

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 19 Montana and Wyoming Hearing
Comparison of Gaps, Mini-Market Plans and DNP
September 24, 2003

- I. Commissioners in Attendance:
- a. Sister Patricia Vandenberg, Hearing Chair
 - b. Vernice Ferguson, RN
 - c. Chad Colley
 - d. Layton McCurdy, MD

e. Market Areas Addressed in Hearing
Montana

- a. Fort Harrison
- b. Miles City (NHCU)

Wyoming

- a. Sheridan

f. Market Area Summary

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Montana Fort Harrison Miles City (NHCU)	Outpatient Specialty Care ~ Projection indicate an increase of 148% (56,000 stops) in 2012 and 119% in 2022	This PI was not specifically addressed in Plan Proposed Management of Space Table in VISN Market Plan identified 34,000 SF of new construction for outpatient space and conversion of another 15,000 SF. Specific plans for the space are not provided.	DNCP Indicates that there will be an increase specialty care outpatient services in all five markets and at all sites. Indicates that contracting will be utilized in high peak periods of growth. Plans for construction of 359,600 SF across the Network. No specificity is provided. Other solutions include renovation and conversion of space.
Montana Fort Harrison Miles City (NHCU)	Mental Health Outpatient Care ~ Projections indicate a 105% (19,000 stops) increase in 2012 and a 81% increase in 2022	This PI was not specifically addressed in the Plan	This was not addressed in the DNCP
Montana Fort Harrison Miles City (NHCU)	Access to Primary Care ~ Current access is 62%. Criteria is 70%	This was not specifically addressed in the Market Plan. Network indicates that access is expected to increase to 64% in 2012 and to 66% in 2022. The VISN Market Plan does not indicate a plan to place more CBOCs but the VISN map	This market is not identified as having any CBOCs in the first priority group.

		identifies possible new CBOCs in Cut Bank and in Lewistown.	
Montana Fort Harrison Miles City (NHCU)	Access to Acute Hospital Care ~ Current access is 20% Criteria is 65%	This was not specifically addressed in the Market Plan. VISN indicates that access is expected to increase to 34% in 2012 and 2022. Plan to improve access to tertiary care (below) should also improve access to hospital care.	DNCP indicates that access will be improved in this market by contracting.
Montana Fort Harrison Miles City (NHCU)	Access to Tertiary Care ~ Current access is 2% Criteria is 65% or within Network in Highly Rural	Access to Tertiary Care will be improved through contracts with a Billings, MT community facility. This solution is expected to increase access to 52% in 2012 and 2022.	DNCP indicates that access will be improved by contracting for care
Montana Fort Harrison Miles City (NHCU)	Small Facility ~ Fort Harrison	Fort Harrison was identified as a small facility. Three alternatives were considered, 1) retain acute beds, 2) close acute care and refer workload to another VA and 3) close acute beds and implement contracts/sharing. Preferred alternative was to retain acute beds. High quality scores, volume and case mix considered adequate to continue and volumes are projected to increase. No substantial changes are planned for the facility. Facility will continue with 50 acute beds and 30-bed Nursing Home as well as Nursing Home in Miles City.	DNCP does not address Fort Harrison as having any changes in mission.
Montana Fort Harrison Miles City (NHCU)	Network Identified Initiative ~ Reevaluate Fort Harrison's space and functional scores (Seismic Risk and Lead Paint)	Re-evaluation of primary, specialty and urgent care areas resulted in down grades in scores. Was upgraded to a High Seismic Risk as a result of the new rating scales developed by FEMA. Patient buildings at risk include the Ambulatory Care building and the main hospital building. The Ambulatory Care building is expected to have seismic corrections completed the end of August, 2003. The projected costs for correcting problems in the main hospital are about \$24 million and have not been initiated. This facility is 17 th on the list of National Seismic Projects.	The DNCP indicates that the seismic condition will be improved by the construction project at Fort Harrison.

Montana Fort Harrison Miles City (NHCU)	DOD ~ Malstrom AFB in Great Falls	90 Miles from Fort Harrison and is a small urgent care clinic. Options for collaboration have been explored but no additional capacity has been identified. Impact on CARES minimal	Nothing included in DNCP

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Wyoming Sheridan	Outpatient Specialty Care ~ Projections indicate an increase of 83% (12,000 stops) in 2012 and a 60% increase in 2022	This PI was not specifically addressed in Plan Specific plans for the space are not provided and the Proposed Management of Space Table does not indicate any new construction or conversion of space.	DNCP Indicates that there will be an increase specialty care outpatient service sin all five markets and at all sites. Indicates that contracting will be utilized in high peak periods of growth. Plans for construction of 359,600 SF across the Network. No specificity is provided. Other solutions include renovation and conversion of space.
Wyoming Sheridan	Access to Acute Hospital Care ~ Current access is 34%. The criteria is 65%	Plan is to expand contracting for acute hospital services in Wyoming, which will increase access from 34% to 82% in 2012 and 70% in 2022	DNCP indicates that access will be improved by contracting for care
Wyoming Sheridan	Access to Tertiary Care ~ Current access is 1%. The criteria is 65%	Plan is to expand contracting for Tertiary Care in Wyoming. The Tertiary Contract in Billings will also impact this market positively. Access is projected to improve to 58%	DNCP does not address this initiative.
Wyoming Sheridan	Network Identified Initiative ~ Number of historic buildings and has a number of lead paint issues	Plan is to abate lead paint on historic buildings in conjunction with normal exterior maintenance and will be ongoing over several years.	DNCP does not address this initiative.

IV. Brief Description of Hearing Testimony

Panel # 1 - Congressional Panel

Ms. Liz Ching from the Office of Senator Max Baucus

Ms. Sara Fleer from the Office of Senator Conrad Burns

Mr. Jeff Garrard from the Office of Congressman Denny Rehberg

Senator Baucus' statement sighted concern related to the need for additional CBOCs. Ms. Fleer and Mr. Garrard stated the Senator and Congressman would be submitting written statements.

Panel # 2 – Network Leadership

Dr. Ken Maffet, Interim Network Director, VA Rocky Mountain Network

Accompanied by:

Leigh Anderson, MD, Acting Chief Medical Officer, VA Rocky Mountain Network

Joe Underkofler, Director, VA Montana Health Care System

Maureen Humphrys, Director, VA Medical Center, Sheridan, Wyoming

James Floyd, Director, VA Salt Lake City Health Care System

Steve Crump, CARES Planner, VA Rocky Mountain Network.

Dr. Maffet advised of correction to the VISN space calculation, he indicated that there are few vacant buildings within the VISN. The corrected calculation is that there is less than 5% of vacant space across the VISN.

He outlined CARES plan for the three markets and highlighted the top four priorities for the VISN: (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) establishment of the West City CBOC; and (4) establishment of Elko CBOC to provide medical care to the veterans of Elko County. He indicated that in these two markets his priorities are to contract for care as needed and to open CBOCs in Montana.

He indicated the CARES access standards are not being met in any care category in the Montana or Wyoming market.

Dr. Maffet expressed the need for CBOCs in Cut Bay and Lewistown, Montana and if approved would enroll and serve 100 to 1200 veterans. If the clinics could open, access to care could expand by 10%, but even with these improvements, access standards would be difficult to reach. In Great Falls and Billings, Montana, hospital and tertiary access standards will be met through the purchase of inpatient hospital care.

Dr. Maffet said primary care access standards could be met in Wyoming through the expansion of CBOCs, while hospital and tertiary access will continue to be met through the utilization of existing services in Cheyenne, Denver and Salt Lake City.

Outpatient specialty and outpatient mental health care will be provided through renovation, new construction and contracting with local providers.

He discussed the issue of providing care to the medically underserved veterans in rural and frontier areas. He indicated that those defined, as having frontier status would never meet national standards for the establishment of CBOCs. He further stated that one way of providing care to veterans in these areas and solving some issues is through the use of Telemedicine.

Panel #3 – Veteran Service Organizations

Mr. Bill Conroy, Paralyzed Veterans of America

Mr. Joseph Foster, Administrator, Veterans Affairs Department, Montana

Mr. Robert Schwegel, Veterans of Foreign Wars

Mr. Todd White, The American Legion
Mr. Kevin Granter, Disabled American Veterans
Ms. Beverly Stewart, Montana State Council Vice President, Vietnam Veterans of America

Panel members were in agreement with the need to open two additional CBOCs in Lewistown and Cut Bay. They emphasized that the establishment of these CBOCs would remedy some of the medical problems in this area. Mr. Foster expressed concern that none of the 48-priority level CBOCs were in VISN 19 and that the priority level 2 CBOCs would not be developed for years. Mr. Conroy emphasized the need to revamp eligibility criteria for opening CBOCs and suggested that a different set of standards is needed.

When questioned about their inclusion in the CARES planning process, all with the exception of Ms. Stewart responded they had been involved. Ms. Stewart stated no comment to go on record to this question.

Mr. Conroy and Mr. Granter expressed concern about the distance veterans must travel for health care, especially during winter and the growing need for outpatient care. Mr. Granter described such travel as unsafe and irresponsible and stated the VA must, “meet the responsibility to care for those in defense of the Nation.”

Mr. White and Ms. Stewart talked about contract care and its wide use as a tool to provide health care to veterans. Ms. Stewart said contract care is a good concept, but a lot of issues need clarification in areas of what veterans must pay for and what is covered under the contract.

Mr. White also emphasized the need to ensure the safety of veterans and employees by bringing the buildings at FT. Harrison in compliance with safety criteria. He also expressed the need for a VA State Nursing Home. He stated the problem with securing such a facility is money and building a VA Nursing Home is not high on the list of legislators.

Panel #4 – Employee Organizations

Ms. Kitty Schultz, AFGE President, Sheridan, WY
Mr. Scott MacKenzie, AFGE Liaison VISN 19, Cheyenne, WY

Ms. Schultz indicated that she felt downsizing and consolidation was not in the best interest of the VA. She stressed that the VA is about people and the need for its services is not diminishing.

Mr. MacKenzie expressed support for VISN 19 staff and indicated he would push for the construction of the new state of the art treatment facility in Fitzsimons.

V. Commissioners Views

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Montana Fort Harrison Miles City (NHCU)	Outpatient Specialty Care ~ Projection indicate an increase of 148% (56,000 stops) in 2012 and 119% in 2022	DNCP Indicates that there will be an increase specialty care outpatient services in all five markets and at all sites. Indicates that contracting will be utilized in high peak periods of growth. Plans for construction of 359,600 SF across the Network. No specificity is provided. Other solutions include renovation and conversion of space.	DNCP indicates that there will be an increase in specialty care outpatient services in all five markets and at all sites. Indicates that contracting will be utilized in high peak periods of growth. Plans for construction of 359,600 SF across the Network. No specificity is provided. Other solutions include renovation and conversion of space.
Montana Fort Harrison Miles City (NHCU)	Mental Health Outpatient Care ~ Projections indicate a 105% (19,000 stops) increase in 2012 and a 81% increase in 2022	This was not addressed in the DNCP	Mental Health was not specifically addressed in the Network plan or the DNCP. However, the Commissioners noted there is a large projected growth in this area and there is a lack of psychiatrists. They observed there is no reference to the use of telemedicine to treat this population even though the Network is currently utilizing this treatment modality. The Commissioners agreed that the Network should address the issue of how the mental health needs of the veterans in this area will be met.
Montana Fort Harrison Miles City (NHCU)	Access to Primary Care ~ Current access is 62%. Criteria is 70%	This market is not identified as having any CBOCs in the first priority group.	While the DNCP did not identify this market as having any CBOCs in the high priority group, the VISN identified possible new CBOCs (2) in Lewistown and Cut Bank. While the Commissioners agreed the new CBOCs could improve access to primary care, they also identified the need for creative ways of providing care such as traveling bus/clinic. They concurred that there should be a re-examination of the CBOC threshold given the great distance these veterans must travel to obtain primary care.
Montana Fort Harrison Miles City (NHCU)	Access to Acute Hospital Care ~ Current access is 20% Criteria is 65%	DNCP indicates that access will be improved in this market by contracting.	Commissioners concurred with the need to improve access to acute hospital care and agreed contracting was a preferred alternative. They questioned the availability of providers to contract with as well as the cost of contracting. Additional information related to cost is needed.

Montana Fort Harrison Miles City (NHCU)	Access to Tertiary Care ~ Current access is 2% Criteria is 65% or within Network in Highly Rural	DNCP indicates that access will be improved by contracting for care	Commissioners concur with the plan to improve access to Tertiary Care through contracting for care. They also agree that contracting appears to be the only alternative for improving services in this highly rural area. While agreeing with the need for contracting, they questioned if contracting will alleviate the problem and the availability of specialty providers. Cost and quality of care figures are needed.
Montana Fort Harrison Miles City (NHCU)	Small Facility ~ Fort Harrison	DNCP does not address Fort Harrison as having any changes in mission.	The Commissioners concur the Fort Harrison should retain its current mission.
Montana Fort Harrison Miles City (NHCU)	Network Identified Initiative ~ Reevaluate Fort Harrison's space and functional scores (Seismic Risk and Lead Paint)	The DNCP indicates that the seismic condition will be improved by the construction project at Fort Harrison.	Commissioners concur with DNCP that seismic issues in the main hospital in Fort Harrison need to be addressed.
Montana Fort Harrison Miles City (NHCU)	DOD ~ Malstrom AFB in Great Falls	Nothing included in DNCP	Commissioners agreed that the Network should continue to explore options for collaboration, as they arise, with Malstrom AFB in Great Falls.

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Wyoming Sheridan	Outpatient Specialty Care ~ Projections indicate an increase of 83% (12,000 stops) in 2012 and a 60% increase in 2022	DNCP Indicates that there will be an increase specialty care outpatient service in all five markets and at all sites. Indicates that contracting will be utilized in high peak periods of growth. Plans for construction of 359,600 SF across the Network. No specificity is provided. Other solutions include renovation and conversion of space.	Commissioners agreed with and are in support of plan to utilize contract services to address anticipated increase in outpatient specialty services.

Wyoming Sheridan	Access to Acute Hospital Care ~ Current access is 34%. The criteria is 65%	DNCP indicates that access will be improved by contracting for care	Commissioners' support plan to increase access to Acute Hospital care through expansion of contracting services; they have questions related to the availability of specialty providers with whom to contract. Who is available and at what cost. What will contracting for services do to access standards?
Wyoming Sheridan	Access to Tertiary Care ~ Current access is 1%. The criteria is 65%	DNCP does not address this initiative.	Commissioners expressed concern about the issue of Tertiary Care not being addressed in the DNP. They agreed with VISN plan to contract for tertiary Care as a means of improving access and feel there is no other alternative to contracting in this area; however, they question the availability of specialty providers for these services. They also questioned the cost of such services.
Wyoming Sheridan	Network Identified Initiative ~ Number of historic buildings and has a number of lead paint issues	DNCP does not address this initiative.	Commissioners concur with Network plan.
Wyoming Sheridan	Miles City	DNCP does not address this initiative	Commissioners encourage Miles City to proceed with arrangements with the County to transfer title of the building to the County. They question if a cost benefit analysis to determine the cost savings of this plan over time had been completed.

VI. Other Comments

While the Commissioners recognize the need for having established national criteria for opening CBOCs, they recommend that the criteria for the establishment of CBOCs in frontier areas be re-visited and re-defined. Frontier area is defined as an area having less than two (2) persons per square mile. Areas of Montana and Wyoming would be defined as frontier areas.

A discussion that arises from the issue of the CARES criteria for opening CBOCs is that the purported reason for setting the threshold at 7000 is to hold down the enrollment of new veterans to allow time and money to enhance VA's tertiary infrastructure. The question is if the goal is to hold down new enrollment, is setting the target number at 7000 for opening any new CBOC the best way to achieve that goal?

While VISN 19 Director acknowledged that there is a gap in the Montana Acute Hospital Access, a review of the Market enrollment numbers indicate a higher access than the 20% projected in the DNCP. Dr. Maffet maintains the correct Acute Hospital Access rate is 46%. The Commissioners were in agreement that contracting for care in rural areas might be the best approach.

The Commissioners would like to commend the VISN on its creative and successful use of telemedicine as a mechanism to overcome the issue of distance in providing health care services to veterans in highly rural and frontier areas and ensuring treatment throughout the network. The program has a designated Telemedicine Coordinator who is responsible for coordinating all its Telemedicine services. The Sheridan VA utilizes teleradiology and the Denver VA reads all radiography studies and ultrasounds performed in Sheridan. Telepsychiatry is utilized in all Montana CBOCs. Other telemedicine services are also being used by the VISN, i.e., Teledermatology, Diabetes and home care (150 systems have been put in the homes of veterans).

The Commissioners requested more detailed information about what is included in the Telemedicine Program. They also suggested the VISN consider pursuing the selling of services to the private medical community as a collaborative effort and recommended that VISN 19's use of Telemedicine serve as a National VA model for Telemedicine and its successful use in treating patients.

The Commissioners acknowledge Dr. Maffet's correction to the VISN space calculation. According to Dr. Maffet, there are few vacant buildings within the VISN. He further stated the correct calculation for vacant space is under 5%.

VII. Follow-up questions for VHA/VISN

1. With regard to the designation of historical buildings, the Commissioners questioned the source of the preservation money; where does it come from? How are the buildings used? Does the cost of the upkeep of the buildings come from patient care fund?
2. What is the cost of contracting acute hospital care in Fort Harrison? Cost analysis information is needed.
3. What is the cost of contracting for tertiary care in Fort Harrison? Cost and quality of care figures are needed.
4. With regard to acute hospital care in Sheridan, Wyoming, what is the cost of contracting for services and what specialty care providers are available?
5. Please provide additional detailed information about what is included in the VISN 19 Telemedicine Program.