



VA Recommendations to the

# ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

## Appendix I

Section 203 Criteria Analysis – VISN 07

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## Market VISN 07 Alabama

VA's recommendation for the VISN 07 Alabama is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

### Access: Consistent

The access domain consists of six sub-criteria.

- **Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.  
*Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.*
- **Sub-criterion 6** requires that the recommendation for VISN 07 Alabama incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 Alabama passed all sub-criteria and is consistent with the Section 203 Access criterion.

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

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

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

TABLE 1 – VISN 07 ALABAMA: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	179,808 (99.9%)	179,810 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	85,872 (99.8%)	85,873 (99.8%)	Pass
IP Med/Surg	Women Enrollees	20,279 (99.9%)	20,279 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	69,840 (99.9%)	69,840 (99.9%)	Pass
IP Med/Surg	Minority Enrollees	58,738 (99.9%)	58,739 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	76,137 (99.9%)	76,138 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	80,332 (99.8%)	80,333 (99.8%)	Pass
IP CLC	All Enrollees	165,686 (92.1%)	179,885 (99.9%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	75,994 (88.3%)	86,017 (100%)	Pass
IP CLC	Women Enrollees	19,080 (94%)	20,284 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	64,477 (92.2%)	69,862 (100%)	Pass
IP CLC	Minority Enrollees	54,953 (93.4%)	58,806 (100%)	Pass
IP CLC	65+ Enrollees	69,361 (91%)	76,170 (99.9%)	Pass
IP CLC	Rural Enrollees	66,426 (82.5%)	80,417 (99.9%)	Pass
IP MH	All Enrollees	179,840 (99.9%)	179,840 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	85,900 (99.8%)	85,900 (99.8%)	Pass
IP MH	Women Enrollees	20,283 (100%)	20,283 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	69,845 (99.9%)	69,845 (99.9%)	Pass
IP MH	Minority Enrollees	58,748 (99.9%)	58,748 (99.9%)	Pass
IP MH	65+ Enrollees	76,153 (99.9%)	76,153 (99.9%)	Pass
IP MH	Rural Enrollees	80,363 (99.8%)	80,363 (99.8%)	Pass
OP ED/UC	All Enrollees	179,683 (99.8%)	179,991 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	85,769 (99.7%)	86,051 (100%)	Pass
OP ED/UC	Women Enrollees	20,265 (99.9%)	20,292 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	69,776 (99.8%)	69,896 (100%)	Pass
OP ED/UC	Minority Enrollees	58,701 (99.8%)	58,808 (100%)	Pass
OP ED/UC	65+ Enrollees	76,077 (99.8%)	76,235 (100%)	Pass
OP ED/UC	Rural Enrollees	80,207 (99.6%)	80,515 (100%)	Pass
OP MH	All Enrollees	172,516 (95.8%)	173,004 (96.1%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	79,593 (92.5%)	80,029 (93%)	Pass
OP MH	Women Enrollees	19,682 (97%)	19,706 (97.1%)	Pass
OP MH	High Service Disability Rating Enrollees	67,113 (96%)	67,274 (96.2%)	Pass
OP MH	Minority Enrollees	56,086 (95.4%)	56,180 (95.5%)	Pass
OP MH	65+ Enrollees	72,553 (95.2%)	72,816 (95.5%)	Pass
OP MH	Rural Enrollees	73,044 (90.7%)	73,530 (91.3%)	Pass
OP PC	All Enrollees	179,174 (99.5%)	179,523 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	85,506 (99.4%)	85,750 (99.6%)	Pass
OP PC	Women Enrollees	20,216 (99.6%)	20,250 (99.8%)	Pass
OP PC	High Service Disability Rating Enrollees	69,557 (99.5%)	69,712 (99.7%)	Pass
OP PC	Minority Enrollees	58,500 (99.5%)	58,631 (99.7%)	Pass
OP PC	65+ Enrollees	75,842 (99.5%)	75,992 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	79,698 (99%)	80,048 (99.4%)	Pass
OP Surgery Capability	All Enrollees	179,955 (100%)	179,975 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	86,015 (100%)	86,035 (100%)	Pass
OP Surgery Capability	Women Enrollees	20,290 (100%)	20,291 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	69,889 (100%)	69,894 (100%)	Pass
OP Surgery Capability	Minority Enrollees	58,784 (100%)	58,801 (100%)	Pass
OP Surgery Capability	65+ Enrollees	76,218 (100%)	76,224 (100%)	Pass
OP Surgery Capability	Rural Enrollees	80,479 (100%)	80,499 (100%)	Pass
OP Medical Specialist	All Enrollees	179,992 (100%)	179,992 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	86,052 (100%)	86,052 (100%)	Pass
OP Medical Specialist	Women Enrollees	20,292 (100%)	20,292 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	69,897 (100%)	69,897 (100%)	Pass
OP Medical Specialist	Minority Enrollees	58,808 (100%)	58,808 (100%)	Pass
OP Medical Specialist	65+ Enrollees	76,235 (100%)	76,235 (100%)	Pass
OP Medical Specialist	Rural Enrollees	80,516 (100%)	80,516 (100%)	Pass
OP Rehabilitation	All Enrollees	179,992 (100%)	179,992 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	86,052 (100%)	86,052 (100%)	Pass
OP Rehabilitation	Women Enrollees	20,292 (100%)	20,292 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	69,897 (100%)	69,897 (100%)	Pass
OP Rehabilitation	Minority Enrollees	58,808 (100%)	58,808 (100%)	Pass
OP Rehabilitation	65+ Enrollees	76,235 (100%)	76,235 (100%)	Pass
OP Rehabilitation	Rural Enrollees	80,516 (100%)	80,516 (100%)	Pass
OP Surgical Specialist	All Enrollees	179,955 (100%)	179,975 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	86,015 (100%)	86,035 (100%)	Pass
OP Surgical Specialist	Women Enrollees	20,290 (100%)	20,291 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	69,889 (100%)	69,894 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	58,784 (100%)	58,801 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	76,218 (100%)	76,224 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	80,479 (100%)	80,499 (100%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 07 Alabama market is part of VISN 07, which has the following results:

TABLE 2 – VISN 07 ALABAMA: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

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

## Demand: Consistent

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market's capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 07 Alabama incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 Alabama passed all sub-criteria and is consistent with the Section 203 Demand criterion.

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

### Inpatient Services Provided by VA and Community Providers:

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

TABLE 3 – VISN 07 ALABAMA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	173	113	2,441	2,554	2,381	Pass
IP MH	Bed Shortage / Surplus (Market level)	113	73	156	229	116	Pass



Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	400	225	1,313	1,538	1,138	Pass

#### **Inpatient Services Primarily Provided by VA:**

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN's capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 07 Alabama is part of VISN 07, which has the following results:

TABLE 4 – VISN 07 ALABAMA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	413	492	79	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	50	50	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	52	62	10	Pass

#### **Outpatient Services Provided by VA and Community Providers:**

OP PC, OP MH, OP ED/UC, outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation are measured at the market level. To pass, a market's HPIDN capacity must meet or exceed projected Veteran demand. Demand for outpatient services is measured in Global Relative Value Units (GRVU) for the VA and Relative Value Units (RVU) for the community, translated into the number of clinicians required.

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

TABLE 5 – VISN 07 ALABAMA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	1.4	1.1	0.7	1.8	0.0	Pass
Amb Medical: Cardiology (Service)	6.3	13.1	11.2	24.4	18.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	8.5	17.8	5.7	23.5	15.0	Pass
Amb Medical: Dermatology (Service)	10.3	6.1	4.9	11.0	1.0	Pass
Amb Medical: Emergency Medicine (Service)	16.4	10.8	19.3	30.1	14.0	Pass
Amb Medical: Endocrinology (Service)	2.6	9.9	2.2	12.1	9.0	Pass
Amb Medical: Gastroenterology (Service)	7.1	9.9	5.3	15.2	8.0	Pass
Amb Medical: Hematology -Oncology (Service)	7.3	14.1	5.3	19.4	12.0	Pass
Amb Medical: Infectious Diseases (Service)	1.0	7.9	2.4	10.3	9.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	4.7	6.7	3.5	10.2	5.0	Pass
Amb Medical: Neurology (Service)	11.3	17.4	6.1	23.5	12.0	Pass
Amb Medical: Optometry (Service)	31.1	40.8	14.7	55.5	24.0	Pass
Amb Medical: Pain Medicine (Service)	2.4	4.3	1.7	6.0	4.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	12.2	44.8	2.6	47.4	35.0	Pass
Amb Medical: Rheumatology (Service)	2.3	7.7	2.1	9.8	7.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.5	0.9	1.8	2.7	1.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	2.1	2.3	11.4	13.7	12.0	Pass
Amb Surgical: Ophthalmology (Service)	20.8	14.6	6.2	20.8	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	6.1	4.8	9.6	14.4	8.0	Pass
Amb Surgical: Otolaryngology (Service)	3.9	4.3	4.7	9.0	5.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.5	3.3	1.5	4.8	3.0	Pass
Amb Surgical: Podiatry (Service)	12.0	19.1	3.6	22.7	11.0	Pass
Amb Surgical: Surgery (Service)	6.6	14.9	16.8	31.8	25.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.3	2.0	1.0	3.0	3.0	Pass
Amb Surgical: Urology (Service)	5.5	7.2	4.8	12.0	6.0	Pass
Amb Surgical: Vascular Surgery (Service)	1.1	5.4	1.0	6.4	5.0	Pass
Dental	0.0	0.0	1.6	1.6	2.0	Pass
MH	218.3	314.9	32.9	347.8	130.0	Pass
PC	155.7	239.4	195.8	435.1	279.0	Pass

## Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation’s ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 07 Alabama incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 Alabama passed all sub-criteria and is consistent with the Section 203 Quality criterion.

### Quality Sub-criteria 1-2

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

TABLE 6 – VISN 07 ALABAMA: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

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

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

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

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

**Quality Sub-criterion 3:**

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

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

TABLE 7 – VISN 07 ALABAMA: SUB-CRITERION 3 RESULTS

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



## Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation's ability to maintain or enhance VA's second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 07 Alabama incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

**Education (sub-criteria 1 and 2):** A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA's ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 07 maintained or enhanced VA's ability to execute the training mission in the VISN.

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

TABLE 8 – VISN 07 ALABAMA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V07) (521) Birmingham	\$5,770,866.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass
(V07) (679) Tuscaloosa	\$871,986.00	Research Maintained at Site	Pass
(V07) (619) Montgomery	\$0.00	Maintained	Pass
(V07) (619A4) Tuskegee	\$0.00	Maintained	Pass

**Emergency Preparedness (sub-criteria 1 and 4):** Given potential shifts in future Department of Defense (DoD) Military Treatment Facility capabilities and the need for flexibility in emergency response efforts,

VA determined that it is critical to ensure that VAMCs designated as Primary Receiving Centers (PRC) continue to exist in markets where they currently exist. VA will seek guidance from DoD to operationalize any strategy impacting PRC designation (e.g., establishing new PRC designations, transferring designations).

TABLE 9 – VISN 07 ALABAMA: EMERGENCY PREPAREDNESS RESULTS

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

## Cost-effectiveness: Consistent

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

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

TABLE 10 – VISN 07 ALABAMA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
4.54	2.35	Pass

## Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- **Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.
- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA

Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.

- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 07 Alabama incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 07 ALABAMA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (679) Tuscaloosa	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	34.1	Pass
VAMC	(V07) (679) Tuscaloosa	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	25,094.0	Pass
VAMC	(V07) (679) Tuscaloosa	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	101.7	Pass
VAMC	(V07) (619A4) Tuskegee	IP CLC	Facility Meets or Exceeds Target of 24,000 Overlapping Enrollees in a Rural area, 60	31,951.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (619A4) Tuskegee	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	101.7	Pass
VAMC	(V07) (521XX) Huntsville	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	101.7	Pass
VAMC	(V07) (521) Birmingham [replacement]	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	39,082.0	Pass
VAMC	(V07) (521) Birmingham [replacement]	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	39,082.0	Pass
VAMC	(V07) (521) Birmingham [replacement]	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	39,082.0	Pass
VAMC	(V07) (619) Montgomery [Relocated Data]	IP MH	Facility Meets or Exceeds Target of 8 Average Daily Census, Rural	15.0	Pass
MS CBOC	(V07) (619GD) Wiregrass	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	15,437.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V07) (XXX) Birmingham [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	40,817.0	Pass
MS CBOC	(V07) (XXX) Columbus [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	29,117.0	Pass
MS CBOC	(V07) (XXX) Dothan 2 [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	17,359.0	Pass
CBOC	(V07) (521GC) Florence	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,249.0	Pass
CBOC	(V07) (521GD) Rainbow City	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,250.0	Pass
CBOC	(V07) (521GE) Oxford	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	6,345.0	Pass
CBOC	(V07) (521GF) Jasper	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,852.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V07) (521GG) Bessemer	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	16,364.0	Pass
CBOC	(V07) (521GH) Childersburg	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,156.0	Pass
CBOC	(V07) (521GI) Guntersville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,576.0	Pass
CBOC	(V07) (679GA) Selma	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	5,394.0	Pass
CBOC	(V07) (619GE) Monroe County Alabama	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,576.0	Pass
CBOC	(V07) (619QB) Fort Benning	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	18,542.0	Pass
CBOC	(V07) (XXX) Prattville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	13,416.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V07) (XXX) LaGrange	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,554.0	Pass

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

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

TABLE 12 – VISN 07 ALABAMA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$32,562M	\$32,950M	3.26	2.35	No	Yes	Pass

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

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

TABLE 13 – VISN 07 ALABAMA: SUB-CRITERION 3 RESULTS

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

## Global Trends: Consistent

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

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

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

TABLE 14 – VISN 07 ALABAMA: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass



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

## Market VISN 07 Georgia

VA's recommendation for the VISN 07 Georgia is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

### Access: Consistent

The access domain consists of six sub-criteria.

- **Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.  
*Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.*
- **Sub-criterion 6** requires that the recommendation for VISN 07 Georgia incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 Georgia passed all sub-criteria and is consistent with the Section 203 Access criterion.

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

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

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

TABLE 1 – VISN 07 GEORGIA: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	278,175 (100%)	278,175 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
IP Med/Surg	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
IP Med/Surg	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
IP Med/Surg	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
IP Med/Surg	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass
IP CLC	All Enrollees	277,191 (99.6%)	278,175 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	88,565 (99.7%)	88,854 (100%)	Pass
IP CLC	Women Enrollees	36,657 (99.8%)	36,716 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	96,556 (99.7%)	96,832 (100%)	Pass
IP CLC	Minority Enrollees	117,901 (99.9%)	117,984 (100%)	Pass
IP CLC	65+ Enrollees	112,549 (99.5%)	113,161 (100%)	Pass
IP CLC	Rural Enrollees	78,528 (98.8%)	79,499 (100%)	Pass
IP MH	All Enrollees	278,175 (100%)	278,175 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
IP MH	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
IP MH	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
IP MH	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
IP MH	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass
OP ED/UC	All Enrollees	278,175 (100%)	278,175 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
OP ED/UC	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
OP ED/UC	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
OP ED/UC	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
OP ED/UC	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass
OP MH	All Enrollees	274,399 (98.6%)	274,494 (98.7%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	85,890 (96.7%)	85,994 (96.8%)	Pass
OP MH	Women Enrollees	36,429 (99.2%)	36,442 (99.3%)	Pass
OP MH	High Service Disability Rating Enrollees	95,601 (98.7%)	95,624 (98.8%)	Pass
OP MH	Minority Enrollees	116,744 (98.9%)	116,797 (99%)	Pass
OP MH	65+ Enrollees	111,125 (98.2%)	111,165 (98.2%)	Pass
OP MH	Rural Enrollees	75,763 (95.3%)	75,858 (95.4%)	Pass
OP PC	All Enrollees	277,748 (99.8%)	278,096 (100%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	88,530 (99.6%)	88,829 (100%)	Pass
OP PC	Women Enrollees	36,686 (99.9%)	36,707 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	96,680 (99.8%)	96,799 (100%)	Pass
OP PC	Minority Enrollees	117,851 (99.9%)	117,961 (100%)	Pass
OP PC	65+ Enrollees	112,928 (99.8%)	113,125 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	79,114 (99.5%)	79,462 (100%)	Pass
OP Surgery Capability	All Enrollees	278,175 (100%)	278,175 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
OP Surgery Capability	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
OP Surgery Capability	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
OP Surgery Capability	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
OP Surgery Capability	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass
OP Medical Specialist	All Enrollees	278,175 (100%)	278,175 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
OP Medical Specialist	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
OP Medical Specialist	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
OP Medical Specialist	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
OP Medical Specialist	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass
OP Rehabilitation	All Enrollees	278,175 (100%)	278,175 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
OP Rehabilitation	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
OP Rehabilitation	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
OP Rehabilitation	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
OP Rehabilitation	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass
OP Surgical Specialist	All Enrollees	278,175 (100%)	278,175 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	88,854 (100%)	88,854 (100%)	Pass
OP Surgical Specialist	Women Enrollees	36,716 (100%)	36,716 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	96,832 (100%)	96,832 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	117,984 (100%)	117,984 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	113,161 (100%)	113,161 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	79,499 (100%)	79,499 (100%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 07 Georgia market is part of VISN 07, which has the following results:

TABLE 2 – VISN 07 GEORGIA: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

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

## Demand: Consistent

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market's capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 07 Georgia incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 Georgia passed all sub-criteria and is consistent with the Section 203 Demand criterion.

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

### Inpatient Services Provided by VA and Community Providers:

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

TABLE 3 – VISN 07 GEORGIA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	322	204	1,726	1,930	1,608	Pass
IP MH	Bed Shortage / Surplus (Market level)	109	64	259	323	214	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	935	356	1,574	1,930	995	Pass

#### **Inpatient Services Primarily Provided by VA:**

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN's capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 07 Georgia is part of VISN 07, which has the following results:

TABLE 4 – VISN 07 GEORGIA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	413	492	79	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	50	50	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	52	62	10	Pass

#### **Outpatient Services Provided by VA and Community Providers:**

OP PC, OP MH, OP ED/UC, outpatient surgery, outpatient surgical specialties, outpatient medical specialties, and outpatient rehabilitation are measured at the market level. To pass, a market's HPIDN capacity must meet or exceed projected Veteran demand. Demand for outpatient services is measured in Global Relative Value Units (GRVU) for the VA and Relative Value Units (RVU) for the community, translated into the number of clinicians required.

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

TABLE 5 – VISN 07 GEORGIA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS



Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	3.7	3.8	1.9	5.6	2.0	Pass
Amb Medical: Cardiology (Service)	11.0	9.9	20.1	30.0	19.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	15.9	20.1	11.5	31.6	16.0	Pass
Amb Medical: Dermatology (Service)	14.3	7.8	13.0	20.8	7.0	Pass
Amb Medical: Emergency Medicine (Service)	45.1	32.6	50.1	82.7	38.0	Pass
Amb Medical: Endocrinology (Service)	5.6	10.1	4.9	15.0	9.0	Pass
Amb Medical: Gastroenterology (Service)	18.9	14.5	9.4	23.9	5.0	Pass
Amb Medical: Hematology -Oncology (Service)	13.7	18.2	10.4	28.6	15.0	Pass
Amb Medical: Infectious Diseases (Service)	3.1	6.3	4.9	11.2	8.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	9.9	8.8	7.2	16.0	6.0	Pass
Amb Medical: Neurology (Service)	9.4	17.5	11.5	29.0	20.0	Pass
Amb Medical: Optometry (Service)	15.2	32.9	20.7	53.6	38.0	Pass
Amb Medical: Pain Medicine (Service)	2.7	4.8	4.8	9.5	7.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	32.4	56.4	6.4	62.8	30.0	Pass
Amb Medical: Rheumatology (Service)	3.2	8.6	3.2	11.8	9.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.7	1.0	3.6	4.6	3.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	5.8	3.4	30.1	33.5	28.0	Pass
Amb Surgical: Ophthalmology (Service)	27.6	17.2	12.4	29.6	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	8.3	5.8	17.5	23.3	15.0	Pass
Amb Surgical: Otolaryngology (Service)	8.0	8.4	9.0	17.3	9.0	Pass
Amb Surgical: Plastic Surgery (Service)	2.8	5.8	3.0	8.8	6.0	Pass
Amb Surgical: Podiatry (Service)	16.8	21.2	8.4	29.6	13.0	Pass
Amb Surgical: Surgery (Service)	11.1	15.1	40.8	55.9	45.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.7	1.9	1.6	3.5	3.0	Pass
Amb Surgical: Urology (Service)	13.2	13.6	8.1	21.7	9.0	Pass
Amb Surgical: Vascular Surgery (Service)	3.4	3.0	3.5	6.5	3.0	Pass
Dental	0.0	0.0	2.8	2.8	3.0	Pass
MH	392.7	456.5	73.7	530.2	137.0	Pass
PC	259.1	344.0	336.8	680.8	422.0	Pass

## Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation’s ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 07 Georgia incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 Georgia passed all sub-criteria and is consistent with the Section 203 Quality criterion.

### Quality Sub-criteria 1-2

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

TABLE 6 – VISN 07 GEORGIA: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

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

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

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

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

**Quality Sub-criterion 3:**

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

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

TABLE 7 – VISN 07 GEORGIA: SUB-CRITERION 3 RESULTS

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

## Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation’s ability to maintain or enhance VA’s second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 07 Georgia incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

**Education (sub-criteria 1 and 2):** A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA’s ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 07 maintained or enhanced VA’s ability to execute the training mission in the VISN.

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

TABLE 8 – VISN 07 GEORGIA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V07) (508) Atlanta	\$14,791,603.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass
(V07) (509) Augusta VAMC - Downtown	\$3,400,520.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass
(V07) (557) Dublin	\$0.00	Maintained	Pass
(V07) (508GA) Fort McPherson	\$0.00	Maintained	Pass



Facility	Total VA Funding	Future State	Pass / Fail
(V07) (508GK) Carrollton	\$0.00	Maintained	Pass
(V07) (509A0) Augusta VAMC - Uptown	\$0.00	Maintained	Pass

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

TABLE 9 – VISN 07 GEORGIA: EMERGENCY PREPAREDNESS RESULTS

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

## Cost-effectiveness: Consistent

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

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

TABLE 10 – VISN 07 GEORGIA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
7.61	4.35	Pass

## Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- **Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.
- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 07 Georgia incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 07 GEORGIA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (508GA) Fort McPherson	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	144.1	Pass
VAMC	(V07) (508GK) Carrollton	IP CLC	Facility Meets or Exceeds Target of 24,000 Overlapping Enrollees in a Rural area, 60	53,140.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (509A0) Augusta - Uptown	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,474.0	Pass
VAMC	(V07) (509A0) Augusta - Uptown	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,474.0	Pass
VAMC	(V07) (509A0) Augusta - Uptown	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,474.0	Pass
VAMC	(V07) (509A0) Augusta - Uptown	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	35,474.0	Pass
VAMC	(V07) (509A0) Augusta - Uptown	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	144.1	Pass
VAMC	(V07) (508XX) Gwinnett County	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	124,988.0	Pass
VAMC	(V07) (508) Atlanta [replacement]	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	128,555.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (508) Atlanta [replacement]	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	128,555.0	Pass
VAMC	(V07) (508) Atlanta [replacement]	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	128,555.0	Pass
VAMC	(V07) (557XX) Macon	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	38,160.0	Pass
VAMC	(V07) (557XX) Macon	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	144.1	Pass
MS CBOC	(V07) (508GE) Oakwood	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	67,460.0	Pass
MS CBOC	(V07) (508GH) Lawrenceville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	98,710.0	Pass
MS CBOC	(V07) (508GI) Newnan	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	89,643.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V07) (508GJ) Blairsville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	10,006.0	Pass
MS CBOC	(V07) (508QF) Atlanta North Arcadia Avenue	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	126,270.0	Pass
MS CBOC	(V07) (509GA) Athens	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	30,560.0	Pass
MS CBOC	(V07) (509QA) Statesboro	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	17,978.0	Pass
MS CBOC	(V07) (557GB) Albany	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,400.0	Pass
MS CBOC	(V07) (508XX) Pike County	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	48,092.0	Pass
MS CBOC	(V07) (XXX) Dublin	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	17,334.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V07) (508GG) Stockbridge	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	39,803.0	Pass
CBOC	(V07) (508GL) Rome	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,132.0	Pass
CBOC	(V07) (509GB) Aiken	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,044.0	Pass
CBOC	(V07) (557GC) Milledgeville	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,876.0	Pass
CBOC	(V07) (557GF) Tifton	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,716.0	Pass
CBOC	(V07) (508GN) Covington	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	14,494.0	Pass
CBOC	(V07) (XXX) Baldwin	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,541.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V07) (557GG) Robins	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	14,736.0	Pass

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

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

TABLE 12 – VISN 07 GEORGIA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$56,044M	\$56,547M	5.60	4.35	No	Yes	Pass

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

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

TABLE 13 – VISN 07 GEORGIA: SUB-CRITERION 3 RESULTS

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

### Global Trends: Consistent

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

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

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

TABLE 14 – VISN 07 GEORGIA: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Supports providing inpatient care in private, single patient rooms (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass



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

## Market VISN 07 South Carolina

VA's recommendation for the VISN 07 South Carolina is consistent with all Section 203 criteria. Results for each domain are displayed in the subsequent sections.

### Access: Consistent

The access domain consists of six sub-criteria.

- Sub-criteria 1-5** are measured by comparing current and future state access to care in the high performing integrated delivery network (HPIDN) for all service lines.  
*Note: The HPIDN includes VA and community providers. Community providers include providers currently in the Veteran Community Care Program and potential future Veteran Community Care Program providers meeting quality criteria. Please reference the Section 203 Criteria Methodology to view the quality criteria.*
- Sub-criterion 6** requires that the recommendation for VISN 07 South Carolina incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 South Carolina passed all sub-criteria and is consistent with the Section 203 Access criterion.

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

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

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

TABLE 1 – VISN 07 SOUTH CAROLINA: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	246,584 (99.9%)	246,617 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	88,031 (100%)	88,031 (100%)	Pass
IP Med/Surg	Women Enrollees	29,101 (100%)	29,102 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	90,755 (100%)	90,760 (100%)	Pass
IP Med/Surg	Minority Enrollees	80,301 (100%)	80,301 (100%)	Pass
IP Med/Surg	65+ Enrollees	107,324 (99.9%)	107,353 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	86,832 (99.9%)	86,832 (99.9%)	Pass
IP CLC	All Enrollees	236,394 (95.8%)	245,193 (99.4%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	84,606 (96.1%)	87,625 (99.5%)	Pass
IP CLC	Women Enrollees	28,184 (96.8%)	29,001 (99.6%)	Pass
IP CLC	High Service Disability Rating Enrollees	87,176 (96%)	90,292 (99.4%)	Pass
IP CLC	Minority Enrollees	77,405 (96.4%)	79,963 (99.6%)	Pass
IP CLC	65+ Enrollees	102,276 (95.2%)	106,572 (99.2%)	Pass
IP CLC	Rural Enrollees	78,417 (90.2%)	85,448 (98.3%)	Pass
IP MH	All Enrollees	246,584 (99.9%)	246,617 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	88,031 (100%)	88,031 (100%)	Pass
IP MH	Women Enrollees	29,101 (100%)	29,102 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	90,755 (100%)	90,760 (100%)	Pass
IP MH	Minority Enrollees	80,301 (100%)	80,301 (100%)	Pass
IP MH	65+ Enrollees	107,324 (99.9%)	107,353 (99.9%)	Pass
IP MH	Rural Enrollees	86,832 (99.9%)	86,832 (99.9%)	Pass
OP ED/UC	All Enrollees	246,488 (99.9%)	246,584 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	88,029 (100%)	88,031 (100%)	Pass
OP ED/UC	Women Enrollees	29,093 (99.9%)	29,101 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	90,726 (99.9%)	90,755 (100%)	Pass
OP ED/UC	Minority Enrollees	80,292 (100%)	80,301 (100%)	Pass
OP ED/UC	65+ Enrollees	107,253 (99.8%)	107,324 (99.9%)	Pass
OP ED/UC	Rural Enrollees	86,799 (99.9%)	86,832 (99.9%)	Pass
OP MH	All Enrollees	243,050 (98.5%)	243,115 (98.5%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	85,642 (97.3%)	85,701 (97.3%)	Pass
OP MH	Women Enrollees	28,884 (99.2%)	28,885 (99.2%)	Pass
OP MH	High Service Disability Rating Enrollees	89,539 (98.6%)	89,560 (98.6%)	Pass
OP MH	Minority Enrollees	79,291 (98.7%)	79,302 (98.8%)	Pass
OP MH	65+ Enrollees	105,348 (98%)	105,387 (98.1%)	Pass
OP MH	Rural Enrollees	83,323 (95.9%)	83,387 (96%)	Pass
OP PC	All Enrollees	245,852 (99.6%)	245,935 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	87,802 (99.7%)	87,839 (99.8%)	Pass
OP PC	Women Enrollees	29,057 (99.8%)	29,062 (99.8%)	Pass
OP PC	High Service Disability Rating Enrollees	90,490 (99.7%)	90,517 (99.7%)	Pass
OP PC	Minority Enrollees	80,102 (99.7%)	80,115 (99.8%)	Pass
OP PC	65+ Enrollees	106,888 (99.5%)	106,944 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	86,136 (99.1%)	86,195 (99.2%)	Pass
OP Surgery Capability	All Enrollees	246,585 (99.9%)	246,618 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	88,031 (100%)	88,031 (100%)	Pass
OP Surgery Capability	Women Enrollees	29,101 (100%)	29,102 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	90,755 (100%)	90,760 (100%)	Pass
OP Surgery Capability	Minority Enrollees	80,301 (100%)	80,301 (100%)	Pass
OP Surgery Capability	65+ Enrollees	107,325 (99.9%)	107,354 (99.9%)	Pass
OP Surgery Capability	Rural Enrollees	86,833 (99.9%)	86,833 (99.9%)	Pass
OP Medical Specialist	All Enrollees	246,676 (100%)	246,681 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	88,031 (100%)	88,031 (100%)	Pass
OP Medical Specialist	Women Enrollees	29,110 (100%)	29,110 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	90,773 (100%)	90,776 (100%)	Pass
OP Medical Specialist	Minority Enrollees	80,302 (100%)	80,302 (100%)	Pass
OP Medical Specialist	65+ Enrollees	107,393 (99.9%)	107,398 (100%)	Pass
OP Medical Specialist	Rural Enrollees	86,836 (99.9%)	86,841 (99.9%)	Pass
OP Rehabilitation	All Enrollees	246,648 (100%)	246,695 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	88,031 (100%)	88,031 (100%)	Pass
OP Rehabilitation	Women Enrollees	29,105 (100%)	29,109 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	90,773 (100%)	90,782 (100%)	Pass
OP Rehabilitation	Minority Enrollees	80,303 (100%)	80,303 (100%)	Pass
OP Rehabilitation	65+ Enrollees	107,371 (99.9%)	107,407 (100%)	Pass
OP Rehabilitation	Rural Enrollees	86,850 (99.9%)	86,855 (99.9%)	Pass
OP Surgical Specialist	All Enrollees	246,660 (100%)	246,665 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	88,031 (100%)	88,031 (100%)	Pass
OP Surgical Specialist	Women Enrollees	29,106 (100%)	29,106 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	90,767 (100%)	90,770 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	80,301 (100%)	80,301 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	107,385 (99.9%)	107,390 (99.9%)	Pass
OP Surgical Specialist	Rural Enrollees	86,833 (99.9%)	86,838 (99.9%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 07 South Carolina market is part of VISN 07, which has the following results:

TABLE 2 – VISN 07 SOUTH CAROLINA: ACCESS RESULTS FOR IP BR, IP RRTP, AND IP SCI/D

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

**Demand: Consistent**

The Demand domain consists of three sub-criteria.

- **Sub-criteria 1-2** are measured by comparing the projected Veteran demand with the capacity of the HPIDN. To pass, a market’s capacity must meet or exceed projected Veteran demand.
- **Sub-criterion 3** requires that the recommendation for VISN 07 South Carolina incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 South Carolina passed all sub-criteria and is consistent with the Section 203 Demand criterion.

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

**Inpatient Services Provided by VA and Community Providers:**

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

TABLE 3 – VISN 07 SOUTH CAROLINA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	228	139	1,809	1,948	1,720	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	84	45	111	156	72	Pass
IP CLC	Bed Shortage / Surplus (Market level)	536	290	612	902	366	Pass

**Inpatient Services Primarily Provided by VA:**

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN’s capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 07 South Carolina is part of VISN 07, which has the following results:

TABLE 4 – VISN 07 SOUTH CAROLINA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED PRIMARILY BY VA

Service	Measure	Projected Veteran Demand	HPIDN Capacity (includes only VA capacity)	Shortage / Surplus	Pass / Fail
IP RRTP	Bed Shortage / Surplus (VISN level)	413	492	79	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	50	50	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	52	62	10	Pass

**Outpatient Services Provided by VA and Community Providers:**

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



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

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

TABLE 5 – VISN 07 SOUTH CAROLINA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	1.8	1.5	1.7	3.2	1.0	Pass
Amb Medical: Cardiology (Service)	9.9	22.4	11.6	34.0	24.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	11.5	32.1	7.2	39.3	28.0	Pass
Amb Medical: Dermatology (Service)	16.4	11.8	7.4	19.2	3.0	Pass
Amb Medical: Emergency Medicine (Service)	34.9	27.1	31.9	59.0	24.0	Pass
Amb Medical: Endocrinology (Service)	4.8	11.0	2.2	13.2	8.0	Pass
Amb Medical: Gastroenterology (Service)	13.9	18.5	5.4	23.9	10.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	9.3	17.0	5.7	22.7	13.0	Pass
Amb Medical: Infectious Diseases (Service)	1.5	6.7	2.1	8.8	7.0	Pass
Amb Medical: Nephrology (Service)	10.1	13.6	4.0	17.6	8.0	Pass
Amb Medical: Neurology (Service)	12.1	23.0	6.5	29.4	17.0	Pass
Amb Medical: Optometry (Service)	31.4	50.9	12.2	63.1	32.0	Pass
Amb Medical: Pain Medicine (Service)	5.7	12.0	2.1	14.1	8.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	11.9	65.1	3.5	68.6	57.0	Pass
Amb Medical: Rheumatology (Service)	2.4	10.6	2.5	13.1	11.0	Pass
Amb Surgical: Neurological Surgery (Service)	2.8	0.6	2.4	3.0	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	4.1	5.7	19.7	25.4	21.0	Pass
Amb Surgical: Ophthalmology (Service)	23.6	20.1	8.3	28.4	5.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	5.8	5.9	10.6	16.5	11.0	Pass
Amb Surgical: Otolaryngology (Service)	6.0	10.1	5.4	15.5	10.0	Pass
Amb Surgical: Plastic Surgery (Service)	2.8	5.2	2.4	7.7	5.0	Pass
Amb Surgical: Podiatry (Service)	15.1	23.6	4.8	28.4	13.0	Pass
Amb Surgical: Surgery (Service)	7.9	29.4	25.5	54.9	47.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.6	2.4	1.2	3.6	3.0	Pass
Amb Surgical: Urology (Service)	11.4	17.8	5.3	23.1	12.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.8	6.9	1.8	8.7	7.0	Pass
Dental	0.0	0.0	2.1	2.1	2.0	Pass
MH	292.5	404.1	47.9	452.0	159.0	Pass
PC	242.2	365.2	228.4	593.6	351.0	Pass

## Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 07 South Carolina incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

Market VISN 07 South Carolina passed all sub-criteria and is consistent with the Section 203 Quality criterion.

### Quality Sub-criteria 1-2

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

TABLE 6 – VISN 07 SOUTH CAROLINA: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

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

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

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

**Quality Sub-criterion 3:**

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

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

TABLE 7 – VISN 07 SOUTH CAROLINA: SUB-CRITERION 3 RESULTS

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

### Mission: Consistent

The Mission domain consists of five sub-criteria.

- **Sub-criteria 1-4:** These sub-criteria measure the recommendation’s ability to maintain or enhance VA’s second, third, and fourth statutory missions.
- **Sub-criterion 5:** This sub-criterion requires that the recommendation for VISN 07 South Carolina incorporates at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

**Education (sub-criteria 1 and 2):** A qualitative evaluation was used to determine if the VA recommendation maintained or enhanced VA’s ability to execute its education mission. The analysis was performed at a VISN level, which allows for VA to make the adjustments necessary to maximize Health Professions Education (HPE) over the long-term while also requiring VA to maintain an HPE presence in every region it currently serves. VA determined that facilities with a related recommendation that transitioned an inpatient acute care service (inpatient medicine, surgery, mental health) to a non-VA delivered arrangement or deviated significantly from the current state introduced risk to the HPE mission in the VISN and should be offset by training growth in other areas of the VISN. All other facilities with a recommendation that maintained, replaced, or opened new inpatient acute care services in the same geographic area were deemed to maintain or enhance the HPE mission. VA determined that the recommendation for VISN 07 maintained or enhanced VA’s ability to execute the training mission in the VISN.

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

TABLE 8 – VISN 07 SOUTH CAROLINA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V07) (534) Charleston	\$12,411,006.00	Research Maintained at Site	Pass



Facility	Total VA Funding	Future State	Pass / Fail
(V07) (544) Columbia	\$2,123,448.00	Research Maintained at Site	Pass

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

TABLE 9 – VISN 07 SOUTH CAROLINA: EMERGENCY PREPAREDNESS RESULTS

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

### Cost-effectiveness: Consistent

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

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

TABLE 10 – VISN 07 SOUTH CAROLINA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
4.63	2.72	Pass

### Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

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

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

- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
  - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
  - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 07 South Carolina incorporate at least one global trend in the evolution of U.S. health care. See the Global Trends section below for the details of this market.

TABLE 11 – VISN 07 SOUTH CAROLINA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (534) Charleston	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,562.0	Pass
VAMC	(V07) (534) Charleston	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,562.0	Pass
VAMC	(V07) (534) Charleston	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,562.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V07) (544) Columbia	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	49,340.0	Pass
VAMC	(V07) (544) Columbia	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	49,340.0	Pass
VAMC	(V07) (544) Columbia	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	49,340.0	Pass
VAMC	(V07) (544) Columbia	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	49,340.0	Pass
VAMC	(V07) (544) Columbia	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	104.8	Pass
VAMC	(V07) (534XX) Summerville	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	38,870.0	Pass
VAMC	(V07) (534XX) Summerville	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	104.8	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CLC	(V07) (544XX) Richland CLC	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	48,856.0	Pass
RRTP	(V07) (544XX) Richland RRTP	IP RRTP	Facility Meets or Exceeds Target of 51 Total RRTP ADC in Market	104.8	Pass
HCC	(V07) (XXX) Greenville [replacement]	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	37,579.0	Pass
HCC	(V07) (XXX) Savannah [replacement]	HCC	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
HCC	(V07) (XXX) Myrtle Beach [replacement]	HCC	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
MS CBOC	(V07) (544GB) Florence	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	24,092.0	Pass
MS CBOC	(V07) (544GC) Rock Hill	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	58,794.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V07) (544GD) Anderson	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	32,112.0	Pass
MS CBOC	(V07) (544GE) Orangeburg	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	37,202.0	Pass
MS CBOC	(V07) (544GF) Sumter	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	35,418.0	Pass
MS CBOC	(V07) (557GE) Brunswick	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	27,969.0	Pass
MS CBOC	(V07) (534GF) North Charleston	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	38,554.0	Pass
MS CBOC	(V07) (XXX) Beaufort [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	15,303.0	Pass
CBOC	(V07) (544GG) Spartanburg	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	11,073.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V07) (534GE) Hinesville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	9,544.0	Pass
CBOC	(V07) (544XX) Clinton	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,952.0	Pass

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

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

TABLE 12 – VISN 07 SOUTH CAROLINA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$39,692M	\$40,872M	3.61	2.72	No	Yes	Pass

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

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

TABLE 13 – VISN 07 SOUTH CAROLINA: SUB-CRITERION 3 RESULTS

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

### Global Trends: Consistent

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

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

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

TABLE 14 – VISN 07 SOUTH CAROLINA: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass

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