

**Department of Veterans Affairs (VA)  
Federal Advisory Committee  
National Academic Affiliations Council (NAAC)  
Meeting Minutes June 5-6, 2012  
Office of Academic Affiliations Suite 870  
1800 G Street  
Washington, DC**

The National Academic Affiliations Council met on June 5-6, 2012, at the Office of Academic Affiliations in Washington, DC. A quorum was present, affording the Committee the opportunity to conduct normal business.

**Council members present:** Jordan Cohen, MD, (Chair), Professor of Medicine and Public Health, George Washington University; Norman Anderson, PhD, Chief Executive Officer, American Psychological Association; Geraldine Bednash, PhD, RN, FAAN, Chief Executive Officer, American Association of Colleges of Nursing; Malcolm Cox, MD (Ex-Officio), Chief Academic Affiliations Officer, U.S. Department of Veterans Affairs; David Gorman, Retired Executive Director, Disabled American Veterans National Service and Legislative Headquarters; David Irby, PhD, Professor of Medicine and former Vice Dean for Education, University of California San Francisco School of Medicine; Kathleen Long, PhD, RN, FAAN, Dean, School of Nursing and Associate Provost, University of Florida, Gainesville; Michael Mayo-Smith, MD, MPH, (Ex-Officio), Director, New England Healthcare Network (VISN 1), U.S. Department of Veterans Affairs; Lloyd Michener, MD, Chair, Department of Community and Family Medicine, Duke University School of Medicine; Wayne Riley, MD, MPH, MBA, MACP, President and Chief Executive Officer, Meharry Medical College; Stephen Shannon, DO, MPH, President, American Association of Colleges of Osteopathic Medicine.

**Council members unable to attend:** Darrell Kirch, MD, President and Chief Executive Officer, Association of American Medical Colleges; Risa Lavizzo-Mourey, MD, President and Chief Executive Officer, Robert Wood Johnson Foundation; Claire Pomeroy, MD, MBA, Vice Chancellor for Human Health Sciences and Dean, University of California Davis School of Medicine.

**VHA staff presenting at the meeting:** Joel Kupersmith, MD, Chief, Office of Research and Development, VHA; Thomas M. Muir, Director, Office of Personnel Security and Identity Management, VA; Karen Sanders, MD, Deputy Chief, VA Office of Academic Affiliations, VHA; Patricia Vandenberg, MHA, BSN, Assistant Deputy Under Secretary for Health for Policy and Planning, VHA; Antonette Zeiss, PhD, Chief Consultant, Office of Mental Health Services, VHA.

**Guest presenter:** Kelly L. Begatto, Director, American Medical College Application Service.

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**Other VHA staff attending:** Louise Arnheim, MPA, Strategic Communications Manager, Office of Research and Development, VHA; David Atkins, MD, MPH, Associate Director, Health Service Research and Development Service, Office of Research and Development, VHA; Holly Birdsall, MD, PhD, Deputy Chief, Office of Research and Development, VHA; Marianna Bledsoe, MA, Senior Program Manager for Biorepositories and Biobanking, Biomedical Laboratory Research and Development Service, Office of Research and Development, VHA; Mary Dougherty, DNSc, Director, VA Nursing Academy, Office of Academic Affiliations, VHA; Stuart Gilman, MD, MPH, Director, VA Advanced Fellowships and Professional Development, Office of Academic Affiliations, VHA; Debbie Hettler, OD, MPH, FAAO, Clinical Director, Associated Health Education, Office of Academic Affiliations, VHA; Christy Howard, MSW, Health Systems Specialist, Office of Academic Affiliations, VHA; Trish Moore, Supervisory Security Specialist, Office of Security and Preparedness, VA; Timothy O'Leary, MD, PhD, Deputy Chief, Office of Research and Development, VHA; Alex Ommaya, DSc, Director Translation Research, Office of Research and Development, VHA; Joanne Pelekakis, MLS, Health Systems Analyst, Office of Academic Affiliations, VHA; Annie Spiczak, Assistant Deputy Under Secretary for Health for Workforce Services, VHA.

**Members of the public attending:** Margaret Hardy, JD, Director Graduate Medical Education Policy and Analysis, American Osteopathic Association; Jack Krakower, PhD, Senior Director, Medical School Financial and Administrative Affairs, Association of American Medical Colleges; and Pamela Murphy, MSW, Director of Government Relations, Association of American Colleges of Osteopathic Medicine.

## **MINUTES**

**Tuesday June 5, 2012**

### **Welcome and Introductions**

**Jordan J. Cohen, MD, Chair NAAC**

Dr. Cohen welcomed the members and guests to the second meeting of the National Academic Affiliations Council (NAAC). Members introduced themselves followed by self-introductions of VHA staff and guests in attendance.

### **Review of February 8-9, 2012 Meeting and Council Recommendations**

**Jordan J. Cohen, MD, Chair NAAC**

Five recommendations were submitted to the Secretary of Veterans Affairs and the Under Secretary for Health from the first meeting of the NAAC held on February 8-9, 2012. VA will respond to all Council recommendations indicating how they will be addressed. Dr. Malcolm Cox, Chief Academic Affiliations Officer and NAAC member, provided a status update of the NAAC recommendations from its February meeting. The recommendations have been reviewed by VHA and an action plan developed.

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Concurrences have been received from all relevant VHA program offices, and the recommendations and action plans are awaiting sign off by the Under Secretary for Health and final review by the Secretary. The NAAC Council Chair will then be formally notified of VA's decisions.

Dr. Cox reported on interim accomplishments and led the Council in a discussion of its February recommendations and the approaches VHA was likely to adopt.

NAAC February 2012 Recommendation #3:

*VA continue to enhance nursing school partnerships, initiated under the VA Nursing Academy pilot program, by expanding this foundational academic partnership program.*

The Under Secretary for Health has approved a one-year extension (July 1, 2012 – June 30, 2013) of the current VA Nursing Academy (VANA) sites. Dr. Cox noted that this indicates leadership's interest in the program but that further expansion is still under discussion. Building on what has been learned from the VANA Pilot, the Office of Academic Affiliations and the Office of Nursing Services has submitted a proposal to expand VA-Nursing School partnerships over the next decade. Currently under consideration by VHA's National Leadership Council, a decision by the Under Secretary for Health is expected by the end of summer 2012.

The NAAC applauded these developments. The Council was highly supportive of expanding nursing partnerships enterprise-wide and discussed the need for mechanisms to ensure sustainability over time. Moreover, the Council noted that VANA and its successor programs could be seen as models for future joint ventures between VA and the academic community.

NAAC February 2012 Recommendations #4 and #5:

*4. VA re-examine the structure and function of medical center Academic Partnership Councils to ensure they are broadly representative of all local academic affiliates and provide effective oversight of all programs jointly administered by VA and its academic partners. VA should consider policy changes, if necessary, and should mount demonstration projects to examine the effectiveness of new models of local affiliation governance.*

*5. VA re-examine the roles of medical center and VISN leadership in the oversight and management of its statutory educational mission. VA should consider:*

- a. Strengthening the role and function of the Designated Education Officer;*
- b. Better defining the resources necessary for the Designated Education Officer to manage health professions training and academic affiliations effectively;*

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- c. *Clarifying the roles of the medical center Chief of Staff, Chief Nursing Executive, and VISN Academic Affiliations Officer in the oversight and management of health professions training and academic affiliations;*
- d. *Developing performance metrics for medical center and VISN leaders with responsibilities for health professions training and academic affiliations; and*
- e. *Designing professional development programs for medical center and VISN leaders with responsibilities for health professions training and academic affiliations.*

Recommendation #4 focuses on local medical center advisory committees, i.e., the old “Deans’ Committees,” now called Affiliation Partnership Councils. Dr. Cox noted that plans are underway to engage field leadership in developing mechanisms to strengthen local partnerships with the academic community as well as develop measures to evaluate success. Council members discussed the Affiliations Effectiveness Survey conducted by the Blue Ribbon Panel on VA-Medical School Affiliations and suggested it be used as a reference tool.

Recommendation #5 deals with engagement of local leaders in VA’s education mission. Dr. Cox described plans to engage VHA’s National Leadership Council in identifying areas for improvement and setting field expectations. The NAAC endorsed this collaborative approach and emphasized the importance of professional development and performance metrics in constructing an effective plan.

NAAC February 2012 Recommendation #2:

*VA continue to support modes of clinical education that foster the clinical skills, professional attitudes and systems awareness needed for patient-centered care and continue to promote the adoption of such educational modes by its academic affiliates. VA should:*

- a. *Emphasize longitudinal learning experiences in order to promote sustained, supportive and trustworthy relationships among team members and between teams and their patients;*
- b. *Expand interprofessional learning experiences that emphasize effective communication, shared decision-making, and systems-based practice and improvement in order to promote high-functioning team-based practice;*
- c. *Continue to support the demonstration projects currently underway that examine the effectiveness of innovative models of health professions education (i.e., the Centers of Excellence in Primary Care and Specialty Care Education) and develop additional demonstration projects to expand the evidence base needed for rational redesign of learner experiences; and*
- d. *Explore options for re-balancing VA’s educational portfolio and resources around models of learning that promote the development of proficiency in the clinical and system skills needed for patient-centered and interprofessional, team-based care.*

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Dr. Cox noted that this recommendation essentially endorsed VA's already existing innovations in clinical education reform and health system redesign. The primary question now is how to create a vehicle to capitalize on and further develop these initiatives. VHA is one of the premier learning organizations nationally, with a health care delivery system poised to educate future health professionals in the delivery of patient-centered care. The challenge is to coordinate strategically VHA's many efforts in this regard, and to assist Academic Health Centers in building on the VA's experience. One option is to create an overarching interprofessional Advisory Committee that encompasses the broad scope of VHA's educational programs with the charge to examine the entire educational portfolio. Previous advisory committees have been discipline focused or specific to the associated health professions. Future educational strategies should be focused on interprofessional learning and care and must be aligned with VHA's rapidly evolving clinical delivery system. Dr. Cox emphasized that it will be imperative to have a wide spectrum of VHA leadership engaged in developing these plans.

The NAAC discussed the various options for obtaining broad buy-in, and determined that an interdisciplinary Advisory Committee would best serve to set the agenda, coordinate efforts, and develop clinical training programs that push the envelope on innovation.

### NAAC February 2012 Recommendation #1:

*VA and the academic community examine the feasibility and potential mutual advantages of entering into novel partnerships – such as new sharing agreements, strategic alliances and joint ventures – in order to strengthen their joint commitment to delivering high quality, evidence-based, and efficient care to individuals and populations. Recognizing the complexity of developing relationships beyond traditional academic affiliations, the NAAC further recommends that a NAAC sub-committee be chartered to explore this issue in more detail.*

This NAAC recommendation addresses the need to re-examine the nature of partnerships between VA and academic institutions and organizations. Dr. Cohen commented that he believed that this challenge was an underlying reason for the formation of the NAAC. Dr. Cox noted that the establishment of subcommittees is permitted by the NAAC charter.

The Council discussed that one of the most important matters for future agendas would be defining options to allow and encourage joint ventures between VA and its academic affiliates. Council members reviewed options and challenges to forming this subcommittee, including the wide spectrum of potential stakeholders (both within and outside VA), potential regulatory and statutory barriers, the perceptions of Veterans, and reactions from academic and private sector constituencies.

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**Veteran Demographics and VA/VHA Strategic Planning**

**Patricia Vandenberg, MHA, BSN, Assistant Deputy Under Secretary for Health for Policy and Planning, VHA**

Ms. Vandenberg provided a detailed review of the evolving trends impacting VHA's 2013-2018 strategic horizons. Her presentation addressed strategic context, the composition of the current Veteran population, and the dynamics of the VHA health care system.

The veteran population in the US is estimated at 23 million individuals. Over 8 million are currently enrolled for VA health care, with over 5 million receiving care in the VA health system. Eligibility reform legislation passed in 1996 provided open enrollment in VA health care. However, at the present time, access is determined by a combination of income and disability, the latter determined to be connected to military service.

There are many factors that impact the health care a Veteran seeks and receives from VA. One of the strongest influences is the US economy. During economic downturns and periods of high unemployment, Veterans' reliance on VA health care services increases.

Unknown at this point is the impact that the Patient Protection and Affordable Care Act (PPACA) will have on Veteran demand for VA health care. A major intent of the law is to ensure everyone has health insurance coverage. There will be a tax credit for individuals below defined income levels to support the purchase of health care insurance through state managed health care insurance exchanges. The law defines enrollment in the VHA health care system as meeting the goal of having health insurance. Veterans enrolled with VA will not be eligible for the tax credit, and VA-enrolled Veterans with families will only be eligible for a pro-rated share of the tax credit. A challenge for VA will be how to communicate with enrolled Veterans about their health care options, as well as how to reach the approximately two million Veterans who are currently eligible for VA care but have not enrolled.

A review of Veteran population trends demonstrates a decline in the total Veteran population, but stable numbers of enrolled Veterans and active patients over the next 20 years. Projections of Veteran demand vary by geographic region, reflecting shifting population demographics and retirement patterns. VHA Veteran Integrated Service Networks (VISNs) face differing challenges based on their local demographic trends. VISNs must cope with decreasing use of inpatient beds and greatly increasing utilization patterns for ambulatory clinics and home-based care.

Veterans from the current conflicts are enrolling for VA health care in higher numbers than previous cohorts. This includes increased numbers of women Veterans and significantly increased demands for mental health care. In addition, this cohort has higher expectations for services.

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VA has increased use of health care purchased from non-VA sources, partially in reaction to providing services to Veterans in rural areas and in part to address access and needs for specialty care in many other areas.

VA launched a major initiative to enhance primary care delivery through initiation of Patient Aligned Care Teams (PACTs), which are analogous to the Patient Centered Medical Homes under development in other sectors. A comprehensive evaluation is underway to evaluate patient care outcomes, costs, and changes in practice patterns. The PACT initiative also includes an educational initiative to study models for interprofessional education of future health care providers in the VA system. These competitively selected five-site pilots will begin their second year of training in July 2012. Outcomes of education are being assessed for potential adoption throughout VA's primary care system.

Council members discussed these trends and the challenges of projecting future resources and patient utilization, the impact of changes in the national health care environment on health care delivery and health professional education, and the opportunities for VA and its academic partners to flourish in the new environment, most especially if they enhance collaboration in both education and clinical care delivery.

### **Lunch Discussion**

**Antonette Zeiss, PhD, Chief Consultant, Office of Mental Health Services, VHA**

Dr. Antonette (Toni) Zeiss joined the Council for a working lunch discussion of the demand for mental health services in today's VA health care system and the significant efforts VA is undertaking to increase mental health clinical capacity. VA has increased mental health staffing by 40 % since 2005, and is currently undertaking a major initiative ("Marathon 5000") to add 5000 additional mental health care providers by October 2012.

There has been widespread national media coverage of the mental stresses of the recent conflicts and the pervasiveness of traumatic brain injuries. The Department of Defense is making major efforts to de-stigmatize mental health care, and working with VA to enhance care available to Veterans. Veterans of recent conflicts are more likely to seek such care from both DoD and VA than previous cohorts.

Marathon 5000 focuses on psychiatrists, psychologists, psychiatric nurses, social workers, and other members of the health care team. Mental health care is being integrated into VHA's PACT teams for primary care, with specialty referrals for specific mental health needs.

An emerging issue is the pipeline of future mental health professionals. The Office of Academic Affiliations has increased support of mental health training opportunities in

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recent years. For example, from 2007 to 2013, the number of training positions in psychology has been increased by 53% and currently stands at 773. The number of psychiatry resident positions has been increased by 20% and currently stands at 1,055. Similarly, social work internship positions have increased by 20% to nearly 800. Overall, the OAA budget for stipends and benefits for trainees in the four primary mental health disciplines (nursing, psychiatry, psychology, and social work) now exceeds \$100 million annually.

Council members noted that while VA will be able to provide increased opportunities for clinical training, academic training programs will need to enlarge the mental health training pipeline in order to meet the emerging demand for mental health professionals. The NAAC considered enhanced collaboration between the academic community and VA essential to increase capacity.

### Overview and Status of Blue Ribbon Panel on VA Medical School Affiliations Recommendations – Regulatory Issues Karen M. Sanders, MD, Deputy Chief, Office of Academic Affiliations, VHA

Dr. Sanders presented an update on accomplishments on the Blue Ribbon Panel (BRP) recommendations addressing administrative and regulatory challenges. VA actions (letters) addressing BRP recommendations (numerals) were categorized as completed, in progress, or pending.

1. **Information technology (IT) connectivity.** VA's IT policies and procedures should be reformulated to consistently and explicitly support the business requirements of its clinical and academic missions while maintaining appropriate safeguards for private information.
  - a. *Complete the work of the joint VA-AAMC Research IT workgroup and use the guiding principles developed as a basis for formulating policy recommendations.*

**Pending:** The report from the Working Group on Information Technology Security and Privacy in VA and NIH-sponsored Research, sponsored by the AAMC, was finalized in November 2010. The report has yet to be officially implemented in VA.
  - b. *Establish a joint OAA-OHI workgroup to define "educational IT" issues.*

**Completed: No longer necessary; issues included in a standing business meeting between VHA and the Office of Information & Technology (OI&T).**
  - c. *Establish a joint VA-AAMC workgroup to develop guiding principles on "educational IT" issues.*

**Completed:** No longer necessary; issues being directly negotiated with the VA Office of Information and Technology (OI&T)

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- d. *Accelerate the development of the national software package for a Trainee Registration and Tracking System.*

**No Progress:** Development of a trainee registration system has been a low priority item for VHA, especially within a constrained IT budget. An alternative pathway involving reconfiguration of an existing Health Care Talent Management Office database is on hold because of contractor failures. Recently, interest in a Trainee Registration system has re-surfaced due to the need for a master database to assign training requirements and the need to recruit mental health trainees to a career in VA.

2. **Sole source contracting.** Within a general framework of accountability for public funds, VA's sole source contracting policies and procedures should be modified to promote rather than restrain collaboration with the academic community.

- a. *Complete the work of the joint VA-AAMC Contracting workgroup to review and revise existing sole source contracting directives.*

**Good Progress:** A revised Handbook is nearing completion. The VHA Medical Sharing Office has been reorganized with the intent of improving facility and affiliate customer service, better justifying contract costs, and reducing contract award times. Plans are underway to have three regional "Affiliate Forums" on government contracting processes.

3. **Chief of Staff conflict of interest.** VA's conflict of interest policies and procedures should be modified to signify the need for the Chief of Staff to have a stake in the success of both VA and its academic partner's.

- a. *Review existing policy and recommend changes.*

**Good Progress:** VA's Office of General Counsel has clarified that Chiefs of Staff (with uncompensated faculty appointments) do not have an assumed conflict of interest and may oversee clinical contracts. Policies are being rewritten to reflect this new interpretation.

4. **Part-time physician time and attendance.** To optimize the benefits it receives from its academic partnerships, VA should modify existing "time and attendance" policies to allow for more flexible implementation while maintaining appropriate accountability.

- a. *Review existing policy and recommend changes.*

**Good Progress:** A revised Part-Time Physician policy has been completed and is in the concurrence process. Monitoring of part-time physicians with fixed tours of duty has been eliminated, and reporting on part-time physicians with flexible tours of duty has been reduced from monthly to quarterly. Physical presence monitoring has been eliminated.

5. **Mandatory training.** VA and its academic affiliates should examine the quality and effectiveness of mandatory training and work towards a system that provides joint training and training reciprocity.

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- a. *Develop mechanisms to enable more effective and efficient mandatory training for trainees and staff.*

**Good Progress:** For clinical trainees, an integrated Mandatory Training for Trainees (MTT) program has replaced 14 previously separate modules. The recent move of the MTT to the Talent Management System (TMS) has been uneventful and transparent for trainees, but the required “back-end” administration has substantially increased facility workload.

**Pending:** A new bundled course for voluntary (“without compensation”) and part time faculty is under development to ease the burden of mandatory training for part-time clinicians.

**Security Policy and Implementation Procedures: Impact on Health  
Professional Trainees and Academic Affiliations - Panel Discussion  
Moderator: Karen M. Sanders, MD, Deputy Chief, Office of Academic  
Affiliations, VHA**

**AACN Experience with Background Screening of Nursing Students  
Geraldine D. Bednash, PhD, RN, FAAN, Chief Executive Officer, American  
Association of Colleges of Nursing (AACN) and NAAC Member**

Dr. Bednash described the efforts of the American Association of Colleges of Nursing to respond to their constituents’ needs for background checks for student applicants. Intense competition for admission to nursing schools makes it important to enroll only students who have no prior episodes that will prevent them from entering clinical training and becoming licensed. Subsequently, a standardized national contract for background screening was developed with a vendor that all nursing schools could use.

Schools conduct background checks at different times during the academic cycle, but complete them before students enter clinical rotations. Approximately 50,000 individuals are screened for nursing schools each year at a cost of \$35 per student. In addition to school-initiated screenings, FBI background checks are required by many state licensing boards.

**AAMC Experience with Background Screening of Medical Students  
Kelly L. Begatto, Director, American Medical College Application Service**

Ms. Begatto described the centralized criminal background screening service offered to medical schools through the American Medical College Application Service (AMCAS). Applicants who apply are asked if they have ever been convicted of a felony or a misdemeanor or received a dishonorable discharge from the military; if so, they are asked to explain. Upon provisional acceptance by a medical school, the background screening is run and results are expected to conform to an applicant’s declaration. The

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results are first sent to the applicant who has 10 days to provide any explanations to accompany the report sent to the medical school. Some acceptance offers are rescinded after background reports are received. Approximately 16,000 background screenings are conducted annually at a \$100 cost per applicant.

Over half of the screenings occur in the month of January. The timeframe for receiving results averages 16 days including the 10-day window for applicant review. Results from the 2011 applicant class returned 13 felony hits (0.8%), 1,078 misdemeanors, (6.8%) and 1 dishonorable discharge. As AMCAS does not receive the actual results, it is not known if these individuals were ultimately admitted to medical school or not.

### **VA Security Policy and Implementation Procedures**

**Thomas M. Muir, Director, Office of Personnel Security and Identity  
Management, VA**

Mr. Muir described U.S. federal policy on maintaining a safe and secure environment for federal installations and detailed both the current and planned implementation procedures for trainees coming to VA for clinical training. Executive Order 10450 and 5 CFR 731, 732 and 736 provide that all federal appointments are subject to investigation. Current directives from Homeland Security, the Office of Management and Budget, and VA are being implemented for all individuals having access to VA. This includes employees, contractors, trainees, and volunteers.

There are several levels of background investigations and security screening in the federal system. The initial level is the Special Agreement Check (SAC), which includes fingerprints. Most VA trainees currently receive this level of screening. Fingerprints are submitted to the FBI and checked against national databases. Results are returned within 48 hours to the local human resources office for review and adjudication. The higher level of security screening that is used for all VA employees and yearlong trainees is the National Agency Checks with Written Inquiries (NACI), conducted by the Office of Personnel Management (OPM). This process takes an average of 87 days; however, conditional access is granted upon receipt and adjudication of the results of the SAC. The NACI results cross federal agencies, and are good for the entire tenure of an individual in federal service. There are more intense (and lengthy) investigations for certain personnel requiring higher level or security clearances.

Government wide efforts are currently underway to implement requirements for Personal Identity Verification (PIV) cards. These ID cards are issued after the required screenings and have embedded computer chips that will provide physical access to government space and logical access to government computer systems. Currently "non PIV" cards are being issued to trainees after completion of the SAC. VA is currently deliberating appropriate policy and procedures for application of these requirements to trainees, and whether the NACI and resulting PIV identification card should be required for trainees.

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**Council Discussion: Security Policy and Implementation Procedures  
Jordan J. Cohen, MD, Chair, NAAC**

The Council engaged Mr. Muir in a lively discussion of challenges and options for VA to handle security screening and background checks for over 115,000 trainees each year. Council members gave examples of the inability of some VA facilities to handle groups of trainees in a timely manner. A major issue is the required lead-time to complete the processes, especially for the NACI. Trainees often have short lead times before learning of assignment to specific affiliated facilities for their clinical training. Implementation of processes creating significant delay in a trainee's access to VA will inevitably decrease the number of trainees coming to VA and negatively impact patient care.

The Council emphasized the importance of striking the right balance between security and VA's patient care, research, and training missions. The Council suggested that a value added or opportunity cost analysis might be helpful in determining whether VA should change trainee screenings from the SAC to the NACI. Members also emphasized the need to have a consistent "best practice" for security screening across the VA and to clearly communicate these to all VA facilities and affiliated institutions.

The Council also addressed the wide variations in policies for screening and background checks adopted by academic institutions and hospitals in other sectors. The Council felt that everyone had the responsibility to assure that security was set at an appropriate level and to upgrade their security processes if found deficient. The NAAC also felt that it could play an important national role in identifying common standards for screening and publicizing these within the health professions academic community.

**Wednesday June 6, 2012**

**Review of Discussions on Tuesday June 5, 2012  
Jordan J. Cohen, MD, Chair, NAAC**

The Council continued its discussion of options to allow and encourage joint ventures between VA and academic affiliates. Dr. Cox noted that a VA Policy Handbook had already been published on Joint Ventures. The Handbook has been used until now primarily to govern VA-DoD joint ventures, but the opportunity for joint ventures with academic affiliates figures prominently in the Handbook as well.

Council members discussed options and challenges to forming a Joint Venture subcommittee. The Council decided that a small working group of NAAC members should be formed to explore options, draft a charter, and recommend membership of a

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formal Joint Venture subcommittee. Dr. Cohen asked for Council members to self identify their interest in serving on this working group to him after the meeting. The working group will be expected to report back to the NAAC at its next meeting. Once the Secretary has approved the charter and membership of the NAAC Joint Venture subcommittee, this working group would be supplanted by the formal subcommittee.

### Overview and Status of BRP Recommendations – Research Issues

Joel Kupersmith, MD, Chief, Office of Research and Development (ORD), VHA

Dr. Kupersmith presented an update on accomplishments on the BRP Recommendations addressing research challenges. VA actions (letters) addressing BRP recommendations (numerals) were categorized as completed, in progress, or pending.

1. **VA should enhance research funding in order to accelerate the pace of health-related discovery.** Efforts should be directed at increasing VA's research appropriation, facilitating industry funding for clinical trials and promoting transfers from other federal agencies to support areas of joint interest (e.g., from the Department of Defense to support research in traumatic brain injury).

- a. *Create a VA nonprofit education and research corporation (NPC) for centralized VA programs.*

**Completed:** The proposal for new legislation has been approved by OMB and will be in this year's VA legislative package.

**In Progress:** VA and DoD conducted a joint program review of PTSD and TBI programs. The report, which deals with joint planning and collaboration among VA, DoD, and Academic Medical Centers, is pending final approval.

- b. *Streamline OGC reviews related to technology transfer.*

**In Progress:** VA's Office of General Council (OGC) is working on an attorney fee structure and standard operating procedures for these legal services.

- c. *Clarify policies with regards to intellectual property and investigation conducted by pharmaceutical and medical device organizations.*

**Completed:** In accordance with the Federal Technology Transfer Act and ORD policy, VA offers clinical research sponsors the right to negotiate a license for any invention developed in the performance of the Statement of Work (or Protocol). For Phase III or IV drug trials, VA also promises to give the sponsor, on request, a non-exclusive royalty free license to the same invention.

**In Progress:** ORD's Technology Transfer Program (TTP) conducts extensive outreach through field site visits and town hall meetings with investigators. TTP staff also attend annual meetings and conferences of

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academic and potential industry partners (e.g., Federal Laboratory Consortium, Licensing Executives Society USA & Canada, National Council of University Research Administrators, Association of University Technology Managers, Model Agreements and Guidelines International).

**In Progress:** Beginning in the summer of 2012, OGC will begin a pilot initiative of a panel of research-dedicated attorneys who will work only on research, technology transfer, non-profit corporations, research misconduct, Institutional Review Board determinations, and other research-related issues.

**In Progress:** VA is reviewing current guidelines for tissue banking and the use of human specimens in research. A VA tissue banking handbook is under development. Approaches are being explored with respect to duration of sample storage and security requirements in order to promote research collaboration with academia and industry by minimizing administrative burden.

**In Progress:** ORD's Technology Transfer Program is in the process of developing educational modules for investigators and field research offices.

2. **VA and its academic partners should expand collaborative and joint research activities.** Promising areas for collaboration include preventive medicine, rehabilitative and regenerative medicine, health services research, educational research, healthcare informatics, genomic studies, and personalized medicine.

- a. *Identify opportunities and develop procedures for enhanced research collaboration with the academic community, including joint research ventures.*

**Completed:** Report of the Work Group on IT Security and Privacy in VA and NIH-Sponsored Research (convened by the AAMC, Chairs, A Bonham and J Kupersmith) included AMCs, NIH, and all relevant offices in VA. The report made recommendations on data sharing. VA has concurred with, but not yet implemented the recommendations.

**Completed:** Based on the AAMC Workgroup report, a VA Research Information Security and Privacy Advisory Panel, which includes all relevant VA Offices, was formed to aid the field in the interpretation and clarification of research information security and privacy policies. Questions from the field and responses are posted on a Web site.

**In Progress:** A new Senior Regulatory Affairs Officer will conduct reviews with a view to simplifying research policies and procedures.

**In Progress:** There is substantial collaboration between VAMCs and AHCs in the Clinical and Translational Science Awards (CTSA program). Forty-five percent of CTSA include a VA partner. NIH/NCRR held a national meeting on VA/CTSA collaboration. This led to a CTSA thematic special interest group focusing on collaborative training and other issues.

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**In Progress:** VA now uses the same Collaborative Institutional Training Initiative (CITI) site for human subject protection training that most medical schools utilize. This harmonization has significantly simplified the training process.

**3. VA should further increase merit review grant funding levels, expand the career development award program (especially for junior investigators), secure adequate protected time for researchers, and enhance core research facilities through new construction.**

- a. *Conduct assessments of merit review and career development procedures using working groups of scientists and clinicians reporting through the VA National Research Advisory Council.*

**In Progress:** ORD convened a Peer Review Evaluation Panel (PREP) of leading VA research scientists to conduct an in-depth evaluation of the current approach to the evaluation and funding of VA research, compare the peer-review process in VA's intramural research program with that in other federal agencies, and determine whether other federal agencies have program elements which, if adopted by VA, would improve the effectiveness of the VA research program. A report with 44 recommendations was completed earlier this year and is currently under evaluation by ORD Peer Review Program Managers for implementation.

**Completed:** A commitment has been made to maintain the #s of RCDAs through any budget difficulties.

**In Progress:** An assessment of the career development program is nearing completion. Concurrently, HSR&D leadership, senior investigators, and current awardees are developing CDA program enhancements that incorporate the concept of a "web of mentoring", including peer mentoring and post-award mentoring.

**Completed:** New investigator applications are identified during peer review panel meetings and during Service funding meetings. The status of an applicant as a new investigator is one of several factors considered in the final funding decision. Dedicated funding for new investigators was part of the ORD strategic plan presented to the VA Deputy Secretary.

**Completed:** ORD organized a Research Administrative Review by a Committee including VISN and medical center directors and research leadership. Guidelines for protected time were formulated and agreed upon. A memo incorporating these guidelines was issued to all VISN and medical center directors and research offices by the Deputy Under Secretary for Health for Operations and Management in April 2010.

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**4. VA and its academic partners should fully exploit opportunities to share research resources, including laboratory space, instrumentation, core facilities, computational software and statistical expertise.**

a. *Complete infrastructure assessment for VA research.*

**In Progress:** The report has been completed. The recommendations are under discussion within VHA.

**5. VA and its academic partners should disseminate new research findings broadly throughout the U.S. healthcare community and beyond.**

a. *Develop a statement of principles regarding communication of research findings by VA and its academic affiliates.*

**Completed:** To facilitate compliance with VHA Handbook 1200.19, which requires investigators to notify ORD of VA research and acknowledge VA support following acceptance for publication, ORD Communications implemented a new SharePoint system called "PubTracker." As of October 2011, all ORD field investigators were required to upload notifications about upcoming publications, presentations, media interviews, and other professional activities to this system. In FY 2011, 9157 publications were reported.

b. *Increase ORD communications outreach efforts to the public.*

**In Progress:** Over the past year, ORD Communications has significantly increased the level of collaborative activity with the VA Office of Public and Intergovernmental Affairs (OPIA) through joint press releases, monthly virtual media roundtables, and other initiatives. Collaboration with AAMC has also increased.

**In Progress:** ORD Communications has significantly increased outreach efforts and visibility at key professional society, health services research, and academic conferences, including the AAMC annual meeting.

**In Progress:** Over the past six months, ORD Communications has implemented a Web content strategy that has boosted postings by 90 percent, more than tripled the number of hits to Research Week videos, launched a local radio media tour that reached more than 10.5 million listeners nationwide, and conducted focus groups to better inform development of future products.

**In Progress:** ORD is working on a contract with Elsevier to develop a portfolio categorization and reporting tool that will include a public facing Web site.

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**6. Develop national policy standards for assessing the adequacy of financial and administrative support for the academic mission and for ensuring transparency in the distribution and use of Veterans Equitable Resource Allocation (VERA) funds for education and research.**

- a. *Review the mechanisms by which the annual VERA research supplement is determined, distributed, and utilized.*

**Completed:** ORD does not determine policy in this area. The mechanisms by which VERA research funding is determined and distributed have been published ([http://vaww.bdc.med.va.gov/references/faqs/faqs/faq\\_tt.html](http://vaww.bdc.med.va.gov/references/faqs/faqs/faq_tt.html)).

**7. Establish educational and research productivity metrics to promote the academic mission.**

- a. *Develop a policy on research productivity and its relationship to overall time and effort.*

**In Progress:** ORD uses conventional indices (e.g., peer-reviewed publications) and is working with consultants to develop new approaches.

**Completed:** ORD has disseminated informal guidance (approved by OGC and OAA) to the field regarding time-effort MOUs between affiliates and VAMCs as required by NIH.

**Council Discussion: Research Opportunities and Challenges  
Jordan J. Cohen, MD, Chair, NAAC**

The Council interacted with Dr. Kupersmith throughout his presentation. Particular areas of discussion included: (1) The status of the recommendations from the joint VA-AAMC Research IT workgroup and the question of whether the ORD VA Research Information Security and Privacy Advisory Panel in and of itself met the needs for a clear policy statement on these issues; (2) the ORD research infrastructure survey and when the results would be made available to the NAAC, academic affiliates and the general public; and (3) ORD's involvement in evaluation of VHA's Patient Aligned Care Team (PACT) implementation.

Dr. David Atkins, Deputy Director of ORD's Health Services Research and Development Service provided an update on the five PACT Demonstration Labs set up to assist in evaluating PACT implementation and system outcomes. These evaluations are a mix of programmatic evaluation and research aimed at answering such questions as: did PACT improve care; are there variations in implementation of PACT; are there more efficient ways to implement PACTs; and can VA assess the impact on costs? Dr. Cox brought up the five Centers of Excellence in Primary Care Education that are addressing the impact of education reform on learning and clinical outcomes.

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Dr. Cohen thanked Dr. Kupersmith for his time with the NAAC and noted that the NAAC would do its utmost to support VA's research enterprise.

After Dr. Kupersmith's departure the Council continued discussion with Dr. Holly Birdsall, Deputy Director of ORD. Dr. Birdsall emphasized that she was trying to identify ways to reduce regulatory burden on research in VA. In response to Council questions she described the process for waivers for VA funded research to be conducted in non-VA space. Dr. Birdsall emphasized that there is a balance between stresses on VA space and the desire to maintain and enhance a distinct VA research identity.

The Council was also interested in facilitating access to VA patient data. Dr. Birdsall noted that this is problematic, and that a workable solution is to provide affiliate researchers with part-time VA appointments and collaborate with full-time VA researchers. Dr. Birdsall also emphasized the importance of VA's expansion of career development opportunities and earmarking funds for first time investigators. Council members thanked her for the continued discussion.

### **Council Discussion: Formulation of Recommendations Jordan J. Cohen, MD, Chair, NAAC**

Dr. Cohen led the Council in a discussion of recommendations to be made to the Secretary of Veterans Affairs. The Council formulated the following recommendations.

1. The NAAC applauds the quality of VA mental health care and endorses VA's recent efforts to further enhance access to care by increasing the recruitment of mental health practitioners. In order to increase the future supply of mental health professionals, the NAAC recommends that VA and its academic affiliates expand the mental health professions training pipeline. The NAAC further recommends that this be built around innovations in mental health care delivery, especially interprofessional team-based care, rather than relying solely on existing models of care.
2. The NAAC appreciates that healthcare trainees require background screening to ensure public trust. VA presently requires a Special Agreement Check (SAC), which includes fingerprints, as the minimum screening procedure to gain access to VA facilities and IT systems, but higher-level screening is under active consideration. The NAAC recommends that a thorough reexamination of VA's trainee security policies and procedures be conducted to ensure that:
  - a. Modifications to present security policies and procedures do not have untoward consequences. For example, the inability of some VA facilities to badge or fingerprint trainees in a timely manner affects trainee assignment and has the potential to negatively affect patient care, clinical education and affiliation relationships.

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- b. The level of background screening established for clinical trainees is determined not only by business requirements but also by the relative risk posed by this population. For example, VA might find that a SAC-only screening process is sufficient, in part because of the young age, prior background screenings, and transient nature of the clinical trainee population.
3. The NAAC recognizes that VA's academic affiliates utilize a wide variety of background checks, up to and including fingerprint checks, but that these vary widely by profession and between schools. With this in mind, the NAAC recommends that VA and its academic affiliates:
  - a. Explore options for ensuring that all clinical professions and academic affiliates utilize the highest level of commercial background screening available (including fingerprint checks); and
  - b. Examine the feasibility of developing a system of reciprocity in background screening that would meet the expectations and requirements of all stakeholders.
4. Existing research collaborations between VA and its academic affiliates may provide examples of sharing, strategic alliance, and joint venture agreements. With this in mind, the NAAC recommends that VA compile a list of such sites for use in the NAAC's ongoing analysis of different forms of partnerships between VA and the academic community.

**Public Comment**

Dr. Jack Krakower from the AAMC commented that relationships between VA and academic affiliates were most important at the local level. He sees the strains of security and IT challenges as negatively impacting these ground level relationships. Council members discussed that this was one of their concerns also and that they would be focused on policy recommendations that could improve local relationships.