

CARES Commission Site Visit Report

VISN 16: VA South Central Health Care Network/Upper Western Market *VAMC Muskogee, OK*

Dates of Visit: July 23, 2003

Sites Visited: VAMC Muskogee, Oklahoma

CARES Commissioners/Staff:

Commissioner Chad Colley
Commissioner John Kendall
Johnetta McKinley, Commission Staff

Overview of Site Visit:

VAMC Muskogee is a primary and secondary level 3 medical care facility. The facility has been in operation since 1923, and serves 25 counties in Eastern Oklahoma. 149,000 veterans reside in those counties and some 40,000 (27%) of veteran residents are enrolled for care at the facility. It is a parent facility for a VA staffed CBOC in Tulsa and a contracted CBOC in McAlester, Texas. The VAMC is affiliated with the University of Oklahoma College of Medicine and Pharmacy, Oklahoma State University College of Osteopathic Medicine and several other academic institutions in the area. Training is provided for residents, medical students, nursing students, physicians' assistants, nurse practitioners and other ancillary healthcare professions. The facility has an authorized bed level of 140 however operates only 50 inpatient beds. Muskogee has seen a new enrollee growth rate of more than 48% over the last 1-½ years, along with a steady increase in the number of outpatient visits from 214,259 (FY01) to 246,697 (FY02 ytd). The facility supports the National Cemetery in Fort Gibson and the Tulsa Vet Center.

VA Representatives in Attendance/Name & Title:

VISN 16: VAMC Muskogee

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|---------------------|-----------------------------|
| ➤ Robert Lynch, MD | VISN Director |
| ➤ Melinda Murphy | Director, VAMC Muskogee |
| ➤ Ben Campeau | Associate Director |
| ➤ William Dubbs, MD | Chief of Staff |
| ➤ Margie Carlton | Chief Patient Care Services |
| ➤ Kathleen Fogarty | VISN CARES Coordinator |
| ➤ Mario Rossilli | VISN PAO |

Tours of Facility:

Muskogee VAMC: Ms. Murphy led a walking tour of the facility, which is a very valuable asset but not sufficiently utilized. All the areas of the hospital were well maintained and suited for their specific task. There were vacant areas of the facility that were ready for immediate

occupancy but currently the staff have not been able to secure users for that space despite their continued efforts. The tour included rehab medicine suite, vacant space on the 5th floor (32 bed capacity configuration), medicine unit, endoscopy unit opened 10/02, ICU and the dental suite.

What did we learn?

VAMC Muskogee: The network/facility presentation focused on:

- Discussion of the Fayetteville need for specialty care
 - Need to invest money to bring specialty care to that area that is not close to any bigger facility
 - Currently veterans have to drive long distances and long wait times are created which is not optimum for care delivery
 - This area has seen a 20% growth in population each year for the past several years
- Challenge to service veterans less than 50% SC within 120-180 days of desired appointment
- Commitment to service the native American veteran population through the opening of the McAlester CBOC in July 99
- Expanded parking thru the purchase of adjacent land with condemned buildings and using that land for veteran parking improvements
- Need to add 16 more CBOCs by 2012 to improve access problems identified by GAO review
 - Currently have 30 CBOCs in network
 - Plans to revitalize CBOC arrangements at 2 state homes
- Network exploring ways to contract with community and collaborate with DoD to increase outpatient specialty care
- Concern about the placement of the SCI unit at Little Rock VAMC which has the best clinical support services and patient parking availability to support the needs of that population
- Adjacent large veteran population in Tulsa metropolitan area may well prove the key to the viable efficient use of the Muskogee VAMC but aggressive plans to facilitate that end are not yet in evidence
- Sufficient capacities exist in the physical plant to accommodate a broader or expanded spectrum of services in Specialty Care and ancillary medical support of various types which will improve the cost and proximity efficiencies significantly

Summary of Stakeholder Meetings/Topics of Discussion:

The level of stakeholder understanding about the CARES process was generally good during the site visit. All groups were interested in hearing about the next phase of the process and focused on specific initiatives for their facility.

Commissioner Colley gave opening remarks, introduced Commissioner/staff and gave a brief overview of where the CARES process was at this point.

VAMC Muskogee: Stakeholders in attendance included representatives from PVA, ODVA, VVA, Women Veterans Coordinator, AFG representative and representatives from local Congressional office. Dr. Lynch and Commissioner Colley gave opening remarks, and the comments included the following:

- Is there a timeframe for the new SCI unit in Little Rock?
 - Dr. Lynch responded that it will not be activated before 2009 at the earliest

- Identifying gaps in services and planning to address those are good but the timeliness of the implementation has always been an issue with VA, and the delays just compound the problem/needs/frustration of the veterans awaiting services
- SCI veterans should not/can not be treated at CBOC's, they need the full services of a medical center
 - Concerns that CBOCs are not built with exam rooms that are equipped to handle needs of the SCI population
 - There are over 300 SCI veterans registered now at Muskogee and many of them get 80% of their care at this facility with only specialty care needs resulting in a referral to the SCI Center in Texas
- When Commission makes final recommendations to Secretary Principi will those initiatives with more than one option have only one option recommended or will more than one be used?
- Was the cost/travel of referring veterans to other facilities included in the calculations of cost when determining where services should/could be located?
- Concern about long term care treatment of veterans with Alzheimer's disease diagnosed
 - VA needs to revisit the cost per diem for treating this population
- Formula used by VA to calculate number of long term care beds needed in the stated are grossly underestimating the need
 - Forcing long drives by veterans and families to visit at state homes is not acceptable
- Concern about need to get more nursing staff on board to give treatment to veterans, reduce long waits for services
- Will this facility be here and operational in 2012 or 2022?

Exit Briefing with VISN/Facility Leadership:

Commissioners expressed their appreciation to the network and local VA staff at the end of the site visit. The hospitality, coordination and assistance provided by the facility was acknowledged as well as the efforts of other staff members in the network all working together to make for a smooth experience.

Outstanding Items/Questions/Follow-up:

- Need to better utilize vacant space in Muskogee facility
- Unusual amount of contract CBOCs being used in VISN 16, versus VA-staffed clinics
- Concern for expanded SCI bed numbers in VISN 16
- Need for expanded services in Fayetteville VAMC which currently has 14 primary care panels with a 1200 average patient size each
- Opportunities for VA/DoD sharing opportunities throughout VISN 16

Prepared by: Johnetta McKinley, CARES Commission Staff
July 25, 2003

Approved by: Chad Colley, CARES Commissioner
John Kendall, MD, CARES Commissioner