

**NETWORK PANEL STATEMENT
ROCKY MOUNTAIN NETWORK
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
CARES COMMISSION
ON THE
EASTERN ROCKIES, GRAND JUNCTION AND
WESTERN ROCKIES MARKET PLANS**

SEPTEMBER 22, 2003

Introduction---Dr Ken Maffet

Madam Chairman and members of the CARES Commission, I am pleased to be here today to discuss the CARES market plans for the Eastern Rockies, Grand Junction and Western Rockies Markets. The Rocky Mountain Network is 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.

CARES Network Data

CARES data show a total of 164,392 veterans enrolled in the Rocky Mountain Network in 2001. This is projected by CARES to increase by 13% by the year 2012, declining to a 10% increase by 2022. As a result, outpatient stops are expected to increase in the network from the 2001 base year by 39%, receding to a 28% increase by 2022.

Bed days of care increase 6% by 2012. By 2022, they decrease by 7%.

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.

EASTERN ROCKIES MARKET

The Eastern Rockies market comprises about two thirds of the land area of Colorado plus the southeastern portion of Wyoming. It also includes seven counties in Kansas and six counties in Nebraska. Two VA medical centers are located in the market at Denver, Colorado and Cheyenne, Wyoming. There are also ten community based outpatient clinics placed in key areas throughout Colorado and in Nebraska as shown on the network map in your book.

CARES access standards are being met for primary care and tertiary care, but not for hospital care, which remains at 11% below standard.

CARES market projections indicate a 95% increase in outpatient specialty care demand in the Eastern Rockies market by 2012. This is reduced to a 74% increase by 2022. Outpatient primary care projected demand increases reach 51% by 2012, receding to a 26% increase by 2022. Inpatient medicine projections indicate a 44% increase in bed days of care demand by 2012, dropping to a 19% increase by 2022.

These projections result in four planning initiatives: outpatient specialty care, outpatient primary care, inpatient medicine and small facility review.

Market resolutions to planning initiative gaps—

Access standards will be reached with the plan to purchase inpatient hospital care through a sharing agreement with Department of Defense facilities in El Paso County.

Planning initiatives for outpatient specialty care, outpatient primary care and inpatient medicine will be met by building a replacement Federal facility in Denver on the old Fitzsimons Army campus. The University of Colorado is in the process of moving their medical school and hospital complex to this site. The University expects to have construction completed by 2007. Placement of the Federal facility will eliminate the gaps for these initiatives

and provide options for meeting expected nursing home demand. This will also continue the close affiliate relationship VA has with the University.

A new 30-bed Spinal Cord Injury Center will meet expected demand for SCI care. The Federal facility will be constructed as a joint venture with the Department of Defense to help also meet the needs of Buckley AFB. Two new community based outpatient clinics in Sterling, Colorado and Rawlins, Wyoming have been proposed to accommodate outpatient primary care demand.

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.

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

GRAND JUNCTION MARKET

The Grand Junction market consists of about one third of the state of Colorado and two large counties in Utah. The Grand Junction VAMC is the sole VA medical center in the market. There is one community based outpatient clinic located in Montrose, Colorado about 70 miles southeast. Grand Junction VAMC has been the recipient of two major awards. The hospital received the Carey Award in 1999 and the Presidential Quality Award in 2001 competing among all federal agencies for the facility that most exemplifies continuous quality principles and improvement.

Access for patients to primary and tertiary care in the market were slightly less than CARES standards.

CARES market projections show a 50% increase in outpatient specialty care demand by 2012, dropping to a 20% increase by 2022.

These projections result in two planning initiatives: outpatient specialty care and small facility review.

Market resolutions to planning initiative gaps—

Access standards will be reached with the plan to purchase some services in the local Grand Junction community.

The outpatient specialty care planning initiative will be met through a combination of renovation of existing space and new construction. This will allow ambulatory surgery to be relocated and sufficient space to accommodate the expected demand in outpatient specialty care.

A small facility review indicated that Grand Junction VAMC acute hospital beds would be retained and that Grand Junction 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.

The Grand Junction surgical program continues to produce excellent surgical outcomes as shown by National Surgical Quality Improvement Program data.

WESTERN ROCKIES MARKET

The Western Rockies Market comprises all but two counties of the state of Utah, southwestern Wyoming, Southeastern Idaho and two large rural counties in Nevada. The Salt Lake City VAMC is the only VA medical center in the market. The system also contains nine community based outpatient clinics located throughout the market in Idaho, Nevada, Wyoming, and Utah as shown on the network map in your book.

Access standards for primary, hospital and tertiary care are being met in the market area.

CARES market projections show an 83% increase in outpatient specialty care demand by 2012, dropping to a 54% increase by 2022.

These projections result in a single planning initiative: outpatient specialty care.

Market planning initiative resolutions—

Although West Valley City CBOC was not included in the first tier of the national plan, its approval is important for meeting this planning initiative. This CBOC would only be 4 miles from the hospital and not a new access point. But, it would allow us to open space within the Salt Lake City VAMC to begin to meet expected specialty care demand at the hospital. Without approval, a major construction project would be needed to meet outpatient specialty care needs. Two additional community based outpatient clinics are proposed to also help accommodate demand. They would be located at Afton, Wyoming and Elko, Nevada.

Summary

In summary, access will be improved to meet CARES access standards in these markets by contracting for hospital care in El Paso County and Grand Junction, Colorado. New community based outpatient clinics have been proposed in Sterling, Colorado; Elko, Nevada; West Valley City, Utah and Afton and Rawlins, Wyoming, but none are approved in the first tier of the national plan.

Gaps in outpatient primary, outpatient specialty, and inpatient care will be met by construction of the replacement Federal facility in Denver and renovation and new construction in Grand Junction and Salt Lake City. Approval of the West Valley City CBOC is necessary to begin to meet demand at the lowest cost.

Small facility review indicated that the Cheyenne and Grand Junction VAMCs would retain their acute beds and be designated Critical Access Hospital-like models. ICU beds utilization will be reviewed and the scope

of surgical procedures including program quality and efficiency will be reviewed.

We recognize that all in the CARES plan cannot be accomplished in the short term. The network has the following top three priorities:

1. Construction of the new Federal facility in Denver.
2. Evaluation of the two small facilities in Cheyenne and Grand Junction to demonstrate that the quality of care at these facilities is excellent.
3. Establish the West Valley City CBOC to begin to provide sufficient space for projected specialty care demand at the SLCVAMC through the least costly option.

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

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