

CARES COMMISSION
POST HEARING SUMMARY

VISN 2 Canandaigua Hearing
October 20, 2003

- I. Commissioners in Attendance
 - 1. Charles Battaglia, Hearing Chairman
 - 2. Al Zamberlan
 - 3. Jo Ann Webb, R.N.
 - 4. Richard McCormick, PhD.

- II. Market Areas Addressed in Hearing
 - 1. Eastern Market
 - 2. Central Market
 - 3. Finger Lakes/Southern Market
 - 4. Western Market

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III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Finger Lakes	Campus Realignment	Not addressed.	Current acute inpatient psychiatry, nursing home, domiciliary and residential rehab programs will be transferred to other VAMCs in VISN. Outpatient services will be provided in Canandaigua market. Evaluate campus for enhanced use.
Finger Lakes	Inpatient Medicine Workload – 2012 – 8 beds increase 2022 – no change	Use contract services and fee basis for increase in 2012.	Move workload from Western or Central market to Finger market. Utilize contracting for services in counties where patients resides. Utilize fee basis and contracts. Additional contract services needed, especially in Monroe County. Projected increase at Bath can be handled with current space.
Central	Inpatient Medicine Workload – 2012 – 5 beds increase 2022 – 18 bed decrease	Use contract services and fee basis for increase in 2012.	Move workload from Western or Central market to Finger market. Utilize contracting for services in counties where patients reside. Utilize fee basis and contracts.
Finger Lakes	Small Facility – Bath	No PI identified. Bath projected to need < 40 acute beds, but primary mission is long term care.	Not addressed.
Finger Lake	Outpatient Primary Care – 2012 – 57K increase 2022 – 23K increase	Contract with local providers and maintain baseline level.	Increase in workload primarily in Monroe County (Rochester). Use contractual services in close proximity to patient homes to increase workload.
Finger Lakes	Outpatient Specialty Care – 2012 – 73K increase 2022 – 47K increase	Provide care at baseline level and contract with community providers.	Utilize fee basis; contract for services in counties where patients live; maintain workload at existing facilities/CBOCs; renovate CBOC space.
Central	Outpatient Specialty Care – 2012 – 80K increase 2022 – 39K increase	Limited Syracuse space. Expand spaces at Romes CBOC and contract for care, including areas around Syracuse.	Utilize fee basis; contract for services in counties where patients live; maintain workload at existing facilities/CBOCs; renovate CBOC space.
Eastern	Outpatient Specialty Care – 2012 – 85K increase 2022 – 50K increase	Contract for specialty services (remote areas) and expand services at Albany. Convert vacant space and expand hours.	Utilize fee basis; contract for services in counties where patients live; maintain workload at existing facilities/CBOCs; renovate CBOC space.

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Central	Specialty Programs	Acute SCI in VISN 3. VISN 2 projected to need 20 acute/22 LTC SCI beds. Looked at options, including phasing in SCI acute beds. EPVA had concerns plan did not meet intent of program.	Build new 30 bed SCI unit at Syracuse VAMC.
Finger Lakes	Enhanced Use – Buffalo and Canandaigua	Not mentioned.	Buffalo and Canandaigua identified for potential enhanced use leases.
VISN 2	Vacant Space	Not mentioned.	Total of 183K by 2022, 15% reduction over base line.

IV. Brief Description of Hearing Testimony by Panel

1. Federal Elected Officials

Congressman Walsh
 Senator Clinton
 Congressman Houghton
 Congresswoman Slaughter
 Congressman Boehlert
 Senator Schumer

Congressman Walsh expressed concerns about closing the Canandaigua facility, which he viewed as a premature decision. He stated information on the economic impact to the region was incomplete, but up to 2,000 jobs could be at stake using a multiplier of 2 –3 jobs for every VA position eliminated. He also felt the timing was bad, given the current engagement in Iraq. We should be sending a message of support to our troops.

Senator Clinton also felt the message to our all voluntary force needs to be factored into the VA's projections, and the impact on rural healthcare has not been taken into account. She stated the CARES process was flawed because it could not take into account data not yet available on long term care and domiciliary care. She wants to maintain specialized treatment for mental health not available at other facilities. She will be offering legislation with Senator Enzi to halt the process until long term, domiciliary, mental health and rural healthcare are adequately considered.

Congressman Houghton discussed the data and human attitude to the proposed closing. He felt there was a lack of details, particularly in the savings calculations. He was concerned behavioral health services were not addressed, and a facility with high patient satisfaction and accreditation scores was slated for closure. It would be a loss for the area since two Rochester hospitals closed and community hospitals cannot take on services.

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Congresswoman Slaughter stated two issues had been overlooked. First, the VA is proposing to close one of its best facilities. Secondly, a facility providing treatment for veterans with mental illness must be preserved. She also felt traveling to other facilities for relocated services would be a hardship, not just an inconvenience.

Congressman Boehlert stated the closure has to be stopped and the New York delegation is united in its efforts to protect the facility. He felt mental health had not been factored into the plan. This is a special hospital addressing special needs. Today's veterans have both medical and mental health needs. He also submitted an article for the record.

Senator Schumer presented a petition with 80,000 signatures to keep the facility open. He felt the process was flawed since veterans could not publicly express their views at the hearing. VA is a linchpin in the community, and some projected savings will not occur. He felt it was unrealistic to add 130 nursing home beds at Bath without a facility addition. He questioned why the VA spent \$5M to renovate a facility targeted for closure. He and others urged Secretary Principi to visit the facility before year end. Finally, Chairman Battaglia also noted testimony was received from Congressman Reynolds.

2. Network Leadership – Bill Feeley, Network Director

Mr. Feely reviewed VISN 2's process and plans. After submission of the network plan the Undersecretary for Health asked VISN 2 to explore options for converting some inpatient facilities to outpatient care. They evaluated changing the mission at either Batavia or Canandaigua. They selected Canandaigua based on its greater potential savings to reinvest in direct patient care. The draft national plan proposes:

- Expanding outpatient care at Canandaigua, Rochester and Bath CBOCs.
- Relocating Canandaigua domiciliary and residential rehab services to Bath.
- Relocating 72 Canandaigua nursing home beds to Bath, and community contracting.
- Relocating Canandaigua psychiatric units to Syracuse and Buffalo.
- Opening a new 30 bed Spinal Cord Injury unit in Syracuse.

Mr. Feely indicated a key component of the plan is to build a new, more full service CBOC in Rochester where many patients reside. They are considering putting a 5 bed triage unit at the Rochester CBOC for psychiatric patients. He stressed Canandaigua's current services would not be discontinued until replacement services were in place. He also outlined four steps to support employees and the community during the transition.

Mr. Feely and the CFO walked through the more compelling reasons for selecting Canandaigua over Batavia. They include greater operating and overhead costs, and more land and vacant space to maintain. They estimate \$20M in savings including out years. Estimated renovation of other sites is \$5 – 7M. If the plan is approved they will develop a transportation system to support relocated services. He urged Commissioners not to evaluate the nursing home and psychiatric proposals narrowly. He stated changing the campus footprint would free up funds to greatly improve outpatient care for veterans.

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Throughout the questioning Commissioners indicated VISN 2 has a well-deserved reputation for innovation, efficiency, and high quality care. They responded to VERA budget changes in a disciplined and thoughtful manner, setting a good example for other networks. VISN 2 also provides a full continuum of mental health services. Although not evenly available, the network does a better job than anyone taking care of the seriously mentally ill. Therefore, a lot is at stake in relocating services.

When asked if they have provided for the special requirements of women veterans VISN 2 indicated needs exist and they are addressing them in the plan. The network has also tried to maximize utilization of space through extended hours for outpatient care. They believe they have pursued it to the extent veterans are able or willing to use the facilities.

3. State Elected Officials

Ms. Polimeni, Mayor of Canandaigua
Mr. Kolb, New York State Assembly
Mr. Nozzolio, New York Senate
Mr. Oaks, New York State Assembly
Mr. Errigo, New York State Assembly

All of the officials raised strong objections to closing the Canandaigua facility. Mayor Polimeni noted problems with the analysis and the strain on the local health care community. She said area MD's cannot absorb more patients and nursing homes are at 92% occupancy. Senator Kolb raised ten specific concerns. Congressman Nozzolio cited significant problems for patients and families traveling to other facilities. Congressman Oaks reviewed the history of the facility in the community. Congressman Errigo said it was a preliminary proposal that needed much more evaluation.

4. Veteran Organizations

Mr. Suter, The American Legion
Mr. Gleason, Veterans of Foreign Wars
Mr. Robinson, Disabled American Veterans
Mr. Lane, Vietnam Veterans of America
Mr. Basher, New York Department of Veterans Affairs
Ms. Kazinski, Vietnam veteran
Mr. Fafinski, The American Legion
Mr. Carra, Monroe County Veterans Service Agency
Mr. DeNoyer, Paralyzed Veterans of America
Mr. Russell, Eastern Paralyzed Veterans of America
Mr. Shulman, Jewish War Veterans
Mr. Tupis, Disabled American Veterans

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All of the veteran representatives raised strong objections to closing the facility. Mr. Suter asked why the VA had spent \$30M over the past 15 years to upgrade a facility proposed for closure. Mr. Gleason reviewed why the proposed closing would not enhance services for veterans. Mr. Robinson, a retired Canandaigua nurse, talked about the need for the type of mental health services only available at this facility. Mr. Lane was tired of the government telling veterans what is best for them, but mistreating them. Mr. Basher said the community feels betrayed by the VA, and wants to forestall action. Ms. Kazinski felt the process lacked common sense and information contradicts itself. She praised the sexual trauma program but wondered how it could be replicated elsewhere. Mr. Fafinski said coordinated care should not be moved, and it would be better to have Canandaigua absorb the Bath nursing home beds. Mr. Carra felt costs for closing the facility had not been adequately addressed and treatment of dual diagnosis veterans cannot be duplicated elsewhere.

Mr. DeNoyer stated PVA was involved in process and is relieved to see the proposal to meet demand for increased acute and long term care spinal cord services. Mr. Russell said EPVA wants a minimum of 20 long term care beds co-located with the new unit. Mr. Schulman expressed concerns about meeting the needs of new veterans, and providing support for homeland security near high risk areas like New York City. Mr. Tupis said none of the other facilities offer comparable services, so how could it be closed.

5. Employee Representatives

Mr. Bauer, SEIU 200 (Syracuse)
Mr. Verstrete, SEIU 200 (Canandaigua)
Ms. Combs, AFGE 3306 (Canandaigua)
Ms. Reid, NYSNA (Albany)
Mr. Barros, AFGE 491 (Bath)

All of the employee representatives raised strong objections to the plan. Mr. Bauer and Mr. Verstrete were concerned about the loss of jobs. They did not think many affected employees would be willing to travel to other facilities. Ms. Combs talked about the economic loss to the community, and the loss of services to veterans. Ms. Reid discussed problems recruiting nurses. Her written testimony included pictures of facility issues at Bath vs. Canandaigua. Mr. Barros talked about problems getting mental health patients to travel to new places, and their difficulty building trust with new people.

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V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Finger Lakes	Campus Realignment	Current acute inpatient psychiatry, nursing home, domiciliary and residential rehab programs will be transferred to other VAMCs in VISN. Outpatient services will be provided in Canandaigua market. Evaluate campus for enhanced use.	Commissioners believe there was insufficient information and planning on the campus re-alignment initiative to move forward with recommendations at this time. They noted the network was given a very limited time to explore the option of converting a specialized psychiatric facility, that serves as a resource to the network, to an 8 hour, 5 day per week operation. Generally they have reservations about plans to move psychiatric and domiciliary services farther away from metropolitan areas. Given the network's record of innovation and quality improvement, Commissioners support development of a more comprehensive realignment plan.
Finger Lakes	Inpatient Medicine Workload – 2012 – 8 beds increase 2022 – no change	Move workload from Western or Central market to Finger market. Utilize contracting for services in counties where patients reside. Utilize fee basis and contracts. Additional contract services needed, especially in Monroe County. Projected increase at Bath can be handled with current space.	Commissioners find reasonable plans to contract with community providers in counties where patients reside, such as Rochester.
Central	Inpatient Medicine Workload – 2012 – 5 beds increase 2022 – 18 bed decrease	Move workload from Western or Central market to Finger market. Utilize contracting for services in counties where patients reside. Utilize fee basis and contracts.	Commissioners find reasonable plans to contract with community providers, given the relatively small projected increase in beds.
Finger Lakes	Outpatient Primary Care – 2012 – 57K increase 2022 – 23K increase	Increase in workload primarily in Monroe County (Rochester). Use contractual services in close proximity to patient homes to increase workload.	Commissioners find reasonable plans to expand outpatient services in Rochester, given the number of patients who live in the northern part of the market.
Finger Lake	Outpatient Specialty Care – 2012 – 73K increase 2022 – 47K increase	Utilize fee basis; contract for services in counties where patients live; maintain workload at existing facilities/ CBOC; renovate CBOC space.	Commissioners find reasonable plans to expand outpatient services in Rochester and to build a new CBOC in Canandaigua.

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Central	Outpatient Specialty Care – 2012 – 80K increase 2022 – 39K increase	Utilize fee basis; contract for services in counties where patients live; maintain workload at existing facilities/ CBOC; renovate CBOC space.	Commissioners find reasonable plans to expand existing CBOCs and outpatient services in areas where patients live.
Eastern	Outpatient Specialty Care – 2012 – 85K increase 2022 – 50K increase	Utilize fee basis; contract for services in counties where patients live; maintain workload at existing facilities/ CBOC; renovate CBOC space.	Commissioners find reasonable plans to expand existing CBOCs and outpatient services in areas where patients live.
Central	Specialty Programs	Build new 30 bed SCI unit at Syracuse VAMC.	Commissioners concurred with plans to add an SCI unit in VISN 2 to improve access for patients. Given the number of unfilled SCI beds nationwide, they felt the network should be given flexibility on the size and mix of SCI patient in a new unit.
Finger Lakes	Enhanced Use – Buffalo and Canandaigua	Buffalo and Canandaigua identified for potential enhanced use leases.	Commissioners again heard about problems with enhanced use leasing, including one developer who walked away because of significant delays.
VISN 2	Vacant Space	Total of 183K by 2022, 15% reduction over base line.	This discussion was deferred pending outcome of the campus realignment initiative.

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VI. Other Comments – Commissioners evaluated VISN 2’s proposed realignment plan against a number of factors. Following is more specific information about their concerns.

Quality

- Concern the facility with the highest quality indicators is slated for closure.
- Concern moving services to Bath will lead to problems recruiting quality clinical staff.
- Concern about separating nursing home from adult day care for dementia patients, and loss of respite care for family members.
- Concern whether there was adequate planning for the integration of long term psychiatric patients into tertiary facilities.
- Concern over length of time to rebuild a community placement program for seriously mentally ill patients.

Access

- Concern moving services to Bath will increase travel times for families with patients in the added nursing home beds, since Bath already has 200 nursing home beds.
- Concern about moving acute psychiatric beds farther from Rochester, where tertiary care is available in the community and the majority of patients reside. If moved, the Finger Lakes market would need to address an access and capacity planning initiative for acute psychiatric inpatient care.
- Concern about moving a domiciliary unit that includes a large homeless vocational program from Canandaigua to Bath, which is farther from the metropolitan area.

Cost

- Skepticism about the scope of the projected \$20M savings in overhead.
- Concern projected savings do not include costs to expand local CBOC, or add infrastructure at receiving facilities.
- Proposal for a 5 bed holding area may be cost prohibitive.

Economic Impact on Community

- Commissioners recognize that closure would have a significant impact on the community.

Economic Impact on Employees

- Concern that information about an employee buyout package vs. guaranteed positions does not appear well thought out since the need for most positions may still exist when services are relocated to other facilities.

VII. Follow up Questions for VISN/VHA –

1. Cost/benefit and other information from the data template to be provided in October, 2003 data response.