

July 13, 2016

The Honorable Robert A. McDonald
Secretary, U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald:

It is with great pleasure that I submit the minutes from the National Academic Affiliations Council's (NAAC) meeting held on May 5 – 6, 2016 in Washington, DC.

The Council commends VA's dedication to bolstering external relationships with the academic community. As evidenced by our face-to-face meeting in May 2016, the Council sought to strengthen its advisory role by enhancing communication with Veterans Service Organizations and Congressional staff.

The Council also had the pleasure of meeting with the Under Secretary of Health, Dr. David Shulkin, who took the opportunity to summarize his priorities for the Veterans Health Administration. Finally, I would draw your attention to the concern expressed by the Council regarding implementation of enhanced IT security measures in the absence of appropriate safeguards for patient care or the academic mission.

In order to further strengthen VA's national leadership in health professions education, the Council makes the recommendations contained in the attached minutes.

We look forward to your feedback.

Sincerely,

A handwritten signature in blue ink, appearing to read "Malcolm Cox".

Malcolm Cox, MD (Chair)
VA National Academic Affiliations Council

Enclosure

CC: David J. Shulkin, MD

**Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for May 5-6, 2016**

**Office of Academic Affiliations
1800 G Street NW, Suite 870
Washington, DC 20006**

The National Academic Affiliations Council (NAAC) met face-to-face on May 5-6, 2016. A quorum was present, affording the Council the opportunity to conduct normal business.

Council members present: Malcolm Cox, MD, (Chair), Retired Federal Executive, Department of Veteran Affairs; J. Lloyd Michener, MD, Chair, Department of Community and Family Medicine, Duke University School of Medicine; Stephen Shannon, DO, MPH, President and Chief Executive Officer, American Association of Colleges of Osteopathic Medicine; Jacqueline Maffucci, PhD, Research Director, Iraq and Afghanistan Veterans of America; Doreen Harper, PhD, RN, Dean, School of Nursing, University of Alabama at Birmingham; Eileen Breslin PhD, RN, FAAN, President, American Association of Colleges of Nursing (AACN); Lucinda Maine, PhD, RPh, Executive Vice President and Chief Executive Officer, American Association of Colleges of Pharmacy (AACP); Edgar Colon Negrón, MD, FACR, Dean, School of Medicine, University of Puerto Rico; Robert L. Jesse, MD, PhD, (Ex-Officio), Chief Academic Affiliations Officer, Department of Veteran Affairs; Michael F. Mayo-Smith, MD, MPH, (Ex-Officio), Network Director, New England Healthcare System (VISN 1), Department of Veterans Affairs (via phone); and Candice Chen, MD, MPH (Ex-Officio), Director, Division of Medicine and Dentistry, HHS Bureau of Health Workforce, Health Resources and Services Administration (HRSA).

Council members unable to attend: Kavita Patel MD, MS, Nonresident Senior Fellow and Managing Director of Clinical Transformation at the Center for Health Policy, Brookings Institute, Washington, DC; Paul Cunningham, MD, Dean and Senior Associate Vice Chancellor for Medical Affairs, East Carolina School of Medicine; Arthur Kellermann, MD, MPH (Ex-Officio), Dean, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences (USUHS).

VHA Office of Academic Affiliations staff attending: Stephen K. Trynosky, JD, MPH, MMAS, Staff Assistant (Designated Federal Officer for the NAAC); William J. Marks, Jr., MD, MS-HCM, Chief, Health Professions Education; Karen M. Sanders, MD, Deputy Chief Academic Affiliations Officer; Kenneth Jones PhD, Director, Associated Health Education; David Latini, PhD, LGSW, Management Analyst, Associated Health Education; Debbie Hettler, OD, MPH, Clinical Director, Associated Health Education; and Christy Clary, MSW, Health System Specialist, Medical & Dental Education.

VA and VHA staff attending: David A. Shulkin, MD, Under Secretary for Health Veterans Health Administration, Department of Veterans Affairs; Jeffery Moragne, Director, Advisory Committee Management Office, Department of Veterans Affairs; Raya Bahrami, Program Specialist, Office of Congressional and Legislative Affairs; Joan Delacoudray, Program Specialist, Office of Congressional and Legislative Affairs; Susan Kelly, Congressional Relations Officer, Office of Congressional and Legislative Affairs

Guest Presenters: Rick Weidman, Executive Director of Government Affairs, Vietnam Veterans of America; Carl Blake, Associate Executive Director Government Relations, Paralyzed Veterans of America; Garry Augustine, Executive Director, Disabled Veterans of America; Carlos Fuentes, Senior Legislative Associate, Veterans of Foreign Wars; Lee Footer, Professional Staff Member House Veterans' Affairs Committee (Minority Staff); Hillary Dickinson, Research Assistant, Subcommittee on Health; House Veterans' Affairs Committee (Majority Staff); Samantha Gonzalez, Professional Staff Member, Subcommittee on Health; House Veterans' Affairs Committee (Majority Staff); Elizabeth Austin, M.Litt., PhD, Professional Staff Member Senate Veterans' Affairs Committee (Minority Staff); Jill Center, DrPH, Government Accountability Office Detailee Senate Veterans' Affairs Committee (Minority Staff); Amy Centanni, Investigative Counsel, Subcommittee on Oversight and Investigations, House Veterans' Affairs Committee (Majority Staff).

Members of the public attending: Julie Crockett, Federal Regulatory Affairs, American Association of Colleges of Osteopathic Medicine; Matt Shick, JD, Director, Government Relations and Regulatory Counsel, Association of American Medical Colleges; and Judith Mun, Government Relations Manager, Association of Colleges of Osteopathic Medicine.

Court Reporter: Art Miller & Associates Staff/Contract

I. Welcome and Introductions

Dr. Cox called the meeting to order at 9:00 am EST and conducted the roll call of the NAAC members. All NAAC members and guests introduced themselves.

Dr. Cox asked the Council to consider two major factors in today's meeting: the importance of the academic community's contributions to the VA; and how NAAC expertise, collectively and individually, can assist VA.

Dr. Cox asked for any additions to the agenda either for this meeting or future meetings. The NAAC members had no additions at this time.

II. Veteran Service Organization: The Veteran Perspective

Rick Weidman, Executive Director of Government Affairs, Vietnam Veterans of America (VVA); Carl Blake, Associate Executive Director Government Relations, Paralyzed

Veterans of America (PVA); Garry Augustine, Executive Director, Disabled Veterans of America (DVA); Carlos Fuentes, Senior Legislative Associate, Veterans of Foreign Wars (VFW) provided overviews on their specific Veteran Service Organizations as well as the Veteran perspective on academic engagement with Veterans healthcare.

Discussion:

Dr. Cox acknowledged the importance of the relationship between VA and the Veterans Service Organizations (VSOs), apologized for the oversight of not inviting them earlier to provide their perspectives at a NAAC meeting, and emphasized that the VSOs were welcome to attend future meetings. Dr. Cox explained the role of the NAAC, which is to present recommendations to the VA Secretary regarding academic issues.

VSO members outlined their roles in educating the private and public healthcare communities about academic partners and their role in caring for Veterans. VVA created a Veterans Health Council (VHC), which focuses on preventive healthcare. Richard Weidman, VVA, invited all the NAAC members to attend the VHC quarterly meetings. In addition, Mr. Weidman reviewed the VHA Military Pocket Guide, which outlines how to ask the right questions when evaluating Veteran patients. He emphasized the importance of having these questions integrated into health professions curricula.

Dr. Cox noted that the VHA Military Pocket Guide is produced by OAA and widely distributed to interested parties on an annual basis. He also mentioned that Dr. Sanders had recently published an article in the scientific journal *Academic Medicine* that addresses the importance of the “Veteran history”, and asked Mr. Trynosky to circulate copies to the NAAC members and VSO representatives. Dr. Sanders noted that she currently leads a team of VA, military and private sector clinicians assembled by the national Board of Medical Examiners (NBME) to ensure that Veteran-centric questions are added to the United States Medical Licensing Exam (USMLE).

VSO and NAAC members discussed the new Veterans Choice Program. VSO members felt strongly that VA needed to educate Veterans on billing issues, community options, and how to obtain care both inside and outside the VA. There are concerns about giving Veterans a new Choice card and sending them into the community without a full understanding of the process. Choosing healthcare should be a collaborative effort between clinicians and their patients.

VSOs acknowledged that VA requires outside healthcare partners, as VA cannot provide all the care, all the time; however, their members have concerns about the Veterans Choice Act’s potential to erode institutional and academic relationships, the education of the future healthcare workforce, and VA’s research and development activities.

NAAC members voiced their appreciation of the VSO leadership engagement in the Council meeting. Council members agreed that health professional education licensing, certification and credentialing exams should include Veteran-centric questions.

Recommendation 1:

The Council notes that the nation's academic health centers and health professional schools have been an integral and indispensable component of VA's health care system, providing a significant fraction of VA's clinical workforce as well as ready access to expertise that would be unavailable in the absence of this innovative public-private partnership. It is imperative that curricula reflect understanding of Veteran illness, injury and disease so that all providers, within or outside VA, have this understanding. Accordingly, the Council endorses the inclusion of Veteran-centric questions on all US health professions licensing, certification, and credentialing exams.

III. Congressional Staff Panel

Dr. Cox welcomed the Congressional Staff Panel Members to the NAAC Council meeting, provided an overview of the role and responsibility of the Council as well as its current priorities, and emphasized the importance of continued collaboration between the VA and its academic affiliates.

Discussion:

The Congressional Staff sought clarification on the precise definition of "graduate medical education", and how other health professional training is categorized. Dr. Cox explained that graduate medical education is but one part of medical education and that VA has formal relationships with more than two-dozen other health professions, all of which are critical to the provision of high quality health care to Veterans. Focusing attention and resources on graduate medical education alone is insufficient.

Congressional staffers were interested in learning more about how the new Veterans Choice Program and the associated tiered networks could impact VA academic partners and future healthcare for Veterans. The NAAC members took the opportunity to educate the Congressional Staff on the value of the educational relationship between academic affiliates and VHA, as well as the potential risk to Veteran care, health professional education and biomedical research if these programs are weakened. The importance of academic affiliates' inclusion in the new Choice Program's core network, the development of innovative Joint Ventures with the academic community, and the danger of conflicting regulations and restrictions that impede VA's ability to partner with non-VA health care systems were all noted.

IV. Updates on Key Issues

(a) VACAA Graduate Medical Education Expansion

Dr. William Marks provided a synopsis of the implementation of the Veterans Access, Choice, and Accountability Act (VACAA) Graduate Medical Education (GME) Expansion Plan.

Status Update:

VACAA allows for the Department of VA to add up to 1,500 new graduate medical education positions to the existing resident pool over five years. VA does not act alone in resident education, but in partnership with accredited academic affiliate program sponsors.

There have been three rounds of the VACAA GME enhancement to date. During rounds I and II, 372.2 GME positions were approved and awarded. Round I & II of the expansion also included Infrastructure Grants, which were awarded to 17 VA Medical Centers totaling \$9.6 million in funding.

Round II of the expansion included Educational Planning Grants, which were targeted at VA Medical Centers with few or no existing GME positions. Planning grants were awarded to 13 sites totaling over \$1.2 million in funding for salary support, training resources, and minor construction. This funding will allow these GME naïve sites to develop new GME programs in partnership with academic affiliates.

Round III was released on April 15, 2016 and closes on July 1, 2016.

OAA VACAA outreach has resulted in twenty-one engagements with Congressional staff from three committees and an array of visits to individual Member offices.

Discussion:

The need for new residency slots across the United States is steadily growing; VA is the only federal payer increasing GME funding at this time. There are several challenges to implementing new residency programs: clinical capacity, new models of training, housing for residents, teaching space, and other infrastructure needs.

Dr. Cox reminded NAAC members that an already existing NAAC recommendation addresses the need for the new VACAA GME positions to be included in the regular (non-VACAA) VA budget going forward. OAA is providing aggressive attention to the VACAA program and legislation.

Recommendation 2:

Given the importance of clinical workforce expansion and redesign to the reform of VA's health care system, the Council recommends that VA provide all necessary resources for the full implementation of the VACAA GME program; this should include funding for faculty development.

(b) Joint Ventures with Academic Affiliates

Dr. Michael Mayo-Smith, the VISN 1 Director, provided an update on the Joint Venture efforts within his Network.

Status Update:

The NAAC has followed VISN 1's Joint Venture proposals for several years, in the hope of meeting the access needs of Veterans in more innovative, flexible, and creative ways.

The VA Secretary and Under Secretary for Health recently met with the University of Massachusetts leadership to explain the challenges and barriers in moving forward with their proposed Joint Venture in its current state. The Office of General Counsel has advised VISN 1 that Joint Ventures may move forward under the auspices of a revocable license rather than a lease. Currently, there are two final bidders in the process for the VISN 1 Joint Venture.

Discussion:

Drs. Mayo-Smith and Sanders have made recommendations to the Office of General Counsel on possible legislative language that would allow future Joint Ventures to occur. Proposed legislative language also exists that would enable sole source leasing arrangements.

(c) PIV Cards and Trainees

Dr. Karen Sanders provided an update on the recent issues involving trainees and the required Personal Identification Verification (PIV) Card to access VA networks.

Status update:

VHA is considered to have a 'high' security level rating under the Federal Information Security Management Act (FISMA) due to requirement to protect Veteran health records. In order to ensure that access to VA networks occurs with the most secure technology, the VA Office of Information and Technology (VA OIT) is enforcing the use of two factor authentication, preferably with a Personal Identity Verification Credential (PIV or Non PIV card). PIV card use will be enforced on a schedule across all VISNs and offices starting later this summer.

In late April and early May, a single OIT region enforced PIV card usage as part of the rolling enforcement schedule for supervisors and "affiliates" only. Unfortunately, even in this limited geographic area, many hundreds of physician residents were cut off from Veteran health record access and could not check lab results, x-ray results, or put in orders for prescriptions. This single region experiment highlighted the apparent lack of readiness for more widespread roll out.

Another lesson learned from this enforcement program was that PIV Only Authentication (POA) is a one way switch and cannot be easily undone. Weeks after this regional implementation, many residents were still unable to gain access except by individually calling the national help desk to restore username/password capability.

In fact, nearly 100 applications within VHA are not even compatible with PIV cards so permanent exemptions will need to be given.

Recommendation 3:

The Council is extremely concerned with the current information technology system failure and the number of employees, trainees and contractors affected. The transition to a more secure IT system, which is not only secure but also readily accessible for patient care and trainee education, will require thoughtful and conjoint planning between VA OIT, VA Office of Security and Preparedness (VA OSP), OAA, and other VHA Offices (10N, 10P, 10A). The Council strongly advises that a collaborative governance structure/implementation workgroup oversee this and other clinical IT system implementations.

Recommendation 4:

To ensure that accessible healthcare, trainee education and biomedical research move forward in the current security environment, the Council recommends the appointment of a Chief Clinical Health Informatics Officer with both clinical and information technology expertise to effectively advocate for clinical care, education and research within the realm of heightened information security.

V. New Veteran Choice Program: A View from Leadership & the Impact on Academic Affiliates

Dr. David Shulkin, Under Secretary for Health, provided an overview of his top five priorities for VHA and listened to concerns from the NAAC Council.

Status Update:

Dr. Shulkin reviewed his top five priorities for VHA. These include: fixing the access crisis, developing a high performing network, focusing on employee engagement, dissemination of best practices, and earning the trust and confidence of the Veterans VHA serves.

Dr. Shulkin emphasized the importance of academic partners collaborating with VHA to assist with recruitment, hiring, training, employee engagement, and disseminating best practices. He shared his interest in developing a national public affairs marketing plan to share the positive work being accomplished in the VA.

Discussion:

The Council shared their concerns about the recent POA enforcement activity and the resulting challenges to patient care operations and patient safety. The Council was particularly concerned with the lack of an emergency back-up plan to deal with the ensuing systems failure. Council members requested that Dr. Cox summarize these concerns in a written letter to Dr. Shulkin (attached).

Dr. Shulkin requested continued support from the academic partners attending the NAAC meeting, to include advertisement of high-level leadership positions across VHA and VA.

VI. Public Comment

Dr. Cox opened the floor for public comments/questions. There were no comments or questions and the meeting was adjourned at 4:00pm eastern.

Day Two: May 6, 2016

Day two of the NAAC Council was called to order at 9:00am eastern on May 6, 2016.

I. Veterans Equitable Resource Allocation (VERA) Update

Dr. Sanders provided an update on the Veterans Equitable Resource Allocation (VERA).

Status Update:

The Veterans Equitable Resource Allocation (VERA) is the method by which funding is calculated within the Veterans Health Administration for Veteran Integrated Service Networks (VISN) and medical centers. Funding is based on patient workload and acuity. There are two indirect streams of funding within the VERA model for support of education and research. The VERA education funding model is currently based upon the number of funded physician resident trainees at a particular VA facility.

In recent years, VA has greatly expanded its trainee cohort to include non-physician trainee positions (i.e., nursing and associated health). OAA is researching different VERA funding models to ensure an equitable distribution of resources based on overall trainee growth. The goal is to encourage VA medical centers to continue educating non-physician trainees by ensuring that the indirect education supplement takes into account the resource requirements of both physician and non-physician trainees.

In FY2016, OAA developed a new indirect funding model which accounts for the prior years' percentage of GME and Non-GME position costs. A per unit cost is then calculated based on the number of GME and Associated Health/Nursing trainee positions per site.

The new proposal was submitted and approved by the National Leadership Council's (NLC's) Healthcare Delivery Committee. The proposal was then presented to the VA Financial Committee and tabled for certain questions to be answered. Dr. Sanders and Dr. Mayo-Smith will be attending the Finance committee to explain the rationale and calculation in more detail. Pending approval it would then go to the National Leadership Council for final review and approval.

Discussion:

The Council supports a broader allocation formula, which recognizes the increasing importance of interprofessional education and collaborative care. The Council requests feedback on the adoption and implementation of the model at its next meeting.

II. Deferred Action for Childhood Arrivals Expansion (DACA) Update

Dr. Sanders provided an overview of how citizenship status affects trainees in VHA programs.

Status Update:

OAA and VA Medical Centers have received inquiries from medical schools, residency program sponsors, and organized medicine concerning future rotational assignments for trainees affected by the Deferred Action for Childhood Arrivals (DACA) policy. This policy affects children whose parents took them into the United States illegally while they were young. It waives deportation for these young adults, even without legal citizenship. Some of these individuals are now in medical school and may rotate to facilities in the federal government health care system, including VHA.

In prior years, the Office of General Counsel opinion was that trainees affected by DACA were not eligible to rotate to the VA. OAA has advocated for change, and OGC has released a new informal opinion that allows these rotations. Medical Center Directors now have the authority to appoint DACA trainees to their facility for a rotation. In addition, the Trainee Qualifications and Credentials Verification Letter (TQCVL) must reflect DACA status during on-boarding of the trainee and follow other specifications as exist for non citizen residents and students.

Discussion:

Drs. Shannon and Prescott offered to disseminate the new DACA guidance through the Federation of Associations of Schools of the Health Professions.

III. Advisory Committee Management Office

Mr. Jeffrey Morange, Director, Advisory Committee Management Office, provided an overview of the Federal Advisory Committee Act and the roles and responsibilities of the NAAC Council.

Status Update:

The Federal Advisory Committee Act (FACA) is a federal statute which governs the establishment, management and termination of federal advisory committees (FAC). FACA applies to all groups with at least one non-Federal employee established or utilized by an agency to obtain advice or recommendations, unless an exception applies.

In order to have an established FAC, the following must exist: a signed/filed charter, a Designated Federal Officer with authority to convene meetings, publically announced, open meetings, balanced membership, and records maintained and available for public inspection.

Per VA policy, members are requested to complete a maximum of two-years as a committee member with one renewal allowed. Members can only serve on one VA federal advisory committee at a time.

Discussion:

All NAAC Council members have received the Federal Advisory Manual as well as a copy of the NAAC charter.

IV. Recommendations, Wrap-Up, and Public Comments

Dr. Cox led a discussion on highlights from the NAAC meeting and possible recommendations. Dr. Cox opened the floor for public comments. No comments were made.

Dr. Cox adjourned the meeting at 11:30pm on Friday, May 6, 2016.