

**BIG SPRING VA MEDICAL CENTER
Local Advisory Panel Public Meeting
Howard College, Dorothy Garrett Coliseum
Thursday, September 1, 2005**

Start Time 8:00 AM

Participants:

- Local Advisory Panel (LAP) Members: 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 Spring; Mike Pruitt, Chief Executive Officer, Scenic Mountain Medical Center; Jim DeFoor, Veterans Service Officer, Texas 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; 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): Lori Luther, Margaret Stover, Brett Burt, Craig Stauffer.
- Perkins & Will: Randy Hood, Christine Hammons
- Economics Research Associates: Chris Brewer
- Public: Estimated attendance 900, excluding participants listed and other VA staff and media.

Opening Remarks:

- Welcome: John Fears, LAP Chair
- Pledge of Allegiance: Led by Ed Mieser
 - Introduction of Congressman Randy Neugebauer
 - Comments from Congressman Neugebauer
 - Thanks to the LAP for their work and to the veterans for their interest in the process. Thanks to Team PwC and to the VA Task Force
 - Explains overview of the agenda for the day. Asks audience to listen carefully when the options are presented.
 - Very important for stakeholders to pay attention to the proceedings
 - This process is about veterans and providing veteran care in rural America.
 - Introduction of Panel Members: John Fears, LAP Chair
 - Everyone is here to best serve the veterans

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- Reason for this commission is to get input from the people living in the catchment area
- Individual introductions by each LAP member
- Review of Roles and Responsibilities/Standard Operation Procedures (SOP) of LAP Members: John Fears, LAP Chair
 - Objective of panel is to take stakeholder input and present that input to the Secretary. The LAP is not a deciding body, but an advisory/recommending body.
 - Each person on the panel was selected as a member because he or she each has a vested interest in the area.
 - Discussed meeting processes in the administrative meeting.
 - Panel has listened to the presentations prior to this meeting so that the panel can 'pre-think' the issues and respond appropriately.
 - No decisions have been made, and LAP members have not deliberated on the options.
 - In previous meetings, the LAP discussed the method of controlling the information so that the LAP could better understand the options and prepare to answer questions from the public
 - Overview of LAP conference call that took place prior to today's meeting. Briefly discussed scenarios and explained that today's meeting will discuss various scenarios (BPO's) and will have an open discussion in front of the public. Afterwards, the LAP will decide which options to highly recommend/ not recommend etc.
 - Overview of process of obtaining stakeholder input (i.e. ticket, lottery processes). Explained that there will be exceptions to this process for elected representatives.

Presentations:

- Demand Data Presentation: Gregory Kischuk, VISN 18 Team Support
 - Presented enrollment number slides from first LAP public meeting
 - Overview of VISN 18 New Mexico/West Texas Market Enrollment by Priority Level
 - Priority 1-6 show a slight increase to 2013 and then decline to 2023
 - Priority 7-8 show a sharp decline to 2013 and gradual decline to 2023
 - Overview of gap in beds for New Mexico/West Texas Market due to the change in demand projections between 2003 and 2023
 - Decline in the market (New Mexico and West Texas)
 - 11% decline by 2013, and 21% decline by 2023
 - Market Bed needs
 - Market will need an increased number of beds in all categories except surgery beds

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- Projected that 24 fewer surgery beds will be needed for the market by 2023
 - Decrease of 14 beds in the overall market between 2003 and 2013
 - Largest need in 2013 will be residential rehabilitation and domiciliary beds
 - Moderate increases in medicine, observation, psych and substance abuse beds
 - Overview on outpatient utilization for two categories (primary care and mental health)
 - Projecting a decrease of about 39,000 clinic stops by 2013 and almost double that by 2023
 - Large increases in the need for psychiatric visits (outpatient visits). Big increase for 2013, and a substantial increase for 2023
 - Overview of specialty outpatient utilization. Only decline is projected to be in non-surgical specialties. Increase in all others except rehab medicine, which was straight lined.
 - Big Spring facility bed projections. Psychiatry and substance abuse beds show increase. Medicine, observation, and surgery show a slight decline.
 - Big Spring primary care and mental health trends. Primary care shows a decline in clinic stops, which mirrors what is happening in the overall Market. Mental health trends look stable.
 - Big Spring outpatient projections. Orthopedics shows the largest increase in workload with cardiology and urology also increasing. Surgery shows a decline for the projection years.
 - Overview of data presentation
 - The data shows opportunities at the market level for domiciliary and inpatient mental health care. The data indicates unmet market needs in outpatient urology, mental health, and orthopedics. Big Spring is projected to need fewer beds in internal medicine and surgery.
- Team PwC Stage I Recap: Margaret Stover, Team PwC
 - Overview of CARES process conducted by Team PwC
 - Project overview and recap of stages
 - Objective to improve or maintain care for veterans in terms of access, quality, and cost effectiveness
 - Project Overview
 - Planning Stage – Develop methodology
 - Stage I – Create Preliminary Business Plan options
 - Stage II - Assessment of Detailed Options and make recommendations
 - Three pieces of the study
 - Healthcare Study
 - Capital Planning Study
 - Re-use Study
 - Four weeks following this meeting, a report will be sent to the Secretary encompassing stakeholder feedback. The Secretary will then narrow down

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- the options (possibly add options). The process is designed so that the public can provide input.
- Secretary's Decision
 - Study closing inpatient care, and moving service to Midland/Odessa
 - Purpose of this meeting
 - Team PwC will review options and the LAP members will ask questions. The LAP may add options and will recommend to the Secretary what options to study further. The Secretary is not required to adhere to the input from the LAP.
- Stakeholder Feedback: Margaret Stover, Team PwC
- Reviewed how stakeholders can provide input (e.g. testimony, website, mailbox).
 - Stakeholders concerns were mostly in the categories of access and keeping the facility open.
 - Responses to the options will be collected within the next 10 days.
- Closure of Questions from First Public Meeting: John Fears, LAP Chair
- For the record, the LAP must answer any questions not answered at the first public meeting. However, no questions went unanswered from that meeting.

Report on Administrative Meeting Procedures:

- Report Out by John Fears, LAP Chair
- Overview of LAP administrative meeting held on Aug 31, 2005.
 - Reviewed roles and procedures of the LAP, answered any questions, and went through any conflicts of interest.
 - Went over public comment process for providing oral testimony, and went over exceptions of public officials for that process.
 - Discussed how LAP will deliberate stakeholder input. Agreed that the LAP Chair will go over each option and all members will discuss the options one at a time.
 - Technical review of the model that produced demand data. Panel felt comfortable with the assumptions that were made in the demand model.
 - Reported on administrative meeting conference call.
 - Team PwC gave the presentation, which will also be given at today's public meeting, and reviewed the study process.

Current State and Initial Business Options Presentation:

- Margaret Stover, Team PwC
- Overview of Big Spring facility and surrounding area
 - Discussed a map of facility and buildings. In total, 13 buildings are located on 31 acres.

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- Buildings are in good condition, and there is no vacant space in buildings, but there are seven acres of vacant land.
- Currently facilities do not meet modern, safe, and secure standards.
- There are radon and asbestos issues.
- Big Spring VAMC is the fourth largest employer in the community.
- Patient wards with few patients and wards with semi-private bathrooms are found on the Big Spring VAMC campus.
- Reviewed Big Spring employment data and educational affiliations.
- Reviewed Big Spring Services overview and community providers information.
- Current Status and Projections
 - Overview of drive time guidelines. The market does not meet drive time guidelines for acute or tertiary care, but the market does meet guideline for primary care.
- Enrollment projections
- Reviewed options development process
- Options not selected for further study
 - Explained which options were not selected for development
 - Explained the reason each option was not selected
 - Explained the different scenarios that could make up an option
- Brief overview of six options, which passed the screening criteria. Noted limited re-use potential (See Table 1).
 - BPO 1: Utilize existing Big Spring VAMC
 - BPO 2: Build a new hospital in Midland/Odessa
 - BPO 3: Utilize local providers for contracting inpatient services close to where the veteran resides
 - BPO 4: Add domiciliary to existing Big Spring campus
 - BPO 5: Add domiciliary and psychiatry to existing Big Spring campus
 - BPO 6: Utilize local hospitals in Big Spring, Midland/Odessa, or both, through a leasing arrangement
- Reviewed each option and its respective assessment criteria

Questions from the LAP to Team PwC on Presentation and Options

- Question – LAP: Can Team PwC go over healthcare access guidelines again?
 - Answer - Team PwC: 70% of veterans should live within a 30 minute drive time to a primary care. For acute care, 65% of veterans should live within a 60 minute drive time. For tertiary care, 65% of veterans should live within a 4 hour drive time.
- Question – LAP: Does the inpatient psychiatry beds data include substance abuse beds?
 - Answer - Team PwC: Yes.

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- Question – LAP: Members of the LAP are concerned about how access is calculated. Could you please review that calculation process?
 - Answer - Team PwC: Access guidelines are defined at the market level for the VA, which is where the threshold criteria is set. Team PwC did look at data at the sector level, which could be composed of multiple counties and is composed of multiple counties. Even while looking at sector level, acute care performance did not improve. The access data is for a large geographic area.
- Question – LAP: Can Team PwC give examples of how surgery will be contracted to the community, and how will this impact access?
 - Answer - Team PwC: Team PwC will get back to the panel at a later time.
- Question – LAP: Part of the overall scope is to maintain or improve access. How is access improved when services are moved way down the road?
 - Answer - Team PwC: The Secretary directed for there to be a study of whether inpatient services should remain in Big Spring or move to Midland/Odessa. Criteria are defined at Market level, and at the Market level there is a net zero change.
- Question – LAP: If a new hospital is built in Midland/Odessa, will Big Spring maintain its acute status?
 - Answer - Team PwC: No, Big Spring VAMC would become a CBOC.
- Question – LAP: The costs associated with some of the options are questionable. Could the LAP see the costs?
 - Answer - Team PwC: At this point, the study is designed is to provide a relative comparative range to compare the options to the baseline. At this point Team PwC does not have numbers to provide. That information will be provided in Stage II. Stage I allows someone to compare an option to the baseline.
- Question – LAP: BPO 6 is leasing all beds and closing the Big Spring campus. What thoughts were given to ophthalmology surgery and arthroscopic procedures in this kind of scenario?
 - Answer - Team PwC: The surgical cases could be performed by veteran medical staff at the local hospital, and the OR room/time could be purchased from the local hospital.
- Question – LAP: What about clinic facilities in the option?
 - Answer - Team PwC: In this option, a CBOC would be renovated in the community, and outpatient services would be provided in an ambulatory facility or a CBOC in the Big Spring area. Team PwC considered whether medical affiliations would continue and did not measure the inconvenience of continuing those affiliations (e.g. residents traveling to multiple locations for their clinical training).

9/14/2005 LAP CHAIR APPROVED

- Question – LAP: Did the analysis get down to the level of how it would affect the residency or accreditation at all?
 - Answer - Team PwC: No, that would be done in Stage II.
- Question – LAP: Is it correct that none of the options consider bringing inpatient surgery service back to a VA setting?
 - Answer - Team PwC: That is correct. From quality standpoint, there is insufficient volume to consider bringing back inpatient surgery service.
- Question – LAP: Is Inpatient surgery completely out?
 - Answer - Team PwC: Inpatient surgery is not in any of the considered options. Again, volume is the significant factor.
 - Follow-up Question – LAP: Is there a way to develop an option to give preference to have surgery provided at a local hospital?
 - Answer – Team PwC: Each of the six options has inpatient surgery as either purchased from the local community or referred to the VAMC. Team PwC will have to get back to the LAP on the difference between purchasing from the local community and referring to the VAMC.
- Question – LAP: BPO 3 is not a new plan. Is there a way to guarantee that services will be purchased from the local community? People cannot afford to go far to another facility, so people are leaving VA healthcare to go somewhere else because the distance is too far.
 - Answer - LAP Chair: That is a question that should be answered, and the point is well taken. VA has several ways to pay for service outside of the hospitals.
 - Millennium Bill of 2000
 - Fee basis program
 - Contract out
- Question – LAP: For BPO2's cost effectiveness, capital costs are slightly higher for Option 2. What does 'slightly higher' mean?
 - Answer – Team PwC: 5%-9% increase over the baseline. Overall cost effectiveness takes into account capital investment, operation costs, cost avoidance, and any potential re-use proceeds. There are five different criteria that go into that figure.
 - Follow-up Question – LAP: If there will be increases in Full Time Employee Equivalent (FTEE) overall, then would that be an increase in costs?
 - Answer – Team PwC: That is what Stage II is all about. Team PwC will take a detailed look at the costs in Stage II.
- Question – LAP: The expanded service at Big Spring VAMC option failed due to quality and volume not meeting the screening criteria. Do you recall what expanded services were being examined?
 - Answer – Team PwC: The addition of inpatient surgery back to that hospital.

- Question – LAP: Are national trends in physician recruitment included in the analysis?
 - Answer – Team PwC: Options were not narrowed because of current trends in physician recruitment. Team PwC did perform interviews with local staff, and any local difficulties in physician recruitment were captured in the pros and cons in the Summary Report Appendix.

- Question – LAP: BPO 4 plans to use five buildings in the area for domiciliary care. Are there any options to include domiciliary care in the community as opposed to on campus?
 - Answer – Team PwC: Consideration was given both to whether a new domiciliary facility should be built on the campus or off site. Since there is available property on the campus, it was felt the better option is to have domiciliary care on campus in renovated facilities.

- Question – LAP: The re-use option drivers should not be included to make a final decision. How does that affect the overall cost effectiveness?
 - Answer – Team PwC: When the re-use options were considered, re-use proceeds for the campus were not taken into account. However, vacating costs were considered.

- Question – LAP: Was there any “soft” analysis on the preference of veterans for VA care or contractor care?
 - Answer – Team PwC: Those types of issues were noted in the Summary Report Appendix as preferences expressed by stakeholders. It was not a part of the criteria like access or cost, but it was noted during the evaluation of each option in the pros and cons of that option.

Questions from the Audience on the Study and Options

LAP Chair asked the audience if there are any specific questions on how the study was conducted or if there were any questions on the options.

- Question #1: According to the numbers, there was a drop in primary care figures in the first few slides. Where were those numbers from?
 - Answer – Team PwC: Data was provided to Team PwC from the VA.
 - Follow-up Question #2: Did the numbers include the 300,000+ military guys that are coming back from Iraq and Iran?
 - Answer – LAP Chair: Yes, it does include those numbers. Although difficult to predict an exact number, the numbers are there. Local Advisory Panel member noted that nationwide 700,000 veterans die every year. Another 295,000 veterans are added every year, with a net loss of approximately 400,000 veterans per year.
 - Follow-up Comment #1: Enrollment numbers are increasing in Dallas.

9/14/2005 LAP CHAIR APPROVED

- Answer – LAP Chair: Cannot compare numbers from Dallas to Big Spring.
- Comment #2: The Disabled American Veterans offer van rides to provide access to VA care. Abilene required more van services than other towns in the region.
 - Answer – LAP Chair: That is what the data presented today has shown. People in Abilene do not have as good of access to care as those in Big Spring. The options the LAP recommends should address this situation.
- Question #3: Why are veterans sent to other areas for care (e.g. Albuquerque)?
 - Answer – LAP Chair: That kind of question will be discussed this afternoon.
- Question #4: Do veterans have to pay transportation costs to travel to another area to get surgery?
 - Answer – LAP Chair: Transportation costs are paid for by the VA as long as the veteran is going to another VA facility or a VA sponsored program/contract.

<10:30AM – Break for Lunch >

After Lunch Introduction: John Fears, Local Advisory Panel Chair

- Mr. Fears gave a brief opening statement, describing the background of the CARES process, the six options, and the role of the panel.

Public Comment Information: Paula Pedene, VISN Public Affairs Officer

- Ms. Pedene described to the public how the Public Comment Period will be conducted, noting that Congressman Neugebauer will present opening comments. This will be followed by other elected officials and the public, each being given three minutes to speak. A lottery system process will be used for selection of the individuals to give public testimony. Other means to provide comment include the comment forms that were distributed, and the CARES website and mailstop. Ms. Pedene thanked several individuals for their assistance in coordinating the public meeting.
- Congressman Neugebauer
 - Happy to be here to help improve West Texas healthcare
 - Focus on enhanced services for the veterans. Stated that the VA should not ask the veterans living in rural areas to commute a long ways for care.
 - If you look at the maps, 60% of veterans are to the east of the region, and 40% to the west. If you move the facility east or west, there will be hardships for veterans.
 - In support of BPO 5.

9/14/2005 LAP CHAIR APPROVED

- 185,000 veterans will come home with PTSD. The young men and woman are experiences tough things. Those veterans need to come back to the care they deserve.
 - BPO 5 provides for additional domiciliary and psychiatric care. BPO 5 can help integrate the returning soldiers from Iraq.
 - Community has a proven track record of supporting the Big Spring facility. Why go somewhere else? The facility is one of the highest rated in the VISN.
 - Have made promises to those fighting for their countries. Cannot afford not to keep the promises to those men and woman.
 - Thanks the audience for coming today. Wants to cast vote for BPO 5.
- Brent Oden from Senator Cornyn's Office
- Read prepared speech from Senator Cornyn
 - Personally dedicated to looking out for veterans
 - Big Spring VAMC provides top quality healthcare and provides a central location to the veterans
 - A decision cannot be made on incomplete or faulty data
- Mayor Charlie Rogers – City of Eden, Texas
- Not from the region, but is here to help neighbors
 - Why fix something that is not broken? Honored to see veteran posts present.
 - Read options that were disturbing (Moving the services to Midland/Odessa or Abilene)
 - Even though from a different county, believes that friends and neighbors should help friends and neighbors.
 - Supports Big Spring and is in favor of BPO 5.
- Mayor J.W. Long - San Angelo, Texas
- Big Spring VAMC has served veterans from San Angelo since the 1950's.
 - San Angelo veterans are very pleased with the care they receive from the Big Spring facility.
 - BPO 2 would move services significantly far away from the veterans .
 - Over 60% of veterans are closer to Big Spring than they are to the Midland/Odessa area.
 - Keep hospital in West Texas, in Big Spring.
 - In support of BPO 5
 - Yields rest of time to Wing Commander, U.S. AirForce
- Wing Commander, Goodfellow Air Force Base, U.S. Air Force
- Resident of San Angelo, Texas
 - Can express sentiments for the majority
 - Has received VA medical care from Big Spring facility
 - Replicating an existing facility will not be cost effective.
 - Any westward movement of Big Spring does not make any sense.
 - Fully in support of BPO 5.

9/14/2005 LAP CHAIR APPROVED

- Big Spring Task Force Proposal: Shelly Smith and Joe Conzien, President of Big Spring Chamber of Commerce
 - Joe Conzien – Proposal for the future of Big Spring VAMC is practical, and moves healthcare in to the 21st century.
 - Shelly Smith – Presents proposal
 - Proposal for future of West Texas VAMC moves veteran healthcare into the 21st century
 - Data shows a significant increase in psychiatric, substance abuse, and domiciliary care.
 - Proposal will show a plan to accommodate the increased need at the veterans' retirement community.
 - Partner with Scenic Mountain Medical Center and Big Spring State Home
 - By year 2013 several services will fall short in bed count.
 - Study of VISN 18 shows evidence of a projected 70% increase in East for inpatient utilization vs. 5% decrease in West section
 - West Texas VAMC has gone through renovations in the past 5 years to make it more attractive for veterans. Recent renovations make the facility a home-like facility for veterans
 - West Texas VAMC would provide full array of services for all veterans needs into one facility
 - Big Spring community chosen as a location for the State Veterans Home due in part to the excellent care provided by the West Texas VAMC.
 - Over 800 individuals are employed in mental health care in the Big Spring area
 - Will see in video that there are many community resources that are in support of the proposal
 - VIDEO presentation, "West Texas VA Medical Center: The Vision for the Future."
 - Facility is easily accessible
 - Network of high quality providers are available to partner with
 - Proposal responds to the needs identified by the VA
 - The Task Force supports BPO 5.
- Senator Kel Seliger, representing Big Spring
 - Represents Big Spring, Midland, Odessa, and 23 other counties in Texas
 - Strategic location of veterans' center is very important. Veterans should not have to travel further than necessary.
 - Supports BPO 5. BPO 5 covers the needs of veterans now and in the future.
- State Representative Pete Laney
 - Supports BPO 5
 - Make sure Team PwC knows that medical care for our veterans is not a profit center

9/14/2005 LAP CHAIR APPROVED

- The hospital is supported not only by the community but by many volunteers.
- This is a healthcare delivery system and not a profit center
- Option 5 is by far the best thing that can be done for the veterans of the state
 - Comment from LAP – Agree with statement that veterans should not have to travel any further than they already do.
 - Comment from LAP Chair – Mr. Fears noted that if a veteran's healthcare need is not service related and they earn more than \$14,000/year, the veterans do not qualify for the 11 cents per mile reimbursement.
- Texas Tech Proposal: Mike George, President and CEO of the Odessa Chamber of Commerce.
 - Supports keeping Big Spring open
 - Odessa supports BPO 5.
 - If the CARES commission decide that services at Big Spring VAMC should be altered, then services should remain in West Texas and be moved to Odessa.
- Bill Finacle, Associate Regional Dean, Texas Tech
 - The proposal calls for Texas Tech Medical School to become a regional referral center for the VA
 - Health Science Center and the Chamber support BPO 5.
- Bill Webster, CEO Odessa Medical Center Hospital
 - In the event that the CARES commission decided to not keep facility in Big Spring, Odessa can provide the services
 - If another option is selected, we stand by ready to assist.
- Scenic Mountain Medical Center Proposal: Brett Kinman, Assistant CEO, Scenic Mountain Medical Center
 - Described background and services offered at Scenic Mountain
 - Has long history of working with West Texas VAMC
 - Scenic Mountain is looking forward to providing additional services to the West Texas VAMC
 - Options are flexible. Could donate an entire unit to the center. Could provide support at the VAMC. Centrally located and transportation lines for the veterans will not need to change.
 - Support of BPO 5.
- LAP Member Reading of Letter from Tom Craddick, Speaker of the House
 - Letter written to Honorable Tom Delay and Congressman Neugebauer
 - Does not want to move VA program to midland/Odessa area.
 - Big Spring is centrally located and much better area to serve the veterans of West Texas.
 - Do not close or even partially shut facility in Big Spring

Open Testimony and Deliberations

- Testimony 1
 - County Judge and supports BPO 5

- Testimony 2
 - Supports BPO 5
 - Why tear down something you do not have to?

- Testimony 3
 - Supports BPO 5
 - Big Spring hospital subcontracts with Big Spring VAMC
 - Veterans deserve their own inpatient psych services in a VA hospital
 - If you want to build a service network where you can find such a compassionate and caring community, you are sitting in that community right now.
 - Find a way to measure how important it is for a veteran to go to a veteran hospital
 - Hopes phase two is not coming up with a name for a new hospital in Midland/Odessa

- Testimony 4
 - Support of BPO 5
 - Sees need to expand services that the VA currently offers
 - Looks at the study as an opportunity to foster growth and optimize services
 - Option 5 meets the needs and demands of veterans
 - Big Spring State Hospital serves as a benchmark to other facilities
 - VA has an opportunity to collaborate with the Big Spring State hospital

- Testimony 5
 - Thanks panel for the opportunity
 - Large portion of data shows that the veterans are best served in Big Spring
 - Concerned about the effect on businesses surrounding VA and the economic impact on local economy
 - In 2004, the VA was the largest employer in Big Spring in terms of payroll.
 - Hospital buys services from 400 local vendors.
 - Independent economic impact study of the VA is enormous.
 - In 2004 alone, the VA had a \$170 million economic impact on West Texas.
 - The VA supports many local businesses.
 - The data, veterans, and community supports BPO 5.

- Testimony 6
 - Support of BPO 5
 - Honor and privilege to serve the country
 - Many of residents are able to live in one of the finest nursing homes in West Texas because of the VA

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- Personally thanks staff at veterans hospital
- Testimony 7 Congressman Neugebauer
 - Asks audience: Everyone in support of BPO 5 to please rise.
 - Almost everyone in the audience stands.
- Testimony 8
 - Real Estate agent in Big Spring
 - Buyers have said they have chosen to live in Big Spring because:
 1. The VA
 2. The small town atmosphere
 3. Cost of housing and food.
 - Would be a disservice to veterans to close the facility
- Testimony 9
 - Has received outstanding care as an inpatient and as an outpatient
 - Has been employed in the Big Spring VA for 15 years
 - Facility has undergone renovations over the years to make Big Spring an excellent hospital
 - Hospital can sustain itself for 30 days without any outside care.
 - Is ludicrous to have any option but BPO 5
- Testimony 10
 - Support BPO 5
 - Facility was constructed in Big Spring over 50 years ago because of its location
 - Convenient location that allows good access to the facility
 - There is no logic in moving services farther away from the center of the majority of the veterans
 - Recommend VA to follow the lead of the State of Texas when they had a study on mental hospitals and decide to expand services not remove
- Testimony 11
 - Living in Big Spring because Big Spring people care about you
 - Big Spring people care about their veterans.
 - Has never seen a town that volunteers like Big Spring
 - Would be a crime to move it
 - In support of BPO 5
- Testimony 12
 - Father was a veteran
 - Died 4 weeks ago
 - He was put on a plane and transported to another facility
 - He had an extra year with him because of the VA
 - He was a farmer, and his life was extended whenever he had health problems.

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- Could count on Big Spring VA for care and treatment
- This is our hometown. How many more gifts of life can the Big Spring VA give to the community?
- Supports BPO 5

- Testimony 13
 - Son will be returning soon. Son is a veteran.
 - Has many friends who have moved to Big Spring because of the VAMC
 - Why would you not want to support BPO 5?

- Testimony 14
 - Support of BPO 5
 - Disabled veteran who is a student at Howard college
 - Came to Big Spring 2.5 years ago for substance abuse program.
 - Big Spring VAMC helped speaker to overcome substance abuse problem
 - Spoke about Big Spring affiliation with Howard College
 - Dream is to work for the VA, hopes that dream comes true in Big Spring

- Testimony 15
 - Retired Sergeant
 - Need VA, and need to support BPO 5
 - If Big Spring closes, a chapter in many of our lives will go with it

- Testimony 16
 - Question for LAP – Cannot find conclusion from the data that justifies or indicates that BPO 2 is cost effective. Is it a mandated option?
 - Answer: LAP Chair - There were no mandated options. The CARES Commission recommended that the beds could be moved to Midland/Odessa as one of the options. There are reasons that each option is there.

- Testimony 17
 - Supports BPO 5
 - First VA experience was in Big Spring
 - VA facility has gone down hill since first experience. Has to go to Dallas to get the needed care.
 - Should not have to drive so far to get the needed care
 - Dallas VAMC is rated the worst in the VA System

- Testimony 18
 - Husband and brother are veterans
 - People come to Big Spring because they know the staff.
 - Need more people like the staff at the Big Spring
 - Support BPO 5

- Testimony 19
 - Worked in Iraq as a combat control psychiatrist

9/14/2005 LAP CHAIR APPROVED

- Supports BPO 5
- Veterans with PTSD will not travel far for services.
- Big Spring is unmatched in its support for veterans.

- Testimony 20
 - Restaurant owner in town
 - Sometimes the government does crazy things that cost too much money
 - Over \$170 million in upgrades to Big Spring VAMC. Why would it make any sense to close the facility after spending all that money?
 - This whole thing is a waste of my money, politics must be an issue
 - Support of BPO 5

- Testimony 21
 - President of Howard College
 - Howard College helps mainstream individuals back in to the community
 - Support of BPO 5
 - Long standing relationship between Howard College and Big Spring VAMC
 - Opportunity to provide veterans that need short term residential care

- Testimony 22
 - We do not have beans to count or fuzzy math. It costs more to relocate and move this facility than it does to renovate and update this facility.
 - Statistics have shown that the movement in the area shows an increase in need for services.
 - Big Spring can provide services to veterans.
 - 60% of veterans reside to the east. Any movement to the west is a disservice to the veterans.
 - A failure to recommend the continuation and enhancement of Big Spring services would be a disservice to the veterans.

- Testimony 23
 - Big Spring resident
 - Supports BPO 5 and will submit report to the panel
 - Big Spring considers all ethnic groups as equal
 - Big Spring has always valued its state hospital

- Testimony 24
 - Former VA employee in charge of transportation
 - Many volunteers help move veterans that need to go to appointments in other areas
 - Would be a crime to close the hospital
 - Number two hospital in all of Texas in terms of transportation

- Testimony 25
 - Navy veteran and member of Chamber task force
 - Many years of construction experience

9/14/2005 LAP CHAIR APPROVED

- The Big Spring building is feasible to rearrange and adjust
- Government can not afford to duplicate the building. It is made of concrete. Will be there another 100 years. They use steel today.
- Testimony 26
 - Teacher at Howard College and widow of a veteran
 - Came to Big Spring when brother relocated to serve as Chief of Voluntary Services at Big Spring VAMC.
 - Husband had visited many hospitals before his death and chose to come to Big Spring. The facility saved her husband's life twice.
 - Have structurally sound facility, have land for improvement, and have a basis for a wonderful psychiatric unit. Let's use those and enhance services
- Testimony 27
 - Speaking on behalf of Big Spring State Hospital
 - In support of BPO 5
 - State Hospital has provided care to over 300 veterans.
 - Option 5 is an opportunity to have Big Spring State Hospital work with VAMC for psychiatric services and others.
- Testimony 28
 - Navy veteran who served in Iran/Iraq war for eight years
 - Used Big Spring VAMC in 2000 and travels from Odessa to Big Spring for care
 - Supports BPO 5
 - Does not like stakeholders' response to BPO 2.
 - Believes in sharing
 - If VA has to close, do not shoot down the idea to share with Midland/Odessa
- Testimony 29
 - Workforce manager, Big Spring
 - Support of BPO 5
 - Can assist with supporting any increased workforce needs that may result from BPO 5
- Testimony 30
 - Provost from Southwest Collegiate Institute for the Deaf
 - Supports BPO 5
 - Provides students with numerous support services
 - Works with VAMC with hearing aid devices and services
 - Can provide excellent services to those veterans needed audio logical rehabilitation services.

Local Advisory Panel Deliberations, Discussions, and Recommendations

- LAP Chair

9/14/2005 LAP CHAIR APPROVED

- Thanks to audience for comments (approx 75-80 people did not get a chance to comment)
- Go to VA website www.va.gov/cares to submit comments

<15 Minute Break>

➤ BPO 1

- Overview of the baseline option
- Option would be viable and is preferred over Options 2, 3 and 6
- Intangible benefits including community support
- Buildings are suited to be changed if necessary
- Panel Comments on BPO 1
 - Meets status quo enhanced. Cannot reconcile the option with the data presented. Problem is that it does not address domiciliary, psychiatric, or substance abuse
 - This is not an option on the table that really enhances access
 - Would like to see panel recommend an option to the Secretary that enhances access to acute and tertiary care

➤ BPO 2

- Overview of BPO 2
- Concerns over the option. No one has spoken in favor of the option
- Does not make sense to move hospital to the midland/Odessa area
- Concerns over the cost of the option
- Panel strongly opposes BPO 2
- Panel Comments on BPO 2:
 - Makes no sense based on data or location. Makes no sense to move facility. Big Spring people think that the hospital is moving and that it is a political decision.
 - Educational aspects of the option: Texas Tech has an affiliation with the VAMC. Even from an educational perspective, option two does not make any sense.
 - Concern over veterans that live to the east. Moving acute care to Midland/Odessa would not increase access. In fact, it would have the opposite effect. Veterans can simply not drive that far.
 - LAP Chair wants to look at access from Big Spring and not as a whole market for West Texas and New Mexico.
 - Not in support of BPO 2.
 - Decreasing access in BPO 2 would decrease the amount of care, which would result in less care given and projections will decrease even further.

- Question – LAP: Want to make sure it is known that the stakeholders have a concern over BPO 2 and strongly reject BPO 2. How can the LAP be sure this option will not be shown again.

9/14/2005 LAP CHAIR APPROVED

- Answer – Team PwC: LAP has the option to send their own report to the Secretary noting their preferences and concerns.
- Follow-up Question – LAP: Can the panel prevent an option from being studied further?
- Answer – Team PwC: The LAP cannot prevent an option from moving forward, but it can recommend that it not be considered further. The Secretary is the only one that can recommend which options are going to be studied further.

➤ BPO 3

- Overview of the option
- Stakeholder comments speak in favor of this option
- Scenic Mountain Medical Center can offer a significant number of primary and specialty services
- Does not support domiciliary services
- Panel Comments on BPO 3:
 - Reject option because it does not address Domiciliary needs
 - LAP Chair: This option does offer much better access.
 - Question – LAP Members: Purchasing services can be very costly. Is there a mechanism that can help control that cost?
 - Answer – Team PwC: Details about cost analysis will be done in Stage II. Can not answer that question now.
 - Comment – LAP Chair: Hard to handle with something like this option. The care can turn into an HMO type of care and can be more expensive.
 - Comment – LAP Members: This is a viable option, but does not bring anything new to the table, this options makes sense as a combination with another option. Could recommend the option with strong conditions.
 - Question – LAP Member: What are Centers of Excellence?
 - Answer – LAP Chair: Centers of excellence have high level tertiary care, have high level research, and provide outstanding care.
 - Question – LAP Member: Five is a widely popular option within the local advisory panel, can it be modified?
 - Answer – LAP Chair: The LAP's objective is to go though each option and provide recommendations on each. Job is to go through the process.
 - LAP does not recommend BPO 3, but it does improve access. There are certain elements of this option that if added to another option could be good. Does not recommend the option as a stand-alone option.

➤ BPO 4

- Overview of the option
- Good option but does not go far enough
- Panel Comments on BPO 4:
 - Recommend option but does not go far enough

- BPO 5
 - Overview of the option
 - Panel Comments on BPO 5:
 - Strongly recommend
 - Will strengthen program and services
 - Elements to purchase out services that are provided locally should be added to this option to increase access.
 - Veterans refuse or cannot make the trip to a farther away VAMC

- BPO 6
 - Overview of the option
 - Panel Comments on BPO 6:
 - Loses continuity of care
 - Tremendous negative economic impact on Big Spring community
 - Model could be duplicated. It is a doable/achievable model.
 - Does not do anything for domiciliary
 - No place to call home for the veterans
 - Educational perspective: Could impact residency accreditations.
 - Overall could not support the option.

- BPO 7 or “Five plus”
 - Scope of services of Big Spring has been reduced in the past years. Need to recommend as the top choice BPO 7 or “Five plus”, which would take elements of BPO 5 with some of BPO 3.
 - BPO 7 or “Five plus” would include all components of BPO 5 with the addition of improving access to MEDICINE inpatient care services in remote areas (like Abilene) by using contracts.
 - Top choice is BPO 7 or “Five plus”
 - Second top choice is BPO 5

- LAP Chair
 - Rank/order of options from the panel (most acceptable to the least acceptable):
 - Option 7 or Option “Five plus (new option)
 - Option 5
 - Option 4
 - Option 1
 - Option 3 rejects as stand alone option – would like to incorporate with Option 5 to form Option “Five plus”
 - Option 6 rejects
 - Option 2 rejects (absolutely rejected)

End of public meeting

9/14/2005 LAP CHAIR APPROVED

- LAP Chair: Review of next steps, next meeting will be in a few months
- Will have more info , including cost data, for the public and the panel during the next meeting
- The meeting was adjourned at 5:45 p.m.