



VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix I

Section 203 Criteria Analysis – VISN 19

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Market VISN 19 Grand Junction

VA's recommendation for the VISN 19 Grand Junction 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 19 Grand Junction 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 19 Grand Junction 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 19 GRAND JUNCTION: 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	14,601 (95.8%)	14,864 (97.5%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	1,387 (98.5%)	1,387 (98.5%)	Pass
IP Med/Surg	Women Enrollees	1,079 (95.9%)	1,101 (97.9%)	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	3,027 (95.7%)	3,088 (97.6%)	Pass
IP Med/Surg	Minority Enrollees	916 (95.9%)	929 (97.3%)	Pass
IP Med/Surg	65+ Enrollees	8,441 (95.8%)	8,580 (97.3%)	Pass
IP Med/Surg	Rural Enrollees	7,821 (92.5%)	8,084 (95.6%)	Pass
IP CLC	All Enrollees	7,440 (48.8%)	14,288 (93.8%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	758 (53.8%)	1,384 (98.2%)	Pass
IP CLC	Women Enrollees	615 (54.6%)	1,068 (94.9%)	Pass
IP CLC	High Service Disability Rating Enrollees	1,575 (49.8%)	2,969 (93.9%)	Pass
IP CLC	Minority Enrollees	498 (52.2%)	910 (95.3%)	Pass
IP CLC	65+ Enrollees	4,028 (45.7%)	8,203 (93.1%)	Pass
IP CLC	Rural Enrollees	660 (7.8%)	7,508 (88.8%)	Pass
IP MH	All Enrollees	14,601 (95.8%)	14,861 (97.5%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	1,387 (98.5%)	1,387 (98.5%)	Pass
IP MH	Women Enrollees	1,079 (95.9%)	1,101 (97.9%)	Pass
IP MH	High Service Disability Rating Enrollees	3,027 (95.7%)	3,087 (97.6%)	Pass
IP MH	Minority Enrollees	916 (95.9%)	929 (97.3%)	Pass
IP MH	65+ Enrollees	8,441 (95.8%)	8,578 (97.3%)	Pass
IP MH	Rural Enrollees	7,821 (92.5%)	8,081 (95.5%)	Pass
OP ED/UC	All Enrollees	14,226 (93.3%)	14,865 (97.5%)	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 ED/UC	Enrollees Living in Disadvantaged Neighborhoods	1,323 (93.9%)	1,387 (98.4%)	Pass
OP ED/UC	Women Enrollees	1,050 (93.3%)	1,101 (97.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	2,952 (93.3%)	3,088 (97.6%)	Pass
OP ED/UC	Minority Enrollees	857 (89.7%)	929 (97.3%)	Pass
OP ED/UC	65+ Enrollees	8,204 (93.1%)	8,579 (97.3%)	Pass
OP ED/UC	Rural Enrollees	7,446 (88%)	8,085 (95.6%)	Pass
OP MH	All Enrollees	14,429 (94.7%)	14,433 (94.7%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	1,308 (92.8%)	1,308 (92.8%)	Pass
OP MH	Women Enrollees	1,078 (95.8%)	1,079 (95.9%)	Pass
OP MH	High Service Disability Rating Enrollees	2,964 (93.7%)	2,964 (93.7%)	Pass
OP MH	Minority Enrollees	906 (94.9%)	906 (94.9%)	Pass
OP MH	65+ Enrollees	8,287 (94%)	8,289 (94%)	Pass
OP MH	Rural Enrollees	7,650 (90.4%)	7,653 (90.5%)	Pass
OP PC	All Enrollees	14,470 (95%)	14,710 (96.5%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	1,387 (98.5%)	1,387 (98.5%)	Pass
OP PC	Women Enrollees	1,079 (95.9%)	1,093 (97.2%)	Pass
OP PC	High Service Disability Rating Enrollees	2,978 (94.2%)	3,032 (95.8%)	Pass
OP PC	Minority Enrollees	907 (95%)	915 (95.8%)	Pass
OP PC	65+ Enrollees	8,292 (94.1%)	8,459 (96%)	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	7,691 (90.9%)	7,930 (93.7%)	Pass
OP Surgery Capability	All Enrollees	14,867 (97.6%)	14,867 (97.6%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	1,384 (98.2%)	1,384 (98.2%)	Pass
OP Surgery Capability	Women Enrollees	1,103 (98%)	1,103 (98%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	3,089 (97.7%)	3,089 (97.7%)	Pass
OP Surgery Capability	Minority Enrollees	929 (97.3%)	929 (97.3%)	Pass
OP Surgery Capability	65+ Enrollees	8,583 (97.4%)	8,583 (97.4%)	Pass
OP Surgery Capability	Rural Enrollees	8,088 (95.6%)	8,088 (95.6%)	Pass
OP Medical Specialist	All Enrollees	15,069 (98.9%)	15,074 (98.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	1,400 (99.4%)	1,400 (99.4%)	Pass
OP Medical Specialist	Women Enrollees	1,116 (99.2%)	1,116 (99.2%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	3,122 (98.7%)	3,123 (98.7%)	Pass
OP Medical Specialist	Minority Enrollees	943 (98.7%)	943 (98.7%)	Pass
OP Medical Specialist	65+ Enrollees	8,701 (98.7%)	8,705 (98.8%)	Pass
OP Medical Specialist	Rural Enrollees	8,290 (98%)	8,295 (98.1%)	Pass
OP Rehabilitation	All Enrollees	15,106 (99.1%)	15,106 (99.1%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	1,399 (99.3%)	1,399 (99.3%)	Pass
OP Rehabilitation	Women Enrollees	1,118 (99.4%)	1,118 (99.4%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	3,128 (98.9%)	3,128 (98.9%)	Pass
OP Rehabilitation	Minority Enrollees	944 (98.8%)	944 (98.8%)	Pass
OP Rehabilitation	65+ Enrollees	8,722 (98.9%)	8,722 (98.9%)	Pass
OP Rehabilitation	Rural Enrollees	8,327 (98.4%)	8,327 (98.4%)	Pass
OP Surgical Specialist	All Enrollees	14,867 (97.6%)	14,867 (97.6%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	1,384 (98.2%)	1,384 (98.2%)	Pass
OP Surgical Specialist	Women Enrollees	1,103 (98%)	1,103 (98%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	3,089 (97.7%)	3,089 (97.7%)	Pass
OP Surgical Specialist	Minority Enrollees	929 (97.3%)	929 (97.3%)	Pass
OP Surgical Specialist	65+ Enrollees	8,583 (97.4%)	8,583 (97.4%)	Pass
OP Surgical Specialist	Rural Enrollees	8,088 (95.6%)	8,088 (95.6%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 19 Grand Junction market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 GRAND JUNCTION: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Grand Junction 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 19 Grand Junction 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 19 GRAND JUNCTION: 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)	23	0	228	228	205	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	4	8	13	21	17	Pass
IP CLC	Bed Shortage / Surplus (Market level)	52	35	237	272	220	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 19 Grand Junction is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 GRAND JUNCTION: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 GRAND JUNCTION: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.2	0.0	0.1	0.1	0.0	Pass
Amb Medical: Cardiology (Service)	1.0	3.3	0.7	4.0	3.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.4	4.8	0.7	5.6	4.0	Pass
Amb Medical: Dermatology (Service)	0.8	1.2	1.2	2.3	2.0	Pass
Amb Medical: Emergency Medicine (Service)	3.1	3.3	5.1	8.4	5.0	Pass
Amb Medical: Endocrinology (Service)	0.2	2.0	0.1	2.1	2.0	Pass
Amb Medical: Gastroenterology (Service)	0.4	1.7	0.3	2.0	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	1.0	4.0	0.8	4.9	4.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	2.7	0.1	2.8	3.0	Pass
Amb Medical: Nephrology (Service)	0.3	1.2	0.1	1.3	1.0	Pass
Amb Medical: Neurology (Service)	1.1	3.8	0.3	4.1	3.0	Pass
Amb Medical: Optometry (Service)	1.2	2.6	0.6	3.2	2.0	Pass
Amb Medical: Pain Medicine (Service)	0.3	1.2	0.4	1.6	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	1.5	10.8	0.4	11.2	10.0	Pass
Amb Medical: Rheumatology (Service)	0.2	2.4	0.2	2.7	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.7	0.0	0.3	0.3	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.2	1.2	1.3	2.4	2.0	Pass
Amb Surgical: Ophthalmology (Service)	4.2	3.5	0.7	4.2	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	1.7	1.6	2.3	4.0	2.0	Pass
Amb Surgical: Otolaryngology (Service)	1.0	0.8	0.3	1.2	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.2	0.4	0.1	0.5	0.0	Pass
Amb Surgical: Podiatry (Service)	3.5	5.9	0.5	6.4	3.0	Pass
Amb Surgical: Surgery (Service)	2.4	6.5	3.4	9.9	8.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	1.0	0.2	1.2	1.0	Pass
Amb Surgical: Urology (Service)	1.3	2.6	0.6	3.1	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.1	1.1	0.1	1.2	1.0	Pass
Dental	0.0	0.0	0.3	0.3	0.0	Pass
MH	23.3	62.8	5.1	67.9	45.0	Pass
PC	18.1	60.0	21.9	81.8	64.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 19 Grand Junction 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 19 Grand Junction 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 19 GRAND JUNCTION: 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 19 GRAND JUNCTION: 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 19 Grand Junction 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 19 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 19 GRAND JUNCTION: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (575) Grand Junction	\$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 19 GRAND JUNCTION: 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 19 GRAND JUNCTION: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.65	0.34	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 19 Grand Junction 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 19 GRAND JUNCTION: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (575) Grand Junction	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	23.4	Pass
VAMC	(V19) (575) Grand Junction	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V19) (575) Grand Junction	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
CBOC	(V19) (575QA) Glenwood Springs	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	4,155.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V19) (575GA) Montrose [replacement]	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,310.0	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 19 GRAND JUNCTION: 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
\$4,990M	\$4,786M	0.50	0.34	Yes	Yes	Pass

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

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

TABLE 13 – VISN 19 GRAND JUNCTION: 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 19 GRAND JUNCTION: INCORPORATION OF GLOBAL TRENDS

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

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
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 19 Salt Lake City

VA’s recommendation for the VISN 19 Salt Lake City 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 19 Salt Lake City 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 19 Salt Lake City 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 19 SALT LAKE CITY: 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	68,821 (98.2%)	69,678 (99.5%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	4,772 (93.9%)	5,013 (98.6%)	Pass
IP Med/Surg	Women Enrollees	4,889 (98.5%)	4,939 (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
IP Med/Surg	High Service Disability Rating Enrollees	19,396 (98.4%)	19,626 (99.6%)	Pass
IP Med/Surg	Minority Enrollees	6,029 (98.2%)	6,104 (99.4%)	Pass
IP Med/Surg	65+ Enrollees	33,111 (97.7%)	33,635 (99.2%)	Pass
IP Med/Surg	Rural Enrollees	16,854 (93.2%)	17,711 (97.9%)	Pass
IP CLC	All Enrollees	64,821 (92.5%)	66,248 (94.6%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	4,189 (82.4%)	4,455 (87.6%)	Pass
IP CLC	Women Enrollees	4,620 (93.1%)	4,704 (94.8%)	Pass
IP CLC	High Service Disability Rating Enrollees	18,436 (93.6%)	18,797 (95.4%)	Pass
IP CLC	Minority Enrollees	5,759 (93.8%)	5,851 (95.3%)	Pass
IP CLC	65+ Enrollees	30,843 (91%)	31,711 (93.6%)	Pass
IP CLC	Rural Enrollees	12,877 (71.2%)	14,283 (79%)	Pass
IP MH	All Enrollees	68,821 (98.2%)	69,678 (99.5%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	4,772 (93.9%)	5,013 (98.6%)	Pass
IP MH	Women Enrollees	4,889 (98.5%)	4,939 (99.5%)	Pass
IP MH	High Service Disability Rating Enrollees	19,396 (98.4%)	19,626 (99.6%)	Pass
IP MH	Minority Enrollees	6,029 (98.2%)	6,104 (99.4%)	Pass
IP MH	65+ Enrollees	33,111 (97.7%)	33,635 (99.2%)	Pass
IP MH	Rural Enrollees	16,854 (93.2%)	17,711 (97.9%)	Pass
OP ED/UC	All Enrollees	67,218 (95.9%)	68,724 (98.1%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	4,653 (91.5%)	4,841 (95.2%)	Pass
OP ED/UC	Women Enrollees	4,755 (95.8%)	4,897 (98.7%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	19,071 (96.8%)	19,439 (98.7%)	Pass
OP ED/UC	Minority Enrollees	5,887 (95.9%)	6,049 (98.5%)	Pass
OP ED/UC	65+ Enrollees	32,293 (95.3%)	33,007 (97.4%)	Pass
OP ED/UC	Rural Enrollees	15,250 (84.3%)	16,757 (92.7%)	Pass
OP MH	All Enrollees	68,890 (98.3%)	68,893 (98.3%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	4,803 (94.5%)	4,803 (94.5%)	Pass
OP MH	Women Enrollees	4,890 (98.5%)	4,890 (98.5%)	Pass
OP MH	High Service Disability Rating Enrollees	19,418 (98.6%)	19,420 (98.6%)	Pass
OP MH	Minority Enrollees	6,052 (98.5%)	6,052 (98.5%)	Pass
OP MH	65+ Enrollees	33,154 (97.8%)	33,156 (97.8%)	Pass
OP MH	Rural Enrollees	16,920 (93.6%)	16,923 (93.6%)	Pass
OP PC	All Enrollees	69,054 (98.6%)	69,129 (98.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	4,866 (95.7%)	4,868 (95.8%)	Pass
OP PC	Women Enrollees	4,895 (98.6%)	4,904 (98.8%)	Pass
OP PC	High Service Disability Rating Enrollees	19,460 (98.8%)	19,473 (98.8%)	Pass
OP PC	Minority Enrollees	6,055 (98.6%)	6,065 (98.8%)	Pass
OP PC	65+ Enrollees	33,266 (98.1%)	33,307 (98.3%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	17,084 (94.5%)	17,159 (94.9%)	Pass
OP Surgery Capability	All Enrollees	69,333 (99%)	69,333 (99%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	5,013 (98.6%)	5,013 (98.6%)	Pass
OP Surgery Capability	Women Enrollees	4,921 (99.1%)	4,921 (99.1%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	19,541 (99.2%)	19,541 (99.2%)	Pass
OP Surgery Capability	Minority Enrollees	6,090 (99.2%)	6,090 (99.2%)	Pass
OP Surgery Capability	65+ Enrollees	33,394 (98.5%)	33,394 (98.5%)	Pass
OP Surgery Capability	Rural Enrollees	17,365 (96%)	17,365 (96%)	Pass
OP Medical Specialist	All Enrollees	69,764 (99.6%)	69,764 (99.6%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	5,014 (98.6%)	5,014 (98.6%)	Pass
OP Medical Specialist	Women Enrollees	4,941 (99.6%)	4,941 (99.6%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	19,640 (99.7%)	19,640 (99.7%)	Pass
OP Medical Specialist	Minority Enrollees	6,107 (99.4%)	6,107 (99.4%)	Pass
OP Medical Specialist	65+ Enrollees	33,703 (99.4%)	33,703 (99.4%)	Pass
OP Medical Specialist	Rural Enrollees	17,796 (98.4%)	17,796 (98.4%)	Pass
OP Rehabilitation	All Enrollees	69,767 (99.6%)	69,767 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	5,015 (98.7%)	5,015 (98.7%)	Pass
OP Rehabilitation	Women Enrollees	4,945 (99.6%)	4,945 (99.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	19,644 (99.7%)	19,644 (99.7%)	Pass
OP Rehabilitation	Minority Enrollees	6,114 (99.6%)	6,114 (99.6%)	Pass
OP Rehabilitation	65+ Enrollees	33,689 (99.4%)	33,689 (99.4%)	Pass
OP Rehabilitation	Rural Enrollees	17,800 (98.4%)	17,800 (98.4%)	Pass
OP Surgical Specialist	All Enrollees	69,333 (99%)	69,333 (99%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	5,013 (98.6%)	5,013 (98.6%)	Pass
OP Surgical Specialist	Women Enrollees	4,921 (99.1%)	4,921 (99.1%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	19,541 (99.2%)	19,541 (99.2%)	Pass
OP Surgical Specialist	Minority Enrollees	6,090 (99.2%)	6,090 (99.2%)	Pass
OP Surgical Specialist	65+ Enrollees	33,394 (98.5%)	33,394 (98.5%)	Pass
OP Surgical Specialist	Rural Enrollees	17,365 (96%)	17,365 (96%)	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 19 Salt Lake City market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 SALT LAKE CITY: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Salt Lake City 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 19 Salt Lake City 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 19 SALT LAKE CITY: 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)	70	50	1,140	1,190	1,120	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	48	30	74	104	56	Pass
IP CLC	Bed Shortage / Surplus (Market level)	140	48	1,786	1,834	1,694	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 19 Salt Lake City is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 SALT LAKE CITY: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 SALT LAKE CITY: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.7	0.2	0.9	1.2	1.0	Pass
Amb Medical: Cardiology (Service)	3.3	4.7	5.7	10.4	7.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	7.2	9.5	3.9	13.4	6.0	Pass
Amb Medical: Dermatology (Service)	5.9	3.3	7.2	10.4	5.0	Pass
Amb Medical: Emergency Medicine (Service)	12.3	9.0	19.7	28.7	16.0	Pass
Amb Medical: Endocrinology (Service)	2.2	4.4	1.2	5.5	3.0	Pass
Amb Medical: Gastroenterology (Service)	3.8	4.5	3.2	7.7	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.5	4.7	3.2	7.8	4.0	Pass
Amb Medical: Infectious Diseases (Service)	0.6	2.4	1.4	3.8	3.0	Pass
Amb Medical: Nephrology (Service)	1.9	2.6	1.8	4.3	2.0	Pass
Amb Medical: Neurology (Service)	3.4	4.7	5.0	9.7	6.0	Pass
Amb Medical: Optometry (Service)	7.1	9.7	8.1	17.8	11.0	Pass
Amb Medical: Pain Medicine (Service)	1.7	2.2	1.9	4.1	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	9.3	16.5	3.7	20.1	11.0	Pass
Amb Medical: Rheumatology (Service)	2.0	4.2	1.4	5.6	4.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.7	0.4	1.5	2.0	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.8	0.3	10.9	11.3	10.0	Pass
Amb Surgical: Ophthalmology (Service)	6.7	4.9	6.2	11.2	5.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.1	1.8	8.5	10.3	7.0	Pass
Amb Surgical: Otolaryngology (Service)	2.4	2.7	3.6	6.4	4.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	1.5	1.5	3.0	2.0	Pass
Amb Surgical: Podiatry (Service)	6.6	7.8	4.5	12.4	6.0	Pass
Amb Surgical: Surgery (Service)	3.5	5.2	18.2	23.4	20.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.1	0.5	0.6	0.0	Pass
Amb Surgical: Urology (Service)	4.3	4.2	2.5	6.7	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.6	0.5	0.4	0.9	0.0	Pass
Dental	0.0	0.0	0.9	0.9	1.0	Pass
MH	99.8	109.1	64.6	173.7	74.0	Pass
PC	53.7	81.5	120.3	201.8	148.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 19 Salt Lake City 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 19 Salt Lake City 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 19 SALT LAKE CITY: 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 19 SALT LAKE CITY: 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 19 Salt Lake City 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 19 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 19 SALT LAKE CITY: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (660) Salt Lake City	\$30,114,578.00	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 19 SALT LAKE CITY: 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 19 SALT LAKE CITY: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.36	1.65	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 19 Salt Lake City 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 19 SALT LAKE CITY: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (660) Salt Lake City	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	42,815.0	Pass
VAMC	(V19) (660) Salt Lake City	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	42,815.0	Pass
VAMC	(V19) (660) Salt Lake City	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	44.2	Pass
VAMC	(V19) (660) Salt Lake City	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	42,815.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CLC	(V19) (660XX) Salt Lake City CLC	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	43,915.0	Pass
MS CBOC	(V19) (660GJ) South Jordan	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	39,235.0	Pass
MS CBOC	(V19) (660GG) St. George [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	7,127.0	Pass
CBOC	(V19) (660GA) Pocatello	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,174.0	Pass
CBOC	(V19) (660QA) Idaho Falls	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,692.0	Pass
CBOC	(V19) (XXX) Salt Lake City	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	24,095.0	Pass
CBOC	(V19) (660GE) Orem	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	7,193.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V19) (660GB) Ogden	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	14,565.0	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 19 SALT LAKE CITY: 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
\$19,583M	\$19,744M	1.78	1.65	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 19 SALT LAKE CITY: 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 19 SALT LAKE CITY: 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

Market VISN 19 Sheridan

VA's recommendation for the VISN 19 Sheridan 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 19 Sheridan 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 19 Sheridan 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 19 SHERIDAN: 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	13,161 (96.7%)	13,161 (96.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	1,297 (99.7%)	1,297 (99.7%)	Pass
IP Med/Surg	Women Enrollees	905 (97.4%)	905 (97.4%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	2,807 (96.7%)	2,807 (96.7%)	Pass
IP Med/Surg	Minority Enrollees	693 (97.5%)	693 (97.5%)	Pass
IP Med/Surg	65+ Enrollees	7,317 (96.5%)	7,317 (96.5%)	Pass
IP Med/Surg	Rural Enrollees	10,868 (96%)	10,868 (96%)	Pass
IP CLC	All Enrollees	8,690 (63.8%)	10,005 (73.5%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	862 (66.3%)	1,149 (88.4%)	Pass
IP CLC	Women Enrollees	620 (66.7%)	709 (76.3%)	Pass
IP CLC	High Service Disability Rating Enrollees	1,864 (64.2%)	2,117 (72.9%)	Pass
IP CLC	Minority Enrollees	458 (64.5%)	579 (81.4%)	Pass
IP CLC	65+ Enrollees	4,805 (63.4%)	5,617 (74.1%)	Pass
IP CLC	Rural Enrollees	6,397 (56.5%)	7,711 (68.1%)	Pass
IP MH	All Enrollees	13,161 (96.7%)	13,161 (96.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	1,297 (99.7%)	1,297 (99.7%)	Pass
IP MH	Women Enrollees	905 (97.4%)	905 (97.4%)	Pass
IP MH	High Service Disability Rating Enrollees	2,807 (96.7%)	2,807 (96.7%)	Pass
IP MH	Minority Enrollees	693 (97.5%)	693 (97.5%)	Pass
IP MH	65+ Enrollees	7,317 (96.5%)	7,317 (96.5%)	Pass
IP MH	Rural Enrollees	10,868 (96%)	10,868 (96%)	Pass
OP ED/UC	All Enrollees	12,620 (92.7%)	12,634 (92.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	1,139 (87.6%)	1,139 (87.6%)	Pass
OP ED/UC	Women Enrollees	874 (94.1%)	875 (94.2%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	2,712 (93.4%)	2,715 (93.5%)	Pass
OP ED/UC	Minority Enrollees	672 (94.6%)	672 (94.6%)	Pass
OP ED/UC	65+ Enrollees	6,948 (91.6%)	6,955 (91.7%)	Pass
OP ED/UC	Rural Enrollees	10,327 (91.2%)	10,340 (91.4%)	Pass
OP MH	All Enrollees	12,577 (92.4%)	12,577 (92.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	1,071 (82.3%)	1,071 (82.3%)	Pass
OP MH	Women Enrollees	869 (93.5%)	869 (93.5%)	Pass
OP MH	High Service Disability Rating Enrollees	2,693 (92.7%)	2,693 (92.7%)	Pass
OP MH	Minority Enrollees	673 (94.7%)	673 (94.7%)	Pass
OP MH	65+ Enrollees	6,947 (91.6%)	6,947 (91.6%)	Pass
OP MH	Rural Enrollees	10,284 (90.9%)	10,284 (90.9%)	Pass
OP PC	All Enrollees	13,107 (96.3%)	13,107 (96.3%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	1,221 (93.9%)	1,221 (93.9%)	Pass
OP PC	Women Enrollees	902 (97.1%)	902 (97.1%)	Pass
OP PC	High Service Disability Rating Enrollees	2,789 (96.1%)	2,789 (96.1%)	Pass
OP PC	Minority Enrollees	692 (97.4%)	692 (97.4%)	Pass
OP PC	65+ Enrollees	7,256 (95.7%)	7,256 (95.7%)	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	10,814 (95.5%)	10,814 (95.5%)	Pass
OP Surgery Capability	All Enrollees	13,160 (96.7%)	13,160 (96.7%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	1,297 (99.8%)	1,297 (99.8%)	Pass
OP Surgery Capability	Women Enrollees	905 (97.5%)	905 (97.5%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	2,808 (96.7%)	2,808 (96.7%)	Pass
OP Surgery Capability	Minority Enrollees	694 (97.6%)	694 (97.6%)	Pass
OP Surgery Capability	65+ Enrollees	7,314 (96.4%)	7,314 (96.4%)	Pass
OP Surgery Capability	Rural Enrollees	10,867 (96%)	10,867 (96%)	Pass
OP Medical Specialist	All Enrollees	13,532 (99.4%)	13,532 (99.4%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	1,297 (99.8%)	1,297 (99.8%)	Pass
OP Medical Specialist	Women Enrollees	926 (99.6%)	926 (99.6%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	2,887 (99.5%)	2,887 (99.5%)	Pass
OP Medical Specialist	Minority Enrollees	709 (99.8%)	709 (99.8%)	Pass
OP Medical Specialist	65+ Enrollees	7,535 (99.4%)	7,535 (99.4%)	Pass
OP Medical Specialist	Rural Enrollees	11,239 (99.3%)	11,239 (99.3%)	Pass
OP Rehabilitation	All Enrollees	13,544 (99.5%)	13,544 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	1,297 (99.8%)	1,297 (99.8%)	Pass
OP Rehabilitation	Women Enrollees	926 (99.6%)	926 (99.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	2,889 (99.5%)	2,889 (99.5%)	Pass
OP Rehabilitation	Minority Enrollees	709 (99.8%)	709 (99.8%)	Pass
OP Rehabilitation	65+ Enrollees	7,545 (99.5%)	7,545 (99.5%)	Pass
OP Rehabilitation	Rural Enrollees	11,250 (99.4%)	11,250 (99.4%)	Pass
OP Surgical Specialist	All Enrollees	13,160 (96.7%)	13,160 (96.7%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	1,297 (99.8%)	1,297 (99.8%)	Pass
OP Surgical Specialist	Women Enrollees	905 (97.5%)	905 (97.5%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	2,808 (96.7%)	2,808 (96.7%)	Pass
OP Surgical Specialist	Minority Enrollees	694 (97.6%)	694 (97.6%)	Pass
OP Surgical Specialist	65+ Enrollees	7,314 (96.4%)	7,314 (96.4%)	Pass
OP Surgical Specialist	Rural Enrollees	10,867 (96%)	10,867 (96%)	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 19 Sheridan market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 SHERIDAN: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Sheridan 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 19 Sheridan 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 19 SHERIDAN: 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)	15	0	400	400	385	Pass
IP MH	Bed Shortage / Surplus (Market level)	11	0	2	2	-9	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	44	40	210	250	206	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 19 Sheridan is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 SHERIDAN: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 SHERIDAN: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.1	0.0	0.0	0.0	0.0	Pass
Amb Medical: Cardiology (Service)	0.8	0.3	0.7	1.0	0.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	0.5	0.2	0.4	0.6	0.0	Pass
Amb Medical: Dermatology (Service)	1.3	0.8	0.5	1.3	0.0	Pass
Amb Medical: Emergency Medicine (Service)	1.5	0.3	3.4	3.8	2.0	Pass
Amb Medical: Endocrinology (Service)	0.2	0.1	0.1	0.2	0.0	Pass
Amb Medical: Gastroenterology (Service)	0.7	0.1	0.3	0.5	0.0	Pass
Amb Medical: Hematology -Oncology (Service)	0.5	0.1	0.4	0.5	0.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	0.0	0.2	0.2	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	0.3	0.1	0.1	0.2	0.0	Pass
Amb Medical: Neurology (Service)	0.7	0.2	0.4	0.7	0.0	Pass
Amb Medical: Optometry (Service)	2.0	1.1	2.1	3.1	1.0	Pass
Amb Medical: Pain Medicine (Service)	0.1	0.0	0.1	0.1	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	1.4	1.1	0.3	1.4	0.0	Pass
Amb Medical: Rheumatology (Service)	0.1	0.1	0.1	0.2	0.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.5	0.0	0.2	0.2	0.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	0.2	0.0	1.2	1.3	1.0	Pass
Amb Surgical: Ophthalmology (Service)	2.0	1.8	0.2	2.0	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	1.4	0.2	1.6	1.8	0.0	Pass
Amb Surgical: Otolaryngology (Service)	0.5	0.1	0.4	0.5	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	0.0	0.1	0.1	0.0	Pass
Amb Surgical: Podiatry (Service)	1.0	0.4	0.5	0.9	0.0	Pass
Amb Surgical: Surgery (Service)	1.3	0.3	2.6	2.9	2.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.0	0.0	0.0	0.0	0.0	Pass
Amb Surgical: Urology (Service)	1.2	0.9	0.4	1.2	0.0	Pass
Amb Surgical: Vascular Surgery (Service)	0.1	0.0	0.0	0.0	0.0	Pass
Dental	0.0	0.0	0.1	0.1	0.0	Pass
MH	19.4	18.7	7.7	26.4	7.0	Pass
PC	14.1	11.5	17.4	28.9	15.0	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 19 Sheridan 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 19 Sheridan 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 19 SHERIDAN: 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 19 SHERIDAN: 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 19 Sheridan 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 19 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 19 SHERIDAN: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (666) Sheridan	\$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 19 SHERIDAN: 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 19 SHERIDAN: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.62	0.41	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 19 Sheridan 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 19 SHERIDAN: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (666) Sheridan	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	28.0	Pass
VAMC	(V19) (666) Sheridan	IP MH	Facility Meets or Exceeds Target of 8 Average Daily Census, Rural	13.7	Pass
VAMC	(V19) (666) Sheridan	IP RRTP	Facility Meets or Exceeds Target of 13 Average Daily Census	67.2	Pass
CBOC	(V19) (666GC) Riverton	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,355.0	Pass
CBOC	(V19) (666GD) Cody	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,364.0	Pass
CBOC	(V19) (666GE) Gillette	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	5,252.0	Pass
CBOC	(V19) (666GF) Rock Springs	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,380.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V19) (666GB) Casper [replacement]	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,618.0	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 19 SHERIDAN: 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
\$4,513M	\$4,494M	0.45	0.41	Yes	Yes	Pass

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

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

TABLE 13 – VISN 19 SHERIDAN: 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 19 SHERIDAN: INCORPORATION OF GLOBAL TRENDS

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

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 19 Cheyenne

VA's recommendation for the VISN 19 Cheyenne 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 19 Cheyenne 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 19 Cheyenne 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 19 CHEYENNE: 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	31,678 (99.5%)	31,678 (99.5%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	2,743 (99.8%)	2,743 (99.8%)	Pass
IP Med/Surg	Women Enrollees	2,804 (99.4%)	2,804 (99.4%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	8,100 (99.6%)	8,100 (99.6%)	Pass
IP Med/Surg	Minority Enrollees	2,994 (99.7%)	2,994 (99.7%)	Pass
IP Med/Surg	65+ Enrollees	14,850 (99.3%)	14,850 (99.3%)	Pass
IP Med/Surg	Rural Enrollees	12,249 (98.6%)	12,249 (98.6%)	Pass
IP CLC	All Enrollees	27,272 (85.6%)	31,093 (97.6%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	2,176 (79.1%)	2,738 (99.6%)	Pass
IP CLC	Women Enrollees	2,486 (88.1%)	2,757 (97.8%)	Pass
IP CLC	High Service Disability Rating Enrollees	7,099 (87.2%)	7,952 (97.7%)	Pass
IP CLC	Minority Enrollees	2,714 (90.4%)	2,972 (99%)	Pass
IP CLC	65+ Enrollees	12,448 (83.2%)	14,481 (96.8%)	Pass
IP CLC	Rural Enrollees	7,843 (63.2%)	11,664 (93.9%)	Pass
IP MH	All Enrollees	31,677 (99.5%)	31,677 (99.5%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	2,743 (99.8%)	2,743 (99.8%)	Pass
IP MH	Women Enrollees	2,804 (99.4%)	2,804 (99.4%)	Pass
IP MH	High Service Disability Rating Enrollees	8,100 (99.6%)	8,100 (99.6%)	Pass
IP MH	Minority Enrollees	2,994 (99.7%)	2,994 (99.7%)	Pass
IP MH	65+ Enrollees	14,849 (99.3%)	14,849 (99.3%)	Pass
IP MH	Rural Enrollees	12,248 (98.6%)	12,248 (98.6%)	Pass
OP ED/UC	All Enrollees	31,212 (98%)	31,244 (98.1%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	2,730 (99.3%)	2,730 (99.3%)	Pass
OP ED/UC	Women Enrollees	2,782 (98.7%)	2,785 (98.8%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	8,015 (98.5%)	8,023 (98.6%)	Pass
OP ED/UC	Minority Enrollees	2,976 (99.1%)	2,978 (99.2%)	Pass
OP ED/UC	65+ Enrollees	14,535 (97.2%)	14,552 (97.3%)	Pass
OP ED/UC	Rural Enrollees	11,784 (94.9%)	11,816 (95.2%)	Pass
OP MH	All Enrollees	29,877 (93.8%)	29,877 (93.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	2,050 (74.5%)	2,050 (74.5%)	Pass
OP MH	Women Enrollees	2,684 (95.2%)	2,684 (95.2%)	Pass
OP MH	High Service Disability Rating Enrollees	7,708 (94.7%)	7,708 (94.7%)	Pass
OP MH	Minority Enrollees	2,932 (97.7%)	2,932 (97.7%)	Pass
OP MH	65+ Enrollees	13,711 (91.7%)	13,711 (91.7%)	Pass
OP MH	Rural Enrollees	10,448 (84.1%)	10,448 (84.1%)	Pass
OP PC	All Enrollees	30,940 (97.2%)	31,195 (98%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	2,682 (97.5%)	2,693 (97.9%)	Pass
OP PC	Women Enrollees	2,758 (97.8%)	2,774 (98.4%)	Pass
OP PC	High Service Disability Rating Enrollees	7,931 (97.5%)	7,970 (97.9%)	Pass
OP PC	Minority Enrollees	2,976 (99.1%)	2,982 (99.3%)	Pass
OP PC	65+ Enrollees	14,370 (96.1%)	14,547 (97.3%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	11,511 (92.7%)	11,766 (94.8%)	Pass
OP Surgery Capability	All Enrollees	31,629 (99.3%)	31,657 (99.4%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	2,745 (99.8%)	2,745 (99.8%)	Pass
OP Surgery Capability	Women Enrollees	2,803 (99.4%)	2,805 (99.5%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	8,090 (99.4%)	8,094 (99.5%)	Pass
OP Surgery Capability	Minority Enrollees	2,991 (99.6%)	2,992 (99.7%)	Pass
OP Surgery Capability	65+ Enrollees	14,820 (99.1%)	14,836 (99.2%)	Pass
OP Surgery Capability	Rural Enrollees	12,200 (98.2%)	12,228 (98.5%)	Pass
OP Medical Specialist	All Enrollees	31,721 (99.6%)	31,721 (99.6%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	2,745 (99.8%)	2,745 (99.8%)	Pass
OP Medical Specialist	Women Enrollees	2,810 (99.6%)	2,810 (99.6%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	8,107 (99.6%)	8,107 (99.6%)	Pass
OP Medical Specialist	Minority Enrollees	2,994 (99.7%)	2,994 (99.7%)	Pass
OP Medical Specialist	65+ Enrollees	14,879 (99.5%)	14,879 (99.5%)	Pass
OP Medical Specialist	Rural Enrollees	12,292 (99%)	12,292 (99%)	Pass
OP Rehabilitation	All Enrollees	31,735 (99.7%)	31,735 (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 Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	2,735 (99.5%)	2,735 (99.5%)	Pass
OP Rehabilitation	Women Enrollees	2,812 (99.7%)	2,812 (99.7%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	8,114 (99.7%)	8,114 (99.7%)	Pass
OP Rehabilitation	Minority Enrollees	2,997 (99.8%)	2,997 (99.8%)	Pass
OP Rehabilitation	65+ Enrollees	14,888 (99.5%)	14,888 (99.5%)	Pass
OP Rehabilitation	Rural Enrollees	12,306 (99.1%)	12,306 (99.1%)	Pass
OP Surgical Specialist	All Enrollees	31,629 (99.3%)	31,657 (99.4%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	2,745 (99.8%)	2,745 (99.8%)	Pass
OP Surgical Specialist	Women Enrollees	2,803 (99.4%)	2,805 (99.5%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	8,090 (99.4%)	8,094 (99.5%)	Pass
OP Surgical Specialist	Minority Enrollees	2,991 (99.6%)	2,992 (99.7%)	Pass
OP Surgical Specialist	65+ Enrollees	14,820 (99.1%)	14,836 (99.2%)	Pass
OP Surgical Specialist	Rural Enrollees	12,200 (98.2%)	12,228 (98.5%)	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 19 Cheyenne market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 CHEYENNE: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Cheyenne 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 19 Cheyenne 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 19 CHEYENNE: 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)	31	20	410	430	399	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	7	0	17	17	10	Pass
IP CLC	Bed Shortage / Surplus (Market level)	95	42	267	309	214	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 19 Cheyenne is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 CHEYENNE: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 CHEYENNE: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.3	0.0	0.2	0.2	0.0	Pass
Amb Medical: Cardiology (Service)	1.1	0.8	1.8	2.5	1.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.9	2.1	0.7	2.9	0.0	Pass
Amb Medical: Dermatology (Service)	1.5	0.2	1.6	1.8	0.0	Pass
Amb Medical: Emergency Medicine (Service)	5.7	3.4	5.2	8.7	3.0	Pass
Amb Medical: Endocrinology (Service)	0.3	0.3	0.2	0.5	0.0	Pass
Amb Medical: Gastroenterology (Service)	1.7	1.4	0.9	2.3	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	1.3	0.7	0.9	1.7	0.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	0.1	0.2	0.2	0.0	Pass
Amb Medical: Nephrology (Service)	0.6	0.2	0.3	0.5	0.0	Pass
Amb Medical: Neurology (Service)	1.1	0.9	0.9	1.8	1.0	Pass
Amb Medical: Optometry (Service)	4.7	3.9	2.0	5.9	1.0	Pass
Amb Medical: Pain Medicine (Service)	0.2	0.0	0.6	0.6	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	1.8	1.3	0.5	1.8	0.0	Pass
Amb Medical: Rheumatology (Service)	0.3	1.5	0.2	1.7	1.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.6	0.1	0.3	0.3	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.4	0.2	1.8	1.9	1.0	Pass
Amb Surgical: Ophthalmology (Service)	5.1	4.2	0.9	5.1	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.0	1.2	2.0	3.1	1.0	Pass
Amb Surgical: Otolaryngology (Service)	1.2	1.1	0.6	1.7	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	0.0	0.3	0.4	0.0	Pass
Amb Surgical: Podiatry (Service)	3.7	3.5	0.8	4.4	1.0	Pass
Amb Surgical: Surgery (Service)	2.1	1.5	5.4	7.0	5.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.0	0.0	0.2	0.2	0.0	Pass
Amb Surgical: Urology (Service)	1.5	0.5	1.0	1.5	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.2	0.1	0.1	0.1	0.0	Pass
Dental	0.0	0.0	0.4	0.4	0.0	Pass
MH	42.5	36.0	15.1	51.0	9.0	Pass
PC	28.5	21.2	35.9	57.1	29.0	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 19 Cheyenne 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 19 Cheyenne 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 19 CHEYENNE: 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 19 CHEYENNE: 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 19 Cheyenne 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 19 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 19 CHEYENNE: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (442) Cheyenne	\$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 19 CHEYENNE: 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 19 CHEYENNE: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.93	0.63	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 19 Cheyenne 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 19 CHEYENNE: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (442) Cheyenne	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	41.6	Pass
VAMC	(V19) (442) Cheyenne	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
MS CBOC	(V19) (442GC) Fort Collins	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	32,778.0	Pass
MS CBOC	(V19) (442GD) Loveland	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	56,979.0	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 19 CHEYENNE: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$6,996M	\$6,955M	0.70	0.63	Yes	Yes	Pass

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

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

TABLE 13 – VISN 19 CHEYENNE: 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 19 CHEYENNE: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Leverages telehealth to expand access in rural areas (Yes/No)	Yes	Pass
Leverages telehealth to expand capacity in rural areas (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass

Market VISN 19 Denver

VA's recommendation for the VISN 19 Denver 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 19 Denver 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 19 Denver 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 19 DENVER: 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	142,641 (99.5%)	142,645 (99.5%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	10,032 (99.9%)	10,032 (99.9%)	Pass
IP Med/Surg	Women Enrollees	16,998 (99.6%)	16,998 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	52,490 (99.6%)	52,492 (99.6%)	Pass
IP Med/Surg	Minority Enrollees	28,584 (99.9%)	28,584 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	52,767 (99.2%)	52,769 (99.2%)	Pass
IP Med/Surg	Rural Enrollees	19,953 (96.6%)	19,957 (96.6%)	Pass
IP CLC	All Enrollees	132,089 (92.1%)	138,423 (96.6%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	8,567 (85.3%)	9,640 (96%)	Pass
IP CLC	Women Enrollees	15,931 (93.3%)	16,560 (97%)	Pass
IP CLC	High Service Disability Rating Enrollees	49,069 (93.1%)	51,098 (96.9%)	Pass
IP CLC	Minority Enrollees	27,257 (95.2%)	28,169 (98.4%)	Pass
IP CLC	65+ Enrollees	47,546 (89.4%)	50,770 (95.5%)	Pass
IP CLC	Rural Enrollees	10,697 (51.8%)	15,797 (76.5%)	Pass
IP MH	All Enrollees	142,645 (99.5%)	142,649 (99.5%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	10,032 (99.9%)	10,032 (99.9%)	Pass
IP MH	Women Enrollees	16,998 (99.6%)	16,998 (99.6%)	Pass
IP MH	High Service Disability Rating Enrollees	52,490 (99.6%)	52,493 (99.6%)	Pass
IP MH	Minority Enrollees	28,584 (99.9%)	28,584 (99.9%)	Pass
IP MH	65+ Enrollees	52,769 (99.2%)	52,770 (99.2%)	Pass
IP MH	Rural Enrollees	19,957 (96.6%)	19,961 (96.6%)	Pass
OP ED/UC	All Enrollees	141,937 (99%)	142,531 (99.4%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	9,404 (93.7%)	9,558 (95.2%)	Pass
OP ED/UC	Women Enrollees	16,964 (99.4%)	17,014 (99.7%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	52,390 (99.4%)	52,533 (99.7%)	Pass
OP ED/UC	Minority Enrollees	28,548 (99.7%)	28,585 (99.9%)	Pass
OP ED/UC	65+ Enrollees	52,309 (98.4%)	52,645 (99%)	Pass
OP ED/UC	Rural Enrollees	19,249 (93.2%)	19,843 (96.1%)	Pass
OP MH	All Enrollees	140,539 (98%)	140,613 (98.1%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	9,316 (92.8%)	9,316 (92.8%)	Pass
OP MH	Women Enrollees	16,853 (98.7%)	16,856 (98.7%)	Pass
OP MH	High Service Disability Rating Enrollees	51,860 (98.4%)	51,876 (98.4%)	Pass
OP MH	Minority Enrollees	28,366 (99.1%)	28,370 (99.1%)	Pass
OP MH	65+ Enrollees	51,522 (96.9%)	51,573 (97%)	Pass
OP MH	Rural Enrollees	17,869 (86.5%)	17,942 (86.9%)	Pass
OP PC	All Enrollees	141,398 (98.6%)	141,850 (99%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	9,755 (97.1%)	9,843 (98%)	Pass
OP PC	Women Enrollees	16,914 (99.1%)	16,948 (99.3%)	Pass
OP PC	High Service Disability Rating Enrollees	52,102 (98.8%)	52,239 (99.1%)	Pass
OP PC	Minority Enrollees	28,411 (99.3%)	28,491 (99.5%)	Pass
OP PC	65+ Enrollees	52,108 (98%)	52,351 (98.5%)	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	18,745 (90.7%)	19,178 (92.8%)	Pass
OP Surgery Capability	All Enrollees	142,539 (99.4%)	142,675 (99.5%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	9,716 (96.8%)	9,752 (97.1%)	Pass
OP Surgery Capability	Women Enrollees	17,015 (99.7%)	17,021 (99.7%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	52,509 (99.6%)	52,551 (99.7%)	Pass
OP Surgery Capability	Minority Enrollees	28,541 (99.7%)	28,560 (99.8%)	Pass
OP Surgery Capability	65+ Enrollees	52,666 (99%)	52,764 (99.2%)	Pass
OP Surgery Capability	Rural Enrollees	19,851 (96.1%)	19,987 (96.8%)	Pass
OP Medical Specialist	All Enrollees	143,274 (100%)	143,280 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	10,035 (99.9%)	10,036 (99.9%)	Pass
OP Medical Specialist	Women Enrollees	17,066 (100%)	17,066 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	52,689 (100%)	52,693 (100%)	Pass
OP Medical Specialist	Minority Enrollees	28,620 (100%)	28,621 (100%)	Pass
OP Medical Specialist	65+ Enrollees	53,130 (99.9%)	53,134 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	20,586 (99.7%)	20,591 (99.7%)	Pass
OP Rehabilitation	All Enrollees	143,189 (99.9%)	143,189 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	9,962 (99.2%)	9,962 (99.2%)	Pass
OP Rehabilitation	Women Enrollees	17,059 (99.9%)	17,059 (99.9%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	52,676 (99.9%)	52,676 (99.9%)	Pass
OP Rehabilitation	Minority Enrollees	28,598 (99.9%)	28,598 (99.9%)	Pass
OP Rehabilitation	65+ Enrollees	53,072 (99.8%)	53,072 (99.8%)	Pass
OP Rehabilitation	Rural Enrollees	20,500 (99.2%)	20,500 (99.2%)	Pass
OP Surgical Specialist	All Enrollees	142,539 (99.4%)	142,675 (99.5%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	9,716 (96.8%)	9,752 (97.1%)	Pass
OP Surgical Specialist	Women Enrollees	17,015 (99.7%)	17,021 (99.7%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	52,509 (99.6%)	52,551 (99.7%)	Pass
OP Surgical Specialist	Minority Enrollees	28,541 (99.7%)	28,560 (99.8%)	Pass
OP Surgical Specialist	65+ Enrollees	52,666 (99%)	52,764 (99.2%)	Pass
OP Surgical Specialist	Rural Enrollees	19,851 (96.1%)	19,987 (96.8%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 19 Denver market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 DENVER: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Denver 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 19 Denver 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 19 DENVER: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	98	95	1,107	1,202	1,104	Pass
IP MH	Bed Shortage / Surplus (Market level)	53	30	113	143	90	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	497	48	1,352	1,400	903	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 19 Denver is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 DENVER: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 DENVER: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.2	4.3	2.2	6.5	6.0	Pass
Amb Medical: Cardiology (Service)	4.8	13.7	9.4	23.2	18.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	7.1	22.3	7.6	29.8	23.0	Pass
Amb Medical: Dermatology (Service)	6.8	5.2	10.1	15.3	8.0	Pass
Amb Medical: Emergency Medicine (Service)	20.5	13.0	33.2	46.3	26.0	Pass
Amb Medical: Endocrinology (Service)	3.7	10.2	3.4	13.6	10.0	Pass
Amb Medical: Gastroenterology (Service)	6.3	9.6	6.0	15.5	9.0	Pass
Amb Medical: Hematology -Oncology (Service)	5.6	15.9	6.6	22.5	17.0	Pass
Amb Medical: Infectious Diseases (Service)	1.3	7.3	3.6	11.0	10.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	4.1	8.0	3.5	11.5	7.0	Pass
Amb Medical: Neurology (Service)	3.6	13.0	7.5	20.6	17.0	Pass
Amb Medical: Optometry (Service)	14.0	17.0	11.4	28.4	14.0	Pass
Amb Medical: Pain Medicine (Service)	1.2	4.7	1.9	6.6	5.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	11.0	58.3	4.3	62.7	52.0	Pass
Amb Medical: Rheumatology (Service)	1.8	12.1	2.3	14.4	13.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.2	1.1	2.5	3.6	2.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	2.8	5.7	15.7	21.4	19.0	Pass
Amb Surgical: Ophthalmology (Service)	18.4	12.9	7.6	20.5	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	7.1	5.9	11.0	16.9	10.0	Pass
Amb Surgical: Otolaryngology (Service)	4.3	8.1	5.0	13.1	9.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	2.5	1.1	3.6	3.0	Pass
Amb Surgical: Podiatry (Service)	11.5	16.5	3.7	20.3	9.0	Pass
Amb Surgical: Surgery (Service)	5.6	21.1	31.1	52.2	47.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	2.8	1.0	3.8	4.0	Pass
Amb Surgical: Urology (Service)	4.8	7.7	5.4	13.0	8.0	Pass
Amb Surgical: Vascular Surgery (Service)	0.6	3.9	1.3	5.2	5.0	Pass
Dental	0.0	0.0	3.1	3.1	3.0	Pass
MH	171.3	279.4	84.1	363.5	192.0	Pass
PC	97.8	270.4	203.3	473.7	376.0	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 19 Denver 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 19 Denver 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 19 DENVER: 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 19 DENVER: 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 19 Denver 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 19 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 19 DENVER: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (554) Aurora	\$14,463,308.00	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 19 DENVER: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V19) (554) Denver	(V19) (554) Denver	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 19 DENVER: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.72	1.85	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 19 Denver 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 19 DENVER: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (554) Aurora	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	73,661.0	Pass
VAMC	(V19) (554) Aurora	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	73,661.0	Pass
VAMC	(V19) (554) Aurora	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	61.1	Pass
VAMC	(V19) (554) Aurora	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	73,661.0	Pass
CLC	(V19) (554XX) Colorado Springs	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	60,225.0	Pass
RRTP	(V19) (554BU) Valor Point RRTP	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	61.1	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
HCC	(V19) (554GE) Colorado Springs	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	66,824.0	Pass
MS CBOC	(V19) (554GC) Golden	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	68,500.0	Pass
MS CBOC	(V19) (554GD) Pueblo	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	56,254.0	Pass
MS CBOC	(V19) (XXX) Castle Rock	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	108,227.0	Pass
CBOC	(V19) (554GF) Alamosa	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	6,534.0	Pass
CBOC	(V19) (XXX) Aurora	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	36,653.0	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 19 DENVER: 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
\$27,749M	\$27,782M	2.52	1.85	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 19 DENVER: 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 19 DENVER: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Increases capacity for ambulatory care delivery (Yes/No)	Yes	Pass
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass

Market VISN 19 Oklahoma City

VA's recommendation for the VISN 19 Oklahoma City 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 19 Oklahoma City 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 19 Oklahoma City 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 19 OKLAHOMA CITY: 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	96,097 (100%)	96,097 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	42,041 (100%)	42,041 (100%)	Pass
IP Med/Surg	Women Enrollees	9,549 (100%)	9,549 (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	43,680 (100%)	43,680 (100%)	Pass
IP Med/Surg	Minority Enrollees	19,037 (100%)	19,037 (100%)	Pass
IP Med/Surg	65+ Enrollees	41,693 (100%)	41,693 (100%)	Pass
IP Med/Surg	Rural Enrollees	42,803 (100%)	42,803 (100%)	Pass
IP CLC	All Enrollees	90,004 (93.7%)	96,081 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	38,018 (90.4%)	42,041 (100%)	Pass
IP CLC	Women Enrollees	9,181 (96.1%)	9,548 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	41,297 (94.5%)	43,669 (100%)	Pass
IP CLC	Minority Enrollees	18,361 (96.5%)	19,037 (100%)	Pass
IP CLC	65+ Enrollees	38,116 (91.4%)	41,689 (100%)	Pass
IP CLC	Rural Enrollees	36,745 (85.8%)	42,787 (100%)	Pass
IP MH	All Enrollees	96,097 (100%)	96,097 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	42,041 (100%)	42,041 (100%)	Pass
IP MH	Women Enrollees	9,549 (100%)	9,549 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	43,680 (100%)	43,680 (100%)	Pass
IP MH	Minority Enrollees	19,037 (100%)	19,037 (100%)	Pass
IP MH	65+ Enrollees	41,693 (100%)	41,693 (100%)	Pass
IP MH	Rural Enrollees	42,803 (100%)	42,803 (100%)	Pass
OP ED/UC	All Enrollees	94,990 (98.8%)	95,870 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	41,381 (98.4%)	41,893 (99.6%)	Pass
OP ED/UC	Women Enrollees	9,472 (99.2%)	9,536 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	43,332 (99.2%)	43,622 (99.9%)	Pass
OP ED/UC	Minority Enrollees	18,983 (99.7%)	19,028 (100%)	Pass
OP ED/UC	65+ Enrollees	41,042 (98.4%)	41,565 (99.7%)	Pass
OP ED/UC	Rural Enrollees	41,706 (97.4%)	42,576 (99.5%)	Pass
OP MH	All Enrollees	93,820 (97.6%)	93,962 (97.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	40,328 (95.9%)	40,442 (96.2%)	Pass
OP MH	Women Enrollees	9,415 (98.6%)	9,424 (98.7%)	Pass
OP MH	High Service Disability Rating Enrollees	42,899 (98.2%)	42,945 (98.3%)	Pass
OP MH	Minority Enrollees	18,876 (99.2%)	18,880 (99.2%)	Pass
OP MH	65+ Enrollees	40,295 (96.6%)	40,388 (96.9%)	Pass
OP MH	Rural Enrollees	40,526 (94.7%)	40,667 (95%)	Pass
OP PC	All Enrollees	95,767 (99.7%)	96,004 (99.9%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	41,814 (99.5%)	41,971 (99.8%)	Pass
OP PC	Women Enrollees	9,522 (99.7%)	9,545 (100%)	Pass
OP PC	High Service Disability Rating Enrollees	43,559 (99.7%)	43,649 (99.9%)	Pass
OP PC	Minority Enrollees	19,007 (99.8%)	19,032 (100%)	Pass
OP PC	65+ Enrollees	41,487 (99.5%)	41,631 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	42,472 (99.2%)	42,710 (99.8%)	Pass
OP Surgery Capability	All Enrollees	95,927 (99.8%)	96,081 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	41,949 (99.8%)	42,027 (100%)	Pass
OP Surgery Capability	Women Enrollees	9,540 (99.9%)	9,549 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	43,635 (99.9%)	43,674 (100%)	Pass
OP Surgery Capability	Minority Enrollees	19,031 (100%)	19,036 (100%)	Pass
OP Surgery Capability	65+ Enrollees	41,599 (99.8%)	41,681 (100%)	Pass
OP Surgery Capability	Rural Enrollees	42,632 (99.6%)	42,787 (100%)	Pass
OP Medical Specialist	All Enrollees	96,097 (100%)	96,097 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	42,041 (100%)	42,041 (100%)	Pass
OP Medical Specialist	Women Enrollees	9,549 (100%)	9,549 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	43,680 (100%)	43,680 (100%)	Pass
OP Medical Specialist	Minority Enrollees	19,037 (100%)	19,037 (100%)	Pass
OP Medical Specialist	65+ Enrollees	41,693 (100%)	41,693 (100%)	Pass
OP Medical Specialist	Rural Enrollees	42,803 (100%)	42,803 (100%)	Pass
OP Rehabilitation	All Enrollees	96,094 (100%)	96,094 (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	42,038 (100%)	42,038 (100%)	Pass
OP Rehabilitation	Women Enrollees	9,549 (100%)	9,549 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	43,679 (100%)	43,679 (100%)	Pass
OP Rehabilitation	Minority Enrollees	19,037 (100%)	19,037 (100%)	Pass
OP Rehabilitation	65+ Enrollees	41,691 (100%)	41,691 (100%)	Pass
OP Rehabilitation	Rural Enrollees	42,800 (100%)	42,800 (100%)	Pass
OP Surgical Specialist	All Enrollees	95,927 (99.8%)	96,081 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	41,949 (99.8%)	42,027 (100%)	Pass
OP Surgical Specialist	Women Enrollees	9,540 (99.9%)	9,549 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	43,635 (99.9%)	43,674 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	19,031 (100%)	19,036 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	41,599 (99.8%)	41,681 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	42,632 (99.6%)	42,787 (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 19 Oklahoma City market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 OKLAHOMA CITY: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Oklahoma City 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 19 Oklahoma City 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 19 OKLAHOMA CITY: 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)	101	67	1,314	1,381	1,280	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	31	26	76	102	71	Pass
IP CLC	Bed Shortage / Surplus (Market level)	195	31	1,856	1,887	1,692	Pass

Inpatient Services Primarily Provided by VA:

IP BR, IP RRTP, and IP SCID, are regional services and therefore measured at the VISN level. It is assumed over the next ten years VA will continue to be the primary provider of these services. A market passes if its VISN’s capacity meets or exceeds projected Veteran demand. Demand for inpatient services is measured in beds. VISN 19 Oklahoma City is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 OKLAHOMA CITY: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 OKLAHOMA CITY: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.5	0.0	0.4	0.4	0.0	Pass
Amb Medical: Cardiology (Service)	3.9	4.0	6.6	10.6	7.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	4.8	5.5	3.7	9.2	4.0	Pass
Amb Medical: Dermatology (Service)	5.7	3.7	3.2	6.9	1.0	Pass
Amb Medical: Emergency Medicine (Service)	9.1	4.2	16.3	20.5	11.0	Pass
Amb Medical: Endocrinology (Service)	2.2	3.0	0.9	3.9	2.0	Pass
Amb Medical: Gastroenterology (Service)	5.0	3.8	2.6	6.4	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.2	2.6	3.0	5.5	2.0	Pass
Amb Medical: Infectious Diseases (Service)	0.4	0.4	0.6	0.9	1.0	Pass
Amb Medical: Nephrology (Service)	1.6	0.8	1.7	2.5	1.0	Pass
Amb Medical: Neurology (Service)	5.6	4.0	3.5	7.5	2.0	Pass
Amb Medical: Optometry (Service)	10.1	9.1	5.8	14.8	5.0	Pass
Amb Medical: Pain Medicine (Service)	1.3	0.8	1.3	2.1	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.8	4.6	1.1	5.7	2.0	Pass
Amb Medical: Rheumatology (Service)	2.8	2.7	1.2	3.9	1.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.8	0.4	1.3	1.7	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.2	0.3	6.2	6.5	5.0	Pass
Amb Surgical: Ophthalmology (Service)	8.8	6.3	3.9	10.2	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	5.9	2.9	5.0	7.9	2.0	Pass
Amb Surgical: Otolaryngology (Service)	3.7	3.1	2.5	5.6	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.5	0.1	0.4	0.5	0.0	Pass
Amb Surgical: Podiatry (Service)	4.6	4.8	2.0	6.8	2.0	Pass
Amb Surgical: Surgery (Service)	2.6	2.2	13.3	15.5	13.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.4	0.3	0.4	0.7	0.0	Pass
Amb Surgical: Urology (Service)	4.5	3.4	3.0	6.4	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.3	1.2	0.4	1.6	1.0	Pass
Dental	0.0	0.0	1.8	1.8	2.0	Pass
MH	99.0	90.7	26.9	117.6	19.0	Pass
PC	77.1	56.4	96.9	153.4	76.0	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 19 Oklahoma City 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 19 Oklahoma City 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 19 OKLAHOMA CITY: 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 19 OKLAHOMA CITY: 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 19 Oklahoma City 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 19 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 19 OKLAHOMA CITY: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (635) Oklahoma City	\$4,594,372.00	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 19 OKLAHOMA CITY: 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 19 OKLAHOMA CITY: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.95	1.42	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 19 Oklahoma City 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 19 OKLAHOMA CITY: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (635) Oklahoma City	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	50,095.0	Pass
VAMC	(V19) (635) Oklahoma City	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	50,095.0	Pass
VAMC	(V19) (635) Oklahoma City	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	50,095.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (635) Oklahoma City	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	51.8	Pass
VAMC	(V19) (635) Oklahoma City	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	50,095.0	Pass
MS CBOC	(V19) (635GA) Lawton	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	18,662.0	Pass
MS CBOC	(V19) (635QB) South Oklahoma City	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	50,120.0	Pass
MS CBOC	(V19) (XXX) North Oklahoma	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	49,315.0	Pass
CBOC	(V19) (635GB) Wichita Falls	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,492.0	Pass
CBOC	(V19) (635GD) Ada	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,897.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V19) (635GE) Stillwater	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,726.0	Pass
CBOC	(V19) (635GF) Altus	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	7,839.0	Pass
CBOC	(V19) (635HB) Ardmore	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,736.0	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 19 OKLAHOMA CITY: 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
\$17,059M	\$17,065M	1.55	1.42	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 19 OKLAHOMA CITY: 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 19 OKLAHOMA CITY: INCORPORATION OF GLOBAL TRENDS

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

Market VISN 19 Eastern Oklahoma

VA's recommendation for the VISN 19 Eastern Oklahoma 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 19 Eastern Oklahoma 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 19 Eastern Oklahoma 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 19 EASTERN OKLAHOMA: 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	50,532 (100%)	50,538 (100%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	30,037 (99.9%)	30,043 (100%)	Pass
IP Med/Surg	Women Enrollees	3,421 (100%)	3,422 (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	18,974 (100%)	18,978 (100%)	Pass
IP Med/Surg	Minority Enrollees	8,478 (100%)	8,478 (100%)	Pass
IP Med/Surg	65+ Enrollees	27,333 (100%)	27,337 (100%)	Pass
IP Med/Surg	Rural Enrollees	30,887 (99.9%)	30,893 (100%)	Pass
IP CLC	All Enrollees	49,049 (97%)	50,544 (100%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	28,756 (95.7%)	30,049 (100%)	Pass
IP CLC	Women Enrollees	3,341 (97.6%)	3,421 (100%)	Pass
IP CLC	High Service Disability Rating Enrollees	18,382 (96.8%)	18,980 (100%)	Pass
IP CLC	Minority Enrollees	8,338 (98.3%)	8,476 (100%)	Pass
IP CLC	65+ Enrollees	26,444 (96.7%)	27,340 (100%)	Pass
IP CLC	Rural Enrollees	29,404 (95.1%)	30,899 (100%)	Pass
IP MH	All Enrollees	50,532 (100%)	50,538 (100%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	30,037 (99.9%)	30,043 (100%)	Pass
IP MH	Women Enrollees	3,421 (100%)	3,422 (100%)	Pass
IP MH	High Service Disability Rating Enrollees	18,974 (100%)	18,978 (100%)	Pass
IP MH	Minority Enrollees	8,478 (100%)	8,478 (100%)	Pass
IP MH	65+ Enrollees	27,333 (100%)	27,337 (100%)	Pass
IP MH	Rural Enrollees	30,887 (99.9%)	30,893 (100%)	Pass
OP ED/UC	All Enrollees	50,361 (99.6%)	50,543 (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	29,867 (99.4%)	30,048 (100%)	Pass
OP ED/UC	Women Enrollees	3,417 (99.9%)	3,422 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	18,903 (99.6%)	18,979 (100%)	Pass
OP ED/UC	Minority Enrollees	8,459 (99.8%)	8,478 (100%)	Pass
OP ED/UC	65+ Enrollees	27,233 (99.6%)	27,340 (100%)	Pass
OP ED/UC	Rural Enrollees	30,716 (99.4%)	30,898 (100%)	Pass
OP MH	All Enrollees	49,109 (97.1%)	49,693 (98.3%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	28,738 (95.6%)	29,309 (97.5%)	Pass
OP MH	Women Enrollees	3,342 (97.7%)	3,375 (98.6%)	Pass
OP MH	High Service Disability Rating Enrollees	18,377 (96.8%)	18,622 (98.1%)	Pass
OP MH	Minority Enrollees	8,306 (98%)	8,386 (98.9%)	Pass
OP MH	65+ Enrollees	26,434 (96.7%)	26,809 (98%)	Pass
OP MH	Rural Enrollees	29,464 (95.3%)	30,048 (97.2%)	Pass
OP PC	All Enrollees	50,257 (99.4%)	50,376 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	29,787 (99.1%)	29,900 (99.5%)	Pass
OP PC	Women Enrollees	3,409 (99.6%)	3,417 (99.9%)	Pass
OP PC	High Service Disability Rating Enrollees	18,860 (99.4%)	18,910 (99.6%)	Pass
OP PC	Minority Enrollees	8,440 (99.6%)	8,455 (99.7%)	Pass
OP PC	65+ Enrollees	27,164 (99.3%)	27,232 (99.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	30,612 (99.1%)	30,731 (99.4%)	Pass
OP Surgery Capability	All Enrollees	49,967 (98.8%)	50,447 (99.8%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	29,475 (98.1%)	29,952 (99.7%)	Pass
OP Surgery Capability	Women Enrollees	3,390 (99.1%)	3,420 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	18,789 (99%)	18,933 (99.7%)	Pass
OP Surgery Capability	Minority Enrollees	8,411 (99.2%)	8,466 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	27,019 (98.8%)	27,277 (99.8%)	Pass
OP Surgery Capability	Rural Enrollees	30,322 (98.1%)	30,802 (99.7%)	Pass
OP Medical Specialist	All Enrollees	50,550 (100%)	50,550 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	30,056 (100%)	30,056 (100%)	Pass
OP Medical Specialist	Women Enrollees	3,422 (100%)	3,422 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	18,982 (100%)	18,982 (100%)	Pass
OP Medical Specialist	Minority Enrollees	8,478 (100%)	8,478 (100%)	Pass
OP Medical Specialist	65+ Enrollees	27,344 (100%)	27,344 (100%)	Pass
OP Medical Specialist	Rural Enrollees	30,905 (100%)	30,905 (100%)	Pass
OP Rehabilitation	All Enrollees	50,543 (100%)	50,543 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	30,048 (100%)	30,048 (100%)	Pass
OP Rehabilitation	Women Enrollees	3,422 (100%)	3,422 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	18,979 (100%)	18,979 (100%)	Pass
OP Rehabilitation	Minority Enrollees	8,478 (100%)	8,478 (100%)	Pass
OP Rehabilitation	65+ Enrollees	27,340 (100%)	27,340 (100%)	Pass
OP Rehabilitation	Rural Enrollees	30,898 (100%)	30,898 (100%)	Pass
OP Surgical Specialist	All Enrollees	49,967 (98.8%)	50,447 (99.8%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	29,475 (98.1%)	29,952 (99.7%)	Pass
OP Surgical Specialist	Women Enrollees	3,390 (99.1%)	3,420 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	18,789 (99%)	18,933 (99.7%)	Pass
OP Surgical Specialist	Minority Enrollees	8,411 (99.2%)	8,466 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	27,019 (98.8%)	27,277 (99.8%)	Pass
OP Surgical Specialist	Rural Enrollees	30,322 (98.1%)	30,802 (99.7%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 19 Eastern Oklahoma market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 EASTERN OKLAHOMA: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Eastern Oklahoma 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 19 Eastern Oklahoma 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 19 EASTERN OKLAHOMA: 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)	81	63	768	831	750	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	20	0	29	29	9	Pass
IP CLC	Bed Shortage / Surplus (Market level)	130	48	1,358	1,406	1,276	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 19 Eastern Oklahoma is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 EASTERN OKLAHOMA: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 EASTERN OKLAHOMA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.4	1.0	0.3	1.4	1.0	Pass
Amb Medical: Cardiology (Service)	3.3	4.3	3.2	7.5	4.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.3	8.0	1.6	9.7	6.0	Pass
Amb Medical: Dermatology (Service)	2.4	2.0	1.8	3.8	1.0	Pass
Amb Medical: Emergency Medicine (Service)	9.8	7.0	9.0	16.1	6.0	Pass
Amb Medical: Endocrinology (Service)	0.6	3.4	0.6	4.0	3.0	Pass
Amb Medical: Gastroenterology (Service)	2.0	3.2	1.2	4.4	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.5	6.2	1.2	7.5	5.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	2.0	0.4	2.4	2.0	Pass
Amb Medical: Nephrology (Service)	1.8	3.8	1.0	4.8	3.0	Pass
Amb Medical: Neurology (Service)	1.6	8.1	1.4	9.6	8.0	Pass
Amb Medical: Optometry (Service)	10.8	18.8	5.1	23.9	13.0	Pass
Amb Medical: Pain Medicine (Service)	1.3	2.2	1.1	3.2	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.5	23.4	0.9	24.3	22.0	Pass
Amb Medical: Rheumatology (Service)	0.3	4.2	0.4	4.6	4.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.4	0.4	0.7	1.2	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.7	2.3	3.7	6.0	5.0	Pass
Amb Surgical: Ophthalmology (Service)	9.5	8.2	1.3	9.5	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	5.1	1.8	3.1	4.9	0.0	Pass
Amb Surgical: Otolaryngology (Service)	1.8	3.6	1.1	4.7	3.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.1	1.8	0.4	2.3	2.0	Pass
Amb Surgical: Podiatry (Service)	4.3	4.9	1.1	6.0	2.0	Pass
Amb Surgical: Surgery (Service)	3.0	9.4	7.4	16.8	14.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	1.6	0.3	1.9	1.0	Pass
Amb Surgical: Urology (Service)	3.0	3.9	1.2	5.2	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.5	1.9	0.2	2.0	1.0	Pass
Dental	0.0	0.0	0.3	0.3	0.0	Pass
MH	56.0	112.7	16.2	128.9	73.0	Pass
PC	54.4	127.7	59.1	186.8	132.0	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 19 Eastern Oklahoma 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 19 Eastern Oklahoma 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 19 EASTERN OKLAHOMA: 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 19 EASTERN OKLAHOMA: 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 19 Eastern Oklahoma 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 19 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 19 EASTERN OKLAHOMA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (623) Muskogee	\$209,698.00	The recommendation includes a plan to transition research activities to the closest alternative or replacement VA point of care.	Pass

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

TABLE 9 – VISN 19 EASTERN OKLAHOMA: 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 19 EASTERN OKLAHOMA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
0.95	0.88	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 19 Eastern Oklahoma 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 19 EASTERN OKLAHOMA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (623XX) Tulsa Hospital	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,873.0	Pass
VAMC	(V19) (623XX) Tulsa Hospital	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,873.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (623XX) Tulsa Hospital	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	35,873.0	Pass
CLC	(V19) (623XX) Tulsa CLC	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	35,914.0	Pass
RRTP	(V19) (623XX) Tulsa RRTP	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	22.8	Pass
HCC	(V19) (623BY) Tulsa [replacement]	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	35,873.0	Pass
MS CBOC	(V19) (XXX) Muskogee	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	31,267.0	Pass
CBOC	(V19) (623GA) McAlester	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,600.0	Pass
CBOC	(V19) (623GB) Vinita	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,494.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V19) (623GC) McCurtain County	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	5,834.0	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 19 EASTERN OKLAHOMA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$8,874M	\$8,779M	0.89	0.88	Yes	Yes	Pass

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

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

TABLE 13 – VISN 19 EASTERN OKLAHOMA: 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 19 EASTERN OKLAHOMA: 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
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass

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

Market VISN 19 Montana

VA's recommendation for the VISN 19 Montana 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 19 Montana 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 19 Montana 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 19 MONTANA: 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	45,837 (97.9%)	46,109 (98.5%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	7,400 (95.8%)	7,579 (98.2%)	Pass
IP Med/Surg	Women Enrollees	3,814 (98.5%)	3,825 (98.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	10,499 (97.9%)	10,547 (98.4%)	Pass
IP Med/Surg	Minority Enrollees	2,442 (97.7%)	2,452 (98.1%)	Pass
IP Med/Surg	65+ Enrollees	23,669 (97.4%)	23,839 (98.1%)	Pass
IP Med/Surg	Rural Enrollees	33,043 (97.1%)	33,316 (97.9%)	Pass
IP CLC	All Enrollees	41,110 (87.8%)	41,929 (89.5%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	6,006 (77.8%)	6,210 (80.4%)	Pass
IP CLC	Women Enrollees	3,440 (88.8%)	3,491 (90.1%)	Pass
IP CLC	High Service Disability Rating Enrollees	9,428 (87.9%)	9,588 (89.4%)	Pass
IP CLC	Minority Enrollees	1,959 (78.4%)	1,988 (79.5%)	Pass
IP CLC	65+ Enrollees	20,932 (86.2%)	21,410 (88.1%)	Pass
IP CLC	Rural Enrollees	28,342 (83.3%)	29,151 (85.6%)	Pass
IP MH	All Enrollees	45,738 (97.7%)	46,012 (98.2%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	7,400 (95.8%)	7,579 (98.2%)	Pass
IP MH	Women Enrollees	3,808 (98.3%)	3,818 (98.6%)	Pass
IP MH	High Service Disability Rating Enrollees	10,467 (97.6%)	10,516 (98.1%)	Pass
IP MH	Minority Enrollees	2,439 (97.6%)	2,449 (98%)	Pass
IP MH	65+ Enrollees	23,614 (97.2%)	23,785 (97.9%)	Pass
IP MH	Rural Enrollees	32,945 (96.8%)	33,219 (97.6%)	Pass
OP ED/UC	All Enrollees	44,425 (94.9%)	44,529 (95.1%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	6,973 (90.3%)	7,017 (90.9%)	Pass
OP ED/UC	Women Enrollees	3,711 (95.8%)	3,717 (96%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	10,181 (95%)	10,211 (95.2%)	Pass
OP ED/UC	Minority Enrollees	2,309 (92.4%)	2,330 (93.2%)	Pass
OP ED/UC	65+ Enrollees	22,744 (93.6%)	22,819 (93.9%)	Pass
OP ED/UC	Rural Enrollees	31,632 (92.9%)	31,736 (93.2%)	Pass
OP MH	All Enrollees	42,470 (90.7%)	42,471 (90.7%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	6,601 (85.5%)	6,601 (85.5%)	Pass
OP MH	Women Enrollees	3,544 (91.5%)	3,544 (91.5%)	Pass
OP MH	High Service Disability Rating Enrollees	9,719 (90.7%)	9,720 (90.7%)	Pass
OP MH	Minority Enrollees	2,171 (86.9%)	2,171 (86.9%)	Pass
OP MH	65+ Enrollees	21,602 (88.9%)	21,602 (88.9%)	Pass
OP MH	Rural Enrollees	29,689 (87.2%)	29,690 (87.2%)	Pass
OP PC	All Enrollees	44,315 (94.6%)	44,365 (94.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	7,224 (93.6%)	7,265 (94.1%)	Pass
OP PC	Women Enrollees	3,683 (95.1%)	3,691 (95.3%)	Pass
OP PC	High Service Disability Rating Enrollees	10,106 (94.3%)	10,126 (94.5%)	Pass
OP PC	Minority Enrollees	2,307 (92.3%)	2,328 (93.2%)	Pass
OP PC	65+ Enrollees	22,742 (93.6%)	22,761 (93.7%)	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	31,535 (92.6%)	31,585 (92.8%)	Pass
OP Surgery Capability	All Enrollees	44,286 (94.6%)	44,262 (94.5%)	Fail
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	7,110 (92.1%)	7,110 (92.1%)	Pass
OP Surgery Capability	Women Enrollees	3,709 (95.8%)	3,707 (95.7%)	Fail
OP Surgery Capability	High Service Disability Rating Enrollees	10,128 (94.5%)	10,124 (94.4%)	Fail
OP Surgery Capability	Minority Enrollees	2,260 (90.4%)	2,260 (90.4%)	Pass
OP Surgery Capability	65+ Enrollees	22,701 (93.4%)	22,688 (93.4%)	Pass
OP Surgery Capability	Rural Enrollees	31,493 (92.5%)	31,469 (92.4%)	Fail
OP Medical Specialist	All Enrollees	46,103 (98.4%)	46,166 (98.6%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	7,491 (97%)	7,541 (97.7%)	Pass
OP Medical Specialist	Women Enrollees	3,822 (98.7%)	3,825 (98.8%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	10,560 (98.5%)	10,576 (98.7%)	Pass
OP Medical Specialist	Minority Enrollees	2,438 (97.6%)	2,460 (98.4%)	Pass
OP Medical Specialist	65+ Enrollees	23,833 (98.1%)	23,871 (98.3%)	Pass
OP Medical Specialist	Rural Enrollees	33,310 (97.9%)	33,373 (98%)	Pass
OP Rehabilitation	All Enrollees	45,715 (97.6%)	45,715 (97.6%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	7,029 (91%)	7,029 (91%)	Pass
OP Rehabilitation	Women Enrollees	3,779 (97.6%)	3,779 (97.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	10,486 (97.8%)	10,486 (97.8%)	Pass
OP Rehabilitation	Minority Enrollees	2,302 (92.1%)	2,302 (92.1%)	Pass
OP Rehabilitation	65+ Enrollees	23,655 (97.4%)	23,655 (97.4%)	Pass
OP Rehabilitation	Rural Enrollees	32,922 (96.7%)	32,922 (96.7%)	Pass
OP Surgical Specialist	All Enrollees	44,286 (94.6%)	44,286 (94.6%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	7,110 (92.1%)	7,110 (92.1%)	Pass
OP Surgical Specialist	Women Enrollees	3,709 (95.8%)	3,709 (95.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	10,128 (94.5%)	10,128 (94.5%)	Pass
OP Surgical Specialist	Minority Enrollees	2,260 (90.4%)	2,260 (90.4%)	Pass
OP Surgical Specialist	65+ Enrollees	22,701 (93.4%)	22,701 (93.4%)	Pass
OP Surgical Specialist	Rural Enrollees	31,493 (92.5%)	31,493 (92.5%)	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 19 Montana market is part of VISN 19, which has the following results:

TABLE 2 – VISN 19 MONTANA: 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
19	IP BR	FALSE	FALSE	Pass
19	IP RRTP	TRUE	TRUE	Pass
19	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 19 Montana 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 19 Montana 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 19 MONTANA: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	42	10	681	691	649	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	10	0	12	12	2	Pass
IP CLC	Bed Shortage / Surplus (Market level)	137	0	1,063	1,063	926	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 19 Montana is part of VISN 19, which has the following results:

TABLE 4 – VISN 19 MONTANA: 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)	282	282	0	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	36	36	0	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	14	20	6	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 19 MONTANA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.4	0.7	0.3	1.0	1.0	Pass
Amb Medical: Cardiology (Service)	2.9	1.7	2.6	4.3	1.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.3	1.8	1.5	3.3	0.0	Pass
Amb Medical: Dermatology (Service)	1.6	0.9	2.0	2.9	1.0	Pass
Amb Medical: Emergency Medicine (Service)	4.3	2.9	9.9	12.8	8.0	Pass
Amb Medical: Endocrinology (Service)	0.3	1.9	0.6	2.5	2.0	Pass
Amb Medical: Gastroenterology (Service)	2.0	4.2	1.1	5.3	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.5	9.8	1.7	11.5	9.0	Pass
Amb Medical: Infectious Diseases (Service)	0.2	1.3	0.6	1.9	2.0	Pass
Amb Medical: Nephrology (Service)	0.9	4.7	0.5	5.2	4.0	Pass
Amb Medical: Neurology (Service)	2.5	13.6	1.5	15.1	13.0	Pass
Amb Medical: Optometry (Service)	3.6	14.3	4.4	18.7	15.0	Pass
Amb Medical: Pain Medicine (Service)	1.0	0.9	0.5	1.4	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.7	15.3	0.8	16.1	12.0	Pass
Amb Medical: Rheumatology (Service)	0.3	3.1	0.6	3.7	3.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.0	0.0	0.7	0.8	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.9	0.0	3.8	3.8	3.0	Pass
Amb Surgical: Ophthalmology (Service)	7.9	6.3	1.6	7.9	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	4.2	3.2	3.4	6.6	2.0	Pass
Amb Surgical: Otolaryngology (Service)	1.9	0.4	1.1	1.6	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	2.7	0.4	3.0	2.0	Pass
Amb Surgical: Podiatry (Service)	4.7	6.0	1.2	7.3	3.0	Pass
Amb Surgical: Surgery (Service)	3.4	8.7	7.3	16.0	13.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	2.3	0.3	2.6	2.0	Pass
Amb Surgical: Urology (Service)	2.7	2.6	1.4	4.0	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.3	0.1	0.3	0.4	0.0	Pass
Dental	0.0	0.0	0.7	0.7	1.0	Pass
MH	64.5	65.3	23.2	88.5	24.0	Pass
PC	48.3	101.9	54.3	156.2	108.0	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 19 Montana 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 19 Montana 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 19 MONTANA: 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 19 MONTANA: 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 19 Montana 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 19 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 19 MONTANA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V19) (436) Fort Harrison	\$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 19 MONTANA: 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 19 MONTANA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.46	1.03	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 19 Montana 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 19 MONTANA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V19) (436) Fort Harrison	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	23.7	Pass
MS CBOC	(V19) (436GF) Kalispell	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	5,049.0	Pass
MS CBOC	(V19) (436GH) Billings Majestic Lane	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	7,123.0	Pass
MS CBOC	(V19) (436GB) Great Falls [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	5,879.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V19) (436HC) Havre	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	3,115.0	Pass
CBOC	(V19) (436GD) Bozeman	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,990.0	Pass
CBOC	(V19) (XXX) Butte [Relocated Data]	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,884.0	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 19 MONTANA: 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
\$10,527M	\$10,305M	1.05	1.03	Yes	Yes	Pass

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

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

TABLE 13 – VISN 19 MONTANA: 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 19 MONTANA: INCORPORATION OF GLOBAL TRENDS

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

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