



ANNUAL REPORT 2006

VA ROCKY MOUNTAIN NETWORK VISN 19



OUR MISSION

To be a comprehensive, integrated healthcare system providing excellence in healthcare value, excellence in service as defined by our veteran patients and excellence in education and research.

OUR VISION

VA Rocky Mountain Network will provide healthcare second to none.

OUR VALUES

VA Rocky Mountain has embraced the promise of providing veterans care second to none. The core values that motivate us are:

Commitment

Collaboration

Communication

Customer Service

Excellence

Trust and Respect



From Our Network Director*

From October 2003 to February 2007, it has been my privilege and honor to manage the delivery of health care for veterans in the VA Rocky Mountain Network (VISN 19). We have risen to the challenge of maintaining our reputation for providing excellence in healthcare to veterans who reside in our service area. VISN 19 continues to exceed expectations based on the foundation of two key drivers: quality patient care, second to none, in terms of both quality (technical and perceived) and efficiency. These key drivers enable the network to carry out the direction of the President's Management Agenda, VA strategic goals and VHA goals and objectives.

The constant focus on high quality, satisfaction and access has allowed us to take major strides in the development of new programs, services and in being recognized as the recipient of two prestigious national awards in 2006: the VHA Kenneth W. Kizer Quality Achievement Award and the Carey Performance Excellence Award. These awards recognize organizational performance, quality and sustained success by engaging the entire workforce in a results-oriented improvement process that leads to exceptional outcomes and that demonstrates exemplary processes of assessment, learning, and improvement. VISN 19 was recognized for demonstrated, consistent excellence and results across all our Medical Centers, Health Care Systems and CBOCs.

Upon my arrival as Network Director of VISN 19, I made three promises to all the veterans of VISN 19: that the care provided by VISN 19 would be second to none, that we would maintain or expand services and that every veteran would be personally satisfied based on outcome. My promise to provide care second to none in our VISN has been and is dependent on the dedication and labor of the 4,568 VA employees who work in cities and towns across VISN 19. Our dedicated staff was honored to provide care to over 152,000 veterans last year including recently returned active duty, Reserve and National Guard troops, with services designated to specifically address the health care needs of their military deployment. Though we face a new generation of veterans returning from war who have specialized needs that are different from the generations of other veterans we serve, it is my vision to continue to ensure quality treatment and consideration for all veterans.

Although the demand is great, we remain steadfast in our promise to honor our nation's veterans, believe in the mission of the Department of the Veterans Affairs and remain committed to ensuring top quality service to those who have risked so much in service to our country. I am confident that, as a team, we will continue to fulfill the Department's mission and am proud to share the following information on how VISN 19 has benefited the lives of our Nation's veterans and their families. On behalf of VISN 19, I am pleased to present our 2006 Annual Report.

Sincerely,

A handwritten signature in black ink that reads "Lawrence A. Biro". The signature is written in a cursive, flowing style.

Lawrence A. Biro
Director, VA Rocky Mountain Network

* Mr. Lawrence Biro became VISN 7 Network Director on March 5, 2007. Mr. Glen W. Grippen, FACHE, will become the new VISN 19 Network Director effective July 13, 2007.

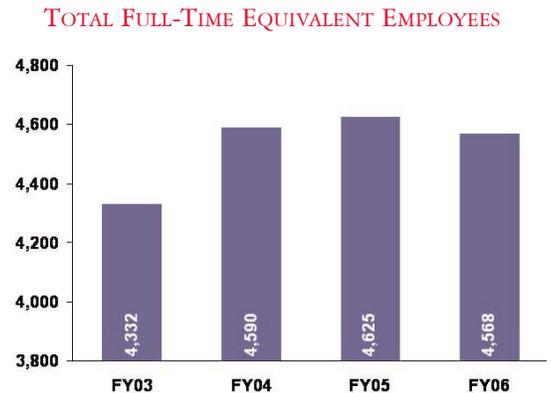
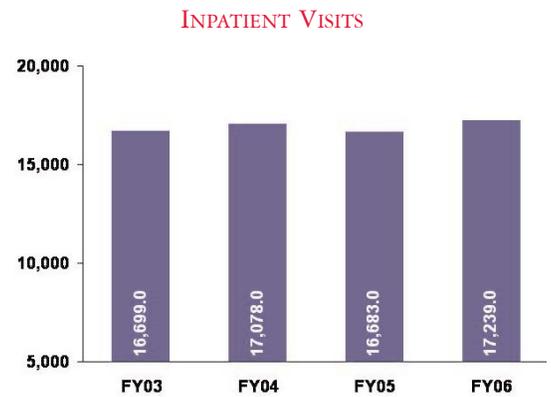
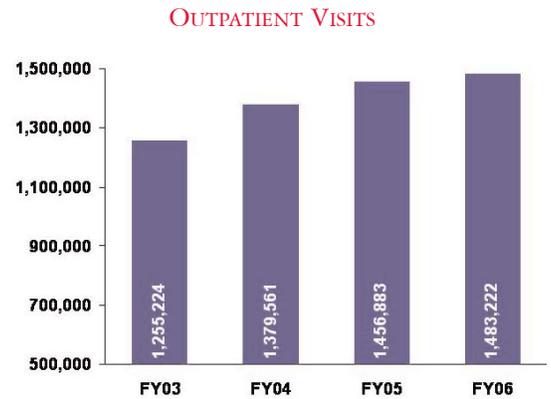
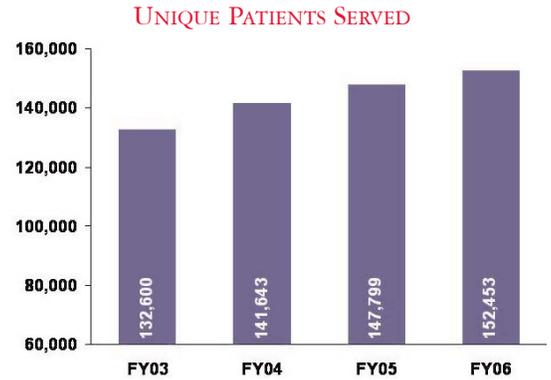
MESSAGE

Organizational Performance

The VA Rocky Mountain Network (VISN 19) was established in March 1996 and is one of 21 Veterans Integrated Service Networks (VISNs) in the Veterans Health Administration (VHA). The network office is located in Denver, Colorado, and spans a geographic area of 470,000 square miles across nine states and is the second largest network in terms of geographic area. There are over 700,000 veterans residing within the geographic boundaries. VISN 19 serves an area covering the state of Utah, most of Montana, Wyoming and Colorado, and portions of Idaho, Kansas, Nebraska, Nevada, and North Dakota. VISN 19's topography includes the Rocky Mountains, arid regions and areas subject to extreme winter weather. Significant travel distances exist between VA healthcare facilities throughout VISN 19.

VA inpatient facilities in VISN 19 include VA Eastern Colorado Health Care System (VAECHCS), Denver and Grand Junction VA Medical Center (VAMC), Colorado; VA Salt Lake City Health Care System (VASLCHCS) Salt Lake City, Utah; Cheyenne and Sheridan VAMCs, Wyoming; and VA Montana Health Care System, Fort Harrison, Montana.

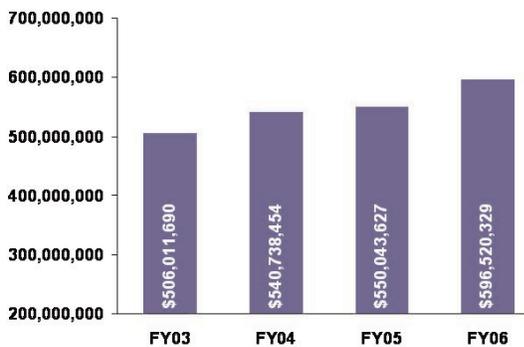
From its inception, VISN 19 has focused on providing primary care and outpatient mental health service closer to the veterans. This focus has resulted in the establishment of a significant number of clinics throughout VISN 19. There are currently 31 Community Based Outpatient Clinics (CBOCs) located in VISN 19. These are in addition to the outpatient services available at each of the VA medical centers within VISN 19. The CBOCs range in size from small contract clinics to large and more complex clinics such as Colorado Springs and Pueblo, Colorado; Billings, Montana; Pocatello, Idaho; and St. George, Utah.



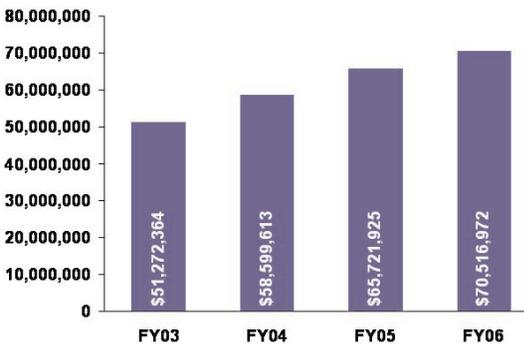
Cost Effectiveness

VISN 19 strives to meet the VHA Strategy for Excellence – promote excellence in business practices through administrative, financial and clinical efficiencies. In 2006, VISN 19 received an initial operating budget of \$596,520,329 for medical care, administrative and facilities costs. This provided for an increase in spending on veterans healthcare from last year. Budget increases are necessary to keep up with the growth in the number of veterans seeking care from VISN 19 healthcare facilities.

NETWORK BUDGET ALLOCATION



MEDICAL CARE COST FUNDS (MCCF) COLLECTIONS



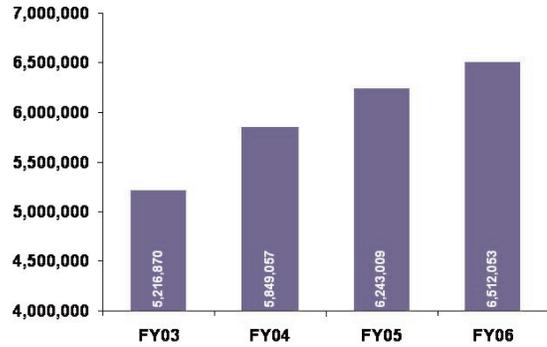
PROSTHETIC SPENDING GROWTH

	FY03	FY04	FY05	FY06
Cheyenne	\$2,756,626.0	\$3,289,731.9	\$3,362,613.0	\$3,525,986.1
Denver	\$10,827,713.0	\$11,755,171.0	\$13,164,306.0	\$15,170,412.0
Grand Junction	\$1,309,020.0	\$1,874,976.0	\$2,286,358.0	\$2,322,681.5
Montana	\$4,958,869.0	\$6,053,828.7	\$6,913,039.1	\$6,980,766.3
Salt Lake City	\$12,300,278.0	\$13,042,635.0	\$16,764,667.0	\$17,593,830.0
Sheridan	\$1,418,490.0	\$1,498,781.9	\$1,470,769.8	\$1,791,201.0
VISN 19	\$33,570,996.0	\$37,515,125.0	\$43,961,753.0	\$47,384,877.0

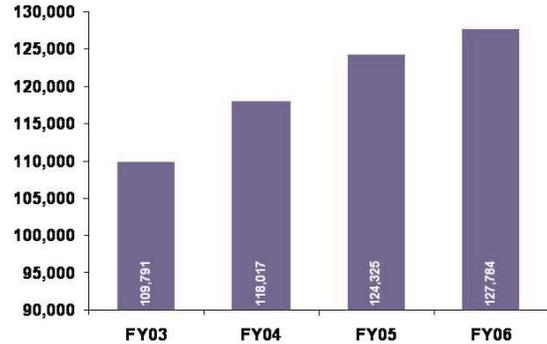
Outpatient Pharmacy Costs

The VISN 19 Pharmacy Benefits Program (PBP) provides cost effective pharmaceutical care through the implementation of national contracts and medication guidance for the appropriate use of drugs. In FY06 the number of veterans receiving prescriptions increased from previous years while the cost per patient decreased. Through the efforts of the PBP Manager and staff at the facility, the network was able to save approximately \$3.5 million in pharmaceutical costs while serving more patients and making available many new and improved FDA approved medicines.

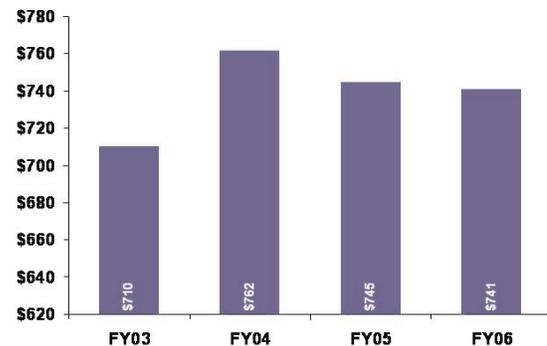
PHARMACY OUTPATIENT PRESCRIPTION WORKLOAD



INCREASE IN VETERANS RECEIVING PRESCRIPTIONS



COST PER OUTPATIENT



New and Targeted Services

Cheyenne

- Expand Mental Health Service by initiating a new program with the State of Wyoming Department of Health to expand telemental health services
- Expand telehealth services in the Laramie, Wyoming, area
- Joint mobile MRI purchase with DoD and Sheridan VAMC to improve accessibility

VAECHCS

- Enhance Military Sexual Trauma Program (MST) to meet the needs of the veterans
- Remodel ambulatory surgical area
- Expansion of Compensated Work Therapy Program, reducing homelessness, increasing employability of the homeless veteran population
- Provide remote specialty care to both CBOCs and smaller, rural facilities such as Cheyenne VAMC to increase access to these services and for cost effectiveness
- Implement My HealtheVet program which enhances information availability to patients
- Implementation of Palliative Care and Home Hospice Program, improving care to the terminally ill patients
- Further development in move of VAECHCS' Denver hospital to the Fitzsimons location to provide a new state-of-the-art facility to meet the needs of the Colorado veteran population
- Increasing DoD sharing through services to Evans Hospital at Fort Carson Army Medical Center (imaging), Buckley AFB (imaging), and Peterson AFB (dental lab)
- Work with Fort Carson Army Medical Center on opening a mental health inpatient ward
- Expand services with addition of second MRI

Grand Junction

- Develop a Geriatric Primary Care Program
- Provide special emphasis to the Iraqi and Afghanistan war veterans at the National Disabled Veterans Winter Sports Clinic
- Expand services with the Indian Health Services
- Develop a team for prevention and care of amputations, with special emphasis on diabetic foot care

- Add a physician assistant for medicine and surgery programs
- Add physiatrist to Physical Medicine and Rehabilitation Service
- Expand the Mental Health Care Coordination Telehealth Program
- Expand the Nurse Podiatry Care Clinic

Montana

- MRI expanded to 5 days a week in Helena, Montana
- Rheumatology added in Missoula, Montana
- Psychiatry service added to Substance Abuse Program
- Chiropractic service added
- Share Orthopedist service with Sheridan, Wyoming
- Expand services by opening a CBOC in Lewistown and Cut Bank, Montana, if approved

VASLCHCS

- Plans to expand St. George CBOC to accommodate needs of Mesquite, Nevada, veterans
- Plans to open CBOC in West Valley City, Utah, if approved
- Expand Care Coordination Telehealth enrollment
- Implement a 5 bed Geriatric-Psychiatry Unit
- Hire cardiothoracic surgeon and increase number of cardiac monitoring beds in facility
- Expand services, via community outreach clinics, in Afton, Wyoming and Elko, Nevada, if approved

Sheridan

- Expand Psychiatric Residential Rehabilitation Treatment Program from 27 to 40 beds
- Expand telehealth in primary care and mental health
- Expand podiatry service in Gillette, Wyoming
- Expand capacity for gastrointestinal (GI) service
- Activated new domiciliary, meeting the increasing need for intermediate mental and physical rehabilitation needs
- Added full time homeless patient case manager
- Expanded services at the Casper, Wyoming, CBOC
- Expanded services and space at the Riverton, Wyoming, CBOC

Quality Healthcare

The primary goal of VISN 19 is to provide the highest quality of care to our nation's veterans. We measure quality of care through multiple systems that include the Performance Measure System, Survey of Healthcare Experience of Patients (SHEP), external reviews including Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Office of Inspector General Combined Assessment Program (OIGCAP), and other programs. VISN 19 continues to outperform many networks, and private sector healthcare organizations in many areas.

Disease prevention and management is measured throughout our healthcare system. Cancer screening is a major component of preventive health services. VISN 19 outperforms the VA and other commercial healthcare providers in the area of female cancer screening, including breast and cervical cancers. VISN 19 was the best VA performer in FY06, providing breast cancer screening to 90% of our female population and cervical cancer screening to 94%, compared to the VA average of 85% and the non-VA HEDIS (Health Plan Employer Data and Information Set) average score of 63%. VISN 19 screens 74% of patients for colorectal cancer compared to a HEDIS average of 53%.

VISN 19 monitors our management of patients with diabetes, cardiac disease, and mental health concerns. We promote healthy lifestyles by offering counseling and treatment for drugs, alcohol, and tobacco use and abuse. Another important health issue continuously measured in the quality program is prevention of pneumonia and influenza, known to be major health concerns in all populations.

Care is measured for satisfaction from the patients point of view. VISN 19 leads the nation in the overall satisfaction of patients who were admitted for inpatient treatment. Approximately 83% of VISN 19 inpatients rated their care as highly satisfactory or excellent, compared to a national VA average of 78%. This is the fourth consecutive year VISN19 has performed better than the national average in the overall satisfaction of both inpatient and outpatient care provided. This is attributed to the dedication of all VISN 19 employees and the pride taken in caring for our nation's veterans.



Information Security & Privacy

VISN 19 has set a high priority on protecting and securing veterans personal information. We are bound by many regulations and laws including the Privacy Act and Health Insurance Portability and Accountability Act of 1996 (HIPAA). Each veteran is given a "Notice of Privacy Practices" which explains our boundaries in using their personal information. All employees are trained in the areas of privacy and security once a year. Each facility has Privacy Officers should a veteran have questions about privacy issues. We take measures to secure all electronic and physical data and work closely with external business partners that use VA data to also ensure they protect and safeguard veterans personal information as required by VA policies and directives. VISN 19 is dedicated to protecting veterans personal information and does the utmost possible to assure its security.

Care Coordination and Telehealth

VISN 19 continues to be a national leader in the areas of Care Coordination and Telehealth. No network has a more diverse, widespread and innovative approach to the use of telehealth, to improve access to healthcare for veterans.

VISN 19 serves more than 1000 veterans in Care Coordination Home Telehealth (CCHT) programs at all six network facilities. Fourteen care coordinators use case management and disease management protocols along with home telehealth technologies to work with veterans with chronic diseases to improve access and manage their health conditions more effectively.

The network continues to be a leader in the area of Native American telehealth with telepsychiatry and primary care initiatives in Montana and Wyoming. In addition to serving Native American veterans, all six of the network facilities provide telemental health services to numerous locations, throughout the region.

Other telehealth activities and initiatives which are in operation or are planned for the coming year include:

- Teledermatology, using store-forward, as well as live videoconference, between Denver, Southern Colorado, Sheridan, Wyoming, Grand Junction, Colorado, and Cheyenne, Wyoming
- Telesurgery which will enable surgical assessments and post surgical follow up appointments between the Grand Junction VAMC and the Montrose Clinic
- Physical and speech rehabilitation services, as well as evaluations for prosthetic devices and wheel chairs; originating from the VAECHCS and providing services to veterans in Montana, Southern Colorado, Utah, and Wyoming

- Cardiac services, including tele-echocardiograms between Denver and Sheridan
- Monitoring and treatment of serious and chronic wounds in Denver and Sheridan

In FY06, VISN 19 was also funded to establish the Rocky Mountain Telehealth Training Center, as VHA's national training center for general telehealth activities. Based in Salt Lake City and Denver, the training center employs 5 staff members who provide educational opportunities to VHA staff in all networks. Examples include web based courses, live training via videoconference, national Live Meeting forums, and in person training. The training center also provides numerous other support services for the VHA Office of Care Coordination.



Operation Iraqi Freedom, Operation Enduring Freedom (OIF/OEF)

VISN 19 has proudly served 7,170 returning U.S. combat veterans from Iraq and Afghanistan during FY06 as they made a seamless transition from active duty to veteran status. Each VISN 19 medical center has designated combat veteran Points of Contact (POC) and case managers to provide ongoing case management services to returning OIF/OEF service members, veterans, and their families over the course of time VHA healthcare services are being provided.

VISN 19 has supported the placement of a VA/DoD Liaison at Fort Carson Army Medical Center to ensure a successful transition for returning service personnel. This individual works closely with specifically assigned OIF/OEF facility POCs. All facility OIF/OEF POCs have performed extensive outreach, attended numerous Post Deployment Health Re-Assessment (PDHRA) program events to provide returning combat veterans with information on VA benefits and help them apply for VA healthcare services. VISN 19 also has an active Memoranda of Understanding (MOU) with the Colorado National Guard and Reserve to ensure agencies work together.

Most Requested OIF/OEF Services - VISN 19

- Primary Care
- Mental Health
- Compensation and Pension Exam

Top Three Medical Diagnoses Among OIF/OEF VA Utilizers - Nationwide

- Musculoskeletal 41%
- Mental Disorders 33%
- Digestive System 31%

Top Three Mental Health Diagnoses Among OIF/OEF VA Utilizers - Nationwide

- PTSD 45%
- Drug Abuse/Dependence 42%
- Depression 31%

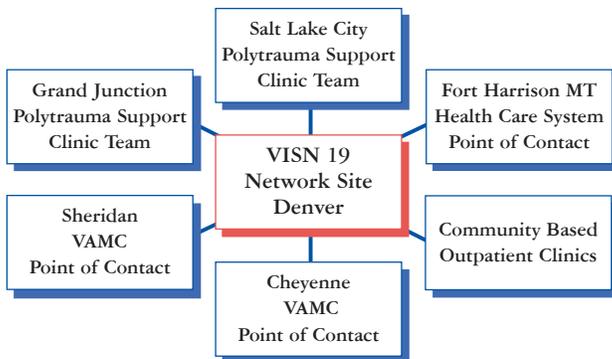


Polytrauma

The VA has established a Polytrauma System of Care for veterans and active duty personnel with lasting disabilities due to Polytrauma and Traumatic Brain Injury (TBI). VAECHCS has been designated as the VISN 19 Network Site and will work with the Palo Alto VAMC as our Polytrauma Rehabilitation Center. The Grand Junction VAMC and VASLCHCS have been identified as VISN 19 Polytrauma Support Clinics with Sheridan and Cheyenne VAMCs and Fort Harrison Montana Health Care System being designated as Polytrauma Points of Contact.

VAECHCS Polytrauma Team has received 110 consults to date with 43 of those consults being veterans and active duty military with TBI. The Polytrauma Team has also been actively involved in education through several activities including bimonthly conference calls with all VISN 19 Clinical Case Managers; provision of network wide training on amputee care, TBI, PTSD, and wheelchair fittings with prescription. Future plans include working with VA Central Office of Seamless Transition to develop a VISN 19 Polytrauma web site.

VISN 19 Support Clinics and Points of Contact



Native American Outreach

VISN 19 has worked to develop and expand our Minority Veteran Outreach Program (MVOP). Much progress has been made through outreach efforts to the Native American veterans which included all sovereign nations of Nevada, Idaho, Colorado, Wyoming, and Montana. The MVOP collaborates closely with the VISN 19 Telehealth Program to provide telehealth technology such as the Viterion 500 and Health Buddy. Due to this concerted outreach effort, we have established online telepsychiatry locations with the nations of the Crow and Northern Cheyenne of Montana, the Eastern Shoshone and Northern Arapahoe of Wyoming. Future plans are to bring new online telepsychiatry services to reservations in Montana (Rocky Boy, Fort Belknap, and Fort Peck).

We are proud of our involvement during the past year in the development and completion of a national satellite broadcast for the Tribal Veterans Representative (TVR) Training Initiative. The MVOP Outreach Team is collaborating with the Indian Health Service to replicate this model to provide training for community health representatives and benefit coordinators. We participated in a project entitled “OIF/OEF Welcome Home Veteran - A Tribal Outreach Program.” The program was released this year and will be used to outreach returning veterans and assist their families in understanding the experience veterans may have lived through. Though this program is aimed at OIF/OEF veterans, it has been beneficial to veterans of all eras. This program will be available via DVD to all VISNs and Vet Centers.



VAECHCS - Research Program

VISN 19 has been active in advancing medical research and development programs that address veterans needs, with an emphasis on service connected injuries and illnesses, and contributes to the nation's knowledge of disease and disability.

The VAECHCS has a large research and development program, which enhances our ability to provide state-of-the-art medical techniques and treatments to our veteran patients, with over 40 VA funded investigators in FY06. The Schizophrenia Research Center is one of three in the VA system nationwide, and in FY06, funding was renewed for 4 years.

Health Services Research & Development (HSR&D) and Research Enhanced Award Program (REAP) was awarded October 1, 2006. The idea of VAECHCS-REAP is to improve care coordination for veterans which will provide HSR&D with a center devoted to researching the critical problem of poor care coordination. Major areas of biomedical laboratory and clinical sciences research include oncology, pulmonology, cardiology, substance abuse, and diabetes and endocrinology.

During FY06, there were over 325 active studies, involving over 150 VA and non-VA scientists. The VA funded research support totaled \$5,161,365 during this time. The total research funding for FY06 from VA, National Institute of Health (NIH), other public and private/industry sources was \$18,982,298. In July 2004, the facility Human Research Protection Program (HRPP) received full accreditation (3 years) from the National Commission for Quality Assurance (NCQA), and the veterinary care and use program recently received full accreditation (3 years) from the

American Association for the Accreditation of Laboratory Animal Care (AAALAC) in 2006.

VAECHCS Research Funding History

	FY04	FY05	FY06
VA Merit Review	\$6,128,458	\$6,112,535	\$5,161,365
NIH	\$7,791,011	\$8,145,672	\$9,787,917
Other	\$5,473,778	\$6,458,585	\$4,033,016
TOTAL	\$19,393,247	\$20,716,792	\$18,982,298

Geriatric Research Education and Clinical Center (GRECC)

The aging veteran population is a major challenge confronting the VA. Anticipating the impact of older veterans on its healthcare system, VA has been in the forefront of research on aging by establishing the GRECC program to increase basic knowledge of the aging process, share that knowledge with other healthcare providers, and improve the overall quality of care for elderly veterans. The GRECCs are "centers of geriatric excellence" designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology into the total VA healthcare system. GRECC was awarded to the VA Salt Lake City Health Care System in 1991 and has continued to function very successfully. Recent accomplishments in the primary areas of GRECC focus are:

- **Basic Biomedical Research**
Altered inflammatory status in peripheral tissues and in the brain and emphasis on interactions among cholinergic systems, inflammatory cytokine systems and anti-inflammatory modalities
- **Health Services Research**
Testing interventions to improve

outcomes; Acquiring new knowledge about care and disease processes and Medical informatics and computerized clinical systems with respect to decision support tools and collection of data for surveillance, analysis, and program evaluation.

- **Education Focus**
Includes Geriatric education across the healthcare continuum; Support of Geriatric Medicine Fellowship and research trainees, and the integration and coordination of education with University of Utah School of Medicine other Utah colleges.
- **Clinical Focus**
Two recently developed clinical demonstration programs: Geriatric High Risk Evaluation and Liaison to Primary Care (G-HELP) which targets continuity of care at discharge for frail elderly at high risk for rehospitalization and Telemedicine Home Monitoring Program to manage poly-pharmacy and care management issues of targeted at risk elders.

Mental Health Research and Education Clinical Center (MIRECC)

VISN 19 was awarded a MIRECC, whose focus is to improve care for suicidal veterans through integration of research, education, and clinical practice. The VISN 19 MIRECC is involved in clinical research endeavors in the areas of various treatment strategies and neuron-physiological approaches to the management of suicide and is working closely with NIH funded suicide prevention centers to understand and disseminate current research information. A template tracking system has been implemented

which allows for the identification of suicide attempts within the network to provide follow up care for these veterans as well as to identify system issues that could be resolved to improve the care veterans receive.

While knowing the numbers and tracking statistics is critically important, we are also aware that we are dealing with individual lives. Implementing treatments that we know are useful with suicidal patients has become our mission. An education campaign has been started. To date, over 750 VA clinicians have been provided with up-to-date information on suicide through two conferences co-sponsored by VISNs 3, 4 and 19. National satellite programs have been offered and a web based program is in development. VISN 19 has held individual face-to-face programs at over 30 medical centers and several others are planned. We know increased awareness of the possibility of suicide will lead to better identification of those who are at risk and will improve our ability to implement appropriate suicide prevention treatments and will continue our education campaign.

New concerns are constantly emerging. Our newer veterans are coming to us with risk factors such as PTSD and TBI that can carry a high suicide risk rate. A manual has been developed to help the providers who care for patients with traumatic brain injuries understand their patients risk for suicide. Awareness, training, and access to appropriate mental healthcare continue to be the major components of the multifaceted approach to reaching and helping veterans while we continue our research programs to determine and refine our treatment strategies.

National Disabled Veterans Winter Sports Clinic

VISN 19 and the founding host facility, the Grand Junction VA Medical Center, proudly conducted the 20th Annual National Disabled Veterans Winter Sports Clinic in beautiful Snowmass, Colorado, the clinic's site since 2001. This event is sponsored by the Department of Veterans Affairs in partnership with the National Disabled Veterans of America.

VISN 19 and the Grand Junction VAMC are committed to making this event a memorable experience for the veterans and are very grateful to the many sponsors, contributors, instructors, volunteers, veteran service organizations and others who make this event possible. Each year, we continue to be moved and inspired by the veteran participants themselves.

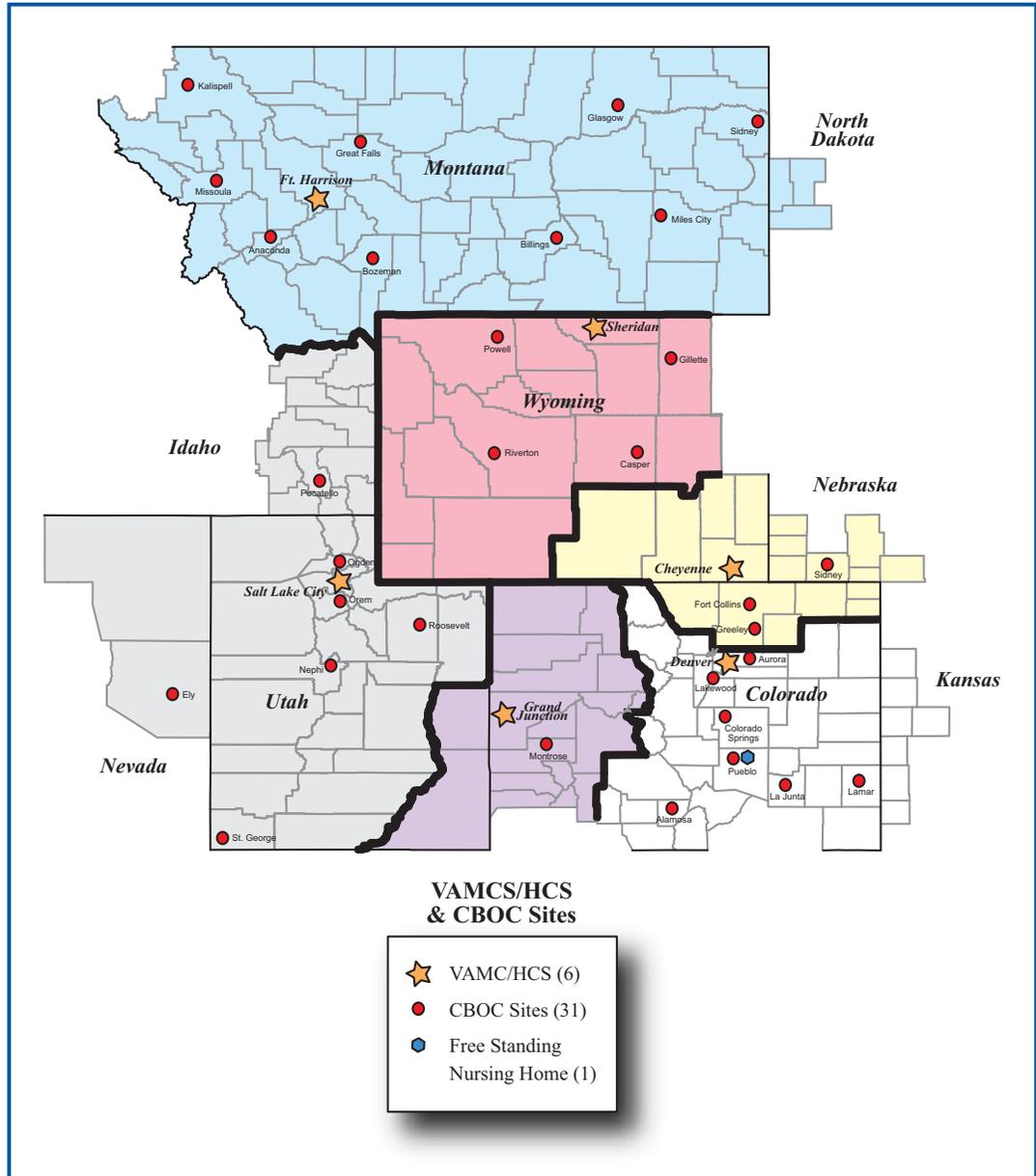
This year, a total of 368 disabled veteran participants enjoyed a week of "Miracles on a Mountainside." Through numerous adaptive sports programs and innovative alternate activities, these men and women participated in events such as downhill and cross-country skiing, snowmobiling, snow shoeing, fencing, scuba diving, curling and rock wall climbing. Each was designed to challenge the participants abilities and encourage their development of new skills in overcoming their perceived limitations.

The 368 participants included representatives from 41 states and ranged in ages from 19 to 84. Of the 368, 129 were "first-timers," 112 participants were Global War On Terror (GWOT) veterans, of which 41 were there for the first time and 33 were still on active duty. A total of 47 participants were female veterans. The VA Secretary James Nicholson was in attendance as well as Paul Wolfowitz, President of the World Bank and former Deputy Secretary of Defense. Country singing star Jo Dee Messina performed at a wonderful and very well attended free concert. VISN 19 is honored to host the National Disabled Veterans Winter Sports Clinic each year.



EVENTS

VA ROCKY MOUNTAIN NETWORK



The Rocky Mountain Network is the second largest Veterans Integrated Service Network in terms of geographic area of 21 VISN. The Network spans over 470,000 square miles of rural and highly rural areas. Its service area covers the entire state of Utah; and nearly all of Colorado, Montana and Wyoming; and portions of Idaho, Kansas, Nebraska, Nevada and North Dakota. These Network facilities have active academic affiliations with medical schools and graduate medical education practice programs. The Health Care Systems at Denver, Colorado, and Salt Lake City, Utah, are large highly affiliated tertiary facilities.



CHEYENNE

Cheyenne VA Medical Center
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Cheyenne, WY 82001
(307) 778-7550



GRAND JUNCTION

Grand Junction VA Medical Center
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DENVER

Eastern Colorado Health Care System
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Denver, CO 80220
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SALT LAKE CITY

Salt Lake City VA Health Care System
500 Foothill Drive
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(801) 582-1565



FORT HARRISON

Montana Health Care System
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Fort Harrison, MT 59636
(406) 442-7916



SHERIDAN

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FACILITIES

