

## **WESTERN MARKET CARES UPDATE #1**

**February 4, 2003**

### **What does CARES mean?**

It is an acronym that stands for "Capital Asset Realignment for Enhanced Services." CARES is a reorganization study to ensure veterans receive the right care, at the right time, at the right place.

### **Why is this needed? VA says it provides excellent health care now.**

It's true. Numerous studies have shown VA to be on par, or superior to, private health care. However, that doesn't mean it cannot improve. A new focus -- health care is local -- emphasizes putting resources into community-based facilities close to where veterans live.

### **How does CARES work?**

CARES will assess veterans' health care needs by Network (VA has organized its hospitals, clinics and other assets into 21 Veterans Integrated Service Networks). Each Network has been divided into market areas, primarily based on enrolled veteran populations. VISN 10 has 3 markets: Eastern (Cleveland), Central (Chillicothe, Columbus) and Western (Dayton and Cincinnati).

### **CARES Steps:**

- 1) **Market Analysis of Veterans' Health Care Needs:** The CARES headquarters office collected extensive facility data, including the number of square feet, the condition of the available space and services provided to determine the capacity to deliver services in each market
- 2) **Initiative Development:** The CARES office will analyze each health care market and will apply the standards and criteria and other analyses to the data. The CARES office will identify planning initiatives.
- 3) **Network Completion of Planning Initiatives:** Each Network will review the planning initiatives and recommend actions to resolve the issues identified to meet the current and future requirements for capital assets necessary to meet veteran's health care needs. During this process, stakeholder input will be solicited and carefully considered.
- 4) **National CARES Plan:** Input from Networks will be incorporated into a draft National CARES Plan approved and published by the Under Secretary for Health.
- 5) **CARES Commission:** Once the draft National CARES plan is completed, an independent commission selected by the Secretary of VA, will evaluate the market plans. As part of the commission's evaluation, hearings may 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.
- 6) **Secretary Announces Final CARES Plan:** It is anticipated that the entire process will culminate with the Secretary's announcement in late 2003.

### **What role do stakeholders play in this?**

Each VA's stakeholder will be kept fully informed throughout the process and all stakeholder comments and concerns will be communicated back to the CARES task force and the CARES Commission.

### **How will veterans benefit from CARES?**

VA intends to keep pace with technology and advances in the medical field not just to provide adequate care, but also to provide the finest care in the world. Measurable, consistent evaluation will enable VA to make the best decisions possible for veterans' health care today and in the future, in the most cost-effective manner. The needs of special disability groups will be addressed and remain a priority. Once CARES is completed, veteran satisfaction is expected to increase as a result of better access, more efficient programs and superior support services.

## Gaps Identified

The data indicates workload increases in Primary Care, Specialty Care, and Inpatient Medicine Beds over the next 20 years. The other gap that we were asked to work on is an analysis of the missions and services provided at both Medical Centers in Dayton and Cincinnati.

## Scenarios To Be Analyzed

Several plans are being reviewed and discussed at all levels of the Medical Center Staff. There are several options that are being presented to the Network Director as workable solutions. The following plans will be discussed further and refined.

- ?? Construction of Primary Care Additions at both Cincinnati (target completion date 2005) and Dayton (target completion date May 2003). The addition at Cincinnati is being planned presently to improve our ability to provide Primary Care, but can be expanded to meet our Specialty Care needs.
- ?? Renovation of existing space at both facilities. This may involve leasing of space of administrative functions that can be moved to make room for clinical activities.
- ?? Contracting with local health care organizations.
- ?? Expansion of space at CBOC's.
- ?? Reassign existing space to meet the inpatient medicine bed need at Dayton. Construction of the new ICU to add beds at Cincinnati.
- ?? Establishment of additional VA operated CBOC's. (Marion, Lima and Fairfield/Hamilton)

Several workgroups from both Campuses have been discussing alternatives to make both operations more efficient. These workgroups include:

- ?? Food Service
- ?? Invasive Cardiology
- ?? Eye Surgery
- ?? MOHS Surgery
- ?? Laboratory
- ?? MRI

We would invite comments about this CARES process and any ideas that you may have. You may email the [webmaster](#) with your thoughts.