

**CARES COMMISSION
POST HEARING SUMMARY**

VISN 19 Eastern Rockies, Grand Junction, Western Rockies Hearing
September 22, 2003

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

- II. Market Areas Addressed in Hearing
- Eastern Rockies
 - a. Denver
 - b. Cheyenne
 - Grand Junction
 - Western Rockies
 - a. Salt Lake City

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 Denver Cheyenne	Inpatient Medicine ~ Projected increase of 46% (32 beds) in 2012 and 27% (19 beds) in 2022	Not directly addressed - Denver; Space driver indicates 161,876 SF of new construction for inpatient services	Increased inpatient medicine services. Majority of increased demand will be absorbed at VAMC Denver until replacement facility is completed. Indicates excess space will be demolished.
Eastern Rockies Denver 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 - Denver; Space driver projects 655,100 SF of new outpatient construction This Network meets the Access Standard for driving distances and the VISN Market Plan does not identify a plan to place more CBOCs. However, the VISN Map indicates the possibility of a new CBOC in Sterling, CO.	DNCP consistent with Network Market Plan.
Eastern Rockies Denver Cheyenne	Outpatient Specialty Care ~ Projected increase of 87% (125,000 stops) in 2012 and 78% in	Not specifically addressed - Cheyenne Space driver indicates a plan for 69,000 SF of new outpatient space - Denver; Space driver	DNCP consistent with Network Market Plan.

	2022	projects 655,100 SF of new outpatient construction	
Eastern Rockies Denver Cheyenne	Acute Hospital Care Access ~ 54% of veterans currently meet access standards (Standard is 65%)	Provide contracts in Pueblo and Colorado Springs for acute hospitalization.	DNCP consistent with Network plan
Eastern Rockies Denver 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) 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.	The DNCP concurred with the recommendation to retain the acute beds. When the Under Secretary for Health 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 Denver Cheyenne	Spinal Cord Injury ~ VISN 19 is requested to develop an initiative for a SCI unit	Network proposes establishing a 30-bed SCI unit at Denver as part of the new hospital construction. The Network also proposes to allocate a portion of those beds to long-term SCI.	DNCP includes the building of a new SCI unit but does not speak to the long-term SCI beds.
Eastern Rockies Denver 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 Denver 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 Denver Cheyenne	DOD	- Buckley AFB ~ possible opportunity to meet medical needs of BAFB at the new Fitzsimons hospital. Both Air Force	DNCP generally the same as VISN market plan.

		<p>and VA leadership see as an opportunity</p> <ul style="list-style-type: none"> - Fort Carson ~ Opportunity to locate CBOC on base. Colorado Springs CBOC currently in leased space - Air Force Academy, ~ some opportunity on AF Academy campus. Discussions continuing. - F.E. Warren AFB and Cheyenne ~ VAMC VA continuing to allow use of its facilities for minor number of services. 	
Eastern Rockies Denver 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 Denver Cheyenne	Enhanced Use	If replacement construction occurs at Fitzsimons, opportunity for enhanced use would occur at old site. (However, current facility contains lead-based paint and space is deemed in poor conditions, e.g., log functional scores in the space evaluation.)	Not included in DNCP.

Market Area <i>(Indicate Facility if Applicable)</i>	Planning Initiative <i>(Met Criteria)</i>	Market Plan Recommendation	DNCP Recommendation
Grand Junction	Outpatient Specialty Care ~ Projected increase of 47% (11,000 stops) in 2012 and 26% in 2022.	Two of four criteria were met when this PI was selected. Met for percent increase but not for number of clinic stops. This PI was not addressed in the VISN Market Plan. Proposed Management of Space Table in VISN Market Plan identified construction of 64,300 SF of new outpatient space. 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.
Grand Junction	Access to Primary Care ~ 64% currently have access within the standard.	This was not selected as a Planning Initiative. It is estimated that access will decline to 54% in 2012 and to 48% in 2022.	DNCP is somewhat vague in this. It indicates that it will increase primary care outpatient services in one market through new

	Requirement is 70%		construction and conversion of space (but does not specify which one).
Grand Junction	Access to Tertiary Care ~ 61% have access which does not meet the 65% standard	This was not selected as a planning initiative (PI). It is estimated that access will increase to 64% in 2012 and to 67% in 2022.	As this was not included in the VISN Market Plan, it was not included in the DNCP.
Grand Junction	Small Facility ~ Grand Junction is projected to require fewer than 40 beds	Grand Junction 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. Easy to recruit staff.	The DNCP concurred with the recommendation to retain the acute beds. When the Under Secretary for Health presented his plan to the CARES Commissioners, there was a recommendation to change the mission of the facility to a Critical Access Hospital
Grand Junction	Inpatient Construction	This was not identified as a PI, nor do the data indicate there is a gap. However, the VISN Market Plan's Proposed Management of Space table identifies 3,100 SF of new construction. On site visit to Grand Junction, the facility indicated that it planned to renovate its operating rooms, which are about 50 years old and to add some monitored beds.	Not addressed in the DNCP.

Market Area (Indicate Facility if Applicable)	Planning Initiative (Met Criteria)	Market Plan Recommendation	DNCP Recommendation
Western Rockies Salt Lake City	Outpatient Specialty Care ~ Projected increase of 72% (63,000 stops) in 2012 and 56% in 2022	This PI was not specifically addressed in VISN Market Plan Proposed Management of Space Table in VISN Market Plan for the Outpatient Care indicates there will be 48,500 SF of conversion of vacant space, 25,000 SF of new construction and 43,000 SF of new leased space	DNCP indicates 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.

Western Rockies Salt Lake City	CBOC Elko County, NV	Plans for the proposed CBOC were developed in conjunction with VISN 21. Elko County, NV is on far western border of market and would serve VSN 21 enrollees as well. This CBOC does not appear to be supported by projected workload, access standards and volume. There is a projected decrease in Primary care demand of 13% by 2022.	Not Addressed in DNCP
Western Rockies Salt Lake City	CBOC Afton, WY	A potential CBOC has been identified for Afton, Wyoming. Veteran stakeholders have been strong in their views that this proposed CBOC should be run by Sheridan VAMC even though the natural referral pattern is to Salt Lake City. The Network disagrees with this and believes that the clinic, if opened should be attached to Salt Lake City. It is not clear if this CBOC is actually a proposed CBOC as it is not in the Market Plan; however, the Network Map indicates it is a proposed site.	Not Addressed in DNCP
Western Rockies Salt Lake City	DOD Hill AFB (Near Ogden)	Discussions with Hill AFB have been ongoing for many years. No evidence of opportunities for expanded services.	Included in the DNCP and identified as having no potential agreements.
Western Rockies Salt Lake City	Enhanced Use	Salt Lake City; Completed Phase I of an enhanced use project and is planning for Phase II. Phase I relocated VBA from leased space to medical center campus. Private sector leasers being sought for remaining space in Phase I building. Projected to save \$8.7 million. Phase II proposed to construct 125,000 SF joint research facilities for VA and U of Utah. Would consolidate research to one location.	Included in the DNCP which indicates that proposal was submitted to demolish old VA buildings and replace with new. VA to occupy some of space.

Brief Description of Hearing Testimony

Panel #1 – Congressional Representatives

Ms. Laura Lewis from the Office of Senator Craig Thomas of Montana

Mr. Bill Kottenstette from the Office of Congressman Bob Beauprez, of Colorado

Mr. Mike Henderson from the Office of Congressman Jim Gibbons of Nevada

Senator Thomas' testimony highlighted and supported the Cheyenne VAMC and the need to retain its present mission. He sighted the CARES Committee report suggesting the downsizing of the Cheyenne4 facility to a Critical Access Hospital and factors the Committee did not take into account when making the suggestion, i.e., the role the Cheyenne VAMC has in providing services to the medically underserved veterans in the rural area; the outstanding performance of the staff in accommodating the workload growth; and the potential loss of vital services to the veteran population of Wyoming, northern Colorado and western Nebraska.

Mr. Kottenstette expressed the Congressman's support for the proposed new Federal building to be located on the Fitzsimons campus. While Mr. Henderson expressed Congressman Beauprez's support for the establishment of a CBOC in Elko.

Commissioner Ferguson noted that Senator Thomas' testimony incorrectly referred to the CARES Commission having made the recommendation to change the mission of Cheyenne VAMC; she stated the CARES Commission had made no recommendations and requested that the record be corrected.

Panel #2 – Network Leadership

Ken Maffet, MD, Acting Network Director, VA Rocky Mountain Network, VISN 19

Accompanied by:

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

Ed Thorsland, Director, VA Eastern Colorado Health Care System

David Kilpatrick, MD, Director, VA Medical Center, Cheyenne, Wyoming

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

Kurt Schlegelmilch, Director, VA Medical Center, Grand Junction, Colorado

Steve Crump, CARES Planner, VA Rocky Mountain Network

Dr. Maffet outlined the priorities for VISN 19 and provided an overview of the three Markets. He presented the VISN priorities which included: (1) construction of the new Federal facility in Denver' (2) retaining the mission of the two small facilities in Cheyenne and Grand Junction, (3) establishment of the West Valley City CBOC, and (4) establishment of a new CBOC in Elko, to provide medical services to the 48,000 veterans of Elko County.

He said the Eastern and Western Rockies markets; access standards are being met for primary and Tertiary care. However in the Eastern Rockies, standards are not met for hospital care. In the Grand Junction market, primary and tertiary access standards are not being met. They fall slightly below the CARES standards.

He indicated that within the Eastern Rockies market, outpatient specialty and primary and inpatient medicine care gaps will be met by building a replacement Federal facility at the Fitzsimons campus. The construction of the facility will be a joint effort with Buckley AFB and anticipated completion is 2007. Outpatient primary care demand will be met through the two new CBOCs (West Valley City and Elko).

Dr. Maffet stated Grand Junction VAMC is the only medical center in the market. Access standards will be met through the purchase of some local community services. Acute hospital beds will be retained in Cheyenne and Grand Junction.

Panel #3 – Veterans Organizations

Mr. Bill Conroy, Paralyzed Veterans of America

Mr. Bob Craft, Veterans of Foreign Wars

Mr. Terry Schow, Director, Division of Veterans Affairs,

Mr. Rob E. Lougee, Disabled Veterans of America

Mr. Don Ewing, State Director, State of Wyoming Veterans' Commission

Mr. Todd White, The American Legion

When questioned, each panelist indicated that either he or his organization had been involved in the CARES process. Mr. White of the American Legion said he had the opportunity to look at all 20 plans, but was not a part of the VISN plan. Mr. Craft stated strong support for additional access points as a means of ensuring the well being of veterans living in rural areas. Mr. Lougee indicated support of the building of the VA Medical Center at the Fitzsimmons Campus, while Mr. White was supportive of building a nursing home on the campus.

Mr. White expressed concern regarding long term care and mental health, but when asked about particular concerns, he stated he had no particular concerns. More than one panelist expressed the issues of concern related to the closure of the Cheyenne VAMC. When advised that there was no proposal to close the hospital, there was disagreement by the panelist regarding the information contained in the CARES Plan (several of the VSO panelist interpreted the information to mean the Cheyenne Hospital was scheduled for closure). Mr. Conroy suggested that the DNP is vague on this issue and is open to interpretation. It was suggested that this was an area that perhaps needed clarification.

Panel #4 – Employee Representatives

Ms. Nancy Jones, President AFGE, Local 2199, Salt Lake City

Mr. Everett Johnston, AFGE President, Local 2241, Denver

Mr. Scott MacKenzie, AFGE Liaison Network 19, and AFGE Local President, Cheyenne

Mr. Johnston indicated his organization is not in agreement with the final draft of the DNP. His organization is however in agreement with the need for a new hospital, but disagreed with it being placed adjacent to the University of Colorado Hospital. Such a move, according to Mr. Johnston implies an integration of services and a loss of VA independence. Support for the construction of a federal hospital that remains a federal enclave.

Mr. Johnston also expressed concern about that fact that long-term care, extended care and psychiatric care were not included in the planning initiative. He suggested that thoughtful consideration should go into providing services in the areas of mental and geriatric care.

Ms. Jones expressed concern about inadequate staffing and the large number of eligible and enrolled veterans who are awaiting initial primary care appointments. She asked that the Commissioners consider the impact of anticipated increase in the number of veterans seeking care especially in the area of specialty care. She also asked that they look at how proposed hospital closings and realignment will impact on employees.

Mr. MacKenzie, expressed the unions feelings of skepticism about the CARES process and its perception that CARES is a synonym for BRAC. He and his organization feel the process will not improve the quality of care received by the patient population. He also expressed concern

about the provision of care for those veterans who reside in isolated areas, i.e., northeast corner of Montana, southwest corner of Wyoming, middle of the Rockies, near Bruce Canyon in Utah.

Panel #5 – Affiliates and Collaborative Partners

Dr. James Shore, Chancellor, University of Colorado HSC

Dr. Lorris Betz, Dean, School of Medicine, University of Utah

Dr. Shore expressed the University’s continued support of its partnership with the VAMC and the unique opportunity the University and the VA share with the proposed construction of the new federal building on the Fitzsimons campus. He indicated that all partners in this effort support the new Fitzsimons campus (Congressional delegation, Governor, Colorado legislature, CU President and Regents, community groups and veterans groups).

Dr. Betz stressed the fact that the University of Utah supports the CARES initiative.

Panel #6 – DOD Collaboration

Dr. Dennis Brimhall, President and CEO University of Colorado Hospital

Col. James Malenkos, USAF, Deputy Command Surgeon AFSP/SG

Lt. Col. Danny Seanger, USAF, Buckley AFB

Mr. David McIntyre, President and CEO Triwest Health Care Alliance

All panelists agreed that the joining of resources provides DoD and the VA a unique opportunity to improve the delivery of health care and are in support of the proposed construction on the Fitzsimons Campus.

Dr. Brimhall indicated that the joint venture provides an opportunity and a new model that might be replicated in other areas. It also provides a new model for infrastructure, preserves veteran health care and enhances a 50-year relationship. However, he also indicated that time is of the essence as there is much demand for the land.

IV. Commissioner Views

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Eastern Rockies Denver Cheyenne	Inpatient Medicine ~ Projected increase of 46% (32 beds) in 2012 and 27% (19 beds) in 2022	Increased inpatient medicine services. Majority of increased demand will be absorbed at VAMC Denver until replacement facility is completed. Indicates excess space will be demolished.	Commissioners agreed that there is a need for more inpatient beds in Denver and that there are no easy alternatives for adding that space at the existing VAMC.

Eastern Rockies Denver Cheyenne	Outpatient Primary Care ~ Projected increase of 43% in 2012 and 28% in 2022	DNCP consistent with Network Market Plan. - Cheyenne space driver Indicates a plan for 69,000 SF of new outpatient space - Denver Space driver Projects 655,100 SF of new outpatient construction. Plan does not identify a plan to place more CBOCs. However, the VISN plan indicates the possibility of a new CBOC in Sterling, CO.	Commissioner concurs with DNCP. While the plan did not address the possible new CBOC identified in the VISN map, the Commissioners agreed there needs to be other options to meeting the 7000 level criteria for establishing CBOC's.
Eastern Rockies Denver Cheyenne	Outpatient Specialty Care ~ Projected increase of 87% (125,000 stops) in 2012 and 78% in 2022	DNCP consistent with Network Market Plan. - Cheyenne space driver Indicates a plan for 69,000 SF of new outpatient space. - Denver space driver Projects 655,000 SF of new outpatient construction.	Commissioners concur with plan.
Eastern Rockies Denver Cheyenne	Acute Hospital Care Access ~ 54% of veterans currently meet access standards (Standard is 65%)	DNCP consistent with Network plan - Provide contracts in Pueblo and Colorado Springs for acute hospitalization.	Commissioners concur with the need for contract hospitalization.
Eastern Rockies Denver Cheyenne	Small Facility ~ Cheyenne is projected to require fewer than 40 beds	The DNCP concurred with the recommendation to retain the acute beds. When the Under Secretary for Health presented his plan to the CARES Commissioners, there was a recommendation to change the mission of the facility to a Critical Access Hospital.	Commissioners expressed concern about changing the mission of the Cheyenne facility. Agreed that facility does not fit the idea/definition of a Critical Access Hospital and recommended retaining facility's current mission. They agreed that any change to mission would be ill advised due to the remoteness, and distance veterans would need to travel. VISN should find opportunities to enhance services provided at Cheyenne facility. They also requested the VISN provide more information about their cost-benefit analysis and how they compare to Medicare costs.. VISN needs to seize the opportunity to enhance services provided at Cheyenne facility.
Eastern Rockies Denver Cheyenne	Spinal Cord Injury ~ VISN 19 is requested to develop an initiative for a SCI unit	DNCP includes the building of a new SCI unit but does not speak to the long-term SCI beds.	Commissioners questioned justification/rationale for SCI beds. They agreed there is a lack of data to support building SCI unit. Additional information to support new unit is needed, i.e., current number of patients, referral patterns, etc.

Eastern Rockies Denver Cheyenne	Network Initiative Relocation of Denver VAMC to new Federal Facility and re-evaluation of space and function scores	Replacement hospital at Denver that includes large outpatient care projects and a VA/DOD joint venture.	Commissioners concur with and are in support of construction of new replacement hospital to meet increased demand and concurred with VISN that the loading dock bay of the current facility should be used to increase space if construction of the new Federal building at Fitzsimons does not go through. They also support joint venture with DoD.
Eastern Rockies Denver Cheyenne	Extended Care	New 32,271 SF Nursing Home in Denver as part of the replacement facility construction	Commissioners questioned the rationale for building of a new 60 bed-nursing unit as part of the Denver replacement facility construction. They agreed that DNCP did not present rationale for placing a facility here as opposed to where veterans reside. Commissioners would like to see supporting documentation, including hard data in defense of new unit. What are the implications of the Mill Bill to the plan for nursing home? DNCP did not address market plan to build a 20-bed sub-acute rehabilitation unit adjacent to the State Veterans' Home in the Fitzsimons campus. More information related to specific plans is needed.
Eastern Rockies Denver Cheyenne	DOD	DNCP generally the same as VISN market plan. <ul style="list-style-type: none"> - Buckley AFB-possible Opportunity to meet Medical needs of BAFB at the new Fitzsimons hospital. Both Air Force and VA leadership see an opportunity. - Fort Carson- Opportunity to locate CBOC on base. Colorado Springs CBOC currently in leased space. - Air Force Academy – Some opportunity on AF Academy campus. Discussions continuing. - F.E. Warren AFB and Cheyenne VAMC – VA continuing to allow use of its facilities for minor number of services. 	Commissioner in agreement with VA commitment to be in partnership with DoD. Supportive of work with DoD to build a federal hospital next to the University of Colorado facility.

Eastern Rockies Denver Cheyenne	NCA	Not addressed in DNCP.	Not addressed
Eastern Rockies Denver Cheyenne	Enhanced Use	Not included in DNCP.	Commissioners concur with opportunity for enhanced use of current Denver VAMC if replacement construction at Fitzsimons occurs, but also indicated there are a number of overriding issues related to enhanced use of this facility, i.e., lead based paint, and poor condition of space.

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Grand Junction	Outpatient Specialty Care ~ Projected increase of 47% (11,000 stops) in 2012 and 26% in 2022.	DNCP Indicates that there will be an increase specialty care outpatient services in all five markets and at all sites. Indicates the 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 concur that VISN should go forward with plan for meeting projected increase in specialty care, including contracting.
Grand Junction	Access to Primary Care ~ 64% currently have access within the standard. Requirement is 70%	DNCP is somewhat vague in this. It indicates that it will increase primary care outpatient services in one market through new construction and conversion of space (but does not specify which one).	Commissioners raised questions regarding the lack of a plan to address the access gap in this market especially since access is projected to decrease.
Grand Junction	Access to Tertiary Care ~ 61% have access which does not meet the 65% standard	As this was not included in the VISN Market Plan, it was not included in the DNCP.	Commissioners questioned the lack of a plan to address the access gap in this market.

Grand Junction	Small Facility ~ Grand Junction is projected to require fewer than 40 beds	The DNCP concurred with the recommendation to retain the acute beds. When the Under Secretary for Health presented his plan to the CARES Commissioners, there was a recommendation to change the mission of the facility to a Critical Access Hospital	Commissioners did not agree that Grand Junction's mission should be changed to a Critical Access facility. They recommended that Grand Junction retain its current mission due to its significant distance from other VA's, the cost of contracting and the current high quality care that is provided.
Grand Junction	Inpatient Construction	Not addressed in the DNCP.	

VISN/Market Area <i>(Indicate Facility if Applicable)</i>	Subject	DNCP Recommendation	Commissioner Views
Western Rockies Salt Lake City	Outpatient Specialty Care ~ Projected increase of 72% (63,000 stops) in 2012 and 56% in 2022	DNCP indicates 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.	Commissioners agree with plan for conversion of vacant space and new construction. Commissioners concurred that it makes sense from both an economic and care perspective to open a CBOC at West Valley in order to move some care away from the Salt Lake City VAMC, which is currently at capacity. It appears to be more cost effective to open a clinic than construct more space at Salt Lake City. Likewise there is a need for re-examination of the definition of CBOCs as they cannot be established under the current definition unless they meet the 7000 level criteria.
Western Rockies Salt Lake City	CBOC Elko County, NV	Not Addressed in DNCP	Commissioners agreed there is a need for this CBOC due to its distance from other facilities but would like to see data related to plans for proposed CBOS to be developed in conjunction with VISN 21.
Western Rockies Salt Lake City	CBOC Afton, WY	Not Addressed in DNCP	Commissioners agreed there is a need for this CBOC due to its distance from other facilities.
Western Rockies Salt Lake City	DOD Hill AFB (Near Ogden)	Included in the DNCP and identified as having no potential agreements.	Not addressed

Western Rockies Salt Lake City	Enhanced Use	Included in the DNCP which indicates that proposal was submitted to demolish old VA buildings and replace with new. VA to occupy some of space.	Commissioners in agreement with continuation of proposed plan.

V. Other Comments

1. Sharing Agreements and Contract care
Commissioners agreed that in rural areas contracting is likely to be the preferred alternative in many cases, but still there is a need to ensure that the quality of contracted care is good.
2. The Commissioners had questions about contracted care as opposed to care provided by the VA.
3. The Director at the Cheyenne noted that they had conducted a cost analysis of keeping that facility in its current role and in changing the mission. The results of the review indicated it is more cost effective to retain the current mission.
4. The Commissioners noted that the quality of care provided at Grand Junction and Cheyenne is good, however, wait times and wait lists continue to be problematic for not only Grand Junction, but also Denver and Salt Lake.
5. The Commissioners noted that in some cases CBOCs that are being planned would address capacity issues rather than access improvement. They are proposals for new sites that address the issue of lack of space and are generally proposed to be close to the parent facility and they represent a realignment of where some services are provided. The Commissioners agree that a system should be put in place that would disallow consideration of such proposals.

VI. Follow-up questions for VHA/VISN

1. Please provide information on plan for proposed CBOC development, in conjunction with VISN 21, to be located in Elko County, NV. Given the projected decrease in primary care demand of 13% by 2022, please provide justification and data to support the need for requested CBOCs, including Elko, Afton and all other proposed CBOCs in the Network.
2. Please provide information on the definition of a CBOC and what is required to have a new CBOC approved.
3. Please provide specific information regarding the plans to contract for Acute Hospital Care in Pueblo and/or Colorado Springs.
4. Please provide information regarding the need for SCI beds, including the current number of patients, and referral patterns. Please identify the number of beds that

would be acute and the number that would be Long Term.

5. Please provide data and justification that support your testimony that Grand Junction and Cheyenne facilities are cost effective and provide care below Medicare rates. Include any cost analysis information related to maintaining the facilities in their current mission versus cost projections associated with mission change as proposed in the DNCP.
6. Please provide information on discussions that support the need to place a new 60-bed nursing home care unit at the new Denver campus. Please include information about the types of patients cared for in the current nursing home, average length of stay and the percentage discharged home. Also provide information regarding the need for the proposed 20 bed sub-acute unit and their intended use.
7. Please discuss the decision and rationale not to address the primary and tertiary care access issues in the Grand Junction market.