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## The Indiana Market & Proposed CARES Actions

This mixed rural/urban market currently serves over 388,800 veterans who primarily reside in central and north-central Indiana (56 counties), stretching from the City of Bloomington in the south, to the City of Ft. Wayne to the north. The Indiana Market also includes three rural counties in far northwest Ohio. There are no major topographic barriers and the area is well served by four major interstates, one major and six mid-sized airports. As a result of the new veteran/enrollee population estimates released in January 2003, there are currently 79,877 (20.5% Market Share) VHA enrollees in the area, and that number is expected to increase to 88,500 (28.5% Market Share) by the year 2012, and then will progressively decline to 79,900 (31.8% Market Share) by 2022. Today, the Indianapolis VA Medical Center, the Northern Indiana Health Care System (Ft Wayne and Marion Divisions) and the four CBOCs located in Anderson/Muncie, Bloomington, South Bend and Terre Haute, Indiana serves the Indiana Market. In 2001, over 8,300 enrollees (unique individuals) received care on an inpatient basis while the outpatient program provided care to over 57,400 enrollees. During this same time, there were 413 Hospital and 201 Nursing Home staffed-operating beds. The Marion Division has been serving the Indiana Market since the 1890's, Indianapolis since 1932, and the Ft. Wayne Division since 1950. On the outpatient side of the clinical inventory, the three care sites and CBOCs provided 492,851 visits or 764,797 stops during FY 01. The Indianapolis, Indiana VA Medical Center is the tertiary referral care site for the Indiana Market.

In February 2003, the National CARES Program Office identified seven significant Planning Initiatives (PIs) for the Indiana Market:

- A. *Does not meet the access standard for outpatient primary care (63% vs 70%).*
- B. *The projected outpatient primary care workload is expected to increase significantly between 2001 and 2022 (197,005 stops in FY 01, to 312,083 stops in FY 12 and to 271,975 stops in FY 22).*
- C. *The projected outpatient specialty care workload is expected to increase significantly between 2001 and 2022(166,141 stops in FY 01, to 266,592 stops in FY 12 and to 241,732 stops in FY 22).*
- D. *The projected beds for the NIHCS, Ft. Wayne Division are well below the 40-bed threshold and as a result, a Small Facility PI was generated for this facility.*
- E. *There is significant Vacant/Underutilized Space at the Marion Division (521,774 gsf).*
- F. *There are VBA co-location possibilities at the Indianapolis and Marion Division sites.*
- G. *There is a NCA expansion possibility at the Marion Division site.*

VISN 11 and the Indiana Management/Stakeholder team identified strategies, options, and an option of choice for each of these seven PIs at their two market meetings in December and March. In some cases, the team developed up to four viable options for a given PI. The VISN 11 CARES Coordinator, Assistant CARES Coordinator, CARES Facility Liaisons, and VSSC Liaison staff assisted this market with the associated current and projected workload

and the refinement of options surrounding each PI. The Indiana Market developed an option of choice that was ultimately reviewed/approved by the CARES Work Group, MAC and the ELC. Our proposed solutions are as follows:

- A. To address the access standard for outpatient primary care, VISN 11 plans to add seven CBOCs in Bartholomew, Elkhart, Hamilton, Hendricks, Johnson, Miami, and Monroe Counties, in the State of Indiana. These new clinics will also assist us in providing more accessible care to the veteran in the future. As a result of these actions, the access standard for outpatient primary care in this market will improve from 63% to 71% by the year 2012 and will remain at 71% by the 2022.
- B. To address the workload gap for outpatient primary care, VISN 11 plans to increase the outpatient primary care workload from the FY 01 base of 197,004 stops to 312,082 stops in FY 12, and to 271,975 stops in FY 22. We will enlarge the program through the continued conversion of inpatient care to outpatient care for the recurring component and convert and/or lease additional space primarily at the Ft. Wayne Division, Indianapolis VAMC and the Marion Division sites. By FY 12, we are planning the following workload at the seven new CBOC sites: Bartholomew = +7,800 stops, Elkhart = 5,000 stops, Hamilton = 15,880 stops, Hendricks = 14,000 stops, Johnson = 13,980 stops, Miami = 5,000 stops and Morgan = 4,000 stops. The seven additional CBOCs will also assist this Market in distributing the increasing workload and to reduce the future workload at the parent hospitals.
- C. To address the workload gap for outpatient specialty care, VISN 11 plans to increase the outpatient specialty care workload from the FY 01 base of 166,141 stops to 266,593 stops in FY 12, and to 241,732 stops in FY 22. We will enlarge the program through the continued conversion of inpatient care to outpatient care for the recurring component and convert and/or lease additional space primarily at the Ft. Wayne Division, Indianapolis VAMC and the Marion Division sites. Some specialty programs may also be added at selected CBOCs. Because of the significant importance and increase in the workload projected for this program area, a network implementation group, led by the Network Chief Medical Officer has already been formed. They will be evaluating the projected workload in relation to the clinical capacity and determining the optimum program alternatives at each care site.
- D. To address the small facility planning initiative for the NIHCS, Ft. Wayne Division, VISN 11 plans to close their remaining 26 acute medical beds. The projected FY 12 number of Bed Days of Care = 4,021 or 11 ADC and 10 ADC projected in FY 22. To address those projected needs, the Network proposes to increase the contract hospitalization service level to 5.5 ADC with a community provider, and to equally continue transferring appropriate patients to the tertiary referral center for the Indiana Market, VAMC Indianapolis at the 5.5 ADC level. Currently there are three major community providers in the City of Ft. Wayne and all could easily absorb the projected workload. VAMC Indianapolis can absorb the 5.5 ADC projected workload within their existing beds despite their medicine replacement bed construction project. This planned replacement bed project will not adversely impact or delay the closure of the Ft. Wayne acute care beds. To address the vacated space from this closure, the NIHCS Ft. Wayne Division/VISN 11 is currently evaluating two enhanced-use leasing possibilities. The first alternative would be to EU Lease the vacated hospital building and remain at the existing

site to provide ambulatory care services only. The second alternative is to completely EU Lease the entire 27-acre parcel with a community health care provider and move to a new site in the Ft. Wayne area. To improve access for the veteran, our preference would be to move this vibrant ambulatory care program to a new EU site in the expanding population centers of either the northwest or southwestern parts of Ft. Wayne, along Interstate 69.

- E. The vast majority of the vacant/underutilized space (529,300 sf) for the Indiana Market is located at the NIHCS-Marion Division site. Of the available 1.142 million square feet at the NIHCS – Marion Division just over 521,700 (45.7%) is vacant. As discussed earlier, this site has aggressively compressed its campus to reduce its overhead costs and has developed a plan for the demolition of several vacant/historic buildings. The plan to address the demolition of these historic structures has been approved at the local/state levels and has been awaiting approval at the national level for almost three years. This delay is now impacting our plans for the expansion of the national cemetery. Assistance is needed in garnering the approvals from the National Historic Registry for these types of projects.
- F. The Indianapolis VAMC and the NIHCS-Marion Division are actively seeking a VBA EU Lease co-location project for their respective facilities. The Indianapolis proposal is a long-standing one that now has a medium national priority ranking and has had a VBA preliminary assessment. Marion's interest is more recent and was generated through the CARES process. Marion has significant parcels of property that are available for VBA consideration and VISN 11 recommended that VBA conduct a site/economic assessment for both facilities. The current VBA Office is located in Indianapolis and recent discussions (May '03) with VBA staff indicate that there is no interest in a co-location project at the NIHCS – Marion Division. Consequently, VISN 11 will again concentrate its efforts on the Indianapolis co-location site.
- G. Both the NCA Central Office and the NIHCS-Marion Division are interested in expanding the existing VA National Cemetery that is immediately adjacent to the hospital campus site. Plans are currently in place to turn nine acres of property over to the NCA. Demolition of several vacant and historic buildings is required before that transfer occurs. As addressed in the Vacant Space initiative, National Historic Register action by VACO is needed immediately so that Marion can implement their historic plan concerning these structures and property. Some 265,000 sf of vacant/unused space could be addressed alone by this initiative.

## **Closing Comments**

VISN 11 continues to face a myriad of challenges including managing within appropriated funding; exercising stewardship of all resources; continuously improving quality and veteran satisfaction with that care; fully integrating administrative and clinical programs and processes; investing in capital improvements and information technology; increasing market share; and effectively communicating with veteran groups, labor partners, educational affiliates and other VHA community stakeholders. The new CARES process has allowed this network to look progressively towards the future and work with our VHA community to develop viable strategies to meet those health care needs. This historic effort is significant

and with dedicated and new resources we are looking forward to the implementation phase of this process. I am confident that the leadership/staff in the Central Illinois and Indiana Markets are equal to those challenges and we appreciate the Commission's role in positioning VISN 11 for the future.

## Appendix A

### **VISN 11 CARES Stakeholder Involvement**

VISN 11 has attempted to listen and discuss the health care options with our internal/ external stakeholders throughout the CARES process. The VIP Network has compiled the following communication history of those stakeholder events:

- A. All major stakeholders received a letter from the Network Director explaining the CARES process and soliciting their active participation, June 2002.
- B. In June/July 2002 - the CARES Coordinator conducted a site visit to all facilities in VISN 11 to explain the CARES process. A letter and phone call was made to all local major stakeholder offices inviting them to this CARES educational program.
- C. On December 3, 2002 – The CARES Coordinator conducted the first market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders within the market inviting them to this session. This meeting provided stakeholders with information about the process, requirements, market definition, projection model results for population/workload, and discussion about various options to address the service gaps.
- D. On December 5, 2002 – The CARES Coordinator conducted the first market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. As with Central Illinois, this meeting provided stakeholders with information about the process, requirements, market definition, projection model results for population/ workload, and discussion about various options to address the service gaps.
- E. On March 10, 2003 – The CARES Coordinator conducted the second market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. This session provided updated information about the CARES process, new requirements & model results, disclosed all the preliminary options to address the service gaps, and asked for feedback for improvement to those options.
- F. On March 12, 2003 – The CARES Coordinator conducted the second market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. Again, this session provided updated information about the CARES process, new requirements & model results, disclosed all the preliminary options to address the service gaps, and asked for feedback for improvement to those options.

Letters of invitation for the first information session and the two series of market meetings were sent to a variety of stakeholders including: all major VSOs, unions, affiliates (2), state officials including state home directors & other major community contributors to the VHA mission. The CARES Coordinator also met quarterly with the multi-disciplinary Management Assistance Council. A briefing with this group was conducted on April 9, 2002 to discuss all the CARES options developed. We have sent flyers, facility & network newsletters that

have contained numerous articles on the CARES process/products. VISN 11 also developed an interactive website that informed all stakeholders of the progress of CARES.

At the facility level, town hall meetings were conducted with employees, volunteers, VSOs, affiliates, unions and other interested parties. Monthly meetings with VSOs were conducted and the care sites provided employees and patients with flyers, handouts, and articles from local papers. Each facility CARES Liaisons and Public Affairs Officers orchestrated all facility events, publicity, and products.

The VIP Network also established an advisory committee to the Executive Leadership Council. The VISN 11 CARES Work Group met on three different occasions to discuss the process, planning initiatives developed by the NCPO, and the options developed to address the approved Planning Initiatives. The CARES Work Group is comprised of senior VISN staff and three AFGE Presidents. This Group developed the final options for ELC review, consideration and final approval.

**Linda W. Belton**  
**Network Director, VISN 11**

Linda W. Belton was appointed Network Director of Veterans Integrated Service Network (VISN) 11 by the Secretary of Veterans Affairs, effective November 12, 1995.

As Network Director, Ms. Belton has strategic planning and budgetary responsibility over seven healthcare facilities in the network, as well as authority and responsibility to meet unique community needs. The network consists of Ann Arbor Healthcare System, Battle Creek VA Medical Center (VAMC), Detroit VAMC, and Saginaw VAMC in Michigan; Indianapolis VAMC and Northern Indiana Health Care System in Indiana; and Illiana Health Care System in Illinois; as well as 23 Community Based Outpatient Clinics throughout Illinois, Indiana, Michigan, and Ohio.

Prior to her current position, Ms. Belton was the Administrator of the Division of Care and Treatment Facilities in the Department of Health and Social Services for the State of Wisconsin since 1987. In addition, she was vice-president of Mercy Medical Center in Oshkosh, Wisconsin, and held various other administration positions.

Ms. Belton received her R.N. in 1970 from the Jameson Memorial Hospital School of Nursing in New Castle, Pennsylvania, a B.S. in Psychology from the University of the State of New York in 1981 and a M.S. in Nursing Administration from Columbia Pacific University in 1983. In 1991, she completed the program for Senior Executives in State and Local Government at the John F. Kennedy School of Government, Harvard University.

During her career, Ms. Belton has received numerous honors and awards including: the 2001 Distinguished Executive Presidential Rank Award; the 1999 Meritorious Presidential Rank Award; the 1995 Distinguished Service Award - American Society of Public Administration; the 1989 Women in Government Award; the 1988 Excellence in Leadership Award and the Certification in Nursing Administration, Advanced (CNAA).

Ms. Belton is a Diplomate in the American College of Healthcare Executives (ACHE) and a member of the Sigma Theta Tau International Honor Society.

Ms. Belton has been selected for the following citation directories: Who's Who in American Women, Who's Who of Women Executives, Who's Who in Nursing and International Who's Who of Professionals.