

# **CARES**

**Capital Asset Realignment  
for Enhanced Services**

**Final Service Delivery Options  
for VISN 12**

**February 2002**

# **VISN 12's SOUTHERN MARKET**

- **Includes northern tip of Illinois and part of northwestern Indiana**
- **Facilities: VA Chicago Healthcare System (Lakeside and West Side), Hines and North Chicago VA Medical Centers**
- **Chicago Submarket to drop from 76,605 VA enrollees now to 43,105 in 2010**
- **More veterans to be living in West Side area compared to Lakeside**
- **The majority of medical care is provided in outpatient clinics**
- **Projected demand for inpatient care in Chicago can be accommodated by one hospital in the city**
- **Suburban Submarket and surrounding area to have greater workload and need for inpatient care than Chicago**

# **FINAL OPTION B**

- **Remodel West Side to accommodate 177 beds (up to 201)**
- **Discontinue inpatient care at Lakeside; maintain multi-specialty clinic on site**
- **Renovate Hines, including Blind Rehab. and SCI Centers**
- **Renovate North Chicago**
- **Enhance sharing between North Chicago and Naval Hospital Great Lakes**

# **VISN 12's CENTRAL MARKET**

- **Includes Wisconsin, northernmost part of Illinois and one Minnesota county**
- **Largely rural area (apart from Milwaukee and Madison)**
- **Facilities: Milwaukee, Madison and Tomah VA Medical Centers**
- **Milwaukee and Green Bay to serve more than half of VA enrollees in 2010**
- **Veteran reliance on Tomah and lack of private-sector hospitals require that Tomah be maintained**

# **FINAL OPTION G**

- **Renovate Milwaukee**
- **Sustain Madison by transferring 75 nursing home beds from Tomah; also disperses long-term care beds in state**
- **Renovate Tomah, which retains primary mission of long-term care**
- **Activate three CBOCs**
- **83% of VA enrollees will be within 30 min. of a primary-care facility**

# **VISN 12's NORTHERN MARKET**

- **Includes Michigan's Upper Peninsula and 11 counties in northeastern Wisconsin**
- **Large, rural and sparsely populated**
- **Facility: Iron Mountain, Mich., VA Medical Center is only VA hospital in market**
- **Decline in VA enrollees projected for 2010**
- **Veteran reliance on Iron Mountain and sparse private-sector health care resources demonstrate a need for continuation of the VA medical center**

# **FINAL OPTION I**

- **Renovate Iron Mountain's acute and long-term care wards in building one**
- **Activate CBOC in Gladstone**
- **64% of VA enrollees will be within 30 min. of a primary-care facility**
- **Maintain Iron Mountain's role as telemedicine hub**

# **VISN 12 CARES OPTIONS -- Next Steps**

- **Develop implementation plan**
- **Phase in changes over a period of years**
- **Projected savings throughout VISN 12 over next 20 years:  
-- an estimated \$725 million in current dollars**
- **Savings redirected within VISN for new/expanded health care programs**

# **FUTURE OF CARES**

- **CARES is critical to the future of VA health care**
- **All remaining VISNs to be studied over the next two years**

# **BENEFITS OF CARES**

**Once completed systemwide, CARES will have enabled VA to:**

- **Redirect resources where they are most needed**
- **Retain any savings within each VISN for expanded programs/services**
- **Devote more resources to medical care rather than on upkeep for unneeded buildings**
- **Continue shift in providing accessible care to more veterans in the most convenient and appropriate setting**
- **Enhance outpatient care, inpatient care, special disability programs and long-term care**
- **Improve quality of and access to VA care**