Muskogee VA Medical Center
Management Assistance Council Meeting
June 16, 2005
VA Medical Center Directors Conference Room

Start Time: 9:00 am

- Participants:
  - Management Assistance Council members present: Kim Crissler, Supervisor, National Service Officer, Disabled American Veterans; Bill Weidner, Departmental Service Officer, Veterans of Foreign Wars of the United States; Robert Atchley, President, Local 2250, American Federation of Government Employees; Roy Griffith, Administrator, Talihina Veterans Center; Lew Broughton, Vietnam Veterans of America, Chapter 524; Pete Eckhardt, Physician Assistant, George Nigh Rehabilitation Institute; John McCloud, Director, Oklahoma Department of Veterans Affairs; and George Wiland, Constituent Representative, Congressman John Sullivan
  - Special Invitees: Cindy Adams, Administrator, Oklahoma Veterans Center, Claremore; Thomas Broughan, M.D., Chairman, Department of Surgery, Oklahoma University Tulsa; Tammie Cannady, Northern Administration, Choctaw Nation; James Cussen, Chief Executive Officer, Claremore Indian Hospital; Duayne Discoll, National Service Officer, Disabled American Veterans; Phillip Driskell, Executive Director, Oklahoma Department of Veterans Affairs; and Bill Huber, Hospital Service Coordinator, Disabled American Veterans Transportation Program
  - PricewaterhouseCoopers (PwC) Consultant: Patrick Spoletini, Carolyn Fansler, and Lucy Nguyen
  - Department of Veterans Affairs (VA): Benjamin Campeau, Acting Medical Center Director, Muskogee VAMC; Cynthia Jwainat, VISN 16 Capital Asset Manager; Christina White, Health Systems Specialist, Office of Strategic Initiatives, Department of Veterans Affairs; Dr. William Dubbs, Chief of Staff, Muskogee VHA; Patrick Coney, Executive Assistant to Director, Muskogee VAMC; Nita McClellan, Public Affairs Officer, Muskogee VAMC; and Roberta Jones, Assistant Chief Nurse PCS, Muskogee VAMC

Opening Remarks and Introductions

- Welcome: (Benjamin Campeau, Acting Medical Center Director)
  - Mr. Campeau explained the purpose of the meeting and stated that only the study to be conducted by PricewaterhouseCoopers would be discussed today
  - Mr. Campeau is the Acting Director at Muskogee VA Medical Center until a new Director is named.

- Overview of the Meeting: (Cindy Jwainat, VISN 16 Capital Asset Manager)
  - Ms. Jwainat briefly explained the CARES process
  - Ms. Jwainat outlined the video and presentations that were going to be shown at the meeting
  - Ms. Jwainat introduced PricewaterhouseCoopers and indicated that notes were going to be taken of the meeting and a summary, not minutes, provided
  - Ms. Jwainat stated that everyone in attendance was invited to provide input as a stakeholder in the process. If questions were asked that could not be answered at the meeting, they would be researched and answered as soon as possible after the meeting.

Presentations

- CARES Background Presentation: (Ms. Jwainat)
  - Ms. Jwainat briefly detailed the history of CARES
  - Ms. Jwainat reviewed the Secretary's decision for Muskogee VAMC:
    - Assess the demand for health care in the Muskogee/Tulsa region, including the potential for expansion of inpatient psychiatry, and recommend a plan to best meet the health care needs of veterans, while maximizing resources
    - Develop a strategy to more effectively manage the vacant space at Muskogee VAMC and enhance services in the region
    - While the study is underway, plan for the closure of the Muskogee VAMC's five-bed inpatient surgery program. Muskogee VAMC will retain ambulatory surgery and have observation beds available.
  - Ms. Jwainat stated that the study will solicit views of stakeholders to assure their concerns are included in the process
  - Ms. Jwainat announced that PricewaterhouseCoopers (PwC) has been selected as the contractor to complete the study, not only for Muskogee, but for all 18 sites in the CARES process. She introduced Patrick Spoletini, PwC's site leader for Muskogee
    - Yesterday, PwC did a site visit and met with hospital officials to discuss workload, staffing, recruitment and what other resources are available in the community
  - Ms. Jwainat stated that one of the key pieces in the study is the data that is being used to conduct the analysis and that a video has been created to explain the data and how that data has been used to project utilization to 2023:
    - The video shows excerpts of a longer presentation given by Dr. Allen Berkowitz, the Deputy Director of the Office of Strategic Initiatives (OSI), Department of Veterans Affairs
    - Ms. Jwainat introduced Christina White who was attending the meeting as the VA Office of Strategic Initiatives (OSI) representative

- VA Health Care Demand – Video: (Dr. Allen Berkowitz)
  - Dr. Berkowitz stated that the purpose of his presentation was to provide concepts used by the Department of Veterans Affairs in the healthcare demand model projections
  - Dr. Berkowitz indicated that PwC does not own the data; it is furnished to PwC by the VA
  - Dr. Berkowitz showed charts indicating that the veteran population is decreasing, while enrollment is increasing
  - Dr. Berkowitz defined the following geographic areas:
    - Health care market area
    - Submarket
    - Sector
  - Dr. Berkowitz discussed how the Milliman model was adjusted for the VA
  - Dr. Berkowitz explained how demand is projected at a facility level
  - Question from Kim Crissler, Supervisor, Disabled American Veterans: At what point does it become cost prohibitive to keep a facility open if the number of veterans declines as projected?
    - Response by Ms. Jwainat: Although we see the veteran population declining, the aged 85 plus veteran population is growing. As veterans live longer, the intensity of required health care increases. You have to balance that out.
  - Follow-up question from Mr. Crissler: Of the 25 million veterans, how many are going to turn 85 in the next few years?
    - Response by Ms. Jwainat: Even though the returning veterans are in smaller numbers and are not necessarily enrolling at a great rate, we see that as veterans age, they do enroll in VA. Co-pays are much lower than in commercial insurance. The veterans seek care as they get older.
  - Follow-up question from Mr. Crissler: Benchmarks used by the private sector seem to be more cost-driven. Where does the quality of care fit into this?
    - Response by Ms. Jwainat: Quality is one of the criteria that are used in this study. We can look at the projections, but that is not the only thing that drives the study. We know what our quality is in comparison to the private sector. We have adjustments to the model that we use for quality.
  - Question from Phillip Driskell, Executive Director, Oklahoma Department of Veterans Affairs: What does the demand model include?
    - Response by Ms. Jwainat: It looks at the projections which are based on the current enrollments and what priority groups are being seen. There are two other pieces that are included in the 2006 VA budget that are also included in the projections as assumptions: the $250 enrollment fee and the increase in the copay. Based on what actually occurs, the model may have to be adjusted. Trends for VISN 16 are the same as for the national model.

- Follow-up question from Mr. Driskell: I have heard that the admissions criteria have changed. Is this true?
  - Response by Benjamin Campeau, Acting Medical Center Director: This is probably related to nursing home admissions, not hospital admissions
  - Statement from Ms. Jwainat: I will follow up and get a definitive answer.
- Request from Mr. Driskell: We need another VISN 16 Management Assistance Council Meeting.
  - Response by Ms. Jwainat: I will take that request back to the Network Office.

- Forecasting Health Care Demand Presentation: (Ms. Jwainat)
  - Ms. Jwainat explained that there are five demand models, but only inpatient and outpatient care would be discussed here
  - Ms. Jwainat discussed how VA enrollment is forecast 20 years into the future
  - Ms. Jwainat indicated that the CARES Commission report stated that the CARES model provided a reasonable analytical approach for estimating VA enrollment, utilization and expenditures
  - Ms. Jwainat stated enrollee reliance varies on issues such as enrollee preference and the supply of available services
  - Ms. Jwainat showed the forecasts for enrollment and demand for the Muskogee market, as well as the forecasted changes in utilization for ambulatory, outpatient mental health services and inpatient services.
  - Question from John McCloud, Director, Oklahoma Department of Veterans Affairs: Are we going to get better or worse?
    - Response by Ms. Jwainat: There has been a continued shift between inpatient and outpatient care. There is a decline and there are fewer veterans, but their healthcare needs are more complex.
  - Question from Mr. Crissler: When a change occurs in the VBA (Veterans Benefits Association) side of the house and it impacts a veteran's eligibility for service, do you redo the model?
    - Response by Ms. Jwainat: There will be changes and adjustments made as major changes in benefits occur. It would have to be something that affects a large group of veterans. It would have to be a huge change to impact that dramatically on demand projections.
  - Follow-up comment by Mr. Crissler: One of the largest changes has been regarding hearing loss for those serving in WWII and Korea.
    - Response by Ms. Jwainat: That is where a lot of the assumptions have been made.
  - Question from Bill Weidner, Departmental Service Office, Veterans of Foreign Wars: As of just a few years ago we have all these military discharge points that increase the compensation and claim workload. Veterans now are smarter as far as utilizing VA health care benefits. I did not see that factored in the demand model.

- Response by Christina White, Health Systems Specialist, VA Office of Strategic Initiatives: Every year the Office of Policy & Planning verifies actual enrollment vs. the model. For the purpose of this study projections are for the years 2003, 2013 and 2023, each year VA will look at the actual numbers vs. the model and if it looks as if an adjustment needs to be made, it can be made.

o Follow-up comment by Mr. Crissler: It may go the other way. A change of law may deny benefits.
  - Response by Ms. White: That is one of the benefits of the model; we have the ability to make adjustments.
  - Additional response by Ms. Jwainat: There have to be fairly dramatic changes to make a change.

o Question from Dr. Thomas Broughan, Chief of Surgery, Oklahoma University Tulsa: What are the reasons for the forecasted decreases in surgery?
  - Response by Ms. Jwainat: It is partly because of a shift from inpatient to outpatient and partly a shift in the way the services are captured. Some are now captured as non-surgical specialties, e.g., colonoscopy.

➢ CARES Business Plan Studies Presentation: (Patrick Spoletini)

o Mr. Spoletini stated his background and experience with Department of Veterans Affairs projects

o Mr. Spoletini briefly reviewed the requirements of the contract

o Mr. Spoletini discussed the objective of the study and the study outcomes

o Mr. Spoletini described the study considerations including:
  - Demand for services based on VA forecasts
  - Access to services
  - Quality of care
  - Research and education
  - Cost, both operating and capital
  - Collocation opportunities
  - Potential for collaboration with other health care providers

o Mr. Spoletini discussed PwC's methodology for completing the study

o Mr. Spoletini explained how stakeholders can submit their comments for consideration

o Question from Mr. McCloud: Have you considered a joint venture with the Indian Health Service?
  - Response from Mr. Spoletini: Yes, we will do that.

o Comment from James Cussen, Chief Executive Officer, Claremore Indian Hospital: We have a[n] [Indian] Nation with a whole host of clinics. . .
  - Response from Mr. Spoletini: We would need to identify drive time to all non-VA facilities.

o Mr. Crissler made a comment concerning sharing of services with the Indian Health Service and also with the Public Health Service.
  - Response from Mr. Spoletini: In any option where would we consider allowing them to use VA facilities, we would have to look at capacity.

- Question from Roberta Jones, Assistant Chief Nurse PCS, Muskogee VAMC: Are the collocations at this point limited to federal entities or are they open to private sector entities?
  - Response by Ms. Jwainat: We can share with the public sector, but collocation is typically with federal entities.
- Follow-up question from Ms. Jones: In our particular geographic location, the tribes control a great deal of the health care. Tribal leadership has a very progressive plan for health care separate from the Indian Health Service. Would that be determined under the same category as a collocation?
  - Response by Ms. Jwainat: No, that would be sharing. But in addition to capacity, you also have to look at access.

- Explanation of "Local Advisory Panel": (Ms. Jwainat)
  - For the study sites where a decision has been made to expand, close or move facilities, a Local Advisory Panel was created
    - Very formal hearing process
    - Members are special governmental appointees
    - Members are appointed
    - Everything accomplished by the Local Advisory Panel must be discussed in a public meeting
  - If an option is created that suggests a major change in services at Muskogee (i.e., a mission change), a Local Advisory Panel will be created

Closing Remarks by Mr. Campeau

- Mr. Campeau thanked everyone for their time and attention.
- Mr. Campeau encouraged everyone to provide feedback

Meeting was adjourned at 10:50 a.m.