

LOUISVILLE VAMC
Local Advisory Panel - Public Meeting
Clifton Center
October 4, 2005 10:30AM – 6:30PM

I. Participants

Local Advisory Panel (LAP) Members: Patricia Pittman, LAP Chair and Director, Memphis VAMC; Brig. General Leslie Beavers, (Retired), National Association of State Directors of Veterans Affairs and Commissioner, Kentucky Department of Veterans Affairs; Larry Cook, M.D., EVP, Health Affairs, University of Louisville; Heather French Henry, Heather French Foundation; The Honorable Congresswoman Anne Northup, U.S. Representative, 3rd District, Kentucky; Rebecca Nosil, Paralyzed Veterans of America, Kentuckiana Chapter; Dr. Richard (Dan) Roth, Deputy Chief Medical Officer VISN 9; Mike Rust, President, Kentucky Hospital Association

VA Support Team: Christina White, Health System Specialist, Office of Strategic Initiatives; Bob Morey, CARES Support Team Leader; Phil Knight, Manager, Strategic Management Office; Silvana Hill, Acting Public Affairs Office; Carter Puckett, Health Care Lead; Barbara Roberts, Chief Fiscal Officer; Tony Cox, General Engineer

Team PwC: Janet Hinchcliff (PricewaterhouseCoopers), Chad Eppley (PwC), Anthony Houston (PwC), Brent Hussong (Perkins & Will), Chris Brewer (Economic Research Associates)

Public: Approximately 40 – 50 people

II. Opening Remarks: Patricia Pittman

- Welcome
- Introduction of the LAP Members
- Introduction of Team PwC
- Purpose of the LAP

III. Pledge of Allegiance:

- Led by General Leslie Beavers

IV. LAP Overview: Janet Hinchcliff

- Encourages stakeholder input
- Recap of first LAP meeting
- Project Overview
 - Healthcare will be equal to or better than what is currently provided in terms of access, quality, and cost
 - Healthcare, capital, and re-use will be studied
- Recap of Secretary's Decision from May 2004

- V. **Forecasting VA Health Care Demand:** Bob Morey
- Recap of enrollment and demand forecasts
- VI. **Louisville Public Input:** Janet Hinchcliff
- Recap of public input and key concerns
 - **Question from Audience Member:** Out of the 25 comments, how many people wanted to move the hospital downtown?
 - **Response from Janet Hinchcliff:** Five
 - **Response from Audience Member:** That means 20 did not want it moved
 - **Response from Janet Hinchcliff:** Not necessarily, the comments covered a host of issues. Not every comment was concerning the hospital moving.
 - **Question from Audience Member:** Who are the stakeholders?
 - **Response from Janet Hinchcliff:** Could be anyone with an interest in the CARES process. This could include Veterans, the public, VA staff, etc.
- VII. **Overview of Meeting Agenda and Objectives:** Patricia Pittman
- Review of Standard Operating Procedures
 - Quorum necessary
 - Review of the public comment process
 - Scope of the Secretary's Decision of May 2004
 - Recap of the administrative LAP Meeting
- VIII. **Current Status and Business Plan Options:** Janet Hinchcliff
- Introduction of Brent Hussong and Chris Brewer
 - Brent Hussong described the site map of the Louisville VAMC
 - Current status and forecasts
 - Discussion of Business Plan Option (BPO) development process
 - LAP can recommend or choose not to recommend a BPO
 - LAP can develop their own options or an variation of a current option
 - All of the BPOs presented will move forward to the Secretary
 - Questions from the LAP are welcomed and encouraged, the public is encouraged to provide feedback during the public comment period
- Option Presentation**
- **Option 1 (BPO 1) – Baseline**
 - No new construction; renovations to the existing campus to bring the Louisville VAMC up to a modern, safe, and secure environment
 - **Option 2 (BPO 2):**
 - Replacement hospital at Zorn Avenue; collocate Veterans Benefit Administration (VBA)

- **Option 3 (BPO 3):**
 - Replacement hospital at Zorn Avenue without VBA
- **Option 4 (BPO 4):**
 - Renovate current facility with clinical addition; collocate VBA
- **Option 5 (BPO 5):**
 - Renovate facility with clinical addition, build primary care Community Based Outpatient Clinic (CBOC), and collocate VBA
- **Option 6 (BPO 6):**
 - Construct a new replacement hospital collocated near the University of Louisville (UofL) Medical Center. Do not collocate with the VBA. Re-use the entire Zorn Avenue Campus.
- **Option 7 (BPO 7):**
 - Construct a new hospital for inpatient and specialty care collocated near the UofL Medical Center. Construct a new primary care CBOC. Do not collocate with VBA. Re-use the entire Zorn Avenue Campus.
- **Option 8 (BPO 8):**
 - Construct a new hospital collocated near the UofL Medical Center. Develop sharing agreements for ancillary and support services. Do not collocate with the VBA. Re-use the entire Zorn Avenue Campus.
- **Option 9 (BPO 9):**
 - Construct a new hospital for inpatient and specialty outpatient care collocated near the UofL Medical Center. Develop sharing agreements for ancillary and support services. Construct new CBOC for primary care. Do not collocate with the VBA. Re-use the entire Zorn Avenue Campus.
- **Option 10 (BPO 10):**
 - Construct replacement facility near the UofL Medical Center campus and collocate VBA. Re-use the entire Zorn Avenue Campus.
- **Option 11 (BPO 11):**
 - Construct replacement facility near the UofL Medical Center campus. Re-use the entire Zorn Avenue Campus.
- **Option 12 (BPO 12):**
 - Construct a new hospital that provides inpatient and specialty care located near the UofL Medical Center campus. Collocate with the VBA. Construct a primary care CBOC off-site. Re-use the entire Zorn Avenue Campus.
- **Option 13 (BPO 13):**
 - Construct a new hospital that provides inpatient and specialty care located near the UofL Medical Center campus. Collocate with the VBA. Construct a primary care CBOC off-site. Re-use the entire Zorn Avenue Campus.

IX. Questions and answers from the LAP: Facilitated by Patricia Pittman

- **Question from Patricia Pittman:** Can you show an overview of the site (e.g. the location of the sink holes)?
 - **Comment by Brent Hussong:** The sink holes are located in the Southern part of the site. [Brent showed options where construction could be located on the site]. Explained the sequencing of the possible construction.
- **Question from The Honorable Congresswoman Northup:** Several options talk about contracting services. What does that mean?
 - **Comment by Janet Hinchcliff:** That would become a local management decision. [Janet welcomed comment from current local leadership].
- **Question from The Honorable Congresswoman Northup:** This is a very important question. We need to understand if the folks in the audience have to go out of town for services.
 - **Response by Patricia Pittman:** We are not in the position to make that decision. We are here to put options forward to the Secretary.
- **Question by Heather French Henry:** By collocating near UofL, would that decrease the wait times for physician appointments?
 - **Comment by Dr. Dan Roth:** There are advantages of collocation in most VA facilities; specialty services are provided by affiliate faculty. There are advantages in having staff closer.
 - **Comment by Dr. Larry Cook:** Presently, most of the care at the VAMC is provided by UofL faculty and residents. From the University's perspective, we want to provide services to the veterans no matter where it is located. The advantage of collocation allows for the availability of cutting edge technology and other services such as the Brown Cancer Center, women's services, etc. I think collocation is not as relevant to wait times, but more relevant to the availability of these types of programs.
 - **Comment by Dr. Dan Roth:** We want to provide all services close to veterans' homes. However, there are finite resources. The demand always exceeds the capacity, so we have to make some choices. With contracting decisions, it comes down to a cost benefit analysis. We need to provide as many services as we can to veterans as close to their home as we can. If you do not have the critical mass for programs, you will not have a quality program. We spend billions of dollars on high-tech equipment, if we collocate, we can decrease the duplication of those services. Also, by collocating, we can access highly specialized professionals, like neurosurgeons, who are available at the medical centers. It is not an issue of saving money; every dollar we get, we spend. The issue is doing the best we can for veterans.
 - **Comment by Patricia Pittman:** At the Memphis VAMC, we contract out for neurosurgery and orthopedics. The community physicians come to our facility to do the procedures. As a

reminder, we do not have the ability to forward or not forward any option to the Secretary. We forward our comments to the Secretary. All of the BPOs will be evaluated by the Secretary.

- **Question by The Honorable Congresswoman Northup:** How far is Memphis from Nashville?
 - **Response by Patricia Pittman:** About four hours
- **Question by The Honorable Congresswoman Northup:** The VA can send patients to other facilities within 70 miles. I get a lot of complaints in my office about traveling for open heart surgery. I think we need to make sure we bring services to Louisville. Can we understand if veterans living in Bardstown go somewhere else because Louisville is so crowded? The VAMC at Louisville is at capacity. People do not come to Louisville because it is crowded. What numbers did we use when we talked about the 114 bed facility?
 - **Response from Dr. Dan Roth:** The VA looks at three types of numbers: Vet Population – the number of veterans that live in a county at a zip code level which is taken from the census. Enrollees – the number of veterans who have opted to enroll in the VHA system. That number is lower than the Vet Population; currently 51,000 in the Louisville area. Uniques – those enrollees that actually come in and use services. There are approximately 38,000 uniques in the Louisville area.
- **Question by The Honorable Congresswoman Northup:** If all of our expectations are based on today's usage, we are not thinking about those veterans who are not using the service. Would it not serve us to look at how many uniques are within a 50 or 70 mile radius?
 - **Response from Dr. Dan Roth:** We use the healthcare actuary Milliman for our projections. Milliman is the foremost expert for healthcare projections. They take everything we are discussing into account.
- **Question by The Honorable Congresswoman Northup:** You did not answer my question. We need to know where the uniques are.
 - **Response from Dr. Dan Roth:** We do not always know why veterans, or any population in healthcare, choose their providers. You have to base your planning on given assumptions. We do adjust the numbers on an annual basis.
- **Question by Mike Rust:** The timeline for renovating the hospital in the baseline is 12 years. That is unacceptable. Why is the timeframe so long?
 - **Response from Brent Hussong:** The construction period for a replacement campus is five years. The renovation options will be longer. For those downtown options, once the land becomes available, the construction will take approximately five years.
 - **Comment by Dr. Dan Roth:** For the timeline, there is a planning horizon and an implementation horizon. This planning process will be finished in February or the second quarter of 2006. The earliest

we can put anything in would be 2008. The earliest it could go into approval is 2009. The design phase would be an additional 1.5 years after and then construction for another five years. So we are looking at 8-10 years.

- **Comment by Mike Rust:** It is a trend across the country to put VAMCs close to the academic affiliate, like the UofL.
- **Comment from Audience Member:** The sink hole is not a big deal; a building can go there. The downtown area has a high crime rate. Dr. Cook, you seem to be more interested in accommodating the UofL doctors instead of the veterans.
- **Comment by Heather French Henry:** When will we know what the re-use options are? What will be put on the campus; will it be a veterans' home? Where will the proceeds go?
 - **Response from Chris Brewer:** We did a high level analysis in Stage I. We focused on market dynamics and demand for the current VA property. In Stage II, we will take a more in-depth look at the policy context of re-use and more closely examine the re-use opportunities.
- **Question from General Leslie Beavers:** Could VBA be placed on the Zorn site?
 - **Response from Chris Brewer:** That is a possibility. The re-use options remain open at this point.
- **Comment from Patricia Pittman:** Please note that Chris Brewer mentioned re-use and not disposal.
- **Comment from General Leslie Beavers:** Concerning the term enrollees, this number can vary based on what facilities are available to them. If another CBOC was available, it is likely that there would be more people enrolled. Primary care needs impact those that enroll, and ancillary/inpatient utilization numbers are pushed by primary care referrals. We need to make sure this is reflected.
- **Comment from Congresswoman Northup:** The fact is Congress needs to appropriate more money, and we need to know why the money is not coming here once it is in the system. We need to know why the money is not coming here.
- **Comment from General Leslie Beavers:** CBOCs are funded from VAMC operating budgets.
- **Comment from Patricia Pittman:** The LAP can create additional options with these questions in mind.
- **Comment from Dr. Dan Roth:** Please remember that enhanced use leases (EUL) of the property allow the money to stay at Louisville.
- **Comment from Dr. Larry Cook:** I feel very strongly that there are many advantages of collocating with UofL.
- **Comment from Mike Rust:** I have concern over the amount of time that the baseline option would take.

X. **Public Comments:** Facilitated by Patricia Pittman

- **Testimony 1, Veteran:** There are several drawbacks to collocating downtown with U of L Medical Center.
 - Severely overcrowded
 - Difficult parking
 - Cost of acquiring land will be high
 - Potential for abuse by the UofL
 - Takes the control of the facility out of the VA's hands

I would suggest if a new site is needed, that the VA look at the Naval Ordinance site on the South Side of Louisville. This is a large campus, over 100 acres. I assume that since this is Federal land, acquiring it would be cheaper than the site next to UofL.
- **Comment by Patricia Pittman:** We will consider your comments.
- **Testimony 2, Veteran:** I think the re-use of the Zorn Avenue campus has to be properly addressed. It is a great place. I do not know why only 50% of the land can be used. The opportunity to use it for other veteran interests should be addressed.
 - **Comment by Patricia Pittman:** We will consider your comments.
- **Testimony 3, Veteran:** I fully support the VA building at, or near the UofL Medical Center. I think using the resources at the UofL could allow the Louisville VAMC to become a regional women's center of excellence. I would like the VBA to be collocated at or near the UofL.
 - **Comment by Patricia Pittman:** We will consider your comments.
- **Testimony 4, Veteran, American Legion Highland Post Representative:** I have been using the Zorn Avenue facility since 1995. I have a brother who has been using the facility since 1968. My father died at the facility. My father-in-law was a WWII veteran and also died at the VAMC. We are favorably biased to the Zorn Avenue site. The staff at the Louisville VAMC is great. Our concern at the Highland Post is that if we collocate with the UofL, the new building will eventually become a part of UofL. We prefer it to be a stand alone facility. For the Congresswoman, we feel all veterans should get healthcare. Any veteran who did not sign up by January 1, 2002 did not get their benefits. In closing, if we need to pick a new option besides building at Zorn, we like BPOs 10 – 13. General Beavers would do a great job with the Zorn Avenue campus if he is given the opportunity.
 - **Comment by Patricia Pittman:** We want to remind all veterans that as the veteran's needs change, they should reapply for coverage. [Referred veteran to a local VAMC representative.]
 - **Comment by Dr. Larry Cook:** I would like Dr. Dan Roth to answer the gentleman's concerns regarding the potential merger of UofL and the VA if collocation is considered. The Congresswoman and I went to the VA in Pittsburgh; it is a great facility. It is right on the University of Pittsburgh's Medical Center campus, but it is in no way merged with the University of Pittsburgh.

- **Comment by Dr. Dan Roth:** Collocation at UofL would not mean a merger. The benefit would be the potential of shared services.
- **Comment by The Honorable Congresswoman Northup:** I have been a bit confused myself. Early on, I thought collocation meant a wing on the UofL facility. I now understand it would be its own, stand alone facility near UofL, connected by a walkway. Now I hear from Dr. Dan Roth, collocation would be a bed tower but lab and other things would be shared with the UofL. I think we need a better explanation.
 - **Comment by Dr. Dan Roth:** First, there has been no decision. The decisions of what will and will not be shared would be determined by the leadership of the VAMC.
 - **Comment by The Honorable Congresswoman Northup:** I think the gentleman's concern is who will have priority?
 - **Comment by Patricia Pittman:** I see collocation as a separate hospital.
- **Question from Heather French Henry:** Who will bear the costs of shared items if collocation occurs? How does this come into the VA budget?
 - **Comment by Patricia Pittman:** This will come into play further down the road.
- **Testimony 5, Veteran:** I am wondering why you think we need a new hospital? I am a 50% service connected disabled veteran from 1945. I have 21,000 volunteer hours in the pharmacy. My wife had over 23,000 hours before her passing. Most of the folks there prefer to stay where they are. What we need is more money and more nurses. They used to be able to get 410 beds in that old hospital. I had to tell many patients that we are out of medicine. If we cannot staff the old hospital, how are we going to staff the new hospital? If we have the money to fight the war on terrorism, we should have a mandatory budget for veterans.
 - **Comment by Patricia Pittman:** We will consider your comments.
- **Testimony 6, Veteran:** My main concern with moving it downtown would be parking. I want to address a question to Dr. Cook, how feasible are the parking lots downtown for veterans who have motorized wheelchairs?
 - **Comment from Dr. Larry Cook:** We have the four surface lots. Handicapped access would have to be taken into consideration when planning a building.
 - **Comment by Patricia Pittman:** The options do address parking.
- **Testimony 7, Veteran, Vietnam Vets of American 454:** If we associate with UofL, we will help students learn. The primary goal of the VA is to serve veterans, not to provide education for the UofL. I do not see a need for a new hospital. If we move it downtown, it is more useful for UofL than it is the veterans. We need to think about the post traumatic stress disorder (PTSD) problems, homeless problems, etc.

Veterans have to come first, not the UofL. We should renovate the new hospital or build new at Zorn; we do not need to move it.

- **Comment by Patricia Pittman:** We will consider your comments.
- **Testimony 8, Veteran:** I heard a comment that it would take 10 years to put up a hospital. I think if it were in the private sector, it would take 2 years.
 - **Comment by The Honorable Congresswoman Northup:** It does take the public sector longer. I am concerned with how long this might take. However, in the public process, you have to do many more things than in the private sector. Let me just assure you, I am appalled we will not have a VA hospital in less than 10 years.
- **Testimony 9, Veteran:** We need a mandatory budget for the VA. The people in the VA are doing a great job.
 - **Comment by Patricia Pittman:** Thank you for your comments.
- **Testimony 10, Veteran, Post 180 American Legion:** When the stakeholder slide came up, it only showed five people who wanted to go downtown. That concerns me because we know three people said they did not want it to go downtown. I would like option 2 or 10.
 - **Comment by Patricia Pittman:** Thank you for your comments.
- **Testimony 11, Wife of a Veteran:** My husband is 84, I am 78, and I live close to the Zorn Avenue location. I would like the hospital to stay where it is because of the ease of access to it. The VA has been very good to us.
 - **Comment by Patricia Pittman:** Thank you for your comments.
- **Testimony 12, Veteran:** I am very interested in knowing why there is not a veteran on the panel that actually uses the Louisville VAMC.
 - **Comment by General Leslie Beavers:** I am a patient there.
 - **Continuation with Testimony:** General, with all do respect, you are not the average patient. You are a General. How about an enlisted veteran?
 - **Comment by Patricia Pittman:** Please note that all of you are part of the panel. We represent you, but you all are members.
- **Testimony 13, Veteran, UofL Physician/Faculty Member, Former Louisville VAMC Physician:** At the first meeting, I supported collocation as an independent entity. I would like to expand on my thoughts about collocation. I think we will have the opportunity to expand the services provided to veterans. I think the collocation will help the Louisville VAMC with the opportunity to take advantage of expert physicians and expert equipment. The results of frequent practice by expert physicians improve quality. The mixed service needs of veterans change rapidly. By collocating, the Louisville VAMC could change rapidly. The site selection and facility design must take into consideration the demographic needs of the veterans. The creation of prospective binding agreements between the VA, UofL, UofL Medical Center, and the Louisville metropolitan government must

be an integral part of the planning process. I have also provided a longer written statement.

- **Comment by Patricia Pittman:** Thank you for your comments.
- **Testimony 14, Veteran:** I am very happy with the Zorn Avenue location. If we do move the VAMC downtown, put a monorail system from Zorn Avenue to the UofL. They could transport these patients easier than having to fight traffic back and forth. The other thing about the Zorn Avenue location is that there is plenty of room to put another hospital up there and use the other one as a long term care facility.
 - **Comment by Patricia Pittman:** Thank you for your comments.
- **Testimony 15, Veteran:** Is there any history of collocation throughout the VA?
 - **Comment by Patricia Pittman:** We do have a history of collocating, while keeping the VA a distinct hospital.
 - **Comment by The Honorable Congresswoman Northup:** The ones I have actually looked at are distinctly different facilities.
- **Testimony 16, Veteran:** I would like to keep it simple. Maybe we renovate and build a parking garage. I do not know if we can afford a new hospital downtown.
 - **Comment by Patricia Pittman:** Thank you for your comments.

XI. Public Deliberations: Facilitated by Patricia Pittman

- Recap of the process
- Recommend or do not recommend an option
- All options will go forward

Option 1 (BPO 1)

- No motion to recommend Option 1 needed

Discussion

- **Comment by Dr. Larry Cook:** I am reading pros and cons, and I would like the record to reflect that the LAP is not enthused with this option. We do not see that it has a great deal of virtue. The cons do not allow it to go further: it will not collocate VBA, and it will not meet modern, safe, and secure. The LAP will not recommend this option.

Recommendation

- Option 1 is not recommended for further study

Option 2 (BPO 2)

- Call for motion by Patricia Pittman
- Motion to approve by Dr. Dan Roth
- Second by Heather French Henry

Discussion

- **Comment from Dr. Larry Cook:** This option does not have a CBOC.

- **Comment from The Honorable Congresswoman Northup:** I would recommend another option that not only endorses another hospital, but to re-use the facility in a different way.
- **Comment from Patricia Pittman:** This option does allow for space for future use.
- **Comment from General Leslie Beavers:** This option specifically provides for a women's clinic. Also provides for parking and collocates the VBA. The con is that it does not consider a primary care CBOC.
- **Comment from Heather French Henry:** It does not address re-use.
- **Comment from General Leslie Beavers:** The re-use element is completely void.
- **Comment from Dr. Dan Roth:** It really means that no outside entity will use the property; it will remain with the VA. Perhaps we can look at the first five options, and select the best few. Then we can look at the next four.
- **Comment from Patricia Pittman:** We have to stay in order, but thank you for the suggestion.
- Vote: Yes – 4, No – 4, Tie.

Recommendation

- A tie per The Honorable Congresswoman is a not recommended for further study.

Option 3 (BPO 3)

- Call for a motion
- Dies for a lack of a motion
- Cons: No CBOC, no re-use, no VBA

Option 4 (BPO 4)

- Call for a motion
- Dies for a lack of a motion
- Cons: No CBOC, no re-use, does not specifically discuss women's care.

Option 5 (BPO 5)

- Call for a motion
- Motion to approve by General Leslie Beavers
- Second by Rebecca Nosil

Discussion

- **Comment from General Leslie Beavers:** This option brings in the VBA into the renovated Building 1, provides a separate site for the CBOC, and builds a new hospital.
- **Comment from Dr. Larry Cook:** This is the superior option out of the first five.
- **Comment from The Honorable Congresswoman Northup:** It is not near UofL.

- **Comment from Heather French Henry:** This does not address women's services.
- **Comment from Dr. Larry Cook:** Women's services is a programmatic determination.
- Vote: Yes – 8, No – 0.

Recommendation

- Option 5 is recommended for further study

Option 6 (BPO 6)

Discussion

- **Question from The Honorable Congresswoman Northup:** I think BPO 6 looks just like BPO 11; BPO11 just does not have the word collocate.
- **Comment from Patricia Pittman:** Collocate according to the LAP means constructing a new VAMC close to the UofL as a separate entity. Collocate means on campus and near means close in proximity.
- **Comment from The Honorable Congresswoman Northup:** When this came to me in the first CARES decision, they explained collocate would mean with UofL. It seems to me, we are talking about the benefits of this, which are really the pros of 11.
- **Comment from Dr. Larry Cook:** We (UofL) do own a great deal of land in the downtown area. We own those four parking lots. We do not have enough land to entirely duplicate the services at Zorn Avenue, but in all of these models, we are proposing an autonomous, free standing bed tower owned and operated by VA. It is just going to be in the immediate vicinity of the UofL Medical Center.
- **Comment from The Honorable Congresswoman Northup:** I do not mean just a bed tower; I mean operating rooms and x-ray, etc.
- **Comment from Patricia Pittman:** The LAP defines collocate as “an autonomous free standing full service tertiary care VAMC in the immediate vicinity of the UofL Medical Center.”
- **Comment from Dr. Dan Roth:** Can we ask PwC to define collocation?
- **Comment from Janet Hinchcliff:** In BPO 6, 7, 8, 9, collocation is the physical location of the hospital. It would be on the University's campus or right across the street. Options 6-9 further define the level of sharing, etc. For instance, BPO 6 indicates a full stand-alone hospital.
- **Comment from Janet Hinchcliff:** The interpretation from Washington in Options 6-9 means negotiation of ownership of land through UofL. In Options 10-13, the interpretation means negotiating with any private party for land near the UofL.
- **Comment from The Honorable Congresswoman Northup:** The word “collocate” means on the UofL's property? I think we need to align with what Washington put forth and define it as being within the UofL Medical Center.

- **Comment from Janet Hinchcliff:** We were asked to come up with independent options. We were not told to align with anything. We can change the word collocate.
- **Comment from Patricia Pittman:** We think collocation means "...in the vicinity of the UofL." We do not care who owns the land.
- **Comment from Janet Hinchcliff:** The interpretation needs to be clear.
- **Comment from Patricia Pittman:** We want to be very clear that collocation means the immediate vicinity to the UofL Medical Center. Do we leave it at that? (Panel unanimously: yes)

Recommendation

- No motion to approve for further study

Option 7 (BPO 7)

- Call for a motion

Discussion

- **Comment from Dr. Larry Cook:** Where would the CBOC go?
- **Response from Janet Hinchcliff:** It would be placed in a location to meet the primary care drive times.
- Cons: VBA is not considered; re-use options are not specified.

Recommendation

- No motion to approve for further study

Option 8 (BPO 8)

- Call for a motion
- Motion to approve by Dr. Larry Cook
- Second by General Leslie Beavers

Discussion

- **Comment from The Honorable Congresswoman Northup:** My concern is that we can always have sharing agreements. By building it with sharing agreements in mind, we lose capacities.
- Dr. Larry Cook votes yes, 7 votes no

Recommendation

- Option 8 is not recommended for further study

Option 9 (BPO 9)

- Call for a motion
- Motion to approve by Dr. Larry Cook
- Second by General Leslie Beavers

Discussion

- **Comment from Dr. Larry Cook:** I move for approval. The option of shared services is a good option.
- Vote: Yes - 5, No - 3
- Mike Rust, Dr. Dan Roth, Dr. Larry Cook, Patricia Pittman and General Leslie Beavers vote yes

Recommendation

- Option 9 is recommended for further study

Options 10-13 (BPO 10-13)

- Dr. Larry Cook makes motion to consider Options 10-13 as a batch
- LAP unanimously agrees

Recommendation

- There is no motion to recommend options 10-13 for further study

Break at 4:15

Heather French Henry departed, but quorum remains as seven of eight members remain post break.

Option 14 – LAP Proposed by General Leslie Beavers

Description

- Construct a new hospital in the vicinity of UofL Medical Center for inpatient and specialty care, specifically, to include women's health. Re-use purpose of the Zorn Avenue site should include construction of an ambulatory care unit; location of the VBA and other veterans services such as long term care, domiciliary, homeless transition services (male and female); and any other veterans services. Appropriate parking facilities are located at both sites.

Discussion

- **Comments from The Honorable Congresswoman Northup:** Can I ask to drop outpatient specialty services and just use word specialty services? I think we ought to leave it up to the VA on which services should go in which location. I would like to strike the requirement of the UofL sharing agreements. The veterans are very worried that they will lose their autonomy. We know that whether we put it in or not, certain services will be contracted. We do not want to constrain the size of the facility too early.
- **Comments from General Leslie Beavers:** The whole reason for being in or near the vicinity of UofL is to get the veterans the best care. I still want the independent VA hospital.
- **Comments from The Honorable Congresswoman Northup:** I think that before we even build a facility, we should mandate the sharing agreements.

Amended Option 14: Patricia Pittman

Description

- Construct a new facility for inpatient and specialty care, including women's health, in the vicinity of UofL. Construct new ambulatory care unit at Zorn, develop remainder for veteran services (homeless transitional, domiciliary, long term care, nursing home, etc), and collocate VBA. Both sites will have adequate parking developed.

Discussion

- Pros: UofL offers a great deal of services and that is an advantage to the veterans.
- **Comment from Dr. Dan Roth:** The option expands the current services. We do not have long term care at Louisville.
- **Comment from General Leslie Beavers:** The option addresses the concern of driving downtown for primary care and uses a facility that has been in use for years.
- **Comment from The Honorable Congresswoman Northup:** The option provides for comprehensive women's services which is especially important to Heather French Henry. It also makes available, for the northern region of the VISN, a hospital that can serve a broad geographic area and can take advantage of the UofL services.
- **Comment from Dr. Larry Cook:** We would be creating a full service VAMC for our veterans. We would make services available to our veterans.
- Call for motion by Patricia Pittman
- Motion for approval by General Leslie Beavers
- Second by Mike Rust
- 7 vote yes, 0 vote no

Recommendation

- Option 14 is recommended for further study

BPO 15 LAP Added – Dr. Dan Roth

Description

- Construct new hospital at the Zorn Avenue location with a new addition and parking garage as recommended in BPO 2. Renovate Building 1 for long term care, domiciliary, homeless transition services (male and female), and any other veterans services. Collocate VBA and construct CBOC. Build appropriate parking facilities at both sites.

Discussion

- **Comment from Dr. Dan Roth:** I proposed this option because I heard from the stakeholders that they want the option for the hospital to remain at the Zorn Avenue location.
- **Comment from The Honorable Congresswoman Northup:** We have already addressed this in BPO 14. This option brings more traffic to the site. I think we got some applause on the last vote.
- **Comment from Dr. Larry Cook:** This is forcing too many things on an already congested site and loses the synergies gained by going to university location.
- Call for motion
- Motion for approval by Dr. Dan Roth
- No second

Recommendation

10/14/05 LAP CHAIR APPROVED

- Option 15 is not recommended for further study

XII. Recommended Options

Options the LAP recommends to the Secretary for further study are BPOs 5, 9, and 14 as shown in the following table.

BPO	Yes	No	No Motion to Recommend
1			X
2	4	4	
3			X
4			X
5	8	0	
6			X
7			X
8	1	7	
9	5	3	
10			X
11			X
12			X
13			X
*14	7	0	

*Option 14 was proposed by the LAP.

XIII. Closing

- Proposed dates for next LAP are December 5, December 12, or December 13.

Meeting adjourned at 5:00 PM