

**Big Spring VA Medical Center
Local Advisory Panel Public Meeting
Howard College, Dorothy Garrett Coliseum
May 18, 2005
Start Time 8:00 am**

Participants:

- LAP members present: John Fears (Chairperson), Medical Center Director, Carl Hayden VAMC; Wilfredo Rodriguez, M.D., Chief of Staff, West Texas VA Health Care System; Russ McEwen, Mayor, City of Big Springs; Mike Pruitt, Chief Executive Officer, Scenic Mountain Medical Center; Jim Defoor, Veterans Service Officer, State Department of Veterans Affairs; Kent Sharp, Executive Director, Moore Development for Big Spring, Inc.; Bill Crooker, Commissioner, Howard County; Russell Myers, Chief Executive Officer, Midland Memorial Hospital;
- LAP members absent: David McCartney, M.D., Professor and Chairman, Department of Ophthalmology, Texas Technical University; Tom Ivey, Veterans Service Officer, Callahan County.
- VAMC Support Team: Paula Pedene, Eric Jennings, Greg Kischuk, Louis DeNino, Tony DeFrancesco
- VA Office of Strategic Initiatives: Susan Pendergrass, Ph.D.
- PricewaterhouseCoopers (PwC): Margaret Stover, Brett Burt, Dan Schwebach, Patrick Ryan.
- Perkins & Will: Randy Hood
- Economics Research Associates: Cheryl Baxter

- Public: Estimated attendance 140, excluding participants listed and other VA staff and media.

Introductions: (John Fears, Local Advisory Panel Chair)

- Pledge of Allegiance – Jim Defoor
- Introduction of Panel Members

Report of Standard Operating Procedures: (John Fears, Local Advisory Panel Chair)

Mr. Fears discussed the role and responsibilities of the LAP Committee:

- Role of LAP is to advise the contractors and the Secretary of Veteran Affairs on the issues that the community wants to be given consideration during the CARES process.

- The LAP is not a decision making body. The LAP will gather public input and make recommendations based on that input.

Mr. Fears reviewed the activities of the Administrative LAP meeting held on May 17, 2005.

- Motion to approve the LAP standard operating procedures.
 - Call to vote, motion carried unanimously.

Business Plan Studies for Big Spring VAMC: (John Fears, LAP Chairman)

History and background of CARES

- The VA conducted a pilot study in VISN 12 to determine options for restructuring capital assets.
- Phase II extended the studies to all 21 Networks. This study was done internally by VA staff.
- The studies resulted in recommendations by the CARES Commission.
 - The study will concentrate on where to place inpatient services in the Big Spring market.
- May 2004 the Secretary of Veterans Affairs presented his decisions.

Invitation for questions regarding the LAP or business plan process:

- No questions were asked.

Data Methodology Presentation: (Gregory Kischuk, VISN Team Support)

Discussion of the projection model and data sources:

- The model is being used to help the VA project future utilization and enrollment for the next 20 years by age group, gender, priority group, and geographic area (Markets).
- The VA contracts with Milliman, USA a leading actuary firm, to assist with projections.
 - 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
- Discussed improvements made to the model.

Review of general trends revealed by model projections:

- VISN 18 is made up of two markets; the Arizona Market and the New Mexico-West Texas Market. The New Mexico-West Texas Market contains 40% of the veteran population and 46% of VA enrolled veterans.
 - Data projections show an 11% decline of enrollees in 2013 and a 21% decline in 2023.
- Gap in beds for services over the next 20 years:

- 2013 projections estimate an increase in the number of beds needed (except for Surgery)
- 2023 projections estimate a decrease in bed needs; most likely because of decreased enrollment that has been projected.
- Outpatient utilization over the next 20 years:
 - Small increases in specialty services (i.e., urology, cardiology, and orthopedics).
 - Largest increase is projected in mental health outpatient services.
 - Largest decrease is projected in primary care services.
 - Likely cause because of projected decrease in enrollment.
 - The VA has improved the reliance factor in the projection model.
- Patient origin:
 - Inpatient and outpatient is about equal.
 - 90% of patients are coming from within the Market area.
 - 10% of patients are coming from outside of the Market area (mostly from VISN 17).
- Enrollment projections :
 - Enrollment is projected to decline faster in the West Sector than in the East Sector of the historical Big Spring service area.
 - West sector is projected to decline 22% by 2013 and 35% for 2023.
 - East sector is projected to decline 15% by 2013 and 25% for 2023.
- Bed projections :
 - Increased projections in psychiatry and substance abuse.
 - Decreased projections for medicine and surgery.
- Workload projections:
 - The biggest decline in workload will be for primary care services.
 - Remaining clinics show a bubble effect (upward trend in 2013 and decline in 2023).
- Outpatient projections:
 - West sector is projected to increase in the number clinic stops in 2013, but will see a net loss by 2023.
 - East sector is projected to increase in the number of clinic stops in both 2013 and 2023.

Summarized opportunities and challenges:

- Opportunities
 - There are unmet market needs for inpatient domiciliary and mental health
 - There are unmet market needs in outpatient urology, mental health and orthopedics.
- Challenges
 - There is a projected significant drop in primary care workload.
 - Projections indicate there will be a less need for internal medicine and surgery beds.

Invitation for questions regarding the data methodology presentation:

Question 1:

Further clarification was asked regarding the methodology used to split the New Mexico-West Texas Market into East and West sectors.

Response: (John Fears)

The sectors were determined by analyzing adjacent counties for veteran population and grouping these counties so that there would be a sufficient number of veterans in each sector to allow for accurate modeling of projections.

CARES Study Methodology: (Margaret Stover, PwC, Site Leader)

Reviewed objectives of the study:

- Develop a broad range of options to meet or exceed current level of care provided by the VA.
- Study considerations will include access, quality, research and education, capital requirements, cost and co-location opportunities.
- Study design
 - Stakeholder input is very valuable.
 - A process has been put into place for us to capture stakeholder input, which will be used for consideration of options.

Scope of study is broken into 5 components:

- Healthcare study
- Capital plan
- General reuse plan
- Financial analysis
- Process of gathering public input

Reviewed Project overview:

- Planning phase which began in Feb of 2005
- Stage I includes two public LAP meetings, site visits, and submitting business plan options to the Secretary of Veterans Affairs for selection of up to six options for further study.
- Stage II includes a detailed in depth analysis of selected business plan options. Two public LAP meetings will occur. The final report submitted to the Secretary will include analysis, implementation plans and PwC independent recommendation.
- Congressional Briefings will occur immediately prior to Public LAP meeting.

Overview of options development process:

- Goal is to meet or exceed quality of care and access for projected demands of veteran population.
- A baseline option will be developed.
- Alternative business plan options will be developed and compared to the baseline option.

Discussion of VA role during the project:

- Provide demand forecasts, cost information and other necessary data points.
- Review of all deliverables
- Feedback from LAP

Briefly reviewed the role of PwC and the subcontractors assisting with the study.

The study process is open to the public and public input is an important part of the study. Please submit your input to the following address:

Big Spring Study
VA CARES Studies
PO Box 1427
Washington Grove, MD 20880-1427

Information can also be obtained at the following website:

CARES website (www.va.gov/cares)

Invitation for questions regarding the LAP or business plan process:

- No questions were asked.

Public Comment Information Presentation: (Paula Pedene, VISN Team Support)

Reviewed the agenda for the afternoon session and described the protocol for providing public comment.

- Each person wishing to speak will be given a ticket.
- Tickets will be randomly drawn and each speaker will be given 3 minutes to speak.

Invitation for questions or comments before the morning session adjourns: (John Fears)

Question 1

Will projections for the study take into account recent troop build up going through Fort Hood (since many of these troops will probably settle somewhere in Texas) and also changes associated with Base closures recently announced?

Response: (John Fears)

The projection figures are based on 2003. Any future changes have not been taken into consideration. However, there has not been a very large increase in the number of military personnel despite being engaged in recent conflicts.

Response: (Gregory Kischuk)

Also, the Department of Defense does provide estimates based on future projected troop needs which have already been factored into the projection figures for the study.

Question 2

There are a large number of alcohol and substance abuse cases. Is there a possibility of reopening the drug and substance abuse program at Big Spring? Also, there is a large homeless population in the area and data presented by Mr. Kischuk indicates there will be an increase in mental health needs.

Response: (John Fears)

One of the benefits of the study is that we are able to start with a clean slate, and the information that has been presented today is being taken into consideration.

Question 3

Will the study be looking at areas other than Midland/Odessa such as El Paso and Amarillo to make sure that these areas can manage the possible workload increases that may result if services in Big Spring are decreased?

Response: (Margaret Stover)

Yes the study will take other areas into consideration.

Morning session concluded at 9:30 am.

Afternoon session was reconvened at 1:15 pm

Public Comment: (John Fears, LAP Chairman)

Opening remarks:

- Welcome and introduction of LAP members.
- Overview of earlier session.
- Summarized previous presentations.
 - Opportunities
 - Challenges
 - Purpose of LAP
 - PwC role and project stages

Video Presentation: (Senator Hutchinson)

Senator Hutchinson provided a brief video commentary emphasizing that her goal is to ensure that the voice of Big Spring's community is heard and that the public's input will play a significant role. The Big Spring VA serves over 16,000 thousand veterans in West Texas.

Statement by Senator Cornyn: (Jane Kiser)

A statement from Senator Cornyn was read emphasizing that veteran's healthcare should always be a top priority and that the Big Spring VA has a long history of treating veterans and providing top quality care.

Video Presentation: (Congressman Neugenbauer)

The CARES process is a tool the VA is using to help modernize the system and insure that the VA provides top quality care. Because of ideal location and services of Big Spring, I believe it should serve as a national model for rural hospital access. Your input is valuable.

Testimonial 1

Commented on the high quality and service of care given at the Big Spring facility and that there is no reason to close the facility.

Testimonial 2

Commented that there are over 20,000 empty houses in this area and that with a little bit of repair these homes could be redone to allow veterans to move in the area; helping to keep the hospital open.

Testimonial 3

The Big Spring VA should use a training model similar to the one used in Albuquerque. For example, the eye clinic uses one doctor and he doesn't have any people under him. Why can't the Big Spring VA use a similar model?

Testimonial 4

Commented on the Secretary of Veteran Affairs decision that mentioned that the study would look at where to put inpatient services for the West Market. Expressed concern about what type of town the facility would be located in if it was moved because veterans in this area don't want to go to a large city. They prefer to go to a place that is easy to get around and does not have a lot of traffic.

Testimonial 5

There are a lot of veterans that would have difficulty traveling to Odessa or Midland if services at Big Spring closed. Please consider the transportation needs of veterans in the area.

Testimonial 6

Closing the Big Spring VA would be a great injustice.

Testimonial 7

Patients receive excellent care at the Big Spring. The medical center is clean and in excellent condition.

Testimonial 8

The Big Spring VA is in a perfect location to serve this Market.

Testimonial 9

Commented on the rising costs of healthcare and how this is forcing veterans to rely even more on the services of the VA. As a result, the Big Spring facility will become even more critical over time.

Testimonial 10

Thousands have sacrificed their lives for democracy. True representation of the VA community is not taking place here today. The LAP committee is addressing the issues of a VA CARES program that was developed several years ago. Events have changed and have not been taken into account for this current study. PTSD is becoming a major problem. Please do not consider any plans until you have all of the information for West Texas at your disposal.

Testimonial 11

Highlighted 3 points:

1. The baseline for 2003 is not an accurate measure. Big Spring prior to 2003 had management problems that are being reflected in the 2003 baseline.
2. The data presented earlier indicates growth areas in domiciliary and mental health care. He believes Big Spring can provide those services and currently has the facilities to do so.
3. The existing location is in the middle of this catchment area. It is a good location

Testimonial 12

Expressed concerns about using the baseline year for the study. There was poor management of the VA over the last few years. Current management has the ability to improve performance of the hospital. The potential for improvement needs to be given consideration.

Testimonial 13

This witness said that an independent firm recently helped the facility he runs go through a closure and consolidation study. He said that there are certain data points that are easy to reach and that those tend to be the ones that get used for analyses. The data that is hard to quantify tends not to be looked at. But these are sometimes the most important. Some points that should not be overlooked include the fact that Big Spring has an outstanding workforce and low litigation rates.

Testimonial 14

Commented on the synergy in Big Springs between all of the health care resources in the community. (i.e. Scenic Mountain Medical Center, Big Spring Hospital, Howard College School of Nursing etc.) and the various clinics and agencies that all benefit from each other. The synergy provides good economies of scale and continuity of care for services in the area. Also commented that psychiatric services are dependent on the collaborative relationship between the VA and Big Spring Hospital (one could not exist without the other). It is imperative that the VA stay open.

Testimonial 15

The VA was originally opened in Big Spring because it was progressive community, centrally located, had hospitals with synergistic efforts, higher education in the community, roads, a veteran presence, and community leaders. Today, these factors still exist and apply. In fact, today we have a veteran's retirement home and better partnerships have occurred. Rural issues exist, but we must do all we can to maintain and protect the rural communities. We are willing to do whatever we can to make this a better place.

Testimonial 16

If you operate a quality program the rewards are seen throughout the community. We have seen great improvements with the VA over the last few years. The local community has helped fund training programs for the VA to help them diversify.

Testimonial 17

The CEO for the Center for Mental Health and Mental Retardation commented that they serve as a central hub and have a strong partnership with the Big Spring VA as a referral source. Their facility fully supports the VA being located in Big Spring.

Testimonial 18

Commented about the importance of people and their lives and that there is more to consider than statistics.

Testimonial 19

Commented on the rationale for moving the VA to Midland and incurring the expense of building a new facility when the Big Spring facility is in great condition and centrally located. Additionally, such a move would create a hardship for many local veterans.

Testimonial 20

Commented on the economic impact moving the VA facility would have on the local economy and businesses.

End of public comments

- Closing comment was made by the LAP Panel.
- The meeting was adjourned at 2:30 pm