

**CARES Commission  
Site Visit Report**

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**VISN 20 VA Northwest Health Network  
Vancouver, Washington**

**Date of Visit: July 16 and 17, 2003**

**Sites Visited:**

VA Medical Center Portland, Oregon, Portland Campus (Commissioner Zamberlan only)

VA Medical Center Portland, Vancouver Washington Campus

**CARES Commissioners/Staff in Attendance:**

Commissioner Al Zamberlan

Commissioner Vernice Ferguson

Commission Staff Member Ron Bednarz

Commission Staff Member Jean Renaker

**Overview of Visit:**

VAMC Portland provides tertiary care for the South Cascades Market. This market consists of 35 counties in Western Oregon, Southern Washington, and extreme Northwest California. Roseburg VAMC provides hospital services. White City provides primary care and a large domiciliary.

The Portland VAMC consists of two campuses located in Portland, Oregon and Vancouver, Washington. There are approximately 2,080 employees at both campuses. The Portland VA Medical Center also has Community Based Outpatient Clinics (CBOC) in Bend, Salem & Warrenton (Camp Rilea), Oregon, and a mental health clinic in Longview, Washington.

The Portland VA Medical Center is a tertiary care facility classified as a Clinical Referral Level 4 Facility. It is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. The Portland VA Medical Center is a part of VA Northwest Network (VISN 20), which includes facilities in Alaska, Washington, Oregon, Idaho, and Northern California.

A 72-bed Rehabilitation and Extended Care Center on the Vancouver campus serves the Portland/Vancouver metropolitan area. The Center's services include extended care rehabilitation, psycho-geriatric care, and general nursing home care. Additionally, outpatient clinic services are offered at this location in a new outpatient clinic facility.

The Vancouver Campus is a cantonment style facility built as a temporary hospital for the military. There are 39 wooden barracks structures connected by long corridors. The buildings have no sub-basements and are subject to mold. The VISN would like to demolish these buildings in four phases and construct an enhanced use structure with Clark County and a Clinical Support/Transplant Lodger Building. Another enhanced use project is planned for an assisted living facility. There are 65 Nursing Home beds at the Vancouver Campus. There are several outpatient activities at the Vancouver campus including substance abuse treatment.

VAMC Portland has no collaborative issues with the Department of Defense.

### **Summary of Meeting with VISN Leadership:**

#### **Names and Titles of Attendees:**

(See Attached)

#### **Meeting and Tour of Facilities:**

Dr. Les Burger led the informal meeting giving a complete overview of all CARES related issues affecting VISN 20. The Directors from Puget Sound VA Healthcare System and VA Medical Center Portland were physically in attendance. The remainder of the facility directors were in attendance via teleconferencing.

The tour of the Vancouver campus began with a driving tour of the east side of the campus showing the support buildings and the Single Room Occupancy Homeless Program building. The group was then provided a walking tour of the Nursing Home Unit, Clinical building, and ending at the Vietnam Veteran Memorial Garden, a gift from a private citizen.

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

The VISN Director's primary take home message is that, if projections are good, they don't have infrastructure to support the coming growth. Dr. Burger stated that the VISN is second in nation on increased unique patients. He further stated that the highest unemployment in the country is in VISN 20. Additionally, HMOs

are closing, and state services deteriorating. This has all contributed to the increase demand for care.

A question was raised about considering things such as extending hours and working weekends to accommodate the growth. It was stated that this is being practiced at all impacted facilities in the VISN, but in varying degrees.

The Portland campus while fairly new is physically land locked. Portland is receiving 1200 applications for care per month and has experienced a 17% increase in uniques. There is a severe parking problem with the campus being 500 spaces short of the standard. Portland would like to take all basic inpatient work away from the tertiary care facility and relocate it to CBOC's throughout the city.

The Anchorage, Alaska facility has proposed construction of a new outpatient facility next to the Elmendorf joint venture facility. A new facility would increase primary care by 75%, specialty care space by 100%, and mental health space by 100%. Although the new clinic would not meet all market area demand, it does decrease the quantity of purchased care to 27% of total (40% decrease from current level). Due to geographic remoteness, patient acuity, and complexity of care, it is not feasible to bring all outpatient workload into the VA system. There is a cost-benefit justification for this project. Alaska has the largest fee program in system with \$6.3 million in expenditures each year. 40% of all outpatient workload and 66% of all inpatient workload is provided through fee-basis.

The VISN stated that the cost effectiveness of bringing workload in-house in the Alaska market has been well demonstrated in last ten years. In 1992, Alaska had a budget of \$58 million dollars, purchased 90% of our care under fee basis, and treated 4000 unique veterans. In 2002 Alaska had a budget of \$89 million (less than '92 dollars amount in non-inflated terms), only purchased 40% of our care, and treated 12,299 unique veterans. The move to in-house care rather than purchased care has been astronomically cheaper than the previous model.

A mitigating factor is that the Anchorage lease expires in 2007 and plans need to be approved quickly in order to vacate the space by that time.

The Spokane VA Medical Center operates a Mobile clinic and has no satellite CBOC's. The mobile clinic has two exam rooms, stops at nine sites, and has no x-ray or special labs. The Wenatchee and Leavenworth area veterans want a clinic. This area is in the Seattle catchment area, but the mountains make it easier to get to Spokane. This underscores the significance of geography and geology in providing patient care in VISN 20.

There are only three small state nursing homes in the state of Washington. The American Lake campus of the Puget Sound facility attempted to partner with one of the Washington State Veterans Homes, but the proposal was killed in the state

legislature. Oregon only has one home and receives no state funding. The State Home in Idaho is considering collocation at the Boise VAMC. There is no state home in Alaska. A key point to consider is that state veterans budgets have been severely cut. This has made partnering with the states more challenging.

The VISN has an active assisted living program, with care being provided through contract in the community. There are approximately 200 veterans currently receiving this service. An enhanced use proposal is being drafted for construction of an enhanced use assisted living facility on the Vancouver campus.

The White City facility is no longer considered a domiciliary, but a rehabilitation facility. It emphasizes rehabilitation as it provides safe residential rehabilitative inpatient care and primary outpatient and mental health care. The program emphasis is bio-psycho-social rehabilitation. Dr. Burger has touted this model as something that would have value across the entire VA system in treating chronic homelessness in veterans.

The American Lake Campus of the Puget Sound Healthcare System has proposed a pilot collaboration with Madigan Army Medical Center. The plan calls for relocation of 15 American Lake Medicine beds and all emergency room services to Madigan Army Medical Center. In return the VA staff will provide service to Madigan. There have been problems in setting reimbursement rates for this project.

Both Portland and Puget Sound have very busy Research Programs as evidenced by the following list of projects.

<b>Facility</b>	<b>VA Puget Sound HCS</b>	<b>VAMC Portland</b>
Principal Investigators	152 (MD, RN, PhD)	92
Staff	More than 400	375 (includes WOC)
Studies/Projects		
Clinical Studies	277	291 (includes chart reviews & tissue sample studies)
Basic Science studies	140	114
RR&D Projects	17	14
HSR&D projects	54	4

Research space at Puget Sound is in poor physical condition. An auditor commented that the facility has the worst physical labs he has ever seen. Additionally the facility is 60,000 square feet short of Research space.

There are many buildings at American Lake are unsafe due to seismic reasons. This same issue occurs at the Roseburg facility. VISN 20 believes that they have not been provided an equitable share of seismic correction funding to date given the large amount of space that is in need of seismic correction.

The VISN has an active Native American veteran program. Facility staff members receive training in conjunction with the Indian Health Service and on the reservations. Some facilities have a sweat lodge on VA grounds.

### **Significant Issues to Consider:**

Two tertiary care facilities are landlocked. Parking is a major issue. This is impacting patient care. The lack of parking also impacts physician consultants. The Portland staff indicated that patients have called on cell phones from the VA parking lot canceling appointments since they could not find parking.

The Portland facility seems to have a viable plan to deal with increased workload by moving the majority of primary care to downtown clinics. This plan will also alleviate the parking problem. The VISN does not feel they have the staff to support this plan.

Research needs could impact on University relationships. Both Seattle and Portland have active research programs.

Seismic issues and the condition and age of buildings are a major issue at most VISN facilities. Several facilities currently conduct patient care activities in buildings needing seismic correction. It was mentioned that Non-Recurring Maintenance and Repair dollar have occasionally been diverted to pay for budget shortfalls caused by increased pharmaceutical and medical supply costs.

Access to tertiary care is an issue throughout much of the network. Plans call for a combination of CBOCs and contracts, but the information thus far is not clear on the ability to negotiate acceptable contracts. Considering the impact of space issues, particularly parking, it is essential that a viable plan be implemented.

The Director of Puget Sound expressed concern about problems relating to negotiating VA/DoD reimbursement rates. "Opportunities abound," but without a viable reimbursement process the joint venture could falter.

State Nursing Homes are a significant issue in this market. All are experiencing difficult financial conditions. This makes it difficult to partner when the homes have pressure to shift more responsibility to VA. The failure of HMO's and a high unemployment rate exacerbate this situation.

## **Summary of Stakeholder Meeting:**

Ms. Ferguson opened the session. Stakeholders and VISN staff from the Seattle and Portland areas were physically present. The remainder of stakeholders participated via teleconference. Ms. Ferguson stated that the Commissioners would like to hear concerns, but would also like to hear about those things that are going well.

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

### Interrelationships/Join Ventures with DoD:

Colonel Johnson from the Madigan Army Medical Center stated that his facility has had a longstanding successful sharing relationship. He wholeheartedly supports the proposed joint venture where all inpatient VA services would move to his facility. There is significant potential for expansion of services, particularly in emergency medicine.

Several stakeholders expressed concern about "merging with DoD". They feel VA would get second priority. Stakeholder expressed concern that in a VA/DoD relationship, VA gets second priority.

### Veterans Healthcare in Alaska:

There is concern about the fact that VA does not provide "one-stop shopping" for the delivery of veterans healthcare. Veterans must travel all over the city to receive services via fee-basis, from DoD, or at the VA facilities. Concern was also expressed over the lack of Spinal Cord Injury (SCI) Services in Alaska. Veterans must travel to Seattle for this care and there have been problems getting into the Seattle SCI Unit. A comment was made about the lack of transportation in parts of the state where veterans live. Some communities are only accessible by air, or intermittently by boat.

### Employment

The major employee concern is focused on loss of jobs. This relates not only to any realignments that may come from the CARES process, but also those that may come from outsourcing. The PVA is very much opposed to outsourcing, stating that staff should be treated as a capital asset. Many employees are veterans. Union representatives also expressed concern about the adequacy of staffing levels at some facilities.

### Distances and CBOCs

The Washington State Veterans Office stated that 26 of 29 counties are rural in Washington. Veterans must travel long distances for care. They would like to see as many CBOCs as possible opened in the state.

A representative from Boise related an incident whereby it took five days for a patient at the Boise VA Medical Center to be transferred to the Puget Sound facility to receive cardiology services. This is traumatic for families and would like such services available closer to Boise. Others expressed concern about wait lists in general.

One representative stated that the existing Eugene CBOC isn't large enough to handle the patient volume.

#### Stakeholder Involvement

State Officers from Washington and Oregon State mentioned that they have been actively involved in the CARES process. The Washington State representative stated that she has experience in other VA networks and VISN 20 has done the best job in soliciting involvement.

#### VBA

Boise area constituents desire a VBA co-location on the Boise VA Medical Center grounds.

#### Affiliates

Representative of the University of Washington stated that they value the relationship with VA. Currently residents don't rotate through the CBOCs.

#### State Home Ventures

The State of Washington would like to partner with VA, particularly in long term care.

### **Exit Briefing with VISN Leadership**

VISN Leadership accompanied the Commissioners and staff to the Walla Walla site visit. The exit briefing at Walla Walla covered the entire VISN.

### **Open Items/Question/Follow-up:**

None