

# Department of Veterans Affairs

## Capital Asset Realignment for Enhanced Services



VISN 17

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/>>>.

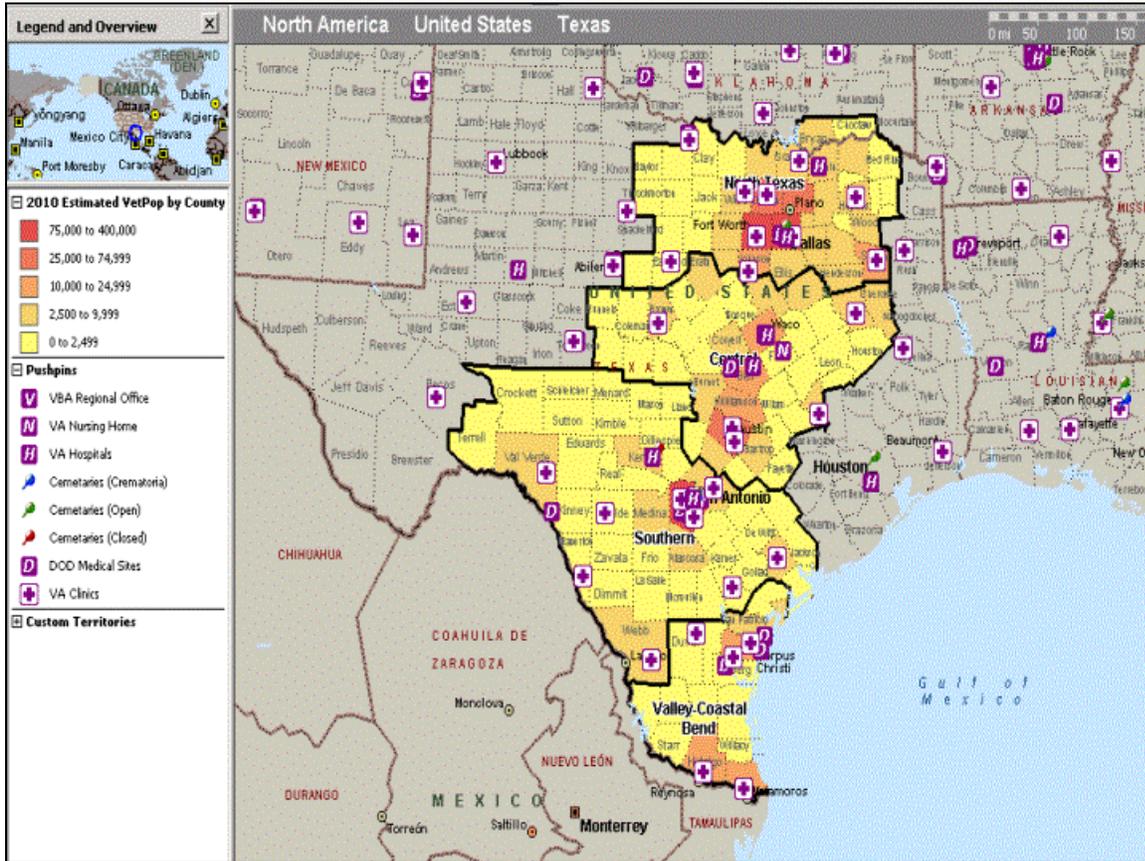
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# VISN Level Information

## A. Description of the Network/Market/Facilities

### 1. Map of VISN Markets



## 2. Market Definitions

**Market Designation:** VISN 17 CARES is proposing 4 CARES markets and 8 sub-markets, as follows, including the rationale for each:

Market	Includes	Rationale	Shared Counties
North Texas Code: 17b	<p>43 Counties in North Texas including 2 counties in OK</p> <p><b><u>5 sub-markets:</u></b>            17B-1 Dallas            17B-2 Ft. Worth            17B-3 Denton            17B-4 Collin            17B-5 Smith</p>	<p>The North Texas market area, centered around the Dallas Fort Worth Metroplex, contains the largest concentration of Vet. Pop. and enrollment in VISN 17. This market was developed on the basis of major transportation patterns (roads, public transportation), existing facilities and current referral patterns. A substantial majority of enrollees and Vet. Pop. within this market fall within 2 hours of primary, specialty, and tertiary care. Four sub-markets were developed around the Dallas Fort-worth Metroplex area because of the density of enrollees and Vet. Pop. and the rapid growth of surrounding counties. Most specialty and secondary care is currently delivered at the Dallas VAMC campus which is extremely congested and lacks room for growth in outpatient clinical areas. Travel from surrounding counties to the Dallas VAMC is congested and can exceed one hour. The market penetration rate is very low for this densely populated area in part because of the difficulty of transportation but also because the Dallas Medical Center is located in an undesirable part of the city and also other issues such as lack of adequate parking. Therefore we are considering the development of specialty hubs at other locations around the Metroplex or maybe in adjoining counties. We also identified an additional sub-market (Smith) in North East Texas which includes shared counties with VISN 16. This is a fast growing area which contains several CBOCs but lacks access to specialty services and could benefit from joint planning with VISN 16.</p>	<p>Shared counties with V16.</p> <p><u>V17 has the lead, but these counties will remain on V16's market spreadsheet</u></p> <p>Gregg, TX            Rusk, TX            Upshur, TX</p>
Central Texas Market Code: 17A	<p>38 counties in North Central Texas</p> <p><b><u>1 Sub-market:</u></b>            17A-1 Austin</p>	<p>The Central Texas Market is centered around the I-35 corridor linking Austin, Temple and Waco and then eventually further north and south to the major medical centers in Dallas and San Antonio. This market was drawn on the basis of existing major highways as well as existing facilities and referral patterns. This market includes primary care as well as most forms of secondary and extended care. Most patients are within 2 hours of secondary care. However, the Austin metropolitan area which contains a substantial</p>	<p>None</p>

Market	Includes	Rationale	Shared Counties
		<p>proportion of the vet. Pop. and enrollment for this markets and is one of the fastest growing areas in the nation, lacks access to secondary including community hospital care. Most patient must travel more than one hour to access this care. The Austin Outpatient Clinic is located in the southern part of the Austin metroplex and is somewhat isolated from the fast growing northern and western areas due to extreme traffic congestion. Therefore, the Travis County and surrounding counties was developed as the Austin sub-market.</p>	
<p>South Texas Market</p> <p>Code: 17C</p>	<p>40 counties in the South Central</p>	<p>The South Texas Market is centered around the intersection of major interstates I-10 and I-35 with San Antonio serving as the focal point for this market. The location of existing facilities and referral patterns were also considered in its development. The San Antonio VAMC provides primary, secondary, as well as tertiary care for this market. Specialty care is also available at the Frank Tejada CBOC in San Antonio and the Kerrville VAMC. The Kerrville VAMC also provides limited secondary hospital care. Extended Care is provided at both the San Antonio and Kerrville medical centers with Kerrville being designated as a Center of Excellence. No sub-markets were identified for this market as Bexar county (San Antonio) is the only major urban county in this market surrounded by 39 rural or semi-rural counties.</p>	<p>None</p>
<p>Coastal Bend-Valley Market</p> <p>Code: 17D</p>	<p>15 Counties comprising South Texas</p> <p><b><u>2 Sub-markets:</u></b></p> <p>17D-1 Coastal Bend</p> <p>17D-2 Valley</p>	<p>The Coastal Bend Valley market was identified as a group of counties containing a number of small to medium sized cities all of which are too remote in terms of travel time and distance to meet CARES access standards for secondary care. There are presently no inpatient services in this market other than a limited contract in the Lower Rio Grande Valley and limited access to specialty care. Patients must now travel to San Antonio (2.5 - 6 hrs) for most type of secondary care. Opportunities to reduce this access gap exist through working with DOD in corpus Christi as well as the University of Texas Regional Health Academic Center and its affiliated Valley Baptist Medical Center in Harlingen. Two sub-markets were identified: Coastal Bend( Corpus Christi and surrounding area) and Rio Grande Valley (Brownsville, McAllen, Harlingen and surrounding areas because transportation between these areas is difficult involving secondary roads which take considerable travel time. Webb county (Laredo) was excluded from this market because it has convenient access to I-35 which provides rapid transit to the San</p>	<p>None</p>

<b>Market</b>	<b>Includes</b>	<b>Rationale</b>	<b>Shared Counties</b>
		Antonio Medical Center. Travel preferences would indicate that San Antonio would continue to be the first choice even if additional services were provided in either of the two sub-makets.	

### 3. Facility List

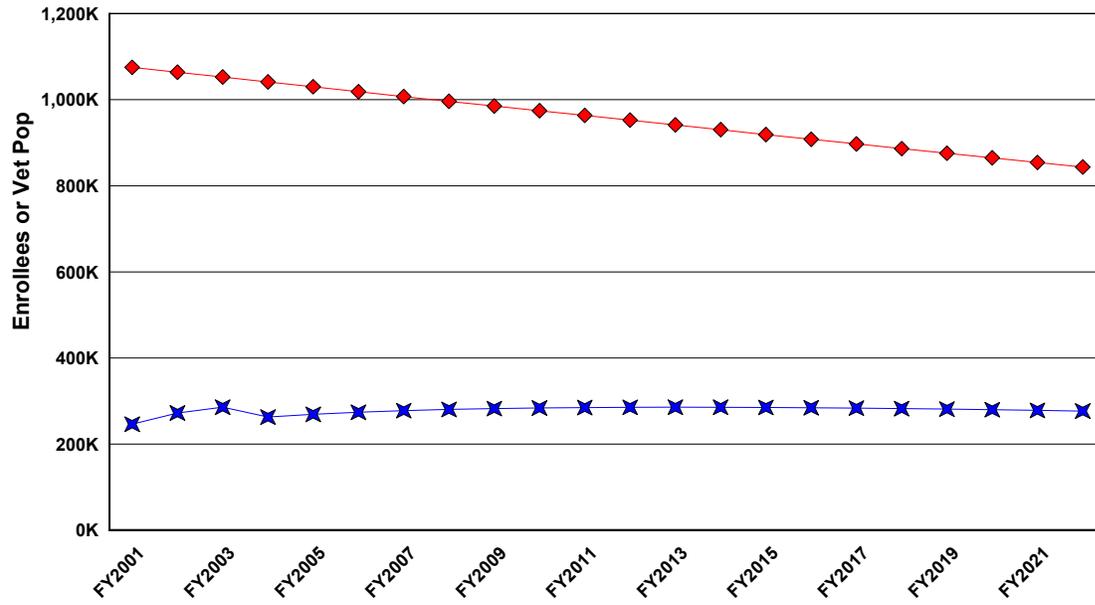
VISN : 17				
Facility	Primary	Hospital	Tertiary	Other
<b>Bonham</b>				
549A4 Bonham VAMC	✓	✓	-	-
<b>Dallas</b>				
549 Dallas VAMC	✓	✓	✓	-
549BY Fort Worth Satellite	✓	-	-	-
549GA Tyler Area	✓	-	-	-
549GB Dallas County Primary Care Network	✓	-	-	-
549GC Bonham Area Primary Care Network	✓	-	-	-
549GD Denton Area Primary Care Network	✓	-	-	-
549GE Decatur Area Primary Care Network	✓	-	-	-
549GF Eastland Area Primary Care Network	✓	-	-	-
549GH Greenville Area PCN	✓	-	-	-
549GI Cleburne Area PCN	✓	-	-	-
549HA Tarrant County Primary Care Network	✓	-	-	-
New West Texas CBOCs	✓	-	-	-
New Smith County	✓	-	-	✓
New Tarrant County	✓	-	-	✓
New Dallas County West	✓	-	-	✓
New Dallas County East	✓	-	-	✓
New Denton County	✓	-	-	✓
New Ellis County	✓	-	-	✓
New Colin County	✓	-	-	✓
<b>Kerrville</b>				
671A4 Kerrville VAMC	✓	✓	-	-

<b>Marlin</b>				
674A5 Marlin VAMC	✓	-	-	-
<b>San Antonio</b>				
671 San Antonio VAMC	✓	✓	✓	-
671B0 McAllen Satellite	✓	-	-	-
671BY Frank M. Tejada Satellite	✓	-	-	-
671BZ Corpus Christi Satellite	✓	-	-	-
671GA Brownsville	✓	-	-	-
671GB Victoria	✓	-	-	-
671GD Eagle Pass	✓	-	-	-
671GE Laredo	✓	-	-	-
671GF South Bexar Cnty	✓	-	-	-
671GG Alice	✓	-	-	-
671GH Beeville	✓	-	-	-
671GI Kingsville	✓	-	-	-
671GJ Uvalde	✓	-	-	-
671GK San Antonio Area PCN	✓	-	-	-
671GL New Braunfels (Comal County)	✓	-	-	-
New Bexar County NE	✓	-	-	✓
New Bexar County South	✓	-	-	-
New Cameron County	✓	-	-	✓
<b>Temple</b>				
674 Temple VAMC	✓	✓	-	-
674BY Austin Satellite	✓	✓	-	-
674GA Palestine	✓	-	-	-
674GB Brownwood	✓	-	-	-
674GC College Station (Bryan)	✓	-	-	-
New Central Texas CBOCs	✓	-	-	-
<b>Waco</b>				
674A4 Waco VAMC	✓	-	-	-

#### 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	A significant gap was found in the number of projected acute care beds for the Kerrville Medical Center in the South Market. The projected workload indicates a need for 15 beds in 2012 and 11 beds in 2022. The VISN should review potential quality of care issues for these facilities, as well as opportunities for reassigning inpatient workload or enhancing volume.
N	Small Facility Planning Initiative	Marlin is projected to need 0 beds in 2012 and 2022. This was not assigned as a PI as acute beds at Marlin have already been closed.
N	Small Facility Planning Initiative	Bonham is projected to need 3 beds in 2012 and 2 beds in 2022. This was not assigned as a PI as acute beds at Bonham have already been closed.
N	Proximity 60 Mile Acute	No facility fell within the proximity gap
N	Proximity 120 Mile Tertiary	No facility fell within the proximity gap
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2003 and 30% by 2004.

### b. Special Disabilities

Special Populations Planning Initiatives		
PI?	Issue	Rationale/Comments Re: PI
N	Blind Rehab	VISN should consider restoring BRC to full bed capacity as part of their planning.
N	SCI	

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	Collaborative Opportunities	Rationale/Comments
N	Enhanced Use	
N	VBA	
N	NCA	
Y	DOD	<p>There are potential DoD opportunities with the VA that were found in V17 for review and analysis. Consider these potential opportunities in the development of the Market Plan.</p> <p><b>North Market</b> - Sharing opportunity with Joint Reserve Base in North Fort Worth.</p> <p><b>Central Market</b> -possible sharing opportunities between Fort Hood and the Temple Medical Center.</p> <p><b>South Market</b> - Look at possibility of sharing between the three tertiary care facilities in San Antonio: San Antonio VAMC, Brooks Army Medical Center and Wilford Hall Air Force Medical Center.</p>

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	Other Issues	Rationale/Comments
Y	VISN should look at opportunities to realign space and other resources to meet long term care needs across the VISN in future years	Many space, demand and quality issues for mental health across the VISN can be addressed through a VISN-wide analysis and comprehensive plan for mental health. Mental health space and construction issues should be tied to this plan. WACO is a mental health hospital with acute and long term inpatient mental health. It can serve as a VISN as well as a regional resource (i.e., sharing potential with other, neighboring VISNs, who are without access to LTC Psychiatry).

**e. Market Capacity Planning Initiatives**

**Central Market**

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	163,428		91,524	56%	87,255	53%
	Treating Facility Based **	156,809		105,370	67%	98,540	63%
Mental Health	Population Based *	66,639		58,154	87%	42,864	64%
	Treating Facility Based **	68,767		71,132	103%	52,717	77%

**North 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 *	277,886		137,808	50%	118,369	43%
	Treating Facility Based **	291,869		120,864	41%	96,488	33%
Specialty Care	Population Based *	181,048		273,147	151%	279,269	154%
	Treating Facility Based **	187,589		259,262	138%	260,704	139%
Medicine	Population Based *	34,847		16,584	48%	11,626	33%
	Treating Facility Based **	35,402		13,968	39%	8,750	25%
Psychiatry	Population Based *	41770		12419	30%	10178	24%
	Treating Facility Based **	31542		9386.64	30%	7417.53	24%

### Southern 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 *	160,099		79,191	49%	51,776	32%
	Treating Facility Based **	238,901		99,068	41%	59,561	25%
Specialty Care	Population Based *	114,931		148,076	129%	135,691	118%
	Treating Facility Based **	153,970		205,903	134%	187,387	122%
Mental Health	Population Based *	61,414		58,513	95%	37,470	61%
	Treating Facility Based **	71,528		78,503	110%	53,269	74%

### Valley Coastal Blend 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 *	55,791		37,031	66%	24,362	44%
	Treating Facility Based **						
Specialty Care	Population Based *	28,991		64,895	224%	57,888	200%
	Treating Facility Based **						
Mental Health	Population Based *	11,811		27,438	232%	20,438	173%
	Treating Facility Based **						

\* – 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:**

VISN 17

#### **OUTREACH:**

To date over 200,000 internal and external stakeholders in VISN 17 have received information on the CARES process. Employees, Veterans Service Organizations, congressional representatives and many others have learned about CARES and the potential it has for VISN 17 through a combination of direct mailings, briefings, e-mail and visits. In North Texas, the focus for CARES communications was the “Commander’s Council” a group comprised of commanders of over 40 Veterans Service Organizations. In Central Texas the local television and print media were enlisted at the earliest stages and became an effective way for our message to reach a wide audience. In South Texas the top management team traveled to each location to personally present briefings on CARES. The success of this ventured was chronicled in the February 2003 issue of Vanguard. The VISN sponsors quarterly meetings of the Management Assistance Council (MAC) and invites the leadership of 28 Veterans Service Organizations, affiliates, DoD, State officials and labor officials. At each MAC, there has been a presentation and discussion on CARES. MAC members have been provided with up-to-date information and encouraged to publicize CARES to their various constituencies. The assigned CARES liaisons for The American Legion, PVA, BVA and AMVETS have attended these briefings and have expressed their viewpoint. In addition, the VISN Director and VISN Communications Manager have provided remarks at large gatherings of The American Legion, VFW, DAV and BVA.

#### **CONTACTS:**

The contacts at the VISN-level have been focused on Central Texas HCS and South Texas HCS. The American Legion National Commander and National Historian were personally involved in decisions relative to the mission of the Marlin VAMC. The changes that occurred at Marlin were outside the CARES process and involved an issue of patient safety and quality of care. The American Legion was convinced the mission change at Marlin was the result of CARES and that it was a harbinger of the fate for small, rural hospitals in the VISN. The VISN responded to every request by The American Legion officials and, while the legion’s CARES liaison remains suspicious, is engaging in continuous dialogue with legion officials.

In South Texas, a powerful community-based organization called “the Hill Country Veterans Council” kept close watch on the CARES process to ensure the mission at their prized Kerrville VAMC remained intact. Since the Kerrville medical center met the criteria as an “under 40 bed” facility, the VISN was hard-pressed to meet the demands of the Hill Country Veterans Council. After a series of meetings between VA leadership and the chairman of the council an understanding was reached that satisfied the needs of the community while meeting the CARES policy and criteria.

## **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 collaborated with VISN 16 and VISN 18 regarding the VISN Mental Health initiative and for placement of CBOCs. VISN 16 and VISN 18 are interested in the concept of a regional mental health resource located within VISN 17. No collaborative efforts for CBOCs has materialized.

## **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:**

No Impact

### **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:**

No Impact

### **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:**

See detailed discussion in the document addressing VISN 17 Mental Health Strategic Plan located on CARES Portal

**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)		Net Present Value
	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	
<b>INPATIENT CARE</b>								
Medicine	100,359	113,668	98,997	112,492	4,620	97,680	4,016	\$ (80,407,288)
Surgery	49,719	42,143	36,189	41,618	527	35,750	442	\$ (352,403)
Psychiatry	135,949	143,299	134,849	139,832	3,470	132,130	2,722	\$ (12,953,440)
PRRTP	1,769	1,769	1,769	1,769	-	1,769	-	\$ -
NHCU/Intermediate	517,090	517,090	517,090	225,315	291,775	225,315	291,775	\$ -
Domiciliary	214,963	214,963	214,963	214,963	-	214,963	-	\$ -
Spinal Cord Injury	17,696	17,696	17,696	17,696	-	17,696	-	\$ -
Blind Rehab	4,150	4,150	4,150	4,150	-	4,150	-	\$ -
<b>Total</b>	<b>1,041,695</b>	<b>1,054,778</b>	<b>1,025,703</b>	<b>757,835</b>	<b>300,392</b>	<b>729,453</b>	<b>298,955</b>	<b>\$ (93,713,131)</b>

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
<b>INPATIENT CARE</b>	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	<b>Net Present Value</b>
Medicine	152,307	237,663	206,959	244,405	212,151	\$ (80,407,288)
Surgery	66,045	72,737	62,531	72,735	62,531	\$ (352,403)
Psychiatry	127,528	232,105	218,420	226,528	214,051	\$ (12,953,440)
PRRTP	15,930	7,488	7,488	7,488	7,488	\$ -
NHCU/Intermediate	309,665	267,165	267,165	267,161	267,161	\$ -
Domiciliary	291,739	262,461	262,461	262,461	262,461	\$ -
Spinal Cord Injury	82,109	82,144	82,144	82,144	82,144	\$ -
Blind Rehab	13,492	13,555	13,555	13,555	13,555	\$ -
<b>Total</b>	<b>1,058,815</b>	<b>1,175,318</b>	<b>1,120,722</b>	<b>1,176,477</b>	<b>1,121,542</b>	<b>\$ (93,713,131)</b>

## 2. Outpatient Summary

### a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
<b>Outpatient CARE</b>	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	<b>Net Present Value</b>
Primary Care	756,835	1,029,371	941,303	1,004,694	24,681	918,496	22,810	\$ (136,051,294)
Specialty Care	498,366	1,068,901	1,044,998	1,032,811	36,094	1,008,365	36,635	\$ (300,868,749)
Mental Health	307,263	464,923	416,492	450,075	14,852	403,109	13,387	\$ (62,871,420)
Ancillary& Diagnostic	924,848	1,392,940	1,423,246	1,279,778	233,165	1,314,483	278,767	\$ (85,806,554)
<b>Total</b>	<b>2,487,313</b>	<b>3,956,134</b>	<b>3,826,039</b>	<b>3,767,358</b>	<b>308,792</b>	<b>3,644,453</b>	<b>351,599</b>	<b>\$ (585,598,017)</b>

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
<b>Outpatient CARE</b>	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	<b>Net Present Value</b>
Primary Care	182,195	498,732	455,735	505,710	461,767	\$ (136,051,294)
Specialty Care	428,440	1,129,548	1,102,921	1,147,026	1,116,382	\$ (300,868,749)
Mental Health	82,250	264,881	236,343	266,362	237,420	\$ (62,871,420)
Ancillary& Diagnostic	326,683	882,209	900,178	823,130	845,147	\$ (85,806,554)
<b>Total</b>	<b>1,019,568</b>	<b>2,775,372</b>	<b>2,695,176</b>	<b>2,742,228</b>	<b>2,660,716</b>	<b>\$ (585,598,017)</b>

### 3. Non-Clinical Summary

<b>NON-CLINICAL</b>	<b>Baseline FY 2001 DGSE</b>	<b>FY 2012 DGSE</b>	<b>FY 2022 DGSE</b>	<b>FY 2012 Projection</b>	<b>FY 2022 Projection</b>	<b>Net Present Value</b>
Research	223,090	223,090	223,090	280,623	316,512	\$ (35,175,931)
Admin	1,177,867	1,995,270	1,920,384	1,979,441	1,915,443	\$ (138,096,119)
Outleased	162,386	162,386	162,386	50,000	50,000	N/A
Other	185,164	185,164	185,164	185,164	185,164	\$ -
Vacant Space	372,025	-	-	499,307	602,334	\$ 80,038,784
<b>Total</b>	<b>2,120,532</b>	<b>2,565,910</b>	<b>2,491,024</b>	<b>2,994,535</b>	<b>3,069,453</b>	<b>\$ (93,233,266)</b>

## II. Market Level Information

### A. Central Market

#### 1. Description of Market

##### a. Market Definition

Market	Includes	Rationale	Shared Counties
Central Texas Market Code:17 A	38 counties in North Central Texas  <u>1 Sub-market:</u> 17A-1Austin	<p>The Central Texas Market is centered around the I-35 corridor linking Austin, Temple and Waco and then eventually further north and south to the major medical centers in Dallas and San Antonio. This market was drawn on the basis of existing major highways as well as existing facilities and referral patterns. This market includes primary care as well as most forms of secondary and extended care. Most patients are within 2 hours of secondary care. However, the Austin metropolitan area which contains a substantial proportion of the vet. Pop. and enrollment for this markets and is one of the fastest growing areas in the nation, lacks access to secondary including community hospital care. Most patient must travel more than one hour to access this care. The Austin Outpatient Clinic is located in the southern part of the Austin metroplex and is somewhat isolated from the fast growing northern and western areas due to extreme traffic congestion. Therefore, the Travis County and surrounding counties was developed as the Austin sub-market.</p>	None

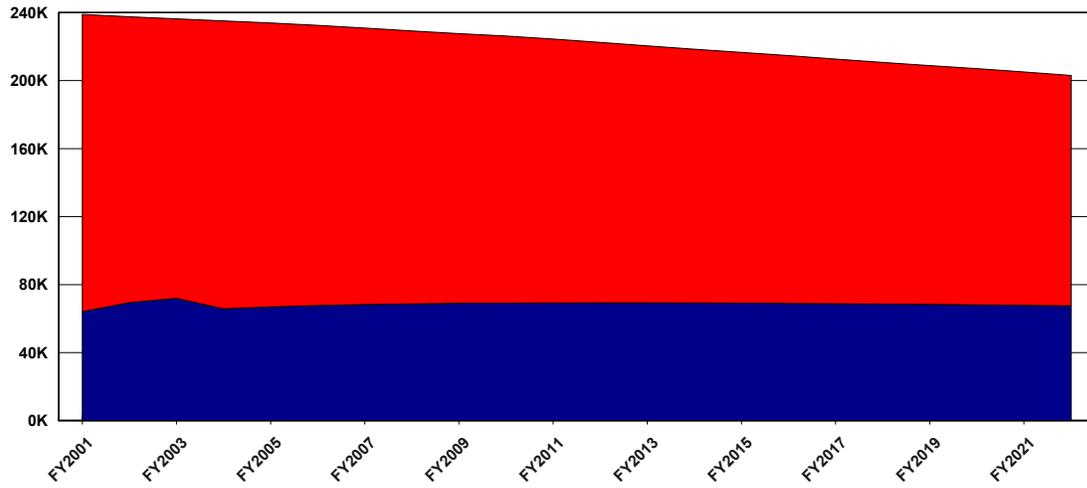
**b. Facility List**

<b>VISN : 17</b>				
<b>Facility</b>	<b>Primary</b>	<b>Hospital</b>	<b>Tertiary</b>	<b>Other</b>
<b>Marlin</b>				
674A5 Marlin VAMC	✓	-	-	-
<b>Temple</b>				
674 Temple VAMC	✓	✓	-	-
674BY Austin Satellite	✓	✓	-	-
674GA Palestine	✓	-	-	-
674GB Brownwood	✓	-	-	-
674GC College Station (Bryan)	✓	-	-	-
New Central Texas CBOCs	✓	-	-	-
<b>Waco</b>				
674A4 Waco VAMC	✓	-	-	-

### c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care	Access				
	Access to Hospital Care	Access				
	Access to Tertiary Care	Access				
N	Primary Care Outpatient Stops	Population Based	65,598	31%	43,670	21%
		Treating Facility Based	52,610	23%	28,424	13%
Y	Specialty Care Outpatient Stops	Population Based	91,527	56%	87,258	53%
		Treating Facility Based	105,373	67%	98,542	63%
Y	Mental Health Outpatient Stops	Population Based	58,157	87%	42,867	64%
		Treating Facility Based	71,134	103%	52,721	77%
N	Medicine Inpatient Beds	Population Based	-17	-18%	-29	-30%
		Treating Facility Based	-13	-14%	-25	-27%
N	Surgery Inpatient Beds	Population Based	-17	-38%	-22	-47%
		Treating Facility Based	-14	-36%	-18	-46%
N	Psychiatry Inpatient Beds	Population Based	-7	-4%	-12	-7%
		Treating Facility Based	-3	-1%	-12	-5%

**e. Stakeholder Information**

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

**Stakeholder Narrative:**

**VA CENTRAL TEXAS HEALTH CARE SYSTEM  
OUTREACH:**

The Central Texas HCS made excellent use of print and television media in Waco and Temple to convey the CARES message. Considerable attention was paid to the mission change at the Marlin facility. Even though the changes at Marlin were not related to CARES, VA leaders met with Congressman Jeb Hensarling to brief him. Focus of outreach centered on the Waco VA Medical Center, Marlin and the needs in the Austin/Travis County market. Town hall meetings, press releases, direct mailings and visits with DoD personnel has been ongoing.

**COMMENTS:**

Central Texas HCS received comments from employees and VSO's at the Waco VA Medical Center relative to the future of the facility. Stakeholders expressed concerns since the former neuro—psychiatric hospital has been reduced dramatically over the last seven years. Based on these concerns, VISN and Central Texas HCS leadership spoke with directors in VISN's 16 and 18 and encouraged them to send long-term psychiatric patients to the Waco facility. The effort was successful and formal agreements extending the services in Waco to VAMC's in VISN's 16 and 18 has been established. This action assures a enhanced mission for the Waco facility. Central Texas HCS officials also worked with veterans and community leaders in Austin to improve access and relieve workload burdens at the existing Austin VA Outpatient Clinic. The plan called for VA to manage five outpatient clinics currently operated by Travis County. In view of the sensitivity of VA facilities treating non-veterans the proposal was deferred and not included in the CARES process.

**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:**

PRIMARY CARE - The primary care workload is projected to increase 30% by 2012. Much of this increased demand involves the population growth in the Austin area. The current OPC is at full capacity and so the proposed solution will be to establish new access points for primary and specialty care. Since there is an access driven demand for inpatient beds also in the Austin area, the preferred plan involves participation in a new healthcare and education consortium which will provide inpatient capacity for VA patients in the Austin area. In conjunction with this, the development of a new specialty care hub co-located with the inpatient capability will relieve space and workload at the current Austin south clinic. Plans are to increase the mental health capability at the Austin south clinic once the new specialty hub clinic is established. The new Cedar Park clinic will provide additional support to the primary care demand. In addition, 4 new VA staffed CBOC's will provide primary care in some of the less populated counties in the Central Market.

Specialty Care Specialty care services will be concentrated at the Temple Medical Center and the new outpatient specialty care hub in Austin. The total projected increase in primary and specialty care indicate the need for an additional 120,000 SF of clinic space by 2012.

MENTAL HEALTH - All clinics in the Central Market will include mental health capability in accordance with the Network 17 Mental Health Strategic Plan. Most of the mental health services in the Austin area will be allocated to the existing south clinic once space has been made available with the opening of the new specialty hub.

MEDICINE - Inpatient medical beds show a slight but steady decline. Recent changes at the Temple Medical Center have resulted in the re-designation of medical beds to long term care. No significant proposals are expected as a result of this decline.

SURGERY - Projections for surgical beds also show a continuing decline in forecasted demand. Current capacity will meet the projected demand.

PSYCHIATRY - Inpatient psychiatry will continue to be focused on the WACO campus. Network 17 is continuing to work with both VISN 16 and VISN 18 to provide inpatient capacity at the WACO campus. There is also a possibility of a sharing agreement with DoD to provide some inpatient beds for their patients.

## 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:

Adding new CBOCs and hospital beds will bring Central Texas into compliance with access standards.

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	63%	24,011	77%	15,938	77%	15,528
Hospital Care	60%	25,793	82%	12,750	82%	12,422
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 – Central Texas CBOCs

#### 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
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	80,601	80,601	-	-	-	-	-	-	80,601	\$ (202,940,280)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	4,000	4,000	-	-	-	-	-	-	4,000	\$ (4,799,992)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	<b>84,601</b>	<b>84,601</b>	-	-	-	-	-	-	<b>84,601</b>	<b>\$ (207,740,272)</b>

**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											
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>												
		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											
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	40,300	40,300	-	-	-	-	40,000	-	40,000	(300)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	2,200	2,200	-	-	-	-	2,100	-	2,100	(100)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>			<b>42,500</b>	<b>42,500</b>					<b>42,100</b>		<b>42,100</b>	<b>(400)</b>
<b>NON-CLINICAL</b>												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	22,100	22,100	-	-	-	-	17,000	-	17,000	(5,100)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>			<b>22,100</b>	<b>22,100</b>					<b>17,000</b>		<b>17,000</b>	<b>(5,100)</b>

#### **4. Facility Level Information – Marlin**

##### **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											
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	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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	9,241	(2,993)	14,054	1,820	-	-	-	-	-	-	14,054	\$ (22,608,415)
Specialty Care	8,820	4,521	8,820	4,521	-	-	-	-	-	-	8,820	\$ (2,994,850)
Mental Health	1,094	741	1,095	742	-	-	-	-	-	-	1,095	\$ (278,964)
Ancillary & Diagnostics	16,248	(333)	6,914	(9,667)	-	-	-	-	-	-	6,914	\$ 5,411,443
<b>Total</b>	<b>35,403</b>	<b>1,936</b>	<b>30,883</b>	<b>(2,584)</b>	-	-	-	-	-	-	<b>30,883</b>	<b>\$ (20,470,786)</b>

**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										
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	(42,500)	-	(42,500)	42,500	-	-	-	-	-	42,500	42,500
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	(42,500)	-	(42,500)	42,500	-	-	-	-	-	42,500	42,500
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										
<b>OUTPATIENT CARE</b>												
Primary Care	6,469	(1,066)	9,838	2,303	7,535	-	-	-	-	-	7,535	(2,303)
Specialty Care	9,702	8,487	9,702	8,487	1,215	-	-	-	9,000	-	10,215	513
Mental Health	602	602	602	602	-	-	-	-	700	-	700	98
Ancillary and Diagnostics	10,399	859	4,425	(5,115)	9,540	-	-	-	8,000	-	17,540	13,115
<b>Total</b>	<b>27,172</b>	<b>8,882</b>	<b>24,567</b>	<b>6,277</b>	<b>18,290</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>17,700</b>	<b>-</b>	<b>35,990</b>	<b>11,423</b>
<b>NON-CLINICAL</b>												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	20,923	(25,732)	18,917	(27,738)	46,655	-	-	-	-	-	46,655	27,738
Other	14,482	-	14,482	-	14,482	-	-	-	-	-	14,482	-
<b>Total</b>	<b>35,405</b>	<b>(25,732)</b>	<b>33,399</b>	<b>(27,738)</b>	<b>61,137</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>61,137</b>	<b>27,738</b>

## 5. Facility Level Information – Temple

### 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:**

CTVHCS is working to establish agreements in the areas of teleradiology, teledermatology, orthopedics, and psychiatry services with military facilities in the Great Plains Regional Medical Command.

A joint sleep laboratory is scheduled to open in the Summer of 2003. CTVHCS provides laundry services to Darnall Army Community Hospital, Fort Hood.

### **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										
<b>INPATIENT CARE</b>												
Medicine	23,764	(3,735)	23,765	(3,734)	713	-	-	-	-	-	23,052	\$ -
Surgery	7,718	(4,208)	7,718	(4,208)	232	-	-	-	-	-	7,486	\$ -
Intermediate/NHCU	127,437	-	127,437	-	99,401	-	-	-	-	-	28,036	\$ -
Psychiatry	2,700	(5)	2,701	(4)	28	-	-	-	-	-	2,673	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	131,481	-	131,481	-	-	-	-	-	-	-	131,481	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	15	-	15	-	-	-	-	-	-	-	15	\$ -
<b>Total</b>	<b>293,115</b>	<b>(7,948)</b>	<b>293,117</b>	<b>(7,946)</b>	<b>100,374</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>192,743</b>	<b>\$ -</b>
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										
<b>OUTPATIENT CARE</b>												
Primary Care	235,534	56,247	138,506	(40,781)	4,156	-	-	-	-	-	134,350	\$ 217,931,769
Specialty Care	224,474	86,509	208,418	70,453	10,421	-	-	-	-	-	197,997	\$ 27,957,095
Mental Health	116,587	73,021	93,090	49,525	2,793	-	-	-	-	-	90,297	\$ 17,606,448
Ancillary & Diagnostics	297,094	33,520	306,429	42,855	15,322	-	-	-	-	-	291,107	\$ (36,923,627)
<b>Total</b>	<b>873,689</b>	<b>249,297</b>	<b>746,443</b>	<b>122,051</b>	<b>32,692</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>713,751</b>	<b>\$ 226,571,685</b>

**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												
<b>INPATIENT CARE</b>													
Medicine	47,948	7,460	(3,450)	47,948	7,460	40,488	-	-	-	-	-	40,488	(7,460)
Surgery	12,428	(3,450)		12,427	(3,451)	15,878	-	-	-	-	-	15,878	3,451
Intermediate Care/NHCU	32,327	-		32,327	-	32,327	-	-	-	-	-	32,327	-
Psychiatry	4,332	4,332		4,330	4,330	-	5,000	-	-	-	-	5,000	670
PRRTP	-	-		-	-	-	-	-	-	-	-	-	-
Domiciliary program	155,344	-		155,344	-	155,344	-	-	-	-	-	155,344	-
Spinal Cord Injury	63	63		-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-		63	63	-	-	-	-	-	-	-	(63)
<b>Total</b>	<b>252,442</b>	<b>8,405</b>		<b>252,439</b>	<b>8,402</b>	<b>244,037</b>	<b>5,000</b>	-	-	-	-	<b>249,037</b>	<b>(3,402)</b>
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												
<b>OUTPATIENT CARE</b>													
Primary Care	114,234	76,244		67,175	29,185	37,990	-	-	-	30,000	-	67,990	815
Specialty Care	234,576	123,331		217,797	106,552	111,245	-	-	-	90,000	-	201,245	(16,552)
Mental Health	62,199	51,436		49,663	38,900	10,763	-	-	-	40,000	-	50,763	1,100
Ancillary and Diagnostics	180,634	109,599		186,308	115,273	71,035	-	-	-	80,000	-	151,035	(35,273)
<b>Total</b>	<b>591,644</b>	<b>360,611</b>		<b>520,943</b>	<b>289,910</b>	<b>231,033</b>	-	-	-	<b>240,000</b>	-	<b>471,033</b>	<b>(49,910)</b>
<b>NON-CLINICAL</b>													
Research	-	(61,329)		8,248	(53,081)	61,329	-	-	-	-	-	61,329	53,081
Administrative	470,816	193,399		406,448	129,031	277,417	100,000	-	-	-	-	377,417	(29,031)
Other	21,607	-		21,607	-	21,607	-	-	-	-	-	21,607	-
<b>Total</b>	<b>492,423</b>	<b>132,070</b>		<b>436,303</b>	<b>75,950</b>	<b>360,353</b>	<b>100,000</b>	-	-	-	-	<b>460,353</b>	<b>24,050</b>

## 6. Facility Level Information – Waco

### 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:**

The Waco VAMC is in preliminary discussions with the Waco VA Regional Office for the possibility of utilizing Waco VAMC real estate for construction of a VARO. The Waco VARO is located in GSA leased property in Waco. This will not impact vacant space on the Waco VAMC campus.

### **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:**

Vacant buildings on the Waco VAMC campus are available for out-lease to the Austin Automation Center and the Austin Finance Center for use as emergency operations sites remote from their parent facilities in Austin. Waco is approximately 120 miles from Austin. These two out-lease agreements will occupy 30,000 sf of vacant space.

### **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 requirement for a VISN wide approach to address mental health services has been recognized with the establishment of a mental health clinical innovation team that has produced a VISN 17 Mental Health strategy document. This document is available on the CARES portal.

**b. Resolution of Capacity Planning Initiatives**

***Proposed Management of Workload – FY 2012***

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections		(from 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	358	(304)	358	(304)	200	-	-	-	-	-	158	\$ (2,213,562)
Surgery	130	(174)	130	(174)	-	-	-	-	-	-	130	\$ -
Intermediate/NHCU	28,385	-	28,385	-	3,974	-	-	-	-	-	24,411	\$ -
Psychiatry	75,899	(877)	75,900	(876)	-	-	-	-	-	-	75,900	\$ (1,334,619)
PRRTP	1,695	-	1,695	-	-	-	-	-	-	-	1,695	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	4,135	-	4,135	-	-	-	-	-	-	-	4,135	\$ -
<b>Total</b>	<b>110,602</b>	<b>(1,355)</b>	<b>110,603</b>	<b>(1,354)</b>	<b>4,174</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>106,429</b>	<b>\$ (3,548,181)</b>
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from 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	33,895	(650)	45,511	10,966	-	-	-	-	-	-	45,511	\$ (29,828,925)
Specialty Care	28,885	14,341	32,340	17,796	-	-	-	-	-	-	32,340	\$ (21,968,849)
Mental Health	22,218	(2,630)	36,063	11,215	-	-	-	-	-	-	36,063	\$ (25,061,580)
Ancillary & Diagnostics	38,839	(21,176)	38,839	(21,176)	-	-	-	-	-	-	38,839	\$ (718,244)
<b>Total</b>	<b>123,837</b>	<b>(10,115)</b>	<b>152,753</b>	<b>18,801</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>152,753</b>	<b>\$ (77,577,598)</b>

**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	2001										
<b>INPATIENT CARE</b>												
Medicine	745	745	329	329	-	-	-	-	-	-	-	(329)
Surgery	216	216	216	216	-	-	-	-	-	-	-	(216)
Intermediate Care/NHCU	17,355	-	17,355	-	17,355	-	-	-	-	-	17,355	-
Psychiatry	122,958	28,677	122,958	28,677	94,281	25,000	-	-	-	-	119,281	(3,677)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	(9,578)	-	(9,578)	9,578	-	-	-	-	-	9,578	9,578
Spinal Cord Injury	13,492	13,492	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	(13,492)	13,492	(13,492)	13,492	-	-	-	-	-	13,492	-
<b>Total</b>	<b>154,765</b>	<b>20,059</b>	<b>154,350</b>	<b>19,644</b>	<b>134,706</b>	<b>25,000</b>	-	-	-	-	<b>159,706</b>	<b>5,356</b>
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	2001										
<b>OUTPATIENT CARE</b>												
Primary Care	16,948	2,394	22,756	8,202	14,554	8,000	-	-	-	-	22,554	(202)
Specialty Care	31,774	20,321	35,574	24,121	11,453	25,000	-	-	-	-	36,453	879
Mental Health	12,220	4,299	19,835	11,914	7,921	12,000	-	-	-	-	19,921	86
Ancillary and Diagnostics	24,857	7,480	24,857	7,480	17,377	5,000	-	-	-	-	22,377	(2,480)
<b>Total</b>	<b>85,798</b>	<b>34,493</b>	<b>103,022</b>	<b>51,717</b>	<b>51,305</b>	<b>50,000</b>	-	-	-	-	<b>101,305</b>	<b>(1,717)</b>
<b>NON-CLINICAL</b>												
Research	-	(3,528)	-	(3,528)	3,528	-	-	-	-	-	3,528	3,528
Administrative	214,801	47,733	226,487	59,419	167,068	50,000	-	-	-	-	217,068	(9,419)
Other	40,829	-	40,829	-	40,829	-	-	-	-	-	40,829	-
<b>Total</b>	<b>255,630</b>	<b>44,205</b>	<b>267,316</b>	<b>55,891</b>	<b>211,425</b>	<b>50,000</b>	-	-	-	-	<b>261,425</b>	<b>(5,891)</b>

**B. North Texas Market**

**1. Description of Market**

**a. Market Definition**

Market	Includes	Rationale	Shared Counties
North Texas Code: 17b	<p>43 Counties in North Texas including 2 counties in OK</p> <p><b><u>5 sub-markets:</u></b>            17B-1 Dallas            17B-2 Ft. Worth            17B-3 Denton            17B-4 Collin            17B-5 Smith</p>	<p>The North Texas market area, centered around the Dallas Fort Worth Metroplex, contains the largest concentration of Vet. Pop. and enrollment in VISN 17. This market was developed on the basis of major transportation patterns (roads, public transportation), existing facilities and current referral patterns. A substantial majority of enrollees and Vet. Pop. within this market fall within 2 hours of primary, specialty, and tertiary care. Four sub-markets were developed around the Dallas Fort-worth Metroplex area because of the density of enrollees and Vet. Pop. and the rapid growth of surrounding counties. Most specialty and secondary care is currently delivered at the Dallas VAMC campus which is extremely congested and lacks room for growth in outpatient clinical areas. Travel from surrounding counties to the Dallas VAMC is congested and can exceed one hour. The market penetration rate is very low for this densely populated area in part because of the difficulty of transportation but also because the Dallas Medical Center is located in an undesirable part of the city and also other issues such as lack of adequate parking. Therefore we are considering the development of specialty hubs at other locations around the Metroplex or maybe in adjoining counties. We also identified an additional sub-market (Smith) in North East Texas which includes shared counties with VISN 16. This is a fast growing area which contains several CBOCs but lacks access to specialty services and could benefit from joint planning with VISN 16.</p>	<p>Shared counties with V16.</p> <p><u>V17 has the lead, but these counties will remain on V16's market spreadsheet</u></p> <p>Gregg, TX            Rusk, TX            Upshur, TX</p>

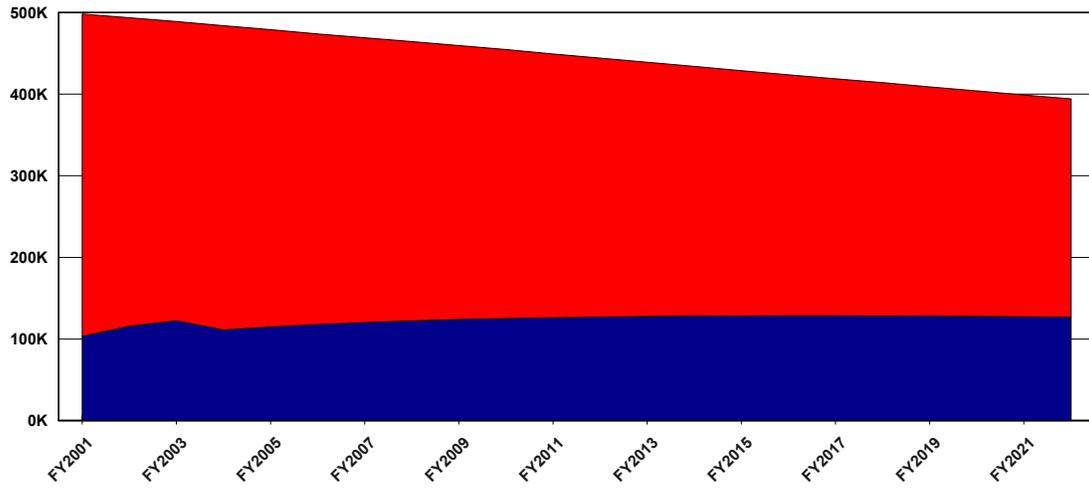
**b. Facility List**

VISN : 17				
Facility	Primary	Hospital	Tertiary	Other
<b>Bonham</b>				
549A4 Bonham VAMC	✓	✓	-	-
<b>Dallas</b>				
549 Dallas VAMC	✓	✓	✓	-
549BY Fort Worth Satellite	✓	-	-	-
549GA Tyler Area	✓	-	-	-
549GB Dallas County Primary Care Network	✓	-	-	-
549GC Bonham Area Primary Care Network	✓	-	-	-
549GD Denton Area Primary Care Network	✓	-	-	-
549GE Decatur Area Primary Care Network	✓	-	-	-
549GF Eastland Area Primary Care Network	✓	-	-	-
549GH Greenville Area PCN	✓	-	-	-
549GI Cleburne Area PCN	✓	-	-	-
549HA Tarrant County Primary Care Network	✓	-	-	-
New West Texas CBOCs	✓	-	-	-
New Smith County	✓	-	-	✓
New Tarrant County	✓	-	-	✓
New Dallas County West	✓	-	-	✓
New Dallas County East	✓	-	-	✓
New Denton County	✓	-	-	✓
New Ellis County	✓	-	-	✓
New Colin County	✓	-	-	✓

### c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
North Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care	Access				
	Access to Hospital Care	Access				
	Access to Tertiary Care	Access				
Y	Primary Care Outpatient Stops	Population Based	137,811	50%	118,370	43%
		Treating Facility Based	120,866	41%	96,491	33%
Y	Specialty Care Outpatient Stops	Population Based	273,149	151%	279,270	154%
		Treating Facility Based	259,264	138%	260,707	139%
N	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	8,027	5%	3,245	2%
Y	Medicine Inpatient Beds	Population Based	53	48%	37	33%
		Treating Facility Based	45	39%	28	25%
N	Surgery Inpatient Beds	Population Based	2	4%	-4	-7%
		Treating Facility Based	-3	-4%	-10	-16%
Y	Psychiatry Inpatient Beds	Population Based	40	30%	33	24%
		Treating Facility Based	30	30%	24	24%

**e. Stakeholder Information**

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

**Stakeholder Narrative:**

**VA NORTH TEXAS HEALTH CARE SYSTEM  
OUTREACH:**

The North Texas HCS has an effective communication network through the Commander's Council in Dallas/Fort Worth and in Bonham. Through the council, VA leaders are able to convey CARES information to VSO leadership. In addition, North Texas HCS used their quarterly all-employee newsmagazine, the Venture, to good advantage by carrying CARES information and including columns from the System Director and the VISN Director. North Texas HCS included CARES on their web site and they conducted focus groups with 10 employees and 19 VSO's in order to share information and solicit feed-back. North Texas HCS has the advantage of a Public Affairs Officer, Mr. Allen Clark, formerly Director of Memorial Affairs, who has excellent rapport with VSO's and State officials.

**CONTACTS:**

The Dallas-Fort Worth market has un-met needs in every area, so there was no concern expressed by any stakeholders concerning the viability of long-term future of facilities. The elimination of urgent care services at the Bonham facility, an action outside the CARES process, was temporarily met with concern by veterans, community leaders and Congressman Ralph Hall. However, their concerns were addressed and there has been no mention of the change in several weeks.

**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:**

**PRIMARY CARE** -The primary care workload is projected to increase 50% by 2012. Since the Dallas Medical Center is very close to capacity currently, the only viable solution will be to establish new satellite outpatient clinics strategically located near population centers and convenient traffic routes. Plans call for opening 7 new staffed clinics and 4 new contract sites over the next 10 years with a total comprising over 200,000 square feet of leased space. The seven staffed clinics should ideally provide primary, specialty and mental health services. The goal is to draw future primary care workload increases to these clinics instead of the Dallas main campus.

Specialty care services will continue to be provided at Dallas, Bonham and FWOPC. With a projected increase of over 150%, the volume of specialty care services will exceed primary care within the next 5-7 years. All of the new OPC's will have substantial capacity to provide specialty care services. The goal is to draw future specialty care workload increases to these clinics instead of the Dallas main campus.

**MENTAL HEALTH OUTPATIENT** - The Mental Health projections are inaccurate as they are straight lined through 2022. This is unrealistic considering the projected increase in users for both primary and specialty care and the need for more medical and psychiatry beds. VISN analysis of Mental Health Clinic workloads indicates a gap of 80,000 to 120,000 Mental Health Clinic stops by 2012. Mental Health projections need to be reconsidered in the next cycle of CARES workload projections.

**MEDICINE** - Projections show the need for an additional 53 medical beds by FY2012 (above 2001 operating bed levels). Combining that increase with the decreased capacity resulting from the completion of the patient privacy minor construction projects, the total bed need for the North Market will approach 80 beds. Two alternatives have been evaluated to meet this increased demand; one will add bed capacity to the existing medical center, the other will provide bed capacity using VA staff and leased beds in Dallas and Tarrant County.

**SURGERY** - Projections for surgical beds show little changes. Current capacity will meet the projected demand.

PSYCHIATRY - Inpatient psychiatry shows the need for an additional 40 acute psych inpatient beds (over 2001 operating bed levels) by 2012. Combining that need with the increased need for medical beds provides substantial justification for a major construction project at the Dallas Medical Center.

SPINAL CORD INJURY - Current CARES planning does not address the needs of SCI and there is an urgent need to address this, particularly for their Long Term 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:

While North Texas did not have any PIs for access, additional CBOCs needed for workload PIs improved access.

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	70%	30,955	84%	20,310	87%	16,458
Hospital Care	88%	12,382	92%	10,155	93%	8,862
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 – Bonham

#### 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
<b>INPATIENT CARE</b>	<b>FY 2012</b>	<b>from 2001</b>	<b>Total BDOCs</b>	<b>from 2001</b>	<b>Contract</b>	<b>Joint Ventures</b>	<b>Transfer Out</b>	<b>Transfer In</b>	<b>In Sharing</b>	<b>Sell</b>	<b>In House</b>	<b>Net Present Value</b>
Medicine	25	(32)	25	(32)	-	-	-	-	-	-	25	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	54,693	-	54,693	-	6,564	-	-	-	-	-	48,129	\$ -
Psychiatry	572	(11)	224	(359)	-	-	-	-	-	-	224	\$ 258,805
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	69,943	-	69,943	-	-	-	-	-	-	-	69,943	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	<b>125,233</b>	<b>(43)</b>	<b>124,885</b>	<b>(391)</b>	<b>6,564</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>118,321</b>	<b>\$ 258,805</b>
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
<b>OUTPATIENT CARE</b>	<b>FY 2012</b>	<b>from 2001</b>	<b>Total Stops</b>	<b>from 2001</b>	<b>Contract</b>	<b>Joint Ventures</b>	<b>Transfer Out</b>	<b>Transfer In</b>	<b>In Sharing</b>	<b>Sell</b>	<b>In House</b>	<b>Net Present Value</b>
Primary Care	45,118	(6,298)	34,142	(17,274)	-	-	-	-	-	-	34,142	\$ 4,175,133
Specialty Care	56,812	40,211	33,131	16,530	-	-	-	-	-	-	33,131	\$ 15,768,965
Mental Health	11,781	1,038	7,249	(3,494)	-	-	-	-	-	-	7,249	\$ 9,842,872
Ancillary & Diagnostics	64,615	19,219	64,616	19,220	-	-	60,000	-	-	-	4,616	\$ 44,469,465
<b>Total</b>	<b>178,327</b>	<b>54,171</b>	<b>139,138</b>	<b>14,982</b>	<b>-</b>	<b>-</b>	<b>60,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>79,138</b>	<b>\$ 74,256,435</b>

**Proposed Management of Space – FY 2012**

		Space (GSF) proposed by Market Plans in VSN									
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										
<b>INPATIENT CARE</b>											
Medicine	78	(407)	78	(407)	-	-	-	-	-	485	407
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	60,578	-	60,577	(1)	-	-	-	-	-	60,578	1
Psychiatry	927	927	363	363	-	-	-	-	-	-	(363)
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	95,978	-	95,978	-	-	-	-	-	-	95,978	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>157,561</b>	<b>520</b>	<b>156,996</b>	<b>(45)</b>	<b>157,041</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>157,041</b>	<b>45</b>
		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										
<b>OUTPATIENT CARE</b>											
Primary Care	22,560	14,028	17,071	8,539	3,000	6,000	-	-	-	17,532	461
Specialty Care	81,241	77,342	47,377	43,478	-	43,000	-	-	-	46,899	(478)
Mental Health	9,779	2,219	6,017	(1,543)	-	-	-	-	-	7,560	1,543
Ancillary and Diagnostics	51,693	45,899	3,693	(2,101)	-	-	-	-	-	5,794	2,101
<b>Total</b>	<b>165,273</b>	<b>139,488</b>	<b>74,158</b>	<b>48,373</b>	<b>3,000</b>	<b>49,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>77,785</b>	<b>3,627</b>
<b>NON-CLINICAL</b>											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	190,472	82,621	136,381	28,530	-	18,000	-	-	-	125,851	(10,530)
Other	-	-	12,925	-	-	-	-	-	-	12,925	-
<b>Total</b>	<b>203,397</b>	<b>82,621</b>	<b>149,306</b>	<b>28,530</b>	<b>-</b>	<b>18,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>138,776</b>	<b>(10,530)</b>

#### 4. Facility Level Information – Collin County

##### 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	FY 2012	from 2001		from 2001								
<b>INPATIENT CARE</b>														
Medicine		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>		-	-	-	-	-	-	-	-	-	-	-	-	\$ -
		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	FY 2012	from 2001		from 2001								
<b>OUTPATIENT CARE</b>														
Primary Care		-	-	-	32,993	32,993	-	-	-	-	-	-	32,993	\$ (70,794,890)
Specialty Care		-	-	-	85,000	85,000	-	-	-	-	-	-	85,000	\$ (364,481,686)
Mental Health		-	-	-	7,000	7,000	-	-	-	-	-	-	7,000	\$ (9,013,352)
Ancillary & Diagnostics		-	-	-	-	-	-	-	60,000	-	-	-	60,000	\$ (122,018,269)
<b>Total</b>		-	-	-	<b>124,993</b>	<b>124,993</b>	-	-	<b>60,000</b>	-	-	-	<b>184,993</b>	<b>\$ (566,308,197)</b>

**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										
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	-
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										
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	16,496	16,496	-	-	-	-	20,000	-	20,000	3,504
Specialty Care	-	-	93,500	93,500	-	-	-	-	95,000	-	95,000	1,500
Mental Health	-	-	3,850	3,850	-	-	-	-	3,850	-	3,850	-
Ancillary and Diagnostics	-	-	38,400	38,400	-	-	-	-	38,400	-	38,400	-
<b>Total</b>	-	-	<b>152,246</b>	<b>152,246</b>	-	-	-	-	<b>157,250</b>	-	<b>157,250</b>	<b>5,004</b>
<b>NON-CLINICAL</b>												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	59,376	59,376	-	-	-	-	45,000	-	45,000	(14,376)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	<b>59,376</b>	<b>59,376</b>	-	-	-	-	<b>45,000</b>	-	<b>45,000</b>	<b>(14,376)</b>

## 5. Facility Level Information – Dallas

### 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:**

While there are a large number (33,600) of DoD beneficiaries in the North Texas Market, DoD has very limited health care facilities serving these beneficiaries. Instead, DoD has chosen to utilize the TRICARE provider network as the primary provider of health care services for the North Texas Market. As a result, the opportunities for VA/DoD collaboration are limited.

### **Specific Opportunities:**

Although DoD has limited health care facilities in the North Texas Market, they do have significant land holdings, particularly in NW Fort Worth (Carswell Joint Reserve Base). There is a possibility that VA market gaps in the NW Fort Worth sub-market could be addressed utilizing a joint venture with DoD. However, the probable outcome would be a VA built and staffed facility located adjacent the base. The leadership of the Naval Air Station Clinic on the base relies upon private sector providers to provide care beyond the scope of the clinic. The only interest so far the clinic leadership has expressed is in the possibility of VA helping them with the large retire pharmacy workload the clinic experiences.

The TRICARE network of community providers provides the majority of DoD health care. Since VANTHCS is currently a TRICARE provider, DoD beneficiaries are seen at VANTHCS facilities. This TRICARE participation creates the opportunity for VA to optimize its resources by utilizing TRICARE (DoD) beneficiaries to utilize VA excess capacity. Furthermore, the flexibility inherent with TRICARE allows VA the flexibility/ability to offer services (sub-specialty) to veterans in locations where VA workload alone would be insufficient to justify the expense.

**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
<b>INPATIENT CARE</b>												
Medicine	49,345	14,000	49,346	14,001	494	-	-	-	-	-	48,852	\$ (21,442,900)
Surgery	19,519	(907)	19,519	(907)	-	-	-	-	-	-	19,519	\$ -
Intermediate/NHCU	133,339	-	133,339	-	86,671	-	-	-	-	-	46,668	\$ -
Psychiatry	40,357	9,398	40,705	9,746	-	-	-	-	-	-	40,705	\$ (36,090,156)
PRRTP	74	-	74	-	-	-	-	-	-	-	74	\$ -
Domiciliary	13,539	-	13,539	-	-	-	-	-	-	-	13,539	\$ -
Spinal Cord Injury	9,584	-	9,584	-	-	-	-	-	-	-	9,584	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	<b>265,757</b>	<b>22,491</b>	<b>266,106</b>	<b>22,840</b>	<b>87,165</b>	-	-	-	-	-	<b>178,941</b>	<b>\$ (57,533,056)</b>
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
<b>OUTPATIENT CARE</b>												
Primary Care	367,614	127,162	242,122	1,669	7,264	-	-	-	-	-	234,858	\$ 177,816,802
Specialty Care	390,038	219,051	195,560	24,573	7,823	-	-	-	-	-	187,737	\$ 701,763,752
Mental Health	163,213	6,986	147,746	(8,481)	5,910	-	-	-	-	-	141,836	\$ (397,839)
Ancillary & Diagnostics	574,566	284,026	574,566	284,026	5,746	-	120,000	-	-	-	448,820	\$ 217,116,076
<b>Total</b>	<b>1,495,431</b>	<b>637,224</b>	<b>1,159,994</b>	<b>301,788</b>	<b>26,743</b>	-	<b>120,000</b>	-	-	-	<b>1,013,251</b>	<b>\$ 1,096,298,791</b>

**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
	FY 2012											
<b>INPATIENT CARE</b>												
Medicine	101,613	44,304	101,612	44,303	57,309	-	100,000	-	-	-	157,309	55,697
Surgery	35,329	3,408	35,329	3,408	31,921	-	-	-	-	-	31,921	(3,408)
Intermediate Care/NHCU	65,743	-	65,743	(1)	65,743	-	-	-	-	-	65,743	1
Psychiatry	65,378	48,435	65,942	48,999	16,943	-	185,000	-	-	-	201,943	136,001
PRRTP	7,488	-	7,488	-	7,488	-	-	-	-	-	7,488	-
Domiciliary program	11,139	-	11,139	-	11,139	-	-	-	-	-	11,139	-
Spinal Cord Injury	-	(50,439)	50,439	-	50,439	-	-	-	-	-	50,439	-
Blind Rehab	50,439	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>337,130</b>	<b>96,148</b>	<b>337,691</b>	<b>96,709</b>	<b>240,982</b>	<b>-</b>	<b>285,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>525,982</b>	<b>188,291</b>
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
	FY 2012											
<b>OUTPATIENT CARE</b>												
Primary Care	178,293	124,260	117,429	63,396	54,033	-	85,000	-	-	-	139,033	21,604
Specialty Care	411,881	240,291	206,511	34,921	171,590	-	45,000	-	-	-	216,590	10,079
Mental Health	86,176	41,674	78,010	33,508	44,502	-	40,000	-	-	-	84,502	6,492
Ancillary and Diagnostics	364,045	211,562	287,245	134,762	152,483	-	130,000	-	-	-	282,483	(4,762)
<b>Total</b>	<b>1,040,396</b>	<b>617,788</b>	<b>689,195</b>	<b>266,587</b>	<b>422,608</b>	<b>-</b>	<b>300,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>722,608</b>	<b>33,413</b>
<b>NON-CLINICAL</b>												
Research	-	(104,628)	72,187	(32,441)	104,628	-	-	-	-	-	104,628	32,441
Administrative	578,040	281,155	428,638	131,753	296,885	45,000	70,000	-	-	-	411,885	(16,753)
Other	44,341	-	44,341	-	44,341	-	-	-	-	-	44,341	-
<b>Total</b>	<b>622,381</b>	<b>176,527</b>	<b>545,166</b>	<b>99,312</b>	<b>445,854</b>	<b>45,000</b>	<b>70,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>560,854</b>	<b>15,688</b>

## 6. Facility Level Information – Dallas County 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 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										
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
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										
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	24,744	24,744	-	-	-	-	-	-	24,744	\$ (36,455,323)
Specialty Care	-	-	20,000	20,000	-	-	-	-	-	-	20,000	\$ (66,208,527)
Mental Health	-	-	3,000	3,000	-	-	-	-	-	-	3,000	\$ (2,825,458)
Ancillary & Diagnostics	-	-	-	-	-	-	-	10,000	-	-	10,000	\$ (23,435,738)
<b>Total</b>	-	-	47,744	47,744	-	-	-	10,000	-	-	57,744	\$ (128,925,046)

**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
INPATIENT CARE	FY 2012											
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	-
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
OUTPATIENT CARE	FY 2012											
Primary Care	-	-	12,372	12,372	-	-	-	-	13,000	-	13,000	628
Specialty Care	-	-	22,000	22,000	-	-	-	-	22,000	-	22,000	-
Mental Health	-	-	1,650	1,650	-	-	-	-	1,650	-	1,650	-
Ancillary and Diagnostics	-	-	6,400	6,400	-	-	-	-	6,400	-	6,400	-
<b>Total</b>	-	-	<b>42,422</b>	<b>42,422</b>	-	-	-	-	<b>43,050</b>	-	<b>43,050</b>	<b>628</b>
NON-CLINICAL	FY 2012											
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	16,545	16,545	-	-	-	-	15,000	-	15,000	(1,545)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	<b>16,545</b>	<b>16,545</b>	-	-	-	-	<b>15,000</b>	-	<b>15,000</b>	<b>(1,545)</b>

**7. Facility Level Information – Dallas County 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:**

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											
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	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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	-	-	24,942	24,942	-	-	-	-	-	-	24,942	\$ (41,691,171)
Specialty Care	-	-	30,000	30,000	-	-	-	-	-	-	30,000	\$ (106,887,623)
Mental Health	-	-	3,000	3,000	-	-	-	-	-	-	3,000	\$ (3,285,784)
Ancillary & Diagnostics	-	-	-	-	-	-	-	15,000	-	-	15,000	\$ (33,122,766)
<b>Total</b>	-	-	<b>57,942</b>	<b>57,942</b>	<b>57,942</b>	-	-	<b>15,000</b>	-	-	<b>72,942</b>	<b>\$ (184,987,344)</b>

**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										
<b>INPATIENT CARE</b>											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
		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										
<b>OUTPATIENT CARE</b>											
Primary Care	-	12,471	12,471	-	-	-	-	13,000	-	13,000	529
Specialty Care	-	33,000	33,000	-	-	-	-	33,000	-	33,000	-
Mental Health	-	1,650	1,650	-	-	-	-	1,650	-	1,650	-
Ancillary and Diagnostics	-	9,600	9,600	-	-	-	-	8,000	-	8,000	(1,600)
<b>Total</b>		<b>56,721</b>	<b>56,721</b>					<b>55,650</b>		<b>55,650</b>	<b>(1,071)</b>
<b>NON-CLINICAL</b>											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	22,121	22,121	-	-	-	-	20,000	-	20,000	(2,121)
Other	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>		<b>22,121</b>	<b>22,121</b>					<b>20,000</b>		<b>20,000</b>	<b>(2,121)</b>

## **8. Facility Level Information – Ellis County**

### **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
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	10,392	10,392	-	-	-	-	-	-	10,392	\$ (15,530,217)
Specialty Care	-	-	9,000	9,000	-	-	-	-	-	-	9,000	\$ (25,636,998)
Mental Health	-	-	1,000	1,000	-	-	-	-	-	-	1,000	\$ (821,217)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	20,392	20,392	-	-	-	-	-	-	20,392	\$ (41,988,432)

**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											
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>												
		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											
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	5,196	5,196	-	-	-	-	6,000	-	6,000	804
Specialty Care	-	-	9,900	9,900	-	-	-	-	10,000	-	10,000	100
Mental Health	-	-	550	550	-	-	-	-	550	-	550	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>			<b>15,646</b>	<b>15,646</b>					<b>16,550</b>		<b>16,550</b>	<b>904</b>
<b>NON-CLINICAL</b>												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	6,102	6,102	-	-	-	-	5,000	-	5,000	(1,102)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>			<b>6,102</b>	<b>6,102</b>					<b>5,000</b>		<b>5,000</b>	<b>(1,102)</b>

## 9. Facility Level Information – Smith County

### 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
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	20,785	20,785	-	-	-	-	-	-	20,785	\$ (35,946,309)
Specialty Care	-	-	22,000	22,000	-	-	-	-	-	-	22,000	\$ (86,835,666)
Mental Health	-	-	3,000	3,000	-	-	-	-	-	-	3,000	\$ (3,594,745)
Ancillary & Diagnostics	-	-	-	-	-	-	-	20,000	-	-	20,000	\$ (38,289,391)
<b>Total</b>	-	-	<b>45,785</b>	<b>45,785</b>	-	-	-	<b>20,000</b>	-	-	<b>65,785</b>	<b>\$ (164,666,111)</b>

**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
INPATIENT CARE	FY 2012											
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	-
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
OUTPATIENT CARE	FY 2012											
Primary Care	-	-	10,392	10,392	-	-	-	-	10,000	-	10,000	(392)
Specialty Care	-	-	24,200	24,200	-	-	-	-	24,000	-	24,000	(200)
Mental Health	-	-	1,650	1,650	-	-	-	-	1,650	-	1,650	-
Ancillary and Diagnostics	-	-	12,800	12,800	-	-	-	-	12,800	-	12,800	-
<b>Total</b>	-	-	<b>49,042</b>	<b>49,042</b>	-	-	-	-	<b>48,450</b>	-	<b>48,450</b>	<b>(592)</b>
NON-CLINICAL	FY 2012											
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	19,126	19,126	-	-	-	-	18,000	-	18,000	(1,126)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	<b>19,126</b>	<b>19,126</b>	-	-	-	-	<b>18,000</b>	-	<b>18,000</b>	<b>(1,126)</b>

## **10. Facility Level Information – Tarrant County**

### **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
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	12,471	12,471	-	-	-	-	-	-	12,471	\$ (20,921,460)
Specialty Care	-	-	55,000	55,000	-	-	-	-	-	-	55,000	\$ (207,247,030)
Mental Health	-	-	2,000	2,000	-	-	-	-	-	-	2,000	\$ (2,284,330)
Ancillary & Diagnostics	-	-	-	-	-	-	-	15,000	-	-	15,000	\$ (48,445,048)
<b>Total</b>	-	-	<b>69,471</b>	<b>69,471</b>	-	-	-	<b>15,000</b>	-	-	<b>84,471</b>	<b>\$ (278,897,868)</b>

**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										
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	-
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										
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	6,236	6,236	-	-	-	-	6,000	-	6,000	(236)
Specialty Care	-	-	60,500	60,500	-	-	-	-	60,000	-	60,000	(500)
Mental Health	-	-	1,100	1,100	-	-	-	-	1,100	-	1,100	-
Ancillary and Diagnostics	-	-	9,600	9,600	-	-	-	-	12,800	-	12,800	3,200
<b>Total</b>	-	-	<b>77,436</b>	<b>77,436</b>	-	-	-	-	<b>79,900</b>	-	<b>79,900</b>	<b>2,464</b>
<b>NON-CLINICAL</b>												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	30,200	30,200	-	-	-	-	33,000	-	33,000	2,800
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	<b>30,200</b>	<b>30,200</b>	-	-	-	-	<b>33,000</b>	-	<b>33,000</b>	<b>2,800</b>

## 11. Facility Level Information – West Texas CBOCs

### 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
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	998	998	-	-	-	-	-	-	998	\$ (1,798,390)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	\$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	998	998	-	-	-	-	-	-	998	\$ (1,798,390)

**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										
<b>INPATIENT CARE</b>											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
		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										
<b>OUTPATIENT CARE</b>											
Primary Care	-	499	499	-	-	-	-	-	-	-	(499)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
		499	499	-	-	-	-	-	-	-	(499)
<b>NON-CLINICAL</b>											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	195	195	-	-	-	-	-	-	-	(195)
Other	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
		195	195	-	-	-	-	-	-	-	(195)

## C. Southern Market

### 1. Description of Market

#### a. Market Definition

<b>Market</b>	<b>Includes</b>	<b>Rationale</b>	<b>Shared Counties</b>
South Texas Market  Code: 17C	40 counties in the South Central	The South Texas Market is centered around the intersection of major interstates I-10 and I-35 with San Antonio serving as the focal point for this market. The location of existing facilities and referral patterns were also considered in its development. The San Antonio VAMC provides primary, secondary, as well as tertiary care for this market. Specialty care is also available at the Frank Tejada CBOC in San Antonio and the Kerrville VAMC. The Kerrville VAMC also provides limited secondary hospital care. Extended Care is provided at both the San Antonio and Kerrville medical centers with Kerrville being designated as a Center of Excellence. No sub-markets were identified for this market as Bexar county (San Antonio) is the only major urban county in this market surrounded by 39 rural or semi-rural counties.	None

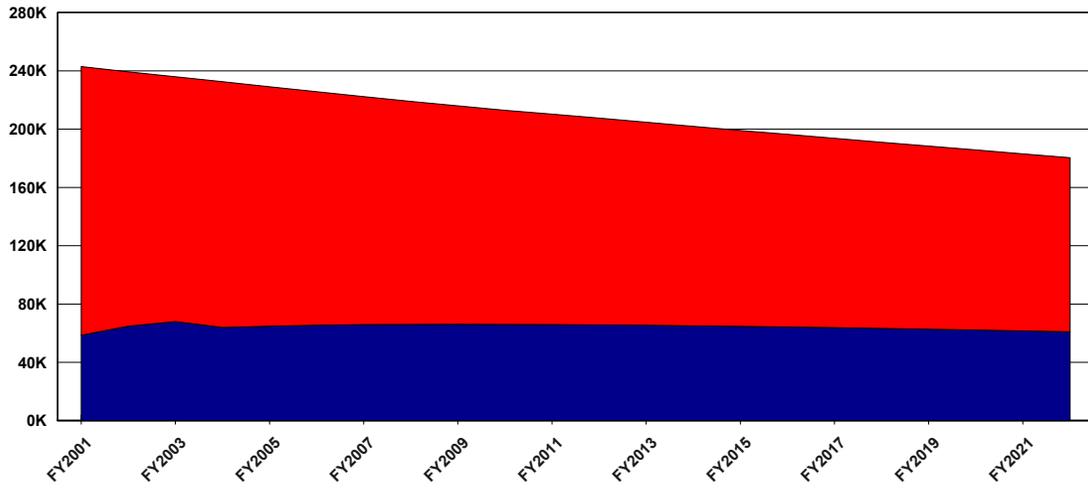
**b. Facility List**

<b>VISN : 17</b>				
<b>Facility</b>	<b>Primary</b>	<b>Hospital</b>	<b>Tertiary</b>	<b>Other</b>
<b>Kerrville</b>				
671A4 Kerrville VAMC	✓	✓	-	-
<b>San Antonio</b>				
671 San Antonio VAMC	✓	✓	✓	-
671B0 McAllen Satellite	✓	-	-	-
671BY Frank M. Tejeda Satellite	✓	-	-	-
671BZ Corpus Christi Satellite	✓	-	-	-
671GA Brownsville	✓	-	-	-
671GB Victoria	✓	-	-	-
671GD Eagle Pass	✓	-	-	-
671GE Laredo	✓	-	-	-
671GF South Bexar Cnty	✓	-	-	-
671GG Alice	✓	-	-	-
671GH Beeville	✓	-	-	-
671GI Kingsville	✓	-	-	-
671GJ Uvalde	✓	-	-	-
671GK San Antonio Area PCN	✓	-	-	-
671GL New Braunfels (Comal County)	✓	-	-	-
New Denton County	✓	-	-	✓
New Bexar County NE	✓	-	-	✓
New Bexar County South	✓	-	-	-
New Cameron County	✓	-	-	✓

### c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Southern Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care	Access				
	Access to Hospital Care	Access				
	Access to Tertiary Care	Access				
Y	Primary Care Outpatient Stops	Population Based	79,194	49%	51,780	32%
		Treating Facility Based	99,072	41%	59,565	25%
Y	Specialty Care Outpatient Stops	Population Based	148,077	129%	135,692	118%
		Treating Facility Based	205,902	134%	187,389	122%
Y	Mental Health Outpatient Stops	Population Based	58,514	95%	37,472	61%
		Treating Facility Based	78,505	110%	53,271	74%
N	Medicine Inpatient Beds	Population Based	-5	-6%	-16	-19%
		Treating Facility Based	11	9%	-8	-7%
N	Surgery Inpatient Beds	Population Based	-8	-22%	-13	-34%
		Treating Facility Based	-7	-13%	-15	-27%
N	Psychiatry Inpatient Beds	Population Based	-10	-14%	-17	-25%
		Treating Facility Based	-4	-5%	-15	-19%

**e. Stakeholder Information**

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

**Stakeholder Narrative:**

**VA SOUTH TEXAS HEALTH CARE SYSTEM**

**OUTREACH:**

South Texas HCS leadership made an extraordinary effort to outreach to internal and external stakeholders. Besides direct mailings, web-site, Town Hall Meetings, meetings with congressional representatives, the Director led a group of senior executives to personally visit VA facilities in San Antonio, Kerrville, Laredo, McAllen, Corpus Christi and Victoria. At each location large numbers of veterans and community leaders received a CARES briefing and then were allowed extended periods of question and answer. The success of the team's efforts was highlighted in the February 2003 issue of Vanguard.

**COMMENTS:**

The focus of many of the comments was on Kerrville and the Lower Rio Grande Valley. The Valley, which suffers from a large population of veterans that feel removed from the tertiary facility in San Antonio, has long called for improved accessibility and specialized services in the area. Veterans make an arduous 5 to 6 hour trip to San Antonio in DAV vans. As a result, South Texas HCS officials were successful in designating the Valley/Coastal Bend as a high priority area for CARES. Talks are underway with political, community and educational leaders to improve services to under-served veterans in the Valley.

At the same time, veterans in Kerrville have been highly critical of the CARES process as they remain suspicious that their small VA hospital will be downgraded or closed. The community leaders have been vocal opponents of the integration with the larger San Antonio medical center since 1995. They are hostile to any notion of a lessening of services at the Kerrville facility. As a result, great care was taken to brief the leadership and to include their comments as part of the CARES plan.

**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:**

**PRIMARY CARE** - The primary care workload is projected to increase 50% by 2012. Current plans include significant expansion of the current sharing agreements with DoD. The current workload at Audie L. Murphy Division (ALMD) and Frank Tejada Outpatient Clinic (FTOPC) is operating at or above capacity. It is necessary to provide additional access points to meet the current and projected demand. One major initiative involves the establishment of a new mega clinic near Randolph AFB in NE Bexar county. This clinic will provide significant capacity in primary, mental health and specialty care. Negotiations with DoD may include the use of additional space at this clinic for discharge physicals and/or other sharing agreements. Other clinics in the San Antonio area will provide additional primary care services and will be co-located in areas to take advantage of potential sharing agreements with existing DoD bases. A major expansion of the existing clinic in Laredo is planned to meet the increased workload projected in the southern portion of the market.

**SPECIALTY CARE** - Specialty care services will continue to be provided at ALMD, FTOPC and Kerrville Division (KD). However, the 129% increase in projected workload will require a significant addition to the current capacity. The mega-clinic in NE Bexar county will be sized to meet this demand.

**MENTAL HEALTH** - Current data forecasts show a 100% increase in mental health outpatient demand. The bulk of this workload will be allocated to the new mega-clinic in NE Bexar county.

**MEDICINE** - The current bed demand at ALMD is operating at full capacity and has a 200,000 square foot space deficit. Projections show a slight decrease in three inpatient categories over the planning period. As demand decreases over time, it appears that ALMD will have sufficient capacity to provide inpatient services around 2012. To accommodate the additional space needs at ALMD, acute inpatient detoxification psychiatry beds will be relocated to the Kerrville Division. This allows the Southern Market to adequately meet the inpatient demands. Beginning in 2012, the current data shows the ability to reabsorb workload into the ALMD facility.

**SURGERY** - Projected data shows decreasing demand, however, the existing space is undersized according to current space criteria. Additional space will be

needed to meet minimum design standards. This additional space will be accessible through strategic administrative moves that will allow for necessary clinical expansion.

PSYCHIATRY - Projected data shows decreasing demand, however, the existing space is undersized according to current space criteria. Additional space will be needed to meet minimum design standards. This additional space will be accessible through strategic administrative moves that will allow for necessary clinical expansion.

SCI - We are currently managing SCI patients requiring long term care (LTC) within existing LTC facilities and are considering offering SCI specific LTC. One alternative is to establish LTC SCI beds at the Kerrville Division in concert with the Assisted Living Project. This service would include respite services and LTC services that are not available in the community.

## 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:

While South Texas did not have any PIs for access, additional CBOCs needed for workload PIs improved access.

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	82%	10,543	85%	9,850	86%	8,539
Hospital Care	84%	9,372	90%	6,567	91%	5,489
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 – Bexar County NE

#### 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											
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	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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	-	-	31,108	31,108	-	-	-	-	-	-	31,108	\$ (68,249,142)
Specialty Care	-	-	120,708	120,708	-	-	-	-	-	-	120,708	\$ (574,501,816)
Mental Health	-	-	19,000	19,000	-	-	-	-	-	-	19,000	\$ (46,392,149)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	<b>170,816</b>	<b>170,816</b>	<b>170,816</b>	-	-	-	-	-	<b>170,816</b>	<b>\$ (689,143,107)</b>

**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										
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	-
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										
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	15,554	15,554	-	-	-	-	16,000	-	16,000	446
Specialty Care	-	-	132,779	132,779	-	-	-	-	130,000	-	130,000	(2,779)
Mental Health	-	-	12,350	12,350	-	-	-	-	13,000	-	13,000	650
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	<b>160,683</b>	<b>160,683</b>	-	-	-	-	<b>159,000</b>	-	<b>159,000</b>	<b>(1,683)</b>
<b>NON-CLINICAL</b>												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	56,239	56,239	-	-	-	-	43,000	-	43,000	(13,239)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	<b>56,239</b>	<b>56,239</b>	-	-	-	-	<b>43,000</b>	-	<b>43,000</b>	<b>(13,239)</b>

#### **4. Facility Level Information – Bexar County South**

##### **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											
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	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops 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	-	-	44,269	44,269	-	-	-	-	-	-	44,269	\$ (96,508,990)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	11,000	11,000	-	-	-	-	-	-	11,000	\$ (25,387,796)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	<b>55,269</b>	<b>55,269</b>	<b>55,269</b>	-	-	-	-	-	<b>55,269</b>	<b>\$ (121,896,786)</b>

**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
INPATIENT CARE	FY 2012											
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	-
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
OUTPATIENT CARE	FY 2012											
Primary Care	-	-	22,134	22,134	-	-	-	-	23,000	-	23,000	866
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	7,150	7,150	-	-	-	-	7,000	-	7,000	(150)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	29,284	29,284	-	-	-	-	30,000	-	30,000	716
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
NON-CLINICAL	FY 2012											
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	10,249	10,249	-	-	-	-	7,800	-	7,800	(2,449)
Other	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	10,249	10,249	-	-	-	-	7,800	-	7,800	(2,449)

## 5. Facility Level Information – Cameron County

### 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)											
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	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
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	-	-	13,924	13,924	-	-	-	-	-	-	13,924	\$ (29,968,351)
Specialty Care	-	-	28,167	28,167	-	-	-	-	-	-	28,167	\$ (134,653,848)
Mental Health	-	-	13,000	13,000	-	-	-	-	-	-	13,000	\$ (32,295,130)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	<b>55,091</b>	<b>55,091</b>	-	-	-	-	-	-	<b>55,091</b>	<b>\$ (196,917,329)</b>

**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 to Vacant
	FY 2012										
<b>INPATIENT CARE</b>											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
		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 to Vacant
	FY 2012										
<b>OUTPATIENT CARE</b>											
Primary Care	-	6,962	6,962	-	-	-	-	7,000	-	7,000	38
Specialty Care	-	30,984	30,984	-	-	-	-	30,000	-	30,000	(984)
Mental Health	-	8,450	8,450	-	-	-	-	9,000	-	9,000	550
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
	-	46,396	46,396	-	-	-	-	46,000	-	46,000	(396)
<b>NON-CLINICAL</b>											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	16,239	16,239	-	-	-	-	12,225	-	12,225	(4,014)
Other	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
	-	16,239	16,239	-	-	-	-	12,225	-	12,225	(4,014)

**6. Facility Level Information – Denton County**

**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
<b>INPATIENT CARE</b>												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	-	-	-	-	-	-	-	-	-	\$ -
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
<b>OUTPATIENT CARE</b>												
Primary Care	-	-	9,145	9,145	-	-	-	-	-	-	9,145	\$ (14,832,033)
Specialty Care	-	-	5,000	5,000	-	-	-	-	-	-	5,000	\$ (18,423,067)
Mental Health	-	-	1,000	1,000	-	-	-	-	-	-	1,000	\$ (860,158)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	-	-	15,145	15,145	-	-	-	-	-	-	15,145	\$ (34,115,258)

**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										
<b>INPATIENT CARE</b>											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>											
		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										
<b>OUTPATIENT CARE</b>											
Primary Care	-	4,572	4,572	-	-	-	-	6,000	-	6,000	1,428
Specialty Care	-	5,500	5,500	-	-	-	-	6,000	-	6,000	500
Mental Health	-	550	550	-	-	-	-	550	-	550	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>		<b>10,622</b>	<b>10,622</b>					<b>12,550</b>		<b>12,550</b>	<b>1,928</b>
<b>NON-CLINICAL</b>											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	4,143	4,143	-	-	-	-	5,000	-	5,000	857
Other	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>		<b>4,143</b>	<b>4,143</b>					<b>5,000</b>		<b>5,000</b>	<b>857</b>

## 7. Facility Level Information – Kerrville

### 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:**

A full analysis of this small facility PI can be found on the VISN 17 CARES Portal

#### **Background**

The South Texas Veterans Health Care System (STVHCS) is divided into two markets for the CARES study, the Southern Market (Audie L. Murphy Division and Kerrville Division) and the Valley-Coastal Bend Market. The Kerrville Division (KD) has made adjustments to the services provided to include the closing of surgical beds ensuring the appropriate mix of services is provided. In addition, the CARES analysis supports the need for telemetry beds rather than

ICU beds. Patient satisfaction surveys indicate positive customer satisfaction with the inpatient facility at Kerrville. Costs are lower at this facility than at community hospitals and average VISN facilities for comparable services.

#### Situational Assessment

At present, KD has 20 acute medical beds and 5 ICU beds. The CARES process mandates that facilities with less than 40 total medical beds conduct an analysis to determine that these beds are necessary. The purpose of this analysis is to evaluate current data to ensure that adequate standards of quality, safety and efficiency are being maintained. The completion of this analysis shall be documented and will become a Network 17 Small Facility Planning Initiative to be submitted to the National Cares Program Office by April 15, 2003 as part of the overall Market Plan.

#### Analysis

The total projected workload for ALMD includes the inpatient needs from the Southern market and 35% of the inpatient workload from the V-CB market. This V-CB workload represents types of tertiary care services such as cardiac or orthopedic inpatient care that are either unavailable or too costly to purchase in the V-CB market. The remaining 65% of the V-CB inpatient workload will be acquired through contracts from facilities in the local community pending the availability of resources. When the existing demand for acute medical beds at KD (approximately 25 beds) is added to the ALMD projections the average occupancy rate will be 92% in FY2004. This occupancy rate exceeds generally accepted standards for effective management of a typical acute medical unit. Therefore, the analysis does not support the re-allocation of the KD acute medical bed workload until at least FY2012 when sufficient capacity will be available at ALMD (according to current CARES projections). The analysis also indicates that the conversion of the 5 existing ICU beds to acute medical telemetry beds will meet the medical needs of the KD.

An assessment of community resources in Kerrville and San Antonio determined that the community facilities do not have the capacity to absorb the KD acute medical bed demand.

#### Conclusion

The VISN 17 recommendation for the Small Facility Planning Initiative is Alternative #A: Retain Acute Care Beds. Maintaining the current number of acute medical beds at KD meets a critical workload gap in total beds available in the Southern Market and all measures of quality, safety, and patient satisfaction support this alternative.

### **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:**

The Kerrville Division has submitted a proposal to the Secretary of the VA for an enhanced use project. This project will consist of a 42-bed Assisted Living unit under the enhanced use guidelines. The space required for this project is approximately 15,000 square feet. The availability of an Assisted Living unit is of great benefit to the community and offers additional resources through the enhanced use guidelines. The KD facility is an historical building and this project makes valuable use of additional space within the facility.

### **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)									
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	4,476	(1,793)	4,476	(1,793)	-	-	-	3,442	-	-	7,918	\$(53,545,107)
Surgery	51	(324)	52	(323)	-	-	-	-	-	-	52	\$-
Intermediate/NHCU	80,253	-	80,253	-	27,287	-	-	-	-	-	52,966	\$-
Psychiatry	114	(172)	114	(172)	-	-	-	-	-	-	114	\$-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$-
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$-
Spinal Cord Injury	8	-	8	-	-	-	-	-	-	-	8	\$-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$-
<b>Total</b>	<b>84,902</b>	<b>(2,289)</b>	<b>84,903</b>	<b>(2,288)</b>	<b>27,287</b>	<b>-</b>	<b>-</b>	<b>3,442</b>	<b>-</b>	<b>-</b>	<b>61,058</b>	<b>\$(53,545,107)</b>
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from 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	27,656	(4,351)	27,657	(4,350)	-	-	-	-	-	-	27,657	\$-
Specialty Care	37,261	19,036	37,262	19,037	-	-	-	-	-	-	37,262	\$(10,059,356)
Mental Health	10,205	6,305	10,206	6,306	-	-	-	-	-	-	10,206	\$(799,991)
Ancillary & Diagnostics	39,643	1,555	39,643	1,555	14,000	-	-	-	-	-	25,643	\$(2,093,938)
<b>Total</b>	<b>114,766</b>	<b>22,546</b>	<b>114,768</b>	<b>22,548</b>	<b>14,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100,768</b>	<b>\$(12,953,285)</b>

**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
<b>INPATIENT CARE</b>	<b>FY 2012</b>	9,310	889	16,469	8,048	7,000	-	-	-	15,421	(1,048)
Medicine		86	86	86	-	-	-	-	-	-	(86)
Surgery		52,048	-	52,047	(1)	-	-	-	-	52,048	1
Intermediate Care/NHCU		185	185	185	-	-	-	-	-	-	(185)
Psychiatry		-	-	-	-	-	-	-	-	-	-
PRRTP		-	-	-	-	-	-	-	-	-	-
Domiciliary program		-	(19,700)	-	19,700	-	-	-	-	19,700	19,700
Spinal Cord Injury		35	35	35	-	-	-	-	-	-	(35)
Blind Rehab		-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>FY 2012</b>	<b>61,664</b>	<b>(18,505)</b>	<b>68,822</b>	<b>(11,347)</b>	<b>7,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>87,169</b>	<b>18,347</b>
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
<b>OUTPATIENT CARE</b>	<b>FY 2012</b>	14,382	(1,049)	14,382	(1,049)	-	-	-	-	15,431	1,049
Primary Care		40,988	28,489	40,988	28,489	11,308	-	-	-	43,807	2,819
Specialty Care		8,471	5,991	8,471	5,991	6,500	-	-	-	8,980	509
Mental Health		30,525	14,995	19,745	4,215	-	-	-	-	15,530	(4,215)
Ancillary and Diagnostics		94,566	48,426	83,586	37,646	26,500	-	-	-	83,748	162
<b>Total</b>	<b>FY 2012</b>	<b>181,766</b>	<b>30,369</b>	<b>198,309</b>	<b>46,912</b>	<b>10,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>161,397</b>	<b>(36,912)</b>
Research		157,590	30,369	164,083	36,862	-	-	-	-	127,221	(36,862)
Administrative		24,176	-	24,176	-	-	-	-	-	24,176	-
Other		-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>FY 2012</b>	<b>181,766</b>	<b>30,369</b>	<b>198,309</b>	<b>46,912</b>	<b>10,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>161,397</b>	<b>(36,912)</b>

## **8. Facility Level Information – San Antonio**

### **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 VA and DoD have been tasked to combine resources in order to reduce costs and redundancies and increase efficiencies within their agencies. Towards that end, the South Texas Veterans Health Care System (STVHCS) is working with its DoD counterparts at Wilford Hall Medical Center (WHMC) and Brook Army Medical Center (BAMC) to increase efficiencies. The following have been identified as possible areas of collaboration and potential cost-savings to the above-mentioned agencies:

1. Establish a Primary Care Facility in Northeast San Antonio = It is proposed to jointly construct and operate a primary care facility on the northeast side of San Antonio with Randolph AFB. Rationale: The VA is looking at consolidating their contracts with Wellmed and establishing a mega clinic; and, Randolph AFB is looking for additional primary care space.
2. Consolidation of reference-type laboratories = Consolidating reference-type laboratories that require specialized equipment and personnel with both BAMC and WHMC is being explored. This consolidation would be a cost savings to both VA and DOD.
3. Domiciliary/Half-way house program = If appropriate space could be found at Ft Sam Houston, the STVHCS would establish a domiciliary/halfway house program versus referring our patients to the Temple Dom.
4. Radiology film interpretation for DoD Region 6 = If STVHCS could build up their infrastructure for PACs (Picture Archiving Capability), we could interpret radiology films for DOD Region 6.
5. Adding WHMC and BAMC to VA/DoD CMOP pilot = we are looking at the feasibility of adding WHMC and BAMC to the VA/DOD CMOP Pilot. This would maximize pharmacy resources for both VA and DOD.
6. Discharge Physicals = we are exploring the possibility of performing pre-discharge physicals for BAMC.
7. South Bexar Clinic = we are exploring the feasibility of relocating the South Bexar Clinic to Brooks City Base once our lease expires in August 2003. This looks like it will happen.
8. Sleep Lab. BAMC is establishing a Sleep Clinic. Once this clinic is up and running, we will be sending approximately 10% of our sleep lab population to BAMC.
9. Bone Marrow Transplant (BMT) Unit. We are looking at the feasibility of consolidating the BAMC/WHMC BMT unit with our unit.

The Director of STVHCS and Commanding Officer of Navel Hospital Corpus Christi – Health Care System (NHCC-HCS) signed a Memorandum of

Understanding (attached) on October 18, 2002 and a formal Sharing Agreement (attached) on December 20, 2002. STVHCS is taking action to implement short-term initiatives including Minor Procedures, Audiology and Optometry services

·Minor Procedures: NHCC-HCS has capacity to perform an estimated 476 veteran procedures annually, with STVHCS providing anatomic pathology. The minor surgical procedure program commenced at NHCC-HCS on January 30, 2003.

·Audiology: NHCC-HCS has a state-of-the-art sound booth that will be utilized to provide diagnostic testing for an estimated 480 veteran and 941 DoD visits annually. STVHCS is providing a full-time staff audiologist and staff technician as well as additional diagnostic equipment costing approximately \$30,000. NHCC-HCS has modified space to accommodate the VA audiology staff. Staff has been hired and audiology services commenced on March 7, 2003.

·Optometry: NHCC-HCS has a fully equipped optometry clinic area that will be utilized to provide outpatient optometry services for an estimated 725 veteran and 1,462 DoD visits annually. STVHCS is providing a full-time staff optometrist and staff technician. Optometry services will commence upon filling these positions. In addition to the staff listed above, STVHCS is providing two full time clerical staff, which brings the total to six full time staff required to support Tier 1 initiatives.

Retinal Imaging. We are exploring the feasibility of contracting with the Department of Ophthalmology, UTHSCSA, to augment the Lion's/HEB mobile eye clinic.

### **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)									
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	35,700	5,173	35,700	5,173	3,213	-	-	-	-	-	32,487	\$ (3,205,719)
Surgery	14,726	(1,962)	14,726	(1,962)	295	-	-	-	-	-	14,431	\$ (352,403)
Intermediate/NHCU	92,983	-	92,983	-	67,878	-	-	-	-	-	25,105	\$ -
Psychiatry	23,658	(982)	23,658	(982)	-	-	3,442	-	-	-	20,216	\$ 24,212,530
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	8,104	-	8,104	-	-	-	-	-	-	-	8,104	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Total</b>	<b>175,170</b>	<b>2,228</b>	<b>175,171</b>	<b>2,229</b>	<b>71,386</b>	<b>-</b>	<b>3,442</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100,343</b>	<b>\$ 20,654,408</b>
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from 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	310,312	103,419	221,011	14,118	13,261	-	-	-	-	-	207,750	\$ 152,098,898
Specialty Care	322,611	186,866	178,499	42,754	17,850	-	-	-	-	-	160,649	\$ 573,540,755
Mental Health	139,825	72,198	102,478	34,851	6,149	-	-	-	-	-	96,329	\$ 67,777,745
Ancillary & Diagnostics	361,935	151,281	361,936	151,281	18,097	-	-	-	-	-	343,839	\$ (47,756,517)
<b>Total</b>	<b>1,134,683</b>	<b>513,763</b>	<b>863,924</b>	<b>243,004</b>	<b>55,357</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>808,567</b>	<b>\$ 745,660,881</b>

**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
<b>INPATIENT CARE</b>	<b>FY 2012</b>										
Medicine	77,969	77,969	32,365	45,604	-	40,000	-	-	-	85,604	7,635
Surgery	24,678	24,677	6,431	18,246	5,601	-	-	-	-	23,847	(830)
Intermediate Care/NHCU	39,114	39,113	(1)	39,114	-	-	-	-	-	39,114	1
Psychiatry	38,326	32,750	16,446	16,304	-	15,000	-	-	-	31,304	(1,446)
PRRTP	-	-	(8,442)	8,442	-	-	-	-	-	8,442	-
Domiciliary program	31,670	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	31,670	-	-	-	-	-	-	-	31,670	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>211,757</b>	<b>206,179</b>	<b>46,799</b>	<b>159,380</b>	<b>5,601</b>	<b>55,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>219,981</b>	<b>13,802</b>
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
<b>OUTPATIENT CARE</b>	<b>FY 2012</b>										
Primary Care	145,847	103,875	59,755	44,120	-	-	-	60,000	-	104,120	245
Specialty Care	319,386	176,714	60,175	116,539	-	-	-	60,000	-	176,539	(175)
Mental Health	85,433	62,614	53,590	9,024	-	-	-	60,000	-	69,024	6,410
Ancillary and Diagnostics	220,057	220,057	165,133	54,924	-	15,000	-	140,000	-	209,924	(10,133)
<b>Total</b>	<b>770,723</b>	<b>563,260</b>	<b>338,653</b>	<b>224,607</b>	<b>-</b>	<b>15,000</b>	<b>-</b>	<b>320,000</b>	<b>-</b>	<b>559,607</b>	<b>(3,655)</b>
<b>NON-CLINICAL</b>	<b>FY 2012</b>										
Research	-	190,138	136,533	53,605	-	90,000	-	-	-	143,605	(46,533)
Administrative	362,630	335,852	181,082	154,770	-	70,000	-	95,000	-	319,770	(16,082)
Other	26,804	26,804	-	26,804	-	-	-	-	-	26,804	-
<b>Total</b>	<b>389,434</b>	<b>552,794</b>	<b>317,615</b>	<b>235,179</b>	<b>-</b>	<b>160,000</b>	<b>-</b>	<b>95,000</b>	<b>-</b>	<b>490,179</b>	<b>(62,615)</b>

## D. Coastal Bend – Valley Market

### 1. Description of Market

#### a. Market Definition

Market	Includes	Rationale	Shared Counties
Coastal Bend-Valley Market  Code: 17D	15 Counties comprising South Texas  <u>2 Sub-markets:</u> 17D-1 Coastal Bend  17D-2 Valley	<p>The Coastal Bend Valley market was identified as a group of counties containing a number of small to medium sized cities all of which are too remote in terms of travel time and distance to meet CARES access standards for secondary care. There are presently no inpatient services in this market other than a limited contract in the Lower Rio Grande Valley and limited access to specialty care. Patients must now travel to San Antonio (2.5 - 6 hrs) for most type of secondary care. Opportunities to reduce this access gap exist through working with DOD in corpus Christi as well as the University of Texas Regional Health Academic Center and its affiliated Valley Baptist Medical Center in Harlingen. Two sub-markets were identified: Coastal Bend( Corpus Christi and surrounding area) and Rio Grande Valley (Brownsville, McAllen, Harlingen and surrounding areas because transportation between these areas is difficult involving secondary roads which take considerable travel time. Webb county (Laredo) was excluded from this market because it has convenient access to I-35 which provides rapid transit to the San Antonio Medical Center. Travel preferences would indicate that San Antonio would continue to be the first choice even if additional services were provided in either of the two sub-makets.</p>	None

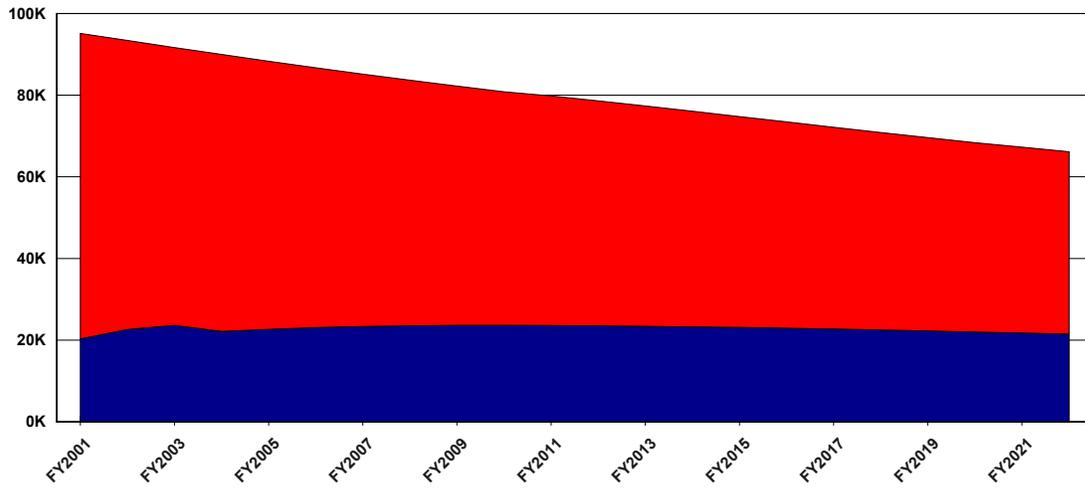
**b. Facility List**

**There are no facilities assigned to this market.**

### c. Veteran Population and Enrollment Trends

--- Projected Veteran Population

--- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Valley-Coastal Blend Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	%Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care	Access				
	Access to Hospital Care	Access				
	Access to Tertiary Care	Access				
Y	Primary Care Outpatient Stops	Population Based	37,034		24,367	44%
		Treating Facility Based				
Y	Specialty Care Outpatient Stops	Population Based	64,895	224%	57,889	
		Treating Facility Based				
Y	Mental Health Outpatient Stops	Population Based	27,440	232%	20,441	173%
		Treating Facility Based				
N	Medicine Inpatient Beds	Population Based	18		12	64%
		Treating Facility Based	11	9%	-8	-7%
N	Surgery Inpatient Beds	Population Based	4	38%	1	11%
		Treating Facility Based	-7	-13%	-15	-27%
N	Psychiatry Inpatient Beds	Population Based	4	18%	-17	-25%
		Treating Facility Based	-4	-5%	1	4%

**e. Stakeholder Information**

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

**Stakeholder Narrative:**

**VA SOUTH TEXAS HEALTH CARE SYSTEM**

**OUTREACH:**

South Texas HCS leadership made an extraordinary effort to outreach to internal and external stakeholders. Besides direct mailings, web-site, Town Hall Meetings, meetings with congressional representatives, the Director led a group of senior executives to personally visit VA facilities in San Antonio, Kerrville, Laredo, McAllen, Corpus Christi and Victoria. At each location large numbers of veterans and community leaders received a CARES briefing and then were allowed extended periods of question and answer. The success of the team's efforts was highlighted in the February 2003 issue of Vanguard.

**COMMENTS:**

The focus of many of the comments was on Kerrville and the Lower Rio Grande Valley. The Valley, which suffers from a large population of veterans that feel removed from the tertiary facility in San Antonio, has long called for improved accessibility and specialized services in the area. Veterans make an arduous 5 to 6 hour trip to San Antonio in DAV vans. As a result, South Texas HCS officials were successful in designating the Valley/Coastal Bend as a high priority area for CARES. Talks are underway with political, community and educational leaders to improve services to under-served veterans in the Valley.

At the same time, veterans in Kerrville have been highly critical of the CARES process as they remain suspicious that their small VA hospital will be downgraded or closed. The community leaders have been vocal opponents of the integration with the larger San Antonio medical center since 1995. They are hostile to any notion of a lessening of services at the Kerrville facility. As a result, great care was taken to brief the leadership and to include their comments as part of the CARES plan.

**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:**

**PRIMARY CARE** - The primary care workload is projected to increase 70% by 2012. New VA staffed clinics in Harlingen and a major expansion of the existing clinic in Corpus Christi are planned to meet this workload.

**Specialty Care** Specialty care services show significant increases. This care will be provided in the new clinic in Harlingen and additional care will be provided at the expanded Corpus Christi facility.

**MENTAL HEALTH** - Mental health services will be provided in the new clinic locations to meet the projected increases in workload.

**MEDICINE** - The access gap for inpatient acute hospital care will be settled through new or expanded sharing agreements in Harlingen and Corpus Christi. 35% of the inpatient workload will continue to be provided at ALMD.

**SURGERY** - 35% of Surgical beds will continue to be provided at ALMD. The remaining care will be contracted in the local community.

**PSCYCHIATRY** - 35% of Inpatient psychiatry beds will be provided at ALMD. The remaining care will be contracted in the local community.

**SCI** Not applicable for V-CB Market.

## **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:**

The Valley-Coastal Bend Market has an access PI for hospital care. Planned contract Hospital beds will adequately address this PI. This market does not have a PI for Tertiary care because it does not meet the population threshold. It is estimated that 35% of the hospital care and all of the tertiary care from this market will be provided at the San Antonio VAMC.

The need for acute hospital care in the Valley-Coastal Bend market qualifies as a Planning Initiative; however, the demand is not great enough to qualify for VA staffed hospital beds. The key to resolving this PI was providing care to veterans without building a VA facility. The CARES projections show approximately 10 beds needed in Nueces county and 10 beds needed in Cameron county. It is expected that approximately 35% of the acute hospital demand will continue to be treated at Audie L. Murphy Division. Many patients will continue to be followed by specialty care clinics with subsequent admissions. By expanding current contracts and initiating additional contracts with affiliated hospitals in the Valley Coastal Bend region in Harlingen (78550) and Corpus Christi (671BZ) access to care for acute hospital care reaches 90%. The primary change in Market operations will be a decrease in the number of patients seen at ALMD due to extended contract care availability in the Valley-Coastal Bend market. This Planning Initiative was examined for alternatives including leasing acute hospital beds and contracting for bed days of care in the region. The leasing option is the number one option because it allows the greatest financial flexibility while providing the necessary inpatient care. The impact on CARES criteria is the resolution of a significant access gap. Through funding for contract inpatient hospital care, residents will be able to stay in their community for acute hospital care.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	within Guidelines	# of enrollees outside access Guidelines
<b>Primary Care</b>	<b>83%</b>	3,445	<b>88%</b>	2,819	<b>89%</b>	2,363
<b>Hospital Care</b>	<b>3%</b>	19,658	<b>92%</b>	1,879	<b>93%</b>	1,504
<b>Tertiary Care</b>	<b>50%</b>	10,133	<b>46%</b>	12,686	<b>42%</b>	12,458

**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**

**There are no Facilities Assigned to this Market.**