

TABLE 5.3.—WORKLOAD SOLUTIONS FOR OUTPATIENT CATEGORIES—FY 2022

Workload alternative	Primary care		Specialty care		Mental health	
	Number of clinic stops	Percent of total	Number of clinic stops	Percent of total	Number of clinic stops	Percent of total
Contract	2,175,508	12.5	3,056,393	15.4	957,536	10.3
Joint Venture	41,450	0.2	200,950	1.0	24,200	0.3
In-Sharing	88,860	0.5	66,518	0.3	442	0.0
Sell	0	0.0	640	0.0	530	0.0
In-house	15,089,305	86.8	16,470,253	83.3	8,336,124	89.4
Total Demand	17,395,123	.....	19,794,754	.....	9,318,832	.....

Table 5.4 presents outpatient space solutions for all planning years combined—through FY 2022. A combination of solutions are planned to

resolve space requirements in order to meet future outpatient workload demand. Primary care solutions rely more heavily on the use of leased space

as part of providing appropriate access and space within markets.

TABLE 5.4.—SPACE SOLUTIONS FOR OUTPATIENT CATEGORIES—CUMULATIVE THROUGH 2022

Space alternative	Primary care		Specialty care		Mental health	
	Square feet	% total	Square feet	% total	Square feet	% total
Existing-Non Renovated	4,867,243	48.1	8,583,918	42.7	3,260,328	56.8
Renovate Existing	984,836	9.7	1,299,938	6.5	540,547	9.4
Convert Vacant	363,183	3.6	1,324,502	6.6	284,919	5.0
New Construction	1,064,626	10.5	4,776,324	23.7	658,975	11.5
Donate	56,785	0.6	128,554	0.6	22,520	0.3
Lease	2,745,428	27.1	3,768,876	18.7	973,200	17.0
Enhanced Use	45,500	0.4	240,000	1.2	0	0.0
Total Space Proposed	10,127,601	.....	20,122,112	.....	5,740,489	.....

A salient feature of this multifaceted approach to acquiring needed space is flexibility. Varied approaches of this nature can be helpful in working around unexpected delays, further assuring that the VA health care system will have adequate capacity in critically important ambulatory services.

National CARES Plan

The National CARES Plan, developed from the VISN CARES Market Plans, focuses on improvements to existing outpatient delivery sites. The focus is part of the overall National CARES Plan strategic direction for maintaining VHA's current infrastructure. Existing VHA sites and their capital requirements are included in the National CARES Plan without any priority groupings. Priority setting will occur during project-specific decisions. Reflecting a perceived need to structure new CBOCs into priority groups prior to implementation, VHA decided to group the proposed new outpatient access sites (CBOCs) into 3 priority levels, as described in detail in Chapter 4.²⁵ Priority groupings will enable VHA to carefully phase-in new CBOC growth so

that a balanced expansion of outpatient capacity at existing and new sites can be achieved.

Chapter 6: Ensuring Inpatient Capacity Inpatient Services Redefined: Reduced Capacity, Refined Expectations

With the increased reliance on ambulatory services noted in the preceding chapter, the role of VA inpatient facilities has not diminished, but rather has become more precisely defined. In the VA system, that role is to serve as the vital referral junction for acute and tertiary care, as well as a point of convergence for other health care services not available in ambulatory care facilities.

Background on Changing Inpatient Environment

The dramatic shift from inpatient to outpatient care in the VA system over the past few years was briefly described in the previous chapter of this plan. Several salient features of the concomitant changes VA has experienced in inpatient hospital care are discussed below.

The transition was begun in a gradual fashion when, between 1969 and 1994, there was a 56 percent decline in average daily census (ADC) from 91,878

to 39,953, respectively.²⁶ Overall, VA beds declined by about 50,000 over this 25-year period. Between 1995 and 2002, there was a further drop and even more striking shift to outpatient health care delivery. During this seven-year period, there was a drop in the ADC of about 60 percent to 14,925.²⁷ Acute operating beds fell by 63 percent (from about 52,000 in 1994 to about 19,000 in 2002). The period of most rapid decline in bed utilization and numbers of beds was 1997 to 1998. After 1998, the average occupancy rate started to rise to a high of 80 percent in 1999 (in 2002, about 75 percent compared to 71 percent in 1994). In addition, strengthening of primary care services, such as home care, case management, telemedicine, and patient self-help instruction has reduced the number of medicine bed days of care.

The changes from inpatient to outpatient care have also been coupled with and, to a large extent made possible by, rapid advances in medical technology, which require on-going

²⁵ Table 4.4, Chapter 4, lists the new access sites included in the draft National CARES Plan.

²⁶ GAO/HEHS-95-121, VA Health Care: Opportunities for Service Delivery Efficiencies [* * *]

²⁷ From the VA's KLF Menu Database.