

**Central Alabama Veterans Health Care System (CAVHCS)
Montgomery West Campus
Local Advisory Panel - Public Meeting
Montgomery Museum of Fine Arts
Wilson Auditorium
One Museum Drive
Montgomery, Alabama
Thursday, September 1, 2005, 10:00 AM – 4:00 PM**

Participants:

- **LAP Members Present:** Linda F. Watson, VISN 7 Network Director, Chair; Dr. Rao Chava, CAVHCS Director; Barbara S. Witt, Dean, Auburn University School of Nursing; Frank D. Wilkes, Director, State of Alabama Department of Veterans Services; Jeanne M. Charbonneau, LTC, USA (RET), Liaison to Mayor Bright; Xavier (Lew) Lewis, Director, Heart of Alabama Combined Federal Campaign (attended afternoon portion).
- **Team PwC:** Jeffrey Short (PwC), Melissa Glynn (PwC), Nicholas Korn, M.D. (PwC), Carolyn Fansler (PwC), Jones Lindgren (Perkins + Will)
- **VISN 7 Staff:** DeAnne Seekins, Health Systems Specialist
- **CAVHCS Presenting Staff:** Dr. Cliff Robinson, Chief of Staff; Judith St. Onge, Ph.D., Associate Director for Operations
- **VACO Representative:** Christina White, Office of Strategic Initiatives
- **CAVHCS Support Staff:** Damon Stevenson, Rhoda Tyson, Leverta Peoples
- **Public:** approximately 100 people

Morning Session:

The meeting of the CAVHCS, Montgomery Division Local Advisory Panel (LAP) was called to order at 10:05 by the LAP Chair, Linda Watson. The audience consisted of approximately 100 people, including speakers, attendees, and media representation.

Dee Seekins, VISN 7 Health System Specialist, welcomed everyone to the meeting. Ms. Seekins stated that several avenues were used to advertise the meeting including articles in the newspaper, flyers, notice on the CARES website, and calls made to various veterans organizations. In honor of fellow veterans, fellow co-workers, and fellow Americans who have been impacted by Hurricane Katrina, a moment of silence was observed.

Ms. Seekins stated that one of the goals of today's meeting was to get stakeholders' input on the options that have been developed for the Montgomery site that were going to be discussed today. If there were other concerns outside of the CARES study that attendees would like to bring to the attention of the staff, they would have to be

discussed outside the scope of this meeting (at break, lunch, or afterwards). CAVHCS and VBA representatives present in the audience were identified for such consultation.

LAP member Frank Wilkes recited the pledge of allegiance and Ms. Gloria Brown sang the Star Spangled Banner.

Ms. Seekins identified the green flyer that was available on the table at the entrance to the meeting. The flyer indicated several avenues of stakeholder input, other than public testimony, that could be used by the stakeholders. She asked that the flyer, which has the address of the website and the mailstop, be taken home and shared with friends and family. All comments are taken at the same value; oral testimony given today as well as what is received at the website and the mailstop.

Ms. Watson briefly explained some of the efforts that are being undertaken by the VISN on behalf of the hurricane victims who are veterans, employees, and their families.

Ms. Watson - After reiterating the importance of receiving input from stakeholders in the form of oral or written comment, Ms. Watson reviewed the agenda for the meeting and then asked each member of the LAP and Team PwC to introduce themselves. She then acknowledged the VA staff attending the meeting and reviewed the meeting objectives.

Jeff Short, the site lead of Team PwC, provided an outline of what has been accomplished in Stage I. He discussed the Secretary's decision regarding the Montgomery site and stated that after collecting stakeholder input and doing research and analysis of demand information through 2023, options have been developed which are going to be discussed and voted on by the LAP members today. Mr. Short noted that Team PwC has to make a formatting change in the Appendix document.

Dr. Robinson and Dr. St. Onge gave a presentation on the data used to conduct Team PwC's study. A copy of the presentation was made available to all in attendance. Following this, a member of the audience asked if the projections are predicated on the absence of any additional world wars or conflicts such as Afghanistan or Iraq.

- **Christina White** of the VA's Office of Strategic Initiatives read a statement on how Milliman develops demand projections and the model's ability to account for Operation Iraqi Freedom/Operation Enduring Freedom Guardsmen and Reservists who are previously enrolled veterans. Ms. White stated that adjustments to the demand model are made as needed and these projections will be verified and adjusted, if necessary, before any recommendations are made to the Secretary.
- **Member of the audience** asked if fluctuations in time between when a veteran completes service and when he/she enrolls were considered in projecting enrollment figures.
 - **Dr. St. Onge** responded that if there is more than a 10% fluctuation from the predictions in either direction, the data will be re-reviewed.
 - **Dr. Robinson** responded to a question about priority levels.

Jeff Short and Jones Lindgren of Team PwC then gave a presentation on the Business Planning Options developed from Stage I of the project. They stated that the purpose of the project is to identify the optimal approach to provide veterans with healthcare equal to or better than is currently provided. They described the steps that were completed thus far in the study, including a summarization of stakeholder input that was received through June 30, 2005, what is still coming ahead in the project, the Business Plan Options, the assessments of those options, and how stakeholders can give additional input into the process. Mr. Short stated that the LAP will have the opportunity to give comments on the options or recommend new options to the Secretary.

Following Team PwC's presentation, there was a 15-minute break. The meeting was reconvened at 12:00 noon.

Ms. Watson read the Standard Operating Procedures which had been revised by the LAP the prior day in their administrative meeting, and asked for additional input from the panel members. None being offered, the Standard Operating Procedures were moved for acceptance, seconded, and unanimously adopted as revised by the panel. Ms. Watson then gave a report on the activities conducted at yesterday's administrative meeting, which included discussion regarding the process of LAP deliberations on the options and expected LAP action. The meeting was then opened for public comment and testimony.

Public Comment and Testimony:

Testimony 1: Stated that she is a fee basis patient and chooses local providers over VA providers because she feels there is a lack of empathy by VA providers. Is in favor of BPO 5.

Testimony 2: Commented that he believes the data is flawed and that it doesn't make sense to consider closing surgical and critical care areas. Expressed appreciation to Dr. Chava and his staff for 30 years of care.

Testimony 3, Mr. Byron White, speaking for the American Legion of America: Mr. White stated that he was pleasantly surprised because when he walked out of the first LAP meeting in May he was convinced that "this was a done deal". He said that he was "happy to find that some of the concerns about the data were addressed today and that the veterans' concerns are being addressed. The data shows that there will be an increase in need and we cannot afford to cut facilities to use in the case of emergency. We have a need to maintain facilities and keep them open. The facilities in Gulfport and Biloxi are not available." Stated that the American Legion supports Option 1 (baseline).

Testimony 4: Wholly supports Option 1. Stated that we have to think about the non-service-connected at the lower end of the scale - what happens if they have to go outside to the community and don't have the money to pay out of pocket?

Testimony 5 (100% service disabled veteran): Stated that there is a continuity of care issue with going to a community hospital and that since the community hospital is getting so much money per patient, they want to discharge patients as soon as they can. Favors Option 1.

Testimony 6, Ms. Helen Frey, representing the American Ex-Prisoners of War: Stated that if not for Dr. Chava, her husband would not be alive. Is concerned about the Montgomery facility becoming an 8-hour per day outpatient clinic. Asked what happens to those who need to come in for emergency care and what type of procedure would be set up for going to the community facilities. Would they have to go to the VA first and get a referral? Is in favor of Option 1.

Testimony 7: Stated that he was disappointed the room was not full. Supports Option 1. Is concerned that having to use community hospitals will result in the VA's loss of cost control and that this will result in increased co-pays.

Testimony 8: Supports letting veterans go to physicians of their choice. Doesn't believe that the VA has proper specialists.

Testimony 9: Stated that the Montgomery facility has become a clinic; when in a critical situation, it does not have the facilities there to do what has to be done, so veterans wind up in a civilian hospital. Said that they need the hospital there, that it is a disservice to veterans not to have a hospital with appropriate services.

Testimony 10: Feels very strongly that additional funding is needed to expand current care. Encourages improvement of VA services, not a reduction. Stated that it would help with military recruiting by showing that the VA cares for those who have already served. Wants to keep the facility open at the same or increased level of services.

Testimony 11 (veteran with 28 years of service): Has found the staff to be competent, concerned, and running a clean hospital. Commented that the US has military conflicts all over the globe, has a recruiting problem, and that potential recruits take a look at how we treat those who have already served. Is in favor of Option 1.

Testimony 12: Commented that he has received excellent and caring medical care at the hospital. Asked if the medical community has been researched to see if they want to take care of veterans. He stated that most doctors are saying they are taking no new patients and this should be taken into consideration. Understood that there is a new VA hospital being built in Florida that will affect what is happening in Montgomery. Favors Option 1.

Testimony 13: Spoke about his concern that the hospital is being taken away, and veterans' inability to afford co-pays.

Testimony 14: Is concerned that veterans will not receive good care in the community.

Testimony 15: Commented that he was encouraged that there is talk about enlarging services and not just about closing the hospital. Doesn't recommend moving services to the community. Supports Option 1 with additional benefits for surgery.

Testimony 16: Favors Option 1. Stated that the hospital should be kept open because they have good doctors and staff. Asked if additional new staff are going to be hired at Montgomery and Tuskegee to handle the load.

Testimony 17, Mr. Bill McKenzie, representing the Vietnam Veterans of America: Asked if the hospital is closed, what is going to happen with the specialty clinics? Stated that the Montgomery facility is extremely well organized and is doing a great job. Closing down any part of this system will overload other systems.

Testimony 18: Wants to keep the hospital open.

Testimony 19: Hospital volunteer for 30 years. Stated that she is very proud of the hospital, which has an excellent staff who are very interested in their patients. She has never heard any complaints. Believes closing the hospital would be disgraceful. Her husband was in a community hospital two weeks ago and spent 24 hours in the ER because there were no beds available. Stated that there are not enough beds in the community and therefore, cannot afford to close Montgomery.

Testimony 20 (CAVHCS employee): Asked who funded the panel and the study. He read a letter addressed to VA Secretary Nicholson, from the AFGE, respectfully demanding of the VA that it immediately cease and desist to contract out government services with funds appropriated for medical care.

Testimony 21: Spoke about a veteran who went to a community hospital who was in a lot of pain and was told to wait. After six hours of not being seen, he left and went to the Perry Hill facility where he was treated immediately. Stated that a veteran can't always get into a civilian hospital, especially if he/she is a senior citizen on Medicare.

Testimony 22: Stated that he did not know about the last meeting and wanted to know how it was advertised. He has been coming to the Montgomery facility

for 60 years and has been given good service. Is in favor of Option 1, but feels there are not enough surgery beds.

Testimony 23: Has been using the facility for 13 years and has seen improvement from the first day. Stated that as a veteran why would you take me from the VA hospital into the community? He doesn't see the community hospitals giving veterans the support they need.

Testimony 24: Stated that the facility needs to be expanded, to make it more acceptable to more and more veterans and that contracting out is not the answer.

There being no additional public speakers, Ms. Watson stated that there would be a 45-minute lunch break.

Afternoon Session:

The meeting reconvened at 2:05 with a recap by Ms. Watson of what had been accomplished during the morning session.

Ms. Watson summarized themes of the comments heard during the public testimony: there were public comments in support of the baseline option to retain or expand inpatient services. If inpatient services go, ancillary services may also go. We need to keep our promises to our veterans. This will also help with recruiting. We need to assure that services are available to family members. There are problems with contracting options - there is poor continuity of care; there is poor receptivity to veterans and there is poor access. There were many positive comments related to the quality of care at Montgomery and concern was expressed about the quality of care in the private sector. There are concerns that closing services would overload the current systems and current demand seems very high. Many speakers advocated expansion of services which may be out of scope of this deliberation.

Ms. Watson then asked the LAP members if they wished to make general comments about what they heard during testimony.

Dr. Chava began by thanking everyone for their very encouraging and positive comments made about CAVHCS and Montgomery. About 36,000 veterans are served in CAVHCS. The entire state is medically underserved. Only at Montgomery do they have acute medicine and surgery. Tuskegee does not have these services. Coordination of care was mentioned and that will be the biggest problem. In quality of care CAVHCS does extremely well. If you want to compare our data with that of the local community, it is an extremely good comparison. We have experts in PTSD. We work with the three military installations and look forward to a closer relationship with Maxwell. Twice as much as the national average of veterans are provided services at CAVHCS.

Ms. Charbonneau stated that people sitting on the LAP are there because they care. The LAP was not in any way constituted as a forum to push a pre-made decision through. Most of the members are volunteers on their own time. They care deeply about what is going to happen to healthcare for veterans in Central Alabama. They will not rush into a decision; all concerns and factors are appropriately addressed.

Mr. Wilkes agreed that 90% of the panel members are volunteers. He was disappointed that there was a general consensus that their minds were already made up. He is known as a man of integrity and is an advocate for the veterans of the State of Alabama. If there is something that is going to hurt the veterans, he will speak out against it. Responding to the statement that this meeting was not advertised, he said that every veterans' organization in this state was notified. Attendance cannot be controlled. Asked that everyone please go out of here and report the truth. Mr. Wilkes thanked everyone who was involved in this process and promised that the panel members are going to address this subject with integrity and honesty.

LAP Vote:

Ms. Watson then discussed the process as provided in written guidance from the VA Central Office (CO) and verbally by Team PwC and CO representatives and explained that the LAP members were going to vote on each of the options presented by Team PwC, beginning with Option 1, the baseline option. She stated that the pros and cons of each option are to be considered as the LAP takes action on the options and such pros and cons will be captured as part of the record.

LAP vote for BPO 1, with the following amendment:

- "VHA will also continue to utilize other Network 7 facilities as referral sites for needed healthcare services."
- Mr. Short stated that if CAVHCS is currently providing services in other VA facilities, it is assumed in BPO 1 that you will continue to send patients to other VA facilities.
 - Ms. Watson responded that the amendment will stand with the acknowledgment of what Mr. Short stated.
- 5 Yes; Chair did not vote. The option, as amended, passes as a recommendation to the Secretary by the LAP.

LAP vote for BPO 2:

- Failed to find a second. This option fails as a recommendation to the Secretary by the LAP.

LAP vote for BPO 3:

- Failed to find a second. This option fails as a recommendation to the Secretary by the LAP.

LAP vote for BPO 4:

- 2 Yes; 3 No; Chair did not vote. This option fails as a recommendation to the Secretary by the LAP.

LAP vote for BPO 5:

- 2 Yes; 3 No; Chair did not vote. This option fails as a recommendation to the Secretary by the LAP.

The LAP offered the following additional recommendations for further study:

Vote for new BPO 6: Continue services as outlined in BPO 1 with the addition of inpatient expansion based on data presented by PwC that outlined an increase in demand for these services during 2013 thru 2023. (Passed by vote of 4 Yes; 1 No; Chair did not vote.)

Vote for new BPO 7: Keep acute inpatient services, including medicine, surgery and ambulatory surgery at the Montgomery campus with new construction for Ambulatory Services to include functions that are currently performed in outlying buildings and remodel existing structure for inpatient care. Demolish and provide adequate parking to accommodate all the functions at the Montgomery campus. (Passed by a vote of 5 Yes; Chair did not vote.)

Vote for new BPO 8: Keep acute inpatient services, including medicine, and ambulatory surgery at the Montgomery campus with new construction for Ambulatory Services to include functions that are currently performed in outlying buildings, remodel existing structure for inpatient care. Demolish old structures and provide adequate parking to accommodate all the functions at the Montgomery campus. Provide some inpatient surgeries in the local community. (Passed by a vote of 5 Yes; Chair did not vote.)

Mr. Short stated that he understands that the LAP realizes that the Secretary's decision is asking for options related to moving inpatient services out of Montgomery, so the three options added by the panel would be out of scope.

- **Ms. Watson** responded that that is understood, but that since the facility is under study, the panel believes that they have an obligation to present the options.

BPO	Seconded	Yes	No
1, as amended	Yes	5	0
2	No	n/a	n/a
3	No	n/a	n/a
4	Yes	2	3
5	Yes	2	3
6*	Yes	4	1
7*	Yes	5	0
8*	Yes	5	0

* New proposed option by LAP

After reminding everyone of the additional opportunities to provide input and soliciting further LAP business (there was none), the meeting was adjourned by Ms. Watson at 3:46 pm.