

described the importance of that support system in reducing lengths of stay and improving clinical outcomes. VISN Market Plans often proposed the use of contract care to improve hospital access, a solution that can be more flexible in covering the geography of a market, meeting fluctuations in demand and as a result may be more cost effective than the establishment of VA-owned sites of care. Improving inpatient

access while meeting future capacity requirements can be accomplished without creating the kind of competing resource demands noted in the outpatient care situation.

Projected Improvements In Access

Tables 4.2 and Table 4.3 show the improvement in the enrollee population access to care. Table 4.2 contains information on the projected improvements in access percentages and

the number of enrollees remaining outside the access guidelines by type at the national level. The primary care access data only includes the impact of the 48 CBOCs in the high priority group. It is important to compare these numbers with the baseline acceptable level, or threshold, which was 70% of enrollees within travel time guidelines for primary care, 65% for hospital and tertiary care.

TABLE 4.2.—PERCENT ENROLLEES WITHIN GUIDELINES AND NUMBER OF ENROLLEES OUTSIDE GUIDELINES BY TYPE: FY 2001–FY 2022

Type	FY 2001		FY 2012		FY 2022	
	Percent enrollees within guideline	Number enrollees outside guidelines	Percent enrollees within guideline	Number enrollees outside guidelines	Percent enrollees within guideline	Number enrollees outside guidelines
Primary Care	74	1,474,354	74	1,554,720	74	1,410,224
Hospital Care	72	1,573,205	82	1,079,649	82	970,448
Tertiary Care	94	318,960	97	179,941	97	161,741

(Compare with baseline thresholds of 70% for primary care, 65% for hospital and tertiary care.)

As indicated in Table 4.2, from a national system perspective, most VA medical facilities are currently within national guidelines for access, since most facilities are located near veteran population centers and because of the growth in the VA of over 600 CBOCs. Current high levels of access are consistent with an investment strategy that ensures the availability of the acute care infrastructure to veterans.

With the implementation of the National CARES Plan, dramatic improvement is projected in acute hospital care access (approximately 600,000 more enrollees within guidelines) and significant improvement is projected in tertiary care access (approximately 150,000 more enrollees within guidelines). While the number of enrollees outside primary care access guidelines increases in FY 2012, it drops slightly below the FY 2001 baseline in FY 2022. The increase in the number of enrollees outside access guidelines in FY 2012 is due to the peak in total enrollment during that time

period, although the percentage of total enrollees within access guidelines remains steady at 74 percent.

If the 48 new high priority group CBOCs (in eight additional market areas) were implemented, then, by FY 2012, 79% of all markets (see Table 4.3) would be projected to have achieved the threshold for primary care access. Substantial improvements in hospital access occur as well. Projecting forward to FY 2022, the forecast was that these access improvements would be sustained for primary and tertiary care, and there would be a slight additional improvement for hospital care.

TABLE 4.3.—PERCENTAGE OF MARKET AREAS WITHIN ACCESS GUIDELINES BY TYPE: FY 2001–FY 2022
[73 Market Areas—excludes Puerto Rico]

Type	FY01	FY12	FY22
Primary Care	67	79	79
Hospital Care	66	89	90

TABLE 4.3.—PERCENTAGE OF MARKET AREAS WITHIN ACCESS GUIDELINES BY TYPE: FY 2001–FY 2022—Continued

[73 Market Areas—excludes Puerto Rico]

Type	FY01	FY12	FY22
Tertiary Care	100	100	100

New Primary Care Access Sites

Table 4.4 lists the specific CBOCs included in the highest priority CBOC investment group. These 48 CBOCs are located in markets that have large future capacity gaps in addition to large access gaps and where the number of enrollees who do not meet access guidelines per CBOC proposed is greater than 7,000 enrollees per CBOC. In addition to this list of 48 CBOCs, new primary care access sites that are linked to realignment or key DoD collaborations are also considered in the highest priority CBOC investment group.

TABLE 4.4.—NEW ACCESS SITES IN NATIONAL CARES PLAN

VISN	Market area	Facility parent	Facility name	Planned to open
6	Northeast	Richmond	Charlottesville	2006
6	Northeast	Richmond	Emporia	2005
6	Northeast	Hampton	Norfolk	2005
6	Southwest	Asheville	Franklin	2004
6	Southwest	Salisbury	Greensboro	2007
6	Southwest	Asheville	Hendersonville	2004
6	Southwest	Salisbury	Hickory	2004
6	Southwest	Salisbury	Gastonia	2010
6	Southwest	Asheville	Rutherfordton	2009
7	Alabama	Birmingham	Opelika	2009