

CARES COMMISSION
POST HEARING SUMMARY

VISN 18 Prescott Hearing
September 19, 2003

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

- II. Market Areas Addressed in Hearing
 - 1. Arizona Market

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III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Arizona	Outpatient Primary Care –	Reduce primary care at parent facilities and offload to CBOCs	DNCP supports reducing primary care at parent facilities and offloading to CBOCs
Arizona	Outpatient Specialty Care 2012 – 56% 2022 – 48%	Phoenix and Tucson will use vacated space from moving primary care to CBOCs; Prescott to recruit specialty providers	Expand services at existing clinics and contract in community; Prescott to increase specialty services
Arizona	Outpatient Mental Health 2012 – 55% 2022 – 32%	Increase capacity based on network plan – 20% at CBOC, rest at parent or contract	Not mentioned
Arizona	Inpatient Psychiatry Increase Workload 2012 – 53% 2022 – 30%	Phoenix and Tucson to reactivate psych beds as needed	Phoenix and Tucson to expand capacity for psychiatric beds
Arizona	Inpatient Medicine Increase Workload 2012 – 29% 2022 – 13%	Prescott – add 19 beds for total of 44; reduce Phoenix gap from 28 to 8 beds in reactivation	Retain acute beds and increase inpatient and specialty care at Prescott
Arizona	Small Facility – Prescott	Retain acute beds and increase inpatient and specialty care in Prescott	Retain acute beds and increase inpatient and specialty care in Prescott
Arizona	Special Disabilities – Blind Rehabilitation	Blind veterans will peak 2009, exploring VISOR	Not mentioned
Arizona	Collaboration – NCA – Prescott DOD – Phoenix	Proposed Columbarium (\$1.5M) will add 3000 niches at Prescott National Cemetery Exploring potential joint venture at Luke AFB	Proposed Columbarium at Prescott was pre-CARES, medium priority Proposed joint venture with Luke AFB needs further development
Arizona	Enhanced Use – mixed use space	Submitted project for childcare center, office building, research and clinical space; DOD and research dependent on EU project, no action from OAEM	EU initiative #8 on top 20 list for use of vacant space
Arizona	Vacant Space	Reduce vacant space 10% by 2004 and 30% by 2005	DNCP supports reducing vacant space 10% 2004, 30% 2005
Arizona	Research Space	Join with Arizona State University to establish Arizona Biomedical Institute	Not mentioned

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IV. Brief Description of Hearing Testimony

1. Network Leadership – Patricia McKlem, Network Director

Ms. McKlem outlined the plan for the Arizona Market, a highly rural, medically underserved area with 82% tribal/public land. The cornerstone of the plan is expanding outpatient services at nearby leased space and existing CBOCs to free up parent facilities for specialty care and inpatient services. Some proposed CBOCs already have Congressional approval; two urban CBOCs are not in the high priority group. Expanding services at Prescott will reduce patients referred to Phoenix. Prescott is a desirable community and physician recruitment should not be a problem.

Mental health services are being added at larger CBOCs, including non-physician providers. Tele-radiology is in place and the plan includes \$9M for an outpatient mental health facility in Tucson that would support tele-psychiatry across the network. Each facility has a Women's Coordinator and privacy issues have been addressed.

Commissioners also learned about outreach programs for Native American veterans. These include development of staff training aids, hiring a traditional healer, establishing a Native American liaison, assistance getting a bus for transportation, monthly "Desert Foot" teams, and attendance at pow-wows and Native American conferences.

The network is fortunate to have an inpatient SCI unit in Albuquerque and a Blind Rehab Program in Tucson. The Blind Rehab Program serves a five state area, with a 6 – 8 week wait for new patients. The outpatient program also provides services to the State of Arizona worth \$350K in annual revenue. Finally, plans include joining with the two state universities to establish biomedical research.

2. Veterans Organizations

Mr. Bignall, Paralyzed Veterans of America

Mr. Murphy, The American Legion

Mr. Chischilly, Navajo Veterans Service Organization

Mr. Lambert, Disabled American Veterans

Mr. Bignall talked about the need for SCI long term care beds and staff training to facilitate referrals to the Albuquerque and Tucson SCI units. Mr. Murphy pushed for more CBOCs, such as one in Holbrooke, given long travel times for many veterans. Mr. Chischilly discussed a recent Memorandum of Understanding between the Indian Health Service and VA to encourage resource sharing. Mr. Lambert felt improving access to care was still the major concern. All representatives were pleased with plans to expand services at Prescott. They also stated they were actively involved in the CARES process.

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3. Employee Organizations

Ms. Nelson, R.N., President Elect, National Nurses Organization of Veterans Affairs
Mr. Brumm, AFGE 2382 (Phoenix VAMC)

Both employee representatives stated they were actively involved in the CARES process. Ms. Nelson indicated NOVA supports CARES and recognizes it is not reasonable to support small inpatient units. She encouraged the VA to provide transition training for staff and consider establishing a traveling nurses group to fill in as needed. Mr. Brumm though expanding services in Tucson and Prescott was an excellent plan. Currently Phoenix gets 3,000 referrals annually from Prescott but most patients would prefer not to go to Phoenix. He also expressed concerns about the need for long term psychiatric services and delays in planning for long term care.

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V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Arizona	Outpatient Primary Care 2012 – 26% 2022 – 14%	DNCP supports reducing primary care at parent facilities and offloading to CBOCs.	Commissioners agreed with the plan to expand existing CBOCs, and felt the use of nearby leased space was a lower cost response to add workload.
Arizona	Outpatient Specialty Care 2012 – 56% 2022 – 48%	Expand services at existing clinics and contract in community; Prescott to increase specialty services.	Commissioners agreed with the plan to expand existing CBOCs, and felt the use of nearby leased space was a lower cost response to add workload. They particularly agreed with adding specialty care in Prescott to reduce referrals to Phoenix.
Arizona	Outpatient Mental Health 2012 – 55% 2022 – 32%	Not mentioned.	Commissioners agreed with adding mental health services at larger CBOCs and using tele-psychiatry at smaller clinics. They concur with building an outpatient mental health facility in Tucson to develop tele-psychiatry network wide.
Arizona	Inpatient Psychiatry Increase Workload 2012 – 53% 2022 – 30%	Phoenix and Tucson to expand capacity for psychiatric beds.	Commissioners agreed with plans to expand capacity at Phoenix and Tucson.
Arizona	Inpatient Medicine Increase Workload 2012 – 29% 2022 – 13%	Retain acute beds and increase inpatient and specialty care at Prescott.	Given the occupancy rates and projected demand Commissioners agreed with reactivating beds as needed.
Arizona	Small Facility – Prescott	Retain acute beds and increase inpatient and specialty care in Prescott.	Commissioners agreed with expanding inpatient and outpatient services at Prescott to support N. Arizona growth and free up Phoenix resources.
Arizona	Special Disabilities – Blind Rehabilitation	Not mentioned.	Commissioners were pleased to learn about the Blind Rehab program and the possibilities for an outpatient VISOR team.
Arizona	Collaboration – NCA – Prescott DOD – Phoenix	Proposed Columbarium at Prescott was pre-CARES, medium priority. Proposed joint venture with Luke AFB needs further development.	Commissioners learned the \$1.5M NCA design is done, construction by FY04. Commissioners did not raise this initiative at the hearing.
Arizona	Enhanced Use – Phoenix mixed use space	EU initiative #8 on top 20 list for use of vacant space.	Commissioners support the Phoenix EU project.

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Arizona	Research Space	Establish Biomedical Institute with Arizona State University, and research lab with both universities.	Commissioners agreed with the need to improve research capabilities to enhance patient care and physician recruitment.
Arizona	Extended Care	Renovate 124k sq ft across three facilities	Commissioners agreed with plans to renovate facilities.

VI. Other Comments

Commissioners liked the plan to lease space near the parent facilities for primary care, which frees up space at the VAMCs for needed services. Given the parking and overcrowding issues at most facilities this fast, lower cost option should be acceptable to both patients and providers. Commissioners noted the same initiative by other networks and want to commend all of them for developing a creative solution to expanding care.

VII. Follow-up questions for VHA/VISN - none