

**Meeting Summary for Fourth Local Advisory Panel (LAP)  
Public Meeting  
Boston Study Site  
September 17, 2007 1:00 P.M. - 6:30 P.M.  
University of Massachusetts - Boston Campus  
Campus Center Ballroom**

**Participants:**

**Local Advisory Panel (LAP) Members (present):**

- Joyce A. Murphy – Chair (Vice Chancellor and Chief Operating Officer, Commonwealth Medicine, UMASS Medical School)
- Michael J. Miller, MD, PhD. – (Chief Medical Officer, VISN 1)
- Vincent Ng – (Director, Providence VAMC)
- Thomas Materazzo – (Former Assistant to the Mayor, City of Boston)
- Henry (Hank) Bradley – (American Legion and Director of Veterans Services for Quincy)

**Local Advisory Panel (LAP) Members (not present):**

- Diane Gilbert – (CEO, Gilbert Consulting Firm)
- Thomas Kelley – (Secretary, Department of Veterans Services, Massachusetts)
- Thomas Moore, MD – (Associate Provost for Clinical Research, Boston University Medical College)

**VA:**

- Jeannette Chirico-Post, M.D., VISN Director
- Allen Berkowitz, PhD, Representative of the VHA Office for Policy and Planning
- Jay Halpern, Special Assistant to the Secretary
- VISN 1 Support Staff : Gail Goza-MacMullan, Ph.D.; Wayne Szretter, Susan MacKenzie, Ph.D.; George Poulin; Diane Keefe; Joseph Costa, Glenn Benson

**Team PwC**

- Melissa Glynn, PhD (PwC)
- Nancy Vesey (PwC)
- Michael Bobbin (PwC)
- Kristin Porter (PwC)
- Jeff Keilman (Perkins+Will)
- Dennis Kaiser (Perkins+Will)

**Public**

- Approximately 40 Members of the public

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**Started at: 1:15 PM**

- I. Welcome:** Joyce Murphy
  - Welcome to the fourth and final LAP meeting.
- II. Pledge of Allegiance (led by Kay Arnold, National Service Officer for Ex-Pows)**
- III. Testimony from Congressman Tierney**
  - Thanked the LAP for their efforts.
  - At the end of Stage I the Secretary selected BPOs 8, 10, and 11 as well as the Baseline to move forward. The Stage II report shows that the LAP and stakeholders only supported the Baseline option. We have already gone through prior reviews that showed options 8, 10, and 11 are not the best choice. The Bedford facility plays a unique and pivotal role in Boston healthcare. Soldiers are returning from current conflicts and therefore we should not be considering closing facilities.
  - Brings attention to Stage II report by the consultant. The report states there is a high likelihood of negative impact to specialty programs and the number of staff required to change jobs in BPOs 8, 10, and 11. These BPOs would force staff and patients to travel additional distances for their services. Does not agree with the analysis on the number and frequency of patient moves for BPO 1. BPOs 8, 10, and 11 will be just as, if not more, disruptive to the patients than BPO 1. This should be changed in the final Stage II report before handing to the Secretary.
  - The GAO found that VA does not track or measure the CARES implementation process. How can the word synergy be presented? There is no justification. Just because the report states synergies are created does not mean it is true. This language should be removed from the report.
  - Not surprisingly the Stage II report is in favor of BPOs 8, 10, and 11. We should not be concerned about costs, We need to do what is best for our veterans. The report states that BPO 8 is not as bad as BPOs 10 or 11. We should not settle for BPO 8 when the Baseline is the best option.
- IV. Overview of Meeting Agenda:** Joyce Murphy
  - Introduction of LAP members, Team PwC, and patient advocates.
  - Overview of the meeting agenda.
- V. Restatement of Standard Operating Procedures for Commenting on Options:** Joyce Murphy
  - Review of the procedure for submitting testimony or input for the public record.

- VI. Testimony from Vinny deMacedo State Representative, 1st District Plymouth**
- Would like to share the challenges from the town of Plymouth and the ability to get access to care. The goal is to be within 30 minutes to access care. Plymouth is not within this window. In 2001 Plymouth was scheduled to receive a new CBOC but then it was revoked. Now there is an even greater need to receive a new CBOC than in 2001. There should be a CBOC in the area of Plymouth.
- VII. Report of Administrative Meeting: Joyce Murphy**
- Review of the role of the LAP and the nature of the LAP's deliberations and recommendations.
  - Review of the LAP Administrative Meeting that occurred last week and explained that no decisions or deliberation occurred during that meeting.
- VIII. CARES Process Next Steps: Jay Halpern**
- Thanks the LAP and the public.
  - Asks the Chair for permission to speak after the consultants' presentation.
  - Provides a background of the CARES study and explained the purpose of the CARES study. Explained the progression in outpatient services and facilities.
  - Explains that the VA wanted to look at all options for this area beyond total consolidation to one facility.
  - Encourages the LAP to comment on options beyond what is included in the BPOs.
- IX. Review of Stage II Study Findings: Nancy Vesey**
- Presented the Stage II Study Findings presentation slides.
- X. LAP Question Period**
- **Question 1: Thomas Materazzo**
    - CARES stands for Capital Asset and Realignment for Enhanced Services. The consultants have achieved 3/5ths of this purpose. To achieve this purpose requires more funding and wishes this was stated in the report. The consultants have not looked at enhancing services in their study. Otherwise whatever VA has now is assumed to be okay. The VA needs more funding for the enhancement of services. The report states that veteran demand is going down in the future. This is because the report does not take into account Category 7 and 8 veterans. How does the report take into account the new veterans from the current conflict? The VA provides great care

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however there is not enough of it. Not all of this is included in the report.

- Allen Berkowitz - There is no question that many veterans are returning from the current war. Keep in mind that many, approximately 690,000 veterans from WWII, Vietnam and the Korean war are dying each year. Overall, the total veteran population is declining. About Category Eight veterans, Congress gave the authority to the veterans to enroll as many veterans as possible, however for the last four years have not enrolled Category Eight veterans. Existing Category Eight OIF/OEF veterans however are entitled to two years of care.
- **Question 2: Vince Ng**
  - On the ease of implementation slide can you provide more clarification on the complexity of the patient and service moves for BPO1. Also, why is BPO 11 the most complex capital option?
  - Nancy Vesey - In the Baseline option you are renovating all four campuses while providing care on each of those campuses. It refers to the number of times a patient has to be moved during renovation.
  - BPO 11 is the most complex capital option because of the nature of the capital projects and it involves the most new construction.
- **Question 3: Hank Bradley**
  - The total number of veterans may be declining but the veterans coming back from current conflicts have more complex needs than other veterans. Are we taking that into consideration, for instance the number of PTSD patients? Are we going to have facilities for the new PTSD patients that need care today?
  - Jay Halpern - Agrees. When we make a decision about where to go we do detailed planning and determine how many PTSD patients we will have. This will occur before new buildings are constructed. VA updates forecasts every year, and before anything would be built we would look at the most recent forecasts.
  - Hank Bradley - Can we implement the programs for those that are in need of care now?
  - Jay Halpern - Absolutely. This happens on a day-to-day basis. The CARES study does not address this. This is something that VA addresses every day.
- **Question 4: Michael Miller, MD**
  - The Baseline option states that a new inpatient chronic SCI&D building will be constructed on the Brockton campus. Do the other options also build the same level of Chronic SCI&D unit?

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- Nancy Vesey - Each of the options constructs a new chronic SCI&D unit that accommodates the same number of beds in each.

### XI. **CARES Process Next Steps Presentation Continued:** Jay Halpern

- Discusses the cause for the delay of the CARES process including the Shalala Commission and the Walter Reed situation.
- Presented the Secretary's proposed alternatives to the BPOs.
- Proposes that the Alzheimer's Program, Nursing Home, GRECC and Outpatient Services stay on the Bedford Campus in new state of the art facilities.
- Use the Enhanced Use Leasing Program to develop a creative collaboration with the private sector to use the balance of the Bedford campus for services to veterans such as a continuing retirement care community, assisted living facilities and other compatible services.
- Consolidate all mental health services at the Brockton campus from Bedford: long term psychiatry, domiciliary, rehabilitation services.
- Create state of art facilities including new long term care and chronic SCI&D resulting improved continuity/quality through integration of acute and intermediate and long term mental health services.
- Consider the consolidation of Jamaica Plain and West Roxbury as a separate option. Full modernization of West Roxbury as planned in other options.
- Complete the integration of these facilities and modernize the consolidated campus at West Roxbury.

### XII. **Break**

### XIII. **Public Question Period**

- **Question 1:** Since Option #1 seems to be the fairest and most popular for most all stakeholders and staff, why was reuse for free space at Bedford and other campuses not considered to find what the bottom line cost could be?
  - Allen Berkowitz - The Baseline is what it would take to renovate the existing campuses. Then when we started looking at new facilities we wanted to know how we could reuse free space. It turns out that reuse is not significant in any of the options and very little of the cost of the options is off-set by reuse.
- **Question 2:** As is currently, veterans are already finding it difficult to traverse to a facility that provides specialty services, how will any consolidation address this issue so that veterans are not deterred from utilizing services? There is one thing to enhance services, but if not accessible, how many will utilize them; therefore reducing the number of enrollees.

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- Nancy Vesey - Yes, any new construction will accommodate the people that use the services. That is one of the main reasons why the new facilities are being constructed.
- **Question 3:** If one of your options 8, 10 or 11 is chosen, in regards to the Brockton Campus, will Buildings 2 and 4 be revamped also? They are a mess!
  - Nancy Vesey- Yes, any existing building that would house services will be renovated.

### **XIV. Public Comment Period**

- **Testimony 1: Veterans Advocate**
  - Is a citizen of Plymouth. Would like to see a CBOC in Plymouth. Was promised a CBOC in 2001 and for unknown reasons this has been on hold. The population of Plymouth has grown and deserves its own CBOC. It takes an hour to get to the closest CBOC. The VA facts about drive-times are not accurate. Would like a new CBOC in Plymouth.
- **Testimony 2: Retired Sergeant Major from Plymouth**
  - Today he did not hear about what is best for veterans and their access to facilities. Veterans have too much trouble getting to the facilities. There needs to be local facilities for all veterans. It is an all day trip for veterans to get services from Plymouth. Veterans suffering from PTSD will not go that far for services. The options proposed today do not address these issues. There should be a new CBOC built in Plymouth.
- **Testimony 3: Representative of Congressman Frank**
  - Reiterates his concerns about the BPOs that call for consolidation of campuses. Is in support of Business Plan Option 1. This is not a time to consolidate facilities with the returning soldiers from Iraq and Afghanistan. We are in favor of enhanced services but not in favor of sacrificing access to those services.
- **Testimony 4: Representative of Veterans of America**
  - Favors BPO 1. Would like to see a new CBOC in the Plymouth area. Has utilized many of the Boston area facilities and each one is over an hour away. There is heavy traffic and veterans should have good access to services.
- **Testimony 5: President of the New England Chapter of the Paralyzed Veterans of America**
  - Supports BPO 1 but supports keeping the West Roxbury SCI acute care and related services. Veterans come from all over to receive spinal cord services at West Roxbury because of the excellent care there. Would support the new option proposed by the Secretary. Staff would leave VA over traveling.
- **Testimony 6: Veteran**

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- Thanked the LAP for their services. Basic and emergency services are a thing of the past at the Brockton and Bedford campuses. We owe more to the soldiers coming home. We should build hospitals and not walk-in clinics at the Bedford and Brockton campuses. Projects at all four campuses should not be going on at once. America wastes money that should be spent on veterans. CARES is completely against everything that America stands for. The veterans need emergency services immediately. Please return new and full services to Brockton and all other VA facilities.
- **Testimony 7: Veteran PVA**
  - Has found it difficult to get to the facilities since public transportation to West Roxbury does not exist and to get to Jamaica Plain you must take the train and sometimes the elevators that do not work. Cannot get all of his care at Brockton. The Massachusetts water resource study said that the water and sewer rates servicing the Boston area would go up 40% which could affect the VA facilities. There are a total of 28 hospitals that the VA is competing with for staff. If the water supply should be affected that will knock out water to 28 hospitals and you should consider that in the study.
- **Testimony 8: Representative of the DAV at the Brockton VAMC**
  - Has heard discussion about the problem of transporting of staff. Thought that this was supposed to be about the veterans. The VA has cut its transportation program we must transport veterans in the transportation program. If you close the Bedford VA, what are you going to do with all of these people and Alzheimer's patients and their families? We should be considering not just the citizens and staff but the veterans.
- **Testimony 9: Veteran**
  - Prefers BPO 1. In 2023 the Vietnam veterans will be 80 years old. Many people rely on the Bedford VAMC. Bedford has made many improvements. Bedford was ranked high in patient satisfaction which is pretty good for having ancient facilities. The staff is what makes the hospital, so do not reduce the staff.

### **XV. Local Advisory Panel Deliberations**

- Joyce Murphy - Reiterates that the VA does not sell any land. Rather, the VA will lease back land and ultimately maintain control and ownership. The LAP has the option of choosing aspects of a BPO that they favor and may not favor rather than the entire option.
- Joyce Murphy - Acknowledges Diane Gilbert, Thomas Moore and Thomas Kelley for the work they have done who are not here today.
- Hank Bradley - At the third meeting the LAP favored the Baseline BPO and today the speakers favored Baseline BPO. Doesn't know why VA changed their mind in not giving a CBOC to Plymouth. Plymouth is

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- rapidly growing. The VA should address this issue. BPO 1 is the one that most people prefer and agrees with implementing BPO 1.
- Michael Miller, MD - Heard the public's concerns with the options that closes Bedford. Heard the new proposal from the Secretary and believes that we should consider that option. All the options should provide for a new CBOC in Plymouth. The LAP recommended BPO 1 in the past, primarily because all the other options close Bedford. I am concerned about care being provided in old buildings. The Bedford VA is not a bad location; the buildings are just very old. In favor of the new option provided by the Secretary.
  - Thomas Materazzo - Heard a variation of the same thing. Everyone who spoke was in favor of BPO 1. The last time the panel met they favored BPO 1, but we would like to see improvements as well. Improvements translate into funding. The funding that is asked for to fund the war should include the improvements necessary to care for those fighting it. There is urgent care but not emergency care in Jamaica Plain, this means that you have to go to West Roxbury after 4:00pm. I am disturbed by the number of resignations in the department since the LAP was established. Services will be enhanced by more funding.
  - Vince Ng - Heard that we need a CBOC at Plymouth, talked about transportation and the need for a nursing home and Alzheimer program at Bedford. That is no different than what we've heard before. Serves as the Chair of Strategic Planning for the network. Is looking at surgery and other programs that require modern facilities. These facilities are aging and we cannot provide modern services like digital imaging in the current facilities. We should consider other options that allow us to have the most modern facilities in New England. We want to enhance programs but the infrastructure is limiting. This is an opportunity for us.
  - Joyce Murphy – So that care could be preserved at all current sites, I was previously in support of the Baseline Option. Visited all of the hospitals as Chair and has thought long and hard about how to improve care. The operating rooms of yesterday cannot accommodate quality of care and clinical equipment/technology that exists today. We need to be connected to the communities where the current facilities exist. Would recommend consolidating Jamaica Plain at West Roxbury and build a state of the art facility to have 21<sup>st</sup> century medicine in the city of Boston. Most services should be kept at Bedford. Suggests getting a competitive bid from a developer with directive that new construction would include to build a new campus including the GRECC, Nursing Home and Retirement facilities for veterans. Bedford Mental health services would go to the Brockton campus. The VA would still maintain control of the facilities so this is "win-win" situation. We also need to explore the prospect of a Plymouth CBOC.



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- Joyce Murphy - Heard from the LAP that there is a connection to all of the facilities and heard a concern about maintaining facilities in all areas. Heard that the GRECC and key programs should stay in Bedford where there is a great opportunity for a continuum of care program that could become a national best practice. We need to make choices about tertiary facilities and consolidating those for efficiency, therefore, Jamaica Plain to consolidate with West Roxbury. Also, need to explore the establishment of a CBOC in Plymouth
- Michael Miller, MD - For consideration there could be a state-of-the-art nursing home at Bedford and at Brockton. West Roxbury should become a modern state-of-the-art facility.
- Vince Ng - The proposal from the Secretary is a good option. The funding for the project has to be complete. It has to be chronological and well executed.
- Jeannette Chirico-Post, MD - Thanked all the LAP members. Also, thanked all members of the public and most of all, the veterans who have served. This truly is all about serving veterans.
- Hank Bradley - What is the next step of the process after October 1?
  - Jay Halpern - VA will try to make a decision as soon as possible. Fairly confident that the Secretary will make a decision by the end of October.
- Question from the Public - When will the presentation and meeting summary be posted on the website?
  - Allen Berkowitz - The summary will be posted in 10 days and the PwC presentation will be posted tomorrow.

**Adjourn 4:06PM**