ASSESSMENT OF INFORMATION NEEDS HOUSE AND SENATE COMMITTEES ON APPROPRIATIONS SUBCOMMITTEES ON HUD-INDEPENDENT AGENCIES

VETERANS ADMINISTRATION, DEPARTMENT OF MEDICINE AND SURGERY

ACCOUNT

36-0160-0-1-703	MEDICAL CARE
36-0152-0-1-703	MEDICAL ADMINISTRATION AND MISCELLANEOUS OPERATING EXPENSES
36-0181-0-1-703	GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES
36-0182-0-1-703	ASSISTANCE FOR HEALTH MANPOWER TRAINING INSTITUTIONS

PROGRAM INFORMATION GROUP
PROGRAM ANALYSIS DIVISION
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SECTION I

INTRODUCTION

The General Accounting Office (GAO) has the responsibility for identifying and specifying Congressional information needs and recommending improvements to meet those needs This responsibility was assigned by Section 202 of the Legislative Reorganization Act of 1970, as amended by the Congressional Budget Act of 1974

This Information Requirements Document contains recommendations for improving budget and program information concerning the programs and activities funded through the "Medical Care" appropriation account (36-0160-0-1-703) and three related accounts of the Veterans Administration (VA) It is a product of a continuing effort by GAO to define the information requirements of the Subcommittees on HUD-Independent Agencies, House and Senate Committees on Appropriations

The goal in analyzing these accounts was to develop improvements concerning (1) classification structures which display information concerning the programs funded through these accounts and (2) information elements provided for each level of the classification structure

This document was developed through discussions and working sessions with VA officials and analysis of VA budget justification materials, The Budget of the United States Government Appendix, appropriations hearing documents, VA reports and documents, and published analyses of the VA medical care system It consists of four sections plus three appendices The Background section provides a brief

description of the Medical Care programs The Classification Structure section summarizes the rationale for the proposed structure The section entitled Synopsis of Information Elements focuses on specialized information elements which should be readily available to the Congress Appendix A is a matrix displaying the information elements which should be provided at various levels of the classification structure Appendix B lists information elements and their definitions Appendix C provides definitions to be used in computing staff ratios

SECTION II

BACKGROUND

The "Medical Care" programs are authorized by 38 U S C , Chap 17 (Hospital, Nursing Home, Domiciliary and Medical Care), Chap 73 (Department of Medicine and Surgery), Chap 81 (Acquisition and Operation of Hospital and Domiciliary Facilities), and Chap 82 (Assistance in Establishing New State Medical Schools, Grants to Affiliated Medical Schools, Assistance to Health Manpower Training Institutions) Authorizations for the programs include provisions for (1) maintaining and operating hospitals, nursing homes and domiciliaries, (2) furnishing inpatient and outpatient care and treatment to beneficiaries of the Veterans Administration (VA), including care and treatment in facilities not under the jurisdiction of the VA, and furnishing recreational facilities, supplies, and equipment, (3) funeral, burial and other expenses incidental thereto for beneficiaries receiving care in VA facilities, repairing, altering, improving or providing facilities in several hospitals and homes under VA jurisdiction, not otherwise provided for, either by contract or by hire of temporary employees and purchase of materials, (4) uniforms or allowance therefor, (5) aid to State homes, provided that allotments and transfers may be made from this appropriation to the Public Health Service of the Department of Health, Education and Welfare, and the Army, Navy and Air Force of the Department of Defense, for disbursements by them of such amounts as are necessary for the care and treatment of beneficiaries of the VA.1/

1/ The Budget of the United States Government Appendix, FY 1979

This analysis focused on the programs of the Medical Care account and considered related programs and activities funded through three other accounts For fiscal year 1979, the requested budget authority for the Medical Care account was $5,279,699,000 The requested budget authority for FY 1979 for the three small accounts totaled $127,855,000 1/ The primary programs funded are (1) providing medical care to qualified veterans and beneficiaries in VA hospitals, nursing homes, domiciliaries, State homes and contract facilities, (2) providing outpatient care for qualified veterans and beneficiaries, and (3) training interns, residents and other health service personnel

The Administrator of the VA may furnish hospital care or nursing home care to

--Any veteran for a service-connected disability,

--Any veteran for a non-service-connected disability if such veteran is unable to defray the expense of necessary hospital or nursing home care,

--A veteran whose discharge or release from the active military, naval or air service was for a disability incurred or aggravated in line of duty,

--A person who is in receipt of, or but for the receipt of retirement pay would be entitled to, disability compensation,

--Any veteran for a non-service-connected disability if such veteran is sixty-five years of age or older 2/

1/ VA Budget Justifications, Volume II, pgs 6-3, 8-3, 9-3 and 11-3, FY 1979

2/ 38 U S C 610

The Administrator may furnish domiciliary care to

--A veteran who was discharged or released from the active military, naval or air service for a disability incurred or aggravated in line of duty,

--A veteran who is in receipt of disability compensation, when such person is suffering from a permanent disability or tuberculosis or neuropsychiatric ailment and is incapacitated from earning a living and has no adequate means of support,

--A veteran who is in need of domiciliary care if such veteran is unable to defray the expenses of necessary domiciliary care 2/

The Administrator may also provide medical care for the wife or child of a veteran who meets the following criteria, provided the wife or child is not otherwise eligible for medical care under Chapter 55 of Title 10 (Civilian Health and Medical Program of the Uniformed Service)

--The veteran has a total disability, permanent in nature, resulting from a service-connected disability,

--The veteran died as a result of a service-connected disability,

--At the time of death the veteran had a total disability permanent in nature, resulting from a service-connected disability 3/

2/ The Budget of the United States Government Appendix, FY 1979

3/ 38 U S C 613

SECTION III

CLASSIFICATION STRUCTURE

This section discusses and illustrates the current and recommended information structures for the Medical Care account and related aspects of the other three accounts The structure currently in use by the VA for reporting budget, program and other information and the proposed overview structure are displayed in Exhibit I

The principal objectives of the proposed structure are to (1) provide a comphensive overview presentation of the total funding for medical care related programs and activities carried out by VA and (2) provide a uniform framework for viewing medical care programs funded through various accounts

We recommend that the proposed structure be used for overview purposes in presenting budgetary and other information on the various medical care programs and activities Initially, we are proposing that the integrated structure be used for informational purposes in the form of a supplemental overview in the VA budget justifications However, once the structure has been tried and tested, we believe that the individual classification structures used for each of the medical care related accounts should be revised to conform to the appropriate elements of the integrated structure

EXHIBIT I

COMPARISON OF CURRENT ACCOUNT STRUCTURES AND THE PROPOSED INTEGRATED STRUCTURE FOR THE MEDICAL CARE AND RELATED ACCOUNTS

Current Account Structures

Program by activities

Medical Care Account

1 Maintenance and operation of VA facilities

- a VA hospital care
- b Nursing home care
- c Domiciliary care
- d Outpatient care
- e Miscellaneous benefits and services
- f Education and training

2 Contract care

- a. Hospitalization
- b Community nursing home care

3 Grants for State home care

- a Domiciliary
- b. Nursing home
- c Hospitalization

4. Civilian Health and Medical program of the Veterans Administration

- a. Hospitalization
- b Outpatient care

Medical Administration and Miscellaneous Operating Expenses Account

1 Medical, hospital, and domiciliary administration
2 Postgraduate and inservice training
3 Exchange of medical information

Grants for Construction of State Extended Care Facilities Account

1. Grants to States for the construction, remodeling or renovation of State home facilities

Assistance for Health Manpower Training Institutions Account

1. Grants for new State medical schools

2. Other health manpower training institutions.

- (a) Grants to affiliated medical schools
- (b) Grants to other health manpower institutions
- (c) Expansion of Veterans Administration hospital education and training capability

GAO-Proposed Integrated Structure for Overview Presentation of VA Medical Related Accounts

Program
Subprogram
Activity

1 Hospital care

- a VA
  - (1) Medical and Surgical
  - (2) Dental
  - (3) Psychiatric
- b Contract
- c State homes
  - (1) Per diem
  - (2) Grants for construction and remodeling

2 Nursing home care

- a VA
- b Community homes
- c State homes
  - (1) Per diem
  - (2) Grants for construction and remodeling

3 Domiciliary care

- a VA
- b State homes
  - (1) Per diem
  - (2) Grants for construction and remodeling

4. Outpatient care

- a VA
  - (1) Medical and Surgical
  - (2) Dental
- b Fee
  - (1) Medical and Surgical
  - (2) Dental

5. Education and training

- a. VA
  - (1) Hospitals
  - (2) Regional medical education centers
- b New State schools, affiliated schools, health manpower institutions

6 Miscellaneous benefits and services

Discussion of Proposed Structure

The VA medical care programs are significant both because of the size of their appropriations and the very large numbers of patients treated (The VA estimated that in FY 1979 over 1 4 million inpatients and over 17 million outpatients would receive care under the provisions of the various VA medical care programs)[1/] The authorizing legislation for these programs specifically defines (1) the types of care to be made available to veterans and eligible beneficiaries, (2) the methods which may be utilized for delivery of the care and (3) the types of eligible beneficiaries

In order to improve the display of information concerning VA medical care programs, GAO is recommending a revised classification structure It is designed to reflect the emphasis of the authorizing legislation on types of care and methods of care delivery Data on beneficiary groups will be is presented as a separate information element for each type of care

Discussed below are some of the specific changes contained in the GAO proposal

--Hospital Care, Nursing Home Care, Domiciliary Care are prominently displayed as major programs in line with the primary intent of the authorizing legislation

--Methods of care delivery (VA, Contract, State Homes, etc) are displayed as sub-programs under each type of care Separate displays are provided for the two distinct types of VA financial assistance to State

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[1/] VA Budget Justifications, Volume II, p 6-11, FY 1979

Homes (1) Per diem reimbursement and (2) Grants for construction and remodeling [These construction/remodeling grants are currently displayed under account number 36-0181-0-1-703 (Grants for Construction of State Extended Care Facilities)]

--Outpatient care is displayed as a major program due to the increasing emphasis it is receiving and the numbers of patients and expense involved (approximately one-fifth of the total operating cost for this account in FY 1978)[1/]

--Education and training is displayed at the program level, with separate presentations for VA and non-VA training facilities The display for VA hospitals includes expenses for (1) Postgraduate and inservice training and (2) Exchange of medical information, which are currently displayed under account number 36-0152-0-1-703 (Medical Administration and Miscellaneous Operating Expenses) This display also includes expenses for Expansion of VA hospital education and training capacity, which are currently displayed under account number 36-0182-0-1-703 (Assistance for Health Manpower Training Institutions) Expenses for three VA grant activities are combined for display in a single sub-program (1) VA grants for new State medical schools, (2) VA grants to affiliated medical schools and (3) VA grants to other health manpower training institutions These expenses are also currently displayed under account number 36-0182-0-1-703 (Assistance for Health Manpower Training Institutions) The revised structure for displaying all these closely related expenses is designed to more accurately portray the total VA effort in the education and training of health care personnel

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1/ The Budget of the United States Government Appendix, FY 1979

--The Miscellaneous benefits and services program includes those expenses not directly connected with medical care, such as beneficiary travel, and certain expenses for providing service to other VA departments on a non-reimbursable basis

VA has agreed to adopt the proposed structure for informational purposes and to provide a supplemental overview presentation in the VA budget justifications using the proposed structure In discussing the proposed structure with VA officials it was agreed that some minor modifications to the proposed structure might be necessary to fully accomplish the concept of presenting all of the medical care related programs and activities in a standard integrated structure

SECTION IV

SYNOPSIS OF INFORMATION ELEMENTS

The matrix, Appendix A, displays the range of information elements which should be made readily available to the Congress on the medical care programs and activities Other elements may be provided as appropriate

The "X" entries on the matrix specify the classification structure levels for which the various elements should be made available Many of these are basic financial elements already contained in information provided to Congress, e g , budget authority and obligations They are not discussed in this section but are defined in Appendix B

The asterisks(*) on the matrix indicate those elements which should be reported in the justification material The following discussion focuses on the asterisked elements which are not now reported in the budget justifications or are not reported at the level recommended Unless specifically stated otherwise, data should be provided for the budget year, the current year and the previous fiscal year If actual data is not available, estimates, clearly labeled as such, will be acceptable until accurate accounting-based data can be developed

Acute and Chronic Cases

Definitions for chronic and acute diseases are in Appendix B

The per diem costs of caring for patients with chronic, long-term illnesses such as alcoholism and mental disorders are generally lower than the costs for short-term, acutely ill patients Long-term patients are heavily represented in VA hospitals This has the effect of reducing the average per diem costs in VA hospitals and projecting an image of increased efficiency

In order to accurately assess the significance of any increases or decreases in per diem costs in VA hospitals, the following information will be necessary It should be displayed for each VA general hospital

(A) Total numbers of chronic and acute patients treated

(B) Average per diem costs for chronic patients

(C) Average per diem costs for acute patients

(D) The percentages of the total patient population represented by (1) chronic, and (2) acute patients

(E) The percentages of the total days of patient care represented by the days of care for chronic and acute patients, respectively

Admission Procedures

Eighteen percent of 14,973 outpatients questioned for the 1974 "Quality of Care Survey"were concerned about excessive time spent in VA waiting rooms Although waiting rooms were reported as aesthetically pleasing and comfortable, 28 percent of the outpatients found them too crowded 1/ In 1975, waiting time for inpatient admissions was about 111 minutes and for outpatient treatments it was about 88 minutes 2/

The following information should be provided

A The average time (minutes/hours) required to process (admit) a "new" patient into the appropriate echelon of hospital care

B The average time required to process a "continuing" patient with a previously established medical history into the appropriate echelon of hospital care

C The average time "new" and "continuing" outpatients are required to wait at the VA facility before receiving treatment

Data for both "appointment" and "emergency" situations should be included

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1/ "Special Survey Report on the Level of the Quality of Patient Care at Veterans Administration Hospitals and Clinics", Veterans Administration. 1974, p 14

2/ House Comm on Appro , HUD-Independent Agencies Appro for 1976, 1975 Hearings, Part 3, VA, p 656

Application and Admission Rates

The 1977 study of the VA medical care system by the National Academy of Sciences (NAS) noted wide variations among VA hospitals in (1) applications for medical care per bed, (2) proportions of applicants who are admitted to hospital beds, and (3) average length of stay These differences exist although, generally, the same kinds of veterans with the same kinds of medical problems request assistance from VA hospitals in different locales From its findings, the NAS concluded that (1) VA hospitals are not distributed geographically with respect to patient needs for services and (2) considerations additional to medical needs, such as availability of beds, are influencing the hospitalization rate and length of stay 1/

Based on its findings, the NAS recommended that, when the number of applications per bed per year falls below 20, a VA hospital should be closed or converted to a long-term care facility 2/ The VA took exception to this recommendation, however, with the observation that the application rate is but one of several factors which must be considered when assessing the need for a particular hospital 3/

The following information should be provided to assist the Congress in identifying (1) those VA hospitals where the demand for care

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1/ "Study of Health Care for American Veterans", National Academy of Sciences, June 7, 1977, p 123-125

2/ Ibid , p 282

3/ "Veterans Administration Response to the Study of Health Care for American Veterans," Veterans Administration, September 22, 1977, p 62-68

is so low that services may possibly be curtailed or abolished and (2) those VA hospitals where the demand for care is such that additional staffing and/or facilities may be required

A Applications for medical care received, per year, at each VA general hospital

B Number of applicants for medical care who are admitted to hospital beds, for each VA general hospital

C Percentage of total applicants for medical care who are admitted to hospital beds, for each VA general hospital

D Average length of stay, per bed section, for each VA general hospital (This data is also requested on page 22 of this document, "Length of Stay ") It is important that it be displayed with the information above, however, due to the NAS finding that "when applications per bed are low, the stays are long, whereas high pressure on beds is associated with shorter stays "1/

1/ Ibid , p 125

Beneficiary Group Information

There are three groups of eligible beneficiaries for VA medical care veterans with a service-connected disability, veterans with a non-service-connected disability, and certain survivors and dependents (See pages 4 and 5 of this document for specific eligibility criteria)

38 U S C 612 (i) specifies that service-connected veterans are to be given priority for VA medical care Care for non-service connected veterans is to be provided on a space-available basis, however, more than 80 percent of all the medical care provided by the VA is for veterans with non-service-connected disabilities 1/ The numbers of veterans with non-service-connected disabilities receiving VA medical care will likely increase dramatically as World War II veterans reach the age of 65 and become eligible

It is recommended that the numbers of each group of beneficiaries receiving each type of VA medical care be provided, as in the following example

1 Hospital care

a VA

(1) Medical and Surgical

a Service-connected

b Non-service-connected

c Survivors and dependents

1/ "Study of Health Care for American Veterans", National Academy of Sciences, June 7, 1977, p 4

Dental Auxiliaries and Dental Hygienists

The 1977 Report of the National Academy of Sciences (NAS) recommended that "The VA should reorganize its dental services and increase its use of dental auxiliaries to raise productivity " The VA concurred and stated its commitment to (1) implementing the expanded function dental auxiliary (EFDA) program, mandated by P L 94-123, at selected sites and (2) increasing the number of dental auxiliaries per dentist (The current VA goal is to provide 1 4 dental auxiliaries per dentist and 1 4 auxiliaries per two residents) The actual, current ratio of auxiliaries to dentists and residents is less than 0 9 per dentist, which means that VA dentists must work unassisted at times The VA has also been unable to meet its goal of providing at least one dental hygienist per health care facility, and maintains that the reason is the inability to attract qualified personnel at Civil Service Commission grade levels [1/]

The following information should be provided It will assist the Congress in evaluating the progress of the VA in implementing the NAS recommendation and improving the productivity of its dental services

A The ratio of dental auxiliaries to full-time equivalent (FTE) dentists and residents for each VA general hospital, VA psychiatric hospital, and VA nursing home or domiciliary

B The name and location of VA facilities for which the EFDA program has been implemented Also, any relevant workload

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1/ "Veterans Administration Response to the Study of Health Care for American Veterans," Veterans Administration, September 22, 1977, p 144-148

and performance information to (1) indicate the impact of the EFDA program on the level and rate of work processed and (2) indicate any increase or decrease in the quality of VA dental care provided

C The name and location of VA facilities for which there is no staff dental hygienist.

Facility Inventory

An alphabetical inventory of VA medical care facilities by type (hospital, outpatient clinic, nursing home, domiciliary, specialized medical service) will assist the Congress in identifying changes and trends in construction of VA medical care facilities Such an inventory should be provided for each State

For those VA facilities with an affiliation with a medical, dental, nursing, pharmacology, or other professional school, the affiliated school should be identified by name

Foreign Medical Graduates

In 1975, 31 percent of the VA staff physicians were foreign medical graduates [1/] In one VA hospital, 90 percent of the physicians were foreign medical graduates [2/] This may result from VA difficulties in recruiting physicians trained in the United States It is unknown what impact, if any, this may have on the quality of care provided in VA facilities

The following information should be provided

A The number of foreign medical graduates employed as full- or part-time physicians in each VA hospital, domiciliary, nursing home or outpatient clinic

B The oercentage of the total VA physician staff represented by foreign medical graduates in each VA hospital, domiciliary, nursing home or outpatient clinic

C The total number of foreign medical graduates emoloyed by the VA as full- or part-time physicians

D The percentage of the total VA physician staff represented by foreign medical graduates

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1/ House Committee on Aonrooriations, HUD-Independent Agencies Appropriations for 1976, 1975 Hearings, Part 3 VA, p 576

2/ Ibid

Geographic Distribution

The following information for each State should be provided

A Total number of veterans in residence

B Veterans receiving compensation for a service-connected disability (service-connected)

C Number of veterans who received each type of VA medical care (hospital, nursing home, domiciliary, outpatient)

1 Service-connected

2 Non-service-connected

D Number of survivors and dependents who received each type of VA medical care

E Average daily number of eligible veterans on waiting lists for admission to VA hospitals or domiciliaries

F Average daily number of eligible survivors and dependents on waiting lists for admission to VA hospitals or domiciliaries

G Total costs of each type of care (hospital, outpatient, nursing, domiciliary) for (1) service-connected and non-service-connected veterans, respectively, and (2) survivors and dependents

Interns, Residents, Students

About a quarter of all medical residents participating in AMA-approved residency programs and about half of all third-and fourth-year medical students receive training in VA hospitals [1/] VA facilities are also used for the clinical training of dentists, nurses, psychologists, social workers, physical therapists, and persons in various other health professions and occupations

The following information should be provided

A The number of interns and residents receiving training in each VA hospital

1 Medical and surgical

2 Dental

3 Psychiatric

B The percentage of the total physician staff (FTE) in each VA hospital represented by interns and residents

1 Medical and surgical

2 Dental

3. Psychiatric

C The total number of interns and residents receiving training in all VA hospitals

1 Medical and surgical

2 Dental

3 Psychiatric

D The percentage of the total VA physician staff (FTE) represented by interns and residents

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1/ Old Wars Remain Unfinished The Veteran Benefits System, Sar A Levitan and Karen A Cleary, 1973, p 81

E The number of each of the following types of students in all VA hospitals

1 Medical

2 Dental Hygiene

3 Nursing

4 Pharmacy

5 Psychology

6 Social Work

7 Physical Therapy

8 Administrative (accounting, supply, personnel, etc)

9 Other Health Professions and Occupations

F. The number of students (physicians, administrators, paramedics, etc.) in training at Regional Medical Education Centers and the number of graduates, per year, for each training program.

LENGTH OF STAY

Reduction in the average length of stay (LOS) for hospitalized patients without diminishing the quality of care is a goal of the VA [1/] Such a reduction decreases the costs of medical care per episode and permits the concentration of available staff and equipment on the care of acutely ill patients who must remain hospitalized

As a step toward eliminating unnecessary days of patient care, the VA has initiated a requirement for LOS screening as a systematic internal review procedure in all VA hospitals This requirement involves the completion, on a quarterly basis, of a LOS screening test This test compares the actual LOS, for a few patients treated in a particular hospital, with a standard LOS (for the same condition) derived from VA-wide experience in a "peer group" of similar hospitals [Standards are determined by the VA Central Office and are currently available for nineteen of the conditions (monitor diagnoses) for which patients are most frequently admitted to VA hospitals The VA has also specified seven hospital "peer groups" based on assigned mission, locale, bed capacity, and degree of development of medical school affiliation] The LOS screening reports from each VA hospital are to be used to predict whether a hospital's average LOS for patients with a specified condition will exceed the average of its peers, and as a basis for investigative and/or remedial action [2/]

[1/] House Comm on Appro , HUD-Independent Agencies Appro for 1976, 1975 Hearings, Part 3 VA, p 643

[2/] "Veterans Administration's Response to the Study of Health Care for American Veterans," Veterans Administration, September 22, 1977, Appendix, p 155-163

The Commission on Professional and Hospital Activities also produces detailed LOS statistics annually in a "Length of Stay Study" for hospitals participating in the "Professional Activity Study " In this study, LOS differences attributable to variations in patient mix from one hospital to another are minimized, leaving for consideration those differences probably due to practice alone [3/]

It is recommended that LOS statistics for VA hospitals, statistics for PAS hospitals, and VA standards for each of the nineteen monitor diagnoses be displayed in a format which permits comparisons This will enable the Congress to (1) analyze LOS statistics for the VA and PAS hospitals for the same patient diagnosis and (2) determine the degree to which VA hospitals deviate from standards for LOS developed by the VA Central Office (As LOS standards are developed for additional diagnoses, they should be added to the display)

In addition to the display above, the following information should be provided

A Average LOS for each VA general hospital, per bed section

B Average LOS for all VA general hospitals

C Average LOS for all VA nursing homes

D Average LOS for all VA domiciliaries

E Average LOS for all VA patients in contract hospitals

F Average LOS for all VA patients in community nursing homes

G Average LOS for all VA patients in (1) State home hospitals, (2) State nursing homes, and (3) State home domiciliaries

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3/"Length of Stay Study," Commission on Professional and Hospital Activities, Ann Arbor, Michigan, 1973

Part-Time Physician Staff

Because of the constraints on salaries for VA physicians and the resultant recruitment difficulties, the VA has increased the numbers of physicians who are employed part-time This permits VA physicians to supplement their income by private practice or teaching, but it is creating difficulty for the VA in re-assigning physicians [1/] It also has the potential of diminishing the quality of care for VA patients, since part-time VA physicians may have conflicting demands placed on their time by private and VA patients [2/]

The following information should be provided

A The number of VA staff physicians employed part-time in each VA hospital, nursing home, domiciliary or outpatient clinic

B The percentage of the total VA physician staff represented by part-time employees in each VA hospital, nursing home, domiciliary or outpatient clinic

C Total number of VA staff physicians employed part-time

D Percentage of the total VA physician staff represented by part-time employees

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1/ House Committee on Appropriations, HUD-Independent Agencies Appro for 1976, 1975 Hearings, Part 3 VA, p 581, 582

2/ Ibid

Patient Satisfaction Measure

Information concerning the degree of patient satisfaction with VA medical care should be provided for VA hospitals, nursing homes and domiciliaries, and outpatient clinics The information should be collected by an annual survey of a representative sampling of inpatients and outpatients A description of patient population characteristics and significant findings should be included

Per Diem Costs

The information below on average per diem costs for VA patients should be provided. Similar information should be displayed for other federal (non-VA) and private hospitals, nursing homes and domiciliaries This will illustrate for the Congress any changes in VA per diem costs in absolute terms and permit comparisons with such costs in non-VA facilities

A Costs in each VA general hospital, per bed section (medical, surgical, psychiatric)

1 Acute cases

2 Chronic cases

B Costs in each VA psychiatric hospital

C Costs in each VA domiciliary

D Costs in each VA nursing home

E Costs for VA patients in community nursing homes

F Costs for VA patients in State home hospitals, nursing homes and domiciliaries

G Costs for VA patients in contract hospitals

In making any comparisons of per diem costs in VA and non-VA facilities, the following factors must be given consideration (1) accounting practices are different, (2) patient populations are also quite different, and (3) the VA may not provide certain ancillary services not directly related to actual health care Observations that VA per diem costs are higher or lower than costs in non-VA

facilities does not necessarily mean that VA facilities are more or less efficient It may simply reflect the fact that the VA treats different kinds of patients, does its accounting differently, or delivers a different quality of care [1]

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[1] Veterans Administration Hospitals, the American Enterprise Institute for Public Policy Research, 1975, p. 6

Per Episode Costs

Although the average per diem costs of certain types of medical care in VA facilities may be lower than care in the private sector, such is not the case with costs per episode For example, a 1977 study of costs for nursing care in VA and community hospitals found that the VA costs per patient day are lower by approximately 15 percent However, VA costs per patient episode are higher by 120 to 167 percent The study concluded that the primary reason for this is the longer average length of stay for patients in VA hospitals [1/]

The VA agrees that the best measure of the effectiveness of medical care is cost per episode, and there is an effort to achieve a more favorable rate of comparability with the private sector [2/] The VA maintains, however, that there are important differences between patient populations in VA and community hospitals which influence costs per episode and make direct comparisons difficult

The VA describes the patient population in VA hospitals as older, more likely to be unmarried, less affluent, with a higher incidence of chronic illnesses [3/] These characteristics tend to increase the number of days such patients remain in VA hospitals and, consequently, to increase the costs per episode for their care. Differences in

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1/ "Study of Health Care for American Veterans", National Academy of Sciences, June 7, 1977, p 101

2/ House Comm on Appro , HUD-Independent Agencies Appro for 1977, 1976 Hearings, Part 5, VA p 209

3/ "Veterans Administration Response to the Study of Health Care for American Veterans," Veterans Administration, September 22, 1977, p 285

accounting practices may also contribute to higher VA costs per episode of care

The information discussed below on average costs per episode should be provided

A Costs per episode in each VA hospital, per bed section (medical, surgical, psychiatric)

1 Acute cases

2 Chronic cases

B Costs per episode in each VA domiciliary

C Costs per episode in each VA nursing home

D Costs per episode for VA patients in community nursing homes

E Costs per episode for VA patients in State home hospitals, nursing homes, and domiciliaires

F Costs per episode for VA patients in contract hospitals

G Costs per episode for outpatients receiving care in each VA hospital or satellite clinic

1 Medical and surgical

2 Dental

H Costs per episode for VA outpatients (Fee)

1 Medical and surgical

2 Dental

Salaries and Expenses for Administration

These costs are defined on page 54 of this document They are incurred in both VA Headquarters and the field At Headquarters they are funded from a separate account, "Medical Administration and Miscellaneous Operating Expenses", 36-0152-0-1-703 (In Fiscal Year 1978 the estimated operating costs of $27,644,000 in this account for "Medical, hospital and domiciliary administration" was equal to only 006 percent of the total estimated operating costs of $4,760,026,000 for the VA medical care program)1/

In order to analyze similar costs in the field, it will be necessary to have salaries and expenses for administration displayed for each program level of the classification structure These should be reported as obligations, budget authority and outlays (as appropriate), not including any amounts for grants and construction and cost-share contracts They should be displayed both as sum totals and as percentages of the total obligations, budget authority and outlays for each program

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1/ The Budget of the United States Government Appendix, FY 1979

Specialized Medical Services

These services, which are defined in Appendix B, page 55, require the acquisition of expensive and sophisticated medical equipment and the use of specially trained physicians, clinicians, and technicians As a result, there is concern that VA specialized services not be underused or duplicate existing VA or community services 1/ The information discussed below for each VA facility providing a specialized service will serve as a basis for evaluating costs, patient access and quality of care

A Total number of patients treated annually

B Average daily patient census

C Average cost per episode of patient care

D Number of specialized laboratory tests performed, itemized by type of test (Only the primary test should be counted Do not count "bonus" tests accomplished as a part of an automated testing procedure)

E Average distance (miles) patients travel from place of residence to the specialized service facility

1 Inpatients

2 Outpatients

F Number of patients on the waiting list and the reason (lack of space, staff, equipment)

G Average number of days patients spend on the waiting list

1/ See GAO report entitled "Better Planning and Management Needed by the Veterans Administration to Improve Use of Specialized Medical Services", B-133044, June 19, 1974

For each VA request for new facilities or equipment for a specialized service the following information should be provided

A The location of similar VA, other federal, and community equipment and facilities within a prescribed distance Also, the total number of patients treated annually at each of these existing facilities, average daily patient census, and number of patients on the waiting list and the reason

B Estimated demand for the specialized service to be provided on the basis of the veteran population served by the facility, disease incidence statistics, and other relevant data concerning the need for the service

Staff Ratio

The VA has a stated goal of increasing staff/patient ratios and views the problem of additional staff as "probably the most serious problem facing the Department of Medicine and Surgery "[1/] However, staff/patient ratios by themselves are inadequate for assessing staffing adequacy and staffing requirements Other considerations are that patients vary in the amount of staff attention they require, organizational and facility characteristics vary, and various mixes of staff can be used to provide care to a given set of patients [2/] Staffing requirements are also influenced by the quality of leadership and the quality of staff [3/]

Although a comparison of staff levels alone actually tells little about staffing adequacy, the information below should be provided When analyzed together with such other information elements as workload, interns and residents, acute and chronic cases, and part-time physician staff, it will be useful as historical information and will permit a "crude" evaluation of staffing requirements

A Ratio of FTE staff/patients treated for each VA general hospital, per bed section (medical, surgical, psychiatric), VA psychiatric hospital, VA nursing home and VA domiciliary

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1/ VA Budget Justifications, Volume II, p 6-41, FY 1978

2/ "Study of Health Care for American Veterans", National Academy of Sciences, June 7, 1977, p 69

3/ Ibid , p 70

B. Ratio of FTE staff/patients treated for each major break on the recommended schedule of functional staff definitions, i e , FTE nurses/patients treated for each VA general hospital, per bed section, VA psychiatric hospital, VA nursing home and VA domiciliary [Major breaks are specified by an asterisk (*) on the schedule in Appendix C]

C The percentage of the total FTE staff in each VA hospital, nursing home, and domiciliary represented by each major break on the recommended schedule, i.e , FTE physicians/total FTE staff

Travel Distance

One of the chief factors influencing whether a particular veteran will utilize VA medical care is the travel distance to the VA medical facility 1/ During the period September 29, 1974 to October 5, 1974, 14 percent of the patients admitted to VA hospitals resided over 101 miles from the admitting hospital 2/

Data on the numbers of patients who traveled distances in each of the following mileage categories from place of residence to VA general hospitals and satellite clinics should be provided for each State

A 1 - 25 miles

B 26 - 50 miles

C 51 - 100 miles

D 101 miles and over

The relative percentages of the total number of patients who fall into each mileage category should also be displayed

Such information will demonstrate whether VA medical facilities, existing and planned, are strategically located to serve those veterans who rely on the VA for medical care It will also aid in identifying geographic areas where additional facilities may be needed

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1/ Veterans Administration Hospitals, The American Enterprise Institute for Public Policy Research, 1975, p 59

2/ "Operations of Veterans' Administration Hospital and Medical Program", House Committee on Veterans' Affairs, January 15, 1975, p 666

Waiting Lists

Delays in gaining admission to VA medical care facilities may compromise quality of care because the patient's condition may worsen during the delay The information below will indicate whether there are excessive delays in VA admissions procedures

A For Each VA General Hospital, Per Bed Section

1 Average daily number of patients on waiting lists

2 Turnover rate of patients on waiting lists

3 Average number of days patients spent on waiting lists

4 Total number of patients admitted from waiting lists

5 Total number of patients who removed themselves from lists

B For Each VA Domiciliary

1 Average daily number of patients on waiting lists

2 Turnover rate of patients on waiting lists

3 Average number of days patients spent on waiting lists

4 Total number of patients removed from waiting lists into VA domiciliaries

5 Total number of patients who removed themselves from lists

Information concerning VA follow-up measures to assist veterans who dropped from a waiting list should also be provided

Agency Comments

VA has agreed to respond to many of the basic information elements, e g , budget authority, unobligated balances available, reimbursable amounts The following discussion identifies the more significant information for which agreement has not been reached In several instances information elements have been included for discussion purposes even though VA has agreed to respond to the proposed information requirement

Acute and Chronic Cases (pg 12)

VA The department is currently implementing a multi-level care system which could supply some of the proposed data VA states that the two classifications do not fully conform to recent medical concepts VA further proposes that a decision on implementing this particular data requirement await the results of the new multi-level care system

GAO We believe that VA should have the ability to provide medical care costs in accordance with the basic concept we have proposed We think that any major definitional problems between "acute" and "chronic" cases can be resolved Accordingly, we believe that VA should proceed to implement the proposal as soon as practicable

Admission Procedures (pg 13)

VA has agreed to provide the data in a supplemental appendix to the budget justification material based on an annual survey We think this would be a satisfactory approach

Application and Admission Rates (pg 14, 15)

VA has agreed to provide the data in a supplemental appendix section to the budget justification We believe that this would be acceptable

Beneficiary Group Information (pg 16)

VA has agreed to provide the data as proposed by GAO

Dental Auxiliaries and Dental Hygienists (pg 17, 18)

VA has agreed to provide the data as proposed by GAO

Facility Inventory (pg 19)

VA has agreed to include the data each year in their summary budget volume

Foreign Medical Graduates (pg 20)

VA has agreed to provide the proposed data in a special analysis or supplemental document

Geographic Distribution (pg 21)

VA has indicated that items A thru E could be provided as supplemental data Item F is not currently available Item G would require a major change in VA accounting systems

GAO comment

We believe that an additional effort should be made to develop data on item F - Average daily number of eligible survivors and dependents on waiting lists for admission to VA hospitals or domiciliaries We think this to be important information in evaluating VA programs We also think item G should be given further consideration

Interns, Residents, Students (pgs 22, 23)

VA With several minor changes in nomenclature this information could be provided The information might have to be supplied following submission of the formal budget

GAO The VA proposal would be acceptable

Length of Stay (pgs 24, 25)

VA questions the value of the proposed lenght of stay data

GAO comment

We think the basic proposal has merit and should be explored further

Part-Time Physician Staff (pg 26)

VA has indicated that with some modification they can provide the data in a special analysis section of the budget justifications

Patient Satisfaction Measure (pg 27)

VA has questioned the value of the proposed data as well as raising problems in the collection of such data

GAO comment

We believe that VA should explore the matter further since such data could be useful in supporting both program evaluations and budget reviews

Per Diem Costs (pgs 28, 29)

Per Episode Costs (pgs 30, 31)

VA has indicated that changes in their accounting systems would be required to supply this type of data

GAO comment

We believe that VA should explore various alternatives to developing the ability to provide this type of data Although we are not suggesting that unjustified changes be made to VA accounting and information systems, we do think that VA needs this type of information for its own management use as well as being able to provide such information to the Congress

Salaries and Expenses for Administration (pg 32)

VA has stated that the process of developing a presentation of administrative costs by VA programs would be a major task and further, that VA accounting systems can not support such a display

GAO comment

We believe that VA should be able to develop an informational presentation initially based on estimates and prorations This could be of some use in developing a basic understanding as to program administration costs Over the long run, VA should consider developing adequate information systems to more routinely provide this type of data

Specialized Medical Service (pgs 33, 34, 55, 56)

VA has indicated that further discussion and clarification is needed concerning this data proposal

GAO will be available to discuss this further with VA

Staff Ratio (pgs 35, 36)

VA has stated the data could be provided but questions the value

GAO is available to discuss this matter further with VA

Travel Distance (pg 37)

VA has suggested this data be developed through a limited annual survey

GAO comment

We agree with this approach

Waiting Lists (pg 38)

VA has raised definitional and other problems

GAO comment

We believe our basic proposal has merit and should be considered further by VA We are available to discuss this matter further with VA

Definition of Information Elements (pgs 45-60)

VA has noted that several of the definitions need sharpening up and clarification

GAO comment

Based on our most recent discussions with VA officials the definitions do not appear to be a major problem However, we are available to discuss these matters with VA and to provide any appropriate clarifications needed for implementation of our proposals

ACCOUNT
PROGRAM
SUBPROGRAM
ACTIVITY

INFORMATION ELEMENTS MATRIX

	ACCOUNT	1 Hospital Care	a VA	(1) Medical and Surgical	(2) Dental	(3) Psychiatric	b Contract	c. State Homes	(1) Per Diem	(2) Grants(Const /Remodeling	2. Nursing Home Care	a. VA	b Community Homes	c State Homes	(1) Per Diem	(2) Grants(Const /Remodeling	3 Domiciliary Care	a. VA	b State Homes	(1) Per Diem	(2) Grants(Const./Remodeling	4 Outpatient Care	a VA	(1) Medical and Surgical	(2) Dental	b Fee	(1) Medical and Surgical	(2) Dental	5 Education and Training	a VA	(1) Hospitals	(2) Regional Med Ed Centers	b Grants For New State Schools, Affiliated Schools, Hlth Manpower Training Inst.	6 Miscell Benefits, Services
Acute and Chronic Cases*				x																														
Admission Procedures*				x																														
Admission Rate*				x																														
Allotments		x									x						x					x							x					x
Application Rate*				x																														
Apportionment*	x	x									x						x					x							x					x
Authorization*	x	x									x						x					x							x					x
Authorization Limits*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Beneficiary Groups*		x	x	x	x	x	x	x			x	x	x	x			x	x	x			x	x	x	x	x	x	x						
Budget Authority*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Capital Outlay*	x		x									x						x					x							x	x	x	x	x
Changes in Selected Resources	x	x									x						x					x							x					x
Dental Auxiliaries, Hygienists*			x									x						x																
Facility Inventory*			x									x						x					x									x		
Foreign Medical Graduates*			x									x						x					x											
Funded Operating Costs*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x	x	x	x	x
Geographic Distribution*			x								x						x					x												
Interns, Residents, Students*																														x	x	x		
Length of Stay*			x				x	x				x	x	x				x	x															
Net Obligations*	x	x									x						x					x							x					x
Object Classification	x																																	
Obligations*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Obligational Authority*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Outlays*	x	x									x						x					x							x					x
Part-Time Physician Staff*			x									x						x					x											
Patient Satisfaction*			x									x						x					x											
Per Diem Cost*			x	x		x	x	x				x	x	x				x	x															
Per Episode Cost*			x	x		x	x	x				x	x	x				x	x				x			x								
Personnel Summary*	x	x	x								x	x					x	x				x	x						x	x				x
Receipts and Reimbursements*	x	x									x						x					x							x					x
Reimbursable Amounts*	x	x									x						x					x							x					x
Salaries & Expen for Admin*	x	x									x						x					x							x					x
Specialized Medical Services*			x																				x											
Staff Ratio*			x									x						x																
Summary of Increases/Decreases*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Total Costs*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Total Operating Costs*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Travel Distance*			x																				x											
Unapportioned Obligational Auth*	x	x									x						x					x							x					x
Unfunded Operating Costs*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Unliquidated Obligations*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Unobligated Balance Available*	x	x	x				x	x			x	x	x	x			x	x	x			x	x			x			x	x			x	x
Waiting List Information*			x															x																
Workload Information*	x	x	x	x	x	x	x	x			x	x	x				x	x	x			x	x	x	x	x	x	x	x	x	x	x	x	x

* Elements which should be reported in the justification material
X Classification structure levels for which element should be made available

APPENDIX A

APPENDIX B

DEFINITIONS OF INFORMATION ELEMENTS

TERM	DEFINITION
Acute Disease	A disease having a short and relatively severe course, i e , acute bronchitis [1/]
Admissions Procedures	Initial procedures for examination, interview and intake or referral of patients who apply for medical care at a VA hospital or outpatient clinic
Admission Rate	The number of patients admitted to a bed in a VA hospital in relation to the total number of applications for medical care received by the particular hospital
Allotments	Delegations of budget authority, and revisions thereof, by the head of the agency or other authorized official to agency employees to incur obligations within a specified amount pursuant to an apportionment or statutory provision
Application Rate	The number of applications for VA medical care in relation to the number of hospital beds in a particular VA hospital

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[1/] Dorland's Illustrated Medical Dictionary, Twenty-fifth Edition, 1974

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Apportionment	A distribution made by the Office of Management and Budget of funds available for obligation into amounts available for specified time periods, activities, functions, projects, objects, or combinations thereof The amounts so apportioned limit the obligations which may be incurred
Authorization	The basic substantive legislation which sets up a Federal program or agency This includes the public law number and popular name of the legislation, as well as the relevant statutory section in cases where only one section among many in the legislation is responsible for the authorization
Authorization Limits	The authorization's specification of the limited or unlimited amounts of budget authority which may be made available for an activity in a given fiscal year or years Also, in the case of limited amounts, the portion of the limited total which remains unused at the beginning and ending of each fiscal year

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Beneficiary Group	Those persons who qualify to receive and/or actually receive VA medical care benefits Includes veterans with a service-connected disability, veterans with a non-service-connected disability, and certain survivors and dependents
Budget Authority	The amount becoming newly available in each new fiscal year for incurring obligations Includes appropriations, re-appropriations, contract authority and authority to spend debt receipts (public debt authority, and agency debt authority)
Capital Outlay	Amount of funds spent for the acquisition of assets
Changes in Selected Resources	The bridge between costs and obligations These represent the increase or decrease in those resources and liabilities which enter into obligations before they become costs, and vice versa.
Chronic Disease	A disease characterized by a slow, progressive source of indefinite duration [1/] Includes psychiatric problems (alcoholism, neurosis),

1/ Webster's Third New International Dictionary (unabridged), 1971.

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Chronic Disease (con't)	heart disease, diseases of the circulatory and respiratory systems, etc
Dental Auxillary	A person who assists a dentist at the chair in procedures that only they together can perform Also known as a dental assistant 1/
Dental Hygienist	An auxillary member of the dental profession who has been trained in the act of removing calcarcous deposits and stains from the surfaces of the teeth and in providing additional services and information on the prevention of oral disease 2/
Expanded Function Dental Auxillary	A dental auxillary who carries out certain procedures formerly performed only by a dentist Works only under the supervision of a dentist to accomplish such procedures as placing and carving fillings and removing sutures 3/
Facility Inventory	An alphabetical listing of VA medical care facilities (hospitals, outpatient clinics, nursing homes, domiciliaries) by State

1/Veterans Administration Response to the Study of Health Care for American Veterans, Veterans Administration, September 22, 1977, p 144-145

2/Dorland's Illustrated Medical Dictionary, 25th Edition 1974

3/ Veterans Administration Response to the Study of Health Care for American Veterans, Veterans Administration, September 22, 1977, p 145

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Foreign Medical Graduate	A graduate of a medical or dental school located in a country other than the United States
Funded Operating Costs	That portion of total operating costs requiring the outlay of funds for other than the acquisition of assets Includes such items as salaries and grants
Geographic Distribution	The number of beneficiaries receiving each type of medical care (hospital, nursing home, domiciliary, outpatient) in each U S State per fiscal year
Intern, Resident, Student	Intern A graduate of a medical or dental school serving and residing in a hospital prepatory to being licensed to practice medicine or dentistry [1] Performs medical care functions and is included in staff ratio computations on the basis of full-time equivalency Resident A graduate and licensed physician receiving training in a medical specialty in a hospital [2] Performs medical care functions and is included in staff ratio computations on the basis of full-time equivalency

[1] Dorland's Illustrated Medical Dictionary, Twenth-fifth Edition, 1974

[2] Ibid

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITIONS
Intern, Resident, Student (con't)	Student A person attending a school, college or university for the study of medicine, dentistry or one of the various health care professions or occupations. Receives clinical experience and training in a VA hospital prepatory to being licensed or certified to perform medical care functions

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Length of Stay	The number of days a patient occupies a VA hospital, nursing home or domiciliary bed, from the date of admission to date of discharge, inclusive
Net Obligations	Obligations incurred less receipts and reimbursements and recovery of prior year obligations
Object Classification	A statement of total obligations by the uniform object classes (OMB Circular A-12) such as personnel compensation - permanent positions, personnel benefits - civilian, equipment, and grants, subsidies and contributions
Obligations	Amounts of orders placed, contracts awarded, services received, and similar transactions which require payment at some time Includes payments for obligations not previously recorded as obligations and reflects adjustments for differences between obligations previously recorded and final disbursements

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Obligations (con't)	for those obligations
Obligational Authority	The total of budget authority and other amounts (unobligated balance available, transfers received, etc) available for obligation by activity during a fiscal year
Outlays	Checks issued, interest accrued on the public debt, or other payments, net of refunds and reimbursements Outlays occur either as "expenditures" or "net lending "
Part-Time Physician	A licensed physician employed by the VA to perform medical care functions in a VA hospital, nursing home or domiciliary on less than a full-time basis
Patient Satisfaction	A measure of how positively VA patients view their care delivered by the VA Medical Care system, as determined by statistical surveys
Per Diem Cost	The total, net operating expense excluding furniture, furnishings, and equipment divided by the total number of inpatient days for the period [1/]

[1/] "Annual Statistical Summary," Bureau of Medical Services, U S Department of HEW, FY 1975

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Per Episode Cost	The total, net operating expense excluding furniture, furnishings, and equipment for providing care to a patient from date of admission to a VA hospital, nursing home or domiciliary to date of discharge, inclusive,or similar expenses per outpatient visit
Personnel Summary	For classification structure program levels The monthly manyears, by GS level or the equivalent for full-time and contract personnel, expended in administering each program in VA Headquarters and in the field For organizational units (hospital, nursing and domiciliary homes, outpatient clinics) Positions authorized, positions filled (beginning and end of year), average paid employment during the year, average GS grade, average GS salary, average salary of ungraded positions, unfilled positions (end of year), total permanent employment (end of year)
Receipts and Reimbursements	The amount of funds received as a result of the sovereign or regulatory powers of the

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERMS	DEFINITIONS
Receipts and Reimbursements (con't)	Government, the results of business-like operations, intra-budgetary transactions and reimbursements (a payment between two accounts for goods and services)
Reimbursable Amounts	The amount of obligations for which reimbursement is due from another account or non-Federal source
Salaries and Expenses for Administration	Includes the following A Salaries of medical directors, professional health administrators or management officers and members of their staffs involved in developing, implementing and administering policies, plans and broad objectives B Expenses for the personnel above including travel and transportation, rent, communications and utilities, printing and reproduction, supplies and materials, equipment, land and structures, and other services

DEFINITIONS OF INFORMATION ELEMENTS (Con't.)

TERM	DEFINITIONS
Specialized Medical Services	The services currently provided by the VA are listed below The list should be modified in the future as new services are developed as a result of advances in various medical technologies [1/]

A Alcohol dependency treatment

B Blind clinics

C Blind rehabilitation

D Cardiac catheterization

E. Drug dependence

F Electron microscopy

G Epilepsy centers

H Hemodialysis centers

I Home dialysis

J Hospital based home care

K Intensive care

L Nuclear medicine

M Prosthetic treatment

N Pulmonary function

O Renal transplant

P Respiratory care

1/ "Operations of Veterans' Administration Hospital and Medical Program," House Committee Print No 1, January 15, 1975

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Specialized Medical Services (con't)	Q Specialized diagnostic and treatment
	R Speech pathology
	S Spinal cord injury
	T Supervoltage therapy
Staff Ratio	The size of the VA staff (FTE) in relation to the number of patients treated
Summary of Increases and Decreases	A statement of the amounts of increases and decreases in budget authority, obligations and total obligational authority estimated for the budget year and the current year with a separate identification of the differences due to (1) program level changes and (2) relatively uncontrollable changes related to pay increases, GSA rental amounts, etc
Total Costs	The total of all capital and operating costs
Total Operating Costs	The total of funded and unfunded operating costs, excluding capital outlays
Travel Distance	The distance in miles a patient travels from his residence to the VA medical care facility for treatment

DEFINITIONS OF INFORMATION ELEMENTS (Con't)

TERM	DEFINITION
Unapportioned Obligational Authority	Funds precluded from obligation or expenditure by executive direction and impounded (held in reserve) at the end of the previous fiscal year
Unfunded Operating Costs	That portion of total operating costs not requiring the outlay of funds, such as depreciation and accrued annual leave
Unliquidated Obligations	The amount of obligations incurred for which payment has not yet been made
Unobligated Balance Available	The amount of unused obligational authority available for obligation without new action by the Congress
Waiting List	List of patients who have applied to a VA hospital or domiciliary for medical care but have not yet been admitted
Workload Information	Indicators of the level and rate of work processed through the responsible organizational unit For VA hospitals, per bed section Average operating beds End point operating beds Patients treated

DEFINITIONS OF INFORMATION ELEMENTS (Con't.)

TERM	DEFINITION
Workload Information (Con't)	Average daily patient census
	Occupancy rate
	For VA nursing homes and domiciliaries
	Average operating beds
	End point operating beds
	Patients treated
	Average daily patient census
	Occupancy rate
	For contract hospitals, community nursing homes, State home domiciliaries, nursing homes and hospitals
	Average daily patient census
	Patients treated
	For outpatient clinics
	Total number of patient visits
	Average daily patient visits

Definitions for Staff Ratio Computation

I Health Profession-Staff involved in direct patient care

*A Physicians

1 --Including Interns and Residents

2 --Excluding Interns and Residents

*B Registered Nurses

*C Physical and occupational therapy personnel

*D Dentists

II Allied Health Occupations-Professional, technical and supportive workers in patient services, administration, teaching, and research who engage in activities that support, complement or supplement the functions of physicians, dentists, and registered nurses In addition, personnel engaged in organized environmental health activities, such as environmental engineers

*A Medical Allied Occupations

1 Personnel in medical laboratories, medical records, and medical libraries

2 Dietetic and nutritional personnel

3 Pharmacists

4 Radiologic personnel

5 Administrators, program representatives, management officers

6 Social workers, psychologists, specialized rehabilitation services

Definitions for Staff Ratio Computation (Con't.)

*B. Dental Allied Occupations

1. Hygienists
2. Assistants
3. Technicians

*C. Environmental Allied Occupations

1. Environmental scientists
2. Environmental engineers
3. Environmental technicians
4. Environmental aides

*D. Nursing Allied Occupations

1. Licensed practical nurses
2. Nursing aides
3. Orderlies
4. Attendants
5. Home health aides

*III. Administrative and Institutional Support Occupations-Staff not involved with the provision of patient care or services but who perform logistical, clerical, maintenance and custodial functions.

A. Receptionists, typists, clerks

B. Food service workers, patient transporters

C. Heating engineers, electrical engineers

D. Janitors, painters, carpenters

*Source: "The Supply of Health Manpower", U.S. Department of HEW, 1974.