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Network Director

Testimony for CARES Hearing
Cheyenne, Wyoming
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Chairman Alvarez and Mr. Colley, thank you for this opportunity to speak to you today about the proposed CARES market and sub market plans that address veterans healthcare in Wyoming.

As you know, I am in my third day as Network Director for VISN 19, the Rocky Mountain Health Care Network, and on my first-ever trip to Wyoming. Still, I have had time to review the recommendations for the Wyoming market, visit the Cheyenne facility, and talk with several individuals who have an interest in the delivery of health care to veterans in Wyoming.

In the short time that I have been in Wyoming, I have learned that we have several challenges to meet in providing care to veterans in the state. The one most obvious to me is the vast distances we must deal with in providing reasonable access to care. Any CARES plan must address these challenges.

First, let me begin by providing you an overview of how I will meet the mission of the Veterans Health Administration to provide medical and social services to the veterans of Wyoming.

I begin by making three promises:

- The quality of the care veterans receive in VISN 19 will be second to none
- We will maintain and expand services throughout the network
- Each and every veteran will be *personally* satisfied with the care received

The accomplishment of our mission to deliver medical and social services, and the fulfillment of my three promises will lead to the outcomes we all seek when we use any health care system. Wyoming veterans, our patients, will have improved quality of life. They will be able to do more. They will be personally satisfied with the services that we provided them.

Our veterans will be happier individuals as a result of their interaction with our health care system.

Everything we do in VISN 19, including implementing CARES market plans and recommendations must also assist in fulfilling those three promises.

Given my short tenure in the position, I will have the leadership and staff of VISN 19 who have worked with VHA leadership in developing the marketing plans for Wyoming review them with you. Dr. Ken Maffet, Deputy Network Director will be the presenter.

In closing, I would also ask you, the Commissioners, to help ensure that the actions we take as a part of the CARES process ensures these three promises are met.

- The quality of the care veterans receive will be second to none.
- We will maintain and expand services
- Each and every veteran will be personally satisfied with the care they received

I will be glad to answer any questions that you may have concerning the planning initiatives and how they will impact the delivery of care in the Network.

**NETWORK PANEL STATEMENT
ROCKY MOUNTAIN NETWORK
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
CARES COMMISSION
ON
WYOMING STATE MARKET PLANS**

OCTOBER 23, 2003

Introduction---Dr Ken Maffet

Mister Chairman and members of the CARES Commission, I am pleased to be here today to discuss the CARES market plans for the Southeastern Wyoming sub market, part of the Eastern Rockies Market and the Wyoming Market. These markets are part of the Rocky Mountain Network, the largest network in the 48 contiguous states spanning nearly all counties in four western states: Colorado, Montana, Utah and Wyoming with counties in an additional five states: Idaho, Kansas, Nebraska, Nevada and North Dakota. This large geographical area of approximately 450,000 square miles is served by 5 markets.

Within the five network markets, there is marked variation in the increases in outpatient and inpatient demand, so the network plan to meet CARES projections is market based.

It is important to realize that the Wyoming markets are frontier in regard to population. We support national access standards, but the present standards do not meet the needs for improving access in rural and frontier markets. For some areas within our network we may never be able to meet these standards due to great distances and dispersion of veterans across these great distances.

SOUTHEASTERN WYOMING SUB MARKET

The Southeastern Wyoming sub market comprises five counties in southeastern Wyoming, six counties in northern Colorado and six counties in southwestern Nebraska. The Cheyenne VAMC is the only VA medical center in the sub market. There are also three community based outpatient clinics: two in Colorado and one in Nebraska.

CARES access standards are not being met for primary and hospital care in this sub market. Primary care access is currently at 69% with the access standard at 70%, but ten of seventeen total counties do not meet access standards; current hospital access is 52% where the CARES standard is 65%. The CARES standard for tertiary care is being met.

CARES market projections indicate a 101% increase in outpatient specialty care demand by 2012, dropping to an 88% increase by 2022.

These projections result in two planning initiatives: outpatient specialty care as part of the entire Eastern Rockies market and small facility review.

Market resolutions to planning initiative gaps—

Primary care access standards could be met with the proposed Rawlins, Wyoming and Sterling, Colorado community based outpatient clinics.

The market wide planning initiative for outpatient specialty care will be met in part through a combination of renovation and new construction at the Cheyenne VAMC.

A small facility review indicated that Cheyenne VAMC acute hospital beds would be retained and that Cheyenne would function as a Critical Access Hospital-like model. As required, a thorough review of the scope of surgery

and the utilization of ICU beds will be accomplished as is done with all our facilities to assure quality of healthcare.

The Cheyenne surgical program continues to produce excellent outcomes as shown by National Quality Improvement Program data. Surgical care access has recently been improved through inclusion of an orthopedic program. The quality of medical care at the Cheyenne VAMC is also demonstrated by its affiliation with the University of Wyoming College of Health Sciences in providing rotations for their medical residents.

WYOMING MARKET

The Wyoming market consists of all of central and northern Wyoming. The Sheridan VAMC is the sole VA medical center in the market. There are four community-based clinics located throughout northern and central Wyoming.

CARES access standards are not being met in any care category in this market. Primary care access is currently at 67% with the access standard at 70%; current hospital access is 34% and tertiary care access at 1%. The CARES access standard for both is 65%.

CARES market projections show an 88% increase in outpatient specialty care demand in the Wyoming market by 2012, dropping to a 51% increase by 2022.

These projections result in one planning initiative: outpatient specialty care.

Market resolutions to planning initiative gaps—

Primary care access standards can be reached with the modest expansion of existing community based outpatient clinics. Hospital and tertiary care access will continue to be met through access to existing Cheyenne, Denver and Salt Lake City services. We believe a better alternative that improves access to hospital and tertiary services is to purchase care in Wyoming as proposed originally for the Wyoming market but not included in the national plan.

The outpatient specialty care demand in the market will be met through contractual arrangements with local providers. This allows the flexibility to provide care at multiple sites, closer to veteran's homes and can be adjusted to meet fluctuating demand in each location.

Summary

In summary, access will be improved in these markets with placement of the two new community based outpatient clinics in Rawlins, Wyoming and Sterling, Colorado and with modest expansion of existing clinics in northern and central Wyoming. Hospital and tertiary care access can be improved first through selected purchase of care in the state, as well as continued referral to our tertiary facilities when appropriate for the veteran's care.

Gaps in outpatient specialty care will be met through a combination of renovation and new construction at the Cheyenne VAMC and through contractual arrangements in northern and central Wyoming.

Service to veterans is expanded in both of these market plans to meet our commitment to serve the needs of veterans.

Thank you for the opportunity to present these two market plans this afternoon.