

PARALYZED VETERANS OF AMERICA
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ROOM 424
WINSTON-SALEM, NC 27155

CARES TESTIMONY

Members of the Commission, the National Paralyzed Veterans of America (PVA) and the Virginia Mid Atlantic Chapter of PVA are pleased to provide input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D).

We feel that VA must make every effort to plan for and meet the growing demand for long-term SCI care in our area. For PVA, long-term care means a mix of services such as; hospital based home care, on-going home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care. The Virginia Mid-Atlantic Chapter of Paralyzed Veterans of America is concerned that no additional long-term care beds were identified for VISN 6. VISN 6 contains one of the most populated regions with SCI/D veterans, who are living longer and will need special care within the next ten years. These veterans are now coming of the age in which long-term care needs are especially important not only to the veteran, but to his aging spouse as well. Currently, the VA's VISN Market Plans call for the addition of long-term care beds in VISN's 1, 8, 9 and 22. PVA is pleased to see that the VA has recognized that the long-term care beds are essential to meet the

growing medical needs of PVA members across America and in our local area.

Finally, the Paralyzed Veterans of America must speak about the importance of intra-VISN coordination and collaboration in order for VA's CARES SCI plan to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. **This is their right.** It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical needs.

Once again, the Paralyzed Veterans of America stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance, please don't hesitate to contact me at 800-795-3622.

Thank you for listening to our concerns.

STATEMENT OF
BILL PACK, DEPARTMENT SERVICE OFFICER
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN

SEPTEMBER 12, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 6. The American Legion would like to thank Mr. Hoffmann, Director VISN 6, and his staff for their concerted efforts in working with all of the Veteran Service Organizations on the CARES Process. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system.

Some issues that concern and will be followed by The American Legion are:

The process and progress to fairly evaluate demand for services in 2012 and 2022

The process of evaluating and providing long-term care, mental health, and domiciliary care.

VISN 6 – ALL MARKETS

Access

The Draft National Plan (DNP) proposes the establishment of nine new Community Based Outpatient Clinics (CBOCs) to help alleviate some of the access problems experienced by VISN 6, especially in outpatient services. While The American Legion believes this is a positive step, especially with three of them scheduled to open in 2004 in the southwest market, there are still many veterans in the southeast market who have to drive hours to reach an access point for outpatient services. The original Market Plan submitted by the VISN April 15, 2003 asked for a total of 17 new CBOCs, quite a difference from the DNP.

Small Facility

The Beckley, West Virginia facility will be designated as a Critical Access Hospital (CAH). CAHs are new to VA and do not have any real operating, published guidelines yet. For now, VA is using the criteria set forth by the Centers for Medicare and Medicaid Services (CMMS). Although this is a “re-designation of mission”, The American Legion will monitor the progress and performance of CAHs to ensure this is not just another step towards closure of this facility in the future.

Outpatient Services

To address the capacity gaps VISN wide the plan is tailored to the individual needs of each market using many avenues. The American Legion is unclear as to what that really means. We are aware that contracting of care is prevalent in the peak years to address the capacity issue until such time as the construction, renovation and relocations are done. The American Legion is very concerned over the use of contracting on such a wide scale. It seems that if there is a gap in service to be addressed the easy answer is to contract out.

Inpatient Services

The Southwest and Southeast Markets will experience an increase in medicine and surgery services. The DNP proposes the construction, renovation, enhanced technology (telemedicine) and contracting of care to address this problem. All of these construction projects will cost money. The American Legion is concerned that Congress will not appropriate the necessary funding for all of these projects. Where is VISN 6 on the priority list for construction money? Multiply these projects by 19 other VISNs and it adds up to quite a price tag.

Extended Care

The American Legion supports the proposal for a new 40,000 square foot nursing home facility in Beckley. The veteran population is aging rapidly and the need for such a facility is greatly needed in this area.

Thank you for the opportunity to appear before you today.

VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF NORTH CAROLINA

STATEMENT OF JAMES O WARD DEPARTMENT SERVICE OFFICER
BEFORE THE CARES COMMISSION
SEPTEMBER 12, 2003

Good Morning!

I thank you for this opportunity to provide comments pertaining to VISN 6's planning initiatives and the VA's CARES process.

My name is James Ward; I am the Service Officer for the VFW Department of North Carolina. The VFW membership consists of combat veterans that have earned their entitlements to receive healthcare from the VA in a timely manner.

The North Carolina VFW supports the CARES process in theory but has several concerns that I will address. One concern is that the CARES cycle fails to address long-term care and mental health programs that our aging veteran population will require in the year 2012 and beyond. It is difficult for veterans to comprehend how VA can plan for inpatient and outpatient programs such as acute medicine and surgery without including major components such as long-term care and mental health. The mental health component in itself includes many significant services unique to veterans such as, inpatient and outpatient treatment for conditions like Post Traumatic Stress Disorder (PTSD), Substance Abuse, Homelessness and Domiciliary care. If we are to redesign the VA healthcare system to meet the needs of future veterans, then we must address all the needs of our veteran population.

Our next concern is with the National Plan pertaining to the Beckley, WV VAMC. It is proposed that this facility be converted to a critical access hospital eliminating inpatient surgical beds and closing the intensive care unit. By eliminating these programs, veterans will now have to be referred to other VAMC centers or community hospitals to obtain these services. Our concern is that the referring facilities for specialty care (Salem and Richmond, Virginia) are of such a distance that it would cause access limitations, particularly, since the healthcare status in West Virginia is one of the worst in the nation and the state has limited healthcare capacity within the community.

Our next concern is enhancing services. Beside the EU project at the Durham VAMC, which will provide a much-needed primary care, research and additional parking lot and a nursing home in Beckley, WV. These projects are one of a few projects being done under CARES that reflects our concerns that CARES should enhance services to veterans.

The VISN is planning to respond to patient demand for inpatient and specialty care services in the rural portions of the Network by contracting with local providers. Even though we support providing care to veterans locally, our concern lies with the VA's historical inability to contract with community healthcare providers at acceptable rates for inpatient beds and subspecialty care services, which include mental health, in our rural counties. VA has not provided specifics on how and to whom they plan to contract with in the community. Contracting versus using VA staff to provide services also creates problems with coordination and continuity of care, particularly when providing services from veterans with special needs, such as undiagnosed illnesses, Spinal Cord Injury and PTSD. History has shown that contracting funds become the first "casualty" during times of limited resources causing access delays due to unexpected workload being diverted to existing VA facilities. We would rather see VA maintain the expertise of providing these types of services to veterans locally with VA staff who have a commitment to veterans as well as the patient.

I conclude by thanking the commission for allowing the VFW the opportunity to provide comments on VISN 6 cares initiatives. I am now available to answer any questions that the commission members may have pertaining to VFW CARES concerns.

**STATEMENT OF
WALLACE E. TYSON
DEPARTMENT OF NORTH CAROLINA ADJUTANT
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
DURHAM, NORTH CAROLINA
SEPTEMBER 12, 2003**

Mr. Chairman and Members of the Commission:

On behalf of the members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for VISN 6.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Therefore, preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. Without question, the quality of VA health care is equivalent to, or better than, the care provided in any private or public health care system. VA provides specialized health care services in the areas of blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

We strongly support the initiative of this process, which seeks to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and well into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a top priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services must be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus on the most important element in the process: enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members have been made aware of the proposed CARES Market Plans and what the proposed changes would mean within VISN 6.

As a service organization, the DAV is fully supportive of the CARES initiatives of VISN 6. The expansion of “specialty clinics” at the Satellite Outpatient Clinic (SOPC) in Charlotte, North Carolina and the expansion of a Community-Based Outpatient Clinic (COBC) at Fayetteville, North Carolina are extremely important to the delivery of compensation and pension benefits for veterans in these two areas. As each of the two areas are heavily saturated with veteran population, and the facts as presented indicate a continued strong population growth, these planning initiatives would expedite the exchange of medical information between the Veterans Health Administration and the Veterans Benefits Administration, which is vital to the timely and accurate processing of a veteran’s claim for earned compensation or pension benefits.

We also strongly support the planning initiative that would establish additional SOPCs and CBOCs within VISN 6. As supported by the evidence provided, these additional facilities are needed in this area critical to our nation’s defense.

The First Strike Units at Fort Bragg, Camp LeJeune, Marine Corps Air Station Cherry Point, Pope Air Force Base, Seymour Johnson Air Force Base and the Norfolk, Virginia Naval Base, all produce a significant number of new veterans being introduced to the Veterans Health Administration and Veterans Benefits Administration systems on a daily basis.

In closing, the DAV strongly urges this Commission to support the VISN 6 Plan as presented. We, as veterans, have been involved during the entire planning process. Our ideas and suggestions were actively sought and given serious consideration by the VISN 6 Director and staff. We have been treated, not only as partners in the process, but as clients, who will be the beneficiaries of an improved system. We believe VISN 6 has been very prudent in its past use of taxpayers’ money and there is no reason to believe their requests are frivolous now. We contend that anything less than full funding by the United States Congress would fail to fulfill our nation’s promise to not only our current veterans, but to all future veterans, as well.

The DAV members within VISN 6 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America’s service-connected disabled veterans and their families.

Thank you for the opportunity to present our views on these important proposals.