

**CARES COMMISSION
Post Hearing Summary**

VISN 20 Walla Walla, Washington
September 29, 2003 9:00am
240 persons in attendance

- I. Commissioners in Attendance
Everett Alvarez, Chairman
Layton McCurdy, MD, Hearing Chairman
Chad Colley, Commissioner
Vernice Ferguson, RN, Commissioner
- II. Market Areas addressed at Hearing
Inland North Market

III. Comparison of gaps, Mini markets and Draft National CARES Plan

<i>Inland North Market (VAMC Spokane and VAMC Walla Walla)</i>	<i>Planning Initiatives</i>	<i>Mini-Market Plan</i>	<i>Draft National Plan</i>
<i>Capacity Outpatient</i>	<u>Increase in: Specialty Care (143%;124%)</u> <u>Mental Health (42%;13%)</u>	<i>-Add one new CBOC in Central Washington</i> <i>-Expand 3 existing CBOCs</i>	<i>-One new CBOC included for central Washington</i> <i>-Plan does not mention expansions.</i>
<i>Access</i>	<i>-Primary Care 56% vs. 70%</i> <i>-Hospital Care 64% vs. 65%</i> <i>-Tertiary Care 37% vs. 65%</i>	<i>-Add new CBOC and enhance mobile clinic.</i> <i>-Contracts for Spokane, Tri-Cities, and Yakima.</i> <i>-Contracts in Spokane and Yakima.</i>	<i>-One new CBOC for Spokane (Central Washington).</i>
<i>Small Facility</i>	<i>-Spokane (small surgery bed section)</i>	<i>-Restrict Surgery in Spokane</i>	<i>-Spokane not specifically mentioned</i>
<i>Collaboration NCA</i>	<i>Walla Walla</i>	<i>-Reference to NCA Columbarium study</i>	<i>Mentioned in plan.</i>
<i>Vacant Space</i>	<i>Reduce vacant space at Walla Walla</i>	<i>Reduce space at Walla Walla through agreement with Corps of Engineers</i>	<i>Not mentioned</i>
<i>Campus Realignment</i>	<i>Walla Walla</i>	<i>-Close inpatient care; Expand Long Term Care; Increase Specialty Care and Mental Health</i>	<i>-Close inpatient care and long term care and provide by contract; maintain outpatient care.</i>
<i>Enrollment</i>	<i>41K, 10% increase to 45K in 2012, 10% decrease to 41K in 2022</i>		

IV. Description of Hearing Testimony

a. Network Panel

Dr Les Burger summarized testimony to include VISN 20 compromises 23% of the land mass of the US, where distance is measured in miles. Even though enrollment is flat, age of veteran is less then the average. The VISN has the largest waiting list, leads the nation in category I veterans. Of note are the DNCP calls for closure of four of 10 facilities in the VISN. Unemployment is 7.5% in Washington, 8.1% and 7.8% in Alaska. Oregon and Washington states budgets are in a crisis with resultant discontinuation of health benefits to many veterans. HMO's have also dis-enrolled people, resulting in an increased rate of users to the VA.

At the Walla Walla site, 2/3 of the buildings are greater then 50 years old and has serious seismic and other structural issues.

In the Inland North Market, there are two central issues, that being access to Primary Care and access to specialty care. In Walla Walla the medical and psychiatry beds were identified to be relocated and the VISN is exploring alternate sites for the NHCU and OPC sites.

Questions raised and answered included:

- The Native Americans have services provided adequately at both the Walla Walla and Spokane site.
- Female Veterans have adequate services.
- SCI service is provided at Puget Sound. Use of the hub/spoke system is functioning well.
- Blind Rehabilitation: American Lake provides inpatient services with a minimal waiting list. VIST programs are in place.

The Mobile Clinic concept used by Spokane is very effective, only one of five that Still is in use. The Mobile Clinic has a nonstop circuit, which provides limited Primary and preventative care. The succeeds of the Mobile Clinic (A retro fitted bus) is linked to the large rural environment and careful scheduling to optimize the use of the clinic.

The Hospice program is highly successful at the Spokane VAMC.

At the Walla Walla VAMC, the cost to bring Walla Walla up to standards would be nearly \$6million per building. A new NHCU building would need to be constructed, as the NHCU will not allow structural changes that are required to meet current codes.

Panel 3 VSO

Overall the comments from the VSO groups were:

- Native Americans are opposed to cut in services
- Opposition to Walla Walla Closure

11/4/2003

- Groups urged the VA to “Keep the Promise”.

VSOS were involved with VISN 20 planning while in development but when plans changed at CO level, there was not input.

Panel 4 Local Group (Walla Walla)

- There was support for Veterans care
- There is historical significance at the Walla Walla Site, but the city does not have the resource to maintain structure.

Panel 5 Washington State DVA

- CO should respect VISN 20 local leadership decisions.
- VERA budgeting model has a detrimental lag time which impacts VISN 20 in light of the rapid growth
- Data Driven fact based review is vital.

Panel 6 Community Panel

Community Panel made following points:

- Requested CARES Commission obtain funding for historic preservation of Walla Walla as it cannot maintain campus if turned over for historical purposes.
- Opposed to Closure of Walla Walla.
- The Economic impact study should be completed and funding provided to offset economic loss of Walla Walla VAMC.
- VA must bear judiciary responsibility to deal with environmental issues

Panel 7 Employee/Unions

The summary of comments is:

- Opposition to Walla Walla Closure
- Rural Health care issues are different then urban issues.
- The facility has received high JCAHO scores, and provides excellent quality of care.
- Unions have been involved with CARES process.

Panel 8 Representatives Member of Congress

- Opposed to Walla Walla Closure
- Long Travel distances create issues
- Rural Health Care must be realized.
- Law on Books prohibiting change in mission of Walla Walla Medical Center (1987)
- 703 letters of support provided from Maria Cantwell and given to Commissioners

V. Commissioner Views

<i>Inland North Market (VAMC Spokane and VAMC Walla Walla)</i>	<i>Planning Initiatives</i>	<i>Draft National Plan</i>	<i>Commissioner Views</i>
<i>Capacity Outpatient</i>	Increase in: <u>Specialty Care</u> (143%;124%) <u>Mental Health</u> (42%;13%)	-One new CBOC included for central Washington -Plan does not mention expansions.	Commissioners support a new CBOC in Central Washington, and recommend further evaluation of information regarding patient demand, patient numbers and travel distance in determination of need for an additional CBOC in Northern Idaho.
<i>Access</i>	-Primary Care 56% vs. 70% -Hospital Care 64% vs. 65% -Tertiary Care 37% vs. 65%	-One new CBOC for Spokane (Central Washington).	Same as above
<i>Small Facility</i>	-Spokane (small surgery bed section)	-Spokane not specifically mentioned	Commissioners endorse plan to proceed with restriction of select surgical services.
<i>Collaboration NCA</i>	Walla Walla	Mentioned in plan.	No recommendation
<i>Vacant Space</i>	Reduce vacant space at Walla Walla	Not mentioned	Commissioners urge every possible latitude for enhanced use lease options for the Walla Walla Campus.
<i>Campus Realignment</i>	Walla Walla	Close inpatient care and long term care and provide by contract: maintain outpatient care	Commissioners make the following recommendations: 1. Recommend to proceed with relocation of outpatient services, medicine beds, psychiatry and NHCU beds. 2. Psychiatry/Medicine inpatient: explore contract options for acute psychiatry and medicine services in veterans community of residence. 3. Replicate Outpatient

			<p><i>Services (OPC) in full, off site.</i></p> <p><i>4. NHCU: Recommend proceeding with NHCU relocation and strongly support the sharing of a wing of a local NCHU and using VA staff to provide care to the Veteran.</i></p> <p><i>5. Full exploration of EUL options for the Walla Walla Campus. VA to divest itself of property.</i></p>
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VI. Other Comments

1. Commissioners encountered difficulty with application of the same metrics for metropolitan versus rural populations, given the highly rural and “frontier” type environment.
2. Commissioners note the high unemployment in the Walla Walla area, the need for support of RN education and the high sensitivity within the community regarding the realignment of Walla Walla VAMC services. All of these issues would be impacted given any realignment of services.
3. Commissioners urge assurance that high quality patient care services are replicated as realignment is evaluated.

VII. Follow UP questions for VHA/VISN

1. Need for further evaluation of information regarding patient demand, patient numbers and travel distance in determination of need for an additional CBOC in Northern Idaho.

Draft to Commissioners September 30, 2003

Approved by Chair Hearing October 4, 2003 finalized October 7, 2003