

**CARES Commission
Post Hearing Summary**

VISN 20 Portland, Oregon
Vancouver, Washington location
September 26, 2003
325 persons in attendance

- I. Commissioners In Attendance:
 - 1. Chad Colley, Hearing Chairman
 - 2. Vernice Ferguson, RN, Commissioner
 - 3. Layton McCurdy, MD, Commissioner
 - 4. Sr. Patricia Vandenberg, Commissioner

- II. Market Areas addressed at Hearing
 - 1. Alaska Market
 - 2. South Cascades Market
 - 3. Inland South Market
 - 4. Western Market

- III. Comparison of Gaps, Mini Markets and Draft National CARES Plan

<u>ALASKA MARKET</u> (VA Alaska Healthcare System)	<i>Planning Initiatives</i>	<i>Mini-Market Plan</i>	<i>Draft National Plan</i>
Access	<i>Tertiary Care: 30% vs. 60%</i>	<i>Contract for Care</i>	<i>Not in Plan</i>
<i>Capacity Outpatient</i>	<i>Increases in Primary Care Specialty Care Mental Health</i>	<i>-New expanded Clinic at Elmendorf AFB (Anchorage) and new clinic at Ft. Wainwright (Fairbanks) to alleviate gaps. -New CBOC proposed for Mat-su.</i>	<i>-Both clinics included in plan -Mat-su CBOC not in High Priority CBOCs in plan..</i>
<i>Collaboration DoD</i>	<i>Joint construction At Elmendorf and Ft. Wainwright.</i>	<i>VA/DoD clinics expand Primary care in Anchorage And sets up primary care In Fairbanks</i>	<i>Included in Plan</i>
Enrollment	<i>21K, 10% increase to 23K in 2012, 10% decrease to 21K in 2022</i>		

**- 2 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

Inland South Market (VAMC Boise)	<i>Planning Initiatives</i>	<i>Mini-Market Plan</i>	<i>Draft National Plan</i>
Capacity Outpatient	Specialty Care Increase 143% and 124%	-Construction at Boise, expansion of contracts and CBOC	<i>Not mentioned in plan</i>
Access	Tertiary Care 37% vs. 65%	-Expand contracts	<i>Not mentioned in plan</i>
Small Facility	Boise (Small surgery bed section)	-Retain surgery and enhance surgical program through DoD sharing	<i>Not mentioned in plan</i>
Collaboration VBA DoD	Co-location VBA Surgical Sharing	Supports co-location. Expand Surgical Sharing with Mountain Home AFB	<i>Not mentioned.</i> <i>Listed as continued for local development.</i>
Enrollment	21K, 13% increase to 24K in 2012, 0% change to 24K in 2022		

South Cascades Market (VAMC Portland, VAMC Roseburg, White City Dom.)	<i>Planning Initiatives</i>	<i>Mini-Market Plan</i>	<i>Draft National Plan</i>
Capacity	Primary Care Increase 29% and 11% Specialty Care Increase 58% and 46%	-Add three metropolitan CBOCs to Portland -Build replacement clinic in Eugene -Accomplish workload increase in house at White City.	No Tier 1 CBOCs approved for this market. Metro East and Metro West CBOCs approved outside the CARES process.
Access	Hospital Care (56% versus 65%)	Establish contracts for Bend, Eugene, and Medford	<i>Not mentioned</i>
Small Facility	Roseburg (Small Surgical Bed Section)	Retain 2 surgery beds as support for ambulatory care	<i>Not mentioned</i>
Enhanced Use	Portland, White City, and Roseburg	Portland – Bldg at Vancouver with Clark County White City – Rogue Community College to build on White City land	All projects are mentioned in plan, but they did not make the top 20 list.

11/4/2003

**- 3 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

		<i>Roseburg – discussing land deal with the National Forest Service</i>	
<i>Campus Realignment</i>	<i>-Vancouver Division of Portland</i>	<i>Not mentioned</i>	<i>-Develop plan to enhance use lease the campus by contracting for nursing home care and relocating outpatient services.</i>
	<i>- White City</i>	<i>Not mentioned</i>	<i>-White City will maintain outpatient services. Dom care and CWT programs will be transferred to other VAMCs in VISN 20. The balance to be evaluated for enhanced use.</i>
<i>Collaborations</i>	<i>-VBA – Portland</i>	<i>-Collocate VBA</i>	<i>-Portland -medium priority</i>
	<i>-NCA - Roseburg</i>	<i>-Establish casket burial and columbarium</i>	<i>-Roseburg mentioned</i>

<i>Seismic Issues</i>	<i>Portland</i>	<i>Mentioned</i>	<i>\$49.7 million in plan</i>
	<i>Roseburg</i>	<i>Mentioned</i>	<i>\$17 million in plan</i>
	<i>White City</i>	<i>Mentioned</i>	<i>Being considered for realignment</i>
<i>Enrollment</i>	<i>90K, 10% increase to 99K in 2012, 8% decrease overall to 91K in 2022</i>		

Western Washington Market <i>VA Puget Sound HCS (Seattle and American Lake)</i>	<i>Planning Initiatives</i>	<i>Mini-Market Plan</i>	<i>Draft National Plan</i>
<i>Capacity</i>			
<i>Inpatient Care</i>	<i>Medicine Beds Increases of 45% and 35%</i>	<i>Joint activity with Madigan will increase inpatient medicine capacity in the Tacoma area. Inpatient services will close at American Lake campus.</i>	<i>Army providing space for inpatient medicine and ER for American Lake relocation.</i>
<i>Outpatient Care</i>		<i>Meet demand by absorbing in house and adding CBOCs.</i>	<i>No priority Tier 1 CBOCs approved for</i>

11/4/2003

**- 4 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

	Primary Care Increases of 103% and 89% Specialty Care Increases of 120% and 123%		<i>this market.</i>
<i>Vacant Space</i>	American Lake	Remodel and backfill in conjunction with Madigan relocation plan	Plan is consistent.
<i>Enhanced Use</i>	Seattle	Enhanced Use for Land	Included in Top 20 EU projects
<i>Collaborations VBA DoD</i>	Puget Sound Madigan AFB Bremerton Naval Oak Harbor Naval	Explore collaboration Move inpatient and ER from American Lake Inpatient medicine, ER, and ancillary to support Bremerton CBOC Miscellaneous shared services	Not mentioned in plan Listed as highest priority in plan Listed as near term further development in plan Listed as continue for local development in plan
<i>Vacant Space</i>	Reduce vacant space at American Lake	Addressed in Madigan plan	Consistent with plan.
<i>Seismic Issues</i>	Numerous bldgs. American Lake	Addressed in Madigan plan and other construction	\$16.9 million in plan for Seattle, and \$21.8 million in plan for American Lake
<i>Enrollment</i>	80K, 33% increase to 106K in 2012, 1% decrease to 104K in 2022		

IV. Description of Hearing Testimony

a. Elected Officials

The Elected Officials did NOT concur with the closure of the Vancouver Division because:

11/4/2003

**- 5 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

- The Local community does not have the capacity to absorb the Veteran workload, and even if they had capacity, the compensation rate (the VA payment structure) would not cover costs now would local agencies accept veteran patients.
- Travel is difficult between the two divisions, parking is difficult in Portland and space at the Portland division is at a premium.
- Over 2500 letters were provided to support the VA division remaining open.
- Concepts regarding expansion of service at the VC division, to decompress the Portland Divisions space and parking issues were shared.
- There is a document (Darlene Hooley, US House of Representatives to provide) signed by 11-area congressman regarding opposition to all closures in VISN 20.
- The community has a strong commitment to respect and honor all veterans in the area.

b. Elected officials: Statements

- Statements reflect opposition for closures, support of the Clark County Enhanced Use Lease (at the Vancouver Division).

c. Network Panel

VISN 20 has the largest waiting list for next available appointment for Primary Care in the Nation. The DNCP calls for essentially 4 of the 10 faculties in VISN 20 to close.

Highest priority issues are: 1)Vancouver: Non closure of the Vancouver division and aggressive resolution of the Enhanced Use Lease opportunities with Clark County for use of land to build a structure for health cars services on the VC site. 2) Alaska: Given the high cost of care in Anchorage, national intervention is needed to obtain adequate funds in the 04 budget to fund joint venture structure at the Elmendorf Base. 3) Alaska: Given the high cost of care in Anchorage, timely interventions to assure in house space for less costly care when the current lease expires in 07, is indicated.

Each Market was discussed:

Alaska Market: Given the high cost of care in Anchorage, national intervention is needed to get adequate funds in the 04 budgets to fund joint venture structure at the Elmendorf Base.

Western Washington: Research space is needed to recruit qualified staff and given Seattle is the third largest funded site for VA research, support is needed to build new structure. Two CBOCs were requested but not approved, at the Bellingham and southern market location.

Inland South: Location of the VBA and VA is a good idea, but there are obstacles at the national level that must be resolved having to do with EUL issues.

11/4/2003

**- 6 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

South Cascades: Vancouver Division of the Portland VAMC provides unique and specialized services. It has a highly regarded Rehabilitation Medicine Service in buildings of the 1985 vintage. In addition to the Skilled NHCU beds that are used for Rehabilitation medicine, all physical rehabilitation services are provided at this site. Primary Care clinics are located here also. Rehabilitation care cannot be provided in the community in a cost effective manner, even if it were available. Given the congested clinic space and parking issues at the Portland division, the closure of VC would cause aggravate existing (significant) access and capacity issues. There are other entities located at VC site, to include the VISN offices, a laundry, a national Dispute Resolution office, and an assisted living program is in the plan. There is a comprehensive plan to demolish most of the old buildings and use the land for an enhanced use lease arrangement including a , including a project with Clark County.

8% of VISNs veteran population is female and there is an aggressive program to meet the needs of female veterans.

d. Panel 4 VSO

Key points from all testimony were:

- There needs to be equity of funding for national funding. There is inequity of CBOCS in the nation. Senate bill 50 regarding mandatory funding was mentioned.
- There must be access to services and the need for CBOCS and outpatient clinics is urgent to meet the needs of veterans.
- All were opposed to the closure of VC.
- The waiting times in the VISN are excessive and need to be addressed
- The White City homeless program is very important as it services a special population that is traditionally underserved.
- Transportation in this VSIN is an issue given the long distances and difficult weather.

e. Panel 5 DoD and Academic partners

- There is strong support and a genuine working relationship regarding the VA and DoD partnerships. There is strong political support. There must be local intervention to make such partnerships work. Elmendorf AFB and the VA working relationship is a model for positive joint partnerships.
- There is strong support from the Academic affiliates in the VISN. There is strong support for the research that occurs in the VISN, an excellent and open working relationship in VISN 20. There is a true partnership and sense of innovation between the medical school affiliations, DOD and VA all working collaboratively, to provide health care.

f. Panel 6 Employee

(Of note was the very professional and veteran focused testimony provided by this group.)

- How can closure of mental health and long term care programs occur when there is no support data in the DNCP?
- Overall, the Employee panels were supportive of veteran care, but not supportive of the closures.

11/4/2003

**- 7 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

- The American Lake AFGE was aware and are supportive of the movement of the 15-inpatient beds from AL to Madigen. They were well informed of the change.

V. Commissioner Views

<u>ALASKA MARKET</u> (VA Alaska Healthcare System)	<i>Planning Initiatives</i>	<i>Draft National Plan</i>	<i>Commissioners Views</i>
Access	<i>Tertiary Care: 30% vs. 60%</i>	<i>Not in Plan</i>	NO recommendation
<i>Capacity Outpatient</i>	<i>Increases in Primary Care Specialty Care Mental Health</i>	<i>-Both clinics included in plan: New Expanded Clinic at Elmendorf AFB (Anchorage) and new clinic at Fort Wainwright (Fairbanks)</i> <i>-Mat-su CBOC not in plan for Tier 1.</i>	Commissioners strongly support the funding of the clinics as 1) there is insufficient space to meet current demands, 2) care provided from fee basis sources is cost prohibitive and 3) the other option, to sign a 5 years lease on space that is already too small does not meet the needs of the veteran population. No recommendation.
<i>Collaboration Dodd</i>	<i>Joint construction At Elmendorf and Ft. Wainwright.</i>	Included in Plan	Commissioners support joint collaborations and recommend exploration of unrecognized opportunities with the DoD

11/4/2003

**- 8 - Post briefing document VISN 20 Portland
10/6/03 FINAL**

<u>Inland South Market</u> (VAMC Boise)	<i>Planning Initiatives</i>	<i>Draft National Plan</i>	<i>Commissioner Views</i>
Capacity Outpatient	Specialty Care Increase 143% and 124%	Not mentioned in plan	NO recommendation
Access	Tertiary Care 37% vs. 65%	Not mentioned in plan	Commissioners support exploration of alternatives to meeting the gap in access in this market.
Small Facility	Boise (small surgery bed section)	Not mentioned in plan	NO recommendation
Collaboration VBA DoD	Co-location VBA Surgical Sharing	Not mentioned. Listed as continued for local development.	Commissioners note the data is compelling for the VA and VBA to co-locate. Obstacles must be removed immediately for the co-location to occur. (See comments section #)

<u>South Cascades Market</u> (VAMC Portland, VAMC Roseburg, White City Dom.)	<i>Planning Initiatives</i>	<i>Draft National Plan</i>	<i>Commissioner Views</i>
Capacity	Primary Care Increase 29% and 11% Specialty Care Increase 58% and 46%	No Tier 1 CBOCs approved for this market.	Two CBOCs have been approved outside the CARES process. NO further recommendation.
Access	Hospital Care (56% versus 65%)	Not mentioned	NO recommendation
Small Facility	Roseburg (Small Surgical Bed Section)	Not mentioned	No recommendation
Enhanced Use	Portland, White City, and Roseburg	All projects are mentioned in plan, but they did not make the top 20 list.	NO recommendation

11/4/2003

**- 9 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

<p><i>Campus Realignment</i></p>	<p><i>-Vancouver Division of Portland</i></p>	<p><i>-Develop plan to enhance use lease the campus by contracting for nursing home care and relocating outpatient services.</i></p>	<p><i>Commissioners DO NOT concur with the closure of Vancouver Division of Portland. There is compelling data and rationale to support non closure.</i></p> <p><i>1.Services are discreet and complementary between divisions. The VC division is a rehabilitation center with all physical medicine services provided there. With the lack of clinic space and parking at the Portland division, there would be no space to provide these services.</i></p> <p><i>2.Review of workload reflected that 12% of patients receiving rehab care at the VC division Rehab comparative cost for care in the private sector would be twice that of current VA care costs.</i></p> <p><i>3. There are no community resources to place patients in need of Rehab Services in the community (Note: Twice the cost even if available).</i></p> <p><i>4. 40% of space/ land at VC division is planned for EUL opportunities to include partnering with Clark county.</i></p> <p><i>5. Currently there are Primary Care clinics at the VC division, and it is</i></p>
--------------------------------------	--	---	---

**- 10 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

	<p><i>To be dealt with in hearing on October 3, 2003</i></p> <p><i>- White City</i></p>	<p><i>-White City will maintain outpatient services. Dom care and CWT programs will be transferred to other VAMCs in VISN 20. The balance to be evaluated for enhanced use.</i></p>	<p><i>recommended that further expansion of outpatient services occur to decompress the Portland division capacity issue.</i></p> <p><i>6. The age and design of the inner core of the VC buildings are well suited for provision of current services and expansion of other services. The age of the NHCU buildings (1985) makes them well suited for current and project treatment modalities.</i></p>
<p><i>Collaborations</i></p>	<p><i>-VBA – Portland</i></p> <p><i>-NCA - Roseburg</i></p>		<p>NO recommendation</p>

<p><i>Seismic Issues</i></p>	<p><i>Portland</i></p> <p><i>Roseburg</i></p> <p><i>White City</i></p>	<p><i>\$49.7 million in plan</i></p> <p><i>\$17 million in plan</i></p> <p><i>Being considered for realignment</i></p>	<p>Commissioner’s review of seismic issues is insufficient to make any recommendation.</p>
------------------------------	--	--	--

**- 11 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

Western Washington Market VA Puget Sound HCS (Seattle and American Lake)	<i>Planning Initiatives</i>	<i>Draft National Plan</i>	<i>Commissioner Views</i>
Capacity Inpatient Care Outpatient Care	<p>Medicine Beds Increases of 45% and 35%</p> <p>Primary Care Increases of 103% and 89%</p> <p>Specialty Care Increases of 120% and 123%</p>	<p>Army providing space for inpatient medicine and ER for American Lake relocation.</p> <p>No Tier 1 CBOCs approved for this market.</p>	<p>Commissioners are supportive of moving 15 inpatient beds from American Lake to Madigan Army Medical Center. In addition, the move furthers the VAs mission for resident education in emergency medicine. The relationship is most noteworthy between the University, DoD and VA in the provision of health care services.</p> <p>Commissioners request more data regarding the number of veterans to be served at the CBOCs, the rationale for location choice and what other reasonable options are available to provide services if CBOCs not approved. The two CBOCs, one in Bellingham and the second south to Olympia did not appear on the DNCP.</p>
Vacant Space	American Lake	Plan is consistent.	NO recommendations
Enhanced Use	Seattle	Included in Top 20 EU projects	NO recommendation
Collaborations VBA DoD	Puget Sound	Not mentioned in plan	

11/4/2003

**- 12 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

	<i>Madigan AFB</i>	<i>Listed as highest priority in plan</i>	<i>See above regarding moving of 15 inpatient beds from American Lake.</i>
	<i>Bremerton Naval</i>	<i>Listed as near term further development in plan</i>	<i>Commissioners request more information regarding possibilities of collaborative/joint efforts in development of a CBOC.</i>
	<i>Oak Harbor Naval</i>	<i>Listed as continue for local development in plan</i>	
<i>Vacant Space</i>	<i>Reduce vacant space at American Lake</i>	<i>Consistent with plan.</i>	NO recommendation
<i>Seismic Issues</i>	<i>Numerous bldgs. American Lake</i>	<i>\$16.9 million for Seattle and \$21.8 million in plan for Western Washington.</i>	Commissioner's review regarding seismic issues is insufficient to make any recommendation.
<i>Resesarch Space</i>	<i>Seattle</i>		<p>Commissioners support the initiatives outlined in the testimony regarding Research space. Based upon the demonstrated success of research endeavors at the VA Puget Sound VAMC, support expansion of research space and agree with plan to proceed with research structure.</p> <p>The plans should proceed in development of a research structure. Commissioners request further conceptual reviews and analysis regarding the cost of the research structure, amount of square footage needs and projected amount of research costs dollars generated per sq. ft.</p>

VI. Other Comments:

1. The data provided via testimony of both VISN leadership and other panels at this hearing yielded clarification of questions and compelling additional information by which the Commissioners were able to make strong recommendation to keep Vancouver division of the Portland VAMC open.
2. Collaborative opportunities between the DoD, Academic Affiliates and the VA were noted to be extremely successful due to the joint collaborating that has occurred, the innovative approach and related accountability and the creative spirit by which the involved groups embrace the concept of health care partnership.
3. DoD and VA Partnerships are of the strongest nature in this VISN, due to the political support provided at the national level, and the local collaborative spirit. It was noted obstacles to such relations still exist and include financial incompatibility between the two departments, (that being the lack of integrated fiscal data systems) and the lack of patient information sharing capabilities. Of note is a research grant in process at the American Lake division where the VA and DoD plan to use a grant to work jointly to integrate databases.
4. Given the nature of DoD and VA partnerships, it is imperative that MOUs be in place to insure integrity of existing agreements continue when there is a change in leadership at either entity.
5. The Mobile clinic at Spokane is a model by which Primary care is provided in very rural and underserved areas.
6. The parking situation at the Portland division is very problematic. It is recommended that all alternatives be explored for bus or transport for both employees and veterans. The commissioners recommend that all LEGAL impediments be removed at the national level to aid in resolution this issue.
7. Current Physician salary structure is an impediment to recruitment of qualified staff.

VII. Follow Up questions for VHA/VISN

1. Further information requested regarding the costs associated with Seismic issues.
2. Commissioners request more data regarding the number of veterans to be served at the CBOCs (Western Washington Market), the rationale for location choice and what other reasonable options are available to provide services if CBOCS not approved. (Bellingham and South of Olympia)
3. Commissioners request more information regarding possibilities of collaborative/joint efforts in development of a CBOC. (Western Washington Market)

**- 14 -Post briefing document VISN 20 Portland
10/6/03 FINAL**

4. Commissioners request further conceptual review and analysis regarding the cost of the research structure, amount of square footage needs and projected amount of research costs dollars generated per square foot.

Drafted Saturday September 27, 2003 , reviewed and approved Sunday September 28, 2003 by Chairman Chad Colley. Concurred with by all Commissioners October 6, 2003.

11/4/2003