

CARES COMMISSION POST HEARING SUMMARY

VISN 11 – Detroit Hearing
August 22, 2003

- I. Commissioners in Attendance:
- a. Everett Alvarez, Commission Chairman
 - b. John Vogel, Commission Vice-Chairman
 - c. Richard McCormick, Ph.D., Hearing Chairman
 - d. Jo Ann Webb, Commissioner

- II. Market Areas Addressed in Hearing
Michigan market

III. Market Area Summary

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Michigan (Ann Arbor/Detroit)	Ann Arbor and Detroit 40 miles apart	Maintain two facilities, continue consolidating services.	Maintain two facilities, continue consolidating services.
Michigan	Projected increase: 2012 - 84 beds 2022 - 40 beds	Ann Arbor – add 43 beds by 2012 for gap and BC and Saginaw patients Detroit – add 32 beds by 2012 for gap and BC and Saginaw patients	Ann Arbor and Detroit need to increase compliment of medicine beds to meet projected demand, and change in acute beds from Saginaw and consolidation of acute beds from Battle Creek.
Michigan	Primary Care: 214K stops 2012 146K stops 2022 Specialty Care: 337K stops 2012 285K stops 2022	<ul style="list-style-type: none"> ➤ Add 4 new CBOCs in Cadillac, Clare, Roscommon and Ypsilanti ➤ Increase workload at existing sites ➤ Develop telemedicine 	<ul style="list-style-type: none"> ➤ Expand existing sites for primary and specialty care ➤ Telemedicine (see IL) <p>DNP notes new access points in plan but they are not in high priority group</p>
Michigan (Saginaw and Battle Creek)	Saginaw < 40 beds in 2012 Battle Creek acute medicine projections but not on small facility list because of acute psych beds 26 beds in 2012 20 beds in 2022	<p>Saginaw</p> <ul style="list-style-type: none"> ➤ Close 27 acute beds by 2012 ➤ Maintain 6 – 8 intermediate beds ➤ Contract in community and northern counties <p>Battle Creek</p> <ul style="list-style-type: none"> ➤ Transfer 5 acute beds to AA/Detroit by 2012 ➤ Maintain 19 intermediate beds ➤ Contract in community 	<p>Saginaw</p> <ul style="list-style-type: none"> ➤ Maintain outpatient and nursing home services ➤ Transfer acute patients to AA/Detroit ➤ Partial community contracting emergent care and to improve access for northern counties ➤ Ann Arbor must be upgraded prior to bed consolidation for projected transfer patients <p>DNP mentions reducing acute beds at Battle Creek in terms of AA bed needs</p>
	Reduce vacant space at Battle Creek	<ul style="list-style-type: none"> ➤ EU at Battle Creek to replace psych bldg and add Vet Village ALF ➤ EU for Grand Rapids to relocate/replace CBOC 	<ul style="list-style-type: none"> ➤ EU at Battle Creek for new MH clinic and Vet Village ➤ VISN total down 65% from 331K to 116K

IV. Brief Description of Hearing Testimony

a. Network Panel – Panel – Ms. Linda Belton

Ms. Belton gave an overview of VISN 11 and specifically addressed the CARES plan for the Michigan Market, which is served by four medical centers (Ann Arbor, Battle Creek, Detroit, and Saginaw) and twelve CBOCs. She noted that the Michigan market share – 14% -- is the smallest in the country, suggesting that the existence of many excellent health care benefits available in Michigan accounted for this lower level of demand for VA care from veterans. The CARES plan is premised on that market share increasing to 21% by 2012 and to 25% by 2025. Ms. Belton indicated that the CARES planning projected a significant increase in outpatient primary care workload and, in that regard, noted that an additional 4 CBOCs were in the plan sent forward from the network for the Michigan market. These CBOCs are not included in the Draft National Plan. Ms. Belton described the small facility planning initiative relating to the Saginaw VAMC and the proximity PI for the Ann Arbor and Detroit facilities. She also described a projected increase in demand for acute medicine beds at both Ann Arbor and Detroit and the significant vacant or underutilized space at all four Michigan VA medical centers.

b. Panel 2 – Veteran Service Organizations

Representatives from the Michigan Department of Veterans Affairs as well as The American Legion, Disabled American Veterans, AMVETS, Vietnam Veterans of America, and Paralyzed Veterans of America provided testimony. Concerns were raised about the validity of the overall CARES plan for the network, about the distances veterans would have to travel if inpatient beds were eliminated at Saginaw and Battle Creek, and about the overall soundness of the proposal to close the acute inpatient beds at Saginaw.

c. Panel 3 – Employee Organizations, Academic Affiliates, and Others

This panel included two representatives from the American Federal of Government Employees, one from a local at the Ann Arbor VAMC, one from a local at the Saginaw VAMC, along with a representative from the School of Medicine at the University of Michigan, and a representative from the Veterans of Foreign Wars. The union representative from Saginaw expressed concerns about the future status of the Saginaw facility if the acute beds were closed.

d. Panel 4 – Affiliates and Collaborative Partners

This panel consisted of representatives from

V. Commissioner Views

VISN/Market Area (Indicate Facility if Applicable)	Subject	DNCP Recommendation	Commissioner Views
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Michigan (Ann Arbor/Detroit)	Ann Arbor and Detroit 40 miles apart	Maintain two facilities, continue consolidating services	Commissioners were satisfied that there is a need for a significant VA presence in both locations but were not persuaded that the current division of responsibilities between the two facilities is fully appropriate or that the present alignment of services at the two facilities – and especially at the Detroit facility – is optimal. For example, the Commissioners expressed an interest in an evaluation of the possibility of shifting some or all of the residential PTSD and substance abuse treatment capacity from Battle Creek to Detroit.
Michigan (Ann Arbor/Detroit)	Inpatient care: Projected increase: 2012 - 84 beds 2022 - 40 beds	The network recommended that: - Ann Arbor add 43 beds by 2012 to address the gap and to take Battle Creek and Saginaw patients and - Detroit – add 32 beds by 2012 to address the gap and to take Battle Creek and Saginaw patients. DNP indicated that Ann Arbor and Detroit need to increase compliment of medicine beds to meet projected demand, and change in acute beds from Saginaw and consolidation of acute beds from Battle Creek.	The Commissioners were not satisfied that there was a need for additional acute medicine beds at Ann Arbor or Detroit based on the proposed actions at Battle Creek and Saginaw, nor were they persuaded of the need for new construction before proceeding with the closures particularly given the unused space at the newly constructed Detroit facility. The Commissioners discussed the apparent available space at the Detroit VAMC as well as the need for a more detailed, comprehensive plan for how the network will meet any increase in demand for inpatient services, including information on the degree to which contracts with outside providers will be used.
Michigan	Outpatient Care: Primary Care: 214K stops 2012 146K stops 2022 Specialty Care: 337K stops 2012 285K stops 2022	To meet the demand for outpatient care, the network recommended adding four new CBOCs and increasing the workload at existing sites. It also recommended developing telemedicine. The DNP noted that the proposed new access points in plan but they are not in high priority group. The plan calls for expanding existing sites for primary and specialty care and for developing telemedicine	Commissioners expressed concern about the description by network leadership during the hearing of the status of the CBOCs that had been proposed by the network but that were not included in the draft National Plan. It appeared to the Commissioners that many veterans attending the hearing left with the impression that the opening of these facilities, while not imminent, was in the relatively near future. There is no apparent basis for such a belief and the Commissioners believed that a more accurate description should be provided, noting only that the proposed CBOCs are not in the draft National Plan.

Michigan (Saginaw/Battle Creek)	<p>Small facilities (Michigan Market – Saginaw and Battle Creek)</p> <p>Saginaw is projected to have fewer than 40 beds in 2012. Battle Creek is projected to have 26 acute medicine beds in 2012 and 20 such beds in 2022. It did not meet the small facility standard because of its acute psychiatric beds.</p>	<p>The DNP recommends that Saginaw maintain outpatient and nursing home services, transfer acute patients to Ann Arbor and Detroit, and provide for partial community contracting for emergent care and to improve access for northern counties. The DNP also indicates that Ann Arbor must be upgraded prior to bed consolidation for projected transfer patients</p> <p>DNP mention reducing acute beds at Battle Creek in connection with the need for additional beds at Ann Arbor.</p>	<p>As noted above (in connection with increased demand for inpatient care), the Commissioners were not satisfied that there was a need for additional acute medicine beds at Ann Arbor or Detroit based on the proposed actions at Battle Creek and Saginaw, nor were they persuaded of the need for new construction before proceeding with the closures. The Commissioners discussed the apparent available space at the Detroit VAMC. The Commissioners believe that more information is needed on the proposed bed closures, especially at the Saginaw facility, including information on the timetable for the closures and on how care will be provided in the geographic areas served by the two facilities (especially care that is proposed to be provided on a contract basis).</p>
Michigan (Battle Creek)	Reduce vacant space at Battle Creek	<p>DNP calls for an enhanced use lease at Battle Creek for new MH clinic and Vet Village. In connection with these actions, VISN total down 65% from 331K to 116K</p>	<p>The Commissioners were generally supportive of the desire to reduce vacant space at Battle Creek but were not satisfied that either of the enhanced use lease proposals was viable.</p>

VI. Other Comments

VII. Follow-up questions for VHA/VISN