



VA Recommendations to the

# ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

## Appendix I

Section 203 Criteria Analysis – VISN 12

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## Market VISN 12 Central

VA's recommendation for the VISN 12 Central 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 12 Central 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 12 Central 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 12 CENTRAL: 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	92,706 (100%)	92,706 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	21,038 (100%)	21,038 (100%)	Pass
IP Med/Surg	Women Enrollees	6,950 (100%)	6,950 (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	19,121 (100%)	19,121 (100%)	Pass
IP Med/Surg	Minority Enrollees	8,651 (100%)	8,651 (100%)	Pass
IP Med/Surg	65+ Enrollees	49,962 (99.9%)	49,962 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	33,101 (99.9%)	33,101 (99.9%)	Pass
IP CLC	All Enrollees	92,212 (99.4%)	92,706 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	20,935 (99.5%)	21,038 (100%)	Pass
IP CLC	Women Enrollees	6,928 (99.7%)	6,950 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	19,012 (99.4%)	19,119 (100%)	Pass
IP CLC	Minority Enrollees	8,642 (99.9%)	8,651 (100%)	Pass
IP CLC	65+ Enrollees	49,643 (99.3%)	49,962 (99.9%)	Pass
IP CLC	Rural Enrollees	32,607 (98.4%)	33,101 (99.9%)	Pass
IP MH	All Enrollees	92,706 (100%)	92,706 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	21,038 (100%)	21,038 (100%)	Pass
IP MH	Women Enrollees	6,950 (100%)	6,950 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	19,121 (100%)	19,121 (100%)	Pass
IP MH	Minority Enrollees	8,651 (100%)	8,651 (100%)	Pass
IP MH	65+ Enrollees	49,962 (99.9%)	49,962 (99.9%)	Pass
IP MH	Rural Enrollees	33,101 (99.9%)	33,101 (99.9%)	Pass
OP ED/UC	All Enrollees	92,561 (99.8%)	92,561 (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 ED/UC	Enrollees Living in Disadvantaged Neighborhoods	21,038 (100%)	21,038 (100%)	Pass
OP ED/UC	Women Enrollees	6,945 (99.9%)	6,945 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	19,096 (99.8%)	19,096 (99.8%)	Pass
OP ED/UC	Minority Enrollees	8,650 (100%)	8,650 (100%)	Pass
OP ED/UC	65+ Enrollees	49,839 (99.7%)	49,839 (99.7%)	Pass
OP ED/UC	Rural Enrollees	32,956 (99.4%)	32,956 (99.4%)	Pass
OP MH	All Enrollees	92,647 (99.9%)	92,660 (99.9%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	21,037 (100%)	21,037 (100%)	Pass
OP MH	Women Enrollees	6,948 (99.9%)	6,949 (100%)	Pass
OP MH	High Service Disability Rating Enrollees	19,110 (99.9%)	19,110 (99.9%)	Pass
OP MH	Minority Enrollees	8,651 (100%)	8,651 (100%)	Pass
OP MH	65+ Enrollees	49,923 (99.9%)	49,931 (99.9%)	Pass
OP MH	Rural Enrollees	33,042 (99.7%)	33,054 (99.7%)	Pass
OP PC	All Enrollees	92,743 (100%)	92,743 (100%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	21,037 (100%)	21,037 (100%)	Pass
OP PC	Women Enrollees	6,952 (100%)	6,952 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	19,122 (100%)	19,122 (100%)	Pass
OP PC	Minority Enrollees	8,653 (100%)	8,653 (100%)	Pass
OP PC	65+ Enrollees	49,990 (100%)	49,990 (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 PC	Rural Enrollees	33,138 (100%)	33,138 (100%)	Pass
OP Surgery Capability	All Enrollees	92,708 (100%)	92,708 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	21,038 (100%)	21,038 (100%)	Pass
OP Surgery Capability	Women Enrollees	6,950 (100%)	6,950 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	19,121 (100%)	19,121 (100%)	Pass
OP Surgery Capability	Minority Enrollees	8,651 (100%)	8,651 (100%)	Pass
OP Surgery Capability	65+ Enrollees	49,964 (99.9%)	49,964 (99.9%)	Pass
OP Surgery Capability	Rural Enrollees	33,103 (99.9%)	33,103 (99.9%)	Pass
OP Medical Specialist	All Enrollees	92,748 (100%)	92,748 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	21,038 (100%)	21,038 (100%)	Pass
OP Medical Specialist	Women Enrollees	6,952 (100%)	6,952 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	19,126 (100%)	19,126 (100%)	Pass
OP Medical Specialist	Minority Enrollees	8,653 (100%)	8,653 (100%)	Pass
OP Medical Specialist	65+ Enrollees	49,996 (100%)	49,996 (100%)	Pass
OP Medical Specialist	Rural Enrollees	33,143 (100%)	33,143 (100%)	Pass
OP Rehabilitation	All Enrollees	92,709 (100%)	92,709 (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	21,038 (100%)	21,038 (100%)	Pass
OP Rehabilitation	Women Enrollees	6,950 (100%)	6,950 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	19,121 (100%)	19,121 (100%)	Pass
OP Rehabilitation	Minority Enrollees	8,651 (100%)	8,651 (100%)	Pass
OP Rehabilitation	65+ Enrollees	49,965 (99.9%)	49,965 (99.9%)	Pass
OP Rehabilitation	Rural Enrollees	33,104 (99.9%)	33,104 (99.9%)	Pass
OP Surgical Specialist	All Enrollees	92,708 (100%)	92,708 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	21,038 (100%)	21,038 (100%)	Pass
OP Surgical Specialist	Women Enrollees	6,950 (100%)	6,950 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	19,121 (100%)	19,121 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	8,651 (100%)	8,651 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	49,964 (99.9%)	49,964 (99.9%)	Pass
OP Surgical Specialist	Rural Enrollees	33,103 (99.9%)	33,103 (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 12 Central market is part of VISN 12, which has the following results:

TABLE 2 – VISN 12 CENTRAL: 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
12	IP BR	TRUE	TRUE	Pass
12	IP RRTP	TRUE	TRUE	Pass
12	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 12 Central 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 12 Central 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 12 CENTRAL: 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)	165	178	1,795	1,973	1,808	Pass
IP MH	Bed Shortage / Surplus (Market level)	38	48	230	278	240	Pass



Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	461	139	2,164	2,303	1,842	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 12 Central is part of VISN 12, which has the following results:

TABLE 4 – VISN 12 CENTRAL: 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)	241	307	66	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	41	106	65	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 12 CENTRAL: 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)	0.7	1.9	1.8	3.8	3.0	Pass
Amb Medical: Cardiology (Service)	7.0	9.8	12.4	22.1	15.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	5.6	11.7	7.7	19.5	14.0	Pass
Amb Medical: Dermatology (Service)	7.4	6.1	10.5	16.6	9.0	Pass
Amb Medical: Emergency Medicine (Service)	14.9	11.3	34.9	46.3	31.0	Pass
Amb Medical: Endocrinology (Service)	4.0	7.0	3.2	10.1	6.0	Pass
Amb Medical: Gastroenterology (Service)	6.3	6.9	6.1	13.0	7.0	Pass
Amb Medical: Hematology -Oncology (Service)	7.1	9.8	7.6	17.4	10.0	Pass
Amb Medical: Infectious Diseases (Service)	0.8	4.1	2.7	6.8	6.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	4.2	3.4	3.4	6.7	3.0	Pass
Amb Medical: Neurology (Service)	5.0	5.6	8.1	13.7	9.0	Pass
Amb Medical: Optometry (Service)	15.9	22.2	14.3	36.4	20.0	Pass
Amb Medical: Pain Medicine (Service)	1.9	2.9	3.2	6.1	4.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	10.9	16.9	4.7	21.6	11.0	Pass
Amb Medical: Rheumatology (Service)	1.9	6.9	2.7	9.6	8.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.8	0.5	2.5	3.0	2.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	1.5	1.6	17.0	18.5	17.0	Pass
Amb Surgical: Ophthalmology (Service)	12.8	11.6	7.7	19.3	7.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	4.0	3.5	12.2	15.8	12.0	Pass
Amb Surgical: Otolaryngology (Service)	3.3	3.9	4.9	8.8	5.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.6	1.5	1.9	3.4	2.0	Pass
Amb Surgical: Podiatry (Service)	10.7	14.2	5.3	19.5	9.0	Pass
Amb Surgical: Surgery (Service)	3.7	6.2	30.2	36.4	33.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.4	0.3	0.9	1.2	1.0	Pass
Amb Surgical: Urology (Service)	5.6	5.9	5.3	11.3	6.0	Pass
Amb Surgical: Vascular Surgery (Service)	1.0	2.5	1.2	3.7	3.0	Pass
Dental	0.0	0.0	1.5	1.5	2.0	Pass
MH	149.0	182.6	86.1	268.7	120.0	Pass
PC	100.9	148.1	237.4	385.5	285.0	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 12 Central 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 12 Central 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 12 CENTRAL: 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

Service Line	Analysis Level	Measure	Pass / Fail
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
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

Service Line	Analysis Level	Measure	Pass / Fail
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
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

Service Line	Analysis Level	Measure	Pass / Fail
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 12 CENTRAL: 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 12 Central 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 12 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 12 CENTRAL: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V12) (607) Madison	\$6,508,198.00	Research Maintained at Site	Pass
(V12) (695) Milwaukee	\$3,570,933.00	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 12 CENTRAL: 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 12 CENTRAL: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
3.83	2.53	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 12 Central 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 12 CENTRAL: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V12) (607) Madison	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	22,317.0	Pass
VAMC	(V12) (607) Madison	IP Med	Facility Meets or Exceeds Target of 20 Average Daily Census	35.6	Pass
VAMC	(V12) (607) Madison	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	9.8	Pass
VAMC	(V12) (607) Madison	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	2,694.0	Pass
VAMC	(V12) (695) Milwaukee	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	52,669.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V12) (695) Milwaukee	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	52,669.0	Pass
VAMC	(V12) (695) Milwaukee	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	52,669.0	Pass
VAMC	(V12) (695) Milwaukee	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	67.8	Pass
VAMC	(V12) (695) Milwaukee	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	52,669.0	Pass
HCC	(V12) (695GD) Green Bay	HCC	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
MS CBOC	(V12) (607HA) Rockford	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	34,342.0	Pass
MS CBOC	(V12) (695GA) Union Grove	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	63,893.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V12) (XXX) Appleton [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	28,086.0	Pass
CBOC	(V12) (607GD) Baraboo	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,951.0	Pass
CBOC	(V12) (607GC) Janesville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,837.0	Pass
CBOC	(V12) (607GE) Beaver Dam	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,456.0	Pass
CBOC	(V12) (607GF) Freeport	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,904.0	Pass
CBOC	(V12) (607GG) Madison West	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	9,297.0	Pass
CBOC	(V12) (695GC) Cleveland	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,188.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V12) (XXX) East Madison	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	9,506.0	Pass
CBOC	(V12) (XXX) Fond du Lac/Winnebago	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,646.0	Pass
CBOC	(V12) (695XX) Oconomowoc CBOC	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,893.0	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 12 CENTRAL: 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
\$32,659M	\$32,829M	2.97	2.53	No	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 12 CENTRAL: 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 12 CENTRAL: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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
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 12 Central Illinois

VA's recommendation for the VISN 12 Central Illinois 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 12 Central Illinois 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 12 Central Illinois 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 12 CENTRAL ILLINOIS: 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	34,010 (100%)	34,010 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	18,329 (100%)	18,329 (100%)	Pass
IP Med/Surg	Women Enrollees	2,210 (100%)	2,210 (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	7,965 (100%)	7,965 (100%)	Pass
IP Med/Surg	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
IP Med/Surg	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
IP Med/Surg	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
IP CLC	All Enrollees	34,010 (100%)	34,010 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	18,329 (100%)	18,329 (100%)	Pass
IP CLC	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
IP CLC	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
IP CLC	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
IP CLC	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
IP MH	All Enrollees	34,010 (100%)	34,010 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	18,329 (100%)	18,329 (100%)	Pass
IP MH	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
IP MH	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
IP MH	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
IP MH	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
OP ED/UC	All Enrollees	34,010 (100%)	34,010 (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	18,329 (100%)	18,329 (100%)	Pass
OP ED/UC	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
OP ED/UC	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
OP ED/UC	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
OP ED/UC	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
OP MH	All Enrollees	33,830 (99.5%)	33,830 (99.5%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	18,236 (99.5%)	18,236 (99.5%)	Pass
OP MH	Women Enrollees	2,202 (99.7%)	2,202 (99.7%)	Pass
OP MH	High Service Disability Rating Enrollees	7,926 (99.5%)	7,926 (99.5%)	Pass
OP MH	Minority Enrollees	2,703 (99.9%)	2,703 (99.9%)	Pass
OP MH	65+ Enrollees	18,630 (99.4%)	18,630 (99.4%)	Pass
OP MH	Rural Enrollees	15,726 (98.9%)	15,726 (98.9%)	Pass
OP PC	All Enrollees	33,954 (99.8%)	34,005 (100%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	18,279 (99.7%)	18,327 (100%)	Pass
OP PC	Women Enrollees	2,206 (99.9%)	2,209 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	7,954 (99.9%)	7,965 (100%)	Pass
OP PC	Minority Enrollees	2,705 (100%)	2,706 (100%)	Pass
OP PC	65+ Enrollees	18,707 (99.8%)	18,745 (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 PC	Rural Enrollees	15,850 (99.7%)	15,901 (100%)	Pass
OP Surgery Capability	All Enrollees	34,010 (100%)	34,010 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	18,329 (100%)	18,329 (100%)	Pass
OP Surgery Capability	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
OP Surgery Capability	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
OP Surgery Capability	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
OP Surgery Capability	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
OP Medical Specialist	All Enrollees	34,010 (100%)	34,010 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	18,329 (100%)	18,329 (100%)	Pass
OP Medical Specialist	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
OP Medical Specialist	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
OP Medical Specialist	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
OP Medical Specialist	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
OP Rehabilitation	All Enrollees	34,010 (100%)	34,010 (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	18,329 (100%)	18,329 (100%)	Pass
OP Rehabilitation	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
OP Rehabilitation	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
OP Rehabilitation	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
OP Rehabilitation	Rural Enrollees	15,906 (100%)	15,906 (100%)	Pass
OP Surgical Specialist	All Enrollees	34,010 (100%)	34,010 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	18,329 (100%)	18,329 (100%)	Pass
OP Surgical Specialist	Women Enrollees	2,210 (100%)	2,210 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	7,965 (100%)	7,965 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	2,706 (100%)	2,706 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	18,747 (100%)	18,747 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	15,906 (100%)	15,906 (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 12 Central Illinois market is part of VISN 12, which has the following results:

TABLE 2 – VISN 12 CENTRAL ILLINOIS: 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
12	IP BR	TRUE	TRUE	Pass
12	IP RRTP	TRUE	TRUE	Pass
12	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 12 Central Illinois 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 12 Central Illinois 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 12 CENTRAL ILLINOIS: 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)	26	16	520	536	510	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	17	22	47	69	52	Pass
IP CLC	Bed Shortage / Surplus (Market level)	148	101	1,071	1,172	1,024	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 12 Central Illinois is part of VISN 12, which has the following results:

TABLE 4 – VISN 12 CENTRAL ILLINOIS: 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)	241	307	66	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	41	106	65	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 12 CENTRAL ILLINOIS: 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)	0.3	0.4	0.3	0.7	0.0	Pass
Amb Medical: Cardiology (Service)	1.4	5.9	5.0	10.9	9.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.1	8.3	2.7	11.0	10.0	Pass
Amb Medical: Dermatology (Service)	1.9	3.1	1.8	4.9	3.0	Pass
Amb Medical: Emergency Medicine (Service)	3.2	3.7	10.2	13.9	11.0	Pass
Amb Medical: Endocrinology (Service)	0.4	2.1	0.8	3.0	3.0	Pass
Amb Medical: Gastroenterology (Service)	1.3	3.8	1.5	5.3	4.0	Pass



Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.2	7.8	2.1	9.9	8.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	1.5	0.7	2.2	2.0	Pass
Amb Medical: Nephrology (Service)	0.8	5.7	1.1	6.8	6.0	Pass
Amb Medical: Neurology (Service)	1.4	9.9	3.2	13.0	12.0	Pass
Amb Medical: Optometry (Service)	7.5	22.4	4.6	27.0	19.0	Pass
Amb Medical: Pain Medicine (Service)	0.4	2.8	0.6	3.4	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.9	27.3	0.9	28.2	24.0	Pass
Amb Medical: Rheumatology (Service)	0.3	2.2	0.4	2.6	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.4	0.1	0.8	0.9	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.3	2.2	5.2	7.4	7.0	Pass
Amb Surgical: Ophthalmology (Service)	5.4	4.0	2.1	6.0	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	1.5	2.2	3.0	5.2	4.0	Pass
Amb Surgical: Otolaryngology (Service)	0.7	1.4	1.7	3.0	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.2	1.6	0.8	2.4	2.0	Pass
Amb Surgical: Podiatry (Service)	7.1	10.0	2.5	12.4	5.0	Pass
Amb Surgical: Surgery (Service)	1.8	14.2	7.4	21.6	20.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	2.2	0.4	2.6	2.0	Pass
Amb Surgical: Urology (Service)	1.3	5.2	1.7	6.9	6.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.3	1.3	0.6	1.9	2.0	Pass
Dental	0.0	0.0	0.5	0.5	0.0	Pass
MH	38.8	91.6	22.1	113.7	75.0	Pass
PC	35.8	108.7	80.8	189.5	154.0	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 12 Central Illinois 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 12 Central Illinois 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 12 CENTRAL ILLINOIS: 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 12 CENTRAL ILLINOIS: 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 12 Central Illinois 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 12 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 12 CENTRAL ILLINOIS: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V12) (550) Danville-Illinois	\$0.00	Maintained	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 12 CENTRAL ILLINOIS: 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 12 CENTRAL ILLINOIS: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.08	0.52	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 12 Central Illinois 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 12 CENTRAL ILLINOIS: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V12) (550) Danville-Illinois	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	67.4	Pass
VAMC	(V12) (550) Danville-Illinois	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	12.1	Pass
VAMC	(V12) (550) Danville-Illinois	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	21.1	Pass
MS CBOC	(V12) (550BY) Peoria	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	16,143.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V12) (550GA) Decatur	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	16,301.0	Pass
MS CBOC	(V12) (550GG) McLean County	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	16,946.0	Pass
MS CBOC	(V12) (550XX) Urbana MS CBOC	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	15,438.0	Pass
MS CBOC	(V12) (XXX) Springfield [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	13,786.0	Pass
CBOC	(V12) (550GF) Mattoon	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,972.0	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 12 CENTRAL ILLINOIS: 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
\$7,926M	\$7,772M	0.79	0.52	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 12 CENTRAL ILLINOIS: 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 12 CENTRAL ILLINOIS: 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
Enables adoption of latest medical technology through facility modernization (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 12 Southern

VA's recommendation for the VISN 12 Southern 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 12 Southern 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 12 Southern 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 12 SOUTHERN: 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	143,323 (100%)	143,323 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	30,173 (100%)	30,173 (100%)	Pass
IP Med/Surg	Women Enrollees	10,272 (100%)	10,272 (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	27,598 (100%)	27,598 (100%)	Pass
IP Med/Surg	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
IP Med/Surg	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
IP Med/Surg	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
IP CLC	All Enrollees	142,158 (99.2%)	143,323 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	30,089 (99.7%)	30,173 (100%)	Pass
IP CLC	Women Enrollees	10,189 (99.2%)	10,272 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	27,350 (99.1%)	27,598 (100%)	Pass
IP CLC	Minority Enrollees	38,591 (99.8%)	38,667 (100%)	Pass
IP CLC	65+ Enrollees	74,907 (99.1%)	75,555 (100%)	Pass
IP CLC	Rural Enrollees	20,103 (95.6%)	21,025 (100%)	Pass
IP MH	All Enrollees	143,323 (100%)	143,323 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	30,173 (100%)	30,173 (100%)	Pass
IP MH	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
IP MH	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
IP MH	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
IP MH	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
OP ED/UC	All Enrollees	143,323 (100%)	143,323 (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	30,173 (100%)	30,173 (100%)	Pass
OP ED/UC	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
OP ED/UC	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
OP ED/UC	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
OP ED/UC	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
OP MH	All Enrollees	143,313 (100%)	143,313 (100%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	30,165 (100%)	30,165 (100%)	Pass
OP MH	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP MH	High Service Disability Rating Enrollees	27,596 (100%)	27,596 (100%)	Pass
OP MH	Minority Enrollees	38,666 (100%)	38,666 (100%)	Pass
OP MH	65+ Enrollees	75,548 (100%)	75,548 (100%)	Pass
OP MH	Rural Enrollees	21,015 (100%)	21,015 (100%)	Pass
OP PC	All Enrollees	143,323 (100%)	143,323 (100%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	30,173 (100%)	30,173 (100%)	Pass
OP PC	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
OP PC	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
OP PC	65+ Enrollees	75,555 (100%)	75,555 (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 PC	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
OP Surgery Capability	All Enrollees	143,323 (100%)	143,323 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	30,173 (100%)	30,173 (100%)	Pass
OP Surgery Capability	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
OP Surgery Capability	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
OP Surgery Capability	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
OP Surgery Capability	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
OP Medical Specialist	All Enrollees	143,323 (100%)	143,323 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	30,173 (100%)	30,173 (100%)	Pass
OP Medical Specialist	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
OP Medical Specialist	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
OP Medical Specialist	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
OP Medical Specialist	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
OP Rehabilitation	All Enrollees	143,323 (100%)	143,323 (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	30,173 (100%)	30,173 (100%)	Pass
OP Rehabilitation	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
OP Rehabilitation	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
OP Rehabilitation	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
OP Rehabilitation	Rural Enrollees	21,025 (100%)	21,025 (100%)	Pass
OP Surgical Specialist	All Enrollees	143,323 (100%)	143,323 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	30,173 (100%)	30,173 (100%)	Pass
OP Surgical Specialist	Women Enrollees	10,272 (100%)	10,272 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	27,598 (100%)	27,598 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	38,667 (100%)	38,667 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	75,555 (100%)	75,555 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	21,025 (100%)	21,025 (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 12 Southern market is part of VISN 12, which has the following results:

TABLE 2 – VISN 12 SOUTHERN: 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
12	IP BR	TRUE	TRUE	Pass
12	IP RRTP	TRUE	TRUE	Pass
12	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 12 Southern 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 12 Southern 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 12 SOUTHERN: 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)	238	247	3,652	3,899	3,661	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	65	101	345	446	381	Pass
IP CLC	Bed Shortage / Surplus (Market level)	674	321	5,765	6,086	5,412	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 12 Southern is part of VISN 12, which has the following results:

TABLE 4 – VISN 12 SOUTHERN: 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)	241	307	66	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	41	106	65	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 12 SOUTHERN: 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)	1.0	2.3	3.4	5.7	5.0	Pass
Amb Medical: Cardiology (Service)	9.0	10.8	29.0	39.8	31.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	9.8	14.5	15.2	29.7	20.0	Pass
Amb Medical: Dermatology (Service)	10.0	9.4	15.3	24.7	15.0	Pass
Amb Medical: Emergency Medicine (Service)	23.0	17.9	63.1	81.0	58.0	Pass
Amb Medical: Endocrinology (Service)	8.4	10.9	8.8	19.8	11.0	Pass
Amb Medical: Gastroenterology (Service)	10.4	10.7	15.3	26.0	16.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	10.2	13.8	18.2	32.0	22.0	Pass
Amb Medical: Infectious Diseases (Service)	1.2	3.4	7.6	11.0	10.0	Pass
Amb Medical: Nephrology (Service)	9.5	7.4	9.6	17.0	8.0	Pass
Amb Medical: Neurology (Service)	9.6	9.9	16.5	26.4	17.0	Pass
Amb Medical: Optometry (Service)	15.5	17.8	35.3	53.1	38.0	Pass
Amb Medical: Pain Medicine (Service)	2.7	2.9	4.7	7.6	5.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	16.4	14.6	10.7	25.3	9.0	Pass
Amb Medical: Rheumatology (Service)	5.3	7.7	5.8	13.5	8.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.0	0.3	4.3	4.6	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.9	1.1	38.5	39.6	38.0	Pass
Amb Surgical: Ophthalmology (Service)	16.3	16.4	18.7	35.0	19.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	4.5	4.2	21.5	25.6	21.0	Pass
Amb Surgical: Otolaryngology (Service)	7.4	7.2	9.5	16.7	9.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.2	1.2	3.9	5.2	4.0	Pass
Amb Surgical: Podiatry (Service)	17.8	21.4	20.5	41.9	24.0	Pass
Amb Surgical: Surgery (Service)	4.4	6.0	38.5	44.4	40.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	1.1	1.8	2.9	2.0	Pass
Amb Surgical: Urology (Service)	8.3	8.5	10.5	18.9	11.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.6	3.2	2.4	5.6	4.0	Pass
Dental	0.0	0.0	3.7	3.7	4.0	Pass
MH	219.0	247.8	190.3	438.1	219.0	Pass
PC	138.2	164.8	410.1	574.9	437.0	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 12 Southern 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 12 Southern 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 12 SOUTHERN: 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 12 SOUTHERN: 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 12 Southern 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 12 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 12 SOUTHERN: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V12) (578) Hines	\$15,721,069.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V12) (537) Chicago	\$10,288,516.00	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 12 SOUTHERN: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V12) (578) Chicago	(V12) (578) Chicago	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 12 SOUTHERN: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
5.81	3.50	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 12 Southern 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 12 SOUTHERN: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V12) (537) Chicago	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	106,395.0	Pass
VAMC	(V12) (537) Chicago	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	106,395.0	Pass
VAMC	(V12) (537) Chicago	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	106,395.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V12) (578) Hines [replacement]	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	120,331.0	Pass
VAMC	(V12) (578) Hines [replacement]	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	120,331.0	Pass
VAMC	(V12) (578) Hines [replacement]	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	120,331.0	Pass
VAMC	(V12) (578) Hines [replacement]	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	94.7	Pass
VAMC	(V12) (578) Hines [replacement]	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	120,331.0	Pass
HCC	(V12) (556) Lovell	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	95,042.0	Pass
MS CBOC	(V12) (578GA) Joliet	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	105,084.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V12) (XXX) Crown Point [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	61,458.0	Pass
CBOC	(V12) (556GA) Evanston	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	17,453.0	Pass
CBOC	(V12) (556GC) McHenry	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	11,710.0	Pass
CBOC	(V12) (556GD) Kenosha	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	13,101.0	Pass
CBOC	(V12) (537GD) Lakeside	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	31,954.0	Pass
CBOC	(V12) (537HA) Auburn Gresham	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	38,549.0	Pass
CBOC	(V12) (578GC) Kankakee County	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,694.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V12) (578GD) Aurora	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	14,845.0	Pass
CBOC	(V12) (578GE) Hoffman Estates	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	24,784.0	Pass
CBOC	(V12) (578GF) LaSalle	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,092.0	Pass
CBOC	(V12) (578GG) Oak Lawn	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	40,016.0	Pass
CBOC	(V12) (XXX) La Porte/Porter County	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,628.0	Pass
CBOC	(V12) (XXX) Grundy County	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	6,748.0	Pass
CBOC	(V12) (537GA) Chicago Heights	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	30,675.0	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 12 SOUTHERN: 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
\$42,373M	\$41,996M	4.24	3.50	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 12 SOUTHERN: 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 12 SOUTHERN: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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
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 12 Northern

VA's recommendation for the VISN 12 Northern 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 12 Northern 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 12 Northern 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 12 NORTHERN: 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	46,701 (99.7%)	46,701 (99.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	20,097 (99.7%)	20,097 (99.7%)	Pass
IP Med/Surg	Women Enrollees	3,041 (99.7%)	3,041 (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	11,511 (99.7%)	11,511 (99.7%)	Pass
IP Med/Surg	Minority Enrollees	1,531 (99.4%)	1,531 (99.4%)	Pass
IP Med/Surg	65+ Enrollees	27,478 (99.7%)	27,478 (99.7%)	Pass
IP Med/Surg	Rural Enrollees	40,650 (99.7%)	40,650 (99.7%)	Pass
IP CLC	All Enrollees	43,575 (93%)	46,488 (99.3%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	18,627 (92.4%)	19,953 (99%)	Pass
IP CLC	Women Enrollees	2,865 (93.9%)	3,026 (99.2%)	Pass
IP CLC	High Service Disability Rating Enrollees	10,656 (92.3%)	11,441 (99.1%)	Pass
IP CLC	Minority Enrollees	1,385 (90%)	1,520 (98.8%)	Pass
IP CLC	65+ Enrollees	25,614 (92.9%)	27,342 (99.2%)	Pass
IP CLC	Rural Enrollees	37,524 (92%)	40,437 (99.2%)	Pass
IP MH	All Enrollees	46,701 (99.7%)	46,701 (99.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	20,097 (99.7%)	20,097 (99.7%)	Pass
IP MH	Women Enrollees	3,041 (99.7%)	3,041 (99.7%)	Pass
IP MH	High Service Disability Rating Enrollees	11,511 (99.7%)	11,511 (99.7%)	Pass
IP MH	Minority Enrollees	1,531 (99.4%)	1,531 (99.4%)	Pass
IP MH	65+ Enrollees	27,478 (99.7%)	27,478 (99.7%)	Pass
IP MH	Rural Enrollees	40,650 (99.7%)	40,650 (99.7%)	Pass
OP ED/UC	All Enrollees	46,518 (99.3%)	46,518 (99.3%)	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	20,021 (99.3%)	20,021 (99.3%)	Pass
OP ED/UC	Women Enrollees	3,036 (99.6%)	3,036 (99.6%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	11,451 (99.2%)	11,451 (99.2%)	Pass
OP ED/UC	Minority Enrollees	1,523 (98.9%)	1,523 (98.9%)	Pass
OP ED/UC	65+ Enrollees	27,353 (99.2%)	27,353 (99.2%)	Pass
OP ED/UC	Rural Enrollees	40,467 (99.2%)	40,467 (99.2%)	Pass
OP MH	All Enrollees	44,508 (95%)	44,511 (95%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	19,009 (94.3%)	19,009 (94.3%)	Pass
OP MH	Women Enrollees	2,931 (96.1%)	2,931 (96.1%)	Pass
OP MH	High Service Disability Rating Enrollees	10,970 (95%)	10,970 (95%)	Pass
OP MH	Minority Enrollees	1,487 (96.6%)	1,487 (96.6%)	Pass
OP MH	65+ Enrollees	25,957 (94.1%)	25,959 (94.1%)	Pass
OP MH	Rural Enrollees	38,458 (94.3%)	38,460 (94.3%)	Pass
OP PC	All Enrollees	45,948 (98.1%)	46,042 (98.3%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	19,794 (98.2%)	19,855 (98.5%)	Pass
OP PC	Women Enrollees	3,008 (98.6%)	3,010 (98.7%)	Pass
OP PC	High Service Disability Rating Enrollees	11,279 (97.7%)	11,305 (97.9%)	Pass
OP PC	Minority Enrollees	1,499 (97.4%)	1,504 (97.7%)	Pass
OP PC	65+ Enrollees	26,958 (97.8%)	27,028 (98%)	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	39,898 (97.8%)	39,992 (98.1%)	Pass
OP Surgery Capability	All Enrollees	46,337 (98.9%)	46,683 (99.7%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	19,764 (98%)	20,071 (99.5%)	Pass
OP Surgery Capability	Women Enrollees	3,016 (98.9%)	3,043 (99.8%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	11,413 (98.8%)	11,502 (99.6%)	Pass
OP Surgery Capability	Minority Enrollees	1,516 (98.5%)	1,530 (99.4%)	Pass
OP Surgery Capability	65+ Enrollees	27,248 (98.8%)	27,461 (99.6%)	Pass
OP Surgery Capability	Rural Enrollees	40,286 (98.8%)	40,632 (99.6%)	Pass
OP Medical Specialist	All Enrollees	46,760 (99.8%)	46,760 (99.8%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	20,127 (99.8%)	20,127 (99.8%)	Pass
OP Medical Specialist	Women Enrollees	3,043 (99.8%)	3,043 (99.8%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	11,520 (99.8%)	11,520 (99.8%)	Pass
OP Medical Specialist	Minority Enrollees	1,534 (99.7%)	1,534 (99.7%)	Pass
OP Medical Specialist	65+ Enrollees	27,522 (99.8%)	27,522 (99.8%)	Pass
OP Medical Specialist	Rural Enrollees	40,709 (99.8%)	40,709 (99.8%)	Pass
OP Rehabilitation	All Enrollees	46,201 (98.7%)	46,201 (98.7%)	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 Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	19,853 (98.5%)	19,853 (98.5%)	Pass
OP Rehabilitation	Women Enrollees	3,005 (98.5%)	3,005 (98.5%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	11,356 (98.4%)	11,356 (98.4%)	Pass
OP Rehabilitation	Minority Enrollees	1,508 (98%)	1,508 (98%)	Pass
OP Rehabilitation	65+ Enrollees	27,167 (98.5%)	27,167 (98.5%)	Pass
OP Rehabilitation	Rural Enrollees	40,151 (98.5%)	40,151 (98.5%)	Pass
OP Surgical Specialist	All Enrollees	46,337 (98.9%)	46,683 (99.7%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	19,764 (98%)	20,071 (99.5%)	Pass
OP Surgical Specialist	Women Enrollees	3,016 (98.9%)	3,043 (99.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	11,413 (98.8%)	11,502 (99.6%)	Pass
OP Surgical Specialist	Minority Enrollees	1,516 (98.5%)	1,530 (99.4%)	Pass
OP Surgical Specialist	65+ Enrollees	27,248 (98.8%)	27,461 (99.6%)	Pass
OP Surgical Specialist	Rural Enrollees	40,286 (98.8%)	40,632 (99.6%)	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 12 Northern market is part of VISN 12, which has the following results:

TABLE 2 – VISN 12 NORTHERN: 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
12	IP BR	TRUE	TRUE	Pass
12	IP RRTP	TRUE	TRUE	Pass
12	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 12 Northern 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 12 Northern 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 12 NORTHERN: 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)	54	6	707	713	659	Pass



Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	13	11	27	38	25	Pass
IP CLC	Bed Shortage / Surplus (Market level)	269	185	776	961	692	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 12 Northern is part of VISN 12, which has the following results:

TABLE 4 – VISN 12 NORTHERN: 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)	241	307	66	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	41	106	65	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 12 NORTHERN: 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)	0.3	1.6	0.6	2.2	2.0	Pass
Amb Medical: Cardiology (Service)	3.0	6.4	3.0	9.4	6.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.2	6.8	1.8	8.5	6.0	Pass
Amb Medical: Dermatology (Service)	2.9	2.3	2.3	4.6	2.0	Pass
Amb Medical: Emergency Medicine (Service)	4.6	3.5	11.6	15.1	10.0	Pass
Amb Medical: Endocrinology (Service)	0.5	3.3	0.6	3.8	3.0	Pass
Amb Medical: Gastroenterology (Service)	2.2	3.7	1.6	5.3	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.6	7.6	2.0	9.6	6.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	2.8	0.6	3.4	3.0	Pass
Amb Medical: Nephrology (Service)	2.0	4.1	1.1	5.2	3.0	Pass
Amb Medical: Neurology (Service)	2.2	8.6	2.1	10.7	8.0	Pass
Amb Medical: Optometry (Service)	9.3	16.3	5.2	21.6	12.0	Pass
Amb Medical: Pain Medicine (Service)	0.3	2.4	0.6	3.0	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	6.8	27.8	1.7	29.5	23.0	Pass
Amb Medical: Rheumatology (Service)	0.6	3.0	0.6	3.7	3.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.7	0.7	0.6	1.3	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.7	2.1	3.9	6.1	5.0	Pass
Amb Surgical: Ophthalmology (Service)	6.8	4.7	2.1	6.8	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.2	1.9	3.7	5.6	2.0	Pass
Amb Surgical: Otolaryngology (Service)	1.3	2.3	1.5	3.8	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	1.5	0.4	1.8	2.0	Pass
Amb Surgical: Podiatry (Service)	3.6	5.0	2.3	7.3	4.0	Pass
Amb Surgical: Surgery (Service)	4.1	10.7	9.0	19.7	16.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.3	2.7	0.3	3.1	3.0	Pass
Amb Surgical: Urology (Service)	3.0	3.7	1.3	5.1	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.4	2.5	0.4	2.8	2.0	Pass
Dental	0.0	0.0	0.5	0.5	0.0	Pass
MH	57.4	108.7	22.3	131.0	74.0	Pass
PC	57.9	118.0	71.3	189.4	131.0	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 12 Northern 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 12 Northern 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 12 NORTHERN: 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 12 NORTHERN: 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 12 Northern 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 12 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 12 NORTHERN: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V12) (585) Iron Mountain	\$0.00	Maintained	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V12) (676) Tomah	\$0.00	Maintained	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 12 NORTHERN: 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 12 NORTHERN: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.60	0.90	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 12 Northern 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 12 NORTHERN: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V12) (585) Iron Mountain	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	37.1	Pass
VAMC	(V12) (676) Tomah	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	131.1	Pass
VAMC	(V12) (676) Tomah	IP MH	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	(V12) (676) Tomah	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	21.0	Pass
MS CBOC	(V12) (676GD) Wisconsin Rapids	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,762.0	Pass
MS CBOC	(V12) (XXX) Wausau [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,735.0	Pass
CBOC	(V12) (676GC) La Crosse	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,794.0	Pass
CBOC	(V12) (676GE) Clark County	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,334.0	Pass
CBOC	(V12) (585GA) Hancock	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,784.0	Pass
CBOC	(V12) (585GB) Rhinelander	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	3,302.0	Pass
CBOC	(V12) (585GC) Menominee	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,890.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V12) (585GD) Ironwood	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,356.0	Pass
CBOC	(V12) (585GF) Manistique	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	4,108.0	Pass
CBOC	(V12) (585HA) Marquette	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,584.0	Pass
CBOC	(V12) (585HB) Sault Saint Marie	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,328.0	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 12 NORTHERN: 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
\$11,965M	\$11,705M	1.20	0.90	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 12 NORTHERN: 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 12 NORTHERN: 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

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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
Enables adoption of latest medical technology through facility modernization (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