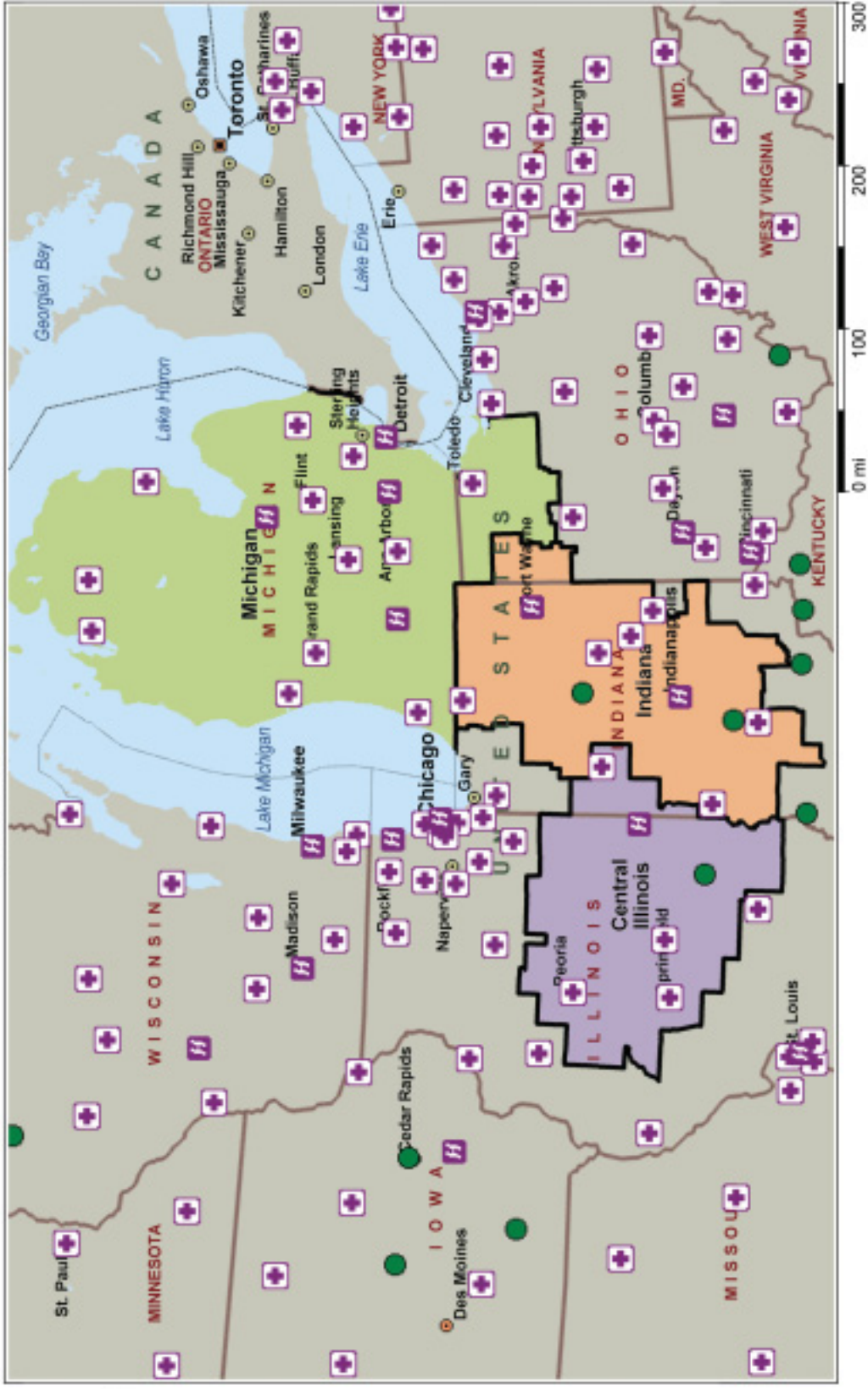


VISN 11



- Pushpins**
- VA Clinic
- VA Hospital
- Planned New CBOCs
- Markets**
- Central Illinois
- Indiana
- Michigan

© Copyright 1988-2003 Microsoft Corp. and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint>
 © Copyright 2002 by Geographic Data Technology, Inc. All rights reserved.
 © 2002 Navigation Technologies. All rights reserved. This data includes information taken with permission from Canadian authorities
 © 1991-2002 Government of Canada (Statistics Canada and/or Geomatics Canada), all rights reserved.

CARES DECISIONS FOR VISN 11

CARES Commission Recommendation

I Small Facility

Fort Wayne Campus – Northern Indiana Health Care System

- 1 The Commission concurs with the DNCP proposal to close acute care at Fort Wayne and transfer these services to other VA facilities or contract in the local community.
- 2 The Commission concurs with the DNCP proposal to maintain outpatient care at Fort Wayne.

Secretary's Decision

I Small Facility

Fort Wayne Campus – Northern Indiana Health Care System

The Fort Wayne VAMC operates 26 inpatient medicine beds. The average daily census is currently 22. Forecasts indicate that the need for beds will decrease to 17 by 2012 and 14 by 2022. Citing the anticipated decrease in demand for care, quality alternatives for contract care available in the community, and the potential for resource savings through closure of acute beds, the Commission recommended closure of acute care services at the Fort Wayne VAMC and replacement of those services through contracts for care in the community and by transferring care to the Indianapolis VAMC.

VA will plan to close acute care services at the Fort Wayne VAMC, but will retain existing outpatient care services at the Fort Wayne campus and consider expanding the hours of operation. While this recommendation will result in change for Fort Wayne area veterans and employees, VA is committed to working with stakeholders to effectively manage the transition of services and to maintaining access to care.

To manage the change, the VISN will develop a transition plan for the closure of acute care services and transfer of care to the Indianapolis VAMC and to contract care in the community. The plan will ensure that alternatives to quality and accessible care will be in place before any reduction in beds occurs.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition. This will include ensuring continuity of patient care to the greatest extent possible, and managing any changes in employment through natural attrition, transfer, early retirement, retraining or other mechanisms. VA will continue to work closely with its stakeholders to ensure that development and implementation of this transition is managed effectively.

VA will complete the transition plan by the end of 2004 (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

II Small Facility

Saginaw VAMC

- 1** The Commission concurs with the DNCP proposal to discontinue acute medical services at Saginaw, but does not concur with adding beds at the Ann Arbor VAMC to accommodate additional workload from Saginaw (see Inpatient Care).
- 2** The Commission concurs with the DNCP proposal to maintain nursing home and outpatient care at Saginaw.

Secretary's Decision

II Small Facility

Saginaw VAMC

The Saginaw VAMC operates 27 inpatient medicine beds, 6 intermediate beds and 81 nursing home care beds. The average daily census for acute medicine beds at Saginaw is currently 11. Forecasts indicate that the need for beds will decrease to 25 by 2012 and 20 by 2022. Citing the low bed levels and the availability of quality alternatives for contract care in the community, the Commission recommended that VA close acute care services at the Saginaw VAMC and replace those services through contracts for care in the community and by transferring care to the Ann Arbor and Detroit VAMCs.

VA will plan to close acute care services at the Saginaw VAMC. The Saginaw VAMC will retain its outpatient care services, nursing home services, and its intermediate medicine beds. While VA recognizes that this recommendation will mean change for Saginaw area veterans and employees, VA is committed to managing the transition effectively. VA anticipates that this change will improve access to care for local veterans by contracting for care in the community, particularly in the northern part of lower Michigan where veterans often have long drives to the Saginaw VAMC.

To effectively manage this change, the VISN will develop a transition plan for the closure of acute care services and transfer of care to the Ann Arbor and Detroit VAMCs and to contract care in the community. The plan will ensure that alternatives to quality and accessible care will be in place before any reduction in beds occurs.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition. The transition will include ensuring continuity of patient care to the greatest extent possible, and managing any changes in employment through natural attrition, transfer, early retirement, retraining or other mechanisms. VA will continue to work closely with its stakeholders to ensure that development and implementation of this transition is managed effectively.

VA will complete the transition plan by the end of 2004 (*Reference – Contracting for Care, Long-Term Care: Crosscutting*).

CARES Commission Recommendation

III Inpatient Care

- 1** The Commission does not concur with the DNCP proposal to add additional beds at Ann Arbor to accommodate additional workload from Saginaw.
- 2** The Commission recommends that the inpatient workload projections be validated. If validated, the Commission supports the DNCP proposal for construction of beds at Ann Arbor and opening the unused unit at Detroit.

Secretary's Decision

III Inpatient Care

VA will revalidate the inpatient workload projections to determine if the construction of new beds at Ann Arbor and the activation of currently vacant space at Detroit are required to meet projected demand. The results and impact of the revalidation of inpatient workload projections will be included in the VISN FY 2005 strategic planning submission.

CARES Commission Recommendation

IV Improve Access to Hospital Care in Central Illinois

The Commission concurs with the DNCP proposal to contract with hospitals in Central Illinois for inpatient care.

Secretary's Decision

IV Improve Access to Hospital Care in Central Illinois

VA will improve access to inpatient care in the Central Illinois market using existing authorities and policies to contract for inpatient care where necessary (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

V Outpatient Care

- 1** The Commission concurs with the DNCP proposal for outpatient 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

V Outpatient Care

VA will expand existing sites of care through conversion or renovation of existing space, leasing additional space, increasing use of telemedicine, and using existing authorities and policies to contract for care where necessary.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 11 has three new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Illiana HCS	Charleston	IL
Marion VAMC	Peru	IN
Indianapolis VAMC	Martinsville	IN

These new sites of care will help the VISN, which currently is below access standards in its Central Illinois and Indiana markets, to meet national access standards (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

VI Proximity of Ann Arbor and Detroit VAMC Services

- 1 The Commission concurs with the DNCP proposal to maintain tertiary facilities in Michigan at both the Ann Arbor and Detroit, with continued consolidation of services.
- 2 The Commission recommends shifting appropriate Post-Traumatic Stress Disorder (PTSD) and substance abuse services from Battle Creek to Detroit.

Secretary's Decision

VI Proximity of Ann Arbor and Detroit VAMC Services

VA will maintain tertiary facilities at both the Ann Arbor and Detroit VAMCs, with continued consolidation of services as recommended in the DNCP.

VA will study referral patterns for patients treated in the PTSD and substance abuse treatment unit in Battle Creek and determine whether, and what proportion of, beds should be transferred to Detroit to improve access. The VISN will include the results of the study in its FY 2005 strategic planning submission.

CARES Commission Recommendation

VII Pursue Enhanced Use Leasing

Danville and Battle Creek Excess Space

With respect to the proposed enhanced use lease at the Illiana VAMC for a replacement nursing home, the Commission recommends that prior to taking any action to reconfigure or expand long-term care capacity or replace existing long-term care 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.

The Commission concurs with pursuing enhanced use leasing opportunities at the Battle Creek VAMC.

Secretary's Decision

VII Pursue Enhanced Use Leasing

Danville and Battle Creek Excess Space

VA will pursue potential enhanced use lease projects at the Illiana HCS, Battle Creek, and Fort Wayne VAMCs. VA will ensure that any disposal, reuse, or enhanced use lease of its properties serves to enhance the Department's mission (*Reference – Long-Term Care, Excess VA Property: Crosscutting*).

Secretary's Decision

VIII *OneVA Collaborations*

VA will explore the feasibility of providing additional land at the Marion VAMC to NCA for expansion of the existing cemetery. VA will further assess this opportunity and develop a recommendation for moving forward by September 2004 (*Reference – OneVA Collaborations: Crosscutting*).