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

FY2004 – Additional CBOC - Marion, Ohio

FY2006 – Renovate former Inpatient areas in B-330 and other space in B-310 for Specialty Care.

Quality of care is impacted when waiting times for appointments are extended. This time increases the chance of adverse effects on the patient's health. Quality of care will be improved with timelier access for veterans to receive services. Waiting rooms will be less congested.

More exam rooms are needed for nurses to prepare the patient for the physician's exam and to provide time for preventative care interaction. This improves the health care provided as well as improving timely access to care and adhering to the customer service timeliness standards and other performance measures. Improved access will improve follow-up treatment compliance and engagement in health interventions by veterans.

Currently veterans who use services at Cincinnati must arrive very early in the morning in order to find a parking place. If a veteran arrives for appointments later in the morning, they are forced to look for parking on side streets, the University, or wherever they can locate a parking space. The veteran must then walk, quite a distance, to arrive at the medical center for their care. More primary care facilities will allow for improved and timelier experiences on the days of the appointment, which will also allow parking facilities to turn over at a quicker rate.

Additional CBOCs (Fairfield/Hamilton and Dry Ridge, Kentucky) are supported by data that shows the veteran population in the Fairfield/Hamilton and Dry Ridge, Kentucky, is high. Impact of moving healthcare to the CBOCs would reduce volume at parent facility and reduce wait time for appointments. This would result in improvement of performance measures. Travel time will be reduced for many veterans who currently must travel through congested urban areas. There is no public transportation from these very remote areas into the Metro Cincinnati area. Beneficiary travel dollars will be saved for the estimated 2,600 veterans traveling to the medical center. County veterans' service vans will be able to make shorter trips that are more frequent and convenient for the veterans. Costs to provide care to these veterans will be provided at lower costs than it would be to provide these same services in a hospital-based setting. Current VA assets do not exist in these proposed areas to accommodate the needs of these veterans.

Expansion of existing CBOCs (Clermont County and Lawrenceburg, Indiana) is also necessary. These sites have proven to be very successful and much needed. The workload has grown steadily and the physicians are presently at their panel size.

Veterans have clearly indicated a preference for obtaining the majority of their routine care in a convenient local setting.

Some contracting for care will be needed to handle the demand in the first 2 years until the CBOCs are added and enlarged. Although routine lab tests will be drawn at the CBOC and transported to the Cincinnati VA daily, there will be contractual arrangements necessary for emergency laboratory and routine and emergent radiology services. Patients requiring hospitalization will be sent to the Cincinnati VA. While in the unlikely event of an emergency, patients will be sent to the nearest local hospital. A local ambulance company will be contracted on an as needed basis to transport veterans to the medical center or community hospital for admission/evaluation.

#### **OTHER SPACE – ENHANCED USE:**

The Cincinnati medical center was built in 1950 as an inpatient facility with limited parking. It is landlocked with a residential area to the west and the University of Cincinnati to the east.

The medical center owns 832 parking spaces, including all handicapped spaces. It also owns 150 spaces in a University of Cincinnati (UC) parking garage obtained when land was negotiated with UC to build the structure. This yields a total of 982 owned parking spaces. The medical center also leases another 200 parking spaces from UC, and 60 from the Cincinnati Zoo, thus yielding 260 leased parking spaces. In total, there are 1,242 total controlled spaces. The required parking spaces per VACO Parking Demand methodology are 1,429. Therefore, even with the contractual arrangements there is a parking deficit of 447 spaces using the 2001 patient workload at the hospital.

The data clearly indicates that our workload has increased and will continue to increase substantially. The opportunity to divest ourselves of the Quarters is to our advantage and assists us in meeting our mission of providing healthcare to a growing population of veterans.

The quarters are considered permanent space. In the past several years the quarter's structures were evaluated as sites for other medical center functions. Because of their size (3 stories and a basement) and classification as a business occupancy numerous, code violations would have to be addressed that made the use of the space impractical.

There is a large cost associated with the upkeep of the properties. They are located in an area that they are very desirable to the city leaders and could be part of the enhanced use lease program. The funds obtained could then be used for a very serious need of our facility – parking. Funds for parking garages are very hard to

obtain, but working with the local community not only satisfies our needs but also builds important public relations.

Discussions with the local community have been very positive. VA staff has met with the Cincinnati Zoo management and University of Cincinnati leadership. Both organizations have assured us that they want to work together to build parking facilities on Cincinnati Zoo property. The zoo has acquired the property but lack the funds to clear and level the land for parking. This Enhanced Use Lease project would benefit both VA and the Zoo.

### **Proximity – Cincinnati/Dayton:**

Western Market meets the access guidelines set by CARES, only if both facilities are maintained. There are only two counties (Butler and Warren) that lie between the two facilities. These are the veterans who would be unaffected by the closure of one of these Medical Centers. The FY 2001 DPPB Utilization information shows that there were 4990 unique veterans from these two counties that used either VA. The total number of uniques treated by these two facilities is in excess of 58,000. It is clear that the large majority of veterans would be adversely affected since they come from South of Cincinnati VA or North of Dayton VA. There are veterans who must travel 90 minutes from Lima to get to Dayton. The additional hour-plus to get to Cincinnati would make their trip unnecessarily long.

The workloads for each of the facilities for the base year, where available, and the planning years of FY12 and FY22 were reviewed. While there are some small decreases in a few of the components, they are more than offset by the large increases in areas such as Primary Care, Specialty Care, and Ancillary/Diagnostic. This information is taken from the CARES Template, which also shows both Facilities short of space in the Baseline year, which demonstrates the challenge that would exist if either of the Facilities did not continue to provide the services that they do.

Current space in Cincinnati is severely limited and presents many challenges to providing the current and projected volume of work. The facility is presently 50 years old and presents major system challenges. Facility meets compliance with all review bodies.

The current space available that is appropriate for patient care use at Dayton is somewhat limited due to the age and layout of the facility and presents challenges to providing the current and projected volume of work. Patients are required to go to various locations to receive care as well as their diagnostic work. Dayton is a large campus facility opened in 1867. Our patient care buildings are in compliance with all review bodies.

After a thorough review of the missions, a clinical inventory was completed to assist in the identification of services in which potential consolidation/integration might be advantageous. Several met the criteria are listed below:

High Volume/ High Cost: Laboratory, MRI, Dialysis, Joint Replacement Surgery, Vascular Surgery, Rheumatology.

Low Volume/High Cost: Invasive Cardiology.

Low Volume/Low Cost: Eye Surgery/Vitreotomy, MOHS Surgery, Oral Surgery

Administrative Services

### Summary

I cannot emphasize enough that the delivery of healthcare services must be patient-focused, with quality and performance/outcomes being the key components anchoring a veteran focused environment. With this in mind, Network 10 has developed planning initiatives that are veteran-focused, more efficient, and cost effective ways to provide healthcare services to our veterans.

VISN 10 will be facing many financial constraints to handle the increased demand for health services, necessitating the need for the network to develop more efficient ways to deliver healthcare services. These issues emphasize the importance of reducing infrastructure cost and use the saving for improved access to a full continuum of health care services in Ohio.

The Central Market will continue to develop proposals for contracting with local hospitals in for inpatient beds. This initiative ranks very high on the Network's priority list.

The outpatient specialty care in the Central Market has been a problem for many years and the Ambulatory Specialty Care Center being planned for 2005 will offer an efficient and cost effective solution. The opening of this facility will greatly reduce the number of veterans driving to and from the Dayton and Cincinnati VAMCs for specialty care appointments. In addition, this project will allow the Network to terminate expensive leases in the Columbus area, as a result, saving over \$1.3 million per year.

The Chillicothe VAMC Master Space Plan has shown to be more cost-efficient; a result oriented; and directly meets the goals and objectives of the CARES Initiatives. The Chillicothe facility will continue to explore alternatives to consolidation administrative services and reduce excess space by exploring out-lease opportunities.

The Dayton VAMC is the third oldest VA medical center in the country, with excess outdated infrastructure which poses many financial challenges as well as opposition to demolition of identified historical buildings. VISN 10 will continue to explore alternatives to adequately maintain the historical buildings on this campus.

The Cincinnati VAMC has a significant parking space shortage now and it is anticipated it will worsen based on demand for services. This must be resolved in the near future. The enhanced-use proposal related to the development of a parking garage will greatly improve the parking issues.

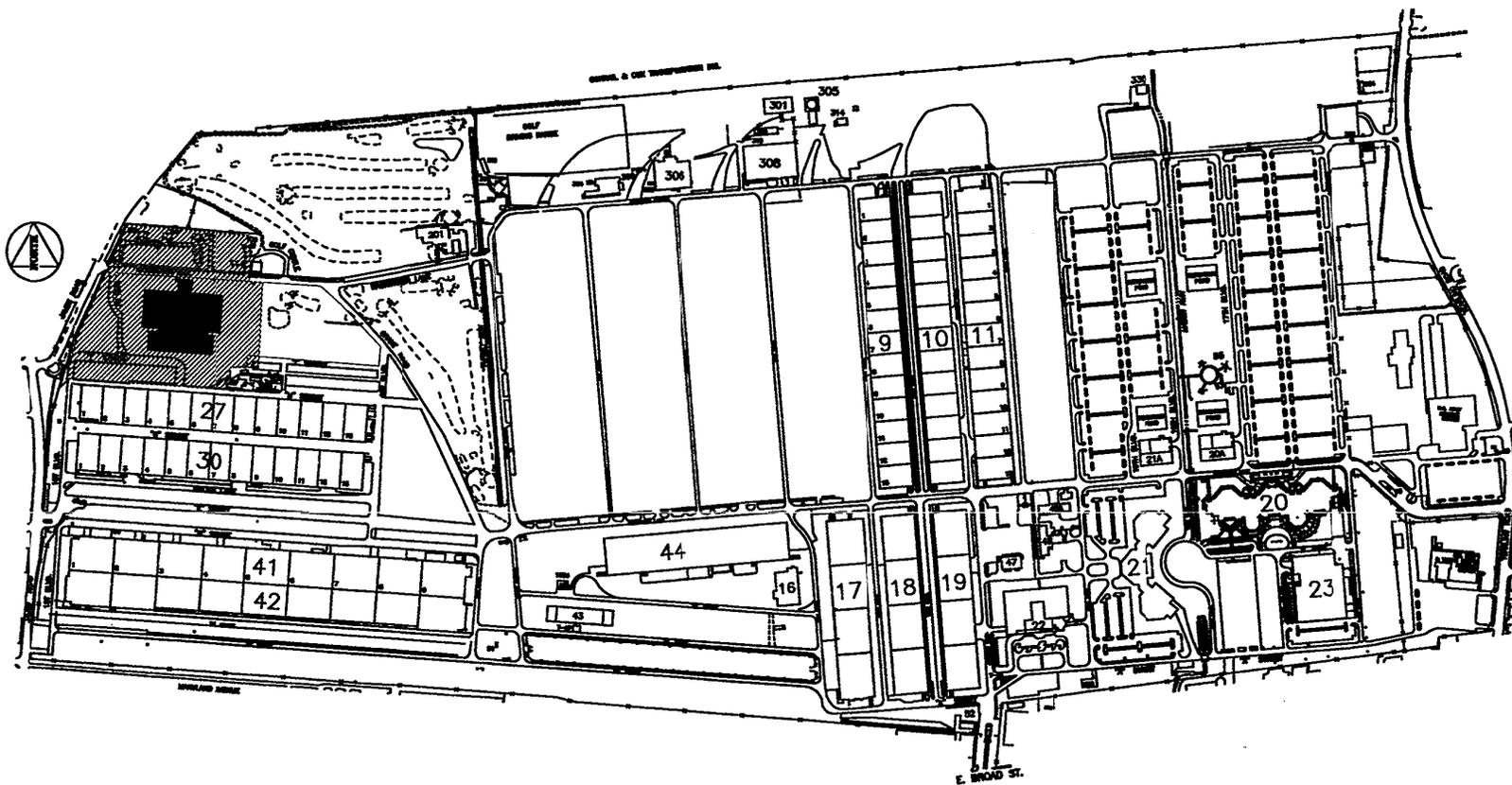
The proposed planning initiatives that I have reviewed in my written testimony will directly address the needs of the veterans and meet the intent of the CARES process. Expanding our access to health care services in the Central Market and improving how we delivery our services, will only ensure our organization is offering the best and most cost effective health care for Ohio veterans.

I appreciate the opportunity to express my views and concerns to the commission. I fully support the planning initiatives outlined in our Network's CARES submission and believe these initiatives are the most optimal and cost effective for our Network.

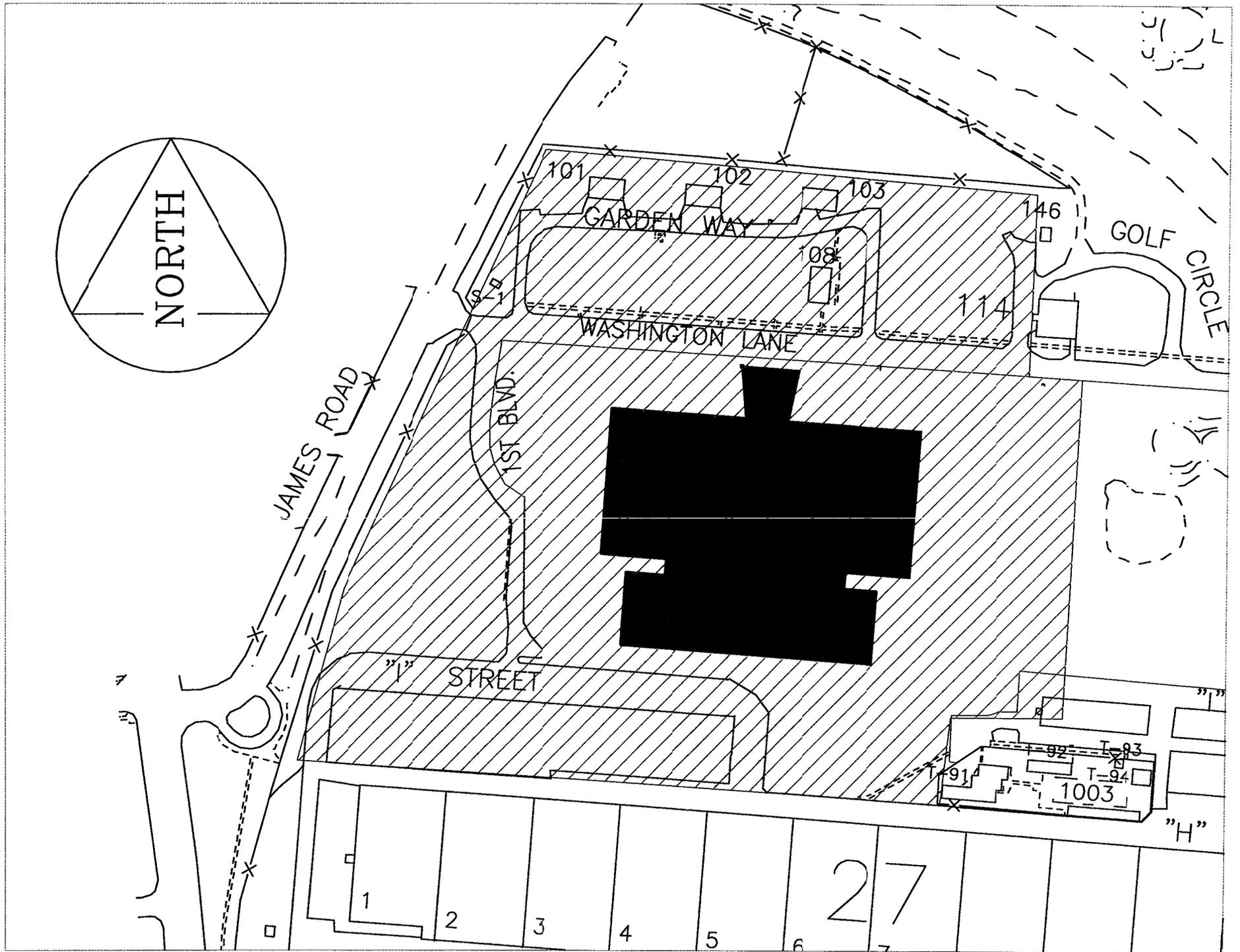
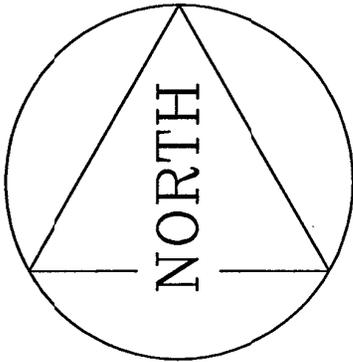
Respectfully submitted,

Clyde Parkis  
Network Director  
VA Healthcare System of Ohio





**PROPOSED SITE FOR COLUMBUS OUTPATIENT CLINIC  
AT THE DEFENSE SUPPLY CENTER COLUMBUS**





VIEW TO SITE FOR COLUMBUS OUTPATIENT CLINIC  
AND DEFENSE SUPPLY CENTER COLUMBUS