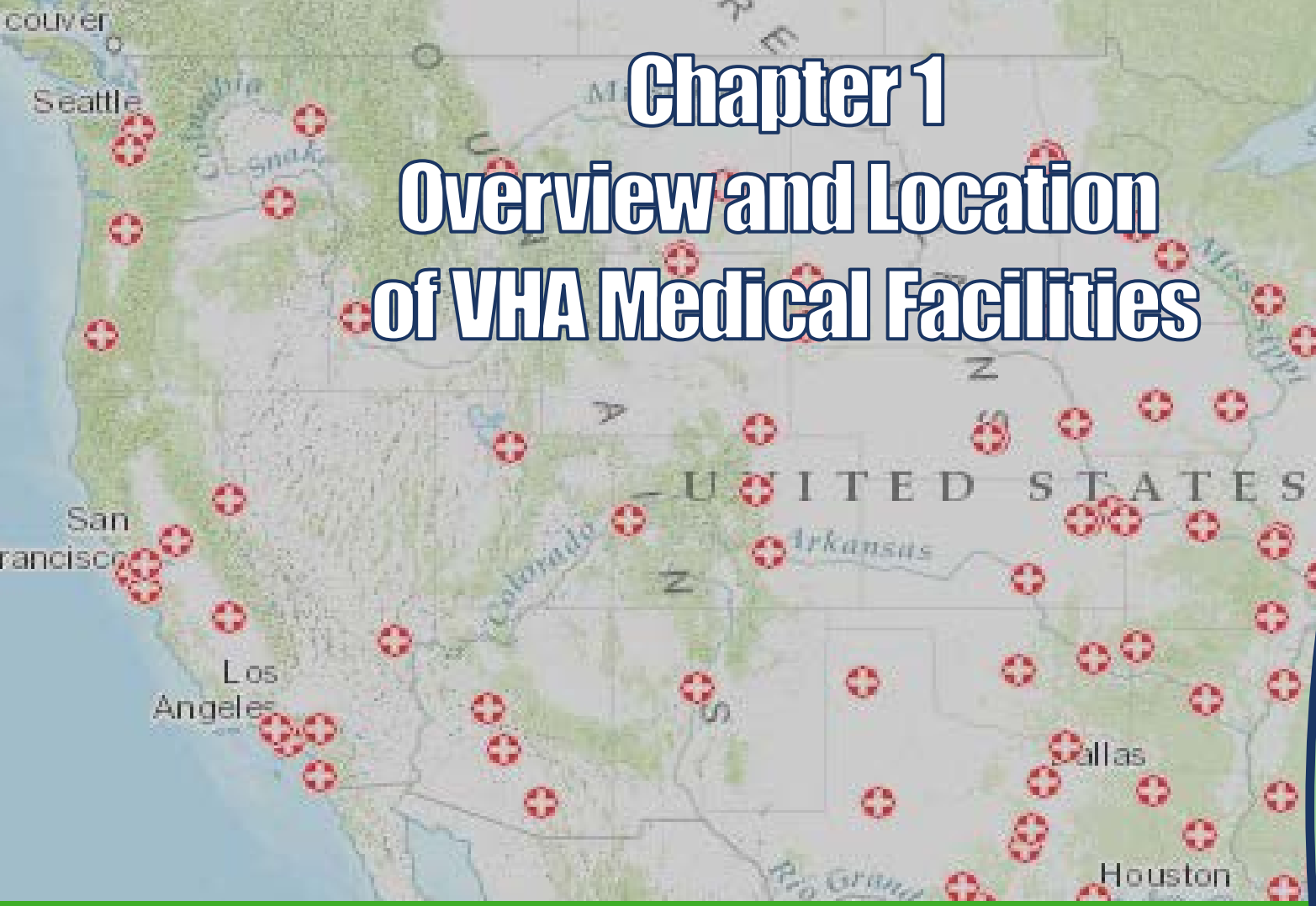
# Chapter 1
# Overview and Location of VHA Medical Facilities




A Rural Veterans Health Care Atlas Series
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PRODUCED BY THE
GEOSPATIAL OUTCOMES DIVISION
VHA OFFICE OF RURAL HEALTH
U.S. DEPARTMENT OF VETERANS AFFAIRS

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## OVERVIEW

The Department of Veterans Affairs (VA) maintains the largest health care system in the United States. As of the last reported data extraction date for Fiscal Year 2015 (September 30, 2015), the Veterans Health Administration (VHA) had a total of 1,241 active medical facilities. This total includes 167 VA Medical Centers, 568 Primary Care Community Based Outpatient Clinics, 188 Multi-Specialty Community Based Outpatient Clinics, nine Mental Health or Domiciliary Residential Rehab Treatment Programs, two Community Living Centers, 276 Other Outpatient Services, 14 Health Care Centers, and 17 that were without a site classification. VHA medical facilities are located in every State and in the outlying territories of Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, the Northern Mariana Islands, and in the city of Manila in the Philippines.

One primary data source used to generate the tables and maps in this chapter is the VA Site Tracking System (VAST), the VHA's authoritative repository that functions as a real-time data system (updated on a nightly basis) to maintain profiles of all VHA service sites. Some examples of data elements from extracted VAST data reports include facility type, ownership/leasehold type, dates of activation and operation, as well as location information. The second report, a subset of the real-time data extracted from the VAST system, is the monthly VACAA report, in reference to the Veterans Access, Choice and Accountability Act of 2014 (section 101, (b)). It is extracted on a monthly basis. Data is then geocoded by the Planning Systems Support Group (PSSG), a field unit of the VHA Office of Policy and Planning, adding geospatial attributes such as market, submarket, rurality, Latitude/Longitude, and Congressional District. Both reports are by the VHA Support Service Center (10N/VSSC).

## Continuum of Care (CoC) Facility Definitions[1]

The change in site classifications, including some new facility classification types and language, was one of the critical revisions that took place since the start of FY-2015 (October 1, 2014) based on the guidelines established by the Continuum of Care workgroup. The standard Community Based Outpatient Clinics (CBOCs) and VA Medical Centers (VAMCs) from the legacy classifications were transformed to better encompass the types and amounts of services provided at VHA medical facilities. Affected facilities, large and small, included additional sites, reclassifications of existing sites, and removal of some sites with very low workload (thus not meeting certain measurement standards set by the VHA site reclassification committees).

Based on VHA Handbook 1006.02, the definitions for the facilities are as follows:

**Inpatient Care**

**VA Medical Center (VAMC):** 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). The definition of VA medical center does not include Vet Centers as an identifying service.

**Residential Care**

**Residential Care Site (MHRRTP - Mental Health Residential Rehabilitation Treatment Program or DRRTP - Domiciliary Residential Rehabilitation Treatment Program) (Stand-Alone)**: Residential care is defined as encounters between Veterans and providers within the VA health care system that require an overnight stay in residential bed sections.

(1) Each point of service receives a residential care rating within the VHA site classifications based on the services provided at that location; and

(2) Although some residential care is also classified as extended care, two programs are specifically classified as "residential care" in the site classification: Residential Rehabilitation and Domiciliary Care (most residential rehabilitation programs are types of domiciliary care). Specifically, a Mental Health Residential Rehabilitation Treatment Program (RRTP) provides residential rehabilitative and clinical care to eligible Veterans who have a wide-range of problems, illnesses, or rehabilitative care needs, which can be medical, psychiatric, SUD, homelessness, vocational, educational, or social services. The term RRTP refers to the bed category and includes the following programs: Domiciliary Residential Rehabilitation Treatment Programs (DRRTP), Domiciliary Care for Homeless Veterans (DCHV), Health Maintenance Domiciliary, Psychosocial Residential Rehabilitation Treatment Programs (PRRTP), PTSD Residential Rehabilitation Treatment Program (PTSD-RRTP), Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), and CWT-Transitional Residence (TR).

*Criteria:* Points of service with residential care beds must have at least one active residential care bed section in the previous FY (> 500 BDOC).

**Extended Care Site (CLC - Community Living Center) (Stand-Alone)**: Extended care is defined by encounters between Veterans and providers within the VHA health care system either in VA institutional care or VA non-institutional care. Extended care services is defined in 38 U.S.C. 1710B as including geriatric evaluation, nursing home care, domiciliary services, adult day health care, other noninstitutional alternatives to nursing home care, and respite care. Each point of service receives an extended care rating within the VHA site classifications based on the services provided at that location.

(1) **VA Institutional Extended Care.** VA institutional extended care is provided in beds associated with overnight institutional extended care programs. VA institutional extended care beds are defined by the treating specialty. There are three subtypes of institutional extended care beds: community living center (CLC) short-stay, CLC long-stay, and CLC hospice. The VHA site classification uses the sum of the BDOC of all three subtypes to calculate the total CLC BDOC.

(2) **VA Non-Institutional Extended Care.** VA non-institutional extended care is care provided in an outpatient or home setting. This care is usually provided through the VHA HBPC program. The VHA site classification defines VA non-institutional care as those encounters that occur within the community, VA home-based health care, and home telehealth types of encounters.

*Criteria:* Extended care sites are points of service with VA institutional care (nursing home or CLC) beds must have at least one VA institutional bed section (CLC) that has over 500 BDOC in the previous FY.

**Outpatient Care**

**Health Care Center (HCC):** A HCC is a VA-owned, VA-leased, contract, or shared clinic operated at least 5 days per week that provides primary care, mental health care, on site specialty services, and performs ambulatory surgery and/or invasive procedures which may require moderate sedation or general anesthesia.

(1) The HCC designated as an ambulatory surgery clinic (ASC) must meet the requirements of the assigned surgical complexity level and provide all associated support infrastructure, such as pharmacy, laboratory, and x-ray, to perform these health care services safely and effectively. ASC programs are evaluated against clinical criteria established by VHA's National Surgery Office (see VHA Directive 2011-037).

(2) The HCC not designated as an ASC but performing invasive procedures under moderate sedation must meet criteria established by VHA Directive 2006-023, Moderate Sedation by Non-Anesthesia Providers.

(3) The HCC either assigned an ASC designation or performing invasive procedures under moderate sedation or anesthesia must comply with external accrediting bodies' standards for ambulatory surgery centers and/or provision of anesthesia or moderate sedation.

*Criteria:* VA Health Care Centers are subject to the same requirements as Multi-Specialty CBOCs, and are also required to provide ambulatory surgery and/or invasive procedures requiring moderate sedation as defined by the Joint Commission.

- Ambulatory Surgery Requirements. If a site is rated as an ambulatory surgery center pursuant to current VHA policy regarding performing invasive procedures in an Ambulatory Surgery Center, the site is classified as a VA Health Care Center. A list of sites that meet this guideline is maintained by the VHA National Surgery Office.
- Moderate Sedation Requirements. If a site is certified by JCAHO for administering moderate sedation, the site is classified as a VA Health Care Center. The list of sites that meet this guideline is in the facility self-reported clinical inventory.

**Primary Care Community-Based Outpatient Clinic (PCCBOC)**: Primary care CBOCs are VA-owned, VA-leased, mobile, contract, or shared clinics that offer both medical (physically on site) and mental health care (either physically on site or by telehealth) and may offer support services such as pharmacy, laboratory, and x-ray. The clinic may be operational 1 to 7 days per week. Access to specialty care is not provided on site, but may be available through referral or telehealth. A Primary care CBOC often provides home-based primary care (HBPC) and home telehealth to the population it serves to meet the primary care and mental health needs of Veterans who have difficulty accessing clinic-based care. These clinics have access to a higher level of care within a VHA network of care. Primary care in VA includes both medical and mental health care services, as they are inseparable in providing personalized, proactive, patient-centered health care. The establishment of a new primary care CBOC can only be approved by the Secretary of Veterans Affairs, with Congressional notification.

*Criteria:* Primary Care CBOCs are required to provide both primary care and mental health services. The site must register more than 500 primary care encounters within the primary care stop class within a given fiscal year AND more than 500 mental health encounters within a single mental health clinic stop class within a given fiscal year.

- Mental health services may be provided via telehealth if the workload at the point of service would not otherwise justify the presence of mental health providers.

**Multi-Specialty Community-Based Outpatient Clinic (MSCBOC)**: A multi-specialty BOC is a VA-owned, VA-leased, mobile, contract, or shared clinic that offers both primary and mental health care and two or more specialty services physically on site. Access to additional specialty services may be offered by referral or telehealth. These clinics may offer support services such as pharmacy, laboratory, and x-ray. These clinics may offer support services, such as pharmacy, laboratory, and x-ray. The clinic may be operational from 1 to 7 days per week. These clinics are permitted to provide invasive procedures with local anesthesia or minimal sedation, but not with moderate sedation or general anesthesia (see VHA Directive 2006-023). The establishment of a new multi-specialty CBOC can only be approved by the Secretary, with Congressional notification consistent with 38 U.S.C. 8119(b)(2), (3), and (4).

*Criteria:* Multi-Specialty CBOCs are subject to the same requirements as Primary Care CBOCs, and are also required to provide multiple (two or more) specialty services. A point of service is said to provide a specialty service if the site registers more than 500 encounters within a single specialty clinic stop class (e.g., cardiology, neurology, etc.) within a fiscal year.

**Other Outpatient Services (OOS) Site**: Other Outpatient Services Sites are sites in which Veterans receive services that do not meet the criteria listed in subparagraph 3.e. to be classified as a CBOC or in subparagraph 3.i., HCC. Many of the services provided at these sites are contacts made by VA or VHA personnel to provide information, social services, homelessness outreach services, activities to increase Veteran awareness of benefits and services, and support services, such as those provided in Vet Centers. Other services could be more clinical in nature, in which clinical services are provided to remote areas through a Telehealth clinic or other arrangement. If any other services are provided in this venue (external to a VA clinic or facility), they must be associated with, attached to, and coordinated by a health care delivery site located in a clinic or facility.

*Criteria:* 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 CBOC or Health Care Center.

**VA Hospital.** A VA hospital is any VA-owned, staffed, and operated facility providing acute inpatient and/or rehabilitation services.

## VACAA Eligibility for VHA Medical Facilities[2]

Since the enactment of the VACAA of 2014, certain VHA medical facilities included in the VAST system are eligible to become VACAA qualified sites of clinical care based on the ability to meet eligibility criteria according to VACAA Section 101b. VA's Central Business Office (CBO) is the business owner of the VACAA inclusion and exclusion criteria. Any facilities in the VAST that are included as VACAA eligible are as follows:

1) Must have an 'Active' status in the VAST;

2) Be stationary and non-mobile;

3) Be classified as, according to the VHA Site Definitions and Classification Handbook (1006.2), as one of the following:

- Inpatient classification of VAMC with an Outpatient rating of:
  - HCC, MSCBOC. PCCBOC
- Outpatient classification (Firm or conditional) of:
  - HCC, MSCBOC, PCCBOC; or

4) Have an Inpatient Tag of a Hospital

Excluded facilities are sites that:

1) Have a 'Planned', 'Temporarily Deactivated' or 'Permanently Deactivated' status in the VAST

2) are mobile

3) Be classified as, according to the VHA Site Definitions and Classification Handbook (1006.2), as one of the following:

- Inpatient classification of VAMC with an Outpatient classification of:
  - OOS, Residential Care Site, Extended Care Site;
- Outpatient classification (Firm or conditional) of:

- OOS
- Otherwise Unclassified Sites

## Newly Adopted Rurality Definition in the VHA

Another very important change that occurred almost concurrently with the VHA Facility classifications, though simply coincidental, was the decision to align the VA's definition of Rurality with that of other Federal organizations by moving to the census track-based definition of the Rural Urban Commuting Area (RUCA) codes.[3]

The legacy (former) definition of rurality used by the VHA designated land areas in the following manner:

**Urban -** any areas that the Census Bureau defined as 'urbanized areas'.

**Rural -** areas that are not urban.

**Highly Rural -** areas in counties with a population density of less than 7 persons per square mile.

RUCAs are a new census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships.[4] On October 1, 2014, the beginning of FY-2015, VHA began to assign rurality designations to land areas based on RUCA system developed by the Department of Agriculture Economic Research Service and the Health Resources and Services Administration Office of Rural Health Policy.[4] The system takes into account population density as well as how closely a community is linked socio-economically to larger urban centers. Ten primary and 21 secondary RUCA codes is assigned to a census tract of VA Sites[5]. Data documentation for the VAST outlines which secondary RUCA codes are used by the VHA to designate rurality:

**Urban -** Census tracts with RUCA codes 1.0 or 1.1. These are tracts with at least 30 percent of their population residing in an urbanized area as defined by the Bureau of the Census.

**Rural -** All other land areas are designated rural, which includes RUCA codes 2.0, 2.1, 3.0, 4.0, 4.1, 5.0, 5.1, 6.0, 7.0, 7.1, 7.2, 8.0, 8.1, 8.2, 9.0, 10.1, 10.2, 10.3.

**Highly Rural -** Census tracts with RUCA code 10.0. These are sparsely populated tracts for which less than 10 percent of their working population commutes to any community larger than an urbanized cluster as defined by the Bureau of the Census.

**Insular Island-** To fit the needs of the VHA, a fourth category added for Enrollees and sites on the U.S. insular islands of American Samoa, Guam, Northern Mariana Islands, and the U.S. Virgin Islands. They receive a nominal rurality designation of 'I', for insular island, rather than a numeric code.

## Process of Data Compilation

Throughout the data compilation process, all the aforementioned organizational changes were accounted for at the time of this edition. Therefore, since this chapter focuses on VHA medical facilities as of end of the FY-2015, data for the tables and maps for this chapter were extracted from the following datasets in the VSSC:

- *VAST_Snapshot_2-VHA Station Listing FY15*, with extract date of 9/30/2015- the last calendar day of the month, and;
- *Monthly VACAA Summary and List FY15*, with extract date of 9/26/2015, the last Saturday of the month at 3:00AM EST.

The two tables were cleaned and merged together to create one spreadsheet, which is the basis of all tabular and spatial data that subsequently follow. VAST and VACAA tables were matched as closely as possible, with only a few data anomalies, which are noted by as asterisk (*) in Table 1. It is important to recognize that the number of facilities in the VHA is dynamic, changing when a facility no longer provides services, closes, loses its VA contract, or merges with another facility, since the VAST is refreshed on a daily basis, and the VACAA report on a monthly basis. Therefore, the data outlined here should be referenced as an approximation. For the Rural Veterans Health Care Atlas, facilities are designated by a "HR" indicating a *highly rural* setting, an "R" indicating a *rural* setting, an "I" indicating an *insular island* setting, or a "U" indicating an *urban* setting.

## VHA Medical Facilities

Table 1 is a two-section table with the top section showing the total number of active VHA medical facilities according to the VA Site Tracking system, broken down by facilities' complexity level types, ownership types, and rurality designations. The bottom section represents a portion of those facilities that are VACAA-eligible, broken down in the same manner. The vast majority of VA Medical Centers, Primary Care CBOCs, Multi-Specialty CBOCs and Health Care Centers were VACAA-eligible; however, all Residential Care Sites, Extended Care Sites, and OOS sites (of which 20.29% were mobile) were ineligible. Complexity Level 1a facilities made up more than one-third (34.81%), while other facilities in lower complexity level categories constituted approximately 15-16% of all VHA medical facilities. Most facilities were not owned by the VA. By a large margin, sites operated under a lease agreement with VA staff, and sites that operated under a contract with non-VA staff were ranked at a distant second. A small number of VHA sites operated under a shared agreement with entities such as Department of Defense and Indian Health Services. Sites designated as *highly rural* accounted for 1.61% of all facilities, 35.13% were *rural*, and 0.40% had an *insular island* designation. Similar proportions also held true for the VACAA-eligible facilities where roughly more than one-third had a rurality designation other than *urban*.

## Table 1 - Number of Total Active VAST and VACAA-Eligible VHA Medical Facility Sites, EOFY-2015

**VAST (VA Site Tracking) as of EOFY-2015 (extract date September 30, 2015)**

| Facility Type | (N) | Mobile | Classification | | Complexity | | | | | | VA Owned Asset | Non-VA Owned Asset | | | | | Rurality | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Firm | Cond | 1a | 1b | 1c | 2 | 3 | Unk | | Lease (VA staff) | Contract (non-VA staff) | Share Agr DOD | Share Agr IHS | Share Agr Other | HR | % | R | % | I | % | U |
| VAMC | 167 | 0 | 166 | 1 | 57 | 27 | 25 | 28 | 30 | 0 | 167 | | | | | | 0 | 0.00 | 25 | 14.97 | 0 | 0.00 | 142 |
| MHRRTP/ DRRTP | 9 | 0 | 4 | 5 | 7 | 1 | 1 | 0 | 0 | 0 | 0 | 8 | 1 | 0 | 0 | 0 | 0 | 0.00 | 1 | 11.11 | 0 | 0.00 | 8 |
| CLC | 2 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | | | | | | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 2 |
| HCC | 14 | 0 | 14 | 0 | 1 | 3 | 4 | 3 | 3 | 0 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 |
| PCBOC | 568 | 4 | 507 | 61 | 185 | 96 | 91 | 93 | 100 | 3 | 16 | 444 | 105 | 3 | 0 | 0 | 3 | 0.53 | 274 | 48.24 | 2 | 0.35 | 289 |
| MSCBOC | 188 | 0 | 185 | 3 | 77 | 30 | 29 | 24 | 28 | 0 | 16 | 168 | 4 | 0 | 0 | 0 | 0 | 0.00 | 36 | 19.15 | 0 | 0.00 | 152 |
| OOS | 276 | 56 | 68 | 207* | 94 | 39 | 43 | 51 | 48 | 0** | 61 | 174 | 31 | 2 | 4 | 4 | 16 | 5.80 | 90 | 32.61 | 3 | 1.09 | 167 |
| Uncl. | 17 | 0 | | | 10 | 1 | 1 | 4 | 0 | 1 | 0 | 1 | 16 | 0 | 0 | 0 | 1 | 5.88 | 10 | 58.82 | 0 | 0.00 | 6 |
| Grand Total | 1,241 | 60 | 946 | 277 | 432 | 198 | 194 | 203 | 209 | 4 | 271 | 800 | 157 | 5 | 4 | 4 | 20 | 1.61 | 436 | 35.13 | 5 | 0.40 | 780 |

**1 additional site has a classifiation status of 'By Appeal'*

***1 additional site has a complexity designation of '98' (Excluded)*

**VACAA Eligible Facilities as of EOFY-2015 (extract date September 26, 2015)**

| Facility Type | (N) | Mobile | Classification | | FY-14 Parent Complexity | | | | | | VA Owned Asset | Non-VA Owned Asset | | | | | Rurality | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Firm | Cond | 1a | 1b | 1c | 2 | 3 | Unk | | Lease (VA staff) | Contract (non-VA staff) | Share Agr DOD | Share Agr IHS | Share Agr Other | HR | % | R | % | I | % | U |
| VAMC | 165 | 0 | 164 | 1 | 56 | 26 | 25 | 28 | 30 | 0 | 165 | | | | | | 0 | 0.00 | 25 | 15.15 | 0 | 0.00 | 140 |
| MHRRTP/ DRRTP | | | | | | | | | | | | | | | | | | | | | | | |
| CLC | | | | | | | | | | | | | | | | | | | | | | | |
| HCC | 14 | 0 | 14 | 0 | 1 | 3 | 4 | 3 | 3 | 0 | 9 | 5 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 14 |
| PCCBOC | 562 | 0 | 506 | 56 | 182 | 95 | 91 | 92 | 100 | 2 | 11 | 440* | 104 | 1 | 0 | 0 | 3 | 0.53 | 273 | 48.58 | 2 | 0.36 | 284 |
| MSCBOC | 188 | 0 | 184 | 4 | 77 | 30 | 28 | 24 | 28 | 1 | 16 | 168 | 4 | 0 | 0 | 0 | 0 | 0.00 | 36 | 19.15 | 0 | 0.00 | 152 |
| OOS | | | | | | | | | | | | | | | | | | | | | | | |
| Uncl. | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 929 | 0 | 868 | 61 | 316 | 154 | 148 | 147 | 161 | 3 | 201 | 613 | 108 | 1 | 0 | 0 | 3 | 0.32 | 334 | 35.95 | 2 | 0.22 | 590 |

**6 additional non-VA owned PCCBOCs with inconsistent ownership/leasehold data between VAST and VACAA data*

## VA Medical Centers by State and Rurality

As shown in Table 1 above, the majority of VA Medical Centers, 142 of the 167, were located in *urban* areas at EOFY-15. Table 2 shows that, of the 167 VAMCs, two VA Medical Centers were not VACAA-eligible (indicated by a '*') and 21 were not considered 'VA Hospitals' (as indicated by a '†') because acute inpatient and/or rehabilitation services are not offered[2]. All VA Medical Centers and their station numbers are listed out by State and rurality designation. The 25 VAMCs that were designated as *rural* (denoted in bold red text in Table 2) are located in 20 U.S. States. The State of Texas had the highest number of *rural* VAMCs at 3, followed by the States of Montana, New York, and South Dakota, each with 2 *rural* VAMCs. The following 16 States had one *rural* VAMC: Alabama, Florida, Georgia, Indiana, Kansas, Maine, Michigan, Missouri, Ohio, Oklahoma, Oregon, Pennsylvania, Vermont, Wisconsin, West Virginia, and Wyoming.

Some noteworthy changes from the previous edition of the Atlas and since the Continuum of Care Facility Reclassification were:

- The addition of four *rural* VA Medical Centers
  - Miles City VAMC (Montana), Batavia VAMC (New York), Butler VAMC (Pennsylvania), and Sam Rayburn Memorial Veterans Center (Texas)
- The addition of two *urban* VA Medical Centers in States where before a VAMC did not exist- one in New Hampshire and one in Alaska.
- The addition of ten *urban* VA Medical Centers
  - Newington VAMC (Connecticut), Orlando VAMC (Florida), Cincinnati VAMC- Fort Thomas (Kentucky), Lexington VAMC- Leestown (Kentucky), Edith Nourse Rogers Memorial Veterans' Hospital (Massachusetts), Grand Island VAMC (Nebraska), St. Albans VAMC (New York), White City VAMC (Oregon), H. John Heinz III VAMC (Pennsylvania), and Portland VAMC (Washington)

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**Table 2 - VA Medical Centers by State and Rurality, EOFY-2015**

| VA Medical Centers by State and Rurality | | | | | |
|---|---|---|---|---|---|
| Station Number | Official Station Name | Rurality | Station Number | Official Station Name | Rurality |
| **Alabama** | | | **Colorado** | | |
| 521 | Birmingham VAMC | U | 554 | Denver VAMC | U |
| 619 | Central Alabama VAMC - Montgomery | U | 575 | Grand Junction VAMC | U |
| 619A4 | Central Alabama VAMC - Tuskegee | R | **Connecticut** | | |
| 679 | Tuscaloosa VAMC | U | 689 | West Haven VAMC | U |
| **Alaska** | | | 689A4 † | Newington VAMC † | U |
| 463 † | Anchorage VA Medical Center † | U | **Delaware** | | |
| **Arizona** | | | 460 | Wilmington VAMC | U |
| 644 | Carl T. Hayden VAMC | U | **District of Columbia** | | |
| 649 | Bob Stump VAMC | U | 688 | Washington VAMC | U |
| 678 | Tucson VAMC | U | **Florida** | | |
| **Arkansas** | | | 516 | C.W. Bill Young VAMC | U |
| 564 | Fayetteville VAMC | U | 546 | Bruce W. Carter VAMC | U |
| 598 | John L. McClellan Memorial Veterans' Hospital | U | 548 | West Palm Beach VAMC | U |
| 598A0 | Eugene J. Towbin Health Care Center | U | 573 | Malcom Randall VAMC | U |
| **California** | | | 573A4 | Lake City VAMC | R |
| 640A0* | Palo Alto VAMC - Menlo Park* | U | 673 | James A. Haley Veterans' Hospital | U |
| 570 | Fresno VAMC | U | 675 † | Orlando VAMC † | U |
| 612A4 | Sacramento VAMC | U | **Georgia** | | |
| 640 | Palo Alto VAMC | U | 508 | Atlanta VAMC | U |
| 640A4 † | Palo Alto VAMC - Livermore † | U | 509 | Charlie Norwood VAMC | U |
| 662 | San Francisco VAMC | U | 509A0 | Augusta VAMC - Uptown | U |
| 600 | Long Beach VAMC | U | 557 | Carl Vinson VAMC | R |
| 605 | Jerry L. Pettis Memorial Veterans' Hospital | U | **Hawaii** | | |
| 664 | San Diego VAMC | U | 459 | Spark M. Matsunaga VAMC | U |
| 691 | West Los Angeles VAMC | U | **Idaho** | | |
| 691A4 † | Sepulveda VAMC † | U | 531 | Boise VAMC | U |

* Not VACAA Eligible at time
† Not a VA Hospital

| Station Number | Official Station Name | Rurality |
|---|---|---|
| **Illinois** | | |
| 550 | Danville VAMC | U |
| 537 | Jesse Brown VAMC | U |
| 556 | Captain James A. Lovell Federal Health Care Center | U |
| 578 | Edward Hines Junior Hospital | U |
| 657A5 | Marion VAMC | U |
| **Indiana** | | |
| 583 | Richard L. Roudebush VAMC | U |
| 610 | Marion VAMC | R |
| 610A4 | Fort Wayne VAMC | U |
| **Iowa** | | |
| 636A6 | Des Moines VAMC | U |
| 636A8 | Iowa City VAMC | U |
| **Kansas** | | |
| 589A5 | Colmery-O'Neil VAMC | U |
| 589A6 | Dwight D. Eisenhower VAMC | R |
| 589A7 | Robert J. Dole VAMC and Regional Office Center | U |
| **Kentucky** | | |
| 539A4* | Cincinnati VAMC - Fort Thomas* | U |
| 596 † | Lexington VAMC - Leestown † | U |
| 596A4 | Lexington VAMC - Cooper | U |
| 603 | Robley Rex VAMC | U |
| **Louisiana** | | |
| 502 | Alexandria VAMC | U |
| 667 | Overton Brooks VAMC | U |
| **Maine** | | |
| 402 | Togus VAMC | R |

| Station Number | Official Station Name | Rurality |
|---|---|---|
| **Maryland** | | |
| 512 | Baltimore VAMC | U |
| 512A5 | Perry Point VAMC | U |
| **Massachusetts** | | |
| 518 | Edith Nourse Rogers Memorial Veterans' Hospital | U |
| 523 † | Jamaica Plain VAMC † | U |
| 523A4 | West Roxbury VAMC | U |
| 523A5 | Brockton VAMC | U |
| 631 | Edward P. Boland VAMC | U |
| **Michigan** | | |
| 506 | Ann Arbor VAMC | U |
| 515 | Battle Creek VAMC | U |
| 553 | John D. Dingell VAMC | U |
| 655 | Aleda E. Lutz VAMC | U |
| 585 | Oscar G. Johnson VAMC | R |
| **Minnesota** | | |
| 618 | Minneapolis VAMC | U |
| 656 | St. Cloud VAMC | U |
| **Mississippi** | | |
| 520 | Biloxi VAMC | U |
| 586 | G.V. (Sonny) Montgomery VAMC | U |
| **Missouri** | | |
| 589 | Kansas City VAMC | U |
| 589A4 | Harry S. Truman Memorial Veterans' Hospital | U |
| 657 | John Cochran Veterans' Hospital | U |
| 657A0 | St. Louis VAMC - Jefferson Barracks | U |
| 657A4 | John J. Pershing VAMC | R |

* Not VACAA Eligible at time
† Not a VA Hospital

| Station Number | Official Station Name | Rurality |
|---|---|---|
| | **Montana** | |
| 436 | Fort Harrison VAMC | R |
| 436A4 † | Miles City VAMC † | R |
| | **Nebraska** | |
| 636 | Omaha VAMC | U |
| 636A4 † | Grand Island VAMC † | U |
| | **Nevada** | |
| 654 | Ioannis A. Lougaris VAMC | U |
| 593 | Las Vegas VAMC | U |
| | **New Hampshire** | |
| 608 † | Manchester VAMC † | U |
| | **New Jersey** | |
| 561 | East Orange VAMC | U |
| 561A4 | Lyons VAMC | U |
| | **New Mexico** | |
| 501 | Raymond G. Murphy VAMC | U |
| | **New York** | |
| 528 | Buffalo VAMC | U |
| 528A4 † | Batavia VAMC † | R |
| 528A5 † | Canandaigua VAMC † | U |
| 528A6 | Bath VAMC | R |
| 528A7 | Syracuse VAMC | U |
| 528A8 | Samuel S. Stratton VAMC | U |
| 526 | James J. Peters VAMC | U |
| 620 | Franklin Delano Roosevelt Hospital | U |
| 620A4 | Castle Point VAMC | U |
| 630 | Manhattan VAMC | U |
| 630A4 | Brooklyn VAMC | U |
| 630A5 | St. Albans VAMC † | U |
| 632 | Northport VAMC | U |

| Station Number | Official Station Name | Rurality |
|---|---|---|
| | **North Carolina** | |
| 558 | Durham VAMC | U |
| 565 | Fayetteville VAMC | U |
| 637 | Charles George VAMC | U |
| 659 | W.G. (Bill) Hefner Salisbury VAMC | U |
| | **North Dakota** | |
| 437 | Fargo VAMC | U |
| | **Ohio** | |
| 538 | Chillicothe VAMC | R |
| 539 | Cincinnati VAMC | U |
| 541 | Louis Stokes Cleveland VAMC | U |
| 552 | Dayton VAMC | U |
| | **Oklahoma** | |
| 623 | Jack C. Montgomery VAMC | R |
| 635 | Oklahoma City VAMC | U |
| | **Oregon** | |
| 648 | Portland VAMC | U |
| 653 | Roseburg VAMC | R |
| 692 † | White City VAMC † | U |
| | **Pennsylvania** | |
| 503 | James E. Van Zandt VAMC | U |
| 529 † | Butler VAMC † | R |
| 542 | Coatesville VAMC | U |
| 562 | Erie VAMC | U |
| 595 | Lebanon VAMC | U |
| 642 | Corporal Michael J. Crescenz VAMC | U |
| 646 | Pittsburgh VAMC - University Drive | U |
| 646A4 † | H. John Heinz III VAMC † | U |
| 693 | Wilkes-Barre VAMC | U |

† Not a VA Hospital

| Station Number | Official Station Name | Rurality | Station Number | Official Station Name | Rurality |
|---|---|---|---|---|---|
| **Puerto Rico** | | | **Utah** | | |
| 672 | San Juan VAMC | U | 660 | George E. Wahlen VAMC | U |
| **Rhode Island** | | | **Vermont** | | |
| 650 | Providence VAMC | U | 405 | White River Junction VAMC | R |
| **South Carolina** | | | **Virginia** | | |
| 534 | Ralph H. Johnson VAMC | U | 590 | Hampton VAMC | U |
| 544 | Wm. Jennings Bryan Dorn VAMC | U | 652 | Hunter Holmes McGuire Hospital | U |
| **South Dakota** | | | 658 | Salem VAMC | U |
| 438 | Royal C. Johnson Veterans' Memorial Hospital | U | **Washington** | | |
| 568 | Fort Meade VAMC | R | 648A4 † | Portland VAMC - Vancouver † | U |
| 568A4 | Hot Springs VAMC | R | 663 | Seattle VAMC | U |
| **Tennessee** | | | 663A4 | American Lake VAMC | U |
| 614 | Memphis VAMC | U | 668 | Mann-Grandstaff VAMC | U |
| 621 | James H. Quillen VAMC | U | 687 † | Jonathan M. Wainwright Memorial VAMC † | U |
| 626 | Nashville VAMC | U | **West Virginia** | | |
| 626A4 | Alvin C. York VAMC | U | 540 | Louis A. Johnson VAMC | R |
| **Texas** | | | 613 | Martinsburg VAMC | U |
| 580 | Michael E. DeBakey VAMC | U | 517 | Beckley VAMC | U |
| 549 | Dallas VAMC | U | 581 | Huntington VAMC | U |
| 549A4 † | Sam Rayburn Memorial Veterans Center † | R | **Wisconsin** | | |
| 671 | Audie L. Murphy Memorial Veterans' Hospital | U | 607 | William S. Middleton Memorial Veterans' Hospital | U |
| 671A4 † | Kerrville VAMC † | R | 676 | Tomah VAMC | R |
| 674 | Olin E. Teague Veterans' Center | U | 695 | Clement J. Zablocki VAMC | U |
| 674A4 | Doris Miller VAMC - Waco | U | **Wyoming** | | |
| 504 | Thomas E. Creek VAMC | U | 442 | Cheyenne VAMC | U |
| 519 † | George H. O'Brien, Jr., VAMC † | R | 666 | Sheridan VAMC | R |

† Not a VA Hospital

Table 3 provides information on the types of *rural* VHA facilities by U.S. States and Outlying Territories, with *highly rural*, *rural*, and *insular* island combined into a single *rural* category. There were a total of 461 VHA medical facilities that were located outside of an *urban* area. The highest 25% quartile group (the top 15 U.S States) had the largest number of *rural* facilities, led by The State of New York (N=23), followed by Missouri (N=20), Pennsylvania (N=19) and Texas (N=19). The other States, in rank order, were Michigan and Ohio with 17, Arizona and Montana with 15, Kansas and South Dakota with 14, Oregon with 13, and Kentucky, New Mexico, Tennessee, and Wyoming with 12. District of Columbia and the State of Rhode Island had no *rural* VHA facilities.

With number and locations of *rural* **VAMCs** already listed out above, other facility CoC classification types can be examined.

- Only one *rural* **Residential Care Site** in the nation existed in the State of New Mexico.
- *Rural* **Extended Care Sites** and **Health Care Centers** were nonexistent.
- The majority of U.S. States and Outlying Territories had *rural* **PCCBOCs**, with the highest 25% group located in 16 States, led by Michigan with largest number of PCCBOCs (N=15), followed by Missouri (N=14), New York (N=13), and Arkansas (N=11). Other States ranked closely behind, including Kentucky, New Mexico, and Illinois with 10, Kansas with 9, Pennsylvania, Oregon, Oklahoma, Wisconsin, and Tennessee with 8, and Mississippi, Minnesota, and California with 7.
- Only 18 U.S. States had *rural* **MSCBOCs**, the State of Ohio having the largest number (N=9), followed distantly by Iowa with 4, Indiana and New York with 3, Missouri, Pennsylvania, and Texas with 2, and eleven States with just one MSCBOC.
- *Rural* **OOS** facilities were most common in the States of Texas (N=9) and Arizona (N=8). Ranking behind those States are Pennsylvania, Montana, Wyoming with 7 OOSs, South Dakota with 5, and New York, Colorado, Kansas, Tennessee, and West Virginia with 4. The other six States in the highest 25% quartile group with 3 OOS facilities included Missouri, Maine, Nevada, Oregon, Utah, and Virginia.
- Only seven U.S. States had *rural* **Unclassified** facilities. The States of South Dakota and Mississippi led with 3, while Pennsylvania, New York, Oregon, Iowa, and Minnesota all had just one.

**Table 3- VHA Medical Facilities by U.S. State/Territory (Combined Rural Categories)**

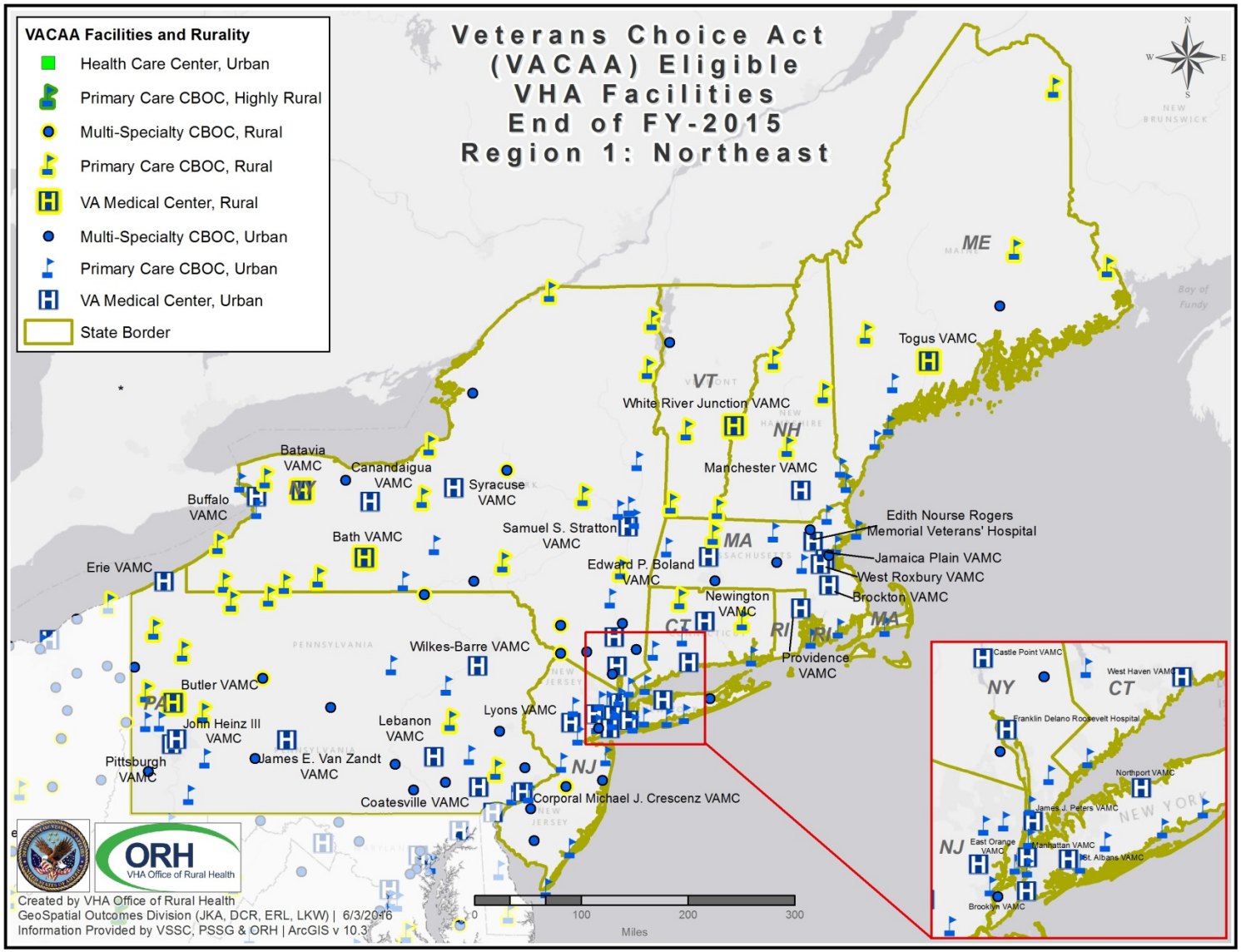
| Rural, Highly Rural, and Insular Island VHA Medical Facilities by Type and U.S State/Territory | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| U.S. State | VAMC | Residential Care Site | Extended Care Site | HCC | PCCBOC | MSCBOC | OOS | Uncl | TOTAL |
| Alabama | 1 | 0 | 0 | 0 | 5 | 1 | 0 | 0 | **7** |
| Alaska | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | **4** |
| Arizona | 0 | 0 | 0 | 0 | 6 | 1 | 8 | 0 | **15** |
| Arkansas | 0 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | **11** |
| California | 0 | 0 | 0 | 0 | 7 | 1 | 1 | 0 | **9** |
| Colorado | 0 | 0 | 0 | 0 | 5 | 0 | 4 | 0 | **9** |
| Connecticut | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | **2** |
| Delaware | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| District of Columbia | | | | | | | | | **0** |
| Florida | 1 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | **7** |
| Georgia | 1 | 0 | 0 | 0 | 5 | 1 | 1 | 0 | **8** |
| Hawaii | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 0 | **5** |
| Idaho | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 0 | **5** |
| Illinois | 0 | 0 | 0 | 0 | 10 | 0 | 1 | 0 | **11** |
| Indiana | 1 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | **7** |
| Iowa | 0 | 0 | 0 | 0 | 5 | 4 | 0 | 1 | **10** |
| Kansas | 1 | 0 | 0 | 0 | 9 | 0 | 4 | 0 | **14** |
| Kentucky | 0 | 0 | 0 | 0 | 10 | 0 | 2 | 0 | **12** |
| Louisiana | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | **5** |
| Maine | 1 | 0 | 0 | 0 | 4 | 0 | 3 | 0 | **8** |
| Maryland | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | **3** |
| Massachusetts | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| Michigan | 1 | 0 | 0 | 0 | 15 | 1 | 0 | 0 | **17** |
| Minnesota | 0 | 0 | 0 | 0 | 7 | 1 | 0 | 1 | **9** |
| Mississippi | 0 | 0 | 0 | 0 | 7 | 0 | 1 | 3 | **11** |
| Missouri | 1 | 0 | 0 | 0 | 14 | 2 | 3 | 0 | **20** |
| Montana | 2 | 0 | 0 | 0 | 6 | 0 | 7 | 0 | **15** |
| Nebraska | 0 | 0 | 0 | 0 | 5 | 0 | 2 | 0 | **7** |
| Nevada | 0 | 0 | 0 | 0 | 4 | 0 | 3 | 0 | **7** |
| New Hampshire | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | **4** |

## Rural, Highly Rural, and Insular Island VHA Medical Facilities by Type and U.S State/Territory

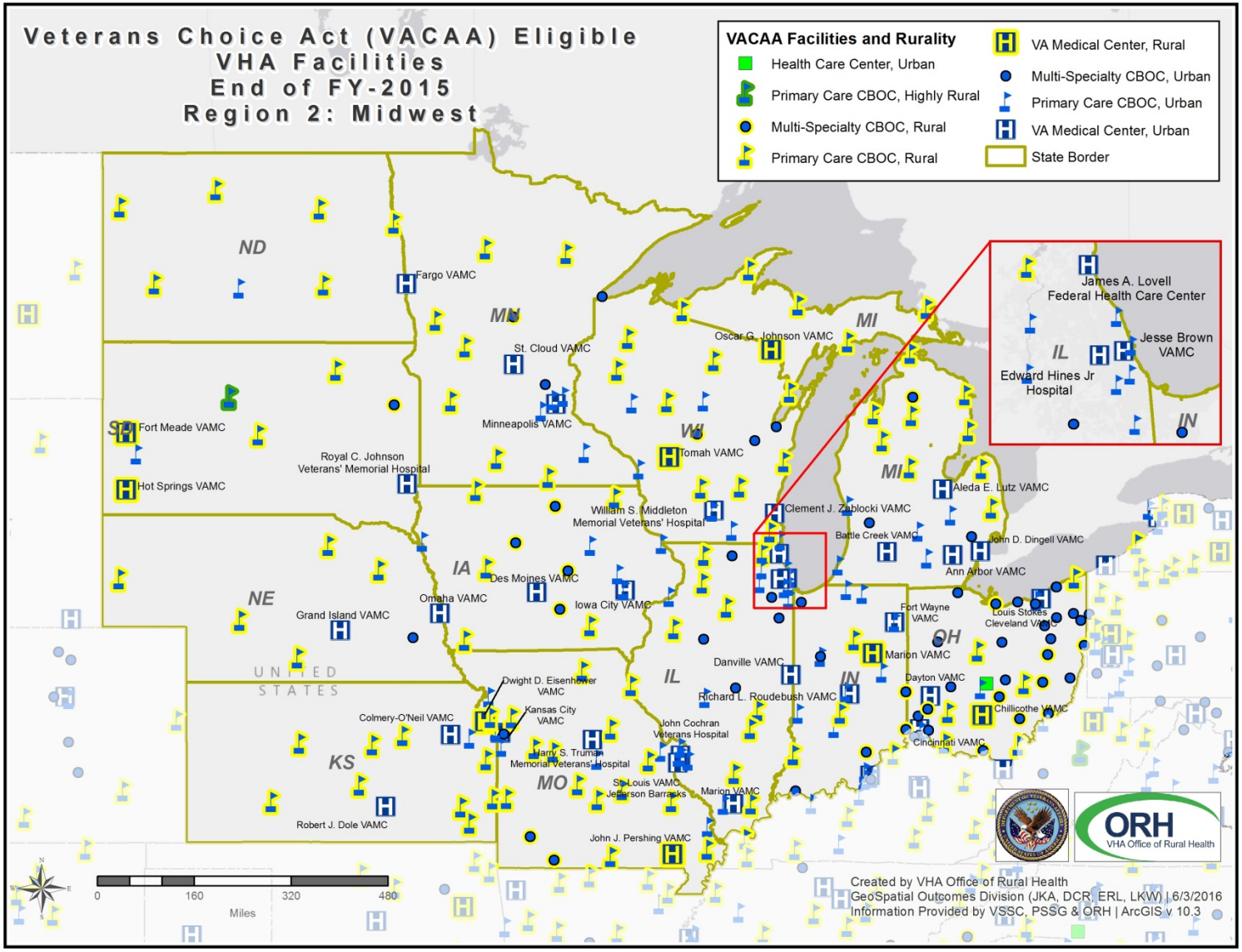
| U.S. State | VAMC | Residential Care Site | Extended Care Site | HCC | PCCBOC | MSCBOC | OOS | Uncl | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| New Jersey | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | **1** |
| New Mexico | 0 | 1 | 0 | 0 | 10 | 0 | 1 | 0 | **12** |
| New York | 2 | 0 | 0 | 0 | 13 | 3 | 4 | 1 | **23** |
| North Carolina | 0 | 0 | 0 | 0 | 6 | 1 | 0 | 0 | **7** |
| North Dakota | 0 | 0 | 0 | 0 | 6 | 0 | 1 | 0 | **7** |
| Ohio | 1 | 0 | 0 | 0 | 6 | 9 | 1 | 0 | **17** |
| Oklahoma | 1 | 0 | 0 | 0 | 8 | 0 | 2 | 0 | **11** |
| Oregon | 1 | 0 | 0 | 0 | 8 | 0 | 3 | 1 | **13** |
| Pennsylvania | 1 | 0 | 0 | 0 | 8 | 2 | 7 | 1 | **19** |
| Rhode Island | | | | | | | | | **0** |
| South Carolina | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | **2** |
| South Dakota | 2 | 0 | 0 | 0 | 3 | 1 | 5 | 3 | **14** |
| Tennessee | 0 | 0 | 0 | 0 | 8 | 0 | 4 | 0 | **12** |
| Texas | 3 | 0 | 0 | 0 | 5 | 2 | 9 | 0 | **19** |
| Utah | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | **3** |
| Vermont | 1 | 0 | 0 | 0 | 3 | 0 | 2 | 0 | **6** |
| Virginia | 0 | 0 | 0 | 0 | 5 | 0 | 3 | 0 | **8** |
| Washington | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | **4** |
| West Virginia | 1 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | **9** |
| Wisconsin | 1 | 0 | 0 | 0 | 8 | 1 | 1 | 0 | **11** |
| Wyoming | 1 | 0 | 0 | 0 | 4 | 0 | 7 | 0 | **12** |
| U.S. Outlying Territories | | | | | | | | | |
| American Samoa | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| Guam | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| Northern Mariana Islands | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **1** |
| Philippines | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **1** |
| Puerto Rico | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **1** |
| U.S. Virgin Islands | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | **2** |
| TOTAL | **25** | **1** | **0** | **0** | **279** | **36** | **109** | **11** | **461** |

## U.S. Census Region Maps of VACAA-eligible VHA Medical Facilities

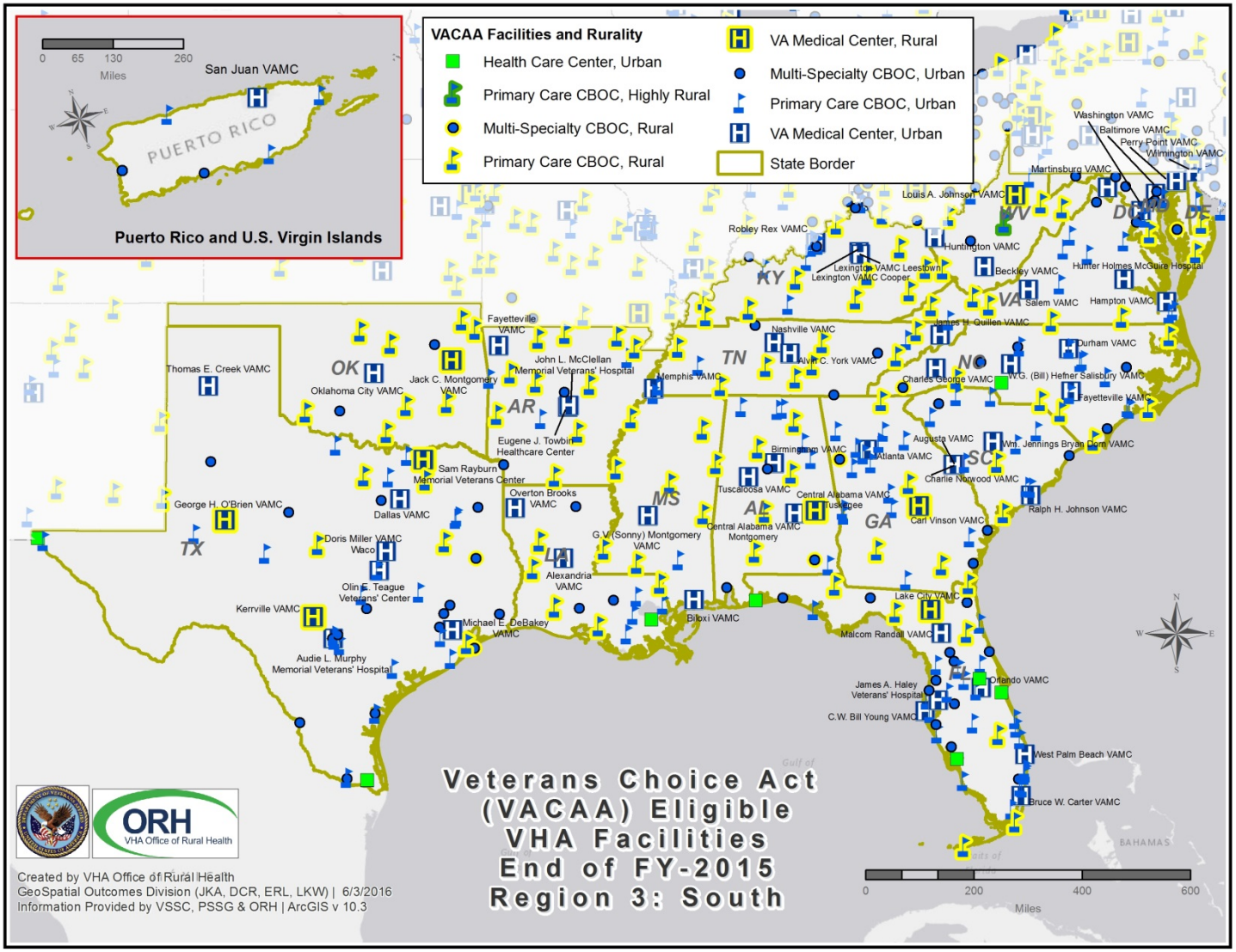
Maps 1 through 4, displayed by the four U.S. Census Regions of the United States[6], show the locations of the 929 VACAA-eligible VHA medical facilities as of EOFY-15, which include only 4 of the 7 CoC facility types. The maps do not include the other active VHA medical facilities in the VAST. Facilities designated as *rural* have point symbols highlighted in yellow, and those designated as *highly rural* with points symbols highlighted in green. Maps show *urban* facility point symbols with no highlighting, for ease of discerning rurality of facilities.


Veterans Choice Act (VACAA) Eligible VHA Facilities End of FY-2015 Region 1: Northeast
VACAA Facilities and Rurality
Health Care Center, Urban
Primary Care CBOC, Highly Rural
Multi-Specialty CBOC, Rural
Primary Care CBOC, Rural
VA Medical Center, Rural
Multi-Specialty CBOC, Urban
Primary Care CBOC, Urban
VA Medical Center, Urban
State Border
ME
VT
NH
MA
CT
RI
NY
PA
NJ
Togus VAMC
White River Junction VAMC
Manchester VAMC
Edith Nourse Rogers Memorial Veterans' Hospital
Jamaica Plain VAMC
West Roxbury VAMC
Brockton VAMC
Providence VAMC
Newington VAMC
Edward P. Boland VAMC
Samuel S. Stratton VAMC
Syracuse VAMC
Canandaigua VAMC
Batavia VAMC
Buffalo VAMC
Bath VAMC
Erie VAMC
Wilkes-Barre VAMC
Butler VAMC
John Heinz III VAMC
Pittsburgh VAMC
James E. Van Zandt VAMC
Lebanon VAMC
Lyons VAMC
Coatesville VAMC
Corporal Michael J. Crescenz VAMC
Castle Point VAMC
West Haven VAMC
Franklin Delano Roosevelt Hospital
Northport VAMC
James J. Peters VAMC
East Orange VAMC
Manhattan VAMC
St. Albans VAMC
Brooklyn VAMC
Created by VHA Office of Rural Health
GeoSpatial Outcomes Division (JKA, DCR, ERL, LKW) | 6/3/2016
Information Provided by VSSC, PSSG & ORH | ArcGIS v 10.3
0
100
200
300
Miles

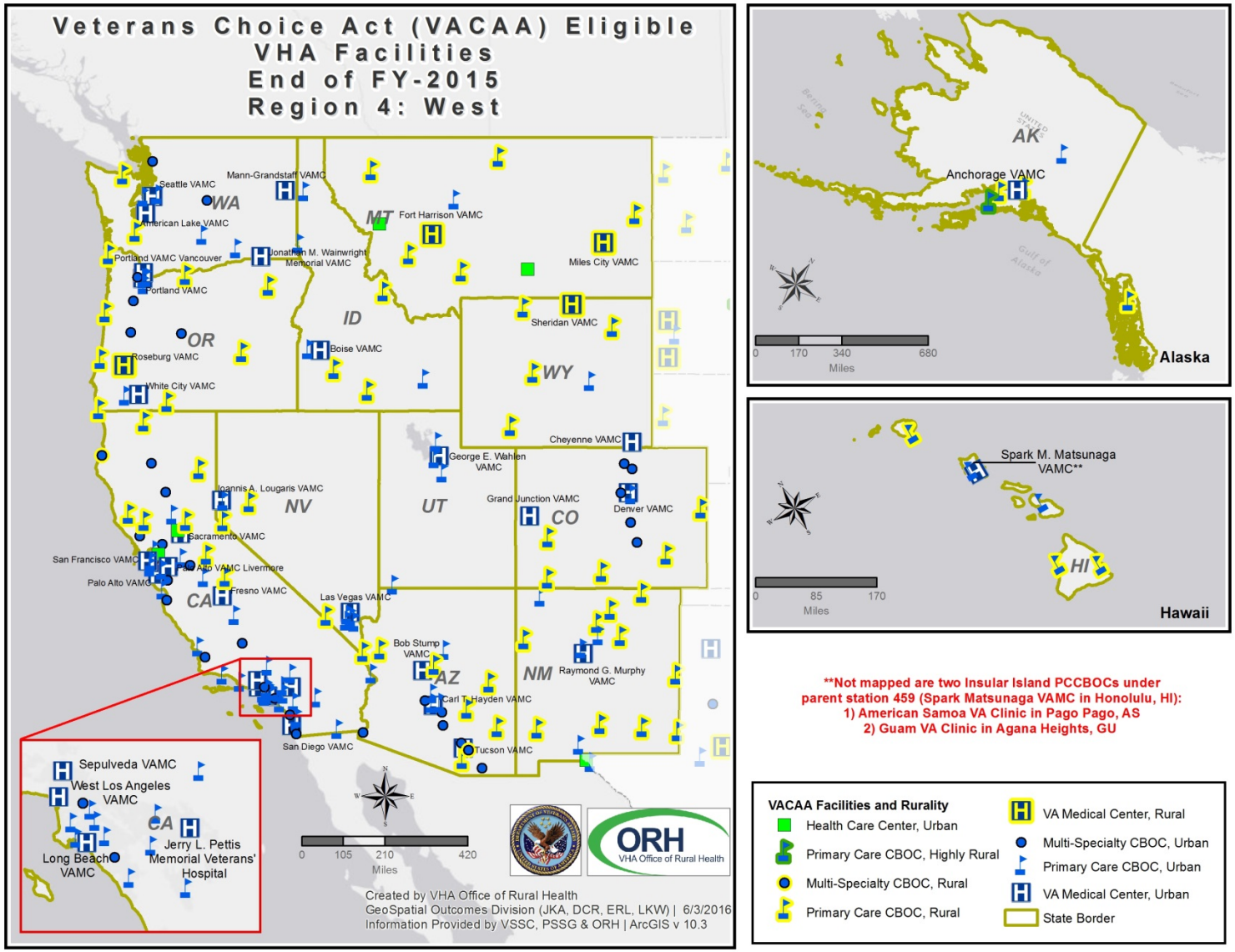
**Map 1**


Veterans Choice Act (VACAA) Eligible
VHA Facilities
End of FY-2015
Region 2: Midwest
VACAA Facilities and Rurality
Health Care Center, Urban
Primary Care CBOC, Highly Rural
Multi-Specialty CBOC, Rural
Primary Care CBOC, Rural
VA Medical Center, Rural
Multi-Specialty CBOC, Urban
Primary Care CBOC, Urban
VA Medical Center, Urban
State Border
ND
MN
WI
MI
IL
IN
OH
IA
NE
KS
MO
Fargo VAMC
St. Cloud VAMC
Minneapolis VAMC
Oscar G. Johnson VAMC
Fort Meade VAMC
Hot Springs VAMC
Royal C. Johnson Veterans' Memorial Hospital
Tomah VAMC
William S. Middleton Memorial Veterans' Hospital
Clement J. Zablocki VAMC
Aleda E. Lutz VAMC
Battle Creek VAMC
John D. Dingell VAMC
Ann Arbor VAMC
Des Moines VAMC
Omaha VAMC
Iowa City VAMC
Grand Island VAMC
Fort Wayne VAMC
Louis Stokes Cleveland VAMC
Marion VAMC
Danville VAMC
Dayton VAMC
Richard L. Roudebush VAMC
Chillicothe VAMC
Cincinnati VAMC
Dwight D. Eisenhower VAMC
Kansas City VAMC
Colmery-O'Neil VAMC
John Cochran Veterans Hospital
Harry S. Truman Memorial Veterans' Hospital
St. Louis VAMC Jefferson Barracks
Marion VAMC
Robert J. Dole VAMC
John J. Pershing VAMC
James A. Lovell Federal Health Care Center
Jesse Brown VAMC
Edward Hines Jr Hospital
UNITED STATES
0
160
320
480
Miles
ORH
VHA Office of Rural Health
Created by VHA Office of Rural Health
GeoSpatial Outcomes Division (JKA, DCR, ERL, LKW) | 6/3/2016
Information Provided by VSSC, PSSG & ORH | ArcGIS v 10.3

**Map 2**


VACAA Facilities and Rurality
Health Care Center, Urban
Primary Care CBOC, Highly Rural
Multi-Specialty CBOC, Rural
Primary Care CBOC, Rural
VA Medical Center, Rural
Multi-Specialty CBOC, Urban
Primary Care CBOC, Urban
VA Medical Center, Urban
State Border
Puerto Rico and U.S. Virgin Islands
San Juan VAMC
PUERTO RICO
Miles
Veterans Choice Act (VACAA) Eligible VHA Facilities End of FY-2015 Region 3: South
Created by VHA Office of Rural Health
GeoSpatial Outcomes Division (JKA, DCR, ERL, LKW) | 6/3/2016
Information Provided by VSSC, PSSG & ORH | ArcGIS v 10.3
Washington VAMC
Baltimore VAMC
Perry Point VAMC
Wilmington VAMC
Martinsburg VAMC
Louis A. Johnson VAMC
Robley Rex VAMC
Huntington VAMC
Lexington VAMC Leestown
Lexington VAMC Cooper
Beckley VAMC
Hunter Holmes McGuire Hospital
Salem VAMC
Hampton VAMC
James H. Quillen VAMC
Durham VAMC
Nashville VAMC
Alvin C. York VAMC
Charles George VAMC
W.G. (Bill) Hefner Salisbury VAMC
Fayetteville VAMC
Fayetteville VAMC
John L. McClellan Memorial Veterans' Hospital
Memphis VAMC
Thomas E. Creek VAMC
Oklahoma City VAMC
Jack C. Montgomery VAMC
Eugene J. Towbin Healthcare Center
Augusta VAMC
Wm. Jennings Bryan Dorn VAMC
Birmingham VAMC
Atlanta VAMC
Charlie Norwood VAMC
Sam Rayburn Memorial Veterans Center
Tuscaloosa VAMC
Central Alabama VAMC Tuskegee
Ralph H. Johnson VAMC
George H. O'Brien VAMC
Dallas VAMC
Overton Brooks VAMC
Carl Vinson VAMC
Central Alabama VAMC Montgomery
G.V. (Sonny) Montgomery VAMC
Doris Miller VAMC Waco
Alexandria VAMC
Olin E. Teague Veterans' Center
Kerrville VAMC
Michael E. DeBakey VAMC
Biloxi VAMC
Lake City VAMC
Malcom Randall VAMC
Audie L. Murphy Memorial Veterans' Hospital
Orlando VAMC
James A. Haley Veterans' Hospital
C.W. Bill Young VAMC
West Palm Beach VAMC
Bruce W. Carter VAMC
BAHAMAS
0 200 400 600
Miles

Map 3


Veterans Choice Act (VACAA) Eligible
VHA Facilities
End of FY-2015
Region 4: West
WA
OR
CA
ID
NV
MT
WY
UT
CO
AZ
NM
Seattle VAMC
Mann-Grandstaff VAMC
American Lake VAMC
Portland VAMC Vancouver
Jonathan M. Wainwright Memorial VAMC
Portland VAMC
Fort Harrison VAMC
Miles City VAMC
Sheridan VAMC
Boise VAMC
Roseburg VAMC
White City VAMC
Cheyenne VAMC
George E. Wahlen VAMC
Ioannis A. Lougaris VAMC
Grand Junction VAMC
Denver VAMC
Sacramento VAMC
San Francisco VAMC
Palo Alto VAMC Livermore
Palo Alto VAMC
Fresno VAMC
Las Vegas VAMC
Bob Stump VAMC
Raymond G. Murphy VAMC
Carl T. Hayden VAMC
San Diego VAMC
Tucson VAMC
Sepulveda VAMC
West Los Angeles VAMC
Long Beach VAMC
Jerry L. Pettis Memorial Veterans' Hospital
0 105 210 420
Miles
ORH
VHA Office of Rural Health
Created by VHA Office of Rural Health
GeoSpatial Outcomes Division (JKA, DCR, ERL, LKW) | 6/3/2016
Information Provided by VSSC, PSSG & ORH | ArcGIS v 10.3
AK
Anchorage VAMC
Alaska
0 170 340 680
Miles
HI
Spark M. Matsunaga VAMC**
Hawaii
0 85 170
Miles
**Not mapped are two Insular Island PCCBOCs under parent station 459 (Spark Matsunaga VAMC in Honolulu, HI):
1) American Samoa VA Clinic in Pago Pago, AS
2) Guam VA Clinic in Agana Heights, GU
VACAA Facilities and Rurality
Health Care Center, Urban
Primary Care CBOC, Highly Rural
Multi-Specialty CBOC, Rural
Primary Care CBOC, Rural
VA Medical Center, Rural
Multi-Specialty CBOC, Urban
Primary Care CBOC, Urban
VA Medical Center, Urban
State Border

Map 4

## References

1) VAST Annual Classification Summary Report and VAST Annual Classification Crosswalk of Services Report, available at:
http://vaww.vssc.med.va.gov/VSSCEnhancedProductManagement/DisplayDocument.aspx?DocumentID=6432
*NOTE: This is an internal VA website and is not accessible to the public.*

2) Monthly VACAA Summary & List FY15 report, available in the VSSC at:
https://vssc.med.va.gov/products.asp?PgmArea=9&sub_ID=124
*NOTE: This is an internal VA website and is not accessible to the public.*

3) VHA and ORH Adopt New System to Define "Rural", available at:
http://www.ruralhealth.va.gov/rural-definition.asp

4) RUCAs (Rural-Urban Community Area Codes) overview:
http://depts.washington.edu/uwruca/

5) RUCAs (Rural-Urban Community Area Codes) description of primary and secondary RUCA codes:

http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/documentation.aspx

6) United States Census Bureau, Regions and Divisions:
http://www.census.gov/econ/census/help/geography/regions_and_divisions.html

The Rural Veterans Health Care Atlas, 2nd edition aims to collect, compile, and disseminate information on health care access and delivery for the rural Veteran Enrollee and patient population. It builds on the first edition and represents information as of end of FY-2015 for VA health care facilities, outpatient and inpatient utilization in rural, highly rural, and insular island areas in all States/Territories and counties in the United States. Additionally, this second edition analyzes hospital bed occupancy and average daily census data at VA health care facilities. This second edition represents the beginning stages of many critical changes in the organization. The robust and valuable data from this atlas and future editions show evidence of improvement of health care resources for the Veteran Enrollee and patient population within the dynamic landscape of the VHA health care system

**For more information or inquires and requests regarding geospatial products and services, please contact:**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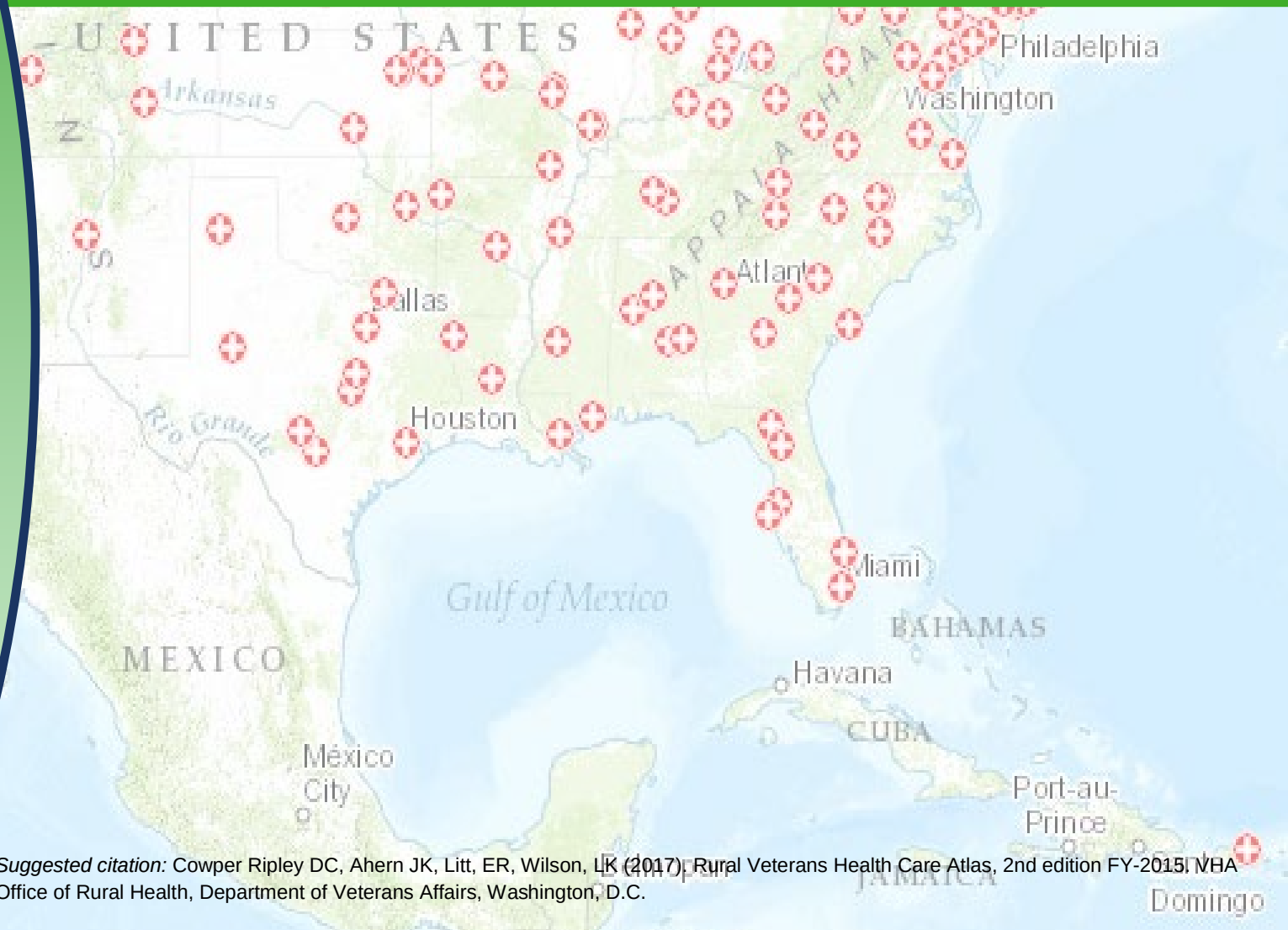
**High-resolution versions of the maps featured in this Atlas are available upon request by contacting the GSOD Team.*





*Suggested citation:* Cowper Ripley DC, Ahern JK, Litt, ER, Wilson, LK (2017). Rural Veterans Health Care Atlas, 2nd edition FY-2015. VHA Office of Rural Health, Department of Veterans Affairs, Washington, D.C.