

2002 Network Fact Sheet

Overview:

Veteran Population: 1,230,000

Enrolled Veterans: 296,000
(61% increase [FY99 vs. FY02])

Market Penetration Rate: 24%

Six Health Care Systems Encompassing 36 Sites:

- VA Central California Health Care System (Fresno)
 - Acute Hospital
- VA Northern California Health Care System (Sacramento)
 - Acute Hospital
- VA Palo Alto Health Care System (Palo Alto)
 - Tertiary Care Medical Center
- VA Medical Center, San Francisco
 - Tertiary Care Medical Center
- VA Sierra Nevada Health Care System (Reno)
 - Acute Hospital
- VA Pacific Islands Health Care System (Honolulu)
 - Outpatient Clinic
- VA Regional Office & Outpatient Clinic (Manila)
 - Outpatient Clinic

Primary Academic Affiliations:

- Fresno: University of California - San Francisco School of Medicine
- Honolulu: University of Hawaii - Burns School of Medicine
- Palo Alto: Stanford University School of Medicine
- Reno: University of Nevada School of Medicine
- Sacramento: University of California - Davis School of Medicine
- San Francisco: University of California - San Francisco School of Medicine

Outpatient Visits: 1,900,000 (Primary Care, Specialty Care, and Mental Health)

Total Bed Days of Care (BDOC): 432,206

Total Operating Beds: 1,615

- Acute Hospital: 495
- Blind Rehabilitation: 32
- Spinal Cord Injury (SCI): 43
- Psychiatric Residential Rehab: 89
- Homeless Domiciliary: 100
- Intermediate/Sub-acute: 73
- Nursing Home: 783

Financial and Staffing Overview:

VISN 21 (2002) Operating Budget:

\$1,059,500,000 (\$1Billion)

Research Budget: VISN 21's \$110,000,000 research budget is the largest in VHA, which include both VA and Non-VA grants

- San Francisco (\$54 Million) 2nd largest in VHA
- Palo Alto (\$44 Million) 3rd largest in VHA

Staffing (Full-time Equivalent [FTE]): 7,882

- Direct Patient Care Staff: 4,872
- Support and Administrative Staff: 3,010
- Authorized Residency Slots: 404 (Primary Academic Affiliations)
- Volunteers: 5,330

VHA Clinical Programs of Excellence

VISN 21 received 11 out of 65 Awards Nationally:

- Autopsy (Palo Alto)
- Cardiac Surgery (Palo Alto & San Francisco)
- Comprehensive Medical Rehabilitation (Palo Alto)
- Domiciliary Care for Homeless Veterans (Palo Alto)
- Epilepsy (San Francisco)
- Human Immunodeficiency Virus (Palo Alto & San Francisco)
- Post Traumatic Stress Disorder (San Francisco)
- Renal Dialysis (San Francisco)
- Spinal Cord Injury (Palo Alto)

Network CARES Issues

VISN 21 CARES Planning Initiatives (PIs):

Exceptionally High Risk (EHR) Seismic Deficiencies: Of the top 77 EHR buildings in VHA, 3 VISN 21 structures rank 1st, 2nd, and 3rd with regard to seismic deficiencies

- 1st: San Francisco's Bldg 203 (Main Hospital Bed Tower)
- 2nd: Palo Alto Division's Bldg 2 (Acute Inpatient Psychiatry)
- 3rd: Palo Alto Division's Bldg 4 (Consolidated Research Activities)

On VHA's Seismic Inventory, published in March 2003, VISN 21 had 31 buildings listed as Exceptionally High Risk or High Risk

Tertiary Care Proximity Study: Palo Alto Division (PAD) & San Francisco VA Medical Center (SFVAMC) are:

- Both designated tertiary care medical centers
- Located 39-miles apart serving two distinct metropolitan areas
- Affiliated with separate academic institutions (Stanford University School of Medicine and University of California - San Francisco)

In the Spring of 2003, VISN 21 completed a comprehensive analysis identifying possible collaborative opportunities to enhance efficiencies and economies of scale, which included:

- Clinical consolidations
- Administrative consolidations

Access PIs: Primary Care, Acute Hospital and Tertiary Care

- Ambulatory Care Access (Primary & Specialty):
 - 11 new Outpatient Clinics
- Acute Hospital Access (Medicine/Surgery):
 - New VA Medical Center in Sacramento
 - Enhanced acute care fee basis contracts in outlying communities
- Tertiary Care Access:
 - Hawaii uses Tripler Army Medical Center
 - Reno will develop tertiary care fee basis contracts in the community

Mission Change Analysis: In June 2003, the Under Secretary for Health identified 20 VHA facilities nationwide to undergo a mission change feasibility study

- VA Palo Alto Health Care System - Livermore Division identified for study
- VISN 21 completed a thorough analysis and submitted a response in Jun 03
- Proposal to realign and close the Livermore Division was incorporated in the "draft" National CARES Plan

DoD & VA Joint Venture Initiatives:

- Central California Health Care System & Lemoore Naval Air Station
- Pacific Islands Health Care System, Honolulu & Tripler Army Medical Center
- Northern California Health Care System, Sacramento VAMC & Travis AFB
- VA Guam Clinic & Navy Replacement Hospital
- VA Palo Alto Health Care System, Monterey Clinic & Presidio of Monterey /Defense Language Institute

North Coast CARES Market Plan

San Francisco VA Medical Center

Planning Initiative: Primary Care Gap
(+63% projected increase by 2012)

Proposed Solution:

- Expand primary care at SFVAMC
- Establish 4 new outpatient clinics (CBOCs) in Northern San Mateo County, Lake County, Richmond, and Pittsburg
- Expand primary care at existing CBOCs in Oakland, Santa Rosa, Ukiah, and Eureka
- Expand patient & visitor parking by constructing a new parking garage

Planning Initiative: Specialty Care Gap
(+32% projected increase by 2012)

Proposed Solution:

- Expand specialty care services Oakland, Santa Rosa, Ukiah, and Eureka
- Expand emergency room (ER), Eye, ENT, and add 2nd cardiac cauterization lab at SFVAMC
- Expand telemedicine programs

Planning Initiative: Seismic Deficiencies
(Exceptionally High Risk Buildings)

Proposed Solution:

- Seismic correction of main hospital and 4 other buildings to mitigate existing structural deficiencies

Planning Initiative: Inadequate Research Space and Accommodations

Proposed Solution:

- Establish an Enhanced-Use Lease (E-UL) project to construct a state-of-the-art research center along with a parking structure

Planning Initiative: Tertiary Care Proximity
(Palo Alto and San Francisco)

Proposed Solution:

- Completed a comprehensive proximity analysis to identify possible collaborative opportunities
- Identified potential administrative and clinical consolidation initiatives

North Valley CARES Market Plan

VA Northern California Health Care System

Planning Initiative: Primary Care Gap
(+49% projected increase by 2012)

Proposed Solution:

- Increase staffing at the new Sacramento VAMC
- Increase staffing at Fairfield and Mare Island CBOCs
- Establish new contract CBOC in Marysville/ Yuba City

Planning Initiative: Specialty Care Gap
(+58% projected increase by 2012)

Proposed Solution:

- Establish a new specialty care facility at the Sacramento VAMC
- Expand specialty care services at the existing Redding, Chico, Fairfield and Mare Island CBOCs

Planning Initiative: Enhanced-Use Lease (E-UL) Initiatives

Proposed Solution:

- Develop an extended care nursing home care unit at Sacramento VAMC

Planning Initiative: VA/DoD Collaboration

Proposed Solution:

- Enhance existing sharing agreements between the VA and the US Air Force (Travis AFB)
- Expand specialty care access for veterans at Travis AFB
- Expand specialty care access for active duty services members and their beneficiaries at Sacramento VAMC
- Develop a sharing agreement with the US Air Force to provide comprehensive acute inpatient psychiatric services, at Travis AFB, for VA/DoD beneficiaries

South Coast CARES Market Plan

VA Palo Alto Health Care System

Planning Initiative: Primary Care Gap
(+42% projected increase by 2012)

Proposed Solution:

- Construct new ambulatory care and research center at Palo Alto Division to expand primary care services
- Establish 2 new outpatient clinics (CBOCs) in San Mateo County and East Bay
- Expand primary care at existing CBOCs Modesto, Monterey and Stockton

Planning Initiative: Specialty Care Gap
(+47% projected increase by 2012)

Proposed Solution:

- Expand emergency room (ER) and ambulatory care at Palo Alto Division
- Construct new ambulatory care and research center at Palo Alto Division to expand specialty care services
- Establish new outpatient clinics (CBOCs) in San Mateo County and East Bay to establish and enhance specialty care services
- Expand specialty care services in Monterey and Central Valley (Stockton or Modesto)

Planning Initiative: Acute Hospital Access
(53% of enrolled vets meet acute access standards)

Proposed Solution:

- Expand existing fee basis contracts in Monterey
- Develop fee basis contracts in the Central Valley
- The access gap is mitigated with these fee basis contracts (79% meet acute hospital access standards)

Planning Initiative: Inpatient Psychiatry Gap
(-13 beds by 2012)

Proposed Solution:

- Reduce acute psychiatry demand from 121 beds to 108 beds by 2012
- Consolidate all acute inpatient psychiatry to Palo Alto Division
- Build new or seismic retrofit existing inpatient psychiatry building (Bldg. 2)

Planning Initiative: Surgery Gap (-18 beds by 2012)

Proposed Solution:

- Convert one acute med/surg inpatient ward to sub-acute or extended care

Planning Initiative: Seismic Deficiencies
(Exceptionally High Risk Buildings)

Proposed Solution:

- Seismic correction of acute inpatient psychiatry building or construct state-of-the-art replacement facility for VISN 21 referral center
- Seismic correction of consolidated research facility at Palo Alto Division
- Construct 120-bed inpatient gero-psychiatric extended care facility at Menlo Park to replace existing seismic deficient facility (Bldg 324)

Planning Initiative: Tertiary Care Proximity
(Palo Alto and San Francisco)

Proposed Solution:

- Completed a comprehensive proximity analysis to identify possible collaborative opportunities
- Identified potential administrative and clinical consolidation initiatives

Planning Initiative: VA/DoD Collaboration

Proposed Solution:

- Establish VA/DoD joint venture clinic in Monterey to consolidate VA and DoD existing clinics
- Enhance existing clinical services in Monterey to improve access to specialty care services for VA and DoD beneficiaries

Pacific Islands CARES Market Plan

VA Pacific Islands Health Care System

Planning Initiative: Primary Care Gap
(+75% projected increase by 2012)

Proposed Solution:

- Renovate and expand primary care at Honolulu Ambulatory Care Center
- Establish 2 new CBOCs in Kaneohe and Waianae
- Renovate and expand Kauai and Kona outpatient clinics (CBOCs)
- Expand patient & visitor parking by completing a 125 stall parking garage expansion

Planning Initiative: Specialty Care Gap
(+212% projected increase by 2012)

Proposed Solution:

- Alter joint venture facilities at Tripler Army Medical Center / VAMC Honolulu to provide ambulatory surgical and invasive procedure suite
- Expand telemedicine services to enhance access

Planning Initiative: VA/DoD Collaboration

Proposed Solution:

- VA will continue to expand VA/DoD joint venture with Tripler Army Medical Center to obtain specialty care, acute hospital and tertiary care services
- Proposed new VA/DoD research center at Tripler Army Medical Center
- Establish a VA clinic at the planned Naval Hospital - Guam to provide medical care to veterans who reside on the island

Sierra Nevada CARES Market Plan

Sierra Nevada Health Care System

Planning Initiative: Primary Care Gap
(+35% projected increase by 2012)

Proposed Solution:

- Expand primary care at Reno VAMC and Auburn CBOC
- Establish 2 new contract CBOCs in Susanville (CA) and Fallon (NV)
- Expand clinic hours and increase staffing at Reno VAMC

Planning Initiative: Specialty Care Gap
(+45% projected increase by 2012)

Proposed Solution:

- Renovate and Convert vacant space at Reno VAMC to increase specialty care services to include Cardiac Cath unit and emergency room (ER)
- Increase telemedicine, extended clinic hours, add providers and expand parking

Planning Initiative: Tertiary Care Access Gap
(30% of enrolled vets meet tertiary care access standards)

Proposed Solution:

- Provide additional Cardiac Services at Reno VAMC and in the community
- Develop tertiary care community contracts in Reno
- Increase telemedicine
- With proposed solution, 100% of enrolled veterans meet tertiary care access standards

South Valley CARES Market Plan

Central California Health Care System

Planning Initiative: Specialty Care Gap
(+57% projected increase by 2012)

Proposed Solution:

- Remodel and expand Fresno VAMC to increase specialty care services, includes cardiology
- Expand existing CBOCs in Merced and Tulare to include use of telemedicine

Planning Initiative: VA/DoD Collaboration

Proposed Solution:

- Develop a sharing agreement with the US Navy to enhance specialty care access for VA/DoD beneficiaries through sharing agreements with Lemoore NAS

Planning Initiative: Seismic Deficiencies
(High Risk Buildings)

Proposed Solution:

- Demolish seismically deficient buildings at Fresno VAMC and construct a diagnostic imaging center and mental health clinic



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DRAFT (Not Final or Official) - Current and Planned VHA Facilities (VA-Owned, Contracted or Leased) by VISN

Note: "0" in "Open" means site is currently operating

VISN	Market	Parent Facility	Facility Name	Open	PC	Acute Hosp	Tertiary	Dom	NH	New Service	CBOC Priority
20	Western Washington	Seattle	New JV NBMC Everett	2007	Y					PC	3
21	North Coast	Northern Cal HCS	Fairfield	0	Y	Y					
21	North Coast	Northern Cal HCS	Mare Island	0	Y						
21	North Coast	Northern Cal HCS	McClellan	0	Y						
21	North Coast	Northern Cal HCS	Oakland	0	Y						
21	North Coast	Northern Cal HCS	Martinez	0	Y				Y		
21	North Coast	Northern Cal HCS	New Antioch	2008	Y					PC	3
21	North Coast	Northern Cal HCS	New Richmond	2008	Y					PC	3
21	North Coast	San Francisco	San Francisco	0	Y	Y	Y		Y		
21	North Coast	San Francisco	13th & Mission VA Clinic	0	Y						
21	North Coast	San Francisco	Eureka	0	Y						
21	North Coast	San Francisco	Santa Rosa	0	Y						
21	North Coast	San Francisco	Ukiah	0	Y						
21	North Coast	San Francisco	New North San Mateo	2004	Y					PC	3
21	North Valley	Sacramento	Sacramento VAMC	0	Y	Y					
21	North Valley	Sacramento	Chico	0	Y						
21	North Valley	Sacramento	Redding	0	Y						
21	North Valley	Sacramento	New Marysville	2008	Y					PC	3
21	Pacific Island	Pacific Islands HCS	Honolulu VAMC (Oahu)	0	Y	Y	Y		Y		
21	Pacific Island	Pacific Islands HCS	Hilo (Hawaii)	0	Y						
21	Pacific Island	Pacific Islands HCS	Kahului (Maui)	0	Y						
21	Pacific Island	Pacific Islands HCS	Kailua-Kona (Hawaii)	0	Y						
21	Pacific Island	Pacific Islands HCS	Lihue (Kauai)	0	Y						
21	Pacific Island	Pacific Islands HCS	New American Samoa	2004	Y					PC	3
21	Pacific Island	Pacific Islands HCS	New Kaneohe (Oahu)	2006	Y					PC	3
21	Pacific Island	Pacific Islands HCS	New Waianae (Oahu)	2008	Y						
21	Sierra Nevada	Sierra Nevada HCS	Reno VAMC	0	Y	Y	Y		Y		
21	Sierra Nevada	Sierra Nevada HCS	Auburn, CA (Sierra Foothills)	0	Y						
21	Sierra Nevada	Sierra Nevada HCS	Minden, NV (Carson Valley)	0	Y						
21	Sierra Nevada	Sierra Nevada HCS	New Susanville, CA (Contract)	2005	Y					PC	3
21	Sierra Nevada	Sierra Nevada HCS	New Reno (Contract Tertiary Care)	2005			Y			Hosp	
21	Sierra Nevada	Sierra Nevada HCS	New Fallon, NV (Contract)	2006	Y					PC	3
21	South Coast	Palo Alto HCS	Palo Alto Division	0	Y	Y	Y		Y		
21	South Coast	Palo Alto HCS	Monterey	0	Y	Y					
21	South Coast	Palo Alto HCS	Stockton	0	Y	Y					