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# News Release

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## **VA TAKES ANOTHER MAJOR STEP IN NATIONAL CARES PLANNING PROCESS**

WASHINGTON -- The Department of Veterans Affairs (VA) has reached another important milestone in its national program to assess veterans' health care needs and identify planning initiatives to meet those needs in the future.

The process, called CARES (Capital Asset Realignment for Enhanced Services), is a landmark study of the nation's largest health care system. Now in step three of the nine-step process, VA has done a thorough analysis and projection of veterans' population and health care needs for the next two decades.

From that projection, VA has identified "planning initiatives" or gaps, with both the positive and negative differences, between current supply and future demand through 2022. Factors such as workload, facility location, access, space and health care needs were analyzed. Opportunities to collaborate with Department of Defense, university affiliates and the communities were also identified.

"I have full confidence that the data and methods used to reach this point are solid and will provide a good foundation on which to plan a health care system suited to meet veterans' needs for the next two decades," said Deputy Secretary of Veterans Affairs Dr. Leo S. Mackay, Jr. "However, it's important to understand that this is just the third step in a long process and nothing has been set in stone."

To coordinate VA's 1,300 sites of care, VA's medical system is divided into 21 regional networks called Veterans Integrated Service Networks (VISNs). VISN 12 (Chicago, Wisconsin and Upper Michigan) piloted CARES in Phase I, which was completed in February 2002. Phase II began in June 2002 and includes the remaining 20 networks.

The planning initiatives, which can be found at <http://www.va.gov/CARES>, identify issues facing each VISN by market area. There are a total of 74 market areas and each will have planning initiatives. Market areas are the geographic areas (by county or zip code) served by that VISN's medical facilities.

Both at the national and local levels, VA will discuss its planning initiatives with veterans, employees, academic partners, unions, local governments and other interested groups to develop plans for resolving gaps. Regional network plans will be integrated into a draft National CARES Plan, which will be reviewed by VA clinical leaders and by an independent CARES Commission beginning next spring. After the Commission has held a series of public hearings and collected input from veterans and other stakeholders, it will submit the final plan to the Secretary of Veterans Affairs, who will announce his decision in October 2003.

"Completing CARES is critical to VA's future," said Mackay. "With more than 4,700 buildings and 18,000 acres of land, repositioning VA's infrastructure to make sure it is most efficiently used is a monumental task. Throughout the process VA will need participation and support from veterans and stakeholders to ensure its success."

**The entire process is scheduled to be completed in 18 months and includes the following:**

<b>Market areas established</b>	<b>July '02</b>
<b>Future needs are analyzed</b>	<b>Aug. Sept. Oct. '02</b>
<b>Planning Initiatives identified</b>	<b>Nov. '02</b>
<b>Market Plans submitted</b>	<b>Feb. '03</b>
<b>Headquarter review</b>	<b>March, April '03</b>
<b>CARES Commission review begins</b>	<b>June, July, Aug. '03</b>
<b>CARES Commission recommendations made</b>	<b>Sept. Oct. '03</b>
<b>Secretary's decision</b>	<b>Oct. 2003</b>
<b>Implementation</b>	

"VA can effectively manage and implement an important program such as CARES and deliver results for veterans," said Dr. Mackay. "These results may come with difficult choices. As VA enters the process of making these choices in communities across the country, it is important to remember the broad outcomes it seeks – more effective use of VA resources to provide more care, to more veterans, in places where veterans need it the most."

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