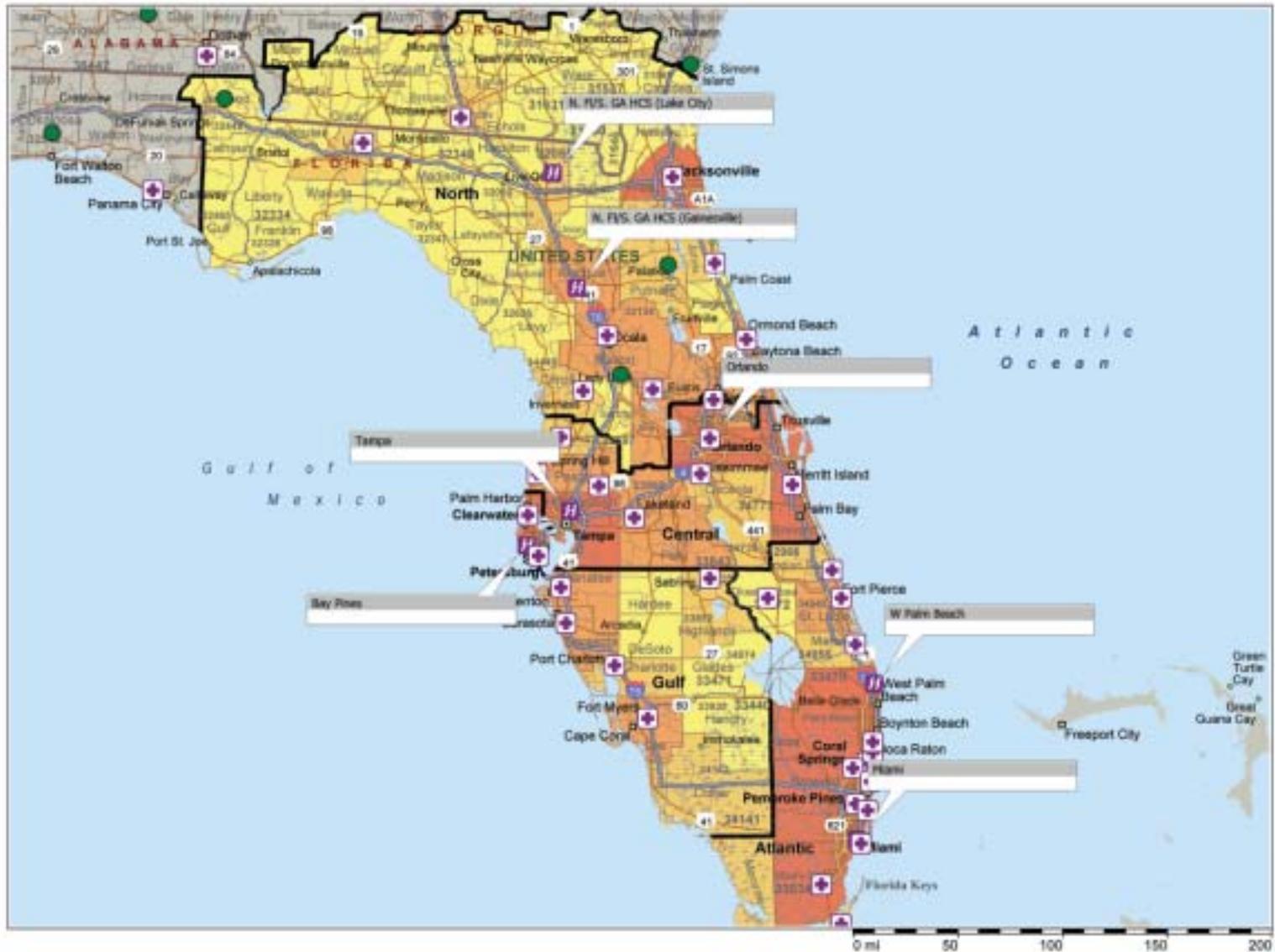


VISN 8 - VA Sunshine Health Care Network

- 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 8, VA Sunshine Health Care Network

VISN Overview

VISN 8, VA Sunshine Health Care Network, is an integrated, comprehensive health care system that provided medical services to approximately 453,000 of the 655,000 veterans enrolled in VA's health care system in FY 2003.¹⁷³ Geographically, this VISN spans about 63,400 square miles and includes a total veteran population of 1.9 million. The VISN includes Florida (except seven Panhandle counties), 19 rural counties in South Georgia, the U.S. Virgin Islands, and Puerto Rico.

According to testimony of Dr. Elwood Headley, VISN 8 Director, “the greatest challenge in VISN 8, operational and strategic, continues to be the tremendous growth in users in our health care system resulting from the continuous influx of veterans to Florida from other parts of the country.”¹⁷⁴ Over the past five years, VISN 8 experienced a 67 percent workload increase.

With a VA staff of approximately 15,000 FTEs,¹⁷⁵ VISN 8 delivers health care services through seven medical centers (the two campuses in North Florida are integrated under one director), 10 multi-specialty outpatient clinics, 34 community-based outpatient clinics (CBOCs), eight nursing homes, and two domiciliary facilities. In addition, VA operates 14 Vet Centers in VISN 8.

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 8.

VISN 8	FY 2001	FY 2012	FY 2022
Enrollees	516,951	554,882	499,972
Veteran Population	1,919,414	1,653,416	1,384,515
Market Penetration	26.93%	33.56%	36.11%

For the CARES process, the VISN is divided into five markets: North Market (*facilities*: Gainesville and Lake City, FL); Atlantic Market (*facilities*: West Palm Beach and Miami, FL); Puerto Rico Market (*facility*: San Juan, PR); Gulf Market (*facility*: Bay Pines, FL); and Central Market (*facility*: Tampa, FL).

¹⁷³ VSSC KLF Menu Database, *Enrollment Priority and Status by Gender*, as of the end of FY 2003.

¹⁷⁴ Elwood Headley, MD, VISN 8 Director. Written Testimony submitted at the Orlando, FL, Hearing on September 10, 2003, page 1, available from [<http://www.carescommission.va.gov/Documents/OrlandoPanel2.pdf>].

¹⁷⁵ VSSC KLF Menu Database, *FMS Annual Salary Report*, FY 2003: July 2002 through September 2003.

Information Gathering

The CARES Commission visited ten different locations in VISN 8 and held one public hearing.

The Commission received 5,435 public comments regarding VISN 8.

- ▶ *Site Visits:* The VA Medical Center (VAMC) in San Juan and the Ponce multi-specialty clinic, Roosevelt Roads Naval Hospital, and the Army's Fort Buchanan on July 7; Lake City VAMC and the Fort Augustine, FL, CBOC on July 9; Tampa VAMC, Fort Myers CBOC, Miami VAMC, and an Orlando CBOC on September 11.
- ▶ *Hearing:* Orlando, FL, on September 10.

Summary of CARES Commission Recommendations

I New Hospital (Access) – Orlando

- 1 The Commission concurs with the DNCP proposal on the construction of a new inpatient facility in Orlando and recommends the number of beds in the proposal be validated in relation to the proposed new Tampa VAMC bed tower.

(see page 5-141)

II Mission Change – Lake City

- 1 The Commission does not concur with the DNCP proposal to move Lake City's inpatient surgery services to Gainesville at the present time.
- 2 In light of the projected growth of enrollees and the access gap in the North Market, the Commission further recommends that any consideration of a transfer of inpatient services from Lake City to Gainesville be delayed until FY 2012.
- 3 The Commission concurs with the DNCP proposal to maintain nursing home care and outpatient services at Lake City.

(see page 5-142)

III Inpatient Care – Tampa VAMC

- 1 The Commission concurs with the DNCP proposal for construction of an inpatient bed tower at the Tampa VAMC primarily on the basis of infrastructure and safety issues.
- 2 The Commission recommends that as the planning for the bed tower at Tampa proceeds, the number of beds in the proposal be validated in relation to the proposed new Orlando inpatient facility.

(see page 5-144)

IV Other Inpatient Care – Gulf South and North Markets

- 1 The Commission concurs with the DNCP proposal to address the access gap for inpatient services in the Gulf South Market (Bay Pines VAMC) by contracting for care. The Commission also concurs with the VISN proposal to realign the number of operating beds in the Gulf South Market. The Commission recommends that VA ensure that it has quality criteria and procedures for contracting and monitoring service delivery, as well as the availability of trained staff to negotiate cost-effective contracts.
- 2 The Commission concurs with the DNCP proposal for a DoD/VA joint venture with the Naval Air Station Hospital at Jacksonville and a contractual arrangement with University of Florida/Shands and new construction at Gainesville to meet inpatient demand in the North Market.
- 3 The Commission recommends that VA direct inter-VISN coordination and action to address the demand for inpatient care in the Panhandle of Florida.

(see page 5-146)

V Outpatient Care

- 1 The Commission concurs with the DNCP proposal for adding four new points of primary care in the North Market and by expansion of existing CBOCs in all five markets.
- 2 The Commission recommends that:¹⁷⁶
 - 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 5-148)

¹⁷⁶ Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

VI VA/DoD Sharing

- 1 The Commission recommends that the VISN plans for the DoD collaborative opportunities in VISN 8 include clear, written evidence of a joint commitment.

(see page 5-150)

VII Special Disability Programs – Spinal Cord Injury/Disorder Beds at Tampa

- 1 The Commission does not concur with the DNCP on the addition of 30 Spinal Cord Injury/Disorder (SCI/D) beds in Tampa. The Commission recommends that, prior to a final decision to increase the number of SCI/D beds at Tampa, VA's Chief Consultant for SCI/D consider alternative locations in or near VISN 8 for an additional SCI Center.
- 2 VA should conduct an assessment of acute and long-term bed needs for SCI Centers to provide the proper balance of beds to better serve veterans and reduce wait times.

(see page 5-151)

VIII Excess VA Property

- 1 The Commission concurs with the DNCP proposal for further exploration of enhanced use leasing (EUL) project opportunities at Bay Pines and Miami.
- 2 The Commission recommends that any study involving excess or surplus property should consider all options for divestiture, including outright sale, transfer to another public entity, and a reformed EUL process. VA should also consider using vacant space to provide supportive services to homeless veterans.

(see page 5-152)

IX Infrastructure and Safety

- 1 The Commission recommends the expeditious construction of a new seismically safe bed tower in San Juan. The Commission recommends the VISN validate the bed, space, and cost requirements given the projected decreasing demand for inpatient care in that market.

(see page 5-154)

I New Hospital – Orlando

DNCP Proposals

“Acute hospital access in Central market will be increased by adding a new VA owned and operated site for hospital care in Orlando (Gulf market).”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Veterans in the Orlando area receive inpatient care mainly at the Tampa VAMC, since there is no inpatient facility in the mid- and eastern portion of the Central Market. Today, only 45 percent of veterans living in the Central Market area are within the CARES travel access standard for hospital care; the requirement is 65 percent. CARES data identified the Central Market as having the largest workload gap and greatest infrastructure need of any single market in the country.

VISN 8’s Director, Dr. Elwood Headley, indicated at the Orlando hearing that “in the Central Market, access to acute hospital care will be met through the construction of a VA hospital in Orlando and a new bed tower in Tampa.”¹⁷⁷ In response to a question about the need for a new hospital in Orlando and the number of beds required, Dr. Headley indicated that, based on projections, about 100 inpatient beds were needed “however we are not far enough along in this process to have any concrete plans.”¹⁷⁸

While a large outpatient clinic in Orlando is adequately serving veterans’ outpatient needs, there is a clear access gap that supports constructing an inpatient facility in Orlando. As the Tampa VAMC currently provides services to veterans from the Orlando area and given the geographic proximity of these two areas, the size of the new Orlando VAMC and the new bed tower at Tampa need to be validated in relation to each other.

Public comments strongly support the need for a new acute inpatient facility in Orlando. Florida State Representative John Quinones submitted the following in written comments: “I am concerned about the lack of adequate health care for our veterans in Central Florida. As one of the fastest growing populations of veteran retirees, the demand for services has not kept pace with the supply.”¹⁷⁹ Veterans report long driving distances (90 minutes to two hours) and wait times to receive care at the Tampa facility.

¹⁷⁷ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, pages 23-24.

¹⁷⁸ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 62.

¹⁷⁹ The Honorable John Quinones, Florida House of Representatives. Written Letter dated August 5, 2003, for the CARES Commission Hearing, Orlando, FL, September 10, 2003, page 1.

Commission Finding

Access requirements and increasing inpatient demand support the establishment of a new inpatient facility in Orlando. Data to support the number of beds has not been substantiated.

Commission Recommendation

The Commission concurs with the DNCP proposal on the construction of a new inpatient facility in Orlando and recommends the number of beds in the proposal be validated in relation to the proposed new Tampa VAMC bed tower.

II Mission Change – Lake City

DNCP Proposals

“Transfer of current inpatient surgery services to Gainesville now. Inpatient medicine services transfer to Gainesville will be reevaluated when Gainesville has expanded inpatient capacity (due to construction of a proposed new bed tower). Nursing home care and outpatient services will remain at Lake City.”

DNCP Alternatives

- 1 *Status quo*
- 2 *100 Percent Contracting*
- 3 *[The VISN’s preferred option]:* Transfer inpatient surgery services to Gainesville and reevaluate inpatient medicine once Gainesville has expanded its inpatient capacity.

Commission Analysis

The North Florida/South Georgia Veterans Health Care System is composed of the Lake City and Gainesville facilities. Commissioners learned that the Gainesville facility is operating at capacity and does not currently have the ability to absorb the inpatient workload from Lake City. VA data support this contention. Access to hospital care in the North Market is currently at 35 percent and enrollment is projected to grow from 130,000 in FY 2001 to 169,000 in FY 2012 and 140,000 in FY 2022.¹⁸⁰ The proposed bed tower at Gainesville would increase its capacity, improve patient flow, and correct fire and safety issues, allowing for greater opportunity to absorb some of the Lake City workload.

¹⁸⁰ CARES VISN Web Site.

Because of the capacity issues at Gainesville, VISN leadership developed an alternative plan to relocate only inpatient surgery from Lake City to Gainesville at a later date. The remaining inpatient medicine workload would be relocated pending completion of the bed tower in Gainesville. The rationale for this shift includes the ability to retain “highly qualified surgical practitioners”¹⁸¹ at Lake City. According to Fred Malphus, Director of the Gainesville VAMC, inpatient surgical cases currently comprise seven to eight percent of total surgical cases at Lake City.¹⁸² The vast majority of surgical care is completed on an outpatient basis. Lake City currently operates six inpatient surgery beds.¹⁸³

Rather than addressing their preferred alternative, the VISN submitted a realignment proposal that considered alternatives of a) transferring inpatient programs, b) transferring only inpatient surgery to Gainesville, or c) contracting for those services. However, the proposal did not provide a life cycle analysis and did not provide sufficient information with which to make a decision.

The Lake City facility is in good condition and has traditionally served the southern Georgia and Florida Panhandle area, much of which is medically underserved. Stakeholder groups and the local community overwhelmingly oppose shifting inpatient services to Gainesville, due to concerns over the rapidly growing Florida population and the associated influx of veterans, as well as the added access gap imposed by the need to travel to Gainesville.

Commission Findings

- 1 The Gainesville facility currently does not have the capacity to absorb the Lake City inpatient workload. The proposed patient tower in Gainesville would help alleviate capacity issues and improve overall facility quality.
- 2 VISN leadership supports the transfer of inpatient surgical cases to Gainesville, citing the difficulty of retaining “highly qualified surgical practitioners” in Lake City.
- 3 Stakeholders overwhelmingly advocate the retention of the current Lake City inpatient services.
- 4 Access gaps for inpatient medicine and surgery in the North Market would increase if these services were moved to Gainesville.

Commission Recommendations

- 1 The Commission does not concur with the DNCP proposal to move Lake City’s inpatient surgery services to Gainesville at the present time.

¹⁸¹ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 30.

¹⁸² Mr. Fred Malphus, Director, Gainesville VAMC. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 32.

¹⁸³ VSSC KLF Menu Database, *Bed Control Data, Occupancy Rates*, FY 2003.

- 2 In light of the projected growth of enrollees and the access gap in the North Market, the Commission further recommends that any consideration of a transfer of inpatient services from Lake City to Gainesville be delayed until FY 2012.
- 3 The Commission concurs with the DNCP proposal to maintain nursing home care and outpatient services at Lake City.

III Inpatient Care – Tampa VAMC

DNCP Proposals

“Tampa (West Central Florida submarket) will build a new inpatient bed tower above the new spinal cord injury (SCI) center to meet medical, surgical, and psychiatry inpatient workload.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Due to current infrastructure issues in the Central Market (Tampa), as well as the impact of growth from the Orlando area, the Tampa VAMC currently operates at capacity, with considerable overcrowding. In FY 2003, the inpatient occupancy rate for Tampa was 75 percent (ADC 226), and the nursing home occupancy rate was 85 percent (ADC 254).¹⁸⁴ During the Commission site visit, VISN leadership described the deteriorating infrastructure situation at the Tampa facility and indicated that insufficient capital investment and improvements have resulted in space inadequacies. An assessment made by the VA’s Office of Facilities Management¹⁸⁵ shows poor code compliance, patient privacy issues, and infrastructure problems, with an estimated cost of repair of \$100 to \$150 million. Specifically, inpatient wards still operate with four-bed patient rooms, and the bed tower lacks such safety measures as an adequate sprinkler system. The current bed tower also contains asbestos.¹⁸⁶ To resolve overcrowding in Tampa and to improve overall quality and patient safety, the DNCP proposes construction of a new inpatient bed tower, without providing construction or life cycle information.

¹⁸⁴ VSSC KLF Menu Database, *Bed Control Data, Occupancy Rates*, FY 2003.

¹⁸⁵ VISN 8, Background Information Requested by CARES Commission for Orlando, FL, Hearing, September 10, 2003.

¹⁸⁶ CARES Portal, VISN 8, Proximity Narrative, Bay Pines and Tampa VAMC.

The Tampa VAMC is a major tertiary care hospital in an area with a large and growing number of enrollees. It is more than 1 hour from the Bay Pines VAMC, through congested traffic. In addition, though CARES projections indicate that demand at Bay Pines for inpatient medicine and surgery is declining, testimony reflected a need for development of more subspecialty care and increased workload in specialty care services,¹⁸⁷ as well as increased demand for inpatient psychiatry. Even though these two VAMCs are in close proximity, VISN leadership stated “given the large complex nature of both facilities. [and] the separation of the two cities’ urban areas by the bay the population is better served by maintaining two health systems.”¹⁸⁸

Commissioners note, however, that there was no indication of consideration being given to the impact of a new inpatient medical center in Orlando on the Tampa VAMC workload.

Commission Findings

- 1 The Tampa facility currently operates at capacity, with considerable overcrowding.
- 2 Tampa has significant space deficiencies, poor code compliance, and infrastructure problems.
- 3 To resolve space inadequacies and quality issues, the VISN proposes to develop an inpatient bed tower at the Tampa facility.
- 4 The Bay Pines VAMC is 44 miles from Tampa, is geographically separated from Tampa by the bay, and provides complementary services to those provided at Tampa.
- 5 There was no indication of review of the impact of the new Orlando inpatient medical center on the Tampa VAMC workload.
- 6 No construction or life cycle cost information was provided for the Tampa bed tower project.

Commission Recommendation

- 1 The Commission concurs with the DNCP proposal for construction of an inpatient bed tower at the Tampa VAMC primarily on the basis of infrastructure and safety issues.
- 2 The Commission recommends that as the planning for the bed tower at Tampa proceeds, the number of beds in the proposal be validated in relation to the proposed new Orlando inpatient facility.

¹⁸⁷ Smith Jenkins, Director of the Bay Pines VAMC. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 59.

¹⁸⁸ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 26.

IV Other Inpatient Care – Gulf South and North Markets

DNCP Proposals

“Access – by adding new contract sites for hospital care in the Gulf South market area (Ft. Myers) and for North market, by adding two new points of acute medical care at Jacksonville Shands (contract) and Jacksonville DoD (joint venture). *Inpatient Services* – Increasing psychiatry demand in the North Market will be met through new construction at Gainesville.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

In the Gulf South Market, the DNCP proposes to improve inpatient access by contracting for services, as currently only 50 percent of veterans meet the CARES access standard (which is 65 percent) for inpatient care. This market has a projected declining workload in medical and surgical inpatient care, and an increasing need for acute psychiatric beds,¹⁸⁹ that the VISN Director plans to address by adjusting the number of beds at the Bay Pines VAMC. A veterans service organization representative cautioned against excessive contracting for care for fear of VA becoming a purchaser of care rather than a provider of care.¹⁹⁰

In the North Market, only 35 percent of the veterans meet the CARES access standard for inpatient care. Workload projections reflect an increased need for medical and psychiatry beds through FY 2012, and continued growth in demand for inpatient psychiatry through FY 2022.¹⁹¹ Growing inpatient needs in the Jacksonville part of the North Market will be met through a proposed VA/DoD joint venture. In testimony, the VISN Director stated, “We are looking to establish relationships with both the Naval Air Station for inpatient hospitalization and with the Shands University of Florida presence in Jacksonville.”¹⁹² In addition, new construction has been proposed for the Gainesville facility to meet the increased demand for inpatient psychiatry. There was general stakeholder support for these initiatives, particularly to meet peak-year workload needs.

¹⁸⁹ Appendix D, *Data Tables*, page D-42.

¹⁹⁰ Reggie Beverly, Department Commander, The American Legion of Florida. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 166.

¹⁹¹ Appendix D, *Data Tables*, page D-42.

¹⁹² Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 55.

The Florida Panhandle is divided between two VISNs, with the western portion being part of VISN 16 and the eastern portion being part of VISN 8. In VISN 16 hearing in Biloxi, there was discussion about the need to address inpatient access in the Panhandle.¹⁹³ Similarly, at the VISN 8 hearing, Dr. Headley testified:

We need to do more work with VISN 16 in addressing inpatient needs in the Panhandle. I am not totally satisfied that this has been completely hammered out. The Panhandle has been a very rural area historically, but is beginning to build up a bit now. But providing services to veterans in the Panhandle has been and continues to be an area we will continue to address.¹⁹⁴

General comments from the public reflect a need for VA to address veteran health care needs in Florida's Panhandle. The delineations imposed by the VISN structure that divides the area into two separate VISNs creates special issues and highlights the greater need for inter-VISN coordination in the planning process.

Commission Findings

- 1 There are sufficient private JCAHO medical centers that have capacity to meet inpatient workload needs in the Gulf South Market.
- 2 Establishing relationships with both the Jacksonville Naval Station and with the Shands University of Florida, combined with current referral patterns to the Gainesville facility, would likely adequately address the inpatient needs of the North Market.
- 3 New construction at Gainesville will help address increased demand for inpatient psychiatry in the North Market.
- 4 Issues relating to access to care for veterans living in the Florida Panhandle must be addressed through inter-VISN cooperation with VISN 16.

Commission Recommendation

- 1 The Commission concurs with the DNCP proposal to address the access gap for inpatient services in the Gulf South Market (Bay Pines VAMC) by contracting for care. The Commission also concurs with the VISN proposal to realign the number of operating beds in the Gulf South Market. The Commission recommends that VA ensure that it has quality criteria and procedures for contracting and monitoring service delivery, as well as the availability of trained staff to negotiate cost-effective contracts.

¹⁹³ The Honorable Bill Nelson, Florida Senator. Written Testimony Submitted at the Biloxi, MS, Hearing on August 26, 2003, page 1, available from [<http://www.carescommission.va.gov/Documents/BiloxiPanel3.pdf>].

¹⁹⁴ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 53.

- 2 The Commission concurs with the DNCP proposal for a DoD/VA joint venture with the Naval Air Station Hospital at Jacksonville and a contractual arrangement with University of Florida/Shands and new construction at Gainesville to meet inpatient demand in the North Market.
- 3 The Commission recommends that VA direct inter-VISN coordination and action to address the demand for inpatient care in the Panhandle of Florida.

V Outpatient Care

DNCP Proposals

“Access – VISN 8 has a primary care access gap in the North market and an acute hospital gap in Central, Gulf, and North markets. Primary care access in the North market will be met by adding four new points of primary care. *Outpatient Services* – Increasing demand for primary care and specialty care in all five markets and mental health in two markets will be met by addition of four new CBOCs (North market only), expansion of existing CBOCs via contract, lease, and new construction.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

The overall outpatient workload in the VISN, including primary, specialty, and mental health, is projected to increase 67 percent over the FY 2001 baseline by FY 2012 and to increase 65 percent over baseline by 2022.¹⁹⁵ There is increased demand for mental health care in all four Florida markets, not just in two noted in the DNCP.¹⁹⁶ To address this expected workload increase in all markets, VISN 8 recommended activation of five new CBOCs and two multi-specialty outpatient clinics.¹⁹⁷

The need for primary care in the North Market is projected to increase in FY 2012 by 39 percent.

¹⁹⁵ Management of CARES Workload Report received from the VISN Support Service Center (VSSC) dated September 25, 2003, *Management Report*, page 2.

¹⁹⁶ Management Report, op cit.

¹⁹⁷ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 24.

This market also has the greatest number of current and projected enrollees for this VISN: near 170,000 in FY 2012 and 141,000 in FY 2022. The specialty care gaps are 115 percent by FY 2012 and 96 percent in FY 2022. The mental health care gaps are 70 percent in FY 2012 and 43 percent in FY 2022.¹⁹⁸ The VISN proposed to rectify these access gaps and address outpatient workload projections for this market by adding three new CBOCs and one multi-specialty outpatient clinic, which met the DNCP priority group criteria.

In the Puerto Rico Market, the VISN recommended the addition of two CBOCs, to be located in western and eastern Puerto Rico. The outpatient primary care workload is expected to increase by 21 percent over the FY 2001 baseline in FY 2012 and then decrease by 11 percent below baseline in FY 2022, while the need for specialty care is projected to increase by 98 percent by FY 2012 and by 51 percent by FY 2022.¹⁹⁹

Additionally, VISN 8 plans expanding current CBOCs in other markets and adding one multi-specialty clinic in the Gulf Market.²⁰⁰ During the Orlando hearing, VISN 8 Director, Dr. Headley, also outlined VISN plans to add mental health at existing and new CBOCs in compliance with the VA directive.²⁰¹

Public comments support increased access to all types of outpatient care services and, given the significant growth in demand, that outpatient care services be provided in areas with high veteran population concentrations. VISN and public comments also question the accuracy of workload projections beyond two years, given the rapid growth in population and migration to Florida. The Commission believes that additional CBOCs are needed given the increasing veteran population in this VISN.

Commission Findings

- 1 Demand in this VISN for outpatient care has grown and is projected to grow.
- 2 Three of the VISN's proposed CBOCs and one multi-specialty clinic in the North Market are in the DNCP's priority group one.
- 3 The two CBOCs proposed by the VISN for the Puerto Rico Market are not in the priority group one.
- 4 The multi-specialty clinic proposed by the VISN for the Gulf Market is not in the priority group one.

¹⁹⁸ Appendix D, *Data Tables*, page D-42.

¹⁹⁹ Appendix D, *Data Tables*, page D-42.

²⁰⁰ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, pages 24-25.

²⁰¹ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 25.

Commission Recommendation

- 1 The Commission concurs with the DNCP proposal for adding four new points of primary care in the North Market and by expansion of existing CBOCs in all five markets.
- 2 The Commission recommends that:²⁰²
 - 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.

VI VA/DoD Sharing

DNCP Proposals

“*DoD* – Outpatient joint ventures in the Puerto Rico market with Fort Buchanan and in the Gulf Market with McDill AFB, inpatient joint venture in the North market with Jacksonville Navy Hospital.
NCA – NCA is interested in acreage for a cemetery along with any proposed construction in the Sarasota or Fort Myers area.”

DNCP Alternatives

None provided in the DNCP.

²⁰² Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

Commission Analysis

The VISN Director testified that VISN 8 will work to develop outpatient joint ventures in the Puerto Rico Market with Fort Buchanan, in the Gulf Market with McDill Air Force Base, and an inpatient joint venture with the Jacksonville Naval Air Hospital.²⁰³

Dr. Headley testified that at the Jacksonville clinic, there are ongoing collaborations in outpatient areas with the Naval Air Station and with the Shands University of Florida, but that inpatient discussions are in the “very preliminary stages.”²⁰⁴

Commission Findings

- 1 The proposed collaborations are in early planning stages and the levels of commitment are unclear.
- 2 With the 35 percent access gap for hospital care in the North Market (discussed under “Inpatient Care”), the need for an acceleration of DoD collaboration is apparent.

Commission Recommendation

The Commission recommends that the VISN plans for the DoD collaborative opportunities in VISN 8 be accelerated and agreements include clear, written evidence of a joint commitment.

VII Special Disability Programs – Spinal Cord Injury Beds at Tampa

DNCP Proposals

“Increase the number of long-term SCI beds at Tampa by adding a 30-bed wing to the current SCI building.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Hearing testimony outlined the overall need within VA to establish long-term care beds for patients with spinal cord injury, so as to ensure appropriate care by specialized SCI medical professionals for an

²⁰³ Elwood Headley, MD, VISN 8 Director. Written Testimony submitted at the Orlando, FL, Hearing on September 10, 2003, page 7, available from [<http://www.carescommission.va.gov/Documents/OrlandoPanel2.pdf>].

²⁰⁴ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 56.

aging veteran population. However, in discussions for an additional 30-bed wing, alternative site proposals were not mentioned, and the DNCP does not provide specific rationale for increasing services at the Tampa location. The ADC for SCI beds at Tampa is 45 with an occupancy rate of 79 percent.²⁰⁵ Wheelchair-bound, SCI/D veterans have great difficulties traveling far for care and thus locating a new SCI/D center in closer proximity to veterans' homes would be beneficial to their initial rehabilitation during which veterans' families play an important role. Another site, in addition to the existing Tampa site, would improve access for all subsequent admissions and outpatient care.

Because of the similarities in staffing and construction, VA's Chief Consultant for SCI Programs has the flexibility to designate SCI/D beds as initial rehabilitation, sustaining, or long-term care beds.

Commission Finding

Insufficient data has been provided on the proposal to increase the number of SCI/D beds at Tampa VAMC.

Commission Recommendation

- 1 The Commission does not concur with the DNCP on the addition of 30 SCI/D beds in Tampa. The Commission recommends that, prior to a final decision to increase the number of SCI/D beds at Tampa, VA's Chief Consultant for SCI/D consider alternative locations in or near VISN 8 for an additional SCI Center.
- 2 VA should conduct an assessment of acute and long-term bed needs for SCI centers to provide the proper balance of beds to better serve veterans and reduce wait times.

VIII Excess VA Property

DNCP Proposals

"Potential enhance use projects are being explored for Bay Pines. None have been developed for inclusion in this cycle of CARES. University of Miami enhanced use lease project proposals is in development. University of Miami will pay for construction cost of adding three additional floors to existing research building at estimated cost of \$8 million. Miami will address interior needs at estimated cost of \$10 million. Project identified for design in FY 2005 and construction in FY 2006–2007."

²⁰⁵ KLF menu, *Bed Control Data, Occupancy Rates*, FY 2003.

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Dr. Headley indicated in his testimony that “the Miami VAMC and the University of Miami are considering an enhanced use project proposal in which the university will fund construction of three floors above the existing research building on the VA medical center campus. The Miami VAMC will address interior needs in this space. If approved, the project will be designed in FY 2005 with construction to follow.”²⁰⁶

While Dr. Headley noted in his testimony that EUL projects are being explored at the Bay Pines facility, no plans have been put forth for review. Bay Pines has ample grounds for EUL projects.

Commission Findings

- 1 It appears that the plans for the Miami VAMC project are early in the planning stages. The Commission is unaware of any study on this proposal or any cost and benefit analysis associated with it for the VA.
- 2 Bay Pines has ample grounds for EUL proposals, but no concrete plans are in place.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal for further exploration of EUL project opportunities at Bay Pines and Miami.
- 2 The Commission recommends that any study involving excess or surplus property should consider all options for divestiture, including outright sale, transfer to another public entity, and a reformed EUL process. VA should also consider using vacant space to provide supportive services to homeless veterans.

²⁰⁶ Elwood Headley, MD, VISN 8 Director. Written Testimony submitted at the Orlando, FL, Hearing on September 10, 2003 page 7, available from [<http://www.carescommission.va.gov/Documents/OrlandoPanel2.pdf>].

IX Infrastructure and Safety

DNCP Proposals

“The San Juan, PR facility is among the seismic correction projects within VA; estimated cost \$85 million.”²⁰⁷

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

The San Juan VAMC was built in 1968. Since that time, new construction requirements that protect infrastructure and patients from potential seismic activity have been developed. The San Juan VAMC’s seismic risk is significant. Extensive seismic studies have been conducted that indicate there are concerns regarding the structure’s ability to provide health care in the event of an earthquake. Dr. Ramirez-Gonzalez, VAMC Director, testified about the clinical implications of an earthquake and the impact on care at the medical center. He indicated that since the present structure is made of steel, research has shown that it may withstand an earthquake but would become nonfunctional.

An in-depth study was performed sampling the welding through the building. They sampled a significant amount of sites and concluded that they meet the life safety code that meant the hospital would be standing after a major earthquake, but it will be nonfunctional. There would be no electricity, no power, and no water.²⁰⁸

During site visits, Commissioners learned that the VA facility also serves as a formal backup facility for all DoD and private sector medical care in San Juan. To correct the seismic issues and meet other patient safety and environmental issues, as well as to manage capacity, the VISN plans to use the \$45 million already allocated from previous appropriations and is requesting an additional \$25 million to construct a six-story bed tower. Dr. Headley indicated that the VISN wants to “complete a six-story tower that will allow us to put all of the inpatient beds in seismically safe environment.”²⁰⁹ During site visits, the Commissioners observed that the current facility had small, cramped patient rooms, an outdated intensive care unit with inadequate hand washing facilities, an SCI center in poor condition, and significant patient privacy issues.

²⁰⁷ DNCP, Chapter 11, Table 11.2.

²⁰⁸ Rafael Ramirez-Gonzalez, MD, Director, San Juan VAMC. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 34.

²⁰⁹ Elwood Headley, MD, VISN 8 Director. Transcribed Testimony from the Orlando, FL, Hearing on September 10, 2003, page 36.

Construction of the new bed tower would serve the dual purpose of improving the facility’s seismic performance and improving its space deficiencies. The significance of these improvements is highlighted by the important role VA plays in the San Juan community for overall health care delivery.

Commission Findings

- 1 The San Juan VAMC has significant seismic and patient safety issues that must be expeditiously addressed.
- 2 In addition to the correction of seismic issues, the proposed plan represents an opportunity for replacement of inpatient beds to correct patient privacy and safety issues and to enhance its SCI center.
- 3 \$50 million was appropriated by the Congress to correct the seismic problem; \$45 million has not been obligated.

Commission Recommendation

The Commission recommends the expeditious construction of a new seismically safe bed tower in San Juan. The Commission recommends the VISN validate the bed, space, and cost requirements given the projected decreasing demand for inpatient care in that market.