

**Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for September 13, 2016**

**Office of Academic Affiliations
1800 G Street NW, Suite 870
Washington, DC**

The National Academic Affiliations Council met via teleconference on September 13, 2016. A quorum of active members were present, affording the Council the opportunity to conduct normal business.

Council members present: Malcolm Cox, MD, (Chair), Retired Federal Executive, Department of Veteran Affairs; Stephen Shannon, DO, MPH, President and Chief Executive Officer, American Association of Colleges of Osteopathic Medicine; Paul Cunningham, MD, Dean and Senior Associate Vice Chancellor for Medical Affairs, East Carolina School of Medicine; Doreen Harper, PhD, RN, Dean, School of Nursing, University of Alabama at Birmingham; Eileen Breslin PhD, RN, FAAN, President, American Association of Colleges of Nursing (AACN); Lucinda Maine, PhD, RPh, Executive Vice President and Chief Executive Officer, American Association of Colleges of Pharmacy (AACP); Robert L. Jesse, MD, PhD, (Ex-Officio), Chief Academic Affiliations Officer, Department of Veteran Affairs; Michael F. Mayo-Smith, MD, MPH, (Ex-Officio), Network Director, New England Healthcare System (VISN 1), Department of Veterans Affairs.

Council members unable to attend: Candice Chen, MD, MPH (Ex-Officio), Director, Division of Medicine and Dentistry, HHS Bureau of Health Workforce, Health Resources and Services Administration (HRSA); Edgar Colon Negrón, MD, FACR, Dean, School of Medicine, University of Puerto Rico; Arthur Kellermann, MD, MPH (Ex-Officio), Dean, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences (USUHS); Claire Pomeroy, MD, MBA, President, Albert and Mary Lasker Foundation; J. Lloyd Michener, MD, Chair, Department of Community and Family Medicine, Duke University School of Medicine; Jacqueline Maffucci, PhD, Research Director, Iraq and Afghanistan Veterans of America; Kavita Patel, MD, MS, Nonresident Fellow, Brookings Institution and John Prescott, MD, Chief Academic Officer, Association of American Medical Colleges (AAMC).

VHA Office of Academic Affiliations staff attending: Stephen K. Trynosky, JD, MPH, MMAS, Staff Assistant (Designated Federal Officer for the NAAC); Tiana Brown, MHA, Management Analyst (FACA Support Staff); Kathleen Klink, MD, FAAFP, Chief, Health Professions Education; Karen M. Sanders, MD, Deputy Chief Academic Affiliations Officer; Edward Bope, MD, Acting Director, Dental and Medical Education; Kenneth Jones, PhD, Director, Associated Health Education; Mary Dougherty, PhD, MBA, RN, Director, Nursing Education; Jeffrey Cully, PhD, Clinical Director, Advanced

Fellowships and Centers of Excellence in Primary Care Education, and Deborah Ludke, MHA, Administrative Operations Officer.

VA and VHA staff attending: N/A

Guest Presenters: Ricky Lemmon, Acting Director, Procurement and Logistics, VHA and Kristin Cunningham, Director Business Policy, Community Care, VHA.

Members of the public attending: N/A

Court Reporter: Carol Luscic, Art Miller & Associates

I. Welcome and Introductions

Mr. Trynosky called the meeting to order at 2:00 pm ET and conducted the roll call of Council members.

Dr. Cox welcomed the Council members, guest speakers, VA staff, and public guests. The chair recognized Dr. Lloyd Michener and Dr. Stephen Shannon who completed their term of NAAC service on September 30, 2015. Dr. Cox also noted that Dr. Kavita Patel, who has not been able to attend any Council meetings, has submitted her resignation.

Mr. Trynosky and Dr. Cox provided the Council with an update on its upcoming November 2016 meeting in Boston, MA which will be hosted by the VA Boston Healthcare System.

II. NAAC Status Updates

a. PIV Cards

Status Update: Dr. Sanders provided an update on VA's IT security protocols that require that trainees have PIV cards to access the VA network. The initial efforts to enforce PIV use for trainees adversely impacted patient care delivery in the field and was temporarily suspended. The NAAC penned a letter to the Under Secretary for Health expressing its concern on this issue.

Dr. Sanders requested that Dr. Mayo-Smith provide an update on PIV enforcement for trainees based on his perspective as a VISN Director. Dr. Mayo-Smith noted that advanced planning had helped make the enhanced PIV enforcement go more smoothly as new trainees were onboarded. Dr. Sanders explained how the Office of Academic Affiliations assisted field facilities with last minute exemptions to ensure that clinical care went uninterrupted. Dr. Cunningham commented on the experience that his

students and faculty had during the initial phases of this transition. He also provided this feedback directly to the Office of Academic Affiliations.

Dr. Cox thanked Dr. Sanders for her leadership in minimizing the adverse impact of these sweeping IT access changes for VA trainees. He added that extraordinary efforts on the part of field leadership and the Office of Academic Affiliations averted significant disruptions to patient care.

b. Joint Ventures

Status Update: Dr. Cox asked Dr. Mayo-Smith to provide an update on VISN 1's joint venture proposals with academic affiliates. Dr. Mayo-Smith noted the limited forward progress on these efforts since the NAAC's last meeting. The VA Office of General Counsel (OGC) has opined that under current statutory authorities, VA cannot enter into true joint venture vehicles with non-Federal entities. Based on OGC's recent opinions, VHA will need to secure legislative language authorizing joint ventures with affiliates to execute the projects currently planned.

Dr. Sanders shared her belief that several opportunities currently exist to advance the necessary legislative language to provide legal authority for joint ventures. VA currently has authority to do almost everything needed for an affiliate joint venture except sole-source leasing of space for clinical use or real property. Those acquisitions and leases must follow the competitive procurement process. She added that the aging VA physical infrastructure and looming space constraints will provide momentum to use mechanisms like affiliate joint ventures as an attractive and cost effective solution. OAA is working with OGC and VA's Real Property Service on a legislative proposal for the Fiscal Year 2019 legislative proposal cycle.

Dr. Cox observed that VA has a significant clinical space crisis on its hands and offered his opinion that private sector joint ventures are a way to mitigate this problem. Dr. Jesse noted his recent testimony before the House Veterans Affairs Committee and felt that the Committee recognized the need for affiliate joint ventures and is awaiting VA's legislative recommendations. Dr. Jesse hopes that VISN 1's visionary proposals can be demonstrated as "shovel ready" plans to spur forward movement on the joint venture concept in Congress.

Dr. Sanders also reported that the Under Secretary for Health has explained the need for sole source leasing authority in several Congressional venues. Dr. Jesse noted that tying the joint venture issue to expanded clinical access would get the attention of VA and Congressional leadership. Framing these proposals as a strategic partnership between VA and its affiliates can help them enter mainstream VA thinking.

Recommendation 1:

The Council has repeatedly stressed the importance of seamless integration between VA and its academic partners to enhance Veterans' access to health care. Strategic partnerships and joint ventures are vehicles for such integration. Accordingly, the NAAC recommends that VA seek legislative authority to engage in joint planning for, and common execution of, joint ventures with the academic community. The overall goal of this authority should be the creation of local and regional care networks that serve Veterans and their families in joint facilities. At a minimum, such authority should allow for sole source leasing of existing clinical space and the development and maintenance of new clinical space when necessary.

c. Update on the Veterans Choice Program

Status Update: Kristin Cunningham joined the call and provided an update on the New Veterans Choice Program proposal. Dr. Baligh Yehia is actively working with the existing Choice program's third party administrators (TPAs) to improve the exchange of data and the timeliness of payments to providers. VA recently executed a contract modification to allow TPAs to pay Choice provider claims in an expedited timeframe and modify the documentation requirements which were perceived as onerous. Ms. Cunningham explained that without a new Congressional authorization, the existing Choice program will sunset on August 7, 2017. There are numerous legislative efforts to enhance the Choice program, but to date none of them have become law. If the Choice Act sunsets in 2017, VA will revert to its other authorities for purchased care in the community.

The current contract to purchase care through the Choice program is a modification of the 2013 PC3 contract. VA is on target to release a draft Request for Proposals (RFP) later this fall. The hope is to get this new contract vehicle in place by the end of calendar Year 2017. Regardless of what happens to the current Choice authority, the new RFP will help provide a rational and consistent mechanism for VA to purchase community care. Congressional action in the coming months will bolster these efforts and provide VA with the flexibility it needs.

Dr. Cox candidly observed that RFPs and contractual modifications in the absence of legislative changes will do little to ameliorate the presently unsuccessful aspects of VA's community care programs. He further noted the great concern within the stakeholder community among Veterans, academic affiliates, and providers.

Ms. Cunningham expressed appreciation for the NAAC's support of her office's efforts. She requested that Council members and their organizations share with Congress their support for necessary legislative modifications.

Dr. Cox expressed his appreciation of VA leadership's efforts to secure necessary changes to the Choice program. Dr. Jesse suggested that the current community care programs contribute to unease in VA's academic affiliate community and could threaten long-established relationships that are cost-effective and patient centered. He added that whatever changes are made must be made in a way that doesn't harm the academic affiliates which now represent large integrated health systems.

Dr. Cox asked Ms. Cunningham about the status of the New Veterans Choice Program proposal which would put affiliates at the center of a "core" network. Ms. Cunningham confirmed that the core network is part of VA's preferred community care program. The RFP being drafted will recognize the establishment of a core network of preferred providers. Dr. Cox expressed his desire to further explore this issue at the Council's next meeting.

d. Veterans Equitable Resource Allocation (VERA) Finance Committee

Status Update: Dr. Mayo-Smith provided an update to the Council on the National Leadership Council's recent actions on the VERA model for education support. The VERA model proposed by OAA was approved after several years of deliberations and will be implemented in Fiscal Year 2017. The VERA indirect payments to facilities for educational support will now be based on all disciplines funded by OAA, rather than physician residencies alone. This important change was driven by the NAAC's efforts and support.

Dr. Cox expressed his support for this change and noted that it came as the result of a long and hard fought effort. He recognized both Dr. Sanders and Dr. Mayo-Smith for their steadfast leadership on the issue.

Based on this landmark change for VA interprofessional education and feedback from Council members, the Council will provide a review of VA's entire health professions education portfolio at its November 2016 meeting.

e. Update on Sole Source Contracts and Directive 1663

Status Update: Mr. Rick Lemmon provided an update on the status of VA's updated Directive 1663, which addresses sole source contracts. VHA procurement staff and OAA leadership have worked extensively to create a more efficient and streamlined way of contracting with VA affiliates. The proposed changes should reduce contracting timelines and increase efficiencies. The rewritten directive is drafted and will now be put forward for comment and approval. It does not address the leasing of clinical space or real property at all. Mr. Lemmon explained that leasing falls under a separate real property authority. While the draft is complete, it has not been fully circulated for comment within VA. Consequently, it is premature to share it with affiliates.

VHA Procurement is planning an affiliate forum in March 2017. Hopefully, further information on the revised directive can be shared at that time. Mr. Lemmon shared with the Council his office's observation that physician practice groups are increasingly opposed to any changes to the cost-based payment approach they have grown accustomed to. If the draft directive gets approved, parent schools and universities may need to provide greater oversight of VHA-affiliate contracting in order to emphasize the comprehensive value of a partnership with VA as opposed to the transactional approach taken by a growing number of their physician practice groups.

Dr. Cox shared his belief that it would be useful for affiliates to provide a single point of negotiation for all contracts with VA. This would significantly reduce the number of people VA currently has to negotiate with.

f. Update on Phase III – VACAA GME Expansion Initiative

Status Update: Dr. Sanders gave an update on the VACAA GME Expansion effort. OAA is currently engaged in Phase III of this five year project. The Phase III request for positions was due from field facilities on July 1, 2016. After careful review, OAA has a final list of potentially approved positions, but the list cannot be publicized until approved by the Under Secretary. The number of new positions should be roughly consistent with the Phase I (204 positions) and II (168 positions) totals.

Recommendation 2:

The Council notes that the implementation of Phase III of VACAA GME expansion is pending final approval for funding by VA leadership. The NAAC has previously emphasized the importance of this program for expanding access to care for Veterans, including in rural areas, and recommends full funding of Phase III as well as continuing support of the program into the future.

III. New Business

a. Drug Free Workplace- Implications for Drug Testing Trainees

Council Discussion: Dr. Sanders updated the Council on the impact of VA's drug free workplace policies on trainees. A recent VA OIG investigation determined that VA was inconsistent with its application of random drug testing for clinical employees. Following the OIG report, VA is enhancing its frequency of random drug testing among clinical staff. VA employees get pre-employment drug tests, but trainees are exempt from this policy. However, trainees are eligible for random drug testing if they fall into the designated positions identified for testing. Consequently, OAA will inform affiliates and trainees that they are eligible for random drug tests during their training time at VA. Given the significance of this policy, it is critical to broadly raise awareness. VA is exploring the development of due notice and due process language specifically for trainees. Many affiliates either drug test staff at

employment or during training, so it may not be a new issue for them but it is a new issue for VA.

b. Legislative Proposal- Pre-Med Shadowing Experiences

Council Discussion: Dr. Klink provided the Council with an overview of draft legislation introduced by Rep. Macy Kaptur (D, OH-09) that would establish a three year VA pilot program to provide a pre-medical observation opportunity for selected undergraduate students. OAA was extensively involved in providing technical assistance as the draft legislation evolved. The aim of the program would be to increase the potential pool of future VA physicians and provide a recognized observation experience that could expand medical application opportunities for students who come from a lower socioeconomic background or a family without previous college or university completion.

Dr. Klink felt that this program offers great promise for VA and wanted feedback from the Council to help guide OAA's future interactions with Congress. Dr. Shannon expressed his unqualified support for the proposal. Dr. Maine observed that this program, if enacted, would be similar to two existing programs sponsored by the Robert Wood Johnson Foundation. Even though the pilot would be small she encouraged VA to think more broadly than medical students at some point during the evaluation of its outcomes. Dr. Cox suggested that VA examine the programs identified by Dr. Maine for their applicability.

Recommendation 3:

The Council recognizes that early acculturation of health professionals is a critical element of clinical workforce development. With this in mind, the NAAC recommends that, once the pre-medical shadowing program is established, VA consider expanding the program to other students with interest in joining the health professions.

c. New Nursing Accreditations & Educational Innovations

Council Discussion: Dr. Dougherty provided the Council with an overview of innovative nursing education initiatives sponsored by OAA. OAA currently sponsors 14 post-baccalaureate nurse residency programs, 10 of which are eligible for accreditation by the newly formed National Nurse Practitioner Residency and Fellowship Training Consortium. Four additional PBNR sites are preparing applications for CCNE accreditation and on-site evaluation. The national VA PBNR program evaluation revealed outstanding results in every category based on aggregate data analysis conducted during academic years (AYs) 2012 through 2015: (a) significant improvement in nurses' skills competency level and their confidence in assuming clinical responsibility; (b) more than 95% of PBNR trainees reported that they would consider VA as a future employer at the time of the graduation; (c) more than 94% of PBNR

graduates were hired by VA; (d) 92% of AY 2012-2015 PBNR graduates remain with VA; (e) the program's admission rate (23.7%) clearly demonstrates a strong interest in VA's PBNR program; however, less than a quarter of 1,047 total applicants were accepted due to the limited number of positions (6-10 per site).

Dr. Dougherty explained that OAA's nursing team was instrumental in facilitating new national nurse practitioner (NP) residency accreditation standards through the National Nurse Practitioner Residency/Fellowship Training Consortium (NNPRFTC). She further elaborated that academic NP residencies facilitate the transition of new NPs into safe, competent practitioners. VA currently sponsors ten NP residencies: six for Psychiatric Mental Health NPs and four Adult Gerontology residency programs. VA NP residency programs will be able to apply for national accreditation through the NNPRFTC in AY 2017-18. Faculty practice is a required component of VA's NP residency program. This requirement serves as a platform for education and the delivery of NP care. An evaluation of the NP residency and faculty practice programs has revealed a significant increase in patient encounters, improved access to care, and the reduction of inpatient recidivism.

Dr. Cox expressed his support for these promising developments and noted how they build on groundbreaking efforts started by the VA Nursing Academy. He asked Dr. Dougherty to explain how VA's nursing residency programs align with Doctor of Nursing Practice programs. Dr. Dougherty elaborated that VA's residencies include nurses at both the doctorate and masters training levels. She added that a challenge to nursing accreditation proposals is that the entrances to practice widely vary. Some nurse practitioners advance through training sequentially while others come with extensive clinical care experience. OAA's nursing staff regularly receives requests to expand the number of nursing residencies.

Dr. Cox asked that Drs. Harper and Breslin share their observations based on their extensive involvement with VA nursing education initiatives. Dr. Harper reported that her experiences align closely with Dr. Dougherty's. Her institution, the University of Alabama at Birmingham (UAB), currently has five requests to launch residencies modelled on VA's psychiatric mental health nurse practitioner residency. Dr. Breslin echoed the value of VA's nursing residency programs and affirmed how they ensure quality training and clinical preparation. She added that VA's nursing educational partnerships deserve wider publicity and that they are a model worthy of replication throughout academia.

Dr. Cox commented that VA's nursing education initiatives are extremely important in advancing the profession. He commended Dr. Dougherty for her leadership and tenacity in advancing these programs. He added that nurses also participate in VA's Centers of Excellence in Primary Care Education.

Recommendation 4:

The Council notes the increasing size, scope and innovation of VA's nursing programs, including (amongst others) the VA Nursing Academy, the post-baccalaureate nurse residency program, and nurse practitioner residency programs in primary care and mental health. In some case, VA has taken the national lead in the development and evaluation of such programs, and has also fostered consideration by academic nursing bodies for the development of new accreditation standards. Given the increasing diversity of VA's health professions education portfolio, the NAAC requests a briefing on the size, scope, and funding of the entire portfolio at the next NAAC meeting.

IV. Public Comment

Dr. Cox opened the microphone for comments from the general public but no one responded. Dr. Cox thanked everyone for dialing in to the Council meeting and announced that **the next NAAC meeting will be held in Boston, MA on November 29-30, 2016.**

The meeting was adjourned at 3:55 pm ET.