VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix I

Section 203 Criteria Analysis – VISN 05

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Market VISN 05 Baltimore

VA's recommendation for the VISN 05 Baltimore 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 05 Baltimore 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 05 Baltimore 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 05 BALTIMORE: 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	74,206 (99.6%)	74,203 (99.6%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	7,473 (99.4%)	7,473 (99.4%)	Pass
IP Med/Surg	Women Enrollees	9,423 (99.7%)	9,423 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	21,425 (99.7%)	21,424 (99.7%)	Pass
IP Med/Surg	Minority Enrollees	25,009 (99.9%)	25,009 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	30,795 (99.4%)	30,795 (99.4%)	Pass
IP Med/Surg	Rural Enrollees	12,220 (98.7%)	12,218 (98.7%)	Pass
IP CLC	All Enrollees	72,388 (97.2%)	74,141 (99.5%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	7,458 (99.2%)	7,491 (99.6%)	Pass
IP CLC	Women Enrollees	9,277 (98.2%)	9,413 (99.6%)	Pass
IP CLC	High Service Disability Rating Enrollees	20,987 (97.6%)	21,400 (99.6%)	Pass
IP CLC	Minority Enrollees	24,780 (99%)	25,018 (99.9%)	Pass
IP CLC	65+ Enrollees	29,737 (96%)	30,778 (99.3%)	Pass
IP CLC	Rural Enrollees	10,669 (86.2%)	12,204 (98.6%)	Pass
IP MH	All Enrollees	74,203 (99.6%)	74,244 (99.6%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	7,473 (99.4%)	7,490 (99.6%)	Pass
IP MH	Women Enrollees	9,423 (99.7%)	9,425 (99.7%)	Pass
IP MH	High Service Disability Rating Enrollees	21,424 (99.7%)	21,431 (99.7%)	Pass
IP MH	Minority Enrollees	25,009 (99.9%)	25,015 (99.9%)	Pass
IP MH	65+ Enrollees	30,795 (99.4%)	30,822 (99.5%)	Pass
IP MH	Rural Enrollees	12,218 (98.7%)	12,258 (99%)	Pass
OP ED/UC	All Enrollees	74,272 (99.7%)	74,281 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	7,490 (99.6%)	7,494 (99.7%)	Pass
OP ED/UC	Women Enrollees	9,428 (99.8%)	9,429 (99.8%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	21,436 (99.7%)	21,438 (99.7%)	Pass
OP ED/UC	Minority Enrollees	25,024 (99.9%)	25,026 (99.9%)	Pass
OP ED/UC	65+ Enrollees	30,834 (99.5%)	30,839 (99.5%)	Pass
OP ED/UC	Rural Enrollees	12,282 (99.2%)	12,290 (99.3%)	Pass
OP MH	All Enrollees	74,200 (99.6%)	74,200 (99.6%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	7,407 (98.5%)	7,407 (98.5%)	Pass
OP MH	Women Enrollees	9,428 (99.8%)	9,428 (99.8%)	Pass
OP MH	High Service Disability Rating Enrollees	21,421 (99.7%)	21,421 (99.7%)	Pass
OP MH	Minority Enrollees	25,011 (99.9%)	25,011 (99.9%)	Pass
OP MH	65+ Enrollees	30,807 (99.4%)	30,807 (99.4%)	Pass
OP MH	Rural Enrollees	12,181 (98.4%)	12,181 (98.4%)	Pass
OP PC	All Enrollees	74,186 (99.6%)	74,214 (99.6%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	7,407 (98.5%)	7,408 (98.5%)	Pass
OP PC	Women Enrollees	9,424 (99.7%)	9,429 (99.8%)	Pass
OP PC	High Service Disability Rating Enrollees	21,418 (99.6%)	21,429 (99.7%)	Pass
OP PC	Minority Enrollees	25,015 (99.9%)	25,018 (99.9%)	Pass
OP PC	65+ Enrollees	30,804 (99.4%)	30,814 (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 PC	Rural Enrollees	12,202 (98.6%)	12,227 (98.8%)	Pass
OP Surgery Capability	All Enrollees	74,333 (99.8%)	74,333 (99.8%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	7,507 (99.8%)	7,507 (99.8%)	Pass
OP Surgery Capability	Women Enrollees	9,433 (99.8%)	9,433 (99.8%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	21,453 (99.8%)	21,453 (99.8%)	Pass
OP Surgery Capability	Minority Enrollees	25,031 (100%)	25,031 (100%)	Pass
OP Surgery Capability	65+ Enrollees	30,871 (99.6%)	30,871 (99.6%)	Pass
OP Surgery Capability	Rural Enrollees	12,308 (99.4%)	12,308 (99.4%)	Pass
OP Medical Specialist	All Enrollees	74,367 (99.8%)	74,371 (99.8%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	7,508 (99.9%)	7,508 (99.9%)	Pass
OP Medical Specialist	Women Enrollees	9,439 (99.9%)	9,440 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	21,464 (99.9%)	21,465 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	25,040 (100%)	25,041 (100%)	Pass
OP Medical Specialist	65+ Enrollees	30,888 (99.7%)	30,891 (99.7%)	Pass
OP Medical Specialist	Rural Enrollees	12,312 (99.4%)	12,313 (99.5%)	Pass
OP Rehabilitation	All Enrollees	74,354 (99.8%)	74,354 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	7,508 (99.9%)	7,508 (99.9%)	Pass
OP Rehabilitation	Women Enrollees	9,435 (99.9%)	9,435 (99.9%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	21,455 (99.8%)	21,455 (99.8%)	Pass
OP Rehabilitation	Minority Enrollees	25,033 (100%)	25,033 (100%)	Pass
OP Rehabilitation	65+ Enrollees	30,888 (99.7%)	30,888 (99.7%)	Pass
OP Rehabilitation	Rural Enrollees	12,314 (99.5%)	12,314 (99.5%)	Pass
OP Surgical Specialist	All Enrollees	74,333 (99.8%)	74,333 (99.8%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	7,507 (99.8%)	7,507 (99.8%)	Pass
OP Surgical Specialist	Women Enrollees	9,433 (99.8%)	9,433 (99.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	21,453 (99.8%)	21,453 (99.8%)	Pass
OP Surgical Specialist	Minority Enrollees	25,031 (100%)	25,031 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	30,871 (99.6%)	30,871 (99.6%)	Pass
OP Surgical Specialist	Rural Enrollees	12,308 (99.4%)	12,308 (99.4%)	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 05 Baltimore market is part of VISN 05, which has the following results:

TABLE 2 – VISN 05 BALTIMORE: 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
05	IP BR	FALSE	FALSE	Pass
05	IP RRTP	TRUE	TRUE	Pass
05	IP SCID	FALSE	FALSE	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 05 Baltimore 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 05 Baltimore 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 05 BALTIMORE: 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)	92	113	676	789	697	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	35	18	361	379	344	Pass
IP CLC	Bed Shortage / Surplus (Market level)	254	275	755	1,030	776	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 05 Baltimore is part of VISN 05, which has the following results:

TABLE 4 – VISN 05 BALTIMORE: 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)	192	473	281	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	0	0	0	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 05 BALTIMORE: 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	0.1	1.2	1.3	1.0	Pass
Amb Medical: Cardiology (Service)	3.5	7.7	12.4	20.1	17.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.8	8.3	9.6	17.9	15.0	Pass
Amb Medical: Dermatology (Service)	2.5	4.5	8.1	12.7	10.0	Pass
Amb Medical: Emergency Medicine (Service)	11.3	9.1	24.3	33.4	22.0	Pass
Amb Medical: Endocrinology (Service)	2.8	3.1	3.7	6.8	4.0	Pass
Amb Medical: Gastroenterology (Service)	4.2	4.7	6.6	11.4	7.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology-Oncology (Service)	4.4	5.9	7.4	13.3	9.0	Pass
Amb Medical: Infectious Diseases (Service)	1.3	3.8	5.1	8.9	8.0	Pass
Amb Medical: Nephrology (Service)	3.0	3.4	3.8	7.2	4.0	Pass
Amb Medical: Neurology (Service)	4.3	4.5	9.9	14.3	10.0	Pass
Amb Medical: Optometry (Service)	10.8	19.4	7.6	27.0	16.0	Pass
Amb Medical: Pain Medicine (Service)	0.4	2.3	2.8	5.1	5.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	4.0	14.4	4.0	18.3	14.0	Pass
Amb Medical: Rheumatology (Service)	0.9	3.3	2.8	6.1	5.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.4	0.3	2.2	2.5	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.2	1.7	16.4	18.1	17.0	Pass
Amb Surgical: Ophthalmology (Service)	5.6	7.7	9.9	17.6	12.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.7	2.8	8.8	11.6	9.0	Pass
Amb Surgical: Otolaryngology (Service)	2.2	2.1	4.4	6.4	4.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	0.2	2.2	2.5	2.0	Pass
Amb Surgical: Podiatry (Service)	5.5	8.8	5.5	14.3	9.0	Pass
Amb Surgical: Surgery (Service)	2.8	7.3	27.1	34.3	31.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.1	0.8	1.0	1.0	Pass
Amb Surgical: Urology (Service)	2.7	3.7	5.0	8.7	6.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.2	2.1	2.1	4.2	3.0	Pass
Dental	0.0	0.0	1.8	1.8	2.0	Pass
MH	90.6	109.2	90.6	199.7	109.0	Pass
PC	55.4	82.0	182.6	264.5	209.0	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 05 Baltimore 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 05 Baltimore 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 05 BALTIMORE: 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:

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

TABLE 7 – VISN 05 BALTIMORE: 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 05 Baltimore 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 05 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 05 BALTIMORE: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (512) Baltimore	$13,735,469.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (512A5) Perry Point	$0.00	Maintained	Pass
(V05) (512GD) Loch Raven	$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 05 BALTIMORE: 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 05 BALTIMORE: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.47	1.50	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- **Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.
- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 05 Baltimore 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 05 BALTIMORE: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (512A5) Perry Point	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	57,602.0	Pass
VAMC	(V05) (512A5) Perry Point	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	50.6	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (512GD) Loch Raven	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	86,239.0	Pass
VAMC	(V05) (512) Baltimore	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	112,313.0	Pass
VAMC	(V05) (512) Baltimore	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	112,313.0	Pass
VAMC	(V05) (512) Baltimore	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	112,313.0	Pass
MS CBOC	(V05) (512GF) Eastern Baltimore County-Rosedale	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	86,031.0	Pass
MS CBOC	(V05) (512GG) Fort Meade	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	127,116.0	Pass
MS CBOC	(V05) (XXX) Carroll County	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	74,006.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V05) (XXX) Cambridge [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	9,369.0	Pass
MS CBOC	(V05) (512GC) Glen Burnie [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	129,536.0	Pass
CBOC	(V05) (512GE) Pocomoke City	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,026.0	Pass
CBOC	(V05) (XXX) Baltimore County	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	33,192.0	Pass
CBOC	(V05) (XXX) Harford County	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	11,822.0	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 05 BALTIMORE: 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
$20,555M	$20,961M	1.87	1.50	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:

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

TABLE 13 – VISN 05 BALTIMORE: 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 05 BALTIMORE: 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 05 Martinsburg

VA's recommendation for the VISN 05 Martinsburg 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 05 Martinsburg 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 05 Martinsburg 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.

- <u>Inpatient:</u> Inpatient medicine/surgery (IP Med/Surg), inpatient mental health (IP MH), and inpatient community living centers (IP CLC)
- <u>Outpatient:</u> 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 05 MARTINSBURG: 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	43,526 (99.6%)	43,526 (99.6%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	4,924 (100%)	4,924 (100%)	Pass
IP Med/Surg	Women Enrollees	3,627 (99.8%)	3,627 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	11,197 (99.7%)	11,197 (99.7%)	Pass
IP Med/Surg	Minority Enrollees	4,725 (99.9%)	4,725 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	21,422 (99.5%)	21,422 (99.5%)	Pass
IP Med/Surg	Rural Enrollees	21,280 (99.2%)	21,280 (99.2%)	Pass
IP CLC	All Enrollees	43,320 (99.1%)	43,692 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	4,847 (98.4%)	4,924 (100%)	Pass
IP CLC	Women Enrollees	3,623 (99.6%)	3,636 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	11,130 (99.1%)	11,236 (100%)	Pass
IP CLC	Minority Enrollees	4,716 (99.7%)	4,729 (100%)	Pass
IP CLC	65+ Enrollees	21,289 (98.8%)	21,536 (100%)	Pass
IP CLC	Rural Enrollees	21,123 (98.5%)	21,446 (100%)	Pass
IP MH	All Enrollees	43,526 (99.6%)	43,526 (99.6%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	4,924 (100%)	4,924 (100%)	Pass
IP MH	Women Enrollees	3,627 (99.8%)	3,627 (99.8%)	Pass
IP MH	High Service Disability Rating Enrollees	11,197 (99.7%)	11,197 (99.7%)	Pass
IP MH	Minority Enrollees	4,725 (99.9%)	4,725 (99.9%)	Pass
IP MH	65+ Enrollees	21,422 (99.5%)	21,422 (99.5%)	Pass
IP MH	Rural Enrollees	21,280 (99.2%)	21,280 (99.2%)	Pass
OP ED/UC	All Enrollees	43,453 (99.5%)	43,528 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	4,862 (98.7%)	4,924 (100%)	Pass
OP ED/UC	Women Enrollees	3,625 (99.7%)	3,627 (99.8%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	11,184 (99.5%)	11,197 (99.7%)	Pass
OP ED/UC	Minority Enrollees	4,724 (99.9%)	4,725 (99.9%)	Pass
OP ED/UC	65+ Enrollees	21,369 (99.2%)	21,423 (99.5%)	Pass
OP ED/UC	Rural Enrollees	21,207 (98.9%)	21,282 (99.2%)	Pass
OP MH	All Enrollees	43,088 (98.6%)	43,182 (98.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	4,801 (97.5%)	4,801 (97.5%)	Pass
OP MH	Women Enrollees	3,596 (98.9%)	3,603 (99.1%)	Pass
OP MH	High Service Disability Rating Enrollees	11,086 (98.7%)	11,117 (98.9%)	Pass
OP MH	Minority Enrollees	4,719 (99.8%)	4,720 (99.8%)	Pass
OP MH	65+ Enrollees	21,169 (98.3%)	21,228 (98.6%)	Pass
OP MH	Rural Enrollees	20,843 (97.2%)	20,936 (97.6%)	Pass
OP PC	All Enrollees	43,596 (99.8%)	43,619 (99.8%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	4,905 (99.6%)	4,905 (99.6%)	Pass
OP PC	Women Enrollees	3,632 (99.9%)	3,635 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	11,216 (99.8%)	11,221 (99.9%)	Pass
OP PC	Minority Enrollees	4,725 (99.9%)	4,725 (99.9%)	Pass
OP PC	65+ Enrollees	21,474 (99.7%)	21,484 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	21,350 (99.5%)	21,372 (99.7%)	Pass
OP Surgery Capability	All Enrollees	43,647 (99.9%)	43,647 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	4,924 (100%)	4,924 (100%)	Pass
OP Surgery Capability	Women Enrollees	3,634 (99.9%)	3,634 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	11,228 (99.9%)	11,228 (99.9%)	Pass
OP Surgery Capability	Minority Enrollees	4,729 (100%)	4,729 (100%)	Pass
OP Surgery Capability	65+ Enrollees	21,502 (99.8%)	21,502 (99.8%)	Pass
OP Surgery Capability	Rural Enrollees	21,401 (99.8%)	21,401 (99.8%)	Pass
OP Medical Specialist	All Enrollees	43,512 (99.6%)	43,530 (99.6%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	4,906 (99.6%)	4,924 (100%)	Pass
OP Medical Specialist	Women Enrollees	3,627 (99.8%)	3,627 (99.8%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	11,193 (99.6%)	11,197 (99.7%)	Pass
OP Medical Specialist	Minority Enrollees	4,726 (99.9%)	4,726 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	21,411 (99.4%)	21,424 (99.5%)	Pass
OP Medical Specialist	Rural Enrollees	21,266 (99.2%)	21,284 (99.2%)	Pass
OP Rehabilitation	All Enrollees	43,693 (100%)	43,693 (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	4,924 (100%)	4,924 (100%)	Pass
OP Rehabilitation	Women Enrollees	3,636 (100%)	3,636 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	11,236 (100%)	11,236 (100%)	Pass
OP Rehabilitation	Minority Enrollees	4,729 (100%)	4,729 (100%)	Pass
OP Rehabilitation	65+ Enrollees	21,536 (100%)	21,536 (100%)	Pass
OP Rehabilitation	Rural Enrollees	21,447 (100%)	21,447 (100%)	Pass
OP Surgical Specialist	All Enrollees	43,647 (99.9%)	43,647 (99.9%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	4,924 (100%)	4,924 (100%)	Pass
OP Surgical Specialist	Women Enrollees	3,634 (99.9%)	3,634 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	11,228 (99.9%)	11,228 (99.9%)	Pass
OP Surgical Specialist	Minority Enrollees	4,729 (100%)	4,729 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	21,502 (99.8%)	21,502 (99.8%)	Pass
OP Surgical Specialist	Rural Enrollees	21,401 (99.8%)	21,401 (99.8%)	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 05 Martinsburg market is part of VISN 05, which has the following results:

TABLE 2 – VISN 05 MARTINSBURG: 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
05	IP BR	FALSE	FALSE	Pass
05	IP RRTP	TRUE	TRUE	Pass
05	IP SCID	FALSE	FALSE	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 05 Martinsburg 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 05 Martinsburg 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 05 MARTINSBURG: 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)	43	48	394	442	399	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	25	19	31	50	25	Pass
IP CLC	Bed Shortage / Surplus (Market level)	138	133	186	319	181	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 05 Martinsburg is part of VISN 05, which has the following results:

TABLE 4 – VISN 05 MARTINSBURG: 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)	192	473	281	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	0	0	0	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 05 MARTINSBURG: 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	0.1	0.4	0.5	0.0	Pass
Amb Medical: Cardiology (Service)	2.5	2.4	3.4	5.8	3.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.5	3.4	2.3	5.7	3.0	Pass
Amb Medical: Dermatology (Service)	2.5	2.0	1.9	3.9	1.0	Pass
Amb Medical: Emergency Medicine (Service)	5.9	4.4	9.1	13.5	8.0	Pass
Amb Medical: Endocrinology (Service)	1.2	2.0	0.7	2.7	1.0	Pass
Amb Medical: Gastroenterology (Service)	3.0	3.1	1.9	5.0	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.5	2.8	1.4	4.2	2.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	1.5	0.5	1.9	2.0	Pass
Amb Medical: Nephrology (Service)	0.8	0.4	0.8	1.2	0.0	Pass
Amb Medical: Neurology (Service)	1.5	1.4	1.6	3.0	1.0	Pass
Amb Medical: Optometry (Service)	4.7	4.1	2.7	6.8	2.0	Pass
Amb Medical: Pain Medicine (Service)	0.1	0.1	0.8	0.9	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.2	3.1	0.7	3.9	2.0	Pass
Amb Medical: Rheumatology (Service)	0.6	1.8	0.5	2.3	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.4	0.3	0.5	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	0.3	4.6	4.9	4.0	Pass
Amb Surgical: Ophthalmology (Service)	6.3	4.2	1.9	6.1	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	1.6	1.4	2.5	3.9	2.0	Pass
Amb Surgical: Otolaryngology (Service)	0.8	0.8	1.4	2.1	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	0.3	0.5	0.7	0.0	Pass
Amb Surgical: Podiatry (Service)	3.1	3.6	2.6	6.2	3.0	Pass
Amb Surgical: Surgery (Service)	2.0	2.0	7.6	9.6	8.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	0.4	0.3	0.7	0.0	Pass
Amb Surgical: Urology (Service)	1.7	1.6	1.6	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	0.4	0.4	0.8	0.0	Pass
Dental	0.0	0.0	0.5	0.5	0.0	Pass
MH	54.4	59.9	20.2	80.2	26.0	Pass
PC	41.6	40.9	58.0	98.9	57.0	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 05 Martinsburg 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 05 Martinsburg 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 05 MARTINSBURG: 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:

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

TABLE 7 – VISN 05 MARTINSBURG: 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 05 Martinsburg 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 05 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 05 MARTINSBURG: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (613) Martinsburg	$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 05 MARTINSBURG: 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 05 MARTINSBURG: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.35	1.02	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 05 Martinsburg 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 05 MARTINSBURG: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (613) Martinsburg	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	33,399.0	Pass
VAMC	(V05) (613) Martinsburg	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	15.9	Pass
VAMC	(V05) (613) Martinsburg	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	25.4	Pass
VAMC	(V05) (613) Martinsburg	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	2,925.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V05) (613GG) Fort Detrick	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	72,898.0	Pass
MS CBOC	(V05) (613GA) Cumberland	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	9,979.0	Pass
CBOC	(V05) (613GC) Stephens City	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,236.0	Pass
CBOC	(V05) (613GF) Harrisonburg	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,532.0	Pass
CBOC	(V05) (613GE) Petersburg	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	6,386.0	Pass
CBOC	(V05) (XXX) Hagerstown [replacement]	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,156.0	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 05 MARTINSBURG: 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
$11,135M	$11,188M	1.11	1.02	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:

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

TABLE 13 – VISN 05 MARTINSBURG: 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 05 MARTINSBURG: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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 05 Washington

VA's recommendation for the VISN 05 Washington 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 05 Washington 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 05 Washington 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 05 WASHINGTON: 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	130,137 (99.9%)	130,137 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
IP Med/Surg	Women Enrollees	23,220 (100%)	23,220 (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	50,658 (99.9%)	50,658 (99.9%)	Pass
IP Med/Surg	Minority Enrollees	44,956 (100%)	44,956 (100%)	Pass
IP Med/Surg	65+ Enrollees	36,705 (99.8%)	36,705 (99.8%)	Pass
IP Med/Surg	Rural Enrollees	15,952 (99.3%)	15,952 (99.3%)	Pass
IP CLC	All Enrollees	126,816 (97.4%)	129,031 (99.1%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
IP CLC	Women Enrollees	22,816 (98.3%)	23,061 (99.3%)	Pass
IP CLC	High Service Disability Rating Enrollees	49,409 (97.5%)	50,226 (99.1%)	Pass
IP CLC	Minority Enrollees	44,397 (98.7%)	44,801 (99.6%)	Pass
IP CLC	65+ Enrollees	35,689 (97.1%)	36,353 (98.9%)	Pass
IP CLC	Rural Enrollees	13,852 (86.2%)	14,911 (92.8%)	Pass
IP MH	All Enrollees	130,137 (99.9%)	130,137 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
IP MH	Women Enrollees	23,220 (100%)	23,220 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	50,658 (99.9%)	50,658 (99.9%)	Pass
IP MH	Minority Enrollees	44,956 (100%)	44,956 (100%)	Pass
IP MH	65+ Enrollees	36,705 (99.8%)	36,705 (99.8%)	Pass
IP MH	Rural Enrollees	15,952 (99.3%)	15,952 (99.3%)	Pass
OP ED/UC	All Enrollees	130,137 (99.9%)	130,137 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
OP ED/UC	Women Enrollees	23,220 (100%)	23,220 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	50,658 (99.9%)	50,658 (99.9%)	Pass
OP ED/UC	Minority Enrollees	44,956 (100%)	44,956 (100%)	Pass
OP ED/UC	65+ Enrollees	36,705 (99.8%)	36,705 (99.8%)	Pass
OP ED/UC	Rural Enrollees	15,952 (99.3%)	15,952 (99.3%)	Pass
OP MH	All Enrollees	130,072 (99.9%)	130,088 (99.9%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
OP MH	Women Enrollees	23,211 (100%)	23,214 (100%)	Pass
OP MH	High Service Disability Rating Enrollees	50,637 (99.9%)	50,642 (99.9%)	Pass
OP MH	Minority Enrollees	44,950 (99.9%)	44,955 (100%)	Pass
OP MH	65+ Enrollees	36,688 (99.8%)	36,691 (99.8%)	Pass
OP MH	Rural Enrollees	15,907 (99%)	15,923 (99.1%)	Pass
OP PC	All Enrollees	130,048 (99.8%)	130,053 (99.8%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
OP PC	Women Enrollees	23,207 (99.9%)	23,207 (99.9%)	Pass
OP PC	High Service Disability Rating Enrollees	50,628 (99.9%)	50,628 (99.9%)	Pass
OP PC	Minority Enrollees	44,948 (99.9%)	44,948 (99.9%)	Pass
OP PC	65+ Enrollees	36,677 (99.7%)	36,681 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	15,899 (98.9%)	15,904 (99%)	Pass
OP Surgery Capability	All Enrollees	130,137 (99.9%)	130,166 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
OP Surgery Capability	Women Enrollees	23,220 (100%)	23,220 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	50,658 (99.9%)	50,667 (99.9%)	Pass
OP Surgery Capability	Minority Enrollees	44,956 (100%)	44,966 (100%)	Pass
OP Surgery Capability	65+ Enrollees	36,705 (99.8%)	36,723 (99.9%)	Pass
OP Surgery Capability	Rural Enrollees	15,952 (99.3%)	15,981 (99.4%)	Pass
OP Medical Specialist	All Enrollees	130,208 (100%)	130,208 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
OP Medical Specialist	Women Enrollees	23,221 (100%)	23,221 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	50,682 (100%)	50,682 (100%)	Pass
OP Medical Specialist	Minority Enrollees	44,971 (100%)	44,971 (100%)	Pass
OP Medical Specialist	65+ Enrollees	36,746 (99.9%)	36,746 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	16,018 (99.7%)	16,018 (99.7%)	Pass
OP Rehabilitation	All Enrollees	130,208 (100%)	130,208 (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	514 (100%)	514 (100%)	Pass
OP Rehabilitation	Women Enrollees	23,221 (100%)	23,221 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	50,682 (100%)	50,682 (100%)	Pass
OP Rehabilitation	Minority Enrollees	44,971 (100%)	44,971 (100%)	Pass
OP Rehabilitation	65+ Enrollees	36,746 (99.9%)	36,746 (99.9%)	Pass
OP Rehabilitation	Rural Enrollees	16,018 (99.7%)	16,018 (99.7%)	Pass
OP Surgical Specialist	All Enrollees	130,137 (99.9%)	130,208 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	514 (100%)	514 (100%)	Pass
OP Surgical Specialist	Women Enrollees	23,220 (100%)	23,221 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	50,658 (99.9%)	50,682 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	44,956 (100%)	44,971 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	36,705 (99.8%)	36,746 (99.9%)	Pass
OP Surgical Specialist	Rural Enrollees	15,952 (99.3%)	16,018 (99.7%)	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 05 Washington market is part of VISN 05, which has the following results:

TABLE 2 – VISN 05 WASHINGTON: 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
05	IP BR	FALSE	FALSE	Pass
05	IP RRTP	TRUE	TRUE	Pass
05	IP SCID	FALSE	FALSE	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 05 Washington 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 05 Washington 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 05 WASHINGTON: 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)	98	88	360	448	350	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	95	76	19	95	0	Pass
IP CLC	Bed Shortage / Surplus (Market level)	525	120	612	732	207	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 05 Washington is part of VISN 05, which has the following results:

TABLE 4 – VISN 05 WASHINGTON: 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)	192	473	281	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	0	0	0	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 05 WASHINGTON: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	1.8	1.8	2.7	4.5	3.0	Pass
Amb Medical: Cardiology (Service)	3.9	9.9	13.9	23.9	20.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.7	11.3	8.2	19.5	17.0	Pass
Amb Medical: Dermatology (Service)	4.6	5.8	9.6	15.3	11.0	Pass
Amb Medical: Emergency Medicine (Service)	17.7	17.6	25.9	43.5	26.0	Pass
Amb Medical: Endocrinology (Service)	3.5	10.2	4.4	14.6	11.0	Pass
Amb Medical: Gastroenterology (Service)	5.8	8.9	7.4	16.3	10.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology-Oncology (Service)	4.0	7.5	6.9	14.4	10.0	Pass
Amb Medical: Infectious Diseases (Service)	1.6	4.0	3.4	7.4	6.0	Pass
Amb Medical: Nephrology (Service)	3.9	6.4	4.3	10.7	7.0	Pass
Amb Medical: Neurology (Service)	6.2	11.5	8.6	20.1	14.0	Pass
Amb Medical: Optometry (Service)	4.4	17.4	12.0	29.4	25.0	Pass
Amb Medical: Pain Medicine (Service)	1.0	4.0	2.2	6.2	5.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	5.1	25.2	4.3	29.6	25.0	Pass
Amb Medical: Rheumatology (Service)	2.0	5.8	2.9	8.6	7.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.0	1.3	1.6	2.9	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.5	1.5	21.1	22.5	21.0	Pass
Amb Surgical: Ophthalmology (Service)	9.9	12.0	11.9	23.9	14.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.8	4.3	10.5	14.8	12.0	Pass
Amb Surgical: Otolaryngology (Service)	2.8	4.4	5.7	10.2	7.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.1	3.6	1.5	5.1	4.0	Pass
Amb Surgical: Podiatry (Service)	7.1	12.8	7.9	20.7	14.0	Pass
Amb Surgical: Surgery (Service)	2.0	6.8	22.7	29.5	27.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	1.0	0.7	1.7	1.0	Pass
Amb Surgical: Urology (Service)	3.9	5.0	5.6	10.5	7.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.7	3.7	1.6	5.3	4.0	Pass
Dental	0.0	0.0	3.3	3.3	3.0	Pass
MH	112.8	152.1	86.8	239.0	126.0	Pass
PC	75.7	142.8	196.8	339.6	264.0	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 05 Washington 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 05 Washington 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 05 WASHINGTON: 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:

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

TABLE 7 – VISN 05 WASHINGTON: 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 05 Washington 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 05 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 05 WASHINGTON: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (688) Washington-DC	$6,277,762.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass

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

TABLE 9 – VISN 05 WASHINGTON: 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 05 WASHINGTON: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.25	1.57	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 05 Washington 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 05 WASHINGTON: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (688) Washington-DC [replacement]	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	137,545.0	Pass
VAMC	(V05) (688) Washington-DC [replacement]	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	137,545.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (688) Washington-DC [replacement]	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	137,545.0	Pass
CLC	(V05) (688XX) Washington CLC	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	140,432.0	Pass
RRTP	(V05) (688XX) Washington RRTP	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	53.3	Pass
MS CBOC	(V05) (688GD) Charlotte Hall	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	54,846.0	Pass
MS CBOC	(V05) (688GA) Fort Belvoir	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	125,236.0	Pass
MS CBOC	(V05) (XXX) Walter Reed	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	143,293.0	Pass
MS CBOC	(V05) (XXX) Loudon County	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	74,159.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V05) (XXX) Prince William County	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	110,447.0	Pass
MS CBOC	(V05) (XXX) Southern Prince George's County-Andrews AFB [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	130,020.0	Pass
CBOC	(V05) (688GF) Montgomery County-Gaithersburg	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	16,084.0	Pass
CBOC	(V05) (XXX) Fairfax	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	30,620.0	Pass
CBOC	(V05) (688GG) Lexington Park	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,515.0	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 05 WASHINGTON: 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
$20,041M	$22,012M	1.82	1.57	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:

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

TABLE 13 – VISN 05 WASHINGTON: 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 05 WASHINGTON: 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
Supports providing inpatient care in private, single patient rooms (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 05 Huntington

VA's recommendation for the VISN 05 Huntington 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 05 Huntington 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 05 Huntington 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 05 HUNTINGTON: 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	27,668 (100%)	27,668 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	19,605 (100%)	19,605 (100%)	Pass
IP Med/Surg	Women Enrollees	1,218 (100%)	1,218 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	7,438 (100%)	7,438 (100%)	Pass
IP Med/Surg	Minority Enrollees	1,096 (100%)	1,096 (100%)	Pass
IP Med/Surg	65+ Enrollees	16,276 (100%)	16,276 (100%)	Pass
IP Med/Surg	Rural Enrollees	13,613 (100%)	13,613 (100%)	Pass
IP CLC	All Enrollees	27,453 (99.2%)	27,561 (99.6%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	19,392 (98.9%)	19,498 (99.5%)	Pass
IP CLC	Women Enrollees	1,211 (99.5%)	1,216 (99.9%)	Pass
IP CLC	High Service Disability Rating Enrollees	7,371 (99.1%)	7,405 (99.5%)	Pass
IP CLC	Minority Enrollees	1,091 (99.6%)	1,095 (99.9%)	Pass
IP CLC	65+ Enrollees	16,131 (99.1%)	16,203 (99.6%)	Pass
IP CLC	Rural Enrollees	13,422 (98.6%)	13,527 (99.4%)	Pass
IP MH	All Enrollees	27,668 (100%)	27,668 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	19,605 (100%)	19,605 (100%)	Pass
IP MH	Women Enrollees	1,218 (100%)	1,218 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	7,438 (100%)	7,438 (100%)	Pass
IP MH	Minority Enrollees	1,096 (100%)	1,096 (100%)	Pass
IP MH	65+ Enrollees	16,276 (100%)	16,276 (100%)	Pass
IP MH	Rural Enrollees	13,613 (100%)	13,613 (100%)	Pass
OP ED/UC	All Enrollees	27,667 (100%)	27,668 (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	19,604 (100%)	19,605 (100%)	Pass
OP ED/UC	Women Enrollees	1,218 (100%)	1,218 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	7,438 (100%)	7,438 (100%)	Pass
OP ED/UC	Minority Enrollees	1,096 (100%)	1,096 (100%)	Pass
OP ED/UC	65+ Enrollees	16,275 (100%)	16,276 (100%)	Pass
OP ED/UC	Rural Enrollees	13,613 (100%)	13,613 (100%)	Pass
OP MH	All Enrollees	26,807 (96.9%)	27,000 (97.6%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	18,770 (95.7%)	18,963 (96.7%)	Pass
OP MH	Women Enrollees	1,197 (98.3%)	1,201 (98.7%)	Pass
OP MH	High Service Disability Rating Enrollees	7,140 (96%)	7,210 (96.9%)	Pass
OP MH	Minority Enrollees	1,083 (98.8%)	1,085 (99%)	Pass
OP MH	65+ Enrollees	15,704 (96.5%)	15,836 (97.3%)	Pass
OP MH	Rural Enrollees	12,759 (93.7%)	12,952 (95.1%)	Pass
OP PC	All Enrollees	27,385 (99%)	27,460 (99.2%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	19,323 (98.6%)	19,397 (98.9%)	Pass
OP PC	Women Enrollees	1,212 (99.5%)	1,214 (99.7%)	Pass
OP PC	High Service Disability Rating Enrollees	7,336 (98.6%)	7,367 (99%)	Pass
OP PC	Minority Enrollees	1,091 (99.6%)	1,093 (99.8%)	Pass
OP PC	65+ Enrollees	16,095 (98.9%)	16,141 (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	13,333 (97.9%)	13,408 (98.5%)	Pass
OP Surgery Capability	All Enrollees	27,665 (100%)	27,665 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	19,601 (100%)	19,601 (100%)	Pass
OP Surgery Capability	Women Enrollees	1,217 (99.9%)	1,217 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	7,437 (100%)	7,437 (100%)	Pass
OP Surgery Capability	Minority Enrollees	1,095 (99.9%)	1,095 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	16,275 (100%)	16,275 (100%)	Pass
OP Surgery Capability	Rural Enrollees	13,610 (100%)	13,610 (100%)	Pass
OP Medical Specialist	All Enrollees	27,668 (100%)	27,668 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	19,605 (100%)	19,605 (100%)	Pass
OP Medical Specialist	Women Enrollees	1,218 (100%)	1,218 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	7,438 (100%)	7,438 (100%)	Pass
OP Medical Specialist	Minority Enrollees	1,096 (100%)	1,096 (100%)	Pass
OP Medical Specialist	65+ Enrollees	16,276 (100%)	16,276 (100%)	Pass
OP Medical Specialist	Rural Enrollees	13,613 (100%)	13,613 (100%)	Pass
OP Rehabilitation	All Enrollees	27,668 (100%)	27,668 (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	19,605 (100%)	19,605 (100%)	Pass
OP Rehabilitation	Women Enrollees	1,218 (100%)	1,218 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	7,438 (100%)	7,438 (100%)	Pass
OP Rehabilitation	Minority Enrollees	1,096 (100%)	1,096 (100%)	Pass
OP Rehabilitation	65+ Enrollees	16,276 (100%)	16,276 (100%)	Pass
OP Rehabilitation	Rural Enrollees	13,613 (100%)	13,613 (100%)	Pass
OP Surgical Specialist	All Enrollees	27,665 (100%)	27,665 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	19,601 (100%)	19,601 (100%)	Pass
OP Surgical Specialist	Women Enrollees	1,217 (99.9%)	1,217 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	7,437 (100%)	7,437 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	1,095 (99.9%)	1,095 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	16,275 (100%)	16,275 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	13,610 (100%)	13,610 (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 05 Huntington market is part of VISN 05, which has the following results:

TABLE 2 – VISN 05 HUNTINGTON: 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
05	IP BR	FALSE	FALSE	Pass
05	IP RRTP	TRUE	TRUE	Pass
05	IP SCID	FALSE	FALSE	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 05 Huntington 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 05 Huntington 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 05 HUNTINGTON: 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	24	799	823	771	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	4	0	25	25	21	Pass
IP CLC	Bed Shortage / Surplus (Market level)	93	48	181	229	136	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 05 Huntington is part of VISN 05, which has the following results:

TABLE 4 – VISN 05 HUNTINGTON: 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)	192	473	281	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	0	0	0	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 05 HUNTINGTON: 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	0.0	0.3	0.3	0.0	Pass
Amb Medical: Cardiology (Service)	2.8	6.5	3.2	9.7	7.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.2	8.3	2.0	10.3	8.0	Pass
Amb Medical: Dermatology (Service)	1.4	1.9	1.1	3.0	2.0	Pass
Amb Medical: Emergency Medicine (Service)	5.3	5.9	6.1	12.0	7.0	Pass
Amb Medical: Endocrinology (Service)	1.0	4.4	0.7	5.1	4.0	Pass
Amb Medical: Gastroenterology (Service)	0.8	3.3	0.9	4.2	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology-Oncology (Service)	1.9	6.2	1.4	7.6	6.0	Pass
Amb Medical: Infectious Diseases (Service)	0.4	4.8	0.6	5.4	5.0	Pass
Amb Medical: Nephrology (Service)	0.8	2.7	0.9	3.6	3.0	Pass
Amb Medical: Neurology (Service)	2.1	6.4	1.2	7.5	5.0	Pass
Amb Medical: Optometry (Service)	9.2	16.2	2.0	18.2	9.0	Pass
Amb Medical: Pain Medicine (Service)	0.6	2.0	0.7	2.8	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.2	24.9	0.5	25.4	23.0	Pass
Amb Medical: Rheumatology (Service)	0.2	4.8	0.4	5.2	5.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.9	0.0	0.4	0.4	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	3.3	4.4	4.0	Pass
Amb Surgical: Ophthalmology (Service)	4.2	3.2	1.6	4.9	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.0	2.7	2.1	4.8	3.0	Pass
Amb Surgical: Otolaryngology (Service)	1.0	2.2	0.8	3.0	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.7	2.5	0.7	3.1	1.0	Pass
Amb Surgical: Podiatry (Service)	2.4	6.4	1.2	7.5	5.0	Pass
Amb Surgical: Surgery (Service)	2.1	8.9	6.4	15.2	13.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.3	1.1	0.4	1.5	1.0	Pass
Amb Surgical: Urology (Service)	1.3	2.8	1.3	4.1	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.2	1.3	0.4	1.7	1.0	Pass
Dental	0.0	0.0	0.2	0.2	0.0	Pass
MH	38.1	100.2	12.9	113.0	75.0	Pass
PC	36.3	109.2	57.2	166.4	130.0	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 05 Huntington 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 05 Huntington 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 05 HUNTINGTON: 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:

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

TABLE 7 – VISN 05 HUNTINGTON: 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 05 Huntington 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 05 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 05 HUNTINGTON: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (581) Huntington	$449,255.00	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 05 HUNTINGTON: 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 05 HUNTINGTON: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.83	0.55	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 05 Huntington 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 05 HUNTINGTON: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (581) Huntington	IP CLC	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V05) (581) Huntington	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
RRTP	(V05) (581GB) Charleston - West Virginia	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V05) (XXX) Charleston [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	15,583.0	Pass
CBOC	(V05) (581GG) Gallipolis	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,576.0	Pass
CBOC	(V05) (581GA) Prestonsburg	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,904.0	Pass
CBOC	(V05) (XXX) Chattaroy [Relocated Data]	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	3,260.0	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 05 HUNTINGTON: 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
$7,924M	$7,210M	0.79	0.55	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:

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

TABLE 13 – VISN 05 HUNTINGTON: 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 05 HUNTINGTON: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass

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

Market VISN 05 Beckley

VA's recommendation for the VISN 05 Beckley 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 05 Beckley 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 05 Beckley 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 05 BECKLEY: 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	12,940 (99.4%)	12,971 (99.6%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	9,913 (99.2%)	9,944 (99.5%)	Pass
IP Med/Surg	Women Enrollees	627 (99.4%)	629 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	4,579 (99.4%)	4,587 (99.6%)	Pass
IP Med/Surg	Minority Enrollees	790 (99.3%)	791 (99.4%)	Pass
IP Med/Surg	65+ Enrollees	7,675 (99.3%)	7,693 (99.6%)	Pass
IP Med/Surg	Rural Enrollees	9,060 (99.1%)	9,091 (99.5%)	Pass
IP CLC	All Enrollees	12,766 (98.1%)	12,766 (98.1%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	9,739 (97.5%)	9,739 (97.5%)	Pass
IP CLC	Women Enrollees	623 (98.6%)	623 (98.6%)	Pass
IP CLC	High Service Disability Rating Enrollees	4,530 (98.3%)	4,530 (98.3%)	Pass
IP CLC	Minority Enrollees	783 (98.4%)	783 (98.4%)	Pass
IP CLC	65+ Enrollees	7,563 (97.9%)	7,563 (97.9%)	Pass
IP CLC	Rural Enrollees	8,886 (97.2%)	8,886 (97.2%)	Pass
IP MH	All Enrollees	12,940 (99.4%)	12,971 (99.6%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	9,913 (99.2%)	9,944 (99.5%)	Pass
IP MH	Women Enrollees	627 (99.4%)	629 (99.6%)	Pass
IP MH	High Service Disability Rating Enrollees	4,579 (99.4%)	4,586 (99.6%)	Pass
IP MH	Minority Enrollees	790 (99.3%)	791 (99.4%)	Pass
IP MH	65+ Enrollees	7,675 (99.3%)	7,692 (99.6%)	Pass
IP MH	Rural Enrollees	9,060 (99.1%)	9,090 (99.5%)	Pass
OP ED/UC	All Enrollees	12,980 (99.7%)	12,980 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	9,953 (99.6%)	9,953 (99.6%)	Pass
OP ED/UC	Women Enrollees	630 (99.7%)	630 (99.7%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	4,591 (99.7%)	4,591 (99.7%)	Pass
OP ED/UC	Minority Enrollees	793 (99.7%)	793 (99.7%)	Pass
OP ED/UC	65+ Enrollees	7,698 (99.6%)	7,698 (99.6%)	Pass
OP ED/UC	Rural Enrollees	9,099 (99.6%)	9,099 (99.6%)	Pass
OP MH	All Enrollees	11,402 (87.6%)	11,403 (87.6%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	8,474 (84.8%)	8,475 (84.8%)	Pass
OP MH	Women Enrollees	578 (91.5%)	578 (91.5%)	Pass
OP MH	High Service Disability Rating Enrollees	4,034 (87.6%)	4,034 (87.6%)	Pass
OP MH	Minority Enrollees	704 (88.5%)	704 (88.5%)	Pass
OP MH	65+ Enrollees	6,643 (86%)	6,644 (86%)	Pass
OP MH	Rural Enrollees	7,522 (82.3%)	7,522 (82.3%)	Pass
OP PC	All Enrollees	12,682 (97.4%)	12,720 (97.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	9,715 (97.2%)	9,738 (97.4%)	Pass
OP PC	Women Enrollees	617 (97.8%)	620 (98.2%)	Pass
OP PC	High Service Disability Rating Enrollees	4,498 (97.6%)	4,512 (98%)	Pass
OP PC	Minority Enrollees	770 (96.8%)	770 (96.8%)	Pass
OP PC	65+ Enrollees	7,513 (97.2%)	7,537 (97.6%)	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	8,802 (96.3%)	8,839 (96.7%)	Pass
OP Surgery Capability	All Enrollees	12,721 (97.7%)	12,979 (99.7%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	9,794 (98%)	9,952 (99.6%)	Pass
OP Surgery Capability	Women Enrollees	620 (98.2%)	630 (99.7%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	4,532 (98.4%)	4,591 (99.7%)	Pass
OP Surgery Capability	Minority Enrollees	787 (99%)	793 (99.7%)	Pass
OP Surgery Capability	65+ Enrollees	7,522 (97.4%)	7,698 (99.6%)	Pass
OP Surgery Capability	Rural Enrollees	8,840 (96.7%)	9,099 (99.6%)	Pass
OP Medical Specialist	All Enrollees	13,001 (99.9%)	13,001 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	9,974 (99.8%)	9,974 (99.8%)	Pass
OP Medical Specialist	Women Enrollees	631 (100%)	631 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	4,599 (99.8%)	4,599 (99.8%)	Pass
OP Medical Specialist	Minority Enrollees	794 (99.8%)	794 (99.8%)	Pass
OP Medical Specialist	65+ Enrollees	7,711 (99.8%)	7,711 (99.8%)	Pass
OP Medical Specialist	Rural Enrollees	9,121 (99.8%)	9,121 (99.8%)	Pass
OP Rehabilitation	All Enrollees	13,019 (100%)	13,019 (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	9,992 (100%)	9,992 (100%)	Pass
OP Rehabilitation	Women Enrollees	631 (100%)	631 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	4,607 (100%)	4,607 (100%)	Pass
OP Rehabilitation	Minority Enrollees	796 (100%)	796 (100%)	Pass
OP Rehabilitation	65+ Enrollees	7,725 (100%)	7,725 (100%)	Pass
OP Rehabilitation	Rural Enrollees	9,138 (100%)	9,138 (100%)	Pass
OP Surgical Specialist	All Enrollees	12,721 (97.7%)	12,979 (99.7%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	9,794 (98%)	9,952 (99.6%)	Pass
OP Surgical Specialist	Women Enrollees	620 (98.2%)	630 (99.7%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	4,532 (98.4%)	4,591 (99.7%)	Pass
OP Surgical Specialist	Minority Enrollees	787 (99%)	793 (99.7%)	Pass
OP Surgical Specialist	65+ Enrollees	7,522 (97.4%)	7,698 (99.6%)	Pass
OP Surgical Specialist	Rural Enrollees	8,840 (96.7%)	9,099 (99.6%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 05 Beckley market is part of VISN 05, which has the following results:

VISN	Service	Exists in VISN Current State?	Exists in VISN Future State?	Pass / Fail
05	IP BR	FALSE	FALSE	Pass
05	IP RRTP	TRUE	TRUE	Pass
05	IP SCID	FALSE	FALSE	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 05 Beckley 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 05 Beckley 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 05 BECKLEY: 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)	24	8	216	224	200	Pass
IP MH	Bed Shortage / Surplus (Market level)	3	0	16	16	13	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	52	50	5	55	3	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 05 Beckley is part of VISN 05, which has the following results:

TABLE 4 – VISN 05 BECKLEY: 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)	192	473	281	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	0	0	0	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 05 BECKLEY: 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	0.0	0.0	0.0	0.0	Pass
Amb Medical: Cardiology (Service)	1.1	3.1	0.6	3.7	3.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	0.8	4.2	0.3	4.5	4.0	Pass
Amb Medical: Dermatology (Service)	1.7	1.4	0.3	1.7	0.0	Pass
Amb Medical: Emergency Medicine (Service)	3.0	4.2	2.0	6.1	3.0	Pass
Amb Medical: Endocrinology (Service)	0.3	2.8	0.1	2.9	3.0	Pass
Amb Medical: Gastroenterology (Service)	0.9	1.9	0.2	2.1	1.0	Pass
Amb Medical: Hematology -Oncology (Service)	0.6	3.7	0.3	3.9	3.0	Pass
Amb Medical: Infectious Diseases (Service)	0.0	2.0	0.1	2.0	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	0.6	2.2	0.2	2.4	2.0	Pass
Amb Medical: Neurology (Service)	0.6	4.6	0.3	4.8	4.0	Pass
Amb Medical: Optometry (Service)	2.9	5.2	0.3	5.6	3.0	Pass
Amb Medical: Pain Medicine (Service)	1.2	2.3	0.1	2.4	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	0.6	15.2	0.1	15.4	15.0	Pass
Amb Medical: Rheumatology (Service)	0.1	2.3	0.0	2.3	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.2	0.1	0.0	0.1	0.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	0.2	1.1	0.9	2.0	2.0	Pass
Amb Surgical: Ophthalmology (Service)	2.5	2.2	0.2	2.5	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	1.1	1.3	0.5	1.8	1.0	Pass
Amb Surgical: Otolaryngology (Service)	0.6	1.9	0.3	2.2	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.2	1.2	0.0	1.2	1.0	Pass
Amb Surgical: Podiatry (Service)	1.3	2.6	0.3	2.8	2.0	Pass
Amb Surgical: Surgery (Service)	1.0	6.0	2.5	8.5	8.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.0	1.0	0.0	1.0	1.0	Pass
Amb Surgical: Urology (Service)	0.7	0.7	0.5	1.2	1.0	Pass
Amb Surgical: Vascular Surgery (Service)	0.2	1.2	0.1	1.3	1.0	Pass
Dental	0.0	0.0	0.1	0.1	0.0	Pass
MH	16.0	51.1	2.9	54.0	38.0	Pass
PC	14.5	63.2	15.6	78.8	64.0	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 05 Beckley 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 05 Beckley 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 05 BECKLEY: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

Service Line	Analysis Level	Measure	Pass / Fail
IP Surg	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals which achieve a 3-star plus Hospital Compare rating, TJC accreditation, and readmission rates less than 20% for two out of three years (2017-2019)? (Yes/No)	Pass
IP MH	Market	Meets future Veteran access and demand through VA VAMCs, VCCP providers, and potential future VCCP short-term acute and critical access hospitals with psychiatric beds which achieve a 3-star plus Hospital Compare rating and TJC accreditation, as well as freestanding psychiatric facilities which achieve TJC accreditation? (Yes/No)	Pass
IP CLC	Market	Meets future Veteran access and demand through VA CLCs, VCCP skilled nursing facilities (SNF), and potential future VCCP SNFs which achieve a Nursing Home Compare 3-star-plus overall rating or 2-star-plus overall rating with 4-star-plus quality rating? (Yes/No)	Pass
IP RRTP	VISN	Meets future Veteran access and demand through VA RRTPs? (Yes/No)	Pass

Service Line	Analysis Level	Measure	Pass / Fail
IP Blind Rehab	VISN / Blind Rehabilitation Region	Meets future Veteran access and demand through VA Blind Rehab Centers? (Yes/No)	Pass
IP SCI/D	VISN	Meets future Veteran access and demand through VA SCI/D Centers? (Yes/No)	Pass
PC	Market	Meets future Veteran access and demand through VA PC providers, VCCP PC Providers, and potential future VCCP PC providers who participate in the Centers for Medicare & Medicaid Services' Merit-based Incentive Payment System (MIPS)*? (Yes/No)	Pass
MH	Market	Meets future Veteran access and demand through VA MH providers, VCCP MH Providers, and potential future VCCP MH providers who participate in MIPS*? (Yes/No)	Pass
ED/UC	Market	Meets future Veteran access and demand through VA, VCCP ED/UCs, and potential future VCCP ED/UC providers who participate in MIPS*? (Yes/No)	Pass
OP Surg	Market	Meets future Veteran access and demand through VA providers, VCCP Providers, and potential future VCCP providers who participate in MIPS*? (Yes/No)	Pass

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

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

Quality Sub-criterion 3:

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

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

TABLE 7 – VISN 05 BECKLEY: 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 05 Beckley 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 05 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 05 BECKLEY: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (517) Beckley	$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 05 BECKLEY: 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 05 BECKLEY: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.48	0.24	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 05 Beckley 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 05 BECKLEY: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (517) Beckley [replacement]	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	22.9	Pass
CBOC	(V05) (517GB) Ronceverte	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,675.0	Pass
CBOC	(V05) (517QA) Princeton	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,356.0	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 05 BECKLEY: 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
$3,491M	$3,419M	0.35	0.24	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:

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

TABLE 13 – VISN 05 BECKLEY: 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 05 BECKLEY: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to maximize health care access (Yes/No)	Yes	Pass
Forms partnerships/alliances to maximize capacity (Yes/No)	Yes	Pass

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Forms partnerships/alliances to improve quality and coordination of care. (Yes/No)	Yes	Pass
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
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 05 Clarksburg

VA's recommendation for the VISN 05 Clarksburg 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 05 Clarksburg 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 05 Clarksburg 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 05 CLARKSBURG: 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	20,144 (100%)	20,141 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	12,297 (100%)	12,295 (100%)	Pass
IP Med/Surg	Women Enrollees	1,196 (100%)	1,196 (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	5,513 (100%)	5,513 (100%)	Pass
IP Med/Surg	Minority Enrollees	665 (100%)	665 (100%)	Pass
IP Med/Surg	65+ Enrollees	11,130 (100%)	11,128 (100%)	Pass
IP Med/Surg	Rural Enrollees	16,210 (100%)	16,207 (100%)	Pass
IP CLC	All Enrollees	20,108 (99.8%)	20,131 (99.9%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	12,270 (99.8%)	12,284 (99.9%)	Pass
IP CLC	Women Enrollees	1,194 (99.9%)	1,195 (99.9%)	Pass
IP CLC	High Service Disability Rating Enrollees	5,503 (99.8%)	5,508 (99.9%)	Pass
IP CLC	Minority Enrollees	662 (99.6%)	664 (99.9%)	Pass
IP CLC	65+ Enrollees	11,108 (99.8%)	11,121 (99.9%)	Pass
IP CLC	Rural Enrollees	16,175 (99.8%)	16,197 (99.9%)	Pass
IP MH	All Enrollees	20,144 (100%)	20,144 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	12,297 (100%)	12,297 (100%)	Pass
IP MH	Women Enrollees	1,196 (100%)	1,196 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	5,513 (100%)	5,513 (100%)	Pass
IP MH	Minority Enrollees	665 (100%)	665 (100%)	Pass
IP MH	65+ Enrollees	11,130 (100%)	11,130 (100%)	Pass
IP MH	Rural Enrollees	16,210 (100%)	16,210 (100%)	Pass
OP ED/UC	All Enrollees	20,110 (99.8%)	20,122 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	12,264 (99.7%)	12,275 (99.8%)	Pass
OP ED/UC	Women Enrollees	1,193 (99.7%)	1,195 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	5,500 (99.8%)	5,504 (99.8%)	Pass
OP ED/UC	Minority Enrollees	664 (99.9%)	664 (99.9%)	Pass
OP ED/UC	65+ Enrollees	11,106 (99.8%)	11,111 (99.8%)	Pass
OP ED/UC	Rural Enrollees	16,176 (99.8%)	16,188 (99.9%)	Pass
OP MH	All Enrollees	18,707 (92.9%)	18,710 (92.9%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	11,250 (91.5%)	11,253 (91.5%)	Pass
OP MH	Women Enrollees	1,129 (94.4%)	1,129 (94.4%)	Pass
OP MH	High Service Disability Rating Enrollees	5,116 (92.8%)	5,116 (92.8%)	Pass
OP MH	Minority Enrollees	645 (97%)	645 (97%)	Pass
OP MH	65+ Enrollees	10,239 (92%)	10,241 (92%)	Pass
OP MH	Rural Enrollees	14,773 (91.1%)	14,776 (91.2%)	Pass
OP PC	All Enrollees	19,879 (98.7%)	19,920 (98.9%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	12,077 (98.2%)	12,122 (98.6%)	Pass
OP PC	Women Enrollees	1,180 (98.6%)	1,184 (99%)	Pass
OP PC	High Service Disability Rating Enrollees	5,424 (98.4%)	5,444 (98.7%)	Pass
OP PC	Minority Enrollees	663 (99.7%)	663 (99.7%)	Pass
OP PC	65+ Enrollees	10,964 (98.5%)	10,986 (98.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	15,945 (98.4%)	15,986 (98.6%)	Pass
OP Surgery Capability	All Enrollees	20,121 (99.9%)	20,122 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	12,274 (99.8%)	12,275 (99.8%)	Pass
OP Surgery Capability	Women Enrollees	1,195 (99.9%)	1,195 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	5,504 (99.8%)	5,504 (99.8%)	Pass
OP Surgery Capability	Minority Enrollees	664 (99.9%)	664 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	11,110 (99.8%)	11,111 (99.8%)	Pass
OP Surgery Capability	Rural Enrollees	16,187 (99.9%)	16,188 (99.9%)	Pass
OP Medical Specialist	All Enrollees	20,132 (99.9%)	20,132 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	12,285 (99.9%)	12,285 (99.9%)	Pass
OP Medical Specialist	Women Enrollees	1,196 (100%)	1,196 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	5,508 (99.9%)	5,508 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	664 (99.9%)	664 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	11,120 (99.9%)	11,120 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	16,198 (99.9%)	16,198 (99.9%)	Pass
OP Rehabilitation	All Enrollees	20,144 (100%)	20,144 (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	12,297 (100%)	12,297 (100%)	Pass
OP Rehabilitation	Women Enrollees	1,196 (100%)	1,196 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	5,513 (100%)	5,513 (100%)	Pass
OP Rehabilitation	Minority Enrollees	665 (100%)	665 (100%)	Pass
OP Rehabilitation	65+ Enrollees	11,130 (100%)	11,130 (100%)	Pass
OP Rehabilitation	Rural Enrollees	16,210 (100%)	16,210 (100%)	Pass
OP Surgical Specialist	All Enrollees	20,121 (99.9%)	20,122 (99.9%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	12,274 (99.8%)	12,275 (99.8%)	Pass
OP Surgical Specialist	Women Enrollees	1,195 (99.9%)	1,195 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	5,504 (99.8%)	5,504 (99.8%)	Pass
OP Surgical Specialist	Minority Enrollees	664 (99.9%)	664 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	11,110 (99.8%)	11,111 (99.8%)	Pass
OP Surgical Specialist	Rural Enrollees	16,187 (99.9%)	16,188 (99.9%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 05 Clarksburg market is part of VISN 05, which has the following results:

TABLE 2 – VISN 05 CLARKSBURG: 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
05	IP BR	FALSE	FALSE	Pass
05	IP RRTP	TRUE	TRUE	Pass
05	IP SCID	FALSE	FALSE	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 05 Clarksburg 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 05 Clarksburg 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 05 CLARKSBURG: 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)	27	0	360	360	333	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	4	10	14	24	20	Pass
IP CLC	Bed Shortage / Surplus (Market level)	98	48	151	199	101	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 05 Clarksburg is part of VISN 05, which has the following results:

TABLE 4 – VISN 05 CLARKSBURG: 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)	192	473	281	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	51	51	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	0	0	0	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 05 CLARKSBURG: 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	0.1	1.7	2.0	Pass
Amb Medical: Cardiology (Service)	1.9	4.4	1.6	6.1	4.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.7	4.8	1.0	5.8	4.0	Pass
Amb Medical: Dermatology (Service)	1.4	1.7	0.9	2.6	1.0	Pass
Amb Medical: Emergency Medicine (Service)	4.7	4.9	5.7	10.6	6.0	Pass
Amb Medical: Endocrinology (Service)	0.3	2.0	0.4	2.4	2.0	Pass
Amb Medical: Gastroenterology (Service)	0.9	2.8	0.5	3.3	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	0.8	3.7	1.0	4.7	4.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	1.4	0.3	1.7	2.0	Pass
Amb Medical: Nephrology (Service)	0.5	3.0	0.3	3.4	3.0	Pass
Amb Medical: Neurology (Service)	0.5	5.1	1.2	6.3	6.0	Pass
Amb Medical: Optometry (Service)	4.3	12.0	1.4	13.4	9.0	Pass
Amb Medical: Pain Medicine (Service)	0.0	1.2	0.2	1.4	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	1.2	19.0	0.3	19.3	18.0	Pass
Amb Medical: Rheumatology (Service)	0.7	2.2	0.3	2.5	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.1	0.7	0.3	1.0	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.2	1.2	2.0	3.2	3.0	Pass
Amb Surgical: Ophthalmology (Service)	4.1	3.4	1.6	4.9	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	0.8	1.3	1.5	2.9	2.0	Pass
Amb Surgical: Otolaryngology (Service)	0.8	1.8	1.0	2.8	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	1.1	0.2	1.2	1.0	Pass
Amb Surgical: Podiatry (Service)	1.2	2.5	0.7	3.1	2.0	Pass
Amb Surgical: Surgery (Service)	1.8	6.8	4.9	11.7	10.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	1.8	0.4	2.1	2.0	Pass
Amb Surgical: Urology (Service)	0.9	2.3	0.7	2.9	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.2	1.3	0.3	1.6	1.0	Pass
Dental	0.0	0.0	0.2	0.2	0.0	Pass
MH	24.7	52.5	7.8	60.3	36.0	Pass
PC	23.4	53.9	35.6	89.5	66.0	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 05 Clarksburg 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 05 Clarksburg 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 05 CLARKSBURG: 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:

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

TABLE 7 – VISN 05 CLARKSBURG: 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 05 Clarksburg 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 05 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 05 CLARKSBURG: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V05) (540) Clarksburg	$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 05 CLARKSBURG: 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 05 CLARKSBURG: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.68	0.35	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 05 Clarksburg 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 05 CLARKSBURG: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V05) (540) Clarksburg	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	16.2	Pass
VAMC	(V05) (540) Clarksburg	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V05) (540) Clarksburg	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
MS CBOC	(V05) (540GB) Parkersburg	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,823.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V05) (XXX) Upshur County	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	10,575.0	Pass
MS CBOC	(V05) (540GD) Westover [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	20,255.0	Pass
CBOC	(V05) (540GC) Gassaway	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,353.0	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 05 CLARKSBURG: 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
$5,314M	$4,965M	0.53	0.35	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:

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

TABLE 13 – VISN 05 CLARKSBURG: 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 05 CLARKSBURG: 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

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