



VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022



VISN 07

Market Recommendations



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VISN 07 Alabama Market

The Veterans Integrated Service Network (VISN) 07 Alabama Market serves Veterans in much of the state of Alabama and a portion of western Georgia. The recommendation includes justification for the proposed action, the results of the cost benefit analysis, and an overview of how the market recommendation is consistent with the MISSION Act Section 203 selection criteria.¹

VA's Commitment to Veterans in the Alabama Market

The Department of Veterans Affairs (VA) is committed to providing equitable Veteran access to safe and high-quality care and services in VISN 07's Alabama Market. We will operate a high-performing integrated delivery network that provides access to VA care, supplemented by care provided by Federal partners, academic affiliates, and community providers.

Based on substantial data analysis, interviews with VISN and VA medical center (VAMC) leaders, consultation with senior VA leadership, and the input received from Veterans and stakeholders, VA has developed a recommendation designed to ensure that Veterans today and for generations to come have access to the high-quality care they have earned. The recommendation also makes sure that VA continues to execute on its additional missions: education and training, research, and emergency preparedness. As VA considers implementing any recommendation approved by the Asset and Infrastructure Review (AIR) Commission, implementation will be carefully sequenced so that facilities or partnerships to which care will be realigned are fully established before the proposed realignment occurs.

Market Strategy

Veteran enrollees in the Alabama Market are projected to increase significantly, especially in areas where VA does not currently have a concentrated presence in the northern and eastern parts of the market. Demand for inpatient medical and surgical services and inpatient mental health is projected to increase slightly, while demand for long-term care and outpatient care is projected to increase significantly. There is a need to redistribute resources within the market to expand access to VA health care to meet the existing and projected Veteran demand. The strategy for the Alabama Market is intended to provide Veterans with access to high-quality and conveniently located care in modern infrastructure. Key elements of the strategy are described below:

- **Provide equitable access to outpatient care through modern facilities close to where Veterans live and through the integration of virtual care:** VA's recommendation addresses the increased demand for outpatient services and improves access to care by investing in new, modern facilities close to where Veterans live and modernizing existing facilities to meet current standards for the delivery of health care. The recommendation maintains all sustainable outpatient points of care in the market, consolidates and relocates two clinics to areas better positioned in the market, establishes two new multi-specialty community-based outpatient clinics (MS CBOCs) and two new community-based outpatient clinics (CBOCs), and provides

¹ Please see the Volume II Reading Guide for more information concerning the purpose of each Market Recommendation section and key definitions.

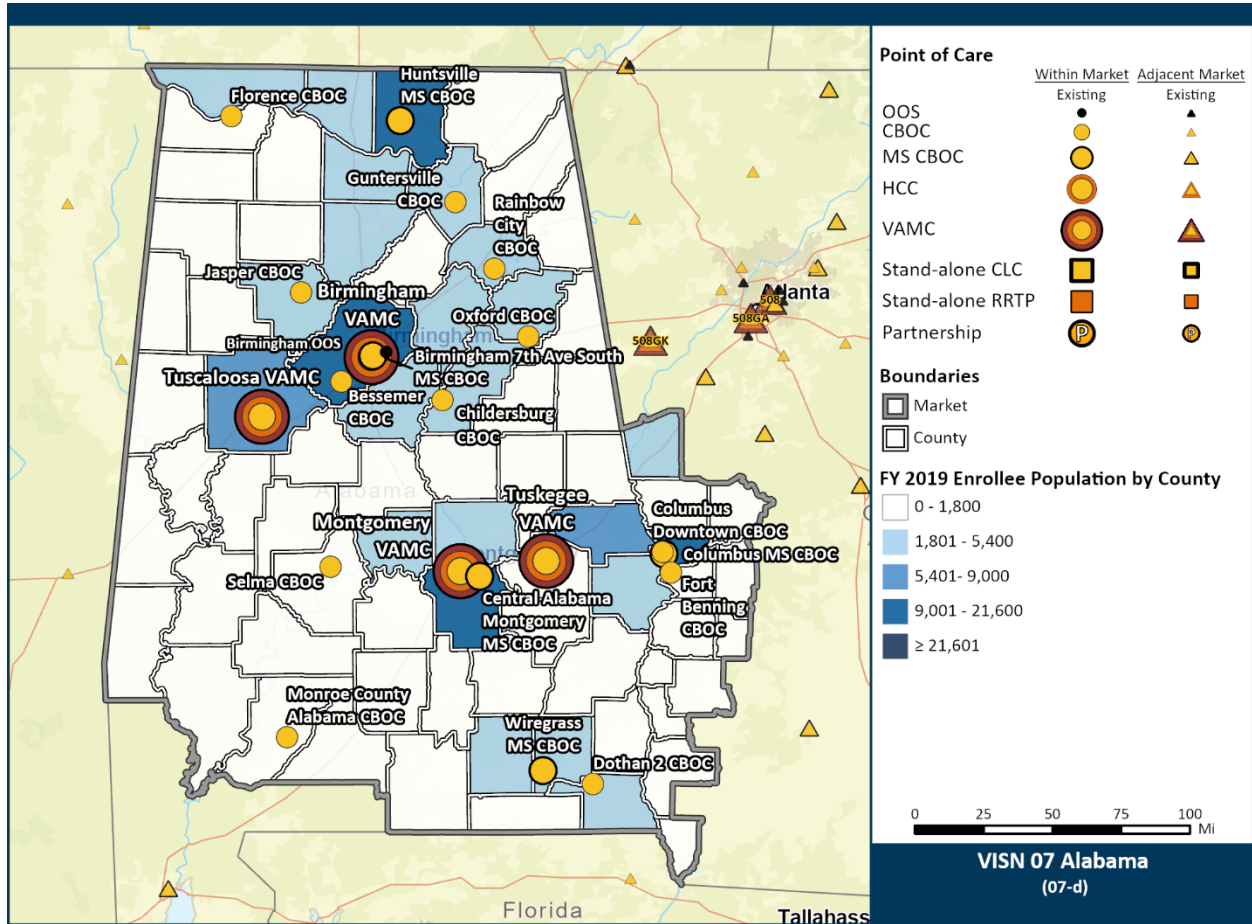
outpatient services in four new or modernized VAMCs in Birmingham, Huntsville, Montgomery, and Tuskegee.

- **Enhance VA’s unique strengths in caring for Veterans with complex needs:** VA’s recommendation improves access to care by investing in new or expanded residential rehabilitation treatment programs (RRTPs) at the Tuskegee VAMC, the Tuscaloosa VAMC, and the proposed new VAMC in the vicinity of Huntsville, Alabama. Additionally, the recommendation modernizes or expands community living center (CLC) capabilities at the Tuskegee and Tuscaloosa VAMCs. VA’s recommendation relocates inpatient mental health services from the Tuskegee VAMC to a larger enrollee population center at the Montgomery VAMC. VA’s recommendation will also modernize the inpatient spinal cord injuries and disorders (SCI/D) program at the Augusta VAMC – Uptown in the adjacent VISN 07 Georgia Market. Inpatient blind rehabilitation services are recommended to relocate from the Birmingham VAMC to the regional center at the Augusta VAMC – Uptown in the VISN 07 Georgia Market.
- **Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers, and virtual care:** VA’s recommendation expands access to inpatient medical and surgical services by investing in sustainable programs within VA and developing additional strategic collaborations with community providers. This is achieved by investing in a replacement VAMC in Birmingham, Alabama, a modernized VAMC in Montgomery, Alabama. Additionally, VA will pursue a strategic collaboration with the Department of Defense (DoD) and strengthen relationships with existing academic affiliates and community providers to deliver acute care services closer to where Veterans live in Huntsville, Alabama and Columbus, Georgia.

Market Overview

The market overview includes a map of the Alabama Market, key metrics for the market, and select considerations used in forming the market recommendation.

Market Map



Note: A partnership is a strategic collaboration between VA and a non-VA entity.

Facilities: The market has 4 VAMCs (Birmingham, Tuscaloosa, Montgomery, and Tuskegee), 5 MS CBOCs, 12 CBOCs, and 1 other outpatient services (OOS) site.

Enrollees: In fiscal year (FY) 2019, the market had 166,484 enrollees and is projected to experience a 9.4% increase in enrolled Veterans by FY 2029. The largest enrollee populations are in the counties of Jefferson, Alabama; Madison, Alabama; and Muscogee, Georgia.

Demand: Demand² in the market for inpatient medical and surgical services is projected to increase by 1.2% and demand for inpatient mental health services is projected to increase by 3.4% between FY 2019 and FY 2029. Demand for long-term care³ is projected to increase by 39.1%. Demand for all outpatient

² Projected market demand for inpatient medical and surgical services is based on VA's Enrollee Health Care Projection Model (EHCPM) in bed days of care (BDOC).

³ Projected market demand for inpatient Long-Term Services and Supports (LTSS) is based on VA's EHCPM in BDOC.

services,⁴ including primary care, mental health, specialty care, dental care, and rehabilitation therapies, is projected to increase.

Rurality: 45.1% of enrollees in the market live in rural areas compared to the VA national average of 32.5%.

Access: 74.8% of enrollees in the market live within a 30-minute drive time of a VA primary care site and 47.3% of enrollees live within a 60-minute drive time of a VA secondary care site.

Community Capacity: As of 2019, community providers⁵ in the market within a 60-minute drive time of the VAMCs had an inpatient acute occupancy rate⁶ of 64.7% (1,076 available beds)⁷ and an inpatient mental health occupancy rate of 79.0% (35 available beds). Community nursing homes within a 30-minute drive time of the VAMCs are operating at an occupancy rate of 83.5% (367 available beds). Community residential rehabilitation programs⁸ that match the breadth of services provided by VA are not widely available in the market.

Mission: VA has academic affiliations in the market that include the University of Alabama, the University of Alabama at Birmingham, Alabama A&M University, and Morehouse University. The Birmingham VAMC is ranked 56 out of 154 VA training sites based on the number of trainees, the Montgomery VAMC is ranked 135 out of 154, the Tuskegee VAMC is ranked 137 out of 154, and the Tuscaloosa VAMC is ranked 73 out of 154. The Birmingham VAMC is ranked 46 out of 103 VAMCs with research funding, the Tuscaloosa VAMC is ranked 71 out of 103, and the Montgomery and Tuskegee VAMCs conduct limited or no research. The Birmingham VAMC is a Federal Coordinating Center while the other VAMCs do not hold an emergency designation.⁹

Facility Overviews

Birmingham VAMC: The Birmingham VAMC is located in Birmingham, Alabama, and offers inpatient medical and surgical, RRTP, inpatient blind rehabilitation, and outpatient services. In FY 2019, the Birmingham VAMC had an inpatient medical and surgical average daily census (ADC) of 70.9, an RRTP ADC of 11.5, and an inpatient blind rehabilitation ADC of 14.0.

The Birmingham VAMC was built in 1952 on 3.9 acres and does not meet current VA design standards for modern health care.¹⁰ Facility condition assessment (FCA) deficiencies are approximately \$311.5M, and annual operations and maintenance costs are an estimated \$9.4M.

⁴ Projected market demand for outpatient services is based on VA's EHCPM in relative value units (RVUs).

⁵ Community providers include Veterans Community Care Program (VCCP) providers and potential VCCP providers.

⁶ Occupancy rates are calculated by dividing the total average daily census (ADC) by the total number of operating beds. Beds at hospitals or nursing homes above the target occupancy rates are excluded.

⁷ Available beds in the community are estimated using a target occupancy rate of 80% for hospitals and 90% for community nursing homes.

⁸ Includes community residential rehabilitation programs similar to VA's RRTP, blind rehabilitation, and rehabilitative SCI/D services.

⁹ VAMCs participating in the National Disaster Medical System are designated as Federal Coordinating Centers. Select Federal Coordinating Centers are also designated as Primary Receiving Centers.

¹⁰ Beginning in the late 1970s, modern health care design principles began to emerge and become more standard (e.g., floor-to-floor heights, corridor widths, column spacing, and utility infrastructure requirements). While some buildings prior to this era can be in good condition, they may not be well-suited for the delivery of modern health care.

Montgomery VAMC: The Montgomery VAMC is located in Montgomery, Alabama, and offers inpatient medical and surgical and outpatient services. In FY 2019, the Montgomery VAMC had an inpatient medical and surgical ADC of 5.1.

The Montgomery VAMC was built in 1940 on 50.3 acres and does not meet current VA design standards for modern health care. FCA deficiencies are approximately \$111.9M and annual operations and maintenance costs are an estimated \$3.8M.

Tuskegee VAMC: The Tuskegee VAMC is located in Tuskegee, Alabama, and offers inpatient mental health, RRTP, CLC, and outpatient services. In FY 2019, the Tuskegee VAMC had an inpatient mental health ADC of 15.7, an RRTP ADC of 54.4, and a CLC ADC of 49.3.

The Tuskegee ambulatory care building was built in 1982, the CLC building was built in 1988, and the remaining buildings on the 187.3-acre campus date back to 1923. Over 50% of the square footage on the campus is on the National Historical Register. FCA deficiencies are approximately \$473.8M, and annual operations and maintenance costs are an estimated \$9.3M.

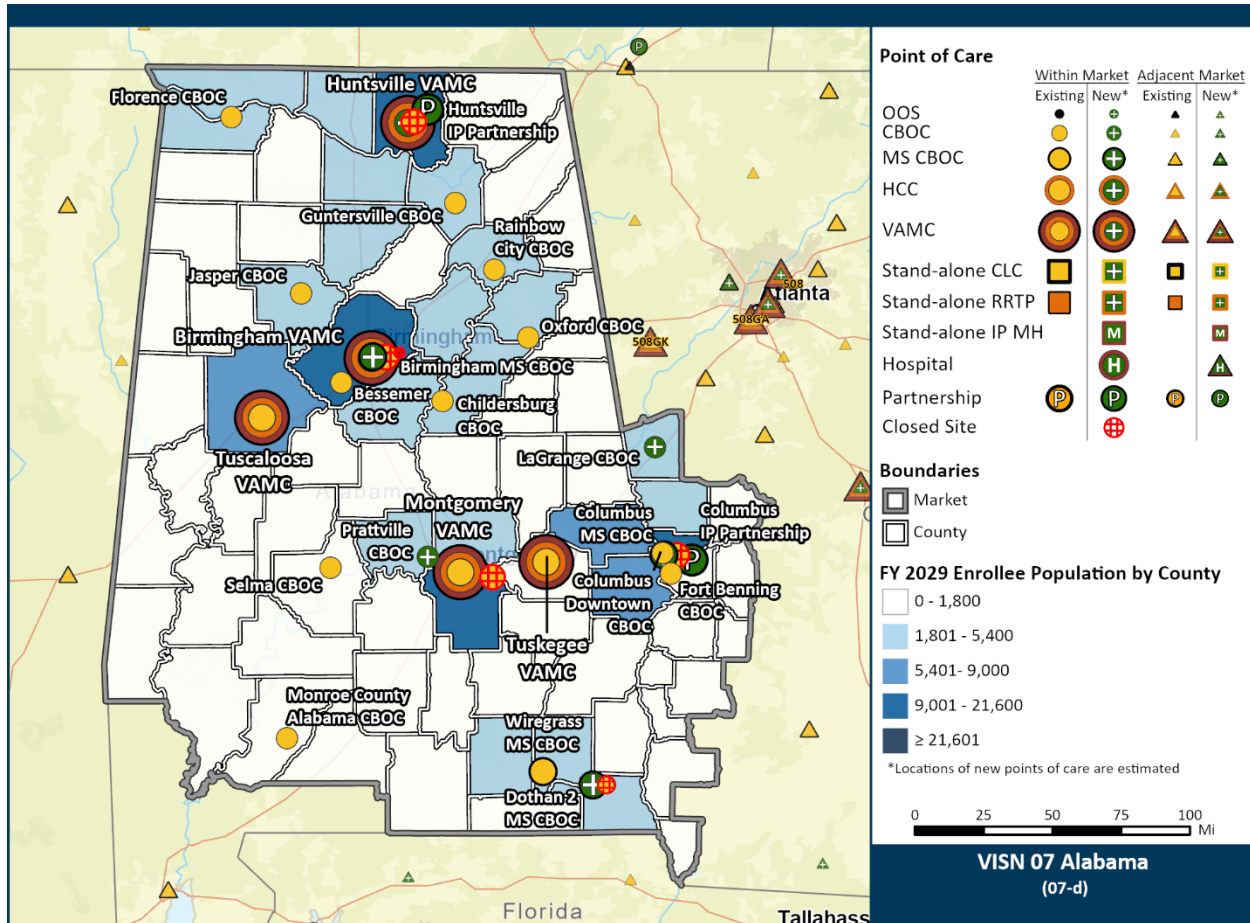
Tuscaloosa VAMC: The Tuscaloosa VAMC is located in Tuscaloosa, Alabama, and offers inpatient mental health, RRTP, CLC, and outpatient services. In FY 2019, the Tuscaloosa VAMC had an inpatient mental health ADC of 37.2, an RRTP ADC of 114.9, and a CLC ADC of 129.8.

The Tuscaloosa VAMC main hospital building was built in 1995. Over 50% of the square footage on the 120.0-acre campus is on the National Historical Register. FCA deficiencies are approximately \$169.9M, and annual operations and maintenance costs are an estimated \$10.6M.

Recommendation and Justification

This section details the VISN 07 Alabama Market recommendation and justification for each element of the recommendation.

Future Market Map



1. Modernize and realign the Birmingham VAMC by:

- 1.1. **Constructing a replacement VAMC with inpatient medical and surgical care, inpatient mental health, and emergency department services:** The Birmingham VAMC (Jefferson County) was built in 1952 and has an outdated building structure that is not suited for modern health care delivery. FCA deficiencies total \$311.5M. The inpatient medical and surgical care demand at the Birmingham VAMC is projected to decrease to an ADC of 65.4 in FY 2029. The enrollees in Jefferson County are projected to decrease by 5.3% from 20,729 to 19,635 between FY 2019 and FY 2029. As of FY 2019, there were 39,082 enrollees within a 60-minute drive time of the replacement Birmingham VAMC. There is a projected unmet inpatient mental health bed need for the Alabama Market and the Birmingham VAMC does not currently offer inpatient mental health services. The replacement Birmingham VAMC, located on the existing property, will deliver inpatient medical and surgical care, inpatient mental health care, primary care, outpatient mental health care, outpatient specialty care, outpatient surgical care, and

emergency department services, expanding access to care for Veterans in the Birmingham area. RRTP services will be maintained at an off-site facility.

- 1.2. **Constructing a new VAMC with outpatient and RRTP services in the vicinity of Huntsville, Alabama:** A new VAMC in the vicinity of Huntsville, Alabama (Madison County) will allow for the relocation of primary care, outpatient mental health care, and outpatient specialty care services from the Huntsville MS CBOC and will establish a new point of care for outpatient surgical and RRTP services in the Huntsville submarket. The next closest VA point of care for outpatient specialty care and RRTP services from Huntsville, Alabama is the Birmingham VAMC, which is located 85 minutes (100 miles) away. Enrollees in Madison County are projected to increase by 17.6% from 16,722 enrollees to 19,660 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 30,658 enrollees within a 60-minute drive time of the proposed site.
- 1.3. **Relocating inpatient blind rehabilitation services provided at the Birmingham VAMC to current or future VA facilities and discontinuing those services at the Birmingham VAMC:** The Birmingham VAMC had an inpatient blind rehabilitation ADC of 14.0 in FY 2019. Demand for inpatient blind rehabilitation at the Birmingham VAMC is projected to increase by 28.2% to 18.0 by FY 2029. The Birmingham VAMC is located on a landlocked 4-acre property in downtown Birmingham, Alabama and is heavily space-constrained with no expansion or swing space available. There are no outdoor spaces for blind Veterans to access and the blind rehabilitation unit occupies an inordinate amount of space relative to the number of patients served in an acute inpatient care referral site. Relocating inpatient blind rehabilitation services from the Birmingham VAMC to the Augusta VAMC in the adjacent VISN 07 Georgia Market will provide Veterans with a more appropriate setting to receive care and relieve constraints at the Birmingham VAMC.
- 1.4. **Establishing a strategic collaboration in Huntsville, Alabama, to add inpatient medical and surgical care and inpatient mental health services. If unable to enter into a strategic collaboration, utilize community providers:** Establishing a strategic collaboration with the University of Alabama (UAB) School of Medicine at Huntsville will increase access to acute inpatient services for Veterans in the area. The next closest VA point of care for inpatient medical and surgical care and inpatient mental health services from Huntsville, Alabama is the Birmingham VAMC, which is located 85 minutes (100 miles) away. Enrollees in Madison County are projected to increase by 17.6% from 16,722 enrollees to 19,660 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 30,658 enrollees within a 60-minute drive time of the proposed site. The strategic collaboration will increase access to VA-delivered inpatient services for Veterans and increase VA's access to cutting edge technologies and advancements that will benefit Veterans in the area.

2. *Modernize and realign the Montgomery VAMC by:*

- 2.1. **Constructing a new ambulatory building at the existing Montgomery VAMC:** Enrollees in Montgomery County are projected to increase by 8.9% from 10,299 to 11,214 between FY 2019 and FY 2029. In the market, demand for primary care, outpatient mental health, and outpatient specialty care services is projected to increase. As of FY 2019, the Montgomery VAMC had 23,835 enrollees within a 60-minute drive time. A new ambulatory building will allow for increased capacity to provide primary care, outpatient mental health care, and outpatient

specialty care within a facility that is large enough to support the projected increase in outpatient demand. The addition will also allow for the relocation of these services from the existing Central Alabama Montgomery MS CBOC, which does not have capacity to accommodate future growth capacity.

- 2.2. Establishing inpatient mental health services at the Montgomery VAMC:** As of FY 2019, there were 10,299 enrollees in Montgomery County, where the Montgomery VAMC is located, compared to 952 enrollees in Macon County, where the Tuskegee VAMC is located. As of FY 2019, the Tuskegee VAMC had 17 inpatient mental health beds with an ADC of 15.7. In-house demand for inpatient mental health services is projected to increase to an ADC of 15.5 in FY 2029. Total demand at the Montgomery VAMC for inpatient mental health services is projected to increase to an ADC of 33.7 in FY 2029. Relocating inpatient mental health services from the Tuskegee VAMC to the Montgomery VAMC will consolidate resources to an acute care facility that is better aligned with the submarket enrollee population center and will provide Veterans with access to care in a modernized facility.
- 2.3. Establishing a strategic collaboration to provide inpatient medical and surgical services in the vicinity of Columbus, Georgia:** Columbus, Georgia is located 87 minutes (83 miles) east of Montgomery, Alabama and as of FY 2019 there were 27,877 enrollees within a 60-minute drive time of Martin Army Community Hospital. VA will pursue a strategic collaboration with the Martin Army Community Hospital to deliver inpatient medical and surgical care in Columbus, Georgia. Establishing a strategic collaboration will improve Veteran access to VA-delivered care in the Columbus, Georgia, area.

3. Modernize and realign the Tuskegee VAMC by:

- 3.1. Relocating inpatient mental health services to current or future VA facilities and discontinuing those services at the Tuskegee VAMC:** As of FY 2019 there were 10,299 enrollees in Montgomery County, where the Montgomery VAMC is located, compared to 952 enrollees in Macon County, where the Tuskegee VAMC is located. The Tuskegee VAMC had 17 inpatient mental health beds with an ADC of 15.7. In-house demand for inpatient mental health services is projected to increase to an ADC of 15.5 in FY 2029. Total demand for inpatient mental health services is projected to an ADC of 33.7 in FY 2029. Relocating inpatient mental health services from the Tuskegee VAMC to the existing Montgomery VAMC will consolidate resources at an acute care facility that is better aligned with the submarket enrollee population center and will provide Veterans with access to care in a modernized facility.
- 3.2. Constructing a replacement VAMC with CLC, RRTP, and outpatient services at the Tuskegee VAMC:** As of FY 2019, the Tuskegee VAMC has 50 staffed CLC beds with an ADC of 49.3. In-house demand for CLC services at the Tuskegee VAMC (Macon County) is projected to increase to an ADC of 73.0 by FY 2029. Constructing a modern facility on the existing property will allow the facility to retain on-site CLC care based upon the projected demand. Demand for RRTP services in the Alabama Market is projected to be 120 beds (101.7 ADC) in FY 2028. This is a collaborative strategy to share and distribute RRTP bed resources across service types, such as general domiciliary, substance use disorder, and posttraumatic stress disorder. The strategy will meet the need of the market and improve care competencies, capabilities, and access. Constructing a modern facility on the existing property will allow the facility to retain on-site

RRTP services that will meet the projected demand. Constructing a new ambulatory building on the existing Tuskegee VAMC property will expand access and capacity for primary care, outpatient mental health care, and outpatient specialty care services. As of FY 2019, there were 4,357 enrollees within a 30-minute drive time and 31,951 enrollees within a 60-minute drive time of the Tuskegee VAMC.

4. **Modernize the RRTP at the Tuscaloosa VAMC:** By implementing the latest VA design standard, the modernization will decrease the RRTP beds at the Tuscaloosa VAMC from 140 to 75. Demand for RRTP services in the Alabama Market is projected to be 120 beds (101.7 ADC) in FY 2028. Based on the current volume of RRTP residents, slightly reducing the number of beds will allow for expansion in other service areas and still meet demand for enrollees in Tuscaloosa and its surrounding communities. This is a collaborative strategy to share and distribute RRTP bed resources across service types, such as general domiciliary, substance use disorder, and posttraumatic stress disorder. The strategy will meet the need of the market and improve care competencies, capabilities, and access.
5. **Modernize and realign outpatient facilities in the market by:**
 - 5.1. **Establishing a new CBOC in the vicinity of Prattville, Alabama:** Establishing a new CBOC in Prattville, Alabama (Autauga County) will expand access to primary care and outpatient mental health services. The enrollees in Autauga County are projected to increase by 10.1% from 2,744 to 3,020 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 13,416 enrollees within a 30-minute drive time of the proposed site.
 - 5.2. **Establishing a new CBOC in the vicinity of LaGrange, Georgia:** Establishing a new CBOC in LaGrange, Georgia (Troup County) will expand access to primary care and outpatient mental health services. The enrollees in Troup County are projected to increase by 18.8% from 1,890 to 2,245 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 3,554 enrollees within a 30-minute drive time of the proposed site.
 - 5.3. **Relocating the Huntsville MS CBOC to a new site in the vicinity of Huntsville, Alabama, and closing the existing Huntsville MS CBOC:** Relocating the Huntsville MS CBOC, which had 16,308 core uniques,¹¹ to the proposed Huntsville VAMC will increase capacity to provide primary care, outpatient mental health care, and outpatient specialty care. The expansion will also add outpatient surgical and urgent care and will allow for the closure of the existing Huntsville MS CBOC. As of FY 2019, there were 18,767 enrollees within a 30-minute drive time of the proposed site and 30,658 enrollees within a 60-minute drive time of the proposed site. Adding outpatient surgical and urgent care and will allow for the closure of the existing Huntsville MS CBOC. As of FY 2019, there were 18,767 enrollees within a 30-minute drive time of the proposed site and 30,658 enrollees within a 60-minute drive time of the proposed site.
 - 5.4. **Relocating the Birmingham 7th Ave MS CBOC to a new site in the vicinity of Birmingham, Alabama, and closing the existing Birmingham 7th Ave MS CBOC:** Relocating and expanding the Birmingham 7th Ave MS CBOC, which had 22,342 core uniques as of FY 2019, to a new site in Birmingham, Alabama (Jefferson County) will expand access to primary care, outpatient mental

¹¹ VA core unique patients exclude Veterans who have used only VA telephone triage, pharmacy, and laboratory services.

health care, and outpatient specialty care services for Veterans and will allow for the closure of the existing Birmingham 7th Ave MS CBOC. Veterans will be able to access ambulatory services more easily by avoiding a congested VAMC site. As of FY 2019, there were 21,102 enrollees within a 30-minute drive time of the proposed site and 40,817 enrollees within a 60-minute drive time of the proposed site.

- 5.5. Relocating the Dothan 2 CBOC to a new site in the vicinity of Dothan, Alabama, and closing the existing Dothan 2 CBOC:** Relocating the Dothan 2 CBOC, which had 3,291 core uniques as of FY 2019, to a new site in Dothan, Alabama (Houston County) and expanding to an MS CBOC will expand access to primary care, outpatient mental health services, and additional select outpatient specialty care services for Veterans and will allow for the closure of the existing Dothan 2 CBOC. As of FY 2019, there were 7,245 enrollees within a 30-minute drive time of the proposed site and 17,359 enrollees within a 60-minute drive time of the proposed site.
- 5.6. Relocating all services from the Birmingham OOS to the proposed Birmingham MS CBOC and closing the Birmingham OOS:** Relocating outpatient mental health services to the proposed Birmingham MS CBOC will allow for the closure of the Birmingham OOS, which had 19 core uniques as of FY 2019. The proposed Birmingham MS CBOC is located an estimated 10 minutes away from the Birmingham OOS.
- 5.7. Relocating all services from the Central Alabama Montgomery MS CBOC to the proposed new ambulatory building on the existing Montgomery VAMC and closing the Central Alabama Montgomery MS CBOC:** Relocating primary care, outpatient mental health care, and outpatient specialty care services to the proposed new ambulatory building on the existing Montgomery VAMC property will allow for the closure of the Central Alabama Montgomery MS CBOC, which had 17,161 core uniques as of FY 2019. The Montgomery VAMC is located an estimated 11 minutes away from the Central Alabama Montgomery MS CBOC.

Complementary Strategy

In addition to the recommendation submitted for AIR Commission approval, VA also anticipates implementing a complementary strategy that supports a high-performing integrated delivery network:

Alabama Market

- **Strengthen relationships with State Veterans Homes and community nursing homes to provide long-term care closer to Veterans' homes:** Across the Alabama Market, Veterans over the age of 65 are projected to increase by 16.1% from 69,042 to 80,177 enrollees between FY 2019 and FY 2029. Total demand for long-term care across the Alabama Market is projected to increase by 39.1% between FY 2019 and FY 2029. Strengthening relationships with State Veterans Homes and community nursing homes will allow Veterans to receive care closer to where they live and help meet the projected CLC demand across the Alabama Market.
- **Strengthen relationships across the Birmingham VAMC, Central Alabama Veterans Health Care System, and Tuscaloosa VAMC systems. Look for opportunities to share capacity and best practices (in progress):** Strategic planning can be improved by establishing a market-wide forum responsible for managing coordination and knowledge sharing across the market. The forum will

have the capacity to properly manage the planning processes throughout the market and best assess the standard measures for all VA personnel. Strengthening relationships across facilities within the Alabama Market can foster collaboration, disseminate best practices, and improve market share.

- **Develop a market-wide integrated telehealth network to deliver services to all clinics across the Alabama Market:** Telehealth services are important to meeting current and future demand, particularly in rural areas that are difficult to staff. Current telehealth planning varies by VAMC for short-term needs and is not strategically aligned for the long term. Developing a market-wide telehealth network will standardize the method for incorporating telehealth services and improve access to these services for all Veterans in the market.
- **Increase availability of ophthalmology across the Alabama Market to address the potential lack of high-quality ophthalmologists:** As identified in the Section 203 criteria analysis, there is a potential lack of high-quality ophthalmologists across outpatient points of care in the Alabama submarket. Various tactics, such as telehealth, recruitment of providers to the Veterans Community Care Program, and hiring additional VA providers, can be utilized to increase availability, recruitment, and retention.

Birmingham VAMC

- **Expand women’s health capabilities and capacity for outpatient services across the Birmingham submarket:** Across the Alabama Market, women enrollees are projected to increase by 38.6% from 18,660 to 25,854 between FY 2019 and FY 2029. Demand for primary care and outpatient specialties are projected to increase across the submarket. Expanding women’s health capabilities across the VA sites in the Birmingham VAMC system will improve access for the fast-growing women Veteran population.
- **Expand home-based primary care into additional points of care to increase access for rural communities:** Currently, home-based primary care staff are aligned to four sites of care (Birmingham VAMC, Huntsville MS CBOC, Guntersville CBOC, and Jasper CBOC). Expanding the home-based primary care program to additional points of care will expand the coverage range of providers, improve access to care for Veterans in the surrounding area, and prepare VA facilities for the evolution from facility care to home and community-based services.
- **Ensure there is adequate space to support the research initiative at the proposed new replacement Birmingham VAMC to maintain all existing programs:** As an integral part of the VAMC’s proposed replacement, Birmingham will keep its existing research capabilities as it moves to a new building and maintain all existing programs. The Office of Research and Development will be consulted in the planning for the proposed replacement Birmingham VAMC to ensure there is space to maintain existing research programs.

Montgomery VAMC

- Expand the planned Columbus MS CBOC replacement facility with additional leased space within Columbus, Georgia, to increase capacity to provide primary care, outpatient mental health, and outpatient specialty care services:** Demand for outpatient specialties is projected to increase across the market. As of FY 2019, the Columbus MS CBOC had 29,117 enrollees within a 60-minute drive time and 9,272 core uniques.
- Expand women’s health capabilities and capacity for outpatient services across the Central Alabama Veterans Health Care System (CAVHCS):** Across the Alabama Market, women enrollees are projected to increase by 38.6% from 18,660 to 25,854 enrollees between FY 2019 and FY 2029. Demand for primary care and outpatient specialties is projected to increase across the submarket. Expanding women’s health capabilities across the VA sites in CAVHCS will improve access for the fast-increasing women Veteran population.
- Strengthen the existing relationship between the University of Alabama at Birmingham (UAB) School of Medicine – Montgomery and the Birmingham VAMC:** Strengthening the relationship with the UAB School of Medicine – Montgomery increases access to new developments in medicine and provides a pipeline or connection for future physicians to work in VA facilities.
- Establish an affiliation with Mercer School of Medicine and strengthen the affiliation with Morehouse School of Medicine in Columbus, Georgia:** Staffing providers in the Columbus, Georgia area is an ongoing challenge. Establishing a relationship with Mercer School of Medicine and strengthening the existing relationship with the Morehouse School of Medicine in Columbus, Georgia to expand residency slots and other facets of an academic affiliate program is an opportunity to create more training and recruitment pipelines.
- Strengthen the relationship with Martin Army Community Hospital through joint planning and educational opportunities. Look for opportunities to share specialists and co-credential specialty care providers:** Strengthening the relationship and establishing a strategic collaboration with Martin Army Community Hospital will reduce the operational and administrative burden of recruiting and retaining specialty providers while improving access for outpatient specialty care services for Veterans at the Fort Benning CBOC, which is collocated. As of FY 2019, the Fort Benning CBOC had 18,542 enrollees within a 30-minute drive time.

Tuskegee VAMC

- Explore strategic collaborations with third parties for non-health care uses of the historic Tuskegee VAMC property through leases or other means pending funding:** There is an opportunity to reduce costs and honor the history of the location through leases or other means of providing revenue through non-health care related uses for the land or buildings.
- Relocate the sleep study program from the Tuskegee VAMC by establishing a strategic collaboration with community providers in Montgomery, Alabama and Columbus, Georgia:** The sleep study program has one of the longest wait times at the Tuskegee VAMC due to the poor infrastructure of the sleep laboratory and the lack of staff. Relocating the sleep study program to community care providers will ensure care is still provided in the Tuskegee, Alabama

area and expand access in the Columbus, Georgia area without causing space constraints within the Tuskegee VAMC.

Tuscaloosa VAMC

- Expand women’s health capabilities and capacity with an 18-bed women’s CLC and outpatient services across the Tuscaloosa VAMC system (in progress):** Across the Alabama Market, women enrollees are projected to increase by 38.6% from 18,660 to 25,854 between FY 2019 and FY 2029. Demand for long-term care, primary care, and outpatient specialties are projected to increase across the submarket. Expanding women’s health CLC capabilities in Tuscaloosa will improve access for the fast-growing women Veteran population across the Alabama Market.
- Expand long-stay CLC services at the Tuscaloosa VAMC to include acute geriatric psychiatry (in progress):** Across the Alabama Market, Veterans over the age of 65 are projected to increase by 16.1% from 69,042 to 80,176 enrollees between FY 2019 and FY 2029. At the Tuscaloosa VAMC, demand for CLC is projected to increase to an ADC of 136.2 between FY 2019 and FY 2029. There is a need for geriatric psychiatry services throughout the Alabama Market where patients have complex medical and mental health needs making it difficult to place in the community.
- Expand access to specialty acute inpatient mental health services such as geriatric psychiatry and suicide prevention at the Tuscaloosa VAMC on the existing property by converting acute inpatient mental health beds to swing beds (in progress):** There is a need for geriatric psychiatry services throughout the Alabama Market where patients have complex medical and mental health needs, making it difficult to place in the community. Six of the 45 acute inpatient mental health beds will be converted to swing beds at the Tuscaloosa VAMC.
- Explore establishing strategic collaborations with community providers to improve coverage for acute medical and surgical care and specialty care services:** Creating strategic collaborations with community providers in the Tuscaloosa submarket will help deliver inpatient medical and surgical and outpatient specialty care services in the area. This will increase VA’s access to technologies and advancements that will positively impact the health of Veterans in the area.
- Expand the affiliation between UAB and the Tuscaloosa VAMC to strengthen the education and research missions:** Expanding the affiliation with UAB in Tuscaloosa may reduce the operational and administrative burden of recruiting and retaining researchers while increasing access to new developments in medicine and providing a pipeline or connection for future physicians to work in VA facilities.

Cost Benefit Analysis

The Cost Benefit Analysis (CBA) evaluated the costs and benefits of three courses of action (COA) for the VISN 07 Alabama Market: Status Quo, Modernization, and VA Recommendation. Status Quo includes costs associated with FCA deficiencies and represents no significant change in capital and operational costs. Modernization seeks to modernize all existing health care infrastructure. The VA Recommendation implements the market recommendation and seeks to modernize any remaining health care infrastructure.

- Costs:** The present value cost¹² over a thirty-year period was calculated for each COA, inclusive of capital and operational costs. The capital cost includes costs associated with construction of new facilities, modernization of current facilities, leases, land acquisition, and demolition. VA operational cost includes direct costs (e.g., medical service costs), indirect costs (e.g., administrative costs), and VA special direct costs (e.g., suicide prevention coordinators). Non-VA care costs includes direct costs (e.g., payments for patient care), indirect costs (e.g., care coordination), overhead costs (e.g., national program costs), and administrative per member per month costs (e.g., third party administration of the Community Care Network).
- Benefits:** Benefits were evaluated based on five key domains: Demand and Supply, Access, Facilities and Sustainability, Quality, and Mission.

The CBA leveraged both the costs and benefits to generate a Cost Benefit Index (CBI) – a simple metric used to compare the costs and benefits associated with each COA. The COA with the lowest CBI is the preferred COA. The results of the CBA for the VISN 07 Alabama Market are provided in the following table. For more detailed information on the market CBA, please see Appendix H.

VISN 07 Alabama Market	Status Quo	Modernization	VA Recommendation
Total Cost	\$31,757,617,755	\$32,562,284,946	\$32,949,853,888
Capital Cost	\$3,076,557,161	\$3,881,224,351	\$4,559,129,873
Operational Cost	\$28,681,060,594	\$28,681,060,594	\$28,390,724,014
Total Benefit Score	7	10	14
CBI (normalized in \$B)	4.54	3.26	2.35

Note: Operational costs are shifted from VA to non-VA care only when a service line is relocated in totality to non-VA care at the parent facility level. Total cost is a sum of operational and capital costs rounded to the nearest dollar.

Section 203 Criteria Analysis

This section provides an overview of how this market recommendation is consistent with the Section 203 decision criteria as required by the MISSION Act. For more detailed information, please see Appendix I.

Demand
<p><i>This recommendation is consistent with the Demand criterion, aligning VA's high-performing integrated delivery network resources to effectively meet the future health care demand of the Veteran enrollee population with the capacity in the market.</i></p> <ul style="list-style-type: none"> Summary: Following implementation of the recommendation, the capacity available through VA facilities and community providers would be able to support 100% of the projected enrollee demand.

¹² The present value cost is the current value of future costs discounted at the defined discount rate.

Demand

- **Outpatient:** Outpatient demand will be met through 22 VA points of care offering outpatient services, including the proposed new Huntsville, Alabama VAMC; Prattville, Alabama CBOC; and LaGrange, Georgia CBOC; and the proposed replacement Birmingham, Alabama VAMC; Birmingham, Alabama MS CBOC; Columbus, Georgia MS CBOC; and Dothan 2, Alabama MS CBOC; as well as community providers in the market.
- **CLC:** Long-term care demand will be met through the Tuscaloosa, Alabama VAMC and Tuskegee, Alabama VAMC, as well as community nursing homes.

The recommendation ensures that projected demand for SCI/D, RRTP, and blind rehabilitation is sufficiently met through VA-only capacity in the respective VISN or blind rehabilitation region.

- **SCI/D:** Demand for inpatient SCI/D will be met through the SCI/D Hubs at the Augusta, Georgia VAMC (VISN 07) and the Memphis, Tennessee VAMC (VISN 09).
- **RRTP:** RRTP demand will be met through the Tuscaloosa, Alabama VAMC; Tuskegee, Alabama VAMC; proposed new Huntsville, Alabama VAMC; and the other facilities within VISN 07 offering RRTP, including the Fort McPherson, Georgia VAMC; Augusta, Georgia, VAMC; proposed new RRTP at the Columbia, South Carolina VAMC; proposed new Macon, Georgia VAMC; proposed new Summerville, South Carolina VAMC; and proposed new stand-alone RRTP in Richland County, South Carolina.
- **Blind rehabilitation:** Inpatient blind rehabilitation demand will be met through the facilities in the Southeast Region, including the Augusta, Georgia VAMC (VISN 07) and the West Palm Beach, Florida VAMC (VISN 08).
- **Inpatient acute:** Inpatient medicine and surgery demand will be met through the Montgomery, Alabama VAMC; proposed replacement Birmingham, Alabama VAMC; proposed new Huntsville, Alabama partnership and Columbus, Georgia partnership, as well as through community providers. Inpatient mental health demand will be met through the Tuscaloosa, Alabama VAMC; and proposed new mental health facility at the Montgomery, Alabama VAMC; and proposed replacement Birmingham, Alabama VAMC; as well as through community providers.

Access

This recommendation is consistent with the Access criterion, maintaining or improving Veteran access to care in the market and providing Veterans the opportunity to choose the care they trust throughout their lifetime. The Access criterion evaluates enrollee access to care in the current and proposed future state across multiple service lines. It is evaluated for both the overall enrollee population as well as for specific subpopulations of enrollees that traditionally face barriers to receiving appropriate care, including minority enrollees, enrollees over 65, women enrollees, rural enrollees, and enrollees living in disadvantaged neighborhoods. Below are the access results for both primary care and specialty care among the overall enrollee population.

- **Access to primary care:** Following implementation of the recommendation, the number of enrollees within 30 minutes of primary care available through VA facilities and community providers is projected to be maintained, with 179,523 enrollees within 30 minutes of primary care in the future state.
- **Access to specialty care:** Following implementation of the recommendation, the number of Veterans within 60 minutes of specialty care available through VA facilities and community providers is projected to be maintained, with 179,992 enrollees within 60 minutes of specialty care in the future state.

Mission

This recommendation is consistent with the Mission criterion, providing for VA's second, third, and fourth health related statutory missions of education, research, and emergency preparedness.

- **Education:** The recommendation for this market supports VA's ability to enhance its education mission in VISN 07. The recommendation allows for continued relationships with key academic partners, including but not limited to, the affiliation with University of Alabama, Alabama A&M University, and the University of Alabama – Birmingham (UAB).
- **Research:** This recommendation does not impact the research mission in the market and allows the Tuscaloosa, Alabama VAMC to maintain the current research mission. The recommendation also allows the Birmingham, Alabama VAMC to maintain the research mission by ensuring there is adequate space to support research at the proposed new replacement Birmingham, Alabama VAMC to maintain existing programs.
- **Emergency preparedness:** This recommendation maintains VA's ability to execute its emergency preparedness mission; no VAMCs in this market are designated as a Primary Receiving Center.

Quality

This recommendation is consistent with the Quality criterion, considering the quality and delivery of health care services available to Veterans in the market, including the experience, safety, and appropriateness of care.

- **Quality among providers:** The recommendation ensures that all providers included within the high-performing integrated delivery network meet the established quality standards by provider type (outlined in Appendix E).
- **Quality improvements through new infrastructure:** Quality is improved through the proposed new Huntsville, Alabama VAMC; Prattville, Alabama CBOC; LaGrange, Georgia CBOC; Huntsville, Alabama partnership; and Columbus, Georgia partnership; and the proposed replacement Birmingham, Alabama VAMC; Birmingham, Alabama MS CBOC; Columbus, Georgia MS CBOC; and Dothan 2, Alabama MS CBOC; as well as the modernization of the CLC and RRTP at the Tuskegee, Alabama VAMC and RRTP at the Tuscaloosa, Alabama VAMC. This new infrastructure will aid in improving the patient experience with care delivery provided in modern spaces and aid in the recruitment of staff with facilities offering the latest technology.
- **Promoting recruitment of top clinical and non-clinical talent:** The recommendation enhances VA's academic and non-academic partnerships, which supports the recruitment and retention of top clinical and non-clinical talent.

Cost Effectiveness

This recommendation is consistent with the Cost Effectiveness criterion, providing a cost-effective means by which to provide Veterans with modern health care. The Cost Effectiveness criterion was assessed through a CBA summarized in the CBA section and detailed in Appendix H.

- **CBI:** The CBI is the primary metric for cost effectiveness. The CBI for the VA Recommendation COA is lower than the Status Quo COA (2.35 for VA Recommendation versus 4.54 for Status Quo), indicating that the VA Recommendation is more cost-effective than the Status Quo.

Sustainability

This recommendation is consistent with the Sustainability criterion, creating a sustainable health care delivery system for Veterans. It ensures that the health care delivery system proposed for the market is aligned with future demand, allowing it to sustainably operate and provide a safe and welcoming health care environment that meets modern health care standards.

- **Aligns investment in care and services with projected Veteran care needs:** All facilities in the future state of this market meet the minimum demand threshold to support sustainable services.
- **Sustainability improvements through new infrastructure:** Within this recommendation, sustainability is improved through the proposed new Huntsville, Alabama VAMC; Prattville, Alabama CBOC; LaGrange, Georgia CBOC; Huntsville, Alabama partnership; Columbus, Georgia partnership; proposed replacement Birmingham, Alabama VAMC; Birmingham, Alabama MS CBOC; Columbus, Georgia MS CBOC; and Dothan 2, Alabama MS CBOC; as well as the modernization of the CLC and RRTP at the Tuskegee, Alabama VAMC and RRTP at the Tuscaloosa, Alabama VAMC. This new infrastructure modernizes VA facilities to include state-of-the-art equipment that will aid in the recruitment of providers and support staff. The proposed partnerships also help VA in recruiting and retaining staff, by embedding providers in community partner space.
- **Reflects stewardship of taxpayer dollars:** While the cost of the market recommendation is more than the cost to modernize facilities in the market today (\$32.9B for VA Recommendation versus \$32.6B for Modernization), there are benefits realized through the market recommendation in at least one of the five domains assessed by the CBA that are not realized through the modernization approach. As a result, the CBI score for the VA Recommendation COA is lower than the Modernization COA (2.35 for VA Recommendation versus 3.26 for Modernization), reflecting effective stewardship of taxpayer dollars.



VISN 07 Georgia Market

The Veterans Integrated Service Network (VISN) 07 Georgia Market serves Veterans in much of the state of Georgia and a portion of western South Carolina. The recommendation includes justification for the proposed action, the results of the cost benefit analysis, and an overview of how the market recommendation is consistent with the MISSION Act Section 203 selection criteria.¹³

VA's Commitment to Veterans in the Georgia Market

The Department of Veterans Affairs (VA) is committed to providing equitable Veteran access to safe and high-quality care and services in VISN 07's Georgia Market. We will operate a high-performing integrated delivery network that provides access to VA care, supplemented by care provided by Federal partners, academic affiliates, and community providers.

Based on substantial data analysis, interviews with VISN and VA medical center (VAMC) leaders, consultation with senior VA leadership, and the input received from Veterans and stakeholders, VA has developed a recommendation designed to ensure that Veterans today and for generations to come have access to the high-quality care they have earned. The recommendation also makes sure that VA continues to execute on its additional missions: education and training, research, and emergency preparedness. As VA considers implementing any recommendation approved by the Asset and Infrastructure Review (AIR) Commission, implementation will be carefully sequenced so that facilities or partnerships to which care will be realigned are fully established before the proposed realignment occurs.

Market Strategy

The Georgia Market faces increasing market enrollment, particularly around the metropolitan areas of Atlanta, Augusta, and Macon/Warner Robins. Demand for inpatient medical and surgical services, inpatient mental health care, long-term care, spinal cord injuries and disorders (SCI/D), blind rehabilitation, and outpatient care is increasing. There is need to invest in modern facilities that meet current design standards, relocate services closer to Veterans, and establish new facilities to meet existing and projected Veteran demand. The strategy for the Georgia Market is intended to provide Veterans with access to high-quality and conveniently located care in modern infrastructure. Key elements of the strategy are described below:

- **Provide equitable access to outpatient care through modern facilities close to where Veterans live and through the integration of virtual care:** VA's recommendation addresses the increased demand for outpatient services and improves access to care by investing in appropriately sized modern facilities close to where Veterans live. The recommendation establishes one new community-based outpatient clinic (CBOC) offering primary care and mental health services and three new multi-specialty community-based outpatient clinics (MS CBOCs) offering primary care, mental health care, and specialty care services to improve access to these services for Veterans. The recommendation also expands two existing CBOCs into MS CBOCs, maintains all sustainable

¹³ Please see the Volume II Reading Guide for more information concerning the purpose of each Market Recommendation section and key definitions.

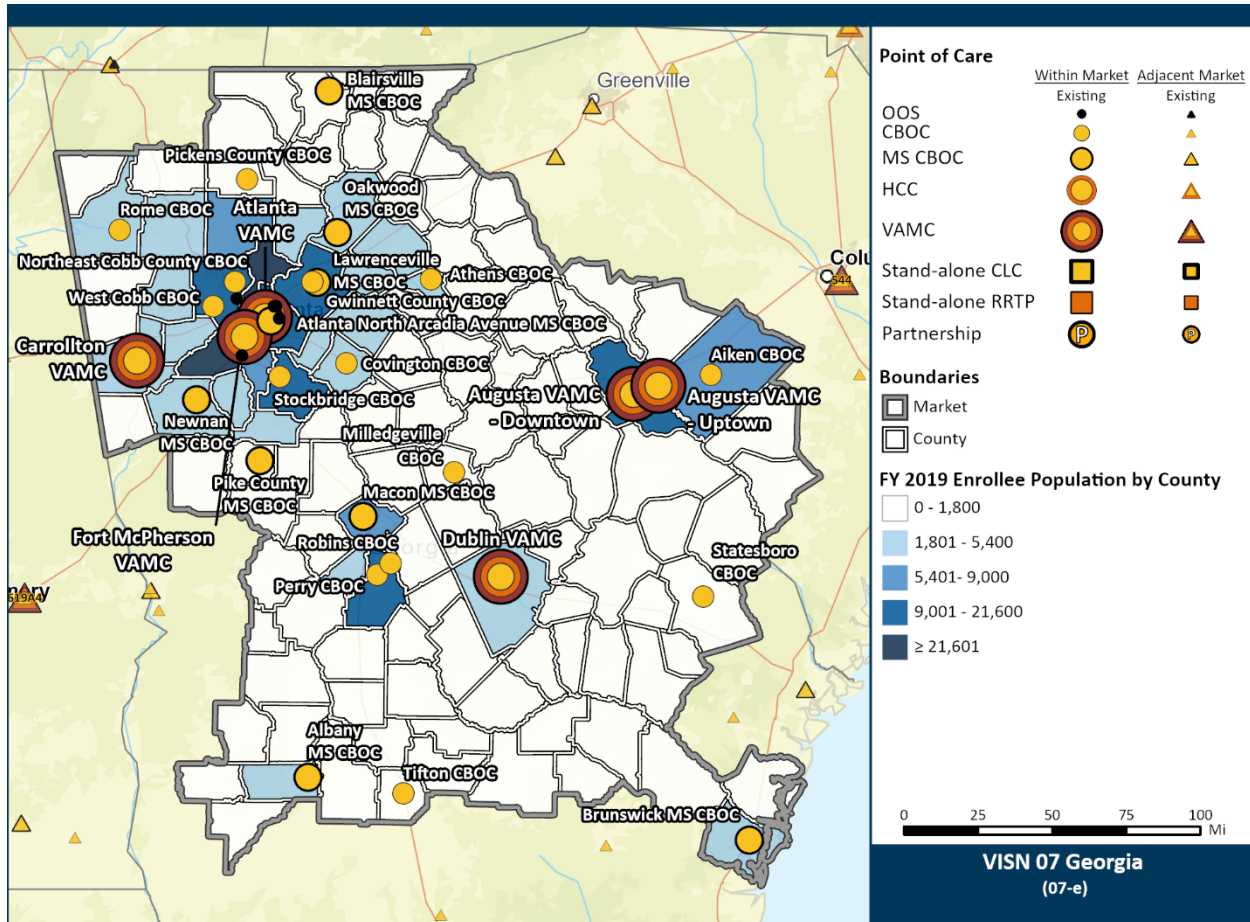
outpatient points of care in the market, consolidates seven clinics that do not have sustainable volumes, and provides outpatient services in three new or modernized VAMCs.

- **Enhance VA’s unique strengths in caring for Veterans with complex needs:** VA’s recommendation invests in three new VAMCs in Macon, Gwinnett County, and Atlanta, Georgia. Two of the new VAMCs will offer community living center (CLC) capabilities and one new VAMC will offer residential rehabilitation treatment program (RRTP) capabilities. The recommendation also maintains access to inpatient mental health within two new or modernized VA-owned facilities in Atlanta, Georgia and Augusta, Georgia and relocates inpatient SCI/D services and inpatient blind rehabilitation services to a modernized VAMC in Augusta, Georgia.
- **Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers, and virtual care:** VA’s recommendation maintains inpatient medical and surgical care within VA facilities with two new or modernized VAMCs in Atlanta, Georgia and Augusta, Georgia. The recommendation also relocates one low volume inpatient medical and surgical program at the Dublin VAMC to a strategic collaboration to provide VA-delivered care closer to where Veterans live in Macon, Georgia.

Market Overview

The market overview includes a map of the Georgia Market, key metrics for the market, and select considerations used in forming the market recommendation.

Market Map



Note: A partnership is a strategic collaboration between VA and a non-VA entity.

Facilities: The market has 6 VAMCs (Atlanta, Fort McPherson, Carrollton, Augusta – Downtown, Augusta – Uptown, and Dublin), 9 MS CBOCs, 14 CBOCs, and 5 other outpatient services (OOS) sites.

Enrollees: In fiscal year (FY) 2019, the market had 259,014 enrollees and is projected to experience a 9.3% increase in enrolled Veterans by FY 2029. The largest enrollee populations are in Fulton, Dekalb, Cobb, and Gwinnett counties in the Atlanta metropolitan area of Georgia.

Demand: Demand¹⁴ in the market for inpatient medical and surgical services is projected to increase by 4.3% and demand for inpatient mental health services is projected to increase by 5.7% between FY 2019 and FY 2029. Demand for long-term care¹⁵ is projected to increase by 62.1% during the same period.

¹⁴ Projected market demand for inpatient medical and surgical services is based on VA’s Enrollee Health Care Projection Model (EHCPM) in bed days of care (BDOC).

¹⁵ Projected market demand for inpatient Long-Term Services and Supports (LTSS) is based on VA’s EHCPM in BDOC.

Demand for all outpatient services,¹⁶ including primary care, mental health, specialty care, dental care, and rehabilitation therapies, is projected to increase.

Rurality: 27.9% of enrollees in the market live in rural areas compared to the VA national average of 32.5%.

Access: 77.9% of enrollees in the market live within a 30-minute drive time of a VA primary care site and 73.4% of enrollees live within a 60-minute drive time of a VA secondary care site.

Community Capacity: As of 2019, community providers¹⁷ in the market within a 60-minute drive time of the VAMCs had an inpatient acute occupancy rate¹⁸ of 72.7% (1,301 available beds)¹⁹ and an inpatient mental health occupancy rate of 57.7% (100 available beds). Community nursing homes within a 30-minute drive time of the VAMCs are operating at an occupancy rate of 83.4% (526 available beds). Community residential rehabilitation programs²⁰ that match the breadth of services provided by VA are not widely available in the market.

Mission: VA has academic affiliations in the market that include Emory University, Morehouse College, and Augusta University. The Atlanta VA Health Care System (which includes the Atlanta, Fort McPherson, and Carrollton VAMCs) is ranked 14 out of 154 VA training sites based on the number of trainees, the VA Augusta Healthcare System (which includes both the Augusta VAMC – Downtown and Augusta VAMC – Uptown) is ranked 53 out of 154, and the Dublin VAMC is ranked 115 out of 154. The Atlanta VA Health Care System is ranked 12 out of 103 VAMCs with research funding, the VA Augusta Healthcare System is ranked 55 out of 103, and the Dublin VAMC conducts limited or no research. The Atlanta VAMC is a Federal Coordinating Center while the other VAMCs do not hold an emergency designation.²¹

Facility Overviews

Atlanta VAMC: The Atlanta VAMC is located in Atlanta, Georgia, and offers inpatient medical and surgical, inpatient mental health, RRTP, and outpatient services. In FY 2019, the Atlanta VAMC had an inpatient medical and surgical average daily census (ADC) of 110.3, an inpatient mental health ADC of 32.3, and an RRTP ADC of 4.6.

The Atlanta VAMC was built in 1966 on 28.5 acres. Facility condition assessment (FCA) deficiencies are approximately \$251.8M, and annual operations and maintenance costs are an estimated \$26.4M.

Fort McPherson VAMC: The Fort McPherson VAMC is located in Atlanta, Georgia, and offers RRTP and outpatient services. In FY 2019, the Fort McPherson VAMC had an RRTP ADC of 55.2.

¹⁶ Projected market demand for outpatient services is based on VA's EHCPM in relative value units (RVUs).

¹⁷ Community providers include Veterans Community Care Program (VCCP) providers and potential VCCP providers.

¹⁸ Occupancy rates are calculated by dividing the total average daily census (ADC) by the total number of operating beds. Beds at hospitals or nursing homes above the target occupancy rates are excluded.

¹⁹ Available beds in the community are estimated using a target occupancy rate of 80% for hospitals and 90% for community nursing homes.

²⁰ Includes community residential rehabilitation programs similar to VA's RRTP, blind rehabilitation, and rehabilitative SCI/D services.

²¹ VAMCs participating in the National Disaster Medical System are designated as Federal Coordinating Centers. Select Federal Coordinating Centers are also designated as Primary Receiving Centers.

The Fort McPherson VAMC's RRTP buildings were built in 1942 and the ambulatory services building was built in 1996. The Fort McPherson VAMC RRTP buildings do not meet current VA standards for modern health care.²² The campus is composed of 11.9 acres. FCA deficiencies are approximately \$26.3M, and annual operations and maintenance costs are an estimated \$3.6M.

Carrollton VAMC: The Carrollton VAMC is located in Carrollton, Georgia, and offers CLC and outpatient services. In FY 2019, the Carrollton VAMC had a CLC ADC of 32.7.

The Carrollton VAMC was built in 2012 on 10.6 acres. FCA deficiencies are approximately \$8.2M, and annual operations and maintenance costs are an estimated \$1.7M.

Augusta VAMC – Downtown: The Augusta VAMC – Downtown is located in Augusta, Georgia, and offers inpatient medical and surgical, SCI/D, and outpatient services. In FY 2019, the Augusta VAMC – Downtown had an inpatient medical and surgical ADC of 53.9 and an SCI/D ADC of 48.6.

The Augusta VAMC – Downtown was built in 1980 on 20.0 acres. FCA deficiencies are approximately \$363.7M, and annual operations and maintenance costs are an estimated \$7.3M.

Augusta VAMC – Uptown: The Augusta VAMC – Uptown is located in Augusta, Georgia, and offers inpatient mental health, RRTP, CLC, rehabilitation medicine, blind rehabilitation, and outpatient services. In FY 2019, the Augusta VAMC – Uptown had an inpatient mental health ADC of 11.7, an RRTP ADC of 49.4, a rehabilitation medicine ADC of 6.7, a blind rehabilitation ADC of 9.5, and a CLC ADC of 86.4.

The Augusta VAMC – Uptown was built in 1991 on 104.7 acres. FCA deficiencies are approximately \$171.6M, and annual operations and maintenance costs are an estimated \$11.7M.

Dublin VAMC: The Dublin VAMC offers inpatient medical, RRTP, CLC, and outpatient services. In FY 2019, the Dublin VAMC had an inpatient medical ADC of 2.8, an RRTP ADC of 103.6, and a CLC ADC of 132.8.

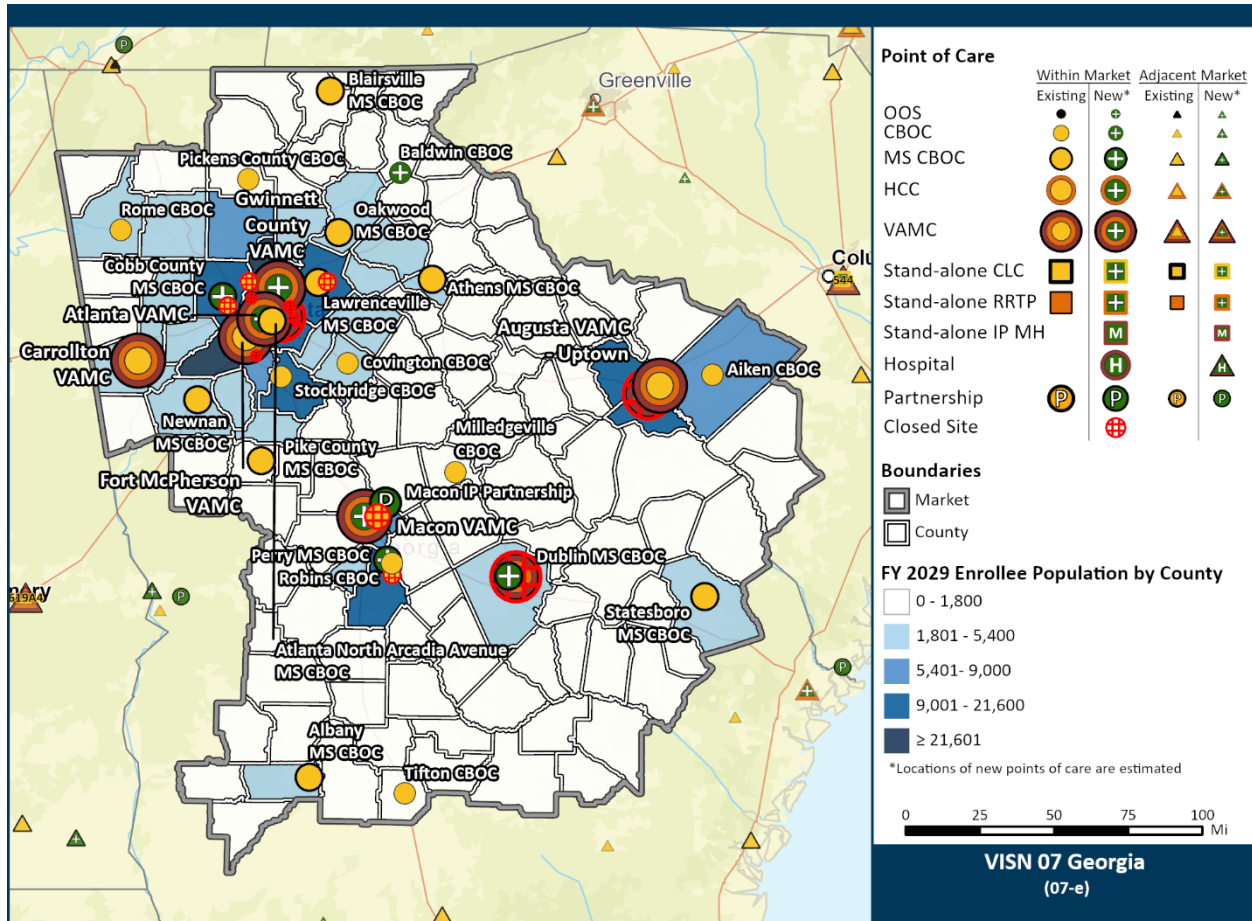
The Dublin VAMC was built in 1944 on 101.0 acres. FCA deficiencies are approximately \$225.7M, and annual operations and maintenance costs are an estimated \$11.4M.

²² Beginning in the late 1970s, modern health care design principles began to emerge and become more standard (e.g., floor-to-floor heights, corridor widths, column spacing, and utility infrastructure requirements). While some buildings prior to this era can be in good condition, they may not be well-suited for the delivery of modern health care.

Recommendation and Justification

This section details the VISN 07 Georgia Market recommendation and justification for each element of the recommendation.

Future Market Map



1. Modernize and realign the Atlanta VAMC by:

1.1. Constructing a replacement VAMC with inpatient medical and surgical care, inpatient mental health, emergency department, and outpatient services in the vicinity of Atlanta, Georgia:

The Atlanta VAMC was built in 1966, with the most recent renovation to the main hospital in 1997. The VAMC has an outdated building structure that is not suited for modern health care delivery. FCA deficiencies total \$251.8M. The Atlanta VAMC is space-constrained and landlocked. In FY 2019, the Atlanta VAMC had an inpatient medical and surgical ADC of 110.3, an inpatient mental health ADC of 32.3, a CLC ADC of 54.6, and an RRTP ADC of 4.6. At the Atlanta VAMC, demand for acute inpatient medical and surgical services is projected to decrease to an ADC of 104.3, demand for inpatient mental health services is projected to increase to an ADC of 34.6, and demand for long-term care is projected to increase to an ADC of 128.0 between FY 2019 and FY 2029. A new facility is required to meet future demand for inpatient medical and surgical care, inpatient mental health care, primary care, outpatient

mental health care, outpatient specialty care, outpatient surgical, and emergency department services. CLC demand will be met at the Carrollton VAMC and the proposed new Gwinnett County VAMC. RRTP demand will be met at the expanded Fort McPherson VAMC. As of FY 2019 there were 34,596 enrollees within a 30-minute drive time and 128,555 enrollees within a 60-minute drive time of the proposed location of the new Atlanta VAMC.

1.2. Constructing a new VAMC with CLC and outpatient services in the vicinity of Gwinnett

County, Georgia: A new VAMC in the vicinity of Gwinnett County, Georgia will allow for the recommended relocation of primary care, outpatient mental health care, and outpatient specialty care from the existing Gwinnett MS CBOC, a portion of outpatient surgical services from the Atlanta VAMC, and a portion of CLC services from the Dublin VAMC. The new VAMC will also expand CLC services within the Atlanta submarket. Enrollees in Gwinnett County are projected to increase by 9.2% from 15,261 to 16,667 between FY 2019 and FY 2029. As of FY 2019, there were 32,327 enrollees within a 30-minute drive time and 124,988 enrollees within a 60-minute drive time of the proposed location of the new Gwinnett County VAMC. The proposed Gwinnett County VAMC will expand access to Veterans for CLC, primary care, outpatient mental health care, outpatient specialty care, outpatient surgical care, and urgent care services.

1.3. Relocating all services provided at the Atlanta VAMC to current or future VA facilities and discontinuing those services at the existing Atlanta VAMC:

The Atlanta VAMC offers inpatient medical and surgical care, inpatient mental health care, RRTP, and outpatient services. The Atlanta VAMC primary care clinics are space constrained with insufficient exam rooms to effectively support the patient aligned care team (PACT) model, thus limiting panel sizes and efficiency. Relocating outpatient services to three large multi-specialty clinics and a new VAMC in each quadrant of the Atlanta metropolitan area will increase capacity for outpatient services and improve access to care. Inpatient medical and surgical care and inpatient mental health services will also be relocated to the new Atlanta VAMC. RRTP services will be relocated to the expanded RRTP at the existing Fort McPherson VAMC.

1.4. Closing the Atlanta VAMC: Relocating services currently provided at the Atlanta VAMC to the replacement Atlanta VAMC in the vicinity of Atlanta, Georgia; the new VAMC in the vicinity of Gwinnett County, Georgia; and the Fort McPherson VAMC will allow for the closure of the existing Atlanta VAMC.

2. Modernize the Fort McPherson VAMC by:

2.1. Modernizing the RRTP: Expanding the RRTP at the Fort McPherson VAMC will address the unmet demand and expand access for RRTP services throughout the Atlanta submarket. The Georgia Market is projected to have an RRTP bed need of 170 (144.1 ADC) by FY 2028. The modernization and expansion will convert shared patient rooms to private rooms and expand the RRTP beds from 40 to 72. This is a collaborative strategy to share and distribute RRTP bed resources across service types, such as general domiciliary, substance use disorder, and posttraumatic stress disorder. The strategy will meet the need of the market and improve care competencies, capabilities, and access.

- 2.2. Modernizing the ambulatory clinic:** The Atlanta VAMC is space-constrained, landlocked, and outdated. As of FY 2019, there were 45,457 enrollees within a 30-minute drive time and 125,288 enrollees within a 60-minute drive time from the Fort McPherson VAMC. Demand for outpatient services such as primary care, mental health care, and specialty care services is projected to increase between FY 2019 to FY 2029 in the Atlanta submarket. Expanding the ambulatory clinic at the Fort McPherson VAMC will increase access to primary care, outpatient mental health, and outpatient specialty care services to Veterans in the area and absorb demand from the Atlanta VAMC and other overburdened VA sites of care.
- 3. Modernizing the CLC at the Carrollton VAMC:** Expanding the Carrollton VAMC CLC from 32 to 66 beds will increase access to CLC services and address the increasing demand for long-term care in the Atlanta submarket. The Carrollton VAMC had 32 CLC beds and an ADC of 32.7 while the Atlanta had 62 CLC beds and an ADC of 54.6 in FY 2019. The Atlanta CLC recently closed, and the demand will need to be met in the market. At the Atlanta VAMC, demand for CLC is projected to increase to an ADC of 128.0 by FY 2029. The Carrollton VAMC will meet part of this demand and the Gwinnett County CLC will meet the remaining demand. As of FY 2019, the Carrollton VAMC had 53,140 enrollees within a 60-minute drive time.
- 4. Modernize and realign the Augusta VAMC – Uptown by:**
- 4.1. Constructing a new acute care tower:** The Augusta VAMC – Downtown was built in 1980 and does not meet the standards for delivering modern health care, lacks space for future growth, and has significant facility infrastructure issues, requiring a great deal of investments. FCA deficiencies total \$363.7M. A new facility is required to deliver inpatient medical and surgical care, SCI/D, and emergency services. VA recommends constructing the replacement facility on available space at the Augusta VAMC – Uptown to consolidate services into a single site with enough acreage for expansion. The Augusta VAMC – Uptown’s main hospital structure was built in 1991 and does not meet the standards for delivering modern acute care due to the functional layout of the building. FCA deficiencies total \$171.6M. As of FY 2019, there were 35,474 enrollees within a 60-minute drive time of the Augusta VAMC – Uptown. A new facility is required to maintain Veteran access and academic training for inpatient medical and surgical care, SCI/D, outpatient surgical, and emergency department services. The Downtown and Uptown facilities are located eight minutes (2.5 miles) apart in Augusta, Georgia. The Augusta VAMC – Uptown is recommended as the location for the consolidated Augusta VAMC given that it sits on a 105-acre site with 30 acres available, while there is less room for development at the Augusta VAMC – Downtown site.
- 4.2. Modernizing the RRTP:** RRTP services are currently delivered at the Augusta VAMC – Uptown (Richmond County). The Augusta VAMC – Uptown had 60 RRTP beds and an RRTP ADC of 49.4 in FY 2019. The existing RRTP building has multi-patient rooms and is not configured for the delivery of modern RRTP services. A new building will provide a facility that aligns with modern health care standards and allows for the expansion of the existing ambulatory clinic into the existing RRTP space to absorb demand from the Augusta VAMC – Downtown. As of FY 2019, the

Augusta VAMC – Uptown had 35,474 enrollees within a 60-minute drive time and 32,204 core uniques.²³

- 4.3. Modernizing the CLC:** CLC services are currently delivered at the Augusta VAMC – Uptown. The Augusta VAMC – Uptown had 132 CLC beds and a CLC ADC of 86.4 in FY 2019. The Augusta VAMC – Uptown main hospital structure (which includes the CLC) was built in 1991 and does not meet the standards for delivering modern CLC care due to the functional layout of the building. It has semi-private rooms instead of private rooms. As of FY 2019, the Augusta VAMC – Uptown had 35,474 enrollees within a 60-minute drive time. The total long-term care demand at the Augusta VAMC – Uptown is projected to increase to an ADC of 111.9 between FY 2019 and FY 2029. VA recommends increasing CLC beds in the adjacent VISN 07 South Carolina Market from 112 to 290. This will decrease demand for services at the Augusta VAMC – Uptown, which provides CLC care for some Veterans living in South Carolina. Modernizing and maintaining 85 CLC beds will meet the projected demand for long-term care while meeting the current standard of care for CLC beds and allowing for private rooms.
- 4.4. Modernizing the inpatient mental health patient rooms:** The Augusta VAMC – Uptown had 31 inpatient mental health beds with an ADC of 11.7 in FY 2019. The Augusta VAMC – Uptown requires modernization to meet demand and deliver high-quality health care to Veterans. Based on the current volume of inpatient mental health patients, slightly reducing the number of beds will allow for expansion in other service areas and still meet demand for enrollees in Augusta and its surrounding communities. Maintaining 20 inpatient mental health rooms will meet the projected demand and achieve the current standard of care that provides private patient rooms.
- 4.5. Modernizing the inpatient blind rehabilitation unit:** The Augusta VAMC – Uptown had 15 inpatient blind rehabilitation beds with an ADC of 9.5 in FY 2019. The Birmingham VAMC had 20 inpatient blind rehabilitation beds with an ADC of 14.0 in FY 2019. There is a separate recommendation to discontinue inpatient blind rehabilitation services at the Birmingham VAMC and that demand will need to be met. By increasing the beds to 35 at the Augusta VAMC – Uptown, it will meet the future inpatient demand of both the Birmingham and Augusta VAMCs.
- 5. *Modernize and realign the Augusta VAMC – Downtown by relocating all inpatient and outpatient services provided at the Augusta VAMC – Downtown to current or future VA facilities and discontinuing those services at the Augusta VAMC – Downtown:*** Relocating inpatient medical and surgical care, inpatient SCI/D, outpatient surgical, emergency and outpatient services (primary care, outpatient mental health care, and outpatient specialty care services) from the Augusta VAMC – Downtown to the proposed new bed tower and expanded ambulatory clinic space at the Augusta VAMC – Uptown will consolidate all VA-delivered services in the Augusta submarket onto a single medical center site. The Augusta VAMC – Uptown is located two miles from the existing Augusta VAMC – Downtown. Moving services to newer facilities will improve quality of care and meet modern health care standards to best serve Veterans’ needs.

²³ VA core unique patients exclude Veterans who have used only VA telephone triage, pharmacy, and laboratory services.

6. **Modernize and realign the Dublin VAMC by:**

6.1. Constructing a new VAMC with CLC, RRTP, outpatient, and urgent care services in the vicinity of Macon, Georgia: The infrastructure at the existing Dublin VAMC is aging, affecting sustainability of the facility. There are no single-occupancy rooms or bathrooms, and some rooms are not wheelchair accessible. Enrollees in Bibb County are projected to increase by 4.4% from 6,217 to 6,488 enrollees between FY 2019 to FY 2029. In FY 2019, there were 38,160 enrollees within a 60-minute drive time of the proposed Macon VAMC, while there were 20,202 enrollees within a 60-minute drive time of the existing Dublin VAMC. The proposed Macon VAMC will expand access for Veterans to CLC, RRTP, primary care, outpatient mental health care, outpatient specialty care, outpatient surgical services, and urgent care services. A new VAMC in the vicinity of Macon, Georgia (Bibb County) will allow for the recommended relocation of CLC, RRTP, outpatient surgical services, and urgent care services currently provided at the Dublin VAMC.

6.2. Relocating all inpatient and outpatient services provided at the Dublin VAMC to current or future VA facilities, a strategic collaboration, and community providers and discontinuing those services at the Dublin VAMC: The Dublin VAMC is located on a 101-acre property and has outdated building structures, many of which are historic and not suited for modern health care delivery. The property was established in 1944, and there are architectural and engineering challenges, including inadequate parking; electrical services at capacity; poor plumbing; a heating, ventilation, and air conditioning system (HVAC) that has exceeded life expectancy; and medical gases in the emergency room requiring relocation. VA recommends relocating services to the proposed Dublin MS CBOC, the proposed Macon VAMC, and a proposed strategic collaboration with the Mercer University's partner hospital in Macon, Georgia. A portion of primary care, outpatient mental health care, and outpatient specialty care will be relocated to the proposed Dublin MS CBOC. Urgent care, CLC, RRTP, outpatient surgical and the remainder of primary care, outpatient mental health care, and outpatient specialty care will be relocated to the proposed Macon VAMC. Acute inpatient medical and surgical services will be relocated to community providers near Dublin and to an expanded strategic collaboration with the existing academic affiliate, Mercer University, in Macon, Georgia. There is sufficient capacity at the Mercer University's partner hospital to care for Veterans by establishing a strategic collaboration for VA to provide care in the community provider space. The Dublin VAMC had an inpatient medical ADC of 2.8 in FY 2019, and demand is projected to remain steady at 2.8 ADC in FY 2029. In FY 2019, there were 38,160 enrollees within a 60-minute drive time of the proposed Macon VAMC, while there were 20,202 enrollees within a 60-minute drive time of the existing Dublin VAMC.

6.3. Closing the Dublin VAMC: Distributing services to more modern and conveniently located facilities for Veterans will allow for closure of the existing Dublin VAMC.

- 7. Modernize and realign outpatient facilities in the market by:**
- 7.1. Establishing a new CBOC in the vicinity of Baldwin, Georgia:** Establishing a new CBOC in Baldwin, Georgia (Habersham County) will expand access to primary care and outpatient mental health services. The enrollees in Habersham County are projected to increase by 15.3% from 1,220 to 1,406 enrollees between FY 2019 to FY 2029. In FY 2019, there were 4,541 enrollees within a 30-minute drive time of the proposed site.
 - 7.2. Establishing a new MS CBOC in the vicinity of Dublin, Georgia:** Establishing a new MS CBOC in Dublin, Georgia (Laurens County) will maintain access to primary care, outpatient mental health care, and outpatient specialty services once the Dublin VAMC is closed. The enrollees in Laurens County are projected to increase by 5.9% from 2,345 to 2,484 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 2,867 enrollees within a 30-minute drive time and 17,334 enrollees within a 60-minute drive time of the proposed site.
 - 7.3. Relocating the Perry CBOC to a new site in the vicinity of Perry, Georgia, and closing the existing Perry CBOC:** Relocating the Perry CBOC, which had 3,618 core uniques as of FY 2019, to a new site in Perry, Georgia (Houston County) and expanding to an MS CBOC will expand access to primary care, outpatient mental health services, and outpatient specialty services for Veterans. As of FY 2019, there were 16,378 enrollees within a 30-minute drive time of the proposed site and 25,645 enrollees within a 60-minute drive time of the proposed site.
 - 7.4. Relocating all services from the Gwinnett County CBOC to the proposed Gwinnett County VAMC and closing the existing Gwinnett County CBOC:** Relocating services provided at the Gwinnett County CBOC, which had 5,436 core uniques as of FY 2019, to the proposed Gwinnett County VAMC will maintain access to primary care and outpatient mental health services and will expand access to outpatient specialty care, outpatient surgical, and dental services. As of FY 2019, there were 32,327 enrollees within a 30-minute drive time and 124,988 enrollees within a 60-minute drive time of the proposed site.
 - 7.5. Relocating all services from the Macon MS CBOC to the proposed Macon VAMC and closing the existing Macon MS CBOC:** Relocating services provided at the Macon MS CBOC, which had 9,137 core uniques as of FY 2019, to the proposed Macon VAMC will maintain access to primary care, outpatient mental health care, and outpatient specialty care and will increase access to outpatient surgical, urgent care, and dental services. As of FY 2019, there were 17,306 enrollees within a 30-minute drive time of the proposed site and 38,160 enrollees within a 60-minute drive time of the proposed site.
 - 7.6. Relocating all services from the North Fulton OOS to the proposed Gwinnett County VAMC and closing the North Fulton OOS:** Relocating outpatient mental health care and outpatient specialty care services to the proposed Gwinnett County VAMC, or to other VA sites of care, will maintain access while allowing for the closure of the North Fulton OOS. The proposed Gwinnett County VAMC is located an estimated 11 minutes away from the North Fulton OOS.
 - 7.7. Relocating all services from the Henderson Mill OOS to the proposed Gwinnett County VAMC and closing the Henderson Mill OOS:** The Henderson Mill OOS in Atlanta, Georgia (DeKalb County) had 3,052 core uniques as of FY 2019. Relocating outpatient mental health services to the proposed Gwinnett County VAMC will allow for the closure of the Henderson

Mill OOS. The proposed Gwinnett County VAMC is located an estimated 10 minutes away from the Henderson Mill OOS.

- 7.8. Relocating all services from the West Cobb CBOC to the planned Cobb County MS CBOC and closing the West Cobb CBOC:** Relocating primary care, outpatient mental health care, and outpatient specialty care services to the Cobb County MS CBOC will allow for the closure of the West Cobb CBOC, which had 7,115 core uniques as of FY 2019. The Cobb County MS CBOC is located an estimated 10 minutes away from the West Cobb CBOC.
- 7.9. Relocating all services from the Northeast Cobb County CBOC to the planned Cobb County MS CBOC and closing the Northeast Cobb County CBOC:** The Northeast Cobb County CBOC in Marietta, Georgia (Cobb County) had 2,325 core uniques as of FY 2019. Relocating primary care, outpatient mental health care, and outpatient specialty care services to the Cobb County MS CBOC will allow for the closure of the Northeast Cobb County CBOC. The Cobb County MS CBOC is located an estimated 18 minutes away from the Northeast Cobb County CBOC.
- 7.10. Relocating all services from the South Cobb County CBOC to the planned Cobb County MS CBOC and closing the South Cobb County CBOC:** The South Cobb County MS CBOC had 1,681 core uniques in FY 2019. Relocating primary care, outpatient mental health care, and outpatient specialty care services to the Cobb County MS CBOC will allow for the closure of the South Cobb County CBOC. The Cobb County MS CBOC is located an estimated 13 minutes away from the South Cobb County CBOC.
- 7.11. Relocating all services from the North DeKalb County OOS to the Atlanta North Arcadia MS CBOC and closing the North DeKalb County OOS:** Relocating outpatient specialty care services and research operations to the proposed expanded Atlanta North Arcadia Avenue MS CBOC will allow for the closure of the North DeKalb County OOS. The proposed Atlanta North Arcadia Avenue MS CBOC is located an estimated 11 minutes away from the North DeKalb County OOS.
- 7.12. Relocating all services from the South Fulton County OOS to the Fort McPherson VAMC and closing the South Fulton County OOS:** Relocating outpatient mental health services to the Fort McPherson VAMC will allow for the closure of the South Fulton County OOS. The Fort McPherson VAMC is located an estimated 15 minutes away from the South Fulton County OOS.

Complementary Strategy

In addition to the recommendation submitted for AIR Commission approval, VA also anticipates implementing a complementary strategy that supports a high-performing integrated delivery network:

Atlanta VAMC

- **Relocate a portion of primary care, outpatient mental health care, outpatient specialty care, and dental services currently provided at the Atlanta VAMC to the proposed Gwinnett County VAMC, the proposed expanded Atlanta North Arcadia Avenue MS CBOC, the proposed expanded Cobb County MS CBOC, and the Fort McPherson VAMC:** The Atlanta VAMC is space constrained, landlocked, and outdated. There are separate opportunities to establish a new

Atlanta VAMC and expand the surrounding outpatient clinics to provide more space. Demand for outpatient services such as primary care, mental health care, and specialty care services is projected to increase between FY 2019 to FY 2029 in the market.

- Relocate a portion of outpatient surgical services currently provided at the Atlanta VAMC to the proposed Gwinnett County VAMC:** The Atlanta VAMC is space-constrained, landlocked, and outdated. There are separate opportunities to establish a new Atlanta VAMC and relocate the Gwinnett County MS CBOC to a new VAMC site to include outpatient surgical, CLC, and RRTP services. Adding outpatient surgical services will improve access for the enrollees in Gwinnett County and its surrounding area. Demand for outpatient services is projected to increase between FY 2019 to FY 2029 in the market.
- Expand the Atlanta North Arcadia Avenue MS CBOC in Atlanta, Georgia, to increase capacity to provide primary care, outpatient mental health care, outpatient specialty care, and dental services and to absorb demand from the Atlanta VAMC:** Expanding outpatient services will improve access for enrollees in DeKalb County and its surrounding area. Demand for outpatient services such as primary care, mental health care, and specialty care services is projected to increase between FY 2019 to FY 2029 in the Atlanta submarket. The Atlanta North Arcadia MS CBOC (DeKalb County) had 38,793 core uniques and 126,270 enrollees within a 60-minute drive time in FY 2019. The enrollees in DeKalb County are projected to remain steady at around 19,500 enrollees between FY 2019 and FY 2029.
- Establish and expand the Cobb County MS CBOC in Marietta, Georgia to increase capacity to provide primary care, outpatient mental health, outpatient specialty care, and dental services to absorb demand from the Atlanta VAMC and the West Cobb CBOC (in progress):** Expanding outpatient services will improve access for enrollees in Cobb County and its surrounding counties. Demand for outpatient services such as primary care, mental health care, and specialty care services is projected to increase between FY 2019 to FY 2029 in the market. As of FY 2019, the planned Cobb County MS CBOC (Cobb County) had 113,123 enrollees within a 60-minute drive time. Enrollees in Cobb County are projected to increase by 4.4% from 16,035 to 16,733 between FY 2019 and 2029. The current plan for the Cobb County MS CBOC does not incorporate space to absorb services from the Atlanta VAMC and the West Cobb CBOC.
- Ensure there is adequate space to support the research initiative at the proposed new Atlanta VAMC to maintain all existing programs:** As an integral part of the VAMC's proposed relocation, the Atlanta VAMC will keep its existing research capabilities as it moves to a new location. The Office of Research and Development will be consulted in the planning for the proposed replacement Atlanta VAMC to ensure there is space to maintain existing research programs.

Augusta VAMC – Downtown

- Relocate the research program currently at the Augusta VAMC – Downtown to alternative facilities within the Augusta, Georgia area, such as the Augusta VAMC – Uptown, or other facilities within the Augusta, Georgia area as applicable:** As an integral part of the VAMC's proposed relocation, Augusta VAMC will keep its existing research capabilities as it moves to a new location within Augusta, Georgia, such as the Augusta VAMC – Uptown or Augusta University, and maintain all existing programs. The Office of Research and Development will be

consulted in the planning for the proposed replacement Augusta VAMC to ensure there is space to maintain existing research programs.

Augusta VAMC – Uptown

- Expand the Aiken CBOC to increase capacity for primary care and outpatient mental health services:** Increasing capacity for primary care and outpatient mental health services will improve access for enrollees in Aiken County and its surrounding counties. Demand for outpatient services such as primary care and mental health services is projected to increase between FY 2019 to FY 2029 in the Augusta submarket. The Aiken CBOC (Aiken County) had 3,898 core uniques and 7,044 enrollees within a 30-minute drive time in FY 2019. Enrollees in Aiken County are projected to increase by 9.5% from 6,883 to 7,535 between FY 2019 and FY 2029.
- Expand the Athens CBOC to increase capacity for primary care and outpatient mental health services and add outpatient specialty care services, which may result in the classification of the facility as an MS CBOC:** Expanding outpatient services will improve access for enrollees in the county and its surrounding counties. Demand for outpatient services such as primary care, mental health care, and specialty care services is projected to increase between FY 2019 to FY 2029 in the market. The Athens CBOC (Clarke County) had 5,268 core uniques and 30,560 enrollees within a 60-minute drive time in FY 2019. Enrollees in Clarke County are projected to increase by 10.3% from 2,093 to 2,308 between FY 2019 and FY 2029.

Dublin VAMC

- Expand open access schedule slots for primary care and extend hours to provide urgent care services at the new proposed Dublin MS CBOC:** The Dublin VAMC has an urgent care center and had 8,623 urgent care encounters in FY 2019, which is up 33.5% from FY 2017 (6,461 encounters). Expanding open access schedule slots and extending hours at the proposed Dublin MS CBOC will maintain access to urgent care services for enrollees in Laurens County and its surrounding area.
- Establish a residency program with Mercer University in Macon, Georgia, to develop a pipeline for physicians and surgeons:** Establishing a residency program with Mercer University in Macon, Georgia is an opportunity to create additional training options for students and a staffing pipeline across clinics.
- Establish a strategic collaboration with a Federally Qualified Health Center (FQHC) to provide primary care and outpatient mental health services to Veterans living in Coffee County, Georgia:** Establishing a strategic collaboration with an FQHC will improve access for primary care and outpatient mental health services to Veterans in Coffee County, Georgia. The Veterans living in Coffee County most frequently use the Dublin VAMC for primary care and outpatient mental health services. The Dublin VAMC is an estimated 93 minutes (78.5 miles) away from Coffee County. As of FY 2019, there were 1,143 enrollees in Coffee County.
- Combine three Savannah-area counties (Wayne, Glynn, and McIntosh counties) from the VISN 07 Georgia Market into the VISN 07 South Carolina Market:** By realigning the Savannah-area counties, access to care will be enhanced by increased collaboration among the existing and

proposed expanded facilities in the Savannah, Georgia, submarket to together to improve the scope, level, and cost effectiveness of services available to the Veterans.

- **Realign the Brunswick MS CBOC from the Dublin VAMC in the VISN 07 Georgia Market to the Charleston VAMC in the VISN 07 South Carolina Market:** The realignment will strengthen referral patterns to the next level of care and allow for a greater use of resources in Charleston, South Carolina to support staffing and administrative needs for the Brunswick MS CBOC.

Cost Benefit Analysis

The Cost Benefit Analysis (CBA) evaluated the costs and benefits of three of courses of action (COA) for the VISN 07 Georgia Market: Status Quo, Modernization, and VA Recommendation. Status Quo includes costs associated with FCA deficiencies and represents no significant change in capital and operational costs. Modernization seeks to modernize all existing health care infrastructure. The VA Recommendation implements the market recommendation and seeks to modernize any remaining health care infrastructure.

- **Costs:** The present value cost²⁴ over a thirty-year period was calculated for each COA, inclusive of capital and operational costs. The capital cost includes costs associated with construction of new facilities, modernization of current facilities, leases, land acquisition, and demolition. VA operational cost includes direct costs (e.g., medical service costs), indirect costs (e.g., administrative costs), and VA special direct costs (e.g., suicide prevention coordinators). Non-VA care costs includes direct costs (e.g., payments for patient care), indirect costs (e.g., care coordination), overhead costs (e.g., national program costs), and administrative per member per month costs (e.g., third party administration of the Community Care Network).
- **Benefits:** Benefits were evaluated based on five key domains: Demand and Supply, Access, Facilities and Sustainability, Quality, and Mission.

The CBA leveraged both the costs and benefits to generate a Cost Benefit Index (CBI) – a simple metric used to compare the costs and benefits associated with each COA. The COA with the lowest CBI is the preferred COA. The results of the CBA for the VISN 07 Georgia Market are provided in the following table. For more detailed information on the market CBA, please see Appendix H.

VISN 07 Georgia Market	Status Quo	Modernization	VA Recommendation
Total Cost	\$53,250,071,560	\$56,044,134,558	\$56,547,064,128
Capital Cost	\$4,207,899,592	\$7,001,962,590	\$7,571,928,674
Operational Cost	\$49,042,171,968	\$49,042,171,968	\$48,975,135,454
Total Benefit Score	7	10	13
CBI (normalized in \$B)	7.61	5.60	4.35

²⁴ The present value cost is the current value of future costs discounted at the defined discount rate.

Note: Operational costs are shifted from VA to non-VA care only when a service line is relocated in totality to non-VA care at the parent facility level. Total cost is a sum of operational and capital costs rounded to the nearest dollar.

Section 203 Criteria Analysis

This section provides an overview of how this market recommendation is consistent with the Section 203 decision criteria as required by the MISSION Act. For more detailed information, please see Appendix I.

Demand

This recommendation is consistent with the Demand criterion, aligning VA's high-performing integrated delivery network resources to effectively meet the future health care demand of the Veteran enrollee population with the capacity in the market.

- **Summary:** Following implementation of the recommendation, the capacity available through VA facilities and community providers would be able to support 100% of the projected enrollee demand.
- **Outpatient:** Outpatient demand will be met through 27 VA points of care offering outpatient services, including the proposed new Macon, Georgia VAMC; Gwinnett County, Georgia VAMC; Cobb County, Georgia MS CBOC; Dublin, Georgia MS CBOC; Perry, Georgia MS CBOC; and Baldwin, Georgia CBOC; the proposed replacement Atlanta, Georgia VAMC; and the proposed expanded Athens, Georgia MS CBOC; as well as community providers in the market.
- **CLC:** Long-term care demand will be met through the Carrollton, Georgia VAMC; Augusta, Georgia VAMC; proposed new Gwinnett County, Georgia VAMC; and proposed new Macon, Georgia VAMC, as well as community nursing homes.

The recommendation ensures that projected demand for SCI/D, RRTP, and blind rehabilitation is sufficiently met through VA-only capacity in the respective VISN or blind rehabilitation region.

- **SCI/D:** Demand for inpatient SCI/D will be met through the SCI/D Hub at the Augusta, Georgia VAMC.
- **RRTP:** RRTP demand will be met through the Fort McPherson, Georgia VAMC; Augusta, Georgia VAMC; proposed new Macon, Georgia VAMC; and the other facilities within VISN 07 offering RRTP, including the Tuscaloosa, Alabama VAMC and Tuskegee, Alabama VAMC; and proposed new Huntsville, Alabama VAMC; Summerville, South Carolina VAMC; stand-alone RRTP in Richland County, South Carolina; and RRTP at the Columbia, South Carolina VAMC.
- **Blind rehabilitation:** Inpatient blind rehabilitation demand will be met through the facilities in the Southeast Region, including the Augusta, Georgia VAMC and the West Palm Beach, Florida VAMC (VISN 08).
- **Inpatient acute:** Inpatient medicine and surgery demand will be met through the proposed new medicine and surgery facilities at the Augusta, Georgia VAMC; Macon, Georgia partnership, and the proposed replacement Atlanta, Georgia VAMC; as well as through community providers. Inpatient mental health demand will be met through the Augusta, Georgia VAMC and proposed replacement Atlanta, Georgia VAMC, as well as through community providers.

Access

This recommendation is consistent with the Access criterion, maintaining or improving Veteran access to care in the market and providing Veterans the opportunity to choose the care they trust throughout their lifetime. The Access criterion evaluates enrollee access to care in the current and proposed future state across multiple service lines. It is evaluated for both the overall enrollee population as well as for specific subpopulations of enrollees that traditionally face barriers to receiving appropriate care, including minority enrollees, enrollees over 65, women enrollees, rural enrollees, and enrollees living in disadvantaged neighborhoods. Below are the access results for both primary care and specialty care among the overall enrollee population.

- **Access to primary care:** Following implementation of the recommendation, the number of enrollees within 30 minutes of primary care available through VA facilities and community providers is projected to be maintained, with 278,096 enrollees within 30 minutes of primary care in the future state.
- **Access to specialty care:** Following implementation of the recommendation, the number of Veterans within 60 minutes of specialty care available through VA facilities and community providers is projected to be maintained, with 278,175 enrollees within 60 minutes of specialty care in the future state.

Mission

This recommendation is consistent with the Mission criterion, providing for VA's second, third, and fourth health related statutory missions of education, research, and emergency preparedness.

- **Education:** The recommendation for this market supports VA's ability to maintain its education mission in VISN 07. The recommendation allows for continued relationships with key academic partners, including but not limited to, the affiliation with Emory University, Morehouse College, and Augusta University.
- **Research:** This recommendation does not impact the research mission in the market and allows the Atlanta, Georgia VAMC and Augusta, Georgia, VAMC to maintain the current research mission by relocating the research program from the Augusta – Downtown, Georgia VAMC to alternative facilities within the Augusta, Georgia area, such as the Augusta – Uptown, Georgia VAMC, and ensuring there is adequate space to support research at the proposed new Atlanta, Georgia VAMC, to maintain all existing programs.
- **Emergency preparedness:** This recommendation maintains VA's ability to execute its emergency preparedness mission; no VAMCs in this market are designated as a Primary Receiving Center.

Quality

This recommendation is consistent with the Quality criterion, considering the quality and delivery of health care services available to Veterans in the market, including the experience, safety, and appropriateness of care.

- **Quality among providers:** The recommendation ensures that all providers included within the high-performing integrated delivery network meet the established quality standards by provider type (outlined in Appendix E).
- **Quality improvements through new infrastructure:** Quality is improved through the proposed new Macon, Georgia VAMC; Gwinnett County, Georgia VAMC; Cobb County, Georgia MS CBOC; Dublin, Georgia MS CBOC; Perry, Georgia MS CBOC; Baldwin, Georgia CBOC; and Macon, Georgia inpatient partnership; and the proposed replacement Atlanta, Georgia VAMC; as well as the modernization of the RRTP at the Fort McPherson, Georgia VAMC; and the inpatient mental health rooms, CLC, and blind rehabilitation unit at the Augusta, Georgia VAMC. This new infrastructure will aid in improving the patient experience with care

Quality

delivery provided in modern spaces and aid in the recruitment of staff with facilities offering the latest technology.

- **Promoting recruitment of top clinical and non-clinical talent:** The recommendation maintains VA's academic and non-academic partnerships, which supports the recruitment and retention of top clinical and non-clinical talent.

Cost Effectiveness

This recommendation is consistent with the Cost Effectiveness criterion, providing a cost-effective means by which to provide Veterans with modern health care. The Cost Effectiveness criterion was assessed through a CBA summarized in the CBA section and detailed in Appendix H.

- **CBI:** The CBI is the primary metric for cost effectiveness. The CBI for the VA Recommendation COA is lower than the Status Quo COA (4.35 for VA Recommendation versus 7.61 for Status Quo), indicating that the VA Recommendation is more cost-effective than the Status Quo.

Sustainability

This recommendation is consistent with the Sustainability criterion, creating a sustainable health care delivery system for Veterans. It ensures that the health care delivery system proposed for the market is aligned with future demand, allowing it to sustainably operate and provide a safe and welcoming health care environment that meets modern health care standards.

- **Aligns investment in care and services with projected Veteran care needs:** All facilities in the future state of this market meet the minimum demand threshold to support sustainable services.
- **Sustainability improvements through new infrastructure:** Within this recommendation, sustainability is improved through the proposed new Macon, Georgia VAMC; Gwinnett County, Georgia VAMC; Cobb County, Georgia MS CBOC; Dublin, Georgia MS CBOC; Perry, Georgia MS CBOC; Baldwin, Georgia CBOC; and Macon, Georgia inpatient partnership; and the proposed replacement Atlanta, Georgia VAMC; as well as the modernization of the RRTP at the Fort McPherson, Georgia VAMC; and the inpatient mental health rooms, CLC, and blind rehabilitation unit at the Augusta, Georgia VAMC. This new infrastructure modernizes VA facilities to include state-of-the-art equipment that will aid in the recruitment of providers and support staff. The proposed partnerships also help VA in recruiting and retaining staff, by embedding providers in a community partner space.
- **Reflects stewardship of taxpayer dollars:** While the cost of the market recommendation is more than the cost to modernize facilities in the market today (\$56.5B for VA Recommendation versus \$56.0B for Modernization), there are benefits realized through the market recommendation in at least one of the five domains assessed by the CBA that are not realized through the modernization approach. As a result, the CBI score for the VA Recommendation COA is lower than the Modernization COA (4.35 for VA Recommendation versus 5.60 for Modernization), reflecting effective stewardship of taxpayer dollars.



VISN 07 South Carolina Market

The Veterans Integrated Service Network (VISN) 07 South Carolina Market serves Veterans in much of the state of South Carolina and a portion of Georgia on the Atlantic Coast. The recommendation includes justification for the proposed action, the results of the cost benefit analysis, and an overview of how the market recommendation is consistent with the MISSION Act Section 203 selection criteria.²⁵

VA's Commitment to Veterans in the South Carolina Market

The Department of Veterans Affairs (VA) is committed to providing equitable Veteran access to safe and high-quality care and services in VISN 07's South Carolina Market. We will operate a high-performing integrated delivery network that provides access to VA care, supplemented by care provided by Federal partners, academic affiliates, and community providers.

Based on substantial data analysis, interviews with VISN and VA medical center (VAMC) leaders, consultation with senior VA leadership, and the input received from Veterans and stakeholders, VA has developed a recommendation designed to ensure that Veterans today and for generations to come have access to the high-quality care they have earned. The recommendation also makes sure that VA continues to execute on its additional missions: education and training, research, and emergency preparedness. As VA considers implementing any recommendation approved by the Asset and Infrastructure Review (AIR) Commission, implementation will be carefully sequenced so that facilities or partnerships to which care will be realigned are fully established before the proposed realignment occurs.

Market Strategy

Veteran enrollees in the South Carolina Market are projected to increase rapidly. Demand for inpatient medical and surgical, inpatient mental health, long-term care, spinal cord injuries and disorders (SCI/D), blind rehabilitation, and outpatient services is increasing. There is a need to modernize existing infrastructure, establish new subacute services, and expand outpatient capabilities to increase access to VA health care to meet the existing and projected Veteran demand. The strategy for the South Carolina Market is intended to provide Veterans with access to high-quality and conveniently located care in modern infrastructure. Key elements of the strategy are described below:

- **Provide equitable access to outpatient care through modern facilities close to where Veterans live and through the integration of virtual care:** VA's recommendation addresses the increased demand for outpatient services and improves access to care by investing in modern facilities close to where Veterans live. The recommendation establishes one new other outpatient services (OOS) site in Georgetown, South Carolina and one new community-based outpatient clinic (CBOC) in Clinton, South Carolina, relocates and expands five CBOCs into multi-specialty community-based outpatient clinics (MS CBOCs), and relocates and expands one CBOC and two MS CBOCs into health care centers (HCCs) to increase capacity for specialty care services. The

²⁵ Please see the Volume II Reading Guide for more information concerning the purpose of each Market Recommendation section and key definitions.

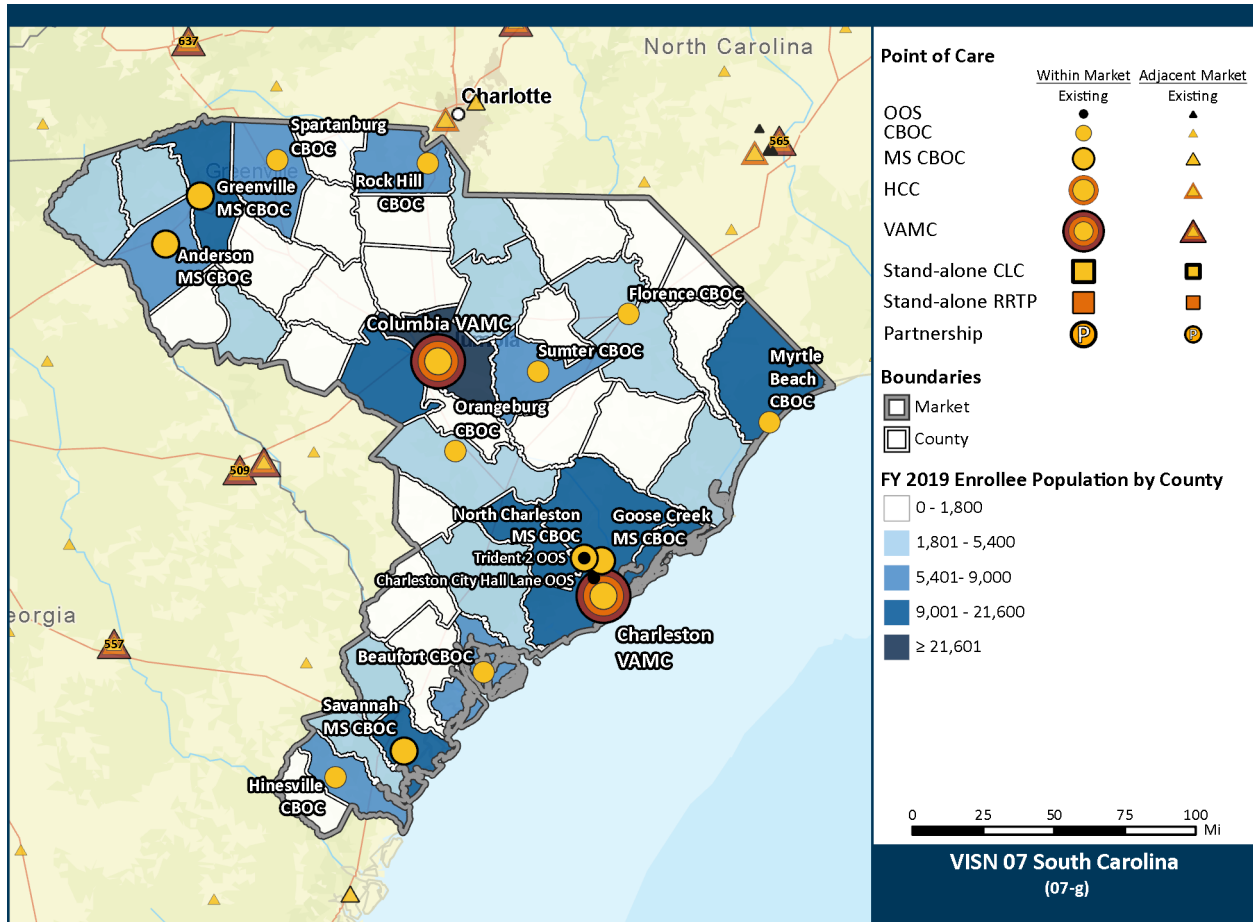
recommendation also consolidates services at two outpatient clinics to maintain access to outpatient services closer to where Veterans live and provides outpatient services in a new VAMC in Summerville, South Carolina.

- **Enhance VA’s unique strengths in caring for Veterans with complex needs:** VA’s recommendation modernizes the Charleston and Columbia VAMCs and invests in a new VAMC in Summerville, South Carolina. Additionally, the recommendation establishes one new stand-alone CLC and one new stand-alone RRTP in Richland County, South Carolina. VA’s recommendation will also expand services for Veterans in need of inpatient SCI/D and inpatient blind rehabilitation services in modernized facilities at the Augusta VAMC – Uptown in the adjacent VISN 07 Georgia Market.
- **Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers, and virtual care:** VA’s recommendation maintains inpatient medical and surgical care within modernized VAMCs in Charleston, South Carolina and Columbia, South Carolina, as well as two proposed strategic collaborations in Myrtle Beach, South Carolina and Savannah, Georgia, which will deliver acute care services closer to where Veterans live.

Market Overview

The market overview includes a map of the South Carolina Market, key metrics for the market, and select considerations used in forming the market recommendation.

Market Map



Note: A partnership is a strategic collaboration between VA and a non-VA entity.

Facilities: The market has two VAMCs (Charleston and Columbia), five MS CBOCs, eight CBOCs, and two other outpatient services (OOS) sites.

Enrollees: In fiscal year (FY) 2019, the market had 207,513 enrollees and is projected to experience a 13.1% increase in enrolled Veterans by FY 2029. The largest enrollee populations are in Richland, Horry, Charleston, and Greenville counties in South Carolina, and Chatham County, Georgia.

Demand: Demand²⁶ in the market for inpatient medical and surgical services is projected to increase by 8.0% and demand for inpatient mental health services is projected to increase by 9.3% between FY 2019 and FY 2029. Demand for long-term care²⁷ is projected to increase by 60.2% during the same period.

²⁶ Projected market demand for inpatient medical and surgical services is based on VA's Enrollee Health Care Projection Model (EHCPM) in bed days of care (BDOC).

²⁷ Projected market demand for inpatient Long-Term Services and Supports (LTSS) is based on VA's EHCPM in BDOC.

Demand for all outpatient services,²⁸ including primary care, mental health, specialty care, dental care, and rehabilitation therapies, is projected to increase.

Rurality: 35.5% of enrollees in the market live in rural areas compared to the VA national average of 32.5%.

Access: 71.8% of enrollees in the market live within a 30-minute drive time of a VA primary care site and 47.0% of enrollees live within a 60-minute drive time of a VA secondary care site.

Community Capacity: As of 2019, community providers²⁹ in the market within a 60-minute drive time of the VAMCs had an inpatient acute occupancy rate³⁰ of 64.5% (832 available beds)³¹ and an inpatient mental health occupancy rate of 74.4% (20 available beds), indicating limited community availability. Community nursing homes within a 30-minute drive time of the VAMCs are operating at an occupancy rate of 84.0% (213 available beds). Community residential rehabilitation programs³² that match the breadth of services provided by VA are not widely available in the market.

Mission: VA has academic affiliations in the market that include the University of South Carolina and Medical University of South Carolina. The Charleston VAMC is ranked 30 out of 154 VA training sites based on number of trainees and the Columbia VAMC is ranked 71 out of 154. The Charleston VAMC is ranked 10 out of 103 VAMCs with research funding and the Columbia VAMC is ranked 61 out of 103. Neither VAMC holds an emergency designation.³³

Facility Overviews

Charleston VAMC: The Charleston VAMC is located in Charleston, South Carolina, and offers inpatient medical and surgical, inpatient mental health, CLC, and outpatient services. In FY 2019, the Charleston VAMC had an inpatient medical and surgical average daily census (ADC) of 54.9, an inpatient mental health ADC of 19.5, and a CLC ADC of 16.5.

The Charleston VAMC was built in 1965 on 26.7 acres situated in a flood plain. The Charleston VAMC does not meet current VA design standards for modern health care.³⁴ Facility condition assessment (FCA) deficiencies are approximately \$188.5M, and annual operations and maintenance costs are an estimated \$9.8M.

²⁸ Projected market demand for outpatient services is based on VA's EHCPM in relative value units (RVUs).

²⁹ Community providers include Veterans Community Care Program (VCCP) providers and potential VCCP providers.

³⁰ Occupancy rates are calculated by dividing the total average daily census (ADC) by the total number of operating beds. Beds at hospitals or nursing homes above the target occupancy rates are excluded.

³¹ Available beds in the community are estimated using a target occupancy rate of 80% for hospitals and 90% for community nursing homes.

³² Includes community residential rehabilitation programs similar to VA's RRTP, blind rehabilitation, and rehabilitative SCI/D services.

³³ VAMCs participating in the National Disaster Medical System are designated as Federal Coordinating Centers. Select Federal Coordinating Centers are also designated as Primary Receiving Centers.

³⁴ Beginning in the late 1970s, modern health care design principles began to emerge and become more standard (e.g., floor-to-floor heights, corridor widths, column spacing, and utility infrastructure requirements). While some buildings prior to this era can be in good condition, they may not be well-suited for the delivery of modern health care.

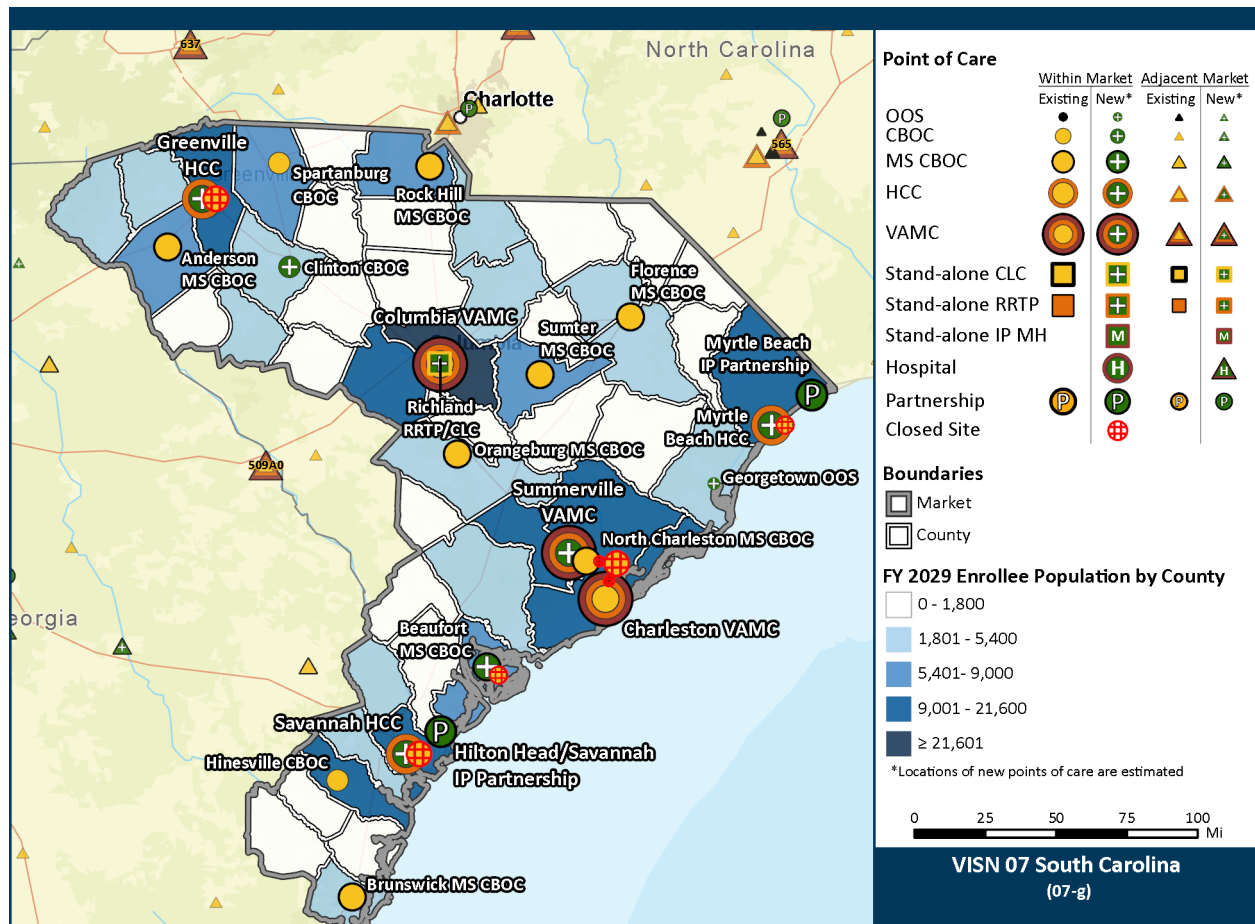
Columbia VAMC: The Columbia VAMC is located in Columbia, South Carolina, and offers inpatient medical and surgical, inpatient mental health, CLC, and outpatient services. In FY 2019, the Columbia VAMC had an inpatient medical and surgical ADC of 44.8, an inpatient mental health ADC of 15.9, and a CLC ADC of 65.9.

The Columbia VAMC was built in 1979 on 97.0 acres. FCA deficiencies are approximately \$253.8M, and annual operations and maintenance costs are an estimated \$18.2M.

Recommendation and Justification

This section details the VISN 07 South Carolina Market recommendation and justification for each element of the recommendation.

Future Market Map



1. Modernize and realign the Charleston VAMC by:

1.1. Constructing a new VAMC with RRTP, CLC, and outpatient services in the vicinity of

Summerville, South Carolina: The Charleston VAMC is space-constrained and enrollees in Dorchester County, the proposed location of the Summerville VAMC, are projected to increase by 15.2% from 9,075 enrollees to 10,451 enrollees between FY 2019 and FY 2029. As of FY 2019, there were 38,870 enrollees within a 60-minute drive time of the proposed Summerville

VAMC. The proposed VAMC will expand access to Veterans for CLC, RRTP, primary care, outpatient mental health care, and outpatient specialty care services. A new VAMC in the vicinity of Summerville, South Carolina will allow for the recommended relocation of all long-stay CLC services and a portion of primary care, outpatient mental health care, and outpatient specialty care services currently provided at the Charleston VAMC. It will also allow for the establishment of RRTP services. There are currently no VA RRTP services in the South Carolina Market. This is a collaborative strategy to share and distribute RRTP bed resources across service types, such as general domiciliary, substance use disorder, and posttraumatic stress disorder. The strategy will meet the need of the market and improve care competencies, capabilities, and access.

- 1.2. Constructing a new bed tower at the Charleston VAMC:** The Charleston VAMC (Charleston County) was built in 1965 and does not meet the standards for delivering modern health care due to facility infrastructure issues, flooding, and investment requirements. FCA deficiencies total \$188.5M. The Charleston VAMC and the academic affiliate, Medical University of South Carolina, are reaching capacity for inpatient acute services in a community that has projected increased demand. Establishing a new acute care facility is required to meet future demand for inpatient medical and surgical care, inpatient mental health care, outpatient surgical, and emergency department services. As of FY 2019, the Charleston VAMC had 35,562 enrollees within a 60-minute drive time. The enrollees in the South Carolina Market are projected to increase by 13.1% from 207,513 to 234,777 between FY 2019 and FY 2029. The total inpatient medical and surgical demand at the Charleston VAMC is projected to increase to an ADC of 56.5 between FY 2019 and FY 2029, and the total inpatient mental health demand at the Charleston VAMC is projected to increase to an ADC of 23.6 between FY 2019 and FY 2029.
- 1.3. Relocating CLC services to current or future VA facilities and discontinuing those services at the Charleston VAMC:** Relocating long-stay CLC services from the Charleston VAMC to a modernized facility at the proposed Summerville VAMC will improve care and meet modern health care standards to best serve Veterans' needs. Total demand for long-term care in the market is projected to increase by 60.2% and the Charleston VAMC is space-constrained and has limited room for expansion.
- 1.4. Establishing a strategic collaboration in Myrtle Beach, South Carolina to provide inpatient services. If unable to enter into a strategic collaboration, utilize community providers:** Establishing a strategic collaboration in Myrtle Beach, South Carolina (Horry County) in a community provider space will deliver an inpatient hospitalist program to keep VA patients within their community and avoid traveling two hours to the Charleston VAMC. The strategic collaboration will increase access to VA-delivered inpatient services for Veterans in the area.
- 1.5. Establishing a strategic collaboration in Savannah, Georgia to provide inpatient medical and surgical care and inpatient mental health services. If unable to enter into a strategic collaboration, utilize community providers:** Establishing a strategic collaboration with community providers in the Savannah, Georgia area in a community provider space will deliver inpatient medical and surgical care and inpatient mental health services in the area closer than the Charleston VAMC located more than 100 miles away. The strategic collaboration will

increase access to VA-delivered inpatient services for Veterans in the area and increase VA's access to cutting edge technologies and advancements that will benefit Veterans in the area.

2. Modernize and realign the Columbia VAMC by:

2.1. Constructing a new acute care bed tower: The Columbia VAMC was built in 1979 and does not meet the standards for delivering modern health care due to several facility maintenance issues and investment requirements. FCA deficiencies total approximately \$253.8M. There are 17 buildings on the Columbia VAMC site listed on the National Historical Register. A new bed tower is required to meet demand for inpatient medical and surgical care, inpatient mental health care, and emergency services. The Columbia VAMC had 49,340 enrollees within a 60-minute drive time in FY 2019. The enrollees in the Columbia submarket are projected to increase by 8.8% from 117,334 to 127,712 between FY 2019 and FY 2029. Across the Columbia VAMC, total inpatient medical and surgical demand is projected to increase to an ADC of 84.6 and the total inpatient mental health demand is projected to increase to an ADC of 29.7 between FY 2019 and FY 2029. Space for the new bed tower will be established by the relocation of the Veterans Benefits Administration (VBA) Columbia Regional Office described in the Complementary Strategy section, below.

2.2. Modernizing the CLC: The Columbia VAMC had 92 CLC beds and an ADC of 65.9 in FY 2019. The CLC was not built to the latest design standard. The proposed modernization will convert CLC rooms to private rooms and decrease the CLC bed capacity from 92 beds to an estimated 45 beds at the existing Columbia VAMC. The in-house long-term care demand at the Columbia VAMC is projected to increase to an ADC of 84.9 between FY 2019 and FY 2029. As of FY 2019, there are over 49,000 enrollees within 60 minutes of the Columbia VAMC. VA recommends establishing a new stand-alone CLC in the vicinity of Columbia, South Carolina, which will address the increasing demand for long-term care and provide a modern environment of care. The two CLCs will complement one another and enable operational efficiency, avoid duplication of support services such as nutrition and laundry, allow staff to travel between sites, and allow for Veteran patient transfer when they require acute inpatient care at the Columbia VAMC.

3. Modernize by establishing a new stand-alone CLC in the vicinity of Columbia, South Carolina: A new stand-alone CLC in the vicinity of Columbia, South Carolina (Richland County) will be collocated with the proposed Richland RRTP and will allow for the recommended relocation of a portion of CLC services currently provided at the Columbia VAMC. The existing Columbia VAMC CLC requires remodeling to ensure a contemporary environment of care, including the conversion of multiple-occupancy rooms to single-occupancy rooms with private bathrooms. The proposed modernization will decrease the CLC bed capacity at the existing Columbia VAMC. The in-house long-term care demand at the Columbia VAMC is projected to increase by to an ADC of 84.9 between FY 2019 and FY 2029. There are 48,856 enrollees within 60 minutes of the proposed Richland CLC site. Placing an additional, stand-alone CLC in proximity to the existing Columbia VAMC enables operational efficiency, avoids duplication of support services, such as nutrition and laundry, allows staff to travel between sites, and allows for Veteran patient transfer when they require acute inpatient care at the Columbia VAMC.

4. Modernize by establishing a new stand-alone RRTP in the vicinity of Columbia, South Carolina:

There are no RRTP services currently in the market and this site will provide Veterans with access to RRTP services. Establishing a new stand-alone RRTP in the vicinity of Columbia, South Carolina (Richland County), which will be collocated with the proposed Richland CLC, will expand access to RRTP services. Demand for RRTP services is projected to be 123 beds by FY 2028 in the VISN 07 South Carolina Market. As of FY 2019, there were 48,856 enrollees within 60 minutes of the proposed Richland RRTP site. This is a collaborative strategy to share and distribute RRTP bed resources across service types, such as general domiciliary, substance use disorder, and posttraumatic stress disorder. The strategy will meet the need of the market and improve care competencies, capabilities, and access.

5. Modernize and realign outpatient facilities in the market by:

5.1. Establishing a new OOS in the vicinity of Georgetown, South Carolina: Establishing a new OOS in Georgetown, South Carolina (Georgetown County) will expand access to primary care and outpatient mental health services. Currently, there is no VA point of care in Georgetown County and enrollees are projected to increase by 29.6% from 2,047 enrollees to 2,653 enrollees between FY 2019 and FY 2029. As of FY 2019, there were 2,237 enrollees within a 30-minute drive time of the proposed site.

5.2. Establishing a new CBOC in the vicinity of Clinton, South Carolina: Establishing a new CBOC in Clinton, South Carolina (Laurens County) will expand access to primary care and outpatient mental health services. Currently, there is no VA point of care in Laurens County and enrollees are projected to increase by 9.1% from 1,658 enrollees to 1,809 enrollees between FY 2019 and FY 2029. As of FY 2019, there were 2,952 enrollees within a 30-minute drive time of the proposed site.

5.3. Relocating the Savannah MS CBOC to a new site in the vicinity of Savannah, Georgia, and closing the existing Savannah MS CBOC: Relocating the Savannah MS CBOC, which had 19,183 core uniques³⁵ as of FY 2019, to a new site in Savannah, Georgia (Chatham County) and expanding to an HCC will increase capacity to provide primary care, outpatient mental health care, and outpatient specialty care and will add outpatient surgical care services. The enrollees in Chatham County are projected to increase by 30.7% from 12,141 enrollees to 15,866 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 14,353 enrollees within a 30-minute drive time of the proposed site and 30,686 enrollees within a 60-minute drive time of the proposed site. The facility will be located in close proximity to the proposed new Savannah inpatient strategic collaboration described in recommendation 1.5.

5.4. Relocating the Beaufort CBOC to a new site in the vicinity of Beaufort, South Carolina, and closing the existing Beaufort CBOC: Relocating the Beaufort CBOC, which had 6,026 core uniques as of FY 2019, to a new site in Beaufort, South Carolina (Beaufort County) and expanding to an MS CBOC will increase capacity to provide primary care and outpatient mental health services and will add outpatient specialty care services. The enrollees in Beaufort County are projected to increase by 14.2% from 7,599 enrollees to 8,674 enrollees between FY 2019 to

³⁵ VA core unique patients exclude Veterans who have only used VA telephone triage, pharmacy, and laboratory services.

FY 2029. As of FY 2019, there were 4,578 enrollees within a 30-minute drive time of the proposed site and 15,303 enrollees within a 60-minute drive time of the proposed site.

- 5.5. Relocating the Myrtle Beach CBOC to a new site in the vicinity of Myrtle Beach, South Carolina, and closing the existing Myrtle Beach CBOC:** Relocating the Myrtle Beach CBOC, which had 13,452 core uniques as of FY 2019, to a new site in Myrtle Beach, South Carolina (Horry County) and expanding to an HCC will increase capacity to provide primary care, outpatient mental health care, and outpatient specialty care and will add outpatient procedural services. The enrollees in Horry County are projected to increase by 5.2% from 15,913 enrollees to 16,742 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 10,158 enrollees within a 30-minute drive time of the proposed site and 18,876 enrollees within a 60-minute drive time of the proposed site. The facility will be in close proximity to the proposed new Myrtle Beach inpatient strategic collaboration described in 1.4.
- 5.6. Relocating the Greenville MS CBOC to a new site in the vicinity of Greenville, South Carolina, and closing the existing Greenville MS CBOC:** Relocating the Greenville MS CBOC, which had 20,193 core uniques as of FY 2019, to a new site in Greenville, South Carolina (Greenville County) and expanding to an HCC will increase capacity to provide primary care, outpatient mental health care, and outpatient specialty care and will add outpatient surgical care services. The enrollees in Greenville County are projected to increase by 4.9% from 13,424 enrollees to 14,082 enrollees between FY 2019 to FY 2029. As of FY 2019, there were 16,462 enrollees within a 30-minute drive time of the proposed site and 37,579 enrollees within a 60-minute drive time of the proposed site.
- 5.7. Relocating all services from the Charleston City Hall Lane OOS to the North Charleston MS CBOC and the proposed Summerville VAMC and closing the Charleston City Hall Lane OOS:** Relocating primary care, outpatient mental health care, and outpatient specialty care services to the North Charleston MS CBOC and proposed Summerville VAMC will maintain access while allowing for the closure of the Charleston City Hall Lane OOS. The Charleston City Hall Lane OOS had 743 core uniques as of FY 2019. The proposed Summerville VAMC is located an estimated 23 minutes from the Charleston City Hall Lane OOS.
- 5.8. Relocating all services from the Goose Creek MS CBOC to the North Charleston MS CBOC and the proposed Summerville VAMC and closing the Goose Creek MS CBOC:** Relocating primary care, outpatient mental health care, and outpatient specialty care services to the North Charleston MS CBOC and proposed Summerville VAMC will maintain access while allowing for the closure of the Goose Creek MS CBOC. The Goose Creek MS CBOC had 12,278 core uniques as of FY 2019. The Goose Creek MS CBOC is located an estimated 13 minutes from the North Charleston MS CBOC and an estimated 27 minutes from the proposed Summerville VAMC.
- 5.9. Relocating all services from the Trident 2 OOS to the North Charleston MS CBOC and the proposed Summerville VAMC and closing the Trident 2 OOS:** Relocating outpatient mental health services to the North Charleston MS CBOC and the proposed Summerville VAMC will maintain access while allowing for the closure of the Trident 2 OOS. The Trident 2 OOS had 1,932 core uniques as of FY 2019. The Trident 2 OOS is located at the same site as the North Charleston MS CBOC and is located an estimated 17 minutes (7.2 miles) from the proposed Summerville VAMC.

Complementary Strategy

In addition to the recommendation submitted for AIR Commission approval, VA also anticipates implementing a complementary strategy that supports high-performing integrated delivery network:

Charleston VAMC

- Combine three Savannah-area counties (Wayne, Glynn, and McIntosh counties) from the VISN 07 Georgia Market into the VISN 07 South Carolina Market:** By realigning the Savannah area counties, access to care will be enhanced by increased collaboration among the existing and proposed expanded facilities in the Savannah, Georgia, submarket to together to improve the scope, level, and cost effectiveness of services available to the Veterans.
- Realign the Brunswick MS CBOC from the Dublin VAMC in the VISN 07 Georgia Market to the Charleston VAMC in the VISN 07 South Carolina Market:** The realignment will strengthen referral patterns to the next level of care and allow for a greater leveraging of resources in Savannah, Georgia, and Charleston, South Carolina, to support staffing and administrative needs for the Brunswick MS CBOC.
- Relocate a portion of primary care, outpatient mental health, and outpatient specialty care services currently provided at the Charleston VAMC to the new proposed Summerville VAMC:** The Charleston VAMC is space-constrained and demand for outpatient services is projected to increase across the Charleston submarket. VA recommends establishing a new VAMC in Summerville, South Carolina. As of FY 2019, there were 25,316 enrollees within a 30-minute drive time and 38,870 enrollees within a 60-minute drive time of the proposed new Summerville VAMC.
- Strengthen the relationship with community providers outside the Charleston, South Carolina, area to deliver outpatient specialty care and outpatient surgical services locally to augment these services currently offered at the Charleston VAMC:** Strengthening relationships with providers in the Savannah, Georgia and Myrtle Beach, South Carolina areas will allow for more coordinated care for Veterans in the Savannah and Myrtle Beach areas.
- Work with the City of Charleston and other hospital providers to mitigate flooding in the downtown area, particularly at the Charleston VAMC site:** The Charleston VAMC is located in a flood plain and therefore is susceptible to flooding during hurricanes at high tide. Working with the city and other hospitals to curtail flooding in the downtown area will ensure a safe environment for Veterans to receive care.
- Establish a residency program with Mercer University, located in Savannah, Georgia, to develop a recruitment pipeline for physicians and surgeons:** Establishing a relationship with Mercer University in Savannah, Georgia and expanding residency slots and other facets of an academic affiliate program is an opportunity to create more training and recruitment pipelines.

Columbia VAMC

- Establish a clinic addition at the Columbia VAMC to relocate primary care, outpatient mental health, and outpatient specialty care services from the main hospital; this modernization will support 21 patient aligned care teams (PACTs) (in progress):** At the Columbia VAMC, outpatient

care is located in the main bed tower. There are existing plans to construct multiple buildings on the campus, including buildings for prosthetics and orthotics, physical medicine and rehabilitation, ophthalmology, and women's health services. Moving outpatient services out of the main facility will allow for the expansion of other service lines. As of FY 2019, the Columbia VAMC had 28,929 enrollees within a 30-minute drive time and 49,340 enrollees within a 60-minute drive time.

- **Expand the Rock Hill CBOC to a new VA-staffed site within Rock Hill, South Carolina, and increase capacity to provide primary care, outpatient mental health, and outpatient specialty care services, which may result in the classification of the facility as an MS CBOC (in progress):** As of FY 2019, the Rock Hill CBOC (York County) had 7,341 core uniques, 15,390 enrollees within a 30-minute drive time, and 58,794 enrollees within a 60-minute drive time. The enrollees in York County are projected to increase by 7.4% from 7,901 enrollees to 8,484 enrollees between FY 2019 and FY 2029.
- **Expand the Florence CBOC within Florence, South Carolina, and increase capacity to provide primary care, outpatient mental health, and outpatient specialty care services, which may result in the classification of the facility as an MS CBOC (in progress):** As of FY 2019, the Florence CBOC (Florence County) had 6,960 core uniques, 5,726 enrollees within a 30-minute drive time, and 24,092 enrollees within a 60-minute drive time. The enrollees in Florence County are projected to decrease by 5.0% from 4,816 enrollees to 4,574 enrollees between FY 2019 and FY 2029.
- **Expand the Sumter CBOC within Sumter, South Carolina, and increase capacity to provide primary care, outpatient mental health, and outpatient specialty care services, which may result in the classification of the facility as an MS CBOC (in progress):** As of FY 2019, the Sumter CBOC (Sumter County) had 5,124 core uniques, 7,605 enrollees within a 30-minute drive time, and 35,418 enrollees within a 60-minute drive time. The enrollees in Sumter County are projected to increase by 15.9% from 7,030 enrollees to 8,364 enrollees between FY 2019 and FY 2029.
- **Expand the Orangeburg CBOC within Orangeburg, South Carolina, and increase capacity for primary care, outpatient mental health, and outpatient specialty care services, which may result in the classification of the facility as an MS CBOC (in progress):** As of FY 2019, the Orangeburg CBOC (Orangeburg County) had 3,235 core uniques, 2,857 enrollees within a 30-minute drive time, and 37,202 enrollees within a 60-minute drive time. The enrollees in Orangeburg County are projected to increase by 7.1% from 3,316 enrollees to 3,551 enrollees between FY 2019 and FY 2029.
- **Relocate the Veterans Benefits Administration (VBA) Columbia Regional Office (an estimated 25 acres) away from the Columbia VAMC site:** The enrollee population is projected to increase across the Columbia submarket, and the Columbia VAMC is space-constrained and cannot meet the increasing demand. Relocating VBA offices to prioritize clinical infrastructure will better support Veterans and improve quality of care. VA's recommendation to modernize the Columbia VAMC cannot be realized absent this strategy.

Cost Benefit Analysis

The Cost Benefit Analysis (CBA) evaluated the costs and benefits of three of courses of action (COA) for the VISN 07 South Carolina Market: Status Quo, Modernization, and VA Recommendation. Status Quo includes costs associated with FCA deficiencies and represents no significant change in capital and operational costs. Modernization seeks to modernize all existing health care infrastructure. The VA Recommendation implements the market recommendation and seeks to modernize any remaining health care infrastructure.

- Costs:** The present value cost³⁶ over a thirty-year period was calculated for each COA, inclusive of capital and operational costs. The capital cost includes costs associated with construction of new facilities, modernization of current facilities, leases, land acquisition, and demolition. VA operational cost includes direct costs (e.g., medical service costs), indirect costs (e.g., administrative costs), and VA special direct costs (e.g., suicide prevention coordinators). Non-VA care costs includes direct costs (e.g., payments for patient care), indirect costs (e.g., care coordination), overhead costs (e.g., national program costs), and administrative per member per month costs (e.g., third party administration of the Community Care Network).
- Benefits:** Benefits were evaluated based on five key domains: Demand and Supply, Access, Facilities and Sustainability, Quality, and Mission.

The CBA leveraged both the costs and benefits to generate a Cost Benefit Index (CBI) – a simple metric used to compare the costs and benefits associated with each COA. The COA with the lowest CBI is the preferred COA. The results of the CBA for the VISN 07 South Carolina Market are provided in the following table. For more detailed information on the market CBA, please see Appendix H.

VISN 07 South Carolina Market	Status Quo	Modernization	VA Recommendation
Total Cost	\$37,059,177,187	\$39,692,239,516	\$40,872,479,141
Capital Cost	\$1,922,340,087	\$4,555,402,416	\$5,735,642,041
Operational Cost	\$35,136,837,100	\$35,136,837,100	\$35,136,837,100
Total Benefit Score	8	11	15
CBI (normalized in \$B)	4.63	3.61	2.72

Note: Operational costs are shifted from VA to non-VA care only when a service line is relocated in totality to non-VA care at the parent facility level. Total cost is a sum of operational and capital costs rounded to the nearest dollar.

³⁶ The present value cost is the current value of future costs discounted at the defined discount rate.

Section 203 Criteria Analysis

This section provides an overview of how this market recommendation is consistent with the Section 203 decision criteria as required by the MISSION Act. For more detailed information, please see Appendix I.

Demand

This recommendation is consistent with the Demand criterion, aligning VA's high-performing integrated delivery network resources to effectively meet the future health care demand of the Veteran enrollee population with the capacity in the market.

- **Summary:** Following implementation of the recommendation, the capacity available through VA facilities and community providers would be able to support 100% of the projected enrollee demand.
- **Outpatient:** Outpatient demand will be met through 18 VA points of care offering outpatient services, including the proposed new Summerville, South Carolina VAMC; Clinton, South Carolina CBOC; and Georgetown, South Carolina OOS; the proposed replacement Myrtle Beach, South Carolina HCC; Savannah, Georgia HCC; and Beaufort, South Carolina MS CBOC; and the proposed expanded Greenville, South Carolina HCC; Florence, South Carolina MS CBOC; Rock Hill, South Carolina MS CBOC; Orangeburg, South Carolina MS CBOC; and Sumter, South Carolina MS CBOC, as well as community providers in the market.
- **CLC:** Long-term care demand will be met through the Columbia, South Carolina VAMC and the proposed new Summerville, South Carolina VAMC and the Richland County, South Carolina stand-alone CLC, as well as community nursing homes.

The recommendation ensures that projected demand for SCI/D, RRTP, and blind rehabilitation is sufficiently met through VA-only capacity in the respective VISN or blind rehabilitation region.

- **SCI/D:** Demand for inpatient SCI/D will be met through the SCI/D Hub at the Augusta, Georgia VAMC (VISN 07).
- **RRTP:** RRTP demand will be met through the proposed new Summerville, South Carolina VAMC; proposed new Richland County, South Carolina stand-alone RRTP; proposed new RRTP at the Columbia, South Carolina VAMC; and the other facilities within VISN 07 offering RRTP, including the Fort McPherson, Georgia VAMC; Augusta, Georgia VAMC; Tuscaloosa, Alabama VAMC; Tuskegee, Alabama VAMC; proposed new Macon, Georgia VAMC; and proposed new Huntsville, Alabama VAMC.
- **Blind rehabilitation:** Inpatient blind rehabilitation demand will be met through the facilities in the Southeast Region, including the Augusta, Georgia VAMC (VISN 07) and the West Palm Beach, Florida VAMC (VISN 08).
- **Inpatient acute:** Inpatient medicine, surgery, and mental health demand will be met through the Charleston, South Carolina VAMC; Columbia, South Carolina VAMC; proposed new Myrtle Beach, South Carolina partnership; and proposed new Savannah, Georgia partnership, as well as through community providers.

Access

This recommendation is consistent with the Access criterion, maintaining or improving Veteran access to care in the market and providing Veterans the opportunity to choose the care they trust throughout their lifetime. The Access criterion evaluates enrollee access to care in the current and proposed future state across multiple service lines. It is evaluated for both the overall enrollee population as well as for specific subpopulations of enrollees that traditionally face barriers to receiving appropriate care, including minority enrollees, enrollees over 65, women enrollees, rural enrollees, and enrollees living in disadvantaged neighborhoods. Below are the access results for both primary care and specialty care among the overall enrollee population.

- **Access to primary care:** Following implementation of the recommendation, the number of enrollees within 30 minutes of primary care available through VA facilities and community providers is projected to be maintained, with 245,935 enrollees within 30 minutes of primary care in the future state.
- **Access to specialty care:** Following implementation of the recommendation, the number of Veterans within 60 minutes of specialty care available through VA facilities and community providers is projected to be maintained, with 246,681 enrollees within 60 minutes of specialty care in the future state.

Mission

This recommendation is consistent with the Mission criterion, providing for VA's second, third, and fourth health related statutory missions of education, research, and emergency preparedness.

- **Education:** The recommendation for this market supports VA's ability to maintain its education mission in VISN 07. The recommendation allows for continued relationships with key academic partners, including but not limited to, the affiliation with the Medical University of South Carolina and the University of South Carolina.
- **Research:** This recommendation does not impact the research mission in the market and allows the Columbia, South Carolina VAMC and Charleston, South Carolina VAMC to maintain the current research mission.
- **Emergency preparedness:** This recommendation maintains VA's ability to execute its emergency preparedness mission; the Columbia, South Carolina VAMC and Charleston, South Carolina VAMC are not designated as Primary Receiving Centers.

Quality

This recommendation is consistent with the Quality criterion, considering the quality and delivery of health care services available to Veterans in the market, including the experience, safety, and appropriateness of care.

- **Quality among providers:** The recommendation ensures that all providers included within the high-performing integrated delivery network meet the established quality standards by provider type (outlined in Appendix E).
- **Quality improvements through new infrastructure:** Quality is improved through the proposed new Summerville, South Carolina VAMC; Clinton, South Carolina CBOC; Georgetown, South Carolina OOS; RRTP at the Columbia, South Carolina VAMC; stand-alone CLC and RRTP in Richland County, South Carolina; partnerships in Myrtle Beach, South Carolina and Savannah, Georgia; proposed replacement Myrtle Beach, South Carolina HCC; Savannah, Georgia HCC; and Beaufort, South Carolina MS CBOC; as well as the modernization of CLC at the Columbia, South Carolina VAMC. This new infrastructure will aid in improving

Quality

the patient experience with care delivery provided in modern spaces and aid in the recruitment of staff with facilities offering the latest technology.

- **Promoting recruitment of top clinical and non-clinical talent:** The recommendation maintains VA's academic and non-academic partnerships, which supports the recruitment and retention of top clinical and non-clinical talent.

Cost Effectiveness

This recommendation is consistent with the Cost Effectiveness criterion, providing a cost-effective means by which to provide Veterans with modern health care. The Cost Effectiveness criterion was assessed through a CBA summarized in the CBA section and detailed in Appendix H.

- **CBI:** The CBI is the primary metric for cost effectiveness. The CBI for the VA Recommendation COA is lower than the Status Quo COA (2.72 for VA Recommendation versus 4.63 for Status Quo), indicating that the VA Recommendation is more cost-effective than the Status Quo.

Sustainability

This recommendation is consistent with the Sustainability criterion, creating a sustainable health care delivery system for Veterans. It ensures that the health care delivery system proposed for the market is aligned with future demand, allowing it to sustainably operate and provide a safe and welcoming health care environment that meets modern health care standards.

- **Aligns investment in care and services with projected Veteran care needs:** All facilities in the future state of this market meet the minimum demand threshold to support sustainable services.
- **Sustainability improvements through new infrastructure:** Within this recommendation, sustainability is improved through the proposed new Summerville, South Carolina VAMC; Clinton, South Carolina CBOC; Georgetown, South Carolina OOS; RRTP at the Columbia, South Carolina VAMC; stand-alone CLC and RRTP in Richland County, South Carolina; partnerships in Myrtle Beach, South Carolina and Savannah, Georgia; proposed replacement Myrtle Beach, South Carolina HCC; Savannah, Georgia HCC; and Beaufort, South Carolina MS CBOC; as well as the modernization of the CLC at the Columbia, South Carolina VAMC. This new infrastructure modernizes VA facilities to include state-of-the-art equipment that will aid in the recruitment of providers and support staff. The proposed partnerships also help VA in recruiting and retaining staff, by embedding providers in community partner space.
- **Reflects stewardship of taxpayer dollars:** While the cost of the market recommendation is more than the cost to modernize facilities in the market today (\$40.9B for VA Recommendation versus \$39.7B for Modernization), there are benefits realized through the market recommendation in at least one of the five domains assessed by the CBA that are not realized through the modernization approach. As a result, the CBI score for the VA Recommendation COA is lower than the Modernization COA (2.72 for VA Recommendation versus 3.61 for Modernization), reflecting effective stewardship of taxpayer dollars.