

**VA Capitol Health Care Network
Responses to CARES Commission
Follow-up Questions to VISN 5 Baltimore Hearing
September 2003**

Question 1

Your VISN 5 Market Plan calls for addressing some of the need for more room for specialty care through expansion of CBOCs and for putting some specialty care in CBOCs. Given that VISN 5 is not on the top priority list to receive new CBOCs, how do you plan to address these needs?

Response 1

The VA Capitol Health Care Network has been approved to establish three new VA/Army Community Based Outpatient Clinic (CBOC) collocations at Fort Belvoir, Fort Detrick, and Fort Meade. In addition, approval has also been provided for the expansion of services at existing CBOCs. Adequate space expansions will be programmed at existing CBOC locations and at the VA/ARMY collocated CBOCs for primary care and high volume specialty care services. This will address the majority of our planned CBOC expansion for specialty care services.

Question 2

The original guidance for the National CARES Planning Office was to identify a preferred solution to a gap and an alternative and to assess both for quality, access, cost-effectiveness, etc. Please amplify on the cost effectiveness of both the preferred plan and the alternative plan.

Response 2

Martinsburg Market: Although data shows that contracting out in the Martinsburg Market is generally less costly than in-house care, the availability of community providers in West Virginia to handle high volumes of contract work make a contracting alternative infeasible. A more balanced solution to meeting increasing outpatient demand is preferred using a mixture of in-house expansion, existing CBOC expansion, new DoD joint ventures and some community contract work.

Baltimore Market: The reverse situation is true in the Baltimore Market. Data show that contracting out is more costly in this market than in-house care. All of the preferred solutions in the Baltimore Market have the higher NPV with the exception of outpatient specialty care and nursing home care at the Perry Point facility. Because of Perry Point's geographic location, in-house expansion to meet increasing specialty demand was not considered feasible due to the inability to obtain sufficient subspecialists to commute to or live in this location. Therefore, the more costly solution of using community contracts was selected. In addition, a complete nursing home replacement is preferred over renovation of the existing nursing home building due to the poor condition and space configuration of the 69-year old building. Renovation would not

correct deficiencies such as central nursing stations or floor layout because renovation is limited to the confines of the existing structure.

Washington Market: All of the preferred solutions in the Washington Market have the higher NPV with the exception of inpatient psychiatry. The two inpatient psychiatry solutions have NPVs that are very close in value, but the preferred solution is to expand services in-house to insure care is consistent for all veterans across the continuum of mental health services. Contracting a large portion of inpatient psychiatric care in the community, for only a slight improvement in an already positive NPV, would cause disjointed care and not support the VISN 5 Mental Health Service Line initiatives.

Question 3

What are the ramifications on VISN 5 health care systems if funds are not made available for the VISN 5 market plan?

Response 3

Considering the magnitude of workload projections in Primary Care, Mental Health Outpatient, and Specialty Care, if the status quo is straight lined for space and FTEE, VISN 5 will be forced to contract out significant amounts of health care services, and/or significantly increase wait times.

Question 4

What was the impact of the NCPO not dealing with Long-Term Care (NHCU & Mental Health) in this cycle on your overall planning effort?

Response 4

The VA Capitol Health Care Network took the initiative in our CARES planning process to identify critical needs in both Mental Health and Long-Term Care areas. Planning initiatives were developed to address these critical concerns. Each individual Market Plan contains outpatient mental health care initiatives that call for the co-location and expansion of space for mental health care and primary care services to improve access to care. The Network Market plan provides 44,400 square feet for mental health expansion of which 20,800 square feet of space is being added to Community Based Outpatient Clinics (current CBOC expansions and new VA/Army CBOCs). The Mental Health Service Line proposes a realignment of 99 mental health care beds between our medical centers to improve access to mental health care for veterans in the Washington Market area.

Long Term Care initiatives have also been included in our Network Market Plan. These include a 130-Bed Replacement NHCU at Perry Point, and the establishment of a Continuous Care Retirement Center at the Fort Howard campus that will be developed through an Enhanced Use initiative. The Continuous Care Retirement Center Enhanced-Use proposal includes plans for affordable senior housing, assisted living, and room for the construction of a State Veterans Nursing Home. It should also be

noted that the State Charlotte Hall Nursing Home currently has a significant number of vacant beds that will be used to address the long-term care needs of veterans from that geographic area.

The potential impact of not dealing with Long-Term Care and Mental Health Care in this cycle delays the overall planning efforts required to adequately address these two care modalities. This delay causes a postponement in the development of the projection data and space data required to effectively plan solutions. It is likely CARES Demand Model data will show an enormous need or gap in care for Long-Term Care services. The VA's Long-Term Care Model already projects significant increases in demand for nursing home and home health care services. This delay in addressing the suspected tremendous demand for care in these services would delay the development of alternative treatment modalities that will effectively deal with future demands for long-term care.

Question 5

The Draft National Plan indicates that decreased inpatient psychiatry demand in Baltimore is being met by decreasing the number of beds in Perry Point. It also indicates that increasing demand for inpatient psychiatry in Washington DC is being met by shifting beds from Perry Point to Washington DC and expanding space in Washington DC to be able to accommodate these needs. Why then is there a need to renovate space at Perry Point and relocate psychiatry patients? Has any consideration been given to converting this space at Martinsburg to house COO personnel during exercises and actual emergencies?

Response 5

The draft National Plan accurately identifies the demand for psychiatry services in the Washington Market area. The realignment of 22 psychiatric beds that will be shifted from Perry Point to Washington will address the demand for inpatient psychiatry services in Washington DC. The additional realignment of 77 domiciliary care beds from Martinsburg to Washington DC will also help to address the demand for psychiatry services in the Washington area.

The renovations of space at Perry Point are required to address patient privacy deficiencies and to improve patient care efficiencies. The SARRTP inpatient Building 22 was built in the 1940's and has congregate toilets and bathrooms. Renovations will eliminate this patient privacy deficiency and help to provide modern amenities for the veterans we serve. Building 14 was recently renovated to address privacy concerns with the creation of semi-private patient bedrooms and bathrooms.

Consideration has been given to using some of the space vacated by the 77-bed domiciliary relocation to Washington, to house COO personnel during exercises and actual emergencies. It should be noted the vacated space would require significant renovations.

Question 6

In the VISN plan there was an initiative for VA to provide mental health services to various DOD sites in return for possible surgical referrals from DOD. Is this initiative still a part of the Network's plan? If so, please amplify on the components of the agreement and how VA will benefit from this plan and how far advanced the plan is.

Response 6

The VA Capitol Health Care Network is in the process of signing a Memorandum of Understanding (MOU) with the Department of the Army for the purpose of sharing services. The agreement will allow VISN 5 to provide Ft. Meade with a Psychiatrist, a Psychologist, and a Social Worker to supply professional psychiatric services to the Department of the Army. The Department of the Army at Ft. Meade will perform ambulatory outpatient surgeries for VISN 5 veterans on an as needed basis in exchange for these services. The Department of Veterans Affairs has signed the agreement and is awaiting the return of a signed agreement from the Department of the Army.

Question 7

In your written testimony, you indicated that a need was identified for more research space at Washington DC. Please discuss this need and how your plans address it. Does the model accurately reflect VISN 5's research needs?

Response 7

The VA Capitol Health Care Network CARES Market plan does not identify Washington DC VA Medical Center with needing to expand research space. The CARES plan identifies the Baltimore VA Medical Center with the need to expand research space by 30,000 square feet to meet their projected space demands. The Baltimore Market Plan contains an initiative to lease approximately 30,000 square feet to meet future research space requirements. Space needs projected for the landlocked Baltimore VA Medical Center far exceed their ability to meet these demands within their current physical structure.

In regards to the CARES Demand Model, the data has accurately identified a research space deficiency at the Baltimore VA Medical Center. The Baltimore VA Medical Center has one of the largest research programs in the VA and this level of research activity is anticipated to grow. Having the ability to lease future research space is a supportive measure necessary to meet VA Central Office research space mandates.