

place any in house space requirements at risk in the future. Second, VHA is constantly improving and testing the process by which facilities would make this surge space available in time of war or national emergency.

CARES Market Plans Impact on National Defense and Homeland Security

VISNs were required to discuss in their CARES Market Plans the impact of planning initiative solutions on the VA's fourth mission. They were asked to describe the strategy the VISN would use to meet a realistic estimate for DoD contingency needs and those contingency needs provided by VA's Emergency Management Strategic Health Care Groups. As indicated previously, the overwhelming majority of planning initiative solutions, and other bed gap solutions, had either no impact or a positive impact on support to DoD contingency needs. The potential positive impact is a result of the expected improvement in the acute inpatient infrastructure that will ensure that VA's facilities are available to meet any contingency needs and the overall expansion in space proposed in the plan.

Potential negative impact from planning initiative solutions are anticipated in the following areas:

Contracting Services in the Community

VISNs that proposed planning initiative solutions involving significant community contracts had different views on the impact on DoD contingency planning. Most did view contracting as eliminating the medical center's contingency support capacity, and proposed working with DoD to find ways of ensuring preparedness in the future or including national emergency provisions in contracts. However, a few facilities saw expansion of contract services as a chance to develop a closer relationship with community hospitals that could support disaster preparedness in the future. A few facilities felt the delivery of mental health services dealing with PTSD and potential outcomes in the event of a conflict, would be better delivered by VA than through community providers due to expertise in these areas.

Small Facilities

Facilities with fewer than 40 acute beds, which the Draft National CARES

Plan recommended should eliminate acute beds or change to a Critical Access Hospital (CAH) designation, will no longer be a resource for hospital beds in the event of military action or national emergency. A list of these facilities can be found in Chapter 8, "Strategic Direction of Small Facilities." The extent that these small facilities would be used in the event of a conflict would determine the extent of the impact on DoD contingency planning. However, none of these small facilities is currently designated as a Primary Receiving Center.⁶³

Consolidations and Realignment (Proximity)

Facilities proposed for closure as part of the solution of a Proximity Planning Initiative can be found in Chapter 9, "Proximity and Campus Realignment." Closures will not have an impact on DoD contingency planning in those markets.

Out Leasing

VISNs which lease space to the National Guard or other agencies involved with national defense were reluctant to terminate the leases to gain space back for patient care services. In many cases, the leases were retained and other alternatives for space expansion at the facility were proposed.

Staffing

Although VISN CARES Market Plans include infrastructure or service expansions at many facilities that support VHA's emergency response role, the ability to acquire emergency staffing to provide the additional care is an issue not addressed in this cycle of CARES.

Chapter 18: Optimizing Use of Resources

Optimize Resources To Meet Needs

A brief review of the titles of preceding chapters in this CARES Plan brings into focus the complexity of realigning the capital assets of a health care system, and the inter-related nature of CARES components.

For example, there are multiple, overlapping considerations in planning to improve access, enhance ambulatory care, ensure the availability of inpatient services, and protect special disability

programs. These elements of the CARES process are interwoven, influencing each other as well as the central issue of quality in caring for veterans. The inherent linkage of CARES elements further extends to avoiding duplicative facilities, supporting research and medical education, reducing vacant space, and virtually every other component discussed in the plan.

With all of these items simultaneously in play during the CARES process, with dynamic adjustments being made to maximize beneficial effects and minimize negative impact on other components, it was prudent to apply a unifying filter at the end of the process. This took the form of a review to ensure that CARES-driven actions would optimize the use of limited resources, while meeting future changes in workload demand. This chapter describes the "resource optimization" review and provides a summary assessment of how resources were optimized in the CARES process.

Managing Workload Economically

One criteria used in the development of CARES Market Plans was a consideration of the most economical method for managing workload through in-house, contract, joint ventures or sharing and the most economical way to manage the space for in-house workload through renovation, new construction, conversion of vacant space or enhanced use. Operating costs of underutilized and vacant space were to be reduced. One of the driving forces behind CARES was a General Accounting Office report indicating that VHA expends as much as \$1 million a day on underused or inefficient capital infrastructure.⁶⁴

Workload Demand

Table 18.1 shows the national projected changes in workload demand by CARES Category. Except for inpatient surgery, workload is increasing over the 20 years of the CARES planning horizon. The draft National CARES Plan describes how the increase in workload will be managed, focusing on the space and capital requirements through FY 2022.

⁶³ A List of DoD Primary Receiving Centers can be found under References or at www.va.gov/emshg.

⁶⁴ GAO Report available under References.