

Final September 22, 2003

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 7 Atlanta, Georgia Hearing
August 28, 2003

- I. Commissioners in Attendance:
 - 1. Charles Battaglia, Hearing Chairman
 - 2. Al Zamberlan
 - 3. Sister Patricia Vandenburg
 - 4. Joseph Binard, MD
 - 5. General Michael Wyrick

- II. Market Areas Addressed in Hearing
 - 1. Georgia Market
 - 2. Alabama Market

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III. Comparison of Gaps, mini Markets and Draft National CARES Plan

Market Area	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Alabama Georgia	<p>Access: Only 63% of the veterans enrolled resided within the access standard. Access to Primary Care was identified as a PI.</p> <p>Only 53% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.</p>	<p>The CARES plans for this market include adding CBOCs. Hospital access will be improved by contracting for medical/surgical inpatient stays in the Dothan and Huntsville communities, raising hospital access to 65% in 2012 and 67% in 2022. The inpatient programs at the DoD hospitals (Lyster Army Hospital at Ft. Rucker—Dothan, and Fax Army Hospital—Huntsville) in these two areas are both planned for closure.</p>	<p>VISN 7 has a primary care access gap in all three markets and an acute hospital gap in the Alabama and South Carolina markets. The plan includes 15 new CBOCs in the Alabama, the Georgia (17 new CBOC were proposed by VISN 7. 13 to 15 new CBOCs have been presented in the DNCP), and South Carolina markets to address the primary care access gap. The acute hospital gap will be met in AL by contracts in Huntsville and Dothan and in the SC market by contracts in Greenville, SC and Savannah, GA.</p>
Alabama Georgia	<p>Campus Realignment/Consolidation of Services</p>	<p>NA</p>	<p>Central Alabama Health Care System-Montgomery –The proposal to convert Montgomery to an outpatient-only facility and to contract out inpatient care requires further study.</p> <p>Augusta, GA – Study the feasibility of realigning the campus footprint including the feasibility of consolidating selected current services at the Uptown Division to the Downtown Division. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility or other compatible uses. Any revenues or in kind services will remain in the VISN to invest in services for veterans. Explore with DoD the feasibility of greater coordination with DoD services at either VA division.</p>

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Alabama Georgia	Inpatient Service	The Alabama market treating facilities face significant workload increases in inpatient medicine and surgery. Adding sites of care, enlarging current CBOCs, and using all available VAMC space to increase their capacity, will address this workload increases.	Contract hospital sites will meet increasing demand for medicine and surgery in the AL markets, conversion of vacant space, new construction, renovation, and leasing.
Alabama Georgia	Outpatient Primary Care Outpatient Specialty Care: Outpatient Primary Care growth over FY 2001 baseline is 35% in 2012 with 103k-s and 17% in 2022 with 50k-s; three out of the four criteria were met, and a PI was identified for Outpatient Primary Care. Outpatient Specialty Care growth over FY 2001 baseline is 93% in 2012 with 187k-s and 77% in 2022 with 155k-s; four out of the four criteria were met, and a PI was identified for Outpatient Specialty Care. Initial proposal was retain 7 acute beds, but asked to review	The Alabama market treating facilities face significant workload increase in outpatient specialty care and primary care. Adding sites of care, enlarging current CBOCs and using all available VAMC space to increase their capacity will address these workload increases.	Increasing demand for PC and Specialty care in these 2 markets will be met by addition of 12 new CBOCs, expansion of existing CBOCs via contract, lease and new construction. Demand will also be met by reconfiguration, conversion of vacant, new construction and leasing.
Georgia	Small Facility – Dublin	Dublin to retain its inpatient program. Evaluate ICU bed needs and review surgical program for appropriate scope of practice.	Dublin VAMC to retain its inpatient program, but will evaluate ICU bed needs and review surgical program for appropriate scope of practice.
Georgia	Vacant Space: 683,370 sq. ft	Two of the VAMC campuses in the Alabama market have large amounts of vacant space. The East Campus of CAVHCS (Tuskegee) will have over 300,000 vacant square feet by 2022 (despite workload increases for the market). The majority of this space (~250,000) is planned for demolition . These buildings are historic-eligible.	VISN 7 will have a total of 284,005 sq. ft. of vacant space in 2022. Reduction of 57.2% from 2001 vacant space.
Alabama	Enhanced Use	The Tuscaloosa VAMC campus has a large amount of vacant space _113,00 square feet by 2022. Lease most of it to a private mental care group.	N/A

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Alabama	Other	Both the CAVHCS West Campus VAMC (Montgomery) and the Birmingham VAMC will need constructed additions to handle projected workload increases.	N/A
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IV. Brief Description of Hearing Testimony

3. Network Panel (Network Leadership)

Kenneth Ruyle, Acting Network Director, summarized the two-market plans emphasizing expected growth in outpatient of over 50% and inpatient workload demands of 11%. All 15 of the proposed CBOCs recommended for the VISN were in the top priority grouping. The addition of Spinal Cord Injury Beds at Augusta was also concurred with by the VISN.

The Alabama market is 73% rural and designated as medically underserved. The addition of 5 CBOCs will greatly enhance access to services and the tertiary care center in Birmingham can manage workload but has severe parking issues.

The Georgia market also includes parts of western South Carolina, which is 75 % rural and designated as medically underserved. There are capacity gaps in outpatient and to a lesser extent in-patient, but with the addition of 8 new CBOCS, the access will increase to 70% by 2012. There is continued discussion about the realignment of the Augusta Uptown division to 8 hours a day operation, with “footprint” contraction so as to maximize potential for EU opportunities. Further study is underway.

At VAMC, Dublin, Georgia there are 33 acute beds, 6 ICU beds and 2 psychiatric beds, and the DNP calls for phasing out Dublin’s few surgery beds and ICU due to the clinical proficiency implications associated with low volume.

To summarize VISN 7 is in major expansion mode, due to projected enrollment and workload increases. Additional space will need to be added to address the needs. Fifteen CBOCs will add network with twelve in Georgia and Alabama and all were given the highest priority. The two-division VAMCs in VISN 7 Augusta and CAVHS were identified for realignment and require further study.

4. Panel 2 – VSOs/STATE DIRECTORS

Mr. Izzett from the PVA indicated support for the addition of SCI beds at the Augusta VAMC as well as the other VISNs receiving both acute and long-term care beds.

Mr. James Fredrick, speaking on behalf of Pete Wheeler, Commissioner of the Ga. Department of Veterans Services, supported all three of the fine medical centers in Georgia, and strongly recommended an additional CBOC in **Rome, Georgia.**

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Mr. Tom Cook, The American Legion supported the CARES process and noted the increased workload in the Georgia market. The AL does not support tampering with Georgia VA medical centers and does not support the closure of the Augusta Uptown division. The AL is also opposed to the ICU and Surgical program reduction at the Dublin facility.

Mr. Albert Spears, of the VFW, stated the CARES process was really about cutbacks and strongly suggested that the VBA disassemble completely and reconstruct itself. He also noted the CARES process did not properly address the migration issues and did not speak to the Women veteran issues. The VFW does not support the closure of any medical center in VISN 7.

5. Panel 3 – Employee panel

Ms Janice Stewart of the AFGE local 1985,voiced opposing to any and all changes at Dublin, and indicated the CARES Commission had come to close the medical center in Dublin. (The Chairman did clarify this statement and spoke to the role of the CARES Commission.)

Mr. Elijah Williams of the AFGE voiced concerns about insufficient staffing to manage the additional workload projected.

Ms Emma Powell, Georgia Nursing Association indicated there had been open communication with the GNA and indicated that adequate staffing is a concern for the GNA. She indicated the GNA “stands ready to care for Veterans”.

6. Panel 4 – Affiliates and collaborative partners

Dr Nigel Harris, Dean, Morehouse School of Medicine indicated support for VA research, additional CBOCs and suggested exploration of contract opportunities with the VA to provide a full range of services with Morehouse at a CBOC in Atlanta.

Dr Peter Makaya, Director Middle Georgia College, Dublin, Ga. Discussed the sharing arrangements in place at the Dublin site in relation to the VA giving the college 40 acres with the return being free college tuition for VA employees. Support was given to continue services at the Dublin facility as the community is impacted by the activities that occur at the Dublin site.

7. Panel 5 - DoD Partners

Mr. Keith Sigafosse, representing the Eisenhower Medical Center, Fort Gordon, Georgia strongly supported initiatives that are in place between the Eisenhower Medical Center, Fort Gordon, and the VAMC in Augusta, Ga. These include shared open-heart programs, Neurosurgery and other key programs. He indicated he had written guidance to partner with the VA from his commander.

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Colonel Anthony Van Door, Commander 42nd Medical Group, Maxwell AFB, AL discussed what opportunities might occur in the Alabama market and indicated that Guidance from the top would be needed to facilitate local initiatives. He also indicated that Maxwell AFB does not have any inpatient surgical beds. This is an issue as the Acting VISN Director had indicated that a DoD/VA initiative in which beds at Maxwell AFGE are being discussed as a possible solution to the Va's inpatient bed deficits.

8. Panel 5 – Mayor

Mr. Bob Young, Mayor of Augusta, strongly rejected the closure/realignment of the Uptown Augusta Division. He spoke of collaborating with the Dod and the employment base provided by the VAMC in the Augusta area. He also spoke at length of opportunities for historic preservation of buildings at the Uptown division and voiced support to work with the VA in further review of opportunities. He also indicated that the City of Augusta was not prepared to provide funding for preservation of historic buildings at the Augusta Uptown division.

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V. Commissioner Views

Market Area	Planning Initiative	DNCP Recommendation	Commissioner Views
Alabama Georgia	<p>Access: Only 63% of the veterans enrolled resided within the access standard. Access to Primary Care was identified as a PI.</p> <p>Only 53% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.</p>	<p>VISN 7 has a primary care access gap in all three markets and an acute hospital gap in the Alabama and South Carolina markets. The plan includes 15 new CBOCs in the Alabama, the Georgia (17 new CBOC were proposed by VISN 7. 13 to 15 new CBOCs have been presented in the DNCP), and South Carolina markets to address the primary care access gap. The acute hospital gap will be met in AL by contracts in Huntsville and Dothan and in the SC market by contracts in Greenville, SC and Savannah, GA.</p>	<p>The commissioners noted the absence of supporting data on the decision for the number and location for the proposed new CBOCs. Further analysis is requested regarding the plotting of locations for CBOCs, rationale for site selection, lease as opposed to building and contract versus VA staffed clinics. Further analysis needed regarding the Rome, Georgia location for possible CBOCs.</p> <p>The approach to the CBOCs appears reasonable given current PI information.</p>
Alabama Georgia	<p>Campus Realignment/Consolidation of Services</p>	<p>Central Alabama Health Care System-Montgomery –The proposal to convert Montgomery to an outpatient-only facility and to contract out inpatient care requires further study.</p> <p>Augusta, GA – Study the feasibility of realigning the campus footprint including the feasibility of consolidating selected current services at the Uptown Division to the Downtown Division. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility or other compatible uses. Any revenues or in kind services will remain in the VISN to invest in services for veterans. Explore with DoD the feasibility of greater coordination with DoD services at either VA division.</p>	<ol style="list-style-type: none"> 1. Given the discussion of use of Maxwell AFB for inpatient care, when there are no inpatient facilities, and concern about dependence on DoD for support, the commissioner’s question if conversion of Montgomery VAMC to outpatient is warranted. They agree with recommendation to study the closure, but have concerns about converting to an outpatient site only. 2. The Commissioners support further study of feasibility of maintaining two Augusta facilities, to include a full cost benefit analysis.

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Alabama Georgia	Inpatient Service	Contract hospital sites will meet increasing demand for medicine and surgery in the AL markets, conversion of vacant space, new construction, renovation, and leasing.	The Commissioners conceptually agree with the DCNP and review of inpatient services, but feels there was not enough data for full decision-making, any methodology, and seemingly lack of time by the VISN to fully evaluate all possible alternatives.
Alabama Georgia	Outpatient Primary Care Outpatient Specialty Care Outpatient Primary Care growth over FY 2001 baseline is 35% in 2012 with 103k-s and 17% in 2022 with 50k-s; three out of the four criteria were met, and a PI was identified for Outpatient Primary Care. Outpatient Specialty Care growth over FY 2001 baseline is 93% in 2012 with 187k-s and 77% in 2022 with 155k-s; four out of the four criteria were met, and a PI was identified for Outpatient Specialty Care. Initial proposal was retain 7 acute beds, but asked to review	Increasing demand for PC and Specialty care in these 2 markets will be met by addition of 12 new CBOCs, expansion of existing CBOCs via contract, lease and new construction. Demand will also be met by reconfiguration, conversion of vacant, new construction and leasing.	Comments are addressed in the access section.
Georgia	Small Facility – Dublin	Dublin VAMC to retain its inpatient program, but will evaluate ICU bed needs and review surgical program for appropriate scope of practice.	The Commissioners concur with the study of surgical prgm elimination and ICU program evaluation at Dublin.
Georgia	Vacant Space: 683,370 sq. ft	VISN 7 will have a total of 284,005 sq. ft. of cant space in 2022. Reduction of 57.2% from 2001 vacant space.	The Commissioners concur with space decrease but question why only 57 % will be reduced in 20 years.
Georgia	SCI	Addition of 20 beds to the current Augusta VAMC SCI program	Commissioners agree with the addition of SCI beds at Augusta, and request analysis if these beds should be acute or long term care beds. Further data requested regarding ADC of SCI.
Georgia	Enhanced use		The commissioners urge that the issue of whether the buildings at the Augusta campus constitute historic preservation sites be resolved with local officials as soon as possible.

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V. Other comments

1. There was discussion about review of the Presidential Task Force recommendations as they pertain to DoD/VA collaborations. The Review of the GAO report was also discussed and Commissioners commented on the importance of evidence-based decision making with strong data and methodologies to support any findings. The Commissioners stated their concern about lack of prioritization of construction issues, and lack of full Cost benefit analysis of projects as well as the VISNs insufficient time to respond to market plan changes directed the Draft National Cares Plan.
2. The issue of DoD collaboration at the local level when not directed from the respective services surgeon generals' limited support of local commanders was felt to be a recurring theme. There is a view there are opportunities for collaboration, but this view is not always filtering down to the local levels or if at the local level, completed due to an urgent need by the DoD.
3. Historic Preservation of old buildings and importance of appropriate use of buildings in a cost effective manner is vital. VA's role as a restorer and maintainer of historic site is detracting from VA's mission of providing quality health care.
4. The method of Market mapping was also questioned when inter VISN opportunities are not maximized. Commissioners commented on the need for additional inter-VISN evaluation so as to transcend the market boundaries in order to access proximity issues and maximize access to care for veterans.

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

- Commissioners request additional data regarding locations of proposed CBOCs, to include decision for the number of and location of new CBOCs, rationale for site selection, lease as opposed to building and contract versus VA staffed Clinics.
- Commissioner's request further analysis regarding Rome, Georgia as a possible location for a CBOC.
- Commissioners request further data as to why only 57% of space will be reduced in 20 years.
- Commissioners request analysis to determine if SCI beds should be acute or long-term care beds at the Augusta VAMC and additional rationale for addition of 20 SCI beds of any type. Request ADC data for the SCI beds prior to construction project.
(request for follow up to VISN Sept 22, 2003)

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