
The Dayton VA Medical Center is a part of VA Network 10, which includes VA Medical Centers in Chillicothe, Cincinnati, and Cleveland, as well as an Independent Outpatient Clinic in Columbus.

Affiliations: The Dayton VA Medical Center has active affiliations with the Wright State University Medical School. Dayton VA Medical Center is connected both physically and functionally to the University. Over 275 University residents, interns, and students are trained at the Dayton VA Medical Center each year. There are also nursing student affiliations with the Wright State University, University of Cincinnati, Miami University, Kettering College of Medical Arts, Sinclair Community College, Indiana University, Indiana Wesleyan, and Miami University Career Technology Center, as well as affiliations with some 40 other academic programs involving dentistry, pharmacy, social work, and psychology. Through sharing agreements, there is collaboration in the areas of Radiation Therapy, Professional Radiology Services, Sleep Lab, Electron Microscopy, and Cardiac Cath Lab.

The Dayton VA Medical Center participates with six other area hospitals and Wright-Patterson Air Force Base in the Dayton Area Graduate Medical Education Consortium (DAGMEC). Directors of Medical Education from each facility provide the oversight for the training of physicians from Wright State University School of Medicine. Since the university does not have an associated hospital, training occurs at various sites throughout the city. Each of the 24 primary care and specialty programs maintains ANCC accreditation for medical residents and fellows.

Research: The Dayton VAMC has a small funded research and development program, including studies in sleep and MS, all of which enhance our ability to provide state-of-the-art medical techniques and treatments to our veteran patients. During fiscal year 2002, there were 36 active Research Principal Investigators and 75 active research projects at the Medical Center. The total research funding for fiscal year 2002 from VA, NIH, and Industry sources was \$1,748,172.

THE EASTERN MARKET

VA Medical Center, Cleveland, OH **Brecksville & Wade Park Divisions**



Sites of Care: The Louis Stokes Cleveland VA Medical Center consists of VHA inpatient facilities located in Cleveland (Wade Park) and Brecksville, Ohio. The Louis Stokes Cleveland VAMC also has Community Based Outpatient Clinics in Akron, Canton, Cleveland (McCafferty), East Liverpool, Lorain, Mansfield, New Philadelphia, Painseville, Ravenna, Sandusky, Warren, and Youngstown, Ohio.

The Wade Park Campus is a tertiary care facility classified as a Clinical Referral Level 1 (most complex) Facility. It is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care and tertiary care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, and geriatrics.

The Brecksville Campus includes mental health inpatient services, a nursing home, and a domiciliary. The Center's services include extended care rehabilitation, psycho-geriatric care, and general nursing home care. Outpatient services include primary care and mental health care. The campus hosts a training facility of the VA's Employee Education System. The VA Regional Counsel's offices are co-located at the Brecksville campus.

Affiliations: Louis Stokes Cleveland VAMC has active affiliations with Case Western Reserve University (CWRU School of Medicine and School of Dentistry). Over 114 physician residents, dental residents, and interns are trained at the VA Medical Center each year. There are also nursing student affiliations with CWRU. The medical center has 99 affiliation agreements with institutions of higher learning for the training of a wide range of health care professions, including podiatry, optometry, psychology, physician's assisting, pharmacy, social work, dietetics, and others.

Research: The medical center has a research and development program that is among the largest in the VA, spanning a variety of clinical interests. Among the major areas of investigation are cardiovascular disease, neurology and ocular motility, and infection control. Several investigators are focusing on antibiotic resistance research, which has importance as the nation faces the threat of bio-terrorism.

The medical center is the site of a Research Center of Excellence in functional electrical Stimulation (FES), which restores functionality among those with spinal cord injury or dysfunction. The Director of the Cleveland FES consortium, Hunter Peckham, Ph.D, was the recipient of the Magnuson Award as the top rehabilitation researcher in the VA in 2001. He was recognized for his work in bringing the Freehand system through technology transfer from research to general availability in healthcare.

The total research funding for fiscal year 02 from VA, NIH, and industry sources was \$20 million.

The medical center has been recognized for seven Programs of Excellence in the VA: Open Heart Surgery, Geriatric Evaluation and Management, Substance Abuse Care, Care of the Homeless, Medical Care of the Homeless, Care of the Seriously Mentally ill, and Spinal Cord Injury Care. No other VA in the nation has as many Programs of Excellence recognized by the VA.



The delivery of healthcare services must be patient-focused, with an emphasis on patient needs, capacity, current and future demands for care, and patient satisfaction. Quality and performance outcomes are key components in determining veteran satisfaction. Creating a more patient-centered care delivery model is a key strategic Network goal. This demands timely and flexible responses to emerging patient desires, marketplace requirements, and measurement of the factors that drive veteran satisfaction. Being veteran focused also demands increased awareness and use of new technology and new modalities for the delivery of healthcare services.

Network 10 has the seventh largest veteran population and has been recognized as one of the fastest growing networks in terms of number of enrolled veterans. This network has and will continue to attract more veterans to VISN 10 due to the economical impact of factory closures and other economic changes, which decrease, terminate, or prevent access to affordable private health care coverage and prescription benefits for many veterans in Ohio. Many of these veterans are older with chronic illnesses resulting in the need for long-term and potentially costly treatments. Veterans, as well as other health care consumers, are also becoming more informed consumers of healthcare and expressing their desire for quality, timely, easily accessible, and technologically advanced health care services. These issues emphasize the importance of reducing infrastructure cost to better meet the needs of veterans seeking health care in VISN 10.

The following narrative summarizes service gaps identified through our ongoing strategic planning processes and the national Capital Asset Realignment for Enhanced Services (CARES) process for Central and Western Ohio Markets. A description of key planning initiatives identified for the Central and Western Ohio Markets are also outlined. It is my goal to position our organization to address veteran and health care market needs, expectations, and opportunities in the most cost-efficient way.

Central Market

The Central Market, which serves veterans in 26 counties (22 rural and 4 urban) in Central and South Central Ohio, consists of one VA Medical Center in Chillicothe, one Independent Outpatient Clinic (OPC) in Columbus, and six (6) Community Based Outpatient Clinics (CBOCs). The number of enrollees for this Market currently is 53,157 and is projected to increase by 7% to 57,129 in fiscal year 2012, then be slightly below the 2001 baseline in fiscal year 2022 with 52,521 enrollees.

Regarding access to healthcare within the Central Market, seventy-one percent (71%) of the veterans residing within the Central Market are within the 30-minute access standard, one hundred percent (100%) of the veterans in this market are within 120 minutes driving time for tertiary care and only thirty-nine percent (39%) of the veterans residing within the market boundaries are within the 60-minute travel time for access to hospital care.

The Market has a significant gap in the Outpatient Specialty Care category. In 2012, the Central Market has a gap of 69,181 stops and a gap of 53,052 in 2022 and also has a significant gap in Primary Care in 2012 of 36,642 stops, and in 2022 of 12,865.

The Central Market has been developing and implementing planning initiatives for many years to address the primary care, specialty care and infrastructure issues. Although, the market has made tremendous improvements, it is still falling short of providing this care locally. Listed below is a brief summary of initiatives to address the primary care, specialty care and infrastructure issues. These planning initiatives have been short-term fixes to address the increased demand for services in the Central Market, but do not fully address the need for a full continuum of accessible, quality, and cost effective local health care services to an expanding veteran population.

Current and Planned Initiatives

- Relocated the IOPC warehouse to a leased facility, and completed renovation of the vacated space for new primary care clinical space.
- Expanded clinical care space at Columbus Independent Outpatient Clinic (IOPC) with the relocation of administrative functions to a leased 10,000 square foot off-site location. Vacated administrative space is currently being renovated to utilize as specialty care space.
- Consolidated leadership of Acquisition and Materiel Management Service, Patient Business Services, Human Resources, Engineering Service, Information Management, Information Security, and Compliance. This initiative has and will continue to strengthen and expand the opportunities for the two facilities to collaborate. Continued coordination among leadership within Central Market to identify innovative and cost-effective approaches to health care delivery structures and systems within this market.

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- Expanded Audiology Services within the Central Ohio market by the installation of a second testing booth in Columbus, increased staffing at Chillicothe, and provision of Audiology services at Grove City CBOC.

In July 2003, I requested an analysis of accessibility to inpatient and outpatient specialty health care services not offered in the Central Market to gain a better understanding of the impact on veterans. During this study, it was noted that over 300 veterans, ages 38 to 85 years old, traveled an average of 196 miles round trip to receive specialty care not offered in the Columbus area. This computes to 62,524 miles per week and 3.5 million miles per year. On average, a veteran utilized the shuttle eight times during the last twelve months, which took on an average of 12 hours each trip, including travel time, patient waiting time and the appointment. In the private sector, this distance and time commitment would be unacceptable for the vast majority of healthcare consumers.

The yearly cost of transportation exceeds \$1 million annually, with a large portion of the cost being borne by veterans on fixed incomes. Many of these veterans are older with chronic illnesses and have difficulties getting around. I have included a copy of the study "Bringing Healthcare for Veterans into the 21st Century" for your review.

You will note that many of the veterans must arrange their own transportation with service organizations, local transportation modalities (e.g. bus, cab), or rely heavily on family members to provide this transportation early in the morning to the Columbus Independent Outpatient Clinic. Veterans must then catch the shuttle to other medical centers to for a typical 20-30-minute appointment. Additionally, each veteran must coordinate transportation home upon return of the shuttle, which may be problematic due to the varying appointment times of other veterans; shuttle problems or inclement weather.

To place this in perspective, veterans must arrive at the IOPC by 6:30 a.m. and some arrive as early as 6:00 a.m. and end the day around 6:30 p.m. The Network has been working on alternatives to provide local health care and reduce the inconvenience to the veterans, but these various initiatives have failed to adequately meet the veteran's needs. The planning initiative for the Central Market to construct a 260,000 sq. ft. Ambulatory Specialty Care Center would provide specialty care services closer to the veterans home and greatly reduce the travel time our veterans our currently facing. Additionally, this proposal will improve the continuity of care for our veterans.

Construction of a replacement Ambulatory Specialty Care Center by 2005 would offer expanded specialty care services, including ambulatory surgery. These expanded specialty services will decrease the number of veterans driving from the Central Market to the Dayton and Cincinnati VAMCs for specialty care appointments. In addition, it is projected that all other outpatient and administrative services would be constructed around the Ambulatory Specialty Care Center by 2010. This will

allow the lease at the existing Columbus Outpatient Clinic and two other administrative leases to be terminated, saving over \$1.3 million per year. The Chillicothe VAMC will maintain its current services and expand its services through local contracts with area providers in order to meet the gap for specialty care and to decrease current waiting times. The Chillicothe Outpatient surgical cases will be referred to the Columbus Ambulatory Specialty Care Center when operational. Other surgical or specialty care services that are high-cost and low-volume will continue to be referred to other VA Centers of Excellence such as the Dayton, Cincinnati, or Cleveland VAMCs.

The proposed replacement clinic will encompass 260,000 square feet throughout three (3) floors and be located on approximately 15 acres at the Defense Supply Center, Columbus – otherwise known as DSCC. This new location will also allow for 1,000 parking spaces and fully resolve current parking problems at the Columbus IOPC. Consensus has been reached on the best base location for the proposed new VA Center and a formal letter requesting approval of this site is being considered by the chain of command within the Department of Defense (DOD). The proposed site offers easy access for veterans from several major highways and can be reached by bus from anywhere in the city.

Collaborative opportunities also exist with the new facility at DSCC. For example, VA can benefit from the Department of Defense services through the use of DSCC police and security services and building maintenance. VA staff will also have access to a wide range of quality of life programs currently unavailable to them, such as day care, an athletic center and availability of two on-site universities. DSCC will mutually benefit from VA caring for active duty military and providing occupational health services.

As mentioned above, to meet the primary care capacity shortage in the near term, the Columbus Outpatient Clinic is currently embarking on a renovation project to add an additional primary care team in the IOPC to serve veterans from 2004 through 2009. In 2010, primary care services will be consolidated at the Ambulatory Specialty Care Center. Although this project will help with the demand, it does not fully meet the veteran's needs and does not provide access to all of the specialty services and access to ambulatory surgery needed in this market.

Due to the lack of inpatient beds in the Columbus area, the Central Market has a gap in the access standard (60-minutes traveling time) for veterans seeking acute hospital care. There are nine (9) counties located in the northern and eastern portions of the market area that are outside the 60-mile radius of the Chillicothe VAMC. In order to address this issue, the Central Market is continuing to develop proposals for contracting with local providers/hospitals in the Columbus area for inpatient beds. This will raise the percentage of those veterans within the access standards from the current 39% to 83% in 2012 and to 84% in 2022. Patients will no longer need to be transferred to another VAMC when stabilized and this will ensure the quality and continuity of care

For many years, the Chillicothe VAMC has been developing and refining a Master Space Plan to maximize the use of space and to vacate inefficient space. This plan has shown to be more cost-efficient, results oriented, and directly meets the goals and objectives of the CARES Initiatives. Currently underway is the consolidation of administrative services into a one central location, which will result in the closure of 6 buildings and 106,696 gross square feet. These buildings are proposed for out-lease opportunities. The second part of the plan in Chillicothe is designed to improve the patient care environment, improve staff efficiencies, reduce unnecessary building maintenance costs, and reduce increasing utility costs. Building 35, a remote building physically separated from the other inpatient facilities, will be closed (78,192 square feet). Inpatient programs from this building will be transferred to renovated space in the "large circle" (a group of buildings connected by covered corridors that house the other inpatient programs.) Chillicothe is currently negotiating with the State of Ohio to develop a State Veterans Home in this building. If that effort is unsuccessful, this building will be available for Enhanced Use or other leasing opportunities. In addition, the Chillicothe VAMC already has 103,576 square feet in use by parties outside the VAMC patient care functions, including a child care center, the Chivaho Credit Union, residential quarters, baseball stadium, golf course, Pickaway-Ross Joint Vocational School, and the Alvis House.

In addition to the initiatives listed above, the Chillicothe VAMC has an opportunity to expand the National Cemetery Administration's (NCA's) cemetery services into South Central Ohio. The NCA is interested in looking at up to 50 acres on the Chillicothe campus for a cemetery site, but not before 2009. The NCA has also contacted the State of Ohio about opportunities for this to be a state operated national cemetery.

Western Market

The Western Market, which serves veterans in 32 counties in Western and Southern Ohio, consists of one VA Medical Center in Cincinnati and Dayton, and seven Community Based Outpatient Clinics (CBOCs). The number of enrollees for this Market currently is 67,373 and is projected to increase by 15% to 77,228 in fiscal year 2012, then slightly above the 2001 baseline in fiscal year 2022 with 70,504 enrollees.

The Cincinnati VA Medical Center operates 2 campuses (Cincinnati and Fort Thomas, Kentucky.) It also manages three community based outpatient clinics located in Bellevue, Kentucky; Clermont County, Ohio; and Lawrenceburg, Indiana. These facilities provide health care to eligible veterans in Ohio, Southeast Indiana and Northern Kentucky. The medical center serves as the major tertiary and surgical referral center for the Central Ohio medical centers. A full range of services are offered in six levels of care including preventive, primary, secondary, tertiary,

restorative, and extended care. The Ft. Thomas facility houses the Nursing Home Care Unit and the Domiciliary Programs. The medical center is a teaching hospital for the University of Cincinnati College of medicine and affiliated with over 30 other professional, allied health, and nursing schools programs.

The Dayton VA Medical Center provides a full continuum of care, which encompasses all levels of acute, nursing home, and domiciliary care. A very active ambulatory care program is provided through a variety of clinics, including a primary care program designed to assure that we offer an atmosphere of friendly, personal and individualized patient care. Community-based outpatient clinics are located in Lima, Middletown, Richmond and Springfield. A complete array of diagnostic, rehabilitative and therapeutic programs and services are offered using state of the art technology to treat the total patient and assure the veteran continuity of care. The Dayton VAMC is the third oldest VA medical Center in the country, having accepted its first patient in 1867. The medical center sits on a 382-acre tract of land (including a national cemetery). The medical center is affiliated with the Wright State University School of Medicine as well as over 40 colleges and universities for health related professions.

The CARES workload projections showed significant increases in workload for both medical centers in primary and specialty care requiring planning initiatives to be developed. In addition, the CARES information relating to space revealed that both medical centers were short of space to handle these increases. The two medical centers are slightly less than 60 miles apart requiring some narrative related to the proximity issue. The Cincinnati VAMC has a significant parking space shortage that will be exacerbated as the workload grows. A Vacant Space PI for an enhanced use proposal related to the development of a parking garage was developed. There is a very active research program at Cincinnati and a Research PI for a new structure was submitted as well.

The following is a summary of the Cincinnati Planning Initiatives (PI's), part of Ohio's Western Market:

PRIMARY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

2003 – Expansion of Clermont County, Lawrenceburg, IN CBOCs

2004 - Telemedicine will be used as a tool to improve access to primary care.

2004 - Additional CBOC - Fairfield/Hamilton, OH. 5,500 square feet.

2004 – Additional CBOC - Dry Ridge, KY, 5,500 square feet

2005 - Minor Project 539-712 Primary Care Addition an additional 11,140 square feet.

The following is a summary of the Dayton PIs for CARES:

PRIMARY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

FY2003 - Expansion of Springfield CBOC

FY2004 – Telemedicine will be used as a tool to improve access to Primary Care

FY2004 – Additional CBOC - Marion, Ohio

FY2006 – ER Expansion Project

SPECIALTY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

2003 – Expansion of Clermont County, Lawrenceburg, IN CBOCs

2004 - Telemedicine will be used as a tool to improve access to primary care.

2004 - Additional CBOC - Fairfield/Hamilton, OH. 5,500 square feet for primary care, additional 1,500 square feet for specialty care

2004 – Additional CBOC - Dry Ridge, KY, 5,500 square feet for primary care, additional 1,500 square feet for specialty care

2007 - The primary care addition at Cincinnati scheduled for completion in FY 2005 has the structural capability of an additional two floors with a square footage of 23,000. These two additional floors will be designed and utilized as specialty care clinics.

The following is a summary of the Dayton PI's, part of Ohio's Western Market:

SPECIALTY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

FY2003 - Expansion of Springfield CBOC