

# Capital Asset Realignment for Enhanced Services (CARES)

## Business Plan Studies for Brooklyn and Manhattan VAMCs

Presentation for Local Advisory Panel

September 19, 2005



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# Recap of First LAP Meeting



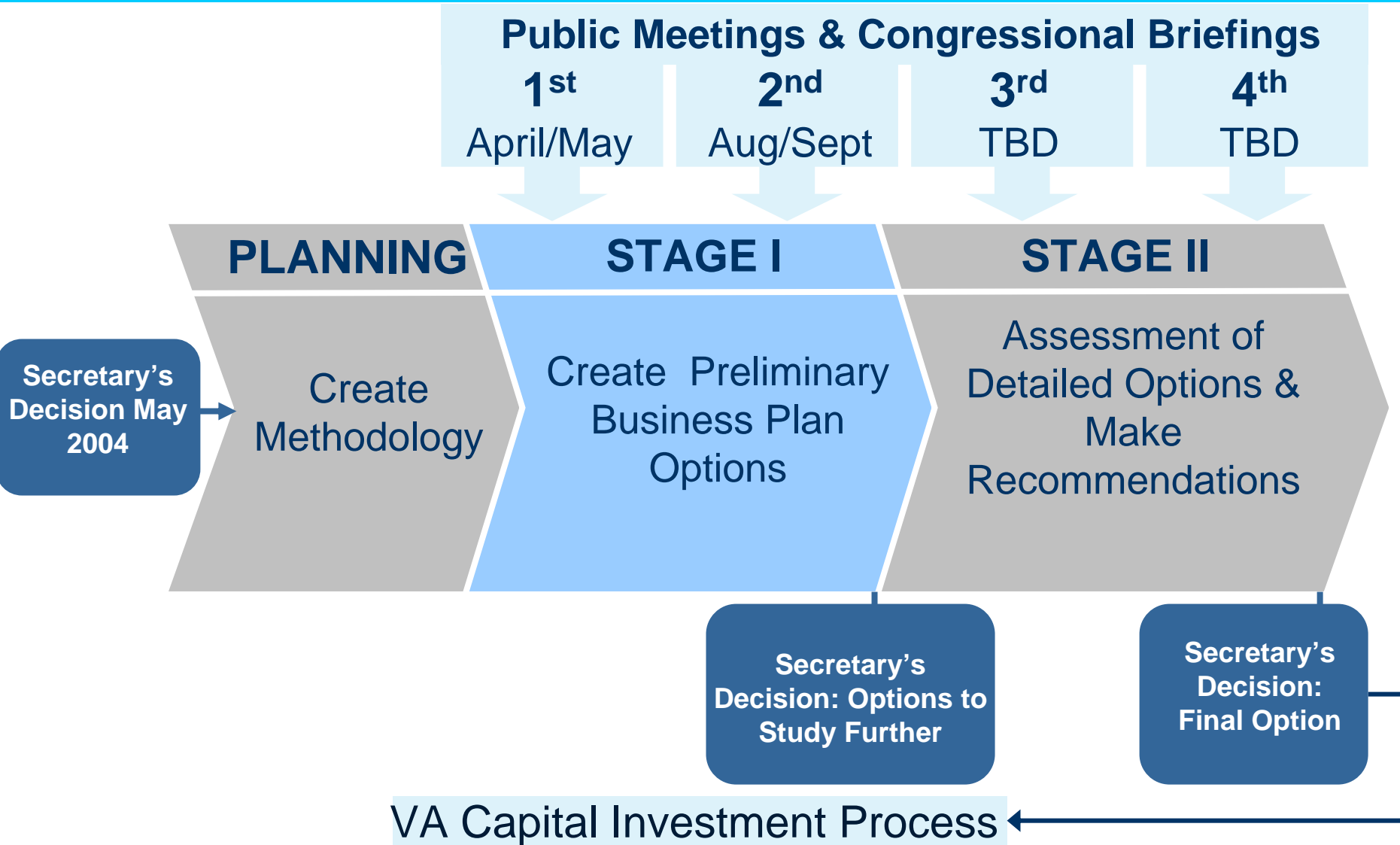
# First Public Meeting Recap

- The Secretary's CARES Decision Document, May 2004, calls for additional studies to improve the previous analyses for eighteen sites including Brooklyn and Manhattan, New York
- Study Objective:

Identify the optimal approach to provide veterans with healthcare equal to or better than is currently provided in terms of:

**Access**  
**Quality**  
**Cost Effectiveness**

# Project Overview



# 2004 Secretary's Decision for Brooklyn-Manhattan

- VA will study the feasibility, cost-effectiveness, and impact of consolidating the Brooklyn and Manhattan VAMCs
  
- To assess the potential for consolidation, VA will develop a comprehensive study of the feasibility, cost-effectiveness, and impact of developing a modern, efficient, healthcare system in the New York area



# 2004 Secretary's Decision for Brooklyn-Manhattan

- The system to be studied:
  - ◆ Would be anchored by a comprehensive tertiary care medical center located in either Manhattan or Brooklyn
  - ◆ Will include plans for development of strategically located multi-specialty outpatient clinics and community-based outpatient clinics (CBOCs) targeted to support the tertiary hub, maximize access, and bring primary, mental health, and specialty care services closer to where veterans live

# What's Being Studied at Brooklyn-Manhattan

## ■ Healthcare Study

- ◆ Identify the best way to provide current and projected veterans with healthcare equal to or better than is currently provided in terms of access, quality, and cost effectiveness

## ■ Capital Planning Study

- ◆ Identify the best use of buildings and facilities to provide needed healthcare services in a modern, safe, and secure setting

## ■ Re-Use Study

- ◆ Identify options that maximize the potential re-use of all or some of the current VA property, if that property is not needed for VA or VA-related services



# Purpose of the LAP Meeting

- Review the options prepared by the contractor for the future use of these medical centers
- Present the options that the contractor believes will maintain or improve veterans' access to quality healthcare in a cost effective manner
- Members of the LAP will ask questions so that each option is clear. Members of the public may also ask questions about the options.
- The LAP may add options not presented by the contractor
- The LAP will recommend to the Secretary which options it believes should be studied further, but the Secretary is not required to adhere to this recommendation

# Brooklyn-Manhattan Public Input



# Brooklyn-Manhattan Public Input

- 3,677 forms of stakeholder input were received between January 1, 2005 and June 30, 2005. The majority of these were form postcards
- The greatest amount of written and electronic input was received from veterans and VA medical center employees

# Brooklyn-Manhattan Public Input

## ■ Top key concerns:

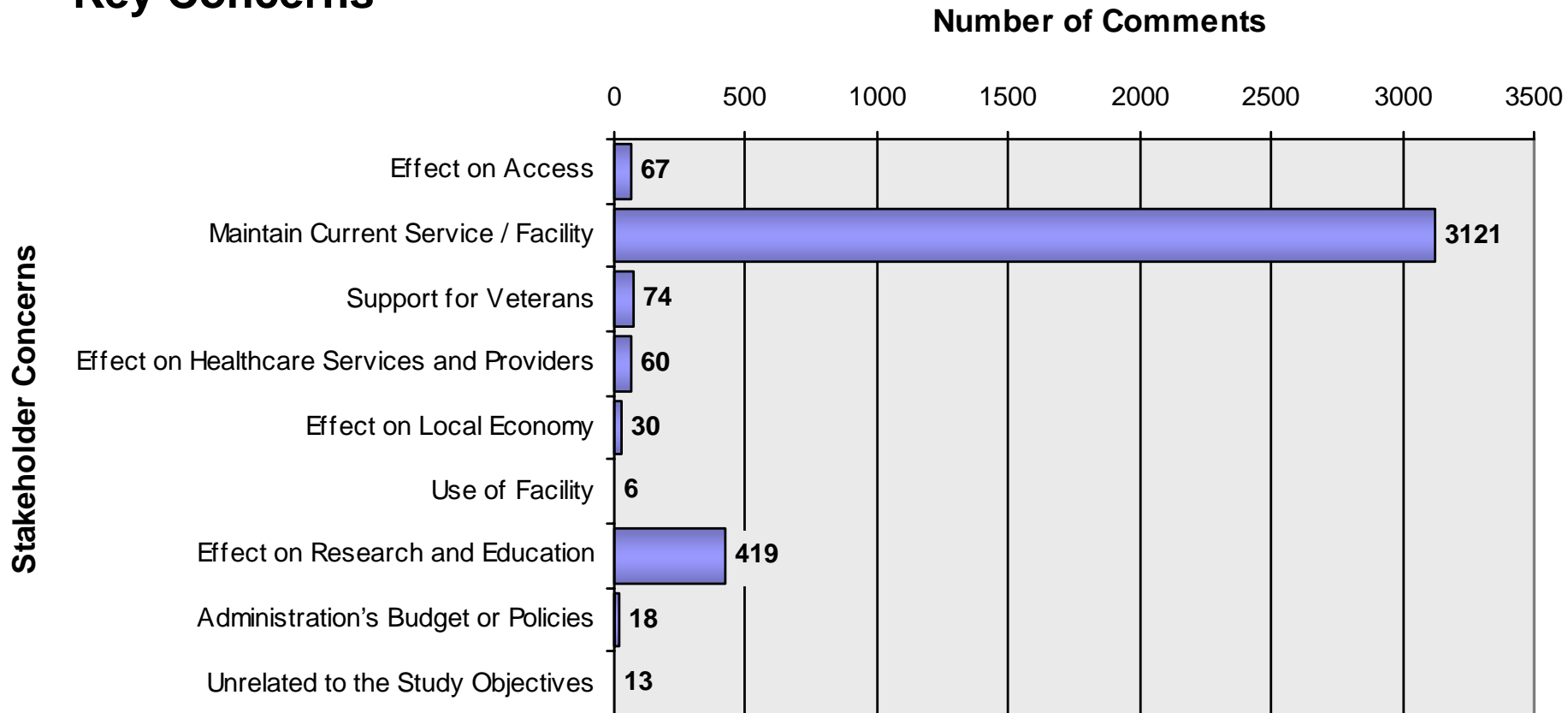
- ◆ Keeping the facilities open
- ◆ Access to the facilities in the unique urban environment of New York City
- ◆ Support for veterans
- ◆ The potential effect on the unique programs, including research and educational activity at the Brooklyn and Manhattan facilities

# Categories of Stakeholder Concerns

- Effect on Access
- Maintain Current Service/Facility
- Support for Veterans
- Effect on Healthcare Services/Providers
- Effect on Local Economy
- Use of Facility
- Effect on Research and Education
- Administration's Budget or Priorities
- Unrelated to the Study Objectives

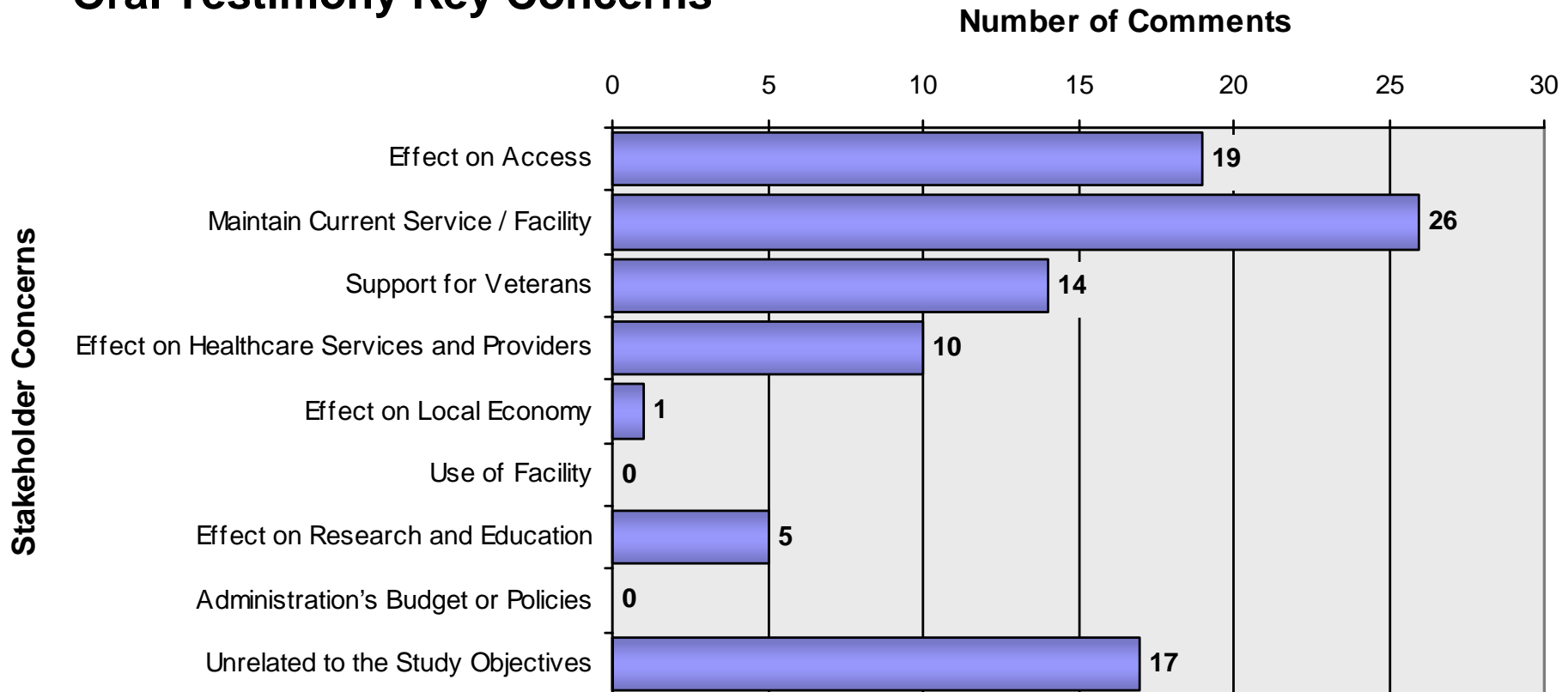
# Key Concerns – Written and Electronic Input

## Key Concerns



# Key Concerns – Oral Testimony

## Oral Testimony Key Concerns





# Stakeholder Input to Options Development

## ■ Access to healthcare services

- ◆ Clearly understood that drive-time guidelines used in other VA studies are less applicable in Metro New York
- ◆ NY Harbor Healthcare System (VA NYHHS) is studying how veterans arrive at the campus(es) and how long it takes them to travel there
- ◆ The contractor will augment this study with additional analysis to assure any gaps in access patterns are covered
- ◆ Results will be available in Stage II and used to evaluate and improve the options

# Stakeholder Input to Options Development

- Increased geographic coverage of CBOCs
  - ◆ Many of the options include:
    - Expansion of current CBOCs
    - Creation of new CBOCs
    - Or both

# Stakeholder Input to Options Development

- Retaining Services at the Current VAMCs
  - ◆ There are several options which maintain both campuses
- Protecting medical education and research affiliations
  - ◆ Options attempt to locate new facilities and services in such a way to minimize impact on these programs

# Current Status and Business Plan Options



# Stage I Study Findings for Brooklyn-Manhattan

## Brooklyn VAMC



## Manhattan VAMC



# Brooklyn-Manhattan Overview & Projections

- VA NYHHS consists of three campuses: Brooklyn, Manhattan, and St. Albans
- The Brooklyn-Manhattan VAMCs:
  - ◆ Are in the Metro New York market of VISN 3, which contains approximately 169,000 enrolled veterans
    - Over the next 20 years, the number of enrolled veterans in Priority Groups 1-6 is expected to decrease by 21%, from 100,062 to 78,963
  - ◆ Employ approximately 2,900 Full-Time Employee Equivalents (FTEEs)
  - ◆ Have multiple sharing agreements with the Department of Defense, including TRICARE, and with various other federal agencies



# Percentage of Enrollees by Borough (2023)

Queens: 45,000  
(33%)

Brooklyn: 42,000  
(31%)

Manhattan: 29,000  
(21%)

Staten Island:  
19,000 (14%)





# Sources of Patient Origin (2003)

Where Patients Treated at Brooklyn VAMC Originate From:

	Inpatient	Ambulatory
Brooklyn	66%	64%
Queens	21%	20%
Staten Island	7%	11%
Manhattan	4%	3%
All other, incl. The Bronx	2%	2%

Where Patients Treated at Manhattan VAMC Originate From:

	Inpatient	Ambulatory
Brooklyn	24%	21%
Queens	22%	24%
Staten Island	4%	2%
Manhattan	42%	44%
All other, incl. The Bronx	11%	9%

# Public Transit System and Current VA Facilities

- H** Existing VAMC
- C** Existing CBOC



Current Facilities

C Staten Island

# Brooklyn Campus Site Overview

## ■ The Brooklyn VAMC:

- ◆ Is located in the Bay Ridge section of the Borough of Brooklyn, also known as Kings County in New York City
- ◆ Is composed of 12 buildings located on 17.1 acres
- ◆ Consists of 898,000 square feet
- ◆ Is affiliated with institutes of higher education, the principal ones being State University of New York-Downstate (SUNY) and the NYU School of Dentistry

# Brooklyn Services Overview

## The Brooklyn VAMC:

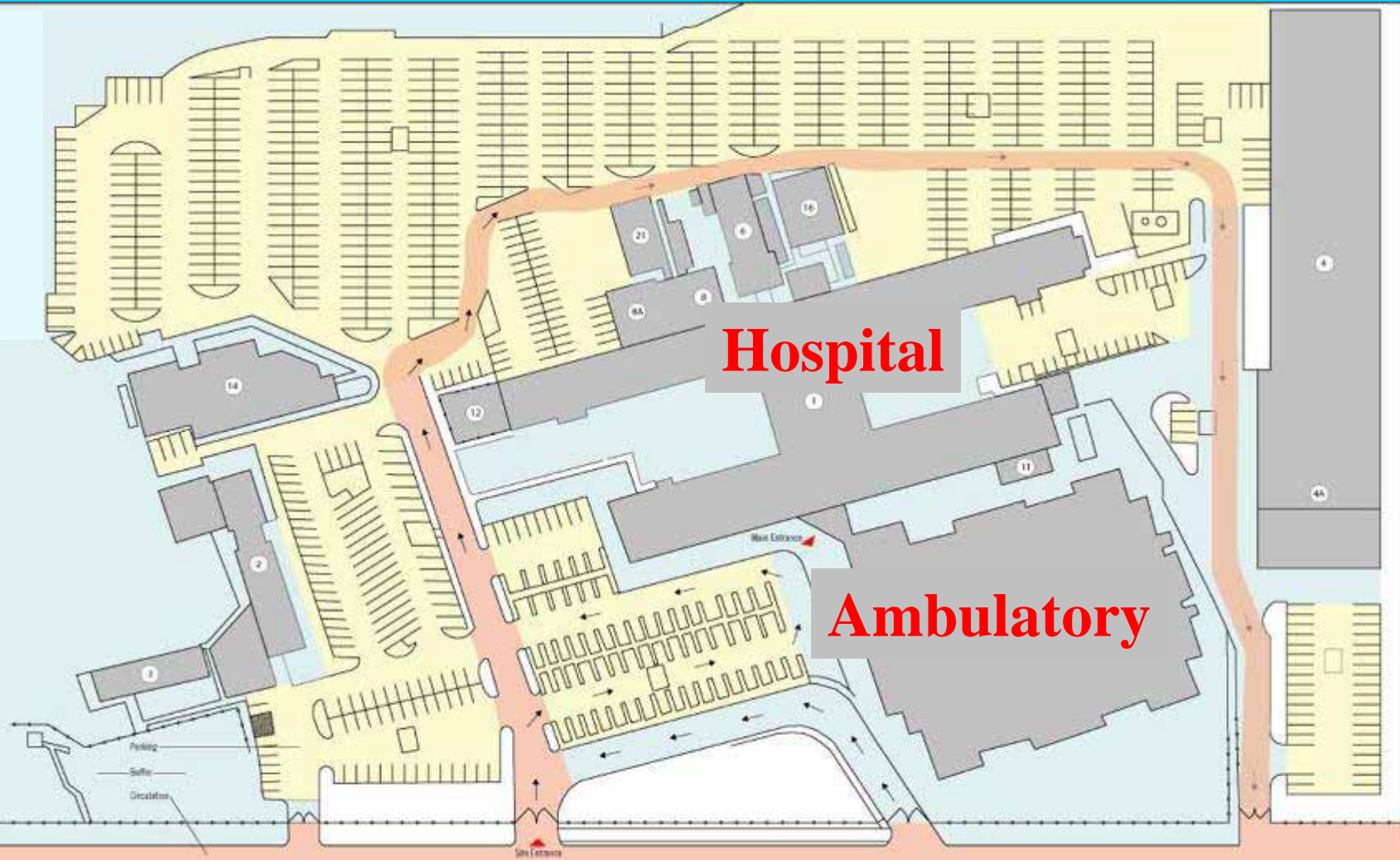
- ◆ Offers primary, specialty, and nursing home services which include:
  - Acute medicine, surgery, and psychiatry
  - Residential substance abuse
  - Emergency medicine
  - Critical care
  - Specialized care in comprehensive cancer care and non-invasive cardiology
  - Ambulatory care
  - Women's healthcare
- ◆ Currently operates 147 beds
- ◆ Was recently approved for a Fisher House to be located on campus

# Brooklyn Facility Condition

- Buildings are well maintained
- Buildings range from poor to fair condition and are in need of repairs (with the exception of the recently constructed outpatient building)
- Requires over \$36 million for maintenance and upgrades
- Pockets of vacant space totaling 17,000 square feet
- Extensive surface parking, but not sufficient to meet demand
- Poor access to subway and only a few bus routes stop within 2/3-mile walking distance
- 800 parking spaces on campus



# Site Plan, Brooklyn VAMC



# Manhattan Campus Site Overview

## ■ The Manhattan VAMC:

- ◆ Is located at 423 East 23rd Street on the East side of the Borough of Manhattan in New York City
- ◆ Is composed of six buildings located on 6.4 acres
- ◆ Is affiliated with institutes of higher education, the principal ones being NYU School of Medicine and the NYU School of Dentistry



# Manhattan Services Overview

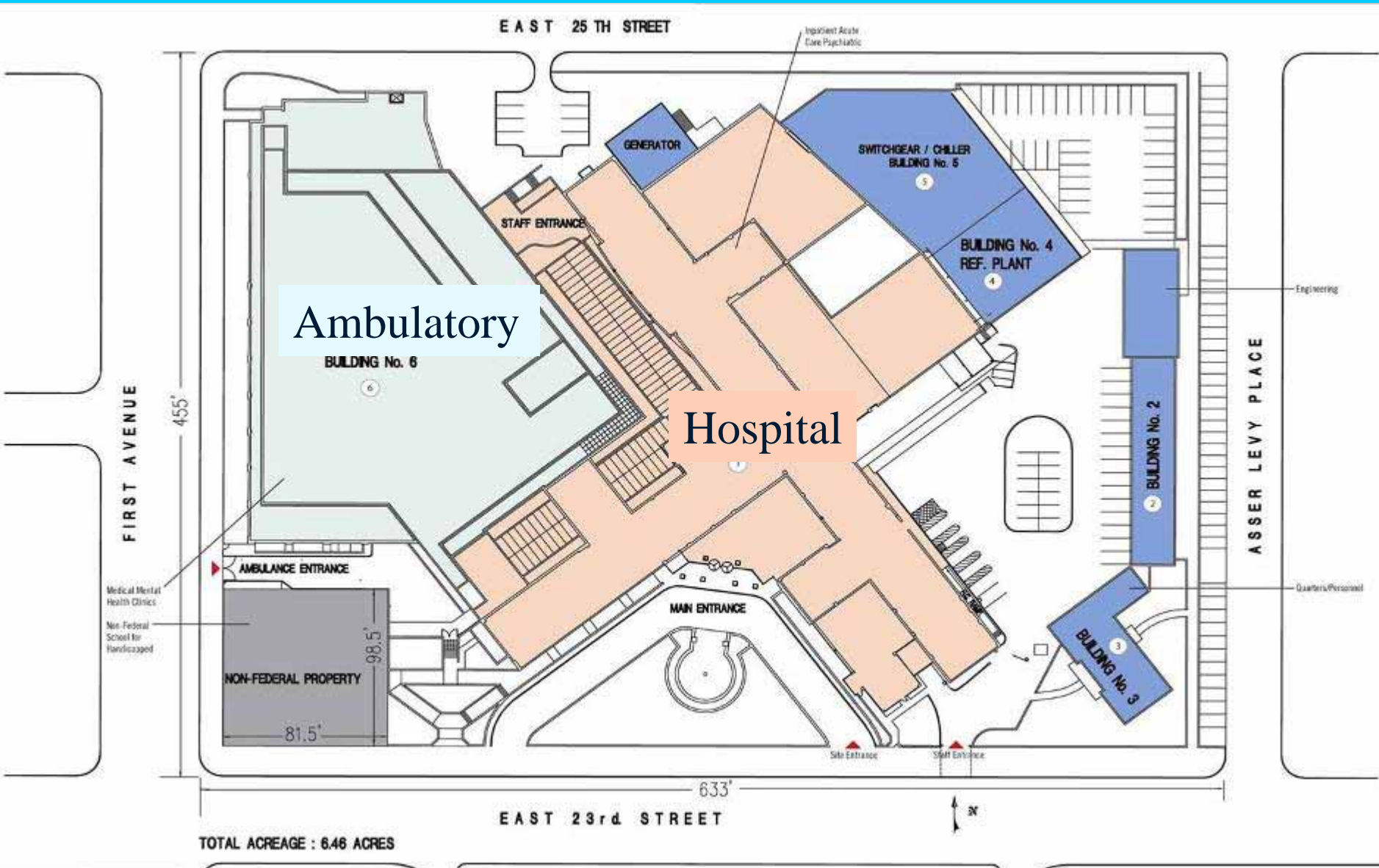
## The Manhattan VAMC:

- ◆ Offers:
  - Acute medicine, surgery and psychiatry
  - Neurology
  - Rehabilitation medicine
  - Ambulatory care
- ◆ Currently operates 171 beds
- ◆ Is the VISN 3 Referral Center for Interventional Cardiology, Cardiac Surgery, and Neurosurgery
- ◆ Is the only VHA facility to house both a designated clinical care unit and Research Center for AIDS and HIV Infection (RCAHI)

# Manhattan Facility Condition

- Buildings are well maintained and in fair to good condition
- Requires over \$17 million in maintenance and upgrades
- Approximately 29,000 square feet vacant and approximately 71,000 square feet outleased
  - ◆ Most of the outlease is to NYU
- Very limited parking
- Good access to bus and subway

# Site Plan, Manhattan VAMC



# Community Based Outpatient Clinics

- The VA NYHHS also has CBOCs in:
  - ◆ St. Albans, Queens
  - ◆ Harlem (in Manhattan)
  - ◆ SoHo (South of Houston Street in Manhattan)
  - ◆ Downtown Brooklyn
  - ◆ Staten Island

# Options Development

## “Universe” of Considered Options

**Stakeholder  
Input**

**Healthcare  
Options**

**Capital Planning  
Options**

**Re-use  
Options**

### Initial Screening Criteria:

#### ACCESS

*Would maintain or improve overall access to primary and acute hospital healthcare*

#### QUALITY OF CARE

*Would maintain or improve overall quality of healthcare:*

- *Capability to provide care*
- *Workload at each facility*
- *Modern, Safe, Secure*

#### COST

*Has the potential to offer a cost-effective use of VA resources*

**Team PwC developed Comprehensive BPOs for Stage I**

### Discriminating Criteria:

- **Healthcare Quality**
- **Healthcare Access**
- **Making the best use of VA resources**

- **Ease of Implementation**
- **Ability to Support Wider VA Programs**
- **Impact of BPO on VA and Local Community**

# Options Overview

## “Universe” of Considered Options

Healthcare  
Options

TOTAL = 29

Capital Planning  
Options

TOTAL = 26

Re-Use  
Options

TOTAL = 3

## Initial Screening for Access, Quality, Cost

Business Planning  
Options (BPOs)

TOTAL = 8

## Assessed for Stage I Report

# Options for Brooklyn-Manhattan

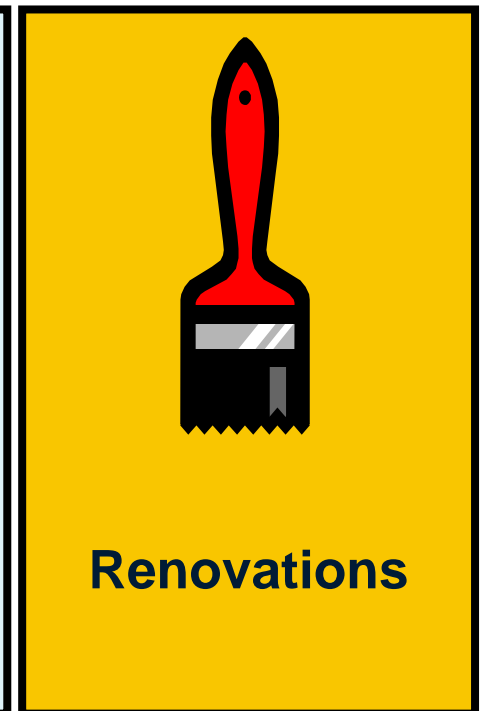
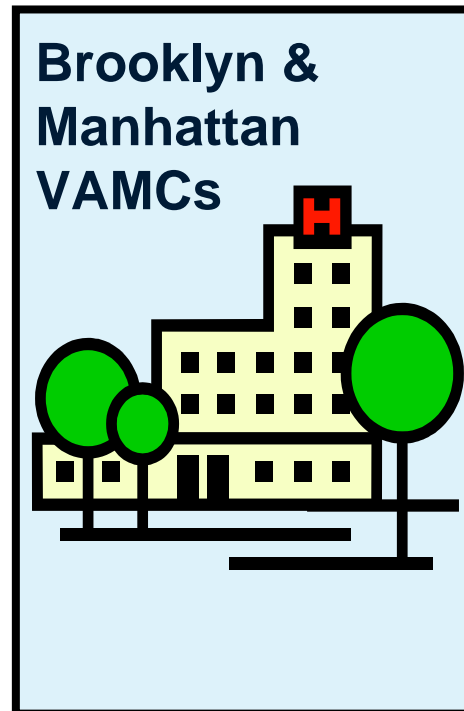
- BPO 1 - Baseline Option
- BPO 2 - Consolidate at Brooklyn VAMC; expand Harlem and SoHo CBOCs
- BPO 3 - Consolidate at Manhattan VAMC; develop new Queens and Borough Hall CBOCs
- BPO 4 - Consolidate at Manhattan VAMC; retain Brooklyn ambulatory services at Brooklyn VAMC, develop New Queens and Borough Hall CBOCs
- BPO 5 - Convert Manhattan VAMC to Medical/Surgical; Convert Brooklyn VAMC to Psychiatry/Behavioral Health
- BPO 6 - Realign Manhattan and Brooklyn VAMCs by Clinical Service Line
- BPO 7 - Incremental Realignment with CBOC Expansions
- BPO 8 - Construct new consolidated VAMC in Queens
- BPO 9 - New VAMC in Brooklyn, and expand CBOCs



# BPO 1: Baseline Option

A Baseline option reflects the:  
Current state projected out to 2013 and 2023 without any changes to facilities or programs, but accounting for projected utilization changes, and assuming same or better quality and necessary improvements for a safe, secure, and modern healthcare environment

Sustain existing services and consolidate into the existing buildings. No new or expanded CBOCs.



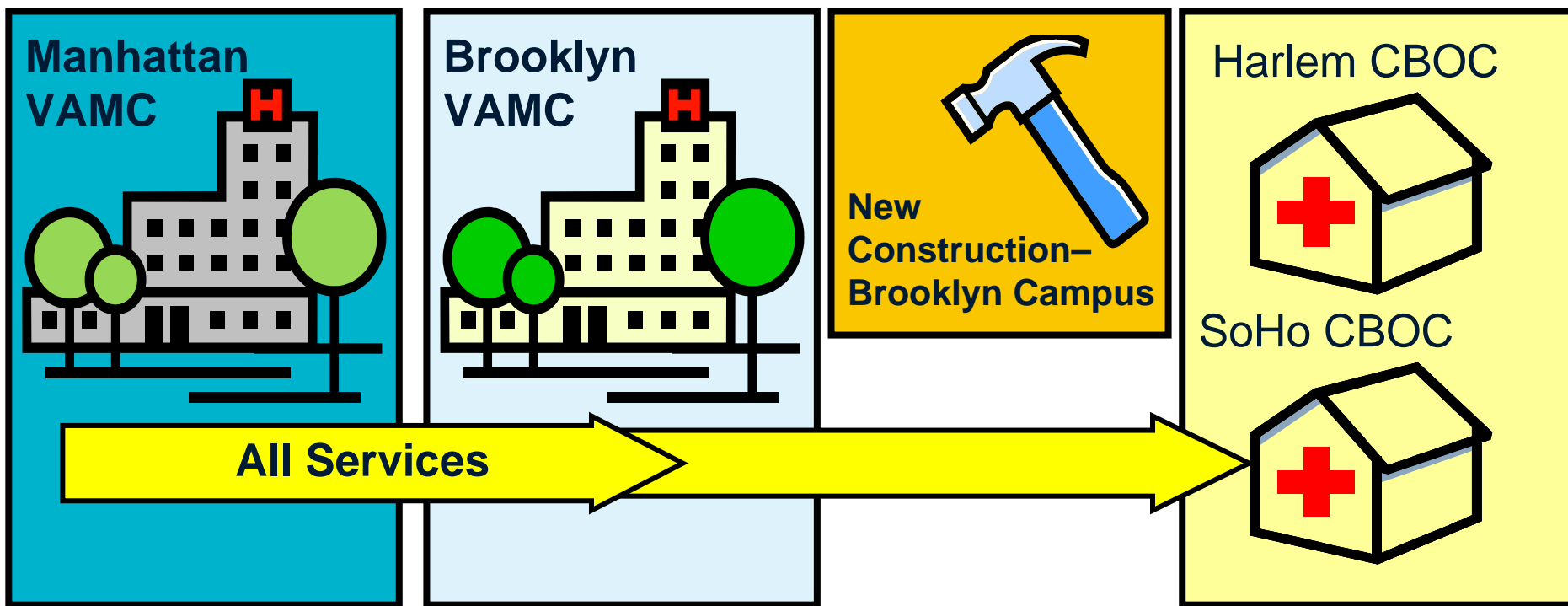
# BPO 1: Assessment, Baseline Option

<b>Healthcare Access</b>	97% of enrollees meeting the drive-time guideline for primary care, 93% of enrollees meeting the drive-time guideline for acute care, and 100% of enrollees meeting the drive-time guideline for tertiary care.
<b>Healthcare Quality</b>	Comparable to VISN and national VA performance on most quality measures. Investment required to make facilities modern and safe. Security goal is not achieved. Total beds provided meets forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Existing research studies, primary education affiliations, and mix of programs and services are sustained.
<b>Cost Effectiveness</b>	Significant capital needed to achieve a modern, safe environment, including investment in infrastructure improvements and repairs. Limited or no re-use proceeds. No gains in operating efficiency.
<b>Ease of Implementation</b>	Limited risk to implementation.
<b>Wider VA Program Support</b>	Supports existing DoD, VBA, and Homeland Security arrangements and efforts.

# BPO 2: Consolidate at Brooklyn VAMC; Expand Harlem and SoHo CBOCs

[HC-2D/CP-B1D/RU-1]

Relocate all services from Manhattan VAMC to Brooklyn VAMC and expand Harlem and SoHo CBOCs. New construction on Brooklyn campus to accommodate more services.

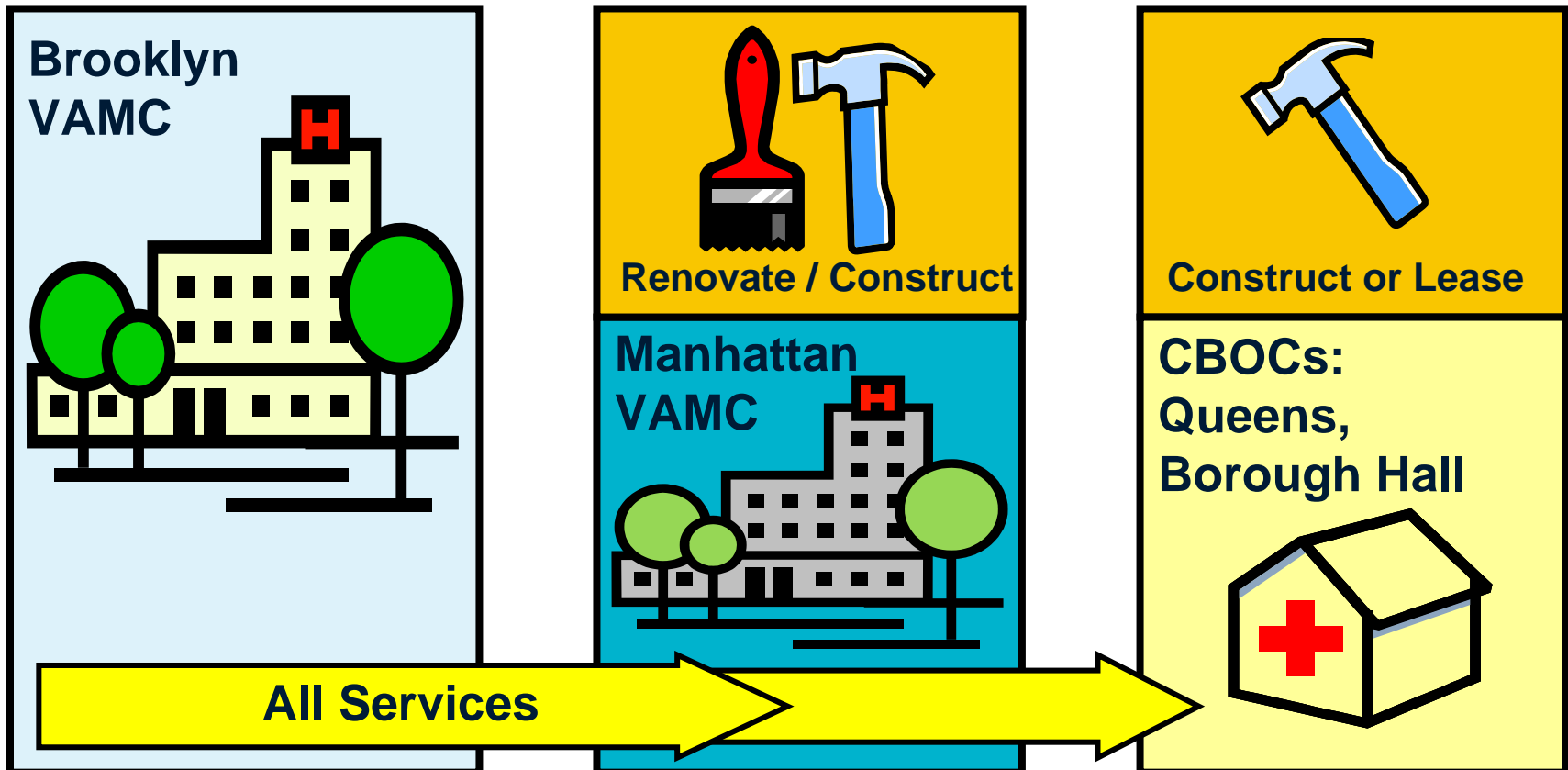


# BPO 2: Assessment, Consolidate at Brooklyn VAMC Expand Harlem and SoHo CBOCs

<b>Healthcare Access</b>	VA inpatient drive-time guidelines are met. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Manhattan based Centers of Excellence possibly impacted. Modern, safe, secure environment improved through renovation/expansion of Brooklyn VAMC. Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Recruitment of new or additional key clinical leadership likely. Major impact to Manhattan-based/NYU sponsored programs.
<b>Cost Effectiveness</b>	Capital expenditure similar to Baseline. Increased operating efficiency. Very significant re-use proceeds. Overall more cost effective.
<b>Ease of Implementation</b>	May require additional contracting for service with private hospitals during transition of Centers of Excellence.
<b>Wider VA Program Support</b>	Likely impact to Homeland Security posture with closure of Manhattan.

# BPO 3: Consolidate at Manhattan VAMC; Develop New Queens and Borough Hall CBOCs [HC-2J/CP-B2F/RU-2]

Relocate all services from Brooklyn to the Manhattan site and construct new CBOCs in Queens and Borough Hall in Brooklyn. Phased renovation of the existing buildings on the Manhattan campus and new construction of an additional building.



# BPO 3: Assessment, Consolidate at Manhattan VAMC; Develop New Queens and Borough Hall CBOCs

<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Brooklyn based Specialty Centers likely impacted. Modern, safe, secure environment improved through renovation/expansion of Manhattan VAMC. Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Recruitment of new or additional key clinical leadership likely. Impact to Brooklyn-based research and education programs.
<b>Cost Effectiveness</b>	More capital intensive than Baseline. Comparable operating efficiency. Modest re-use proceeds. Comparable cost effectiveness.
<b>Ease of Implementation</b>	May require additional contracting for service with private hospitals during transition of Specialty Centers.
<b>Wider VA Program Support</b>	Likely impact to Homeland Security posture with closure of Brooklyn.

# BPO 3: Consolidate at Manhattan VAMC; Develop New Queens and Borough Hall CBOCs

- H** Existing VAMC
- C** Existing CBOC
- C** Potential CBOC
- H** Potential VAMC



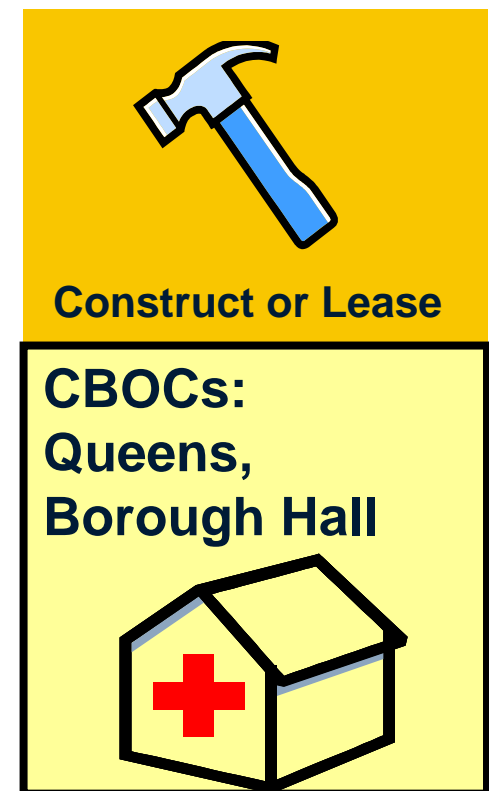


# BPO 4: Consolidate at Manhattan VAMC, Retain Brooklyn Ambulatory Services at Brooklyn VAMC, Develop New Queens and Borough Hall CBOCs [HC-2K/CP-B3/RU-2]

Relocate all services except ambulatory from Brooklyn to Manhattan campus. Construct or lease buildings for CBOCs in Queens and Borough Hall. Combination of new construction and renovations at Manhattan.



All services except ambulatory



# BPO 4: Assessment, Consolidate at Manhattan VAMC, Retain Brooklyn Ambulatory Services at Brooklyn VAMC, Develop New Queens and Borough Hall CBOCs

<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Modern, safe, secure environment improved through renovation and expansion. Brooklyn Specialty Centers potentially impacted.
<b>Impact on VA &amp; Local Community</b>	Recruitment of new or additional key clinical leadership likely. Potential impact to Brooklyn-based research and education programs.
<b>Cost Effectiveness</b>	More capital intensive than Baseline. Comparable operating efficiency. Modest re-use proceeds. Comparable cost effectiveness.
<b>Ease of Implementation</b>	Possible contracting of services needed during transition.
<b>Wider VA Program Support</b>	Likely impact to Homeland Security posture with reduction of facilities at Brooklyn.

# BPO 4: Consolidate at Manhattan VAMC, Retain Brooklyn Ambulatory Services at Brooklyn VAMC, Develop New Queens and Borough Hall CBOCs

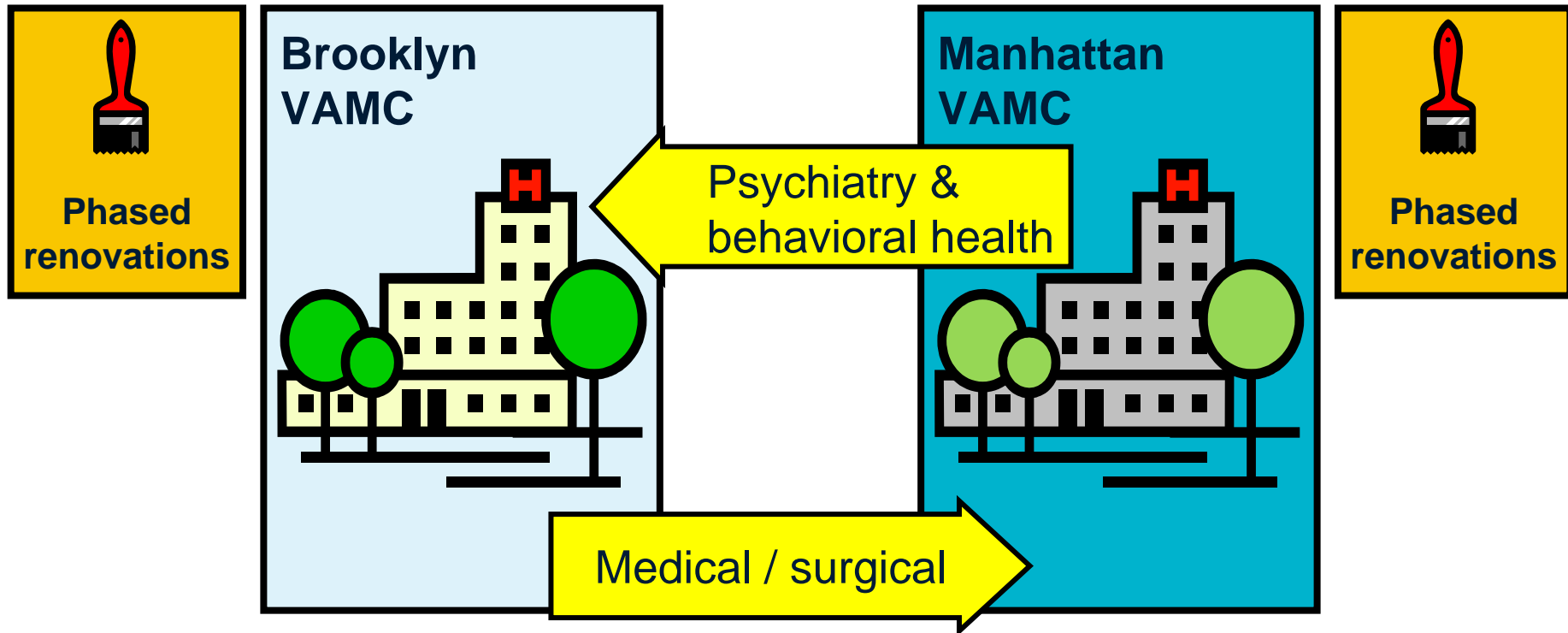
- H** Existing VAMC
- C** Existing CBOC
- C** Potential CBOC
- H** Potential VAMC



# BPO 5: Convert Manhattan VAMC to Medical/Surgical; Convert Brooklyn VAMC to Psychiatry/Behavioral Health

[HC-3B/CP-C1B]

Move inpatient medical and surgical services to Manhattan, and move psychiatry and behavioral health services to Brooklyn. Extensive phased renovations on both campuses would be required.

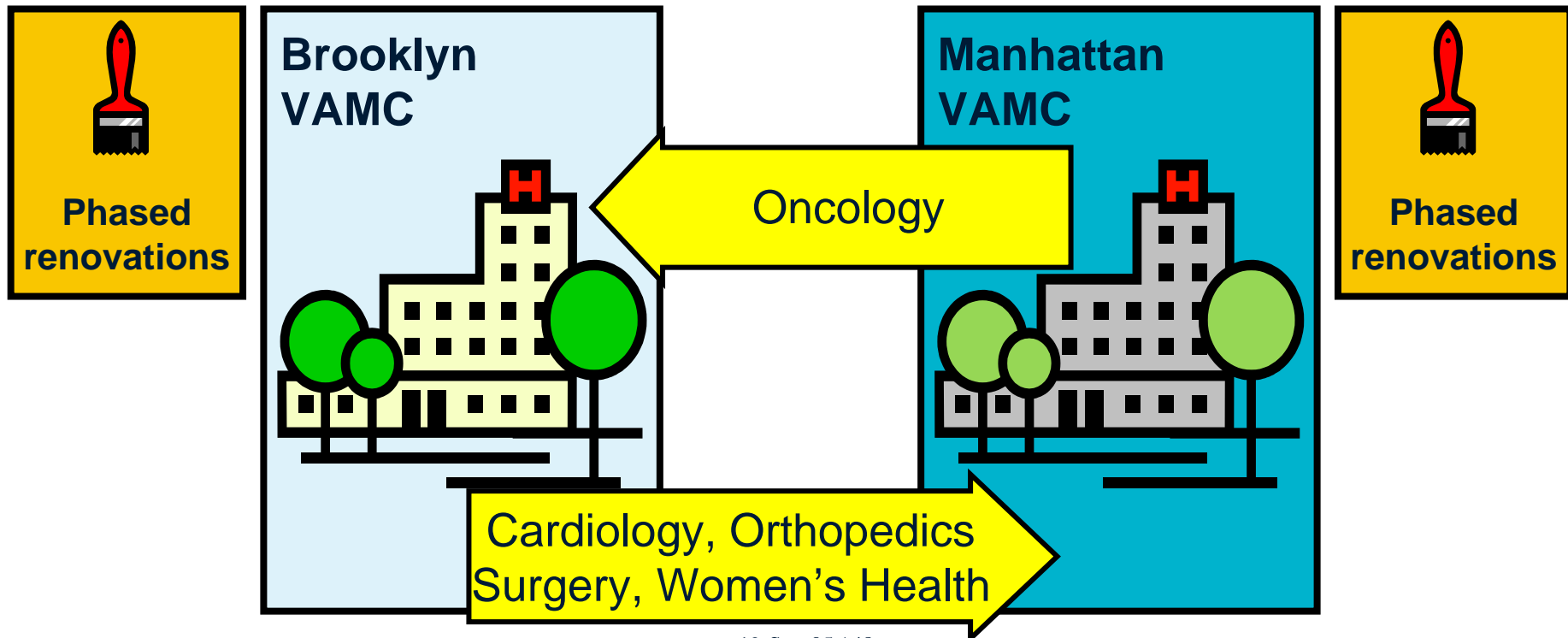


# BPO 5: Assessment, Convert Manhattan VAMC to Medical/Surgical; Convert Brooklyn VAMC to Psychiatry/Behavioral Health

<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Brooklyn based Specialty Centers likely impacted. Modern, safe, secure environment improved through renovation/expansion of Manhattan VAMC. Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Existing research studies, primary affiliations, and mix of programs and services are sustained. Some impact during transition.
<b>Cost Effectiveness</b>	Comparable investment, operating efficiency and re-use proceeds to Baseline.
<b>Ease of Implementation</b>	Brooklyn based Specialty Centers likely impacted.
<b>Wider VA Program Support</b>	Supports existing DoD, VBA, and Homeland Security arrangements and efforts.

# BPO 6: Service Line Consolidation [HC-4A/CP-D1]

Realign by clinical service lines. Concentrate Cardiology, Orthopedics, Surgery, Women's Health at Manhattan. Concentrate Oncology at Brooklyn. Both sites retain general acute care. Synergies between specialty services are maintained. No change to CBOCs.



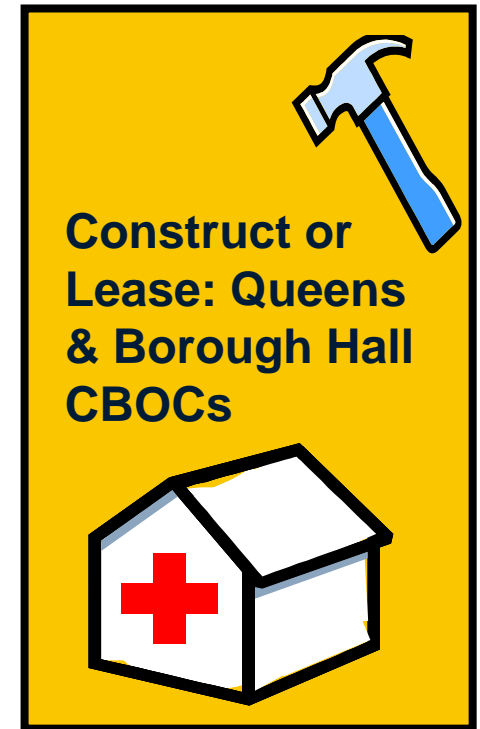
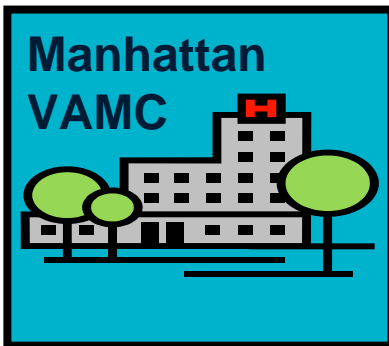
# BPO 6: Assessment, Service Line Consolidation

<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Brooklyn based Specialty Centers likely impacted. Modern, safe, secure environment improved through renovation/expansion of both VAMCs. Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Existing research studies, primary affiliations, and mix of programs and services are sustained. Some impact during transition.
<b>Cost Effectiveness</b>	More capital investment than Baseline. More efficient operations. Overall similar cost effectiveness.
<b>Ease of Implementation</b>	Similar to Baseline.
<b>Wider VA Program Support</b>	Supports existing DoD, VBA, and Homeland Security arrangements and efforts.



# BPO 7: Incremental Realignment with CBOC Expansions [HC-6B/CP-F2]

Incrementally consolidate specialty services at both campuses. Renovate and right-size both VAMCs. Expand CBOCs at Harlem and Chapel Street; develop new CBOCs in Queens & Borough Hall (or outer Brooklyn near Broadway Junction).



# BPO 7: Assessment, Incremental Realignment with CBOC Expansions

<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Modern, safe, secure environment improved through renovation/expansion of both VAMCs. Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Existing research studies, primary affiliations, and mix of programs and services are sustained.
<b>Cost Effectiveness</b>	More capital investment than Baseline. More efficient operations. Overall similar cost effectiveness.
<b>Ease of Implementation</b>	Similar to Baseline.
<b>Wider VA Program Support</b>	Supports existing DoD, VBA, and Homeland Security arrangements and efforts.

# BPO 7: Incremental Realignment with CBOC Expansions

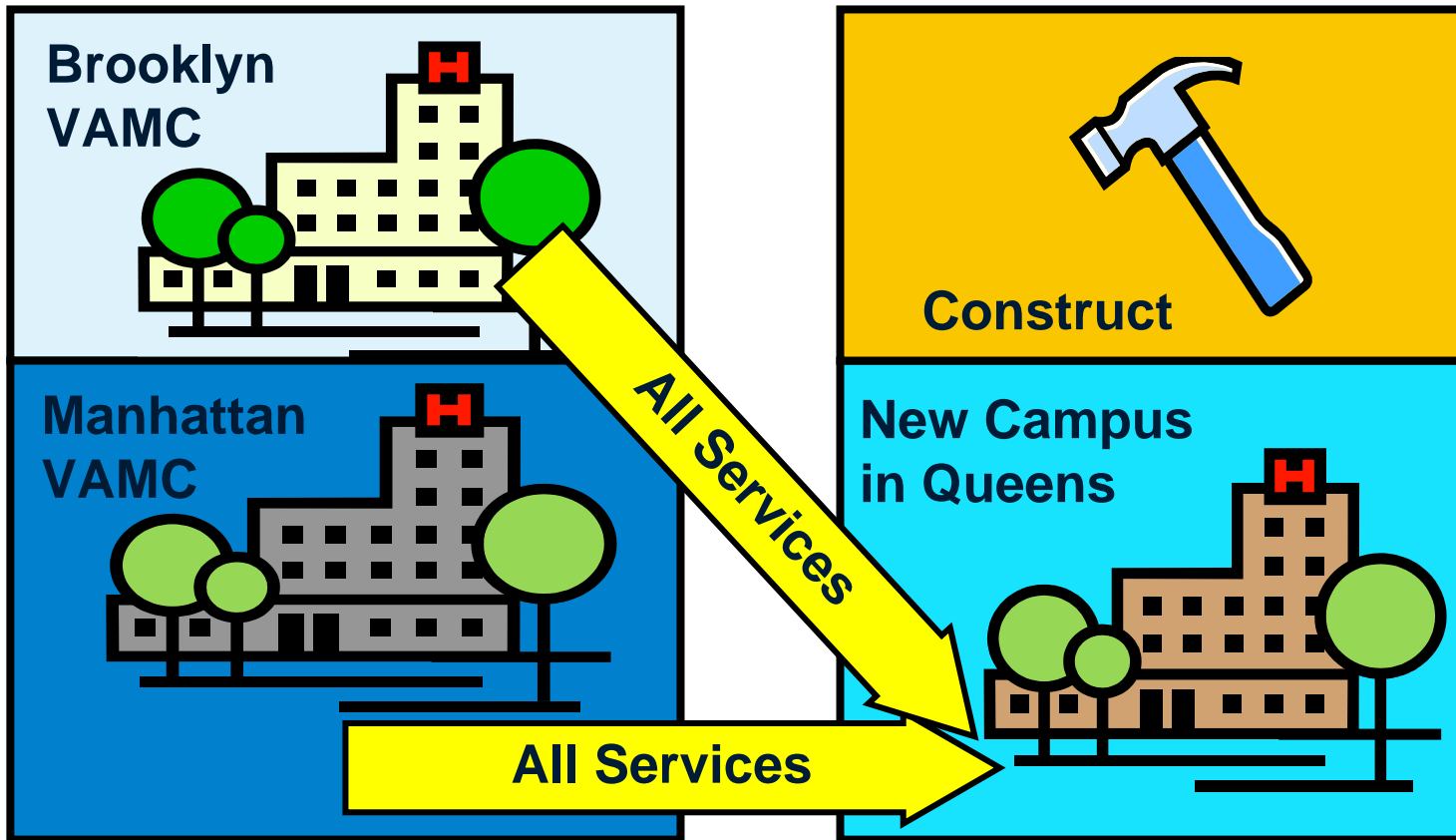
- H** Existing VAMC
- C** Existing CBOC
- C** Potential CBOC
- H** Potential VAMC



# BPO 8: New Consolidated VAMC in Queens

[HC-7A/CP-G1A/RU-3]

Replace all services at Manhattan and Brooklyn with a newly constructed campus in Queens.



# BPO 8: Assessment, New Consolidated VAMC in Queens

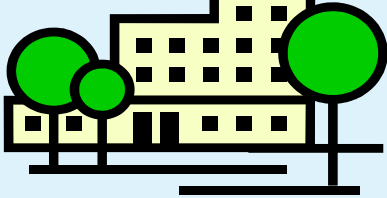
<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Recruitment and retention of new or additional key clinical leadership likely. Likely to impact Manhattan-based / NYU sponsored programs.
<b>Cost Effectiveness</b>	More capital investment than Baseline. More efficient operations. Significant re-use proceeds. Cost avoidance potential. Overall more cost effective.
<b>Ease of Implementation</b>	More risky than Baseline.
<b>Wider VA Program Support</b>	Likely impact to Homeland Security posture with reduction of facilities at Brooklyn. Likely impact to DoD relationships.

# BPO 9: Consolidated VAMC in Brooklyn with Expansion of CBOCs

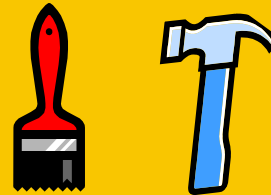
[HC-8C/CP-H1C/RU-3]

Replace all services at Manhattan and Brooklyn with a newly constructed campus. Renovate and expand the existing CBOC in Harlem and at Chapel Street in phased renovations. Construct or lease a CBOC in Queens and a CBOC in outer Brooklyn.

Brooklyn  
VAMC



Construct

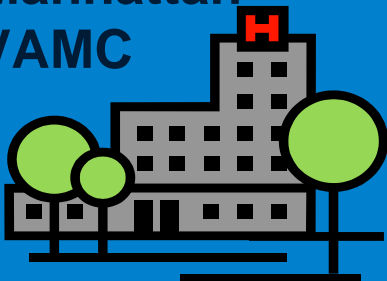


Renovate / Expand

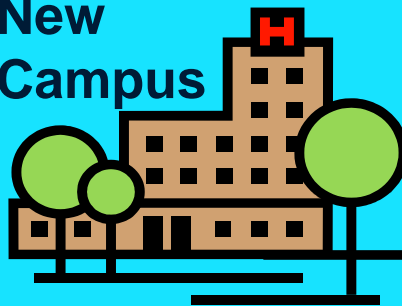


Construct  
or Lease

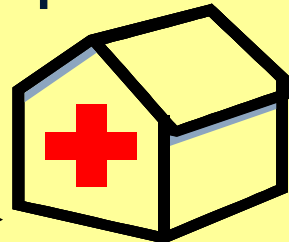
Manhattan  
VAMC



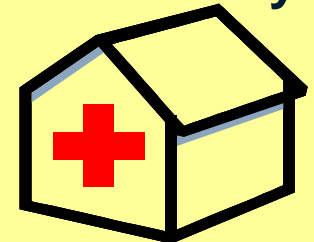
New  
Campus



CBOCs:  
Harlem,  
Chapel Street



CBOCs:  
Queens,  
Outer Brooklyn



All Services

# BPO 9: Assessment, Consolidated VAMC in Brooklyn with Expansion of CBOCs

<b>Healthcare Access</b>	No material change in drive-time access. Detailed access impact to be studied in Stage II.
<b>Healthcare Quality</b>	Facilities/services meet forecasted demand.
<b>Impact on VA &amp; Local Community</b>	Likely to impact Manhattan-based / NYU sponsored research and education programs.
<b>Cost Effectiveness</b>	More capital investment than Baseline. More efficient operations. Significant re-use proceeds. Cost avoidance potential. Overall more cost effective.
<b>Ease of Implementation</b>	More risky than Baseline.
<b>Wider VA Program Support</b>	Likely impact to Homeland Security posture with reduction of facilities at Manhattan.



# BPO 9: Consolidated VAMC in Brooklyn with Expansion of CBOCs

- H** Existing VAMC
- C** Existing CBOC
- C** Potential CBOC
- H** Potential VAMC



# Options Not Selected for Assessment

**Three options to vacate MN, provide services at BK, and retain and/or add CBOCs**

**Options do not provide adequate capacity or patient access.**

**Five options to provide services at MN, vacate BK or convert to CBOC, retain and/or add CBOCs.**

**Options do not provide adequate capacity or patient access.**

**Four options to vacate MN and BK, build new VAMC, and retain and/or add CBOCs**

**Options do not provide adequate access, are not cost effective, and threaten affiliations.**

# Options Not Selected for Assessment, cont'd

**Five options providing a reduced subset of services at either BK or MN, and retain existing CBOCs.**

**Options do not maintain healthcare quality, are not cost effective, or threaten affiliations.**

**Four options vacate either BK or MN and contract out Centers of Excellence and/or Specialty Centers.**

**Options not supported by the Secretary's Decision.**

# Next Steps

- The Local Advisory Panel will review the Business Plan Options and recommend:
  - ◆ Which options should be further studied
  - ◆ Proposing additional options
  - ◆ Specific concerns to be addressed
- Responses and comments to the Business Plan Options will be collected for 10 days following the LAP meeting
- The next public meeting will review options selected by the Secretary for further study and discuss key issues.
- The fourth and final public meeting will present detailed analysis of the options and recommendations by Team PwC.

# How Can You Provide Feedback?

## Local Advisory Panel Meeting

- ◆ Provide testimony at the Local Advisory Panel public meetings
- ◆ Fill out a comments form at the Local Advisory Panel public meetings

## CARES Project Website

<http://www.va.gov/CARES>

- ◆ An **electronic comments form** is available to share your views and opinions on the options presented
- ◆ Website provides public meeting information, agendas, meeting summaries, and links to background documents

## CARES Central Mailstop

**Brooklyn-Manhattan Study  
VA CARES Studies  
PO Box 1427  
Washington Grove, MD 20880-1427**