Capital Asset Realignment for Enhanced Services (CARES)

Business Plan Studies for Boston Study Site













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Recap of First LAP Meeting











First Public Meeting Recap

- The Secretary's CARES Decision Document, MAY 2004, calls for additional studies to improve the previous analyses for eighteen sites including Boston, Massachusetts.
- Study Objective:

Identify the optimal approach to provide veterans with healthcare equal to or better than is currently provided in terms of:

Access
Quality
Cost Effectiveness

Project Overview

Public Meetings & Congressional Briefings

1st 2nd 3rd 4th

April/May Aug/Sept TBD TBD

PLANNING STAGE I STAGE II Assessment of Create Preliminary Secretary's **Detailed Options &** Create **Decision May Business Plan** Make Methodology 2004 **Options** Recommendations Secretary's Secretary's **Decision: Decision: Options to Final Option Study Further** VA Capital Investment Process +

2004 Secretary's Decision for Boston

- 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-ofthe-art tertiary care medical center and would include plans for development of strategically located multispecialty outpatient clinics and CBOCs.

2004 Secretary's Decision 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.

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 to provide needed healthcare services in a modern, safe and secure setting.

Re-Use Study

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.

Purpose of the LAP Meeting

- Review the options prepared by the contractor for the future use of these medical centers.
- Present the options that the contractor believes will maintain or improve veterans' access to quality health care in a cost effective manner.
- Members of the LAP will ask questions so that each option is clear. Members of the public may also ask questions about the options.
- The LAP may add options not presented by the contractor.
- The LAP will recommend to the Secretary which options it believes should be studied further, but the Secretary is not required to adhere to this or the contractor's recommendation.

Boston Public Input











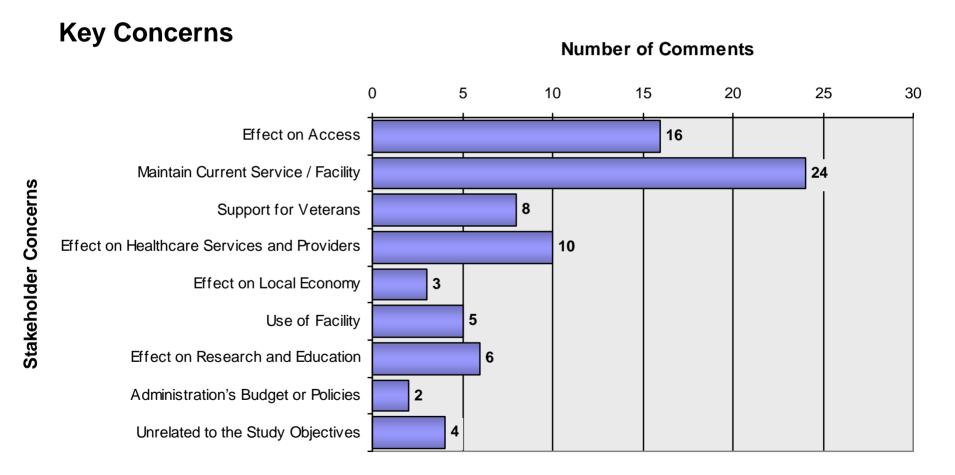
Boston Public Input

- 94 forms of stakeholder input were received between January 1, 2005 and June 30, 2005.
- The greatest amount of written and electronic input was received from veterans and veterans' family members.
- Top key concerns:
 - Access to the facility
 - Keeping the facility open
 - Potential effect on healthcare providers or services
 - Support for veterans

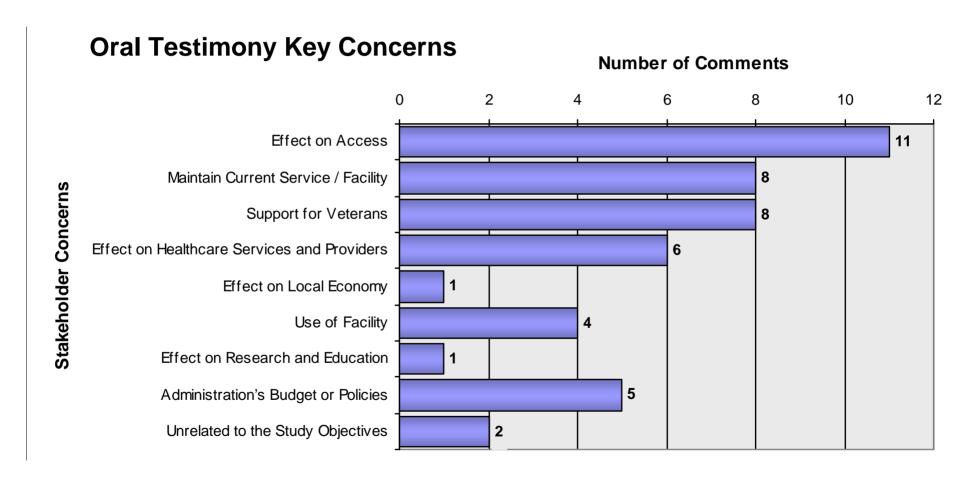
Categories of Stakeholder Concerns

- Effect on Access
- Maintain Current Service/Facility
- Support for Veterans
- Effect on Healthcare Services/ Providers
- Effect on Local Economy
- Use of Facility
- Effect on Research and Education
- Administration's Budget or Priorities
- Unrelated to the Study Objectives

Key Concerns – Written and Electronic Input



Key Concerns – Oral Testimony



Stakeholder Input

Stakeholder input was incorporated into the development of options. In particular:

- Several of the options presented maintain some services at the current facilities.
- One of the options retains all services at current facilities.
- All options meet the access requirements for primary care, acute care and tertiary care services. In addition, a more detailed access analysis of drive times and patient origin will be conducted in Stage II.

Current Status and Business Plan Options







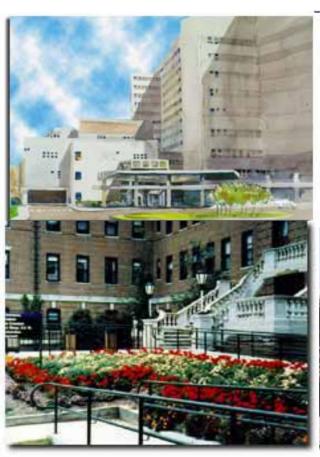




Stage I Study Findings for Boston

Boston Study Site

Jamaica Plain





West **Roxbury**

Bedford



Brockton

Boston Study Site Overview

■ The Boston Study Site:

- Is in the East Market of the New England Healthcare System of VISN 1. The East Market of VISN 1 has 131,242 veteran enrollees.
- Consists of two major veteran service providers the Boston Healthcare System (BHS) and the Edith Nourse Rogers Memorial Veterans Hospital (Bedford VA Medical Center).
- ◆ The four sites encompass116 buildings with over 3.6 million square feet and is located on more than 373 acres within a 40-mile radius of downtown Boston.
- Has affiliation arrangements with over 100 separate institutions, including the Boston Medical Center (Boston University School of Medicine) and Harvard School of Medicine and its affiliates.

Boston Healthcare System (BHS) Overview

Brockton		West Roxbury	
33 buildings (1.1 million SF)	146 acres	13 buildings (519,000 SF)	30 acres
■ initially constructed in 1955		■ initially constructed in the early 1940s	
 located 20 miles south of Boston with nearby train service and direct highway access 756 FTEE's vacancy rate = eight percent (81,000 SF) 		■ located on the southwest edge of the city of Boston	
		not easily accessible via public transportation936 FTEE's	
		■ vacancy rate = less that	an one percent
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Jamaica Plain

16 acres

9 buildings (953,000 SF)

- initially constructed in 1952
- located in the southwest part of Boston
- easily accessible via public transportation
- 1,023 FTEE's
- vacancy rate = less than one percent

BHS Services Overview

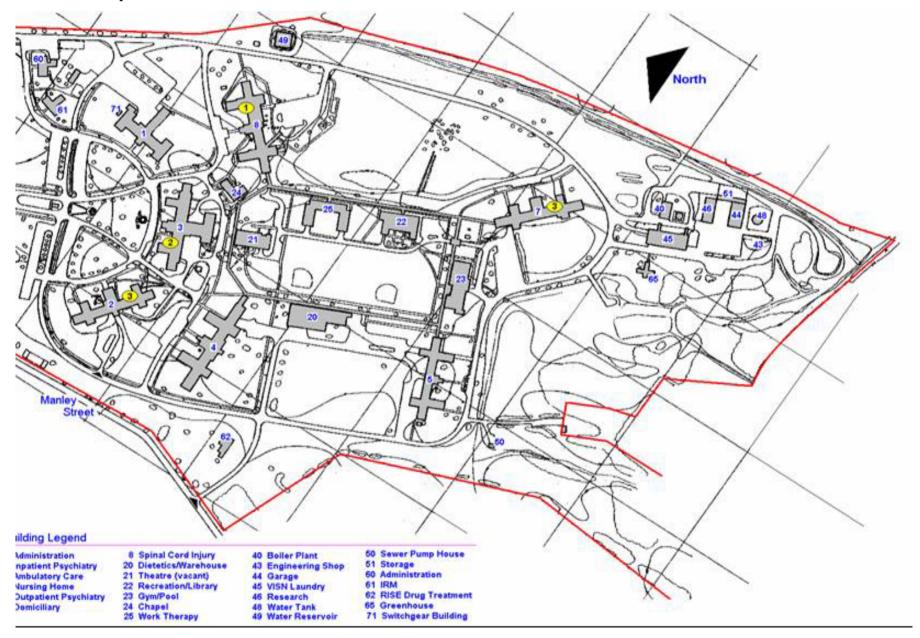
Brockton	West Roxbury		
■Other VA mental health inpatient programs (141 beds) and inpatient psychiatry & substance abuse	■inpatient medicine and observation services (83 beds)		
(50 beds)	■inpatient surgery services (64 beds)		
■nursing home care services (151 beds)	■acute spinal cord injury services (40 beds)		
■chronic spinal cord injury (SCI) unit (40 beds)			
■domiciliary for homeless veterans (70 beds)	■Center of Excellence for cardiac surgery and spinal cord injury programs■CBOC in Worcester		
■comprehensive primary care			
■one of only four women-only units in the VA			
■Center of Excellence for seriously mentally ill veterans			

Jamaica Plain

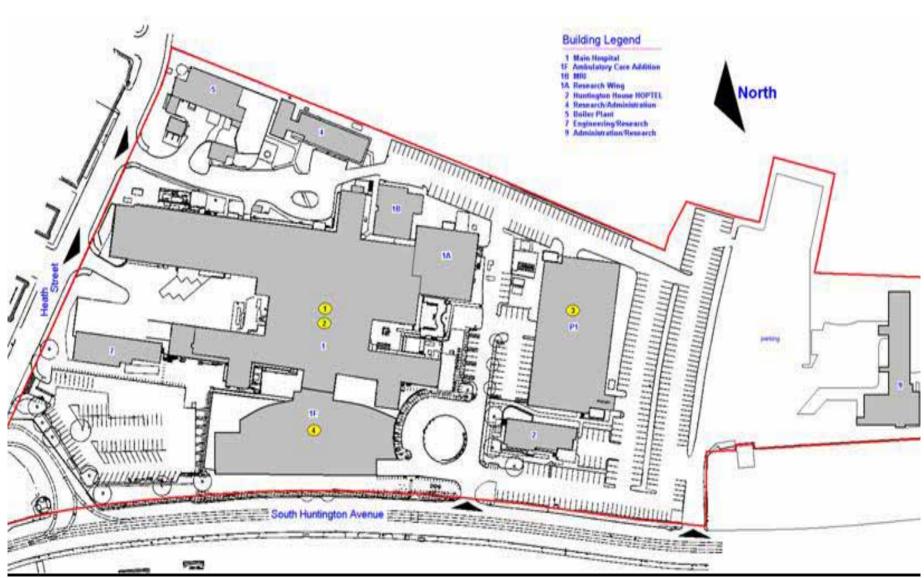
- ■primary care and outpatient specialty services (such as audiology and ophthalmology)
- diagnostic services
- ■radiation therapy services
- ■National Center for Post Traumatic Stress Disorder outpatient program
- ■CBOCs at Framingham, Quincy/South Shore, Lowell, Dorchester, and Causeway Street (transition plan in 2006)

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Site map for Brockton Site

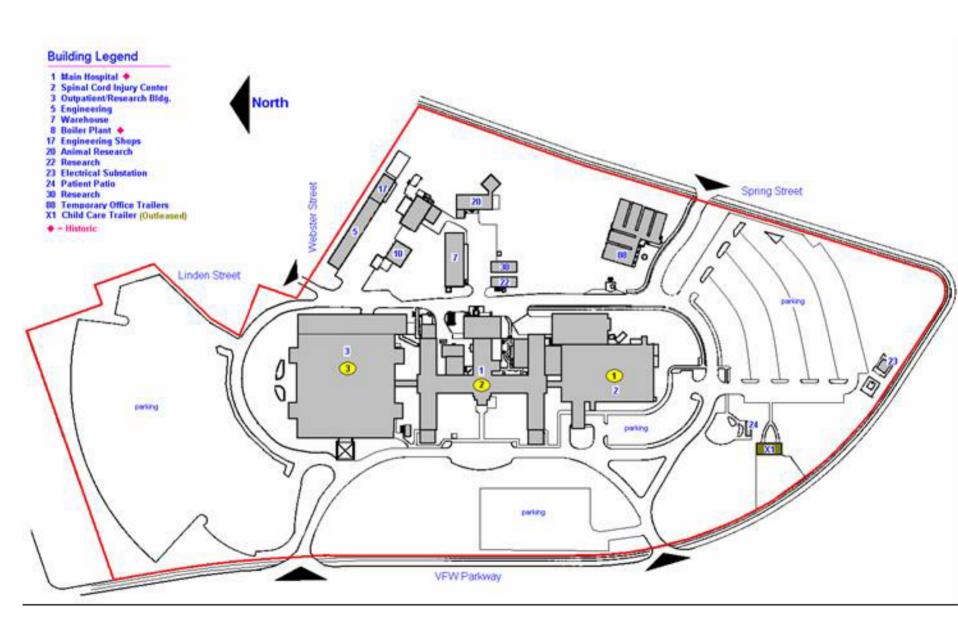


Site map for Jamaica Plain Site



2

Site map for West Roxbury Site



Bedford VA Medical Center Overview

■ The Bedford VAMC:

- Is located in an historic, suburban setting approximately 15 miles northwest of Boston and less than four miles away from the Hanscom Air Force Base.
- Has 61 buildings (1.1 million SF) with numerous historical elements, built between 1928 and 1960.
- ♦ Is located on approximately 181 acres, including a 54-acre golf course and driving range maintained by the United States Air Force.
- Employs approximately 824 Full Time Employee Equivalents (FTEEs).
- Vacancy rate = six percent (63,000 SF)
- Is affiliated with approximately 25 institutions; the trainees are primarily from Boston University School of Medicine, Harvard School of Medicine, and the Lahey Clinic.

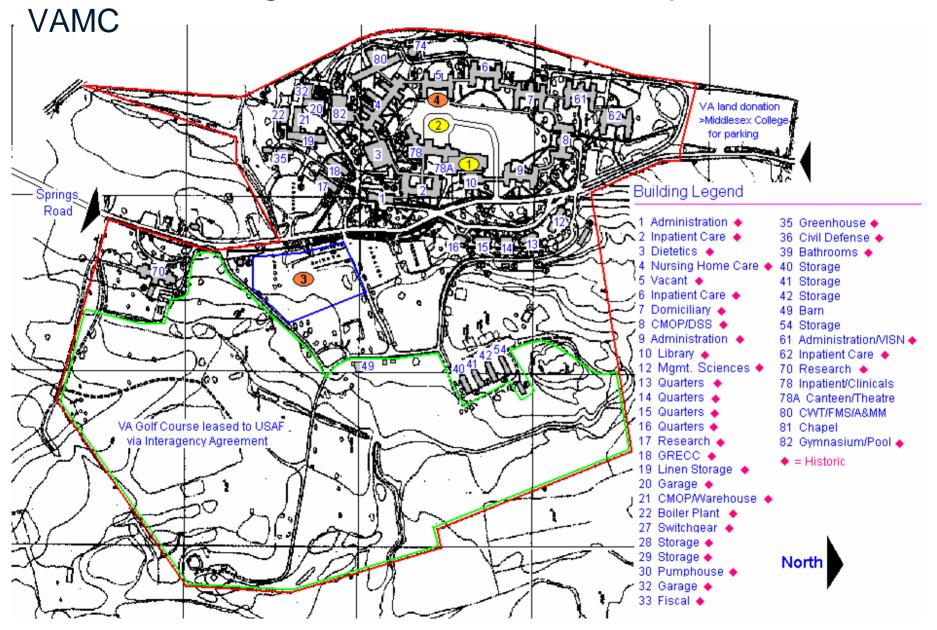
Bedford Services Overview

■ The Bedford VAMC:

Offers:

- outpatient medical and mental health services, including substance abuse
- nursing home care (274 beds)
- inpatient psychiatric and substance abuse (21)
- other VA mental health programs (92 beds)
- a domiciliary (50 beds)
- Geriatric Evaluation Management (GEM) and the Geriatric Research Education and Clinical Center (GRECC) program
- mental health services at the Lowell CBOC, which is organized under Jamaica Plain
- Manages five CBOCs located in Gloucester, Lynn, Haverhill, Winchendon and Fitchburg.

Edith Nourse Rogers Veterans Memorial Hospital - Bedford



Current Status & Projections

- Over the next 20 years the number of enrolled veterans for the VISN 1 East Market (Priority 1-6) is expected to decline nine percent from 88,000 to 80,000.
- The overall inpatient demand projections are expected to decline from 2003 to 2023, with the exception of Chronic Spinal Cord Injury.
- The overall ambulatory and outpatient mental health demand projections are expected to decline from 2003 to 2023, with the exception of Cardiology and Urology.

Options Development

"Universe" of Considered Options

Stakeholder Input

Healthcare Options

Capital Planning
Options

Re-use Options

Initial Screening Criteria:

ACCESS

Would maintain or improve overall access to primary and acute hospital healthcare

QUALITY OF CARE

Would maintain or improve overall quality of healthcare:

- Capability to provide care
- · Workload at each facility
- •Modern, Safe, Secure

COST

Has the potential to offer a cost-effective use of VA resources

Team PwC developed Comprehensive BPOs for Stage 1

Discriminating Criteria:

- Healthcare Quality
- Healthcare Access
- Making the best use of VA resources

- Ease of Implementation
- Ability to Support Wider VA Programs
- Impact of BPO on VA and Local Community

Options Overview

"Universe" of Considered Options

Healthcare Options

TOTAL = 16

Capital Planning Options

TOTAL = 11

Re-Use Options

TOTAL = 7

Initial Screening for Access, Quality, Cost

Business Planning Options (BPOs)

TOTAL = 9

Assessed for Stage I Report

Summary of Options for Boston

- A <u>Baseline</u> option accounting for projected volumes but no change to programs or services and consolidating services in renovated buildings. (BPO 1)
- <u>Three</u> of the options consolidate all four sites onto one of the existing sites, and re-use the remaining three, and adds a CBOC. (BPOs 2, 3, 4)
- One option consolidates all four sites onto a new site, and adds a CBOC. (BPO 5)
- <u>Two</u> options move services from one site to other sites.

 (BPOs 6 and 8)
- <u>Two</u> options move services from two sites to other sites, and include new construction to accommodate growth.

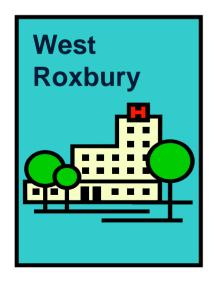
 (BPOs 7 and 9)

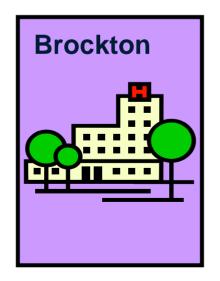
BPO 1: Baseline Option [HC-1 / CP-1]

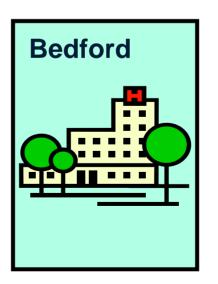
A Baseline option reflects the:

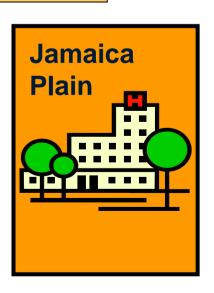
Current state projected out to 2013 and 2023 without any changes to facilities or programs, but accounting for projected utilization changes, and assuming same or better quality, and necessary improvements for a safe, secure, and modern healthcare environment.

Boston Study Site would retain all existing services currently in operation at each of the four sites.







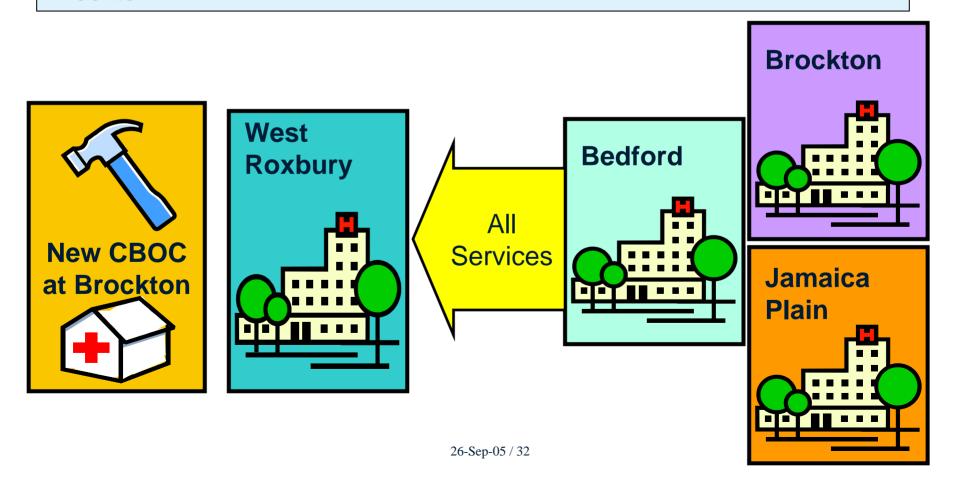


BPO 1: Assessment, Baseline

Healthcare Access	The baseline results in continued adherence to the access guidelines for primary care, acute care and tertiary care.
Healthcare Quality	Healthcare quality will be similar to the current VA experience providing a safe healthcare delivery environment.
Impact on VA & Local Community	The baseline would continue the principal affiliations with Boston University and Harvard University along with other affiliations with surrounding universities and colleges.
Cost Effectiveness	Baseline renovations will require capital expenditures.
Ease of Implementation	Renovation can be complex and may temporarily impact services. Time line could take up to eight years to complete.
Wider VA Program Support	Supports existing DoD, VBA, and Homeland Security arrangements and efforts.

BPO 2: Consolidate All Services onto the West Roxbury Site [HC-2A / CP-2A / RU-1B, 2B, 3B]

Move all services from Bedford, Brockton and Jamaica Plain to West Roxbury. The Bedford, Brockton and Jamaica Plain sites will be designated for re-use. An additional CBOC will be added in or near Brockton.

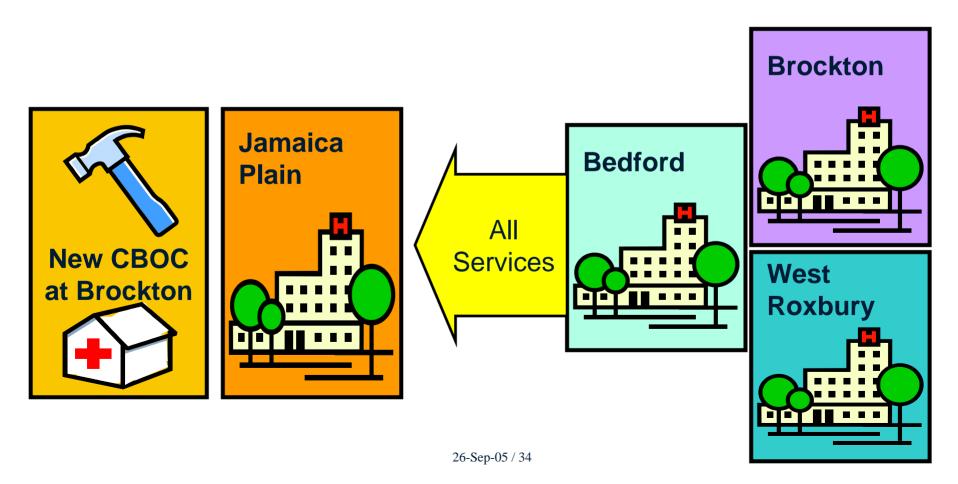


BPO 2: Assessment, Consolidate All Services onto the West Roxbury Site

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	Newly constructed design has potential to facilitate delivery of higher quality care. Integration of psychiatry and mental health services with acute medical care facilitates delivery of higher quality care.
Impact on VA & Local Community	Improvement of collaboration and relationships with increased proximity to academic affiliates. Possible improvement in research programs with new and improved layout of research facilities fostering increased collaboration among clinicians and researchers. Requires relocation of the Alzheimer, GRECC and Chronic SCI programs.
Cost Effectiveness	There may be significant increase in cost effectiveness over the baseline.
Ease of Implementation	Relocation of workforce may be difficult and renovation can be complex and may temporarily impact services.
Wider VA Program Support	The DoD sharing agreement may no longer exist.

BPO 3: Consolidate all services onto the Jamaica Plain Site [HC-2B / CP-2B / RU-1B, 2B, 4]

Move all services from Bedford, Brockton and West Roxbury to Jamaica Plain. Bedford, Brockton and West Roxbury sites will be designated for re-use. An additional CBOC will be added in or near Brockton.

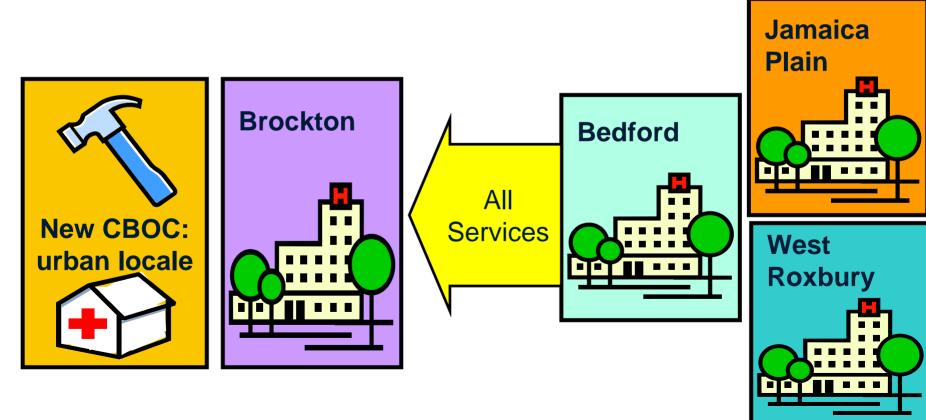


BPO 3: Assessment, Consolidate all services onto the Jamaica Plain Site

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	Newly constructed design has potential to facilitate delivery of higher quality care. Integration of psychiatry and mental health services with acute medical care facilitates delivery of higher quality care.
Impact on VA & Local Community	Improvement of recruitment, retention, and relationships with affiliates due to increased proximity to public transportation and academic affiliates. Possible improvement in research programs with new and improved layout of research facilities fostering increased collaboration among clinicians and researchers. Requires relocation of the Alzheimer, GRECC and Chronic SCI programs.
Cost Effectiveness	There may be significant increase in cost effectiveness over the baseline.
Ease of Implementation	Relocation of workforce may be difficult and services currently located at Jamaica Plain will have to be relocated in the interim time period during construction and renovation of the Jamaica Plain site.
Wider VA Program Support	The DoD sharing agreement may no longer exist.

BPO 4: Consolidate All Services onto the Brockton Site [HC-2C / CP-2C / RU-1B, 3B, 4]

Move all services at Bedford, Jamaica Plain and West Roxbury to Brockton. Bedford, Jamaica Plain and West Roxbury sites will be designated for re-use. An additional CBOC will be added at a new urban location.



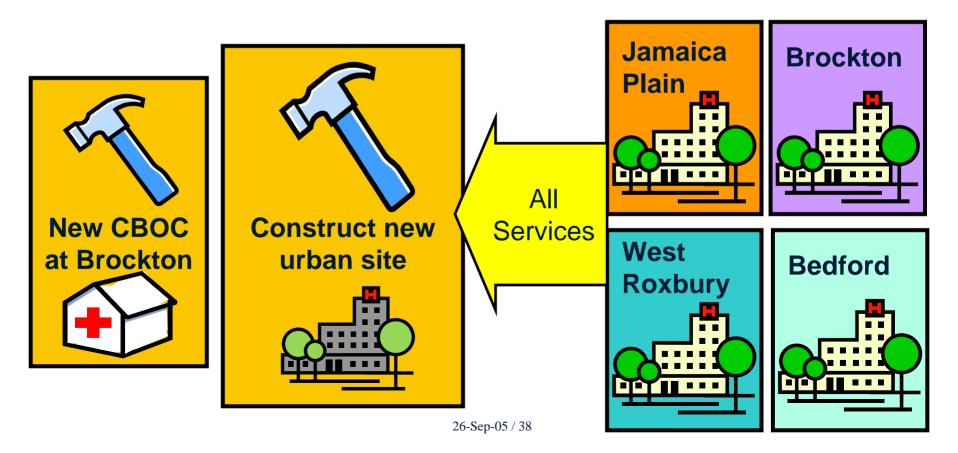
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BPO 4: Assessment, Consolidate All Services onto the Brockton Site

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	Newly constructed design has potential to facilitate delivery of higher quality care. Integration of psychiatry and mental health services with acute medical care facilitates delivery of higher quality care.
Impact on VA & Local Community	Possible effect on recruitment, retention, and relationships with affiliates due to increased distance from both public transportation and academic affiliates. Possible improvement in research programs with new and improved layout of research facilities fostering increased collaboration among clinicians and researchers. Requires relocation of the Alzheimer and GRECC programs.
Cost Effectiveness	There may be significant increase in cost effectiveness over the baseline.
Ease of Implementation	Relocation of workforce may be difficult and renovation can be complex and may temporarily impact services.
Wider VA Program Support	The DoD sharing agreement may no longer exist.

BPO 5: Consolidate All Services onto a New Urban Site [HC-2E / CP-2D/ RU-1B, 2B, 3B,4]

Move all services from Bedford, Brockton, Jamaica Plain and West Roxbury to a new urban site, preferably near the affiliates. The Bedford, Brockton, Jamaica Plain and West Roxbury sites will be designated for re-use. Add one additional CBOC in or near Brockton.

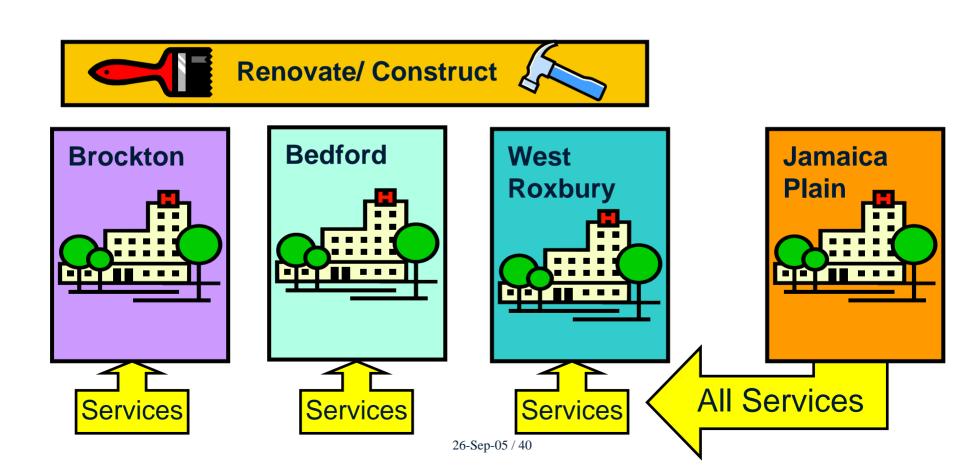


BPO 5: Assessment, Consolidate All Services onto a New Urban Site

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	Newly constructed design has potential to facilitate delivery of higher quality care. Integration of psychiatry and mental health services with acute medical care facilitates delivery of higher quality care.
Impact on VA & Local Community	Improvement of recruitment, retention, and relationships with affiliates due to increased proximity to public transportation and academic affiliates. Possible improvement in research programs with new and improved layout of research facilities fostering increased collaboration among clinicians and researchers. Requires relocation of the Alzheimer, GRECC and Chronic SCI programs.
Cost Effectiveness	There may be significant increase in cost effectiveness over the baseline.
Ease of Implementation	Risk of finding an affordable and appropriately sized parcel of land in an urban setting. Delay in parcel selection and purchase may adversely impact implementation. Relocation of workforce may be difficult.
Wider VA Program Support	The DoD sharing agreement may no longer exist.

BPO 6: Consolidate the Jamaica Plain Site onto the West Roxbury Site [HC-3 / CP-3 / RU-1A, 2A, 3B]

Consolidate Jamaica Plain site into West Roxbury site. The Jamaica Plain site will be designated for re-use. Bedford and Brockton will be right-sized.

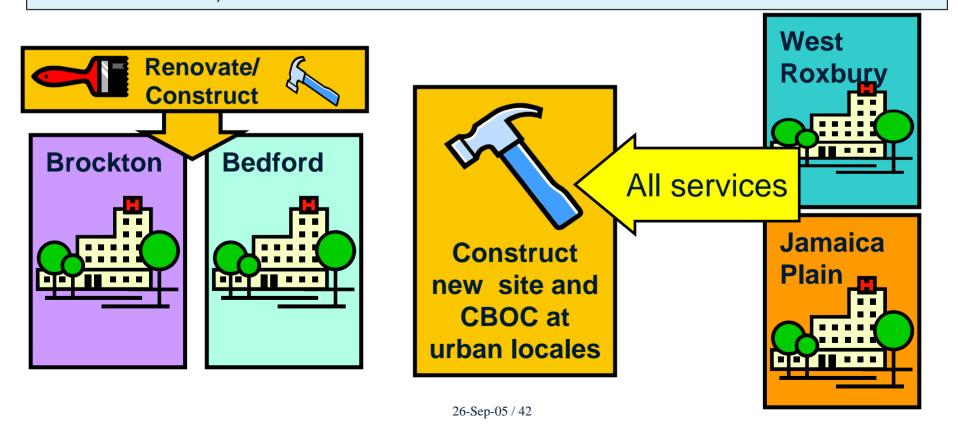


BPO 6: Assessment, Consolidate the Jamaica Plain Site onto the West Roxbury Site

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access; some patients may self redirect their location for care.
Healthcare Quality	No material impact on quality of care.
Impact on VA & Local Community	Possible negative impact on recruitment, retention, and relationships with affiliates due to increased distance from both public transportation and academic affiliates.
Cost Effectiveness	Similar level of costs as the baseline.
Ease of Implementation	Relocation of workforce may be difficult and renovation can be complex and may temporarily impact services.
Wider VA Program Support	No change.

BPO 7: Consolidate Jamaica Plain and West Roxbury into a new acute care facility with research capabilities on an urban site [HC-4A / CP-4 / RU-1A, 2A, 3B, 4]

Move services at Jamaica Plain and West Roxbury to a new, urban site. Jamaica Plain and West Roxbury sites will be designated for re-use. Bedford and Brockton sites will be right-sized to meet projected demand. The VISN 1 support services currently located at the Brockton site will remain. A new, urban CBOC will be added.

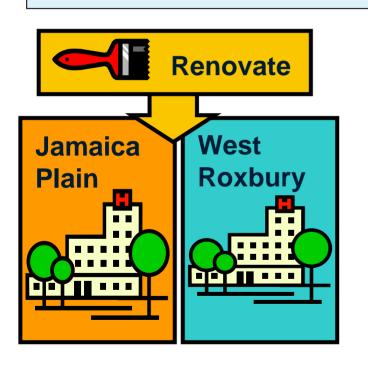


BPO 7: Assessment, A new acute care facility, with research capabilities, on a new urban site

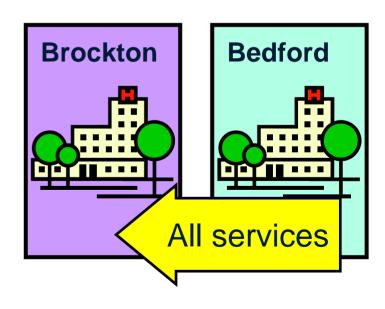
Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	Newly construction design has potential to facilitate delivery of higher quality care.
Impact on VA & Local Community	May improve recruitment and retention due to public transportation access. Possible improvement in research programs with new and improved layout of research facilities fostering increased collaboration among clinicians and researchers.
Cost Effectiveness	There may be significant increase in cost effectiveness over the baseline.
Ease of Implementation	Risk of finding an affordable and appropriately sized parcel of land in an urban setting. Delay in parcel selection and purchase may adversely impact implementation. Relocation of workforce may be difficult. Renovation can be complex and may temporarily impact services at Bedford and Brockton.
Wider VA Program Support	No change.

BPO 8: Consolidate Bedford and Brockton onto the Brockton Site [HC-5A / CP-5 / RU-1B, 3A]

Move all services from Bedford to the Brockton site. Services currently located at the Jamaica Plain and West Roxbury sites will remain. The Bedford site will be designated for re-use. Add two additional CBOCs, one in an urban location and one in a new North Shore location.





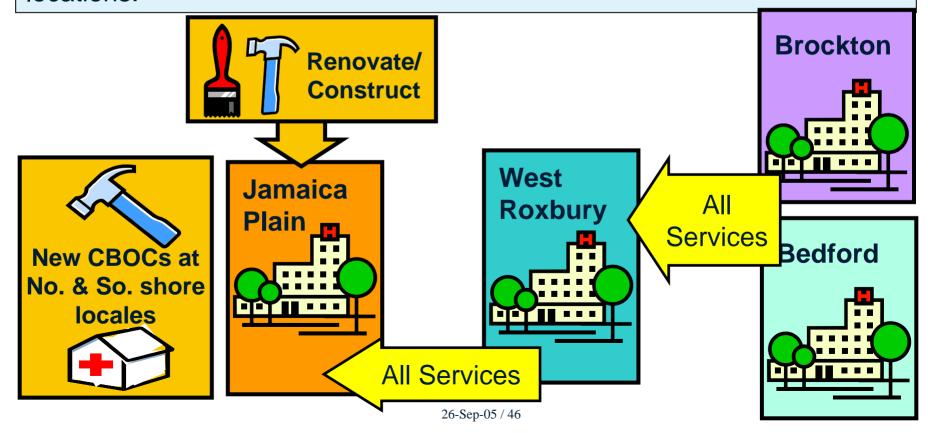


BPO 8: Assessment, Consolidate Bedford and Brockton onto the Brockton Site

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	No material impact on quality of care.
Impact on VA & Local Community	Requires relocation of specialty programs (Alzheimer, and GRECC).
Cost Effectiveness	Similar level of costs as the baseline.
Ease of Implementation	Relocation of workforce may be difficult and renovation can be complex and may temporarily impact services.
Wider VA Program Support	The DoD sharing agreement may no longer exist.

BPO 9: Phased consolidation Bedford and Brockton at West Roxbury and Rebuild Jamaica Plain [HC-7 / CP-6 / RU-1B, 2B, 3]

Move all services from Bedford and Brockton to the West Roxbury site. Move all existing services at the West Roxbury site to a rebuilt Jamaica Plain facility. The Bedford and Brockton sites will be designated for reuse. Add two additional CBOCs at North Shore and South Shore locations.



BPO 9: Assessment, Consolidate Bedford and Brockton at West Roxbury and Rebuild Jamaica Plain

Healthcare Access	Meets VA guidelines for primary care, acute care and tertiary care access.
Healthcare Quality	New construction design has potential to facilitate delivery of higher quality of care.
Impact on VA & Local Community	Improvement of recruitment, retention, and relationships with affiliates due to increased proximity to public transportation and academic affiliates. Requires relocation of the Alzheimer, GRECC and Chronic SCI programs.
Cost Effectiveness	Similar level of costs as the baseline.
Ease of Implementation	Relocation of workforce may be difficult and renovation can be complex and may temporarily impact services.
Wider VA Program Support	The DoD sharing agreement may no longer exist.

Next Steps

- The LAP will review the Business Plan Options and recommend:
 - Which options should be further studied
 - Proposing additional options
 - Specific concerns to be addressed
- Responses and comments to the Business Plan Options will be collected for 10 days following the LAP meeting.
- The next public meeting will review options selected by the Secretary for further study and discuss key issues.
- The fourth and final public meeting will present detailed analysis of the options and recommendations by Team PwC.

How Can You Provide Feedback?

Local Advisory Panel Meeting

- Provide testimony at the public meetings.
- Fill out a comments form at the public meetings.

CARES Project Website

http://www.va.gov/CARES

- An electronic comments form is available to share your views and opinions on the options presented.
- Website provides public meeting information, agendas, meeting summaries, and links to background documents.

CARES Central Mailstop

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