



**Department of Veterans Affairs
Veterans Health Administration**



Capital Asset Realignment for Enhanced Services

The Department of Veterans Affairs has launched a major initiative to realign and enhance VA health care to meet the needs of veterans today and in the future. This program is called CARES. CARES stands for Capital Asset Realignment for Enhanced Services.

Key Component - Good communication with you



- ◆ **Keep you informed**
- ◆ **Provide opportunities for your input throughout process**

2

A key component of CARES is to keep you informed and allow you an opportunity to provide input during every step of the process. The purpose of this videotape is to give you an overview of the CARES Program.

What is CARES?

- ◆ **Realignment of medical facilities and services to meet veterans' needs and provide high quality care:**
 - ◆ **In more accessible locations**
 - ◆ **To more veterans**
 - ◆ ***Now and in the Future***
- ◆ **Determination of other uses for buildings unsuitable for modern health care**



3

Simply stated, CARES is about providing more accessible care to more veterans. Through CARES, VA will evaluate the health care services it provides, identify where veterans will be living and the best ways to meet their future health care needs; and realign its medical facilities and services to meet those needs more effectively and efficiently. CARES will help ensure that VA's capital assets are configured to meet the demand for VA health care during the next 20 years.

Why are we doing CARES?

To better serve our veterans!



- ◆ **VA needed a new way to address projected changes in veteran population – their locations and medical needs – and to continue VA’s health care transformation**

4

Why are we doing CARES? VA’s health care system was designed and built decades ago when patients had long inpatient stays. With new methods of medical treatment and changes in where veterans live, VA is attempting to ensure that care is available where it is most needed. This means providing care to more veterans in more accessible locations. VA also is examining buildings that may not be suitable or needed for the delivery of modern health care to find other uses for them. The funds now used to support these buildings will be redirected to provide more accessible and cost-effective care elsewhere.

Phase I completed February 2002



Chicago, Wisconsin, Michigan

- ◆ **VA's medical system is divided into 21 regional networks. A pilot CARES study was first conducted in Network 12 (Chicago, Wisconsin, and the Upper Peninsula of Michigan).**

5

VA's medical system is divided into 21 regional networks that are called Veterans Integrated Service Networks or VISNs. The first phase of CARES was conducted in the Chicago area, Wisconsin, and the Upper Peninsula of Michigan and was completed in February of 2002.



As a result of Phase I

- ◆ **Access to long-term care was expanded**
- ◆ **Four new clinics are planned**
- ◆ **Blind rehabilitation and spinal cord injury care will be enhanced**
- ◆ **While inpatient care will be shifted from one Chicago hospital to another only 6 miles away, a large outpatient clinic will remain near the former hospital site**

6

As a result of Phase I, access to long-term care was expanded and four new clinics are planned. While inpatient care will be shifted from one Chicago hospital to another only six miles away, a large outpatient clinic will remain near the former hospital site.

VA is conducting CARES in remaining 20 Networks



◆ For Phase II

- ◆ Strengthened communications
- ◆ VA Headquarters - led standardized process
- ◆ Greater use of VA experts

7

Phase II will include the rest of the VA health care system and is scheduled to be completed within 2 years. Stakeholder communication and input are key components throughout the process. VA Headquarters will lead the standardized planning process, using VA experts and planners as well as information and data from other sources, when necessary.

Step 1 - Define Market Areas - July 2002

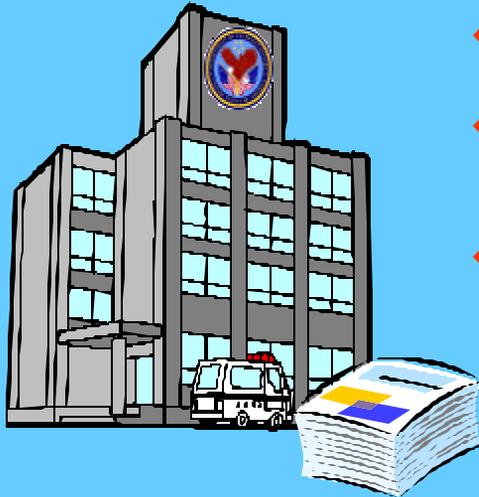


- ◆ **Market Area - the geographic area used for planning. Market Areas are based on data such as how many veterans live in a county and use VA services as well as projected veteran population. Consideration is given to transportation issues and natural geographic barriers.**

8

The first step in the 9-step CARES process is to Define Market Areas. VA Headquarters, with local VA Staff, will gather and review data, such as how many veterans live in a county and use VA services as well as projected veteran population. Consideration will be given to transportation issues and natural barriers such as mountains. These Market Areas will be the geographical areas used for further planning and evaluation of services.

Step 2 - Analyze Needs August - September 2002



- ◆ **Veteran population projections to 2022**
- ◆ **Veteran health care use and needs projections to 2022**
- ◆ **Information on the locations of and access to VA facilities and the services they offer**

9

Step 2 is to Analyze veterans' health care needs. Using actuarial and VA data, forecasts will be made for how many veterans will be living in each area, their projected use of VA health care, and what services they will need. Adjustments will be made that address the special needs of veterans, such as blind rehabilitation and spinal cord injury care. The current supply and location of services VA provides also will be analyzed.

Step 3 - Identify Planning Initiatives - Fall 2002



- ◆ **Determine gaps between current supply and future demand**
- ◆ **Consider specialty referral services, and emergency preparedness and Homeland Security**
- ◆ **Identify opportunities to collaborate with the Department of Defense and other VA offices**
- ◆ **Identify opportunities for more effective use of space**

10

In Step 3, Identify Planning Initiatives, VA Headquarters will determine gaps between the supply and demand for services. Opportunities to share with the Department of Defense, Veterans Benefits Administration, and National Cemetery Administration will be identified. Other issues will be considered such as future need and location of specialty referral services, such as blind rehabilitation and spinal cord injury care; emergency preparedness; and Homeland Security. Local stakeholder views also will be considered.

Step 4 - Develop Planning Initiatives/Market Plans Winter 2002



- ◆ **Networks will develop a Market Plan from the Planning Initiatives to match VA facilities and services with veterans' future health care needs**

11

In Step 4, Develop Planning Initiatives/Market Plans, various alternatives to address the issues identified in the previous step will be considered and the most feasible, cost-effective solutions developed, while ensuring that the integrity of VA's health care and related missions are maintained. A standardized set of planning criteria will be used.

Step 5 - USH Review Winter 2002 - 03



- ◆ **Review by:**
 - ◆ **National CARES Program Office**
 - ◆ **CARES Clinical Advisory Group (CCAG)**
 - ◆ **CARES One VA Committee (COVAC)**
- ◆ **USH reviews and prepares final Draft National CARES Plan**

12

Next, VA Headquarters and the Under Secretary for Health's Clinical CARES Advisory Group (CCAG) will review the market plans. The Clinical CARES Advisory Group, which is comprised primarily of VA Headquarters clinical leaders, will assure that the plans submitted will provide high quality health care. To ensure that all VA assets are considered, the CARES One VA Committee, or COVAC, also will review market plans and provide advice to the Under Secretary for Health. The COVAC includes key individuals from Veterans Health Administration, Veterans Benefits Administration, National Cemetery Administration, VA Central Office Management and Policy and Planning. The Under Secretary for Health will consider these reviews and prepare a draft National CARES Plan

Comments



- ◆ Your comments are welcome & sought *throughout* the process
- ◆ You will have an official *60-day comment period* once draft National Cares Plan developed and published

13

Comments are welcome and sought throughout the process. Stakeholders also will be provided an official 60-day comment period once the draft National Cares Plan is developed and published.

Step 6 - CARES Commission Review Spring - Summer 2003

- ◆ **CARES Commission:**
 - ◆ **Appointed by the Secretary**
 - ◆ **Reviews comments from 60-day public comment period**
 - ◆ **Holds public hearings**
 - ◆ **Provides recommendations to Secretary**



14

The Secretary of Veterans Affairs will appoint an independent Commission comprised of non-VA executives to review the draft National CARES Plan. The Commission will take into consideration the views and concerns of stakeholders and will conduct regional public hearings and site visits before making its recommendation to the Secretary.

Step 7 - VA Secretary's Decision - Late 2003

- ◆ **Secretary's decision to accept or reject the Commission recommended national CARES Plan**



15

In Step 7, the Secretary will consider the Commission's recommendations and accept or reject them. In some cases, however, he may ask the Commission to consider additional information and reconsider its recommendations.

Step 8 - Implementation ***Step 9 - Integration into Strategic Planning Cycle***

- ◆ **Networks prepare detailed Implementation Plans based upon Secretary's decision**
- ◆ **Plans will be integrated into the VA strategic planning process**



16

Step 8 is Implementation. Depending on the nature of the Secretary's decision, the Veterans Integrated Service Networks will prepare detailed implementation plans that will be approved by VA Headquarters. Finally, in Step 9, the plans will be integrated into the VA strategic planning process.

How will veterans benefit?

Once CARES is completed, VA will have a national plan for realigning capital assets where they are most needed; preserving VA's missions and special services; and, at the same time, improving access and providing cost-effective, high-quality care to veterans.



17

Once CARES is completed, VA will have a national plan for realigning capital assets directing resources where they are most needed; preserving VA's missions and special services; and, at the same time, providing cost-effective, high-quality care to more veterans in more accessible locations. We have an aggressive schedule for completing this comprehensive process to enhance services for veterans. You will receive periodic briefings throughout the process and your input is important and will be considered. With your support we can bring VA's health care system into the 21st century and make it even more responsive to veterans' needs.

For more information

- ◆ **National CARES Program Office**
 - ◆ **<http://www.va.gov/CARES>**
- ◆ **Contact your local VA Medical Center or Network Office**

18

For more information, contact your Medical Center or Network Office or visit the CARES Web site on the Internet at <http://www.va.gov/CARES>.