

**U.S. Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for December 6-7, 2017**

**VA Central Office
Sonny Montgomery Conference Center
810 Vermont Ave
Washington, DC 20420**

The National Academic Affiliations Council (NAAC) met face-to-face on December 6-7, 2017 at the VA Central Office. A quorum was present, affording the Council the opportunity to conduct normal business.

Attendance: See Appendix A

Day 1: December 6th, 2017

Council Chair Welcome

Dr. Cox called the meeting to order at 7:57am EST and welcomed Dr. Carolyn Clancy, Executive in Charge, Veterans Health Administration (VHA).

Dr. Cox formally welcomed Ms. Leslie Wiggins as a new ex-officio member of the Council. She is the Director of Veterans Integrated Service Network (VISN) 7 and brings a unique clinical and administrative career path to the NAAC. Dr. Cox further recognized that she can serve as an important conduit to the National Leadership Council (NLC) and VHA field leaders.

Dr. Cox also recognized Dr. Jaqueline Maffucci's resignation from the Council effective December 4, 2017. He asked that the minutes reflect his sincere appreciation and gratitude for her more than three years of service on the NAAC.

Finally, Dr. Cox announced the formal designation of Mr. John Duval as Council Vice Chair. Mr. Duval will assume the role of NAAC Chair effective October 1, 2018.

Welcome and Remarks from the Executive in Charge

Following a brief introduction, Dr. Clancy recognized the recent passing of Dr. Robert Jesse, Chief Academic Affiliations Officer (CAAO).

Dr. Clancy emphasized that several of VA's extramural partnership initiatives deserve special focus. The increased outreach to historically black colleges and universities (HBCUs) was described as an "imperative" and innovative partnerships with the National Institutes of Health have transformative potential. She further observed that while the term "veteran-centric" may roll off the tongue, it is a more complex aspiration to achieve given the diversity of America's veterans by age, demographics, and location.

VA's clinical education mission plays a central role in VA history as well as its prior and present modernization efforts. She asked the Council to consider two questions as they approach their work: 1) how do we promote a learning healthcare environment?; and 2) how do we promote learning?

Dr. Clancy acknowledged the delay in issuing a revised VHA Directive 1663, an area of long-standing concern to the Council. She hoped that the revised Handbook will allow a more risk-based approach to sole-source clinical contracting activities. She reiterated that VHA desires to work more closely with affiliates and remain at the forefront of medical education.

In response, Dr. Cox spoke first for the Council and noted that communication remains an issue of paramount importance. He suggested that the current organizational placement of the Office of Academic Affiliations (OAA) is internally ineffective because it reduces the visibility of VHA's statutory clinical education mission and affords OAA leadership only episodic interaction with senior VA officials.

Dr. Cox then commented on the Council's growing frustration with the lack of action by VHA in response to the NAAC's recommendations. He noted that in its brief tenure, the NAAC has made 69 separate recommendations to three VA Secretaries with little demonstrable reaction to those suggestions. Dr. Cox suggested that VA leaders may have an insufficient understanding of the unique contributions that affiliates bring to VA and Veteran health care.

Dr. South-Paul shared her experience in the University of Pittsburgh Medical Center system and noted that VA needs to incentivize communication between VA Central Office (VACO) and affiliates. She suggested that mere help desk queries to VA from its affiliates do not constitute effective long-term communication.

Dr. Kellermann conveyed the consensus within the Department of Defense (DOD) medical community that DOD needs increased access to VA's clinical caseload, particularly in surgery, in order to provide a suitable training and education platform for its medical personnel. He briefly discussed his desire to finalize the pending VA-DOD-United States Public Health Service (USPHS) memorandum of understanding that would allow VA to sponsor and fund USPHS medical students at the Uniformed Services University of the Health Sciences (USUHS), with subsequent obligated service to VA. He also noted DOD's recent success in seeking approval for a new Primary Care Technician occupational series in its Military Treatment Facilities (MTFs). Dr. Clancy commented on VA's own successful experience with the Intermediate Care Technician pilot program and added that it offers a tremendous opportunity to place experienced enlisted military medical personnel in patient care settings.

Dr. Clancy again expressed thanks to the Council for its continuing work and thoughtful recommendations.

Review of External Recommendations to VA on Academic Affiliations

Opening the discussion about the Council's 69 previous recommendations, Dr. Kellermann suggested that VA identify someone with expertise in qualitative analysis to find trends within the recommendations and identify 5-6 of the top issues that require VA attention at the highest

levels. Dr. Cox explained that the NAAC's public memo on VA transformation efforts in 2016 was an attempt to draw focus on the highest priority recommendations, but that it was an ad hoc effort that did not employ qualitative analytic methods. Mr. Duval shared that the Council must filter its recommendations through the application of three "forward looking" filters given recent turbulence within VA: relevant, not relevant, or somewhat relevant. Dr. Maine suggested the alignment of future recommendations with VA strategic priorities. Dr. South-Paul added that some recommendations need to be anchored to the activities of the Diversity and Inclusion Subcommittee particularly in light of Dr. Clancy's categorization of these efforts as a VA "imperative."

OAA Budget and Staffing Overview

Dr. Christopher Clarke, OAA Chief Fiscal and Informatics Officer, gave a two-hour presentation on OAA's organizational structure, staffing, and budget. Dr. Clarke will be invited to provide the remainder of his briefing concerning the VERA model at the Council's April 2018 meeting.

Mr. Duval asked which part of the VHA budget would pay those for the additional faculty positions required to support ongoing graduate medical education (GME) expansion efforts. Dr. Clarke stated that OAA's VACAA funding can provide modest educational infrastructure grants to GME expansion sites and that these that can be used for faculty costs. Dr. Cox added that OAA grants should be considered as small "seed money," while all other faculty funding is nominally provided by VA medical center (VAMC) and VISN budgets. There are no separate budget lines for faculty costs.

Dr. Cox explained to the Council that approximately 99% of OAA's budget is related to the payment of educational stipends for trainees. Less than 1 percent of OAA's budget is available for innovation efforts. He added that VHA could not function as a health care delivery system without the approximately 41,000 unique physician residents (11,000 FTEE) that rotate through its facilities annually. Fully 80% of OAA's core budget is dedicated to GME efforts and this structural reality constrains VA's flexibility to launch inter-professional clinical education programs. Dr. Harper observed that OAA did pay for some nursing clinical faculty and asked if faculty for other health professions have been supported in a similar way. Dr. Lypson noted that decisions to add to or sustain faculty levels are made at the VISN and VAMC levels. No prescriptive guidance is issued by OAA. Dr. Cox mentioned that historically VAMCs were expected to provide protected teaching time for physician faculty, but this practice now varies considerably by facility. The nursing profession does not have the same tradition of protected teaching time. In recognizing the nursing shortage and a need to enhance academic development within VA nursing, VA has paid selected facilities and schools of nursing for nursing faculty positions out of specially designated but transient educational infrastructure funds through the VA Nursing Academic Partnership initiative.

Dr. Cox explained to the Council that traditional OAA funding techniques will be increasingly challenged by VHA's looming budget crunch. Dr. Cox implored the NAAC to think creatively about how OAA's discretionary educational initiatives can be maintained amidst impending funding reallocations. While GME stipend funds will likely continue to flow, OAA's small but important innovation programs are threatened.

Dr. Chen updated the Council that HRSA is developing a quality bonus for GME programs at Children's Hospitals. She suggested that VA should consider this model in order to maximize its return on investment (ROI) for clinical education programs.

Dr. Cox asked the Council to consider recommendations to modify the VHA and OAA organizational charts in order to catalyze increased inter-professional education efforts. Current structures inhibit innovative new efforts. Dr. Harper thanked Dr. Cox for his comment and observed that the nursing profession needs to think in terms of academic affiliations in order to achieve parity with other health disciplines. Dr. Breslin asked about the conclusion of the nationally acclaimed VANAP program. Dr. Ayvazian explained that VA elected to shift its funding priority from the VANAP model to the expansion of nursing residency programs. With input from the Office of Nursing Services (ONS), VA agreed this change will best position VA to meet the projected nursing vacancy rate.

Dr. Jones explained OAA's close and continuous work with VA's Office of Nursing Services (ONS). He observed that OAA does not pay for associated health faculty but does enshrine "release time" for teaching in its policy documents. He acknowledged that no comparable educational model currently exists for nursing but expressed hope that a new, more academically-oriented approach could take root within VA. Dr. Ayvazian acknowledged VANAP's demonstrated value and ROI for VA and the nursing profession nationally.

Based on the lengthy budget conversation and the concerns expressed for the future of VA's clinical education mission, Ms. Wiggins suggested that the Council recommend that more academic voices be included in VA's ongoing modernization discussions. Dr. Cox noted that the new VA Academic Advisory Committee may serve in this capacity.

Recommendation 1: VA's contributions to the national clinical workforce are well recognized. However, a long-term commitment to the following educational financing and design principles would serve VA and the Nation more effectively.

- (1) Enhancing VA's current core trainee stipend funding model by broadening the scope of eligible professions to reflect the changing clinical workforce and team-based care.**
- (2) Increasing funding for educational innovation, including interprofessional learning and collaborative care training models, and inclusive of the costs for faculty supervision and professional development.**
- (3) Using robust evaluation methods and tools to sustain or discontinue educational initiatives based on measurable outcomes.**
- (4) Engaging academic affiliates in the co-design and implementation of learning initiatives that provide excellent educational value as well as enhance care to Veterans.**

The budget discussion concluded with an examination of recent efforts to reallocate VA Central Office special purpose (SP) funds to the general purpose (GP) funding accounts that fund VHA field activities. These funding transfers would modestly affect OAA and disproportionately impact the office's ability to pursue innovation programs. Their potential impact on larger VHA programs, such as homelessness, created a backlash to the SP – GP proposal, and it is being

reevaluated. Dr. Cox commented that while this is not the first time VA has proposed SP – GP funding transfers, this proposal makes no sense. For OAA, the David Worthen award, several hub sites and centers of excellence, and even funding support for the NAAC would be directly impacted by the proposed transfers.

Recommendation 2: Given the original and continuing intent of Special Purpose educational funds, their national reach, and the need for leadership expertise and oversight in their use, the NAAC strongly recommends that the Office of Academic Affiliations retain oversight and accountability for these funds.

Update Trainee and Faculty IT Issues

Dr. Andrea Birnbaum, DEO at Jesse Brown VAMC, holds a part time position with OAA. She is actively working on a number of IT issues that hamper the ability of VA trainees and affiliate faculty to perform their patient care and educational responsibilities. Dr. Birnbaum provided the Council with updates on three IT issues of special concern: 1) ensuring reliable access to affiliate electronic health records (EHR) on the VA network; 2) access to non-VA institutional e-mail within VA facilities; and 3) the timely issuance of Personal Identity Verification (PIV) cards to VA trainees. Dr. Birnbaum explained that through collaboration with VA OIT an internal Citrix Server fix should allow for the viewing of affiliate EHRs on the VA network. By January 2018, all VA computers should be able to access external Citrix applications without a manual workaround. Ensuring reliable trainee and faculty access to non-VA e-mail on the VA network poses a bigger challenge and is an increasing point of trainee and faculty frustration. Local work-arounds must be implemented individually at each VAMC to add external e-mail URLs to the list of VA OIT “trusted sites.” While this is a short-term fix, it is not an optimal long-term solution. Finally, a large majority of VHA employee PIV cards all expire in August 2018. This mass expiration and renewal effort could exacerbate systemic problems that prevent the timely issuance of trainee PIVs. Recognizing this problem, VA has aggressively planned for the early reissuance of expiring PIVs to mitigate the impact on trainee on-boarding. This is an issue that OAA will closely monitor in the coming months. The NAAC requested updates as these IT issues play out.

Update on VHA Trainee Satisfaction Survey

Dr. Jemma Ayvazian provided the Council with an overview of the recently launched Trainee Satisfaction Survey (TSS). The TSS replaced OAA’s Learner Perception Survey (LPS) which was plagued by low (15%) trainee response and completion rates. The LPS grew to include over 120 survey elements and had an excessive response burden on trainees. In contrast, the TSS is short and concise with an estimated completion time of 5 minutes. It provides the opportunity for trainees to provide short open comments to response elements where they are “dissatisfied” or “very dissatisfied.” The TSS is also optimized for use on mobile devices and tablets. OAA designed the TSS to provide information for decision-making on specific programs and services at both the national and facility levels. The TSS design team developed a new branching logic to efficiently display programs and specialty categories by clinical training program. TSS results will be disseminated in two modalities – a qualitative report (comments) and a quantitative report.

Dr. Cox lauded this new approach and indicated that the NAAC would be interested in seeing survey results as they became available. However, he was concerned that the redesign effort did not include input from academic affiliates.

GME (VACAA), Mental Health, Nursing Expansion, and Strategic Academic Affiliations Council (SAAC) Updates

Dr. Kenneth Jones represented OAA at the December NAAC meeting due to Dr. Klink's absence for a family emergency. He provided brief updates on several items that the Council normally receives from the CAAO.

Dr. Jones shared OAA's growing concern that it may not have adequate funds to implement the full GME expansion authorized by Public Law 113-146. There is a special concern about the availability of educational infrastructure funds for expansion efforts in rural areas. Dr. Bope added that OAA is especially concerned with the challenge of stretching limited infrastructure funds to adequately support GME expansion at those facilities with less than 20 GME FTE positions. Going forward, OAA will target its infrastructure grants to preserve expansion efforts in low density rural areas and with HBCU partners.

Dr. Jones informed the Council that the 7th round of OAA's mental health expansion initiative will be paused because of a decreasing number of applicants. He added that this successful initiative was launched with excess end-of-year funds – the very funding flexibility currently under threat. This expansion plan also allowed VA to launch clinical training programs for two new disciplines: licensed professional mental health counselors and marriage and family therapists. Dr. Cox complemented OAA on its success with capability-based rather than profession-based approaches. Dr. Harper asked Dr. Jones how OAA ensures faculty development at remote sites. Dr. Jones noted that these efforts are primarily dealt with through RFP requirements; sites selected for expansion are required to provide 50% release time for faculty activities.

Dr. Jones next provided an update on the proposed SAAC whose charter is pending final approval. The SAAC was proposed by Secretary Shulkin in early 2017 in response to feedback received from academic affiliates. This new committee is designed to provide a platform for VA leadership to receive field feedback on clinical education efforts. It is an internal body comprised of VA employees and will contain representation from VACO, VISN and VAMC levels. The VA Office of Research and Development will also be represented. Communication should be bi-directional with external advisory committees such as the NAAC and NRAC. It will be co-chaired by the CAAO and a VISN CMO. The SAAC will provide quarterly reports to the NAAC as well as an annual report to the Under Secretary for Health and the NAAC.

Mr. Trynosky asked whether the Council would consider a recommendation to add the SAAC's VISN CMO co-chair as an ex-officio member of the NAAC. The Council agreed that this would facilitate communication and joint efforts by the two bodies.

Recommendation 3: The Council applauds Secretary Shulkin for envisioning the establishment of a Strategic Academic Affiliations Council (SAAC), an intramural VA advisory body on issues related to VA's statutory clinical education mission. This group will have many areas of

common interest with the NAAC. To enhance communication, collaboration and problem solving, the two SAAC co-chairs should serve as ex-officio members of the NAAC

Dr. Cox asked the Council if it would also entertain a recommendation to request the NAAC's inclusion in the selection process for the next CAAO. Ms. Wiggins offered that she recently spoke with the VA Chief of Staff, who encouraged input from the NAAC and academic affiliates on the selection process. Ms. Jessica Bonjorni confirmed that the position was posted on December 5, 2017 with a closing date of January 5, 2018. The position is restricted to the Medical Officer career series. Dr. Cox asked Ms. Bonjorni how the NAAC could be involved in the selection effort. In response, she encouraged the Council members to leverage their professional networks to nominate qualified individuals. Dr. Cox asked if a representative of the Council could sit on the selection committee. Ms. Bonjorni said that she would investigate this possibility with VA leadership.

Recommendation 4: The NAAC should be involved in the selection of the new Chief Academic Affiliations Officer. This might be best achieved by providing the NAAC an opportunity for input in crafting the job description and including at least one NAAC representative on the interview panel.

VA-USUHS-USPHS MOU Update

Dr. Kellermann provided a brief update on the proposed tripartite MOU between VA, DOD and the USPHS that would allow VA to annually sponsor up to ten (10) entering Uniformed Services University of the Health Sciences (USUHS) School of Medicine students. These students would incur a ten (10)-year service obligation to VA as uniformed USPHS officers following residency. The finalization of the MOU has been delayed because the VA Office of General Counsel believes that the necessary multi-year reimbursement scheme may be prohibited by the Economy Act of 1932. If this legal opinion is officially determined, specific statutory authority for the MOU may be required. The annual National Defense Authorization Act was offered as a possible legislative vehicle for this new authority.

Loan Repayment/HPSP Scholarship Programs

Ms. Jessica Bonjorni, the VHA Acting Chief Officer for Workforce Management and Consulting, presented the Council with an update on VA's current Education Debt Reduction Program (EDRP) and Health Professions Scholarship Program (HPSP). EDRP authorizes VA to provide student loan reduction payments to employees with qualifying loans who are in clinical positions. The maximum repayment available is \$120,000 tax-free over five years. In FY 2018, VA is projected to utilize \$45 million for 3,600 participants. For the first time in FY 2018, EDRP will be locally rather than centrally managed.

VA's HPSP program offers scholarships on a competitive basis to students receiving education or training in a direct or indirect health care services discipline. Scholarship awardees agree to a minimum two-year service obligation in a VA health care facility. Unlike DOD, VA's HPSP program does not have permanent or long-term authorization. Consequently, the program is now focused primarily on nursing and those professions with shorter term degree requirements

such as physical therapy and physician assistant. VA's current HPSP authority will sunset in December 2019.

Dr. Cox requested that the minutes reflect the Council's opinion that VA should reconfigure key workforce development programs, including the HPSP, EDRP, and the VA-USUHS-USPHS proposal, to include support for trainees across multiple health professions.

Public Comment Period

Mr. John Sharpe, OAA's VA-DOD Program Manager offered a public comment in which he noted the need for OAA to be included in all VA-DOD discussions that discuss potential joint ventures. From his experience, VA's educational mission is only addressed in VA-DOD joint venture discussions at a very late stage. This is problematic because the possible educational benefits of joint ventures are not proactively explored and cannot inform early consideration of their viability. Dr. Cox thanked Mr. Sharpe for his comment and stated that promoting effective joint ventures are one of the Council's top priorities, as noted in its 2018 Annual Operations Plan finalized on December 1, 2017.

Following Mr. Sharpe's comment, Dr. Cox asked the Council to review and consider two letters that had been received. The first letter, from Dr. Deborah Deas (Dean of the University of California –Riverside School of Medicine), was originally addressed to the Chairman and Ranking Member of the House Committee on Veterans Affairs. Dean Deas expressed her reservations about the potential adverse impact that draft Choice 2.0 legislation may have on VA's educational mission. Dr. Deas encouraged the House Committee to consider student loan forgiveness programs, housing reimbursement programs for residents in rural VA GME programs, and greater flexibility in telemedicine programs. The second letter, received from Dr. Paul Griner, discussed a new web-based wellness program focused on internal medicine and medicine pediatrics physician residents.

The NAAC meeting adjourned at 3:38pm EST.

Day 2: December 7th, 2017

Dr. Cox made welcoming comments and called the meeting to order at 8:31am EST.

Diversity and Inclusion Subcommittee Overview

Dr. South-Paul, the Chair of the Diversity and Inclusion Subcommittee, thanked the Council for their active support of her group's efforts and recognized the members of the subcommittee. She proceeded to provide a brief review of VA's inaugural Summit on Diversity and Inclusion which was held at Meharry Medical College in June 2017. Several NAAC members attended this summit. The meeting brought VA leaders and HBCU officials together by showcasing a broad look at HBCU clinical education programs beyond medical schools. Dr. South-Paul shared information she received from Dr. Christopher Clarke on the new HR-SMART system and its promising capabilities to track trainee diversity. She also recognized the appointment of Ms. Leslie Wiggins to the Council and the tremendous experience that she brings to the full NAAC and its subcommittees.

Update on HBCU Clinical Education Efforts

Ms. Wiggins provided the Council with an update on VA's conversations with HBCUs to identify opportunities for enhanced clinical education collaboration. The goal of these discussions, facilitated by the VA Chief of Staff, is to explore what programmatic enhancements can be made immediately without additional statutory authority. VA is actively investigating ways to increase the number of HBCU learners and faculty in its facilities. Many promising HBCU affiliation improvements can be made within the discretion of local VAMC directors. Of particular note, new associate dean positions (jointly funded by VA) are being introduced at Morehouse School of Medicine. The goal of these new positions is to enhance communication and collaboration with VA. The successful relationship between Morehouse and the Atlanta VAMC can be leveraged as an example for system-wide improvements of VAMC affiliations with HBCUs.

Dr. Cox expressed his optimism about these developments and noted that the input of VA field leaders is crucial to ensure the sustainability and replicability of these efforts. While OAA funds the VHA clinical education enterprise, it has very limited power to compel action at the local level. He continued by stating that the new SAAC must also address the central role of VHA field leadership to advance VA diversity goals. Mr. Wiggins agreed with this assessment and added that the recent diversity summit forced VA officials at all levels to see firsthand the energy, emotions, and feelings of their HBCU partners.

Dr. Colon reminded the Council that while the improvement of VA outreach to HBCUs is a strategic imperative, the Diversity and Inclusion subcommittee's charge is far broader. For example, renewed attention is needed for VA's relationship with Hispanic Serving institutions (HSIs). As the Dean of the University of Puerto Rico School of Medicine, he suggested that any exploration of HSI outreach and diversity should include the VA Caribbean Healthcare System, which has its main campus in San Juan. Dr. South-Paul introduced the idea of the Diversity and Inclusion Subcommittee conducting a site visit to Puerto Rico so it can visit the San Juan VAMC and meet with academic affiliates. Dr. Jones suggested that a meeting in San Juan would be a good idea and Mr. Duval offered his endorsement to explore this possibility.

Dr. Kellermann shared his appreciation for this robust conversation on an important issue where VA is postured as a national leader; however, he cautioned the Council that its recommendations need to respect VA's long-established affiliates who are not seeking to reduce access to VA training opportunities, training positions, or faculty appointments. This is a particularly sensitive issue at the Washington, DC VAMC which currently has four medical school affiliates. He impressed upon the Council the unique opportunity VA has to look at Veterans as a component of its clinical education diversity plans. VA can become a "default option" for separating military clinicians, many of whom have faculty experience in DOD programs.

AAMC Diversity Overview

Dr. Laura Castillo-Page, the AAMC Senior Director for Diversity Policy and Programs, provided the Council with an overview of the AAMC's diversity, equity, and inclusion efforts. She began her presentation by commending VA for clearly making a business case for diversity in its 2017-2020 Strategic Plan. Of particular note, the strategic plan places an emphasis on inclusion rather than on demographic metrics. As AAMC refines its diversity and inclusion efforts, it focuses on five important areas of concern: 1) compositional diversity; 2) holistic admissions; 3) curriculum

content and models; 4) actualizing inclusion (climate/culture); and 5) systemic unconscious bias. In 2015, the AAMC reported that only 7.7% of U.S. medical school applicants were African Americans. Of the approximately 4,000 African American applicants, only 698 were U.S. born males and only 271 of these eventually matriculated. In raw numbers, there are less African American males in U.S. medical schools today than there were in 1978. To address this problem, AAMC has launched a comprehensive outreach effort that addresses all phases of the clinician pipeline from high school career fairs to the Robert Wood Johnson Summer Health Professions program. Dr. Castillo-Page also reported that a majority of AAMC's member medical schools now have a formalized holistic admissions process. Preliminary data shows that students have an improved learning model and these admissions efforts have not resulted in lower board or licensure outcomes.

Council Discussion on Diversity Presentations

Dr. Colon commended the AAMC for its impressive diversity efforts and expressed his hope that the new NAAC subcommittee can tie its efforts to those of the AAMC. Dr. Lypson asserted that VA has many opportunities to assist these efforts and noted VHA's demonstrated success because its clinical workforce is already more diverse than U.S. academic medicine overall. Furthermore, the Department now focuses on inclusion rather than only diversity. She added that while OAA can communicate these possible collaborations with AAMC to field DEOs, travel fund constraints have suppressed VA participation at AAMC's annual meeting over the last several years.

Dr. Kellermann shared with the Council his experience with the holistic admissions process at USUHS. His institution blinds MCAT scores to the admissions committee after an initial screening committee determines that an applicant's scores are "good enough" for further consideration. Dr. Maine added that there are three other issues that must be examined in the totality of diversity considerations: 1) student debt; 2) the structure of the health professions curriculum as an impediment; and 3) the narrow definition of STEM education initiatives which often exclude the clinical professions. Dr. South-Paul strongly agreed with these points and added that we must develop a clinical workforce rather than "steal" quality applicants from other areas of study.

Dr. Prescott shared his observation that the precise measure of cohort and institutional diversity may become more challenging given how survey respondents are opting to self-categorize. Fully 10% of medical school applicants self-categorize as "other" and this percentage has grown tenfold in recent decades. He suspected that this trend may influence overall diversity metrics.

Dr. South-Paul noted that there is a need to develop a viable pipeline to clinical careers for community college students – particularly military Veterans who served as enlisted personnel. Dr. Chen commented that VA is not alone in the need to effectively engage community college learners. Dr. Kellermann shared that the available data shows that an implicit bias exists against community college graduates throughout the medical school admissions process.

Dr. Cox appreciated all these perspectives and explained that he sees the NAAC Diversity and Inclusion Subcommittee as a catalyst to move VA into new, important directions. VA could become the national "poster child" for innovative diversity and inclusion efforts.

Secretary of Veterans Affairs: Feedback from AAMC Meeting

Dr. Prescott opened his presentation by reading a poignant letter his father wrote home in 1944 while serving in World War II. Given the 77th anniversary of the attack on Pearl Harbor, he wanted to take a moment to reflect on the gravity of that conflict and how it catalyzed the development of today's VA health care system. He next provided a brief overview of Secretary Shulkin's address to the AAMC Council of Deans on November 3, 2017 in Boston, MA. Of 149 medical school deans, approximately 120 were in attendance for the Secretary's presentation. The Secretary also authored a Viewpoint piece for AAMCNews.

Dr. Prescott noted that AAMC was very appreciative for the Secretary's candor and thoughtful remarks. During the course of his presentation, he focused on his top 5 priorities for VA, shared a new Public Service Announcement, and discussed the need to increase public awareness of Veteran suicide. During a comment period following Secretary Shulkin's prepared remarks, common themes included: What can affiliates do to strengthen VA as an educational environment?; What can affiliates do to enhance VA research?; and how can affiliates increase specialties to realize the promise of increased community care?

Update on VA Employee Waivers for For-Profit Education Institutions

Mr. Jonathan Gurland of the VA Office of General Counsel (OGC) provided the Council with a status update on the waiver process for VA employees that have relationships with for-profit educational institutions. VA employees are statutorily barred from receiving services from, teaching at, or having any equity or interest in for-profit educational institutions that use or receive VA educational benefits. Although this legislative prohibition has been Federal law for decades, it was inconsistently applied within VA until identified as an issue in a recent VA OIG report. The statute authorizes the VA Secretary to issue waivers on a case-by-case basis, and VA OGC is developing a compliance regime for this waiver authority.

Mr. Gurland explained that the waiver process will be automated and likely use a SharePoint software platform. As currently envisioned, VA employees can qualify for a standard waiver if they meet the following four criteria: 1) hold no policy-making positions; 2) hold no investigative role; 3) hold no role responsible for the processing of benefit applications; and 4) hold no position involved in payment processing.

The waiver process is still under development and will likely be delayed until at least Spring 2018. For field personnel, VA medical center directors will have delegated authority for standard waivers. VACO personnel requiring standard waivers will be reviewed by the VBA Education Service. Those individuals requiring elevated waiver approval will receive their waivers from the VA Secretary.

Mr. Gurland expressed his opinion that these waiver policies will likely cover VA trainees, but that a final determination has not been made. Dr. Cox asked if bulk waivers can be issued to all trainees affiliated with a particular school. Mr. Gurland did not believe that this would be feasible because the relevant regulations are all based on individual review rather than an institutional review.

Update on Proposed OPM Rule on Administrative Leave

Mr. Charles Smith from the VA Office of Human Resources & Administration (HR&A) gave the Council a brief presentation on the Office of Personnel Management (OPM) proposed final rule on administrative leave. This proposed rule was an area of great concern at the Council's September meeting and a formal briefing on the issue was requested. Mr. Smith opened the presentation by explaining that the proposed OPM rule on administrative leave was originally supposed to go into effect in February 2017. He noted that VA has many concerns with the rule, primarily for its possible adverse impact on health care professionals and scientists.

In response to less than promising discussions with OPM, VHA established a work group to explore the administrative leave issue. HR&A recommended the use of IPA authorities and OPM suggested a new condition-of-employment category or leave category. OAA opposed the use of IPA authority as excessively burdensome and suggested a category similar to Permissive Temporary Duty (PTDY) available for active duty military personnel.

VA HR&A elected not to submit any comments to OPM during the rule's public comment window due to OPM's previous informal denial of VA proposals. The rule is currently delayed and while expected in August 2017, has not yet been issued. Once the rule is issued, VA and other agencies will have 270 days to implement their conforming regulations. OPM was directed to develop and implement this rule in the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328), so this Congressional intent must be acted upon in formal rulemaking. OPM does not have the option of ignoring this rule.

Dr. Cox shared the importance of preserving the authority for VA employees to take educational leave and sabbaticals. Mr. Smith acknowledged these concerns but noted that to conform with the rule and statutory language, employees must be kept in an official duty status. He added that PTDY cannot be an option as it is restricted to uniformed personnel.

Dr. Cox emphatically noted that this issue remains urgent and requires prompt action by VA rather than only ongoing discussion. Dr. Kellermann offered his experience as to how DOD handles educational related leave for its civilian clinical and academic staff.

Dr. Cox requested that the minutes reflect the Council's strong belief that Secretary Shulkin must authorize OAA to work directly with all relevant VA and interagency offices to ensure maximum protection for VA's educational mission under the forthcoming OPM rule on administrative leave.

Council Discussion and Formulation of Future Issues for Examination

As he opened the final session of the meeting, Dr. Cox explained to the Council that he had wanted to use the December meeting to provide the members with a "deep dive" into budgetary and staffing issues that directly impact VA's ability to support quality clinical education activities. He asked the Council to consider new ways that OAA can have more flexibility in how it allocates its budget in order to drive innovations in inter-professional education. Currently, OAA's very limited discretionary funds are under threat. In a modernized VA, OAA should be seen as more than just a "bank" to provide stipend reimbursements to academic affiliates.

Dr. South-Paul suggested that perhaps OAA experts could share promising ideas for innovation funding with the Council so the NAAC could then make specific recommendations to the Secretary. Dr. Cox added that VA academic affiliates could also become important new sources for collaborative innovation funding.

Dr. Harper expressed her belief that VA must find a way to quantify the myriad positive outcomes for its GME education efforts, particularly the ongoing expansion initiative authorized by PL 113-146. Dr. Cox said that this was a critical observation. While VA cannot solve America's increasing geographic and programmatic imbalance of GME program funding on its own, it can be part of a national solution. This is a unique moment and opportunity for OAA, and the Council can help VA achieve it.

In advance of the next meeting, Dr. Cox asked if the OAA staff could prepare two presentations on the ROI for the VANAP program and Centers for Excellence in Primary Care Education.

Dr. Cox then recognized Dr. Jeffrey Cully, Clinical Director for OAA's Advanced Fellows division, and invited him to share his thoughts with the Council. Dr. Cully explained that the Advanced Fellows portfolio is a "sandbox" for educational innovation within OAA. He highlighted that these efforts are under threat due to the proposed transfer of special purpose funds to VHA general purpose funding. The value of these unique funds are clear and Dr. Cully implored the Council to explore the implications of these pending fund transfers before they move forward. If better metrics for OAA's innovation programs are needed, the time for that discussion is now. If the Council and OAA do not address these issues, alternative options will be imposed externally.

Dr. South-Paul shared her opinion that the Sonny Montgomery conference space was poorly suited to holding a public meeting given its physical layout and the difficulty of using audiovisual equipment in a manner that all attendees can see. She requested that the Council utilize different meeting space in the future. Several NAAC members expressed their agreement. Dr. Prescott graciously offered AAMC conference space in the event the Council had difficulty securing a suitable VA meeting room in the future.

Public Comment Period

Dr. David LaBorde representing Brain Trust Advisors briefly highlighted examples of successful VA-DOD collaborative efforts that have resulted in improved care for Veterans. Since OAA focuses on educational innovation, Dr. LaBorde asked if VA has the opportunity to leverage some of its advanced fellow programs and align them with Secretarial priorities such as suicide prevention. Dr. Cully noted that VA has already asked its quality scholars to publish and conduct research on suicide prevention. Furthermore, suicide prevention was a conference topic at the recent quality scholars meeting.

In closing, Dr. LaBorde asked the Council to explore whether suicide prevention efforts could be aligned with VA's ongoing GME expansion effort authorized by Public Law 113-146.

Dr. Malcolm Cox adjourned the meeting at 1:20pm EST.

Appendix A: Attendance Records

Council members present:

Malcolm Cox, MD, (Chair), Retired Federal Executive, Department of Veterans Affairs; Eileen Breslin PhD, RN, FAAN, President, American Association of Colleges of Nursing (AACN); Candice Chen, MD, MPH (Ex-Officio), Director, Division of Medicine and Dentistry, Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services; Edgar Colon Negron, MD, FACR, Dean, School of Medicine, University of Puerto Rico; John Duval, MBA, Senior Scholar, Accreditation Council for Graduate Medical Education; Doreen Harper, PhD, RN, Dean, School of Nursing, University of Alabama at Birmingham; Arthur Kellermann, MD, MPH (Ex-Officio), Dean, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences (USUHS), U.S. Department of Defense; Lucinda Maine, PhD, RPh, Executive Vice President and Chief Executive Officer, American Association of Colleges of Pharmacy (AACP); John Prescott, MD, Chief Academic Officer, Association of American Medical Colleges; Jeanette E. South-Paul, MD, Chair, Department of Family Medicine, University of Pittsburgh; and Leslie Wiggins, RN, MBA, FACHE, (Ex-Officio), Network Director, VISN 7.

Council members unable to attend:

Thomas A. Cavalieri, DO, FACOI, FACP, AGSF, Dean, Rowan University School of Osteopathic Medicine; Paul Cunningham, MD, Dean Emeritus, East Carolina University School of Medicine; Kathleen Klink, MD, FAAFP (Ex-Officio), Acting Chief Officer, Office of Academic Affiliations; and Richard W. Valachovic, DMD, MPH, President and Chief Executive Officer, American Dental Education Association.

VHA Office of Academic Affiliations staff attending:

Jemma Ayvazian, DNP, ANP-BC, AOCNP, Clinical Director, Nursing Education; Edward Bope, MD, FAAFP, GME Expansion VACAA Team Lead; Tiana Brown, MHA, Management Analyst; (Alternate Designated Federal Officer for the NAAC); Christopher Clarke, PhD, FACHE, VHA-CM, Chief Fiscal and Informatics Officer; Jeffrey Cully, PhD, Clinical Director, Advanced Fellowships; Larissa Emory, PMP, CBP, MS, Health Systems Specialist; Amanda Van Gilder, MA, Management Analyst and Presidential Management Fellow; Tara Hotaling, MPP, Management Analyst and Presidential Management Fellow; Kenneth Jones PhD, Director, Associated Health Education; Monica Lypton, MD, MHPE, Director Medical & Dental Education; Cynthia Miller, Director, Fiscal Operations; Ramona Joyce, Executive Officer; John Sharpe, FACHE, VHA-CM, VA-DOD Liaison and Program Manager; and Stephen K. Trynosky, JD, MPH, MMAS, Staff Assistant (Designated Federal Officer for the NAAC).

VA and VHA staff attending:

Alejandra Paulovich, Program Analyst, Geriatrics and Extended Care; Jersenia Torres, Staff Assistant, Office of the Under Secretary for Health; Elliott Peyton, Resources Manager, VHA Office of Workforce Management and Consulting

Guest Presenters:

Andrea Birnbaum, MD, PhD, Associate Chief of Staff for Education and Chief, Ophthalmology Section, Jesse Brown VA Medical Center; Jessica Bonjorni, Acting Chief Officer, Workforce Management and Consulting Office; Laura Castillo-Paige, PhD, Senior Director, Diversity Policy and Programs and Organizational Capacity Building, Association of American Medical Colleges;

Carolyn Clancy, MD, Executive in Charge, Office of the Under Secretary for Health; Jonathan Gurland, JD, Office of General Counsel; and Charles Smith, VA Office of Human Resources & Administration.

Members of the public attending:

Kernita Carter, Health Resources and Services Administration; Julie Crockett, American Association of Colleges of Osteopathic Medicine; David LaBorde, MD, Brain Trust Advisors, LLC; Colleen Leners, APRN, DNP, FAANP, American Association of Colleges of Nursing; Judith Mun, American Association of Colleges of Osteopathic Medicine; Cathy Wiblemo, MHA, Vietnam Veterans of America; Matthew Shick, JD, Association of American Medical Colleges; K. Park Jefferson; and Anita Navarro, Association of American Medical Colleges.

Court Reporter: Nathaniel Riveness, Veritext Legal Solutions