

# Capital Asset Realignment for Enhanced Services (CARES)

Boston Study Site  
Local Advisory Panel  
Public Meeting

September 18, 2006



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# Local Advisory Panel (LAP) Meeting Objectives

- Communicate Consultant Stage I recommended Business Plan Options and rationale
- Communicate the Secretary's Decision and rationale
- Communicate the Stage II study process
- Obtain feedback from the LAP and stakeholders regarding each option selected by the Secretary for further study

# What's Being Studied at Boston

- Healthcare Study

Identify the best way to provide current and projected veterans with health care equal to or better than is currently provided in terms of access, quality, and cost effectiveness

- Capital Planning Study

Identify the best use of buildings and facilities for modern healthcare delivery, while maximizing the potential re-use of all or some of the property owned by the VA

- Re-Use/Redevelopment

Identify options that maximize the potential re-use of all or some of the current VA property, if that property is not needed for VA or VA-related services

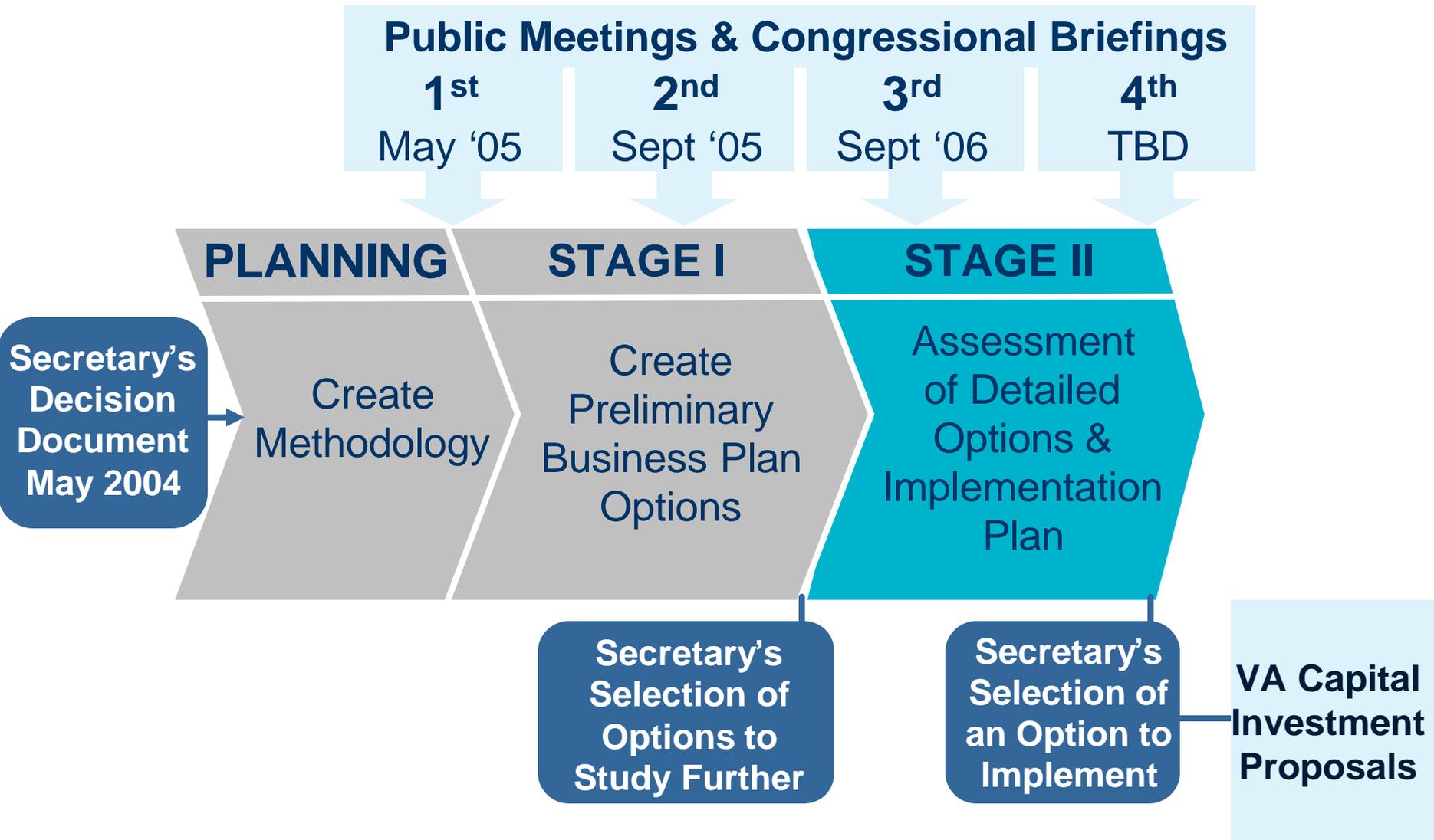
## Background -- 2004 Secretary's Decision Document

- All VA Medical Centers in Boston require ongoing renovation and upgrades and are in need of modernization.
- Study the feasibility of consolidating the existing four Boston area medical centers into one state-of-the-art tertiary care facility that will act as a hub for VA healthcare in the greater Boston area.
- The system to be studied would be anchored by a state-of-the-art tertiary care medical center and would include plans for development of strategically located multi-specialty outpatient clinics and community-based outpatient clinics (CBOCs).

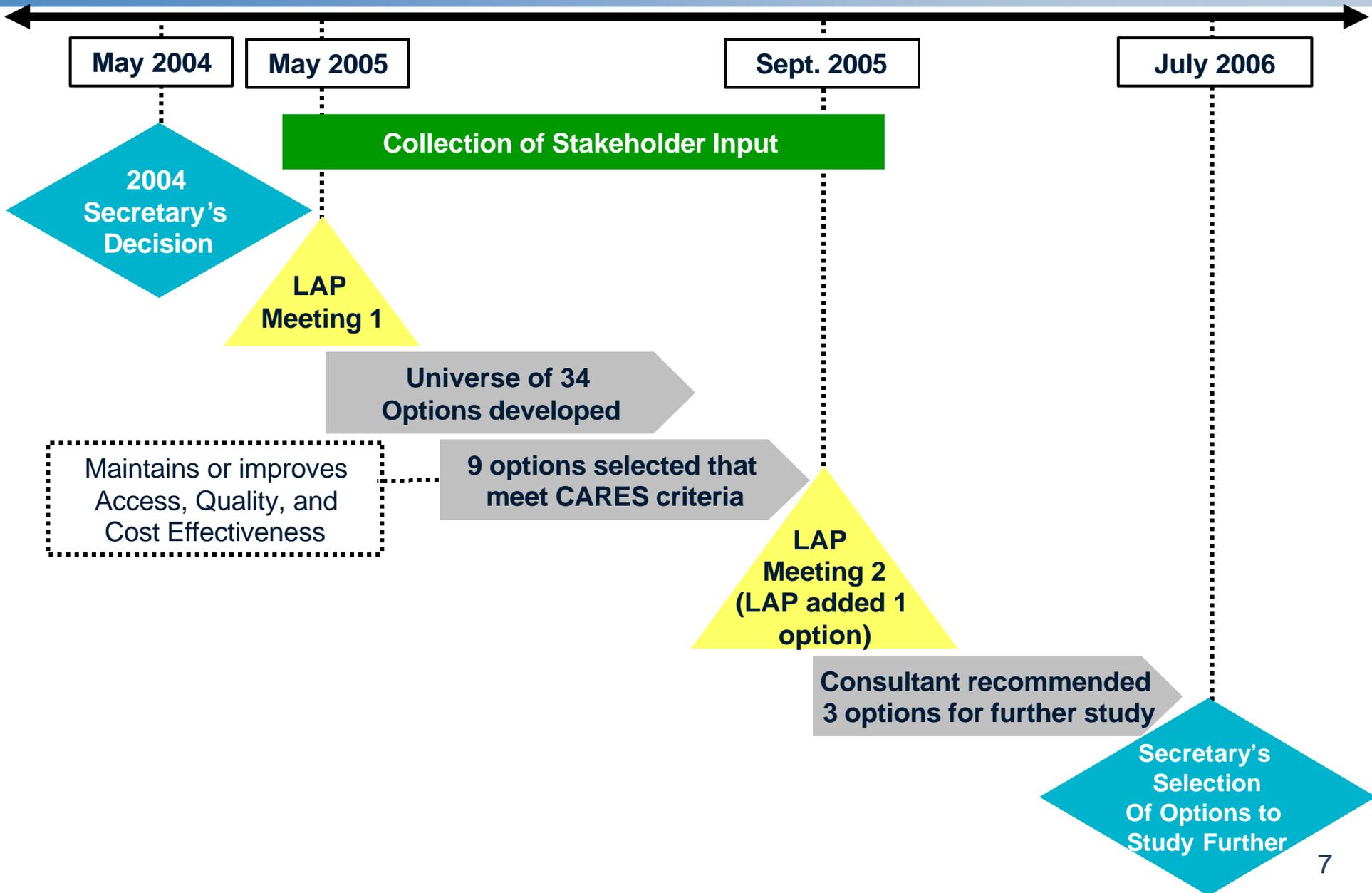
## Background -- 2004 Secretary's Decision Document Cont.

- The study also will analyze the demand for nursing home care services and plan to locate facilities in places that would preserve access for aging veterans and their families.
- The tertiary care medical center would deliver comprehensive inpatient care services, while allowing specialty care services such as cardiology, neurology, audiology, as well as primary and special VA mental health services to spread out into the community closer to where patients live.
- Supported by CBOCs, the system of care would bring VA healthcare into communities throughout the Boston area, improving access to specialty care, primary care, mental healthcare, and nursing home services.

# CARES Project Overview



# Stage I – Developed a Set of Potential Options



## The Following Factors Were Considered in Developing and Assessing Each Option

- The number of enrolled veterans for the Boston market is expected to decline 25% by 2023 due to the high mortality rates of World War II and Korean War veterans and the freeze on new enrollment of Priority 8 veterans. However enrollment of Priority 1-6 veterans is projected to decline by only 9%.
- Despite the decline in enrollment, the total number of ambulatory clinic stops is projected to increase by 3% during this same period. Acute inpatient bed requirements are projected to decrease by 16%.
- Quality of care may be improved by collocating services through consolidation of campuses and significant new construction.

## The Following Factors Were Considered in Developing and Assessing Each Option

- Recruitment and retention efforts may be more difficult if relocation of facilities significantly alters commute times and access via public transportation.
- The Boston study site is affiliated with over 100 area institutions of learning and annually provides graduate medical education programs to over 2,000 health professionals. These education programs could be affected if length and ease of commutes between affiliates and VAMCs is compromised.
- The four Boston campuses could result in significant re-use proceeds if made available for re-use.
- The options for the Boston study site have significant implementation risk.

# In Stage I the Consultant Recommended Three Options for Further Study

<b>Option 1</b>	Baseline: Current state without any changes to facilities or programs, but accounting for projected utilization changes, and assuming same or better quality, and necessary maintenance for a modern, safe, and secure healthcare environment. All services currently being provided at each of the four campuses will continue.
<b>Option 9</b>	Consolidate Bedford and Brockton at West Roxbury; Consolidate inpatient, ambulatory care, and research at Jamaica Plain; Build new CBOCs at North Shore and South Shore
<b>Option 10</b>	New Option Proposed by LAP: All services currently located at West Roxbury will be closed and moved to the Jamaica Plain campus. Some primary care services will be moved to Brockton and Bedford. In addition to existing CBOCs, add one CBOC at an urban location. The West Roxbury campus will be designated for re-use.

# Why the Consultant Recommended These Options for Further Study

- Options recommended feature at least one of the following potential impacts:
  - Education programs may be enhanced if services are consolidated to West Roxbury and Jamaica Plain which are in closer proximity to academic affiliates
  - Research programs are enhanced through collocation of research space and closer proximity to research collaborators
  - West Roxbury and Jamaica Plain campuses are fairly centralized within the Boston services area and thus cause less disruption to employee and patient commutes
  - Consolidation of four facilities to two is significantly more cost effective

# Stakeholder Input

- Stakeholder input was used in Stage I to assist in the development of potential options as well as to evaluate the degree of support or concern regarding the potential option.
- Stakeholder input includes the following:
  - 727 stakeholder comments received during the Stage I collection period (April 20 – October 2, 2005) via the website, written comment, and oral testimony
  - LAP deliberation and inputs from the first two public meetings
- Many stakeholders expressed a desire to maintain the current facilities.
- Other key concerns expressed by stakeholders include effects on access, support for veterans, and good use of existing land/facility.

# LAP Input

- The LAP did not recommend for further study those options that involve the closing of the Bedford or Brockton campuses.
- The LAP proposed one additional option, Option 10, in which services at West Roxbury will close and move to Jamaica Plain.

# Review of Secretary's Decision and Approved Options for Further Study in Stage II

Jay Halpern  
Special Assistant to the  
Secretary



# Criteria Used for Secretary's Selection of Options to Be Studied

- Modernization of VA campuses
- Access
- Quality
- Improve utilization of VA resources
- Address the key question of the May 2004 Decision: Consolidation of four facilities into one tertiary care facility
- Maintain outpatient access in Bedford area and between Jamaica Plain and West Roxbury campuses
- Continuation of Special Programs
- Maintain Affiliations
- Implementation risk and feasibility

# Secretary's Rejection Of Options to Be Studied

- Options 2 – 4: Consolidate all services onto Brockton, Jamaica Plain, or West Roxbury
  - Site density
  - Access
  - Implementation difficult
- Option 5: Consolidate all 4 campuses into a single new urban site
  - Site density
  - Cost and availability of land
  - Sites near Longwood medical area not available
  - Access impact
  - Appropriate siting of 425 nursing home and 90 domiciliary beds

# Secretary's Rejection Of Options to Be Studied

- Option 7 is similar to 5 (i.e. urban site for Jamaica Plain and West Roxbury)
- Option 9: Move West Roxbury services to Jamaica Plain and then move all services from Brockton and Bedford to West Roxbury
  - Staging of moves has high implementation risk
  - Site density

# Secretary's Selection of Options to Be Studied

## Considerations

- The May 4 Decision Document allowed for consideration of other options in addition to the consolidation of four sites into one urban site
- Setting the strategic direction of the Boston VA Health Care System
- Continue the progress made by the West Roxbury and Jamaica Plain consolidation
- Similar missions
- Access
- Quality

# Secretary's Selection of Options to Be Studied

## Considerations

- Guaranteeing special programs such as the Alzheimer unit at Bedford will continue at Brockton
- Efficient use of VA resources
- Feasible implementation
- Reuse potential of campuses to finance VA services

# Secretary's Selection of Options to Be Studied

## Modified Options 8 and 10

- Accepted recommendation to study Jamaica Plain services moving to West Roxbury (Option 6) and West Roxbury moving to Jamaica Plain (Option 10 suggested by LAP)
- However did not accept the right-sizing (renovation of buildings to meet projected demand) of the Bedford campus
- Instead as described in Option 8, selected studying the consolidation of Bedford to Brockton
- Maintain outpatient services in the Bedford area for veterans who now use these outpatient services

# Secretary's Selection of Options to Be Studied

## Key Study Issues

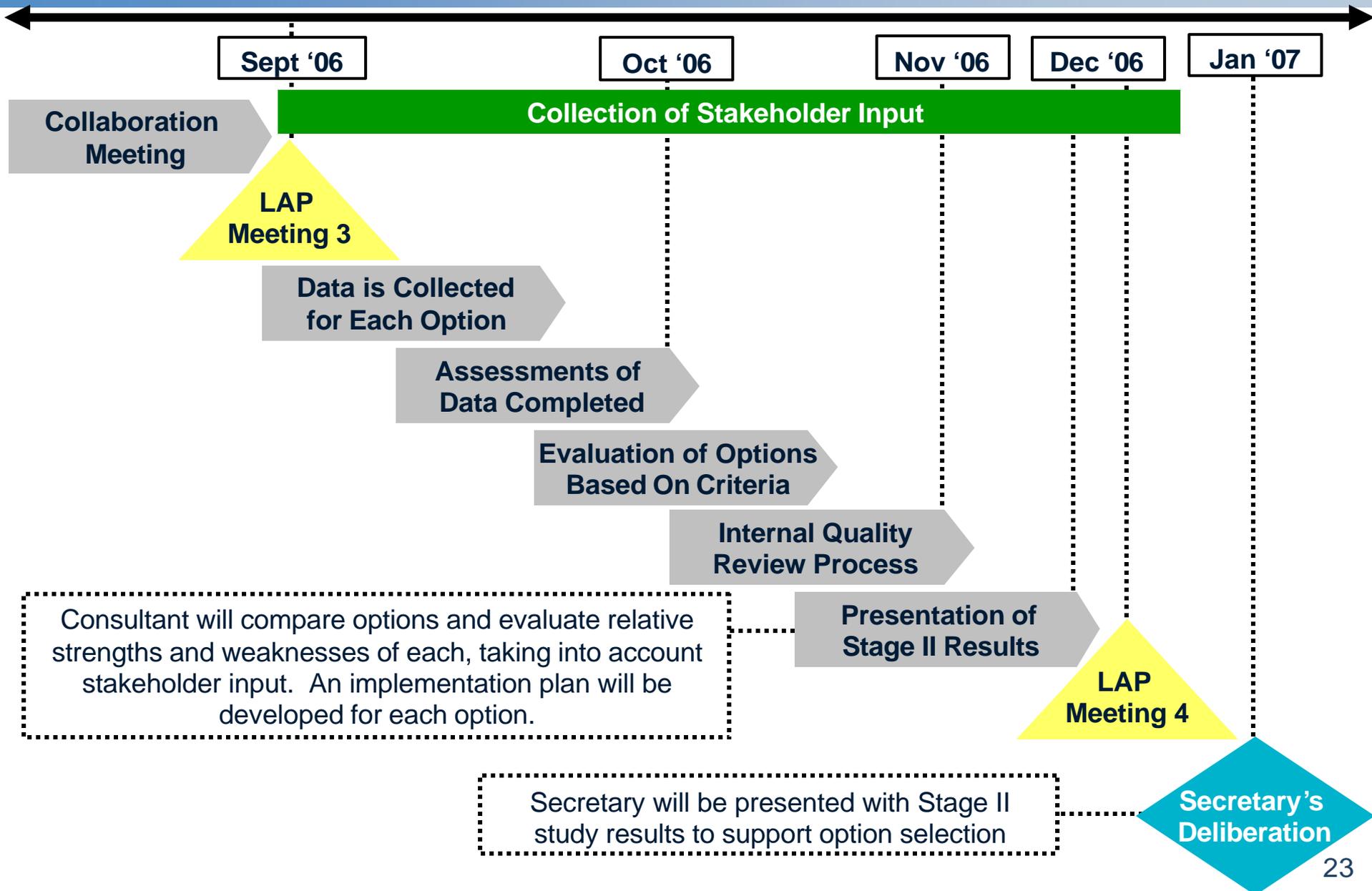
- Analyze inpatient access impact: Bedford treats veterans from multiple areas
- Ability to maintain special programs
- Any potential quality issues
- Capital costs, operational savings and potential re use revenues
- Affiliations
- Implementation risk

# Review of Stage II Methodology and Options for Further Study

Team  
PricewaterhouseCoopers



# Stage II Study Process



# Stage II Evaluation Criteria

<b>Evaluation Criteria</b>	
<b>Capital Planning</b> <ul style="list-style-type: none"><li>• Timeliness of completion</li><li>• Timeliness of urgent corrections</li><li>• Consolidation of underutilized space</li><li>• Consolidation of vacant space</li></ul>	<b>Use of VA Resources</b> <ul style="list-style-type: none"><li>• Total operating costs</li><li>• Total capital investment costs</li><li>• Net present cost</li><li>• Total considerations</li><li>• Total annual savings</li></ul>
<b>Re-Use</b> <ul style="list-style-type: none"><li>• Market potential for re-use</li><li>• Financial (return on assets)</li><li>• VA mission enhancement</li><li>• Execution risk</li></ul>	<b>Ease of Implementation</b> <ul style="list-style-type: none"><li>• Academic affiliations / education</li><li>• HR / Staffing</li><li>• Re-use considerations</li><li>• Capital planning considerations</li></ul>
<b>Quality</b> <ul style="list-style-type: none"><li>• Current quality levels are maintained across all options</li></ul>	<b>Ability to Support VA Programs</b> <ul style="list-style-type: none"><li>• DoD Sharing</li><li>• One VA Integration</li><li>• Specialized VA programs</li><li>• Enhancement of services to veterans</li></ul>

# Clarifying the Options for Study in Stage II

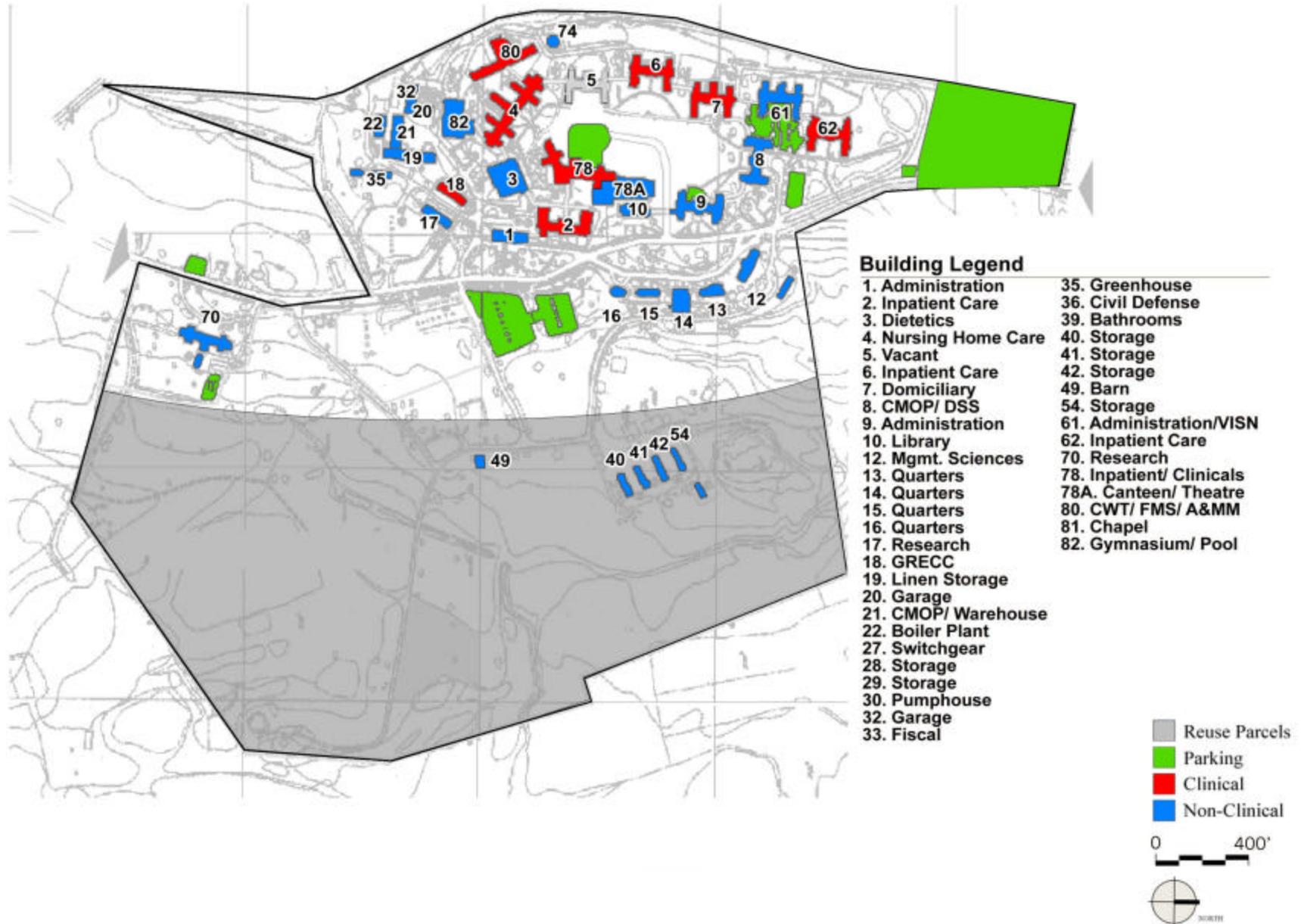
- Following the Secretary's recent decision announcement, the Consultant met with local VA representatives to review each option selected by the Secretary for further study
- The purpose of these meetings was to:
  - Understand the Secretary's decision
  - Clarify the Secretary's decision regarding changes to healthcare service delivery, facilities and availability of land/buildings for re-use
  - Refine the option descriptions and site maps to take into account any information concerning the facility or the application of Stage II study assumptions
  - Clarify the option descriptions for ease of understanding and consistency

## **Option 1: Baseline Option**

Current state projected out 2023 without any changes to facilities or programs, but accounting for projected utilization changes, and assuming same or better quality, and necessary maintenance for a modern, safe, and secure healthcare environment.

- All services currently being provided at each of the four campuses will continue.
- On the VA indexed Capital Asset Inventory (CAI) scale of 1 to 5, with 5 being the best, buildings to be used for clinical services will be renovated to achieve a CAI score of 4 and buildings for non-clinical services will be renovated to achieve a CAI score of 3, as existing conditions allow. A building's CAI score reflects its rating in terms of layout, adjacency, building code, accessibility, privacy, and floor height.
- Re-use will be considered in the baseline, however, only to the extent of identifying any parcels that would be most appropriate if re-use were to be contemplated for this option.

# Baseline: Bedford



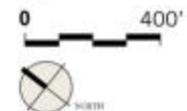
# Baseline: Brockton



## Building Legend

- |                          |                          |                      |                         |
|--------------------------|--------------------------|----------------------|-------------------------|
| 1. Administration        | 20. Dietetics/ Warehouse | 43. Engineering Shop | 51. Storage             |
| 2. Inpatient Psychiatry  | 21. Theatre (Vacant)     | 44. Garage           | 60. Administration      |
| 3. Ambulatory Care       | 22. Recreation/ Library  | 45. VISN Laundry     | 61. IRM                 |
| 4. Nursing Home          | 23. Gym/Pool             | 46. Research         | 62. RISE Drug Treatment |
| 5. Outpatient Psychiatry | 24. Chapel               | 48. Water Tank       | 65. Greenhouse          |
| 7. Domiciliary           | 25. Work Therapy         | 49. Water Reservoir  | 71. Switchgear Building |
| 8. Spinal Cord Injury    | 40. Boiler Plant         | 50. Sewer Pump House |                         |

- Reuse Parcels
- Parking
- Clinical
- Non-Clinical



# Baseline: Jamaica Plain



## Building Legend

- 1. Main Hospital
- 1F. Ambulatory Care Addition
- 1B. MRI
- 1A. Research Wing
- 2. Huntington House HOPTEL
- 4. Research/ Administration
- 5. Boiler Plant
- 7. Engineering/ Research
- 9. Administration/ Research

- Reuse Parcels
- Parking
- Clinical
- Non-Clinical

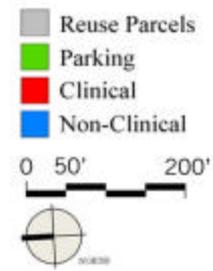
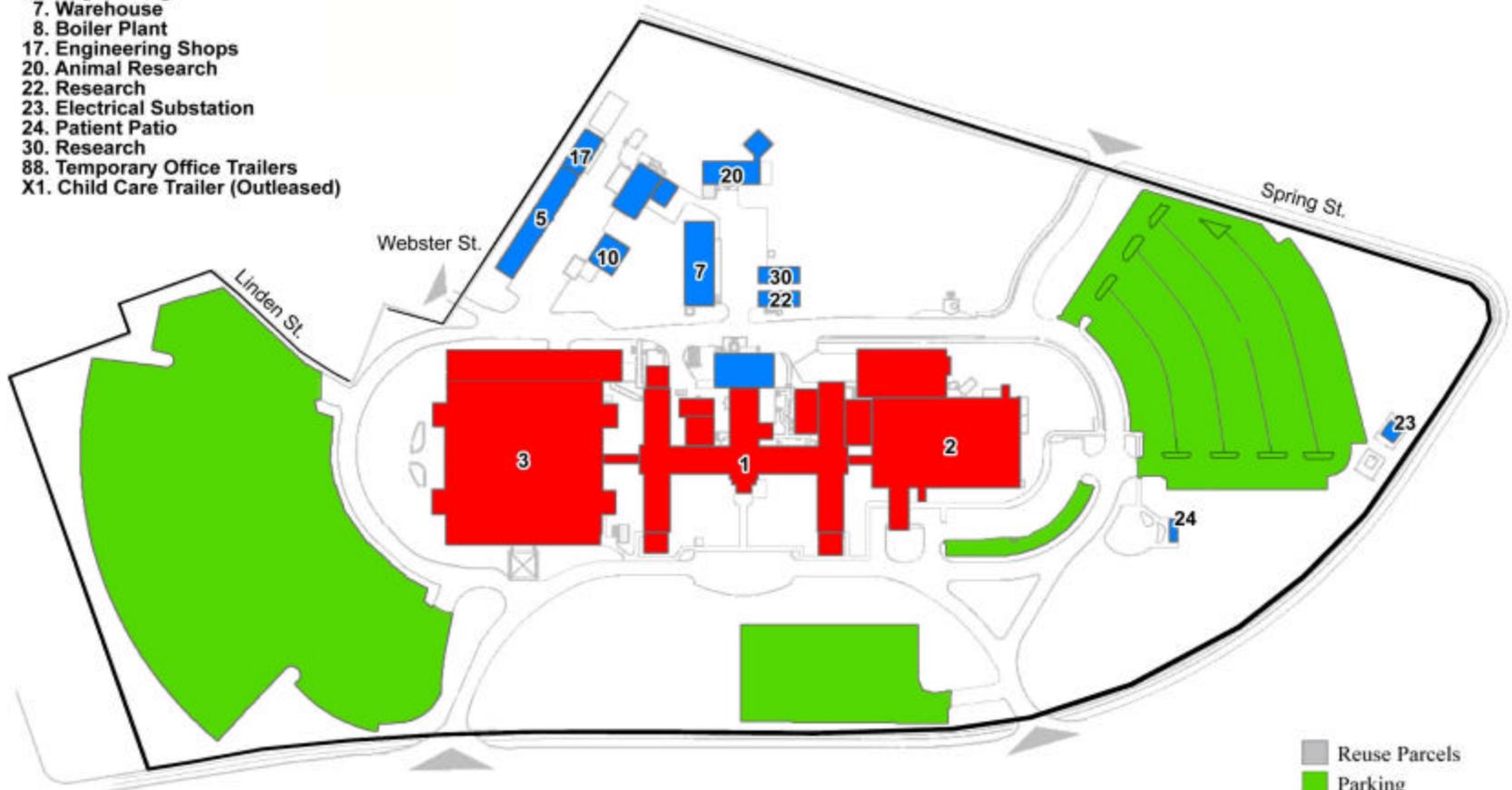
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# Baseline: West Roxbury

## Building Legend

- 1. Main Hospital
- 2. Spinal Cord Injury Center
- 3. Outpatient/ Research Bldg.
- 5. Engineering
- 7. Warehouse
- 8. Boiler Plant
- 17. Engineering Shops
- 20. Animal Research
- 22. Research
- 23. Electrical Substation
- 24. Patient Patio
- 30. Research
- 88. Temporary Office Trailers
- X1. Child Care Trailer (Outleased)



**Option 8: Consolidate Bedford at Brockton; Establish New CBOC in the Bedford Area; Right-Size Jamaica Plain and West Roxbury; Re-use Bedford and Partially Re-use Jamaica Plain**

- Inpatient and residential clinical services (i.e., inpatient mental health and psychiatry, domiciliary, nursing home), currently located at Bedford will be consolidated onto Brockton campus. Non-clinical activities will be distributed to appropriate sites among VISN 1.
- Ambulatory services (including primary care, behavioral health, and specialized ambulatory services, as appropriate) will be provided through a CBOC in another location in the Bedford area. The existing network of CBOC(s) will be evaluated using projected enrollment data for the East market to maintain or improve access.
- Services currently located at the Jamaica Plain and West Roxbury campuses will remain within BHS. Ambulatory surgical services and related specialties will be relocated from Jamaica Plain to West Roxbury.
- Jamaica Plain will be right-sized, incorporating the campus functions into existing buildings on the campus and constructing additional parking.
- The West Roxbury campus will be right-sized by renovating existing buildings and constructing a multi-story addition to Building 2 to enhance the tertiary services as well as a new parking structure.
- Buildings 2, 3, 4, and 20 will remain at Brockton. Two new multi-story buildings, a parking structure, and surface parking areas will be constructed. Special needs of the Alzheimer's unit, chronic SCI unit, and returning veterans services will be incorporated. The GRECC unit will be relocated to the Brockton campus.

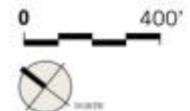
# Option 8: Brockton



## Building Legend

- |                       |                             |
|-----------------------|-----------------------------|
| 2. Existing Building  | A. New Building 5 Stories   |
| 3. Existing Building  | B. New Building 5 Stories   |
| 4. Existing Building  | C. Struct Parking 7 Stories |
| 20. Existing Building | D. New Surface parking      |
|                       | E. New Surface Parking      |
|                       | F. New Surface Parking      |

- Reuse Parcels
- Parking
- Clinical
- Non-Clinical

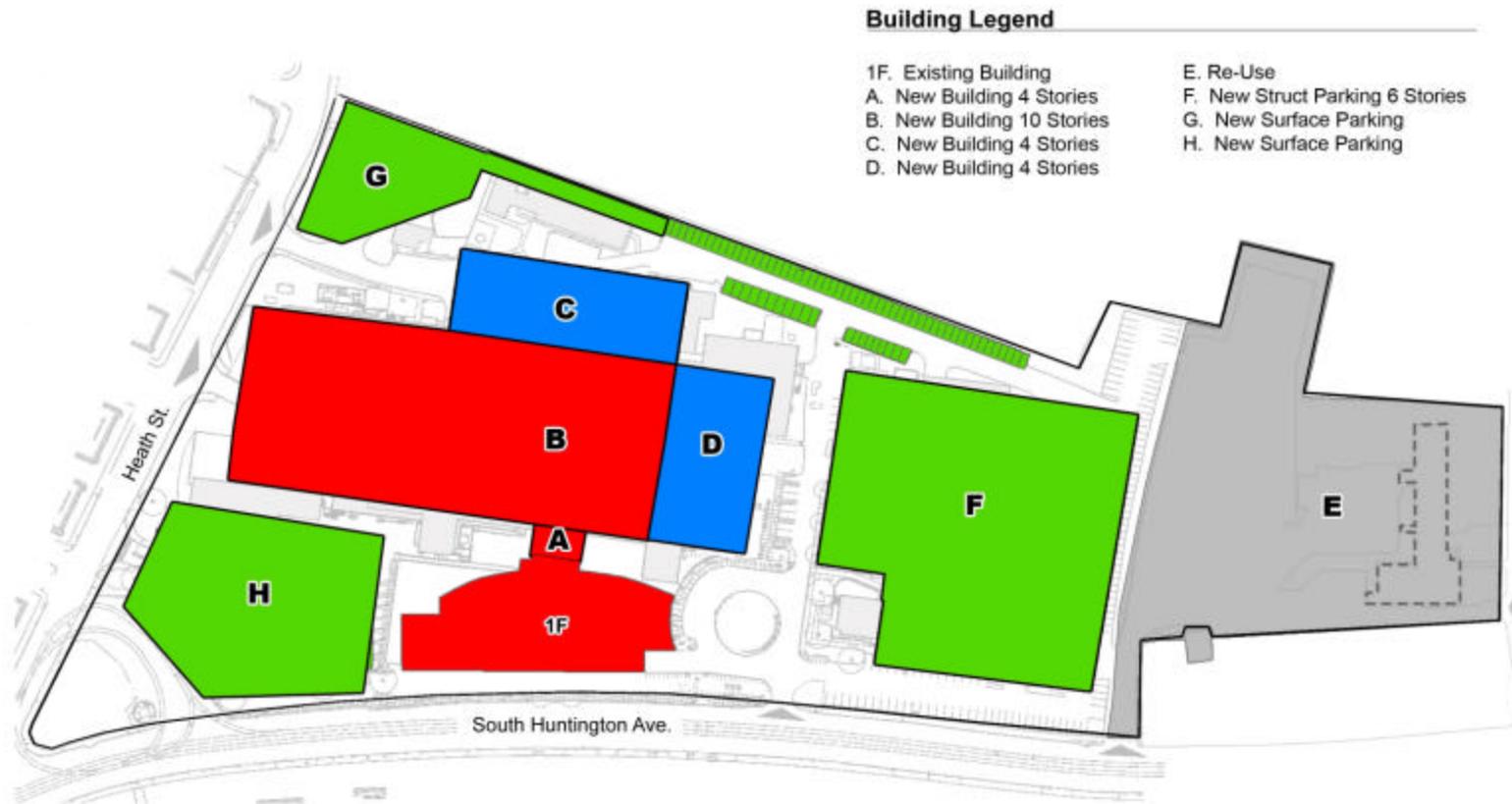


*Note: Conceptual site plan for illustrative purposes only.*

**Option 10:** Consolidate Bedford at Brockton; Establish New CBOC in the Bedford Area; Consolidate West Roxbury at Jamaica Plain; Re-use Bedford and West Roxbury

- Inpatient and residential clinical services (i.e., inpatient mental health and psychiatry, domiciliary, and nursing home), currently located at Bedford will be consolidated onto the Brockton campus. Non-clinical activities will be distributed to appropriate sites among VISN 1.
- Ambulatory services (including primary care, behavioral health, and specialized ambulatory services, as appropriate) will be provided through a CBOC in another location in the Bedford area. The existing network of CBOC(s) will be evaluated using projected enrollment data for the East market to maintain or improve access.
- Services currently located at West Roxbury will be consolidated onto the Jamaica Plain campus. This allows for the understanding of impacts of relocating inpatient services back to Jamaica Plain that were previously located at West Roxbury. Primary care and some specialized ambulatory services may be relocated to BHS CBOCs and remaining VAMCs, as appropriate. Building 1 on the Jamaica Plain campus will be replaced with new construction. Special needs of educational and research programs, and additional parking as needed, will be incorporated.
- Buildings 2, 3, 4, and 20 will remain at Brockton. Two new multi-story buildings, a parking structure, and surface parking areas will be constructed. Special needs of the Alzheimer's unit, chronic SCI unit, and returning veterans services will be incorporated. The GRECC unit will be relocated to the Brockton campus.

# Option 10: Jamaica Plain



*Note: Conceptual site plan for illustrative purposes only.*

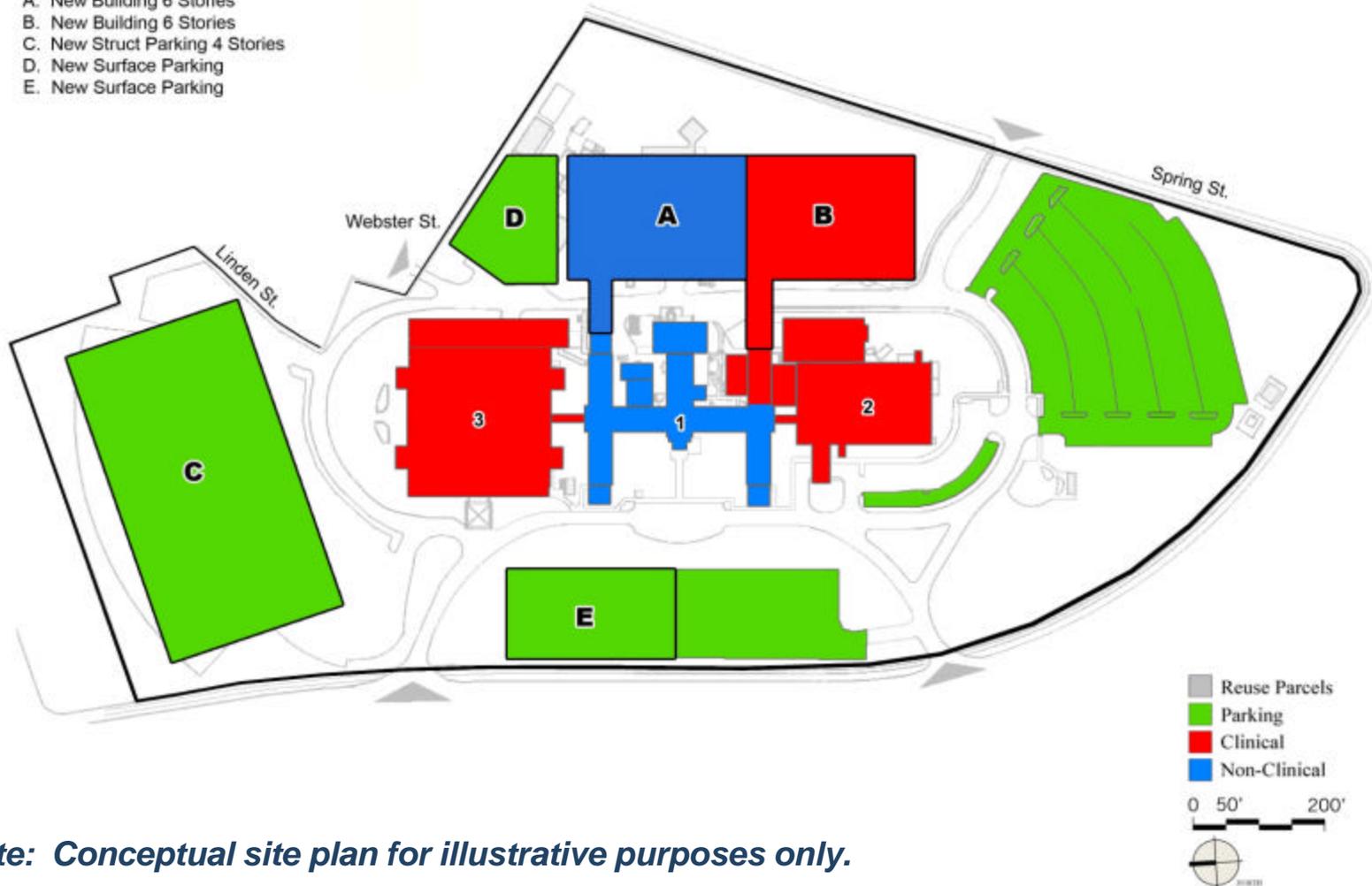
**Option 11 (NEW): Consolidate Bedford at Brockton; Establish New CBOC in the Bedford Area; Consolidate Jamaica Plain at West Roxbury; Re-Use Bedford and Jamaica Plain**

- Inpatient and residential clinical services (i.e., inpatient mental health and psychiatry, domiciliary, and nursing home), currently located at Bedford will be consolidated onto the Brockton campus. Non-clinical activities will be distributed to appropriate sites among VISN 1.
- Ambulatory services (including primary care, behavioral health, and specialized ambulatory services, as appropriate) will be provided through a CBOC in another location in the Bedford area. The existing network of CBOC(s) will be evaluated using projected enrollment data for the East market to maintain or improve access.
- Services currently located at Jamaica Plain will be consolidated onto the West Roxbury campus. Primary care, some specialized ambulatory services, and outpatient mental health may be relocated to BHS CBOCs, as appropriate. Building 1 on the West Roxbury campus will be replaced with new construction while maintaining its historic facade. Special needs of educational and research programs as well as parking will be incorporated.
- Buildings 2, 3, 4, and 20 will remain at Brockton. Two new multi-story buildings, a parking structure, and surface parking areas will be constructed. Special needs of the Alzheimer's unit, chronic SCI unit, and returning veterans services will be incorporated. The GRECC unit will be relocated to the Brockton campus.

# Option 11: West Roxbury

## Building Legend

- 1. Existing Building
- 2. Existing Building
- 3. Existing Building
- A. New Building 6 Stories
- B. New Building 6 Stories
- C. New Struct Parking 4 Stories
- D. New Surface Parking
- E. New Surface Parking



*Note: Conceptual site plan for illustrative purposes only.*

# Re-Use/Redevelopment of Boston Study Site

## Potential Re-use Considerations:

- Enhance the VA mission or complement services to veterans
- Compatibility with local governance & community support
- Environmental and site considerations
- Infrastructure (i.e., power, sewer, roadways)
- Local market trends

# Potential Re-Use/Redevelopment

- Preference is for long-term lease v. sale of land
- Proceeds to directly benefit VA
- Process to reach possible re-use decisions will include opportunity for additional public comment

# Input Needed from LAP and Public for Stage II

What is important to you in the Contractor's consideration of these Options in Stage II analyses?

- Topics to consider:
  - Access (travel time to healthcare facility)
  - Healthcare Services & Providers (changes in what services are available)
  - Adequate facilities (modern facility meeting healthcare demands)
  - Use of facilities (good use of existing land/facilities)
  - Research & Education (changes to research & education programs)

# Next Steps

- Input about the options will be collected for **14 days** following the LAP meeting – through October 2
- The Consultant will compare options and evaluate relative strengths and weaknesses of each option. An implementation plan will be developed for each option.
- The Consultant will present findings and recommendations at the 4<sup>th</sup> LAP meeting

# How Can You Provide Input?

## Local Advisory Panel Meeting

- Provide testimony at the meeting
- Fill out a comment form at the meeting

## CARES Project Website

[www.va.gov/CARES](http://www.va.gov/CARES)

- An **electronic comments form** is available to share your views and opinions on the options presented – specify ‘Boston site’ as prompted
- Website provides public meeting information, agendas, meeting summaries, and links to background documents

## CARES Central Mailstop

Boston Study

VA CARES Studies

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