

services will remain in the VISN to invest in services for veterans.

Walla Walla—Maintain outpatient services and contract for acute inpatient medicine and psychiatry care (will improve hospital access in the Inland North market) and nursing home care. 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.

Small Facility

Roseburg—Converting surgical beds to 24-hour surgical observation beds is underway at Roseburg.

Spokane—Develop appropriate parameters (more restrictive) for types of in-house surgery procedures.

Outpatient Services

Primary Care—Increase the primary care outpatient services in three markets and at all care sites through planned CBOC and DoD joint ventures, and new construction and converting in-house space.

Mental Health—Increased demand for mental health in the Inland North market will be managed in-house and through increased contracting. Mental Health and primary care services are integrated into all new CBOCs.

Specialty Care—All five markets and all care sites will need to increase outpatient specialty care services. In all cases, approaches include expanding specialty care in-house services and contracting in high peak periods of growth. Additionally, two CBOCs will offer selected high volume specialty care services. New construction of 228,467 sq. ft. is planned to meet access, environment of care concerns, and the increasing workload demand. Other solutions include a combination of renovation, conversion of existing space, and leasing.

Inpatient Services

Medicine—Western Washington market will need to increase inpatient medicine services. VA Puget Sound Health Care System, and Seattle, will absorb additional workload through increased in-house, contract and joint venture options. A joint venture with Madigan Army Medical Center (MAMC) will involve closure of American Lake acute beds and referral of inpatient care to MAMC. Capital Investments are not required.

Vacant Space

VISN 20 a total of 273,862 sq.ft. of vacant space in 2022. This represents an increase of 10.5% over 2001 total vacant space (247,887 sq.ft.). This will require further analysis to determine how this can be avoided through improved space planning.

Enhanced Use

White City, Portland, Roseburg, and Seattle are exploring enhanced use leasing projects.

Collaboration

DoD—The proposed collaborations between VA and DoD include: (1) a pilot VA/DoD demonstration site with American Lake Division, VA PSHCS, and Madigan Army

Medical Center; (2) ongoing collaboration efforts with Everett, Bremerton, and Oak Harbor Naval Hospital; and (3) VA Alaska HCS is planning for expanded sharing/integration with both Bassett Army Community Hospital and Elmendorf Air Force Base in order to meet demand projections in both Fairbanks and Anchorage.

VBA—The proposed collaborations at Boise, Portland and Seattle are still in development. Potential collocation is available on the Boise campus. Alaska VAHSRO, VHA, and VBA activities will continue to be collocated after new clinic construction.

NCA—Roseburg as a high priority for NCA collaboration.

Facility Condition

Low Condition Scores—Renovation was the main solution for the majority of buildings with condition scores lower than 3.0. Lead paint problems will be improved in all facilities.

Seismic

Seismic conditions will be improved through proposed construction projects at Portland, American Lake, Seattle, White City and Roseburg.

VISN 21 Executive Summary

Access

Tertiary Care—Sierra Nevada market will expand services at Reno VAMC and contract locally.

Hospital Care—South Coast market will contract locally to meet demand and improve access.

Campus Realignment/Consolidation of Services

Livermore—Current nursing home services will be transferred to Menlo Park campus and contracts in the community. Outpatient services are proposed to transfer to an expanded San Joaquin Valley CBOC and a new East Bay CBOC closer to where the patients live. Both CBOCs will offer primary care, specialty services and mental health services. VA will no longer operate health care services at this campus. 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.

San Francisco/Palo Alto—Services to be consolidated at San Francisco include the following: Administrative Services: Reproduction Services (*i.e.*, copies), an HR Classification. Clinical Services: Parkinson's Disease and Epilepsy Surgery and Brain Mapping, portions of Neurosurgery including Stereotactic Radiosurgery (including Gamma Knife), Brainstem auditory evoked responses, Somato sensory evoked potentials, All surgery requiring intra-operative spinal cord and root monitoring, Electronystagmographs, Brachytherapy for Prostate Cancer, Endovascular, embolism of AVM, Mohs Surgery, Portions of Radiology including Neuroradiology through increased use of PACS, All Dental Surgery including Dental Implantology, and portions of Laboratory Services.

Services to be consolidated at Palo Alto include the following: Administrative Services: Warehousing operations, Disposal of government property program, Recycling program, Management of grounds and transportation services, Prosthetics & Sensory Aids purchasing agents, IRM help desk and police training. Clinical Services: Long-term inpatient care for dementia, neurobehavioral problems and substance abuse, Electroconvulsive therapy (ECT), Long-term care for chronically mentally ill and Selected laboratory contract testing.

Outpatient Services

Primary Care—Increasing primary care demand in all six markets is being met primarily through expansion of existing CBOCs, as well as increasing services at parent facilities. In some cases, expanded hours are planned to increase capacity. A multi-specialty expanded CBOC in the San Joaquin Valley and a new CBOC are in the plan as high priorities to meet the outpatient requirements associated with the closure of Livermore. However, since the National CARES Plan attempts to balance meeting national access guidelines, while other access points are included in the National Plan, they are not in the high implementation priority category at this time.

Specialty Care—Increasing specialty care demand in all six markets is being met by using in-house expansion (new construction, renovation and leases), utilizing telehealth options for select clinics and offering selected high volume specialty care services on-site at larger CBOCs.

Inpatient Services

Surgery—Decreasing demand in South Coast market is being managed by reducing in-house services at Palo Alto.

Psychiatry—Decreasing demand in South Coast market is being managed by reducing in-house services.

Vacant Space

VISN 21 will have a total of 207,745 sq.ft. of vacant space in 2022. This represents a reduction of 1.0% from 2001 total vacant space (208,899 sq.ft.).

Enhanced Use

Proposals are being developed involving research at San Francisco and long-term care in Sacramento. These proposals involve construction as well as leasing. In addition the VISN is pursuing the following enhanced use lease opportunities: Joint venture for ambulatory and long-term care with Alameda County and assisted living facility at the Menlo Park Division of Palo Alto Health Care System.

Collaboration

DoD—The VISN is developing the following collaborative opportunities with DoD: In Pacific Island market enhancing access to tertiary and acute care and to meet primary and specialty care outpatient needs through expanded agreements with Tripler AFB. There may be opportunities of collaboration in medical research with DoD in Hawaii, particularly given DoD's anticipation of a new research facility on Oahu. In addition, there are opportunities