

**CARES COMMISSION  
SITE VISIT REPORT**

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**VISN 1, VA New England Healthcare System**

**Date of Visit: July 8, 2003**

**Site(s) Visited:**

Edith Nourse Rogers Memorial Veterans Hospital, Bedford, Massachusetts  
Brockton VA Medical Center, Massachusetts  
West Roxbury VA Medical Center, Massachusetts

**CARES Commissioners/Staff in Attendance:**

Commission Vice Chairman R. John Vogel  
Commissioner Vernice Ferguson  
Commissioner Robert Ray  
Commission Staff Team Leader Kathy Collier

**Overview of Visit to Bedford, Brockton, and West Roxbury VA Medical Centers:**

The Massachusetts VA medical facilities in the New England Healthcare System, namely the Edith Nourse Memorial Veterans Hospital (hereafter referred to as Bedford) in Bedford, the Brockton, West Roxbury and Jamaica Plain Medical Campuses in the Boston Healthcare System, are all within a 45 mile-driving radius of each other. Additionally, the Brockton and West Roxbury campuses in the Boston Healthcare System are within approximately 25 miles of the Providence, Rhode Island VA Medical Center. To be precise:

- The Bedford hospital is approximately 45 miles from the Brockton, West Roxbury, and Jamaica Plain VA Medical Centers in Boston.
- The Brockton and West Roxbury Medical Centers are 22 miles apart.
- The West Roxbury Medical Center is only six miles from Jamaica Plain.
- The Providence Medical Center is approximately 17 miles from Brockton and approximately 25 miles from West Roxbury.

The Bedford hospital employs approximately 964 employees and is a long-term care and teaching hospital, providing a full range of patient care services, as well as education and research. Comprehensive health care is provided through primary care and long-term care in areas of medicine, psychiatry, physical medicine and rehabilitation, dentistry, geriatrics, and extended care.

The Brockton VA Medical Center is one of three facilities that make up the VA Boston Healthcare System. The other two facilities are West Roxbury and Jamaica Plain. The Brockton Medical Center employs approximately 883 employees and is a long-term care facility with a chronic spinal cord injury unit, mental health services, primary care, and a domiciliary for homeless veterans. Also available at Brockton is an inpatient psychiatric unit for women and an outpatient Women's Health Center, which offers women veterans

a complete spectrum of health care services. The Chronic Spinal Cord Injury Unit offers specialized program and respite care for veterans with spinal cord injuries and disabilities. Similarly, the Nursing Home Care Unit offers respite care programs. The Mental Health Services offered at the Brockton Medical Center are extensive in both the inpatient and outpatient arenas. Offering both chronic and acute inpatient psychiatric programs and programs in substance abuse, this service was recently named a Center for Excellence for Seriously Mentally Ill veterans.

The West Roxbury Medical Center employs approximately 930 employees and serves as the tertiary inpatient medical center for the VA Boston Healthcare System and the other VA medical centers in VISN 1. Named a Center for Excellence in Cardiac Surgery, this facility offers cardiac catheterization, a cardiac care unit, and a renowned open-heart surgery program. The West Roxbury campus also has a nationally recognized acute spinal cord injury program and is one of the few facilities that have a Commission on Accreditation of Rehabilitation Facilities accredited acute rehabilitation program, supported by a therapeutic swimming pool that is located in the hospital. The West Roxbury campus supports an interventional cardiology program with electro-physiology. In addition, West Roxbury serves as the regional referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as vascular surgery, specialized general and cancer-related surgery, orthopedics, hand and joint replacement surgery, plastic surgery, and urology. West Roxbury maintains a 24-hour emergency department.

Research is an integral part of VA's missions and plays a key role in enhancing the health care services provided to veterans in the New England Healthcare System. The Brockton and West Roxbury facilities, among others, have large and active research programs.

It is clear that the New England Healthcare System has embraced the transition from an inpatient health care system to a patient-centric delivery system. However, there remains employee resistance to change to maximize this shift in health care delivery. The network and facility leadership in this VISN expressed views that the CARES process has facilitated the ability to remove obstacles particularly through outreach to internal and external stakeholders.

Similar to some other VA health care networks, the New England Health Care System and the East Market (Massachusetts/Rhode Island) are challenged when making certain operational decisions by highly influential partners and Congressional delegates such as affiliations with medical schools from Harvard, Yale, and Brown Universities to name a few and 35 Federal Congressional members. To meet these challenges, this network has significant numbers of medical trainees from their affiliates and is third in the country for medical research dollars. It has implemented an integrated service delivery system, which insists on consistent quality of care delivery, and the right care, at the right time, in the right place, for the right cost.

**Summary of Meeting with VISN Leadership:**

**Names and Titles of Attendees:**

Dr. Jeanette Chirico-Post, Network Director, VISN 1

Mr. Stuart Fraser, Chief Finance Officer, VISN 1  
Ms. Gail Goza-MacMullan, Chief Communications Officer, VISN 1  
Mr. Gene Konik, Strategic Planning Officer, VISN 1  
Ms. Susan MacKenzie, Chief Operations Officer, VISN 1  
Mr. Allan Shirks, Quality Management Officer, VISN 1  
Dr. Marc Levenson, Director, VA Medical Center, Manchester, New Hampshire  
and North Market Team Leader  
Mr. George Poulin, Associate Director, Bedford VA Medical Center  
and East Market Team Leader  
Mr. Ed Kobylanski, Health Systems Specialist, VA Connecticut Healthcare System  
(representing Karen Waghorn, West Market Team Leader)  
Ms. Linda Cameron, Health Systems Specialist, Specialty and Acute Care Line  
(representing John Sims, Jr., Far North Market Team Leader)  
Mr. Michael Lawson, Director, VA Boston Healthcare System  
Mr. Wayne Szretter, Integration Manager, Boston Healthcare System  
Mr. William Conte, Director, VA Medical Center, Bedford  
Dr. Gregory Binus, Chief of Staff, VA Medical Center, Bedford  
Dr. Michael Charness, Chief of Staff, VA Boston Healthcare System  
Ms. Cecilia McVey, Associate Director for Nursing/patient Care Services,  
VA Boston Healthcare System

**Meeting and Tour of Facilities:**

Dr. Post lead the informal meeting giving an overview of the New England Healthcare System (NEHCS), which includes sites visited as well as major other locations in Massachusetts, Maine, Vermont, New Hampshire, Connecticut, and Rhode Island. Dr. Post noted that the NEHCS employs 8,900 employees and was ranked number three nationally in 2002 for performance. In 2001, eight facilities were recognized as Centers of Excellence. These are:

- West Roxbury campus of the Boston Healthcare System for Cardiac Surgery
- Connecticut Healthcare System for Renal Dialysis
- Connecticut Healthcare System for Seriously Mentally Ill
- Bedford VA Medical Center for Seriously Mentally Ill
- Brockton campus of the Boston Healthcare System for Seriously Mentally Ill
- VA Boston Healthcare System for Women Veterans
- VA Boston Healthcare System for Substance Abuse
- VA Boston Healthcare System for Post-traumatic Stress Disorder

Ninety-seven (97) percent of the veteran patients utilizing the New England Healthcare System have access to VA health care within 30 minutes with the exception of Maine. Maine appears to be the most challenging location for service delivery due to the rural and highly rural areas in that state. As will be heard at the stakeholders meeting and as evident in the draft market plans for this network, expanded use of telemedicine and increasing the number of existing community based outpatient clinics, which presently

total 35 in the entire network, play a dominant role in resolving veteran's access in these rural and highly rural areas, especially in Maine.

The New England Health Care System comprises six states, approximately 7,000 area miles, has at least one VA Medical Center in each state and the average age of veterans served in this network is greater than 50 years.

### **What did we learn?**

Walking tours were conducted at the Bedford, Brockton and West Roxbury medical facilities. All three facilities are somewhat elderly and seemed to be in need of upgrading and renovation. On the day of our site visit, which was a day of hot, humid temperature, the three facilities' air conditioning systems were either extremely challenged to keep the indoors (including patient areas) at comfortable temperatures or were not functioning.

The East Market (Massachusetts/Rhode Island) has five medical centers located in West Roxbury, Boston, Bedford, and Brockton, Massachusetts and Providence, Rhode Island. Although we did not visit the Providence Medical Center, we learned that there are significant patient referrals between Rhode Island and the medical facilities in the Boston Healthcare System. There is good public transportation between Rhode Island and Boston with hourly bus and hourly commuter trains contributing to the patient and provider preference for health care referral to Boston.

Inpatient demand for psychiatry is decreasing in the East Market and is expected to continue to decrease through fiscal year 2022. Acute inpatient care is available at the Bedford, Brockton, and Providence VA Medical Centers. The three facilities visited, Bedford, Brockton, and West Roxbury, each provide inpatient psychiatry services. In recent years, considerable integration has taken place in the Boston Healthcare System. Inpatient psychiatric services at the Jamaica Plain campus were consolidated at the Brockton campus and other services at the Jamaica Plain campus were consolidated at the West Roxbury campus because they represented large-scale duplication of facility operations. The Spinal Cord Injury Unit, which involves an expansion project, and open-heart surgeries were retained at West Roxbury.

Although efforts have been made to integrate and combine operations in the East Market, especially as noted in the Boston Healthcare System, there remains the appearance of large-scale duplication, particularly in the area of psychiatric inpatient beds. This may be particularly noteworthy due to the proximity considerations in the East Market and the network has been asked to reconsider its East Market plans to include transferring inpatient services from the Bedford VA Medical Center to the Brockton medical campus or elsewhere in the network. As noted by Dr. Post, this integration is certainly doable but not without serious considerations. For example, since the Bedford VA Medical Center provides acute, chronic psychiatric, and long-term nursing home care including an Alzheimer's Unit, it may be impossible to integrate all services into one location. Additionally, contracting for services would play a bigger role in the delivery of health care services in this market area. The union partners are strongly opposed to contracting for services.

Additional efforts may be hampered because employees' cultures present barriers to change and limited funding to support new construction to accommodate consolidation and integration of services. Dr. Post stated that the New England area is in a crisis situation regarding staffing for specialty areas due to the highly competitive employment market making swift moves to consolidate or even streamline services difficult and may interfere with the network's ability to respond to demand for services. Furthermore, the future of facilities in the East Market, particularly in Massachusetts, is receiving Congressional attention, which is being managed through ongoing communications between Dr. Post and the Congressional delegations.

There are enhanced use opportunities at the Brockton VA Medical Center. Negotiations are underway with McLean Hospital to develop inpatient mental health and outpatient behavioral health programs by fiscal year 2005. Space for this enhanced lease opportunity is a former inpatient psychiatric ward. A collaborative opportunity with the State of Massachusetts and the City of Brockton officials is being considered to assist homeless women veterans with dependent children. Additionally, there is interest from the City of Brockton and Stonehill College to lease space formerly the theater as a center for the arts and cultural center. An economic grant proposal is being developed to renovate, expand and operate the theater as a community resource, which would also provide a benefit to veterans who would be offered free or reduced cost access to the entertainment activities. Lastly, State of Massachusetts and local government agencies have expressed an interest in vacant space for medical offices and research activities.

At the beginning of CARES, the network had approximately 30 consolidation projects under consideration at the Jamaica Plain and West Roxbury campuses, all which seemed to include construction to achieve. As explained to the Commissioners, Congress' delay in appropriating funds for construction projects has stalled many, if not most, of these consolidation projects. Nevertheless, as noted above consolidation of services and operations has occurred. Recently, funding for construction has been provided to the network and major construction is approved or underway at the West Roxbury and Jamaica Plain campuses. At West Roxbury, funding has been approved and construction should begin in the fall of this year to expand the emergency room capacity. Due to the high volume of open-heart surgeries, which amounts to over 400 per year, major construction to the operating rooms at West Roxbury will improve the number of rooms suitable for open-heart surgeries. Although there are plans to improve operating rooms at the West Roxbury campus to accommodate open-heart surgeries, we learned that Jamaica Plain currently has four operating rooms with ample space for open-heart surgery. Additional construction this year will allow for improvements and consolidations of the Prosthetics Division at the Jamaica Plain campus.

The consolidation of services undertaken thus far within the Boston Healthcare System has resulted in streamlined operations. However, consolidation has also resulted in the network's inability to meet demand for some services because some types of beds have been taken out of inventory. Also, Specialty Clinics may have suffered somewhat in the consolidation efforts because they seem to be in desperate need of space.

The consolidation of services in the East Market has resulted in no loss of jobs. Future consolidation of services has to bear in mind that there is a community shortage in primary and specialty care and nursing home beds in the East Market.

Although there has been considerable efforts made to consolidate services in the Boston Healthcare System and although the Commissioners did not tour Jamaica Plain, we did have many discussions with the network executive team about Jamaica Plain. Not to give the impression that Jamaica Plain has been downsized to a point where potential closure is being considered, it is probably worthwhile to provide quick facts about this facility. The Jamaica Plain facility has primary care clinics, some specialty clinics, and performs ambulatory surgeries. It has a national research program specializing in treatment of post-traumatic stress disorder in women veterans who were sexually assaulted or traumatized while in the military. It has world-class, state of the art ophthalmology and audiology services. It may become the future home of mental health, primary care, and methadone clinical services now delivered at the Causeway Outpatient Clinic in downtown Boston when this clinic's lease expires in 18 months. The Causeway Outpatient Clinic is three or four miles from Jamaica Plain.

Throughout the East Market of the New England Healthcare System, there appears to be ample opportunities to consolidate and streamline services. Generally, there are four medical facilities generously within the proximity guidelines that offer same and similar services, particularly in the area of mental health. Admirable efforts have been made in the past few years in this area. It is also obvious the network leadership is committed to looking for additional ways to achieve greater efficiencies without sacrificing service deliver, quality, and patient satisfaction.

**Significant Issues to consider:**

Almost contrary to what was observed in the East Market of VISN 1 and what data the National CARES Program Office has made available to the Commission, this VISN's CARES market plans propose:

- an inpatient psychiatry plan (demand is decreasing and is expected to continue to decrease through fiscal year 2022)
- no closure of any of the medical facilities (four medical facilities in the Boston area and one in Providence, Rhode Island, all well within the proximity guidelines and all seem to represent large-scale duplication of services.)

In the East Market of this VISN, the apparent duplication of services at five medical facilities all within the 60-mile proximity guideline has to be of great concern. The Network Director has been requested to reconsider the market plan for this area to move inpatient services from the Bedford Medical Center to the Brockton Medical Center. Although the Network Director is willing to reevaluate the original market plan, it should be noted that there might be political and academic affiliate opposition as well as strong opposition from union partners.

Given the controversies surrounding the adequacy of addressing mental health care in the current CARES process, it is important to bear in mind that health care for veterans who suffer from psychiatric or mental illness has a dominant presence in all medical facilities in the East Market. For this reason, review of decisions that may impact or perceive to impact mental health care services should be done so very seriously.

It appeared as if all of the medical facilities in the East Market require some upgrading and renovation. As mentioned earlier, on the day of the Commission's visit, the air conditioning in all the facilities toured were at best struggling to maintain comfortable room temperatures and at worst not functioning.

### **Summary of Stakeholder Meeting(s):**

Dr. Post provided welcoming remarks to all stakeholders and introduced the Commissioners and Commission Staff. Dr. Post gave an overview of the purpose of the meetings and asked each attendee to introduce him/herself. Stakeholders present represented veteran service organizations, state and county veteran service organizations, State Directors of Veterans Affairs, and the Veterans Benefits Administration's Regional Office in Boston.

Vice Chairman Vogel thanked everyone for taking time to be at the meeting. Vice Chairman Vogel gave a brief background description of the CARES experience. He gave an overview of the Commission, its role and responsibilities as chartered by Secretary Principi, the role of the stakeholders meetings, and the purpose of the Commission's future hearings.

Commissioner Ferguson stated that the value of the Commission's learning experience is in what stakeholders think and feel about the potential changes to VA health care.

### **Topics of Discussion:**

As a group, the stakeholders felt they were well versed in the issues surrounding CARES and how the market plans may impact their constituents. They were keenly interested in the next steps of CARES particularly the Commission's role in those next steps.

The group's discussions fell into the following general categories:

- **Access to Inpatient and Outpatient Care:** Many stakeholders, particularly stakeholders from the State of Maine, were deeply concerned about the future of health care to veterans living in rural and highly rural areas. There was unanimous support for expanding the presence of community based outpatient clinics in Maine. The outpatient clinic concept is well supported by stakeholders particularly on behalf of the aging veteran population who would not have to drive long distances to receive care. Distances and driving times are major barriers to health care in VISN 1. Waiting lists was also considered a major barrier to timely receipt of health care and comments were made that some veterans die before receiving the help they need.
- **Optimization of Resources/Consolidation of Services:** Stakeholders understood the logic of gaining financial and operational efficiencies through

consolidation of services. However, there were three concerns specifically expressed regarding the transfer of psychiatric inpatients from Bedford to Brockton and staffing needs to care of patients.

- Brockton is considered an open campus in that patients are free to move about the campus. Brockton is located in an area of Boston that is considered to have a high homicide rate. Concerns obviously are for the physical safety of patients who may not be totally cognizant of external dangers.
- The lack of staffing at the Brockton facility was expressed to be at dangerously low levels.
- In other, general terms about staffing levels, there were other comments that some facilities in the New England Healthcare System have difficulties in recruiting and keeping medical doctors, especially specialists. Some stakeholders believe this is a function of the highly competitive medical community in the Boston area; some feel it is the result of potential closure of facilities; and others stated that many of the younger doctors feel overwhelmed by the VA workload and opt to leave for private sector positions. Whatever the reason, it was clear stakeholders fear staffing levels are inadequate to provide timely, quality health care.
- **Concerns for the Families:** Stakeholders expressed some concern regarding the moratorium on enrolling Category 8 veterans. Many feel that although this category veteran may seek out VA for prescription drugs, closing them off from this benefit may force some ill veterans to choose between medications and paying the rent. Along this same line, many stakeholders wanted the Commissioners to be aware of the growing number of veterans who are losing their jobs due to business failures and layoffs and the loss of private health care coverage forces veterans to turn to VA for services. Stakeholders asked the Commissioners to consider these veterans and their families in their deliberations.
- **Communications/Stakeholder Involvement:** Stakeholders were positive about local VA management and most felt they have been included in the CARES process thus far. They look forward to being included in the formal hearing process on August 25, 2003.
  - NOTE: During our discussions with network and facility leadership, we were told that the Network leadership faced many challenges when making certain operational decision because both unions and academic affiliates were intensely interested in the future of health care in the New England Healthcare Network – influential medical school affiliates from Harvard, Yale, Brown, etc. with significant number of trainees and labor partners who want to protect the job security of staff at the various VA medical facilities.

**Exit Briefing with VISN Leadership:**

The following key issues were highlighted:

- Proximity Issues:

- Consolidation has occurred but more is likely needed to ensure maximization of resources, staff, service delivery, quality, and patient satisfaction.
- The Network had been asked to reconsider the future of the Bedford Medical Center and the possibility of transferring inpatients to the Brockton Medical Center.
- Major construction is needed throughout the network but certainly in the East Market facilities, especially if future consolidations are to occur.
- Access issues in rural and highly rural areas in the State of Maine. The Network plans to collaborate with the State Medical Associations, which utilizes broad use of telemedicine practices. Additionally, adding and expanding community based outpatient clinics in these rural and highly rural areas of Maine are believed to be a viable solution to access demand.
- Very influential medical schools in the network, not the least of which surround the Boston area. Additionally, the network responds to a fairly large Congressional delegation.
- Strong opposition from union leadership to any decisions to respond to demand gaps via contracting with community health care providers.

Commissioners Vogel, Ferguson and Ray and Commission Staff Member Collier, expressed gratitude for the hospitality extended them during this learning experience. Additionally, Commissioners and Staff expressed special thanks and appreciation to all the behind the scenes staff who helped make this visit a valuable experience.

**Outstanding Items/Questions/Follow-up:** None.

Attachments:

1. PowerPoint Presentation Network Director, received July 8, 2003
2. VISN 1 Market Plans Handout, received July 8, 2003
3. List of Attendees at Stakeholder's Meeting (NOTE: Names highlighted on this list represent stakeholders who participated in the meeting.)

Approved by: R. John Vogel, Vice Chairman  
 Commissioner Vernice Ferguson  
 Commissioner Robert Ray  
 July 29, 2003

Prepared by: Kathy Collier, CARES Commission Staff Team Leader  
 July 23, 2003