

VETERANS INTEGRATED SERVICE NETWORK (VISN) 12 CARES OPTION G

THE CENTRAL MARKET

Apart from the greater Milwaukee and Madison areas, the Central Market is largely rural. It is composed mostly of Wisconsin, the northernmost part of Illinois and one county in Minnesota. The Central Market is divided into six submarkets defined by population clusters. The Milwaukee, Madison and La Crosse (Tomah) Submarkets are served by a VA medical center. (Tomah is one hour east of the La Crosse population center.) The Milwaukee Submarket has a large concentration of veterans, while Madison and La Crosse have much smaller veteran populations. The Green Bay and Wisconsin Rapids Submarkets are sparsely populated, and are more than 90 minutes from a VA medical center. The remainder of the Central Market – the Madison West Submarket -- also is sparsely populated.

The Milwaukee VA Medical Center

The Clement J. Zablocki VA Medical Center, more commonly known as the Milwaukee VA Medical Center, is located on a 198-acre campus and is the largest in the Central Market. It is affiliated with the Medical College of Wisconsin and also has training programs in dental, nursing and allied health. Milwaukee is the parent facility for three community-based outpatient clinics (CBOCs): Appleton, Union Grove and Cleveland, Wis. Milwaukee has an extensive telemedicine program. It also has a spinal cord injury (SCI) unit, nursing home care unit and domiciliary.

The Madison VA Medical Center

The William S. Middleton Memorial Veterans Hospital, more commonly known as the Madison VA Medical Center, is located on a 19-acre campus adjacent to the University of Wisconsin Hospital and Clinics. It is affiliated with the University of Wisconsin School of Medicine and also has training programs in nursing and allied health. Madison serves as a national referral center for organ transplantation (heart, lung and bone marrow) and is a regional referral source for neurosurgery, cardiac surgery and epilepsy. Madison is the parent facility for four CBOCs: Baraboo, Beaver Dam and Edgerton, Wis., and Rockford, Ill.

The Tomah VA Medical Center

Located on a 166-acre campus, the Tomah VA Medical Center provides long-term care and residential rehabilitation, with only a small number of acute medical beds. Tomah has a rural outreach program and a 60-bed homeless veterans' program. Tomah is the parent facility for four CBOCs: Loyal, La Crosse, Wausau and Chippewa Falls. There is no educational affiliation at Tomah, but it does support training programs in nursing and allied health. Tomah has a sharing agreement with the Department of Defense and provides primary care to active duty military personnel at nearby Fort McCoy.

PROJECTED NEEDS IN THE CENTRAL MARKET

The Central Market is projected to serve approximately 77,000 enrollees in 2010. The combined submarkets of Milwaukee and Green Bay are projected to have 44,914 enrollees in 2010. Madison is expected to serve patients from the Wisconsin Rapids Submarket and the sparsely populated zone west of the Madison Submarket. The projected number of enrollees in this combined submarket is 23,753, and the demand for beds is projected at 71. The La Crosse (Tomah) Submarket is projected to have 7,938 enrollees in 2010. As Tomah is primarily a long-term care facility, there will continue to be a need for some acute medical care beds at this medical center.

In addition, veteran reliance on Tomah and sparse private-sector health care resources demonstrate a need for continuation of the VA medical center. With the three new CBOCs in the Central Market, 83 percent of enrollees will be within 30 minutes of a primary care facility.

	<u>Milwaukee Statistics</u>		<u>Madison Statistics</u>	
	<u>2000</u>	<u>2010</u>	<u>2000</u>	<u>2010</u>
Bed capacity	702*	537	173**	146
Inpatients treated	5,991		3,288	
Occupancy rate	81%		84%	
Average daily census	540		83	
Outpatient visits	567,593	601,577	339,250	371,774
Number of employees	1,817.8 (full-time employee equivalent)		813.5 (full-time employee equivalent)	

* The acute bed capacity at Milwaukee is 154, which includes 50 medical-neurological-rehabilitation, 23 surgical, 27 intermediate, 22 mental health, 4 medical intensive care, 4 coronary care, 8 surgical intensive care and 16 23-hour observation beds. In addition, special disability program beds include 38 acute SCI beds. There also are 127 nursing home, 356 domiciliary and 27 "hoptel" beds.

** The acute care bed capacity at Madison is 100, which includes 30 medical-surgical-rehabilitation, 17 surgical, 14 intermediate, 14 mental health, 2 medical intensive care, 6 coronary care, 4 surgical intensive care and 13 23-hour observation beds. In addition, there are 12 residential rehabilitation and 61 "hoptel" beds.

	<u>Tomah Statistics</u>	
	<u>2000</u>	<u>2010</u>
Bed capacity	336*	173 (up to 177)
Inpatients treated	1,205	
Occupancy rate	73%	
Average daily census	241	
Outpatient visits	165,392	161,460
Number of employees	716.1 (full-time employee equivalent)	

* The acute bed capacity at Tomah is 91, which includes 13 medical-neurological-rehabilitation, 76 mental health and 2 23-hour observation beds. In addition, there are 200 nursing home care beds and 45 residential rehabilitation beds.

FINAL OPTION G

The final option selected under the Capital Asset Realignment for Enhanced Services (CARES) process for the Central Market is Option G. Under this option:

- The Milwaukee VA Medical Center will be renovated, including the nursing home care unit, but will have no change in mission. Milwaukee will continue to provide spinal cord injury services. The medical center will serve both the Milwaukee and Green Bay Submarkets, and will provide 101 acute care beds, which includes 51 medical, 24 surgical and 26 acute psychiatric beds. In addition, there are 38 acute SCI beds, an 80-bed nursing home and a 318-bed domiciliary.
- The Madison VA Medical Center inpatient service is sustained by adding 75 nursing home beds from the Tomah VA Medical Center, bringing Madison to full capacity. This transfer helps to support the inpatient workload at Madison and also disperses nursing home beds throughout the area by placing these beds in the central region of the state. Madison will have a total of 71 acute and rehabilitation beds, which include 30 medical, 18 surgical, 14 acute psychiatric and 9 residential rehabilitation beds. With the 75 nursing home beds transferred from Tomah, the overall bed total rises to 146.

- The Tomah VA Medical Center will be renovated and reduced in size, but it retains its primary mission of providing long-term care. The number of beds is 173, which includes 82 nursing home, 45 long-term psychiatric, 31 residential rehabilitation, 8 acute medical and 7 acute psychiatric beds. An additional four surgical beds may be provided to sustain the projected surgical workload, when feasible.
- Three new CBOCs are proposed in Green Bay and Wisconsin Rapids, Wis., and Freeport, Ill.

CARES OPTION G FOR THE CENTRAL MARKET QUESTIONS AND ANSWERS

Q. Why are nursing home beds being transferred from Tomah to the Madison VA Medical Center?

A. The Madison VA Medical Center provides veterans with a variety of services. This medical center is projected to serve veterans not only from the Madison Submarket but also from areas beyond the submarket's boundaries. Even so, the projected number of beds that would be needed is only 71. Transferring 75 nursing home beds from Tomah to the Madison VA Medical Center helps support Madison's inpatient mission. The medical center will continue to provide a similar spectrum of services, as well as long-term care. In addition, rather than concentrating nursing home beds in Tomah and Milwaukee, the addition of beds at Madison also disperses long-term care beds in the central region of the state, improving accessibility of long-term care.

Q. What are the savings over the next 20 years as a result of these changes under the CARES process?

A. The projected savings over the next 20 years for all of VISN 12 could be as much as \$725 million in current dollars. These funds will be used throughout the VISN to enhance inpatient and outpatient care, special disability programs and long-term care.

Q. When will the Option G changes be put into effect?

A. These changes will be carried out gradually over a period of years. Health care services will not be adversely affected by these changes; only the sites where health care is delivered will change in some cases. Considerable flexibility will be built into implementation plans for changes under all the CARES options, with the leadership of VISN 12 directly involved in the planning process.

Q. What are the costs associated with implementing Option G?

A. The cost to renovate the Madison VA Medical Center is estimated at \$8.9 million. The cost to renovate the Milwaukee VA Medical Center is an estimated \$16.9 million. The cost to renovate the Tomah VA Medical Center is an estimated \$8 million.

Q. What is the schedule for future CARES studies?

A. The first phase of the CARES process was a pilot study of VISN 12. A reassessment of the pilot study process has been conducted and is being evaluated. Subsequent CARES studies will be conducted in all remaining 20 VISNs. This process is expected to be completed in two years.

Q. There has been some criticism that the CARES contractor did not consider VA's homeless and psychiatric populations, and the effect these patients have on inpatient and outpatient workloads. How will VA address these patient populations with special needs throughout VISN 12?

This is incorrect. The contractor *did* consider special patient populations and analyzed

homelessness trends to ensure that the needs of these veterans would be met. In addition, special patient populations, such as spinal cord injury, severe mental illness and post-traumatic stress disorder, were analyzed to ensure VA facilities in VISN 12 could meet their needs. All of these special-emphasis programs are maintained or enhanced under the VISN 12 options.

Q. How will VA deal with employees who may be displaced as a result of these changes?

A. VISN 12 will develop implementation plans for these changes, which will be phased in over a period of several years. Every effort will be made to minimize the impact on employees and patients. Because these changes will be gradual, staff reductions are expected to be accomplished through attrition, early retirements, reassignments to programs where services are being enhanced, and reassignments to other locations. A last resort would be reductions in force, but VA will make every effort to avoid taking this measure.

Q. How many comments were received during the public comment period?

A. VA received a total of 13,206 for all of VISN 12. These comments include: 2,104 letters or comment sheets; 785 e-mails; and 10,317 signatures on petitions. The Central Market received a total of 3,625 comments (more than 2,000 were signatures on petitions).

Q. Because of the loss of nursing home beds, will this lead to an eventual closure of the Tomah VA Medical Center?

A. Because of the lack of community health care services in the Tomah area and the fact that veterans rely heavily on obtaining health care from this VA facility, the mission of the medical center – primarily long-term care – is sustained under Option G. In addition, a number of acute medical care beds must be maintained to serve patients in long-term care who may need these services. Eight medical, four surgical and seven acute psychiatric beds will be maintained.