

TABLE 4.4.—NEW ACCESS SITES IN NATIONAL CARES PLAN—Continued

VISN	Market area	Facility parent	Facility name	Planned to open
7	Alabama	Birmingham	Childersburg	2006
7	Alabama	Birmingham	Guntersville	2008
7	Alabama	Birmingham	Bessemer	2004
7	Alabama	CAVHCS—West Campus	Enterprise	2010
7	Georgia	Augusta	Aiken	2006
7	Georgia	Augusta	Athens	2004
7	Georgia	Dublin	Milledgeville	2009
7	Georgia	Dublin	Brunswick	2008
7	Georgia	Atlanta	Stockbridge	2007
7	Georgia	Atlanta	Newnan	2008
7	Georgia	Dublin	Perry	2005
7	South Carolina	Charleston	Hinesville	2006
7	South Carolina	Columbia (SC)	Spartanburg	2005
8	South Carolina	South Charleston	Summerville	2006
8	North	Gainesville	Camden	2006
8	North	Gainesville	Jackson County	2005
8	North	Gainesville	Putnam	2005
8	North	Gainesville	Summerfield	2006
16	Central Lower	Houston	Conroe	2005
16	Central Lower	Alexandria	Fort Polk	2005
16	Central Lower	Houston	Galveston (Dual Site—Site 1)	2004
16	Central Lower	Houston	Galveston (Dual Site—Site 2)	2004
16	Central Lower	Houston	Katy	2007
16	Central Lower	Alexandria	Lake Charles	2006
16	Central Lower	Houston	Lake Jackson	2009
16	Central Lower	Alexandria	Natchitoches	2006
16	Central Lower	Houston	Richmond	2008
16	Central Lower	Houston	Tomball	2006
16	Eastern Southern	Eastern Southern	Eglin AFB	2004
20	Inland North	Spokane	Central Washington	2006
23	Iowa	Des Moines	Carroll	2006
23	Iowa	Des Moines	Marshalltown	2004
23	Iowa	Iowa City	New Cedar Rapids	2004
23	Iowa	Iowa City	Ottumwa	2006
23	Minnesota	St. Cloud	Alexandria	2005
23	Minnesota	Minneapolis	Elk River	2005
23	Minnesota	Minneapolis	Redwood Falls	2006
23	Minnesota	Minneapolis	Rice Lake	2007

Chapter 5: Enhancing Outpatient Care Modern Ambulatory Care Approach— A Vital Part of VA's Integrated System of Health Care Delivery

Technological advances (prominently including minimally invasive procedures) and the increasing use of pharmaceutical therapy in lieu of hospitalization launched a dramatic, industry-wide increase in reliance on outpatient services in the 1980s. Fueled by cost economies realized through this more flexible approach, the trend grew rapidly into the 90s, but the VA health care system was not well positioned to benefit from this development.

VA must be prepared to meet the total needs of veteran patients, including acute and tertiary care. Until 1996, archaic statutes required inpatient admissions for care that should have been delivered as outpatient services. Furthermore, changes in VHA's operational culture—with its historic inpatient treatment orientation—were needed before the modern outpatient

care model could be adapted to fit the VA system.²⁰

In reinventing its health care system in recent years, VA aggressively incorporated the positive features of ambulatory care into updated clinical practice patterns and performance measures (practice guidelines). The commitment to meet the total needs of veteran patients was accommodated through new referral patterns within the integrated VA system.

The success of VA's commitment to provision of services across the full spectrum of care has been thoroughly documented in VA workload statistics: from FY 1996 to FY 2002, inpatient average daily census dropped 53 percent with a concurrent increase in outpatient visits of 54 percent²¹. Moreover, at the end of the period, VA was treating over 1.5 million more

veterans each year than it did at the beginning. Many patients also benefited by receiving care in a more convenient setting closer to their homes.

Recognizing the pivotal role which modern ambulatory care now plays in the VA system, the CARES process was designed to ensure (as detailed in this chapter) adequate future capacity in primary, specialty, and mental health care services to meet the projected future demand.

CARES Criteria for Outpatient Capacity Planning Initiatives

Planning initiatives were selected as the most significant gaps in care based upon national criteria applied in each market. Since they represent the most significant gaps, there is a higher degree of confidence that they will survive the inherent uncertainties of forecasts of the future. The new capital prioritization processes that will drive the selection of projects for capital funding include criteria directly related to the size of the gap. It is important to note, however,

²⁰ "Vision for Change: A Plan to Restructure the Veterans Health Administration," Department of Veterans Affairs, Wash., DC, 1995.

²¹ VSSC "KLFMENU" <http://klfmenu.med.va.gov/> Financial Summary.