

**CARES Commission
Post Hearing Summary**

VISN 8- Orlando, Florida
September 10, 2003

- I. Commissioners in Attendance:
 - Everett Alvarez, Chairman
 - Charles Battaglia, Hearing Chair
 - Raymond Boland
 - Al Zamberlan
 - Joseph Binard, M.D.
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- II. Market Areas Addressed in this hearing
(All Markets in VISN 8)
 - North
 - Central
 - Gulf
 - Atlantic
 - Puerto Rico

Market Area	Planning Initiatives	Mini-Market Plan Recommendations	Draft National CARES Plan Recommendation
<p>North Market</p> <p>Gulf Market</p> <p>Central Market</p>	<p>ACCESS:</p> <p>North Market: Only 66% of the veterans enrolled resided within the access standard. Access to Primary Care was identified as a PI.</p> <p>Gulf Market: Only 35% of the veterans enrolled resided within the access standard for Hospital Care.</p> <p>Gulf Market: Only 50% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.</p> <p>Central Market: Only 45% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.</p>	<p>North Market: Plan for 135,000 square foot bed tower in Gainesville (plan shows 238 beds – 120 med, 60 surg and 58 psych), minor construction projects in Lake City to renovate wards, for excess demand, contract with Shands at UF, Halifax (Daytona), and joint venture with DoD (Jacksonville). To address increased access to hospital care in Duval county, contract with the Naval Hospital; in Volusia county, contract with Halifax. To address increased access to primary care and for more primary care outpatient stops; create new CBOCs in Jackson county, Camden county (GA), and Putnam county; create new multi-specialty OPC in south Marion county, and contract with Shands at UF.</p> <p>Gulf Market: The Gulf Market plans to improve access to Hospital Care by contracting with local private healthcare facilities and DoD. Additional capacity may be achieved by expansion of telehealth capabilities for specialty care access in CBOCs and OPC, planning for telehealth equipment space in any new or existing facility planning. Improvements for Access to Primary Care may be achieved by expanding primary care capacity in county CBOCs and the Lee County OPC facilities.</p> <p>Central Market: There exists an Acute Care access gap in this Market. The Orlando area is the choice for infrastructure investment for all major Inpatient and Outpatient categories. An Acute Care facility there increases the access ratio from 45% to 88%. There is an existing 24-hour presence in Orlando with the NHCU and Dom. The main building, formerly a 150-bed Naval Hospital, was originally designed for two additional floors, the Central Energy Plant has expansion capability, and veteran population growth within a 2-hour radius continues unabated.</p>	<p>VISN 8 has a primary care access gap in the North market and an acute hospital gap in Central, Gulf, and North markets. Primary care access in the North market will be met by adding 4 new points of primary care. Acute hospital access in Central market will be increased by adding a new VA owned and operated site for hospital care in Orlando (Gulf market), by adding new contract sites for hospital care in the Gulf South market area (Ft. Meyers) and for North market, by adding 2 new points of acute medical care at Jacksonville Shands (contract) and Jacksonville Dod (Joint Venture).</p>

North Market	Campus Realignment /Consolidation of Services	N/A	Lake City—Transfer of current inpatient surgery services now to Gainesville. Inpatient medicine service transfer to Gainesville will be re-evaluated when Gainesville has expanded inpatient capacity (due to construction of a proposed new bed tower). Nursing home care and outpatient services will remain at Lake City.
North Market	<p>North Market : Outpatient Primary Care will expand by 122,000 stops (39%) by 2012 and an increase of 66,000 stops (22%) in 2022. Outpatient Specialty Care will expand by 262,000 stops (115%) by 2012 and an increase of 220,000 stops (96%) in 2022. Outpatient Mental Health Care will expand by 70,000 stops (70%) by 2012 and an increase of 43,000 stops (43%) in 2022. Atlantic Market: Outpatient Primary Care will expand by 237,000 stops (75%) by 2012 and an increase of 166,000 stops (52%) in 2022. Outpatient Specialty Care will expand by 108,000 stops (303%) by 2012 and an increase of 256,000 stops (88%) in 2022. Outpatient Mental Health Care met 3 of 4 criteria to be selected as a PI but was not selected because the VISN was limited to a total of 3 PIs (“rule of 3”). Mental Health Care will expand by 50,000 stops (34%) by 2012 and an increase of 18,000 stops (12%) in 2022.</p>	<p>North Market: Create new CBOCs in Jackson county, Camden county (GA), and Putnam county. Create new multi-specialty OPC in south Marion county. Contract with Shands at UF. Atlantic Market: Further develop telemedicine applications to assist in meeting the Outpatient demand. Improvements will be made in primary care by expanding the capacity of current PC sites within the region to include both CBOC (contract and VA owned / operated) and hospital based clinics. To include renovation of 8th & 9th floor at WPB. Puerto Rico: Pre-CARES initiatives include activating the approved CBOC in Guayama and Fajardo (hereafter identified as Eastern PR CBOC), and expanding/replacing the Arecibo CBOC. Developing further sharing agreements with DoD at the Army’s Fort Buchanan with the Roosevelt Roads Naval Base A possible scenario may also be a sharing agreement by which part of the Roosevelt Roads naval hospital will be used as the VA Eastern Puerto Rico CBOC. Gulf Market: The VAMC will construct large VA-owned Ambulatory Surgery Center/Outpatient and Diagnostic Facility for outpatient primary and specialty care to coincide with expiration of current Fort Myers OPC lease. Lease additional space for primary care and specialty care capacity gaps by FY 2012 within the local communities, or expand existing leased. COC space. Additional capacity may be</p>	<p>Increasing demand for primary care and specialty care in all 5 markets and mental health in 2 markets will be met by addition of 4 new CBOCs’ (North market only), expansion of existing CBOC’s via contract, lease and new construction. Reconfiguring of space at the VAMCs via renovation, conversion of vacant, and new construction will also meet demand.</p>
Atlantic Market			
Puerto Rico	<p>Puerto Rico: Outpatient Specialty Care will expand by 185,000 stops (95%) by 2012 and an increase of 96,000 stops (51%) in 2022.</p>		
Gulf Market	<p>Gulf Market: Outpatient Primary Care will expand by 80,000 stops (31%) by 2012 and an increase of 29,000 stops (11%) in 2022. Outpatient Specialty Care will expand by 202,000 stops (114%) by 2012 and an</p>		

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	<p>increase of 156,000 stops (88%) in 2022. Outpatient Mental Health met 3 of 4 criteria to be selected as a PI but was not selected because the VISN was limited to a total of 3 Pis ("rule of 3"). Mental Health Care will expand by 48,000 stops (53%) by 2012 and an increase of 23,000 stops (25%) in 2022. Central Market: Outpatient Primary Care will expand by 193,000 stops (48%) by 2012 and an increase of 124,000 stops (31%) in 2022. Outpatient Specialty Care will expand by 308,000 stops (95%) by 2012 and an increase of 256,000 stops (79%) in 2022. Outpatient Mental Health will expand by 88,000 stops (81%) by 2012 and an increase of 58,000 stops (53%) in 2022.</p>	<p>achieved by expansion of telehealth capabilities for specialty care access in CBOCs and OPC, planning for telehealth equipment space in any new or existing facility planning. Central Market: New construction and renovation of the Orlando Facility.</p>	
North Market	<p>North Market: Inpatient Psychiatry Care will require an increase of 44 beds (95%) in 2012 and 27 beds (59%) in 2022. Puerto Rico: Inpatient Medicine Care will require a decrease of 74 beds (-30%) in 2012 and 154 beds (-51%) in 2022. Inpatient Surgery Care will require a decrease of 12 beds (-19%) in 2012 and 26 beds (-42%) in 2022. Inpatient Psychiatry Care met 3 of 4 treating facility criteria but was not selected because the selection of PIs was limited to the top three – "rule of 3". Inpatient Workload: Psychiatry will require an increase of 26 beds (94%) in 2012 and 9 beds (33%) in 2022.</p>	<p>North Market: Plan for 135,000 square foot bed tower in Gainesville (238 beds – 120 med, 60 surg and 58 psych) Minor construction projects in Lake City to renovate wards For excess demand, contract with Shands at UF, Halifax (Daytona), and joint venture with DoD (Jacksonville). Atlantic Market: All inpatient medicine gaps will be handled through the expansion of hospital based inpatient medicine capacity by 16 beds at WPB and by 33 beds at VA Miami by 2012. Expansion at Miami to include additional telemetry / tertiary support capabilities. The inpatient psychiatry demand will be addressed through an increase in beds (10) beds at VAWPB and 15 beds at VA Miami by 2012. San Juan Market: Work with DoD to pursue sharing agreements for inpatient services at the US Army's Fort Buchanan and the Roosevelt Roads Naval Base.</p>	<p>Tampa (West Central Florida sub-market) will build a new inpatient bed tower above the new Spinal Cord Injury (SCI) Center to meet medical, surgical, and psychiatry inpatient workload. Decreasing medicine demand for Gulf market, and medicine and surgery for Puerto Rico markets is addressed through the downsizing of beds at Bay Pines between FY 2012 and 2022 and San Juan between 2006 and 2022. San Juan space will be realigned through an approved and funded major project in 2006. Increasing psychiatry demand in the North market will be met through new construction at Gainesville.</p>
Gulf Market	<p>Gulf Market: Inpatient Medicine Care will require a decrease of 7 beds (-7%) in 2012 and -28 beds (-26%) in 2022.</p>	<p>Gulf Market:</p>	

<p>Central Market</p>	<p>Central Market: Inpatient Psychiatry Care met 3 of 4 treating facility criteria but was not selected because the selection of PIs was limited to the top three – “rule of 3”. Psychiatry will require an increase of 25 beds (85%) in 2012 and 13 beds (43%) in 2022.</p>	<p>Renovating Bldg 100 at Bay Pines Medical Center for consolidation of inpatient services this will decrease inpatient bed capacity at Bay Pines by approximately 6 beds in 2012; however, the last ward to be renovated can be made into psychiatry inpatient beds instead of medicine beds to meet both gaps. Additional opportunities exist with contracting for beds in Lee County by 2012 and 2022. Increase capacity in Inpatient Surgery may be met by contracting for surgical beds in Gulf South sub-market (Lee County), which decrease the need for surgical beds in the Gulf North sub-market. The freed space in the Gulf North sub-market may then be used for an Ambulatory Surgery Unit or "swing beds" for extended anesthesia post-op recovery. Additional renovations will decrease overall bed capacity but provide for Inpatient Surgical beds for Cardiothoracic Surgery Program. This will shift contract workload back in-house to save contract/fee-basis dollars. Increase capacity for Inpatient Psychiatry may be achieved by renovating medicine and surgery inpatient beds.</p> <p>Central Market: The Orlando area is the choice for infrastructure investment for all major Inpatient and Outpatient categories. An Acute Care facility there increases the access ratio from 45% to 88%. There is an existing 24-hour presence in Orlando with the NHCU and Dom. The main building, formerly a 150-bed Naval Hospital, was originally designed for two additional floors, the Central Energy Plant has expansion capability, and veteran population growth within a 2-hour radius continues unabated. The Preferred Scenario is a combination of new construction and renovation at the 2022 workload level, supplemented by Contracting Out peak workloads above the 2022 level in years 2006 through 2016. The total space constructed or remodeled is equal to workload generated within each respective sub-market.</p>	
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		The Alternate Scenario is to Contract Out all workload above the 2001 baseline level. The CARES IBM Model indicates the Preferred Scenario is more cost effective	
Extended Care	N/A	N/A	N/A
VISN Wide	Vacant Space 39.325 sq. ft.		VISN 8 will have a total of 250,390 sq. ft. of vacant space in 2002. the represents an increase of 405.6% over 2001 total vacant space of 49,525 sq. ft.(This is a revised total from initial PI). This will require further analysis to determine how this can be avoided through improved space planning
Gulf Market Atlantic Market	Enhanced Use Potential Enhance Use Lease between the VAMC the University, and the VA non-profit R&D corporation for the construction of additional R&D space.	Gulf Market: Pay Pines VAMC was identified as one of the High-Potential Enhanced Use Lease opportunities for VHA. Atlantic Market: Initial discussions between Miami VAMC and University of Miami have taken place to add three floors to the VA for U of M research	Potential enhanced use projects are being explored by Bay Pines. None have been developed for inclusion in this cycle of CARES. University of Miami enhanced us lease project proposal is in development. University of Miami will pay for construction cost of adding three additional floors to existing research building at estimated cost of \$8 million. Miami will address interior needs at est. cost of \$10 million. Project identified for design in 2005 and construction in 2006-2007.

<p>VISN Wide</p>	<p>Collaborations</p>	<p>DoD: Visn 8 currently has one co-located CBOC with the Navy in Key West Florida. Potential for further development exists. There are DoD facilities located within close proximity to the Jacksonville clinic. There may also be a Potential opportunity in the “Panhandle” are. DoD sites include: Naval Hospital Jacksonville, McDill AFB in Tampa, Patrick AFB in Brevard County. San Juan VAMC has started discussion with the DoD facilities located on Puerto Rico to pursue collaborative sharing initiatives NCA: Sites: Bay Pines (currently a co-located site)., Gainesville, Lake City, San Juan (potential collocation at Fort Buchanan) if a new facility is obtained in Gulf South sub-market, coordinate obtaining additional property with NCA VBA: Currently, Jacksonville OPC and Broward county OPC are exploring short-term mini RO operations. Also, West Palm Beach VAMC is exploring a similar long-term arrangement.</p>	<p>DoD: Outpatient Joint ventures in the Puerto Rico market with Fort Buchanan and in the Gulf market with McDill AFB, Inpatient joint venture in the North market with Jacksonville Navel Hospital. NCA: NCA is interested in acreage for a cemetery along with any proposed construction in the Sarasota of Fort Myers area. VBA: VBA and Jacksonville OPC is exploring mini-VARO sites. New site of Jacksonville clinic has space planned for small VBA office. A mini-VARO in West Palm Beach is also being explored. An expanded VBA presence is being explored as part of the plan to establish inpatient services at Orlando in the Central market.</p>
<p>Central Market</p>	<p>Special Populations</p>	<p>Central Market: Develop 30 LTC SCI beds in Tampa.</p>	<p>Increase the number of Long Term SCI beds at Tampa by adding a 30 Bed wing to the Current SCI Building</p>
<p>Central Market</p>	<p>Proximity Tertiary Care: Bay Pines/Tampa</p>	<p>Bay Pines/ Tampa and Miami/West Palm Beach, become a Proximity PI. Bay Pines/Tampa have already completed initial clinical and administrative integrations for joint efficiencies. West Palm Beach/Miami are located within 81 miles of each other and potential sharing of services should be explored. Additional analysis needs to be pursued for those sites.</p>	<p>The proximity of two Tertiary Care facilities (Tampa & Bay Pines) was carefully assessed. A comprehensive analysis indicates that both Bay Pines and James A. Haley VAMCs should continue as viable independent entities. Irrespective of individual service line analyses, there is an existent and overriding infrastructure impediment to any substantial reassignment of workload.</p>

IV. Brief Description of Hearing Testimony

Panel 1: Congressman Ric Keller, US Congressman 8th Congressional District, Florida, (member house Education and Judiciary Committee)

Mr. Keller stated his support for a new VA Hospital in Orlando versus in Brevard County. He stated a new hospital in Orlando would eliminate the current 2 hour travel time that veterans have to go to Tampa and would also address the 6-month waiting time for next new appointment. He stated there are 380,000 veterans in the 7 county area surrounding Orlando, so a new medical center would increase access for those veterans, and where the current CBOC is located, there is room/acres to expand. There is also a central energy plant at the Naval hospital that can support a new bed tower. Having a medical center in Orlando would benefit entire Central Florida.

The Chairman noted for the record testimonies received from other congressional and senatorial officials.

Panel 2: VISN Leadership

VISN 8 is the largest of the VA's 21 health care networks based upon workload and resources. There are seven hospitals, ten large multi-specialty outpatient clinics, and 34 community-based outpatient clinics.

VISN 8 has tremendous growth in users due to continuous influx of veterans to Florida from other parts of the country. Patients treated will approach half a million in 2003. Highlights of the DNCP plan include the construction of a new acute hospital in Orlando, adding four new CBOCs, contracting for care in the Ft. Myers area and relocation of inpatient surgery from Lake City to Gainesville with remaining acute workload to be relocated after completion of a new bed tower in Gainesville in 2012. Outpatient primary care specialty care and long-term nursing home care will remain in Lake City. The proximity of Tampa and Bay Pines was evaluated and determined that each medical enter would be maintained. Mr. Jenkins (Director at Bay Pines) stated he planned to enhance services at Bay Pines with addition of an Open Heart Program.

In response to commissioners questions about moving of Lake City VAMCs inpatient surgery to Gainesville, the VISN Director stated that the volume of complex and specialty surgical cases was NOT sufficient to provide quality care, outpatient surgical care would continue to be provided. Approximately 10-15% of surgical cases would be transferred to Gainesville, as the

bulk of surgery performed at Lake City is outpatient/minor in nature. 7-8% of surgery in Lake City is inpatient. There are 20 inpatient surgical beds, with a census of 5-10 ADC.

In the Puerto Rico market, commissioners questioned if the hospital met the life safety codes due to the seismic issues? Dr Ramirez (Medical Center director) responded that the medical center has been evaluated and it would withstand an earthquake, but without utilities. The welds in the basement/infrastructure do meet the life safety codes. The proposal to build a 3-story bed tower has been increased to a 6-story tower. The medical center has \$45 million dollars and would need an additional \$20 million to construct a 6-story tower.

The VISN director stated the VISN is EXTREMELY concerned about the seismic issue as it is a patient safety issue and the San Juan PR Main building, seismic corrections are number 1 priority in 2005.

Regarding the "migration" factor, commissioners questioned how accurate was data for this area. VISN leadership indicated that programs must maintain flexibility as the growth and development in Florida is at such a rapid rate, data will change. There was also comments about the PR migration factor, given many natives return to the island to retire and may not appear in the current data.

Commissioners queried leadership regarding access to outpatient care. This VISN uses expanded hours at all care delivery sites, and also use telehealth/telemedicine in order to keep veterans in their homes. There is an aggressive Female Veteran program, with a coordinate at each site. There are currently 130,000 women veterans in this market with a 25% market share.

Commissioners queried leadership about meeting the needs of veterans in the panhandle, given the overlap between VISN 7,8 and 16. Lake City has managed most of the Panhandle needs. VISN leadership agreed that MORE COLLABORATION is needed between the VISNs in this area to address access to care.

The joint venture in Jacksonville with the Navel Air station is in very preliminary stages and if not viable, it was stated the University of Florida would be the alterative care delivery site.

Further clarification of the New Bed tower in Orlando regarding bed size reflected the proposed tower to have 100 beds and estimated cost of \$150-200 million. There is the Navel facility that could be used and it was thought if funding approved a bed tower could be completed within 3-4 years.

How the determination for 30 SCI beds and location was stated to be national initiatives. Currently the break down of beds in the VISN includes 75-80% acute and 30% extended. It was felt that the 30 additional beds should be extended care SCI beds.

Panel 3: Elected officials

In Orlando a resolution was passed to support a new hospital in Orange County.

Representatives from Lake City suggested that expansion of outpatient surgery, and increased in services would address the quality of care issues.

Panel 4: Other representatives

Generally group supportive of a new bed tower in Orlando, and concerns were raised about the panhandle and care for veterans in that area. A concern about the realignment of surgical services at Lake City was also raised. Access by veterans when outpatient clinics are located in DoD sites was raised with the comment that separate access would obviate this concern. Discussion about removal of "VERA" caps was also raised.

Panel 5: VSOs

This large and vocal panel's general comments were:

- Groups generally involved with MAC and Cares process
- supportive of bed expansions and CBOC additions
- Supportive of a new bed tower in Orlando
- insure there is adequate funding for care
- questioned the realignment of Lake City and Gainesville.

Other individual comments included support for construction of a new hospital in the panhandle, as there is access issues in that area, contracting out for care is a last resort,

A presentation (New to VISN Leadership) regarding private groups efforts to partner in construction of the new Orlando hospital was shared. The proposed site would be near the Veterans Memorial parkway and would be across from the current outpatient clinic.

Panel 6: Employee Representatives

The general concern from the employee panel focused on:

- Lack of staff to manage the growing workload and in specific the needs of the SCI.
- Lake City supports nursing education and nursing care is excellent at that location.
- There are no fire/safety issues at any of the medical centers, and this group all buildings are in excellent condition felt it.
- There is no support for contracting out services.

V. Commissioner Views

Market Area	Planning Initiatives	Draft National CARES Plan Recommendation	Commissioners' Views
<p>North Market</p> <p>Gulf Market</p> <p>Central Market</p>	<p>ACCESS: North Market: Only 66% of the veterans enrolled resided within the access standard. Access to Primary Care was identified as a PI. Only 35% of the veterans enrolled resided within the access standard for Hospital Care.</p> <p>Gulf Market: Only 50% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.</p> <p>Central Market: Only 45% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.</p>	<p>VISN 8 has a primary care access gap in the North market and an acute hospital gap in Central, Gulf, and North markets. Primary care access in the North market will be met by adding 4 new points of primary care. Acute hospital access in Central market will be increased by adding a new VA owned and operated site for hospital care in Orlando (Gulf market), by adding new contract sites for hospital care in the Gulf South market area (Ft. Meyers) and for North market, by adding 2 new points of acute medical care at Jacksonville Shands (contract) and Jacksonville Dod (Joint Venture).</p>	<p>Primary Care: CC concur with the additional CBOCS but request further data analysis to support location. Request additional information regarding the proposed donated clinic at Sumpter county.</p> <p>Hospital Care: There is a lack of initiatives with the DoD in Jacksonville Hospital to pick up needed medical care, a limited working relationship with the DOD exists. The CC recommends increased collaboration with DoD to meet access gap.</p> <p>CC supports the addition of additional beds in the central market, and request additional justification be provided and a CBA of proposed location.</p> <p>CC recognize the shortage in inpatient care in the Pan handle affecting access and recommends a joint planning initiative between VISN 8 and 16 to address the Panhandle issues.</p> <p>CC concurs with the need for additional inpatient beds in the gulf market and further alternatives must be explored to address inpatient bed demand.</p>
<p>North Market</p>	<p>Campus Realignment /Consolidation of Services</p>	<p>Lake City—Transfer of current inpatient surgery services now to Gainesville. Inpatient medicine service transfer to Gainesville will be re-evaluated when Gainesville has expanded inpatient capacity (due to construction of a proposed new bed tower). Nursing home care and outpatient services will remain at Lake City.</p>	<p>CC has reservations about efficiency of the proposed transfer of inpatient surgical beds to Gainesville in light of the crowded conditions at Gainesville and lack of planning initiatives in that area. CC recommend inpatient surgery program remain at Lake City for now and review location with the proposed move of medical beds in 2012. Gainesville will be operational at time and can absorb worked. CC agree that quality of inpatient surgical care at Lake City must be maintained.</p>
<p>North Market</p>	<p>North Market : Outpatient Primary Care will expand by 122,000 stops (39%) by 2012 and an increase of 66,000 stops</p>	<p>Increasing demand for primary care and specialty care in all 5 markets and mental health in 2 markets will be met by addition of 4 new CBOCs' (North market only), expansion of existing CBOC's via contract, lease and new construction.</p>	<p>CC supports the addition of 4 new CBOCs. (See request for additional information above.)</p>

	<p>Outpatient Specialty Care will expand by 202,000 stops (114%) by 2012 and an increase of 156,000 stops (88%) in 2022.</p> <p>Outpatient Mental Health met 3 of 4 criteria to be selected as a PI but was not selected because the VISN was limited to a total of 3 Pis (“rule of 3”). Mental Health Care will expand by 48,000 stops (53%) by 2012 and an increase of 23,000 stops (25%) in 2022.</p> <p>Central Market:</p> <p>Outpatient Primary Care will expand by 193,000 stops (48%) by 2012 and an increase of 124,000 stops (31%) in 2022.</p> <p>Outpatient Specialty Care will expand by 308,000 stops (95%) by 2012 and an increase of 256,000 stops (79%) in 2022.</p> <p>Outpatient Mental Health will expand by 88,000 stops (81%) by 2012 and an increase of 58,000 stops (53%) in 2022.</p>		
<p>North Market</p>	<p>North Market:</p> <p>Inpatient Psychiatry Care will require an increase of 44 beds (95%) in 2012 and 27 beds (59%) in 2022.</p> <p>Puerto Rico:</p> <p>Inpatient Medicine Care will require a decrease of 74 beds (-30%) in 2012 and 154 beds (-51%) in 2022.</p> <p>Inpatient Surgery Care will</p>	<p>Tampa (West Central Florida sub-market) will build a new inpatient bed tower above the new Spinal Cord Injury (SCI) Center to meet medical, surgical, and psychiatry inpatient workload. Decreasing medicine demand for Gulf market, and medicine and surgery for Puerto Rico markets is addressed through the downsizing of beds at Bay Pines between FY 2012 and 2022 and San Juan between 2006 and 2022. San Juan space will be realigned through an approved and funded major project in 2006. Increasing psychiatry demand in the North market will be met through new construction at</p>	<p>CC request additional information about Tampa’s plans to build a new inpatient bed tower to include CBA and methodology to support actions.</p>

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		million. Miami will address interior needs at est. cost of \$10 million. Project identified for design in 2005 and construction in 2006-2007.	
VISN Wide	Collaborations	<p>DoD: Outpatient Joint ventures in the Puerto Rico market with Fort Buchanan and in the Gulf market with McDill AFB, Inpatient joint venture in the North market with Jacksonville Navel Hospital.</p> <p>NCA: NCA is interested in acreage for a cemetery along with any proposed construction in the Sarasota of Fort Myers area.</p> <p>VBA: VBA and Jacksonville OPC are exploring mini-VARO sites. New site of Jacksonville clinic has space planned for small VBA office. A mini-VARO in West Palm Beach is also being explored. An expanded VBA presence is being explored as part of the plan to establish inpatient services at Orlando in the Central market.</p>	<p>CC concur with outpatient joint venture concept with Fort Buchanan and supports increased Dod/VA collabaoraive efforts.</p> <p>CC concur with placement of VBA services in close proximity to OPC sites and supports efforts to provide these services in OPC sites.</p>
Central Market	Special Populations	Increase the number of Long Term SCI beds at Tampa by adding a 30 Bed wing to the Current SCI Building	CC have additional questions regarding the types and use of SCI beds (Acute, sustained and LTC) request a broad program review of the SCI program nation wide to ensure access to care for the SCI veteran is achieved. The CC request further data regarding occupancy rates of all SCI and rationale for location of and number of SCI bed types.
Central Market	Proximity Tertiary Care: Bay Pines/Tampa	The proximity of two Tertiary Care facilities (Tampa & Bay Pines) was carefully assessed. A comprehensive analysis indicates that both Bay Pines and James A. Haley VAMCs should continue as viable independent entities. Irrespective of individual service line analyses, there is an existent and overriding infrastructure impediment to any substantial reassignment of workload.	CC are concerned about movement of Bay Pines to increase tertiary care services and what impact such expansion would have on Tampa. CC request further data to support need for additional tertiary care at Bay Pines to avoid proximity issues.
Puerto Rico	Seismic	San Juan is #1 on the list of 14 seismic conditions projects, at \$85million.	Commissioners concur with need to address this vital patient safety issue as a priority issue.

VI. Other Comments:

1. Lack of DoD collaboration at the local level and limited support for such initiatives was felt to be an issue. There is a view there are opportunities for collaboration, and it is not certain in this VISN if this is a local issue or a lack of direction from the national level. Collaboration at the local level, when not directed from the respective services surgeon generals may have an impact on local planning efforts.
2. The Issue of SCI bed placement, types of beds (Acute, sustained and Long term care) and location for new beds seem to have been directed from the national level with minimal input from the VISN level. The commissioners stated concerns about unilateral decisions regarding SCI program placement.
3. Commissioners voiced concerns about adjustments in mental health services, be that augmentation or realignments, when the data is not available to support such changes.
4. Commissioners noted lack of visibility of medical school affiliates at the hearing (and at others in the past weeks) and question why there is a lack of interest in the CARES process.
5. The Commissioners noted the need for interVISN planning, especially in high growth and underserved areas, such as the panhandle.

VII. Follow up questions for VHA or VISN Leadership (If applicable)

1. VISN to provide data review and recommendation regarding the proposed donated site in Sumter County for a CBOC.
2. A Cost Benefit analysis is requested from the VSIN regarding the additional beds in the central market and additional justification for location/site of bed tower.
3. Plan of action requested to address whom VISN 8 and 16 will develop planning initiatives to address the Panhandle issues.
4. CC request additional information from the VISN regarding PI and solutions that have been proposed for inpatient psychiatry care in the Atlantic, Gulf and Central markets.
5. CC request additional information from VISN about Tampa's plans to build a new inpatient bed tower to include a CBA and methodology to support actions.
6. Additional information is requested from the NCPO regarding the mythology for selection of SCI programs, selection and rationale for bed selections at a nation

wide level. Further data is requested regarding occupancy rates of all SCI programs.

7. CC request further data from the VSIN to support need for additional tertiary care at Bay Pines to avoid proximity issues.

September 13, 2003 reviewed and approved.

*Note: Seismic issues omitted in first draft and included as correction.

October 29, 2003