

*VANCOUVER*

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**Director, VISN 20**  
**Testimony before the VA CARES Commission**  
**Friday, September 26, 2003**

Members of the CARES Commission, on behalf of the Directors seated before you, the 7,900 employees they represent, and the more than 190,000 veterans they serve, welcome to the Pacific Northwest and the Northwest Network, VISN 20. We are pleased to have the opportunity to speak with you this morning. Please allow me to introduce the Directors and Deputy Directors from our 8 facilities. Mr. Tim Williams, Director of the VA Puget Sound Health Care System, that includes both the Seattle and American Lake Divisions, and the VA Medical Center in Walla Walla, WA; Mr. Bruce Stewart, deputy Director for Walla Walla; Mr. Joe Manley, Director, Spokane VA Medical Center; Mr. Alex Spector, Director, Anchorage, AK, VA Medical Center; Mr. Wayne Tippets, Director, Boise VA Medical Center; Dr. Jim Tuchschnldt, Director, Portland VA Medical Center that includes the Vancouver, WA, Division, and the Southern Oregon Rehabilitation Center and Clinics (SORCC) in White City, OR; Dr. Max McIntosh, Deputy Director, at SORCC; and Mr. George Marnell, Director, VA Roseburg Health Care System.

#### **Outline for Presentation**

In my remarks this morning, I will.....

- give you a brief description of the Northwest Network, and the 5 markets.
- briefly mention the CARES projections,
- discuss the process that was employed in developing the market plans,
- present to you our recommendations and initiatives.

#### **Introduction to VISN 20**

VISN 20 is comprised of the states of Alaska, Washington, Oregon, and much of Idaho, and serves some patients from northern California and western Montana. With the geographic expanse of our nation's 49th state, our network encompasses 23% of the land mass of the United States (Figure 1).

## VISN 20 Comprises 23% of the Land Mass of the United States

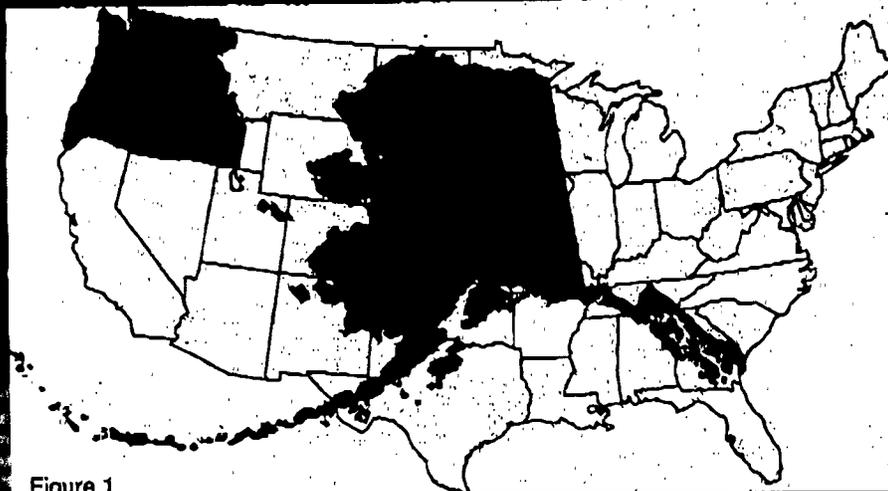
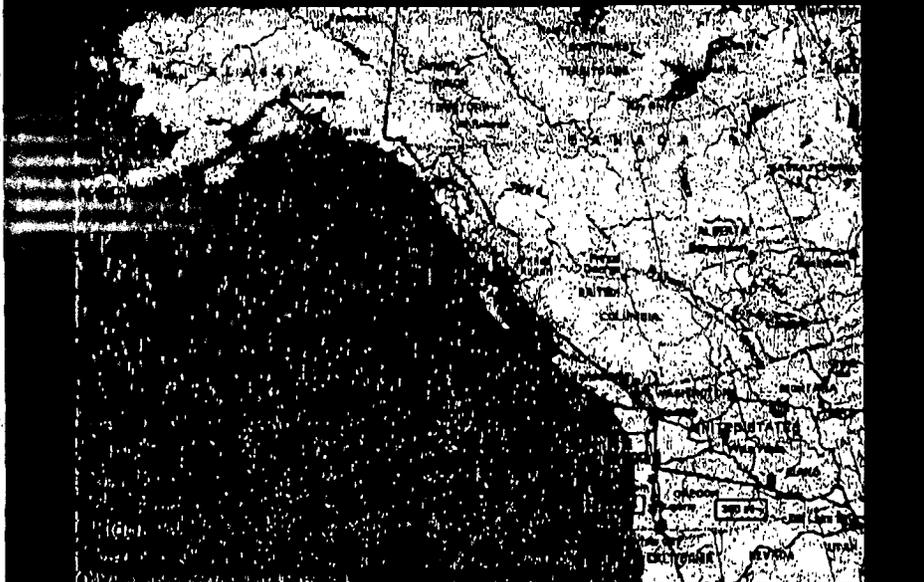


Figure 1

This presents many challenges to us, in that many of our patients must travel great distances for hospitalization and tertiary care, and even primary care. Distances between our facilities are measured in hundreds of miles (Figure 2).

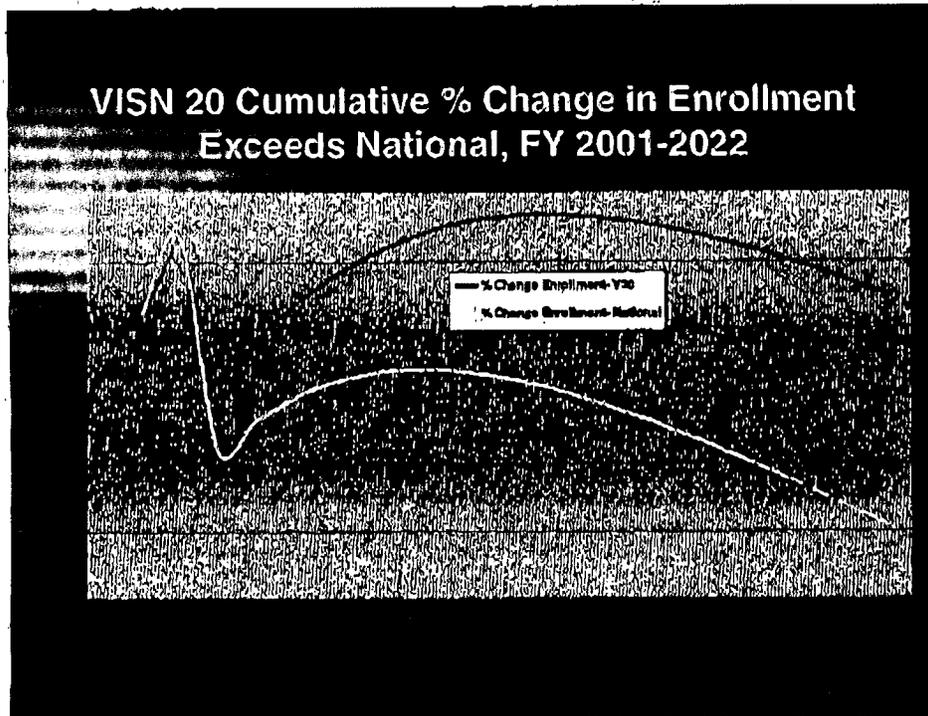
## The Distances Between VISN 20 Facilities are Great



This has been the impetus for us to foster innovation with the use of the electronic medical record and especially telemedicine/telepsychiatry, not only for communication among staff, but more importantly, for providing health services in such areas as dermatology, cardiology, mental health, spinal cord injury, and geriatrics. As the number

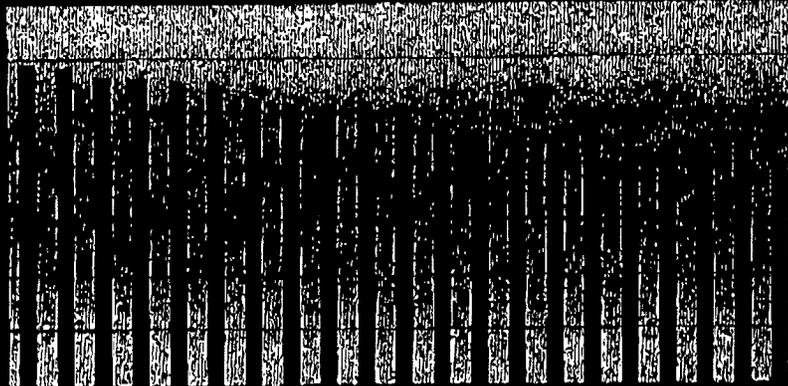
of veterans we serve continues to grow in our mostly rural network, we will continue to be challenged with how best to provide care.

I would like to point out a few other characteristics of our demographics. One is that while enrollment for veterans in VHA across our nation is projected to decrease by 2022, VISN 20 enrollment, after a slight decrease in FY04, will increase such that in 2022, it will be significantly higher than currently (Figure 3).



Second, is that our veterans are somewhat younger, i.e., approximately 40% of those veterans we are currently serving are age 65 and older.

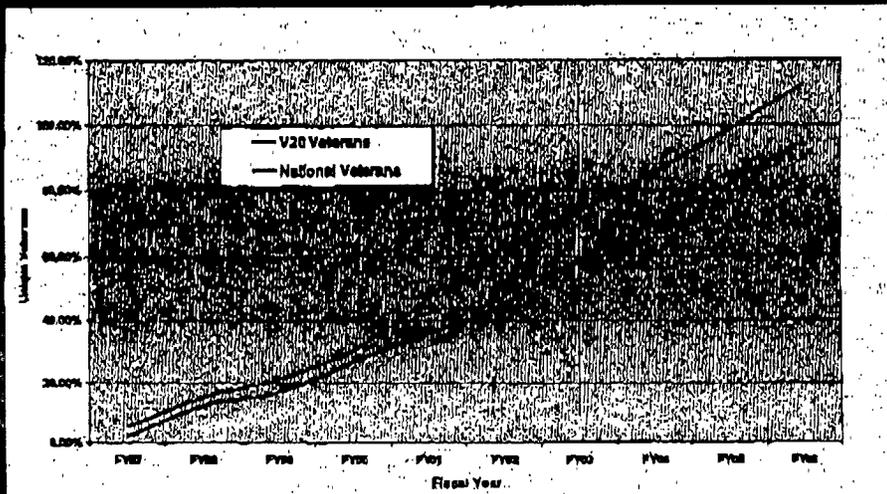
### VISN 20 is the Youngest VISN, FY 02



Hence, the demands for geriatric and long term care, already of significance for us, will substantially increase over the next 20 years.

Third, as a network, our overall work, as measured by the number of unique veterans served, will increase by 50% by the end of this fiscal year (Figure 4), and with current projections, will double in the next decade.

### VISN 20 Cumulative % Veteran User Growth Matches National Trend



Fourth, while we have opened several Community Based Outpatient Clinics since 1997, the functional status of many of our buildings has not kept pace with the demand for services. Two-thirds of our buildings are over 50 years old (Figure 5),

### 67.5% of VISN 20 Buildings >=50 Years Old

Market & Facility	# Buildings	Total Sq Ft	Age of Buildings			
			>= 100	50 - 99	25 - 49	0 - 24
Alaska Market						
Alaska VAHS&RO	5	58,400	0	0	0	2
Inland South Market						
VAMC Boise	35	419,367	5	12	6	13
Inland North Market						
VAMC Walla Walla	20	346,811	9	19	0	0
VAMC Spokane	14	284,385	0	0	9	5
South Cascades Market						
VAMC Portland						
Portland Division	11	1,006,673	0	3	0	8
Vancouver Division	53	575,176		40	0	10
VA Horeburg HCS	40	380,826	0	21	4	15
VA SONCC	62	694,431	0	53	7	2
Western Washington Market						
VA PSHCS						
Seattle Division	18	1,706,658	0	3	5	10
American Lake Division	60	537,317	0	52	3	5
<b>Total for VISN 20</b>	<b>326</b>	<b>6,210,151</b>	<b>14</b>	<b>206</b>	<b>36</b>	<b>70</b>

Data Source: VISN 20 Building Summary, Space and Functional Database, 7/03.

and 33 of our buildings, of 73 in all of VHA, are seismically unsafe (Figure 6).

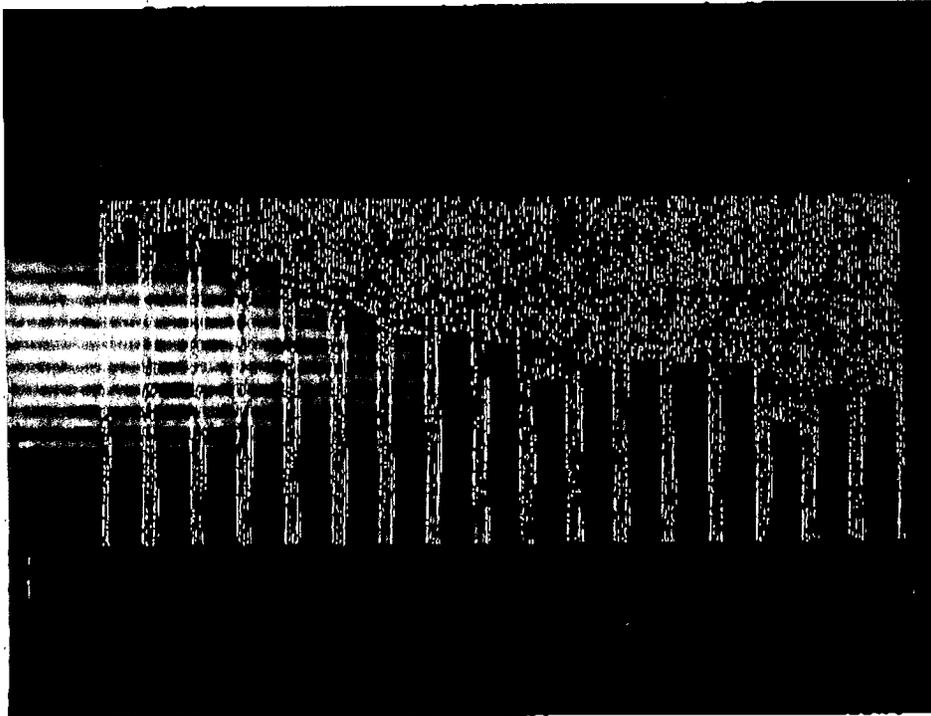
### 45% of VHA's Exceptionally High Risk Seismic Buildings Are in VISN 20

VISN 20 Facility	Seismicity (VA Definition)	Exceptionally High Risk Buildings	Expected Result of Major Seismic Event		
			Danger of Collapse	Heavily Damaged	Damaged
American Lake	High	7	2	5	0
Anchorage	Very High	1	0	1	0
Boise	Medium - High	0	0	0	0
Portland	High	4	0	4	0
Roseburg	High	2	0	2	0
Seattle	Very High	1	0	0	1
Spokane	Medium - High	0	0	0	0
Walla Walla	Medium - High	0	0	0	0
White City	High	13	17	0	1
<b>VISN 20 Total</b>		<b>33</b>	<b>19</b>	<b>12</b>	<b>2</b>
<b>VHA</b>		<b>73</b>			

**NOTES:**  
 Translation to Uniform building codes: Very High = Zone 4; High = Zone 3; Medium - High = Zone 2b  
 VHA does not classify buildings in Medium - High seismicity areas as exceptionally high risk. The seismically deficient buildings are classified as high risk.

Although VISN 20 has made a concerted effort to renovate facilities at the Boise, Spokane, American Lake, Seattle, Vancouver, and Roseburg campuses using the minor construction program, significant issues remain and must still be addressed.

Hence, for the foreseeable future, and the point I wish to emphasize, is that our greatest challenge will be to continue delivering efficient, quality health services to an ever growing population of veterans across a very large geographic area. Finally, I would like to highlight that VISN 20, at the present time, has the largest waiting list of the 21 networks (Figure 7), despite the fact that we have taken over 40,000 veterans off the waiting list since July of last year, and are first in growth in VHA this year at 10%.



The reasons for this are clear:

- ✓ The Pacific Northwest continues to have the highest unemployment in the nation (Oregon, highest at 8.1%, Alaska second at 7.9%, and Washington third at 7.5%; national average 5.6%).
- ✓ The states of Oregon and Washington are in dire budgetary straits, which has resulted in the discontinuation of health services to many of its citizens.
- ✓ Medicare HMOs in Oregon and Washington have dis-enrolled thousands of people;
- ✓ VISN 20 leads the nation in Category 1 veterans, hence more of our patients either have service connected conditions or have few or no alternatives for health care.

### **CARES Projections**

CARES projects significant increases in the demand for primary care as well as hospitalization and tertiary care in each of our markets. We have already learned,

having grown by 50% in unique patients in recent years, and having opened several CBOCs, that patients new to our health care system bring with them a large number of specialty care needs that is already stressing our inpatient and tertiary care facilities. This is further complicated by the 16% of our patients who receive their primary care at a CBOC, often hundreds of miles from their parent facility and from tertiary care. In response to these needs, we plan to expand our use of telecommunication and other efficient and innovative ways to deliver services, as well as to open or expand our portals of entry into our system, i.e., primary care, as well as to expand tertiary care outpatient services at each of our facilities, and both outpatient specialty care and inpatient tertiary care at Portland and Seattle. When demographic data becomes available, we would anticipate similar increases in the need for long term care and mental health services across the network.

### **VISN 20 Markets**

As you know, we have divided our network into 5 markets, one for each of the states of Alaska and Oregon; one for Western Washington; one named Inland North, that incorporates patients served predominantly from eastern Washington, and some patients from Idaho and Oregon; and one named Inland South, that incorporates patients from the Boise area, and some from southeast Washington and eastern Oregon. With but two tertiary care medical centers, at Portland and Seattle, we use a hub and spoke model to deliver the full spectrum of health services. For the most part, the Oregon market relies on Portland for tertiary services, while the other markets rely on Seattle. There is obviously some overlap, and providing care under contract and fee is a critical component in all our markets. We continue to become more integrated as a network, not only in providing clinical care, but in administrative functions as well.

### **VISN 20 CARES Planning Process**

In accordance with guidance from Central Office, we have endeavored to engage our staff, our patients, and our stakeholders, in the CARES process. This has occurred both at the facility and the VISN level. The VISN's Management Advisory Council, with membership that includes union representatives, Veterans Service Organizations, University and other affiliates, the 4 state Departments of Veterans Affairs, regional VBA and NCA leadership, and others, have all participated and contributed to the process. As we have been asked by Central Office to consider realignment of 4 of our 10 campuses, there has been considerable political interest, both at the local and federal level. We have worked diligently to keep all our stakeholders informed as this process has unfolded. We are currently responding to Central Office's request to consider realignment for the White City, OR; Vancouver, WA; and Walla Walla, WA, campuses.

### **VISN 20 Planning Initiatives**

#### **Alaska Market**

I would like to highlight the major recommendations in each of our markets. Our Alaska facility, in addition to providing outpatient and domiciliary care in the Anchorage area, coordinates the care for veterans across the great expanse of the state. It has outgrown the space that it currently leases, and a major construction project to erect a facility that is collocated with its *Joint Venture Air Force partner*, and from whom they receive hospitalization and share a host of other specialty care and administrative services, is key to the facility's ability to provide services and orchestrate the care throughout the state. *It is critical that the Anchorage VA facility construction*

**project stay on course**, as the lease for the space currently occupied is due to expire in FY07. The Anchorage facility is a major participant in the Alaska Federal Health Partnership with DOD and IHS.

### **South Cascades (Oregon) Market**

The Oregon market presents several challenges. Key among them are accommodating its rapid growth, expanding its limited tertiary care capability in Portland, which is already experiencing significant problems, and resolving the issue of delivery of health services in the southwest portion of the state. The Portland facility must decompress an overcrowded campus that has little ability to expand, and has a well thought out plan to move primary care services off the main campus with, ultimately, 4 metropolitan CBOCs, 1 of which currently exists, and 2 of which have recently been approved by Central Office, and then expanding inpatient and outpatient specialty care at the Portland campus. As you know, Portland has been asked to evaluate alternatives to providing ambulatory and inpatient services on *its Vancouver campus, a campus that is a key component to decompressing and expanding Portland's specialty and tertiary care capability that supports all of Oregon*, and to a limited extent, facilities in eastern Washington and Idaho as well. The master plan for the Vancouver campus has, in the past decade, seen the building of VHA's very first Enhanced Use Lease for a SRO (Single Room Occupancy) transitional housing unit that serves hundreds of veterans; an ambulatory care unit; a 72 bed rehabilitation unit; and most recently, an administrative and support building. There is currently a plan for a transitional lodging unit to house the many patients and family members who participate in the Portland organ transplant program (liver and kidney), and a plan for an *Enhanced Use Lease with Clark County* to erect a 4-story multi-purpose building on 6 acres, that will, likewise, provide services to many veterans as well as administrative space for the network office and other VA functions. You are also aware that we have been asked to re-evaluate how best to provide ambulatory care in the Medford/White City, southern Oregon area, and how best to provide the full spectrum of bio-psychosocial rehabilitation services to hundreds of veterans from across the network and from elsewhere in the country. That evaluation is ongoing. At the VA Roseburg facility, in cooperation with the National Cemetery Administration, we are planning to make at least 16 acres of land available to expand the existing Roseburg National Cemetery.

### **Western Washington Market**

The western Washington market has challenges similar to those in Portland, i.e., a current and projected marked increase in the demand for outpatient specialty care and inpatient tertiary care on a campus that has limited room to expand. Solutions include renovation, contracting, and partnering with affiliates and other federal agencies. There is also a need for significant improvements to the research component in Seattle, which is one of the VHA's largest and best. *Opportunities to partner with the Department of Defense in the south Puget Sound area* cry out to be accomplished. The VA campus at American Lake in Tacoma, WA, and the Madigan Army Medical Center on Fort Lewis, WA, are 5 miles and 15 minutes apart. There are literally tens of thousands of VA and DOD beneficiaries in south Puget Sound, many dual eligible. Partnering to provide medical and surgical outpatient and inpatient care, emergency medical care, mental health services, geriatrics, gynecology services, pharmacy, radiology and laboratory services, are just some of the many opportunities that exist. The VA Puget Sound Health Care System and Madigan Army Medical Center have negotiated an agreement to provide veterans with emergency medical services and acute medical hospitalization at Madigan. This has been forwarded to Washington, DC, for consideration.

### **Inland North Market**

As with the other markets, there is a growing need for outpatient and inpatient care. **The two central issues in this market are access to primary care and access to specialty and tertiary care.** Central and North Central Washington State are underserved, and consideration is being given to establishing a Community Based Outpatient Clinic, or other means, to meet that need. Possibility also exists for a CBOC for our eastern sector (Northern Idaho and Western Montana.) The VA facility at Walla Walla has a small hospital with both acute medical and psychiatric care, a small nursing home, residential rehabilitation inpatient program, and an outpatient clinic. **Our plan calls for the closure of the acute medical and surgical beds** and purchasing that care in the community. We have been asked to retain the outpatient clinic and to address alternatives to the VA nursing home and the residential rehabilitation inpatient program; that evaluation is ongoing.

### **Inland South Market**

The Boise VA facility is a mid-sized VA Medical Center with a strong affiliation with the University of Washington School of Medicine. It is the only VA Medical Center in the state of Idaho, and provides outpatient and inpatient services to the veterans of Idaho and Southeastern Oregon. The Boise VA has experienced significant increase in the demand for services in recent years and CARES projections indicate further growth on the horizon. The Boise VA CARES plan calls for expansion of inpatient and outpatient capacity through both internal growth and partnering in the community. At one time, there was consideration of **collocating the VBA Regional Office in Boise on the VA Medical Center campus.** Collocation would result in the consolidation of veteran services on one extended campus, including the VA Medical Center, the Idaho State Veterans Home, and the VBA Regional Office. There is a small, but growing relationship with the Department of Defense medical facility at Mountain Home AFB.

### **Vacant Space**

VISN 20 continues to progress in eliminating old, inefficient space; a number of facilities have improved efficiency of clinical operations by remodeling space. By 2022, VISN 20 will have out-leased, demolished, or reserve-adjacent all of its vacant space. Examples of how the VISN is eliminating that space include: VAMC Portland is demolishing 17 of its temporary buildings on the Vancouver campus to make way for an enhanced use building being constructed by Clark County. VAMC Boise converted an 1850's vintage warehouse/quartermasters shop to a modern, state-of-the-art Ophthalmology clinic, and the conversion of a former warehouse/storage building to an Eyeglass Fabrication Laboratory. VA Puget Sound HCS and VA Roseburg HCS have converted some of their vacant space into clinical program space.

### **Summary**

VISN 20 has been diligent in its approach to the CARES process, a process that has been long overdue in assessing the needs of veterans and how best to meet them. Even with a most conservative interpretation of the demographics, there is a significant need for growth in the provision of the full range of health services across the Northwest Network. We have strived to be comprehensive and inclusive in exploring options, and it is clear that a multi-faceted approach is necessary. Providing services directly, employing the prudent use of purchasing services, and partnering with local and federal agencies in our communities, all will play a continued, and expanding role. We thank the Commission for being here today, for providing us the opportunity to present this

**information, and for its role in moving the Veterans Health Administration forward into the 21st century. Thank you.**