



# Office of Academic Affiliations

Briefing for the Commission on Care

October 6, 2015



# Agenda

- History and scope of VA academic affiliations and health professions education mission
- Health professions education portfolio including innovations
- VACAA – Section 301B
- Present and future challenges, risks, barriers

# Why OAA?

- Oversee and enhance academic relationships and educational programs, ensuring that VA's educational programs enhance Veteran care
- Develop strategic alliances that benefit VA's educational and clinical programs (with accrediting bodies, specialty organizations, and member organizations)
- Increase the number and mix of clinical trainees to care for Veterans in alignment with VA needs
- Foster excellence and innovation in learning models and the learning environment
- Provide a pipeline of future VHA clinical staff with high quality training and knowledge about Veterans

# History of Affiliations

- Policy memorandum 2, signed January 30<sup>th</sup>, 1946 authorized academic affiliations in order to support the health care mission
- <http://www.va.gov/oaa/Archive/PolicyMemo2.pdf>
- “affording the veteran a much higher standard of medical care than could be given him with a wholly full-time medical service”

## **38 USC 7302: VA's Education Mission**

(a) In order to carry out more effectively the primary function of the Veterans Health Administration and in order to assist in providing an adequate supply of health personnel to the Nation, the Secretary—(1) to the extent feasible without interfering with the medical care and treatment of veterans, shall develop and carry out a program of education and training of health personnel; and

# 38 USC 7302: Continued

- (d)The Secretary shall carry out subsection (a) in cooperation with the following institutions and organizations:
  - (1)Schools of medicine, osteopathy, dentistry, nursing, pharmacy, optometry, podiatry, public health, or allied health professions.
  - (2)Other institutions of higher learning.
  - (3)Medical centers.
  - (4)Academic health centers.
  - (5)Hospitals.
  - (6)Such other public or nonprofit agencies, institutions, or organizations as the Secretary considers appropriate

# “To Educate for VA and the Nation”

- VA is the largest single provider of health professions education in the Nation
- Over 120,000 trainees in 40 different health professions receive clinical training in VA each year (vast majority are unpaid)
- VA provides nearly \$900 Million/year in trainee stipend and benefit support each fiscal year
- VERA supplement includes an equivalent amount as “indirect education support”; this supports protection of faculty time, education office leadership and support staff, and additional medical care costs of having trainees (similar in concept to Medicare/HRSA IME)

# Scope of Affiliations

- VA is affiliated with 135 of 141 allopathic medical schools and 35 of 40 osteopathic medical school locations
- In addition, more than forty other health professions are represented by affiliations with over 1,800 unique colleges and universities.
- Over 7,200 individual program agreements are in effect

# Graduate Medical Education (GME)

- Over 40,000 individual physician residents receive clinical training in VA each year
  - ~30% of all U.S. residents
  - In conjunction with 2,000 ACGME-accredited programs in over 80 different specialties and subspecialties
- Over 10,300 physician resident salary lines are supported by VA
- 99% of GME programs are sponsored in the name of academic affiliates (and not by VA)
- 80% of total OAA stipend support goes to GME

# Other Trainees

- Medicine
  - Over 20,000 medical students
- Dentistry
  - 600+ dental residents
  - 650+ dental students
- Associated Health
  - 30,000+ nursing students
  - 23,000+ other associated health
- 200-300 advanced fellows

# Impact of Affiliations

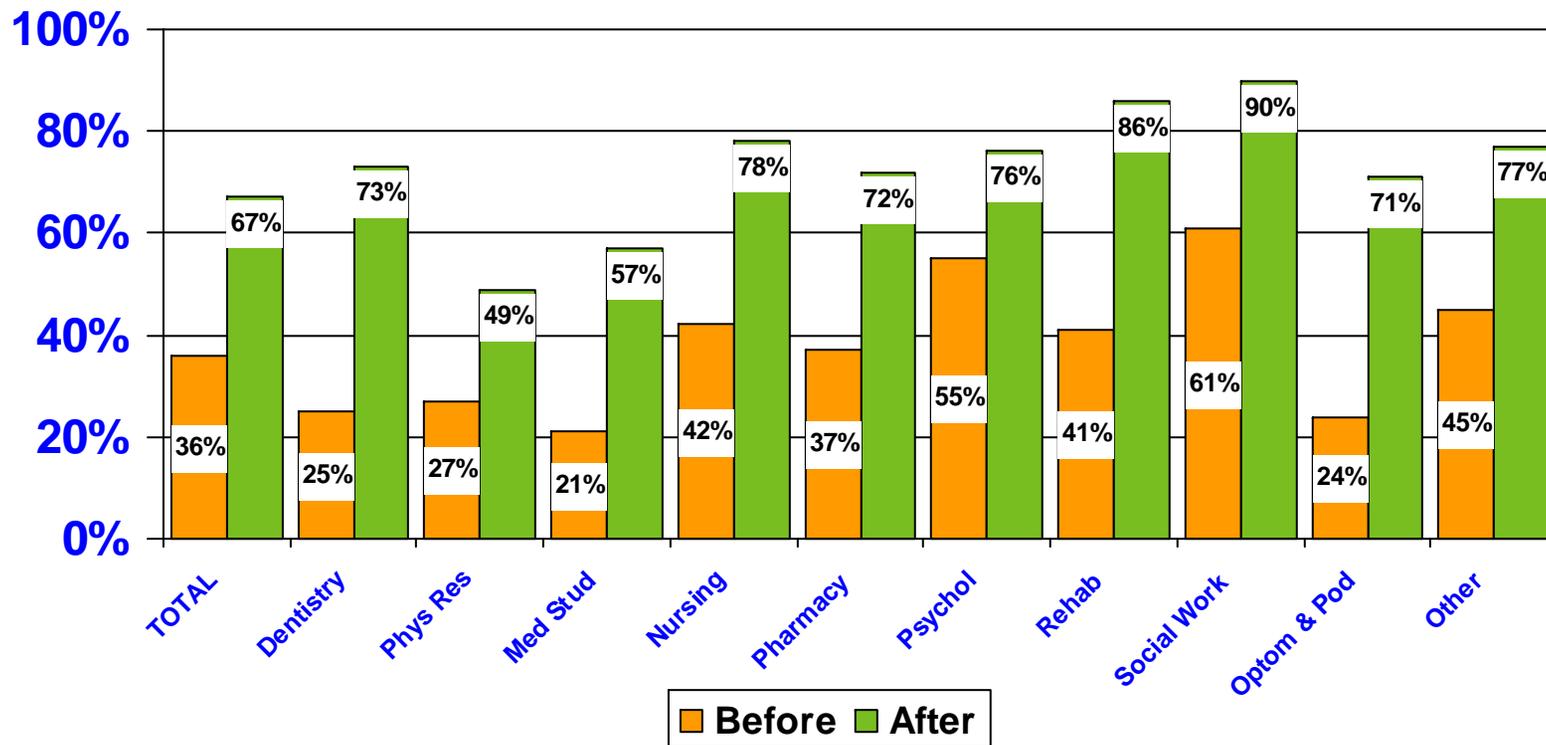
- VA training is primarily accomplished through partnerships with U.S. colleges and universities, although VA does have some programs accredited in its own name
- Over 70% of VA staff physicians have faculty appointments with a school of medicine; two-thirds of U.S. medical students and the majority of U.S. physician residents receive training in VA
- AES Demographics: 60% of current staff physicians and 70% of current optometrists and podiatrists trained in VA prior to employment

# Workforce Impact of Trainees

## Residents as a Percentage of the VHA Workforce in Selected Disciplines

Discipline or Occupational Category	Total Employee FTEE FY 2013	Resident FTEE AY2012-13	Total FTEE	Resident FTEE as a % of Total FTEE
Physicians	18,953	10,306	29,259	35%
Psychologists	4,728	732	5,460	13%
Dentists	942	360	1,302	28%
Pharmacists	6,731	474	7,205	7%
Podiatrists	415	211	626	34%
Optometrists	710	186	896	21%

# LPS Data: Exposure to VA Doubles Desire to Work in VA



# Affiliation Management: Mechanics

- Affiliation agreements are the major written vehicle to begin and maintain educational relationships
- OAA maintains over 10 OGC-approved templates for affiliation agreements on its VA intranet and internet sites for field use
- A local Designated Education Officer (often called an Associate Chief of Staff for Education) oversees local affiliation relationships
- All relationships must have an active and current affiliation agreement

# Roles of OAA

- Policy development
- Stipend distribution and financial reporting
- Advice and consultation on relationship management for internal leadership (VISN, facility, VHACO, VA)
- External face of VA to multiple types of professional organizations; formally represent VA on boards
- Trouble shoot policies and operational issues affecting trainees and their learning environment
- Professional development for field educational leaders (ACOS/Education)

# Transformational Initiatives

- Centers of Excellence in Primary Care Education/Specialty Care Education
- Chief Residency in Quality and Safety
- VA Academic Nursing Partnerships
- Rural Health Education Initiative
- Mental Health Education Enhancement Initiative
- Advanced Fellowships

# Office of Academic Affiliations

## Major Initiatives - COEs

- Primary Care Education COE requires internal medicine residents and advanced practice nurse trainees to practice together in an “Academic PACT”. Psychology, pharmacy and social work trainees are often added.
- New curriculum includes patient panel management and quality improvement skills and development of respect and appreciation for other professions
- Highly successful but resource intensive model of interprofessional collaboration

# Chief Residency in Quality and Safety

- A new model of Chief Residency “invented” in VA about six years ago
- Currently present in over 50 sites
- Chief residents finish their core residency and stay for one year to work on quality and safety issues at their facility; links hospital based Q&S systems with frontline residents
- Demonstrated impact through QS projects and uptake of quality and safety knowledge
- Now endorsed and emulated by academic institutions as a national model for resident involvement in QS

# VA Nursing Academic Partnerships (VANAP)

- Based on 5 year successful pilot (VANA)
- Requires both trainee stipend funding and heavy infrastructure support for faculty and preceptor time
- Funded through 2019 but destined to sunset without renewal
- Program supports nursing affiliations similar to medical school affiliations with integrated faculty and trainees - in order to develop cadre of skilled nursing faculty within VA who then can teach, do research, and promote evidence based nursing practice

## New Residency Pilots

- Physical Therapy Residencies
- Physician Assistant – PC residency
- Rural Psychology
- Nurse Residencies (PBNR)
- Nurse Fellowships (post NP)
- Chiropractic Residencies
- Licensed professional mental health counselors
- Marriage and family therapists

# VA Advanced Fellowships

- Advanced Geriatrics
- Advanced Psychiatry and Psychology
- Advanced SCI
- Ambulatory Care
- Dental Research
- Education Evaluation
- Geriatric Neurology
- HSR&D
- Medical Informatics
- Multiple Sclerosis
- Quality Scholars Program
- Palliative Care
- Patient Safety
- Psychiatric Research/Neuroscience
- Parkinson's Disease
- VA/RWJ Clinical Scholars Program
- Schizophrenia Research
- Simulation
- Substance Abuse Treatment
- Health Issues of Women Veterans
- War Related and Unexplained Illness

# Mental Health Trainee Expansion

- OAA spearheaded an expansion of mental health trainee positions to improve the workforce pipeline
- Over 650 training positions were awarded over past 4 years in psychiatry, psychology, chaplaincy, social work, mental health pharmacy, mental health nursing, LPMHCs and MFTs

# Veterans Access, Choice, & Accountability Act (VACAA)

- PL 113-146: Enacted by Congress & signed by the President on August 7, 2014 – Section 301
  - Provision to expand VA GME by “up to 1,500 positions” over 5 years beginning 1 year after signing
  - Funding priorities defined
  - Stringent annual reporting requirements regarding the VACAA positions filled and their locations

# VACAA Phase I Results

- Over 200 residency positions allocated in Phase I (204.2); 162.9 filled as of 7/1/15
- Major successes include several “novice” GME sites, several THC affiliates, multiple allocations in HPSAs, new affiliates, and new specialty programs
- Creating new programs will likely take longer than 5 years in legislation

# Case Study: Salisbury, NC

- 6 years ago Salisbury had 3.4 GME positions, weak affiliations, under-achieving staff and limited scope of services (Complexity level 3)
- Now: 60+ GME positions, strong affiliation with Wake Forest, expanded subspecialty services and 1B complexity ranking
- Can we do this at every small VA? This is the potential of the Veterans Access, Choice and Accountability Act.

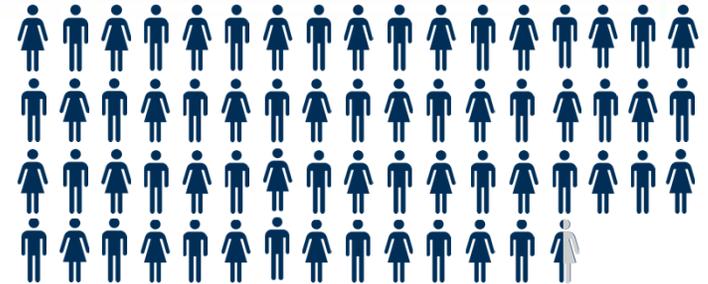
# Salisbury VAMC: 2009 and Now

VA GME Base Allocation:

3.4 FTEE



64.4 FTEE



Affiliations:

1



3

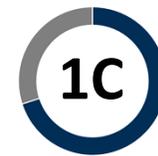


Medical Center complexity:

Low complexity



High complexity

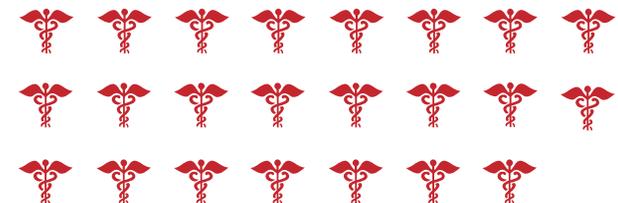


Specialties with GME

6



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# Benefits from Affiliations

Higher quality staff (shared staff models)

Recruitment and retention from the trainee pool

Access to state of the art health care knowledge, clinical trials and interventions

Higher quality care, and better outcomes for Veterans

AND: VA is a vital and irreplaceable training ground for the Nation's health care workers

# Why Affiliation Agreements

## Matter: 38 USC 8153: Contracting

- (A) If the health-care resource required is a commercial service, the use of medical equipment or space, or research, and is to be acquired from an institution affiliated with the Department in accordance with section [7302](#) of this title, including medical practice groups and other entities associated with affiliated institutions, blood banks, organ banks, or research centers, the Secretary may make arrangements for acquisition of the resource without regard to any law or regulation (including any Executive order, circular, or other administrative policy) that would otherwise require the use of competitive procedures for acquiring the resource.

# Challenges, Risks, Barriers: Affiliations

- Sole source contracting (38 USC 8153): 10 years of increasing scrutiny and bureaucracy; contracts take years to execute; OIG involvement makes process adversarial; process impairs affiliate relationships and delays Veteran care; Lack of “joint venture” authority with affiliates impairs creative and veteran-centric problem solving for facilities and clinical space; authority is needed to directly acquire land, buildings, equipment, clinical space from affiliates to avoid lengthy and costly construction within VA
- New configuration of Veterans Choice Program may impact longstanding relationships by sending workload to community providers, away from affiliates

# Challenges, Risks, Barriers: Trainees

- VA IT and security policies (Onboarding, PIV cards, Mandatory Training, Remote Access, 2 Factor Authentication, Network Deactivation policies) are burdensome and inefficient; they impact both trainees and staff and impair the delivery of clinical care
- Lack of national trainee registration system and database, despite 10 years of advocacy, impairs trainee recruitment

# Biggest Risk of All

- The loss of institutional and leadership memory of how affiliations came to be and how foundational they are to VA's function

# Questions for OAA?

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