

collaboration with these other two VA administrations.

Summary of Proposed VBA Initiatives

A number of very positive, long-standing examples of collaborations resulting in such efficiencies can be found around the nation. These involve either the placement of VBA benefits offices on VA medical center grounds, or leased space shared by VBA offices and VA outpatient clinics. With the benefits of such actions well known, incorporating such arrangements in future strategic plans was a given.

Therefore, intense teamwork between VBA planners and various VISNs was needed to identify 17 CARES planning initiatives involving interdepartmental collaboration. At the time the CARES Plan was prepared for publication, these initiatives remained in early stages of development. As a result, only a preliminary assessment of the feasibility of these potential collaborations is presented here.

While both VHA and VBA approached any proposed collaborative venture with the objective of finding cost efficiencies, the consensus was that service to veterans would remain the priority consideration. In this context, review of these initiatives focused on the extent to which they would support and enhance VBA's productivity, accuracy, and timeliness in delivering benefits.

Specifically, VBA evaluated and prioritized proposals to co-locate benefits offices onto VA medical center grounds at 17 locations, based on the potential to improve claims processing and accessibility to veterans. The initiatives were categorized in three priority levels and accordingly assigned general time periods for further development and implementation. The following listings include comments about the criteria considered in this process:

High Priority Initiatives: Co-location of VBA offices at 6 VA Medical Center sites during years 2004–2010. Evaluation indicates that claims processing and accessibility requirements would be met, while achieving a high return on the transition investment (*i.e.*, areas involved are subject to expensive rents, and significant costs can be avoided or reduced).

Medium Priority Initiatives: Co-location of VBA offices at 11 VA Medical Center sites during years 2011–2016. Evaluation indicates that claims processing and accessibility requirements would be met, but the transition investment would bring lower

return because rents are less expensive at these designated sites.

Low Priority Initiatives: Co-location of a VBA office at one VA Medical Center site during 2017–2022. Evaluation indicates that claims processing and accessibility requirements would not be met, notwithstanding rent circumstances.

The high priority VBA co-location initiatives developed in the CARES process—on which further development and implementation are recommended during the period 2004–2010—are listed below. A more comprehensive listing and explanation of all high, medium and low priority sites can be found in Appendix H.

- VISN 1 (Newington CT)
- VISN 7 (Columbia) SC
- VISN 18 (Albuquerque, NM)
- VISN 22 (Los Angeles, CA)
- VISN 22 (Reno, NV)
- VISN 23 (Minneapolis, MN)

Summary of Proposed NCA Initiatives

The National Cemetery Administration (NCA) collaborated with VHA in the CARES process to identify potential excess land at VA Medical Centers that could be used to provide burial options for veterans and eligible family members.

After an analysis of VA properties and projected future needs in each VISN, NCA identified 58 locations within 18 VISNs, where acquiring available land would be of interest. As a result of discussions at the Planning Initiative Selection Conference, 23 initiatives involving 14 VISNs were identified. Further review and analysis by VHA and NCA narrowed this list to a total of 16 collaborative opportunities within 11 VISNs.

Major reasons for inability to collaborate on some of the initiatives included insufficient acreage available at the medical facility, and unsuitability of the site for cemetery development (for example, due to inappropriate topography or aesthetics).

At the time this CARES Plan was prepared for publication, these NCA collaboration initiatives remained in early stages of development. Therefore, only a preliminary assessment of their feasibility is presented here.

Similar to the circumstance noted above for collaboration between VHA and VBA, both VHA and NCA approached these potential collaborations with the objective of finding cost efficiencies. And again, the consensus was that service to veterans would remain the priority consideration.

In this instance, review of the initiatives focused on NCA's goals and

strategies, and the initiatives were scored on their potential to improve the efficiency, timeliness of services, and overall accessibility of burial benefits and national cemeteries.

The planning horizon for high priority NCA CARES initiatives was designed as 2004–2010. The following sites were selected for these high priority initiatives, based on the potential to continue to provide access to burial services to veterans, or to provide access to veterans not currently served by existing NCA or state veteran cemeteries:

- VISN 3 (VA Hudson Valley HCS and Montrose)
- VISN 6 (Salem)
- VISN 8 (Future co-location at Sabana Seca Naval Facility at San Juan)
- VISN 10 (Chillicothe)
- VISN 15 (Leavenworth and St. Louis)
- VISN 20 (Walla Walla)
- VISN 22 (West LA)

A complete listing of sites for medium priority initiatives (for potential action during the years 2011–2016), and low priority initiatives (potential action in the years 2017–2022), and further explanation of the high priority sites, is presented in Appendix H.

Chapter 14: Partnering with the Department of Defense

Federal Medicine: DoD and VA Opportunities

There is a tremendous potential for savings through sharing of medical services and other resources among federal medical providers. Because of sheer size and wide dispersion around the country, the VA and DoD health care systems in particular have available numerous collaborative opportunities.

VA operates 162 hospitals and more than 850 community and outpatient clinics, nationwide, at a cost of more than \$28 billion. DoD spends a similar amount on health care, split between approximately 75 military hospitals and 600 clinics and through networks run by managed care support contractors.

Resource sharing between the VA and DoD facilities has been increasing since the early 1980's. Some of the specific activities involved are major medical and surgical services, laundry, blood supply and other laboratory services, specialty care, training activities, joint venture construction and the operation of facilities.

In the summer of 2001, the President's Management Agenda was announced. The agenda is an aggressive strategy for improving the management of the federal government. Contained in the agenda is a specific section entitled