

**U.S. Department of Veterans Affairs (VA)  
Federal Advisory Committee  
National Academic Affiliations Council (NAAC)  
Meeting Minutes for September 28, 2022**

**Attendance: See Appendix A**

**Welcome, Announcements and Introduction of New Members**

Ms. Emory called the meeting to order at 1:00 PM.

Dr. James Hildreth, NAAC Chair, welcomed the NAAC members, VA staff, and members of the public. He thanked all attendees for being flexible in the transition to a virtual meeting due to Hurricane Ian.

VHA Chief Academic Affiliations Officer Marjorie A. Bowman, MD, MPA, recognized and thanked NAAC members for their input and recognized the importance of their committee work.

**Innovative Academic Relationships: A National Perspective**

Dr. Bowman discussed the importance of VA's relationships with academic institutions for VA's mission to educate future healthcare providers, providing the highest quality of care to Veterans and the Nation. She highlighted innovative initiatives and expanding efforts.

- Veterans Access Choice and Accountability Act (VACAA): Through this act, VA established 1,500 new Graduate Medical Education (GME) resident positions three years ahead of schedule.
- Rural Interprofessional Facility Development Initiative (RIFDI): This innovative year-long program enhances the teaching skills for VA clinicians at rural and underserved sites. Now in its third year, there have been 126 participants from 20 clinical disciplines at 34 VA sites. A new initiative has been launched with the Department of Health and Human Services adding non-VA community clinicians to the program.
- Affiliations with Minority Serving Institutions (MSIs): More than 15,000 of VA's trainees come from MSIs, including Hispanic Serving Institutions and Historically Black Colleges and Universities (HBSUs). The new geomapping tool rollout in 2022 allows VA facilities to identify new relationship opportunities.
- Nurse Residency Expansion: OAA approved 28 new nurse residency programs in academic year (AY) 21/22 to help address the nursing shortage.
- Rehabilitation Education: OAA implemented the largest expansion to date, adding 42 new physical therapy residency and occupational therapy fellowship programs to provide advanced training for these high-demand disciplines.

Dr. Bowman continued to illustrate these efforts with examples from VA facilities across the country.

Dr. Evans asked how VA defines underserved areas. Dr. Bowman said that Veterans are more likely to live in rural and underserved areas, which was looked at as well as underserved specialties.

Dr. Evans asked if specialties other than GME have expanded. Dr. Bowman said VACAA only covered GME, but that VA has expanded several training specialties with other funding initiatives. Dr. Patel highlighted the multi-year mental health education expansion adding more than 700 mental health positions.

### **Diversity in the Healthcare Workforce Subcommittee (DHWS) Update**

Susan Bakewell-Sachs, PhD, RN, FAAN, Vice President for Nursing Affairs and Dean, Oregon Health and Science University School of Nursing, DHWS Co-Chair, presented updates on the committee's efforts and activities to advance diversity in VA health professions students and trainees, to support culturally informed learning environments, and to expand partnerships with MSIs. Detailed briefings the committee has received include Mission 403, the VA Healthcare Talent Academy, and current initiatives of VHA Office of Research and Development's (ORD) Diversity, Equity and Inclusion (DEI) initiative. She also briefed on the committee's August 2022 meeting that focused on planning future strategic priorities to maximize DHWS' impact on VA programs.

Dr. Bowman added that while VA is affiliated with nearly all medical schools in the US, there is a need to increase other shortage professions, such as nursing. With use of the geomapping tool and the emphasis on increasing minority students who rotate through VA, VA will be able to address these shortages.

Dr. Elster asked if affiliation expansion is linked to a strategic plan in the VA to address the nursing shortage and if there are national level discussions to address the nursing shortage. Dr. Bowman said VA plans to address many disciplines; nursing was given as an example because nursing has the greatest need in terms of numbers. Dr. Kazer confirmed that there is immense attention on addressing the nursing shortage from a national professional perspective.

Dr. Elster stated the need for a national plan to address nursing and other key shortages, pointing out an initiative the National Academy did for trauma and a national trauma system. He said the nursing shortage needs a national coordinated response and is something the committee should push up through VA and beyond.

Dr. Bakewell-Sachs agreed there is a lack of a national strategy and pointed out national nursing organizations that have been advocating for a national strategy. She stated that efforts in the field have been constrained due to faculty shortages and constraints in clinical sites and placements. While there is dialogue taking place nationally, the interventions are happening locally.

Mr. Robinson asked if the relationships between VA and medical schools were discipline specific or institutional. Dr. Patel said the agreement templates are discipline, or profession, agnostic so they can be used for all disciplines. Further, OAA requires a separate agreement for each program level to ensure all interested parties are agreeing to the terms.

## Strategic Academic Advisory Council (SAAC) Update

Anthony Stazzone, MD, MBA, FACP, Chief Medical Officer, VISN 9, SAAC Co-Chair, provided an update on the SAAC, a council that advises OAA and the Under Secretary for Health on matters related to academic affiliations, and serves the internal liaison body to the national academic affiliations of VHA. He briefed on key activities:

- The Health Professions Education (HPE) Office Transformation Project provides a standardized model for staffing benchmarks that could allow for appropriate staff balancing to achieve objectives. The plan was sent to the Health Operations Council and an EDM was proposed to the governing board for review and a vote.
- Annual Oversight & Compliance Report and Resident Disbursement Process (ReDPro): Three items are now listed on the Enterprise Risk Registry:
  - Documentation of HPT Supervision Compliance Rate: the compliance with trainee supervision guidance was 38-76%. He reminded the Council that this reflects the documentation on the supervision and not the supervision itself.
  - Disbursement Process Compliance Rate: 50% of facilities had errors that could impact reimbursement to our academic affiliates.
  - Quarterly Reconciliation of OAA Funds Compliance Rate: there was an 11% increase in quarterly reporting of needed or excess funding from FY21 to FY22
- VA Physician Resident Contribution to Outpatient Workload: A paper published by OAA team used econometric modeling to evaluate physician resident contributions to outpatient workload (RVUs) in VA from 2005-2018. The findings were that physician resident contributions were significant to in-patient care without sacrificing training. Published in *Medical Care* (PMID: 35899991).

Dr. Bakewell-Sachs expressed a study of RVUs would be beneficial for advanced practice nurse residencies and offered to assist in that type of study.

Dr. Jackson-Triche asked why a range rather than a median was presented for ReDPro and suggested that this method leaves questions as to reporting for each area. Dr. Stazzone said he will report this back to the SAAC.

Dr. Elster asked if the supervisory guidelines within VA are set by the sponsoring institution or VA. Dr. Bowman explained that the affiliate holds the GME accreditation and are following the same ACGME guidelines used.

Dr. Patel clarified the supervision compliance metric: Sites were asked if they had a process in place to monitor supervision compliance of their programs for the four major fields—GME and Dental, Nursing, Advanced Fellows, and Associated Health. Trainees are being supervised but the metric is about the documentation process of the supervision. Dr. Sanders added that VA has national supervision policies for GME and all other health professions, which are in two separate supervision policies. VA compliance requirements are for each type of setting the trainee is in (i.e., OR, outpatient clinic, etc.). VA policies are very comprehensive and more specific than ACGME supervision standards. VA translates ACGME guidance into specific actionable behaviors and activities.

## **VHA Electronic Health Records Modernization (EHRM): Update on Roll-Out and Governance**

Edward Walton, MD, Director, Medical Informatics Unit, provided an update on the EHRM role out for HPT integration. The goal is for every HPT to be onboarded, trained, provisioned and ready to care for Veterans on their first day at VA. So far, this goal has not been achieved and there have been several challenges experienced with the rollout in each of the five facilities so far. Many challenges stem from lack of representation of HPE issues in the EHRM Integration Office (EHRM-IO) organizational structure. He shared the continued efforts to improve integration with EHRM-IO and Cerner, including weekly meetings with the Cerner Academic Lead as well as with the Academic Affairs Team, which consists of EHRM-IO, OAA, Council Solutions Experts, Solution Advisors, and SCHOLAR Research team. Dr. Walton shared what has been successful as well as the areas of focus that continue to be a concern.

Dr. Elster stated this work is vitally important and requested the findings be shared for use in the Department of Defense (MHS Genesis) EHR deployment.

Mr. Robinson asked if VA was looking into creating an enterprise data warehouse with the identified information for clinical data inquiries. Dr. Walton said that VA currently has a central data warehouse where CPRS data goes, and the plan is for Cerner data to be added.

## **Affiliation Partnership Council (APA) Subcommittee Disbursement Workgroup Report-Out**

John Byrne, DO, Director, Medical and Dental Education, provided an update of the APA workgroup, which was established to contribute to VA's understanding of the disbursement implementation challenges from the perspective of affiliate GME leadership and to identify potential solutions to those challenges. Key topics the group discussed included:

- Centers for Medicare & Medicaid Services (CMS) reimbursement policies and their congruency with VA disbursement process: As of January 2022, OAA made significant changes to the disbursement process in resident activity and tracking after extensive input from internal and external stakeholders. OAA introduced a new approach to accounting for call and reimbursement through the shared call and rotations based on our understanding of CMS reimbursement. Discussions about definitions of fulltime rotation, shared call and shared rotations proved to be invaluable in validating OAA's approach to reimbursement for the activities.
- ACGME parental leave requirements: To meet the ACGME parental leave requirements, the group agreed to a plan of pooling sick leave for residents rotating through VA would accommodate VA's proportion of the share of the ACGME requirements.
- Resident physician unions: Common elements of resident physician union contracts consist of incentive pay and extra call pay, but VA regulations do not permit bonus pay. Through discussions, VA will pay the bonus at the daily rate provided by affiliates, but the bonuses cannot be submitted though the rate schedule.

- **Simplified Reimbursement Processes:** Due to dissatisfaction with the Educational Activity Records (EARs) tracking system, OAA has simplified many aspects of the system, which have been implemented. Additional improvements are slated to be piloted for AY22-23 with the long-term goal of full EARs automation.

The disbursement workgroup provided expert and valuable guidance on disbursement procedures. The DIOs knowledge and understanding of CMS reimbursement policies were tremendously helpful in creating some congruency in VA activity reimbursement with those of CMS. The group has opened the door to further collaboration with these DIOs and others. OAA will continue to engage the AAMC group on resident affairs on these topics.

Dr. Hildreth asked if EARs was standardized across VHA facilities. Dr. Byrne confirmed it was and they are currently on version 4.

Dr. Hildreth asked if the automated platform is being built from scratch. Dr. Byrne said the software company the team is working with has experience in this type of project and has already created a mockup based off a similar platform they developed.

Dr. Evans asked how EARs was stored. Dr. Byrne confirmed that there is no repository, and each site is responsible for the storage and accessibility of its EARs.

Dr. Henderson commented that while VA was an early adopter of EHRs, it seems to be behind current electronic data storage and acquisition. He asked if there are concerted efforts focused on looking at a high-level IT infrastructure for long-term planning. Dr. Byrne commented that the VA databases are quite advanced with the amount of information stored that can be retrieved for research and administrative purposes. EARs is a unique circumstance given the requirements from oversight bodies to quickly create a system. While software development does take time, it is a high priority for OAA to move to the automated platform.

Dr. Jackson-Triche stated that VA is quite advanced in terms of its database management and retrieval. In her experience working in VA, the VA EHR is often more advanced than some academic medical centers.

### **Council Discussion and Recommendations**

Dr. Evans stated that it would be helpful for presentations to specify which programs or disciplines the information applies to. Dr. Bowman said that most presentations apply to multiple disciplines but will make sure future presentations are more specific.

Dr. Elster suggested a briefing of the VA process for approving new software as a potential future topic.

### **Public Comments**

F. Alex Chiu, PhD, Senior Scientific Program Officer, VHA ORD, NAAC DHWS Member, added to Dr. Bakewell-Sachs' presentation: DHWS has awarded 21 summer research program grants to increase the pipeline from underserved communities.

Information from the geopmapping tool has been leveraged to engage research-minded individuals from MSIs to experience VA as a research and training environment.

### **Closing Remarks**

Dr. Hildreth and Dr. Bowman thanked members for their active participation and encouraged their ideas on topics for future meetings

The meeting adjourned at 2:45 PM.

**Prepared By:** Larissa Emory, Designated Federal Officer, NAAC



**Certified By:** James E.K. Hildreth, PhD, MD, Chairman, NAAC

## **Appendix A: Attendance Records**

### **Council members present:**

Susan Bakewell-Sachs, PhD, CRNP, Vice President (Nursing Affairs) and Dean, School of Nursing, Oregon Health and Science University; Marjorie A. Bowman, MD, MPA (Ex-Officio), Chief Academic Affiliations Officer, Office of Academic Affiliations; John A. Brandecker, MBA, MPH (Ex-Officio), Network Director, VA Sierra Pacific Network, VISN 21; Eric Elster, MD, FACS, FRCSEng (Hon.), CAPT, MC, USN (Ret.), Dean, School of Medicine, Professor of Surgery, Uniformed Services University (Ex-Officio); Arthur Evans, Jr., PhD, Chief Executive Officer and Executive Vice President, American Psychological Association; David D. Henderson, MD, Associate Professor and Chair, Department of Family Medicine and Associate Dean, Multicultural and Community Affairs, Connecticut School of Medicine; James E. K. Hildreth (Chair), PhD, MD, President and Chief Executive Officer, Department of Internal Medicine, Meharry Medical College; Maga Jackson-Triche, MD, MSHS, Assistant Vice Chancellor and Health Executive Advisor for Diversity, Equity, and Inclusion (DEI), University of California San Francisco; Meredith Wallace Kazer, PhD, CNL, APRN, A/GNP-BC, FAAN, Dean and Professor, Fairfield University School of Nursing; Christopher J. Loyke, DO, FACOFP, Dean and Chief Academic Officer, Lincoln Memorial University–DeBusk College of Osteopathic Medicine (LMU-DCOM); Christopher Robinson, MS, MBA, CPO, ATC, FAAOP(D), Clinical Resource Director, The National Commission on Orthotic & Prosthetic Education, Assistant Professor of Physical Medicine and Rehabilitation, Northwestern University's Prosthetics Orthotics Center; Anthony M. Stazzone, MD, MBA, FACP (Ex-Officio), Network Chief Medical Officer, VA MidSouth Healthcare Network, VISN 9; and Alison J. Whelan, MD, Chief Medical Education Officer, Association of American Medical Colleges (AAMC).

### **Council members unable to attend:**

Deborah German, MD, Vice President for Health Affairs, Founding Dean, University of Central Florida College of Medicine; Paul Jung, MD, MPH, FACPM (Ex-Officio), Captain, United States Public Health Service (USPHS), Director, Division of Medicine and Dentistry, Health Resources and Services Administration (HRSA); Irving L. Kron, MD, Professor and Chair, Department of Surgery, University of Virginia; Thomas P. O'Toole, MD, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Operations, VA; Kelly R. Ragucci, PharmD, FCCP, BCPS, Vice President, Professional Development, American Association of Colleges of Pharmacy (AACP); Elena V. Rios, MD, MSPH, FACP, President and Chief Executive Officer, National Hispanic Health Association.

### **VHA Staff attending (all are OAA staff unless specified otherwise):**

John Byrne, DO, Director, Medical and Dental Education; F. Alex Chiu, PhD, Senior Scientific Program Officer, Research Facilities, ORD; Larissa A. Emory, PMP, CBP, MS, Management and Program Analyst (Designated Federal Officer for the NAAC); Paul B. Greenberg, MD, MPH, Deputy Chief Academic Affiliations Officer; Larkin Harris, Business Operations Manager; Jeannie Howard, Management Analyst; Tonya Lobbestael, Public Affairs Officer (Alternate Designated Federal Officer for the NAAC); Nellie Mitchell, MS, RHIA, Program Analyst; Erin Patel, PsyD, ABPP, Acting Chief, Health Professions Education; Karen M. Sanders, MD, Senior Advisor; Edward Walton, MD, Director, Medical Informatics Unit.

**Other VA Attendees:**

Jelessa M. Burney, Program Specialist, Advisory Committee Management Office.

**Members of the Public attending:**

Julie Crockett, Director, American Association of Colleges of Osteopathic Medicine (AACOM); M. Roy Wilson, MD, President, Wayne State University.