

The following is a summary of the CARES Commission meeting and is not intended to be a complete transcript of the meeting. The information in this summary is believed, but not guaranteed, to be accurate. All information will be verified before it is used in the Commission's report.

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

Full Commission Meeting
November 19, 20 and 21, 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

Wednesday, November 19 2003

ADMINISTRATIVE and PREPARATORY SESSION

Vice Chairman Vogel opened the meeting at 8:00 A.M. He indicated that the Commission would be spending most of the day on crosscutting issues, including proposed realignments and consolidations. Since the last meeting, the Commission has received a lot of data. Staff will be going over that data with the Commissioners. He noted, however, that the data doesn't provide the Commission with a full understanding for how empty facilities really are now. He said the demographic figures don't always back up the VISN plans and the things the Commission heard during the hearings. He noted that there may be information available that would be helpful to the Commission that isn't purely factual.

The Executive Director indicated that the Commission still has a lot of work to do. Staff prepared a draft report based on what the Commission said at its last meeting about

recommendations in the Draft National CARES Plan. The Commission now must review the draft. To get a full understanding of what the Commission wants to see in its report, staff note takers for this meeting will try to capture the Commission's changes to the draft report with both the flavor and the intensity of the Commission's views. Staff also will collect annotated draft reports from the individual Commissioners then go over the comments next week and make changes to the draft report.

To prepare the Commission for its review, today's agenda calls for the Commission to hear from speakers on technical matters until 10:00. The Commission will hear first from Dr. William Henderson, who is a data expert. He said Dr. Henderson and his associates will provide the Commission with a better understanding of what the data represent.

After the data presentation, the Commission will hear from a member of the Central Office Satellite Team – the capital assets people – who reviewed the latest round of financial data provided in support of the CARES initiatives. The Executive Director said a summary of the problems they encountered is included under Tab "G" in the Commissioner's briefing books.

The Commission will also receive a brief presentation regarding the Enhanced Use Lease process and proposed legislative improvements.

The Executive Director next outlined the content and organization of the Commission's draft report. He said a separate chapter – Chapter Three – would be included that would discuss a limited number of the most compelling issues. Chapter Two discusses the Commission's consideration of the CARES demand model and the problems the Commission has with it. Chapter Five covers "other recommendations." The Commission may want to merge some of these. Chapter Two contains the Commission's main recommendations – issues, analyses and findings on a VISN-by-VISN basis. The Executive Director said the Commission will be asked to consider what is the best way to present its findings and recommendations and the basis for them during the meeting.

In response to a question from the Executive Director, the Commission briefly discussed the extent to which it wanted to go into the alternatives for each recommendation. One Commissioner said he would like to have a summary document that lays out what alternatives were identified. It was noted that, for the most part, the alternatives were not clearly specified. There are some exceptions, however, where alternatives to the preferred option can be identified. He asked whether there is a source document that identifies what all the alternatives are and indicates why one alternative was picked over another as the recommendation. A staff member replied that all of the information available to the Commission is summarized in the briefing books, which describe (a) the recommendation, (b) the status quo, and (c) any other options identified. The Commissioner asked whether the Commission could look at the source documents used to prepare the summaries and the staff agreed to bring the supporting materials to the session tomorrow.

A second Commissioner noted that the Secretary wants the Commission to craft a document that he can approve or disapprove. In that regard, he would like to make sure that the Commission's recommendations can be (a) understood and (b) implemented. A second Commissioner agreed, saying that the Commission's recommendations should be very clear and should also indicate where the Commission has *strong* recommendations.

One Commissioner said he appreciates the need to tie the Commission's recommendations to the VISNs, but he is concerned that the Commission also needs to be consistent across the board. He expressed the view that the Commission needs to look at crosscutting things like "small facilities" together – as a package, not VISN-by-VISN -- in order to get a common approach. The Executive Director agreed, noting that the staff developed criteria for these crosscutting issues and is trying to make sure they are applied uniformly. The Commissioner said he wants to get to a comfort level with the issues as issues. He would like to get a presentation from the staff on what the criteria are and how they were applied. The Executive Director said his primary concern about having such a discussion is the limited amount of time available. The preparatory time is very limited – only two hours today and 30 minutes each the next two days.

Briefing on Surgical Quality Improvement Data

Doctors Henderson, DePalma and Holohan next briefed the Commission on the use of surgical quality data reports by the VA medical system. One briefer noted that the reports are not the "be all and end all" but they are a "good thing." The reports are used within the system to guide changes, as evidenced by the fact that no hospital has been a "high outlier" more than two years in a row.

Dr. Holohan then discussed some of the specific data with the Commission using a handout prepared for the session. Referring to figure three – the ratios for surgery and mortality: For 1996 to 2002, the confidence intervals are so broad that it isn't possible to say anything about the changes that occurred during that period. He said the important thing to look at is "size;" the smaller the program, the greater the variability. The confidence intervals are much smaller with a larger number of cases. Even so, it is difficult to make the kind of distinction the Commission might want to make.

The data from the reports are used by individual facilities to evaluate the facility's mortality and morbidity rate. The data were originally designed to be given back to the providers as quality feedback. Data are provided annually. VHA has seen a 30 percent reduction in mortality and a 45 percent reduction in morbidity in the past few years. The panel members believe the data have been useful as a tool in bringing about these improvements.

The Commission discussed specific figures with the panel, including an example of the impact of merging a hospital with poor results with a facility with good results.

One Commissioner noted that the Commission had looked at the mortality and morbidity data and had postulated that poor results came from low volume. The Commission is associating low quality with small hospitals. He asked if that is a fair conclusion. The panel's response was that the question is a complicated one. They were unable to say, however, that low volumes are correlated with poor outcomes, at least for the facilities that they looked at. The relationship between volume and outcomes is very complex. It is very difficult to base a decision about closure or realignment on volume alone. It is very important to also consider cost and benefits.

One panel member noted that VA hospitals are structured differently than private sector facilities. Consequently, it isn't appropriate to rely on any one factor in making a decision about closure or realignment. A combination of factors – such as access and cost – is needed.

A Commissioner asked whether the panel had any advice for the Commission regarding inpatient surgery versus outpatient surgery. He said the Commission keeps hearing that closing inpatient surgery won't produce any efficiencies. One panelist said that is a correct statement for the reason that most VA surgery is outpatient surgery – e.g., 80 percent at the hospital he came from.

Another Commissioner asked about the importance of timing in providing service, as in the case of a heart attack, for example. A panelist replied that the generally accepted timeframe for a heart attack is “two hours from the first symptom.” About half of VA's facilities don't have the capability to handle a heart attack – they must refer patients to another facility. Even for those facilities that do have the capability to handle a heart attack, it's difficult to have a team available on a 24/7 basis. If a patient dials 911, that patient will be transported to the nearest hospital capable of handling the medical emergency, generally not to a VA facility.

The panelist noted that VA had always has a regional system. A patient who needs open-heart surgery will go to one of the 43 regional centers to get it done. This is the same approach that is now recommended by the American College of Cardiology, but VA has been doing it for years. He said volume is a good thing to have – up to a point. However, if volume gets too high, the outcomes start falling off. Regionalization doesn't address emergency needs or the needs of patients who are too sick to be transported. The panelist said veterans can lose access if VA closes a facility based on volume and there is nobody in the community who can provide what is needed. He said that for most VA hospitals, VHA has a good idea of the quality of the service being provided. VHA doesn't have any such data on the private sector hospitals that would be the alternate choice, and it always costs more to contract out care.

Briefing on Mission Change Financial Review

The Commission next received a briefing from Ray Wilburn, a member of the team that has been looking at the cost-benefit analyses. The overall team, which was organized by the VA Central Office, consists of five people from Policy and Planning, Capital Asset Management and Facilities Management.

Mr. Wilburn said the team had very little time in which to conduct its analytical work and no opportunity to ask questions to obtain clarification. Consequently, the team is reluctant to pass judgment. He said the team has provided the Commission with two to four pages on each of the 21 mission change proposals discussing their strengths and weaknesses.

He said the quality of the proposals varied tremendously. At best, they give the Commission a broad overview. Some do a good job; others are skimpy. The Commission will have to use its judgment about individual items. He said the next step in the VA process would be a capital investment proposal with a detailed life-cycle cost analysis.

Consideration was not given to realistic implementation schedules for each alternative.

Mr. Wilburn said the saving figures provided were over emphasized. Demolition costs were often not included in the cost estimates. The capital cost estimates varied – some were okay, others were low. There was a tendency to leave out the costs of site preparation work and similar items. He noted that it is risky to put out a wrong cost estimate. He noted that the review team couldn't always understand the alternatives and that the alternatives were not always

realistic. For example, inpatient care could be contracted but the only alternative considered was contracting out 100 percent of the care in Las Vegas.

The team also had concerns about nursing homes and domiciliaries. The workload estimates for these facilities are under review but have been straight lined in the meantime.

Other concerns include:

- There has been inconsistent treatment of the appropriateness of using community-based nursing homes in the different regions.
- It is not clear how estimates of the market value of VA property were made.
- It is not clear what VA can do about historic buildings.
- Many proposals didn't estimate what the staffing impact would be.
- State homes were not at the forefront of the alternatives considered.

One Commissioner asked if the team had an opportunity to look at staffing impact, to which Mr. Wilburn replied that those figures were not available in many instances. Another Commissioner asked whether time availability was the problem with the quality of the data. Mr. Wilburn agreed it might have been. He said the proposals were not thorough and consistent. The team got the idea that some VISNs didn't really want to look at alternatives. He also said he is not sure how much better the data would be if the VISNs had another six weeks. His view is that the proposals require serious consideration and in-depth analysis. He also believes further analysis might put the alternatives in a different light.

One Commissioner noted that this leaves the Commission in the position of trying to come to conclusions based on poor and insufficient data. He said the report to the Secretary should emphasize the need to take a careful look at the data and develop concrete plans.

A second Commissioner agreed, indicating his belief that the Commission doesn't have enough data to validate the recommendations that were made. Some VISNs did a good job of outlining what they want to do and why, but there is a need to have very strong data to support the recommendations that will be adopted.

Another Commissioner expressed the view that the Commission's job is to provide its views and recommendations to the Secretary. The proposals belong to the Under Secretary for Health, who will have to support them. He noted that there also seems to have been a lack of consideration given to appropriate sizing of the facility proposals. He asked whether the team's analysis had developed a feel for that aspect. Mr. Wilburn replied that the team got some numbers but weren't really able to get a good understanding of size considerations.

A Commissioner asked whether the team had any indication that cost-effectiveness is the main factor that should be considered in reviewing the proposals. Mr. Wilburn answered that it would be hard to say that. There are lots of factors that need to be considered. He added that the "cost of construction" estimates are not always reliable.

Enhanced Use Lease Alternatives

Commission staff and a panel of subject matter experts from the VA Central Office (VHA and the Office of Asset Enterprise Management) led a discussion of enhanced use leasing. A

Commissioner's paper sparked some exchanges among the Commissioners, leading to the decision to provide additional preparatory information and meeting time for further discussion.

One Commissioner said he agrees with the positions in the draft paper that the enhanced use recommendations in the Draft National Plan were "not sharp." A second Commissioner said he doesn't believe that it is appropriate for VA to try to accomplish realignment without including some of the major parts, such as nursing homes and psychiatric care. He doesn't believe it will work.

A Commissioner said he believes VA needs legislation to make the enhanced use lease process better. A panel member said legislation to accomplish that is pending, but a Commissioner said that it is problematic whether the legislation will have the desired effect.

The VA panel noted that enhanced use leasing is involved with the financing of the proposed changes and that VA could be doing many more big deals if it did not have the OMB "scoring issue" hanging over the process.

One Commissioner said it is that the process takes too long. When he asked how much of the time required is spent on non-Congressional factors, the VA panel advised that the initial processing of an enhanced use lease proposal can go very quickly or it can take a year. How much time is required depends somewhat on what comes in to the Central Office for processing. The Commissioner asked what VA could do to expedite the process, noting that VA should fix what it can without waiting for Congressional action.

When a Commissioner asked if there is a model for an expedited procedure other than BRAC, no alternative was noted.

Another Commissioner said his understanding is that the process requires VHA to run enhanced use lease proposals through the Office of Enterprise Management. That Office has no specific knowledge of the projects that are coming up the line. The timing of the process depends on the requirements – private financing, for example. He said there are important policy considerations involved in the enhanced use leasing issue. First, VHA needs to decide what it is trying to do. Then VA needs to come to a policy decision on what it wants to do with enhanced use leasing. Once that is done, a process can be developed around the policy.

Another Commissioner commented that even if there were a policy, VA would still need an expedited review and priority setting process.

The VA panel also described internal processing as a problem and said that it is hard to get throughput. The panel member noted, however, that the concept itself is remarkable.

One Commissioner said the process problem is a short-term problem. The longer term issue is the need to deal with the thousands of acres of property and hundreds of buildings that VA has. He agrees that VA must decide what to do with these in order to make the process work.

Another Commissioner asked what the objectives of enhanced use leasing are. He said the decision not to utilize the buildings or land lies with VHA. Once that decision has been made, the objective is to convert the property to money. He believes the Commission should make that clear. It should be the first recommendation.

A Commissioner commented that property management requires a different skill set from that required for hospital management. Property management requires people to move away from VHA's basic capabilities. He recommends separating the property management from the medical account altogether. This would allow hospital managers to focus on the cost of delivering services.

Several other Commissioners agreed with this approach. One said the Commission's second recommendation should be to try to improve the enhanced use leasing process in order to convert property to money. He sees the proposal to separate property management from the medical account as a good way of doing that.

Another said the guiding principle should be to get value out of the asset. He sees the enhanced use leasing process as being a "work around." The goal is to get maximum value. He would recommend that the legislation seek authority so that enhanced use leasing would not be a "work around" way of getting the value out of the property.

One Commissioner agreed with the proposal to separate out the property management function, but stressed that the property should be managed for the benefit of the veteran.

Another Commissioner said his view is that the goal is to get the best use of the capital assets. The legislation should free up the process to accomplish that goal.

When it was stated that whatever VA might get from selling the property will go right back out through OMB and Congressional action and that the Commission is dealing with the intricacies of the Federal budget process, one Commissioner said he would like to leave Federal budget process issues for the Secretary and others.

PUBLIC SESSION

Commission Discussion of Crosscutting Issues

Discussion of Community Based Outpatient Clinics (CBOCs)

The Commission began its discussion of crosscutting issues by considering the recommendations regarding CBOCs in the draft report.

One Commissioner said that this set of recommendations speaks to ambulatory care, which is very important.

A Commissioner, addressing recommendations one, two and four in the issue paper, observed that the Commission seems to be trying to say that the Plan should include *all* of the proposed CBOCs, but that the decision as to where they should be located should be a local management decision. He asked if the Commission really wanted to say that or would it rather name specific CBOC priorities.

It was noted that some Commission recommendations refer to specific locations. Elko, Nevada, is one of those and there are five or six others like it.

A Commissioner said some recommendations are clear, but some are not. He cited the recommendations for VISN nine as an example. He said the first recommendation is clear – the Commission does not concur with the Plan. However, the second recommendation needs clarification.

A second Commissioner agreed. He said the Commission has expressed serious concern about the ability of VHA facilities to offload primary care to provide extra capacity for specialty care in the parent facility, without going through the process required to create a CBOC. The Commission believes the facilities need to be able to do that. It was also noted that it is within the scope of VA's authority to do this.

Another Commissioner agreed, observing that a lot of facilities that are called CBOCs are not really CBOCs – they are “satellite operations” of the parent hospital. He said the Commission's report needs to clarify that.

One Commissioner said there are two overall problems with the CBOC proposals in the Draft National Plan. One is the overall formula used to determine how many new CBOCs should be recommended and where they should be located. The other problem is the Networks failure to prioritize their CBOC proposals. The Commission's recommendations should address these two problems.

A second Commissioner agreed, noting that many CBOCs fell off the list just because they weren't clustered the right way. It was an unintended consequence of the methodology.

One Commissioner said he believes the Commission should forward a two-part recommendation: “The Commission believes the original list of 200-plus CBOCs should be advanced as the Draft National Plan. The Commission recognizes that actual activation depends on Congressional action and resource availability.”

A second Commissioner said he believes the Commission should also comment on the 7,000-veteran threshold used in the formula for determining priorities. Another Commissioner said the Commission should also recommend that VA make better use of the space it already has through such actions as extended hours and additional services. A third Commissioner said the objective should be to reduce waiting times for access to VA services.

A Commissioner agreed, saying the recommendation should emphasize three things: eliminate the 7,000-veteran threshold; require the Networks to prioritize their CBOC proposals; and provide the hospitals with the ability to offload their primary care workload to satellite operations without establishing a CBOC.

A Commissioner commented that the recommendations should be sharper and crisper. He also noted that the testimony he heard tended to run against extended hours. Another Commissioner observed that such testimony was VA testimony, not stakeholder views.

One Commissioner said CBOCs should offer health care education and training. In reply, it was noted that recommendation number eight addresses that matter.

A Commissioner said the Commission's report on clinic realignment should also address the problem of how long people have to wait for health care. He suggested that VA should be using the same standard as the Department of Defense, which is 30 days.

Commission Decisions

In general discussion of the language used in the draft report, the Commission agreed to add the phrase "Include the whole list of CBOCs as being the Draft National Plan" to the draft's second recommendation. It should also include a specific statement about the need to prioritize. The Commission also agreed to recommendation number one and recommendation number six. The Commission agreed to include a statement to the effect that "The Commission specifically recommends including some CBOCs that it especially believes should be considered but which were not in the Plan."

The NCPO staff member commented that NCPO is going back to the field to get "errors and omissions." He believes this process should pick up some of these. NCPO is also asking for dates for proposed CBOCs.

One Commissioner said he does not favor including a large number of recommendations and suggested consolidating some or perhaps eliminating recommendation five and recommendation seven. He agreed, however, that the mental health recommendation should stand alone, as should the recommendation to use CBOCs for education.

Discussion of the CARES Demand Model Recommendations

One Commissioner suggested that the content of this issue should be moved to Chapter Two. He believes it should be highlighted prominently, but that it should not be a separate issue paper in the Commission's Report.

A second Commissioner asked whether the Commission wants to say what it believes might happen to enrollment rates if VA makes the changes recommended by the Commission's experts, i.e., using 30 months worth of data and conducting sensitivity analysis.

It was noted that using lower boundary rates for enrollment might affect the enrollment basis for some of the plans. A Commissioner commented that the lower boundaries might be much higher than they are now due to eliminating the \$250 enrollment fee and the co-pay requirements.

A Commissioner said he notes that the Commission's recommendations make statements regarding data accuracy and validation. The statements are critical of people in the field, and he questions whether the statements are necessary and appropriate. A second Commissioner replied that the statements result from the experience of the Commission's experts. Another Commissioner suggested that the statements should apply to any future modeling that VA does. It was observed that the recommendations are designed to correct problems in future versions of the model.

One Commissioner said he is concerned about the gaps in the model. He noted that VA will have no choice but to provide care for those who are eligible. Consequently, VHA should make every effort to get a true picture of future demand.

The Vice Chair observed that the language of the draft suggests that revisions could have been made but were not. He asked whether the Commission feels that is a fair representation. There was no objection to the statement from the Commission.

Commission Decision

The Commission agreed that the discussion of issues regarding the model and their implications will be moved to Chapter Two. The Commission's recommendations regarding the model will be included in Chapter Five.

Discussion of Mission Changes (Small Facilities; Realignments and Consolidations)

The Chair opened the discussion by noting that the wording of the draft report states that the Commission developed its own methodology for "small facilities" and "realignments." He asked the Commission to comment.

One Commissioner replied that the Commission did develop its own criteria for reviewing the small facilities proposals in the Draft National CARES Plan and for considering "mission changes" at the VISN level. He referred the Commission to the analytical matrix included in the briefing books.

A list of criteria and facilities that might be impacted by the criteria were developed after the October meeting based on the Commission's discussion. The matrix in the briefing book lists the measures used for the criteria. These measures were used to populate the matrix.

The first criterion is "quality of care." The facilities were scored using the measures – "number of performance measures above average" in this case.

The second criterion is "access to VA care;" the measure used was "the number of alternative non-VA medical centers within 30- and 60-minute driving times." In response to a Commissioner's question, it was noted that the matrix includes JCAHO accredited and non-accredited facilities.

The third criterion is "cost/benefit analysis." The cost figures used in developing the matrix for this criterion includes a comparison of the cost per day for selected services against a national average.

The "economic impact" criterion used the public record from the hearings and identified whether the impact was positive or negative.

For "condition," data from the VA Facilities Management staff were used.

The next criterion, "impact on teaching, research, homeland security and DoD" also used data obtained from the public record and identified whether the impact was positive or negative.

Measures for the "workload data" criterion were obtained from VA databases for 2003 in the categories noted on the matrix ("inpatient medicine and surgery," "domiciliary," etc.).

In response to a question from the Commission, it was explained that an “N/A” entry in the matrix means “not applicable” and not “not available.” Other abbreviations used in the matrix include “I” for “inpatient,” “O” for “outpatient,” “T” for “teaching,” and “N” for “no impact.” The matrixes in the Commission briefing book represent a high-level composite of the analysis that was conducted. The details are shown in the VISN-level analyses.

One Commissioner noted that VA has been trying to measure “quality of care” for decades. He said he is not sure he is comfortable with this version. He said the Commission might want to discuss this aspect of the analysis.

A second Commissioner said that other factors besides what is shown in the matrix will go into the final analysis and recommendations. He said that, based on what was presented during the morning session, he doesn’t believe the Commission should rely on the data. He asked the Commission to consider just using “the number of VA indicators met” as a measure for “quality of care.”

Another Commissioner said he believes the Commission can make general statements about quality. For example “the proposed consolidation of ‘X’ care at ‘Y’ facility seems to be an improvement in quality.” His view is that this is about as far as the Commission can go.

Another Commissioner said the big question is whether the proposal will have a big impact on the quality of care veterans get at a particular facility as opposed to the status quo or some other facility.

A Commissioner said he thinks some of the numbers are meaningful and should be used in making decisions. One example is “projected number of beds” in any given small facility.

The Commission generally agreed that the matrix lays out the factors that the Commission needs to consider in making its recommendations and is a helpful piece of work. It also agreed it would have to supplement the information contained in the matrix with the VISN-specific analyses. The matrix should be considered as a helpful tool. One Commissioner said it is important not to take the numbers out of context

A second Commissioner remarked that certain aspects of the Draft National CARES Plan are not a plan at all. He cited the “critical access hospital” proposals as an example. He observed that this set of proposals was developed at the eleventh hour. Consequently, the concept of what a “critical access hospital” has not been defined. The hearings did not shed any light at all on this issue.

Another Commissioner said he is not sure that critical access hospitals are a crosscutting issue in the sense that the Commission will be making a generic decision. He does agree that the issue is contentious and needs to be addressed. However, he thinks maybe the Commission should approach the matter on a facility-by-facility basis. Another Commissioner disagreed, stating that the Commission should give consistent treatment to the issue of a nationwide basis.

One Commissioner suggested that Chapter Two should just describe the process used to look at small facilities and identify the options considered. The chapter should also indicate that specific conclusions and findings are included in the VISN-specific recommendations. The Executive Director commented that such a recommendation really wouldn’t fit in Chapter Two, but could

be included in Chapter Five. A Commissioner urged that the subject be left under “crosscutting issues.”

The Executive Director asked the Commission what it wants to do with the “CAH definition” issue. One Commissioner said that using the “CAH” term was an error in judgment. It proved to be a real lightning rod. A second Commissioner commented that the Commission should say that since VA does not know what it is talking about, the Commission is not going to deal with it. A third Commissioner expressed a strong preference for dealing with the small facilities individually.

Commission Decision

The Commission agreed to stop at recommendation number one in the draft provided.

Discussion of Mental Health Issues

In discussing mental health issues, the lead Commissioner for this issue stated that the Commission *must* say that the outpatient mental health data have to be run again. There is a misconception that there is no mental health included in the Draft National Plan. That is not a true statement. What is correct is that acute mental health services are handled and handled adequately in the Draft National CARES Plan. For outpatient mental health, the NCPO is developing data now. If that data can be rerun quickly, it can be used. His recommendation would be that no new CBOC construction be approved before the data are rerun. He also said that some of the policy recommendations need to be strengthened, number six in particular.

A second Commissioner said he agrees with the recommendation but would like to have it stated in positive terms. Another Commissioner said that the Commission should state, “Wherever possible, acute mental health care should be placed in a tertiary facility.” The Commissioner provided specific wording to staff. His concern is that it should be established as a principle or standard policy that acute mental health care be provided in this way.

The Commission also discussed the last sentence of the recommendation, which concerns VA being consistent with how care is being provided in the private sector. The Commission agreed to strike the last sentence from the recommendation.

Commission Decision

The Commission agreed to the draft recommendations with the modifications noted above.

Discussion of Long-Term Care Issues

The lead Commissioner for this topic described a number of suggested wording changes he has given to the staff. He said the changes are designed to shorten the overall recommendations by combining some recommendations and deleting others from the draft text.

The key point is that it makes no sense to plan for long-term care in VA unless the care includes both geriatric and mental health services. That is the gist of the recommendation in this area.

A second Commissioner agreed that the revised wording is an improvement. He also suggested adding a new finding in regard to nursing homes and provided suggested wording to the staff.

The lead Commissioner noted that VA uses nursing homes for many different things. He said the Commission's report should recommend that VA specifically address these various missions and project the number of beds that will be needed for each of the functions.

Following a brief discussion of the proposed wording changes, a Commissioner noted that state veterans homes were not considered by the VISNs when they did their planning. He sees this as a shortcoming and a management issue. He recommended that the Commission report specifically reference the role of state homes in providing care to veterans and state that VA needs to tie such care in to VISN-level planning.

A second Commissioner suggested that the findings should include a statement in regard to mental health care indicating it is better to be a veteran than not to be one. Another Commissioner agreed, observing he has been struck by how little stigma is associated with mental health patients in the VA system. The first Commissioner also suggested changes in the wording of the Commission's findings indicating that the Commission believes VA should move away from the old model of putting long-term care patients in facilities that are "out in the country."

One Commissioner indicated that the discussion and recommendations that address the Commission's views that nursing home care units do not need to be attached to a VAMC, but can stand alone, should be added back in.

Commission Decision

The Commission accepted the draft report subject to the wording changes noted above.

Discussion of Special Disability Programs

For special disabilities the issue was stated as being whether the Commission should support additional spinal cord injury (SCI) facilities as outlined in the Draft National Plan.

The Vice Chair indicated he had discussed the matter with the Chairman. Their conclusion was that there is a lot of factual information available that should be included in the report.

One Commissioner said the report should include more discussion of blind rehabilitation programs and that the Commission should address waiting times for blind rehab services as well as capacity issues.

A second Commissioner said he did not see and did not hear from a single SCI Center that was not operating below capacity. He said the situation was mostly a question of adequate staffing. However, he does not understand why VA would be recommending more when it is operating under capacity now.

Another Commissioner stressed that, for clinical reasons, VA shouldn't put an SCI unit in a place where there is no tertiary care available.

One Commissioner asked whether the occupancy rates establish a national need for additional SCI beds.

A Commissioner said that special disability programs are *national* programs and should be planned and managed as such. He said they are not a crosscutting issue but are a programmatic issue.

Another Commissioner agreed, saying he believes the Commission's report should recommend collocating SCI facilities with tertiary facilities but specifying that *where* VA puts them is a management decision.

One Commissioner questioned whether the statement about patients waiting a long time for SCI beds, on the bottom of page two of this issue paper, is a true statement. The answer provided was that the correct statement is that patients wait a long time for *long-term* SCI beds.

One Commissioner repeated his concern that he has not seen anything related to demand that would support what the Draft National Plan proposes for new SCI beds. He noted that if VA creates additional SCI beds, that is all they will ever be and so would seek. He said he would supporting data with regard to the need. The Commission engaged in a brief discussion of the possibility of reallocating beds but reached no conclusion. A Commissioner said he agrees with the idea that there should be numbers to back up whatever the Commission recommends.

One Commissioner said he would like to see a VA/PVA census report from the past year. Another said the Commission should be looking at occupancy rates and basing its recommendation on that. He said overall he is inclined to support whatever VA believes it can do. SCI care is one of the hallmarks of VA.

A Commissioner said he is very open to the concept of new centers to improve geographic access; however, he doesn't believe VA it should add beds for long-term care to increase capacity until its current beds are filled.

Commission Decision

The Commission deferred a decision on special disability recommendations pending a review of additional data on occupancy rates.

Discussion of Contracting for Health Care

The discussion opened by identifying the issue as whether the proposals for contracting out that are advanced in the Draft National Plan are reasonable. It was noted that it has been difficult to get a handle on the proposals.

One Commissioner observed that negotiating contracts for health care is a very different job from managing contract care. He said he would not want to see those two functions combined. He said it may also be time to develop a method for measuring performance by contract care providers. The measures should be analogous to the performance measures that VA uses for its own operations.

A second Commissioner stated that the Department of Defense contracts a lot, has used contracting for over 20 years and deems a very important tool that works very well.

Another Commissioner voiced concern that the options have not been decentralized. The decisions to contract out are Central Office decisions. They should be local level decisions, including negotiation and monitoring. He asked that this be made an explicit recommendation in the Commission's report.

Another commented that the VSOs raise concerns about the quality of care being diluted when VA contracts out. He said he has seen no evidence that happens. VA contract requirements are both strict and extensive. The approach is not just "any old port in a storm."

One Commissioner said his team saw lots of examples of how contracted care works. He said what is important is that the contracting entity adapt itself to VA expectations and standards. When that happens, veterans can't tell the difference.

Another Commissioner asked whether having contracted care doesn't create different access issues and different legal requirements. He suggested that the Commissioners work with the staff to craft a statement discussing the different levels of access offered by contracting and the implications of that for VA. He said contract facilities have to offer equal access. A second Commissioner agreed, but said the statement should include "quality" as well as "access."

Commission Decision

Other than the suggestions noted above, the Commission made no changes to the draft report.

VA-DoD Collaboration

The subject was introduced by indicating that VA-DoD collaboration was a big issue for the Presidential Task Force, which dealt with the issue globally.

One Commissioner said the draft recommendation is written well, but he is just not sure about some of the views expressed. Facilities sharing, for example, is a "hit and miss" proposition. There is no high-level directive forcing cooperation. He said he would like to see a stronger recommendation about that. He said there are many great opportunities, but that the collaboration has to come from the top down. He believes a memorandum of understanding is needed to memorialize the agreement at top level.

A second Commissioner noted that the DoD Under Secretary for Personnel, Dr. Chu, has no line authority over the Army, Navy or Air Force.

Another Commissioner agreed with the need for new and stronger wording of the Commission's recommendations. He said the findings should address the issues that occur when local leadership changes and that the Commission recommend that VA take action to counteract a resulting fallout.

One Commissioner said he recommends combining some of the Commission's recommendations. He also believes it would be helpful to have the Secretary of Defense and the Secretary of Veterans Affairs negotiate a policy agreement.

A second Commissioner noted that there may also have to be sanctions for commanders who fail to implement agreements. The first Commissioner said there is nothing in commanders' performance plans now in regard to facilities sharing. He suggested that putting something in there would help to make things happen.

One Commissioner expressed the view that the Commission should point out how many times the Draft National Plan used collaboration as a solution when there was absolutely *nothing* on the other side of the equation (that is, the DoD side). He suggested the Commission report should include wording to the effect that the plan is not viable absent some indication from DoD that there is the opportunity for some commitment. He said part of the problem is that no one beyond the level of local commander is held accountable, so agreements are discarded when commanders change.

One Commissioner asked if VA-DoD collaboration is really a crosscutting issue. Other Commissioners said it is. Another Commissioner recognized that there are challenges but believes these can be overcome.

One Commissioner said he would suggest alternative wording to the staff.

Another said the Commission's report should indicate how to improve collaboration – on things such as access to facilities and quality care – and say that the agencies should find a way to make it happen.

Another Commissioner said he would like to have the report state that collaboration should be substantially improved.

Commission Decision

The Commission agreed to leave VA-DoD as a crosscutting issue, to strengthen its recommendations, to recommend that collaboration be substantially improved, to recommend negotiation of a high-level policy agreement and to make other wording changes to its draft recommendations as suggested by individual Commissioners.

Discussion of VA's Fourth Mission

One Commissioner began the discussion of VHA's fourth mission – support for DoD and the Federal emergency response plan -- by asking whether it should be retained as a separate issue.

A second Commissioner suggested that it could be addressed under the previous issue – VA-DoD collaboration.

Another Commissioner said the question is how much the fourth mission figured into the Draft National Plan for consolidation and realignment. An NCPO staff member replied that the Plan did not consider that impact as an explicit consolidation factor; however, it was explicitly included by the VISNs in their planning.

A Commissioner said he believes VA should identify common boundaries with DoD for all planning.

Another Commission said that the people who need to be brought into the planning process are the local fire and police departments. These organizations, not VA or DoD, will be the first responders in the event of another incident like September 11.

One Commissioner said most of the considerations embedded in this issue are operational and, therefore, beyond the scope of the Commission's concern.

Commission Decision

Other than the discussion summarized above, the Commission made no specific decisions regarding the "fourth mission" issue.

Discussion of Education and Training, Research

A Commissioner began this discussion by saying he would like to see a stronger statement that would put pressure on both VA and its academic affiliates to develop new opportunities for education and training. He also said the statements regarding research are not strong enough. More and more, VA research is clinically based. He recommended that the report say that the Commission recognizes that non-VA methods for allocating research space are often more stringent and indicate that \$150 per square foot is too low for research space. He provided the staff with alternative wording.

A second Commissioner remarked that medical school relationships have changed. The medical schools used to deal with Medical Center Directors; they now deal with the Networks. That relationship is different.

Another Commissioner said the report should also address VA's education and training relationships with nursing schools.

Commission Decision

Aside from the language changes and additions discussed above, the Commission made no explicit changes to the reporting this area.

Discussion of Seismic and Life Safety Issues

A Commissioner said the issues and recommendations in this area seem obvious, but the report might be strengthened if the Commission supports these issues as a high priority matter.

A second Commissioner said VA needs to get rid of the logjam in seismic safety improvements but he is not sure the Commission needs to make a recommendation in this area.

Another Commissioner said he thinks the Commission should recommend that the funds already appropriated for seismic safety should be expended on a priority basis.

It was suggested that the topic could be moved to Chapter Five – Other Issues.

A Commissioner asked whether the Commission would be saying anything that was really new. It seems to him like the Commission is saying “get on with it.”

Another pointed out that the Commission is now saying that there should be a hospital at certain sites. This is the decision that has held up progress. A second Commissioner agreed that seismic and life safety improvements are important, but he said he is not sure they deserve to have a special spotlight on them. A third Commissioner disagreed, saying he believes the issue ought to be highlighted. Another said the Commission might want to highlight the subject for Congress to get their attention.

Commission Decision

Aside from the preceding discussion the Commission made no explicit decisions about this issue.

Discussion of Vacant Space

A Commissioner asked whether this issue would be captured under the discussion of “enhanced use leasing.” The Chair acknowledged that it probably would be.

A second Commissioner repeated his recommendation that the older buildings should be moved to a different budget account so that maintenance and operation can be funded separately and the new build-up can be managed apart from the medical program.

Another said that if the first recommendation in the draft Commission report is accepted, everything else is covered. Two other Commissioners expressed agreement that recommendation number one should be used as an umbrella recommendation.

One Commissioner said he received letters from homeless organizations indicating there is a law that requires VA to consider homeless needs before disposing of property.

A second Commissioner said he wants to make one recommendation to the Secretary in this area: “Get rid of it.” He would state it as “VA should develop an aggressive program to dispose of all such property” and would include enhanced use leasing.

Another Commissioner agreed, but said he also thinks VA needs to develop criteria for determining how replacement hospitals would be placed.

Commission Decision

The Commission made no explicit decisions about this issue other than the additions and language modifications noted above.

Discussion of Other Matters

One Commissioner said he thinks there is too much reliance on outside entities, such as GAO, as the originator of the CARES process.

A Commissioner said he had a few additional suggestions about the report language that he would take up with the staff. He suggested, for example, that the paragraph concerning

information on page four of Chapter Two should be reworded. Another Commissioner agreed and suggested the Commission might want to mention the use of modeling consultants as part of its process

Thursday, November 20, 2003

ADMINISTRATIVE and PREPARATORY SESSION

Chairman Alvarez opened the meeting and asked the Commission whether to allow members of the audience to participate in the Commission's discussion. He said he does not want the session to become a "town hall meeting;" however, some of the people in the audience are from VA and have information and expertise that could be helpful to the Commission's deliberations. The Commission offered no objection to the Chairman allowing selected audience members to participate.

One Commissioner asked to revisit yesterday's discussion of VA's facilities and property management programs. His view is that these offices, not the medical program, should be tasked with resolving the problems with the enhanced use leasing program. A second Commissioner agreed, summarizing the views he presented yesterday about the need to separate building operation and management from the medical program. This would get the property off the books of the hospital system.

A Commissioner said the draft Commission recommendation on enhanced use leasing is very bold. It is designed to get the VA "off the dime" – put the property up for disposal or do something with it to get it off the medical cost rolls. A second Commissioner remarked that these assets, at one time important to VA, are now liabilities; but the land they sit on is still an asset. The enhanced use leasing program is a compromise designed to get money out of VA assets. Another Commissioner said that enhanced use leasing is being held out like a carrot. He believes, however, that if money does become available from this source, the Congress will step in and take control of it. Two other Commissioners expressed agreement with this view.

One Commissioner asked whether the Commission should recommend that VA dispose of the property but obtain Congressional approval to use the money as an offset to the cost of new construction.

A Commissioner said the issue of vacant property is on the Secretary's mind. He believes VA should determine what is surplus – unneeded – and dispose of that. Then it should develop a plan for managing the rest.

One Commissioner asked whether the report should combine the enhanced use leasing and vacant space recommendations. The answer given was that the Commission agreed to do that yesterday.

A Commissioner noted that enhanced use leasing is a complicated process. He said there are lots of other ways VA could use to dispose of property. A second Commissioner said the Commission is talking about a major divestiture of property. He believes much of it is likely to wind up being taken over by the local communities. Another Commissioner said that is why he favors the approach of separating property management from medical care. He thinks property

managers should be the ones to decide how to handle disposition – whether it should be by enhanced use lease, declaring the property surplus or some other method.

One Commissioner asked whether the other Commissioners think the recommendation should say that the “property management function should be decentralized in VA outside of VHA.” Several other Commissioners said that was not essential. One Commissioner said his previous experience had been that VA just let real estate brokers dispose of the property.

PUBLIC SESSION

Discussion of Hospital Construction Criteria

The public session began with a discussion of a paper prepared by the staff on new hospital construction. Specifically, the paper addresses the criteria and methodology used for locating new hospitals. The Executive Director said the staff had developed the paper so there would be consistency in how the Commission approached the growing list of proposed new facilities.

It was explained that there are different considerations for the different categories of new construction. For example, in placing a totally new medical center, it would be important to look at under-served population centers such as Las Vegas, Orlando and the Florida Panhandle.

A Commissioner said what is important is to look at the demand for inpatient services. The first decision that VA has to make is “build or buy.” A second Commissioner said the decision is very complex. He does not see it as being within the scope of the Commission’s responsibility. Other Commissioners commented that the Commission already addressed a lot of the considerations listed in the paper in developing its VISN-level recommendations and that the Commission has an obligation to react to what was proposed in the Draft National CARES Plan.

One Commissioner noted that the Commission recommendation is that VA should develop a strategic plan for new hospitals.

The Chairman explained that the focus of the paper, and the Commission’s concern, is on the process and criteria – the methodology – used to locate new hospitals. One Commissioner responded that the Commission could put its recommendation in the “process” section of the report, saying what criteria the Commission used to evaluate specific proposals. He said the Department might want to use these criteria in developing its future plans.

An NCPO staff member described the criteria that had been used in developing the Draft National CARES Plan as based on supportable market data.

One Commissioner commented that there was a lack on inter-VISN coordination in the process. This situation led to questions being raised about the selection of Orlando as a location for a new hospital. It was stated that the Commission is not properly equipped to go into detail about construction criteria.

A second Commissioner said the problem was that the Commission was unable to distinguish “Why Orlando?” from “Why not Jacksonville?” or “Why not the Panhandle?” There were no transparent criteria.

The Chairman asked the staff to look at the issue and develop a recommendation for Commission consideration.

Discussion of Report Organization

One Commissioner said he would offer suggestions for rewriting the draft report. He said his changes concern minor corrections and wording changes designed to tighten up the report and make it smoother. A second Commissioner suggested that the report pages should be color coded to separate data from findings.

Another Commissioner suggested that the VISN documents should be organized according to: (a) issue, (b) findings, and (c) recommendations.

The Executive Director explained that the Commission now has: (a) a color map, (b) a generic discussion of the VISN, (c) a discussion of VISN issues exclusive of “mission change” items, and (d) “mission change” (realignment) documents. He said the draft report kept the realignments separate to facilitate Commission discussion at this meeting. After the meeting, they will need to be merged.

One Commissioner said he agrees with the issues-findings-recommendations scheme for organizing the VISN section of the report. Another said he thinks the report should also highlight proposals in the Draft National Plan being discussed by the Commission.

A Commissioner said that when the report discusses mission changes, it should explicitly state what alternatives are available, what the Draft National Plan proposes, and what the Commission is recommending and why (i.e., why it concurs or does not concur with the Draft National CARES Plan). He said the discussion should be kept fairly short, providing additional explanation, using one VISN as an example.

Concern was raised about whether the Commission would be able to follow this approach for all VISNs, stressing that information about alternatives was not provided in many cases. The first Commissioner said he thinks all of the necessary information is already available in the draft report; it just needs to be organized differently.

Another Commissioner asked if the report would also include recommendations on matters where the Draft National Plan is silent. The first Commissioner said in those cases the report would indicate that “the Draft National Plan is silent on this issue. Our recommendation is”

Two Commissioners indicated agreement with this approach for realignment issues, but said it would be difficult to do for other initiatives.

One Commissioner repeated his statement yesterday that the Commission needs to make its recommendations so they can be clearly identified, understood and implemented.

Commission Decision

The Commission agreed that realignment issues would be structured according to the following scheme:

- Issue statement

- Alternatives
- Draft National Plan recommendation (or lack of a recommendation)
- Commission recommendation and rationale

Consideration of VISN 1

Staff presented the VISN One issues for Commission consideration.

Issue: Bedford campus realignment

Alternatives: The alternatives were identified as:

1. The status quo
2. Realignment of capital assets
3. Contract for care
4. Transfer the inpatient workload to Brockton and Manchester
5. Transfer the inpatient workload to a new medical complex in the Boston area.

Draft National Plan Recommendation: Distribute the Bedford workload to Brockton, West Roxbury and Manchester. Keep outpatient services and evaluate possibility of enhanced use leasing at Bedford.

Commission Recommendation: The Commission recommends construction of a single, appropriately-sized medical center for the Boston area replacing inpatient services at Bedford, Boston, Jamaica Plain and West Roxbury. The Commission recommends no changes in mission. The Network should develop a strategic plan for long-term care. The Commission recommends collocating nursing homes with CBOCs at sites other than the medical center.

Commission Discussion

A Commissioner suggested that the wording of the report be changed to read “The Draft National Plan chooses alternative two. The Network recommended alternative one. The Commission recommendation is...”

The Chairman indicated that the draft Commission report recommends alternative five, with some caveats.

A Commissioner noted that most of the supporting analysis is for the VISN alternative, not the alternative proposed in the Draft National Plan.

A Commissioner asked whether it isn’t important to collocate CBOCs with nursing homes. A second Commissioner noted that VA can also achieve economies of scale by combining services under one roof.

One Commissioner said he had not seen any cost-benefit analysis for the new medical center. The Chairman agreed, indicating that this is a *strategic* recommendation centering on a new physical configuration.

A Commissioner said he agrees with the recommendation to develop a long-term care plan.

Commission Decision

The Commission agreed with the recommendation contained in the draft report.

Issue: Outpatient care

Alternatives:

1. Status quo
2. New CBOCs as proposed by the VISN

Draft National Plan Recommendation: The Draft National Plan recommends no new CBOCs in this VISN.

Commission Recommendation: The Commission recommends that new CBOCs be established in this VISN and that existing CBOCs be expanded, provided that the increase can be accomplished within existing resources.

Commission Discussion

One Commissioner said he would prefer having separate recommendations for (a) new CBOCs and (b) expansion of existing CBOCs.

A second Commissioner said there are several instances in the report where the Commission wants VA to set up CBOCs to offload work. He said the report needs to be consistent in how these are stated.

Another Commissioner expressed the view that the report should say that: “The Commission does not concur with the CBOC list in the Draft National Plan. The Commission recommends letting the VISNs prioritize their CBOC requirements.”

A Commissioner said this recommendation, and others like it, should be: (a) to establish new CBOCs, (b) to allow the VISNs to prioritize, and (c) to let the VISNs offload work without creating a CBOC.

A VA staff member commented that it is not legal to establish new CBOCs without approval.

A Commissioner responded that the Commission wants to eliminate the requirement that the VISNs have to go to Washington for approval if they want to move their workload across the street.

A second Commissioner suggested that some “boiler plate” general statements be developed to cover these recommendations. For example: “Medical Centers should be allowed to offload medical care services without being subjected to the CBOC approval process.” Another Commissioner suggested adding “within reasonable proximity to the parent facility” to this standard wording.

Commission Decision

The Commission agreed with the CBOC recommendations and with the need for standard wording as noted above.

Issue: Other VISN 1 recommendations.

The Commission agreed with recommendation number five, which includes retaining the nursing home facility at Bedford. The CBOC recommendation included in recommendation number five will be eliminated as being unnecessary at the suggestion of a Commissioner.

Other Discussion

Other VISN One recommendations concern expansion and upgrades at Togus in connection with CBOC expansion and several improvements in facilities quality and safety. The Commission agreed that the discussion of these recommendations needs to be beefed up, taking note of the fact that the facilities in question are already aging and will require attention during the next 20 years. One Commissioner said that the matrix in the report shows that the condition of facilities in this VISN does not look good; this should be used in the justification.

One Commissioner said that the report should mention that new facilities and new technology are needed in this VISN to allow the centers to compete successfully for staff recruitment and retention. Another said she was not sure about recommending a new medical center in Boston, noting that Boston is a medical Mecca with huge facilities already located there. The first Commissioner replied that VA is providing specialized care that is not otherwise available in this area and that the facilities being used to do this are old and outrageous.

One Commissioner said that the recommendation for a new medical center in Boston is based on what seems like the right thing to do. A second Commissioner said that his concern would be that the VISN did not propose and support a new medical center.

A Commissioner said the Commission should support the concept of contracting out. Reality is that before VA can go forward with a new hospital it will have to consider contracting anyway. A second Commissioner said he could not support contracting out for all services in the Boston area. He feels strongly that this would not be a good thing. A third Commissioner said recommending that VA become a *payer* instead of a *provider* of services would energize a lot of people.

One Commissioner said contracting out does affect the quality of care. Another said that the Commission's recommendation would be subject to analysis of the contract option anyway.

Consideration of VISN 2

The staff introduced the VISN 2 discussion by summarizing its one mission change issue.

Issue: Transfer of services from Canandaigua to other medical centers.

Alternatives: The alternatives available are:

1. The status quo
2. Contract out care, and
3. Realignment of services.

Draft National Plan Recommendation: Close Canandaigua and transfer acute inpatient psychiatry, nursing home, domiciliary and residential rehabilitation services to other medical centers. Retain outpatient services in the Canandaigua market. Evaluate potential for enhanced use leasing of the property.

Commission Recommendation: The Commission recommends that VA reevaluate the proposed closing based on concerns about quality, cost-effectiveness and other factors.

Discussion of Issue

One Commissioner amplified his concerns with the Draft National Plan. He said his chief concern was that transferring inpatient psychiatry patients would move them farther away in terms of access and in terms of locating psychiatric care close to a tertiary facility. He said he believes Canandaigua should retain its long-term care services.

A second Commissioner indicated the market being served here is Rochester. Canandaigua is 35 miles away from Rochester. So is Batavia, but in a different direction – toward Buffalo. He said his concern is that CARES should not do harm in terms of access.

The Commissioner continued, noting that the problem in Canandaigua is that the facility has two psychiatric wards and a residential rehabilitation facility. He said the proposal to move the homeless domiciliary to Bath makes no sense at all to him. That move would not be going in the right direction, either for quality or for access. He believes VA should put a new nursing home in Canandaigua, then it can move the other services as appropriate.

One Commissioner pointed out that things are working now and asked, “Why do anything here?” The reply was the idea is to save money. Canandaigua is a large, sprawling campus. VA hopes to get an enhanced use lease on the property and put the money back into the medical program. Another Commissioner said the estimated cost to maintain this facility between now and 2022 is \$350 million.

One Commissioner remarked that the VISN did not request these changes. Its plan called for maintaining the status quo.

A Commissioner said he would like to see consideration given to at least retaining the nursing home. He also believes VHA should consider putting a new outpatient clinic at this site.

One Commissioner said he believes the key is to rework the plan in a way that does not make the access worse for Rochester veterans. A second Commissioner said he would like to see the Commission recommendations be specific about what it thinks should be done and not just say “reevaluate.”

The first Commissioner said the principle that needs to be articulated is “access is important.” The Commission should at least make sure that the proposals do not make access worse. A second Commissioner agreed, saying that the need for access is the overwhelming consideration

in this case. While Canandaigua and Batavia are equally distant from Rochester, Bath is another hour away.

One Commissioner said that the important principle is not to save money. It is to better utilize resources.

A Commissioner said the Commission could recommend moving the services to Batavia rather than to Bath. Access would be equal at that location.

One Commissioner said he recognizes that the need being addressed in the Draft National Plan is based on long-term projections. However, he believes some actions need to be started now. He said 2012 and 2022 are not the action points, they are just benchmarks.

A second Commissioner said he hates the idea of referring an issue for study. He said he agrees with the Commissioner who said the Commission should make a definite recommendation. That Commissioner said if the Commission is comfortable making a recommendation for a new hospital in Boston, it should be comfortable making a recommendation here. A second Commissioner said the cost-benefit analysis doesn't support the recommendation in this location.

Commission Decision

The Commission recommendation will specify what the Commission believes VA should do in this location. Staff will redraft the recommendation based on the discussion.

Issue: Geographic access to *specialty care* in VISN 2.

Alternatives: Not specified.

Draft National Plan Recommendation: Locate specialty care in Syracuse.

Commission Recommendation: Concur with the Draft National Plan.

Discussion of Issue

The Commission received testimony during its hearings that suggested the need for 18 additional SCI beds. The Draft National Plan, however, did not recommend additional SCI beds in this VISN.

One Commissioner said he agrees with the recommendation in the Draft National Plan.

Commission Decision

The Commission concurs with the Draft National Plan.

Issue: Increasing *outpatient care* workload in VISN 2.

Draft National Plan Recommendation: Establish new CBOCs to handle increases in primary care and specialty care workload.

Commission Recommendation: Concur with the Draft National Plan.

Commission Discussion

Several Commissioners agreed with the need to expand outpatient care in this VISN to accommodate increasing workload. One Commissioner noted that the CBOCs are clustered around University Hospital in Buffalo.

Commission Decision

The Commission concurs with the Draft National Plan.

Consideration of VISN 3

There are two mission change issues to deal with in this VISN: St. Albans and Castle Point.

Issue: Saint Albans facility

Alternatives:

1. Status Quo
2. Build new facilities for outpatient, nursing home and domiciliary care; change campus footprint by demolishing old facilities; evaluate enhanced use lease potential.
3. Contract out care currently provided at this facility.

Draft National Plan Recommendation: New construction combined with changing the campus footprint (alternative number two, above).

Commission Recommendation: Concur with the Draft National Plan.

Discussion of the Issue

The staff noted that very little attention was given to the Saint Albans proposal. The proposal involves taking down a very old building and replacing it with a modern building to provide domiciliary, nursing home and ambulatory care.

One Commissioner spoke to the proposal, noting that he doesn't see it as an issue for the Commission and recommending that the Commission agree with the Draft National Plan.

Commission Decision

The Commission concurs with the Draft National Plan recommendation for Saint Albans.

Issue: Castle Point-Montrose consolidation and realignment

Alternatives:

1. Status quo in both locations
2. Move Montrose services to Castle Point except for primary and specialty ambulatory care

Draft National Plan Recommendation: Transfer all inpatient services, including domiciliary beds, psychiatry and nursing home services, to Castle Point from Montrose; maintain outpatient services at Montrose; evaluate enhanced use leasing potential. Transfer inpatient SCI services from Castle Point to Bronx but maintain an outpatient SCI unit at the Castle Point campus. Convert Castle Point to a critical access hospital (CAH).

Commission Recommendation: Transfer, along with ambulatory care, inpatient psychiatry and nursing home beds to Castle Point, but leave domiciliary-based residential rehabilitation care at Montrose. Concur with the Draft National Plan in regard to SCI beds. Disagree on the use of CAH designation.

Commission Discussion of Issue

In reply to a question about the status of the proposal for the Manhattan campus, which was originally tied to this issue, Commissioners were reminded that the Draft National Plan calls for conducting a feasibility study on consolidating the Manhattan campus and with the Brooklyn campus and that nothing more had been submitted. The draft report recommends agreeing with the Plan.

With regard to the Castle Point-Montrose proposal, a Commissioner said he favors retaining residential care and domiciliary services at Montrose because the location is closer to the metropolitan area the facility serves. He said Castle Point is much farther away. During the hearings, stakeholders strongly opposed moving the residential program.

A second Commissioner said the proposal for acute psychiatry makes sense to him. He said Castle Point would be able to handle the northern part of Network 3 and the southern part of Network 2. The Bronx facility would handle the rest of Network 3. He likes the idea of putting medicine and psychiatry together at Castle Point. He said patients who use those services come from the counties around Castle Point anyway, not from New York.

Another Commissioner asked for clarification on the recommendations in the draft report to indicate to what parts of the Draft National Plan the Commission concurs and to what parts it disagrees. It was noted that the draft report recommends that the residential programs be retained at Montrose, which leaves plenty of opportunity for an enhanced use lease project at Montrose, and that the “critical access hospital” designation in relation to the Castle Point facility not be used because people don’t recognize the term.

A Commissioner indicated that the report should state that the Commission is concurring with the recommendation for a feasibility study relating to the Manhattan facility.

Commission Decision

The Commission agreed to recommend: (a) retaining ambulatory care services and domiciliary-based residential rehabilitation programs at Montrose; (b) moving inpatient psychiatry and nursing home services from Montrose to Castle Point; (c) concurring with the Draft National Plan regarding the feasibility study for Manhattan; and (d), with regard to SCI services, concurring with the Draft National Plan regarding transfer of inpatient SCI services to the Bronx and retaining outpatient SCI services at the Castle Point campus. Also noted was the need for clarification in the report language.

Consideration of VISN 4

The staff introduced the VISN 4 discussion by indicating that major mission changes are proposed for Pittsburgh, Butler, Erie and Altoona.

Issue: Pittsburgh-Highland Drive Realignment.

Alternatives: Not identified.

Draft National Plan Recommendation: Transfer all current services at Highland Drive to University Drive and Aspinwall; construct new facilities at University Drive and Aspinwall for psychiatry, mental health and related services. Close Highland Drive; evaluate potential for enhanced use leasing.

Commission Recommendation: Concur with the Draft National Plan with caveats stating that VA should not undertake any service closures until new construction has been completed.

Commission Discussion of the Issue

It was noted that the consolidations included in this recommendation are part of an ongoing project.

One Commissioner noted that the recommendation includes placing acute psychiatric patients with acute mental health patients.

A Commissioner expressed the view that *all* Commission recommendations should include the statement about not disrupting any current services before new construction has been put in place. A second Commissioner asked why people would be concerned about that. Another Commissioner said it is just a fear that VA will go close facilities but not replace them due to a lack of money.

Commission Decision

Concur with the Draft National Plan with caveats as noted.

Issue: VISN 4 Small Facilities: Butler, Erie, Altoona.

Alternatives: None identified.

Draft National Plan Recommendation:

- (1) Close acute care services at Butler; maintain nursing home and outpatient services.
- (2) Close inpatient surgical services at Erie, maintaining other services.
- (3) Close hospital acute care services at Altoona by 2012; designate as a critical access hospital until then; maintain outpatient services.

Commission Recommendation: The Commission recommends closing acute care services at Erie, Butler and Altoona, retaining long-term care in conjunction with CBOCs.

Commission Discussion of Issue

One Commissioner remarked that there is already an application from the community hospital for an enhanced used lease at Butler.

In response to a question as to whether any contract proposals are included in the Draft National Plan, commissioners were told that Pittsburgh can absorb some of the workload and VA will contract for services locally where Pittsburgh is unable to handle the workload.

One Commissioner said the rationale for closing small hospitals is that their volume is low, despite the convenient driving distances, and services are available in the local community.

A Commissioner asked for additional information about the proposal to designate Altoona as a critical access hospital and was told that the Draft National Plan proposes to close Altoona after

2012 and to designate it as a critical access hospital in the meantime. A Commissioner asked about the sharp drop shown for the number of patients in Erie, but no additional information was available.

One Commissioner said it might make sense to close Altoona now if all of the different elements it takes to run an inpatient hospital are taken into consideration. He said this is especially true if care is available in the community that VA could contract for. Another Commissioner added that the recommendation for Erie is to close it altogether.

The Chairman asked how other Commissioners felt about closing Altoona's 17 beds. One Commissioner said it would be consistent with the Commission's other recommendations in terms of workload and the availability of services in the community. Another noted closing Altoona would be a sensitive issue.

Commission Decision

The Commission's recommendation will be to close acute inpatient care services at Erie, Butler and Altoona as soon as feasible, retaining long-term care in conjunction with CBOCs.

Issue: VISN 4 Inpatient and Outpatient Care

Alternatives: Not identified.

Draft National Plan Recommendation: The recommendations included in the Plan are:

1. Expand Pittsburgh to absorb the Butler and Erie workload;
2. Increase the primary care capacity at existing CBOCs; and
3. Expand specialty care at existing CBOCs.

Commission Recommendation: The Commission recommends that the VISN prioritize both new CBOCs and CBOC expansions. Additionally, CBOCs should provide mental health services as required by VA directives.

Commission Discussion of the Issue

Commissioners offered several minor wording changes to the draft report.

Commission Decision

The Commission agreed to the substance of the recommendation included in the draft report, subject to wording changes as noted above.

Issue: Special disability programs.

Alternatives: No alternatives were discussed.

Draft National Plan Recommendation: The Plan proposes to add a new SCI outpatient clinic in Philadelphia.

Commission Recommendation: The Commission concurs with the proposal to establish a certified outpatient SCI clinic in Philadelphia in light of the DNCP's VISN 3 proposal for consolidations (in East Orange and the Bronx).

Commission Discussion of the Issue

From the public hearing, the Commission learned that Pittsburgh plans to expand its SCI long-term care beds, although this is not explicitly stated in the Draft National Plan.

One Commissioner questioned the long-term care SCI numbers that were provided to the Commission. He also said he has concerns about the wording of the report and will work with the staff to make appropriate changes.

A second Commissioner said he had heard a lot about empty SCI beds. He said he is unsure how to correlate this with the claimed need for expansion and renovation. He also asked whether the numbers provided suggest that Philadelphia would support a 30-bed SCI unit. The response was that the changes proposed elsewhere in the system – in New York and New Jersey – may make a new SCI unit at Philadelphia worthy of consideration in the future.

Commission Decision

Subject to additional analysis of workload numbers and wording changes, the Commission concurs with the Plan for a new certified outpatient SCI clinic in Philadelphia.

Issue: Long-term care.

Alternatives: None discussed.

Draft National Plan Recommendation: The Draft National Plan includes investments for nursing home care to remedy space deficiencies in Altoona, Butler, Coatesville, Lebanon and Clarksburg.

Commission Recommendation: The Commission concurs with Draft National Plan.

Commission Discussion of the Issue

A Commissioner said that recommendation number 12 – that VA should develop a projection model for long-term care before new construction takes place – can be combined with recommendation number 13 because the Commission is recommending that VA spend the money now.

A second Commissioner said recommendation number 14 – to consolidate Philadelphia and Wilmington -- can be dropped from the report. This work is already ongoing.

Consideration of VISN 5

Issue: Change the footprint at the Perry Point campus to maximize its enhanced use lease potential.

Alternatives: The alternatives included in the Draft National Plan are:

1. The status quo;
2. Construct a new nursing home and renovate existing facilities;
3. Construct a new nursing home and make other changes to the existing facility;
4. Construct a complete replacement facility.

Draft National Plan Recommendation: Maintain current mission but redesign the campus to maximize its enhanced use lease potential. Construct a new nursing home and other new building to consolidate services. Preserve historic sites.

Commission Recommendation: The Commission concurs with replacing the nursing home at Perry Point.

Commission Discussion of the Issue

One Commissioner asked if the Perry Point proposal is really a “mission change.” He said the proposal is confusing in that regard. The response was that the proposal was labeled as a “mission change” because of its “enhanced use lease” aspects, adding that the property is on Chesapeake Bay and valuable. It has high enhanced use lease potential, although nothing specific has yet been developed.

A Commissioner said he had visited the nursing home at Perry Point. The condition of the facility is not acceptable. Among other problems, the air conditioning is inoperative. The property has a lot of old buildings, some of which have been leased out to other federal agencies. He also said Senator Mikulski is no longer opposed to the proposed enhanced use lease at this site. He said he agrees with recommendations number four and five in the draft report and strongly suggests consideration of an assisted living facility for the site. He believes, however, that VA should bring the Fort Howard enhanced use lease to a close first.

A second Commissioner said he believes recommendation four ties the hands of people too much in regard to the disposal of property. He also does not agree with recommendation number five. He believes VA should do its best to dispose of the property in a way that would generate revenue.

Commission Decision

The Commission concurs with the replacement of the nursing home at Perry Point and with the proposal to change the campus footprint. The Commission also agreed that before actual nursing home beds are constructed, there is a need to determine how many beds are needed given the population in the area, recommending adding the standard long-term care recommendation. The Commission, however, also agreed to delete recommendation number five from the draft Commission report and to revise the wording of recommendation number four. It was also agreed that recommendation number six would be redrafted to indicate that if VA decides to build a new nursing home in this market, it should first review the proposed location.

Issue: Realignment of psychiatric services

Alternatives: Not discussed.

Draft National Plan Recommendation: Move 77 domiciliary beds from Martinsburg to Washington; move 22 acute psychiatry beds from Perry Point to Washington, D.C.

Commission Recommendation: Concur with Draft National Plan.

Commission Discussion of Issue

A Commissioner remarked that Martinsburg is pretty full – it has 130 beds and 112 occupants. He said he is not sure if VA were running the numbers today and was placing patients near their homes that many of the patients currently in Martinsburg would be there. The question is “If you are going to build a new nursing home, is this where it should be?”

A second Commissioner replied that if you were starting from scratch, Martinsburg is not where you would put your long-term care. However, the reality is that there is a building there.

One Commissioner said that the proposal involves moving 77 beds from West Virginia to be *residential rehab* beds. VA is not just moving “old soldiers” to D.C. He said the issue should be “inpatient and residential beds” because the dom beds are used as residential rehab beds for mental health patients.

Commission Decision

The Commission agreed to concur with the Draft National Plan but will reword its recommendations to reflect the concerns expressed above.

Issue: Outpatient care

Alternatives: Not discussed

Draft National Plan Recommendation: Ambulatory care improvements in all markets.

Commission Recommendation: Endorse the Draft National Plan based on the Commission’s standard principles.

Commission Discussion of Issue

One Commissioner said that a focus in this VISN is the need for more outpatient space in D.C. and Baltimore. These proposals are not the same as the other CBOCs and workload and space data indicate a need for more outpatient space.

It was suggested the Commission should reiterate its basic principles in regard to CBOCs.

Commission Decision

Concur with the Plan using the Commission’s “standard CBOC template.”

Issue: VA-DoD Collaboration

Alternatives: Not discussed

Draft National Plan Recommendation: Outpatient joint ventures between VA and DoD are proposed for Ft. Detrick (Maryland), Ft. Meade (Maryland) and Ft. Belvoir (Virginia); a joint resident education program is proposed with Walter Reed Army Medical Center in D.C.; and the Armed Forces Retirement Home will be considered as a possible domiciliary location in D.C.

Commission Recommendation: The Commission concurs with the proposals in principle. However, any agreements must ensure veterans access to DoD sites.

Commission Discussion of the Issue

A Commissioner recommended that the report drop the reference to ensuring access to sites. He believes it is obvious that there needs to be access to provide service.

Commission Decision

The Commission agreed to drop the caveat regarding access from the draft recommendation and concur with the Draft National Plan, recommending using the standard language for DoD collaboration.

Consideration of VISN 6

For the discussion of this issue, a briefing paper using the new format agreed to at yesterday's session was used.

Issue: Outpatient care and primary care.

Alternatives:

1. Contract out
2. Provide care in VA-run clinics
3. A combination of the above

Draft National Plan Recommendation: Increase primary care access by adding nine new CBOCs – six in the Southwest Market and three in the Northeast Market.

Commission Recommendation: The draft report uses the Commission's "standard CBOC template."

Commission Discussion of Issue

The wording of the "standard CBOC template" was reviewed. The template indicates:

- The Commission does not concur with the requirement for 7,000 enrollees as a determinant of CBOC priority and recommends that all Network-proposed CBOCs be reinstated.
- The Commission recommends:
 - Networks should prioritize the establishment of new CBOCs or satellite sites and the expansion of existing CBOCs.
 - Networks should be responsible for determining where and when to expand existing sites of care if it can do so within existing resources.
 - Networks should have the authority to move resources and staff to a nearby location to address capacity issues at the parent facility if it can be done with existing resources. The new sites should be designated as "satellites" not as "CBOCs."
 - All CBOCs and satellite sites should comply with VHA directives requiring the provision of mental health services unless that is not feasible.

One Commissioner said he would like to delete the statement that "all network-proposed CBOCs should be reinstated."

A second Commissioner questioned the use of the term "satellite," asking how these would be different from CBOCs. He said the term implies a facility with a higher capability than a CBOC, which would be potentially confusing. Another Commissioner replied that the current approval process for new CBOCs is very complicated. He sees this as the reason to avoid labeling a site as a "CBOC" if it is not.

Commission Decision

The Commissioners will review the standard template language regarding CBOCs and provide recommendations for changes to the staff. The Commission will then use its standard recommendation for the CBOC proposals in this VISN.

Issue: Small Facilities/Mission Change – Beckley, WV

Alternatives:

1. Close all inpatient beds and contract out care or transfer patients
2. Status quo
3. Close inpatient surgery program.

Draft National Plan Recommendation: Retain acute medicine beds. Designate the facility as a “critical access hospital.” Close inpatient surgery beds; meet surgical needs through observation beds, local contracting or transfer.

Commission Recommendation: The Commission recommends that the VISN assess the availability of care in the local community. If these resources are adequate to support Beckley’s 15-20 patients, the Commission does not concur with the recommendation to designate Beckley as a critical access hospital and recommends closure of the acute inpatient beds.

The Commission also recommends that the sizing of the new nursing home to be constructed at Beckley be done according to the new long-term care data. The data should drive the number of long-term beds and the nursing home should be a stand-alone unit and be located in conjunction with a large CBOC.

Commission Discussion of Issue

One Commissioner said the data on page 5 shows there are two facilities in the Beckley area with enough available beds for the VA patients. He said he could not speak to quality, but it appears to him as though the VISN did not look closely enough at community resources before arriving at its proposal.

A second Commissioner observed that the data for Beckley is almost identical to that for Altoona and that the recommendations and wording should be consistent.

Another Commissioner said he would like the report to emphasize that the Commission supports closure of acute care beds, depending on the availability of access to community facilities. He agrees that the report should use the same wording as it uses for Altoona.

One Commissioner said he was told at the VISN that there were no community facilities available in this area to absorb the workload, but that apparently is not true.

Regarding the new format, a Commissioner asked how the report would handle cases where there are no alternatives in the Draft National Plan. He said the obvious choice would be to go back and use the original market plans. However, the alternatives in the market plans do not always address the same issues as the Draft National Plan.

The Executive Director responded by saying that the Draft National Plan seldom includes alternatives except for campus realignments. If the Commission does not use the market plans, it will not have any information about alternatives.

Commission Decision

The Commission agreed to use the alternatives provided in the Draft National Plan. The Commission did not concur with the Plan and recommended closing acute care beds in Beckley, but with changes to the wording in the draft report to reflect the discussion above about verifying availability of acute care beds in the community.

Issue: Enhanced use lease at Durham, N.C.

Alternatives: None provided.

Draft National Plan Recommendation: Durham has an approved enhanced use lease project involving a privately-financed mixed use development for non-VA use on the VA property.

Commission Recommendation: The Commission finds that the development project is unlikely to be completed and recommends that the VISN develop a realistic alternative to meeting VA's space needs.

Commission Discussion of Issue

A Commissioner said the Commission had learned at the hearing that the enhanced use process dragged on so long that the economic situation in the community changed and private sector partner was no longer available. For this reason, the Commission believes the project is "unlikely" to be completed.

A second Commissioner suggested the addition of a footnote to the Commission's report referring to the way in which the Commission believes VA should deal with surplus property.

Another Commissioner said the recommendation needs to be rewritten to reflect the fact that the enhanced use proposal is now moot. A Commissioner asked whether it is even necessary to comment on the proposal in light of the situation. Other Commissioners disagreed, indicating that if the proposal is in the Draft National Plan the Commission should address it but should just state that the proposal is moot and that the VISN needs to come up with another plan.

In response to a question, the Commission was advised that the VISN said the enhanced use lease plan included clinical research space.

Commission Decision

The Commission will rewrite its recommendation to state explicitly that the current enhanced use lease proposal is moot and that the VISN should develop alternative plans for dealing with its space issues.

Issue: VA-DoD Collaboration

Alternatives: Not provided.

Draft National Plan Recommendation: None included.

Commission Recommendation:

The Commission was informed that, at the hearing, Commissioners learned a DoD-VA collaboration is being pursued in the VISN at Langley Air Force Base in Hampton, VA but was not included in the Draft National Plan.

Commission Decision

The Commission report will indicate that it fully supports the collaboration.

Other VISN 6 Issues

Matters regarding long-term care, acute care and extended care came up at the hearing which were not addressed in the Draft National Plan. The issue is whether the Commission wants to provide guidance about these issues.

One Commissioner noted that the Commission did ask to have significant issues brought to its attention that were not addressed in the Draft National Plan. However, the key word is “significant.” Another said he believes the Commission is adequately covering these topics as part of its other recommendations or in the crosscutting recommendations. If there is no significant issue to be discussed, the Commission’s report should indicate concurrence with what the VISN is doing.

A Commissioner asked whether the Commission wanted to comment on the Hampton SCI bed proposal that came up at the hearing. No comments were offered.

Consideration of VISN 7

Issue: Small facilities – Dublin, Georgia

Alternatives: Not discussed at the meeting.

Draft National Plan Recommendation: The Plan proposes to retain the inpatient program at Dublin but evaluate ICU bed needs and review the surgical program for appropriate scope of practice.

Commission Recommendation: Recommendation 6 – keep the facility open; study the proposal further.

Commission Discussion of Issue

One Commissioner asked why the Commission doesn’t just concur with the Draft National Plan. He said he doesn’t understand the need to make a further study of what to do here. The Plan already calls for evaluating the needs.

Commission Decision

Concur with keeping the facility open while the study proceeds.

Issue: Augusta, Georgia, facility

Alternatives: Not discussed at the meeting.

Draft National Plan Recommendation: Keep the Augusta-Uptown Division open. Study the feasibility of realigning the campus, including the feasibility of consolidating selected current services at the Uptown Division to the Augusta-Downtown division or other VA medical centers and community contracts. Evaluate alternative uses and enhanced use lease potential.

Commission Recommendation: Number four in the draft report. The Commission concurs that the Augusta Uptown campus should remain open.

Commission Discussion of Issue

One Commissioner remarked that if VA is now doing a feasibility study of this campus, the Commission might not want to take a position. A staff member said VA has already decided to keep the Uptown campus open. A second Commissioner asked whether the Commission has the data to support that – could it say that keeping the campus open is cost-efficient and meets other important criteria.

A Commissioner expressed concern about consistency. He believes the Commission should make a recommendation on this issue that addresses what is in the Draft National Plan, not what the Commission now understands that VA has decided. A second Commissioner agreed, suggesting that the staff go back to VA in writing and ask for an explanation.

Another Commissioner agreed with both positions – go back and ask VA for an explanation, but also deal with what is already in front of the Commission in the Draft National Plan. He noted that the recommendation concurs with what is in the Draft National Plan – studying the feasibility of realignment – not with the revised recommendation to keep the facility open and change the footprint.

One Commissioner said he doesn't see how the Commission can evaluate last-minute changes and alternatives. He said the Commission has to deal with what is in the Draft National Plan. A second Commissioner said the issues are whether the VISN has responded to the realignment data call and whether the Commission has had enough time to evaluate their response. He said if VA were to complete a study, he views what to do with it as being VA's decision.

Another remarked that the Commission's job is to comment on the Draft National Plan. Much of what has happened since the Plan was issued falls into the category of "management."

Commission Decision

A written request will be sent to VA for an explanation of the Augusta situation. In the meantime, the Commission concurs with the Draft National Plan to study the feasibility of realignment.

Issue: Montgomery, Alabama facility mission change

Alternatives: None identified at the meeting.

Draft National Plan Recommendation: The Draft National Plan proposes to conduct further study of converting Montgomery to an outpatient-only facility and contract out inpatient care.

Commission Recommendation: The Commission concurs with doing a study but expresses concern about the possible closure of the facility in light of the situation at Maxwell Air Force Base.

Commission Discussion of Issue

One Commissioner commented that the Commission should treat Montgomery the same as it treated Dublin. The data are very similar.

One Commissioner, asking whether Montgomery provides no acute care, was referred to tables in the briefing books with information showing workload numbers for the various types of care provided. The Commissioner remarked that there is very little access in Central Alabama for veterans other than the Montgomery facility.

A Commissioner suggested that a statement be added to the Commission's report about the projected growth in veteran enrollment in this area and the lack of services.

Commission Decision

Keep the current recommendation, but add the statement about projected growth noted above.

Issue: Inpatient-outpatient services

Alternatives: Not discussed

Draft National Plan Recommendation: The Plan recommends 15 new CBOCs in this VISN along with expansion of existing CBOCs to meet the projected demand for new outpatient services. For inpatient services, the Plan indicates that each site of care will undertake contracting, conversion of vacant space, renovation, leasing or new construction as required.

Commission Recommendation: For inpatient services, the Commission concurs with the Draft National Plan. For outpatient services, the Commission recommendation will follow the standard CBOC template. There is also an enhanced use lease project proposed for Charleston, South Carolina, that is not in the Draft Plan but was addressed in the Charleston hearing, i.e., a joint project with the Medical University of South Carolina (MUSC).

Commission Discussion of Issue

The staff indicated that the enhanced use lease project with MUSC in Charleston is under expedited review for approval in VACO. The MUSC request was for property rights to a segment of a primary VAMC access road, and in return VA will get a significant improvement to the roadway on their property plus money as part of phase one. As MUSC develops the campus expansion into future phases, a renewed discussion of shared hospital space with VA may be entertained.

A Commissioner said this is another moot issue. The Commission has made a strong statement about how VA should manage such space. The Charleston project could be used as an example of how an enhanced use lease can work as part of the crosscut analysis.

Commission Decision

Cite Charleston as an example when discussing enhanced use under crosscutting issues. Concur with the proposal for an additional 20 beds at Augusta. Use standard CBOC template language for outpatient services.

Issue: DoD-VA collaboration.

Alternatives: Not discussed

Draft National Plan Recommendation: The Plan includes a number of proposed collaborations with DoD in this VISN, including joint ventures with Ft. McPherson, Hunter Army Airfield, Ft. Stewart, Maxwell Air Force Base, Ft. Rucker and Ft. Benning.

Commission Recommendation: Concur with the proposals in the Draft National Plan.

Commission Discussion of Issue

One Commissioner asked whether the Executive Summary should speak to the need to address female veterans. A staff member replied that the write-up for VISN Four includes this issue.

Commission Decision

Concur with the Draft National Plan.

Consideration of VISN 8

Issue: Small facilities – Lake City, FL

Alternatives: Not discussed.

Draft National Plan Recommendation: Transfer inpatient surgery services to Gainesville; reevaluate the transfer of inpatient medicine services when new Gainesville construction is complete; retain nursing home care and outpatient services at Lake City.

Commission Recommendation: Maintain beds at Lake City until 2012, then review the situation further (recommendation number nine).

Commission Discussion of Issue

A Commissioner remarked that the Plan proposes a new hospital in Orlando. He said Gainesville has been picking up the veterans in the Orlando area. The question now is whether Gainesville will be able to pick up the Lake City veterans after Orlando is completed.

A second Commissioner noted that Lake City is taking pressure off Gainesville, which means that Orlando will impact both Gainesville and Lake City. Capacity is a problem now at Gainesville because there is no facility at Jacksonville or in the Florida Panhandle.

Another Commissioner predicted that the capacity of the new bed tower in Gainesville will be filled very rapidly.

Commission Decision

No changes were made to the current recommendation.

Issue: Outpatient care

Alternatives: None discussed

Draft National Plan Recommendation: Establish four new CBOCs in the North Market; expand existing CBOCs through contract, lease, and new construction.

Commission Recommendation: Standard CBOC recommendation.

Commission Decision

The report was accepted as drafted.

Issue: Access – new VA hospital in Orlando, FL

Alternatives: Not discussed

Draft National Plan Recommendation: Increase acute hospital access in the Central Market by adding a new VA owned and operated site for hospital care in Orlando.

Commission Recommendation: The Commission concurs with the Draft National Plan pending analysis of the cost data (recommendation number two).

Commission Discussion of Issue

One Commissioner said there is a big market in Florida that is not being served now.

A second Commissioner remarked that the recommendation to put a new hospital in Orlando is based on a projected need for 75 beds, which is the minimum threshold for a new hospital. He said he would like to see the data for Jacksonville and Pensacola for comparison. Another Commissioner asked if he was requesting a study. The first Commissioner said he wasn't – the VA already has the data. The Chairman indicated that the Commission could ask VA to look at the numbers in depth for both Pensacola and Jacksonville. A Commissioner noted that recommendation number six speaks to the situation in the Florida Panhandle.

One Commissioner noted that recommendation number four needs to be changed to correctly identify the markets being discussed.

A second Commissioner said the issue appears to be a question of how VISN boundaries are affecting services in the Panhandle. He agrees with the Commission should recommend that VA evaluate needs and service availability in the Panhandle area.

Another Commissioner said there is confusion about whether the demand for inpatient medical beds is increasing or decreasing. He asked the staff to check on the inconsistency between the Draft National Plan and the recommendation. One or the other is wrong.

Commission Decision

Add a sentence to the draft recommendation regarding the need for VA to evaluate projected need and services in the Panhandle area before approving construction in Orlando.

Issue: Special populations

Alternatives: Not discussed

Draft National Plan Recommendation: Increase the number of long-term SCI beds at Tampa by adding a 30-bed wing.

Commission Recommendation: Concur with the Draft National Plan.

Commission Discussion of Issue

One Commissioner expressed the view that VA should revisit the issue of where to locate the new SCI beds – Tampa or Miami. A second Commissioner observed that the occupancy rates are higher in Tampa than in Miami – 78 percent for Tampa compared with 65 percent for Miami.

Commission Decision

The Commission recommendation will be to concur with the need for additional SCI beds in this VISN, but will specify that VA should reconsider the question of where to put them.

Other Florida Issues

The Chairman noted that the draft report supports the recommendation to contract with the local hospital for emergency care in the Southwest Market.

One Commissioner said there is no capacity gap in the Gulf South Market, but there is an access gap. He asked that recommendation number four be changed to, “The Commission concurs with contracting for care in the Gulf South Market to meet access gaps.”

Issue: San Juan, PR

Alternatives: Not discussed

Draft National Plan Recommendation: The Draft National Plan proposes to downsize beds at San Juan between 2006 and 2022 and realign space at the campus through an approved and funded major project in 2006.

Commission Recommendation: Concur with Draft National Plan.

Commission Discussion of Issue

The Chairman asked whether the recommendation includes a new tower. The staff will provide additional information.

Another Commissioner observed that San Juan is one of only two Centers in the country that are that small – it is operating only 20 beds.

Commission Decision

Concur with the Draft National Plan.

Consideration of VISN 9

Issue: Campus realignment – Lexington: VAMC-Leestown Division/Cooper Division

Alternatives:

1. Status quo
2. Transfer outpatient and nursing home care to Cooper Drive Division; close Leestown Division; evaluate potential for enhanced use leasing at Leestown Division.

Draft National Plan Recommendation: Transfer outpatient and nursing home care to Cooper Drive; close Leestown Division; evaluate potential for enhanced use leasing.

Commission Recommendation: Retain long-term care, outpatient care and administrative services at Leestown. Concur with the proposal to make the Leestown footprint smaller and make the campus available for enhanced use leasing. (Recommendations number eight, nine and eleven).

Commission Discussion of Issue

One Commissioner asked to have the wording of recommendation number eleven changed to make most of the campus available for *disposition* or enhanced use leasing.

Commission Decision

With the change noted, the Commission agreed to recommendations number eight, nine and eleven in the draft report.

Issue: Access to primary care

Alternatives: Not discussed

Draft National Plan Recommendation: The Draft National Plan indicates that while new access points in this VISN are included in the Plan, they are not in the high priority implementation category at this time.

Commission Recommendation: Concur with the Draft National Plan, but change the CBOC recommendation to the standard wording. (Recommendations One through Five).

Commission Decision

Concur with the Draft National Plan, but change the CBOC recommendation to the standard wording (recommendations one through five).

Issue: Mental health and outpatient mental health

Alternatives: Not discussed

Draft National Plan Recommendation: Expand both in-house and contract mental health care. Integrate outpatient mental health with primary care at all sites. Relocate outpatient mental health services at Lexington. Centralize acute inpatient psychiatry services in one location in the Northern Market or refer to the Murfreesboro, Tennessee program.

Commission Recommendation: Maintain inpatient and outpatient mental health services at their current locations until mental health services network-wide can be evaluated. (Recommendations number six and seven)

Commission Discussion of Issue

A Commissioner stated that recommendations number six and seven should be rolled into one.

A second Commissioner remarked that the Draft National Plan for acute psychiatric services is inadequate. There is a huge need for more care in this VISN. This VISN should not be considering closing any psychiatric facilities.

Another Commissioner said this VISN has one of the heaviest concentrations of combat veterans in the country.

Commission Decision

The Commission agreed to combine recommendations six and seven in the draft report.

Issue: Louisville, KY, hospital replacement

Alternatives:

1. Construct new facility
2. Completely renovate the existing facility
3. Develop collaborative project with the University of Louisville medical school affiliate.

Draft National Plan Recommendation: Evaluate alternatives and develop overall facility plan, including a new parking garage. Collocate the VBA Regional Office on the same campus. Develop VA-DoD sharing with Fort Knox.

Commission Recommendation: Concur with the Draft National Plan.

Commission Discussion of Issue

One Commissioner said the current plan is to either have a joint facility with the local medical school affiliate or have the facilities located adjacent to each other on the same property.

A second Commissioner said the University spoke at the hearing in favor of locating near or with VA. He believes the Commission should recommend consideration of facilities sharing. He also said the cost of upgrading the current facility would be prohibitive and that a new facility would be cheaper. The current building is in poor condition, but the land is valuable.

Commission Decision

The Commission agreed to concur with the Draft National Plan, but emphasize the need to consider a shared facility.

Issue: Special Populations

Alternatives: Not discussed

Draft National Plan Recommendation: Add 20 long-term beds to the current SCI unit at Memphis.

Commission Recommendation: Concur with the Draft National Plan using the SCI template. Also, express the Commission's concern with the long waiting times for blind rehabilitation services and recommend that VA take steps to address this problem. (Recommendation number 14)

Commission Discussion of Issue

One Commissioner noted that the Draft National Plan does not address blind rehabilitation issues. However, the VISN is well aware of the problem of long waiting times for access to treatment.

Commission Decision

Add the blind rehabilitation recommendation for this VISN to the crosscutting analysis.

Other VISN 9 Issues

A Commissioner said he would like the report to commend the Vanderbilt-Meharry medical school collaboration that the Commission heard about at the hearing. He said it can be included as an example of collaboration.

Consideration of VISN 10

Issue: Realignment – Brecksville

Alternatives:

1. Status quo
2. Contract out care
3. Consolidation as proposed in the original market plan

Draft National Plan Recommendation: Transfer services at Brecksville to the Wade Park division after constructing new facilities; evaluate potential for an enhanced use lease.

Commission Recommendation: Concur with the Draft National Plan if the existing level of services can be maintained. (Recommendations number seven and eight).

Commission Discussion of Issue

Draft recommendations include obtaining a commitment from the Volunteers of America regarding the number of beds to be made available for homeless veterans before proceeding with consolidation. The recommendation also includes adding a CBOC to the property to continue providing outpatient care at Brecksville. Further, it indicates that VA should continue to provide post-traumatic syndrome disorder care at the facility.

A Commissioner suggested recommendation number eight be changed to eliminate specific mention of the Volunteers of America. The recommendation should just say “contingent on the retention of an adequate number of beds for homeless veterans.”

Commission Decision

The Commission agreed to the requested change to recommendation number eight.

Issue: Replacement outpatient clinic in Columbus on a DoD site

Alternatives: Not discussed

Draft National Plan Recommendation: Build expanded outpatient specialty care center on the DoD Defense Supply Center site in Columbus to replace leased space; expand services.

Commission Recommendation: Concur with the expanded ambulatory care center. Concur with contracting for inpatient psychiatric and medical care. Evaluate the impact on other facilities. (Recommendations one through three).

Commission Discussion of Issue

One Commissioner said it is clear that this project is a top priority – three Members of Congress testified in favor of it.

One Commissioner asked about the recommendation to evaluate the impact on other facilities. Specifically, he wanted to know what other facilities the recommendation is referring to. The answer provided was “Chillicothe.” The Commissioner next asked that the recommendation be changed to read “evaluate the impact on other VA hospitals.”

A Commissioner noted that the Columbus area has an unusually high concentration of veterans.

Another Commissioner asked how contracting would be accomplished in this case. He said it might be difficult to do. In reply, a Commissioner said that Columbus is the largest city in the U.S. without a major medical center. The VISN people told him they don’t want one – they prefer CBOCs.

Commission Decision

Revise the wording of the recommendation as noted above. No substantive changes.

Issue: Outpatient care

Alternatives: Not discussed.

Draft National Plan Recommendation: Primary care outpatient services will be addressed through a combination of in-house expansion, the use of telemedicine, expansion of existing CBOCs and establishment of new CBOCs.

Commission Recommendation: The Commission recommendations for outpatient care are numbers four through six. The standard CBOC template will be used.

Commission Decision

The Commission made no changes to the recommendations in the draft report.

Issue: Special populations

Alternatives: Not discussed

Draft National Plan Recommendation: The Plan proposes realignment of the SCI unit at Cleveland.

Commission Recommendation: Concur with the Draft National Plan.

Commission Decision

Concur with the Draft National Plan.

Friday, November 21, 2003

PUBLIC SESSION

Chairman Alvarez opened the session at 8:00 A.M., opening the floor for the Commission to revisit yesterday's discussions.

Florida SCI Beds

One Commissioner asked to discuss the spinal cord injury bed projections in Florida. He said a second look indicates that Miami would be a better location for new beds than Tampa. He said if VA needs 30 more beds in Florida, it should re-consider where to put them. The staff was asked to re-write the recommendation accordingly.

Definition of CBOC

One Commissioner said he has concerns about the definition of a CBOC. His concern relates to yesterday's discussion concerning distance and travel times in the winter. He would like the VISNs to have flexibility when it comes to approving CBOC locations. A general discussion of the CBOC approval process ensued, focusing on the Congressional role in authorizing new CBOCs. The "bottom line" is that the Congressional Appropriations Committees are notified and indicate their approval before VA establishes a new CBOC.

Use of Excess Property for Homeless Veterans

Another Commissioner opened a discussion of domiciliary facilities. He said he would like the Commission to suggest that priority be given to homeless persons in discussing space disposition. He said homeless providers are concerned that all of the excess VA properties will wind up in the hands of the highest bidders. Another Commissioner asked whether the VA's long-term care review would look at homeless programs. He was told it would not.

Proposed Facility Consolidation in New York City

One Commissioner asked what VA's current intent is in regard to the proposed consolidation of facilities involving Manhattan and Brooklyn. The answer provided was that VA intends to consolidate Manhattan inpatient services with Brooklyn. The Commission's recommendation will make this clear.

Consideration of VISN 11

Issue: Small facilities – Saginaw, MI

Alternatives: Not available

Draft National Plan Recommendation: Maintain outpatient and nursing home services at Saginaw; transfer acute medicine services to Ann Arbor and Detroit, with partial contracting out. Upgrade Ann Arbor through new construction.

Commission Recommendation: Concur with transfers and retaining nursing home beds; re-evaluate proposed construction. (Recommendations three and four).

Commission Discussion

A Commissioner said the Commission does not want to retain *intermediate* beds. These should be contracted out. Also, recommendation number five should be reworded to say "adequate unused space is available at Detroit."

One Commissioner noted that different VISNs have different definitions of "intermediate" beds.

Commission Decision

Concur with the Plan, but indicate that the VISNs should not retain intermediate beds at facilities.

Issue: Small facilities – Ft. Wayne, IN

Alternatives: Not discussed

Draft National Plan Recommendation: Maintain outpatient and nursing home services at Ft. Wayne; transfer acute medicine services to Indianapolis, with partial contracting out.

Commission Recommendation: Concur with Draft National Plan (Recommendation number two)

Commission Discussion

One Commissioner said the wording of recommendation number two needs to be changed to reflect the fact that there are no psychiatric services at Ft. Wayne.

A Commissioner remarked that transportation is a big issue at the Ft. Wayne facility. He said he would like the recommendation to be that “patients are accommodated within their access area.”

A second Commissioner said there seems to be an adequate supply of services in the local community. He also agrees with the recommendation to not make the access worse.

Another Commissioner said the Plan is to retain other services at Ft. Wayne.

Commission Decision

Concur with the Draft National Plan, but revise the wording of the recommendation concerning psychiatric services and access.

Issue: Outpatient care

Alternatives: Not discussed

Draft National Plan Recommendation: Increase primary outpatient care services in two markets; increase specialty outpatient care in all three markets and at eight care sites.

Commission Recommendation: Concur with Draft National Plan

Commission Discussion of Issue

There was no Commission discussion of this issue.

Commission Decision

Concur with the Draft National Plan using the standard CBOC language.

Issue: Proximity – Consolidation of Ann Arbor and Detroit

Alternatives: Not discussed.

Draft National Plan Recommendation: Consolidation of over a dozen services at the two facilities is currently underway; additional consolidations will be considered in the future.

Commission Recommendation: Concur with Draft National Plan

Commission Discussion of Issue

One Commissioner asked whether the consolidation is affecting the University. The answer provided was that the consolidation will enhance services in Ann Arbor. Detroit has excess space. The plan is to balance the two. The University programs there are strong and will not be adversely affected.

Commission Decision

No changes were made to the draft recommendation to concur with the Draft National Plan.

Issue: Other changes in VISN 11 – Shift services from Battle Creek to Ypsilanti, MI

Alternatives: Not discussed.

Draft National Plan Recommendation: Not included

Commission Recommendation: Concur with need (Recommendation number 10)

Commission Discussion of Issue

The shift in services from Battle Creek to Ypsilanti was not included in the Draft National Plan. One Commissioner said he is concerned because Battle Creek provides residential rehabilitation services related to substance abuse.

Another Commissioner said that the VISN plans recommended replacement nursing homes at Danville and Battle Creek.

A Commissioner suggested that it might be better to have the recommendation use the standard Commission language about waiting for the results of the long-term care model.

Commission Decision

The Commission agreed to concur with the need at both Battle Creek and Danville, but to also recommend that no replacement facilities be approved until the final long-term care projection model is available.

Consideration of VISN 15

Issue: Small facilities – Poplar Bluff

Alternatives: Not available.

Draft National Plan Recommendation: Maintain acute care beds; continue to operate as a critical access hospital.

Commission Recommendation: Close the hospital but continue outpatient services (Recommendation number three)

Commission Discussion of Issue

The staff introduced the Poplar Bluff issue by noting that there are no other VAMCs within 60 miles of the Poplar Bluff VAMC, which is why it has been operating as a critical access hospital. It was also noted that the Poplar Bluff facility is different from Butler and Altoona, where the Commission would leave a nursing home at the site along with a CBOC.

One Commissioner said he believes the Commission should concur with keeping the facility open and recommend that it be made into a nursing home/CBOC combination.

Several Commissioners discussed the need to “stabilize” the Poplar Bluff facility. One Commissioner said he would not want to leave the impression that Poplar Bluff is a mission-oriented facility.

There was general agreement that VA should put a small nursing home/CBOC combination at the site, although one Commissioner said it might not be feasible to maintain that once the inpatient care is taken away. One Commissioner said this opens up the larger issue of nursing home care, which the Commission is not prepared to discuss.

All agreed that the goal should be to close the facility as soon as possible.

Commission Decision

The Commission agreed to change the recommendation for this issue to concur with keeping Poplar Bluff open for now but evaluating it in a few years based on the availability of community alternatives. VA should move as expeditiously as possible to locate beds in private facilities. Poplar Bluff should be closed as soon as possible, possibly keeping a nursing home and CBOC on the site.

Issue: Proximity – Leavenworth, KS, realignment and consolidation

Alternatives: Not available.

Draft National Plan Recommendation: The Plan calls for continued implementation of the recommendations of the Secretary's Advisory Board regarding realignment and consolidation between Leavenworth and Topeka (nursing home care, psychiatry and outpatient surgery). In addition, Leavenworth will provide additional primary care capacity for Kansas City and both Leavenworth and Topeka will maintain 24/7 emergency services.

Commission Recommendation: The draft report includes two recommendations on this issue. Recommendation number one concurs with the Draft National Plan to retain the facilities and consolidate services. Recommendation number two says that if the excess space at Leavenworth cannot be used, VA should dispose of it.

Commission Discussion of Issue

Commission discussion of this issue focused on recommendation number two – disposal of property at Leavenworth.

One Commissioner said the recommendation should refer to the crosscutting issue and should also say something about *how* VA should dispose of the property.

A second Commissioner said this issue is related to the earlier discussion about the desirability of putting VA properties in the hands of a separate manager. These property managers should be an entity whose sole responsibility is to evaluate the best use of the property. The managing unit would also have responsibility for historic buildings on the property. In some cases, there is no way to dispose of these because nobody wants them. The issue is beyond the scope of the CARES Commission, but VA does have a problem. The Commissioner said the Leavenworth facility has the potential to be an example for all of VA -- it has a significant ongoing relationship with the local historical trust. He suggested that maybe the Commission should compile a list of such examples to include in the discussion of the crosscutting issue.

Commission Decision

The Commission agreed to revise the wording of recommendation number two in accordance with the above discussion.

Issue: Special populations – SCI Center in St. Louis, MO

Alternatives: Not discussed.

Draft National Plan Recommendation: Proposal not included in the Draft National Plan

Commission Recommendation: VISN should abandon its plan to put an SCI Center in St. Louis.

Commission Discussion of Issue

A Commissioner said this proposal came up during the course of Commission hearings. He said St. Louis is an undesirable location and environment for an SCI Center.

When asked why the Commission was proposing to address the issue if it is not included in the Draft National Plan, the first Commissioner replied that the proposal was included in the original Network plan. It is “out there” and will have a life of its own. Additionally, the Draft National Plan mentions that there will be “some shifting of care between facilities.” He believes the Commission should comment on the proposal because it is ill advised. He offered to provide substitute language to use in redrafting the recommendation.

Commission Decision

The Commission agreed that its report will explicitly state that it does not concur with proposed changes involving an SCI Center at St. Louis and, as discussed, to redraft the language in the recommendation.

Issue: Outpatient care

Alternatives: Not discussed.

Draft National Plan Recommendation: This VISN has no new CBOCs on the VA proposed priority list. Outpatient specialty care will be met through expansion of in-house services.

Commission Recommendation: Use the standard Commission recommendation for CBOCs (Recommendations Five and Six)

Commission Decision

The Commission made no substantive changes to the draft recommendation. Proposals will be handled in accordance with the Commission’s standard recommendation for CBOCs.

Consideration of VISN 16

Issue: Consolidation/realignment – Gulfport, MS

Alternatives:

1. Status Quo
2. Dispose of the property and/or seek an enhanced use lease
3. Obtain a sharing agreement with Keesler Air Force Base; transfer services to Keesler or Biloxi; close Gulfport; evaluate enhanced use lease potential.

Draft National Plan Recommendation: Alternative 3. Transfer current services from Gulfport to Biloxi or Keesler; close Gulfport; evaluate enhanced use lease potential.

Commission Recommendation: Concur with relocating services and closing Gulfport. Concur with proposed collaboration with Keesler AFB. Concur with evaluating enhanced use lease potential. (Recommendations one, two and part of three).

Commission Discussion of Issue

One Commissioner said the Director of the Medical Center told the Commission that this is the right thing to do in terms of providing veterans with the medical care they need. He said the current wording of the recommendation in the report needs to be changed to make it clear that the Commission is concurring with relocating the services, not just closing the facility.

He said Gulfport is a good example of the difficulty of VA-DoD collaboration. It is difficult to get any commitment from DoD regarding the number of beds DoD will provide at Keesler. The Commissioner noted that there is a problem with access to the base but that it could easily be solved with a small road.

He said the local commander is interested in protecting Keesler from what might happen in the next BRAC (base realignment and closing) process. Under BRAC, other federal agencies would have first choice on acquiring facilities. Consequently, it is possible that VA could just take over the hospital at Keesler if BRAC proposes to close it.

The Commissioner said the Keesler base hospital is a tremendous capital asset. VA will need to have access to it in order to accomplish the proposed transfer of services from Gulfport to Biloxi. He is afraid that the current situation might inhibit the process. He was not satisfied with the progress of the discussions to date. Both sides need to resolve their issues and move ahead.

Commission Decision

No substantive changes were made to the draft report recommendation, but revised wording will be used as noted above.

Issue: Small facilities – Muskogee, OK

Alternatives: Not available.

Draft National Plan Recommendation: Maintain the inpatient program; evaluate ICU bed needs and review the surgical program for scope of practice.

Commission Recommendation: The Commission does not concur with maintaining inpatient services at Muskogee. The Commission recommends that VA construct a new facility in Tulsa, OK, then close Muskogee. (Recommendations number four and five).

Commission Discussion of Issue

One Commissioner objected that he had never heard of anyone recommending to build a hospital in Tulsa. He asked where the recommendation came from. A second Commissioner said the earlier discussions had identified Tulsa as a key market. The first Commissioner said the problem is that Muskogee has not developed the programs that would attract the Tulsa market. The facility at Muskogee is in good repair. He believes VA should make a much better effort to utilize what is has in Muskogee. It is not appropriate to recommend a new hospital in Tulsa until VA makes an effort to utilize Muskogee.

It was noted that the Commission was unable to get information and answers to questions from Muskogee.

One Commissioner said he does not want to see veterans tied to a particular facility. He does not believe VA should try to entice people to use Muskogee. Another Commissioner said it is difficult to recruit specialists in Muskogee now, but it wouldn't be if the facility had enough

patients. One Commissioner said it sounds to him like the Commission is concurring with the recommendation in the Draft National Plan.

A second Commissioner said even if the Commission can't recommend a new facility in Tulsa it could recommend that VA evaluate better alternatives. He said Tulsa is a better location than Muskogee.

The Commissioner who objected originally said VA has made no attempt to utilize its assets in Muskogee. It hasn't even *tried* to recruit specialists in Muskogee.

One Commissioner asked whether Muskogee has tried to use telemedicine approaches. The reply was that the subject was not discussed with the people there, so no information is available.

A Commissioner said that if the Commission agrees, that VA can arrange for services to be provided without veterans going to the Muskogee facility if Tulsa is a better location than Muskogee.

Another Commissioner asked about changing the wording to include a statement that, "The Commission believes it would make more sense to have inpatient services provided in Tulsa than in Muskogee." A second Commissioner replied that the wording would need to distinguish between "inpatient capacity" and an "inpatient facility." Because the Commission has concerns about the model, it would be on soft ground with this wording.

Commission Decision

The Commission agreed to concur with the Draft National Plan, i.e., maintain the inpatient program at Muskogee and evaluate ICU bed needs and review the surgical program for scope of practice.

Issue: Outpatient care

Alternatives: Not discussed.

Draft National Plan Recommendation: The Draft National Plan includes 11 new CBOCs in this VISN along with expansion of existing CBOCs.

Commission Recommendation: Concur using the standard Commission recommendation for CBOCs (Recommendations number Six)

Commission Decision

Concur with the Draft National Plan using the standard CBOC recommendation language.

Issue: Inpatient access—Florida Panhandle

Alternatives: Not discussed.

Draft National Plan Recommendation: The Plan proposes to address access gaps in the Eastern Southern Market through sharing with Eglin Air Force Base, expanding services provided by Pensacola Naval Air Station, and increased contracting in Panama City, FL and Mobile, AL.

Commission Recommendation: The Commission fully supports the collaboration with DoD in this market and concurs with the proposals in the Draft National Plan to increase contracting and develop further collaborative relationships with DoD. (Recommendations number three and seven).

Commission Discussion of Issue

One Commissioner asked about the sentence in the draft report regarding the need for a new VA facility in the Florida Panhandle. He said the Pensacola Naval Hospital has great potential for sharing with VA and there is no problem with access for VA people. He understands that some Commissioners believe that the priority for constructing a new hospital should have been in the Panhandle, not in Orlando. However, he suggests that it would be better to keep all of the options open.

The Commissioner said he is not ready to agree to the sentence stating that this market “will require a new VA facility.” He said he would concur with the Draft National Plan, indicating that the hoped-for collaboration has not occurred and that if it does not materialize VA will have a large demand to be met.

A second Commissioner said that acute inpatient services are what is needed. He believes the Commission’s report should send a signal that there is an urgency to meeting this unmet demand.

Commission Decision

Concur with the Draft National Plan with revised wording to reflect the above discussion concerning urgency. Stress the importance of inter-VISN collaboration in Chapter 2, using this market as an example. Also use this market as an example when writing up the VA-DoD crosscut.

Issue: Special disabilities – Blind Rehabilitation Center in Biloxi

Alternatives: Not discussed.

Draft National Plan Recommendation: The Draft National Plan proposes building a new 20-bed Blind Rehabilitation Center in Biloxi, MS.

Commission Recommendation: Generally concurs with the Draft National Plan (Recommendation number eight).

Commission Discussion of Issue

One Commissioner said the recommendation should strike the word “generally.” He said he doesn’t know what the word means in this context.

A second Commissioner said the data projections show a need for 37 beds and asked why the Draft National Plan is only proposing 20. Another Commissioner replied by saying that the matter of how to provide blind rehabilitation services in local areas is currently under review. He expects the VA to change the whole approach to providing blind rehabilitation services in the near future.

One Commissioner agreed that the Commission has no basis to suggest that the Draft National Plan is not adequate. If this is true, the Commission should just “concur.” He also said there is a need to review the protocols for providing blind rehabilitation services because the technology has changed. This should be noted and discussed in the crosscutting section.

Commission Decision

Concur with the Draft National Plan. Remove the word “generally” from the recommendation.

Issue: Special disabilities – Spinal Cord Injury Center in North Little Rock, AR

Alternatives: Not discussed.

Draft National Plan Recommendation: The Draft National Plan proposes constructing a new 25-bed SCI Center at the Central Arkansas Healthcare System – North Little Rock.

Commission Recommendation: Undertake a study before establishing a new facility to determine if the location is appropriate. (Recommendation number nine).

Commission Discussion of Issue

One Commissioner remarked that the Draft National Plan recommends placing the new facility in North Little Rock. This is the recommendation the Commission has to deal with.

A second Commissioner advised that North Little Rock would be a better choice than Shreveport, but it might not be the best choice.

Another Commissioner suggested that the Commission ask VA to re-visit the methodology it uses to determine the need for the number of beds. He said he is not sure how VA came up with the numbers in this recommendation.

A Commissioner said the question is one of maximizing VA assets. He is not sure what would be gained by waiting for new projections or making additional studies.

Commission Decision

The Commission agreed to again review the Draft National Plan and make a recommendation stating that it does or does not concur with North Little Rock as a proposed location for the proposed SCI Center.

The Commission also agreed to address the matter of the methodology for determining bed numbers in the crosscutting issue discussion.

Consideration of VISN 17

Issue: Small facilities – Kerrville, TX

Alternatives:

1. Status quo
2. Close acute care beds and relocate (the VISN Market Plan)
3. Contract out 100 percent of care
4. Relocate the services to San Antonio

Draft National Plan Recommendation: Alternative 4. Transfer acute inpatient services to San Antonio as space becomes available from new construction; designate Kerrville as a critical access hospital in the interim. Continue providing nursing home and outpatient services at Kerrville. Contract for inpatient services in Harlingen and Corpus Christi.

Commission Recommendation: Concur with the Draft National Plan, but without new construction at San Antonio. Retain long-term care and Alzheimer’s services at Kerrville.

Commission Discussion of Issue

One Commissioner said the Alzheimer's and nursing home facilities at Kerrville appear to be well done. Additionally, VA is constructing an assisted living facility at the site. All these are working well. He said the hospital is not working well. The 2012 timeframe for closure is not acceptable to him. He believes VA needs to find a way to relocate inpatient care from Kerrville *now*. Community facilities said they can handle the emergency care needs. VA needs to move the inpatient care services or contract for them.

Several Commissioners observed that several options emerged during the hearings, but all are complicated. The first Commissioner said that relocating inpatient care would allow the facility to provide much more efficient and effective outpatient care and would actually enhance care by freeing up space and equipment for outpatient physicians. Another Commissioner asked if the phrase in the recommendation about new construction in San Antonio is really needed. The answer provided was that the Draft National Plan proposes it so the Commission needs to deal with it.

One Commissioner expressed concern about how many services of what type VA would be able to obtain through contracting in this area.

Another Commissioner said that for purposes of clarity the recommendation should specify that long-term care, Alzheimer's services *and* outpatient services would remain in Kerrville.

Commission Decision

The Commission made no substantive changes in its recommendation, but did agree to change the wording to clarify what services will be retained in Kerrville.

Issue: Realignment – Waco and Marlin, TX

Alternatives: Various methods of providing inpatient and outpatient care

Draft National Plan Recommendation: Close Waco transfer services to Temple or contract out to the community. Transfer 27 inpatient psychiatry beds to Austin. Move outpatient services to a new location in Waco. Also contract out most nursing home beds. [The facility at Marlin, TX, was closed prior to the CARES process.]

Commission Recommendation: Concur, but transfer outpatient care from Waco to Temple; revisit options for use of the Waco campus.

Commission Discussion of Issue

One Commissioner said the Waco proposal is a classic, textbook model of capital cost realignment. The Plan proposes to move 190 beds to a full tertiary care facility. It would also move part of the nursing home to Temple with the rest staying at Waco. All remaining services would be relocated off campus.

He said the proposal came as a surprise, like Canandaigua. Conceptually, the idea has merit.

The main factor is the cost of the Waco campus. The future cost per square foot to maintain it is very high. Most services will stay in the area. The Director said that if he were forced to stay on the campus he would build a new, modern, up-to-date outpatient facility just to save money.

A second Commissioner noted that Austin is a growing city. There are no acute psychiatric care beds in Austin; patients have to be transported to Temple or Waco. He believes it would be a good thing to put acute psychiatric care beds in the market's population center, which is Austin. That move would represent an improvement in care.

The same Commissioner said the nursing home plan is not clear. The nursing home is probably populated with people who have a history of long-term mental health problems. He would not want to lose the mission of providing that care.

Another Commissioner said the long-term population at Waco is very mixed. She said she is inclined to agree with the ultimate goal, but views the psychiatric component as important. She said she would like clarification of the patient population before she signs off on the VISN's plan.

A different Commissioner agreed with the need to retain psychiatric care within the market. He said he is attracted by the opportunity to save real money and enhance psychiatric care at the same time. He said the distance involved is not overwhelming. He said he is also in favor of maintaining the nursing home at Waco because of its high occupancy rate.

The same Commissioner said the Commission learned that there are 18,000 veterans in the area, 90 percent of which receive outpatient care. With 750 employees, the facility also has a big economic impact on the community. The Commission should reinforce the need for VA to minimize the impact. He said he would propose transferring the remainder of the campus to the City of Waco for commercial development in accordance with a mutually agreeable timetable.

A Commissioner said what he heard was that the City needs time to work out the problems, but that it is headed in the right direction.

The first Commissioner agreed, saying the City did its homework and developed a lot of data. He said he was impressed by the City's willingness to work with VA. It also has a mechanism in place to make commercial use of the property.

A second Commissioner said he was impressed by the effort the facility Director has made to resolve the problems. He said it is costing \$12-\$15 million a year to operate the Waco facility. He said he has reservations about closing the nursing home but would close the rest of it and retain a CBOC on the property.

The Chairman observed that the Commission is still waiting for data. Additionally, the ongoing effort between the VISN and the community needs to work itself out. Renovating the buildings at Waco would be very costly.

Another Commissioner said he, too, was impressed with the level of planning that has occurred. He likes the idea of moving long-term psychiatric care to the acute psychiatric care facility in Temple. VA needs to do what's best for the patients. He, too, is not sure about moving the

nursing home. He would like clear information about what is going to be done. The Commission should recommend whatever improves the quality of patient care.

One Commissioner said she is opposed to the move. She does not feel the Commission has the right data. She said she is especially concerned about the long-term psychiatric care and inpatient care, but she is also concerned about the impact on the employees.

Another Commissioner noted that there is information indicating that no one would lose jobs. Every employee associated with inpatient care would be offered the opportunity to move and the others would stay with their jobs.

Another Commissioner said that what the VISNs set forth was really a reiteration of their strategic planning. In this case, the plan has been responsive to the need for realignment.

One Commissioner said the plan takes a leap of faith in regard to establishing a psychiatric care staff in Austin; but the proposal goes in the right direction for all the Commission principles in regard to long-term and acute psychiatric care. He said if you were starting from scratch, you would put the psychiatric care in Austin. He acknowledged that whether it is done or not Waco will be impacted. Making the changes proposed will take time.

A Commissioner said the phrasing of the Commission's recommendation needs work. For example, there is no timetable yet. It is up to the VISN to develop this based on its resources.

One Commissioner said the VISN has a comprehensive outline that will meet the needs of veterans. What the Commission is hearing about now are details. The Commission has consistently left detailed decisions up to the VISNs and should do that here.

One Commissioner concurs with the direction of realigning inpatient psychiatry services from the Waco campus. Another remarked that the remaining services would stay in Waco, but not in the current buildings.

One Commissioner suggested recommending to concur with the Draft National Plan with the following caveats: first, there should be no moves until the VISN can assure there will be no interruption in services; and, second, services should only be contracted out when the VISN is assured that access, mission and quality will be acceptable. The Commissioner said he has a particular concern with the proposed nursing home contract. While he agrees that contracting is the solution to the nursing home problem, he said VA needs to safeguard quality, access and mission.

One Commissioner agreed with this recommendation. One said he is concerned about being consistent with the Commission's decision regarding Kerrville. Another said he is concerned that the cost of moving might be out of line with the number of nursing home care beds the VA is trying to provide.

One Commissioner said the right thing to do is to move the care to where the veterans are. Another Commissioner expressed the view that the location of services should be determined by the VISN – the Commission has consistently left those decisions for the VISN to make.

Commission Decision

The Commission agreed with the Draft National Plan in principle. but the wording in the report, which will express the concerns voiced above, will be such that everyone is satisfied.

Another Commissioner suggested that someone should also look at how much of the concerns expressed can be wrapped into the crosscutting discussions about contracting and the future projections of long-term care needs.

Issue: Outpatient care

Alternatives: Not discussed.

Draft National Plan Recommendation: The Draft National Plan would expand existing CBOCs in this VISN and integrate outpatient mental health with primary care.

Commission Recommendation: Use the standard Commission recommendation for CBOCs (Recommendations number three and four)

Commission Discussion of Issue

One Commissioner commented that the Plan proposes to move the outpatient clinic from Brownsville to Harlingen. He said this recommendation needs to be separate from the standard CBOC language. The program is a University affiliation. It should be endorsed separately. He concurs with the move.

Commission Decision

Use the Commission's standard CBOC recommendation language. Concur separately with the move of the clinic from Brownsville to Harlingen as described above.

Issue: Inpatient services

Alternatives: Not discussed.

Draft National Plan Recommendation: The Draft National Plan proposes to meet increasing demand through new construction at Dallas and through contracting out services at Austin, Harlingen and Corpus Christi.

Commission Recommendation: The draft recommendations indicate Commission concurrence with the Draft National Plan for contracting out (Recommendations number five and six). The recommendations also note that the new construction is Dallas is already being implemented.

Commission Discussion of Issue

A Commissioner asked the staff to include Commission concurrence with the Dallas construction in the report.

Commission Decision

Concur with the Draft National Plan, including the Dallas construction.

Other VISN 17 Matters

It was suggested that the report include a statement indicating concurrence with the Draft National Plan regarding VA-DoD collaboration in San Antonio.

The Chairman informed the Commission that he had received a transmission from the employees at Waco contesting the claims made to the Commission. He referred their letter to Dr. Roswell. The Chairman also read Dr. Roswell's reply, which made no substantive comment about the claims.

Consideration of VISN 18

Issue: Realignment, Prescott, AZ

Alternatives: Not discussed

Draft National Plan Recommendation: Increase the medicine workload at Prescott by taking on patients who would have been referred to Phoenix.

Commission Recommendation: Concur with the Draft National Plan.

Commission Discussion of Issue

One Commissioner noted that the Plan would also help recruiting at Prescott. He said he heard a lot about Prescott during the hearings. He agrees with the Plan.

Commission Decision

The Commission concurs with the Draft National Plan.

Issue: Small facilities – Odessa-Midland/Big Spring, TX

Alternatives: Not discussed

Draft National Plan Recommendation: Close surgery and contract for care at Big Spring; study possibility of discontinuing all care at Big Spring by developing a critical access hospital in the Odessa-Midland area that would include a nursing home and clinic.

Commission Recommendation: Concur with the plan, with caveats (Recommendation number two).

Commission Discussion of Issue

One Commissioner said this is a complex issue with a normally well-functioning facility at Big Spring. He said the recommendation should drop the last sentence with the caveats and just concur with the Draft National Plan.

Commission Decision

The Commission concurs with the Draft National Plan.

Issue: Inpatient medicine

Alternatives: Not discussed

Draft National Plan Recommendation: Meet increasing demand in the Arizona Market by expanding in-house services at all three facilities; expand the joint venture at Beaumont Army

Medical Center to meet demand in West Texas/New Mexico; contract for care in Lubbock, Roswell and other local communities.

Commission Recommendation: The recommendation indicates that a clear commitment is needed from DoD regarding Beaumont. The Commission concurs with the Plan if that can be obtained. The Commission also supports the plan to contract out care at Lubbock and Roswell but indicates the VISN should identify community services first.

Commission Discussion of Issue

One Commissioner said the recommendation should be reworded to drop everything after the word “forestall.” That wording is not needed.

A second Commissioner said the reworded recommendation should specifically state that the Commission agrees with contracting for *inpatient* care.

Another Commissioner commented that everything in the Plan for this Market is predicated on DoD collaboration. When asked, the Commissioner said he would not change the recommendation.

Commission Decision

The Commission agreed to retain the substance of its draft recommendation but make the wording changes noted above.

Issue: Outpatient care

Alternatives: Not discussed.

Draft National Plan Recommendation: The Draft National Plan would expand existing CBOCs in this VISN and integrate outpatient mental health with primary care. Outpatient specialty care will be increased through a combination of in-house expansion and contracts.

Commission Recommendation: Use the standard Commission recommendation for CBOCs. (Replacing recommendations number two, three and five)

Commission Discussion of Issue

A Commissioner said the Commission heard testimony about the great distances people have to travel for care in this Market, especially in Northern Arizona. He said this is a difficult area to cover.

Commission Decision

Use the standard Commission recommendation for CBOCs.

Consideration of VISN 19

Issue: Small facilities – Grand Junction, CO

Alternatives: Not discussed

Draft National Plan Recommendation: Maintain acute bed sections; evaluate to determine if ICU beds could be closed; designate as a critical access hospital.

Commission Recommendation: The draft recommendation indicates the Commission does not concur with the Draft National Plan to designate Grand Junction as a critical access hospital and recommends that current services be retained.

Commission Discussion of Issue

The Chairman asked if the crosscutting discussion of small facilities would not cover this issue. A second Commissioner said it would but that there are access issues that the Commission believes require retaining services at this location. He said the wording of the recommendation should be changed to reference the crosscutting issue and clarify that Grand Junction is an *access* issue for the Commission, not a cost of care or quality issue.

Commission Decision

Reword the Commission recommendation as described above.

Issue: Small facilities – Cheyenne, WY

Alternatives: Not discussed

Draft National Plan Recommendation: Maintain acute bed sections; evaluate to determine if ICU beds could be closed.

Commission Recommendation: The draft recommendation indicates the Commission does not concur with the Draft National Plan. The Cheyenne facility should retain its current mission.

Commission Discussion of Issue

One Commissioner said that of all the small hospitals he has seen, this one is the best. Cheyenne is an exceptional place already and it will be doing even more because it has hired an orthopedist.

Commission Decision

No changes were made to the draft Commission recommendation.

Issue: Primary care access

Alternatives: Not discussed

Draft National Plan Recommendation: New primary care access points (CBOCs) not included in the Plan as high priority

Commission Recommendation: Use standard CBOC recommendation language (Replaces recommendations number one and two)

Commission Decision

Use standard CBOC recommendation language.

Issue: Access to hospital and tertiary care

Alternatives: Not discussed

Draft National Plan Recommendation: Contract for care at three sites in Montana and Wyoming

Commission Recommendation: Concur with the Draft National Plan (Recommendation number three)

Commission Decision

Concur with the Draft National Plan.

Issue: Replacement hospital at Denver

Alternatives: Not discussed

Draft National Plan Recommendation: Construct a new facility in Denver in collaboration with DoD and the University of Colorado at the site of the former Army hospital

Commission Recommendation: Concur with the Draft National Plan (Recommendation number 9)

Commission Discussion of Issue

One Commissioner said the wording of the recommendation needs to be changed to indicate that the facility in Denver in a “Federal facility” not a “VA facility.”

Commission Decision

Concur, using revised wording as described above.

Issue: Special Populations – New SCI Center at Denver

Alternatives: Not discussed

Draft National Plan Recommendation: Build a new SCI Center located with the replacement facility at Denver.

Commission Recommendation: Concur with the Draft National Plan

Commission Discussion of Issue

When a Commissioner asked if this recommendation is moot, it was noted that whether it is or is not the Draft National Plan includes the recommendation and the Commission needs to respond to it.

Commission Decision

Concur with the Draft National Plan and use standard wording for SCI.

Consideration of VISN 20

Issue: Realignment and consolidation, Walla Walla, WA

Alternatives: Not Discussed

Draft National Plan Recommendation: Maintain outpatient services and contract for acute inpatient medicine, psychiatry care and nursing home care. Close the facility. Evaluate enhanced use lease potential.

Commission Recommendation: Explore the option of providing an acute psychiatric facility in Walla Walla. (Recommendation number eight).

Commission Discussion of Issue

A Commissioner said the recommendation as stated is incorrect – it is not what the Commission wants to say. He said the recommendation should be “to concur with the Draft National Plan to close the facility and contract out care.”

Commission Decision

The Commission recommendation will be to concur with the Plan to close Walla Walla. The Commission also supports closing the inpatient facility and the nursing home

Issue: Realignment and consolidation, White City, OR

Alternatives: Not Discussed

Draft National Plan Recommendation: Transfer domiciliary and compensated work therapy (CWT) programs to other Centers. Maintain outpatient services. Evaluate the campus for enhanced use lease potential.

Commission Recommendation: Retain the current mission at White City (Recommendation number nine)

Commission Discussion of Issue

When it was asked whether White City eventually would be closed under the Commission’s recommendation, a Commissioner agreed that it might, but said the facility is developing a model of how to deal with a tertiary domiciliary patient. It has created a “psych-social” treatment model. It is a remarkable facility that has created a sheltered work environment in the community that would be difficult to replace. White City is a demonstration model of how to deal with a difficult class of patients.

A second Commissioner said because the location is problematic, the facility is trying to deal with the problem through referrals and hand offs. They are also in the process of slightly downsizing the campus. He said he felt that the VISN had a very strong mission argument for White City and the staff are performing the services well.

A Commissioner asked what the impediments are to transferring the program elsewhere. The second Commissioner said that it certainly would not make access worse, but it would raise issues for the program. The first Commissioner added that most of the patients at White City came from out of the area anyway. The facility provides sheltered workshops that would be difficult to replicate elsewhere. He believes the program might lose something if it were moved.

Another Commissioner said most of the patients at this facility have failed in other programs. They have no homes and no support systems elsewhere. The relative remoteness of White City is an asset. He said he was impressed with the effort that has been made but wants to make sure there is a VA health care professional for the patients to work with when they return to where they came from.

Another Commissioner said the recommendation should include the fact that there is a highly supportive community environment at White City.

Commission Decision

Retain the current mission at White City; include additional language.

Issue: Small facilities -- Vancouver, OR

Alternatives:

1. Demolish older buildings on campus (original market plan)
2. Contract out

Draft National Plan Recommendation: Develop a plan to enhance use lease the campus by contracting for nursing home care and relocating outpatient services.

Commission Recommendation: Retain ambulatory inpatient care; explore options for providing other services. (Recommendation number five).

Commission Discussion of Issue

A Commissioner said the Commission report should acknowledge the plan to reduce the footprint of the campus and include that in its recommendation. The wording should specify services as noted in the analysis.

A second Commissioner remarked that the facility is essential to Portland, and Portland would be affected significantly if this facility were to close. Another Commissioner agreed, saying that Vancouver is part of the holistic care being provided in that area.

Commission Decision

Keep the recommendation and expand the Commission findings to include the comments described above.

Issue: Inpatient, outpatient and specialty care

Alternatives: Not discussed

Draft National Plan Recommendation: Inpatient, outpatient and specialty care services will be expanded through renovation, expansion of existing CBOCs and increasing contract care.

Commission Recommendation: The Commission concurs with contracting if local care is available. (Recommendation number 14)

Commission Decision

As stated, using the Commission's standard language for CBOCs.

Issue: Seismic and safety issues

Alternatives: Not discussed

Draft National Plan Recommendation: Seismic conditions will be improved through construction projects at a number of facilities.

Commission Recommendation: The Commission concurs with the Draft National Plan.

Commission Discussion of Issue

Cost projections were not available for this work.

Commission Decision

Concur with the Draft National Plan using standard wording developed for the crosscutting issue.

Issue: VA-DoD Collaboration

Alternatives: Not discussed

Draft National Plan Recommendation: Proposed collaborations include (1) a pilot VA/DoD demonstration site with Madigan Army Medical Center, and (2) sharing with Bassett Army Community Hospital and Elmendorf Air Force Base in Alaska. There is an ongoing collaboration with Everett, Bremerton and Oak Harbor Naval Hospital,

Commission Recommendation: The Commission concurs with both Madigan and Elmendorf. (Recommendations number 11 and 12)

Commission Discussion of Issue

It was determined that the collaboration with Oak Harbor could be covered by the general VA-DoD collaboration template. It was noted that the Draft National Plan appears to be incorrect in that there is no Naval Hospital at Oak Harbor now; rather, there is a “naval presence.”

One Commissioner said Oak Harbor was the best VA-DoD collaboration the Commission saw. Another Commissioner said the collaboration has already been announced – the agencies will build a joint facility by 2007. He asked if the wording of the recommendation should be changed to indicate that the Commission “endorses the collaboration as announced.” Another said he believes the Commission has to respond to what is in the Draft National Plan, although it can acknowledge what has been done.

Commission Decision

Concur with the Draft National Plan but include additional wording to acknowledge the Oak Harbor collaboration agreement.

Consideration of VISN 21

Issue: Realignment and consolidation – Livermore, San Francisco, Palo Alto, CA

Alternatives: Not discussed

Draft National Plan Recommendation: Transfer nursing home services to Menlo Park and contract out. Move outpatient services to two new CBOCs. Close the Livermore campus.

Evaluate potential for enhanced use leasing. Commission Recommendation: Retain long-term care services at Livermore as a stand alone facility. (Recommendation number one)

Commission Discussion of Issue

A Commissioner asked about several aspects of the recommendation as written. He said he thought the Commission had agreed to transfer outpatient services from Livermore to two locations – East Bay and San Joaquin. He asked what happened to that point. He said he also thought the Commission had agreed that it made sense to move the nursing home to Menlo Park. Finally, he said he believed the Commission’s view was that contracting out nursing home care is questionable at this time.

A second Commissioner said he agreed about the outpatient transfers. In regard to the nursing home, he said there is a good rationale for reviewing nursing home beds for access. The area is very crowded and traffic is difficult. He believes VA needs to retain a nursing home presence at Livermore.

Another Commissioner said the statistics about where people at this facility come from show that most come from Stockton and areas east of the facility. He said he is okay with moving the sub-acute beds.

In response to a question about whether the Commission wants to recommend that a CBOC be collocated with the nursing home, the answer was that it would not be necessary – the East Bay CBOC will be very close.

One Commissioner asked why the sub-acute beds would be moved. The answer given was that it would locate them nearer to tertiary care.

One Commissioner suggested that the recommendation be tied to the standard long-term care analysis so VA can't come back later and claim the Commission said to keep it open.

Another Commissioner noted that finding number seven in the draft report speaks to the supporting data regarding the availability of community nursing home care in this geographic area. He noted that everyone agreed this availability was problematic. It was the source of the recommendation to retain a stand alone nursing home at Livermore.

Commission Decision

The Commission's recommendations on Livermore will be to (1) transfer outpatient services to two new CBOCs, (2) move sub-acute beds to Menlo Park, and (3) retain a stand alone nursing home at Livermore. Additionally, the Commission agreed to use the standard long-term care analysis language in connection with this recommendation.

Issue: Outpatient care

Alternatives: Not discussed

Draft National Plan Recommendation: Outpatient care needs will be met primarily by expanding existing CBOCs, including expanded hours at some locations. Two new CBOCs are planned to meet the requirements associated with the closing of Livermore. Commission Recommendation: Address using the Commission's standard CBOC language. (Replaces recommendations two and three).

Commission Discussion of Issue

One Commissioner said he believes the Commission needs to make some comment about the amount of health care available in the community in this market. He said specialty care is a particular problem.

Another Commissioner said he is also concerned about whether outpatient specialty care is being adequately addressed by the CBOCs. One Commissioner said some CBOCs provide it, but probably not most. He believes the Networks should be authorized, and maybe even

encouraged, to add specialty care. He suggested that this should be added to the Commission generic CBOC language.

Commission Decision

The Commission agreed to reword the recommendation using standard CBOC language and adding the concerns described above. The generic CBOC language will also be revised to include a statement in regard to outpatient specialty care.

Special statement: Hon. Shelley Berkeley, U.S. Representative, District One, Nevada

Congresswoman Shelley Berkeley, who supports placing a new VA hospital in Las Vegas, NV, briefly addressed the Commission. She said Las Vegas has no facilities of note now. She is concerned about the proposal to combine VA facilities with DoD in Las Vegas. She said veterans hate that idea because DoD patients get preferential treatment. She is anxious to move VA away from the DoD hospital. She said a joint facility would be an inefficient and ineffective way of dealing with veterans.

Issue: Inpatient Care

Alternatives: Not discussed

Draft National Plan Recommendation: Changing demands will be met by reducing in-house services and/or contracting for care.

Commission Recommendation: Concur with Draft National Plan, including contracting. (Recommendation number four)

Commission Discussion of Issue

One Commissioner commented that there is a lot of community support in Reno. He suggested the Commission might want to change the language to recommend expanding inpatient care in Reno.

Commission Decision

The Commission agreed to concur with the Draft National Plan without changing the language of the recommendation.

Issue: Enhanced Use

Alternatives: Not discussed

Draft National Plan Recommendation: Proposals are being developed involving research at San Francisco and long-term care at Sacramento that involve construction as well as leasing. The VISN is also pursuing enhanced use leasing opportunities with Alameda County and Menlo Park.

Commission Recommendation: Concur with Draft National Plan using the standard language for enhanced use leasing.

Issue: VA-DoD Collaboration

Alternatives: Not discussed

Draft National Plan Recommendation: Collaborative opportunities are being pursued related to tertiary and acute care and primary and specialty care outpatient needs at Tripler Air Force Base. There may also be opportunities in Hawaii, at Travis Air Force Base and in Monterey.

Commission Recommendation: Concur with Draft National Plan using the standard template for VA-DoD collaboration.

Consideration of VISN 22

This VISN has no small facility and no realignments issues.

Issue: Seismic and safety issues

Alternatives: Not discussed

Draft National Plan Recommendation: The Plan addresses seismic issues through new construction and demolition of old buildings at the West Los Angeles campus and at Long Beach and through renovation at these two campuses and San Diego.

Commission Recommendation: Concur with the Draft National Plan. (Recommendation number one)

Commission Decision

Concur with the Draft National Plan.

Issue: Las Vegas facility

Alternatives: Not discussed

Draft National Plan Recommendation: The Draft National Plan proposes developing a plan for a new hospital in Las Vegas that would include a multi-specialty outpatient clinic and a nursing home collocated on the same site.

Commission Recommendation: The Commission does not concur with the Draft National Plan. Instead, it recommends that VA enter into partnership with DoD for joint use of the hospital at Nellis Air Force Base. VA should develop a combined specialty care and outpatient clinic in Las Vegas.

Commission Discussion of Issue

One Commissioner noted that the Congresswoman who spoke earlier referenced a deal that had been made to construct a new VA facility at Las Vegas. Another Commissioner said that the Commission, at the hearing, also heard about problems with preferential treatment for DoD patients.

A Commissioner said enormous efforts have been made over the years to get VA and DoD to collaborate. He believes the Commission should endorse expanding collaboration wherever possible, including here. The Commission should let the politics work themselves out at local level.

A Commissioner noted that the Plan talks about three facilities: a long-term care facility, a multi-specialty outpatient clinic and a hospital. His view is that these do not have to be together. He also agrees that it is very important for the Commission to support the concept of collaboration.

One Commissioner said he is certain that the “second class treatment” issue is confined to outpatient care, not hospital care. Locating the new outpatient clinic off base and in the community will solve this problem. Further, that is where the VA does most of its work. If some other arrangement gets worked out, so be it. The Commanding Officer (C.O.) of the hospital said he could work out the concerns, such as access, that have been expressed.

A Commissioner said it would be helpful for the Secretary to make a statement on this issue. Another Commissioner said it would be difficult to get one now. Additionally, it was noted that the Commission is supposed to be advising the Secretary in regard to what position he should take.

One Commissioner said there is no VA nursing home in Las Vegas now, the Air Force does not want one on the base at Nellis and it should be where the veterans are in the community. The C.O. says there is room for a clinical addition to the existing Nellis facility if the decision is to place it there.

Another Commissioner said he concurs completely with the need for a good-sized outpatient clinic and nursing home in Las Vegas. He also believes the Commission should support VA-DoD collaboration for providing hospital care.

One Commissioner noted that the University Medical School said it might partner with VA in Las Vegas.

Another Commissioner said he believes VA should locate the outpatient clinic closer to the veterans – out in the community.

A Commissioner said the issue is which principle should be preeminent here -- collocation of ambulatory and inpatient care or VA-DoD collaboration. Several Commissioners agreed that it should be a commitment to the national issue of DoD-VA collaboration.

Another said that he believes the policy-level decision should be to support DoD-VA collaboration. Where to locate the facilities should be a management decision.

Commission Decision

The report will state that the Commission does not concur with the recommendation to construct a new facility in Las Vegas. It does agree with the need to construct a new multi-purpose clinic and nursing home in the community.

Issue: Special populations – Blind Rehabilitation and Spinal Cord Injury Centers at Long Beach, CA

Alternatives: Not discussed

Draft National Plan Recommendation: The Plan proposes a new 24-bed Blind Rehabilitation Center and conversion of 30 acute SCI beds to long-term SCI beds at Long Beach

Commission Recommendation: Concur with Draft National Plan.

Commission Decision

Concur with the Draft National Plan using separate recommendations for each proposal. Use the Commission's standard language template for the SCI recommendation.

Issue: Excess property

Alternatives: Not discussed

Draft National Plan Recommendation: The Plan states that the VISN has developed an Excess Land Use Policy for review by the Commission and the Secretary.

Commission Recommendation: Concur with the Draft National Plan. The Commission also recommends that stakeholder representation be included on the review panel for the West Los Angeles property in a review capacity.

Commission Decision

The Commission agreed with the recommendation as written.

Consideration of VISN 23

Issue: Small facilities and campus realignment – Knoxville/Des Moines, IA

Alternatives: Not Discussed

Draft National Plan Recommendation: Knoxville will maintain outpatient services; all inpatient care (acute care, long-term care and domiciliary) will be transferred to the Des Moines campus. A new 120-bed nursing home is proposed at Des Moines along with upgrades to accommodate the workload from Knoxville.

Commission Recommendation: Concur with the Draft National Plan proposal to move inpatient services to Des Moines, with caveats regarding retention of long-term care beds and parking. (Recommendation number 11)

Commission Discussion of Issue

One Commissioner said that moving the inpatient psychiatric services is acceptable, but he has some concern about the proposed long-term care move because that population is severely mentally depressed and they are not recommending building as many new beds as are currently operating at Knoxville. He said the caveat regarding retention of long-term care beds is well placed. The Commission should make sure VA does not lose those beds.

A second Commissioner suggested this issue might also be related to the long-term care modeling crosscutting issue. Another Commissioner said the recommendation might include a sentence to the effect that “the manner in which long-term care is to be provided has yet to be articulated by VA.”

Commission Decision

The recommendation in the draft report was agreed to with additional language as described above.

Issue: Small facilities – St. Cloud, MN

Alternatives: Not discussed

Draft National Plan Recommendation: Maintain acute psychiatry, domiciliary and other mental health services. Transfer acute medicine to Minneapolis and/or contract out.

Commission Recommendation: Concur with the Draft National Plan. (Recommendation number 12)

Commission Decision

The draft recommendation was approved – concur with the Draft National Plan.

Issue: Small facilities -- Hot Springs, SD

Alternatives: Not discussed

Draft National Plan Recommendation: Convert Hot Springs facility to a critical access hospital

Commission Recommendation: The Commission recommends that Hot Springs continue to provide acute inpatient services. (Recommendation number 10)

Commission Decision

Agree to the draft recommendation.Issue: Primary care access

Alternatives: Not discussed

Draft National Plan Recommendation: Establish seven new CBOCs in Iowa and Minnesota; other CBOCs recommended by the VISN are not included on the high priority list at this time.

Commission Recommendation: Use standard Commission CBOC recommendation language. (Replaces recommendations number one, two and three)

Commission Decision

Agree to the draft recommendation.

Issue: Access to hospital care

Alternatives: Not discussed

Draft National Plan Recommendation: Improve access to hospital care by contracting out at eleven locations.

Commission Recommendation: Concur with the Draft National Plan. The Commission also recommends the VISN contract for care in outlying communities. (Recommendation number four)

Commission Discussion of Issue

One Commissioner asked whether the Commission really wants to include the caveat about contracting in this recommendation. He noted the Commission does not have it anywhere else. The Commission agreed to just “concur.”

Commission Decision

The Commission concurs with the Draft National Plan.

Commission Decisions on Other VISN 23 Issues

The Commission also agreed to the following:

- Concur with recommendation number eight concerning Omaha.
- Support the upgrade of the nursing home at Grand Island, replacing the current wording of the recommendation with the standard long-term modeling template language.
- Concur with a new 30-bed SCI unit in Minneapolis.
- Delete recommendation number five in the current draft report.

ADMINISTRATIVE SESSION

The Commission was given a draft of the executive summary of the report and was asked to review it for both content and tone. A major question is how much VISN-level material to include in the executive summary. The Executive Director asked the Commissioners to take the draft home, think about it and provide feedback.

One Commissioner said the Commission wants people to read the stuff behind the summary, too. VHA recommended 17 closures. The Commission recommended 15 – not necessarily from the VHA list of 17. This is a key theme and will get people’s attention. Another Commissioner agreed that the executive summary should highlight the realignments.

Another Commissioner predicted that 90 percent of all the people who read the report will read the executive summary and nothing else. He said there needs to be some way to highlight the Commission’s recommendations by VISN.

Other Commissioners said:

- It is very important to have substance in the executive summary.
- The executive summary should say “why” before it says “how.”
- The executive summary should re-state the major templates. For realignment, it should state the principles and list them. It should do the same for closures and new facilities.
- The executive summary should be specific. The Commission looked at things strategically. It didn’t have all of the information it would want, so it still has reservations about some matters.

The Executive Director asked whether the Commission wants to include maps with the report. The current maps have market areas, CBOC recommendations, growth and density information (by coloration) and hospitals. He asked the Commission what other information it would like to include – such as a list of the facilities it has been working with.

Commission comments about maps included:

- The priority system for CBOCs is not important to include.
- The staff should avoid adding too much to the report that might distract attention.
- Include one map that shows only the VISN; include one map showing all VISNs.
- CBOCs are important to veterans. They should be shown or listed.

The Commission briefly discussed whether it has the information to provide a complete list of CBOCs, but came to no decision. One Commissioner said the Commission should keep in mind

that the report is being prepared for the Secretary and the Under Secretary for Health, not general consumption.

A Commissioner asked if the report of these three days would appear on the website. The answer was “yes, eventually.” A Commissioner suggested the report should include a summary by VISN listing the current number of hospitals and the proposed number of hospitals, the current number of CBOCs and the proposed number of CBOCs, etc. Another Commissioner disagreed. The Commission decision was to look and see how big the report gets.

The Executive Director said the new format, as used for VISN Six, leaves the findings at the end of the section. He said the format should either combine the findings and recommendations or omit them altogether. The Commission agreed they should be combined with the recommendations.

Another Commissioner asked what would be done with all the data. Several Commissioners commented that the data should be left out of the report. All the report should say is that the data were helpful for the Commission’s deliberations. If the report is criticized for the lack of data, the Commission should indicate that the data were not used not because they necessarily were wrong but the data were imprecise and not validated. One Commissioner suggested the report should acknowledge that there are weaknesses in the data. Another Commissioner agreed, saying the report should state that the Commission followed up and asked for additional data but in the end it had to deal with what it had available to it.

The Executive Director outlined the next steps and the staff’s planned timetable. The final meeting will be Thursday, December 18. The plan calls for the Commission to meet with the Secretary at 1:00 PM on that day to present its report. The report will not go to print until after the meeting with the Secretary. Only a few of copies will be available on the 18th.

The Chairman adjourned the meeting at 3:30 P.M.