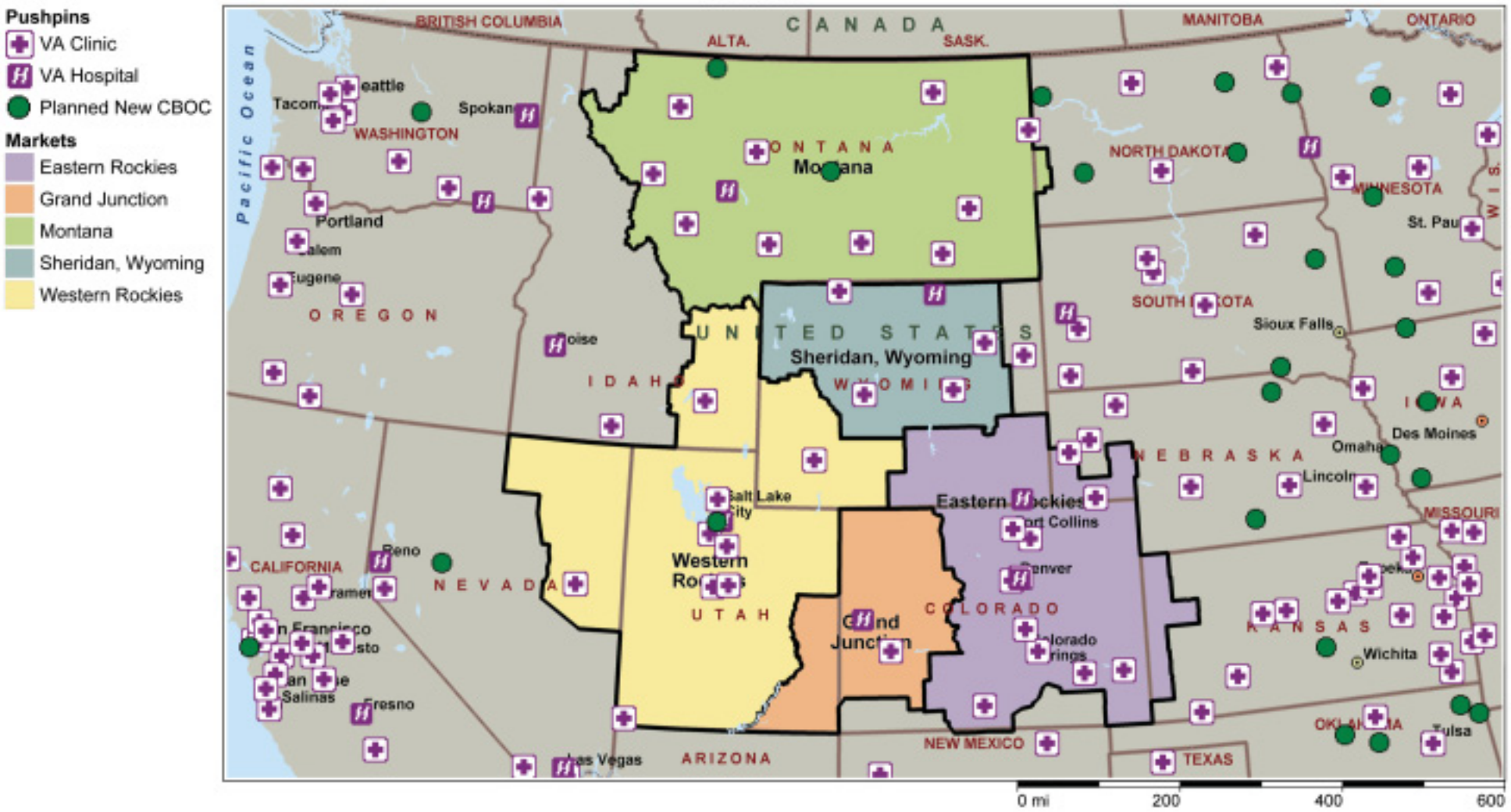
VISN 19



CARES DECISIONS FOR VISN 19

CARES Commission Recommendation

Replacement VAMC at Denver

1. The Commission concurs with the DNCP proposal for building a replacement medical center with DoD on the Fitzsimmons campus and recommends that it be made a high priority.
2. The Commission concurs in principle with the DNCP proposal to build a replacement nursing home unit.
3. The Commission recommends that prior to taking any action to reconfigure or expand long-term care capacity or replace existing long-term care facilities VA should develop a long-term care strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the long-term care of the seriously mentally ill.

Secretary's Decision

Replacement VAMC at Denver

VA will build a replacement VA medical center through a sharing agreement with DoD on the Fitzsimmons campus with some shared facilities with the University of Colorado. The Denver VAMC is old, has deficiencies in patient privacy, and has space deficits of 41,000 square feet in inpatient space and 201,000 square feet in outpatient space. Recognizing the need for increased space and for enhanced facilities, VA will proceed with advanced planning to develop a replacement facility.

To ensure effective implementation of this project, VA will develop a Master Plan for transition from the existing Denver VAMC to the new facility on the Fitzsimmons campus. The Master Plan will include strategies for managing patient transfer, new construction, and development of an enhanced use lease or disposal of the existing Denver campus upon transfer of all patient care services. It will also include a cost-effectiveness analysis to ensure that the plan and sharing opportunities are fiscally sound. VA will develop plans for the size of the replacement nursing home using its long-term care and mental health strategic plans. VA will ensure that the decision on disposal or reuse of excess VA property serves to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition. VA will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

While VA expects this transition to occur over several years, VA will complete the Master Plan by September 2004 (*Reference – VA/DoD Sharing, Long-Term Care, Excess VA Property: Crosscutting*).

CARES Commission Recommendation

II Special Disability Programs – Spinal Cord Injury and Disorders (SCI/D) Center

The Commission concurs with the DNCP proposal to add a 30-bed SCI/D Center at Denver.

Secretary's Decision

II Special Disability Programs – Spinal Cord Injury and Disorders (SCI/D) Center

As part of the implementation process, VA will validate the number of SCI/D beds to ensure the appropriate need for and distribution between acute and long-term beds. Validation also will consider referral patterns as well as location and inter-VISN collaboration as appropriate. Implementation plans for development of an SCI/D Center in Denver will be included in the FY 2005 VISN strategic planning submission and as part of the Master Plan for the Denver replacement facility (*Reference – Special Disability Programs: Crosscutting*).

CARES Commission Recommendation

III Small Facility
Cheyenne VAMC

The Commission does not concur with the DNCP proposal that Cheyenne's mission should be changed. The Commission recommends Cheyenne retain its current mission due to its significant distance from other VAMCs; the high quality of care, including surgical care; the excellent condition of its buildings; the cost-effectiveness of operations; and the negative impact a mission change would have on the affiliation with the University of Wyoming and the DoD collaboration.

Secretary's Decision

Small Facility
Cheyenne VAMC

Facilities like the Cheyenne VAMC play an important role in the health care of veterans who reside in rural areas. The Cheyenne VAMC is more than 100 miles from Denver, the nearest VAMC. In addition, many patients from Sheridan, WY use the Cheyenne VAMC for inpatient care. The Wyoming market already has a travel access gap and there is only one local Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-accredited hospital within 60 minutes of the Cheyenne VAMC. To maintain access to inpatient care in the rural Cheyenne area, the Cheyenne VAMC will retain its inpatient care mission.

While the Cheyenne VAMC will retain its inpatient care mission, it is important that VA ensure the quality of care it provides at its small facilities — specifically the scope of surgical procedures performed. The Cheyenne VAMC was designated in the DNCP for mission change to a Critical Access Hospital (CAH), a concept intended to ensure ongoing and future quality of care at small facilities by defining the appropriate scope of practice. In its report, the Commission found that VA needed a more complete definition for the CAH concept. VA is now in the process of developing a "Veterans Rural Access Hospital" (VRAH) policy that will provide a detailed definition and framework for assessing the clinical and operational characteristics of small and rural facilities. This policy will be completed in June 2004 and will be used to ensure that VA continues to provide quality and appropriate care to veterans at small and rural facilities like the Cheyenne VAMC.

Once the VRAH policy is approved, VA will review the scope of Cheyenne VAMC surgical services to determine whether it meets the criteria for surgical practice as will be defined in the VRAH policy. In the interim, the Cheyenne VAMC will continue to operate in accordance with its current mission.

The VRAH study will be completed by the end of the calendar year and results will be included in the VISN FY 2005 strategic planning submission (*Reference – Critical Access Hospital: Crosscutting*).

CARES Commission Recommendation

IV Small Facility
Grand Junction VAMC

The Commission does not concur with the DNCP proposal that Grand Junction's mission should be changed. The Commission recommends that Grand Junction retain its current mission due to its significant distance from other VAMCs and the high quality of care.

Secretary's Decision

IV Small Facility
Grand Junction VAMC

Facilities like the Grand Junction VAMC play an important role in the health care of veterans residing in rural areas. The Grand Junction VAMC is approximately 250 miles from either Denver or Salt Lake City, with mountain ranges on either side of the facility. There are only two local JCAHO-accredited hospitals within 60 minutes of the Grand Junction VAMC. Data for inpatient medicine and surgical services indicate that the costs of care at Grand Junction are lower than Medicare unit costs. Grand Junction also was honored with the President's Quality Award in 2001 in recognition of its focus on organizational improvement and results. These factors all support the need for Grand Junction VAMC to retain its inpatient care mission.

While the Grand Junction VAMC will retain its inpatient care services, it is important that VA ensure the ongoing and future quality of care it provides at its small facilities — specifically the scope of surgical procedures performed. The Grand Junction VAMC was designated in the DNCP for mission change to a CAH, a concept intended to ensure quality of care at small facilities by defining the appropriate scope of practice. In its report, the Commission found that VA needed a more complete definition for the CAH concept. VA is now in the process of developing a "Veterans Rural Access Hospital" (VRAH) policy that will provide a detailed definition and framework for assessing the clinical and operational characteristics of small and rural facilities. This policy will be completed in June 2004 and will be used to ensure that VA continues to provide quality and appropriate care to veterans at small and rural facilities like the Grand Junction VAMC.

Once the VRAH policy is approved, VA will review the scope of the Grand Junction VAMC's surgical services to determine whether it meets the criteria for surgical practice as will be defined in the VRAH policy. In the interim, the Grand Junction VAMC will continue to operate in accordance with its current mission.

The VRAH study will be completed by the end of the calendar year and results will be included in the VISN FY 2005 strategic planning submission (*Reference – Critical Access Hospital: Crosscutting*).

CARES Commission Recommendation

V Small Facility and Seismic
Fort Harrison VAMC

1. The Commission concurs with the DNCP proposal to maintain the current mission of the Fort Harrison VAMC.
2. The Commission recommends that patient safety be the highest priority for VA CARES funding. VA should seek the appropriation of necessary funding to correct documented seismic/life safety deficiencies as soon as possible.

Secretary's Decision

V Small Facility and Seismic
Fort Harrison VAMC

VA will maintain the current mission of the Fort Harrison VAMC and will ensure patient and employee safety by correcting existing seismic deficiencies (*Reference – Patient and Life Safety: Crosscutting*).

CARES Commission Recommendation

VI Inpatient Care

The Commission concurs with the DNCP proposal to improve acute hospital access by contracting for inpatient care in the Eastern Rockies, Montana, and Wyoming markets and for tertiary care in the Montana and Wyoming markets.

Secretary's Decision

VI Inpatient Care

VA will improve access to hospital and tertiary care by using existing authorities and policies to contract for care in the Eastern Rockies, Montana, Wyoming, and Grand Junction markets (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

VII Outpatient Care

1. The Commission concurs with the DNCP proposal to meet part of the future demand for more primary care, mental health, and specialty outpatient care through construction and conversion of space at current sites of care, and to increase specialty care at selected current sites of care, as well as contracting in high peak periods of growth. The Commission notes, however, that merely increasing services at existing sites of care will not resolve access gaps in some markets.
2. The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.

Secretary's Decision

VII Outpatient Care

VA will meet the demand for primary, mental health, and specialty outpatient care through construction and conversion of space at existing sites and by using existing authorities and policies to contract for care where necessary.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 19 has three new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Fort Harrison VAMC	Lewiston	MT
Fort Harrison VAMC	Cut Bank	MT
Salt Lake City VAMC	Salt Lake City	UT

These new sites of care will help the VISN, which currently is below access standard in its Montana market, to meet national access standards and will relieve a space deficit at a crowded Salt Lake City VAMC (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

VIII Enhanced Use
Salt Lake City VAMC

The Commission concurs with the DNCP proposal for the Phase II enhanced use project at Salt Lake City.

Secretary's Decision

VIII Enhanced Use
Salt Lake City VAMC

VA will proceed with Phase II of the enhanced use lease project at the Salt Lake City VAMC (*Reference – Enhanced Use Lease: Crosscutting*).