

**CARES COMMISSION  
POST HEARING SUMMARY**

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VISN 16 Shreveport Hearing  
August 27, 2003

- I. Commissioners in Attendance:
  - a. Maj. Gen. Michael Wyrick, USAF Ret.
  
- II. Market Areas Addressed in Hearing
  - a. Central Lower Market
  
- III. Market Area Summary

Market Area <i>(Facility)</i>	Planning Initiative <i>(met criteria)</i>	Market Plan Recommendation	DNCP Recommendation
CL	Inpatient Care - Surgery	Shreveport facility will collaborate with Alexandria to shift 20% of surgery to Shreveport. Alexandria will provide outpatient surgery only	Not addressed.
CL	Outpatient Care - Specialty Care - Primary Care	Construction of major clinical addition to Shreveport, minor renovation at Alexandria. Contract in community for certain specialties as needed.  Establish new CBOCs to serve population in Houston area; relocate Jennings CBOC to Lake Charles; Expand CBOC at Shreveport; Add 8 new CBOCs in Texas and Louisiana; Expand Monroe CBOC; Replace Lufkin with new lease; Open collaborative facility with DoD at Fort Polk	Some reconfiguration of space in VAMCs through renovation, conversion of vacant space, and new construction.  Establish 10 new CBOCs in this market
CL	Enhanced Use	Houston is on the list of the top 15 EUL sits. 12.6 acres to be used for EUL, construction of a high rise medical arts building to serve for VA clinical expansion of specialty clinics	Explore opportunity in Houston to develop a high-rise medical arts building.
CL	Collaboration	Create collaborative outpatient facility at Fort Polk for primary care, mental health and psychiatric services; provide psychiatry services for DoD at Alexandria  Alexandria has 147 acres for potential NCA use.	Sharing with Ft. Polk for Primary Care, Mental Health, and Psychiatric Services.

CL	Extended Care		Renovate 23,735 sq ft in Alexandria and Shreveport for extended care services.
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#### IV. Brief Description of Hearing Testimony

##### Panel 1

Dr. Robert Lynch, VISN Director, testified at the first panel along with Barbara Watkins, Linda Gregg and Ed Tucker, the last three being hospital directors. Dr. Lynch presented a Power Point presentation of the VISN 16 plan for improving delivery of care in locations in Texas, Oklahoma, Louisiana, Mississippi, Alabama and Florida.

This is a very well laid out plan with few controversial issues. The principal concerns were how to address the increasing primary care demand and access and also the capacity to accommodate demand for inpatient and specialty care as the primary care issue is solved. There is a primary care access gap in all four markets and an acute hospital gap in the Eastern Southern market. The plan includes as a high implementation priority category 11 CBOCs for the Eastern, Southern, and Central Lower Markets. Two inpatient facilities, Shreveport and Alexandria, are filled to near capacity and are in need of internal rearrangement to improve efficiency.

However, the projected enrollment in the area is fairly stable (ref. the VISN 16 PI Scorecard). When presented with this, Dr. Lynch and the Commissioner agreed that increasing age and related infirmities drive the increased demand.

Mrs. Watkins, Director at Shreveport, discussed the primary care access issue and inpatient care capacity in her facility. There is a major clinical addition being planned. Surgery areas are being renovated. Ancillary areas are small and ill arranged.

Mrs. Gregg is Director at Alexandria 120 miles away. The age and condition of the facility at Alexandria are issues. A lot of specialty services have moved from Alexandria to Shreveport. Alexandria can accommodate long-term care. Shreveport and Alexandria are both filled to capacity.

When queried about the access issue of patients having to drive from Alexandria to Shreveport, the respondents indicated that patients seemed to be accepting of the drive. When asked how families of patients felt about family members being hospitalized 120 miles away, the response was they seemed to be accepting of it. When asked about the increased access to primary care likely driving increased demand for inpatient care, the group agreed that this would happen. As further discussion focused on inpatient facilities being at capacity and whether or not the system could handle the increased load, the VISN Director related that internal system adjustments would have to accommodate that. There is more to come on that issue in Dr. McDonald's testimony below.

We discussed the advisability of renovating surgery at Shreveport when the facility is old and there is little flexibility in renovating ancillary services. The latter are small, cramped, and difficult to rearrange.

Mr. Tucker, Director at Houston, discussed that; likewise, primary care access is the biggest issue in his area. "It was clear we weren't meeting standards." Houston has one of the biggest, fastest growing markets. Specialty visits are on a rapid rise. There is a need for 200,000 sq. ft. of space. The Houston facility is surrounded by other complex healthcare organizations; for example, Baylor University and Texas Medical Center. Access through traffic is extremely difficult. It was not clear that access in Houston and Beaumont was going to be solved by the location of CBOCs in that area.

The question was discussed as to how the locations of the 30 proposed CBOCs were identified. Dr. Lynch discussed that commercial computer programs identified locations. He discussed that if the VISN could have located the CBOCs, they would have given higher priority to New Orleans, SW Missouri, and NW Arkansas.

## Panel 2

Dr. John McDonald was the sole participant in the second panel. He is Chancellor and Dean, Louisiana State University Health Science Center (LSUHSC). The affiliation between LSUHSC and VA/Shreveport dates back to 1967. The VA has provided a major base of training for health officers, and Dr. McDonald expects strengthening by the CARES Process.

Dr. McDonald discussed at length the need for updating the operating rooms. Surgical programs have been greatly hampered by space limitations. The ICU and family waiting areas are in desperate need of updating.

We discussed the increase in inpatient and specialty demand driven by increased primary care access (Ref above paragraphs). Dr. McDonald related as to the nearly full utilization of not only the VA facility, but also the surrounding private hospitals and the university hospital. He cited occupancy rates of 85 percent and up. His observation is that conversion of inpatient space over the years has been a limiting factor. An original 400-bed facility is now a 165-bed facility due to conversion of space into administration, lab, radiology, and other uses.

Dr. McDonald discussed that facility configuration impacts length of waiting time for appointments. There is a lack of examining rooms. There is a need to bring on 40 more people, but there are not appropriate rooms for them to practice in. There is definitely a need for a major clinical addition to the Shreveport facility.

Dr. Lynch returned to the table to discuss inpatient capacity. "The model doesn't actuarially predict need for inpatient beds." When asked if there is a model problem, he responded that there might be. There is no place to expand if they reclaim wards. As Dr. McDonald related, the neighboring community cannot absorb the increase.

The issue was addressed of collaborative arrangements in the Florida panhandle. There are over 100,000 VA beneficiaries in that area, but no VA inpatient facility. There is consideration of using nearby Air Force and other facilities. We discussed the problem of military staff being called away. The reply was that reservists usually fill any voids.

### Panel 3

Participants included Mr. Joey Strickland, Executive Director Louisiana Department of Veteran Affairs, Mr. Charlie Huggins, American Legion, and Mr. Lee Sexton, Disabled American Veterans. Mr. Strickland discussed that there would be a written statement from Governor Foster. He noted the need for CBOCs in Covington, Slidell, and Bogalusa. He has concerns that use of Fort Polk as a collaborative organization is jeopardized by the frequent rotation of Ready Command. The entire post empties out when that post is called upon. He reminded the commission that states are assuming more and more of vets' healthcare.

Mr. Huggins submitted a statement. He emphasized the need for prioritization of projects, need for staffing of nursing home beds, and concern over use of military facilities in the same vain as above. I asked him why there was relatively low enrollment by vets in the system. He responded that vets were being told there was no room.

Mr. Sexton provided a written statement. He expressed two concerns: better lives for vets and need for special programs (blind rehab, SCI, PTSD). He believes CARES is critical to realignment. His group is looking closely at exceptions to the CARES predictions, and is looking closely at the Draft National Plan.

### Panel 4

Mr. Russell Roberts, President, represented the NFFE, Local 1956. Mr. McCray is president of the AFGE. Mr. Roberts agreed with the plan as it affects Shreveport. Morale and welfare are affected by the lack of space for employees. His statement about insufficient space for administration, waiting rooms, and ancillary services correlated with those of others. When asked how his organization was involved in the CARES process, he related that the directors kept him informed. He asked if the VA is thinking of Medicare subvention. The commission replied that it was not know if they were.

An interesting question involved vets under home care. If they die under home healthcare, they do not get the same benefits as they would if they were hospitalized.

V. Commissioner Views

Market Area (Facility)	Planning Initiative (met criteria)	DNCP Recommendation	Commissioner Views
CL	Inpatient Care - Surgery	Not addressed.	Although this issue was not specifically addressed in the DNP, the Network Director mentioned in his testimony the possibility of renovating existing surgical space. Commissioner does not necessarily feel that this small space is conducive to renovation.
CL	Outpatient Care - Specialty Care  - Primary Care	Some reconfiguration of space in VAMCs through renovation, conversion of vacant space, and new construction.  Establish 10 new CBOCs in this market	Commissioner felt that outpatient care needs were adequately addressed through establishment of new CBOCs as well as through new construction at VAMCs. However, Commissioner feels that since facilities in this market are operating at capacity, reconfiguring space to support additional workload may not always be feasible.  Commissioner feels that primary care access and its relationship to inpatient care demand is a substantive issue. CBOCs are intended to improve access. However, inpatient care capacity is insufficient in this market to accommodate the increase in primary care. The plan has to balance these two needs. Commissioner also noted that the placement of several CBOCs needs to be reviewed to ensure optimal coverage.
CL	Enhanced Use	Explore opportunity in Houston to develop a high-rise medical arts building.	Commissioner generally agrees that this potential enhanced use opportunity should be explored.
CL	Collaboration	Sharing with Ft. Polk for Primary Care, Mental Health, and Psychiatric Services.	Collaborative arrangements with military hospitals need careful evaluation, particularly with regard to the availability of military medical staffs during times of mobilization.
CL	Extended Care	Renovate 23,735 sq ft in Alexandria and Shreveport for extended care services.	Commissioner generally agrees that renovation may be necessary to resolve capacity issues at both sites.