Hi Karen;

Thanks for your response.

Several ideas include:

1. Re-emphasizing the importance of, and participation in regular academic affiliation partnership council meetings at the local level on a regular basis. The agenda should be standardized to ensure regular review and update on educational issues, recruitment efforts, contracting, joint-venture activities (if applicable), access, etc.

2. I don’t know if AAP is a topic covered regularly at VISN level leadership meetings, but if not, would be useful to have a placeholder on the agenda to discuss any ongoing issues, challenges, etc for the Dean’s facilities within each VISN

2. Explore greater cooperation and sharing of resources, processes, and pathways dealing with credentialling and privileging of shared faculty.
   a. Developing and facilitating a "single application" process that initiates CVO functions at both the AMC facility and the VA facility and interfaces well with existing systems (Vetpro, Cactus, others).

3. Explore additional opportunities to share essential common core training/competency requirements so as to avoid duplicate training (such as Blood Borne Pathogen modules, compliance training, HIPPA training, moderate sedation, etc). Training at one site could be accepted at another for many of these core modules/topics as long as both sites agree to appropriateness and rigorousness of each module.

4. Revisit the best way to contract, utilize/deploy shared faculty; especially in the scarce specialties. No one model has seemed to fit or work well for all specialties, so figuring out several methodologies to choose from that allow flexibility for each specialty, and ensure delivery of of high value service (high quality, efficient care) would be ideal. I believe there are real opportunities here to improve access to care.

5. Develop greater cross-pollination and participation of VA and AMC leadership and medical staff in shared forums to explore and problem solve shared service line-level operational challenges and best practices. An example would be something like a shared surgical services forum where developing similar tools, checklists, and standard work could be developed, schedules coordinated, team-skills emphasized, etc.

I am sure I will have additional ideas, and will pass those on as they come to me. Happy to discuss if that would be of value to you or I would be happy to meet with you when I travel to DC in early May.
for an ACS Board of Governors meeting. I remain open to assisting in any way I can. Thanks.

Dave

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From: Sanders, Karen M., MD (VHACO) [mailto:Karen.Sanders@va.gov]
Sent: Thursday, April 06, 2017 3:15 PM
To: David E Pitcher <DPitcher@salud.unm.edu>
Subject: [EXTERNAL] Academic Affiliations

Thank you very much for your thoughts. I would live to hear specifics about what could be better so the secretary knows what is most important to you.
Karen Sanders

-----Original Message-----
From: David E Pitcher [DPitcher@salud.unm.edu]
Sent: Thursday, April 06, 2017 04:17 PM Eastern Standard Time
To: Sanders, Karen M., MD (VHACO)
Subject: [EXTERNAL] Academic Affiliations

Dr. Sanders:
I am writing to you in response to Secretary Shulkin's letter to Academic Colleagues dated March 24, 2017 which was provided to me by our Chancellor and Dean, Dr. Paul Roth. By way of introduction, I am currently the Executive Physician for the UNM Health System and Senior Associate Dean for Clinical Affairs for UNM School of Medicine. I am also a practicing general surgeon and Professor of Surgery. From 1982 through 2002, I served in various roles as at our affiliated VA (Raymond G. Murphy VAMC) including as a student, resident, staff surgeon, Chief, Surgical Services, and I also served as Acting Chief of Staff for a one and a half year period. I am also a graduate of the VHA Health Care Leadership Institute. Thus, I have a long personal history and appreciation of the value of that Academic Affiliations Partnerships provide to our veterans, our healthcare educational systems and affiliated academic medical centers and learners, and our communities. However, I have also seen the negative impact on all of the above when these affiliated agreements are not working well or as intended. Thus, I would be very interested in helping out in any way I can to assist VA leadership with development of new ideas that enhance collaboration, access to care, create shared efficiencies for faculty and trainee hiring, vetting, training, contracting, credentialling, privileging, and elimination of wasteful duplication of services or FTEE for scarce specialty needs, etc. Please let me know how I can best help. Thanks.

Dave

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