

**CARES COMMISSION**  
**POST HEARING SUMMARY**

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VISN 9 Lexington Hearing  
September 8, 2003

- I. Commissioners in Attendance
  - 1. Everett Alvarez, Jr., Chairman
  - 2. John Vogel, Vice Chairman and Hearing Chair
  - 3. John Kendall, M.D.
  - 4. Richard McCormick, PhD.
  
- II. Market Areas Addressed in Hearing
  - 1. Northern Market

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### III. Market Area Summary

Market Area	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Northern	Inpatient Psychiatry Increase Workload 2012 – 34 beds 2022 – 18 beds	<ul style="list-style-type: none"> <li>➤ Utilize existing space</li> <li>➤ Huntington to contract out</li> </ul>	<ul style="list-style-type: none"> <li>➤ Centralize acute inpatient psych at one location in market or refer patients to Murfreesboro</li> <li>➤ EUL with state</li> <li>➤ Consolidate services L'ville</li> </ul>
Northern	Outpatient Specialty Care 2012 – 183K increase 2022 – 126K increase	No details	Increase capacity by in-house expansion, telemedicine, community contracts and include high volume specialty care at larger CBOCs
Northern	Outpatient Mental Health 2012 – 75K increase 2022 – 45K increase	2012 – 50% contract and 50% in-house expansion	In-house expansion and contracts, a level of mental health integrated with primary care at all sites
Northern	Access to Primary Care 63% vs. 70% goal	No details	In-house expansion and contracts
Northern	Proximity Tertiary Care 4 facilities in 120 miles	<ul style="list-style-type: none"> <li>➤ Realign Lexington and Louisville into a healthcare system</li> <li>➤ Dispose of Cooper Dr or expand property for Lexington workload</li> </ul>	<p>Louisville - study construction of new or fully renovated facility; also study collaboration with U. Louisville</p> <p>Lexington - consolidate 2 divisions at Cooper Dr, construct 2 additional floors, relocate outpatient primary care and mental health</p>
Northern	Special Programs	Not mentioned	Not mentioned
Northern	Enhanced Use	EU with Eastern State Psych Hospital at Leestown campus	EU with Eastern State Psych Hospital at Leestown campus
Northern	Collaboration Huntington – NCA  Louisville – VBA  Louisville – DOD	<p>Land not suitable to develop</p> <p>60K sq ft needed, will consider if new medical center built</p>	<p>Co-locate Louisville RO to be considered in overall plan, parking garage necessary</p> <p>Expand space for primary care and outpatient mental health at Ft Knox</p>

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### IV. Brief Description of Hearing Testimony

#### 1. Elected Official – Congressman Ernie Fletcher, Kentucky 6th District

Congressman Fletcher expressed concern about relocating services from Leestown to Cooper Drive, given its overcrowding and parking issues. A year ago the plan was to close Cooper Drive and redirect care to Louisville. He felt the current plan lacks information on costs and impact to veterans and he had concerns about outsourcing mental health services. He urged the Commission to keep both facilities open, lease space to the Commonwealth, build a CBOC and make Leestown more self-sufficient.

Statements from Senators McConnell and Bunning were also entered into the record.

#### 2. Network Leadership – John Dandridge, Network Director

Mr. Dandridge outlined the process and Draft National Cares Plan for the northern market, including consolidation of Lexington VAMC to one campus, potential enhanced use lease opportunities at the Leestown campus, and consideration of a replacement facility for Louisville. Replacement options include renovation, construction of a new facility, or leasing a hospital-in-a-hospital. Parts of the market, such as Hazard, are rural.

Commissioners asked about the projected need for more mental health services, including PTSD and intensive case management for de-institutionalized patients. This market has the largest inpatient psychiatric gap nationally, and is the only market with no gap in primary care and a big gap in outpatient mental health. The Director stated CARES has put the gap under the microscope, but it is a programmatic gap that needs to be addressed by putting mental health providers at current and future CBOCs. The Director also stated they will maintain acute inpatient psychiatric services at the major facilities; Murfreesboro is targeted as the only network resource for long term psych.

Commissioners learned the proposed CBOCs would reduce drive times up to two hours, particularly from Hazard, KY. Without new CBOCs the network will have trouble adding sufficient outpatient capacity. Congress has approved the Morehead CBOC.

Finally, estimated costs for adding two nursing home floors at Coopers Drive is \$37M, and the Commonwealth needs to make a decision on the Leestown lease within 6 months.

#### 3. Veterans Organizations

Gen. Beavers, Commissioner Kentucky Department of Veterans Affairs  
Mr. Stamper, Disabled American Veterans  
Mr. Dwyer, Veterans of Foreign Wars  
Mr. Fisher, The American Legion

Representatives from all of the veteran organizations voiced the need for additional CBOCs within the market, particularly in Hazard, KY where a new state home has

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opened. They felt the 7,000 enrollee threshold was too high for rural areas. When questioned they gave mixed reviews on the quality of care at contract vs. VA-staffed CBOCs. They expressed concerns about the current level of services and did not think Leestown's nursing home beds could be satisfactorily relocated to Cooper Drive. Gen. Beavers talked about the need for a homeless domiciliary. When questioned about the process they viewed themselves as observers rather than active participants.

### 4. Employee Organizations

Ms. Duty, NAGE 5184, Lexington VAMC  
Ms. Richardson, AFGE 1133, Louisville VAMC

The employee representatives talked about confusion over the plan for the Lexington VAMC, long wait times for appointments, and congestion and parking issues at the facilities. The Louisville representative felt renovation of the current VAMC was the preferred option. Both of them were satisfied with their participation in the process.

### 5. Affiliates

Dr. Wilson, Dean, University of Kentucky College of Medicine  
Dr. Pfeiffer, Vice Dean for Clinical Affairs, University of Louisville  
Mr. Wardle, Director VA Regional Office

Dean Wilson was pleased to testify, particularly before his long-time friend Dr Kendall, and expressed the University's interest in retaining services at the Lexington VAMC. The Dean reiterated their openness to a variety of arrangements with the VA, including contracting for all services, leasing Cooper Drive and contracting for inpatient care, or building a hospital-in-a-hospital. When asked he stated it was difficult to see how all the functions could be moved to Cooper Drive. He also said they have a Family Practice residency program at Hazard that could be incorporated into a CBOC.

Dean Pfeiffer also talked about the important synergies that exist between the Louisville VA and the University of Louisville. Given the VA's poor physical plant and projected changes in demand he sees a value in building a replacement VA adjacent to the six-hospital area downtown. He indicated the campus could accommodate a new VA and they remain open to being a flexible partner, such as leasing cardiac cath labs or other tertiary areas to the VA.

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### V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Northern	Increase Inpatient Psychiatry Workload 2012 – 34 beds (96%) 2022 – 18 beds (51%)	<ul style="list-style-type: none"> <li>➤ Centralize acute inpatient psych at one location in market or refer patients to Murfreesboro</li> <li>➤ EUL with state</li> <li>➤ Consolidate services Louisville</li> </ul>	Commissioners felt the network should retain acute inpatient psychiatric units at Lexington and Louisville, rather than consolidating units or transferring patients 245 miles to Murfreesboro, TN. They noted this is one of the few networks where the CARES data shows a need for more acute inpatient psychiatric services. They felt consolidating units would put veterans who are currently within the access standards outside the criteria. They noted it is rare for a tertiary-level VAMC not to have an acute inpatient psychiatric service. Furthermore, the full spectrum of behavioral health, one of the VA's core special programs, is unduplicated in the private sector.
Northern	Increase Outpatient Specialty Care: 2012 – 183K (81%) 2022 – 126K (26%)	Increase capacity by in-house expansion, telemedicine, community contracts and include high volume specialty care at larger CBOCs.	Commissioners agreed with the plan to expand workload at existing sites and encourage the use of tele-medicine. They were pleased to hear testimony from two medical affiliates and encouraged them to move part of their education mission into CBOCs.
Northern	Increase Outpatient Mental Health: 2012 – 75K (104%) 2022 – 45K (63%)	In-house expansion and contracts, a level of mental health integrated with primary care at all sites.	Commissioners urge the network to add mental health services at all CBOCs. This need is highlighted by the significant gaps in the projected CARES data.
Northern	Improve Access to Primary Care: 63% vs. 70% goal	In-house expansion and contracts.	Commissioners recommend the proposed CBOCs be re-evaluated for inclusion in the priority group. They were particularly interested in adding a CBOC in Hazard, KY, given: <ol style="list-style-type: none"> <li>1) 3 hr drive from Lexington,</li> <li>2) opening of a new State Home in Hazard, and</li> <li>3) location of a UK Family Practice training in Hazard.</li> </ol> Commissioners felt the proposed CBOC in Morehead should receive prompt review, given its Congressional approval.
Northern	Proximity Tertiary Care -4 facilities in 120 miles	Louisville – Study construction of new or fully renovated facility; also study collaboration with University of Louisville (UL).	<b>Louisville.</b> Commissioners recommend the network develop plans to relocate the Louisville VAMC adjacent to UL. They felt options for both a free-standing facility and a hospital-in-a-hospital should be costed out. They agree with numerous hearing comments – together medical affiliates and the VA create synergism. Given space restrictions at the current

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		Lexington – Consolidate 2 divisions at Cooper Dr, construct 2 additional floors, relocate outpatient primary care and mental health.	<p>site, and difficulties maintaining care during a total renovation, the network should pursue replacing the old facility.</p> <p><b>Lexington.</b> Commissioners recommend a threefold plan for the Leestown campus. First, they urge the network to move quickly to secure a lease with Eastern State Psychiatric Hospital (ESH). Secondly, Leestown should continue providing nursing home, outpatient primary care and administrative support services. Thirdly, Leestown services should be aligned to enhance the “footprint” of the campus so a majority of the 130 acres are available for enhanced leasing. They felt the Leestown campus could support expansion of outpatient mental health services, possibly adding a domiciliary. Finally, laundry and food service may be an additional source of revenue from ESH.</p> <p>In general the Commissioners thought there were clinical and family access issues to building a 2-story nursing home addition at Cooper Drive. Unless these issues are offset by clear financial and patient care advantages services should be maintained at Leestown. Given that as an option, the Commissioners also felt the VA should seriously consider the UK proposal to contract all inpatient services at Cooper Drive to UK.</p>
Northern	Special Programs	Not mentioned.	Commissioners were pleased to learn the Louisville VAMC is opening a certified SCI out-patient clinic this week. They look forward to having a PVA representative testify at the Nashville hearing.
Northern	Enhanced Use	EU with Eastern State Psych. Hospital at Leestown campus.	See above.
Northern	<p>Collaboration Huntington – NCA</p> <p>Louisville – VBA</p> <p>Louisville – DOD</p>	<p>Co-locate Louisville RO to be considered in overall plan, parking garage necessary.</p> <p>Expand space for primary care and outpatient mental health at Ft Knox.</p>	<p>Documentation indicated Huntington land is not suitable for a cemetery.</p> <p>Commissioners agreed with the plan to relocate to a new medical campus, when it becomes available.</p> <p>This plan was not discussed at the hearing.</p>

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### VI. Other Comments

- Commissioners believe the CARES process is about enhancing services, not just reviewing costs. It includes reducing service variations across the national benefit plan. The basis of CARES is establishing a need for services, not just buildings.
- This market shows a serious deficiency in the availability of outpatient mental health services, based on published information. This is highlighted by the CARES data.
  - Decline in treatment of seriously mentally ill patients. As of June, 2003 VA had 3,867 seriously mentally ill patients in active case management across 21 networks. Only 6 were from this network.
  - Decline in treatment of PTSD patients. Since 1996 VA has seen a 56% increase in PTSD services nationwide. This is the only network providing PTSD services to fewer patients than six years ago, yet they have an above average compensation rate.
  - One of only three networks without a residential rehab program for PTSD patients, and no mention of it in the DNCP. Commissioners noted Mountain Home turned down the offer of \$650K from special funds allocated by Congress in the Millenium Bill, to establish a residential rehab program for PTSD in FY2000.
  - CARES data shows a projected gap for outpatient mental health of 104% by 2012, which is striking given the availability of primary care.
- Commissioners were disturbed to find one of the most deficient networks did not utilize the CARES process to develop plans to improve services. They are concerned about the lack of services for these fragile and seriously mentally ill patients.

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

1. Please provide facility life cycle costs.
2. Please confirm the proposed locations for acute inpatient and chronic psychiatric services.