

Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services



VISN 7

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<<http://www.va.gov/CARES/>>>.

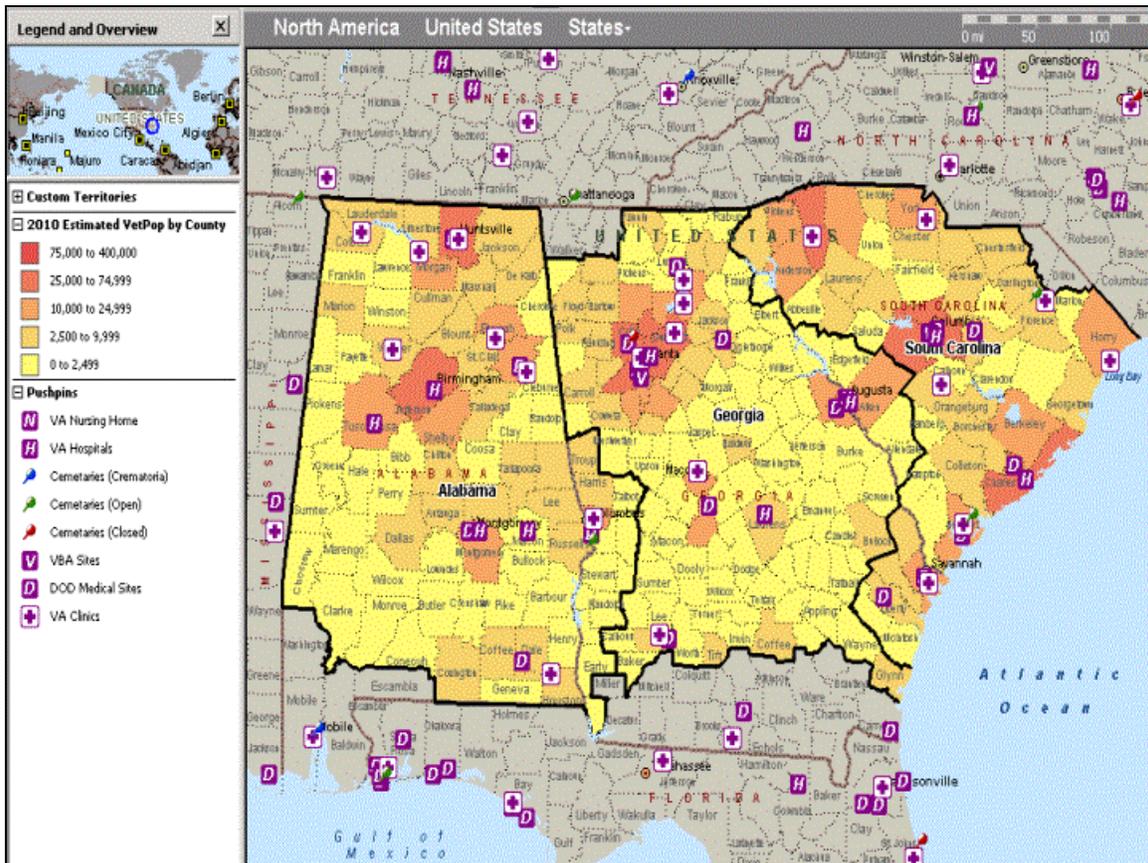
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I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 7 is proposing 3 CARES Markets as follows

| Market | Includes | Rationale | Shared Counties |
|------------------------------------|--|--|---|
| <p>Alabama Code: 7A</p> | <p>63 counties in north and central Alabama and 13 counties in west-central Georgia 76 Total Counties</p> | <p>This market area consists of the majority of the state of Alabama and counties in west central Georgia. 73% of the counties in this service market are considered rural with only 27% considered urban. 96% of the VISN is designated as MUA/MUP (Medical Underserved areas/ medical underserved populations). This market currently serves 106,414 enrollees. The market rationale was based on analysis of veteran population, enrollee & market penetration data provided by the CARES office. We also looked at current use patterns by primary care users (veteran preference) as well as travel routes and geographic barriers to re-align border market counties. This market serves 10 counties with a general population over 100,000. Much of the rest of the market area is designated rural. Birmingham VAMC serves as the tertiary site for most of this market, with secondary hospital care provided at the CAVHCS – Montgomery campus and Long term care for geriatrics & mental health’s services provided at the CAVHCS- Tuskegee campus and Tuscaloosa VAMC. Primary care services are provided at all of the above mentioned facilities plus 8 CBOC’s that provides access to 87% of the enrollee population within a 20 mile radius. This market is served by Interstates 65, 85, 20 and 59, which provides tertiary care access within the 3 to 4 hour access standard to a significant portion of the market. The sparsely populated southwestern corner of the AL. market has limited access to primary care.</p> | <p>After discussions with VISNs 8, 9, & 16, there is the potential for joint planning efforts for the counties along the three VISN shared borders, most of which appear to have limited access to care. There is some limited sharing of these patients but the major issue is limited services for the hold area.</p> |

| Market | Includes | Rationale | Shared Counties |
|------------------------------------|--|--|---|
| <p>Georgia Code: 7B</p> | <p>115 counties in north and central Georgia and 5 counties in west-central South Carolina 120 Total Counties</p> | <p>This market area consists of the majority of the state of Georgia and counties in west central South Carolina. 76% of the counties in this service market are considered rural with only 24% considered urban. 96% of the VISN is designated as MUA/MUP (Medical Underserved areas/ medical underserved populations). This market currently serves 122,498 enrollees. The market rationale was based on analysis of veteran population, enrollee & market penetration data provided by the CARES office. We also looked at current use patterns by primary care users (veteran preference) as well as travel routes and geographic barriers to re-align border market counties. This market serves 10 counties with a general population over 100,000. Much of the rest of the market area is designated rural. Atlanta VAMC and Augusta VAMC serve as the tertiary sites for this market, with secondary hospital care provided at the Dublin campus. All three sites provide long-term care services. Primary care services are provided at all of the above mentioned facilities plus 6 CBOC's that provides access to 74% of the enrollee population within a 20 mile radius. This market is served by Interstates 85, 75, 16, 20, 985, 575, and 185 which provides tertiary care access within the 3 to 4 hour access standard to a significant portion of the market. The sparsely populated southern counties of the Georgia market have limited access to primary care. Areas of this market continue to have an expanding population, including veterans as retirees and businesses move into the area</p> | <p>After discussions with VISN 8, there is the potential for joint planning efforts for the counties along the VISN shared borders, most of which appear to have limited access to care. There is some limited sharing of these patients but the major issue is limited services for the hold area.</p> |

| Market | Includes | Rationale | Shared Counties |
|---|--|---|---|
| <p>South Carolina Code: 7C</p> | <p>40 counties in South Carolina and 6 counties in east-central Georgia 46 Total Counties</p> | <p>This market area consists of the majority of the state of South Carolina and counties in east central Georgia. 77% of the counties in this service market are considered rural with only 33% considered urban. 96% of the VISN is designated as MUA/MUP (Medical Underserved areas/ medical underserved populations). This market currently serves 105,904 enrollees. The market rationale was based on analysis of veteran population, enrollee & market penetration data provided by the CARES office. We also looked at current use patterns by primary care users (veteran preference) as well as travel routes and geographic barriers to re-align border market counties. This market serves 13 counties with a general population over 100,000. Much of the rest of the market area is designated rural. Augusta, Ga. VAMC, Columbia, SC, VAMC and Charlestown, SC VAMC provide tertiary and secondary care for this market. All three sites provide long-term care services. Primary care services are provided at all of the above mentioned facilities plus 9 CBOC's that provides access to 92% of the enrollee population within a 20 mile radius. This market is served by Interstates 95, 26, 20, and 77 which provides tertiary care access within the 3 to 4 hour access standard to a significant portion of the market. This market continues to have an expanding population, including veterans as retirees and businesses move into the area.</p> | <p>After discussions with VISN 6, there is a shared market area issue with this neighboring network to the north. The northern SC counties of VISN 7 receive PC from VISN 7, but receive secondary hospital care from both VISN 7 (Columbia & Atlanta) & VISN 6 (Ashville).</p> |

3. Facility List

| VISN : 7 | | | | |
|---------------------------------------|---------|----------|----------|-------|
| Facility | Primary | Hospital | Tertiary | Other |
| Atlanta | | | | |
| 508 Decatur | ✓ | ✓ | ✓ | - |
| 508GA Atlanta (Midtown) | ✓ | - | - | - |
| 508GE NE Georgia/Oakwood | ✓ | - | - | - |
| 508GF Cobb County/Marietta | ✓ | - | - | - |
| 508GH Lawrenceville (Gwinnett County) | ✓ | - | - | - |
| New South Fulton | ✓ | - | - | - |
| New Stockbridge | ✓ | - | - | - |
| New Cobb County Smyrna | ✓ | - | - | - |
| New Newnan | ✓ | - | - | - |
| Augusta | | | | |
| 509 Augusta | ✓ | ✓ | ✓ | - |
| 509A0 Augusta Uptown Campus | ✓ | - | - | ✓ |
| New Athens | ✓ | - | - | - |
| New Aiken SC | ✓ | - | - | - |
| Birmingham | | | | |
| 521 Birmingham | ✓ | ✓ | ✓ | - |
| 521GA Huntsville AL | ✓ | - | - | - |
| 521GB Decatur/Madison AL | ✓ | - | - | - |
| 521GC Florence, AL | ✓ | - | - | - |
| 521GD Gadsden | ✓ | - | - | - |
| 521GE Anniston/Oxford AL | ✓ | - | - | - |
| 521GF Jasper AL | ✓ | - | - | - |
| New Bessemer | ✓ | - | - | - |
| New Guntersville | ✓ | - | - | - |
| New Huntsville contract hosp | - | ✓ | - | - |
| New Childersburg | ✓ | - | - | - |
| New Birmingham MH leased space | - | - | - | ✓ |
| CAVHCS - East Campus | | | | |

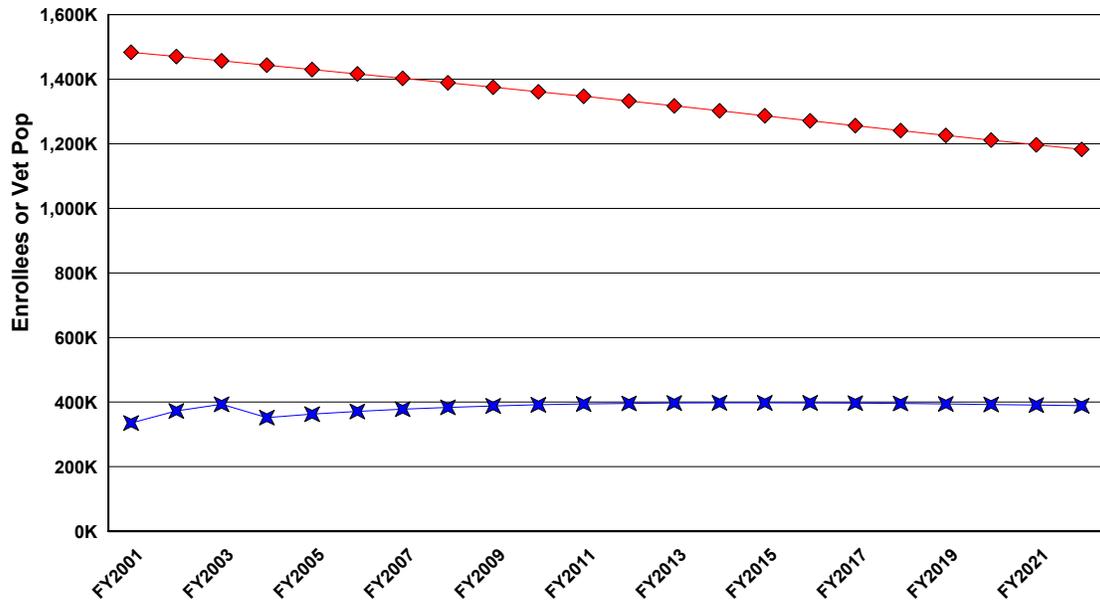
| | | | | |
|------------------------------|---|---|---|---|
| 619A4 CAVHCS - East Campus | ✓ | ✓ | - | ✓ |
| | | | | |
| CAVHCS - West Campus | | | | |
| 619 CAVHCS - West Campus | ✓ | ✓ | - | - |
| 619GA Columbus | ✓ | - | - | - |
| 619GB Dothan | ✓ | - | - | - |
| New Enterprise | ✓ | - | - | - |
| New Dothan contract hosp | - | ✓ | - | - |
| New Opelika | ✓ | - | - | - |
| | | | | |
| Charleston | | | | |
| 534 Charleston | ✓ | ✓ | ✓ | - |
| 534BY Savannah | ✓ | - | - | - |
| 534GB Myrtle Beach | ✓ | - | - | - |
| New Summerville | ✓ | - | - | - |
| New Hinesville | ✓ | - | - | - |
| New Savannah Contract hosp | - | ✓ | - | - |
| New 534GC Beaufort | ✓ | - | - | - |
| | | | | |
| Columbia (SC) | | | | |
| 544 Columbia SC | ✓ | ✓ | ✓ | - |
| 544BZ Greenville SC | ✓ | - | - | - |
| 544GB Florence SC | ✓ | - | - | - |
| 544GC Rock Hill | ✓ | - | - | - |
| 544GE Orangeburg County | ✓ | - | - | - |
| 544GF Sumter County | ✓ | - | - | - |
| New Spartanburg | ✓ | - | - | - |
| New Greenville Contract hosp | - | ✓ | - | - |
| New 544GD Anderson County | ✓ | - | - | - |
| | | | | |
| Dublin | | | | |
| 557 Dublin | ✓ | ✓ | - | - |
| 557GA Macon GA | ✓ | - | - | - |
| 557GB Albany GA | ✓ | - | - | - |
| New Brunswick | ✓ | - | - | - |
| New Milledgeville | ✓ | - | - | - |

| | | | | |
|-------------------|---|---|---|---|
| New Perry | ✓ | - | - | - |
| | | | | |
| Tuscaloosa | | | | |
| 679 Tuscaloosa | ✓ | - | - | ✓ |

4. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

| Effective Use of Resources | | |
|----------------------------|------------------------------------|---|
| PI? | Issue | Rationale/Comments Re: PI |
| Y | Small Facility Planning Initiative | Dublin: Below 40 acute beds met for 2012 & 2022 |
| N | Proximity 60 Mile Acute | No facility fell within the proximity gap. |
| Y | Proximity 120 Mile Tertiary | Augusta, Columbia, and Charleston fall within the proximity gap. |
| Y | Vacant Space | All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005. |

b. Special Disabilities

| Special Disabilities Program | | |
|------------------------------|-------------------------------|--|
| PI? | Special Disability Population | Rationale/Comments |
| Y | SCI | Need to increase acute & LTC SCI identified. |
| N | Blind Rehab | |

c. Collaborative Opportunities

| Collaborative Opportunities for use during development of Market Plans | | |
|--|-----------------------------|---|
| CO? | Collaborative Opportunities | Rationale/Comments |
| Y | Enhanced Use | RFP for EU development at Columbia on the street for January 2003. |
| Y | VBA | VBA opportunity for Columbia approved and proceeding as part of EU above. |
| N | NCA | No viable opportunities were identified. |

| | | |
|---|-----|---|
| Y | DOD | <p>1. Alabama market, Maxwell Air Force Base to send workload to Montgomery. Also, evaluate Lawson Air Force Base to see what services are still available. Ft. Rucker for possible medical inpatient beds. For Ft. Benning, explore sharing potential. 2. Georgia market, for Robins Air Force Base evaluate the possibility of establishing a CBOC. For Fort Gordon, continue sharing and explore new possibilities. 3. South Carolina Market, for Shaw Air Force Base, evaluate the possibility of using Air Force surgeons to provide services for VA. For Hunter Army Air Base, construct a CBOC. For Fort Jackson continue sharing and explore new possibilities. For Fort Stewart, explore the potential for inpatient medicine beds. For Beaufort Naval Hospital, consider co-location of a CBOC in their future construction plans. For Charleston Naval Hospital, consider a possible co-location for a CBOC.</p> |
|---|-----|---|

d. Other Issues

| Other Gaps/Issues Not Addressed By CARES Data Analysis | | |
|--|--------------------|---|
| PI? | Other Issues | Rationale/Comments |
| Y | Facility Condition | Very poor inpatient ward environment of care issues at Atlanta, Columbia, and Charleston. |
| Y | Lease Expiration | Potential to co-locate at Hunter Army Air Base when Savannah CBOC lease expires. |
| Y | Lease Expiration | Potential to significantly expand to improve access for primary and specialty care at Greenville OPC. |

e. Market Capacity Planning Initiatives

Alabama Market

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|----------------|----------------------------|-----------------|---------------------|-------------|---------------|-------------|---------------|
| Primary Care | Population Based * | 277,645 | | 116,261 | 42% | 62,530 | 23% |
| | Treating Facility Based ** | 290,172 | | 102,953 | 35% | 50,157 | 17% |
| Specialty Care | Population Based * | 201,261 | | 176,633 | 88% | 144,351 | 72% |
| | Treating Facility Based ** | 200,149 | | 186,774 | 93% | 154,779 | 77% |
| Medicine | Population Based * | 36,057 | | 22,717 | 63% | 11,165 | 31% |
| | Treating Facility Based ** | 35,976 | | 23,768 | 66% | 12,294 | 34% |
| Surgery | Population Based * | 13832 | | 8,511 | 62% | 4,244 | 31% |
| | Treating Facility Based ** | 13609 | | 8,886 | 65% | 4,647 | 34% |

Georgia Market

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|----------------|----------------------------|-----------------|---------------------|-------------|---------------|-------------|---------------|
| Primary Care | Population Based * | 271,311 | | 176,329 | 65% | 155,384 | 57% |
| | Treating Facility Based ** | 288,728 | | 178,099 | 62% | 150,215 | 52% |
| Specialty Care | Population Based * | 266,108 | | 259,054 | 97% | 276,398 | 104% |
| | Treating Facility Based ** | 287,274 | | 247,762 | 86% | 258,793 | 90% |

South Carolina Market

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|----------------|----------------------------|-----------------|---------------------|-------------|---------------|-------------|---------------|
| Primary Care | Population Based * | 261,911 | | 62,923 | 24% | 29,939 | 11% |
| | Treating Facility Based ** | 257,589 | | 52,202 | 20% | 20,450 | 8% |
| Specialty Care | Population Based * | 208,142 | | 200,290 | 96% | 187,560 | 90% |
| | Treating Facility Based ** | 192,862 | | 193,684 | 100% | 181,081 | 94% |
| Mental Health | Population Based * | 105,601 | | 62,282 | 59% | 34,474 | 33% |
| | Treating Facility Based ** | 94,401 | | 56,385 | 60% | 31,766 | 34% |
| Medicine | Population Based * | 34,625 | | 13,833 | 40% | 7,909 | 23% |
| | Treating Facility Based ** | 31,330 | | 12,394 | 40% | 6,988 | 22% |
| Psychiatry | Population Based * | 22,696 | | 7,895 | 35% | 3,231 | 14% |
| | Treating Facility Based ** | 9,223 | | 7,261 | 79% | 3,929 | 43% |

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards.**

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

Due to the projected increase in demand, VISN 7 has no negative PIs. So far, we have had very few stakeholder comments. This is not due to lack of opportunity or expressed desire for input, but the understanding that access and services provided will be increasing in all markets in VISN 7.

SC Market: Med. Univ. of SC has proposed a joint effort, which will replace the VAMC in Charleston. This proposal is being considered at the Secretary's level of operations. Stakeholders have expressed concern that the VA maintain it's identity, although support is strong for a new facility. Maintaining an identity is a critical element in the review of the MUSC proposal.

GA Market: Dublin VAMC has been identified as a "Small facility". This has generated concern by all stakeholders and is discussed in the Small Facility PI Narrative. There has been a suggestion that a CBOC be added in Rome, GA. With the addition of 7 CBOCs, VISN 7 meets the Primary Care Access PI. The next access point that would have been added if necessary would have been Rome.

AL Market: For years we have been pressed to add hospital services in the Dothan AL area. We are addressing hospital access in this market by adding hospital care in Dothan and Huntsville.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

We have been in continuous contact with neighboring VISNs and do not have any collaborative efforts.

VISN 8 & 16: These 2 networks border VISN 7 on the south and west. All three networks are addressing hospital access. The centers of population do not allow 1 or 2 hospital access points that will improve hospital access to meet the 65% threshold. All CBOCs the 3 networks are adding do not include the transferring of workload. The borders of these networks are rural with no significant centers of population. VISN 7 continues to provide mental health services for the Mississippi portion of V16.

VISN 6: VISN 7 will be adding a CBOC in Spartanburg County SC. Only when you are in the extreme corner of this county do you get within 30 minutes of the NC. This is a rural area and no workload has been moved. Charlotte (V6) and Rock Hill (V7) are close, but travel times are >30 minutes. VISN 7 will be adding hospital access in Greenville, but the 60-minute drive time only enters V6 in the very rural mountain area.

VISN 9: Chattanooga CBOC (V9) is close to the GA market border. VISN 7 does not have a hospital access issue, so any V9 changes in Chattanooga will not impact VISN 7.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

Columbia is geographically located between the other two facilities, with Augusta 82 miles to the west and Charleston 116 miles east. Consideration for this PI is the proximity of Columbia to Charleston and Columbia to Augusta
Environmental Assessment - All three facilities have affiliations in medicine and surgery, have affiliations in the allied health disciplines, and have established sharing agreements and/or joint ventures with DoD. In FY 2002, there were a total of 77,115 Users of VA Services between the three facilities. An analysis by facility shows that of the 18,765 patients receiving inpatient care (Preferred and Other Users) in FY 2002, 37% received care at the Preferred Facility and 63% received care at another VA facility. In Charleston, 10,127 patients utilized inpatient services in FY 2002. Of this total, 51% utilized the Preferred Facility and the remaining 49% received care at another VA. In Columbia, 19,943 patients received inpatient care and 42% receive their care at the Preferred Facility and almost 58% were treated at another VA facility. A comparison of Total Outpatient Visits by Facility to the number of patients receiving care at the Preferred Facility vs. Other Facility indicates that approximately 65% of the patients receive their outpatient care at the Preferred Facility and 35% receive their care at another facility for each of the three Proximity PI facilities. The VISN 7 Clinical Inventories were reviewed and Tertiary Oncology and Plastic were the only services that seem to have the potential for further integration of services. The three facilities have already consolidated specialty clinical services and Atlanta Network has been a leader in consolidating administrative services.

Alternative Options B: Maintain only one of the two facilities (Eliminate one facility) This options considered the impact of the following scenarios: 1) Impact on Augusta if Columbia Closed Acute Inpatient Services; 2) Impact on Charleston if Columbia Closed Acute Inpatient Services; 3) Impact on Columbia if Acute Inpatient Services are Closed, and 4) Impact on Augusta if Acute Inpatient Services are Closed. A review of the above three scenarios indicate that eliminating inpatient care at Columbia VAMC would create an acute care PI and require costly contract acute hospital care in the Metropolitan Augusta.

C: Maintain all facilities (Columbia, Augusta and Charleston), but consolidate services/integrate facilities. (RECOMMENDED) Many of the acute workload services have been integrated and most of the administrative services have already been consolidated. A review of outpatient demand shows a steady increase in specialty workload for each of these facilities. Therefore, the likelihood that the

tertiary component of one of these facilities could be closed is not feasible if the VA plans to address demand for care, meet access standards and maintain quality of care. The evaluation of growth in inpatient and outpatient demand between FY 2012 and FY 2022 supports this decision. These facilities can manage inpatient workload by "right sizing" inpatient unit beds. This right sizing includes flexibility in designating beds as medicine or surgery (as needed), and the cross training of nursing staff in medicine and surgery. Many of the high cost services are already being transferred to another VA facility, thereby, avoiding duplication of these services and improving efficiency.

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
 - SCI
 - Blind Rehab
 - SMI
 - TBI
 - Substance Abuse
 - Homeless
 - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

SCI PI: VISN 7 has an identified need to increase the number of inpatient beds for SCI at the Augusta GA SCI Center to 86 by FY22. The projected increase is linear through 2022. We are completing a minor construction project in FY03 to get beds to VA standards. We have a minor project scheduled for design in FY03, construct in FY04 that addresses insufficient outpatient space. Our plan is to add new space to the medical center to accomplish the need for 26 additional beds. We are targeting the addition of 11 beds ASAP and the remainder by 2012. Our current FY03 demand would indicate that we could utilize the additional 11 beds now.

1. Mandated funding levels: As this is additional workload, it is anticipated this will increase the special program funding.
2. The expansion of beds will allow more veterans access to inpatient services.
3. PVA has been integrally involved with the development of the existing construction projects, and will be in all future projects. PVA is supportive of the adding the beds.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

FACILITY CONDITION: VISN 7 specifically identified 3 VA medical centers where the conditions of the inpatient wards were significantly below the community standard.

Atlanta: The medical center currently has 3 floors that require renovation. One floor is being address via the current VISN minor construction program with design in FY03, construct in FY04. The remaining floors require renovations. One floor is scheduled for renovation in 2005 while the second is listed for FY07.

Columbia: The medical center currently has 1 ward under renovation. The remaining wards are identified for renovation in the CARES plan.

Charleston: The medical center currently has 1 renovation project submitted via the VISN 7 minor construction program for design in FY03, construct in FY04. The remaining inpatient areas are identified for renovation in the CARES plan.

LEASE EXPIRATION: Potential to co-locate at Hunter Army Air Base when Savannah CBOC lease expires: The preferred alternative in CARES for addressing Primary Care needs in Savannah includes construction of a CBOC on Hunter Army Air Base ASAP.

LEASE EXPIRATION: Potential to significantly expand to improve access for primary and specialty care at Greenville OPC: A decision was made to add a CBOC in neighboring Spartanburg County and to downsize Greenville to CBOC status with some specialty care services. The alternatives of construction and lease where explored with the recommended alternative to lease, ensuring maximum flexibility in upstate South Carolina.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

| | BDOC Projections (from demand) | | | FY 2012 Projection (from solution) | | FY 2022 Projection (from solution) | | |
|-----------------------|--------------------------------|------------------|------------------|------------------------------------|----------------|------------------------------------|----------------|--------------------------|
| INPATIENT CARE | Baseline FY 2001 BDOC | FY 2012 BDOC | FY 2022 BDOC | In House BDOC | Other BDOC | In House BDOC | Other BDOC | Net Present Value |
| Medicine | 120,020 | 166,253 | 145,033 | 145,788 | 37,677 | 127,597 | 29,143 | \$ 280,868 |
| Surgery | 54,382 | 63,307 | 55,446 | 57,971 | 9,362 | 51,323 | 7,950 | \$ 41,307,547 |
| Psychiatry | 111,026 | 131,405 | 115,982 | 127,485 | 6,662 | 113,533 | 4,631 | \$ (3,957,928) |
| PRRTP | - | - | - | - | - | - | - | \$ - |
| NHCU/Intermediate | 705,180 | 705,180 | 705,180 | 277,122 | 428,058 | 277,122 | 428,058 | \$ (3,767,976) |
| Domiciliary | 62,752 | 62,752 | 62,752 | 62,752 | - | 62,752 | - | \$ (2,533,898) |
| Spinal Cord Injury | 16,575 | 16,575 | 16,575 | 16,575 | - | 16,575 | - | \$ (5,890,859) |
| Blind Rehab | 14,666 | 14,666 | 14,666 | 14,666 | - | 14,666 | - | \$ - |
| Total | 1,084,601 | 1,160,138 | 1,115,635 | 702,359 | 481,759 | 663,568 | 469,782 | \$ 25,437,754 |

b. Space

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|-----------------------|------------------------------------|------------------|------------------|-------------------------------|-----------------------|--------------------------|
| INPATIENT CARE | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Medicine | 219,766 | 347,520 | 302,591 | 317,873 | 276,982 | \$ 280,868 |
| Surgery | 82,857 | 117,850 | 102,603 | 109,329 | 96,377 | \$ 41,307,547 |
| Psychiatry | 143,632 | 237,091 | 210,290 | 234,254 | 209,329 | \$ (3,957,928) |
| PRRTP | 15,141 | - | - | - | - | \$ - |
| NHCU/Intermediate | 447,924 | 439,757 | 439,757 | 439,754 | 439,754 | \$ (3,767,976) |
| Domiciliary | 86,479 | 86,540 | 86,540 | 86,540 | 86,540 | \$ (2,533,898) |
| Spinal Cord Injury | 51,260 | 51,260 | 51,260 | 94,260 | 94,260 | \$ (5,890,859) |
| Blind Rehab | 42,031 | 42,031 | 42,031 | 42,031 | 42,031 | \$ - |
| Total | 1,089,090 | 1,322,049 | 1,235,071 | 1,324,041 | 1,245,273 | \$ 25,437,754 |

2. Outpatient Summary

a. Workload

| | Clinic Stop Projections (from demand) | | | FY 2012 Projection (from solution) | | FY 2022 Projection (from solution) | | Net Present Value |
|------------------------|--|------------------|------------------|---------------------------------------|------------------|---------------------------------------|------------------|----------------------|
| | Baseline FY 2001 Stops | FY 2012 Stops | FY 2022 Stops | In House Stops | Other Stops | In House Stops | Other Stops | |
| Outpatient CARE | | | | | | | | |
| Primary Care | 836,488 | 1,169,742 | 1,057,309 | 915,932 | 524,942 | 810,845 | 501,607 | \$ 92,155,742 |
| Specialty Care | 680,283 | 1,308,503 | 1,274,936 | 1,098,533 | 259,713 | 1,047,684 | 274,297 | \$ 68,337,421 |
| Mental Health | 462,692 | 577,492 | 514,461 | 495,790 | 149,748 | 440,343 | 135,828 | \$ (40,380,068) |
| Ancillary& Diagnostic | 930,341 | 1,501,594 | 1,514,861 | 1,124,151 | 421,309 | 1,116,378 | 453,117 | \$ (56,437,884) |
| Total | 2,909,805 | 4,557,331 | 4,361,567 | 3,634,406 | 1,355,712 | 3,415,250 | 1,364,849 | \$ 63,675,211 |

b. Space

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|------------------------|------------------------------------|------------------|------------------|-------------------------------|-----------------------|----------------------|
| Outpatient CARE | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Primary Care | 321,813 | 608,311 | 553,326 | 514,722 | 458,325 | \$ 92,155,742 |
| Specialty Care | 584,938 | 1,362,372 | 1,326,577 | 1,269,814 | 1,209,728 | \$ 68,337,421 |
| Mental Health | 263,037 | 333,639 | 297,584 | 309,351 | 275,213 | \$ (40,380,068) |
| Ancillary& Diagnostic | 503,088 | 924,953 | 930,992 | 764,566 | 757,607 | \$ (56,437,884) |
| Total | 1,672,876 | 3,229,275 | 3,108,479 | 2,858,453 | 2,700,873 | \$ 63,675,211 |

3. Non-Clinical Summary

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---------------------|------------------------------------|------------------|------------------|-------------------------------|-----------------------|--------------------------|
| NON-CLINICAL | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Research | 254,056 | 254,056 | 254,056 | 264,651 | 264,651 | \$ (17,996,295) |
| Admin | 1,773,473 | 2,749,514 | 2,602,936 | 2,533,247 | 2,382,836 | \$ (231,348,376) |
| Outleased | 614,237 | 614,237 | 614,237 | 613,550 | 613,550 | N/A |
| Other | 333,577 | 333,577 | 333,577 | 333,577 | 333,577 | \$ - |
| Vacant Space | 664,146 | - | - | 75,239 | 165,417 | \$ 204,843,700 |
| Total | 3,639,489 | 3,951,384 | 3,804,806 | 3,820,264 | 3,760,031 | \$ (44,500,971) |

II. Market Level Information

A. Alabama Market

1. Description of Market

a. Market Definition

| Market | Includes | Rationale | Shared Counties |
|------------------------|---|--|---|
| Alabama Code: 7A | 63 counties in north and central Alabama and 13 counties in west-central Georgia 76 Total Counties | This market area consists of the majority of the state of Alabama and counties in west central Georgia. 73% of the counties in this service market are considered rural with only 27% considered urban. 96% of the VISN is designated as MUA/MUP (Medical Underserved areas/ medical underserved populations). This market currently serves 106,414 enrollees. The market rationale was based on analysis of veteran population, enrollee & market penetration data provided by the CARES office. We also looked at current use patterns by primary care users (veteran preference) as well as travel routes and geographic barriers to re-align border market counties. This market serves 10 counties with a general population over 100,000. Much of the rest of the market area is designated rural. Birmingham VAMC serves as the tertiary site for most of this market, with secondary hospital care provided at the CAVHCS – Montgomery campus and Long term care for geriatrics & mental health’s services provided at the CAVHCS- Tuskegee campus and Tuscaloosa VAMC. Primary care services are provided at all of the above mentioned facilities plus 8 CBOC’s that provides access to 87% of the enrollee population within a 20 mile radius. This market is served by Interstates 65, 85, 20 and 59, which provides tertiary care access within the 3 to 4 hour access standard to a significant portion of the market. The | After discussions with VISNs 8, 9, &16, there is the potential for joint planning efforts for the counties along the three VISN shared borders, most of which appear to have limited access to care. There is some limited sharing of these patients but the major issue is limited services for the hold area. |

| Market | Includes | Rationale | Shared Counties |
|---------------|-----------------|--|------------------------|
| | | sparsely populated southwestern corner of the AL. market has limited access to primary care. | |

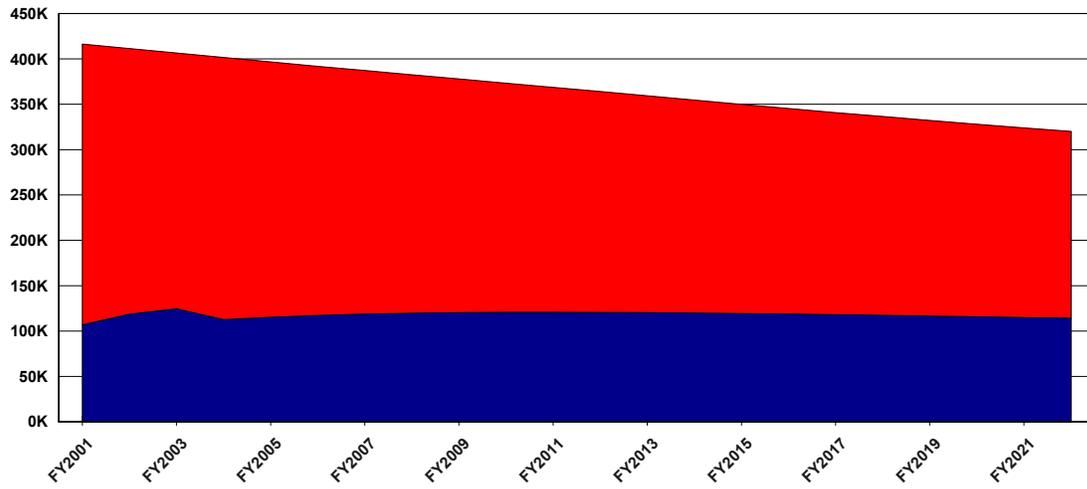
b. Facility List

| VISN : 7 | | | | |
|--------------------------------|----------------|-----------------|-----------------|--------------|
| Facility | Primary | Hospital | Tertiary | Other |
| | | | | |
| Birmingham | | | | |
| 521 Birmingham | ✓ | ✓ | ✓ | - |
| 521GA Huntsville AL | ✓ | - | - | - |
| 521GB Decatur/Madison AL | ✓ | - | - | - |
| 521GC Florence, AL | ✓ | - | - | - |
| 521GD Gadsden | ✓ | - | - | - |
| 521GE Anniston/Oxford AL | ✓ | - | - | - |
| 521GF Jasper AL | ✓ | - | - | - |
| New Bessemer | ✓ | - | - | - |
| New Guntersville | ✓ | - | - | - |
| New Huntsville contract hosp | - | ✓ | - | - |
| New Childersburg | ✓ | - | - | - |
| New Birmingham MH leased space | - | - | - | ✓ |
| | | | | |
| CAVHCS - East Campus | | | | |
| 619A4 CAVHCS - East Campus | ✓ | ✓ | - | ✓ |
| | | | | |
| CAVHCS - West Campus | | | | |
| 619 CAVHCS - West Campus | ✓ | ✓ | - | - |
| 619GA Columbus | ✓ | - | - | - |
| 619GB Dothan | ✓ | - | - | - |
| New Enterprise | ✓ | - | - | - |
| New Dothan contract hosp | - | ✓ | - | - |
| New Opelika | ✓ | - | - | - |
| | | | | |
| Tuscaloosa | | | | |
| 679 Tuscaloosa | ✓ | - | - | ✓ |

c. Veteran Population and Enrollment Trends

--- Projected Veteran Population

--- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives | | | | | | |
|---------------------------------------|-------------------------|-------------------------|----------------------|-------------|------------|-------------|
| Alabama Market | | | Februrary 2003 (New) | | | |
| Market PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| Y | Access to Primary Care | 63% with access | | | | |
| Y | Access to Hospital Care | 53% with access | | | | |
| N | Access to Tertiary Care | 100% with access | | | | |
| Y | Outpt. Specialty Care | Population Based | 176,632 | 88% | 144,351 | 72% |
| | | Treating Facility Based | 186,774 | 93% | 154,781 | 77% |
| Y | Outpt. Primary Care | Population Based | 116,262 | 42% | 62,531 | 23% |
| | | Treating Facility Based | 102,954 | 35% | 50,160 | 17% |
| Y | Inpt. Medicine | Population Based | 73 | 63% | 36 | 31% |
| | | Treating Facility Based | 77 | 66% | 40 | 34% |
| Y | Inpt. Surgery | Population Based | 27 | 62% | 14 | 31% |
| | | Treating Facility Based | 29 | 65% | 15 | 34% |
| N | Inpt. Psychiatry | Population Based | 18 | 10% | -2 | -1% |
| | | Treating Facility Based | 24 | 13% | 3 | 2% |
| N | Outpt. Mental Health | Population Based | 0 | 0% | 0 | 0% |
| | | Treating Facility Based | 1,616 | 1% | -268 | 0% |

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Key Stakeholder Issues in Alabama Market

CAVHCS:

* There is some employee concern regarding the proposed plan to demolish "permanently vacant" buildings at the East Campus of CAVHCS (Tuskegee campus). The concern relates to the historic nature of the buildings as an important part of Black American history. This concern was raised at a CARES town-hall-style employee/stakeholder briefing. The response was to emphasize that the buildings in question are unsightly, in disrepair, and are unsafe. The "mothball" option would not resolve these issues. Also, the mothball option ties up financial resources that could be redirected to expand/enhance clinical programs for veterans. There has been no interest from outside parties in leasing or purchasing these buildings. There are historic-eligible buildings that are not proposed for demolition, i.e., demolition plans would still leave historic-eligible buildings.

* Union interest was expressed in possibly using vacant space at the East campus for a day care center for employees/community. It was responded that this is feasible and this has been done at another VAMC in our network. The union party was given contact information so that a proposal could be developed. Due to its early stage, this option was not developed for the current CARES cycle but it may be developed for the next one.

Birmingham:

* There is concern regarding inadequate parking space. Employees already park off-site and are shuttled in. CARES projections for increasing workloads in Alabama and Birmingham show this situation will get worse. We have built increased lease costs for additional parking spaces into the CARES market plan for Birmingham.

* The UAB medical school has been briefed several times on CARES and the needs of the Alabama market/Birmingham VAMC. VAMC Birmingham is squeezed for space and faces significant workload increases, both outpatient and inpatient. UAB is responding with leased space options in Bessemer and metro-Birmingham, and VAMC Birmingham is planning to purchase hospital episodes of care from the UAB affiliate in Huntsville, to improve access to hospital care in northern Alabama. These options are reflected in the CARES market plans.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

VISN 7's Alabama market is the western-most market in VISN 7, bordering VISN 7's Georgia market to its east. The Alabama market consists of most of the state of Alabama, and some of the westernmost counties of Georgia. Alabama's CARES plans do not include adding or changing sites of care near enough to its border with the Georgia market to influence geographic treating patterns, and vice versa.

The Alabama market borders Florida panhandle to its south (divided between VISNs 8 and 16), VISN 9's Tennessee border to its north, and VISN 16's Mississippi border to its west. VISN 7 CARES Planners contacted their counterparts in VISNs 8, 16, and 9 and determined that those VISNs are not planning any changes that would influence treating patterns for Alabama enrollees.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Alabama market treating facilities face significant workload increases in outpatient specialty care and primary care, and inpatient medicine and surgery. Adding sites of care, enlarging current CBOCs, and using all available VAMC space to increase their capacity, will address these workload increases.

Access to both primary care and hospital care does not currently meet the standards, with primary care access at 62% and hospital access at 53%. The CARES plans for this market include adding the following CBOCs: Bessemer, Guntersville, Childersburg, Enterprise, and Opelika. These additional sites of care will raise the primary care access to 70% in 2012 and 71% in 2022. Both the new Bessemer CBOC and the current Huntsville CBOC will become large, multi-specialty clinics. Hospital access will be improved by contracting for medical/surgical inpatient stays in the Dothan and Huntsville communities, raising hospital access to 65% in 2012 and 67% in 2022. (The inpatient programs at the DoD hospitals in these two areas are both planned for closure.) 100% of Alabama enrollees live with the access guidelines for tertiary care.

Two of the VAMC campuses in Alabama market have large amounts of vacant space. The East Campus of CAVHCS (Tuskegee) will have over 300,000 vacant square feet by 2022 (despite workload increases for the market). The majority of this space (~250,000) is planned for demolition. These buildings are historic-eligible. The Tuscaloosa VAMC campus also has a large amount of vacant space---113,000 square feet by 2022. The plan for Tuscaloosa's vacant space is to lease most of it to an interested private mental health care group in the community (~100,000 square feet).

Both the CAVHCS West Campus VAMC (Montgomery) and the Birmingham VAMC will need constructed additions to handle projected workload increases.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Hospital Access Narrative:

53% of Alabama enrollees are currently within a 60-minute drive of hospital care. Key “gap” areas outside of the drive time standard were identified in Huntsville and Dothan, both areas where VISN 7 now operates CBOCs. Adding hospital access in both Huntsville and Dothan will bring access percentages up to 65% in 2012 and 67% in 2022.

Lyster Army Hospital at Ft. Rucker is near Dothan, Alabama area. However, DoD is planning to close Lyster’s inpatient program. The Dothan, Alabama contract-model CBOC is operated by the hospital system (Southeast Alabama Medical Center) in Dothan, which has also indicated interest in selling episodes of hospital care for Dothan-area VHA enrollees.

In Huntsville, Fox Army Hospital no longer has an inpatient program, so this was not an option for VISN 7. The Birmingham medical school affiliate, UAB, has an affiliation with Huntsville Hospital. Huntsville Hospital and other community hospitals do have some excess capacity and are interested in contracting to sell acute hospital care.

Primary Care Access Narrative:

Enrollment projections and driving times were analyzed to assess the current primary care access against the guidelines for access to primary care according to CARES. After the models were run, it was determined that a number of new access points were needed to meet the standard. The following five locations should be added to meet the 30-minute access standard for the Alabama market: Bessemer, Childersburg, Guntersville, Opelika, and Enterprise.

Alternative #1 – Open 5 new CBOCs:

1. Bessemer in 2004 (VA Staffed)
2. Childersburg in 2006 (VA Staffed)
3. Guntersville in 2008 (VA Staffed)
4. Opelika in 2010 (VA Staffed)
5. Enterprise in 2012 (Contract)

· With the large increase projected in primary care, the opening of several clinics in the Alabama Market has been evaluated as an alternative to meeting Primary Care access guidelines. This alternative is preferred because of its (1) ability to decompress congestion at the VAMCs in the Alabama Market, (2) the availability of lease space and/or contract providers in the areas identified for CBOCs and because (3) management experience exists at the parent facilities to effectively operate the CBOCs.

| Service Type | Baseline FY 2001 | | Proposed FY 2012 | | Proposed FY 2022 | |
|---------------|----------------------------------|--|----------------------------------|--|----------------------------------|--|
| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
| Primary Care | 62% | 44,669 | 70% | 36,168 | 71% | 33,078 |
| Hospital Care | 53% | 55,249 | 65% | 42,196 | 67% | 37,413 |
| Tertiary Care | 100% | - | 100% | - | 100% | - |

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Bessemer

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|--|---------|--|--------------------|----------|----------------|--------------|---------------|------------|------|---------------|-------------------------|--|
| # BDOCs (from demand projections) | | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value | |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Surgery | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | \$ - | |
| PRRTP | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Total | | | | | | | | | | | \$ - | |
| CLINIC STOPS | | | | | | | | | | | | |
| # BDOCs (from demand projections) | | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value | |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| CLINIC STOPS proposed by Market Plans in VISN | | | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | 18,967 | - | - | 18,967 | \$ (42,425,238) | |
| Specialty Care | - | - | - | - | - | - | 20,685 | - | - | 20,685 | \$ (66,793,610) | |
| Mental Health | - | - | - | - | - | - | 3,793 | - | - | 3,793 | \$ (5,681,322) | |
| Ancillary & Diagnostics | - | - | - | - | - | - | 15,232 | - | - | 15,232 | \$ (32,975,283) | |
| Total | | | | | | | 58,677 | | | 58,677 | \$ (147,875,453) | |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | | |
|--|---------------------------------------|--------------------|-------------------------|--------------------|--------------|----------------|------------------|---------------|---------------|--------------|----------------------|-----------------------------|
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | | |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | | |
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | 11,949 | 11,949 | - | - | - | - | 10,000 | - | 10,000 | (1,949) |
| Specialty Care | - | - | 27,304 | 27,304 | - | - | - | - | 21,000 | - | 21,000 | (6,304) |
| Mental Health | - | - | 3,148 | 3,148 | - | - | - | - | 2,500 | - | 2,500 | (648) |
| Ancillary and Diagnostics | - | - | 11,576 | 11,576 | - | - | - | - | 9,000 | - | 9,000 | (2,576) |
| Total | | | 53,977 | 53,977 | | | | | 42,500 | | 42,500 | (11,477) |
| NON-CLINICAL | | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | 18,892 | 18,892 | - | - | - | - | 17,000 | - | 17,000 | (1,892) |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | 18,892 | 18,892 | | | | | 17,000 | | 17,000 | (1,892) |

4. Facility Level Information – Birmingham

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|-------------------------------|----------------|-----------------------|---------------|-------------------|-----------------|-------------|------------|----------|----------------|-----------------------|
| | # BDOCs demand projections) | (from demand projections) | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | FY 2012 | Variance from 2001 | | | | | | | | | | |
| Medicine | 33,699 | 17,896 | 33,700 | 17,897 | 1,011 | - | 4,965 | - | - | - | 27,724 | \$ 120,430,229 |
| Surgery | 20,202 | 9,127 | 20,203 | 9,128 | 731 | - | 2,500 | - | - | - | 16,972 | \$ 139,235,970 |
| Intermediate/NHCU | 11,064 | - | 11,064 | - | 11,064 | - | - | - | - | - | - | \$ - |
| Psychiatry | 1,132 | (197) | 1,132 | (197) | 1,132 | - | - | - | - | - | - | \$ 397,593 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | 9,868 | - | 9,868 | - | - | - | - | - | - | - | 9,868 | \$ - |
| Total | 75,965 | 26,826 | 75,967 | 26,828 | 13,938 | - | 7,465 | - | - | - | 54,564 | \$ 260,063,792 |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | (from demand projections) | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | FY 2012 | Variance from 2001 | | | | | | | | | | |
| Primary Care | 190,278 | 64,463 | 190,279 | 64,464 | 7,611 | - | 35,615 | - | - | - | 147,053 | \$ 47,151,367 |
| Specialty Care | 200,297 | 89,837 | 200,298 | 89,838 | 14,021 | - | 17,178 | - | - | - | 169,099 | \$ 10,069,418 |
| Mental Health | 46,747 | 851 | 46,748 | 852 | 6,078 | - | 7,123 | - | - | - | 33,547 | \$ 13,446,370 |
| Ancillary & Diagnostics | 245,726 | 91,000 | 245,727 | 91,000 | 49,145 | - | 15,232 | - | - | - | 181,350 | \$ (6,195,634) |
| Total | 683,049 | 246,151 | 683,052 | 246,154 | 76,855 | - | 75,148 | - | - | - | 531,049 | \$ 64,471,521 |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | | |
|--|---------------------------------------|--------------------|-------------------------|--------------------|----------------|----------------|------------------|---------------|----------------|--------------|----------------------|-----------------------------|
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 69,628 | 29,659 | 59,032 | 19,083 | 39,969 | - | - | - | 8,681 | - | 48,650 | (10,402) |
| Surgery | 42,568 | 21,989 | 36,490 | 15,911 | 20,579 | 8,880 | - | - | - | - | 29,459 | (7,031) |
| Intermediate Care/NHCU | - | (8,681) | - | (8,681) | 8,681 | - | - | - | - | - | 8,681 | 8,681 |
| Psychiatry | 550 | 550 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | 26,525 | 26,525 | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | (26,525) | 26,525 | - | 26,525 | - | - | - | - | - | 26,525 | - |
| Total | 139,270 | 43,516 | 122,067 | 26,313 | 95,754 | 8,880 | - | - | 8,681 | - | 113,315 | (8,752) |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | | |
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 106,689 | 62,199 | 92,643 | 48,153 | 44,490 | - | 15,000 | - | 21,000 | - | 80,490 | (12,153) |
| Specialty Care | 232,666 | 126,172 | 223,211 | 116,717 | 106,494 | - | 75,000 | - | 20,100 | - | 201,594 | (21,617) |
| Mental Health | 33,757 | 19,257 | 27,844 | 13,344 | 14,500 | - | - | - | 10,000 | - | 24,500 | (3,344) |
| Ancillary and Diagnostics | 128,859 | 69,333 | 137,826 | 78,300 | 59,526 | - | 50,000 | - | - | - | 109,526 | (28,300) |
| Total | 501,972 | 276,962 | 481,524 | 256,514 | 225,010 | - | 140,000 | - | 51,100 | - | 416,110 | (65,414) |
| NON-CLINICAL | | | | | | | | | | | | |
| Research | 30,868 | - | 43,825 | 12,957 | 30,868 | - | - | - | 10,000 | - | 40,868 | (2,957) |
| Administrative | 235,239 | 105,762 | 226,596 | 97,119 | 129,477 | - | - | - | 90,000 | - | 219,477 | (7,119) |
| Other | 29,761 | - | 29,761 | - | 29,761 | - | - | - | - | - | 29,761 | - |
| Total | 295,868 | 105,762 | 300,182 | 110,076 | 190,106 | - | - | - | 100,000 | - | 290,106 | (10,076) |

5. Facility Level Information – Birmingham MH Leased

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

6. Facility Level Information – CAVHS-East

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|----------------|--------------------|---------------|----------------|---------------|-------------|------------|----------|----------------|----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 8,397 | 911 | 8,398 | 912 | - | - | 5,297 | - | - | - | 3,101 | \$ 89,752,035 |
| Surgery | 105 | (214) | 105 | (214) | - | - | 105 | - | - | - | - | \$ 3,610,208 |
| Intermediate/NHCU | 108,768 | - | 108,768 | - | 54,384 | - | - | - | - | - | 54,384 | \$ - |
| Psychiatry | 20,707 | 3,605 | 20,707 | 3,605 | 317 | - | - | 386 | - | - | 20,776 | \$ (5,562,100) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | 9,550 | - | 9,550 | - | - | - | - | - | - | - | 9,550 | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | 147,527 | 4,302 | 147,528 | 4,303 | 54,701 | - | 5,402 | 386 | - | - | 87,811 | \$ 87,800,143 |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 55,976 | 17,461 | 55,976 | 17,461 | - | - | 9,275 | 104 | - | - | 46,805 | \$ 20,312,668 |
| Specialty Care | 54,287 | 29,210 | 54,288 | 29,211 | - | - | 6,500 | - | - | - | 47,788 | \$ 9,505,467 |
| Mental Health | 25,254 | 444 | 25,254 | 444 | - | - | - | - | - | - | 25,254 | \$ (450,931) |
| Ancillary & Diagnostics | 52,913 | 16,816 | 52,913 | 16,816 | - | - | - | - | - | - | 52,913 | \$ - |
| Total | 188,430 | 63,931 | 188,431 | 63,932 | - | - | 15,775 | 104 | - | - | 172,760 | \$ 29,367,204 |

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in V/SN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|----------------|----------------|------------------|---------------|--------------|--------------|----------------------|-------------------------------|
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| INPATIENT CARE | FY 2012 | 17,468 | 8,718 | 6,450 | (2,300) | 8,750 | - | - | - | 8,750 | 2,300 |
| Medicine | | 174 | 174 | - | - | - | - | - | - | - | - |
| Surgery | | 77,874 | - | 77,874 | - | - | - | - | - | 77,874 | - |
| Intermediate Care/NHCU | | 33,545 | 21,245 | 33,657 | 21,357 | 16,500 | - | - | - | 28,800 | (4,857) |
| Psychiatry | | - | (15,141) | - | (15,141) | - | - | - | - | 15,141 | - |
| PRRTP | | 13,960 | - | 13,960 | - | - | - | - | - | 13,960 | - |
| Domiciliary program | | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | | - | - | - | - | - | - | - | - | - | - |
| Total | | 143,021 | 14,996 | 131,941 | 3,916 | 128,025 | - | - | - | 144,525 | 12,584 |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| OUTPATIENT CARE | FY 2012 | 34,145 | 845 | 28,551 | (4,749) | 33,300 | - | - | - | 33,300 | 4,749 |
| Primary Care | | 59,717 | 36,323 | 52,567 | 29,173 | 23,394 | - | - | - | 39,994 | (12,573) |
| Specialty Care | | 13,890 | (24,003) | 13,890 | (24,003) | 37,893 | - | - | - | 37,893 | 24,003 |
| Mental Health | | 33,864 | (8,576) | 33,864 | (8,576) | 42,440 | - | - | - | 42,440 | 8,576 |
| Ancillary and Diagnostics | | 141,616 | 4,589 | 128,872 | (8,155) | 137,027 | - | - | - | 153,627 | 24,755 |
| Total | | | | | | | | | | | |
| NON-CLINICAL | FY 2012 | - | - | - | - | - | - | - | - | - | - |
| Research | | 224,864 | 16,611 | 206,042 | (2,211) | 208,253 | - | - | - | 208,253 | 2,211 |
| Administrative | | 36,265 | - | 36,265 | - | - | - | - | - | 36,265 | - |
| Other | | 261,129 | 16,611 | 242,307 | (2,211) | 244,518 | - | - | - | 244,518 | 2,211 |
| Total | | | | | | | | | | | |

7. Facility Level Information – CAVHCS - West

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Central Alabama Veterans Health Care System - West Campus: The following initiatives are being pursued with Maxwell USAF base, Montgomery, Alabama. Mammography services may be provided by Humana contract with combined VA-DoD workload. Podiatry is exploring the feasibility of moving the West Campus operation to Maxwell. There are several reasons: current West Campus space is inadequate; increased capacity with a more suitable clinic configuration is possible, podiatry residents need a greater variety in their workload (Maxwell has dependents), Humana may be willing to provide a technician to support the operation, Humana is currently spending \$75K for referrals to the community and VA can bill for any that they serve and Maxwell has excess OR space that can be used. Eye Clinic has an immediate opportunity to move West Campus Eye Clinic to Maxwell, with a future opportunity to expand into Maxwell's OR suite when capacity has been reached at West Campus. The Maxwell surgeon can utilize space in the West Campus OR. Maxwell has sufficient empty eye lanes for immediate use. This would VA clinic capacity, as space is the current limiting factor. This would allow VA to also see military members/dependents on a fee for service basis. This would allow DoD/Humana to return workload to the Federal Sector, which is currently sent to the community. This is VA revenue/sharing opportunity. Separation Physicals would eliminate duplicative separation/C&P exams. Dermatology is possible as both facilities are pursuing teledermatology. Patient Transportation. Maxwell has two unused ambulances with no drivers. A patient transportation system to Maxwell and other facilities is being considered. Endoscopy is a great need for Maxwell to bring back into the Federal Health System. They currently send out a great number of them. VA will need an additional GI provider and the extra DoD workload can support the salary. Humana is interested in helping VA recruit.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Alabama VA Regional Office is currently collocated on the CAVHCS West Campus, Montgomery, AL.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|----------------|--------------------|---------------|----------------|--------------|--------------|------------|----------|----------------|-----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| INPATIENT CARE | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| Medicine | 15,740 | 4,564 | 15,740 | 4,564 | 630 | - | 2,864 | 5,297 | - | - | 17,543 | \$(51,005,787) |
| Surgery | 2,092 | 155 | 2,093 | 156 | 463 | - | 300 | 105 | - | - | 1,435 | \$5,692,166 |
| Intermediate/NHCU | 7,184 | - | 7,184 | - | 6,897 | - | - | - | - | - | 287 | \$- |
| Psychiatry | 385 | (163) | 385 | (163) | - | - | 385 | - | - | - | - | \$4,399,487 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$- |
| Domiciliary | 49 | - | 49 | - | - | - | - | - | - | - | 49 | \$- |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$- |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$- |
| Total | 25,450 | 4,556 | 25,451 | 4,557 | 7,990 | - | 3,549 | 5,402 | - | - | 19,314 | \$(40,914,134) |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| OUTPATIENT CARE | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| Primary Care | 91,127 | 7,624 | 91,128 | 7,624 | 17,895 | - | - | - | - | - | 73,233 | \$9,796,128 |
| Specialty Care | 82,906 | 46,784 | 82,907 | 46,785 | 15,172 | - | - | 6,500 | - | - | 74,235 | \$(37,550,847) |
| Mental Health | 14,270 | 817 | 14,271 | 818 | 2,997 | - | 3,141 | - | - | - | 8,133 | \$1,625,503 |
| Ancillary & Diagnostics | 99,052 | 30,919 | 99,053 | 30,919 | 21,399 | - | - | - | - | - | 77,654 | \$(2,237,311) |
| Total | 287,356 | 86,143 | 287,359 | 86,146 | 57,463 | - | 3,141 | 6,500 | - | - | 233,255 | \$(28,366,527) |

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|----------------|----------------|------------------|---------------|----------------|--------------|----------------------|-----------------------------|
| FY 2012 | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | 41,403 | 21,447 | 28,112 | 19,956 | - | 20,000 | - | - | - | 39,956 | (8,112) |
| Surgery | 5,076 | 1,676 | 188 | 3,400 | - | - | - | - | - | 3,400 | (188) |
| Intermediate Care/NHCU | 514 | 514 | 514 | - | - | - | - | - | - | - | (514) |
| Psychiatry | 580 | 580 | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiliary program | 61 | 61 | 61 | - | - | - | - | - | - | - | (61) |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | 47,634 | 52,231 | 28,875 | 23,356 | - | 20,000 | - | - | - | 43,356 | (8,875) |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| FY 2012 | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | 42,375 | 18,762 | 13,003 | 23,613 | - | - | - | 6,700 | - | 30,313 | (6,303) |
| Specialty Care | 85,660 | 53,672 | 61,548 | 31,988 | - | 32,000 | - | 7,130 | - | 71,118 | (22,418) |
| Mental Health | 7,554 | 3,403 | 1,298 | 4,151 | - | - | - | 8,000 | - | 12,151 | 6,702 |
| Ancillary and Diagnostics | 53,251 | 27,202 | 23,650 | 26,049 | 4,000 | 7,000 | - | 300 | - | 37,349 | (12,350) |
| Total | 188,839 | 103,038 | 99,499 | 85,801 | 4,000 | 39,000 | - | 22,130 | - | 150,931 | (34,369) |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 257,755 | 138,548 | 139,702 | 119,207 | - | - | - | 100,000 | - | 219,207 | (39,702) |
| Other | 16,198 | 16,198 | - | 16,198 | - | - | - | - | - | 16,198 | - |
| Total | 273,953 | 138,548 | 139,702 | 135,405 | - | - | - | 100,000 | - | 235,405 | (39,702) |

8. Facility Level Information – Childersburg

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|-------------------------|--|---|--|--------------------|----------|----------------|--------------|---------------|------------|------|---------------|------------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| | | Clinic Stops (from demand projections) | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | | - | - | - | - | - | - | 10,152 | - | - | 10,152 | \$ (21,940,226) |
| Specialty Care | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | | - | - | - | - | - | - | 2,030 | - | - | 2,030 | \$ (2,988,186) |
| Ancillary & Diagnostics | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | 12,182 | - | - | 12,182 | \$ (24,928,412) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | 6,396 | 6,396 | - | - | - | - | 5,500 | - | 5,500 | (896) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 1,685 | 1,685 | - | - | - | - | 1,500 | - | 1,500 | (185) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 8,081 | 8,081 | - | - | - | - | 7,000 | - | 7,000 | (1,081) |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 2,828 | 2,828 | - | - | - | - | 2,500 | - | 2,500 | (328) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 2,828 | 2,828 | - | - | - | - | 2,500 | - | 2,500 | (328) |

9. Facility Level Information – Dothan Contract Hospital

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | |
|--|---------|-------------------------|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

10. Facility Level Information – Enterprise

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|------------------------------------|-----------------------|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|------|----------|-------------------|
| | # BDOCs demand projections | (from projections) | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops demand projections | (from projections) | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 6,429 | - | - | 6,429 | - | - | - | \$ (5,959,377) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | 1,286 | - | - | 1,286 | - | - | - | \$ (1,534,829) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | 7,715 | - | - | 7,715 | - | - | - | \$ (7,494,206) |

Proposed Management of Space – FY 2012

| | | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|------------------------|---------------------------|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-------------------------------|
| | | Variance from 2001 | FY 2012 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| INPATIENT CARE | | | | | | | | | | | | | |
| | Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| | Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| | Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| | Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| | PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| | Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| | Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| | Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| | Total | - | - | - | - | - | - | - | - | - | - | - | - |
| | | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | | Variance from 2001 | FY 2012 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| OUTPATIENT CARE | | | | | | | | | | | | | |
| | Primary Care | - | - | - | - | - | - | - | - | - | - | - | - |
| | Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| | Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| | Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| | Total | - | - | - | - | - | - | - | - | - | - | - | - |
| NON-CLINICAL | | | | | | | | | | | | | |
| | Research | - | - | - | - | - | - | - | - | - | - | - | - |
| | Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - | - | - |
| | Total | - | - | - | - | - | - | - | - | - | - | - | - |

11. Facility Level Information – Guntersville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|------------------------------------|-----------------------|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|------|----------|-------------------|
| | # BDOCs demand projections | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops demand projections | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | 3,821 | - | - | 3,821 | \$ (7,036,325) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | - | - | - | 764 | - | - | 764 | \$ (930,844) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | 4,585 | - | - | 4,585 | \$ (7,967,169) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | 2,407 | 2,407 | - | - | - | - | 2,500 | - | 2,500 | 93 |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 634 | 634 | - | - | - | - | 500 | - | 500 | (134) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 3,041 | 3,041 | - | - | - | - | 3,000 | - | 3,000 | (41) |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 1,064 | 1,064 | - | - | - | - | 1,000 | - | 1,000 | (64) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 1,064 | 1,064 | - | - | - | - | 1,000 | - | 1,000 | (64) |

12. Facility Level Information – Huntsville Contract Hospital

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | |
|---|--|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|------|----------|-------------------|
| | # BDOCs demand projections) | | | | | | | | | | |
| | Variance from 2001 from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | 4,965 | - | - | 4,965 | - | - | - | \$ (88,411,312) |
| Surgery | - | - | - | 2,500 | - | - | 2,500 | - | - | - | \$ (87,669,266) |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | 7,465 | - | - | 7,465 | - | - | - | \$ (176,080,578) |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | |
| | Variance from 2001 from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | \$ - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | \$ - |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | \$ - |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

13. Facility Level Information – Opelika

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|-------------------------|--|---|--|--------------------|----------|----------------|--------------|---------------|------------|------|---------------|------------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| | | Clinic Stops (from demand projections) | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | | - | - | - | - | - | - | 9,275 | - | - | 9,275 | \$ (15,254,393) |
| Specialty Care | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | | - | - | - | - | - | - | 1,855 | - | - | 1,855 | \$ (2,414,433) |
| Ancillary & Diagnostics | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | 11,130 | - | - | 11,130 | \$ (17,668,826) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | 4,638 | 4,638 | - | - | - | - | 4,000 | - | 4,000 | (638) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 1,243 | 1,243 | - | - | - | - | 1,000 | - | 1,000 | (243) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 6,410 | 6,410 | - | - | - | - | 5,500 | - | 5,500 | (910) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | | | | | | | | | | |

14. Facility Level Information – Tuscaloosa

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|----------------|--------------------|---------------|----------------|--------------|-------------|------------|----------|----------------|-----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 1,908 | 397 (183) | 1,908 | 397 (182) | 1,908 | - | - | - | - | - | - | \$ (3,937,005) |
| Surgery | 95 | - | 96 | - | 96 | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | 117,750 | - | 117,750 | - | 48,278 | - | - | - | - | - | 69,472 | \$ - |
| Psychiatry | 41,960 | 4,060 | 41,960 | 4,060 | - | - | - | - | - | - | 41,960 | \$ (2,573,908) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | 161,713 | 4,274 | 161,714 | 4,275 | 50,282 | - | - | - | - | - | 111,432 | \$ (6,510,913) |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 55,744 | 13,406 | 55,744 | 13,406 | - | - | 5,324 | - | - | - | 50,420 | \$ 5,670,178 |
| Specialty Care | 49,431 | 20,942 (499) | 49,431 | 20,943 (499) | 22,962 | - | 3,507 | - | - | - | 22,962 | \$ 1,109,187 |
| Mental Health | 63,724 | - | 63,724 | 638 | 638 | - | - | - | - | - | 63,086 | \$ - |
| Ancillary & Diagnostics | 74,657 | 26,527 | 74,657 | 26,528 | 37,329 | - | - | - | - | - | 37,328 | \$ (11,073,887) |
| Total | 243,555 | 60,376 | 243,556 | 60,378 | 60,929 | - | 8,831 | - | - | - | 173,796 | \$ (4,294,522) |

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|----------------|----------------|------------------|---------------|--------------|--------------|----------------------|-------------------------------|
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | 1,191 | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | 109,878 | 109,877 | (1) | 109,878 | - | - | - | - | - | 109,878 | 1 |
| Psychiatry | 86,857 | 86,857 | 36,486 | 50,371 | 30,000 | - | - | - | - | 80,371 | (6,486) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | 197,926 | 196,734 | 36,485 | 160,249 | 30,000 | - | - | - | - | 190,249 | (6,485) |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | 26,980 | 27,731 | 5,742 | 21,989 | - | - | - | - | - | 21,989 | (5,742) |
| Specialty Care | 47,305 | 25,258 | 10,859 | 14,399 | 8,200 | - | - | - | - | 22,599 | (2,659) |
| Mental Health | 37,852 | 37,852 | (7,872) | 45,724 | - | - | - | - | - | 45,724 | 7,872 |
| Ancillary and Diagnostics | 66,654 | 34,715 | (3,431) | 38,146 | - | - | - | - | - | 38,146 | 3,431 |
| Total | 178,791 | 125,556 | 5,298 | 120,258 | 8,200 | - | - | - | - | 128,458 | 2,902 |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | 2,968 | 2,968 | - | - | - | - | - | - | 3,000 | 32 |
| Administrative | 241,099 | 208,165 | 27,663 | 180,502 | - | - | 3,000 | - | - | 180,502 | (27,663) |
| Other | 75,742 | 75,742 | - | 75,742 | - | - | - | - | - | 75,742 | - |
| Total | 316,841 | 286,875 | 30,631 | 256,244 | - | - | 3,000 | - | - | 259,244 | (27,631) |

B. Georgia Market

1. Description of Market

a. Market Definition

| Market | Includes | Rationale | Shared Counties |
|--|--|--|---|
| <p>Georgia Code: 7B</p> | <p>115 counties in north and central Georgia and 5 counties in west-central South Carolina 120 Total Counties</p> | <p>This market area consists of the majority of the state of Georgia and counties in west central South Carolina. 76% of the counties in this service market are considered rural with only 24% considered urban. 96% of the VISN is designated as MUA/MUP (Medical Underserved areas/ medical underserved populations). This market currently serves 122,498 enrollees. The market rationale was based on analysis of veteran population, enrollee & market penetration data provided by the CARES office. We also looked at current use patterns by primary care users (veteran preference) as well as travel routes and geographic barriers to re-align border market counties. This market serves 10 counties with a general population over 100,000. Much of the rest of the market area is designated rural. Atlanta VAMC and Augusta VAMC serve as the tertiary sites for this market, with secondary hospital care provided at the Dublin campus. All three sites provide long-term care services. Primary care services are provided at all of the above mentioned facilities plus 6 CBOC's that provides access to 74% of the enrollee population within a 20 mile radius. This market is served by Interstates 85, 75, 16, 20, 985, 575, and 185 which provides tertiary care access within the 3 to 4 hour access standard to a significant portion of the market. The sparsely populated southern counties of the Georgia market have limited access to primary care. Areas of this market continue to have an expanding population, including veterans as retirees and businesses move into the area</p> | <p>After discussions with VISN 8, there is the potential for joint planning efforts for the counties along the VISN shared borders, most of which appear to have limited access to care. There is some limited sharing of these patients but the major issue is limited services for the hold area.</p> |

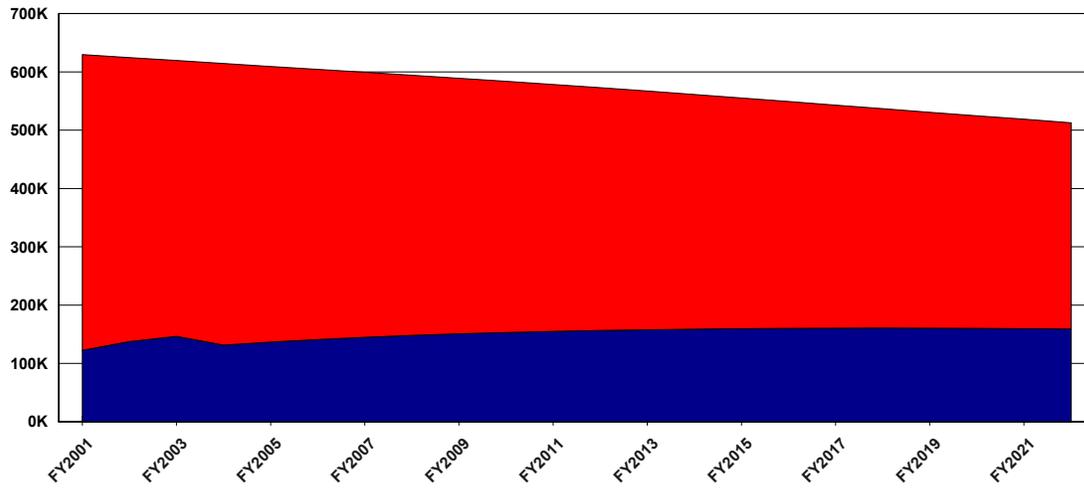
b. Facility List

| VISN : 7 | | | | |
|---------------------------------------|----------------|-----------------|-----------------|--------------|
| Facility | Primary | Hospital | Tertiary | Other |
| Atlanta | | | | |
| 508 Decatur | ✓ | ✓ | ✓ | - |
| 508GA Atlanta (Midtown) | ✓ | - | - | - |
| 508GE NE Georgia/Oakwood | ✓ | - | - | - |
| 508GF Cobb County/Marietta | ✓ | - | - | - |
| 508GH Lawrenceville (Gwinnett County) | ✓ | - | - | - |
| New South Fulton | ✓ | - | - | - |
| New Stockbridge | ✓ | - | - | - |
| New Cobb County Smyrna | ✓ | - | - | - |
| New Newnan | ✓ | - | - | - |
| | | | | |
| Augusta | | | | |
| 509 Augusta | ✓ | ✓ | ✓ | - |
| 509A0 Augusta Uptown Campus | ✓ | - | - | ✓ |
| New Athens | ✓ | - | - | - |
| New Aiken SC | ✓ | - | - | - |
| | | | | |
| Dublin | | | | |
| 557 Dublin | ✓ | ✓ | - | - |
| 557GA Macon GA | ✓ | - | - | - |
| 557GB Albany GA | ✓ | - | - | - |
| New Brunswick | ✓ | - | - | - |
| New Milledgeville | ✓ | - | - | - |
| New Perry | ✓ | - | - | - |
| | | | | |

c. Veteran Population and Enrollment Trends

--- Projected Veteran Population

--- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives | | | | | | |
|---------------------------------------|-------------------------|-------------------------|---------------------|-------------|------------|-------------|
| Georgia Market | | | February 2003 (New) | | | |
| Market PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| Y | Access to Primary Care | 56% with access | | | | |
| N | Access to Hospital Care | 79% with access | | | | |
| N | Access to Tertiary Care | 100% with access | | | | |
| Y | Outpt. Specialty Care | Population Based | 259053 | 97% | 276397 | 104% |
| | | Treating Facility Based | 247,761 | 86% | 258,792 | 90% |
| Y | Outpt. Primary Care | Population Based | 176,327 | 65% | 155,384 | 57% |
| | | Treating Facility Based | 178,096 | 62% | 150,213 | 52% |
| N | Inpt. Medicine | Population Based | 26 | 16% | 16 | 10% |
| | | Treating Facility Based | 32 | 19% | 18 | 11% |
| N | Inpt. Psychiatry | Population Based | -6 | -8% | -10 | -4% |
| | | Treating Facility Based | -5 | -6% | -5 | 0% |
| N | Outpt. Mental Health | Population Based | 45,852 | 23% | 12,062 | 6% |
| | | Treating Facility Based | 56,803 | 26% | 20,272 | 9% |
| N | Inpt. Surgery | Population Based | -6 | -8% | -10 | -13% |
| | | Treating Facility Based | -5 | -6% | -10 | -12% |

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Stakeholders have been involved in the entire process of CARES and were briefed in the last week of March 2003 about the proposed market plans. The Dublin VAMC designation of Small Facility is the only sensitive issue with stakeholders as there is a high degree of satisfaction with the acute services offered by Dublin. Their alternative analysis supports the continued operation of the acute care based on cost and quality.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Georgia Market is characterized by tremendous volume of workload increases predominately in the metro Atlanta area but also in the more rural areas. There are a large number of military installations that offer potential for collaboration and the overall plan is to decentralize the outpatient care away from the facilities to allow for room for growth for inpatient and subspecialty care at the medical centers. The three Georgia facilities work well together in the coordination of patient care and have a good mix of services for the entire market. Potential obstacles will be resources for leases, contracts and staff for the anticipated growth in workload in the market. Construction will be kept at a minimum in order to maximize funds for direct care.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Enrollment projections and driving times were analyzed to assess the current primary care access against the guidelines for access to primary care according to CARES. After the models were run, it was determined that a number of new access points were needed to meet the standard. The following eight locations should be added to meet the 30-minute access standard for the Georgia market: Midtown (relocation), Athens, Perry, Aiken, Stockbridge, Newnan, Brunswick, and Milledgeville.

Alternative #1 – Open 8 new CBOCs:

1. Midtown relocation in 2003 (VA Staffed)
2. Athens in 2004 (Contract)
3. Perry in 2005 (Contract)
4. Aiken in 2006 (Contract)
5. Stockbridge in 2007 (VA Staffed)
6. Newnan in 2008 (VA Staffed)
7. Brunswick in 2008 (Contract)
8. Milledgeville in 2009 (Contract)

With the large increase projected in primary care, the opening of several clinics in the Georgia market has been evaluated as an alternative to meeting Primary Care access guidelines. This alternative is preferred because of its (1) ability to decompress congestion at the VAMCs in the Georgia market, (2) the availability of lease space and/or contract providers in the areas identified for CBOCs, and because (3) management experience exists at the parent facilities to effectively operate the CBOCs.

| Service Type | Baseline FY 2001 | Proposed FY 2012 | Proposed FY 2022 |
|--------------|------------------|------------------|------------------|
|--------------|------------------|------------------|------------------|

| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
|----------------------|----------------------------------|--|----------------------------------|--|----------------------------------|--|
| Primary Care | 55% | 60,759 | 70% | 46,936 | 71% | 46,143 |
| Hospital Care | 80% | 27,274 | 79% | 32,230 | 81% | 30,868 |
| Tertiary Care | 100% | - | 100% | - | 100% | - |

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Aiken SC

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The VISN 7 Primary Care Service Line is responding to the Access Planning Initiative for Primary Care by establishing a Community Based Outpatient Clinic (CBOC) in Aiken County, South Carolina for which the Augusta VA Medical Center would be the parent facility. In responding to this initiative, the Augusta VA Medical Center has indicated on the CARES planning template that certain workload from the Augusta VA Medical Center would be reassigned to Aiken County, SC CBOC. The impact of this initiative on the Augusta VA Medical Center is that it makes for more efficient use of the Primary Care space located at the Downtown Division and will provide easier access to more than the 4,982 projected enrolled veterans in the Aiken County market in the upcoming years. The workload in Augusta for outpatient primary care began with a FY01 baseline of 86,672 clinic stops. If workload increases, as projected in the CARES data, Augusta's workload for FY 2012 will be at 104,722 stops or a gap of 20.8 percent. The gap decreases somewhat by FY 2022 to 87,667 stops or a gap of 1.1 percent. This continues too exceed the baseline total. Primary Care outpatient workload is divided between Augusta's two geographically separated divisions (3 miles). According to the CARES database, this workload indicates that in baseline year FY 2001, there were 80,239 stops at the Downtown Division (Acute Care Facility for Inpatient Medicine, Surgery, and Spinal Cord Injury), and 6,433 stops at the Uptown Division (NHCU Unit, Medical Rehabilitation, and Inpatient Psychiatry). A review of the workload utilizing the VISN 7 Space/Cost Calculator reveals that Downtown Division Primary Care space would be at 75 percent of capacity in 2012 and at 89 percent of capacity in 2022. The workload at the Uptown Division would be at 83 percent of capacity in 2012 and at 98 percent of capacity in 2012. Compressing the Primary Care workload into a CBOC may allow Specialty Care to use space that would become available in Primary Care, should the workload be reduced significantly. To assist in Access Planning Initiatives, the proposal of establishing a Community Based Outpatient Clinics in Aiken County, SC will improve access to approximately 4,982 veterans projected in 2010 in Aiken County, and to approximately 5223 veterans in FY 2022. Therefore, satisfying the objective of that initiative, which is to improve access to care for enrolled veterans so that 70 percent of veteran enrollees are within the Primary Care driving time

guideline of 30 minutes or less. Currently, there are approximately 11,000 enrollees outside of the Primary Care guidelines. Analysis: Primary Care – The potential location of CBOC's in Aiken County will improve the degree in which the VISN provides access to approximately 4,982 combined veteran enrollees in 2010. In 2010, the expected market penetration is at 35% in Aiken County. Alternative Options: Community Contracts (option 1) or Lease a New Site that is VA Staffed or has Contract Staff (option 3). A contract would be our preferred alternative. Estimated Costs: Estimated costs would be approximately \$534,060 with gradual increases as the number of enrollees expands. In FY 2022, the cost would increase to \$559,894. CARES Criteria: 1. Healthcare Quality and Need: Will provide quality healthcare and promote access initiatives to the veterans of Aiken County, SC and its surrounding counties. 2. Safety and Environment: The site and environment of care will be thoroughly examined to ensure it conducive to providing quality health care to our veteran population in a safe environment. 3. Research and Affiliations: N/A. 4. Staffing and Community: Staffing will be utilized and managed by contract. 5. Optimizing Use of Resources: Improve access to care for enrolled veterans so that 70 percent of veteran enrollees are within the Primary Care driving time guideline of 30 minutes or less. 6. Support of all other VA Missions: N/A

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|---|--------------------|-------------|--------------------|---------------|----------------|--------------|---------------|------------|------|----------|-------------------|
| | # BDOCs (from demand projections) | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | FY 2012 | from 2001 | | from 2001 | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | | | | | | | | | | | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | FY 2012 | from 2001 | | from 2001 | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 9,893 | - | - | 9,893 | - | - | - | \$ (12,342,497) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | 1,979 | - | - | 1,979 | - | - | - | \$ (2,526,242) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | | | | 11,872 | | | 11,872 | | | | \$ (14,868,739) |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | |
|--|---------|-------------------------|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

4. Facility Level Information – Athens

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The VISN 7 Primary Care Service Line is responding to the Access Planning Initiative for Primary Care by establishing a Community Based Outpatient Clinic (CBOC) in Athens, Georgia for which the Augusta VA Medical Center would be the parent facility. In responding to this initiative, the Augusta VA Medical Center has indicated on the CARES planning template that certain workload from the Augusta VA Medical Center would be reassigned to Athens CBOC. The impact of this initiative on the Augusta VA Medical Center is that it makes for more efficient use of the Primary Care space located at the Downtown Division and will provide easier access to more than the 4,982 projected enrolled veterans in the Athens market in the upcoming years. The workload in Augusta for outpatient primary care began with a FY01 baseline of 86,672 clinic stops. If workload increases, as projected in the CARES data, Augusta's workload for FY 2012 will be at 104,722 stops or a gap of 20.8 percent. The gap decreases somewhat by FY 2022 to 87,667 stops or a gap of 1.1 percent. This continues to exceed the baseline total. Primary Care outpatient workload is divided between Augusta's two geographically separated divisions (3 miles). According to the CARES database, this workload indicates that in baseline year FY 2001, there were 80,239 stops at the Downtown Division (Acute Care Facility for Inpatient Medicine, Surgery, and Spinal Cord Injury), and 6,433 stops at the Uptown Division (NHC Unit, Medical Rehabilitation, and Inpatient Psychiatry). A review of the workload utilizing the VISN 7 Space/Cost Calculator reveals that Downtown Division Primary Care space would be at 75 percent of capacity in 2012 and at 89 percent of capacity in 2022. The workload at the Uptown Division would be at 83 percent of capacity in 2012 and at 98 percent of capacity in 2012. Compressing the Primary Care workload into a CBOC may allow Specialty Care to use space that would become available in Primary Care, should the workload be reduced significantly. To assist in Access Planning Initiatives, the proposal of establishing a Community Based Outpatient Clinics in Athens will improve access to approximately 4,982 veterans projected in 2010 in Athens and to approximately 5223 veterans in FY 2022. Therefore, satisfying the objective of that initiative, which is to improve access to care for enrolled veterans so that 70 percent of veteran enrollees are within the Primary Care driving time guideline of 30 minutes or less. Currently, there are approximately 11,000 enrollees outside of the Primary

Care guidelines. Analysis: Primary Care – The potential location of CBOC’s in Athens will improve the degree in which the VISN provides access to approximately 4,982 combined veteran enrollees in 2010. In 2010, the expected market penetration is at 35% in Athens. Alternative Options: Community Contracts (option 1) or Lease a New Site that is VA Staffed or has Contract Staff (option 3). A contract would be our preferred alternative. Estimated Costs: Estimated costs would be approximately \$534,060 with gradual increases as the number of enrollees expands. In FY 2022, the cost would increase to \$559,894. CARES Criteria:

1. Healthcare Quality and Need: Will provide quality healthcare and promote access initiatives to the veterans of Athens and its surrounding counties.
2. Safety and Environment: The site and environment of care will be thoroughly examined to ensure it conducive to providing quality health care to our veteran population in a safe environment.
3. Research and Affiliations: N/A
4. Staffing and Community: Staffing will be utilized and managed by contract.
5. Optimizing Use of Resources: Improve access to care for enrolled veterans so that 70 percent of veteran enrollees are within the Primary Care driving time guideline of 30 minutes or less.
6. Support of all other VA Missions: N/A

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | | | | | | | | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--------------------|--|--------------------|--------------------|--|-------------|--------------------|--|---|--------------------|--|----------|--------------------|--|----------------|--------------------|--|--------------|--------------------|--|-------------|--------------------|--|------------|--------------------|--|---------|--------------------|--|----------|--------------------|--|-------------------|--------------------|--|--|
| | # BDOCs (from demand projections) | | | Variance from 2001 | | | Total BDOCs | | | Variance from 2001 | | | Contract | | | Joint Ventures | | | Transfer Out | | | Transfer In | | | In Sharing | | | Sell | | | In House | | | Net Present Value | | | |
| | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | FY 2012 | Variance from 2001 | | |
| INPATIENT CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Surgery | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Intermediate/NHCU | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Psychiatry | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| PRRTP | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Domiciliary | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Spinal Cord Injury | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Blind Rehab | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | Variance from 2001 | | | Total Stops | | | Variance from 2001 | | | Contract | | | Joint Ventures | | | Transfer Out | | | Transfer In | | | In Sharing | | | Sell | | | In House | | | Net Present Value | | | |
| OUTPATIENT CARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Care | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Specialty Care | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Mental Health | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Ancillary & Diagnostics | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | - | - | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

5. Facility Level Information – Atlanta

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Atlanta VAMC and Joel Army Medical Clinic established a Memorandum of Understanding on Military Separation and Retirement Physical Examinations. One Military Separation and Retirement Physical Examination is sufficient for use by both the U.S. Army and the VA as the basis for rating disability compensation. Atlanta VAMC and Joel Army Medical Clinic are discussing potential sites for a collaborative Primary Care Clinic located on post property.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VA Regional Office is collocated on the Atlanta VAMC grounds through an enhanced use sharing agreement. VBA employees utilize some VAMC services such as canteen, credit union, employee health and, administrative support for logistics and computers.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

FACILITY CONDITION: VISN 7 specifically identified Atlanta, Columbia and Charleston medical centers where the conditions of the inpatient wards were significantly below the community standard. The Atlanta medical center currently has 3 floors that require renovation. One floor is being address via the current VISN minor construction program with design in FY03, construct in FY04. The remaining floors require renovations. One floor is scheduled for renovation in 2005 while the second is listed for FY07.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|------------------|--------------------|----------------|----------------|----------------|-------------|------------|------|----------------|-----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 36,516 | 10,806 | 36,516 | 10,806 | 3,652 | - | - | - | - | - | 32,864 | \$ (6,035,398) |
| Surgery | 14,160 | 1,048 | 14,160 | 1,048 | 425 | - | - | - | - | - | 13,735 | \$ (2,166,430) |
| Intermediate/NHCU | 102,868 | - | 102,868 | - | 76,123 | - | - | - | - | - | 26,745 | \$ - |
| Psychiatry | 17,219 | 3,153 | 17,220 | 3,154 | 861 | - | - | - | - | - | 16,359 | \$ (168,350) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | 170,763 | 15,007 | 170,764 | 15,008 | 81,061 | - | - | - | - | - | 89,703 | \$ (8,370,178) |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 277,702 | 145,482 | 277,702 | 145,483 | 24,993 | - | 117,512 | - | - | - | 135,197 | \$ 300,459,851 |
| Specialty Care | 322,278 | 169,258 | 322,279 | 169,258 | 64,619 | - | 5,368 | 815 | - | - | 253,107 | \$ 59,115,223 |
| Mental Health | 154,253 | 42,969 | 154,254 | 42,970 | 30,851 | - | 25,853 | - | - | - | 97,550 | \$ 13,122,817 |
| Ancillary & Diagnostics | 374,779 | 192,949 | 374,780 | 192,950 | 138,669 | - | 18,922 | - | - | - | 217,189 | \$ 52,351,471 |
| Total | 1,129,012 | 550,658 | 1,129,015 | 550,661 | 259,132 | - | 167,655 | 815 | - | - | 703,043 | \$ 425,049,362 |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | | |
|--|---------------------------------------|--------------------|-------------------------|--------------------|----------------|----------------|------------------|---------------|----------------|--------------|----------------------|-----------------------------|
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 72,915 | 31,631 | 68,357 | 27,073 | 41,284 | 12,000 | - | - | - | - | 53,284 | (15,073) |
| Surgery | 24,174 | 3,205 | 24,174 | 3,205 | 20,969 | - | - | - | - | - | 20,969 | (3,205) |
| Intermediate Care/NHCU | 45,656 | - | 45,655 | (1) | 45,656 | - | - | - | - | - | 45,656 | 1 |
| Psychiatry | 33,243 | 14,276 | 31,900 | 12,933 | 18,967 | 5,673 | - | - | - | - | 24,640 | (7,260) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 175,988 | 49,112 | 170,086 | 43,210 | 126,876 | 17,673 | - | - | - | - | 144,549 | (25,537) |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | | |
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 170,537 | 112,952 | 93,286 | 35,701 | 57,585 | - | - | - | 75,000 | - | 132,585 | 39,299 |
| Specialty Care | 329,691 | 198,437 | 278,418 | 147,164 | 131,294 | 2,559 | 52,220 | - | 26,857 | - | 212,890 | (65,528) |
| Mental Health | 79,749 | 48,368 | 53,653 | 22,272 | 31,381 | - | - | - | 11,459 | - | 42,840 | (10,813) |
| Ancillary and Diagnostics | 230,265 | 143,156 | 139,001 | 51,892 | 87,109 | - | - | - | 23,000 | - | 110,109 | (28,892) |
| Total | 810,242 | 502,913 | 564,358 | 257,029 | 307,329 | 2,559 | 52,220 | - | 136,316 | - | 498,424 | (65,934) |
| NON-CLINICAL | | | | | | | | | | | | |
| Research | 83,500 | - | 122,599 | 39,099 | 83,500 | - | 30,000 | 10,000 | - | - | 123,500 | 901 |
| Administrative | 385,103 | 198,862 | 308,535 | 122,294 | 186,241 | - | - | - | 70,000 | - | 256,241 | (52,294) |
| Other | 34,247 | - | 34,247 | - | 34,247 | - | - | - | - | - | 34,247 | - |
| Total | 502,850 | 198,862 | 465,381 | 161,393 | 303,988 | - | 30,000 | 10,000 | 70,000 | - | 413,988 | (51,393) |

6. Facility Level Information – Augusta

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Columbia is geographically located between the other two facilities, with Augusta 82 miles to the west and Charleston 116 miles east. Consideration for this PI is the proximity of Columbia to Charleston and Columbia to Augusta

Environmental Assessment - All three facilities have affiliations in medicine and surgery, have affiliations in the allied health disciplines, and have established sharing agreements and/or joint ventures with DoD. In FY 2002, there were a total of 77,115 Users of VA Services between the three facilities. An analysis by facility shows that of the 18,765 patients receiving inpatient care (Preferred and Other Users) in FY 2002, 37% received care at the Preferred Facility and 63% received care at another VA facility. In Charleston, 10,127 patients utilized inpatient services in FY 2002. Of this total, 51% utilized the Preferred Facility and the remaining 49% received care at another VA. In Columbia, 19,943 patients received inpatient care and 42% receive their care at the Preferred Facility and almost 58% were treated at another VA facility. A comparison of Total Outpatient Visits by Facility to the number of patients receiving care at the Preferred Facility vs. Other Facility indicates that approximately 65% of the patients receive their outpatient care at the Preferred Facility and 35% receive their care at another facility for each of the three Proximity PI facilities. The VISN 7 Clinical Inventories were reviewed and Tertiary Oncology and Plastic were the only services that seem to have the potential for further integration of services. The three facilities have already consolidated specialty clinical services and Atlanta Network has been a leader in consolidating administrative services.

Alternative Options B: Maintain only one of the two facilities (Eliminate one facility) This options considered the impact of the following scenarios: 1) Impact on Augusta if Columbia Closed Acute Inpatient Services; 2) Impact on Charleston if Columbia Closed Acute Inpatient Services; 3) Impact on Columbia if Acute

Inpatient Services are Closed, and 4) Impact on Augusta if Acute Inpatient Services are Closed. A review of the above three scenarios indicate that eliminating inpatient care at Columbia VAMC would create an acute care PI and require costly contract acute hospital care in the Metropolitan Augusta.

C: Maintain all facilities (Columbia, Augusta and Charleston), but consolidate services/integrate facilities. (RECOMMENDED) Many of the acute workload services have been integrated and most of the administrative services have already been consolidated. A review of outpatient demand shows a steady increase in specialty workload for each of these facilities. Therefore, the likelihood that the tertiary component of one of these facilities could be closed is not feasible if the VA plans to address demand for care, meet access standards and maintain quality of care. The evaluation of growth in inpatient and outpatient demand between FY 2012 and FY 2022 supports this decision. These facilities can manage inpatient workload by “right sizing” inpatient unit beds. This right sizing includes flexibility in designating beds as medicine or surgery (as needed), and the cross training of nursing staff in medicine and surgery. Many of the high cost services are already being transferred to another VA facility, thereby, avoiding duplication of these services and improving efficiency.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Augusta VAMC and Dwight David Eisenhower Army Medical Center (EAMC) entered into a unique Joint Venture for Shared Services (JVSS) in 1992. The JVSS agreement received approval at the highest levels of the Department of Veterans Affairs and the Department of the Army and the following services are offered: Neurosurgery – All VA/DoD Neurosurgery at Augusta VAMC Cardio-thoracic Surgery – Department of the Army Cardio-thoracic surgeons perform all VA/DoD Cardio-thoracic surgery cases at EAMC. Imaging Services – Augusta VAMC and EAMC have provided back-up support to each other Gynecology/Obstetrical Services – Department of the Army gynecologists staff a clinic at the VAMC to provide these services to women veterans. Obstetrical services, per VA eligibility law, are provided through EAMC's contract with the Medical College of Georgia. VAMC reimburses EAMC for the costs incurred through the contract at MCG. Separation Physical Examinations –VA compensation/DoD separation examinations to separating Ft. Gordon personnel utilizing both VAMC and Department of the Army resources. Speech Pathology Support – VAMC Speech Pathologist has a clinic (as needed) for such services at EAMC for DoD beneficiaries. Laboratory Services – Both facilities share resources as necessary. Physical and Occupational Therapy – VAMC provides such services as necessary to DoD beneficiaries. Hyperbaric Oxygen Therapy – EAMC provides these services to VA beneficiaries at EAMC. ICU Beds – Reciprocal agreement for beds at either facility dependent upon bed availability. Mammography – EAMC provides equipment for mammography services at EAMC. VAMC radiologist reads the VA films and provides second readings on films for EAMC beneficiaries. Lab Space for Animals – VAMC provides lab space (as needed) for animals used for EAMC research activities. Echocardiogram Readings – EAMC cardiologists read up to 20 Echos per week during period of cardiology staffing shortage at VAMC. Plans for a joint sleep lab studies for both VA and DoD beneficiaries at the VA Medical Center; 2) have VAMC Imaging Department Magnetic Resonance Angiogram (MRA) support to EAMC for DoD beneficiaries requiring an MRA below the neck; 3) have EAMC gastroenterologists provide endoscopy support to VAMC to eliminate back log in needed diagnostic colonoscopies; 4) have VAMC provide temporary housing for EAMC Substance Abuse Program participants while EAMC program space is undergoing renovation; and 5) share use of PET Scanner which may be located at EAMC. The cost avoidance of key shared services is estimated at \$1,010,732 annually.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|----------------|-----------------|------------------|---------------|---------------|--------------|----------------------|-------------------------------|
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| INPATIENT CARE | FY 2012 | 34,502 | (162) | 34,501 | (163) | 34,664 | - | - | - | 34,664 | 163 |
| Medicine | | 15,460 | (2,593) | 16,542 | (1,511) | 18,053 | - | - | - | 18,053 | 1,511 |
| Surgery | | 82,117 | - | 82,117 | - | 82,117 | - | - | - | 82,117 | - |
| Intermediate Care/NHCU | | 53,107 | 20,754 | 54,302 | 21,949 | 32,353 | 15,000 | - | - | 47,353 | (6,949) |
| Psychiatry | | - | - | - | - | - | - | - | - | - | - |
| PRRTP | | - | - | - | - | - | - | - | - | - | - |
| Domiliary program | | 31,401 | - | 31,401 | - | 31,401 | - | - | - | 31,401 | - |
| Spinal Cord Injury | | 15,506 | (35,754) | 94,260 | 43,000 | 51,260 | 43,000 | - | - | 94,260 | - |
| Blind Rehab | | 51,260 | 35,754 | 15,506 | - | 15,506 | - | - | - | 15,506 | - |
| Total | | 283,352 | 17,998 | 328,629 | 63,275 | 265,354 | 15,000 | 43,000 | - | 323,354 | (5,275) |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved to Vacant |
| OUTPATIENT CARE | FY 2012 | 47,125 | 1,162 | 43,035 | (2,928) | 45,963 | - | - | - | 45,963 | 2,928 |
| Primary Care | | 130,490 | 17,047 | 152,627 | 39,184 | 113,443 | - | - | - | 124,413 | (28,214) |
| Specialty Care | | 38,371 | (38,357) | 36,395 | (40,333) | 76,728 | - | - | - | 76,728 | 40,333 |
| Mental Health | | 102,267 | 4,431 | 99,911 | 2,075 | 97,836 | - | - | - | 97,836 | (2,075) |
| Ancillary and Diagnostics | | 318,253 | (15,717) | 331,968 | (2,002) | 333,970 | - | - | - | 344,940 | 12,972 |
| Total | | 51,577 | - | 16,007 | (35,570) | 51,577 | - | - | - | 51,577 | 35,570 |
| Research | | 365,782 | 4,185 | 378,898 | 17,301 | 361,597 | - | - | - | 361,597 | (17,301) |
| Administrative | | 51,726 | - | 51,726 | - | 51,726 | - | - | - | 51,726 | - |
| Other | | 469,085 | 4,185 | 446,631 | (18,269) | 464,900 | - | - | - | 464,900 | 18,269 |
| Total | | 469,085 | 4,185 | 446,631 | (18,269) | 464,900 | - | - | - | 464,900 | 18,269 |

7. Facility Level Information – Brunswick

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|-------------|--------------------|----------|----------------|--------------|-------------|------------|------|----------|-------------------|
| | # BDOCs (from demand projections) | | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | Variance from 2001 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 3,880 | - | - | 3,880 | - | - | - | \$ (5,437,001) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | 281 | - | - | 281 | - | - | - | \$ (390,274) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | 4,161 | - | - | 4,161 | - | - | - | \$ (5,827,275) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

8. Facility Level Information – Cobb County Smyrna

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|-----------------------|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|------|----------|-------------------|
| | # BDOCs demand projections) | (from projections) | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | (from projections) | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 27,770 | - | - | 27,770 | - | - | - | \$ (45,554,878) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | - | - | - | 5,556 | - | - | 5,556 | \$ (8,240,824) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | 27,770 | - | - | 33,326 | - | - | 5,556 | \$ (53,795,702) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 3,056 | 3,056 | - | - | - | - | 3,100 | - | 3,100 | 44 |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 3,056 | 3,056 | - | - | - | - | 3,100 | - | 3,100 | 44 |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 1,100 | 1,100 | - | - | - | - | 1,000 | - | 1,000 | (100) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 1,100 | 1,100 | - | - | - | - | 1,000 | - | 1,000 | (100) |

9. Facility Level Information – Dublin

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

The mission of the Dublin VA Medical Center is to provide continuous quality geriatrics and extended care and primary health care to veterans. The facility has one inpatient unit and a small Intensive Care Unit that supports Primary Care, Specialty Care, Geriatrics Extended Care Services, and the Domiciliary and offers a full range of inpatient care services to veterans in Middle and South Georgia. In addition to these services, the medical center offers ambulatory care, women's health, and nursing home services, as well as subspecialty care. Mental Health services are also available, including treatment for substance abuse, post-traumatic stress disorder, and general psychiatric care. Primary Care services are provided at the medical center and Macon and Albany, GA community based

outpatient clinics (CBOC's) and an outreach clinic is available to veterans at the Georgia War Veterans Home in Milledgeville, GA.

The physical plant of the Dublin VAMC is in good condition and acute care services require a minimal capital investment to maintain current service levels.

The Dublin VA has nine active affiliations with medical schools and universities and two active affiliations with technical colleges. Approximately 45 residents, interns, and students are trained at the Dublin VA Medical Center each year. The medical center also boasts strong patient satisfaction scores where it consistently scores higher than the national average.

Inpatient Demand

Dublin VA Medical Center currently maintains a total of 339 beds. The medical center has 33 acute beds, of which 29 are medicine and 4 are designated as surgery beds. The facility maintains a 6-bed intensive care unit, which is included in the total number of acute medicine beds. The remaining 306 beds are nursing home care and domiciliary care, including a 35 bed Homeless Veterans Program. By FY 2012, the need for acute beds is projected to increase to 34 medical beds and 3 surgical beds and decline to 28 medical beds and 2 surgical beds by FY 2022. The demand for two inpatient psychiatric beds in FY 2012 and FY 2022 will be absorbed by the Augusta VA Medical Center. Using the cost calculator to obtain the Cost per BDOC for Dublin, we find the Cost per BDOC is \$1,113 for medicine and \$1,069 for surgery. Both figures are lower than the Cost per BDOC in the VISN. A review of the VERA Cost Measures shows Dublin at \$2,707, including outpatient, long-term care, and mental health. The next closest facility in VISN7 shows a VERA Cost of \$3,260 and the VISN Average is \$3,908.

Outpatient Demand

The outpatient specialty demand workload for the Dublin VA Medical Center is expected to increase through FY 2012, before declining annually as we approach FY 2022. The dialysis workload is an exception to this trend. Dialysis specialty workload will realize a more than 36% decrease in demand between FY 2012 to FY 2022, from 1,000 stops to 731 stops annually, and these services are already being contracted out, therefore, allowing maximum flexibility to adjust services to meet changes in demand.

Clinical Inventory

Dublin's VISTA Surgical Package indicates that approximately 20% of the surgical procedures are performed on an inpatient basis and 80% are performed as outpatient services. This breakdown is significant because many of the outpatient procedures that make up this high percentage can only be performed because of the availability of backup support from inpatient surgery in case of an emergency.

Alternative Options

The review of this Planning Initiative focused on those elements, which seem to indicate that services are provided with clinical proficiency and in the most co

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Dublin VAMC and Robins Air Force Base (RAFB) have a sharing agreement for Laboratory Consultant Services, in which Dublin VAMC Pathologist provides services at RAFB every month. RAFB is interested for Dublin VAMC to provide Mental Health, Substance Abuse Treatment Program and General Surgery Services to their active duty airmen. There is potential for the RAFB to provide Optometry services to our veteran patients. This will allow better resource utilization for specialized programs and reduce payments for services in the community. This would also open a new revenue stream for the Dublin VAMC.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|----------------|--------------------|----------------|----------------|---------------|-------------|------------|----------|----------------|-----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| INPATIENT CARE | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| Medicine | 9,515 | 1,220 | 9,516 | 1,221 | 191 | - | - | - | - | - | 9,325 | \$ (2,263,853) |
| Surgery | 867 | (323) | 867 | (323) | - | - | - | - | - | - | 867 | \$ 948,686 |
| Intermediate/NHCU | 87,452 | - | 87,452 | - | 38,479 | - | - | - | - | - | 48,973 | \$ - |
| Psychiatry | 737 | 107 | 737 | 107 | - | - | 737 | - | - | - | - | \$ 721,962 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | 38,973 | - | 38,973 | - | - | - | - | - | - | - | 38,973 | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | 137,543 | 1,003 | 137,545 | 1,005 | 38,670 | - | 737 | - | - | - | 98,138 | \$ (593,205) |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| OUTPATIENT CARE | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| Primary Care | 84,403 | 14,565 | 84,403 | 14,565 | 37,457 | - | 16,249 | - | - | - | 30,697 | \$ 53,756,959 |
| Specialty Care | 87,887 | 59,243 | 87,887 | 59,243 | 42,031 | - | 17,185 | - | - | - | 28,671 | \$ 90,520,594 |
| Mental Health | 51,270 | 22,090 | 51,270 | 22,090 | 7,520 | - | 1,328 | - | - | - | 42,422 | \$ 3,598,367 |
| Ancillary & Diagnostics | 81,871 | 18,804 | 81,872 | 18,805 | 23,442 | - | 3,659 | - | - | - | 54,771 | \$ (626,188) |
| Total | 305,431 | 114,701 | 305,432 | 114,703 | 110,450 | - | 38,421 | - | - | - | 156,561 | \$ 147,249,732 |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | | | |
|--|---------------------------------------|----------------|--------------------|-------------------------|--------------------|---------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| | Space (GSF) (from demand projections) | | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | | |
| Medicine | 19,397 | 8,866 | 19,396 | 8,865 | 10,531 | 8,026 | - | - | - | - | - | 18,557 | (839) |
| Surgery | 1,367 | 994 | 1,439 | 1,066 | 373 | 1,000 | - | - | - | - | - | 1,373 | (66) |
| Intermediate Care/NHCU | 56,471 | - | 56,471 | - | 56,471 | - | - | - | - | - | - | 56,471 | - |
| Psychiatry | 1,194 | 1,194 | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | 41,118 | - | 41,118 | - | 41,118 | - | - | - | - | - | - | 41,118 | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 119,548 | 11,055 | 118,424 | 9,931 | 108,493 | 9,026 | - | - | - | - | - | 117,519 | (905) |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | | | |
| | Space (GSF) (from demand projections) | | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | | |
| Primary Care | 37,981 | 20,653 | 15,348 | (1,980) | 17,328 | 6,543 | - | - | - | - | - | 23,871 | 8,523 |
| Specialty Care | 79,274 | 63,445 | 31,538 | 15,709 | 15,829 | 8,090 | - | - | - | - | - | 23,919 | (7,619) |
| Mental Health | 27,952 | 6,498 | 24,605 | 3,151 | 21,454 | - | - | - | - | - | - | 21,454 | (3,151) |
| Ancillary and Diagnostics | 59,390 | 29,679 | 42,721 | 13,010 | 29,711 | 9,400 | - | - | - | - | - | 39,111 | (3,610) |
| Total | 204,598 | 120,276 | 114,212 | 29,890 | 84,322 | 24,033 | - | - | - | - | - | 108,355 | (5,857) |
| NON-CLINICAL | | | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 314,421 | 128,001 | 225,657 | 39,237 | 186,420 | 11,795 | - | - | - | - | - | 198,215 | (27,442) |
| Other | 46,053 | - | 46,053 | - | 46,053 | - | - | - | - | - | - | 46,053 | - |
| Total | 360,474 | 128,001 | 271,710 | 39,237 | 232,473 | 11,795 | - | - | - | - | - | 244,268 | (27,442) |

10. Facility Level Information – Milledgeville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | |
|---|--|------------------------------|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|----------|-------------------|
| | # BDOCs demand projections) | (from projections) | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | |
| | | | | | | | | | | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | (from demand projections) | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | |
| | | | | | | | | | | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | 5,146 | - | - | 5,146 | - | - | \$ (6,641,488) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | 309 | - | - | 309 | - | - | \$ (395,034) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | 5,455 | - | - | 5,455 | - | - | \$ (7,036,522) |

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

11. Facility Level Information – Newnan

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|-----------------------|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|------|----------|-------------------|
| | # BDOCs demand projections) | (from projections) | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | (from projections) | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 27,770 | - | - | 27,770 | - | - | - | \$ (42,991,108) |
| Specialty Care | - | - | - | - | - | - | - | 4,026 | - | - | 4,026 | \$ (13,336,254) |
| Mental Health | - | - | - | - | 5,554 | - | - | 5,554 | - | - | - | \$ (8,800,104) |
| Ancillary & Diagnostics | - | - | - | - | 11,243 | - | - | 11,243 | - | - | - | \$ (16,168,199) |
| Total | - | - | - | - | 44,567 | - | - | 48,593 | - | - | 4,026 | \$ (81,295,665) |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | | |
|--|---------|-------------------------|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|--|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant | |
| | FY 2012 | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | |
| Total | | | | | | | | | | | | |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant | |
| | FY 2012 | | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | |
| Specialty Care | - | 4,429 | 4,429 | - | - | - | - | 4,429 | - | 4,429 | - | |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | |
| Total | | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - | |
| Administrative | - | 1,594 | 1,594 | - | - | - | - | 1,400 | - | 1,400 | (194) | |
| Other | - | - | - | - | - | - | - | - | - | - | - | |
| Total | | | | | | | | | | | | |

12. Facility Level Information – Perry

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|-------------------------|---|---|--|--------------------|--------------|----------------|--------------|--------------|------------|------|----------|------------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| | | Clinic Stops (from demand projections) | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 7,223 | - | - | 7,223 | - | - | - | \$ (12,278,381) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | 738 | - | - | 738 | - | - | - | \$ (1,265,049) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | 7,961 | - | - | 7,961 | - | - | - | \$ (13,543,430) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

13. Facility Level Information – South Fulton

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|-------------------------|--|---|--|--------------------|----------|----------------|--------------|-------------|------------|------|----------|-------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| | | Clinic Stops (from demand projections) | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | | - | - | - | 27,770 | - | - | 27,770 | - | - | - | \$ (50,419,365) |
| Specialty Care | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | | - | - | - | 5,554 | - | - | 5,554 | - | - | - | \$ (10,425,224) |
| Ancillary & Diagnostics | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | 33,324 | - | - | 33,324 | - | - | - | \$ (60,844,589) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

14. Facility Level Information – Stockbridge

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|-----------------------|-------------|-----------------------|----------|-------------------|-----------------|-------------|------------|------|----------|-------------------|
| | # BDOCs (from demand projections) | | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | Variance from 2001 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | 27,770 | - | - | 27,778 | - | - | 8 | \$ (42,992,448) |
| Specialty Care | - | - | - | - | - | - | - | 1,342 | - | - | 1,342 | \$ (4,445,328) |
| Mental Health | - | - | - | - | 5,554 | - | - | 5,554 | - | - | - | \$ (8,799,682) |
| Ancillary & Diagnostics | - | - | - | - | 7,496 | - | - | 7,496 | - | - | - | \$ (18,748,378) |
| Total | - | - | - | - | 40,820 | - | - | 42,170 | - | - | 1,350 | \$ (74,985,836) |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | |
|--|---------|-------------------------|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| INPATIENT CARE | FY 2012 | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| OUTPATIENT CARE | FY 2012 | | | | | | | | | | |
| Primary Care | - | 6 | 6 | - | - | - | - | - | - | - | (6) |
| Specialty Care | - | 1,476 | 1,476 | - | - | - | - | 1,476 | - | 1,476 | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | 1,482 | 1,482 | | | | | 1,476 | | 1,476 | (6) |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| NON-CLINICAL | FY 2012 | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 534 | 534 | - | - | - | - | 500 | - | 500 | (34) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | 534 | 534 | | | | | 500 | | 500 | (34) |

C. South Carolina Market

1. Description of Market

a. Market Definition

| Market | Includes | Rationale | Shared Counties |
|---|---|---|---|
| <p>South Carolina Code: 7C</p> | <p>40 counties in South Carolina and 6 counties in east-central Georgia</p> <p>46 Total Counties</p> | <p>This market area consists of the majority of the state of South Carolina and counties in east central Georgia. 77% of the counties in this service market are considered rural with only 33% considered urban. 96% of the VISN is designated as MUA/MUP (Medical Underserved areas/ medical underserved populations). This market currently serves 105,904 enrollees. The market rationale was based on analysis of veteran population, enrollee & market penetration data provided by the CARES office. We also looked at current use patterns by primary care users (veteran preference) as well as travel routes and geographic barriers to re-align border market counties. This market serves 13 counties with a general population over 100,000. Much of the rest of the market area is designated rural. Augusta, Ga. VAMC, Columbia, SC, VAMC and Charlestown, SC VAMC provide tertiary and secondary care for this market. All three sites provide long-term care services. Primary care services are provided at all of the above mentioned facilities plus 9 CBOC's that provides access to 92% of the enrollee population within a 20 mile radius. This market is served by Interstates 95, 26, 20, and 77 which provides tertiary care access within the 3 to 4 hour access standard to a significant portion of the market. This market continues to have an expanding population, including veterans as retirees and businesses move into the area.</p> | <p>After discussions with VISN 6, there is a shared market area issue with this neighboring network to the north. The northern SC counties of VISN 7 receive PC from VISN 7, but receive secondary hospital care from both VISN 7 (Columbia & Atlanta) & VISN 6 (Ashville).</p> |

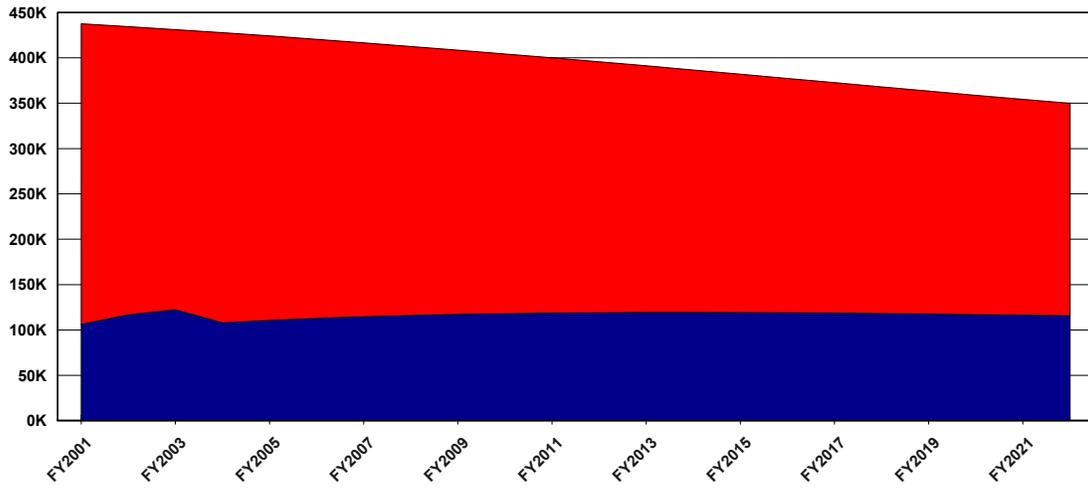
b. Facility List

| VISN : 7 | | | | |
|------------------------------|----------------|-----------------|-----------------|--------------|
| Facility | Primary | Hospital | Tertiary | Other |
| Charleston | | | | |
| 534 Charleston | ✓ | ✓ | ✓ | - |
| 534BY Savannah | ✓ | - | - | - |
| 534GB Myrtle Beach | ✓ | - | - | - |
| New Summerville | ✓ | - | - | - |
| New Hinesville | ✓ | - | - | - |
| New Savannah Contract hosp | - | ✓ | - | - |
| New 534GC Beaufort | ✓ | - | - | - |
| | | | | |
| Columbia (SC) | | | | |
| 544 Columbia SC | ✓ | ✓ | ✓ | - |
| 544BZ Greenville SC | ✓ | - | - | - |
| 544GB Florence SC | ✓ | - | - | - |
| 544GC Rock Hill | ✓ | - | - | - |
| 544GE Orangeburg County | ✓ | - | - | - |
| 544GF Sumter County | ✓ | - | - | - |
| New Spartanburg | ✓ | - | - | - |
| New Greenville Contract hosp | - | ✓ | - | - |
| New 544GD Anderson County | ✓ | - | - | - |
| | | | | |

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives | | | | | | |
|---------------------------------------|-------------------------|-------------------------|---------------------|-------------|------------|-------------|
| South Carolina Market | | | February 2003 (New) | | | |
| Market PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| Y | Access to Primary Care | 62.5% with access | | | | |
| Y | Access to Hospital Care | 53% with access | | | | |
| N | Access to Tertiary Care | 100% with access | | | | |
| Y | Outpt. Specialty Care | Population Based | 200,291 | 96% | 187,562 | 90% |
| | | Treating Facility Based | 193,684 | 100% | 181,081 | 94% |
| Y | Inpt. Medicine | Population Based | 45 | 40% | 26 | 23% |
| | | Treating Facility Based | 40 | 40% | 23 | 22% |
| Y | Inpt. Psychiatry | Population Based | 25 | 35% | 10 | 14% |
| | | Treating Facility Based | 23 | 79% | 13 | 43% |
| Y | Outpt. Primary Care | Population Based | 62,922 | 24% | 29,939 | 11% |
| | | Treating Facility Based | 52,201 | 20% | 20,449 | 8% |
| Y | Outpt. Mental Health | Population Based | 62,284 | 59% | 34,474 | 33% |
| | | Treating Facility Based | 56,386 | 60% | 31,765 | 34% |
| N | Inpt. Surgery | Population Based | 4 | 6% | -4 | -6% |
| | | Treating Facility Based | 5 | 10% | -2 | -3% |

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Throughout the CARES process, input from the South Carolina stakeholders has been minimal. Extensive communication efforts were done. The majority of the comments received indicated satisfaction with the significant increases projected in the state. Following are potential points of interests as CARES continues:

1. Greenville: We are planning on relocating the Greenville clinic when the lease expires. The current location is very deficient in parking, so stakeholders are pleased with this recommendation. We are planning on limited specialty services in Greenville due to a long history of inability to hire specialists. This could be an area of negative stakeholder response - again, none to this point.
2. Spartanburg: We are planning on opening a CBOC in Spartanburg. At this time, Spartanburg is the last location with sufficient density in the state to justify a CBOC. Again, stakeholders are pleased.
3. Columbia: With the relocation of the SC VA Regional office to the VAMC grounds, stakeholders are very pleased.
4. Charleston: The Charleston VAMC is slated for significant expansion. Currently, a feasibility study is being completed to determine if it would be in the best interest of the SC veterans to construct a replacement hospital as part of the Medical University of South Carolina (MUSC) long term strategic plan to replace their facilities. Since the feasibility study is not completed, the CARES work was done without the replacement as an option. Stakeholders have expressed concerns that, if there is a replacement hospital, it retains the VA identity and there not be any decrease in services. These concerns are included in the feasibility study as critical elements.
5. Savannah: The plan calls for a CBOC to be location on the grounds of Hunter Army Air Base. This is a good, central location in Savannah. Stakeholder comments have been minimal, except to ensure sufficient parking.
6. Myrtle Beach: The existing clinic is scheduled for construction to expand. We have had problems with the contractor and have defaulted him. This delay is impacting our ability to provide primary care. There is congressional interest in this area, but to this point, everyone is understanding of the delay.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

There were no changes made to workload between the SC Market and adjacent markets outside of VISN 7. Within VISN 7, there is a close relationship between the GA and SC market due to Augusta VAMC, which is located on the 2 states' boundary. Anderson CBOC was added after the 2001 baseline. The plan does not reflect a transfer of workload from the GA due to the new Anderson CBOC. Since this clinic was already established, the market boundaries were adjusted to reflect anticipated primary care and mental health utilization in Anderson. Although considered, we did not transfer workload between Augusta and Columbia. This is addressed in more detail in the Proximity PI. In the southern part of the state, the GA and SC markets have CBOC care in relative close proximity (<1 hour). We did not move workload between the locations as both clinics involved (Hinesville and Brunswick) are proposed and have no historical trends to extrapolate.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The South Carolina market treating facilities face significant workload increases in outpatient specialty care and primary care, and inpatient medicine and psychiatry. Adding sites of care, relocating current CBOCs, and using all available VAMC space to increase their capacity, will address these workload increases.

Access to both primary care and hospital care does not currently meet the standards, with primary care access at 61% and hospital access at 53%. The CARES plans for this market include adding the following CBOCs: Spartanburg, Anderson, Beaufort, Summerville and Hinesville. These additional sites of care will raise the primary care access to 70% in 2012 and 71% in 2022. Hospital access will be improved by contracting for medical/surgical inpatient stays in the Greenville and Savannah communities, raising hospital access to 82% in 2012 and 82% in 2022. The inpatient program in the DoD MTF in the Savannah community was considered for use, but the lack of capacity make this option not viable. Savannah and Greenville hospital services will be provided by community hospitals. 100% of South Carolina enrollees live with the access guidelines for tertiary care.

Neither Charleston nor Columbia has much vacant space. Significant construction and renovation is required at both locations. There is a proposal to replace Charleston VAMC in conjunction with the Medical University of South Carolina medical facility. This proposal is being reviewed at the VACO level. Since the feasibility of this proposal has not yet been determined, this proposal was not considered as an alternative. If this does develop, the plan can be easily modified to account for designing a facility to exactly meet the CARES projections.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Access to both primary care and hospital care does not currently meet the standards, with primary care access at 61% and hospital access at 53%. The CARES plans for this market include adding the following CBOCs: Spartanburg, Anderson, Beaufort, Summerville and Hinesville. These additional sites of care will raise the primary care access to 70% in 2012 and 71% in 2022. Hospital access will be improved by contracting for medical/surgical inpatient stays in the Greenville and Savannah communities, raising hospital access to 82% in 2012 and 82% in 2022. The inpatient program in the DoD MTF in the Savannah community was considered for use, but the lack of capacity made this option not viable. Savannah and Greenville hospital services will be provided by community hospitals. 100% of South Carolina enrollees live with the access guidelines for tertiary care.

| Service Type | Baseline FY 2001 | | Proposed FY 2012 | | Proposed FY 2022 | |
|---------------|----------------------------------|--|----------------------------------|--|----------------------------------|--|
| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
| Primary Care | 61% | 45,478 | 70% | 35,669 | 71% | 33,479 |
| Hospital Care | 53% | 54,807 | 82% | 21,402 | 82% | 20,780 |
| Tertiary Care | 100% | - | 100% | - | 100% | - |

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours

Highly Rural Counties – within VISN

3. Facility Level Information – 534GC Beaufort

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Beaufort CBOC is currently located at the Navy MTF. The Navy has plans to replace this facility within the next 5 years and has asked VA for construction funds so the CBOC can be included. VHA declined as this is a small clinic (1,500 - 2,000 veterans) and spending \$3m does not make good business sense. Also, we have learned that collocation of CBOCs on an active military base requires the CBOC to be outside of the fence-line or located such that a non-secure corridor to the CBOC can be maintained. The Navy would have our clinic space incorporated into their MTF.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|-------------|--------------------|------------|----------------|--------------|--------------|------------|------|--------------|------------------------|
| | # BDOCs (from demand projections) | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | FY 2012 | from 2001 | | from 2001 | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | | | | | | | | | | | \$ - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | FY 2012 | from 2001 | | from 2001 | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | 4,198 | - | - | 4,198 | \$ (9,160,204) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | - | - | - | 1,826 | - | - | 1,826 | \$ (4,270,010) |
| Ancillary & Diagnostics | - | - | - | - | 488 | - | - | 488 | - | - | - | \$ (734,684) |
| Total | | | | | 488 | | | 6,512 | | | 6,024 | \$ (14,164,898) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | 2,099 | 2,099 | - | - | - | - | 1,800 | - | 1,800 | (299) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 1,516 | 1,516 | - | - | - | - | 1,200 | - | 1,200 | (316) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 3,615 | 3,615 | - | - | - | - | 3,000 | - | 3,000 | (615) |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 1,591 | 1,591 | - | - | - | - | 1,300 | - | 1,300 | (291) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 1,591 | 1,591 | - | - | - | - | 1,300 | - | 1,300 | (291) |

4. Facility Level Information – 544GD Anderson

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|-----------------------------------|--|--------------------|----------|----------------|--------------|-------------|------------|------|----------|-------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| Clinic Stops (from demand projections) | | | | | | | | | | | | |
| | | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | 12,789 | - | - | 12,789 | \$ (33,361,326) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | - | - | - | 3,224 | - | - | 3,224 | \$ (6,111,759) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | 16,013 | - | - | 16,013 | \$ (39,473,085) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | 6,394 | 6,394 | - | - | - | - | 6,172 | - | 6,172 | (222) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 1,773 | 1,773 | - | - | - | - | 1,425 | - | 1,425 | (348) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 8,167 | 8,167 | - | - | - | - | 7,597 | - | 7,597 | (570) |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 6,289 | 6,289 | - | - | - | - | 4,900 | - | 4,900 | (1,389) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 6,289 | 6,289 | - | - | - | - | 4,900 | - | 4,900 | (1,389) |

5. Facility Level Information – Charleston

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Columbia is geographically located between the other two facilities, with Augusta 82 miles to the west and Charleston 116 miles east. Consideration for this PI is the proximity of Columbia to Charleston and Columbia to Augusta

Environmental Assessment - All three facilities have affiliations in medicine and surgery, have affiliations in the allied health disciplines, and have established sharing agreements and/or joint ventures with DoD. In FY 2002, there were a total of 77,115 Users of VA Services between the three facilities. An analysis by facility shows that of the 18,765 patients receiving inpatient care (Preferred and Other Users) in FY 2002, 37% received care at the Preferred Facility and 63% received care at another VA facility. In Charleston, 10,127 patients utilized inpatient services in FY 2002. Of this total, 51% utilized the Preferred Facility and the remaining 49% received care at another VA. In Columbia, 19,943 patients received inpatient care and 42% receive their care at the Preferred Facility and almost 58% were treated at another VA facility. A comparison of Total Outpatient Visits by Facility to the number of patients receiving care at the Preferred Facility vs. Other Facility indicates that approximately 65% of the patients receive their outpatient care at the Preferred Facility and 35% receive their care at another facility for each of the three Proximity PI facilities. The VISN 7 Clinical Inventories were reviewed and Tertiary Oncology and Plastic were the only services that seem to have the potential for further integration of services. The three facilities have already consolidated specialty clinical services and Atlanta Network has been a leader in consolidating administrative services.

Alternative Options B: Maintain only one of the two facilities (Eliminate one facility) This options considered the impact of the following scenarios: 1) Impact on Augusta if Columbia Closed Acute Inpatient Services; 2) Impact on Charleston if Columbia Closed Acute Inpatient Services; 3) Impact on Columbia if Acute Inpatient Services are Closed, and 4) Impact on Augusta if Acute Inpatient Services are Closed. A review of the above three scenarios indicate that

eliminating inpatient care at Columbia VAMC would create an acute care PI and require costly contract acute hospital care in the Metropolitan Augusta.

C: Maintain all facilities (Columbia, Augusta and Charleston), but consolidate services/integrate facilities. (RECOMMENDED) Many of the acute workload services have been integrated and most of the administrative services have already been consolidated. A review of outpatient demand shows a steady increase in specialty workload for each of these facilities. Therefore, the likelihood that the tertiary component of one of these facilities could be closed is not feasible if the VA plans to address demand for care, meet access standards and maintain quality of care. The evaluation of growth in inpatient and outpatient demand between FY 2012 and FY 2022 supports this decision. These facilities can manage inpatient workload by “right sizing” inpatient unit beds. This right sizing includes flexibility in designating beds as medicine or surgery (as needed), and the cross training of nursing staff in medicine and surgery. Many of the high cost services are already being transferred to another VA facility, thereby, avoiding duplication of these services and improving efficiency.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

VAMC Charleston operates an Outpatient Clinic in Savannah, GA currently adjacent to Hunter Army Airfield. The VA Clinic totals 35,000 sq ft and was activated in the early 1990's. Clinical services include primary care, mental health, and several specialty services. Annual outpatient visits for Savannah for FY01 total 38,250. The current lease on the clinic expires in 2005 and annual lease costs are \$360,000. There is a DoD base directly across the road at Hunter Army Airfield (HAA). The Army has a new 48,000 sq. ft. outpatient facility that provides primary care, mental health, specialty services (i.e. pediatrics), and basic lab and x-ray. More intensive clinical needs are referred to Winn Army Hospital located on Ft. Stewart 30 miles away. Charleston is in the process of exploring options for the Savannah Clinic when the lease expires in 2005. One of the alternatives being considered is to joint venture with the Army to either build a new CBOC or renovate existing space on HAA. This option would obviate the current lease costs, which totals \$360,000 annually. VISN 7 staff also supported exploring this alternative and recommended incorporating it into the current Minor construction cycle, and then also into the on-going CARES process. Another VA/DoD sharing opportunity that was identified is for inpatient services at Ft. Stewart. In result of ongoing discussions, it has been determined that Ft. Stewart does not have the capacity to meet our inpatient needs, however there is continued dialogue regarding this issue. Another opportunity is with the Navy.

There is potential for a new Naval Hospital. An inquiry was made by the Navy of our interest to be apart of the new facility. They needed commitment and resources immediately; therefore we declined participation at that time. Participation in collaborative efforts with DoD has advantages for all parties involved. The Charleston VA will continue to pursue opportunities.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

A VA/MUSC Workgroup was formed by VISN 7 to evaluate and make recommendations on a proposal by the Medical University of South Carolina to buy the existing Charleston VAMC and property and lease back new hospital space to the VA. The workgroup has developed alternatives to the proposal and has met with the Secretary of Veterans Affairs about the alternatives. The workgroup is continuing to evaluate the best alternative to the MUSC proposal and will seek VACO approval of the most beneficial alternative for the VA.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

FACILITY CONDITION: VISN 7 specifically identified Atlanta, Columbia and Charleston medical centers where the conditions of the inpatient wards were significantly below the community standard. The Charleston medical center currently has 1 renovation project submitted via the VISN 7 minor construction program for design in FY03, construct in FY04. The remaining inpatient areas are identified for renovation in the CARES plan.

LEASE EXPIRATION: Potential to co-locate at Hunter Army Air Base when Savannah CBOC lease expires: The preferred alternative in CARES for addressing Primary Care needs in Savannah includes construction of a CBOC on Hunter Army Air Base ASAP.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|----------------|--------------------|---------------|----------------|---------------|-------------|------------|----------|----------------|-----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 21,402 | 7,338 | 21,403 | 7,339 | 1,000 | - | 1,849 | - | - | - | 18,554 | \$ 37,209,762 |
| Surgery | 9,870 | 1,802 | 9,871 | 1,803 | 200 | - | 245 | - | - | - | 9,426 | \$ 7,513,710 |
| Intermediate/NHCU | 36,197 | - | 36,197 | - | 28,234 | - | - | - | - | - | 7,963 | \$ (978,818) |
| Psychiatry | 8,410 | 3,666 | 8,411 | 3,667 | - | - | - | - | - | - | 8,411 | \$ (7,945,924) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | 75,880 | 12,807 | 75,882 | 12,809 | 29,434 | - | 2,094 | - | - | - | 44,354 | \$ 35,798,730 |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 152,293 | 44,598 | 152,293 | 44,599 | - | - | 50,813 | - | - | - | 101,480 | \$ 95,604,192 |
| Specialty Care | 185,014 | 103,728 | 185,014 | 103,728 | - | 29,052 | - | - | - | - | 155,962 | \$ 85,403,214 |
| Mental Health | 70,717 | 30,913 | 70,718 | 30,914 | - | - | 21,369 | - | - | - | 49,349 | \$ 41,683,207 |
| Ancillary & Diagnostics | 185,845 | 82,403 | 185,845 | 82,403 | 58,000 | - | 6,231 | - | - | - | 121,614 | \$ (72,238) |
| Total | 593,868 | 261,642 | 593,870 | 261,643 | 58,000 | 29,052 | 78,413 | - | - | - | 428,405 | \$ 222,618,375 |

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in V/SN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|----------------|----------------|------------------|---------------|---------------|--------------|----------------------|-----------------------------|
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| INPATIENT CARE | FY 2012 | | | | | | | | | | |
| Medicine | 45,051 | 18,789 | 14,000 | 26,262 | - | 5,000 | - | - | - | 31,262 | (9,000) |
| Surgery | 16,929 | 4,459 | 4,026 | 12,470 | - | - | - | - | - | 12,470 | (4,026) |
| Intermediate Care/NHCU | 13,969 | - | (1) | 13,969 | - | - | - | - | - | 13,969 | 1 |
| Psychiatry | 15,196 | 6,504 | 8,382 | 8,692 | - | 6,000 | - | - | - | 14,692 | (2,382) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | 91,145 | 29,752 | 26,407 | 61,393 | - | 11,000 | - | - | - | 72,393 | (15,407) |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| OUTPATIENT CARE | FY 2012 | | | | | | | | | | |
| Primary Care | 70,816 | 23,502 | 3,426 | 47,314 | - | 12,000 | - | - | - | 59,314 | 8,574 |
| Specialty Care | 193,617 | 134,002 | 119,741 | 59,615 | 8,099 | 68,000 | - | - | - | 135,714 | (43,642) |
| Mental Health | 55,761 | 39,876 | 25,075 | 15,885 | - | 22,500 | - | - | - | 38,385 | (2,575) |
| Ancillary and Diagnostics | 112,994 | 57,243 | 22,082 | 55,751 | - | 18,000 | - | - | - | 73,751 | (4,082) |
| Total | 433,188 | 254,623 | 170,324 | 178,565 | 8,099 | 120,500 | - | - | - | 307,164 | (41,725) |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| NON-CLINICAL | FY 2012 | | | | | | | | | | |
| Research | - | (50,832) | 24,205 | 50,832 | - | - | - | 25,000 | - | 75,832 | 795 |
| Administrative | 253,073 | 125,358 | 97,444 | 127,715 | - | - | - | 45,000 | - | 172,715 | (52,444) |
| Other | 12,878 | - | - | 12,878 | - | - | - | - | - | 12,878 | - |
| Total | 265,951 | 74,526 | 121,649 | 191,425 | - | - | - | 70,000 | - | 261,425 | (51,649) |

6. Facility Level Information – Columbia (SC)

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Columbia is geographically located between the other two facilities, with Augusta 82 miles to the west and Charleston 116 miles east. Consideration for this PI is the proximity of Columbia to Charleston and Columbia to Augusta

Environmental Assessment - All three facilities have affiliations in medicine and surgery, have affiliations in the allied health disciplines, and have established sharing agreements and/or joint ventures with DoD. In FY 2002, there were a total of 77,115 Users of VA Services between the three facilities. An analysis by facility shows that of the 18,765 patients receiving inpatient care (Preferred and Other Users) in FY 2002, 37% received care at the Preferred Facility and 63% received care at another VA facility. In Charleston, 10,127 patients utilized inpatient services in FY 2002. Of this total, 51% utilized the Preferred Facility and the remaining 49% received care at another VA. In Columbia, 19,943 patients received inpatient care and 42% receive their care at the Preferred Facility and almost 58% were treated at another VA facility. A comparison of Total Outpatient Visits by Facility to the number of patients receiving care at the Preferred Facility vs. Other Facility indicates that approximately 65% of the patients receive their outpatient care at the Preferred Facility and 35% receive their care at another facility for each of the three Proximity PI facilities. The VISN 7 Clinical Inventories were reviewed and Tertiary Oncology and Plastic were the only services that seem to have the potential for further integration of services. The three facilities have already consolidated specialty clinical services and Atlanta Network has been a leader in consolidating administrative services.

Alternative Options B: Maintain only one of the two facilities (Eliminate one facility) This options considered the impact of the following scenarios: 1) Impact on Augusta if Columbia Closed Acute Inpatient Services; 2) Impact on Charleston if Columbia Closed Acute Inpatient Services; 3) Impact on Columbia if Acute Inpatient Services are Closed, and 4) Impact on Augusta if Acute Inpatient Services are Closed. A review of the above three scenarios indicate that

eliminating inpatient care at Columbia VAMC would create an acute care PI and require costly contract acute hospital care in the Metropolitan Augusta.

C: Maintain all facilities (Columbia, Augusta and Charleston), but consolidate services/integrate facilities. (RECOMMENDED) Many of the acute workload services have been integrated and most of the administrative services have already been consolidated. A review of outpatient demand shows a steady increase in specialty workload for each of these facilities. Therefore, the likelihood that the tertiary component of one of these facilities could be closed is not feasible if the VA plans to address demand for care, meet access standards and maintain quality of care. The evaluation of growth in inpatient and outpatient demand between FY 2012 and FY 2022 supports this decision. These facilities can manage inpatient workload by “right sizing” inpatient unit beds. This right sizing includes flexibility in designating beds as medicine or surgery (as needed), and the cross training of nursing staff in medicine and surgery. Many of the high cost services are already being transferred to another VA facility, thereby, avoiding duplication of these services and improving efficiency.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Dorn VAMC has partnered with DOD to provide and enhance the following services resulting in \$2,262,573 cost savings in FY 02: (\$1,636,800 for MRI, \$254,265 in blood products & \$371,508 for sleep studies). Other significant sharing agreements include: outpatient services in ENT, GYN, carotid ultrasounds, critical care nurse training, EEG technician coverage, full range of laboratory tests, pathologists back-up coverage, military separation /C&P physicals, CT scans, radiology back-up services, operating room back-up, NDMS/ER preparedness, training opportunities for US Army and Navy Reserve Medical Units.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

A memo of agreement has been signed to collocate the Columbia VARO onto the VAMC campus through an Enhanced Use Lease development project. The VARO will be located in new leased space on the western end of the campus on undeveloped land. A solicitation for a master developer is to be advertised in FY03.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

VHA has been approved for an Enhanced Use Lease at the Columbia SC VAMC. A RFP for a master developer is nearly ready for advertisement. The developer will coordinate the plan and an appropriate development of the 26 acres on the west end of the campus. A Memorandum of Agreement between the VHA and VBA has been signed, calling for the collocation of the South Carolina VARO onto the VAMC campus as part of the Enhanced Use Lease development.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

FACILITY CONDITION: VISN 7 specifically identified Atlanta, Columbia and Charleston medical centers where the conditions of the inpatient wards were significantly below the community standard. The Columbia medical center currently has 1 ward under renovation. The remaining wards are identified for renovation in the CARES plan.

LEASE EXPIRATION: Potential to significantly expand to improve access for primary and specialty care at Greenville OPC: A decision was made to add a CBOC in neighboring Spartanburg County and to downsize Greenville to CBOC status with some specialty care services. The alternatives of construction and lease were explored with the recommended alternative to lease, ensuring maximum flexibility in upstate South Carolina.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|----------------|--------------------|----------------|----------------|---------------|-------------|------------|----------|----------------|----------------------|
| | # BDOCs (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | 22,321 | 5,055 | 22,322 | 5,056 | - | - | 2,232 | - | - | - | 20,090 | \$ 41,195,715 |
| Surgery | 6,603 | (296) | 6,604 | (295) | 133 | - | 33 | - | - | - | 6,438 | \$ 649,655 |
| Intermediate/NHCU | 143,697 | - | 143,697 | - | 107,773 | - | - | - | - | - | 35,924 | \$ (2,789,158) |
| Psychiatry | 8,073 | 3,594 | 8,074 | 3,595 | - | - | 1,615 | - | - | - | 6,459 | \$ 24,505,666 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | 180,695 | 8,354 | 180,697 | 8,356 | 107,906 | - | 3,880 | - | - | - | 68,911 | \$ 63,561,878 |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | | | | | | | | | | |
| | FY 2012 | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | 157,499 | 7,604 | 157,499 | 7,605 | 18,347 | - | 12,789 | - | - | - | 126,363 | \$ 28,760,700 |
| Specialty Care | 201,532 | 89,956 | 201,533 | 89,957 | 19,629 | - | - | - | - | - | 181,904 | \$ (8,794,650) |
| Mental Health | 80,069 | 25,472 | 80,069 | 25,472 | 5,158 | - | 8,382 | - | - | - | 66,529 | \$ 12,677,411 |
| Ancillary & Diagnostics | 223,646 | 65,728 | 223,647 | 65,729 | 8,928 | - | - | - | - | - | 214,719 | \$ (8,158,635) |
| Total | 662,745 | 188,761 | 662,748 | 188,763 | 52,062 | - | 21,171 | - | - | - | 589,515 | \$ 24,484,826 |

Proposed Management of Space – FY 2012

| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in V/SN | | | | | | | | | |
|---------------------------------------|--------------------|--|--------------------|----------------|----------------|------------------|---------------|---------------|--------------|----------------------|-----------------------------|
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| INPATIENT CARE | FY 2012 | | | | | | | | | | |
| Medicine | 45,965 | 41,787 | 3,437 | 38,350 | - | - | - | - | - | 38,350 | (3,437) |
| Surgery | 12,102 | 12,039 | 5,026 | 7,013 | 2,500 | - | - | - | - | 9,513 | (2,526) |
| Intermediate Care/NHCU | 53,278 | 53,278 | - | 53,278 | - | - | - | - | - | 53,278 | - |
| Psychiatry | 12,818 | 10,464 | (10,485) | 20,949 | - | - | - | - | - | 20,949 | 10,485 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | 124,164 | 117,568 | (2,022) | 119,590 | 2,500 | - | - | - | - | 122,090 | 4,522 |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| OUTPATIENT CARE | FY 2012 | | | | | | | | | | |
| Primary Care | 71,662 | 41,431 | 32,951 | 30,231 | - | - | - | 24,278 | - | 54,509 | (8,673) |
| Specialty Care | 203,951 | 115,429 | 111,572 | 88,522 | 42,000 | - | - | 30,000 | - | 160,522 | (39,572) |
| Mental Health | 38,753 | 23,432 | 21,270 | 15,321 | 10,183 | 10,000 | - | - | - | 35,504 | (1,087) |
| Ancillary and Diagnostics | 137,409 | 70,889 | 70,900 | 66,520 | - | 41,800 | - | 5,900 | - | 114,220 | (23,200) |
| Total | 451,776 | 437,287 | 236,693 | 200,594 | 52,183 | 51,800 | - | 60,178 | - | 364,755 | (72,532) |
| Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| | Variance from 2001 | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| NON-CLINICAL | FY 2012 | | | | | | | | | | |
| Research | - | 4,215 | (33,064) | 37,279 | - | - | - | - | - | 37,279 | 33,064 |
| Administrative | 472,178 | 430,484 | 156,423 | 274,061 | - | - | - | 55,000 | - | 329,061 | (101,423) |
| Other | 30,707 | 30,707 | - | 30,707 | - | - | - | - | - | 30,707 | - |
| Total | 502,885 | 465,406 | 123,359 | 342,047 | - | - | - | 55,000 | - | 397,047 | (68,359) |

7. Facility Level Information – Greenville Contract Hospital

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | | | | | | | | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | | | | | |
|-------------------------|--|-------------|--------------------|-------------|-------------|-------------|--------------------|-------------|----------|---|----------------|-------------|--------------|-------------|-------------|-------------|------------|-------------|---------|-------------|----------|-------------|-------------------|-------------|-----------------|-------------|
| | # BDOCs (from demand projections) | | Variance from 2001 | | Total BDOCs | | Variance from 2001 | | Contract | | Joint Ventures | | Transfer Out | | Transfer In | | In Sharing | | Sell | | In House | | Net Present Value | | | |
| | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) |
| INPATIENT CARE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | 2,232 | - | - | - | - | - | 2,232 | - | - | - | - | - | - | - | - | - | \$ (44,117,292) | |
| Surgery | - | - | - | - | - | - | - | - | 33 | - | - | - | - | - | 33 | - | - | - | - | - | - | - | - | - | \$ (1,163,912) | |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Total | - | - | - | - | - | - | - | - | 3,880 | - | - | - | - | - | 3,880 | - | - | - | - | - | - | - | - | - | \$ (56,226,313) | |
| | | | | | | | | | | Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | | Variance from 2001 | | Total Stops | | Variance from 2001 | | Contract | | Joint Ventures | | Transfer Out | | Transfer In | | In Sharing | | Sell | | In House | | Net Present Value | | | |
| | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | FY 2012 | (from 2001) | | |
| OUTPATIENT CARE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | | |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | | |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | | |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | | |
| Total | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | \$ - | | |

Proposed Management of Space – FY 2012

| Space (GSF) proposed by Market Plans in VISN | | | | | | | | | | | |
|--|---------|-------------------------|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| Space (GSF) proposed by Market Plan | | | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

8. Facility Level Information – Hinesville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The Hinesville CBOC will either be on the Ft. Stewart Army Base or in the community. Although the based expressed interest in collocation of the CBOC, we will have to ensure access is not stopped during elevated military activity. There is also the possibility of the MTF providing hospital access, as discussed under access and Savannah Contract Hospital. Collocation will be investigated.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|-------------------------|---|---|--|--------------------|----------|----------------|--------------|-------------|------------|------|----------|-------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| | | Clinic Stops (from demand projections) | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | 5,373 | - | - | 5,373 | \$ (11,425,127) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | - | - | - | - | - | - | - | 1,602 | - | - | 1,602 | \$ (3,605,152) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | - | - | - | - | - | - | - | 6,975 | - | - | 6,975 | \$ (15,030,279) |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | 2,686 | 2,686 | - | - | - | - | 2,150 | - | 2,150 | (536) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | 1,330 | 1,330 | - | - | - | - | 1,000 | - | 1,000 | (330) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 4,016 | 4,016 | - | - | - | - | 3,150 | - | 3,150 | (866) |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | 1,767 | 1,767 | - | - | - | - | 1,400 | - | 1,400 | (367) |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | 1,767 | 1,767 | - | - | - | - | 1,400 | - | 1,400 | (367) |

9. Facility Level Information – Savannah Contract Hospital

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

We have been in discussion with the leadership of the MTF at Ft. Stewart Army Base. Although they express an interest, they indicate a lack of capacity. Due to the Iraqi conflict, the inference was the DOD would be more willing to investigate at a later date. If we are not able to make this work with DOD, we will contract for services in the Savannah Community.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|-------------------------|--|---|--------------------|--------------|----------------|--------------|--------------|------------|------|----------|------------------------|--|
| | # BDOCs (from demand projections) | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value | |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | 1,849 | - | - | 1,849 | - | - | - | \$ (36,769,083) | |
| Surgery | - | - | - | 245 | - | - | 245 | - | - | - | \$ (8,727,140) | |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | \$ - | |
| PRRTP | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Total | - | - | - | 2,094 | - | - | 2,094 | - | - | - | \$ (45,496,223) | |
| | | Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | |
| | Clinic Stops (from demand projections) | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value | |
| | FY 2012 | Variance from 2001 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Mental Health | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | \$ - | |
| Total | - | - | - | - | - | - | - | - | - | - | \$ - | |

Proposed Management of Space – FY 2012

| | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---------------------------------------|---------|--|--------------------|--------------|----------------|------------------|---------------|--------------|--------------|----------------------|-----------------------------|
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| | | Space (GSF) proposed by Market Plan | | | | | | | | | |
| Space (GSF) (from demand projections) | | Space Driver Projection | Variance from 2001 | Existing GSF | Convert Vacant | New Construction | Donated Space | Leased Space | Enhanced Use | Total Proposed Space | Space Needed/ Moved/ Vacant |
| | FY 2012 | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |
| NON-CLINICAL | | | | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Total | | | | | | | | | | | |

10. Facility Level Information – Spartanburg

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| | | # BDOCs (from demand projections) | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|-------------------------|--|---|--|--------------------|----------|----------------|--------------|-------------|------------|------|----------|-------------------|
| | | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Surgery | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Intermediate/NHCU | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Psychiatry | | - | - | - | - | - | - | - | - | - | - | \$ - |
| PRRTP | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Domiciliary | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Spinal Cord Injury | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Blind Rehab | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | - | - | - | - | \$ - |
| | | | | | | | | | | | | |
| | | Clinic Stops (from demand projections) | | | | | | | | | | |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | | - | - | - | - | - | - | 12,789 | - | - | 12,789 | \$ (30,823,124) |
| Specialty Care | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Mental Health | | - | - | - | - | - | - | 5,158 | - | - | 5,158 | \$ (9,297,319) |
| Ancillary & Diagnostics | | - | - | - | - | - | - | - | - | - | - | \$ - |
| Total | | - | - | - | - | - | - | 17,947 | - | - | 17,947 | \$ (40,120,443) |

11. Facility Level Information – Summerville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The Summerville CBOC is estimated to be located about 15 miles from the Navy Goose Creek facility. As the Summerville CBOC will be very large, we do not expect that existing space will be provided as the Navy is building a new clinic. Navy will not build space for VA on a leased arrangement, but would be willing for the VA to fund with construction funds (major construction project). Due to the loss of flexibility, the location not in the desired town (Goose Creek is closer to Charleston VAMC, eliminating the improved ACCESS advantage of the Summerville location), the lack of major construction funds (they needed funding commitment in the fall of 2002), VHA is recommending not pursuing DOD collocation at this time.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
|---|--|--------------------|-------------|--------------------|----------|----------------|--------------|-------------|------------|------|----------|-------------------|
| | # BDOCs (from demand projections) | Variance from 2001 | Total BDOCs | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| | | | | | | | | | | | | |
| # BDOCs proposed by Market Plans in VISN | | | | | | | | | | | | |
| INPATIENT CARE | | | | | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | - | - | - | - | - | - | - | - | - | - | - | - |
| Clinic Stops proposed by Market Plans in VISN | | | | | | | | | | | | |
| | Clinic Stops (from demand projections) | Variance from 2001 | Total Stops | Variance from 2001 | Contract | Joint Ventures | Transfer Out | Transfer In | In Sharing | Sell | In House | Net Present Value |
| OUTPATIENT CARE | | | | | | | | | | | | |
| Primary Care | - | - | - | - | - | - | - | 41,242 | - | - | 41,242 | \$(85,413,938) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | \$- |
| Mental Health | - | - | - | - | - | - | - | 17,940 | - | - | 17,940 | \$(40,030,772) |
| Ancillary & Diagnostics | - | - | - | - | 5,742 | - | - | 5,742 | - | - | - | \$(8,244,359) |
| Total | - | - | - | - | 5,742 | - | - | 64,924 | - | - | 59,182 | \$(133,689,069) |

Proposed Management of Space – FY 2012

| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance f 2001 | | | Space Needed/ Moved/ Vacant |
|---------------------------|---------------------------------------|--------------------|-------------------------|-----------------|---|---------------|-----------------------------|
| | FY 2012 | Variance from 2001 | | | | | |
| INPATIENT CARE | | | | | | | |
| Medicine | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - |
| Total | - | - | - | - | - | - | - |
| | | | | | | | |
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance f 200 | | | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | | | | | |
| OUTPATIENT CARE | | | | | | | |
| Primary Care | - | - | 20,621 | 20,621 | - | 15,750 | 15,750 (4,871) |
| Specialty Care | - | - | - | - | - | - | - |
| Mental Health | - | - | 14,890 | 14,890 | - | 12,000 | 12,000 (2,890) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - |
| Total | - | - | 35,511 | 35,511 | - | 27,750 | 27,750 (7,761) |
| | | | | | | | |
| | Space (GSF) (from demand projections) | | Space Driver Projection | Variance f 200 | | | Space Needed/ Moved/ Vacant |
| | FY 2012 | Variance from 2001 | | | | | |
| NON-CLINICAL | | | | | | | |
| Research | - | - | - | - | - | - | - |
| Administrative | - | - | 15,625 | 15,625 | - | 15,000 | 15,000 (625) |
| Other | - | - | - | - | - | - | - |
| Total | - | - | 15,625 | 15,625 | - | 15,000 | 15,000 (625) |