

that VISN-level CARES Market Plans address workload and space solutions for all gaps in all CARES categories regardless of whether or not a planning initiative was identified. Thus, all future workload is addressed in the planning process. Nevertheless, the primary approach was to identify where future “gaps” in service could be expected for each market within each VISN and then develop possible solutions (termed Outpatient Capacity Planning Initiatives) for managing the workload and capital needs in these markets. Capacity gap identification involved comparing current workload data (Base Year of FY 2002) with projections 10 and 20 years into the future (FY 2012 and FY 2022). Threshold Criteria for the

three categories of care were established (as shown in Table 5.1) to determine where the “workload gaps” might be considered as Planning Initiatives.

Although data were available for a fourth outpatient CARES category, Ancillary/Diagnostics, the mixed nature of the workload comprising this category (tests and procedures) were too dissimilar for statistical inclusion with the other three, visit-oriented categories. For this reason, planning initiatives were not identified for Ancillary/Diagnostic services.

To illustrate application of the criteria, consider the first line of Table 5.1, which indicates that a gap would exist if two conditions in the primary care category were identified:

- The number of outpatient visits in FY 2012 or FY 2022 is projected to increase more than 25% over the volume in FY 2001; and

- In FY 2012 or FY 2022, projections show a gap of more than 26,000 “stops,” or clinic visits, over the number that took place in FY 2001.

Both the size of the workload gap (the margin by which it exceeds the threshold) and whether the gap was forecasted in both FY 2012 and FY 2022 were factors in deciding the priority and magnitude of response that went into the planning initiatives. One hundred forty-three (143) outpatient capacity planning initiatives were identified, all of them in response to gaps projected through increasing workload.

TABLE 5.1.—NUMBER OF PIs IDENTIFIED USING OUTPATIENT GAP THRESHOLD CRITERIA

| CARES category       | Threshold criteria<br>%change<br>from FY2001 | Workload<br>criteria<br>(stops) | # PIs<br>identified |
|----------------------|----------------------------------------------|---------------------------------|---------------------|
| Primary Care .....   | 25                                           | 26,000                          | 53                  |
| Specialty Care ..... | 25                                           | 30,000                          | 71                  |
| Mental Health .....  | 25                                           | 16,000                          | 19                  |

#### Outpatient Workload Trends

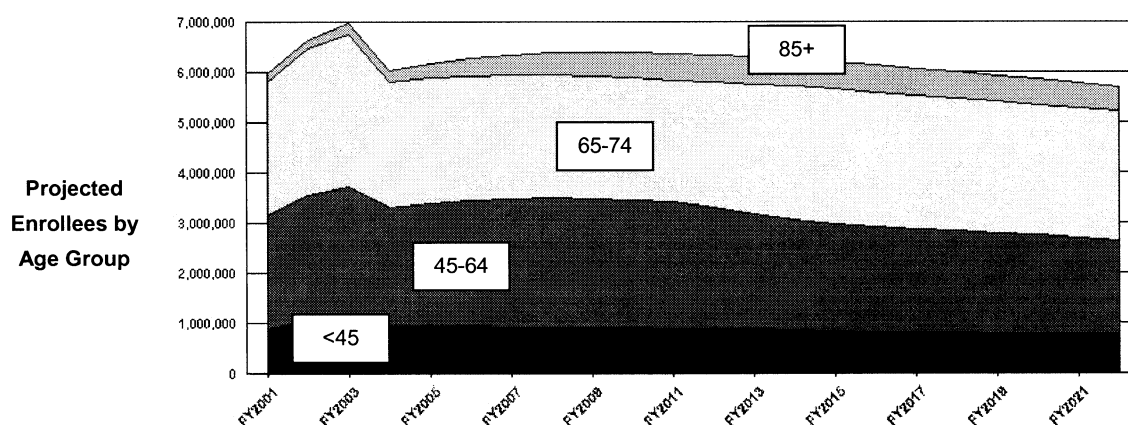
Workload projections for both the outpatient and the inpatient categories discussed in the next chapter are impacted by projected enrollment

trends, by anticipated changes in health care practices, and by new technologies that permit more treatment on an outpatient rather than an inpatient basis. Changes in veteran enrollment are

impacted by the aging of current enrollees, influx of new enrollees from active duty status, and reliance on Medicare and other private sector health providers, as shown in Figure 5.1.<sup>22</sup>

Figure 5.1 National CARES Enrollment Projections by Age Group

Projected Enrollees 2001 to 2022



<sup>22</sup> CACI/Milliman Enrollment/Demand Model can be found under References