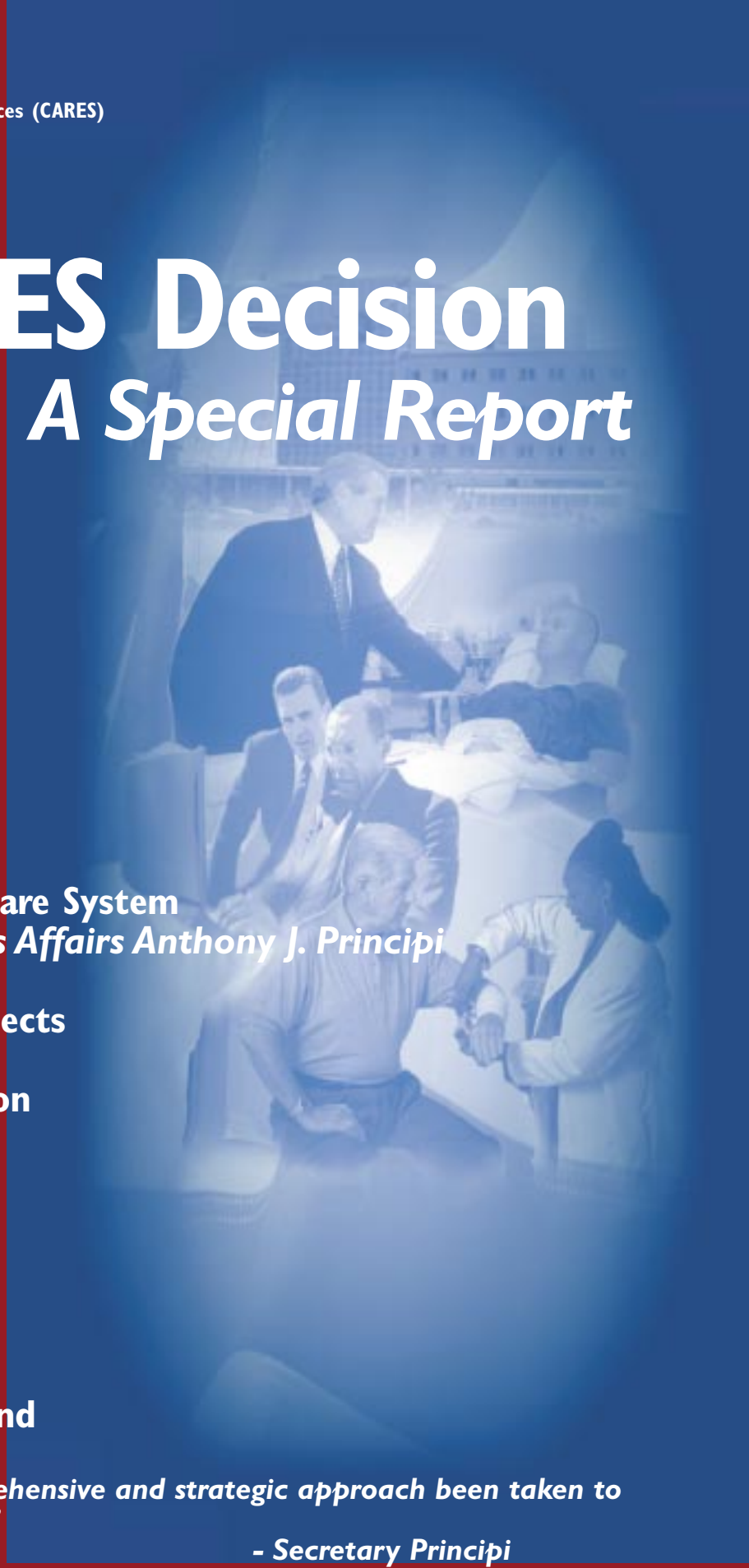
U.S. Department of Veterans Affairs
Capital Asset Realignment for Enhanced Services (CARES)

The CARES Decision

A Special Report



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"Never before has such a comprehensive and strategic approach been taken to VA capital asset management."

- Secretary Principi

A Health Care System for the 21st Century

Anthony J. Principi
Secretary of Veterans Affairs

How we care for those who served, those currently serving, and those yet to wear our nation's uniform defines who we are as a society and how seriously we take President Abraham Lincoln's commitment "to care for him who shall have borne the battle."

The CARES Decision I announced on May 7 will serve as VA's road map for bringing our health care system's facilities in line with the needs of 21st century veterans. This decision commits us to providing greater access to quality care closer to where more veterans live. We pledge that our facilities will be modern and more functional.

VA entered the 21st century with a legacy infrastructure, most of which was designed and built to provide medical care as it was practiced in the middle of the 20th century or, in some cases, as it was practiced before World War I. VA facilities' average age exceeds 50 years, while those of successful private sector health care providers average less than 10 years.

Neither medical science nor the veteran population is static and unchanging. VA health care must be dynamic to provide veterans the access and quality necessary to keep faith with them and the American people.

VA must adapt to the medical progress of the last half-century. Today, most patients see their physicians on an outpatient basis. Mentally ill patients are no longer consigned to remotely located, thousand-bed asylums for the remainder of their lives.

While the practice of VA medicine has sometimes led these innovations, especially in the area of technology, where we are the world leaders in clinical information, electronic health records, digital radiology, and bar code medication administration, to name a few, our physical infrastructure has not kept pace. The VA health care system now stands at a crossroads between the medical care of the past and the great possibilities of the future.

Over the last half-century, millions of veterans, following the population migration patterns of the nation, have moved to the South, the West and the Southwest. Accordingly, we must update our facilities to reflect changes in the practice of medicine and demographics of the veteran population.

CARES does that. Never before has such a comprehensive and strategic approach been taken to the department's capital asset management.

The CARES Commission report is a well-reasoned road map to the 21st century. My CARES decision uses the flexibility it provides to maximize access to and quality of medical care for veterans and minimize any disruption for our patients, employees and communities.

On May 20, I sent to Congress a five-year construction management plan identifying the first of 30 major projects for advanced planning and design we plan to begin designing or building in 2004 and 2005 at a cost of $1 billion. Projects designed this year and next are scheduled for construction in 2006 and 2007. I anticipate that CARES will call for additional investments of approximately $1 billion a year for at least the next five or six years.

Overall, the CARES plan identifies more than 100 major construction projects in 37 states, the District of Columbia, and Puerto Rico, and many minor construction projects throughout our system.

CARES will dramatically improve access to primary care, especially for veterans living in rural areas, by 73 to 80 percent.

In 2001, VA met inpatient care access guidelines in only 28 of our 77 medical care catchment areas. When the CARES process is complete, we will meet that standard in 73 of our catchment areas. We will also increase the percentage of enrollees within access guidelines for complex inpatient tertiary care from 94 to 97 percent.

Investment in modernization, as well as money saved by vacating obsolete or redundant space, will pay off in resources committed to medical care for our nation's veterans rather than for maintaining vacant or obsolete buildings. Implementation of the CARES plan will reduce vacant space in the Veterans Health Administration from 8.57 million square feet to slightly less than 5 million, a reduction of 42.5 percent. The CARES plan will reduce the cost of maintaining vacant space over the period 2006 to 2022 from an estimated $3.4 billion to $750 million and allow VA to redirect those funds to provide more care to more veterans.

The VA health care system now stands at a crossroads between the medical care of the past and the great possibilities of the future.

My decision to accept the CARES Commission report makes our commitment to veterans clear. CARES is America's investment in our veterans' future. It is the legacy of a grateful nation to forever serve the health care needs of our aging heroes, the brave young men and women of Operations Enduring and Iraqi Freedom and those who follow in their footsteps for generations to come. VA

Implementing the CARES Decision

On June 28, 2004, just a month after announcing his CARES decision, Secretary Principi submitted to Congress a list of 30 high-priority major construction projects to begin implementation of the CARES plan. Part of the 5-Year Capital Plan 2004-2009, this priority list of CARES Capital Projects for 2004 and 2005 begins an infrastructure investment of approximately $1 billion a year for the next five years.

Summary of CARES FY 2004 and 2005 Capital Projects

2004		Budget Request in $000
Chicago, Ill.	Bed Tower	98,500
North Chicago, Ill.	Joint VA/Navy Medical Project	13,000
Palo Alto, Calif.	Seismic Corrections (Bldg 2)	34,000
Cleveland, Ohio	Cleveland-Brecksville Consolidation (Phase 1 Design)	15,000
Pittsburgh, Pa.	Campus Consolidation (Phase 1 Design)	20,000
Minneapolis, Minn.	Spinal Cord Injury and Disorders Center	20,500
Las Vegas, Nev.	New Medical Facility (Design and Land Purchase)	60,000
Gainesville, Fla.	Meet Privacy Standards (Phase 1 Design)	8,800
Indianapolis, Ind.	Ward Modernization Addition	27,400
Tucson, Ariz.	Mental Health Clinic	12,100
Denver, Colo.	New Medical Facility (Phase 1 Design)	30,000
San Antonio, Texas	Ward Upgrade and Expansion	19,100
Orlando, Fla.	Bed Tower (Phase 1 Design)	25,000
Tampa, Fla.	Electrical System Upgrade	49,000
Columbus, Ohio	New Outpatient Clinic Construction	94,800
Durham, N.C.	Ward Renovations	9,100
Long Beach, Calif.	Seismic Corrections (Phase 1 Design)	10,300
Anchorage, Alaska	Outpatient Clinic/Regional Office (Phase 1 Design)	11,760
2005		
Tampa, Fla.	Spinal Cord Injury Expansion	7,100
Pensacola, Fla.	VA/Navy Outpatient Clinic	55,500
Temple, Texas	Blind Rehab and Psychiatric Beds	56,000
San Juan, P.R.	Seismic Corrections (Phase 1 Design)	15,000
Syracuse, N.Y.	Spinal Cord Injury Center	53,900
Atlanta, Ga.	Ward Modernization	20,700
Menlo Park, Calif.	Seismic Corrections/Nursing Home Replacement	33,239
San Francisco, Calif.	Seismic Corrections	41,500
Los Angeles, Calif.	Seismic Corrections	8,000
Lee County, Fla.	Outpatient Clinic Land Purchase	6,510
Des Moines, Iowa	Extended Care Building	25,000
San Diego, Calif.	Seismic Corrections	48,260

"Implementation of CARES will require substantial investment. While I assess what amounts should be funded in future budgets, this capital plan reflects the need for additional investments of approximately $1 billion per year for the next five years to modernize VA's health care infrastructure and enhance veterans' access to care." — *Secretary of Veterans Affairs Anthony J. Principi*

Veterans Service Organization Leaders Respond to the CARES Decision

"The CARES program is an unprecedented initiative that moves the VA health care system into the 21st century."
— VFW National Commander Edward S. Banas Sr.

"The Capital Asset Realignment for Enhanced Services, or CARES, plan represents a positive first step toward providing for the health care needs of today's and tomorrow's veterans."
— DAV National Commander Alan W. Bowers

"Delivery of health care has changed immensely over the past 50 years, and it's been evident the VA system had to undergo some sort of transformation if it was to keep pace with the medical needs of our veterans."
— AMVETS National Commander S. John Sisler

"When you take a look at the beginning of all this, when the draft national plan came out last summer, and then as the national CARES Commission met and had field hearings, and then you look at this final decision, you find that stakeholder input led to many great changes." *— American Legion National Commander John Brieden*

Highlights of the Secretary's CARES Decision

- Construction of new medical centers in Orlando, Fla., and Las Vegas, and a replacement hospital in Denver.
- Replacement and major expansion of the Columbus, Ohio, VA Outpatient Clinic.
- New bed towers in Tampa, Fla., and San Juan, Puerto Rico.
- Open 156 new community-based outpatient clinics by 2012, about 50 in the next two years.
- Expansion of the downtown VA medical center in Cleveland to provide care now delivered at the nearby older Brecksville campus. Similar consolidations of the medical center divisions in Pittsburgh, and between medical centers in Gulfport and Biloxi, Miss.
- Realign VA care provided in Canandaigua and Montrose, N.Y.; Livermore, Calif.; Knoxville, Iowa; Butler, Pa.; Saginaw, Mich.; Ft. Wayne, Ind.; and Kerrville, Texas. VA care continues, but type of care or mix of specialties subject to change.
- Potential creation of four new—and expansion of five existing—spinal cord injury centers.
- Open two new blind rehabilitation centers.
- Increase sharing of health care sites with the Department of Defense.
- Develop a "Veterans Rural Access Hospital" policy to determine how to best provide care for veterans served by small and rural VA medical centers.
- Conduct studies recommended by the CARES Commission to determine best way to provide acute inpatient care in metropolitan New York City; Boston; Montgomery, Ala.; the Muskogee/Tulsa, Okla., area; Poplar Bluff, Mo.; and Big Spring, Texas.
- Gather additional information before determining best way to ensure care for veterans now cared for at Waco, Texas, and Walla Walla, Wash., VA medical centers.
- No current facility patterns of care change until VA can provide care at alternative sites of comparable quality. No veteran loses services or experiences gaps in care during the CARES process.

CARES provides ...

■ greater access to quality care closer to where most veterans live. No veteran loses health care as a result of CARES, nor will there be gaps in health care services.

■ a blueprint for the future. It is a 20-year plan that will be phased in over time and integrated into strategic and capital planning.

■ expanded outpatient services and more care veterans want and use. Under CARES, VA plans to open more than 150 new community-based outpatient clinics by 2012.

■ quality care and access to specialty services with the potential creation of four new—and expansion of five existing—spinal cord injury centers, two new blind rehabilitation centers, and expansions throughout VA's health care system.

■ the most comprehensive and strategic approach to capital asset management—how VA spends its money—in VA history.

■ expanded services, which include hiring more health care professionals and buying more health care equipment.

■ that savings from CARES will stay in the region where the money is saved to further enhance health care services for veterans.

■ quality medical care for returning servicemembers, including National Guard members and reservists, with the addition of more clinics and specialized care facilities.

■ focus on long overdue seismic and other patient and employee safety issues.

■ VA/DoD sharing for the benefit of veterans and active-duty members.

■ greater opportunity for VA to seek enhanced-use leases—partnerships between VA and private-sector organizations that enhance services, while reducing costs to VA.

■ savings from reduced expense of maintaining old, outmoded and underused facilities.

"VVA also wants to applaud the efforts of the CARES Commission, chaired by Everett Alvarez, which has done a tremendous amount of work to meet its mandate, particularly with regards to expanding 'special needs' services for blinded veterans and veterans suffering from spinal cord injuries."
— Thomas H. Corey, National President of Vietnam Veterans of America

"PVA is pleased to see that VA's draft national CARES plan provides for a much needed expansion of VA's capacity to meet the growing demand for [spinal cord injury] care. The four new SCI centers proposed by the DNCP will strongly enhance VA's ability to meet this growing medical care demand. Additionally, these four new proposed SCI centers will greatly reduce travel distances and waiting times currently experienced by thousands of veterans who depend on VA for their SCI health care needs."
— John Bollinger, PVA Deputy Executive Director (Oct. 7, 2003, response to draft national CARES plan)

"I want to thank so many [veterans service organization] leaders who are here today. … I want to express my deepest thanks for their support over the years and their advocacy in working with us to ensure that we do meet our debt to the nation's veterans."
— Secretary of Veterans Affairs Anthony J. Principi at his May 7 announcement of the CARES decision

Behind the Scenes of VA's Makeover

MARK HALL

VISN Support Service Center team collected data, helped the networks and assisted the national office.

Our health care system is getting a new look for the 21st century. It's no "Extreme Makeover: Home Edition," ABC's popular home renovation reality show, but it is a major facelift for an organization built on the foundation of 1940s health care.

This makeover is CARES, and its goal is to align VA health care infrastructure with the future needs of veterans.

Behind the scenes of "Extreme Makeover: Home Edition" is a crew of about 100 carpenters, plumbers and electricians who work day and night to complete a project. The same goes for CARES. Hundreds, maybe thousands of VA employees from across the country worked behind the scenes developing data-driven market plans. Here's a closer look at a small group of employees who, by some accounts, became the backbone of CARES.

Data Collectors

Spend a few minutes at the VISN Support Service Center Web site, *http://vssc.med.va.gov,* and its focus is immediately clear. The center collects reports from VA facilities and compiles them on the Web site, showing national trends and averages. Looking for information on VA patient surveys? How about clinic wait times or workload summaries? It's all there.

The center is actually a virtual organization of 47 employees working at various facilities around the

Above: Steve Jones maps VA facilities in geographic regions.

country. They're kind of like a consulting firm for the Veterans Health Administration. One of their key strengths, according to Director Joni Rubin, is data collection and analysis, which made them a natural fit for CARES.

When CARES started to heat up in the summer of 2002, the service center put together a team of consultants—economists, accountants, architects, statisticians, health specialists and IT pros—to work the issue full time. Deputy Director Jill Powers, a former VA medical center chief engineer, got the task of assembling the team. She issued a job announcement across VHA for 12 CARES positions.

Finding the right person for the right job is never easy. But who would want a job that required 10 or 11-hour workdays, tons of travel, no weekends, no vacation, no sick days, a looming deadline and a national spotlight? Interest was greater than one might expect. Powers received more than 35 applications in just a few weeks. Some of the applicants were already part of the service center operation. Others were from VISN offices and medical centers nationwide.

Louis DeNino, who has a Ph.D. in economics and works out of Houston, Texas, was one of the first to make the team. He applied because he saw it as a tremendous opportunity to use his background in planning and economics at the national level.

Though he knew it would be demanding, he never imagined just how tough it would get. "I don't think any of us did," said DeNino, who was on the road nearly every week helping coordinate plans for VISNs 17 (Dallas), 18 (Phoenix) and 21 (San Francisco).

Network Liaisons

Each team member was responsible for supporting several networks. One of their first tasks was to help interpret workload projection data provided by the National CARES Program Office and actuarial firm Millman, USA.

COURTESY OF JILL POWERS

FAMILY PHOTO

JIM SCHILLER

COURTESY OF JILL POWERS

Clockwise from top: the CARES team gets down to business; Jill Powers, deputy director of the VSSC and leader of the CARES team; Mark Hall, left, and Steve Jones at the airport, where they spent a lot of time as members of the CARES team; the CARES consultants spent a lot of time away from their families. Rusty Lloyd is now back with his: daughters Ashley (left) and Audrey (right), son Ryan and wife Nelda.

The actuaries collected massive amounts of data from the U.S. Census and used it to project VA health care usage for the next 20 years. How many veterans were expected to enroll? What services would they need? Where would they live? And so on. The final report contained more than half a terabyte of data—that's about 510 gigabytes.

Sorting though the data was the easy part, according to Powers. Finding a way to turn the workload projections into square footage and cost requirements got a bit tricky. "This was the hardest work I've ever done in my life," she said. "It wasn't so

much the hours, but the mental challenge of making it work."

Much of that burden was shared by VISN planners such as A.J. "Jean" Allen, from VISN 20, based at the Vancouver campus of the Portland, Ore., VA Medical Center. "We had to take the data and translate it into what would work for our network," said Allen, who worked with a team of representatives from eight VA medical facilities in her network. She also had the assistance of service center liaison Karen Weidner, Ph.D., who Allen credits with being there "every step of the way."

One of their objectives was to identify gaps between projected workload and available capacity. Those that exceeded a specific threshold were dubbed planning initiatives. Those that leapt off the charts warranted greater scrutiny.

Network 20 had their share of planning initiatives. They also had the distinction of having the most facilities scheduled for realignment. "They had some real challenges," said Weidner, who also supported networks 19 (Denver) and 23 (Minneapolis). "My role was to provide the data they needed to evaluate all their options and make the best decisions."

Allen, the VISN 20 planner, said the final evaluation became an exercise in democracy, with input from veterans, employees, community groups and congressional delegates. "A lot of people got involved," she said, "and that was so important for our network."

Collaborating with Headquarters

The team also worked closely with the National CARES Program Office in Washington, D.C., where strategic planner Jay Halpern and staff were responsible for developing CARES policy. He said they collaborated extensively with the service center to ensure their policies could be implemented at the network level.

"We were very heavily dependent on the VSSC," Halpern said. Working together was important, he explained, because at the end of the day, "they were the ones who had to go out and help the VISNs develop their market plans."

Fred Malphurs, who served as a CARES special assistant to the Deputy Secretary and now directs the North Florida/South Georgia Veterans Health System, said the team was essential to CARES, particularly in getting the process started. "They hit the ground running, and we could not have done it without them."

Once the networks submitted their plans, Powers and her team returned to Central Office to help review them. "Each VISN had a unique situation, but we needed to keep the process uniform across the system. We needed to maintain a standardized approach," said Powers.

Now that the CARES decision is out, the service center is gearing up to help networks implement phases of the plan. "We're ready to go," Powers said.

Looking Back

CARES may not be an extreme makeover. But the behind the scenes effort required extreme measures. Several team members characterize their two-year stint as the hardest work they've ever done. "It took a lot of energy," said Weidner.

Sometimes, it wasn't the hours or the mental strain, but the disruption to their personal lives. Debbie P. Wheeler, a strategic planner out of Richmond, Va., who worked with networks 1 (Boston) and 5 (Baltimore), said one of the toughest things was being away from her 16-year-old son for weeks at a time.

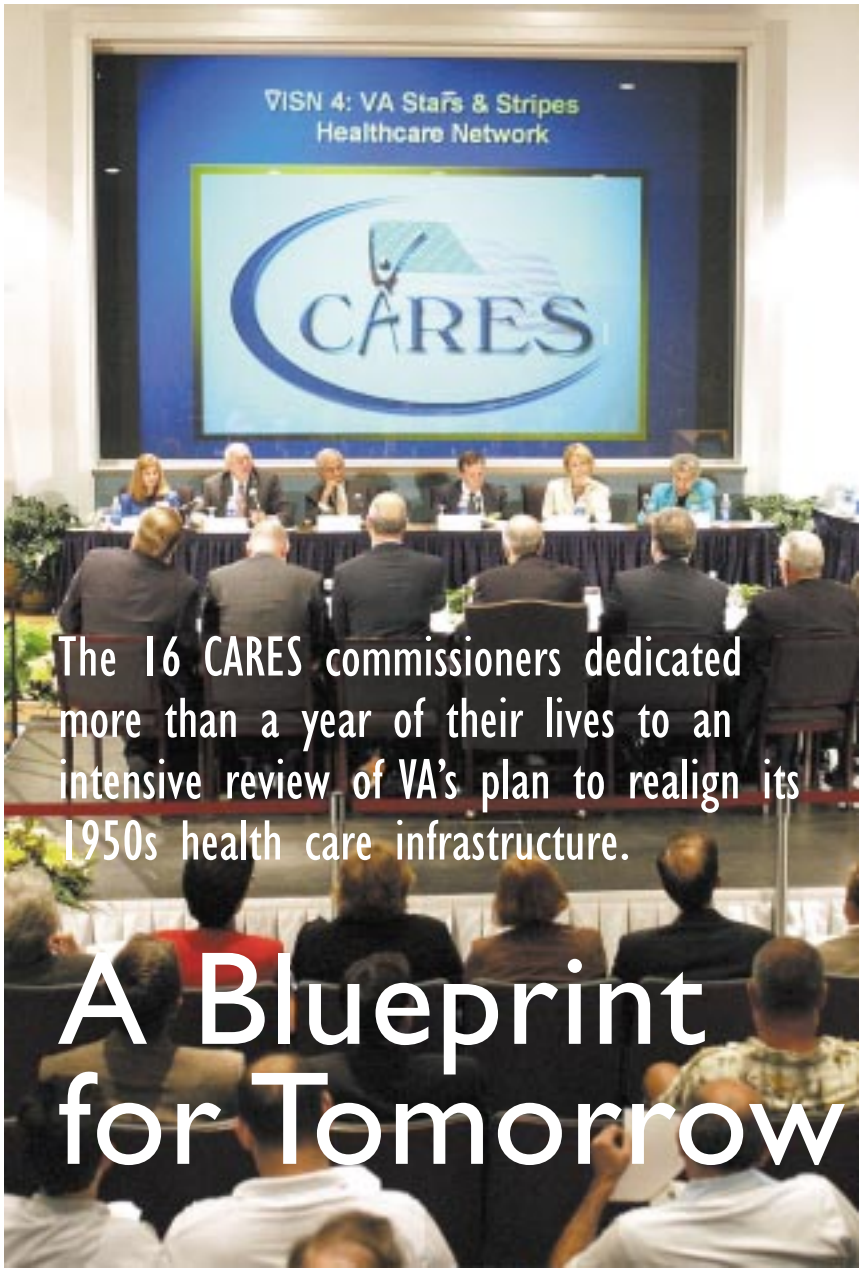
Then there was the whole issue of the media. Wheeler found herself defending CARES to her family on Thanksgiving Day. "The stories in the media made it look like we were trying to cut back on care, and that just isn't true," she said. "Most of CARES is growth and improvements. I think every hospital has construction projects coming out of this."

Steve Jones, an engineer from Jackson, Miss., who supported VISNs 8 (Bay Pines, Fla.), 16 (Jackson, Miss.) and 22 (Long Beach, Calif.), made the mistake of taking a few days off during CARES and heading to the Gulf of Mexico with his family. It didn't take long for his cell phone to start ringing. He ended up spending a day in the condo's business office while his wife and kids waited on the beach. "We knew there was an end in sight, so we could cope with it," said Jones.

In spite of the personal sacrifices, every team member interviewed felt it was worth the effort. "Changing demographics, changing needs, aging facilities. I learned so much over these past few years," said Mark Hall, an architect from Durham, N.C. DeNino, the economist from Houston, said regardless of how hard he was pushed, he never lost sight of the goal. "We're restructuring the largest health care system in the world to increase access for veterans. That was the most important outcome. That's what made it all worthwhile."

Rounding out the CARES team are: Scot Dingman, an accountant from Albany, N.Y.; Chip Harvey, a statistician from Cary, N.C.; Patricia Gadbaw, a planner from Atlanta; Tom Salisbury, an IT specialist from Mica, Wash.; Troy Sherrill, IT specialist from Durham, N.C.; Jimmie Tyus Jr., a planner from Tuscaloosa, Ala.; and Rusty Lloyd, who now works as chief financial officer for the VA Nebraska/Western Iowa Health Care System. VA

By Matt Bristol



The 16 CARES commissioners dedicated more than a year of their lives to an intensive review of VA's plan to realign its 1950s health care infrastructure.

A Blueprint for Tomorrow

WARREN PARK

In February 2003, the CARES Commission began the most comprehensive evaluation of VA's health care system ever conducted, an evaluation that would require the independent panel of 16 chartered by the Secretary to recommend critical change within VA. Their mission: to assess the Under Secretary for Health's Draft National CARES Plan. Secretary Principi wanted the group to bring an outside perspective to what had been, up to that point, a largely internal process.

The Secretary charged the group with providing specific, impartial and equitable recommendations to meet the future demand for veterans' health care services. But he didn't want their recommendations to be based solely on data and analysis. The Secretary wanted the panel to consider the concerns and views of veterans and others who would be directly affected by CARES.

Finding the Right People

To lead the group, Secretary Principi looked to Everett Alvarez Jr., who served as VA deputy administrator from 1982 to 1986. A distinguished naval officer and government executive, Alvarez was the first American aviator shot down over North Vietnam. He was held as a POW for eight and a half years.

Alvarez agreed to chair the panel. After reviewing the backgrounds of the nine members already on board, he decided to build a more diverse commission that would not only have strong representation from VA, but from the private sector and major veterans service organizations, as well. With a group of people who were experts in their respective fields, Alvarez believed he could complete the task in the time given by the Secretary. Many members were recommended, more than he could select. He decided to put the emphasis on people with strong backgrounds in health care.

One of those was Dr. Layton McCurdy, dean emeritus and professor of psychiatry at the Medical University of South Carolina. Though McCurdy brought a great deal of academic and mental health knowledge to the commission, he'd had little experience with VA. Serving on the panel has made him one of VA's strongest advocates.

"Prior to joining the commission I had the opportunity to consult with VA as a psychiatrist, and my impression of VA was OK," said McCurdy. "But because of my direct involvement as a commissioner, I can tell you or anyone today that I believe VA is the best health care system in this country."

Above: CARES Commission members listen to testimony from a panel at the public hearing held in Pittsburgh.

The stakeholder panel at the Charleston, S.C., CARES Commission hearing. From left: Dr. Larry Faulkner, dean of the school of medicine at the University of South Carolina in Columbia; Capt. Greg Hall, of the Charleston Naval Hospital; Dr. Raymond Greenberg, president of the Medical University of South Carolina; Carl Hawkins, director of the Columbia VA Regional Office; and Charleston Mayor Joseph P. Riley.

Recently retired, former VA under secretary for benefits and medical center director John Vogel was selected as commission vice-chair. According to Alvarez, Vogel's greatest strengths were knowledge of VA policy and understanding of the many changes VA had recently undertaken. Not only is Vogel a veteran of the system as an executive, he's an Army veteran who actively uses VA as his health care provider of choice. "The American people have a treasure, and it's called the VA health care system," said Vogel of why he prefers VA.

Reviewing the Plan

Led by Alvarez and Vogel, the commission began reviewing the draft CARES plan with the ultimate goal of enhancing services, not saving money.

They developed and applied six factors in their review of each individual proposal in the draft plan: impact on veterans' access to health care; impact on health care quality; veteran and stakeholder views; economic impact on the community; impact on VA missions and goals; and cost to the government.

The commissioners visited 81 VA and Department of Defense medical facilities and state veterans homes, conducted 38 public hearings across the country, held 10 public meetings, and analyzed more than 212,000 comments from veterans, their family members and stakeholders. At the public hearings, the commission had the opportunity to hear from approximately 770 invited local speakers, including VISN leadership, veterans service organizations, state directors of veterans affairs, local labor organizations, medical and nursing schools, allied health professional affiliates, organizations with collaborative relationships, local elected officials, seven governors and 135 members of Congress.

Change is Necessary

Through its meetings, visits and hearings with individual veterans and stakeholders, the commission developed an understanding of the complexity of the issues confronting VA and the significance of the changes proposed in the draft CARES plan. The commission agreed that change was necessary to prepare the system for a new veteran demographic reality and a rapidly evolving approach to health care delivery, including greater reliance on technology and specialty services, as well as long-term care.

Vernice D. Ferguson, former assistant chief medical director for nursing programs in VA and former chief of nursing for the Clinical Center at the National Institutes of Health, said that being a part of the CARES Commission has given her a whole new perspective on VA.

"I believe people have unclear notions about this health care delivery system and I have been very gratified as a result of being on this commission," said Ferguson, who retired from the VA system in 1992 after 12 years of service as a nurse executive. "VA is truly one of the best kept secrets from the whole world and its employees are as dedicated and competent as ever."

The commission conducted its work in progressive stages: education, information gathering, and deliberations. The group made it a priority to understand and appreciate stakeholder interests by visiting medical facilities, interacting with veterans and staff, inviting comments at public hearings, and reviewing large amounts of information.

The commissioners divided into teams to conduct site visits and hearings and held at least one hearing in each of the 20 VISNs included in the draft CARES plan. The overall objectives for these site visits were to gain a firsthand understanding of the physical plants and the management of VA capital assets; to hear informally from local veterans and stakeholders; and to provide information about their role in the CARES process.

Sister Patricia Vandenberg, with CARES Commission Chairman Everett Alvarez Jr., was one of the health care experts who brought an "outside VA" perspective to the panel.

Sen. Charles Schumer (D-N.Y.) presents 60,000 signatures (petitions) demanding the Canandaigua, N.Y., VA Medical Center remain open, to Charles Battaglia, who chaired the hearing held there.

The group's work will result in greater access to quality health care, closer to where most veterans live, for today's returning combat veterans as well as those from past conflicts. It puts more health care resources into outpatient facilities, which veterans want and use.

Road Map for the Next 20 Years

Through CARES, VA is honoring its commitment to provide world-class health care for the men and women who have served the nation in uniform.

"This commission could not have accomplished its mission without the dedicated men and women of the Department of Veterans Affairs throughout the country and for their hard work we are grateful," said Alvarez.

"We believe the CARES process advances VA's efforts to ensure the continued availability of quality health care for the veterans it serves," he continued. "This is a road map for the next 20 years, a blueprint for tomorrow."

The CARES commissioners dedicated more than a year of their lives to the betterment of veterans' health care. Other members were: Charles Battaglia, former staff director of the Senate Committee on Veterans Affairs; Joseph E. Binard, M.D., former VA physician and specialist in spinal cord injury treatment; Raymond Boland, former Wisconsin secretary of veterans affairs and president of the National Association of State Directors of Veterans Affairs; Chad Colley, former national commander of the Disabled American Veterans and a triple amputee from the Vietnam War;

John Kendall, M.D., dean emeritus and professor of medicine emeritus at Oregon Health and Sciences University; Richard McCormick, Ph.D., former director of mental health care, VA Health Care System of Ohio; Richard Pell Jr., former VA chief of staff; Robert A. "Bob" Ray, former American Legion Commander in Ohio; Sister Patricia Vandenberg, former president and chief executive officer of Holy Cross Health System in South Bend, Ind.; Jo Ann K. Webb, R.N., director of federal relations for the American Organization of Nurse Executives; Maj. Gen. Michael K. Wyrick, former deputy surgeon general, U.S. Air Force; and Al Zamberlan, former VA health care regional director. VA

By Jose S. Llamas

The unprecedented level of involvement by stakeholders in the CARES process became one of its hallmarks.

An Open Book

When most people hear that change is coming, they cringe and run the other way. But when VA launched a massive effort to overhaul its health care system to meet the needs of tomorrow's veterans, employees rose to the occasion and answered the challenge.

Change of this magnitude would require hundreds of men and women across the nation to devote countless hours to complex, diligent work to achieve what many were calling the most comprehensive evaluation of the VA health care system ever conducted.

Learning from Past Experience

This was not the first time in recent years that VA had taken a look at how it was using its capital assets. In October 2000, the department began what would become the first phase of CARES, an assessment of capital assets in VISN 12 (Chicago) conducted by a contractor. Based on lessons learned from that pilot study, it was clear that in Phase II, VA needed to improve how it communicated with stakeholders.

They needed to be involved in an active advisory capacity in developing procedures and criteria for CARES. Doing this would not only allow VA to receive valuable perspectives, it would also enhance understanding of, and build support for, the CARES process.

Stakeholders included veterans service organizations, VA employees, academic affiliates, Department of Defense sharing partners, congressional delegations, veterans and their families.

Coordinated Communications

From the beginning of Phase II, VA made a firm commitment to conduct a coordinated communications effort to provide timely, accurate and consistent information about the purpose and process of CARES.

The National CARES Program Office, the VHA Office of Communications and VA's Office of Congressional and Legislative Affairs worked together to establish an environment of openness and cooperation with established goals of informing, promoting and encouraging maximum participation from stakeholders.

As a result, more than 11 million people were contacted through a variety of outreach efforts, including e-mail, brochures, mass mailings, newsletters and briefings.

The national CARES office monitored these outreach efforts through a Web-based recording system that allowed representatives from each of the 20 VISNs to input their daily outreach efforts; across the board, each VISN made a concerted effort to inform their stakeholders of the CARES process.

"With this Web-based program, we were able to track, on a daily basis if we wanted to, all outreach efforts going on in the field," said MaryAnne Bruno, a health systems specialist with the national CARES office. "I'm very pleased with the improvement over the original pilot, and because of this program we were able to provide our stakeholders monthly reports throughout the entire CARES process."

The national CARES office held monthly group meetings with veterans service organizations, including the American Legion, Veterans of Foreign Wars, Blinded Veterans Association, Paralyzed Veterans Association, Disabled American Veterans, Catholic War Veterans, Vietnam Veterans of America and numerous others to brief them on the process and progress of CARES.

These meetings involved comprehensive discussions of the primary statistical planning model, as well as other CARES methodologies. The VSOs played a key role in recommending numerous changes that were incorporated into the model and in other enhancements to the process. Their assistance was critical to the successful communi-

WARREN PARK

At all 38 public hearings conducted by the CARES Commission, stakeholders were invited to submit comments on site. Here, Gail Mihlfried, left, and Sue Williams record comments at the hearing held in Pittsburgh. Both work for the VA Pittsburgh Health Care System.

cations effort at the local level.

Thirty-seven senators and 80 members of Congress were briefed on CARES, either directly or through key members of their staff, in their offices.

The national CARES office and the Office of Academic Affiliations kept the American Association of Medical Colleges informed and helped prepare an AAMC presidential memo for distribution to deans.

A memorandum of understanding between VA and AFGE was developed to establish local union representation on all CARES planning committees, and extensive efforts were made at both VA Central Office and in the field to keep employees informed and up-to-date.

VHA and VA's Office of Public Affairs jointly conducted three intensive training conferences on CARES communications, attended by VISN and facility directors, among others. The national CARES office also sponsored three major conferences and seminars specifically designed to provide information to stakeholders.

The VHA Office of Communications coordinated a weekly national conference call to discuss current issues and various outreach techniques with more than 70 participants.

Groundbreaking Results

The importance VA placed on communication was instrumental in the overall success of the completed Draft National CARES Plan, which was submitted to the CARES Commission on Aug. 4, 2003. Stakeholder involvement in the CARES process became one of its defining characteristics. In fact, some have called CARES one of the most open planning processes ever conducted in the federal government.

"My father's a veteran and I truly believe that he and all veterans will benefit from what we've accomplished," said Bruno. "I think overall we did a tremendous job with communicating to everyone involved and I would do it again if asked to do so." VA

By Jose S. Llamas

CARES on the Web

For more information on CARES, or to download related documents, go to *www.va.gov/CARES.*

Employees and veterans have embraced the CARES recommendation to shift services from the aging Brecksville campus to a brand new addition to the Wade Park campus.

A Good Deal for Cleveland

JIM SUCHY

Exactly how did CARES come to be associated with hospital closings? On May 6, the day before Secretary Principi announced his decision, the Associated Press ran a "NewsBreak" with the headline "VA to Close Three Hospitals."

The story was typical of much of CARES media coverage in that it emphasized closings over improving services. The same headline could have read: "VA cuts wasteful spending" or "VA modernizes health system."

At its core, CARES is a plan. And the department needed a plan before it could ask Congress to fund major construction projects. It also needed to address charges of wasteful spending on underused and aging facilities.

It goes without saying that the plan touches on some sensitive issues. Most of them revolve around the NIMBY principle—not in my backyard. No one likes the idea of adding time to *their* daily commute. No veteran wants VA services transferred further from *their* home. And no politician wants a federal agency moving out of *their* district. But all want to modernize the aging VA health-care infrastructure. Something had to give.

Cleveland's Plan

Veterans in the Cleveland area know a good deal when they see one. They overwhelmingly welcomed the CARES recommendation to shift services from the aging Brecksville campus to a brand new addition to the Wade Park campus, just 17 miles away.

Sure there were the occasional grumblings. But the ones spreading rumors had never actually been to any of the CARES meetings, according to David May, a veterans service officer with the Blinded Veterans Association in Cleveland. "Every time someone used the word closing, I'd correct them and point out that they're moving" services, said May, an Army veteran who credits VA's blind rehabilitation program with turning his life around.

May wasn't alone. All six of the major veterans service organizations in the Cleveland area testified in support of the plan. William D. Montague, director of the Louis Stokes VA Medical Center, said be-

Above: The aging Brecksville facility will close its doors after construction is complete on an eight-story tower at Wade Park.

ing upfront and maintaining positive relations were the keys. "We presented the plan to anyone, anytime and anyplace," he said. "The plan never changed. It was consistent, so there were no surprises."

The plan will save about $25 million a year. The money saved will be used to care for veterans, not maintain old buildings or pay for moving patients, staff and supplies between campuses.

"The plan has been well thought out," said May, who is particularly pleased with the decision to bring a blind rehabilitation center to Cleveland. "We've got more than 600 blind vets on Cleveland's rolls. And when you're dealing with blindness, you can't wait for services because blindness can destroy you."

Brecksville will eventually close its doors. But not until construction is complete on an eight-story, 500,000-square-foot hospital tower at Wade Park, a process that may take up to five years. Construction should start in late 2005, once the architectural drawings are complete. The plan also includes building a new outpatient clinic in Parma, which is about 20 miles from Brecksville, as well as extensive renovations to the existing Wade Park facilities.

Change for the Better

Putting VA services under one roof means veterans who used to receive nursing home care, mental health treatment and transitional housing at Brecksville will have improved access to emergency services. In the past, patients who suffered a heart attack or other medical emergency at Brecksville had to be driven or flown over to Wade Park. With the consolidations, these services will now be down the hall or across the street.

Transferring services means transferring jobs. For the 1,000 employees who work at Brecksville, CARES is a big deal. Most will simply move with their jobs to the new location. Some commutes will be longer and some shorter. But all employees have time to assess their circumstances and make the best choice for them, such as moving with the job to the new facility, transferring to one of 13 other VA sites in the Cleveland area, finding another job, or even timing their retirement to their advantage.

No one has to worry about being squeezed out of a job, according to Mary O'Neal, who supported the plan while serving as president of AFGE Local 31, the employee union that represents medical center employees. "As a matter of fact, there are going to be more jobs" as a result of CARES, she said. These include openings expected at the new comprehensive and blind rehabilitation centers.

O'Neal didn't always support the plan. In fact, she was against it in the beginning. But as the process evolved, she came to realize that consolidating services just made sense. "I thought it would be best for veterans and employees," she said.

There were also very few substantive arguments against the move. Most people, she found, were simply reluctant to change. "Once they get out to Wade Park, I think they'll really like it here," said O'Neal, a medical supply technician who has worked at both facilities.

One way to measure community sentiment is to review letters sent to the national CARES office in Washington, D.C. The office received about 200 letters from people in the Cleveland area who opposed the transfer. By contrast, there were approximately 109,000 letters against the plan to transfer services at the Canandaigua VA Medical Center in New York.

Montague offered a simple explanation for the level of support: "We believe our plan is one where everybody wins," he said. VA

BARBARA BREEN

Louis Stokes VA Medical Center Director William D. Montague, at head of table, presents an architectural rendering of buildings associated with the new 500,000-square-foot hospital tower coming to the Wade Park campus under CARES. Montague said being upfront and maintaining good relations with VSOs were essential for a successful CARES plan.

By Matt Bristol

U.S. Department of Veterans Affairs
Office of Public Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

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For more information on CARES, visit www.va.gov/CARES