

Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services



VISN 20

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/>>>.

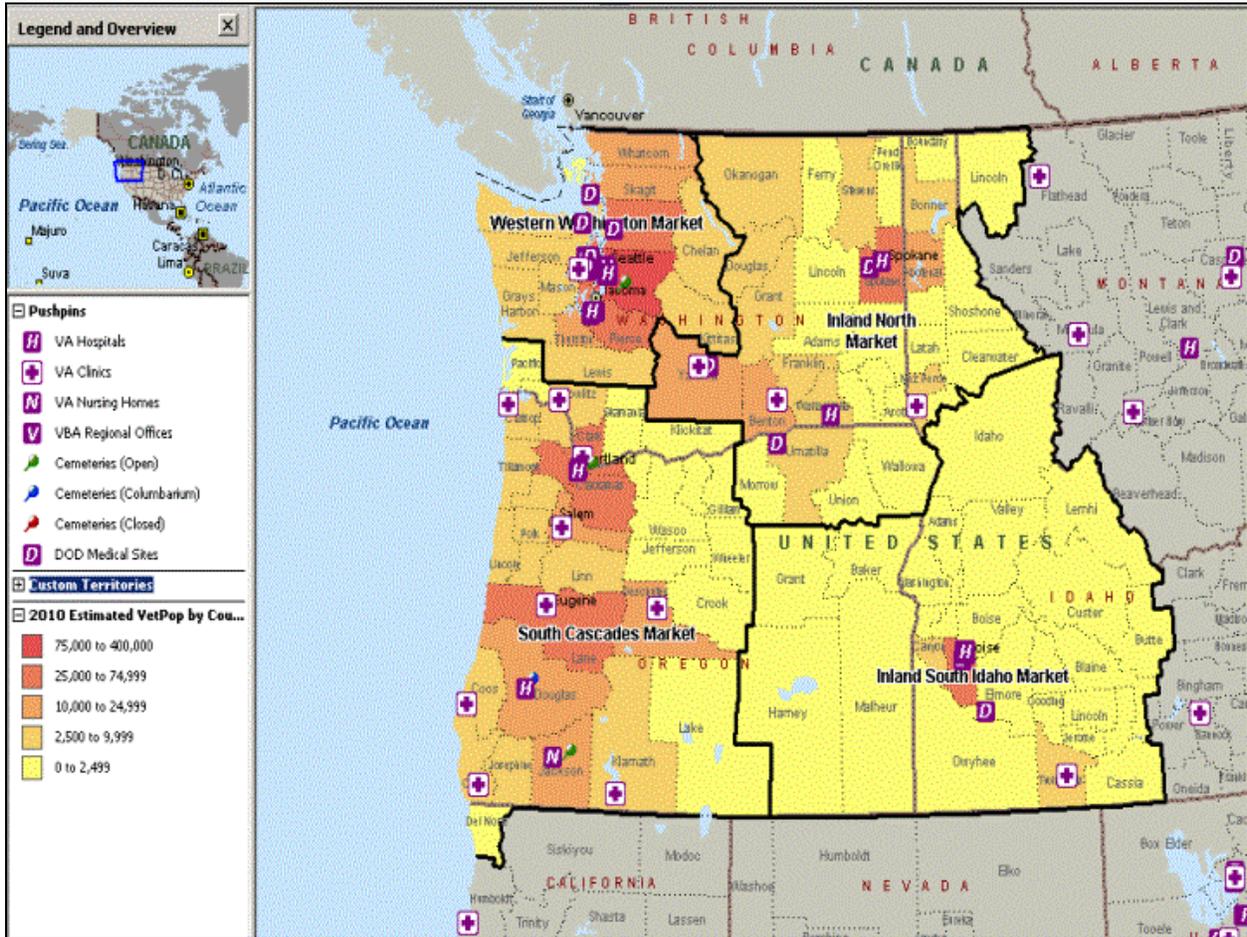
Table of Contents – VISN 20

	Page
I. VISN Level Information.....	4
A. Description of the Network/Market/Facility.....	4
1. Map of VISN Markets.....	4
2. Market Definitions.....	5
3. Facility List.....	7
4. Veteran Population and Enrollment Trends.....	9
5. Planning Initiatives and Collaborative Opportunities.....	10
6. Stakeholder Information.....	18
7. Collaboration with Other VISNs.....	18
B. Resolution of VISN Level Planning Initiatives.....	19
1. Proximity Planning Initiatives.....	19
2. Special Disability Planning Initiatives.....	20
C. VISN Identified Planning Initiatives.....	21
D. VISN Level Data Summary of Post Market Plan (Workload, Space, Costs).....	23
II. Market Level Information.....	28
A. Market – Alaska.....	28
1. Description of Market.....	28
2. Resolution of Market Level Planning Initiatives: Access.....	34
3. Facility Level Information – Anchorage.....	36
B. Market – Inland North.....	47
1. Description of Market.....	47
2. Resolution of Market Level Planning Initiatives: Access.....	54
3. Facility Level Information – Spokane.....	55
4. Facility Level Information – Walla Walla.....	60
C. Market – Inland South.....	66
1. Description of Market.....	66
2. Resolution of Market Level Planning Initiatives: Access.....	73
3. Facility Level Information – Boise.....	75
D. Market – South Cascades.....	82
1. Description of Market.....	82
2. Resolution of Market Level Planning Initiatives: Access.....	89
3. Facility Level Information – Portland.....	91
4. Facility Level Information – Vancouver.....	96
5. Facility Level Information – Roseburg.....	101
6. Facility Level Information – White City.....	112
E. Market – Western Washington.....	133
1. Description of Market.....	133
2. Resolution of Market Level Planning Initiatives: Access.....	139
3. Facility Level Information – American Lake.....	141
3. Facility Level Information – Seattle.....	147

I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN 20 Markets



2. Market Definitions

Market Designation: VISN 20 CARES is proposing 5 Markets and four sub-market as follows, including the rationales for each. Rationales for grouping counties into markets include locations of population centers in each county, travel times and access to services from population centers, geographic barriers and travel patterns, historical utilization and referral patterns, planned future expansion of services.

Market	Includes	Rationale	Shared Counties
Alaska Market Code: 20A	All boroughs (counties) in Alaska	The state of Alaska is located 1,500 – 2,500 miles from the other VISN 20 states and facilities. Within Alaska are both community and VA primary and acute inpatient services; the joint venture with Elmendorf AFB allows the Alaska VA Health Service and Regional Office to provide acute inpatient services to veterans. CBOCs are located in two areas outside the Anchorage basin. A large fee program supports outpatient and acute/emergent inpatient care distant from the Anchorage basin.	None
Western Washington Market Code: 20D	16 counties around Puget Sound, Washington	Western Washington is projected to have the largest number of veteran enrollees in VISN 20 by 2010; and King County will be the only highly urban area. Interstate Highway 5 runs north to south through the market; and veteran users in the 16 counties tend to use VA Puget Sound Health Care System for primary, acute, and tertiary services. The Western Washington market includes several military bases, including one of the major military debarkation points; VA Puget Sound HCS has several sharing agreements with the military. VA inpatient and outpatient services available to veterans include a contract CBOC with 2 sites, a VA-staffed CBOC, and a full range of acute and tertiary services. VA Puget Sound HCS is the major tertiary services referral source for the Western Washington market, as well as the Alaska, Inland North, and Inland South markets.	None
Inland North Market Code:	31 counties in Washington, Idaho, Montana	The Inland North market is defined by the VISN boundary to the east and the Cascade Mountains to the west; planning has historically focused on services east and west of the Cascade Mountains. This market in 2010 is projected to have one urban	None

Market	Includes	Rationale	Shared Counties
20E	<u>2 sub-markets:</u> 20E-1 Inland North sub-market 1 20E-2 Inland North Sub-market 2	area; and a large number of rural and highly rural counties. Tertiary referrals generally go to VA Puget Sound HCS and Portland VAMC. Primary care, including three CBOCs and a mobile clinic, and acute inpatient services (two sites) are available in the market. Within the 50-mile buffer are two VISN 19 CBOCs; however, there appears not to be much crossover workload.	
Inland South Market Code: 20C	26 counties in Oregon & Idaho	Single urban area projected for 2010, surrounded by large rural and highly rural areas. Interstate Highway 84 traverses the market, allowing some access to the urban area where primary and acute care is available. Two CBOCs provide additional access to primary care. One VISN 19 CBOC is in the 50-mile buffer zone; it draws patients from some of the eastern counties. Discussions with VISN 19 to date have indicated that the veteran population of one market area county with a large percentage of utilization of VISN 19 services is too small to be an issue; it will remain in the Inland South Market.	None
South Cascades Market Code: 20B	35 counties in Oregon, Washington & Northern California <u>2 sub-markets:</u> 20B-1 South Cascades sub-market 1 20B-2 South Cascades	The South Cascades Market includes all the counties and services of the South Cascades Alliance, the planning, administrative and clinical services unit for Oregon VA facilities. The market includes two urban areas; Interstate 5 (north to south), which is a major transportation artery, crosses through both urban areas. Within the market are primary, acute and tertiary care services, with established referral patterns within the market. The area also includes eight CBOCs and a large, freestanding domiciliary.	None

3. Facility List

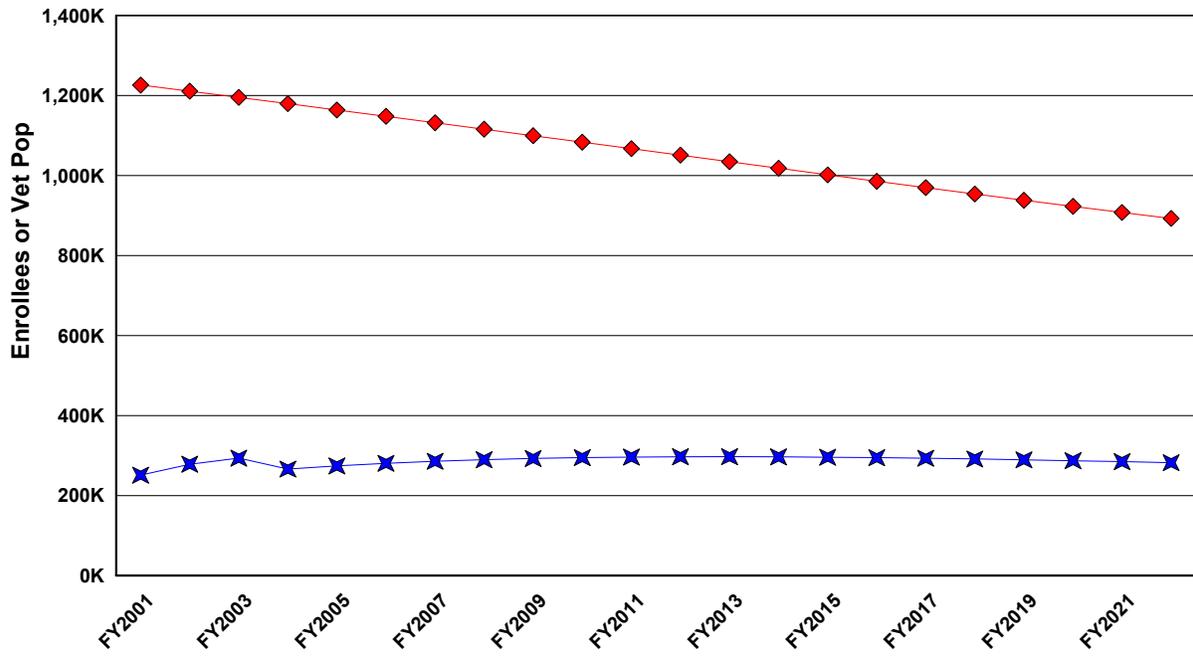
VISN : 20				
Facility	Primary	Hospital	Tertiary	Other
American Lake				
663A4 American Lake	✓	-	-	-
New Centralia	✓	-	-	-
Anchorage				
463 Alaska HCS	✓	✓	-	-
463GA Fairbanks	✓	-	-	-
463GB Kenai	✓	-	-	-
New Mat-Su	✓	-	-	-
Boise				
531 Boise	✓	✓	-	-
531GE Twin Falls	✓	-	-	-
531GF Ontario	-	-	-	✓
Portland				
648 Portland	✓	✓	✓	-
648GA Bend	✓	-	-	-
648GB Salem	✓	-	-	-
648GC Longview	✓	-	-	-
648GD North Coast	✓	-	-	-
New Metro West	✓	-	-	-
New Metro East	✓	-	-	-
New Metro South	✓	-	-	-
Roseburg				
653 Roseburg HCS	✓	✓	-	-

653GA Bandon	✓	-	-	-
653GB Brookings	✓	-	-	-
Seattle				
663 Seattle	✓	✓	✓	-
663GA01 King County (Federal Way)	✓	-	-	-
663GA02 King County (Seattle)	✓	-	-	-
663GB Bremerton (Kipsap County)	✓	-	-	-
New 663GA03 King County (Woodinv.)	✓	-	-	-
New Bellingham	✓	-	-	-
Spokane				
668 Spokane	✓	✓	-	-
668HK Spokane Mobile OPC	✓	-	-	-
Vancouver				
648A4 Vancouver	✓	-	-	-
Walla Walla				
687 Walla Walla	✓	✓	-	-
687GA Richland WA	✓	-	-	-
687GB Lewiston	✓	-	-	-
687HA Yakima	✓	-	-	-
White City				
692 White City	✓	-	-	-
692GA Klamath Falls	✓	-	-	-
Eugene				
New Eugene	✓	-	-	-

4. VISN 20 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 Bed Section Planning Initiative	Spokane's 2022 bed levels total 49. Of particular concern Surgery bed levels are projected to be as low as 6 beds. This is an exception to the 40-bed rule.
Y	Small Facility Planning Initiative	Walla Walla was designated as a small facility PI in February. In 2002, the 5-staffed Medicine beds have a condition code of 1.88. 2012 & 2022 fall at and below the 40 bed threshold criteria.
Y	Small Bed Section Planning Initiative	Boise needs to evaluate low surgery procedure volumes. * This is a small bed section planning issue that needs to be reviewed for quality and cost efficiency in surgery. This is an exception to the 40 bed rule.
Y	Small Bed Section Planning Initiative	Roseburg needs to evaluate low surgery procedure volumes. * This is a bed section planning issue that needs to be reviewed for quality and cost efficiency in surgery. This is an exception to the 40 bed rule.
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 Disabilities		
PI?	Special Disabilities	Rationale/Comments Re: PI
Y	Blind Rehab	Restore BRC to full bed capacity

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	Collaborative Opportunities	Rationale/Comments
Y	Enhanced Use	White City with Rogue Community College Portland/Vancouver with Clark County Washington build on VA property Portland/Vancouver assisted living and/or nursing home projects to be identified Roseburg with National Forest Service to build on VA property Enhanced Use Lease High Potential for Seattle
Y	VBA	VAMC Boise – collocation on campus VAMC Portland – collocation Puget Sound - collocation
Y	NCA	VA Roseburg HCS – Columbarium or Casket burial Walla Walla - Columbarium
Y	DOD	Boise – Mountain Home AFB Puget Sound HCS – Everett, Bremerton, Madigan AMC , Naval Hospital Oak Harbor Alaska - Bassett Community Hospital - Ft. Wainwright Army Base

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	Other Issues	Rationale/Comments
Y	Alaska: Evaluate total workload for Ambulatory care project (Primary Care, Specialty and Mental Health) for Alaska.	Alaska does not have a hospital and depends largely on its ambulatory care network of services. Presently ambulatory care services are located in a leased facility. An ambulatory care construction project is under consideration to address the increasing demand for services in 2012/2022. Primary Care, Specialty Care and Mental Health
Y	White City: Strengthen Ambulatory Care (Primary Care and Specialty) component at White City.	White City will experience an increase in demand for ambulatory care services. These services will need to be provided to White City domiciliary patients, as well as the community patients residing in the service area. It is anticipated that White City will need to meet the increasing demand for ambulatory care services in the major city in the service area.
Y	Seismic construction issues at Roseburg (Inpatient), White City (Residential Dom), American Lake (NHCU, Research, Outpatient Mental Health and Main Hospital Building), Seattle (Ambulatory/Administration Building and Research); and Portland (Main Hospital Building and Administrative/Research Building) need to be addressed.	Seismic construction issues are a national priority for 2002.
Y	Roseburg needs to address overall Space Score with Condition Code levels 1.76 – 2.47 for inpatient. Walla Walla needs to address overall Space Score with Condition Code levels 1.88 for Med/NHCU.	Space and Functional Survey Condition codes below 3.0 indicate the need for improvements or alternatives.
Y	VA Puget Sound needs to re-evaluate the overall space scores for Research.	Research space (layout, adjacencies, patient privacy, handicap) is currently under review by Puget Sound. The PI Team would like to see this analysis completed. Scores on the Space and Functional survey seemed inaccurate. Survey needs to be redone.
Y	VISN 20 needs to address lead paint concerns.	Lead paint issues are much broader than quarters and day care. VISN 20 needs to evaluate lead paint issues related to all older

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	Other Issues	Rationale/Comments
		buildings in each market area.

e. Market Capacity Planning Initiatives

Alaska 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 *	58,441		17,698	30%	9,597	16%
	Treating Facility Based **	58,086		16,103	28%	8,104	14%
Specialty Care	Population Based *	46,386		22,162	48%	23,564	51%
	Treating Facility Based **	44,943		22,427	50%	23,335	52%
Mental Health	Population Based *	24,499		15,714	64%	4,557	19%
	Treating Facility Based **	23,458		13,847	59%	3,967	17%

Western Washington 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 *	168,706		204,115	121%	180,747	107%
	Treating Facility Based **	172,045		177,891	103%	153,831	89%
Specialty Care	Population Based *	154,431		223,415	145%	230,752	149%
	Treating Facility Based **	164,692		197,737	120%	202,053	123%
Medicine	Population Based *	22,536		11,861	53%	10,068	45%

Treating Facility Based **	26,546	11,892	45%	9,216	35%
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Inland North 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 *	68,160		77,228	113%	65,421	96%
	Treating Facility Based **	58,712		84,105	143%	73,016	124%
Mental Health	Population Based *	51,953		26,769	52%	9,357	18%
	Treating Facility Based **	50,146		21,218	42%	6,744	13%

Inland South 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 *	40,844		47,886	117%	45,928	112%
	Treating Facility Based **	37,473		46,298	124%	44,506	119%

South Cascades 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 *	242,278		64,018	26%	22,138	9%
	Treating Facility Based **	255,655		73,430	29%	28,005	11%
Specialty Care	Population Based *	200,375		112,923	56%	89,340	45%

Treating Facility Based **	205,593		119,623	58%	95,091	46%
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* – 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:

Extensive outreach was conducted among VISN 20 stakeholders, including employees, volunteers, veterans, Congressional staff, VSO CARES liaisons and other VSO members, the University of Washington and Oregon Health & Science affiliates, unions, the DoD and others, with an emphasis on personal contacts through briefings, town halls, telephone contacts, etc.

More than 300 separate outreach initiatives were conducted by the five Markets, with an additional 38 initiatives from the VISN office. These efforts reached an estimated 230,000 stakeholders.

Aside from initial fears sparked when media throughout the region carried the June 6 Associated Press story (many complete with “VA Hospitals May Close” headlines), stakeholders have strongly supported the process and evolving plan, while expressing concerns about whether resources will be available to implement Planning Initiatives. The Walla Walla Small Facility Planning Initiative, especially the fears of job loss in a possible closure, raised the greatest concern among VISN 20 stakeholders.

Please see individual Market Stakeholder Issues reports for details on issues raised and support expressed by stakeholders in their service areas.

7. Collaboration with Other VISNs

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

Shared VISN Narrative:

No Collaborations with other VISNs were necessary at this time. VISN 20 anticipates when Domiciliary is evaluated there will be a collaborative effort with VISN 19.

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 Populations Narrative:

1. Spinal Cord Injury: VISN 20's SCI program is housed at Seattle Division of VA Puget Sound Health Care System (VAPSHCS). It has 38 authorized beds. VISN 20 has no SCI PI in this round of CARES; workload and space have been flat-lined into the future.

We anticipate continuation of our same strong program of care for SCI patients, including our hub (VAPSHCS) and spoke (all other facilities) system of care, into the future.

2. Blind Rehabilitation: The American Lake Division of VAPSHCS is the site of VISN 20's Blind Rehabilitation Center. Its authorized capacity is 15 beds and the baseline year (2001) utilization was 13 beds.

Blind Rehabilitation workload projections for CARES have been flat-lined.

Though VISN 20 has no Blind Rehab planning initiatives in this round of CARES, the Central Office Program Officials have requested that we increase utilization of the beds to full capacity.

We anticipate continuation of the same strong Blind Rehabilitation program and services into the future.

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:

These have not been completed.

Lead Paint: All facilities have determined whether they have issues with lead-based paint. Facilities with lead paint issues are VAMC Walla Walla (vacating residences by June 2003);

VISN Seismic Projects Submissions

Seattle Research Space: Using the CARES methodology to calculate space requirements for Research, the Seattle division is under criteria by 41,945 GSF (FY 01) and 71,594 GSF (FY 02). In January 2003, Central Office Research Infrastructure Survey Team visited both divisions to evaluate and make recommendations for Research space; results are not yet available. Expectations are for support of either a major construction project or major lease for 60K GSF. Seismic renovations of 2 research buildings are planned.

Ambulatory Care:

1. Alaska: The Alaska Market is projected to have significant growth in demand for outpatient services within the next 20 years. Not only is demand for care going to increase, but also the Alaska VA is going to continue to shift existing fee-based or contract workload into the VA direct care system. The CARES gap analysis indicated a projected gap of 39% in primary care, a gap of 56% in specialty care, and a gap of nearly 60% in Mental Health care in 2012. By 2022, the gap is projected to be 53% of total demand in specialty care, 19% in primary care, and 18% in Mental Health. The Alaska CARES market area committee recommends to build a replacement facility with greater capacity next to the existing VA/DoD JV hospital. This new facility would increase primary care space by 75%, specialty care space by 100%, and mental health space by 100%. Although the new clinic would not meet all market area demand, it does decrease the quantity of purchased care to 27% of total (down from 40% currently). Due to geographic remoteness, patient acuity, and complexity of care, it is not feasible to bring all outpatient workload into the VA system. The new clinic would replace the existing leased facility in Anchorage (lease expires in 2007) and further utilize shared VA/DoD

services at the local JV hospital. In addition to expanded capacity in Anchorage, the preferred alternative would increase capacity in Fairbanks and Mat-Su through additional leased space, and in Kenai through increase in services offered within existing space. The construction project is projected to cost \$65.2 million dollars (already submitted as FY04 Major project application). Although the project expands VA/DoD joint venture sharing, it also increases VA clinic space to meet future demand. The high cost of purchased care within the state of Alaska, and the projected increases in demand, require the VA to build internal capacity to meet veterans healthcare needs in the future. The most complete and cost effective method to meet these needs is through construction of a replacement facility on Federal land next to the existing Joint Venture VA/DoD AF hospital. The new facility will increase sharing opportunities in surgery, radiology, education, warehousing, and specialty care between VA and DoD, and give the VA a clinic large enough to meet Anchorage based healthcare demand within Alaska.

2. White City: VISN Identified PI – Expand Ambulatory Care Clinic (692-331): Construction project of an approximately 25,000 GSF Outpatient Ambulatory Care Clinic expansion to facilitate access to primary and specialty care in response to increasing demand (see Construction narrative of Expand Ambulatory Care Clinic).

See full narrative on CARES Portal.

See Small Bed Section Narratives on CARES Portal.

See continuation of other VISN initiative 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)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	84,873	106,399	94,806	78,309	30,902	70,061	26,900	\$ 47,548,719
Surgery	44,060	46,126	41,430	38,902	7,430	35,590	6,043	\$ (957,171)
Psychiatry	71,484	81,558	68,409	65,849	16,522	58,453	10,768	\$ (10,566,022)
PRRTP	1,271	1,271	1,271	1,271	-	1,271	-	\$ -
NHCU/Intermediate	510,808	510,808	510,808	109,147	401,661	109,147	401,661	\$ (17,895,845)
Domiciliary	309,780	309,780	309,780	309,745	18,162	309,745	18,162	\$ 1,108,253
Spinal Cord Injury	10,314	10,314	10,314	10,314	-	10,314	-	\$ -
Blind Rehab	3,977	3,977	3,977	3,977	-	3,977	-	\$ -
Total	1,036,567	1,070,233	1,040,795	617,514	474,677	598,558	463,534	\$ 19,237,934

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	164,355	210,927	187,068	181,573	162,664	\$ 47,548,719
Surgery	50,057	73,685	65,868	67,984	62,194	\$ (957,171)
Psychiatry	123,483	141,869	119,007	121,272	108,065	\$ (10,566,022)
PRRTP	47,535	38,606	38,606	28,984	28,984	\$ -
NHCU/Intermediate	175,187	173,987	173,987	220,123	220,123	\$ (17,895,845)
Domiciliary	243,485	263,931	263,931	258,485	258,485	\$ 1,108,253
Spinal Cord Injury	28,266	28,266	28,266	28,266	28,266	\$ -
Blind Rehab	10,242	10,407	10,407	10,407	10,407	\$ -
Total	842,610	941,677	887,139	917,094	879,188	\$ 19,237,934

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	654,309	954,275	854,025	748,595	374,111	674,089	328,252	\$ 42,713,496
Specialty Care	511,410	981,599	949,409	636,757	395,565	646,826	361,889	\$ (152,859,452)
Mental Health	481,450	541,767	506,965	385,164	208,853	375,463	183,081	\$ (66,532,611)
Ancillary& Diagnostic	710,083	1,142,242	1,132,139	696,971	586,382	671,411	600,160	\$ (62,183,668)
Total	2,357,251	3,619,883	3,442,538	2,467,487	1,564,911	2,367,789	1,473,382	\$ (238,862,235)

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSE	FY 2012 DGSE	FY 2022 DGSE	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	223,989	490,057	441,058	397,563	359,745	\$ 42,713,496
Specialty Care	369,579	1,022,767	985,776	748,600	761,241	\$ (152,859,452)
Mental Health	180,777	290,580	272,471	236,507	229,512	\$ (66,532,611)
Ancillary& Diagnostic	329,100	674,898	666,118	471,239	452,644	\$ (62,183,668)
Total	1,103,445	2,478,302	2,365,423	1,853,909	1,803,142	\$ (238,862,235)

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	310,293	310,293	310,293	366,912	366,912	\$ (43,394,901)
Admin	1,246,241	2,078,131	1,964,482	1,101,091	1,007,103	\$ (37,743,091)
Outleased	123,749	123,749	123,749	125,624	125,624	N/A
Other	339,339	339,339	339,339	270,166	241,056	\$ (7,601,446)
Vacant Space	247,887	-	-	740,811	912,768	\$ 205,837,136
Total	2,267,509	2,851,512	2,737,863	2,604,604	2,653,463	\$ 117,097,698

II. Market Level Information

A. Alaska Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Alaska Market Code: 20A	All boroughs (counties) in Alaska	The state of Alaska is located 1,500 – 2,500 miles from the other VISN 20 states and facilities. Within Alaska are both community and VA primary and acute inpatient services; the joint venture with Elmendorf AFB allows the Alaska VA Health Service and Regional Office to provide acute inpatient services to veterans. CBOCs are located in two areas outside the Anchorage basin. A large fee program supports outpatient and acute/emergent inpatient care distant from the Anchorage basin.	None

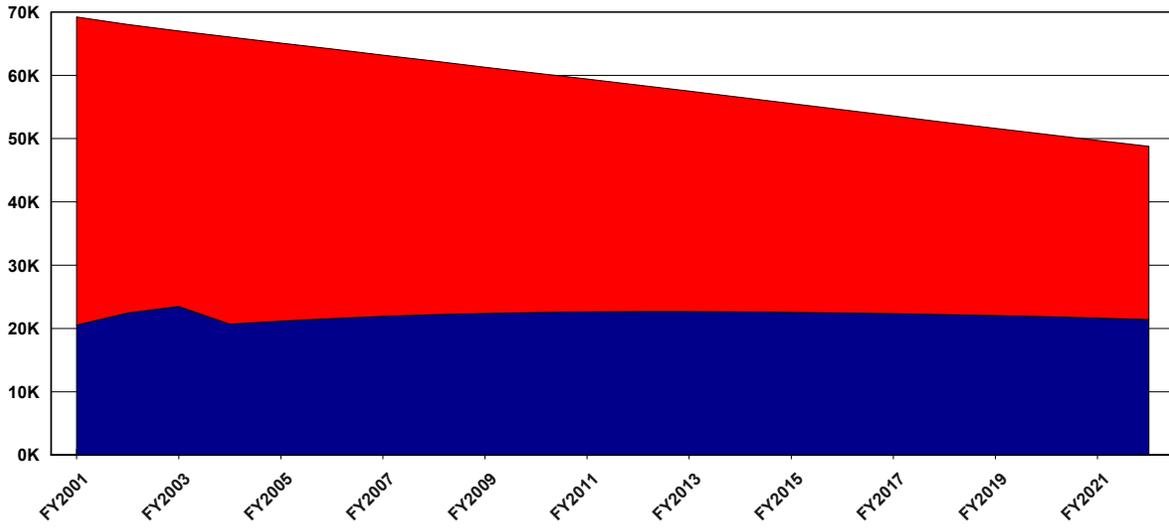
b. Facility List

VISN : 20				
Facility	Primary	Hospital	Tertiary	Other
Anchorage				
463 Alaska HCS	✓	✓	-	-
463GA Fairbanks	✓	-	-	-
463GB Kenai	✓	-	-	-
New Mat-Su	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Alaska Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
Y	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	17,701	30%	9,599	16%
		Treating Facility Based	16,103	28%	8,103	14%
Y	Outpatient Specialty Care	Population Based	22,162	48%	23,565	51%
		Treating Facility Based	22,428	50%	23,335	52%
Y	Outpatient Mental Health	Population Based	15,714	64%	4,557	19%
		Treating Facility Based	13,845	59%	3,965	17%
N	Inpatient Medicine	Population Based	-2	-6%	-2	-7%
		Treating Facility Based	0	-2%	-1	-5%
N	Inpatient Surgery	Population Based	-5	-28%	-5	-29%
		Treating Facility Based	-4	-33%	-4	-35%
N	Inpatient Psychiatry	Population Based	7	61%	3	27%
		Treating Facility Based	5	85%	2	40%

e. Stakeholder Information

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

Stakeholder Narrative:

The Alaska Market Area Planning Committee included representatives designated by State Commanders of the American Legion, DAV, and VFW, AFGE and DoD representatives, and three veterans who use Market health care services. Each member was provided all CARES planning data, financial information, facility and space driver information and participated in planning initiative discussions. The committee conducted about 22 outreach initiatives with all stakeholder groups in the service area.

Alaska Market issues raised included: AFGE was concerned about involvement in space design/layout should a new facility (recommended as preferred alternative outpatient Planning Initiative) be approved. This concern was allayed by the plan, which requires all department managers to engage staff in department design discussions with the firm completing facility design. Project user group reports given by the firm will include briefing the local AFGE. Stakeholders expressed concern that the new building might not be approved.

Alaska VAHSRO has submitted a major project application during the past two years without receiving approval. The current outpatient facility is leased, undersized and has no ability to increase capacity to meet projected future demand. VFW raised concerns about VA ability to purchase health care outside the VA system, particularly for veterans outside the Anchorage Bowl area.

Although special provision exists within CFR 17.50b (6) for the purchase of non-VA care within the state of Alaska, the requirement to “obviate the need for hospitalization” has decreased the fee benefit over the years as more and more health care is provided outside the inpatient setting. The VSO would like any CARES initiative to protect access to care for veterans in rural areas of Alaska.

f. Shared Market Discussion

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

Shared Market Narrative:

There are no Shared Market Discussions for the Alaska Market.

g. Overview of Market Plan

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

Executive Summary Narrative:

The Alaska Market is projected to have significant growth in demand for outpatient services within the next 20 years. Not only is demand for care going to increase, but also the Alaska VA is going to continue to shift existing fee-based or contract workload into the VA direct care system.

The CARES gap analysis indicated a projected gap of 39% in primary care, a gap of 56% in specialty care, and a gap of nearly 60% in Mental Health care in 2012. By 2022, the gap is projected to be 53% of total demand in specialty care, 19% in primary care, and 18% in Mental Health. The Alaska CARES market area committee recommends to build a replacement facility with greater capacity next to the existing VA/DoD JV hospital. This new facility would increase primary care space by 75%, specialty care space by 100%, and mental health space by 100%. Although the new clinic would not meet all market area demand, it does decrease the quantity of purchased care to 27% of total (down from 40% currently). Due to geographic remoteness, patient acuity, and complexity of care, it is not feasible to bring all outpatient workload into the VA system. The new clinic would replace the existing leased facility in Anchorage (lease expires in 2007) and further utilize shared VA/DoD services at the local JV hospital. In addition to expanded capacity in Anchorage, the preferred alternative would increase capacity in Fairbanks and Mat-Su through additional leased space, and in Kenai through increase in services offered within existing space. The construction project is projected to cost \$65.2 million dollars (already submitted as FY04 Major project application). Although the project expands VA/DoD joint venture sharing, it also increases VA clinic space to meet future demand.

The high cost of purchased care within the state of Alaska, and the projected increases in demand, require the VA to build internal capacity to meet veterans healthcare needs in the future. The most complete and cost effective method to meet these needs is through construction of a replacement facility on Federal land next to the existing Joint Venture VA/DoD AF hospital.

The new facility will increase sharing opportunities in surgery, radiology, education, warehousing, and specialty care between VA and DoD, and give the VA a clinic large enough to meet Anchorage based healthcare demand within Alaska.

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 definition of tertiary care access is defined as access to VA hospital tertiary care within 3-4 hours for urban or rural counties and the community standard for highly rural counties. The access criteria defined community standard for highly rural counties as access to tertiary care anywhere within the VISN. The VA has no hospital within Alaska and therefore does not meet criteria except for the 30% of veterans residing in highly rural counties. The Alaska VAHSRO does have a preferred provider contract with a local tertiary care facility in Anchorage. In FY01 we had 409 admissions to this facility, in FY02, we had 512 admissions to this facility, and we are projecting over 500 admissions again this fiscal year. In addition, VA operates a 10-bed intensive care unit at the local DoD hospital with VA staff. We had 675 admissions to this federal facility during FY02. If the local community hospital access to tertiary care were considered within the CARES access criteria, 83% of 2001 Alaska enrollees would meet the criteria.

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	78%	4,680	78%	4,950	76%	5,101
Hospital Care	65%	7,350	60%	9,000	59%	8,799
Tertiary Care	29%	14,995	81%	4,275	80%	4,166

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 – Anchorage

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:

DoD: US Army is building a replacement hospital on Fort Wainwright in Fairbanks, Alaska. This facility is already under construction, and due to be completed in 2006. The VA currently has a CBOC located within the existing facility that includes purchase of ancillary services, limited specialty services, inpatient care, integrated physician call, and anatomical pathology services from the Army. The new hospital has dedicated VA clinic space that allows VA to expand Mental Health, Specialty, and Primary Care space within the Fairbanks area. This expanded capacity was used to assist in meeting market gaps in all three areas.

DoD(2): The Alaska VAHSRO already has a joint venture inpatient hospital agreement with the USAF 3rd Medical Group located on Elmendorf AFB in Anchorage, Alaska. The selected alternative planning initiative dealing with specialty care has the VA building a new clinic adjacent to the existing JV hospital. Instead of building additional operating rooms, radiology suites, and central sterile supply areas, the VA will utilize integrated VA/AF OR and radiology space located in the existing hospital. This agreement allows VA to construct a smaller building than would otherwise be required, and provides economies of scale to operations in both organizations. The general surgeons and orthopedic surgeons already share inpatient on-call responsibilities for both active duty and VA beneficiaries. The co-location of outpatient surgical clinic space will improve this relationship.

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:

Lead-Based Paint: Alaska operates entirely in leased space with the exception of the 32,000 sf Domiciliary and 12,000 sf of residential rehab housing. AVAHSRO has no lead-based paint issues at these sites.

Ambulatory Care: Scenario 1

Under our preferred scenario, we would build an expanded clinic on federal land next to our existing JV hospital located at Elmendorf AFB. The new clinic would be completed in 2007 and include 162,801 DGSF of space with an increase in

clinical space to 23,049 for primary care (plus 5500 square feet leased at Fairbanks and Kenai), 25,295 dgsf for specialty clinic (plus 4000 dgsf of shared space within the AF hospital, and 2016 dgsf of leased space within Fairbanks and Kenai), and 10,815 dgsf for mental health. The new clinic will allow us to meet all projected gaps in capacity (within 75%) as identified in the CARES gap analysis, including a significant reduction in the current workload contracted out into the community. In addition to the new clinic, an expanded clinic in Fairbanks would be activated in lease space during 2006, and a new CBOC would be brought up in 2009 in Mat-Su. The newly activated Kenai CBOC (opened in Nov 2001) would continue to see more patients and add staff and circuit rider specialists as demand increases. The new clinic would completely replace the existing leased facility that has a firm term lease through April, 2007 at a cost of approximately \$2 million per year. The new clinic would be located next to our existing inpatient Joint Venture facility, and some specialty care services and ancillary support would be shared between VA/DoD. In particular, we have signed agreements for shared operating room, centralized sterile supply, radiology, library, warehouse, and conference room space, thus reducing the space requirement from a CARES generated total of 176,094 square feet to 162,801.

See Alaska Ambulatory Care PI Continuation on the Portal for Scenario # 2 summary.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# Beds proposed by Market Plans in VISN													
		# Beds (from demand projections)		Variance from 2001 (+/-)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)
		FY 2012		FY 2012											
INPATIENT CARE															
Medicine		7,782	(154)	7,782	(154)	7,782	(154)	7,782	-	-	-	-	-	-	\$ -
Surgery		2,337	(1,183)	2,338	(1,182)	2,338	(1,182)	2,338	-	-	-	-	-	-	\$ -
Intermediate/NHCU		26,116	-	26,116	-	26,116	-	26,116	-	-	-	-	-	-	\$ -
Psychiatry		3,263	1,502	3,263	1,502	3,263	1,502	3,263	-	-	-	-	-	217	\$ (49,216)
PRRTP		217	-	217	-	217	-	-	-	-	-	-	-	20,833	\$ -
Domiciliary		20,833	-	20,833	-	20,833	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury		-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab		-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total		60,548	165	60,549	166	60,549	166	39,499	-	-	-	-	-	21,050	\$ (49,216)
		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	Post MP Life Cycle Cost variance (+/-)
		FY 2012		FY 2012											
OUTPATIENT CARE															
Primary Care		74,188	16,103	74,189	16,103	74,189	16,103	5,237	-	3,600	-	-	-	65,352	\$ (93,614,832)
Specialty Care		67,369	22,427	67,370	22,427	67,370	22,427	28,373	4,000	400	-	-	-	34,597	\$ (129,620,055)
Mental Health		37,304	13,846	37,304	13,846	37,304	13,846	18,500	-	1,344	-	-	-	17,460	\$ (45,174,216)
Ancillary & Diagnostics		72,560	(4,410)	72,561	(4,410)	72,561	(4,410)	55,562	-	-	-	-	-	16,999	\$ (3,954,317)
Total		251,422	47,965	251,424	47,968	251,424	47,968	107,672	4,000	5,344	-	-	-	134,408	\$ (272,363,420)

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 to Vacant
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	106	106	-	-	-	-	-	-	-	-	-	-
PRRTP	12,756	-	12,756	-	12,756	-	-	-	-	-	12,756	-
Domiciliary program	32,875	-	32,875	-	32,875	-	-	-	-	-	32,875	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	45,737	106	45,631	-	45,631	-	-	-	-	-	45,631	-
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 to Vacant
OUTPATIENT CARE												
Primary Care	21,515	21,515	32,676	32,676	-	-	23,049	-	5,500	-	28,549	(4,127)
Specialty Care	32,068	32,068	41,170	41,170	-	-	25,295	4,000	2,016	-	31,311	(9,859)
Mental Health	14,552	14,552	14,492	14,492	-	-	10,815	-	240	-	11,055	(3,437)
Ancillary and Diagnostics	13,467	13,467	10,879	10,879	-	-	7,025	1,285	-	-	8,310	(2,569)
Total	81,603	81,603	99,217	99,217	-	-	66,184	5,285	7,756	-	79,225	(19,992)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	64,943	64,943	73,872	73,872	-	-	37,317	-	-	-	37,317	(36,555)
Other	8,045	-	8,045	-	8,045	-	-	-	-	-	8,045	-
Total	72,988	64,943	81,917	73,872	8,045	-	37,317	-	-	-	45,362	(36,555)

4. Facility Level Information – Mat-Su

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

		# Beds proposed by Market Plans in VISN											Post MP Life Cycle Cost variance (+/-)
# Beds (from demand projections)		Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House		
	FY 2012												
INPATIENT CARE													
Medicine	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total													\$ -
		Clinic Stops proposed by Market Plans in VISN											
Clinic Stops (from demand projections)		Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House		
	FY 2012												
OUTPATIENT CARE													
Primary Care	-	-	-	-	-	-	-	3,600	-	-	3,600	-	\$ (12,115,822)
Specialty Care	-	-	-	-	-	-	-	400	-	-	400	-	\$ (1,505,881)
Mental Health	-	-	-	-	-	-	-	1,344	-	-	1,344	-	\$ (4,023,628)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total								5,344			5,344		\$ (17,645,331)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN										Space Needed/ Moved to Vacant
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		
FY 2012	Variance from 2001 (+/-)											
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	
Surgery	-	-	-	-	-	-	-	-	-	-	-	
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	
PRRTP	-	-	-	-	-	-	-	-	-	-	-	
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	-	-	-	-	-	
		Space (GSF) proposed by Market Plan										Space Needed/ Moved to Vacant
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		
FY 2012	Variance from 2001 (+/-)											
OUTPATIENT CARE												
Primary Care	-	1,800	1,800	-	-	-	-	1,800	-	1,800	-	
Specialty Care	-	476	476	-	-	-	-	500	-	500	24	
Mental Health	-	1,116	1,116	-	-	-	-	1,116	-	1,116	-	
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	
Total	-	3,392	3,392	-	-	-	-	3,416	-	3,416	24	
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	
Administrative	-	250	250	-	-	-	-	250	-	250	-	
Other	-	-	-	-	-	-	-	-	-	-	-	
Total	-	250	250	-	-	-	-	250	-	250	-	

B. Inland North Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Inland North Market Code: 20E	31 counties in Washington, Idaho, Montana <u>2 sub-markets:</u> 20E-1 Inland North sub-market 1 20E-2 Inland North Sub-market 2	The Inland North market is defined by the VISN boundary to the east and the Cascade Mountains to the west; planning has historically focused on services east and west of the Cascade Mountains. This market in 2010 is projected to have one urban area; and a large number of rural and highly rural counties. Tertiary referrals generally go to VA Puget Sound HCS and Portland VAMC. Primary care, including three CBOCs and a mobile clinic, and acute inpatient services (two sites) are available in the market. Within the 50-mile buffer are two VISN 19 CBOCs; however, there appears not to be much crossover workload.	None

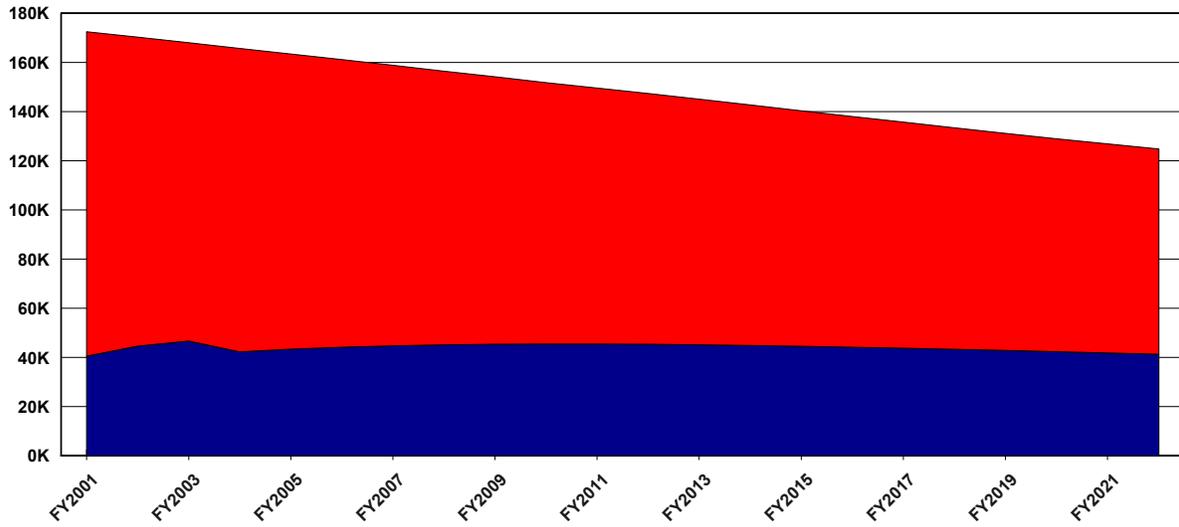
b. Facility List

VISN : 20				
Facility	Primary	Hospital	Tertiary	Other
Spokane				
668 Spokane	✓	✓	-	-
668HK Spokane Mobile OPC	✓	-	-	-
Walla Walla				
687 Walla Walla	✓	✓	-	-
687GA Richland WA	✓	-	-	-
687GB Lewiston	✓	-	-	-
687HA Yakima	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Inland North Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
Y	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	23,135	23%	5,032	5%
		Treating Facility Based	23,759	23%	5,934	6%
Y	Outpatient Specialty Care	Population Based	77,229	113%	65,424	96%
		Treating Facility Based	84,107	143%	73,016	124%
Y	Outpatient Mental Health	Population Based	26,772	52%	9,358	18%
		Treating Facility Based	21,217	42%	6,744	13%
N	Inpatient Medicine	Population Based	16	37%	7	15%
		Treating Facility Based	13	37%	6	16%
N	Inpatient Surgery	Population Based	5	27%	2	8%
		Treating Facility Based	1	15%	0	-1%
N	Inpatient Psychiatry	Population Based	10	37%	5	17%
		Treating Facility Based	10	31%	5	16%

e. Stakeholder Information

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

Stakeholder Narrative:

This market includes the Spokane and Walla Walla VAMC service areas.

Extensive outreach was conducted among Market stakeholders (approximately 54 separate outreach initiatives, including 35 in the Walla Walla area). The general theme from our stakeholders has been strong support of the CARES process, along with concern about whether resources will be available to implement the expanded services called for in our plans. The Walla Walla Small Facility Planning Initiative, especially the job loss in a possible closure, raised the greatest concern among VISN 20 stakeholders.

Walla Walla Service Area: Staff members have been very concerned about potential job loss. Veterans, Veterans Service Officers, and staff were worried that the mission would change and there would no longer be a VA Medical Center in Walla Walla. Staff cited the 1987 Public Law-100-71-July11, 1987, Administrative Provision: “The Mission of the Veterans Administration Medical Center at Walla Walla, Washington, shall not be changed from that in existence on January 1, 1987.” Many Stakeholders were concerned that the facility has not been adequately funded to maintain and repair infrastructure. However, stakeholders in general appear to understand the factors that must be considered in formulating Walla Walla’s future: all buildings are greater than 50 years old and the cost to correct all code deficiencies would be prohibitive; the veteran population is declining in our primary service areas; there are concerns about quality and need (too few patients to support a 40-bed hospital), and JCAHO accredited hospitals exist in most communities.

Stakeholders, including Congressional staff, support replacement of the Nursing Home, establishing a Columbarium on site, expanding CBOCs, and expanding specialty care at Walla Walla to minimize potential of job loss. These elements were incorporated into the Market Plan.

Spokane Service Area: In general, stakeholders strongly supported the process and all VISN-wide and Spokane VAMC Planning Initiatives. Veterans and VSO representatives expressed concerns that a stronger health-care presence in North Central Washington was needed and could be met by placement of CBOCs in appropriate population areas. This is included in the Market 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:

There are no Shared Market Discussions for the Western Inland North Market.

g. Overview of Market Plan

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

Executive Summary Narrative:

The most significant impact of the Inland North Market Plan is the Small Facility Planning Initiative for Walla Walla VA Medical Center. An intensive review was conducted of the decreasing veteran population projections in conjunction with the low score of the building condition code assessments for the medicine inpatient unit and the nursing home care unit. The selected proposal is to close inpatient beds and contract for acute medical care in the community. Inpatient psychiatry would also be contracted, however inpatient psychiatry programs are limited in the communities within the service area. This cost/benefit analysis clearly showed that trying to renovate old buildings to meet current health care standards for a decreasing veteran population did not make sense for quality of care (too few beds to maintain staff competency) or cost. Contracting for care makes financial sense while meeting the needs of veterans. Shifting inpatient care to the community will, however, have a significant impact on the staff and the community. Walla Walla is a small community and the VA is one of the largest employers in the area. The proposal in the long-term care PI category to replace the 30-bed Nursing Home is based, in large part, to try to decrease the impact on employees and the community. The overall goal of the Inland North Market plan is to establish a long-term care presence on the existing campus and expanding the specialty care and mental health services to projected growth in those areas. This will maintain enough core services to minimize the negative impact to employees and the community. As noted in the Stakeholder issues section, there has been Congressional interest in the 1987 Public Law 100-71 Administrative Provision, "The mission of the Veterans Administration Medical Center at Walla Walla, Washington, shall not be changed from that in existence on January 1, 1987." Key stakeholders interpret this to mean that the specific services will always be provided on-site. However, the demand for inpatient care at Walla

Walla does not meet minimum guidelines for an in-patient unit. Quality of care is the key driver for this market plan. This selected option allows us to ensure quality inpatient care for veterans in the Walla Walla area primary service area. The Inland North Market projections do show significant increases in the need for specialty care and mental health services and these areas have been addressed through adding one new CBOC, expanding services at the three existing CBOCs and adding new space at both the Spokane and Walla Walla parent facilities. Access is a challenge for this mostly rural and highly rural market but the new CBOC, expansion of existing CBOC services and increased contracting with the community will address this gap. Unfortunately, the two facilities in this market are 180 miles apart and sharing services was thoroughly reviewed but deemed impractical beyond sharing driven by patient preference.

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:

No Impact

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	54%	20,044	54%	20,856	54%	18,996
Hospital Care	64%	15,976	62%	17,048	62%	15,527
Tertiary Care	37%	27,653	35%	29,380	35%	26,759

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 – Spokane

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:

Lead-based Paint: No buildings at the Medical Center contain lead paint, exteriorly and interiorly. Lead paint abatement has been completed as identified during numerous minor and on station recurring maintenance projects over the years. Preferred Alternative: No actions are necessary

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# Beds (from demand projections)		# Beds proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)		
	FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House				
INPATIENT CARE															
Medicine	11,282	2,665	11,283	2,666	1,931	-	-	-	-	-	9,352	-	-	9,352	\$ 1,425,418
Surgery	2,136	352	2,137	353	318	-	-	-	-	-	1,819	-	-	1,819	\$ 484,377
Intermediate/NHCU	50,398	-	50,398	-	39,815	-	-	-	-	-	10,583	-	-	10,583	\$ -
Psychiatry	4,529	2,497	4,529	2,497	-	-	-	-	-	-	4,529	-	-	4,529	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	68,345	5,514	68,347	5,516	42,064	-	-	-	-	-	26,283	-	-	26,283	\$ 1,909,795
	Clinic Stops proposed by Market Plans in VISN														
	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)		
	FY 2012	Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House				
OUTPATIENT CARE															
Primary Care	93,893	26,370	93,894	26,371	1,862	-	-	3,181	-	-	95,213	-	-	95,213	\$ (9,156,232)
Specialty Care	94,858	51,246	94,858	51,246	66,000	-	-	-	-	-	28,858	-	-	28,858	\$ 1,871,459
Mental Health	50,297	13,645	50,298	13,645	38,000	-	-	1,025	-	-	13,323	-	-	13,323	\$ 3,464,620
Ancillary & Diagnostics	132,833	71,951	132,834	71,951	105,766	-	-	-	-	-	27,068	-	-	27,068	\$ (7,033,157)
Total	371,882	163,212	371,884	163,214	211,628	-	-	4,206	-	-	164,462	-	-	164,462	\$ (10,853,310)

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 to Vacant
INPATIENT CARE	FY 2012											
Medicine	19,010	3,955	19,452	4,397	15,055	-	-	-	-	-	15,055	(4,397)
Surgery	3,859	(61)	3,911	(9)	3,920	-	-	-	-	-	3,920	9
Intermediate Care/NHCU	26,400	-	26,400	-	26,400	-	-	-	-	-	26,400	-
Psychiatry	11,051	1,351	11,051	1,351	9,700	-	-	-	-	-	9,700	(1,351)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	60,320	5,245	60,814	5,739	55,075	-	-	-	-	-	55,075	(5,739)
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 to Vacant
OUTPATIENT CARE	FY 2012											
Primary Care	46,008	26,078	47,606	27,676	19,930	-	7,500	-	10,000	-	37,430	(10,176)
Specialty Care	104,979	76,689	34,341	6,051	28,290	-	2,500	-	-	-	30,790	(3,551)
Mental Health	26,834	20,834	7,328	1,328	6,000	-	-	-	-	-	6,000	(1,328)
Ancillary and Diagnostics	79,913	62,588	17,324	(1)	17,325	-	-	-	-	-	17,325	1
Total	257,734	186,189	106,599	35,054	71,545	-	10,000	-	10,000	-	91,545	(15,054)
NON-CLINICAL	FY 2012											
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	235,360	141,260	93,554	(546)	94,100	-	-	-	-	-	94,100	546
Other	8,930	-	8,930	-	8,930	-	-	-	-	-	8,930	-
Total	244,290	141,260	102,484	(546)	103,030	-	-	-	-	-	103,030	546

4. Facility Level Information – Walla Walla

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:

Evaluated wkld, cost, fac. scores and impact on employees and community. Mtgs with employ., svc off. and cong. staff were conducted. Discuss. with adm. of priv. hosp.s and NHs w/in our svc area were held. Alt. considered: Retain hosp. beds; Joint Venture; Refer all wkld to other VA's; contr. wkld and, Combination of contract & refer to other VA's. Preferred - Option #C: Close Acute beds & Implemt. Contracting. This option assumes the ref. patterns to other VA's would be the same % as in baseline 2001 (approx. 50% of total BDOC). Proj. wkld in future yrs doesn't support the maintenance of a 40-bed hosp. Psych wkld in baseline data was not captured accurately. Resid. Rehab. BDOC was included in acute care, which skews the demand for this SC. Inadeq funding to maintain the

old bldgs over many yrs has resulted in poor fac. conditions. Mod. or remodeling Nat. Hist. Reg. bldgs is very high-cost.

CARES Criteria: Quality & Need: no change in qual. of care as monitors & ctrls will be in place; Safety & Env.: improved as the fac. cond. score is 1.88 for medicine; the inpt psych score is 3.15 (located in a 1906 building); Research & Aff.: Some impact for aff. with nursing school; PAs; Staffing & Com.: presents a potential adverse impact on employees & com., as the fac. is located in a small, rural com.; Optimizing Use of Resources: a LT plan for review of all prog.s and Bldgs must be included in scenario planning. Support of all other VA Missions: unable to provide DoD secondary back-up to Puget SHCS.

Option C: Contr. for inpt wkld in the com.

a. Med. wkld will be referred primarily to local com. hosp.s in Yakima, Richland and WW. No inpt psych prog.s in WW, there are prog.s in other com. No DoD or other fed. fac. are located in the Svc area.

b. The fac.s we refer to, for emergent or urg. care, have indicated they have cap. & are willing to cont. accepting Medicare rates; we also use the 3M Pricer.

c. Contracting in the com. will not have an impact on the viability of contr. facilities.

d. Costs for contract. compared to current costs (VSSC IBM/cost applic.)WW

	In-house Contrt	In-house/Contract	
Med	6,424,966	6,940,069	-515,103
Psych	751,342	1,074,216	-322,874
Res R.	3,780,418	1,997,890	+1,782,528

2002 cost for med. is \$2323/day (DSS)

e. Contr. proposed for wkld does not incld wkld currently being provided at another VAMC.

f. Impact on other clin. or adm svcs: Cont.s to be a need for existing svcs, but a decr. is expected. Over 85% of wkld for SC & anc. svcs is outpt & demand for these svcs incr. through 2010. If the NH (score1.88) should close, and alt. housing is found for the SA and Psych. Resid. Rehab Prog., many of the svcs would be dramatically reduced or elim. There cont.s to be Mgmt, HI, Bus. Of. functions and other adm. & support serv.s. It would be expected that the # of employees would decr. in most adm. & some clinical areas. If inpat prgms close, we wouldn't provide emerg. coverage. It would be necess. to contr. emerg. care in the communities.

g. If beds were closed, staff would be realigned by util. transfer, retirement, reassignment, buyout, or RIF. Total direct care FTEE for psych is 18. Direct care FTEE for med and NH is 38 FTEE.

h. Would have a neg. impact on staffing and the com. of WW. The MC is the 8th largest employer in this com. of approx. 35,000. Many employ. have strong bonds to the com. Empl.s have farms, or other small business interests. Many are not mobile and wouldn't find it possible to relocate. In 2005, 24% (29) employees will be retirement eligible, of which 37% are CSRS. Empl.s elig. for retirement

peaks in 2007 when the rate reaches 51.5%. There are a # of FERS empl. to retire due to economic reasons.

i. Impact on travel times for pts: Med. travel times will be impr. for a large portion of pts if the preferred opt. is selected. Psych travel times for some pts will incr. but over 50% will decreased.

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:

NCA: Has indicated an interest in establishing a Columbarium at this location. NCA is still studying this option. We have provided them with data & information requested. Need 20 acres for establishing Columbarium. This opportunity would have no impact on workload or other planning initiatives. Criteria Impact: Essentially no adverse impact resulting from this opportunity.

Stakeholders have reacted very favorable to this plan. Establishing a cemetery is not an option as the land is deemed an archeological site.

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:

Lead-Based Paint: All buildings at the Medical Center contain lead paint, exteriorly and interiorly. The Ambulatory Care building underwent a minor construction project in 1994 and a portion of the existing building had lead abatement done at that time. The exterior of the Canteen and Retail Store building was abated and repainted in 2001. Preferred Alternative: The Medical Center has residential quarters (built in 1858) and all contain lead paint. The cost to abate and upgrade these buildings was deemed too high to correct. The occupants have been given notice that they need to vacate the buildings within the next six months. There are local groups who are attempting to find ways to conserve the buildings. At this point, there are no plans to abate lead paint in other buildings. This will be deferred until the CARES review process is completed.

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 to Vacant
	FY 2012										
INPATIENT CARE											
Medicine	7,587	-	5,657 (11,150)	1,930	-	-	-	-	-	1,930	1,930
Surgery	-70	-	(11,220)	11,220	-	-	-	-	-	-	-
Intermediate Care/NHCU	11,220	19,000	19,000	-	-	19,000	-	-	-	30,220	11,220
Psychiatry	13,446	1,160	7,321 (4,965)	6,125	6,125	-	-	-	-	12,250	11,090
PRRTP	6,125	-	- (6,125)	6,125	-	-	-	-	-	6,125	6,125
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	38,448	20,160	13,048 (5,240)	25,400	6,125	19,000	-	-	-	50,525	30,365
		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										
OUTPATIENT CARE											
Primary Care	14,997	16,850	(54)	15,050	-	-	-	7,545	-	22,595	5,745
Specialty Care	37,719	28,989	25,724 (16,994)	11,995	-	20,000	-	-	-	31,995	3,006
Mental Health	14,512	1,737	1,737 (3,880)	12,775	-	-	-	7,000	-	19,775	3,120
Ancillary and Diagnostics	32,665	32,977	16,185 (16,497)	16,480	-	18,000	-	-	-	34,480	1,503
Total	99,893	95,471	43,593 (39,171)	56,300	-	38,000	-	14,545	-	108,845	13,374
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	224,112	92,270	92,147 (39,695)	131,965	-	-	-	-	-	131,965	39,695
Other	24,605	7,355	- (17,250)	24,605	-	-	-	-	-	24,605	17,250
Total	248,717	99,625	92,147 (56,945)	156,570	-	-	-	-	-	156,570	56,945

C. Inland South Market

1. Description of Market

a. Inland South Market Definitions

Market	Includes	Rationale	Shared Counties
Inland South Market Code: 20C	26 counties in Oregon & Idaho	Single urban area projected for 2010, surrounded by large rural and highly rural areas. Interstate Highway 84 traverses the market, allowing some access to the urban area where primary and acute care are available. Two CBOCs provide additional access to primary care. One VISN 19 CBOC is in the 50-mile buffer zone; it draws patients from some of the eastern counties. Discussions with VISN 19 to date have indicated that the veteran population of one market area county with a large percentage of utilization of VISN 19 services is too small to be an issue; it will remain in the Inland South Market.	None

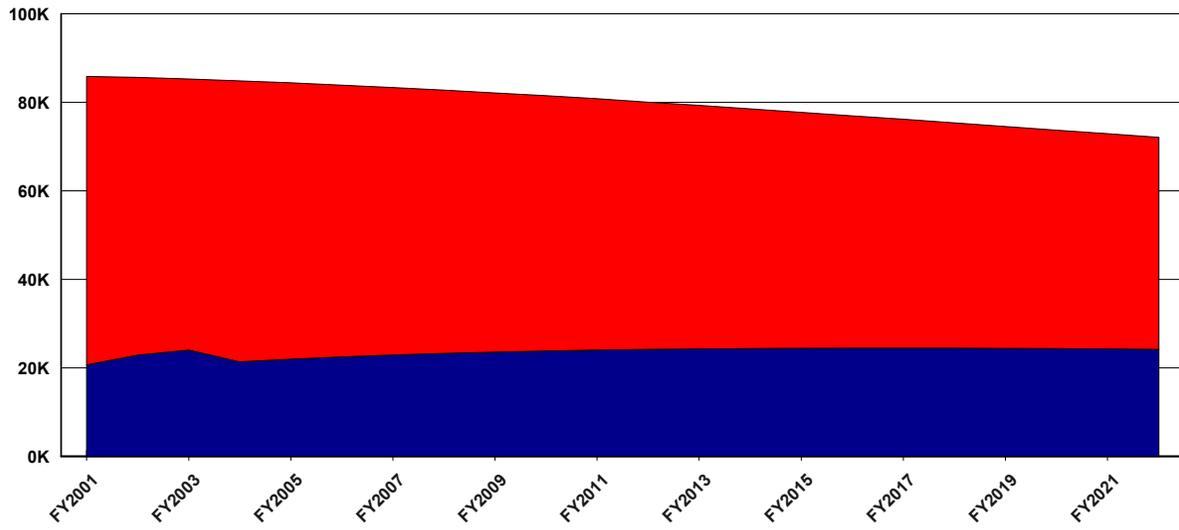
b. Facility List

VISN : 20				
Facility	Primary	Hospital	Tertiary	Other
Boise				
531 Boise	✓	✓	-	-
531GE Twin Falls	✓	-	-	-
531GF Ontario	-	-	-	✓

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Inland South Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
Y	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	13,579	21%	8,304	13%
		Treating Facility Based	8,783	14%	3,844	6%
Y	Outpatient Specialty Care	Population Based	47,888	117%	45,929	112%
		Treating Facility Based	46,299	124%	44,506	119%
N	Outpatient Mental Health	Population Based	15,381	52%	10,600	36%
		Treating Facility Based	15,461	51%	10,701	35%
N	Inpatient Medicine	Population Based	1	4%	-2	-6%
		Treating Facility Based	2	8%	-1	-2%
N	Inpatient Surgery	Population Based	0	4%	0	-4%
		Treating Facility Based	2	18%	1	10%
N	Inpatient Psychiatry	Population Based	3	14%	1	4%
		Treating Facility Based	2	10%	0	0%

e. Stakeholder Information

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

Stakeholder Narrative:

This Market includes the Boise service area. Extensive outreach was done with all groups of stakeholders including representatives from Veterans Service Organizations, Congressional offices, VBA, DoD and AFGE/Partnership and employees (approximately 33 separate outreach initiatives such as briefings, town halls, etc.).

The planning process was collaborative and market information was shared routinely through face-to-face meetings.

No significant issues were raised in the planning process. The stakeholder groups concurred with planning initiatives/recommendations in the areas of surgery small bed-section, specialty care capacity and tertiary care access. We anticipate continued collaboration with our stakeholder groups as the CARES process continues to develop.

f. Shared Market Discussion

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

Shared Market Narrative:

There are no Shared Market Discussions for the Inland South Market.

g. Overview of Market Plan

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

Executive Summary Narrative:

The Inland South market is characterized as a single urban area surrounded by large rural and highly rural areas. An interstate highway traverses the market allowing some access to the urban area where primary and acute care are available. The Inland South Market includes the Boise VAMC and the Ontario Oregon, and Twin Falls Idaho CBOC's. An analysis of demographic and utilization projections for the Inland South Market resulted in the development of planning initiatives in the areas of :

1. Access – Tertiary Care – Because there are no tertiary care VA medical facilities in Idaho, only 38% of veterans in the Inland South meet access criteria for tertiary care availability. Contracting for tertiary care services with local tertiary care facilities will address the need for services in communities where larger densities of veteran populations exist
2. Capacity – Specialty Care: Planning models identified significant gaps in the ability of the Boise VAMC to meet specialty services demands. The proposed planning initiative calls for the expansion of Specialty Care availability in the market area through a combination of new construction at the Boise VAMC, and enhancement of contract, and fee work done in local communities and at the established CBOC's. Because the Boise VAMC has virtually no vacant space, initiation of a 25,000 nsf construction project to expand the physical facilities will enable expansion of specialty care including orthopedics, GI, audiology, and optometry.
3. Small Bed Section – Surgery The Inland South market has recommended the retention of surgical beds. The Boise surgery program is an active, high functioning service with potential of expanding demand and beds through the development of DoD and Tricare affiliations. The Boise surgery program is an integral part of the Boise VAMC patient care continuum with involvement in medical training and the local healthcare community. The Boise surgery program provides high quality services in a cost effective manner that is convenient for the veteran patients we serve. Adoption of any of the other scenarios that were reviewed would result in reduced access to services for Idaho veterans with higher costs of care.

The Inland South Market plan also includes other initiatives with plans for collaboration with DoD and VBA.

VBA Collocation: Co-location has the support of VHA/VBA and Veterans organizations. Co-location would result in the Boise VA Medical Center, The

Idaho State Veterans Home, and the VBA Regional office being located on the same extended campus resulting in improved service and convenience to the Veteran patient. The proposed Co-location would result in the elimination of the current lease/rent situation for the VBA Regional Office and would result in an investment payback of only 7 years.

DoD Collaboration: Collaborative analysis is currently underway with work teams examining sharing opportunities in the areas of Disability and Compensation Processing, Business Operations and Third Party Billing, Laboratory Services and Autopsy Support, Imaging Services, Specialty Services, Mental Health, Continuing Education, and Catastrophic Case Management. Teams have had initial meetings and work products are under development.

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:

Scenario 1: Expand Contracting with local tertiary care medical centers. Because there are no tertiary care VA medical facilities in Idaho, only 38% of veterans in the Inland South meet access criteria for tertiary care availability. Contracting for tertiary care services with local tertiary care facilities will address the need for services in communities where larger densities of veteran populations exist

Scenario 2: Expand VA referral network to include Salt Lake VAMC. Because of distance and time criteria, referral to a tertiary care VA Medical Center will not satisfy the tertiary care access gap.

Recommendation: The Boise VAMC recommends the selection of Scenario 1 which meets the intent of the Tertiary Care access criteria.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	62%	8,587	62%	9,178	63%	8,940
Hospital Care	80%	4,565	80%	4,879	81%	4,542
Tertiary Care	35%	14,689	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 – Boise

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:

Small Bed Section – Surgery: Option 1 Retain Beds

Quality and Need: The Boise VA operates a small but very active Surgical Program with a 7 bed surgical unit. The unit functions with a high occupancy rate (73.35%) and in FY 2002 had almost 1,700 Bed Days of Care. The Boise VA surgical program enjoys strong support from local/private sector consultants who significantly augment the range of surgical services provided at the VA. Boise Surgery service has no Type 1 JCAHO recommendations or supplemental recommendations. NSQIP data show consistent positive performance by the Boise Surgery program in the areas of workload, mortality and morbidity. Boise

operates the only VA surgery program in the state of Idaho, servicing veterans from 23 counties in Idaho and 4 counties in Southeastern Oregon.

Support for other Missions of the VA: Boise is currently involved in discussions with DoD (Mt Home Airforce Base – MHAFFB), the Tricare Lead Agent, and the Tricare Contractor to develop avenues for increased sharing. Recent developments have included joint VA & DoD use of VA Operating Rooms for treatment of DoD beneficiaries. Future developments will likely include provision of surgical services to Tricare enrollee which will require additional surgical bed capacity.

Option 2 Close Beds & Reallocate Workload to another VAMC. Quality and Need: Difficulty in transport of patients to referral VA facilities limits the utility of this option. The Boise VAMC operates the only VA surgery program in the state of Idaho and capacity limitations at referral VA facilities does not always allow for timely transfer or care of referral patients. Quality Measured by Access: The CARES process has identified a tertiary care capacity gap for the Idaho veterans. The option of closing the Boise surgery program beds and referring workload to other VA centers would create further gaps in the care provided to Idaho Veterans. Impact on Research & Academic Affairs: The Boise VAMC is affiliated with the University of Washington School of Medicine. Boise surgery program and staff play an active role in the education of medical students

Option 3 - Close Beds & implement Contracting, Sharing or Joint Venturing. Quality Measured by Access: With consideration to access, convenience, and patient satisfaction, contracting for care in the local community would be preferable to referring patients to other VA's. The cost of contract or fee care would likely be a significant obstacle. Using the CARES cost data for Medicare rates in Ada county, the cost for 1,700 BDOC (Boise surgery BDOC for FY 02) would have been approximately \$4.65 m. The same 1,700 BDOC were provided at Boise for approximately \$2.9 m.

Impact on Research & Academic Affairs: Boise is affiliated with the University of Washington School of Medicine. Boise surgery program and staff play an active role in the education of medical students and residents and closure of surgery beds would negatively impact the training experience and the WWAMI affiliation. Support for other Missions of the VA: Boise has recently developed sharing agreements with Mountain Home AFB that include provision of limited surgical services. Bed closure would eliminate DoD and Tricare sharing opportunities and negatively impact our ability to support DoD.

Recommendation: Adoption of Option 1, Retain Beds. The Boise surgery program is an active, high functioning service with potential of expanding demand and beds through the development of DoD and Tricare affiliations. The Boise surgery program is an integral part of the Boise VAMC patient care continuum with involvement in medical training and the local healthcare community. Boise surgery program provides high quality services in a cost effective manner that is convenient for the veteran patients we serve. Adoption of either of the other 2 scenarios would result in reduced access to services for Idaho veterans with higher cost of care.

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:

VA-DOD Sharing:

- A. Current Situation – The Boise VA Medical Center has a long history of sharing with the Mountain Home Air Force Base (MHAFB) however the success of the sharing efforts has largely been dependant on the commitment of the current command at the MHAFB Hospital. Recent efforts by VA and DoD leadership, and involvement of the Tricare lead agent and the Tricare contract provider have resulted in renewed interest and an increase in sharing opportunities.
- B. Current Situation – The Boise VA Medical Center has a long history of sharing with the Mountain Home Air Force Base (MHAFB) however the success of the sharing efforts has largely been dependant on the commitment of the current command at the MHAFB Hospital. Recent efforts by VA and DoD leadership, and involvement of the Tricare lead agent and the Tricare contract provider have resulted in renewed interest and an increase in sharing opportunities.
- C. Analysis – Collaborative analysis is currently underway with work teams examining sharing opportunities in the areas of Disability and Compensation Processing, Business Operations and Third Party Billing, Laboratory Services and Autopsy Support, Imaging Services, Specialty Services, Mental Health, Continuing Education, and Catastrophic Case Management. Teams have had initial meetings and work products are under development.
- D. Recommendation – Continue to pursue Sharing opportunities with DoD.

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:

VBA Co-location

A. Current Situation – The concept of VHA/VBA Co-location is supported by both VHA and VBA. A recent decision by OMB to deny the transfer of ownership of property adjacent to the GSA parking lot has complicated the possibilities of co-location. Three other sites on VA property are under consideration as possible co-location sites however parking limitations make each of these sites less than optimal.

B. Analysis – Co-location has the support of VHA/VBA and Veterans organizations. Co-location would result in the Boise VA Medical Center, The Idaho State Veterans Home, and the VBA Regional office being located on the same extended campus resulting in improved service and convenience to the Veteran patient. The proposed Co-location would result in the elimination of the current lease/rent situation for the VBA Regional Office and would result in an investment payback of only 7 years.

C. Recommendation – Continue to pursue the Co-location initiative.

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:

Lead-Based Paint: Boise VAMC has completed a lead based paint assessment. Because the Boise VAMC has no “Quarters Buildings”, lead based paint will not be an issue for any of our CARES planning initiatives.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# Beds (from demand projections)		# Beds proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)	
		FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
INPATIENT CARE															
Medicine	8,888	693	8,889	694	178	-	-	-	-	-	-	8,711	\$	-	
Surgery	3,018	465	3,019	466	225	-	-	200	-	-	-	2,994	\$	(2,327,869)	
Intermediate/NHCU	42,914	-	42,914	-	33,044	-	-	-	-	-	-	9,870	\$	-	
Psychiatry	8,111	767	8,111	767	500	-	-	10	-	-	-	7,621	\$	439,068	
PRRTP	10	-	10	-	-	-	-	-	-	-	-	10	\$	-	
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	\$	-	
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	\$	-	
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	\$	-	
Total	62,941	1,925	62,943	1,927	33,947	-	-	210	-	-	-	29,206	\$	(1,888,801)	
		Clinic Stops proposed by Market Plans in VISN													
		Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House				
OUTPATIENT CARE															
Primary Care	73,474	8,782	73,475	8,783	6,000	-	-	-	-	-	-	67,475	\$	2,101,225	
Specialty Care	83,770	46,298	83,771	46,299	15,000	-	-	-	-	-	-	68,771	\$	(5,530,612)	
Mental Health	45,882	15,460	45,883	15,461	1,377	-	-	-	-	-	-	44,506	\$	-	
Ancillary & Diagnostics	83,999	21,575	83,999	21,575	35,000	-	-	-	-	-	-	48,999	\$	(10,858,747)	
Total	287,126	92,114	287,128	92,117	57,377	-	-	-	-	-	-	229,751	\$	(14,288,134)	

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in V/ISN									
	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	22,911	2,046	22,910	2,045	-	-	-	-	20,865	(2,045)
Medicine		7,019	324	7,485	790	-	-	-	-	6,695	(790)
Surgery		19,170	-	19,170	-	-	-	-	-	19,170	-
Intermediate Care/NHCU		17,104	7,058	16,233	6,187	-	-	-	-	12,426	(3,807)
Psychiatry		2,380	-	-	(2,380)	-	-	-	-	2,380	2,380
PRRTP		-	-	-	-	-	-	-	-	-	-
Domiciliary program		-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury		-	-	-	-	-	-	-	-	-	-
Blind Rehab		-	-	-	-	-	-	-	-	-	-
Total		68,583	9,427	65,798	6,642	2,380	-	-	-	61,536	(4,262)
Space (GSF) proposed by Market Plan											
	Variance from 2001 (+/-)	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved/Vacant
OUTPATIENT CARE	FY 2012	36,003	14,658	33,738	12,393	-	3,000	4,000	-	28,345	(5,393)
Primary Care		89,384	64,410	75,648	50,674	-	-	-	-	74,974	(674)
Specialty Care		25,814	(1,194)	25,813	(1,195)	-	-	-	-	27,008	1,195
Mental Health		51,609	27,849	31,359	7,599	-	-	-	-	23,760	(7,599)
Ancillary and Diagnostics		202,809	105,722	166,558	69,471	-	3,000	4,000	-	154,087	(12,471)
Total		202,809	105,722	166,558	69,471	50,000	3,000	4,000	-	154,087	(12,471)
Space (GSF) proposed by Market Plan											
	Variance from 2001 (+/-)	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved/Vacant
NON-CLINICAL	FY 2012	23,038	-	9,623	(13,415)	-	-	-	-	23,038	13,415
Research		173,714	68,483	102,855	(2,376)	-	-	-	-	105,231	2,376
Administrative		16,766	-	16,766	-	-	-	-	-	16,766	-
Total		213,518	68,483	129,244	(15,791)	-	-	-	-	145,035	15,791

D. South Cascades Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
South Cascades Market Code: 20B	35 counties in Oregon, Washington & Northern California <u>2 sub-markets:</u> 20B-1 South Cascades sub-market 1 20B-2 South Cascades	The South Cascades Market includes all the counties and services of the South Cascades Alliance, the planning, administrative and clinical services unit for Oregon VA facilities. The market includes two urban areas; Interstate 5 (north to south), which is a major transportation artery, crosses through both urban areas. Within the market are primary, acute and tertiary care services, with established referral patterns within the market. The area also includes eight CBOCs and a large, freestanding domiciliary.	None

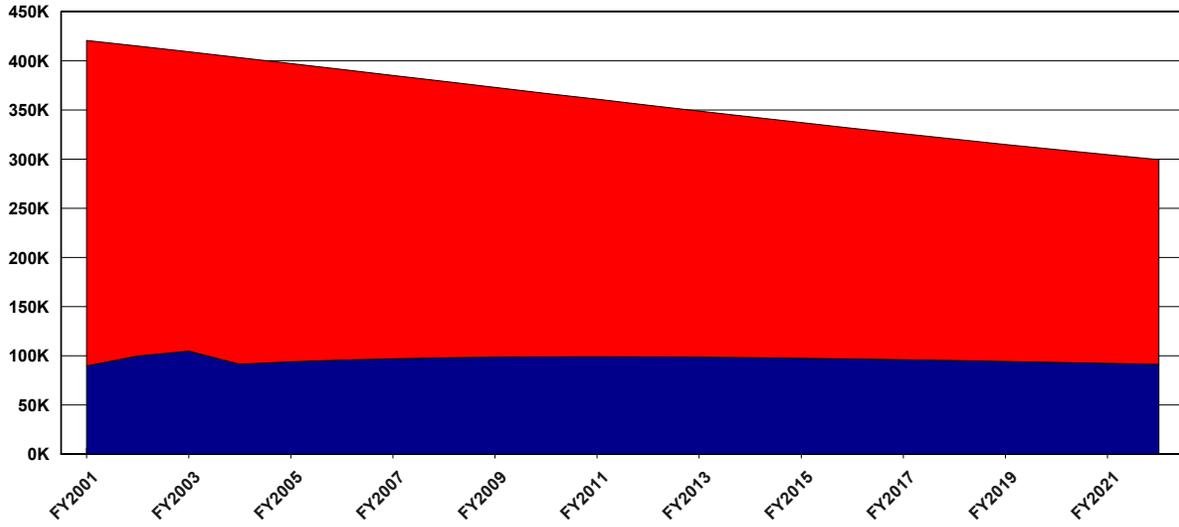
b. Facility List

VISN : 20				
Facility	Primary	Hospital	Tertiary	Other
Portland				
648 Portland	✓	✓	✓	-
648GA Bend	✓	-	-	-
648GB Salem	✓	-	-	-
648GC Longview	✓	-	-	-
648GD North Coast	✓	-	-	-
New Metro West	✓	-	-	-
New Metro East	✓	-	-	-
New Metro South	✓	-	-	-
Roseburg				
653 Roseburg HCS	✓	✓	-	-
653GA Bandon	✓	-	-	-
653GB Brookings	✓	-	-	-
Vancouver				
648A4 Vancouver	✓	-	-	-
White City				
692 White City	✓	-	-	-
692GA Klamath Falls	✓	-	-	-
Eugene				
New Eugene	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
South Cascades Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	64,019	26%	22,136	9%
		Treating Facility Based	73,432	29%	28,008	11%
Y	Outpatient Specialty Care	Population Based	112,925	56%	89,341	45%
		Treating Facility Based	119,624	58%	95,094	46%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	2,490	1%	444	0%
N	Inpatient Medicine	Population Based	15	16%	-2	-2%
		Treating Facility Based	16	16%	-2	-2%
N	Inpatient Surgery	Population Based	-6	-11%	-12	-23%
		Treating Facility Based	-5	-9%	-12	-22%
N	Inpatient Psychiatry	Population Based	-3	-5%	-15	-21%
		Treating Facility Based	3	4%	-12	-16%

e. Stakeholder Information

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

Stakeholder Narrative:

This Market includes the Portland, Roseburg and White City service areas. Extensive outreach was conducted among Market stakeholders (approximately 97 separate outreach initiatives to date). The general theme from our stakeholders has been support for the CARES process and Planning Initiatives, along with concern about whether resources will be available to implement plans for expanded services.

Portland Service Area: Aside from initial fears sparked when both daily metro newspapers carried the June 6 Associated Press story (complete with “Many VA Hospitals May Close” headlines), stakeholders have supported the process and evolving plan, while expressing concerns about whether resources will be available to implement Planning Initiatives. A couple of issues have been raised on the Market Plan: After reviewing it, a Bend CBOC clinician asked that specialty and hospital care access be improved in Bend area. Hospital access is addressed in the Market Plan and the specialty care access issue for Bend is being raised with VISN Executive Leadership Council before plan is submitted to National CARES Program Office. A VSO Service Officer wanted to be sure that the new Portland/Puget Sound Multiple Sclerosis Center of Excellence wouldn’t be curtailed by CARES, and it won’t.

Roseburg Service Area: Employees and veterans were concerned about seismic Issues for Buildings I & II. The Market Plan addresses these concerns with proposal for a new Bldg. I and renovation for Bldg. II. Staff members were concerned about possible job loss and lack of timely surgical care for patients if the surgical section were closed. We have addressed the quality and efficiencies issues (as well as the need for the two surgery beds to support our Ambulatory Care Surgery Program) by adding a new surgeon to Roseburg staff. Stakeholders were concerned about availability of funding for the increased workload during peak years when contracting out is a scenario for specialty care. Stakeholders supported expansion of the National Cemetery on VA property. Discussions have taken place with NCA, and Acting Secretary for Memorial Affairs is planning a visit to Roseburg to view available land.

White City Service Area: Stakeholders are very concerned that they retain access, especially in the CBOC Klamath Falls area. In the Market Plan, access will remain the same or increase in the near future, based on workload projections. Although Domiciliary inpatient buildings are not due for assessment during this year’s CARES process, inpatients noted that these 60 plus-year-old buildings require either renovation or replacement. We assured stakeholders that

we would relay this concern and that the facility would get thorough assessment during next year's cycle. Stakeholders are pleased that we have proposed expansion for primary and specialty care services. Again, a commonly raised question was whether funding would be available to carry out these plans.

f. Shared Market Discussion

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

Shared Market Narrative:

There are no Shared Market Discussions for the South Cascades Market.

g. Overview of Market Plan

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

Executive Summary Narrative:

The market area includes 3 urban areas: Interstate 5 (North & South), a major transportation artery, crosses through them. Within the market are primary, acute, and tertiary care services, with established internal referral patterns. The medical centers are Portland VAMC (tertiary), with a division in Portland, Oregon and Vancouver, Washington, VA Roseburg HCS, (acute) and a WC freestanding Domiciliary. The market also includes eight CBOC's, seven in Oregon and one in Washington. The number of enrollees increase from 89,655 in FY01, to 98,798 in FY12, and finally 91,236 in FY22.

The market has one access issue with regards to hospital care. Access to primary care tertiary meet established thresholds. The market plans to meet access criteria by establishing contracts for care in Bend, Eugene, and Medford.

The market has planning initiatives for primary and specialty care. Plans to address the primary care initiative are to lease three new Metro CBOC's in the greater Portland metropolitan area, build a replacement clinic in Eugene, and to accomplish all workload in house that is projected for WC Domiciliary by adding a modest amount of new space to the existing clinic.

To meet the Specialty Care initiative, plans include renovating space in Portland, lease space in Metro CBOC, build space in Roseburg due to seismic issues, build new in Eugene to add specialty services, and build new at White City.

A small bed sect. PI exists for Roseburg's 2 surgery beds. Roseburg plans are for the surgical beds to remain as support to their Amb. Surgery Program and for the increased surgical workload expected due to the hiring of a new surgeon.

There are no proximity, shared market issues, or SDP initiatives (Blind Rehab, SCI, Mental H.(SCMI, PTSD, SA), Dom/Homelessness, and TBI). There are seismic issues at Portland VAMC, Roseburg VAMC, and WC Domiciliary.

Portland VAMC was built in 1987 to seismic code 2B. It has been upgraded to Zone 3. A project has been awarded by central office to conduct a detailed analysis of the proj. to upgrade the facilities to meet current code requiremts. A preliminary cost estimate of \$65 million has been provided by the Architect Engineer.

Roseburg's main inpt bldg (Bldg 1) will need to be replaced as the costs to renovate will exceed that of a new building. A new bldg will also mitigate overall Space Score with Condition Code levels for inpt. Bldg 2, Psych. Inpt Svcs, will also require seismic hardening or build new (seismic proposal was submitted in 2001 but was not approved).

WC has proposed a series of minor projects to replace bed bldgs which is factored into the CARES planning process. Lead based paint issues will be mitigated in quarters according to requiremts. There are no lead paint issues in childcare areas.

VBA and Portland VAMC have discussed co-location. Space requiremts. for VBA to co-locate are not available in Portland bldgs. Land is avail. for VBA to build. Space and land are available at the Vanc. Div., but is not favorable to VBA to locate Oregon VBA in Washington State. Roseburg is negotiating with NCA to provide land for Columbarian and casket burial.

There are 4 Enhanced Use Lease opportunities in varying stages of development. Portland has received concept approval from CO for an EUlease with Clark County on Van. Div grounds. Portland has identified land on the Van. Div. campus for possible future nursing home/assisted living project. Roseburg is undergoing discussions with NFS to provide land on Roseburg campus for a new bldg. WC has developed a plan for a project with Rogue Com. College to build a bldg at the Domiciliary. This is awaiting CARES.

Portland has a strong Research prog. that has grown from approximately 11m in 1997 to approximately 27 m in 2002. Portland ranked #1 in the nation for VA funded research and 11th in total research funding.

There are no DOD opportunities in the 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 market does not meet access thresholds for access to hospital care. There are currently two hospitals in the market, one in Portland and one in Roseburg. Access gaps exist in three major population areas within the market; Bend, Eugene and Medford. The PI was resolved by CARES planners conducting a data run on zip codes of community hospitals in the population centers. Access thresholds were met using the scenario.

Three alternatives were considered; build, lease, and contract. Due to the limited population, existing competition in these population centers, and the enormous costs to build, it was considered unfeasible to propose new hospitals at this time. There are no vacant hospitals to lease.

The market therefore proposes to establish a competitive contract with community hospitals. This will require additional funding to accomplish.

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	72%	27,137	73%	26,675	73%	24,634
Hospital Care	56%	43,388	83%	16,400	85%	13,685
Tertiary Care	81%	18,340	84%	16,203	85%	13,503

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 – Portland

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:

Co-Location: VBA and Portland VAMC have discussed co-location. Portland VAMC does not have available square footage to meet VBA space needs, however, land is available for VBA to build on the Portland campus. Space and land is available at the Vancouver Division for co-location. VBA is not interested in locating the Oregon VBA office in the state of Washington.

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:

NCA: Portland VAMC and Willamette National Cemetery collaborate and share administrative support services.

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:

Enhanced Use: Portland VAMC has received concept approval from Central Office for an enhanced use lease with Clark County on Vancouver Division grounds. Portland has identified land on the Vancouver Division campus for a possible future nursing home/assisted living project.

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:

Seismic: There are seismic issues at Portland VAMC, Roseburg VAMC, and White City Domiciliary. Portland VAMC was built in 1987 to seismic code 2B. The zone has since been upgraded to Zone 3. A project has been awarded by central office to conduct a detailed analysis of the project to upgrade the facilities to meet current code requirements. A preliminary cost estimate of \$65 million has been provided by the Architect Engineer.

Lead Paint: Portland VAMC – There are no quarters located on campus. The childcare center has no lead paint issues. Vancouver Division – There is lead paint in some of the old buildings that are slated to be demolished within the next three years. There are no quarters or childcare services provided in Vancouver.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# Beds proposed by Market Plans in VISN											Clinic Stops proposed by Market Plans in VISN															
# Beds (from demand projections)		Variance from 2001 (+/-)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)	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	Post MP Life Cycle Cost variance (+/-)	
FY 2012		FY 2012													FY 2012													
INPATIENT CARE																												
Medicine	28,547	2,352	(1,449)	28,547	2,352	1,000	-	-	-	-	-	27,547	(704,538)															
Surgery	15,019	(1,449)		15,020	(1,448)	151	-	-	-	-	-	14,869	-															
Intermediate/NHCU	74,856	-		74,856	-	74,856	-	-	-	-	-	-	-															
Psychiatry	10,483	1,443		10,484	1,444	630	-	-	-	-	-	9,854	-															
PRRTP	-	-		-	-	-	-	-	-	-	-	-	-															
Domiciliary	18,127	-		18,127	-	-	-	18,127	-	-	-	-	50,983,172															
Spinal Cord Injury	-	-		-	-	-	-	-	-	-	-	-	-															
Blind Rehab	-	-		-	-	-	-	-	-	-	-	-	-															
Total	147,032	2,346		147,034	2,348	76,637	-	18,127	-	-	-	52,270	50,278,634															
OUTPATIENT CARE																												
Primary Care	179,560	64,333		179,560	64,333	1,000	-	128,846	-	-	-	49,714	305,593,896															
Specialty Care	197,416	42,610		197,416	42,611	7,075	-	-	-	-	-	190,341	(9,859,001)															
Mental Health	68,571	1,052		68,572	1,053	1,208	-	34,233	-	-	-	33,131	70,820,341															
Ancillary & Diagnostics	239,742	103,429		239,743	103,430	23,070	-	123,070	-	-	-	93,603	213,177,913															
Total	685,289	211,425		685,291	211,427	32,353	-	286,149	-	-	-	366,789	579,733,149															

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VJSN												
	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 to Vacant
INPATIENT CARE												
Medicine	57,003	21,605	57,298	21,900	35,398	6,900	-	-	-	-	44,498	(12,800)
Surgery	24,684	1,121	24,683	1,120	23,563	-	-	-	-	-	23,563	(1,120)
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	15,965	(7,925)	15,963	(7,927)	23,890	-	-	-	-	-	23,890	7,927
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	22,659	22,659	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	120,310	37,459	97,944	15,093	82,851	6,900	-	-	-	-	91,951	(5,993)
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 to Vacant
OUTPATIENT CARE												
Primary Care	75,415	41,403	24,857	(9,155)	34,012	-	-	-	-	-	34,012	9,155
Specialty Care	197,613	64,574	209,375	76,336	133,039	28,453	-	-	-	-	161,492	(47,883)
Mental Health	36,425	19,026	21,204	3,805	17,399	-	-	-	-	-	17,399	(3,805)
Ancillary and Diagnostics	131,955	57,283	59,906	(14,766)	74,672	-	-	-	-	-	74,672	14,766
Total	441,409	182,287	315,342	56,220	259,122	28,453	-	-	-	-	287,575	(27,767)
NON-CLINICAL												
Research	144,403	-	159,310	14,907	144,403	-	-	-	-	-	144,403	(14,907)
Administrative	233,020	74,116	158,904	-	158,904	-	-	-	-	8,000	166,904	8,000
Other	42,251	-	42,251	-	42,251	-	-	-	-	-	42,251	-
Total	419,674	74,116	360,465	14,907	345,558	-	-	-	-	8,000	353,558	(6,907)

4. Facility Level Information – Vancouver

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:

Enhanced Use Lease: Vacant land at the Vancouver Division has been reviewed for possible location of an Assisted Living/Nursing Home Enhanced Use Lease. Location would be most viable on the SE corner of the campus adjacent to existing nursing home facilities. This project has not advanced beyond initial vacant land review and long term space plan to date.

Enhanced Use Lease: Concept approval has been received for the Clark County EUL (Clark County would build on Vancouver campus; VA would occupy a portion of the new building) and final approval is pending in Central Office.

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:

Lead-Based Paint: VAMC Portland, Vancouver Division – There is lead paint in some of the old buildings that are slated to be demolished within the next three years. There are no quarters or childcare services provided in Vancouver.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# Beds (from demand projections)		# Beds proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)	
	FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
INPATIENT CARE														
Medicine	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	43,688	-	43,688	-	21,844	-	-	-	-	-	21,844	-	-	\$ 21,844
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	18,127	-	-	-	-	-	\$ 18,127
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	43,688	-	43,688	-	21,844	-	-	18,127	-	-	-	-	-	\$ (39,240,146)
Clinic Stops proposed by Market Plans in VISN														
	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)	
	FY 2012	Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
OUTPATIENT CARE														
Primary Care	32,232	10,493	32,233	10,494	1,585	-	-	-	-	-	-	-	-	\$ 30,648
Specialty Care	23,142	18,107	23,142	18,107	2,609	-	-	-	-	-	-	-	-	\$ 5,479
Mental Health	55,861	250	55,861	250	582	-	-	-	-	-	-	-	-	\$ 55,279
Ancillary & Diagnostics	12,305	7,242	12,306	7,243	-	-	-	-	-	-	-	-	-	\$ 12,306
Total	123,541	36,093	123,542	36,094	4,776	-	-	-	-	-	-	-	-	\$ 32,229,689

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VJISN												
	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 to Vacant
INPATIENT CARE												
Medicine	-	(8,000)	-	(8,000)	8,000	-	-	-	-	-	8,000	8,000
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	36,290	-	36,290	-	36,290	-	-	-	-	-	36,290	-
Psychiatry	-	(8,600)	-	(8,600)	8,600	-	-	-	-	-	8,600	8,600
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	(2,213)	17,213	15,000	2,213	15,000	-	-	-	-	17,213	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	36,290	(18,813)	53,503	(1,600)	55,103	15,000	-	-	-	-	70,103	16,600
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 to Vacant
OUTPATIENT CARE												
Primary Care	21,596	1,061	20,534	(1)	20,535	-	-	-	-	-	20,535	1
Specialty Care	25,456	19,427	6,027	(2)	6,029	-	-	-	-	-	6,029	2
Mental Health	30,724	6,839	30,403	6,518	23,885	-	-	-	-	-	23,885	(6,518)
Ancillary and Diagnostics	11,814	(393)	11,814	(393)	12,207	-	-	-	-	-	12,207	393
Total	89,590	26,934	68,778	6,122	62,656	-	-	-	-	-	62,656	(6,122)
NON-CLINICAL												
Research	3,771	-	-	(3,771)	3,771	-	-	-	-	-	3,771	3,771
Administrative	123,168	7,213	81,780	(34,175)	115,955	-	-	-	-	-	115,955	34,175
Other	39,218	-	25,672	(13,546)	39,218	-	-	-	-	-	39,218	13,546
Total	166,157	7,213	107,452	(51,492)	158,944	-	-	-	-	-	158,944	51,492

5. Facility Level Information – Roseburg

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:

VARHS is in early discussions with VA National Cemetery Administration to expand Columbarium and/or Casket burials on VA property. On March 27, 2003 VAMC Roseburg and NCA met and an agreement was reached that in 2005 they will request funds to establish a cemetery on the Roseburg campus.

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:

VARHS is dialoging with the US Forest Service to build on VA property. USFS will contract for a feasibility study in the second quarter FY 03 to evaluate a potential enhanced use project.

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:

Lead-based Paint: "Lead-based paint surveys have been conducted throughout the quarters and medical center by Sandy Eguchi - Oregon State Lead Risk Assessor # 1073 from June 1998 to June 2002. Lead-based paint has been found on building and quarter components such as window-sills, interior doors, porch columns, baseboards, exterior paint, living room mantels, etc. Actions have been taken to notify and communicate these findings to affected groups such as quarter occupants and employees such as the painters. Lead awareness training has been conducted with the painters. Blood lead samples have been taken of the painters and indicates values less than the OSHA allowable level of 40 ug/100 g of whole blood. Further actions to be taken include: contractor abatement of paint classified in "poor" condition in the quarters, awareness training of other affected groups such as the purchase & hire employees, electricians, plumbers, etc., air monitoring of in-house renovation projects, contractor notifications and development of a licensed abatement team." Roseburg facility has no childcare operations at this time.

Seismic: The original buildings at the Roseburg campus were constructed in 1932. These buildings as they exist do not comply with either the prevailing building code or guidelines/standards with regard to seismic demands and expected performance. Severe and widespread deficiencies need to be addressed, and rehabilitation measures should be undertaken as early as possible. Presently three structures fall into the VA criteria of Extremely High Risk (EHR). These are Buildings #1 (Medicine), #2 (Mental Health), and #7 (Boiler Plant).

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN													
	# BDOCs demand projections	Variance from 2001		Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012												
INPATIENT CARE													
Medicine	7,130	2,658		7,130	2,658	300	-	-	929	-	-	7,759	\$(18,275,410)
Surgery	929	25		929	25	-	-	929	-	-	-	-	\$50,381,482
Intermediate/NHCU	55,217	-		55,217	-	34,787	-	-	-	-	-	20,430	\$-
Psychiatry	14,675	(474)		14,676	(473)	-	-	-	80	-	-	14,756	\$(4,317,011)
PRRTP	80	-		80	-	-	-	-	-	-	-	80	\$-
Domiciliary	-	-		-	-	-	-	-	-	-	-	-	\$-
Spinal Cord Injury	-	-		-	-	-	-	-	-	-	-	-	\$-
Blind Rehab	-	-		-	-	-	-	-	-	-	-	-	\$-
Total	78,030	2,208		78,032	2,210	35,087	-	929	1,009	-	-	43,025	\$27,789,061
Clinic Stops proposed by Market Plans in VISN													
	Clinic Stops demand projections	Variance from 2001		Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012												
OUTPATIENT CARE													
Primary Care	76,223	(7,762)		76,223	(7,762)	2,000	-	20,299	-	-	-	53,924	\$40,183,786
Specialty Care	73,743	35,170		73,743	35,170	28,000	-	15,266	-	-	-	30,477	\$47,511,361
Mental Health	37,444	(155)		37,444	(155)	-	-	14,144	-	-	-	23,300	\$27,014,584
Ancillary & Diagnostics	90,177	26,424		90,177	26,424	27,000	-	18,036	-	-	-	45,141	\$(8,636,841)
Total	277,585	53,676		277,587	53,677	57,000	-	67,745	-	-	-	152,842	\$106,072,890

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 to Vacant
	FY 2012												
INPATIENT CARE													
Medicine	16,438	(1,323)	2,800	20,561	17,761	-	16,179	-	-	-	-	33,940	13,379
Surgery	1,904	1,904	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	27,870	-	-	27,870	27,870	-	-	-	-	-	-	27,870	-
Psychiatry	24,509	(1,476)	(1,342)	24,643	25,985	-	-	-	-	-	-	25,985	1,342
PRRTP	16,228	-	-	16,228	16,228	-	-	-	-	-	-	16,228	-
Domiliary program	-	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	205,331	205,331	-	-	-	-	-	-	-	-	-	-	-
Total	292,281	204,437	1,458	89,302	87,844	-	16,179	-	-	-	-	104,023	14,721
Space (GSF) proposed by Market Plan													
OUTPATIENT CARE													
Primary Care	36,206	3,344	(5,900)	26,962	32,862	-	-	-	-	7,128	-	39,990	13,028
Specialty Care	107,075	83,865	27,077	50,287	23,210	-	15,000	30,000	-	-	-	68,210	17,923
Mental Health	19,422	16,013	9,872	13,281	3,409	-	9,801	-	-	1,382	-	14,592	1,311
Ancillary and Diagnostics	56,812	37,004	11,791	31,599	19,808	-	-	20,000	-	-	-	39,808	8,209
Total	219,514	140,225	42,840	122,129	79,289	-	24,801	50,000	-	8,510	-	162,600	40,471
NON-CLINICAL													
Research	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	#REF!	#REF!	(35,981)	76,409	112,390	-	-	25,000	-	-	-	137,390	60,981
Other	25,530	-	(10,257)	15,273	25,530	-	-	25,000	-	-	-	50,530	35,257
Total	#REF!	#REF!	(46,238)	91,682	137,920	-	-	50,000	-	-	-	187,920	96,238

6. Facility Level Information – Eugene

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

# Beds proposed by Market Plans in VISN												
	# Beds (from demand projections)		# Beds proposed by Market Plans in VISN									
	FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN									
	FY 2012	Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	20,299	-	-	20,299	\$ (47,149,723)
Specialty Care	-	-	-	-	-	-	-	15,266	-	-	15,266	\$ (42,639,694)
Mental Health	-	-	-	-	-	-	-	14,144	-	-	14,144	\$ (31,359,685)
Ancillary & Diagnostics	-	-	-	-	-	-	-	18,036	-	-	18,036	\$ (14,270,134)
Total	-	-	-	-	-	-	-	67,745	-	-	67,745	\$ (135,419,236)

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VJISN												
	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 to Vacant
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)	Variance from 2001 (+/-)	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
OUTPATIENT CARE												
Primary Care	-	-	10,150	10,150	-	-	8,544	-	-	-	8,544	(1,606)
Specialty Care	-	-	25,189	25,189	-	-	22,792	-	-	-	22,792	(2,397)
Mental Health	-	-	8,062	8,062	-	-	8,039	-	-	-	8,039	(23)
Ancillary and Diagnostics	-	-	12,625	12,625	-	-	11,007	-	-	-	11,007	(1,618)
Total	-	-	56,026	56,026	-	-	50,382	-	-	-	50,382	(5,644)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	5,000	5,000	-	-	-	-	5,000	-	5,000	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	5,000	5,000	-	-	-	-	5,000	-	5,000	-

7. Facility Level Information – White City

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:

The Eagle Point National Cemetery is located close to the White City campus. The Eagle Point National Cemetery has adequate real estate for future expansion.

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:

White City has an Enhanced Use Lease proposal pending with Rogue Community College. Rogue Community College provides tuition vouchers for patients and staff in exchange for the space occupied. The Enhanced Use Lease would help reduce vacant space and excess administrative 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:

Seismic: VA contracted studies with Degenkolb Engineers, conducted several years ago, indicate that many of the existing White City VA Domiciliary bed buildings are an exceptionally high seismic risk. More recently, VISN 20 conducted a CARES related study of the respective buildings throughout the VISN, and they too, found White City buildings lacking in seismic code compliance. The bed buildings were constructed in 1942 utilizing an unreinforced masonry structure, which is no longer a permissible construction type for inpatient occupancy. Patient privacy, asbestos, electrical, and other infrastructure problems are also inherent in these 60+ year old buildings. White City considered two approaches to physically ameliorate the cited building deficiencies. The first and preferred alternative was to construct new buildings for those buildings that had not formerly received strengthening, via a proposed Major project – originally submitted in June 2001. The second alternative being pursued is via a series of Minor project submissions, tearing down the old and replacing with new construction, that will ultimately bring White City up to current seismic code. The preferred approach is to pursue the inpatient bed

building replacements under the minor construction program. The building replacements have been factored into the CARES space planning process and will resolve the seismic issues. Lead Paint: White City has completed a lead based paint inspection and risk assessment for Quarters Buildings 245 and 250 in August 2002. All residents have been informed of the results. All lead based paint will be managed in accordance with applicable regulations under an ongoing Lead Based Paint Management program. Although there will some recurring and non-recurring maintenance costs incurred, all such expenditures will be kept within parameters outlined in applicable VA Directives. B245 is being proposed for demolition in FY2004 to clear the site for Outpatient Clinic Expansion and parking.

Ambulatory Care: Ambulatory Care project, encouraged by the VISN, complete documentation can be found on the portal.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# Beds (from demand projections)		# Beds proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)
	FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House		
INPATIENT CARE													
Medicine	368	(30)	369	(29)	369	-	-	-	-	-	-	-	\$ -
Surgery	119	(126)	120	(125)	120	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	3,719	-	3,719	-	3,719	-	-	-	-	-	-	-	\$ -
Psychiatry	0	(2)	1	(1)	1	-	-	-	-	-	-	-	\$ (9,035)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	252,373	-	252,373	-	-	-	-	-	-	-	252,373	-	\$ (10,634,773)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	256,580	(157)	256,582	(155)	4,209	-	-	-	-	-	252,373	-	\$ (10,643,808)
Clinic Stops proposed by Market Plans in VISN													
	Clinic Stops (from demand projections)		# Beds proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)
	FY 2012	Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House		
OUTPATIENT CARE													
Primary Care	41,069	6,366	41,070	6,367	372	-	-	-	-	-	40,698	-	\$ (3,277,630)
Specialty Care	30,915	23,736	30,915	23,736	5,471	-	-	-	-	-	25,444	-	\$ (6,450,741)
Mental Health	20,128	1,341	20,129	1,341	-	-	-	-	-	-	20,129	-	\$ (739,486)
Ancillary & Diagnostics	38,873	(3,242)	38,874	(3,241)	-	-	-	-	-	-	38,874	-	\$ -
Total	130,986	28,200	130,988	28,203	5,843	-	-	-	-	-	125,145	-	\$ (10,467,857)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VJSN										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	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved/Vacant	
FY 2012	Variance from 2001 (+/-)																					
INPATIENT CARE																						
Medicine	(9,884)	-	(9,884)	9,884	-	-	-	-	-	9,884	9,884	-	-	-	-	-	-	-	-	-	-	9,884
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	(1,200)	-	(1,200)	1,200	-	-	-	-	-	1,200	1,200	-	-	-	-	-	-	-	-	-	-	1,200
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	190,155	-	190,155	-	-	-	-	-	76,793	76,793	-	-	-	-	-	-	-	-	-	-	76,793
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	(11,084)	190,155	(11,084)	201,239	-	-	-	-	-	76,793	278,032	-	-	201,239	-	-	-	-	-	-	278,032	87,877
		Space (GSF) proposed by Market Plans in VJSN										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	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved/Vacant	
FY 2012	Variance from 2001 (+/-)																					
OUTPATIENT CARE																						
Primary Care	6,297	19,508	6,297	13,211	-	2,347	-	1,744	-	17,302	(3,047)	20,349	7,138	13,211	-	-	-	-	-	17,302	(3,047)	
Specialty Care	26,080	28,225	26,080	2,145	-	22,322	-	-	-	24,467	(3,521)	27,988	25,843	2,145	-	-	-	-	-	24,467	(3,521)	
Mental Health	(1,739)	16,373	(1,739)	18,112	-	-	-	-	-	18,112	1,405	16,707	(1,405)	18,112	-	-	-	-	-	18,112	1,405	
Ancillary and Diagnostics	(8,376)	31,488	(8,376)	39,864	-	-	-	-	-	39,864	8,376	31,488	(8,376)	39,864	-	-	-	-	-	39,864	8,376	
Total	22,263	95,595	22,263	73,332	-	24,669	-	1,744	-	99,745	3,213	96,532	23,200	73,332	-	-	-	-	-	99,745	3,213	
		Space (GSF) proposed by Market Plans in VJSN										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	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 (+/-)																					
NON-CLINICAL																						
Research	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	8,226	194,310	8,226	186,084	-	8,000	-	-	-	194,084	82,084	112,000	(74,084)	186,084	-	-	-	-	-	194,084	82,084	
Other	-	80,952	-	80,952	-	-	-	-	-	80,952	24,783	56,169	(24,783)	80,952	-	-	-	-	-	80,952	24,783	
Total	8,226	275,262	8,226	267,036	-	8,000	-	-	-	275,036	106,867	168,169	(98,867)	267,036	-	-	-	-	-	275,036	106,867	

8. Facility Level Information – East Metro

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

# Beds proposed by Market Plans in VISN												
	# Beds (from demand projections)											
	FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	42,949	-	-	42,949	\$ (119,353,393)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	11,411	-	-	11,411	\$ (29,430,128)
Ancillary & Diagnostics	-	-	-	-	-	-	-	41,023	-	-	41,023	\$ (71,454,408)
Total	-	-	-	-	-	-	-	95,383	-	-	95,383	\$ (220,237,929)

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VJSN												
	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 to Vacant
	FY 2012											
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)	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											
OUTPATIENT CARE												
Primary Care	-	-	21,474	21,474	-	-	-	-	17,000	-	17,000	(4,474)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	7,303	7,303	-	-	-	-	7,169	-	7,169	(134)
Ancillary and Diagnostics	-	-	26,255	26,255	-	-	21,333	-	-	-	21,333	(4,922)
Total	-	-	55,032	55,032	-	-	21,333	-	24,169	-	45,502	(9,530)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	5,000	5,000	-	-	-	-	5,000	-	5,000	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	5,000	5,000	-	-	-	-	5,000	-	5,000	-

9. Facility Level Information – South Metro

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

		# Beds proposed by Market Plans in VISN											Post MP Life Cycle Cost variance (+/-)
# Beds (from demand projections)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			Post MP Life Cycle Cost variance (+/-)
FY 2012													
INPATIENT CARE													
Medicine	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops proposed by Market Plans in VISN											
# Beds (from demand projections)		Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			Post MP Life Cycle Cost variance (+/-)
FY 2012													
OUTPATIENT CARE													
Primary Care	-	-	-	-	-	-	42,949	-	-	42,949	-	-	\$ (109,778,949)
Specialty Care	-	-	-	-	-	-	15,054	-	-	15,054	-	-	\$ (43,765,258)
Mental Health	-	-	-	-	-	-	11,410	-	-	11,410	-	-	\$ (25,966,100)
Ancillary & Diagnostics	-	-	-	-	-	-	41,023	-	-	41,023	-	-	\$ (71,475,585)
Total	-	-	-	-	-	-	110,436	-	-	110,436	-	-	\$ (250,985,892)

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 to Vacant
	FY 2012											
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)	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											
OUTPATIENT CARE												
Primary Care	-	-	21,474	21,474	-	-	-	-	17,000	-	17,000	(4,474)
Specialty Care	-	-	16,559	16,559	-	-	-	-	16,559	-	16,559	-
Mental Health	-	-	7,302	7,302	-	-	-	-	7,168	-	7,168	(134)
Ancillary and Diagnostics	-	-	26,255	26,255	-	-	-	-	21,333	-	21,333	(4,922)
Total	-	-	71,590	71,590	-	-	-	-	62,060	-	62,060	(9,530)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	7,000	7,000	-	-	-	-	7,000	-	7,000	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	7,000	7,000	-	-	-	-	7,000	-	7,000	-

10. Facility Level Information – West Metro

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

	# Beds (from demand projections)		# Beds proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)		
	FY 2012	Variance from 2001 (+/-)	Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House				
INPATIENT CARE															
Medicine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN										Post MP Life Cycle Cost variance (+/-)	
FY 2012	Variance from 2001 (+/-)	Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House					
OUTPATIENT CARE															
Primary Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ (118,801,248)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ (29,430,128)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ (77,213,862)
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ (225,445,238)

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VJISN												
	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 to Vacant
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)	Variance from 2001 (+/-)	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
OUTPATIENT CARE												
Primary Care	-	-	21,474	21,474	-	-	-	-	17,000	-	17,000	(4,474)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	7,303	7,303	-	-	-	-	7,169	-	7,169	(134)
Ancillary and Diagnostics	-	-	26,255	26,255	-	-	-	-	21,333	-	21,333	(4,922)
Total	-	-	55,032	55,032	-	-	-	-	45,502	-	45,502	(9,530)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	5,600	5,600	-	-	-	-	5,600	-	5,600	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	5,600	5,600	-	-	-	-	5,600	-	5,600	-

E. Western Washington Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Western Washington Market Code: 20D	16 counties around Puget Sound, Washington	Western Washington is projected to have the largest number of veteran enrollees in VISN 20 by 2010; and King County will be the only highly urban area. Interstate Highway 5 runs north to south through the market; and veteran users in the 16 counties tend to use VA Puget Sound Health Care System for primary, acute, and tertiary services. The Western Washington market includes several military bases, including one of the major military debarkation points; VA Puget Sound HCS has several sharing agreements with the military. VA inpatient and outpatient services available to veterans include a contract CBOC with 2 sites, a VA-staffed CBOC, and a full range of acute and tertiary services. VA Puget Sound HCS is the major tertiary services referral source for the Western Washington market, as well as the Alaska, Inland North, and Inland South markets.	None

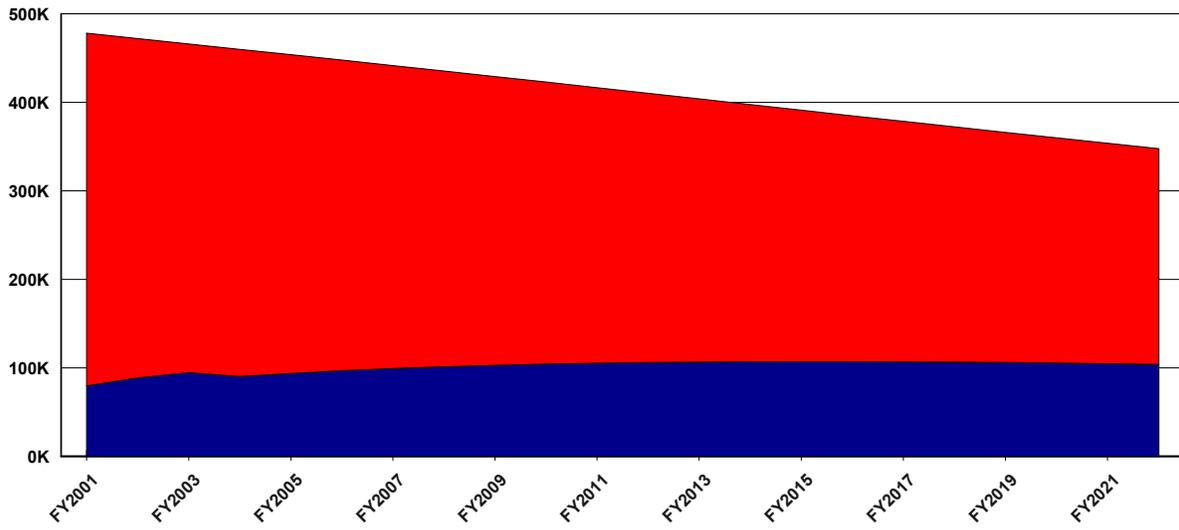
b. Facility List

VISN : 20				
Facility	Primary	Hospital	Tertiary	Other
American Lake				
663A4 American Lake	✓	-	-	-
New Centralia	✓	-	-	-
Seattle				
663 Seattle	✓	✓	✓	-
663GA01 King County (Federal Way)	✓	-	-	-
663GA02 King County (Seattle)	✓	-	-	-
663GB Bremerton (Kipsap County)	✓	-	-	-
New 663GA03 King County (Woodinv.)	✓	-	-	-
New Bellingham	✓	-	-	-

c. Veteran Population and Enrollment Trends

--- Projected Veteran Population

--- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Western Washington Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	204,115	121%	180,749	107%
		Treating Facility Based	177,892	103%	153,832	89%
Y	Outpatient Specialty Care	Population Based	223,417	145%	230,753	149%
		Treating Facility Based	197,738	120%		123%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	7,308	4%	3,664	2%
Y	Inpatient Medicine	Population Based	38	53%	32	45%
		Treating Facility Based	38	45%		35%
N	Inpatient Surgery	Population Based	13	35%	10	27%
		Treating Facility Based	13	22%	7	12%
N	Inpatient Psychiatry	Population Based	12	15%	-3	-4%
		Treating Facility Based	12	13%	-5	-5%

e. Stakeholder Information

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

Stakeholder Narrative:

This Market includes the VA Puget Sound Health Care System service area. Extensive outreach (approximately 56 separate outreach initiatives) was conducted with all stakeholder groups, including staff, volunteers, unions, veterans, VSO and DoD representatives, Congressional staff, the affiliated University of Washington, and others. Estimate is 5,000 plus outreach contacts.

No major issues were raised in meetings and other communications, other than the national issue of using Census 2000 data, which was resolved.

The proposed joint venture between American Lake and Madigan Army Medical Center—to shift emergency services and the inpatient medical ward—has been met favorably by veterans, VSO representatives, the union, staff, and the Washington State Department of Veterans Affairs.

Veterans voice strong support for VA care to come to their counties via outreach or other mechanisms, so approval of CBOC expansions would increase veteran satisfaction throughout the Market.

f. Shared Market Discussion

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

Shared Market Narrative:

There are no Shared Market Discussions for the Western Washington Market.

g. Overview of Market Plan

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

Executive Summary Narrative:

The Western Washington Market presently serves almost 80,000 enrolled veterans and is anticipating a 33% increase in 2012 and leveling off to a 30% increase in enrolled veterans – almost 24,000 new enrollees by 2022. King County, where the Seattle campus is situated, will be the market’s only highly urban county by 2012. VA Puget Sound consists of two medical centers (Seattle and American Lake Divisions), a contract CBOC with two sites of care, a VA-staffed CBOC, and a full range of acute, tertiary and long term care services. Notably this market has several military bases that include one tertiary Army facility, two naval hospitals, and an Air Force ambulatory clinic. Our market serves as a major military debarkation point and has the VA’s largest Compensation and Pension program. There has also been a long history of VA/DoD sharing agreements many of which still continue.

Because of this our market has been selected as one of the pilot VA/DoD Demonstration sites. Additionally we also have a very strong academic and research affiliate in the University of Washington. The CARES planning initiatives for this market address:

- Primary Care with an 89% gap projected
- Specialty Care with a 123% gap projected
- Inpatient Medicine with a 35% gap projected

The inpatient medicine PI will be met internally and through the assistance of a new joint venture with Madigan Army Medical Center. But, due to the magnitude of the projected demand for both primary and specialty care, several options are being explored to meet other needs. Other CARES issues that had to be addressed by this market, but were not planning initiatives included: Blind Rehabilitation and Domiciliary/Homeless at American Lake, SCI and TBI at Seattle, as well as Mental Health (SCMI, PTSD, SA) and Long-term care/Nursing Homes at both facilities. Not listed officially as a Non-planning initiative, but still of very great concern to our market is the lack of Research space which we have addressed as well.

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:

Primary Care - Access to primary care for the Inland North Market fell below the 70% target with only 55% of the enrolled veterans located within the access guidelines. This is a mostly “rural” and “highly rural” market, creating a challenge to improve primary care access cost effectively. The primary care access PI was addressed by proposing a new VA-leased CBOC in the Central Washington area. The planning process focused on identifying the most appropriate location for a CBOC, a location that meets both the veteran enrollment minimum requirements and helps us meet the access requirements for primary care. While this additional CBOC site does not resolve the access gap, the access for this market is under-reported because the Spokane Mobile Clinic locations are not technically listed as sites of care for access calculations. This mobile clinic provides monthly primary care services to 9 sites in the Spokane catchment area.

The Central Washington area is selected as the general location for a leased CBOC to begin in 2006, in time to meet the projected spike in primary care workload for the Spokane catchment area. Primary Care is not a workload PI for this market overall. The projected workload remains relatively constant in Walla Walla and only peaks for a short time (FY '08-11) for the Spokane treating area. Therefore, building VA owned clinics would not be appropriate. The most reasonable approach is to develop a VA leased building for a CBOC in Central Washington, the most highly populated area of the market with the longest distance to a VA facility.

Hospital Care - Hospital care access in this mostly rural and highly rural market almost meets the hospital access guidelines with 64% access. There is not a veteran population center that would meet criteria to build a new hospital facility, nor is there an opportunity for a DoD sharing agreement in this market. Hospital access will continue to be provided through fee basis and numerous contracts with local hospitals.

Tertiary Care - VISN 20 has two tertiary facilities to serve Inland North Market veterans. Patients requiring tertiary services are offered the option of being referred to either VA Puget Sound Health Care System in Seattle, or to the Portland VA Medical Center depending on patient preference and the services available.

CARES Criteria

- 1) Healthcare Quality and Need – improves quality through enhanced access.
- 2) Safety and Environment – no impact
- 3) Research and Affiliations – no impact
- 4) Staffing and Community – minimal impact on community where CBOC is located by providing a small number of healthcare jobs.
- 5) Optimizing Use of Resources – makes the best use of limited VA resources.
- 6) Support of all other VA missions – no impact.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	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	72%	23,620	83%	18,020	83%	17,682
Hospital Care	65%	29,954	68%	33,496	69%	32,452
Tertiary Care	100%	172	100%	212	100%	208

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 – American Lake

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:

DoD: VAPSHCS is currently in negotiations with Madigan Army Medical Center (MAMC) for a joint sharing initiative. The proposal is for American Lake division to close its 15-bed acute medicine ward and terminate the Emergency Department contract and send that workload to MAMC. As part of that proposal VAPSHCS will shift staff and resources to pay for this project. It is anticipated that the annual recurring costs will be \$4.5 million and one-time start up costs of \$500,000.

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:

VBA: Pending completion of current seismic renovations space at the American Lake division Building 17 has been offered to VBA for the relocation of some of their Seattle and Fort Lewis program staff.

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:

Lead-Based Paint: The majority of buildings at American Lake were built between 1923 and 1947 and contain lead paint on both interior and exterior surfaces. A lead paint survey was conducted for all the Resident Quarters at American Lake in November 2002. Short and long-term mitigation plans are being developed, and all residents have been informed. At present there are no plans to vacate or demolish the quarters. There are tentative plans to conduct lead paint surveys on the rest of the campus by the end of 2003.

American Lake Seismic: Most of the original buildings at the American Lake division were constructed in the early 1920's. Presently seven structures fall into the VA criteria of Extremely High Risk (EHR). These are Building 2 (Nursing Home), Building 3 (Dietetics), Building 6 (Compensation and Pension, Homeless and Mental Health Primary Care), Bldg 18 (Research), Building 61 (Outpatient Mental Health), Building 81 (Main Hospital) and Building 85 (Geriatrics Research, Education and Clinical Center (GRECC)).

Minor construction projects to correct seismic deficiencies have been approved for Building 6 (start FY 03), Building 61 (start FY 03) and Building 85 (start FY 02). Major Construction applications were not accepted for Building 81 (Main Hospital) or Building 2/3 (Nursing Home and Dietetics combined) in FY 02 or FY

03, but will be resubmitted again in the FY 04 call. Lastly, a new minor construction application will be submitted in the FY 04 call for Building 18 (Research). When funded, these will complete all the seismic renovation needs at American Lake division.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	6,177	1,891	6,177	1,891	-	4,300	1,877	-	-	-	-	\$ 132,623,436
Surgery	264	(38)	265	(37)	265	-	-	-	-	-	-	\$ (7,889,271)
Intermediate/NHCU	39,901	-	39,901	-	12,370	-	-	-	-	-	27,531	\$ (14,309,533)
Psychiatry	13,819	52	13,820	53	-	-	-	-	-	-	13,820	\$ (132,842)
PRRTP	231	-	231	-	-	-	-	-	-	-	231	\$ -
Domiciliary	18,412	-	18,412	-	-	-	-	-	-	-	18,412	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	3,938	-	3,938	-	-	-	-	-	-	-	3,938	\$ -
Total	82,742	1,905	82,744	1,907	12,635	4,300	1,877	-	-	-	63,932	\$ 110,291,790
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	120,814	47,778	120,814	47,778	25,079	3,800	4,667	-	-	-	87,268	\$ 42,563,951
Specialty Care	127,350	77,239	127,350	77,239	69,767	5,000	18,000	-	-	-	34,583	\$ (35,514,032)
Mental Health	78,947	2,277	78,948	2,278	7,948	-	892	-	-	-	70,108	\$ 5,710,730
Ancillary & Diagnostics	68,832	32,315	68,832	32,315	29,800	5,700	-	-	-	-	33,332	\$ (337,125)
Total	395,942	159,608	395,944	159,610	132,594	14,500	23,559	-	-	-	225,291	\$ 12,423,524

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN										
Space (GSF) (from demand projections)		Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
FY 2012												
INPATIENT CARE												
Medicine	13,378	4,835	-	(8,543)	8,543	-	-	-	-	-	8,543	8,543
Surgery	370	370	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	31,644	-	70,000	38,356	31,644	-	70,000	-	-	-	101,644	31,644
Psychiatry	22,388	6,009	22,388	6,009	16,379	1,046	-	-	-	-	17,425	(4,963)
PRRTP	1,046	-	-	(1,046)	1,046	-	-	-	-	-	1,046	1,046
Domiciliary program	18,242	-	18,242	-	18,242	-	-	-	-	-	18,242	-
Spinal Cord Injury	10,242	10,242	-	-	-	-	-	-	-	-	-	-
Blind Rehab	274,050	263,808	10,242	-	10,242	-	-	-	-	-	10,242	-
Total	371,360	285,264	120,872	34,776	86,096	1,046	70,000	-	-	-	157,142	36,270
		Space (GSF) proposed by Market Plan										
Space (GSF) (from demand projections)		Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
FY 2012												
OUTPATIENT CARE												
Primary Care	62,823	32,957	45,379	15,513	29,866	4,643	-	-	-	-	34,509	(10,870)
Specialty Care	140,085	115,257	38,041	13,213	24,828	21,884	-	-	-	-	46,712	8,671
Mental Health	43,421	12,534	38,559	7,672	30,887	-	-	-	-	-	30,887	(7,672)
Ancillary and Diagnostics	65,390	31,154	31,665	(2,571)	34,236	3,142	1,300	-	-	-	38,678	7,013
Total	311,720	191,903	153,644	33,827	119,817	29,669	1,300	-	-	-	150,786	(2,858)
NON-CLINICAL												
Research	-	(14,740)	14,814	74	14,740	-	-	-	-	-	14,740	(74)
Administrative	#REF!	#REF!	114,410	(34,187)	148,597	-	-	-	-	-	148,597	34,187
Other	50,040	-	46,703	(3,337)	50,040	-	-	-	-	-	50,040	3,337
Total	#REF!	#REF!	175,927	(37,450)	213,377	-	-	-	-	-	213,377	37,450

4. Facility Level Information – Seattle

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:

DoD: VAPSHCS is currently in negotiations with Naval Hospital Bremerton for a sharing initiative. The proposal is for medical (acute inpatient medicine and emergency services) and ancillary (pharmacy first-fills and laboratory) support of veterans enrolled at the CBOC Bremerton. Potential exists for future expansion of specialty care services (Urology).

Additionally VAPSHCS is dialoging with Branch Medical Clinic Everett on the feasibility of providing space and ancillary support for a VA-staffed CBOC at their facility. We have met with the new Officer in Charge and are looking for options to benefit both parties. This could potentially help provide care to veterans living in Snohomish County - the third largest county in terms of veteran population projections.

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:

VBA: VBA would like to end their current lease at the Federal Building in downtown Seattle in favor of collocating at the Seattle division. Unfortunately space and parking are not available. As an aside, pending completion of current seismic renovations at the American Lake division, VBA has been offered space to relocate some of their program people from Seattle and Fort Lewis.

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:

Enhanced Use Lease: VAPSHCS reviewed the final reports prepared by the Office of Enterprise Assets Management Enhanced Use site visit and evaluation for American Lake and Seattle. VAPSHCS has discussed enhanced use options with the University of Washington for the potential of building research and/or clinical space on the VA property at the Seattle division. We are also looking for other potential interested parties. There will not be a suitable enhanced use plan to submit for this year's CARES process.

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:

Lead-Based Paint: A Lead Paint Survey was conducted at the Seattle campus some six years ago, and only the exterior of Building 1 showed lead paint levels. This is not an area of risk; therefore, no mitigation plan is necessary.

Seismic: Only Building 13 (Research) at the Seattle division falls into the VA criteria of Extremely High Risk (EHR). A minor construction application has been submitted to correct its seismic deficiencies. If approved construction could begin in FY 04.

Research: Using CARES criteria of \$150.00 per square foot, Research space for VA PSHCS is substantially short. Research space at Seattle was previously reported with 124,341 GSF. After an error in space allocation was corrected, Research space now reflects 113,575 GSF. This error for Research and Mental Health space allocations will have to be corrected next year in CARES. **Funding and Space Criteria:** Research funding for our facility came to \$24,949,786 in FY 01 and \$29,549,003 in FY 02. The Seattle Division was allocated \$23,328,050 in FY 01 and \$27,775,371 in FY 02. Research space at Seattle is 113,575 GSF.

Using the CARES methodology for calculating space requirements based upon Research funding, the Seattle division is short 41,945 GSF of Research space based upon FY 01 funding. But using the same calculation based on FY 02 funding, Research space at Seattle is short 71,594 GSF. **Infrastructure Survey Team:** The Research Infrastructure Survey Team from Central Office visited both divisions to evaluate and make recommendations for our Research space in January 2003. We are awaiting their final report for identified space shortages in Research at VAPSHCS as well as their support for justification of a major construction project or a major lease for additional Research space. Research is one of the primary missions of the Department of Veteran Affairs, and paramount to the successful ongoing research projects at VAPSHCS. **Facility Condition:** Building 13 (Research) has functionality scores of 1.5 for code violations in both the wet labs. Additionally, this building has condition scores of “F” for mechanical equipment including air handling, cooling tower, ducts and water

distribution, engineering control systems, heating systems, refrigeration equipment, room air distribution/termination and ventilation. Total Mechanical System corrections were projected at \$1,340,000. Replacement costs for the building were estimated at \$7,949,000. There is an HVAC project scheduled for late FY 03 to correct these mechanical issues for \$1.2 using NRM funds. It does not include the estimated \$1.024 million required for seismic renovation of Bldg 13. Future Planning: Research is short 60,000 GSF according to funding/per square foot ratio for space. VAPSHCS intends to submit a major construction application in the FY 2007 Capital Investment Program for 60,000 GSF of Research space in Seattle. As an interim measure we would pursue a Major lease 10,000 GSF of GSA-leased space in the Seattle area for a cost estimate between \$272,000 and \$340,000 annual recurring costs. We would also go forward with a Major construction proposal for 60,000 GSF of new research space at the Seattle campus. The cost is estimated at \$28 Million. The lease would be an interim measure from 2004 to 2009 while we go forward with the plans for construction. We would hope that construction would be complete by the end of 2009 with occupancy in 2010. VAPSHCS will also pursue the seismic renovations of research buildings 13 and 18 at both divisions. Minor construction for seismic renovation of Bldg 13 (Research at Seattle) is estimated at \$1.111 Million. Minor construction for seismic renovation of Bldg 18 (Research and American Lake) is estimated at \$2.892 Million.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# Beds proposed by Market Plans in VISN												
# Beds (from demand projections)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)			
INPATIENT CARE	FY 2012													
Medicine	32,261	32,261	10,001	9,200	-	-	1,879	-	-	24,940	\$(60,395,875)			
Surgery	22,219	22,220	4,088	3,000	-	-	-	-	-	19,220	\$(41,134,041)			
Intermediate/NHCU	144,762	144,762	-	133,182	-	-	-	-	-	11,580	\$-			
Psychiatry	18,378	18,379	3,729	3,826	-	-	-	-	-	14,553	\$ 14,168,626			
PRRTP	15	15	-	-	-	-	-	-	-	15	\$-			
Domiciliary	35	35	-	-	-	35	-	-	-	-	\$-			
Spinal Cord Injury	10,314	10,314	-	-	-	-	-	-	-	10,314	\$-			
Blind Rehab	39	39	-	-	-	-	-	-	-	39	\$-			
Total	228,024	228,025	17,818	149,208	-	35	1,879	-	-	80,661	\$ (87,361,290)			
		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	Post MP Life Cycle Cost variance (+/-)			
OUTPATIENT CARE	FY 2012													
Primary Care	229,122	229,122	130,113	150,500	4,250	11,014	-	-	-	63,358	\$ 199,209,998			
Specialty Care	235,079	235,079	120,499	88,050	2,500	1,000	18,000	-	-	161,529	\$ 37,976,054			
Mental Health	126,266	126,267	5,030	87,000	-	2,625	-	-	-	36,642	\$ 166,582			
Ancillary & Diagnostics	339,309	339,310	152,709	143,000	7,500	-	-	-	-	188,810	\$ (6,591,674)			
Total	929,776	929,778	408,352	468,550	14,250	14,639	18,000	-	-	450,339	\$ 230,760,960			

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 to Vacant
	FY 2012											
INPATIENT CARE												
Medicine	74,600	27,681	61,352	14,433	46,919	-	-	-	-	-	46,919	(14,433)
Surgery	35,779	19,900	31,905	16,026	15,879	9,000	-	-	-	-	24,879	(7,026)
Intermediate Care/NHCU	21,393	-	21,393	-	21,393	-	-	-	-	-	21,393	-
Psychiatry	37,300	14,542	29,834	7,076	22,758	-	-	-	-	-	22,758	(7,076)
PRRTP	71	(8,929)	-	(9,000)	9,000	-	-	-	-	-	9,000	9,000
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	165	(28,101)	28,266	-	28,266	-	-	-	-	-	28,266	-
Blind Rehab	28,266	28,266	165	165	-	-	-	-	-	-	-	(165)
Total	197,574	53,359	172,915	28,700	144,215	9,000	-	-	-	-	153,215	(19,700)
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 to Vacant
	FY 2012											
OUTPATIENT CARE												
Primary Care	155,986	118,808	46,885	9,707	37,178	-	20,520	-	-	-	57,698	10,813
Specialty Care	260,162	145,093	192,220	77,151	115,069	-	75,240	-	-	-	190,309	(1,911)
Mental Health	62,502	21,200	20,153	(21,149)	41,302	-	-	-	-	-	41,302	21,149
Ancillary and Diagnostics	199,786	109,038	120,838	30,090	90,748	-	-	-	-	-	90,748	(30,090)
Total	678,436	394,139	380,096	95,799	284,297	-	95,760	-	-	-	380,057	(39)
NON-CLINICAL												
Research	124,341	-	183,165	58,824	124,341	-	58,000	-	-	-	182,341	(824)
Administrative	350,123	157,108	171,417	(21,598)	193,015	-	-	-	-	-	193,015	21,598
Other	43,002	-	43,002	-	43,002	-	-	-	-	-	43,002	-
Total	517,466	157,108	397,584	37,226	360,358	-	58,000	-	-	-	418,358	20,774

5. Facility Level Information – Centralia

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

		# Beds proposed by Market Plans in VISN											
# Beds (from demand projections)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)		
INPATIENT CARE	FY 2012	Variance from 2001 (+/-)											
Medicine	-	-	-	-	-	-	-	-	-	-	\$ -		
Surgery	-	-	-	-	-	-	-	-	-	-	\$ -		
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	\$ -		
Psychiatry	-	-	-	-	-	-	-	-	-	-	\$ -		
PRRTP	-	-	-	-	-	-	-	-	-	-	\$ -		
Domiciliary	-	-	-	-	-	-	-	-	-	-	\$ -		
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	\$ -		
Blind Rehab	-	-	-	-	-	-	-	-	-	-	\$ -		
Total	-	-	-	-	-	-	-	-	-	-	\$ -		
Clinic Stops (from demand projections)		Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Post MP Life Cycle Cost variance (+/-)		
OUTPATIENT CARE	FY 2012	Variance from 2001 (+/-)											
Primary Care	-	-	-	-	-	-	4,250	-	-	4,250	\$ (10,047,576)		
Specialty Care	-	-	-	-	-	-	1,000	-	-	1,000	\$ (1,494,867)		
Mental Health	-	-	-	-	-	-	750	-	-	750	\$ (1,703,670)		
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	\$ -		
Total	-	-	-	-	-	-	6,000	-	-	6,000	\$ (13,246,113)		

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 (+/-)		2001 (+/-)								
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012	Variance from 2001 (+/-)		2001 (+/-)								
OUTPATIENT CARE												
Primary Care	-	-	2,210	2,210	-	-	-	-	2,210	-	2,210	-
Specialty Care	-	-	1,100	1,100	-	-	-	-	1,100	-	1,100	-
Mental Health	-	-	413	413	-	-	-	-	413	-	413	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	3,723	3,723	-	-	-	-	3,723	-	3,723	-
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	370	370	-	-	-	-	370	-	370	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	370	370	-	-	-	-	370	-	370	-

6. Facility Level Information – Bellingham

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

		# Beds proposed by Market Plans in VISN											Post MP Life Cycle Cost variance (+/-)
# Beds (from demand projections)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
Variance from 2001 (+/-)													
FY 2012													
INPATIENT CARE													
Medicine	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops proposed by Market Plans in VISN											
# Beds (from demand projections)		Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
Variance from 2001 (+/-)													
FY 2012													
OUTPATIENT CARE													
Primary Care	-	-	-	-	-	-	4,250	-	-	4,250	-	-	\$ (12,141,538)
Specialty Care	-	-	-	-	-	-	1,000	-	-	1,000	-	-	\$ (3,243,718)
Mental Health	-	-	-	-	-	-	750	-	-	750	-	-	\$ (1,218,204)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	6,000	-	-	6,000	-	-	\$ (16,603,460)

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VISN												
	Space (GSF) (from demand projections)	Variance from 2001 (+/-)	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)	Variance from 2001 (+/-)	Space Driver Projection	Variance from 2001 (+/-)	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
OUTPATIENT CARE												
Primary Care	-	-	3,145	3,145	-	-	-	-	3,145	-	3,145	-
Specialty Care	-	-	1,190	1,190	-	-	-	-	1,190	-	1,190	-
Mental Health	-	-	413	413	-	-	-	-	413	-	413	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	4,748	4,748	-	-	-	-	4,748	-	4,748	-
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	400	400	-	-	-	-	400	-	400	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	400	400	-	-	-	-	400	-	400	-

7. Facility Level Information – King County (WoodInv.)

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

		# Beds proposed by Market Plans in VISN											Post MP Life Cycle Cost variance (+/-)
# Beds (from demand projections)		Total Beds	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
Variance from 2001 (+/-)													
FY 2012													
INPATIENT CARE													
Medicine	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops proposed by Market Plans in VISN											
Clinic Stops (from demand projections)		Total Stops	Variance from 2001 (+/-)	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House			
Variance from 2001 (+/-)													
FY 2012													
OUTPATIENT CARE													
Primary Care	-	-	-	4,000	-	-	4,000	-	-	-	-	-	\$ (5,692,280)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	4,000	-	-	4,000	-	-	-	-	-	\$ (5,692,280)

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Space Needed/over to Vacant
	FY 2012	Variance from 2001 (+/-)			
INPATIENT CARE					
Medicine	-	-	-	-	-
Surgery	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-
Psychiatry	-	-	-	-	-
PRRTP	-	-	-	-	-
Domiciliary program	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-
Blind Rehab	-	-	-	-	-
Total	-	-	-	-	-
OUTPATIENT CARE					
Primary Care	-	-	-	-	-
Specialty Care	-	-	-	-	-
Mental Health	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-
Total	-	-	-	-	-
NON-CLINICAL					
Research	-	-	-	-	-
Administrative	-	-	-	-	-
Other	-	-	-	-	-
Total	-	-	-	-	-