Written Statement
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On behalf of the Emory University Woodruff Health Sciences Center and School of Medicine, I am honored to present our perspective on reducing barriers to optimizing the critical relationship between academic affiliate institutions and the VA. We are fortunate to have an excellent collaborative relationship between Emory and the Atlanta VA Medical Center, and highly value the opportunity to serve the nation’s veterans. Indeed, we firmly believe that the 70-year history of VA affiliations with academic medical centers has brought tremendous benefit to ensuring veterans’ access to the breadth of clinical care, translational research aimed at improving patient outcomes, and educating the future workforce.

Background:
In response to Secretary Shulkin’s letter of March 24, 2017, we are pleased to engage in developing ways to further build upon the unique the partnership between the academic community and the VA. This testimony is further informed by our own experience of a highly positive partnership across the tripartite mission and the work of a 2015 Emory School of Medicine interdisciplinary task force on strengthening the Emory-VAMC relationship, for which I served as chair. This task force report identified synergistic collaborations in care delivery, practice quality improvement, quality education and teaching, and translational research of strong relevance to health matters impacting veterans. It further recommended enhanced collaborative administrative infrastructure, enhancements to research-related collaborations and communication platforms, expansion of new clinical training arenas in quality and preventative medicine, and efforts to enhance veterans’ care access and VA healthcare workforce planning. Yet several barriers to streamlining and furthering these collaboration priorities were also examined, including a growing burden of restrictive administrative and regulatory processes.

By way of context, the 2008 Report of the Blue Ribbon Panel on VA-Medical School Affiliations identified the priority of the VA and its academic partners to “develop local and regional VA-Academic Medical Center strategic alliances and/or joint ventures to provide comprehensive, cost-effective care for Veterans and their dependents, thereby modeling ways that the Nation’s health care system might be transformed.” Of several areas of action identified by this panel report, recommendations include: 1) acceleration of the clinical system redesign, 2) interoperability of the electronic health record, 3) increased investments in novel educational
programs toward preparing the future healthcare workforce, and 4) enhancing the translation of clinical research. Many of these priority goals remain relevant.

**Sole-Source Contracting**
While we understand the VA’s interest in and obligation to engage in competitive procedures in certain cases, sole-source contracting is essential for leveraging the benefit of academic affiliate institution-VA partnerships. Streamlining the ability of veterans to access the complex and tertiary care available within academic health centers should be an essential priority, and necessitates a more expedited and less cumbersome administrative process. Emory Healthcare’s expert physicians are highly committed to the needs of our Atlanta VA patients and are broadly enrolled as VA Choice providers.

**Talent and Workforce**
Workforce shortages continue to be projected. We have been highly successful in partnering with the Atlanta VA Medical Center in recruiting Emory faculty to provide care, perform critical teaching functions, and conduct research in areas of relevance to VA populations. Yet complex processes for recruitment and onboarding of VA employees can impede coordination of talent acquisition across the VA and academic affiliate institution.

The 2014 Veterans Choice Act authorized 1500 new GME positions targeted at filling needs in primary care and mental health. Corresponding increases in academic Medicare residency caps are needed as well.

**IT and Security**

*Access to Veteran’s Data for Research purposes*
Emory has increasing interest and expertise in big data science efforts to cull evidence to support best care delivery practices and optimized patient outcomes. Although the VA has a robust catalogue of data sources, [https://catalog.data.gov/organization/va-gov/](https://catalog.data.gov/organization/va-gov/), access to the data for clinical, innovation, and/or educational purposes can be difficult to obtain. The current path to access involves the use of the VA Informatics and Computing Infrastructure (VINCI) workplace, [https://www.hsrdr.research.va.gov/for_researchers/vinci/](https://www.hsrdr.research.va.gov/for_researchers/vinci/).

The ability to aggregate data from multiple data sets, particularly across different populations, presents the problem of where to store and analyze the data. By practice, identifiable VA data should remain on the VINCI infrastructure. However, in cases when an investigator wishes to include other patient populations within a study, importing sensitive non-VA data onto VINCI is cumbersome and limits the analytic tools available. VINCI has a set of common analytical tools, but these don’t include the breadth of available state-of-the-art research tools (e.g., Hadoop).

*Security Process*
We have experienced difficulty in navigating through the complex VA security process. Simple tasks such as requests to identify appropriate network subnets so we can ensure our network channels are secure may be challenging. As Emory moves its infrastructure and information systems to the Cloud, we find it difficult to get resolutions in a timely manner. As an example, Emory has moved to a new learning management system. Through this information system, faculty manage their educational coursework, and our students, including medical students and residents, work through their classwork. This particular vendor hosts its infrastructure within the Amazon Cloud, a trend we are seeing across multiple vendors. It has taken several months to complete the VA security documentation and determine whether or not our students and faculty based at the VA can access this new system. As education is a priority of our academic-VA partnership, such delays and uncertainties impede progress in this essential mission. Similar difficulties may be encountered in other collaboration platforms, including video conferencing that enables VA-based faculty and learners to participate in grand rounds and research seminars.

Thank you again for the opportunity to present this testimony to you on behalf of Emory University at this important time. Emory welcomes the opportunity to further work with the Department of Veterans Affairs in helping to assure that the American veterans benefit from the expertise, innovation, and educational resources within our academic community.