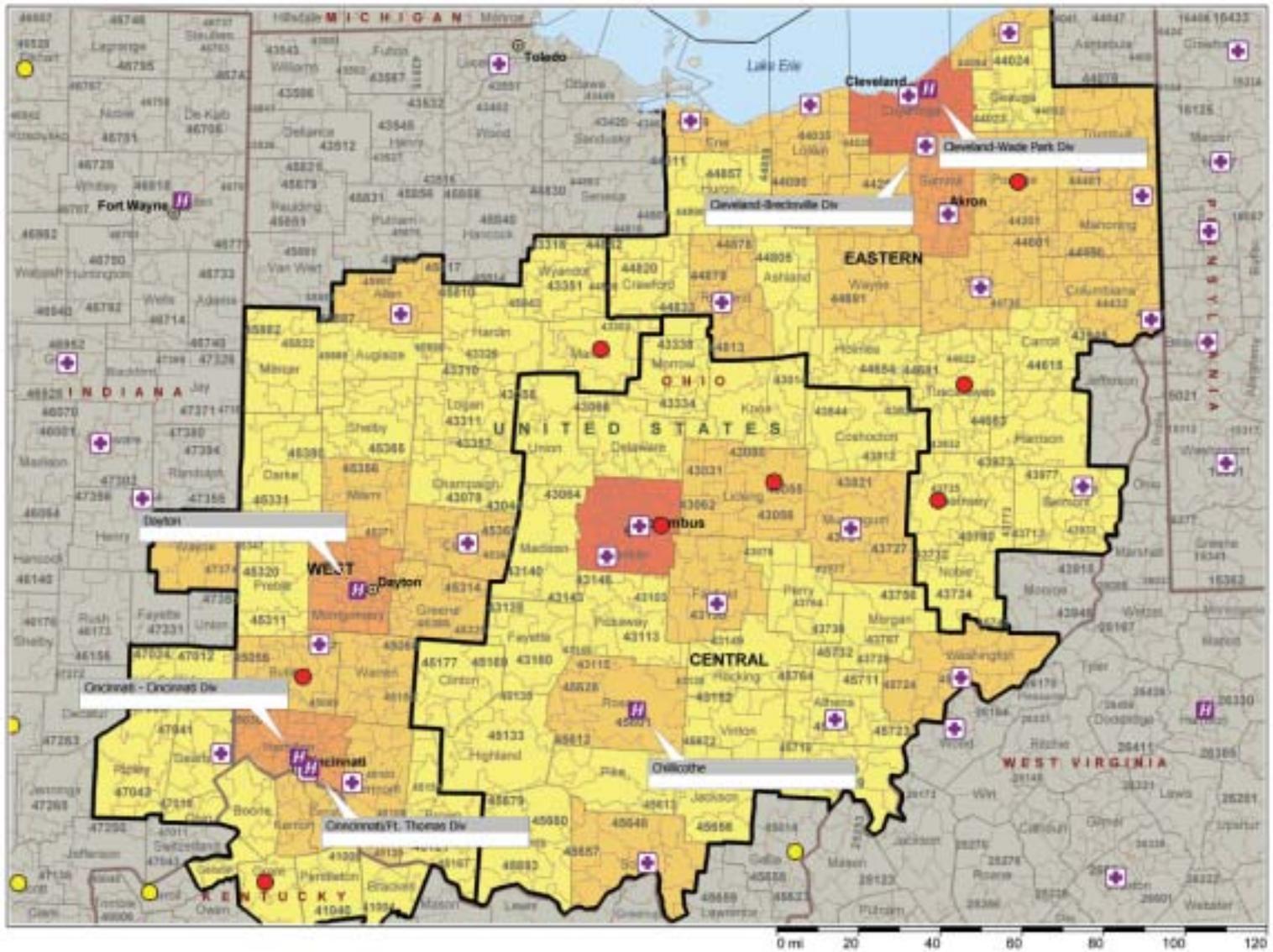


VISN 10 – VA Health Care System of Ohio

- 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 10, VA Health Care System of Ohio

VISN Overview

VISN 10, VA Health Care System of Ohio, is an integrated, comprehensive health care system that provided medical services to approximately 156,000 of the 261,000 veterans enrolled in VA's health care system in FY 2003.²⁵⁰ Geographically, this VISN spans about 86,000 square miles and consists of all or part of Ohio, Indiana, and Kentucky.

With a VA staff of approximately 7,200 FTEs,²⁵¹ VISN 10 delivers health care services through four medical centers, four nursing homes, four domiciliary care facilities, and 23 CBOCs. Additionally, VA operates four Vet Centers in VISN 10's catchment area.

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 10.

VISN 10	FY 2001	FY 2012	FY 2022
Enrollees	217,036	237,796	211,827
Veteran Population	1,035,268	810,404	655,570
Market Penetration	20.96%	29.34%	32.31%

For the CARES process, this VISN is divided into three markets: Eastern (*facilities*: 2-Division Cleveland Medical Center at Wade Park and Brecksville, OH); Central (*facility*: Chillicothe, OH); and Western (*facilities*: Cincinnati, which operates two campuses in Cincinnati and Ft. Thomas, KY, and Dayton, OH).

Information Gathering

The CARES Commission visited two sites and conducted two public hearings in VISN 10. The Commission received 201 comments regarding VISN 10.

- ▶ *Site Visits*: Cleveland on July 1; and Dayton on July 2.
- ▶ *Hearings*: Cleveland on August 12; and Columbus on August 19.

²⁵⁰ VSSC KLF Menu Database, *Enrollment Priority and Status by Gender*, as of the end of FY 2003.

²⁵¹ VSSC KLF Menu Database, *FMS Annual Salary Report*, FY 2003: July 2002 through September 2003.

Summary of CARES Commission Recommendations

I Mission Change and Campus Realignment – Brecksville and Wade Park Divisions of the Cleveland VA Medical Center

- 1 The Commission concurs with the DNCP proposal to relocate current psychiatric, nursing home, domiciliary, and residential services from Brecksville to Wade Park, provided the existing level of services can be maintained.
- 2 The Commission concurs with the DNCP proposal to pursue enhanced use leasing (EUL) opportunities at Brecksville in exchange for property adjacent to Wade Park.
- 3 The Commission recommends that disposal pursuits 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 5-185)

II Access to Hospital Care and Inpatient Medicine Services

- 1 The Commission concurs with the DNCP proposal to contract for inpatient care with local hospitals in Columbus and Canton.
- 2 The Commission recommends analysis of the impact on other facilities of adding services in Columbus, particularly on Chillicothe.
- 3 The Commission recommends that:
 - a Before taking action to alter existing VA services, VA must ensure that there are viable alternatives in the community.
 - b 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.

(see page 5-188)

III Replacement Outpatient Specialty Care Clinic

- 1 The Commission concurs with building an expanded 260,000 square foot replacement outpatient specialty care center in Columbus, OH, on Federal land donated by DoD Defense Supply Center.

- 2 The Commission recommends that the new Columbus outpatient specialty care center be a high priority.

(see page 5-190)

IV Outpatient Primary and Mental Health Care

- 1 The Commission recommends that:²⁵²
 - 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.
- 2 The Commission recommends that:
 - a Before taking action to alter existing VA services, VA must ensure that there are viable alternatives in the community.
 - b 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.

(see page 5-192)

²⁵² Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

V Special Disability Program – Spinal Cord Injury Center

- 1 The Commission concurs with the DNCP proposal to add 20 long-term care beds to the Cleveland Spinal Cord Injury (SCI) Center.
- 2 The Commission recommends that 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 5-195)

VI Enhanced Use

- 1 The Commission concurs with the DNCP proposal relating to enhanced use leasing (EUL) projects at Cincinnati to lease quarters and use the proceeds for additional parking.
- 2 The Commission concurs with the DNCP proposal relating to EUL of Dayton's empty buildings.
- 3 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 5-196)

I Mission Change and Campus Realignment – Brecksville and Wade Park Divisions of the Cleveland VAMC

DNCP Proposals

“Current services at the Brecksville Division will be transferred to the Wade Park Division. This project will require new construction of 500,730 square feet and renovation of existing space at the Wade Park Division of 140,400 square feet. This project includes the enhanced use lease of 102 acres at Brecksville in exchange for property adjacent to Wade Park. This consolidation will result in a reduction of 548,363 square feet of the Brecksville Division.”

DNCP Alternatives

- 1 *Status quo*
- 2 *Original Market Plan [The VISN’s preferred alternative]:* Consolidate all clinical and administrative functions of a two-division medical center at Wade Park. All current services and programs provided at Brecksville will be provided at Wade Park. In addition, there will be a comprehensive rehabilitation center and blind rehabilitation center at the Wade Park campus. This plan will enhance use the Brecksville campus.
- 3 *100 Percent Contracting*

Commission Analysis

Commissioners toured both the Brecksville and Wade Park facilities at their site visit in July and heard directly from stakeholders about the proposal. Brecksville operates 192 nursing home beds, 25 psychiatric beds, and 168 domiciliary beds on 102 acres.²⁵³ Although workload reports combine data for the Brecksville and Wade Park campuses, these reports indicate that for the past 4 years, there have been noticeable increases in demand for internal medicine services and noticeable decreases in demand for psychiatry services.²⁵⁴ Inpatient customer satisfaction scores for Wade Park exceed those for Brecksville and exceed the national average for inpatient care. Outpatient customer satisfaction scores show just the opposite in that Brecksville’s outpatient scores exceed the outpatient scores for both Wade Park and the national average.²⁵⁵

²⁵³ VSSC KLF Menu Database, *Workload, Inpatient, Occupancy*, as of November 13, 2003.

²⁵⁴ Appendix D, *Data Tables*, page D-51.

²⁵⁵ Appendix D, *Data Tables*, page D-52.

In the past 2 years, the realignment plan has been widely discussed with stakeholders. Most favor the plan, although some individual veterans spoke against it at a meeting in July. The plan also received support from municipal and state elected officials. At the hearing, Cleveland Mayor Jane Campbell testified. “The proposed consolidation of the Brecksville and Wade Park facilities will both increase the benefits to area veterans and provide VA an opportunity to improve cost efficiency.”²⁵⁶ Bill Montague, Director of the Cleveland VAMC, testified, “With this proposal, every inpatient program or veteran service located at the current Brecksville campus will be available at the consolidated Wade Park campus. Not only will every existing service remain available but also the rehabilitative and inpatient programs can expand and serve a greater number of veterans.”²⁵⁷

Further, efficiencies are expected both in terms of access to services and operating costs. For example, Brecksville’s inpatient mental health patients requiring emergency care are now transported by ambulance to a facility with such services. Consolidation, as proposed, provides these patients with immediate access to a state-of-the-art emergency room at Wade Park and eliminates the costs associated with transporting patients to other facilities. The consolidation effort also would generate significant savings in maintenance and infrastructure costs, which the VISN estimates at \$27 million.²⁵⁸

Consolidation would take place over a period of about 5 years. During this time, no services would be disrupted at the Brecksville campus. This timeframe allows for appropriate consideration to design and for construction at Wade Park as well as planning for the transfer of patients. It provides the VISN with the ability to determine alternative uses under the EUL program or other methods for disposing of the vacated campus at Brecksville. It further provides the VISN with an opportunity to consider using community partners, should alternative services be an appropriate response to health care needs (for example, for domiciliary patients). Furthermore, moving domiciliary beds to Wade Park would mean that these services are located closer to an urban setting, which is in keeping with the Commission’s overarching principle of providing domiciliary care in the urban areas from which patients come and to which they will return.

The VISN submitted a realignment proposal that provided a sound justification for the recommended alternative over the Status quo. The cost analysis indicated a sizable net present value of \$708 million for the recommended alternative with reasonable new construction and renovation costs of \$220 million.

The realignment proposal, however, did contain some inconsistencies in recording certain costs that need clarification and refinement. Examples of apparent inconsistencies are: the proposal included heavy emphasis

²⁵⁶ The Honorable Jane Campbell, Mayor of Cleveland, OH, Transcribed Testimony from the Cleveland, OH, Hearing, August 12, 2003, page 110.

²⁵⁷ William Montague, Director, Cleveland VA Medical Center, Paraphrase of Transcribed Testimony from the Cleveland, OH, Hearing, August 12, 2003, pages 11-15.

²⁵⁸ Clyde Parkis, VISN 10 Director, Transcribed Testimony from the Cleveland, OH, Hearing, August 12, 2003, page 9.

on a collocation with VBA although VBA has declined this opportunity because of a lack of public transportation for employees and veterans; the 100 Percent Contracting Alternative was dismissed with little justification even though the net present value is calculated as \$98.4 million higher than the recommended alternative; and \$162.4 million in new construction and renovation are added to the 100 Percent Contracting Alternative for no apparent reason.

Commission Findings

- 1 Brecksville's inpatient customer satisfaction score is lower than the national average but its outpatient score is higher. Wade Park's inpatient customer satisfaction score is higher than the national average but its outpatient score is lower.²⁵⁹
- 2 Workload data for Brecksville and Wade Park cannot be separated for analysis; however, data for the past 4 years indicate noticeable increases in demand for internal medicine services and noticeable declines in demand for psychiatry services.
- 3 The proposed consolidation would improve health care quality, safety, and environment while having minimal impact on patient travel time, research, and affiliations.
- 4 The proposals take advantage of improvements already completed at Wade Park.
- 5 Veterans are currently being transported by ambulance from Brecksville to other facilities with services. Consolidating Brecksville and Wade Park should result in savings of these transportation costs.
- 6 Realignment would provide efficiencies in operations.
- 7 The campus realignment plan is dependent on construction of replacement units. The life-cycle cost analysis in the realignment proposal contained some cost inconsistencies that would need clarification and refinement.
- 8 The Commission had questions about the VISN's ability to provide enough domiciliary services to maintain the level currently available at Brecksville.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to relocate current psychiatric, nursing home, domiciliary, and residential services from Brecksville to Wade Park, provided the existing level of services can be maintained.

²⁵⁹ Appendix D, *Data Tables*, page D-52.

- 2 The Commission concurs with the DNCP proposal to pursue EUL opportunities at Brecksville in exchange for property adjacent to Wade Park.
- 3 The Commission recommends that disposal pursuits 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.

II Access to Hospital Care and Inpatient Medicine Services

DNCP Proposals

“*Hospital Care* – Improve access to acute hospital care in the Central and Eastern markets to ensure that at least 65 percent of veteran enrollees are within the driving time guidelines. This would be achieved by contracting for acute hospital care in the local community of Columbus, OH, which would increase the percentage of veterans within the access standard from 39 percent to 83 percent in FY 2012 and to 84 percent in FY 2022. Currently, the Eastern Market is within the guidelines for access to hospital care. The Eastern Market would provide hospital care utilizing contracts in Canton, OH, allowing the market to stay within the hospital access guidelines. *Medicine* – Increasing inpatient medicine services in the Eastern Market is being met through the consolidation of the Brecksville division to Wade Park. This will require new construction and renovation of existing space for Medicine at the Wade Park division. The Central Market will utilize community hospital contracts and other arrangements within the Columbus metropolitan area to provide local inpatient services.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Only 39 percent of central Ohio veterans (Central Market) are within 60 minutes of a VA hospital; the CARES access standard is for 65 percent of veterans to have access. The VA facility nearest to the Columbus metropolitan area is approximately 50 miles away in Chillicothe. Because of Chillicothe’s limited services, however, many patients in Columbus must travel either 82 miles to the Dayton VAMC or 100 miles to the Cincinnati VAMC.

At the site visit, however, the Commissioners heard that the projected need for less than 40 beds at Columbus does not support building a new VA hospital. Furthermore, since enrollment projections peak

in FY 2010²⁶⁰ and a new hospital would take time to get approval and be built, a new VA hospital would not be operational until after enrollment had started to decline. At the Columbus hearing, Congresswoman Pryce noted that the previous 3-year contract with Ohio State University Hospital East for emergency and stabilization care had expired.²⁶¹ As Congressman Hobson stated in his testimony before the Commission on August 19:

In conjunction with this new clinic [referring to replacement outpatient specialty care center in Columbus], it is imperative that the Central Market simultaneously addresses the inpatient hospital care access gap. There are many hospitals in the Columbus area, many of which have empty beds. I, along with others in the Ohio delegation, have written urging that an agreement exist with an area hospital to address these issues. Today, I am once again urging VA to pursue a long-term contract with a local hospital willing to dedicate space to the veterans of central Ohio.²⁶²

Commissioners noted that the outpatient clinic for Columbus should be a top priority, as veterans are currently being transported on buses to the nearest VAMC. The Commission notes that there are numerous facilities in Columbus with extra beds that could be used for veterans' care, a result that is consistent with the DNCP proposal.

In the Canton area in the Eastern Market, contracting for inpatient care is used for emergency purposes and during peak workload periods. As the VISN Director stated in his testimony:

It is our intent to get more efficient as we go forward. But, if there is care beyond what we can – the capacity that we have – [the] default response in the planning model is [to contract for care]. That would in my mind not be the ideal choice. I would much rather that we manage our capacity in a way to meet those needs.²⁶³

Commission Findings

- 1 Inpatient access gaps exist in the Central Market, particularly in the Columbus area.
- 2 Contracting for inpatient care in the Columbus and Canton areas is a cost-effective response to inpatient access gaps as it is not dependent on capital funds.
- 3 Contracting for inpatient services in the Columbus area may reduce the workload at other VA facilities, such as at Chillicothe.

²⁶⁰ VSSC, *Management of CARES Workload Report* received from the VISN Support Services Center (VSSC) dated September 26, 2003.

²⁶¹ The Honorable Deborah Pryce, Congresswoman, Ohio 15th District, Transcribed testimony from the Columbus, OH, Hearing on August 19, 2003, page 22.

²⁶² The Honorable Dave Hobson, Congressman, Ohio 7th District, Written Testimony submitted at the Columbus, OH, Hearing, August 19, 2003, page 4.

²⁶³ Clyde Parkis, VISN 10 Director, Transcribed Testimony from the Cleveland, OH, Hearing, August 12, 2003, page 34.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to contract for inpatient care with local hospitals in Columbus and Canton.
- 2 The Commission recommends analysis of the impact on other facilities of adding services in Columbus, particularly on Chillicothe.
- 3 The Commission recommends that:
 - a Before taking action to alter existing VA services, VA must ensure that there are viable alternatives in the community.
 - b 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.

III Replacement Outpatient Specialty Care Clinic

DNCP Proposals

“A new expanded 260,000 square foot outpatient specialty care center would be built on the DoD Defense Supply Center site located in Columbus, Ohio. DoD has up to 200 acres available at this location at no cost to VA. At the completion of this project, 150,000 square feet of leased space will be terminated.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Columbus, OH, is the only major metropolitan area in VISN 10 that does not have a VA Medical Center. Rather, the Chalmers P. Wylie Outpatient Clinic is the only VA facility in Columbus, and it has outgrown its space. Lillian Thome, Director, Columbus Outpatient Clinic testified, “the clinic moved to the existing 118,000 square foot [facility] located on Taylor, which you also heard was designed for 135,000 annual visits, and this year we expect to finish with greater than 205,000 visits.”²⁶⁴ The data available for FY 2003 shows the Columbus clinic with greater than 209,000 visits.²⁶⁵ The clinic’s current location is in leased space and on land

²⁶⁴ Lillian Thome, MD, Columbus Outpatient Clinic Director, Transcribed Testimony from the Columbus, OH, Hearing on August 19, 2003, pages 56-57.

²⁶⁵ VSSC KLF Menu Database, *Workload: Outpatient, FY-OPC Visit Report, FY 2003, as of December 28, 2003*.

that is not owned by the Federal government. The proposed new outpatient specialty care center would be built on land donated by DoD Defense Supply Center, which eliminates the costs associated with land acquisition. The new facility provides 260,000 square feet of space in a three-story structure, as well as parking space to accommodate 1,000 vehicles.

CARES workload data indicate that in FY 2002, the Columbus outpatient clinic had 153,000 primary and specialty care stops, with a mix of medical specialties and surgical care. The CARES data projected that in FY 2012 primary care, specialty care, and mental health care stops will increase to 263,000. By FY 2022, demand for these services will decline to 240,000.²⁶⁶

Hearing testimony indicated that in addition to primary and specialty care and mental health services, the proposed outpatient specialty care center in Columbus would provide enhanced and expanded services to veterans, such as ambulatory surgery with 12- to 23-hour observation beds.

VISN 10 has studied the accessibility to inpatient and outpatient special health services not offered in the Central Market. Clyde Parkis, VISN 10 Director testified:

It was noted [in the study] that about 320 veterans each week, aged up to 85 years old, some very frail, travel an average of an almost 200 miles round trip. This computes to 62,500 patient travel miles every week. About a fourth of it is in the same kind of bus that you rode in here this morning. It is a rough ride. Three-fourths of it are patients traveling on their own. A veteran spends an average of 12 hours and may have only a 20 to 30 minute clinic appointment to show for it. And the 12 hours doesn't include their time coming to the clinic and leaving the clinic. We want to change that. Many of the veterans that travel are older, have chronic illness[es], [and] have difficulty getting around. The yearly cost of transportation exceeds a million dollars.²⁶⁷

Improving access to care in the Columbus area is a major issue for VISN 10. At the CARES Commission hearing, the VISN Director testified that terminating the old lease for 150,000 square feet would save \$1.3 million annually.²⁶⁸ The proposed ambulatory care center will provide 50 percent more services by FY 2010, including outpatient surgery.²⁶⁹

²⁶⁶ VSSC, *Management of CARES Workload Report* received from the VISN Support Services Center dated September 26, 2003.

²⁶⁷ Clyde Parkis, VISN 10 Director, Transcribed Testimony from the Columbus, OH, Hearing on August 19, 2003, pages 52-53.

²⁶⁸ Clyde Parkis, VISN 10 Director, Written Testimony from the Columbus, OH, Hearing on August 19, 2003, page 13.

²⁶⁹ VSSC, *Management of CARES Workload Report* received from the VISN Support Services Center dated September 26, 2003.

Commission Findings

- 1 Columbus, OH, is the only major metropolitan area in VISN 10 that does not have a VAMC.
- 2 The current outpatient clinic in Columbus has outgrown its space. It was constructed for 135,000 annual visits; however, in FY 2003 the clinic had better than 209,000 annual visits.
- 3 The clinic is located in leased space, and is located on land that is not owned by the Federal government.
- 4 Building a replacement outpatient clinic in Columbus on donated federally owned land would eliminate current expenses associated with leasing space and is the fastest, most cost-effective means to improve outpatient access and workload gaps in the Central Market.
- 5 Veterans often travel 12 hours for a 20 to 30 minute clinic appointment.
- 6 Workload projection data indicate increasing demand for outpatient services in the Columbus area.
- 7 Adding a new outpatient specialty care center in Columbus would provide enhanced and expanded services to veterans.
- 8 There is strong congressional support for the new facility in Columbus, including support from members of the VA/HUD Appropriations Committee.

Commission Recommendations

- 1 The Commission concurs with building an expanded 260,000 square foot replacement outpatient specialty care center in Columbus, OH, on Federal land donated by DoD Defense Supply Center.
- 2 The Commission recommends that the new Columbus outpatient specialty care center be a high priority.

IV Outpatient Primary and Mental Health Care

DNCP Proposals

“Increasing primary care outpatient services is being addressed in all three markets through a combination of in-house expansion (leases and new construction), use of telemedicine, and expansion of existing CBOCs, in addition to new CBOCs. Outpatient mental health services have been an integral part of the existing CBOC and the Network will continue to support the expansion of mental health services in all Network CBOCs. Overall, VISN 10 is increasing specialty care outpatient services in all three markets and at all six care sites.

The need is being met by utilizing a combination of in-house expansion (new construction and leases), offering selected high volume specialty care services at larger CBOCs, and through community contracts.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Though VISN 10’s markets currently meet the criteria for access to primary care, by FY 2012, primary care workload is expected to increase in the Eastern Market by 53 percent, in the Central Market by 22 percent, and in the Western Market by 43 percent. The workload for specialty care in the Eastern Market is expected to increase by 107 percent, in the Central Market by 96 percent, and in the Western Market by 45 percent.²⁷⁰ Projections for all facilities show: 1) construction of 167,000 square feet for additional outpatient care; and 2) contracting for some primary and specialty care over peak enrollment years.²⁷¹

Specialty care demand throughout the entire VISN is projected to increase. In the Central Market, there is a 76 percent projected increase over the FY 2001 baseline in FY 2012, and a 77 percent projected increase in FY 2022. The Eastern Market’s projected increase in FY 2012 is 45 percent over the FY 2001 baseline, and is 32 percent in FY 2022. The greatest overall increase in specialty care demand will be in the Eastern Market, with increases of 101 percent in FY 2012 and 76 percent in FY 2022 over the FY 2001 baseline.²⁷²

From the hearing record, the Commission learned that this VISN has taken innovative steps to address the past demand for outpatient health care services and is prepared to address future demand. As indicated in testimony, the VISN has included in some CBOCs a mental health intensive case management program, which consists of ten or 15 people. Doing this allows the VISN “to care for many seriously mentally ill patients in the community.”²⁷³ The VISN also intends to add additional outpatient space through construction projects, particularly when the Brecksville and Wade Park divisions have been consolidated. This will ensure that access to health care services is maintained.

Projected workload for the seven proposed CBOCs in FY 2012 is 87,000 clinic stops.²⁷⁴ All of the proposed CBOCs would provide mental health care, and three of the proposed CBOCs would provide specialty care.

²⁷⁰ VSSC, *Management of CARES Workload Report* received from the VISN Support Services Center dated September 26, 2003.

²⁷¹ VSSC, *Management of CARES Workload Report* received from the VISN Support Services Center dated September 26, 2003.

²⁷² Appendix D, *Data Tables*, page D-50.

²⁷³ William Montague, Director, Cleveland VA Medical Center, Transcribed Testimony from the Cleveland, OH, Hearing on August 12, 2003, pages 27-28.

²⁷⁴ VSSC, *Management of CARES Workload Report* received from the VISN Support Services Center dated September 26, 2003.

Commission Findings

- 1 Outpatient workload is increasing in all markets.
- 2 The VISN has already integrated mental health services in CBOCs and intends to continue this integration in future CBOCs.
- 3 The VISN has established service sites to meet access and increasing demand for outpatient services.
- 4 Construction is needed to respond to changes resulting from consolidation of the Brecksville and Wade Park divisions to ensure access to health care.
- 5 Some contracting for care in the community may be needed to resolve gaps in demand for outpatient services.

Commission Recommendations

- 1 The Commission recommends that:²⁷⁵
 - 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.
- 2 The Commission recommends that:
 - a Before taking action to alter existing VA services, VA must ensure that there are viable alternatives in the community.

²⁷⁵ Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

- b 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.

V Special Disability Program – Spinal Cord Injury Center

DNCP Proposals

“DNCP recommends adding 20 long-term care beds to the Cleveland SCI Center.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

SCI plans were developed on a national basis. The DNCP indicates that, in FY 2001, VISN 10 had 38 acute-SCI beds, 32 of which were staffed. Projections indicate a decline in the need for acute-SCI beds from the current level of beds. The projections for FY 2012 show a need for 21 acute-SCI beds, and for 24 acute-SCI beds in FY 2022.

The DNCP also indicates that, in VISN 10, ten SCI beds are currently designated as long-term care SCI beds. Projections for long-term care SCI beds show that 43 long-term care SCI beds will be needed in FY 2012 and that this need increases to 48 long-term care SCI beds in FY 2022.²⁷⁶

Commission Findings

- 1 The need for acute-SCI beds is declining.
- 2 Workload projections indicate increasing need for long-term care SCI beds.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to add 20 long-term care beds to the Cleveland SCI Center.
- 2 The Commission recommends that VA 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.

²⁷⁶ Draft National Cares Plan (DNCP), *Appendix Q-Special Disability Program Planning Initiatives*, page 7. Available from [http://www1.va.gov/cares/docs/DNP_appQ.pdf].

VI Enhanced Use

DNCP Proposals

“Enhanced use is proposed for 690,669 square feet of space. The vast majority (548,363 square feet or 79 percent) is associated with the consolidation of activities of the Brecksville Division to Cleveland/Wade Park. The remaining space (142,306 square feet) is associated with proposed enhanced use lease projected at Cincinnati (leasing of Quarters and use proceeds for additional adjacent parking) and Dayton (leasing of empty building).”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Decisions regarding EUL at the Brecksville Division are contingent on the realignment of services at that facility to the Wade Park Division. The Commission concurs with the DNCP proposal to consolidate services at Wade Park and agrees that, once completed, the VISN should move forward with finding alternative uses for the vacated space at Brecksville or divesting the property.²⁷⁷

Regarding the Cincinnati and Dayton EUL opportunities, the Commission heard testimony that the VISN wants to build on partnering ventures already in place in those communities. At the Cincinnati VAMC, significant parking space shortage currently exists and this will be exacerbated as workload increases. The Cincinnati VAMC owns 832 parking spaces, including all the handicapped spaces. It also owns or leases 1,242 parking spaces. According to the VISN, there is a parking deficit of 447 spaces using the FY 2001 patient workload data at the medical centers. The VISN’s plan to resolve this parking deficit is to use the EUL process to lease 11 unused living quarters buildings at Cincinnati’s Fort Thomas campus and to use the funds generated from this EUL to develop a parking garage on land that is owned by the Cincinnati Zoo.²⁷⁸

The Dayton VAMC, the third oldest VAMC in the country, was established pursuant to legislation signed by President Abraham Lincoln creating the National Home for Disabled Volunteer Soldiers. The Dayton VAMC currently has an excess number of buildings and an outdated infrastructure that pose many financial challenges, including the financial drain to maintain buildings not currently used for patient care. Many of the

²⁷⁷ Chapter 3, *National Crosscutting Recommendation: Facility Mission Changes*, contains additional information on this topic.

²⁷⁸ Clyde Parkis, VISN 10 Director, Written Testimony submitted at the Columbus, OH, Hearing on August 19, 2003, pages 17-18, available from [<http://www.carescommission.va.gov/Documents/ColumbusPanel2Part3.pdf>].

buildings on the Dayton campus are historically significant and there is strong opposition from the community to their demolition. The VISN has worked with the community, in particular, the American Veterans Heritage Center (AVHC), a nonprofit organization, to preserve these historic buildings. At the Columbus hearing, Brigadier General Dennis Samic (USAF, Ret.), a member of the Board of AVHC, described the effort as follows:

We have such a partnership in Dayton and look forward to getting our campus added to the historic register to rehabilitating the first permanent chapel built by the United States Government; and in the long-term, turning Dayton's historic VA facilities into a National Veterans Hall of Fame to honor veterans and educate the nation's youth on the value of patriotism.²⁷⁹

This partnering effort resulted in a \$130,000 grant from the National Historic Treasures Program through the National Park Service, which the AVHC plans to match.

Commission Findings

- 1 The Cincinnati VAMC has a parking deficit of 447 spaces. The VISN plans to use the EUL process to lease unused living quarters in exchange for funding to support development of a parking garage.
- 2 The Dayton VAMC has a number of historically significant buildings, which are not used for patient care. The VISN has established creative partnerships with community leaders, particularly the AVHC, to assist the VISN in maintaining historic buildings at the Dayton VAMC.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal relating to EUL projects at Cincinnati to lease quarters and use the proceeds for additional parking.
- 2 The Commission concurs with the DNCP proposal relating to EUL of Dayton's empty buildings.
- 3 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.

²⁷⁹ Brigadier General Dennis Samic, Treasurer American Veterans Heritage Center, Transcribed Testimony from the Columbus, OH, Hearing on August 19, 2003, pages 159-160.