



VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix I

Section 203 Criteria Analysis – VISN 22

Table of Contents

Market VISN 22 Loma Linda.....	3
Market VISN 22 San Diego	23
Market VISN 22 Greater Los Angeles.....	44
Market VISN 22 Albuquerque	66
Market VISN 22 Tucson.....	87
Market VISN 22 Prescott.....	107
Market VISN 22 Phoenix	126

Market VISN 22 Loma Linda

VA's recommendation for the VISN 22 Loma Linda 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 22 Loma Linda 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 22 Loma Linda 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 22 LOMA LINDA: 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	104,704 (99.8%)	104,704 (99.8%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	8,866 (99.6%)	8,866 (99.6%)	Pass
IP Med/Surg	Women Enrollees	8,578 (99.5%)	8,578 (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	35,480 (99.8%)	35,480 (99.8%)	Pass
IP Med/Surg	Minority Enrollees	39,120 (99.9%)	39,120 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	47,237 (99.9%)	47,237 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	11,417 (98.6%)	11,417 (98.6%)	Pass
IP CLC	All Enrollees	85,512 (81.5%)	98,899 (94.3%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	4,438 (49.9%)	6,927 (77.8%)	Pass
IP CLC	Women Enrollees	6,966 (80.8%)	8,020 (93%)	Pass
IP CLC	High Service Disability Rating Enrollees	28,903 (81.3%)	33,435 (94.1%)	Pass
IP CLC	Minority Enrollees	33,416 (85.3%)	38,125 (97.3%)	Pass
IP CLC	65+ Enrollees	38,300 (81%)	44,396 (93.9%)	Pass
IP CLC	Rural Enrollees	2,408 (20.8%)	5,792 (50%)	Pass
IP MH	All Enrollees	104,704 (99.8%)	104,704 (99.8%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	8,866 (99.6%)	8,866 (99.6%)	Pass
IP MH	Women Enrollees	8,578 (99.5%)	8,578 (99.5%)	Pass
IP MH	High Service Disability Rating Enrollees	35,480 (99.8%)	35,480 (99.8%)	Pass
IP MH	Minority Enrollees	39,120 (99.9%)	39,120 (99.9%)	Pass
IP MH	65+ Enrollees	47,237 (99.9%)	47,237 (99.9%)	Pass
IP MH	Rural Enrollees	11,417 (98.6%)	11,417 (98.6%)	Pass
OP ED/UC	All Enrollees	104,141 (99.3%)	104,387 (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	8,594 (96.6%)	8,606 (96.7%)	Pass
OP ED/UC	Women Enrollees	8,498 (98.6%)	8,591 (99.7%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	35,302 (99.3%)	35,421 (99.7%)	Pass
OP ED/UC	Minority Enrollees	38,972 (99.5%)	39,057 (99.7%)	Pass
OP ED/UC	65+ Enrollees	47,022 (99.5%)	47,037 (99.5%)	Pass
OP ED/UC	Rural Enrollees	10,854 (93.7%)	11,101 (95.9%)	Pass
OP MH	All Enrollees	103,567 (98.8%)	103,567 (98.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	8,470 (95.2%)	8,470 (95.2%)	Pass
OP MH	Women Enrollees	8,529 (98.9%)	8,529 (98.9%)	Pass
OP MH	High Service Disability Rating Enrollees	35,156 (98.9%)	35,156 (98.9%)	Pass
OP MH	Minority Enrollees	38,946 (99.4%)	38,946 (99.4%)	Pass
OP MH	65+ Enrollees	46,545 (98.5%)	46,545 (98.5%)	Pass
OP MH	Rural Enrollees	10,380 (89.7%)	10,380 (89.7%)	Pass
OP PC	All Enrollees	104,264 (99.4%)	104,282 (99.4%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	8,666 (97.4%)	8,684 (97.6%)	Pass
OP PC	Women Enrollees	8,502 (98.6%)	8,504 (98.7%)	Pass
OP PC	High Service Disability Rating Enrollees	35,323 (99.4%)	35,330 (99.4%)	Pass
OP PC	Minority Enrollees	39,034 (99.7%)	39,034 (99.7%)	Pass
OP PC	65+ Enrollees	47,039 (99.5%)	47,051 (99.5%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	11,005 (95.1%)	11,023 (95.2%)	Pass
OP Surgery Capability	All Enrollees	104,733 (99.9%)	104,770 (99.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	8,868 (99.6%)	8,896 (99.9%)	Pass
OP Surgery Capability	Women Enrollees	8,582 (99.6%)	8,583 (99.6%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	35,490 (99.9%)	35,499 (99.9%)	Pass
OP Surgery Capability	Minority Enrollees	39,124 (99.9%)	39,136 (99.9%)	Pass
OP Surgery Capability	65+ Enrollees	47,247 (99.9%)	47,266 (100%)	Pass
OP Surgery Capability	Rural Enrollees	11,446 (98.9%)	11,483 (99.2%)	Pass
OP Medical Specialist	All Enrollees	104,773 (99.9%)	104,838 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	8,898 (100%)	8,898 (100%)	Pass
OP Medical Specialist	Women Enrollees	8,583 (99.6%)	8,616 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	35,500 (99.9%)	35,529 (100%)	Pass
OP Medical Specialist	Minority Enrollees	39,136 (99.9%)	39,161 (100%)	Pass
OP Medical Specialist	65+ Enrollees	47,268 (100%)	47,269 (100%)	Pass
OP Medical Specialist	Rural Enrollees	11,486 (99.2%)	11,552 (99.8%)	Pass
OP Rehabilitation	All Enrollees	104,835 (100%)	104,835 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	8,895 (99.9%)	8,895 (99.9%)	Pass
OP Rehabilitation	Women Enrollees	8,616 (100%)	8,616 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	35,527 (100%)	35,527 (100%)	Pass
OP Rehabilitation	Minority Enrollees	39,160 (100%)	39,160 (100%)	Pass
OP Rehabilitation	65+ Enrollees	47,266 (100%)	47,266 (100%)	Pass
OP Rehabilitation	Rural Enrollees	11,548 (99.7%)	11,548 (99.7%)	Pass
OP Surgical Specialist	All Enrollees	104,733 (99.9%)	104,770 (99.9%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	8,868 (99.6%)	8,896 (99.9%)	Pass
OP Surgical Specialist	Women Enrollees	8,582 (99.6%)	8,583 (99.6%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	35,490 (99.9%)	35,499 (99.9%)	Pass
OP Surgical Specialist	Minority Enrollees	39,124 (99.9%)	39,136 (99.9%)	Pass
OP Surgical Specialist	65+ Enrollees	47,247 (99.9%)	47,266 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	11,446 (98.9%)	11,483 (99.2%)	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 22 Loma Linda market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 LOMA LINDA: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 Loma Linda 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 22 Loma Linda 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 22 LOMA LINDA: 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)	112	76	985	1,061	949	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	34	91	125	91	Pass
IP CLC	Bed Shortage / Surplus (Market level)	294	78	389	467	173	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 22 Loma Linda is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 LOMA LINDA: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 LOMA LINDA: 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)	1.1	1.8	0.7	2.4	1.0	Pass
Amb Medical: Cardiology (Service)	5.9	8.0	5.7	13.7	8.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	7.1	13.2	2.8	16.0	9.0	Pass
Amb Medical: Dermatology (Service)	5.7	6.5	3.6	10.2	5.0	Pass
Amb Medical: Emergency Medicine (Service)	19.3	19.4	17.7	37.1	18.0	Pass
Amb Medical: Endocrinology (Service)	2.2	5.7	0.9	6.6	4.0	Pass
Amb Medical: Gastroenterology (Service)	8.0	14.3	2.7	17.1	9.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	5.6	18.9	2.5	21.4	16.0	Pass
Amb Medical: Infectious Diseases (Service)	1.0	1.6	0.8	2.4	1.0	Pass
Amb Medical: Nephrology (Service)	4.0	10.5	2.1	12.6	9.0	Pass
Amb Medical: Neurology (Service)	4.3	26.2	3.4	29.6	25.0	Pass
Amb Medical: Optometry (Service)	8.1	29.2	3.1	32.3	24.0	Pass
Amb Medical: Pain Medicine (Service)	0.9	2.5	1.6	4.1	3.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	11.6	44.9	1.2	46.1	34.0	Pass
Amb Medical: Rheumatology (Service)	3.8	7.6	0.7	8.3	5.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.7	0.5	1.0	1.6	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.2	1.0	7.1	8.1	7.0	Pass
Amb Surgical: Ophthalmology (Service)	12.7	9.9	4.2	14.1	1.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.0	6.0	4.3	10.3	7.0	Pass
Amb Surgical: Otolaryngology (Service)	2.7	4.0	2.3	6.3	4.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.0	5.0	0.5	5.5	4.0	Pass
Amb Surgical: Podiatry (Service)	9.2	12.7	2.4	15.1	6.0	Pass
Amb Surgical: Surgery (Service)	4.1	21.5	14.2	35.7	32.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.3	3.7	0.6	4.2	4.0	Pass
Amb Surgical: Urology (Service)	3.8	8.5	2.5	11.0	7.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.1	1.1	1.0	2.2	1.0	Pass
Dental	0.0	0.0	0.9	0.9	1.0	Pass
MH	142.3	188.1	24.8	212.9	71.0	Pass
PC	75.1	207.7	89.7	297.4	222.0	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 22 Loma Linda 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 22 Loma Linda 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 22 LOMA LINDA: 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 22 LOMA LINDA: 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 22 Loma Linda 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 22 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 22 LOMA LINDA: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (605) Loma Linda	\$2,270,481.00	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 22 LOMA LINDA: 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 22 LOMA LINDA: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.39	1.64	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 22 Loma Linda 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 22 LOMA LINDA: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (605) Loma Linda	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	99,563.0	Pass
VAMC	(V22) (605) Loma Linda	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	99,563.0	Pass
VAMC	(V22) (605) Loma Linda	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	99,563.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (605) Loma Linda	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	99,563.0	Pass
RRTP	(V22) (605XX) Loma Linda RRTP	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	50.7	Pass
MS CBOC	(V22) (605BZ) Loma Linda Redlands	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	103,590.0	Pass
MS CBOC	(V22) (605GB) Murrieta	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	108,293.0	Pass
MS CBOC	(V22) (605GC) Palm Desert	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	30,555.0	Pass
MS CBOC	(V22) (605GE) Rancho Cucamonga	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	113,725.0	Pass
CBOC	(V22) (605GA) Victorville	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	10,896.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V22) (605GD) Corona	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	24,590.0	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 22 LOMA LINDA: 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
\$22,442M	\$22,922M	2.04	1.64	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 22 LOMA LINDA: 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 22 LOMA LINDA: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
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 22 San Diego

VA's recommendation for the VISN 22 San Diego 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 22 San Diego 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 22 San Diego 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 22 SAN DIEGO: 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	122,267 (99.8%)	122,267 (99.8%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	3,334 (98.8%)	3,334 (98.8%)	Pass
IP Med/Surg	Women Enrollees	13,915 (99.9%)	13,915 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	44,868 (99.9%)	44,868 (99.9%)	Pass
IP Med/Surg	Minority Enrollees	45,377 (99.9%)	45,377 (99.9%)	Pass
IP Med/Surg	65+ Enrollees	41,994 (99.6%)	41,994 (99.6%)	Pass
IP Med/Surg	Rural Enrollees	4,473 (95.4%)	4,473 (95.4%)	Pass
IP CLC	All Enrollees	117,549 (96%)	120,489 (98.4%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	2,416 (71.6%)	2,867 (85%)	Pass
IP CLC	Women Enrollees	13,551 (97.3%)	13,789 (99%)	Pass
IP CLC	High Service Disability Rating Enrollees	43,243 (96.2%)	44,323 (98.6%)	Pass
IP CLC	Minority Enrollees	43,327 (95.4%)	44,847 (98.8%)	Pass
IP CLC	65+ Enrollees	40,048 (95%)	41,075 (97.4%)	Pass
IP CLC	Rural Enrollees	2,535 (54%)	3,231 (68.9%)	Pass
IP MH	All Enrollees	122,267 (99.8%)	122,267 (99.8%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	3,334 (98.8%)	3,334 (98.8%)	Pass
IP MH	Women Enrollees	13,915 (99.9%)	13,915 (99.9%)	Pass
IP MH	High Service Disability Rating Enrollees	44,868 (99.9%)	44,868 (99.9%)	Pass
IP MH	Minority Enrollees	45,377 (99.9%)	45,377 (99.9%)	Pass
IP MH	65+ Enrollees	41,994 (99.6%)	41,994 (99.6%)	Pass
IP MH	Rural Enrollees	4,473 (95.4%)	4,473 (95.4%)	Pass
OP ED/UC	All Enrollees	122,280 (99.8%)	122,282 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	3,334 (98.8%)	3,334 (98.8%)	Pass
OP ED/UC	Women Enrollees	13,915 (99.9%)	13,915 (99.9%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	44,870 (99.9%)	44,870 (99.9%)	Pass
OP ED/UC	Minority Enrollees	45,379 (99.9%)	45,379 (99.9%)	Pass
OP ED/UC	65+ Enrollees	42,001 (99.6%)	42,002 (99.6%)	Pass
OP ED/UC	Rural Enrollees	4,486 (95.6%)	4,488 (95.7%)	Pass
OP MH	All Enrollees	121,737 (99.4%)	121,737 (99.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	3,067 (90.9%)	3,067 (90.9%)	Pass
OP MH	Women Enrollees	13,877 (99.7%)	13,877 (99.7%)	Pass
OP MH	High Service Disability Rating Enrollees	44,701 (99.5%)	44,701 (99.5%)	Pass
OP MH	Minority Enrollees	45,247 (99.6%)	45,247 (99.6%)	Pass
OP MH	65+ Enrollees	41,686 (98.9%)	41,686 (98.9%)	Pass
OP MH	Rural Enrollees	3,946 (84.1%)	3,946 (84.1%)	Pass
OP PC	All Enrollees	122,097 (99.7%)	122,097 (99.7%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	3,270 (96.9%)	3,270 (96.9%)	Pass
OP PC	Women Enrollees	13,899 (99.8%)	13,899 (99.8%)	Pass
OP PC	High Service Disability Rating Enrollees	44,842 (99.8%)	44,842 (99.8%)	Pass
OP PC	Minority Enrollees	45,360 (99.9%)	45,360 (99.9%)	Pass
OP PC	65+ Enrollees	41,894 (99.4%)	41,894 (99.4%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	4,307 (91.8%)	4,307 (91.8%)	Pass
OP Surgery Capability	All Enrollees	122,465 (100%)	122,483 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	3,356 (99.5%)	3,375 (100%)	Pass
OP Surgery Capability	Women Enrollees	13,925 (100%)	13,925 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	44,928 (100%)	44,933 (100%)	Pass
OP Surgery Capability	Minority Enrollees	45,410 (100%)	45,411 (100%)	Pass
OP Surgery Capability	65+ Enrollees	42,135 (100%)	42,150 (100%)	Pass
OP Surgery Capability	Rural Enrollees	4,671 (99.6%)	4,690 (100%)	Pass
OP Medical Specialist	All Enrollees	122,355 (99.9%)	122,355 (99.9%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,375 (100%)	3,375 (100%)	Pass
OP Medical Specialist	Women Enrollees	13,919 (100%)	13,919 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	44,896 (99.9%)	44,896 (99.9%)	Pass
OP Medical Specialist	Minority Enrollees	45,389 (100%)	45,389 (100%)	Pass
OP Medical Specialist	65+ Enrollees	42,049 (99.8%)	42,049 (99.8%)	Pass
OP Medical Specialist	Rural Enrollees	4,562 (97.2%)	4,562 (97.2%)	Pass
OP Rehabilitation	All Enrollees	122,478 (100%)	122,478 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	3,375 (100%)	3,375 (100%)	Pass
OP Rehabilitation	Women Enrollees	13,925 (100%)	13,925 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	44,930 (100%)	44,930 (100%)	Pass
OP Rehabilitation	Minority Enrollees	45,411 (100%)	45,411 (100%)	Pass
OP Rehabilitation	65+ Enrollees	42,146 (100%)	42,146 (100%)	Pass
OP Rehabilitation	Rural Enrollees	4,685 (99.9%)	4,685 (99.9%)	Pass
OP Surgical Specialist	All Enrollees	122,465 (100%)	122,483 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,356 (99.5%)	3,375 (100%)	Pass
OP Surgical Specialist	Women Enrollees	13,925 (100%)	13,925 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	44,928 (100%)	44,933 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	45,410 (100%)	45,411 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	42,135 (100%)	42,150 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	4,671 (99.6%)	4,690 (100%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 22 San Diego market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 SAN DIEGO: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 San Diego 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 22 San Diego 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 22 SAN DIEGO: 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)	99	90	851	941	842	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	46	42	21	63	17	Pass
IP CLC	Bed Shortage / Surplus (Market level)	310	32	285	317	7	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 22 San Diego is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 SAN DIEGO: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 SAN DIEGO: 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)	0.9	0.3	0.8	1.1	0.0	Pass
Amb Medical: Cardiology (Service)	3.5	5.3	6.3	11.6	8.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	8.4	11.7	4.5	16.2	8.0	Pass
Amb Medical: Dermatology (Service)	7.3	6.1	6.5	12.6	5.0	Pass
Amb Medical: Emergency Medicine (Service)	21.8	18.7	18.1	36.7	15.0	Pass
Amb Medical: Endocrinology (Service)	2.5	1.9	1.8	3.7	1.0	Pass
Amb Medical: Gastroenterology (Service)	5.2	4.5	3.1	7.7	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.1	2.9	3.5	6.3	3.0	Pass
Amb Medical: Infectious Diseases (Service)	1.6	1.6	2.0	3.6	2.0	Pass
Amb Medical: Nephrology (Service)	4.2	5.5	2.5	8.0	4.0	Pass
Amb Medical: Neurology (Service)	5.1	3.2	3.7	6.9	2.0	Pass
Amb Medical: Optometry (Service)	13.8	17.2	2.9	20.1	6.0	Pass
Amb Medical: Pain Medicine (Service)	1.5	1.9	1.6	3.5	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	6.4	9.6	1.1	10.8	4.0	Pass
Amb Medical: Rheumatology (Service)	1.6	1.6	1.4	3.0	1.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.4	0.2	1.2	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)	2.5	2.9	6.8	9.7	7.0	Pass
Amb Surgical: Ophthalmology (Service)	9.0	8.6	6.0	14.6	6.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.3	2.2	4.7	6.9	4.0	Pass
Amb Surgical: Otolaryngology (Service)	2.4	2.2	2.6	4.8	2.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	0.7	0.8	1.6	1.0	Pass
Amb Surgical: Podiatry (Service)	6.0	6.2	2.0	8.2	2.0	Pass
Amb Surgical: Surgery (Service)	2.6	5.9	12.1	18.0	15.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.1	0.6	0.8	1.0	Pass
Amb Surgical: Urology (Service)	3.5	4.5	2.8	7.3	4.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.7	0.6	0.6	1.3	1.0	Pass
Dental	0.0	0.0	1.4	1.4	1.0	Pass
MH	168.9	120.9	48.0	168.9	0.0	Pass
PC	66.0	76.7	92.2	168.9	103.0	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 22 San Diego 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 22 San Diego 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 22 SAN DIEGO: 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 22 SAN DIEGO: 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 22 San Diego 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 22 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 22 SAN DIEGO: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (664) San Diego	\$25,157,408.00	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 22 SAN DIEGO: 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 22 SAN DIEGO: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.75	2.03	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

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

- **Sub-criterion 2:** This sub-criterion measures the financial stewardship of the future state per the VA Recommendation. This measure leverages the Cost Benefit Analysis which established three courses of action to compare cost and benefits (Status Quo, Modernization, and VA Recommendation). To pass this sub-criterion, the total cost (present value) of the VA Recommendation should not meet or exceed the total cost (present value) of Modernization. In instances where this is the case, the VA Recommendation CBI must be less than the Modernization CBI. Results are shown in the table below. Definitions for each course of action can be found in the Cost Benefit Analysis methodology documentation.
- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 22 San Diego 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 22 SAN DIEGO: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (664) San Diego	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	119,706.0	Pass
VAMC	(V22) (664) San Diego	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	119,706.0	Pass
VAMC	(V22) (664) San Diego	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	119,706.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (664) San Diego	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	59.0	Pass
VAMC	(V22) (664) San Diego	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	119,706.0	Pass
RRTP	(V22) (664BV) San Diego RRTP	IP RRTP	Facility Meets or Exceeds Target of 34 Total RRTP ADC in Market	59.0	Pass
MS CBOC	(V22) (664GB) Oceanside	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	129,377.0	Pass
MS CBOC	(V22) (664GC) Chula Vista	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	102,204.0	Pass
MS CBOC	(V22) (XXX) Poway	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	126,142.0	Pass
MS CBOC	(V22) (664BY) Kearny Mesa	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	117,533.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V22) (664GA) Imperial Valley	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,539.0	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 22 SAN DIEGO: 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
\$26,617M	\$26,451M	2.42	2.03	Yes	Yes	Pass

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

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

TABLE 13 – VISN 22 SAN DIEGO: 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 22 SAN DIEGO: 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

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

Market VISN 22 Greater Los Angeles

VA's recommendation for the VISN 22 Greater Los Angeles 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 22 Greater Los Angeles 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 22 Greater Los Angeles 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 22 GREATER LOS ANGELES: 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	164,933 (99.9%)	164,933 (99.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	4,765 (100%)	4,765 (100%)	Pass
IP Med/Surg	Women Enrollees	11,932 (99.9%)	11,932 (99.9%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	46,371 (99.9%)	46,371 (99.9%)	Pass
IP Med/Surg	Minority Enrollees	58,963 (100%)	58,963 (100%)	Pass
IP Med/Surg	65+ Enrollees	77,023 (99.9%)	77,023 (99.9%)	Pass
IP Med/Surg	Rural Enrollees	14,030 (99%)	14,030 (99%)	Pass
IP CLC	All Enrollees	140,184 (84.9%)	159,339 (96.5%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	2,622 (55%)	3,324 (69.8%)	Pass
IP CLC	Women Enrollees	9,808 (82.1%)	11,451 (95.9%)	Pass
IP CLC	High Service Disability Rating Enrollees	38,547 (83.1%)	44,393 (95.7%)	Pass
IP CLC	Minority Enrollees	52,794 (89.5%)	58,023 (98.4%)	Pass
IP CLC	65+ Enrollees	65,351 (84.7%)	74,515 (96.6%)	Pass
IP CLC	Rural Enrollees	4,167 (29.4%)	8,571 (60.5%)	Pass
IP MH	All Enrollees	164,939 (99.9%)	164,939 (99.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	4,765 (100%)	4,765 (100%)	Pass
IP MH	Women Enrollees	11,932 (99.9%)	11,932 (99.9%)	Pass
IP MH	High Service Disability Rating Enrollees	46,371 (99.9%)	46,371 (99.9%)	Pass
IP MH	Minority Enrollees	58,963 (100%)	58,963 (100%)	Pass
IP MH	65+ Enrollees	77,026 (99.9%)	77,026 (99.9%)	Pass
IP MH	Rural Enrollees	14,036 (99%)	14,036 (99%)	Pass
OP ED/UC	All Enrollees	165,012 (100%)	165,012 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	4,766 (100%)	4,766 (100%)	Pass
OP ED/UC	Women Enrollees	11,937 (100%)	11,937 (100%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	46,400 (100%)	46,400 (100%)	Pass
OP ED/UC	Minority Enrollees	58,972 (100%)	58,972 (100%)	Pass
OP ED/UC	65+ Enrollees	77,072 (99.9%)	77,072 (99.9%)	Pass
OP ED/UC	Rural Enrollees	14,109 (99.5%)	14,109 (99.5%)	Pass
OP MH	All Enrollees	164,032 (99.4%)	164,032 (99.4%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	4,308 (90.4%)	4,308 (90.4%)	Pass
OP MH	Women Enrollees	11,856 (99.3%)	11,856 (99.3%)	Pass
OP MH	High Service Disability Rating Enrollees	46,056 (99.2%)	46,056 (99.2%)	Pass
OP MH	Minority Enrollees	58,742 (99.6%)	58,742 (99.6%)	Pass
OP MH	65+ Enrollees	76,624 (99.4%)	76,624 (99.4%)	Pass
OP MH	Rural Enrollees	13,172 (92.9%)	13,172 (92.9%)	Pass
OP PC	All Enrollees	164,738 (99.8%)	164,759 (99.8%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	4,734 (99.3%)	4,737 (99.4%)	Pass
OP PC	Women Enrollees	11,904 (99.7%)	11,904 (99.7%)	Pass
OP PC	High Service Disability Rating Enrollees	46,307 (99.8%)	46,315 (99.8%)	Pass
OP PC	Minority Enrollees	58,928 (99.9%)	58,929 (99.9%)	Pass
OP PC	65+ Enrollees	76,935 (99.8%)	76,948 (99.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP PC	Rural Enrollees	13,890 (98%)	13,908 (98.1%)	Pass
OP Surgery Capability	All Enrollees	165,018 (100%)	165,018 (100%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	4,766 (100%)	4,766 (100%)	Pass
OP Surgery Capability	Women Enrollees	11,937 (100%)	11,937 (100%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	46,402 (100%)	46,402 (100%)	Pass
OP Surgery Capability	Minority Enrollees	58,973 (100%)	58,973 (100%)	Pass
OP Surgery Capability	65+ Enrollees	77,075 (100%)	77,075 (100%)	Pass
OP Surgery Capability	Rural Enrollees	14,115 (99.6%)	14,115 (99.6%)	Pass
OP Medical Specialist	All Enrollees	165,046 (100%)	165,046 (100%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	4,766 (100%)	4,766 (100%)	Pass
OP Medical Specialist	Women Enrollees	11,939 (100%)	11,939 (100%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	46,406 (100%)	46,406 (100%)	Pass
OP Medical Specialist	Minority Enrollees	58,975 (100%)	58,975 (100%)	Pass
OP Medical Specialist	65+ Enrollees	77,095 (100%)	77,095 (100%)	Pass
OP Medical Specialist	Rural Enrollees	14,143 (99.8%)	14,143 (99.8%)	Pass
OP Rehabilitation	All Enrollees	165,016 (100%)	165,016 (100%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	4,750 (99.7%)	4,750 (99.7%)	Pass
OP Rehabilitation	Women Enrollees	11,938 (100%)	11,938 (100%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	46,395 (100%)	46,395 (100%)	Pass
OP Rehabilitation	Minority Enrollees	58,971 (100%)	58,971 (100%)	Pass
OP Rehabilitation	65+ Enrollees	77,074 (99.9%)	77,074 (99.9%)	Pass
OP Rehabilitation	Rural Enrollees	14,113 (99.6%)	14,113 (99.6%)	Pass
OP Surgical Specialist	All Enrollees	165,018 (100%)	165,018 (100%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	4,766 (100%)	4,766 (100%)	Pass
OP Surgical Specialist	Women Enrollees	11,937 (100%)	11,937 (100%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	46,402 (100%)	46,402 (100%)	Pass
OP Surgical Specialist	Minority Enrollees	58,973 (100%)	58,973 (100%)	Pass
OP Surgical Specialist	65+ Enrollees	77,075 (100%)	77,075 (100%)	Pass
OP Surgical Specialist	Rural Enrollees	14,115 (99.6%)	14,115 (99.6%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 22 Greater Los Angeles market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 GREATER LOS ANGELES: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 Greater Los Angeles 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 22 Greater Los Angeles 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 22 GREATER LOS ANGELES: 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)	206	163	4,526	4,689	4,483	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	98	72	230	302	204	Pass
IP CLC	Bed Shortage / Surplus (Market level)	819	337	1,776	2,113	1,294	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 22 Greater Los Angeles is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 GREATER LOS ANGELES: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 GREATER LOS ANGELES: 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)	2.2	18.7	2.3	21.0	19.0	Pass
Amb Medical: Cardiology (Service)	9.4	37.5	26.0	63.5	54.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	12.6	49.9	13.5	63.5	51.0	Pass
Amb Medical: Dermatology (Service)	11.3	18.0	22.1	40.1	29.0	Pass
Amb Medical: Emergency Medicine (Service)	33.9	32.9	59.4	92.3	58.0	Pass
Amb Medical: Endocrinology (Service)	5.7	26.8	7.7	34.6	29.0	Pass
Amb Medical: Gastroenterology (Service)	11.0	29.8	12.5	42.3	31.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	7.3	40.6	16.5	57.1	50.0	Pass
Amb Medical: Infectious Diseases (Service)	12.8	15.6	5.5	21.1	8.0	Pass
Amb Medical: Nephrology (Service)	7.8	34.3	9.3	43.6	36.0	Pass
Amb Medical: Neurology (Service)	9.4	55.8	14.6	70.4	61.0	Pass
Amb Medical: Optometry (Service)	25.7	63.7	11.4	75.1	49.0	Pass
Amb Medical: Pain Medicine (Service)	3.7	15.8	5.4	21.2	17.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	33.6	174.8	7.2	182.0	148.0	Pass
Amb Medical: Rheumatology (Service)	3.3	20.6	5.0	25.7	22.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.3	7.1	4.2	11.3	10.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Obstetrics & Gynecology (Service)	1.9	12.7	24.2	36.9	35.0	Pass
Amb Surgical: Ophthalmology (Service)	18.7	24.6	22.7	47.3	29.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.6	10.7	19.1	29.8	26.0	Pass
Amb Surgical: Otolaryngology (Service)	6.3	17.6	9.7	27.3	21.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.8	12.7	3.0	15.6	14.0	Pass
Amb Surgical: Podiatry (Service)	13.9	28.1	15.2	43.2	29.0	Pass
Amb Surgical: Surgery (Service)	5.6	58.9	43.8	102.8	97.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	17.5	1.9	19.4	19.0	Pass
Amb Surgical: Urology (Service)	7.9	23.9	11.3	35.2	27.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	1.6	15.0	2.7	17.7	16.0	Pass
Dental	0.0	0.0	7.3	7.3	7.0	Pass
MH	266.3	581.7	145.4	727.2	461.0	Pass
PC	157.6	573.6	337.7	911.3	754.0	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 22 Greater Los Angeles 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 22 Greater Los Angeles 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 22 GREATER LOS ANGELES: 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 22 GREATER LOS ANGELES: 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 22 Greater Los Angeles 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 22 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 22 GREATER LOS ANGELES: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (691) West Los Angeles	\$13,882,000.00	Research Maintained at Site	Pass

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (600) Long Beach	\$4,256,774.00	Research Maintained at Site	Pass
(V22) (691A4) Sepulveda	\$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 22 GREATER LOS ANGELES: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V22) (600) Long Beach	(V22) (600) Long Beach	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 22 GREATER LOS ANGELES: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
6.07	3.67	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 22 Greater Los Angeles 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 22 GREATER LOS ANGELES: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (600) Long Beach	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	139,996.0	Pass
VAMC	(V22) (600) Long Beach	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	139,996.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (600) Long Beach	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	139,996.0	Pass
VAMC	(V22) (600) Long Beach	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	139,996.0	Pass
VAMC	(V22) (691) West Los Angeles	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	114,811.0	Pass
VAMC	(V22) (691) West Los Angeles	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	114,811.0	Pass
VAMC	(V22) (691) West Los Angeles	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	114,811.0	Pass
VAMC	(V22) (691) West Los Angeles	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	128.8	Pass
VAMC	(V22) (691) West Los Angeles	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	114,811.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (691A4) Sepulveda	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	99,339.0	Pass
HCC	(V22) (691GE) Los Angeles	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	150,418.0	Pass
MS CBOC	(V22) (691GD) Bakersfield	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	12,672.0	Pass
MS CBOC	(V22) (691GL) Santa Maria	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	11,546.0	Pass
MS CBOC	(V22) (600GF) Gardena [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	150,062.0	Pass
MS CBOC	(V22) (XXX) Ventura [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	28,124.0	Pass
MS CBOC	(V22) (600GB) Santa Ana [replacement]	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	139,986.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V22) (600GA) Anaheim [replacement]	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	56,405.0	Pass
CBOC	(V22) (600GC) Cabrillo	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	49,117.0	Pass
CBOC	(V22) (600GD) Santa Fe Springs	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	58,348.0	Pass
CBOC	(V22) (600GE) Laguna Hills	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	28,768.0	Pass
CBOC	(V22) (691GG) Antelope Valley	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	9,807.0	Pass
CBOC	(V22) (691GK) San Luis Obispo	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	5,289.0	Pass
CBOC	(V22) (691GP) San Gabriel Valley	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	30,862.0	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 22 GREATER LOS ANGELES: 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
\$49,400M	\$47,658M	4.49	3.67	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 22 GREATER LOS ANGELES: 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 22 GREATER LOS ANGELES: INCORPORATION OF GLOBAL TRENDS

Trend	Recommendation Incorporated Trend (Yes/No)	Pass / Fail
Enables adoption of latest medical technology through facility modernization (Yes/No)	Yes	Pass
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 22 Albuquerque

VA's recommendation for the VISN 22 Albuquerque 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 22 Albuquerque 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 22 Albuquerque 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 22 ALBUQUERQUE: 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	63,464 (94.2%)	64,426 (95.6%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	19,146 (92.9%)	19,381 (94%)	Pass
IP Med/Surg	Women Enrollees	6,031 (96%)	6,080 (96.8%)	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	19,949 (94.4%)	20,241 (95.8%)	Pass
IP Med/Surg	Minority Enrollees	19,627 (93.6%)	20,050 (95.7%)	Pass
IP Med/Surg	65+ Enrollees	31,857 (92.7%)	32,440 (94.4%)	Pass
IP Med/Surg	Rural Enrollees	29,414 (88.2%)	30,376 (91.1%)	Pass
IP CLC	All Enrollees	47,629 (70.7%)	58,922 (87.4%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	12,977 (63%)	15,696 (76.2%)	Pass
IP CLC	Women Enrollees	4,900 (78%)	5,665 (90.2%)	Pass
IP CLC	High Service Disability Rating Enrollees	15,344 (72.6%)	18,494 (87.5%)	Pass
IP CLC	Minority Enrollees	14,886 (71%)	17,920 (85.5%)	Pass
IP CLC	65+ Enrollees	22,326 (65%)	29,307 (85.3%)	Pass
IP CLC	Rural Enrollees	16,190 (48.6%)	24,879 (74.6%)	Pass
IP MH	All Enrollees	63,464 (94.2%)	64,426 (95.6%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	19,146 (92.9%)	19,381 (94%)	Pass
IP MH	Women Enrollees	6,031 (96%)	6,080 (96.8%)	Pass
IP MH	High Service Disability Rating Enrollees	19,949 (94.4%)	20,241 (95.8%)	Pass
IP MH	Minority Enrollees	19,627 (93.6%)	20,050 (95.7%)	Pass
IP MH	65+ Enrollees	31,857 (92.7%)	32,440 (94.4%)	Pass
IP MH	Rural Enrollees	29,414 (88.2%)	30,376 (91.1%)	Pass
OP ED/UC	All Enrollees	62,929 (93.4%)	65,191 (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 ED/UC	Enrollees Living in Disadvantaged Neighborhoods	17,942 (87.1%)	19,063 (92.5%)	Pass
OP ED/UC	Women Enrollees	5,985 (95.3%)	6,130 (97.6%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	19,796 (93.7%)	20,500 (97%)	Pass
OP ED/UC	Minority Enrollees	19,576 (93.4%)	20,410 (97.4%)	Pass
OP ED/UC	65+ Enrollees	31,616 (92%)	32,915 (95.8%)	Pass
OP ED/UC	Rural Enrollees	28,879 (86.6%)	31,142 (93.4%)	Pass
OP MH	All Enrollees	63,752 (94.6%)	63,760 (94.6%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	18,187 (88.2%)	18,186 (88.2%)	Pass
OP MH	Women Enrollees	6,000 (95.5%)	6,002 (95.5%)	Pass
OP MH	High Service Disability Rating Enrollees	20,049 (94.9%)	20,056 (94.9%)	Pass
OP MH	Minority Enrollees	19,547 (93.3%)	19,547 (93.3%)	Pass
OP MH	65+ Enrollees	32,205 (93.7%)	32,211 (93.7%)	Pass
OP MH	Rural Enrollees	29,702 (89.1%)	29,710 (89.1%)	Pass
OP PC	All Enrollees	63,786 (94.7%)	64,437 (95.6%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	18,662 (90.5%)	19,028 (92.3%)	Pass
OP PC	Women Enrollees	6,020 (95.8%)	6,061 (96.5%)	Pass
OP PC	High Service Disability Rating Enrollees	19,992 (94.6%)	20,249 (95.8%)	Pass
OP PC	Minority Enrollees	19,668 (93.8%)	19,893 (94.9%)	Pass
OP PC	65+ Enrollees	32,150 (93.6%)	32,559 (94.8%)	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	29,737 (89.2%)	30,388 (91.2%)	Pass
OP Surgery Capability	All Enrollees	65,200 (96.8%)	65,311 (96.9%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	19,103 (92.7%)	19,198 (93.1%)	Pass
OP Surgery Capability	Women Enrollees	6,137 (97.7%)	6,144 (97.8%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	20,495 (97%)	20,532 (97.2%)	Pass
OP Surgery Capability	Minority Enrollees	20,363 (97.1%)	20,393 (97.3%)	Pass
OP Surgery Capability	65+ Enrollees	32,928 (95.8%)	32,998 (96%)	Pass
OP Surgery Capability	Rural Enrollees	31,150 (93.4%)	31,261 (93.8%)	Pass
OP Medical Specialist	All Enrollees	66,694 (99%)	66,721 (99%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	20,354 (98.8%)	20,381 (98.9%)	Pass
OP Medical Specialist	Women Enrollees	6,232 (99.2%)	6,232 (99.2%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	20,925 (99%)	20,931 (99.1%)	Pass
OP Medical Specialist	Minority Enrollees	20,770 (99.1%)	20,786 (99.2%)	Pass
OP Medical Specialist	65+ Enrollees	33,895 (98.6%)	33,910 (98.7%)	Pass
OP Medical Specialist	Rural Enrollees	32,644 (97.9%)	32,671 (98%)	Pass
OP Rehabilitation	All Enrollees	66,705 (99%)	66,705 (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 Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	20,330 (98.6%)	20,330 (98.6%)	Pass
OP Rehabilitation	Women Enrollees	6,229 (99.1%)	6,229 (99.1%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	20,928 (99%)	20,928 (99%)	Pass
OP Rehabilitation	Minority Enrollees	20,770 (99.1%)	20,770 (99.1%)	Pass
OP Rehabilitation	65+ Enrollees	33,906 (98.7%)	33,906 (98.7%)	Pass
OP Rehabilitation	Rural Enrollees	32,655 (98%)	32,655 (98%)	Pass
OP Surgical Specialist	All Enrollees	65,200 (96.8%)	65,311 (96.9%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	19,103 (92.7%)	19,198 (93.1%)	Pass
OP Surgical Specialist	Women Enrollees	6,137 (97.7%)	6,144 (97.8%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	20,495 (97%)	20,532 (97.2%)	Pass
OP Surgical Specialist	Minority Enrollees	20,363 (97.1%)	20,393 (97.3%)	Pass
OP Surgical Specialist	65+ Enrollees	32,928 (95.8%)	32,998 (96%)	Pass
OP Surgical Specialist	Rural Enrollees	31,150 (93.4%)	31,261 (93.8%)	Pass

Inpatient blind rehabilitation (IP BR), inpatient residential rehabilitation treatment programs (IP RRTP), and inpatient spinal cord injuries and disorders (IP SCI/D) are regional services and therefore measured at the VISN level. A market passes if its respective VISN continues to offer IP BR, IP RRTP, and IP SCI/D in the future state. If a VISN does not offer one or more of these services in the current state, then it does not need to offer them in the future state to pass. The VISN 22 Albuquerque market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 ALBUQUERQUE: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 Albuquerque 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 22 Albuquerque 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 22 ALBUQUERQUE: CAPACITY RESULTS FOR INPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP Med/Surg	Bed Shortage / Surplus (Market level)	92	64	713	777	685	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP MH	Bed Shortage / Surplus (Market level)	29	24	38	62	33	Pass
IP CLC	Bed Shortage / Surplus (Market level)	120	75	406	481	361	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 22 Albuquerque is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 ALBUQUERQUE: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 ALBUQUERQUE: CAPACITY RESULTS FOR OUTPATIENT SERVICES PROVIDED BY VA AND COMMUNITY PROVIDERS

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Allergy and Immunology (Service)	0.7	0.2	0.3	0.5	0.0	Pass
Amb Medical: Cardiology (Service)	2.5	2.8	3.0	5.8	3.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	3.8	4.8	2.6	7.4	4.0	Pass
Amb Medical: Dermatology (Service)	3.2	2.2	2.4	4.6	1.0	Pass
Amb Medical: Emergency Medicine (Service)	13.1	10.3	12.8	23.1	10.0	Pass
Amb Medical: Endocrinology (Service)	1.6	2.3	1.0	3.3	2.0	Pass
Amb Medical: Gastroenterology (Service)	3.8	3.3	2.1	5.4	2.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Hematology -Oncology (Service)	3.3	1.2	2.3	3.6	0.0	Pass
Amb Medical: Infectious Diseases (Service)	0.3	0.3	0.4	0.7	0.0	Pass
Amb Medical: Nephrology (Service)	3.2	2.4	1.3	3.7	1.0	Pass
Amb Medical: Neurology (Service)	2.5	2.0	2.4	4.4	2.0	Pass
Amb Medical: Optometry (Service)	10.1	7.1	3.0	10.1	0.0	Pass
Amb Medical: Pain Medicine (Service)	0.5	1.0	1.0	2.0	2.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	5.3	4.8	1.0	5.8	0.0	Pass
Amb Medical: Rheumatology (Service)	1.1	1.0	0.8	1.9	1.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.6	0.1	0.5	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)	0.7	0.3	5.9	6.1	5.0	Pass
Amb Surgical: Ophthalmology (Service)	8.1	5.8	2.2	8.1	0.0	Pass
Amb Surgical: Orthopaedic Surgery (Service)	3.0	2.0	3.5	5.5	3.0	Pass
Amb Surgical: Otolaryngology (Service)	3.4	2.8	1.6	4.4	1.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.3	0.1	0.3	0.4	0.0	Pass
Amb Surgical: Podiatry (Service)	5.5	5.7	2.6	8.3	3.0	Pass
Amb Surgical: Surgery (Service)	2.7	2.4	11.6	14.0	11.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.2	0.3	0.4	0.0	Pass
Amb Surgical: Urology (Service)	3.0	2.9	1.5	4.4	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Vascular Surgery (Service)	0.9	1.8	0.3	2.1	1.0	Pass
Dental	0.0	0.0	0.7	0.7	1.0	Pass
MH	77.6	55.1	37.5	92.6	15.0	Pass
PC	82.8	65.9	87.1	153.0	70.0	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 22 Albuquerque 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 22 Albuquerque 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 22 ALBUQUERQUE: 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 22 ALBUQUERQUE: 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 22 Albuquerque 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 22 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 22 ALBUQUERQUE: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (501) Albuquerque	\$13,993,054.00	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 22 ALBUQUERQUE: 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 22 ALBUQUERQUE: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.68	1.19	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 22 Albuquerque 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 22 ALBUQUERQUE: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (501) Albuquerque	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	36,398.0	Pass
VAMC	(V22) (501) Albuquerque	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	36,398.0	Pass
VAMC	(V22) (501) Albuquerque	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	36,398.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (501) Albuquerque	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	43.0	Pass
VAMC	(V22) (501) Albuquerque	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	36,398.0	Pass
MS CBOC	(V22) (501GM) Northwest Metro New Mexico	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	37,095.0	Pass
CBOC	(V22) (501GA) Artesia	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,963.0	Pass
CBOC	(V22) (501GB) Farmington	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,664.0	Pass
CBOC	(V22) (501GC) Silver City	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	1,250.0	Pass
CBOC	(V22) (501GH) Truth or Consequences	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	5,837.0	Pass
CBOC	(V22) (501GI) Alamogordo	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,602.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
CBOC	(V22) (501GJ) Durango	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,170.0	Pass
CBOC	(V22) (501GK) Santa Fe	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	3,162.0	Pass
CBOC	(V22) (501GN) Taos	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	3,902.0	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 22 ALBUQUERQUE: 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
\$15,319M	\$15,447M	1.39	1.19	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 22 ALBUQUERQUE: 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 22 ALBUQUERQUE: 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

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

VA's recommendation for the VISN 22 Tucson 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 22 Tucson 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 22 Tucson 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 22 TUCSON: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	68,897 (99.1%)	68,897 (99.1%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	22,517 (98.7%)	22,517 (98.7%)	Pass
IP Med/Surg	Women Enrollees	7,158 (99.5%)	7,158 (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	18,116 (99.3%)	18,116 (99.3%)	Pass
IP Med/Surg	Minority Enrollees	15,239 (98.8%)	15,239 (98.8%)	Pass
IP Med/Surg	65+ Enrollees	33,539 (98.9%)	33,539 (98.9%)	Pass
IP Med/Surg	Rural Enrollees	17,475 (96.8%)	17,475 (96.8%)	Pass
IP CLC	All Enrollees	53,438 (76.9%)	66,949 (96.3%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	17,064 (74.8%)	21,475 (94.1%)	Pass
IP CLC	Women Enrollees	5,271 (73.2%)	7,009 (97.4%)	Pass
IP CLC	High Service Disability Rating Enrollees	13,229 (72.5%)	17,640 (96.7%)	Pass
IP CLC	Minority Enrollees	12,063 (78.2%)	14,713 (95.4%)	Pass
IP CLC	65+ Enrollees	26,339 (77.7%)	32,498 (95.8%)	Pass
IP CLC	Rural Enrollees	9,479 (52.5%)	15,530 (86%)	Pass
IP MH	All Enrollees	68,897 (99.1%)	68,897 (99.1%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	22,517 (98.7%)	22,517 (98.7%)	Pass
IP MH	Women Enrollees	7,158 (99.5%)	7,158 (99.5%)	Pass
IP MH	High Service Disability Rating Enrollees	18,116 (99.3%)	18,116 (99.3%)	Pass
IP MH	Minority Enrollees	15,239 (98.8%)	15,239 (98.8%)	Pass
IP MH	65+ Enrollees	33,539 (98.9%)	33,539 (98.9%)	Pass
IP MH	Rural Enrollees	17,475 (96.8%)	17,475 (96.8%)	Pass
OP ED/UC	All Enrollees	69,062 (99.4%)	69,062 (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	22,670 (99.4%)	22,670 (99.4%)	Pass
OP ED/UC	Women Enrollees	7,170 (99.6%)	7,170 (99.6%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	18,153 (99.5%)	18,153 (99.5%)	Pass
OP ED/UC	Minority Enrollees	15,280 (99%)	15,280 (99%)	Pass
OP ED/UC	65+ Enrollees	33,627 (99.2%)	33,627 (99.2%)	Pass
OP ED/UC	Rural Enrollees	17,640 (97.7%)	17,640 (97.7%)	Pass
OP MH	All Enrollees	67,278 (96.8%)	67,278 (96.8%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	21,472 (94.1%)	21,472 (94.1%)	Pass
OP MH	Women Enrollees	7,029 (97.7%)	7,029 (97.7%)	Pass
OP MH	High Service Disability Rating Enrollees	17,733 (97.2%)	17,733 (97.2%)	Pass
OP MH	Minority Enrollees	15,023 (97.4%)	15,023 (97.4%)	Pass
OP MH	65+ Enrollees	32,506 (95.9%)	32,506 (95.9%)	Pass
OP MH	Rural Enrollees	15,854 (87.8%)	15,854 (87.8%)	Pass
OP PC	All Enrollees	68,941 (99.2%)	68,986 (99.3%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	22,429 (98.3%)	22,430 (98.3%)	Pass
OP PC	Women Enrollees	7,156 (99.4%)	7,162 (99.5%)	Pass
OP PC	High Service Disability Rating Enrollees	18,130 (99.4%)	18,141 (99.5%)	Pass
OP PC	Minority Enrollees	15,273 (99%)	15,282 (99%)	Pass
OP PC	65+ Enrollees	33,548 (98.9%)	33,573 (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	17,517 (97%)	17,562 (97.3%)	Pass
OP Surgery Capability	All Enrollees	69,013 (99.3%)	69,014 (99.3%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	22,616 (99.1%)	22,616 (99.1%)	Pass
OP Surgery Capability	Women Enrollees	7,165 (99.6%)	7,165 (99.6%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	18,144 (99.5%)	18,144 (99.5%)	Pass
OP Surgery Capability	Minority Enrollees	15,272 (99%)	15,272 (99%)	Pass
OP Surgery Capability	65+ Enrollees	33,597 (99.1%)	33,598 (99.1%)	Pass
OP Surgery Capability	Rural Enrollees	17,591 (97.4%)	17,592 (97.4%)	Pass
OP Medical Specialist	All Enrollees	69,332 (99.8%)	69,332 (99.8%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	22,670 (99.4%)	22,670 (99.4%)	Pass
OP Medical Specialist	Women Enrollees	7,184 (99.8%)	7,184 (99.8%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	18,211 (99.8%)	18,211 (99.8%)	Pass
OP Medical Specialist	Minority Enrollees	15,330 (99.3%)	15,330 (99.3%)	Pass
OP Medical Specialist	65+ Enrollees	33,819 (99.7%)	33,819 (99.7%)	Pass
OP Medical Specialist	Rural Enrollees	17,902 (99.1%)	17,902 (99.1%)	Pass
OP Rehabilitation	All Enrollees	69,063 (99.4%)	69,063 (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	22,658 (99.3%)	22,658 (99.3%)	Pass
OP Rehabilitation	Women Enrollees	7,171 (99.6%)	7,171 (99.6%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	18,157 (99.6%)	18,157 (99.6%)	Pass
OP Rehabilitation	Minority Enrollees	15,275 (99%)	15,275 (99%)	Pass
OP Rehabilitation	65+ Enrollees	33,626 (99.2%)	33,626 (99.2%)	Pass
OP Rehabilitation	Rural Enrollees	17,630 (97.6%)	17,630 (97.6%)	Pass
OP Surgical Specialist	All Enrollees	69,013 (99.3%)	69,014 (99.3%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	22,616 (99.1%)	22,616 (99.1%)	Pass
OP Surgical Specialist	Women Enrollees	7,165 (99.6%)	7,165 (99.6%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	18,144 (99.5%)	18,144 (99.5%)	Pass
OP Surgical Specialist	Minority Enrollees	15,272 (99%)	15,272 (99%)	Pass
OP Surgical Specialist	65+ Enrollees	33,597 (99.1%)	33,598 (99.1%)	Pass
OP Surgical Specialist	Rural Enrollees	17,591 (97.4%)	17,592 (97.4%)	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 22 Tucson market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 TUCSON: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 Tucson 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 22 Tucson 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 22 TUCSON: 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)	86	83	764	847	761	Pass
IP MH	Bed Shortage / Surplus (Market level)	24	24	25	49	25	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	127	71	734	805	678	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 22 Tucson is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 TUCSON: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 TUCSON: 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	0.0	0.4	0.4	0.0	Pass
Amb Medical: Cardiology (Service)	4.9	3.8	3.7	7.4	3.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	4.5	3.3	1.6	4.9	0.0	Pass
Amb Medical: Dermatology (Service)	5.7	3.8	2.1	5.9	0.0	Pass
Amb Medical: Emergency Medicine (Service)	15.1	12.3	8.3	20.6	5.0	Pass
Amb Medical: Endocrinology (Service)	1.2	1.2	0.7	1.8	1.0	Pass
Amb Medical: Gastroenterology (Service)	4.4	3.2	1.4	4.6	0.0	Pass
Amb Medical: Hematology -Oncology (Service)	3.3	2.7	2.1	4.8	2.0	Pass
Amb Medical: Infectious Diseases (Service)	0.3	0.3	0.4	0.7	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	2.3	1.7	1.3	3.0	1.0	Pass
Amb Medical: Neurology (Service)	4.3	2.9	1.8	4.7	0.0	Pass
Amb Medical: Optometry (Service)	13.6	13.3	3.2	16.5	3.0	Pass
Amb Medical: Pain Medicine (Service)	0.8	0.6	0.5	1.0	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	2.8	2.2	0.6	2.8	0.0	Pass
Amb Medical: Rheumatology (Service)	2.0	2.0	0.7	2.7	1.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.5	1.1	0.7	1.8	0.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	1.3	0.9	3.7	4.6	3.0	Pass
Amb Surgical: Ophthalmology (Service)	7.3	6.0	2.6	8.5	1.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	3.3	2.1	2.4	4.5	1.0	Pass
Amb Surgical: Otolaryngology (Service)	2.9	2.2	0.9	3.1	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.8	0.6	0.5	1.0	0.0	Pass
Amb Surgical: Podiatry (Service)	6.9	6.1	1.8	7.9	1.0	Pass
Amb Surgical: Surgery (Service)	3.0	2.1	4.7	6.8	4.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.1	0.3	0.4	0.0	Pass
Amb Surgical: Urology (Service)	4.4	3.7	1.5	5.2	1.0	Pass
Amb Surgical: Vascular Surgery (Service)	0.7	0.6	0.5	1.1	0.0	Pass
Dental	0.0	0.0	0.3	0.3	0.0	Pass
MH	79.1	78.0	15.5	93.5	14.0	Pass
PC	50.9	41.3	63.3	104.6	54.0	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 22 Tucson 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 22 Tucson 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 22 TUCSON: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

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

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

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

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

Quality Sub-criterion 3:

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

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

TABLE 7 – VISN 22 TUCSON: 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 22 Tucson 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 22 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 22 TUCSON: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (678) Tucson	\$2,190,606.00	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 22 TUCSON: EMERGENCY PREPAREDNESS RESULTS

PRC Designated VAMC (Current State)	PRC Designated VAMC (Future State)	Pass / Fail
(V22) (678) Tucson	(V22) (678) Tucson	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 22 TUCSON: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
2.00	1.59	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 22 Tucson 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 22 TUCSON: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (678) Tucson	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	47,399.0	Pass
VAMC	(V22) (678) Tucson	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	47,399.0	Pass
VAMC	(V22) (678) Tucson	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	47,399.0	Pass
VAMC	(V22) (678) Tucson	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	30.1	Pass
VAMC	(V22) (678) Tucson	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	47,399.0	Pass
MS CBOC	(V22) (678GA) Sierra Vista	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	11,348.0	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
MS CBOC	(V22) (678GB) Yuma	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	7,081.0	Pass
MS CBOC	(V22) (678GC) Casa Grande	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	74,011.0	Pass
MS CBOC	(V22) (678GG) Southeast Tucson	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	45,765.0	Pass
MS CBOC	(V22) (678GF) Northwest Tucson	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	49,174.0	Pass
CBOC	(V22) (678GD) Safford	CBOC	Facility Meets or Exceeds Target of 2,400 Total Encounters	4,298.0	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 22 TUCSON: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$17,466M	\$17,455M	1.588	1.587	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 22 TUCSON: 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 22 TUCSON: 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
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 22 Prescott

VA's recommendation for the VISN 22 Prescott 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 22 Prescott 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 22 Prescott 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 22 PRESCOTT: ACCESS RESULTS FOR IP MED/SURG, IP MH, IP CLC AND OUTPATIENT PRIMARY AND SPECIALTY CARE

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	All Enrollees	20,073 (96.9%)	20,073 (96.9%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	3,056 (86.5%)	3,056 (86.5%)	Pass
IP Med/Surg	Women Enrollees	1,473 (97.1%)	1,473 (97.1%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	4,208 (96.7%)	4,208 (96.7%)	Pass
IP Med/Surg	Minority Enrollees	1,896 (93.5%)	1,896 (93.5%)	Pass
IP Med/Surg	65+ Enrollees	12,587 (97.3%)	12,587 (97.3%)	Pass
IP Med/Surg	Rural Enrollees	9,791 (93.9%)	9,791 (93.9%)	Pass
IP CLC	All Enrollees	16,942 (81.8%)	17,691 (85.4%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	1,422 (40.2%)	2,085 (59%)	Pass
IP CLC	Women Enrollees	1,261 (83.1%)	1,307 (86.1%)	Pass
IP CLC	High Service Disability Rating Enrollees	3,533 (81.1%)	3,689 (84.7%)	Pass
IP CLC	Minority Enrollees	1,438 (70.9%)	1,478 (72.9%)	Pass
IP CLC	65+ Enrollees	10,523 (81.3%)	11,074 (85.6%)	Pass
IP CLC	Rural Enrollees	6,684 (64.1%)	7,432 (71.2%)	Pass
IP MH	All Enrollees	20,074 (96.9%)	20,076 (96.9%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	3,058 (86.6%)	3,059 (86.6%)	Pass
IP MH	Women Enrollees	1,473 (97.1%)	1,473 (97.1%)	Pass
IP MH	High Service Disability Rating Enrollees	4,208 (96.7%)	4,209 (96.7%)	Pass
IP MH	Minority Enrollees	1,896 (93.5%)	1,896 (93.5%)	Pass
IP MH	65+ Enrollees	12,589 (97.3%)	12,591 (97.3%)	Pass
IP MH	Rural Enrollees	9,792 (93.9%)	9,794 (93.9%)	Pass
OP ED/UC	All Enrollees	19,118 (92.3%)	19,433 (93.8%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
OP ED/UC	Enrollees Living in Disadvantaged Neighborhoods	2,454 (69.5%)	2,710 (76.7%)	Pass
OP ED/UC	Women Enrollees	1,416 (93.3%)	1,448 (95.4%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	4,017 (92.3%)	4,089 (93.9%)	Pass
OP ED/UC	Minority Enrollees	1,601 (79%)	1,806 (89.1%)	Pass
OP ED/UC	65+ Enrollees	11,978 (92.6%)	12,128 (93.8%)	Pass
OP ED/UC	Rural Enrollees	8,830 (84.6%)	9,146 (87.7%)	Pass
OP MH	All Enrollees	18,082 (87.3%)	18,082 (87.3%)	Pass
OP MH	Enrollees Living in Disadvantaged Neighborhoods	1,703 (48.2%)	1,703 (48.2%)	Pass
OP MH	Women Enrollees	1,365 (90%)	1,365 (90%)	Pass
OP MH	High Service Disability Rating Enrollees	3,775 (86.7%)	3,775 (86.7%)	Pass
OP MH	Minority Enrollees	1,706 (84.2%)	1,706 (84.2%)	Pass
OP MH	65+ Enrollees	11,215 (86.7%)	11,215 (86.7%)	Pass
OP MH	Rural Enrollees	7,821 (75%)	7,821 (75%)	Pass
OP PC	All Enrollees	19,873 (95.9%)	19,883 (96%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	2,971 (84.1%)	2,975 (84.2%)	Pass
OP PC	Women Enrollees	1,464 (96.5%)	1,464 (96.5%)	Pass
OP PC	High Service Disability Rating Enrollees	4,172 (95.8%)	4,173 (95.9%)	Pass
OP PC	Minority Enrollees	1,854 (91.5%)	1,854 (91.5%)	Pass
OP PC	65+ Enrollees	12,444 (96.2%)	12,450 (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 PC	Rural Enrollees	9,609 (92.1%)	9,618 (92.2%)	Pass
OP Surgery Capability	All Enrollees	20,088 (97%)	20,088 (97%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	3,064 (86.8%)	3,064 (86.8%)	Pass
OP Surgery Capability	Women Enrollees	1,473 (97.1%)	1,473 (97.1%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	4,215 (96.8%)	4,215 (96.8%)	Pass
OP Surgery Capability	Minority Enrollees	1,896 (93.6%)	1,896 (93.6%)	Pass
OP Surgery Capability	65+ Enrollees	12,596 (97.4%)	12,596 (97.4%)	Pass
OP Surgery Capability	Rural Enrollees	9,804 (94%)	9,804 (94%)	Pass
OP Medical Specialist	All Enrollees	20,207 (97.5%)	20,437 (98.6%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,175 (89.9%)	3,406 (96.4%)	Pass
OP Medical Specialist	Women Enrollees	1,469 (96.8%)	1,497 (98.7%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	4,247 (97.6%)	4,298 (98.7%)	Pass
OP Medical Specialist	Minority Enrollees	1,734 (85.6%)	1,918 (94.6%)	Pass
OP Medical Specialist	65+ Enrollees	12,718 (98.3%)	12,814 (99.1%)	Pass
OP Medical Specialist	Rural Enrollees	9,919 (95.1%)	10,150 (97.3%)	Pass
OP Rehabilitation	All Enrollees	20,510 (99%)	20,510 (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 Rehabilitation	Enrollees Living in Disadvantaged Neighborhoods	3,406 (96.4%)	3,406 (96.4%)	Pass
OP Rehabilitation	Women Enrollees	1,505 (99.2%)	1,505 (99.2%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	4,307 (98.9%)	4,307 (98.9%)	Pass
OP Rehabilitation	Minority Enrollees	1,930 (95.2%)	1,930 (95.2%)	Pass
OP Rehabilitation	65+ Enrollees	12,836 (99.2%)	12,836 (99.2%)	Pass
OP Rehabilitation	Rural Enrollees	10,223 (98%)	10,223 (98%)	Pass
OP Surgical Specialist	All Enrollees	20,088 (97%)	20,088 (97%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	3,064 (86.8%)	3,064 (86.8%)	Pass
OP Surgical Specialist	Women Enrollees	1,473 (97.1%)	1,473 (97.1%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	4,215 (96.8%)	4,215 (96.8%)	Pass
OP Surgical Specialist	Minority Enrollees	1,896 (93.6%)	1,896 (93.6%)	Pass
OP Surgical Specialist	65+ Enrollees	12,596 (97.4%)	12,596 (97.4%)	Pass
OP Surgical Specialist	Rural Enrollees	9,804 (94%)	9,804 (94%)	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 22 Prescott market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 PRESCOTT: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 Prescott 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 22 Prescott 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 22 PRESCOTT: 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)	47	21	372	393	346	Pass
IP MH	Bed Shortage / Surplus (Market level)	10	0	13	13	3	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	61	85	303	388	327	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 22 Prescott is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 PRESCOTT: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 PRESCOTT: 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	0.1	0.2	0.0	Pass
Amb Medical: Cardiology (Service)	2.2	0.9	1.6	2.5	0.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	1.4	0.7	0.9	1.6	0.0	Pass
Amb Medical: Dermatology (Service)	2.7	1.9	0.8	2.7	0.0	Pass
Amb Medical: Emergency Medicine (Service)	7.2	4.7	4.1	8.8	2.0	Pass
Amb Medical: Endocrinology (Service)	0.5	0.4	0.1	0.5	0.0	Pass
Amb Medical: Gastroenterology (Service)	2.2	1.7	0.6	2.2	0.0	Pass
Amb Medical: Hematology -Oncology (Service)	2.4	2.1	0.3	2.4	0.0	Pass
Amb Medical: Infectious Diseases (Service)	0.1	0.1	0.2	0.3	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	1.0	0.1	0.8	0.9	0.0	Pass
Amb Medical: Neurology (Service)	1.9	1.2	0.7	1.9	0.0	Pass
Amb Medical: Optometry (Service)	5.4	3.6	1.8	5.4	0.0	Pass
Amb Medical: Pain Medicine (Service)	1.8	1.3	0.5	1.8	0.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	3.1	2.9	0.3	3.1	0.0	Pass
Amb Medical: Rheumatology (Service)	0.4	0.4	0.1	0.5	0.0	Pass
Amb Surgical: Neurological Surgery (Service)	0.8	0.6	0.2	0.8	0.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	0.4	0.1	1.0	1.1	1.0	Pass
Amb Surgical: Ophthalmology (Service)	7.4	6.8	0.7	7.4	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	3.4	1.8	1.6	3.4	0.0	Pass
Amb Surgical: Otolaryngology (Service)	0.9	0.2	0.4	0.7	0.0	Pass
Amb Surgical: Plastic Surgery (Service)	0.7	0.0	0.2	0.2	0.0	Pass
Amb Surgical: Podiatry (Service)	2.8	1.6	0.7	2.3	0.0	Pass
Amb Surgical: Surgery (Service)	2.4	0.9	3.3	4.2	2.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.2	0.0	0.1	0.2	0.0	Pass
Amb Surgical: Urology (Service)	2.2	1.6	0.6	2.2	0.0	Pass
Amb Surgical: Vascular Surgery (Service)	0.3	0.2	0.0	0.2	0.0	Pass
Dental	0.0	0.0	0.2	0.2	0.0	Pass
MH	45.9	41.4	6.0	47.3	1.0	Pass
PC	37.2	27.6	26.3	53.9	17.0	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 22 Prescott 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 22 Prescott 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 22 PRESCOTT: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

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

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

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

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

Quality Sub-criterion 3:

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

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

TABLE 7 – VISN 22 PRESCOTT: 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	No	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 22 Prescott 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 22 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 22 PRESCOTT: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (649) Prescott	\$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 22 PRESCOTT: 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 22 PRESCOTT: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
1.06	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 22 Prescott 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 22 PRESCOTT: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (649) Prescott	IP CLC	Facility Meets or Exceeds Target of 14 Average Daily Census	36.3	Pass
VAMC	(V22) (649) Prescott	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	22.2	Pass
CBOC	(V22) (649GB) Flagstaff	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,553.0	Pass
CBOC	(V22) (649GE) Cottonwood	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	2,659.0	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 22 PRESCOTT: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO MODERNIZATION

Total Cost of Modernization (Present Value)	Total Cost of VA Recommendation (Present Value)	Modernization CBI	VA Recommendation CBI	Total Cost of VA Recommendation Less Than Modernization	VA Recommendation CBI is Lower than Modernization CBI	Pass / Fail
\$7,749M	\$7,976M	0.77	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 22 PRESCOTT: 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	No	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 22 PRESCOTT: 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
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 22 Phoenix

VA's recommendation for the VISN 22 Phoenix 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 22 Phoenix 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 22 Phoenix 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 22 PHOENIX: 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	138,456 (99%)	138,456 (99%)	Pass
IP Med/Surg	Enrollees Living in Disadvantaged Neighborhoods	22,801 (96.1%)	22,801 (96.1%)	Pass
IP Med/Surg	Women Enrollees	12,418 (99.1%)	12,418 (99.1%)	Pass

Service	Subpopulation	Projected Enrollees Within Drive Time Standards of Current HPIDN Facilities	Projected Enrollees Within Drive Time Standards of Future HPIDN Facilities	Pass / Fail
IP Med/Surg	High Service Disability Rating Enrollees	36,955 (99.2%)	36,955 (99.2%)	Pass
IP Med/Surg	Minority Enrollees	28,437 (98.2%)	28,437 (98.2%)	Pass
IP Med/Surg	65+ Enrollees	65,772 (98.8%)	65,772 (98.8%)	Pass
IP Med/Surg	Rural Enrollees	27,305 (95.3%)	27,305 (95.3%)	Pass
IP CLC	All Enrollees	123,871 (88.6%)	130,379 (93.2%)	Pass
IP CLC	Enrollees Living in Disadvantaged Neighborhoods	19,019 (80.2%)	21,117 (89%)	Pass
IP CLC	Women Enrollees	11,221 (89.5%)	11,698 (93.3%)	Pass
IP CLC	High Service Disability Rating Enrollees	32,841 (88.2%)	34,524 (92.7%)	Pass
IP CLC	Minority Enrollees	25,110 (86.7%)	26,198 (90.5%)	Pass
IP CLC	65+ Enrollees	58,182 (87.4%)	61,935 (93%)	Pass
IP CLC	Rural Enrollees	16,233 (56.6%)	21,178 (73.9%)	Pass
IP MH	All Enrollees	138,456 (99%)	138,456 (99%)	Pass
IP MH	Enrollees Living in Disadvantaged Neighborhoods	22,801 (96.1%)	22,801 (96.1%)	Pass
IP MH	Women Enrollees	12,418 (99.1%)	12,418 (99.1%)	Pass
IP MH	High Service Disability Rating Enrollees	36,955 (99.2%)	36,955 (99.2%)	Pass
IP MH	Minority Enrollees	28,437 (98.2%)	28,437 (98.2%)	Pass
IP MH	65+ Enrollees	65,772 (98.8%)	65,772 (98.8%)	Pass
IP MH	Rural Enrollees	27,305 (95.3%)	27,305 (95.3%)	Pass
OP ED/UC	All Enrollees	136,683 (97.7%)	139,037 (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	22,375 (94.3%)	23,175 (97.7%)	Pass
OP ED/UC	Women Enrollees	12,306 (98.2%)	12,462 (99.4%)	Pass
OP ED/UC	High Service Disability Rating Enrollees	36,510 (98%)	37,076 (99.6%)	Pass
OP ED/UC	Minority Enrollees	28,057 (96.9%)	28,544 (98.6%)	Pass
OP ED/UC	65+ Enrollees	64,543 (96.9%)	66,137 (99.3%)	Pass
OP ED/UC	Rural Enrollees	25,532 (89.1%)	27,885 (97.3%)	Pass
OP MH	All Enrollees	136,180 (97.4%)	136,137 (97.3%)	Fail
OP MH	Enrollees Living in Disadvantaged Neighborhoods	21,630 (91.2%)	21,586 (91%)	Fail
OP MH	Women Enrollees	12,230 (97.6%)	12,227 (97.6%)	Pass
OP MH	High Service Disability Rating Enrollees	36,302 (97.5%)	36,293 (97.5%)	Pass
OP MH	Minority Enrollees	27,628 (95.4%)	27,627 (95.4%)	Pass
OP MH	65+ Enrollees	64,576 (97%)	64,544 (96.9%)	Fail
OP MH	Rural Enrollees	25,050 (87.4%)	25,007 (87.2%)	Fail
OP PC	All Enrollees	137,334 (98.2%)	137,285 (98.2%)	Pass
OP PC	Enrollees Living in Disadvantaged Neighborhoods	22,224 (93.7%)	22,186 (93.5%)	Fail
OP PC	Women Enrollees	12,314 (98.2%)	12,313 (98.2%)	Pass
OP PC	High Service Disability Rating Enrollees	36,578 (98.2%)	36,582 (98.2%)	Pass
OP PC	Minority Enrollees	27,860 (96.2%)	27,863 (96.2%)	Pass
OP PC	65+ Enrollees	65,279 (98%)	65,248 (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 PC	Rural Enrollees	26,199 (91.4%)	26,152 (91.2%)	Fail
OP Surgery Capability	All Enrollees	138,336 (98.9%)	139,072 (99.4%)	Pass
OP Surgery Capability	Enrollees Living in Disadvantaged Neighborhoods	22,511 (94.9%)	23,248 (98%)	Pass
OP Surgery Capability	Women Enrollees	12,384 (98.8%)	12,457 (99.4%)	Pass
OP Surgery Capability	High Service Disability Rating Enrollees	36,873 (99%)	37,066 (99.5%)	Pass
OP Surgery Capability	Minority Enrollees	28,052 (96.9%)	28,598 (98.7%)	Pass
OP Surgery Capability	65+ Enrollees	65,806 (98.8%)	66,155 (99.4%)	Pass
OP Surgery Capability	Rural Enrollees	27,184 (94.8%)	27,921 (97.4%)	Pass
OP Medical Specialist	All Enrollees	138,936 (99.3%)	139,432 (99.7%)	Pass
OP Medical Specialist	Enrollees Living in Disadvantaged Neighborhoods	22,931 (96.7%)	23,427 (98.8%)	Pass
OP Medical Specialist	Women Enrollees	12,446 (99.3%)	12,497 (99.7%)	Pass
OP Medical Specialist	High Service Disability Rating Enrollees	37,023 (99.4%)	37,157 (99.8%)	Pass
OP Medical Specialist	Minority Enrollees	28,381 (98%)	28,763 (99.3%)	Pass
OP Medical Specialist	65+ Enrollees	66,113 (99.3%)	66,350 (99.6%)	Pass
OP Medical Specialist	Rural Enrollees	27,785 (96.9%)	28,281 (98.7%)	Pass
OP Rehabilitation	All Enrollees	139,433 (99.7%)	139,433 (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	23,468 (98.9%)	23,468 (98.9%)	Pass
OP Rehabilitation	Women Enrollees	12,497 (99.7%)	12,497 (99.7%)	Pass
OP Rehabilitation	High Service Disability Rating Enrollees	37,145 (99.7%)	37,145 (99.7%)	Pass
OP Rehabilitation	Minority Enrollees	28,791 (99.4%)	28,791 (99.4%)	Pass
OP Rehabilitation	65+ Enrollees	66,339 (99.6%)	66,339 (99.6%)	Pass
OP Rehabilitation	Rural Enrollees	28,281 (98.7%)	28,281 (98.7%)	Pass
OP Surgical Specialist	All Enrollees	138,336 (98.9%)	139,072 (99.4%)	Pass
OP Surgical Specialist	Enrollees Living in Disadvantaged Neighborhoods	22,511 (94.9%)	23,248 (98%)	Pass
OP Surgical Specialist	Women Enrollees	12,384 (98.8%)	12,457 (99.4%)	Pass
OP Surgical Specialist	High Service Disability Rating Enrollees	36,873 (99%)	37,066 (99.5%)	Pass
OP Surgical Specialist	Minority Enrollees	28,052 (96.9%)	28,598 (98.7%)	Pass
OP Surgical Specialist	65+ Enrollees	65,806 (98.8%)	66,155 (99.4%)	Pass
OP Surgical Specialist	Rural Enrollees	27,184 (94.8%)	27,921 (97.4%)	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 22 Phoenix market is part of VISN 22, which has the following results:

TABLE 2 – VISN 22 PHOENIX: 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
22	IP BR	TRUE	TRUE	Pass
22	IP RRTP	TRUE	TRUE	Pass
22	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 22 Phoenix 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 22 Phoenix 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 22 PHOENIX: 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)	163	84	1,137	1,221	1,058	Pass
IP MH	Bed Shortage / Surplus (Market level)	59	40	40	80	21	Pass

Service	Measure	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
IP CLC	Bed Shortage / Surplus (Market level)	323	48	1,195	1,243	920	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 22 Phoenix is part of VISN 22, which has the following results:

TABLE 4 – VISN 22 PHOENIX: 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)	470	531	61	Pass
IP BR	Bed Shortage / Surplus (Blind Rehab Region Level)	71	87	16	Pass
IP SCID	Bed Shortage / Surplus (VISN level)	104	129	25	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 22 PHOENIX: 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)	1.3	0.1	1.3	1.4	0.0	Pass
Amb Medical: Cardiology (Service)	8.1	8.5	13.4	21.9	14.0	Pass
Amb Medical: Critical Care / Pulmonary Disease (Service)	8.8	12.6	8.0	20.5	12.0	Pass
Amb Medical: Dermatology (Service)	8.2	5.6	8.2	13.8	6.0	Pass
Amb Medical: Emergency Medicine (Service)	23.6	16.9	23.6	40.5	17.0	Pass
Amb Medical: Endocrinology (Service)	4.1	7.1	2.6	9.7	6.0	Pass
Amb Medical: Gastroenterology (Service)	10.5	10.5	6.7	17.2	7.0	Pass
Amb Medical: Hematology -Oncology (Service)	5.7	4.5	6.1	10.5	5.0	Pass
Amb Medical: Infectious Diseases (Service)	1.1	2.3	2.2	4.5	3.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Medical: Nephrology (Service)	4.0	1.6	4.3	5.9	2.0	Pass
Amb Medical: Neurology (Service)	8.7	6.4	7.4	13.8	5.0	Pass
Amb Medical: Optometry (Service)	20.1	11.7	12.7	24.4	4.0	Pass
Amb Medical: Pain Medicine (Service)	1.3	3.3	3.7	7.0	6.0	Pass
Amb Medical: Physical Medicine & Rehabilitation (Service)	12.6	10.3	3.3	13.6	1.0	Pass
Amb Medical: Rheumatology (Service)	2.9	3.5	1.2	4.7	2.0	Pass
Amb Surgical: Neurological Surgery (Service)	1.2	0.2	2.1	2.3	1.0	Pass
Amb Surgical: Obstetrics & Gynecology (Service)	2.7	1.6	11.8	13.4	11.0	Pass
Amb Surgical: Ophthalmology (Service)	24.2	18.4	5.9	24.2	0.0	Pass

Service	Projected Veteran Demand	VA Capacity	Available Community Capacity	HPIDN Capacity	Shortage / Surplus	Pass / Fail
Amb Surgical: Orthopaedic Surgery (Service)	8.8	5.8	8.4	14.2	5.0	Pass
Amb Surgical: Otolaryngology (Service)	5.0	5.5	3.9	9.4	4.0	Pass
Amb Surgical: Plastic Surgery (Service)	1.4	0.9	1.5	2.4	1.0	Pass
Amb Surgical: Podiatry (Service)	12.3	12.9	6.5	19.4	7.0	Pass
Amb Surgical: Surgery (Service)	6.0	8.3	27.7	36.0	30.0	Pass
Amb Surgical: Thoracic Surgery (Service)	0.5	0.0	0.5	0.5	0.0	Pass
Amb Surgical: Urology (Service)	8.2	8.4	4.4	12.7	5.0	Pass
Amb Surgical: Vascular Surgery (Service)	1.3	1.9	1.4	3.3	2.0	Pass
Dental	0.0	0.0	2.1	2.1	2.0	Pass
MH	149.8	160.7	40.2	200.9	51.0	Pass
PC	119.0	143.1	193.6	336.7	218.0	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 22 Phoenix 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 22 Phoenix 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 22 PHOENIX: QUALITY RESULTS FOR INPATIENT AND OUTPATIENT SERVICES

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

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

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

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

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

Quality Sub-criterion 3:

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

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

TABLE 7 – VISN 22 PHOENIX: 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 22 Phoenix 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 22 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 22 PHOENIX: RESEARCH RESULTS

Facility	Total VA Funding	Future State	Pass / Fail
(V22) (644) Phoenix	\$1,269,680.00	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 22 PHOENIX: 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 22 PHOENIX: FINANCIAL STEWARDSHIP RESULTS COMPARING THE VA RECOMMENDATION TO STATUS QUO

Status Quo CBI	VA Recommendation CBI	VA Recommendation is Cost Effective
3.32	2.34	Pass

Sustainability: Consistent

The Sustainability domain consists of four sub-criteria

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

- **Sub-criterion 3:** This sub-criterion measures if the recommendation promotes recruitment of top clinical and non-clinical talent. To pass this sub-criterion, the market recommendation must pass at least one of the sub-criterion’s corresponding measures:
 - Maintains or creates partnerships with Academic Affiliates and/or other community providers when available? (Yes/No)
 - Modernizes facilities to include state-of-the-art equipment and clinical space to attract providers and support staff? (Yes/No)
- **Sub-criterion 4:** This sub-criterion requires that the recommendation for VISN 22 Phoenix 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 22 PHOENIX: DEMAND-BASED LONG-TERM VIABILITY RESULTS

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
VAMC	(V22) (644) Phoenix [replacement]	IP Med	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	110,945.0	Pass
VAMC	(V22) (644) Phoenix [replacement]	IP MH	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	110,945.0	Pass
VAMC	(V22) (644) Phoenix [replacement]	IP Surg	Facility Meets or Exceeds Target of 35,000 Overlapping Enrollees, 60	110,945.0	Pass
VAMC	(V22) (644XX) Anthem	IP CLC	Facility Meets or Exceeds Target of 21,000 Overlapping Enrollees in an Urban area, 60	102,907.0	Pass
VAMC	(V22) (644XX) Anthem	IP RRTP	Facility Meets or Exceeds Target of 17 Total RRTP ADC in Market	65.9	Pass

Class	Facility	IP Service / OP Facility Classification	Measure	Facility Value	Pass / Fail
HCC	(V22) (644BY) Southeast Gilbert	HCC	Facility Meets or Exceeds Target of 34,000 Overlapping Enrollees, 60	102,342.0	Pass
MS CBOC	(V22) (644GA) Northwest Surprise	MS CBOC	Facility Meets or Exceeds Target of 4,300 Overlapping Enrollees, 60	87,587.0	Pass
CBOC	(V22) (644GB) Show Low	CBOC	Facility Meets or Exceeds Target of 1,200 Core Uniques	2,780.0	Pass
CBOC	(V22) (644GC) Southwest Phoenix	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	60,683.0	Pass
CBOC	(V22) (644GE) Thunderbird	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	58,522.0	Pass
CBOC	(V22) (644GG) Northeast Phoenix [replacement]	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	36,413.0	Pass
CBOC	(V22) (649GD) Anthem	CBOC	Facility Meets or Exceeds Target of 2,500 Overlapping Enrollees, 30	27,462.0	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 22 PHOENIX: 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
\$28,273M	\$30,457M	2.57	2.34	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 22 PHOENIX: 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 22 PHOENIX: 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
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