

of use. Retain multi-disciplinary outpatient clinic.

Outpatient Services

Primary Care—Increasing primary care demand in the Far North, East and West markets is being met primarily through community contracts, telemedicine, and expansion of existing CBOCs. Some in-house expansion is planned for Brockton, Togus and Newington. Excess outpatient demand from West Roxbury and from the Causeway Clinic will be moved to Jamaica Plains.

Mental Health—Increasing demand for mental health in the Far North and North markets is being met through community contracts, telemedicine, and expansion of existing CBOCs that will include mental health services.

Specialty Care—Increasing specialty care demand in all four markets is being met using community contracts to the extent feasible, telemedicine, shifting selected services to CBOCs and in-house expansion through significant new construction and conversion of vacant space. Northampton will lease 50,000 sq.ft. in the Springfield area. West Roxbury and Providence have replacement operating room projects in their specialty care expansions.

Inpatient Services

Medicine—Increasing inpatient medicine demand and access gaps in the Far North and North markets is being met through community contracts, also needed to resolve access gaps. Increasing inpatient medicine demand in the East and West markets is being met through in-house expansion at West Roxbury, Providence and West Haven.

Psychiatry—Decreasing inpatient psychiatry demand in the East market is being met through the consolidation of acute psychiatry at Bedford, Brockton and Providence.

Vacant Space

VISN 1 will have total of 255,829 sq. ft. of vacant space in 2022. This represents a reduction of 51.4% from 2001 (526,674 sq. ft.).

Extended Care

Proposed capital investments to remedy space deficiencies in nursing homes include renovation of 51,289 existing sq. ft in the West market (Northampton & West Haven) and the renovation of 43,017 sq. ft in the Far North market (Togus).

Collaboration

VBA—Relocate the VARO from Hartford to Newington.

Facility Condition—Low facility condition scores (scores below 3.0) at many VISN 1 facilities have been addressed through renovation projects that are phased early in the plan due to immediate infrastructure needs, many of which have been on hold pending CARES. No space is being renovated that will not be needed through the year 2022.

VISN 2 Executive Summary

Campus Realignment/Consolidation of Services

Canandaigua—Current services of acute inpatient psychiatry, nursing home, domiciliary and residential rehabilitation services at Canandaigua will be transferred to other VAMCs within the VISN. Outpatient services will be provided in Canandaigua's market. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

Outpatient Services

Primary Care—Increased primary care outpatient services has been identified in the Finger Lakes/Southern Tier market. There is a significant increase in primary care workload, especially in Monroe County. The VISN proposes to utilize contractual services in close proximity to the patients' homes to address increased outpatient primary care demand.

Specialty Care—Increasing specialty care outpatient services has been identified in three markets (all but the Western market). The VISN is proposing a combination of approaches tailored to the individual needs of each market. These approaches include utilizing fee basis; contracting for services in the counties where the patient lives; maintaining existing current workload at the existing medical center and existing CBOCs and renovating CBOC space.

Inpatient Services

Medicine—Increased inpatient medicine services are projected for both the Central and the Finger Lakes/Southern Tier markets. The VISN proposes to move workload from the Western or Central market to the Finger Lakes & Southern Tier market and utilize contracting for services in the counties where the patient resides. This includes utilizing fee basis and contracts for inpatient medicine services. Additional contract services will need to be established for the increased projected workload especially in the Monroe County area. Projected increase at Bath can be handled in the current space.

Vacant Space

VISN 2 will have total of 182,950 sq. ft. of vacant space in 2022. This represents a reduction of 15.9% from 2001 total vacant space (217,546 sq. ft.).

Special Populations

Build a new 30 bed SCI/D Unit at the Syracuse VAMC.

Inpatient Services

Medicine—Increased inpatient medicine services has been identified for both the Central and the Finger Lakes/Southern Tier markets. The VISN proposes to move workload from the Western or Central market to the Finger Lakes & Southern Tier market to utilize contracting for services in the counties where the patient resides. This includes utilizing fee basis and contracts for inpatient medicine services. Additional contract services will need to be established

for the increased projected workload, especially in the Monroe County area. Projected increase at Bath can be handled in the current space.

Enhanced Use

The VISN has identified the Buffalo VAMC and the Canandaigua VAMC as having potential Enhanced Use opportunities.

VISN 3 Executive Summary

Campus Realignment/Consolidation of Services/Small Facilities

St. Albans—Build new facilities for outpatient, nursing home and domiciliary care. Demolish old facilities and design new construction on site to maximize the area for an enhanced use lease project such as assisted living facility, or other compatible uses to benefit veterans. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

Lyons—Lyons maintains its current services because of lack of nursing home space and psychiatric space at East Orange and legislative requirements to maintain in-house nursing home units preclude any changes.

Montrose—Current services of domiciliary beds and all other inpatient units including psychiatry, medicine and nursing home will be transferred to Castle Point. Maintain outpatient services on the Montrose campus at a location that maximizes the enhanced use lease potential of the site. The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

Castle Point—Current inpatient services will be transferred from Montrose to Castle Point. The Spinal Cord Injury (SCI) Unit would be relocated to the Bronx. Castle Point Campus will maintain an SCI outpatient unit. Castle Point will convert to a Critical Access Hospital based.

New York (Manhattan) and Brooklyn—Develop a plan to consider the feasibility of consolidating acute inpatient care at the Brooklyn and incorporate the proposed outpatient care improvements for Brooklyn in the current plan. Maintain a significant outpatient primary and specialty care presence in Manhattan at the current site or another appropriate location in Manhattan.

Outpatient Services

Primary Care—Increased primary care outpatient demand has been identified in all three of the Network's markets. The VISN proposes to meet the majority of this need through expansion of in-house space via new construction (138,000 sq. ft.), conversion of vacant space (70,000 sq. ft.) and utilization of community contracts. A new joint VA/DoD CBOC is proposed for Ft. Monmouth, NJ. A new CBOC for Passaic County, NJ is included in the plan but is not in the high implementation priority group.

Specialty Care—All three of the Network's markets are projected to experience increased outpatient specialty care demand. The VISN proposes to meet the majority of this need through the expansion of in-house services with new construction (457,000 sq. ft.),