CARES COMMISSION
POST HEARING SUMMARY

VISN 4 Pittsburgh Hearing
August 27, 2003

I. Commissioners in Attendance:
   1. Everett Alvarez, Jr., Chairman
   2. John Vogel, Hearing Chairman
   3. Vernice Ferguson, R.N.
   4. JoAnne Webb, R.N.
   5. Richard McCormick, PhD.

II. Market Areas Addressed in Hearing
   1. Western Market

VISN 4 Pittsburgh Hearing Summary

III. Western Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Western	3 VAMC in Pittsburgh: University Drive UD) Highland Drive (HD) Aspinwall (Heinz)	Initially retain all facilities; then further integration to two campuses but major construction (500sq ft) needed to accommodate displaced services.	Campus Realignment HD to UD and Aspinwall. Build new facilities for psych, mental health, research and admin. VA will no longer be at HD campus.
Western	Inpatient Medicine Increase Workload - *selected by network but did not meet criteria*	Did not clearly articulate future plans, relies on streamlining strategy.	Convert declining surgery beds to medicine beds to absorb part of workload from Butler, Erie, Altoona.
Western	Inpatient Surgery Decrease Workload – *selected by network but did not meet criteria*	Convert surgical beds to medicine beds to accommodate projected inpatient medicine workload.	Not addressed.
Western	Small Facility – Butler	Initial proposal was retain 7 acute beds, but asked to review.	Close acute care services, retain nursing home and outpatient services.
Western	Small Facility – Erie	Retain 26 medicine beds; continue to provide acute care for State Veterans Home; continue affiliation with Lake Erie College Osteopathic Medicine.	Retain inpatient medicine/ observation beds, close inpatient surgery.
Western	Small Facility – Altoona	Retain 28 medicine and 4 ICU beds; continue nursing home unit; continue to provide acute care at State Veterans Home.	Close acute services by 2012, retain nursing home and outpatient care.
Western	Outpatient Specialty Care	Add 4 CBOCs to move primary care and free up space for specialty care. If parent cannot accomo-date will need to contract or lease space.	Increase in-house capacity to meet demand (new CBOCs not included in top priority group).
Western	Enhanced Use Lease (EU): Butler VAMC	Joint venture with Butler Hospital; 10 bed SRO at Deshon Place; admin space for 35 DOD staff.	Explore multiple options.
Western	Enhanced Use Lease (EU): Pittsburgh	Aspinwall – sell/lease campus.	HD - EU lease for Assisted Living Facility.
Western	Specialty Programs	Expand SCI unit – add 20 LTC beds to existing 9 SCI LTC.	Not mentioned in written DNCP, but Network presented adding 11 LTC SCI beds.
Western	Extended Care	Not mentioned.	Capital investments in nursing home care to remedy space deficiencies in Butler, Altoona, Clarksburg.
Western	Collaborations	Not mentioned.	Exploring VBA in Pittsburgh, Wilkes Barre.

VISN 4 Pittsburgh Hearing Summary

IV. Brief Description of Hearing Testimony

1. Network Leadership – Larry Brio, Network Director

Larry Brio, Network Director, summarized VISN 4's plans, citing three promises: 1) provide quality care, 2) maintain services, and 3) ensure veterans are personally satisfied. He indicated the plan reflects the national direction of VA's top leadership. It calls for transferring services from HD to UD and Aspinwall, with no reduction in current services. They expect a smooth transition of care since construction of new buildings will not be at the HD campus.

Mike Mooreland, Pittsburgh VAMC Director, indicated the three campuses are within five miles of each other. HD has 17 buildings on 168 acres with 850,000 sq ft. The Network wants to build 560,000 sq ft for services at UD and Aspinwall, including research and a 900 car garage. Estimated costs are $100M although few details were provided. With normal funding streams construction will take 10 years, with the first patient transfers in 2013. If fast tracked thought it could be done in 5 – 7 years, i.e., if it hit the FY04 budget it could be done by 2009 or 2010.

DNCP calls for elimination of inpatient acute care in Butler, Altoona (2012), and elimination of inpatient surgery in Erie. Butler VA has an excellent EU opportunity with Butler Memorial Hospital, with an 18 month window. Plans are predicated on a successful EU process; network is skeptical of meeting the partner's timetable.

None of VISN 4's proposed CBOCs are in the high priority group. Demand for services is increasing in Clarksburg and the proposed Morgantown CBOC could help alleviate demand and pull specialty services outside the main facility.

2. Panel 2 – Medical Affiliates – Dr. Roth, University of Pittsburgh Medical Center

Dr. Roth expressed support for the proposed plan to relocate services closer to UPMC, particularly behavioral health. He indicated the consolidation would facilitate training programs and synergistic goals. He also stated consolidation would not adversely affect training programs and would improve research activities.

3. Panel 3 – VSO's

Mr. Price, Black Vietnam Era Veterans
Mr. Dennison, The American Legion
Mr. Kistler, Disabled American Veterans
Ms. Schwanger, Eastern Paralyzed Veterans of America

The veteran representatives discussed their responses to the plan. Each witness stated their organization was represented in the CARES process, although their concerns were not always addressed.

Mr. Price felt elimination of HD could hurt the programs for homeless veterans, since many homeless veterans have a psychiatric illness. He did say there was good cooperation between VA and homeless providers. Mr. Dennison stated AL is opposed to closing small facilities because it will suppress demand and lead to vouchering and dismantling the VA health care system. Mr. Kistler expressed a concern about capital assets without any related enhancement of services, particularly given the lack of priority for proposed rural CBOCs. Ms. Schwanger indicated EPVA is concerned about the failure to recommend an inpatient SCI unit in VISN 4, and the lack of intra-network planning between VISNs 2, 3 & 4.

4. Panel 4 – State and County Veterans Organizations

Gen. Hengeveld, Pennsylvania Department of Veteran Affairs
Mr. Williams, Erie County
Mr. Cyprian, Butler County

Each of the veteran representatives discussed their concerns and involvement in the process. Gen. Hengeveld mentioned the joint task force with VISN 4 and stated the need for long term care beds for veterans, including the gap for chronically mentally ill patients and patients with spouses. Mr. Cyprian expressed concern about the projected demand for care, which he feels is understated.

5. Panel 5 – Collaborative Partners

Mr. Stewart, Butler Memorial Hospital
Mr. Wallin, VBA

Each witness discussed potential collaborative opportunities. Mr. Wallin supports the plan to co-locate VBA at the Pittsburgh campus when their lease expires. Mr. Stewart indicated the hospital's trustees are interested in relocating and sharing services at the Butler VAMC campus. They want to finalize the deal within 18 months. The EU arrangement faces a real time constraint that could torpedo the deal. If VA is not able to meet their timeframe Butler will pursue an alternate option. He also suggested this arrangement could be a prototype for the VA and create a common voice to the community and elected officials.

6. Panel 6 – Employees

Ms. Claycomb, NAGE
Mr. Jackson, AFGE and Unity
Ms. Moorhead, SEIU

Each representative discussed the union involvement in the CARES process. Ms. Claycomb is concerned the plan is the first step in piecing out the Butler VA and closing the facility. Mr. Jackson thought there was little improved services in the plan, and was concerned HD would be closed before new facilities were built. Ms. Moorhead felt the plans were preconceived. The representatives also indicated they had received more information about the plans from the local network staff than their national offices.

7. Panel 7 – Nursing Affiliate – Dr. Masters, Villa Maria School of Nursing, Erie, PA

Dr. Masters spoke as both an Erie resident and on behalf of the nursing affiliation. Their educational trainees have increased and they also graduate advance practice nurses. She could not comment on the relationship between a decline in volume and concerns about the quality of care.

VISN 4 Pittsburgh Hearing Summary

V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Western	Proximity	Campus Realignment Highland Drive (HD) to University Drive (UD) and Aspinwall.	Commissioners agreed with the proposal to transfer services from HD to UD and Aspinwall, and consolidate from three to two campuses. They felt the plan was well thought out, since all services will be retained, veterans and employees are not being asked to move far, and stakeholders expressed involvement in the process.
Western	Proximity	Construction of new facilities at HD, Aspinwall for psych, mental health, research, administration.	Commissioners agreed with the need to build new facilities at UD and Aspinwall to absorb services from HD, but they expressed concern the plan lacks sufficient detail. Conceptually they agreed with putting acute psychiatric services at UD and the more residential mental health programs at Aspinwall. They asked for more information about the $15M in projected staff savings.
Western	Inpatient Services	Convert decreasing surgery beds to medicine.	Commissioners felt there is so little surgery done at the smaller facilities they were not concerned about Pittsburgh's ability to absorb surgical cases, even with a projected decline in demand.
Western	Small Facility – Butler	Close acute care services, retain nursing home and outpatient services.	Commissioners support this plan, given the very low volume of inpatients and its proximity to the Pittsburgh facility. They recommend pursuing discussions on making Butler a Rehabilitation Center, given its mission and high CARF scores.
Western	Small Facility – Erie	Retain inpatient medicine/ observation beds, close inpatient surgery.	Commissioners felt this was a reasonable plan.
Western	Small Facility – Altoona	Close acute services by 2012, retain nursing home and outpatient care.	Commissioners agreed with this plan, but thought the timetable could be moved up, and asked for confirmation the $3M clinical addition is for expanded outpatient services.

VISN 4 Pittsburgh Hearing Summary

Western	Outpatient Specialty Care	Increase in-house capacity to meet demand (new CBOCs not included in top priority group).	Commissioners expressed concern that none of the VISN 4 CBOCs are in the high priority group, particularly those in more rural areas. They thought the Morgantown CBOC was a good model, given: 1) affiliation with U. of WVA Medical School, 2) willingness to put specialists in the CBOC, and 3) ability to off load services from the Clarksburg facility. The network stated the inpatient facilities could handle increased demand from additional CBOCs. They asked to see the DNCP criteria and list of CBOCs for each of the three tiers.
Western	Enhanced Use Lease (EU): Butler VAMC	Explore multiple options.	Commissioners were pleased to have an opportunity to hear testimony from the CEO of Butler Memorial Hospital (BMH). They felt BMH represents a viable and unique EU opportunity, unlike EU discussions from other networks. However, they expressed significant concern about the VA's ability to meet BMH's 18 month timeframe. Commissioners recommend piloting a "fast track" EU process in VISN 4 for both Butler and HD, to demonstrate a commitment to BMH's Board of Trustees and to test the VA's ability to meet the needs of a willing partner.
Western	Enhanced Use Lease (EU): Highland Dr.	EU lease for Assisted Living Facility.	Commissioners questioned the suggested $3M value for this 168 acre property. Again, they recommend doing an EU pilot in VISN 4 to test the VA's ability to fast track both a viable EU partner (Butler) and a low interest EU site (HD).
Western	Specialty Programs	Not mentioned in written DNCP, but Network presented adding 11 LTC SCI beds.	Commissioners agreed with plan to add more designated LTC beds and upgrade certified SCI outpatient clinic.
Western	Extended Care	Capital investments in nursing home care to remedy space deficiencies in Butler, Altoona, Clarksburg.	Commissioners agreed with the plans to upgrade nursing home space and functional deficiencies, but noted that the long term care model is not complete. They were interested to hear the State of Pennsylvania, with 1600 beds in five Veterans Homes, is trying to design more flexible long term care units.
Western	Collaborations	Exploring VBA in Pittsburgh, Wilkes Barre.	Commissioners felt this was a medium priority, since the lease expires in five years.

VI. Other Comments

All of the networks have expressed concerns about the EU process, including anecdotal information about potential partners that walked away because of the cumbersome and lengthily process. Commissioners recommend piloting a "fast track" EU for VISN 4, given their high and low potential properties.

VII. Follow-up questions for VHA/VISN/Affiliates

1. Please provide details about the $15M in projected staffing savings after transferring services from HD to UD and Aspinwall.

2. Please confirm the purpose of the $3M clinical addition in Altoona, and the timetable for this construction project.

3. Please provide the criteria and list of proposed CBOCs for each of the three tiers.

4. Please confirm UPMC's involvement with CBOC staffing and tele-medicine.