

Veterans Affairs and Department of Defense  
Obstetrics Services Sharing Initiative  
Submission for  
Healthcare Innovations Program (HIP)

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### **Introduction**

The women who have served in the wars of Iraq and Afghanistan now are combat vets and have entered into a medical system traditionally and predominantly centered on the men who were injured in Vietnam and Desert Storm conflicts. With the increasing number of female patients, Veterans Affairs medical treatment facilities have quickly adjusted their paradigm, however many do not have the infrastructure to treat their now pregnant veterans or infants. Such is the case for the Veterans Affairs San Diego Healthcare Services (VASDHS) in La Jolla, California who turned to their DoD partner, the Naval Medical Center San Diego (NMCS D) a prominent leader in Obstetrics services for help. NMCS D was delighted by the opportunity to assist. In May the first pregnant veteran entered our gates for maternity care.

The NMCS D and the VASDHS agreed to the innovative arrangement whereby NMCS D provides Obstetrics Services and limited newborn care to Veterans Affairs patients via an overarching comprehensive medical services sharing agreement.

### **Medical Specifications**

The process begins when the VASDHS confirms the Veteran's positive pregnancy test performed at their facility. The physician submits a consult for care at the NMCS D to the VASDHS Referral Management Department who provides authorization for prenatal care, delivery, postnatal care, and newborn care. The pregnant veteran is informed of her options for delivery; NMCS D or Fee Basis (Network) care. To the VA and our delight, most are choosing NMCS D. Once engaged in the NMCS D system, the patient is given a choice of three locations (NMCS D, Branch Medical Clinic Miramar, or Branch Medical Clinic North Island) for her prenatal care. The birth occurs at the NMCS D.

As with many medical conditions maternity cases are uncomplicated and complicated. The services normally provided in uncomplicated maternity cases include prenatal care, delivery, and postpartum care. Prenatal care is normally scheduled an average of nine prenatal visits through delivery and one postpartum visit. Postpartum care includes hospital visit following the vaginal or cesarean section delivery. Prenatal care includes the initial and subsequent history of the patient, physical examinations, recording of weight, blood pressures, fetal heart tones, urinalysis and other laboratory analysis, and one ultrasound normally performed at 18 to 22 weeks of gestation. In addition the patient will receive prescriptions for necessary prenatal vitamins significant to nutrition and health as well as vaccinations and lactation support.

Complicated maternity cases will include the prenatal care, delivery and postpartum care as well as the history, exams and same services as mentioned for uncomplicated cases above. In

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In addition the prenatal care will have a minimum of nine to sixteen or more visits. NMCS D also treats the medical conditions of a complicated pregnancy which may include such conditions as cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, pre-term labor, and premature rupture of membranes as part and parcel of the maternity care. Medical services for the VA patient that are unrelated to the maternity episodes will be returned to the VASDHS for treatment as appropriate.

Delivery services will include admission to NMCS D vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery. Surgical complications of pregnancy or delivery (e.g., appendectomy, hernia, ovarian cyst, Bartholin cyst, etc.) may require additional resources and will be performed by NMCS D. Since the VA is authorized to fund care to an infant born to a VA eligible beneficiary for seven days, NMCS D will provide the authorized initial care during the newborns first seven days of life.

All aspects of care including care of the newborns is coordinated by NMCS D social workers and by the VASDHS Women's Veterans Program Manager.

### **Metrics and Measurements**

The metrics selected for the Obstetrics program were mutually agreed upon by the VASDHS and the NMCS D and are as follows (see Figure 1 for current metric results):

- Number of pregnant veterans seen at NMCS D (during the reporting period)
- Number of complicated pregnancies (diagnosis: V238+, V235)
- Number of births (during the reporting period)/number of infants
- Number of VA mothers with post-partum complications
- Number of dispositions (Moms)
- Number of babies admitted to NMCS D Neonatal Intensive Care Unit (NICU)
- Admission DRG (e.g., DRG 775 Vaginal delivery w/o complicating diagnosis)
- Number of outpatient encounters
- Number of VA mothers seen in NMCS D Emergency Room
- Realize a 5% savings for VASDHS

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<b>Fiscal Year: 2011</b>						
<b>SMART Objectives - Obstetrics</b>	<b>Fiscal Month</b>					<b>Totals</b>
	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	
<b>Metric:</b>						
# Patients during Reporting period (#Moms to NMCS D)*	7	10	9	7	8	41
# Complicated Pregnancies (Diagnosis:V238.+,V235)	0	2	1	1	0	4
# Births during Reporting period	0	0	0	0	0	0
# Post-partum complications (#Moms)	0	0	0	0	0	0
# NICUs	0	0	0	0	0	0
# Dispositions (#Moms)	0	0	0	0	0	0
# Dispositions (#NICUs)	0	0	0	0	0	0
# Deliveries	0	0	0	0	0	0
Total # Delivery :	0	0	0	0	0	0
With complications and co-morbidities	-	-	-	-		0
Without complications and co-morbidities	-	-	-	-		0
Other	-	-	-	-		0
#Encounters	13	24	26	46	62	171
#Encounters full costs						
#Moms ER visits	1	0	1	1	3	6
#Moms ER costs	\$618.94	\$0.00	\$939.34	\$371.55	\$2,191.89	\$1,929.83
Full Cost - Outpatient						
Full Cost at 90% CMAC						
Full Cost Bundled w/Delivery						
SAVINGS: Average encounters per patient/cost at 90% CMAC						4.24
Reporting Period: September 2011						
BOXi report run: 10/8/11						
* -New Patient seen, data coded and transmitted						

Figure 1

**Conclusions**

To date, the program is much more successful than anticipated. Original estimates were 50 patients per year would use NMCS D for their obstetrics care. To date, there are 65 patients in queue; 41 in active care at NMCS D. For those engaged at NMCS D, all indications are patient satisfaction is very high.

The first Veteran OB patient delivered a normal baby girl at NMCS D on October 20, 2011 by cesarean section. The methodology for billing the VA was derived from the Department of Veterans Affairs-Department of Defense Health Care Resource Sharing Rates-Billing Guidance Inpatient Services dated 29 August 2006 along with the VA/DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE DRG payment calculator. Our DoD-VA patient had a Medicare Severity (MS) DRG of 765 Cesarean section with complications and major co-morbidities. As the 2011 rate tables for DRGs are not as yet distributed or installed into the Composite Health Care System (CHCS) the following cost is an estimate for the bill of our first Vet delivery. The MS DRG 765 combined with the code 59510 Common Procedural

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Terminology (CPT) and the professional physician fees for the delivery amount to \$9,356.38. The VA has been routinely paying \$11,000.00 in Fee Basis costs for the same type of delivery. Based on this patient, the VA will save approximately \$1,600.00 on average for prenatal, delivery and post partum care for each patient seen at the NMCSO.

This project provides state of the art care for patients that are used to military treatment facilities, promotes sharing between the two federal agencies, ensures experiences of care required for General Medical Education (GME) programs, and saves tax payer dollars; all to the delight of the patient.

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