

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 5 Baltimore Hearing
August 12, 2003

- I. Commissioners in Attendance:
- a. Charles Battaglia, Hearing Chairman
 - b. Joseph Binard, MD
 - c. Raymond Boland
 - d. Chad Colley
 - e. Richard McCormick, MD
 - f. Vernice Ferguson
 - g. Robert Ray
 - h. Sister Patricia Vandenberg
 - i. JoAnne Webb
 - j. Michael Wyrick, Maj. Gen., USAF Ret.
 - k. Al Zamberlan
- II. Market Areas Addressed in Hearing
- a. Baltimore Market
 - b. Martinsburg Market
 - c. Washington DC Market

III. Market Area Summary

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Baltimore Market	120 Mile Proximity between DC and Baltimore/Baltimore and Philadelphia	Retain all facilities Combined some services and assess potential for further consolidation	Retain all facilities Has already consolidated some services and will continue to review potential for further consolidation
Baltimore Market	60 Mile proximity between Baltimore and Perry Point/Perry Point and Wilmington	Retain all facilities Indicated these facilities have different missions; one is acute care and one is long term care	Not addressed
VISN-wide	Outpatient specialty care	Build New ambulatory space in Martinsburg . Renovate existing space, move administrative services to outbuilding. Baltimore : Move primary care to leased space and move specialty care into vacated space. Washington DC : Build new Ambulatory Care building. VISN-wide plan to expand CBOCs to take some of work from parent facilities and to put common specialty care into CBOCs	New construction in Martinsburg and Washington DC. Lease space for primary care in Baltimore. Renovate existing space all markets. Expansion of existing CBOCs, and community contracts.
VISN-wide	Outpatient primary care	Expand capacity in existing CBOCs. Open new CBOCs as Joint Ventures with DOD (one	In-house expansion, expansion of existing CBOCs and DoD joint

		in each market) Open new CBOC in Washington DC market. Move primary care to leased space in Baltimore Build and renovate New ambulatory space in Martinsburg and Washington DC	ventures at Fort Meade, Fort Dietrich and Fort Belvoir.
Martinsburg/DC Baltimore/DC	Inpatient Mental Health	Move 77 domiciliary beds from Martinsburg to the Armed Forces Retirement Home in DC. Move 22 acute psychiatry beds from Perry Point to DC.	Move 77 domiciliary beds from Martinsburg to the Armed Forces Retirement Home in DC. Move 22 acute psychiatry beds from Perry Point to DC.
VISN-Wide	Outpatient Mental Health	In all markets place mental health services in all CBOCs	Outpatient mental health is being integrated w/ primary care at all sites
Baltimore market/Perry Point	Enhanced Use	N/A	Redesign campus to maximize enhanced use lease potential
Ft. Howard	Enhanced Use	Enhanced Use initiative approved by central office	Enhanced use approved for development of retirement community
DC	Infrastructure	In-house expansion, which includes building new Ambulatory Care addition with ancillary diagnostic services space and a new parking garage. Plan also calls for renovation of an existing ward to make room for two inpatient psychiatric units.	Construction to include development of new parking structure and renovation of inpatient ward for inpatient psychiatry

IV. Brief Description of Hearing Testimony

a. Sen. Barbara Mikulski – prepared statement read by staff member

Senator Mikulski expressed her support of veterans issues in the state of Maryland. She commented on the lack of availability of outpatient care at CBOCs throughout the state, notably the Glen Burnie location, which is now at capacity and is closed to enrollment of new veterans. She also discussed the need for funding to ensure veterans healthcare needs are met throughout the country. To this end, she announced that she would be introducing legislation for \$1.8 billion in additional funds to provide healthcare for veterans in categories 7 and 8 to eliminate enrollment fees and pharmacy co-pays.

Additionally, Senator Mikulski expressed concern regarding the enhanced use proposal at Perry Point. She recommends that the VA complete the Ft. Howard enhance use project before initiating any projects at Perry Point.

b. Network Panel – Dr. James J. Nocks

Dr. Nocks outlined the CARES plan for VISN 5. In the question and answer session, he responded that he felt that the plan for VISN 5 in the Draft National Plan was appropriate and fulfilled the needs of the network. He discussed some of the high priority issues in the network, including specialty care (space and staffing), structural

needs, requirements for additional outpatient space in the network, and the need to replace the nursing home facility on the Perry Point campus.

Dr. Nocks discussed the retention of the 14 acute care beds at Perry Point and the justification of their retention based on the in-house needs of the nursing home residents and the absence of any mission duplication with Baltimore.

In response to a question regarding access standards, Dr. Nocks noted the VISN's strong performance in this area, but agreed that wait times can be a point of concern with veterans and needs continuous improvement. He also mentioned that as demand for outpatient care increases faster than the network can respond, it would be increasingly difficult to meet access standards.

Dr. Nocks commented on the impact of the shifting of 77 domiciliary beds from Martinsburg to DC, noting that most of these veterans are from DC and would improve overall service to these veterans.

With regard to enhanced use lease at Perry Point, Dr. Nocks mentioned that this initiative was in its infancy and may be put on temporary hold per Senator Mikulski's request to complete work at Ft. Howard prior to commencing work at Perry Point.

c. Panel 2 – Veteran Service Organizations

Representatives from the American Legion, Disabled American Veterans, Vietnam Veterans of America, and Paralyzed Veterans of America, Veterans of Foreign Wars provided testimony. Many of the VSO representatives did not feel individually involved with CARES, although many of their national representatives participated in the process. These representatives expressed concern with the CARES process being little more than a "BRAC" or a facility closure plan. However, they expressed relief that DC and Baltimore would both retain tertiary care facilities. These representatives mentioned the need for a new nursing home facility in Perry Point and that all enhanced use lease initiatives should benefit veterans, specifically that assisted living facilities should be exclusively for veterans.

Several representatives were concerned about the DoD joint venture outpatient clinics and the accessibility of such facilities on military bases.

Additionally, the VSOs commented on the lack of coordination between the vet centers and hospitals, making the process difficult and confusing for veterans.

d. Panel 3 – Employee Organizations

This panel included representatives from the National Association of Government Employees (NAGE) and the American Federal of Government Employees (AFGE). The union representatives expressed concern about the movement of domiciliary beds from Martinsburg to DC and the potential impact of this initiative on employees and patients. The union also expressed overall concern with potential reductions in force (RIFs) as a result of CARES and on current and future staffing shortages due to VA salaries not being competitive in the local marketplace. These staffing shortages could be exacerbated by the elimination of locality pay for VA employees.

This panel also discussed the need to establish an advisory board to oversee the implementation of CARES recommendations.

e. Panel 4 – Affiliates and Collaborative Partners

This panel consisted of representatives from the Offices of the Surgeons General – Army and Air Force and a representative from USUHS.

Panel discussion centered on ongoing cooperation between the VA and USUHS in training and readiness as well as cooperation between the VA and DoD. Panelists described the increasing importance of DoD/VA sharing and outlined the current initiatives at Ft. Belvoir, Ft. Detrich, and Ft. Meade although specific details regarding location of shared clinics and veteran access to clinics located on military bases had not yet been resolved. It was noted that VA and DOD are working together so as the new hospital at Ft. Belvior is built, VA will have the option to locate a CBOC at Ft. Belvior. Additionally, this panel discussed Commissioners’ concerns regarding change of command at the local military bases. It was noted that this change often impacts in-place or pending sharing agreements.

V. Commissioner Views

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Baltimore	Enhanced Use Lease Project for assisted living and other compatible uses at Perry Point	Redesign campus to maximize enhanced use lease potential	Commissioners expressed the need for overall strategic planning to determine current and future needs of veterans in long term care. Commissioners agree that an assisted living facility would be an appropriate use of this campus and recommended pursuing the option of establishing a state veterans facility to lower costs for veterans.
Baltimore	Outpatient Care DoD Joint Venture Clinics at Fort Meade and Fort Detrich	Develop DoD joint ventures at Fort Meade, Fort Dietrich and Fort Belvoir.	Commissioners agreed with these joint ventures conceptually, but expressed concerns over the accessibility of these facilities if housed on a military base. Additionally Commissioners were concerned about availability of services at local bases in the event of large-scale deployment.
All Markets	Outpatient Care Expand outpatient clinics to include mental health	Outpatient mental health is being integrated w/ primary care at all sites	Commissioners agreed with the expansion of CBOCs to include mental health, but expressed concerns regarding staffing.

All Markets	Outpatient Care Expand CBOCs and in-house capacity to meet increasing primary care demand	New construction in Martinsburg and Washington DC. Lease space for primary care in Baltimore. Renovate existing space all markets. Expansion of existing CBOCs, and community contracts.	Commissioners felt this recommendation lacked necessary detail. Additionally, the Network Director mentioned the establishment of a new CBOC in Prince Georges County, although this does not seem to be in the DNP.
Baltimore	Enhanced use Lease Project at Fort Howard	Enhanced use approved for development of retirement community	This project is already underway, and Commissioners agreed with establishing an assisted living facility on this site.
DC	Infrastructure	Construction to include development of new parking structure and renovation of inpatient psychiatric ward	Commissioners felt this initiative was appropriate and necessary to improve the Washington facility and availability of parking.
DC	VA/DoD Sharing Joint Venture Clinic at Fort Belvoir	Joint Venture clinic at Ft. Belvoir	Commissioners agreed with the joint venture conceptually, but expressed concerns over the accessibility of the facility if housed on a military base, particularly Fort Belvoir.
DC	Inpatient Care - Psychiatry Armed Forces retirement home	Move 77 domiciliary beds from Martinsburg to the Armed Forces Retirement Home in DC.	Commissioners agreed with this initiative.
DC	Outpatient Care	Increased use of contract services for outpatient care	Commissioners felt this recommendation was too vague to provide comment. Need additional information on the types of outpatient services needed.
Martinsburg	Inpatient Care - Psychiatry	Move 22 acute psychiatry beds from Perry Point to DC.	Commissioners generally agreed with this initiative
All Markets	Infrastructure	Capital investments in nursing home care to remedy space deficiencies (in Martinsburg, Washington, and Perry Point)	While Commissioners agreed that this network needs capital investment in nursing home facilities, particularly in Perry Point, they felt that construction should be put on hold pending a national analysis on LTC needs.

VI. Other Comments

- VA/DoD collaboration is often hindered by change of command in the DoD as well as by misaligned incentives between the two agencies.
- Vet Centers and VHA need to have closer coordination
- Commissioners agreed with the idea of establishing an oversight board for the implementation of recommendations stemming from the CARES process
- The VHA needs to conduct a nationwide analysis on the current and future long term care needs of veterans prior to undertaking new initiatives in this area

VII. Follow-up questions for VHA/VISN

Outline plans to expand existing CBOCs and clarify whether a new CBOC in Prince Georges County will be established.