

**CARES COMMISSION  
POST HEARING SUMMARY**

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VISN 19 Eastern Rockies  
Cheyenne, Wyoming Hearing  
October 23, 2003

**I. Commissioners in Attendance:**

- a. Everett Alvarez, Chairman
- b. Chad Colley

**II. Market Areas Addressed in Hearing**

- Eastern Rockies
  - a. Cheyenne

**III. Market Area Summary**

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Eastern Rockies Cheyenne	Inpatient Medicine ~ Projected increase of 46% (32 beds) in 2012 and 27% (19 beds) in 2022	Not directly addressed	Transfer some inpatient services to Denver or contract.
Eastern Rockies Cheyenne	Outpatient Primary Care ~ Projected increase of 43% in 2012 and 28% in 2022	Not specifically addressed - Cheyenne Space driver indicates a plan for 69,000 SF of new outpatient space  This Network meets the Access Standard for driving distances and the VISN Market Plan does not identify a plan to place more CBOCs in Cheyenne	DNCP consistent with Network Market Plan.
Eastern Rockies Cheyenne	Outpatient Specialty Care ~ Projected increase of 87% (125,000 stops) in 2012 and 78% in 2022	Not specifically addressed - Cheyenne Space driver indicates a plan for 69,000 SF of new outpatient space	DNCP consistent with Network Market Plan.
Eastern Rockies Cheyenne	Acute Hospital Care Access ~ 54% of veterans currently meet access standards (Standard is 65%)	Retain acute beds. High quality scores, volume and case mix considered adequate to continue and volumes are projected to increase.	The DNCP concurred with the recommendation to retain acute beds.
Eastern Rockies Cheyenne	Small Facility ~ Cheyenne is projected to require fewer than 40 beds	Cheyenne 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)	The DNCP concurred with the recommendation to retain the acute beds.  When the Under Secretary for Health

		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.	presented his plan to the CARES Commissioners, there was a recommendation to change the mission of the facility to a Critical Access Hospital.
Eastern Rockies Cheyenne	Spinal Cord Injury ~ VISN 19 is requested to develop an initiative for a SCI unit	Not specifically addressed for Cheyenne	Not addressed
Eastern Rockies Cheyenne	Network Initiative Relocation of Denver VAMC to new Federal Facility and re-evaluation of space and function scores	Build a new Federal facility with DOD (Buckley) at Fitzsimons. Facility is proposed to be built close to the University of Colorado. Would include 140 beds and 31 ICU beds and would be located adjacent to the University's core service area to facilitate sharing. Would include mental health beds as part of University's Mental Health Complex and would build a new research space in conjunction with the University's research activities. 426,000 SF are projected for new non-clinical space. (Also see inpatient and outpatient care.)	Replacement hospital at Denver that includes large outpatient care projects and a VA/DOD joint venture.
Eastern Rockies Cheyenne	Extended Care	Build a 60-bed nursing home care unit and a 20-bed sub acute rehabilitation unit adjacent to the State Veterans Home, which is on the same Fitzsimons campus.	New 32,271 SF Nursing Home in Denver as part of the replacement facility construction
Eastern Rockies Cheyenne	DOD	- F.E. Warren AFB and Cheyenne~VAMC continuing to allow use of its facilities for minor number of services.	DNCP generally the same as VISN market plan.
Eastern Rockies Cheyenne	NCA	Wyoming Congressional delegation has sponsored a VA Cemetery in the Cheyenne area. Cheyenne is not listed as a co-located site or for expansion but NCA is interested in a new columbarium. Wyoming veterans support the legislation. To be on the Warren AFB property	Not addressed in DNCP.
Eastern Rockies Cheyenne	Enhanced Use	No Specifically addressed for Cheyenne.	DNCP recommends demolishing old facility and exploring enhanced-use lease opportunities for assisted living and other compatible uses.

#### **IV. Brief Description of Hearing Testimony**

##### **Panel #1 – Congressional Representatives**

The Honorable Michael Enzi, United States Senate (Video & phone)  
The Honorable Craig Thomas, United States Senate (Video & phone)  
The Honorable Barbara Cubin, House of Representatives

Senator Enzi spoke of the distance veterans already must travel for care and the added distance they would have to go for care in Denver. He made reference to the fact that Wyoming is a frontier state and indicated that weather; (especially inclement weather) during the winter months is an important factor for veterans receiving their medical care in this state. Members of the National Guard, Reserve and active duty military personnel will all expect to receive their health care at the VA.

With regard to the conversion of the Cheyenne VAMC to a Critical Access Hospital, Senator Enzi states, “Use of Critical Access Hospital term created a critical issue in Cheyenne.”

He indicated that contracting with United Medical Services, as an option for the provision of health care, presents its own set of problems, i.e., paper work, and delay issues. Additionally he indicated there would be a need for a liaison representative to coordinate care.

He sighted the need for reasonable access to care for veterans and their families and the theory of one-size fits all does not apply to health care services for veterans in Wyoming.

Senator Thomas agreed that the VA Health Care System is in need of reform, but indicated he questioned the current recommendations for VISN 19 and the Cheyenne VAMC. He stated the draft plan is flawed in its approach to the Cheyenne VAMC and the recommendations failed to take into consideration the fact that Cheyenne VAMC plays a vital role in providing care to the medically underserved veterans in rural areas that include not only Wyoming, but also northern Colorado, and western Nebraska. He highlighted the fact that the volume of inpatient medical and surgical cases is continuously growing and as such necessitates the continuation of these services.

He suggested the Commissioners consider the impact that traveling great distances already has on aging veterans and how traveling to Denver will have an even greater impact on the veterans and their families. He also noted the fact that, “ the Denver VAMC is over loaded and unable to accept the influx of patients presently served in Cheyenne.”

Senator Thomas asked that more attention be given to the original VISN 19 market plan and suggested that it would be the best way to provide quality care to the veteran population and at the same time spend taxpayer dollars wisely.

Congresswoman Cubin stated she felt changes to the Cheyenne facility was not economically feasible, nor would such a change serve the veterans well. She said Cheyenne lost more men and women per capita than any other state in the country and more have served in the military than any other state. She further stated that weather and

the lack of air service make it difficult to secure services for veterans. Those air services that are available are disproportionately expensive and limited in the number of seats that are available.

### **Panel #2 – Network Leadership**

Lawrence A. Biro, Ed.D., Network Director, VISN 19  
Ken Maffet, M.D., CMO/Deputy Network director, VISN 19  
David M. Kilpatrick, M.D., Director, Cheyenne VA Medical Center  
Ms. Maureen Humphrys, Director, Sheridan VA Medical Center  
Mr. Ed Thorsland, Director, VA Eastern Colorado Health Care Center  
Mr. James Floyd, Director, VA Salt Lake City Health Care System

Mr. Biro highlighted the challenges that must be met in providing care to the veterans of Wyoming. He indicated that the one most obvious challenge is the distance the VISN must address in providing reasonable access to care.

His plans and promise for providing medical and social services to the veterans of Wyoming include: (1) ensuring that the quality of care for VISN 19 veterans is second to none; (2) maintaining and expanding services throughout the network; and (3) ensuring that each and every veteran is personally satisfied with the care he/she receives. He indicated that his promises will lead to outcomes we all seek when using any health care system and that the veterans of Wyoming will have improved quality of life.

Mr. Biro stated that because of his short tenure in VISN 19, the network leadership and staff would review the market plans for Wyoming.

Dr. Maffet indicated VISN 19 is the largest network in the 48 contiguous states spanning nearly all counties in four western states and counties in an additional five states. The network's plan for meeting the CARES projection is market based. He highlighted the fact that the Cheyenne VAMC is the only VA medical center in the sub-market.

Outpatient specialty care gaps will be partially met through renovation and new construction at the Cheyenne VAMC.

### **Panel #3 – Veterans Organizations**

Mr. Bob Craft, Department Service Officer, Veterans of Foreign Wars  
Mr. G.L. Jacobs, The American Legion  
Mr. Donald Neville, State Commander, Disabled American Veterans  
Mr. Don Ewing, Director, Veterans Affairs Commission, Wyoming  
(Mr. Robert I. Palmer, Sr, District 1, substituting for Mr. Ewing)

Mr. Craft stated that while his organization recognized the need for realignment of the VA's infrastructure in order to ensure that veterans receive, "the right care at the right place," it appeared local recommendations were ignored or revised by the national CARES planning staff without benefit of supporting data. He further stated the DNCP was not clear and terminology was vague and confusing.

Mr. Craft stated that the transferring of inpatient services to Denver, an additional 100 miles, was not a viable choice as access to Care in Denver was not timely and there were delays in securing routine services. He said, “by Wyoming standards, the Cheyenne facility is an average sized hospital; making it appropriately sized and located to satisfy the primary and secondary medical needs of the veterans living in the smaller communities, or on farms, and ranches scattered throughout the facility’s catchment area.”

The Veterans of Foreign Wars believes the most cost effective and efficient way to meet existing and future primary and secondary care needs of veterans is by (1) retaining inpatient services and (2) establishing additional primary care clinics in rural communities.

Mr. Jacobs expressed concern about contracting for care as a means of meeting care gaps in the Cheyenne market. He indicated his organization believes, “the VA is a provider of care and not a purchaser of care.” They oppose the idea of transferring services to Denver. He sighted the DNCP recommendation to convert the Cheyenne VAMC to a Critical Access Hospital, and questioned the VA’s failure to publish guidelines on, “what exactly a functioning CAH is.”

Mr. Jacobs noted the DNCP did not include the establishment of any new CBOC’s and indicated his organization’s belief that the VA should re-evaluate the need for CBOC’s in the Wyoming service area and that every effort should be made to staff such CBOC’s with VA personnel.

The American Legion believes the mission of the Cheyenne VAMC should not be changed or restricted (by designating it a CAH), services should not be transferred to Denver or contracted out. He stated, “Cheyenne is an excellent facility, with strong leadership, and devotion, to the veterans of Wyoming, Western Nebraska and Northern Colorado.”

Mr. Neville expressed his organization’s interest in having more outpatient clinics in Wyoming especially the western part of the state. He stated they oppose the curtailment of surgical services at the Cheyenne VAMC and highlighted various reasons including the extra distance to the Denver facility and the difficulty of travel during inclement weather, and the fact that the Denver facility is already taxed to capacity. He also sighted the cost effectiveness of receiving services at the Cheyenne facility as opposed to contracting for care. Their greatest fear according to Mr. Neville is that, “this will be the first step in the gradual erosion of services to the veterans of Wyoming.”

Mr. Palmer expressed concern about the extra distance many veterans would have to travel, especially during inclement weather, to receive their medical care if the DNCP is implemented. He said, “Wyoming can not support a plan that places our veterans at risk in such a callus manner.”

He further stated the Veterans Affairs Commission does not support the proposal to convert the Cheyenne facility to a Critical Access Hospital and transfer surgery and ICU to Denver. They are also not supportive of contracting out services. He said his organization recommends the Cheyenne VAMC maintain all services and care it currently provides.

The Veterans Affairs Commission does support the increase of CBOC's within the VISN and the planned construction of the new VAMC at Fitzsimons.

With regard to their involvement in the CARES process all but Mr. Neville indicated they had been very involved in the process; they said they were well informed and had the opportunity to provide input. There were no hidden agendas and nothing was held back. Mr. Neville indicated he could not speak to the issue as he did not take office until May and had, had no involvement since taking his current position.

When asked if they had any disagreement to the VISN's testimony, they responded that the VISN is supportive and on their side. They further stated there is two-way communication with the VISN and they look forward to working with the new Director.

#### **Panel #4 - Partners**

James B. Page, M.D., Clinical Affairs, College of Health Sciences, UOW  
Ms. Kendra Miller, Office of the Governor of Wyoming  
Mr. Burton Hutchinson Sr., Chairman, Northern Arapaho Tribe Business  
Committee (Mr. Paul Hanway, substituting for Mr. Hutchinson)

Dr. Page highlighted future rural health needs that did not appear to be adequately considered in the CARES planning process including:

The rapid aging of the population and health care providers of Wyoming and the low numbers of providers will result in the loss of over ½ of the physician workforce in the next 10 to 15 years.

The proposal to convert smaller VA hospitals to Critical Access Hospital look-alikes. He stated there is little evidence that the use of this model in the VA system will enhance either quality of care or produce cost efficiencies.

The elimination of ICU's from the smaller hospitals. He questioned the assumption that patients for admission can be pre-selected thereby insuring that no complications requiring intensive care will ensue.

Medical education. He stated the proposed changes in the mission of the Cheyenne VAMC would seriously damage the University of Wyoming residency training program and potentially threaten their accreditation as the Cheyenne facility has been a partner in training physicians to practice in rural Wyoming and other rural states.

Dr. Page said, "Before taking actions that will harm access and convenience in our rural area, it is vital that the rains anticipated from these actions be based in reality, not merely in theory.

Ms. Miller expressed her appreciation for the services offered by the VA but at the same time stated Wyoming Veterans cannot afford to lose valuable services offered through the Cheyenne VAMC. She said traveling to Denver for services is not a sufficient answer to the problem. She indicated that while she understood the need to consolidate services, consolidation should not be done at the expense of critically ill veterans who are in need of timely care.

Ms. Miller highlighted the Governor's strong feelings about the continuation of the whole menu of services currently to veterans at the Wyoming VA and his recommendation that

instead of Wyoming veterans traveling to Denver for care, the Va invest in Wyoming’s facility and bring more of the Denver/Front Range market to Wyoming for treatment. She further stated, “Exporting care to Denver is a mistake, and veterans would suffer.”

Mr. Hanway expressed concern about the possible closure of inpatient surgical services at the Cheyenne VAMC. He stated that historically the Arapaho have utilized the Cheyenne VA for their medical needs and are comfortable with this process partially because of the quality customer care and the fact that it is user friendly. He commended the Cheyenne VAMC staff on their cultural sensitivity to health issues facing American Indians.

Mr. Hanway emphasized that travel to Cheyenne for health care is difficult, but an additional 104 miles of travel to Denver would add to the difficulty. Travel in winter months would be an added burden. Additionally, the older veterans must be accompanied, which poses a problem of housing accommodation for the traveling companion if the veteran is required to stay more than one day.

He highlighted the fact that the Arapaho people have great respect and honor for those who put on the uniform of the United States military and encouraged the Commissioners to, “be like the Arapaho and show respect and honor due all veterans by leaving intact those medical services that will serve all veterans.”

**V. Commissioner Views**

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Eastern Rockies Cheyenne	Inpatient Medicine ~ Projected increase of 46% (32 beds) in 2012 and 27% (19 beds) in 2022	Cheyenne not specifically addressed in Market Plan. DNCP recommends Transfer of some inpatient services to Denver or contract.	The Commissioners concur with the DNCP recommendation to transfer some inpatient medicine services to Denver. The Commissioners agreed that Secretary Principi’s letter further clarifies the DNCP recommendation to transfer some inpatient surgery services from Cheyenne to Denver or contract out services. They noted that in its efforts to provide quality care, the Cheyenne VAMC has already implemented the process of transferring the highly complex surgeries to Denver, i.e. cardiac open heart, back surgery, etc., while keeping the less complex, routine surgery, i.e., gynecologic, podiatry, urology, superficial mastectomy, etc. at Cheyenne. The Commissioners feel it is significant to note that the Cheyenne facility is currently in the process of bringing on board a staff orthopedic surgeon, thereby

			<p>expanding its surgical capabilities to include orthopedic surgery. They agree that the addition of the orthopedic surgeon further supports the cost of care by avoiding private sector charges.</p> <p>On the issue of the conversion of ICU, the Commissioners recommend ICU be retained at Cheyenne. They sighted and agreed with the testimony of Dr. James Page that one cannot, “adequately pre-select patients for admission and thereby insure that no complications requiring intensive care will ensue.”</p>
Eastern Rockies Cheyenne	Outpatient Primary Care ~ Projected increase of 43% in 2012 and 28% in 2022	<p>DNCP consistent with Network Market Plan.</p> <ul style="list-style-type: none"> <li>- Cheyenne space driver Indicates a plan for 69,000 SF of new outpatient space</li> </ul> <p>VISN map indicates the possibility of a new CBOC in Sterling, CO but does not identify initiative to place CBOCs in Cheyenne.</p>	<p>The Commissioners recommend that the body of Commissioners incorporate the VISN 19 plan for two additional CBOCs in the overall CBOC review that is being requested. The review will look at the definition of CBOCs and the process for determining when a CBOC request is approved. Commissioners noted there are insufficient options for contracting for care.</p>
Eastern Rockies Denver Cheyenne	Outpatient Specialty Care ~ Projected increase of 87% (125,000 stops) in 2012 and 78% in 2022	<p>DNCP consistent with Network Market Plan.</p> <ul style="list-style-type: none"> <li>- Cheyenne space driver Indicates a plan for 69,000 SF of new outpatient space.</li> </ul>	<p>Commissioners noted that approximately 5000 plus SF of space is for expansion of Rehabilitative Medicine and an additional 5000 plus SF is devoted to Specialty Care, however the Commissioners would like the VISN to justify the need for the approximately 11,000 SF of space for rehabilitative medicine and specialty care. The remaining SF is subject to further analysis.</p>
Eastern Rockies Denver Cheyenne	Acute Hospital Care Access ~ 54% of veterans currently meet access standards (Standard is 65%)	<p>Cheyenne not specifically addressed in Market plan. DNCP recommends retaining of acute beds.</p>	<p>The Commissioners concur with the DNCP and Secretary Principi’s letter dated 10/14/03, as they relate to retaining Acute Hospital beds in the Cheyenne VAMC. With regard to meeting the significant access GAP, the Commissioners concur with the VISN’s original plan to address this GAP through the purchasing of care.</p>
Eastern Rockies Denver Cheyenne	Small Facility ~ Cheyenne is projected to require fewer than 40 beds	<p>The DNCP concurred with the recommendation to retain the acute beds.</p> <p>When the Under Secretary for Health presented his plan to the CARES Commissioners, there was</p>	<p>The Commissioners concur with DNCP recommendation to retain acute beds. Within the nature of health care delivery in Wyoming, the Cheyenne facility is one of the larger facilities (of the 21 hospitals in Wyoming, 11 have 25 beds or less and the</p>

		a recommendation to change the mission of the facility to a Critical Access Hospital.	largest hospital has 139 beds).  The Commissioners agreed that until the VA can develop and define Critical Access Hospital and its applicability to frontier areas, the mission of the Cheyenne VAMC should not be changed to that of a CAH.  The Commissioners noted the Cheyenne VAMC should also be included in the over all review being requested of all small facility hospitals.
Eastern Rockies Cheyenne	Spinal Cord Injury ~ VISN 19 is requested to develop an initiative for a SCI unit	Cheyenne not specifically addressed in Market Plan. DNCP includes the building of a new SCI 30-bed Spinal Cord Injury Center in replacement facility on the Fitzsimons campus, but does not speak to the long-term SCI beds.	No addressed
Eastern Rockies Cheyenne	Network Initiative Relocation of Denver VAMC to new Federal Facility and re-evaluation of space and function scores	DNCP concurs with Network plans to build a replacement hospital on the Fitzsimons campus.	The Commissioners concur with the DNCP recommendation to build a new VA replacement hospital on the Fitzsimons campus.
Eastern Rockies Cheyenne	Extended Care	Cheyenne not Specifically addressed. DNCP New 32,271 SF Nursing Home in Denver as part of the replacement facility construction	Not addressed
Eastern Rockies Cheyenne	DOD	DNCP generally the same as VISN market plan. - F.E. Warren AFB and Cheyenne VAMC – VA continuing to allow use of its facilities for minor number of services.	The Commissioners recommend the VISN maintain its joint partnering ventures and activities with the F.E. Warren AFB as outlined in the <u>Bullet Background Paper on F. E. Warren AFB and Cheyenne, Wyoming VA Partnering Initiatives</u> by Capt Stephens, Reva Lemley and Lynda Hardgrave. Activities include: Activity #1: VA Sharing Agreement - Resulting in cost savings to the Government for AD referrals, DME procurement, lost duty time and increased patient satisfaction using VA services for specialty care. Activity #2: Patient Decontamination- Resulting in the near completion of MDG equipment package; anticipated joint training by Spring 04. Activity #3: Alternate Medical Facility – Contingency Primary Care

			Resulting in MDG being able to provide continuity of care for empanelled beneficiaries. Contingency plan being executed after 9/11; enhancement of working relationship with VA – opened doors for new ideas. Activity #4: Radiology- Resulting in outstanding support from the VA. Billing issues significantly complicate this venture. Activity #5: Future Opportunities-In the preliminary stages with hopes for full development by 01/04 Researching opportunities to join satellite clinics in Greeley and Ft. Collins with the following proposed services: primary care (PCM's), limited ancillary; Lab, Rad, and pharmacy
Eastern Rockies Cheyenne	NCA	Not addressed in DNCP.	Not addressed by Commissioners
Eastern Rockies Cheyenne	Enhanced Use	Cheyenne not specifically addressed. DNCP recommends demolishing old facility and exploring enhanced-use lease opportunities for assisted living and other compatible uses.	Not addressed

## VI. Other Comments

The Commissioners noted the striking difference between the Cheyenne VAMC and other similar facilities and their ability to hire and retain staff. They expressed pleasure in the fact that Cheyenne does not have the same staffing challenges as other similar facilities and praise them on their ability to attract physicians and other allied health professionals from outlying areas.

The Commissioners took special note of the Premier Women's Clinic located at the Cheyenne VAMC, which is headed by a staff OB-GYN who is also female. In FY-02 the clinic provided care to a total of 1500 women. A break down of the category of women served includes: 500 active duty, 500 dependents, and 500 veterans. The clinic has been viewed as a positive addition to the Cheyenne facility by its patients and the market staff.

They expressed recognition of the importance of providing women health care in a private and secure environment that focuses solely on women's' health issues and praised the Center Director for establishing such a high quality program.

With regard to the partnering ventures between DoD and VISN 19, the Commissioners are in support of their cooperative efforts. They feel it is noteworthy that the Cheyenne facility has provided an office in the primary care treatment area for a Tri-Care Coordinator to facilitate the seamless treatment of Active Duty personnel and dependents authorized use of the VAMC.

The Commissioner noted that a cost study, conducted by the Cheyenne VAMC, showed the Cheyenne facility can provide inpatient care in a more cost effective manner than either TriCare, Medicare, or at the Denver VAMC. Cost accounting data indicated for FY 2002, the costs difference of inpatient care with TriCare costing \$250,000 more, Medicare costing 1.25 million more, and \$500,000 more for care at the Denver VAMC than projected care at the Cheyenne facility. Cheyenne could have cost avoided \$280,000 by providing care at their facility instead of Denver had they had the capacity in FY 2002.

The Commissioners also took special note of the testimony of Dr. James B. Page and his discussion of the issue of medical education. They concur with Dr. Page and his analysis of the affect the proposed changes in the mission of the Cheyenne VAMC would have on the University of Wyoming residency-training program, especially in internal medicine. They agree that changing the mission of the Cheyenne facility would negatively affect the two family practice programs that are focused on training physicians to practice in rural Wyoming and other rural states. Additionally, the proposed changes would not affect the partnership that has been established between the two agencies, but could possibly threaten the University's accreditation.

The Commissioners were impressed with the facility's ability to recruit and retain physicians and other allied health staff, and feel the recent addition of the orthopedic surgeon further supports the effective cost of care by avoiding private sector charges, which are in the range of Medicare plus 25% for those procedures appropriate to the Cheyenne facility.