

8 Sep 2003

Captain Gregory E. Hall, Medical Service Corps, United  
States Navy  
Executive Officer  
Naval Hospital  
3600 Rivers Avenue  
North Charleston, SC 29405

**Statement to the Capital Asset Realignment for Enhanced  
Services (CARES) Commission for the Department of Veterans  
Affairs, Charleston, South Carolina**

Good morning and thank you for your invitation to speak to the CARES Commission. The views I express in this statement are mine alone and do not necessarily reflect those of the Naval Medical Department or the United States Navy. However, I have been in my present Executive Officer assignment since December 2001 and have some observations which you might find helpful.

As an active duty naval officer, my perspective on your work focuses primarily on Department of Defense/Veterans Affairs (DOD/VA) sharing. The Naval Hospital in North Charleston is actually an ambulatory care facility. Since 1999, it has been a hospital in name only, with no inpatient services. Emergencies are referred to local emergency departments and patients requiring overnight care are most frequently admitted to Trident Medical Center (TMC), our civilian partnership hospital. Our military staff physicians and surgeons are privileged at TMC, which is located conveniently near the Naval Weapons Station, the location of most of our active duty Navy and Army personnel and many of their family members. Between Naval Hospital, Charleston, and the 437<sup>th</sup> Medical Group at Charleston Air Force Base, the military has an active duty and retired population of just over 60,000 personnel eligible for military healthcare. Since military providers routinely move every three years or so, we constantly monitor the demand for medical and surgical services by our eligible population and make the case for timely replacement of detaching personnel. In cases of provider shortages, we try to arrange to share services with another DOD or VA facility before we seek them in the private sector.

Over the years, Naval Hospital and the Ralph Johnson VA Medical Center in Charleston have maintained agreements to

share services between the two facilities. Although we have no currently active agreement, we are in continual discussions to identify services which one of us has in excess and the other has in shortage. Our biggest difficulties with this have been gapped billets due to shortages in our military provider inventories, military physicians are subject to sudden detachment for operations, and we have been unable to match Naval Hospital service availability with VAMC need and vice versa.

There are one or two potential bright spots on the horizon for sharing, however.

The first is the current pilot project testing joint Army, Navy, and Air Force pharmaceutical care services with Veterans Affairs Consolidated Mail Order Pharmacy (CMOP). The Navy's CMOP test site is San Diego, California. Under the CMOP concept, initial fill of prescriptions takes place at the Medical Treatment Facility (MTF) and prescription information is electronically shared with VA's CMOP. Patients then request mail order refills from those highly automated facilities and avoid unnecessary MTF visits. I understand that those pilot projects are being evaluated now, with reports due soon on their viability. We have a VA CMOP in Charleston. If the pilots demonstrate a good business case, we would hope to see expanded DOD/VA sharing in the pharmacy arena to increase efficiency and decrease costs for both services.

The second opportunity is that Naval Medicine is currently validating the need and design of a Naval Ambulatory Care Clinic for construction on the Naval Weapons Station (NWS) in Goose Creek. As I inferred earlier, NWS is the location of choice for most of the active duty and retired members for whose health care we are responsible. We have recently begun discussions with local officials to explore VA participation in construction of the clinic, provider sharing, ancillary services sharing, security concerns and solutions, and a whole range of collaborative efforts if Navy builds this new clinic. All of these ideas are on the table right now.

I hope the ideas I have presented today offer you some insight into our continuing discussions and cordial relationship with the Director and the officers of Ralph Johnson VAMC. We are always on the lookout for opportunities to help each other, increase the efficiency

of our respective healthcare delivery systems, and reduce costs for the American taxpayer.

Thank you again for your invitation to speak today.

## COLUMBIA

Mr. Chairman and Members of the Commission, thank you for the opportunity to testify today on the CARES Program as it relates to the Columbia VA Regional Office.

The Veterans Benefits Administration is fully supportive of the goals of the CARES Program.

VBA has had representation on the CARES National Policy Steering Committee and on the Regional Implementation Steering Committees. VBA has collaborated with VHA in identifying and prioritizing co-location opportunities such as moving the VA Regional Office from downtown Columbia to the Dorn VAMC Campus. VBA's review focused on how these planning initiatives could provide greater accessibility to veterans, as well as support and enhance our strategic goals of providing services to veterans. A new facility that is more functional to current operations will help increase productivity, accuracy, and timeliness of benefits delivery. VBA believes that careful analysis and coordination are essential as these initiatives move forward to ensure that there is no adverse impact on our operations or service delivery.

As a result of the CARES planning process and the VBA and VHA joint co-location efforts, the following goals were established to evaluate potential co-location opportunities and this planning initiative in particular. These are:

- Increase Handicap Parking and Facilities
- Improve Accessibility to Veterans
- Improve Service to Veterans
- Improve Operational Efficiency
- Reduce Net Costs
- Maximize use of VA Assets and
- Improve Employee Working Conditions

This project offers unique opportunities for VBA and VHA and will benefit VA as a whole.

Currently, there are only four handicap parking spaces at VARO Columbia. They are located on a busy city street making them unsafe and hard to utilize. Non handicapped parking is primarily available at a parking facility across this five lane busy city street. Additional handicapped and non-handicapped parking spaces will greatly improve accessibility to those we serve.

The Columbia VBA/VHA co-location will improve service to veterans by providing "one-stop shopping" for all of the veterans' benefits and medical needs.

The current facility, built in 1949, does not adequately accommodate current operational requirements. Improved operational efficiency will be realized by providing a state-of-the art facility with the latest in information technology, increased collaboration communication between claims examiners and physicians, and redesigned division work areas to increase and enhance workflow, thereby improving accuracy and timeliness.

Net costs will be reduced by eliminating the payment of annual GSA rent. A new facility will be more efficient by using current technology in HVAC systems and lighting techniques. In

addition, there will be additional opportunities for VBA/VHA to integrate various operational functions, which will potentially reduce costs still further.

Maximization of VA assets will occur by using VA owned land.

Employee working conditions will be improved by providing a new, well designed working environment with the latest technologies in design, construction, communications and information. Improved access to existing training and support facilities will further enhance employees' productivity. The new facility will incorporate improvements to the overall work environment for visitors and employees with increased parking, improved lighting, noise abatement, temperature control, health and safety features, and accessible accommodations for handicapped veterans.

Mr. Chairman, this concludes my prepared statement. I will be pleased to respond to any questions you or the members of the Commission may have.

Richard E. Larson, Executive Director  
Cares Commission  
Department of Veterans Affairs  
Office of the Secretary

Dear Mr. Larson:

The South Carolina Nurses Association is pleased to have been invited to bring testimony to the public hearing that will take place in Charleston, SC on September 8, 2003. This letter will serve as our testimony as we shall not plan to attend the September 8th meeting.

The VA system that provides health care to veterans in our state is seeing its patient load increase from year to year. South Carolina is a very attractive place for retirement for many people. The growth in the population that is eligible for receiving services through the VA is an issue that is wonderful for our state, but also puts a burden on the current service infrastructure designed to care for our nation's veterans in our state.

As you are looking to the future through the CARES Commission, the SCNA believes that it will be most necessary to include an increase in funding to meet the needs of veterans who are in our state, as well as in the registered nurses who will be necessary to care for this veterans. We realize that our increase in service needs most likely indicates a decrease in service needs in other areas of the country. We also realize that changes to current services in those areas that no longer have the same level of need will be painful for those areas that may stand to lose services or facilities. We hope that the Commission will consider very carefully the expanding needs for funding and personnel that are manifested by the current and, we believe, future growth of the veteran population in South Carolina.

We look forward to learning about the outcomes of the public hearings and the work of the CARES Commission. Thank you again for notifying SCNA of this public hearing opportunity.

Sincerely yours,  
Judith Curfman Thompson  
Executive Director  
SCNA