

**CARES COMMISSION**  
**POST HEARING SUMMARY**

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VISN 22 Las Vegas Hearing  
September 26, 2003

- I. Commissioners in Attendance
  - 1. Jo Ann Webb, R.N., Hearing Chair
  - 2. Richard McCormick, PhD.
  - 3. Robert Ray
  - 4. John Vogel, Vice Chairman
  
- II. Market Areas Addressed in Hearing
  - 1. Nevada Market

## VISN 22 Las Vegas Hearing Summary

### III. Market Area Summary

Market	Planning Initiative	Market Plan Recommendation	DNCP Recommendation
Nevada	Outpatient Primary Care 2012 – 49% (60K stops) 2022 – 35% (43K stops)	Construct new Ambulatory Care Center to replace Guy Center	Develop plans for new hospital in Las Vegas that includes current plans for multi-specialty outpatient clinic. Expand existing CBOCs via clinical service contracts, replacement leases, and new construction/reconfiguration.
Nevada	Outpatient Specialty Care 2012 – 120% (105K stops) 2022 – 112% (98K stops)	Construct new Ambulatory Care Center to replace Guy Center	Develop plans for new hospital in Las Vegas that includes current plans for multi-specialty outpatient clinic. Expand existing CBOCs via clinical service contracts, replacement leases, and new construction/reconfiguration.
Nevada	Inpatient Medicine Increase Workload 2012 – 24 beds (91%) 2022 – 19 beds (70%)	Expand medicine beds at Mike O’Callaghan Federal Hospital	Develop plans for a new hospital in Las Vegas. Peak demand to be addressed through contracting, DOD/VA federal sharing, conversion of vacant space and renovation.
Nevada	Special Disabilities	Construct 24 bed Blind Rehab unit in Long Beach to improve access to care	DNCP recommends inpatient beds at new Blind Rehab Center for Long Beach
Nevada	Collaboration – VBA  DOD	New Ambulatory Care Center to include VBA functions  Explore opportunities for sharing with O’Callaghan Hospital for acute care	VAMC/VBA Reno to co-locate offices on site of new medical center – high priority  DNCP supports exploring sharing opportunities with O’Callaghan
Nevada	Extended Care	Construct new 120 bed long term care unit at either O’Callaghan Hospital or in community; Nevada State Veterans Home to open 2003	New construction of 95K sq ft nursing home in Las Vegas.

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### IV. Brief Description of Hearing Testimony

#### 1. Elected Official – Congresswoman Shelley Berkley, Nevada 1<sup>st</sup> District

Congresswoman Berkley urged Commissioners to support building a full service hospital, outpatient center and nursing home in Las Vegas. She represents the fastest growing area in the country and serves on the House Veterans Affairs Committee. Her veterans face a critical situation -- no VA Medical Center in Southern Nevada. Veterans travel hundreds of miles to VA hospitals in Southern California for care. Furthermore, outpatient services are fragmented following recent problems at the Las Vegas Outpatient Clinic. In 2003, six years after opening, it was deemed unsafe for occupation. Services are now provided at ten temporary clinics around the city.

Following Secretary Principi's visit this spring the Nevada delegation introduced legislation in both houses for \$250M to construct a full service VA Medical Center in Las Vegas. Besides providing needed patient care, Congresswoman Berkley stressed the importance of a VA medical center to the state's only medical and dental school. She also said veterans who use VA shared services at Mike O'Callaghan Federal Hospital (MOCH) at Nellis Air Force Base (AFB) tell her they feel like second class citizens. Commissioners noted Congressman Jim Gibbons, Senator Harry Reid and Senator John Ensign also submitted written testimony in support of building a VA Medical Center.

#### 2. Network Leadership – Ken Clark, Network Director

Mr. Clark presented the plan for building a replacement outpatient center, 90 bed hospital, attached 120 bed nursing home, and VBA office. He spoke highly of VA's current collaboration with DOD at Nellis AFB (52 VA beds, 42 DOD beds). While DOD is open to continued collaboration, Air Force security concerns and the lack of available land for a nursing home support the need for a stand alone VA Medical Center. Given the successful arrangement with DOD he expects continued sharing for mental health, cardiovascular surgery, dialysis and other programs.

Mr. Clark, like Congresswoman Berkley, stressed the need for a VA nursing home since community nursing homes keep closing. It should be adjacent to the acute care hospital or have 24 hour access to services at the outpatient center. The nursing home is expected to have a high acuity level and focus on rehab services.

Mr. Clark anticipates phased construction on 50 acres starting with the badly needed replacement outpatient center. If approved in FY04 the outpatient center could be operational in three years, and the hospital in six years. The network would like to maintain the current arrangement of outpatient clinics around the city, but recognize the need for centralized services in one location. Commissioners noted the two outlying CBOCs have minimal outpatient mental health, but Mr. Clark said services are re-evaluated annually. No new CBOCs are planned for Southern Nevada.

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### 3. Collaborative Partners and Veterans Organizations

Mr. Larson, Key Foundation (Homeless issues)

Col. Rank, 99<sup>th</sup> Medical Group, DOD

Mr. Simmons, Director VBA Regional Office

Mr. Morales, The American Legion

Mr. Gobel, Council of Nevada Veteran Organizations

Ms. Elinoff, Women Marine Association

Mr. Lind, American Heroes Foundation (Laughlin, NV)

Ms. Baker, Disabled American Veterans

Col. Rank said DOD supports maintaining VA acute care beds at MOCH. However, Nellis AFB does not have enough land for a VA nursing home nor is it within their mission. They regret terminating the successful joint venture with the VA although they would support the VA's decision to build a stand alone medical center. In official testimony Col. Rank supported VA's proposal, but when queried said she opposed it. The disadvantages to DOD include: loss of a premier sharing arrangement, loss of \$7M in VA reimbursement, loss of the inpatient psych unit, potential ICU closure, diminished skills with fewer critically ill patients, and need to hire replacement staff. She indicated she was kept notified but was not a stakeholder in the planning process.

Mr. Larson talked about the need for VA programs, particularly mental health services, to support homeless veterans who may be undercounted in the projections. They estimate veterans are 40% of the homeless population, 60% with combat service. Mr. Simmons indicated co-location in Las Vegas is a high priority for VBA. Mr. Morales expects indigent veterans to increase and is concerned about declining care for PTSD and other unique services. Mr. Gobel complimented VA on setting up outpatient sites around town after the clinic closed. However, mental health services are a disaster. He also said VA is facing different issues in Las Vegas based on tremendous growth, unlike Southern California's declining veteran enrollment. He views research activity as critical for a new facility to attract needed specialists.

Ms. Elinoff urged Commissioners to support Congressional funding for a VA Medical Center in Southern Nevada. Mr. Lind talked about the need for a CBOC in Laughlin, NV, one hundred miles from Las Vegas. Some of Laughlin's 1,200 enrolled veterans drive 40 miles to Kingman CBOC for care, but hazardous roads and referrals are a problem. Commissioners confirmed there are no plans to add a CBOC in Laughlin, although a proposal may be submitted independent of CARES. Ms. Baker complimented VA on the women's clinic and reduced wait times. She would also like to see a sexual trauma clinic and more outpatient care.

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### V. Commissioner Views

Market	Planning Initiative	DNCP Recommendation	Commissioner Views
Nevada	Outpatient Primary Care 2012 – 49% (60K stops) 2022 – 35% (43K stops)	Plans for new Las Vegas hospital include a multi-specialty clinic. Expansion of existing CBOCs via clinical service contracts, replacement leases, and new construction/reconfiguration.	Commissioners discussed the proposal to build a free-standing facility at length. They debated the pros and cons of various configurations of acute care, nursing home and outpatient care to take advantage of the current sharing arrangement and still meet the need of veterans for additional services. They also discussed the benefits to VA and the community if UNLV is able to pursue teaching and research with the VA.
Nevada	Outpatient Specialty Care 2012 – 120% (105K stops) 2022 – 112% (98K stops)	Develop plans for a new hospital in Las Vegas that includes current plans for multi-specialty outpatient clinic. Expand existing CBOCs via clinical service contracts, replacement leases, and new construction /reconfiguration.	As noted, Commissioners discussed the options at length. For the record they noted the network ignored the outpatient mental health gaps of 69% and 40% in the CARES projections, and outpatient mental health services are quite small at the two CBOCs.
Nevada	Inpatient Medicine Increase Workload 2012 – 24 beds (91%) 2022 – 19 beds (70%)	Develop plans for a new hospital in Las Vegas. Peak demand to be addressed through contracting, DOD/VA federal sharing, conversion of vacant space and renovation.	Commissioners discussed the options at length.
Nevada	Special Disabilities	DNCP recommends inpatient beds at new Blind Rehab Center for Long Beach	Commissioners agreed with the plan to add a new Blind Rehab Center at Long Beach.
Nevada	Collaboration – VBA  Collaboration – DOD	VAMC/VBA Reno to co-locate offices on site of new medical center – high priority Current sharing opportunities with Michael O’Callaghan Federal Hospital.	Commissioners were pleased to learn co-location with new planned facility is high priority.
Nevada	Extended Care	New construction of 95K sq ft nursing home in Las Vegas.	Commissioners concurred on the need to build a nursing home in Las Vegas, particularly given the lack of community resources.

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### **VI. Other Comments**

After hearing from the Laughlin, NV representative Commissioners thought the number of patients enrolled might be enough to support an additional provider. They encourage the network to work with VISN 18 on how best to meet the needs of these patients.

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