

CARES COMMISSION
POST HEARING SUMMARY

VISN 4 Coatesville Hearing
August 28, 2003

- I. Commissioners in Attendance
 - 1. Everett Alvarez, Jr., Chairman
 - 2. John Vogel, Vice Chairman
 - 3. Richard Pell, Hearing Chair
 - 4. Vernice Ferguson, R.N.
 - 5. Richard McCormick, PhD.

- II. Market Areas Addressed in Hearing
 - 1. Eastern Market

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III. Eastern Market Area Summary

Market Area	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Eastern	Proximity: Philadelphia and Wilmington	Maintain both facilities, no further consolidations; status quo with other VAMCs.	Continue consolidation in progress between Philadelphia and Wilmington.
Eastern	Inpatient Medicine Increase Workload – <i>network selected but did not meet criteria</i>	Renovations, expansion, relocations.	<ul style="list-style-type: none"> ➤ In-house expansion ➤ Contracting out ➤ EU leases
Eastern	Outpatient Primary Care Workload	<ul style="list-style-type: none"> ➤ Add 2 CBOCs (NJ and PA) ➤ In-house expansion of services ➤ Contracting for services ➤ EU lease for services 	<ul style="list-style-type: none"> ➤ No CBOCs recommended ➤ Expand outpatient services at all 5 facilities
Eastern	Outpatient Specialty Care Workload	<ul style="list-style-type: none"> ➤ In-house expansion of services ➤ Contracting for services ➤ EU lease for services ➤ Wilmington greater reliance on contracting 	<ul style="list-style-type: none"> ➤ Expand outpatient services at all 5 facilities
Eastern	Specialty Programs	Add SCI Clinic in Philadelphia.	Add Philadelphia SCI Clinic.
Eastern	Extended Care	Not mentioned.	Proposed capital investments for nursing home construction and renovation in Lebanon and Coatesville.
Eastern	Collaboration	Mutual agreement not feasible at this time with Dover AFB, McGuire AFB, and Wilkes Barre VAMC and NCA.	VBA in Wilkes Barre.

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IV. Brief Description of Hearing Testimony

1. Elected Officials

Rep. Paul Kanjorski
Mayor Capozzolo, Bangor, PA

Rep. Kanjorski spoke in support of maintaining current mission and services at the Wilkes Barre VAMC. It has received \$50M in renovations and 250,000 veterans live in the 19 county service area. He felt delays in services, particularly outpatient appointments, are the biggest issue facing the network and the VA.

Mayor Capozzolo presented the case for adding the proposed CBOC in Bangor, PA (Northampton County), a growing area next to the Delaware River. Since the outbreak of Iraqi Freedom the City Council is conducting a monthly outreach to veterans and exploring the feasibility of donating land for the purpose of building a CBOC next to the Bangor Veterans Memorial Park. Currently veterans travel 40 miles to the Allentown CBOC and 72 miles for hospital care.

2. Network Leadership – Larry Biro, Network Director

The Network Director reviewed proposed plans for more primary and specialty outpatient care, the possible need for inpatient beds, more investment (\$14M) in nursing home facilities, and a SCI certified outpatient clinic in Philadelphia. Two CBOCs were proposed but are not in priority 1 group.

In the last seven years all of inpatient units in the Eastern Market have been renovated. The network is also eliminating “intermediate” beds and remaining ones will be redesignated as NHCU beds or sub-acute beds. He discussed the high NHCU occupancy rates and related plans. VISN 4 has 10% of VA’s national inventory of NHCU beds and 5% of the patients.

He assured the Commissioners the network has adequate inpatient resources to handle more inpatient demand from new CBOCs, and also stated the VISN could open two CBOCs with existing resources. The proposed Gloucester County CBOC is currently designated as an “access center”, with a clinic three times a week. He clarified that while it did not make the priority 1 group it is functioning for patient care.

He discussed Coatesville’s success making buildings available for related used, and current proposals for additional dom beds and a 30 bed program for women veterans.

He discussed activities to reduce waiting times over the last year. He felt the network has taken an aggressive role getting new patients in for appointments by working overtime, adding new primary care teams and Tuesday and Saturday clinics. He also reviewed the analysis that did not support the need for a new inpatient hospital in Southern NJ.

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3. Veterans Organizations

Mr. Katz, The American Legion
Mr. Uckele, Disable American Veterans
Mr. Parkinson, Paralyzed Veterans of America
Mr. Sooy, Camden County Veterans Service Organization

The American Legion supports the SCI Clinic, nursing home construction, and new CBOCs. However, they also stated that contracting out for care would be the last resort. DAV supports proposed CBOCs, more services for female and homeless veterans, and a functioning SCI unit. Camden County VSO's want more CBOCs and PTSD programs, particularly for returning veterans from Bosnia, Afghanistan, and Iraqi Freedom. PVA was disappointed at the lack of plans for a SCI inpatient unit in VISN 4 and supports an SCI certified outpatient clinic. When asked by Commissioners the PVA said they would put forth a plan for VISN 4. The VSO representatives gave mixed reviews on contracting for care. DAV and PVA were pleased with the care; AL said some individuals liked it and Camden County said patients want more consistency of doctors, i.e., they may be getting more serial care.

4. Collaborations – Ms. Four, Philadelphia Veterans Multi-Service & Education Center

Marsha Four talked about the Philadelphia Multi-Service and Education Center, which has a long history working with the VA on homeless and mental health programs for veterans. Her organization successfully implemented an EU project with Coatesville VAMC which took one of the campus buildings and converted it to a homeless rehabilitation program run the community agency, serving veterans and paying rent to the VA for use of the space. She stressed the important role of the facility leaders in making programs work to utilize vacant space and the need for federal funding. Ms. Four is also Chair of the VA's Womens Veterans Advisory Committee.

5. Employee Organizations

Ms. Barnett, PSNA/SEIU
Ms. Winters, AFGE 1966

The union representatives, from Wilmington and Coatesville, expressed disappointment in the CARES process. They are concerned that the plans will lead to diminished care rather than enhanced services. They felt the ideas were not well developed.

6. Medical Affiliates, Dr. Grisby, Penn State University College of Medicine

Dr Grisby discussed the relationship between the Lebanon VAMC and Hershey Medical Center. He cited the VA's important role in providing rural healthcare within their system. He thought the teaching programs help the VA recruit MD's by exposing them to the VA system, their exceptional electronic medical record and research programs. He also indicated a willingness to look into sending faculty and residents to CBOCs.

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V. Commissioner Views

Market Area	Planning Initiative	DNCP Recommendation	Commissioner Views
Eastern	Proximity	Continue consolidation in progress between Philadelphia and Wilmington.	Commissioners felt the consolidation of services and management roles was proceeding but there should be more fiscal information obtained to see what savings would be if surgical services were combined.
Eastern	Inpatient Medicine	In-house expansion, contracting out and EU.	Commissioners indicated expansion is the wrong term. Based on testimony, additional capacity can be absorbed through existing facilities. They were also interested in more analysis on the opportunity cost of shifting surgical workload.
Eastern	Outpatient Primary Care Workload	Expand outpatient services at all 5 facilities.	Commissioners concurred with the network's proposal to expand CBOCs and recommend they be re-evaluated for inclusion in priority group 1. Commissioners confirmed the network is willing to open CBOCs using existing resources and can handle increases in inpatient services.
Eastern	Outpatient Specialty Care Workload	Expand outpatient services at all 5 facilities.	Although the network stated they would need additional funding to increase outpatient capacity, Commissioners felt there was not enough detail provided to evaluate this recommendation.
Eastern	Specialty Care Programs	Add SCI Clinic in Philadelphia.	Commissioners agreed with the plan to add a certified SCI outpatient clinic in Philadelphia. Network testimony suggested they are assembling a strong team of specialists, similar to VISN 4's Parkinson unit at Philadelphia. Commissioners agreed with PVA comments about the need for better SCI planning and communication across VISNs.
Eastern	Extended Care	Capital investments in nursing home care to remedy space deficiencies in Lebanon and Coatesville.	Although the network has made some improvements, Commissioners felt further major construction should wait until the NHCU model is run. VISN 4, which has 10% of NCHU beds but only 5% of the patients, shows how the historical evolution of NHCUs may not match with future needs.
Eastern	Collaborations	Exploring VBA in Pittsburgh, Wilkes Barre.	Commissioners felt this was not a priority.

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VI. Other Comments

In general the Commissioners agreed with the Network Director's decision not to recommend a new inpatient hospital in Southern NJ, given the low projected volume and the adverse effects of shifting workload from Wilmington and Philadelphia VAMCs.

VII. Follow-up questions for VHA/VISN

1. Based on the discussion in Section VI, Commissioners requested a zip code analysis of Wilmington VAMC patients.