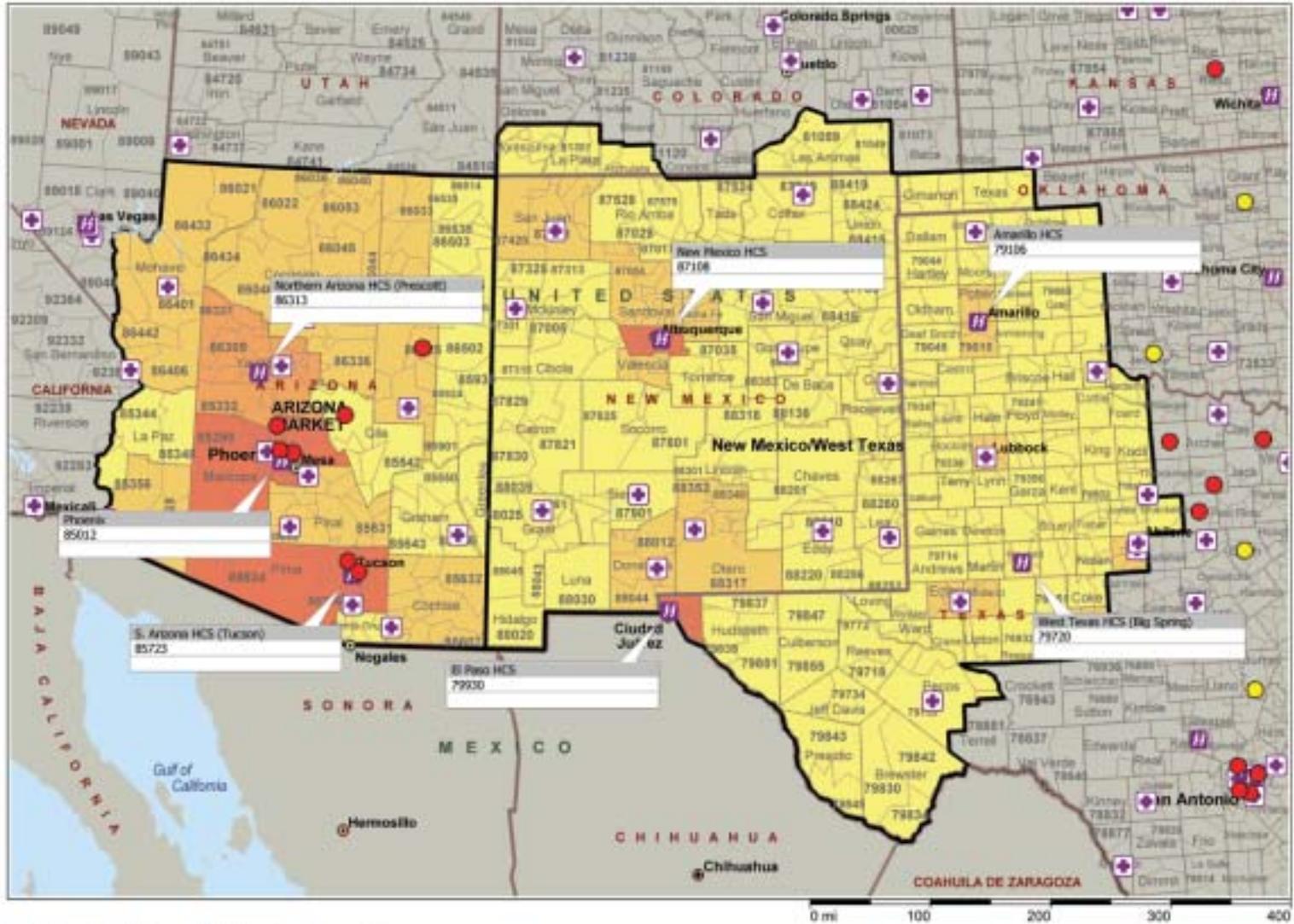


VISN 18 – VA Southwest Health Care Network

- 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
- Pushpins**
- ⌘ VA Hospital
- ⊕ VA Clinic



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VISN 18, VA Southwest Health Care Network

VISN Overview

VISN 18, VA Southwest Health Care Network, is an integrated, comprehensive health care system that provided medical services to approximately 190,000 of the 291,000 veterans enrolled in VA's health care system in FY 2003.⁴²⁴ Geographically, this VISN spans 352,000 square miles in Arizona, New Mexico, and West Texas. It is geographically diverse, including fast growing urban areas such as Phoenix, Tucson, Albuquerque, and El Paso, and large, sparsely populated areas. Eighty-two percent of Arizona is tribal or public land, home to 25 Native American Nations living in extremely rural areas. It has a total veteran population of 931,000.

With a VA staff of 7,318 FTEs,⁴²⁵ VISN 18 delivers health care services through six medical centers, one independent outpatient clinic, 36 community-based outpatient clinics (CBOCs), six nursing homes, one mobile clinic, and one domiciliary unit. Additionally, VA operates five Vet Centers in VISN 18.

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 18.

VISN 18	FY 2001	FY 2012	FY 2022
Enrollees	244,414	261,550	243,210
Veteran Population	944,370	839,651	719,803
Market Penetration	25.88%	31.15%	33.79%

For the CARES process, this VISN is divided into two markets: Arizona Market (*facilities*: Prescott, Phoenix, and Tucson, AZ); and the New Mexico and West Texas Market (*facilities*: Albuquerque, NM, and Amarillo, and Big Spring, TX).

⁴²⁴ VSSC KLF Menu Database, Enrollment Priority and Status by Gender, as of the end of FY 2003.

⁴²⁵ VSSC KLF Menu Database, FMS Annual Salary Report, FY 2003: July 2002 through September 2003.

Information Gathering

The CARES Commission visited one site and conducted two public hearings. The Commission received 12,789 public comments regarding VISN 18.

- ▶ *Site Visit:* Albuquerque, NM, on July 22.
- ▶ *Hearings:* El Paso, TX, on September 18; Prescott, AZ, on September 19.

Summary of CARES Commission Recommendations

I Small Facility – Prescott

- 1 The Commission concurs with the DNCP proposal to retain patients at Prescott who would have been referred to Phoenix.

(see page 5-281)

II Mission Change – Study Feasibility of Closing Big Spring

- 1 The Commission concurs with the DNCP proposal insofar as it relates to studying the possibility of no longer providing health care services at Big Spring. The study should take into account the input of stakeholders regarding access to care.
- 2 The Commission recommends that VA establish a clear definition and clear policy on the critical access hospital (CAH) designation prior to making a decision on the use of this designation.

(see page 5-283)

III Inpatient Care

- 1 The Commission concurs with the DNCP proposal to address inpatient medicine access and capacity issues through renovation, reopening closed units, and contracting for care.
- 2 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 cost-effective contracts.
- 3 The Commission concurs with the DNCP proposal to meet increasing demand for inpatient psychiatry by expanding services at Phoenix, Tucson, and Albuquerque.

(see page 5-285)

IV Outpatient Care

- 1 The Commission concurs with expanding services at existing sites of care, but notes that this is only a partial solution to capacity and access issues in VISN 18.
- 2 The Commission recommends that:⁴²⁶
 - 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 5-287)

V VA/DoD Sharing

- 1 The Commission recommends that there be a clear commitment from DoD to expand the existing VA/DoD joint venture with William Beaumont Army Medical Center. Predicated upon VA having this commitment, the Commission concurs with expanding the VA/DoD joint venture, including inpatient beds staffed and operated by VA and additional outpatient services.
- 2 The Commission concurs with the DNCP proposal to collaborate with DoD in providing primary care services for DoD personnel at the Mesa CBOC.

(see page 5-289)

⁴²⁶ Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

VI Extended Care

- 1 The Commission concurs with the DNCP proposal on the need for renovation of nursing homes in VISN 18.
- 2 The Commission recommends that:⁴²⁷
 - 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.

(see page 5-291)

VII Enhanced Use

- 1 The Commission concurs with the DNCP proposal for the Phoenix and Albuquerque enhanced use leasing (EUL) projects.

(see page 5-292)

VIII Research

- 1 The Commission concurs with the DNCP proposal on the need to improve research capabilities to enhance patient care and physician recruitment.

(see page 5-293)

⁴²⁷ Chapter 3, *National Crosscutting Recommendations: Long-Term Care*, contains additional information on this topic.

I Small Facility – Prescott

DNCP Proposal

“Medicine workload at Prescott will increase by taking patients who would have been referred to Phoenix. This will also enhance the ability to recruit specialists at Prescott to meet the need for outpatient specialty care. Utilization review will ensure that lengths of stay are comparable to Medicare guidelines.”

DNCP Alternatives

- 1 Retain acute hospital beds.
- 2 Close acute hospital beds and reallocate workload to another VA facility.
- 3 Close acute hospital beds and implement contracting, sharing, or joint venturing for workload in the community.
- 4 Combination of any of the above, but predominately contracting with a community provider(s) and referral to another VAMC(s).

Commission Analysis

Both Phoenix VAMC and the North Arizona VA Health Care System (Prescott) have projected increases in workload for inpatient and outpatient care. In comparison to the FY 2001 baseline, demand for inpatient medicine in the Arizona Market is expected to increase by 29 percent by FY 2012; inpatient psychiatry by 53 percent; outpatient primary care by 26 percent; and outpatient mental health care by at least 55 percent. By FY 2022, demand in the market declines to 13 percent over the FY 2001 baseline for inpatient medicine, 30 percent for inpatient psychiatry, 14 percent for outpatient primary care, and 32 percent for outpatient mental health.⁴²⁸ Both the Prescott facility and the Phoenix VAMC have experienced substantial increases in workload over the past five years. During FY 2003, Prescott provided health care services to 19,796 unique patients, an increase of 85 percent over FY 1998 levels. During FY 2003, Phoenix provided care to 58,535 unique patients, an increase of 54 percent over FY 1998 levels.⁴²⁹

⁴²⁸ Appendix D, *Data Tables*, page D-77.

⁴²⁹ VSSC KLF Menu Database, Enrollment & Workload Preferred Facility & Priority.

The VISN's plan to move 20 beds from Phoenix to the Prescott will address capacity issues and allow space at Phoenix for expanded specialty care. At the Prescott hearing, Ms. McKlem, VISN Director, explained:

referring outpatient specialty care and inpatient medical care to the Carl T. Hayden Medical Center [Phoenix] has become increasingly difficult because the Phoenix population and resultant workload has increased much faster...than capacity. Part of the Phoenix increased demand results from referral workload from Prescott while at the same time, the Phoenix workload continues to grow. Pulling most of the specialty workload back to Prescott, allowing veterans in northern Arizona to avoid traveling an extra 100 miles into the center of a large city, provides better patient access for outpatient specialty care and inpatient care. It also addresses increased demand at the Carl T. Hayden Medical Center and reduces the need for additional beds and construction at that facility.⁴³⁰

Moreover, because Prescott has not supported large specialty medical programs, many patients were transferred to Phoenix. Physicians increasingly have been attracted to the area, however, and contracting with specialists, such as general surgeons, ophthalmologists, and urologists, is no longer a problem.⁴³¹ Therefore, Prescott is able to expand its in-house inpatient and outpatient medical specialty care by attracting specialists to work at the facility on a part-time or consultant basis, supplementing the efforts of full-time VA professional staff, and Prescott's veterans will be better served.

Commission Findings

- 1 Workload is increasing for both Phoenix and Prescott, and is projected to increase further.
- 2 The DNCP proposal would have a positive economic impact on the Prescott community.
- 3 Reallocating the Phoenix VAMC's workload to the Prescott facility improves access to hospital care and outpatient services, particularly specialty care services, for veterans residing in Prescott's catchment area.
- 4 Medical professionals are available to work at the Prescott facility under contract.

Commission Recommendation

The Commission concurs with the DNCP proposal to retain patients at Prescott who would have been referred to Phoenix.

⁴³⁰ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the Prescott, AZ, Hearing on September 19, 2003, pages 18-19.

⁴³¹ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the Prescott, AZ, Hearing on September 19, 2003, page 52.

II Mission Change – Study Feasibility of Closing Big Spring

DNCP Proposal

“Close surgery and contract for care in communities nearest to patients. Study the possibility of no longer providing health care services at Big Spring by development of a critical access hospital for the Odessa-Midland area that would include a nursing home and expansion of an existing clinic to a multi-specialty outpatient clinic. Also as part of the study, consider the possible need for acute hospital care in the area.”

DNCP Alternatives

- 1 Retain acute hospital beds.
- 2 Close acute hospital beds and reallocate workload to another VA facility.
- 3 Close acute hospital beds and implement contracting, sharing, or joint venturing for workload in the community.
- 4 Combination of any of the above, but predominately contracting with a community provider(s) and referral to another VAMC(s).

Commission Analysis

The VISN Director testified that the feasibility study requested by the VA Central Office (VACO) to determine the best way to deliver care in the Big Spring catchment area was added after the April 2003 submission of the VISN’s market plan. The VISN did not receive guidance from VACO on how the study was to be conducted or by whom.

The VISN Director testified that inpatient surgical services at the Big Spring facility had already closed. This occurred in April 2003.

The FY 2003 workload data for the Big Spring facility shows the following average daily census (ADC) for its inpatient bed sections: internal medicine 13; intermediate care 2; and VA nursing home 36.⁴³² Except for the inpatient psychiatry workload, which declined in FY 2002 and is shown as zero in FY 2003, and inpatient surgery, which was closed in FY 2003, Big Spring’s inpatient workload from FY 2000 to FY 2003 has been consistent. There are five community alternatives to VA services within 60 minutes from the Big Spring facility.⁴³³

⁴³² Appendix D, *Data Tables*, page D-80.

⁴³³ Appendix D, *Data Tables*, page D-81.

On the other hand, representatives of local veterans' groups and veterans who receive care at Big Spring raised concerns about the proposed movement of inpatient services to Odessa/Midland, particularly for veterans living east of Big Spring. Cited were issues with the impact that a mission change at the Big Spring VAMC would have on the local economy, as well as access as it relates to health issues that may prevent the ability to travel farther. In his written testimony, Congressman Randy Neugebauer stated that "of the veteran population within the market area, 57 percent reside closer to Big Spring than they do to the Midland/Odessa area." Congressman Neugebauer also added his testimony on the impact on access to veterans by stating:

The presence of the Big Spring facility was a required component of the state of Texas' decision and commitment to locate a new nursing home facility there called the Lamun-Lusk-Sanchez Texas State Veterans Home in Big Spring. It's dependent on the Big Spring facility to provide health care services to those veterans. The State Veterans Home would not have been built in Big Spring if the VA hospital did not have a presence there.⁴³⁴

Commission Findings

- 1 Inpatient surgical services at Big Spring closed in April 2003.
- 2 There are five non-VA community alternatives within 60 minutes of Big Spring.
- 3 Most stakeholders who testified are opposed to changing Big Spring's mission and raised concerns about access that need to be carefully addressed in any study of moving services from Big Spring.
- 4 The State of Texas relied on the presence of the Big Spring VAMC in its decision and commitment to locate a new nursing home facility in Big Spring.
- 5 VA applied the CAH model to the proposed Odessa/Midland hospital without clearly defining the concept.

Commission Recommendation

- 1 The Commission concurs with the DNCP proposal insofar as it relates to studying the possibility of no longer providing health care services at Big Spring. The study should take into account the input of stakeholders regarding access to care.
- 2 The Commission recommends that VA establish a clear definition and clear policy on the CAH designation prior to making a decision on the use of this designation.

⁴³⁴ Randy Naugebauer, United States Congress, Transcribed Testimony from the El Paso, TX, Hearing on September 18, 2003, page 11.

III Inpatient Care

DNCP Proposal

“*Access* – The gap in hospital and tertiary care access in the New Mexico/West Texas Market is being met through expanding the joint venture with DOD in El Paso and contracting in Midland/Odessa, Lubbock, and Roswell. *Inpatient Services – Medicine*: Increasing demand in the Arizona Market will be met by expanding in-house services at all three facilities using renovation projects. In the New Mexico/West Texas Market, by expanding the joint venture at the William Beaumont Army Medical Center adjacent to the El Paso OPC as well as contracting for care in Lubbock, Roswell, and local communities in West Texas and New Mexico for Emergency Care will meet demand. *Psychiatry* – The increasing demand for inpatient psychiatry will be met by expanding services at Phoenix, Tucson, and Albuquerque Contracting for emergency care will also be implemented in New Mexico and West Texas.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

The CARES workload projections for inpatient care show that both markets (Arizona and New Mexico/West Texas) will experience a 29 percent increase in medicine demand and a two percent increase in surgical demand over the FY 2001 baseline in FY 2012.⁴³⁵ By FY 2022, demand for inpatient medicine is projected to decrease in both markets: 13 percent over FY 2001 baseline in the Arizona Market and 25 percent for the New Mexico/West Texas Market. Demand for inpatient surgery will also decrease by FY 2022 by 10 percent below FY 2001 baseline for the Arizona Market and 12 percent below baseline for the New Mexico/West Texas Market.⁴³⁶

In the New Mexico/West Texas Market, only 57 percent of enrolled veterans have access to hospital care within the CARES two-hour rural guideline.⁴³⁷ VA provides outpatient care at a large community outpatient clinic in Lubbock, TX, where 9,769 veterans received care in FY 2003.

⁴³⁵ CARES Portal, VISN 18 Market Plan: Planning Initiatives for Gaps.

⁴³⁶ Appendix D, *Data Tables*, page D-77.

⁴³⁷ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the El Paso, TX, Hearing on September 18, 2003, page 30.

At the El Paso hearing, Ms. McKlem testified:

Additional beds will be acquired through reactivating or contracting 24 inpatient medical beds at the New Mexico Health Care System and reactivating 13 beds at Amarillo when demand dictates. We also plan to contract for three beds in Lubbock, TX, and two beds in Roswell, NM, as need occurs.⁴³⁸

In the Arizona Market, Ms. McKlem stated that renovations at current facilities would be used to address increasing demand for inpatient services.

The CARES projections for FY 2012 indicate that VISN 18 will see an increase in inpatient psychiatry workload of 53 percent in the Arizona Market and 49 percent in the New Mexico/West Texas Market. By FY 2022, demand for inpatient psychiatry will decrease to 30 percent above baseline in the Arizona Market and to 18 percent above baseline in the New Mexico/West Texas Market.⁴³⁹ At the Prescott hearing, Ms. McKlem, the VISN Director, explained the plan to address the demand in the Arizona Market:

VISN 18 will reactivate a psychiatric inpatient unit at the [Phoenix] medical center, which will provide 30 additional beds, and expand the psychiatric unit at [Tucson] by seven beds as demand indicates. Additional long-term psychiatric inpatient resources are provided through a contract with the Big Spring State Hospital.⁴⁴⁰

Commission Findings

- 1 Renovating current facilities, reactivating closed areas, or contracting for care will increase access to hospital care and address capacity gaps.
- 2 The VISN has planning initiatives to address projected inpatient psychiatry workload increases for both the Arizona and New Mexico/West Texas Market areas.

Commission Recommendation

- 1 The Commission concurs with the DNCP proposal to address inpatient medicine access and capacity issues through renovation, reopening closed units, and contracting for care.
- 2 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.

⁴³⁸ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the El Paso, TX, Hearing on September 18, 2003, pages 31-32.

⁴³⁹ CARES Portal, VISN 18 Market Plan: Planning Initiatives for Gaps.

⁴⁴⁰ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the Prescott, AZ, Hearing on September 19, 2003, pages 21-22.

- 3 The Commission concurs with the DNCP proposal to meet increasing demand for inpatient psychiatry by expanding services at Phoenix, Tucson, and Albuquerque.

IV Outpatient Care

DNCP Proposal

“Primary Care and Mental Health – Increasing primary care and mental health outpatient service is being addressed in both markets primarily through expansion of existing CBOCs as well as increasing services at parent facilities. Outpatient mental health is being integrated with primary care at all sites. *Specialty Care* – Increasing specialty care services in both markets will be met using a combination of in-house expansion (new construction, renovation, and leases) and by offering selected high volume specialty care services at larger CBOCs and through community contracts.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

VISN 18 is highly rural, with 104 of the 136 counties identified as medically underserved. Eighty-two percent of Arizona is tribal or public land, and the northern portion of New Mexico also has many Native Americans living on tribal land. Arizona has approximately 25 Native American Nations with a large portion living in extremely rural areas. Public transportation is nonexistent in these highly rural areas.

By FY 2012, primary care workload in the Arizona Market is projected to increase over the FY 2001 baseline by 26 percent, decreasing to a 14 percent increase above baseline by FY 2022. The specialty care workload in Arizona is expected to increase by 56 percent and in the New Mexico/West Texas Market by 52 percent over baseline by FY 2012, declining to 48 and 30 percent over baseline, respectively, by FY 2022. The workload for outpatient mental health in Arizona is expected to increase by 55 percent, and in New Mexico/West Texas by 49 percent over baseline by FY 2012, declining to 32 and 17 percent, respectively, by FY 2022.⁴⁴¹

⁴⁴¹ Appendix D, *Data Tables*, page D-77.

VISN 18 was a pioneer in establishing CBOCs, and both markets meet the access to primary care criteria largely due to the deployment of the existing 36 CBOCs.⁴⁴² The National CARES Program Office (NCPO) indicates that one new CBOC, at New Pasyon, AZ, opened in November 2003. The VISN had proposed nine other new CBOCs. One of these proposed sites, New Holbrook, AZ, is identified to serve the needs of Native Americans in northern Arizona. The other CBOCs are in the metropolitan Phoenix and Tucson areas, and were intended to improve accessibility in these increasingly congested cities, as well as taking some workload from the crowded medical centers so that space could be freed up for expanded specialty services. The DNCP does not put any of these nine new CBOCs in priority group one.

At the El Paso hearing, Commissioners learned that mental health services are being added to existing CBOCs and that telepsychiatry at smaller CBOCs has been well accepted by patients.⁴⁴³ The VISN also has a \$9 million major construction proposal to build a VISN 18 telepsychiatry center of excellence in Tucson.⁴⁴⁴ VISN 18 already has a successful teleradiology arrangement.

Commission Findings

- 1 The DNCP proposes to meet the increased need for primary care in this VISN only through expansion at current sites of care.
- 2 The DNCP strategy did not address access to care in Northern Arizona, where many Native Americans live.
- 3 Capacity/space needed for specialty care can best be addressed by moving primary care workload into leased space and then using the space at the parent facility to provide expanded specialty care.
- 4 The VISN proposes to increase access to mental health care at existing CBOCs and, where possible, increase the use of telemedicine.

Commission Recommendation

- 1 The Commission concurs with expanding services at existing sites of care, but notes that this is only a partial solution to capacity and access issues in VISN 18.
- 2 The Commission recommends that:⁴⁴⁵
 - 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.

⁴⁴² Patricia McKlem, VISN 18 Director, Transcribed Testimony from the Prescott, AZ, Hearing on September 19, 2003, page 11.

⁴⁴³ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the El Paso, TX, Hearing on September 18, 2003, page 33.

⁴⁴⁴ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the Prescott, AZ, Hearing on September 19, 2003, page 36.

⁴⁴⁵ Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

- 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.

V VA/DoD Sharing

DNCP Proposal

“The VISN is pursuing expansion of the joint venture with William Beaumont Army Medical Center in El Paso as well as a primary care clinic with Luke AFB at the Mesa CBOC.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

El Paso has the fastest growing workload in the New Mexico/West Texas Market. During FY 2003, El Paso provided health care services to 15,577 patients.⁴⁴⁶ Inpatient care in El Paso is provided via contract with the William Beaumont Army Medical Center (WBAMC). Plans envisioned a shared physical and programmatic arrangement between VA and DoD. In 1995, a four-story, 254,000 square foot VA outpatient clinic opened next to WBAMC. The clinic is connected to the hospital on all four floors, allowing easy access between each area. In addition, working with specialists at WBAMC has enabled VA to reduce the number of patients sent to Albuquerque. Today, there are less than 1,000 consults sent to Albuquerque, compared to more than 3,000 in 1995. Conversely, in FY 2002, there were 3,200 consults to WBAMC.⁴⁴⁷

⁴⁴⁶ VSSC KLF Menu Database, Enrollment Priority and Status by Gender, as of the end of FY 2003.

⁴⁴⁷ Byron Jacqua, Director, El Paso VA Health Care System, Transcribed Testimony from the El Paso, TX, Hearing on September 18, 2003, page 37.

At the hearing, the VISN Director discussed plans to expand the existing relationship by having VA staff 33 acute medical beds within the WBAMC and share ancillary services with DoD. This scenario also includes establishing a 27-bed, VA-staffed and -operated inpatient psychiatric unit within the WBAMC that would serve VA and DoD patients, expanding outpatient specialty care, and expanding outpatient mental health services to meet projected workload for those categories of care. Because of deployment issues, WBAMC has experienced changes in clinical staffing levels. VISN leadership believes VA should staff any new inpatient units.

The Phoenix VAMC operates a large community-based outpatient clinic in Mesa, AZ. During FY 2003, this clinic provided 32,944 outpatient visits to 8,923 patients.⁴⁴⁸ Primary care, mental health, and some specialty care were provided. This substantial clinic would seem an ideal venue for a joint venture to provide primary care services for DoD personnel in the Mesa area.

Commission Findings

- 1 Most inpatient health care for veterans served by the El Paso VA Health Care System is provided by contract or through the Army at the WBAMC.
- 2 Increased inpatient capacity in the El Paso area will be achieved through expansion of an existing joint venture with WBAMC to establish 33 VA-staffed and operated acute medical beds and 27 VA-staffed and operated inpatient psychiatry beds.
- 3 While expansion of the VA/DoD joint venture with WBAMC in El Paso is the cornerstone of this plan, there was a noticeable absence of a clear commitment from DoD senior commanders for the initiative and no written agreement. Should the expansion of the joint venture fail, other DNCP proposals for this VISN will not be achieved.
- 4 The Mesa CBOC seems well positioned to enter into a joint venture with DoD to provide primary care services to DoD personnel.

Commission Recommendations

- 1 The Commission recommends that there be a clear commitment from DoD to expand the existing VA/DoD joint venture with William Beaumont Army Medical Center. Predicated upon VA having this commitment, the Commission concurs with expanding the VA/DoD joint venture, including inpatient beds staffed and operated by VA and additional outpatient services.
- 2 The Commission concurs with the DNCP proposal to collaborate with DoD in providing primary care services for DoD personnel at the Mesa CBOC.

⁴⁴⁸ VSSC KLF Menu Database, Enrollment Priority and Status by Gender, as of the end of FY 2003.

VI Extended Care

DNCP Proposal

“Proposed capital investments for nursing homes include the renovation of 58,314 square feet in the New Mexico/West Texas Market (Albuquerque and Amarillo) and the renovation of 124,209 square feet in the Arizona Market (Phoenix, Prescott, and Tucson).”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

The Southwest is increasingly a retirement destination for many aging veterans, who tend to use VA health care services at higher rates than do younger veterans. This partially accounts for the high market penetration in VISN 18 (244 per 1,000 veteran population in FY 2003, compared to VA national average of only 177 per 1,000). Because most VHA nursing home construction occurred decades ago, before the large migration to the Southwest, there is a relative paucity of VA nursing home beds in the VISN. During FY 2003, the VISN had 469 nursing home operating beds with an ADC of 407 (87 percent occupancy). There were beds at Albuquerque (18 ADC), Amarillo (116 ADC), Big Spring (36 ADC), Phoenix (81 ADC), Prescott (81 ADC), and Tucson (75 ADC).⁴⁴⁹ This makes it reasonable to upgrade the current nursing home environments of care to better accommodate ongoing increasing demand from aging veterans in this part of the country.

Commission Findings

This VISN is likely to have increased need for nursing home beds into the future.

Commission Recommendations

- 1 The Commission concurs with the DNCP proposal on the need for renovation of nursing homes in VISN 18.
- 2 The Commission recommends that:⁴⁵⁰
 - 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.

⁴⁴⁹ VSSC KLF Menu Database, Workload Report, as of the end of FY 2003.

⁴⁵⁰ Chapter 3, *National Crosscutting Recommendations: Long-Term Care*, contains additional information on this topic.

- 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.

VII Enhanced Use

DNCP Proposal

“A major enhanced use leasing project at Phoenix is being pursued which will make office space available on its campus in downtown Phoenix to affiliates, as well as DoD and the private sector. Albuquerque is pursuing a multi-use project that includes collocation of the VARO, a hoptel, and an assisted living facility.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

Excess land at the Phoenix campus is high on VA’s list of land most likely to produce revenue that can be used to enhance VA health care services.

The Albuquerque VAMC provides tertiary inpatient surgical services to veterans from a large catchment area that covers most of New Mexico and large portions of Texas and other nearby states. A hoptel unit would provide veterans and their families traveling a long distance for such services with a comfortable, affordable place to live while undergoing the preparatory and recovery portions of the surgery. It would also permit the VAMC to be more efficient by reducing unnecessary lengths of stay on high demand surgical and medical beds.

Commission Findings

- 1** Land at the Phoenix campus has high potential for EUL.
- 2** The establishment of a hoptel at the Albuquerque VAMC will enhance services for veterans in the market.

Commission Recommendation

The Commission concurs with the DNCP proposal for the Phoenix and Albuquerque EUL projects.

VIII Research

DNCP Proposal

“The VISN will join with Arizona State University (ASU) to establish an Arizona Biomedical Institute. In addition, the VISN is working with both ASU and University of Arizona to establish a Molecular Diagnostics and Research Laboratory. Albuquerque also has a very active research program that has numerous space and functional deficiencies. All of these initiatives will require construction and/or enhanced use projects.”

DNCP Alternatives

None provided in the DNCP.

Commission Analysis

As patient care services have expanded, funded research has also expanded in this VISN. In her written testimony at the El Paso hearing, the VISN Director said, “In the New Mexico/West Texas Market, the New Mexico VA Health Care System [Albuquerque] is affiliated with the University of New Mexico. At that facility, research has increased by 57 percent. This increase has not been accompanied by a comparable increase in renovation and construction for research.”⁴⁵¹

Commission Findings

- 1 VA’s clinical services are expanding rapidly in this VISN.
- 2 Increased collaboration with educational affiliates is crucial to expanding VA clinical services.
- 3 Expanding research programs in the VISN strengthens the relationship with affiliates and aids in recruiting highly qualified clinical staff.

Commission Recommendation

The Commission concurs with the DNCP proposal on the need to improve research capabilities to enhance patient care and physician recruitment.

⁴⁵¹ Patricia McKlem, VISN 18 Director, Transcribed Testimony from the El Paso, TX, Hearing on September 18, 2003, page 34.