

**U.S. Department of Veterans Affairs
Capital Asset Realignment for Enhanced Services (CARES) Commission**

Full Commission Meeting
December 18, 2003
Washington, D.C.

Decisions on Draft National Plan and Commission Report

Commissioners in Attendance:

The Honorable Everett Alvarez, Jr., Chairman
Charles Battaglia
Joseph E. Binard, MD
Raymond Boland
Chad Colley
Vernice Ferguson, RN, M.A.
John Kendall, MD
Richard McCormick, PhD
Layton McCurdy, MD
Richard Pell, Jr.
Robert A. Ray
Sister Patricia Vandenberg, CSC
The Honorable Raymond John Vogel, Vice Chairman
The Honorable Jo Ann Webb, RN
Michael K. Wyrick, Major General, USAF (Ret.)
Al Zamberlan

PREPARATORY SESSION

Chairman Alvarez opened the meeting at 8:00 A.M. He began by describing the agenda and procedure to be used for the meeting. He said the Commission would not be going into detail during the meeting on either the national or crosscutting issues or the VISN recommendations. He noted that the Commission has already reached consensus on most of the points to be included in its recommendations and report. The Commission's notebooks have been updated to include the latest versions of chapters one through four of its report.

The Chairman also noted that the public session, which will start at about 10:00 A.M., will provide an update of where the Commission stands on its recommendations and will discuss the delays that have been encountered and the reasons for them.

The current plan is to try to get all of the VISN chapters of the report done by the first week in January. The Chairman has assigned a lead Commissioner and staff person for each VISN chapter. He said the next step is to hold a conference call for each VISN. The call will include all of the Commissioners who went on a site visit to that VISN, who attended the hearings for that VISN or who have intimate knowledge of the VISN. Once the substance of the report has been agreed to through this mechanism, the chapter will be edited for style. The editor will not

make any changes in the substance of the chapter but will edit the document for consistency, grammar and similar things. The target date for completing the editing of the VISN chapters is the second week in January.

The Chairman announced that the Commission has received over 200,000 comments and e-mails in response to the Draft National CARES Plan and the Commission's public hearings. He said the Commission is also continuing to get information in response to its October data call. These two things are the main reason why the Commission is not finished. The problem now is that the holidays have arrived, so he is not sure exactly when the Commission will be able to finish.

The Chairman asked the Commissioners whether they wanted to see the final copy of the report for the VISNs they are involved with after the VISN conference calls. The Commissioners indicated they would like to see the final report. One Commissioner said he wants to make sure that everything is incorporated into the VISN report that should be there; he does not need to see the entire report. A second Commissioner suggested that the final version be made available electronically so individual Commissioners can access the parts in which they have a particular interest. A third Commissioner said he wants to look at and comment on things that he is particularly comfortable with – where he made a site visit or was at the hearing.

The Chairman indicated that the procedure to be followed would be for the lead Commissioner and staff to generate the next version of the VISN chapters, hold a conference call, make further changes to the chapter and then make another review. The staff should be working to achieve consistency across VISNs. For each VISN chapter, there will be an overview section, which should acquaint people with the background and analysis. The chapter will then go into the detailed recommendations by facility. He would like as much consistency as possible in these write-ups.

The Chairman next polled the Commission regarding signatures for its report. He said he had collected signatures for possible use, but if the Commissioners are not comfortable with that, he is willing to change. He asked for an expression of preferences.

One Commissioner asked about the procedure used earlier by the President's Task Force (PTF). The Chairman replied that the PTF Chair had signed the report on behalf of the PTF; the report listed the names of all the Commissioners. The Chairman said he is leaning toward having an introductory page for the report that would list all the Commissioners and that he would sign. He asked individual Commissioners to let him know if they have problems with that approach.

A Commissioner said he is worried that the report might wind up reading like a "ransom note" if too many authors are involved. He would like to make sure that the report has the maximum impact.

One Commissioner said it would be helpful to him, as a lead Commissioner for a VISN chapter, for people to get him their comments as soon as possible. He will incorporate the comments into the VISN chapter *then* hold a conference call.

The Chairman agreed to provide the lead Commissioners with a list of the other Commissioners from whom they should be expecting comments – those who went on site visits, attended the hearings or have an intimate knowledge.

The Chairman next addressed the report chapters one through four. He said these chapters have now been worked on extensively. He believes the Commission is “almost there” on these chapters. His concern is with the VISN chapters. There will also be an executive summary, but it is difficult to complete it without the other chapters being finished.

A Commissioner asked the staff to provide the Commissioners with a summary of the procedural decisions just agreed to and also to send out a schedule.

The Executive Director agreed to do that. He also introduced the two editors who will be working with the Commission’s report – one for chapters one through four and one for the VISN chapters.

The Chairman next discussed the *executive summary*. While acknowledging the incomplete state of the document, he asked the Commission for initial comments.

In response to a question about the process for further work on the summary, he said he would try to make it available for review and comment through the Commission’s website. The document would need to be password protected; each Commissioner would have his own password. Commissioners will be able to read the report on-line or download it and print it out for review and comment.

The Executive Director indicated that Commissioners should provide their comments in writing, either through e-mail or by fax. The Chairman indicated that the Executive Director will be the central collection point for all comments; Commissioners should send him their material in writing. He also said when the Commissioners go through the VISN chapters they should look first at the VISNs where major realignments and consolidations have been proposed – look at where the Commission is on these matters and what needs to be done.

One Commissioner said that as a general matter, the writers should not overuse superlatives such as “greatly” or “the best” in the report.

A second Commissioner said there are some important omissions, especially in the executive summary. He cited “safety issues” as an example. Another Commissioner noted that the report identifies important needs for policy and definitions, such as “assisted living” and “critical access hospitals.” He would like to see those highlighted in the executive summary, too.

A third Commissioner asked if the issues listed in the executive summary at the top of page two are in priority order and, if not, whether they should be. In response, another Commissioner said that “quality” is the most important issue. A third Commissioner agreed, but said the Commission was somewhat disadvantaged by not having access to consistent quality data.

Noting that it isn’t possible to please everybody, one Commissioner said people will disagree with the current list. Some will say that “cost,” which is currently listed last, is the most important. He views “access,” “quality,” and “cost” as being most critical. The problem is that no one can balance all three at the same time. He suggested the report should just state that the list is “not necessarily in priority order.” Another Commissioner agreed with this suggestion. He said the report should indicate that “these are the things we think are important, but we recognize that others will have different views.”

One Commissioner noted that the Commission did not have supporting data for all criteria for every issue. Another said that “views” are not a “criterion;” they are a “consideration.” A third Commissioner said his concern is that Commission should feel comfortable that it has a good rationale for its recommendation.

There was a brief discussion of a letter the Commission has received from Dr. Roswell in regard to some of its draft findings and recommendations and presenting new information. The Chairman emphasized that the Commission’s job is to respond to the issues presented in the Draft National CARES Plan. It is not the Commission’s job to keep up with what VHA is doing now.

Discussion of Areas of Disagreement

The Chairman next opened the floor for discussion of individual Commissioner disagreements with the draft recommendations.

CBOCs

One Commissioner raised the matter of the Commission’s treatment of CBOCs, stating that the recommendations to let the VISNs establish new CBOCs with existing resources is incompatible with other recommendations.

The Chairman said his discussions have indicated there is disagreement over whether the Commission should keep the current wording of the report in regard to this issue. He noted there are really two different issues before the Commission in regard to CBOCs. One is the current process required to establish a new CBOC. The other is the matter of allowing VISNs to use their existing resources to establish a new CBOC.

One Commissioner commented that including the admonition that VISNs should not act to establish new CBOCs unless they have the resources does not do anything.

A second Commissioner said he believes the Commission should offer an alternative to the model used by VHA to prioritize the selection of new CBOC locations. He said if the Commission does not do that, it will not have helped the situation.

The Chairman replied that the intent of the report is to say “Give flexibility to the VISNs in establishing new CBOCs.”

Another Commissioner said the wording should be changed to reflect the two things the Commission has been talking about. One is eliminating the requirement to obtain Congressional approval for a new CBOC before a facility can offload work to a new location. He believes this is a bureaucratic decision that the VISNs should be able to make for themselves. The other issue concerns the formula used to locate new CBOCs that are reflected in the Draft National Plan and the process required for approval of new CBOCs, even if existing resources are to be used.

The current Congressional review and approval process was described for the Commission, noting that it is a formal requirement that new CBOCs be reviewed and approved by the Appropriations Committees. This requirement has an effect on the bureaucracy, making it cautious about setting up new CBOCs. This matter is specifically addressed in Dr. Roswell’s

letter. One Commissioner commented that this Congressional requirement for DVA is very different from the way the Congress treats the Department of Defense.

A Commissioner said the Commission report should include something that explains this proposal and approval process to provide context for the recommendations. A second Commissioner suggested eliminating the following wording from recommendation number two: “provided that the Network has adequate resources allocated to activate the new site.” Another Commissioner agreed and suggested that the same change be made to recommendation number three. A third Commissioner said the report should also include something describing “satellite sites” as being something different in order to clearly distinguish them from CBOCs.

One Commissioner asked whether the Commission would be adding anything to the situation by making these changes. The Chairman replied that the recommendations would still allow the VISNs to set priorities and do what they can with existing resources.

The Commission agreed to drop the language as noted above. One Commissioner objected that the Commission still would not have improved anything if it does not include a recommendation to eliminate the Congressional notification process. A second Commissioner suggested that the Commission recommend that the Secretary have approval authority. Another noted that reality is that the Under Secretary for Health is going to have the final approval authority. The first Commissioner said that the recommendation should be that if the VISN has the resources it can go ahead and open up a new CBOC.

The Commission agreed to re-word the recommendation on CBOCs to specify the Commission’s intent, which is to let the VISNs do what they can with their resources. He asked specific Commissioners to develop new wording for recommendations two and three.

One Commissioner noted that there are two options. One is to abolish the current process for all CBOCs. The other option is to leave in place the concurrence process for new CBOC locations but not require it for sites that are basically “across the street” from a parent facility. He suggested that the Commission should recommend abolishing the current process for all CBOCs. A second Commissioner said he is not opposed to having Congressional oversight for brand new CBOCs. But the process should not apply to extensions of existing sites. Another Commissioner said he believes the VA should have to go to the Hill for approval if they need new resources; otherwise no. Another Commissioner said he also believes the Commission should recommend the elimination of Congressional oversight.

Waco Facility

An area of disagreement with the current draft report that was identified for discussion concerns the recommendations regarding the Waco, Texas facility.

A Commissioner said the problem here is that there is not enough information on Waco to warrant recommending closure.

The Chairman said the Commission is still waiting to hear about the results of the data call for this facility. He noted that the recommendation in the Draft National Plan was a surprise to the people at Waco. As a result, they indicated they needed more time to respond. The Commission acknowledges that the City needs more time to deal with the issues raised by possible closure.

One Commissioner said the situation at Waco is that the Director of the facility has had to use funds to support old buildings that could have been used for other purposes. A Commissioner said the proposal for Waco is comparable to the proposals for Canandaigua and Montrose where there are similar situations so he is comfortable with it.

The Chairman noted that the facility Director has provided the Commission with information stating that no employees will lose their jobs. Jobs would just be moved off campus, not eliminated. The City wants to keep the campus open. Part of the Commission's recommendation is to give the City more time to deal with the situation in order to minimize the economic impact. He said the Commission is still waiting for cost numbers. The current estimates are that there will be lifecycle cost savings of over \$900 million from closure. The problem is that no one is sure where these numbers came from.

(The estimated lifecycle cost savings would amount to \$910 million over a period of 19 years if the facility closes completely; however, if VA were to keep outpatient care at the facility, the cost will be \$10 million.)

The Chairman noted that the Commission's recommendation is to keep outpatient care in the City but move it off campus. He said most Commissioners have agreed that moving inpatient acute and long-term care to Temple and Austin makes sense from a clinical standpoint. They also agree that moving outpatient care to another site also makes sense but will depend on the cost estimate. They are also agreed on moving mental health care to a new facility, perhaps at one corner of the current site. The remaining services at Waco – nursing home patients – are hard to take care of and options need to be considered.

The Chairman announced the sequence in which VISN recommendations would be reviewed and indicated that the process would be for the lead Commissioner for each VISN to briefly summarize the recommendations – where we are and what else needs to be worked out -- for the rest of the Commission to comment.

PUBLIC SESSION

At approximately 10:00 A.M., the Chairman announced that the session would provide an update on where the Commission stands in regard to developing its recommendations and report for the Secretary on the Draft National CARES Plan. He indicated that the session would focus on VISNs with realignment issues and would provide an update on where the Commission stands now and what else needs to be done.

The Chairman said the Commission has not yet been able to complete its work. In part, this is due to the very large volume of information provided to the Commission. The Commission received over 200,000 comments. He also said data is still coming in that was due in October.

The Commission now expects to deliver its report to the Secretary during the first week in February. To meet this schedule, the Commission will have to finish its remaining work by January 15, 2004. He said this may be difficult because of the holidays, but it will make every effort.

The Chairman also announced the sequence in which VISNs would be discussed during the remainder of the meeting.

VISN 1

Realignments

The lead Commissioner identified the main issue as being the recommendation to close the Bedford, Massachusetts's facility. There are four large campuses in the Boston area and VHA services are split among them. The Draft National Plan would distribute the Bedford workload to Brockton, West Roxbury and Manchester but keep outpatient services and evaluate the possibility of an enhanced use lease at Bedford. The Commission felt that the proposed plan represented just another patch. Its recommendation reflects the view that the best solution would be to look at abandoning the four campuses for acute inpatient care and build a new hospital, allowing for retaining long-term and nursing home care beds in their current location to provide better access for patients. He said some questions about the cost estimates remain to be answered. Accordingly the Commission believes it is advisable to do a feasibility study of building a new facility in the Boston area.

The Chairman noted that the Commission needs to incorporate the language regarding cost analysis into the recommendation. He said the current estimates, which are that it would cost less to provide services at four sites, do not make sense. It was noted that the cost numbers show a new 600-bed facility would have a lifecycle cost of \$2.3 billion over 20 years, which VHA says is less than it would cost to improve and upgrade the four facilities.

The lead Commissioner said the net present value analysis is counter-intuitive. A new study is needed, which will take time. Asked whether new numbers would be available in time for the report, the Commissioner said they would not. The recommendation to the Secretary will be to conduct a new study.

In response to another question, the lead Commissioner said that the Commission does not concur with moving services out of Bedford, for reasons other than cost. He said it is better to

keep Bedford open both for clinical reasons and access reasons. Keeping it open would let the families continue to be close to the patients. Additionally, a good academic program on the site would be maintained.

He also said the recommendation will include looking separately at long-term care beds. There are over 400 long-term care beds in the Boston area. VHA needs to look at where they should be located. The Commission does not want to see a negative impact on access or research programs and does want to safeguard specialty care.

The Chairman asked the lead Commissioner to make sure that the report language adequately incorporates these recommendations.

Outpatient Care

The lead Commissioner said the only access gaps in this VISN are in the Far North Market – Maine. He said it is difficult for veterans to access care in Maine. The Commission’s Recommendation is that the Network should take the lead in deciding where to place new CBOCs. The Draft National Plan has a methodological bias against rural areas. The methodology needs to be re-thought.

The Chairman noted that this is a good example of a National crosscutting issue – the methodology for locating new CBOCs. He asked if the table included in the draft is helpful where it is or should be put in an appendix. The lead Commissioner said he thinks the table is helpful but there should also be workload data.

Inpatient Care

The Commission concurs with the recommendations in the Draft National Plan regarding inpatient care, which also affect the Far North Market.

Extended Care

The Draft National Plan recommends renovations to extended care facilities in this VISN. The Commission concurs with the recommendation with caveats about doing a study of the placement of long-term care beds nationally.

One Commissioner suggested that this issue is not VISN-specific and should be moved to the crosscut issues section.

The Chairman agreed. Specific language will be provided later.

VISN 2

The lead Commissioner said the recommendations for this VISN, which includes 550,000 veterans in upstate New York, are still a work in progress.

Realignments

The realignment issue in the VISN is Canandaigua. The Draft National Plan proposes to close the Canandaigua facility, which is primarily a mental health institution, and transfer acute inpatient psychiatry, nursing home, domiciliary and residential rehabilitation services to other medical centers. Outpatient services would be retained. The campus, which is very large, will be evaluated for potential enhanced use leasing. There are only 243 beds on campus now, some of which are nursing home and domiciliary beds. There is a large staff of over 700 people serving this population, which is much smaller now than it used to be (over 1,700).

The Commission's concern focused on inpatient psychiatry care and whether a move would be beneficial for this population. The proposal would move this care to the tertiary facility at Buffalo. The Commission believes the move would make sense. However, the Commission does not concur with the proposal to move nursing home, domiciliary and residential rehabilitation beds and recommends retaining them at Canandaigua to be closer to the area where the veterans live, which is Rochester. The Commission does concur with the proposed outpatient clinic at Canandaigua.

The Commission notes that the closure of Canandaigua would have a large impact on a small community. It recommends that the VISN develop a strategic plan. It also needs to evaluate the cost data more thoroughly.

In summary, the Commission concurs with the proposal to transfer inpatient psychiatry and build a new outpatient clinic; recommends that the VISN re-think the nursing home, domiciliary and residential rehabilitation proposals; and recommends that the VISN undertake more collaborative planning with the local community.

The Chairman noted that the nursing home issue will be addressed as a crosscutting issue with other nursing home proposals. One Commissioner commented that it is better for nursing homes to be located close to a medical facility, but it is okay to have a stand alone facility if medical care can be maintained. The Chairman asked to have this point emphasized as part of the crosscutting issue write-up. He also asked to have language about the need for a cost-benefit study incorporated into the analysis for this VISN.

Special Populations

The lead Commissioner said the Commission concurs with the proposal to open a spinal cord injury center Syracuse.

Outpatient Care

The Commission agrees there is a need for additional CBOCs in this VISN and believes the VISN should have flexibility to make decisions about where they should be placed.

Inpatient Services

The Commission concurs with the inpatient recommendations in the Draft National Plan.

VISN 3

The lead Commissioner noted that the New York-New Jersey area includes over one million veterans.

Proximity Issue

The Draft National Plan identified a proximity issue in this VISN and proposed a feasibility study of consolidating inpatient care from Manhattan to the Brooklyn facility. The Commission agrees with conducting the study.

Mission Change - Montrose

The Plan proposes to transfer inpatient services, including domiciliary beds, psychiatry and nursing home services, to Castle Point from Montrose. Outpatient services would be maintained at Montrose and the campus would be evaluated for an enhanced use lease. Additionally, the Plan would transfer inpatient SCI services from Castle Point to the Bronx, retaining an outpatient SCI unit. Castle Point would become a critical access hospital (CAH).

The Commission finds that moving inpatient psychiatric beds to Castle Point will improve care and concurs with the Plan; however, the Commission does not concur with moving all inpatient care and recommends keeping domiciliary beds, residential rehabilitation services and ambulatory care at Montrose to facilitate getting people back into the community.

One Commissioner observed that the occupancy rates at Montrose are very low and that the nursing home appears to be basically unoccupied. It was noted that the numbers provided are incorrect – occupancy rates are actually at 80 percent. The Chairman asked that new language be incorporated into the report.

A Commissioner noted that the recommendations might give Montrose a configuration that VA does not have anywhere else. The lead Commissioner said that possibility was discussed with the VISN Director, who indicated that the proposal had been developed with stakeholders' input and that it appeared workable.

Mission Change – St. Albans

The lead Commissioner said the Draft National Plan proposes new construction combined with changing the campus footprint at the St. Albans campus. The Commission concurs with the Plan and believes the idea on an enhanced use lease at this site is reasonable.

Outpatient Services

The Draft National Plan identified a need to expand both primary and specialty outpatient services in this VISN. The Commission concurs with the Plan.

Inpatient Services

The Commission finding is that there will be a big increase in demand in New Jersey but minimal increases elsewhere. The Plan proposes to meet the demand with increased contracting and the conversion of existing space. The Commission concurs with the Plan.

One Commissioner said he is troubled by the language in the Draft National Plan that states, “Decreasing demand identified in the Metro New York Market will be absorbed at the Brooklyn and New York campuses.” He asked for an explanation of what that means. The Chairman said the Commission’s report should address that point and speak to how the decrease will be handled.

Special Populations

The Plan proposes to move the Castle Point SCI Center to the Bronx, retaining outpatient services at Castle Point. The lead Commissioner said the Plan makes sense and seems reasonable. The Commission concurs with the Draft National Plan.

In addition, the VISN Director would like to move the East Orange SCI Center to the Bronx; however, the Commission finding is that VISN 4 needs access to these SCI services. Accordingly, the Commission recommends that the SCI services be maintained at East Orange for the present time and that there should be more inter-VISN cooperation.

The Chairman agreed that the issue of inter-VISN cooperation should be resolved first – before making any changes in SCI services. He said the same language should be included in the recommendations for VISN 4. Once the language revisions are made, he considers VISN 3 to be wrapped up.

VISN 4

The lead Commissioner said the VISN, which includes Pennsylvania, Delaware and West Virginia, has a declining population in the West Market and growth in the East Market (around Philadelphia). Although several realignments and consolidations of small facilities are included in the Plan, the Commission received only 50 comments and 42 of those concerned the West Market.

Realignment

The Draft National Plan proposes to transfer services in Pittsburgh from Highland Drive to University Drive and Aspinwall (now called Heinz). This consolidation is already underway. Highland Drive would be closed and evaluated for an enhanced use lease. New facilities are planned for construction at University Drive, where parking is a major problem, and at Heinz.

The Commission concurs with the proposed consolidation.

The Chairman indicated that cost and savings numbers were provided to the Commission at the hearing. The lead Commissioner said the Commission has good data but it needs some refinement. The Chairman asked that the cost information be incorporated into the Commission’s analysis and that a caveat be included about reviewing the cost estimates.

The lead Commissioner agreed. He also noted that the University Drive campus is affiliated with the University of Pittsburgh Medical School.

Small Facilities

Three small facility proposals are included in the Draft National Plan for this VISN: Butler, Erie and Altoona. The Plan proposes to retain Butler as a critical access hospital, closing acute care inpatient services while keeping the nursing home and domiciliary unit. At Erie, inpatient surgical services would be closed while other services would be maintained. Altoona would be designated as a critical access hospital now and closed after 2012.

The Commission recommendation is to close Erie completely and contract out services. The Commission also does not agree with the Plan for Altoona and Butler and recommends closing these facilities. The Commission has a definition problem with the critical access hospital designation for Altoona.

The Chairman noted that the Commission applied its criteria consistently for small facilities; however, it had to make an exception on other grounds in Bedford.

One Commissioner said the Altoona recommendation should be specific about the facility continuing to provide ambulatory and outpatient care. The Chairman remarked that, nationally, a very high percentage of surgery – 70 percent or more – is now provided on an outpatient basis. He said the subject should be addressed at that level and that appropriate language should be incorporated into the analysis.

Outpatient Services

The Plan identifies access gaps in this VISN and proposes to address them through expansion of existing facilities and contracts. The Commission concurs with the Plan.

Special Populations

The Plan proposes to establish an SCI outpatient clinic.

The Commission concurs with the Plan to establish a certified SCI Team and recommends that Network 4 work with Network 3 on referrals.

One Commissioner observed that the inter-VISN referral pattern is real problem in this area and that it has held up the East Orange consolidation.

The Chairman noted that a 30-bed SCI Center is not proposed for Philadelphia – there is no room for one there. The lead Commissioner said that the need for SCI care is increasing in the Philadelphia area. Another Commissioner said he feels strongly that VHA needs a 30-bed SCI Center in Philadelphia. The Chairman asked the two Commissioners to find a way to address the issue in the report.

Enhanced Use Leasing

The lead Commissioner said there seems to be a real opportunity for an enhanced use lease in Butler. The community hospital there wants the land and it is possible that services could be shared. The Commission concurs with the Plan to explore an enhanced use lease at this site.

VISN 8

The lead Commissioner said that “access” is the big issue in this VISN, which covers Florida (except for part of the Panhandle), South Georgia and Puerto Rico.

Outpatient Services

The number of CBOCs and the questions of where to put them are priority issues in this VISN, but will be discussed as part of the crosscutting section.

Access

The Draft National Plan proposes to improve access to acute hospital care in central Florida by constructing a new hospital in Orlando. The Commission concurs with the Plan, finding that a new facility will help address a growing access problem.

The Commission is also recommending that VA examine options for meeting access gaps in the Gulf Market – the Florida Panhandle area. Specifically, the Commission recommends improved collaboration between VISN 8 and VISN 16 to address the needs of veterans in the Panhandle.

The Commission also concurs with the proposed DoD-VA joint venture at Jacksonville, Florida.

Inpatient Care

The Draft National Plan proposes a new inpatient bed tower at Tampa to meet increasing medical, surgical and psychiatric workload in that area. The Commission concurs with this proposal.

Special Populations

The Plan also proposed constructing a new 30-bed wing on the Spinal Cord Injury Center at Tampa. The Commission does not concur with this proposal. Instead, it is recommending that VA consider alternative locations.

One Commissioner suggested that the report should either drop the finding that the data are inadequate to analyze the need or drop the second part of the recommendation. A second Commissioner observed that the issue is not just “access,” it is also “capacity.” Another Commissioner said the problem with construction in Tampa is that there is a lack of access to SCI care on the east coast of Florida. The capacity data are adequate. The Commissioner agreed to re-write this section of the report to reflect the situation.

Puerto Rico

The Commission is recommending that VA look closely at the cost of constructing a new bed tower in San Juan, but concurs with the planned seismic and safety improvements.

Small Facilities

The Draft National Plan proposes to transfer inpatient surgery services from Lake City to Gainesville. The Commission does not concur with this plan, recommending instead that VA maintain its beds at Lake City until new construction to provide more beds at Gainesville is finished. The Commission believes that there are too many variables to consider moving services now.

Enhanced Use Lease

The Draft National Plan indicates that enhanced use lease projects are being explored for the Bay Pines facility. The Commission report will include a finding that these projects are not yet ready for review. Consequently, there is no basis to make a recommendation.

The Chairman summarized the work remaining to be done on this VISN write-up, including an expanded introduction and overview and revised findings and recommendations concerning the Tampa SCI Center proposal.

VISN 9

The lead Commissioner noted that the VISN, which includes Kentucky, Tennessee and Mississippi, has significant access gaps as well as capacity gaps.

Outpatient Care

The Network had proposed a large number of new CBOCs that didn't make the priority list in the Draft National Plan. The Commission will treat this as a crosscutting issue.

Mental Health

The VISN has large access gaps in mental health; the Draft National Plan addresses only two. Further, although there is also a gap in acute psychiatric care the Plan proposes to close one unit. The Commission does not concur with this proposal. The Commission report will also include other recommendations to address the mental health care gaps in this VISN.

Realignment

The Draft National Plan proposes to close the Lexington-Leestown facility, transferring outpatient and nursing home care to Cooper Drive and making the facility available for enhanced use lease. The Commission does not concur with transferring services and closing the facility. It finds that the Plan does not make sense and that there is no appropriate plan for moving nursing home and outpatient services. The Commission concurs with pursuing enhanced use lease opportunities that might be available at the campus.

Louisville

The Draft National Plan proposes to study options for a replacement facility at Louisville. The Commission concurs with this proposal.

One Commissioner commented that the Louisville facility is very old and that VA needs to decide what to do there very soon. The Chairman asked to have that fact reflected in the Commission's findings.

Inpatient Medicine and Surgery

The Commission concurs with the Draft National Plan to meet the need for more inpatient medicine and surgery services in this VISN through a combination of in house expansion and contracting.

Collaboration

The Commission also concurs with proposed collaborations in this VISN: expansion of the Mountain Home Cemetery and collocation of the VBA Regional Office at Louisville.

One Commissioner asked about the wording of the finding stating, "customer satisfaction scores are at or above average." He said this is true everywhere and questioned the need for the statement. A second Commissioner asked where the data came from that provided the basis for the statement. Another said that the data came from the VA database by facility – the data are credible. The Commission agreed that the statement in question does not add anything to the report and agreed to omit it.

Another Commissioner said the same issue pertains to the statements about "facility condition." He said facility condition is rated on a "1-to-5" scale, but is rarely less than a "3." The scores rate only the condition of the space in medical buildings. There is another set of data – engineering data – that rates facilities "A-through-F." He believes the Commission should either use both sets of data or neither. A second Commissioner said that the data are not particularly reliable in either case. The Chairman said the report should eliminate any reference to scores, but should include Commissioner's observations resulting from site visits.

VISN 10

The lead Commissioner summarized the Commission's recommendations for VISN 10.

Outpatient Specialty Care

The Commission concurs with the proposed outpatient specialty care facility in Columbus on a site to be provided by the Defense Supply Center. The Commission also recommends that VA make this a high priority item.

The Chairman asked to have the analysis associated with this proposal expanded.

Outpatient Primary Care and Mental Health

The need for additional CBOCs in this VISN will be addressed using the Commission's standard crosscutting language.

Access

The Plan proposes to improve access by contracting for acute hospital care in Columbus. The Commission concurs, but notes that this will have an impact on Chillicothe.

Realignment

The Draft National Plan proposes to move services in Cleveland from Brecksville to the Wade Park campus. The Commission concurs with relocating Brecksville services, provided the existing level of services can be maintained.

One Commissioner asked what would happen to the Brecksville facility. The lead Commissioner said Brecksville would be evaluated for enhanced use leasing. The report will treat this as a crosscutting issue.

Special Populations

The Commission concurs with the realignment of current SCI beds in Cleveland and with the establishment of a new Blind Rehabilitation Center at Wade Park.

A Commissioner asked what was included in the Draft National Plan regarding the Blind Rehabilitation center. His understanding is that it was a VISN recommendation that VHA did not accept for inclusion in the Plan. The Chairman indicated that the Commission should not recommend the facility if it is not included in the Draft National Plan – just concur with the Plan.

One Commissioner noted that there is a huge backlog in blind rehab services and asked whether the Commission plans to address it. A second Commissioner explained that a lot of factors go into the blind rehabilitation “waiting list” numbers. They include some bogus claims, people who can't afford to go to a Center, people who won't go unless they can go when they want to go and people who won't go because they can't take their spouse with them. He said VHA is currently revamping its whole blind rehabilitation system. Another Commissioner said there was testimony at the hearing about the need for a Blind Rehabilitation Center in Cleveland. He believes the Commission needs to address it somewhere. The Chairman asked the lead Commissioner to review the current recommendation in light of the discussion.

VISN 17

Small Facility – Kerrville

The lead Commissioner summarized the Draft National Plan for Kerrville: Transfer acute inpatient services to San Antonio as new beds become available, designating Kerrville as a critical access hospital. Continue providing nursing home and outpatient services at Kerrville and contract for inpatient services in Harlingen and Corpus Christi. He said the Commission recommendation is to concur with the transfer from Kerrville and to concur with maintaining

long-term care beds at Kerrville. The Commission does not concur with designating Kerrville as a critical access hospital.

The Chairman asked to have the customer satisfaction language eliminated from the report. A second Commissioner said the recommendation concerning critical access hospital designation can also be deleted because this subject will be addressed as a crosscutting issue. The lead Commissioner agreed to make these changes. He also said the analysis section will indicate that San Antonio already has adequate capacity; it can handle patients from Kerrville without additional construction.

Outpatient Services and Specialty Care

The Draft National Plan proposes to meet the demand for outpatient services and specialty care in this VISN through expansion of existing facilities and contracting. The Commission's recommendation will note that this is a growing area and recommend that VA give more consideration to additional CBOCs. The Commission also concurs with the move of services from Brownsville to Harlingen.

Inpatient Hospital Access

The Commission concurs with the Draft National Plan proposals to meet increasing demand through contracting and proposed expansions of existing facilities.

Realignment/Consolidation

The lead Commissioner next introduced the proposed realignment of services at Waco, Texas. The Draft National Plan proposes closing Waco and transferring services to Temple and contracting them out to the community. The VISN would lease 27 inpatient psychiatry beds, in Austin to replace those in Waco; most nursing home beds would be contracted out. Outpatient services would be moved to a new location in Waco. The facility at Marlin, Texas would be closed.

The Commissioner said the major problem in Waco is the high overhead associated with maintaining its underused facilities. The Commission concurs with moving Waco's inpatient psychiatric care beds and blind rehabilitation services to Temple, putting them together with tertiary care at that site. However, the Commission does not believe that it would make sense to contract out nursing home care to the community, especially before VA has finished its new long-term care projections. The Commission also notes that most of the workload at Waco is outpatient care. This workload should be met by establishing a new, multi-specialty outpatient clinic in the Waco-Marlin area. The report will also note the Commission's concern with the cost-benefit analysis, which indicates that VA could save about \$800 million by relocating everything off campus. Additionally, the Commission agrees that the Waco campus has the potential for enhanced use leasing.

The lead Commissioner noted that the proposal to close Waco was a last-minute addition to the Plan that caught the whole area by surprise. The City put together a task force to work with VA on the issue. He said it will take time to reach an accommodation, but the process is on the right track.

A Commissioner asked when additional cost analysis information would be available, but a date could not be identified.

A Commissioner said the report should say that people who work with the outpatient mental health program should stay with the program when it moves. It should also indicate that more work is needed on the location of the outpatient clinic. The recommendation will be to allow more time to work with the Waco proposal.

One Commissioner asked what the Commission is recommending regarding inpatient psychiatric services. The lead Commissioner said the recommendation would be to concur with the transfer to Temple, but to allow enough time – the move will take several years. A second Commissioner noted that this recommendation is not consistent with the Commission's position on long-term care in the crosscutting issue discussion, suggesting that the recommendation be made more precise in order to clarify it. Another Commissioner said the recommendation should be to concur with moving the services to the metropolitan area with another recommendation that the plan should address all aspects of the need. The Chairman said the plan is to move acute psychiatric care to Temple. The planning for the rest is not clear. The local VA people need more time to work with the City. One Commissioner said it appears that more consideration was given to long-term psychiatric patients in Bedford than in Waco. The reply was that Bedford has a strong geriatric program that the Commission wants to see maintained. In Waco, the psychiatric patients will be moved to a tertiary facility where they will get better support.

One Commissioner said he sees the real issue as what happens to the nursing home psychiatric patients. He thinks VA will eventually wind up with a nursing home and multi-specialty outpatient clinic in Waco. Another Commissioner said he thinks that would be a good outcome; however, he does not trust the current cost savings estimates.

The report wording suggested by one Commissioner was:

The Commission concurs with moving acute psychiatry to Temple and Austin. Intermediate psychiatry should be moved to Temple. VA should conduct additional planning to ensure that the needs of long-term psychiatric patients will be met. VA should also ensure that the plan provides for meeting the needs of outpatient mental health patients.

He said he has trouble concurring with the Draft National Plan until someone does additional analysis.

The lead Commissioner said he would work with this wording. The report will also recommend allowing more time for the VISN to work with the City.

A Commissioner also asked that the report also clarify the recommendation to establish a combined multi-specialty clinic for Waco and Marlin.

VISN 21

The lead Commissioner introduced the discussion of VISN 21, which encompasses Northern California, Northern Nevada and Hawaii.

Outpatient Care

The Plan includes expansion of one CBOC and establishment of another new CBOC in the Livermore area. The Commission will concur using standard CBOC language.

One Commissioner said the report should delete the language about specific CBOCs from the recommendations, and use only the generic language.

Inpatient Care

The Commission concurs with the recommendation to meet changing demands by reducing in-house services and contracting for care.

Seismic and Safety Issues

The Commission concurs with the proposals included in the Draft National Plan.

The Chairman asked the lead Commissioner to review the wording of the recommendations for seismic and safety improvements.

VA-DoD Collaboration

The Draft National Plan identifies several collaborative opportunities being pursued in this VISN. The Commission recommendation will be that VA should require a clear, written commitment from DoD before proceeding with the projects. The Commissioner said VA has commitments for the projects at Tripler, Travis and Guam. The Commission would like to see similar commitments elsewhere. It was agreed, noting that this language should be included in the crosscutting analysis.

Consolidation

The Commission concurs with the Draft National Plan to consolidate selected administrative and clinical services in San Francisco and Palo Alto.

Research

The Commission also concurs with the proposal for an enhanced use lease for a new research facility in San Francisco.

One Commissioner observed that the research program in San Francisco is sizable and needs additional space.

Realignment – Livermore

The Draft National Plan proposes to transfer all services from the Livermore campus to other sites: nursing home services to Menlo Park and community contracts; outpatient services to CBOCs. The Plan would close the Livermore campus and evaluate it for an enhanced use lease.

The lead Commissioner said when all the numbers are worked through, the Network would lose 80 beds. As a recent report notes, the opportunity to contract for nursing home care to replace these beds is problematic. The report, “Financial Health of the California Nursing Home Industry” indicates that the industry is in a crisis.

The Commission does not concur with the proposed transfer, but will instead recommend that a new CBOC and freestanding nursing home would be the optimal configuration for the campus. The Commission agrees, however, that the footprint of the campus can be reduced.

The lead Commissioner noted that the Livermore campus is a very valuable property that should be a good candidate for an enhanced use lease.

The Chairman asked the lead Commissioner to review and revise the analysis associated with this recommendation in order to clarify it.

One Commissioner said the long-term recommendations should not be taken as a guarantee that services will be available on the site for life. When the VISN starts moving services off campus, the overhead will go up. This might make a stand alone nursing home very expensive.

A second Commissioner said the real issue is how to provide long-term care in the area east of San Francisco.

VISN 5

Inpatient-Mental Health

In VISN 5 – Washington, D.C., Maryland and part of West Virginia – the Draft National Plan proposes to renovate nursing home units in Martinsburg and Washington and transfer residential rehabilitation patients from Martinsburg to Washington and psychiatry beds from Perry Point to Washington. The Commission concurs. The only question raised was, “Why only 77 patients?”

Outpatient Services

The Plan calls for meeting the demand for outpatient services by expanding both CBOCs and in-house services. The Commission will concur using generic CBOC language.

One Commissioner said the analysis for this item should address more than specialty care. He will provide language to elaborate on this.

Enhanced Use Lease

The Plan includes a proposal for an enhanced use lease at Fort Howard, which is already underway. The Commission concurs.

VA-DoD Collaboration

The Plan includes proposals for collaboration with DoD at Fort Meade, Fort Detrick and Fort Belvoir. The Commission concurs, with a caveat about ensuring that veterans have access to the DoD facilities.

Realignment – Perry Point

The Plan proposes to redesign the Perry Point campus to maximize its enhanced use lease potential and construct a new nursing home and other new buildings to consolidate services.

The Commission concurs with the plan to upgrade the long-term and psychiatric care facilities at Perry Point. It also concurs in principle with the extended care proposal and concurs with the transfer of psychiatric beds to Washington, D.C.

VISN 6

The lead Commissioner summarized the recommendations for VISN 6 – Virginia, North Carolina and part of West Virginia.

Outpatient and Primary Care Services

The Draft National Plan placed nine new CBOCs in VISN 6 in its first priority group. The Commission concurs with this. The Commission also finds that there is a need to improve both access and capacity in this VISN and recommends adopting generic CBOC language.

Small Facilities

The Plan proposes to close inpatient surgery at Beckley, WV retaining acute medicine beds and designating the facility as a “critical access hospital.” Surgical needs would be met through observation beds, local contracting or transfer. The Commission report will use the generic language developed for critical access hospital proposals to indicate it does not concur with the proposed designation.

The issue in Beckley is the claimed absence of community beds. The Commission identified eight accredited hospitals with available capacity within a 60-minute drive time. Accordingly, the Commission recommends that VA stop all acute inpatient operations at Beckley and provide alternate care through community facilities.

One Commissioner suggested that the report should include a chart showing how ADCs are declining. He also suggested deleting the language from the report that says, “Few jobs will be lost.” The lead Commissioner agreed, noting that the Commission cannot substantiate that assertion.

The Commission’s recommendations for Beckley will be to not concur with the critical access hospital designation; to close inpatient beds, pursue community resources and maintain the nursing home care unit and ambulatory services.

Beckley Nursing Home

The Commission will recommend waiting for the new long-term care model before taking action on a nursing home at Beckley. The sizing of the facility is not clear.

Enhanced Use Lease

The lead Commissioner said the Plan states that Durham has an approved enhanced use project for private development on VA property. The Commission finds that this project is unlikely to be completed. The Commission will recommend that the VISN develop alternatives for meeting the shortfalls and offloading workload.

One Commissioner remarked that the VISN is trying to meet the demand through CBOCs.

VA-DoD Collaboration

The VISN has a collaborative project in progress with Langley Air Force Base that is not included in the Plan. The Commission supports this project.

Access to Hospital Care

The lead Commissioner said that large workload increases are projected for this VISN. To meet the demand, the Plan proposes a sharing arrangement with the Naval Hospital at Camp Lejeune. The Commission will recommend that VA provide hospital care at Lejeune; however, the Naval Hospital should provide evidence of intent.

Inpatient Services – Medicine, Surgery and Psychiatry

The Plan proposes a variety of measures to meet the increasing demand for inpatient services, including expansion and renovation of existing facilities, constructing new space, relocation of outpatient services, using telemedicine techniques and community contracts. The Commission concurs with the Draft National Plan.

VISN 7

Mission Change

The lead Commissioner began by discussing the proposed mission change in Augusta, Georgia. The Draft National Plan calls for studying the feasibility of realigning the campus footprint; however, the issue appears to be moot because the study has been completed. Accordingly, the Commission's report will indicate that it does not concur with conducting a study.

The Commission has received a realignment proposal recommending changing the campus footprint at Augusta. Since the realignment will save money, the Commission might want to consider supporting it.

The lead Commissioner will review the wording of this recommendation.

Small Facility

The Dublin facility will retain its inpatient beds but evaluate ICU bed needs and review the surgical program. The Commission concurs with the Plan.

Realignment – Montgomery, Alabama

The Draft National Plan states that a proposal to convert Montgomery to an outpatient-only facility requires further study. The Commission concurs.

It was noted that a proposal has also been received for this facility.

Outpatient Services

The Plan proposes 15 new CBOCs in this VISN. The Commission will discuss the proposal using generic CBOC language.

Inpatient Care

Increasing demand will be met by construction, renovation, leasing or contract as appropriate. The Commission concurs with the Plan.

Enhanced Use

An enhanced use lease project was identified in South Carolina that is not included in the Draft National Plan. The Commission supports the concept, but will also recommend conducting a feasibility study.

The Chairman asked whether the Commission wants to address the proposal if it is not included in the Draft National Plan. The lead Commissioner said the project is too big to ignore. A second Commissioner said he would like to see the proposal addressed because the VISN has made an effort to identify the opportunity. The Chairman agreed to address the proposal but asked to have the report wording changed.

VA-DoD Collaboration

Several new collaborations are underway in this VISN. The Commission supports these efforts. The report wording will be changed.

Special Populations

The proposal in the Plan to increase the number of SCI beds at Augusta will be addressed in the Commission's report using generic language.

Extended Care

The Plan proposes renovations to nursing home units in South Carolina. The Commission concurs with the Plan.

One Commissioner stated that the Charleston, South Carolina nursing home was built as a tower. He said no amount of renovation will make this configuration right. The Network needs to consider alternatives. The lead Commissioner agreed to reword this recommendation to reflect the situation noted in the analysis and to delete the language about giving priority to Charleston.

VISN 11

This VISN includes Indiana, Michigan and Central Illinois.

Small Facility

The lead Commissioner began the VISN 11 discussion by indicating that the Commission would concur with the Plan to close both the Fort Wayne, Indiana and Saginaw, Michigan facilities.

Inpatient Services

The Plan proposes expansion of inpatient medicine beds at Ann Arbor and Detroit to meet projected demand. The Commission report will concur with the proposal subject to workload projections.

Central Illinois

The Commission concurs with the proposal for contracting for inpatient services in the Central Illinois market, contingent upon the results of the cost-benefit analysis.

Outpatient Services

No new CBOCs are proposed in the Plan for this VISN. The Commission will address the issue using generic CBOC language.

The Chairman raised a question regarding the format to be used for these recommendations. He asked the Commission and staff to make sure that the report is consistent.

Specialty Care

The Plan proposes to increase outpatient specialty care in all markets. The Commission concurs.

Proximity – Ann Arbor and Detroit

The Commission will concur with maintaining both facilities and recommends that PTSD and substance abuse services be shifted from Battle Creek to Detroit.

Enhanced Use

The Commission concurs with the enhanced use lease projects proposed for Battle Creek. For the enhanced use project at Danville, the Commission recommends waiting until the new long-term care projections are available to determine the number and type of long-term care beds.

VISN 15

Realignment/Consolidation

The lead Commissioner for VISN 15 – Missouri and Kansas – described the proposal to consolidate services between Leavenworth and Kansas City. The Commission concurs with the consolidations.

Enhanced Use Lease

The Plan includes two enhanced use lease projects in this VISN. The lead Commissioner said the primary recommendation will be that VA should develop a definition of “assisted living facility.” The recommendation will be included in the crosscutting issues section.

Small Facility – Poplar Bluff

The Plan calls for Poplar Bluff to maintain its acute care beds and to continue operating as a critical access hospital. The Commission concurs with keeping Poplar Bluff open but does not concur with the critical access hospital designation.

Outpatient Services

The Plan does not include any new CBOCs for this VISN on its high priority list. The Commission will address this issue using its generic CBOC language.

Specialty Care

Increased demand for specialty care will be met through expansion, new construction, leasing and community contracts as appropriate. The Commission concurs with the Plan.

Collaboration

The Commission concurs with the Plan for increased collaboration between VHA and the National Cemetery Administration.

Infrastructure Issues

The Commission also concurs with the Plan to improve infrastructure at the facilities in this VISN.

VISN 16

This VISN includes parts of the Florida Panhandle, Louisiana, Mississippi, Arkansas and Oklahoma.

Consolidation/Realignment

The Draft National Plan proposes to transfer patient care services from Gulfport to Biloxi and, possibly, Keesler Air Force Base. The lead Commissioner said the report will indicate Commission concurrence with both the transfer to Biloxi and the collaboration with Keesler.

Small Facility

The Plan proposes to maintain the inpatient medicine program at Muskogee, Oklahoma while evaluating ICU bed needs and the surgical program. The Commission will concur with the recommendation but will also indicate that the justification supplied does not support the Plan.

One Commissioner stated that the recommendation would not force the VISN to consider fully utilizing the facilities at Muskogee, which needs to be done. He said Tulsa is a fast growing market that the VISN will have to address eventually. The Chairman asked that these points be worked into the analysis. The recommendation will still be to concur with the Plan.

Outpatient Services

The Commission will address the need for CBOCs in this VISN using generic CBOC language.

VA-DoD Collaboration

Several joint ventures with DoD are proposed in this VISN in addition to the Keesler AFB proposal already discussed. The Commission concurs with these proposals.

Special Populations

The Commission concurs with the Draft National Plan to build a new 20-bed Blind Rehabilitation Center at Biloxi. It does not concur with the proposal to construct a new 25-bed Spinal Cord Injury Center at North Little Rock. The Commission will recommend that VHA consider another location for the new SCI Center.

Other VISN 16 Matters

The lead Commissioner noted that there is an enhanced use lease project being developed in Houston that is not addressed in the Draft National Plan. The Commission's report will speak to it as a finding relating to the need for inpatient capacity.

One Commissioner noted that the Commission identified an unmet need for inpatient services in Tulsa without addressing it. The Commission decided to include this as a finding for VISN 16.

VISN 20

The lead Commissioner said that the current analysis and findings for VISN 20 -- Idaho, Washington, Oregon and Alaska -- need further elaboration.

Outpatient Care

The Commission will address the need for new CBOCs using generic language.

Inpatient Care

The Commission concurs with the proposed joint venture between American Lake VAMC and Madigan Army Medical Center to meet demand for inpatient services.

Realignment/Consolidation – Vancouver

The Draft National Plan proposes to contract for nursing home care and relocate outpatient services at Vancouver. The Commission does not concur with the Plan; instead it recommends maintaining services at the site but reducing the footprint. The VISN should also identify the alternatives that are available to move services off campus.

Realignment/Consolidation – White City

The Plan proposes to transfer the domiciliary and CWT programs from White City to other facilities. The Commission does not concur and recommends that White City maintain its current mission. The Commission does concur with maintaining outpatient services at White City.

Realignment/Consolidation – Walla Walla

The Draft National Plan proposes to maintain outpatient services at Walla Walla but contract for acute inpatient medicine and psychiatry care and nursing home care. The Commission concurs with the proposal to contract out care and will encourage the VISN to explore contracting for psychiatric services. The analysis will also be expanded to indicate that the Commission does not believe that the VISN has adequately explored opportunities to contract for psychiatric care.

Commission discussion also indicated that the campus is proposed for evaluation of its enhanced use lease potential. After a brief discussion, the Commission decided to include a new recommendation to construct a new outpatient building at Walla Walla and dispose of the campus.

Infrastructure

The Commission will address infrastructure issues in this VISN using generic language.

VA-DoD Collaboration

The Plan identifies several collaborative opportunities to be pursued. The Commission concurs with the Plan. It also will recommend that the collaboration with Elmendorf AFB in Alaska be expedited due to lease expirations in 2007. The Commission's findings will cite this as one of the best examples of VA-DoD collaboration.

Roseburg

The Commission concurs with the Draft National Plan for the Roseburg facility.

VISN 18

VISN 18 includes West Texas, New Mexico and Arizona.

Realignment/Consolidation – Prescott

The Draft National Plan proposes to increase the patient workload at Prescott, Arizona. The Commission concurs with the Plan.

Realignment/Consolidation – Big Spring

The Commission concurs with the DNCP on closing surgery service at Big Spring and contracting for care in communities nearest to patients. The Commission concurs with the DNCP on studying the possibility of no longer providing health care services at Big Spring and transferring services from Big Spring to the Odessa/Midland area. The Commission does not concur with the designation of CAH.

Inpatient Services

The Commission recommends that there be a clear commitment from DoD to expand the existing VA/DoD joint venture with William Beaumont Army Medical Center (WBMC). Assuming VA has this commitment, the Commission concurs with expanding the VA/DoD joint venture, including inpatient beds staffed by VA and additional outpatient services. The Commission supports plans to implement community contracts for inpatient care in Lubbock, TX. And Roswell, NM.

Outpatient Services

The Commission will address outpatient services in this VISN using generic CBOC language.

Inpatient Psychiatry

The Commission concurs with the DNCP recommendation to meet increasing demand for inpatient psychiatry by expanding services at Phoenix, Tucson and Albuquerque. The Commission concurs with the Plan to meet increasing demand for inpatient psychiatry by expanding the VA/DoD joint venture with WBMC in El Paso, recognizing that there is a noticeable absence of a clear commitment from DoD senior commanders about the initiative and no written agreement.

Extended Care

The Commission concurs with the DNCP for renovation of nursing homes in the New Mexico/West Texas Market and the Arizona Market. The Commission will address extended care using its standard language regarding the new long-term care projections.

Enhanced Use – Phoenix

The Commission concurs with the proposal in the Plan to make office space available on its Phoenix campus. The Commission will address enhanced use lease projects with its generic language being added.

Research

The Commission concurs with the research space initiatives included in the Draft National Plan.

VISN 19

VISN 19 includes Colorado, Wyoming, Utah and Montana.

Denver

The Commission concurs with the plan for a new facility in Denver in collaboration with DoD and the University of Colorado at the Old Fitzsimmons campus. However, the VISN should hold off on constructing a replacement nursing home until after the new long-term care projections are available. The Commission will use the standard long-term care language.

Inpatient Services

The Commission concurs with the Draft National Plan for inpatient services in VISN 19.

Outpatient Services

The Commission will address outpatient services in the VISN using generic CBOC language.

Small Facilities

The Chairman remarked that a lot of information was provided at the hearing regarding a cost comparison of small facilities. He suggested that this information could be used to enhance the Commission's analysis. The lead Commissioner replied that the small facility questions in this VISN are primarily an access issue and does not want to make it into something else. Another Commissioner said that Cheyenne is the best small facility he has ever seen; it is doing an excellent job.

The Commission does not concur with the Plan to convert Grand Junction and Cheyenne to critical access hospitals. The Commission findings will indicate that the Commission has looked at the quality of care at these facilities and the report will elaborate on the findings and recommendations. Both facilities should retain their current missions.

Seismic and Safety Improvements

The Commission concurs with the Draft National Plan.

Salt Lake City

The Commission concurs with the proposal to explore an enhanced use lease at Salt Lake City.

VISN 22

The lead Commissioner for VISN 22 – Southern California and Southern Nevada – said there is only one major issue: Las Vegas.

Las Vegas Hospital

The Commission does not concur with the proposal to construct a new VA hospital, outpatient clinic and nursing home complex in Las Vegas. Instead, it recommends continuing the current relationship with DoD at Nellis Air Force Base for inpatient hospital care. The Commission does recommend constructing a new multi-specialty outpatient clinic off base in the community. The Commission also concurs with the need for a nursing home in the Las Vegas area and agrees that it be located off base with the outpatient clinic.

One Commissioner said he is troubled by the idea of passing up an opportunity to unite all activities at one location. He said he can live with the recommendation, but believes that good things happen when activities are put together. The Chairman said the recommendation is a matter of national policy: promoting DoD-VA facility sharing. The Commission wants to be consistent about its recommendations in this regard. He agreed, however, to take another look at the language.

Seismic and Safety

The Commission concurs with the Draft National Plan proposals for seismic and life safety improvements in this VISN.

Blind Rehabilitation

The Commission concurs with the Plan to construct a new 24-bed Blind Rehabilitation Center at Long Beach.

Spinal Cord Injury Center

The Commission also concurs with the plan to realign 30 acute SCI/D beds to SCI/D beds at Long Beach.

Excess Land

The Commission concurs with the DNCP recommendation on the use of the Network Land Use Planning Committee to address the use of VA land, however it recommends that the addition of stakeholder representation on the Committee be solely in an advisory capacity.

Proximity

The Commission concurs with the Plan to continue the operation of both Long Beach and Los Angeles facilities.

Inpatient Services

The Commission concurs with the Draft National Plan to meet the need for inpatient services through renovation, conversion of vacant space and VA-DoD sharing.

Outpatient

The Commission will address outpatient access using generic CBOC language.

Long-Term Care

The Commission concurs with the proposed upgrades identified in the Draft National Plan.

Vacant Space – West Los Angeles

The Commission concurs with the Draft National Plan.

Collaboration

The Commission concurs with the facilities sharing proposal with the Veterans Benefit Administration and the National Cemetery Administration identified in the Draft National Plan.

Other VISN 22 Proposals

The Commission will also concur with the facility improvements, seismic and safety corrections and research space expansion proposals identified in the Draft National Plan.

VISN 23

The lead Commissioner began by commenting that the formula used for CBOCs ensures that VISN 23 -- Minnesota, Iowa, Nebraska, North Dakota and South Dakota – will have poor access to primary care.

Outpatient Care

The Commission will address the need for CBOCs in this VISN using its generic language.

Hospital and Tertiary Care

The Commission concurs with the Plan to contract out for additional care.

Extended Care

The Commission concurs with the Plan to improve nursing home facilities in Des Moines and Grand Island.

Special Populations

The Commission concurs with the Plan to build a new Spinal Cord Injury Center in Minneapolis.

Small Facilities – Hot Springs

The Commission does not concur with the Plan to designate Hot Springs as a critical access hospital. The Commission recommends that Hot Springs retain its mission and continue to provide services.

Realignment – Knoxville and Des Moines

The Commission concurs with the Draft National Plan to transfer inpatient services from Knoxville to Des Moines and upgrade Des Moines.

Realignment – St. Cloud

The Commission also concurs with the proposed transfer of acute medicine from St. Cloud to Minneapolis.

Enhanced Use

The Draft National Plan includes three enhanced use lease projects in this VISN, one of which involves VBA. The Commission concurs with the Draft National Plan.

The lead Commissioner also stated that the analysis section of the report for this VISN would be revised and extended.

Closing Comments

One Commissioner asked that one of the editors go through the report and make a special effort to find any “misplaced” crosscutting items. The Chairman agreed.

The Chairman observed that the big question now is how quickly the Commission and staff can complete the necessary work. He said the Commission seems to be reaching consensus, and invited any Commissioner to express his or her dissent. He noted there also may be a need to get together to discuss crosscutting issues some more.

One Commissioner asked for a list of Commissioners’ e-mail addresses.

A second Commissioner said he would like to see the “standard language” to be used early on as it would help in developing VISN recommendations. The Executive Director said it is almost ready to be sent out.

Another Commissioner said he would like to see an “education piece” added to the crosscutting issues. He also said it should be expanded to include a commentary on nursing schools.

Another Commissioner said the report also has not dealt with telemedicine and offered to draft a piece for inclusion in the crosscutting issue section. One Commissioner said he is working on a profile of VA’s health care and could include the telemedicine piece there.

The Chairman adjourned the meeting at 4:40 P.M.