



VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix I

Section 203 Criteria Analysis – VISN 06

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Market VISN 06 Northeast

VA's recommendation for the VISN 06 Northeast is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

Access: Consistent

The access domain consists of six sub-criteria.

- **Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.
Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.
- **Sub-criterion 6** requires that the recommendation for VISN 06 Northeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Northeast passed all sub-criteria and is consistent with the Section 203 Access criterion.

For sub-criteria 1-5, results are generated by service line at various levels of aggregation. The following services are measured by comparing the percentage of enrollees within VA drive time standards to HPIDN providers in the current and future state by service line.

- **Inpatient:** Inpatient medicine/surgery (IP Med/Surg), inpatient mental health (IP MH), and inpatient community living centers (IP CLC)
- **Outpatient:** Outpatient primary care (OP PC), outpatient mental health (OP MH), outpatient emergency department / urgent care (OP ED/UC), outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation

To pass, a market must maintain or improve the percentage of enrollees within VA drive time standards in the future state as shown below:

TABLE 1 – VISN 06 NORTHEAST: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	194,326 (99.7%)	194,326 (99.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	20,922 (99.9%)	20,922 (99.9%)	Pass
IP Med/Surg	Women Enrollees	30,977 (99.9%)	30,977 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	76,779 (99.8%)	76,779 (99.8%)	Pass
IP Med/Surg	Minority Enrollees	77,391 (100%)	77,391 (100%)	Pass
IP Med/Surg	65+ Enrollees	65,873 (99.6%)	65,873 (99.6%)	Pass
IP Med/Surg	Rural Enrollees	46,405 (99%)	46,405 (99%)	Pass
IP CLC	All Enrollees	191,811 (98.5%)	192,808 (99%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	20,645 (98.5%)	20,872 (99.6%)	Pass
IP CLC	Women Enrollees	30,740 (99.1%)	30,824 (99.4%)	Pass
IP CLC	High Service Disability Rating Enrollees	75,968 (98.8%)	76,268 (99.2%)	Pass
IP CLC	Minority Enrollees	77,005 (99.5%)	77,226 (99.8%)	Pass
IP CLC	65+ Enrollees	64,589 (97.6%)	65,140 (98.5%)	Pass
IP CLC	Rural Enrollees	44,330 (94.6%)	45,293 (96.7%)	Pass
IP MH	All Enrollees	194,326 (99.7%)	194,326 (99.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	20,922 (99.9%)	20,922 (99.9%)	Pass
IP MH	Women Enrollees	30,977 (99.9%)	30,977 (99.9%)	Pass
IP MH	High Service Disability Rating Enrollees	76,779 (99.8%)	76,779 (99.8%)	Pass
IP MH	Minority Enrollees	77,391 (100%)	77,391 (100%)	Pass
IP MH	65+ Enrollees	65,873 (99.6%)	65,873 (99.6%)	Pass
IP MH	Rural Enrollees	46,405 (99%)	46,405 (99%)	Pass
OP ED/UC	All Enrollees	194,300 (99.7%)	194,308 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	20,909 (99.8%)	20,913 (99.8%)	Pass
OP ED/UC	Women Enrollees	30,975 (99.9%)	30,976 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	76,776 (99.8%)	76,777 (99.8%)	Pass
OP ED/UC	Minority Enrollees	77,388 (100%)	77,388 (100%)	Pass
OP ED/UC	65+ Enrollees	65,858 (99.6%)	65,862 (99.6%)	Pass
OP ED/UC	Rural Enrollees	46,380 (99%)	46,380 (99%)	Pass
OP MH	All Enrollees	192,978 (99.1%)	193,145 (99.1%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	20,657 (98.6%)	20,669 (98.7%)	Pass
OP MH	Women Enrollees	30,865 (99.5%)	30,882 (99.6%)	Pass
OP MH	High Service Disability Rating Enrollees	76,369 (99.3%)	76,420 (99.4%)	Pass
OP MH	Minority Enrollees	77,059 (99.5%)	77,128 (99.6%)	Pass
OP MH	65+ Enrollees	65,096 (98.4%)	65,180 (98.5%)	Pass
OP MH	Rural Enrollees	45,073 (96.2%)	45,240 (96.5%)	Pass
OP PC	All Enrollees	193,994 (99.6%)	194,277 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	20,783 (99.2%)	20,871 (99.6%)	Pass
OP PC	Women Enrollees	30,939 (99.7%)	30,966 (99.8%)	Pass
OP PC	High Service Disability Rating Enrollees	76,646 (99.7%)	76,720 (99.8%)	Pass
OP PC	Minority Enrollees	77,266 (99.8%)	77,351 (99.9%)	Pass
OP PC	65+ Enrollees	65,685 (99.3%)	65,838 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	46,086 (98.4%)	46,369 (99%)	Pass
OP Surgery Capability	All Enrollees	194,338 (99.8%)	194,350 (99.8%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	20,906 (99.8%)	20,909 (99.8%)	Pass
OP Surgery Capability	Women Enrollees	30,981 (99.9%)	30,983 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	76,788 (99.8%)	76,793 (99.8%)	Pass
OP Surgery Capability	Minority Enrollees	77,391 (100%)	77,391 (100%)	Pass
OP Surgery Capability	65+ Enrollees	65,878 (99.6%)	65,883 (99.6%)	Pass
OP Surgery Capability	Rural Enrollees	46,411 (99%)	46,423 (99.1%)	Pass
OP Medical Specialist	All Enrollees	194,403 (99.8%)	194,408 (99.8%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	20,924 (99.9%)	20,928 (99.9%)	Pass
OP Medical Specialist	Women Enrollees	30,988 (99.9%)	30,988 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	76,806 (99.9%)	76,806 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	77,397 (100%)	77,397 (100%)	Pass
OP Medical Specialist	65+ Enrollees	65,909 (99.6%)	65,913 (99.6%)	Pass
OP Medical Specialist	Rural Enrollees	46,457 (99.1%)	46,457 (99.1%)	Pass
OP Rehabilitation	All Enrollees	194,494 (99.8%)	194,494 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	20,915 (99.8%)	20,915 (99.8%)	Pass
OP Rehabilitation	Women Enrollees	30,989 (99.9%)	30,989 (99.9%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	76,829 (99.9%)	76,829 (99.9%)	Pass
OP Rehabilitation	Minority Enrollees	77,396 (100%)	77,396 (100%)	Pass
OP Rehabilitation	65+ Enrollees	65,966 (99.7%)	65,966 (99.7%)	Pass
OP Rehabilitation	Rural Enrollees	46,573 (99.4%)	46,573 (99.4%)	Pass
OP Surgical Specialist	All Enrollees	194,338 (99.8%)	194,350 (99.8%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	20,906 (99.8%)	20,909 (99.8%)	Pass
OP Surgical Specialist	Women Enrollees	30,981 (99.9%)	30,983 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	76,788 (99.8%)	76,793 (99.8%)	Pass
OP Surgical Specialist	Minority Enrollees	77,391 (100%)	77,391 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	65,878 (99.6%)	65,883 (99.6%)	Pass
OP Surgical Specialist	Rural Enrollees	46,411 (99%)	46,423 (99.1%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 06 Northeast market is part of VISN 06, which has the following results:

TABLE 2 – VISN 06 NORTHEAST: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

VISN	Service	Exists in VISN Current State?	Exists in VISN Future State?	Pass / Fail
06	IP BR	FALSE	FALSE	Pass
06	IP RRTP	TRUE	TRUE	Pass
06	IP SCID	TRUE	TRUE	Pass

Demand: Consistent

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market's capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 06 Northeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Northeast passed all sub-criteria and is consistent with the Section 203 Demand criterion.

For sub-criteria 1-2, results are generated by service line at various levels of aggregation. There are three groups of services: (1) inpatient services provided by VA and community providers, (2) inpatient services primarily provided by VA, and (3) outpatient services provided by VA and community providers. Results for each group are shown in the sections below.

Inpatient Services Provided by VA and Community Providers:

IP MH, IP Med/Surg, and IP CLC are measured at the market level. A market passes if HPIDN capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds.

TABLE 3 – VISN 06 NORTHEAST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	160	77	1,166	1,243	1,083	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	63	54	57	111	48	Pass
IP CLC	Bed Shortage / Surplus (Market level)	384	186	774	960	576	Pass

Inpatient Services Primarily Provided by VA:

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN's capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 06 Northeast is part of VISN 06, which has the following results:

TABLE 4 – VISN 06 NORTHEAST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	336	356	20	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	98	100	2	Pass

Outpatient Services Provided by VA and Community Providers:

OP PC, OP MH, OP ED/UC, outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation are measured at the market level. To pass, a market's HPIDN capacity must meet or exceed projected Veteran demand. Demand for outpatient services is measured

in Global Relative Value Units (GRVU) for the VA and Relative Value Units (RVU) for the community, translated into the number of clinicians required.

Note: Shortage and surplus values in Table 5 are rounded to the nearest whole number.

TABLE 5 – VISN 06 NORTHEAST: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	1.5	2.0	1.8	3.8	2.0	Pass
Amb Medical: Cardiology (Service)	8.1	15.0	10.6	25.7	18.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	8.1	19.1	6.5	25.7	18.0	Pass
Amb Medical: Dermatology (Service)	8.9	8.5	7.9	16.4	8.0	Pass
Amb Medical: Emergency Medicine (Service)	27.5	23.8	25.2	49.0	21.0	Pass
Amb Medical: Endocrinology (Service)	5.5	9.3	3.3	12.6	7.0	Pass
Amb Medical: Gastroenterology (Service)	10.4	15.7	6.2	21.8	11.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	8.7	19.2	6.5	25.7	17.0	Pass
Amb Medical: Infectious Diseases (Service)	2.4	7.2	2.7	9.9	8.0	Pass
Amb Medical: Nephrology (Service)	9.7	10.8	4.4	15.2	5.0	Pass
Amb Medical: Neurology (Service)	12.7	22.4	7.7	30.1	17.0	Pass
Amb Medical: Optometry (Service)	14.3	25.9	8.5	34.3	20.0	Pass
Amb Medical: Pain Medicine (Service)	2.3	5.5	2.6	8.1	6.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	16.9	42.5	4.2	46.7	30.0	Pass
Amb Medical: Rheumatology (Service)	2.5	9.2	2.4	11.6	9.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.9	1.1	2.6	3.8	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	4.2	3.8	12.7	16.5	12.0	Pass
Amb Surgical: Ophthalmology (Service)	13.8	13.4	6.9	20.3	7.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	7.5	6.6	8.9	15.5	8.0	Pass
Amb Surgical: Otolaryngology (Service)	4.9	6.1	3.8	9.9	5.0	Pass
Amb Surgical: Plastic Surgery (Service)	2.0	4.9	1.6	6.6	5.0	Pass
Amb Surgical: Podiatry (Service)	15.1	20.3	5.4	25.7	11.0	Pass
Amb Surgical: Surgery (Service)	6.0	19.7	21.7	41.4	35.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.3	4.0	0.9	4.9	5.0	Pass
Amb Surgical: Urology (Service)	6.3	9.8	4.9	14.7	8.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.9	2.7	2.0	4.7	3.0	Pass
Dental	0.0	0.0	1.8	1.8	2.0	Pass
MH	176.8	269.2	69.8	339.0	162.0	Pass
PC	148.8	243.4	183.1	426.5	278.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 06 Northeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Northeast passed all sub-criteria and is consistent with the Section 203 Quality criterion.

Quality Sub-criteria 1-2

For sub-criteria 1-2, the measures by service line are shown in the table below. The rationales for the quality criteria are outlined in the Section 203 methodology documentation.

TABLE 6 – VISN 06 NORTHEAST: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

Service Line	Analysis Level	Measure	Pass / Fail
IP Med	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, Joint Commission (TJC) accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP Surg	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, TJC accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP MH	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals with psychiatric beds which achieve a 3-star plus Hospital Compare rating and TJC accreditation, as well as freestanding psychiatric facilities which achieve TJC accreditation? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
IP CLC	Market	Meets future Veteran access and demand through VA CLCs, VCCP skilled nursing facilities (SNF), and potential future VCCP SNFs which achieve a Nursing Home Compare 3-star-plus overall rating or 2-star-plus overall rating with 4-star-plus quality rating? (Yes/No)	Pass
IP RRTP	VISN	Meets future Veteran access and demand through VA RRTPs? (Yes/No)	Pass
IP Blind Rehab	VISN / Blind Rehabilitation Region	Meets future Veteran access and demand through VA Blind Rehab Centers? (Yes/No)	Pass
IP SCI/D	VISN	Meets future Veteran access and demand through VA SCI/D Centers? (Yes/No)	Pass
PC	Market	Meets future Veteran access and demand through VA PC providers, VCCP PC Providers, and potential future VCCP PC providers who participate in the Centers for Medicare & Medicaid Services' Merit-based Incentive Payment System (MIPS)*? (Yes/No)	Pass
MH	Market	Meets future Veteran access and demand through VA MH providers, VCCP MH Providers, and potential future VCCP MH providers who participate in MIPS*? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
ED/UC	Market	Meets future Veteran access and demand through VA, VCCP ED/UCs, and potential future VCCP ED/UC providers who participate in MIPS*? (Yes/No)	Pass
OP Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Med	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Rehab	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass

*Note: MIPS participation only applied when a specialty has significant participation (1,000 or more providers). Nurse Practitioners/Physician Assistants included regardless of MIPS participation.

Quality Sub-criterion 3:

This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass, the recommendation must meet one of the following tests:

- Maintain or create partnerships with Academic Affiliates and/or other high-quality community providers when available
- Modernize facilities to include state-of-the-art equipment.

TABLE 7 – VISN 06 NORTHEAST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation’s ability to maintain or enhance VA’s second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 06 Northeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Education (sub-criteria 1 and 2): A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA’s ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 06 maintained or enhanced VA’s ability to execute the training mission in the VISN.

Research (sub-criteria 1 and 3): For each category of research existing in the current state, a qualitative analysis was used to determine if the VA Recommendations maintained or enhanced each of those programs.

TABLE 8 – VISN 06 NORTHEAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V06) (652) Richmond	\$7,440,129.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V06) (590) Hampton	\$300,805.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass

Emergency Preparedness (sub-criteria 1 and 4): Given potential shifts in future Department of Defense (DoD) Military Treatment Facility capabilities and the need for flexibility in emergency response efforts, VA determined that it is critical to ensure that VAMCs designated as Primary Receiving Centers (PRC) continue to exist in markets where they currently exist. VA will seek guidance from DoD to operationalize any strategy impacting PRC designation (e.g., establishing new PRC designations, transferring designations).

TABLE 9 – VISN 06 NORTHEAST: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V06) (652) Richmond	(V06) (652) Richmond	Pass

Cost-effectiveness: Consistent

The Cost-effectiveness domain consists of three sub-criteria.

Sub-criteria 1-3: These sub-criteria measure the cost-effectiveness of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass, the VA Recommendation Cost Benefit Index (CBI) must be lower than the Status Quo CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.

TABLE 10 – VISN 06 NORTHEAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
4.98	2.40	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- **Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.
- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 06 Northeast incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 06 NORTHEAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (652) Richmond	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	42,615.0	Pass
VAMC	(V06) (652) Richmond	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	42,615.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (652) Richmond	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	42,615.0	Pass
VAMC	(V06) (652) Richmond	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	86.3	Pass
VAMC	(V06) (652) Richmond	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	42,615.0	Pass
VAMC	(V06) (XXX) Norfolk/Tidewa ter	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	84,261.0	Pass
VAMC	(V06) (XXX) Norfolk/Tidewa ter	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	84,261.0	Pass
VAMC	(V06) (XXX) Norfolk/Tidewa ter	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	86.3	Pass
VAMC	(V06) (XXX) Newport News	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	84,853.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (XXX) Newport News	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	86.3	Pass
HCC	(V06) (XXX) Fredericksburg	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	57,567.0	Pass
MS CBOC	(V06) (652GE) Charlottesville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	16,319.0	Pass
MS CBOC	(V06) (XXX) Petersburg	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	40,310.0	Pass
CBOC	(V06) (590GB) Virginia Beach	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	50,505.0	Pass
CBOC	(V06) (590GC) Albemarle- Elizabeth City	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,758.0	Pass
CBOC	(V06) (652GF) Emporia	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,848.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V06) (XXX) Mechanicsville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	19,752.0	Pass
CBOC	(V06) (XXX) Chesterfield	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	28,418.0	Pass

Note: New facilities which serve as replacements of existing facilities inherit the original locations' demand performance values. These are identified in the table with a tag of '[Relocated Data]'. OOS facilities, partnerships, and facilities with planned activation dates after 8/1/2020 are excluded from the results table.

Sustainability Sub-criterion 2: This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. To pass, the total cost (present value) of the VA Recommendation must not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below.

TABLE 12 – VISN 06 NORTHEAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$36,521M	\$36,056M	3.65	2.40	Yes	Yes	Pass

Sustainability Sub-criterion 3: This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:

- Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
- Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)

TABLE 13 – VISN 06 NORTHEAST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Global Trends: Consistent

Five of the six domains require the recommendation to incorporate trends in the evolution of U.S. health care. Due to the unique needs and circumstances of each market, it may not be relevant or possible for a market to incorporate a trend from each domain. As a result, the Section 203 evaluation requires a recommendation to incorporate one of the trends from the five domains. The sub-criteria from each domain requiring trends are listed below:

- Access: Sub-criterion 6
- Demand: Sub-criterion 3
- Quality: Sub-criterion 4
- Mission: Sub-criterion 5
- Sustainability: Sub-criterion 4

To pass, a recommendation must incorporate at least one trend from the Global Trends. Results for this market are shown in the table below:

TABLE 14 – VISN 06 NORTHEAST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass
Forms partnerships/alliances to improve quality and coordination of care. (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass
Creates/maintains/expands partnerships (local/State/Federal) to expand research mission (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass

Market VISN 06 Southwest

VA's recommendation for the VISN 06 Southwest is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

Access: Consistent

The access domain consists of six sub-criteria.

- Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.
Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.
- Sub-criterion 6** requires that the recommendation for VISN 06 Southwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Southwest passed all sub-criteria and is consistent with the Section 203 Access criterion.

For sub-criteria 1-5, results are generated by service line at various levels of aggregation. The following services are measured by comparing the percentage of enrollees within VA drive time standards to HPIDN providers in the current and future state by service line.

- Inpatient: Inpatient medicine/surgery (IP Med/Surg), inpatient mental health (IP MH), and inpatient community living centers (IP CLC)
- Outpatient: Outpatient primary care (OP PC), outpatient mental health (OP MH), outpatient emergency department / urgent care (OP ED/UC), outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation

To pass, a market must maintain or improve the percentage of enrollees within VA drive time standards in the future state as shown below:

TABLE 1 – VISN 06 SOUTHWEST: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	148,319 (100%)	148,342 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	50,200 (100%)	50,200 (100%)	Pass
IP Med/Surg	Women Enrollees	12,525 (100%)	12,526 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	40,837 (100%)	40,842 (100%)	Pass
IP Med/Surg	Minority Enrollees	33,060 (100%)	33,061 (100%)	Pass
IP Med/Surg	65+ Enrollees	77,827 (100%)	77,840 (100%)	Pass
IP Med/Surg	Rural Enrollees	51,053 (99.9%)	51,077 (100%)	Pass
IP CLC	All Enrollees	148,173 (99.9%)	148,284 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	50,176 (99.9%)	50,188 (100%)	Pass
IP CLC	Women Enrollees	12,512 (99.9%)	12,520 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	40,792 (99.9%)	40,826 (100%)	Pass
IP CLC	Minority Enrollees	33,052 (100%)	33,059 (100%)	Pass
IP CLC	65+ Enrollees	77,744 (99.9%)	77,805 (99.9%)	Pass
IP CLC	Rural Enrollees	50,907 (99.6%)	51,018 (99.9%)	Pass
IP MH	All Enrollees	148,319 (100%)	148,342 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	50,200 (100%)	50,200 (100%)	Pass
IP MH	Women Enrollees	12,525 (100%)	12,526 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	40,837 (100%)	40,842 (100%)	Pass
IP MH	Minority Enrollees	33,060 (100%)	33,061 (100%)	Pass
IP MH	65+ Enrollees	77,827 (100%)	77,840 (100%)	Pass
IP MH	Rural Enrollees	51,053 (99.9%)	51,077 (100%)	Pass
OP ED/UC	All Enrollees	148,325 (100%)	148,343 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	50,200 (100%)	50,200 (100%)	Pass
OP ED/UC	Women Enrollees	12,525 (100%)	12,526 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	40,835 (100%)	40,842 (100%)	Pass
OP ED/UC	Minority Enrollees	33,060 (100%)	33,061 (100%)	Pass
OP ED/UC	65+ Enrollees	77,830 (100%)	77,841 (100%)	Pass
OP ED/UC	Rural Enrollees	51,059 (99.9%)	51,078 (100%)	Pass
OP MH	All Enrollees	147,450 (99.4%)	147,474 (99.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	49,949 (99.5%)	49,954 (99.5%)	Pass
OP MH	Women Enrollees	12,476 (99.6%)	12,476 (99.6%)	Pass
OP MH	High Service Disability Rating Enrollees	40,611 (99.4%)	40,622 (99.5%)	Pass
OP MH	Minority Enrollees	33,029 (99.9%)	33,029 (99.9%)	Pass
OP MH	65+ Enrollees	77,211 (99.2%)	77,226 (99.2%)	Pass
OP MH	Rural Enrollees	50,188 (98.2%)	50,212 (98.3%)	Pass
OP PC	All Enrollees	147,807 (99.6%)	147,932 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	50,026 (99.6%)	50,057 (99.7%)	Pass
OP PC	Women Enrollees	12,488 (99.7%)	12,501 (99.8%)	Pass
OP PC	High Service Disability Rating Enrollees	40,713 (99.7%)	40,742 (99.7%)	Pass
OP PC	Minority Enrollees	33,034 (99.9%)	33,039 (99.9%)	Pass
OP PC	65+ Enrollees	77,472 (99.5%)	77,560 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	50,550 (98.9%)	50,667 (99.2%)	Pass
OP Surgery Capability	All Enrollees	148,350 (100%)	148,350 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	50,200 (100%)	50,200 (100%)	Pass
OP Surgery Capability	Women Enrollees	12,526 (100%)	12,526 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	40,846 (100%)	40,846 (100%)	Pass
OP Surgery Capability	Minority Enrollees	33,061 (100%)	33,061 (100%)	Pass
OP Surgery Capability	65+ Enrollees	77,845 (100%)	77,846 (100%)	Pass
OP Surgery Capability	Rural Enrollees	51,084 (100%)	51,085 (100%)	Pass
OP Medical Specialist	All Enrollees	148,353 (100%)	148,353 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	50,203 (100%)	50,203 (100%)	Pass
OP Medical Specialist	Women Enrollees	12,526 (100%)	12,526 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	40,846 (100%)	40,846 (100%)	Pass
OP Medical Specialist	Minority Enrollees	33,061 (100%)	33,061 (100%)	Pass
OP Medical Specialist	65+ Enrollees	77,849 (100%)	77,849 (100%)	Pass
OP Medical Specialist	Rural Enrollees	51,087 (100%)	51,087 (100%)	Pass
OP Rehabilitation	All Enrollees	148,352 (100%)	148,352 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	50,202 (100%)	50,202 (100%)	Pass
OP Rehabilitation	Women Enrollees	12,526 (100%)	12,526 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	40,846 (100%)	40,846 (100%)	Pass
OP Rehabilitation	Minority Enrollees	33,061 (100%)	33,061 (100%)	Pass
OP Rehabilitation	65+ Enrollees	77,848 (100%)	77,848 (100%)	Pass
OP Rehabilitation	Rural Enrollees	51,086 (100%)	51,086 (100%)	Pass
OP Surgical Specialist	All Enrollees	148,350 (100%)	148,350 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	50,200 (100%)	50,200 (100%)	Pass
OP Surgical Specialist	Women Enrollees	12,526 (100%)	12,526 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	40,846 (100%)	40,846 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	33,061 (100%)	33,061 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	77,845 (100%)	77,846 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	51,084 (100%)	51,085 (100%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 06 Southwest market is part of VISN 06, which has the following results:

TABLE 2 – VISN 06 SOUTHWEST: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

VISN	Service	Exists in VISN Current State?	Exists in VISN Future State?	Pass / Fail
06	IP BR	FALSE	FALSE	Pass
06	IP RRTP	TRUE	TRUE	Pass
06	IP SCID	TRUE	TRUE	Pass

Demand: Consistent

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market's capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 06 Southwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Southwest passed all sub-criteria and is consistent with the Section 203 Demand criterion.

For sub-criteria 1-2, results are generated by service line at various levels of aggregation. There are three groups of services: (1) inpatient services provided by VA and community providers, (2) inpatient services primarily provided by VA, and (3) outpatient services provided by VA and community providers. Results for each group are shown in the sections below.

Inpatient Services Provided by VA and Community Providers:

IP MH, IP Med/Surg, and IP CLC are measured at the market level. A market passes if HPIDN capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds.

TABLE 3 – VISN 06 SOUTHWEST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	170	87	1,516	1,603	1,433	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	62	56	173	229	167	Pass
IP CLC	Bed Shortage / Surplus (Market level)	406	180	1,465	1,645	1,239	Pass

Inpatient Services Primarily Provided by VA:

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN’s capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 06 Southwest is part of VISN 06, which has the following results:

TABLE 4 – VISN 06 SOUTHWEST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	336	356	20	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	98	100	2	Pass

Outpatient Services Provided by VA and Community Providers:

OP PC, OP MH, OP ED/UC, outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation are measured at the market level. To pass, a market’s HPIDN capacity must meet or exceed projected Veteran demand. Demand for outpatient services is measured

in Global Relative Value Units (GRVU) for the VA and Relative Value Units (RVU) for the community, translated into the number of clinicians required.

Note: Shortage and surplus values in Table 5 are rounded to the nearest whole number.

TABLE 5 – VISN 06 SOUTHWEST: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	3.2	3.5	1.8	5.2	2.0	Pass
Amb Medical: Cardiology (Service)	10.1	11.5	13.1	24.6	15.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	10.8	14.1	8.5	22.6	12.0	Pass
Amb Medical: Dermatology (Service)	10.0	5.1	11.4	16.5	7.0	Pass
Amb Medical: Emergency Medicine (Service)	22.3	13.8	37.9	51.7	29.0	Pass
Amb Medical: Endocrinology (Service)	4.9	7.2	2.9	10.2	5.0	Pass
Amb Medical: Gastroenterology (Service)	12.1	12.4	6.8	19.2	7.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	12.6	14.5	8.1	22.6	10.0	Pass
Amb Medical: Infectious Diseases (Service)	2.6	5.0	2.4	7.3	5.0	Pass
Amb Medical: Nephrology (Service)	8.4	7.9	3.4	11.4	3.0	Pass
Amb Medical: Neurology (Service)	10.7	14.0	9.3	23.3	13.0	Pass
Amb Medical: Optometry (Service)	32.2	36.3	13.3	49.6	17.0	Pass
Amb Medical: Pain Medicine (Service)	1.5	2.0	2.6	4.7	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	15.5	22.9	4.6	27.5	12.0	Pass
Amb Medical: Rheumatology (Service)	2.6	5.1	2.4	7.5	5.0	Pass
Amb Surgical: Neurological Surgery (Service)	2.9	0.7	2.3	3.0	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	2.7	2.6	22.0	24.6	22.0	Pass
Amb Surgical: Ophthalmology (Service)	18.9	15.8	8.1	23.9	5.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	11.9	7.1	13.3	20.4	9.0	Pass
Amb Surgical: Otolaryngology (Service)	5.2	4.8	5.3	10.1	5.0	Pass
Amb Surgical: Plastic Surgery (Service)	3.0	3.0	1.8	4.8	2.0	Pass
Amb Surgical: Podiatry (Service)	11.9	13.1	4.8	17.9	6.0	Pass
Amb Surgical: Surgery (Service)	8.4	11.4	39.6	51.0	43.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	1.8	0.9	2.7	2.0	Pass
Amb Surgical: Urology (Service)	9.9	9.8	6.4	16.2	6.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.5	2.3	1.6	3.9	2.0	Pass
Dental	0.0	0.0	2.4	2.4	2.0	Pass
MH	150.1	181.9	80.3	262.2	112.0	Pass
PC	149.0	164.5	251.9	416.3	267.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 06 Southwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Southwest passed all sub-criteria and is consistent with the Section 203 Quality criterion.

Quality Sub-criteria 1-2

For sub-criteria 1-2, the measures by service line are shown in the table below. The rationales for the quality criteria are outlined in the Section 203 methodology documentation.

TABLE 6 – VISN 06 SOUTHWEST: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

Service Line	Analysis Level	Measure	Pass / Fail
IP Med	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, Joint Commission (TJC) accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP Surg	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, TJC accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP MH	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals with psychiatric beds which achieve a 3-star plus Hospital Compare rating and TJC accreditation, as well as freestanding psychiatric facilities which achieve TJC accreditation? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
IP CLC	Market	Meets future Veteran access and demand through VA CLCs, VCCP skilled nursing facilities (SNF), and potential future VCCP SNFs which achieve a Nursing Home Compare 3-star-plus overall rating or 2-star-plus overall rating with 4-star-plus quality rating? (Yes/No)	Pass
IP RRTP	VISN	Meets future Veteran access and demand through VA RRTPs? (Yes/No)	Pass
IP Blind Rehab	VISN / Blind Rehabilitation Region	Meets future Veteran access and demand through VA Blind Rehab Centers? (Yes/No)	Pass
IP SCI/D	VISN	Meets future Veteran access and demand through VA SCI/D Centers? (Yes/No)	Pass
PC	Market	Meets future Veteran access and demand through VA PC providers, VCCP PC Providers, and potential future VCCP PC providers who participate in the Centers for Medicare & Medicaid Services' Merit-based Incentive Payment System (MIPS)*? (Yes/No)	Pass
MH	Market	Meets future Veteran access and demand through VA MH providers, VCCP MH Providers, and potential future VCCP MH providers who participate in MIPS*? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
ED/UC	Market	Meets future Veteran access and demand through VA, VCCP ED/UCs, and potential future VCCP ED/UC providers who participate in MIPS*? (Yes/No)	Pass
OP Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Med	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Rehab	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass

*Note: MIPS participation only applied when a specialty has significant participation (1,000 or more providers). Nurse Practitioners/Physician Assistants included regardless of MIPS participation.

Quality Sub-criterion 3:

This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass, the recommendation must meet one of the following tests:

- Maintain or create partnerships with Academic Affiliates and/or other high-quality community providers when available
- Modernize facilities to include state-of-the-art equipment.

TABLE 7 – VISN 06 SOUTHWEST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation’s ability to maintain or enhance VA’s second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 06 Southwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Education (sub-criteria 1 and 2): A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA’s ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 06 maintained or enhanced VA’s ability to execute the training mission in the VISN.

Research (sub-criteria 1 and 3): For each category of research existing in the current state, a qualitative analysis was used to determine if the VA Recommendations maintained or enhanced each of those programs.

TABLE 8 – VISN 06 SOUTHWEST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V06) (659) Salisbury	\$1,459,144.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V06) (637) Asheville	\$310,536.00	Research Maintained at Site	Pass

Emergency Preparedness (sub-criteria 1 and 4): Given potential shifts in future Department of Defense (DoD) Military Treatment Facility capabilities and the need for flexibility in emergency response efforts, VA determined that it is critical to ensure that VAMCs designated as Primary Receiving Centers (PRC) continue to exist in markets where they currently exist. VA will seek guidance from DoD to operationalize any strategy impacting PRC designation (e.g., establishing new PRC designations, transferring designations).

TABLE 9 – VISN 06 SOUTHWEST: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
No PRC VAMC in Market	No PRC VAMC in Market	Pass

Cost-effectiveness: Consistent

The Cost-effectiveness domain consists of three sub-criteria.

Sub-criteria 1-3: These sub-criteria measure the cost-effectiveness of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass, the VA Recommendation Cost Benefit Index (CBI) must be lower than the Status Quo CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.

TABLE 10 – VISN 06 SOUTHWEST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
4.37	2.26	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- **Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the

Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.

- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 06 Southwest incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 06 SOUTHWEST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (659) Salisbury	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	70,071.0	Pass
VAMC	(V06) (659) Salisbury	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	70,071.0	Pass
VAMC	(V06) (659) Salisbury	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	82.8	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (637) Asheville	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	25,080.0	Pass
VAMC	(V06) (637) Asheville	IP Med	Facility Meets or Exceeds Target of 20 Average Daily Census	25.3	Pass
VAMC	(V06) (637) Asheville	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	15.4	Pass
VAMC	(V06) (637) Asheville	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	82.8	Pass
VAMC	(V06) (637) Asheville	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	4,214.0	Pass
HCC	(V06) (659BY) Kernersville	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	51,409.0	Pass
HCC	(V06) (659BZ) South Charlotte	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	68,846.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V06) (659GA) North Charlotte	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	67,509.0	Pass
MS CBOC	(V06) (637GC) Hickory	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	40,892.0	Pass
CBOC	(V06) (637GB) Rutherford County-Rutherfordton	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,671.0	Pass
CBOC	(V06) (637GA) Franklin	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	4,286.0	Pass
CBOC	(V06) (XXX) Lenoir	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,779.0	Pass

Note: New facilities which serve as replacements of existing facilities inherit the original locations' demand performance values. These are identified in the table with a tag of '[Relocated Data]'. OOS facilities, partnerships, and facilities with planned activation dates after 8/1/2020 are excluded from the results table.

Sustainability Sub-criterion 2: This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. To pass, the total cost (present value) of the VA Recommendation must not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below.

TABLE 12 – VISN 06 SOUTHWEST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$31,901M	\$31,666M	3.19	2.26	Yes	Yes	Pass

Sustainability Sub-criterion 3: This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:

- Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
- Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)

TABLE 13 – VISN 06 SOUTHWEST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Global Trends: Consistent

Five of the six domains require the recommendation to incorporate trends in the evolution of U.S. health care. Due to the unique needs and circumstances of each market, it may not be relevant or possible for a market to incorporate a trend from each domain. As a result, the Section 203 evaluation requires a recommendation to incorporate one of the trends from the five domains. The sub-criteria from each domain requiring trends are listed below:

- Access: Sub-criterion 6
- Demand: Sub-criterion 3
- Quality: Sub-criterion 4
- Mission: Sub-criterion 5
- Sustainability: Sub-criterion 4

To pass, a recommendation must incorporate at least one trend from the Global Trends. Results for this market are shown in the table below:

TABLE 14 – VISN 06 SOUTHWEST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass
Forms partnerships/alliances to improve quality and coordination of care. (Yes/No)	Yes	Pass
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Creates/maintains/expands partnerships (local/State/Federal) to expand research mission (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass

Market VISN 06 Northwest

VA's recommendation for the VISN 06 Northwest is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

Access: Consistent

The access domain consists of six sub-criteria.

- Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.
Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.
- Sub-criterion 6** requires that the recommendation for VISN 06 Northwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Northwest passed all sub-criteria and is consistent with the Section 203 Access criterion.

For sub-criteria 1-5, results are generated by service line at various levels of aggregation. The following services are measured by comparing the percentage of enrollees within VA drive time standards to HPIDN providers in the current and future state by service line.

- Inpatient: Inpatient medicine/surgery (IP Med/Surg), inpatient mental health (IP MH), and inpatient community living centers (IP CLC)
- Outpatient: Outpatient primary care (OP PC), outpatient mental health (OP MH), outpatient emergency department / urgent care (OP ED/UC), outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation

To pass, a market must maintain or improve the percentage of enrollees within VA drive time standards in the future state as shown below:

TABLE 1 – VISN 06 NORTHWEST: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	39,956 (99.9%)	39,956 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	15,685 (99.9%)	15,685 (99.9%)	Pass
IP Med/Surg	Women Enrollees	2,734 (100%)	2,734 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	8,914 (100%)	8,914 (100%)	Pass
IP Med/Surg	Minority Enrollees	5,507 (100%)	5,507 (100%)	Pass
IP Med/Surg	65+ Enrollees	22,713 (99.9%)	22,713 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	24,973 (99.9%)	24,973 (99.9%)	Pass
IP CLC	All Enrollees	38,744 (96.9%)	39,822 (99.6%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	15,393 (98%)	15,680 (99.9%)	Pass
IP CLC	Women Enrollees	2,664 (97.4%)	2,721 (99.5%)	Pass
IP CLC	High Service Disability Rating Enrollees	8,644 (96.9%)	8,887 (99.7%)	Pass
IP CLC	Minority Enrollees	5,443 (98.8%)	5,503 (99.9%)	Pass
IP CLC	65+ Enrollees	22,007 (96.8%)	22,654 (99.7%)	Pass
IP CLC	Rural Enrollees	23,847 (95.4%)	24,840 (99.4%)	Pass
IP MH	All Enrollees	39,956 (99.9%)	39,956 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	15,685 (99.9%)	15,685 (99.9%)	Pass
IP MH	Women Enrollees	2,734 (100%)	2,734 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	8,914 (100%)	8,914 (100%)	Pass
IP MH	Minority Enrollees	5,507 (100%)	5,507 (100%)	Pass
IP MH	65+ Enrollees	22,713 (99.9%)	22,713 (99.9%)	Pass
IP MH	Rural Enrollees	24,973 (99.9%)	24,973 (99.9%)	Pass
OP ED/UC	All Enrollees	39,919 (99.9%)	39,935 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	15,676 (99.8%)	15,683 (99.9%)	Pass
OP ED/UC	Women Enrollees	2,730 (99.8%)	2,732 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	8,906 (99.9%)	8,909 (99.9%)	Pass
OP ED/UC	Minority Enrollees	5,507 (100%)	5,507 (100%)	Pass
OP ED/UC	65+ Enrollees	22,686 (99.8%)	22,695 (99.8%)	Pass
OP ED/UC	Rural Enrollees	24,936 (99.8%)	24,952 (99.8%)	Pass
OP MH	All Enrollees	38,536 (96.4%)	38,538 (96.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	15,224 (97%)	15,224 (97%)	Pass
OP MH	Women Enrollees	2,653 (97%)	2,654 (97.1%)	Pass
OP MH	High Service Disability Rating Enrollees	8,575 (96.2%)	8,576 (96.2%)	Pass
OP MH	Minority Enrollees	5,373 (97.6%)	5,373 (97.6%)	Pass
OP MH	65+ Enrollees	21,807 (95.9%)	21,807 (95.9%)	Pass
OP MH	Rural Enrollees	23,560 (94.3%)	23,562 (94.3%)	Pass
OP PC	All Enrollees	39,398 (98.6%)	39,638 (99.2%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	15,550 (99%)	15,606 (99.4%)	Pass
OP PC	Women Enrollees	2,698 (98.7%)	2,712 (99.2%)	Pass
OP PC	High Service Disability Rating Enrollees	8,801 (98.7%)	8,849 (99.2%)	Pass
OP PC	Minority Enrollees	5,468 (99.3%)	5,494 (99.8%)	Pass
OP PC	65+ Enrollees	22,372 (98.4%)	22,511 (99%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	24,415 (97.7%)	24,654 (98.6%)	Pass
OP Surgery Capability	All Enrollees	39,906 (99.8%)	39,943 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	15,691 (99.9%)	15,691 (99.9%)	Pass
OP Surgery Capability	Women Enrollees	2,731 (99.9%)	2,732 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	8,907 (99.9%)	8,911 (99.9%)	Pass
OP Surgery Capability	Minority Enrollees	5,506 (100%)	5,507 (100%)	Pass
OP Surgery Capability	65+ Enrollees	22,682 (99.8%)	22,703 (99.9%)	Pass
OP Surgery Capability	Rural Enrollees	24,923 (99.7%)	24,960 (99.9%)	Pass
OP Medical Specialist	All Enrollees	39,947 (99.9%)	39,947 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	15,694 (100%)	15,694 (100%)	Pass
OP Medical Specialist	Women Enrollees	2,732 (99.9%)	2,732 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	8,910 (99.9%)	8,910 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	5,507 (100%)	5,507 (100%)	Pass
OP Medical Specialist	65+ Enrollees	22,705 (99.9%)	22,705 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	24,963 (99.9%)	24,963 (99.9%)	Pass
OP Rehabilitation	All Enrollees	39,976 (100%)	39,976 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	15,702 (100%)	15,702 (100%)	Pass
OP Rehabilitation	Women Enrollees	2,734 (100%)	2,734 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	8,917 (100%)	8,917 (100%)	Pass
OP Rehabilitation	Minority Enrollees	5,507 (100%)	5,507 (100%)	Pass
OP Rehabilitation	65+ Enrollees	22,730 (100%)	22,730 (100%)	Pass
OP Rehabilitation	Rural Enrollees	24,993 (100%)	24,993 (100%)	Pass
OP Surgical Specialist	All Enrollees	39,906 (99.8%)	39,943 (99.9%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	15,691 (99.9%)	15,691 (99.9%)	Pass
OP Surgical Specialist	Women Enrollees	2,731 (99.9%)	2,732 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	8,907 (99.9%)	8,911 (99.9%)	Pass
OP Surgical Specialist	Minority Enrollees	5,506 (100%)	5,507 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	22,682 (99.8%)	22,703 (99.9%)	Pass
OP Surgical Specialist	Rural Enrollees	24,923 (99.7%)	24,960 (99.9%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 06 Northwest market is part of VISN 06, which has the following results:

TABLE 2 – VISN 06 NORTHWEST: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

VISN	Service	Exists in VISN Current State?	Exists in VISN Future State?	Pass / Fail
06	IP BR	FALSE	FALSE	Pass
06	IP RRTP	TRUE	TRUE	Pass
06	IP SCID	TRUE	TRUE	Pass

Demand: Consistent

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market's capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 06 Northwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Northwest passed all sub-criteria and is consistent with the Section 203 Demand criterion.

For sub-criteria 1-2, results are generated by service line at various levels of aggregation. There are three groups of services: (1) inpatient services provided by VA and community providers, (2) inpatient services primarily provided by VA, and (3) outpatient services provided by VA and community providers. Results for each group are shown in the sections below.

Inpatient Services Provided by VA and Community Providers:

IP MH, IP Med/Surg, and IP CLC are measured at the market level. A market passes if HPIDN capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds.

TABLE 3 – VISN 06 NORTHWEST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	71	56	681	737	666	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	23	16	31	47	24	Pass
IP CLC	Bed Shortage / Surplus (Market level)	68	48	185	233	165	Pass

Inpatient Services Primarily Provided by VA:

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN's capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 06 Northwest is part of VISN 06, which has the following results:

TABLE 4 – VISN 06 NORTHWEST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	336	356	20	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	98	100	2	Pass

Outpatient Services Provided by VA and Community Providers:

OP PC, OP MH, OP ED/UC, outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation are measured at the market level. To pass, a market's HPIDN capacity must meet or exceed projected Veteran demand. Demand for outpatient services is measured

in Global Relative Value Units (GRVU) for the VA and Relative Value Units (RVU) for the community, translated into the number of clinicians required.

Note: Shortage and surplus values in Table 5 are rounded to the nearest whole number.

TABLE 5 – VISN 06 NORTHWEST: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.4	0.0	0.5	0.5	0.0	Pass
Amb Medical: Cardiology (Service)	2.7	5.1	3.5	8.5	6.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	4.1	8.2	1.7	9.9	6.0	Pass
Amb Medical: Dermatology (Service)	1.4	1.7	1.9	3.6	2.0	Pass
Amb Medical: Emergency Medicine (Service)	8.4	7.5	10.3	17.8	9.0	Pass
Amb Medical: Endocrinology (Service)	1.0	2.6	0.5	3.1	2.0	Pass
Amb Medical: Gastroenterology (Service)	3.8	2.7	1.5	4.1	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.8	7.6	1.6	9.2	6.0	Pass
Amb Medical: Infectious Diseases (Service)	0.3	4.2	0.6	4.8	4.0	Pass
Amb Medical: Nephrology (Service)	2.2	2.6	0.9	3.5	1.0	Pass
Amb Medical: Neurology (Service)	2.7	4.9	1.7	6.6	4.0	Pass
Amb Medical: Optometry (Service)	8.8	11.4	3.5	15.0	6.0	Pass
Amb Medical: Pain Medicine (Service)	2.2	4.0	0.7	4.7	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.0	14.3	1.1	15.4	12.0	Pass
Amb Medical: Rheumatology (Service)	0.6	3.9	0.4	4.2	4.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.8	0.8	0.7	1.5	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.9	2.6	4.1	6.7	6.0	Pass
Amb Surgical: Ophthalmology (Service)	7.7	5.7	1.9	7.7	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.5	2.3	2.6	4.9	2.0	Pass
Amb Surgical: Otolaryngology (Service)	1.0	1.8	1.0	2.8	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.2	1.4	0.3	1.7	0.0	Pass
Amb Surgical: Podiatry (Service)	4.5	7.6	1.4	9.0	5.0	Pass
Amb Surgical: Surgery (Service)	2.3	6.4	8.9	15.3	13.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	0.9	0.2	1.1	1.0	Pass
Amb Surgical: Urology (Service)	2.9	4.5	1.2	5.7	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.4	1.5	0.5	2.0	2.0	Pass
Dental	0.0	0.0	0.8	0.8	1.0	Pass
MH	58.5	116.2	19.1	135.3	77.0	Pass
PC	48.1	99.2	61.2	160.5	112.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 06 Northwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Northwest passed all sub-criteria and is consistent with the Section 203 Quality criterion.

Quality Sub-criteria 1-2

For sub-criteria 1-2, the measures by service line are shown in the table below. The rationales for the quality criteria are outlined in the Section 203 methodology documentation.

TABLE 6 – VISN 06 NORTHWEST: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

Service Line	Analysis Level	Measure	Pass / Fail
IP Med	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, Joint Commission (TJC) accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP Surg	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, TJC accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP MH	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals with psychiatric beds which achieve a 3-star plus Hospital Compare rating and TJC accreditation, as well as freestanding psychiatric facilities which achieve TJC accreditation? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
IP CLC	Market	Meets future Veteran access and demand through VA CLCs, VCCP skilled nursing facilities (SNF), and potential future VCCP SNFs which achieve a Nursing Home Compare 3-star-plus overall rating or 2-star-plus overall rating with 4-star-plus quality rating? (Yes/No)	Pass
IP RRTP	VISN	Meets future Veteran access and demand through VA RRTPs? (Yes/No)	Pass
IP Blind Rehab	VISN / Blind Rehabilitation Region	Meets future Veteran access and demand through VA Blind Rehab Centers? (Yes/No)	Pass
IP SCI/D	VISN	Meets future Veteran access and demand through VA SCI/D Centers? (Yes/No)	Pass
PC	Market	Meets future Veteran access and demand through VA PC providers, VCCP PC Providers, and potential future VCCP PC providers who participate in the Centers for Medicare & Medicaid Services' Merit-based Incentive Payment System (MIPS)*? (Yes/No)	Pass
MH	Market	Meets future Veteran access and demand through VA MH providers, VCCP MH Providers, and potential future VCCP MH providers who participate in MIPS*? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
ED/UC	Market	Meets future Veteran access and demand through VA, VCCP ED/UCs, and potential future VCCP ED/UC providers who participate in MIPS*? (Yes/No)	Pass
OP Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Med	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Rehab	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass

*Note: MIPS participation only applied when a specialty has significant participation (1,000 or more providers). Nurse Practitioners/Physician Assistants included regardless of MIPS participation.

Quality Sub-criterion 3:

This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass, the recommendation must meet one of the following tests:

- Maintain or create partnerships with Academic Affiliates and/or other high-quality community providers when available
- Modernize facilities to include state-of-the-art equipment.

TABLE 7 – VISN 06 NORTHWEST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation’s ability to maintain or enhance VA’s second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 06 Northwest incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Education (sub-criteria 1 and 2): A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA’s ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 06 maintained or enhanced VA’s ability to execute the training mission in the VISN.

Research (sub-criteria 1 and 3): For each category of research existing in the current state, a qualitative analysis was used to determine if the VA Recommendations maintained or enhanced each of those programs.

TABLE 8 – VISN 06 NORTHWEST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V06) (658) Salem	\$1,465,821.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass

Emergency Preparedness (sub-criteria 1 and 4): Given potential shifts in future Department of Defense (DoD) Military Treatment Facility capabilities and the need for flexibility in emergency response efforts, VA determined that it is critical to ensure that VAMCs designated as Primary Receiving Centers (PRC) continue to exist in markets where they currently exist. VA will seek guidance from DoD to operationalize any strategy impacting PRC designation (e.g., establishing new PRC designations, transferring designations).

TABLE 9 – VISN 06 NORTHWEST: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
No PRC VAMC in Market	No PRC VAMC in Market	Pass

Cost-effectiveness: Consistent

The Cost-effectiveness domain consists of three sub-criteria.

Sub-criteria 1-3: These sub-criteria measure the cost-effectiveness of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass, the VA Recommendation Cost Benefit Index (CBI) must be lower than the Status Quo CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.

TABLE 10 – VISN 06 NORTHWEST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.04	0.59	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.
- Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 06 Northwest incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 06 NORTHWEST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (XXX) Roanoke	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V06) (XXX) Roanoke	IP CLC	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (XXX) Roanoke	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	20.0	Pass
MS CBOC	(V06) (658GE) Wytheville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	13,917.0	Pass
CBOC	(V06) (658GD) Staunton	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,042.0	Pass
CBOC	(V06) (658GC) Lynchburg	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,272.0	Pass
CBOC	(V06) (658GA) Tazewell	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	4,602.0	Pass
CBOC	(V06) (XXX) Bedford	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,824.0	Pass

Note: New facilities which serve as replacements of existing facilities inherit the original locations' demand performance values. These are identified in the table with a tag of '[Relocated Data]'. OOS facilities, partnerships, and facilities with planned activation dates after 8/1/2020 are excluded from the results table.

Sustainability Sub-criterion 2: This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. To pass, the total cost (present value) of the VA Recommendation must not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below.

TABLE 12 – VISN 06 NORTHWEST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$10,358M	\$8,826M	0.94	0.59	Yes	Yes	Pass

Sustainability Sub-criterion 3: This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:

- Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
- Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)

TABLE 13 – VISN 06 NORTHWEST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Global Trends: Consistent

Five of the six domains require the recommendation to incorporate trends in the evolution of U.S. health care. Due to the unique needs and circumstances of each market, it may not be relevant or possible for a market to incorporate a trend from each domain. As a result, the Section 203 evaluation requires a recommendation to incorporate one of the trends from the five domains. The sub-criteria from each domain requiring trends are listed below:

- Access: Sub-criterion 6
- Demand: Sub-criterion 3
- Quality: Sub-criterion 4
- Mission: Sub-criterion 5
- Sustainability: Sub-criterion 4

To pass, a recommendation must incorporate at least one trend from the Global Trends. Results for this market are shown in the table below:

TABLE 14 – VISN 06 NORTHWEST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass
Forms partnerships/alliances to improve quality and coordination of care. (Yes/No)	Yes	Pass
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass
Creates/maintains/expands partnerships (local/State/Federal) to expand research mission (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass

Market VISN 06 Southeast

VA's recommendation for the VISN 06 Southeast is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

Access: Consistent

The access domain consists of six sub-criteria.

- **Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.
Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.
- **Sub-criterion 6** requires that the recommendation for VISN 06 Southeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Southeast passed all sub-criteria and is consistent with the Section 203 Access criterion.

For sub-criteria 1-5, results are generated by service line at various levels of aggregation. The following services are measured by comparing the percentage of enrollees within VA drive time standards to HPIDN providers in the current and future state by service line.

- **Inpatient:** Inpatient medicine/surgery (IP Med/Surg), inpatient mental health (IP MH), and inpatient community living centers (IP CLC)
- **Outpatient:** Outpatient primary care (OP PC), outpatient mental health (OP MH), outpatient emergency department / urgent care (OP ED/UC), outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation

To pass, a market must maintain or improve the percentage of enrollees within VA drive time standards in the future state as shown below:

TABLE 1 – VISN 06 SOUTHEAST: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	229,345 (99.7%)	229,348 (99.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	84,524 (99.9%)	84,524 (99.9%)	Pass
IP Med/Surg	Women Enrollees	30,079 (99.7%)	30,079 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	101,290 (99.7%)	101,290 (99.7%)	Pass
IP Med/Surg	Minority Enrollees	81,493 (99.9%)	81,493 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	87,187 (99.7%)	87,188 (99.7%)	Pass
IP Med/Surg	Rural Enrollees	102,815 (99.4%)	102,815 (99.4%)	Pass
IP CLC	All Enrollees	228,083 (99.2%)	228,645 (99.4%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	84,462 (99.8%)	84,492 (99.9%)	Pass
IP CLC	Women Enrollees	29,935 (99.3%)	29,998 (99.5%)	Pass
IP CLC	High Service Disability Rating Enrollees	100,529 (99%)	100,868 (99.3%)	Pass
IP CLC	Minority Enrollees	81,386 (99.7%)	81,450 (99.8%)	Pass
IP CLC	65+ Enrollees	86,898 (99.4%)	87,053 (99.5%)	Pass
IP CLC	Rural Enrollees	101,568 (98.2%)	102,130 (98.8%)	Pass
IP MH	All Enrollees	229,345 (99.7%)	229,348 (99.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	84,524 (99.9%)	84,524 (99.9%)	Pass
IP MH	Women Enrollees	30,079 (99.7%)	30,079 (99.7%)	Pass
IP MH	High Service Disability Rating Enrollees	101,290 (99.7%)	101,290 (99.7%)	Pass
IP MH	Minority Enrollees	81,493 (99.9%)	81,493 (99.9%)	Pass
IP MH	65+ Enrollees	87,187 (99.7%)	87,188 (99.7%)	Pass
IP MH	Rural Enrollees	102,815 (99.4%)	102,815 (99.4%)	Pass
OP ED/UC	All Enrollees	229,359 (99.7%)	229,359 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	84,513 (99.9%)	84,513 (99.9%)	Pass
OP ED/UC	Women Enrollees	30,080 (99.7%)	30,080 (99.7%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	101,296 (99.8%)	101,296 (99.8%)	Pass
OP ED/UC	Minority Enrollees	81,486 (99.9%)	81,486 (99.9%)	Pass
OP ED/UC	65+ Enrollees	87,196 (99.7%)	87,196 (99.7%)	Pass
OP ED/UC	Rural Enrollees	102,829 (99.4%)	102,829 (99.4%)	Pass
OP MH	All Enrollees	228,556 (99.4%)	228,567 (99.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	84,128 (99.4%)	84,135 (99.4%)	Pass
OP MH	Women Enrollees	30,038 (99.6%)	30,034 (99.6%)	Pass
OP MH	High Service Disability Rating Enrollees	101,018 (99.5%)	101,012 (99.5%)	Pass
OP MH	Minority Enrollees	81,338 (99.7%)	81,329 (99.7%)	Pass
OP MH	65+ Enrollees	86,646 (99.1%)	86,663 (99.1%)	Pass
OP MH	Rural Enrollees	102,052 (98.7%)	102,063 (98.7%)	Pass
OP PC	All Enrollees	229,169 (99.7%)	229,201 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	84,469 (99.8%)	84,484 (99.9%)	Pass
OP PC	Women Enrollees	30,069 (99.7%)	30,072 (99.7%)	Pass
OP PC	High Service Disability Rating Enrollees	101,207 (99.7%)	101,223 (99.7%)	Pass
OP PC	Minority Enrollees	81,463 (99.8%)	81,472 (99.9%)	Pass
OP PC	65+ Enrollees	87,083 (99.6%)	87,105 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	102,723 (99.3%)	102,755 (99.4%)	Pass
OP Surgery Capability	All Enrollees	229,363 (99.7%)	229,363 (99.7%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	84,515 (99.9%)	84,515 (99.9%)	Pass
OP Surgery Capability	Women Enrollees	30,082 (99.7%)	30,082 (99.7%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	101,296 (99.8%)	101,296 (99.8%)	Pass
OP Surgery Capability	Minority Enrollees	81,486 (99.9%)	81,486 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	87,197 (99.7%)	87,197 (99.7%)	Pass
OP Surgery Capability	Rural Enrollees	102,831 (99.4%)	102,831 (99.4%)	Pass
OP Medical Specialist	All Enrollees	229,683 (99.9%)	229,683 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	84,561 (99.9%)	84,561 (99.9%)	Pass
OP Medical Specialist	Women Enrollees	30,121 (99.9%)	30,121 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	101,430 (99.9%)	101,430 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	81,550 (99.9%)	81,550 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	87,337 (99.9%)	87,337 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	103,149 (99.7%)	103,149 (99.7%)	Pass
OP Rehabilitation	All Enrollees	229,713 (99.9%)	229,713 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	84,572 (100%)	84,572 (100%)	Pass
OP Rehabilitation	Women Enrollees	30,126 (99.9%)	30,126 (99.9%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	101,439 (99.9%)	101,439 (99.9%)	Pass
OP Rehabilitation	Minority Enrollees	81,557 (100%)	81,557 (100%)	Pass
OP Rehabilitation	65+ Enrollees	87,353 (99.9%)	87,353 (99.9%)	Pass
OP Rehabilitation	Rural Enrollees	103,179 (99.8%)	103,179 (99.8%)	Pass
OP Surgical Specialist	All Enrollees	229,375 (99.7%)	229,474 (99.8%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	84,515 (99.9%)	84,515 (99.9%)	Pass
OP Surgical Specialist	Women Enrollees	30,082 (99.7%)	30,094 (99.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	101,300 (99.8%)	101,356 (99.8%)	Pass
OP Surgical Specialist	Minority Enrollees	81,486 (99.9%)	81,500 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	87,205 (99.7%)	87,241 (99.8%)	Pass
OP Surgical Specialist	Rural Enrollees	102,841 (99.4%)	102,940 (99.5%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 06 Southeast market is part of VISN 06, which has the following results:

TABLE 2 – VISN 06 SOUTHEAST: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

VISN	Service	Exists in VISN Current State?	Exists in VISN Future State?	Pass / Fail
06	IP BR	FALSE	FALSE	Pass
06	IP RRTP	TRUE	TRUE	Pass
06	IP SCID	TRUE	TRUE	Pass

Demand: Consistent

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market's capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 06 Southeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Southeast passed all sub-criteria and is consistent with the Section 203 Demand criterion.

For sub-criteria 1-2, results are generated by service line at various levels of aggregation. There are three groups of services: (1) inpatient services provided by VA and community providers, (2) inpatient services primarily provided by VA, and (3) outpatient services provided by VA and community providers. Results for each group are shown in the sections below.

Inpatient Services Provided by VA and Community Providers:

IP MH, IP Med/Surg, and IP CLC are measured at the market level. A market passes if HPIDN capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds.

TABLE 3 – VISN 06 SOUTHEAST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	219	128	1,308	1,436	1,217	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	79	55	95	150	71	Pass
IP CLC	Bed Shortage / Surplus (Market level)	377	128	1,229	1,357	980	Pass

Inpatient Services Primarily Provided by VA:

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN's capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 06 Southeast is part of VISN 06, which has the following results:

TABLE 4 – VISN 06 SOUTHEAST: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	336	356	20	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	98	100	2	Pass

Outpatient Services Provided by VA and Community Providers:

OP PC, OP MH, OP ED/UC, outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation are measured at the market level. To pass, a market's HPIDN capacity must meet or exceed projected Veteran demand. Demand for outpatient services is measured

in Global Relative Value Units (GRVU) for the VA and Relative Value Units (RVU) for the community, translated into the number of clinicians required.

Note: Shortage and surplus values in Table 5 are rounded to the nearest whole number.

TABLE 5 – VISN 06 SOUTHEAST: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	2.1	4.6	1.2	5.8	4.0	Pass
Amb Medical: Cardiology (Service)	10.4	14.0	14.2	28.2	18.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	11.2	19.6	7.6	27.3	16.0	Pass
Amb Medical: Dermatology (Service)	12.4	9.0	11.1	20.1	8.0	Pass
Amb Medical: Emergency Medicine (Service)	35.1	21.2	34.9	56.1	21.0	Pass
Amb Medical: Endocrinology (Service)	7.7	13.2	3.6	16.9	9.0	Pass
Amb Medical: Gastroenterology (Service)	16.6	17.2	7.3	24.5	8.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	10.1	16.7	9.2	25.9	16.0	Pass
Amb Medical: Infectious Diseases (Service)	2.5	6.1	3.3	9.4	7.0	Pass
Amb Medical: Nephrology (Service)	12.7	10.1	5.0	15.1	2.0	Pass
Amb Medical: Neurology (Service)	14.2	17.9	7.6	25.6	11.0	Pass
Amb Medical: Optometry (Service)	26.1	27.3	15.6	42.9	17.0	Pass
Amb Medical: Pain Medicine (Service)	3.5	4.4	2.6	6.9	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	21.2	41.2	4.1	45.2	24.0	Pass
Amb Medical: Rheumatology (Service)	2.1	7.1	2.5	9.6	7.0	Pass
Amb Surgical: Neurological Surgery (Service)	3.2	1.1	2.5	3.6	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	3.7	4.0	19.9	23.9	20.0	Pass
Amb Surgical: Ophthalmology (Service)	24.3	18.5	8.6	27.1	3.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	10.4	6.2	10.0	16.2	6.0	Pass
Amb Surgical: Otolaryngology (Service)	5.4	6.5	6.4	12.8	7.0	Pass
Amb Surgical: Plastic Surgery (Service)	2.1	4.1	1.3	5.4	3.0	Pass
Amb Surgical: Podiatry (Service)	13.8	15.8	4.5	20.3	7.0	Pass
Amb Surgical: Surgery (Service)	8.0	17.6	38.0	55.6	48.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.4	2.0	1.2	3.2	3.0	Pass
Amb Surgical: Urology (Service)	9.0	10.0	6.6	16.6	8.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.1	5.4	1.6	7.0	6.0	Pass
Dental	0.0	0.0	1.9	1.9	2.0	Pass
MH	223.8	249.0	92.6	341.6	118.0	Pass
PC	206.2	252.4	220.6	473.0	267.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 06 Southeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 06 Southeast passed all sub-criteria and is consistent with the Section 203 Quality criterion.

Quality Sub-criteria 1-2

For sub-criteria 1-2, the measures by service line are shown in the table below. The rationales for the quality criteria are outlined in the Section 203 methodology documentation.

TABLE 6 – VISN 06 SOUTHEAST: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

Service Line	Analysis Level	Measure	Pass / Fail
IP Med	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, Joint Commission (TJC) accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP Surg	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, TJC accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP MH	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals with psychiatric beds which achieve a 3-star plus Hospital Compare rating and TJC accreditation, as well as freestanding psychiatric facilities which achieve TJC accreditation? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
IP CLC	Market	Meets future Veteran access and demand through VA CLCs, VCCP skilled nursing facilities (SNF), and potential future VCCP SNFs which achieve a Nursing Home Compare 3-star-plus overall rating or 2-star-plus overall rating with 4-star-plus quality rating? (Yes/No)	Pass
IP RRTP	VISN	Meets future Veteran access and demand through VA RRTPs? (Yes/No)	Pass
IP Blind Rehab	VISN / Blind Rehabilitation Region	Meets future Veteran access and demand through VA Blind Rehab Centers? (Yes/No)	Pass
IP SCI/D	VISN	Meets future Veteran access and demand through VA SCI/D Centers? (Yes/No)	Pass
PC	Market	Meets future Veteran access and demand through VA PC providers, VCCP PC Providers, and potential future VCCP PC providers who participate in the Centers for Medicare & Medicaid Services' Merit-based Incentive Payment System (MIPS)*? (Yes/No)	Pass
MH	Market	Meets future Veteran access and demand through VA MH providers, VCCP MH Providers, and potential future VCCP MH providers who participate in MIPS*? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
ED/UC	Market	Meets future Veteran access and demand through VA, VCCP ED/UCs, and potential future VCCP ED/UC providers who participate in MIPS*? (Yes/No)	Pass
OP Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Med	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass
OP Spec Rehab	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass

*Note: MIPS participation only applied when a specialty has significant participation (1,000 or more providers). Nurse Practitioners/Physician Assistants included regardless of MIPS participation.

Quality Sub-criterion 3:

This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass, the recommendation must meet one of the following tests:

- Maintain or create partnerships with Academic Affiliates and/or other high-quality community providers when available
- Modernize facilities to include state-of-the-art equipment.

TABLE 7 – VISN 06 SOUTHEAST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation’s ability to maintain or enhance VA’s second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 06 Southeast incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Education (sub-criteria 1 and 2): A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA’s ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 06 maintained or enhanced VA’s ability to execute the training mission in the VISN.

Research (sub-criteria 1 and 3): For each category of research existing in the current state, a qualitative analysis was used to determine if the VA Recommendations maintained or enhanced each of those programs.

TABLE 8 – VISN 06 SOUTHEAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V06) (558) Durham	\$15,278,245.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass
(V06) (565) Fayetteville-North Carolina	\$60,513.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass

Emergency Preparedness (sub-criteria 1 and 4): Given potential shifts in future Department of Defense (DoD) Military Treatment Facility capabilities and the need for flexibility in emergency response efforts, VA determined that it is critical to ensure that VAMCs designated as Primary Receiving Centers (PRC) continue to exist in markets where they currently exist. VA will seek guidance from DoD to operationalize any strategy impacting PRC designation (e.g., establishing new PRC designations, transferring designations).

TABLE 9 – VISN 06 SOUTHEAST: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
No PRC VAMC in Market	No PRC VAMC in Market	Pass

Cost-effectiveness: Consistent

The Cost-effectiveness domain consists of three sub-criteria.

Sub-criteria 1-3: These sub-criteria measure the cost-effectiveness of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass, the VA Recommendation Cost Benefit Index (CBI) must be lower than the Status Quo CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.

TABLE 10 – VISN 06 SOUTHEAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
5.89	2.99	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- **Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.
- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 06 Southeast incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 06 SOUTHEAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V06) (565) Fayetteville-North Carolina	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	64,784.0	Pass
VAMC	(V06) (565) Fayetteville-North Carolina	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	64,784.0	Pass
VAMC	(V06) (558XX) Raleigh/Durham	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	58,580.0	Pass
VAMC	(V06) (558XX) Raleigh/Durham	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	58,580.0	Pass
VAMC	(V06) (558XX) Raleigh/Durham	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	58,580.0	Pass
VAMC	(V06) (558XX) Raleigh/Durham	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	58,580.0	Pass
VAMC	(V06) (558XX) Raleigh/Durham	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	96.6	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
HCC	(V06) (565GL) Fayetteville	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	58,778.0	Pass
HCC	(V06) (XXX) Durham	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	57,972.0	Pass
MS CBOC	(V06) (558GA) Greenville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	23,328.0	Pass
MS CBOC	(V06) (565GC) Wilmington	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	20,055.0	Pass
MS CBOC	(V06) (XXX) New Bern	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	30,778.0	Pass
CBOC	(V06) (565GF) Goldsboro	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,817.0	Pass
CBOC	(V06) (565GH) Brunswick County-Supply	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,896.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V06) (558GG) Raleigh-Atlantic Avenue	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	25,575.0	Pass
CBOC	(V06) (565GE) Robeson County-Pembroke	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,116.0	Pass
CBOC	(V06) (565GG) Sanford	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	9,580.0	Pass
CBOC	(V06) (565GD) Hamlet	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,161.0	Pass
CBOC	(V06) (658GB) Danville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,966.0	Pass
CBOC	(V06) (558GH) Clayton-East Raleigh	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	17,591.0	Pass

Note: New facilities which serve as replacements of existing facilities inherit the original locations' demand performance values. These are identified in the table with a tag of '[Relocated Data]'. OOS facilities, partnerships, and facilities with planned activation dates after 8/1/2020 are excluded from the results table.

Sustainability Sub-criterion 2: This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. To pass, the total cost (present value) of the VA Recommendation must not meet or exceed the total cost (present value) of Modernization. In instances where this is the case,

the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below.

TABLE 12 – VISN 06 SOUTHEAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$44,054M	\$41,790M	4.41	2.99	Yes	Yes	Pass

Sustainability Sub-criterion 3: This sub-criterion measures if the recommendation supports recruitment of clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:

- Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
- Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)

TABLE 13 – VISN 06 SOUTHEAST: SUB-CRITERION 3 RESULTS

Maintains or Creates Partnerships with Academic Affiliates and or Other Community Providers When Available	Modernizes Facilities to Include State-of-the-art Equipment and Clinical Space to Attract Providers and Support Staff	Pass / Fail
Yes	Yes	Pass

Global Trends: Consistent

Five of the six domains require the recommendation to incorporate trends in the evolution of U.S. health care. Due to the unique needs and circumstances of each market, it may not be relevant or possible for a market to incorporate a trend from each domain. As a result, the Section 203 evaluation requires a recommendation to incorporate one of the trends from the five domains. The sub-criteria from each domain requiring trends are listed below:

- Access: Sub-criterion 6
- Demand: Sub-criterion 3
- Quality: Sub-criterion 4
- Mission: Sub-criterion 5
- Sustainability: Sub-criterion 4

To pass, a recommendation must incorporate at least one trend from the Global Trends. Results for this market are shown in the table below:

TABLE 14 – VISN 06 SOUTHEAST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass
Forms partnerships/alliances to improve quality and coordination of care. (Yes/No)	Yes	Pass
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Establishes standalone ASC facilities to meet outpatient surgical workload (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass
Creates/maintains/expands partnerships (local/State/Federal) to expand research mission (Yes/No)	Yes	Pass

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass