

Approved: Patricia O. Pittman  
Patricia Pittman, LAP Chair

**Louisville VA Medical Center  
Local Advisory Panel Public Meeting  
Friday, April 29, 2005  
The Clifton Center**

**Start Time: 9:00 am**

➤ **Participants:**

- LAP members present: Patricia Pittman, Chair; Les Beavers, Rebecca Nosil; Jimmy Wardle; Richard Roth; Larry Cook
- LAP members absent: Heather French-Henry; Anne Meagher Northup, Mike Rust
- PricewaterhouseCoopers (PwC): Janet Hinchcliff, Lori Luther, Chad Eppley, Carolyn Fansler
- Perkins + Will: Brent Hussong
- Economics Research Associates: Christopher Brewer
- VAMC Support Team: Silvana Hill, Acting Public Affairs Office; Bob Morey, CARES Support Team Leader; Carter Puckett, Health Care Lead; Barbara Roberts, Chief Fiscal Officer; Tony Cox, General Engineer
- Others: Allen Berkowitz, Assistant Director, Office of Strategic Initiatives; Jimmie Tyus, VSSC
- Public (estimated attendance: 24 excluding above, other VA support staff and media)

**Opening Remarks and Introductions**

- Welcome: Patricia Pittman, Chair, Local Advisory Panel
  - Introduction of Panel Members
  - Introduction of other presenters today (Bob Morey, Jimmie Tyus, Janet Hinchcliff)
- Overview of Meeting Agenda: Patricia Pittman
  - Review from Administrative Meeting
  - Discussion of today's agenda
- Pledge of Allegiance: Led by General Les Beavers (LAP Member)

**Presentations**

- Business Studies Presentation: Dr. Richard Roth (LAP Member)
  - Began with request to hold all questions until all presentations have been completed
  - History and background of CARES

- The Secretary's May 2004 Decision
- Purpose of the business study
- Focus is on the need for a replacement hospital. Looking at three criteria:
  - Access
  - Quality
  - Stewardship of resources
- The role of the LAP:
  - To study the Secretary's decision.
  - Cannot study things that are not identified in the Secretary's decision
- Purpose of the public meetings
  - To listen to the input of stakeholders
  - Will be three other meetings
  - Discussion of notification of upcoming meetings
- Standard Operating Procedures: Bob Morey (CARES Support Team Leader)
  - Report on yesterday's LAP Administrative Meeting
    - Purpose was to develop SOP, roles and responsibilities of the LAP and receive training
    - Also covered meeting logistics to prepare for today's public meeting
  - Reading of the Standard Operating Procedures
  - Further detailed the time allowed for questions and explained the light indicators (green, yellow, red) that will be used for timing purposes
  - Motion to accept the SOP
    - Call to vote; motion carried unanimously; passed as stated
- Forecasting VA Health Care Demand Presentation: Jimmie Tyus (VSSC)
  - Definition of a veteran; brief description of priority groups 1-6 and 7-8
  - Enrollment is forecast 20 years in advance by age group, gender, priority group and geographic area (markets)
  - Projections done by Milliman USA, one of the leading healthcare actuaries in the country
    - Looked at private sector projections and adjusted them to conform to VA characteristics (i.e., age of population; services utilized)
    - Projections are updated every year
  - Discussion of market areas
- CARES Business Plan Presentation: Janet Hinchcliff (Team PwC)
  - Discussion of how the study is done; study phases, timelines
  - Once an option has been approved, it will have to compete in a given year against other projects.
  - Participation by the public is continuous throughout the process

**10:20 – Break**

**Call to reconvene at 10:40**

## Brief Description of Testimony/Public Statements

- One person had registered in advance to speak, but was not present at the meeting.
- Testimonial 1:
  - The idea of locating a new facility downtown near the Louisville Medical Center would be the most appropriate site for a new facility. There are resources, patient care, outpatient services, research services, all being used by the VA and these resources are capital expenses and require frequent use by physicians.
  - Some of these resources if they are going to be helpful have to be used quickly. And that is really the key issue. Some have to be used within a small window of opportunity - e.g., heart attack or the onset of an acute stroke. We would also have an opportunity to share a lot of infrastructure and other resources.
- Testimonial 2:
  - The only way to meet veterans' needs effectively and efficiently is to build a replacement hospital near the University of Louisville.
  - Would give women better services. Would allow the opening of a legitimate Women Veterans Health Clinic or tap into the University of Louisville's Women's Health Clinic
- Testimonial 3:
  - Impressed by the people who did his wrist surgery.
  - Help available 24 hours a day.
- Testimonial 4:
  - Commented that if you are going to build a new facility it should be exactly where it is now.
  - If you want to use University of Louisville, there is no reason why a monorail could not be set up between the two facilities. No problem with parking; no problem with travel. Monorail would be very quick; no worry about traffic.
  - If there was ever a chemical disaster, everything on the ground level would be in jeopardy. On the hill, you would have a chance of survival.
  - Too much congestion downtown. Where would you park?
- Testimonial 5:
  - Does not want the hospital downtown. Parking right now at University of Louisville Center and Hospital is sometimes three blocks away. Even with a new parking garage, it would have to be high and wide.
  - You have to take into perspective the interstate access to downtown. If terrorists hit the interstate, all seven hospitals would be taken out (hospital curve).

- Question: On the \$250 co-pay, is that once a year or for every situation?
  - Response by Jack Humphries, Business Office Manager: It's an annual copay.
- Testimonial 6:
  - Father died at 56 from a severe heart attack. He did not have access to immediate excellent care. Believe that only place to have complete 24-hour access is in a downtown location. For the sake of veterans, ask that you consider that site.
- Because there was still time left in the agenda for public comment, the first person who spoke ("Testimonial 1") was given additional time:
  - His comments are not meant as rebuttal. The parking situation is something that will be of concern for downtown. There are major undertakings, a consultation to address parking. The access to downtown if one supposes that hospital curve is knocked out – there are a number of other ways to get downtown. Signage would play a role in facilitating access.
- Call from the Chair for others present today who would like to speak?
  - No others wishing to comment.

#### **Local Advisory Panel Deliberations - Recap of Public Comments**

- Dr. Cook:
  - Was impressed with the thoughtfulness of the comments - hope to receive more from the website, mail or future meetings.
  - Some of the things heard: value and necessity for acute services.
  - Moved by the appeal for women's health services, esp. with the increasing number of women veterans.
  - Heard very genuine concerns about location; some advantages to current location and some concerns about downtown location. The parking situation downtown does need to be addressed.
- Mr. Wardel:
  - Impressed with the comments. Appreciate the information which will help to make a better decision.
  - Obviously access is very important. Timely services by medical staff and how we can make that work.
  - Key factor – sharing of the resources. That obviously is a cost savings that will help both the VA and the University.
  - Safety is a concern.
  - New or upgraded facility – importance of making sure this facility provides the best service for our new veterans coming in.
  - Services for women and the types of injuries that are coming in now.
- Ms Nosil:
  - Appreciate all comments. Hopefully we will have more.

- Women's healthcare is an important issue.
- The parking issue must be resolved.
- General Beavers.
  - Access issues and quality of care. Access is very important and parking will be a major component.
  - Quality area – timeliness of the quality of care.
  - Acute or emergency situation – this has to be considered.
  - Women's healthcare, 19,000 veterans in our Commonwealth. Need a setting that is private.
- Dr. Roth:
  - Issues as far as scope. Make sure we include and/or enhance the quality of service. This is part of the study.
  - Dealing with location. Consideration of collocating with University of Louisville. All of these will be viable plans.
  - Concern with access downtown – parking concerns. How can we make it work? If it is downtown, what needs to happen to make it work? There are huge advantages in collocating with University of Louisville. We have to be sensitive to the needs of veterans and their desire to go or not go downtown.
- Ms. Pittman:
  - We will use the best projections that we have – look at enrollment, type of services needed.
  - The next step will be the option development and we need your input. This is your hospital and you are very important.

As the call for adjournment was made by the Chair, an individual from the audience raised his hand and asked if he could make a comment. The Chair approved the request.

- Testimonial 7:
  - I have heard a litany of things we should do. Everything has to be in writing. This does not generate the type of input you want. Town hall meetings would be a better way to do this. Families would offer insight. It is important that we hear these things personally. This structure does not promote conversation between the family members and the veterans who use the services. The most informative is a town hall meeting where you don't sit up on a stage, but where you interact with the veterans. You may not have the ability to do that. Suggest it very strongly.
    - Response from Ms. Pittman:
      - ◆ We know that today's meeting seems very formal and structured. We want the informal comment from the everyday veteran. The directives overseeing the Local Advisory Panel indicate that we have means to bring all of us together with Team

PricewaterhouseCoopers, and that may not lend itself to town hall meetings. We very much hope that future meetings will be better attended. We haven't lost sight of how important it is to hear from any many veterans as possible. Nothing has to be written down by persons who want to give input. Minutes will be taken and made available so we don't lose track of what has been said here.

- Additional response from Dr. Cook:
  - Perhaps a suggestion box in the hospital could be implemented. Is this a permitted vehicle? Could have someone transcribe their comments and plug it into the web. Might be less intimidating.
- Additional response from General Beavers:
  - ♦ I think that he ("Testimonial 7") could make comments to us about what has happened at town meetings and bring them to us.
- Additional response from Dr. Roth:
  - ♦ Issue of being able to mail comments. Suggest that you talk about it and come up with a way to how that group could get the word out.
  - ♦ Customer Service Board might want to do something in an informal way and bring it back to us. "Testimonial 7" will take it to the Chairman of the Board.

**11:40 - Call for adjournment by Dr. Cook. Seconded by General Beavers.**

- Motion carried and the meeting was adjourned.