

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 15 Poplar Bluff Hearing
August 20, 2003

- I. Commissioners in Attendance:
- a. Raymond Boland, Hearing Chairman
 - b. Chad Colley
 - c. Michael Wyrick, Maj. Gen., USAF Ret.
 - d. Al Zamberlan

II. Market Areas Addressed in Hearing

III. Market Area Summary

Market Area (Facility)	Planning Initiative (met criteria)	Market Plan Recommendation	DNP Recommendation
Eastern Market	Small Facility (Poplar Bluff)	Retain acute beds to meet access standards and serve patients of LTC	Facility will continue to function as a Critical Access Hospital (CAH)
Eastern Market	Outpatient Specialty Care	New construction, renovation of existing space and increased reliance on contract care	New construction (405,400 sq. ft), vacant space conversion (63,400 sq ft), lease space (20,000 sq ft), and community contracts. Some shifting of care between facilities
Eastern Market	Outpatient Primary Care	New construction, renovation of existing space, increase utilization of VA CBOCs, and add CBOCs. Increased reliance on contract care	New construction (18,000 sq ft), conversion of vacant space (44,500 sq ft), lease space (182,900 sq ft), community contracts. CBOC not in high implementation category
Eastern Market	Access to primary care (62%)	Establish New CBOCs in Hopkins County KY, Graves County KY, Knox County IN, Daviess County KY, Sullivan MO.	CBOCs not in high implementation category
Eastern Market	Special Disabilities SCI	Shift SCI unit from Jefferson Barracks (St. Louis) to Cochran campus	Not addressed

IV. Brief Description of Hearing Testimony

- a. Panel 1 – Network Leadership – Dr. Peter Almenoff
Dr. Almenoff outlined the CARES plan for VISN 15, Eastern Market. He noted that 88% of the counties in this market are medically underserved and highly rural. This market expects a significant increase in enrollment and in demand for specialty outpatient care. Dr. Almenoff noted the critical role telemedicine plays and will continue to play in this market in meeting the healthcare needs of veterans.

Dr. Almenoff also discussed the movement of the SCI unit from the Jefferson to the Cochran campus in St. Louis and the construction of a state-of-the-art building at the Cochran site to accommodate this center. He noted that the SCI unit needed to be at a location with access to specialty medical services and that the Cochran location was a more appropriate site.

Dr. Almenoff discussed the nature of Poplar Bluff and its role as a critical access hospital. Additionally, he noted that the Marion facility needed to be expanded to meet projected growth and that parking was a major issue at the St. Louis Cochran facility. This network has an enhanced use proposal to establish a parking facility at the Cochran site in cooperation with a development group that would provide 1,500 daytime parking spots to the facility that would convert to private parking in the evenings. This parking structure would go a long way to alleviating the parking shortage, which today is in excess of 800 spots.

In question and answer, Dr. Almenoff discussed the rationale behind relocating the SCI unit from Jefferson to Cochran. This includes ensuring that patients have the necessary specialty care, including neurosurgery services. This change will also allow the Jefferson location to focus on domiciliary care and homeless programs. However, before this can take place, the parking shortage at the Cochran facility needs to be addressed.

Dr. Almenoff discussed the alternative plans to address the projected increased in outpatient care demand in the absence of new CBOCs. These include using existing resources more efficiently, expanding hours of operation, and increasing the use of telemedicine.

Dr. Almenoff reviewed the CMS criteria for a Critical Access Hospital and noted that Poplar Bluff met all of the criteria except for the 30-mile rule – that a CAH should be the only available hospital within a 30-mile radius. Poplar Bluff has a community hospital nearby, however the facility is for sale and its future is currently uncertain.

Dr. Almenoff outlined the network's relationship with Scott AFB in this market. The VA serves as a back-up healthcare facility for Scott AFB and work is underway to partner with the DoD at Scott AFB to joint venture on a planned replacement hospital which could alleviate some of the burden on the Marion facility.

b. Panel 2 – Elected Officials

Tom Schulte on behalf of Senator Kit Bond
Kristie Nitsch on behalf of Congresswoman JoAnn Emerson
Scott Faughn, Mayor of Poplar Bluff

The elected officials expressed support for the CARES process and feel it represents a positive step for the VA. Panelists commended the outstanding stakeholder outreach of the network leadership. They also expressed the need for increased outpatient services, rehabilitation of historic buildings, and new parking facility at Cochran site.

Senator Bond noted the absence of criteria for proposed initiatives and felt the VA needed to articulate the specific rationale to avoid potential political opposition.

Mayor Faughn expressed gratitude to the VA for providing employment to area and contributing to the economic benefit of this area.

c. Panel 3 – Veteran Service Organizations

Fred Bradley – Paralyzed Veterans of America
 Joe Frank – The American Legion
 Ronald L. Taylor – Missouri Veterans Commission
 Alan Gibson – Vietnam Veterans of America

The VSOs expressed concern regarding the ability of the VISN to meet projected increases in outpatient demand without establishing new CBOCs. Additionally, the American Legion representative expressed concern about funding for CARES initiatives and outlined the need to prioritize and outline rationale for proposed construction. Additionally the VSOs emphasized the importance of CARES implementation being seamless to veterans.

The panel also expressed interest in following the VA process for establishing criteria for designating Critical Access Hospitals.

The VSOs also spoke out against moving the St. Louis SCI unit from Jefferson Barracks to the Cochran campus. These organizations did not feel included in this decision nor were they aware of this initiative.

d. Panel 3 – Employee Organizations

Carol Russo, President VA Employees Association
 Luann Brumley, President, AFGE Local 2338

Unions were generally supportive of the CARES plan.

V. Commissioner Views

Market Area (Facility)	Planning Initiative (met criteria)	DNP Recommendation	Commissioner Views
Eastern Market	Small Facility (Poplar Bluff)	Facility will continue to function as a Critical Access Hospital (CAH)	Commissioners feel that if the community hospital situation stabilizes (facility is currently for sale) in Poplar Bluff, the facility should transition to outpatient services and phase out acute care beds.
Eastern Market	Outpatient Specialty Care	New construction (405,400 sq. ft), vacant space conversion (63,400 sq ft), lease space (20,000 sq ft), and community contracts. Some shifting of care between facilities	Commissioners generally agree that new construction is necessary in this market (particularly at the Marion facility) to accommodate increased workload. Additionally, Commissioners agreed that the St. Louis Cochran facility required construction to accommodate additional parking. Commissioners were supportive

			of proposed enhanced use proposal for the parking facility.
Eastern Market	Outpatient Primary Care	New construction (18,000 sq ft), conversion of vacant space (44,500 sq ft), lease space (182,900 sq ft), community contracts. CBOC not in high implementation category	Because this network's proposed CBOCs do not fall in the high priority category, Commissioners agreed that the network needed to make better use of existing resources, including expanding hours and accommodating more outpatient care at existing CBOCs.
Eastern Market	Access to primary care (62%)	CBOCs not in high implementation category	Same as above
Eastern Market	Special Disabilities SCI	Shift SCI unit from Jefferson Barracks (St. Louis) to Cochran campus (not addressed in DNCP)	The Commissioners feel that it is premature to make this type of decision without better understanding of the rationale behind this decision and without greater input from stakeholders

VI. Other Comments

Commissioners agreed with many of the panelists that all proposed initiatives should have clear rationale and a timeline for implementation.

VII. Follow-up questions for VHA/VISN

N/A