

CARES COMMISSION
POST HEARING SUMMARY

VISN 9 Nashville Hearing
September 10, 2003

- I. Commissioners in Attendance
 - 1. John Vogel, Vice Chairman
 - 2. John Kendall, M.D., Hearing Chair
 - 3. Richard Pell
 - 4. Robert Ray
 - 5. Jo Ann Webb, R.N.

- II. Market Areas Addressed in Hearing
 - 1. Eastern Market
 - 2. Central Market
 - 3. Western Market

VISN 9 Nashville Hearing Summary

III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Eastern	Access to Primary Care 51% vs. 70% goal	<ul style="list-style-type: none"> ➤ Expand Knoxville Clinic ➤ New CBOCs in Morristown and 4 new CBOCs in Scott, Virginia, Hawkins, Jellico and Sevier counties 	4 new CBOCs not in priority group; in-house expansion and contracts
Eastern	Outpatient Primary Care 2012 – 25K increase 2022 – 4K decrease	<ul style="list-style-type: none"> ➤ Open 4 CBOCs ➤ Expand Knoxville Clinic ➤ Increase space at Mt Home and lease space 	4 new CBOCs not in priority group; in-house expansion and contracts
Eastern	Outpatient Specialty Care 2012 – 72K increase 2022 – 46K increase	Utilize existing space and lease new space; increase capacity at Knoxville Clinic	In-house expansion, tele-medicine, contracts
Eastern	Outpatient Mental Health 2012 – 31K increase 2022 – 16K increase	Expand space at Mt Home, open 15 new CBOCs, utilize 4 tiered approach to mental health but no details given	New level of mental health being integrated with primary care at all sites
Eastern	Collaboration - NCA	Expand cemetery adjacent to Mt Home	Initial agreement on two 50 acre sites under negotiation for transfer to NCA
Central	Access to Primary Care 59% vs. 70% goal	Utilize leased space, convert vacant space Nashville and Murfreesboro, expand existing CBOCs, add new CBOCs (no specifics given)	No CBOCs on priority group, in-house expansion and contracts
Central	Outpatient Primary Care 2012 – 151K increase 2022 – 115K increase	Utilize leased space, convert vacant space in Nashville and Murfreesboro, contract, expand Chattanooga Clinic, add CBOCs	No CBOCs on priority group, in-house expansion and contracts
Central	Outpatient Specialty Care 2012 – 181K increase 2022 – 163K increase	Utilize leased space and convert vacant space at both facilities, contract	Expansion, tele-medicine, contract, include selected high volume specialties in larger CBOCs
Central	Outpatient Mental Health 2012 – 59K increase 2022 – 41K increase	Utilize existing space, contract, add CBOCs	Level of mental health integrated with primary care at all sites
Central	Inpatient Medicine Increase Workload 2012 – 39 beds 2022 – 20 beds	Add beds in Nashville and Murfreesboro to meet 18% increase, contract	Expansion in Nashville, contract in Chattanooga
Central	Inpatient Surgery Changing Workload 2012 – increase 6 beds 2022 – decrease 2 beds	Ambulatory surgery remains in Murfreesboro, surgery beds combined in Nashville	Maintain both facilities with complimentary missions, consolidate inpatient acute/ surgery at Nashville, contract surgery beds in Chattanooga

VISN 9 Nashville Hearing Summary

Western	Access to Primary Care 53% vs. 70% goal	Open 15 contract CBOCs for rural areas SW and West of Memphis in Mississippi and Arkansas	No CBOCs in priority group, in-house expansion, contract
Western	Outpatient Primary Care 2012 – 61K increase 2022 – 40K increase	Expand in-house space, contract, open 15 CBOCs	No CBOCs in priority group, in-house expansion, contract
Western	Outpatient Specialty Care 2012 – 63K increase 2022 – 50K increase	Expand capacity at Memphis, open 15 new CBOCs	In-house expansion, tele-medicine, contract
Western	Inpatient Medicine Increase Workload 2012 – 40 bed increase 2022 – 22 bed increase	Add medicine beds in Memphis, contract for beds in rural areas	In-house expansion, contract
Western	Special Disability Programs	Long term SCI beds approved nationally for Memphis, 30 bed ward could be reactivated	Develop 20 bed SCI LTC within Memphis SCI

VISN 9 Nashville Hearing Summary

IV. Brief Description of Hearing Testimony

1. Elected Officials – Mayor Kenneth Yager, Roane County, TN

Mayor Yager was disappointed the proposed Roane County CBOC was not included in the DNCP priority group. Roane County is between Cookeville and Knoxville. Over 70,000 veterans live in the ten county area. County officials offered a 1,500 sq ft medical building to the VA, at no cost, for a CBOC. Photographs and documentation of the facility were given to the Commission.

2. Network Leadership – John Dandridge, Network Director

Mr. Dandridge reviewed the plans for aligning surgical care between Nashville and Murfreesboro, expanding selected specialty/inpatient services at the Chattanooga and Knoxville Clinics, establishing CBOCs, and designating 20 long term care SCI beds in Memphis. CBOC mental health services will be expanded using additional providers and tele-medicine. They are assessing the need for PTSD and intensive mental health services. He also noted Tennessee lacks state funded mental health resources.

The network proposed 48 CBOCs but needs to prioritize the list. They prefer leases and contract staff, using business criteria to evaluate service delivery options. For example, 1,600 veterans in East Tennessee are handled at eight CBOC sites through a rural consortium contract. Contract costs are difficult to estimate prior to negotiations.

All inpatient surgery will be done in Nashville. Selected ambulatory surgery, such as Ophthalmology, will be moved from Nashville to Murfreesboro. Very little inpatient surgery is done in Murfreesboro and the affiliate, Meharry Medical School, no longer has a surgical residency program. The plan also calls for decommissioning 10 SCI beds and re-designating 20 beds for LTC SCI. No patients are waiting for SCI beds.

3. Medical Affiliates and Collaborative Partners

Dr. Gabbe, Dean, Vanderbilt University School of Medicine

Dr. Coney, Dean, Meharry College of Medicine

Mr. Corley, Director, Nashville VBA Regional Office

Dean Coney talked about the importance of the Murfreesboro VAMC to Meharry's primary care and psychiatric residency programs. Without it they could not exist, since 50% of the residents train at the VA. They have some concerns about the viability of inpatient medicine training without acute surgery, but hope more ambulatory surgery will soften the change. They would like to add Meharry Family Practice resident training sites in Nashville and are open to a CBOC arrangement with the VA.

VISN 9 Nashville Hearing Summary

Next Dr. Gabbe discussed the Meharry – Vanderbilt Alliance, which received national attention for linking a private medical school with an historically black medical college. The Alliance covers patient care, research and teaching. Dr. Clifton Metter (sp?), a fellow resident with Dr. Kendall, has a key position with the Alliance. Dr. Gabbe outlined a proposed enhanced lease between Vanderbilt and Nashville VAMC for a new research building, outpatient primary care and parking. Currently they generate \$500/sq ft research space and need 400 – 600K sq ft of additional space.

4. Veterans Organizations

Mr. Richardson, Vietnam Veterans of America
Mr. Lee, The American Legion
Mr. Furges, Veterans of Foreign Wars
Mr. Samuels, Tennessee Department of Veterans Affairs
Mr. Noel, Disabled American Veterans
Mr. Currey, Blinded Veterans Association
Mr. Standifer, Paralyzed Veterans of America

Mr. Richardson voiced concerns about inconvenient travel time for long term care patients in Memphis and Blind Rehab patients. He was pleased to learn of 13 new exam rooms at the Chattanooga Clinic, but questioned if there was adequate staffing. Mr. Lee talked about the need for new CBOCs and maintaining both the Murfreesboro and Nashville facilities. Contracting should only be used as a last resort. Mr. Furges felt specialty care was not addressed and opposed cutbacks at Murfreesboro.

Mr. Samuels talked about reducing travel time for blind veterans, encouraging tele-medicine, adding PTSD and outpatient mental health services. Mr. Noel was also concerned about turnover of mental health providers and contracting out for services. Mr. Currey talked about the need for more network resources for blind veterans, given the six month waiting time at the Birmingham program. Finally, Mr. Standifer would like to see more long term care and home-based care for SCI patients.

5. Employee Organizations

Mr. Zimmerman, AFGE 1687 (Mountain Home)
Ms. Hartman, AFGE 2400 (Nashville)
Mr. Lunsford, AFGE 2400 (Knoxville Clinic)

Mr. Zimmerman discussed the need for more services at Mountain Home, and issues transferring patients over 300 miles for care. He suggested moving administrative staff to free up space for primary care. Ms. Hartman talked about the increase in Nashville patients diverted to other hospitals for lack of available beds. Mr. Lumsford talked about the poor physical plant and lack of attention at the Knoxville Clinic, e.g., only one psychiatric staff member, Radiology closed for ten months, working in trailers.

VISN 9 Nashville Hearing Summary

V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Eastern	Access to Primary Care 51% vs. 70% goal	4 new CBOCs not in priority group; in-house expansion and contracts	Commissioners thought 48 proposed CBOCs was unrealistic. They requested a prioritized, more realistic list of proposed CBOCs, including number of panels and timeline.
Eastern	Outpatient Primary Care 2012 – 25K increase 2022 – 4K decrease	4 new CBOCs not in priority group; support in-house expansion at Knoxville Clinic, increased space at Mt Home	Commissioner agreed with the need for more CBOCs, expansion at Knoxville Clinic and Mt Home leases.
Eastern	Outpatient Specialty Care 2012 – 72K increase 2022 – 46K increase	In-house expansion, tele-medicine, contracts	Commissioners agreed with the need for expansion; development of tele-medicine in rural areas.
Eastern	Outpatient Mental Health 2012 – 31K increase 2022 – 16K increase	New level of mental health being integrated with primary care at all sites	Commissioners felt the plan did not adequately address the need for mental health services, particularly given the lack of state resources.
Eastern	Collaboration - NCA	Initial agreement on two 50 acre sites under negotiation for transfer to NCA	Commissioners agreed with the plan and understand the two sites are close to being transferred.
Central	Access to Primary Care 59% vs. 70% goal	No CBOCs on priority group, in-house expansion, contract	Not specifically discussed, see Eastern Market access.
Central	Outpatient Primary Care 2012 – 151K increase 2022 – 115K increase	No CBOCs on priority group, in-house expansion and contracts	Commissioners were pleased to hear about the educational alliance between Vanderbilt and Meharry, with potential Family Practice residencies at Nashville clinic sites.
Central	Outpatient Specialty Care 2012 – 181K increase 2022 – 163K increase	Expansion, tele-medicine, contract, include selected high volume specialties in larger CBOCs	See Eastern Market outpatient specialty care.
Central	Outpatient Mental Health 2012 – 59K increase 2022 – 41K increase	Level of mental health integrated with primary care at all sites	See Eastern Market outpatient mental health.
Central	Inpatient Medicine Increase Workload 2012 – increase 39 beds 2022 – increase 20 beds	Expansion in Nashville, contract in Chattanooga	Commissioners agreed with the plan to expand beds in Nashville, but did not receive information about contracting in the Chattanooga area.

VISN 9 Nashville Hearing Summary

Central	Inpatient Surgery Changing Workload 2012 – increase 6 beds 2022 – decrease 2 beds	Maintain Nashville and Murfreesboro facilities with complimentary missions, consolidate inpatient acute/ surgery at Nashville, contract surgery beds in Chattanooga	After clarifying that selected ambulatory surgery would be transferred to Murfreesboro Commissioners concurred with the surgical realignment plan.
Western	Access to Primary Care 53% vs. 70% goal	No CBOCs in priority group, in-house expansion, contract	See Eastern Market access to primary care.
Western	Outpatient Primary Care 2012 – 61K increase 2022 – 40K increase	No CBOCs in priority group, in-house expansion, contract	See Eastern Market outpatient primary care.
Western	Outpatient Specialty Care 2012 – 63K increase 2022 – 50K increase	In-house expansion, tele-medicine, contract	See Eastern market outpatient specialty care.
Western	Inpatient Medicine Workload 2012 – 40 bed increase 2022 – 22 bed increase	In-house expansion, contract	Commissioners agreed with the plan.
Western	Special Programs	Develop 20 bed SCI LTC within Memphis SCI	Commissioners generally agreed with re-designating SCI beds but requested analysis supporting the plan. They were concerned about long delays for blind patients going to Birmingham, AL and suggest the network consider some local contracting for services.

VI. Other Comments

- Commissioners were pleased to learn of the Vanderbilt – Meharry Alliance, which represents a unique affiliation benefiting VA patient care and teaching missions at both schools. They hope it will help upgrade network mental health services.
- Commissioners were interested in the Vanderbilt enhanced lease proposal, which was not mentioned in the DNCP. Again, they expressed concern about the timeliness of the process at the VA.

VII. Follow-up questions for VHA/VISN

1. Please provide a realistic, prioritized list of proposed CBOCs, including the number of anticipated panels and activation timeline.
2. Please provide the analysis supporting the transfer of 20 SCI beds to LTC SCI.
3. Please provide detailed information about the proposed 75% reduction in vacant space, by campus and facility.
4. Please provide information on the number of days in the last six months Nashville had to divert arriving patients to other facilities.