

CARES COMMISSION
POST HEARING SUMMARY

VISN 3 Montrose Hearing
October 21, 2003

I. Commissioners in Attendance

1. Charles Battaglia, Hearing Chair
2. Richard McCormick, PhD.
3. Jo Ann Webb, R.N.
4. Al Zamberlan

II. Market Area Addressed in Hearing

1. Hudson Valley Health Care System (Montrose and Castle Point VAMCs)

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III. Market Area Summary

SubMarket	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Hudson Valley	Small Facility - Castle Point	Transfer inpatient psychiatry and nursing home from Montrose to Castle Point.	Move Montrose inpatient care to Castle Point. Convert Castle Point to Critical Access Hospital.
Hudson Valley	SCI – Castle Point	Consolidate all inpatient SCI services to the Bronx VAMC by 2006. Increase beds at the Bronx from 62 to 66.	Transfer Castle Point SCI services to Bronx.
Hudson Valley	Campus Realignment – Montrose	Maximize potential at campus – public/private development.	Transfer domiciliary and all inpatient units to Castle Point. Convert Montrose to outpatient services and maximize enhanced use potential of campus.
Hudson Valley	Enhanced Use – Montrose	Not addressed.	Maximize enhanced use potential at Montrose.
Hudson Valley	NCA Collaboration – Castle Point Montrose	Locate NCA cemeteries at both campuses.	Complete feasibility study to evaluate potential land impediments at Castle Point and Montrose.
Hudson Valley	DOD Collaboration	Ft Hamilton and Ainsworth Clinic sharing with Brooklyn.	Shared services between Montrose and West Point.
Hudson Valley	Extended Care	Not addressed.	Construction at St. Albans and Hudson Valley HCS.

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IV. Brief Description of Hearing Testimony

1. Federal Elected Officials

Congresswoman Kelly
Senator Schumer (via V-tel)
Senator Clinton (via V-tel)
Congresswoman Lowey (via V-tel)
Congressman Hinchey (via V-tel)

Congresswoman Kelly raised strong objections to moving services from the Montrose campus in Westchester County to the Castle Point campus in Dutchess County. She believes this change will overwhelm the system. She is also concerned about the shift to outpatient care at Montrose. She stated removal of services is not an enhancement, and VERA budgeting has already reduced funding dollars for this area.

Senator Schumer had ten questions about the proposed reduction in services and closing the Montrose facility. The New York delegation has a united, bi-partisan response to concerns about the draft national CARES plan. They oppose the plan and said it would have severe consequences in VISN 3.

Senator Clinton stated the process was deeply flawed because it cannot take into account data not yet available on long term care and domiciliary use, and because it has not taken into account the impact of the proposals. She believes VA and the CARES Commission have not run an open enough process. They need to go back and develop another plan.

Congresswoman Lowey expressed grave concerns about moving services 35 miles away. She believes it will lead to longer delays, and she will continue to fight for veterans.

Congressman Hinchey reiterated how damaging VERA funding has been to New York. He believes reducing veteran services makes it harder to recruit an all-voluntary military.

2. Network Leadership– Jim Farsetta, Network Director; Mike Sabo, HVHCS Director

Mr. Farsetta and Mr. Sabo reviewed the process and plans for the Hudson Valley HCS. In April VISN 4 made a preliminary recommendation to shift a portion of the inpatient services from Montrose to Castle Point, and maintain inpatient residential, homeless and domiciliary care at Montrose. In July they were asked to review additional planning initiatives for proximity, space and program overlaps. The draft national plan proposes:

- Shifting all inpatient workload to Castle Point from Montrose.
- Converting Castle Point into a Critical Access Hospital.
- Using enhanced leasing for the remainder of the Montrose campus.
- Expanding outpatient care at Castle Point, and at Montrose or another appropriate site near Montrose.
- Consolidating Castle Point SCI program at the Bronx.

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Costs and clinical feasibility of the Montrose to Castle Point consolidation are being studied. Plans hinge on adding a new psychiatric area at Castle Point. The network also believes nursing homes take on a different character at psychiatric hospitals, and they will need to provide more gero-psychiatric care as elderly psychiatric patients develop medical conditions. Community nursing homes, and even state veterans homes, will not take these patients. Finally, Montrose is a network resource for residential services -- 50% of the referrals are from the Bronx.

Estimated construction costs for a new nursing home and psychiatric unit at Castle Point are \$50M, other clinical services bring the total to \$80M. Montrose has almost 900 employees, all but 60 of the positions would move to Castle Point.

When asked if they had provided for the special requirements of women veterans VISN 3 indicated needs still 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. Individuals, Community Representatives (nominated by Senators Schumer and Clinton, and Representatives Kelly, Lowey and Hinchey)

Mr. Rohde
Ms. Ronscavage
Ms. Meeks
Mr. McCauley
Mr. Griffin
Mr. Ferrante
Mr. DeMarco
Mr. Cahill

All the individuals raised strong objections to closing the Montrose facility. Mr. Rohde said veterans fear decisions have already been made and their concerns are falling on deaf ears. Ms. Ronscavage asked how CARES could be a data driven process if information on mental health and substance abuse is not available. Ms. Meeks voiced concerns about creating a safe place for treatment of women veterans, particularly for PTSD. Mr. McCauley said VA should not eliminate a facility thirty miles from New York City, given the need to support DOD and local emergencies.

Mr. Griffin asked if they are trying to stop people from joining VA, or do they just want to close hospitals with big real estate value. Mr. Ferrante said veterans need all facilities and available programs. Mr. DeMarco, who represents a council of 37 veterans organizations, said it will be difficult to replace what took years to build. Mr. Cahill asked how they could estimate the needs of future veterans when they need transportation and nursing home beds now. When questioned, Mr. DeMarco and Mr. Cahill said their organizations endorsed the network's original plan to keep PTSD and residential programs at Montrose.

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4. Community Representatives

Mr. Spadaro, Westchester Coalition
Ms. Puglisi, Town of Courtlandt Supervisor
Mr. Cerreto, Town of Courtlandt Councilman
Mr. Dodson, Montrose Elders, LLC
Mr. Worrell, Westchester Veterans Service Agency
Mr. Zippo, Orange Veterans Service Agency
Mr. Donnellan, Rockland Veterans Service Agency

All community representatives raised strong objections to the draft national plan. Mr. Spadaro thought the initial plan was well thought out, but his coalition rejects the revised plan because Castle Point has fewer placement opportunities. Ms. Puglisi said it was imperative all services remain at Montrose. Mr. Cerreto, recently back from duty in Iraq, was outraged over the proposed decline in veterans services.

Mr. Dodson discussed his organization's difficulties trying to establish a life-care community through enhanced use leasing. Mr. Worrell believes overhauling the system in two months is irresponsible, particularly when Montrose is known for the quality of its PTSD program. Mr. Zippo asked how the plan helps VA address the special needs of older veterans, particularly for nursing home care and affordable housing. Mr. Donnellan thinks CBOCs should be expanded, and facilities near high target areas like New York City cannot be downsized. Individuals also indicated there is limited bus service between Montrose and Castle Point, with 45 – 90 minute drive times depending on the weather.

5. Employee Representatives

Mr. Davis, AFGE 1119
Mr. Konco, AFGE 2240

The representatives raised strong objections to closing the Montrose facility. They commented soldiers who seek help will find it is gone, and urged Commissioners to move slowly. The unions are totally opposed to CARES since it will have a big impact on the Hudson Valley HCS. Since 1995 programs have been downgraded or eliminated. Employees are overworked and very concerned about privatization of VA healthcare.

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V. Commissioner Views

SubMarket	Planning Initiative	DNCP Recommendation	Commissioner Views
Hudson Valley	Small Facility - Castle Point	Move Montrose inpatient care to Castle Point. Convert Castle Point to Critical Access Hospital.	Commissioners recommend retaining outpatient, residential and homeless services at Montrose. They concur with moving acute and chronic psychiatric beds and nursing home beds to Castle Point. Relocation of services is dependent on adding new facilities at Castle Point. They do not recommend use of a Critical Access Hospital designation anywhere in VA.
Hudson Valley	SCI – Castle Point	Transfer Castle Point SCI services to Bronx.	Commissioners find reasonable plans to consolidate network SCI services in the Bronx.
Hudson Valley	Campus Realignment – Montrose	Transfer domiciliary and all inpatient units to Castle Point. Convert Montrose to outpatient services, maximize enhanced use potential of campus.	Commissioners recommend retaining outpatient, residential and domiciliary services in Montrose, in view of the need to keep them in closer proximity to tertiary care facilities and the metropolitan area. They recommend transferring inpatient services to Castle Point.
Hudson Valley	Enhanced Use Montrose	Maximize enhanced use potential at Montrose.	Commissioners believe the campus footprint could be enhanced, but continue to be concerned about the enhanced lease process, given testimony from Montrose Elders group.
Hudson Valley	NCA Collaboration – Castle Point Montrose	Complete feasibility study to evaluate potential land impediments at Castle Point and Montrose.	Issue not raised at the hearing.
Hudson Valley	DOD Collaboration	Shared services between Montrose and West Point.	Issue not raised at the hearing.
Hudson Valley	Extended Care	Construction at St. Albans and Hudson Valley HCS.	Issue not raised at the hearing.

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VI. Other Comments – In evaluating the plan Commissioners considered these factors:

Quality

- Concur moving acute psychiatric beds and nursing home beds to Castle Point will improve patients ability to access acute medical care.
- Understand from network testimony that recruiting qualified clinical staff should not be a problem in Castle Point.
- Understand from site visits and hearings that stakeholders, including clinicians, were involved in the CARES process and support plans to retain domiciliary programs and relocate inpatient services.

Access

- *Outpatient services.* Concur with retaining and expanding outpatient care at both campuses to improve access.
- *Domiciliary programs.* Concerns about moving a domiciliary unit that includes a large homeless vocational program farther from the metropolitan area.
- *Nursing home and psychiatric care.* Concur with moving these services to a facility that is more centrally located within the network's expanded catchments area. Recognize access issues will exist, especially for nursing home patients, and encourage network to do everything possible to enhance transportation systems between the two areas.

Costs

- Concur relocating inpatient services to Castle Point will reduce the Montrose campus "footprint" and free up land for potential enhanced use lease.
- Recognize there should be some cost savings from relocating inpatient services to Castle Point, awaiting cost/benefit information in October, 2003 data response.

Economic Impact on Community

- Recognize relocating inpatient services will have an initial economic impact to the local area that can be addressed through closer collaboration between local and VA officials to develop VA property under an enhanced use lease.
- Impact on the community should be blunted if the domiciliary and residential programs remain at Montrose.

Economic Impact on Employees

- Concur with plans to manage staffing changes through communication, attrition, and staff buy-out if necessary.
- Recognize impact on Montrose employees, but given distance, timeframe and willingness of leadership to work with employees believe the impact can be reduced.

VII. Follow-up questions for VHA/VA

1. Please provide an analysis of employees by service and zip code, to estimate the impact of moving inpatient services on employees in those units.
2. Please get Mr. Dodson's write up on barriers in the enhanced lease process.
3. Cost/benefit information to be provided in October, 2003 data call response.