Association of
American Medical Colleges
2450 N Street, N.W., Washington, D.C. 20037-1127
T 202 828 0663 F 202 862 6021
www.aamc.org

Jordan J. Cohen, M.D.
President Emeritus

April 9, 2012

Dear Secretary Shinseki:

It is with great pleasure that I submit the minutes of the first meeting of the National Academic Affiliations Council (NAAC). The Council applauds the substantial advances VA has made in clinical system redesign and in aligning health professions education with the needs and expectations of Veterans. In order to further strengthen VA's national leadership in these areas, the Council has included a series of recommendations for your consideration.

We look forward to your feedback.

Sincerely,

Jordan Cohen, MD (Chair)
VA National Academic Affiliations Council

Cc: Robert A. Petzel, MD, Under Secretary for Health

Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes February 8-9, 2012
Omni Shoreham Hotel
Washington, DC

The National Academic Affiliations Council met on February 8-9, 2012, at the Omni Shoreham Hotel in Washington, DC. A quorum was present, affording the Committee the opportunity to conduct normal business.

Council members present: Jordan Cohen, MD, (Chair), Professor of Medicine and Public Health, George Washington University; Geraldine Bednash, PhD, RN, FAAN, Chief Executive Officer, American Association of Colleges of Nursing; Malcolm Cox, MD (Ex-Officio), Assistant Deputy Under Secretary for Health for Workforce Services (Acting) and Chief Academic Affiliations Officer, U.S. Department of Veterans Affairs; David Irby, PhD, Professor of Medicine and former Vice Dean for Education, University of California San Francisco School of Medicine; Darrell Kirch, MD, President and Chief Executive Officer, Association of American Medical Colleges; Risa Lavizzo-Mourey, MD, President and Chief Executive Officer, Robert Wood Johnson Foundation; Kathleen Long, PhD, RN, FAAN, Dean, School of Nursing and Associate Provost, University of Florida, Gainesville; Michael Mayo-Smith, MD, MPH, (Ex-Officio), Director, New England Healthcare Network (VISN 1), U.S. Department of Veterans Affairs; Lloyd Michener, MD, Chair Department of Community and Family Medicine, Duke University School of Medicine; Claire Pomeroy, MD, MBA, Vice Chancellor for Human Health Sciences and Dean, University of California Davis School of Medicine; Wayne Riley, MD, MPH, MBA, MACP, President and Chief Executive Officer, Meharry Medical College; Stephen Shannon, DO, MPH, President, American Association of Colleges of Osteopathic Medicine.

Council members unable to attend: Norman Anderson, PhD, Chief Executive Officer, American Psychological Association; and David Gorman, Retired Executive Director, Disabled American Veterans National Service and Legislative Headquarters.

VHA staff presenting at the meeting: Judy Brannen, MD, Clinical Director, Undergraduate and Graduate Medical Education, VA Office of Academic Affiliations; Barbara Chang, MD, MA, FACP, Director, Medical & Dental Education, VA Office of Academic Affiliations; Mary Dougherty, DNSc, Director, VA Nursing Academy, VA Office of Academic Affiliations; Stuart Gilman, MD, MPH, Director, VA Advanced Fellowships & Professional Development & Director, Centers of Excellence in Primary Care Education Coordinating Center, VA Office of Academic Affiliations; Jonathan Gurland, Esq, Attorney, VA Office of General Counsel; Gloria Holland, PhD, MBA, Special Assistant for Policy & Planning, VA Office of Academic Affiliations; Robert Jesse, MD, PhD, Principal Deputy Under Secretary for Health, U.S. Department of Veterans Affairs; William Marks, Jr., MD, Acting Deputy Chief & Director of Learning

Initiatives, Evaluation, and Analytics, VA Office of Academic Affiliations; Robert Petzel, MD, Under Secretary for Health, U.S. Department of Veterans Affairs; Karen Sanders, MD, Acting Chief, VA Office of Academic Affiliations; and Robert Zeiss, PhD, Director, Associated Health Education, VA Office of Academic Affiliations.

Other VHA staff attending: Ana Alt-White PhD, Director Research and Academic Programs, Office of Nursing Services; Louise Arnheim, MPA, Strategic Communications Manager, Office of Research and Development; Debbie Hettler, OD, MPA, FAAO, Clinical Director, Associated Health Education, Office of Academic Affiliations; Alex Ommaya, DSc, Director Translation Research, Office of Research and Development; Joanne Pelekakis, MLS, Health Systems Analyst, Office of Academic Affiliations; Aileen Rheault, Program Analyst, Office of Academic Affiliations; and Cathy Rick, RN, NEA-BC, FAAN, FACHE, Chief Nursing Officer, U.S. Department of Veterans Affairs.

Members of the public attending: Mary-Lynn Bender, Assistant for Government Relations, Association of American Colleges of Osteopathic Medicine; Swetha Chagalamarri, Osteopathic Health Policy Intern, Association of American Colleges of Osteopathic Medicine; Margaret Hardy, JD, Director Graduate Medical Education Policy and Analysis, American Osteopathic Association; Jack Krakower, PhD, Senior Director, Medical School Financial and Administrative Affairs, Association of American Medical Colleges; and Pamela Murphy, MSW, Director of Government Relations, Association of American Colleges of Osteopathic Medicine.

MINUTES

Wednesday February 8, 2012

Welcome and Introductions - Dr. Jordan Cohen

Dr. Cohen welcomed the members and guests to the inaugural meeting of the National Academic Affiliations Council (NAAC). Members introduced themselves followed by self-introductions of VHA staff and guests in attendance.

Greetings from the Under Secretary for Health - Dr. Robert A. Petzel

Dr. Robert Petzel, VHA's Under Secretary for Health welcomed the members and thanked them for agreeing to serve on this important Council. He remarked that VA had been partnering with schools of medicine since 1946 and is now the largest health professions educator in the nation.

Dr. Petzel described VHA's vision for its future health care delivery system as exhibiting the following characteristics: patient-centered, team-based, continuous improvement, data driven, and evidence-based. He feels that it is important for health professionals of

the future to learn in this type of environment and he looks forward to recommendations from the NAAC to further those efforts. He described some of VHA's pilot programs that are intended to foster team-based practice.

Asked where VHA is along the transition to team-based care, Dr. Petzel described the ongoing policy of embedding mental health care in primary care settings and then described the roll out of the Patient Aligned Care Teams (PACTs) for Primary Care. He estimated that VHA is about half way to accomplishing the goal of interprofessional delivery of primary care.

Dr. Petzel was asked whether it would be possible to extend affiliations beyond the educational environment into business arrangements. Dr. Petzel replied that there were opportunities to pursue different types of collaborations between VA and academic institutions.

Dr. Petzel was asked what he saw as the future of graduate medical education (GME) in VA. He responded that he saw GME expanding, not contracting, but with an emphasis on primary care. Dr. Petzel commented that VA's role in education is fundamentally important for VA.

Asked about the VA budget prospects, Dr. Petzel commented on the substantial increases that VA has experienced over the last three years. The budget outlook for FY 2013 was still embargoed, but he felt that VA would fare reasonably well compared to other federal agencies.

Asked about VA's integration with community-based care, Dr. Petzel commented that 30-40% of VA patients receive care in the private sector as well as at VA. The challenge is in communicating with the private practitioner and coordinating care. Pilot projects are underway to enhance avenues of communications.

NAAC members commented that VA's efforts to move toward interprofessional team-based care were commendable. When asked what he saw as barriers, Dr. Petzel commented that the existing culture needs to change to embrace this new mode of practice, which was why it is so important to have trainees learn in a team environment. When asked what evidence VA had for asserting that team-based care produced better patient outcomes, Dr. Petzel replied that most of the evidence is indirect, but that efforts are underway to document outcomes through various pilot and research projects.

NAAC members asked about possibilities for continuation of the innovative VA pilot program with schools of nursing, the VA Nursing Academy. Dr. Petzel replied that options are under consideration.

Dr. Cox noted that VA's PACT implementation and the educational pilots within that effort are the biggest experiment in patient aligned care in the country.

Dr. Petzel thanked the Council members again for their efforts.

Executive Review: History of the Blue Ribbon Panel on VA - Medical School Affiliations - Dr. Jordan Cohen

Dr. Cohen presented a summary of the formation, discussions, and recommendations of the Blue Ribbon Panel on VA Medical School Affiliations (BRP). This federally chartered advisory committee was chartered in 2006 and presented its recommendations to the Secretary of Veterans Affairs in September 2009. The BRP's scope was limited to medical school affiliations. The impetus for its formation was the belief that while the mutual benefit of the historic partnership between VA and affiliated schools of medicine was enormous, issues and conflicts had arisen that were hampering these relationships. The BRP made a series of recommendations for engagement between the parties and for specific actions or improvements. One recommendation was to form a standing federally chartered advisory committee (FACA) to address educational and affiliation issues on an ongoing basis. Formation of the NAAC is a direct result of that recommendation.

Specific important aspects of the NAAC include the following:

- The NAAC has been formed as a standing advisory committee not time and issue limited as former VA educational advisory committees had been.
- Meetings are open to the public.
- The NAAC charter includes responsibility for affiliation relationships between VA and all health professional disciplines.
- The NAAC has the authority to form subcommittees for specific tasks and topical pursuits. Additional VA and public members may be appointed to specific subcommittees, as appropriate.
- NAAC reports and recommendations will go to the Secretary of Veterans Affairs through the Under Secretary for Health. VA will respond to Council recommendations indicating if and how the recommendations will be addressed.
- Two other VA advisory committees have some overlap with the charge to the NAAC:
    - The Special Medical Advisory Group (SMAG) advises on matters of health care delivery.
    - The National Research Advisory Council advises on matters of research.

The Council discussed that one of the most important matters for future agendas would be pursuit of options to allow and encourage joint ventures between VA and academic affiliates. Collaborative efforts between VA, academic affiliates and other federal agencies should be encouraged, as well as collaboration with philanthropic foundations. The Request for Proposal (RFP) mechanism could be used to establish pilot joint ventures.

Overview of the Report of the Blue Ribbon Panel in VA – Medical School Affiliations: Core Domains, Recommendations, and Current Status. - Dr. Karen Sanders

Dr. Sanders presented an overview of the BRP Recommendations. She grouped the recommendations into several broad categories for discussion: structure and governance of affiliations; accountability for affiliations; enhancing the national health professions workforce; research; and administrative challenges. The last two of these categories will be discussed at a subsequent NAAC meeting.

Dr. Sanders emphasized the importance of the education mission to VA. The BRP recommended continuing and broadening the number and types of affiliations. With its transformational models of health care delivery, VA offers trainees experiences that will prepare them for future practice. VA's evidence-based practice and research programs will set directions and standards for future systems redesign.

VA plans future actions that will support strengthened management of affiliations. The NAAC has been created as a permanent advisory group. Questions for the NAAC to consider include a number of important issues such as: how to ensure improved accountability for the health of local affiliation relationships; how to evaluate affiliation success; how to improve specific affiliations; what performance metrics should be developed for national and local monitoring of affiliation success; should there be different expectations for large and small VA facilities? Another important issue will be development of strategies to ensure that VA leaders have a robust understanding of VAs education mission and its importance. Creation of the workforce of the future will involve strengthening current partnerships and forging new partnerships with additional affiliates across the health professions, DoD, and other federal agencies.

A summary of the BRP recommendations and their current status was reviewed with considerable Council discussion. Recommendations were categorized as completed, in progress, or pending input from the NAAC.

Overview of VA's Educational Portfolio - Dr. William Marks

Dr. Marks presented an overview of VA's health professions educational portfolio. Education is a statutory mission of VA: "To educate for VA and for the Nation." VA sponsors the largest health professions education enterprise in the world, overseen by the Office of Academic Affiliations (OAA). VA's affiliations with medical schools date to 1946. Presently VA is affiliated with 114 allopathic and 15 osteopathic medical schools and has affiliations with over 5,000 individual educational programs across the health professions.

In Fiscal Year 2011, more than 116,000 health professions trainees from over 40 disciplines spent educational time in VA. Approximately 25% were paid a stipend and

75% trained without financial compensation. These trainees included approximately 37,000 physician residents, 22,000 medical students, 25,000 associated health trainees from numerous disciplines, 24,000 nursing students, 8,000 other students/trainees, and 300 VA Advanced Fellows. VA's trainee education budget is approximately $1.5 billion (about half each for direct stipends and indirect support).

OAA organizes VA's educational portfolio around four major training "service lines": Medical & Dental Education, Associated Health Education, Nursing Education, and Advanced Fellowships. Dr. Marks reviewed the highlights of each of these portfolio elements.

VA Medical & Dental Education

VA's first medical school affiliation agreement was with Northwestern University in 1946. Medical school affiliations grew rapidly in the post-World War II era. Currently VA has affiliations with 114 LCME- and 15 AOA-accredited medical schools. Eighty per cent of VA medical centers are affiliated with at least one medical school. A substantial minority (40%) of affiliated medical centers have partnerships with more than one medical school. Medical residents make up about 40% of VA's physician FTEE, and nearly two-thirds of VA staff physicians report training in VA.

Presently, VA fully funds 10,400 medical and 380 dental resident positions annually (about 10% of medical residency positions nationwide). Medical resident stipends and benefits total about $750 million annually in direct costs. Over 37,000 individual medical residents rotate through these VA positions each year (about one-third of total U.S. residents and 50% of U.S. internal medicine residents). Medical residents training in VA facilities are enrolled in 2,300 ACGME and AOA accredited programs in 82 medical specialties and subspecialties. VA also trains about 22,000 medical students annually. By the time of graduation, two-thirds of all U.S. medical students have had VA clinical training experiences.

GME Enhancement initiative (2006-2011). This initiative provided a competitive expansion of VA GME over a 5-year period. The requests for proposals (RFPs) emphasized educational quality and clinical training capacity. In addition to offering expansion of existing programs, the RFPs allowed for separate competition for the development of new affiliations. A total of 1,489 additional positions were allocated to 90 facilities in 73 different medical specialties. Twenty percent were in core internal medicine and family medicine programs and twenty-seven percent were in medicine subspecialties. Nearly 80% of new positions went to VA sites in the Southeast and Western U.S., areas of increased demand due to growing Veteran populations. Included in the GME Enhancement initiative were opportunities to apply for positions for educationally innovative programs. Sixteen innovation programs were funded, with 46 GME and 11 associated health positions made available.

"Activation" Sites. There are several new VA facilities or replacement facilities being built. There is a 5-year strategic planning process for funding residents for these new or expanding VA facilities.

VA Associated Health Education

The VA term "Associated Health" includes all clinical training in professions other than Medicine, Dentistry and Nursing. Stipends and benefits for associated health trainees total about $98 million annually in direct costs. Of the approximately 25,000 trainees, 4,000 receive a stipend and 21,000 train without financial compensation. The four largest funded disciplines are internships/residencies in psychology, pharmacy, podiatry, and optometry. Other major disciplines in associated health include audiology, blind rehabilitation, clinical pastoral education, dietetics, occupational therapy, physical therapy, physician assistant, prosthetics, social work, speech pathology, and others.

Trends in Associated Health Education include increases in upper level training (i.e. doctoral programs) and growth in education of lower level (and less costly) providers at certificate or associate degree levels of preparation. The Associated Health Strategic Planning Advisory Group assists OAA in prioritization of training activities in associate health.

Recent VA support of expansion of associated health has provided an increase in total positions during the past 5 years (2006-2011). Total associate health paid positions have seen an 11% increase; without compensation positions have seen a 45% increase. The Psychology Enhancement initiative was a response to VA's clinical expansion of mental health services. Psychology Internship positions increased 20% from 2007-2012, and Postdoctoral Fellowship positions increased 130% from 2007-2012.

VA Nursing Education

VA has extensive but underdeveloped affiliations with the Nation's nursing schools. Undergraduate rotations are numerous but generally not organized as meaningful longitudinal experiences. Graduate experiences are educationally more robust but relatively few in number. Until recently, VA nursing education was largely overseen by the Office of Nursing Services. The VA Offices of Academic Affiliations and Nursing Services are now working collaboratively to develop and facilitate nursing education and practice innovations in partnership with local VA facilities and schools of nursing. The VA-AACN (American Association of Colleges of Nursing) Liaison Committee was established 3 years ago to explore joint opportunities; it is co-chaired by the VA Chief Nursing Executive and the Chair of the AACN Board of Directors.

During academic year 2010-2011 there were 23,891 undergraduate nursing trainees who received clinical training in VA on a without compensation appointment, and 394 graduate level nursing trainees who received stipends. Graduate trainees include: 226 nurse practitioner; 35 clinical nurse leader; 66 nursing administration; 45 pre-masters (research component of master's curriculum); 10 post-masters (research for post-graduate nurse practitioners); 6 pre-doctoral research fellowships (dissertation research); and 6 post-doctoral research fellowships.

VA Advanced Fellowships

VA advanced fellowships are designed to produce clinical, education and policy leaders for VA and the nation, These are non-accredited fellowship programs that allow VA to be creative and unconstrained by professional accreditation requirements ("educational sandbox"). These programs are post-residency for physicians and after standard clinical training for other professions or post-doctoral for non-clinician scientists in selected programs.

Goals of VA advanced fellowships are to develop leaders in system change and improvement (such as the programs for RWJ Clinical Scholars, HSR&D, VA Quality Scholars, Patient Safety, Medical Informatics, and Health Systems Engineering) and to advance clinical areas of particular importance to Veteran health (such as the programs for geriatrics, addiction psychiatry, spinal cord injury, and palliative care).

VA advanced fellowships is a small program of about 300 total positions per year that has had a large impact over time. Alumni can be found in key positions in VA, other federal agencies, public health agencies, academia, and private foundations. The flexible program structure includes 1-year programs intended to develop practitioners in an area of VA interest (such as polytrauma, patient safety, or health systems engineering) and 2-year programs intended to develop scholars and professional leaders through mentored research or a major project. The 2-year programs often include access to a master's degree. Some programs have a national curriculum in addition to a local curriculum (such as the RWJ Clinical Scholars, VA Quality Scholars, Patient Safety, or Advanced Mental Illness).

Challenges include the small scale and the heterogeneity of programs and sites. Support is generally limited to trainee stipends; however, infrastructure support has become increasingly important because of the burden of collateral duties for faculty or program directors. Not all professions have VA staff capable of serving as faculty or mentors, making affiliate collaboration ever more important. Emerging physician specialty certification and accreditation systems have also arisen as a barrier to interprofessional learning in some of these programs by reinforcing a "silo" approach to education.

New and Future Directions in VA Education. - Dr. William Marks (Moderator), Dr. Barbara Chang, Dr. Robert Zeiss, Dr. Mary Dougherty, and Dr. Stuart Gilman

Dr. Marks moderated a panel of VHA education leaders discussing innovations in VA education programs.

Innovations in Medical Education - Dr. Barbara Chang

The Patient-Centered Specialty Care Education Centers of Excellence is a collaboration with the VHA Office of Specialty Care Services, with an emphasis on innovative, interprofessional care models that incorporate trainees in patient-centered delivery of specialty care that meets the needs of patients and their primary care practitioners. Funding is $500,000 per year per site for 3 years, plus trainee stipends. Three sites were competitively selected to begin in Academic Year 2012-13: Atlanta – Women's Health Clinic; Cleveland – Cancer Care Teams; and Salt Lake City – Musculoskeletal Care. Fifteen positions were awarded: 7 in GME and 8 in Associated Health and Nursing.

The Rural Health Training Initiative is conducted in collaboration with the VHA Office of Rural Health. The emphasis is on training in rural VA sites and providing improved access to care. During phase I (begun 7/1/2010) 4 sites were competitively selected to receive up to $250,000 per year per site for 3 years: Minneapolis – nurse practitioners in a rural CBOC; Philadelphia – psychiatry residents in a rural CBOC; Salisbury – multiple health professions trainees in a rural hospital; and Sioux Falls – primary care and social work training in a rural CBOC. Twenty-nine positions were awarded: 21 in GME and 8 in Associated Health and Nursing. A phase II RFP is to be issued in FY 2012.

Chief Residents in Quality and Patient Safety is conducted in collaboration with the VA Quality Scholars program and the National Center for Patient Safety. The emphasis is on the chief resident developing competency in quality improvement and patient safety, and in developing teaching skills and providing faculty development. As of July 1, 2012, VA will fund 25 positions at 20 sites – predominantly in internal medicine. A competitive expansion of this program is being planned for AY 2013-14. A national curriculum is under development with a kick-off "boot camp" in August 2012.

The Resident Supervision Index is a VA-developed and validated tool, linked to VA's electronic health record, used to assess the quality of resident supervision.

The Resident Education Index is another VA-developed tool that measures a facility/program's capacity for clinical training and resident contributions to care.

New Directions in Associated Health Education – Dr. Robert Zeiss

Associated Health has developed several new 3-year pilot programs that will be evaluated to determine their success and sustainability.

Psychology Training Programs with a Rural Focus. Eight new programs were competitively selected to offer new psychology internships programs from 2008-2011. Another nine new programs were selected to begin in 2012.

Physical Therapy Residency. There is one existing site. Six new pilot sites were competitively selected to begin in 2012.

A Physician Assistant Residency is a new concept in VA with challenges for development and implementation. Six new sites were competitively selected to begin residencies focused on primary care in 2012.

Psychology Postdoctoral Fellowships with an emphasis on HIV/HCV treatment is conducted in collaboration with the VHA's Office of Public Health. This program is designed to develop behavioral health experts with the skills and competencies to address the behavioral health aspects of these diseases and their treatment.

Interprofessional Efforts. There have been a number of interprofessional programs that include associated health trainees: Palliative Care Interprofessional Fellowship; Psychosocial Rehabilitation and Recovery Interprofessional Fellowship; Centers of Excellence for Primary Care Education; Centers of Excellence for Specialty Care Education; and collaboration with the VA Office of Rural Health to increase interprofessional health professions education in rural settings.

VA Innovations in Nursing Education and Practice – Dr. Mary Dougherty

The VA Nursing Academy was developed in collaboration with the VA Office of Nursing Services. It is a 5-year pilot to facilitate stronger and mutually beneficial relationships between VA and Schools of Nursing. The pilot incentivized the development of a new model of nursing affiliations based on stronger relationships, shared faculty and trainees, innovations in education and patient care, and an emphasis on scholarship and inquiry. Internal and external assessments have demonstrated strongly positive learning and professional development outcomes and a favorable return on investment. The pilot ends in 2012; extension of the lessons learned enterprise-wide is under consideration by VA leadership.

The Post-Baccalaureate Nurse Residency is a pilot 1-year nurse residency program that will begin in July 2012. Thirty positions will be competitively distributed among several VA training sites. Program accreditation by CCNE is required and nursing school affiliations are strongly encouraged. An evaluation is planned that will use standardized

instruments examining critical thinking, clinical competency, communication and collaboration skills, and resident and faculty satisfaction.

A Primary Care Nurse Practitioner Residency/Fellowship has been established at one site of VA's Centers of Excellence in Primary Care Education.

Innovations in VA Advanced Fellowships – Dr. Stuart Gilman

Interprofessional Engagement. The trajectory since 2005 has been to emphasize interprofessional engagement in VA's advanced fellowships, with the VA Quality Scholars program conversion to an interprofessional (physician-nurse) program leading the way. Expanding trainee eligibility alone proved insufficient. Active physician-nurse faculty collaboration and joint curriculum design proved transformational, with support for nursing faculty from the Robert Wood Johnson Foundation being foundational. This experience allowed the conception and execution of VA's Centers of Excellence in Primary Care Education to be much more robust. The conversion of several other advanced fellowships to emphasize interprofessional learning and system redesign competencies is under active consideration.

Expansion of Women's Health Fellowship. In 2011, a competition increased the numbers of sites and expanded eligibility for multiple health professions. There was a shift of program focus from solely traditional academic outcomes towards system improvement.

Advanced Fellowship programs in development include substance abuse (alignment with movement to develop primary care expertise in addiction medicine) and simulation (in collaboration with VA's national simulation initiative).

VA Centers of Excellence in Primary Care Education – Dr. Stuart Gilman

The Centers of Excellence in Primary Care Education is an experiment in 'structural' interprofessionalism across institutions, professions, and faculty. Five sites were competitively selected in 2011 to incorporate interprofessional education in VA's newly developed Patient Aligned Care Teams (PACTs) in primary care clinics. Each site receives up to one million dollars a year in support for this program and increased trainee positions (if required). Selected sites include Boise ID, Cleveland OH, San Francisco CA, Seattle WA, and West Haven CT. Each site has affiliations with schools of medicine and nursing as well as other associated health programs. Objectives of the program are to develop and test innovative curricula and to study the impact of new educational approaches and models of health professions education.

The Centers of Excellence have tackled issues of administrative 'silos,' program administration, and program development and assessment. Challenges have included

concepts of co-leadership, the health professions culture within and across professions, implicit and explicit authority and power, siloed reporting structures, and bridging the VA and academic cultures. Sites have made short-term accommodations to address these issues resulting in novel, innovative curricula that put trainees in new settings and advance new ways of providing team-based care. A robust evaluation is underway that will inform the larger VA and academic communities of ways to incorporate trainees more effectively into an evolving primary care delivery system.

Council Discussion – Dr. Jordan Cohen

Council members engaged in robust discussions about each educational portfolio area. Particular areas of interest included:

- Importance of VA developing strategies and adopting policies to increase:
  - paid graduate nursing educational experiences
  - longitudinal undergraduate nursing experiences
  - joint VA - School of Nursing faculty appointments
  - training in team-based care environments
  - experiences in VA community-based outpatient clinics (CBOCs)
  - tracking of graduates, especially graduates of yearlong internships, residencies, and advanced fellowships.
- Support for VA's efforts to:
  - increase interprofessional training experiences
  - increase training experiences in rural areas and CBOCs
  - increase mental health training experiences
  - develop new partnerships with schools of nursing
  - test new training programs in disciplines such as nursing, physical therapy and physicians assistants.

Thursday February 9, 2012

Greetings from the Principal Deputy Under Secretary for Health and Presentation of Appointment Certificates - Dr. Robert Jesse

Dr. Robert Jesse welcomed the Council and applauded the Secretary for recognizing the importance of the partnership between VA and the academic health professions community. Dr. Jesse feels that health professions education is at a turning point and must recognize the importance of knowledge explosion, technological advances, and systems re-design. Asked about a view of the VA in ten years, Dr. Jesse pointed to a coming change from the idea of "patient encounters" to a concept of a long-term relationship between the health care provider team and the Veteran. He envisions that Veterans will take ownership of their health care including ownership of their own medical records. Younger and future clinicians will not tolerate the fragmented health care records of today. Asked about new models of partnerships, Dr. Jesse noted that

there are a number of ongoing joint ventures between VA and DoD. Council members asked Dr. Jesse about the possibilities of exploring joint ventures with affiliates. Dr. Jesse was interested in receiving ideas for future VA – Affiliate joint venture pilots.

Dr. Jesse then presented Council members with certificates of appointment signed by Secretary Shinseki.

Local Governance and Administration of VA's Education Programs - Dr. Gloria Holland (Moderator), Dr. Barbara Chang and Dr. Judy Brannen

Affiliation Agreements are the overarching legal documents governing partnerships between VA and the academic community. They are necessary prerequisites for all subsidiary partnership agreements (e.g., disbursement agreements, program letters of agreement, and medical sharing or health resources contracts). Affiliation agreements provide the basis for approval of "sole source" contracts with academic partners. Changes to affiliation agreement templates must be approved by OAA and VA's Office of General Counsel.

Local Affiliation Governance. Affiliation Partnership Councils replaced "Deans' Committees" in the late 1990s. All health professions with trainees at VA must be represented on the local Affiliation Partnership Council; subcommittees are permissible for different health professions to work on profession-specific issues or for topical areas such as space planning or simulation plans. A new policy on affiliation relationships is pending final concurrence and publication.

Designated Education Officer (DEO). The DEO serves as the principal steward of VA's education mission at the local level. The position reports to the local VA Chief of Staff. The preferred organizational title for the DEO is Associate Chief of Staff for Education (ACOS/E). Eighty-three per cent of DEOs have university faculty appointments (up from 75% in 2005); and 82% are MDs or DOs (up from 72% in 2005).

An analogous VA organizational title is the Designated Learning Officer. This role was established in 2007 and refers to the individual with oversight responsibility for *staff* education at the local level. One-third of DEOs also serve as facility Designated Learning Officers.

Key responsibilities of the DEO include management of academic affiliations and affiliation agreements; oversight of health profession trainees in affiliate- and VA-sponsored programs; trainee appointment processes; fiscal oversight (management of disbursement agreements and trainee stipends); and serving as the principal education consultant to all VA clinical services and local leadership and management officials.

Maintaining the quality of local educational leadership is an ongoing challenge given the high turnover of DEOs in many sites. OAA has developed an orientation program for

DEOs (and their senior staff) with less than 2 years tenure. Mentorship programs are also available.

Securing adequate time and administrative support to manage an increasingly complex educational portfolio is also proving difficult in a time of lean budgets. An enterprise-wide survey of DEOs conducted in FY 2011 revealed that the mean time protected for educational administration is 43% (range 0-100%), and that this is poorly correlated with the number of medical residents or total trainees at the site. Mean staff support is 1.3 FTEE (± 1.0 SD) and is likewise poorly correlated with the number of medical residents or total trainees. Educational effort and staffing guidelines will be included in new policy.

Facility Readiness to Meet Accreditation Council for Graduate Medical Education Common Program Requirements. A 2011 VA survey revealed that 85% of VA facilities had engaged in planning for implementation of the new medical residency training program requirements, most in conjunction with their affiliates. About two-thirds of respondents planned to add additional staff, including hospitalists, nurse practitioners, physician assistants, and support staff. A smaller number were planning to expand the number of residency positions. Costs are estimated to be approximately $1.2 million per facility.

Educational Cost Contracting Policy. Payment of so-called "indirect costs" is not allowed through disbursement agreements, which by statute cover only stipends and fringe benefits. The Blue Ribbon Panel on VA-Medical School Affiliations recommended that VA share certain costs of operating GME/GDE programs with affiliates (e.g., accreditation fees, residency matching program fees, pagers). The VA Office of General Counsel determined that contracting is the appropriate mechanism by which to pay these general educational costs. OAA, the Medical Sharing Office and the Office of General Counsel have drafted policy to allow sharing of selected general educational costs with affiliates; the policy is presently in the final stages of the concurrence process.

Council Discussion – Dr. Jordan Cohen

Council members discussed a number of aspects of affiliation governance. Particular areas of interest included:

- the importance of familiarity of VA facility Chiefs of Staff and Directors with the culture and expectations of the academic community
- qualification standards for DEOs
- support staff and resources for DEOs and facility education offices
- expectations for the structure and function of Academic Partnership Councils
- clarification of educational roles for facility and VISN leadership
- performance metrics for medical center and VISN leadership responsible for education.

Concluding Discussion and Recommendations

The NAAC applauded the VA for its efforts to sustain and enhance relationships with the academic health professions community in order to provide the highest quality of health care services to Veterans and the highest standard of clinical education and training for future health care professionals. The NAAC recognized the substantial advances VA has made in clinical system redesign and in aligning health professions education with the needs and expectations of patients. In order to further strengthen its national leadership in these areas, the NAAC recommends that:

1. VA and the academic community should examine the feasibility and potential mutual advantages of entering into novel partnerships – such as new sharing agreements, strategic alliances and joint ventures – in order to strengthen their joint commitment to delivering high quality, evidence-based, and efficient care to individuals and populations. Recognizing the complexity of developing relationships beyond traditional academic affiliations, the NAAC further recommends that a NAAC subcommittee be chartered to explore this issue in more detail.

2. VA should continue to support modes of clinical education that foster the clinical skills, professional attitudes and systems awareness needed for patient-centered care and continue to promote the adoption of such educational modes by its academic affiliates. VA should:
(a) Emphasize longitudinal learning experiences in order to promote sustained, supportive and trustworthy relationships among team members and between teams and their patients;
(b) Expand interprofessional learning experiences that emphasize effective communication, shared decision making, and systems-based practice and improvement in order to promote high-functioning team-based practice;
(c) Continue to support the demonstration projects currently underway that examine the effectiveness of innovative models of health professions education (i.e., the Centers of Excellence in Primary Care and Specialty Care Education) and develop additional demonstration projects to expand the evidence base needed for rational redesign of learner experiences; and
(d) Explore options for re-balancing VA's educational portfolio and resources around models of learning that promote the development of proficiency in the clinical and system skills needed for patient-centered and interprofessional, team-based care.

3. VA should continue to enhance nursing school partnerships, initiated under the VA Nursing Academy pilot program, by expanding this foundational academic partnership program.

4. VA should re-examine the structure and function of medical center Academic Partnership Councils to ensure they are broadly representative of all local academic

affiliates and provide effective oversight of all programs jointly administered by VA and its academic partners. VA should consider policy changes, if necessary, and should mount demonstration projects to examine the effectiveness of new models of local affiliation governance.

5. VA should re-examine the roles of medical center and VISN leadership in the oversight and management of its statutory educational mission. VA should consider:
(a) Strengthening the role and function of the DEO;
(b) Better defining the resources necessary for the DEO to manage health professions training and academic affiliations effectively;
(c) Clarifying the roles of the medical center Chief of Staff, Chief Nursing Executive, and VISN Academic Affiliations Officer in the oversight and management of health professions training and academic affiliations;
(d) Developing performance metrics for medical center and VISN leaders with responsibilities for health professions training and academic affiliations; and
(e) Designing professional development programs for medical center and VISN leaders with responsibilities for health professions training and academic affiliations.