VA | U.S. Department of Veterans Affairs

VA's Recommendations to the AIR Commission: Summary of Process and Outcomes

March 2022

Background

VA's Recommendations: Driven By What's Best for the Veterans We Serve

- VA came to our recommendations to the AIR Commission by asking ourselves one question above all else: ***what's best for the Veterans we serve?*** Because that is our number one goal, today and every day. And that's what our AIR recommendations are all about.

- The result of asking ourselves that question repeatedly, in markets across the country, is a set of recommendations that will help us:

  - ***Cement VA as the primary, world-class provider and coordinator of Veterans' health care for generations to come***.

  - ***Build a health care network with the right facilities, in the right places, to provide the right care for all Veterans, including underserved and at-risk Veteran populations*** in every part of the country—making sure that we bring healthcare to Veterans, where they live.

  - ***Ensure that the infrastructure*** that makes up the Department of Veterans Affairs in the decades ahead ***reflects the needs of 21st century Veterans***—not the needs and challenges of a health care system that was built, in many cases, 80 years ago.

  - And ***strengthen our roles as the leading health care researchers in America and with our academic partnerships to remain the leading health care training institution in America***.

VA's Recommendations: Driven By What's Best for the Veterans We Serve

- There will be changes in markets across the country—but ***VA underscores that we are staying in every market***. Between outpatient care, strategic collaborations, and referrals to the community, we will continue to deliver timely access to world-class care to every Veteran, in the community and in rural areas, in every corner of the country.

- ***In the places where there are changes, we will be shifting toward new infrastructure, or different infrastructure, that accounts for how healthcare has changed, that matches the needs of a market's*** research and education missions, and that—most of all—ensures that the ***Veterans who live in that location will have access to the world-class care they need, when they need it.***

- ***We will be transparent on how we discuss these recommendations*** with partners—our employees, our Veterans, and our stakeholders.

VA's Commitment to our Workforce

- VA recognizes that ***it's not our infrastructure that cares for Veterans or saves their lives—it's the VA Workforce*, our incredible public servants.**

- ***Continued investment in our workforce is a top priority for Secretary McDonough not just as part of this process, but for VA's future, period.***

- ***The VA Workforce is VA's number one asset*** and has proven that time and again throughout the COVID-19 pandemic, by stepping up to care for our nation's Veterans amid the worst of circumstances.

- So, ***we're not only looking to invest in our physical infrastructure—we're also actively looking to invest in the VA Workforce*,** because they are a critical part of VA's future.

What These Recommendations Mean

- In the short run, AIR will have no impact on VA employees or services VA provides to Veterans.

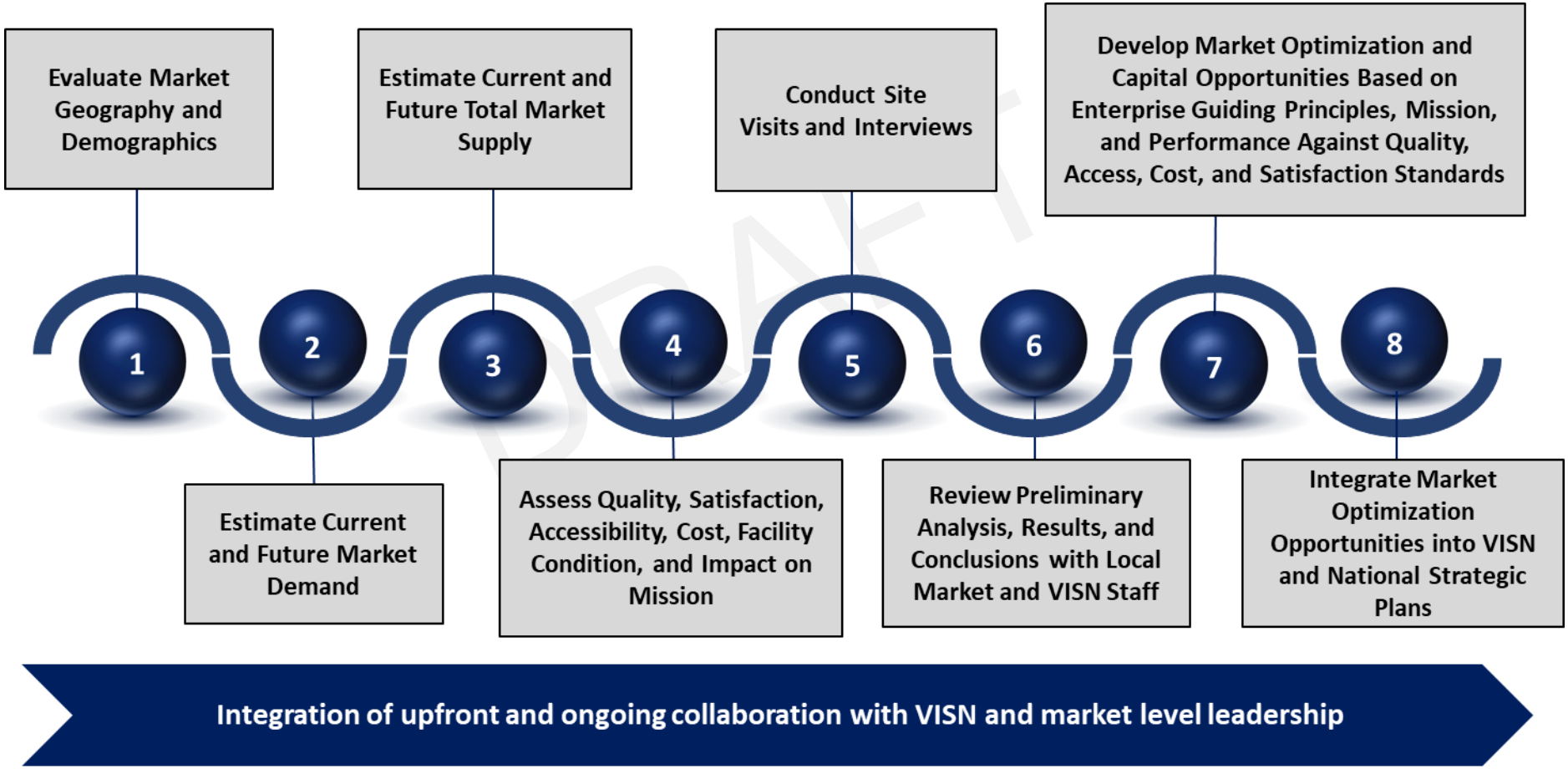
- Many of the potential changes to VA's health care infrastructure may be several years away and are dependent on Commission, Presidential, and Congressional decisions, as well as robust stakeholder engagement and planning.

- In the long run, AIR recommendations could impact VHA facilities and staff, but it's too early to know exactly what or where those impacts might be.

- VA will maintain transparency, provide updates on the AIR Commission process, and ensure you have ample opportunity for your voice to be heard as the AIR Commission work continues through the next year.

Developing the Recommendations

Market Assessment and Planning Methodology



A Data-Driven Process Taking into Account the Complexities of Each Market and Input from Veterans

- **Extensive data, validated by local market experts:** VA assembled comprehensive Data Discovery & Findings (DD&F) documents based on 150 disparate data sets with information in the following domains: Geography and Demographics, Demand, Supply, Access, Quality and Satisfaction, Facilities, Mission, and Cost. The data includes VA centrally and locally provided data, Defense Health Agency (DHA) data, and commercial data. Subject matter experts at the VISN and facility level reviewed the data and identified data issues were addressed. Based on the reviews by their teams, all Network Directors certified the data as an "acceptable foundation for market assessment analysis."

- **Interviews with every VISN and VA medical center leadership team across the country:** VA conducted more than 1,800 interviews with leaders at every VISN office and VAMC across the country in order to incorporate the knowledge and expertise of those in the field who know their markets best.

- **More than 50 Veteran listening sessions, as well as VSO collaboration sessions:** Between March and June 2021, VA conducted 56 listening sessions, including four national evening sessions and one Spanish session, to engage with Veterans and other local stakeholders to better understand how VA may best meet the needs of Veterans in the future. In addition, VA conducted collaboration sessions with national VSO representatives to gather their input on their and their members' experiences with VA health care and perspectives on its future. The feedback from the listening sessions and VSOs was considered in the finalization of recommendations.

- **Extensive reviews by leaders at the VISN, VHA, and VA level:** While the recommendations are ultimately those of the Secretary, they reflect extensive coordination with leaders across the system within the VISNs, VHA, and VA (e.g., Office of Enterprise Integration, Office of General Counsel, Office of Construction and Facilities Management, Office of Asset Enterprise Management). The recommendations are supported by those who understand the intricacies of each of the markets across the country.

Alignment With Criteria Developed in Collaboration with Veterans Service Organizations

The MISSION Act required that VA consult with Veterans Service Organizations to establish criteria for use in making recommendations to the AIR Commission. All recommendations submitted by VA are consistent with these criteria.

Demand: The recommendation aligns VA's high performing integrated network resources to effectively meet the future health care demand of the Veteran enrollee population with the capacity in the Market.

Access: The recommendation maintains or improves Veteran access to care.

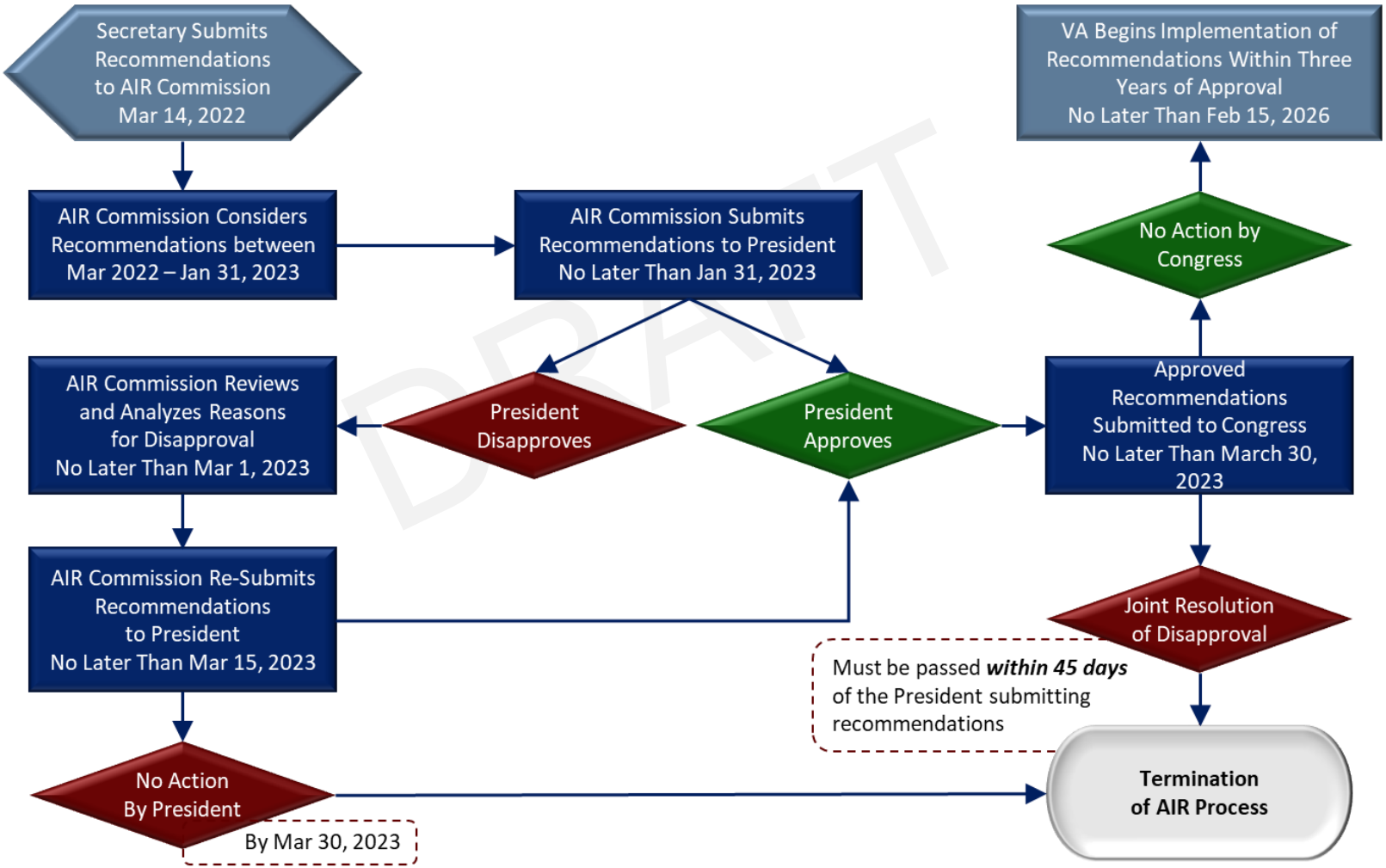
Impact on Mission: The recommendation provides for VA's second, third, and fourth health related statutory missions of education, research, and emergency preparedness.

Quality: The recommendation considers the quality and delivery of health care services available to Veterans, including the experience, safety, and appropriateness of care.

Cost Effectiveness: The recommendation provides a cost-effective means by which to provide Veterans with modern health care.

Sustainability: The recommendation creates a sustainable health care delivery system for Veterans.

AIR Process



VA's Objectives and the National Impact of Recommendations

Overview of Key Objectives

Key Objectives

- Provide equitable access to outpatient care through modern facilities close to where Veterans live and with integration of virtual care
- Enhance VA's unique strengths in caring for Veterans with complex needs
- Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers, and virtual care
- Strengthen VA's ability to execute its second, third, and fourth health-related missions: education, research, and emergency preparedness

Facility Definitions

VA provides access to the full continuum of care through a range of facility types.

Outpatient

Inpatient

OOS *Other Outpatient Services*	CBOC *Community-Based Outpatient Clinic*	MS CBOC *Multi-Specialty CBOC*	HCC *Health Care Center*	Stand alone CLC	Stand alone RRTP	VAMC *VA Medical Center*
A site that either provides services to Veterans, but does not generate VHA encounter workload, or does not meet minimum criteria to be classified as a community-based outpatient clinic (CBOC) or Health Care Center (HCC), is classified as "Other Outpatient Services"	A VA-owned, VA-leased, mobile, contract, or shared clinic that offers both medical (on-site) and mental heath care (either on-site or by telehealth). Home-based Primary Care (HBPC) and home telehealth can be offered from primary care CBOCs	A VA-owned, VA-leased, mobile, contract, or shared clinic that offers on-site primary care, mental heath care and two or more on-site specialty services	A VA-owned, VA-leased, mobile, contract, or shared clinic that offers on-site primary care, mental health, specialty care, and performs invasive procedures under moderate sedation or general anesthesia. May or may not be assigned an Ambulatory Surgery Center designation	Stand alone Community Living Center facility	Stand alone Residential Rehabilitation Treatment Program facility	A VA medical center is a VA point of service that provides at least two categories of care (inpatient, outpatient, residential, or institutional extended care). These sites may not include med/surg beds

Facility Summary Table

Strategic realignments that enable better access and outcomes

	Class	Current	Future	Net Change	
Inpatient	VA Medical Center	171	168	-3	↓
	Stand-alone Community Living Center	2	29	27	↑
	Stand-alone Residential Rehabilitation Treatment Program	10	22	12	↑
	Inpatient Partnership	7	55	48	↑
Outpatient Only	Health Care Center	16	30	14	↑
	Outpatient Partnership	0	14	14	↑
	Multi-specialty Community Based Outpatient Clinic	249	389	140	↑
	Community Based Outpatient Clinic	555	469	-86	↓
	Other Outpatient Services Clinic	257	169	-88	↓
Total		1,267	1,345	78	↑

In August 2021, VAST was queried to provide active sites and site classification. This information was validated with VISN planners and was used to establish the current state. The current state includes only active sites, or sites that were planned to be active by 12/31/21.

The future state includes active sites, planned sites through VA recommendations, and sites which had appropriated funds or an active lease as of August 2021.

Outpatient Service Summary

Improving Veteran access to primary care, mental health, and specialty care

Changes to Enrollee Access for Veterans within 30/60 Minutes of VA-delivered Care

Service Type	Current	Future	Net Change	
Primary Care (30 minutes)	7,161,689	7,308,983	147,294	⇧
Outpatient Mental Health Care (30 minutes)	7,030,114	7,221,665	191,551	⇧
Outpatient Specialty Care (60 minutes)	7,634,062	8,004,497	370,435	⇧

Note: As shown above, the recommendations significantly increase the number of Veterans within 30 minutes of a VA primary care site.

Changes to the Number of VA Outpatient Points of Care by Service Type

Service Type	Current	Future	Net Change	
Outpatient Surgery	142	161	19	⇧
VA Facility	138	134	-4	⇩
Partnership	4	27	23	⇧
Outpatient Emergency Department	113	95	-18	⇩
Outpatient Primary Care	1,234	1,211	-23	⇩
Outpatient Mental Health	1,000	1,056	56	⇧
Outpatient Specialty Care	445	585	140	⇧
Outpatient Urgent Care	36	49	13	⇧

Inpatient Service Summary

VA's recommended realignments and investments across VA-delivered inpatient care improve access to care

- **Inpatient medical / surgical care:** The number of Veterans within 60 minutes will increase by 130,897 (from 5,712,223 to 5,843,120).
- **Inpatient mental health care:** The number of Veterans within 60 minutes will increase by 147,794 (from 5,379,919 to 5,527,713).
- **Inpatient CLC care:** The number of Veterans within 60 minutes will increase by 545,115 (from 2,984,648 to 3,529,763).
- **RRTP:** All 18 VISNs will continue to have an RRTP
- **SCI/D:** All 15 VISNs which currently have an SCI/D Center will continue to have an SCI/D Center
- **Blind Rehab:** All five Blind Rehab Regions which currently have a Blind Rehab Center will continue to have a Blind Rehab Center

	Service Type	Current	Future	Net Change	
Inpatient	**Inpatient Medicine**	134	140	6	⇧
	VA Facility	127	90	-37	⇩
	Partnership	7	50	43	⇧
	Inpatient Surgery	114	134	20	⇧
	VA Facility	107	87	-20	⇩
	Partnership	7	47	40	⇧
	Inpatient Mental Health	117	118	1	⇧
	VA Facility	114	108	-6	⇩
	Partnership	3	10	7	⇧
	Inpatient Rehabilitation Medicine	28	26	-2	⇩
	Inpatient Community Living Center	134	156	22	⇧
	VA Facility	134	153	19	⇧
	Partnership	0	3	3	⇧
	Inpatient Residential Rehabilitation Treatment Program	117	127	10	⇧
	Inpatient Spinal Cord Injuries and Disorders Center	27	23	-4	⇩
	Inpatient Blind Rehabilitation Center	14	12	-2	⇩

Objective 1 Outcomes

Provide equitable access to outpatient care through modern facilities close to where Veterans live and integration of virtual care

VA's recommendations call for significant investment in infrastructure to provide primary care, specialty care, and outpatient mental health care in modern facilities. These facilities are placed based on careful consideration of where Veterans live today and will live in the future. All new facilities will be designed based on VA's latest design standards – including VA's PACT model – and enable high quality patient care. While the total number of outpatient points of care will decrease, relocation and expansion of facilities and services will increase Veteran access to VA care.

Investing in well-placed outpatient facilities that provide more services to Veterans

- Health care centers – which are capable of providing ambulatory surgery – will nearly double (from 16 to 30).
- Multi-specialty community-based outpatient clinics (CBOCs) will increase by 56% from 249 to 389.
- CBOCs will decrease by 15% from 555 to 469.
- Other outpatient service (OOS) facilities – facilities that typically have low volumes and may not have full time providers – will be reduced. The number of OOSs will decrease by 34% from 257 to 169.

Improving Veteran access to primary care, mental health, and specialty care

- **Improved Primary Care Access:** The number of Veteran enrollees within 30 minutes of VA-delivered primary care will increase by 147,294 (from 7,161,689 to 7,308,983).
- **Improved Outpatient Mental Health Access:** The number of Veteran enrollees within 30 minutes of VA-delivered outpatient mental health care will increase by 191,551 (from 7,030,114 to 7,221,665).
- **Improved Specialty Care Access:** The number of Veteran enrollees within 60 minutes of VA-delivered specialty care will increase by 370,435 (from 7,634,062 to 8,004,497).

Note: All facility counts in this brief were based on the following: In August 2021, VA's Site Tracking System (VAST) was queried to provide active sites and site classification. This information was validated with VISN planners and was used to establish the current state. The current state includes only active sites, or sites that were planned to be active by 12/31/21. The future state includes active sites, planned sites through VA recommendations, and sites which had appropriated funds or an active lease as of August 2021.

Objective 2 Outcomes

Enhance VA's unique strengths in caring for Veterans with complex needs

VA will continue to be the provider of specialty services for which VA is the standard bearer, including residential rehabilitation treatment programs (RRTP), Spinal Cord Injuries and Disorders (SCI/D) treatment, and blind rehabilitation. In addition, while there are services available in the community, commercial mental health facilities and institutional long-term care facilities may not always be fully able to the meet the needs of VA's more complex patients. As a result, VA must maintain appropriate internal capacity and invest in modern infrastructure to meet the demand of these more complex patients.

Increasing inpatient mental health care access

- **Improved inpatient mental health care access:** Inpatient mental health sites will increase from 117 to 118, and the number of Veteran enrollees within 60 minutes of VA-delivered inpatient mental health care will increase by 147,794 (from 5,379,919 to 5,527,713).

Expanding long-term care capabilities

- **Improved CLC care access:** CLC sites will increase from 134 to 156, and the number of Veteran enrollees within 30 minutes of VA-delivered CLC care will increase by 545,115 (from 2,984,648 to 3,529,763).

Maintaining access to VA's regional services – RRTP, blind rehabilitation, and SCI/D – by ensuring the regional distribution of services is balanced to meet Veterans' needs

- RRTP sites will increase from 117 to 127 (All 18 VISNs will continue to have an RRTP)
- SCI/D sites will decrease from 27 to 23 (All 15 VISNs which currently have an SCI/D Center will continue to have an SCI/D Center)
- Blind Rehab sites will decrease from 14 to 12 (All five Blind Rehab Regions which currently have a Blind Rehab Center will continue to have a Blind Rehab Center)

For each of these services, VA has conducted careful analysis to confirm that there is appropriate capacity to meet projected Veteran demand.

Objective 3 Outcomes

Provide equitable access to quality inpatient medical and surgical care through the optimized use of care delivered in VA facilities and through partnerships, community providers, and virtual care

The U.S. health care system has undergone significant transformation over the last 50 years – after many of VA's buildings were designed and constructed. One of the principal changes during this time has been significant reduction in the need for inpatient care and significant increase in need and utilization of outpatient care. The reduction in demand for inpatient services is based on changes in how care is provided in hospitals and across the health care continuum. Rapidly evolving technology and pharmacological advances have drastically changed care, enabling more services to be provided in outpatient settings. The shift to outpatient care improves convenience for patients and safety (through avoidance of hospital acquired infections). In addition, these changes have altered the requirements of inpatient facilities, which now must be able to provide more complex and intervention-focused care through modern operating rooms, specialty procedure areas, and new technologies. As a result of these national trends, VA – like the private sector – has seen a decline in the average daily census in some of its facilities, which presents competency and quality risks. VA must balance this with the need to continue to be present in rural and underserved areas where high quality care may not be available from community providers. VA will expand access to inpatient medical / surgical care services by innovating and leveraging all aspects of its integrated system, including through modern VA facilities, partnerships, community care providers, and virtual modalities.

Modernizing and optimizing facilities that provide inpatient med/surg services to Veterans

- The number of VA facilities* providing inpatient med/surg services will decrease from 127 to 90.
- The number of inpatient med/surg partnerships will increase from 7 to 50.

Improving Veteran access to VA-delivered inpatient med/surg care services

- **Inpatient med/surg access:** The number of Veteran enrollees within 60 minutes of VA-delivered inpatient medical / surgical care will increase by 130,897 (from 5,712,223 to 5,843,120).

*Excludes Anchorage, Honolulu, and Martinez sites where inpatient med/surg services are delivered by DoD but site is classified as VAMC

Objective 4 Outcomes

Strengthen VA's ability to execute its second, third, and fourth health-related missions: education, research, and emergency preparedness

VA's recommendations will maintain or improve the Department's ability to carry out its other health-related statutory missions, including education, research, and emergency preparedness. To meet the needs of Veterans today and in the future, VA will implement innovative partnerships with DoD, other Federal health care organizations, academic affiliates, and quality commercial providers. These partnerships will improve VA care coordination, expand Veteran access to care, advance research on clinical areas including service-connected conditions, and enable education of health professionals.

- **Education:** The recommendations allow VA to maintain or enhance its ability to execute the education mission. This outcome is achieved by aligning training platforms to areas with greater enrollee demand, moving closer to academic affiliates, and adapting training platforms in areas with low demand to focus on training supported by services with sufficient demand. The recommendations also align with VA's broader long-term education strategy as the Department looks to expand ambulatory, telehealth, and advanced simulation training modalities.
- **Research**: The recommendations allow VA to maintain or enhance its ability to execute the research mission. This outcome is achieved by aligning infrastructure replacement investments with key research platforms and strengthening VA's proximity to its research affiliates.
- **Emergency Preparedness:** The recommendations allow VA to maintain its ability to execute its fourth mission by maintaining the same number of primary receiving centers across the country.