

## Appendix A - VISN Market Plan Executive Summaries

### VISN 1 Executive Summary

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#### **Access**

*Primary Care* - The draft National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, while new access points in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

*Hospital Care* - Access in the North and Far North markets is being met through community contracts. In addition, telemedicine and telecare programs will be used across the network to improve quality and access for primary care and specialty care. The Maine Telemedicine program for the private sector will be used to provide cost effective care to the Maine veterans in collaboration with the VA.

#### **Campus Realignment/Consolidation of Services**

*Bedford* – Outpatient services will be maintained at the Bedford campus. Current services of inpatient psychiatry, domiciliary, nursing home and other workload) from the Bedford campus will be transferred to Brockton, West-Roxbury and other appropriate campuses (Manchester). The remainder of the Bedford campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

*Jamaica Plain* – Study the feasibility of redesigning the Jamaica Plain campus to consolidate services into buildings for operational savings and to maximize the enhanced use lease potential of the campus for assisted living or other compatible types of use. Retain multi-disciplinary outpatient clinic.

#### **Outpatient Services**

*Primary Care* - Increasing primary care demand in the Far North, East and West markets is being met primarily through community contracts, telemedicine, and expansion of existing CBOCs. Some in-house expansion is planned for Brockton, Togus and Newington. Excess outpatient demand from West Roxbury and from the Causeway Clinic will be moved to Jamaica Plain.

*Mental Health* - Increasing demand for mental health in the Far North and North markets is being met through community contracts, telemedicine, and expansion of existing CBOCs that will include mental health services.

*Specialty Care* - Increasing specialty care demand in all four markets is being met using community contracts to the extent feasible, telemedicine, shifting selected services to CBOCs and in-house expansion through significant new construction and conversion of vacant space. Northampton will lease 50,000 sq. ft. in the Springfield area. West Roxbury and Providence have replacement operating room projects in their specialty care expansions.

#### **Inpatient Services**

*Medicine* - Increasing inpatient medicine demand and access gaps in the Far North and North markets is being met through community contracts, also needed to resolve access gaps. Increasing inpatient medicine demand in the East and West markets is being met through in-house expansion at West Roxbury, Providence and West Haven.

*Psychiatry* - Decreasing inpatient psychiatry demand in the East market is being met through the consolidation of acute psychiatry at Bedford, Brockton and Providence.

#### **Vacant Space**

VISN 1 will have total of 255,829 sq. ft. of vacant space in 2022. This represents a reduction of 51.4% from 2001 (526,674 sq. ft.).

**Extended Care**

Proposed capital investments to remedy space deficiencies in nursing homes include renovation of 51,289 existing sq. ft in the West market (Northampton & West Haven) and the renovation of 43,017 sq. ft in the Far North market (Togus).

**Collaboration**

VBA - Relocate the VARO from Hartford to Newington.

**Facility Condition** - Low facility condition scores (scores below 3.0) at many VISN 1 facilities have been addressed through renovation projects that are phased early in the plan due to immediate infrastructure needs, many of which have been on hold pending CARES. No space is being renovated that will not be needed through the year 2022.

## VISN 2 Executive Summary

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### **Campus Realignment/Consolidation of Services**

*Canandaigua* - Current services of acute inpatient psychiatry, nursing home, domiciliary and residential rehabilitation services at Canandaigua will be transferred to other VAMCs within the VISN. Outpatient services will be provided in Canandaigua's market. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

### **Outpatient Services**

*Primary Care* - Increased primary care outpatient services has been identified in the Finger Lakes/Southern Tier market. There is a significant increase in primary care workload, especially in Monroe County. The VISN proposes to utilize contractual services in close proximity to the patients' homes to address increased outpatient primary care demand.

*Specialty Care* - Increasing specialty care outpatient services has been identified in three markets (all but the Western market). The VISN is proposing a combination of approaches tailored to the individual needs of each market. These approaches include utilizing fee basis; contracting for services in the counties where the patient lives; maintaining existing current workload at the existing medical center and existing CBOCs and renovating CBOC space.

### **Inpatient Services**

*Medicine* - Increased inpatient medicine services are projected for both the Central and the Finger Lakes/Southern Tier markets. The VISN proposes to move workload from the Western or Central market to the Finger Lakes & Southern Tier market and utilize contracting for services in the counties where the patient resides. This includes utilizing fee basis and contracts for inpatient medicine services. Additional contract services will need to be established for the increased projected workload especially in the Monroe County area. Projected increase at Bath can be handled in the current space.

### **Vacant Space**

VISN 2 will have total of 182,950 sq. ft. of vacant space in 2022. This represents a reduction of 15.9% from 2001 total vacant space (217,546 sq. ft.).

### **Special Populations**

Build a new 30-bed SCI/D Unit at the Syracuse VAMC.

### **Inpatient Services**

*Medicine* - Increased inpatient medicine services has been identified for both the Central and the Finger Lakes/Southern Tier markets. The VISN proposes to move workload from the Western or Central market to the Finger Lakes & Southern Tier market to utilize contracting for services in the counties where the patient resides. This includes utilizing fee basis and contracts for inpatient medicine services. Additional contract services will need to be established for the increased projected workload, especially in the Monroe County area. Projected increase at Bath can be handled in the current space.

### **Enhanced Use**

The VISN has identified the Buffalo VAMC and the Canandaigua VAMC as having potential Enhanced Use opportunities.

## VISN 3 Executive Summary

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### **Campus Realignment/Consolidation of Services/Small Facilities**

*St. Albans* – Build new facilities for outpatient, nursing home and domiciliary care. Demolish old facilities and design new construction on site to maximize the area for an enhanced use lease project such as assisted living facility, or other compatible uses to benefit veterans. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

*Lyons* - Lyons maintains its current services because of lack of nursing home space and psychiatric space at East Orange and legislative requirements to maintain in-house nursing home units preclude any changes.

*Montrose* – Current services of domiciliary beds and all other inpatient units including psychiatry, medicine and nursing home will be transferred to Castle Point. Maintain outpatient services on the Montrose campus at a location that maximizes the enhanced use lease potential of the site. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

*Castle Point* – Current inpatient services will be transferred from Montrose to Castle Point. The Spinal Cord Injury (SCI) Unit would be relocated to the Bronx. Castle Point Campus will maintain an SCI outpatient unit. Castle Point will convert to a Critical Access Hospital based.

*New York (Manhattan) and Brooklyn* – Develop a plan to consider the feasibility of consolidating acute inpatient care at the Brooklyn and incorporate the proposed outpatient care improvements for Brooklyn in the current plan. Maintain a significant outpatient primary and specialty care presence in Manhattan at the current site or another appropriate location in Manhattan.

### **Outpatient Services**

*Primary Care* - Increased primary care outpatient demand has been identified in all three of the Network's markets. The VISN proposes to meet the majority of this need through expansion of in-house space via new construction (138,000 sq. ft.), conversion of vacant space (70,000 sq. ft.) and utilization of community contracts. A new joint VA/DoD CBOC is proposed for Ft. Monmouth, NJ. A new CBOC for Passaic County, NJ is included in the plan but is not in the high implementation priority group.

*Specialty Care* - All three of the Network's markets are projected to experience increased outpatient specialty care demand. The VISN proposes to meet the majority of this need through the expansion of in-house services with new construction (457,000 sq. ft.), vacant space conversion (114,000 sq. ft.) and some utilization of community contracts.

### **Inpatient Services**

*Medicine* - Decreasing demand identified in the Metro New York market will be absorbed at the Brooklyn and New York campuses with some contracting in the community. Increasing demand projected for the New Jersey market will be accommodated in-house through new construction (50,000 sq. ft.) and conversion of vacant space (77,200 sq. ft.).

*Psychiatry* -Decreasing demand identified in the Metro New York market will be absorbed at the Brooklyn and New York campuses. Increasing demand projected for the New Jersey market will be met through the expansion of in-house services with new construction (107,000 sq. ft.) and the conversion of vacant space (129,000 sq. ft.).

### **Extended Care**

Proposed capital investments for nursing home care to remedy space deficiencies include renovation of 19,533 existing sq. ft. in the VA New Jersey market (VA New Jersey HCS) and new construction of 150,000 sq. ft. in the VA Metro New York market (St. Albans & VA Hudson Valley HCS).

**Vacant Space**

VISN 3 will have a total of 469,844 sq. ft. of vacant space in 2022. This represents a reduction of 53.1% from 2001 total vacant space (1,001,997 sq. ft.).

**Enhanced Use**

The VISN proposes development of long-term leases of existing golf courses and associated buildings and pursuing public/private development of VA buildings and/or land for uses including senior housing, assisted living, and other similar life care. Any revenues will remain in the VISN to invest in services for veterans.

**Collaboration**

*VBA*- Collocate the Newark Regional Office into currently available VHA space at the Lyons Campus of the VA New Jersey Health Care System.

*NCA* - A feasibility study must be completed to evaluate any potential land impediments at the Castle Point and Montrose campuses of the VA Hudson Valley HCS for use by NCA. Both campuses have excess land that can be made available to NCA.

*DoD* - Opportunities currently under review include collocation of the Ainsworth Clinic with Brooklyn, establishment of a new CBOC at Ft. Monmouth, and development of shared services between West Point and Montrose.

**Special Populations**

The LTC Spinal Cord Injury (SCI) unit will be consolidated from Castle Point to the Bronx. SCI Unit at the East Orange Campus will remain. Outpatient SCI services will be maintained at Castle Point.

## VISN 4 Executive Summary

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### **Campus Realignment/Consolidation of Services**

*Highland Drive* – Current services at Highland Drive will be transferred to University Drive and Aspinwall campuses, with new facilities for psychiatry, mental health, and related research and administrative services. VA will no longer operate health care services at this campus. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans. A major construction project to accommodate services at the University Drive and Aspinwall campuses is required.

### **Small Facility**

Butler will maintain nursing home and outpatient services and close its hospital acute care services. Altoona will maintain outpatient services and close its hospital acute care services by 2012 as the need for acute care beds declines. Erie will maintain its current services except it will close its inpatient surgical services and retain outpatient surgery and observation beds. The inpatient demand from these programs will be referred to Pittsburgh or contracted out to the community.

### **Outpatient Services**

Specialty care is increasing in demand for both markets and primary care in the eastern market. In-house expansion, contracting out, and enhanced use arrangements will handle the specialty care workload. Space for additional in-house specialty clinics will be achieved through increased use of CBOCs for primary care to free up specialty care space at VAMCs. These CBOCs are proposed but are not in the national high priority category.

### **Inpatient Services**

Inpatient medicine demand is increasing in the Eastern market while inpatient surgery demand is decreasing in the Western market. The Eastern market increase will be managed by in-house expansion, contracting out, and enhanced use at all five hospital sites. The Pittsburgh HCS in the Western market will convert the decreasing surgery beds to medicine beds to absorb part of workload from Butler, Altoona and Erie.

### **Extended Care**

Proposed capital investments for nursing home care to remedy space deficiencies are included for Altoona, Butler, Coatesville, Lebanon and Clarksburg.

### **Vacant Space**

VISN 4 will have a total of 446,001 sq. ft. of vacant space in 2022. This represents an increase of 15% over 2001 total vacant space (387,373 sq. ft.). Further analysis is required in order to determine how this can be avoided through improved space planning.

### **Enhanced Use**

Butler is exploring a number of potential enhanced use proposals. The proposals include: adult residential living program, 16-bed intermediate psychiatry facility, administrative space for DOD, and community diagnostic services center. In addition, the local community hospital (Butler Memorial) and Butler have explored enhanced use opportunities on the VA campus to expand specialty care. This innovative proposal would enhance services to veterans in the Butler area and could result in replacing older buildings with more state-of-the-art, energy efficient space.

### **Collaborations**

Collaborative opportunities are being explored with the VBA in Pittsburgh and Wilkes-Barre.

### **Special Populations**

Add a new outpatient Spinal Cord Injury clinic at Philadelphia.

## VISN 5 Executive Summary

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### **Consolidation of Services**

Washington and Baltimore have consolidated a significant number of services and will continue to investigate clinical and administrative program efficiencies, e.g. radiation therapy, brachytherapy, warehouse functions.

### **Outpatient Services**

*Primary Care and Mental Health* - Increasing primary care and mental health demand is being met in all three markets through a combination of in-house expansion, expansion of existing Community Based Outpatient Clinics (CBOCs) and the establishment of DoD joint ventures. Outpatient mental health is being integrated with primary care at all sites.

*Specialty Care* - Increasing specialty care demand at Martinsburg, Baltimore and Washington is being met using a combination of in-house expansion (new construction and leases), offering selected high volume specialty care services at larger CBOCs, and community contracts. Perry Point will use primarily community contracts for specialty care expansion.

### **Inpatient Services**

*Psychiatry* - Decreasing inpatient psychiatry demand in the Baltimore market has been met through the downsizing of beds at Baltimore in FY2002. Increasing inpatient psychiatry demand in the Washington market is being met through a shift of beds from Perry Point to Washington with in-house space expansion.

### **Extended Care**

Proposed capital investments for nursing home care units to remedy space deficiencies include the renovation of 18,000 existing sq. ft in the Martinsburg market (Martinsburg), the renovation of 22,208 existing sq. ft. in the Washington market (Washington) and new construction of 67,000 sq. ft. in the Baltimore market (Perry Point).

*Mental Health* - Some domiciliary beds are being shifted from Martinsburg to Washington to establish a domiciliary presence in DC area and to obviate the need for replacement of poor quality space at Martinsburg.

### **Vacant Space**

VISN 5 will have a total of 127,310 sq. ft. of vacant space in 2022. This represents a reduction of 66.3% from 2001 total vacant space (377,381 sq. ft.).

### **Enhanced Use**

*Ft. Howard* – An enhanced use lease has been approved for Ft. Howard that targets 297,613 sq. ft. to develop a retirement community for veterans and non-veterans. Revenues will remain in the VISN to invest in services for veterans.

*Perry Point* – While maintaining the current mission, redesign the campus to maximize the enhanced use lease potential of the campus. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans. The redesign of the campus should include the current proposed new nursing home, other required new buildings to consolidate services; and preservation of the historic sites: the Mansion, Grist Mill, and 5 acres of Indian burial grounds.

### **Collaboration**

*VBA* - All three Compensated Work Therapy Programs (CWT) in VISN 5 are developing a contract (MOU) with their Regional Vocational Office to provide a service by which veterans enrolled in VR&E programming would be evaluated by the CWT program for Chapter 31 feasibility purposes.

*DoD* - DoD opportunities developed include: outpatient joint ventures in all three markets with Ft. Detrick, Ft. Meade and Ft. Belvoir; joint resident education program between Walter Reed AMC and VAMC Washington, targeted to expand VISN-wide and; the Armed Forces Retirement Home as a possible location for a new domiciliary presence in the DC area.

## VISN 6 Executive Summary

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### **Access**

*Primary Care* – Increase primary care access points in two markets by adding nine (9) new CBOCs: six (6) in the Southwest market and three (3) in the Northeast market. The National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, new access points in the Southeast and Northwest markets are not included in the National Plan, but they are not in the high priority implementation category.

*Hospital Care* - Increase the access for hospital care in the Southeast market by providing limited inpatient care at a DoD site located in the eastern part of the market that will enable this market to meet the hospital access guidelines.

### **Small Facility**

*Beckley, WV* – Retain acute medicine beds. Convert their bed designation to Critical Access Hospital model. Close inpatient surgery beds and utilize observation beds, local contracting, or transfer to other VAMCs to meet surgical needs.

### **Outpatient Services**

*Primary Care* - Increase primary care services in all of the four markets to meet increased demand and access guidelines. VISN 6 will use a combination of approaches tailored to the individual needs of each market. Approaches include establishing new CBOCs using a mix of VA-staffed clinics in leased space and contract-model clinics in the Southwest and Northeast markets; expanding existing CBOCs; establishing new Satellite Outpatient Clinics (SOPC) in certain former CBOC sites; and renovating and/or constructing new outpatient space.

*Specialty Care* - Increase specialty care services at six care sites and in three markets with the exception of Northwest market. VISN 6 will use a combination of approaches tailored to individual needs of each market. Approaches include providing specialty care services at multiple SOPCs/CBOCs; as a major component of outpatient additions; and using community contracts for the early years before lease/construction and for peak years.

*Mental Health* - Increase the mental health outpatient services in three markets with the exception of the Northwest market due to increased demand and primary care in all four markets. The VISN will use a combination of approaches tailored to the individual needs of each market. These approaches include incorporating Mental Health into CBOCs; renovating and constructing new outpatient space at the parent facilities; and providing some limited workload by contract.

### **Inpatient Services**

*Medicine* - Increased inpatient medicine services have been identified for both the Southeast and the Southwest markets. This will require constructing new space, renovating existing space and using telemedicine links with out-station locations to augment coordination, timeliness and quality of care. Community contracts for projected peak year usage will also be employed as appropriate.

*Surgery* - Increased inpatient surgery services have been identified for both the Southeast and the Southwest markets. This will require a combination of ward renovation projects and new construction. To create enough space for these projects, outpatient functions currently located in inpatient areas will be relocated to the proposed outpatient additions. The projects will be supplemented by sharing agreements for acute hospital care, as appropriate. There is a slight decrease in demand at Salisbury. Therefore, no significant changes are planned at this time beyond an increased reliance on in-house versus contract services and a focus on increased productivity.

*Psychiatry* - Increase inpatient psychiatry services have been identified for the Southeast market. This will require ward renovation projects that will provide space and address patient privacy and efficiency issues at each facility. To create sufficient space for these projects, outpatient functions currently located in inpatient areas will be relocated to the proposed outpatient additions. Decreased inpatient psychiatry

services will be addressed through the elimination of 47 beds by FY 2022.

**Extended Care**

Proposed capital investments in nursing homes to remedy space deficiencies include the renovation of 5,000 existing sq. ft. in the Northeast market (Hampton) and new construction of 40,000 sq. ft. in the Northwest market (Beckley) for a replacement facility.

**Vacant Space**

VISN 6 will have a total of 104,518 sq. ft. of vacant space in 2022. This represents a reduction of 72.0% from 2001 total vacant space (373,034 sq. ft.).

**Enhanced Use**

Durham has an approved enhanced use project in which a real estate development company will finance, build, operate and maintain, on the VAMC grounds a mixed-use development (approximately 650,000 sq. ft.) consisting of a hotel, retail space, office buildings, and parking garage addition for non-VA use.

**Collaboration**

NCA – Provide additional acreage to the NCA at Salisbury and for a possible new site at Salem.

## VISN 7 Executive Summary

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### **Access**

VISN 7 has a primary care access gap in all three markets and an acute hospital gap in the Alabama and South Carolina markets. The plan includes 15 new CBOCs in the Alabama (AL), the Georgia (GA), and South Carolina (SC) markets to address the primary care access gap. The acute hospital gap will be met in AL by contracts in Huntsville and Dothan and in the SC market by contracts in Greenville, SC and Savannah, GA.

### **Campus Realignment/Consolidation of Services**

*Central Alabama Health Care System-Montgomery* - The proposal to convert Montgomery to an outpatient-only facility and to contract out inpatient care requires further study.

*Augusta, GA* – Study the feasibility of realigning the campus footprint including the feasibility of consolidating selected current services at the Uptown Division to the Downtown Division. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility or other compatible uses. Any revenues or in kind services will remain in the VISN to invest in services for veterans. Explore with DoD the feasibility of greater coordination with DoD services at either VA division.

### **Small Facility**

Dublin VAMC to retain its inpatient program, but ICU beds will be subject to a VHA-directed external evaluation. Transition Surgery beds to observation beds. Refer complex, non-urgent or non-emergent surgery to other VAMCs. Contract with local community hospitals for emergent surgery.

### **Outpatient Services**

Increasing demand for primary care and specialty care in all 3 markets and mental health in the SC market will be met by addition of 15 new CBOCs, expansion of existing CBOCs via contract, lease and new construction. Demand will also be met by reconfiguration of space at the VAMCs via renovation, conversion of vacant, new construction and leasing.

### **Inpatient Services**

Increasing demand for medicine in both AL & SC markets, surgery in AL and psychiatry in the SC market will be met by contract hospital sites, conversion of vacant space, new construction, renovation, and leasing as required by each site of care.

### **Extended Care**

Proposed capital investments for Nursing Home Care Units (NHCU) to remedy space deficiencies include the renovation of 67,247 existing sq. ft. in the South Carolina market (Charleston & Columbia).

### **Vacant Space**

VISN 7 will have a total of 284,005 sq. ft. of vacant space in 2022. This represents a reduction of 57.2% from 2001 total vacant space (664,146 sq. ft.).

### **Enhanced Use**

Columbia has an enhanced use project utilizing 26 acres.

**Collaborations**

VBA - The VBA will co-locate on Columbia VAMC property as part of the enhanced use project.

DoD - Following are the new DOD/VA opportunities VISN 7 is planning or exploring: (1) Atlanta is exploring the possibility of locating their new South Fulton County CBOC at Joel Army Medical Clinic (Ft. McPherson). (2) Charleston plans to construct a new Savannah CBOC at Hunter Army Airfield when the current Savannah CBOC lease expires in 2005. (3) New Hinesville GA CBOC will either be on the Ft. Stewart Army Base or in the Hinesville community. (4) Plan to contract for hospital care in the Savannah community may be met by purchasing DoD care from nearby Ft. Stewart. (5) Montgomery realignment will examine opportunities to purchase inpatient care from Maxwell AFB as part of studying the realignment of inpatient services. (6) Central Alabama Veterans Health Care System is pursuing options with Ft. Rucker (Enterprise AL area) and Ft. Benning (Columbus GA). VISN 7/DoD has a Tiger Team in place to evaluate additional sharing opportunities including possible application for demonstration site for the VA/DoD Health Care Resources Sharing Project (NDAA).

**Special Populations**

Increase the number of SCI beds at the Augusta VAMC by adding 11 beds now and increase to the projected 20-bed need by 2012.

**Facility condition**

Inpatient wards - The inpatient ward conditions at the Atlanta, Columbia and Charleston VAMCs were identified as a VISN Planning Initiative.

**Lease Expirations**

The Greenville CBOC will be relocated to larger leased space and the Savannah CBOC will be relocated to new construction at Hunter AFB.

## VISN 8 Executive Summary

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### **Access**

VISN 8 has a primary care access gap in the North market and an acute hospital gap in Central, Gulf, and North markets. Primary care access in the North market will be met by adding 4 new points of primary care. Acute hospital access in Central market will be increased by adding a new VA owned and operated site for hospital care in Orlando (Gulf market), by adding new contract sites for hospital care in the Gulf South market area (Ft Meyers) and for North market, by adding 2 new points of acute medical care at Jacksonville Shands (contract) and Jacksonville DoD (Joint Venture)

### **Campus Realignment/Consolidation of Services**

*Lake City* – Transfer of current inpatient surgery services to Gainesville now. Inpatient medicine service transfer to Gainesville will be reevaluated when Gainesville has expanded inpatient capacity (due to construction of a proposed new bed tower). Nursing home care and outpatient services will remain at Lake City.

### **Outpatient Services**

Increasing demand for primary care and specialty care in all 5 markets and mental health in 2 markets will be met by addition of 4 new CBOCs (North market only), expansion of existing CBOCs via contract, lease and new construction. Demand will also be met by reconfiguring of space at the VAMCs via renovation, conversion of vacant, and new construction.

### **Inpatient Services**

Tampa (West Central Florida sub-market) will build a new inpatient bed tower above the new Spinal Cord Injury (SCI) Center to meet medical, surgical, and psychiatry inpatient workload. Decreasing medicine demand for Gulf market, and medicine and surgery for Puerto Rico markets is addressed through the downsizing of beds at Bay Pines between FY2012 and 2022 and San Juan between 2006 and 2022. San Juan space will be realigned through an approved and funded major project in 2006. Increasing psychiatry demand in the North Market will be met through new construction at Gainesville.

### **Vacant Space**

VISN 8 will have a total of 250,390 sq. ft. of vacant space in 2022. This represents an increase of 405.6% over 2001 total vacant space (49,525 sq. ft.). This will require further analysis to determine how this can be avoided through improved space planning.

### **Enhanced Use**

Potential enhanced use projects are being explored for Bay Pines. None have been developed for inclusion in this cycle of CARES. University of Miami enhanced use lease project proposal is in development. University of Miami will pay for construction cost of adding three additional floors to existing research building at estimated cost of \$8 million. Miami will address interior needs at est. cost of \$10 million. Project identified for design in 2005 and construction in 2006-2007.

### **Collaborations**

DoD - Outpatient joint ventures in the Puerto Rico market with Fort Buchanan and in the Gulf market with McDill AFB, Inpatient joint venture in the North market with Jacksonville Navy Hospital.

NCA – NCA is interested in acreage for a cemetery along with any proposed construction in the Sarasota or Fort Myers area.

VBA – VBA and Jacksonville OPC are exploring mini VARO sites. New site for Jacksonville clinic has space planned for small VBA office. A mini-VARO in West Palm Beach is also being explored. An expanded VBA presence is being explored as part of the plan to establish inpatient services at Orlando in the Central market

**Special Populations**

Increase the number of Long Term SCI beds at Tampa by adding a 30-bed wing to the current SCI building.

## VISN 9 Executive Summary

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### **Access**

*Primary Care* - The draft National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, while new access points in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

### **Campus Realignment/Consolidation of Services**

*Lexington* – Current services of outpatient care and nursing home care will be transferred to Cooper Drive. Due to possible space limitations at Cooper Drive it may be necessary to relocate some outpatient primary care and outpatient mental health psychiatric services to alternative locations other than Cooper Drive. VA will no longer operate health care services at this campus. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Enhanced use opportunities for the majority of the Leestown campus with the state of Kentucky appears to exist with Eastern State Hospital. Any revenues or in kind services will remain in the VISN to invest in services for veterans. Plans also include the pursuit of collaborative opportunities between the Louisville and Lexington VAMCs.

*Nashville and Murfreesboro* – Maintain both facilities and develop complimentary missions through the consolidation of services. Nashville will provide inpatient acute medicine and surgery programs while retaining a minimum number of medicine beds at Murfreesboro to support demand generated from the long-term programs. Murfreesboro will provide acute and long-term inpatient psychiatry and nursing home care services.

### **Outpatient Services**

*Primary Care and Mental Health* – Outpatient demand is increasing in three of the four markets for primary care and in two of the four markets for mental health care. Increased capacity for these services is being addressed through a combination of in-house expansion (renovations and leases) and expansion of existing contracts (CBOCs). In addition, outpatient mental health is being integrated with primary care at all sites.

*Specialty Care* - Increase the capacity for outpatient specialty care in all four markets. The plan is to use a mix of in-house expansion, telemedicine, inclusion of selected high volume specialty services at larger CBOCs and through the use of community contracts.

### **Inpatient Services**

*Medicine* - Increase inpatient medicine services in the Central and Western markets to meet demand through a mix of in-house expansions (Nashville and Memphis) and community contracts (Chattanooga in the Central market and in outlying areas as available in the Western market).

*Surgery* - Consolidate inpatient surgery at Murfreesboro to Nashville, along with contracting for some surgical beds within the Chattanooga community. Maintain existing services to provide selected high volume surgical services at the Huntington facility with recurring reevaluation of quality and cost-effectiveness. Contract for excess demand, particularly in the Charleston, WV area.

*Psychiatry* – To meet inpatient psychiatry demand in the Northern market, acute inpatient psychiatry services will be centralized to one site within the Northern market or refer patients to the Murfreesboro, Tennessee program. Options to centralize services within the North market include provision of these services as part of the enhanced use agreement with the State of Kentucky on the Leestown campus or consolidating services to the Louisville VAMC.

*Louisville* – Construction of a new or fully renovated facility sized to meet service delivery requirements and projected demand will be studied. Options include construction of a new medical center, full renovation of the current facility and the potential for a collaborative hospital within a hospital

arrangement with University of Louisville Medical School affiliate. Opportunities exist for VBA co-location as well as enhanced DOD sharing should a new facility option be selected.

### **Vacant Space**

VISN 9 will have a total of 121,348 sq. ft. of vacant space in 2022. This represents a reduction of 74.8% from 2001 total vacant space (481,551 sq. ft.).

### **Enhanced Use**

Enhance use leasing is proposed for parts of the Lexington-Leestown property with the State of Kentucky for an acute and long-term care psychiatry facility (Eastern State Hospital, 238 beds). There is the potential for Eastern State to provide acute and long-term psychiatric services for veterans as part of the enhanced use lease. There is additional opportunity for enhanced use leases with the State of Kentucky Department of Veterans Affairs for a 60-80 bed domiciliary and a 40-bed transition/homeless shelter.

### **Collaboration**

*VBA* – Co-locate the Louisville VA Medical Center and Louisville Regional Office operation on the same campus or same physical structure. This will be considered in conjunction with the overall facility plan for Louisville. This opportunity is predicated on the identification of cost benefits outcomes of three options including construction of a new facility, total renovation of the existing facility or development of a collaborative project with the affiliate medical school. A parking garage will be necessary regardless of the option selected.

*NCA* – Expansion of existing national cemetery at Mountain Home. Initial agreement has been reached on two 50-acre sites.

*DoD* – Expansion of space for primary care and outpatient mental health services at Fort Knox CBOC.

### **Special Populations**

Add 20 LTC SCI beds within the current Spinal Cord Injury unit at Memphis.

## VISN 10 Executive Summary

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### **Access**

*Hospital Care* - Improve access to acute hospital care in the Central and Eastern markets to ensure that at least 65% of veteran enrollees are within the driving time guidelines. This would be achieved by contracting for acute hospital care in the local community of Columbus, Ohio, which would increase the percentage of veterans within the standard access guideline from 39% to 83% in 2012 and to 84% in 2022. Currently, the Eastern market is within the guidelines for access to hospital care. The Eastern market would provide hospital care utilizing contracts in the Canton, Ohio area, allowing the market to stay within the hospital access guidelines.

### **Campus Realignment/Consolidation of Services**

*Cleveland* - Current services at the Brecksville division will be transferred to the Wade Park division. This project will require new construction of 500,730 sq. ft. and renovation of existing space at the Wade Park of 140,400 sq. ft. This project includes the enhanced use lease of 102 acres at Brecksville in exchange for property adjacent to Wade Park. This consolidation will result in a reduction of 548,363 sq. ft. of the Brecksville Division. The Western market is also expanding the sharing/consolidation of services between the Cincinnati and Dayton VA Medical Centers.

### **Outpatient Services**

*Primary Care and Mental Health* - Increasing primary care outpatient services is being addressed in all three markets through a combination of in-house expansion (leases and new construction), use of telemedicine, and expansion of existing Community Based Outpatient Clinics (CBOCs), in addition to new CBOCs. Outpatient mental health services have been an integral part of the existing CBOCs and the Network will continue to support the expansion of mental health services in all network CBOCs.

*Specialty Care* – Columbus, OH: A new expanded 260,000 sq. ft. outpatient specialty care center would be built on the DoD / Defense Supply Center site located in Columbus, Ohio. DoD has up to 200 acres available at this location at no cost to the Department of Veterans Affairs. At the completion of this project, 150,000 sq. ft. of leased space will be terminated. Overall, VISN 10 is increasing specialty care outpatient services in all three markets and at all six care sites. The need is being met by utilizing a combination of in-house expansion (new construction and leases), offering selected high volume specialty care services at larger CBOCs, and through community contracts.

### **Inpatient Services**

*Medicine* - Increasing inpatient medicine services in the Eastern market is being met through the consolidation of the Brecksville division to Wade Park. This will require new construction and renovation of existing space for Medicine at the Wade Park division. The Central market will utilize community hospital contracts and other arrangements within the Columbus metropolitan area to provide local inpatient services.

### **Extended Care**

Capital Investment for a new nursing home to remedy space deficiencies of the current nursing home at Brecksville is planned. The nursing home is part of the consolidation plans.

### **Vacant Space**

VISN 10 will have a total of 115,989 sq. ft. of vacant space in 2022. This represents a reduction of 65.1% from 2001 total vacant space (332,125 sq. ft.).

**Enhanced Use**

Enhanced use is proposed for 690,669 sq. ft. of space. The vast majority (548,363 sq. ft. or 79%) is associated with the consolidation of activities of the Brecksville Division to Cleveland-Wade Park. The remaining space (142,306 sq. ft.) is associated with proposed enhanced use lease projects at Cincinnati (leasing of Quarters and use proceeds for additional adjacent parking) and Dayton (leasing of empty building).

**Collaboration**

*NCA* - *NCA* is considering the use of up to 50 acres on the Chillicothe campus for a cemetery site, but not before 2009.

## VISN 11 Executive Summary

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### **Access**

*Primary Care* - The National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, while new access points in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

*Hospital Care* –Increase access for hospital care in the Central Illinois market by contracting with community providers at two new sites on the western side of the market.

### **Consolidation of Services**

*The Ann Arbor and Detroit* facilities currently have several services that they have consolidated and they include: cardiac surgery, neurosurgery, interventional cardiology, cochlear implant, gynecologic cytopathology, nuclear medicine, sleep laboratory, GRECC, HSR&D, contract administration, prosthetic management. Future consolidations to be considered are: home oxygen management, and radiology interpretation.

### **Small Facility**

*Saginaw*, a division of NIHCS will maintain outpatient and nursing home services, and *Ft. Wayne* will maintain outpatient services. Acute medicine services will be transferred to Indianapolis, Ann Arbor and Detroit. There will be partial contracting out for inpatient/emergent care services and to improve the access for patients in the northern sectors of Lower Michigan. Patient transfer protocols will be upgraded to address these significant changes, and the Ann Arbor HCS must be upgraded prior to any bed consolidation to address the transfer of projected medicine patients to this facility. VAMCs Detroit and Indianapolis do not require renovation prior to either consolidation.

### **Outpatient Services**

*Specialty Care* – Increase the specialty outpatient care services in all three markets and at all eight care sites to include selected CBOCs. Three innovative telemedicine networking systems located at the tertiary level facilities are also proposed. These new systems can provide care and consultation services to the veteran in either another VHA facility or at his/her home. These systems will particularly assist the older veteran with ambulation issues, dementia, Alzheimer's, Parkinson's, and the SCI patient. These systems have shown that they can increase patient satisfaction, and significantly reduce the number of emergency room, and other visits, and future hospitalizations.

*Primary Care* - Increase the primary outpatient care services in two markets and at all care sites except the Illiana HCS at Danville, Illinois.

### **Inpatient Services**

*Medicine* – Increase inpatient medicine beds in the Michigan market to meet the projected demand. The Ann Arbor HCS and the Detroit VAMC will need to increase their compliment of medicine beds to meet that projected demand and to add additional beds to meet the change in acute beds from Saginaw (small facility) and the consolidation of five beds from the Battle Creek VAMC.

### **Extended Care**

A new nursing home is proposed using the enhanced-use leasing process to remedy several space and functional deficiencies in the Central Illinois market (Illiana HCS).

### **Vacant Space**

VISN 11 will have a total of 252,761 sq. ft. of vacant space in 2022. This represents a reduction of 71.4% from 2001 total vacant space (884,615 sq. ft.).

**Enhanced Use**

There are several enhanced use lease projects planned by the network to address significant space issues to meet the projected primary and specialty outpatient care workload. There are significant enhanced use projects planned at the Battle Creek (new Mental Health Building & Vet Center), the Illiana HCS for the new nursing home care unit, and at NIHCS – Ft. Wayne Division to relocate their outpatient services and dispose of their inpatient building to a community provider.

**Collaboration**

*VBA* – Co-locate the VARO to the Indianapolis VAMC.

*NCA* – The Network is planning to demolish several buildings at the NIHCS-Marion Division to rid itself of unwanted, historic, vacated space and to appropriately backfill with providing additional acreage (9 acres) to the existing and co-located NCA cemetery.

**Special Populations**

The Network is proposing to establish a Blind Rehabilitation Outpatient Service (BROS) presence at each of the seven care sites.

## VISN 15 Executive Summary

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### **Campus Realignment/Consolidation of Services Proximity**

*Leavenworth* – Continuation of the Secretary's Advisory Board recommendations. The Secretary's Advisory Board was created prior to CARES to consider realignments within VISN 15. The Advisory Board developed a comprehensive plan for realignment and consolidation of services between Topeka and Leavenworth that was approved by the USH and incorporated into the VISN's CARES plan. It included realignments of nursing home care unit, psychiatry and outpatient surgery. Under this plan Leavenworth would maintain acute beds. In addition, Leavenworth will provide additional primary care capacity for Kansas City, and both Leavenworth and Topeka would retain 24/7 emergency services at both campuses.

### **Small Facility**

*Poplar Bluff* – Poplar Bluff will maintain acute care beds. This facility currently operates as a Critical Access Hospital and will continue as such when VHA develops its CAH criteria.

### **Outpatient Services**

*Primary Care* - Increased primary care outpatient demand has been identified in all three of the Network's markets. The majority of this need will be met through expansion of in-house space via new construction (18,000 sq. ft.) conversion of vacant space (44,500 sq. ft.), lease space (182,900 sq. ft.) and utilization of community contracts. The National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. While new access points in the Central and the East markets are included in the National Plan, they are not in the high implementation priority category at this time.

*Specialty Care* - All three of the Network's markets are projected to experience increased outpatient specialty care demand. The VISN proposes to meet the majority of this need through the expansion of in-house services with new construction (405,400 sq. ft.), vacant space conversion (63,400 sq. ft.), lease space (20,000 sq. ft.) and utilization of community contracts. In addition, some shifting of care between facilities is proposed.

### **Inpatient Services**

*Psychiatry* - Decreasing demand in the Central market will be offset by the increased workload from the Western market (Western market has no in-patient psychiatry beds). Inpatient workload will be met through a combination of in-house and community contracts. New construction (66,800 sq. ft.) is proposed to meet projected space needs.

### **Vacant Space**

VISN 15 will have a total of 241,618 sq. ft. of vacant space in 2022. This represents a reduction of 70.5% from 2001 total vacant space (819,050 sq. ft.).

### **Enhanced Use**

The Network is developing a project at the Leavenworth campus that would rehabilitate 39 historic buildings for mixed use, including an assisted living facility. In addition, there would be an expansion of the Leavenworth National Cemetery. The second project is the out-leasing of approximately 2.5 acres of land to a commercial developer in exchange for the construction of a parking garage adjacent to the St. Louis-John Cochran facility.

### **Collaboration**

*NCA* - Collaborative opportunities under development include the expansion of the Leavenworth National Cemetery described above and potential expansion of the Jefferson Barracks National Cemetery by 2008.

*DoD* - Opportunities include sharing CBOC space at the current CBOC at the Warrensburg State Veterans Home with Whiteman AFB. In addition, Kansas City may provide laboratory testing for Whiteman Air Force Base. The VISN and Scott AFB are currently discussing concepts for a joint planning of a replacement hospital at Scott AFB.

**Facility Conditions**

Infrastructure issues associated with the chilled water, steam, and electrical distribution systems in buildings housing inpatient care have been identified due to the high risk of disrupting health care delivery operations. Estimated correction costs exceed \$20 million.

## VISN 16 Executive Summary

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### **Access**

*Primary Care* - VISN 16 has a primary care access gap in all four markets and an acute hospital gap as well in the Eastern Southern market. The plan includes as a high implementation priority category, 11 CBOCs for the Eastern Southern and Central Lower markets. The National CARES Plan attempts to balance meeting national access guidelines while ensuring the current and future viability of its acute care infrastructure. Consequently, while new access points in the Upper Western and the Central Southern markets in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

*Hospital* - The acute hospital gap will be met in Eastern Southern market through a sharing agreement with Eglin AFB, adding a point of care by contracting in Panama City, continued contracting with University of South Alabama in Mobile and expanding services currently provided by Pensacola Naval Hospital via a joint venture.

### **Consolidation/Realignment**

*Gulfport's* current patient care services will be transferred to the Biloxi campus and possibly Keesler AFB. VA will no longer operate health care services at this campus. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility or other compatible uses to benefit veterans. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

### **Small Facility**

*Muskogee* maintains its inpatient medicine program, with possible expansion of inpatient psychiatry. Inpatient surgery and ICU beds are recommended for closure due to low volume of selected major procedures. Ambulatory surgery would continue with surgery observation beds available.

### **Outpatient Services**

Increasing demand for primary care and specialty care in all 4 markets will be met by the addition of 11 new CBOCs in the Eastern Southern and the Central Lower markets, expansion of existing CBOCs via contract, lease and new construction. In addition, it will be met by reconfiguration of space at the VAMCs via renovation, conversion of vacant, and new construction.

### **Inpatient Services**

Increasing demand for medicine in Central Southern (CS), Eastern Southern (ES), and Upper Western (UW) markets and, Psychiatry in CS and UW will be met by renovation in UW and CS and new construction in Biloxi to accommodate the consolidation of Gulfport services to Biloxi. Increasing demand in ES will be met through joint venture, sharing and contract.

### **Extended Care**

Proposed capital investments for nursing homes to remedy space deficiencies include the renovation of 23,735 existing sq. ft. in the Central Lower market (Alexandria & Shreveport) and include the renovation of 61,231 existing sq. ft. in the Central Southern market (Biloxi).

### **Vacant Space**

VISN 16 will have a total of 122,921 sq. ft. of vacant space in 2022. This represents a reduction of 46.3% from 2001 (228,743 sq. ft.).

### **Enhanced Use**

Houston has the potential for an enhanced use lease cooperative arrangement with the private sector to construct a high-rise medical arts building.

### **Collaborations**

*DoD* - Eastern Southern market - Joint venture with Pensacola Naval Hospital, sharing with Eglin AFB and Tyndall AFB involving a broad range of services; Central Lower - Sharing with Ft. Polk involving

Primary Care, Mental Health, and Psychiatric services; Upper Western - Sharing with Ft. Sill and Tinker AFB dental, primary care and possibly other services; Central Southern - Sharing or possible joint venture with Keesler AFB for services yet to be determined.

*NCA* - The consolidation of Gulfport division to Biloxi will impact acreage available for possible NCA expansion.

*VBA* – There is the possibility of replacing the existing VBA office located on the Central Arkansas Healthcare System-North Little Rock campus with new construction on the campus.

**Special Populations**

Build a new 20-bed Blind Rehabilitation Center at Biloxi. Construct a new 30-bed SCI Center at the Central Arkansas Healthcare System-North Little Rock division.

## VISN 17 Executive Summary

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### **Access**

*Primary Care* - The National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, while new access points in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

*Hospital* - Deficiencies in hospital access in Austin, Lower Rio Grande Valley, are being met through contracting or leasing beds in local communities.

### **Campus Realignment/Consolidation of Services/Small Facility**

*Kerrville* – Kerrville will continue providing nursing home and outpatient services. Acute inpatient services will be transferred to San Antonio as space becomes available from the proposed inpatient construction at San Antonio. In the interim, Kerrville would convert to a Critical Access Hospital (CAH). In addition, inpatient services will be contracted for in Harlingen and Corpus Christi.

*Waco* – Current services will be transferred to Temple and community contracts and leases used to provide these services. Current inpatient psychiatry services will be met primarily at Temple. The VISN will also lease 27-inpatient psychiatry beds in Austin. The CARES market based demand data projected a need for 28-inpatient medicine and 10-inpatient surgery beds for the Austin submarket. Blind Rehabilitation and a third of Waco's nursing home care services will be transferred to the Temple VAMC. The balance of nursing home care needs will be contracted out in the Waco Central Texas market area. Outpatient services will be moved to a new location more strategically placed to improve access for patients from both Waco and Marlin.

### **Outpatient Services**

*Primary Care and Mental Health* - Increasing demand for primary care and mental health outpatient services is being met across the network primarily through expansion of Community Based Outpatient Clinics (CBOCs). Outpatient mental health is being integrated with primary care at all sites as well as being expanded in-house at parent facilities.

*Specialty Care* - Increasing specialty care services in all four markets is being met using a combination of in-house expansion (new construction, renovation and leases), which offer selected high volume specialty care services at larger CBOCs, and community contracts.

### **Inpatient Services**

*Medicine and Psychiatry* – Increasing demand in the North market will be met by expanding in-house services at the Dallas through construction and renovation projects. In addition, contracts for hospital care in Austin, Harlingen and Corpus Christi will increase services in the remaining three markets.

### **Vacant Space**

VISN 17 will have a total of 365,954 sq. ft. of vacant space in 2022. This represents a reduction of 1.6% from 2001 total vacant space (372,025 sq. ft.).

### **Enhanced Use**

A major enhanced use project for assisted living in Kerrville has been submitted for approval.

### **Collaboration**

*DoD* - North market - Sharing opportunity with Joint Reserve Base in North Fort Worth for a possible CBOC Central market - Sharing opportunities between Fort Hood and the Temple Medical Center (telemedicine, orthopedics, psychiatry, sleep lab, training). South market – Inpatient/outpatient sharing and enhanced use among San Antonio, Brooks Army Medical Center and Wilford Hall Air Force Medical Center including CBOCs, consolidating reference labs, domiciliary, Consolidated Mail Out Pharmacy (CMOP), discharge physicals, sleep lab, and consolidation of bone marrow transplant programs at VA.

## VISN 18 Executive Summary

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### **Access**

The gap in hospital and tertiary care access in the New Mexico / West Texas market is being met through expanding the joint venture with DoD in El Paso and contracting in Midland/Odessa, Lubbock, and Roswell.

### **Campus Realignment/Consolidation of Services/Small Facility**

*Prescott* - Medicine workload at Prescott will increase by taking patients who would have been referred to Phoenix. This will also enhance the ability to recruit specialists at Prescott to meet the need for outpatient specialty care. Utilization review will ensure that lengths of stay are comparable to Medicare guidelines.

*Big Spring* – Close surgery and contract for care in communities nearest to patients. Study the possibility of no longer providing health care services at Big Spring by development of a Critical Access Hospital for the Odessa-Midland area that would include a nursing home and expansion of an existing clinic to a multi-specialty outpatient clinic. Also as part of the study, consider the possible need for acute hospital care in the area.

### **Outpatient Services**

*Primary Care and Mental Health* - Increasing primary care and mental health outpatient service is being addressed in both markets primarily through expansion of existing Community Based Outpatient Clinics (CBOCs) as well as increasing services at parent facilities. Outpatient mental health is being integrated with primary care at all sites.

*Specialty Care* - Increasing specialty care services in both markets will be met using a combination of in-house expansion (new construction, renovation and leases), and by offering selected high volume specialty care services at larger CBOCs, and through community contracts.

### **Inpatient Services**

*Medicine* – Increasing demand in the Arizona market will be met by expanding in-house services at all three facilities using renovation projects. In the New Mexico / West Texas market, demand will be met by expanding the joint venture at the William Beaumont Army Medical Center adjacent to the El Paso OPC as well as contracting for care in Lubbock, Roswell, and local communities in West Texas and New Mexico for emergency care.

*Psychiatry* – The increasing demand for inpatient psychiatry will be met by expanding services at Phoenix, Tucson, and Albuquerque in addition to expanding the VA/DoD joint venture at William Beaumont Army Medical Center in El Paso. Contracting for emergency care will also be implemented in Mexico and West Texas.

### **Vacant Space**

VISN 18 will have a total of 8,054 sq. ft. of vacant space in 2022. This represents a reduction of 80.0% from 2001 total vacant space (40,368 sq. ft.).

### **Extended Care**

Proposed capital investments for nursing homes include the renovation of 58,314 sq. ft. in the New Mexico/West Texas market (Albuquerque & Amarillo) and the renovation of 124,209 sq. ft. in the Arizona market (Phoenix, Prescott & Tucson).

### **Enhanced Use**

A major enhanced use leasing project at Phoenix is being pursued which will make office space available on its campus in downtown Phoenix to affiliates, as well as DoD and the private sector. Albuquerque is pursuing a multi-use project that includes collocation of the VARO, a hoptel, and an assisted living facility.

**Collaboration**

*DoD* – The VISN is pursuing expansion of the joint venture with William Beaumont Army Medical Center in El Paso as well as a primary care clinic with Luke AFB at the Mesa CBOC.

**Research**

The VISN will join with Arizona State University (ASU) to establish an Arizona Biomedical Institute. In addition, the VISN is working with both ASU and University of Arizona to establish a Molecular Diagnostics and Research Laboratory. Albuquerque also has a very active research program that has numerous space and functional deficiencies. All of these initiatives will require construction and/or enhanced use projects.

## VISN 19 Executive Summary

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### **Access**

*Primary Care* - The National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, while new access points in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

*Hospital Care* - Increased access for hospital care in the Eastern Rockies, Montana, Wyoming, Grand Junction and Western Rockies markets by contracting at seven sites in VISN 19

*Tertiary Care* – Increased access for hospital care in the Eastern Rockies and Montana markets by contracting for care at three sites.

### **Small Facility**

*Grand Junction and Cheyenne* - Maintain acute bed sections at both facilities and develop appropriate parameters (more restrictive) for types of in-house surgery procedures. Complete an evaluation to determine if ICU beds could be closed (VA external review survey).

*Fort Harrison* – Fort Harrison maintains current services

### **Outpatient Services**

*Primary Care* – Increasing the primary care outpatient services in one market, and highly rural care in all markets requires new construction and conversion of space. The replacement hospital at Denver will include a large outpatient care project and a VA/DoD joint venture.

*Specialty Care* – Increase specialty care outpatient services in all five markets and at all care sites. Contracting is utilized in high peak periods of growth. New construction of 359,600 sq. ft. is planned in to meet environment of care concerns and the increasing workload demand. Other solutions include renovation, conversion of existing space and leasing alternatives.

### **Inpatient Services**

*Medicine* - Increase inpatient medicine services in the Eastern Rockies market. The majority of the increasing demand will be absorbed at VAMC Denver. This is part of the replacement facility (new construction) proposal at Denver. Excess space will be demolished.

### **Extended Care**

Capital investments for nursing home care (NHCU) to remedy space deficiencies include the new construction of 32,271sq. ft. in the Eastern Rockies market (Denver).

### **Vacant Space**

VISN 19 will have a total of 198,534 sq. ft. of vacant space in 2022. This represents an increase of 66.3% over 2001 total vacant space (119,357 sq. ft.). This will require further analysis to determine how this can be avoided through improved space planning.

### **Enhanced Use**

Enhanced use leasing is being explored at Salt Lake (Phase 2). Proposal was submitted to demolish old VA buildings and replace buildings with a new building. VA will occupy some of the space.

**Collaboration**

*DoD* - Activities include 1) F.E. Warren AFB & Cheyenne: VAMC continuing to allow the use of facilities for minor number of services, 2) US Air Force Academy & Denver ongoing discussions related to available VA services, 2) Buckley AFB & Denver: discussions continue regarding Buckley AFB patients using new facility at Fitzsimmons, 3) Ft. Carson Army & CBOC: discussions continue regarding VA use of space and facilities at Ft. Carson Army base in Colorado Springs, 4) Hill AFB & Salt Lake: no potential agreements identified.

**Special Populations**

Build a new SCI Center located with the replacement facility at Denver.

**Facility Condition**

*Low Condition Scores* - Renovation was the main solution for the majority of buildings that had condition scores that were lower than 3.0. Lead paint problems will be improved in all facilities.

**Seismic**

The seismic condition will be improved by the construction projects at Fort Harrison.

**Replacement Facility Study at Denver**

The Denver replacement hospital is included in the plan.

## VISN 20 Executive Summary

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### **Access**

*Primary Care* - VISN 20 will increase primary care access points in the Inland North markets by adding a new CBOC site in Central Washington State and enhancing the Spokane mobile clinic. This will help achieve access for more than 70% of veterans who will be within a 30-minute drive time of primary care.

*Hospital Care* - Inland North and South Cascades markets plan to meet the need for increased hospital access by contracting at 6 sites.

*Tertiary Care* - Alaska, Inland North and Inland South markets plan to increase access to tertiary care by contracting in Anchorage, AK; and Spokane, Tri-Cities, and Yakima, WA.

### **Campus Realignment/Consolidation of Services**

*Vancouver* – Study/develop a plan to enhance use lease the campus by contracting for nursing home care and relocating outpatient services to another location to maintain or improve access. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

*White City Domiciliary*– The domiciliary and CWT programs will be transferred to other VAMCs. Maintain outpatient services. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility or other compatible uses. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

*Walla Walla* – Maintain outpatient services and contract for acute inpatient medicine and psychiatry care (will improve hospital access in the Inland North market) and nursing home care. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

### **Small Facility**

*Roseburg* - Converting surgical beds to 24-hour surgical observation beds is underway at Roseburg.

*Spokane* - Develop appropriate parameters (more restrictive) for types of in-house surgery procedures.

### **Outpatient Services**

*Primary Care* - Increase the primary care outpatient services in three markets and at all care sites through planned CBOC and DoD joint ventures, and new construction and converting in-house space.

*Mental Health* – Increased demand for mental health in the Inland North market will be managed in-house and through increased contracting. Mental Health and primary care services are integrated into all new CBOCs.

*Specialty Care* - All five markets and all care sites will need to increase outpatient specialty care services. In all cases, approaches include expanding specialty care in-house services and contracting in high peak periods of growth. Additionally, two CBOCs will offer selected high volume specialty care services. New construction of 228,467 sq. ft. is planned to meet access, environment of care concerns, and the increasing workload demand. Other solutions include a combination of renovation, conversion of existing space, and leasing.

**Inpatient Services**

*Medicine* - Western Washington market will need to increase inpatient medicine services. VA Puget Sound Health Care System, and Seattle, will absorb additional workload through increased in-house, contract and joint venture options. A joint venture with Madigan Army Medical Center (MAMC) will involve closure of American Lake acute beds and referral of inpatient care to MAMC. Capital Investments are not required.

**Vacant Space**

VISN 20 a total of 273,862 sq. ft. of vacant space in 2022. This represents an increase of 10.5% over 2001 total vacant space (247,887 sq. ft.). This will require further analysis to determine how this can be avoided through improved space planning.

**Enhanced Use**

White City, Portland, Roseburg, and Seattle are exploring enhanced use leasing projects.

**Collaboration**

*DoD* - The proposed collaborations between VA and DoD include: 1) a pilot VA/DoD demonstration site with American Lake Division, VA PSHCS, and Madigan Army Medical Center; 2) ongoing collaboration efforts with Everett, Bremerton, and Oak Harbor Naval Hospital; and 3) VA Alaska HCS is planning for expanded sharing/integration with both Bassett Army Community Hospital and Elmendorf Air Force Base in order to meet demand projections in both Fairbanks and Anchorage.

*VBA* - The proposed collaborations at Boise, Portland and Seattle are still in development. Potential collocation is available on the Boise campus. Alaska VAHSRO, VHA, and VBA activities will continue to be collocated after new clinic construction.

*NCA* - Roseburg as a high priority for NCA collaboration.

**Facility Condition**

*Low Condition Scores* - Renovation was the main solution for the majority of buildings with condition scores lower than 3.0. Lead paint problems will be improved in all facilities.

**Seismic**

Seismic conditions will be improved through proposed construction projects at Portland, American Lake, Seattle, White City and Roseburg.

## VISN 21 Executive Summary

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### **Access**

*Tertiary Care* - Sierra Nevada market will expand services at Reno VAMC and contract locally.

*Hospital Care* - South Coast market will contract locally to meet demand and improve access.

### **Campus Realignment/Consolidation of Services**

*Livermore* – Current nursing home services will be transferred to Menlo Park campus and contracts in the community. Outpatient services are proposed to transfer to an expanded Central Valley CBOC and a new East Bay CBOC closer to where the patients live. Both CBOCs will offer primary care, specialty services and mental health services. VA will no longer operate health care services at this campus. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

*San Francisco/Palo Alto* - Services to be consolidated at San Francisco include the following:  
Administrative Services: Reproduction Services (i.e., copies), an HR Classification.

Clinical Services: Parkinson's Disease and Epilepsy Surgery and Brain Mapping, portions of Neurosurgery including Stereotactic Radiosurgery (including Gamma Knife), Brainstem auditory evoked responses, Somato-sensory evoked potentials, All surgery requiring intra-operative spinal cord and root monitoring, Electronystagmographs, Brachytherapy for Prostate Cancer, Endovascular, embolism of AVM, Mohs Surgery, Portions of Radiology including Neuroradiology through increased use of PACS, All Dental Surgery including Dental Implantology, and portions of Laboratory Services.

Services to be consolidated at Palo Alto include the following:

Administrative Services: Warehousing operations, Disposal of government property program, Recycling program, Management of grounds and transportation services, Prosthetics & Sensory Aids purchasing agents, IRM help desk and police training.

Clinical Services: Long-term inpatient care for dementia, neurobehavioral problems and substance abuse, Electroconvulsive therapy (ECT), Long-term care for chronically mentally ill and Selected laboratory contract testing.

### **Outpatient Services**

*Primary Care* - Increasing primary care demand in all six markets is being met primarily through expansion of existing CBOCs, as well as increasing services at parent facilities. In some cases, expanded hours are planned to increase capacity. A multi-specialty expanded CBOC in the Central Valley and a new CBOC are in the plan as high priorities to meet the outpatient requirements associated with the closure of Livermore. However since the National CARES Plan attempts to balance meeting national access guidelines, while other access points are included in the National Plan, they are not in the high implementation priority category at this time.

*Specialty Care* - Increasing specialty care demand in all six markets is being met by using in-house expansion (new construction, renovation and leases), utilizing telehealth options for select clinics and offering selected high volume specialty care services on-site at larger CBOCs.

### **Inpatient Services**

*Surgery* – Decreasing demand in South Coast market is being managed by reducing in-house services at Palo Alto.

*Psychiatry* – Decreasing demand in South Coast market is being managed by reducing in-house services.

**Vacant Space**

VISN 21 will have a total of 207,745 sq. ft. of vacant space in 2022. This represents a reduction of 1.0% from 2001 total vacant space (208,899 sq. ft.).

**Enhanced Use**

Proposals are being developed involving research at San Francisco and long-term care in Sacramento. These proposals involve construction as well as leasing. In addition the VISN is pursuing the following enhanced use lease opportunities: Joint venture for ambulatory and long-term care with Alameda County and assisted living facility at the Menlo Park Division of Palo Alto Health Care System.

**Collaboration**

*DoD* – The VISN is developing the following collaborative opportunities with DoD: In Pacific Island market enhancing access to tertiary and acute care and to meet primary and specialty care outpatient needs through expanded agreements with Tripler Army Medical Center. There may be opportunities of collaboration in medical research with DoD in Hawaii, particularly given DoD's anticipation of a new research facility on Oahu. In addition, there are opportunities with DoD in the North Valley Market at Travis AFB to provide enhanced access to inpatient care, primary care, and specialty care. Also working with DoD on joint ventures for both inpatient and outpatient care in Monterrey.

**Seismic**

The VISN has proposed seismic construction projects at facilities in the North Coast, South Coast and South Valley markets, including VA facilities in Palo Alto, San Francisco Menlo Park and Fresno.

## VISN 22 Executive Summary

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### **Campus Realignment/Consolidation of Services**

*Long Beach-Greater LA:* The two facilities will continue to refer patients for interventional cardiology/cardiac surgery and neurosurgery as well as implementing extensive collaboration in the areas of laboratory, radiation therapy, and radiology. Other opportunities for consolidation, integration and cooperation are anticipated in Geriatrics and Extended Care and Mental Health.

### **Outpatient Services**

Increasing demand for primary care and specialty care services in both the California and Nevada markets will be met by expansion of existing CBOCs via clinical services contracts, replacement leases, and new construction and reconfiguration of space at the VAMCs via enhanced use leases, renovations, conversion of vacant space and new construction.

### **Inpatient Services**

Increasing demand for inpatient medicine beds in the California and Nevada markets will be met by VA/DoD sharing, conversion of vacant space and renovation of existing space. The peak demand, which occurs between 2004 and 2012, will be addressed through contracting. The majority of decreasing demand for inpatient psychiatry will be addressed through the downsizing of beds at all California market facilities between FY2012 and 2022.

*Las Vegas* – Develop a plan for a new hospital in Las Vegas that would include the current plans for a multi-specialty outpatient clinic.

### **Extended Care**

Proposed capital investments for nursing home care to remedy space deficiencies identified include the new construction of 95,000 sq. ft. in the Nevada market (Las Vegas) and the renovation of 79,786 sq. ft. (Long Beach & San Diego) and the replacement of 130,000 sq. ft. in the California market (Greater LA).

### **Vacant Space**

VISN 22 had total vacant space of 818,885 sq. ft. in 2001. This total will be reduced by 208,812 sq. ft. through enhanced use leasing and by 241,075 sq. ft. through out-lease leaving a total of 574,687 sq. ft. of vacant space. This represents a reduction of 29%.

The Network CARES Market Plan proposes that a majority of the vacant space be reduced through demolition of vacated buildings on the north side of the West Los Angeles campus and at the Sepulveda campus. The Plan includes a strategy to consolidate all care, with the exception of long-term care, on the south side of the West Los Angeles campus as part of building a new clinical addition on the south side. This project would be in addition to a co-location project with VBA. A wide variety of outpatient mental health programs and support staff would also be located within this new clinical addition to accommodate the rising workload. The proposed clinical addition would also consolidate other clinical services currently in buildings on the north campus and free up a majority of the north campus for demolition of old buildings and construction of a State Nursing Home, expansion of the Los Angeles National Cemetery or other veteran-focused projects. This consolidation would also improve the efficiency of care delivery and improve patient access to services on the West Los Angeles campus.

### **Enhanced Use**

The Network approach to this initiative is the development of a VISN 22 Excess Land Use Policy included in the CARES Market Plan. This policy will provide planning and guidance developed with stakeholder input (including community representatives and local government representatives) to ensure proposed developments are viable enhanced use lease projects.

## **Collaborations**

*DoD* – DoD collaboration opportunities included in the plan are through the Michael O'Callaghan Federal Hospital in Las Vegas, Balboa Naval Hospital in San Diego and with Medical Treatment Facilities throughout southern California.

*VBA* - VBA collaborations include construction of a new VARO building at the West LA campus. Space in this building will be included for VHA administrative functions. This will be accomplished through an enhanced-use lease project. In the Nevada market, the plan includes collocation of VBA space at the new site of the Las Vegas OPC.

*NCA* –Utilize 20 acres of West LA campus land for a columbarium.

## **Special Populations**

*Long Beach* – A new 24-bed Blind Rehabilitation Center and conversion of 30 acute SCI beds to long-term care SCI beds are planned.

## **Facility condition**

*Nursing Home* - Improvement and expansion of nursing home space is achieved mainly through renovation and new construction. Capital investments consist of renovation of 64,000 sq. ft. at Long Beach and 16,000 sq. ft. at San Diego, new construction of 95,000 sq. ft. at Las Vegas and construction of a 130,000 sq. ft. replacement facility at the West LA campus.

## **Research**

Improvement and expansion of research space is achieved mainly through new construction. Capital investments consist of construction of 45,000 sq. ft. at Loma Linda, 260,000 sq. ft. at San Diego, and 245,000 sq. ft. at the West LA campus. Existing space will be demolished at West LA, and backfilled in San Diego and Loma Linda.

## **Seismic**

The plan addresses seismic issues through new construction and demolition of old buildings at the West LA campus and Long Beach, and through renovation at San Diego, Long Beach, and West LA. Costs for seismic improvements are \$39 million for Long Beach, \$49.1 million for San Diego, and \$64.4 million for West LA.

## **Land**

VISN 22 has developed an Excess Land Use Policy that provides a process to address excess land. Upon review by the CARES Commission and approval by the Secretary of Veterans Affairs, the Land Use Planning process will guide local VA leadership when recommending re-use initiatives to the Secretary.

## VISN 23 Executive Summary

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### **Access**

*Primary Care* - Primary care access will be improved in two markets with seven new Community Based Outpatient Clinics (CBOCs) for the Iowa and the Minnesota markets included in the plan. The National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, new access points in the Nebraska, North Dakota and South Dakota markets are in the National Plan; however, they are not in the high implementation priority category at this time.

*Hospital Care* - Access to VA hospital care will improve in the Iowa, Minnesota, North Dakota and South Dakota markets through community contracts at eleven sites.

*Tertiary Care* - Tertiary Care access will improve for veterans in the North Dakota market by contracting for care in Bismarck and Minot.

### **Campus Realignment/Consolidation of Services/Small Facility**

*Hot Springs* - The Hot Springs division of the VA Black Hills HCS identified the concept of the Critical Access Hospital (CAH) in their small facilities proposal. The National CARES Program Office fully endorsed the CAH concept where Hot Springs would begin converting their hospital length of stay to no greater than 96 hours, maintain bed levels below 15 and maintain a strong link to their referral network.

*Knoxville* - Knoxville will maintain outpatient services, and all inpatient care, including acute care, long-term care and domiciliary will be transferred to the Des Moines campus. A new 120-bed nursing home is proposed at Des Moines to replace the 226 nursing home beds at Knoxville.

*St. Cloud* – Maintain acute psychiatry, domiciliary, other mental health and outpatient services. Acute medicine is transferred to Minneapolis and contracts in the local community.

*Des Moines* - Must be upgraded to accommodate the transfer of projected workload from Knoxville.

### **Outpatient Services**

*Specialty Care* - Specialty care outpatient services will increase in four markets and at all care sites. Contracting is utilized in high peak periods of growth. New construction of 171,000 sq. ft. is planned in VISN 23 to meet access initiatives, environment of care concerns and the increasing workload demand. Other solutions include renovation, conversion of existing space and leasing alternatives.

*Primary Care* - Primary care outpatient services will increase in five markets. Planned CBOCs in the Iowa and Minnesota markets, new construction and internal conversion will help improve access. The new CBOCs planned will be leased sites or contract care. In-house expansions will occur through capital investments in renovation, conversion and new construction.

### **Inpatient Services**

*Medicine* - Inpatient medicine services will decrease in the Iowa, Minnesota, Nebraska and South Dakota markets. As a result, St. Cloud will shift all medicine beds to Minneapolis. VA Central Iowa Health Care System will transfer all medicine beds located at Knoxville to Des Moines. The VISN will also transfer some medicine from in-house care to contract care to improve hospital access for veterans. The VISN proposes significant capital investments for tertiary care ICUs, monitored beds and overall facility conditions.

*Surgery* - Inpatient surgery services will decrease in the Minnesota market resulting in a tremendous shift from inpatient to outpatient care. As a result, space will be realigned from inpatient to outpatient specialty care at VAMC Minneapolis.

**Extended Care**

Capital investments for a nursing home care unit to remedy space deficiencies include the new construction of 50,000 sq. ft. in the Iowa market (Des Moines), and the renovation of 26,806 sq. ft. in Nebraska market (Grand Island) are planned.

**Vacant Space**

VISN 23 will have a total of 329,682 sq. ft. of vacant space in 2022. This represents a reduction of 21.6% from 2001 total vacant space (420,424 sq. ft.).

**Enhanced Use**

Three enhanced use lease projects are proposed: 1) Single Room Occupancy Initiative Concept plan (approval pending), 2) Federal Credit Union Concept plan (approved), public hearing completed requires approximately an acre of property on medical center campus, and 3) A St. Paul VARO enhanced use initiative with a private developer to co-locate onto the Minneapolis campus.

**Collaboration**

VBA - Three collaborations are proposed: 1) the VARO St. Paul would relocate to new construction on land at the VAMC Minneapolis campus through an enhanced use lease proposal (high priority). 2) Central Iowa Health Care System collaboration is an enhanced use lease development project to relocate the Iowa VARO from the Federal Building in downtown Des Moines to the Des Moines medical center (medium priority), and 3) VA Nebraska-Western Iowa Health Care System is exploring a co-location with VBA on the Lincoln campus (medium priority).

NCA - VA Central Iowa Health Care System and the State of Iowa Department of Veterans Affairs propose a State sponsored Veterans Cemetery on VA land at the Knoxville campus. The current status of the proposal is dependent upon state legislative action.

DoD - Collaborations are planned for community based outpatient clinic at the Offutt AFB and Grand Forks AFB.

**Special Populations**

Build a new Spinal Cord Injury (SCI) center at Minneapolis.

**Facility Condition**

*Low Condition Scores* - VISN 23 proposed renovation as the main solution for the majority of buildings with condition scores lower than 3.0 except for the domiciliary program. Lead paint problems will be corrected in all facilities.