**Enrollment and Access:** With regard to Priority Group 8 veterans, applications for Priority Group 8 veterans have been collected since the Jan. 17, 2003, cut-off. The Erie VAMC has a waiting list for initial primary care appointments. Patients are scheduled for their first Primary Care (PC) appointment as they register and become eligible for VA Healthcare. About 87 percent of enrollment is primary care; 90 percent of Erie’s hospital admissions come through the emergency room. Erie’s emergency room is in operation 24 hours a day, and they have not had to close inpatient beds.

**Community Based Outpatient Clinics:** Erie VAMC has three CBOCs: Crawford County, Meadville, Pa., (VA staffed); Ashtabula County, Ashtabula, Ohio (VA staffed); and McKean County, Smethport, Pa. (Contract). Specialty care is increasing in demand in the Western market, of which Erie is a part. This increase in demand is proposed to be dealt with by and through the use of CBOCs for primary care, to free up specialty care space at VAMCs. CARES proposed these CBOCs for the Western as well as Eastern Markets of VISN 4, but they are not in the national high-priority category.

**Affiliations and Staffing:** Erie VAMC’s primary medical school affiliation is with Lake Erie College of Osteopathic Medicine. However, the VAMC is also affiliated with Lake Erie College of Pharmacy. There are no J-1 physicians at Erie VAMC. With regard to recruitment concerns, Erie has experienced difficulty with recruitment of specialty physicians, specifically in orthopedic surgery and psychiatry. In order to meet their patients’ needs in providing health care locally, the following specialties are provided through Fee and contract services: urology; oncology; cardiology; dermatology; pulmonology; neurology; gastroenterology; OB/GYN; and ophthalmology. The Erie VAMC has also experienced some difficulty in recruiting physical therapists, psychologists, licensed practical nurses, and police officers. Erie began an upward mobility program for LPNs. Currently, three of their staff are attending LPN school full time and will return to perform those duties at the medical center in June 2004. Erie can offer specialty pay for some scarce specialty positions. As described earlier, Erie is using the upward mobility program for appropriate positions. With regard to members of their staff who serve in the Guard and Reserves who have been activated and/or deployed, there have been four from the nursing staff to be activated. Three were deployed to Iraq and one RN was detailed to Walter Reed Army Medical Center in Washington, D.C. As yet, only one has returned back to duty at the Erie VAMC. These activations have not affected timeliness and access to care. The staff was from various areas throughout the medical center. The remaining staff has provided the necessary coverage of these positions. One final staffing concern is that the VAMC is also currently recruiting police officers to ensure that there will be two officers on duty each shift. These positions were funded from within the current budget.

**Physical Plant:** The Erie VAMC has been vigorously planning for the future. Last year, the VAMC completed a state-of-the-art ER expansion. A three-phase project starting next year will expand and improve support services. Erie VAMC has benefited from adequate construction funding for minor projects and non-recurring maintenance projects alike. Erie also obtained FY ’04 funding for design of an outpatient support minor project. This
The project will enhance the Erie’s specialty care services, ancillary services and primary care.

**Long Term Care, Mental Health and Homeless Services:** There are 52 Nursing Home Care Unit (NHCU) beds in operation. There is no Alzheimer’s unit. There are generally up to four beds set aside to be used as hospice beds. Erie VAMC operates a homeless program for veterans, its called “Liberty House for Veterans.” Liberty House offers transitional housing for homeless veterans who were honorably discharged, have no severe mental illness or histories of violence, agree to abide by the rules and regulations of Liberty House, and have a recovery plan in place that includes attending support groups. The ultimate goal of Liberty House is the veteran’s self-sufficiency, productive lifestyle, and obtaining permanent housing.

**Patient, Family, and Employee Surveys:** None available.

**Durham VA Medical Center**
**Durham, N.C.**
**Feb. 2, 2004**

The Durham VA Medical Center is a 274-bed tertiary care referral, teaching and research facility. Durham provides general and specialty medical, surgical, psychiatric inpatient and ambulatory services. Special programs at Durham include a comprehensive Women’s Health Center; home-based primary care; a GRECC; the Center for Health Services Research in Primary Care; and the Epidemiology Research and Information Center. Durham VAMC is located near downtown Durham adjacent to Duke University Hospital. Along with Raleigh and Chapel Hill, Durham comprises the “Research Triangle Park” (RTP), one of the largest concentrations of research and development activities in the world. This area represents a rapidly growing urban center with a concomitant rise in the veteran population as veterans move in search of employment and retirement opportunities.

**2003 CARES Draft Plan Assessment:** The VISN 6 Southeast Market Plan Summary for Durham VAMC calls for a new CBOC to be located in Burlington, N.C. (FY ’04), the location of additional off-site clinics using leased space, ward renovation projects and the construction of approximately 115,000 square feet of additional outpatient space. There are no VISN identified planning initiatives for Durham VAMC. Durham has an approved (pre-CARES) enhanced use lease project in which a real-estate development company will finance, build, operate and maintain on VAMC grounds a mixed-use development (approximately 650,000 square feet) consisting of a hotel, retail space, office buildings and parking garage addition for non-VA use. This project is currently on hold because of unsuccessful contractor bids.

**Funding:** VAMC Durham’s FY 2002 budget was $151.9 million. In FY 2003 it was $173.4 million, a 14 percent increase. VAMC management stated that with this increase it was possible to increase the number of unique patients, increase levels of staff, reduce the primary care wait list and reduce the wait time for specialty clinic appointments to
MCCF collections in FY 2003 were $15.4 million of a $17.5 million goal (88 percent). FY 2004 goal is $17.9 million. To improve its collections, VAMC management is providing additional training to front line staff to increase insurance identification, training for providers to improve documentation of billable encounters and has purchased a new health information system. VAMC management sees its major fiscal challenge as receiving a timely budget from Capitol Hill. Continuing resolutions confound ability to make timely job offers to prospective medical staff and award supply and service contracts. In addition, an increasing workload demand, the volume of complex patients requiring costly studies, treatments and interventions and rising pharmaceutical costs are also challenges.

Enrollment and Access: Management states it has no patients waiting beyond 30 days for primary care appointments. Seventy-two percent of its patients are enrolled in primary care. An Advanced Access Scheduling concept allows patients to be seen by PCPs within a few days and a “See You in 20” initiative decreases waiting times in clinics. There are currently 35 OIF veterans enrolled, all self-referrals with no DoD casualty transfers. VAMC Durham does not keep a separate record of the number of PG8 denials since the January 2003 cutoff. Thirty-six percent of admissions are through the ER.

Community Based Outpatient Clinics: CBOCs are located in Raleigh (VA operated, to be expanded), Greenville (contract) and Morehead City (contract). All have capacity and are enrolling new patients. Three new primary care teams are being added this year. The VAMC may need to build more CBOCs to reduce driving times and alleviate parking congestion at VAMC.

Affiliations and Staffing: Durham VAMC maintains academic affiliations with the Duke University School of Medicine and the North Carolina School of Dentistry. Several hundred residents from Duke rotate through VAMC Durham each year and research opportunities are a major draw. Patients needing transplants and other scarce subspecialty care are sent to Duke as are all trauma patients. Renal transplants once performed at VAMC Durham are now also done at Duke because of lack of sufficient demand. There are no J-1 visa physicians at Durham VAMC. This is a highly competitive medical job market Durham has difficulty recruiting scarce subspecialty physicians and technical allied health occupations and relies heavily on Duke for these services. Contracts are used for radiology, anesthesiology and subspecialty orthopedics and the ER is staffed with fee-for-service doctors during non-administrative hours. Eight employees have been activated but it is unknown how many are deployed.

Physical Plant: VAMC Durham was built in 1953, but recent additions and modernization give the building a much newer appearance both inside and out. Six and eight bed wards are currently being converted to semi-private rooms. Privacy renovations should be expedited. Parking is a problem and contract valet parking is being considered.

Long Term Care, Mental Health and Homeless Services: A 120-bed Extended Care and Rehabilitation Center reflects emphasis on wellness, preservation of function and rehabilitation. This bed count is the same as before the implementation of the Millennium
Act, however Durham dedicates no beds to Alzheimer’s, palliative or hospice care. These patients are admitted on a space available basis. There are currently 12 patients in community contract nursing homes. Multidisciplinary MH case management services have been expanded for frequently admitted and fragile patients. Durham runs a homeless veterans’ outreach program for veterans who utilize the medical center. Homeless outreach is actively conducted in the RTP area and is available throughout the catchment area.

Patient, Family and Employee Surveys:  Five each of inpatients, outpatients and family members were interviewed. The average inpatient traveled 90 miles to VAMC Durham and was transported by a family member who traveled 141 miles on average. Inpatients were overwhelmingly positive about the quality of care but less so about the quality of the food (there were no negative comments). Outpatients traveled 90 miles on average and waited 2 hours to be seen for a specialty care appointment. They were less positive about the quality of care and expressed uniform dissatisfaction with appointment scheduling. Employees interviewed commuted an average of 25 miles. They were consistently proud of the care they provide and enjoy working with veterans and colleagues. They were consistently supportive of management. Negatives include employee turnover, excessive paper work, food quality, physical plant and commute time.

Salem VA Medical Center
Salem, Va.
Feb. 3, 2004

The Salem VA Medical Center is a 288-bed, tertiary referral center and teaching hospital. Salem serves veterans throughout the State of Virginia for psychiatric, medical, and surgical care, and the medical center serves as a referral center for acute and long-term psychiatric care. All beds are currently in service. Salem VAMC is located on a sprawling campus just outside of Salem, Virginia. The area is largely rural, except for the mid-sized city of Roanoke and the smaller cities of Salem and Blacksburg.

2003 CARES Draft Plan Assessment: The VISN 6 Northwest Executive Summary for Salem VAMC calls for collaboration with the National Cemetery Administration providing acreage for a possible new cemetery site. There are no Market Plans or VISN-identified planning initiatives for VAMC Salem.

Funding: VAMC Salem’s FY 2002 budget was $130.5 million. In FY 2003 it was $143.6 million, a 10 percent increase. MCCF collections in FY 2003 were $9.1 million of a $12.1 million goal (75 percent). FY 2004 goal is $10.4 million. Management states this represents a more reasonable goal based on historical collection rates. VAMC Salem’s collection rates have increased an average of 27 percent per year since FY 01. Based on collections through December 2003, they are 39 percent ahead of the amount collected through the same period last year. They expect this trend to continue through FY 04 and the goal should be reached. VAMC management sees its major fiscal challenge as meeting patient care levels, pharmacy expenses, facility maintenance and improvements,
new equipment needs and salary limitations for physicians. The VAMC Director stated that annual continuing resolutions make planning difficult and the lag time between the passage of a budget in Congress and receipt of new funding makes it difficult to make timely job offers to prospective medical staff.

**Enrollment and Access:** Management states it has no patients waiting beyond thirty days for primary care appointments or for follow-up appointments. Eighty-three percent of its patients are enrolled in primary care. Sixty-four percent of admissions in CY 2003 were through the ER. In order to insure maintenance of a Zero Wait List, enrollment and scheduling of new PC patients is centralized with a PCMM coordinator. The veteran is then assigned to one of three Primary Care Teams and consults are entered for either the VAMC or a CBOC. 594 Priority Group 8 veterans have been denied enrollment since January 2003. This information is kept on file and the veterans are enrolled if they receive a SC disability or if income drops to established thresholds for Priority Group 7.

**Community Based Outpatient Clinics:** Salem VAMC has CBOCs in Danville and Tazewell. The Danville CBOC operates two satellite clinics in Martinsville and Axton. All CBOCs are contractor operated. A new CBOC in Lynchburg, Virginia is on hold pending the CARES process.

**Affiliations and Staffing:** Salem has an active affiliation with the University of Virginia School of Medicine for the training of residents, medical students, and fellows in seven specialties. A new affiliation with the Edward Via Virginia College of Osteopathic Medicine is being developed. In addition, 39 associated health-training programs are offered in affiliation with 26 colleges and universities. An active research program includes 16 investigators working on 45 approved projects. VAMC management states it is increasingly difficult to recruit U.S. citizen physicians due to the disparity in salaries between VA and the private sector. They currently employ 11 J-1 visa physicians. Fee-for-service doctors are employed primarily in the ER and some are utilized in most specialties. Two reservists, a psychologist and a gerontologist are currently deployed to Iraq.

**Physical Plant:** VAMC Salem was opened in 1938 and has been extensively renovated, however concerns about the steam distribution system, roofs, exterior paint, and air conditioning and indoor air quality remain. Salem typically receives $1.5 million per year in funding for infrastructure and physical plant improvements but says it is difficult to obtain funding for minor construction projects above the $500,000 threshold and uses funds for temporary labor to contract for extensive local construction projects. Salem operates a 23-bed hotel on campus for visitors. With the numbers of female veterans returning from combat duty in Afghanistan and Iraq, a serious need exists in the area of women’s mental health patient safety and privacy.

**Long Term Care, Mental Health and Homeless Services:** A 90-bed ECRC reflects emphasis on wellness, preservation of function and rehabilitation. This bed count is the same as before the implementation of the Millennium Act. Salem provides contract adult day care, hospice and home health care. There are currently five patients in community
contract nursing homes. They provide NHCU care and inpatient respite in-house. They do not operate a dedicated Alzheimer’s unit, but have a nationally recognized memory disorder unit with 25 authorized beds. The need for an enhanced geriatric assessment program is needed. MH services have expanded significantly at Salem over the past 5 years, adding additional staff including psych nurses, two psychiatrists and two psychologists. New funding has been received to add longer stay SA residential rehab beds, staff a memory disorder clinic, MH intensive case management, a military sexual trauma unit, outpatient depression primary care medicine, and a telepsychiatry link to an isolated region of rural Virginia. Salem runs an HCHV program for homeless veterans who utilize the medical center. Homeless outreach is actively conducted in the area by a full-time outreach clinician and Salem has a per-diem contract with the Roanoke Valley Veterans Council Housing Corporation.

Patient, Family and Employee Surveys: Five each of inpatients, outpatients and family members were interviewed. The average inpatient traveled 25 miles to VAMC Salem and was transported by a family member who traveled 28 miles on average. Inpatients were positive about the quality of care and food (there were no negative comments). Outpatients traveled 80 miles on average and waited 30 minutes to be seen for a specialty care appointment. They were also positive about the quality of care. Employees interviewed commuted an average of 20 minutes. They were motivated by the people with whom they work and serve, citing the work environment and people as the most satisfying parts of their jobs and enjoy working with veterans and colleagues. Negatives include inconsistencies in methods of operation and swings shifts for nursing, an issue even with non-nursing personnel raised on behalf of nurses. One suggested resolution to perceived problem is to “put nursing under nursing,” which the Director indicated is going to happen.

Beckley VA Medical Center
Beckley, W.Va.
Feb. 4, 2004

Beckley VA Medical Center is a general medicine and surgical care facility comprised of 35 medical, surgical and intermediate care beds, five intensive care beds and 50 extended care rehabilitation beds. The medical center serves veterans in twelve counties in West Virginia and Virginia. Beckley VAMC is situated on 36 acres of land in mountainous eastern West Virginia. The area is highly rural and access is complicated by difficult topography that can turn a thirty-minute trip into an hour or more.

2003 CARES Draft Plan Assessment: The VISN 6 Northwest Executive Summary for Beckley VAMC calls for retention of acute medical beds and conversion to a Critical Access Hospital designation. Inpatient surgery beds are to be closed and surgical needs are to be met by local contracts or by transfer to other VAMCs.
**Funding:** VAMC Beckley’s FY 2002 budget was $45.1 million. In FY 2003 it was $49.5 million, a 9.7 percent increase. MCCF collections in FY 2003 were $5.1 million of a $4.9 million goal (104 percent). Management credits the diligence of employees and medical coders for this accomplishment. FY 2004 goal is $5.8 million. Management states it expects to meet this goal. VAMC Beckley completed FY 2003 within the assigned budget and had additional funds to carry over into FY 2004. They did not have to use capital investment dollars to supplement medical care. VAMC management sees its major fiscal challenge as providing timely access to primary care and specialty care to an ever-increasing workload. Management states annual continuing resolutions are challenging and lead to delays in planning.

**Enrollment and Access:** Beckley VAMC’s market penetration is 30 percent. This is attributed to word-of-mouth and no active outreach is conducted. Management states it has no patients waiting beyond thirty days for primary care appointments or for follow-up appointments. Ninety percent of its patients are enrolled in primary care. Ninety-five percent of admissions in CY 2003 were through the ER. VAMC Beckley utilizes an open access concept where appointments for primary care are not required. New enrollees are scheduled for their first primary care appointment within thirty days. They are assigned to a PCP and entered into PCMM. 248 Priority Group 8 veterans have been denied enrollment since January 2003. This information is kept on file. VAMC management estimates these veterans could generate an additional $100,000 in MCCF collections. As a result of the mandate of Congress to provide medical care for two years to Operation Iraqi Freedom and Operation Enduring Freedom returnees, a 3 percent increase in unique patients is expected late in 2004.

**Community Bases Outpatient Clinics:** Beckley VAMC currently has one CBOC in Gassaway, W.Va., that is shared with Clarksburg VAMC. The CBOC is not at or near capacity and continues to accept new patients. No delays in appointments have been experienced at the CBOC. Contracts with “doc-in-the-box” type medical practices are being considered for remote rural locations in the Beckley catchment area.

**Affiliations and Staffing:** Beckley currently has no active affiliations and it has been nine years since a resident rotated through the medical center. A new affiliation with the West Virginia School of Osteopathic Medicine in Lewisburg, W.Va., is in development and a resident is expected this summer. VAMC management states it is increasingly difficult to recruit physicians due to the disparity in salaries between VA and the private sector. Radiologists, orthopedists and gastroenterologists are especially difficult to recruit because of salaries and location. Pulmonology is the largest specialty area at Beckley. Recruitment bonuses and relocation expense reimbursement are offered as incentives. They currently employ one J-1 visa physician. Fee-for-service doctors are employed in the ER after-hours and in most specialties. Six employees were activated and nine were deployed. This workload was transferred to other employees and temporary staff.
**Physical Plant:** VAMC Beckley management states there are no pressing physical plant issues at this time. VISN 6 has been responsive to requests for priority projects and this is expected to continue. Expansion of specialty care areas is ongoing and the administrative offices are to be moved to the sixth floor. The boilers are scheduled for NRM replacement in FY 2005 or FY 2006. For now, they are in good condition and pass inspection. There is asbestos in the building that is abated as it is encountered. All PCB-filled electrical gear has been replaced. The medical center currently has a Class B fire alarm system that will be upgraded to an addressable system in the near future. A contractor that was replacing waffled flooring was defaulted for poor workmanship and a new contractor is being selected to complete the work. The kitchen is aging and is due for an upgrade. Physical access to the medical center is difficult and convoluted because of its location between a residential area with poor streets and a railroad right-of-way. Approvals for a new access road from the main highway are pending.

**Long Term Care, Mental Health and Homeless Services:** A 50-bed Extended Care and Rehabilitation Center reflects emphasis on wellness, preservation of function and rehabilitation, however the building is old, in need of renovation and has privacy issues. This bed count is the same as before the implementation of the Millennium Act. Beckley provides contract homemaker/home health care to 59 patients. Two beds are dedicated to palliative/hospice care and more are made available if needed. There are no local state veterans homes, however a grant has been awarded for a new SVH in Clarksburg, approximately 138 miles away. There are currently two patients in community contract nursing homes. Safety and quality-of-care issues in local nursing homes preclude the medical center from placing more veterans in contract facilities. A number of veterans on indefinite community NH contracts were brought into the VA NHCU when the medical center’s mission changed. They do not operate a dedicated Alzheimer’s unit, but place veterans in appropriate facilities when such care is required. A new 120-bed NHCU was approved under the Capital Improvement Program in FY 2002 and work is underway on phase one of the project. This new facility will be needed to serve an elderly veteran population in West Virginia that is expected to increase by 15.3 percent in FY 2015 and 24.9 percent in FY 2025. VAMC anticipates obtaining qualified staff as a problem and is considering developing an in-house training program for nursing assistants. The Mental Health Service Line has developed services for veterans with chronic severe pain and has received funding to increase full-time staff from eight FTEE in FY 2002 to 19 in FY 2004. Beckley runs an HCHV program for homeless veterans who utilize the medical center. Homeless outreach is actively conducted in the area by a .5 FTEE MSW outreach clinician. Veterans are tracked through the service line morning report to insure coordinated, prompt and focused services.

**Patient, Family and Employee Surveys:** Five each of inpatients, outpatients and family members were interviewed. The average inpatient traveled 32 miles to VAMC Beckley and was transported by a family member who also traveled 32 miles on average. Inpatients were positive about the quality of care and food (there were no negative comments. Outpatients traveled 42 miles on average and waited 30 minutes to be seen for a specialty care appointment. They were also positive about the quality of care. Employees interviewed commuted an average of 20 miles. Staff was consistent in its
desire to provide quality care to veterans and they enjoy the patients they serve. Negatives include staff shortages and multiple collateral duties. Employees perceive management as not aggressive enough in pursuing personnel funding. Employees were consistently negative about the food as much of it is mass-produced and stored for long periods of time (cook-chill).

Charleston Veterans Affairs Medical Center
Charleston, S.C.
Feb. 9, 2004

The Charleston VAMC is a 145 bed primary, secondary and tertiary care facility. Currently, 19 of the authorized beds are out of service due to nursing staff shortages. The center provides acute medical, surgical and psychiatric inpatient care and both primary and specialized outpatient services in southeastern South Carolina and one county in Georgia. The medical center supports Vet Centers in North Charleston and Savannah, Ga., and operates outpatient clinics in Savannah, Ga., and Myrtle Beach, S.C.

2003 CARES Draft Plan Assessment: The VISN 7 South Carolina Market Plan Summary for Charleston VAMC calls for a new CBOC to be located north of Charleston at the Naval Weapons Station in Goose Creek, S.C. The VAMC already has a good working relationship with Naval Hospital, Charleston and another CBOC located at the Beaufort Naval Hospital. There are CARES planning initiatives to contract for inpatient care at Greenville, S.C., and Savannah, Ga. Three minor projects had money provided to Charleston VAMC: $2.2 million for the Myrtle Beach CBOC expansion (the CBOC is at maximum patient load. Most new enrollees are given an option to go to another CBOC or to Charleston VAMC); $3.9 million for a third-floor clinical addition; and $250,000 for a patient privacy project.

Funding: VAMC Charleston’s FY 2002 budget was $136.9 million. In FY2003 it was $148.9 million, a 9 percent increase. This increase allowed the medical center to maintain FY2002 levels of service; however, the funding level was still insufficient to meet increasing workloads. The funding level for construction and equipment are not sufficient to meet physical plant needs nor purchase high cost medical equipment. Statutory limitations on maximum annual salary pay for physicians limit the ability of the medical center to recruit and retain several physician categories. The FY 2003 MCCF goal was $12.4 million. VISN 7 raised part way through the year the goal to $13.9 million. Actual MCCF collection for FY03 was $13,267,240. Although this figure was less than the final goal, it was almost $1 million higher than originally programmed. This extra collection effort made-up for part of the overall goal missed at other VISN 7 medical centers. The MCCF goal for FY 2004 is $15.4 million, a 16 percent increase over the FY03 actual collection.

Enrollment and Access: Currently there are no eligible veterans waiting for an initial primary care appointment and 90 percent of the patients are enrolled in primary care. The Savannah, Ga., outpatient clinic and Beaufort, S.C., primary care clinic both have limited
capacity for new patients. The Myrtle Beach, S.C., CBOC is at capacity and closed to new patients. Eligible veterans in the Myrtle Beach catchment area are offered enrollment at the Charleston VAMC, approximately 100 miles one-way. During the past year 1,238 veterans have applied for care at the medical center and were classified Priority Group 8g (not eligible). Once classified as a Priority Group 8, those veterans are added to an identifiable via computer-generated reports where their information remains on file. There are many variables when considering lost revenue due to the VA’s moratorium on new Priority Group 8 veterans. VA medical centers do not receive reimbursement under VERA for Priority Group 8 veterans and relies on veteran co-payments and third-party insurance to offset any loss. Lost income at the Charleston VAMC is estimated at approximately $400,000.

**Affiliations and Staffing:** Charleston VAMC is closely affiliated with the Medical University of South Carolina and supports 88 medical residents in medical and dental specialties, as well as students from nursing, pharmacy, social work and allied health disciplines. The Research Service has 57 research investigators conducting basic research in cardiology, endocrinology, diabetes mellitus, hematology/oncology, rheumatology, nephrology and alcohol-related disorders and clinical and health service research in mental health, PTSD, hypertension and aging, and rehabilitation research program: hip arthroplasty. The medical center does hire J-1 visa holders; however, none currently are on staff. The medical center also hires H-1B visa holders (Visitor visa. Up to 10 years duration), but must show that well-qualified citizens are not available. At this time Charleston VAMC has five H-1B visa holders on staff, all physicians. Fee based contracts are used by the medical center in several medical specialties and include CT surgery, vascular surgery, neurosurgery, GI, infectious disease, anesthesiology, perfusion services and specialized dental services. In addition to the above contracts, the medical center has difficulty recruiting and retaining nurses, medical technologists and diagnostic radiology technologists. They are also having problems hiring well-qualified police officers given the competition from the Office of Homeland Security. The military has activated seven staff members; however, it is not known if any staff members have been deployed.

**Physical Plant:** The major challenge is the lack of space at the medical center. New additional square footage is discouraged in the VHA system due to the large vacant or unused space at some other medical center campuses. A sinking parking lot built on filled-in marshland, an unsuccessful application to build a parking deck, and the general lack of parking space frustrates both the veteran patients and the VA employees. A serious roofing problem, due to deterioration, exists as a result of inadequate funding since the late 1990’s. Roofs were failing and leaking causing additional maintenance problems. A series of projects from FY 2002 through FY 2008 are planned and will resolve this problem at a cost of $400,000 each year. Several of the HVAC components (ductwork, air handling units, cooling coils, etc.) are original 1965 equipment and need to be repaired.

**Long Term Care, Mental Health and Homeless Services:** Prior to the Millennium Health Care and Benefits Act of 1999 the medical center operated a nursing home care
unit with an average daily census of 10 and an ADC of 30 veteran patients in contract community nursing homes. Today, the ADC for the NHCU is 28 and the ADC for contract care is 10. During the past five years, the medical center’s mental health services line has added the following services: couples therapy for marital behavior and relationship enrichment; memory disorder clinic in conjunction with geriatric and extended care service lines and primary care groups for evaluation of memory loss and diagnosed dementia; and an intensive mental health intensive case management program focused on the treatment and rehabilitation of patients with serious mental illness. The homeless program provides services for homeless veterans in a mental health treatment program. Over 90 percent of the veterans enrolled in this program are also undergoing treatment for a substance use disorder. Veterans are placed in a community transitional placement facility in order to participate in treatment. The medical center does not operate any hospice beds; but rather, contracts out all hospice care.

**Patient, Family and Employee Surveys:** Five each of outpatients, inpatients, family and employees were interviewed. The outpatients and inpatient veterans and their families lived in Charleston with a short distance to travel. Others came from the Myrtle Beach community and traveled over 100 miles to the medical center. Others came from places in between. Everyone seemed extremely pleased with the quality and quantity of care received; however, many complained about the distance they were forced to travel to receive the care. Family members of inpatient veterans said it was impossible for them to visit their loved one during the week because of work and distance. The employees were proud of the services they provided to veterans under their care and almost seemed like they were part of the family as we walked around the clinics and wards. The employees also commented on the distance some veterans and their families had to travel for care and wished there was VA care closer to where some veterans lived.

**Dublin Veterans Affairs Medical Center**
**Dublin, Ga.**
**Feb. 11, 2004**

The Dublin VA Medical Center is located on a 75-acre campus providing acute and extended care services. With approximately 750 employees, this medical center provides health care to Central and Southern Georgia. Health care provided at the medical center include ambulatory and primary care, optometry, women’s health, extended care and nursing home services, along with specialized programs to include cardiology, pulmonary, general surgery, podiatry, urology and physical therapy. Mental Health services are also available, including substance abuse, PTSD, and general psychiatric care. In addition to the services available at the medical center, Primary Care services are provided at two CBOCs, one in Macon, Ga., and one in Albany, Ga., An outreach clinic is available to veterans at the Georgia War Veterans Home in Milledgeville, GA.

**2003 CARES Draft Plan Assessment:** The VISN 7 Georgia Market Plan Summary for Dublin VAMC falls under the category of small facility. The plan calls for the medical center to retain its inpatient program, but the ICU beds will be subject to a VHA-directed external evaluation. Surgery beds will be transitioned to observation beds. Complex, non-
urgent or non-emergent surgery will be referred to other VAMCs. The medical center is to contract with local community hospitals for urgent, acute and inpatient surgical care.

Dublin VAMC will retain acute medicine, nursing home care, domiciliary and outpatient services. Additionally, the medical center will establish two more CBOCs.

**Funding:** The FY 2003 budget, $81,567,591, was an increase of 8 percent over the FY 2002 budget, $75,888,986. According to the management staff, the FY 2003 budget allowed them to maintain their FY 2002 levels of service and reduce the number of veterans waiting more than 30 days for an initial appointment. As of Feb. 11, 2004, Dublin and their CBOCs still have 93 veterans waiting more than 30 days for an initial primary care appointment. During this visit, management indicated that all veterans waiting longer than 30 days would be assigned an appointment during February. Neither Dublin VAMC nor their CBOCs are at capacity; however, they do have staffing challenges from time to time that impacts their ability to see all patients in a timely manner. Incentive clauses are being used to ensure appointments are timely. Contractors face penalties when their quarterly average wait time exceeds 30 days for new patients and seven days for established patients. The FY 2003 MCCF collection goal for Dublin was $6,896,181 and they collected $7,894,252. The main reason for this success was 90-percent accuracy for bill coding. The FY 2004 MCCF goal is $9,240,537. The management team indicated that this increase of $1.34 million would be difficult to achieve. Their biggest fiscal concern is not having a budget and trying to manage health care based on continuing resolutions from Congress.

**Enrollment and Access:** The medical center enrolls veterans in various ways: by appointment - a veteran requests an appointment and completes enrollment paperwork during the appointment; walk-ins – a veteran can go to a clinic and fill-out the enrollment forms there or take them home to complete; internet – the veteran down-loads the form and submits it or e-mails the completed form; or telephone – the veteran calls the Service Center and enrolls. The VAMC also participates in Georgia Department of Veterans Services’ events and this past year they partnered with the Department of Defense to provide outreach to returning veterans from Operation Iraqi Freedom. To ensure service connected veterans receive an appointment within 30 days, primary care works with health administration service to identify these patients when they enroll. Primary Care will schedule these patients within 30 days even if it means overbooking a provider. Eighty-six percent of Dublin VAMC patients are enrolled in a primary care team. Since Jan. 17, 2003, 765 veterans have applied for health care and placed in Priority Group 8e or 8g and denied care. According to the medical center, this represents at a minimum $25,000 in revenues lost. That number is based only on each veteran having one primary care appointment. Depending on the health status of individual veterans, they estimate lost revenues could be as high as $500,000.

**Community Based Outpatient Clinics:** The medical center operates two CBOCs: one in Albany and the other in Macon. Neither CBOC is operating at capacity although both clinics have staffing challenges from time to time. An outreach clinic is also available to
veterans at the Georgia War Veterans Home in Milledgeville. Dublin VAMC was recommended in the VISN 7 CARES plan to open two more CBOCs.

Affiliations and Staffing: The primary medical school affiliation to the VAMC is with the Medical College of Georgia in Augusta, Ga. The medical center has been in discussions with Robins Air Force Base for the sharing of medical services in recent years. Both sides are interested; however, no initiatives have been implemented due to budget constraints. During the past several years, the medical center has encountered difficulties recruiting physicians for specialty care services such as cardiology, radiology and surgery. Currently, contract/fee physicians are being used in nephrology (dialysis), optometry, gynecology, ophthalmology, oncology (if not provided by Augusta or Atlanta VAMC), audiology exams, dermatology, speech and pathology. The difficult specialists include ICU nurses, RNs and radiologist technicians. Recruiting incentives include recruitment/retention bonuses, employee benefits, education and training opportunities and education debt reduction programs. The VAMC has no J-1 or H-1B visa contracts currently.

Physical Plant: The infrastructure in Dublin VAMC is solid. The current five-year maintenance plan has numerous items to be replaced or upgraded such as the boilers, HVAC systems and roofing repairs. The delay in passing a budget has slowed the availability of funding to execute contracts.

Long Term Care, Mental Health and Homeless Services: A 161-bed long-term care and extended care facility is provided at the VAMC. This bed count is the same as before the implementation of the Veterans’ Millennium Health Care and Benefits Act of 1999. The medical center has 22 contract nursing home beds filled currently. The medical center has no Alzheimer’s unit. The VAMC does offer 12 hospice beds and facilities for respite care. Mental health service was a subsection of other services until September 2000, when it became an independent clinical service. Presently the mental health service line has a 110-bed unit for a mental health clinic, a substance abuse treatment program and a PTSD clinical team. A 35-bed domiciliary care program for homeless veterans is also provided. The latter three specialty programs include residential tracks utilizing domiciliary beds. The domiciliary also falls under the service line and includes a unit for female patients. Lengths of stay for these specialty programs vary from two weeks to six months depending upon the patients needs.

Patient, Family and Employee Surveys: None available.

Atlanta Veterans Affairs Medical Center
Decatur, Ga.
Feb. 12, 2004

The Atlanta VA Medical Center is located on 26 acres east of Atlanta in Decatur and has community based outpatient clinics in Lawrenceville, Oakwood, Smyrna and Midtown Atlanta. The medical center has 288 operational inpatient beds. The medical center