

incorporated into the systematic program of ongoing strategic planning activities, conducted in regular cycles to continuously improve the placement and configuration of capital assets in the VA health care system.

This chapter of the plan explains how CARES will be integrated into the new VHA strategic planning process, and how the CARES capital agenda ultimately will be completed. Implementation of the capital requirements of CARES into the VA capital planning process is also described.

#### *Completing The Agenda*

While the projections for the majority of clinical programs and associated capital needs were studied in Phase II, some categories assumed a current workload due to required improvements in the projection methodologies. Their capital needs and services will be studied between the publication date of this plan, and April 2004 (VHA strategic plan due date) for mental health, domiciliary, long term psychiatry, and nursing home care.

In September 2003, the CACI/Milliman enrollment projection FY 2004 model will be run to provide the framework to complete the postponed topics. The September model results will be closely integrated with the Secretary's Enrollment Level Decision model run in July as part of the preparation of the FY 2005 budget that will be sent to Congress in February 2004.

#### *Integration of the CARES Process Into VHA Strategic Planning*

The CARES planning process and VHA's strategic planning process under the Office of Policy and Planning (OPP) currently function programmatically as two separate planning processes.

CARES was established as a separate activity outside the Office of Policy and Planning's strategic planning process when it was a contracted study for the VISN 12 pilot. The National CARES Program Office was formed to begin Phase 2 in December 2001 under the direction of the Deputy Secretary for the Department of Veteran Affairs, although organizationally staff resided in VHA. While the CARES program utilized the Enrollment Level Decision Analysis (ELDA) model, the model had not been used for strategic planning. The adaptation to CARES required different planning assumptions based upon a 20-year time horizon as contrasted with the shorter run budget planning time horizon. The assumptions differed in part because the short-term market share growth projected under the enrollment

model was not sustainable for the long-range projections under CARES. Many other forecasting issues were identified as a result of the forecasts utilized at a local market area instead of a national level. A separate CARES contract was developed that was jointly developed by NCPO and OPP. The next contract with Milliman for enrollment projections will incorporate budget and strategic planning assumptions and requirements into a single contract, unifying the long term CARES modeling with short term planning activities.

The National CARES Program Office collaborated with the Office of Policy and Planning for other planning functions. OPP's Planning System's Support Group (PSSG) piloted the CARES travel time access methodology and assisted in the development of the Market Area maps. In addition, the VA Long Term Care Model resides in OPP and is managed by the PSSG. The OPP, CARES, and Geriatrics and Extended Care Strategic Healthcare Group formed a team to revise the long-term care model to respond to the Secretary's revisions to the long-term care policy. Teamed with VA's Office of the Actuary, VA and non-VA researchers are revising the Nursing home bed and alternatives forecasting model as described in the Nursing Home Chapter.

The Under Secretary for Health asked the National Leadership Board's Strategic Planning Committee to determine how CARES planning should be integrated into the VA/VHA strategic planning process, including which data sets and assumptions will be used as a basis for planning, and how timelines for the process will be incorporated into the VHA strategic planning cycle. Representatives from key offices associated with CARES and strategic planning participated in discussions to develop recommendations to integrate the planning processes.

The National Leadership Board recommended strategic planning and CARES should become an integrated process under OPP and use the same projected enrollment database by July 2004. The term, CARES, will no longer be used after this current plan is completed. The first step will be the integration of the future planning activities into the strategic planning guidance.

Integrating the strategic planning process under one office provide more consistent and coordinated guidance to VHA program and field office planning efforts. The CARES planning data, assumptions, processes, and timelines will reconcile with other existing strategic planning activities of the

Administration and activities required by Congress and OMB.

#### *Capital Prioritization Process*

The plan approved by the Secretary will be the source of capital projects that are incorporated into VA's 5-year capital plan. Specific projects submitted by VISNs will be prioritized annually using criteria integrated with the CARES planning criteria and other Departmental and Presidential priorities.

#### *Implementation*

There are aspects of the plan that can be implemented without capital investments after the Secretary's approval. They are primarily the result of service consolidations, campus realignments and the changes in the acute mission of small facilities. After the national Cares Plan is approved, detailed planning to determine the final feasibility of these realignments will be incorporated into the VHA strategic planning process.

#### **Appendix A—VISN Market Plan Executive Summaries**

##### **VISN 1 Executive Summary**

##### *Access*

**Primary Care**—The draft National CARES Plan attempts to balance meeting national access guidelines with ensuring the current and future viability of its acute care infrastructure. Because of this, while new access points in this VISN are included in the National Plan, they are not in the high implementation priority category at this time.

**Hospital Care**—Access in the North and Far North markets is being met through community contracts. In addition, telemedicine and telecare programs will be used across the network to improve quality and access for primary care and specialty care. The Maine Telemedicine program for the private sector will be used to provide cost effective care to the Maine veterans in collaboration with the VA.

##### *Campus Realignment/Consolidation of Services*

**Bedford**—Outpatient services will be maintained at the Bedford campus. Current services of inpatient psychiatry, domiciliary, nursing home and other workload) from the Bedford campus will be transferred to Brockton, West-Roxbury and other appropriate campuses (Manchester). The remainder of the Bedford campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility. Any revenues or in kind services will remain in the VISN to invest in services for veterans.

**Jamaica Plains**—Study the feasibility of redesigning the Jamaica Plains campus to consolidate services into buildings for operational savings and to maximize the enhanced use lease potential of the campus for assisted living or other compatible types