

# MUSKOGEE VA MEDICAL CENTER

Local Advisory Panel Meeting – Public Meeting  
Muskogee VAMC – 2<sup>nd</sup> Floor Auditorium  
September 15, 2005, 1:00 PM – 4:00 PM

## I. Participants

**Management Assistance Council (MAC) Members:** John Cloud, Oklahoma Department of Veterans Affairs; Roy Griffith, Talihina Veterans Center; Bill Weidner, Representative of the Veterans of Foreign Wars; Bill Webster, Representative of Korean War Veterans Association; Robert Atchley, President, AFGE Local 2250; Kim Crissler, Representative of Disabled American Veterans; Vivian Loving, US Representative of Dan Boren; Mike Masslock representative of American Legion

**VA:** Benjamin Campeau, Acting Medical Center Director, Muskogee VAMC; Dr. William Dubbs, Chief of Staff, Muskogee VHA; Patrick Coney, Executive Assistant to Director, Muskogee VAMC; Nita McClellan, Public Affairs Officer, Muskogee VAMC; Gary Duvall, Acting Assistant Director; Robert Atchley, AFGE President; Margie Carlton, AD/PCS; Adam Walms, Muskogee VAMC Director; Susan Pendergrass, Director OSI, Veterans Administration

**Team PwC:** Patrick Spoletini (PricewaterhouseCoopers), Michael Bobbin (PwC), Kristin Eberhard (PwC)

**Public:** Approximately 10 attendees

## II. Opening Remarks: Benjamin Campeau

- Welcome remarks to the meeting attendees
- Description of meeting purpose and brief overview of CARES study
- MAC member, Team PwC and VA OSI staff introductions

## III. Demand Model Presentation: Susan Pendergrass

- Overview of projections used to complete the study including Western Market enrollment data, inpatient and outpatient demand forecasts through fiscal year 2023 and percent discharges for acute care.
- The demand data used in the projections uses DoD levels of force and at this point in time DoD has made no change to the level of force projections. This is incorporated into the demand model. National Guard members who enrolled for services prior to 2003 are included in the model. PwC will do a sensitivity analysis in terms of utilization projections in their Stage II analysis and will apply the sensitivity analysis to their overall study. The Secretary will also look at the 2004-2005 data for any significant fluctuations when he makes his decision.

- **Question by Robert Atchley:** Is the 2004-2005 demand data currently available?
- **Response by Susan Pendergrass:** Team PwC is using 2003 demand data and OSI (VA Office of Strategic Initiatives) believes the 2003 data consists of accurate projections. The 2004 – 2005 data is not available at this time.

**IV. CARES Study and Business Plan Options (BPOs) Presentation: Patrick Spoletini (PwC)**

- The presentation and a supporting narrative are posted to the public website: [www.va.gov/CARES](http://www.va.gov/CARES). A summary of the BPOs is available for reference at this meeting.
- Recap of the first MAC meeting, reiteration of the 2004 Secretary's Decision and purpose of the two future MAC meetings discussed
- **Questions and Comments open to the MAC and members of the Public:**
  - **Question:** For BPO 4 and 5 were capacity, quality, and options for providers analyzed?
  - **Response by Patrick Spoletini:** Options 4 and 5 both passed the initial screening criteria in Stage I analysis and they will be analyzed further in Stage II.
  - **Question:** Was the capacity of local providers studied?
  - **Response by Patrick Spoletini:** Stage I includes an initial assessment of the alternative providers. Initial analysis shows that they have the required capacity, however, Stage II may reveal different results.
  - **Question from James Cussen, CEO of Clairemore Indian Hospital:** For third party reimbursements, did Team PwC consider the loss of those reimbursements adversely affecting the facility?
  - **Response by Patrick Spoletini:** That was not analyzed specifically in this study however that is something that may be considered as part of the Stage II analysis.
  - **Question:** Veterans in South and East Muskogee will have to travel further for services, was that considered?
  - **Response by Patrick Spoletini:** Access was considered in the study and several options were rejected due to poor access.
  - **Question:** Did the VA think about offering fee-service cards for those with excessive drives to the facility?
  - **Response by Patrick Spoletini:** That was not considered in this study.
  - **Question from Bill Webster:** Was Muskogee regional hospital considered?
  - **Response by Patrick Spoletini:** Yes, but it was determined that it would not improve access for Tulsa area veterans.

- **Question by Bill Webster:** It was discussed that the ICU will be closed in the Cares Decision Document but that wasn't addressed in the presentation.
- **Response by Susan Pendergrass:** Inpatient surgery was referred to in the CARES Decision document and that was addressed in the study.
- **Comment by Bill Webster:** It would be nice to have a CBOC closer to the Muskogee area.
- **Response by Patrick Spoletini:** That was not included as a part of this study.
- **Question from Kim Crissler:** Was the number of patients to be transferred to Wagoner or Broken Arrow determined?
- **Response by Patrick Spoletini:** This was not analyzed in Stage I.
- **Question from Kim Crissler:** Why didn't the study address building a new facility in Tulsa?
- **Response by Patrick Spoletini:** The Muskogee study did not include capital planning.
- **Comment from the Public:** The Muskogee VAMC was a great gift to Veterans. The CARES study has been kept secret from America. Not enough people are aware of the study. Any excess capacity should be used for veterans.
- **Response by Patrick Spoletini:** Since the report came out, the VA approved for the expansion of inpatient rehabilitation and psychiatry and therefore there remain very little vacant space and excess capacity.
- **Comment from Bill Weidner:** More Tulsa area veterans are category 8 and have higher paying jobs and do not utilize VA services.
- **Response by Patrick Spoletini:** Agreed. And, Tulsa area veterans have more healthcare provider options and there are many more large corporations in Tulsa that offer healthcare insurance to their employees.
- **Comment from Vivian Loving:** Some of the veterans that rely on VA care the most live in areas that would be the hardest hit if the services are moved to Tulsa. With the rising cost of gas it will be harder for them to access the facilities in Wagoner or Broken Arrow. If veterans are going to different places for each service, that will be very confusing.
- **Response by Patrick Spoletini:** Access was considered as part the study and Wagoner and Broken Arrow are the areas that may offer better access to Veterans in both Tulsa and Muskogee.
- **Question from John Cloud:** What kind of surgery will be available for the options that move surgery?
- **Response by Patrick Spoletini:** It will be the same services that are currently provided at the Muskogee VAMC.

- **Question from John Cloud:** Do other facilities have the capability to accept services that are planned to be moved?
- **Response by Patrick Spoletini:** The available service mix at other providers was analyzed and if services weren't provided at other facilities that was considered.
- **Question from John Cloud:** If mental health services will be provided in Broken Arrow, will that hurt the Tulsa outpatient clinic?
- **Response by Patrick Spoletini:** Mental health services will remain, and moving these services was not considered.
- **Question from Mike Masslock:** Why would you rule out Tulsa and pick Broken Arrow? They're very close in proximity.
- **Response by Patrick Spoletini:** Broken Arrow is a bit closer and doesn't affect access for Muskogee area veterans quite as much.
- **Question from Kim Crissler:** Was hiring public health commission officers from different facilities to work for the VA considered?
- **Response by Patrick Spoletini:** The study did not look at that issue specifically. The focus was on where services would be provided opposed to who would provide the services.

#### V. **MAC Deliberation and Recommendations on the BPOs**

- **Comment from Benjamin Campeau:** The VA will not express a preference on the options today. The purpose of this meeting is to collect MAC input and public input.
- **Options Deliberation:**
  - **BPO 1 (Baseline Option):**
    - **Comment from Robert Atchley:** Muskogee VAMC employees are in favor of this option.
    - **Comment from Benjamin Campeau:** Keep in mind that the MAC should recommend more than one option. It is recommended to choose 2 to 6 options for further study.
    - Consensus from the MAC that BPO 1 will be recommended for further study
  - **BPOs 2-3:**
    - **Comment from Kim Crissler:** Both options 2 and 3 negatively impact the medical center and the veterans.
    - Consensus from the MAC that BPO 2 and BPO 3 will not be recommended for further study.
  - **BPOs 4-5:**
    - **Question from Robert Atchley:** Does the MAC have to recommend more than one option?
    - **Response by Susan Pendergrass:** The VA would like the MAC's reaction to all 11 options, and if the MAC restricts their choice to only one option, it is not providing the VA the full benefit of their thoughts.

- **Comment from Robert Atchley:** His constituents do not support removing any FTEEs from this hospital and all of the options do that except the baseline.
  - **Question from Kim Crissler:** Is there any indication when the Vinita CBOC will open?
  - **Response from Benjamin Campeau:** It probably will not open until 2008.
  - **Question from Kim Crissler:** Can that be looked at as a part of this study?
  - **Response from Benjamin Campeau:** This study is looking at the role of the Muskogee VAMC and the service to the Muskogee area veterans. To look at whether access can be improved through increasing CBOCs is not part of this current study.
  - Consensus from the MAC that BPO 4 and BPO 5 will not be recommended for further study.
- **BPOs 6-7:**
  - **Comment from John Cloud:** If one service is moved, all of the services might as well be moved.
  - **Comment from Roy Griffith:** If vets have to receive different services in different locations it will be very confusing.
  - **Comment from Bill Weidner:** It doesn't make sense to spend millions on the private sector and leave the Muskogee facility idle.
  - Consensus from the MAC that BPO 6 will be recommended for further study, and BPO 7 will be recommended for further study.
- **BPOs 8-9:**
  - **Comment from Robert Atchley:** Feels the same about BPO 9 as BPO 7.
  - **Comment from John Cloud:** Likes BPO 9 better than BPO 7.
  - **Comment from Benjamin Campeau:** Mr. Campeau asked whether the MAC would like to forward BPOs 8 and 9 for further review in Stage II. The consensus from the MAC was not to review these options in Stage II.
- **BPOs 10-11:**
  - Consensus from MAC that BPOs 10 and 11 will be recommended for further study.
  - **Comment from Dr. Dubbs:** For internal medicine there is collaboration among services. Having the support people on sight where surgery is performed vastly improves continuity of care. It is very hard to fragment the medical system.
  - **Comment from Vivian Loving:** These options handicap those veterans that travel from the southern region.
  - **Response by Susan Pendergrass:** The Stage II study will look at patient origin data and that issue will be considered.

- **Comment from Benjamin Campeau:** Mr. Campeau asked whether the MAC agreed that BPOs 1, 6, 7, 10 and 11 be studied for further in Stage II.
- Consensus from MAC members

**Meeting Adjourned 3:00 PM**