

## **WESTERN MARKET CARES UPDATE #2**

**April 15, 2003**

### **What does CARES mean?**

It is an acronym that stands for "Capital Asset Realignment for Enhanced Services." CARES is a reorganization study to ensure veterans receive the right care, at the right time, at the right place.

### **Why is this needed? VA says it provides excellent health care now.**

It's true. Numerous studies have shown VA to be on par, or superior to, private health care. However, that doesn't mean it cannot improve. A new focus -- health care is local -- emphasizes putting resources into community-based facilities close to where veterans live.

### **How does CARES work?**

CARES will assess veterans' health care needs by Network (VA has organized its hospitals, clinics and other assets into 21 Veterans Integrated Service Networks). Each Network has been divided into market areas, primarily based on enrolled veteran populations. VISN 10 has 3 markets: Eastern (Cleveland), Central (Chillicothe, Columbus) and Western (Dayton and Cincinnati).

### **Which CARES initiatives are being submitted?**

The CARES process has resulted in the development of several strategic initiatives to meet our projected workload for 2012 and 2022. The submission date is April 15<sup>th</sup> for the VISN to submit our plan. Western Market (Cincinnati/Dayton VAMC's) data indicated growth in Primary Care and Specialty Care.

**PRIMARY CARE** – Criteria that CARES uses requires primary care to be within 30 minutes of the patient's home, which means the Western Market had some planning to do. The following indicates the plans we are submitting for consideration to improve veterans access to primary care:

2003 – Expansion of Clermont County and Lawrenceburg, IN Community Based Outpatient Clinics (CBOC's). (Cincinnati)

2003 – Expansion of Springfield CBOC. (Dayton)

2004 – Telemedicine will be used as a tool to improve access to primary care. (Both)

2004 – Additional CBOC - Fairfield/Hamilton, OH. (Cincinnati)

2004 – Additional CBOC - Dry Ridge, KY. (Cincinnati)

2004 – Additional CBOC - Marion, Ohio. (Dayton)

2005 – Minor Project 539-712 Primary Care Addition. The design for this project is already 75% complete. (Cincinnati)

2006 – ER Expansion Project. (Dayton)

**SPECIALTY CARE** – Growth in our specialty care workload is also projected. To meet the demands in this area we developed initiatives to assure we can provide the health care that will be needed. The following are the specific initiatives we are submitting:

2003 – Expansion of Springfield CBOC. Includes space for specialty care. (Dayton)

2004 – Additional CBOC - Fairfield/Hamilton, OH. Includes space for specialty care. (Cincinnati)

2004 – Additional CBOC - Dry Ridge, KY, Includes space for specialty care. (Cincinnati)

2004 – Additional CBOC - Marion, Ohio. Includes space for specialty care. (Dayton)

2007 – The primary care addition at Cincinnati scheduled for completion in FY 2005 has the structural capability of an additional two floors with a square footage of 23,000. These two additional floors will be designed and utilized as specialty care clinics.

2006 – Renovate former Inpatient areas in B-330 and other space in B-310 for Specialty Care. (Dayton)

**FACILITY PROXIMITY** – The CARES process also requires the evaluation of services provided by two facilities that are within 60 miles of one another. Cincinnati and Dayton VA Medical Centers met this criterion so have been working very closely to identify any areas that could serve the veterans in a more efficient manner. Maintaining both facilities but consolidating services/integrating facilities was our primary objective and numerous teams have been put together within the market and VISN to look at various ways to integrate services.

After a thorough review of the missions, a Clinical Inventory was completed to assist in the identification of services in which potential consolidation/integration might be advantageous. The following represents the decisions made and will be forwarded in the CARES process for consideration:

## 1. **Current Consolidation of Services**

**Neurosurgery** – Consolidated at Cincinnati.

**Laboratory Services** – Continue ongoing consolidation to Cincinnati.

Intellectual and Technical Property: Ph.D. level staff shared between both facilities and microbiology laboratory leadership. Consolidate both facilities autopsy services at Cincinnati. This process could be a beginning to further a collaborative effort for surgical pathology.

**Food Service**

Dayton now provides a food service product with Cook/Chill.

**Acquisitions and Materiel Management Service** – Consolidated Leadership

**Laundry Services** – Provided by Dayton.

**Chaplain Service** – Consolidated leadership as of 2003.

Dayton and Cincinnati have combined leadership for Chaplain Service under one Chief. Each week the Chief spends time at both facilities. If needed, staff chaplains could be shared between the facilities for emergent needs. Chaplain Service patient and educational programs and services will be standardized between the two.

**2. High Cost Services Evaluated for Consolidation**

**Invasive Cardiology/Open Heart Surgery** – Consolidate to Cincinnati VAMC in 2008.

A workgroup was established with representatives from VAMC Dayton and Cincinnati to evaluate invasive cardiology services. The group recommended: 1) Diagnostic Catheterization Laboratories be maintained at both facilities, 2) in-house electrophysiology program at Cincinnati be enhanced and until that is accomplished the current practices at both facilities be maintained, 3) both facilities develop in-house programs for Percutaneous Coronary Interventions and 4) the creation of a Cardiac Surgery Program at Cincinnati and until that time maintain the current practices at both facilities.

**Hemodialysis** – Maintain both programs. Develop a Joint Home Dialysis Program in 2004.

A primary community standard for providing dialysis care is to provide it as close to the patient's home as possible. Both Cincinnati and Dayton medical centers have very active in-house dialysis programs to serve patients from their local areas. Although both facilities serve as one market, the Western Market, it is not reasonable, based on the community standard, to consider consolidation of this program. The driving distances involved for patients to receive dialysis care would be too great for the frequency in which this service is needed.

**Joint Replacement Surgery** – Consolidate to Dayton VAMC in 2006.

**Vascular Surgery** – Consolidate to Cincinnati VAMC in 2006.

**Interventional Radiology** – Consolidate to Cincinnati VAMC in 2006.

Currently, both Cincinnati and Dayton VAMC's contract for invasive radiology services. Cincinnati outsources to the private sector for invasive radiology services while Dayton performs them in-house utilizing VA technical staff, but contract radiologists. Any considerations in interventional radiology will also have to be linked to vascular surgery.

**Transplant Programs** – There are no transplant programs at either facility.

**Rheumatology** – Consolidate to Cincinnati in 2006.

**Radiation Therapy** – Consolidate to Dayton in 2004.

**Outpatient Surgery/Urology** – Consolidate to Surgical Center at Fairfield/Hamilton CBOC in 2007.