

Executive Summary

Western Market

VISN 10

The Western Market of VISN 10 is comprised of the VA Medical Centers in Cincinnati and Dayton.

The Cincinnati VA Medical Center operates 2 campuses (Cincinnati and Fort Thomas, KY.) It also manages three community based outpatient clinics located in Bellevue, KY, Clermont County, Ohio, and Lawrenceburg, Indiana. These facilities provide health care to eligible veterans in Ohio, Southeast Indiana and Northern Kentucky. The medical center serves as the major tertiary and surgical referral center for the Central Ohio medical centers. A full range of services are offered in six levels of care including preventative, primary, secondary, tertiary, restorative, and extended care. The Ft. Thomas facility houses the Nursing Home Care Unit and the Domiciliary Programs. The medical center is a teaching hospital for the University of Cincinnati College of medicine and affiliated with over 30 other professional, allied health, and nursing schools programs.

The Dayton VA Medical Center provides a continuum of care, which encompasses all levels of acute, nursing home, and domiciliary care. A very active ambulatory care program is provided through a variety of clinics including a primary care program designed to assure that we offer an atmosphere of friendly, personal and individualized patient care. Community Based Outpatient Clinics are located in Lima, Middletown, Richmond and Springfield. A complete array of diagnostic, rehabilitative and therapeutic programs and services are offered using state of the art technology to treat the total patient and assure the veteran continuity of care. The Dayton VAMC is the third oldest VA medical Center in the country, having accepted its first patient in 1867. The Medical Center sits on a 382-acre tract of land (including a national cemetery). The medical center is affiliated with the Wright State University School of Medicine as well as over 40 Colleges and Universities for Health Related Professions.

The CARES workload projections showed significant increases in workload for both Medical Centers in Primary and Specialty Care requiring planning initiatives to be developed. In addition, the CARES information relating to space revealed that both Medical Centers were short of space to handle these increases. The two Medical Centers are slightly less than 60 miles apart requiring some narrative related to the proximity issue. The Cincinnati VAMC has a significant parking space shortage that will be exacerbated as the workload grows. A Vacant Space PI for an enhanced use proposal related to the development of a parking garage was developed. There is a very active research program at Cincinnati and a Research PI for a new structure was submitted as well.

The following is a summary of the Cincinnati PIs for CARES:

PRIMARY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

- ❖ 2003 – Expansion of Clermont County, Lawrenceburg, IN CBOCs
- ❖ 2004 - Telemedicine will be used as a tool to improve access to primary care.
- ❖ 2004 - Additional CBOC - Fairfield/Hamilton, OH. 5,500 square feet.
- ❖ 2004 – Additional CBOC - Dry Ridge, KY, 5,500 square feet
- ❖ 2005 - Minor Project 539-712 Primary Care Addition an additional 11,140 square feet.

Quality of care is impacted when waiting times for appointments are extended as this time increases the chance of adverse effects on the patient's health. Quality of care will be improved – timelier access for veterans to receive services. Waiting rooms will be less congested.

More exam rooms are needed for the nurses to ready the patient for the physician's exam and to provide time for preventative care interaction. This improves the health care provided as well as improving performance measures. Improved access will improve follow-up treatment compliance and engagement in health interventions by veterans.

Currently veterans who use services at Cincinnati must arrive very early in the morning in order to find a parking place. If a veteran arrives for appointments later in the morning, they are forced to look for parking on side streets, the University, or wherever they can locate a parking space. The veteran must then walk, quite a distance, to arrive at the medical center for their care. More primary care facilities will allow for better and quicker experiences on the days of the appointment, which will allow parking facilities to turn over at a quicker rate.

Access for all patients is acceptable according to CARES criteria, but care delivered closer to home is preferable. Extended waiting times for appointments adversely affects patient care. Appropriate access will be available for all counties served.

Additional CBOCs (Fairfield/Hamilton and Dry Ridge, KY) are supported by data that shows the vet pop in the Fairfield/Hamilton and Dry Ridge, KY, is high. Impact of moving healthcare to the CBOCs would reduce volume at parent facility and reduce wait time for appointments. This would result in improvement of performance measures. Travel time will be reduced for many veterans who currently must travel through congested urban areas. There is no public

transportation from these very remote areas into the Metro Cincinnati area. Beneficiary travel dollars will be saved for the estimated 2,600 veterans traveling to the medical center. County veterans' service vans will be able to make shorter trips that are more frequent and convenient for the veterans. Costs to provide care to these veterans will be provided at lower costs than it would be to provide these same services in a hospital-based setting. Current VA assets do not exist in these proposed areas to accommodate the needs of these veterans.

Expansion of existing CBOCs (Clermont County and Lawrenceburg, IN) is also necessary. These sites have proven to be very successful and much needed. The workload has grown steadily and the physicians are presently at their panel size. Veterans have clearly indicated a preference for obtaining the majority of their routine care in a convenient local setting.

Some contracting for care will be needed to handle the demand in the first 2 years until the CBOCs are added and enlarged. Although routine lab tests will be drawn at the CBOC and transported to the Cincinnati VA daily, there will be contractual arrangements necessary for emergency laboratory and routine and emergent radiology services. Patients requiring hospitalization will be sent to the Cincinnati VA. While in the unlikely event of an emergency, patients will be sent to the nearest local hospital. A local ambulance company will be contracted on an as needed basis to transport veterans to the Medical Center or community hospital for admission/evaluation.

SPECIALTY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

- ❖ 2003 – Expansion of Clermont County, Lawrenceburg, IN CBOCs
- ❖ 2004 - Telemedicine will be used as a tool to improve access to primary care.
- ❖ 2004 - Additional CBOC - Fairfield/Hamilton, OH. 5,500 square feet for primary care, additional 1,500 square feet for specialty care
- ❖ 2004 – Additional CBOC - Dry Ridge, KY, 5,500 square feet for primary care, additional 1,500 square feet for specialty care
- ❖ 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.

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Cincinnati VA. While in the unlikely event of an emergency, patients will be sent to the nearest local hospital. A local ambulance company will be contracted on an as needed basis to transport veterans to the Medical Center or community hospital for admission/evaluation.

VACANT SPACE – ENHANCED USE:

DEVELOP AN ENHANCED USE LEASE AGREEMENT AND USE THE PROCEEDS FOR THE CONSTRUCTION OF ADDITIONAL PARKING FACILITIES ADJACENT TO THE CINCINNATI VAMC.

The Cincinnati medical center was built in 1950 as an inpatient facility with limited parking. It is landlocked with a residential area to the west and the University of Cincinnati to the east.

The Medical Center owns 832 parking spaces, including all handicapped spaces. It also owns 150 spaces in a University of Cincinnati (UC) parking garage obtained when land was negotiated with UC to build the structure. This yields a total of 982 owned parking spaces. The medical center also leases another 200 parking spaces from UC, and 60 from the Cincinnati Zoo, thus yielding 260 leased parking spaces. In total, there are 1,242 total controlled spaces. The required parking spaces per VACO Parking Demand methodology is 1,429. Therefore, even with the contractual arrangements there is a parking deficit of 260 spaces due to the patient workload at the hospital.

The data clearly indicates that our workload has increased and will continue to increase substantially. The opportunity to divest ourselves of the Quarters is to our advantage and assists us in meeting our mission of providing healthcare to a growing population of veterans.

The Quarters are considered permanent space. In the past several years the Quarter's structures were evaluated as sites for other Medical Center functions. Because of their size (3 stories and a Basement) and classification as a Business Occupancy numerous code violations would have to be addressed that made the use of the space impractical.

There is a large cost associated with the upkeep of the properties. They are located in an area that they are very desirable to the city leaders and could be part of the enhanced use lease program. The funds obtained could then be used for a very serious need of our facility – Parking. Funds for parking garages are very hard to obtain but working with the local community not only satisfies our needs but also builds important public relations.

Discussions with the local community have been very positive. VA staff has met with the Cincinnati Zoo management and University of Cincinnati leadership. Both organizations have assured us that they want to work together to build parking facilities on Cincinnati Zoo property. The zoo has acquired the property

but lack the funds to clear and level the land for parking. This Enhanced Use Lease project would benefit both VA and the Zoo.

RESEARCH:

The most pressing need is for a new research building. Events over the past year have resulted in a consensus among the leadership of CVAMC, VISN, and UC that this building is a high priority. Site visits from VACO, ORCA, and AAALAC documented the problems caused by the current space and facilities, and the need for a new facility. A new Dean of UC College of Medicine was appointed with a mandate to greatly increase the number of research faculty. Since UC has a space problem, relocation of VA investigators to a new building will help alleviate this problem. UC is committed to helping CVAMC develop and fund the new building.

Over the past decade, the greatest change at CVAMC has been the revitalization of a long dormant research program. In FY94, new leadership of the Research Service was established with increased cooperation and support of the VA leadership and affiliated University of Cincinnati (UC) College of Medicine. Other efforts included reorganization of research space; recruitment of new investigators with strong research credentials; better reporting of non-VA funding; and changes in the Research Service to emphasize to emphasize customer service and better interaction with the academic community. These changes resulted in a rise in total research funding from \$3.510 (VA \$1.312 + non-VA \$2.198 million in FY94 to \$9.366 (VA \$3.465 + non-VA \$5.901) million in FY98. By FY02, total funding reached \$14.415 (VA \$4.0781 + non-VA \$10.338) million. VA funding only includes projects supported by VA research funds; this practice may underestimate a VAMC's research accomplishments if some projects are supported by VA clinical funds. For example, CVAMC was awarded a prestigious GAPS Center to study medical errors; support came from clinical funds at \$0.5 million per year for 5 years. Most (65-75%) of the non-VA funding comes from NIH; this amounted to \$4.275 and \$6.487 million in FY 98 and FY02, respectively.

The CVAMC research program has strengths in a number of different areas. Investigators in infectious disease, immunology, and pulmonary medicine successfully competed for a Research Enhancement Award Program (REAP), the VA equivalent of a NIH program project grant, to study the host responses to lung infections. Other active medical research programs are in mental health, neuroscience, endocrinology, gastroenterology, nephrology, and hematology/oncology. Clinical trials are active, particularly in substance abuse and other areas of mental health, cardiology, diabetes mellitus, hepatitis C, stroke, and oncology. These studies are supported by the VA Cooperative Studies Program, NIH, and the pharmaceutical industry.

The greatest challenge facing CVAMC is research infrastructure: grossly inadequate space and antiquated facilities. Total research space is 26,850 sq ft. With total research funding of \$14.415 million, this amounts to \$537 per sq ft. Using the CARES benchmark of \$150 of funding per sq ft, 96,100 sq ft of space is needed to fund current research. In order to make up the 69,250 sq ft difference, one strategy has been to allow investigators to house major parts of their laboratory and animal studies at UC through offsite waivers approved by VACO. This mechanism involved developing a space sharing agreement and memorandum of understanding (MOU) between CVAMC and UC. Another strategy has been to lease office space offsite for investigators with large research programs in clinical trials and health services research. Both strategies are undesirable because they do not fulfill VACO goal of housing all VA investigators under one roof; they split up research groups, which impairs their opportunities for interaction and collaboration; and they take up space at UC which could be used by its own investigators.

The following is a summary of the Dayton PIs for CARES:

PRIMARY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

FY2003 - Expansion of Springfield CBOC

FY2004 – Telemedicine will be used as a tool to improve access to Primary Care

FY2004 – Additional CBOC - Marion, Ohio

FY2006 – ER Expansion Project

Redesigning the patient flow through the ER, by improving the triage process and by separating urgent care and ER areas, will positively impact quality of care. There will also be separate waiting areas that will provide better patient privacy.

The present ER was designed over 25 years ago and no longer meets the needs of modern medicine. There would be room for observation beds as well as the ability to control access which would improve patient and employee safety

Access for all patients is acceptable according to CARES criteria, but care delivered closer to home is preferable. Extended waiting times for appointments adversely affects patient care. Appropriate access will be available for all counties served.

An additional CBOC (Marion, Ohio) is supported by the fact that moving healthcare to the CBOC would help reduce volume at parent facility and reduce wait time for appointments. In addition, travel time will be reduced for many veterans who currently must travel a long way to reach the Dayton VAMC. Beneficiary travel dollars will be saved for the estimated 2,600 veterans who would otherwise have to travel to the medical center. County veterans' service vans will be able to make shorter trips that are more frequent and convenient for the veterans. Costs to provide care to these veterans will be provided at lower costs than it would be to provide these same services in a hospital-based setting. Current VA assets do not exist in these proposed areas to accommodate the needs of these veterans.

Expansion of existing CBOCs is also necessary. These sites have proven to be very successful and much needed. The workload has grown steadily and the physicians are presently at their panel size. Veterans have clearly indicated a preference for obtaining the majority of their routine care in a convenient local setting.

Some contracting for care will be needed until FY12 to handle the demand even after the CBOCs are added and enlarged and the ER reconstruction is completed. The workload begins to drop in FY13 negating the need for contract services.

SPECIALTY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

FY2003 - Expansion of Springfield CBOC

FY2004 – Telemedicine will be used as a tool to improve access to Primary Care

FY2004 – Additional CBOC - Marion, Ohio

FY2006 – Renovate former Inpatient areas in B-330 and other space in B-310 for Specialty Care.

Renovating and redesigning the space associated with Specialty Care will positively impact quality of care. Not only will there be increased space but it

will be more appropriately laid to improve workflow. B-310 was designed over 25 years ago and no longer meets the needs of modern medicine. The location of the various clinics would be rearranged to assure that clinics that have an association requiring close proximity could, in fact, be placed nearer to each other.

A portion of the space at the new CBOC (Marion, Ohio) will be used for Specialty Care Clinics. Moving some Specialty Care Clinics to the CBOC would help reduce volume at parent facility and reduce wait time for appointments. In addition, travel time will be reduced for many veterans who currently must travel a long way to reach the Dayton VAMC. Beneficiary travel dollars will be saved for the veterans who would otherwise have to travel to the medical center. County veterans' service vans will be able to make shorter trips that are more frequent and convenient for the veterans. Costs to provide care to these veterans will be provided at lower costs than it would be to provide these same services in a hospital-based setting. Current VA assets do not exist in these proposed areas to accommodate the needs of these veterans.

Expansion of existing CBOCs is also necessary. These sites have proven to be very successful and much needed. The workload has grown steadily and the physicians are presently at their panel size. Veterans have clearly indicated a preference for obtaining the majority of their routine care in a convenient local setting. The expansion would permit us to move some Specialty Care Clinics to existing CBOCs.

Some contracting for care will be needed throughout the planning period to handle the demand even after the CBOCs are added and enlarged and the Specialty Care renovation is completed.

Proximity – Cincinnati/Dayton:

Western Market meets the access guidelines set by CARES only if both facilities are maintained. There are only two counties (Butler and Warren) that lie between the two facilities. These are the veterans who would be unaffected by the closure of one of these Medical Centers. The FY 2001 DPPB Utilization information shows that there were 4990 unique veterans from these two counties that used either VA. The total number of uniques treated by these two facilities is in excess of 58,000. It is clear that the large majority of veterans would be adversely affected since they come from South of Cincinnati VA or North of Dayton VA. There are veterans who must travel 90 minutes from Lima to get to Dayton. The additional hour-plus to get to Cincinnati would make their trip unnecessarily long.

The workloads for each of the Facilities for the base year where available and the planning years of FY12 and FY22 was reviewed. While there are some small decreases in a few of the components, they are more than offset by the large increases in areas such as Primary Care, Specialty Care, and Ancillary/Diagnostic. This information is taken from the CARES Template, which also shows both Facilities short of space in the Baseline year, which demonstrates the challenge that would exist if either of the Facilities did not continue to provide the services that they do.

Current space in Cincinnati is severely limited and presents many challenges to providing the current and projected volume of work. The facility is presently 50 years old and presents major system challenges. Facility meets compliance with all review bodies.

The current space available that is appropriate for patient care use at Dayton is somewhat limited due to the age and layout of the facility and presents challenges to providing the current and projected volume of work. Patients are required to go to various locations to receive care as well as their diagnostic work. Dayton is a large campus facility opened in 1867. Our patient care buildings are in compliance with all review bodies.

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. Several met the criteria of review which was:

High Volume/ High Cost including Laboratory, MRI, Dialysis, Joint Replacement Surgery, Vascular Surgery, Rheumatology.

Low Volume/High Cost including Invasive Cardiology.

Low Volume/Low Cost including Eye Surgery/Vitreotomy, MOHS Surgery, Oral Surgery

Administrative Services