Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for March 31, 2015 – April 1, 2015

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

The National Academic Affiliations Council met on March 31, 2015 – April 1, 2015 at the Office of Academic Affiliations in Washington, DC. 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; Claire Pomeroy, MD, MBA, President, Albert and Mary Lasker Foundation; Deborah Trautman, PhD, RN, Chief Executive Officer, American Association of Colleges of Nursing; 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; Darrell Kirch, MD, President and Chief Executive Officer, Association of American Medical Colleges; David M. Irby, PhD, Professor of Medicine, University of California San Francisco School of Medicine; Paul Cunningham, MD, Dean and Senior Associate Vice Chancellor for Medical Affairs, East Carolina School of Medicine; Doreen Harper, PhD, RN, Dean, School of Nursing, University of Alabama at Birmingham; 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.

Council members unable to attend: Norman B. Anderson, PhD, Chief Executive Officer, American Psychological Association; Risa Lavizzo-Mourey, MD, President and Chief Executive Officer, Robert Wood Johnson Foundation.

VHA Office of Academic Affiliations staff attending: William J. Marks, Jr., MD, Chief, Health Professions Education, (Designated Federal Official for the NAAC); Karen M. Sanders, MD, Deputy Chief Academic Affiliations Officer; Barbara Chang, MD, Director, Medical & Dental Education; Kenneth Jones, PhD, Director, Associated Health Education; Mary Dougherty, PhD, MBA, RN, Director, Nursing Education; Christopher T. Clarke, PhD, Chief Administrative Officer; Debbie Hettler, OD, MPH, Clinical Director, Associated Health Education; Joanne Pelekakis, Health Systems Specialist, Medical & Dental Education; Alicia B. Bates, MEd, Program Analyst, Health Professions Education; Steve Trynosky, Staff Assistant.

VA and VHA staff attending: Karen Ott, DNP**,** Office of Nursing Service; Raymond Frazier, VHA National Center for Ethics in Health Care.

Guest Presenters: Sloan D. Gibson, Deputy Secretary, Department of Veterans Affairs; Baligh Yehia, Senior Health Advisor, Office of the Secretary of Veterans Affairs; Gina Capra, MPA, Director, Office of Rural Health, Department of Veterans Affairs; Thomas Klobucar, Deputy Director, Office of Rural Health, Department of Veterans Affairs; Timothy O'Leary, MD, MBA, Chief Officer, Research and Development, Department of Veterans Affairs; Holly Birdsall, MD, PhD, Deputy Chief Officer, Research and Development, Department of Veterans Affairs; Mary O'Neil Mundinger, DrPh, Dean Emerita, Faculty of Nursing, Columbia University.

Members of the public attending: Kathleen Klink, M.D., Robert Graham Center; Matthew Shick, Association of American Medical Colleges; Ashley Walton, J.D., American Society of Anesthesiologists; Alegneta Long, American Association of Colleges of Osteopathic Medicine (AACOM); Judith Mun, AACOM; Pamela Murphy, AACOM; Mary-Lynn Bender, AACOM; John Robinson, AACOM; Gloria Romanelli, J.D., American College of Radiology.

I. Welcome and Introductions

Dr. Marks opened the meeting with the introduction of Steve Trynosky, Staff Assistant, Office of Academic Affiliations (OAA) as the incoming Designated Federal Officer for the NAAC, effective June 2015.

Dr. Cox welcomed the Council members, guest speakers, and public guests.

II. Prior Meeting Recommendations & Action Plans

Dr. Sanders and Dr. Marks provided a status report of the Council's recommendations and associated actions from July 2014 to January 2015.

A. NAAC Joint Ventures Subcommittee

NAAC Meeting	Recommendation	Status	Action
February 2012	*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.	On-going	The NAAC Joint Ventures Subcommittee has been created and is actively engaged in enhancing partnerships with the academic community.

*Dr. Mayo-Smith was excused from the October 2014 meeting and his update on this item was deferred to the March 2015 meeting.

Status Update:
Dr. Mayo-Smith provided a status report of his VISN's current joint venture proposals and the obstacles impacting these strategic partnerships and alliances.

VISN 1 is pursuing the following joint ventures:

1) University of Massachusetts (UMass) Medical School and VA Central Western Massachusetts Healthcare System (VA CWMHS) Lease Agreement – The UMass Medical School and the VA CWMHS are seeking a joint venture in which UMass would construct a new building on their own campus and allow the VA CWMHS to lease clinical space from UMass to increase access and capacity to Veterans within the Worchester, MA catchment area. The venture would enhance UMass and VA academic interaction and expand specialty care services for Veterans. However, due to the scope of the potential lease agreement, Congressional authorization is required. The joint ventures proposal is currently awaiting approval by VA Central Office.

2) Maine Medical Center (MMC) and Togus/Portland Building Lease Agreement – The VA Maine Healthcare System (Togus) is seeking a joint venture with the Maine Medical Center in Portland, ME to expand access to Veterans within the Portland catchment area. The proposal is still under development but faces similar issues as with the UMass proposal.

3) University of Vermont and White River Junction VAMC Lease Agreement – The White River Junction VAMC is pursuing a joint venture with the University of Vermont College of Medicine. The proposal is still under development but faces similar issues as with the UMass and MMC proposals.

Sole source contracting difficulties continue to challenge joint ventures with the academic community. To address these barriers, VA has convened a committee comprised of VHA Contracting subject matter experts (SMEs) to determine how best to restructure the existing contracting policy and develop an informed and systematic process that would eliminate barriers and delays in the contracting process. The committee is drafting a memorandum to the Interim Under Secretary for Health to identify the most significant areas requiring modification.

Council Discussion:
The Council applauded Dr. Mayo-Smith for pursuing novel joint ventures, while acknowledging the many challenges and barriers.

Recommendation 1:
The Council took note of VA's Blueprint for Excellence and stressed the value of academic partnerships in order for VA to most effectively accomplish its mission. The Council recommends that VA pursue new joint ventures with academic partners (schools of medicine and nursing, academic health centers, and others) to enhance Veterans' access to care while enriching health professions education and research. Several examples of such joint ventures are newly underway in VISN 1 (and elsewhere), and the Council recommends that VA actively facilitate their development by exploring regulatory, policy and legislative relief.

B. Indirect VERA Allocation

NAAC Meeting	Recommendation	Status	Action
July 2014	The Council is pleased that VA recognizes the indirect costs of education through an "educational supplement" to the VERA allocation. However, it is concerned that the formula for calculating and distributing the educational supplement is solely dependent on the number of physician residents assigned to a facility. The Council recommends that VA explore reconfiguration of the VERA indirect formula to include all trainees at a facility.	Open	A workgroup of the VHA NLC Healthcare Delivery Committee looking at VERA educational indirect funding formulas was constituted in the second quarter of 2014.

Status Update:
Pursuant to the July 2014 NAAC recommendation, VA is proposing a new model for determining the Veterans Equitable Resource Allocation (VERA) funding of educational infrastructure. The new formula is based on the trainee stipends awarded to each medical center for all health professions education trainees for which stipends are provided rather than only GME trainees. The proposed plan would be to implement the new model in phases over 3 to 5 years to minimize any potential impact to facility budgets.

Council Discussion:
The Council supports the broader allocation formula, which recognizes the increasing importance of interprofessional education and collaborative care. However, some members expressed concern about how the new allocation formula might negatively impact VA support for GME. Accordingly, the Council suggested that the Chair undertake a review of the proposal and its expected outcomes, and that this analysis be brought back to the Council for further discussion at its next meeting. Further, the Council recommended that a communication plan be developed regarding the revised formula to ensure that the intent and consequences of the new model are well understood.

III. Veterans Access, Choice, and Accountability Act (VACAA) of 2014: Targeting Phase II

Dr. Jesse provided a synopsis of the implementation plans for Phase II of the VACAA Graduate Medical Education (GME) Expansion Plan.

Status Update:
Phase I of the VACAA GME Expansion Plan resulted in the award of 204 positions nationally and associated infrastructure funding for select sites. In the past months, OAA has conferred with the Office of General Counsel (OGC) to identify any latitude within the VACAA legislation regarding expansion of non-physician trainees and training programs. OGC confirmed that that VACAA funds could only be used to expand physician resident positions.

OAA has been allocated a total of 2.0 physician FTE to spearhead the national programmatic and operational components of VACAA directed GME expansion efforts, which will include a Family Medicine Physician (MD or DO) focused on outreach to the

family medicine academic community and an Osteopathic Medicine Physician (DO) focused on outreach to the Osteopathic Medicine community.

OAA is preparing to release Phase II of the GME Enhancement Plan in late Spring 2015 (with award notifications in the Fall of 2015 and base allocations determined by December 2015). Longer-term efforts consist of equipping GME naïve sites for successful implementation of GME programs in hopes of converting them to GME host sites in several years. Concerns regarding the successful conversion of these sites include education infrastructure issues, mechanisms for determining host-site eligibility, and affiliated medical school or academic medical center willingness. OAA is examining the feasibility of partnering GME naïve sites with knowledgeable, established VA GME sites to provide mentoring and facilitate a seamless transition.

Council Discussion:
The Council acknowledged the uncertainty of filling all VACAA-related GME positions because the affiliate-sponsored match process that is used does not guarantee that all students will be available for VA positions. Risks could include a number of unfilled positions and unobligated VACAA funding. The lag time in obtaining fill rate data to execute proactive measures to fill unused positions is especially problematic.

Additionally, the Council expressed concerns surrounding VACAA GME sustainment funding after the Congressionally mandated funding has ceased. OAA noted that they intend to request funding for VACAA positions in their annual Presidential budget submission. Dr. Cox reiterated that this concern about sustainment is already on record and that the NAAC supports the continuation of funding beyond 5 years.

IV. VA Advanced Fellowships: New Directions

Dr. Cully provided an overview of the Advanced Fellowships (AF) portfolio and discussed several challenges that impact AF programs, including:

a. Accreditation Council for Graduate Education (ACGME) accreditation. An unanticipated consequence of formal accreditation is that the program's mission and operations can be disrupted by stringent accreditation requirements. For example, interprofessional training may be relegated to a secondary priority. The challenge for AF programs converting to accredited GME programs is that sites must fully understand the GME accreditation process, including specialty-specific program standards and culture.

b. Portfolio Evaluation. To ensure AF programs continue to meet the ever-changing needs of Veterans and the Nation, the AF portfolio must be periodically evaluated to assure alignment with VA needs and priorities.

c. Nursing Recruitment. The AF nursing portfolio is unbalanced in comparison to GME and Associated Health fellowship opportunities. The lack of nursing AF programs is largely due to the pay differential that fellowship programs offer

nursing students as well as a more limited range of post-fellowship employment opportunities for nursing fellows.

d. Geographic, institutional and programmatic diversity. The AF portfolio must be actively managed to assure appropriate diversity in sites and programs.

Council Discussion:
The Council confirmed its support for a holistic evaluation approach to provide a more comprehensive score when assessing RFP responses. Rural sites in particular may need to be assisted in developing strong RFP responses and they may need to be scored on a separate scale to ensure participation.

The Council noted that the lack of nursing AF programs may be largely due to the lack of infrastructure funding for faculty protected time; thus infrastructure must be a mandatory component when developing new or enhancing established AF nursing programs.

Recommendation 2:
The Council acknowledges the significant contributions that VA makes each year to health professions education, including financial support of trainee stipends. Nevertheless, the Council is concerned that the lack of a robust educational infrastructure is limiting the ability of VA's central and field-based leadership to create and implement clinical education programs that serve many of the contemporary and future needs of VA. The Council recommends that VA identify mechanisms to fund critical education infrastructure requirements for specific VA educational initiatives. Two examples of new VA Advanced Fellowship programs lacking sufficient infrastructure are the Advanced Fellowship in Addiction Therapy and the Advanced Fellowship in Education Evaluation and Research.

V. Office of Rural Health: Collaborative GME Expansion Opportunities

Ms. Capra and Mr. Klobucar provided an overview of the Office of Rural Health's (ORH) challenges and opportunities.

The four goals of ORH are to: 1) promote health, 2) strengthen infrastructure; 3) generate and diffuse knowledge about rural health, and 4) inform health care policy that impacts rural healthcare delivery. ORH's health promotion activities are currently focused on the expansion of telehealth services to Veterans in rural areas as well as in their homes. Additionally, ORH is promoting Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) to expand access for chronic disease management in rural areas.

One of the most significant challenges ORH faces is an inadequate data system and the urgent need to reconfigure the existing system to include CBOC information for a comprehensive perspective of rural needs.

Council Discussion:
The Council discussed the gaps in rural health care and the need to conduct a comprehensive needs assessment and gap analysis to obtain a true indication of rural health workforce needs.

Recommendation 3:
The NAAC recommends that data systems be given priority in VA operating improvements. Employee and trainee personnel data systems are among many that require urgent attention and significant resources to make them viable in a 21st century health care system. The Council emphasizes that any reconfiguration must facilitate analysis, optimally at the level of the clinical microsystem, but at a minimum at the Community-Based Outpatient Clinic level. This will enable accurate statistics and inferences about rural workforce needs, turnover and satisfaction.

VI. Nursing Partnerships – Comprehensive Care DNP Programs

Dr. Sanders provided a background of the intent of the Doctor of Nursing Practice (DNP) proposal to expand advanced clinical nursing education in the VA.

Dr. Mundinger provided an historical account of the DNP road map from inception to the potential partnership opportunity with VA. Existing DNP degree programs have limitations due to the need to train students as skilled providers in the face of a shortage of expert nursing faculty. The proposal seeks to establish academic partnerships between VA and selected nursing schools in an effort to raise the program to a national level, build and sustain standards, create employment opportunities for DNP graduates, and build an advanced nursing workforce pipeline for the VA and the Nation. Currently, 300 schools are offering DNP programs but none use physician faculty and supervisors for both inpatient and outpatient training that is comparable to that provided physician residents.

Council Discussion:
The Council discussed potential challenges, including physician manpower issues and VA facility training capacity. While the Council supported the concepts on which the proposal is based, it recommended a small pilot project be conducted before further consideration is given to wider implementation. The Council requested that OAA work with Dr. Mundinger to develop an appropriate pilot proposal.

VII. The Honorable Deputy Secretary of Veterans Affairs – Remarks

The Honorable Sloan D. Gibson, Deputy Secretary of Veterans Affairs (DEPSECVA), expressed the critical importance of maintaining academic partnerships for VA in that they enhance the quality of care provided to Veterans. The DEPSECVA mentioned that one of the Secretary's goals is to identify areas where partnerships are no longer functioning at an optimal level and then repair or revitalize such relationships.

The Council emphasized the serious and pervasive problem of contracting policies and procedures, which significantly inhibit the implementation of innovative joint ventures with the academic community. The DEPSECVA noted VA's limited latitude to address contracting challenges in light of Federal Acquisition Regulations. However, VA is pursuing relief where possible, especially where the barriers result from departmental policy rather than statutory or government-wide regulations. The DEPSECVA confirmed his goal to reduce contracting barriers by inviting appropriate academic stakeholders to the table.

The Council also emphasized that the major barrier for training a new workforce is the lack of education infrastructure support and faculty development. The DEPSECVA supported the need for infrastructure support and stated that an investment must be made in this area.

VIII. Office of Research & Development: Partnership Opportunities

Dr. O'Leary discussed the Office of Research and Development's (ORD) challenges and barriers with regard to expanding research initiatives and partnership opportunities.

Dr. O'Leary noted the major challenges impacting ORD's ability to expand clinical trials and recruit and retain researchers, including workforce constraints that are outside ORD's purview or realm of influence; the need to recruit younger and non-physician researchers to remain a viable resource in VA; VA's inability to pursue and adopt joint funding models with other research entities and federal agencies (e.g., National Institutes of Health (NIH), Department of Defense, etc.); the lack of student loan repayment opportunities and incentives; and limited career development opportunities due to the lack of protected time for research activities.

Council Discussion:
The Council discussed potential opportunities to partner with ORD to ensure strategic alliances with the academic community are expanded or newly established to create avenues for innovation. A joint meeting with the Research Advisory Committee is planned for later this year.

IX. Public Comment

Dr. Uchendu, Chief, VHA Office of Health & Equity, commented on the need to diversify the VA workforce pipeline to reflect the needs of the Veteran community by increasing recruitment efforts directed to minority-serving Institutions.. Dr. Cox noted Dr. Uchendu's comment and welcomed further discussion on this topic at a future meeting.

Dr. Cox thanked the public guests for attending the Council meeting and extended an invitation to attend future NAAC meetings.

The next NAAC meeting will be held in June or September (by conference call) and in December 2015 (face to face meeting). OAA staff will be in touch concerning potential dates and times.

The meeting was adjourned at 12:43 pm ET.