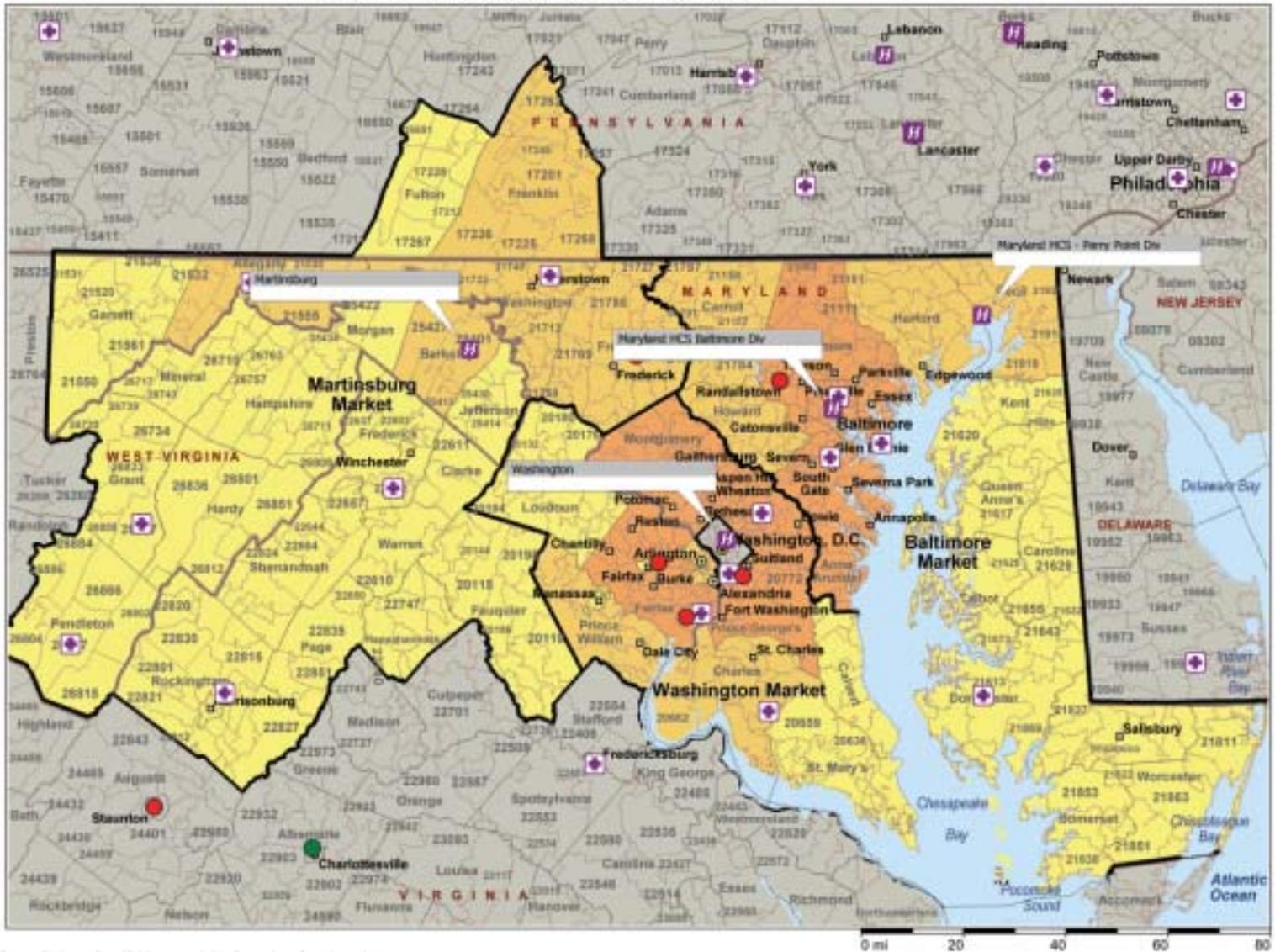


VISN 5 – VA Capitol Health Care Network

- Pushpins**
-  VA Hospital
-  VA Clinic
- New CBOC's**
-  Priority 1
-  Priority 2
-  Priority 3
- 2012 Estimated Enrollees by County**
-  75,000 to 400,000
-  25,000 to 74,999
-  10,000 to 24,999
-  2,500 to 9,999
-  0 to 2,499



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VISN 5, VA Capitol Health Care Network

VISN Overview

VISN 5, the VA Capitol Health Care Network, is an integrated, comprehensive health care system that provides care to 178,000 enrolled veterans. In FY 2003, the VISN furnished services to 103,000 veterans from Maryland, Washington, DC, eastern West Virginia, northern Virginia, and two counties in Pennsylvania. The total veteran population of the VISN is approximately 778,000.¹⁰¹

With a staff of more than 5,735 FTEs,¹⁰² VISN 5 delivers health care services through three medical centers, four nursing homes, two domiciliary care facilities, and 15 community-based outpatient clinics (CBOCs). Additionally, there are six Vet Centers in VISN 5.

The following table indicates actual enrollment figures for FY 2001. Figures for enrollment in FY 2012 and FY 2022 are based on the latest CARES Scenario Milliman USA projections and represent end-of-year projections. Figures for veteran population come from the latest VetPop2001 model. These data were used by the Draft National CARES Plan (DNCP) to identify the levels of need for services in VISN 5.

VISN 5	FY 2001	FY 2012	FY 2022
Enrollees	149,549	166,490	156,136
Veteran Population	805,564	659,428	545,599
Market Penetration	18.56%	25.25%	28.62%

For the CARES process, the VISN is divided into three markets: the Martinsburg Market (*facility*: Martinsburg, WV); the Baltimore Market (*facilities*: Baltimore and Perry Point campuses and the Baltimore Rehabilitation and Extended Care Center); and the Washington DC Market (*facility*: Washington, DC).

Information Gathering

The CARES Commission visited four sites and conducted one public hearing in VISN 5 and received five public comments.

- ▶ *Site Visits*: Baltimore and Perry Point on June 30; Washington, DC, on July 1; and Martinsburg on July 2.
- ▶ *Hearing*: Baltimore, MD, on August 12.

¹⁰¹ VSSC KLF Menu Database, *Enrollment Priority and Status by Gender*, as of the end of FY 2003.

¹⁰² VSSC KLF Menu Database, *FMS Annual Salary Report*, FY 2003: July 2002 through September 2003.

Summary of CARES Commission Recommendations

I Campus Realignment, Extended Care – Perry Point

- 1 The Commission recommends that:¹⁰³
 - a Prior to taking any action to reconfigure or expand long-term care (LTC) capacity or replace existing LTC facilities VA should develop a LTC strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the LTC of the seriously mentally ill.
 - b An integral part of the strategic plan should be maximizing the use of State Veterans Homes.
 - c Domiciliary care programs should be located as close as feasible to the population they serve.
 - d Freestanding LTC facilities should be permitted as an acceptable care model.
- 2 The Commission concurs with the DNCP proposal to redesign the Perry Point campus, including enhanced use leasing (EUL), subject to the preparation and approval of a strategic plan.

(see page 5-84)

II Inpatient Acute Psychiatry and Residential Rehabilitation Care

- 1 The Commission concurs with the DNCP proposal to move 77 domiciliary beds from Martinsburg VA Medical Center (VAMC) to Washington, DC.
- 2 In view of the fact that there are a large number of homeless veterans in the Washington, DC, area, the Commission recommends that consideration be given to transferring more residential rehabilitation beds to the Washington, DC, area.
- 3 The Commission concurs with the DNCP proposal to move 22 acute psychiatry beds from Perry Point to the Washington DC VAMC.

(see page 5-86)

III Outpatient Care

- 1 The Commission concurs with the DNCP proposal to address the need for increased space for outpatient primary, mental health, and specialty care through in-house expansion, new construction, and leases.

¹⁰³ Chapter 3, *National Crosscutting Recommendations: Long-Term Care*, contains additional information on this topic.

- 2 The Commission recommends that:¹⁰⁴
 - a The Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.
 - b VISNs set priorities for the establishment of new CBOCs based on VISN needs to improve access and respond to increases in workload.
 - c VISNs should be able to address capacity issues, to relieve space deficits at the parent facility, by establishing new sites of care, provided the VISNs have the resources necessary to do so.
 - d VISNs make efficient use of existing resources, including staffing facilities appropriately to reduce wait times, providing specialty care at CBOCs where appropriate, and providing expanded hours of service at CBOCs to facilitate veteran access to care.
 - e Whenever feasible, CBOCs provide basic mental health services.
 - f VISNs collaborate with academic affiliates to develop learning opportunities utilizing CBOCs as teaching sites to enhance quality of care in community-based service settings.

(see page 5-88)

IV VA/DoD Sharing

- 1 The Commission concurs with the DNCP proposal on developing joint ventures with DoD at Fort Meade, Fort Detrick, and Fort Belvoir.
- 2 The Commission recommends that the DNCP proposal for the VISN 5 VA/DoD collaborative opportunities include clear, written evidence of a joint commitment.

(see page 5-90)

V Enhanced Use

- 1 The Commission concurs with the DNCP proposal for an EUL project at Fort Howard.

(see page 5-92)

¹⁰⁴ Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

I Campus Realignment, Extended Care – Perry Point

DNCP Proposals

“*Campus Realignment* – While maintaining the current mission, redesign the campus to maximize the enhanced use lease potential of the campus. The campus will be evaluated for alternatives uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues of in-kind services will remain in the VISN to invest in services for veterans. The redesign of the campus should include the current proposed new nursing home, other required new buildings to consolidate services, and preservation of the histories sites: the Mansion, Grist Mill, and five acres of Indian burial grounds. *Extended Care* – Proposed capital investments for nursing home care units to remedy space deficiencies include...new construction of 67,000 square feet in the Baltimore Market (Perry Point).”

DNCP Alternatives

- 1 *Status quo*
- 2 *Alternative 1 [The VISN's preferred alternative]:* Construct new nursing home and renovate four patient care buildings.
- 3 *Alternative 2:* Maintain the three most recently constructed patient care buildings and new construction that will address the workload and bed requirements.
- 4 *Alternative 3:* Vacate all current buildings and constructs a complete replacement facility that relocates all inpatient and outpatient services to the northwestern corner of the campus.

Commission Analysis

The Perry Point VAMC, located in Maryland on 364 acres on the banks of the Susquehanna River and the Chesapeake Bay, offers long and short-term inpatient mental health care, including an inpatient alcohol and substance abuse treatment program. A new, state-of-the-art inpatient psychiatric care facility offers specialized treatment programs, rehabilitation services, and enhanced patient privacy for veterans. The medical center also offers a full range of inpatient medical, intermediate, and LTC programs, including a nursing home, a chronic ventilator care unit, and a specialized unit for patients with Alzheimer’s disease. A newly renovated 50-bed domiciliary care facility houses a program which helps to rehabilitate homeless veterans through counseling, job assistance, and home placement. The Perry Point VAMC provides primary care and specialty outpatient services in a new outpatient care facility.

The nursing home at Perry Point is housed in a 79-year-old building that VISN leadership noted during site visits and in formal testimony is no longer appropriate for furnishing health care services. The VISN Director, Dr. James Nocks, testified, “The nursing home at Perry Point is a building that is very, very old. Despite attempts in the Network and at the medical center to keep it functioning, that building has probably emerged as our number-one replacement priority in the Network.”¹⁰⁵

Changing the footprint of the Perry Point campus and construction of a replacement nursing home at Perry Point would have little impact on the community in the near term. The VISN realignment proposal would retain approximately 100 to 135 acres for VA use and free the remainder of the 364 acres for EUL. It is unlikely that VA jobs would be lost as a result of this change as there is no plan to decrease the services offered. In the long run, using the vacated space for an EUL project is likely to result in a positive impact on the community, as new jobs would be generated.

The realignment would also include a building to consolidate outlying patient care functions, a 23-bed compensated work therapy (CWT) transitional residence, and renovation of four buildings. Workload in the nursing home care unit (NHCU) has increased from an average daily census (ADC) of 77 in FY 2000 to about 112 in FY 2003, an increase of 40 percent. As LTC projections were not included in the current phase of CARES, there are no data to support the number and types of nursing home care unit beds needed at Perry Point.

There are very few details in the DNCP with respect to redesigning the Perry Point campus to maximize its enhanced use lease potential. Senator Barbara Mikulski suggested a cautious approach, stating:

Any changes to Perry Point must remain true to the principles of VA health care: open access to care, quality care, and timely care. However, before changes are made at Perry Point, I believe we should learn from experience. VA shouldn't try to get new things at Perry Point until we learn the lessons at Fort Howard. Let's get that done, do it right, and look at lessons learned before moving forward.¹⁰⁶

Commission Findings

- 1 The DNCP proposal to redesign the campus appears to have merit and alternatives have been offered. There is no specific plan.

¹⁰⁵ James Nocks, MD, VISN 5 Director, Transcribed Testimony from the Baltimore, MD, Hearing on August 12, 2003, page 42.

¹⁰⁶ The Honorable Barbara Mikulski, Senator, Written Statement submitted at the Baltimore, MD, Hearing on August 12, 2003, page 2, available from [<http://www.carescommission.va.gov/Documents/BaltimoreCongressionalStatements.pdf>].

- 2 The nursing home at Perry Point needs to be replaced as it is no longer an appropriate facility for furnishing service; however, it is not clear, in the absence of specific data on LTC demand, whether it should be replaced at the present location or what the number of beds should be.
- 3 Many of the facilities at Perry Point are old, unused, underutilized, and in need of major renovation or demolition.
- 4 The campus is a prime location and adequate in size to accommodate EUL in direct benefit to veterans, such as assisted living, transitional housing for homeless veterans, or veterans housing.
- 5 It is unlikely any VA jobs will be lost at Perry Point as a result of the change in the campus footprint. In the longer-term, it is likely that jobs would be added to the community as a result of the EUL project.

Commission Recommendations

- 1 The Commission recommends that:¹⁰⁷
 - a Prior to taking any action to reconfigure or expand LTC capacity or replace existing LTC facilities VA should develop a LTC strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the LTC of the seriously mentally ill.
 - b An integral part of the strategic plan should be maximizing the use of State Veterans Homes.
 - c Domiciliary care programs should be located as close as feasible to the population they serve.
 - d Freestanding LTC facilities should be permitted as an acceptable care model.
- 2 The Commission concurs with the DNCP proposal to redesign the Perry Point campus, including EUL, subject to the preparation and approval of a strategic plan.

II Inpatient Acute Psychiatry and Residential Rehabilitation Care

DNCP Proposals

“Mental Health – 77 domiciliary beds are being shifted from Martinsburg to Washington to establish a domiciliary presence in DC area and to obviate the need for replacement of poor quality space at Martinsburg.

¹⁰⁷ Chapter 3, *National Crosscutting Recommendations: Long-Term Care*, contains additional information on this topic.

Psychiatry – Decreasing inpatient psychiatric demand in the Baltimore market has been met through the downsizing of beds at Baltimore in FY 2002. Increasing inpatient demand in the Washington Market is being met through a shift of beds from Perry Point to Washington with in-house space expansion.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

The Martinsburg VAMC is a 107-bed medical and surgical facility, with a 148-bed nursing home and 312 domiciliary beds. The domiciliary unit serves patients from throughout the VISN. During the Baltimore hearing, the VISN leadership outlined the benefits of moving 77 domiciliary beds to Washington, DC, by noting that many of these veterans are from the DC metropolitan area. The Washington DC Market currently has no domiciliary beds. Overall, service to these veterans would be improved by moving the facility closer to the community in which they live. In addition, of the 312 domiciliary beds in Martinsburg, 77 beds are currently housed in pre-World War II structures that are not suitable for renovation. At the Baltimore hearing, the VISN leadership presented the results of a data review that identified these structures as inadequate for providing health care per current standards and not conducive to renovation. Patient privacy was also noted as a concern, as many of these facilities still have communal bathrooms. There was general support for this initiative at the hearing, although union representatives expressed concern over potential impact on employees at Martinsburg.

In the Washington DC Market, demand for inpatient psychiatry is expected to increase 40 percent over the FY 2001 baseline by FY 2012 and then to significantly decrease to two percent over the baseline by FY 2022. In the Baltimore Market, demand is projected to decrease by two percent from the baseline by FY 2012 and by 31 percent by FY 2022.¹⁰⁸ Perry Point currently has 214 inpatient psychiatry beds. The movement of 22 acute psychiatry beds from Perry Point to Washington, DC, addresses the projected increase in demand for inpatient psychiatric services in the Washington DC Market and the decreased demand in Baltimore.

The VISN’s written testimony noted that “by shifting inpatient mental health beds to Washington, the Network will greatly improve access to inpatient psychiatry services for veterans living in the Washington DC Market area. These veterans are often currently transferred significant distances to receive that type of care in our Network.”¹⁰⁹ VISN leadership indicated that space on one of the inpatient wards at the Washington DC VAMC would be renovated to accommodate the expansion of the 22 additional psychiatry beds.

¹⁰⁸ Appendix D, *Data Tables*, page D-26.

¹⁰⁹ James Nocks, MD, VISN 5 Director, Written Testimony submitted at the Baltimore, MD, Hearing on August 12, 2003, page 17, available from [<http://www.carescommission.va.gov/Documents/BaltimorePanel1.pdf>].

Commission Findings

- 1 The realignment of acute inpatient psychiatric and domiciliary-based residential rehabilitation services within VISN 5 would likely meet projected demand for care, move care closer to where veterans live, and increase access to care in the DC metropolitan area. The Commission believes that there is a strong need for domiciliary beds in the Washington, DC area, especially to address homeless veterans' needs for care, training, employment, and reintegration into society.
- 2 This realignment places more psychiatric patients in an acute care facility where the medical needs of psychiatric patients can be more readily met.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to move 77 domiciliary beds from the Martinsburg VAMC to Washington, DC.
- 2 In view of the fact that there are a large number of homeless veterans in the Washington, DC, area, the Commission recommends that consideration be given to transferring more residential rehabilitation beds to the Washington, DC, area.
- 3 The Commission concurs with the DNCP proposal to move 22 acute psychiatry beds from Perry Point to the Washington DC VAMC.

III Outpatient Care

DNCP Proposals

Primary Care and Mental Health – Increasing primary care and mental health demand is being met in all three markets through a combination of in-house expansion, expansion of existing CBOCs, and the establishment of DoD joint ventures. Outpatient mental health is being integrated with primary care at all sites.

Specialty Care – Increasing specialty care demand at Martinsburg, Baltimore, and Washington is being met using a combination of in-house expansion (new construction and leases), offering selected high volume specialty care services at larger CBOCs, and community contracts. Perry Point will use primarily community contracts for specialty care expansion.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

During the Baltimore hearing, Dr. Nocks, the VISN Director, noted that the CARES data “reflects significant workload increases in outpatient care throughout VISN 5 as the national shift from inpatient to outpatient care continues.”¹¹⁰ The reconciled CBOC list provided by NCPO includes six CBOCs for this VISN, three of which are DoD joint ventures and three of which were classified in the lowest priority group. Outpatient workload projections for the VISN grow from 1.4 million clinic stops in FY 2001 to 2.3 million stops in FY 2012.¹¹¹ The VISN proposes to meet this increased demand for ambulatory care services in various ways in each market. During site visits to VISN 5, Commissioners noted that the current configuration of space for outpatient services in the Martinsburg, Washington, DC, and Baltimore medical centers was less than optimal. Space that was once inpatient wards is being used to provide outpatient services. There are an inadequate number of exam rooms, limiting the efficiency of patient flow through the clinic space. There are current space deficits for outpatient care in all three markets. Martinsburg has a deficit of 64,000 square feet; Washington, DC, has a deficit of 101,000 square feet; and Baltimore has a deficit of more than 100,000 square feet for outpatient primary and specialty care.¹¹²

At both Martinsburg and Washington, DC, the DNCP proposes new construction. The addition of a 31,000 square foot outpatient clinic at Martinsburg, and a 155,000 square foot addition at the Washington, DC VAMC, will provide expanded primary, mental health, and specialty care, as well as support services.

At the Baltimore VAMC, due to the absence of available space and land for construction, VISN 5 proposes to move all outpatient primary and mental health services into leased space in close proximity to the medical center and to use the vacated space within the facility for outpatient specialty care to improve workflow and resolve space deficiencies.

Commission Findings

- 1 VISN 5 is projected to experience a significant increase in demand for outpatient care services and the VISN’s plan to respond to this demand appears appropriate.
- 2 In view of the absence of projection data for outpatient mental health, it is unclear what the space and staffing demands will be for this service.
- 3 The VISN needs to have the flexibility to shift some services from the Baltimore VAMC to a new location to relieve its space deficiencies.

¹¹⁰ James Nocks, MD, VISN 5 Director, Transcribed Testimony from the Baltimore, MD, Hearing on August 12, 2003, page 18.

¹¹¹ VISN 5 CARES Portal; VISN 5 Detailed Planning Initiative Report, dated March 21, 2003.

¹¹² Management of CARES Space Report received from the VISN Support Services Center (VSSC) dated September 23, 2003.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to address the need for increased space for outpatient primary, mental health, and specialty care through in-house expansion, new construction, and leases.
- 2 The Commission recommends that:¹¹³
 - a The Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.
 - b VISNs set priorities for the establishment of new CBOCs based on VISN needs to improve access and respond to increases in workload.
 - c VISNs should be able to address capacity issues, to relieve space deficits at the parent facility, by establishing new sites of care, provided the VISNs have the resources necessary to do so.
 - d VISNs make efficient use of existing resources, including staffing facilities appropriately to reduce wait times, providing specialty care at CBOCs where appropriate, and providing expanded hours of service at CBOCs to facilitate veteran access to care.
 - e Whenever feasible, CBOCs provide basic mental health services.
 - f VISNs collaborate with academic affiliates to develop learning opportunities utilizing CBOCs as teaching sites to enhance quality of care in community-based service settings.

IV VA/DoD Sharing

DNCP Proposals

“The DNCP recommends further development of joint ventures with the Department of Defense at Fort Meade and Fort Detrick, MD, and at Fort Belvoir, VA, to address expansion of outpatient services.”

¹¹³ Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

VISN 5 plans to address expansion of outpatient services in all markets through the development of collaborative partnerships with DoD facilities (Fort Meade/Baltimore; Fort Detrick/Martinsburg; Fort Belvoir/Washington, DC).

Dr. Nocks, VISN Director, testified about the proposed collaboration with Fort Meade as follows:

To resolve the workload gaps in outpatient primary and mental health care...a collaborative partnership with the Department of Defense will enable [Baltimore] to expand outpatient services to veterans living in Anne Arundel County with the opening of a VA outpatient clinic at Fort Meade military base.¹¹⁴ Demand for outpatient primary care in the Baltimore Market is projected to increase by 29 percent over the FY 2001 baseline by FY 2012 and six percent by FY 2022. A new outpatient access point at Fort Meade would help alleviate issues associated with overcrowding at the Glen Burnie CBOC and resultant “wait lists.” Efforts are also underway for the construction of a new VA CBOC at the replacement hospital at Fort Belvoir.

Veterans service organizations agreed with the overall concept of collaboration for outpatient care, although some expressed concern over locating a VA facility on a military post due to potential difficulties in accessing the CBOC, particularly in a time of deployment and/or heightened security on military bases. Concerns also were expressed by stakeholders on the wisdom of locating CBOCs on military bases in light of ongoing military base restructuring, changes of base missions, and changes in command that result in potential changes of policy regarding support for joint collaboration.

VISN leadership also addressed two other proposed collaborations with Fort Detrick and Fort Belvoir in the Baltimore hearing. The Fort Detrick site would open a new access point for veterans living in the Frederick, MD area, and the Fort Belvoir proposal would expand outpatient clinical services and improve access for veterans living in the Washington, DC, metropolitan area.

¹¹⁴ James Nocks, MD, VISN 5 Director, Written Testimony submitted at the Baltimore, MD, Hearing on August 12, 2003, page 17, available from [<http://www.carescommission.va.gov/Documents/BaltimorePanel1.pdf>].

Commission Finding

The proposed collaborations with DoD appear appropriate; however, the Commission remains concerned that there are unresolved questions concerning policy and implementation of these joint activities and about the degree to which veterans can be guaranteed access to clinics located on military bases.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal on developing joint ventures with DoD at Fort Meade, Fort Detrick, and Fort Belvoir.
- 2 The Commission recommends that the DNCP proposal for the VISN 5 VA/DoD collaborative opportunities include clear, written evidence of a joint commitment.

V Enhanced Use

DNCP Proposals

From the DNCP – “An enhanced use lease has been approved for Ft. Howard that targets 297,613 square feet to develop a retirement community for veterans and non-veterans. Revenues will remain in the VISN to invest in services for veterans.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

The Fort Howard initiative was developed prior to CARES and is being implemented separate from CARES process. The project includes the leasing of vacant space on the Fort Howard campus to a private developer to create a retirement community for veterans and non-veterans. The developer has the option of renovating or demolishing any or all existing space. The estimated cost for demolishing existing buildings is \$3.8 million; however, in an EUL scenario, these costs would be borne by developer. The new facility will consist of independent living, assisted living, and skilled nursing. Additionally, as part of the proposal, a replacement VA outpatient clinic is to be built. The request for proposals was released in early FY 2003 and has now been approved by the Secretary.

Commission Findings

This enhanced use project has been approved and a contractor selected. Work is beginning.

Commission Recommendations

The Commission concurs with the DNCP proposal for an EUL project at Fort Howard.