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Capital Asset Realignment for Enhanced Services (CARES) Commission Hearing

Statement of Gerard F. Lorang, Director, Portland VA Regional Office,
September 26, 2003
VANCOUVER

Mr. Chairman and Members of the Commission, thank you for the opportunity to testify today on the CARES Program as it relates to the Portland VA Regional Office.

The Veterans Benefits Administration is fully supportive of the goals of the CARES Program and continues to collaborate with the Veterans Health Administration in identifying and prioritizing co-location opportunities. Careful analysis and coordination are essential as opportunities are identified and thoroughly developed to ensure that there is no adverse impact on our abilities to provide compassionate and timely services to veterans and their beneficiaries.

As you are aware, through the CARES planning process and the VBA and VHA joint co-location efforts, five goals were established to evaluate potential co-location opportunities. These are:

- Improve Service to Veterans
- Improve Operational Efficiency
- Reduce Net Costs
- Maximize use of VA Assets and
- Improve Employee Working Conditions

Using these criteria, co-location projects can benefit VA as a whole by achieving operational efficiencies through state-of-the art facilities. Co-location can provide one stop shopping, enhanced communication between VBA Claims processors and VHA care providers, and redesigned division work areas to increase and enhance workflow, accuracy, and timeliness. Operational costs may be reduced by eliminating the payment of annual GSA rent and by integrating various operational functions. Co-located facilities can incorporate improvements to the overall work environment for visitors and employees, especially with accessible accommodations for handicapped veterans and employees.

Those potential positive aspects notwithstanding, Portland presents a challenge to VA when the issue of co-location is addressed. Co-location at either the Portland Division or Vancouver Division of VAMC Portland would require Major Construction funding by Congress. The Portland Division alternative would be more costly because less land is available and a parking structure would be necessary. The Vancouver Division alternative would take VARO Portland outside the State of Oregon, albeit still within its assigned jurisdiction of the southwest border counties of the State of Washington. A detailed study of the impact on veterans, stakeholders, and jurisdictional issues must be completed before co-location of VARO Portland to VAMC Portland can be considered for funding. The Portland co-location initiative is ranked as a Medium Priority for development during the 2011 - 2016 timeframe. VBA eagerly anticipates a favorable outcome for co-location of VARO Portland in the near future.

Mr. Chairman, this concludes my prepared statement. I will be pleased to respond to any questions you or the members of the Commission may have.

September 25, 2003

Richard E. Larson
Executive Director
CARES Commission

Dear Mr. Larson:

Please see below my planned statement for the hearing to be held on September 26, 2003, at 9:00 am at the VA Medical Center, Vancouver Theatre Building C-6, 1601 E. Fourth Plain Boulevard, Vancouver, WA 98661.

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Good Morning! I want to thank the Capital Asset Realignment for Enhanced Services (CARES) Commission for having these public hearings, and for inviting me to make testimony on behalf of the relationship between academic medical centers and the VA within VISN20.

I am Dr. John Coombs, Associate Vice President for Medical Affairs, Associate Dean and Professor of Family Medicine and Pediatrics at the University of Washington School of Medicine. I make my comments today on behalf of UW Medicine, the organization based in Seattle at the University of Washington which comprises the University of Washington School of Medicine, University of Washington Medical Center, Harborview Medical Center, the Seattle Cancer Care Alliance, University of Washington Physician Network and the WWAMI Program. WWAMI, standing for Washington, Wyoming, Alaska, Montana and Idaho, is a decentralized medical education program done in partnership with the respective states, which provides publicly supported medical education to the citizens of the participating states. It has been in place for over 30 years and is a prime example of an enduring program supported by a partnership between respective states, supporting both medical education and biomedical research across the five state area. UW Medicine also includes the close affiliation with VHA, with facilities across the WWAMI region.

At UW Medicine we have been participants in the activities of the CARES Commission since the filing of its charter in December of 2002. Within the Pacific Northwest, along with our friends at the Oregon Health Sciences University, we have enjoyed a longstanding relationship with the Veterans Administration in supporting their mission of clinical care, education, training and

research in support of our nation's veterans. We view the work of the CARES Commission as being a necessary and important part of assuring that programs provided by the Veterans Administration in conjunction with UW Medicine are efficient and up-to-date in the aim of providing the best clinical services possible to veterans, as well as appropriate education, training, and research in conjunction with our affiliates within the Veterans Administration. Without reservation, we support the relationship that has evolved over the course of the past 50 years between the Veterans Administration and the University of Washington School of Medicine within the Pacific Northwest and, since 1971, across the WWAMI Program.

The clinical care provided for U.S. Veterans across the WWAMI region has been greatly enhanced by the relationship between academic medicine and the Veterans Administration. I want to provide two specific examples of how this arrangement has not only enhanced the services provided to veterans, but also greatly influenced in a favorable fashion the quality and nature of services provided to veterans across the WWAMI region. Medical education and the education of other health care professionals has been provided by UW Medicine in a number of VA facilities across the WWAMI region and into Oregon. Education of medical students and medical residents at the Puget Sound Veterans Administration facility in Seattle has provided a unique and valuable service to students and residents who have rotated through the VA. The physicians providing services at Puget Sound Veterans Administration in Seattle are university faculty who, in conjunction with their clinical duties also provide education of medical students, physician assistants, residents in medicine, surgery, rehabilitative medicine and several other specialties, with the strong support of the Veterans Administration. This is consistent with the mission of the VA, which includes education training research in addition to clinical services. Several outstanding teachers have evolved from the faculty at the Puget Sound Veterans Administration. This education and training has also taught medical students and residents that careers in the Veterans Administration are well worth considering; many have over the course of the past 50 years.

Likewise, the research programs in biomedical research and health services developed at the Puget Sound Veterans Administration continue to be outstanding. As example, the work initiated by Ernie Burgess MD, PhD, on the faculty there created the "Seattle Foot," a prosthetic device which was developed in Seattle, and is used world-wide. Research initiated in Alzheimer's disease by Tom Bird, MD, and Gerard Schellenberg, PhD, have led to a better understanding of the disease through cloning of genes associated with Alzheimer's, as well as innovative treatments for the management of patients with Alzheimer's served by the Puget Sound Veterans Administration, as well as across the country. Quality monitoring and outcome studies conducted by Steve Fihn, MD, and his associates led the way across the country in defining best practice in the management of

diabetes mellitus, depression and other forms of chronic illness. The innovations created by University of Washington researchers has assisted the Veterans Administration across the country, programs which assure and monitor the quality of care provided by Veterans. These are just a few examples of outstanding products that have come forth from the enduring relationship between the University of Washington School of Medicine and Puget Sound Veterans Administration.

In addition, in Boise, Idaho, Boise Veterans Administration Hospital and Medical Center, has progressed from a facility providing adequate care for veterans into one which provides care of the highest quality to veterans across the state of Idaho through its relationship with the University of Washington School of Medicine. The VA Hospital and Medical Center in Boise serves as the centerpiece of the teaching of medical students within the state of Idaho, including our “Idaho-track students” who do all of their third-year requirements within the state of Idaho, a majority of these within the Boise VA. Along with the internal medicine residency, which is based at the Boise VA in conjunction with the University of Washington School of Medicine, medical students and residents are trained within the VA system. Many have gone on to distinguished careers within the Veterans Administration as a result of this relationship. In addition, the creation of synergism between clinical care teaching, training of medical residents and research conducted at the Boise VA has lifted quality of services provided to veterans within the state of Idaho.

These are just two examples of how the relationship between the Veterans Administration and the University of Washington School of Medicine across the WWAMI region has led to improved care for veterans, innovations improved by medical research and health services research, the teaching and training of future practitioners, many of them providing services directly to veterans within the course of their future careers.

It is my hope that the CARES Commission, in conjunction with VISN20, recommends an increase in the quality and quantity of research space within Seattle to support biomedical research within the VA. Seattle VA-based research programs have recently been forced to seek approximately 15,000 square feet research space off-site from the Seattle VA campus in order to continue to support the greater than \$10 million worth of extramurally supported research currently conducted at the Seattle VA by University of Washington faculty. Needless to say, with the expansion of support by VA for research and by the National Institute of Health, our faculty has been very successful in competing for research dollars. However, adequate space and basic equipment is also necessary in order for these programs to continue to be supported at the level necessary for top quality research, as well as to support them within the environment where clinical care is also provided to veterans. It is my recommendation and hope that this

panel will support the expansion of research space within the state of Washington so as to allow our continued relationship between the University of Washington School of Medicine and the VA to grow and to continue to serve future needs of veterans within the state of Washington and across the WWAMI region.

UW Medicine appreciates the opportunity to testify before this panel and look forward to supporting our continued relationship with the Veterans Administration, working together towards the ultimate outcome to support the men and women in this country who have committed themselves to supporting the United States of America.

Sincerely submitted,

John B. Coombs, M.D.
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Associate Vice President for Medical Affairs
Clinical Systems and Community Relations
Associate Dean for Regional Affairs, Rural Health,
and Graduate Medical Education