

Appendix A. All Case Examples

Darrell

Darrell is a 72-year-old Army veteran who is in very poor health. He has advanced heart failure, kidney problems, high blood pressure, and diabetes.

He lives 30 miles from his VA Community-Based Outpatient Clinic (CBOC) where he receives primary care and 130 miles from his VA Medical Center (VAMC) where he receives specialty care. His daughter has to take off work to drive him to the medical center.

“To make that trip to the VA is really taxing on me.”

Last year, the VA paid for him to have heart surgery at a non-VA civilian hospital closer to his home. But because of VA rules under the Veterans Choice Act, he was allowed only 1 visit with his non-VA civilian heart doctor after his surgery and now has to get his follow-up care at the VAMC.

“I came to find out it was a one-time thing and then I had to go back to the VA for further treatment.”

He thinks the heart doctors at the VA are good, but he wants to keep going to the non-VA civilian heart clinic where he had his surgery because it’s closer to his home, and he wants to see the same heart doctor. He wishes he could receive all specialty care in the community closer to his home.

Sarah

Sarah is a 40-year-old Army veteran who is in fair health. She has posttraumatic stress disorder (PTSD) as a result of her time in a combat zone.

She lives 30 miles from her VA CBOC and 130 miles from the VAMC where she sees an endocrinologist for a thyroid problem.

Earlier this year, she needed to get care for her thyroid problem, which caused a large goiter to press on her windpipe.

To see a VA surgeon, she would have to wait a couple of months and drive 130 miles to the VAMC, and it would cost a lot of money for gas and time away from work.

“The cost of gas would kill me. I can’t live on the highway. I’ve got responsibilities.”

She wants to go to a non-VA civilian surgeon closer to her home for surgery and follow-up care and wishes she could receive all specialty care in the community closer to her home.

Joan

Joan is a 36-year-old Army veteran who is in fair health. She has arthritis in her knees and back. She lives 30 miles from her VA CBOC where she receives primary care.

She goes to a non-VA civilian doctor for primary care when she has to see a doctor on short notice, because she can't get an appointment with her VA primary care provider (PCP) soon enough.

"I can hardly get in."

She likes her non-VA civilian PCP and is unhappy with her VA PCP. Her VA PCP is always behind schedule, and Joan feels her VA PCP didn't act quickly enough to get her in for a test she needed for an urgent problem. She feels her VA PCP is rushed because the VA doesn't have enough doctors.

Joan likes the care she has gotten outside the VA. She thinks it is professional, thorough, and faster than the VA. She would prefer to see her non-VA civilian doctor for all of her primary care.

Theresa

Theresa is a 45-year-old Army veteran who is in good health.

She lives 5 miles from her VAMC, where she gets both primary care and specialty care.

She gets all care at the VA. She thinks the VA provides very high-quality care, and she is very happy with it. Her PCP gives her all the time she needs during her visits, and she feels VA doctors and staff care about her.

"I don't see any reason to go outside for anything unless the VA can't provide it."

Theresa has a lot of pain in her hand because of carpal tunnel and needs surgery. The VA can't do the surgery for 4 months because they have only one hand surgeon.

"I understand that things are done in priority of need and you can live with carpal tunnel."

She wants to go to a non-VA civilian surgeon so she can have her surgery done in 1 month rather than waiting 4 months to get it at the VA, but in the future wants to receive specialty care at the VA.

Matt

Matt is a 48-year-old Navy veteran who is in good health except he has significant knee pain and difficulty walking and standing for long periods.

He lives 60 miles from his VAMC, where he gets both primary care and specialty care.

He was told he would have to wait 6 to 7 weeks to see an orthopedic doctor at the VA. He feels he is in too much pain and is afraid he will lose his job if he waits that long, so he wants to see a non-VA civilian specialist for knee replacement surgery.

After the surgery, he will need physical therapy and wants to receive care in his community rather than drive to VAMC.

“I don’t have the time or the money to travel 60 miles for physical therapy 3 times a week.”

Matt says he prefers non-VA civilian care to VA care. While he thinks the quality of care at the VA is good, he doesn’t like that he has to wait several weeks for an appointment, drive so far, and ***“jump through so many hoops”*** at the VA. He wants to receive all his care in the community closer to home.

Susan

Susan is a 46-year-old Air Force veteran who is in good health. She is experiencing severe pain in her lower back, hip, and knee and believes they are all related. She was told she needed an magnetic resonance imaging (MRI) scan to diagnose her problem, but it would take at least 6 weeks.

“I mean this is an emergency situation. I’m not able to walk because my legs aren’t supporting me, and they want me to wait 6 weeks for an MRI to see what is going on!”

She lives 45 miles from her VAMC, where she gets both primary care and specialty care.

She requested a non-VA civilian appointment 1 month ago for an MRI but has not heard back. She wants to receive the MRI in the community as soon as possible. She doesn’t care if she’s seen in the VA or the community in the future, as long as the care is timely.

Bill

Bill is a 68-year-old Marine veteran who is in poor health. He has chronic obstructive pulmonary disease (emphysema), must be on oxygen at all times, and has had a quadruple heart bypass.

Bill lives 40 miles from his VA CBOC where he sees his PCP and 90 miles from the VAMC where he has to go for specialty care.

The distance is a problem for Bill. He says he can no longer drive himself and gets dizzy and nauseous sitting up for long periods.

He has been a VA patient for over 20 years but is frustrated that he has to travel so far, unhappy with the constant turnover of PCPs at the VA, and has had trouble getting his medications on time.

Bill needs to see a pulmonologist, and he strongly desires to receive care from non-VA civilian providers close to home.

“It just doesn’t make sense to make me travel 90 miles to see a pulmonologist when there is a perfectly capable doctor 5 miles away from my home.”

He does not feel VA doctors are ***“up to snuff”*** and wants to see a pulmonologist in the community. He wishes he could receive all his specialty care in the community.

David

David is a 68-year-old Air Force veteran and in fair health. His VA PCP left, and he can’t get an appointment with another VA PCP for 6 months.

“Sometimes it seems like they’re dragging their feet.”

He feels that the VA provides good care and it’s getting better all the time. He cannot afford to pay for non-VA civilian care. He feels that waiting 6 months is too long, so he wants to see a non-VA civilian PCP in the meantime, until he can get back in with a new VA PCP.