

FY 2003. Project will include additional Primary and Specialty Care exam rooms, an Audiology suite and an urgent care section.

- Establishing a new contract CBOC in the Marysville/Yuba City area.
- Expanding primary and specialty care services at Fairfield where excess clinical capacity already exists.
- Expanding Redding OPC via new construction for administrative space freeing up space within the existing facility to expand primary and specialty care services.

The space driver/gaps projected for this level of care were significant. Where facilities are still lacking, the Market Plan calls for a considerable level of outpatient workload being contracted out into community.

▪ **Inpatient**

There are no Inpatient Capacity PIs for the North Valley Market. However, with the activation of a new 55-bed inpatient tower at the Sacramento VAMC and the possibility of a VA/DoD joint venture in inpatient mental health at DGMC, VANCHCS must proactively plan for the inpatient needs of its veteran population. Many of the admissions into community hospitals will occur in the northern counties in and around Redding and Chico, California, as needs dictate and services are available. VANCHCS plans to hospitalize up to ten veterans in community hospitals at any given time.

Collaborations

▪ **Enhanced-Use**

VANCHCS is in the process of developing an Enhanced-Use Lease Project for a 100-bed Long Term Care facility at the Sacramento VAMC. This project has completed the required E-U public hearing at which time community members expressed support for the project. The project is currently on hold awaiting resolution of the Department's assisted living policy.

▪ **DoD**

DGMC and Sacramento VAMC have a well-established Joint Venture (JV). This JV currently allows veterans access to 24-hour emergency room services, specialty care services, selected diagnostic procedures, and inpatient hospitalization at DGMC. VA has also constructed a 30,000 GSF outpatient clinic on the DGMC campus. This VA clinic provides veteran patients primary care, ancillary services and limited specialty services. The Air Force and VA also operate a joint neurosurgery clinic at the VA clinic. The Air Force operates a large DoD satellite clinic to see DoD beneficiaries, including TRICARE, at the VA Sacramento Outpatient Clinic. Future plans are being explored to provide space in DGMC for a VA inpatient psychiatry unit. Also, DoD is exploring the feasibility of opening a large DoD operated pharmacy at the VA Sacramento Outpatient Clinic to provide prescriptions for DoD beneficiaries and VA patients.

Seismic Issues

With the completion of the new 55-bed inpatient tower and a Network approved Minor Construction project for a new specialty care building at the Sacramento VAMC, the North Valley Market has no seismically deficient, patient care buildings. Phase II of the Major

Construction project at the Sacramento VAMC will provide seismic upgrades to Building 650, including the former inpatient bed tower. Specialty clinics currently housed on the second floor of Building 650 will move to temporary leased buildings until construction is complete on their new specialty care building. It should be noted, that, after renovation, only administrative services (or non-essential services) would occupy the former inpatient bed tower.

South Valley Market

Market Overview

The **South Valley Market** extends through the central valley of the state. Interstate 5 and Highway 99 run parallel (north-south) linking Merced County, through the San Joaquin valley south to Kings and Tulare Counties. The south end of the Sierra Nevada mountain range borders the eastern portion of this market. Other than Fresno County, this Market Area consists of rural counties. The southern portion of this Network borders VISN 22, where VACCHCS draws some patients from the 50-mile “buffer zone,” the location of the Bakersfield CBOC. The City of Fresno serves as the metropolitan area that anchors the South Valley Market and is the location of the secondary care VAMC supporting the VACCHCS. A Nursing Home Care Unit and two CBOCs located in Atwater and Tulare also support this Market Area. The South Valley tertiary care referrals go to VAPAHCS and SFVAMC. The South Valley Market has no Access PIs identified, and has one identified Capacity PI. The Capacity PI addresses increased workload in the outpatient care category - Specialty Care. The other significant CARES issue within this Market are seismic deficiencies in five buildings on the Fresno VAMC campus.

▪ Veteran Demographics

The South Valley Market veteran population is projected to decline by 45% from FY 2001 through FY 2022. Concurrently, Market enrollees are projected to decrease, but at a slower rate of 30% from FY 2001 through FY 2022. During this same period market penetration is projected to increase from 26.2% to 33.5% as a direct result of increasing age of the projected veteran population.

South Valley Veteran Population and Enrollees*

South Valley Market	FY 2001			FY 2012			FY 2022		
	Actual Enrollees	Est. Vet Pop	Mkt. Pen	Actual Enrollees	Est. Vet Pop	Mkt. Pen	Actual Enrollees	Est. Vet Pop	Mkt. Pen
	29,761	113,660	26.2%	26,981	82,842	32.6%	20,816	62,199	33.5%

*Market level data

▪ Stakeholder Involvement

The discussion of the CARES strategic planning process has been an agenda item for all external stakeholder meetings that are attended by staff from VACCHCS. External stakeholder communications have been included in such events and activities as locally held conventions, local veterans service organization meetings, congressional advisory meetings, university affiliate meetings, and meetings with representatives from numerous community organizations. Additionally, the local CARES planning committee has included external stakeholders as members. Internal stakeholder communications have included town hall meetings with employees and volunteers, as well as printed and electronic communications to all staff.

Questions and comments of concerns and general interest have been appropriately addressed on the potential closing or downsizing of VACCHCS to the general satisfaction of the stakeholders.

▪ **Access to Care**

The South Valley Market meets the access guidelines for all three levels of care.

South Valley Market Access*

Care Category	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	68%	10,205	66%	9,174	65%	7,286
Hospital Care	79%	6,697	81%	5,126	82%	3,747
Tertiary Care	100%	0	100%	0	100%	0

**Market level data*

Workload Capacity Planning Initiatives

Outpatient

The South Valley Market has an identified Outpatient PI in Specialty Care. The CARES data projects a significant Specialty Care workload gap of 51% (+33,620 stops) above the FY 2001 workload level by the year FY 2012. This Specialty Care workload gap gradually diminishes over the next ten years, with a 15% increase over FY 2001 occurring in FY 2022.

South Valley Market Workload Planning Initiatives*

	FY 2001	FY 2012			FY 2022		
Category	Clinic Stops	Clinic Stops	% Gap From FY01	Change in Stops from FY 01	Clinic Stops	% Gap From FY01	Change in Stops from FY 01
Specialty Care	66,326	99,947	+51%	33,620	76,380	+15%	10,054

**Treating Facility Data*

NOTE: PIs are in Bold print

The South Valley Market has proactively developed a Market Plan to address gaps in capacity by:

- Renovation of the 4th floor wing of Building 1, Fresno VAMC
- Construction of a new outpatient clinic addition.

The space driver/gaps projected for this level of care were significant. In addition, VACCHCS has seismic issues as discussed below.

Inpatient

There are no Inpatient Capacity PIs for the South Valley Market.

Collaborations

▪ **Enhanced-Use**

There are no Enhanced-Use opportunities identified through CARES for the South Valley Market.

▪ **DoD**

VACCHCS has identified several opportunities to collaborate with DoD, specifically Lemoore Naval Air Station (NAS) to provide additional specialty services for our patients. The close proximity of Lemoore NAS provides convenient access for our South Valley catchment area. An active collaborative sharing agreement currently exists between VACCHCS and Lemoore NAS to provide pathology services and the relationship has been highly successful for both locations. In addition, VACCHCS provides MRI examinations to active duty personnel. The identified need for increased specialty care services in the South Valley Market has initiated VACCHCS exploration of a more in-depth relationship with Lemoore NAS.

Seismic Issues

The VACCHCS campus has five seismically deficient outbuildings (Buildings 10, 11, 12, 13, and 14) with a combined square footage of 29,687 SF. These buildings were built in 1949 as staff quarters and are currently utilized for a mixture of outpatient mental health and administrative functions. During preliminary design development these buildings were found to be deficient for a seismic event of the size prescribed for this area. A submitted Major Construction project in FY 2006 will eliminate the five seismically deficient outbuildings (two of the buildings are on the VA Seismic list, the other three are not for patient care but present a life safety risk to employees).

Sierra Nevada Market

Market Overview

The **Sierra Nevada Market** extends from the northeast Oregon border south, following the Sierra Nevada mountain range, including the Lake Tahoe region, and often making travel more difficult in the winter. Interstate 80 (east-west) is the major highway that links this Market, from central Nevada through Reno into the California Sierra foothills. In the central and eastern portion of this market there are several large highly rural (frontier) counties. The southern portion of this market borders VISN 22, where Esmeralda County, Nevada, is included with this Market (and Network 21) due to shifts in workload. The city of Reno serves as the metropolitan center that anchors the Sierra Nevada market and is the location of the secondary care VAMC supporting the VA Sierra Nevada Health Care System (VASNHCS). A Nursing Home Care Unit and two CBOCs further support this Network. The Sierra Nevada tertiary care referrals go to SFVAMC and VAPAHCS. The CARES Market boundaries differ from the VASNHCS PSA in that the market does not include eastern El Dorado County; but does include western Placer County and Esmeralda County.

▪ **Veteran Demographics**

The Sierra Nevada Market veteran population is projected to decline by 29% from FY 2001 through FY 2022 based on CARES analysis. Concurrently, Market enrollees are projected to decrease, but at a much slower rate of 3.5% from FY 2001 through FY 2022. During this same period market penetration is projected to increase from 24.5% to 33.5% as a direct result of increasing age of the projected veteran population.

Sierra Nevada Market Veteran Population and Enrollees*

Sierra Nevada Market	FY 2001			FY 2012			FY 2022		
	Actual Enrollees	Est. Vet Pop	Mkt. Pen	Actual Enrollees	Est. Vet Pop	Mkt. Pen	Actual Enrollees	Est. Vet Pop	Mkt. Pen
	29,033	118,356	24.53	31,645	102,022	31.02	28,014	83,727	33.46

*Market Level Data

▪ **Stakeholder Involvement**

VASNHCS has insured that communication with key stakeholders remains a priority. The primary means of communication with our VSO stakeholders has been through regularly scheduled meetings held with all county VSOs. There have been presentations at every VSO meeting during the last two years, in which CARES was a standing agenda item. VSOs received written materials during these meetings and via facsimile in between meetings. Telephone contact has also been initiated during key points in the process and where initiatives specifically affected certain counties. Employees received e-mails, printed communication bulletins, and presentations and discussions were held during Town Hall meetings. Communication bulletins were also made available in key waiting areas for veterans and their families.

▪ **Access to Care**

The Sierra Nevada Market meets the access guidelines for Primary Care and Hospital Care, but not Tertiary Care. As such, a PI was assigned to this Market for the tertiary level of care:

Sierra Nevada Market Access*

Care Category	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	68%	10,149	74%	8,228	74%	7,284
Hospital Care	79%	6,660	79%	6,645	79%	5,883
Tertiary Care	30%	22,201	100%		100%	

*Market Level Data

Bold percent does not meet guideline

The Sierra Nevada Market has proactively developed a Market Plan to address the Tertiary Care access gap by:

- Expanding the use of Telemedicine between the Reno VAMC and Tertiary Care sites within the Network
- Expanding cardiac care capability including providing cardiac catheterization locally
- Developing Tertiary Care contracts within the Reno community.

Workload Capacity Planning Initiatives

▪ **Outpatient**

The Sierra Nevada Market has Outpatient PIs in Primary Care and Specialty Care. The CARES data projects a significant Primary Care workload gap of 26% (+19,231 stops) above the FY 2001 workload level by the year FY 2012. This Primary Care workload gap gradually diminishes over the next ten years, with very little (0%) increase over FY 2001 occurring in FY 2022. By the year FY 2012, the CARES data also projects a 42% increase in Specialty Care workload (+26,969 stops) over the baseline year of FY 2001. Over the next ten years this workload declines so that by FY 2022, the additional workload demand is only 21.5% percent greater than that actual recorded for the baseline year FY 2001.

Sierra Nevada Market Workload Planning Initiative*

	FY 2001	FY 2012			FY 2022		
Category	Clinic Stops	Clinic Stops	% Gap from FY01	Change in Stops from FY 01	Clinic Stops	% Gap from FY01	Change in Stops from FY 01
Primary Care	73,570	92,801	+26%	19,231	73,798	0%	228
Specialty Care	64,903	91,872	+42%	26,969	78,831	+21%**	13,929

**Treating Facility Data*

***Market level =25% gap which is a PI*

NOTE: PIs are in Bold print

The Sierra Nevada Market has proactively developed a Market Plan to address gaps in capacity by:

- Expanding Primary Care at the Reno VAMC
- Expanding Primary Care at the Auburn CBOC, California
- Extending clinic hours and adding providers at the Reno VAMC
- Establishing new CBOCs in Susanville, California and Fallon, Nevada
- Renovating and converting vacant space at Reno VAMC for increased Specialty Care services
- Expanding the Emergency Room and establishing an Observation Bed Unit
- Expanding the use of Telemedicine between Reno VAMC and its CBOCs
- Expanding cardiac care capability including providing cardiac catheterization locally
- Expanding Patient/Visitor parking and develop a 130+/- space parking structure at the Reno VAMC.

The space driver/gaps projected for this level of care were significant. As such, the Market Plan supports Primary Care capacity increases primarily through expanded leases, or contract CBOCs. If contract CBOCs are not viable in the targeted communities, VA staffed/leased clinics will be pursued. This allows for future downsizing as enrollment declines.

- **Inpatient**

There are no Inpatient Capacity PIs for the Sierra Nevada Market.

Collaborations

- **Enhanced-Use**

There are no Enhanced Use proposals for the Sierra Nevada Market identified through the CARES process.

- **DoD**

There are no new VA/DoD collaborations identified for the Sierra Nevada Market through the CARES process.

Other

- **Parking**

At the parent facility, Ioannis A. Lougaris VAMC, Reno, Nevada, there is a significant shortage of patient, staff and visitor parking. The lack of patient parking is seen as a serious access problem. A comprehensive parking analysis was conducted by a consultant team, which identified a current 300+ parking space deficit. This does not account for future growth and demand for services. The Reno VAMC campus has realized immediate, substantial parking expansions/improvements during FY 2003 due to the removal of several modular buildings (reducing vacant space) and by restriping/reconfiguring the main parking lot (+100 spaces). To further address growth and the increasing demand for parking, VASNHCS has developed a FY 2004 Minor Construction project for a 130+ parking structure.