



Highlights of [GAO-05-160](#), a report to the Chairman, Subcommittee on VA, HUD, and Independent Agencies, Committee on Appropriations, U.S. Senate

VA HEALTH CARE

Important Steps Taken to Enhance Veterans' Care by Aligning Inpatient Services with Projected Needs

Why GAO Did This Study

The Department of Veterans Affairs (VA) operates one of the nation's largest health care systems. In 1999, GAO reported on VA's aged, obsolete capital assets, noting that better management of these assets could significantly reduce VA's operating costs. GAO further noted that VA could reinvest the savings to enhance veterans' health care services.

In response, VA initiated its Capital Asset Realignment for Enhanced Services (CARES) process. Through CARES, VA identified what health care services it should provide and in which locations through 2022. The CARES process included assessing alternative ways to align inpatient services by closing or adding services at existing VA medical facilities or establishing new facilities. In May 2004, VA published its CARES decisions, but did not provide a national comprehensive summary of all its decisions about the alignment of inpatient services.

GAO was asked to provide additional information about the inpatient service assessments and decisions made by VA. To provide a national, comprehensive summary, GAO summarized the locations where VA (1) identified a need to evaluate alternative ways to align inpatient health care service to improve quality, efficiency, or access and (2) made decisions to realign inpatient services or leave inpatient services as aligned, or deferred decisions pending further study.

www.gao.gov/cgi-bin/getrpt?GAO-05-160.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia A. Bascetta at (202) 512-7101.

What GAO Found

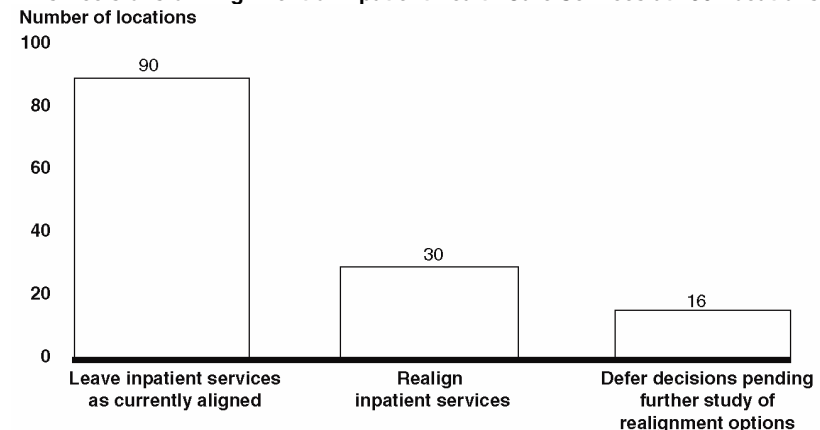
Through CARES, VA identified 136 locations for evaluation of alternative ways to align inpatient services. These locations included VA medical facilities, health care markets (geographic areas established by VA for the coordination of care), and health care networks (regional organizations of VA health care facilities established to facilitate management). Of the 136 locations, 99 were VA medical facilities with potential duplication of services at another nearby VA medical facility or low acute inpatient workload. In addition, VA identified limitations in geographic access to inpatient services in 31 markets and 6 networks, for example, when large numbers of veterans face lengthy driving times to VA facilities that provide acute or tertiary care.

VA made alignment decisions for inpatient services at 120 locations and deferred decisions for 16 locations pending further study. VA decided to realign inpatient services at 30 locations and maintain inpatient services as currently aligned at 90 locations. VA decided to close all inpatient services at 5 facilities and add them at 5 nearby VA facilities where they were not already available; close one or more, but not all, inpatient services at 12 other facilities; add inpatient services to medical facilities in 2 markets and 5 networks; and establish 1 new medical facility in a location where VA did not own an inpatient facility when it made its CARES decisions.

VA's decisions on inpatient alignment and planned studies are tangible steps forward in improving management of its capital assets and enhancing health care. Ultimately, however, accomplishing these goals will depend on VA's success in completing its studies and implementing its CARES decisions on inpatient and other health care services to better ensure that resources now spent on unneeded capital assets are redirected to health care.

VA concurred with GAO's findings.

VA's Decisions on Alignment of Inpatient Health Care Services at 136 Locations



Source: GAO analysis of VA data.