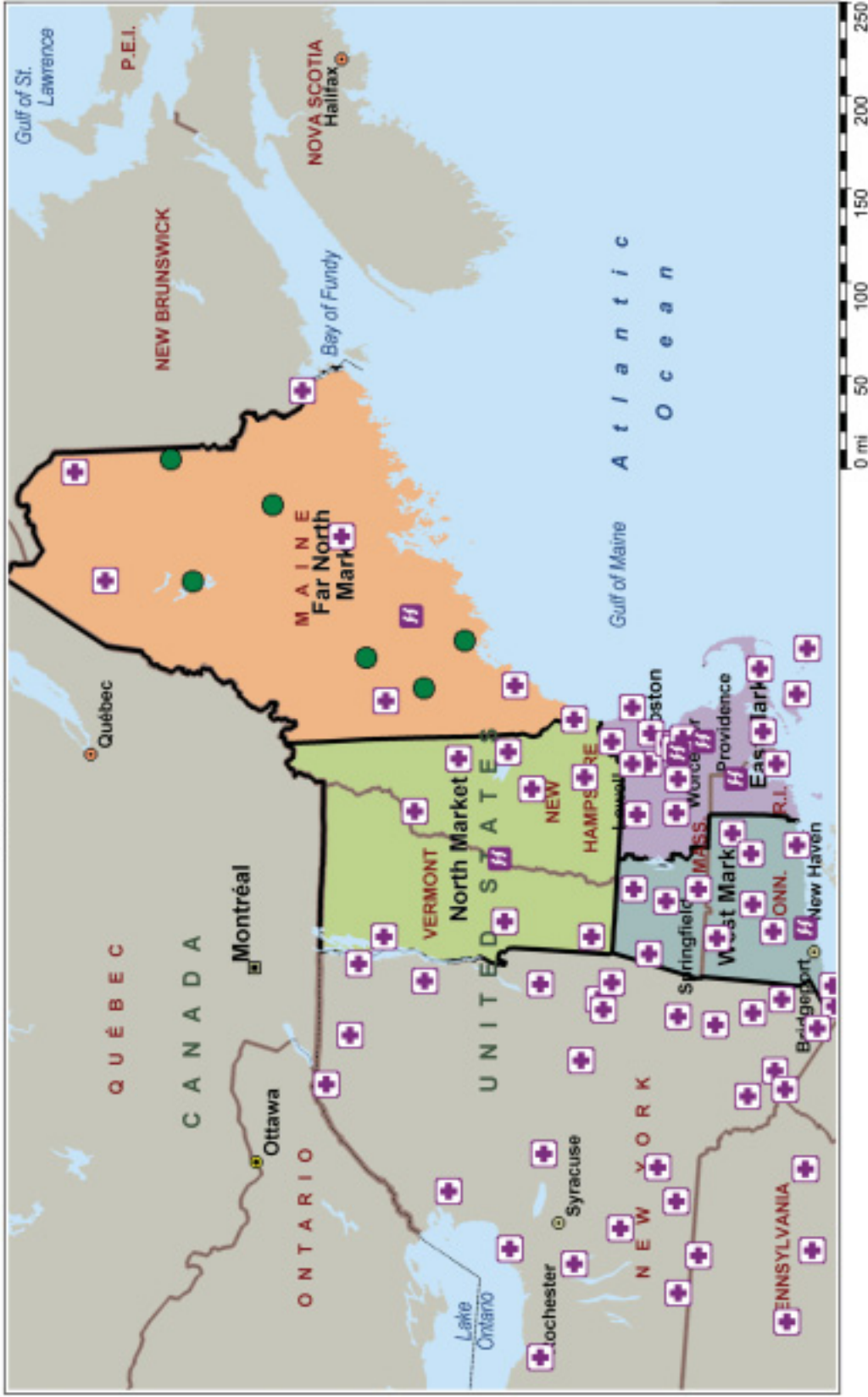


VISN 1



- Pushpins**
- VA Clinic
- VA Hospital
- Planned New CBOC
- Custom Territories**
- East Market
- Far North Market
- North Market
- West Market

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CARES DECISIONS FOR VISN 1

CARES Commission Recommendation

I Mission Change, Campus Realignment

Edith Nourse Rogers Memorial VA Medical Center in Bedford

- 1 The Commission does not concur with the DNCP proposal to change the mission of the Bedford VAMC.
- 2 The Commission recommends that VA conduct a thorough feasibility study of building a single, appropriately sized replacement medical center in the Boston area for acute and sub-acute inpatient services, residential rehabilitation services, and administrative and research support. This medical center would replace all such existing functions at the West Roxbury, Jamaica Plain, and Brockton campuses of the Boston HCS and the Bedford VAMC.
- 3 As part of the planning for a possible replacement medical center in the Boston area, the Commission recommends that the VISN develop a strategic plan to determine the appropriate size and location for coordinated long-term care services, including nursing home care and the Geriatric Research, Education and Clinical Center clinical and research services that are integrated with them, and ensure there is no loss of capacity and specialty programs.

Secretary's Decision

I Mission Change, Campus Realignment

Edith Nourse Rogers Memorial VA Medical Center in Bedford

VA will undertake a comprehensive study of the feasibility of consolidating its existing four Boston area medical centers into one state-of-the-art tertiary care facility that will act as a hub for VA health care in the greater Boston area. The four existing VA Medical Centers in Boston range in age from 36 to 62 years. While these facilities have been improved since initial construction, all require ongoing renovation and upgrades and are in need of modernization.

In conducting its assessment of plans to consolidate services from the Bedford VAMC, the Commission noted the current fragmented nature of care across the four existing Boston area facilities, the need for substantial investment to modernize facilities that are already aging and will eventually need replacement, and VA's need to remain competitive in a medical

care environment where recruitment and retention of quality staff is difficult. Based on these findings, the Commission recommended that VA explore the feasibility of constructing a new, state-of-the-art tertiary VA medical center in the Boston area to replace its existing four facilities.

To assess the potential for consolidation, VA will undertake a comprehensive study of the feasibility, cost-effectiveness, and impact of developing a modern, efficient, health care system in the Boston area. The system to be studied would be anchored by a state-of-the-art tertiary care medical center and would include plans for development of strategically located multi-specialty outpatient clinics and CBOCs. 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. Further supported by CBOCs, the system of care would bring VA health care into communities throughout the Boston area, improving access to specialty care, primary care, mental health care, and nursing home services.

The study will focus on access to and quality of care, as well as the expected cost effectiveness of consolidation of the existing four facilities into a carefully planned and comprehensive health care system.

VA will begin development of a template that will define the scope and parameters of the study and act as a guide for the study process. Upon completion of the template, VA will assign a multi-disciplinary team with appropriate skills and experience to conduct the study. The team will use support from outside contractors and other subject matter experts as necessary to ensure it has access to all of the skills needed to complete the study effectively and efficiently. The study will include collaboration with stakeholders to ensure that their views are solicited and included in the process. The study is scheduled for completion in the beginning of 2005.

In the interim, VA will not pursue any mission changes at the Bedford campus, will proceed with only those maintenance and life safety projects at existing facilities that are necessary to ensure the quality and safety of patient care, and will pursue development of a long-term care strategic plan (*Reference – Long-Term Care, Excess VA Property: Crosscutting*).

CARES Commission Recommendation

II Inpatient Care

- 1** The Commission concurs with the DNCP proposal to use contracting to improve access for hospital care in the North and Far North markets, and to pursue telemedicine opportunities.
- 2** The Commission concurs with the DNCP proposal to meet increasing inpatient demand in the East and West markets through in-house expansions at Providence and West Haven. Expansion at West Roxbury should be considered as part of the feasibility study for a replacement facility for Boston.

Secretary's Decision

II Inpatient Care

VA will meet the increasing inpatient demand in the East and West markets through in-house expansions at the Providence and West Haven VAMCs. CARES plans for an inpatient expansion at West Roxbury will be placed on hold pending the outcome of the Boston study.

To meet the demand for care in the North and Far North markets, VA will use existing contracting authorities and policies to improve access for hospital care where necessary. VA also will continue to encourage a wider application of telemedicine to enhance access to and quality of care.

Veterans in the North and Far North markets are often referred for inpatient and diagnostic care at Boston area medical facilities, resulting in substantial commutes — sometimes for minor procedures. Veterans in these markets must travel up to three hours each way to receive basic inpatient care. With the range of services at existing VA hospitals and the availability of contract care in the community, these veterans should have better access to care. The current situation is not acceptable and VA will act to correct the problem. To ensure that VA improves access to care for veterans in the North and Far North markets, the VISN will develop a plan that identifies alternate referral patterns that are cost-effective and bring care closer to where veterans live. This plan will be completed and submitted for approval by August 2004 (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

III Outpatient Care

- 1 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.
- 2 The Commission concurs with the DNCP proposal to use telemedicine programs at existing sites of care and at proposed new CBOCs to help address access issues.
- 3 The Commission recommends that VA ensure that it has quality criteria and procedures for contracting and monitoring service delivery, as well as the availability of trained staff to negotiate cost-effective contracts.

Secretary's Decision

III Outpatient Care

VA will enhance access and meet new demand for primary, mental health, and specialty care through expansions at existing sites, use of existing authorities and policies to contract for care where necessary, and increased use of telemedicine.

The VISN also will develop new sites of care and CBOCs through the National CBOC Approval Process. VISN 1 has six new sites of care targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Togus VAMC	Houlton-PT – Contract	ME
Togus VAMC	Bangor Outreach – Dover Fox	ME
Togus VAMC	Bangor Outreach – Lincoln	ME
Togus VAMC	Rumford Outreach – Farmington	ME
Togus VAMC	Rumford Outreach – South Paris	ME
Togus VAMC	Cumberland County	ME

The new CBOC in Cumberland County and the five part-time telemedicine clinics will support the Togus VAMC by enhancing care for veterans living in remote locations in the Far North market. These new sites will help bring the market to national access standards (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

IV Extended Care

The Commission recommends that prior to taking any action to reconfigure or expand long-term care capacity or replace existing LTC facilities VA should develop a long-term care strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the long-term care of the seriously mentally ill.

Secretary's Decision

IV Extended Care

VA will develop a long-term care strategic plan based on well-articulated policies. Until VA completes a long-term care strategic plan, it will only proceed with maintenance and life safety projects at existing long-term care facilities that are necessary to ensure the quality and safety of patient care (*Reference – Long-Term Care: Crosscutting*).

Secretary's Decision

V OneVA Collaborations

VA is developing space at the Newington VAMC for use as a collocated benefits administration office for the Hartford VA Regional Office. VBA will move into this space in the fall of 2004 (*Reference – OneVA Collaborations: Crosscutting*).