



**Department of
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News Release

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VA Begins Phase II of CARES Process

WASHINGTON – The Department of Veterans Affairs' (VA) is beginning Phase II in its national initiative to ensure its health care system meets the needs of veterans today and in the future. This initiative is part of VA's health care planning process called CARES (Capital Asset Realignment for Enhanced Services).

The first phase of the CARES process was conducted in the Chicago area, Wisconsin and the Upper Peninsula of Michigan, and was completed in February 2002. Phase II will include the rest of the VA health care system and is scheduled to be completed within two years.

"VA's goal is to direct our resources where they are most needed, and at the same time provide the best care possible to more veterans at more locations," said Deputy Secretary of Veterans Affairs Dr. Leo S. Mackay, Jr. "We will work with veterans, VA employees, university affiliates and local and national elected officials to ensure everyone's concerns are heard as we enhance the quality of veterans health care."

VA launched CARES to bring its aging health care system into the 21st century. VA's health care system was designed and built decades ago when inpatient care was the primary focus, with long admissions for diagnosis and treatment. With changes in geographic concentrations of veterans and new methods of medical treatment, VA's medical system was not providing care as efficiently as possible and medical services were not always easily accessible to some veterans.

"VA health care is changing now, and for the better," said Mackay. "We've gone from mostly an inpatient setting where we treat illness in its latter stages to a system focused on disease prevention, early detection, health promotion and easier access. VA's infrastructure, designed a half century or more ago, must be evaluated and updated to meet the needs of veterans today and in the future. That's what CARES will do."

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CARES Phase II 2-2-2-2

To coordinate VA's 1,300 sites of care, representing the largest health care system in the country, VA's medical system is divided into 21 regional networks called VISNs (Veterans Integrated Service Networks). VISN 12 (Chicago, Wisconsin and Upper Michigan) comprised the pilot study; Phase II of CARES will include the remaining 20 VISNs.

During the next 18 months, the networks will collect data and facility information for planning initiatives that will provide the best care for veterans today and in the future. Throughout the process, veterans, academic affiliates, unions and employees will be briefed. Stakeholder opinions will be solicited and will be an important part of the decision process, as will be the preservation of special services, such as those provided our paralyzed veterans.

Once completed, an independent commission selected by the Secretary of VA will evaluate the draft National CARES Plan. Members of the commission, who will be chosen in the fall of 2002, will include individuals with special knowledge or interest relating to VA health care, as well as representatives from stakeholders' groups.

As part of the commission's evaluation of each VISN's plans, hearings will be held with, and comments accepted from, local stakeholders. Only after careful evaluation of these comments will the commission then forward its recommendations to the Secretary. The Secretary will make his final CARES announcement in September 2003.

Phase II of CARES will be headed up by Frederick L. Malphurs, who was the VISN 2 Network director for the upstate New York (Albany, Buffalo, Bath, Canandaigua and Syracuse VA medical centers) since October 1995. Since joining VA in 1969, Malphurs has been assigned to nine VA medical centers.

Malphurs will work with an independent actuarial contractor and VA staff to project veteran populations, determine what kind of health care veterans need and where it is best to provide that care. This data will be available to networks within two months.

“Health care is no longer about bricks and mortar. Twenty-first-century health care is about access to local care, early detection and prevention, efficient use of new technologies and home health care,” said Mackay. “CARES is about 21st-century health care.”

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