

CARES Commission VISN 10 Site Visit Report

I. VISN Visited

VISN 10

II. Date of Trip

July 1 - 2, 2003

III. Sites Visited on Trip

- A. Cleveland VAMC – Brecksville and Wade Park facilities
- B. Dayton VAMC (Cincinnati staff also attended the site visit)

IV. Commissioners/Staff in Attendance

Commissioner John Kendall
Commissioner Richard Pell
Commission Staff: Katy McBride

V. Overview of Visit to Cleveland

A. Commissioner/Staff Impressions of Tour

The Commissioners and staff agreed the site visit was very beneficial and gave them a good understanding of the major issue in Northeast Ohio. The visit occurred the day after a spirited meeting involving 250 veterans at the Brecksville facility. However, Commissioners heard unanimous support at the stakeholders meeting for the proposed consolidation from Brecksville to Wade Park (described in next section).

The Brecksville tour highlighted the problems running an aging nursing home and mental health facility 30 miles from the main hospital.

1. Serious difficulties upgrading an older facility with narrow wings, no air conditioning and multiple buildings.
2. Excessive maintenance costs, privacy and safety issues.
3. Lack of 24-hour coverage for clinical and support areas.
4. Logistical difficulties re-integrating mental health patients into the workforce.

The Wade Park tour indicated the Cleveland VAMC appears to have put in place the components for a successful consolidation of services at one facility.

1. Ten CBOCs providing > 70% veterans acceptable access to primary care.
2. New parking facility, replacement SCI unit, emergency area, ambulatory care and acute care unit at Wade Park.
3. Funding request for a new MICU unit at Wade Park.

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B. Summary of Leadership Meeting

i. Names and titles of Attendees

1. Clyde Parkis, Network Director
2. Wanda Mims, Acting Deputy Network Director
3. William Montague, Cleveland VAMC Director
4. Linda Smith, Cleveland VAMC Associate Director
5. John Gennaro, Facility Planner
6. Patrick Hull, Network Planner

ii. Meeting Forum

Meeting with network and medical center leadership prior to tours

iii. Topics of Discussion

1. Reviewed handout of Proposed CARES Initiatives (attached).
2. Bill Montague and Clyde Parkis gave a well-prepared review of their plan to consolidate services from Brecksville to Wade Park.
 - a. Proposing enhanced use lease of 102 acres at Brecksville to generate \$5M funds for a parking garage at Wade Park.
 - b. Brecksville facility would be closed and the land leased to a private developer.
 - c. Network is also requesting \$99M to build a six story Comprehensive Rehabilitation Center at Wade Park to replace most of the services currently at Brecksville.
 - d. Estimated savings are \$24M annually for a 4-year payback.
3. The consolidation plan has buy-in from municipal and state elected officials since it will add tax-generating property to Brecksville and 825 jobs to Cleveland.
4. The consolidation plan has been widely discussed over the past two years with numerous stakeholders. Most stakeholders are in favor of the consolidation, although many individual veterans spoke out against the plan at a meeting in Brecksville the previous night.

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5. During the site visit the Director discussed Congressman Sherrod Brown's meeting the previous night at the Brecksville VAMC (see attached article and editorial).
 - a. Most of the 250+ veterans who attended were opposed to relocating mental health and domiciliary services to Wade Park.
 - b. A third of the attendees seemed to be Brecksville patients.
 - c. Facility Director reiterated the most likely outcome is no capital funds so both facilities would remain open.
 - d. Congressman Brown did not take a position on closing Brecksville.
- iv. What did we learn? Outline potential issues for hearings.
 1. Move hearing to a larger room that can hold > 200 people and expect to hear opposition to the plan from individuals in or south of Brecksville.
 2. Elected officials, VSOs and at least one union official support the plan. Expansion of CBOCs over the past four years has improved access to care and built the Director's credibility with stakeholders.
 3. Originally 170 dom beds were to be relocated to Chillicothe but the network is now planning to move 56 dom beds to Wade Park. The remaining beds will be under management of Volunteers of America and more information about this arrangement may be helpful.
- v. Outstanding Questions/Follow-up Items
 1. Savings payback associated with consolidating from Brecksville to Wade Park needs better detail on projected cost savings.
 2. Appraisals of the Brecksville property appear to vary widely and need further evaluation since its lease price will only be realized once, the cost of capital is low and responsibility is distributed across various people.
 3. Plans to increase outpatient workload, particularly for specialty care, should be discussed. This would include the rationale for adding two CBOCs since the market already meets the 70% access criteria for primary care.

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C. Summary of Cleveland Stakeholder Meeting

- i. Stakeholder luncheon meeting was held at the Wade Park facility
- ii. Stakeholders represented – see attached list
- iii. Topics of Discussion
 1. 100% unanimous support in favor of consolidation to Wade Park. All of the discussion focused on consolidation of facilities.
 2. Participants were very complimentary of the Director’s plan and expressed confidence and respect for improvements in the past five years. Participants were pleased with construction at Wade Park, particularly the new SCI unit, ambulatory care area and replacement CBOCs in Canton and Akron.
 3. PVA indicated an understanding there would be 10 SCI long term care beds in the new building. BVA indicated its understanding a blind rehab unit will also be added so blind veterans do not have to go to Hines (one year wait).
- iv. What did we learn? Outline potential issues for hearings
 1. Will opposition to closing Brecksville be raised only by individuals or will an organized opposition emerge?

VI. Overview of Visit to Dayton VAMC

A. Commissioners/Staff Impression of Tour

The Commissioners received an overview of the actions being proposed in the Western Market to address shortfalls of space related to the CARES workload projections. In addition, they learned the Cincinnati and Dayton VAMCs have been collaborating before the CARES process started and have outlined a plan that continues this collaboration to address the proximity issue.

The Dayton VAMC is a good example of a campus where the limited capital funds that are received are put towards the maintenance and repair of buildings related to provision of patient care, rather than building maintenance of historically significant but non-patient care related structures. Acute and long term care is provided on a 300-acre campus adjacent to a 100-acre national cemetery. Numerous buildings on the historic list cannot be torn down but are costly to maintain. The network actively seeks occupants that support the medical center’s mission and community relations and defray maintenance costs.

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Dayton has an innovative approach to care. They provide after hours telephone triage for other networks and are a pilot site for in-house comprehensive long term care.

Columbus issues were the most frequent topic of discussion at the stakeholders meeting. Veterans drive 2 – 3 hours for inpatient services and specialty care. VSOs serve a crucial role transporting veterans to Dayton and Cincinnati for care. Veterans are anxious to have hospital and outpatient specialty services available in Columbus

B. Summary of Leadership Meeting

- i. Names and titles of Attendees
 1. Clyde Parkis, Network Director
 2. Wanda Mims, Acting Deputy Network Director
 3. Steve Cohen, MD, Dayton VAMC Director
 4. Tom Pishioneri, Cincinnati Acting Director
 5. Thomas Davidson, MD, Co-Chair Strategic Planning Council
 6. Lawrence Tucker, Staff Assistant to Dayton Director
 7. Suzanne Tate, Executive Assistant to Cincinnati Director
 8. Patrick Hull, Network Planner

- ii. Meeting Forum

Meeting with network and medical center leadership prior to campus tour with Jeff Hull, Historian

- iii. Topics of Discussion
 1. Reviewed handout of Proposed CARES Initiatives (attached).

 2. Dayton VAMC now has 200K sq ft of leased space across the campus. They want to keep buildings occupied and help defray maintenance costs. Dayton VAMC has a strong affiliation with Wright State School of Medicine and ongoing collaborations with Wright Patterson Air Force Base.

 3. Since Dayton is only 54 miles from Cincinnati the two VAMCs reviewed alternate solutions to the proximity issue. They plan to maintain both facilities but consolidate services in the future.

 4. Cincinnati VAMC has two divisions:
 - a. Acute care is provided at the downtown Cincinnati facility adjacent to the U. of Cincinnati Medical School.
 - b. Long term care and mental health are provided at the Ft Thomas facility across the river in northern Kentucky.

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5. Ft Thomas facility can continue providing services and make 10 acres available for an enhanced use lease. They want to lease to the City of Ft Thomas and generate \$5M for a parking garage on the Cincinnati campus.
 6. Cincinnati VAMC has a strong affiliation with the U. of Cincinnati Medical School. In the last decade research activities have increased to \$14.4M.
- iv. What did we learn? Outline potential issues for hearing.
1. The Dayton VAMC acts as a landlord for historic properties they cannot tear down or afford to maintain. They have found the enhanced use process administratively time consuming and burdensome.
 2. While it does not totally fit within the CARES guidelines Cincinnati VAMC wants to build a parking garage and replacement research building.
 3. In terms of proximity, the Network Director believes in program consolidation rather than facility consolidation. He wants to maintain HR and select administrative functions at each site.
- v. Outstanding questions and follow up items.
1. The consolidation plan did not include any dollars or FTE estimated savings and the timetable was 2 – 4 years out.
 2. Plans to address the CARES projections for increased outpatient workload should be discussed. This would include the rationale for adding CBOCs since the market already meets the 70% access criteria for primary care.

C. Summary of Dayton Stakeholder Meeting

- i. Meeting forum
Stakeholder luncheon meeting was held at the Dayton VAMC (list coming)
- ii. Stakeholders represented – Deans from both medical schools attended. List coming from facility
- iii. Topics of Discussion
 1. The Commissioners gave an overview of the CARES process and their role reporting back to the Secretary on the adequacy of the plan. They highlighted the VA's changing focus from hospital-based care to providing a system of care. They also talked about the need to redistribute resources on a national basis to support more veterans.

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2. Columbus issues were the most frequent topic of discussion including:
 - a. The need for an inpatient facility or services for veterans who live in Columbus so they do not have to drive 2+ hours for care.
 - b. The need for more outpatient services in Columbus.
 - c. The important contribution from VSOs in transporting numerous veterans by van to Dayton and Cincinnati VAMCs. Often this is an all day activity for patients.

 3. In response to the Columbus issues the Network Director outlined the Ohio Central Market plan:
 - a. Contract for inpatient care in the community where they appear to have choices among three good health systems.
 - b. Expand Ambulatory Care Center, which recently moved administration off site to add another primary care area.
 - c. Pursue Defense Supply Center willingness to donate land for an Ambulatory Surgery Center.

 4. Stakeholders also talked about the need for parking in Cincinnati and outpatient care across the market.
- iv. Outstanding questions and follow up items
1. What are the plans to make inpatient services and specialty care more available in the Columbus area?

 2. What can be done to reduce the burden of maintaining the historic properties at the Dayton VAMC?

 3. Clarify plans to address increases in outpatient workload, both primary care and specialty care, as shown in the CARES projections for 2012 and 2022.

VII. VISN Comments

The VISN and facility teams did a great job hosting the site visit and educating the Commissioners about the important issues. Both stakeholder meetings were very well attended and provided a good preview of what to expect at the hearings.