

CARES COMMISSION
POST HEARING SUMMARY

VISN 18 El Paso Hearing
September 18, 2003

- I. Commissioners in Attendance
 - 1. Chad Colley, Hearing Chair
 - 2. Vernice Ferguson, R.N.
 - 3. John Kendall, M.D.
 - 4. Richard McCormick, PhD.
 - 5. Robert Ray

- II. Market Areas Addressed in Hearing
 - 1. New Mexico/West Texas

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III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
NM/ West Texas	Access to Inpatient Care 57% vs. 65% - acute 54% vs. 65% - tertiary	Expand joint venture at El Paso and contract for beds in Lubbock	DNCP supports joint venture at El Paso and contract for beds in Lubbock.
NM/ West Texas	Outpatient Primary Care – not a PI but impacts others	Reduce primary care at parent facilities by offloading to CBOCs	Expand primary care at existing CBOCs/leases to free up space at parent facilities for inpatient and specialty services.
NM/ West Texas	Outpatient Specialty Care 2012 – 52% 2022 – 30%	Use vacated space at parent facilities and add space as needed; Big Spring will investigate adding specialty care in Odessa/Midland	DNCP supports use of vacated space at parent facilities and adding space as needed, investigate moving Big Spring services to new facility in Odessa/Midland.
NM/ West Texas	Outpatient Mental Health 2012 – 49% 2022 – 17%	Increase capacity based on network plan – sharing with DOD or contracting for gaps	DNCP supports meeting national goal – mental health to be 20% of outpatient care.
NM/ West Texas	Inpatient Medicine Increase Workload 2012 – 75 beds	Reactivate Albuquerque and Amarillo beds; VA/DOD sharing in El Paso; maintain existing medical beds in Big Springs	DNCP supports reactivating Albuquerque and Amarillo beds and VA/DOD sharing; study consolidation of care in Odessa/Midland
NM/ West Texas	Decrease Inpatient Surgery Workload – currently 12 beds/1.35 ADC	VACO requested review of network surgery beds, close Big Springs surgery beds and contract or transfer to VAMC	DNCP supports review of network surgery beds, close Big Spring surgery beds and contract in community or transfer to nearest VAMC
NM/ West Texas	Proximity/Campus Realignment – Big Spring	Maintain medicine beds, close surgical beds, offload primary care to CBOCs, increase specialty care, investigate putting specialty care in Odessa/Midland	DNCP recommends feasibility study to transfer Big Spring services to Odessa/Midland area, potentially close inpatient beds and establish Critical Access Hospital in Odessa/Midland.
NM/ West Texas	Inpatient Psychiatry Increase Workload 2012 – 59% 2022 – 39%	Albuquerque – 2 bed increase; El Paso – VA/DOD joint venture; all facilities – contract with private sector for emergencies	DNCP supports: Albuquerque – 2 bed increase; El Paso – VA/DOD joint venture; all facilities – contract with private sector for emergencies.
NM/ West Texas	Collaboration – Beaumont Army Medical Center	Continue to use inpatient medicine and psychiatry at Beaumont Army Medical Center	DNCP identified DOD collaborative opportunities with William Beaumont Army Hospital as critical to solving access issues.
NM/ West Texas	Enhanced Use - VBA	VBA pursuing major construction to co-locate with VAMC	DNCP supports co-location with VBA as a high priority.
NM/ West Texas	Research Space/Vacant Space	Currently 42K sq ft, proposing new 60K sq ft facility.	Resolve space and functional deficiencies in Albuquerque research program.

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IV. Brief Description of Hearing Testimony

1. Elected Officials

Congressman Neugebauer, 19th District, Texas
Mayor McEwan, Big Spring, Texas

Prior to giving testimony Congressman Neugebauer asked the Big Spring VAMC supporters to stand so Commissioners could recognize the many people attending the hearing. The Draft National CARES Plan calls for studying the feasibility of moving services from Big Spring VAMC to a facility to be built in the Odessa/Midland area. Big Spring VAMC provides care to over 17,000 veterans from five counties covering 74,000 sq miles. Congressman Neugebauer urged Commissioners to listen to their customers and not relocate the facility, since it would cause many veterans to travel farther. Big Spring VAMC also provides care to patients at the nearby State Veterans Home.

Mayor McEwan presented the Commissioners with a petition containing 10,000 signatures to keep Big Spring VAMC open. He served on the network CARES Committee and appreciated participating in the planning process. He suggested a public-private coalition could improve care and serve as a model for other rural areas. While Odessa/Midland has a larger population, Big Spring is centrally located at Interstate 20 and US 87. Some people have voiced concerns about recruiting doctors but he told Commissioners the local hospital is willing to work with the VA to co-hire specialists.

Commissioners noted a representative of Senator John Coryn's office also submitted a written statement to the Commission.

2. Network Leadership – Ms. Patricia McKlem, Network Director

Ms. McKlem outlined the Draft National CARES Plan for the New Mexico/West Texas Market. This is a highly rural, medically underserved area with limited transportation. The biggest issue is adding projected workload in a market with only 65% of the needed space at existing facilities. The cornerstone of the plan is adding VA-staffed psychiatric and medicine beds in El Paso, through a DOD joint venture with William Beaumont Army Hospital at Ft. Bliss. El Paso currently has an outpatient clinic adjoining the hospital. Outpatient care would be added across the market through leases and expansion of current sites.

The plan includes studying the feasibility of relocating services from Big Spring VAMC to the Odessa/Midland area. Commissioners learned the market pioneered CBOCs and meets the standard for access to primary care with 23 CBOCs and four facilities. They are pursuing tele-medicine and adding outpatient mental health at larger CBOCs. The Tucson Blind Rehab Center and Albuquerque SCI unit serve veterans in multiple states. Recently a former Indian Health Services Director was hired to improve outreach to Native American veterans throughout the network.

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3. Veterans Organizations

Mr. Meeks, Vietnam Veterans of America
Mr. DeFoor, Taylor County Veterans Service Officer
Mr. McKinny, The American Legion

All of the representatives urged the Commissioners to maintain the Big Spring VAMC. They questioned the discrepancy between the network recommendation to reduce Big Spring's surgery beds and the Draft National CARES Plan. They were concerned about the need for long term care and PTSD services, particularly as active duty forces return home. When questioned they did not think projected enrollment would not remain flat, per the CARES data. They also stated they were actively involved in the CARES process.

4. Affiliates and Collaborations

Dr. Fox, Associate Dean, College of Nursing, University of New Mexico
Mr. Wagner, Director, VBA Regional Office
Col. Anker, William Beaumont Army Hospital (just completed Reserve duty)

Dr. Fox stressed the value of advanced level nurses given the VA's complex and aging patients. She noted the University is hiring more nurses to fill-in for residents now under the 80 hour/week rule. She urged the VA not to abandon plans to hire Associate Degree nurses who then go on for their baccalaureate degree. Mr. Wagner reviewed VBA's five co-location goals and stated Albuquerque is a high priority for co-location.

In the absence of any DOD witnesses Col. Anker came forward to briefly discuss the El Paso VA-DOD proposal. She just returned from a 19 month mobilization in the Surgeon General's office. While personally ranking the proposal as a high priority, she has no first-hand knowledge of a DOD commitment for VA-staffed beds at Beaumont Hospital. The Commissioners urged her to carry their message forward that this partnership provides a splendid opportunity to put in place a true partnership, since a contiguous structure exists and a willing partner in the VA to move forward with DOD.

Dr. Kendall cited Dr. Roth's thoughtful and impassioned written testimony. Commissioners wholeheartedly support the need to expand VAMC research capabilities to enhance physician recruitment and retention.

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V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
NM/ West Texas	Access to Inpatient Care 57% vs. 65% - acute 54% vs. 65% - tertiary	DNCP supports expanding DOD joint venture to add VA-staffed beds at El Paso, and contracting for beds in Lubbock, TX and Roswell, NM	Commissioners strongly concur with the proposed DOD-VA joint venture, but were very uncomfortable with the lack of any input from DOD staff. Without a clear commitment from Senior DOD Commanders the Commissioners had strong reservations about the likelihood of achieving the plan.
NM/ West Texas	Outpatient Primary Care – not a PI but impacts others	Expand primary care at existing CBOCs/leases to free up space at parent facilities for inpatient and specialty services.	Commissioners agreed with the plan to expand existing CBOCs, and felt the use of nearby leased space was a creative/ low cost response to projected fluctuations in workload.
NM/ West Texas	Outpatient Specialty Care 2012 – 52% 2022 – 30%	DNCP supports use of vacated space at parent facilities and adding space as needed, investigate putting care in Odessa/Midland	Commissioners agreed with the plan to expand existing CBOCs, and felt the use of nearby leased space was a creative/ low cost response to projected fluctuations in workload. They agreed with the plan to study the feasibility of transferring Big Spring services to the Odessa/ Midland area.
NM/ West Texas	Outpatient Mental Health 2012 – 49% 2022 – 17%	DNCP supports meeting national goal – mental health to be 20% of outpatient care	Commissioners agreed with the plan and noted the increase in outpatient mental health care over the past 18 months, particularly at larger CBOCs. They were pleased to hear of the growing acceptance of tele-psychiatry at smaller CBOCs.
NM/ West Texas	Inpatient Medicine Increase Workload 2012 – 75 beds	DNCP supports reactivating Albuquerque and Amarillo beds and VA/DOD sharing; study feasibility of relocating care to Odessa/Midland	Commissioners recognized the success of this initiative, like so much in the plan, is dependent of adding VA-staffed beds in El Paso.
NM/ West Texas	Inpatient Surgery Decrease Workload – currently 12 beds/1.35 ADC	DNCP supports review of network surgery beds, close Big Spring surgery beds and contract in community or transfer to nearest VAMC	Commissioners agreed with the plan and noted some surgery beds had already been eliminated by action of the Network Director and CMO.
NM/ West Texas	Inpatient Psychiatry Increase Workload 2012 – 59% 2022 – 39%	DNCP supports: Albuquerque – 2 bed increase El Paso – VA/DOD joint venture All facilities – contract with private sector for emergencies	Commissioners recognized the success of this initiative, like so much in the plan, is dependent of adding VA-staffed beds in El Paso. They felt this was a reasonable plan with good

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			precedent, since the VA provides mental health services for other DOD units.
NM/ West Texas	Proximity/Campus Realignment – Big Spring	DNCP recommends feasibility study to transfer Big Spring services to Odessa/Midland area, close inpatient beds and establish Critical Access Hospital in Odessa/Midland with outpatient care	Commissioners agreed with the plan to study the feasibility of transferring Big Spring services to the Odessa/Midland area. They recommended inclusion of network staff in the feasibility study group. They suggested the evaluation include the broadest set of criteria for providing rural health care, e.g., patient and family access, recruitment and retention experience, cost of referral services, transportation costs, etc. In general they felt VA nursing homes need not be located at acute care facilities.
NM/ West Texas	Collaboration – William Beaumont Army Hospital	DNCP identified DOD collaborative opportunities with William Beaumont Army Hospital as critical to solving access and workload issues	Commissioners strongly concur with the proposed DOD-VA joint venture, but were very uncomfortable with the lack of any input from DOD staff. Without a clear commitment from Senior DOD Commanders the Commissioners had strong reservations about the likelihood of achieving the plan.
NM/ West Texas	Enhanced Use - VBA	DNCP supports co-location with Albuquerque VBA as a high priority	Commissioners agreed with the plan and priority designation.
NM/ West Texas	Research Space	Resolve space and functional deficiencies in Albuquerque research program	Commissioners agreed with the DNCP support for the market plans to add 60K sq ft of research space at Albuquerque.

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VI. Other Comments

- Commissioners see the El Paso VA-DOD joint venture as the big gear that turns everything in this market plan. They are skeptical of DOD's commitment, at the highest level, given the lack of witnesses and written testimony. While they endorse the plan they need evidence of a firm DOD commitment to fully support it.
- Commissioners were concerned to find a reference to potentially establishing a Critical Access Hospital in Odessa/Midland. They recommend application of a uniform set of criteria for all facilities designated Critical Access Hospital.
- Commissioners strongly recommend the VA increase the relationship with Nursing Schools nationwide, in a manner similar to that taken with Medical Schools, as documented in Memorandum #2.
- Commissioners encourage the network to take a creative approach to recruitment and retention in this medically underserved area. One suggestion is to offer day care for elderly parents, similar to child care programs instituted in previous decades.
- Commissioners thought VISN 18 presented a thoughtful and realistic plan. Some initiatives already show improvement. Commissioners complimented the VISN for pioneering CBOCs over the last fifteen years. Rural healthcare is a challenge, but this market worked diligently to bring care closer to veterans, as shown by the primary care access data. Commissioners were pleased special disability programs, such as SCI and Blind Rehabilitation, have acceptable waiting times and staffing.

VII. Follow-up questions for VHA/VISN

1. Please contact VHA and obtain details on the proposed feasibility study, i.e., participants and leadership, timeframe, criteria, review process, etc.