

## On-line Appendix: Additional quotes for themes.

### Theme One: Patient factors influence the relation between distance and distance as a barrier to care.

- **Provider:** *"They're still driving 5 or 6 hours to get any specialty care...and we have some elderly veterans who just can't make that trip. There is a VA van available that can take them from local communities...it makes a long day...sometimes they leave at 4:30 in the morning and they get back at 10:00 at night, and of course they don't stop along the road for bathroom breaks, and sometimes that's an issue, and then sometimes they have trouble getting to the site where the VA van picks them up, and they still may have 20-30 miles to get to the site for transportation."*  
**Interviewer:** *"Do you get the sense that any patients neglect specialty services, or don't seek them because of that?"*  
**Provider:** *"Yes."*
- **Clinic Staff:** *"When you see the 86 year-olds, the 89 year-olds, the 90 year-olds, trying to get a ride to come this far... calling their sons or whoever to get them off work to bring them, or then trying to get through the hills... it's an hour and a half but when you add in the snow, when you add in the hills, that's very dangerous, very long way for them to come in the winter."*
- **Patient:** *"Now we've got buses running [to the nearest VAMC]...maybe twice a week...but with these shoulders redone and the hip, I didn't want to be crowded and if I only had one appointment and they said 'Were going to leave at 3 o'clock [a.m.], we won't wait longer,' and if I'm don't at 9:30 or 10:00, we'd get up there at 9:30 and then I'd sit there all day."*
- **Patient:** *"I have to drive to [the nearest VAMC] or take the volunteer van, and it's really inefficient and a waste of a lot of time, and money for the volunteers. For example, the last time I had to go to [the VAMC]...to see a doctor and literally spoke with him for 10 minutes, and then was done for the day and had to wait 'til well in the afternoon just to come back. And it seems like it's just a waste of money, and gas, and everybody's time."*
- **Clinic Staff:** *"For some of our, you know, indigenous population money is an issue, driving an hour away. So if gas prices are high--last summer a lot of folks just didn't decide to come because."*
- **Patient:** *"For specialty care...for glasses, uh, when you go to [the VAMC], you're going to be there all day."*
- **Patient:** *"I usually meet the driver at the courthouse...this is like 6:30 in the morning, and I'm not going to get home before 4 o'clock at night...we got there at 8:30, I was ready to go at ten minutes after nine. I sat there 'til 2 o'clock. It's ridiculous...I get worn out and I'm in a lot better shape than some of these guys driving up there, you know?"*

### Theme Two: Veterans and providers were frustrated by limited access to routine care for specialty and diagnostic services.

- **Clinic Staff:** *"Right now...they're very short on funds...for what they're gonna pay to have done through local providers down here, like an MRI or something like that. In the past sometimes we could say 'Ok. Not able to make the trip,' you know, 'Come, please, get it done here.' And a part of the time we could get them approved to do those kind of things. So money is an issue now. They're not wanting to refer to the local, they want everything through the VA system, and it's very difficult. We do have a lot of people who are using the VA who don't have a lot of money, and you tell 'em, 'Ok, you gotta go to [the VAMC on other side of state].' I mean, that's a cost, there's a lot of 'em just can't, they just can't."*
- **Patient:** *"To see a specialist, or...x-rays and anything like that you had to go to [the nearest VAMC]...350 mile round trip, so that was a bummer."*
- **Clinic Staff:** *"Vision and hearing are two things that everybody needs, and it would be nice not to have to go to [VAMC] to do*

that.”

- **Interviewer:** “Are there any particular needs that you feel are missing?”

**Provider:** “You know, physical therapy would probably play a huge role...I have a lot of requests for dental, I have a lot of requests for ocular, a lot of requests for hearing, you know and those are three big things...there’s a lot of orthopedic things.”

- **Clinic Staff:** “I wish that we could give diabetic eye exams...that’s a big deal. Um, we have a lot of diabetics...you know, foot care is another big deal. You know, it wouldn’t take anything for a podiatrist to come...we could have anybody from the specialty clinics come down, even once a month, just access to care for those who can’t get to [VAMC] or find it extremely difficult to get to [VAMC] for whatever reason.”

**Theme Three: Distance to acute and emergency services is perceived as a potentially life-threatening barrier for many patients and a complex burden for primary care clinics.**

- **Clinic Staff:** “We are not a walk-in clinic...for the most part our patients are scheduled, and they don’t really have any access to acute care. We see patients if we can when they call, but if we would have an influx of several patients just with whatever, whether an injury or whatever, we can’t handle that. What’s happening in a lot of cases...is they’re waiting...they don’t have the money or access...so they’re waiting this extra day or two, and if that’s an older person who’s sick anyway then they’re getting sicker.”
- **Clinic Staff:** “If, for our population, if they’re living rural, if they’re farther than an hour away from this VA medical center most of them are using local ER services, to a great extent. For, for any care that they--, either in between appointments or emergency situations, they are using local ERs. ... For the most part, they’re going to the ER sometimes, uh, uh, a lot of the time for emergent care, but sometimes for routine care, where they just can’t get an appointment, you know, in a timely manner. Like they’ll call their primary care provider and they can’t be seen for two or three weeks and they have an infection now, or they have an upper respiratory infection now, so they’ll walk into the local ER instead of coming here.”
- **Clinic Staff:** “And some rural population, you know, trust in the VA and they would like VA providers to take care of their health issues, except during emergencies, they can’t access the emergency medicine. Going to [Parent VAMC] takes 2 hours...so they go to the local ER. Once they go into the local ER, they’re being told, ‘You have to have a local doctor to see for emergencies.’ So that’s how they end up having a second doc--, family doctor there because they can’t get to emergency service through the VA and they can’t just have a doctor to see them in emergencies so you have to have a regular family physician.”

**Theme Four: CBOCs are viewed positively for providing more primary care access points, but patients, providers, and staff emphasized improving access to a broader range of services as the top priority for VA rural healthcare.**

- **Clinic Staff:** “I would like to see the situation where our veterans didn’t have to drive so far. I think they’re opening up more CBOCs but I would like to see... better access to more specialties, where vets didn’t have to drive so far...it’s just the distance.”
- **Clinic Staff:** “They need to have more care done locally. Yeah, that’s probably not going to happen in my lifetime (laughs), but that’s what needs to happen. We need to be able...to take care of the whole patient, instead of piecemeal-ing it out.”
- **Provider:** “I think access to care would be the number one priority...more CBOCs would be the probably number one thing...and fee-basing for the elderly population and also for our young veterans.”

