

**CARES COMMISSION
SITE VISIT REPORT**

VISN 4, VA Stars and Stripes Healthcare Network

Pittsburgh and Butler VA Medical Centers
Western Market Area

Date of Visit: July 9, 2003

Site(s) Visited:

Pittsburgh VA Medical Center, Pittsburgh, Pennsylvania

Butler VA Medical Center, Butler, Pennsylvania

CARES Commissioners/Staff in Attendance:

Commission Vice Chairman R. John Vogel

Commissioner Vernice Ferguson

Commission Staff Team Leader Kathy Collier

Overview of Visit to Pittsburgh and Butler VA Medical Centers:

The Pittsburgh VA Medical Center is a tertiary center for the western half of the Stars and Stripes Healthcare Network, VISN 4, which includes counties in Western Pennsylvania, Ohio, and West Virginia. The University Drive and Highland Drive VA Medical Centers were activated in the 1950's and were consolidated as the VA Pittsburgh Healthcare System in October 1996.

The Pittsburgh Healthcare System consists of three divisions operating under one management – University Drive, Heinz (Aspinwall), and Highland Drive and all are well within the 60-mile proximity guideline for access. To be precise:

- The Highland Drive Division is approximately 3 miles from the Heinz Division
- The Highland Drive Division is approximately 5 miles from the University Drive Division
- The Heinz Division is approximately 8 miles from the University Drive Division

The University Drive Division employs approximately 1,270 employees; the Highland Drive Division employs approximately 771 employees; and the Heinz (Aspinwall) Division employs approximately 439 employees.

The University Drive Division is adjacent to the University of Pittsburgh. The University Drive Division serves as the acute care facility with operating beds in Medicine, Surgery, Neurology, and Critical Care. University Drive also provides specialty outpatient care as well as ambulatory surgery. This facility has been recognized for:

- National Center of Clinical Excellence in Women Veterans Health Programs
- Renal Dialysis

- National Research Centers of Excellence in Geriatrics, Rehabilitation Research, Behavioral Health and Health Equities Research and Promotion

The Heinz (Aspinwall) Division is a Geriatric Center of Excellence, providing nursing home care, primary care, adult day health care, and hospice care.

The Highland Drive Division provides comprehensive acute and extended psychiatric treatment, including comprehensive substance abuse, post-traumatic stress disorder, schizophrenia, and a comprehensive homeless veteran program. Highland Drive is also a regional center for the treatment of former prisoners of war.

The Pittsburgh Healthcare System is backup to the Department of Defense's health care system in time of national emergency as Western Pennsylvania's Coordination Center for the National Disaster Medical System. It has also been designated as the National Liver and Renal Transplant Centers, Regional Cardiac Surgery Center, Oncology Network Center, and Dialysis Center. The Pittsburgh Healthcare System also supports three Veterans Outreach Centers in Pittsburgh and McKeesport, Pennsylvania and Wheeling, West Virginia.

Located 35 miles from Pittsburgh is the Butler VA Medical Center. This medical center employs 478 employees and is a primary care facility providing specialized extended care, physical rehabilitation, and residential substance abuse treatment. The Butler VA Medical Center reports that it operates:

- 7 acute medicine beds (average daily census of 3.9)
- 97 nursing home care beds (average daily census of 60.9)
- 56 domiciliary beds (average daily census of 48.7)

Specialized care is available through respite care, homeless veterans program, mental hygiene clinic, home-based primary care, community health care, and adult day health care.

Summary of Meeting with VISN Leadership:

Names and Titles of Attendees:

Mr. Lawrence Biro, Director, VA Stars and Stripes Healthcare Network, VISN 4
 Dr. Gurmukh Singh, Chief Medical Officer, VISN 4
 Mr. Brad Shelton, Operations Officer, VISN 4
 Mr. Michael Moreland, Director, VA Pittsburgh Healthcare System
 Mr. Michael Finnegan, Director, Butler VA Medical Center
 Mr. David Cowgill, Public Affairs Officer, VA Pittsburgh Healthcare System
 Ms. Carla Sivek, Executive Assistant to the Director, VA Pittsburgh Healthcare System
 Ms. Carmie Baker, Staff Assistant to the Director, Butler VA Medical Center
 Mr. Bob Bernard, Staff Assistant, VA Pittsburgh Healthcare System
 Ms. Pat Nealon, Site Manager, Highland Drive Division
 Ms. Terry Gerigk, Associate Director, VA Pittsburgh Healthcare System
 Mr. Rick Cotter, Associate Director, Butler VA Medical Center
 Ms. Madeline (Madge) Miele, Women Veterans Program Coordinator, Butler

VA Medical Center

Mr. Mark Ivory, Acting Facility Manager, Butler VA Medical Center

Mr. Dave Virag, Public Affairs Officer, Butler VA Medical Center

Also present for the briefing, tour of Pittsburgh Healthcare System, and the stakeholders' meeting was Mr. Bill Cahill, Health Policy Counsel with the Senate Veterans' Affairs Committee (Senator Arlen Specter's staff) in Washington, D.C.

Meeting and Tour of Facilities:

Mr. Biro and Mr. Brad Shelton met privately with the Commissioners and Commission Staff to provide information about the approach the VISN has taken to respond to gaps in health care services. Dr. Biro emphasized the market plans centered on the consolidation of the Pittsburgh Healthcare System and in particular, the closure of the Highland Drive Division. The union leadership is concerned, however, because of the potential loss of 150 jobs if further consolidation and closure of Highland Drive occur. Mr. Biro mentioned, however, that although additional construction would be needed to achieve maximum benefits of consolidation and closure, Congressional delegations are supportive of the closure of Highland Drive Division. Mr. Biro made clear that decisions to close any facility would not result in loss of services to veterans because the other divisions in the Pittsburgh Healthcare System would be able to absorb the workload.

Mr. Biro explained that he has been asked to reevaluate his VISN's original market plans relating to three small facilities in the Western Market, namely Altoona, Butler and Erie. Mr. Biro reexamined inpatient care at these facilities to look at saving dollars if beds were eliminated and he has determined that this cannot be done. He also feels that it is impractical to consider the closing of a certain type of bed because services are not solely delivered based on the classification of a bed but rather are integrated to respond to a patient's needs. Further, when asked to reevaluate the market plans for small facilities and take into consideration quality of care, Mr. Biro stated that quality was not part of the CARES process and should not be a consideration when developing VISN 4 market plans. Mr. Biro further stated that he was not directed to rewrite or revise any proposed recommendation and apparently he has chosen not to.

Enhanced use is not considered a real issue in VISN 4 except at Butler VA Medical Center. The market plan relating to the Butler VA Medical Center calls for this facility to remain as is except it would like to engage in an enhance use agreement to permit the Butler Memorial Hospital to build a new medical facility along side the existing Butler VA Medical Center.

Along this same line of thinking, the VISN includes market plans for the Western Market to add community based outpatient clinics in Venago and Northampton Counties. Mr. Biro stated there is no access or workload issue relating to the proposed recommendation to add a community based outpatient clinic in Venago County. It is a matter of stakeholders' demanding one.

VISN 4 is not one of the networks that the National CARES Program Office has identified for a spinal cord injury unit market plan. Yet, Mr. Biro mentioned that both the Western and Eastern Markets include market plans to expand their existing Spinal Cord Injury Units.

Additionally, Mr. Biro mentioned the proximity issue in the Eastern Market between the Philadelphia and Wilmington VA Medical Centers and the demand for a medical center in southern New Jersey. These issues will be discussed in more detail in the site visit report for the Eastern Market.

Following the meeting with Mr. Biro, Mr. Michael Moreland, Director of the Pittsburgh VA Healthcare System briefed the Commissioners and Commission Staff. As mentioned earlier, the Pittsburgh Healthcare System has three divisions well within the proximity guidelines established in the CARES process. The VISN has included market plans that would provide new construction at the University Drive Division to accommodate a parking garage, administrative services, and new research space. The VISN is considering a plan to co-locate the Veterans Benefits Administration's Regional Office at the Heinz Division. Further, with the proposal to close the Highland Drive Division, new construction would be required for administrative and support services and space for psychiatric and mental health services, domiciliary space, and inpatient primary care. Land developers are interested in the entire property site at Highland Drive.

What did we learn?

The Western Market is one of two hub and spoke configurations in VISN 4 that reflect service areas and their associated referral patterns. Walking tours were conducted at the Highland Drive Division of the Pittsburgh VA Healthcare System and the Butler VA Medical Center.

Overall in the Western Market of VISN 4, workload is decreasing. The predicted demands in inpatient medicine and inpatient surgery, in particular, are decreasing. In spite of this decreasing demand, the VISN includes market plans for both of these health care areas. Significant efficiencies have already been gained in the Western Market through realignment into the hub and spoke configuration. The four spoke facilities (Altoona, Erie, Butler and Clarksburg) provide less complex medical admissions and refer complex, tertiary medical care to Pittsburgh.

Many of the recommendations made by this VISN in the CARES process appear to be streamlining strategies that pre-date the current CARES process. Additional integration and consolidations of services at the three Pittsburgh Divisions have been discussed since it was first integrated in 1996.

Of the more interesting aspects of the site visits was the tour of the Butler VA Medical Center. The Butler Medical Center sits between two major highways to Pittsburgh – probably 30 to 40 minutes drive on either highway. On the day of our visit, there were no inpatients until approximately 5 p.m., when a veteran was admitted to the medical center. Until this admission, we saw three nursing staff in the inpatient quarters tending to no

patients. By the time we exited this area, the newly admitted inpatient was walking virtually unassisted to and from the bathroom. Further, we learned that the Butler VA Medical Center operates a Level 3 emergency care operation for non-complex emergencies. Complex emergency cases are referred to Butler Memorial Hospital or, if appropriately safe, to Pittsburgh VA Healthcare System.

While on a driving tour of the remaining grounds at Butler we learned that many buildings are painted with paint containing asbestos. Some outbuildings are closed and others are currently leased to community agencies that provide residential, transitional apartments (domiciliary-like setting) for homeless veterans. Expansion of these leases is under consideration. There are no historic preservation issues at the Butler Medical Center. There are large amounts of green space on the grounds of this medical center.

The Butler VA Medical Center represents a tremendous enhanced use opportunity with the Butler Memorial Hospital. The Butler Memorial Hospital is looking for property to build a new community hospital. The Butler Memorial Hospital already provides medical care to veterans referred there by the Butler VA Medical Center, including MRI's at approximately 1/3 of the cost for veterans, and VA has purchased a CAT Scan for the Butler Memorial Hospital (to which VA pays \$1 for all scans done by Butler Memorial). The Butler Memorial Hospital has turned to the VISN and Butler VA Medical Center leadership as a means to further collaborate for their mutual interests. Negotiations of an enhanced use agreement include the demolition of outdated and unused buildings on the Butler VA Medical Center grounds to make way for the new construction of the Butler Memorial Hospital as well as supporting infrastructure needs such as parking areas. The VISN, however, proposes that it maintain a VA Medical Center side-by-side the newly constructed Butler Memorial Hospital, and supporting health care services such as VA mental health clinic, outpatient clinic, domiciliary, and nursing home beds. It is worthy to note, that the Director of the Butler VA Medical Center believes that if Butler closes, 40 percent of veteran-patients can be safely referred to the Pittsburgh VA Healthcare System and 16% can be referred to the Butler Memorial Hospital.

Significant Issues to consider:

The Western Market in VISN 4 is experiencing declining demand, particularly in the areas of inpatient medicine and inpatient surgery yet proposes:

- an inpatient medicine plan (decrease demand in fiscal year 2022)
- an inpatient surgery plan (decrease in demand in fiscal year 2012 and significantly more decrease in fiscal year 2022)
- no closure of any of the small medical facilities (four medical facilities in this market – Altoona, Erie, Butler, Pennsylvania and Clarksburg, West Virginia). Of noteworthy significance is the opportunity to divest of the Butler VA Medical Center to the community for construction of a new Butler Memorial Hospital, which would continue to be accessible for emergent care of veterans and veterans without emergent needs could access the Pittsburgh VA Healthcare System via two major highways.

In the VA Pittsburgh Healthcare System, the apparent integration and consolidation of services seems a viable option to the CARES process. Although not originally included in the VISN's market plans, the VISN has been asked to reevaluate the potential closure of the Highland Drive Division. The VISN insists that major new construction is needed to achieve full closure.

The political influences in this VISN must be taken into serious consideration. The Network Director alluded to a less than open communications strategy with Congressional delegates regarding considerations of medical facilities in the VISN. Decisions may be under discussion internally to VA relating to the future of Butler but are locally being hidden from the Congressional delegation. Additionally, proposed recommendations to add community based outpatient clinics may have more to do with appeasing stakeholders than response to access or workload issues.

Summary of Stakeholder Meeting(s)

Mr. Biro provided welcoming remarks to all stakeholders and introduced the Commissioners and Commission Staff. Mr. Biro gave an overview of the purpose of the meetings. Stakeholders present primarily represented veteran service organizations and state and county veteran service organizations. Other stakeholders were staff from the Congressional Offices and the Veterans Benefits Administration's Regional Office in Pittsburgh.

Commissioner Ferguson thanked everyone for taking time to be at the meeting. Commissioner Ferguson gave a brief background about the purpose of the meeting and emphasized that we serve as listeners to hear stakeholders' concerns and interests relating to the CARES process and VISN's plans. Commissioner Ferguson welcomed the stakeholders as the external voice of the CARES process and explained the Commission's role and responsibilities as chartered by Secretary Principi.

Vice Chairman Vogel gave a brief description of the CARES process from a historical perspective. He explained that many lessons were learned through that historical experience and that it is the Secretary's desire to improve the process. Part of the improvement lies within the communication and collaboration with all stakeholders.

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 strongly expressed their concerns over the CARES process focusing on renovation of old or outdated buildings rather than enhancing delivery of health care services. Many discussed long waiting times because they feel the current medical centers and community based outpatient clinics are full and that veterans are dying while waiting to receive the help they need. In spite of this, they opposed the

moratorium on enrollment because they feel this will drive away veterans who are actually eligible for health care services. Many stakeholders were in favor of expanding or establishing new community based outpatient clinics, particularly in rural areas that make travel treacherous during winter months. Travel barriers were a repeated theme from the stakeholders in the Western Market.

- **Optimization of Resources/Consolidation of Services:** Stakeholders understood the logic of gaining financial and operational efficiencies through consolidation of services and even closure of small facilities. However, they are concerned where they receive care if small facilities aren't around. One stakeholder representing the Disabled American Veterans was extremely complimentary of the Butler VA Medical Centers' efforts to lease space to community agencies that serve veterans as well as the strong working relationship with the Butler Memorial Hospital.
- **Concerns for the Families:** Again, stakeholders expressed some concern regarding the moratorium on enrolling Category 8 veterans. Many feel that closing veterans' access to enrollment may mean many eligible veterans will simply not come forward to VA. Additionally, more than one stakeholder expressed concern that the CARES process did not deal with more immediate issues such as the health care for the aging World War II and Korean veteran populations.
- **Specialty Care:** More than one stakeholder was well versed in the CARES process' lack of attention to the future of VA mental health to include attention to behavior health issues, such as consequences to addictions. Women veterans health care was a concern for the female stakeholders in attendance. Compliments were given to the VISN's outreach efforts targeting women veterans and the safe environment provided to women who seek VA health care services.
- **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 27, 2003.
 - NOTE: During our discussions with network and facility leadership, we were told that the both unions and academic affiliates were intensely interested in the future of health care in the Stars and Stripes Healthcare Network. However, we note that not one representative from any medical school affiliation or labor partner participated in the stakeholders' meeting although we were advised they were included on the list of invitees.

Exit Briefing with VISN Leadership:

- There was no exit briefing at the conclusion of the visit to the Western Market in VISN 4.

Commissioners Ferguson and Vogel 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 9, 2003
2. PowerPoint Presentation, Director, VA Pittsburgh Healthcare System, received July 9, 2003
3. PowerPoint Presentation, Director, Butler VA Medical Center
4. List of Attendees at Stakeholders Meeting in Pittsburgh
5. VISN 4 Handout given to Stakeholders at Stakeholders Meeting in Pittsburgh

Approved by: R. John Vogel, Vice Chairman
Commissioner Vernice Ferguson
August 1, 2003

Prepared by: Kathy Collier, CARES Commission Staff Team Leader
July 27, 2003