

CARES COMMISSION
POST HEARING SUMMARY

VISN 6 Durham Hearing
September 12, 2003

- I. Commissioners in Attendance
 - 1. John Vogel, Vice Chairman
 - 2. Layton McCurdy, M.D., Hearing Chair
 - 3. Jo Ann Webb, R.N.
 - 4. Michael Wyrick, USAF Major General (Ret.)

- II. Market Areas Addressed in Hearing
 - 1. Northeast Market
 - 2. Northwest Market
 - 3. Southeast Market
 - 4. Southwest Market

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III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Northeast	Access to Primary Care 60% vs. 70% goal	3 new contract CBOCs in Norfolk, Emporia and Charlottesville	3 new CBOCs in priority group
Northeast	Outpatient Primary Care 2012 – 79% increase 2022 – 66% decrease	<ul style="list-style-type: none"> ➤ Open 3 CBOCs ➤ Expand Richmond, Hampton ➤ Norfolk CBOC becomes OPC in 2007 with 50K more sq ft 	DNCP consistent with market plan but specifics not provided other than renovation and new construction
Northeast	Outpatient Specialty Care 2012 – 76% increase 2022 – 80% increase	<ul style="list-style-type: none"> ➤ Add 57K sq ft Richmond ➤ Add 70K sq ft Hampton ➤ Some specialty care moved to CBOCs and OPCs 	DNCP consistent with market plan, specifics not provided other than renovation and new construction, community contract in early years before lease/construction and peak yrs
Northeast	Outpatient Mental Health 2012 – 38% increase 2022 – 16% increase	Move some mental health services into new/existing CBOCs	DNCP consistent with market plan, specifics not provided other than renovation and new construction, limited contracting
Northeast	Inpatient Psychiatry 2012 – 10% decrease 2022 – 24% decrease	Downsizing at Richmond (19 beds) and Hampton (16 beds)	Elimination of 47 beds by 2022, no specifics given
Northeast	Proximity Tertiary Richmond – D.C.	Assessed, different markets	Not mentioned
Northeast	Extended Care	Not included	Renovation of 5K sq ft in Hampton NHCU
Northeast	Enhanced Use	Hampton potential	Not included
Northeast	Collaboration – DOD Navy and AF	Discussed existing collaboration	Not included
Northwest	Access to Primary Care 39%vs. 70% goal	3 CBOCs in Lynchburg (VA staff), Bluefield, Lewisburg (contracts)	3 CBOCs not in priority group
Northwest	Small Facility – Beckley	Maintain 38 acute beds but eliminate surgical beds by 2012	Retain acute beds and convert to CAH, close inpatient surgery beds and convert to obs, local contracts and VAMC transfers, no timeframe surgery closing
Northwest	Extended Care Rehab Center	Increase from 70 to 120 beds, submitted in 04 for \$18.2M at 81K sq ft (80 LTC, 20 extended rehab, 20 dementia)	New construction 40K sq ft replacement facility
Northwest	Enhanced Use – Salem	Salem potential	Salem not included
Northwest	Collaboration – NCA	Salem potential	Salem possible site

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Southeast	Access to Primary Care 50% vs. 70% goal	7 new CBOCs in Burlington, Rocky Mt, Hamlet, Lumberton, Goldsboro, Sanford, Supply	7 CBOCs not in priority group
Southeast	Outpatient Primary Care 2012 – 78% increase 2022 – 60% increase	Expand Durham (115K sq ft) and Fayetteville (110K sq ft), increase capacity at CBOCs, add 7 CBOC	7 CBOCs not in priority group, plan is not specific but indicates a combination of approaches
Southeast	Outpatient Specialty Care 2012 – 109% increase 2022 – 108% increase	Expand Durham (115K sq ft) and Fayetteville (110K sq ft), increase capacity at CBOCs, add 7 CBOC, move some care from parents to CBOCs	7 CBOCs not in priority group, plan is not specific but indicates a combination of approaches, provide specialty care at multiple sites, contract before lease/construction and peak yrs
Southeast	Outpatient Mental Health 2012 – 193% increase 2022 – 106% increase	Expand Durham (115K sq ft) and Fayetteville (110K sq ft), increase capacity at CBOCs, add 7 CBOC	7 CBOCs not in priority group, plan is not specific but indicates a combination of approaches
Southeast	Inpatient Medicine Workload 2012 – 51 bed increase 2022 – 31 bed increase	Durham renovation 16K sq ft to address overcrowding in patient rooms, privacy, no isolation beds	New construction/ renovation of Durham space, tele-medicine, contract for peak years
Southeast	Inpatient Surgery Workload 2012 – 27 bed increase 2022 – 19 bed increase	Durham renovation 11K sq ft to address overcrowding in patient rooms, privacy, no isolation beds; outpatient relocation first	New construction/ renovation of Durham space; outpatient functions in inpatient areas will be relocated first; sharing agreements for acute care
Southeast	Inpatient Psychiatry Workload 2012 – 36 bed increase 2022 – 24 bed increase	Durham renovation 15K sq ft to address overcrowding in patient rooms, privacy, no isolation beds; outpatient relocation first	New construction/ renovation of Durham space; outpatient functions in inpatient areas will be relocated first; sharing agreements for acute care
Southeast	Access to Hospital Care – 64% vs.	Develop sharing agreement with Camp Lejeune Naval Hospital for patients from 3 counties	Provide limited inpatient care at DOD site
Southeast	EU – Durham	Approved project for mixed use jt venture of 650K sq ft	Approved project for mixed use non-Va joint venture for hotel space, office buildings and parking garage
Southeast	Collaboration Durham – Navy Fayetteville – Army	Potential joint venture CBOC in Moorhead City Existing agreement with Womack Army Hospital, and at Camp Lejeune for emergency care	No mention of potential joint venture (Navy) for CBOC; no mention of agreement with Womack Army Hospital or Camp Lejeune
Southeast	Special Programs	Not included	Not included

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Southwest	Access to Primary Care 47% vs. 70% goal	6 new CBOCs in Hickory, Greensboro, Gastonia, Franklin, Hendersonville, Rutherford	6 CBOCs in priority group
Southwest	Outpatient Primary Care 2012 – 51% increase 2022 – 39% increase	6 CBOCs; add capacity at Ashville, Salisbury VAMCs; contract; expand Winston-Salem CBOC; convert Charlotte to OPC	6 CBOCs in priority group, plan is not specific but indicates a combination of approaches
Southwest	Outpatient Specialty Care 2012 – 130% increase 2022 – 125% increase	6 CBOCs; add capacity at Ashville, Salisbury VAMCs; expand Winston-Salem CBOC; move services from parent facilities to CBOCs to free up space for specialty clinics	6 CBOCs in priority group, plan is not specific but indicates a combination of approaches; contract before lease/ construction complete and peak yrs
Southwest	Outpatient Mental Health 2012 – 104% increase 2022 – 81% increase	Add capacity Ashville, Salisbury VAMCs; expand Winston-Salem CBOC; add mental health to CBOCs	6 CBOCs in priority group, plan is not specific but indicates a combination of approaches; contract before lease/ construction complete and peak yrs
Southwest	Inpatient Medicine Workload 2012 – 51 bed increase 2022 – 33 bed increase	Renovation at Ashville and Salisbury for 15K sq ft	New construction/ renovation of Ashville and Salisbury; tele-medicine, contract peak years
Southwest	Inpatient Surgery Workload 2012 – 27 bed increase 2022 – 11 bed increase	Renovation at Ashville and Salisbury for 2.5K sq ft	New construction/ renovation of Ashville and Salisbury; out-patient functions in inpatient areas relocated first
Southwest	Collaboration – NCA	Not included	Salisbury will provide additional acreage to NCA

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IV. Brief Description of Hearing Testimony

1. Network Leadership – Daniel Hoffman, Network Director

Mr. Hoffman outlined the CARES plan for all four markets (eight facilities and 10 CBOCs). The challenge is managing significant growth, particularly the I-85 corridor above Charlotte and near Fayetteville. DOD opportunities exist at Langley, Portsmouth, Camp Lejeune, Cherry Point and Ft Bragg, but have yielded mixed results. SCI and PTSD units receive high patient satisfaction ratings.

Plans focus on adding outpatient access and inpatient capacity. Only the NE and SW Markets were approved for new CBOCs, with six CBOCs in the SW Market. The Salisbury area has the largest enrollment growth in the network, and this facility has 50% of the network's wait list. Consequently, there is a need to open these CBOCs quickly and some concern about how quickly they could be added. The SE Market has five of the network's existing ten CBOCs. They need to be enlarged prior to major outpatient expansion at Durham and Fayetteville. Durham is looking for nearby leased space, which will free up space at the parent facility for outpatient specialty care and inpatient services. An enhanced lease opportunity at Durham for non-medical services will not provide the necessary space and may be stalled.

In the NW Market Beckley is targeted as a Critical Access Hospital (CAH). Community resources were not considered a viable alternative. A replacement extended care facility is proposed.

2. Affiliates and Collaborations

Dr. Applegate, Dean, Wake Forest University School of Medicine
Colonel Carraher, USAF, US Air Force Hospital, Langley AFB

Col. Carraher presented information on the eight year sharing agreement between Langley AFB and the Hampton VAMC. Commissioners confirmed Hampton VAMC is in the TriCare network and meeting the more stringent DOD appointment standards. She discussed plans for further merging surgical services at the two facilities and the proposed application for a VA/DOD pilot between Langley and Hampton VAMC. Dr. Applegate discussed the importance of the Salisbury VAMC for residency training. He was very open to using the three proposed CBOCs for primary care rotations. They anticipate becoming a Dean's Committee Hospital.

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3. Veterans Organizations

Mr. Allen, Paralyzed Veterans of America
Mr. Pack, The American Legion
Mr. Ward, Veterans of Foreign Wars
Mr. Tyson, Disabled American Veterans
Mr. Boyd, Commonwealth of Virginia Department of Veterans Affairs
Mr. DeWitt, Blue Ridge Advocates for Veterans Outpatient Services (BRAVO)
Mr. Smith, North Carolina Division of Veterans Affairs
Mr. Stafford, West Virginia VISN 6 Advisory Council
Mr. Hunt, National Association of County Veterans Service Officers

When questioned each of the representatives said they were included in the planning process. They talked about the need for more access points, particularly in the SE and SW Markets. Mr. Ward had concerns with the quality of care (time with a physician, problems getting diagnostic tests). Mr. Allen saw a need for more SCI LTC beds and problems placing SCI patients. Others felt that patients needing prescription refills were filling up the waiting lists for new appointments. Mr. Stafford spoke of the long distances and difficult driving conditions that veterans in the NW market face when seeking VA care. He indicated that more CBOCs in the market was a good idea.

When asked to compare contract vs. VA-staffed the response was mixed, but the real issue was getting new patients into the system. Mr. Tyson suggested establishing CBOC funding through a separate pool, similar to nursing home care. The need for more outpatient mental health care was raised, particularly as Iraqi Freedom forces return home. Although care for women veterans has improved at the major facilities there is still a need in the smaller sites. The BRAVO representative would like to see a CBOC west of Franklin, NC, given the long drive times to Asheville.

4. Employee Organizations

Mr. Burnett, AFGE 1739, Salem
Mr. Fetzer, AFGE VISN 6 Liaison
Ms. McCormick, NAGE R4-17, Hampton
Ms. Parrish, AFGE 2345, Durham

Each representative stated they were not involved in the process at the network level, particularly when compared to surrounding networks. Ms. Parrish thought her involvement was pre-decisional at the local facility. Mr. Burnett felt the process was based on incomplete data. The AFGE Liaison said the plans failed to see the growth in elderly and homeless veterans.

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V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Northeast	Access to Primary Care 60% vs. 70% goal	3 new CBOCs in priority group	Commissioners agreed with plans to add 3 new CBOCs.
Northeast	Outpatient Primary Care 2012 – 79% increase 2022 – 66% decrease	DNCP consistent with market plan but specifics not provided other than renovation and new construction	Commissioners agreed with the plan to add workload capacity at existing and new sites.
Northeast	Outpatient Specialty Care 2012 – 76% increase 2022 – 80% increase	DNCP consistent with market plan, specifics not provided other than renovation and new construction, community contract in early years before lease/construction and peak years	Commissioners agreed with the plan to add workload capacity at existing sites and contract in the community. They requested information on what constitutes a CBOC and the approval process.
Northeast	Outpatient Mental Health 2012 – 38% increase 2022 – 16% increase	DNCP consistent with market plan, specifics not provided other than renovation and new construction, limited contracting	Commissioners agreed with the plan to limit contracting and add mental health services at new CBOCs.
Northeast	Inpatient Psychiatry 2012 – 10% decrease 2022 – 24% decrease	Elimination of 47 beds by 2022, no specifics given	Commissioners agreed with the VISN Medical Director about the need for fewer inpatient psychiatry beds, even with projected enrollment growth, given changes in treatments protocols.
Northeast	Proximity Tertiary Richmond – D.C.	Not mentioned	Not mentioned.
Northeast	Extended Care	Renovation of 5K sq ft in Hampton NHCU	Not mentioned.
Northeast	Enhanced Use	Not mentioned	Not mentioned.
Northeast	Collaboration – DOD Navy and AF	Not mentioned	Commissioners were impressed with the persistence of the Portsmouth sharing agreement and view it as a good model for others.
Northeast	Special Programs (Spinal Cord Injury)	Not mentioned	Commissioners agreed with the need to have 10 LTC beds. They wondered if the Hampton LTC SCI unit was actually full, since it has an 85% occupancy. They were interested in knowing about any waiting lists for this unit.
Northwest	Access to Primary Care 39%vs. 70% goal	3 CBOCs not in priority group	Commissioners recommended the 3 CBOC's be re-evaluated for inclusion in priority group, given this rural market.
Northwest	Small Facility – Beckley	Retain acute beds and convert to CAH, close inpatient surgery beds and convert to obs, local contracts and VAMC transfers,	Commissioners generally agreed with the plan to retain Beckley, given the limited community options. They

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		no timeframe surgery closing	asked for information on the VA definition of a Critical Access Hospital, and its designation nationwide, based on concerns of inconsistent application. They want to know how VA tested the WV market community facilities.
Northwest	Extended Care Rehab Center	New construction 40K sq ft replacement facility	Commissioners learned construction of a NHCU is already approved, but they would like clarification on the # of beds, sq ft., etc. and if the unit will be a replacement facility or will add more NHCU beds.
Northwest	Enhanced Use – Salem	Salem not included	No mention of Salem EU.
Northwest	Collaboration – NCA	Identifies Salem possible site	No mention of Salem as a possible NCA collaboration.
Southeast	Access to Primary Care 50% vs. 70% goal	7 CBOCs not in priority group	Commissioners recommended the 7 CBOC's be re-evaluated for inclusion in priority group.
Southeast	Outpatient Primary Care 2012 – 78% increase 2022 – 60% increase	7 CBOCs not in priority group, plan in not specific but indicates a combination of approaches	Commissioners agreed with the plan to add workload capacity at new and existing and sites. They are concerned delays in launching new CBOCs will restrict the ability to add needed outpatient care and ultimately inpatient capacity.
Southeast	Outpatient Specialty Care 2012 – 109% increase 2022 – 108% increase	7 CBOCs not in priority group, plan in not specific but indicates a combination of approaches, provide specialty care at multiple sites, contract before lease/construction and peak years	Same as SE Market outpatient primary care.
Southeast	Outpatient Mental Health 2012 – 193% increase 2022 – 106% increase	7 CBOCs not in priority group, plan in not specific but indicates a combination of approaches	Issues same as the NE market, but Commissioners had even more concerns this will be difficult to achieve without new CBOCs.
Southeast	Inpatient Medicine Workload 2012 – 51 bed increase 2022 – 31 bed increase	New construction/renovation of Durham space, tele-medicine, contract for peak years	Commissioners agreed with the need for additional beds, but did not think there was a firm plan to free up space for more inpatient services.
Southeast	Inpatient Surgery Workload 2012 – 27 bed increase 2022 – 19 bed increase	New construction/renovation of Durham space; outpatient functions in inpatient areas will be relocated first; sharing agreements for acute care	Same as SE Market inpatient medicine.

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Southeast	Inpatient Psychiatry Workload 2012 – 36 bed increase 2022 – 24 bed increase	New construction/renovation of Durham space; outpatient functions in inpatient areas will be relocated first; sharing agreements for acute care	Same as SE Market inpatient medicine.
Southeast	Access to Hospital Care – 64% vs. 65%	Provide limited inpatient care at DOD site	No mention of limited inpatient care at DOD site.
Southeast	EU – Durham	Approved project for mixed use joint venture for hotel retail space, office buildings and parking garage for non-VA use	Commissioners were disappointed to learn Durham’s EU proposal was signed two years ago. They expressed concerns about the VA’s inability to work with commercial real estate developers in a timely manner. They recommended review of the entire EU process.
Southeast	Collaboration Durham – Navy Fayetteville – Army	No mention of potential joint venture with Navy for CBOC, or agreement with Womack Army Hospital or Camp Lejeune	No mention of agreements with the Navy, Womack Army Hospital or Camp Lejeune.
Southwest	Access to Primary Care 47% vs. 70% goal	6 CBOCs in priority group	Commissioners agreed with plans to add 6 new CBOCs.
Southwest	Outpatient Primary Care 2012 – 51% increase 2022 – 39% increase	6 CBOCs in priority group, plan in not specific but indicates a combination of approaches	Same as NE Market outpatient primary care.
Southwest	Outpatient Specialty Care 2012 – 130% increase 2022 – 125% increase	6 CBOCs in priority group, plan is not specific but has a combination of approaches; contract for peak years and before lease/building complete	Same as NE Market outpatient specialty care.
Southwest	Outpatient Mental Health 2012 – 104% increase 2022 – 81% increase	6 CBOCs in priority group, plan is not specific but has a combination of approaches; contract for peak years and before lease/building complete	Same as NE Market outpatient mental health.
Southwest	Inpatient Medicine Workload 2012 – 51 bed increase 2022 – 33 bed increase	New construction/renovation of Ashville and Salisbury; tele-medicine, contract peak years	Commissioners agreed with the plan to add inpatient beds but would like additional information on the types of services and community providers to be contracted with in peak years.
Southwest	Inpatient Surgery Workload 2012 – 27 bed increase 2022 – 11 bed increase	New construction/renovation of Ashville and Salisbury; outpatient functions in inpatient areas relocated first	Commissioners agreed with the plan to add inpatient beds following relocation of outpatient services.
Southwest	Collaboration – NCA	Salisbury additional NCA land.	No mention of Salisbury land.

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VI. Other Comments - none

VII. Follow-up questions for VHA/VISN

1. Please provide information on the definition of a CBOC, e.g., minimum number of patients, square feet, contractual requirements, etc., and the Congressional and operational approval process.
2. With regard to designating Beckley as a Critical Access Hospital, please provide;
 - a. Summary of the proposed Critical Access Hospitals and CMS criteria.
 - b. List of community hospitals within 35 miles of Beckley that provide 24 hour emergency services.
 - c. Number of acute care beds and average length of stay for these facilities.
 - d. Information on how the network tested the availability of community resources near Beckley.
3. Please provide access information on the Blind Rehabilitation Center in Birmingham, AL, including number of patients on the waiting list, average time for initial appointments, and patient origin by zip code for the last year.
4. As it related to long term care SCI, please provide the following information.
 - a. For the last year the acute and long term care SCI census, including number of SCI beds available and how many beds are routinely staffed for at each unit.
 - b. Your testimony indicated the Hampton long term SCI unit is consistently full.
 - c. Given this, please discuss the 85% occupancy shown in the national bed occupancy rate database.
 - d. Are there waiting lists at Hampton? If so, how many patients are awaiting placement?
5. Please provide more specific information on the proposed extended care facility at Beckley. Is the plan to replace the existing facility, as is indicated in the National Plan or is it to add additional beds as was indicated in the VISN Market Plan?
6. Please provide information on the process and metrics to track veterans waiting for initial appointments.
7. Please provide information on the types of services and community providers targeted for contracting in Salisbury and Ashville in peak years.

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VISN 6 - EXHIBIT 1				
SUMMARY OF MAJOR PLANNING INITIATIVES GAPS				
Market	NE Market	NW Market	SE Market	SW Market
Facilities	Richmond Hampton	Beckley Salem	Durham Fayetteville	Charlotte Ashville
Planning Initiatives *				
Current Access to Primary Care - goal is 65%	60%	39%	50%	47%
Outpatient Primary Care	79% ↑ 66% ↑	-	78% ↑ 60% ↑	51% ↑ 39% ↑
Outpatient Specialty Care	76% ↑ 80% ↑	-	109% ↑ 108% ↑	130% ↑ 125% ↑
Outpatient Mental Health	38% ↑ 16% ↑	-	193% ↑ 106% ↑	104% ↑ 81% ↑
Inpatient Medicine	-	-	51 beds ↑ 31 beds ↑	51 beds ↑ 33 beds ↑
Inpatient Surgery	-	-	27 beds ↑ 19 beds ↑	27 beds ↑ 11 beds ↑
Inpatient Psychiatry	10 beds ↓ 24 beds ↓	-	36 beds ↑ 24 beds ↑	-
Other	DOD	Beckley – small facility	DOD	

* Projections are for 2012 and 2022