

SITE VISIT REPORT NOTES

- I. VISN 19, Rocky Mountain Network
- II. July 21 – 24, 2003
- III. Sites Visited During Trip
 - a. Miles City, MT
 - b. Sheridan, WY
 - c. Riverton, WY
 - d. Rifle, CO
 - e. Grand Junction, CO
 - f. Montrose, CO
- IV. Commissioners/Staff in Attendance
 - COMMISSIONER: *RICHARD MCCORMICK, PHD*
 - COMMISSION STAFF: *NICHEOLE AMUNDSEN*
JEAN RENAHER
- V. Overview of Visits (attached)
- VI. VISN Related Comments

Fort Harrison was not visited, but the facility is part of the VA Montana Health Care System. It includes many historical buildings, some of which need retrofitting to address seismic issues. Quarters at that site are used as an incentive to recruit medical staff. The facility needs an additional 15,000 square feet of space for outpatient care.

- VII. Network Exit
 - i. In addition to CARES Commission representatives, the following individuals were present at the Montrose CBOC for the Network exit briefing:
 - Steve Crump, Network Planner
 - Ron Fulk, Special Assistant/Director
 - Kurt Schlegelmilch, MD, Medical Center Director, Grand Junction
- All other Network facilities were represented through teleconferencing.

ii. Network Summary

Issues for the Network include access to acute hospital care, specialty care availability (contracting appears to be a reasonable way of meeting this need), and long-term psychiatric care and nursing home care. The small facilities in the Network have made a strong case to remain in place. There can be considerable variation between nursing homes: Grand Junction appears to have a primarily skilled nursing home; Sheridan's facility is longer term. The term "nursing home" does not adequately convey these differences. The visit to the Rifle State Veterans Home revealed that patients with psychiatric diagnoses have the greatest need. Tribal outreach is ongoing, and programs in place or planned are positive improvements. Diverse groups attended the various stakeholder meetings in the Network and indicated that they had been involved throughout the process. There was concern expressed throughout the Network with the Milliman projections; most felt the projections did not properly address the future or even, in some cases, reflect the present.

Approved by: Commissioner Richard McCormick, PhD
August 5, 2003

Prepared by: Jean Renaker, CARES Commission Staff
July 31, 2003

Miles City, MT

Commissioner/Staff Impressions of Tour

Management of the VA Montana Health Care System has taken positive steps to reduce operating costs in recent years by contracting for administrative services and by shrinking the number of administrative staff. These efficiencies were not achieved without effort or organizational distress. Closure of the inpatient medicine and surgery sections were not planned in advance, and management believes that allowing time to have planned for these changes would have been beneficial to both staff and the community. At the same time, the facility has sought and continues to seek community partners, while remaining cognizant that some in the community do not want the VA to become a business competitor. Custer County, in which the facility is located, is currently working with the VA on a proposal to assume responsibility for the facility and to lease needed clinical space back to VA. The Miles City Police Department provides security for the facility; in return, the facility provides office space to the department. The facility enjoys a good relationship with the two state homes in Montana. The facility and grounds are well kept and immaculately clean.

Summary of Meeting with VISN Leadership

Names and titles of Attendees

Joseph Underkofler, Director, VA Montana Health Care System
Marilyn Frize, Miles City Division Manager
Lee Logan, Fort Harrison Division Manager
Steve Crump, Network Planner
Dan Herrera, AA to Director
Anna Lythgoe, RN, MSN, AA/Chief of Staff

Meeting Forum

Informal meeting/discussion involving Network, facility and CARES Commission representatives, followed by a facility tour.

Topics of Discussion

The following topics were among those discussed:

CARES Projections. There is skepticism among staff that “Washington” understands issues of rural healthcare. The facility doesn’t agree with the Milliman projections (believing them to underestimate demand and enrollment)—some counties in the market are projected to have no veterans in out-years. In addition, they cite a current market share of 24% in the Montana market (24,000 users out of 100,000 veterans) and a declining economy, exacerbated by a lack of major industry as well as timber and mining

restrictions which limit the industry they had, as evidence of the current health care need in the market.

Mental Health Services. There is a shortage of mental health professionals (psychiatrists) in the entire Montana Market. Leadership indicated that there are none located in state east of Billings. Services are currently provided through a contract arrangement.

Capital Assets. Leadership of the Montana Health Care System believes that it is difficult for a secondary care facility to compete with tertiary care facilities for routine maintenance and repair/non-recurring maintenance funds. The funds that are made available are not sufficient to meet the need.

Community Concerns. The community fears closure of the facility in its entirety.

What did we learn?

Inpatient care demand (medicine, surgery, psychiatry). The Network plans to provide all care up to the 2022 levels and contract for care above those levels. The total number of beds needed is small: three beds in 2022, fourteen beds in 2012.

Outpatient care demand (primary care, specialty care, mental health). The Market operates eight community-based outpatient clinics at the present time. Two additional contract clinics are planned to meet the needs of veterans residing in northern Montana. Currently, the Market uses contracts for specialty care in the community and VA staff from other Network facilities to meet demand. For example, neurology staff flies into the Market from the Denver VA; they have contracted with a community provider to for mental health services for Billings and all areas east. (However, under this arrangement, Mental Health Intensive Case Management workload is not captured, which is problematic with reference to the national performance measures.)

Access to primary care, acute hospital care, tertiary care. Veteran access to these kinds of care is poor. The Market consists of the entire state of Montana (over 147,000 square miles) and one county in North Dakota. Access to primary care is 62% (the standard is 70%), which will be improved by the addition of the two proposed CBOCs. Access to acute hospital care is 20% currently and to tertiary care is 2%. Tertiary care is available within the Network, but at considerable distance from Montana veterans (at Denver and Salt Lake).

Proximity (60-mile, 120-mile). There are no proximity issues in this market.

Small facility. Fort Harrison is a small facility, operating 35 acute beds (medicine, surgery and psychiatry) and a 30-bed nursing home. It is the only VA hospital in the state of Montana. As noted above, access to acute hospital care for the market is low (20%).

Collaborations. VA Montana continues to explore opportunities to collaborate with Malstrom Air Force Base. However, the VA does not have capacity to treat active duty personnel, and the base has been unable to identify services that it might provide to VA.

Special Populations. Veterans who need long term psychiatric care must travel to Sheridan, WY, when that facility can accommodate them. Sheridan's nursing home occupancy is nearly 98%; staff of that facility indicated they are not meeting demand.

Other. Miles City's nursing home has the only ventilator dependent unit in the state. The facility prefers to utilize vacant space to meet community needs; however, if that is not possible, one option being considered is to demolish the top three floors of the main building and excess employee quarters and other buildings.

Outstanding Questions/Follow-up Items

How will the Network provide specialty care? The Network plans to provide all care up to the 2022 levels and contract for care above those levels. Is that realistic, given that some specialties are not readily available and the large distances veterans must travel?

How will acute hospital care access be met?

Summary of Stakeholder Meeting

Describe Meeting Forum

Commissioners, Commission staff, Network and facility staff met with stakeholders in auditorium of the Miles City facility.

Stakeholders Represented

Bob Beals, Department Commander, American Legion
Sylvia Beals, Department Vice Commander, American Legion
Angelo Bianco, Deputy Commander, Purple Hearts
Pam Crisafulli, Senator Burns' staff
Gary Gaub, Eastern Montana Veterans Home
Darrel Hammon, President, Miles Community College
Shelly Heppler, Eastern Montana Veterans Home
Milo Huber, Custer County Commissioner
Janet Kelly, Custer County Commissioner
Ralph Lenhart, Representative, HD-2
Tim Inman, Miles City VFW and AFGE President

Topics of Discussion

There was a wide-ranging discussion of issues of concern to the stakeholders, including the following:

Lands and Buildings. Opposition was expressed to demolition of the top three floors of the building at Miles City (one of the options that has been considered as a means of eliminating vacant space).

Affiliations. Miles Community College, located adjacent to the VA property, has a two-year registered nursing program that uses the Miles City VA's nursing home as a primary training site. Most of the college's students remain in the region after graduation, which has helped the region address nursing shortages.

Nursing Home Care. The recent Category 8 decision has resulted in the Eastern Montana Veterans Home (EMVH) having to turn away veterans who need nursing home care, even though they've never been at capacity since opening in 1995. The EMVH has difficulty recruiting psychiatrists and sends psychiatry patients from to Sheridan when space is available.

What did we learn?

Outpatient care demand (primary care, specialty care, mental health). The Eastern Montana Veterans Home (EMVH) has difficulty recruiting physicians to care for its patients. The facility currently has contracted with the Miles City VA to provide physician staff. Stakeholders present indicated this was a positive effort made by the two facilities. Miles City's primary care was praised.

Access to primary care, acute hospital care, tertiary care. Stakeholders cited distance to care for their area's veterans as a reason for retaining the Miles City VA in its current status. They expressed interest in seeing the facility remain and to be used by the community and the VA.

Special Populations. Stakeholders from the EMVH indicated that the long-term care needs of patients with mental disorders, dementia, or Alzheimers aren't always met.

Sheridan, WY

Commissioner/Staff Impressions of Tour

Management of this facility has taken and continues to take steps to maximize its use of space by consolidating patient care functions in a central area on this sprawling, nearly 300-acre, campus. The facility has successfully updated and reconfigured interior space, while maintaining the exterior integrity of an entire campus that is on the National Register of Historic Places. Additional construction needs are few: the dietetics area needs renovation; space for the Psychiatric Residential Rehabilitation Treatment Program (PRRTP) is currently undergoing renovation. Employee quarters (23 units) continue to be utilized by staff. Space that is no longer needed for clinical functions has been leased to organizations such as a local junior and senior high school, a Christian academy, a community homeless shelter, and a substance abuse program. These activities and others have strengthened local community ties to the facility, which is the county's largest employer. The facility reports operating close to capacity in its nursing home, which other facilities in the Network verify and cite as a challenge when patients need to be placed. The nursing home serves a mix of patients and diagnoses, including psychiatric patients. The PRRTP program's occupancy rate is over 91% currently. VA staff and stakeholders agree that CARES planning does not adequately address issues facing highly rural areas. High market penetration (70% at Sheridan), coupled with market penetration caps in constructing projections, biases the projections.

Summary of Meeting(s) with VISN Leadership

Names and titles of Attendees

Maureen Humphrys, Sheridan Medical Center Director
Gary Morton, Sheridan Associate Medical Center Director
Rajeev Trehan, Sheridan Chief of Staff
Steve Crump, VISN 19 Planner
Kurt Mayer, Sheridan Facility Manager

Meeting Forum

Informal meeting/discussion involving Network, facility and CARES Commission representatives, followed by a facility tour.

Topics of Discussion

Subspecialty care. The facility identified their lack of subspecialty and surgical services as their biggest challenge. Neurology, urology and GI services are provided in Sheridan. The nearest cardiologist is 100 miles away. Primary care physicians on site perform minor ("lumps and bumps") procedures. The Cheyenne VA takes the facility's general surgery and gynecology patients. The facility contracts for specialty care in the community when funds are available. However, veterans are primarily served by the Salt

Lake City and Denver VA Medical Centers. As a result, those who are Medicare eligible use that benefit to receive care in the community. Sheridan also has a contract with local providers for emergency services.

Native Americans. The Riverton CBOC is located near the Wind River Reservation, home to Shoshone and Arapaho tribes. Although a high percentage of these Native Americans are veterans, they are reluctant to leave the reservation for their health care. The facility is attempting to overcome this reluctance by hiring VA health care coordinators to serve each tribe. Management indicated that this has been a slow process, but one that is continuing.

What did we learn?

Inpatient care demand (medicine, surgery, psychiatry). See discussion above.

Outpatient care demand (primary care, specialty care, mental health). VA staffed community-based outpatient clinics (CBOCs) in Casper, Riverton and Gillette provide primary care, mental health and substance abuse services. The facility originally tried to contract for these services within the local communities, but contract clinics were met with resistance from local providers. The Powell clinic is a contract clinic. To overcome the “challenges of distance” (to use the facility’s phrase), T1 lines serve all of their CBOCs and the computerized patient record system (CPRS) is used at all clinics. Tele-Radiology is accomplished in cooperation with the Denver VA, and Sheridan has a picture archiving system to support this activity. The facility attempts to contract for specialty care in the community, when it is available. During CARES planning for the Network, veteran service organizations strongly supported placing a community-based outpatient clinic in Afton, WY, and also requested that it be managed by the Sheridan VA Medical Center. Based on current referral patterns, the Network believed that it is more appropriate for that clinic to be managed by the Salt Lake City VA Medical Center. Salt Lake is closer to Afton than is Sheridan, most of the veterans from Afton who are currently receiving VA care receive it in Salt Lake, and van service already exists between Afton and Salt Lake. (Afton is approximately 200 miles from Salt Lake and 400 miles from Sheridan.)

Access to primary care, acute hospital care, tertiary care. Acute hospital care will be purchased in the community, whenever possible, or in Billings, which is a referral center for Sheridan. Access to primary care was not selected as a planning initiative, although access is currently below threshold at 67%.

Proximity (60-mile, 120-mile). There are no proximity issues in this market.

Small facility. There are no small facilities identified in the market.

Collaborations. There were no collaborative opportunities identified for this market.

Special Populations. The current renovations for the PR RTP program will increase bed capacity from 27 to 40. The community homeless center on the Sheridan campus is the only such facility between Casper, WY, and Billings, MT. About 60% of those using the shelter are veterans.

Outstanding Questions/Follow-up Items

How will the Network provide specialty care? Is their plan realistic, given that some specialties are not readily available and the large distances veterans must travel?

How will acute hospital care access be met?

Access to primary care was not selected as a planning initiative, although access is currently below threshold at 67%. What plans have been made to meet this need?

Summary of Stakeholder Meeting

Describe Meeting Forum

Commissioners, Commission staff, Network and facility staff met with stakeholders in an informal gathering at the Sheridan facility.

Stakeholders Represented

Pete Delaramich, American Legion
Dan Falk, Liaison, Office of the Mayor
Kim Jumper, American Legion
Chuck Medina, Disabled American Veterans Senior Vice-Commander, Department of Wyoming
Kitty Stark, AFGE
Todd White, American Legion, Wyoming CARES

Topics of Discussion

Specialty Care. Veterans present were very complimentary of the care they receive at the Sheridan VA. However, they expressed a need in having more convenient access to surgical care and specialist care. Travel to Salt Lake City for such care was described as a hardship.

CARES Data. Skepticism was expressed concerning the validity of projections used. (One veteran said the data projected there would be no veterans living in his home county in 20 years.)

Family Support. Veterans expressed concern about providing means for family members to be with veterans who are receiving or who need VA care. An example was used to illustrate this situation: An 80+ veteran has been admitted to the Sheridan nursing home.

His wife, who is similar in age, must drive over three hours over a mountain pass in order to visit him. That is still better than the previous situation for this couple. Prior to his admission to Sheridan, he was at Fort Harrison, approximately 470 miles away.

What did we learn?

Inpatient care demand (medicine, surgery, psychiatry). Demand for specialty care is vexing to stakeholders who must drive long distances to receive it within the VA system.

Outpatient care demand (primary care, specialty care, mental health). Support was expressed for the CBOCs that currently exist, along with the expressed desire that they continue and will be adequately funded. Access to outpatient specialty care is difficult to attain.

Riverton, WY

Commissioner/Staff Impressions

Highly Rural Health Care. Commissioner and staff had an opportunity with this visit to understand first hand what veterans who need health care routinely face in this highly rural area of Wyoming. Facility staff report that, when the Riverton clinic opened, veterans in that area really had not had any access to VA health care. The drive from Riverton to Sheridan crosses a mountain range and requires over three hours of driving time. That is the case in the summer. In the winter months, the trip from Riverton to Sheridan may require traveling through Casper, WY, in order to avoid mountain snows—a seven-hour drive. The only VA van service available to veterans requires that they travel from Riverton to Casper, spend the night in a homeless shelter in Casper, and then travel to Sheridan the next day.

Native Americans. As described in the site visit summary for Sheridan, Riverton is reaching out to Native Americans on the Wind River Reservation by employing liaisons for each of the two tribes residing there (Shoshone and Arapaho). Riverton's current physician administrator has experience working for the Indian Health Service. Among the projects being considered at this time is involvement of tribal healers with the clinic.

Community. The Riverton clinic utilizes a fee basis physician from a nearby community to provide coverage when the clinic's sole physician is away. The clinic has experienced some reluctance on the part of local providers to serve VA patients due to the length of time required for them to be paid. Emergencies are handled by a local emergency room. Approximately 40% of veterans served are in Priority 8—veterans who are land rich and cash poor.

Staffing. The facility experiences difficulty in recruiting for primary care providers and in providing specialty care. As currently organized, the clinic is very well staffed.

Names and Titles of Attendees

Sam Burnham, Social Worker
Lew Cooksey, Physicians Assistant
Lorinde Francis, Licensed Practical Nurse
Cat Frederick, Patient Services Assistant
Tom Pruett, MD
Deanne Yeiger, Registered Nurse
William G. Ziarnik, MD, ACOS/CBOCs

Meeting Forum

Informal meeting/discussion involving facility and CARES Commission representatives, followed by a facility tour.

Summary of Stakeholder Meeting

None for this site visit.

Rifle, CO, State Veterans Home

Commissioner/Staff Impressions of Tour

The staff indicated that their biggest need is for psychiatric care for their patients. Neither Sheridan nor Denver accept psychiatric patients on a reliable basis. The Pueblo veterans home is also not an alternative, as it continually operates at capacity. Fort Lyons, CO, had been this facility's resource for psychiatric care prior to its closure. Veterans are responsible for the costs of their care that are above the VA per diem rate.

The facility is well managed and well maintained. Staff appear to be committed to providing the best care possible to those they serve. The facility operates 100 beds; their census is consistently in the mid-90s. The facility operates an Alzheimer's unit that has been designed to provide some freedom of movement to wandering patients while at the same time safeguarding them. The facility currently has one internist on contract to provide care to the facility's residents. This is her primary caseload.

Names and Titles of Attendees

Robert Shaw, Director
Tom Elkins, Facility Manager

Meeting Forum

Informal meeting/discussion involving facility and CARES Commission representatives, followed by a facility tour.

Grand Junction, CO

Commissioner/Staff Impressions of Tour

This is a small facility that is 250 miles (one way) across mountain ranges to additional services. Consumers have been involved in planning efforts and are pleased with their care and the mission of the facility as it currently exists. The facility uses fee basis or contract professional nurses to accommodate peak workload needs. This appears to be a flexible, efficient way of handling staffing needs. Management disagrees with the enrollment and utilization projections developed by Milliman. They believe the projections do not reflect a current trend for retirees to relocate to the southwest, and they do not adequately address issues facing highly rural (or, in this case, frontier) healthcare. In addition, the Milliman projections for 2002 were 20% short of actual experience. Market penetration in the facility's home county is 38% (for the market, it is 30%).

Summary of Meeting(s) with VISN Leadership

Names and titles of Attendees

Bill Berryman, Chief of Staff
Steve Crump, Network Planner
Ron Fulk, Special Assistant/Director
Charles Hensel, Quality Manager
Patricia Hitt, Associate Medical Center Director
Raedelle H. Mundy, ACOS/Clinical Management
Kurt Schlegelmilch, MD, Medical Center Director
Laurel Stieferman, Chief, Clinical Support Service
Rick Townsend, Chief, Customer Relations
Marle A. Wolf, Chief, PTL

Meeting Forum

Informal meeting/discussion involving Network, facility and CARES Commission representatives, followed by a facility tour.

Topics of Discussion

The following topics were among those discussed:

Vacant Space. The facility plans to demolish two buildings formerly utilized as employee quarters. Neither is handicapped accessible, both contain lead paint and asbestos.

Native Americans. There is not a significant number who use this facility. The Ute Nation is the closest reservation, but the Indian Health Service serves it.

Long-term Psychiatry. Sheridan takes their long-term psychiatry patients. The facility has experienced some difficulty in placing long-term patients at this facility.

Priority 8s. The Priority 8 decision reduced their growth from 10% last year to 3% this year.

What did we learn?

Inpatient care demand (medicine, surgery, psychiatry). The facility has developed a plan to upgrade operating rooms by adding a floor to the current clinical addition and renovating current substandard operating room space to specialty care clinics. At the same time, the facility plans to collocate support services for the operating room (recovery, supply, etc.) into the new space. Currently, the space for these activities is not contiguous or even on the same floor. There is little competition for hospital services in the market. The pattern of business with the primary local hospital has been to arrange contracts for services at a reasonable cost for the first three years of the contract, only to face exploding costs in future years.

Outpatient care demand (primary care, specialty care, mental health). Outpatient specialty care will be provided in renovated space following construction of new space for the operating room suites. Currently, the facility uses contracts to provide specialty care. There are no new community-based outpatient clinics (CBOCs) planned in this market.

Small facility. The Network and facility conducted a small facility review for Grand Junction. Denver and Salt Lake City, the two tertiary care facilities serving the Network, are both 250 miles away. While there is a tertiary care facility in Grand Junction, the VA facility operates at costs below the Medicare rate.

Summary of Stakeholder Meeting(s)

Describe Meeting Forum

Commissioners, Commission staff, Network and facility staff met with stakeholders in a conference room at the Grand Junction facility.

Stakeholders Represented

Bill Conroy, Paralyzed Veterans of America National Service Officer
Don Dodson, NAGE
Dielon C. Harwood, Veterans of Foreign Wars
Billy Hightower, Mesa County Veteran Service Officer
David Ludlam, Congressman Scott McInnis' staff
Ron E. Ross, Vietnam Veterans of American and Disabled Veterans of America
George Rossman, Senator Ben Nighthorse Campbell's staff
Derek Wagner, Senator Wayne Allard's staff

Topics of Discussion

Mission. Stakeholders do not want to see the mission of the facility changed. They are comfortable in the smaller facility (in comparison with Denver or Albuquerque) where they are known by their names instead of their last four. Contracting for services for VA patients was likened by one stakeholder to blackmail.

Data. Disagreement with the Milliman data was expressed. The group cited the current economic downturn and the assumption that there will be no future wars as evidence of inaccurate projections. There was also concern expressed that VA is planning for 20 years in the future when it cannot meet demand now.

Equity of Access. Stakeholders indicated that waiting times for clinic appointments are variable across the Network, with some facilities having waits of several months while others have none. When tertiary care is needed by a veteran in Grand Junction, it involves a long drive over mountain passes, made particularly difficult in the winter months.

Special Populations. Stakeholders believe long-term care, mental health and spinal cord injury were not adequately addressed in CARES planning. Since the beginning of the Iraqi war, several stakeholders indicated that World War II veterans, Vietnam era veterans and Gulf War veterans are seeking psychiatric care.

Montrose, CO, CBOC

Commissioner/Staff Impressions of Tour

This is a small facility serving a population south of the Grand Junction VA Medical Center. It is the only community-based outpatient clinic in the market, and it is currently closed to new patients. One stakeholder was present for the tour of the facility; she believes the waits for specialty care are too long. There is no van service available for veterans in this community who need to travel to Grand Junction or elsewhere for care.

Summary of Meeting(s) with VISN Leadership

Names and titles of Attendees

Steve Crump, Network Planner
Ron Fulk, Special Assistant/Director
Kurt Schlegelmilch, MD, Medical Center Director, Grand Junction
Krista Thompson, RN
Jackie Wilson, American Legion Auxiliary

Meeting Forum

Facility tour involving Network, facility and CARES Commission representatives and one stakeholder.

Approved by: Commissioner Richard McCormick, PhD
August 5, 2003

Prepared by: Jean Renaker, CARES Commission Staff
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