

**CARES COMMISSION  
POST HEARING SUMMARY**

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VISN 11 – Ft. Wayne Hearing  
August 20, 2003

- I. Commissioners in Attendance:
- a. Everett Alvarez, Commission Chairman
  - b. John Vogel, Commission Vice-Chairman
  - c. Jo Ann Webb, Hearing Chairman
  - d. Robert Ray, Commissioner
- II. Market Areas Addressed in Hearing
- a. Central Illinois
  - b. Indiana

III. Market Area Summary

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Central Illinois	Current access for veterans in Western Illinois to inpatient care: 36% meet access standard vs. 65% goal.	Contract with hospitals in Springfield and Peoria for 17- 20 pts/day from Western Illinois - increases access from 36% to 72%	Improve inpatient access in Western Illinois by contracting with community providers at two sites
Central Illinois	Outpatient Specialty Care:  Planning projects specialty care stops at:  58K stops in 2012 38K stops in 2022	<ul style="list-style-type: none"> <li>➤ Open 3 CBOCs in Bloomington, Charleston, Champaign – Urbana</li> <li>➤ Increase workload at existing sites, particularly Illiana and Peoria for specialty care</li> </ul>	<p>DNP notes new access points are included, but not in high priority group</p> <p>DNP proposes to</p> <ul style="list-style-type: none"> <li>➤ Increase specialty outpatient services</li> <li>➤ Establish three innovative telemedicine systems at tertiary facilities that will provide care/consult to patients at home, or to another VAMC provider. This telemedicine capacity will assist older veterans with ambulation issues, dementia, Alzheimer's, Parkinson's and SCI.</li> </ul>
Central Illinois	Outpatient Primary Care:  54% meet primary care access standards. 70% is the goal.	Open 3 CBOCs (see above)	DNP notes new access points are included, but not in high priority group
Central Illinois	Reduce vacant space at Danville.	Reduce vacant space at Danville by 100K sq ft.	<p>DNP added using enhanced leasing for a new nursing home to remedy space and functional deficiencies at Illiana</p> <p>DNP added demolishing 157K sq ft; VISN wants 71% reduction in vacant space to a total of 252K sq ft.</p>

Indiana	Indianapolis within 120 miles of Dayton, Cincinnati and Louisville VAMCs	Briefly states at capacity for tertiary services, only referral center for Central IL and IN markets, significant staffing and construction needed to meet other VISN workload.	DNP does not mention proximity in VISN 11 Executive Summary.
Indiana	Outpatient Primary Care:  63% meet access standard vs. 70% goal. Plan projects primary care stops as:  115K stops 2012 75K stops 2022	Want to add 6 new CBOCs: Elkhart, Columbus, Hamilton, Danville, Greenwood & Peru.	DNP notes new access points are included, but not in high priority group.
Indiana	Outpatient Specialty Care:  Planning projects specialty care stops as:  100K stops 2012 76K stops 2022	<ul style="list-style-type: none"> <li>➢ Increase workload at existing sites</li> <li>➢ Develop telemedicine network for specialty outpatient program</li> <li>➢ Add new CBOCs</li> </ul>	DNP notes new access points are included, but not in high priority group. Plan calls for In-house expansion, reliance on telemedicine, expansion of existing CBOCs, community contracts, and offering selected high volume specialty care at larger CBOCs.
Indiana	Ft Wayne acute beds 2002 - 26 beds 2012 - 17 beds 2022 - 14 beds	<p>Ft Wayne acute beds</p> <ul style="list-style-type: none"> <li>➢ Close acute beds</li> <li>➢ Contract in community</li> <li>➢ Transfer stable patients to Indianapolis VAMC</li> </ul> <p>Marion acute beds</p> <ul style="list-style-type: none"> <li>➢ Close and transfer patients to Indianapolis VAMC</li> </ul>	<p>Ft Wayne</p> <ul style="list-style-type: none"> <li>➢ Maintain outpatient and nursing home services</li> <li>➢ Acute medicine transferred to Indianapolis</li> <li>➢ Confirm community contracting</li> </ul> <p>DNP does not mention Marion. Advised by network approval received outside of CARES</p>
Indiana	Reduce vacant space at Marion	Enhance lease at Marion if possible, but limited demand. Want to demolish 13 buildings on Historic Register, provide clean site for 9 acres for NCA. Submitted 2 years ago to VACO.	<p>DNP adds explore enhanced lease options for Ft Wayne campus, such as ALF or compatible uses</p> <p>No mention of Marion enhanced leasing</p>
Indiana		Want replacement bed project for Indianapolis 7/8 <sup>th</sup> floors	DNP does not mention Indianapolis bed project

#### IV. Brief Description of Hearing Testimony

- a. Panel 1 - Elected official – The first panel consisted of Mayor William Henry of Marion, Indiana, who testified against closing the acute beds at the Marion VA Medical Center. Mayor Henry addressed recent history at the Marion VAMC and his view that VA had failed to provide sufficient staff to activate new construction at the facility.
- b. Panel 2 - Network Panel – Ms. Linda Belton.  
Ms. Belton gave an overview of VISN 11 and specifically addressed the CARES plan for the Indiana and Central Illinois Markets. She noted that an additional 3 CBOCs were in the plan sent forward from the network for the Illinois market. She also addressed the proposal to contract for inpatient care in the Illinois market and the need for a new nursing home at the Danville (Illiana) VA Medical Center. For the

Indiana market, Ms. Belton noted that there were 7 new CBOCs in the network's plan and she discussed the network's plan to expand overall access to outpatient care in the network through these new entities as well as through conversion or leasing of additional space. She also discussed the proposal to close inpatient beds at both the Marion and Ft. Wayne facilities.

During the questions following Ms. Belton's presentation, Commissioners focused on the Marion and Ft. Wayne closures and more specifically on the timetables for each and the lack of active work on the part of the network on how the network would contract for inpatient care following the closures. Network officials indicated that the Ft. Wayne closure would not take place before 2005 or 2006 and that it was estimated to yield \$2.1 million in annual savings. There was discussion of the fact that the proposed CBOCs were not in the draft National Plan. Ms. Belton expressed optimism that these facilities would be approved in the next cycle, although the timing of such approval was not specified. There was also discussion of the network's success with enhanced use leases and telemedicine, as well as about the level of demand for nursing home care in the network.

c. Panel 2 – Veteran Service Organizations

Representatives from The American Legion, Veterans of Foreign Wars, Vietnam Veterans of America, and the Indiana State Veterans Service Offices Organization provided testimony. In addition, an individual read two statements from an invited witness who was not able to attend – one on behalf of the Disabled American Veterans and one on behalf of the Indiana Department of Veterans Affairs. There were a number of strong statements in opposition to the proposed closure of the Ft. Wayne facility and a number of the VSO witnesses suggested that the network artificially suppresses demand for VA services.

d. Panel 3 – Employee Organizations

This panel included the President of the American Federal of Government Employees local at Marion. The union representative discussed the fact that the CARES plan did not take into account the long-term care needs of veterans or the overall need for mental health care. He indicated that the proposed closure at Marion was based not on declining need for care but on a lack of VA's ability to meet the existing demand.

e. Panel 4 – Affiliates and Collaborative Partners

This panel consisted of a representative of the College of Medicine of the University of Illinois. He described the relationship between the medical school and the Danville VAMC. He also discussed the network's plan to meet the inpatient care needs of veterans in western Illinois through contracts with local hospitals and the possible impact of that effort on the Danville VAMC.

V. Commissioner Views

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Indiana	Marion acute beds - Close and transfer patients to Indianapolis VAMC	DNP does not mention Marion, told by network approval received outside of CARES	Commissioners noted that this change has been accomplished, outside of the CARES process.
Indiana	Ft Wayne acute beds	Maintain outpatient and nursing home services at Ft Wayne. Transfer acute medicine to Indianapolis; provide for inpatient care through community contracting.	Commissioners expressed the view that this proposal has not been sufficiently developed. Recommend that VA continue to develop the proposal, with a particular emphasis on the time frame for the closure and specifics on how inpatient care will be furnished in Ft Wayne following closure.
Indiana	Reduce vacant space at Marion	Want to demolish 13 buildings on Historic Register, provide clean site for 9 acres for NCA.	Commissioners support proceeding with this initiative.
Indiana	Outpatient care:  - Primary care: 63% meet access standard vs. 70% goal. Plan projects primary care stops as:  115K stops 2012 75K stops 2022  - Specialty care: Plan projects specialty care stops as:  100K stops 2012 76K stops 2022	For Primary care, network recommended six new CBOCs. DNP notes new access points are included, but not in high priority group.  For Specialty care: DNP calls for in-house expansion of services (including at CBOCs), use of telemedicine, community contracts, and offering selected, high-volume specialty care at selected CBOCs.	Commissioners recognized that the non-inclusion of the additional CBOCs in the DNP would keep the network from meeting the access standards and 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.
Central Illinois	Reduce vacant space at Danville	VISN proposed to reduce vacant space at Danville by 100K sq ft. DNP added using enhanced leasing for a new nursing home to remedy space and functional deficiencies at Illiana. DNP also added demolish 157K sq ft; VISN wants 71% reduction to 252K sq ft vacant space	Commissioners support proceeding with this initiative

Central Illinois	<p>Outpatient care:</p> <ul style="list-style-type: none"> <li>- Primary care: 54% meet access standard vs. 70% goal</li> <li>- Specialty care: Plan projects specialty care stops as:</li> </ul> <p>58K stops 2012 38K stops 2022</p>	<p>For Primary care, network recommended three new CBOCs. DNP notes new access points are included, but not in high priority group.</p> <p>For Specialty care: DNP calls for increased specialty outpatient services and three innovative telemedicine systems at tertiary facilities which will provide care/consult to patients at home, or to another VAMC provider. The telemedicine initiatives will assist older veterans with ambulation issues, dementia, Alzheimer's, Parkinson's and SCI.</p>	<p>Commissioners recognized that the non-inclusion of the CBOCs in the DNP would keep the network from meeting the access standards and 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.</p>
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VI. Other Comments

As noted, the Commissioners did not focus directly on the proposed closure of inpatient beds at the Marion VAMC, instead noting that this change has been accomplished, outside of the CARES process. Commissioners and staff did, however, at Congressman Lane Evan's request, review the terms of the agreement between Congressman Evans and the Secretary of Veterans Affairs relating to the proposal for Marion.

VII. Follow-up questions for VHA/VISN