

July 10, 2017

Malcolm Cox, M.D.
Chairman
National Academic Affiliations Council
C/o Stephen K. Trynosky JD, MPH, MMAS
Veterans Health Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington DC 20420

Dear Chairman Cox and Ladies and Gentlemen of the Council:

For more than 70 years, the Department of Veterans Affairs (VA) has played a very special role in advancing medical knowledge and the training of our nation's physicians and other health professionals in partnership with the academic community. As a medical student at Yale School of Medicine, I myself spent countless hours at the West Haven VA learning how to become a physician working with dedicated VA faculty members and staff and had the privilege to participate in and learn from caring for our nation's Veterans. So I can attest first hand about the tremendous value the VA brings to medical education in our country.

As history tells us, there is a significant amount of innovation that comes from both the VA and its academic affiliates. I am currently working with a group of academicians and several are based at academic institutions that are VA academic affiliates. One of the observations we wanted to bring to the attention of the National Academic Affiliations Council (NAAC) is that the relative speed of the translation of innovations from the VA academic affiliate 'bench top' or 'computer lab' to the 'bed side' is faster and more effective in the private sector than in the VA. To build on the strong history the VA has working with academic affiliates, we believe that this is a situation or issue that can potentially be improved through policy and thoughtful problem solving by committees like the NAAC and the leadership of the VA Office of Academic Affiliations.

Veterans would potentially benefit if the VA had a better defined and more efficient pathway to validate and deploy innovations developed by VA academic affiliates. Due to the challenges of bringing new innovations into the VA, even those that are evidence based and that have been validated with rigorous clinical study, Veterans, in many cases, are unable to access these innovations and any benefits they may offer as quickly as patients receiving their care in the private sector. While some may argue that this protects Veterans from new innovations that have not been around for decades and stood the test of time, there are many that would counter this argument saying that Veteran patients earned and deserve the same access to new healthcare innovations that non-Veteran civilian patients enjoy.

The reason for my correspondence today is that we would like to respectfully request that the NAAC weigh whether there is any merit to establishing a pathway to address some of the current barriers to translating innovations from VA academic affiliates into the VA. We believe this could accelerate the time it takes to bring new innovations in medicine and patient care from VA academic affiliates to Veterans and VA facilities. We would like to respectfully request that the NAAC consider whether new policy could potentially help with streamlining the process of partnering innovators (faculty) from VA academic affiliates – including faculty that are only at the affiliate that do not have a formal appointment with the VA – with VA stakeholders who

would serve in a role with a focus on helping the VA academic affiliates set up pilot implementation(s). If the Committee were to determine such a concept warrants consideration, other questions to be deliberated over might be how to implement or operationalize such new policy if it were to be created and which VA entities or stakeholders would be most ideal to involve in the 'onboarding' process for VA academic affiliates with innovations? For example, would it be best to involve the Office of Academic Affiliations, the VA Nonprofit Program Office via Veterans Nonprofit Research and Education Corporations, the VA Office of Research and Development, the VA Center for Innovation via their VA Innovators Network, the Veterans Engineering Resource Center or other VA stakeholders?

In Deputy Under Secretary Carolyn Clancy, M.D.'s recent testimony to the Senate Committee on Veterans' Affairs dated September 7, 2016, she shared some of the VA's achievements under the VA Diffusion of Excellence Initiative. She gave testimony about the VA's recent partnership with the YMCA, which she explained was an example of how the VA is sourcing and learning from the private sector, via the VA's Office of Community Engagement. Deputy Under Secretary Clancy explained that the VA's Office of Community Engagement developed a Memorandum of Understanding with the YMCA that allows VA facility staff to partner with YMCAs locally to expand and enhance services for Veterans in their communities and that in less than a year, 36 sites have been developed or are in the process of developing local partnerships. Could this be a model to emulate? The Diffusion of Excellence Initiative under the leadership of Deputy Under Secretary Clancy and Assistant Deputy Under Secretary Shereef Elnahal, M.D. is most certainly a very exciting effort within the VA to systematically diffuse operational best practices. While the initiative appears to be primarily focused on identifying best practices from within the VA and scaling them, perhaps the infrastructure in place via the Diffusion of Excellence Initiative could be leveraged to develop partnerships with VA academic affiliates with a focus on accelerating the piloting and potential scaling of new innovations from academia?

While arguments could be made that the VA has existing pathways to bring in innovations from VA academic affiliates, as a representative of a group of that includes faculty at VA academic affiliates, I can attest to the challenge of getting connected and the need to re-evaluate and update these procedures with ones that address the current disparity in time to VA adoption of innovations from VA academic affiliates as compared to the private sector. I would like to respectfully request that the NAAC consider ways to establish a more formal pathway for faculty from VA academic affiliates (non-VA employees) to get connected with and begin working with the VA. It would be ideal for there to be a clear entry point or point of contact to which VA academic affiliate faculty members can outreach to begin a discussion with the VA and via which the academic affiliate faculty members can begin to explore and establish plans for and subsequently move forward with pilots of new innovations. This would not only enable the validation of new innovations from VA academic affiliates within Veteran populations and thereby build on the VA's legacy of advancing medicine, but also likely would ultimately accelerate the adoption of new innovations by the VA should the innovations be validated to be effective within the Veteran patient population.

Thank you for your consideration of this matter.

Respectfully,



David LaBorde, M.D.
Managing Member