

**CARES COMMISSION
SITE VISIT REPORT**

**VISN 16's VA Gulf Coast Veterans Health Care System
Biloxi and Gulfport, Mississippi**

Date of Visit: July 2, 2003

Site(s) Visited:

Biloxi VA Medical Center, Mississippi
Gulfport VA Medical Center, Mississippi
Keesler Air Force Base, Biloxi, Mississippi

CARES Commissioners/Staff in Attendance:

Commission Vice Chairman R. John Vogel
Commissioner Joseph Binard
Commission Staff Team Leader Kathy Collier

Overview of Visit to Biloxi and Gulfport VA Medical Centers (VAMCs) and Keesler Air Force Base:

The Biloxi and Gulfport VAMCs are the only two medical centers along the Mississippi, Alabama and panhandle Florida Gulf Coast. The Biloxi and Gulfport VAMCs are eight miles apart and have been consolidated for greater than 30 years.

The Biloxi VAMC employs approximately 1,088 employees and is a 48 bed acute medical and surgical inpatient unit including intensive care. Biloxi VAMC provides health care for 124-nursing home and intermediate care beds, 171 domiciliary beds, and outpatient mental health. Located on the Biloxi campus is a VA National Cemetery. All of the buildings on the Biloxi campus are utilized either for administrative services or health care delivery. There is ample vacant land to accommodate expansion through new construction. A corporate office for the Gulf Coast Health Care System is located at Biloxi (as well as a second, smaller corporate office located in Pensacola, Florida.)

The Gulfport VAMC employs approximately 430 employees. This facility serves as an inpatient psychiatric care unit with 144 operating beds (with a 30% average daily census.) Through collaborative agreement with the Keesler Air Force Base in Biloxi, this inpatient unit also houses active duty military personnel with acute mental health needs, although some patients are there for an extended period of time. On July 2, one Air Force member had a 75-day stay. At the time of our visit, approximately eight of the psychiatric inpatients were active duty military personnel. The Gulfport VAMC has a 56-bed nursing home and dementia unit, and the primary outpatient mental health care facility. The Gulfport VAMC also has a very large laundry facility, which provides laundry services for VAMCs in New Orleans, Louisiana and Gulf Coast regions.

The Gulfport facility was built in 1917 to commemorate the 100th anniversary of Mississippi's statehood. Initially this facility was by the Navy as a training facility until

1919, when it became a public health facility. In 1922, VA acquired the facility for \$125,000. All of the buildings except those constructed in recent years are on the historic registry. In Gulfport many of these historic buildings are vacant or used only for storage.

The Biloxi and Gulfport VAMCs appear to be well organized with appropriate staffing to provide patient care. The facilities have consolidated administrative services. Due to recent renovations, the Biloxi VAMC is well equipped to provide health care services. Additional renovations are planned to maximize health care delivery. Renovations that included administrative offices were also planned in such a way as to be converted to medical wards in the event that is needed.

Keesler Air Force Base is only a few miles from Gulfport VAMC and abuts the Biloxi VAMC. Keesler's primary goal through collaboration with VA is to support VA infrastructure by meeting veterans' acute hospitalization, surgery and rehabilitation needs and in return Keesler Medical Center's graduate and medical education training programs expand. Keesler would also like to engage in joint clinical research with VA as well as joint psychiatric services. Keesler's model involves the Department of Defense (DOD), in this case the Air Force, taking care of inpatient services while VA takes care of outpatient services. Access to the military base is considered by the Air Force leadership to be a technical obstacle and one that can be overcome. Additionally, as it relates to access to the military base, the Air Force, the Director of the VA Gulf Coast Veterans Health Care System (VAGCVHCS), and state and local government officials are discussing the possibility of constructing a connector road between the Biloxi VAMC and Keesler Air Force Base.

Two primary issues must be considered relating to the collaborative model with Keesler Air Force Base. First, according to Brigadier General David Young, Keesler's short runway makes it vulnerable to closure under DOD's Base Realignment and Closure initiative, which will not be known until approximately 2005. An enhanced relationship with VA may make retaining Keesler Air Force Base more viable. Second, the veterans receiving inpatient care in military facilities must abide by DOD rules. Of particular note is the rule of no smoking in DOD facilities.

Summary of Meeting with VISN Leadership:

Names and Titles of Attendees:

Mr. Lynn Ryan, Acting Deputy Network Director, VISN 16

Ms. Julie Catellier, Director, VAGCVHCS

Gregg Parker, MD, Chief of Staff, VAGCVHCS

Ms. Chris Jones, Associate Director, VAGCVHCS

Mr. Andy Welch, Associate Director for Outpatient Clinic Management,
VAGCVHCS

Ms. Evelyn Wingard, PhD, RN, Associate Chief of Staff for Nursing, VAGCVHCS

Ms. Cindy Jwainat, VISN 16 Business Manager

Mr. Mario Rossilli, VISN 16, Public Affairs Officer

Ms. Tina Cassell, Administrative Assistant to the Director, VAGCVHCS

Meeting and Tour of Facilities:

Ms. Julie Catellier lead the informal meeting giving an overview of the VAGCVHCS, which includes sites visited as well as major other locations in Mobile, Alabama, Pensacola, Florida, and Panama City, Florida. Following this meeting, visiting Commissioners and Commission Staff were escorted on a walking tour of the Biloxi VAMC. A driving tour of the Gulfport VAMC followed. Also, Commissioners and Commission Staff met Brigadier General David Young, Medical Officer from Keesler Air Force Base. As mentioned earlier, General Young provided a brief overview of the sharing opportunities under discussion with the VAGCVHCS and directed everyone on a driving tour of the base.

What did we learn?

The VAGCVHCS has two VAMCs in the Biloxi and Gulfport. The Alabama and panhandle Florida gulf coasts are primarily served through 100% VA-staffed community outpatient clinics (CBOCs). The greatest need in VISN 16 is present in the panhandle of Florida, partially due to the growing aged veteran population and the fact there is no medical center in that area. At this time, inpatient care to veterans from Florida and southern Alabama are provided in Biloxi and Gulfport, unless community-based services can be arranged. This requires some veterans to drive up to eight hours (average) to receive VA health care.

Throughout the VAGCVHCS, there are tremendous opportunities to partner with the DOD. Generally, DOD medical response is good with adequate medical resources available unless these resources are deployed in support of military defense efforts. Thirteen VA/DOD sharing agreements are in place between VAGCVHCS and six military facilities and more are in the planning stages. Agreements include selling, buying and sharing of staff, space, and clinical and non-clinical resources. Among the VA/DOD sharing arrangements:

- Gulfport VAMC provides inpatient psychiatric health care to Keesler's active duty military personnel with non-adjustment/stress-type mental health illnesses.
 - NOTE: The Gulfport VAMC presently has 32 high intensity (acute) beds, 32 general intermediate psychiatry beds (chronic), 29 geropsychiatry beds (more long term beds), and a 54 bed Dementia Unit under the Extended Care Service.
- Shared inpatient and specialty care with Keesler Air Force Base with Keesler providing cardiovascular surgery, VA providing critical care nurses, and both sharing radiation oncology physician.
 - NOTE: Keesler Air Force Base Hospital has 90 operating beds and the capacity for 200-300, if needed. At the time of our visit, 75 beds were occupied.
- Joint ambulatory care center in Pensacola, Florida on Corry Station.
 - NOTE: The Naval Hospital in Pensacola has 60 beds with a 42 percent occupancy rate and an average daily census of 25. In addition to overnight stays, this facility has a large volume of same day surgery and other procedures that occupy these beds.

- Expanded primary care services at Tyndall Air Force Base, Florida.
- Shared use of urology physician assistant at Pensacola Navy Hospital.
 - NOTE: In April 2003, the Congress passed Veterans' Health Care Facilities Capital Improvement Act, H.R. 1720, which authorized the Secretary of VA to carry out construction projects for the purpose of improving, renovating, establishing, and updating patient care facilities at VAMCs. It was mentioned that under this authority, up to \$45 million was authorized for a joint VA/DOD clinic in Pensacola.

Under the CARES market planning process, VISN 16 has proposed a new medical center in the Pensacola, Florida area. However, several pre-CARES strategies have been implemented in the Mobile, Alabama and Florida panhandle to respond to the rapid growth in demand in those areas. Coupled with the VA/DOD sharing arrangements under development, these pre-CARES strategies include:

- New CBOC in Panama City, Florida in June 1998, with expansion in April 2002
- Relocated and expanded the Mobile, Alabama CBOC in March 2001, with a second expansion to begin in July 2003
- Because Pensacola, Florida is the fastest growing area in the VAGCVHCS, Pensacola North Clinic in September 2002, and plans include expanding primary care
- Establishment of VA CBOC on Eglin Air Force Base, Florida
- Additional expansion of primary care at Tyndall Air Force Base

Significant Issues to consider:

The DOD plays a dominant role in the VAGCVHCS's ability to meet health care demand. First there is the issue of potential closure of Keesler Air Force Base under DOD's Base Realignment and Closure initiative in as early as 2005. If Keesler Air Force Base is closed, VA could utilize that hospital complex to satisfy much of VA's present and future needs. Second, other military facilities in this market area have the capacity to accommodate VA workload.

The CARES market plan calls for closure of the Gulfport VAMC in 2009. The biggest question with this potential closure is where to place the inpatient psychiatric patients, the Alzheimer's unit, as well as the administrative support staff presently located in the operating buildings at that facility. Again, DOD plays a heavy role in this decision. Absent an agreement with Keesler Air Force Base, patients could be moved from Gulfport to the Biloxi campus but only if new construction is approved. This new construction, as we learned, may be in the form of new administrative offices because as mention earlier, administrative office renovations in recent years at the Biloxi campus may be reverted to medical wards with minor alterations.

Both the Biloxi and Gulfport VAMCs have many buildings on the Mississippi historic register. However, the CARES market plan for Gulfport includes long-term enhanced

use lease agreements that would preserve these buildings but provide for appropriate re-use of the grounds. (NOTE: There is strong opposition to closure of Gulfport from Congressman Gene Taylor, primarily due to an economic development opportunity for a retirement community in the Gulfport area that promotes federal health care availability.)

Summary of Stakeholder Meeting(s)

Ms. Catellier provided welcoming remarks to all stakeholders and introduced the Commissioners and Commission Staff. Ms. Catellier 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, Congressional staff, and DOD representatives from TriCare.

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 (Dr.) Binard provided a brief discussion of the need to focus on the "enhanced services" part of CARES. Commissioner Binard also emphasized the importance of the stakeholders input not only in terms of what is, but what the stakeholders perceive the needs of veterans to be.

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:

- **Interrelationships/Joint ventures with DOD:** There was generally universal support for VA/DOD sharing in VISN 16. They felt the VA leadership is taking advantage of the current connectivity with DOD and the future plans sound promising. There was, however, expressed concern over the potential closure of Keesler Air Force and the lost opportunity for inpatient surgery. Stakeholders also expressed some concern regarding the ability of DOD to absorb the growing workload capacity. A small number of stakeholders expressed some concern regarding the ability to obtain specialty care from the DOD. For example, in the case of neurosurgeons in the Gulf Coast area, there were five neurosurgeons in the area. Now, there are only two on the Air Force's staff because the malpractice crisis caused the other three to leave the area.
- **Access to Inpatient and Outpatient Care:** Many stakeholders, particularly Florida's Congressman Jeff Miller's staff member, shared their concerns regarding the lack of inpatient health care services in the Florida panhandle and southern Alabama. Driving times are on the average from six to eight hours to the nearest VAMC. It was stated that the outpatient resources are inadequate for the

Florida panhandle especially in light of migration of veterans to the south, advances in health care, and the fact that the CBOCs in that area were built to handle a much smaller workload. Congressman Miller's staff member expressed on behalf of the Congressman support for the Secretary and the CARES process.

- **Optimization of Resources/Potential closure of Gulfport VAMC:** Stakeholders understood the logic of closing the Gulfport VAMC but were deeply concerned over status of the inpatients at that facility should it close. There is heavy reliance on the ability to establish a sharing arrangement with Keesler but the uncertainty of Keesler's future added to their concerns.
- **Concerns for the Families:** Stakeholders asked the Commissioners to consider the families of veterans before asking veterans to up-root in order to receive care, especially if the veteran requires nursing home care. Stakeholders expressed an interest in alternative VA nursing home care with the use of home-based nursing/assisted living caregivers and more state veterans homes. There is a state nursing home in Panama City, Florida, which will start admitting veterans in August 2003. Another state nursing home is being added to the Florida panhandle. There are three state nursing homes in Mississippi. In the Biloxi/Gulfport area, there is an Armed Services Retirement Home providing assisted living to veterans and military retirees.
- **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 26, 2003.

Exit Briefing with VISN/VAGCVHCS Leadership:

The following key issues were highlighted:

- Closure of Gulfport by 2009:
 - Provides an opportunity for VA to divest of the property under long-term enhanced use lease agreements.
 - Heavily contingent on future of Keesler Air Force Base under the DOD's Base Realignment and Closure initiative. Expected decision to be made by 2005.
 - Contingent on VA funding to construct new buildings at Biloxi. These new buildings will support administrative services personnel and the buildings now housing these personnel would be converted to medical wards.
 - Congressional opposition by Mississippi Congressman Gene Taylor.
- Large, vocal veteran population in the Florida panhandle
- Network Director, Dr. Robert Lynch, has committed to no loss of services to veterans and their families and no loss of employment for VA staff

Commissioners Vogel and Binard 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:

As a result of the stakeholder meeting, Florida's Congressman Jeff Miller's staff member requested information regarding how much of VA's national budget is appropriated for long-term care services.

Attachments:

1. H.R. 1720, Veterans health Care Facilities Capital Improve Act, dated April 10, 2003
2. PowerPoint Presentation Director, VAGCVHCS, dated Jul 6 2, 2003

Approved by: R. John Vogel, Vice Chairman and Commissioner (Dr.) Joseph Binard
July 14, 2003

Prepared by: Kathy Collier, CARES Commission Staff Team Leader
July 14, 2003