

CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES

LOCAL ADVISORY PANEL MEETING

June 7, 2005



VA Heartland Network



TODAY'S AGENDA

- ❑ Local Advisory Panel
- ❑ CARES and CARES Decision
- ❑ Veterans Rural Access Hospital (VRAH)
- ❑ DEMAND MODEL-Carlos Escobar/Peg Dochterman, VISN 15
- ❑ Business Plan Study-Patrick Spoletini, PWC
- ❑ Questions regarding above data
- ❑ Public Comment
- ❑ LAP ReCAP of meeting



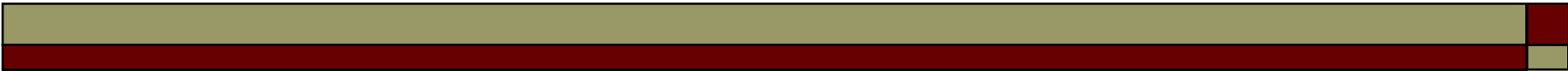
Local Advisory Panel

- Peter Almenoff, MD, FCCP, Network Director
VISN 15
- Lee White, American Legion Assistant State Service
Officer
- Ronald L. Taylor, Executive Director, Missouri
Veterans Commission
- Sydney Wertenberger, RN, MSN, CNAA, Associate
Director for Patient Care Services
- Sherri Hinrichs, Executive Director, Southeastern
Missouri Area Health Education Center (AHEC)



OSI/PWC/Support Team

- ❑ Allen Berkowitz, PhD, Assoc Dir, OSI
- ❑ Patrick Spolentini, PWC, Site Manager
- ❑ Lucy Nguyen, PWC
- ❑ Carolyn Fansler, PWC
- ❑ Nancy Arnold, Director PB
- ❑ Carlos Escobar, CAM, VISN 15
- ❑ Peg Dochterman, Planner, VISN 15
- ❑ Dewayne Coleman, Public Affairs, PB



LOCAL ADVISORY PANEL MEETING OF June 6, 2005

- Roles and Responsibilities
- Approved Standard Operating Procedure
- CARES Project Objectives/Methodology and Tools
- Stakeholder Input Methodology
- Business Plan Study
- Demand Data
- Ethics Review
- Project Timeframes

LOCAL ADVISORY PANEL

Standard Operating Procedure

- ❑ Two hours for individual statements
- ❑ Four minutes allocated per speaker
- ❑ Comment box available for written comments
- ❑ Continue to accept written comments for 14 calendar days after meeting
- ❑ Comments must be focused only on the CARES issue for Poplar Bluff

Capital Asset Realignment for Enhanced Services (CARES)

- ❑ Need to realign campuses to reflect changes in VA healthcare delivery**
- ❑ VA needs to change/adapt to meet the needs of an aging veteran population and changing demographics**
- ❑ Aging infrastructure—average building is over 50 years old**
- ❑ 1999 GAO report critical of vacant space**

CARES Hearing

- Poplar Bluff meets all but one Medicare criteria for “Critical Access Hospital”
 - ALOS 3-4 days (Poplar Bluff at 3.5 days)
 - Lower Acuity level of patients
 - No ICU
 - No Inpatient Surgery
 - Bed levels between 15-25 (Poplar Bluff at 18)
 - No other hospital within 30 miles (Poplar Bluff does not meet this criteria)



CARES Commission Findings

- ❑ Poplar Bluff has 16 acute Medicine Beds, which are projected to decline to 11 in FY2022
- ❑ No VA Facilities within 60 minutes. Both VAMC St. Louis and VAMC Memphis are 150 miles away.
- ❑ Poplar Bluff is a highly rural area with minimal public transportation



CARES Commission Findings

- One non-VA hospital in the Poplar Bluff community, with excess capacity?
- Established relationships with community specialty care providers.

CARES Commission Recommendations Regarding Poplar Bluff

- ❑ Did not concur that Poplar Bluff was currently operating as a Critical Access Hospital
- ❑ VA establish a clear definition and policy on Critical Access Hospitals prior to a final decision on Poplar Bluff
- ❑ VA conduct a full cost-benefit analysis on sustaining inpatient services versus contract services
- ❑ Regardless of decision on inpatient services, outpatient services and Long-Term Care will remain at Poplar Bluff



CARES AND POPLAR BLUFF

- May 2004 Secretary announced his decisions on CARES Commission Recommendations
- Identified 18 sites for further study
- Further study of Poplar Bluff limited to cost analysis of inpatient program

Veterans Rural Access Hospital (VRAH)

- VHA Policy published October 29, 2004
- Response to CARES Commission Report
- VRAH Criteria
 - Not more than 25 acute medical and/or surgical beds
 - Part of an established referral system for tertiary or other specialized services
 - Part of a Primary Health System (such as Community Based Outpatient Clinics [CBOCs])



Veterans Rural Access Hospital (VRAH)

- Facility must be critical component of providing access to timely, appropriate, and cost effective healthcare to its veterans



CARES Business Plan Studies

- PricewaterhouseCoopers (PwC) has been tasked with completing 18 studies simultaneously (see handout for study site matrix)**
- Each study is designed to address the outstanding planning issues left over from the previous Secretary's May 2004 Decision Document.**
- PwCs findings and final recommendations will be provided to the Secretary. Who will then issue his decisions.**



VA's Strategic Planning Processes

- All decisions made regarding these 18 study sites will then be rolled up into VA's established planning process.**
- Capital projects recommended from this process will be assessed along with all other VA initiatives and will be funded accordingly.**

Key Issues

- ❑ Neither the contractor nor the Local Advisory Panel (LAP) is to reconsider decisions already made in the Secretary's May 2004 Decision
- ❑ All final decisions are made by the Secretary. The contractor provides recommendations.
- ❑ The contractor is required to consider and report stakeholder input. Local Advisory Panels are the formal mechanism to help the contractor obtain stakeholder opinions, reactions and input into the options developed.



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- ❑ Questions regarding above presentations
- ❑ Public Comment
- ❑ LAP ReCAP of meeting
- ❑ Next Meeting