

**Presentation of Aram V. Chobanian, M.D., to the Cares Commission**

August 25, 2003

My name is Aram Chobanian. I am Dean of Boston University School of Medicine and Provost of the Boston University Medical Campus. For the past 15 years, I have been Chairman of the Dean's Committee at the Edith Nourse Rogers Memorial VA Medical Center in Bedford. I am also co-chairman of the Dean's Committee at the Boston VA Healthcare System. Today, I would like to comment very briefly on the new proposed National CARES Plan as it relates to the Bedford VA.

Although I fully support the goals of the CARES Process, the newly proposed National CARES Plan for the Bedford VA is problematic for several reasons. Many of the recommendations differ substantially from those made by our VISN I planning group using the same body of available information.

The VISN I planning group included representatives from each Service Line and each facility, and with advice and support from various stakeholders, including the academic partners. After considering programmatic issues, new construction costs, and stakeholder reactions, it was concluded that the goals of CARES would be best achieved by maintaining the current missions and bed allocations. As I understand it, some reasons for this decision were as follows:

1. Pre-CARES actions had already resulted in significant reductions of duplications for in-patient Medicine and Surgery and for activities related to Spinal Cord Injury.
2. The workload projections for Acute Psychiatry would not result in the elimination of the need for these services at either Bedford or Brockton
3. Since final projections had not been made as yet on Long-Term Care bed needs, decisions in this regard were felt to be premature.
4. Projected increases in workload for remaining CARES categories would appear to mandate expansion of these services in all 4 facilities in the Boston area and could possibly result in the utilization of all current vacant space.
5. The amount of space vacated as a result of the proposed National CARES Plan would not be sufficient to close any facility or to generate enough income to offset the added costs of alternative plans.

Other specific items in the proposed National CARES Plan are bothersome as well.

- The proposed National CARES Plan would cause significant access issues for some of the Veterans served by the Bedford facility, particularly those living north of Bedford who already travel significant distances to get to Bedford. The extra 35 miles distance from Bedford to Brockton will lengthen the trip to the Brockton VA to more than an hour of driving time for many of the Veterans.
- If all acute psychiatric beds are removed from Bedford, a number of other important programs will be impacted. For example, the substance abuse program (which is the largest in the VISN I), the mental case management program (which received a national award), and the program for the homeless all have some dependence on the use of acute care psychiatric beds
- I also have serious concerns about the potential impact of the proposed National CARES Plan on Bedford's nationally-recognized Center of Excellence in Alzheimer's Disease. The current program integrates the in-patient activities with those involved in ambulatory care, adult day care, hospice care, and research. Many of the clinical and research staff work on several of these components and moving part of the program some 35 miles away would create serious logistic issues for this outstanding Center.
- Furthermore, no details are provided in the proposed National CARES Plan to justify the conclusions reached on future space needs. In addition, as indicated earlier, the construction funds that would be required to make the proposed changes at Brockton might more than offset any operational savings that might result.
- Finally, as one of the stakeholders who was not consulted on the proposed National CARES Plan before it was distributed, my institution has not had adequate opportunity to assess what impact it will have on our other academic programs at Bedford. Approximately one-third of our medical students have their psychiatry clerkships at Bedford as do many students who train in physical diagnosis. Also, psychiatric residents rotate through Bedford for some of their training. In addition, we don't know how the National CARES proposal will affect our Health Services Research Program at Bedford which has been designated as a VA Center of Excellence.

For all of these reasons, Boston University School of Medicine asks that the CARES Commission examine these issues carefully before final decisions are made regarding the Bedford campus.

Thank you for the opportunity to present these views.

**Statement of  
Bea Grause  
President of VAHHS  
Before the  
VA CARES Commission**

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**August 25, 2003**

Mr. Chairman,

I appreciate the opportunity to present testimony today based on the VA CARES draft plan. Informed public comment on the activities of our member institutions is a basic tenet of the Vermont Association of Hospitals and Health Systems (Association).

Introduction

The VA CARES Plan is consistent with the Association's mission and objective: to develop and sustain a high quality, financially stable, comprehensive health care system to all Vermonters". The WRJ VA is a key player in the landscape of health care in the State of Vermont as well as in the success of VAHHS's health care goals.

It is noteworthy that while the veteran population is expected to decline during the planning period (ending FY2022), the number of VA enrolled veterans in Vermont, as well as the rest of Northern New England, is projected to rise dramatically. I would now like to take a few moments to respond to the CARES planning initiatives proposed for the North area that includes Vermont veterans and the White River Junction VA.

Access to Hospital Care / Increase Medicine Beds

In reviewing the CARES Plan I was pleased to note the proposed increase in local accessibility to inpatient care for veterans. I believe it is extremely

important to improve local health care access to veterans, particularly for those who reside in the northernmost areas. At the present time, many elderly and infirm veterans travel up to 4 hours to reach a tertiary VA inpatient facility, bypassing several high quality non-VA hospitals along their way.

The Association supports the renovation and updating of existing facilities that will add inpatient beds to the White River Junction facility that meet patient privacy and accreditation standards. Complementing and supplementing this increased VA bed capacity through contract/purchasing high quality; cost-effective inpatient access to veterans at Vermont community hospitals takes full advantage of the spectrum of clinical services available within both the public and the private sector.

#### Specialty Care Outpatient

The CARES Plan notes there is a significant gap in specialty out patient services in the VA system. The Plan proposes VA facilities, including White River Junction, to effectively address this gap. Constructing a third floor to WRJ's recently renovated ambulatory care building should provide much needed clinical space and is a good first step in closing the specialty care gap.

Addressing the remaining outpatient specialty demand via contracting arrangements with non-VA health care providers promises to improve veteran's access as well as reduce travel time. The proposal is sound and strongly supported by the Association.

#### Mental Health Outpatient

VA demographic projections evidence a significant gap in outpatient mental health services. The CARES Plan proposes to incorporate Mental Health into VA CBOCs. If adopted this proposal should provide a single level of care for VA mental health services to Vermont veterans. Additionally, VA services will be expanded through increasing sharing with State and Community mental health centers - thus achieving a balanced public-private sector approach to addressing

veterans' mental health needs. This Federal-private sector cooperative venture is one that the Association endorses.

#### Vermont Association of Hospitals and Health Systems and VA White River, Junction

The WRJ VA is an active participant in the health care planning and service delivery network in the State of Vermont. The VA collaborates with the Association and its member institutions to promote access to care, to provide preventive care services that will create healthier populations and to address state policy challenges in an effort to create a vibrant, effective rural health network.

Examples of this collaboration include a state-wide effort to reduce smoking and another effort to provide intensive technical skills training for Registered Nurses and other health professionals. The WRJ VA has always been a team player on our board and in our state, working to ensure that all Vermonters retain access to affordable, quality health services.

#### Conclusion

Mr. Chairman, this concludes my remarks. Let me say again that I am grateful for this opportunity to address the elements in the Draft CARES Plan that affect the State of Vermont, its health care institutions and Vermont veterans who have honorably served their country. As I noted in my opening comments, the Vermont Association of Hospitals and Health Systems is committed to creating and sustaining a comprehensive health care system in Vermont. The White River Junction VA supports and enhances that objective by providing high quality health care to veterans. I will now be happy to respond to any questions that you or other members of the Commission might care to ask.



Testimony of Sharon Rounds, MD  
Associate Dean of Medicine (Faculty Affairs)  
Brown Medical School

#### VA CARES Commission on the VISN1 CARES Market Plan

Mr. Chairman, I am pleased to be here to testify before the Commission on the relationship between Brown Medical School and the Providence VA Medical Center of the VA New England Healthcare System (VISN 1). I am representing Richard Besdine, MD, Interim Dean of Medicine and Biological Sciences at Brown Medical School.

Brown Medical School has enjoyed a productive academic affiliation with the Providence VAMC since the founding of the four year medical school program in 1972. The Providence VAMC is one of 7 Brown-affiliated hospitals. As a Brown-affiliated hospital, the PVAMC is a site for medical student and house-staff teaching. Thus, many PVAMC staff hold faculty appointments at Brown. Medical student teaching at the PVAMC begins in the second year with Physical Diagnosis, and also includes third year clerkships in Internal Medicine, Psychiatry, and Surgery. Fourth year students come to the VA for sub-internships and for electives in clinical specialties. In addition, PVAMC staff teach at multiple levels in the Medical School, including the second year pathophysiology course and in seminars and courses for graduate students, who are studying for the PhD degree from Brown University. Thus, the Providence VAMC is a very important component of student teaching at Brown Medical School.

In addition, the Providence VAMC is a critical site for graduate medical education at Brown. MD and PhD trainees work at the PVAMC under the supervision of staff faculty physicians and psychologists. These graduate programs include Internal Medicine, Psychiatry, Psychology, and Surgery, as well as most of the medical and surgical subspecialties. As in the case with medical student teaching, graduate medical training takes place in both the outpatient and inpatient settings. The unique characteristics of the VA environment and patients provide invaluable educational opportunities for graduate and undergraduate medical education.

As noted previously, VA staff hold faculty appointments at Brown Medical School - a mutually rewarding relationship for the Medical School and for the VA. The opportunity for faculty appointments at Brown enhances recruiting of physicians to VA staff appointments, thereby improving the quality of medical care provided to our veterans. The VA, in turn, offers staff the opportunity to compete for VA research support, a valuable alternative to the NIH. At Providence there is an outstanding, newly constructed research facility that provides space for both "wet lab" and clinical research. This outstanding research facility and the support for research provided by the VA are important recruiting tools for Brown faculty searches. In addition, Dean Besdine, based upon his long and productive association with VAMC programs in geriatrics, both in Boston and CT, has shared his intention to strengthen teaching and research activities at PVAMC.

Thus, Brown Medical School and the Providence VA Medical Center enjoy a mutually beneficial and productive affiliation, and we expect substantial future growth. We are pleased to learn that the VISN1 CARES Market Plan includes provisions for expansion of both inpatient and outpatient facilities at the Providence VA Medical Center. This expansion offers opportunities for recruitment of additional outstanding staff who will be eligible for Brown faculty appointments. We hope that the proposed expansion will, in turn, allow expansion of the research and undergraduate and graduate medical education activities already occurring at the Providence VA Medical Center. Brown Medical School remains committed to excellence in patient care, education and research at the Providence VA, and looks forward to strengthening of this highly productive affiliation.

Mr. Chairman, this concludes my statement. Let me say again that I am grateful for this opportunity to address the Commission. I will be happy to respond to any questions that you or other members of the Commission might have.