

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 17 WACO, Texas
October 3, 2003
9:00am

- 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. North Market
 - b. Central Market

III. Market Area Summary

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
North Market	Capacity: Inpatient Medicine 2012 39%/45b 2022 25%/28B	Total of nearly 80 beds projected to be needed with completion of privacy project in Dallas: two solutions: one is to add beds to existing medical center and lease beds in Dallas and Tarrant	Expand in house services at the Dallas VA Through construction and renovation projects. (Contracts for hospital care in Austin, Harlingen and Corpus Christi will increase services in other 3 markets)
North Market	Capacity: Inpatient Psychiatry 30% increase/30b	Additional 40 beds needed: combined with need for medical beds this justifies construction at the Dallas VAMC	
North Market	Capacity: Outpatient /Primary care	<ul style="list-style-type: none"> ➤ Establish new satellite outpt clinics, 7 new VA staffed and 4 new contract sites over next 10 yrs. An addition of over 200,000 sq ft. of leased space ➤ Clinics continue at Dallas, Bonham, and Fort Worth. 	None in the highest priority category for implementation in next 7 years.
North Market	Capacity: Oupt./Specialty Care 138%/259K 139%/261K	<ul style="list-style-type: none"> ➤ All new outpt clinic sites to have a specialty care component with plan to divert specialty care to clinics from Dallas main campus 	Improve service at SA and Dallas through new construction and transferring high demand specialty care to larger clinics.
North Market	SCI	<ul style="list-style-type: none"> ➤ Long term care needs for SCI but not CARES planning did not address 	
North Market	DoD	<ul style="list-style-type: none"> ➤ 	Sharing opportunities with Joint Reserve Base In North Fort Worth for a CBOC, also sharing with Fort Hood and The Temple Medical Center for specialty services.
Central	Access to Primary Care 66% guideline is 70%	Concentrate at Temple VAMC and new specialty hub in Austin	

VISN 17 Sept 23 WACO

		Additional 120,000 sq. ft of clinic space in Austin projected. (At capacity for OPC now) Preferred plan is to work with a new healthcare and education consortium will provide inpatient capacity for VA patients in the Austin area. Along with this is a new specialty care hub so located with the inpt capability.	
Central	Access to Hospital Care 60% guideline 65%	All clinics in Central market will include mental health capability in accordance with network plan.	Deficiency in hospital access in Austin to be met through contracting, or leasing beds in local communities
Central	Specialty Care Outpatient	Open 4 new CBOCs (see above) . Specifically mentioned is the Cedar Park area. Specialty care will be located at Temple and an new opt hub in Austin (where population is concentrated)	DNP notes new access points are included, but not in high priority group
Central	Proximity/Access: WACO issues		WACO: current services to be transferred to Temple and community contracts and leases used to provide these services. Inpatient Psychiatry services will be in met in Temple. VISN will lease 27 inpatient psych beds in the Austin area. Blind Rehab and a third of Waco's nursing home care will be moved to Temple VA. Outpt services will be moved to a new location more strategically placed to improve access for Waco and Marlin veterans
Central	DoD		Sharing with Fort Hood and Temple medical center for r specialties. (Sleep lab, psych, ortho, telemedicine)
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

a. **Panel 1 - Elected official** –

- Honorable Kay Bailey-Hutchinson, US Senate (videotape)
- Honorable John Cornyn, US Senate (videotape)
- Honorable Chet Edwards, US House of Representatives, Texas

Senators Hutchison and Cornyn and Congressman Edwards initially expressed their appreciation that the CARES Commissioners had changed the venue of the hearing from Dallas to Waco Texas and afforded the veterans and community the opportunity to be a part of this very important issue. Each panelist urged the Commission to take the opportunity to visit the Waco campus, and to give serious consideration to the kind of impact closing such a campus would have on the veterans in the service area and the community that has supported the facility since its activation in the 1930's. They urged

the Commissioners to consider the amount of money that the VA has already invested in renovations of the campus buildings over the past 10 years...more than \$80M, and how that investment would be jeopardized with the closing of the facility. All expressed their support in the effort to keep healthcare services at the Waco facility and to find alternative uses for the land.

Congressman Edwards stated that in light of the current aggressions in Iraq and the long history that the Waco site has that reasonable time be given for the VA staff and community members to develop an alternative to the current status. He offered the following points for the Commissioners consideration:

- USH Roswell's decision to close the campus was flawed because:
 - it was based on only a 2 week study
 - the harm that will come with the closure
 - \$80M used (wasted) to renovate buildings
 - dollars that would be spent to duplicate services somewhere else that are already here (at Waco)
 - the Waco workforce will be broken/fragmented and the loss of expertise this would mean to the veterans needing their care
- House Appropriations Committee will vote on allocating dollars for the Iraq war and yet here we are (VA) trying to close the Waco facility that could provide services for those very veterans coming out of that conflict
- That it would seem with the focus on realignment of facilities like Waco and Canandaigua that the VA has chosen to decrease its attention to the psychiatric needs of our veterans

Congressman Edwards offered the following suggestions to the Commission:

- give the community/interested stakeholders and local VA officials a date to work toward for their joint efforts to look at other viable alternatives and work out the details for presentation
- separate out unnecessary overhead costs/dollars from important cost of giving care to veterans with psychiatric diagnosis
- consider Waco as a national referral center for acute psychiatric care for veterans from all networks...a center of psychiatric excellence

A second elected officials panel consisted of 3 Texas State officials, Kip Averitt/Jim Dunham/John Mabry. Averitt stated that the community is and will be actively involved with the issue of the future of the Waco VAMC. He added:

- the state is currently asking the state prison system to consider partnering with the VA to provide treatment to inmates with psychiatric illnesses
- a request that the state be given time to work with the VA to save the Waco facility from closure.

Dunham, who had no prepared remarks, offered an impassioned plea that he and many others grew up with the Waco facility and that they consider that VA as part of the Texas family and Texas pride. Mabry, who represents 65% of the residents in McLennan County, stated that the veterans in Texas cannot afford to have the Waco facility close. He read the State of Texas Resolution #111 for the record offering support for the continuation of operations at the Waco facility.

b. Panel 2 - Network Panel – Thomas J. Stranova

- Tom Stranova, VISN 17 Director

- Alan Harper, Director, North Texas HCS
- Dean Billik, Director, Central Texas HCS
- Wendell Jones, MD, Network Chief Medical Officer
- Robert Cronin, MD, Chief of Staff, North Texas HCS
- Kathryn Kotrla, MD, Medical Director, Mental Health Central Texas HCS

Mr. Stranova summarized the network plan for both the northern (Bonham/Dallas) and central (Waco/Temple/Marlin) markets. He addressed the planning initiatives as submitted in the network plan and recommendations from the DNCP. In the north market, he discussed the need for additional VA-staffed CBOC's, and new construction at the Dallas VAMC. In the central market he discussed the need for expanded in/outpatient services in the Austin area. He summarized the request from VA Central Office that the network propose a plan to realign inpatient and long term care programs currently at Waco to other locations within Central Texas. Mr. Stranova stated clearly that such a proposed plan would not reduce the current service capacity in the central Texas market and that no VA employee at Waco would lose his or her job. He attempted to explain to the Commissioners and audience that such a plan would continue to require a VA-staffed outpatient psychiatric clinic in Waco and that other services would be moved to the Temple VA. He outlined a few key points for the audience concerning the realignment study:

- should realignment be decided it would take place over a 3-5 year period in a manner to minimize disruption to patients and families
- full array of outpatient mental health services will continue in the Waco area (there will be no impact on 94% of patients currently using Waco for outpatient services)
- moving inpatient programs to Temple VA will give patients immediate access to emergency/medical/surgical services and other services not available at Waco
- no employee will lose their job as a result of the realignment, and will continue to spend their income in their community
- VA will continue its practices of partnering with health care providers in the community
- new outpatient clinic in Waco will be a leased facility and will contribute to the local tax base
- VA will work closely with community leaders to develop alternate uses for the Waco campus

Questions raised and answered included:

- The amount of \$80M has been quoted as being spent to renovate the Waco campus over past 10 years, however with realignment inpatient services would go to Temple VA in new construction (additional inpatient beds) with a cost that is currently unknown, as is the cost to lease space for a mental health outpatient clinic in Waco.
- Current daily cost for care at Waco VA is \$457.00/ daily cost for care at Dallas VA is \$371.00.
- Current due date for the results of the realignment study to go to VACO/USH is the end of October, 2003, and labor partners and stakeholder groups will be involved in the study
- Psychiatric treatment modality has changed in the last 10-12 years to one focused on community re-integration instead of long-term institutionalization in facilities.

Currently only 6% of Waco population receives inpatient care, the remainder is in outpatient services

- Acute psychiatric inpatient stay is usually less than 10 days and the goal is to keep treatment close to the home, thus the trend for fewer referrals to the Waco facility from outlying areas
- There have been a few offerings from community for EUL initiatives however none have been successful
- Waco loses \$12-15M each year in operating cost (difference from reimbursement) that the network must cover from its overall annual budget, taking those dollars away from other patient care uses in the network
- Waco is currently treating 20 active duty patients and has no data from DoD on increased future need
- Austin area is in need of inpatient services for veterans and contact has been made with University of Texas and Galveston to partner in health care delivery

c. Panel 3 – Waco Panel

- Mayor Linda Ethridge, Waco, Texas
- Mr. Kent Keahey, President, Providence Hospital
- Greg Blaisdell, MD, Chairman, Dept. of Psychiatry, Providence DePaul Center
- Maggie McCarthy, Executive Director, The Bernard and Audree Rapoport Foundation
- Coke Mills, Chairman, Task Force to Save Waco Hospital
- Carey Hobbs, Chairman, Task Force to Save Waco Hospital
- Enid Wade, Attorney, Task Force to Save Waco Hospital

Generally the points made by the panel and questioning were:

- Community group submitted 2 binders to the Commissioners for review containing their study of the situation and offering alternative suggestions
- Panel member (Dr. Blaisdell) stated that while Waco officials say there is no waiting list for admission for psychiatric care, he has found that “Waco is closed in the evenings and on weekends to new admissions” from community hospitals/clinicians
- Clarification was made by Commissioners that no final recommendation has been made or accepted by Secretary Principi to close the Waco facility
- Community members stated that there were a few entities that have been contacted about considering the Waco campus for their functions as a means of providing additional income to offset the overhead for maintenance
- Panel repeated the request of Congressman Edwards that they be allowed sufficient time to work with the VA officials to develop alternate possibilities for the Waco campus and future

d. Panel 4 – VSO Panel

- Perry Dijkman, Paralyzed Veterans of America
- Donald Simons, The American Legion
- Bill Mahon, Chairman, McLennan County Veterans Association
- Gerald Cowan, President, Greater Dallas Veterans
- Jim Garrett, Department Service Officer, Veterans of Foreign Wars
- Dennis Nixon, Disabled American Veterans

Overall comments from the VSO group were:

- The American Legion does not support or understand the proposal to move services from the Waco campus to Temple VA and believes it is premature to consider such a plan
- Most VSO panelists indicated that they were involved with the initial development of the network market plan, however they do not agree with the changes that were made to the submission as they appeared in the DNCP
- VSO panel echoed concerns that the government can vote to spend money building and rebuilding services in Iraq but then is trying to close the healthcare facilities that they deserve in their neighborhood forcing veterans to drive longer distances or go without service all together
- Concern was voiced for the veterans of today but also for the veterans of tomorrow, those young people coming back from Iraq, what will they find for their health care if the VA is allowed to continue to downsize the services that it provides...that veterans deserve
- Several personal stories offered about veterans with PTSD and how they were treated and depend on the Waco facility for that care, stating that what the staff do at the Waco facility is to salvage people and lives and return them to the community

e. Panel 5 – Employee Representatives

- Fredna White, President, AFGE Local 1822 (Waco VAMC)
- Amelia Wheeler, AFGE Local 2437 (Dallas VAMC)
- Mary Gibson, VISN17 Coordinator and Vice Chair, National Alliance for the Mentally Ill Veterans Committee

The Union representatives provided their input:

- Dallas and Waco VA representatives (AFGE) stated that with the continued workload increases, the strain that is put on the employee is increasing. The AFGE local is opposed to any closures of VA facilities, however they are specifically concerned that no such action be taken at Waco before adequate arrangements/space is provided for the additional workload at Dallas VAMC.
- There is a need for additional staffing at both facilities, resulting in increased use of overtime and major problems with recruitment at the Waco facility. The average length of stay for employees at the Waco site is 17.5 years, making the staff there more like a family.
- The privatization and displacement of veterans in the Waco area will cost more and veterans will get lower quality, less continuity, less specialized care, less commitment and less recognition.

V. Commissioner Views

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	DNCP Recommendation	Commissioner Views
North Market	Capacity: Inpatient Medicine 2012 39%/45b 2022 25%/28B	Expand in house services at the Dallas VA Through construction and renovation projects. (Contracts for	Data supports need for additional medicine and psychiatry beds. Commission concurs with recommendation

VISN 17 Sept 23 WACO

		hospital care in Austin, Harlingen and Corpus Christi will increase services in other 3 markets)	subject to evaluation of supporting data including cost analysis.
North Market	Capacity: Inpatient Psychiatry 30% increase/30b		Commission concurs with recommendation subject to evaluation of supporting data including cost analysis
North Market	Capacity: Outpatient /Primary care	None in the highest priority category for implementation in next 7 years.	Given size of north market and PI identified for primary care, Commission is concerned that the DNCP does not put priority on establishment of CBOC's. Commission recommends that priority consideration be given to the establishment of at least 2 CBOC's with emphasis on northwest Arlington and Plano areas. Data support necessary.
North Market	Capacity: Oupt./Specialty Care 138%/259K 139%/261K		Same as above, Commission recommends priority consideration for 2 CBOC's in Arlington and Plano areas.
North Market	SCI		
North Market	DoD	Sharing opportunities with Joint Reserve Base In North Fort Worth for a CBOC, also sharing with Fort Hood and The Temple Medical Center for specialty services.	Commission encourages continued sharing activities with all DoD collaborative opportunities
Central	Access to Primary Care 66% guideline is 70%		
Central	Access to Hospital Care 60% guideline 65%	Deficient in hospital access IN Austin to be met through contracting, or easing beds in local communities	While PI for central market shows a decline for medicine/surgical inpatient care, it does not reflect requirements for the submarkets. DNCP encourages proposal to contract/lease beds in Austin submarket and ongoing development of academic affiliation with the University of Texas. Commission concurs with DNCP and urges greater consideration be given to growing Austin market area for inpatient care.
Central	Specialty Care Outpatient	DNCP notes new access points are included, but not in high priority group	Given PI's which identify a need for increased primary/specialty/mental health outpatient care in the central market, Commission urges full consideration be given to the network proposal to expand these services, to meet continued growth particularly in the Austin area. Commission believes the establishment of additional outpatient clinics may rectify outpatient care capacity requirements.
Central	Proximity: WACO issues	WACO: current services to be transferred to Temple and community contracts and	Commission recommends that DNCP recommendations be held in abeyance until the final

VISN 17 Sept 23 WACO

		leases used to provide these services. Inpatient Psychiatry services will be in met in Temple. VISN will lease 27 inpatient psych beds in the Austin area. Blind Rehab and a third of Waco's nursing home care will be contracted out in the WACO Central Texas market area. Outpt services will be moved to a new location more strategically placed to improve access	plan on the Waco VAMC realignment is complete and has been reviewed. Timeframe imposed by the DNCP is so constrained that it precludes a thorough cost benefit analysis and impact study of alternative solutions (i.e. community initiatives) Siting of the BRC should be determined subject to the outcome of the Waco realignment review.
Central	DoD	Sharing with Fort Hood and Temple medical center for r specialties. (Sleep lab, psych, ortho, telemedicine)	Commission encourages continued sharing activities with all DoD collaborative opportunities
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.	Given that about 250K sq. ft. of vacant space (representing about 68% of total network vacant space) is on the Waco VA campus, the Commission is concerned that money is being diverted from patient care needs to maintain unoccupied facilities, many of which are on the historical registry.

VI. Other Comments/Overarching Issue:

1. In light of the fact that mental health and long-term care were excluded from this cycle of the CARES process, the intervention to realign Waco VA is not amply supported by the CARES analysis.
2. Prior to any final decision being made on the future of the Waco VAMC site, the Commission recommends/supports the need for a realistic timeline that would allow for a complete review/analysis of all the potential alternatives for that location.

VII. Follow up questions to VISN/VHA:

1. CARES Commission request additional cost benefit analysis data on recommendation to provide additional medicine and psychiatric beds in the north market area. What cost would be associated with the implementation, and the cost impact on other markets?
2. What in the current “average daily cost” for care at the VAMC Temple, Texas?
3. CARES Commission request to review/analyze data from final report on the realignment of the VAMC Waco, Texas as soon as it is available.