

### VISN 22 – VA Desert Pacific Health Care Network



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## VISN 22, Desert Pacific Health Care Network

### VISN Overview

VISN 22, the Desert Pacific Health Care Network, is an integrated, comprehensive health care delivery system that provided medical services to 223,000 of the 397,000 veterans enrolled in the VA's health care system in FY 2003.<sup>532</sup> This VISN covers a service area of 110,000 square miles and provides services to veterans located in the southern parts of California and Nevada. The service area includes Las Vegas in Clark County, NV, one of the fastest growing areas in the United States. The total veteran population of the VISN is approximately 1.5 million. With a staff of 9,520 FTEs,<sup>533</sup> VISN 22 delivers health care services through five medical centers, including the Mike O'Callaghan Federal Hospital (MOFH) at Nellis Air Force Base, a VA/DoD joint venture medical center in Las Vegas, four nursing homes, one domiciliary care facility, and 30 community-based outpatient clinics (CBOCs). Additionally, there are 11 Vet Centers in VISN 22.

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 22.

VISN 22	FY 2001	FY 2012	FY 2022
Enrollees	322,931	334,440	282,238
Veteran Population	1,575,939	1,159,413	869,863
Market Penetration	20.49%	28.85%	32.45%

For the CARES process, the VISN is divided into two markets: the California Market (*facilities*: Long Beach, Loma Linda, West Los Angeles, and San Diego); and the Nevada Market (*facility*: Las Vegas).

### Information Gathering

The CARES Commission conducted three site visits to VISN 22 and two public hearings. The Commission received 1,822 public comments regarding VISN 22.

- ▶ *Site Visits*: Long Beach and West Los Angeles on July 14 and 15; walkthroughs of three sites and a driving tour of the other seven locations making up VA's ten outpatient sites in Las Vegas and the MOFH at Nellis AFB on July 16.
- ▶ *Hearings*: Las Vegas, NV, on September 26; and Long Beach, CA, on September 29.

<sup>532</sup> VSSC KLF Menu Database, *Enrollment Priority and Status by Gender*, as of the end of FY 2003.

<sup>533</sup> VSSC KLF Menu Database, *FMS Annual Salary Report*, FY 2003.

## Summary of CARES Commission Recommendations

### I New Hospital – Las Vegas; VA/DoD Sharing

- 1 The Commission recommends that VA continue the joint venture with MOFH at Nellis AFB in Las Vegas for inpatient beds and that the partnership be expanded to meet VA's increased need for acute care services. This partnership allows for shared services that support inpatient beds and will reduce redundancies and be more cost-efficient than operating two separate hospital facilities.
- 2 The Commission recommends that VA provide a collocated multi-specialty outpatient clinic and nursing home care unit in the Las Vegas area.
- 3 The Commission recommends that, given the uniqueness of the Las Vegas situation and the increased need for VA inpatient care in southern Nevada, if DoD cannot continue the partnership by fulfilling the medical needs of veterans, the VA should exercise the option of constructing a new VA hospital in Las Vegas, as recommended in the DNCP.

*(see page 5-364)*

### II Realignment/Consolidation of Services Due to Proximity – West LA Campus and Long Beach

- 1 The Commission concurs with the DNCP proposal to maintain existing facilities at Long Beach and West LA campus, and to integrate services where appropriate.

*(see page 5-368)*

### III Inpatient Care

- 1 The Commission concurs with the DNCP proposal to address the need for additional inpatient medicine beds in the California Market through the conversion and renovation of existing space and to use contracted services to meet demand during peak periods.
- 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 5-369)*

#### **IV Outpatient Care**

- 1 The Commission concurs with the DNCP proposal to address capacity gaps through new construction, shifting workload, and expansion of services.
- 2 The Commission recommends that:<sup>534</sup>
  - 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 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 at teaching sites to enhance quality of care in community-based service settings.

*(see page 5-371)*

#### **V Special Disability Programs**

- 1 The Commission concurs with the DNCP proposal to establish a new blind rehabilitation center (BRC) on the Long Beach campus.
- 2 The Commission concurs with the DNCP proposals for Long Beach to realign 30 beds from acute spinal cord injury/disorder (SCI/D) to long-term SCI/D. 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.

*(see page 5-373)*

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<sup>534</sup> Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

## VI Infrastructure and Life Safety

- 1 The Commission recommends that patient safety be the highest priority for VA CARES funding. VA should seek the appropriation of necessary funding to correct documented seismic/life safety deficiencies as soon as possible.

*(see page 5-374)*

## VII Excess Land Use – West LA Campus

- 1 The Commission concurs with the DNCP proposal for the Network Land Use Planning Committee to address the use of VA land, especially the property on the West LA campus, with stakeholder input. The Commission recommends, however, that the committee be augmented with the addition of stakeholder representation on the committee in an advisory capacity.
- 2 The Commission concurs with the DNCP proposal for construction of a new clinical addition to consolidate clinical services.
- 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 enhanced use leasing (EUL) process. VA should also consider using vacant space to provide supportive services to homeless veterans.

*(see page 5-376)*

## VIII Long-Term Care/Facility Condition

- 1 The Commission concurs with the DNCP proposal for upgrading existing long-term care (LTC) and chronic psychiatric care units recognizing that some renovations are needed to improve the safety and maintenance of the facilities' infrastructure and to modernize patient areas.
- 2 The Commission recommends that VA provide for nursing home care, collocated with a multi-specialty outpatient clinic, in the Las Vegas area.
- 3 The Commission recommends that:<sup>535</sup>
  - 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.

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<sup>535</sup> 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.

*(see page 5-378)*

### **IX Research**

- 1** The Commission concurs with the DNCP proposal for new research facilities at Loma Linda, San Diego, and West LA locations.

*(see page 5-380)*

### **X VA/DoD Sharing and Other Collaborations**

- 1** The Commission recommends that VA/DoD collaboration should be a major consideration in addressing health care needs in a local area.
- 2** The Commission concurs with collocating the VBA office to West LA campus and providing VBA space in the proposed outpatient clinic in Las Vegas, NV.
- 3** The Commission concurs with collocating an NCA columbarium on 20 acres of the West LA campus.

*(see page 5-381)*

## I New Hospital – Las Vegas; VA/DoD Sharing

### DNCP Proposals

“*Inpatient Services* – Develop a plan for a new hospital in Las Vegas that would include the current plans for a multi-specialty outpatient clinic. *Extended Care* – Capital investments consist of new construction of 95,000 square feet in the Nevada market (Las Vegas). *DoD* – DoD collaboration opportunities included in the plan are through the Mike O’Callaghan Federal Hospital [Nellis AFB] in Las Vegas...”

### DNCP Alternatives

None provided in the DNCP.

### Commission Analysis

The demand for inpatient services in the Nevada Market is projected to increase: inpatient medicine – 91 percent over the FY 2001 baseline by FY 2012, and 70 percent over baseline by FY 2022; surgery – 28 percent over baseline by FY 2012, and 15 percent over baseline by FY 2022; and inpatient psychiatry – 21 percent over baseline by FY 2012, but decreasing to 8 percent below baseline by FY 2022. Likewise, there are projected increases in demand for outpatient specialty care (120 percent over the FY 2001 baseline by FY 2012, decreasing to 112 percent by FY 2022), primary care (49 percent by FY 2012, 35 percent by FY 2022), and mental health outpatient care (69 percent by FY 2012, 40 percent by FY 2022).<sup>536</sup>

During the site visit, Commissioners noted that the current arrangement for outpatient services to veterans in Las Vegas is fragmented, with care being furnished at ten separate sites. Commissioners were given a tour of the MOFH on the Nellis AFB and heard some concerns expressed by Air Force staff about VA’s projected need for increased beds and outpatient services. VA’s need might be impacted by DoD’s plans to increase the troop strength at Nellis and DoD’s need for additional beds to support that increase. The importance of Nellis AFB to DoD and the growing needs of VA to respond to an increasing veteran population in southern Nevada makes the VA/Nellis joint venture a unique situation.

Following the MOFH tour, Commissioners were shown one of the possible locations for a new VA outpatient clinic and nursing home initiative. The DNCP proposes a new hospital for the Las Vegas community, which would end the 9-year VA/DoD collaboration at the MOFH.

<sup>536</sup> Appendix D, *Data Tables*, page D-103.

At the Las Vegas hearing, Colonel Rank, Commander of the MOFH, testified on the nature of the joint venture:

The Mike O’Callaghan Federal Hospital is a successful joint venture between the Department of Veterans Affairs, the Department of Defense...specifically the Department of the Air Force. Air Force and Veterans Affairs jointly operate the 94-bed facility sharing the surgical suites and intensive care units, emergency department, and several ancillary and support services. The Veterans Affairs currently staffs 52 of the 94 beds to support veteran patients, and Air Force staffs 42 beds supporting DoD patients. The VA Draft CARES Plan identifies a requirement for 81, and now 90, acute care and 120 long-term care beds by the year 2012. The 99th Medical Group supports meeting the Veterans Affairs acute care requirement and maintaining the existing joint venture.<sup>537</sup>

Colonel Rank noted that there will be capacity to add 28 acute care beds without construction when the VA surgical clinics are moved to a new VA ambulatory care center [earlier possible CARES consideration], and that another six beds are projected to be available in FY 2005 when MOFH’s emergency room project is scheduled for completion. Colonel Rank added:

The 99th Medical Group and the Air Force Medical Service maintain the current joint venture to meet the Veterans Affairs acute care bed requirement. However, a long-term care facility is beyond our capability and incompatible with our mission, and there is insufficient space to accommodate the facility...The 99th Medical Group regrets that the inability of Nellis [AFB] to support a [VA] long-term care facility has led [VA] to consider terminating the entire joint venture after nine successful years of a true win/win partnership.<sup>538</sup>

Colonel Rank described the VA/DoD collaboration at Nellis AFB as a premier model for other joint ventures and identified several disadvantages to severing that partnership including:

- ▶ It would be a tremendous loss and contrary to the transformation initiatives to increase VA/DoD integration of the President of the United States and Secretary of Defense;
- ▶ There would be decreased opportunity for Air Force personnel to build and maintain wartime medical skills due to fewer critically ill patients;

<sup>537</sup> Melissa A. Rank, Colonel, 99th Medical Group, Mike O’Callaghan Federal Hospital, Nellis Air Force Base, Las Vegas, NV, Transcribed Testimony from the Las Vegas, NV, Hearing on September 26, 2003, pages 44-45.

<sup>538</sup> Melissa A. Rank, Colonel, 99th Medical Group, Mike O’Callaghan Federal Hospital, Nellis Air Force Base, Las Vegas, NV, Transcribed Testimony from the Las Vegas, NV, Hearing on September 26, 2003, page 46.

- ▶ DoD care at Nellis may not support an intensive care unit, and Nellis may be in jeopardy of losing inpatient status;
- ▶ It might require 54 additional full-time equivalents to replace VA staff in integrated areas;
- ▶ The Air Force would lose \$7 million in operations reimbursement from VA; and
- ▶ The loss of the VA psychiatric unit would cost \$147,000 per year for active duty referrals to the community.<sup>539</sup>

Dr. David S. Chu, Under Secretary of Defense for Personnel and Readiness, expressed his deep concern about the DNCP proposal that VA discontinue its longstanding and successful partnership at the MOFH, stating: “The consequences of losing one of our most prominent and successful collaboration sites could be severe.”<sup>540</sup> He added, “While we recognize that the veteran population in the Las Vegas area is growing, the model of collaboration ...at Nellis can and should be reshaped to reflect this evolving demand.”<sup>541</sup>

The Commission was informed that VA did ask DoD/Air Force for clarification on the commitment of Nellis AFB to continue its joint venture with VA, but that there has yet not been a response from DoD. VA has a dire need to address the growing veteran population and to bring a continuum of health care closer to southern Nevada veterans. VA must position itself so that if changing circumstances preclude a continuation of the joint venture with DoD at Nellis, it can seek an independent site for a medical center as proposed by the DNCP. Congresswoman Shelley Berkley shared testimony with the Commission about the growing veteran numbers in Southern Nevada:

Let me tell you about the situation...in southern Nevada. We have one of the fastest growing veterans population in the United States, close to 200,000 veterans are [in] southern Nevada [with] anywhere from a few World War I vets, World War II vets, Korean War vets, Vietnam vets, [and] Gulf War vets are all here and keep coming in. ...I understand according to your studies that we will have half-a-million veterans in this community by 2020, and we don't even have a single hospital or clinic or long-term care center to help these people out.<sup>542</sup>

<sup>539</sup> Melissa A. Rank, Colonel, 99th Medical Group, Mike O’Callaghan Federal Hospital, Nellis Air Force Base, Las Vegas, NV, Transcribed Testimony from the Las Vegas, NV, Hearing on September 26, 2003, pages 65-66.

<sup>540</sup> David S. C. Chu, Ph.D., Under Secretary of Defense for Personnel and Readiness, Written Testimony submitted at the Stakeholder Meeting in Washington, DC, on October 7, 2003, page 2.

<sup>541</sup> David S. C. Chu, Ph.D., Under Secretary of Defense for Personnel and Readiness, Written Testimony submitted at the Stakeholder Meeting in Washington, DC, on October 7, 2003, page 5.

<sup>542</sup> Shelley Berkley, United States Congress, Transcribed Testimony from the Las Vegas, NV, Hearing on September 26, 2003, pages 10-11, 18.

Congresswoman Berkley also acknowledged the joint venture with Nellis AFB for inpatient care as, “The Mike O’Callaghan Hospital [has] been a temporary fix ... [However] 1,500 of my veterans have to leave southern Nevada to get care down in Southern California. ... These are older people... [and] it’s very difficult for the rest of the family to go down to Southern California and care for them.”<sup>543</sup>

The Commission determined that continuing the relationship with DoD at the MOFH was important. The Commission noted that with the continuation of the VA/DoD partnership, it would be reasonable to develop an outpatient clinic collocated with a nursing home at a location other than on Nellis AFB, possibly close to the base to ensure ease of access to inpatient care, but also possibly in conjunction with the University of Nevada, Las Vegas. The Commission suggested that working with the University of Nevada, would provide an opportunity for the medical school to provide residents’ training at the VA sites, particularly as the medical school currently does not have a hospital in Las Vegas.

### Commission Findings

- 1 The need for additional VA capacity in Las Vegas, including inpatient, outpatient, and nursing home care, is clear.
- 2 The Commission believes that VA and DoD should be able to find a way to build on the existing joint venture at MOFH to help address VA’s inpatient needs without impairing that partnership.
- 3 Maintaining and expanding the partnership between VA and the MOFH reduces costs and redundancies, and increases efficiencies within both agencies.
- 4 The additional space needed for a multi-specialty outpatient clinic and a new nursing home should be located, outside Nellis AFB, in the Las Vegas area.
- 5 Realizing the uniqueness of the Las Vegas situation and the increased need for VA inpatient care in southern Nevada, in the absence of a continued VA/DoD partnership, VA should look at an independent site for a full-service medical center and nursing home care unit.

### Commission Recommendations

- 1 The Commission recommends that VA continue the joint venture with MOFH at Nellis AFB in Las Vegas for inpatient beds and that the partnership be expanded to meet VA’s increased need for acute care services. This partnership allows for shared services that support inpatient beds and will reduce redundancies and be more cost-efficient than operating two separate hospital facilities.

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<sup>543</sup> Shelley Berkley, United States Congress, Transcribed Testimony from the Las Vegas, NV, Hearing on September 26, 2003, page 16.

- 2 The Commission recommends that VA provide a collocated multi-specialty outpatient clinic and nursing home care unit in the Las Vegas area.
- 3 The Commission recommends that, given the uniqueness of the Las Vegas situation and the increased need for VA inpatient care in southern Nevada, if DoD cannot continue the partnership by fulfilling the medical needs of veterans, the VA should exercise the option of constructing a new VA hospital in Las Vegas, as recommended in the DNCP.

## **II Realignment/Consolidation of Services Due to Proximity – West LA Campus and Long Beach**

### **DNCP Proposal**

“The two facilities will continue to refer patients for interventional cardiology/cardiac surgery and neurosurgery as well as implementing extensive collaboration in the areas of laboratory, radiation therapy, and radiology. Other opportunities for consolidation, integration and cooperation are anticipated in geriatrics and extended care and mental health.”

### **DNCP Alternatives**

None provided in the DNCP.

### **Commission Analysis**

As part of the CARES process, VA Medical Centers (VAMCs) within 60 miles of each other were required to evaluate whether their services could be consolidated. VISN 22 has two tertiary care facilities in this category, Long Beach and the West LA campus. These facilities are 27 miles apart, with varying drive times depending on traffic patterns. Both facilities offer comprehensive health care services and are highly affiliated teaching hospitals. Long Beach operates several VISN-wide special emphasis programs, and the West LA campus is the referral center for some services from other facilities in the VISN. Some consolidation of services has already occurred, mainly in the clinical support, prosthetics, and administrative functions. Certain complex services, not offered at Long Beach, are done at the West LA campus, such as neurosurgery, interventional cardiology, and cardiac surgery. Each facility contracts workload in the community and each fully uses its respective clinical capacity for inpatient acute care.

The VISN Director, Mr. Ken Clark, testified that while the VISN did not recommend any mission changes for the two facilities to address proximity issues, the VISN did recognize the need to continue the consolidation of services to enhance patient care and improve efficiency in the VISN. Mr. Terry Tracy, Department Service Officer for The American Legion, expressed agreement, “Long Beach and the Greater Los Angeles facility are currently referring patients for interventional cardiology and cardiac surgery and neurosurgery...The American Legion believes that if further consolidation of services will enhance veterans health care, then it should be pursued, cautiously.”<sup>544</sup>

### **Commission Findings**

- 1 Despite the short distance, 27 miles, between Long Beach and West LA campus facilities, their location in highly urban, congested settings may create extended travel times.
- 2 The VISN has already undertaken some consolidations of clinical support and administrative functions to reduce redundancies and improve access to care for veterans.
- 3 The VISN is currently implementing additional integrations of services including geriatrics and mental health.

### **Commission Recommendation**

The Commission concurs with the DNCP proposal to maintain existing facilities at Long Beach and West LA campus, and to integrate services where appropriate.

## **III Inpatient Care**

### **DNCP Proposal**

“Increasing demand for inpatient medicine beds in the California and Nevada markets will be met by VA/DoD sharing, conversion of vacant space and renovation of existing space. The peak demand, which occurs between 2004 and 2012, will be addressed through contracting. The majority of decreasing demand for inpatient psychiatry will be addressed through the downsizing of beds at all California market facilities between FY 2012 and 2022.”

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<sup>544</sup> Terry Tracy, Department Service Officer, The American Legion, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 109.

### DNCP Alternatives

None provided in the DNCP.

### Commission Analysis

According to data projections for the California Market, inpatient medicine beds are projected to increase by 33 percent by FY 2012 and to decrease to four percent over the FY 2001 baseline by FY 2022. Surgery beds are projected to decrease by four percent below baseline by FY 2012 and to further decrease to 24 percent over the baseline by FY 2022.<sup>545</sup> At the Long Beach hearing, the VISN Director testified that the new clinical addition on the West LA campus would allow outpatient functions currently housed in inpatient space to move, and that space would be used for the expansion of inpatient medicine beds. Similarly, an administrative addition is proposed at the Long Beach VAMC to address space and seismic deficiencies, which would allow for expansion of the inpatient services in that space.<sup>546</sup>

Inpatient psychiatry projections indicate a decrease to 12 percent below baseline by FY 2012, and a further decrease to 34 percent below baseline by FY 2022. The VISN Director, Ken Clark testified that the gap in inpatient medicine beds at all facilities would be addressed through downsizing the psychiatry beds and that, during peak periods, services would be contracted as needed to accommodate the demand.<sup>547</sup>

### Commission Findings

- 1 The VISN plans to address the need for additional inpatient medicine beds in the California Market through the conversion and renovation of existing space.
- 2 The VISN plans to utilize contracted services as needed to meet the demand during the peak period between FY 2004 to FY 2012.

### Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to address the need for additional inpatient medicine beds in the California Market through the conversion and renovation of existing space and to use contracted services to meet demand during peak periods.

<sup>545</sup> Appendix D, *Data Tables*, page D-103.

<sup>546</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 52.

<sup>547</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 52.

- 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.

## IV Outpatient Care

### DNCP Proposal

“Increasing demand for primary care and specialty care services in both the California and Nevada markets will be met by expansion of existing CBOCs via clinical services contracts, replacement leases, and new construction and reconfiguration of space at the VAMCs via enhanced use leases, renovations, conversion of vacant space, and new construction.”

### DNCP Alternatives

None provided in the DNCP.

### Commission Analysis

The CARES projections indicate that the California Market will have capacity gaps by FY 2012 for primary care of 71 percent above the FY 2001 baseline and for specialty care of 79 percent. Projected capacity gaps for the California Market by FY 2022 for primary care are 38 percent over baseline, and for specialty care are 54 percent over baseline. Projections for the Nevada Market indicate capacity gaps by FY 2012 in primary care of 49 percent, and in specialty care of 120 percent. Projected capacity gaps for the Nevada Market by FY 2022 for primary care are 35 percent over baseline, and for specialty care are 112 percent.<sup>548</sup> The Commission notes that the CARES data indicate a 69 percent gap by FY 2012, and a 40 percent gap by FY 2022 for outpatient mental health services for the Nevada Market,<sup>549</sup> which was not addressed in the DNCP. Data also indicate that the two largest CBOCs in the Nevada Market (Henderson and Pahrump) do not currently provide a substantial level of basic mental health services.<sup>550</sup>

<sup>548</sup> Appendix D, *Data Tables*, page D-103.

<sup>549</sup> Appendix D, *Data Tables*, page D-103.

<sup>550</sup> VSSC KLF Menu Database *FYTD CBOC VAST and Workload Report*, FY 2003.

The VISN Director, Ken Clark, testified that the VISN plans to address patient care capacity and space planning needs through new construction for additional space, shifting workload and expanding current sites of care: “While our plan does not include establishing new community clinics, we plan on addressing future growth in primary care by expanding capacity at medical centers and at existing community clinics.”<sup>551</sup>

### Commission Findings

- 1 There are large capacity gaps for primary care and specialty care services in the California Market by FY 2012.
- 2 There are large capacity gaps for primary care, specialty care, and mental health in the Nevada Market by FY 2012.
- 3 The VISN plan will address capacity gaps through new construction, shifting workload, and expansion of services at existing CBOCs.

### Commission Recommendations

- 1 The Commission concurs with the DNCP proposal to address capacity gaps through new construction, shifting workload, and expansion of services.
- 2 The Commission recommends that:<sup>552</sup>
  - 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 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.

<sup>551</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 52.

<sup>552</sup> Chapter 3, *National Crosscutting Recommendations: Community-Based Outpatient Clinics (CBOCs)*, contains additional information on this topic.

- e Whenever feasible, CBOCs provide basic mental health services.
- f VISNs collaborate with academic affiliates to develop learning opportunities utilizing CBOCs at teaching sites to enhance quality of care in community-based service settings.

## **V Special Disability Programs – Blind Rehabilitation Center and Spinal Cord Injury Beds**

### **DNCP Proposal**

“A new 24-bed blind rehabilitation center (BRC) and conversion of 30 acute spinal cord injury/disorder (SCI/D) beds to long-term SCI/D beds are planned.”

### **DNCP Alternatives**

None provided in the DNCP.

### **Commission Analysis**

At the site visit and during the Long Beach hearing, VSO representatives agreed that there is a need for a BRC in Southern California to reduce travel and waiting times for blinded veterans who are seeking treatment and rehabilitation services. The only disagreement on this issue related to the center’s location. The VISN Director identified the Long Beach campus as the best site for the new BRC, noting “its central location and because it fits well with the Long Beach focus on special populations.”<sup>553</sup> During the site visit, he explained that the Long Beach campus currently houses the largest SCI/D facility and the addition of a BRC would be a natural fit with its mission of treating special populations.

Mr. Earl Ivie, representing the Blinded Veterans Association, disagreed with the Long Beach location, recommending that the BRC be established at the West LA VA. Ms. Rebecca Vinduska, Director, Governmental Relations, Blinded Veterans Association, when asked, indicated that the location of specific facilities is a local decision.<sup>554</sup>

With respect to the proposal to convert SCI/D beds at Long Beach from acute to long-term care, the VISN Director testified that “[...]he spinal cord injury special disability program population data show

<sup>553</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 53.

<sup>554</sup> Rebecca Vinduska, Director, Governmental Relations, Blinded Veterans Association, CARES Commission Meeting in Washington, DC, on October 7, 2003, page 7.

a decrease in acute bed need and an increase in need for long-term care beds over time.”<sup>555</sup> Mr. William Rollins, appearing on behalf of a number of organizations that represent paralyzed veterans, voiced support for 30 long-term care SCI beds at Long Beach but did not “support the sacrifice of current acute bed capacity to achieve this goal.”<sup>556</sup> The recommendation would not result in a decrease of SCI/D beds, but would allow existing acute SCI/D beds to be made available for SCI/D patients who are admitted with no definite/planned date of discharge.

### **Commission Finding**

The need for both a BRC and LTC SCI/D beds in the California Market of VISN 22 is supported by the available data and the testimony of VA and key stakeholders.

### **Commission Recommendations**

- 1 The Commission concurs with the DNCP proposal to establish a new BRC on the Long Beach campus.
- 2 The Commission concurs with the DNCP proposals for Long Beach to realign 30 beds from acute SCI/D to long-term SCI/D. 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.

## **VI Infrastructure and Life Safety**

### **DNCP Proposal**

“The plan addresses seismic issues through new construction and demolition of old buildings at West LA campus and Long Beach, and through renovation at San Diego, Long Beach and West LA. Costs for seismic improvements are \$39 million for Long Beach, \$49.1 million for San Diego, and \$64.4 million for West LA.”

<sup>555</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 53.

<sup>556</sup> William Rollins, Cal Diego Paralyzed Veterans Association, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 103.

### **DNCP Alternatives**

None provided in the DNCP.

### **Commission Analysis**

The VISN Director noted that:

...[t]he main patient care buildings at San Diego and West Los Angeles need correction of seismic structural deficiencies. Both are considered Exceptionally High Risk (EHR) buildings. The West Los Angeles building is the largest at-risk building in VA. ...Outpatient and other critical patient care spaces in Long Beach are also in need of seismic correction. ...These are critical needs for our Network that must remain a priority.<sup>557</sup>

The Commission, during both the site visit and the Long Beach hearing, heard discussion on seismic/life safety issues for employees housed in structures other than direct patient care buildings that also need reinforcing/retrofitting. In the VISN's prepared statement, this point was addressed as follows:

“Other seismic correction projects at the West Los Angeles and Long Beach campus total \$70 million.”<sup>558</sup>

### **Commission Findings**

- 1 The Commission supports patient and employee safety as the highest priority.
- 2 The need for seismic corrections in this VISN is clear.

### **Commission Recommendation**

The Commission recommends that patient safety be the highest priority for VA CARES funding. VA should seek the appropriation of necessary funding to correct documented seismic/life safety deficiencies as soon as possible.

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<sup>557</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, pages 55-56.

<sup>558</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, pages 55-56.

## VII Excess Land Use – West LA Campus

### DNCP Proposals

*Land* – VISN 22 has developed an Excess Land Use Policy that provides a process to address excess land. Upon review by the CARES Commission and approval by the Secretary of Veterans Affairs, the Land Use Planning process will guide local VA leadership when recommending reuse initiatives to the Secretary.

*Vacant Space* – The Network CARES Market Plan proposes that a majority of the vacant space be reduced through demolition of vacated buildings on the north side of the West LA campus and at the Sepulveda campus. The plan includes a strategy to consolidate all care, with the exception of long-term care, on the south side of the West Los Angeles campus as part of building a new clinical addition on the south side. This project would be in addition to collocation project with VBA. A wide variety of outpatient mental health programs and support staff would also be located within this new clinical addition to accommodate the rising workload. The proposed clinical addition would also consolidate other clinical services currently in buildings on the north campus and free up a majority of the north campus for demolition of old buildings and construction of a State Nursing Home, expansion of the Los Angeles National Cemetery or other veteran-focused projects. This consolidation would also improve the efficiency of care delivery and improve patient access to services on the West Los Angeles campus.”

### DNCP Alternatives

None provided in the DNCP.

### Commission Analysis

Veterans, stakeholders, and community members expressed interest in the future use of VA land, particularly the land on the West LA campus, and reserving the park-like quality of that space.

The Acting Director, Mr. Charles Dorman, emphasized that given the size of the West LA campus and its location in the city, efforts have been ongoing to maintain the aesthetic integrity of the grounds. He identified the historical buildings on the campus, Centers of Excellence programs, current and planned VA construction projects and many of the other land use initiatives, including a proposed 500-bed State Veterans Home; collocation of the Los Angeles VBA office; Center for Ulcer Research and Education (CURE); a proposal for an enhanced use lease (EUL); a proposal to develop a 400-unit Senior Veterans Housing project; and a proposal for a columbarium to supplement burial operations.<sup>559</sup>

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<sup>559</sup> VISN 22, Trip Pack, Executive Summary: VA Greater Los Angeles Health Care System, May 2003.

At the Long Beach hearing, elected officials and members of the West Los Angeles community addressed concerns about protecting the environmental integrity of the area. Testimony by Councilwoman Cindy Miscikowski, 11th District, City of Los Angeles, stated the general concern on this issue:

I am pleased in general to support the CARES concept...to determine what our country's veterans' needs are and to best deliver effective health care, but I am vitally concerned about how this concept is applied and is planned to be applied to the VA West LA campus specifically regarding the issue of land use...The West LA property is a truly unique resource in the entire Southern California region. Approximately 400 acres gifted through a deed over 100 years ago expressly to be used for an old soldiers home. I am concerned that the Market Plan developed for the West LA campus and the lack of stakeholder outreach and the input from both impacted veterans and the communities, which surround the campus...The veterans rightly demand that this land remain theirs, and not [be] made excess, and be devoted to their use.<sup>560</sup>

They focused on the decision-making process for the use of the land, specifically the membership of the land use committee, which currently excludes stakeholder representation. Ms. Catherine Barrier, representing the Los Angeles Conservancy, testified:

While we do not doubt that these administrators are superlative health care professionals, we feel strongly that planning for this important site will require the development of a comprehensive long-term land use master plan, prepared with the assistance of planning and historic preservation professionals and the input of community stakeholders, including veterans, community groups, and elected officials.<sup>561</sup>

VISN leadership also testified about plans to demolish older buildings and consolidate services on the campus with the construction of a new clinical addition.

### Commission Findings

- 1 The VISN has demonstrated its commitment to maintain the West LA campus in a manner to benefit veterans.

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<sup>560</sup> The Honorable Cindy Miscikowski, Councilmember, 11th District, City of Los Angeles, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, pages 10, 12.

<sup>561</sup> Catherine Barrier, Los Angeles Conservancy, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, pages 190-191.

- 2 The strong community interest in the West LA land and the importance of that land suggests that veterans and community representatives be involved as decisions are made about the future of the land.
- 3 VISN planning includes new construction on the West LA campus that will allow for functions to be relocated into new space, and those vacated older buildings considered for demolition.
- 4 West LA campus also has several collocation initiatives with VBA, NCA, and the State of California that will utilize vacant land on the campus, bringing improved/expanded services to the veterans.

### **Commission Recommendations**

- 1 The Commission concurs with the DNCP proposal for the Network Land Use Planning Committee to address the use of VA land, especially the property on the West LA campus, with stakeholder input. The Commission recommends, however, that the committee be augmented with the addition of stakeholder representation on the committee in an advisory capacity.
- 2 The Commission concurs with the DNCP proposal for construction of a new clinical addition to consolidate clinical services.
- 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.

## **VIII Long-Term Care/Facility Condition**

### **DNCP Proposal**

“Improvement and expansion of nursing home space is achieved mainly through renovation and new construction. Capital investments consist of renovation of 64,000 square feet at Long Beach and 16,000 square feet at San Diego, new construction of 95,000 square feet at Las Vegas and construction of a 130,000 square feet replacement facility at the West LA campus.”

### **DNCP Alternatives**

None provided in the DNCP.

### **Commission Analysis**

The VISN Director testified that the existing nursing home units on the West LA campus are substandard due to the age and design of the buildings. The current buildings, originally built in 1938, have physical limitations, are narrow and multilevel, and not appropriate for VA's nursing home care. A new facility is needed to address fire/life safety improvements, as well as accommodations for persons with disabilities. The Commission notes that the State of California has an approved proposal to build a new 500-bed California State Veterans Home on the campus of the West LA site. The VISN Director also identified a need for facility condition improvements at the nursing homes located on the Long Beach and San Diego VAMCs.<sup>562</sup>

The plan to respond to a shortage of nursing home beds in the Nevada Market is to construct a new 120-bed unit. The need for a VA nursing home care unit in southern Nevada is supported by the rapid growth in the veterans population in that area, a lack of community and VA nursing home capabilities, and the age of veterans treated in that market (42 percent are age 65 and over).<sup>563</sup>

### **Commission Findings**

- 1 The facility condition of existing LTC units in the California Market is considered to be inadequate due to age and design.
- 2 Replacement of the buildings is needed to address updated fire/life safety codes and handicapped accessibility requirements.
- 3 The rapid growth of veteran population in the Nevada Market, along with a lack of available nursing home beds and the age of the veterans treated, combine to support the need for a VA nursing home facility in the Nevada Market.

### **Commission Recommendations**

- 1 The Commission concurs with the DNCP proposal for upgrading existing LTC and chronic psychiatric care units recognizing that some renovations are needed to improve the safety and maintenance of the facilities infrastructure and to modernize patient areas.

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<sup>562</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 55.

<sup>563</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Las Vegas, NV, Hearing on September 26, 2003, page 26.

- 2 The Commission recommends that the VA provide for nursing home care, collocated with a multi-specialty outpatient clinic, in the Las Vegas area.
- 3 The Commission recommends that:<sup>564</sup>
  - a Prior to taking any action to reconfigure or expand LTC capacity or replace existing LTC facilities VA should develop a LTC strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the LTC of the seriously mentally ill.
  - b An integral part of the strategic plan should be maximizing the use of State Veterans Homes.
  - c Domiciliary care programs should be located as close as feasible to the population they serve.
  - d Freestanding LTC facilities should be permitted as an acceptable care model.

## IX Research

### DNCP Proposal

“Improvement and expansion of research space is achieved mainly through new construction. Capital investments consist of construction of 45,000 square feet at Loma Linda 260,000 square feet at San Diego, and 245,000 square feet at the West LA campus. Existing space will be demolished at West LA, and backfilled in San Diego and Loma Linda.”

### DNCP Alternatives

None provided in the DNCP.

### Commission Analysis

The utilization and demand for VHA health services has grown in VISN 22 and is projected to continue to increase through FY 2012. In order to meet the needs of veterans residing and migrating to this part of the country and in markets where competition for high quality health care providers is great, VHA must maximize its dedication to, and contributions in, medical services research. The VISN Director, Ken Clark, testified, “...So clearly, as we are able to provide state-of-the-art research facilities, it enhances

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<sup>564</sup> Chapter 3, *National Crosscutting Recommendations: Long-Term Care*, contains additional information on this topic.

our ability to attract people who are academically oriented, interested in research as well as patient care.”<sup>565</sup> VISN 22 has a very active research program, with funding in excess of \$100 million annually. Research functions, however, are housed in old buildings in need of improvement or replacement to address work and safety concerns. The VISN is planning a new research addition at Loma Linda that will move the research functions out of the main building (Building 1), where they currently reside, into a separate building designated specifically for research. Current research space in Building 1 is not contiguous and will be backfilled by adjacent administrative and/or clinical services. The VISN Director, Ken Clark, testified that “...Greater Los Angeles and San Diego have significant research space and functional deficiencies. The CARES Plan includes new research buildings at each of these two sites.”<sup>566</sup>

### **Commission Finding**

The VISN has a very active research program, which often is housed in older buildings that need to be replaced.

### **Commission Recommendation**

The Commission concurs with the DNCP proposal for new research facilities at Loma Linda, San Diego, and West LA locations.

## **X VA/DoD Sharing and Other Collaborations**

### **DNCP Proposals**

*DoD* – DoD collaboration opportunities included in the plan are through the Mike O’Callaghan Federal Hospital [Nellis AFB] in Las Vegas, Balboa Naval Hospital in San Diego and with Medical Treatment Facilities throughout southern California. *VBA* – VBA collaborations include construction of a new VARO building at the West LA campus. Space in this building will be included for VHA administrative functions. This will be accomplished through an enhanced-use lease project. In the Nevada market, the plan included collocation of VBA space at the new site of the Las Vegas OPC. *NCA* – Utilize 20 acres of West LA campus land for a columbarium.”

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<sup>565</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 60.

<sup>566</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 56.

### DNCP Alternatives

None provided in the DNCP.

### Commission Analysis

Commissioners heard testimony on the history of the partnership with DoD in Las Vegas at Nellis AFB, and the interest DoD has in maintaining/expanding that inpatient relationship to the benefit of the veterans and both agencies. The outpatient and long-term care needs of the Nevada Market are proposed to be addressed through a separate outpatient clinic and collocated nursing home care unit that will include space (14,065 square feet) for a VBA Regional Office. This collaboration in the Nevada Market is on VBA's high priority listing.

The VISN Director testified that, in the California Market, expanding VA/DoD sharing is a goal of the VISN. "Each of the four California facilities have active sharing agreements, and ... we will continue to explore possible initiatives as a way of addressing our gaps in primary and specialty care as well as inpatient medical bed needs."<sup>567</sup>

Commissioners also heard testimony about expanding and new proposed collaborations between this VISN and VBA, NCA, and the State of California. Testimony from community representatives included comments by Joseph Smith, Director, Department of Military and Veterans Affairs, County of Los Angeles, who voiced his full support of the collocation of VBA and NCA facilities on a single VA site. "Clearly this helps provide cost efficiencies and resolves space utilization problems."<sup>568</sup> Testimony from service organizations included, "There's a proposal to build a columbarium at West LA. We really support that concept.... Also, we in The American Legion...strongly support the collaboration between the [VA] and the State of California in their partnering to make a State Veterans Home a reality on the Greater LA campus."<sup>569</sup>

### Commission Findings

- 1 VA/DoD partnership initiatives currently exist in this VISN and will continue to be pursued energetically by all facilities as a possible way of addressing continued growth and capacity issues for delivering care to veterans.

<sup>567</sup> Ken Clark, VISN 22 Director, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 55.

<sup>568</sup> Joseph Smith, Director, Department of Military and Veterans Affairs, County of Los Angeles, Transcribed Testimony from the Long Beach, CA, Hearing on September 29, 2003, page 168.

<sup>569</sup> Terry Tracy, Department Service Officer, The American Legion, Transcribed Testimony from Long Beach, CA, Hearing on September 29, 2003, page 114.

- 2 Collocation initiatives with VBA and NCA are clearly viewed as positive steps to consolidate VA services to central locations to improve access to veterans and families, and be more cost efficient.

**Commission Recommendations**

- 1 The Commission recommends that VA/DoD collaboration should be a major consideration in addressing health care needs in a local area.
- 2 The Commission concurs with collocating the VBA office to West LA campus and providing VBA space in the proposed outpatient clinic in Las Vegas, NV.
- 3 The Commission concurs with collocating an NCA columbarium on 20 acres of the West LA campus.