. That's how we get our dollars based on the groups that come into the facility, example: if somebody comes into the facility and he or she needs to be moved into a senior living facility, so he gets registered, he gets enrolled, sees a primary care provider, and that Veteran gets admitted to say the CLC, we make 135K but if the Veteran comes in and just sees a primary care provider, we only make like $2,500. If its a Veteran that needs to be enrolled at a blind rehab center 45k, or a domiciliary…

PAC status
Vets fall into PAC or non-PAC teams, if they've been assigned to PAC teams. As part of outreach, the ones that are getting close to losing their eligibility, an assigned Veteran, is required to see their provider once every 24 months. We try to keep it to 12 months. Basically, if you're assigned to Dr. Zimmerman, and his panel is 2,500 patients and he hasn't seen you in three years, as soon as that 24 month mark comes around, 24 months and 1 day, you will be removed from Dr. Zimmerman's panel because we need to make room for other Veterans in need of care. My job is to work with the VERA coordinator/team to make sure that these Veterans that are getting close to being removed from the panel, we contact these Vets, "Hey, it's been 18 months..." confirm personal info, still living in the same place? If he or she moved, then maybe their catchment area has changed too and then he'd need to get reassigned. This is where care coordination has to happen between all the facilities. There should be a way for us to call up the other facility and have them reassigned.

One of the things that we'll do is send them a letter letting them know, 'we need to schedule an appt, please contact us', we'll send them an email, if they have a secured email and a phone call. 4 different ways to let them know if you don't schedule an appt, you're going to lose your provider and you will be an 'unassigned patient'. You're not going to be denied care but you may just not Dr. Zimmerman anymore because you haven't been seen in 3 years. That's part of my duties is making sure that because, of course, the more patients get scheduled, the more money the facility makes. So bringing in those uniques is part of my job.

Posting Events on an Orlando page as another tool
I honestly think our public affairs service does very well with connecting with the local gov't owned depts like city councils, whenever something needs to be promoted, lets say COVID 19 is going to be located at this site this weekend, we partner up with these different city councils that are local and say hey can you help me promote this event. They always say yes. They usually have bigger ways to promote their events, for example, they use their social media and their own websites, city of Palm Bay or City of Orlando, and also they have their podcast. That's been their biggest thing lately. Older generations don't do well with things like podcasts but I think its easier to see a video recording than read a flyer. People don't like to read alot.I know they also partner up with their local news channel, like channel 9 news will do a piece. I don't really get involved with that part because they have very specific things that can and can't be said.

Anything else?
The VAMCs really need to be working with their Vet Centers, We get referrals from them all the time. We have a good partnership. And I think alot of VAs don't have a good relationship with the Vet Centers which is ridiculous because they are VA employees as well.

How does that improve?
Referrals need to go both ways. VC Outreach Specialists will tell us that we're the only VA that has a good relationship with the Vet Centers. All the VAs that they know whenever they have their quarterly meetings, the VCs nationally, they always say they have issues with communicating with the different Medical Centers. I talk a lot with Elizabeth Jackson, she's my partner at the Orlando Vet Center and she's voiced it numerous times at national calls. And that's been the biggest problem they have. Elizabeth is my partner in crime.

The difference we have is that we've integrated Vet Centers into our committee meetings and so every month when we do our meetings, I assign a program to speak for 5-10 minutes, for example Vet Centers spoke last month, and do a quick 5 minute slideshow, that way everybody that's involved, all these social workers that are part of the committee, are well informed about what they do. That's all it is, its being informed. Then we move onto other stuff.

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Manila, Philippines

Meeting subject:
VAMC - Manila VA Clinic - Web Modernization - Manila special requirements
Interviewees:
Daniel P. Gutkoski - Clinic Manager VHA, (NARS authorized VARO/OC Manila)
Armenthis Lester - Public Affairs Specialist, VISN 21
Interviewer: Dave Conlon
Also present: Stan Gardner, Danielle Thierry, Jeff Garder, Lisa Trombley
(not officially part of this research effort, but echoed some similar issues with communication tools)

M: I'm Dave Conlon From the office of the CTO oit basically we're in the process of upgrading all of the VA Medical Center websites to a more Veteran facing products and it's a product that I am the owner of in conjunction with VHA digital media. This is part of the overarching digital modernization effort with the office of the CTO. specifically targeting these VAMC websites because Veterans told us that they were not very friendly or easy-to-use and in our analysis we found that there really aren't Veteran facing, these are the old websites on team sites so as a result we built a new product in a technology called Drupal to facilitate all these new healthcare websites. Now as we've been going through effort, first off, we did this after about 2 years ago and little over a year ago we launched our prototype which we start a Pittsburgh Healthcare System we've been slowly working our way through the 139 other Healthcare systems and stumbled across you all as sort of a unique special entity within VA and really kind of want to have a conversation with you to understand how you're both similar and potentially different from a lot of our other experiences with these 139 Healthcare systems. cuz I have a hypothesis that the the way the product is built right now may not necessarily serve the needs of your Veteran community so what we want to do is we want to understand your Veteran Community how it how you might be similar to or different Summit questions we have any terms of your relation to the overarching

vision and through processes procedures Etc laying the groundwork for context. I'm joined by Jeffrey Grandon from VHA digital media Lisa Trombley and Stan Gardner from Government CIO who are our vendors on the products and Daniel Thierry who is with me in the office of the CIO yeah rather and we've got a whole she leads our translation initiative and we think that there might be a good integration or will want to talk with you a little bit about that.

Armenthis Y Lester: I was actually pulling up the Pittsburgh Health Systems website while you were talking at definitely looks different and more like the kind of the main website so that's um if that's what we're targeting that's great having that single kind of forward-facing template, if you will, looks great.

Dave: Yes, its mobile-first, all of that kind of stuff because we understand that 50% of our traffic to be a. Gov is on mobile devices.

D: Why is this singular clinic in Manila not part of a larger healthcare system within VISN 21 such as Guam and Saipan and the northern Marianas islands is part of the Pacific Healthcare System

Daniel: So, there's a lot of history there so my understanding its back when VISTA was rolled out that there was a problem with the International Date Line and have as a community outpaced got paid CBOC of Hawaii [4:11] We have about a 18 or 20 or 20 hour time difference between here and Hawaii. So, we were we are never on the same day. So, my understanding is it was partially that and it's also up until about three years ago my position reported to the VA Regional Office director. so I was a VHA employee who reported to the VARO senior executive and a few years What was decided that I should really report to a VHA office because we are Healthcare and there there were some concerns about BVA Office really effectively manage at an outpatient clinic. Until three or four years I moved under the vision and even though the VISN always kind of had quality oversight with Manila ultimately you know my position previously reported to VBA so I think there was a little bit of that

So, Manila actually has two websites on that side of the house that has different content than our Manila Outpatient Clinic website and our Clinic website does not function like a normal Medical Center website my understanding is a kind of website I'm and not its own free-standing medical website like any of our other health systems

D: actually that's why I took so long to figure out that you existed my apologies

Daniel: My understanding is that it had something to do with Vista and that Manila was, we still technically are, you know, so the regional office and the Outpatient Clinic use the same station number and Manila is just alright I mean to be honest with you that having a station number I think is that magical thing that considers it designates VA is being a separate facility where to be 100% percent honest with you I actually wouldn't mind being a CBOC of Hawaii I think we'd get more support more involved in that way out but I mean that's a conversation well above all those pay grades

D: that context is extremely helpful thank you. My next question: you talk a little bit about this before we started the recording but can you talk to us about how veterans receive care from Manila and especially like registering for care, their medical records, Pharmacies, what services you offer, how Veterans can access their services.

A: I mean, we're small facilities. I have 65 staff FTE, another 20 part-time contract specialty care doctors who deliver most of my specialty care services. We have a pharmacy, we have a radiology department, and we have the only CAP accredited lab in the Philippines. so, that's really the extent of the services that we offer. Up until 2017, we used to have a community care department but with the enactment of the mission Act and the centralization of community care services to the office of Community Care in Denver we no longer have inability to refer care that's not available here at the clinic to the community.
VA has a separate program called the Foreign Medical Program which is responsible for the providing of care, all care, to Veterans who are overseas. That programs eligibility and our eligibility actually mirrors so that you don't have them. We can only reimburse a veteran for their overseas care that is service-connected. Similarly, Manila can only provide service-connected care to veterans. About 65 staff we have about 6000 unique veterans every year we have a pharmacy that we have a contract with a local courier company that's akin to UPS and FedEx it's all there 21 they are our primary Distributors Pharmacy packages so refill prescriptions here at the clinic and Veterans can pick up there medications that they're here for an appointment but otherwise we we ship them out and you know within a given week we're probably shipping about 2,500 mm to 2500 packages funeral 400 or so a day are leaving the clinic pretty pretty robust Pharmacy that's really are our largest operation it's about half of my medical center budget. Compounding Pharmacy again we have radiology and laboratory services and then a handful of specialty care clinics so those would be Audiology Ophthalmology ENT neurology pulmonology. We no longer offer Orthopedics or Prosthetics. Those are the recent changes within the last few months with them probably the last few years I would say since I've been here and Vthe ISN is really kind of looking at what are the services that we offer and trying to make the decision you know especially for something like Orthopedics where so much of the treatment is Interventional, we need to refer you to physical therapy or you need to you're going to need to have a procedure does it make sense for us to offer a service that we maybe aren't able to effectively manage to care for that condition so a veteran who might need difficulty repeat that we can't refer to they're probably going to have to go out to a community provider. you get a referral for that service and so another visit so we may have additional services that we may reduce in the coming years. Neurology, for one, cardiology another. I mean aside from being able to do any CG that's about the extent of our cardio capacity here so are we giving the false sense of security someone who's seeing a cardiologist every year even though we don't really have the full Penelope of services that we can offer to sometimes effectively manage that care so so some of what our service offerings are maybe changing in the next few years but that's kind of what we offer today.

D: would it be fair to say that the the services that you offer are not necessarily unique to Manila they are it just kind of a slimmed-down version really of a CBOC?

A: probably more extensive. I would say we're not to the level of like the new Super CBOC or the health care centers that I know VA has been opening in the last few years. I grew up in Cleveland Ohio and I got my second vaccine at the PARMA CBOC just outside of Cleveland and I would say we're probably right around there and terms is what we offer obviously they're a little bit larger than we are cuz that Parma Clinic was built when they Consolidated the Cleveland Hospital campuses between Brecksville and we park. I would say probably a higher level than a normal CBOC but definitely not to those new Health Care Centers. The big thing with the VA is do you have a sterile processing center? Are you processing reusable medical equipment; using Scopes? Or do you have dental services, you know, that's kind of, in my mind, that dividing line between the highest and the next lower acuity level and we do not do anything reusable or sterile processing. Jeff: I had a question about registering for benefits. You said that there were around 6,000 unique veteran patients that you've got coming in are these all US citizens? I don't know the history of the Philippines.

Daniel: we don't 100% know that. I mean like there's nowhere that I know of that actually tracks what is someones citizenship and we actually got into this a few few months ago when we started vaccinating people cuz, this Clinic is located on the US Embassy compound and that's kind of another interesting factor about this so I fall under the authority of the chief of mission, I have a diplomatic passport and so if the Ambassador came down and told me to do something that the answer is sir yes sir

it'll likely that that hasn't happened yet but because we fall under the chief of mission Authority you know we are deferential to the US Embassy in there you know suggestions or directives into our operations and one of the things, when we started vaccinating a few weeks ago was, do not vaccinate non-American citizens a response back to be honest with you was, I'm not going to be asking people for their passports to come in and get a vaccine if they're a patient here at the clinic we're going to vaccinate them. the majority of folks I would say our citizens or their dual citizens united the US had military bases here in the Philippines until the early 90s the Philippines was a commonwealth of the United States just Puerto Rico e61 after World War when we grant them their independence and so the clinic actually started here while I should say the VA has had a presence here in the Philippines since 1922 so the regional office was was initiated then. TheOutpatient Clinic started in the 50s or early 60s basically to provide compensation and pension exams for the regional office and then as most of the World War II Filipino veterans had filed their claims for benefits by the 70s and 80s, we had doctors who had free time on their hands and who started saying let me do some Primary Care let me know I'm a cardiologist by training let me do some cardio appointment mission creep, mission creep, mission creep, now we've got a fully functioning Outpatient Clinic with to be honest with you you know that the majority of our setup was to service World War II veterans I have eight remaining World War II veterans who are active patients here at the clinic and to provide compensation and pension exams and VBA has contracted out all overseas comp and Pen exam so that's actually no longer something that the clinic provides either

Dave: Can you talk to us about accessing the facility since you're on Embassy an interesting I would assume for veterans to access care and , pardon the phrase, "you're all the way over there" does travel come into play in terms of reimbursement for veterans to come to your facility

Daniel: first, beneficiary travel is not an authorized benefit outside the United States. 2017 is kind of his magical year when a lot of things changed for us. Apparently, it was discovered in the general counsel's office that we were paying beneficiary travel and you know GC issued a memo that said know that that was a benefit that's not authorized outside of the states so in 2017 we stopped reimbursing in so we don't we don't offer that anymore questions from overseas veterans outside I'd of the Philippines so veterans in Thailand veterans in Vietnam who express an interest in wanting to come to Manila to get care and I actually strongly discourage and try to dissuade that from occurring ultimately you know we tell folks you need a Philippine address to register here at the clinic that's kind of a locally established policy really I mean my clinic is not set up to be servicing you know the thousands of veterans who live in this region you know where staffed to handle our kind of Cadre of folks here in the Philippines I can tell you I'm aware of a couple of veterans there's a pension Hotel a lot of our veterans seem to have is there listed address I don't get too sticky about it. We tell folks that you know we don't encourage people to travel here from other countries to access care sometime cuz obviously you know right now during the pandemi you're not allowed to enter the Philippines right now and my providers are not licensed to practice Healthcare in other countries so we don't do virtual appointments for Telehealth appointments to other countries in the region do medications outside of the Philippines so I mean accessing this clinic for their care and traveling here from Thailand has really been kind of up a creek without a paddle so to speak during during his covid pandemic that's one of the reasons we don't actively dissuade that but I know that it happens

Dave: Do you say, not Philippines try Guam?

Daniel: going to Guam is going to the United States and so when a veteran hits Guam you know they're eligible for non-service connected Care Service connected Care at the clinic Guam has a network of Community Care contracts also has strong relationship is with the naval hospital that's just a Jason actually have a number of our veterans travel to Guam to receive their non-service connected care in normal times obviously that that hasn't been an option right. Its increased in the last few years.

United Airlines held the market captive for a while. flight from here to Guam was upwards of $600 - 700 a couple of the pal the Philippine national airline and Cebu Pacific and started flying to Palms of prices have come down a little bit more you can get a round trip to Guam now for about 250 to $300

Daniel: accessing the facility on embassy compound and so there are different rules and regulations, we are kind of segregated on the embassy on the compound so if a veteran comes into the clinic there's no way for them to get out and be able to wander and actually we're on a secondary campus of the embassy so the main Embassy where the Ambassador works and where visas are issued is about 4 miles up the road and we're on what they call the seafront compound

so this is where they have kind of housing for junior officers american-bred Club is here so the Hoople in the gym in the motor pool in the mail center can all the ancillary support services and we're here as well.

so once you come into the clinic there's no way to get out. Veterans can't bring laptops into the building we do have metal detectors and screening you have to have an ID and leave that at at the guard that will be called the Catholic controlled Access Center the kak to come in and so there are particular and we disclosed all that to our veterans we have some most of that information also on our website but yeah we do have the different access criteria to come in

Dave: tools other than the website to communicate with Veterans:

Daniel: email, even though not 100%, we pull monthly reports of email addresses, through VISTA and then we send blast email messages using the BCC we BCC everybody in send it so we have an outgoing email box that we you know we send the message to that box and then BCC everybody else in 450 veteran increments so we have about 6,000 email addresses so we pull that list all that list every every few months she usually every six or so weeks and that's kind of the list that if we have to send a blast email out that we use we've tried to use the gov delivery service but with such a small group here we don't have we don't have a web manager or Communications manager here so we don't have the expertise yet to be able to do that the other thing that we use is secure messaging . Manila is the runaway leader in terms of authenticated users across the system within secure messaging in My HealtheVet unfortunately we don't use postal mail full stop. Philippine postal system is not ineffective or timely delivery service at all so we do not put anything in the Philippine postal system so scanning something and emailing it or sending it via secure message sure as a last alternative I'm using that Pharmacy Courier contract that we have to send paper documents out is another thing that we do but primarily electronic communications is how we do things

Dave: no web or Communications manager so it is it safe to assume that there are no real news releases stories or events that are managed to do at the local level.

Daniel: Armenthis and Patrick at division really handle a lot of our public affairs income kind of communications thing but the thing is there's not really a media news market or us here in the country. My general philosophy is we try to fly under the radar as best as possible I know in in these two years I've been here we've had one media story that was done from a reporter in Japan for military times one at one of the one of the dod media Outlets about our kind of delayed vaccine roll out that didn't start until April. Generally, there's nowhere that I would put out a media story in the local press that would get picked up and aradhana star veterans that are not big consumers of local media either because it's mostly in Tagalog and so yeah we we don't really do.

So, yesterday actually I had a interesting spray head out veteran who's been coming to the clinic for 50 years yesterday stop I might have office and we gave him a couple of coins in a couple of awards and I sat here talking to him for about a half-hour and he was Filipino he enlisted, excelled

at the Steward School and ended up finding himself as the personal Steward in the White House residence for President Kennedy and Johnson in the sixties and maybe I could have could have said her all day talking to a buddy of great stories and he's like that's the kind of thing like if we did want to try to publicize something like that we could work with the embassy public affairs office but I just don't don't know if there is a significant enough interest or demanding and kind of media stories for us so we kind of just tend to fly under the radar

communication strategy is facility

[25:27]
Armenthis: so I apologize but I will say it cuz I hate to repeat something that's already been said but Daniel has stand in the Gap and an excellent way to not being Pao as his title he has a great way to communicate with his veteran he provides regular updates that he is a trusted source of information and for that I feel is that's very important some of the concerns I have about the web is that I'm not sure what the digital divide is like in Manila if people you know, curious as far as who would be on the web in Manila but I still think it's important to have that as a resource I just you know I'm not certain with his clientele with many of them being older and I know the phone lines are sketchy so I can only imagine that Wi-Fi and internet access is as well.

We get some we got some coverage coming out of the Pacific Rim from Japan I will try to do the heavy lifting but again for public affairs not to be Daniel's title he doesn't excellent job and we just try to support him so that he can do his regular job I'm here to answer any other questions but just kudos to Daniel for just doing the best he can with what he has.

Dave: So, how is the website maintained I know that we are resource strapped. in terms of this and a little bit of context here is I want I don't believe that Manila will be the same web experience as we have for the full-fledged Healthcare Systems Etc both from a veteran standpoint and as well as really maintaining the data integrity and and sure that because it's able to get the the highest priority information into the system that veterans will consume

Armenthis: The digital media specialist here, Patrick Gordon, would be the person who's going to support the web. We always rely on Daniel to make sure that we're putting in the right information to update us on changes when she does anyway you know that sometimes the numbers will change your phone number may change or something like that so we get the content from Daniel. but it's maintained by Patrick Gordon who's in the VISN office.

Daniel: I don't know like how easy it is, whatever the new software system is, but I mean if it's not, I mean cuz you know, I think Patrick has to do coding you know that kind of things I don't know . We could train someone here locally to make those edits and updates. We can certainly you know add that to one of our our staffs responsibilities.

Armenthis: Daniel help me help you. I appreciate the offer but I really would love to make sure again it's up to you but we're very comfortable and continuing to support the clinic in that fashion

Daniel: Perfect, then I think we'll continue that and I think so for the for the other part of the question the info that we do. We don't really use that website currently as a significant source of communication flow really it's there to mark itself and has kind has our access information, our eligibility rules, I'm okay with continuing that is kind of the the primary purpose of that. We might be able to put some extra information up there up from time to time but really that's kind of my thinking , as Armenthis was explaining ,our population is older, most of our folks aren't really going to that website they're either you know getting their information from us from our monthly newsletters the other kind of unspoken Communications here in the Philippines is the vfw's in the vso's all kind of maintain their own list of contacts and Veterans here and put their information on... that's something we should talk about, Facebook, in this country is crazy.

The majority of social media users in this country use Facebook most of your data plans you know data still sold here by the megabyte and a gigabyte most of your cell phone companies give you free access to Facebook and as people you know people commute quite away is here in the Philippines to get to and from work and sending people are sitting in their... scrolling away on Facebook and Instagram so that be something we can talk about you on another call but maybe setting up a more robust Facebook page for us.

Dave: I wanted to ask a little bit about other languages enter the community that you serve and you know where that Tagalog is the language over there caregiver community.. how big is terms of the audience that you serve?

Daniel: I mean so I mean I think it's important that when people are accessing Healthcare that they're comfortable in that were communicating them in the best and most effective language and for some of our veterans and caregivers that is Tagalog. but I'm I don't know if there's a way that we can have a website or a you know click here for Tagalog I mean I think that'd be great we don't do a lot of Publications in Tagalog just because most of our veterans speak English primarily in our comfortable influence with English. The caregiver population is the one that sometimes they are more comfortable or more fluent or proficient with Tagalog so things that we are gearing more towards the caregiving audience that that maybe something that we Target in Tagalog

At the same time at Manila actually doesn't have any of the caregiver support programs that you may be familiar with from the United States so none of those programs and services or approved or eligible or provided to Veterans who are over seas we don't accept applications because we don't have the home and community-based programs and services that can support the caregiver support program you do. Most of our veterans live about 2 and 1/2 to 3 hours away from Manila to largest pockets of our veteran population.

So, for us to be able to provide home care to those veterans is just unrealistic and I need to be honest I'd I live in the central business district of Makati about 3 miles from the clinic and there have been some days where it takes me an hour and an hour and 10 minutes to drive home 50 or 60 Minute driving radius in Manila depending on traffic and rain

Danielle: but we're trying to kind of prioritize needs in terms of translation and I'm wondering if you have any way that you tracked for example request for interpreters some people who come in just over take out or numbers if we can on to help inform the needs what languages people need most

Daniel: all of the staff with the exception of me and my Deputy Clinic manager are Philippino Nationals and all fluent in Tagalog and so you know during the course of their appointments with our veterans I'm sure that they may come and go back and forth between English and Tagalog in terms of like request for an interpreter we we've never actually needed one because our our staff is all fluent. I've never had a request from a veteran who didn't speak either English or Tagalog who maybe was more comfortable in Vietnamese or Japanese so we've never actually had to rely on I know he has a contract for that if we needed that service but Clinic. There are 700 hundred other languages here in the Philippines. Tagalog is the primary .

Jeffrey: I'm from the digital media office and we helped run gov delivery and also social media so we can talk further about your needs and talk to my director and see what we can get for you if you're interested in doing more email with govdelivery we can set you up with that it's going

Daniel: I don't know if if there's a benefit to using govdelivery rather than the system that we currently use I know I sometimes get pasta record end up finishing the newsletter late at night and I want to just get it out so I'm the one that you know ends up getting into Outlook and you know copying and pasting the emails from you know the Excel sheet that we've generated with the email server from Vista Veterans. I have to send about 15 emails you know what about name these times but there's a way that I I know that I was initially someone trying to get me set up with govdelivery but unfortunately they didn't have the time to train me and I got into some of the templates and got very very confused and I think I just gave up so I'd be happy to take another look and give it a try if benefit or that we've always just BCC people so we don't pass around other people's email addresses and you know it's just 6,000 people obviously it's not Fifty or a hundred thousand people probably like some of the other medical centers are sending to

Jeffrey: there are some benefits but I won't put the whole group here through. So let's talk. and also we're going to consider Facebook and see what we can do there so thanks for mentioning that that's great to know that people using it

Daniel: thank you very much it would be great to update our comms and be able for us to get more information out to folks cuz that's really the best way to keep us informed still thank you all I mean I'd love it in person visit trip out there just to kind of toss it up there so unfortunately it unless you have a diplomatic Visa like I do you are not allowed to enter the Philippines right now so and I know the tourism industry here is really yeah we love to have you the peaches are blue cold so thank you thanks everybody have a great day

Mobile Clinic Design Validation - feedback sessions

Cheyenne Part 2 - Website discussion w/PAO

Recording - Sept-17-2021

Interviewee:
Samuel E House - Public Affairs Specialist

Location:
Cheyenne VA Medical Center, (Cheyenne, WY)

Setting:
Office in a converted 1934 home attached to Telehealth dept.

Use Case that validates new schedule design:
"I would need to know on the website if i can put it on the website on a schedule, say show up 1x a month, go up and come down. This is going to be in Torrington on Sept 21st, if you're interested please call this phone number. At midnight the 22nd that goes down automatically, or I put in the Oct date. Can I go in and schedule these snippets similar to what I do in Facebook? Take one down and put one up. That would be ideal.**"**

Pain points:
- He is the only PAO, too many responsibilities - hoping they get a webmaster soon
- Maintaining websites for 3 mobile, 2 brick and mortar clinics is alot
- Getting info from Telehealth to publicize services
- Prefers to learn by doing, put off Drupal because it took him "7.5 years to learn Teamsite". Videos and PPTS don't help him.

Opportunities:
- Future potential recruiting for Vets who've used Mobile clinics: Sam has access to and ability to segment Veterans that have email and that are assigned to mobile clinics. He'd be willing to send them an email if it can come from him since they trust he won't spam
    - Email: total reach 33k
    - Facebook: total page likes 3.4k, post likes 1.5k

Pain points:
Getting info from Telehealth to publicize - "have to *pull* info from them" Says often he'll hear from Vets, "Hey, I got this letter...", doesn't understand why he find out this way

Where do these letters come from?

“Produced in Mobile Telehealth, the building right next to us, and they are sent out from there. They are doing a lot better today than a couple years ago” They would close down a clinic due to weather and not let me know. They are doing a little better at trying to remember me, but it has not been easy.

Are you the only one who updates the website?
Yes. So, under Teamsite, it's taken me seven and a half years to figure out Teamsite. I can do it, I feel really good about it. Yesterday was the first time that I really had any comfort in Drupal.

Tell me more:
I’ll give you an example, everything was pulled over, which is great. On the existing site, I didn’t have pictures of our mobile clinic. I’ve been trying to get those pictures forever. You know, just show me where it is, so that when people drive by they can be like “Oh, that’s what you mean…” So that’s what’s on the website. I finally got everyone, everything except for one. Um, I think it is the Torrington clinic that I don’t have. But I do have pictures of those. But how do I go about getting those pictures up there. That’s a whole other thing. I’m not comfortable getting those pictures up. Now that we do, at the VISN, there’s a VISN webmaster, that’s been helping get things in. I don’t know where he lives. I know he’s never been to Cheyenne and really doesn’t have that involvements.

What’s that breakdown between the role of a PAO and a webmaster:
So the whole VISN thing… we’ll get to that… a PAO is responsible for absolutely everything in the realm of public affairs, so that includes, internal public affairs media and external media, that includes social media, um communicating with the media itself, with the Veteran

What’s interesting is some facilities have a full staff. And smaller facilities, and Cheyenne really is a small facility, there’s only one of me, currently but we are working on getting another one. We’re webmaster, social media masters, communicators, anytime someone wants to send a postcard out, I did not only design it but I send it out to 25,000 people, or I coordinate it. Our volunteer services helps out too, so that’s some of the things that a Public Affairs officer has traditionally done. Now VISN 19 about 1 year ago developed a public affairs hub at the VISN but they weren’t in Denver, they were in Salt Lake and their focus was Salt Lake. If we had questions, we could reach out and ask for help. There’s a rumor that that’s going to go back to be centralized in Denver and away from Salt Lake in the next couple of weeks. So we should be able to get more assets. I mean there are 27 public affairs people who work at the VISN and there’s 1 of me. And so 27 people were working on Salt Lake and there’s one of me. So if you take a look at Salt Lake’s website, their media capability, its beautiful. Mine would be too if I had 27 people. But now there are a couple webmasters at the VISN. 1 will focu on the intranet, one on the internet.

Using Drupal, invisible coding problem
So, to give you an example, I got my account and my training for Drupal, and then I got sidetracked. One of the first things I tried to do was change the points of contact for our voluntary services. Seems simple, just a type in, and it seems pretty easy but it wouldn’t

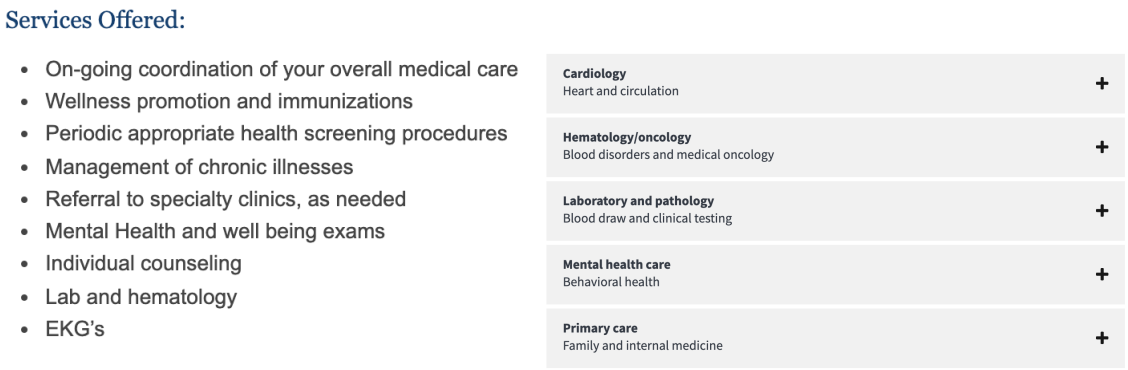
populate. I couldn't figure out why. As it turns out, I copy and pasting and there was hidden code. I had no idea, I contacted James at the VISN and he was able to figure it out. That's what he was seeing, turns out you have to type it in.

So, yeah, and there yesterday I was able to put up a modified document and that was pretty easy. I'm a hand-on kind of guy. I need to … all the training in the world, over Powerpoints and videos doesn't mean anything. I need to be able to work it. That was important to me.

As we're talking, I'm looking at the Torrington Mobile Clinic.
[Shares screen and proceeds to make edit/suggestions]
So one of things, I would put

- Add colon in #s under hours, hates big A big M
- Health services - I'm curious how much cardiology we would actually do at the mobile clinic, same as hematology/oncology.

[opens Torrington Teamsite version, screen grab comparison below.



Goes on to say:
"we do mental health and "primary care" primarily at our mobile clinic. In all honesty, this is probably the first time I'm looking at this page (upgraded) and that's part of the frustration I think with the new website.Especially with the one-man, one-person shops. We are tasked in so many different directions locally and nationally always takes a back seat. We've been talking about this for over a year now and I've had access but I have not had…. My focus has not been this.

How is the 1 vs 27 PAOs determined
So it comes down to emphasis within the executive leadership and funding. Every medical center has to determine, they have a certain amount of money and disseminate it. Public Affairs brings money in, we do that through our outreach, at one point I had counted 57 people I brought in and every Veteran brings in a certain amount of money and I figured out my impact. When it comes to the next fiscal year, they have to determine, do they want to buy another PAO or buy another doctor. We don't make nearly enough as doctors. We are going to get another PAO. We've gone through the hiring process and I think I found the right person.When i go on vacation, I take my phone.

So it comes down to size, although Sheridan is smaller than Cheyenne and they've had 2 PAOs for over a year. Grand Junction has had a couple of PAOs in terms of the 27 the person in charge of that program was able to manipulate is a bad word. She was able to get the funding and show the need. Good on her.

In my previous job, in the WY military PA office, we had 4 POAs who worked in an office and had 1/20th of the size of what I'm responsible for. I do:

- stories
- Newsletters

What is your job breakdown?
It's changed. During covid I do more over the phone. I use to do outreach, eg. talking to Vets while shots are given.

- Now telephone Town Halls replace in person outreach, I'm able to reach usually about 1,300 people who will sign on at some point. At the end there's still 500 people. vs 5 people at a community event which use to be successful. 500 is exciting..
- 40% external communication
- 10 with media
- 10 social media
- 10 web (intranet will be added)
- 20 internal comms
- Other duties - meetings, my office I do videos, photography, patient experience officer is in this office, myHealthyVet coordinator is in this building, then they're not there I'm answering questions.

[I share screen]
Me: Is this accurate?
Thought shared:

- It's correct other than as of yesterday we stopped all face to face mobile clinics through the end of the year. How do I go in and represent closure?
- Do I talk to my facility master planner?

[I explain facility status and he thinks this should work]

- "Limited services and hours" would work
- We still want our Vets to call our main phone
- Biggest issue is Veterans having their blood drawn, Scott and Izzy would have been the ones. Typically, a Veteran would come in on a Monday and have his blood drawn and come in for an appt on Tuesday, to meet with their primary care provider (virtually in the mobile clinic), is my understanding of how our Vets would use the mobile clinic. When they go in for a primary care appt they almost always have to have their blood drawn first. Vet calls to schedule their appt, the scheduler would tell them to come in on Mon at 10a for a blood draw and then have you come in to meet with your primary care at 2p

[I suggest prepare for your visit]
Aside from primary care, will staff go to areas outside Torrington, Laramie and Wheatland.

- Yes, but it's not necessarily these folks. Example, every year Flu shots offered at Pine Bluffs Senior Center to Vets, 1-2 nurses plus an admin person will go. Will be like a drive-thru but at Pine Bluffs
- Open to any/all Vets in the area whenever they set up somewhere.
- Pine Bluff is always very accommodating

How is it done?

- With COVID that has not been well received with our culture.Ideally, if its coordinated through me, I'll call these people and let them know there's this service available and come on out. We did it with a flu clinic in the western extremely rural, very small town. We tried to get it in their local newsletters and emails and it was not very successful.

What does that mean, response rate?

- Yeah, if you get 1-2 people show up after spending 6 hours driving you have to look at the ROI and you see there's a pharmacy down the place it might be better to encourage them to get the local

Anything more medical done with MMUs? eg audiology, how would you want to publicize
Gives three real examples

- Audiology
- Optometry- I think we have an optometry van, but they haven't told me yet, going back to that communication problem with Telemedicine. I don't know what their schedule is. I believe they went to Wheatland and they set up and that was the first time they used the van and was successful for them. I would need to know on the website if i can put it on the website on a schedule, say show up 1x a month, go up and come down. This is going to be in Torrington on Sept 21st, if you're interested please call this phone number. At midnight the 22nd that goes down automatically, or I put in the Oct, can i go in and schedule these snippets similar to what I do in Facebook, take one down and put one up. That would be ideal.
- I have 3 mobile health and two brick and mortar health clinics. It becomes very time intensive, that's where having a webmaster, would be awesome.

I share Casper, WY mockup for feedback on schedule section

- Oh, I like that. Yeah.

What would be the challenge with this for you?

- How do I get people to look at it? That's going to be a challenge #1. It would be cool to find out how many people have email that use a mobile clinic. They may have email but not have provided one. If they do, then they have some knowledge of the internet. If they don't, then getting them online will be difficult.

How does social media fit into this. You mentioned FB.

- What I can tell you with FB is, I can look at how many people actually follow me on FB. Let me look at insights real quick. I'm not sure if that's going to be the… ok. Post reach of about 1450 people, what I cannot tell you, total page like 3,400K, my email distribution is 33K. I reach more people through email. Email is just like FB and any really any social

media, I can go through and my Google account and I don't look at 95% of the emails that come through, but I can say my reach is 33K people.
- I can look at the people and count [Veterans] those with email that are assigned to a mobile clinic. And from there deduce how many people would have some computer knowledge and be able to use a website.

I ask about his help recruiting Vets
- I would want to, because my Veterans trust me, they know me, I would lose credibility, if emails came from someone else. I'm not going to spam you, I try to be open and honest. I sign with my name and email address. So that would be the only stipulation.

Do you have any questions for me? Any other issues you're having.
- What's really interesting is our demographic, the demographic of Wyoming. We're a different breed than most people [half grinning]. That maybe we would not be the most representative of the nation and the way other people use...I can't answer. I know the people [here] are very conservative. They live in their small communities because they don't want to be around other people.

Palo Alto, CA

Sept 23, 2021;
Interviewer(s): Leyda

Interviewees:
Andrea Ritz - webmaster
Dr. Jean Lighthall - Staff physician
Laura Hucheson - PAO, Directors office

Intros:
Dr. Jean Lighthall - I'm a physician and I direct the medical outreach program here at the Palo Alto VA, and I we're a small group, 2 MDs and 2 RNs 2 health techs and we have an outreach coordinator for the facility but does alot of medical outreach < that position is currently vacant. And then we have an outreach specialist with the business office who does help support our team. So, a pretty small group.

We have 2 MMUs, the facility, that we primarily use for medical outreach. Our focus is not being the continuity of care, the GMC/primary care providers, for the patients, but we do, and this was [decided] early on, the facility preference, which has worked very well, so we do a couple things, a couple areas of focus:

1. We go into areas and find Veterans that are not yet enrolled in VA healthcare and are eligible, enroll, and a medical provider is able to see them for a medical evaluation, and history and physical and make appropriate referrals and get them signed up for.. Get them an appt with the closest GMC through a medical clinic provider. So that's one big piece of what we do.
2. Another big piece is access to care for Veterans who are already established with a GMC provider, so just extending that care, because its difficult to get it, because [for example] transportation, distance, we have a pretty large catchment area. So we also have a large homeless population.
    a. That's another area of focus so, some of our sites are... we have a number of Veterans who are homeless and due to their challenges they end up seeing us more because we're better located than their GMC at their CBOC.
    b. And we also go to homeless shelters. So the different types of places we go to… Homeless shelters, VFWs, American Legions, Veterans clubs, community centers, colleges, senior centers, there are alot of libraries in our area that are already connected to the Veterans so we go there, we do some other events like Pow wows and stand downs so just a variety of events throughout our catchment area
3. Laura: Also used to deploy in emergencies. So us in California, its alot of wildfires so MMUs get deployed for that as well. Dr: And sometimes the clinics will have power outages because they're concerned about fires and we'll deploy MMUs to those events and other times we've helped. Other times we've deployed when Veterans have been devastated by fires and have lost their homes and their medication and teams have gone out to support those Veterans.

Outreach and Enrolling, is that planned, done on a regular basis or periodically?
Both, some sites we may go to every few months, we may on a regular basis or try one place and not get a good turn out and not go back. We have other sites that are once a month regularly or we have a few that are once a week. We also go about 20 different colleges, just with the thought that there are Veterans, even if there is a CBOC nearby, just with the colleges just have very busy lives and may never get there. So, that's been a great resource.

In cases where they're not enrolled, are you able to see them in the same day?
Yes, everything. So our health tech or our business specialist whoever is with us, and then we're able to see them for the medical and history evaluation, and get referrals, whether they need to see mental health, need labs or x rays, or see a specialist, we're able to get that going, and then if there are ways that care gets impacted, we're able to bridge that gap, so what I mean is if they if they are not able to get in to see their primary care provider, we may see them a couple times before they are able to get in to see their new primary care provider.

Does this type of “event” have a name?
It's usually called, we have through the public affairs office, we have a standard flyer, and its usually just “Palo Alto Medical Outreach” is coming this day and at this time.

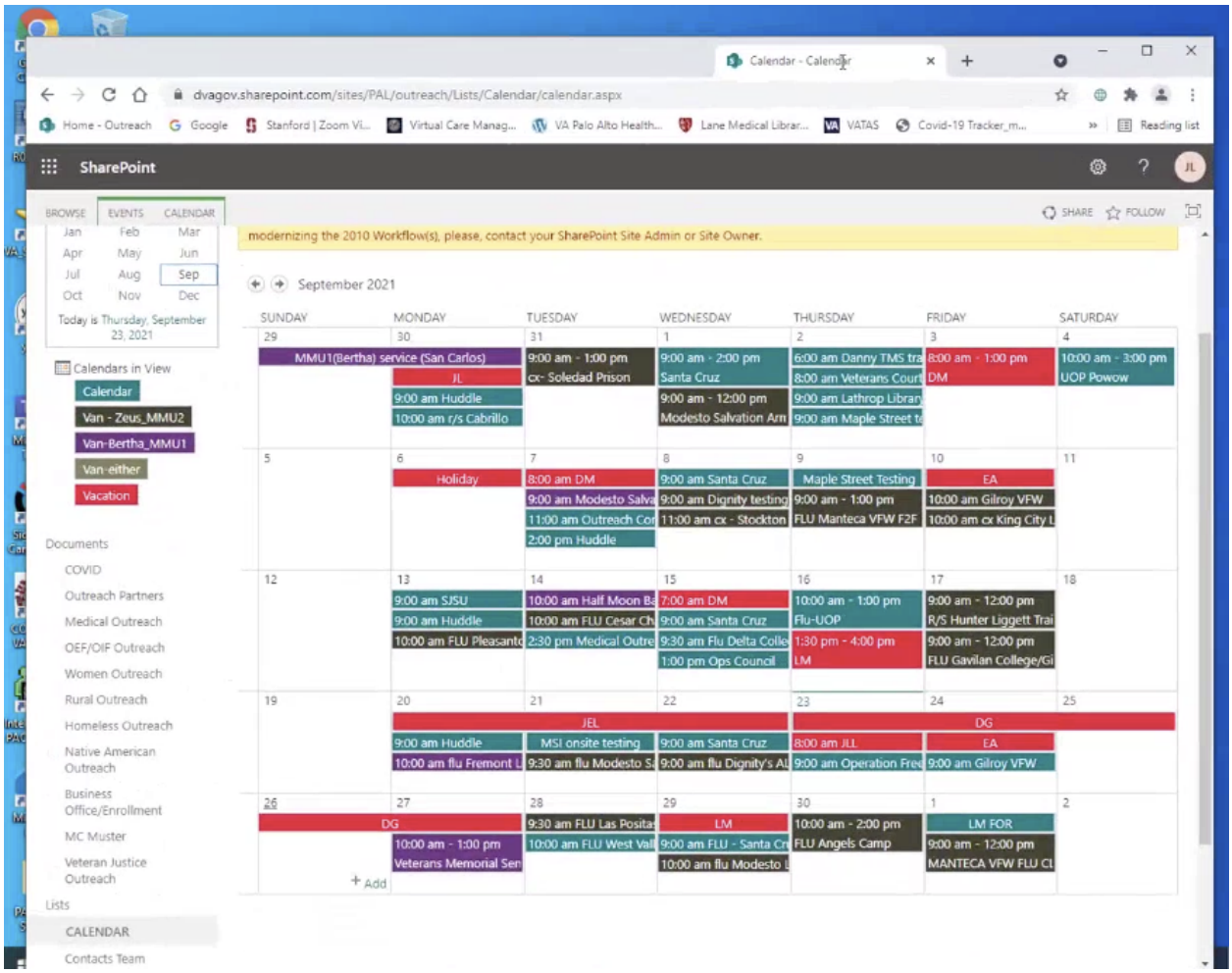
This is open to any Veteran? Is this also Caretakers? Who’s eligible?
Just eligible Veterans, except for COVID vaccinations, when the save the lives act came through, spouses and caretakers, we could provide to. Otherwise, just eligible Veterans.

And do you offer this throughout your whole catchment area?
Yes, so traveling to the hosting sites, see the map behind me? I’m a very visual person so I just pieced together our catchment area, and I have dots on the map for everywhere we go. Fortunately, our team is geographically spread so we’re able to cover the area.

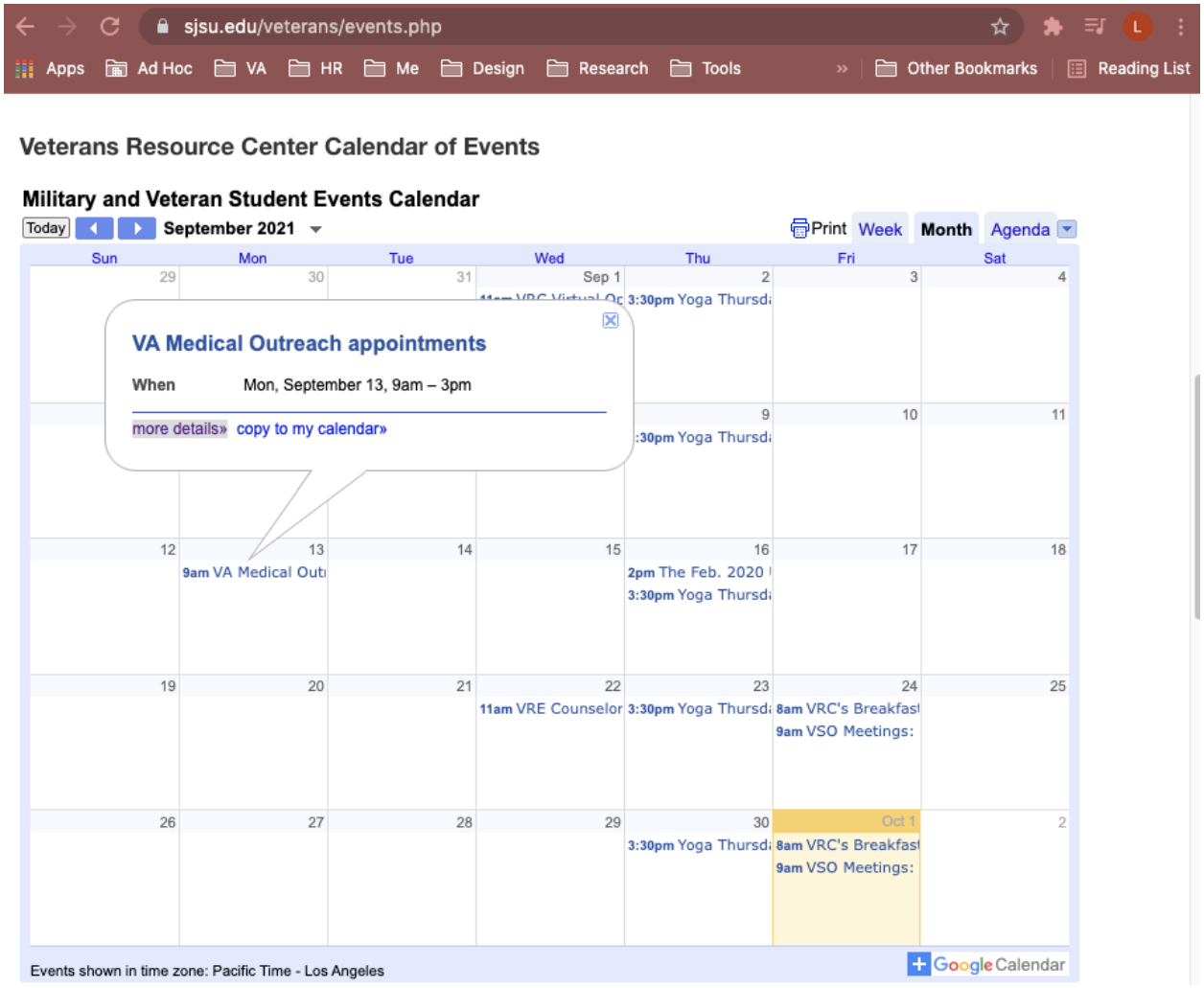
Hosting sites

In the parking lot of a VFW or homeless shelter, and sometimes we don't use the vans if we're at a hosting site, which we have a weekly site in Santa Cruz, there's really no where to park in downtown Santa Cruz, but the Veterans memorial building, they have a Veteran's Service Day every Wednesday, we're part of that, they lets us park there, they have reserved rooms that we can use and we're able to store some equipment. If it would help you I can show you our monthly schedule, I would be happy to share with you.

MMU Schedule for "Bertha" and "Zeus"



So this is internal, we'd love have something for Veterans to access, but anyone in our VA can access this Sharepoint site. But this just shows, our MMUs are Bertha and Zeus, and its color coded. So, the Modesto Salvation Army is a homeless site, Santa Cruz has a large number of homeless Veterans, libraries, oh, we also go to Veteran's court, maple street - we're also doing surveillance and covid testing - so this is a homeless shelter so we're doing some testing because there was a positive, here's Powow, Manteca VFW (we're doing flu vaccines now so any of the sites with FLU [preceding the name] we're doing flu vaccines), SJSU is San Jose State University,



Half Moon Bay is a library (website)
We usually have, we're just ramping up our pre covid face to face sites, we usually have this month we have 30 events, prior to that we have about 40. So we're just ramping up.

Yeah, and just looking at the sites here, Gilroy is down south of here, Angel's camp is in the sierra foothills, King city is about 100 miles south of here. So pretty much spread out through our catchment area.

How would this calendar translate into a website in an ideal world? Facility page vs an events page?
Laura: I think what's hard,a brink and mortar has a fixed address. Events… I don't know that I consider what we do an event. Its a service that we provide. Sometimes we tag them to events. Here's a rough example. We were doing really big Marine Corp Musters, and I know that when the outreach team would support those, that is an event. You know we had over 900 marines ending their IRR, come through the facility. You know, see providers, get enrolled if they weren't enrolled, we had a presentation on our services. That's really what I consider an event. I mean,

the outreach, when an MMU goes out, I don't consider it an event, I mean it's a mobile service. We're going to the Veteran. They are not coming to us. I'll start sharing my screen.

[Laura shares screen with Palo Alto pulled up]

Laura: Dr. Lighthouse you may not be aware, VA is on this modernization… across the VA so every VA site is going to this new page, and its trying to standardize as much as possible, and its going to be more mobile friendly. And if the pages look the same, its not going to be very hard to navigate if they change systems. So Reno looks just like this because they are live.

[I point out locations page and talk about current problem]

Me: Currently Bertha and Zeus would have a page and they could each have a schedule.

Laura: I don't think that would work well here. I think what would make the most sense is if it listed the phone number. And I don't know what number that is.

Dr Lighthouse: that's my extension. Now I understand the problem. If you punch in 'find VA care' There's a site you can put your zip code in, like for monterey, my number comes in as the first choice. They think they are calling a clinic, but they are calling my office extension.

And then there are not clinical hours, they are there sun up sun down. There's no consistency there.

Dr: part of the hours are commute time

[I show new "schedule" section. Explain every stop would need a page]

Laura: what would it look like if you had multiple? Because we have soooo many. They would click it and see when the next time it would be there is?

[I explain left nav based on location and a Vet find what's close to them]

Do the services vary from place to place?

Services most are with medical providers and health techs, sometimes we have sites without medical providers. Site may not be a good choice for med providers like a yellow ribbon event where Vets are not going to be wanting to see a medical provider.

I suggest blue ribbon and flu clinic as an event. We look at events pages and point out their limitations (no parking) and that enroll and appt medical outreach would fall under a facility page.

Dr.: I'm wondering if it would work to do mobile clinic and it be of a specific area, and the Veteran who clicked on that area, they could see the times that they'll be at that particular area. Like Modesto junior college this day,

Laura: would each city have its own page or location?

Me: Yes, every unique location would have to have a unique page

Andrea: So that would be a lot of editing because the schedule could change so I'd have to go in there.

Dr: yes, I think the worse thing that we could do is have a site on there and then it turned out that we're not there.

Laura: So, I just wonder, um, if there's a ways for it to be listed, we have a mobile clinic, this is what it does, and as far as what it does as for events, this is where we post where they'll be. But if there's regular ones, I wonder Andrea, is it easy for you to change if an event changes? Because I don't think it would be helpful to have all of these different mobile clinics and locations given that, I mean we have 5 or 6 sites in San Jose alone. I'd hate for it to day San Jose, CA, San Jose, CA, San Jose, CA and have to click on each to see, ok this is the college. I mean you may even have 5 different colleges, I know you say right now it needs to be separate but I'm wondering if a city can have multiple locations so that its the city that gets the page vs the VFW that gets the page.

I think we're going to have build different versions, because you're right it would be confusing to see the city repeated, maybe in the short term, is zip code better

Andrea: you know, as a Veteran, I go to the website, I know there's a mobile clinic so I just click on the mobile clinic link and then I can see the schedule, so I think the way you show it here is probably the best because its a one-stop shop, because they can look at the mobile clinic and then they can look up th schedule. I don't think we should put it under events because it would be disconnected. But, and then I would have to go in maybe once a week, and verify the schedule and update it. It would not be like other locations. It wouldn't be static. It would require alot of editing on our part. But i think that would probably make the most sense.

Dr: I'm wondering, I actually have an admin person now, um that works half time with me and half time on another program. I'm not sure if that person could help with the updates or at least be responsible for giving you the updates?

Laura: they could give us the updates. We would have to talk about who has ownership to make changes to the website. Yeah we can talk about that offline.

Andrea: and then maybe we wouldn't have a location, we could have "location varies". See the schedule below for locations. And then the schedule would show the individual dates and locations.

[I say that could be tricky, andrea asks if location is locked down for changes. I ask if shes run into issues with that?

Andrea: no, its just I know there are certain parts that I can't put alot of information because it's template based and I only have like a line or two to put information. I don't know if this is free text or template based.

I say rich text would be an option

Andrea: that would work for us

Dr: So to give you an idea for scope,I just looked this us, for fiscal year 21, the number of what we call events (or services) was over 206, with 49 unique sites, so meaning we went to some of those sites more than once, and 10 new sites. And other years we were higher than that since we're just ramping up due to Covid.

[I explain how we work and how we have to justify the need for design changes/"deviations"]

Laura: can you, when you request for a deviation, Dr and Andrea feel free to weigh in, can we have, since we have 2 mobile, and maybe I should ask Dr., do we use the MMUs interchangeably? Or are sometimes both used on the same day?

Dr. sometimes, quite frequently, used on the same day,

Laura: so then maybe my suggestion would be, mobile clinic, zeus, it would be a combination, where it has this information here, but a combination with the events, like could we instead of a separate events page there, could we have it on here (cursors roughly unders schedule) So you click on the mobile clinic and maybe not see the location but see where is it going to go. So what we're essentially changing is like the calendar like Dr lighthall shared. That they've got their own calendar shared of where, when and what time but maybe is there a way to merge that.

[I explain google search va health care near me, travel scenario and why search by location]
Me: You said they can be used interchangeably and fitted equally?

Dr. Yes, both have the same equipment and exam rooms and satellite and wifi capabilities.

Me: What else gives you pause about these pages. You mentioned having these pages but not being there. Let's imagine an emergency scenario. You have your schedule but get deployed for a wildfire.

Dr: um, we usually get pretty creative, so if its a site, that we bring in the MMU to a VFW, that MMU is needed for a power outage of a wildfire, then we would look at, we try very hard not to cancel an event, especially one that we anticipate a turnout, or regardless, because we don't want to turn a veteran away who's coming to see us, then we would ask the VFW is we could use a room inside the building. Or we could potentially set up tables and a couple popups that we could use that we're looking to get walls to make them into tents. So we're pretty good at being flexible at thinking outside the box at keeping the event as scheduled.

[so MMU goes to emergency but staff goes to scheduled location?]

Dr: yeah. I guess if it would be an example, like a wildfire, we did go to a couple sites where, there were relief centers set up for the camping areas for individual areas for people that had been displaced. In those cases it would be both the van and the staff. They don't come up that often, fingers crossed.

[scheduled services, are Veterans scheduling in advance?]

Dr. No, all with just a couple exceptions are all walk-in. So we don't know who's coming. We used to when we were visiting colleges, earlier on in the pandemic, but in general all of ours are walkin, no appts so we don't know who's coming ahead of time.

[anything else we should take into consideration]

Dr. in my view, it's just the number of sites and how to make it most accessible to Veterans. I know you all are much better than me.

[I mention services and tied to taxonomy, are the services that you offer, are they represented and if not what changes would you need to see, eg telehealth opportunities with covid]

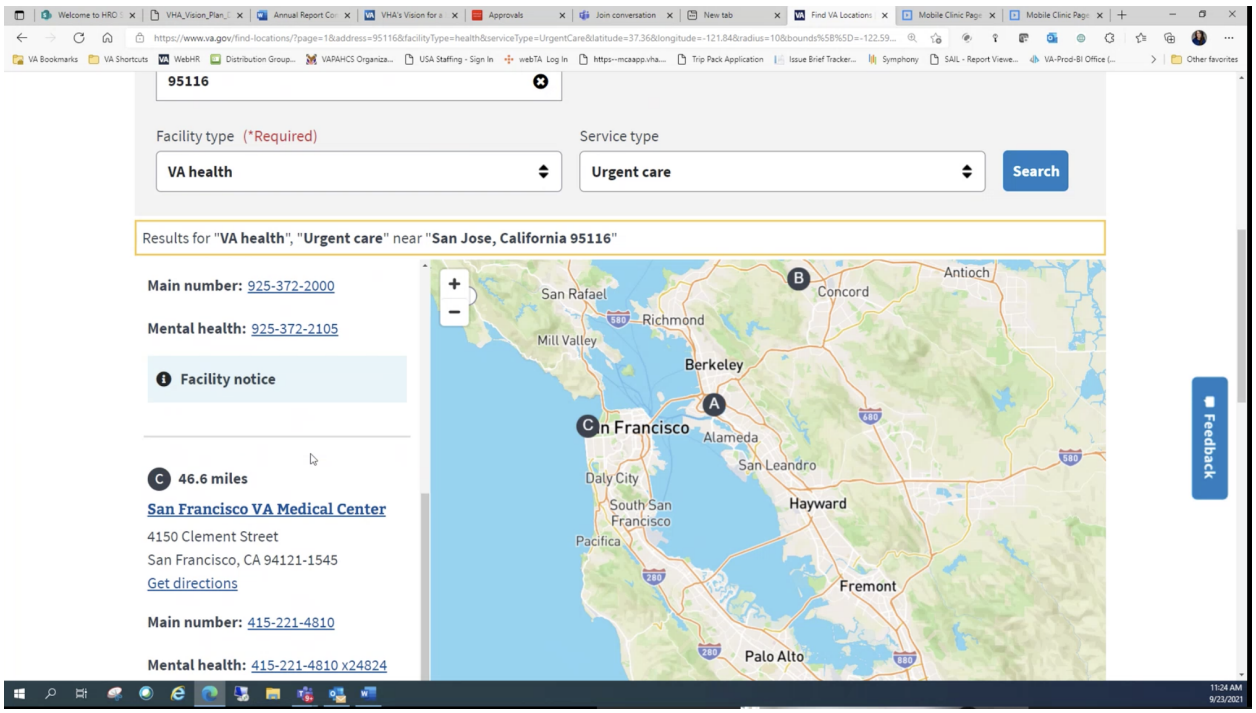
Andrea: its going to be a challenge for Veterans, and you said its not going to be up next week when we go live? We will keep it down for now?

[I explain how we will be open to webmaster and PAO feedback]

Dr. would it be possible to, maybe not link to sharepoint, but to have a separate calendar to link to? For the mobile medical vans and be more veteran friendly for the information that they need to know rather than the information that we need to know, like point of contact, if that was in the website, that could be something that my admin person could maintain. When they're going on the site they could see where the palo alto van was going that month. I don't know if that makes sese

Laura: i had another idea for the search function, like you were saying when a Veteran Googles to find the closest, but could we instead, I don't know how many Veterans would do a search or know what a mobile clinic is, or what services are offered there. So, could we instead do the search by the service instead. For example, if they put in, and I don't know where they could search, but if they put in "Flu", the pop up would be, flu clinic schedules, and then if the outreach team, and I don't know if its in the background somewhere, the outreach team had, had a flu fair or an offering, they would see both, and they could see what's closest to them. So that they're looking, and that's why I kind of got stuck on this page, [refers to health system health services] otherwise, I don't know how many people would be doing a search for that or would know what mobile clinics do,

[we look at facility locator and talk about how service and location are related in this product. Laura searches and sees a problem]



It's interesting that this happened, because when I put in VA urgent care and san jose [actually entered 95116], it takes you to not even a site that's in Palo Alto, it skips even our ER.

[user conflates urgent and emergency]

Michelle: we know mapping is not perfect, part of the modernization is getting that mapping done. It may be that urgent care isn't mapped to that correctly. Are you looking for ER or urgent? Does that change things?

Dr. yeah and the other problem is, our urgent care is same day clinic, so

Laura: so I'll just give my father as an example, because he is a Veteran and had to call in urgent care, not emergency, and they directed him to the Palo Alto ER. So, I guess I just want to make sure, whether its the mapping, or what the physical call centers are doing, matches. And I don't know where we'd put that kind of feedback. I mean that's specifically what our call center staff did when he called the nurse advice line. And it was urgent care, not emergent.

Sorry, I know we're sort of deviating from…

Michelle: I would also follow up with Stan. I'm curious was the VA that the call center sent him to a community..

Laura: no, it was the VA Palo Alto hospital.

Dr. And then in terms of searching monterey and searching my extension, something that will get changed when we roll out the changes?

[We correct that the problem is on the facility page and coming from VAST]

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Mobile clinic design stakeholder feedback sessions - Research findings

Office of the CTO - Digital Experience (OCTO-DE) and VSA, Search & Discovery

Date: 10/11/2021

Leyda Hughes [leyda.hughes@adhocteam.us]

Goals:

The purpose of conducting these feedback sessions was to validate or invalidate the MVP design of the new schedule section for use by mobile clinic/MMU facility types.

- Identify problems with design
- Discover opportunities to consider for future iterations

Here is a link to the design prototype used in the sessions.

Research Questions

1. Can the new schedule section design be used by content editors to effectively communicate location and services information?
2. Is there information that cannot be communicated effectively with the new design?
3. What are the drawbacks to using the new design?
4. How can the new design be improved to accommodate additional use cases?

Methodology

We conducted video interviews over Teamsite. Prototypes were screen shared and discussed in context with the facilities actual use cases and needs.

Hypothesis and Conclusion

Content editors will be able to use the current design to effectively communicate location and services information to Veterans.

- Somewhat true: The current design will allow content editors to communicate location and services for each "stop" that an MMU makes. However, it may not be the most effective way for editors to present this information nor for Veterans to consume it.

Key Findings

1. Some MMUs travel hundreds of times in a calendar year making it inefficient to create a complete facility site for each stop.
2. Some MMUs travel to multiple addresses with a shared city and state.
3. Some MMU medical services are offered without an appointment.
4. Maintaining data accuracy for a fluctuating number of websites may be impossible for some low-staffed locations.
5. Content editors liked the option of a flexible, rich text, content section.

Recommendations

Near Term:

- Reconsider if MMU location stops need to be listed in the left nav of the page. It may be more usable to not list any MMU locations in the short term.
    - see Mikki's recommendations for v4

Long Term:

- Consider a different parent child relationship between a VAMCs MMU services and their location/schedule information.
    - Consider decoupling a stop's location information from the services offered by the MMU if all stops share the same service offerings. Consider dedicating a separate page for schedule and location information. Revisit concepts V2 and V3
- Consider how Events pages can work with Mobile clinic facilities. Could the information architecture evolve to create a closer relationship between a location and an event? Could the link between each other so that the facility page does the heavy lifting of communicating health services and logistics, while an events page(s) lists 200+ locations? How could we surface events into Facility Locator?

Details of Findings

1. Some MMUs travel hundreds of times in a calendar making it inefficient to create a complete facility site for each stop.
    - For example, for calendar year 2021, Palo Alto will travel to 206 sites, “stops”, 49 of them are unique locations, meaning they do 'repeat visits' to those 49 locations.
2. Some MMUs travel to multiple addresses with a shared city and state.
    - For example, 5+ of Palo Alto's 49 unique locations are in “San Jose” alone so those 5 would show up as “Mobile clinic - San Jose, CA” with the current design iteration, indistinguishable, in the left nav but all would have unique addresses.
3. Some MMU medical services are offered without an appointment.
    - Palo Alto's MMUs travel to many Veteran communities who are either homeless, underserved or not yet enrolled, therefore their medical outreach model of healthcare is mostly walk-in.
4. "in general all of ours are walk-in, no appts. So, we don’t know who’s coming ahead of time."

5. Maintaining data accuracy for a fluctuating number of websites may be impossible for some low-staffed locations.
    - Regarding 49 mobile location pages:
6. "So that would be a lot of editing because the schedule could change so I'd have to go in there..."
    - Regarding being a 1-man-shop:
7. "I have 3 mobile health and two brick and mortar health clinics. It becomes very time intensive, that's where having a webmaster would be awesome. "
8. Content editors liked the option of a flexible, rich text, content section. Even when the idea of editing multiple websites wasn't the ideal solution for the editors, hearing that the schedule section would allow rich text was received positively. "that would work for us"

Next steps

- Test live pages with Veterans.
    - How would Veteran know to look for mobile clinic services if they didn't know they existed? Palo Alto's PAO said it well when she question:
- I don't know how many Veterans would do a search or know what a mobile clinic is, or what services are offered there. So, could we instead do the search by the service instead. For example, if they put in, and I don't know where they could search, but if they put in "Flu", the pop up would be, flu clinic schedules, and then if the outreach team, and I don't know if its in the background somewhere, the outreach team had, had a flu fair or an offering, they would see both, and they could see what's closest to them. So that they're looking, and that's why I kind of got stuck on this page, [refers to health system health services] otherwise, I don't know how many people would be doing a search for that or would know what mobile clinics do