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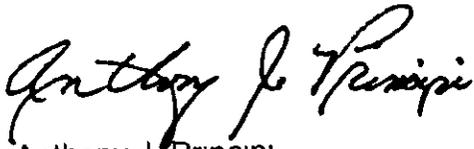
The Honorable J Dennis Hastert  
Speaker  
U S House of Representatives  
Washington, DC 20515

Dear Mr Speaker.

As required by 38 U S C 8111(f), we are pleased to submit the enclosed report for Fiscal Year 2002 regarding the implementation of the health resources sharing portion of the Department of Veterans Affairs and Department of Defense Health Resources Sharing and Emergency Operations Act

Also enclosed is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely yours,



Anthony J Principi  
Secretary of Veterans Affairs



Donald H Rumsfeld  
Secretary of Defense

Enclosures

U04420 /03

THE DEPARTMENT OF VETERANS AFFAIRS  
AND  
THE DEPARTMENT OF DEFENSE  
REPORT ON HEALTH CARE RESOURCE SHARING

“The Department of Veterans Affairs (VA) and the Department of Defense (DoD) Health Resources Sharing and Emergency Operations Act” (38 USC 8111(f)) requires the Secretary of Veterans Affairs and the Secretary of Defense to submit a joint report to Congress on the implementation of that portion of the law dealing with sharing of health care resources between the two Departments. The following information is submitted for the period October 1, 2001, through September 30, 2002.

I. VA/DOD SHARING GUIDELINES

In 1983, VA and DoD promulgated joint guidelines for the promotion of sharing of health care resources between the departments. A copy of the 1983 Memorandum of Understanding (MOU) establishing the basic guidelines is at Appendix A.

II. ASSESSMENT OF SHARING OPPORTUNITIES

A. VA/DoD Health Executive Council (HEC) and the Joint Executive Council (JEC)

The Assistant Secretary of Defense (Health Affairs) and the Under Secretary for Health, Veterans Affairs, formed the HEC to establish a high-level program of interagency cooperation and coordination to reduce costs and improve health care for veterans, active duty military personnel, retirees and dependents in 1997. The HEC was co-chaired by the VA Under Secretary for Health and the Assistant Secretary of Defense (Health Affairs).

The HEC was reinvigorated in FY 2001, with an emphasis on increasing accountability and oversight of coordination and cooperation between the two departments. The HEC chartered a number of work groups to focus on specific policy areas. These work groups have achieved significant success in improving interagency cooperation in areas such as information management/technology (IM/IT), pharmacy, medical-surgical supplies, patient safety and clinical practice guidelines.

In FY 2002, the HEC was placed under the auspices of the Joint Executive Council (JEC), co-chaired by the VA Deputy Secretary and the DoD Under Secretary for Personnel and Readiness. The JEC also oversees the VA/DoD Benefits Council. The purpose of the JEC is to provide senior leadership in each department the opportunity to receive updates from both councils, to provide guidance and policy direction on collaborative initiatives, and to provide a forum to explore ways to enhance coordination. High-priority issues for the past year included the standardization of billing and reimbursement for health care services, Federal Health Information Exchange (FHIE) initiatives and pharmacy. The following is a summary of progress made on these and other issues:

1. Information Management and Technology: This work group was established to enable DoD and VA to share existing products and collaborate in ongoing and future

development of medical information management and technology. Numerous initiatives are addressed in Section D.

2. Clinical Practice Guidelines: DoD and VA are collaborating in the creation and publication of jointly used clinical practice guidelines for disease management. DoD and the Veterans Health Administration (VHA) are now using the same explicit clinical practice guidelines to improve patient outcomes. Clinical guidelines have provided consistent, high-quality health care delivery in both Departments. Guidelines have been published for the following clinical areas: asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), cardiovascular disease, including hypertension, hyperlipidemia, ischemic heart disease and chronic heart failure, depression, diabetes mellitus, dysuria in women, low back pain, medically unexplained symptoms: chronic pain and fatigue, post-operative pain management, redeployment health, substance abuse and tobacco cessation. The VA/DoD Evidence-Based Clinical Practice Guidelines Working Group finalized a new guideline for stroke rehabilitation and updated guidelines for diabetes mellitus and hypertension. The working group also began working on guidelines for use of opioids in the management of chronic pain and for post-traumatic stress disorder. Other guidelines that are pending or planned include uncomplicated pregnancy and updates for the tobacco use cessation, low back pain and asthma. The workgroup also conducted six satellite broadcasts to disseminate new and updated guidelines. Tool kits for each guideline are also being made available to providers and patients via brochures, CD-ROMs, pocket cards, and on the web.
3. Patient Safety: DoD and VA are collaborating on internal and external reporting systems for patient safety. DoD has established a "Patient Safety Center" at the Armed Forces Institute of Pathology using the VA National Center for Patient Safety as a model. VA continued to work with the National Aeronautical and Space Administration (NASA) to develop an external system to complement their internal reporting system. DoD is seeking to facilitate participation with the NASA/VA Patient Safety Reporting System.
4. Pharmacy: The HEC established the VA/DoD Federal Pharmacy Executive Steering Committee to improve the management of pharmacy benefits for both VA and DoD beneficiaries. Joint partnerships for contracting for pharmaceuticals have been very successful. DoD and VA successfully launched a one-year DoD/VA Consolidated Mail Out Pharmacy (CMOP) pilot program at two DoD medical treatment facility (MTF) sites. The purpose of the pilot is to evaluate the feasibility and beneficiary acceptance of moving DoD's MTF pharmacy refill workload to the CMOP where the refills are processed and mailed directly to the beneficiaries' homes. The preliminary utilization rate of this new program is approximately 40 percent.
5. Medical/Surgical Supplies: The Medical/Surgical Supplies Work Group focused on four primary activities in FY 2002. VA and DoD began the migration to a single Federal pricing instrument, the Federal Supply Schedule, for medical surgical products in January 2002. The work group is continuing to develop and define requirements for a joint on-line single Federal pricing catalog, which will provide "real time" visibility of contract items.
6. Benefits Coordination: This work group was chartered to examine opportunities for

increased coordination of VA and DoD health care benefits. The group completed its review of the impact of current legislation, including the VA Millennium Act, TRICARE for Life and the President's budget enrollment provision on the coordination of benefits for dual-eligible DoD and VA beneficiaries. As part of this assessment, the work group prepared briefs for the HEC and the President's Task Force to Improve Health Care Delivery to Our Nation's Veterans.

7. Financial Management: This work group was established to develop policies and procedures for reimbursement and recommendations for streamlined financial processes and business practices for direct VA/DoD sharing agreements. The work group recommended a standardized billing rate based on CHAMPUS Maximum Allowable Charges schedule. A Memorandum of Agreement was being vetted for signature in VA and DoD.
8. Geriatric Care: The Geriatric Care Work Group identified a preliminary set of benefits for potential resource sharing. Benefits were also categorized according to the perceived degree of opportunity. Skilled nursing and home health programs were identified as providing the greatest opportunity for collaboration. The work group briefed its findings to the HEC in June 2002, and is currently working with VA's Office of General Counsel and the Centers for Medicare and Medicaid Services to further define these benefits.
9. Joint Facility Utilization and Resource Sharing: This work group is examining issues such as removing barriers to resource sharing and streamlining the process for approving sharing agreements. The work group was tasked with identifying areas for improved resource utilization through local and regional partnerships, assessing the viability and usefulness of interagency clinical agreements, identifying impediments to sharing and identifying best practices for sharing resources. The group completed several reviews, including a detailed comparison of the seven joint venture sites, and a summary of all external reviews conducted on VA/DoD sharing. The work group also conducted an analysis of VA Medical Centers (VAMCs) and DoD MTFs in close proximity to develop recommendations for improved coordination. Additional information can be found in Section IV.
10. North Chicago Task Force: The co-chairs of the HEC and the Navy Surgeon General established this task force to look at options for health care delivery resource sharing between the North Chicago, Illinois, VAMC and the Naval Hospital Great Lakes, Illinois. In coordination with the Joint Facility Utilization and Resource Sharing Work Group, the task force was directed to identify partnership opportunities to maximize coordinated, joint or integrated resources and infrastructure. The task force recommended that a Navy ambulatory care center (NACC) be based on a family practice/primary care model. The NACC will be sized to meet the projected workload, including specialty outpatient services required to support the Naval Training Command (NTC) mission. Navy will continue to provide outpatient mental health services at NTC locations. VA outpatient care will remain at the VAMC. Occupational therapy will be provided to VA and DoD beneficiaries at the VAMC. The Navy will continue to provide outpatient physical therapy services to Navy patients at the NACC.

## B. Joint Ventures

Joint ventures are operating at seven sites:

1. Albuquerque, New Mexico. The New Mexico VA Health Care System (NMVAHCS) is the host facility providing inpatient, outpatient specialty care, emergency, ancillary and tenant services to the 377<sup>th</sup> Air Force Medical Group (MDG) beneficiaries. The MDG outpatient and dental clinics provide primary/preventive health care, flight medicine, ambulatory surgery and dental services. The NMVAHCS' main hospital building and the MDG outpatient clinic are connected by a walkway that provides ease of access for referred DoD patients.

The Albuquerque VA/DoD Joint Venture functions as a partnership under bylaws. A governing board, whose principals are the VA Medical Center director and the 377<sup>th</sup> MDG Air Force Commander, manage the business and affairs of the joint venture. On a daily basis, responsibility for coordinating joint venture activities and integrating policies and practices rest solely with the VA and Air Force joint venture directors. The board and council each meet once a month to discuss issues affecting the program. A VA/AF sharing team, comprised of contracting and fiscal representatives, meets routinely to review over 20 sharing agreements. The joint venture operates under internally established "Joint Policy Letters" that delineate responsibilities.

The Albuquerque VA/DoD Joint Venture is the only VA facility providing "host" inpatient care for a DoD facility. It has operated effectively for 15 years. It does not function as a TRICARE subcontractor. During FY 2002 the program initiated:

- A Mass Destruction Decontamination Team;
- Installation of VA Computerized Patient Record System-Graphic User Interface using a Virtual Private Network to provide secure connection for AF provider access to VA's VistA software;
- Collaboration on violent behavior prevention; and
- Collaboration on patient safety and root cause analysis teams.

2. Anchorage, Alaska: The Alaska VA Healthcare System and Regional Office and the 3rd Medical Group, Elmendorf Air Force Base, opened the new VA/DoD Joint Venture replacement hospital in May 1999. The current concept of operations has VA staffing a 10-bed Intensive Care Unit (ICU) and the Air Force staffing a 20-bed multi-service unit (MSU). The emergency room (ER) is a portal for VA admissions. On average, 175 VA patients are seen in the ER every month. VA patient admissions increased from 375 in FY 1999 to 675 in FY 2002. VA also provides staff for the ER, the integrated internal medicine/cardiopulmonary department, administration, patient services, utilization management, social work, credentialing and surgical services. In total, there are approximately 51 full-time VA employees working in the Joint Venture Hospital.

A recently established Joint Venture Business Operations Committee (JVBOC) was designed to provide structured communications and organizational continuity to the planning and implementation of issues relevant to the joint venture. The JVBOC is co-

chaired by the VAMC Associate Director and the 3rd Medical Group Deputy Group Commander. The JVBOC forwards its recommendations to the Third Medical Group's Executive Committee, which is chaired by the Hospital Commander and has the VAMC Director and Chief of Staff as members. This innovative process ensures that VA has an ongoing leadership role in the overall management of the joint venture hospital.

The Alaska VA Healthcare System and Regional Office has submitted a project to build a new clinic next to the joint venture hospital. If approved and funded, this initiative would provide many more opportunities for sharing, collocating and integrating services.

3. El Paso, Texas. The El Paso VA Health Care System operates a four-story 254,000 square foot ambulatory surgery/health care center contiguous to William Beaumont Army Medical Center (WBAMC). The center opened in 1995 and provides ambulatory surgery, primary care, specialized ambulatory services and dental services to over 20,000 veterans. VA purchases ER services, specialty consultations and inpatient care through an extensive agreement with WBAMC. WBAMC uses VA's ambulatory surgery center's eight operating rooms and sixteen-bed recovery area as backup to their operating room area. The two areas are adjacent. Affiliation agreements for residency programs in internal medicine and psychiatry are administered jointly with WBAMC and Texas Tech University. The joint venture has led to agreements that have decreased costs while at the same time increased veteran access to urology and general and vascular surgery services. In FY 2002, the El Paso VA Health Care System had 840 VA inpatient admissions and over 3,200 VA specialty outpatient consults to William Beaumont Army Medical Center.

A joint Executive Management Team (EMT) comprised of the senior leaders of both VAMC and WBAMC manages the joint venture. The EMT meets monthly to discuss ongoing issues and future direction. The EMT has chartered a steering committee that provides guidance and direction to separate administrative and logistics/IT subcommittees as well as joint process action teams comprised of members from both organizations. These teams are chartered to develop new joint ventures and improve existing processes between the two organizations. Currently two teams are chartered to improve how the two organizations deliver orthopedic care and another to develop a joint psychiatric service. Past teams have led to a joint sleep laboratory, special agreements for urology, general surgery, vascular surgery and the integration of selected laboratory functions that improved timeliness and reduced costs. Medical record data, while maintained on independent operating systems, is accessible to authorized VA and/or Army personnel via individual computer stations. These changes have led to reduced cost for VA, better utilization of resources for the Army and improved access for VA patients.

4. Honolulu, Hawaii. VA's ambulatory care center provides primary care, mental health, dental, prosthetics, pharmacy, laboratory and radiology services. VA's Center For Aging provides long-term rehabilitation, hospice, respite and home-based primary care in a 60-bed facility. Tripler Army Medical Center (TAMC) provides emergency room care, inpatient medical and surgical care, inpatient psychiatry care (in a ward staffed by VA), and specialty outpatient care on a space available basis. Approximately 60 percent of non-VA care is provided by TAMC with the balance from community providers. VA and

DoD patients, visitors and staff share a VA 600-space parking structure. A VA/DoD “Pacific Telehealth Hui” (partnership) manages joint telemedicine projects. In FY 2002, VA initiated a “VA Hospitalist Service” to provide medical services within TMAC. VA inpatient physicians provide care to veterans in TAMC beds and run one of two internal medicine teaching teams composed of TMAC residents. In addition, VA has added a nurse care coordinator to this inpatient service.

5. Key West, Florida. The Navy and VA occupy an outpatient care facility of 60,000 gross square feet. The Navy construction project was completed in early 2000. VA paid a portion of the construction costs and occupies 6,000 square feet. The Navy clinic’s Officer-in Charge controls the building, grounds and security for the complex. VA pays its share of the utilities. The Navy provides family practice services, dental services, and ancillary support services such as laboratory, pharmacy and radiology. VA provides internal medicine, physical therapy and psychiatry. VA uses Navy laboratory, pharmacy and radiology services while the Navy uses VA physical therapy and psychiatric services. Services are paid for at rates agreed upon by the Navy and VA through sharing agreements. Additional sharing of other services is expected in the near future.

Mutual support frequently occurs in instances of temporary shortages of supplies, equipment, special services or emergencies. The Navy and VA have begun a pre-separation physical exam program that allows one exam to be used for the active duty separation physical as well as a VA compensation and pension exam. Without pre-separation processing, it could take as long as a year after discharge for the normal processing of a claim.

6. Las Vegas, Nevada. The VA Southern Nevada Healthcare System (VASNHS) provides primary and secondary care at multiple ambulatory care facilities in Southern Nevada. Inpatient services are provided at the Mike O’Callaghan Federal Hospital (MOFH), a joint venture initiative with the Nellis Air Force Base 99<sup>th</sup> Medical Group. The MOFH is the first jointly funded, constructed and managed facility among the joint ventures. The MOFH utilizes both collocated and integrated staffing for inpatient care and ancillary support. VA staffs 52 medical, surgical and acute psychiatric beds. All ancillary support services along with emergency room, intensive care unit, operating room and post anesthesia care unit are integrated. All VA and AF medical staff is credentialed under one set of medical staff by-laws, allowing the providers to address the combined workload at the hospital. The executive oversight for the joint venture is provided through the Joint Venture Executive Council and the Executive Committee of the Medical Staff. The Joint Venture Executive Council is co-chaired by the Chief Executive Officers of the VASNHS and 99<sup>th</sup> Medical Group, with the executive staff from VA and AF forming the membership. The Executive Committee of the Medical Staff is co-chaired by the respective Chiefs of Staff from each organization.

To address the continuous growth of the migrating veteran population to Southern Nevada, the VASNHS has augmented their surgical program with an array of surgical specialties and additional support staff increasing the operating room time five fold. A \$3.9 million minor construction project has been approved to expand the emergency room space and capabilities, establish a “Step Down” adjacent to the intensive care unit and create a secure recreation area contiguous to the locked psychiatric unit. Because of the

expansion of VA's surgical program and the structural deficiencies of the VASNHS Ambulatory Care Center, all surgical clinics will be relocated to the MOFH utilizing an area that was previously used for administrative and clinical support. The remainder of the VASNHS Ambulatory Care Center functions will be placed within the Las Vegas community in commercial sites.

7. Fairfield, Travis AFB, California. VA Northern California Health Care System and Travis Air Force Base relationships have grown exponentially since the joint venture's inception in 1994. In FY 2002, the total dollar amount of the agreement was about \$3.2 million. VA sold some \$1,446,000 in services to the Air Force while the Air Force provided \$1,763,000 in services to VA.

Veterans utilize David Grant Medical Center (DGMC) for 24-hour emergency services, inpatient hospitalization, radiation therapy and specified diagnostic services. VA provides primary care, limited specialty care and includes a joint DoD/VA Neurosurgery Clinic and Chiropractor Clinic at DGMC. Air Force and VA jointly run a pre-separation physicals program.

VA provides space for the Air Force to operate satellite primary care clinics at the Sacramento VA Outpatient Clinic (VAOPC) (McClellan) and Sacramento VAMC at Mather. VA provides ancillary services for DoD beneficiaries at the Sacramento facilities. VA specialties at its Sacramento locations are available under TRICARE for adult beneficiaries who live outside the DGMC 60-minute catchment area. TRICARE beneficiaries using the DGMC satellite clinics in Sacramento extensively use VA specialty services.

The Executive Management Team (EMT) provides the oversight management of the joint venture. The team is made up of the directors and senior level staff. The "Joint Initiatives Working Group" (JIWG) meets monthly to identify policy and operational issues. It also develops recommendations and reports to the EMT. A third group the VISN 21/Office of the Lead Agent Opportunities Working Group, meets every other month to explore sharing opportunities.

### C. Medical Research

The VA/DoD collaborative research program selects projects based on merit-based scientific review and relevance to the health concerns of veterans and military members. A wide array of research protocols and investigations are supported. Research completed during the last year includes: an epidemiological study of Amyotrophic Lateral Sclerosis (ALS) among Gulf War veterans, a population-based study of post-traumatic stress disorder and self-reported physical health status, an antibiotic treatment trial of Gulf War veteran's illnesses and an investigation of veterans potentially exposed to nerve gas at Khamisiyah, Iraq. VA/DoD collaborative research continues in these areas, as well as in clinical treatment trials of chronic health problems among veterans of the Gulf War, protocols aimed at improving health risk communication of military unique risk factors among veterans and the Millennium Cohort Study, a 2½-year prospective study of the health outcomes of deployed and non-deployed veterans.

## D. Health Information Management and Technology Sharing

The Military Health System (MHS) and VA are involved in a number of information management and technology activities that significantly contribute to the ability of the MHS and VHA to securely share appropriate health information necessary to make determination of benefit decisions and provide for the continuity of care of eligible veterans. Examples of specific VA/DoD joint efforts are:

1. Consolidated Health Informatics (CHI) Initiative: DoD and VA play key roles as lead partners in the CHI initiative. The goal of the CHI initiative is to establish Federal health information interoperability standards as the basis for electronic health data transfer in all activities and projects among all agencies and departments. The Department of Health and Human Services (HHS) serves as managing partner for this initiative and other partners include the Centers for Medicare & Medicaid Services, National Institutes of Health, Centers for Disease Control, Indian Health Service, Social Security Administration, General Services Administration, Health Resources & Services Administration, Administration for Children & Families, Food & Drug Administration, US Agency for International Development, Department of Justice and Department of State.

The CHI concept was well received by the National Committee on Health and Vital Statistics at a briefing in August 2002. To date, DoD and VA have agreed to adopt joint health care information technology standards where applicable, and joint workgroups have developed clinical vocabulary and laboratory standard recommendations that are under review by the full committee.

Other interagency efforts are underway that will build upon and extend the CHI initiative. DoD and VA health information system representatives are collaborating to determine and enhance the degree of compatibility in information assurance policies and guidance and the areas of information and data architecture standards. A joint comparison of the security standards of both Departments found them to be compatible and identified no issues that might inhibit interagency sharing. Where differences exist, the Departments are working together to develop strategies for moving towards greater compatibility. The Departments continue to use the MHS data models for functions and activities as a starting point for new DoD/VA data efforts. Technical architecture and standards have been found to be comparable. VA and DoD will continue to review the standards to ensure that interoperability is maintained.

The policy memorandum signed by the Assistant Secretary of Defense for Health Affairs (ASD (HA)) on June 14, 2002, is a further move towards data standardization for both the sharing of data with other federal agencies and for internal analysis. ASD (HA) has directed the MHS to begin to shift from capturing inpatient and outpatient clinical records to capturing institutional and professional services records on October 1, 2002. This will make the gathering and sharing of information with other federal agencies and partnership civilian health care organizations much more direct.

2. Federal Health Information Exchange (FHIE): FHIE, formerly known as the Government Computer-based Patient Record (GCPR), is a collaborative interagency initiative that

focuses on establishing a mechanism to enable the electronic transfer of appropriate protected electronic health information, in keeping with applicable privacy laws and regulations, among participating Federal agencies caring for Federal beneficiaries.

In general, the Health Insurance Privacy and Accounting Act (HIPAA) Privacy Final Rule prohibits the nonconsensual disclosure of personally identifiable health information. This rule, however, includes a special exception pertaining to VA. This exception, 45 CFR 164.512(k)(1)(ii), allows DoD to "disclose to the DVA the protected health information of an individual who is a member of the Armed Forces upon the separation or discharge of the individual from military service for the purpose of a determination by DVA of the individual's eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs." It is clear that this and other provisions of the HIPAA Privacy Final Rule affect the FHIE initiative.

MHS and VHA Chief Information Officers have worked closely to establish the appropriate technical architecture to extract electronic health information from the DoD Composite Health Care System (CHCS) and transmit this information to a data repository where it is available for appropriate use by VA clinicians. Work on streamlined requirements for the FHIE Near Term Solution began in 2001. After extensive testing and a quality review, the decision to deploy was made in FY 2002 and the Near Term Solution was deployed nationwide on 128 VA computer systems and available for use by clinicians at 208 facilities.

The Near Term Solution enables the transfer of protected electronic health information on individual service members at the time of their separation from military service from DoD to VA. DoD has transmitted laboratory results (clinical chemistry, blood bank, microbiology, surgical pathology, cytology), radiology results, outpatient pharmacy data and patient demographic (name, social security number, date of birth, sex, race, religion, category, marital status, primary language, address) information from CHCS to the FHIE data repository for access by VA. Health related data before the date of separation is being extracted. In addition, DoD will continue to gather the same protected electronic health information on service members as they separate and will transmit this to the FHIE data repository. This data is extracted utilizing a separation listing provided by the Defense Manpower Data Center (DMDC). As of the date of this report, DoD has transmitted DMDC data from 3.9 million separation records and data on 1.9 million unique patients extracted from CHCS to the FHIE data repository.

Based on a comprehensive assessment of additional requirements to provide more protected health information, DoD and VA began work in 2002 to further enhance the current capabilities of the Near Term Solution. The Planned Product Improvement development effort will increase health information available to VA clinicians who provide health care to our veterans. These enhancements were approved by the VA/DoD Joint Executive Council in May 2002 and include adding the following to the data currently being transmitted to VA: discharge summaries (inpatient history, diagnosis, procedures); allergy information (demographics, drug allergies, text on other allergies); admission, disposition, and transfer information; consult results (referring physician, physical findings, demographics, reason for referral); and outpatient pharmacy data (Pharmacy Data Transaction System data and demographics, type of medicine, strength,

quantity, refill, days, supply cost information from the MTFs, National Mail Order Pharmacy data and retail pharmacy profile).

Additionally, DoD and VA have acted on all recommendations made by the General Accounting Office concerning FHIE planning and oversight. Specifically, the Under Secretary of Defense (Personnel and Readiness) and the Deputy Secretary for Veterans Affairs signed the "Memorandum of Agreement (MOA) for Federal Health Information Exchange Governance and Management." This MOA describes the FHIE mission and its near-, mid- and long-term objectives. The MOA designates VA as the executive agent for FHIE, details four levels of governance, and assigns day-to-day oversight responsibility to the Program Manager, who will work in collaboration with DoD and VA staff.

Furthermore, DoD and VA are committed to developing a capability for providers to access and review electronic medical records from either Department (when appropriate) to enhance their ability to provide clinical care. A work group has been formed to pursue this initiative and is responding to joint DoD and VA executive leadership to achieve this capability not later than the end of FY 2005. As mutually agreed upon requirements are approved, DoD will transfer additional protected electronic health information on individual service members at the time of their separation from military service and on previously separated veterans. In addition, DoD and VA will coordinate with other Federal agencies to conduct a comprehensive assessment of the requirement for a broader sharing of protected electronic health information among multiple Federal agencies. As mutually agreed upon requirements are approved, DoD will transfer additional protected electronic health information to VA and other Federal agencies at the time of the individual's separation from military service. All health information exchanges will be executed in a manner that is fully compliant with HIPAA regulations.

3. Credentialing/Privileging: As requested by the FY 2002 House Appropriations Committee Report (Public Law 107-298), DoD, VA, and HHS are working together to evaluate the merits of integrating DoD's Centralized Credentials Quality Assurance System (CCQAS) with VA's VetPro program. A working group composed of functional and technical representatives of each agency has recommended an integration option best suited to facilitate the transfer of credentialed personnel between the Departments. The working group will continue to meet to develop associated requirements for the integration option and to build and field test a prototype in a pilot study.
4. DoD/VA Electronic Health Records Interoperability Initiative: DoD and VA are committed to exchanging appropriate health information in the most efficient and effective means possible while continuing to meet unique agency needs. As DoD continues the implementation of Composite Health Care System II (CHCS II) and VA continues the development of plans for HealthgVet-VistA, the Departments recognize the need to address interoperability. A two-phased effort will enable DoD and VA to exchange patient data and culminate in the development of computerized health record systems that ensure interoperability between the two systems. The first phase of this plan is the FHIE previously discussed. The second phase consists of a focus on standards and a two-way information flow.

The Under Secretary of Defense (Personnel and Readiness) and the Deputy Secretary for Veterans Affairs signed the Executive Decision Memorandum defining the goals of this initiative and assigning project oversight to the Assistant Secretary of Defense (Health Affairs) and the VA Under Secretary for Health. This plan, which has been approved by the Office of Management & Budget, addresses the Departments' long-range plan to improve sharing of health information; adopt common standards for architecture, data, communications, security, technology and software; seek joint procurement and/or building of applications, where appropriate; seek opportunities for sharing existing systems and technology; and explore convergence of DoD and VA health information applications consistent with mission requirements.

5. Pharmacy Initiatives: DoD and the VA successfully launched a one-year DoD/VA Consolidated Mail Out Pharmacy (CMOP) pilot program at two DoD MTF sites. A third site will be activated by year's end. The purpose of the pilot is to evaluate the feasibility and beneficiary acceptance of moving DoD's MTF pharmacy refill workload to the CMOP where the refills are processed and mailed directly to the beneficiaries' homes. The preliminary utilization rate of this new program is approximately 40 percent.

### III. RECOMMENDATIONS TO PROMOTE SHARING BETWEEN THE DEPARTMENTS

The VA Under Secretary for Health and the Assistant Secretary of Defense (Health Affairs) explored sharing issues in their support for VA/DoD health care resources sharing. The initiatives examined and discussed throughout this report fell within the purview of the VA Under Secretary for Health and the Assistant Secretary of Defense (Health Affairs) and did not require submission to the Secretaries of the respective Departments.

### IV. REVIEW OF AGREEMENTS AND ACTIVITIES

#### A. Facilities with Sharing Agreements.

One hundred sixty-three VA medical facilities were involved in sharing agreements with most DoD MTFs and 280 reserve units around the country. There were 622 sharing agreements covering 6,017 health services with the military. Eighty-five VAMCs reported reimbursements from TRICARE. Appendix B is a list of health services provided in agreements with the military and under TRICARE.

DoD contracted with Eagle Group International, Inc. (EGI, Inc). They conducted a comprehensive review of all sharing agreements between DoD and VA; and issued a report in December 2001. The report focused on actual sharing activity in the field and used FY 2000 data provided by VAMCs and MTFs. The study drew from 639 active resource sharing agreements, of which 406 were actually utilized, and 189 active TRICARE contracts, of which 126 were utilized.

Highlights from the study include: VAMC sold services in 55 percent of the agreements; VAMC and MTF bartered in 24 percent of the agreements; VAMC bought services in 11 percent of the agreements. The study also found that the number of agreements utilized ranged between 5 in Veterans Integrated Services Network (VISN) 19 to 46 in VISN 18 and the amount billed ranged from \$46,000 in VISN 14 to \$15,014,000 in VISN 18. Finally, the

report noted that the number of agreements that were utilized ranged from 4 in TRICARE Region 12 to 92 in TRICARE Central Region. In summarizing these findings, EGI, Inc. concluded that the number of utilized agreements cannot be correlated with dollars billed because non-revenue producing agreements were included in the total number of agreements.

B. Examples of sharing activities are:

1. VISN 20 and DoD Region 11. These offices are coordinating services at many levels. Puget Sound Health Care System (WA) uses Madigan Army Medical Center's operating room and provides a gynecologist while American Lake provides an ear, nose and throat specialist. The two facilities are exploring better inpatient bed utilization for substance abuse and mental health services. American Lake uses Madigan and Bremerton Naval Hospital for referral lab, inpatient urology and emergency hospitalizations. Other areas of active collaboration include: nursing education; telemedicine; informatics; and pharmacy (joint contract for MICROMEDEX). A regional contracts work group is examining all acquisition contracts (about 220) for joint procurement opportunities.
2. Military Medical Support Office (MMSO). MMSO, Great Lakes, IL, manages the Tri-Service Remote Dental Program (more than 50 miles from a MTF) for military and authorized reserves' units. The office manages VISN dental agreements covering a full range of dental care. Thirty-three VAMCs have agreed to provide care under this program. In addition, MMSO processes VA medical claims for services under the National MOU for Spinal Cord Injuries, Traumatic Brain Injuries, and Blind Rehabilitation for active duty Navy and Marine Corps personnel.
3. VA Community Based Outpatient Centers (CBOCs) within DoD Facilities. VA operates 19 CBOCs within DoD medical facilities. In a typical arrangement, Guam Naval Hospital provides medical, surgical and psychiatric inpatient services and ER, ambulatory care, pharmacy, radiology and lab services. VA operates a CBOC providing limited primary care and mental health services. Another example is at Beaufort Naval Hospital (SC) where Charleston (SC) VA Medical Center opened a 2,500 square foot CBOC and purchases laboratory, radiology and hotel services from the Navy. A VA employee works in the Navy's lab.
4. Army Cardiothoracic Surgeons at VA Medical Centers. The Army and VA signed an agreement for the Army to send cardiothoracic surgeons to VA Medical Centers. The physicians maintain their skills and proficiencies while providing needed services for veterans. In the initial phase of the agreement, the Army provides the specialists for three years at Tampa, FL, Columbia, MO, Asheville, NC, and Richmond, VA.
5. Pharmacy. Joint partnerships for contracting for pharmaceuticals have been very successful. VA and DoD have 76 national contracts and 5 Blanket Purchase Agreements (BPAs). VA cost avoidance from joint contracts and BPAs is estimated at \$123 million for FY 2002. DoD cost avoidance for joint contracts and BPAs is estimated at \$40 million for FY 2002. Also, a joint temporary price reduction (TPR) was negotiated in 2002 for the Proton Pump Inhibitors. This TPR is estimated to save a total of \$185 million. There are also 17 pending solicitations for which joint requirements have been submitted to the National Acquisition Center. VA and DoD have identified 16 drugs that may have joint contracting possibilities in FY 2003. Included in this list are high-volume prescription drugs.

### C. VA Participation in TRICARE.

Funds generated from TRICARE patients provide benefits to VA beneficiaries, such as adding additional services and providing extended access hours for care. Eighty-five VAMCs reported reimbursable earnings during the year. VA has signed agreements with the five mental health subcontractors.

TRICARE contractors have provided billing assistance to VAMCs to improve TRICARE claims processing, utilization review, and coordination of services. TRICARE contractors operate several CBOCs. VA and TRICARE contractors also coordinate services in several of DoD's TRICARE clinics. VA is also developing standardized TRICARE administrative and billing processes to further improve claims processing.

### D. Education and Training Agreements.

There are 334 VA-DoD agreements involving education and training support including training for physicians and nurses. These agreements typically involve training opportunities in exchange for staffing assistance. Most agreements are between VAMCs and reserve units. Under a typical agreement, a VAMC provides space for weekend training drills and, in return, the VAMC receives staffing support.

The Milwaukee, Wisconsin, VA Medical Center, for example, trains technicians of the 115th Medical Squadron, Wisconsin Air National Guard, Madison, in such areas as nursing, radiology, laboratory and dentistry. In another agreement, VA provides training for hospital corpsmen, nurses and administrative personnel for the Naval and Marine Corps Reserve Center, Green Bay. The medical center has similar agreements with three other reserve units in the area. The communities benefit from the close relationships that develop because of these agreements. A large number of education and training agreements involve five or more reserve units at one VA site.

## V. PROMOTING COORDINATION AND SHARING OF FEDERAL HEALTH CARE RESOURCES.

The HEC is involved extensively in promoting coordination and sharing of Federal health resources. These activities are described earlier in this report.

## VI. RECOMMENDATIONS FOR LEGISLATION

There are no recommendations for legislation.

## Appendix A

### Memorandum of Understanding between the Department of Veterans Affairs and the Department of Defense

## Appendix B

### VA/DoD Sharing Agreements and TRICARE Contracts

VA/DoD Sharing Agreements/Tricare Contracts  
Total Services by Provider of Care

Active as of 9/30/2002

VA/DoD Sharing Agreements

Provided by Department of Veterans Affairs

	Total	5,462
Administration		30
Adult Day Health Care		5
Agent Orange Exam		1
Allergy		9
Allergy Clinic		11
Ambulatory Care Administration		10
Ambulatory Special Procedures		73
Anatomical Pathology		14
Anesthesiology		7
Area Dental Prosthetic Laboratory (Type		2
Area Reference Laboratories		2
Associated Health Personnel		64
Associated Health Staffing		39
Audiology Clinic		96
Biomedical Equipment		13
Biomedical Equipment Repair - Contract		5
Blind Rehabilitation		8
Blood Bank		11
Bone Marrow Transplant		6
Building Management		13
Burn Unit		4
Cardiac Catheterization		26
Cardiology Clinic		55
Cardiovascular Thoracic Surgery		18
Cardiovascular Thoracic Surgery Clinic		8
Central Sterile Supply		3
Clinical Immunology		20
Clinical Management		1
Clinical Pathology		212
Combined Food Operations		4
Communications		5
Comp-Pension		2
Continuing Health Education		7
Coronary Care		15
Coronary Care Unit		9
CT Scans		102
Dental Depreciation		3
Dental Examination		1
Dental Laboratory		18
Dental Services		239
Dermatology		39
Dermatology Clinic		61

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## VA/DoD Sharing Agreements

### Provided by Department of Veterans Affairs

Diabetic Clinic	2
Diagnostic Nuclear Medicine	91
Diagnostic Radiology	185
Dialysis	11
Domiciliary Bed Section	7
Domiciliary Substance Abuse	1
Drug Screening and Testing Prog	1
Education and Training Program Support	101
EEG	20
EKG	58
Emergency Medical Clinic	70
EMG	21
Endocrinology	20
Endocrinology (Metabolism) Clin	13
Engineering Support	3
Environmental Health Program	4
Family Planning Clinic	1
Family Practice Clinic	1
Family Practice Medicine	1
Family Practice Obstetrics	1
Family Practice Psychiatry	10
Fire Protection	1
Gastroenterology	21
Gastroenterology Clinic	30
General Medicine	108
General Psychiatric Clinic	59
General Psychology Clinic	46
Gynecology	47
Gynecology Clinic	81
Hand Surgery	6
Hand Surgery Clinic	6
Health Info Systems	1
Hematology	29
Hematology Clinic	17
Hemodialysis	1
HIV III (AIDS)	1
HIV Testing	28
Housekeeping	2
Immunizations	7
Industrial Hygiene Program	2
Infectious Disease	12
Infectious Disease Clinic	15
Inpatient Affairs	3
Inpatient Clinical Dietetics	1
Inpt Dialysis	2
Intermediate Care	9
Laboratory testing	1
Laundry	27
Lease of Real Property	11

## VA/DoD Sharing Agreements

### Provided by Department of Veterans Affairs

Lease of Real Property - Funded	1
Library Services	6
Maintenance of Real Property	8
Mammography	67
Materiel Services	7
Medical Care (Other)	33
Medical Clinics (Other)	50
Medical Examination Clinic	140
Medical ICU Beds	59
Medical Intensive Care Unit	43
Medicine Clinic	36
Mental Health Clinic	52
Military Patient Personnel Administration	2
MRI	78
National Disaster Medical System	1
Nephrology Clinic	13
Neurology	50
Neurology Clinic	65
Neuromusculoskeletal Screening Clinic	1
Neurosurgery	12
Neurosurgery Clinic	7
Non-health related Training	3
Nurse Staffing	48
Nursing Home Care	17
Nursing Training	107
Nutrition Clinic	55
Obstetrics Clinic	1
Occupational Health Clinic	1
Occupational Therapy Clinic	65
Oncology	16
Oncology Clinic	15
Operating Room Suite	8
Operation of Utilities - Funded	1
Ophthalmology	25
Ophthalmology Clinic	53
Optometry Clinic	99
Optometry	1
Oral Surgery	31
Orthopedics	24
Orthopedics Clinic	28
Otolaryngology	11
Otolaryngology Clinic	12
Patient Food Operations	3
Patient Transportation	4
Peripheral Vascular Surgery	3
Peritoneal Dialysis	1
Pet Scans	15
Pharmacy	114
Physical Medicine	59

## VA/DoD Sharing Agreements

### Provided by Department of Veterans Affairs

Physical Therapy Clinic	95
Physician Staffing	36
Physician Training	50
Physiological Training	2
Plastic Surgery	10
Plastic Surgery Clinic	6
Podiatry Clinic	63
Police Protection	2
Preventive Medicine	4
Primary Care Clinics	66
Proctology	3
Prosthetics/Orthotics	87
Psychiatric Ward	64
PTSD Clinical Team	13
PTSD Resid Rehab	3
Pulmonary Disease Clinic	23
Pulmonary Function	27
Pulmonary/Upper Resp Disease	10
Radiation Health	54
Recovery Room	1
Rehab & Spt Services	8
Rehab Counseling	2
Rehabilitation	71
Research Support	3
Respiratory Therapy	9
Rheumatology	12
Rheumatology Clinic	16
Signage	2
Social Work Clinic	7
Specialized Psychiatric Clinic	6
Specialized Psychology Clinic	4
Speech Pathology Clinic	66
Spinal Cord Injury	37
Substance Abuse	56
Substance Abuse Clinic	64
Substance Abuse Disorder Clinic	7
Surgery Clinic	98
Surgical Care (Other)	31
Surgical Clinics (Other)	11
Surgical ICU Beds	57
Surgical Intensive Care Unit	46
Surgical Ward	57
Technician Training	2
Therapeutic Nuclear Medicine	7
Therapeutic Radiology	8
Transportation	5
Ultrasound	29
Urology	41
Urology Clinic	63

## VA/DoD Sharing Agreements

### Provided by DOD

AIR FORCE	Total	101
Administration		2
Ambulatory Care Administration		1
Anatomical Pathology		1
Associated Health Staffing		4
Cardiac Catheterization		1
Cardiology Clinic		1
Clinical Pathology		4
Communications		2
Comp-Pension		1
Coronary Care		1
CT Scans		5
Dental Services		1
Diagnostic Nuclear Medicine		1
Diagnostic Radiology		4
Education and Training Program Support		1
EEG		1
EKG		1
Emergency Medical Clinic		1
EMG		1
Family Practice Newborn Nursery		1
Family Practice Obstetrics		1
Family Practice Pediatrics		1
General Medicine		1
General Psychiatric Clinic		2
Gynecology		1
Gynecology Clinic		2
HIV Testing		1
Hyperbaric Medicine		3
Laundry		1
Maintenance of Real Property		1
Mammography		2
Medical Care (Other)		2
Medical Clinics (Other)		1
Medical Examination Clinic		1
Medical ICU Beds		1
Medicine Clinic		2
Mental Health Clinic		1
MRI		5
Neonatal Intensive Care Unit		1
Nephrology Clinic		1
Neurology		1
Neurosurgery		1
Neurosurgery Clinic		1
Non-health related Training		1
Nurse Staffing		2
Obstetrics		1
Obstetrics Clinic		1

## VA/DoD Sharing Agreements

<b>Provided by DOD</b>		
Oncology		1
Oncology Clinic		1
Ophthalmology Clinic		1
Optometry Clinic		1
Orthopedics		1
Orthopedics Clinic		1
Pediatric Clinic		1
Pharmacy		2
Physical Therapy Clinic		1
Physician Staffing		5
Physiological Training		1
Primary Care Clinics		1
Prosthetics/Orthotics		1
Psychiatric Ward		1
Research Support		1
Surgery Clinic		2
Surgical Care (Other)		1
Surgical Clinics (Other)		1
Surgical Ward		1
Ultrasound		1
Urology		1
<b>AIR FORCE RESERVE</b>	<b>Total</b>	<b>28</b>
Administration		1
Associated Health Personnel		2
Associated Health Staffing		1
Clinical Pathology		1
CT Scans		1
Education and Training Program Support		6
Fire Protection		1
Infectious Disease Clinic		1
MRI		1
Nurse Staffing		3
Nursing Training		7
Physician Staffing		1
Physician Training		2
<b>AIR NATIONAL GUARD</b>	<b>Total</b>	<b>43</b>
Administration		2
Associated Health Personnel		4
Associated Health Staffing		3
Education and Training Program Support		9
Nurse Staffing		4
Nursing Training		13
Physician Staffing		2
Physician Training		5
Transportation		1
<b>ARMY</b>	<b>Total</b>	<b>103</b>
Administration		2
Allergy Clinic		1

## VA/DoD Sharing Agreements

### Provided by DOD

Ambulatory Care Administration	2
Anesthesiology	1
Associated Health Personnel	1
Audiology Clinic	1
Biomedical Equipment	2
Blood Bank	3
Building Management	1
Cardiology Clinic	1
Cardiovascular Thoracic Surgery Clinic	1
Cast Clinic	1
Clinical Immunology	1
Combined Food Operations	1
Command	1
Dental Services	1
Dermatology Clinic	1
Diagnostic Nuclear Medicine	2
Diagnostic Radiology	1
Education and Training Program Support	3
Emergency Medical Clinic	1
Endocrinology	1
Engineering Support	1
Environmental Health Program	2
Family Practice Clinic	1
Fire Protection	3
Gastroenterology Clinic	1
Gynecology Clinic	1
Hematology Clinic	1
HIV Testing	1
Infectious Disease Clinic	1
Laundry	1
Lease of Real Property	1
Library Services	2
Maintenance of Real Property	1
Mammography	1
Medical Care (Other)	1
Medical Clinics (Other)	1
Medical Examination Clinic	1
Medical ICU Beds	1
Mental Health Clinic	1
MRI	1
Nephrology Clinic	1
Neurology Clinic	1
Neurosurgery Clinic	1
Nurse Staffing	2
Nursing Training	3
Nutrition Clinic	1
Occupational Therapy Clinic	1
Oncology Clinic	1
Ophthalmology Clinic	1

## VA/DoD Sharing Agreements

### Provided by DOD

Optometry Clinic		1
Orthopedics Clinic		1
Otolaryngology Clinic		1
Patient Transportation		1
Peripheral Vascular Surgery		1
Pharmacy		2
Physical Medicine		1
Physical Therapy Clinic		1
Physician Staffing		2
Physician Training		1
Plastic Surgery Clinic		1
Podiatry Clinic		1
Police Protection		1
Preventive Medicine		1
Primary Care Clinics		1
Pulmonary Disease Clinic		1
Rheumatology Clinic		1
Specified Health Related Programs		1
Speech Pathology Clinic		2
Surgery Clinic		2
Surgical Care (Other)		1
Surgical Clinics (Other)		3
Surgical ICU Beds		2
Surgical Intensive Care Unit		1
Surgical Ward		3
Therapeutic Radiology		1
Transportation		1
Urology Clinic		1
<b>ARMY NATIONAL GUARD</b>	<b>Total</b>	<b>27</b>
Administration		1
Associated Health Personnel		5
Associated Health Staffing		3
Cardiac Catheterization		1
Education and Training Program Support		5
Non-health related Training		1
Nurse Staffing		2
Nursing Training		4
Physician Staffing		3
Physician Training		2
<b>ARMY RESERVE</b>	<b>Total</b>	<b>152</b>
Administration		5
Area Reference Laboratories		1
Associated Health Personnel		17
Associated Health Staffing		11
Audiology Clinic		1
Biomedical Equipment Repair - Contract		1
Building Management		2
Cardiology Clinic		1

## VA/DoD Sharing Agreements

<b>Provided by DOD</b>		
Clinical Pathology		4
Dental Services		2
Diagnostic Radiology		3
Education and Training Program Support		28
EKG		1
Emergency Medical Clinic		1
Engineering Support		1
General Medicine		1
Lease of Real Property		1
Maintenance of Real Property		3
Medical Examination Clinic		2
Minor Construction		1
Non-health related Training		1
Nurse Staffing		8
Nursing Training		28
Occupational Therapy Clinic		1
Operation of Utilities - Funded		1
Patient Food Operations		1
Physical Therapy Clinic		1
Physician Staffing		5
Physician Training		17
Physiological Training		1
Primary Care Clinics		1
COAST GUARD	Total	1
Building Management		1
DEPARTMENT OF	Total	1
Prosthetics/Orthotics		1
NAVAL RESERVE	Total	54
Anesthesiology		1
Associated Health Personnel		5
Associated Health Staffing		5
Audiology Clinic		1
Biomedical Equipment Repair - Contract		1
Building Management		1
Combined Food Operations		1
Dental Services		1
Education and Training Program Support		7
Materiel Services		1
Medical Examination Clinic		4
Nurse Staffing		8
Nursing Training		9
Pharmacy		1
Physician Staffing		5
Physician Training		3
NAVY	Total	55
Administration		1
Anatomical Pathology		1
Associated Health Staffing		2

## VA/DoD Sharing Agreements

### Provided by DoD

Building Management	2
Cast Clinic	2
Clinical Pathology	4
CT Scans	2
Diagnostic Nuclear Medicine	1
Diagnostic Radiology	4
EKG	1
Emergency Medical Clinic	2
Engineering Support	1
General Psychiatric Clinic	1
Housekeeping	1
Maintenance of Real Property	2
Mammography	2
Materiel Services	1
Medical Care (Other)	2
Medical Clinics (Other)	1
Mental Health Clinic	1
Military Patient Personnel Administration	1
MRI	2
Obstetrics	1
Obstetrics Clinic	1
Operation of Utilities	1
Optometry Clinic	1
Pharmacy	2
Physician Staffing	1
Physician Training	1
Plant Management	1
Primary Care Clinics	1
Psychiatric Ward	1
Pulmonary Disease Clinic	1
Social Work Clinic	1
Surgery Clinic	1
Surgical Care (Other)	2
Surgical Clinics (Other)	1
Ultrasound	1
Grand Total	565

## Tricare Contracts

### Provided by Department of Veterans Affairs

	Total	2,634
Administration	47	
Allergy	8	
Allergy Clinic	6	
Ambulatory Care Administration	46	
Ambulatory Special Procedures	66	
Anatomical Pathology	2	
Anesthesiology	14	
Audiology Clinic	52	
Blood Bank	5	
Bone Marrow Transplant	10	
Burn Unit	9	
Cardiac Catheterization	4	
Cardiology Clinic	11	
Cardiovascular Thoracic Surgery	6	
Cardiovascular Thoracic Surgery Clinic	3	
Clinical Immunology	5	
Clinical Pathology	95	
Combined Food Operations	1	
Continuing Health Education	2	
Coronary Care	10	
Coronary Care Unit	4	
CT Scans	19	
Dental Depreciation	1	
Dental Laboratory	2	
Dental Services	13	
Dermatology	6	
Dermatology Clinic	7	
Diabetic Clinic	2	
Diagnostic Nuclear Medicine	17	
Diagnostic Radiology	96	
Dialysis	1	
Domiciliary Substance Abuse	5	
Drug Screening and Testing Prog	1	
Education and Training Program Support	1	
EEG	14	
EKG	17	
Emergency Medical Clinic	18	
EMG	6	
Endocrinology	6	
Endocrinology (Metabolism) Clin	4	
Engineering Support	1	
Family Planning Clinic	3	
Family Practice Newborn Nursery	2	
Family Practice Pediatrics	3	
Family Practice Psychiatry	26	
Gastroenterology	8	
Gastroenterology Clinic	6	

## Tricare Contracts

### Provided by Department of Veterans Affairs

General Medicine	74
General Psychiatric Clinic	84
General Psychology Clinic	82
Gynecology	53
Gynecology Clinic	53
Hand Surgery	4
Hand Surgery Clinic	4
Hematology	6
Hematology Clinic	6
Hemodialysis	3
HIV III (AIDS)	15
HIV Testing	11
Immediate Care Clinic	3
Infectious Disease	4
Infectious Disease Clinic	5
Inpatient Clinical Dietetics	10
Intermediate Care	1
Mammography	15
Medical Care (Other)	6
Medical Clinics (Other)	12
Medical Examination Clinic	55
Medical ICU Beds	62
Medical Intensive Care Unit	50
Medicine Clinic	60
Mental Health Clinic	97
MRI	9
Neonatal Intensive Care Unit	12
Nephrology Clinic	5
Neurology	9
Neurology Clinic	8
Neurosurgery	5
Neurosurgery Clinic	4
Nurse Staffing	13
Nursing Home Care	4
Nutrition Clinic	5
Obstetrics	3
Obstetrics Clinic	1
Occupational Therapy Clinic	15
Oncology	11
Oncology Clinic	7
Operating Room Suite	2
Ophthalmology	8
Ophthalmology Clinic	6
Optometry Clinic	9
Oral Surgery	8
Orthopedics	6
Orthopedics Clinic	6
Otolaryngology	8
Otolaryngology Clinic	8

## Tricare Contracts

### Provided by Department of Veterans Affairs

Patient Food Operations	3
Patient Transportation	5
Pediatric Intensive Care Unit	3
Pediatric Surgery	2
Pet Scans	4
Pharmacy	28
Physical Medicine	56
Physical Therapy Clinic	63
Plastic Surgery	7
Plastic Surgery Clinic	4
Podiatry Clinic	5
Preventive Medicine	8
Primary Care Clinics	64
Proctology	1
Prosthetics/Orthotics	16
Psychiatric Ward	65
Pulmonary Disease Clinic	6
Pulmonary Function	8
Pulmonary/Upper Resp Disease	4
Radiation Health	3
Recovery Room	1
Rehab & Spt Services	15
Rehab Counseling	6
Rehabilitation	67
Respiratory Therapy	11
Rheumatology	7
Rheumatology Clinic	6
Social Work Clinic	13
Specialized Psychiatric Clinic	10
Specialized Psychology Clinic	14
Speech Pathology Clinic	18
Spinal Cord Injury	18
Substance Abuse	75
Substance Abuse Clinic	63
Substance Abuse Disorder Clinic	57
Surgery Clinic	81
Surgical Care (Other)	47
Surgical Clinics (Other)	2
Surgical ICU Beds	63
Surgical Intensive Care Unit	14
Surgical Ward	18
Therapeutic Nuclear Medicine	6
Therapeutic Radiology	7
Ultrasound	5
Urology	10
Urology Clinic	7