Paralyzed Veterans of America CARES Testimony

Members of the Commission, the New England Chapter of the Paralyzed Veterans of America (NEPVA) is pleased to provide its input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative. PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of America's veterans by charting a course to enhance VA health care services through the year 2022.

For PVA members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. For these reasons PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center locations.

Following World War II, the life expectancy of a veteran with a spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers, a veteran with a spinal cord injury can expect to live a fairly normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve the health care crises we encounter as we grow older.

Our local PVA Chapter has been seriously involved with the CARES process since its inception, we attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area to our national office who in turn provided them to you. On the whole, the New England Chapter feels relieved that VA's SCI population and workload demand projections model recognized the need for increased VA SCI acute and long-term care medical services through fiscal year 2022. VA's VISN Market Plans initially called for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISNs 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area.

We are concerned, however, that the original VISN 1 Market Plan that called for additional long-term care beds to be added at the Brockton facility has not been included in the draft National CARES Plan. We believe the VISN 1 plan that called for the expansion to 63 beds in 2012, and 65 beds in 2022 was based on data and projections provided by experts in their field. Excluding the expansion of Brockton from the draft National CARES Plan does not invalidate those projections nor does it diminish the need for the additional beds. We would like to share with the Commission that until eight years ago, Brockton was in fact a 56 bed SCI Long Term Care unit. The number of beds was reduced not because of lack of need, but rather due to VA's fiscal policies. The unfortunate reality since then is the only way a veteran in need is admitted to the unit, is when a resident living on the unit passes away. The New England Chapter of PVA

therefore continues to firmly support the expansion of VA's SCI long-term care capacity at Brockton as contained in the original VISN 1 Market Plan report.

We would also like to point out that Brockton is currently operating 30 SCI long-term care beds but has the capacity to operate 40 beds. In addition, when we agreed to consolidate the two acute care wards into one unit at the West Roxbury facility, our agreement was based on expanding the Brockton facility to 40 beds. Therefore, pending the completion of construction documents and the availability of expansion dollars we recommend that Brockton develop an immediate activation plan to utilize its current 10 bed long-term care bed capacity. We feel it is imperative that VA make every effort to plan for and meet the growing demand for long-term SCI care in our area.

We also must speak about the importance of intra-VISN coordination and collaboration if VA's CARES SCI plan is to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. This is their right. It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical need.

Finally, we would like to briefly discuss stakeholder outreach. VA has taken great pride in their efforts to reach out to stakeholders. In fact, VA has stated stakeholders "collectively hold a place of preeminent importance in the realm of veterans' health care." We believe the VISN Planning Initiatives were drafted with this in mind. We believe our thoughts, ideas, and concerns were important, and considered when drafting the VISN Planning Initiatives. We therefore are most concerned to learn that many of the VISN Planning Initiatives were excluded from the Draft National CARES Plan. In addition, throughout the stakeholder outreach process, we have been told repeatedly that CARES is about preparing for the future of our veterans' health care needs. We have been told repeatedly that CARES is not about closing hospitals, not about cutting services, and not about trying to save money. It seems, however, from the Draft National CARES Plan, and the exclusion of many VISN Planning Initiatives this is in fact what CARES is about. We hope we are wrong and that, in fact, enhanced services to veterans is the end result of this process.

Once again the New England Chapter of the Paralyzed Veterans of America stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance please do not hesitate to contact me through the New England Chapter at (508) - 660-1181, or PVA's Boston National Service Office at (617) 303-1395.

Thank you for listening to our concerns.

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STATEMENT OF
ALAN BOWERS
SENIOR VICE COMMANDER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICE COMMISSION
BEDFORD, MASSACHUSETTS
AUGUST 25, 2003

Mr. Chairman and members of the Commission:

I am pleased to have the opportunity to express the views of local DAV members before the Commission on the proposed CARES Market Plans for VISN 1.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health system is of the utmost importance to the DAV and our members.

Nationally, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. Throughout the CARES process, we have continually emphasized that all specialized disability programs and services for rehabilitation must be maintained at current levels. Special Disability Programs—blind rehabilitation, SCI, prosthetics and PTSD—must remain the province of the VA. Additionally, we will remain vigilant and press VA to focus on the most important elements in the CARES process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

We recognize the high quality of care provided by the dedicated employees of VISN 1. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) gives the VA good marks and patient surveys are frequently very positive. Across the nation, VA is a model for computerized tracking of patient care, lowering both cost and medical errors.

Access to care continues to be a problem. Nationwide, 135,000 veterans are on waiting lists trying to get an appointment. More than 51,000 have waited more than six months for their appointment. Nearly 83,000 are waiting for their first clinic appointment. Secretary Principi has proposed VA pharmacists fill non-VA physicians prescriptions. That recent short-term measure to reduce the backlog will help. The permanent solution is for Congress to pass guaranteed funding for VA health care. Anything short of that is a terrible message to send to the millions of American men and women serving on the front lines in Afghanistan, Iraq, in this country and around the world, to say Congress has little respect for the present and future needs of America's fighting men and women.

At White River Junction, there is a great need for more space and full-time employees (FTEs). The proposed solution is to increase contracts and to transfer cases to the Boston area VA Medical Centers (VAMCs). Transferring patients out of their home area due to lack of space is not appropriate. Transfers should only be used when deemed medically necessary.

In the VISN 1 North Market, nearly one-half of the veterans do not reside within the access guidelines for primary care or hospital care. In VISN 1 markets, where the mileage guidelines are met, appointments are too often not timely.

The VISN 1 Market Plan attempts to address the mileage issue by proposing "contract [community-based outpatient clinics] CBOCs and contract beds." We understand the reluctance to build facilities where the 2012 predictions show the start of a decline in veteran numbers. We are, however, concerned that the VA retain responsibility for the veteran's care.

As the lease for the outpatient clinic in Lowell expires, less expensive space must be found to assure the continued CBOC there. Public transportation is non-existent.

Long-term care needs and concerns will increase and have not been adequately addressed in the CARES presentation. Individual professionals at the Newington and Bedford VAMCs have proposed an assisted living facility there. Sale or lease of VA properties to non-VA assisted living providers should guarantee affordable assisted living space for veterans. Domiciliary care is likewise not addressed—except in the case of Bedford—and should be. The national CARES plan chapter 9 calls for the current domiciliary and nursing home services at Bedford to be transferred to Northampton and Manchester and other inpatient care to Brockton/West Roxbury or other appropriate campus. The Bedford campus space is scheduled for "alternate uses" and "revenues will be retained by the VISN." It appears the plan will sell or lease much of the Bedford campus before there is a VISN 1 comprehensive plan to address long-term care.

The Planning Initiatives propose consolidating psychiatry from Bedford, Brockton and Providence to either Bedford or Brockton. We note there is a wide difference in the treatment of veterans with mental health diseases that require short-term stabilization and continuing outpatient care, versus mental health disorders that require inpatient treatment, such as Alzheimer's disease, and post traumatic stress disorder. The proposed consolidation may not be in the best interest of veterans least able to enunciate their needs.

Co-location of the Veterans Benefits Administration in VA health care facilities can be beneficial to VBA, the facility and veterans. The Market Plan assumes VBA co-located at Newington. Other venues should be found. Co-location also allows veterans to address both needs with one stop. While VBA may be hesitant to co-locate, the needs of the individuals we serve must come first.

One of VA's missions is to back up DoD in times of conflict. Finding collaborative opportunities to work with DoD before the "balloon goes up" should benefit both VA and DoD. The VISN 1 Market Plan offers little in this area. Cooperative ventures should also save both the VA and DoD organizations dollars.

It is important to note all the planning initiatives rely on the Milliman projections that do not include any effect from Congress' discussion about prescription drug coverage for Medicare recipients. Nor can the projections realize the effects of the Iraqi or future wars. The Market Plan must be constantly monitored and updated.

The basic premise for all the CARES plans must assure that:

- VA provides disabled veterans healthcare.
- Quality is maintained.
- Access to timely care is achieved.

Mr. Chairman, we remain hopeful that VA will do its utmost to meet its responsibilities to care for those who are disabled in defense of our nation. However, VA must remain mindful of its promise of enhanced services to carry out all of its missions. We strongly urge this Commission to continue to work with DAV as we work together to fulfill our nation's promise to care for those who have borne the battle.