

**Canandaigua VA Medical Center
Local Advisory Panel Public Meeting
April 20, 2005
Building 5, Auditorium**

Start Time: 10:30 AM

Opening Remarks and Introductions

- Participants:
 - Local Advisory Panel Members present: Amo Houghton (Chair); Lawrence Flesh, MD; Samuel Casella; Helen Sherman; George Basher; Earl Gleason; Ralph Calabrese, Daniel Hayes, PhD
 - LAP Members absent: James Cody
 - PricewaterhouseCoopers (PwC) Consultant: Ryder Smith, Jessica Panish
 - Perkins + Will: Susan Niculescu, Wally Bissonette
 - VISN Support Team: Donna Dardaris, Dave Hill, Kathleen Hider, Brandon Gardner
 - Public (estimated attendance: 125-150 excluding above, other VA support staff, and media).

- Welcome: Amo Houghton, Chair, Local Advisory Panel

- Pledge of Allegiance: led by Ralph Calabrese

- Overview of Meeting Agenda: Sam Casella
 - Review from Administrative meeting held that morning.
 - Note that all comments/questions are to be written down and shared with PwC.
 - Mr. Casella read the section of the Standard Operating Procedures concerned with Meeting Conduct.

Presentations

- PwC Methodology and Tools, including Options Development and Timing: Ryder Smith, PwC
 - Recapped the history and background of the Secretary's Decision and the goal of the current study.
 - Outlined what will be studied, the study phases, timelines, PwC's role, and project organization chart.
 - Introduced the idea of Business Plan Options (BPOs) PwC's approach to developing and evaluating BPOs.
 - BPOs will be based on the clinical services required and consider location, organization of services, ownership of buildings and land, and operations of buildings and land.
 - Public and Interest Group input will be sought through four principal means: first in the meetings with LAP; second through written testimony; third through a website, and fourth via a mail stop.
 - Input will be collected, analyzed and considered in option development

- Mr. Houghton encouraged participation in the process in order to have modernized facilities. He encouraged feedback from all.
- Summary of Public Questions/Statements Specific to the Methodology Portion:
 - Who on organization chart is a veteran or has a tie to VA?
 - Response: I am not aware of all project team members. I am a Marine. We look forward to your comments representing veterans' needs
 - Define the Canandaigua site area?
 - Response: Everyone is here to decide how to keep modernized facility in central area for veterans. Canandaigua area will be defined by enrollee data and drive times
 - Regarding Slide 20, bullet 2: Questioned the definition of "Access to Care"; thought that meant how quickly a patient can see a doctor, not how fast a patient can get to the facility
 - Response: Timeliness standards (patient wait times, etc) are always considered, but this methodology considers travel time to the site of care.
 - Further comment from questioner: Transportation needs to be modernized in area so people can get here. What can the State Department of Transportation do to consider these vets via shuttles, etc?
 - What is the market for nursing home? Asked if the team already knew what option they wanted to implement, and were just going through the motions.
 - Response: Do not have any options yet. Market for nursing home care being determined at VACO and through Congressional budget process.
 - Asked who this nursing home is for, because patients are already being kicked out. Only officers and injured can get into it, not most of people here.
 - Response: Secretary determines who is eligible for care. No difference in eligibility based on rank.
 - Is this presentation available on the internet?
 - Response: Yes, it will be.
 - We should consider updating facilities utilizing renewable energy.
 - Response : Thank you.
- Overview of Demand Forecast Methodology and Review of Forecasted Demand Data:
Donna Dardaris, VA Support Team Lead
 - VA healthcare eligibility is based on definition of priority levels.
 - VA "healthcare" budget and definitions are separate and unique from rest of VA.
 - The Market Area is composed of Central, Eastern, Finger Lakes/Southern Tier, and Western in which there are sectors that are made up of counties. Canandaigua is in the Finger Lakes/Southern Tier market.
- Summary of Public Questions/Statements Specific to the Demand Data Presentation:
 - Question the data provided because it may say 12 beds, but capacity for more exists. Constant turnover because average stay is only 5 days. Comprehensive Work Therapy program people want to transfer to Canandaigua.
 - People that work here that make it a quality organization, look at the facilities and staff. Psychiatric beds are needed here and they have the people to take care of them because this is an area of veterans. Sounds like decision has already been made.

- Response: Decisions have not been made, that is why everyone here today holding a public meeting. It is important that the Local Advisory Panel gets public input.
- Has Canandaigua sent patients out for care?
 - Response: Yes, for example, because neurosurgery, heart surgery, all acute surgery, etc. is not done here, so some patients will be transferred based on need.
- The CARES Commission did not include veterans serving in Iraq in their numbers; will these servicemen be included?
 - Response: Yes, soldiers currently serving are taken into account in these projections. The VA looks at DoD projection figures, which consider the current conflicts.
- Were projections made before or after Iraq, Afghanistan, Persian Gulf?
 - Response: The data does take into account DoD estimates of troop strength and veterans coming into system, and is updated yearly.
- Many veterans drive from Monroe County to get service here; does it make more sense to provide outpatient care there?
 - Response: This will be considered.
- It is important to recognize what those 12 acute psychiatric beds represent; 600-700 veterans over past year. This is a place for veterans in the area to come and be taken care of by staff who know them, and everyone needs to respect that and not just write them off to Buffalo and Syracuse. Reference a study in the July 1, 2004 New England Journal of Medicine – article – need to treat mental illness for troops coming back. 17.1% returning from Iraq, 11.2 % from Afghanistan tested positive for mental disorders.
 - Response: Actually, according to our data figures the number is closer to 200 veterans using those beds.
- When was decision made to move acute psychiatry beds and who decided?
 - Response: May 2004, Secretary Principi decided to consolidate and transfer acute inpatient psychiatric patients. That decision is not one the Local Advisory Panel has the opportunity to change.
- Do the veterans have to suffer because VA is not able to recruit adequate physicians?
 - Response : It's not just the VA, but difficult in all rural environments. Ask the lead psychiatrist on-site, about recruitment of board certified Psychiatrists here because it's very difficult.
- Can we look at turning vacant buildings into houses for homeless?
 - Response: Yes, that can be considered in options.

➤ Lunch break

➤ Standard Operating Procedures – (Amo Houghton, Chair, Local Advisory Panel)

- Report on this morning's Local Advisory Panel Administrative Meeting, the purpose of which was to develop SOP, roles and responsibilities of the Local Advisory Panel and receive training. Discussed meeting logistics to prepare for today's public meeting. Detailed the time allowed for questions
- Motion to accept the SOP; call to vote; motion carried unanimously; passed as stated

- Continued: Overview of Demand Forecast Methodology and Review of Forecasted Demand Data: Donna Dardaris, Support Team Lead (questions and notes above)

Brief Description of Testimony/Public Statements

- Testimonial 1:
 - Noted that Building 1 can be used for outpatient clinic and 33, 34, 78 for nursing home.
- Testimonial 2:
 - Believes that many veterans come here with mental illness and this peaceful setting is crucial for their care. Hassle-free accessibility is beneficial to vets, and removal of psychiatric beds a disservice. Believes that this facility should continue to house mental illness services. Suggested the Panel consider utilizing these grounds, using the nursing home facilities, and recommended against moving psychiatric beds to busy cities. Reminded the Panel to consider comments from veterans. Noted that the Panel owes it to the public to show how projections were calculated. Believes that to say decision was already made is an insult to the people here. Questioned how were the psychiatric projections derived.
 - Response from Mr. Houghton: The Local Advisory Panel members will write a letter to the Secretary to ask for reasoning behind the decision to move those acute psychiatry beds and ask if there is any room for reconsideration.
- Testimonial 3:
 - Believes the Decision is already made. Stated that if the Secretary already made decision, then he lied to the public because decision was supposed to be made after these meetings. Recommended VA keep these ill patients here.
 - Response from Mr. Houghton: An array of people are concerned about what goes on here and this issue is bigger than everyone. Noted he Spoke to Secretary Principi, and the whole process is in place based on the good that he wanted to do.
- Testimonial 4:
 - Stated that 25% vets suffer from alcohol and abuse, and would like the reutilization of the buildings here to help those patients in addition to the homeless.
- Testimonial 5:
 - Believes VA should create a center of excellence. Stated there are a high number of low income vets in this area, large number of homeless vets, and would like to see Canandaigua as an anchor of a clinic that becomes state-of-the-art so physicians want to come here. Suggested transitional housing, assistant living surrounding site for continuous care. Noted that the partnerships that can be on campus are tremendous, including working with the private sector. Believes monies accrued should stay in community and should not go back to Washington. Trusts the Local Advisory Panel to do what's right. Wants to see a great, beautiful, specialty clinic. Believes VA needs to provide for transportation and an environment of 21st century care. Wishes to see the plan create housing for the veterans; recommends Panel work with central office and create process for development. Noted this is a great opportunity to do something great and emphasize and overcome!
 - Question from the Panel: what's the clinic concept for the future? Housing issue?

- Appreciated opportunity to hear questions. First: Concurred that this is great opportunity here for the public, and the Panel, to do something positive for the future with these facilities. Recognizes and will take advantage of this opportunity. Second: Encouraged the public to read the study documents. Where specifically on campus ought these new facilities be placed? And third: Would like to hear more from the public about potential alternate uses of facilities. Perhaps housing, etc. Recommended uses that protect and preserve services to veterans, as well as other groups who could benefit.
- George Basher:
 - Noted there are some things the LAP can change, and some they can't. Noted that there are simply going to be fewer veterans in NY State. Stated that he uses VA system and can appreciate it here, and wants everyone to understand why some of these decisions have been made. Expressed that he will work as hard as he can to make it work.
- Samuel Casella:
 - Stated that it is an honor to be here and a labor of love. Stated she has a better understanding that the LAP can fight to keep those beds here. Believes it's the Feds and White House that really decide where the funds go. Stated that as for this facility, everyone has to remember the past and embrace the future...keeping this facility intact can be done and serve other purposes. Believes Canandaigua has the space to house the services mentioned. Recognizes that emotional ties exist and everyone is in this together. Emphasized that the Local Advisory Panel hears the comments from veterans "loud and clear" and continues to be devoted to tasks. Believes that serving as many veterans as possible is the ultimate goal.
- Lawrence Flesh, MD:
 - Reminded the audience that care to veterans is not going away here. Stated that in addition VISN 2 is here to take care of all veterans in upstate New York, such as through 28 Community Based Outpatient Clinics. Believes that all veterans deserve the best care. Noted that the concept to transfer acute psychiatry beds is not abhorrent; with the limited dollars available the VA can only go so far. Asked the audience to consider the big picture and dollars given the VA from Congress. In this regard believes Canandaigua is not alone. However he believes the campus is old and dated, and people don't live here for long stays anymore. Asked veterans to please understand they are doing the best they can with resources available to provide outstanding care to all communities.
- Amo Houghton:
 - Stated that the number of vets is going down, but in end it's Congress that makes decisions. Noted the income Congress has is dwindling and it results in major pressures on everybody. Emphasized that it is important that veterans are in touch with their representative because that's where decisions are made. Requested that the Testimony Speaker regarding housing give to the LAP a one-pager on some ideas because it is out of scope for the Local Advisory Panel to study independently. Believes that this is a well-intentioned Panel and the Panel's decision will be reflective of the public feelings.

Adjournment - 4:30 PM