

**Central Alabama Veterans Health Care System (CAVHCS)
Montgomery Campus
The RSA Plaza Terrace
770 Washington Ave
Montgomery, Alabama 36130
Local Advisory Panel Meeting – Public Meeting
May 4, 2005
1:00 PM - 5:00 PM**

Participants:

- LAP members present: Linda F. Watson, VISN 7 Network Director, Chair of Local Advisory Panel (LAP); Dr. Rao Chava, Central Alabama Veterans Health Care System (CAVHCS) Director; Xavier (Lew) Lewis, Director Heart of Alabama Combined Federal Campaign; Barbara S. Witt, Dean, Auburn University School of Nursing; Neil Schultz, Treasurer, Chapter 12, DAV; Frank D. Wilkes, Director State of Alabama Department of Veterans Services; Jeanne M. Charbonneau, LTC, USA (RET), Liaison to Mayor Bright
- LAP members absent: Alva Lambert, Executive Director, State Health Planning & Development Agency
- PricewaterhouseCoopers (PwC) Team: Michele Deverich, Jones Lindgren (Perkins & Will), Nicholas Kornis, Bryan Sage
- CAVHCS COTR: Jimmie Tyus
- VACO Representative: Christina White, Office of Strategic Initiatives
- VISN 7 Staff: Dee Seekins, Health System Specialist
- CAVHCS Support Staff: Dr. Gene Goldman, Rhoda Tyson, Leah Griffin, Brenda Schmitz, Damon Stevenson
- CAVHCS Presenting Staff: Dr. Cliff Robinson, Acting Chief of Staff; Judith St. Onge, PhD., Associate Director for Operations

The audience consisted of approximately 100 people, including speakers, attendees, and media representation. Information packets were provided to all attendees. The packet contents are listed in "Appendix B".

The meeting was called to order by the Local Advisory Chairperson, Ms. Linda F. Watson, at 1:04 p.m. Mr. Neil Schultz led the group in reciting the Pledge of Allegiance. Ms. Gloria Brown of the Central Alabama Veterans Health Care System (CAVHCS) sang "The Star Spangled Banner".

Ms. Watson then reviewed the agenda for the attendees. She described the history of the CARES process and the Secretary's decision regarding CAVHCS. This review included the decision to direct this process to:

- Consider the feasibility of closing inpatient services at the Montgomery VAMC.

- Add two Community-Based Outpatient Clinic's (CBOCs) in Opelika and Enterprise.
- Increase operational cooperation with Maxwell AFB.
- Ensure this process effectively obtains stakeholder input.

Ms. Watson described the role of the Contractor (PricewaterhouseCoopers [PwC]) and that of the Local Advisory Panel (LAP). She summarized the Statement of Work and the project objectives. She indicated that the LAP members are appointed by the Secretary, are not compensated for their work, and have advisory authority only. Ultimate decisions in the CARES process will be made by the Secretary.

Ms. Watson then asked the individual members of the LAP and the PwC team to introduce themselves.

Following the LAP member introductions, Ms. Watson referred to and summarized the LAP briefing document and summarized the activity that took place at the prior day's LAP Administrative Meeting. These activities included: ethics training for the LAP members; a summary of the LAP roles and responsibilities; an overview of the project scope; a presentation of the demand data to be used for the study; a review of the study methodology and project timeframe.

She then read the LAP Standard Operating Procedures that had been drafted by the LAP the prior day in the administrative meeting, and asked for any additional input from the Panel members. None being offered, Dr. Chava moved for acceptance, and Mr. Schultz seconded. With no objection, the Chair ruled the Standard Operating Procedures had been accepted by unanimous consent.

The Demand Study was then presented by Dr. St. Onge and Dr. Robinson. This study described the analysis of projected demand for VA services out to 2023, nationally and locally. (A paper copy of the slide presentation was provided for all attendees in their informational packet.) Upon conclusion of the presentation, questions were allowed:

- A member of the audience questioned the data used for demand projections. He noted that the baseline year was 2003, thus not accounting fully for returning veterans from OIF/OEF, especially those with rehabilitation needs.
- Another comment from a member of the audience noted the absence of a VA program for hearing rehabilitation.
- Another attendee commented on reduction in funding to the VA, harming the ability of veterans to obtain needed medical care.

The next presentation was given by Ms. Deverich, of PwC. Her comments included a reiteration of the CARES decision specific to CAVHCS and the Montgomery site. She then delivered the PwC presentation on study methodology and stakeholder input opportunities. This presentation included a review of:

- The study's objective to "identify the optimal approach to provide veterans with healthcare equal to or better than is currently provided in terms of:
 - Access
 - Quality, and
 - Cost Effectiveness"
- The study's outcomes being a list of viable options to be narrowed down to six most feasible options in Stage I. In Stage II, PwC will study the six options further and identify the most viable option for recommendation to the Secretary for review and decision.
- The public input mechanisms in place to invite and collect public feedback and recommendations throughout the process.
- The study content, approach and timeline.

Ms. Deverich again made reference to the available handout material at the sign-in desk specific to the VA CARES mail stop address and CARES website information. There were no follow-up questions.

Ms Watson again reviewed timeframes for submitting additional public input via the website and that the timeframe would include a period of 14 days following each public LAP meeting. She then opened the meeting to public comments:

- Testimonial #1 -- Lt. Col. Dennis Beatty (42nd Medical Group, Maxwell Air Force Base) read a letter from his commanding officer Col. Bart Eddins. The letter described the current healthcare delivery sharing arrangements between CAVHCS and Maxwell in the areas of podiatry and dentistry, as well as consideration of other opportunities, including inpatient care. He emphasized the need to compare quality of care in the private sector with the VA before considering additional contract approaches. Lt. Col. Beatty indicated that Maxwell is interested in seeing the current Montgomery VA site maintained.
- Testimonial #2 spoke of her concern about the potential closure of the Emergency Department service, and the impact on veterans.
- Testimonial #3 commented on the need for more services in Selma.
- Testimonial #4 spoke about the impact of proposed closing of VA emergency department facility, and the rumored closing of Baptist East's emergency department.
- Testimonial #5 is a "Persian Gulf Mother" and VA volunteer, who noted the high percentage of veterans in the area, and the need to provide care closer to veterans, thereby arguing against any reduction/elimination of inpatient services.
- Testimonial #6 noted that Vietnam veterans would soon be senior citizens, and that Gulf war veterans were suffering from PTSD and other illnesses, thereby increasing the need for care. This would worsen if the rumored closure of Baptist East occurs. Veterans rely on families for support, thus magnifying the negative

impact on a veteran who would be sent elsewhere for inpatient care, should Montgomery VAMC close inpatient services.

- Testimonial #7 questioned the wisdom of turning VAMC into outpatient only. “If it isn’t broken, don’t fix it.” He noted that 140,000 veterans in 39 counties are served by CAVHCS, so why would you consider reducing services to a “five day per week walk in” clinic? There would also be the cost of transport to consider if veterans were being sent elsewhere. VAMC is a very valuable resource.
- Testimonial #8 has been a veteran for 30 years and is 40% disabled, and noted that 2000 inpatients were treated there in a year, and that a closure would have a severe impact on them or others seeking care. For those who receive contracted care in the private sector, they become susceptible to credit and collection problems because the provider is not properly handling their claims. He also urged consideration of the value of personnel, buildings and equipment that would be adversely affected by a closure. He added that the CARES decision we are working with now was made by the former secretary with which he did not agree. He expressed hope that Secretary Nicholson will take a fresh look. The speaker stated that he was going to organize national opposition to any closures.
- Testimonial #9 urged continuation of inpatient services. He also complained about the turnout, suggesting a poor publicity effort, thereby damaging credibility of the process.
- Testimonial #10 directed (rhetorical) questions to Drs. Robinson and St. Onge about the demand analysis, suggesting that the data showed an increasing demand for beds, so wanted to know why closure was a consideration. He told the Panel that he and others obtain care from VA as their only provider, so any reduction in services would lead to extreme hardship.
- Testimonial #11 spoke about mental health needs, noting staff cuts at CAVHCS, and his belief that veterans are not getting the care they need. He added it took him 30 years to obtain the care he needed. He urged fair, respectful treatment of veterans.
- Testimonial #12 left the service in 1974 with medical problems and felt that the contract between our country and the military personnel to provide for veterans was being eroded in a “covert or clandestine” way. He wanted to know how much money was being spent on this study, money that could be used for care. His son just got back from Iraq, serving with the 1st Marine Division, and now he does not want his other son to go, because he is afraid that the promises to him will not be fulfilled. He mentioned specifically that physical therapy and occupational therapy services were discontinued for him and others because the treatment was considered maintenance. He can’t get the pain medicine he needs. He wants “justice”, and complained of budget cuts.
- Testimonial #13 stated that her husband, a veteran and Purple Heart awardee, had died while in VA care and that the care was deficient.
- Testimonial #14 claimed that the VA hospital department (pathology/lab) in which he works was once most profitable of any non-profit hospital in the U.S. He urged reductions in administrative staff adding that there are too many “chiefs”.
- Testimonial #15 complained of inadequate meeting notice.

- Testimonial #16 reiterated his previous point made about the data baseline being unrepresentative of current reality, with returning veterans from OIF/OEF. He said that Alabama was unique, and that the study should be continued for sometime to fully ascertain the impact of a closure.
- Testimonial #17 stated the belief that many people did not come to the hearing because they thought the decision was already made to close the hospital – that it was a “done deal”.
- Testimonial #18 spoke of poor treatment of veterans, a lack of respect, and that cuts such as those being proposed hurt veterans.
- Testimonial #19 said that he is happy with the VA, and that if it were not for the VA hospital in Montgomery, he would be dead today.

Frank Wilkes, LAP member, commented that he is an advocate for veterans, and that Alabama has the highest percentage of veterans receiving disability benefits. He repeated that this is “not a done deal”, and that he will advocate for veterans.

- Testimonial #19 praised the care at CAVHCS in comparison to his three years patient experience at the VA in Bay Pines, FL, which is more heavily utilized. He urged against any closures.
- Testimonial #20 said she has spent 25 years working at VA. She said that change is understood as inevitable, but that promises to veterans were being undermined and broken, especially in the area of special services for veterans. She complained about cutbacks.

Dean Witt, LAP member, noted that the speakers unanimously desired the same or greater service level and that this is consistent with the study objective as outlined by the Secretary. She indicated no one desires reductions. She also emphasized the need for close attention to communications.

Dr. Chava, LAP member, noted that he hoped the LAP would strive for an informed decision.

Col. Charbonneau, LAP member, reiterated that the LAP is not a decision making body, but will provide informed options by way of the Contractor to the Secretary. She noted that it was a good thing that no action was taken precipitously during the last CARES process.

- Testimonial #21 complained about cuts in services, and that “our treatment is a disgrace”. He also complained about a longstanding disability claim he has with the VA that is yet unresolved.
- Testimonial #22 advised the previous speaker of finding the proper channel to pursue his claim and clarified that this hearing was about hospital services.

There being no additional public speakers, Ms. Watson began the LAP deliberation phase. There was no discussion, only brief statements by LAP members as follows:

- Ms. Watson summarized the meeting, describing the general concerns heard from the public, noting that more effort would be put into publicity for the next meetings.

- Mr. Wilkes stated that no one likes dealing with this as he, like others, desires to see no reduction in services. He said Alabama is one of the most patriotic states in the country, and urged people to get involved in the political process.
- Dr. Chava commended the CAVHCS staff on preparation, and noted the lack of service duplication between West and East campuses as a result of streamlining work done prior to CARES II.
- Dean Witt stated that she looked forward to further deliberations as the information is assembled.
- Col. Charbonneau stated that all medical care providers –VA, DOD, Medicare, private sector – face big problems, and that we have to deal with the issues.
- Mr. Schultz thanked all the audience for sharing their input.
- Mr. Lewis read the study objective, emphasizing “optimal” care for veterans. Closing the hospital is bad; services should be maintained or increased. We need to consider all the data, including issues of transportation, comfort, etc.

Ms. Watson thanked the veterans for their service and sacrifice, and also the employees of CAVHCS, the “best”. She emphasized that the LAP took their responsibility very seriously, and desired the input of all stakeholders.

The meeting was adjourned at 3:50 p.m.

