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Changes coming to veterans hospitals?

By Jennifer Calhoun, Staff writer

A recent brouhaha over closing the emergency room at Salisbury's Veterans Affairs hospital has some critics worried that unwarranted changes could be coming to veterans' health care.

In September, the Salisbury hospital planned to eliminate its emergency, inpatient and surgical services.

Under the proposal, veterans needing emergency services would be directed to local hospitals on a fee-for-service basis, while others would be directed to the VA's new outpatient facilities in Charlotte and Winston-Salem.

Salisbury would retain its mental health and long-term care services, and the emergency room would be turned into a 12-hour urgent-care center.

The plan is part of a national movement to shift the VA's focus from inpatient to outpatient care, reduce delays in care and cut back on costs, according to James Peake, secretary of Veterans Affairs.

This month, however, communitywide protests in Salisbury forced VA officials to put the plan on hold until 2013.

Critics said the loss of the Salisbury emergency room would hurt veterans, who would pay more for emergency services, while clogging up busy, private hospital emergency rooms that don't specialize in veterans' health issues.

Essie Hogue is president of the regional chapter of the American Federation of Government Employees. Hogue said the VA knows the specific health-care needs of veterans, and private hospitals do not.

Veterans would also have to pay for services they once got for a mere copay, she said.

Dr. Dave Rainey, spokesman for the the VA's Mid-Atlantic network, said the changes would help, not hurt, veterans.

The Mid-Atlantic network covers eight hospitals, including Salisbury and Fayetteville, as well as six other VA medical centers and 16 community-based outpatient centers.

Rainey said the proposed changes are a cost-effective way to expand health care and localize emergency room services, while eliminating waste in the form of underused facilities.

This year, between 10 and 15 surgeries have been performed at the Salisbury hospital, Rainey said.

"It's a relatively small number of vets that can be affected," he said.

Still, the Salisbury emergency room had 21,000 visits last year and is considered the leading care center in the Mid-Atlantic network. The hospital serves about 62,000 of the network's 318,000 patients, Rainey said.

But only 10 percent of the emergency room visits were true emergencies — a problem private, not-for-profit hospitals are also struggling with as patients continue to use the emergency room for many of their health-care needs.

“On one hand, we have a \$1.8 billion budget,” Rainey said. “That’s taxpayer money, and it has to be spent effectively, by making plans in the short term and the long term. That’s the business case for what we plan there in the Salisbury VA.”

But the VA also looks at the problem in terms of compassion for its veterans, Rainey said.

It’s one of the reasons the protests helped stave off the emergency room closure in Salisbury. At least for now.

‘Enhancing’ services

Rainey said the VA will use the next five years to educate veterans on the changes.

One of the educational tools is a 24-hour call line where veterans can find out about their benefits in private settings, he said.

In the meantime, VA services in the Mid-Atlantic region will continue to expand.

The Jacksonville outpatient VA clinic has already been expanded, and the Wilmington outpatient clinic is also expected to grow during the next few years. A new clinic was added in Hamlet, and another is set to open in Lumberton in September.

With more outpatient clinics, and localized emergency room care from private hospitals, the change is expected to help veterans receive quicker, more localized service.

“We’re not taking it away,” Rainey said. “We’re enhancing it.”

The Fayetteville VA Medical Center is also expected to expand, officials said.

In a written response, VA officials said that Fayetteville was “awaiting the award of a construction project to improve workflow efficiency and patient privacy in the emergency and outpatient departments. The project will improve our ability to treat our veterans. There will be no reduction in services.”

Still, change could come to the VA in the form of a new White House administration. President-elect Obama recently appointed Gen. Eric “Ric” Shinseki to secretary of Veterans Affairs. Shinseki, former chief of staff for the Army, will replace Peake.

Tommy Vietor, a spokesman for Obama’s transition team, said future plans for the VA hospitals haven’t been formulated yet.

But while Obama campaigned, he promised to expand VA centers across the country and allow all veterans access to services. He also proposed to increase funding for VA medical care and make improvements to claims processing and procedures.

Vietor said Shinseki would make his own recommendations sometime after the inauguration on Jan. 20.