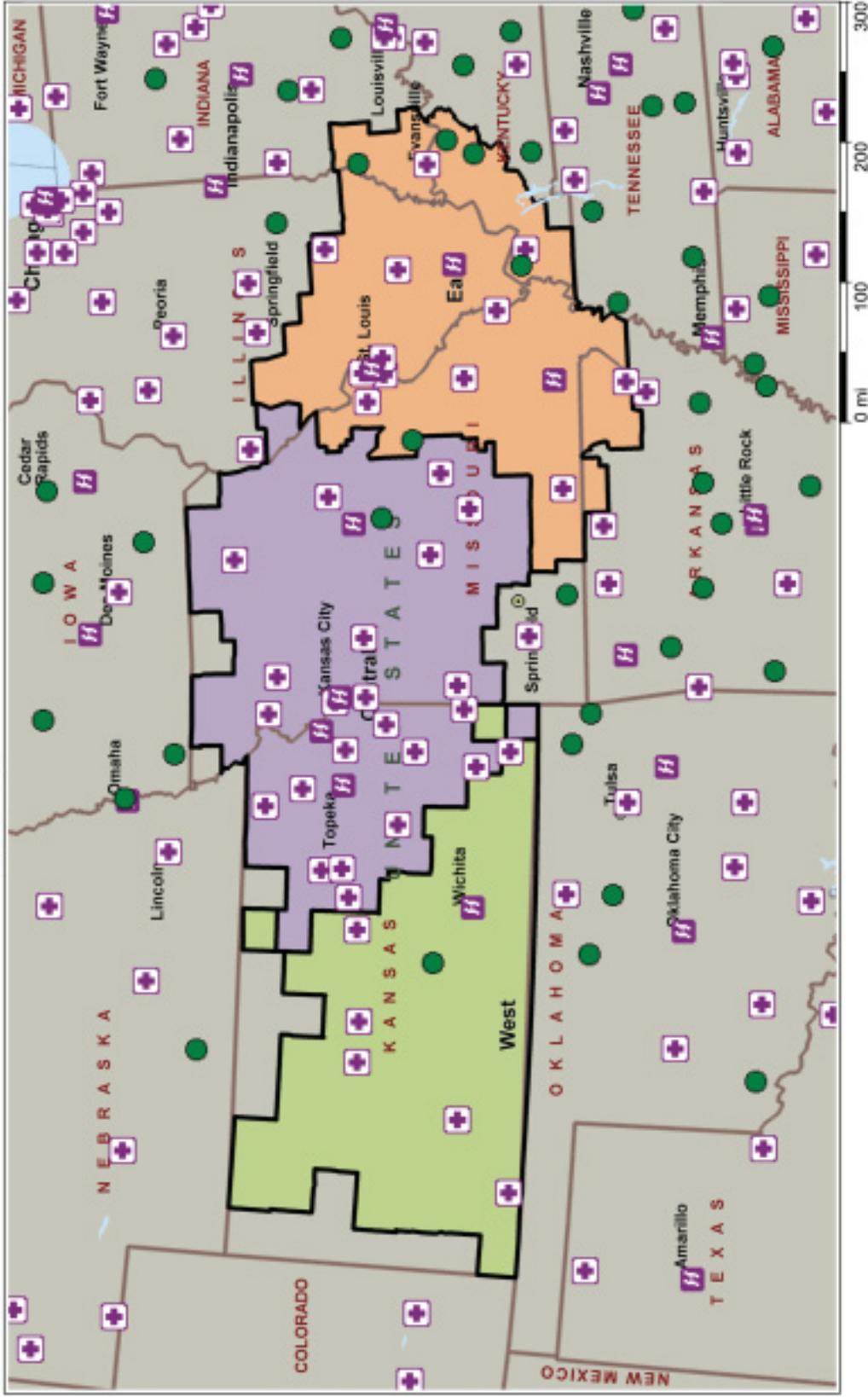


VISN 15



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CARES DECISIONS FOR VISN 15

CARES Commission Recommendation

I Consolidation of Services/Proximity *Kansas City and Leavenworth VAMCs*

The Commission concurs with the DNCP proposal to implement the recommendations of the Secretary’s Advisory Board.

Secretary’s Decision

I Consolidation of Services/Proximity *Kansas City and Leavenworth VAMCs*

VA will implement the recommendations of the Secretary’s Advisory Board for realignment and consolidation of services between Kansas City, Topeka, and Leavenworth. Major recommendations include, but are not limited to, realignment of psychiatry and nursing home beds between the Leavenworth and Topeka campuses, realignment of intensive substance abuse treatment programs, and referral of complex surgical procedures to Kansas City. All of these recommendations will serve to improve coordination and effectiveness of health care provision across the region.

CARES Commission Recommendation

II Small Facility *Poplar Bluff VAMC*

- 1** The Commission does not concur with the DNCP that Poplar Bluff currently operates as a critical access hospital (CAH).
- 2** The Commission recommends that VA establish a clear definition and clear policy on CAH designation prior to making a decision regarding the Poplar Bluff VAMC.
- 3** The Commission recommends that a target date be set for making a full cost-benefit analysis of sustaining inpatient services versus contracting for such services. The Commission further recommends that, based on the results of that assessment, a decision be made regarding whether or not to close inpatient services at Poplar Bluff.

- 4 The Commission recommends that, regardless of the decision on inpatient services, outpatient services and long-term care remain at Poplar Bluff.

Secretary's Decision

II Small Facility

Poplar Bluff VAMC

The Poplar Bluff VAMC serves veterans in a rural area. This 16-bed acute facility currently operates at full capacity and forecasts project only marginal decline in inpatient care - 15 and 11 beds in 2012 and 2022. While there are limited options for contracting in the community, it is important that VA examine the potential for savings through contracting by conducting a detailed cost-effectiveness analysis. The analysis will assess the cost of retaining care versus contracting in the community and will also include an assessment of the impact on access. This cost-effectiveness analysis will examine the efficiency of providing care at the Poplar Bluff VAMC.

VA also must ensure that veterans treated at Poplar Bluff receive high quality and clinically appropriate health care. In the DNCP, the Poplar Bluff VAMC was recommended for mission change to a CAH, a concept intended to ensure VA continues to provide quality and appropriate care at small facilities by defining the appropriate scope of practice. In its report, the Commission found that VA needed a more complete definition for the CAH concept. VA is now in the process of developing a "Veterans Rural Access Hospital" (VRAH) policy that will provide a detailed definition and framework for assessing the clinical and operational characteristics of small and rural facilities. This policy will be complete in June 2004 and will be used to ensure that VA is providing quality and appropriate care to veterans at small and rural facilities like the Poplar Bluff VAMC.

Once the VRAH policy is approved, VA will study the Poplar Bluff VAMC, as well as other similar facilities, to determine whether it meets the criteria for designation as a VRAH and to define the appropriate scope of practice to ensure that it meets quality standards. The results of the VRAH study will provide the framework for the cost-effectiveness analysis. In the interim, the Poplar Bluff VAMC will continue to operate in accordance with its current mission.

The VRAH study will be completed by the end of the calendar year and results will be included in the VISN FY 2005 strategic planning submission (*Reference – Critical Access Hospital: Crosscutting*).

CARES Commission Recommendation**III Inpatient Services – Psychiatry**

The Commission concurs with the DNCP proposal on shifting workload between the Central and Western markets to meet inpatient psychiatry workload.

Secretary's Decision**III Inpatient Services – Psychiatry**

VA will meet inpatient psychiatry demand by shifting workload between markets, expanding in-house capacity where needed, and by using existing authorities and policies to contract for care where necessary (*Reference – Mental Health Services, Contracting for Care: Crosscutting*).

CARES Commission Recommendation**IV Outpatient Care**

- 1 The Commission concurs with the DNCP proposal on expansion of in-house services, new construction, space conversion, and utilization of community contracts to address capacity gaps for outpatient care. However, it notes that substantial access gaps and many of the capacity gaps are unlikely to be resolved without additional sites of care.
- 2 The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.

Secretary's Decision**IV Outpatient Care**

VA will meet current and forecasted demand and access gaps for outpatient care by expanding existing sites through new construction, conversion, and renovation. The VISN also will expand its use of telemedicine and use existing policies and authorities to contract for care where necessary.

The VISN will develop new CBOCs through the National CBOC Approval Process. VISN 15 has seven new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Wichita VAMC	Hutchinson	KS
Marion (IL) VAMC	Hopkins County	KY
Marion (IL) VAMC	Graves County	KY
Marion (IL) VAMC	Knox County	IN
Marion (IL) VAMC	Davies County	KY
St. Louis VAMC	Sullivan	MO
Columbia VAMC	Jefferson City	MO

These new sites of care will help the VISN, which currently is below access standards in its West and East markets, to meet national access standards. The Jefferson City clinic will relieve a space deficit at a crowded Columbia VAMC (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

**V Excess VA Property/Enhanced Use Lease
*Historic Buildings at Leavenworth***

- 1 The Commission concurs with the DNCP proposal to pursue an enhanced use lease, including the assisted living project, at the Leavenworth campus.
- 2 The Commission recommends that VA develop a viable plan for funding this proposal.
- 3 The Commission further recommends that any study involving excess or surplus property should consider all options for divestiture, including outright sale, transfer to another public entity, and a reformed enhanced use lease process. VA should also consider using vacant space to provide supportive services to homeless veterans.

Secretary's Decision

V Excess VA Property/Enhanced Use Lease *Historic Buildings at Leavenworth*

VA will pursue an enhanced use lease opportunity to renovate vacant buildings and develop an assisted living facility for local veterans. In developing the enhanced use lease agreement, VA will ensure that plans for funding the project are viable and the agreement will serve to enhance the Department's mission (*Reference – Excess VA Property: Crosscutting*).

Secretary's Decision

VI OneVA Collaborations

VHA will pursue an enhanced use lease project which will provide NCA with additional acreage to expand the Leavenworth National Cemetery.

NCA will develop a major construction project in collaboration with VHA to transfer land and mitigate the depletion of gravesites and closure of the Jefferson Barracks National Cemetery. VA will develop plans for these projects by September 2004 (*Reference – OneVA Collaborations: Crosscutting*).