

JOSEPH WILLIAMS, RN, BSN, MPM, ACTING DEPUTY UNDER SECRETARY FOR
HEALTH FOR OPERATIONS AND MANAGEMENT, VETERANS HEALTH
ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF

JOSEPH WILLIAMS, RN, BSN, MPM

ACTING DEPUTY UNDER SECRETARY FOR HEALTH FOR

OPERATIONS AND MANAGEMENT

VETERANS HEALTH ADMINISTRATION

DEPARTMENT OF VETERANS AFFAIRS

WITH Lawrence Biro, Network Director, VA Southeast Network VISN 7 and Ms. Rebecca

Wiley, Director of the Charlie Norwood (Augusta) VA Medical Center

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

AUGUST 26, 2009

Mr. Chairman and Members of the Committee, thank you for the opportunity to appear before you today to discuss Department of Veterans Affairs (VA) health care and facility issues in Georgia. I am accompanied today by Mr. Lawrence Biro, Network Director, VA Southeast Network (Veterans Integrated Service Network [VISN] 7) and Ms. Rebecca Wiley, Director of the Charlie Norwood (Augusta) VA Medical Center (VAMC).

Today, my testimony will address the process by which VA determines where to build new community-based outpatient clinics (CBOC), how such clinics are built, and the services they provide. It will also discuss how VA provides care to Veterans in Georgia. Thank you for providing this opportunity to address these important issues and for your continued support of America's Veterans.

Community-Based Outpatient Clinic Selection Process

VA determines its health care and benefits infrastructure requirements through a strategic planning process that is closely linked to the Department's mission and goals. VA is committed to further improving access to health care for Veterans, including Veterans in rural areas, by comprehensively evaluating demographics in a given market, determining the clinical need for services in the area, and then aligning capital investment strategies to meet the health care needs of Veterans in the area. VA carefully analyzes utilization trends, Veteran Population (VetPop) data, and enrolled users to ensure that the appropriate mix of services is available to meet the needs of local Veterans. Over the last decade, CBOCs have shown to be effective in improving access to care for Veterans and providing high-quality care in a cost-effective manner. The Veterans Health Administration (VHA) plans to continue meeting the comprehensive health care needs of Veterans nationwide, by establishing new CBOCs, outreach clinics, mobile clinics, utilizing state of the art technology to bring care closer to the Veteran's home, and using community resources when clinically necessary. By the end of fiscal year (FY) 2010, VA plans to operate 833 CBOCs, 78 more than were active in FY 2008.

CBOCs are developed through a methodology that partners VA's Central Office and VISN staff. This allows decisions regarding CBOC needs and priorities to be made in the context of current and future local market circumstances. The methodology evaluates the convergence of geographic access as measured by drive-time guidelines for primary care services and projected demand for primary care and mental services. The methodology drives the initial step in VHA's national CBOC deployment plan. Comprehensive business case applications are submitted that provide several alternatives (including renovation of an existing facility, construction of a new facility, procuring a lease, or contracting with community resources) to address any health care gaps.

Once the analysis is completed and access gaps are identified, VISNs will determine if a CBOC will best meet the needs of Veterans in the area. The VISN will submit a Business Plan for the CBOC to VA's Central Office for review by a panel of experts. This review considers the following criteria:

- Quality and need of the proposal
- Location in a market not meeting VA Access Guidelines
- Quantity of users and enrollees
- Market penetration
- Unique considerations, including whether the proposal improves access for minority Veterans, overcomes geographic barriers, or reaches out to medically underserved areas
- Cost effectiveness and
- Impact on waiting times

VA uses both the VA personnel management model and contracting operation management model to staff CBOCs. The VA personnel management model ensures direct accountability of staff to VA managers, direct coordination of care and services with other VA programs, delivers efficient records management compliance, DoD and VA collaboration, and education and teaching opportunities. The contract operations management model is used generally in areas where the Veteran population is small, particularly in rural areas. The contract operation model must meet VA's quality and patient safety standards and is cost effective because it allows VA to take advantage of existing community services.

VISN Support in Georgia

Georgia is supported by two VISNs: VA Southeast Network (VISN 7) and VA Sunshine Healthcare Network (VISN 8), although the latter extends only into the southeastern portion of the state. VISN 7 provides services to Veterans in South Carolina, Georgia and Alabama. There were an estimated 1.46 million Veterans living within the boundaries of VISN 7 in FY 2008, and 457,349 Veterans were enrolled in VA for health care.

VISN 7 includes eight VA medical centers or health care systems based in Augusta, GA; Atlanta, GA; Dublin, GA; Charleston, SC; Columbia, SC; Birmingham, AL; Tuscaloosa, AL; and the Central Alabama Veterans Health Care System (locations in Montgomery, AL and Tuskegee, AL). In FY 2008, the Network provided services to about 328,000 out of more than 457,000 enrolled Veterans. There were about 3.56 million outpatient visits and 30,335 hospital inpatient discharges. The cumulative full-time employee level was 12,678, and the operating budget was about \$2.1 billion.

Six of our VAMCs or health care systems have robust research programs, and each has been fully accredited by the Association for the Accreditation of Human Research Protection Programs (AAHRPP). These facilities also have their own research compliance officer. Some highlights of the research being done in VISN 7 include a VA Rehabilitation Research Center of Excellence in Atlanta and Geriatric Research Education and Clinical Centers in Atlanta and Birmingham. Specialty services are available at a number of our facilities. For example, both Augusta and Birmingham offer Blind Rehabilitation Services; Augusta is home to a Spinal Cord Injury (SCI) program; Central Alabama, Tuscaloosa, Atlanta and Birmingham offer Residential Rehabilitation Treatment Programs; Augusta, Central Alabama and Dublin provide domiciliary support; and all VA medical centers in VISN 7 have women Veterans' programs. Access to care is a priority in VISN 7, and between FY 2009 and FY 2010, we are opening four new CBOCs in Georgia alone.

Georgia Health Care Facilities

Georgia is home to three VA medical centers: Augusta, Atlanta, and Dublin. The Atlanta facility employs approximately 2,500 full-time employees and served more than 65,000 unique patients in FY 2008, more than 3,500 of whom served in Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF). Augusta employs more than 2,100 people, serves more than 38,000 unique patients, and provided care to 2,400 OEF/OIF Veterans in FY 2008. Dublin, which has been designated a rural access facility, employs approximately 850 full-time employees and served approximately 28,500 Veterans (including over 1,600 from OEF/OIF) in FY 2008. The three facilities provided approximately 660,000, 360,000, and 190,000 outpatient visits respectively.

There are currently 15 active CBOCs and primary care clinics in Georgia, and four more are scheduled to open by the end of FY 2010. The Committee has expressed interest in two specific CBOC projects: Brunswick and Hinesville. The Brunswick CBOC is currently in the lease advertisement process for clinic space. VA will evaluate offers received which will include site selection. Proposals were due by July 31, 2009, and VA is reviewing these responses. VA currently expects to open the clinic in February 2010.

Regarding the Hinesville market area, VA has a space plan under review by VA Real Property Service that will likely require approval by the Secretary. VA currently estimates the Hinesville CBOC will be activated in October 2011.

Conclusion

In summary, with the support of the Senate Committee on Veterans' Affairs and the Georgia Congressional delegation, VA is meeting the health care needs of Veterans in the area. Again, Mr. Chairman, thank you for the opportunity to testify at this hearing. My colleagues and I are available to address any questions you may have for us.