

Appendix M - VISN Stakeholder Communications and Participation

VISN 1 Summary: Overall VISN 1 reported extensive outreach, although in some areas veteran and stakeholder input was minimal. According to the VISN's monthly marketing report, briefings and focus groups with employees, VSOs, affiliates, union leaders, and congressional staff were conducted to obtain their ideas. A series of monthly stakeholder communication bulletins were distributed widely. A CARES network website was developed for comments and information. The VISN held regular briefings at the Network level with the Management Assistance Council, Academic Advisory Council, Labor-Management Council, New England Congressional Delegation, and the Executive Leadership Council. From July 2002 to March 2003, VISN 1 reported a total of nearly 800,000 contacts in their monthly communications reports to NCPO. This included over 200,000 employee contacts, over 585,000 veteran contacts, and nearly 2,000 congressional contacts. Additionally 1,355 other contacts were reported, which included direct mailings and e-mails.

East: Numerous stakeholder meetings were conducted for VSOs, employees, congressional aids, volunteers and veterans in the Boston, Bedford and Providence areas. Congressional aids were concerned that the purpose of CARES was to close hospitals; employees were concerned about integration of Brockton and Bedford and the future of the Jamaica Plain campus, and general concern about contracting out medical care. Additionally, driving distances and access were issues. Response to these concerns was not explicitly addressed in the market plan stakeholder summaries.

Far North: Town hall meetings were held throughout the market area, during the entire development phase of the market plan. Consistently through this process, veteran stakeholders emphasized the need to provide access to health care services in rural areas. The market plans reflect this concern by proposing VA provide health care in the rural areas of Houlton, Lincoln, Dover-Foxcroft, Farmington and South Paris.

North: CARES briefings and focus groups were conducted throughout New Hampshire and Vermont. Concerns were keeping health care local, which included inpatient care. Veterans agreed that contracting out in certain areas was a desirable option, particularly if it reduced driving distances. Although they did not want to see the VA disappear, they wanted more convenient and local care. One of the focus groups was concerned about quality of contract care and legal responsibility for care. Based on stakeholder input, market plans reflect expansion for outpatient, inpatient medical care and outpatient mental health.

West: The market plan stakeholder summary does not mention outreach or education efforts. It does address aging veterans' concerns about access to health care in their communities. The academic affiliates and labor unions expressed concern about the potential for contracting for any services away from the VA and are comfortable with the market plan.

VISN 2 Summary: Overall, VISN 2 provided information to its various stakeholder groups through numerous communication mediums, including newsletters, town hall meetings and the media. Generally, stakeholder input was minimal, as the planning initiatives had little negative impact on veterans and other stakeholders and generally the market plans called for expansions. From July 2002 to March 2003, VISN 2 reported over 425,000 contacts in their monthly communications reports to NCPO. This included nearly 179,000 employee contacts, over 4,700 veteran contacts, and 229 congressional contacts. Additionally nearly 236,000 other contacts were reported, which included direct mailings and e-mails.

Eastern: Stakeholder outreach and input was satisfactory. Identified stakeholders involved included specific VSOs, unions and congresspersons as well as reaching out to the affiliates through the Dean's Committee. Comment cards were placed in public areas and in all mailings. Stakeholders had initial concerns over possible closing in Albany. Concerns allayed as the workload did not support closure.

Central: Outreach to stakeholders was satisfactory and VA actively solicited input from stakeholders. Planning initiative presentations were directed to specific audiences: employees, congressmen, affiliate, patients, veterans and volunteers to educate and solicit input. Stakeholder concerns centered on Syracuse space needs, in which VA found a solution in the market plans that was agreeable with all stakeholders.

Finger Lakes/Southern Tier: Specific groups and individuals who were briefed were listed and the outreach included VSOs, employees, unions, and affiliates. The market area used comment cards at every meeting and included them in newsletters and other forms of communication. These cards were also placed in key areas in medical center. Few comment cards were returned and no written comments were received.

Western: Both Buffalo and Batavia distributed comment cards. They received only two comments. They also received press coverage. The narrative specified all VSOs, unions, and affiliates. Input received was limited and can be due to the minimal impact of changes due to CARES in the Western New York Market.

VISN 3 Summary: VISN 3 has one of the smallest geographic areas, although one of the most populated. The staff reported numerous briefings and town hall meetings for employees, veterans and other stakeholders. Additionally, the VISN has conducted Congressional outreach with neighboring Networks. From July 2002 to March 2003, VISN 3 reported nearly 405,000 contacts in their monthly communications reports to NCPO. This included nearly 134,000 employee contacts, over 244,000 veteran contacts, and 354 congressional contacts. Additionally nearly 18,000 other contacts were reported, which included direct mailings and e-mails.

The Network has three market areas: **VA Long Island, VA Metro New York and VA New Jersey**. The same stakeholder summary was submitted for all three market areas. VISN 3 reports extensive outreach to all veteran and stakeholder groups, including briefings with VSOs, employees, volunteers, affiliates, and congressional and union representatives. The narrative does not explicitly describe specific stakeholder recommendations. For example, the VISN held meetings with two other networks and EPVA and PVA to discuss multi-VISN concerns. However, they did not specify the VSOs' opinions or how their concerns were incorporated in the Market Plans. They noted general concerns about facility closures, small facility planning initiatives, proximity planning initiatives, multi-VISN coordination of SCI services, sufficient funding for CARES and the impact of war on data projections. The narrative does not explicitly describe how stakeholder input influenced VISN 3's market plan development. We believe the VISN took stakeholder input into account, however, more specifics regarding affiliates' influence on decisions on proximity issues (Manhattan) and VSOs' influence on small facility issues (Castle Point) should have been reported.

VISN 4 Summary: VISN 4 is predominantly the state of Pennsylvania and also southern New Jersey and West Virginia. The VISN has worked extensively to inform veterans and stakeholders about the CARES process. The stakeholder summaries for their two market areas are excellent, specifying outreach, solicitation of input, stakeholder recommendations and VISN response. From July 2002 to March 2003, VISN 4 reported over 408,000 contacts in their monthly communications reports to NCPO. This included over 75,000 employee contacts, over 253,000 veteran contacts, and 973 congressional contacts. Additionally over 77,000 other contacts were reported, which included direct mailings and e-mails.

Eastern: Outreach included numerous meetings with VSOs and congressional staff. The narrative does not provide information about outreach to affiliates, employees and unions, although the monthly reports submitted to NCPO showed extensive outreach to these audiences. Some of the veteran and Congressional concerns were primarily in the areas of access, mission change at Wilmington, and a new hospital in Southern New Jersey. Much of the input was incorporated in the market plans, including proposals to establish CBOCs at Northampton and Gloucester Counties.

Western: The following issues surfaced in this market area: small facility at Erie VAMC, Pittsburgh proximity/consolidation proposal and funding for renovations, access, reduction in services at Clarksburg and Venango County. Employee concerns focused on job loss with facility closures. These concerns were taken into consideration, in that the Network is not planning to close any small facilities or their inpatient units. (Senator Specter's staff indicated that the Senator or his designee would be interested testifying before the Commission.) Throughout the past nine months, veterans and stakeholders were kept informed of the CARES process through town hall meetings, newsletters, Web site, and briefings.

VISN 5 Summary: Altogether VISN 5 demonstrated outreach and solicitation of input. Few comments were received. From July 2002 to March 2003, VISN 5 reported over 190,000 contacts in their monthly communications reports to NCPO. This included nearly 47,000 employee contacts, over 53,000 veteran contacts, and 282 congressional contacts. Additionally over 86,000 other contacts were reported, which included direct mailings and e-mails.

Baltimore: The summary describes input from veterans' service organizations and unions. VSOs support expansion in outpatient primary care, outpatient specialty care, and outpatient mental health. Unions do not object to Baltimore market plans to move Primary Care to annexed space.

Martinsburg: The summary reports extensive outreach and solicitation of input from all stakeholder groups. They stated that no groups submitted comments, concerns or objections in this market area. Communication methods were specified as packages, focus groups, press, and brochures. Three labor unions had no objections or concerns.

Washington: In the Washington area, the narrative reports extensive outreach to all stakeholder groups. The only concern specified in the narrative was that of the service chiefs (academic affiliates) with regard to adjacency of support services, which were taken into account.

VISN 6 Summary: VISN 6 covers North Carolina, Virginia, and Beckley, WV. Employee and veteran town hall meetings were held throughout the region, and briefings were conducted for Congressional staff, unions and affiliates. The biggest area of concern is Beckley, which is on the small facility list. VISN 6 has worked with VISNs 4, 5 and 9 to discuss the issues in West Virginia. Charlotte Moreland, from Sen. Rockefeller's office has been very active in the CARES process. From July 2002 to March 2003, VISN 6 reported over 557,000 contacts in their monthly communications reports to NCPO. This included nearly 36,000 employee contacts, over 327,000 veteran contacts, and 367 congressional contacts. Additionally over 192,000 other contacts were reported, which included direct mailings and e-mails.

Northeast: Reports extensive outreach and solicitation of input from all stakeholder groups through a wide variety of methods. The primary stakeholder issue centered on access and as a result, three additions CBOCs or Satellite Outpatient Clinics have been incorporated into the Market Plan as well as improvements to parent facilities to accommodate the expanded services.

Northwest: The Northwest stakeholder narrative covers only three outreach methods from the area including stakeholder focus groups at Beckley. The focus groups targeted the Small Facility PI at the Beckley VAMC. It did not cover what the concerns were or how they were met in the Market Plans.

Southeast: This market had extensive outreach to stakeholders as in the Northeast Market. The unions and other stakeholders were concerned about the possibility of loss of jobs due to contracting, closures, or downsizing. Other concerns addressed in the narrative are generic to the CARES process.

Southwest: The Southwest Market narrative was similar to the Southeast narrative. This narrative also addressed concerns regarding types and locations of CBOCs and services to be provided. Stakeholder preferences on these issues were not delineated nor were solutions defined.

VISN 7 Summary: The VISN 7 narrative did not address some of the major issues affecting its markets including proximity, space and specialty programs. Methods of stakeholder involvement and communication were not delineated in the narrative; however VISN 7's monthly communication reports show extensive outreach through town hall meetings, newsletters, briefings, and media. Input was minimal in many locations but those veterans that did participate were active. From July 2002 to March 2003, VISN 7 reported over 193,000 contacts in their monthly communications reports to NCPO. This included nearly 62,000 employee contacts, over 14,000 veteran contacts, and 1,102 congressional contacts. Additionally over 93,000 other contacts were reported, which included direct mailings and e-mails.

Alabama: The Alabama Market consists of the Central Alabama Veterans Health Care System (CAVHS) and the Birmingham VAMC. At CAVHS, employee and union concerns focused on the demolition of historic-eligible buildings that have fallen into disrepair. As no outside interest has been expressed, the facility continues to plan for the demolition. A second concern involved the possibility of building a day care center on station, which the union is now developing a proposal for management. At Birmingham, employees are concerned about parking and the impact of projected growth on their current parking situation. To address this, increased lease costs have been incorporated into the market plan. The affiliate was briefed several times. Birmingham VAMC is faced with significant space issues with the increased demand, and plans to lease space and purchase episodes of care from their affiliate, including increasing access in Northern Alabama through this arrangement.

Georgia: The Georgia Market consists of Atlanta, Dublin and Augusta VAMCs. The narrative states that stakeholders have been involved in the entire process, but does not state who has been involved or how their input has been solicited. It briefly addresses the Dublin Small Facility PI, stakeholder satisfaction with the facility and the proposal to retain the inpatient acute care beds. The narrative does not address the other major issues in the Market.

South Carolina: The South Carolina Market consists of the Columbia and Charleston VAMCs. The narrative states that extensive communication efforts were done but input from stakeholders was minimal. CBOCs are a major concern in South Carolina and they plan to relocate CBOCs to locations

providing better access and parking. One re-location would involve a sharing agreement with Hunter Army Air Force Base to locate the clinic on their grounds, which provides a central location in Savannah. VBA will relocate their regional office to the Columbia VAMC, which pleases stakeholders. Charleston is studying the feasibility of a construction of a replacement hospital consolidated with the Medical University of South Carolina, which raises stakeholder concerns that the VA not lose its identity or decrease services.

VISN 8 Summary: The VISN 8 narrative details extensive outreach efforts including web-based initiatives. Congresspersons, VSOs, affiliates, employees, and unions were all involved. Major issues were identified in several markets including barriers to care for veterans living on the islands, the potential placement of new hospitals, and access to care. From July 2002 to March 2003, VISN 8 reported over 479,000 contacts in their monthly communications reports to NCPO. This included over 24,000 employee contacts, over 2,200 veteran contacts, and 82 congressional contacts. Additionally over 452,000 other contacts were reported, which included direct mailings and e-mails.

Gulf: The narrative details many outreach activities including e-mails, mailings, media, town halls, and meetings with stakeholders, VSOs, unions, employees, congresspersons, and affiliates. The biggest concern stakeholders identified involved the provision of care in Lee County, Florida, which was addressed in the Market Plan by expanding services in this county.

Atlantic: The Atlantic Market detailed extensive outreach efforts in an area that serves 75,000+ veterans. These efforts involved distributing the planning initiatives, fact sheets, and handouts. Educations sessions were conducted and meetings were held with stakeholders and the unions. No specific issues or concerns were identified in the narrative.

North: The North Market documents extensive meetings with a variety of stakeholders including VSOs, congresspersons, employees, and affiliates. No specific issues or concerns were identified in the narrative.

Puerto Rico: The Puerto Rico market includes the islands of Puerto Rico, St. Croix, Arecibo, and St. Thomas. A number of meetings were held with unions, stakeholders, employees and the local community hospital. The major barrier to care is the geographic barrier the patients face when referred to tertiary care on or off the islands. Also, there are concerns with travel times on the island of Puerto Rico due to road congestion. No solutions or alternatives were identified in the narrative.

Central: The Central Market was innovative in sharing information with stakeholders. In addition to the traditional meetings and mailings, the Public Affairs officer provided web-based linkages in order for constituents and Congressional Offices to obtain up-to-the-minute CARES information. The major concern in this market has been hospital placements. Congressman Keller

strongly supports the activation of a hospital in Orlando, while Congressman Weldon supports a hospital in Viera in Brevard County. Stakeholders also support a hospital in Pasco County in a recently vacated private hospital. The narrative only addressed the decision not to pursue a hospital in Pasco County as the data does not support an inpatient facility and its outpatient needs are already served at the Port Richey Outpatient Clinic.

VISN 9 Summary: VISN 9, which includes Kentucky, Tennessee, and West Virginia, developed and finalized its Market Plans using focus groups that included stakeholders, employees, physicians, and congressional staff. Other forms of communications included town hall meetings and newsletters. The Network has four market areas: **Central, Eastern, Northern, and Western**. The same stakeholder summary was used for all market areas. No concerns were identified in the narrative for any of the market areas and although they said there was stakeholder input, none was defined. In general, summaries had little information. From July 2002 to March 2003, VISN 9 reported nearly 40,000 contacts in their monthly communications reports to NCPO. This included nearly 16,000 employee contacts, over 3,000 veteran contacts, and 124 congressional contacts. Additionally over 20,000 other contacts were reported, which included direct mailings and e-mails.

VISN 10 Summary: VISN 10 is the state of Ohio. The narrative did not include any specific issues and solutions, including the VISN proximity issue. From July 2002 to March 2003, VISN 10 reported over 63,000 contacts in their monthly communications reports to NCPO. This included over 23,000 employee contacts, over 2,500 veteran contacts, and 107 congressional contacts. Additionally over 35,000 other contacts were reported, which included direct mailings and e-mails.

Central: The Central Market is composed of Chillicothe and Columbia, Ohio. Outreach efforts consisted of meetings, congressional briefings, focus groups, Management Assistance Councils, newsletters and media. Outreach efforts targeted VSOs, congresspersons, affiliates, and employees. One congressional briefing involved Congressmen Hobson, Strickland, Ney, Price, and Tiberi and addressed issues including new construction and the expansion of outpatient specialty services and inpatient medical care. Meetings with their affiliate Ohio State University addressed services OSU could provide including specialty care, acute inpatient care, research, training and education, and the residency program.

Eastern: The Eastern Market used a variety of communication methods including town hall meetings, VSO meetings, newsletters and congressional briefings. Stakeholders involved were congresspersons, VSOs, employees, local officials, and other stakeholders. No issues were addressed in this narrative.

West: Communication methods include VSO meetings, Management Assistance Council, newsletters, newspaper articles, town hall meetings, service staff meetings, and e-mails. Stakeholders included employees, VSOs,

congressional representatives, the local health council, and affiliates. When concerns were raised by a VSO, additional meetings were held to address the issues. No specific issues were delineated in this narrative.

VISN 11 Summary: VISN 11 has three market areas consisting of Central Illinois, Indiana and Michigan. The same stakeholder summary was used for all three market areas. Stakeholders included all major VSOs, unions, Management Assistance Council, affiliates (4), state officials including state home directors and other major community contributors to the VHA mission. Other stakeholders included employees, volunteers, unions, and other interested parties. Monthly meetings with VSOs were conducted and the care sites provided employees and patients with flyers, handouts, and articles from local papers. Each facility CARES liaison and public affairs officer orchestrated all facility events, publicity, and products. The CARES Work Group is comprised of senior VISN staff and three AFGE Presidents. Extensive outreach is documented for all market areas, however no issues or comments are identified, including information on the Small Facility PI at the Saginaw VAMC. From July 2002 to March 2003, VISN 11 reported over 30,000 contacts in their monthly communications reports to NCPO. This included over 13,000 employee contacts, over 2,800 veteran contacts, and 136 congressional contacts. Additionally over 9,000 other contacts were reported, which included direct mailings and e-mails.

VISN 15 Summary: Throughout the VISN, stakeholder outreach was comprehensive and included all principal stakeholders. The stakeholder summaries contained outreach information, stakeholder concerns, and how Market Plans addressed these concerns. From July 2002 to March 2003, VISN 15 reported over 66,000 contacts in their monthly communications reports to NCPO. This included nearly 32,000 employee contacts, over 2,800 veteran contacts, and 273 congressional contacts. Additionally over 30,000 other contacts were reported, which included direct mailings and e-mails.

Central: VISN 15 executive leadership conducted stakeholder briefings and employee town hall meetings at each of the medical centers. Other communications were newsletters, briefings, presentations, and the Integration Advisory Council. This council played a critical role in stakeholder outreach in the Eastern Kansas Health Care System on the Market Plans and council endorsement was obtained.

East: Communication methods included town hall meetings, personal presentations, monthly meetings, newsletters, brochures, video presentations, and presentations at local bargaining unit meetings. At the Poplar Bluff VAMC, VSOs are briefed monthly at the VSO meeting with medical center management. The minutes of those meetings are also mailed to approximately 200 VSOs across the primary care service area. Stakeholders were employees, VSOs, affiliates, community health care officials, and congressional representatives. Issues were raised at the Marion and Poplar Bluff VAMCs. Because planning initiatives call for expansions at the Marion VAMC, stakeholders were positive about their plans. Poplar Bluff was identified as a small facility, a potentially

volatile issue with stakeholders. The facility recommended retaining the inpatient beds. If at some point it is decided that the program should close, considerable stakeholder opposition is anticipated, as well as adverse publicity.

West: This market consists of the Dole VAMC. All planning Initiatives were positive for this facility with anticipated growth. As a result, the input from key stakeholders at the Dole VAMC has been minimal and positive. No changes to the Market operations were necessary based on key stakeholder input, with no impact on CARES criteria anticipated. The facility communicated through town hall meetings, newsletters, brochures, video presentations, and VSO meetings. Stakeholders were VSOs, affiliates, community health care officials, congressional representatives, and employees.

VISN 16 Summary: Throughout the VISN, stakeholder outreach was comprehensive and included all principal stakeholders. The stakeholder summaries contained outreach information, stakeholder concerns, and how Market Plans addressed these concerns. From July 2002 to March 2003, VISN 16 reported nearly 1,041,000 contacts in their monthly communications reports to NCPO. This included nearly 21,000 employee contacts, over 365,000 veteran contacts, and 1,055 congressional contacts. Additionally over 652,000 other contacts were reported, which included direct mailings and e-mails.

Central Lower: The Central Lower Market consists of the Shreveport, Alexandria and Houston VA Medical Centers. Their communication consisted of town hall meetings, briefings, e-mails, newsletters, informational letters, fact sheets, brochures, posters, print news articles, and radio and television news segments. Stakeholders contacted were congressional representatives, VSOs, affiliates, employees, union representatives, Veterans Benefits Administration, National Cemetery Administration, Department of Defense, and the general public. Concerns included additional CBOCs in Lake Charles, Louisiana, which was of particular concern to Lake Charles Mayor Roach. The CARES data indicated a negative gap for inpatient surgery that was addressed by shifting inpatient surgical workload from Alexandria to Shreveport. No substantial comments were received about this option.

Eastern Southern: The Eastern Southern Market consists of the VA Gulf Coast Veterans Health Care System. Their most intensive communication efforts focused in personal interactions with a variety of stakeholders through meetings, conventions, and town hall gatherings. They also used mailings, pamphlets, and newspaper releases. Stakeholders were affiliates, VSOs, congressional offices, civic organizations, volunteers, AFGE, employees, and citizens. The Eastern Southern Market received no substantive remarks and no written responses from stakeholders. Stakeholder response in general was favorable, as this market will be expanding access through CBOCs and contract care. There is also support from congressional offices for the planned expansion of inpatient and outpatient

services and joint VA/DoD sharing agreements that preceded CARES but are now integral to this Market Plan.

Central Southern: The Central Southern Market consists of the Biloxi/Gulfport, Jackson, and New Orleans VAMCs. Their communication and outreach consisted of town hall meetings, briefings, e-mails, newsletters, informational letters, fact sheets, brochures, posters, and media. Stakeholders included congressional representatives, VSOs, academic affiliates, employees, union representatives, Veterans Benefit Administration, National Cemetery Administration, Department of Defense, and the general public. Concern in this market focused on the possible closure of the Gulfport VAMC as a result of the Proximity Planning Initiative, and the shifting of necessary resources to the Eastern Southern Market. Concerns have come from AFGE as well as employees at the Gulfport Division with issues related to impact of closure on jobs. Assurance that no jobs or services would be lost, just relocated, did not assuage any anxiety. More issues are expected to arise when/if the Gulfport division is closed. Stakeholders raised no significant issues at the Jackson or New Orleans VA Medical Centers.

Upper Western: The Upper Western Market consists of the Little Rock/North Little Rock, Fayetteville, Oklahoma City and Muskogee VA Medical Centers. Communication and outreach consisted of town hall meetings, briefings, e-mails, newsletters, informational letters, fact sheets, brochures, posters, and media. Stakeholders included congressional representatives, VSOs, academic affiliates, employees, union representatives, Veterans Benefit Administration, National Cemetery Administration, Department of Defense, and the general public. Concern in this market focused on the small facility Planning Initiative in Muskogee, Oklahoma. Stakeholders supported the option of expanding Muskogee's mission to include establishing a short-term rehabilitation medicine program and inpatient psychiatric unit. The Little Rock/North Little Rock VAMC received stakeholder comments regarding CBOCs, including comments from U.S. Representative Mike Ross. Representative Ross voiced interest in a CBOC in the Mississippi Delta and other stakeholders support one in Monticello, Arkansas. The data does not support the Monticello location and there is no information provided on actions in the Mississippi Delta area. Stakeholders supported proposed options to enhance efficiency at this facility.

VISN 17 Summary: VISN 17 used innovative outreach methods including web-based video messages from the facility director at Temple, and senior management visits to multiple facilities in the Southern and Valley-Coastal Bend Markets. Stakeholder outreach was comprehensive and included principal stakeholders. The stakeholder summaries contained outreach information, stakeholder concerns, and how Market Plans addressed these concerns. From July 2002 to March 2003, VISN 17 reported over 305,000 contacts in their monthly communications reports to NCPO. This included nearly 47,000 employee contacts, over 32,000 veteran contacts, and 257 congressional

contacts. Additionally nearly 223,000 other contacts were reported, which included direct mailings and e-mails.

Central: The Central Market consists of the Waco and Temple VA Medical Centers. Outreach consisted of town hall meetings, press releases, direct mailings, and visits with DoD personnel. The market made excellent use of print and television media to convey the CARES message, including in-house productions done at the Temple VAMC and broadcast to employees and veterans via desktop computers and closed circuit television. Comments were received from employees and VSOs at the Waco VAMC relative to the future of the facility and concerns were raised regarding the decreased workload in the neuro psychiatric facility. In response, leadership spoke to VISNs 16 and 18 to encourage them to send long-term psychiatric patients to the Waco facility and a formal agreement has been established with these VISNs. Comments in the Austin area focused on expansion of services and were generally positive. Considerable attention was paid to the mission change at the Marlin facility. Even though the changes at Marlin were not related to CARES, VA leaders met with newly elected Congressman Jeb Hensarling to brief him in detail.

North Texas: This market consists of the Dallas and Bonham VA Medical Centers. Communication methods included the Commander's Council with VSO leadership, employee newsletters, and web sites. They conducted focus groups with 10 employees and 19 VSOs in order to share information and solicit feedback. The Dallas VAMC will expand services in several areas, so stakeholders expressed no concern. The elimination of urgent care services at the Bonham facility, an action outside the CARES process, was temporarily met with concern by veterans, community leaders, and Congressman Ralph Hall, and the concerns were addressed.

Southern: This market consists of the San Antonio and Kerrville VAMCs. Outreach included direct mailings, web site, town hall meetings, meetings with congressional representatives, and VISN and senior management visits to VA facilities in San Antonio, Kerrville, Laredo, McAllen, Corpus Christi, and Victoria. Many of the comments received focused on Kerrville and the Lower Rio Grande Valley. Kerrville has been designated as a small facility and community leaders and other stakeholders strongly oppose downgrading services or integrating services with the San Antonio VAMC. As a result, great care was taken to brief leadership and to include their comments as part of the Market Plan. The Rio Grande Valley comments concerned improved accessibility and specialized services in the area. As a result, the Valley/Coastal Bend area has been designated a high priority area in their Market Plan.

Valley-Coastal Bend: Valley-Coastal Bend issues were already addressed in the Southern Market narrative.

VISN 18 Summary: VISN 18 consists of the Arizona and Mexico/West Texas Market areas. Stakeholders mentioned were the American Legion and the PVA. Basically the same stakeholder summary was used for both market areas. No concerns were identified in the narrative for either market area and although they said there was stakeholder input, none was defined. In general, summaries had no information. From July 2002 to March 2003, VISN 18 reported over 448,000 contacts in their monthly communications reports to NCPO. This included over 13,000 employee contacts, over 220,000 veteran contacts, and 201 congressional contacts. Additionally nearly 214,000 other contacts were reported, which included direct mailings and e-mails.

VISN 19 Summary: Throughout the VISN, key stakeholders were actively involved in the planning committees. The narrative did not specify any outreach efforts other than the committees. The stakeholder summaries described key concerns and how they were addressed in the Market Plans. From July 2002 to March 2003, VISN 19 reported nearly 29,000 contacts in their monthly communications reports to NCPO. This included over 5,000 employee contacts, nearly 5,000 veteran contacts, and 493 congressional contacts. Additionally over 17,000 other contacts were reported, which included direct mailings and e-mails.

Eastern Rockies: This market consists of the Eastern Colorado Health Care System and the Cheyenne VAMC. Communication methods discussed included a CARES Steering committee that included members from VSOs, unions, congressional representatives, and affiliates. Widespread mailings were also conducted. All stakeholders, particularly Department of Defense and affiliates, were interested in services at Fitzsimons. There was also interest by stakeholders in integrating care in central Colorado involving Ft. Carson and the VA clinics in the vicinity. All comments received were positive. In Southeastern Wyoming, concerns focused on access to care and the Small Facility Planning Initiative in Cheyenne, Wyoming. The stakeholder priorities were incorporated into the Market Plan. Expansion of primary and secondary care, increased primary care in new rural areas, maintenance of inpatient services in Cheyenne, and the development of a paper by the network recommending changes to VACO planning criteria was the outcome of the discussions. There was also concern about care in Afton, Wyoming. Stakeholders wanted the clinic managed the Sheridan VAMC, but the VISN has chosen the Salt Lake City VAMC due to workload and driving time issues.

Grand Junction: This market consists of the Grand Junction VAMC, which has been designated as a small facility. Communication was through a CARES Steering Committee that included members from VSOs, unions, congressional representatives, and affiliates. Concerns included contracting inpatient services and requests for more primary care in rural areas. Outcome of discussions resulted in a decision to maintain inpatient care at the facility and a decision not to expand primary care at this time.

Montana: This market consists of the Ft. Harrison VAMC. VSOs, unions, congressional representatives, and affiliates were involved in formulating and reviewing the market plans. Key inputs concerned an expectation for greater access to veterans programs, concerns over building closures at Ft. Harrison, and support for greater access to mental health services. The market plan increases primary care within Montana with the placement of two new CBOCs, develops a plan for a replacement building for housing spouses of patients, and has increased services to mental health patients through local contracts.

Western Rockies: This market consists of the Denver VAMC. VSOs, unions, congressional representatives, and affiliates were involved in formulating and reviewing the market plans. Key inputs included modifications in the planning initiatives with regard to distances traveled, reduction of congestion at the medical center, improved primary care access, and consolidation of services at the medical center. Decisions made by the CARES committee resulted in the movement of services within the hospital to facilitate access, the recommendation of two new CBOCs for Wyoming and Nevada counties, improvements to access with new construction, and expansion of specialty care programs.

Wyoming: This market consists of the Sheridan VAMC. Representatives from all of the major veterans service organizations, unions, state programs and community programs were part of the CARES planning process. Concerns focused on access to care. The committee formulated plans for primary care access to three western Wyoming counties through a CBOC in Afton. This was accepted by the VISN, but oversight was placed in Salt Lake City as discussed in the Eastern Rockies Market. Other committee decisions included deferring action on primary care in Eastern Wyoming and recommending the expansion of contracting for hospital/tertiary services from existing programs in Wyoming.

VISN 20 Summary: VISN 20 covers one of the largest land areas of any of the Networks and has numerous issues involving rural access to health care. The stakeholder summaries on VISN 20's market plans in general were good. For example, in the Washington state area, approximately 97 separate outreach initiatives were conducted. In general, veteran and stakeholder input was solicited and considered as market plans were developed. From July 2002 to March 2003, VISN 20 reported over 226,000 contacts in their monthly communications reports to NCPO. This included nearly 32,000 employee contacts, nearly 163,000 veteran contacts, and 201 congressional contacts. Additionally nearly 29,000 other contacts were reported, which included direct mailings and e-mails.

Alaska: The Alaska Market Area Planning Committee includes representatives from the American Legion, DAV and VFW; as well as American Federation of Government Employees (AFGE), and DoD representatives. Market area staff conducted 22 outreach initiatives with stakeholders. AFGE wanted to ensure union participation in space and design if a new facility was proposed. This

concern was allayed by the market plan, which includes department managers in design discussions. VFW raised concerns about contracting out health care, particularly outside of Anchorage. Veterans in general wanted to see more access to health care in rural communities, and the VISN responded by recommending CBOCs.

South Cascades: This market area includes Portland, Roseburg and White City. Outreach has been extensive throughout the CARES process. After reviewing planning initiatives and market plans, veterans and employees raised a number of issues, including whether money would be available to implement CARES initiatives, access to inpatient care, specialty care access, seismic issues in two building, and job losses and lack of timely care if surgical sections were closed. In response to stakeholders' concerns, the Network proposed expansion for primary and specialty care services through outpatient health care. Discussions are ongoing with NCA to view available land at Roseburg. After reviewing the market plans, a Bend CBOC clinician asked that specialty and hospital care access be improved in the Bend area. Hospital access is addressed in the Market Plan and the specialty care access issue for Bend is being raised with VISN Executive Leadership Council before a plan is submitted to NCPO. A VSO service officer wanted to be sure that the new Portland/ Puget Sound Multiple Sclerosis Center of Excellence wouldn't be curtailed, and it will not.

Inland South Idaho: Stakeholder outreach was done with a variety of groups, including employees, VSOs, congressional staff, VBA, DoD and unions. More than 30 briefings and town hall meetings were conducted. Access was the main concern among veterans, but no other significant issues were raised in the planning process.

Western Washington: This market includes the VA Puget Sound Health Care System, where 56 separate outreach initiatives were conducted with the region's stakeholders, reaching more than 5,000 contacts. No major issues were raised in meetings and other communications, especially after the Census 2000 data was resolved. The proposed joint venture between American Lake and Madigan Army Medical Center was resolved and was met favorably by veterans, union representatives, employees and the Washington State Department of Veteran Affairs. There was strong support for CBOC expansion.

Inland North: Spokane and Walla Walla VAMC comprise the Inland North area. More than 50 outreach efforts were conducted, including 35 in the Walla Walla vicinity. Generally stakeholders have strongly supported CARES and the VISN's market plans. Concerns with the closure of Walla Walla and potential job loss are at the top of employee and stakeholder concerns. However, stakeholders in general appear to understand the factors that must be considered including the age of the buildings and declining veteran population and concerns about quality and need. Stakeholders, including Congressional staff, support replacement of

the Nursing Home, establishment of a Columbarium on site and expanding CBOCs and specialty care at Walla Walla to minimize potential job loss.

VISN 21 Summary: VISN 21 consists of Northern California, parts of Western Nevada, and the Hawaiian Islands. Some of the markets did not identify outreach methods; others did not identify stakeholders; and others did not identify issues. The North Valley and Sierra Nevada Markets provided comprehensive descriptions of its outreach, stakeholders, and actions. From July 2002 to March 2003, VISN 21 reported over 161,000 contacts in their monthly communications reports to NCPO. This included nearly 38,000 employee contacts, over 3,000 veteran contacts, and 189 congressional contacts. Additionally nearly 117,000 other contacts were reported, which included direct mailings and e-mails.

North Coast: Specific stakeholders and communication / outreach methods were not identified in this stakeholder narrative. A comment at a VSO meeting said that the San Francisco VAMC should improve access and travel times for outpatient specialty care. This was incorporated into the Market Plan by an initiative to expand specialty care in Santa Rosa as well as improving transportation to Santa Rosa from the outlying areas, which will eliminate the need to travel to the San Francisco VAMC. The University affiliate voiced written concern over the potential decrease in surgical beds in 2022 and the NCPO reviewed this and withdrew the planning initiative.

North Valley: The Northern California Health Care System comprises the North Valley market. This market has held seven congressional briefings, twelve VSO briefings, eleven town hall meetings for veterans, stakeholders, and employees, and one affiliate briefing. Congressman Wally Herger and the Shasta-Butte Veterans Advisory Council had several concerns. In the northern areas of California, veterans must drive extensive distances for VA beds and it was recommended that the VA contract for 10 beds in the area, which was incorporated into the market plan. They were also concerned with access at two CBOCs and recommended expanding them. The market plan not only recommended expanding the CBOCs, but adding one additional CBOC to the area. Mr. Carl Young, Commander, DAV Post 84, Vacaville, California, wanted the market plan to address long waiting times, inadequate staffing, and lack of specialized services at the Fairfield VA Outpatient Clinic. The Market Plan included expanded specialty care capability at the clinic using existing space and equipment.

Pacific Island: Outreach was primarily conducted through a variety of meetings including the VA Advisory Board, the State Office of Veterans Affairs Advisory Board, VA Advisory Council, the Oahu Veterans Council, neighbor island councils, many veterans organizations meetings, discussions with Tripler Army Medical Center, and various meetings with staff. No written or electronic feedback was received from veteran stakeholders and minimal feedback was received from employees. Information was also communicated in the station

newsletter. Letters were sent to the congressional delegation. No issues were discussed in the stakeholder narrative.

South Coast: This market communicated through conducting six Open Forums, publishing monthly articles in their newsletter, holding five congressional liaison meetings, addressing CARES at VAVS meetings, and speaking at monthly Veterans and County Service Officers meetings. The market also participated in a Veterans Round Table organized by the California 5th District Supervisor where issues relating to San Joaquin were addressed. Here they discussed the relocation of the Stockton Clinic to a more accessible site and the potential consolidation of the Stockton and Modesto CBOCs in the San Joaquin Valley to address future health care gaps and the need for increased specialty care. CARES was also discussed at monthly Director Staff meetings and weekly Executive Councils, which included union representatives. Methods of collecting feedback included web-page comment forms, a 1-800 number, comment forms enclosed in newsletters, and twenty-six public forums. The narrative indicates that constituent' comments and concerns were reviewed and incorporated into the Market Plan, but it does not indicate how this was accomplished.

Sierra Nevada: Communication was accomplished through written bulletins, e-mails, newsletter articles, and in-person briefs. Stakeholders included employees, volunteers, VSOs, the Nevada Office of Veterans Affairs, California Veterans Service Officers, and congressional offices in Nevada and California. Feedback was solicited through specially designed comment forms, discussions, and e-mail. Written and verbal comments were overwhelmingly positive as all planning initiatives reflect growth and the need for additional services. There have been no specific recommendations presented, as all comments received were either very generic or simply supportive in nature. The planning initiatives proposed during the process were very much in keeping with previous and ongoing discussions in the VA Sierra Nevada Health Care System, Reno Strategic Planning Council and VSO committees.

South Valley: Town hall meetings, forums, and large and small meetings were conducted to inform stakeholders on planning initiatives affecting the South Valley Market and to update them on the potential alternatives that were explored. The Market received minimal, albeit positive, stakeholder feedback and as a result, no changes have been incorporated into the market plan. The Stakeholder narrative did not indicate who the stakeholders were or any market issues.

VISN 22 Summary: While the stakeholder summaries do not list which stakeholders were included in the process or what communication / outreach methods were used, the narratives do specify issues at their facilities and how they were incorporated into the market plans. Of particular interest is the discussion of the new Blind Rehabilitation Unit in VISN 22 and concerns over excess space at Greater Los Angeles. From July 2002 to March 2003, VISN 22 reported over 440,000 contacts in their monthly

communications reports to NCPO. This included over 35,000 employee contacts, nearly 192,000 veteran contacts, and 260 congressional contacts. Additionally over 210,000 other contacts were reported, which included direct mailings and e-mails.

California: The California Market did not address specific stakeholder groups targeted or specific communication methods utilized. They instead focused on the issues encountered at their facilities. Loma Linda and San Diego stakeholders were concerned about waiting times, parking problems and the lack of research space. These were addressed in the market plan through construction of clinical additions, parking decks, and additional research space at both facilities. Greater Los Angeles stakeholders were concerned with the utilization of excess space at the facility and ensuring that it continues to be used to benefit veterans. There was a wide variety of concern regarding this land and as a result, the Land Use Planning Committee Charter was submitted with the market plan. This market also had a planning initiative to convert 30 acute SCI beds at Long Beach to long-term care beds, which was opposed by the PVA/CPVA representatives. PVA/CPVA believes that an additional 30 long-term care SCI beds should be added with no change to the acute SCI beds. These comments were not addressed as they conflict with the Planning Initiative. Another Planning Initiative calls for a 24-bed Blind Rehabilitation Unit in VISN 22. While stakeholders agree with the need for more outpatient blind services, stakeholders did not universally accept an inpatient unit. Also, support is divided on whether it should be located at Greater Los Angeles or Long Beach based on stakeholders' locations due to travel time and travel reimbursement issues. The Network selected Long Beach as the proposed site due to its central location in the VISN and its current emphasis on special programs.

Nevada: The Nevada Market did not address specific stakeholder groups targeted or specific communication methods utilized. They instead focused on the issues encountered at their facilities. The few comments received from stakeholders have focused on the closure of their Ambulatory Care Center, moving care to 10 locations throughout the Las Vegas community, and the construction of an appropriately sized replacement facility. Stakeholders are concerned that the CARES projections underestimated the true growth in the Las Vegas area. They also expressed a need for a VA Hospital and nursing home. The Market Plan does include a replacement Ambulatory Care Center, increased inpatient beds and the need for a VA nursing home.

VISN 23 Summary: Although North Dakota, Minnesota, and South Dakota did not identify specific stakeholder groups or outreach efforts, specific issues were identified and addressed. All of the five of the Markets included specific issues and most included their solutions. From July 2002 to March 2003, VISN 23 reported over 282,000 contacts in their monthly communications reports to NCPO. This included over 46,000 employee contacts, over 181,000 veteran contacts, and 491 congressional contacts. Additionally nearly 52,000 other contacts were reported, which included direct mailings and e-mails.

North Dakota: CBOC location was the primary concern of the stakeholders in this market. There was debate over which communities to place them in, which was ultimately decided based upon such considerations as number of enrolled veterans, availability of accessible leased space, and access to main highways. Stakeholder input was considered in the final decision. Also, a CBOC for Primary Care and Mental Health access is being considered at the Grand Forks Air Force Base, as well as providing Compensation and Pension examinations prior to soldiers' separation dates. Fargo is looking to expand its specialty care programs. The stakeholder narrative does not specify stakeholder groups involved in the process, comments received or outreach / communication methods used. The narrative documented no specific stakeholders or outreach / communication efforts.

Minnesota: There were no stakeholder issues identified regarding the proposal to decrease inpatient bed days of care. The data also indicated a need for a CBOC in western Wisconsin. A CBOC had been planned in Sawyer County prior to CARES, but the CARES data indicated that Rice Lake in Barron County, next to Sawyer County, would be more centrally located and is more densely populated with veterans, which raised concerns among Sawyer County Veterans who had supported a CBOC in their county under the original proposal. The final location will be determined when a CBOC Business Plan is developed. Employees were concerned with the potential loss of jobs to contracts and were told that the competitive sourcing began before the CARES process. There was no indication of what stakeholder groups were involved besides employees and Sawyer County veterans and no specific communication / outreach methods were addressed.

South Dakota: No specific outreach / communication methods or stakeholders were identified in the narrative, which focused on the issues encountered in the market. Stakeholder issues were fewer than expected and focused on CBOC locations and the Small Facility Planning Initiative at the Hot Springs VAMC. Stakeholders were presented with several options for CBOC locations and decided on two. The Small Facility PI was addressed by a proposal to operate Critical Care Access beds at the medical center. The market plan supports the presence of beds at the facility due to the presence of the domiciliary, and the lack of health care availability in the Hot Springs community. Veterans also supported the proposed inpatient contract in Scottsbluff for Northwestern Nebraska veterans.

Nebraska: Communication included a series of town hall meetings in Lincoln, O'Neill, Norfolk, Holdrege, Ogallala, and Omaha, Nebraska and Shenandoah, Iowa. Briefings were also conducted at American Legion District Meetings throughout Nebraska. Some of the sites also used the media. Meeting attendees were given handouts, brochures, and specially created comment cards. Issues included access to primary care, outpatient specialty care, inpatient medicine, extended care and collaborative efforts. More than 400

comments resulted directly from these town halls. More than 80% supported the addition and/or expansion of CBOCs. About 5% suggested a voucher system and another 5% supported contracts. Almost 78% of the comments wanted to have local inpatient contracts similar to the St. Francis contract in Grand Island. Specific recommendations were analyzed using established criteria for CBOCs. In April, an additional seven town hall meetings were scheduled throughout the market to present the Nebraska Market Plan.

Iowa: The Iowa market started by identifying a list of VIPs that included state and national VSOs, county service officers, Iowa Executive Director of Veterans Affairs, congressional staff, local leaders, veterans, VA staff, and affiliations. Communication tools included general fact sheets, mailings and e-mail lists, news releases, newsletters, scheduled conference calls, monthly updates, employee forums, town hall and special meetings, and newspaper, radio and television interviews. One issue involved establishing a veterans' cemetery on the grounds of the Knoxville, Iowa VAMC. Because the data does not meet NCA criteria for a cemetery, collaboration with NCA and the state of Iowa was recommended by the Iowa Veterans Homes to develop a state veterans cemetery at the Knoxville VAMC. Other identified issues involved facility closures, movement of services, CBOCs, funding, downsizing, and potential job losses. None of the responses to these issues were included in the narrative.