

**NEW
FILE
BEGINS**

Doc # 16

**B&B INFORMATION & IMAGE MANAGEMENT
300 PRINCE GEORGE'S BOULEVARD
UPPER MARLBORO, MARYLAND 20772 • USA • (301) 249-0110**

SHARING OF MEDICAL RESOURCES

TYPE OF SERVICE BY THE UNIVERSITY

Description	Terms of Agreement
1. RADIATION THERAPY. This includes (a) deep radiation therapy for the on-site treatment program for each patient. This also includes (b) surface therapy (1) interstitial bore, (2) intracavitary radiation, and (3) three categories, which include gold seeds, radura seeds, applicators, etc., each per treatment program per patient.	It is estimated that there will be an average of 15 patients per month requiring deep radiation therapy @ \$175.00 per patient per treatment program for deep radiation therapy, including cobalt and cesium, regardless of the number of treatments.
2. MAINTENANCE HEMODIALYSIS. Treatments for insta- tional failure consisting of twice weekly dialysis or more as indicated.	It is estimated that there will be an average of 2 patients per month @ \$50.00 per patient treatment program for surface, interstitial and/or intracavitary regardless of the number of treatments.

\$13,200.00 per annum per patient, prorated on a monthly basis in the amount of \$1,100.00. This amount represents the current actual cost per patient, including supplies and drugs.

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Description	Terms of Agreement
<p>3. OPEN HEART SURGERY. When a VA patient is determined to be in need of care in the Intensive Care Unit prior to being transferred back to the VA Hospital, the additional cost to the VA Hospital will be as outlined in Item E under Terms of Agreement. It is anticipated that the VA patient will receive care in the Biometrics unit immediately following surgery. In the event the Biometrics unit becomes limited to special study cases and routine open heart cases and the veterans patients receive all their post-operative treatment in the surgical special care unit, amendment to this agreement will be required.</p> <p>Necessary blood for patients undergoing open heart surgery will be supplied through the Birmingham Chapter of the American Red Cross. Each patient, therefore, must have a Red Cross Blood card in effect. Should this not be possible when the VA Hospital would assist with the recruitment of donors for the necessary blood as indicated by the surgeon managing the patient's case.</p>	<p>A. Charge for open heart surgical patient \$525.00</p> <p>The above charge will include the following:</p> <ol style="list-style-type: none"> 1. 4-bed semi-private accommodation on 8th floor or similar suitable private floor including meals. 2. Laboratory work, drugs, x-rays and supplies as required. 3. Operating room fee. 4. Anesthesia fee. <p>B. Charge for use of heart pump (if used)</p>

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Description

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In addition to an authorization for the referred procedure, the VA Hospital will send photocast copies of the following information regarding the patient when he is transferred:

- | | C. Prosthesis (if used) | D. Charge for reprocessing valve
(if used) |
|--|------------------------------------|---|
| A. Transfer summary. | | |
| B. Catheterization data (even if done during earlier admission) | | |
| C. Laboratory data sheets for current admission. | | |
| D. Q-line addressograph data. | | |
| E. Use of intensive care unit
(special nursing care) each 24 hour (or fraction thereof) period. | Actual Cost to University Hospital | \$90 first day
\$60 per day thereafter |
- Consent for treatment will be obtained at the University Hospital. However, the VA Hospital will cooperate in securing the next-of-kin for proper signatures, particularly in cases where the patient is incompetent or unable to consent to treatment.

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For those patients referred to the University Hospital for open heart procedure who expire, VA Hospital will be notified of the death. The VA will receive remains as deceased and notify next-of-kin as well as make necessary burial arrangements.	It is estimated that an average of six procedures per month will be performed under this agreement.
There is no fee for professional services.	

4. SPECIAL LABORATORY PROCEDURES. Complex tests required to thoroughly evaluate VA patients with suspected or proven Endocrinology Disease. To include, but not be limited to the following:

Urine: 17-hydroxycorticosteroids (Porter-Silber)
 17-ketosteroids
 aldosterone
 pregnanediol
 pregnanetriol
 estrogens (total estrogens & 'one,' 'diol,' & 'triol')
 gonadotropins, total

SHARING OF MEDICAL RESOURCES

TYPES OF SERVICE BY THE UNIVERSITY

Description

SPECIAL LABORATORY PROCEDURES (Continued)

Blood: 17-hydroxycorticosteroids (Porter-Silber)
Cortisol
Cortoestosterone
Andosterone
Progesterone

Terms of Agreement

SHARING OF MEDICAL RESOURCES

TYPE OF SERVICE BY THE VA HOSPITAL

Description	Terms of Agreement
1. CARDIAC CATHETERIZATION. To include (1) measurement of intravascular pressures, (2) the measurement of oxygen content and saturation of blood samples taken from the chambers of the heart, (3) the measurement of cardiac output by the Fick principle, (4) the recording of indicator dilution curves, and (5) selective angiographic studies.	\$175.00 each with large angio film \$100.00 each without large angio film
2. ESOPHAGEAL MOTILITY PROCEDURES. The VA Hospital has a well-staffed and equipped esophagostomy laboratory for study of pressures in the pharynx and esophagus and the response of these organs to swallowing. The test is very helpful in patients complaining of dysphagia, substernal pain and heartburn related to gastric reflux. It is useful in evaluation, pre-operatively as well as post-operatively, in patients with hiatal hernia. This test is not available at University Hospital or elsewhere in the State of Alabama. Its importance to both veterans and non-veteran patients is enormous when related to the fact that it is helpful in the diagnosis of a variety of patients with problems in such fields as gastroenterology, cardiology, pulmonary, rheumatology and dermatology.	It is estimated that five catheterizations with large angio film and five without large angio film will be performed per month under this agreement. \$25.00 each procedure, which includes physician interpretation, technician and supplies. It is estimated that 15 procedures per month will be performed on non-veteran patients under this agreement.

SHARING OF MEDICAL RESOURCES

TYPE OF SERVICE BY THE VA HOSPITAL

Description

Terms of Agreement

3. SPECIAL LABORATORY PROCEDURES. Thyroxine in blood by displacement (Murphy-Pattie Method) and resin spouse uptake of T3. This is an isotope procedure available in the VA radioisotope laboratory which can be charged under the policy of this agreement.

It is estimated that approximately 20 procedures per month will be performed and the VA agrees to provide this service for \$200.00 per month.

4. KINETOCARDIOGRAMS. This technique was developed by the VA research service. The method involves the measurement of absolute motion of the chest wall in several locations throughout the cardiac cycle. It is used with other information obtained from electrocardiograms, phonocardiograms, chest x-rays, and clinical examination to evaluate cardiac enlargement or damage. Proper electronic equipment and trained personnel are required. Although this was developed as a research tool, it has clinical application in selected patients. The clinical workload, however, would not justify setting up a duplicate service at the University Hospital. Therefore, the VA facility is available to University Hospital on non-veteran patients when the procedure is clinically necessary for proper diagnosis and patient management.

SHARING OF MEDICAL RESOURCES

TYPE OF SERVICE BY THE VA HOSPITAL

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5. CARDIOVASCULAR PERFORMANCE LABORATORY. Patients who are either suspected or having heart disease or who are recovering from known coronary disease will infarction, often require exacting tests of exercise ability. This must be done under very closely supervised conditions, since such a patient would be subject to chest pain, arrhythmia, or cardiac injury if exercise were carried to excess. Thus, exercise is carefully graded on a treadmill and monitored by constant ECG observation. The personnel must be trained to be alert to the significance of arrhythmias, changes in the ECG, pain or patient dyspnea or pain. In addition, the room must be equipped with defibrillator equipment to promptly resuscitate any patient in whom serious arrhythmia is triggered. Such a facility has been made available in the VA research building. The expense of equipment and personnel required need not be duplicated at the University with the present clinical load requiring such evaluation. Therefore, this facility can be well shared with the University providing a real service and not jeopardizing veteran patient care.