

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 17 San Antonio, Texas
October 1, 2003
8:30AM

- I. Commissioners in Attendance:
- a. Everett Alvarez, Commission Chairman
 - b. Charles Battaglia, Hearing Chairman
 - c. Chad Colley, Commissioner
 - d. Sister Patricia Vandenberg, Commissioner
 - e. General Michael Wyrick, (Ret.) Commissioner

- II. Market Areas Addressed in Hearing
- a. Southern
 - b. Valley Coastal Bend

III. Market Area Summary

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Southern Market	Capacity: Outpatient /Primary care	<ul style="list-style-type: none"> ➤ New mega clinic near Randolph AFB in NE Bexar county ➤ Major expansion of existing clinic in Larado to meet expanding population base. 	None in the highest priority category for implementation in next 7 years.
Southern	Capacity: Oupt./Specality Care 138%/259K 139%/261K	<ul style="list-style-type: none"> ➤ New mega clinic near Randolph AFB in NE Bexar county, will be sized to meet demand 	Improve service at SA through new construction and transferring high demand specialty care to larger clinics
Southern	Capacity: Outpatient Psychiatry	New mega clinic near Randolph AFB in NE Bexar county	
Southern	Small facility: Kerrville	<ul style="list-style-type: none"> ➤ Not discussed 	Will continue to provide nursing home and outpatient services. Acute inpatient services will be transferred to San Antonio as space becomes available from the inpatient construction at SA. In the interim, inpatient services will be converted to a critical access hospital.
Southern	Enhanced Use (Kerrville) Assisted living	<ul style="list-style-type: none"> ➤ 	A major enhanced use project for assisted living in Kerrville has been submitted for approval.
Southern	Inpatient psychiatry (NOT a PI)	<ul style="list-style-type: none"> ➤ Move acute inpt detox to Kerrville from ALMD 	
Southern	DoD	<ul style="list-style-type: none"> ➤ Expansion with DoD sharing agreements. Current relationship with AL Murphy and Frank Tejedeja Outpt Clinic is operations at or above capacity. ➤ Co locates outpatient services in sharing agreements with 	Inpatient and out outpatient sharing and enhanced use among San Antonio, Brooks Army Medical Center and Wilford Hall Air Force Medical Center including CBOCs, Consolidating reference labs, domiciliary, CMOP, sleep lab

VISN 17 San Antonio

		DoD bases.	and consolidation of bone marrow programs at the VA
Southern	SCI (Not a PI)	<ul style="list-style-type: none"> ➤ Currently caring for SCI in LTC beds and considering offering SCI specific LTC ➤ Develop SCI concept with Kerrville Assisted living project 	
Valley Coastal Bend	Capacity: Primary Care	Add VA staffed clinics in Harlingen and a major expansion of existing clinic in Corpus Christi are planned	
Valley Coastal bend	Capacity: Outpatient Specialty Care	Incorporate into CBOC described above	
Valley Coast Bed	Capacity: Mental Health	Managed in outpatient primary care clinics as described above	
Valley Coastal Bend	Access to Hospital Care 3% guidelines is 65%	New or expanded sharing agreements in Harlingen and Corpus Christi. 355 of inept. Workload will be provided at ALMD.	Inpatient services to be contracted for in Harlingen and Corpus Christi.
Valley Coastal Bend	Psychiatry: inpatient (Not a PI)	Managed at ALMD and remaining contracted in local community.	Contracted for services at Harlingen and Corpus Christi.
VISN wide	Vacant space		VISN 17 will have a total of 365,954 sq. ft. of vacant space in 2022. This represents a reduction of 1.6% from 2001.

IV. Brief Description of Hearing Testimony

Elected Official Presentation: George Antuna read statement from Senator Kay Bailey-Hutchison for entry in the record. The Senators comments highlighted the areas of:

- nearly 1 in 10 active duty service members calls Texas home and returns to Texas after serving their country
- growing veteran base in Texas needs expanded services at San Antonio and Kerrville facilities, not reductions
- being against any reduction of services at any facility in the vicinity of southern and valley coastal bend market areas

a. Panel 1 – Network Panel

- Tom Stranova, VISN 17 Director
- Jose R. Coronado, Director, South Texas HCS
- Wendell Jones, MD, Network Chief Medical Officer
- Richard Bauer, MD, Chief of Staff, South Texas HCS

Mr. Stranova provided summary remarks covering the market areas of the Valley-Coastal Bend market and the Southern market. His comments covered the following:

- Valley-Coastal Bend market: deficits in primary, specialty and mental health outpatient services, plus inpatient medical care
 - by 2022 expected growth in primary care of 44%/ specialty care of 200%
 - propose Corpus Christi clinic be expanded, Brownville clinic be expanded and moved to a VA-staffed location in Harlingen
 - expand partnership in Harlingen with University of Texas at San Antonio Health Science Center for future inpatient capability

VISN 17 San Antonio

- contract for inpatient beds (10 each) in Corpus Christi and Harlingen to meet access to care concerns for the veteran population
- South market: deficits in primary, specialty and mental health care
 - by 2022 expected demand for primary care to increase by 21%/ specialty care demand increase by 53%
 - proposed new outpatient clinics be located in greater San Antonio area
 - Kerrville/small facility category being evaluated for near term relocation of inpatient medical beds to San Antonio, but would require construction of new 30 bed tower at San Antonio before relocation takes effect
- Questions raised and answered provided:
 - If beds contracted in Valley-Coastal Bend market, it would be 10 inpatient beds at 2 locations
 - Baptist Hospital System in Harlingen
 - Solicitation for bids package would be used to locate beds in Corpus Christi area
 - Currently all complicated surgery procedures are done at the San Antonio VAMC with only emergencies being done on local contract
 - Mental health outpatient services are in all VA-staffed CBOC's, and new Harlingen clinic would have mental health and PTSD services
 - Network plans to increase the use of telemedicine in effort to provide more care in the local neighborhood
 - What about inpatient psychiatric beds: about 1/3 of contract beds would be for inpatient psychiatric use
 - Currently there are 4 residents in McCallen/ 3 residents in Harlingen/ 156 residents in south Texas
 - Kerrville facility information:
 - last JCAHO survey in July 2001, with minor environment of care issues identified and corrected
 - CARES facility inspection found some infrastructure conditions graded at "D" and "F" that are being corrected via construction project submissions to the network
 - there are no major infrastructure issues driving recommendation to relocate services away from the campus
 - concern expressed that local hospital/clinicians could not absorb the increased patient load if services are relocated from Kerrville
 - concern about cost of transporting workload to Audie Murphy VA centers on local Kerrville ordinance/requirement that mandates that VA use only the local Kerrville ambulance for transportation of veterans (??)
 - Southern market area has much DoD collaboration between San Antonio VA and DoD partners (2 collaborations are high priority in DNP)

b. Panel 2 – Veteran Service Organizations

- Dr. Sidney Ordway, President, South Texas Region, Blinded Veterans Association
- Walter Schellhase, Chairman, Hill Country Veterans Council
- William Morin, National Service Officer, Disabled American Veterans
- Donald Simons, The American Legion
- John Fair, Veterans of Foreign Wars
- Carlos Martinez, American GI Forum

This panel offered the following summary concerns about the CARES process as it impacts/effects their representative population:

- BVA presented an overview of the significance of the blind rehabilitation services offered in the VA:
 - there is a 15-bed BRC at the Waco VAMC that has seen its veteran population aging and more veterans opting not to attend its programs due to health, family or other concerns
 - since 1998 there has been a steady rise in the use of local services for the issuance of prosthetics to this population in the North and South Texas HCS, however Central Texas has been very slow to initiate the most basic of local services.
 - BVA strongly endorses use of local services, while recognizing there is a need for hospital-based care for training of some veterans, thusly supporting the need for a BRC in VISN 17. However, they disagree with a consideration from the VISN to change the BRC in Central Texas from a 15-bed unit to a 34-bed unit with the pending closure of the Waco campus.
 - BVA recommends that the VISN gather and analyze the data from the Waco BRC to see that Central Texas has never been able to keep the 15 beds filled (South Texas seems to have provided the bulk of the applications to the Waco BRC).
 - BVA recommends that a BRC be relocated at the Dallas campus, instead the Temple location
 - historically not been impressed with support of the existing BRC in Waco by central Texas management
 - have not been able to persuade Central Texas management to separate the BRC from the inpatient psychiatric patients housed upstairs in the same building
 - Central Texas has shown little interest/initiative (as opposed to full use by North and South Texas) to implement the use of Scrip Talk and insulin pins, thus allowing veterans to remain at risk despite requests by BVA for corrective action
 - VISN projections indicate that 2/3 for the workload will be in the Dallas-Fort Worth area in ten years
 - transit system (rail) runs in front of the Dallas facility, there is a major airport there to increase accessibility
- American GI Forum summarized the concerns of their membership toward the CARES process to be:
 - losing more benefits with the revamping outlined in the DNP

VISN 17 San Antonio

- that hospitals are going to be shut down with more use/emphasis on CBOC's
- some hospitals are underutilized and the idea of using them for Assisted Living Centers is an idea that the membership strongly supports which captures their concern for the growing number of homeless veterans in the areas
- The American Legion comments included:
 - believes the proposal to transfer beds from Kerrville to San Antonio VAMC is premature and not needed at all
 - with nation at war (Iraq), in a war that by all accounts will last for a while, new veterans are entering the system each day so how can a proposal to close/change mission at Kerrville be entertained at this time of uncertainty
- Hill Country Veterans Council comments were:
 - represents 16K veterans in South Texas
 - has observed that many times patients have had to be sent from Audie Murphy VA to the Kerrville facility because of overcrowding, so AMVA can't absorb the workload from Kerrville
 - opposed to any new construction at Audie Murphy VA when the Kerrville facility already has the services/space ready for use...don't close Kerrville
- DAV summarized their comments as:
 - they take issue with the CARES data on the enrollment census of 2001 which may not reflect the accuracy of the veteran population needing medical services especially in rural areas
 - they are concerned with projected closures of inpatient beds at the Kerrville VAMC and the growing transfer of outpatient care to the Audie Murphy VA and other contract facilities
 - DNP cites proposal to use the Brownsville Clinic as enhancement supporting the new Harlingen facility, yet they have information that the Brownsville clinic will be closing in 2004
 - concern about the transportation system that they run in the Rio Grande area from McAllen clinic and the Harlingen/Brownsville areas, which already requires that volunteer drivers must be lodged overnight for each of those runs because of the distance. They want serious consideration given to providing better economic and administrative commitment in this area.
 - Without mandatory funding VA medical services will continue to fall behind its already overburdened demand
- Questions and Answers raised:
 - Number of homeless in this area of Texas is about 20K, with better than 5K of those being veterans
 - VSO's have had good working relationship with community to provide services to this population
 - Established first homeless shelter/transitional housing project for veterans

VISN 17 San Antonio

- VSO groups have been involved in the network development of the CARES recommendations (except for DAV and BVA who voiced a negative response to the involvement question)
- If Waco BRC were closed, how will BVA issues and care be handled? BVA had been given assurance that blind rehab services would remain in the network, current location proposed is Temple VAMC

c. Panel 3 – Employee Organizations

- Dean Ward, President, AFGE Local 2281
- Virginia Barrera, President, AFGE Local 4032

The following comments/concerns were summarized:

- CARES plan to close Kerrville VA could mean that almost 400 jobs, held overwhelmingly by veterans, would be lost
- San Antonio VA can clearly not accommodate the full complement of patients that would need care from Kerrville VA
- Don't let the CARES Commission be synonymous to the BRAC Commission
- Rio Grande veterans are forced to drive long times and distances to obtain healthcare services (6 hour drive from Brownsville to San Antonio VA)

d. Panel 4 – Affiliates and Collaborative Partners

- Brigadier General Charles B. Green, Commander, 59th Medical Wing and Lead Agent, TRICARE Region Six, Lackland AFB, Texas
- Dr. Steven Wartman, Dean, University of Texas Health Science Center at San Antonio

A summary of concerns/comments produced:

- There is a long history of DoD/VA cooperation in the San Antonio area dating back to Spring 1991
- Wilford Hall medical Center and Brooke Army Medical Center have 17 sharing agreements with the South Texas Veterans HCS
- University of Texas has clinic in Harlingen area and sees that location as a growing area with shortage of physicians in most specialties
- Tricare system is working well in this area
- University of Texas has medical students training in the Harlingen clinic (since July 2002)
 - 24 med students are full time in 3rd year
 - students can elect to also do some training time during 4th year
- University of Texas does not have vacant space available to consider letting VA use for relocating research program
 - Don't have enough space for their own research program
 - Hard time recruiting faculty who want to start new research programs because of lack of space
 - Legislative efforts targeted for next year to build new research tower for affiliate
- DoD is currently not using any VA beds as back-up as part of VA's 4th mission; San Antonio area considered to be well prepared should any WMD event occur

VISN 17 San Antonio

- When asked if Wilford Hall could absorb Kerrville VA patient load if that facility were closed the response was
 - Wilford Hall has an ADC of about 180 patients, so there would be some capacity to take on new inpatients
 - Wilford Hall ICU beds are 100% occupied each day and that would pose the problem for taking on any additional patients should Kerrville close

V. Commissioner Views

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	DNCP Recommendation	Commissioner Views
Southern Market	Capacity: Outpatient /Primary care	None in the highest priority category for implementation in next 7 years.	
Southern	Capacity: Oupt./Specality Care 138%/259K 139%/261K	Improve service at SA through new construction and transferring high demand specialty care to larger clinics	Absent more data not possible to make a recommendation on this issue. Need more analysis to say why existing building at Audie Murphy VA cannot house additional beds (30). Need to examine alternatives to put primary care out of main building. Send matter back to network to defend their choice to keep primary care in main building.
Southern	Capacity: Outpatient Psychiatry	Not addressed	
Southern	Small facility: Kerrville	Will continue to provide nursing home and outpatient services. Acute inpatient services will be transferred to San Antonio as space becomes available from the inpatient construction at SA. In the interim, inpatient services will be converted to a critical access hospital.	No recommendation until analysis is completed as stated by Network Director testimony and/or clear definition of Critical Access Hospital and its applicability
Southern	Enhanced Use (Kerrville) Assisted living	A major enhanced use project for assisted living in Kerrville has been submitted for approval.	Commission would support EUL in principal but have not seen detail of this project and can not comment further
Southern	Inpatient psychiatry (NOT a PI)	Not addressed	
Southern	DoD	Inpatient and out outpatient sharing and enhanced use among San Antonio, Brooks Army Medical Center and Wilford Hall Air Force Medical Center including CBOCs, Consolidating reference labs, domiciliary, CMOP, sleep lab and consolidation of bone marrow programs at the VA	Commission is encouraged with degree of cooperation and enthusiasm expressed by local military partners, and encourages them to move forward with process.
Southern	SCI (Not a PI)	Not addressed	
Valley Coastal Bend	Capacity: Primary Care	Not addressed	
Valley Coastal	Capacity: Outpatient	Not addressed	Commission strongly supports

VISN 17 San Antonio

bend	Specialty Care		decision to expand CBOC in Corpus Christi and a new VA-staffed clinic at Harlingen. In the interim network needs to aggressively move to address wait times for care through contracting for care on a priority basis.
Valley Coast Bed	Capacity: Mental Health	Not addressed	
Valley Coastal Bend	Access to Hospital Care 3% guidelines is 65%	Inpatient services to be contracted for in Harlingen and Corpus Christi.	Commission strongly supports initiative to contract for beds in Harlingen and Corpus Christi for inpatient care and urges that program be monitored to ensure adequacy.
Valley Coastal Bend	Psychiatry: inpatient (Not a PI)	Contracted for services at Harlingen and Corpus Christi.	
VISN wide	Vacant space	VISN 17 will have a total of 365,954 sq. ft. of vacant space in 2022. This represents a reduction of 1.6% from 2001.	Unable to make recommendation without additional data from network

VI. Other Comments – Overarching Issue:

- Critical Access Hospital issue needs to be defined clearly other than that Medicare definition
- Need to find out more about VA/DoD joint initiatives. While there has been a history of cooperation between VA/DoD as evidenced in hearing, Commissioners question that the cooperative efforts seem to be more the exception than the rule. It was questioned if there is any directive from DoD encouraging joint efforts with VA where possible. If such a directive has been issued, its implementation in the field remains sporadic, and more/stronger emphasis may be needed from DoD top command to ensure that cooperation is more widespread, especially during the “change of command” timeframe when the incoming Commander has voided many potential discussions with VA.
- Commission Comment: Network 17 has a good working relationship with academic affiliates.

VII. Follow up questions to VISN/VHA

- Commission not impressed with network proposal to reduce vacant space by only 1.6% in 2022, need additional information on plan.
- Question need for new construction at Audie Murphy VA to house additional 30 beds, what other alternatives have been explored by network? Can alternate placement for Research be considered to free-up bed space in existing structure? Would Audie Murphy build a new 30 bed tower if Kerrville VA stayed open? If so, why?
- Can any current research space be recaptured at the Audie Murphy VA by out placing that function and using that vacated space in the building to expand clinical programs?
 - i. What is estimate cost for new 30-bed tower? \$11M

VISN 17 San Antonio

- ii. What is estimate cost to outpace research and backfill space with additional beds in tower??
- New CBOC's requested for southern market are not high priority, so what is networks contingency plan to address the gaps identified in that area?