



VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix I

Section 203 Criteria Analysis – VISN 21

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Market VISN 21 South Coast

VA's recommendation for the VISN 21 South Coast 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 21 South Coast 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 21 South Coast 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 21 SOUTH COAST: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	43,266 (99.7%)	43,266 (99.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
IP Med/Surg	Women Enrollees	3,002 (99.5%)	3,002 (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	10,863 (99.6%)	10,863 (99.6%)	Pass
IP Med/Surg	Minority Enrollees	12,179 (99.7%)	12,179 (99.7%)	Pass
IP Med/Surg	65+ Enrollees	23,553 (99.8%)	23,553 (99.8%)	Pass
IP Med/Surg	Rural Enrollees	6,968 (98.1%)	6,968 (98.1%)	Pass
IP CLC	All Enrollees	37,252 (85.8%)	42,750 (98.5%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
IP CLC	Women Enrollees	2,414 (80%)	2,969 (98.4%)	Pass
IP CLC	High Service Disability Rating Enrollees	8,973 (82.3%)	10,721 (98.3%)	Pass
IP CLC	Minority Enrollees	10,358 (84.8%)	12,094 (99%)	Pass
IP CLC	65+ Enrollees	20,433 (86.5%)	23,236 (98.4%)	Pass
IP CLC	Rural Enrollees	5,991 (84.4%)	6,605 (93%)	Pass
IP MH	All Enrollees	43,266 (99.7%)	43,266 (99.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
IP MH	Women Enrollees	3,002 (99.5%)	3,002 (99.5%)	Pass
IP MH	High Service Disability Rating Enrollees	10,863 (99.6%)	10,863 (99.6%)	Pass
IP MH	Minority Enrollees	12,179 (99.7%)	12,179 (99.7%)	Pass
IP MH	65+ Enrollees	23,553 (99.8%)	23,553 (99.8%)	Pass
IP MH	Rural Enrollees	6,968 (98.1%)	6,968 (98.1%)	Pass
OP ED/UC	All Enrollees	43,341 (99.9%)	43,351 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP ED/UC	Women Enrollees	3,012 (99.8%)	3,013 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	10,893 (99.9%)	10,893 (99.9%)	Pass
OP ED/UC	Minority Enrollees	12,205 (99.9%)	12,205 (99.9%)	Pass
OP ED/UC	65+ Enrollees	23,571 (99.8%)	23,577 (99.9%)	Pass
OP ED/UC	Rural Enrollees	7,044 (99.2%)	7,053 (99.3%)	Pass
OP MH	All Enrollees	42,858 (98.8%)	42,879 (98.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP MH	Women Enrollees	2,982 (98.8%)	2,983 (98.9%)	Pass
OP MH	High Service Disability Rating Enrollees	10,762 (98.7%)	10,766 (98.7%)	Pass
OP MH	Minority Enrollees	12,144 (99.4%)	12,145 (99.4%)	Pass
OP MH	65+ Enrollees	23,249 (98.5%)	23,263 (98.5%)	Pass
OP MH	Rural Enrollees	6,566 (92.5%)	6,587 (92.7%)	Pass
OP PC	All Enrollees	43,074 (99.2%)	43,090 (99.3%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP PC	Women Enrollees	2,990 (99.1%)	2,990 (99.1%)	Pass
OP PC	High Service Disability Rating Enrollees	10,807 (99.1%)	10,812 (99.2%)	Pass
OP PC	Minority Enrollees	12,154 (99.5%)	12,155 (99.5%)	Pass
OP PC	65+ Enrollees	23,423 (99.2%)	23,430 (99.2%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	6,781 (95.5%)	6,797 (95.7%)	Pass
OP Surgery Capability	All Enrollees	43,352 (99.9%)	43,352 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP Surgery Capability	Women Enrollees	3,013 (99.9%)	3,013 (99.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	10,894 (99.9%)	10,894 (99.9%)	Pass
OP Surgery Capability	Minority Enrollees	12,205 (99.9%)	12,205 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	23,578 (99.9%)	23,578 (99.9%)	Pass
OP Surgery Capability	Rural Enrollees	7,054 (99.3%)	7,054 (99.3%)	Pass
OP Medical Specialist	All Enrollees	43,363 (99.9%)	43,363 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP Medical Specialist	Women Enrollees	3,013 (99.9%)	3,013 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	10,896 (99.9%)	10,896 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	12,205 (99.9%)	12,205 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	23,585 (99.9%)	23,585 (99.9%)	Pass
OP Medical Specialist	Rural Enrollees	7,065 (99.5%)	7,065 (99.5%)	Pass
OP Rehabilitation	All Enrollees	43,308 (99.8%)	43,308 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP Rehabilitation	Women Enrollees	3,005 (99.6%)	3,005 (99.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	10,874 (99.7%)	10,874 (99.7%)	Pass
OP Rehabilitation	Minority Enrollees	12,187 (99.8%)	12,187 (99.8%)	Pass
OP Rehabilitation	65+ Enrollees	23,573 (99.8%)	23,573 (99.8%)	Pass
OP Rehabilitation	Rural Enrollees	7,011 (98.7%)	7,011 (98.7%)	Pass
OP Surgical Specialist	All Enrollees	43,352 (99.9%)	43,352 (99.9%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	647 (100%)	647 (100%)	Pass
OP Surgical Specialist	Women Enrollees	3,013 (99.9%)	3,013 (99.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	10,894 (99.9%)	10,894 (99.9%)	Pass
OP Surgical Specialist	Minority Enrollees	12,205 (99.9%)	12,205 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	23,578 (99.9%)	23,578 (99.9%)	Pass
OP Surgical Specialist	Rural Enrollees	7,054 (99.3%)	7,054 (99.3%)	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 21 South Coast market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 SOUTH COAST: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 South Coast 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 21 South Coast 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 21 SOUTH COAST: 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)	68	110	1,113	1,223	1,155	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	27	40	21	61	34	Pass
IP CLC	Bed Shortage / Surplus (Market level)	335	221	370	591	256	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 21 South Coast is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 SOUTH COAST: 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)	29	43	14	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 21 SOUTH COAST: 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	0.1	2.0	2.0	2.0	Pass
Amb Medical: Cardiology (Service)	3.2	3.2	10.8	14.1	11.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	5.1	2.6	5.1	7.8	3.0	Pass
Amb Medical: Dermatology (Service)	6.3	3.4	8.9	12.2	6.0	Pass
Amb Medical: Emergency Medicine (Service)	9.0	6.0	24.1	30.0	21.0	Pass
Amb Medical: Endocrinology (Service)	1.3	2.1	3.3	5.4	4.0	Pass
Amb Medical: Gastroenterology (Service)	3.7	1.9	6.1	8.0	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.9	2.0	6.3	8.3	4.0	Pass
Amb Medical: Infectious Diseases (Service)	0.6	1.0	2.5	3.5	3.0	Pass
Amb Medical: Nephrology (Service)	2.9	0.4	3.2	3.6	1.0	Pass
Amb Medical: Neurology (Service)	2.7	1.6	6.9	8.5	6.0	Pass
Amb Medical: Optometry (Service)	11.9	14.7	3.8	18.5	7.0	Pass
Amb Medical: Pain Medicine (Service)	0.5	0.5	1.3	1.8	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.9	3.0	3.1	6.0	2.0	Pass
Amb Medical: Rheumatology (Service)	1.3	0.6	2.2	2.9	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.3	0.2	2.3	2.5	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.6	0.4	14.3	14.7	14.0	Pass
Amb Surgical: Ophthalmology (Service)	9.1	6.4	8.9	15.3	6.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	1.4	0.4	8.6	9.0	8.0	Pass
Amb Surgical: Otolaryngology (Service)	2.3	2.1	5.4	7.5	5.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.5	1.0	1.9	2.8	1.0	Pass
Amb Surgical: Podiatry (Service)	5.5	5.6	4.8	10.5	5.0	Pass
Amb Surgical: Surgery (Service)	1.6	0.0	15.8	15.8	14.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.1	0.1	1.0	1.1	1.0	Pass
Amb Surgical: Urology (Service)	2.2	1.9	3.6	5.6	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.9	0.0	1.2	1.2	0.0	Pass
Dental	0.0	0.0	2.5	2.5	2.0	Pass
MH	91.6	66.7	45.5	112.2	21.0	Pass
PC	43.4	44.8	129.8	174.6	131.0	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 21 South Coast 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 21 South Coast 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 21 SOUTH COAST: 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 21 SOUTH COAST: 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 21 South Coast 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 21 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 21 SOUTH COAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (640) Palo Alto	\$36,342,868.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (640A0) Palo Alto-Menlo Park	\$0.00	Maintained	Pass
(V21) (640A4) Palo Alto-Livermore	\$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 21 SOUTH COAST: 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 21 SOUTH COAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
3.12	2.05	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 21 South Coast 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 21 SOUTH COAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (640) Palo Alto	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	60,813.0	Pass
VAMC	(V21) (640) Palo Alto	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	60,813.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (640) Palo Alto	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	60,813.0	Pass
VAMC	(V21) (640) Palo Alto	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	60,813.0	Pass
VAMC	(V21) (640A0) Palo Alto-Menlo Park	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	65,936.0	Pass
VAMC	(V21) (640A0) Palo Alto-Menlo Park	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	46.9	Pass
MS CBOC	(V21) (640BY) San Jose	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	49,605.0	Pass
MS CBOC	(V21) (640HB) Modesto	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	28,948.0	Pass
MS CBOC	(V21) (640HC) Monterey	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	15,547.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V21) (XXX) Pleasanton/Livermore	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	94,207.0	Pass
CBOC	(V21) (640GB) Sonora	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,769.0	Pass
CBOC	(V21) (640GC) Fremont	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	18,189.0	Pass
CBOC	(V21) (XXX) Santa Cruz	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,592.0	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 21 SOUTH COAST: 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
\$27,087M	\$26,669M	2.46	2.05	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 21 SOUTH COAST: 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 21 SOUTH COAST: 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

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 21 Sierra Nevada

VA's recommendation for the VISN 21 Sierra Nevada 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 21 Sierra Nevada 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 21 Sierra Nevada 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 21 SIERRA NEVADA: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	35,045 (97.4%)	35,045 (97.4%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	3,955 (95.7%)	3,955 (95.7%)	Pass
IP Med/Surg	Women Enrollees	2,604 (97.6%)	2,604 (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
IP Med/Surg	High Service Disability Rating Enrollees	8,209 (97.7%)	8,209 (97.7%)	Pass
IP Med/Surg	Minority Enrollees	3,678 (98.2%)	3,678 (98.2%)	Pass
IP Med/Surg	65+ Enrollees	19,517 (97.3%)	19,517 (97.3%)	Pass
IP Med/Surg	Rural Enrollees	15,011 (94.1%)	15,011 (94.1%)	Pass
IP CLC	All Enrollees	24,681 (68.6%)	32,982 (91.7%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	1,956 (47.3%)	3,237 (78.3%)	Pass
IP CLC	Women Enrollees	1,863 (69.8%)	2,487 (93.2%)	Pass
IP CLC	High Service Disability Rating Enrollees	5,574 (66.3%)	7,754 (92.3%)	Pass
IP CLC	Minority Enrollees	2,763 (73.8%)	3,509 (93.7%)	Pass
IP CLC	65+ Enrollees	13,556 (67.6%)	18,131 (90.4%)	Pass
IP CLC	Rural Enrollees	4,654 (29.2%)	12,951 (81.2%)	Pass
IP MH	All Enrollees	35,045 (97.4%)	35,045 (97.4%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	3,955 (95.7%)	3,955 (95.7%)	Pass
IP MH	Women Enrollees	2,604 (97.6%)	2,604 (97.6%)	Pass
IP MH	High Service Disability Rating Enrollees	8,209 (97.7%)	8,209 (97.7%)	Pass
IP MH	Minority Enrollees	3,678 (98.2%)	3,678 (98.2%)	Pass
IP MH	65+ Enrollees	19,517 (97.3%)	19,517 (97.3%)	Pass
IP MH	Rural Enrollees	15,011 (94.1%)	15,011 (94.1%)	Pass
OP ED/UC	All Enrollees	33,575 (93.3%)	34,195 (95%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	3,350 (81%)	3,392 (82.1%)	Pass
OP ED/UC	Women Enrollees	2,500 (93.7%)	2,541 (95.3%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	7,862 (93.6%)	7,994 (95.1%)	Pass
OP ED/UC	Minority Enrollees	3,539 (94.5%)	3,583 (95.7%)	Pass
OP ED/UC	65+ Enrollees	18,688 (93.2%)	19,022 (94.8%)	Pass
OP ED/UC	Rural Enrollees	13,541 (84.9%)	14,161 (88.8%)	Pass
OP MH	All Enrollees	34,073 (94.7%)	34,139 (94.9%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	3,570 (86.4%)	3,570 (86.4%)	Pass
OP MH	Women Enrollees	2,562 (96%)	2,563 (96.1%)	Pass
OP MH	High Service Disability Rating Enrollees	7,968 (94.8%)	7,989 (95.1%)	Pass
OP MH	Minority Enrollees	3,566 (95.2%)	3,571 (95.3%)	Pass
OP MH	65+ Enrollees	18,878 (94.1%)	18,923 (94.3%)	Pass
OP MH	Rural Enrollees	14,040 (88%)	14,105 (88.5%)	Pass
OP PC	All Enrollees	34,785 (96.7%)	34,880 (96.9%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	3,746 (90.6%)	3,747 (90.6%)	Pass
OP PC	Women Enrollees	2,590 (97.1%)	2,596 (97.3%)	Pass
OP PC	High Service Disability Rating Enrollees	8,124 (96.7%)	8,138 (96.8%)	Pass
OP PC	Minority Enrollees	3,620 (96.6%)	3,624 (96.7%)	Pass
OP PC	65+ Enrollees	19,318 (96.3%)	19,394 (96.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	14,752 (92.5%)	14,847 (93.1%)	Pass
OP Surgery Capability	All Enrollees	34,752 (96.6%)	34,752 (96.6%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	3,435 (83.1%)	3,435 (83.1%)	Pass
OP Surgery Capability	Women Enrollees	2,584 (96.9%)	2,584 (96.9%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	8,137 (96.8%)	8,137 (96.8%)	Pass
OP Surgery Capability	Minority Enrollees	3,636 (97.1%)	3,636 (97.1%)	Pass
OP Surgery Capability	65+ Enrollees	19,269 (96.1%)	19,269 (96.1%)	Pass
OP Surgery Capability	Rural Enrollees	14,718 (92.3%)	14,718 (92.3%)	Pass
OP Medical Specialist	All Enrollees	35,660 (99.1%)	35,665 (99.1%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,940 (95.3%)	3,940 (95.3%)	Pass
OP Medical Specialist	Women Enrollees	2,643 (99.1%)	2,643 (99.1%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	8,331 (99.2%)	8,333 (99.2%)	Pass
OP Medical Specialist	Minority Enrollees	3,712 (99.1%)	3,712 (99.1%)	Pass
OP Medical Specialist	65+ Enrollees	19,863 (99%)	19,866 (99%)	Pass
OP Medical Specialist	Rural Enrollees	15,627 (98%)	15,631 (98%)	Pass
OP Rehabilitation	All Enrollees	35,240 (97.9%)	35,245 (98%)	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	3,790 (91.7%)	3,790 (91.7%)	Pass
OP Rehabilitation	Women Enrollees	2,623 (98.3%)	2,623 (98.3%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	8,244 (98.1%)	8,245 (98.1%)	Pass
OP Rehabilitation	Minority Enrollees	3,687 (98.4%)	3,687 (98.4%)	Pass
OP Rehabilitation	65+ Enrollees	19,573 (97.6%)	19,576 (97.6%)	Pass
OP Rehabilitation	Rural Enrollees	15,206 (95.4%)	15,211 (95.4%)	Pass
OP Surgical Specialist	All Enrollees	34,752 (96.6%)	34,752 (96.6%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,435 (83.1%)	3,435 (83.1%)	Pass
OP Surgical Specialist	Women Enrollees	2,584 (96.9%)	2,584 (96.9%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	8,137 (96.8%)	8,137 (96.8%)	Pass
OP Surgical Specialist	Minority Enrollees	3,636 (97.1%)	3,636 (97.1%)	Pass
OP Surgical Specialist	65+ Enrollees	19,269 (96.1%)	19,269 (96.1%)	Pass
OP Surgical Specialist	Rural Enrollees	14,718 (92.3%)	14,718 (92.3%)	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 21 Sierra Nevada market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 SIERRA NEVADA: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 Sierra Nevada 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 21 Sierra Nevada 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 21 SIERRA NEVADA: 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)	84	52	248	300	216	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	28	14	112	126	98	Pass
IP CLC	Bed Shortage / Surplus (Market level)	134	70	394	464	330	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 21 Sierra Nevada is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 SIERRA NEVADA: 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)	29	43	14	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 21 SIERRA NEVADA: 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)	2.6	3.7	2.6	6.3	4.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	2.8	4.2	1.2	5.3	3.0	Pass
Amb Medical: Dermatology (Service)	3.5	1.7	2.0	3.7	0.0	Pass
Amb Medical: Emergency Medicine (Service)	10.6	8.9	6.7	15.6	5.0	Pass
Amb Medical: Endocrinology (Service)	2.1	1.8	0.6	2.4	0.0	Pass
Amb Medical: Gastroenterology (Service)	3.8	3.7	1.4	5.1	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	1.9	1.2	1.0	2.2	0.0	Pass
Amb Medical: Infectious Diseases (Service)	0.3	0.2	0.4	0.7	0.0	Pass
Amb Medical: Nephrology (Service)	1.6	1.1	0.7	1.7	0.0	Pass
Amb Medical: Neurology (Service)	2.6	1.5	1.0	2.6	0.0	Pass
Amb Medical: Optometry (Service)	5.5	9.2	3.0	12.2	7.0	Pass
Amb Medical: Pain Medicine (Service)	0.7	1.3	0.7	1.9	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.1	11.1	1.5	12.6	10.0	Pass
Amb Medical: Rheumatology (Service)	1.0	1.5	0.5	1.9	1.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.3	0.7	0.6	1.3	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.8	1.4	3.1	4.5	4.0	Pass
Amb Surgical: Ophthalmology (Service)	5.6	3.7	1.8	5.6	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.1	1.4	3.2	4.6	3.0	Pass
Amb Surgical: Otolaryngology (Service)	1.2	1.7	0.9	2.6	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.6	0.6	0.2	0.8	0.0	Pass
Amb Surgical: Podiatry (Service)	5.1	6.0	1.0	7.0	2.0	Pass
Amb Surgical: Surgery (Service)	2.2	2.6	5.7	8.3	6.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.6	0.1	0.7	1.0	Pass
Amb Surgical: Urology (Service)	2.7	2.8	1.0	3.9	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.0	1.4	0.3	1.6	1.0	Pass
Dental	0.0	0.0	0.8	0.8	1.0	Pass
MH	45.7	56.6	17.8	74.4	29.0	Pass
PC	42.9	41.3	43.6	84.8	42.0	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 21 Sierra Nevada 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 21 Sierra Nevada 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 21 SIERRA NEVADA: 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 21 SIERRA NEVADA: 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 21 Sierra Nevada 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 21 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 21 SIERRA NEVADA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (654) Reno	\$185,813.00	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 21 SIERRA NEVADA: 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 21 SIERRA NEVADA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.02	0.82	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 21 Sierra Nevada 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 21 SIERRA NEVADA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (654) Reno [replacement]	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	27,367.0	Pass
VAMC	(V21) (654) Reno [replacement]	IP Med	Facility Meets or Exceeds Target of 20 Average Daily Census	26.7	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (654) Reno [replacement]	IP MH	Facility Meets or Exceeds Target of 9 Average Daily Census, Urban	17.2	Pass
VAMC	(V21) (654) Reno [replacement]	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	2,499.0	Pass
MS CBOC	(V21) (654GF) North Reno	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	26,761.0	Pass
MS CBOC	(V21) (XXX) Carson City	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	27,194.0	Pass
MS CBOC	(V21) (XXX) Reno East	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	26,834.0	Pass
CBOC	(V21) (654GB) Carson Valley	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,929.0	Pass
CBOC	(V21) (654GC) Lahontan Valley	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,763.0	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 21 SIERRA NEVADA: 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
\$10,963M	\$11,527M	1.00	0.82	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 21 SIERRA NEVADA: 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 21 SIERRA NEVADA: 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
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 21 South Valley

VA's recommendation for the VISN 21 South Valley 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 21 South Valley 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 21 South Valley 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 21 SOUTH VALLEY: 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	40,385 (99.7%)	40,385 (99.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	4,398 (100%)	4,398 (100%)	Pass
IP Med/Surg	Women Enrollees	2,825 (99.7%)	2,825 (99.7%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	11,388 (99.8%)	11,388 (99.8%)	Pass
IP Med/Surg	Minority Enrollees	12,513 (99.9%)	12,513 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	20,047 (99.6%)	20,047 (99.6%)	Pass
IP Med/Surg	Rural Enrollees	9,696 (98.6%)	9,696 (98.6%)	Pass
IP CLC	All Enrollees	36,714 (90.6%)	38,789 (95.7%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	4,289 (97.5%)	4,334 (98.5%)	Pass
IP CLC	Women Enrollees	2,625 (92.7%)	2,740 (96.7%)	Pass
IP CLC	High Service Disability Rating Enrollees	10,427 (91.4%)	10,988 (96.3%)	Pass
IP CLC	Minority Enrollees	11,837 (94.5%)	12,277 (98%)	Pass
IP CLC	65+ Enrollees	17,810 (88.5%)	19,090 (94.9%)	Pass
IP CLC	Rural Enrollees	6,025 (61.3%)	8,100 (82.4%)	Pass
IP MH	All Enrollees	40,385 (99.7%)	40,385 (99.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	4,398 (100%)	4,398 (100%)	Pass
IP MH	Women Enrollees	2,825 (99.7%)	2,825 (99.7%)	Pass
IP MH	High Service Disability Rating Enrollees	11,388 (99.8%)	11,388 (99.8%)	Pass
IP MH	Minority Enrollees	12,513 (99.9%)	12,513 (99.9%)	Pass
IP MH	65+ Enrollees	20,047 (99.6%)	20,047 (99.6%)	Pass
IP MH	Rural Enrollees	9,696 (98.6%)	9,696 (98.6%)	Pass
OP ED/UC	All Enrollees	40,316 (99.5%)	40,336 (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 ED/UC	Enrollees Living in Disadvantaged Neighborhoods	4,388 (99.8%)	4,398 (100%)	Pass
OP ED/UC	Women Enrollees	2,822 (99.7%)	2,824 (99.7%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	11,371 (99.6%)	11,377 (99.7%)	Pass
OP ED/UC	Minority Enrollees	12,508 (99.9%)	12,509 (99.9%)	Pass
OP ED/UC	65+ Enrollees	20,002 (99.4%)	20,016 (99.5%)	Pass
OP ED/UC	Rural Enrollees	9,627 (97.9%)	9,647 (98.1%)	Pass
OP MH	All Enrollees	39,504 (97.5%)	39,504 (97.5%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	4,373 (99.4%)	4,373 (99.4%)	Pass
OP MH	Women Enrollees	2,773 (97.9%)	2,773 (97.9%)	Pass
OP MH	High Service Disability Rating Enrollees	11,144 (97.6%)	11,144 (97.6%)	Pass
OP MH	Minority Enrollees	12,416 (99.1%)	12,416 (99.1%)	Pass
OP MH	65+ Enrollees	19,496 (96.9%)	19,496 (96.9%)	Pass
OP MH	Rural Enrollees	8,815 (89.7%)	8,815 (89.7%)	Pass
OP PC	All Enrollees	39,953 (98.6%)	39,953 (98.6%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	4,383 (99.6%)	4,383 (99.6%)	Pass
OP PC	Women Enrollees	2,807 (99.1%)	2,807 (99.1%)	Pass
OP PC	High Service Disability Rating Enrollees	11,259 (98.7%)	11,259 (98.7%)	Pass
OP PC	Minority Enrollees	12,469 (99.5%)	12,469 (99.5%)	Pass
OP PC	65+ Enrollees	19,777 (98.3%)	19,777 (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	9,264 (94.2%)	9,264 (94.2%)	Pass
OP Surgery Capability	All Enrollees	40,382 (99.7%)	40,382 (99.7%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	4,394 (99.9%)	4,394 (99.9%)	Pass
OP Surgery Capability	Women Enrollees	2,823 (99.7%)	2,823 (99.7%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	11,385 (99.8%)	11,385 (99.8%)	Pass
OP Surgery Capability	Minority Enrollees	12,512 (99.9%)	12,512 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	20,048 (99.6%)	20,048 (99.6%)	Pass
OP Surgery Capability	Rural Enrollees	9,694 (98.6%)	9,694 (98.6%)	Pass
OP Medical Specialist	All Enrollees	40,407 (99.7%)	40,407 (99.7%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	4,398 (100%)	4,398 (100%)	Pass
OP Medical Specialist	Women Enrollees	2,826 (99.8%)	2,826 (99.8%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	11,393 (99.8%)	11,393 (99.8%)	Pass
OP Medical Specialist	Minority Enrollees	12,515 (99.9%)	12,515 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	20,061 (99.7%)	20,061 (99.7%)	Pass
OP Medical Specialist	Rural Enrollees	9,718 (98.9%)	9,718 (98.9%)	Pass
OP Rehabilitation	All Enrollees	40,404 (99.7%)	40,404 (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	4,398 (100%)	4,398 (100%)	Pass
OP Rehabilitation	Women Enrollees	2,826 (99.8%)	2,826 (99.8%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	11,391 (99.8%)	11,391 (99.8%)	Pass
OP Rehabilitation	Minority Enrollees	12,515 (99.9%)	12,515 (99.9%)	Pass
OP Rehabilitation	65+ Enrollees	20,058 (99.7%)	20,058 (99.7%)	Pass
OP Rehabilitation	Rural Enrollees	9,715 (98.8%)	9,715 (98.8%)	Pass
OP Surgical Specialist	All Enrollees	40,382 (99.7%)	40,382 (99.7%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	4,394 (99.9%)	4,394 (99.9%)	Pass
OP Surgical Specialist	Women Enrollees	2,823 (99.7%)	2,823 (99.7%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	11,385 (99.8%)	11,385 (99.8%)	Pass
OP Surgical Specialist	Minority Enrollees	12,512 (99.9%)	12,512 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	20,048 (99.6%)	20,048 (99.6%)	Pass
OP Surgical Specialist	Rural Enrollees	9,694 (98.6%)	9,694 (98.6%)	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 21 South Valley market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 SOUTH VALLEY: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 South Valley 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 21 South Valley 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 21 SOUTH VALLEY: 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)	64	45	335	380	316	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	12	4	16	6	Pass
IP CLC	Bed Shortage / Surplus (Market level)	175	60	156	216	41	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 21 South Valley is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 SOUTH VALLEY: 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)	29	43	14	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 21 SOUTH VALLEY: 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	1.5	0.6	2.1	2.0	Pass
Amb Medical: Cardiology (Service)	2.8	5.3	2.5	7.9	5.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.7	8.1	1.6	9.8	6.0	Pass
Amb Medical: Dermatology (Service)	2.2	2.4	2.1	4.6	2.0	Pass
Amb Medical: Emergency Medicine (Service)	4.0	2.9	12.1	15.0	11.0	Pass
Amb Medical: Endocrinology (Service)	0.2	2.9	0.5	3.4	3.0	Pass
Amb Medical: Gastroenterology (Service)	3.7	5.6	1.2	6.8	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.1	4.5	1.2	5.6	3.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	1.1	0.5	1.5	1.0	Pass
Amb Medical: Nephrology (Service)	1.4	1.6	1.1	2.7	1.0	Pass
Amb Medical: Neurology (Service)	2.3	4.5	1.2	5.7	3.0	Pass
Amb Medical: Optometry (Service)	8.6	15.1	2.1	17.1	9.0	Pass
Amb Medical: Pain Medicine (Service)	0.7	1.9	0.4	2.3	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.2	12.2	1.0	13.3	11.0	Pass
Amb Medical: Rheumatology (Service)	0.4	2.2	0.4	2.5	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.6	0.2	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)	0.5	0.9	3.6	4.5	4.0	Pass
Amb Surgical: Ophthalmology (Service)	5.3	4.1	1.9	6.0	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	1.3	1.9	2.1	4.0	3.0	Pass
Amb Surgical: Otolaryngology (Service)	0.9	1.5	0.8	2.3	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.3	1.8	0.3	2.1	1.0	Pass
Amb Surgical: Podiatry (Service)	5.0	7.1	1.6	8.7	4.0	Pass
Amb Surgical: Surgery (Service)	1.7	6.2	7.7	13.9	12.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.5	0.1	0.6	0.0	Pass
Amb Surgical: Urology (Service)	1.3	2.7	1.1	3.8	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	2.2	0.4	2.6	2.0	Pass
Dental	0.0	0.0	0.7	0.7	1.0	Pass
MH	48.8	58.5	12.1	70.7	22.0	Pass
PC	38.4	59.2	51.8	111.0	73.0	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 21 South Valley 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 21 South Valley 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 21 SOUTH VALLEY: 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 21 SOUTH VALLEY: 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 21 South Valley 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 21 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 21 SOUTH VALLEY: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (570) Fresno	\$159,267.00	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 21 SOUTH VALLEY: 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 21 SOUTH VALLEY: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.28	0.73	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 21 South Valley 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 21 SOUTH VALLEY: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (570) Fresno	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	33,573.0	Pass
VAMC	(V21) (570) Fresno	IP Med	Facility Meets or Exceeds Target of 20 Average Daily Census	28.4	Pass
VAMC	(V21) (570) Fresno	IP MH	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
VAMC	(V21) (570) Fresno	IP Surg	Facility Meets or Exceeds Target of 1,600 Total Cases	2,567.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V21) (570GA) Merced	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	22,378.0	Pass
MS CBOC	(V21) (570GC) Oakhurst	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	17,812.0	Pass
MS CBOC	(V21) (XXX) Clovis	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	32,303.0	Pass
MS CBOC	(V21) (XXX) Visalia	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	31,255.0	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 21 SOUTH VALLEY: 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
\$10,909M	\$10,928M	0.99	0.73	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 21 SOUTH VALLEY: 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 21 SOUTH VALLEY: INCORPORATION OF GLOBAL TRENDS

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

Market VISN 21 North Coast

VA's recommendation for the VISN 21 North Coast 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 21 North Coast 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 21 North Coast 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 21 NORTH COAST: 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	39,245 (99.4%)	39,245 (99.4%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
IP Med/Surg	Women Enrollees	2,857 (99.5%)	2,857 (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	9,395 (99.5%)	9,395 (99.5%)	Pass
IP Med/Surg	Minority Enrollees	9,317 (99.8%)	9,317 (99.8%)	Pass
IP Med/Surg	65+ Enrollees	21,654 (99.1%)	21,654 (99.1%)	Pass
IP Med/Surg	Rural Enrollees	10,838 (97.7%)	10,838 (97.7%)	Pass
IP CLC	All Enrollees	38,831 (98.3%)	38,969 (98.7%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
IP CLC	Women Enrollees	2,840 (98.9%)	2,845 (99.1%)	Pass
IP CLC	High Service Disability Rating Enrollees	9,299 (98.5%)	9,337 (98.9%)	Pass
IP CLC	Minority Enrollees	9,285 (99.4%)	9,297 (99.6%)	Pass
IP CLC	65+ Enrollees	21,364 (97.8%)	21,453 (98.2%)	Pass
IP CLC	Rural Enrollees	10,431 (94%)	10,567 (95.3%)	Pass
IP MH	All Enrollees	39,245 (99.4%)	39,245 (99.4%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
IP MH	Women Enrollees	2,857 (99.5%)	2,857 (99.5%)	Pass
IP MH	High Service Disability Rating Enrollees	9,395 (99.5%)	9,395 (99.5%)	Pass
IP MH	Minority Enrollees	9,317 (99.8%)	9,317 (99.8%)	Pass
IP MH	65+ Enrollees	21,654 (99.1%)	21,654 (99.1%)	Pass
IP MH	Rural Enrollees	10,838 (97.7%)	10,838 (97.7%)	Pass
OP ED/UC	All Enrollees	38,993 (98.7%)	39,240 (99.3%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
OP ED/UC	Women Enrollees	2,840 (98.9%)	2,858 (99.5%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	9,315 (98.7%)	9,389 (99.4%)	Pass
OP ED/UC	Minority Enrollees	9,306 (99.7%)	9,316 (99.8%)	Pass
OP ED/UC	65+ Enrollees	21,470 (98.3%)	21,657 (99.1%)	Pass
OP ED/UC	Rural Enrollees	10,586 (95.4%)	10,833 (97.7%)	Pass
OP MH	All Enrollees	39,088 (99%)	39,088 (99%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
OP MH	Women Enrollees	2,847 (99.1%)	2,847 (99.1%)	Pass
OP MH	High Service Disability Rating Enrollees	9,350 (99%)	9,350 (99%)	Pass
OP MH	Minority Enrollees	9,311 (99.7%)	9,311 (99.7%)	Pass
OP MH	65+ Enrollees	21,550 (98.6%)	21,550 (98.6%)	Pass
OP MH	Rural Enrollees	10,684 (96.3%)	10,684 (96.3%)	Pass
OP PC	All Enrollees	39,147 (99.1%)	39,170 (99.2%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
OP PC	Women Enrollees	2,853 (99.4%)	2,855 (99.4%)	Pass
OP PC	High Service Disability Rating Enrollees	9,360 (99.1%)	9,365 (99.2%)	Pass
OP PC	Minority Enrollees	9,310 (99.7%)	9,310 (99.7%)	Pass
OP PC	65+ Enrollees	21,605 (98.9%)	21,621 (99%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	10,742 (96.8%)	10,765 (97.1%)	Pass
OP Surgery Capability	All Enrollees	39,221 (99.3%)	39,221 (99.3%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
OP Surgery Capability	Women Enrollees	2,856 (99.5%)	2,856 (99.5%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	9,385 (99.4%)	9,385 (99.4%)	Pass
OP Surgery Capability	Minority Enrollees	9,315 (99.7%)	9,315 (99.7%)	Pass
OP Surgery Capability	65+ Enrollees	21,643 (99.1%)	21,643 (99.1%)	Pass
OP Surgery Capability	Rural Enrollees	10,815 (97.5%)	10,815 (97.5%)	Pass
OP Medical Specialist	All Enrollees	39,426 (99.8%)	39,426 (99.8%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
OP Medical Specialist	Women Enrollees	2,868 (99.9%)	2,868 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	9,428 (99.9%)	9,428 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	9,330 (99.9%)	9,330 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	21,799 (99.8%)	21,799 (99.8%)	Pass
OP Medical Specialist	Rural Enrollees	11,019 (99.3%)	11,019 (99.3%)	Pass
OP Rehabilitation	All Enrollees	39,371 (99.7%)	39,371 (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	970 (100%)	970 (100%)	Pass
OP Rehabilitation	Women Enrollees	2,865 (99.8%)	2,865 (99.8%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	9,412 (99.7%)	9,412 (99.7%)	Pass
OP Rehabilitation	Minority Enrollees	9,324 (99.8%)	9,324 (99.8%)	Pass
OP Rehabilitation	65+ Enrollees	21,759 (99.6%)	21,759 (99.6%)	Pass
OP Rehabilitation	Rural Enrollees	10,964 (98.8%)	10,964 (98.8%)	Pass
OP Surgical Specialist	All Enrollees	39,221 (99.3%)	39,221 (99.3%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	970 (100%)	970 (100%)	Pass
OP Surgical Specialist	Women Enrollees	2,856 (99.5%)	2,856 (99.5%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	9,385 (99.4%)	9,385 (99.4%)	Pass
OP Surgical Specialist	Minority Enrollees	9,315 (99.7%)	9,315 (99.7%)	Pass
OP Surgical Specialist	65+ Enrollees	21,643 (99.1%)	21,643 (99.1%)	Pass
OP Surgical Specialist	Rural Enrollees	10,815 (97.5%)	10,815 (97.5%)	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 21 North Coast market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 NORTH COAST: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 North Coast 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 21 North Coast 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 21 NORTH COAST: 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)	77	92	1,249	1,341	1,264	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	21	15	146	161	140	Pass
IP CLC	Bed Shortage / Surplus (Market level)	258	164	1,110	1,274	1,016	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 21 North Coast is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 NORTH COAST: 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)	29	43	14	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 21 NORTH COAST: 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	1.6	0.9	2.6	2.0	Pass
Amb Medical: Cardiology (Service)	2.7	7.0	7.8	14.9	12.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.4	10.8	5.9	16.7	13.0	Pass
Amb Medical: Dermatology (Service)	4.2	3.8	6.9	10.7	6.0	Pass
Amb Medical: Emergency Medicine (Service)	6.8	6.8	20.6	27.4	21.0	Pass
Amb Medical: Endocrinology (Service)	1.4	6.1	3.0	9.0	8.0	Pass
Amb Medical: Gastroenterology (Service)	2.2	6.0	4.0	10.0	8.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.4	7.0	5.0	12.0	10.0	Pass
Amb Medical: Infectious Diseases (Service)	0.6	2.6	2.5	5.2	5.0	Pass
Amb Medical: Nephrology (Service)	1.7	4.8	3.4	8.2	6.0	Pass
Amb Medical: Neurology (Service)	3.2	9.1	6.8	15.9	13.0	Pass
Amb Medical: Optometry (Service)	8.4	18.4	3.2	21.5	13.0	Pass
Amb Medical: Pain Medicine (Service)	0.1	3.0	1.7	4.6	5.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.0	28.2	1.8	30.0	28.0	Pass
Amb Medical: Rheumatology (Service)	1.0	5.0	1.6	6.6	6.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.3	0.2	1.6	1.8	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.5	1.0	11.1	12.2	12.0	Pass
Amb Surgical: Ophthalmology (Service)	6.5	6.4	7.0	13.3	7.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	1.5	2.9	6.3	9.2	8.0	Pass
Amb Surgical: Otolaryngology (Service)	1.5	4.1	3.8	7.8	6.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.7	2.9	1.1	3.9	3.0	Pass
Amb Surgical: Podiatry (Service)	6.6	8.5	4.4	12.9	6.0	Pass
Amb Surgical: Surgery (Service)	1.6	10.1	14.0	24.1	23.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.5	0.8	1.3	1.0	Pass
Amb Surgical: Urology (Service)	1.9	4.0	3.4	7.3	5.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.7	1.4	1.0	2.4	2.0	Pass
Dental	0.0	0.0	2.2	2.2	2.0	Pass
MH	97.5	124.5	69.9	194.3	97.0	Pass
PC	41.9	123.4	117.5	240.9	199.0	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 21 North Coast 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 21 North Coast 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 21 NORTH COAST: 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 21 NORTH COAST: 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 21 North Coast 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 21 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 21 NORTH COAST: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (662) San Francisco	\$16,071,920.00	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 21 NORTH COAST: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V21) (662) San Francisco	(V21) (662) San Francisco	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 21 NORTH COAST: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.26	1.47	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 21 North Coast 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 21 NORTH COAST: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (662) San Francisco	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	52,499.0	Pass
VAMC	(V21) (662) San Francisco	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	52,499.0	Pass
VAMC	(V21) (662) San Francisco	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	52,499.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (662) San Francisco	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	52,499.0	Pass
CLC	(V21) (662XX) Oakland/Alameda Point CLC	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	72,155.0	Pass
CLC	(V21) (662XX) Santa Rosa CLC [Relocated Data]	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	52,499.0	Pass
HCC	(V21) (XXX) Oakland/Alameda Point	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	76,031.0	Pass
MS CBOC	(V21) (662GC) Eureka	MS CBOC	Facility Meets or Exceeds Target of 2 Specialties > 499 Encounters	7.0	Pass
MS CBOC	(V21) (662GD) Ukiah	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	4,883.0	Pass
MS CBOC	(V21) (662GE) San Bruno	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	68,929.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V21) (662GA) Santa Rosa	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	14,765.0	Pass
MS CBOC	(V21) (XXX) Lakeport	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	4,654.0	Pass
CBOC	(V21) (662GF) San Francisco Downtown	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	20,807.0	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 21 NORTH COAST: 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
\$18,748M	\$19,081M	1.70	1.47	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 21 NORTH COAST: 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 21 NORTH COAST: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Establishes standalone ASC facilities to meet outpatient surgical workload (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 21 North Valley

VA's recommendation for the VISN 21 North Valley 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 21 North Valley 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 21 North Valley 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 21 NORTH VALLEY: 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	124,478 (99.7%)	124,519 (99.7%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	3,902 (99.7%)	3,902 (99.7%)	Pass
IP Med/Surg	Women Enrollees	11,018 (99.8%)	11,020 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	37,869 (99.8%)	37,883 (99.8%)	Pass
IP Med/Surg	Minority Enrollees	28,647 (99.9%)	28,647 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	62,341 (99.6%)	62,365 (99.6%)	Pass
IP Med/Surg	Rural Enrollees	26,732 (98.7%)	26,773 (98.8%)	Pass
IP CLC	All Enrollees	112,835 (90.4%)	122,176 (97.9%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	3,164 (80.8%)	3,739 (95.5%)	Pass
IP CLC	Women Enrollees	9,972 (90.3%)	10,892 (98.7%)	Pass
IP CLC	High Service Disability Rating Enrollees	34,148 (90%)	37,323 (98.3%)	Pass
IP CLC	Minority Enrollees	26,906 (93.8%)	28,488 (99.3%)	Pass
IP CLC	65+ Enrollees	56,313 (90%)	60,786 (97.1%)	Pass
IP CLC	Rural Enrollees	19,870 (73.3%)	24,447 (90.2%)	Pass
IP MH	All Enrollees	124,478 (99.7%)	124,519 (99.7%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	3,902 (99.7%)	3,902 (99.7%)	Pass
IP MH	Women Enrollees	11,018 (99.8%)	11,020 (99.8%)	Pass
IP MH	High Service Disability Rating Enrollees	37,869 (99.8%)	37,883 (99.8%)	Pass
IP MH	Minority Enrollees	28,647 (99.9%)	28,647 (99.9%)	Pass
IP MH	65+ Enrollees	62,341 (99.6%)	62,365 (99.6%)	Pass
IP MH	Rural Enrollees	26,732 (98.7%)	26,773 (98.8%)	Pass
OP ED/UC	All Enrollees	124,113 (99.4%)	124,126 (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	3,906 (99.8%)	3,906 (99.8%)	Pass
OP ED/UC	Women Enrollees	10,997 (99.6%)	10,997 (99.6%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	37,792 (99.6%)	37,799 (99.6%)	Pass
OP ED/UC	Minority Enrollees	28,618 (99.8%)	28,619 (99.8%)	Pass
OP ED/UC	65+ Enrollees	62,074 (99.2%)	62,084 (99.2%)	Pass
OP ED/UC	Rural Enrollees	26,368 (97.3%)	26,381 (97.4%)	Pass
OP MH	All Enrollees	123,093 (98.6%)	123,118 (98.6%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	3,816 (97.5%)	3,816 (97.5%)	Pass
OP MH	Women Enrollees	10,927 (99%)	10,927 (99%)	Pass
OP MH	High Service Disability Rating Enrollees	37,529 (98.9%)	37,534 (98.9%)	Pass
OP MH	Minority Enrollees	28,547 (99.5%)	28,551 (99.5%)	Pass
OP MH	65+ Enrollees	61,404 (98.1%)	61,416 (98.1%)	Pass
OP MH	Rural Enrollees	25,350 (93.6%)	25,375 (93.7%)	Pass
OP PC	All Enrollees	123,369 (98.8%)	123,808 (99.2%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	3,827 (97.8%)	3,835 (98%)	Pass
OP PC	Women Enrollees	10,950 (99.2%)	10,975 (99.4%)	Pass
OP PC	High Service Disability Rating Enrollees	37,582 (99%)	37,709 (99.3%)	Pass
OP PC	Minority Enrollees	28,560 (99.6%)	28,598 (99.7%)	Pass
OP PC	65+ Enrollees	61,591 (98.4%)	61,897 (98.9%)	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	25,639 (94.6%)	26,063 (96.2%)	Pass
OP Surgery Capability	All Enrollees	124,215 (99.5%)	124,331 (99.6%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	3,884 (99.2%)	3,884 (99.2%)	Pass
OP Surgery Capability	Women Enrollees	11,001 (99.7%)	11,014 (99.8%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	37,804 (99.6%)	37,827 (99.7%)	Pass
OP Surgery Capability	Minority Enrollees	28,627 (99.8%)	28,636 (99.8%)	Pass
OP Surgery Capability	65+ Enrollees	62,158 (99.3%)	62,232 (99.4%)	Pass
OP Surgery Capability	Rural Enrollees	26,470 (97.7%)	26,585 (98.1%)	Pass
OP Medical Specialist	All Enrollees	124,581 (99.8%)	124,581 (99.8%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,906 (99.8%)	3,906 (99.8%)	Pass
OP Medical Specialist	Women Enrollees	11,024 (99.9%)	11,024 (99.9%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	37,899 (99.8%)	37,899 (99.8%)	Pass
OP Medical Specialist	Minority Enrollees	28,653 (99.9%)	28,653 (99.9%)	Pass
OP Medical Specialist	65+ Enrollees	62,406 (99.7%)	62,406 (99.7%)	Pass
OP Medical Specialist	Rural Enrollees	26,835 (99.1%)	26,835 (99.1%)	Pass
OP Rehabilitation	All Enrollees	124,585 (99.8%)	124,585 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	3,906 (99.8%)	3,906 (99.8%)	Pass
OP Rehabilitation	Women Enrollees	11,024 (99.9%)	11,024 (99.9%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	37,899 (99.8%)	37,899 (99.8%)	Pass
OP Rehabilitation	Minority Enrollees	28,654 (99.9%)	28,654 (99.9%)	Pass
OP Rehabilitation	65+ Enrollees	62,409 (99.7%)	62,409 (99.7%)	Pass
OP Rehabilitation	Rural Enrollees	26,839 (99.1%)	26,839 (99.1%)	Pass
OP Surgical Specialist	All Enrollees	124,331 (99.6%)	124,331 (99.6%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,884 (99.2%)	3,884 (99.2%)	Pass
OP Surgical Specialist	Women Enrollees	11,014 (99.8%)	11,014 (99.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	37,827 (99.7%)	37,827 (99.7%)	Pass
OP Surgical Specialist	Minority Enrollees	28,636 (99.8%)	28,636 (99.8%)	Pass
OP Surgical Specialist	65+ Enrollees	62,232 (99.4%)	62,232 (99.4%)	Pass
OP Surgical Specialist	Rural Enrollees	26,585 (98.1%)	26,585 (98.1%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 21 North Valley market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 NORTH VALLEY: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 North Valley 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 21 North Valley 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 21 NORTH VALLEY: 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)	129	56	1,168	1,224	1,095	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	34	16	23	39	5	Pass
IP CLC	Bed Shortage / Surplus (Market level)	366	220	526	746	380	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 21 North Valley is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 NORTH VALLEY: 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)	29	43	14	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 21 NORTH VALLEY: 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)	0.8	3.6	1.0	4.6	4.0	Pass
Amb Medical: Cardiology (Service)	4.2	11.6	7.7	19.3	15.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	5.4	19.0	4.7	23.7	18.0	Pass
Amb Medical: Dermatology (Service)	5.2	8.3	5.6	13.9	9.0	Pass
Amb Medical: Emergency Medicine (Service)	15.3	12.2	18.8	31.0	16.0	Pass
Amb Medical: Endocrinology (Service)	2.4	8.2	1.8	10.0	8.0	Pass
Amb Medical: Gastroenterology (Service)	4.9	9.4	4.0	13.4	8.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	5.2	12.2	4.7	16.9	12.0	Pass
Amb Medical: Infectious Diseases (Service)	1.1	5.6	1.6	7.2	6.0	Pass
Amb Medical: Nephrology (Service)	3.7	6.8	2.6	9.3	6.0	Pass
Amb Medical: Neurology (Service)	5.8	10.9	4.2	15.1	9.0	Pass
Amb Medical: Optometry (Service)	9.6	32.4	4.0	36.5	27.0	Pass
Amb Medical: Pain Medicine (Service)	1.7	6.5	2.0	8.6	7.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	6.5	45.1	2.4	47.5	41.0	Pass
Amb Medical: Rheumatology (Service)	1.6	8.6	1.4	10.0	8.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.3	0.1	1.3	1.4	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.1	2.7	8.0	10.7	10.0	Pass
Amb Surgical: Ophthalmology (Service)	13.6	11.9	5.3	17.2	4.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.5	4.0	7.4	11.4	8.0	Pass
Amb Surgical: Otolaryngology (Service)	4.2	5.6	3.3	8.8	5.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	2.1	0.9	3.1	2.0	Pass
Amb Surgical: Podiatry (Service)	11.3	18.4	3.7	22.1	11.0	Pass
Amb Surgical: Surgery (Service)	3.0	16.1	16.8	32.9	30.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.3	1.1	0.4	1.6	1.0	Pass
Amb Surgical: Urology (Service)	4.1	6.9	2.5	9.3	5.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.5	3.8	1.0	4.9	3.0	Pass
Dental	0.0	0.0	1.9	1.9	2.0	Pass
MH	95.0	164.6	44.0	208.6	114.0	Pass
PC	64.2	174.1	109.9	283.9	220.0	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 21 North Valley 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 21 North Valley 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 21 NORTH VALLEY: 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 21 NORTH VALLEY: 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	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 21 North Valley 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 21 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 21 NORTH VALLEY: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (612A4) Sacramento	\$4,564,235.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (612GF) Martinez	\$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 21 NORTH VALLEY: 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 21 NORTH VALLEY: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.31	1.71	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 21 North Valley 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 21 NORTH VALLEY: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (612A4) Sacramento	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	73,795.0	Pass
VAMC	(V21) (612A4) Sacramento	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	73,795.0	Pass
VAMC	(V21) (612A4) Sacramento	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	73,795.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (612A4) Sacramento	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	38.0	Pass
VAMC	(V21) (612A4) Sacramento	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	73,795.0	Pass
VAMC	(V21) (612GF) Martinez	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	70,455.0	Pass
CLC	(V21) (612XX) Stockton CLC	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	57,172.0	Pass
MS CBOC	(V21) (612B4) Redding	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	10,492.0	Pass
MS CBOC	(V21) (612GD) Fairfield	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	66,505.0	Pass
MS CBOC	(V21) (612GG) Chico	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,448.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V21) (612GH) McClellan Park	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	74,359.0	Pass
MS CBOC	(V21) (612GI) Yuba City	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	52,259.0	Pass
MS CBOC	(V21) (612GK) Sierra Foothills	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	56,968.0	Pass
MS CBOC	(V21) (XXX) Antioch	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	67,975.0	Pass
MS CBOC	(V21) (XXX) Placerville	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	51,858.0	Pass
MS CBOC	(V21) (XXX) Elk Grove	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	76,250.0	Pass
MS CBOC	(V21) (640HA) Stockton [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	56,427.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V21) (612GE) Mare Island	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	21,906.0	Pass
CBOC	(V21) (612GJ) Yreka	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	5,341.0	Pass
CBOC	(V21) (XXX) Yolo	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	11,829.0	Pass
CBOC	(V21) (XXX) Yountville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,482.0	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 21 NORTH VALLEY: 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
\$25,316M	\$25,688M	2.30	1.71	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 21 NORTH VALLEY: 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 21 NORTH VALLEY: INCORPORATION OF GLOBAL TRENDS

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

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

Market VISN 21 Pacific Islands

VA's recommendation for the VISN 21 Pacific Islands 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 21 Pacific Islands 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 21 Pacific Islands 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 21 PACIFIC ISLANDS: 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	52,457 (94.6%)	52,975 (95.5%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	257 (50.1%)	257 (50.1%)	Pass
IP Med/Surg	Women Enrollees	5,638 (95%)	5,673 (95.5%)	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	17,239 (93.9%)	17,374 (94.6%)	Pass
IP Med/Surg	Minority Enrollees	28,346 (94.6%)	28,540 (95.2%)	Pass
IP Med/Surg	65+ Enrollees	21,800 (93.7%)	22,082 (94.9%)	Pass
IP Med/Surg	Rural Enrollees	18,914 (86.5%)	19,432 (88.9%)	Pass
IP CLC	All Enrollees	41,230 (74.3%)	45,533 (82.1%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	175 (34.1%)	175 (34.1%)	Pass
IP CLC	Women Enrollees	4,662 (78.5%)	4,998 (84.2%)	Pass
IP CLC	High Service Disability Rating Enrollees	13,797 (75.1%)	14,924 (81.3%)	Pass
IP CLC	Minority Enrollees	21,703 (72.4%)	23,607 (78.8%)	Pass
IP CLC	65+ Enrollees	17,133 (73.7%)	19,632 (84.4%)	Pass
IP CLC	Rural Enrollees	8,769 (40.1%)	12,653 (57.9%)	Pass
IP MH	All Enrollees	52,454 (94.6%)	52,972 (95.5%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	257 (50.1%)	257 (50.1%)	Pass
IP MH	Women Enrollees	5,638 (95%)	5,673 (95.5%)	Pass
IP MH	High Service Disability Rating Enrollees	17,239 (93.9%)	17,374 (94.6%)	Pass
IP MH	Minority Enrollees	28,343 (94.6%)	28,537 (95.2%)	Pass
IP MH	65+ Enrollees	21,800 (93.7%)	22,082 (94.9%)	Pass
IP MH	Rural Enrollees	18,911 (86.5%)	19,429 (88.9%)	Pass
OP ED/UC	All Enrollees	53,386 (96.2%)	53,386 (96.2%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	252 (49.2%)	252 (49.2%)	Pass
OP ED/UC	Women Enrollees	5,709 (96.1%)	5,709 (96.1%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	17,491 (95.2%)	17,491 (95.2%)	Pass
OP ED/UC	Minority Enrollees	28,618 (95.5%)	28,618 (95.5%)	Pass
OP ED/UC	65+ Enrollees	22,304 (95.9%)	22,304 (95.9%)	Pass
OP ED/UC	Rural Enrollees	19,844 (90.8%)	19,844 (90.8%)	Pass
OP MH	All Enrollees	53,157 (95.8%)	53,164 (95.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	401 (78.3%)	401 (78.3%)	Pass
OP MH	Women Enrollees	5,667 (95.4%)	5,668 (95.5%)	Pass
OP MH	High Service Disability Rating Enrollees	17,397 (94.7%)	17,399 (94.7%)	Pass
OP MH	Minority Enrollees	28,339 (94.6%)	28,340 (94.6%)	Pass
OP MH	65+ Enrollees	22,424 (96.4%)	22,425 (96.4%)	Pass
OP MH	Rural Enrollees	20,157 (92.2%)	20,157 (92.2%)	Pass
OP PC	All Enrollees	53,693 (96.8%)	53,702 (96.8%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	401 (78.3%)	401 (78.3%)	Pass
OP PC	Women Enrollees	5,710 (96.2%)	5,710 (96.2%)	Pass
OP PC	High Service Disability Rating Enrollees	17,570 (95.7%)	17,570 (95.7%)	Pass
OP PC	Minority Enrollees	28,696 (95.7%)	28,703 (95.8%)	Pass
OP PC	65+ Enrollees	22,596 (97.1%)	22,602 (97.2%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	20,340 (93%)	20,340 (93%)	Pass
OP Surgery Capability	All Enrollees	53,260 (96%)	53,260 (96%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	252 (49.2%)	252 (49.2%)	Pass
OP Surgery Capability	Women Enrollees	5,702 (96%)	5,702 (96%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	17,461 (95.1%)	17,461 (95.1%)	Pass
OP Surgery Capability	Minority Enrollees	28,572 (95.3%)	28,572 (95.3%)	Pass
OP Surgery Capability	65+ Enrollees	22,232 (95.6%)	22,232 (95.6%)	Pass
OP Surgery Capability	Rural Enrollees	19,718 (90.2%)	19,718 (90.2%)	Pass
OP Medical Specialist	All Enrollees	54,109 (97.6%)	54,110 (97.6%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	401 (78.3%)	401 (78.3%)	Pass
OP Medical Specialist	Women Enrollees	5,765 (97.1%)	5,765 (97.1%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	17,706 (96.4%)	17,707 (96.4%)	Pass
OP Medical Specialist	Minority Enrollees	28,926 (96.5%)	28,927 (96.5%)	Pass
OP Medical Specialist	65+ Enrollees	22,748 (97.8%)	22,748 (97.8%)	Pass
OP Medical Specialist	Rural Enrollees	20,567 (94.1%)	20,568 (94.1%)	Pass
OP Rehabilitation	All Enrollees	53,929 (97.2%)	53,935 (97.2%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	400 (78%)	400 (78%)	Pass
OP Rehabilitation	Women Enrollees	5,748 (96.8%)	5,749 (96.8%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	17,656 (96.1%)	17,659 (96.2%)	Pass
OP Rehabilitation	Minority Enrollees	28,829 (96.2%)	28,834 (96.2%)	Pass
OP Rehabilitation	65+ Enrollees	22,648 (97.4%)	22,652 (97.4%)	Pass
OP Rehabilitation	Rural Enrollees	20,387 (93.2%)	20,392 (93.3%)	Pass
OP Surgical Specialist	All Enrollees	53,260 (96%)	53,260 (96%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	252 (49.2%)	252 (49.2%)	Pass
OP Surgical Specialist	Women Enrollees	5,702 (96%)	5,702 (96%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	17,461 (95.1%)	17,461 (95.1%)	Pass
OP Surgical Specialist	Minority Enrollees	28,572 (95.3%)	28,572 (95.3%)	Pass
OP Surgical Specialist	65+ Enrollees	22,232 (95.6%)	22,232 (95.6%)	Pass
OP Surgical Specialist	Rural Enrollees	19,718 (90.2%)	19,718 (90.2%)	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 21 Pacific Islands market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 PACIFIC ISLANDS: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 Pacific Islands 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 21 Pacific Islands 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 21 PACIFIC ISLANDS: 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	0	391	391	293	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	16	47	63	43	Pass
IP CLC	Bed Shortage / Surplus (Market level)	165	0	190	190	25	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 21 Pacific Islands is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 PACIFIC ISLANDS: 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)	29	43	14	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 21 PACIFIC ISLANDS: 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	0.0	0.2	0.2	0.0	Pass
Amb Medical: Cardiology (Service)	2.9	3.4	2.7	6.1	3.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.4	4.4	1.9	6.3	5.0	Pass
Amb Medical: Dermatology (Service)	3.0	0.9	2.0	2.9	0.0	Pass
Amb Medical: Emergency Medicine (Service)	4.8	1.5	9.7	11.1	6.0	Pass
Amb Medical: Endocrinology (Service)	1.6	3.6	0.5	4.1	3.0	Pass
Amb Medical: Gastroenterology (Service)	3.9	3.1	1.4	4.6	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	2.3	2.4	1.5	3.8	1.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	1.8	0.4	2.2	2.0	Pass
Amb Medical: Nephrology (Service)	2.0	2.2	1.1	3.3	1.0	Pass
Amb Medical: Neurology (Service)	3.7	4.5	1.5	6.0	2.0	Pass
Amb Medical: Optometry (Service)	7.1	10.5	4.9	15.4	8.0	Pass
Amb Medical: Pain Medicine (Service)	0.7	1.2	0.5	1.7	1.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	4.7	14.7	0.7	15.4	11.0	Pass
Amb Medical: Rheumatology (Service)	0.6	2.8	0.4	3.2	3.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.4	0.0	0.4	0.4	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	0.7	0.2	4.7	4.9	4.0	Pass
Amb Surgical: Ophthalmology (Service)	6.5	3.1	3.5	6.5	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	2.8	1.3	2.1	3.4	1.0	Pass
Amb Surgical: Otolaryngology (Service)	1.1	1.0	0.9	1.9	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.2	0.8	0.3	1.1	1.0	Pass
Amb Surgical: Podiatry (Service)	4.0	3.4	1.0	4.4	0.0	Pass
Amb Surgical: Surgery (Service)	2.1	2.8	5.5	8.3	6.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.0	0.2	0.2	0.0	Pass
Amb Surgical: Urology (Service)	1.7	0.6	1.3	1.9	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.4	0.0	0.4	0.4	0.0	Pass
Dental	0.0	0.0	0.5	0.5	0.0	Pass
MH	90.1	95.5	21.6	117.1	27.0	Pass
PC	43.7	70.0	40.6	110.6	67.0	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 21 Pacific Islands 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 21 Pacific Islands 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 21 PACIFIC ISLANDS: 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 21 PACIFIC ISLANDS: 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 21 Pacific Islands 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 21 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 21 PACIFIC ISLANDS: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (459) Honolulu	\$447,807.00	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 21 PACIFIC ISLANDS: 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 21 PACIFIC ISLANDS: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.33	0.94	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

- Sub-criterion 1:** This sub-criterion measures the long-term viability of each facility in the future state per the VA Recommendation. To pass, each facility must meet or exceed at least one of the demand-based benchmarks signaling long-term viability or be deemed essential via the Access or Demand domain analysis. In Access, a facility is deemed essential if one or more of its services in its corresponding service area is not fully covered by another VA or community provider offering the same service. In Demand, a facility is deemed essential if removing capacity would result in the inability to meet future Veteran demand.

- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 21 Pacific Islands 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 21 PACIFIC ISLANDS: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (459) Honolulu	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	33,951.0	Pass
RRTP	(V21) (549XX) Honolulu RRTP	IP RRTP	Service at this Facility Deemed Essential Due to Access Criteria	NA	Pass
MS CBOC	(V21) (459GB) Hilo	MS CBOC	Facility Meets or Exceeds Target of 2 Specialties > 499 Encounters	4.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V21) (459GE) Guam	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	5,329.0	Pass
MS CBOC	(V21) (XXX) Aloha	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	33,822.0	Pass
CBOC	(V21) (459GA) Maui	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,427.0	Pass
CBOC	(V21) (459GC) Kailua-Kona	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,884.0	Pass
CBOC	(V21) (459GD) Lihue	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,651.0	Pass
CBOC	(V21) (459GF) American Samoa	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	10,874.0	Pass
CBOC	(V21) (XXX) Haleiwa	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,099.0	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 21 PACIFIC ISLANDS: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$14,025M	\$14,126M	1.27	0.94	No	Yes	Pass

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

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

TABLE 13 – VISN 21 PACIFIC ISLANDS: 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 21 PACIFIC ISLANDS: INCORPORATION OF GLOBAL TRENDS

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

Market VISN 21 Southern Nevada

VA's recommendation for the VISN 21 Southern Nevada 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 21 Southern Nevada 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 21 Southern Nevada 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 21 SOUTHERN NEVADA: 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	92,312 (97.9%)	92,312 (97.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	15,574 (94%)	15,574 (94%)	Pass
IP Med/Surg	Women Enrollees	8,675 (98.4%)	8,675 (98.4%)	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	28,726 (98.3%)	28,726 (98.3%)	Pass
IP Med/Surg	Minority Enrollees	23,703 (99.3%)	23,703 (99.3%)	Pass
IP Med/Surg	65+ Enrollees	44,486 (97.2%)	44,486 (97.2%)	Pass
IP Med/Surg	Rural Enrollees	14,220 (87.9%)	14,220 (87.9%)	Pass
IP CLC	All Enrollees	74,864 (79.4%)	88,571 (94%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	13,390 (80.8%)	14,455 (87.2%)	Pass
IP CLC	Women Enrollees	7,355 (83.4%)	8,408 (95.4%)	Pass
IP CLC	High Service Disability Rating Enrollees	23,772 (81.3%)	27,655 (94.6%)	Pass
IP CLC	Minority Enrollees	21,391 (89.6%)	23,339 (97.8%)	Pass
IP CLC	65+ Enrollees	33,670 (73.5%)	42,000 (91.7%)	Pass
IP CLC	Rural Enrollees	8,338 (51.6%)	10,710 (66.2%)	Pass
IP MH	All Enrollees	92,316 (97.9%)	92,316 (97.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	15,574 (94%)	15,574 (94%)	Pass
IP MH	Women Enrollees	8,677 (98.4%)	8,677 (98.4%)	Pass
IP MH	High Service Disability Rating Enrollees	28,728 (98.3%)	28,728 (98.3%)	Pass
IP MH	Minority Enrollees	23,704 (99.3%)	23,704 (99.3%)	Pass
IP MH	65+ Enrollees	44,487 (97.2%)	44,487 (97.2%)	Pass
IP MH	Rural Enrollees	14,220 (87.9%)	14,220 (87.9%)	Pass
OP ED/UC	All Enrollees	93,472 (99.2%)	93,522 (99.2%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	16,136 (97.3%)	16,140 (97.4%)	Pass
OP ED/UC	Women Enrollees	8,765 (99.4%)	8,768 (99.4%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	29,051 (99.4%)	29,061 (99.4%)	Pass
OP ED/UC	Minority Enrollees	23,796 (99.7%)	23,805 (99.7%)	Pass
OP ED/UC	65+ Enrollees	45,289 (98.9%)	45,324 (99%)	Pass
OP ED/UC	Rural Enrollees	15,376 (95.1%)	15,426 (95.4%)	Pass
OP MH	All Enrollees	92,935 (98.6%)	92,932 (98.6%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	15,745 (95%)	15,742 (95%)	Pass
OP MH	Women Enrollees	8,719 (98.9%)	8,719 (98.9%)	Pass
OP MH	High Service Disability Rating Enrollees	28,925 (99%)	28,924 (99%)	Pass
OP MH	Minority Enrollees	23,734 (99.4%)	23,734 (99.4%)	Pass
OP MH	65+ Enrollees	44,984 (98.2%)	44,981 (98.2%)	Pass
OP MH	Rural Enrollees	14,955 (92.5%)	14,952 (92.4%)	Fail
OP PC	All Enrollees	93,192 (98.9%)	93,374 (99.1%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	15,975 (96.4%)	16,064 (96.9%)	Pass
OP PC	Women Enrollees	8,747 (99.2%)	8,755 (99.3%)	Pass
OP PC	High Service Disability Rating Enrollees	28,979 (99.2%)	29,019 (99.3%)	Pass
OP PC	Minority Enrollees	23,756 (99.5%)	23,780 (99.6%)	Pass
OP PC	65+ Enrollees	45,123 (98.5%)	45,236 (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
OP PC	Rural Enrollees	15,205 (94%)	15,373 (95.1%)	Pass
OP Surgery Capability	All Enrollees	93,523 (99.2%)	93,523 (99.2%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	16,141 (97.4%)	16,141 (97.4%)	Pass
OP Surgery Capability	Women Enrollees	8,768 (99.4%)	8,768 (99.4%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	29,061 (99.4%)	29,061 (99.4%)	Pass
OP Surgery Capability	Minority Enrollees	23,805 (99.7%)	23,805 (99.7%)	Pass
OP Surgery Capability	65+ Enrollees	45,325 (99%)	45,325 (99%)	Pass
OP Surgery Capability	Rural Enrollees	15,427 (95.4%)	15,427 (95.4%)	Pass
OP Medical Specialist	All Enrollees	93,524 (99.2%)	93,524 (99.2%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	16,142 (97.4%)	16,142 (97.4%)	Pass
OP Medical Specialist	Women Enrollees	8,768 (99.4%)	8,768 (99.4%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	29,061 (99.4%)	29,061 (99.4%)	Pass
OP Medical Specialist	Minority Enrollees	23,805 (99.7%)	23,805 (99.7%)	Pass
OP Medical Specialist	65+ Enrollees	45,326 (99%)	45,326 (99%)	Pass
OP Medical Specialist	Rural Enrollees	15,428 (95.4%)	15,428 (95.4%)	Pass
OP Rehabilitation	All Enrollees	93,694 (99.4%)	93,694 (99.4%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	16,200 (97.7%)	16,200 (97.7%)	Pass
OP Rehabilitation	Women Enrollees	8,779 (99.6%)	8,779 (99.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	29,109 (99.6%)	29,109 (99.6%)	Pass
OP Rehabilitation	Minority Enrollees	23,817 (99.8%)	23,817 (99.8%)	Pass
OP Rehabilitation	65+ Enrollees	45,446 (99.3%)	45,446 (99.3%)	Pass
OP Rehabilitation	Rural Enrollees	15,598 (96.4%)	15,598 (96.4%)	Pass
OP Surgical Specialist	All Enrollees	93,523 (99.2%)	93,523 (99.2%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	16,141 (97.4%)	16,141 (97.4%)	Pass
OP Surgical Specialist	Women Enrollees	8,768 (99.4%)	8,768 (99.4%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	29,061 (99.4%)	29,061 (99.4%)	Pass
OP Surgical Specialist	Minority Enrollees	23,805 (99.7%)	23,805 (99.7%)	Pass
OP Surgical Specialist	65+ Enrollees	45,325 (99%)	45,325 (99%)	Pass
OP Surgical Specialist	Rural Enrollees	15,427 (95.4%)	15,427 (95.4%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 21 Southern Nevada market is part of VISN 21, which has the following results:

TABLE 2 – VISN 21 SOUTHERN NEVADA: 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
21	IP BR	TRUE	TRUE	Pass
21	IP RRTP	TRUE	TRUE	Pass
21	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 21 Southern Nevada 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 21 Southern Nevada 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 21 SOUTHERN NEVADA: 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)	139	88	191	279	140	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	40	20	231	251	211	Pass
IP CLC	Bed Shortage / Surplus (Market level)	77	30	120	150	73	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 21 Southern Nevada is part of VISN 21, which has the following results:

TABLE 4 – VISN 21 SOUTHERN NEVADA: 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)	29	43	14	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 21 SOUTHERN NEVADA: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	1.8	1.5	0.2	1.8	0.0	Pass
Amb Medical: Cardiology (Service)	6.2	7.8	4.2	12.0	6.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	5.5	8.8	1.9	10.7	5.0	Pass
Amb Medical: Dermatology (Service)	5.3	4.2	2.0	6.1	1.0	Pass
Amb Medical: Emergency Medicine (Service)	23.7	19.4	9.7	29.1	5.0	Pass
Amb Medical: Endocrinology (Service)	3.5	6.4	1.2	7.6	4.0	Pass
Amb Medical: Gastroenterology (Service)	6.4	4.7	1.7	6.4	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	6.3	6.9	1.9	8.8	2.0	Pass
Amb Medical: Infectious Diseases (Service)	1.5	2.6	0.6	3.2	2.0	Pass
Amb Medical: Nephrology (Service)	5.4	4.3	2.1	6.4	1.0	Pass
Amb Medical: Neurology (Service)	3.9	3.3	1.6	4.8	1.0	Pass
Amb Medical: Optometry (Service)	17.3	24.3	2.8	27.2	10.0	Pass
Amb Medical: Pain Medicine (Service)	7.1	9.2	2.0	11.1	4.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	9.6	18.7	0.9	19.6	10.0	Pass
Amb Medical: Rheumatology (Service)	2.6	3.8	0.5	4.2	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.6	0.1	0.4	0.5	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.5	1.0	5.3	6.3	5.0	Pass
Amb Surgical: Ophthalmology (Service)	12.2	9.7	2.5	12.2	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	5.2	4.2	2.5	6.7	2.0	Pass
Amb Surgical: Otolaryngology (Service)	3.5	2.4	1.0	3.5	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	0.1	0.4	0.5	0.0	Pass
Amb Surgical: Podiatry (Service)	7.7	9.1	2.1	11.2	4.0	Pass
Amb Surgical: Surgery (Service)	3.9	5.6	7.8	13.3	9.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.6	0.4	0.3	0.7	0.0	Pass
Amb Surgical: Urology (Service)	2.9	3.2	1.2	4.5	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.2	4.1	0.2	4.2	3.0	Pass
Dental	0.0	0.0	0.6	0.6	1.0	Pass
MH	111.9	107.6	19.8	127.4	16.0	Pass
PC	77.5	73.6	69.7	143.3	66.0	Pass

Quality: Consistent

The Quality domain consists of four sub-criteria.

- **Sub-criteria 1-2** are measured by ensuring the future state HPIDN maintains or improves access and provides sufficient capacity to meet projected Veteran demand leveraging only high-quality providers. To pass, a recommendation must pass the Demand (sub-criteria 1-2) and Access (sub-criteria 1-5) evaluations, indicating that access and capacity criteria are met via high-quality providers.
- **Sub-criterion 3** measures the recommendation's ability to promote recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion's corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4** requires that VISN 21 Southern Nevada 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 21 Southern Nevada 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 21 SOUTHERN NEVADA: 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 21 SOUTHERN NEVADA: 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 21 Southern Nevada 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 21 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 21 SOUTHERN NEVADA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V21) (593) North Las Vegas	\$285,724.00	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 21 SOUTHERN NEVADA: 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 21 SOUTHERN NEVADA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.80	1.31	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 21 Southern Nevada 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 21 SOUTHERN NEVADA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (593) North Las Vegas	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	71,419.0	Pass
VAMC	(V21) (593) North Las Vegas	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	71,419.0	Pass
VAMC	(V21) (593) North Las Vegas	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	71,419.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V21) (593) North Las Vegas	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	48.3	Pass
VAMC	(V21) (593) North Las Vegas	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	71,419.0	Pass
MS CBOC	(V21) (593GD) Northwest Las Vegas	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	71,206.0	Pass
MS CBOC	(V21) (593GE) Southeast Las Vegas	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	71,226.0	Pass
MS CBOC	(V21) (593GF) Southwest Las Vegas	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	73,552.0	Pass
MS CBOC	(V22) (649GA) Kingman	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	8,598.0	Pass
MS CBOC	(V21) (XXX) Las Vegas Medical District	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	71,228.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V21) (593GC) Pahrump	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,421.0	Pass
CBOC	(V22) (649GC) Lake Havasu City	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,273.0	Pass
CBOC	(V21) (XXX) Bullhead City	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	4,604.0	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 21 SOUTHERN NEVADA: 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
\$19,260M	\$19,724M	1.75	1.31	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 21 SOUTHERN NEVADA: 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 21 SOUTHERN NEVADA: 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
Supports providing inpatient care in private, single patient rooms (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to evolve CLC capacity, patient experience, and quality (Yes/No)	Yes	Pass
Establishes Small House Model CLC(s) to improve patient experience, and quality (Yes/No)	Yes	Pass
Increases use of Small House Model (Yes/No)	Yes	Pass
Considers performance in nationally recognized quality reporting programs (Nursing Home Compare, Hospital Compare, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program) (Yes/No)	Yes	Pass
Considers patient centricity: Leverages Veteran residential location used to optimize future state facility locations (Yes/No)	Yes	Pass