VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix I

Section 203 Criteria Analysis – VISN 23

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Market VISN 23 Minnesota Central

VA's recommendation for the VISN 23 Minnesota 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 23 Minnesota 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 23 Minnesota 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 23 MINNESOTA 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	35,874 (100%)	35,874 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	6,845 (100%)	6,845 (100%)	Pass
IP Med/Surg	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
IP Med/Surg	Minority Enrollees	997 (100%)	997 (100%)	Pass
IP Med/Surg	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
IP Med/Surg	Rural Enrollees	29,190 (100%)	29,190 (100%)	Pass
IP CLC	All Enrollees	35,707 (99.5%)	35,856 (99.9%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	6,831 (99.8%)	6,845 (100%)	Pass
IP CLC	Women Enrollees	1,864 (99.8%)	1,868 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	8,171 (99.5%)	8,207 (99.9%)	Pass
IP CLC	Minority Enrollees	995 (99.7%)	995 (99.8%)	Pass
IP CLC	65+ Enrollees	22,233 (99.4%)	22,344 (99.9%)	Pass
IP CLC	Rural Enrollees	29,023 (99.4%)	29,172 (99.9%)	Pass
IP MH	All Enrollees	35,874 (100%)	35,874 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	6,845 (100%)	6,845 (100%)	Pass
IP MH	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
IP MH	Minority Enrollees	997 (100%)	997 (100%)	Pass
IP MH	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
IP MH	Rural Enrollees	29,190 (100%)	29,190 (100%)	Pass
OP ED/UC	All Enrollees	35,874 (100%)	35,874 (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	6,845 (100%)	6,845 (100%)	Pass
OP ED/UC	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
OP ED/UC	Minority Enrollees	997 (100%)	997 (100%)	Pass
OP ED/UC	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
OP ED/UC	Rural Enrollees	29,190 (100%)	29,190 (100%)	Pass
OP MH	All Enrollees	35,062 (97.7%)	35,062 (97.7%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	6,546 (95.6%)	6,546 (95.6%)	Pass
OP MH	Women Enrollees	1,844 (98.7%)	1,844 (98.7%)	Pass
OP MH	High Service Disability Rating Enrollees	8,025 (97.7%)	8,025 (97.7%)	Pass
OP MH	Minority Enrollees	984 (98.6%)	984 (98.6%)	Pass
OP MH	65+ Enrollees	21,738 (97.2%)	21,738 (97.2%)	Pass
OP MH	Rural Enrollees	28,378 (97.2%)	28,378 (97.2%)	Pass
OP PC	All Enrollees	35,738 (99.6%)	35,738 (99.6%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	6,844 (100%)	6,844 (100%)	Pass
OP PC	Women Enrollees	1,866 (99.9%)	1,866 (99.9%)	Pass
OP PC	High Service Disability Rating Enrollees	8,181 (99.6%)	8,181 (99.6%)	Pass
OP PC	Minority Enrollees	993 (99.6%)	993 (99.6%)	Pass
OP PC	65+ Enrollees	22,247 (99.5%)	22,247 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	29,054 (99.5%)	29,054 (99.5%)	Pass
OP Surgery Capability	All Enrollees	35,874 (100%)	35,874 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	6,845 (100%)	6,845 (100%)	Pass
OP Surgery Capability	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
OP Surgery Capability	Minority Enrollees	997 (100%)	997 (100%)	Pass
OP Surgery Capability	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
OP Surgery Capability	Rural Enrollees	29,190 (100%)	29,190 (100%)	Pass
OP Medical Specialist	All Enrollees	35,874 (100%)	35,874 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	6,845 (100%)	6,845 (100%)	Pass
OP Medical Specialist	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
OP Medical Specialist	Minority Enrollees	997 (100%)	997 (100%)	Pass
OP Medical Specialist	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
OP Medical Specialist	Rural Enrollees	29,190 (100%)	29,190 (100%)	Pass
OP Rehabilitation	All Enrollees	35,874 (100%)	35,874 (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	6,845 (100%)	6,845 (100%)	Pass
OP Rehabilitation	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
OP Rehabilitation	Minority Enrollees	997 (100%)	997 (100%)	Pass
OP Rehabilitation	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
OP Rehabilitation	Rural Enrollees	29,190 (100%)	29,190 (100%)	Pass
OP Surgical Specialist	All Enrollees	35,874 (100%)	35,874 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	6,845 (100%)	6,845 (100%)	Pass
OP Surgical Specialist	Women Enrollees	1,868 (100%)	1,868 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	8,213 (100%)	8,213 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	997 (100%)	997 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	22,358 (100%)	22,358 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	29,190 (100%)	29,190 (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 23 Minnesota Central market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 MINNESOTA 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 Minnesota 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 23 Minnesota 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 23 MINNESOTA 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)	42	0	540	540	498	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	16	15	2	17	1	Pass
IP CLC	Bed Shortage / Surplus (Market level)	239	223	211	434	195	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 23 Minnesota Central is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 MINNESOTA 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 MINNESOTA 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)	0.1	1.6	0.2	1.8	2.0	Pass
Amb Medical: Cardiology (Service)	1.7	3.8	1.5	5.2	4.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.6	3.9	0.7	4.6	3.0	Pass
Amb Medical: Dermatology (Service)	2.5	1.8	1.0	2.8	0.0	Pass
Amb Medical: Emergency Medicine (Service)	3.6	2.1	6.4	8.5	5.0	Pass
Amb Medical: Endocrinology (Service)	0.4	3.6	0.2	3.7	3.0	Pass
Amb Medical: Gastroenterology (Service)	0.8	2.1	0.6	2.7	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.8	6.1	0.7	6.8	4.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	3.8	0.1	4.0	4.0	Pass
Amb Medical: Nephrology (Service)	1.1	3.5	0.4	3.9	3.0	Pass
Amb Medical: Neurology (Service)	1.6	4.5	0.6	5.1	4.0	Pass
Amb Medical: Optometry (Service)	11.1	11.8	3.8	15.6	5.0	Pass
Amb Medical: Pain Medicine (Service)	0.6	0.4	0.4	0.8	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.4	8.2	0.4	8.6	5.0	Pass
Amb Medical: Rheumatology (Service)	0.6	4.3	0.1	4.4	4.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.9	0.7	0.2	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	1.2	2.8	4.0	4.0	Pass
Amb Surgical: Ophthalmology (Service)	5.8	4.8	1.0	5.8	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.6	1.9	2.2	4.2	2.0	Pass
Amb Surgical: Otolaryngology (Service)	1.8	1.6	0.7	2.3	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.4	1.0	0.0	1.1	1.0	Pass
Amb Surgical: Podiatry (Service)	4.6	7.7	1.3	8.9	4.0	Pass
Amb Surgical: Surgery (Service)	3.3	5.1	5.4	10.5	7.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	1.8	0.1	1.8	2.0	Pass
Amb Surgical: Urology (Service)	2.6	2.3	0.9	3.1	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.4	1.4	0.2	1.5	1.0	Pass
Dental	0.0	0.0	0.1	0.1	0.0	Pass
MH	49.7	87.6	13.4	101.0	51.0	Pass
PC	50.0	80.2	41.4	121.6	72.0	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 23 Minnesota 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 23 Minnesota 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 23 MINNESOTA 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
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 23 MINNESOTA 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 23 Minnesota 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 23 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 23 MINNESOTA CENTRAL: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (656) St. Cloud	$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 23 MINNESOTA 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 23 MINNESOTA CENTRAL: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.29	0.94	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 23 Minnesota 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 23 MINNESOTA CENTRAL: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (656) St. Cloud [replacement]	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	26,559.0	Pass
VAMC	(V23) (656) St. Cloud [replacement]	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	12.9	Pass
VAMC	(V23) (656) St. Cloud [replacement]	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	30.6	Pass
MS CBOC	(V23) (656GA) Brainerd	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	9,962.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V23) (656GC) Alexandria	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,649.0	Pass
CBOC	(V23) (XXX) Cambridge	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,511.0	Pass
CBOC	(V23) (XXX) Litchfield	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,831.0	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 23 MINNESOTA 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
$11,615M	$12,181M	1.06	0.94	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 23 MINNESOTA 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 23 MINNESOTA CENTRAL: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass
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 23 South Dakota East

VA's recommendation for the VISN 23 South Dakota East 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 23 South Dakota East 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 23 South Dakota East 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 23 SOUTH DAKOTA EAST: 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	30,458 (100%)	30,458 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	12,341 (100%)	12,341 (100%)	Pass
IP Med/Surg	Women Enrollees	1,935 (100%)	1,935 (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	5,602 (100%)	5,602 (100%)	Pass
IP Med/Surg	Minority Enrollees	989 (100%)	989 (100%)	Pass
IP Med/Surg	65+ Enrollees	17,737 (100%)	17,737 (100%)	Pass
IP Med/Surg	Rural Enrollees	20,798 (100%)	20,798 (100%)	Pass
IP CLC	All Enrollees	29,679 (97.4%)	30,410 (99.8%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	11,978 (97.1%)	12,307 (99.7%)	Pass
IP CLC	Women Enrollees	1,882 (97.2%)	1,927 (99.6%)	Pass
IP CLC	High Service Disability Rating Enrollees	5,480 (97.8%)	5,591 (99.8%)	Pass
IP CLC	Minority Enrollees	952 (96.3%)	966 (97.7%)	Pass
IP CLC	65+ Enrollees	17,265 (97.3%)	17,708 (99.8%)	Pass
IP CLC	Rural Enrollees	20,018 (96.3%)	20,750 (99.8%)	Pass
IP MH	All Enrollees	30,458 (100%)	30,458 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	12,341 (100%)	12,341 (100%)	Pass
IP MH	Women Enrollees	1,935 (100%)	1,935 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	5,602 (100%)	5,602 (100%)	Pass
IP MH	Minority Enrollees	989 (100%)	989 (100%)	Pass
IP MH	65+ Enrollees	17,737 (100%)	17,737 (100%)	Pass
IP MH	Rural Enrollees	20,798 (100%)	20,798 (100%)	Pass
OP ED/UC	All Enrollees	29,982 (98.4%)	30,037 (98.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	12,071 (97.8%)	12,074 (97.8%)	Pass
OP ED/UC	Women Enrollees	1,903 (98.3%)	1,905 (98.4%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	5,530 (98.7%)	5,539 (98.9%)	Pass
OP ED/UC	Minority Enrollees	958 (96.8%)	961 (97.2%)	Pass
OP ED/UC	65+ Enrollees	17,401 (98.1%)	17,442 (98.3%)	Pass
OP ED/UC	Rural Enrollees	20,321 (97.7%)	20,376 (98%)	Pass
OP MH	All Enrollees	27,935 (91.7%)	27,935 (91.7%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	10,566 (85.6%)	10,566 (85.6%)	Pass
OP MH	Women Enrollees	1,804 (93.2%)	1,804 (93.2%)	Pass
OP MH	High Service Disability Rating Enrollees	5,193 (92.7%)	5,193 (92.7%)	Pass
OP MH	Minority Enrollees	892 (90.2%)	892 (90.2%)	Pass
OP MH	65+ Enrollees	16,111 (90.8%)	16,111 (90.8%)	Pass
OP MH	Rural Enrollees	18,274 (87.9%)	18,274 (87.9%)	Pass
OP PC	All Enrollees	30,183 (99.1%)	30,183 (99.1%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	12,123 (98.2%)	12,123 (98.2%)	Pass
OP PC	Women Enrollees	1,917 (99.1%)	1,917 (99.1%)	Pass
OP PC	High Service Disability Rating Enrollees	5,557 (99.2%)	5,557 (99.2%)	Pass
OP PC	Minority Enrollees	982 (99.4%)	982 (99.4%)	Pass
OP PC	65+ Enrollees	17,554 (99%)	17,554 (99%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	20,522 (98.7%)	20,522 (98.7%)	Pass
OP Surgery Capability	All Enrollees	30,458 (100%)	30,458 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	12,341 (100%)	12,341 (100%)	Pass
OP Surgery Capability	Women Enrollees	1,935 (100%)	1,935 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	5,602 (100%)	5,602 (100%)	Pass
OP Surgery Capability	Minority Enrollees	989 (100%)	989 (100%)	Pass
OP Surgery Capability	65+ Enrollees	17,737 (100%)	17,737 (100%)	Pass
OP Surgery Capability	Rural Enrollees	20,798 (100%)	20,798 (100%)	Pass
OP Medical Specialist	All Enrollees	30,458 (100%)	30,458 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	12,341 (100%)	12,341 (100%)	Pass
OP Medical Specialist	Women Enrollees	1,935 (100%)	1,935 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	5,602 (100%)	5,602 (100%)	Pass
OP Medical Specialist	Minority Enrollees	989 (100%)	989 (100%)	Pass
OP Medical Specialist	65+ Enrollees	17,737 (100%)	17,737 (100%)	Pass
OP Medical Specialist	Rural Enrollees	20,798 (100%)	20,798 (100%)	Pass
OP Rehabilitation	All Enrollees	30,458 (100%)	30,458 (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	12,341 (100%)	12,341 (100%)	Pass
OP Rehabilitation	Women Enrollees	1,935 (100%)	1,935 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	5,602 (100%)	5,602 (100%)	Pass
OP Rehabilitation	Minority Enrollees	989 (100%)	989 (100%)	Pass
OP Rehabilitation	65+ Enrollees	17,737 (100%)	17,737 (100%)	Pass
OP Rehabilitation	Rural Enrollees	20,798 (100%)	20,798 (100%)	Pass
OP Surgical Specialist	All Enrollees	30,458 (100%)	30,458 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	12,341 (100%)	12,341 (100%)	Pass
OP Surgical Specialist	Women Enrollees	1,935 (100%)	1,935 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	5,602 (100%)	5,602 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	989 (100%)	989 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	17,737 (100%)	17,737 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	20,798 (100%)	20,798 (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 23 South Dakota East market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 SOUTH DAKOTA EAST: 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 South Dakota East 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 23 South Dakota East 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 23 SOUTH DAKOTA EAST: 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)	35	16	1,067	1,083	1,048	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	7	6	52	58	51	Pass
IP CLC	Bed Shortage / Surplus (Market level)	184	88	677	765	581	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 23 South Dakota East is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 SOUTH DAKOTA EAST: 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 SOUTH DAKOTA EAST: 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)	0.0	1.5	0.1	1.6	2.0	Pass
Amb Medical: Cardiology (Service)	1.7	3.5	1.8	5.3	4.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.1	4.8	1.2	6.0	4.0	Pass
Amb Medical: Dermatology (Service)	1.2	1.1	1.7	2.8	2.0	Pass
Amb Medical: Emergency Medicine (Service)	3.3	2.9	6.0	8.9	6.0	Pass
Amb Medical: Endocrinology (Service)	1.9	3.0	0.5	3.5	2.0	Pass
Amb Medical: Gastroenterology (Service)	1.7	3.5	0.7	4.2	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	1.5	4.3	1.2	5.5	4.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	1.5	0.5	1.9	2.0	Pass
Amb Medical: Nephrology (Service)	0.7	3.0	0.6	3.6	3.0	Pass
Amb Medical: Neurology (Service)	2.3	5.6	1.0	6.6	4.0	Pass
Amb Medical: Optometry (Service)	6.8	10.2	4.9	15.1	8.0	Pass
Amb Medical: Pain Medicine (Service)	0.1	1.2	0.5	1.7	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.6	15.5	0.7	16.2	13.0	Pass
Amb Medical: Rheumatology (Service)	0.2	1.6	0.4	2.0	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.4	0.7	0.5	1.1	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.4	1.1	3.0	4.1	4.0	Pass
Amb Surgical: Ophthalmology (Service)	4.1	2.9	1.2	4.1	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.6	2.0	2.7	4.7	2.0	Pass
Amb Surgical: Otolaryngology (Service)	1.4	1.9	1.0	2.9	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	1.2	0.2	1.4	1.0	Pass
Amb Surgical: Podiatry (Service)	3.1	4.1	1.2	5.3	2.0	Pass
Amb Surgical: Surgery (Service)	2.1	6.5	7.2	13.7	12.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	1.7	0.1	1.8	2.0	Pass
Amb Surgical: Urology (Service)	2.2	2.7	1.0	3.7	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.3	1.1	0.3	1.4	1.0	Pass
Dental	0.0	0.0	0.4	0.4	0.0	Pass
MH	23.7	52.6	16.4	69.1	45.0	Pass
PC	32.2	64.3	52.4	116.7	85.0	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 23 South Dakota East 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 23 South Dakota East 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 23 SOUTH DAKOTA EAST: 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 23 SOUTH DAKOTA EAST: 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 23 South Dakota East 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 23 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 23 SOUTH DAKOTA EAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (438) Sioux Falls	$395,798.00	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 23 SOUTH DAKOTA EAST: 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 23 SOUTH DAKOTA EAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.94	0.56	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 23 South Dakota East 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 23 SOUTH DAKOTA EAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (438) Sioux Falls	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	50.6	Pass
VAMC	(V23) (438) Sioux Falls	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
MS CBOC	(V23) (438GC) Sioux City	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	7,434.0	Pass
MS CBOC	(V23) (438GD) Aberdeen	MS CBOC	Facility Meets or Exceeds Target of 2 Specialties > 499 Encounters	6.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V23) (438GA) Spirit Lake	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,762.0	Pass
CBOC	(V23) (438GF) Watertown	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,237.0	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 23 SOUTH DAKOTA EAST: 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
$7,009M	$6,681M	0.70	0.56	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 23 SOUTH DAKOTA EAST: 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 23 SOUTH DAKOTA EAST: 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

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

Market VISN 23 Nebraska

VA's recommendation for the VISN 23 Nebraska 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 23 Nebraska 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 23 Nebraska 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 23 NEBRASKA: 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	65,617 (99.9%)	65,617 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	23,530 (99.8%)	23,530 (99.8%)	Pass
IP Med/Surg	Women Enrollees	5,262 (99.9%)	5,262 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	18,048 (100%)	18,048 (100%)	Pass
IP Med/Surg	Minority Enrollees	4,976 (100%)	4,976 (100%)	Pass
IP Med/Surg	65+ Enrollees	33,808 (99.9%)	33,808 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	28,566 (99.8%)	28,566 (99.8%)	Pass
IP CLC	All Enrollees	65,528 (99.8%)	65,623 (99.9%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	23,453 (99.4%)	23,536 (99.8%)	Pass
IP CLC	Women Enrollees	5,258 (99.8%)	5,262 (99.9%)	Pass
IP CLC	High Service Disability Rating Enrollees	18,031 (99.9%)	18,048 (100%)	Pass
IP CLC	Minority Enrollees	4,976 (100%)	4,976 (100%)	Pass
IP CLC	65+ Enrollees	33,741 (99.7%)	33,811 (99.9%)	Pass
IP CLC	Rural Enrollees	28,477 (99.5%)	28,572 (99.8%)	Pass
IP MH	All Enrollees	65,617 (99.9%)	65,617 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	23,530 (99.8%)	23,530 (99.8%)	Pass
IP MH	Women Enrollees	5,262 (99.9%)	5,262 (99.9%)	Pass
IP MH	High Service Disability Rating Enrollees	18,048 (100%)	18,048 (100%)	Pass
IP MH	Minority Enrollees	4,976 (100%)	4,976 (100%)	Pass
IP MH	65+ Enrollees	33,808 (99.9%)	33,808 (99.9%)	Pass
IP MH	Rural Enrollees	28,566 (99.8%)	28,566 (99.8%)	Pass
OP ED/UC	All Enrollees	63,220 (96.3%)	63,476 (96.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	21,517 (91.2%)	21,679 (91.9%)	Pass
OP ED/UC	Women Enrollees	5,145 (97.7%)	5,160 (98%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	17,476 (96.8%)	17,530 (97.1%)	Pass
OP ED/UC	Minority Enrollees	4,937 (99.2%)	4,942 (99.3%)	Pass
OP ED/UC	65+ Enrollees	32,140 (95%)	32,299 (95.4%)	Pass
OP ED/UC	Rural Enrollees	26,169 (91.4%)	26,424 (92.3%)	Pass
OP MH	All Enrollees	62,482 (95.1%)	62,482 (95.1%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	21,312 (90.4%)	21,312 (90.4%)	Pass
OP MH	Women Enrollees	5,118 (97.2%)	5,118 (97.2%)	Pass
OP MH	High Service Disability Rating Enrollees	17,315 (95.9%)	17,315 (95.9%)	Pass
OP MH	Minority Enrollees	4,914 (98.8%)	4,914 (98.8%)	Pass
OP MH	65+ Enrollees	31,559 (93.2%)	31,559 (93.2%)	Pass
OP MH	Rural Enrollees	25,430 (88.9%)	25,430 (88.9%)	Pass
OP PC	All Enrollees	65,273 (99.4%)	65,285 (99.4%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	23,293 (98.8%)	23,303 (98.8%)	Pass
OP PC	Women Enrollees	5,241 (99.5%)	5,242 (99.5%)	Pass
OP PC	High Service Disability Rating Enrollees	17,956 (99.4%)	17,961 (99.5%)	Pass
OP PC	Minority Enrollees	4,968 (99.8%)	4,968 (99.8%)	Pass
OP PC	65+ Enrollees	33,562 (99.2%)	33,570 (99.2%)	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	28,221 (98.6%)	28,234 (98.7%)	Pass
OP Surgery Capability	All Enrollees	64,941 (98.9%)	65,102 (99.1%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	23,004 (97.5%)	23,121 (98%)	Pass
OP Surgery Capability	Women Enrollees	5,227 (99.2%)	5,233 (99.4%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	17,895 (99.1%)	17,931 (99.3%)	Pass
OP Surgery Capability	Minority Enrollees	4,967 (99.8%)	4,968 (99.8%)	Pass
OP Surgery Capability	65+ Enrollees	33,330 (98.5%)	33,438 (98.8%)	Pass
OP Surgery Capability	Rural Enrollees	27,890 (97.4%)	28,051 (98%)	Pass
OP Medical Specialist	All Enrollees	65,622 (99.9%)	65,622 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	23,535 (99.8%)	23,535 (99.8%)	Pass
OP Medical Specialist	Women Enrollees	5,262 (99.9%)	5,262 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	18,048 (100%)	18,048 (100%)	Pass
OP Medical Specialist	Minority Enrollees	4,976 (100%)	4,976 (100%)	Pass
OP Medical Specialist	65+ Enrollees	33,812 (99.9%)	33,812 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	28,570 (99.8%)	28,570 (99.8%)	Pass
OP Rehabilitation	All Enrollees	65,580 (99.9%)	65,580 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	23,501 (99.6%)	23,501 (99.6%)	Pass
OP Rehabilitation	Women Enrollees	5,262 (99.9%)	5,262 (99.9%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	18,043 (99.9%)	18,043 (99.9%)	Pass
OP Rehabilitation	Minority Enrollees	4,975 (100%)	4,975 (100%)	Pass
OP Rehabilitation	65+ Enrollees	33,780 (99.8%)	33,780 (99.8%)	Pass
OP Rehabilitation	Rural Enrollees	28,529 (99.7%)	28,529 (99.7%)	Pass
OP Surgical Specialist	All Enrollees	64,956 (98.9%)	65,117 (99.2%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	23,013 (97.6%)	23,131 (98.1%)	Pass
OP Surgical Specialist	Women Enrollees	5,227 (99.2%)	5,233 (99.4%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	17,900 (99.1%)	17,936 (99.3%)	Pass
OP Surgical Specialist	Minority Enrollees	4,967 (99.8%)	4,968 (99.8%)	Pass
OP Surgical Specialist	65+ Enrollees	33,339 (98.5%)	33,447 (98.8%)	Pass
OP Surgical Specialist	Rural Enrollees	27,905 (97.5%)	28,065 (98.1%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 23 Nebraska market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 NEBRASKA: 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 Nebraska 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 23 Nebraska 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 23 NEBRASKA: 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)	73	0	1,530	1,530	1,457	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	16	26	42	25	Pass
IP CLC	Bed Shortage / Surplus (Market level)	417	42	2,312	2,354	1,937	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 23 Nebraska is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 NEBRASKA: 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 NEBRASKA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.4	3.2	0.7	3.9	4.0	Pass
Amb Medical: Cardiology (Service)	3.2	9.8	4.9	14.7	12.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.8	13.0	3.4	16.4	13.0	Pass
Amb Medical: Dermatology (Service)	3.3	4.8	2.8	7.6	4.0	Pass
Amb Medical: Emergency Medicine (Service)	9.5	7.4	13.4	20.8	11.0	Pass
Amb Medical: Endocrinology (Service)	1.5	7.3	1.5	8.8	7.0	Pass
Amb Medical: Gastroenterology (Service)	3.4	7.3	2.3	9.6	6.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	4.7	12.3	3.0	15.2	11.0	Pass
Amb Medical: Infectious Diseases (Service)	0.4	5.4	1.3	6.8	6.0	Pass
Amb Medical: Nephrology (Service)	8.0	13.1	1.4	14.4	6.0	Pass
Amb Medical: Neurology (Service)	3.1	12.0	3.2	15.2	12.0	Pass
Amb Medical: Optometry (Service)	7.8	19.0	8.9	27.8	20.0	Pass
Amb Medical: Pain Medicine (Service)	0.5	3.2	1.5	4.7	4.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	7.6	33.2	1.5	34.7	27.0	Pass
Amb Medical: Rheumatology (Service)	1.0	6.3	0.7	7.0	6.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.9	1.6	1.1	2.7	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.7	2.3	7.3	9.6	9.0	Pass
Amb Surgical: Ophthalmology (Service)	9.7	9.6	2.8	12.4	3.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.4	3.3	5.7	8.9	6.0	Pass
Amb Surgical: Otolaryngology (Service)	3.0	4.5	2.8	7.3	4.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.4	2.0	0.7	2.7	2.0	Pass
Amb Surgical: Podiatry (Service)	5.5	10.1	2.3	12.4	7.0	Pass
Amb Surgical: Surgery (Service)	4.6	14.6	14.0	28.7	24.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	3.4	0.7	4.1	4.0	Pass
Amb Surgical: Urology (Service)	3.3	6.1	2.3	8.4	5.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.9	3.6	1.0	4.5	4.0	Pass
Dental	0.0	0.0	0.6	0.6	1.0	Pass
MH	66.0	140.2	28.7	168.9	103.0	Pass
PC	70.8	160.7	106.3	267.0	196.0	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 23 Nebraska 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 23 Nebraska 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 23 NEBRASKA: 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 23 NEBRASKA: 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 23 Nebraska 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 23 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 23 NEBRASKA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (636) Omaha	$4,934,119.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (636A4) Grand Island	$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 23 NEBRASKA: 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 23 NEBRASKA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.77	1.07	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 23 Nebraska 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 23 NEBRASKA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (636A4) Grand Island	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	44.9	Pass
VAMC	(V23) (636A4) Grand Island	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V23) (636) Omaha	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	41,177.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (636) Omaha	IP RRTP	Facility Meets or Exceeds Target of 13 Average Daily Census	17.0	Pass
VAMC	(V23) (636XX) Omaha VA Hospital	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	41,177.0	Pass
VAMC	(V23) (636XX) Omaha VA Hospital	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	41,177.0	Pass
MS CBOC	(V23) (636A5) Lincoln	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	39,989.0	Pass
MS CBOC	(V23) (636GA) Norfolk	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	4,314.0	Pass
MS CBOC	(V23) (636GB) North Platte	MS CBOC	Facility Meets or Exceeds Target of 2 Specialties > 499 Encounters	6.0	Pass
MS CBOC	(V23) (636GL) Bellevue	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	39,601.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V23) (636GP) Shenandoah	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,516.0	Pass
CBOC	(V23) (636GQ) Holdrege	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,556.0	Pass
CBOC	(V23) (XXX) Fremont (Dodge County)	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,124.0	Pass
CBOC	(V23) (XXX) Council Bluffs	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	25,581.0	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 23 NEBRASKA: 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
$14,871M	$14,926M	1.35	1.07	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 23 NEBRASKA: 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 23 NEBRASKA: 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
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 23 Iowa Central

VA's recommendation for the VISN 23 Iowa 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 23 Iowa 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 23 Iowa 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 23 IOWA 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	33,632 (100%)	33,632 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	13,041 (100%)	13,041 (100%)	Pass
IP Med/Surg	Women Enrollees	2,018 (100%)	2,018 (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	6,948 (100%)	6,948 (100%)	Pass
IP Med/Surg	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
IP Med/Surg	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
IP Med/Surg	Rural Enrollees	20,366 (100%)	20,366 (100%)	Pass
IP CLC	All Enrollees	33,632 (100%)	33,632 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	13,041 (100%)	13,041 (100%)	Pass
IP CLC	Women Enrollees	2,018 (100%)	2,018 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	6,948 (100%)	6,948 (100%)	Pass
IP CLC	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
IP CLC	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
IP CLC	Rural Enrollees	20,366 (100%)	20,366 (100%)	Pass
IP MH	All Enrollees	33,632 (100%)	33,632 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	13,041 (100%)	13,041 (100%)	Pass
IP MH	Women Enrollees	2,018 (100%)	2,018 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	6,948 (100%)	6,948 (100%)	Pass
IP MH	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
IP MH	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
IP MH	Rural Enrollees	20,366 (100%)	20,366 (100%)	Pass
OP ED/UC	All Enrollees	33,462 (99.5%)	33,632 (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	12,961 (99.4%)	13,041 (100%)	Pass
OP ED/UC	Women Enrollees	2,007 (99.5%)	2,018 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	6,928 (99.7%)	6,948 (100%)	Pass
OP ED/UC	Minority Enrollees	1,632 (100%)	1,633 (100%)	Pass
OP ED/UC	65+ Enrollees	18,885 (99.4%)	19,002 (100%)	Pass
OP ED/UC	Rural Enrollees	20,197 (99.2%)	20,366 (100%)	Pass
OP MH	All Enrollees	32,711 (97.3%)	32,895 (97.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	12,418 (95.2%)	12,566 (96.4%)	Pass
OP MH	Women Enrollees	1,976 (98%)	1,983 (98.3%)	Pass
OP MH	High Service Disability Rating Enrollees	6,790 (97.7%)	6,824 (98.2%)	Pass
OP MH	Minority Enrollees	1,615 (98.9%)	1,620 (99.2%)	Pass
OP MH	65+ Enrollees	18,389 (96.8%)	18,510 (97.4%)	Pass
OP MH	Rural Enrollees	19,445 (95.5%)	19,630 (96.4%)	Pass
OP PC	All Enrollees	33,604 (99.9%)	33,605 (99.9%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	13,029 (99.9%)	13,029 (99.9%)	Pass
OP PC	Women Enrollees	2,017 (100%)	2,017 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	6,943 (99.9%)	6,943 (99.9%)	Pass
OP PC	Minority Enrollees	1,632 (99.9%)	1,632 (99.9%)	Pass
OP PC	65+ Enrollees	18,985 (99.9%)	18,985 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	20,338 (99.9%)	20,339 (99.9%)	Pass
OP Surgery Capability	All Enrollees	33,632 (100%)	33,632 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	13,041 (100%)	13,041 (100%)	Pass
OP Surgery Capability	Women Enrollees	2,018 (100%)	2,018 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	6,948 (100%)	6,948 (100%)	Pass
OP Surgery Capability	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
OP Surgery Capability	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
OP Surgery Capability	Rural Enrollees	20,366 (100%)	20,366 (100%)	Pass
OP Medical Specialist	All Enrollees	33,632 (100%)	33,632 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	13,041 (100%)	13,041 (100%)	Pass
OP Medical Specialist	Women Enrollees	2,018 (100%)	2,018 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	6,948 (100%)	6,948 (100%)	Pass
OP Medical Specialist	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
OP Medical Specialist	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
OP Medical Specialist	Rural Enrollees	20,366 (100%)	20,366 (100%)	Pass
OP Rehabilitation	All Enrollees	33,632 (100%)	33,632 (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	13,041 (100%)	13,041 (100%)	Pass
OP Rehabilitation	Women Enrollees	2,018 (100%)	2,018 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	6,948 (100%)	6,948 (100%)	Pass
OP Rehabilitation	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
OP Rehabilitation	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
OP Rehabilitation	Rural Enrollees	20,366 (100%)	20,366 (100%)	Pass
OP Surgical Specialist	All Enrollees	33,632 (100%)	33,632 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	13,041 (100%)	13,041 (100%)	Pass
OP Surgical Specialist	Women Enrollees	2,018 (100%)	2,018 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	6,948 (100%)	6,948 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	1,633 (100%)	1,633 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	19,002 (100%)	19,002 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	20,366 (100%)	20,366 (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 23 Iowa Central market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 IOWA 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 Iowa 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 23 Iowa 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 23 IOWA 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)	52	45	636	681	629	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	11	10	9	19	8	Pass
IP CLC	Bed Shortage / Surplus (Market level)	179	98	1,193	1,291	1,112	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 23 Iowa Central is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 IOWA 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 IOWA 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)	0.2	0.7	0.4	1.1	1.0	Pass
Amb Medical: Cardiology (Service)	1.8	2.4	3.2	5.6	4.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.1	5.4	1.6	6.9	5.0	Pass
Amb Medical: Dermatology (Service)	1.9	2.2	1.7	3.9	2.0	Pass
Amb Medical: Emergency Medicine (Service)	6.7	7.3	7.4	14.7	8.0	Pass
Amb Medical: Endocrinology (Service)	1.1	3.2	0.5	3.7	3.0	Pass
Amb Medical: Gastroenterology (Service)	1.2	4.9	1.0	5.9	5.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.9	11.6	1.2	12.7	10.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	1.5	0.5	1.9	2.0	Pass
Amb Medical: Nephrology (Service)	0.7	4.9	0.7	5.5	5.0	Pass
Amb Medical: Neurology (Service)	2.2	14.9	1.1	16.0	14.0	Pass
Amb Medical: Optometry (Service)	4.6	19.1	6.0	25.1	20.0	Pass
Amb Medical: Pain Medicine (Service)	0.7	1.2	0.7	2.0	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.1	18.1	0.7	18.8	16.0	Pass
Amb Medical: Rheumatology (Service)	0.3	3.0	0.5	3.5	3.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.3	0.0	0.3	0.3	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	0.2	3.2	3.4	3.0	Pass
Amb Surgical: Ophthalmology (Service)	5.5	4.5	1.6	6.2	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.0	3.1	2.5	5.6	4.0	Pass
Amb Surgical: Otolaryngology (Service)	1.4	1.3	1.0	2.3	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	2.2	0.5	2.7	3.0	Pass
Amb Surgical: Podiatry (Service)	3.5	7.0	2.2	9.2	6.0	Pass
Amb Surgical: Surgery (Service)	2.1	11.9	6.5	18.3	16.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	2.3	0.2	2.4	2.0	Pass
Amb Surgical: Urology (Service)	1.5	4.0	1.2	5.2	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.4	0.4	0.3	0.7	0.0	Pass
Dental	0.0	0.0	0.7	0.7	1.0	Pass
MH	48.0	90.2	19.4	109.6	62.0	Pass
PC	32.7	110.7	60.1	170.8	138.0	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 23 Iowa 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 23 Iowa 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 23 IOWA 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
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 23 IOWA 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 23 Iowa 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 23 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 23 IOWA CENTRAL: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (636A6) Des Moines	$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 23 IOWA 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 23 IOWA CENTRAL: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.15	0.72	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 23 Iowa 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 23 IOWA CENTRAL: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (636A6) Des Moines	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	22,815.0	Pass
VAMC	(V23) (636A6) Des Moines	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V23) (636A6) Des Moines	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	20.6	Pass
VAMC	(V23) (636A6) Des Moines	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	1,943.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V23) (636GD) Marshalltown	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	17,903.0	Pass
MS CBOC	(V23) (636GM) Carroll	MS CBOC	Facility Meets or Exceeds Target of 2 Specialties > 499 Encounters	5.0	Pass
MS CBOC	(V23) (636GR) Knoxville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	19,344.0	Pass
MS CBOC	(V23) (636GC) Mason City	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	6,283.0	Pass
CBOC	(V23) (XXX) Ames	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,442.0	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 23 IOWA 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
$9,155M	$8,698M	0.92	0.72	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 23 IOWA 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 23 IOWA 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
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 23 North Dakota

VA's recommendation for the VISN 23 North Dakota 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 23 North Dakota 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 23 North Dakota 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 23 NORTH DAKOTA: 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	37,088 (99.9%)	37,088 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	7,961 (99.9%)	7,961 (99.9%)	Pass
IP Med/Surg	Women Enrollees	2,638 (99.9%)	2,638 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	8,922 (99.9%)	8,922 (99.9%)	Pass
IP Med/Surg	Minority Enrollees	2,037 (99.7%)	2,037 (99.7%)	Pass
IP Med/Surg	65+ Enrollees	20,294 (99.9%)	20,294 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	25,543 (99.9%)	25,543 (99.9%)	Pass
IP CLC	All Enrollees	33,514 (90.3%)	36,089 (97.2%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	7,322 (91.9%)	7,768 (97.5%)	Pass
IP CLC	Women Enrollees	2,422 (91.7%)	2,568 (97.3%)	Pass
IP CLC	High Service Disability Rating Enrollees	8,202 (91.9%)	8,715 (97.6%)	Pass
IP CLC	Minority Enrollees	1,782 (87.2%)	1,921 (94.1%)	Pass
IP CLC	65+ Enrollees	18,433 (90.8%)	19,719 (97.1%)	Pass
IP CLC	Rural Enrollees	21,969 (85.9%)	24,544 (96%)	Pass
IP MH	All Enrollees	37,088 (99.9%)	37,088 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	7,961 (99.9%)	7,961 (99.9%)	Pass
IP MH	Women Enrollees	2,638 (99.9%)	2,638 (99.9%)	Pass
IP MH	High Service Disability Rating Enrollees	8,922 (99.9%)	8,922 (99.9%)	Pass
IP MH	Minority Enrollees	2,037 (99.7%)	2,037 (99.7%)	Pass
IP MH	65+ Enrollees	20,294 (99.9%)	20,294 (99.9%)	Pass
IP MH	Rural Enrollees	25,543 (99.9%)	25,543 (99.9%)	Pass
OP ED/UC	All Enrollees	33,500 (90.3%)	34,880 (94%)	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	6,258 (78.5%)	6,883 (86.4%)	Pass
OP ED/UC	Women Enrollees	2,417 (91.6%)	2,507 (95%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	8,213 (92%)	8,494 (95.1%)	Pass
OP ED/UC	Minority Enrollees	1,804 (88.3%)	1,870 (91.6%)	Pass
OP ED/UC	65+ Enrollees	17,942 (88.3%)	18,823 (92.7%)	Pass
OP ED/UC	Rural Enrollees	21,955 (85.9%)	23,335 (91.3%)	Pass
OP MH	All Enrollees	31,607 (85.2%)	31,704 (85.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	5,173 (64.9%)	5,215 (65.4%)	Pass
OP MH	Women Enrollees	2,324 (88%)	2,325 (88.1%)	Pass
OP MH	High Service Disability Rating Enrollees	7,754 (86.8%)	7,774 (87.1%)	Pass
OP MH	Minority Enrollees	1,842 (90.2%)	1,853 (90.7%)	Pass
OP MH	65+ Enrollees	16,593 (81.7%)	16,666 (82.1%)	Pass
OP MH	Rural Enrollees	20,062 (78.5%)	20,159 (78.9%)	Pass
OP PC	All Enrollees	35,664 (96.1%)	36,070 (97.2%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	7,104 (89.1%)	7,455 (93.5%)	Pass
OP PC	Women Enrollees	2,538 (96.1%)	2,567 (97.2%)	Pass
OP PC	High Service Disability Rating Enrollees	8,633 (96.7%)	8,709 (97.5%)	Pass
OP PC	Minority Enrollees	1,947 (95.3%)	2,008 (98.3%)	Pass
OP PC	65+ Enrollees	19,366 (95.3%)	19,613 (96.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	24,118 (94.3%)	24,525 (95.9%)	Pass
OP Surgery Capability	All Enrollees	36,499 (98.4%)	36,509 (98.4%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	7,744 (97.2%)	7,754 (97.3%)	Pass
OP Surgery Capability	Women Enrollees	2,612 (98.9%)	2,612 (98.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	8,802 (98.6%)	8,804 (98.6%)	Pass
OP Surgery Capability	Minority Enrollees	2,003 (98.1%)	2,003 (98.1%)	Pass
OP Surgery Capability	65+ Enrollees	19,879 (97.9%)	19,887 (97.9%)	Pass
OP Surgery Capability	Rural Enrollees	24,953 (97.6%)	24,963 (97.6%)	Pass
OP Medical Specialist	All Enrollees	37,099 (100%)	37,099 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	7,969 (100%)	7,969 (100%)	Pass
OP Medical Specialist	Women Enrollees	2,640 (100%)	2,640 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	8,927 (100%)	8,927 (100%)	Pass
OP Medical Specialist	Minority Enrollees	2,042 (100%)	2,042 (100%)	Pass
OP Medical Specialist	65+ Enrollees	20,300 (99.9%)	20,300 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	25,553 (100%)	25,553 (100%)	Pass
OP Rehabilitation	All Enrollees	36,874 (99.4%)	36,874 (99.4%)	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	7,818 (98.1%)	7,818 (98.1%)	Pass
OP Rehabilitation	Women Enrollees	2,632 (99.7%)	2,632 (99.7%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	8,883 (99.5%)	8,883 (99.5%)	Pass
OP Rehabilitation	Minority Enrollees	2,040 (99.9%)	2,040 (99.9%)	Pass
OP Rehabilitation	65+ Enrollees	20,141 (99.2%)	20,141 (99.2%)	Pass
OP Rehabilitation	Rural Enrollees	25,329 (99.1%)	25,329 (99.1%)	Pass
OP Surgical Specialist	All Enrollees	36,499 (98.4%)	36,509 (98.4%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	7,744 (97.2%)	7,754 (97.3%)	Pass
OP Surgical Specialist	Women Enrollees	2,612 (98.9%)	2,612 (98.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	8,802 (98.6%)	8,804 (98.6%)	Pass
OP Surgical Specialist	Minority Enrollees	2,003 (98.1%)	2,003 (98.1%)	Pass
OP Surgical Specialist	65+ Enrollees	19,879 (97.9%)	19,887 (97.9%)	Pass
OP Surgical Specialist	Rural Enrollees	24,953 (97.6%)	24,963 (97.6%)	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 23 North Dakota market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 NORTH DAKOTA: 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 North Dakota 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 23 North Dakota 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 23 NORTH DAKOTA: 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)	41	26	822	848	807	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	11	9	43	52	41	Pass
IP CLC	Bed Shortage / Surplus (Market level)	234	55	179	234	0	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 23 North Dakota is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 NORTH DAKOTA: 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 NORTH DAKOTA: 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	0.0	0.2	0.2	0.0	Pass
Amb Medical: Cardiology (Service)	2.2	1.4	2.2	3.6	1.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.7	1.0	1.6	2.7	1.0	Pass
Amb Medical: Dermatology (Service)	1.5	0.2	1.7	1.9	0.0	Pass
Amb Medical: Emergency Medicine (Service)	4.2	2.6	7.0	9.6	5.0	Pass
Amb Medical: Endocrinology (Service)	0.5	0.4	0.5	0.9	0.0	Pass
Amb Medical: Gastroenterology (Service)	0.9	0.3	0.7	1.1	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.5	1.6	1.3	2.9	0.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	0.1	0.6	0.7	1.0	Pass
Amb Medical: Nephrology (Service)	1.3	0.5	0.7	1.3	0.0	Pass
Amb Medical: Neurology (Service)	3.1	2.3	1.3	3.6	0.0	Pass
Amb Medical: Optometry (Service)	6.4	5.0	5.8	10.8	4.0	Pass
Amb Medical: Pain Medicine (Service)	1.2	0.8	0.7	1.5	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.3	2.6	0.6	3.2	0.0	Pass
Amb Medical: Rheumatology (Service)	0.8	0.8	0.4	1.2	0.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.8	0.0	0.8	0.8	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.5	0.2	3.4	3.5	3.0	Pass
Amb Surgical: Ophthalmology (Service)	4.2	2.8	1.4	4.2	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.2	1.0	2.5	3.5	1.0	Pass
Amb Surgical: Otolaryngology (Service)	1.4	0.5	1.3	1.8	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	0.1	0.5	0.6	0.0	Pass
Amb Surgical: Podiatry (Service)	2.1	1.2	1.4	2.6	0.0	Pass
Amb Surgical: Surgery (Service)	4.0	2.3	7.2	9.4	5.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	0.0	0.2	0.2	0.0	Pass
Amb Surgical: Urology (Service)	2.0	1.2	1.0	2.2	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.3	0.1	0.2	0.3	0.0	Pass
Dental	0.0	0.0	0.3	0.3	0.0	Pass
MH	34.7	32.8	21.5	54.3	20.0	Pass
PC	36.5	28.0	59.9	87.9	51.0	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 23 North Dakota 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 23 North Dakota 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 23 NORTH DAKOTA: 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 23 NORTH DAKOTA: 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 23 North Dakota 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 23 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 23 NORTH DAKOTA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (437) Fargo	$79,536.00	Research Maintained at Site	Pass

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

TABLE 9 – VISN 23 NORTH DAKOTA: 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 23 NORTH DAKOTA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.14	0.66	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 23 North Dakota 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 23 NORTH DAKOTA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (437) Fargo	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	32.1	Pass
VAMC	(V23) (437) Fargo	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V23) (437) Fargo	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	22.5	Pass
VAMC	(V23) (437) Fargo	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	2,464.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V23) (437GB) Bismarck	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	4,703.0	Pass
CBOC	(V23) (437GC) Fergus Falls	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,122.0	Pass
CBOC	(V23) (437GD) Minot	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,924.0	Pass
CBOC	(V23) (437GE) Bemidji	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	3,264.0	Pass
CBOC	(V23) (437GF) Williston	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,278.0	Pass
CBOC	(V23) (437GI) Grand Forks	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,690.0	Pass
CBOC	(V23) (437GJ) Dickinson	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	4,824.0	Pass
CBOC	(V23) (437GK) Jamestown	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,331.0	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 23 NORTH DAKOTA: 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
$8,496M	$8,593M	0.85	0.66	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 23 NORTH DAKOTA: 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 23 NORTH DAKOTA: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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 23 Minnesota East

VA's recommendation for the VISN 23 Minnesota East 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 23 Minnesota East 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 23 Minnesota East 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 23 MINNESOTA EAST: 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	105,457 (100%)	105,457 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	13,958 (99.9%)	13,958 (99.9%)	Pass
IP Med/Surg	Women Enrollees	6,514 (99.9%)	6,514 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	22,223 (100%)	22,223 (100%)	Pass
IP Med/Surg	Minority Enrollees	6,159 (100%)	6,159 (100%)	Pass
IP Med/Surg	65+ Enrollees	61,067 (100%)	61,067 (100%)	Pass
IP Med/Surg	Rural Enrollees	45,268 (99.9%)	45,268 (99.9%)	Pass
IP CLC	All Enrollees	101,943 (96.6%)	104,350 (98.9%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	13,079 (93.6%)	13,647 (97.6%)	Pass
IP CLC	Women Enrollees	6,326 (97.1%)	6,465 (99.2%)	Pass
IP CLC	High Service Disability Rating Enrollees	21,418 (96.3%)	21,935 (98.7%)	Pass
IP CLC	Minority Enrollees	6,087 (98.8%)	6,125 (99.5%)	Pass
IP CLC	65+ Enrollees	58,740 (96.1%)	60,272 (98.7%)	Pass
IP CLC	Rural Enrollees	41,754 (92.1%)	44,161 (97.5%)	Pass
IP MH	All Enrollees	105,457 (100%)	105,457 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	13,958 (99.9%)	13,958 (99.9%)	Pass
IP MH	Women Enrollees	6,514 (99.9%)	6,514 (99.9%)	Pass
IP MH	High Service Disability Rating Enrollees	22,223 (100%)	22,223 (100%)	Pass
IP MH	Minority Enrollees	6,159 (100%)	6,159 (100%)	Pass
IP MH	65+ Enrollees	61,067 (100%)	61,067 (100%)	Pass
IP MH	Rural Enrollees	45,268 (99.9%)	45,268 (99.9%)	Pass
OP ED/UC	All Enrollees	104,602 (99.1%)	104,602 (99.1%)	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	13,529 (96.8%)	13,529 (96.8%)	Pass
OP ED/UC	Women Enrollees	6,478 (99.4%)	6,478 (99.4%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	21,965 (98.8%)	21,965 (98.8%)	Pass
OP ED/UC	Minority Enrollees	6,135 (99.6%)	6,135 (99.6%)	Pass
OP ED/UC	65+ Enrollees	60,466 (99%)	60,466 (99%)	Pass
OP ED/UC	Rural Enrollees	44,413 (98%)	44,413 (98%)	Pass
OP MH	All Enrollees	102,835 (97.5%)	102,840 (97.5%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	13,018 (93.1%)	13,018 (93.1%)	Pass
OP MH	Women Enrollees	6,395 (98.1%)	6,396 (98.1%)	Pass
OP MH	High Service Disability Rating Enrollees	21,572 (97%)	21,575 (97.1%)	Pass
OP MH	Minority Enrollees	6,103 (99.1%)	6,103 (99.1%)	Pass
OP MH	65+ Enrollees	59,269 (97%)	59,273 (97%)	Pass
OP MH	Rural Enrollees	42,645 (94.1%)	42,650 (94.1%)	Pass
OP PC	All Enrollees	104,935 (99.5%)	105,020 (99.5%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	13,828 (98.9%)	13,831 (99%)	Pass
OP PC	Women Enrollees	6,492 (99.6%)	6,493 (99.6%)	Pass
OP PC	High Service Disability Rating Enrollees	22,086 (99.4%)	22,110 (99.5%)	Pass
OP PC	Minority Enrollees	6,133 (99.6%)	6,138 (99.7%)	Pass
OP PC	65+ Enrollees	60,697 (99.3%)	60,759 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	44,745 (98.7%)	44,830 (98.9%)	Pass
OP Surgery Capability	All Enrollees	105,090 (99.6%)	105,090 (99.6%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	13,880 (99.3%)	13,880 (99.3%)	Pass
OP Surgery Capability	Women Enrollees	6,503 (99.8%)	6,503 (99.8%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	22,116 (99.5%)	22,116 (99.5%)	Pass
OP Surgery Capability	Minority Enrollees	6,148 (99.8%)	6,148 (99.8%)	Pass
OP Surgery Capability	65+ Enrollees	60,789 (99.5%)	60,789 (99.5%)	Pass
OP Surgery Capability	Rural Enrollees	44,900 (99.1%)	44,900 (99.1%)	Pass
OP Medical Specialist	All Enrollees	105,486 (100%)	105,486 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	13,976 (100%)	13,976 (100%)	Pass
OP Medical Specialist	Women Enrollees	6,518 (100%)	6,518 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	22,226 (100%)	22,226 (100%)	Pass
OP Medical Specialist	Minority Enrollees	6,159 (100%)	6,159 (100%)	Pass
OP Medical Specialist	65+ Enrollees	61,082 (100%)	61,082 (100%)	Pass
OP Medical Specialist	Rural Enrollees	45,296 (100%)	45,296 (100%)	Pass
OP Rehabilitation	All Enrollees	105,011 (99.5%)	105,011 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	13,652 (97.7%)	13,652 (97.7%)	Pass
OP Rehabilitation	Women Enrollees	6,496 (99.7%)	6,496 (99.7%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	22,088 (99.4%)	22,088 (99.4%)	Pass
OP Rehabilitation	Minority Enrollees	6,151 (99.9%)	6,151 (99.9%)	Pass
OP Rehabilitation	65+ Enrollees	60,759 (99.5%)	60,759 (99.5%)	Pass
OP Rehabilitation	Rural Enrollees	44,821 (98.9%)	44,821 (98.9%)	Pass
OP Surgical Specialist	All Enrollees	105,090 (99.6%)	105,090 (99.6%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	13,880 (99.3%)	13,880 (99.3%)	Pass
OP Surgical Specialist	Women Enrollees	6,503 (99.8%)	6,503 (99.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	22,116 (99.5%)	22,116 (99.5%)	Pass
OP Surgical Specialist	Minority Enrollees	6,148 (99.8%)	6,148 (99.8%)	Pass
OP Surgical Specialist	65+ Enrollees	60,789 (99.5%)	60,789 (99.5%)	Pass
OP Surgical Specialist	Rural Enrollees	44,900 (99.1%)	44,900 (99.1%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 23 Minnesota East market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 MINNESOTA EAST: 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 Minnesota East 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 23 Minnesota East 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 23 MINNESOTA EAST: 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)	131	122	1,394	1,516	1,385	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	36	26	12	38	2	Pass
IP CLC	Bed Shortage / Surplus (Market level)	626	84	1,394	1,478	852	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 23 Minnesota East is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 MINNESOTA EAST: 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 MINNESOTA EAST: 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)	0.5	0.4	2.1	2.5	2.0	Pass
Amb Medical: Cardiology (Service)	5.9	8.3	18.7	27.0	21.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.0	7.5	10.0	17.5	15.0	Pass
Amb Medical: Dermatology (Service)	6.4	7.4	11.7	19.1	13.0	Pass
Amb Medical: Emergency Medicine (Service)	7.7	3.5	39.1	42.6	35.0	Pass
Amb Medical: Endocrinology (Service)	1.7	2.5	4.5	7.0	5.0	Pass
Amb Medical: Gastroenterology (Service)	4.6	4.2	9.5	13.7	9.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	6.7	5.6	11.8	17.4	11.0	Pass
Amb Medical: Infectious Diseases (Service)	0.5	0.5	4.0	4.4	4.0	Pass
Amb Medical: Nephrology (Service)	4.5	5.5	5.2	10.7	6.0	Pass
Amb Medical: Neurology (Service)	4.1	3.3	13.7	17.0	13.0	Pass
Amb Medical: Optometry (Service)	11.8	19.8	15.0	34.8	23.0	Pass
Amb Medical: Pain Medicine (Service)	3.8	5.5	3.5	9.0	5.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	12.4	18.7	7.0	25.7	13.0	Pass
Amb Medical: Rheumatology (Service)	2.2	2.1	3.0	5.2	3.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.2	0.4	3.4	3.8	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.1	1.5	20.9	22.5	21.0	Pass
Amb Surgical: Ophthalmology (Service)	18.4	14.2	10.2	24.4	6.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	5.0	3.3	15.3	18.6	14.0	Pass
Amb Surgical: Otolaryngology (Service)	3.9	3.6	6.9	10.5	7.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	0.6	2.9	3.6	3.0	Pass
Amb Surgical: Podiatry (Service)	5.7	4.9	5.0	9.9	4.0	Pass
Amb Surgical: Surgery (Service)	4.8	7.8	36.5	44.3	40.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.4	0.2	1.5	1.7	1.0	Pass
Amb Surgical: Urology (Service)	4.6	5.1	6.4	11.5	7.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.9	1.8	1.6	3.4	2.0	Pass
Dental	0.0	0.0	3.0	3.0	3.0	Pass
MH	118.0	124.2	133.2	257.4	139.0	Pass
PC	108.3	110.3	289.7	400.0	292.0	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 23 Minnesota East 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 23 Minnesota East 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 23 MINNESOTA EAST: 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 23 MINNESOTA EAST: 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 23 Minnesota East 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 23 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 23 MINNESOTA EAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (618) Minneapolis	$11,505,093.00	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 23 MINNESOTA EAST: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V23) (618) Minneapolis	(V23) (618) Minneapolis	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 23 MINNESOTA EAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.79	1.92	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 23 Minnesota East 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 23 MINNESOTA EAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (618) Minneapolis	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	75,314.0	Pass
VAMC	(V23) (618) Minneapolis	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	75,314.0	Pass
VAMC	(V23) (618) Minneapolis	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	75,314.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (618) Minneapolis	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	75,314.0	Pass
MS CBOC	(V23) (618BY) Twin Ports	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	8,386.0	Pass
MS CBOC	(V23) (618GD) Maplewood	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	75,933.0	Pass
MS CBOC	(V23) (618GE) Chippewa Valley	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	11,089.0	Pass
MS CBOC	(V23) (618GG) Rochester	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,102.0	Pass
MS CBOC	(V23) (618GI) Northwest Metro	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	77,525.0	Pass
MS CBOC	(V23) (618GJ) Shakopee	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	71,362.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V23) (618GH) Hayward	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	3,481.0	Pass
CBOC	(V23) (618GK) Albert Lea	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,076.0	Pass
CBOC	(V23) (618GL) Minneapolis-Harmon Place	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	47,440.0	Pass
CBOC	(V23) (618GM) Rice Lake	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,749.0	Pass
CBOC	(V23) (618GN) Mankato	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,861.0	Pass
CBOC	(V23) (618GB) Hibbing	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,940.0	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 23 MINNESOTA EAST: 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
$26,658M	$26,874M	2.42	1.92	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 23 MINNESOTA EAST: 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 23 MINNESOTA EAST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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
Supports providing inpatient care in private, single patient rooms (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 23 South Dakota West

VA's recommendation for the VISN 23 South Dakota West 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 23 South Dakota West 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 23 South Dakota West 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 23 SOUTH DAKOTA WEST: 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	20,896 (99.4%)	20,890 (99.3%)	Fail
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	6,156 (99.2%)	6,156 (99.2%)	Pass
IP Med/Surg	Women Enrollees	1,882 (99.3%)	1,881 (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
IP Med/Surg	High Service Disability Rating Enrollees	5,030 (99.5%)	5,029 (99.4%)	Fail
IP Med/Surg	Minority Enrollees	2,160 (99.6%)	2,160 (99.6%)	Pass
IP Med/Surg	65+ Enrollees	10,811 (99.2%)	10,809 (99.1%)	Fail
IP Med/Surg	Rural Enrollees	13,212 (99%)	13,206 (98.9%)	Fail
IP CLC	All Enrollees	17,514 (83.3%)	18,521 (88.1%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	4,619 (74.4%)	5,070 (81.7%)	Pass
IP CLC	Women Enrollees	1,632 (86.2%)	1,681 (88.8%)	Pass
IP CLC	High Service Disability Rating Enrollees	4,437 (87.7%)	4,560 (90.2%)	Pass
IP CLC	Minority Enrollees	1,654 (76.2%)	1,774 (81.8%)	Pass
IP CLC	65+ Enrollees	8,817 (80.9%)	9,410 (86.3%)	Pass
IP CLC	Rural Enrollees	9,831 (73.7%)	10,837 (81.2%)	Pass
IP MH	All Enrollees	20,896 (99.4%)	20,890 (99.3%)	Fail
IP MH	Enrollees Living in Disadvantaged Neighborhoods	6,156 (99.2%)	6,156 (99.2%)	Pass
IP MH	Women Enrollees	1,882 (99.3%)	1,881 (99.3%)	Pass
IP MH	High Service Disability Rating Enrollees	5,030 (99.5%)	5,029 (99.4%)	Fail
IP MH	Minority Enrollees	2,160 (99.6%)	2,160 (99.6%)	Pass
IP MH	65+ Enrollees	10,811 (99.2%)	10,809 (99.1%)	Fail
IP MH	Rural Enrollees	13,212 (99%)	13,206 (98.9%)	Fail
OP ED/UC	All Enrollees	17,955 (85.4%)	18,421 (87.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	3,990 (64.3%)	4,442 (71.6%)	Pass
OP ED/UC	Women Enrollees	1,670 (88.2%)	1,706 (90%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	4,489 (88.8%)	4,574 (90.4%)	Pass
OP ED/UC	Minority Enrollees	1,411 (65%)	1,579 (72.8%)	Pass
OP ED/UC	65+ Enrollees	9,058 (83.1%)	9,317 (85.5%)	Pass
OP ED/UC	Rural Enrollees	10,271 (77%)	10,738 (80.5%)	Pass
OP MH	All Enrollees	17,420 (82.8%)	17,451 (83%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	4,062 (65.5%)	4,091 (65.9%)	Pass
OP MH	Women Enrollees	1,611 (85%)	1,615 (85.2%)	Pass
OP MH	High Service Disability Rating Enrollees	4,393 (86.9%)	4,401 (87%)	Pass
OP MH	Minority Enrollees	1,438 (66.3%)	1,456 (67.1%)	Pass
OP MH	65+ Enrollees	8,723 (80%)	8,734 (80.1%)	Pass
OP MH	Rural Enrollees	9,737 (73%)	9,768 (73.2%)	Pass
OP PC	All Enrollees	19,916 (94.7%)	19,960 (94.9%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	5,803 (93.5%)	5,846 (94.2%)	Pass
OP PC	Women Enrollees	1,796 (94.8%)	1,798 (94.9%)	Pass
OP PC	High Service Disability Rating Enrollees	4,835 (95.6%)	4,844 (95.8%)	Pass
OP PC	Minority Enrollees	1,842 (84.9%)	1,869 (86.2%)	Pass
OP PC	65+ Enrollees	10,287 (94.4%)	10,308 (94.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	12,232 (91.7%)	12,277 (92%)	Pass
OP Surgery Capability	All Enrollees	19,617 (93.3%)	19,617 (93.3%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	5,393 (86.9%)	5,393 (86.9%)	Pass
OP Surgery Capability	Women Enrollees	1,765 (93.2%)	1,765 (93.2%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	4,779 (94.5%)	4,779 (94.5%)	Pass
OP Surgery Capability	Minority Enrollees	1,891 (87.2%)	1,891 (87.2%)	Pass
OP Surgery Capability	65+ Enrollees	10,089 (92.5%)	10,089 (92.5%)	Pass
OP Surgery Capability	Rural Enrollees	11,933 (89.4%)	11,933 (89.4%)	Pass
OP Medical Specialist	All Enrollees	20,575 (97.8%)	20,585 (97.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	5,933 (95.6%)	5,943 (95.8%)	Pass
OP Medical Specialist	Women Enrollees	1,846 (97.5%)	1,847 (97.5%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	4,968 (98.2%)	4,969 (98.3%)	Pass
OP Medical Specialist	Minority Enrollees	1,936 (89.3%)	1,938 (89.3%)	Pass
OP Medical Specialist	65+ Enrollees	10,682 (98%)	10,689 (98%)	Pass
OP Medical Specialist	Rural Enrollees	12,891 (96.6%)	12,901 (96.7%)	Pass
OP Rehabilitation	All Enrollees	20,319 (96.6%)	20,319 (96.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	5,874 (94.7%)	5,874 (94.7%)	Pass
OP Rehabilitation	Women Enrollees	1,830 (96.6%)	1,830 (96.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	4,915 (97.2%)	4,915 (97.2%)	Pass
OP Rehabilitation	Minority Enrollees	1,903 (87.7%)	1,903 (87.7%)	Pass
OP Rehabilitation	65+ Enrollees	10,520 (96.5%)	10,520 (96.5%)	Pass
OP Rehabilitation	Rural Enrollees	12,635 (94.7%)	12,635 (94.7%)	Pass
OP Surgical Specialist	All Enrollees	19,901 (94.6%)	19,906 (94.7%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	5,493 (88.5%)	5,493 (88.5%)	Pass
OP Surgical Specialist	Women Enrollees	1,792 (94.6%)	1,793 (94.7%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	4,852 (95.9%)	4,853 (96%)	Pass
OP Surgical Specialist	Minority Enrollees	1,904 (87.8%)	1,904 (87.8%)	Pass
OP Surgical Specialist	65+ Enrollees	10,270 (94.2%)	10,273 (94.2%)	Pass
OP Surgical Specialist	Rural Enrollees	12,217 (91.5%)	12,223 (91.6%)	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 23 South Dakota West market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 SOUTH DAKOTA WEST: 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 South Dakota West 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 23 South Dakota West 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 23 SOUTH DAKOTA WEST: 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	0	391	391	365	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	5	4	9	13	8	Pass
IP CLC	Bed Shortage / Surplus (Market level)	88	54	121	175	87	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 23 South Dakota West is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 SOUTH DAKOTA WEST: 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 SOUTH DAKOTA WEST: 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)	0.1	1.5	0.1	1.6	2.0	Pass
Amb Medical: Cardiology (Service)	1.3	5.4	0.7	6.1	5.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.2	8.1	0.5	8.6	7.0	Pass
Amb Medical: Dermatology (Service)	2.5	2.5	1.0	3.4	1.0	Pass
Amb Medical: Emergency Medicine (Service)	1.7	2.7	2.4	5.2	4.0	Pass
Amb Medical: Endocrinology (Service)	0.1	2.5	0.1	2.6	3.0	Pass
Amb Medical: Gastroenterology (Service)	0.5	2.2	0.3	2.5	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	0.9	2.4	0.2	2.6	2.0	Pass
Amb Medical: Infectious Diseases (Service)	0.0	1.6	0.1	1.7	2.0	Pass
Amb Medical: Nephrology (Service)	0.7	3.3	0.3	3.6	3.0	Pass
Amb Medical: Neurology (Service)	1.1	4.1	0.5	4.5	3.0	Pass
Amb Medical: Optometry (Service)	3.7	10.5	1.5	12.0	8.0	Pass
Amb Medical: Pain Medicine (Service)	0.2	2.8	0.1	2.9	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.7	17.6	0.5	18.1	14.0	Pass
Amb Medical: Rheumatology (Service)	0.1	1.5	0.1	1.6	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.7	0.6	0.3	1.0	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	0.0	0.7	0.7	0.0	Pass
Amb Surgical: Ophthalmology (Service)	3.3	3.6	0.6	4.2	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.3	1.4	1.0	2.5	0.0	Pass
Amb Surgical: Otolaryngology (Service)	0.9	2.1	0.5	2.5	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	1.8	0.1	1.9	2.0	Pass
Amb Surgical: Podiatry (Service)	1.9	5.1	0.5	5.5	4.0	Pass
Amb Surgical: Surgery (Service)	2.2	3.7	2.9	6.6	4.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	1.7	0.1	1.8	2.0	Pass
Amb Surgical: Urology (Service)	1.5	1.3	0.4	1.8	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.1	1.9	0.0	1.9	2.0	Pass
Dental	0.0	0.0	0.3	0.3	0.0	Pass
MH	31.5	66.8	4.7	71.5	40.0	Pass
PC	21.3	82.8	19.5	102.4	81.0	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 23 South Dakota West 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 23 South Dakota West 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 23 SOUTH DAKOTA WEST: 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 23 SOUTH DAKOTA WEST: 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 23 South Dakota West 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 23 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 23 SOUTH DAKOTA WEST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (568) Fort Meade	$0.00	Maintained	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (568A4) Hot Springs	$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 23 SOUTH DAKOTA WEST: 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 23 SOUTH DAKOTA WEST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.90	0.43	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 23 South Dakota West 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 23 SOUTH DAKOTA WEST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (586XX) Rapid City	IP CLC	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V23) (586XX) Rapid City	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	17.6	Pass
MS CBOC	(V23) (XXX) Sturgis	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	11,438.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V23) (568A4) Hot Springs [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	5,606.0	Pass
CBOC	(V23) (568HH) Scottsbluff	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,463.0	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 23 SOUTH DAKOTA WEST: 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
$6,332M	$6,001M	0.63	0.43	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 23 SOUTH DAKOTA WEST: 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 23 SOUTH DAKOTA WEST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass
Forms partnerships/alliances to improve quality and coordination of care. (Yes/No)	Yes	Pass
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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 23 Iowa East

VA's recommendation for the VISN 23 Iowa East 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 23 Iowa East 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 23 Iowa East 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 23 IOWA EAST: 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	51,733 (100%)	51,733 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	23,228 (100%)	23,228 (100%)	Pass
IP Med/Surg	Women Enrollees	3,104 (100%)	3,104 (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	10,191 (100%)	10,191 (100%)	Pass
IP Med/Surg	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
IP Med/Surg	65+ Enrollees	29,954 (100%)	29,954 (100%)	Pass
IP Med/Surg	Rural Enrollees	32,038 (100%)	32,038 (100%)	Pass
IP CLC	All Enrollees	51,725 (100%)	51,733 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	23,228 (100%)	23,228 (100%)	Pass
IP CLC	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	10,191 (100%)	10,191 (100%)	Pass
IP CLC	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
IP CLC	65+ Enrollees	29,948 (100%)	29,954 (100%)	Pass
IP CLC	Rural Enrollees	32,031 (100%)	32,038 (100%)	Pass
IP MH	All Enrollees	51,733 (100%)	51,733 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	23,228 (100%)	23,228 (100%)	Pass
IP MH	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	10,191 (100%)	10,191 (100%)	Pass
IP MH	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
IP MH	65+ Enrollees	29,954 (100%)	29,954 (100%)	Pass
IP MH	Rural Enrollees	32,038 (100%)	32,038 (100%)	Pass
OP ED/UC	All Enrollees	51,731 (100%)	51,733 (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	23,228 (100%)	23,228 (100%)	Pass
OP ED/UC	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	10,190 (100%)	10,191 (100%)	Pass
OP ED/UC	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
OP ED/UC	65+ Enrollees	29,952 (100%)	29,954 (100%)	Pass
OP ED/UC	Rural Enrollees	32,036 (100%)	32,038 (100%)	Pass
OP MH	All Enrollees	50,505 (97.6%)	50,632 (97.9%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	22,586 (97.2%)	22,671 (97.6%)	Pass
OP MH	Women Enrollees	3,054 (98.4%)	3,057 (98.5%)	Pass
OP MH	High Service Disability Rating Enrollees	9,976 (97.9%)	9,994 (98.1%)	Pass
OP MH	Minority Enrollees	2,584 (99.1%)	2,586 (99.1%)	Pass
OP MH	65+ Enrollees	29,123 (97.2%)	29,211 (97.5%)	Pass
OP MH	Rural Enrollees	30,811 (96.2%)	30,938 (96.6%)	Pass
OP PC	All Enrollees	51,679 (99.9%)	51,719 (100%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	23,215 (99.9%)	23,224 (100%)	Pass
OP PC	Women Enrollees	3,103 (100%)	3,103 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	10,180 (99.9%)	10,188 (100%)	Pass
OP PC	Minority Enrollees	2,608 (100%)	2,608 (100%)	Pass
OP PC	65+ Enrollees	29,910 (99.9%)	29,944 (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	31,984 (99.8%)	32,024 (100%)	Pass
OP Surgery Capability	All Enrollees	51,733 (100%)	51,733 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	23,228 (100%)	23,228 (100%)	Pass
OP Surgery Capability	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	10,191 (100%)	10,191 (100%)	Pass
OP Surgery Capability	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
OP Surgery Capability	65+ Enrollees	29,954 (100%)	29,954 (100%)	Pass
OP Surgery Capability	Rural Enrollees	32,038 (100%)	32,038 (100%)	Pass
OP Medical Specialist	All Enrollees	51,733 (100%)	51,733 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	23,228 (100%)	23,228 (100%)	Pass
OP Medical Specialist	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	10,191 (100%)	10,191 (100%)	Pass
OP Medical Specialist	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
OP Medical Specialist	65+ Enrollees	29,954 (100%)	29,954 (100%)	Pass
OP Medical Specialist	Rural Enrollees	32,038 (100%)	32,038 (100%)	Pass
OP Rehabilitation	All Enrollees	51,733 (100%)	51,733 (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	23,228 (100%)	23,228 (100%)	Pass
OP Rehabilitation	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	10,191 (100%)	10,191 (100%)	Pass
OP Rehabilitation	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
OP Rehabilitation	65+ Enrollees	29,954 (100%)	29,954 (100%)	Pass
OP Rehabilitation	Rural Enrollees	32,038 (100%)	32,038 (100%)	Pass
OP Surgical Specialist	All Enrollees	51,733 (100%)	51,733 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	23,228 (100%)	23,228 (100%)	Pass
OP Surgical Specialist	Women Enrollees	3,104 (100%)	3,104 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	10,191 (100%)	10,191 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	2,609 (100%)	2,609 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	29,954 (100%)	29,954 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	32,038 (100%)	32,038 (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 23 Iowa East market is part of VISN 23, which has the following results:

TABLE 2 – VISN 23 IOWA EAST: 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
23	IP BR	FALSE	FALSE	Pass
23	IP RRTP	TRUE	TRUE	Pass
23	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 23 Iowa East 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 23 Iowa East 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 23 IOWA EAST: 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)	56	52	1,638	1,690	1,634	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	18	14	24	38	20	Pass
IP CLC	Bed Shortage / Surplus (Market level)	207	30	2,076	2,106	1,899	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 23 Iowa East is part of VISN 23, which has the following results:

TABLE 4 – VISN 23 IOWA EAST: 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)	255	280	25	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	29	34	5	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	25	30	5	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 23 IOWA EAST: 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)	0.5	0.4	0.7	1.0	1.0	Pass
Amb Medical: Cardiology (Service)	3.5	6.5	5.0	11.6	8.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.8	7.1	2.6	9.6	8.0	Pass
Amb Medical: Dermatology (Service)	3.6	4.2	2.7	7.0	3.0	Pass
Amb Medical: Emergency Medicine (Service)	6.1	4.9	12.0	16.9	11.0	Pass
Amb Medical: Endocrinology (Service)	1.0	3.5	1.2	4.8	4.0	Pass
Amb Medical: Gastroenterology (Service)	3.3	5.2	2.5	7.7	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.3	6.8	2.9	9.7	6.0	Pass
Amb Medical: Infectious Diseases (Service)	0.3	2.2	1.3	3.5	3.0	Pass
Amb Medical: Nephrology (Service)	1.7	3.2	1.7	4.9	3.0	Pass
Amb Medical: Neurology (Service)	3.6	7.8	2.6	10.5	7.0	Pass
Amb Medical: Optometry (Service)	4.9	8.6	7.6	16.2	11.0	Pass
Amb Medical: Pain Medicine (Service)	0.5	2.3	0.7	3.0	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.8	19.6	0.9	20.5	18.0	Pass
Amb Medical: Rheumatology (Service)	0.8	3.0	1.0	4.0	3.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.7	0.3	0.8	1.2	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.5	1.2	5.7	6.9	6.0	Pass
Amb Surgical: Ophthalmology (Service)	6.3	5.8	3.7	9.6	3.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.2	2.0	3.8	5.9	4.0	Pass
Amb Surgical: Otolaryngology (Service)	2.3	3.6	2.3	6.0	4.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	1.2	0.4	1.6	2.0	Pass
Amb Surgical: Podiatry (Service)	4.2	5.7	3.4	9.0	5.0	Pass
Amb Surgical: Surgery (Service)	1.7	8.2	10.1	18.3	17.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	1.0	0.6	1.6	1.0	Pass
Amb Surgical: Urology (Service)	2.6	4.3	2.6	6.9	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.7	1.7	0.5	2.3	2.0	Pass
Dental	0.0	0.0	0.8	0.8	1.0	Pass
MH	57.8	101.5	30.9	132.5	75.0	Pass
PC	56.2	109.7	94.9	204.6	148.0	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 23 Iowa East 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 23 Iowa East 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 23 IOWA EAST: 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 23 IOWA EAST: 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 23 Iowa East 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 23 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 23 IOWA EAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V23) (636A8) Iowa City	$11,841,106.00	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 23 IOWA EAST: 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 23 IOWA EAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.26	0.79	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 23 Iowa East 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 23 IOWA EAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V23) (636A8) Iowa City	IP Med	Facility Meets or Exceeds Target of 20 Average Daily Census	24.7	Pass
VAMC	(V23) (636A8) Iowa City	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	13.9	Pass
VAMC	(V23) (636A8) Iowa City	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	2,940.0	Pass
RRTP	(V23) (636XX) Iowa City RRTP	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	25.5	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V23) (636GF) Quad Cities	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	17,220.0	Pass
MS CBOC	(V23) (636GG) Quincy	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	6,309.0	Pass
MS CBOC	(V23) (636GJ) Dubuque	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	7,712.0	Pass
MS CBOC	(V23) (636GN) Cedar Rapids	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	14,539.0	Pass
MS CBOC	(V23) (636GS) Ottumwa	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	5,467.0	Pass
MS CBOC	(V23) (636GU) Decorah	MS CBOC	Facility Meets or Exceeds Target of 2 Specialties > 499 Encounters	5.0	Pass
MS CBOC	(V23) (636GT) Sterling	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	11,021.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V23) (636GH) Waterloo	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,182.0	Pass
CBOC	(V23) (636GI) Galesburg	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	4,049.0	Pass
CBOC	(V23) (636GW) Coralville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,936.0	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 23 IOWA EAST: 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
$11,044M	$11,115M	1.00	0.79	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 23 IOWA EAST: 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 23 IOWA EAST: 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

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