A Use Case:
Identifying Opportunities for DoD/VA Resource Sharing and DaVINCI

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Poll Questions:

1. Do you know what DaVINCI is?

2. If you did know what DaVINCI is, did you know the data are available now?

Overview

1. What is DaVINCI?

2. What is DoD/VA Resource Sharing?

3. Alignment of Missions – VA Access and DoD Readiness

4. Identifying Opportunities to Share

5. Recap

Purpose of Today's Cyberseminar

The purpose of today's cyberseminar is to

◦ Discuss the DaVINCI project
◦ Provide VA users background on DoD/VA Resource Sharing
◦ Highlight Resource Sharing in selected locations
◦ Share an *operational* use-case for DaVINCI

DaVINCI

DaVINCI

- DaVINCI is a SQL database that combines DoD/MHS and VHA healthcare data

- DaVINCI is accessible to VA researchers and operations analysts through VINCI (VA Informatics and Computing Infrastructure)

- DaVINCI database tables are available in both their original source and OMOP formats

- DaVINCI purpose:
  - Increases DoD-VA data integration for interagency collaboration and resource sharing
  - Implements a new governance process for interagency operations & research collaboration
  - Identifies technical solutions for each agency to access & use data

DHA Population

VHA Population

DAVINCI Population Subset

Other Categories

Active Duty[4]

Retirees[1]

Retirees[1]

Other Categories

Guard/ Reserve[4]

Separatees[2]

Separatees[2]

DoD Fam Mbrs

DoD Fam Mbrs Seen by VA[3]

DoD Fam Mbrs Seen by VA[3]

[1]Includes ADCs & Non-ADCs
[2]Vast Majority from VHA
[3]Common Patients Only
[4]Full Operating Capability

VINCI Environment

VINCI hosts many types of analytical tools that run much extremely fast in the VINCI server environment

Example applications include SAS Grid, R, SQL Server, ESRI ArcMap

Researchers access CDW, OMOP, and DaVINCI data after DART/EPAS forms are completed

Project Status

As of Sept 2019, over 20 billion health care records of VA data have been transmitted to DoD, and over 13 billion records of DoD data have been transmitted to the VA.

The common OMOP tables have been created by both the VA and DoD, which maps different source codes to the same standard terminology.

Domains include Inpatient Stays, Outpatient Visits, Claims, Procedures, Conditions, Laboratory and Radiology Results, Pharmacy, Vital Signs, Theater data, Immunizations, and many more, largely available from CY2000 to present.

Project Status

DaVINCI is the most comprehensive consolidation of health data sources from each departments' EHRs (CHCS, AHLTA, VistA, and MHS GENESIS).

New data types continue to be added to enhance the DoD OMOP model

DoD Data Dictionary, Clinical Domains of Interest, & ETL Design documents are available from VINCI Central

DoD data flow to DaVINCI
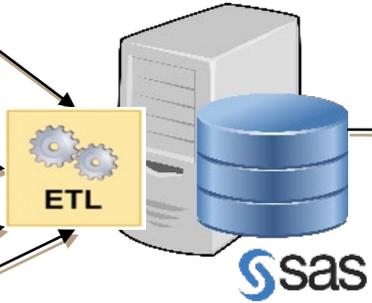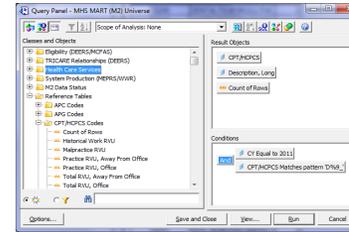
DoD Source Tables in Production (VINCI):

Table	# records	Disk Space (MB)
ANC_LAB	368,282,956	16,679
ANC_RAD	73,553,814	3,199
CAPER	377,506,900	72,399
CHEMISTRY	920,754,184	52,239
DEATH	961,233	9
DEERS	945,232,265	36,905
DESIG_PROV_CLIN	14,342,794	1,274
DESIG_PROV_PHARM	8,435,225	289
HEALTH_RISK	62,037,409	1,667
IMMUNIZATION	119,258,276	2,753

Table	# records	Disk Space (MB)
MEDICATIONS	237,328,402	12,661
MICROBIOLOGY	7,174,259	753
PATHOLOGY	3,507,674	609
PDTS	1,016,564,774	70,894
RAD_RESULTS	32,181,901	15,737
SIDR	2,024,706	295
TEDI	6,652,176	964
TEDNI	1,690,625,614	127,608
TMDS	8,911,482	468
TMDS_MEDS	14,376,423	480
VITALS	116,997,022	9,240

DoD OMOP Tables in Production (VINCI):

#	Database	Table	# records	Disk Space (MB)
1	DaVINCI	CARE_SITE	1,394,583	70
2	DaVINCI	CONDITION_OCCURRENCE	1,794,805,038	73,483
3	DaVINCI	DEATH	865,792	11
4	DaVINCI	DEVICE_EXPOSURE	84,111,819	2,827
5	DaVINCI	DRUG_EXPOSURE	1,175,796,297	52,351
6	DaVINCI	FACT_RELATIONSHIP	1,602,107,036	25,595
7	DaVINCI	LOCATION	197,992	3
8	DaVINCI	MEASUREMENT	1,993,313,977	50,532
9	DaVINCI	OBSERVATION	2,179,810,793	78,798
10	DaVINCI	PERSON	9,860,907	312
11	DaVINCI	PROCEDURE_OCCURRENCE	1,818,098,199	63,463
12	DaVINCI	PROVIDER	10,941,325	318
13	DaVINCI	SPECIMEN	100,797,326	3,315
14	DaVINCI	VISIT_OCCURRENCE	908,235,636	27,563
		Total	**11,680,336,720**	**378,641**

Full OMOP Model, Record Counts (DoD & VA)

OMOP Category	Table	CDW.VA_OMOP	DoD_OMOP
Health System	CARE_SITE	1,221,209	1,394,583
Clinical	CONDITION_OCCURRENCE	2,273,566,044	1,794,805,038
Clinical	DEATH	8,005,742	865,792
Clinical	DEVICE_EXPOSURE	171,795,075	84,111,819
Clinical	DRUG_EXPOSURE	4,967,974,344	1,175,796,297
Clinical	FACT_RELATIONSHIP	9,272,022	1,602,107,036
Health System	LOCATION	44,449,311	197,992
Clinical	MEASUREMENT	15,033,573,540	1,993,313,977
Clinical	OBSERVATION	491,173,530	2,179,810,793
Clinical	PERSON	23,753,749	9,860,907
Clinical	PROCEDURE_OCCURRENCE	2,256,294,443	1,818,098,199
Health System	PROVIDER	6,903,537	10,941,325
Clinical	SPECIMEN	6,752,554,511	100,797,326
Clinical	VISIT_OCCURRENCE	2,926,319,211	908,235,636
	Total Records:	**34,966,856,268**	**11,680,336,720**

Significant Overlap in Clinical Data

Of the 4B+ procedure records in the full combined (DoD + VA) model, 41.7% are for patients who have been seen in both the DoD and VA healthcare systems:

Full Combined OMOP Procedure Table (DoD + VA)				
DaVINCI Cohort	Frequency	Percent	Cumulative Frequency	Cumulative Percent
In Both	1,697,885,785	41.67	1,697,885,785	41.67
DoD Only	665,445,050	16.33	2,363,330,835	58.00
VA Only	1,711,061,807	42.00	4,074,392,642	100.00

The longitudinal record for these patients for visits, conditions, drugs, and procedures is significantly longer and more complete than just using VA or DoD data alone.

Significant Overlap in Clinical Data

For Procedures, the median timespan between the first and last procedure in the combined OMOP model is 12.7 years for patients in both the DoD and VA data, vs. just 6.5 years for patients only in VA data:

# of Years between First and Last Procedure					
Cohort	N (# patients)	25th Pctl	50th Pctl	Mean	75th Pctl	99th Pctl
In Both	5,116,558	7.13	12.72	11.20	15.33	19.25
DoD Only	3,878,946	1.25	5.02	6.60	12.43	16.33
VA Only	10,076,639	1.33	6.52	7.56	13.26	18.60

Significant Overlap in Clinical Data

Likewise for the Visit_occurrence table, using the combined model shifts the median # years of data available about 6 years:

# of Years between First and Last Visit					
Cohort	N (# patients)	25th Pctl	50th Pctl	75th Pctl	99th Pctl
In Both	5,152,414	7.69	13.09	15.76	19.33
DoD Only	3,890,676	1.23	5	12.44	17
VA Only	10,823,640	1.52	7.47	14.19	19.07
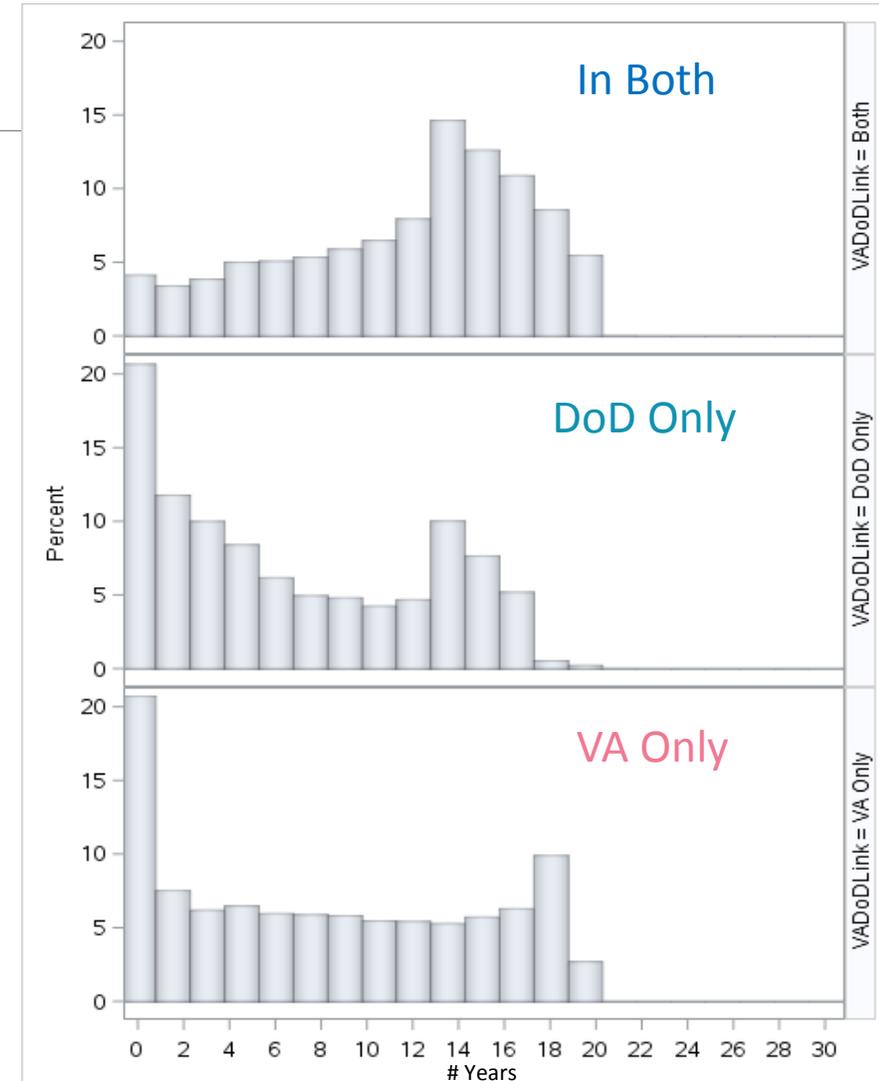
Data Limitations

No cost data, no deployment data

DaVINCI cohort does not include family members

Some datasets (ex. Lab Results) only go back to FY09

VA Purchased Care (PIT) tables are not yet in DaVINCI

Person address data not available for DoD residents, just zip codes in person table

DoD/VA Resource Sharing

Alignment of Missions

- VA Choice Act passed in 2014
  - Temporary program to increase access to community care when wait times or driving distance hamper the Veterans ability to receive care at a VAMC
  - Wait time standards for appointments

- VA Choice was replaced in 2019 in the MISSION Act
  - Consolidated community care programs
  - Allows a Veteran to use community care if the services they need are unavailable, if access standards can't be met (based on drive times and wait times for an appointment) or other reasons
  - Additional provisions related to retention, urgent care, etc.

Alignment of Missions

- VA Access Standards are based on average drive time or wait time

- Drive time standards:
  - Primary Care, Mental Health and non-institutional extended care – 30- minute drive time
  - Specialty care – 60-minute drive time

- Wait time standards for appointments:
  - Primary care, mental health or non-inst extended care – 20 days
  - Specialty care – 28 days

VA News Release 1/30/2019

Alignment of Missions

- GAO and VA found significant wait time problems associated with the program

- GAO: Examination of 55 case found wait times in excess of 60 days for routine care.

- VA: Examination of 5,000 cases found wait times of 50 days

- Lack of available data hampers ability to properly measure compliance with access to care.

GAO: June 2018
Veterans Choice Program: Improvements Needed to Address Access-related Challenges as VA plan consolidation of its Community Care Programs

Alignment of Missions

- DoD has had access standards for decades, based on the type of appointment, drive time and wait time.

- Access standards are tracked and monitored for direct care and care purchased from the private sector.

- Most patients receive care within the access standards in the MHS – though a lot of that care is through the civilian community.

- 30-minute drive time for primary care
- Specialty care appointments within four weeks
- Routine appointments within one week
- Urgent care appointments generally not to exceed 24 hours
- Emergency room access available 24hrs/7 days per week
- 60-minute drive time for specialty care
- Office wait times should not exceed 30 minutes unless emergency care is being rendered to another patient

MHS Review – Final Report: August 2014

Alignment of Missions

- A larger problem for DoD is related to the medical readiness of providers to support expeditionary medicine.

- DoD medical end-strengths are determined based on operational requirements.

- DoD uses its military treatment facilities (MTFs) to provide platforms to maintain the currency of its providers.

- But DoD beneficiaries are generally young and healthy and don't generate enough demand to keep providers current.

Table 1. Comparison of Authorized Uniformed Providers to MHS Modeled Capacity

Selected Specialties	Number of Uniformed Providers		
	Authorized	Modeled Number MHS can Accommodate	Difference (Accommodate - Auth)
Cardiac/Thoracic Surgery	42	4	-38
Orthopedic Surgery	291	259	-32
Pulmonary Disease	78	52	-26
Peripheral Vascualar Surgery	36	10	-26
Cardiology	98	78	-20
Nephrology	33	18	-15
Plastic Surgery	36	21	-15
Neuro Surgery	36	24	-12
Colon and Rectal Surgery	14	4	-10
Endocrinology	27	23	-4
Pediatric Surgery	9	5	-4
Hematology and Oncology	47	44	-3
Gastroenterology	71	74	3
Urology	80	81	1
General Surgery	211	223	12

Demand Shortfall

MHS Modernization Team Study Report: 2015

Alignment of Missions

- Findings from the Military Compensation and Retirement Modernization Commission

    - Military general surgeon's surveyed said that they needed more training on surgical disciplines to treat the blast injuries occurring in the current wars.

    - Caseload at MTFs is not providing the training needed.

    - Military medical personnel are achieving far below civilian standards in the number of surgical procedures performed during peacetime.

Report of the Military Compensation and Retirement Modernization Commission

Report of the Military Compensation and Retirement Modernization Commission, January 2015
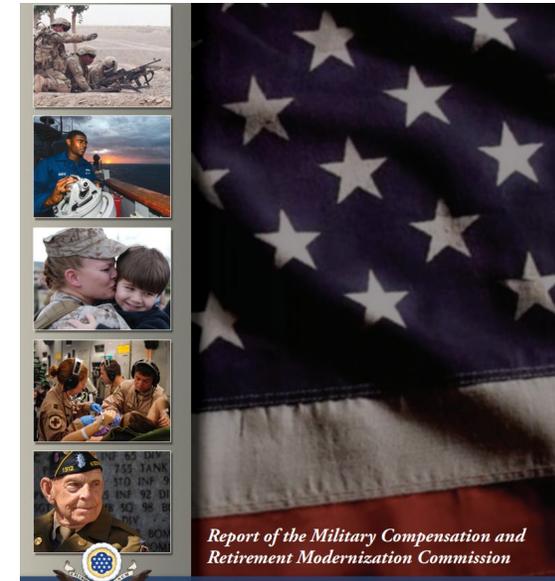
Alignment of Missions

- Two key provider-focused performance measures for the MHS are:
  - Active Duty Specialty Provider Efficiency: Compares a provider's work RVUs with the 50%ile of the median from the MGMA survey, by specialty

  - Provider Knowledge Skills and Abilities (KSA): Measures the number of times a provider does specific high value procedures for readiness.

- Both encourage MTFs to find more patients who need the services that MTF providers need to do.

Alignment of Missions

Table 3. MHS Providers Meeting Productivity Metrics: FY 2012 vs. FY 2016

Selected Specialties	FY12	FY16
Cardiac/Thoracic Surgery	23%	10%
General Surgery	23%	22%
Peripheral Vascular Surgery	8%	14%
Pulmonary Disease	11%	23%
Colon and Rectal Surgery	23%	25%
Nephrology	19%	13%
Neurological Surgery	13%	25%
Plastic Surgery	32%	26%
Pediatric Surgery	22%	30%
Endocrinology	20%	44%
Hematology and Oncology	17%	49%
Gastroenterology	35%	41%
Urology	36%	50%
Orthopedic Surgery	26%	35%
Cardiology	19%	26%
Selected Specialties Total	24%	31%

Green: Increase since FY12 baseline

Red: Reduction since FY12 baseline

Update to MHS Modernization Study

Resource Sharing

From the DoD/VA Joint Executive Council's (JEC) Joint Strategic Plan for 2019-2021

Military Medical Provider Readiness - VA and DoD will establish a process to increase VA purchased care patient referrals to military treatment facilities with excess capacity to support Graduate Medical Education and wartime skills maintenance. Subcommittee: HEC.

Resource Sharing

The MHS and the VA have long engaged in Resource Sharing. This includes sharing of:
◦ Facilities
◦ Providers
◦ Equipment
◦ Staff, etc

Resource Sharing

- MTFs treating VA patients can benefit both VA and DoD
  - When the VA has trouble meeting access standards, sending patients to nearby MTFs may be beneficial.
  - Through Resource Sharing arrangements, the DoD and VA negotiate payment rates that can be less expensive for the VA than sending patients to civilian facilities through MISSION.
  - These VA patients would benefit DoD by providing a higher case mix of patients to assist in meeting readiness goals.

DoD/VA Resource Sharing

- There are currently 127 active DoD/VA Resource Sharing agreements between 137 facilities.

- These arrangements specify the services that DoD and VA will provide for one another in areas where it is mutually beneficial.

- Example: there are 14 different RSAs between the Fayetteville, NC VA and Womack AMC at Fort Bragg.
  - Includes hematology, ER, radiology, primary care, GI, OB/GYN, surgery, orthopedics, oral surgery, pathology, among others

Exploring Opportunities to Increase Resource Sharing

Questions?

- What kind of care do the MTFs currently provide VA patients?

- What kind of care do Veteran's need that aren't provided at the VA?

- Is any of this care a match to what the MHS providers need for readiness?

Questions?

- What kind of care is the dual eligible population receiving and who provides it? OMOP procedure tables

- What kind of care do Veteran's need that aren't provided at the VA? VA Community Care

- Is any of this care a match to what the MHS providers need for readiness? MHS "Knowledge, Skills and Abilities" Codes and Productivity Data

Resource Sharing

Survey the Environment

1. Identify the extent of overlapping care provided in each MTF area.

2. Review resource sharing agreements in the areas

3. Review MHS provider metrics

Resource Sharing

Develop VA Demand Data

1. Develop 60-minute drive-time radii around selected military treatment facilities in accordance with VA specialty care access standards.

2. Extract private sector care (PIT) data for VA

3. Review access to care data from the VA to identify areas that may benefit the VA

Resource Sharing

Consider High Value VA Demand

1. Apply MHS Knowledge, Skills and Abilities (KSA) criteria to the CPT codes in the PIT data to identify high-value opportunities

2. Compare the procedures in the PIT data to the Provider Efficiency Metrics at the nearby MTFs to identify cases that could result in increased productivity for military physicians

3. Add the number of times each procedure is done by the MTFs to ensure the MTF can adequately provide the care identified.

Data Sets

Datasets developed at MTF/VAs with heavy resource/sharing

Data Elements
CPT Code
CCS Category
Orthopedic KSA
General Surgery KSA
Critical Care KSA
Svcs (VA Community Care)
Paid (VA Community Care)
Done at MTF (All patients)

Data Elements
Stop Code
City
State
Mean Wait Time

Anchorage, Alaska

• VA and DoD have a long history of partnering in Alaska

• There is a joint venture at Joint Base Elmendorf and a VA clinic located within Bassett Community Hospital at Fort Wainwright.

•Elmendorf and Bassett are treating dual eligible patients with a variety of conditions

Most Common Procedures for the Dual Eligible Population (Units of Service)

CCS Category	Done at VA	Done at DoD	Total
Other diagnostic procedures (interview, evaluatio	94,244	37,529	131,773
Physical therapy exercises, manipulation, and othe	20,585	5,748	26,333
Ancillary Services	5,237	19,452	24,689
Psychological and psychiatric evaluation and thera	9,863	12,234	22,097
Ophthalmologic and otologic diagnosis and treatm	10,678	3,542	14,220
Other diagnostic radiology and related techniques	9,365	2,553	11,918
Other therapeutic procedures	6,774	2,103	8,877
Prophylactic vaccinations and inoculations	1,424	3,890	5,314
Routine chest X-ray	4,276	227	4,503
Diagnostic physical therapy	3,189	1,159	4,348

Anchorage, Alaska R/S Agreements

3rd Medical Group-Elmendorf	Nuclear Medicine Care - Ancillary Services	Both
3rd Medical Group-Elmendorf	Radiology - Ancillary Services	Both
3rd Medical Group-Elmendorf	Pathology - Ancillary Services	Both
3rd Medical Group-Elmendorf	<mark>Ambulatory Procedures Visits NEC - Ambulatory Care Services</mark>	Both
3rd Medical Group-Elmendorf	Emergency Medical Clinic - Ambulatory Care Services	Both
3rd Medical Group-Elmendorf	Inpatient Administration - Administration & Support	Both
3rd Medical Group-Elmendorf	Cardiology - Inpatient Services	Both
3rd Medical Group-Elmendorf	Diagnostic Radiology - Ancillary Services	Both
3rd Medical Group-Elmendorf	Emergency Medical Care - Ambulatory Care Services	DoD
3rd Medical Group-Elmendorf	Inpatient Care Administration NEC - Administration & Support	DoD
3rd Medical Group-Elmendorf	Internal Medicine - Inpatient Services	Both
3rd Medical Group-Elmendorf	Medical ICU - Inpatient Services	DoD
3rd Medical Group-Elmendorf	Mental Health Clinic - Ambulatory Care Services	Both
3rd Medical Group-Elmendorf	Multidisciplinary Team Services (MTS) - Administration & Support	Both
3rd Medical Group-Elmendorf	Newborn Nursery - Inpatient Services	DoD
3rd Medical Group-Elmendorf	Ophthalmology Clinic - Ambulatory Care Services	Both
3rd Medical Group-Elmendorf	<mark>Orthopedic Clinic - Ambulatory Care Services</mark>	Both
3rd Medical Group-Elmendorf	Other Readiness Planning & Admin - Other & Military Unique	DoD
3rd Medical Group-Elmendorf	<mark>Surgical Care - Inpatient Services</mark>	DoD
3rd Medical Group-Elmendorf	Urology Clinic - Ambulatory Care Services	Both

Bassett ACH - Fort Wainwright	Dental Services - Dental Services	DoD
Bassett ACH - Fort Wainwright	Housekeeping - Administration & Support	DoD
Bassett ACH - Fort Wainwright	Inpatient Care Administration NEC - Administration & Support	DoD
Bassett ACH - Fort Wainwright	Material Services - Administration & Support	DoD
Bassett ACH - Fort Wainwright	Pharmacy Services - Ancillary Services	DoD
Bassett ACH - Fort Wainwright	Radiology - Ancillary Services	DoD

Anchorage, Alaska

- 56 Million in Community Care surrounding Elmendorf

- Elmendorf has a productivity target focus on:
  - Anesthesiology
  - General Surgery
  - Cardiology
  - Orthopedic Surgery

- Wait times for appointments in Anchorage are within the standard.

- VA patients have a significant amount of community care in general surgery and orthopedic surgery

High Value KSA VA Purchased Care near Anchorage

97012	MECHANICAL TRACTION THERAPY	2,329	90,109	1,150
93306	TTE,2D,CMPL W/SPEC&COLOR DOPPL	630	257,218	1,303
76942	US GUIDE NEEDLE PLAC/ASP/INJ	387	49,136	242
17110	DESTRY BENIGN LSN(NOT TAG)1-14	344	74,289	737
17000	DESTR PREMALIGNANT LESION;1ST	339	41,403	228
17003	DESTR PREMALIGNANT LESION;2-14	244	13,298	571
11100	BX,SKN,TISS/MUCOUS MEMBR;1 LES	219	47,659	399
93922	NONINVAS PHYSL,UE/LE ART,LIMIT	191	33,909	15
64636	DSTR,N-LYT,P-V FACET JT L/S +	157	91,274	47
27447	TOTAL KNEE ARTHROPLASTY	151	398,286	16
93971	SCAN DUP EXTRM VEIN;UNIL/LMT	144	24,203	-
76705	US ABDOMINAL; LIMITED	139	45,809	132
93880	SCAN DUP XCRANL ART;CMPLT BI	137	57,922	-
36620	CATH/CAN ART,SAMPL/MNTR;PERC	127	18,796	11
76937	US GUIDE VASCLR ACCESS (SEP)	119	6,244	6
31575	LARYNGOSCOPY, FLEXIBLE; DIAG	106	31,072	355

- Top Procedures on the MHS KSA List in VA fee data for 2018 provided near Anchorage, Alaska.

Sacramento, California

- David Grant Medical Center at Travis AFB shares services with the VA in Sacramento

Top Procedures for the Dual Eligible cohort near Sacramento (Units of Service)

Other diagnostic procedures (interview, evaluation,	207,666	248,212	455,878
Ancillary Services	5,630	78,069	83,699
Physical therapy exercises, manipulation, and other	42,483	34,618	77,101
Psychological and psychiatric evaluation and therapy	12,809	48,568	61,377
Ophthalmologic and otologic diagnosis and treatmen	20,635	40,742	61,377
Other diagnostic radiology and related techniques	19,834	20,983	40,817
Other therapeutic procedures	30,405	9,243	39,648
Prophylactic vaccinations and inoculations	3,222	17,096	20,318
Routine chest X-ray	14,011	3,125	17,136
Peritoneal dialysis	15,743	297	16,040
Other physical therapy and rehabilitation	4,156	11,567	15,723
Excision of skin lesion	7,588	6,104	13,692
Pathology	7,058	4,677	11,735

Sacramento R/S Agreements

Medical Professional & Training Management - Other & Military Unique	DoD	No Cost
Anatomical Pathology - Ancillary Services	DoD	CMAC
Emergency Medical Clinic - Ambulatory Care Services	DoD	CMAC
Hematology Clinic - Ambulatory Care Services	DoD	CMAC
Hemodialysis - Ambulatory Care Services	DoD	CMAC
Inpatient Administration - Administration & Support	DoD	CMAC
Mental Health Clinic - Ambulatory Care Services	DoD	No Cost
Oncology Clinic - Ambulatory Care Services	DoD	CMAC
Oral Surgery - Inpatient Services	DoD	CMAC
Orthopedic Care - Ambulatory Care Services	DoD	CMAC
Peacetime Disaster Preparedness/Response - Administration & Support	DoD	No Cost
Physical Therapy Clinic - Ambulatory Care Services	Both	CMAC
Radiology - Ancillary Services	DoD	CMAC
Trainee Expenses Other Than GME/GDE - Administration & Support	VA	No Cost
Vascular and Interventional Radiology Clinic - Ambulatory Care Services	DoD	CMAC
Lease of Real Property - Administration & Support	VA	Fee Based

Sacramento, California

Stop Code	Mean
GASTROENTEROLOGY	41.94
EMG - ELECTROMYOGRAM	38.12
PM&RS PHYSICIAN	34.01
COMMUNITY CARE CONSULT	33.69
CHIROPRACTIC CARE	31.63
GI ENDOSCOPY	30.33
ALLERGY IMMUNOLOGY	29.19
OCCUPATIONAL THERAPY	28.28

- There are stop codes within the Sacramento VA that have mean wait times for appointments that are longer than the standard.

- David Grant has specialties below the targets for productivity in surgical areas

- 22 million dollars in local community care

High Value KSA VA Purchased Care near Sacramento

97012	MECHANICAL TRACTION THERAPY	2,653	34,186	535
64636	DSTR,N-LYT,P-V FACET JT L/S +	61	14584.28	0
36556	INSRT NON-TUN CNT CTH;>/=5YR	58	5228.24	56
11056	PAR/CUT BEN HYPERKERAT LSN;2-4	46	1034.33	76
97597	DEBR,OPN WND;1ST 20 SQ CM/LESS	45	1047.9	278
11100	BX,SKN,TISS/MUCOUS MEMBR;1 LES	40	3344.65	521
17000	DESTR PREMALIGNANT LESION;1ST	36	1980.12	416
88311	DECALCIFY TISSUE (SEP)	32	436.66	0
27447	TOTAL KNEE ARTHROPLASTY	31	25484.08	139
36561	INSRT T-DVC,SUBCU PORT;>/+5Y	30	10612.19	82
36569	INS,PICC,WO PORT/PUMP;5YRS/>	30	2195.6	98
17003	DESTR PREMALIGNANT LESION;2-14	29	634.66	1442
27130	ARTHRPLST,ACTBLR&PXML FML PROS	25	22710.54	92
36558	INSRT TUN CATH,W/O P/PM;>=5Y	24	6766.47	20

Dayton, Ohio

- The Cincinnati VA shares services with the Medical Center at Wright Patterson AFB

Most Common Procedures for the Dual Eligible Population (Units of Service)

Other diagnostic procedures (interview, evaluation, cons	202,381	223,219	425,600
Ancillary Services	16,622	74,235	90,857
Physical therapy exercises, manipulation, and other proce	53,954	33,933	87,887
Psychological and psychiatric evaluation and therapy	16,380	55,590	71,970
Ophthalmologic and otologic diagnosis and treatment	13,465	34,603	48,068
Other diagnostic radiology and related techniques	20,277	17,766	38,043
Other therapeutic procedures	14,606	12,802	27,408
Laboratory - Chemistry and Hematology	367	18,951	19,318
Other physical therapy and rehabilitation	5,396	11,858	17,254
Prophylactic vaccinations and inoculations	2,810	12,895	15,705

Dayton, Ohio

Resource Sharing Agreements, All CMAC Reimbursement

OB/GYN Care NEC - Ambulatory Care Services
Occupation Therapy Clinic - Ambulatory Care Services
Occupational Health Clinic - Ambulatory Care Services
Ophthalmology - Inpatient Services
Optometry Clinic - Ambulatory Care Services
Orthopedic Care - Inpatient Services
Otolaryngology - Inpatient Services
Pharmacy - Ancillary Services
Physical Therapy Clinic - Ambulatory Care Services
Plastic Surgery - Inpatient Services
Podiatry - Inpatient Services
Pulmonary Disease Clinic - Ambulatory Care Services
Radiation Health Program - Administration & Support
Rheumatology - Inpatient Services
Surgical Care - Inpatient Services
Urology - Inpatient Services
Vascular and Interventional Radiology - Inpatient Services

Allergy - Inpatient Services
Audiology Clinic - Ambulatory Care Services
Cardiology - Inpatient Services
Dermatology - Inpatient Services
Diagnostic Radiology - Ancillary Services
Emergency Medical Care - Ambulatory Care Services
Endocrinology - Inpatient Services
Gastroenterology - Inpatient Services
General Surgery - Inpatient Services
Hematology - Inpatient Services
Immunizations - Administration & Support
Infectious Disease - Inpatient Services
Internal Medicine - Inpatient Services
Medical Care - Ambulatory Care Services
Mental Health Clinic - Ambulatory Care Services
Nephrology - Inpatient Services
Nuclear Medicine Care - Ancillary Services
Nutrition Management - Administration & Support

Dayton, Ohio

There are several specialties at Wright Patterson below productivity standards
- Psychiatry
- Cardiology
- General Surgery
- Orthopedic Surgery
- Nephrology

Stop codes below access standards
- Sleep Medicine
- Gastroenterology
- Cardiology

22 million in private sector care near Dayton

High Value KSA VA Purchased Care near Dayton

CPT	Desc	Count	Paid	# done at 0095
93306	TTE,2D,CMPL W/SPEC&COLOR DOPPL	515	33861.06	884
97012	MECHANICAL TRACTION THERAPY	323	4096.28	1278
17000	DESTR PREMALIGNANT LESION;1ST	228	11211.31	620
17003	DESTR PREMALIGNANT LESION;2-14	180	3738.2	1544
93970	SCAN DUP EXTRM VEIN;CMPL BI	161	5357.49	104
93880	SCAN DUP XCRANL ART;CMPLT BI	157	5998.32	234
76705	US ABDOMINAL; LIMITED	145	4031.79	100
36620	CATH/CAN ART,SAMPL/MNTR;PERC	141	5874.89	1
11100	BX,SKN,TISS/MUCOUS MEMBR;1 LES	136	11292.84	825
76942	US GUIDE NEEDLE PLAC/ASP/INJ	131	4976.64	143
64636	DSTR,N-LYT,P-V FACET JT L/S +	123	26032.69	17
13132	RPR CMPX FACE/NAGHF;2.6-7.5CM	104	22944.49	8
31575	LARYNGOSCOPY, FLEXIBLE; DIAG	102	9221.18	424

Recap

- DaVINCI is here!

- You can access DaVINCI data now using the VA's routine governance process

- Using DaVINCI data will greatly expand the amount of data available on VA patients.

- Resource Sharing is a very high priority for both DoD and VA. Expect more it to come as both agencies continue to explore opportunities

- DaVINCI is an important part of the analyst's toolkit.