Department of
Veterans Affairs

Memorandum

Date: JAN 24 2019

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: National Academic Affiliations Council VHA Action Plan Response (00135572)

To: Secretary (00)

1. The National Academic Affiliations Council (NAAC) Federal Advisory Committee held their face-to-face meeting on September 17-18, 2018. The Council provided a variety of recommendations on matters affecting partnerships between VA and its academic affiliates.
2. Attached are the Council's recommendations, as well as VA's responses to those recommendations, pending your approval.
3. Should you have any questions, please contact the NAAC Designated Federal Official, Ms. Larissa Emory, Office of Academic Affiliations, at (915) 269-0465 or by email at larissa.emory@va.gov.

Richard A. Stone, M.D.

Attachment

Approve/Disapprove

Robert L. Wilkie

Robert L. Wilkie

3/14/19

Date

VA FORM 2105
MAR 1989

DEPARTMENT OF VETERANS AFFAIRS (VA)

Response to the National Academic Affiliations Council (NAAC) September 17-18, 2018, Recommendations

Recommendation 1: VA's Electronic Health Record Modernization (EHRM) project is critical to ensuring high quality care for America's Veterans. Fully incorporating the expertise and experience of VA's education and research communities, especially the existing experience of its academic partners with the Cerner platform, will greatly benefit this effort. Accordingly, the Council recommends the establishment of a NAAC subcommittee to provide input into the overall EHRM project; this expert panel should also include members from the National Research Advisory Council (NRAC), the Department of Defense, and academic affiliates with experience in large scale electronic health record adoption.

VA Response: Concur. A subcommittee designed to harvest critical learning from academic affiliates would be very useful in launching VA's own Cerner implementation and execution. VA supports the creation of a NAAC subcommittee to provide input from experts with experience in large scale electronic health record adoption and its impact on training settings.

Recommendation 2: The Council applauds the Diversity and Inclusion Subcommittee's June 2018 site visit to the VA Caribbean Healthcare System (VACHS) and the valuable report it provided on VA's robust academic affiliations network in Puerto Rico. In addition to VACHS' vital contribution to Veteran healthcare, the NAAC notes its unique role in public health more broadly in Puerto Rico. Based on the site visit team's observations and conclusions, the Council strongly recommends that VHA expand the unique training attributes in VACHS's vibrant educational culture to its other partnerships with minority serving institutions.

VA Response: Concur in principle. VA applauds efforts made to understand the intricacies of Veterans health care in Puerto Rico through VA Caribbean Healthcare System (VACHS). Puerto Rico and the Caribbean provide a rich cultural partner for training expansion. While highlighting VACHS contributions to diverse communities, VA supports efforts to expand and emphasize training opportunities in Puerto Rico and beyond.

Recommendation 3: The Veterans Healing Veterans Medical Access and Scholarship Program authorized by the MISSION Act (Public Law 115-182) has the potential to transform VA's pipeline of new physicians who are Veterans. However, the pilot is currently limited to a single entering medical school cohort, which will greatly limit its evaluation. The Council recommends that VA seek legislative relief to extend the pilot across at least four entering medical school cohorts and to additional medical schools. In the absence of such relief, the Council recommends that VA use existing scholarship authorities to extend the program's timeline.

VA Response: Concur in principle. VA understands the value of a rich data-set to properly evaluate the return on investment of the MISSION Act scholarship program for Veterans. With this in mind, the scope of the legislation does not afford enough time and breadth to determine value-added data to VA. However, VA must currently operate within the parameters of the legislative mandate while recommending an expansion through standard legislative proposal processes.

Recommendation 4: VA's large and groundbreaking telehealth program provides exciting opportunities for enhancing Veteran access to health care and for further developing inter-professional team based care. With this in mind, the NAAC recommends that VA:

a. **Promote a more integrated approach to its telehealth efforts and electronic health record modernization initiative to the greatest extent possible. This stronger integration is essential to streamline scheduling and maximize the rich data collected through telehealth platforms and prevent the fragmented delivery of care; and**

b. **Work with the organized health professions to convene an inter-professional expert body to more fully examine the implications of clinical telehealth programs for trainee education, including but not limited to the complexities of trainee licensure and supervision within and across states. The National Academy of Medicine may be a natural convener of such an expert panel.**

VA Response: Concur in principle. VA applauds the recognition of the importance of VA's telehealth program. To integrate telehealth efforts and the Electronic Health Record Modernization (EHRM) project, the development of the NAAC EHRM subcommittee will provide opportunities to marry cross-cutting principles. There is also value in convening an expert body to fully examine telehealth programs; the National Academy of Medicine would be the ideal convener for this panel. VA fully supports the efforts of governing bodies to advance telehealth programs.

Actions to Implement:

VA Action Plan						
Recommendation	**Lead Office**	**Other Offices**	**Tasks**	**Due Dates**	**Current Status**	**Contact Persons**
VA's EHRM project is critical to ensuring high quality care for America's Veterans. Fully incorporating the expertise and experience of VA's education and research communities, especially the existing experience of its academic partners with the Cerner platform, will greatly benefit this effort. Accordingly, the Council recommends the establishment of a NAAC subcommittee to provide input into the overall EHRM project; this expert panel should also include members from the National Research Advisory Council (NRAC), the Department of Defense, and academic affiliates with experience in large scale electronic health record adoption.	10X1	OEHRM	1) Create a NAAC subcommittee to provide input from experts with experience in large scale electronic health record adoption and its impact on training settings	2nd QTR, FY 2019	In Progress	Dr. Laura Kroupa, Acting Chief Medical Officer, Electronic Health Record Modernization Program Management Office; Dr. Karen Sanders, Deputy Chief Officer, Office of Academic Affiliations (10X1)