

March 23, 2015

The Honorable Robert A. McDonald
Secretary, U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald:

It is with great pleasure that I submit the minutes from the National Academic Affiliations Council's meeting held via conference call on January 6, 2015.

The Council is impressed with VA's dedication to bolstering external relationships with the academic community to expand access to care via the Veterans Access, Choice, and Accountability Act (VACAA) of 2014. The Council also applauds VA's commitment to meet the GME expansion requirements of the law, as is evident in Phase I of the expansion plan presented at the meeting.

In order to further strengthen VA's national leadership in health professions education, the Council makes the recommendations contained in the attached minutes.

We look forward to your feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Malcolm Cox", written in a cursive style.

Malcolm Cox, MD (Chair)
VA National Academic Affiliations Council

Enclosure

CC: Carolyn M. Clancy, MD

**Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for January 6, 2015**

Conference Call

The National Academic Affiliations Council met on January 6, 2015 via conference call. A quorum was present, affording the Council the opportunity to conduct normal business.

Council members present: Malcolm Cox, MD, (Chair), Retired Federal Executive, Department of Veteran Affairs; J. Lloyd Michener, MD, Chair, Department of Community and Family Medicine, Duke University School of Medicine; Claire Pomeroy, MD, MBA, President, Albert and Mary Lasker Foundation; Deborah Trautman, PhD, RN, Chief Executive Officer, American Association of Colleges of Nursing; Stephen Shannon, DO, MPH, President and Chief Executive Officer, American Association of Colleges of Osteopathic Medicine; Jacqueline Maffucci, PhD, Research Director, Iraq and Afghanistan Veterans of America; Darrell Kirch, MD, President and Chief Executive Officer, Association of American Medical Colleges; Norman B. Anderson, PhD, Chief Executive Officer, American Psychological Association; Risa Lavizzo-Mourey, MD, President and Chief Executive Officer, Robert Wood Johnson Foundation; David M. Irby, PhD, Professor of Medicine, University of California San Francisco School of 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; 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: None.

VHA Office of Academic Affiliations staff attending: William J. Marks, Jr., MD, MS-HCM, Chief, Health Professions Education (Designated Federal Official for the NAAC); Karen M. Sanders, MD, Deputy Chief Academic Affiliations Officer; Barbara Chang, MD, Director, Medical & Dental Education; Debbie Hettler, OD, MPH, Clinical Director, Associated Health Education; Alicia B. Bates, MEd, Program Analyst, Health Professions Education.

Guest Presenters: None.

Members of the public attending: Stanley Kozakowski, MD, Director, Medical Education Division, American Academy of Family Physicians; Martin Steele, USMC (Ret.), Associate Vice President for Veterans Research, University of South Florida; Judith Mun, American Association of Colleges of Osteopathic Medicine (AACOM); Angela Jeansonne, Assistant Director, Division of Federal Affairs, American

Osteopathic Association; Alegneta Long, Program Manager, American Association of Colleges of Osteopathic Medicine; Frank Maguire, Senior Attorney, General Accountability Office.

I. Welcome and Introductions

Dr. Cox welcomed the Council members and public guests.

The Office of Academic Affiliations (OAA) informed the Council that the minutes from the October 16-17, 2014 meeting have been finalized. Dr. Cox requested that the final minutes and recommendations approved by the Chair be forwarded to the Council for information purposes. Dr. Cox also requested that this become standard practice in the future.

II. Council Updates

A. Trainee Mandatory Training Memorandum

Background: Over the past few years, OAA has worked diligently to streamline mandatory training requirements for clinical trainees. In an effort to ensure IT compliance and streamline VA mandatory training for trainees, OAA consolidated over 14 separate content modules into two courses: Mandatory Training for Trainees and Mandatory Training for Trainees—Refresher.

On November 13, 2014, the Office of Information and Technology (OI&T) issued a memorandum eliminating all previously authorized substitutes to OI&T training courses, to include the OAA-developed training modules for trainees. The memorandum, released without consultation with Veterans Health Administration (VHA) or OAA, resulted in significant repercussions, including the discontinuation of trainee IT user accounts and instantaneous assignment of additional training requirements.

Status Update: Dr. Sanders informed the Council that OAA's concerns with the memorandum were escalated to the VA Chief Information Officer, and the memorandum was subsequently rescinded on December 8, 2014. All authorized substitutes (including OAA's two trainee courses) have been reinstated. OAA assured OI&T that the content of all OAA-developed modules would be updated, as needed, to reflect the content of OI&T's courses. OI&T agreed to the continuation of OAA's consolidated trainee courses.

Council Discussion: The Council commended OAA staff for their efforts in streamlining mandatory training requirements for trainees and the reinstatement of the consolidated trainee training modules.

B. USH Clinical Rotations & PIV Card Memorandum

Background: On July 3, 2013, Dr. Robert Petzel, former Under Secretary for Health (USH), issued a memorandum affirming VA's education and training statutory mission and the impact on VA's training programs and patient care when trainees are not able to start clinical rotations due to delays in obtaining Personal Identity Verification (PIV) badges.

At the October 16-17, 2014 NAAC meeting, Dr. Carolyn Clancy, Interim USH, pledged to reissue the PIV Badging of Health Professions Trainees memorandum to ensure PIV badging does not interfere with trainees' clinical rotations as long as all other on-boarding requirements have been met.

Status Update: Dr. Sanders notified the Council that the Interim USH signed and reissued the PIV Badging of Health Professions Trainees memorandum on December 11, 2014, attached in Appendix A.

Council Discussion: The Council commended OAA staff for their continued commitment to VA's education and training mission and applauded Dr. Clancy's reaffirmation of the PIV badging memorandum.

Dr. Jesse noted that the latest version of VA's Computerized Patient Record System (CPRS) will require PIV badges in order to prescribe controlled outpatient medications. While workarounds may exist, it is still imperative that VA continue to work on optimizing the PIV process and requirements for trainees.

The NAAC reiterated this June 2012 NAAC recommendation:

"The NAAC recommends that a thorough reexamination of VA's trainee security policies and procedures be conducted to ensure that 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."

C. Veterans Access, Choice, and Accountability Act (VACAA) of 2014

Background: The Veterans Access, Choice, and Accountability Act (VACAA) authorized VA to provide up to 1500 new medical residency positions over the next 5 years. At the October 16-17, 2014 NAAC meeting, OAA was in the process of soliciting responses to the VACAA Graduate Medical Education (GME) Expansion Plan program announcement.

Status Update: Dr. Marks provided the Council with an update on Phase One of the approved position allocations for next academic year.

OAA awarded a total of 204.2 FTE new positions. The breakdown is as follows:

Discipline/Area of Need	# of Approved Positions
Primary Care	74
Mental Health (Psychiatry)	58
New/Expanding GME Sites	38
Critical Needs	28
Rural Health	6
Total Positions	204.2

Highlights (of 204 FTE)	# of Approved Positions
Health Professions Shortage Areas	115
Positions to New GME Programs	24
New Affiliate Partnerships	25
New VAMC Sites	6

Council Discussion: The Council expressed interest in reviewing a more detailed report of the Phase One VACAA GME Expansion approvals to identify any patterns with regard to areas of need and further expansion capacity. Dr. Sanders noted that a mandatory Congressional Report is due October 1st of each year following each phase of the GME expansion; this will be available after the national residency match, and will indicate fill rates by affiliate, VA, and program in addition to approved positions. The Council requested that OAA provide it with a copy of the final VACAA Phase One GME Expansion Congressional Report upon its internal approval and clearance.

The Council also discussed potential opportunities for possible linkages of VA's expansion efforts with Health Resources and Services Administration's (HRSA) teaching health centers (THC) and federally qualified health centers (FQHC). Dr. Marks noted that Phase One of the VA expansion included the establishment of new affiliations with 5 THC's, totaling 8.7 positions.

Additionally, the Council discussed potential opportunities for VA to collaborate with the Center for Medicare and Medicaid Innovation (CMMI) around state innovation models and the nearly \$660M in new funding for state models of health care redesign. Dr. Sanders noted that state Medicaid GME Expansion efforts have not impacted VA, and to date these efforts have not been coordinated with VA's efforts. To enhance collaboration across multiple Federal agencies, Dr. Cox urged OAA leadership and individual Council members to reflect on possible opportunities to link these various efforts.

OAA is currently preparing next steps in the VACAA GME Expansion, which will include infrastructure and planning grants as well as new requests for proposals for Phases 2-5 for sites to apply for additional positions.

The NAAC commends VA for this notable effort to expand GME positions to meet VA and national needs.

Recommendation 1: The Council supports VA's GME expansion efforts and urges VA to examine the feasibility of more formal collaboration with HRSA's Teaching Health Center program as well as exploring collaboration with state Medicaid and CMMI redesign efforts. The Council requests that OAA provide it with an update on these efforts at the March 2015 meeting.

III. Trainee Registration and Tracking System

Background: Dr. Sanders informed the Council of VA's longstanding need for a national trainee registration and tracking system. VA's present employee personnel system (PAID) is antiquated and includes only a relatively small number of trainees paid directly by VA. Currently, trainees are tracked at the local facility level via a variety of mechanisms, including logs, Microsoft Excel spreadsheets, SharePoint sites, etc. Recently, the Secretary of Veterans Affairs proposed that VA examine the possibility of developing a VA trainee alumni group to be used as a recruitment tool for VA employment opportunities. Dr. Sanders reiterated the need for a national trainee registration and tracking system, which would help not only meet the Secretary's goal but also to provide other much needed data such as tracking of security training and clearance.

In 2013, VA awarded a contract to International Business Machines (IBM) to develop a new national VA employee human resources system, HR SMART, which would have the capability to capture both VA employees *and* trainees. OAA has already reached out to developers and has obtained early commitments to include paid trainees in the initial implementation and without compensation trainees in the future. However, the system remains in the development stage, and the anticipated release date is in the distant future. In the interim, OAA continues to examine other viable options and is exploring possible funding mechanisms to assist with the development of a dedicated trainee tracking system.

Council Discussion: The Council discussed the importance of VA adopting or developing a trainee registration and tracking system and noted opportunities for incremental expansion and standardization of existing data reporting sets.

Recommendation 2: The NAAC endorses efforts to develop or acquire a national VA trainee registration and tracking system. The NAAC recommends either VA pursue the development of a standalone trainee tracking system or include *all* trainees in the initial implementation of the HR SMART system.

IV. Wrap Up and Recommendations

Dr. Cox led a discussion of Council recommendations, which are included in the relevant sections of these minutes.

V. Additional Topic: VACAA Trainee Credentialing Clause

Background: Dr. Jesse informed the Council of a potential concern in the VACAA legislation in which Section 207 “*Information for Veterans on the Credentials of Department of Veteran Affairs Physicians*” requires VA to publicly post the credentials of all physicians on a public “Our Doctors” website. Section 207 (a) 3 goes on to say “Information on Physicians at Particular Facilities: The “Our Doctors” health care providers database of the Department, or any successor database, shall identify whether each licensed physician is a physician in residency.” This section was added to enable any patient seeing a provider in the VA system to look up and determine if their provider is currently a physician within a residency program.

Council Discussion: The Council discussed the credentialing, privacy, and authority issues associated with this clause in the legislation. The Council identified a number of potential concerns and vulnerabilities of publicizing trainee information, including VA’s lack of legal authority to disclose resident information and IT challenges with regard to the development and maintenance of the site for accuracy. The Council also noted that accreditation standards require trainees to introduce themselves as *trainees* when providing patient care and that many trainees wear badges from their affiliates identifying them as trainees; thus, there are mechanisms already in place that differentiate residents from staff physicians. OAA leadership noted that they will attempt to obtain a technical amendment to the Section 207 clause. The Council requested an update as this issue proceeds.

VI. Public Comments

Dr. Stanley Kozakowski, Director of the Medical Education Division at the American Academy of Family Physicians, noted that the first phase to expand the VA trainee workforce has met with remarkable success and requested that OAA release notifications for the second announcement to the academic community with sufficient notice to ensure appropriate planning time. OAA leadership noted that Phase Two and subsequent phases will be issued with more advanced notice than was possible with the first phase of the initiative.

Dr. Cox emphasized that the public can contact OAA with any additional questions and/or concerns and invited the public guests to attend future Council meetings as well.

The next NAAC meeting will be held in Washington, D.C. on March 31, 2015 – April 1, 2014.

The meeting was adjourned at 3:38 pm ET.

Appendix A

Personal Identity Verification (PIV) Badging of Health Professions Trainees

**Department of
Veterans Affairs**

Memorandum

Date: DEC 11 2014

From: Interim Under Secretary for Health (10)

Subject: Reissuance: Personal Identity Verification (PIV) Badging of Health Professions Trainees (VAHQ 7546698)

To: VISN Directors (10N1-23)
Facility Directors
Chiefs of Staff
Designated Education Officers

1. This document reaffirms the Department of Veterans Affairs' (VA) commitment to its health professional training mission, the care of its Veteran patients, and the memorandum issued by the then Under Secretary for Health, Dr. Robert Petzel on July 3, 2013, under the title: Personal Identity Verification (PIV) Badging of Health Professions Trainees.
2. VA has an obligation to protect our Veterans and staff from harm that might come from unauthorized access to VA facilities or personal information. Homeland Security Presidential Directive-12 (HSPD-12) requires appropriate screening of individuals who come to Federal offices to work, contract, train, or volunteer. VA Directive 0710, VA Directive 0735, and Homeland Security Presidential Directive-12 (HSPD-12) provide guidance on these requirements.
3. As one of four statutory missions (Title 38 U. S. C. 7302), VA conducts an education and training program for health professional trainees to enhance the quality of care provided to Veteran patients within the Veterans Health Administration health care system. In accordance with this mission, education and training efforts are accomplished through partnerships with affiliated United States academic institutions. Approximately 120,000 health professions trainees rotate through VA each academic year (July 1 through June 30) as part of their formal clinical education. These trainees are a critical component of VA's delivery of health care.
4. Trainees are required to undergo on-boarding processes to obtain a PIV credential in accordance with HSPD-12, VA Directive 0710, and VA Directive 0735. VA processes over 70,000 new trainees each year. The sheer number of trainees either on-boarding or seeking re-issuance of expiring PIV credentials at any given time may overwhelm the ability of some facilities to provide PIV credentials to their trainees before they are scheduled to begin their training rotations.

Page 2.

Reissuance: Personal Identity Verification (PIV) Badging of Health Professions Trainees

5. Facility Directors and Chiefs of Staff are directed to continue to process trainees for PIV credentials. However, if trainees cannot be badged before the start of their training rotation, they will be allowed to start their rotation provided that they have completed all other required on-boarding processes as noted below:

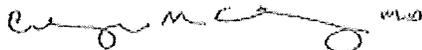
- a. Application and appointment paperwork that includes completed application forms; are listed on a signed Trainee Qualifications and Credentials Verification Letter from the affiliate; and have been issued Appointment Letters when appropriate;
- b. Have completed the online VHA Mandatory Training for Trainees (MTT) course (or the MTT refresher course) and have signed the online VA Rules of Behavior embedded therein;
- c. Have a successfully adjudicated Fingerprint screening - Special Agreement Check;
- d. Have been identity-proofed per HSPD-12 requirements; and
- e. Have a school-issued credential or, in the absence of a school credential, have been issued a facility-based, non-smart-card credential.

6. After completing steps 5a-e, unbadged trainees will be granted access to enter the facility; work under supervision; and access VA IT systems with a user name and password in lieu of using a PIV credential.

7. All health professions trainees are considered "clinical," and are therefore exempt from PIV Only Authentication to VA systems until such time that all clinical staff in VA are required to use PIV credentials to log onto VA systems.

8. Unbadged trainees and their VA sponsors must continue to coordinate with the local PIV badging office to acquire the appropriate PIV credential as soon as possible.

9. Questions regarding this memorandum should be directed to Dr. Karen Sanders, Deputy Chief Academic Affiliations Officer, at (202) 461-9490 or by email at karen.sanders@va.gov.



Carolyn M. Clancy, MD

cc: Director, VA Homeland Security Presidential Directive-12 Office (007C)



DEPARTMENT OF VETERANS AFFAIRS (VA)

**Response to the National Academic Affiliations Council (NAAC)
January 6, 2015 Recommendations**

Recommendation 1: The Council supports VA's GME expansion efforts and urges VA to examine the feasibility of more formal collaboration with HRSA's Teaching Health Center program as well as exploring collaboration with state Medicaid and CMMI redesign efforts. The Council requests that OAA provide it with an update on these efforts at the March 2015 meeting.

VA Response: Concur-in-Principle. VA will continue to pursue collaborative relationships with HRSA Teaching Health Centers, especially in rural and underserved areas.

Recommendation 2: The NAAC endorses efforts to develop or acquire a national VA trainee registration and tracking system. The NAAC recommends either VA pursue the development of a standalone trainee tracking system or include all trainees in the initial implementation of the HR SMART system.

VA Response: Concur-in-Principle. VA has already selected a vendor to develop a new national employee payroll and tracking system, and VA-paid trainees will be included in the initial implementation of the HR SMART rollout plan. OAA will continue to advocate for the inclusion of all health professions education trainees (including uncompensated trainees) in the new system.

Actions to implement:

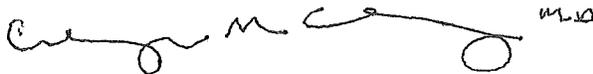
VA Action Plan						
Recommendation	Lead Office	Other Offices	Tasks	Due Date	Current Status	Contact Person (DFO)
No actions required.						

Department of
Veterans Affairs

Memorandum

Date: **MAY 18 2015**
From: Interim Under Secretary for Health (10)
Subj: National Academic Affiliations Council VHA Action Plan Response
To: Secretary (00)

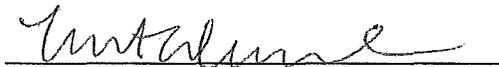
1. The National Academic Affiliations Council (NAAC) Federal Advisory Committee held their winter meeting on January 6, 2015, via conference call. The Council provided a variety of recommendations to advise you on matters affecting partnerships between VA and its academic affiliates.
2. Attached are the Council's recommendations, as well as VA's responses to those recommendations, pending your approval.
3. Should you have any questions, please contact the NAAC Designated Federal Official, Dr. William Marks, Chief of Health Professions Education in the Office of Academic Affiliations, at (415) 750-2100 or by email at William.Marks@va.gov.



Carolyn M. Clancy, MD

Attachment

Approve Disapprove



Robert A. McDonald
Secretary