

Burlington clinic offers medical services for veterans

By Pat Schiefen

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Area veterans can get medical help through the Veterans Outreach Clinic, 1177 Rose Ave., in Burlington, which serves veterans in a nine-county area of western Kansas and eastern Colorado.

The clinic's hours are 7 a.m. to 5:30 p.m. (Mountain Time) Monday through Thursday. The phone number is (719) 346-5239 or toll free, (866) 901-8194.

With the increase of suicides in the military, the Department of Veterans Affairs has put more emphasis on the issue. A suicide prevention hotline, (800) 273-8255, allows access to social workers for veterans having problems.

Warning signs listed by the department include thinking about hurting or killing yourself; looking for ways to kill yourself; talking about death, dying or suicide; and self-destructive behavior such as drug abuse, weapons, etc. Additional warning signs are hopelessness, feeling like there's no way out; anxiety, agitation, sleeplessness and mood swings; feeling like there is no reason to live; rage or anger; engaging in risky activities without thinking; increasing alcohol or drug abuse; and withdrawing from family and friends.

The clinic features primary care for veterans. It is handicapped accessible and offers blood drawing services, prescriptions and specialty referrals to the Denver Veterans Affairs Medical Center.

Veterans can get flu shots, checkups, evaluations and diagnosis and treatment of conditions that do not require hospitalization or a specialist. Veterans can access other services, including extended care and rehabilitation, a "medical foster home," mental health, nutrition and food services, pharmacy services, polytrauma care, specialty care, social workers, remote imaging of eye problems and women's health care.

Last year, the office transitioned to a Primary Care Telehealth Outreach Clinic. Lynette Rolf, director of the Eastern Colorado Health Care System for the department, said the change allowed them to increase the variety of services available at the clinic. Veterans should be able to connect with mental health and specialty services without long waits or going to Denver. Using "telehealth" technology, she said, more Veterans Affairs medical services can be offered outside of Denver.

Nurse Practitioner Joe Flores will be providing the primary care over the Telehealth network. He provides the same services for a clinic in Salida, Colo. Rolf said the other Burlington staff will still be at the clinic.

The patient is shown to an examining room with a nurse. The telehealth professional, with the help of a high resolution camera, will be able to talk with and see the patient and the patient will be able to see him. Remote plug ins will let the practitioner look into the patient's ears, throat and even hear breath sounds. The nurse will take blood pressure.



The Veterans Outreach Clinic, 1177 Rose in Burlington, provides care for veterans in a nine-county area of western Kansas and eastern Colorado. The clinic, which features primary care for veterans, is handicapped accessible and does blood drawing services, prescriptions and specialty referrals to the Denver Veterans Affairs Medical Center.

— Photo by Pat Schiefen/The Goodland Star-News

Polytrauma care is for veterans and returning servicemen with injuries to more than one physical region or organ system, one of which may be life threatening. Examples may be traumatic brain injury, hearing loss, amputations, fractures, burns and visual impairment. Teams of professionals from the relevant fields set up an individually tailored rehabilitation plan.


A medical foster home is a partnership of adult foster care and home-based primary care, says a Veterans Affairs website. When a veteran has declined to a point where it is no longer safe for him or her to remain alone, even with assistive devices and home-care services, usually the next step is a nursing home. When the veteran refuses to go to a nursing home, the department finds caregivers who take the veteran into their home and provide 24-hour supervision as well as personal help.

Veterans Affairs has moved to meet the needs of women veterans. It says about 1.8 million out of a total of 23 million living veterans are women. The agency estimates that women will be 10.5 percent of the veteran population by 2020.

National Guard members who serve in theaters of war are eligible for veterans medical care.

The clinic opened in 2008 after area veterans mounted a campaign. Veterans' outreach clinics in Colorado include Alamosa, Aurora, Colorado Springs, Durango, Fort Collins, Greeley, La Junta, Lakewood, Lamar, Montrose and Pueblo.

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designation for rural hospitals

force hospitals to create more regional programs. He said it could bring some consolidation in time, especially if the feds make changes to the critical access rules or if they cut too deep it into payment levels. That could force some of the small hospitals to cut back on services.

Goodland Regional Medical Center is unique in northwest Kansas as a critical access hospital in that it's connected to St. Anthony Hospital in Denver and through that has become affiliated with the larger Centura Health System.

Jay Jolly, hospital administrator, said Goodland became a critical access hospital in 2004. He said the hospital has been with St. Anthony in Denver for many years and neighboring Kit Carson County Memorial Hospital is a Centura Health critical access partner also.

Jolly said the Goodland hospital has enough medical staff to do most peer reviews, but have asked St. Anthony to help when they are dealing with a specialist. He said St. Anthony can help with the credentialing process as well.

He said the cost reimbursement is an important part of the Critical Access program, and feels it is threatened by the budget cutting process. He said it is not just the 2 percent across-the-board cut he worries about, but thinks there are other area where the hospital will see cuts.

He said the Kansas Hospital Association has estimated the first year of the budget cut would cost Goodland Regional about \$127,000.

"That does not include the other cuts," he said, "and the fact is Medicare does not pay full cost to begin with."

The Goodland hospital gets about 60 percent of its income from Medicare and Medicaid, Jolly said. It faces deductions from its charges by commercial insurance firms as well as Medicare deductions. Combined, he said, the hospital writes off 37 cents on the dollar.

Critical access cost reimbursement is set at 101 percent, but Jolly said that is based on Medicare allowable cost and not the hospital's actual billed cost.

As an example of some of the other cuts coming up, Jolly said Blue Cross has already announced a 5 percent cut in reimbursement for lab fees.

An example of the allowable cost problem, Jolly said, is the ambulance service, where the Goodland hospital is operating the service. Sherman County pays \$65,000 to help support the services, but because of the deductions for Medicare that include the hospital's overhead costs, the reimbursement rates is cut by about \$45,000 per year.

"What we are saying to the county is we would like to find a way to keep as much of that \$45,000 rather than giving it back to Medicare," Jolly said.

He said at a recent rural health leadership conference in Phoenix, he heard the Critical Access program may be at risk. He said many in Congress believe the cost-based reimbursement is bad and feel in some way it is unfair to pay the critical care hospitals differently than their larger brethren. He said critical care hospitals get only about 2 percent of the Medicare budget, but it is an irritation to many larger other hospitals.

"There is a trend where the feds are looking for way to cut," he said, "and the critical care rate is one. One idea is to cut it back to 100 percent, or then possibly to pay at a 90 percent level. Some have suggested doing away with the programs and going back to the prospective payment system, which is what the other hospitals are under who are not critical access.

"Then you are back into a volume-driven system. The thinking there is you will make money on some cases and lose on some, but will come out ahead in the end."

He said, however, small hospitals do not have enough volume and that could force consolidations and prompt some heated battles between communities

Jolly said Burlington and Goodland have been looking to recruit a surgeon they could share. He said they have had some nibbles, but it is hard to get a young, single surgeon to come to a rural area. He said an alternative might be working with a group of surgeons who would rotate from Denver and provide surgical help to both hospitals.

He said another issue for Kansas is the state Supreme Court has been waiting three years to make a decision on a law placing caps on malpractice damages. He said the caps have helped lower costs for the physicians.

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