

GME ENHANCEMENT: Veterans Access, Choice, and Accountability Act (VACAA) of 2014

1. PURPOSE

a. GME Enhancement Initiative

This is an initiative announcement for GME Enhancement: Veterans Access, Choice and Accountability Act of 2014 (VACAA). [See ATTACHMENT A for a copy of the relevant portions of the legislation.] This announcement provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities and Veterans Integrated Service Networks (VISNs) that wish to submit applications to the Office of Academic Affiliations (OAA) for additional physician resident positions for Academic Year 2015-2016, which begins July 1, 2015. The process outlined herein will allow facilities with limited or no participation in Graduate Medical Education (GME) to begin or strengthen their participation and for facilities with developed GME programs to expand resident education.

b. Applications may be submitted by:

- (1) VA facilities that have limited or no current involvement in GME that wish to initiate or expand GME resident programs, especially in communities that are experiencing a shortage of physicians or are designated as a health professional shortage area. This would also include new sites of care (e.g., activation sites). CBOC applications should be submitted by the parent VA facility.
- (2) VA facilities that wish to expand their current resident allocation in areas of critical need for VHA; priority areas are in mental health, primary care, or specialty care areas of critical need.
- (3) VA facilities located in rural or highly rural areas or that propose their rural CBOCs as training sites are strongly encouraged to apply for positions under this RFP.

2. BACKGROUND

a. Veterans Access, Choice, and Accountability Act of 2014.

Enacted by Congress in August 2014, this legislation authorizes the Department of Veterans Affairs to establish medical residency programs or ensure that already established medical residency programs have a sufficient number of resident positions by increasing the number of graduate medical education positions at medical facilities of the Department by 1,500 positions over the 5 years beginning one year after enactment of the legislation (i.e., for positions beginning July 1 of 2015 through 2019).

b. GME Enhancement, VACAA

This Request for Proposals is the first phase of implementation of the legislation and will allocate permanent, base positions nationwide in AY 2015-2016. In addition to this

application process for AY15-16, facilities may have the opportunity to apply for additional, new positions over the next few years. Mental Health Expansion positions will be considered under the RFP initiative of that name, but as mental health is a priority of the VACAA, you may apply for additional mental health positions under this announcement. *[Please do not duplicate requests for Mental Health positions that have already been submitted under the Mental Health Expansion Initiative.]*

3. PROGRAM DESCRIPTION

a. GME Enhancement: VACAA

Unique training opportunities that enhance resident education while addressing specific healthcare needs of Veterans are best determined at local and VISN levels. Moreover, the legislation emphasizes increased veteran access to care in rural areas makes expansion of training opportunities in CBOCs attractive. Existing CBOCs and VA OPCs or IOCs (Independent Outpatient Clinics) have been underutilized as sites of residency training not only due to a number of logistic barriers, but also because of lack of sufficient numbers of residents to undertake rotations to these sites. The current expansion process will continue to address this situation by providing a mechanism for identifying and funding resident training positions in areas of greatest need. Facilities requesting positions must work with the affiliated sponsoring institution to determine if the educational infrastructure is adequate to meet the needs of the proposed training experience. Facilities and the affiliated sponsors should jointly consider the adequacy of patient volume, space, and appropriate faculty to provide teaching and supervision.

In addition, several existing facilities that have historically been unaffiliated or have limited affiliations are in the process of developing or expanding their affiliations. *Nevertheless, caution must be exercised in promoting the development of affiliations and training rotations in situations where the affiliate is so distant that an appropriate educational environment and infrastructure may be lacking.*

Facilities may request positions in any combination of Primary Care, New or Expanding Sites or New Affiliations, Rural Health, Mental Health, or Critical Needs. Requests may include fractions of positions, and be made in multiple specialties or in a single specialty, provided the facility has sufficient clinical workload and VA faculty for each specialty requested to support the training objectives. Requests may be partially funded depending upon the resources available. Facility prioritization of requests must be provided and will be considered in the funding decision.

Collaboration with local affiliated sponsors of residency training programs and accreditation or provisional accreditation of all involved programs is required. Only programs accredited by the AOA or ACGME will be considered for additional resident positions. Programs on probation or with warnings will not be considered.

There should be a reasonable expectation that the requested positions will be filled in July of 2015. However, ‘phased-in’ positions may be requested for multi-year capacity building.¹ In such situations, the positions requested may be approved, but only filled as the positions are phased-in. Positions may be in any specialty appropriate to the clinical site. Nevertheless, **we especially encourage and will give priority to applications that include positions requests in primary care specialties (Internal Medicine, Family Medicine, and Geriatrics) and mental health (Psychiatry and its subspecialties). Programs that incorporate teaching of principles of patient-aligned care teams (PACT) and integration of residents into PACT models of care delivery will be given priority.** [*Note: application for mental health positions should have been via the separate Mental Health Training Expansion Initiative RFP. You may apply for additional mental health positions that were not included under the Mental Health Expansion initiative under this announcement, provided there is no duplication of requests.*]

Wherever appropriate, innovative interdisciplinary or interprofessional training opportunities are strongly encouraged. In the case of new or replacement facilities, if positions would be premature in AY 2015-2016, applications should be deferred until a reasonable start date is known. Early identification of appropriate affiliated program sponsors should also be undertaken. OAA will be pleased to work with you in developing these estimates and developing appropriate affiliations.

Local and VISN-level prioritization of requests must be provided. Collaboration with local affiliated sponsors of residency training programs and accreditation or provisional accreditation of all involved programs is essential. VISN support of facility requests is also required.

4. FACILITY AND PROGRAM EXPECTATIONS

a. Facility Education Leadership and Program Structure. Facilities approved for GME Enhancement: VACAA positions shall have an active affiliation with an accredited sponsoring institution(s) in good standing, a suitable curriculum, and an appropriate educational infrastructure. The required educational infrastructure must include well-qualified residency program and VA GME leaders, including a VA facility Designated Education Officer (DEO) such as an Associate Chief of Staff for Education (ACOS/E) or equivalent. The facility must demonstrate that the existing affiliated medical school or sponsoring institution can support an expanded number of positions in the programs requested (i.e., through letters of support from the program director and the affiliated institution’s Designated Institutional Official or DIO).

b. New Affiliations and Sites of Care. Facilities may apply for positions to expand training opportunities through new affiliations or new sites of care according to the requirements listed in this announcement. Facilities are encouraged to consider new affiliations, including affiliations with AOA-accredited programs or other GME sponsors. Sites approved for new positions should begin their training programs in AY 2015-2016 (July 2015).

¹ E.g., an Internal Medicine rotation for 3 residents in each year (3-3-3) may be phased-in over 3 years. Similarly, a psychiatry resident rotation of 2 residents (2-2-2-2) may be phased in over 4 years.

c. **Post Award Follow-Up and Tracking.** Positions allocated under this announcement will be monitored and local assessments of impacts reported. Information about program implementation, recruitment of residents, and impact on VHA patient care will be reported to OAA according to the instructions that will be issued by OAA. VACAA has robust reporting requirements regarding the number of allocated, filled, and unfilled positions. Challenges in filling VACAA positions may need to be reported to OAA (and ultimately to Congress).

5. PROGRAM APPLICATIONS

Formal applications are due October 17, 2014 using an online submission process (see paragraph 10 for specific instructions).

6. POLICIES

a. **Governance.** The Office of Academic Affiliations (OAA) maintains overall responsibility for the administration of VA's GME Enhancement Program. All programs receiving positions through this announcement will comply with the Program Requirements for Residency Education as published in the current Graduate Medical Education Directory² and with VA provisions for the training of physician residents.

b. **GME Program Sponsorship.** All positions requested through this initiative must be in GME residency programs sponsored in the name of an affiliate. No new residency programs sponsored in the name of a VA facility may be initiated. Likewise, no expansion of existing VA-sponsored programs may be requested under this initiative.

c. **Appointment and Compensation of Residents.**

(1) **Appointment authority.** Appointments will be made under 38 U.S.C. 7406.

(2) **Stipend determination.** The stipends of individual resident positions or fractions of positions will be based on their PGY levels (or equivalent per OAA policy) and on VA stipend rates based on the local indexed hospital. Resident positions can be paid directly or reimbursed under a disbursement agreement **only for the time spent in educational activities at the VA facility** with excused absences as defined by VA policy (e.g., didactic sessions). Off-site clinical activities will NOT be supported, but limited didactic activities may be supported. [See VHA Handbook 1400.05, Disbursement Agreement Procedures, for details.]

d. **VACO Support.** OAA will provide funds to VA facilities for residents' stipends and fringe benefits. Funding of residents' stipends and benefits through a disbursement agreement is recommended. Disbursement agreements cannot fund administrative costs of residency training programs. However, using station funds, a facility may implement an educational cost contract to fund certain indirect costs of medical education, such as accreditation or Match fees. Note that facilities with residents receive approximately \$87,000 per year in

² Graduate Medical Education Directory 2012-2013 Including Programs Accredited by the Accreditation Council for Graduate Medical Education. (Updated annually). American Medical Association. Chicago, IL 2012 [See https://commerce.ama-assn.org/store/catalog/productDetail.jsp?product_id=prod1290031&navAction=push]. Alternatively, see <http://www.acgme.org> or <https://www.acgme.org/ads/public> .

VERA funds for each physician resident position allocated as indirect educational support. Facilities may use VERA-allocated funds in support of education (e.g., protected time for existing faculty or hiring additional faculty or administrative staff).

e. Liability. Residents will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

f. Expenses. Except as specified above, expenses connected to the residents' recruitment, educational activities, or research are not funded under this program announcement. Transportation to the VA facility and housing arrangements are the sole responsibility of the selected residents.

7. EVALUATION CRITERIA FOR SELECTION OF SITES & PROGRAMS

Applications will be evaluated by a panel of OAA reviewers who have expertise in GME. The following criteria will be used to evaluate proposals.

a. Affiliations. The VA facility must be affiliated with an AOA or LCME accredited medical school or sponsoring institution providing accredited residency training. If new affiliation relationships are begun, a formal affiliation agreement must be executed. [Contact Office of Academic Affiliations (10A2D) for assistance.] For new and existing programs, there must be a program letter of agreement in addition to the affiliation agreement (per ACGME Common Program Requirements; see: http://www.acgme.org/acWebsite/dutyHours/dh_dutyHoursCommonPR.pdf).

b. Site Characteristics. The facility must provide evidence of committed leadership, appropriate clinical and educational activities, and sufficient workload to support a culture of excellence in graduate medical education. The site must demonstrate the following:

- (1) VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment.
- (2) Strong leadership by the VA facility's Designated Education Officer (DEO) – i.e., ACOS/E or equivalent with appropriate qualifications and experience.
- (3) Appropriate clinical activities and workload to support expanded training programs.
- (4) Sites with limited or no current GME programs will be given priority.
- (5) Sites located in an area or relates to a population group that is designated as a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)). [See <http://hpsafind.hrsa.gov/> to determine whether your facility or CBOC qualifies.]
- (6) An existing or potentially strong partnership between the VA facility and its academic affiliate(s), with a record of committed leadership by the academic program director.
- (7) Past experience providing or a commitment to excellence in graduate medical education, including existing or potentially outstanding GME training programs and advanced learning opportunities at the site. [*Note: OAA recognizes that, in affiliations with relatively new medical schools, the track record of accomplishments will not be present and will rely more upon a demonstrated commitment to excellence.*]

- (8) Administrative infrastructure to support an expanded GME program. [*Note: OAA is available for consultation with sites that have no current infrastructure to manage GME programs.*]

c. **Justifications for each specialty requested.** See Attachment A for a description of the online application process and instructions.

8. REVIEW PROCESS

a. **Review committee.** Applications will be reviewed by OAA.

b. **Scoring of Applications.** Applications will be scored according to the selection criteria for sites and the justification(s) provided for each specialty requested. **Priority will be given to:**

- i. Primary Care (Internal Medicine, Family Medicine, and Geriatrics).
- ii. New sites of GME training or expansion in sites with limited GME training programs or sites with an expanding veteran population.
- iii. Sites in designated HPSA (health professions shortage areas) or VA designated rural or highly rural locations.
- iv. Mental Health [NOTE: application occurred via a separate Request for Proposals process, but additional positions may be requested via this option. Do NOT request positions that duplicate positions requested under the Mental Health Training Expansion RFP.]

9. SCHEDULE

September 17, 2014	OAA sends request for applications to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.
October 17, 2014	Applications are due in OAA via an ONLINE process through the regular RCS 10-0144 report. "Request for Additional Positions."
October 24, 2014	Deadline for VISNs to prioritize requests for additional positions; OAA Support Center database closed for data entry.
November 2014	OAA reviews applications and makes recommendations for approval of allocations to the Chief Academic Affiliations Officer.
December 2014	OAA notifies facilities about the approval or disapproval of their applications.
March 2015	Match results available to affiliates.
April 2015	RCS 10-0145 report by facilities & VISNs post-Match.
May 2015	OAA makes final allocations of filled positions for AY 2015-2016.
July 1, 2015	Resident training begins.

10. SUBMISSION INSTRUCTIONS

a. Preparation of applications. OAA recommends that considerable thought and dialogue with affiliates precede the actual drafting of an application. VA and affiliate needs should be reconciled and questions of institutional support for programs, positions, and educational infrastructure addressed candidly. Affiliate program directors, the sponsoring institution's Designated Institutional Official (**DIO**), the VA Designated Educational Officer (**DEO**), and appropriate clinical leadership (VA program site directors and/or service chiefs, and in some cases the VA Chief of Staff) should be involved in these discussions. **The VA DEO should be the focal point for coordination of the application and collation of information from various programs seeking additional positions and for preparation of the application.** Questions of accreditation status and Residency Review Committee (RRC) approval of training positions to accommodate any additional positions must be addressed.

b. Online submission instructions. Applicant sites will submit proposals through the office of the DEO using the OAA Support Center Database password protected web portal, similar to the submission of other OAA reports. **For this year, requests for VACAA positions will be made through the Base Allocation Report using the Additional [Position] Request menu item in the gray submenu tab near to of the page.** The same password used to access the OAA Support Center will be used. If you have new DEO office staff that requires a password, go to <http://vaww.oaa.med.va.gov/Login.aspx>, then select "I need to register." The requested numbers of positions by specialty and other specialty-specific information will be entered directly into the database via the "Additional Requests" tab in the top menu bar.

The information to be entered into the database will include:

- Program name
- Sponsoring institution
- Accrediting body (i.e., ACGME, AOA, or CODA)
- Number of positions requested
- Initiative under which the position is being requested: i.e.,
 - **Primary care** (VACAA) – priority area
 - **Mental health** (VACAA) – priority area [*Note: do NOT duplicate position requests already entered under the Mental Health Expansion Initiative RFP*]
 - **Rural health** (VACAA) - priority area
 - **New & expanding sites** of VA care (VACAA), e.g., activation sites, new affiliates, and sites with no prior GME – priority area
 - **Critical needs** (VACAA) identified by the local facility* (e.g., health professional shortage area, shortage of physicians in local geographic area, Veteran access issues; if for a subspecialty, your justification must specify the veterans access issues such positions will address)
 - **Chief Resident Quality & Safety Temporary** (non-VACAA)
 - **Non-VACAA GME** – positions that do not fit VACAA priorities or temporary position requests

**Note: these positions will require justification based upon Veterans access issues and healthcare needs. Do not request positions that will not be utilized over and above your current base for a specialty training program which will not be likely to be filled*

beginning July 1, 2015. This initiative will be in effect for an additional four (4) years. Unfilled VACAA positions will be reported to Congress. Hence, if you are not sure you can fill the positions beginning July 1, 2015, you may wish to wait until one of the next application cycles.

Justification must include:

- How the position will be used (i.e., in what clinical settings)
- Assurance that there is adequate VA or contracted staff to supervise the new resident(s)
- Assurance that there is adequate or expanding clinical workload to meet the training needs of the residents in the given specialty
- Assurance that the sponsoring institution's DIO (Designated Institutional Official) and the Program Director are supportive of the new positions and will recruit for them to start 7/1/2015.
- *Please indicate for each request whether (or not) your facility or CBOC training site is located in an area or relates to a population group that is designated as a health professional shortage area (HPSA, as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)). See <http://hpsafind.hrsa.gov/> to determine whether your facility or CBOC qualifies.*

Space for justification is limited, so it is necessary to be concise in order to provide all of the requested information.

- c. Facility requests and supporting justification can be accessed by both OAA and the Network Academic Affiliations Officer (NAAO).
- d. Each VISN is requested to recommend priorities via the NAAO for these requested additional positions by completing the VISN Priority for Additional Position Requests through the usual Base Allocation report process.
- e. **Faxed or mailed applications will NOT be accepted.**
- f. **Notifications will be sent via the Base Allocation report approval memo.**

11. OAA CONTACT PERSONS

General information Please contact Joanne Pelekakis at (202) 461-9593 or by email to joanne.pelekakis@va.gov; or, Judy L. Brannen, MD, at (804) 675-5481 or by e-mail to judy.brannen@va.gov; or, **Barbara K. Chang, MD** at (502) 287-4722 or by e-mail to barbara.chang@va.gov.

Technical information regarding the online submission process: Email OAA Help Desk (oaahelp@va.gov) or contact David Bernett at (803) 647-5806, (314) 277-6476 (cell) or by e-mail to david.bernett@va.gov.

ATTACHMENT A

**VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT OF 2014
(PUBLIC LAW 113-146)**

**TITLE III—HEALTH CARE STAFFING, RECRUITMENT, AND TRAINING
MATTERS**

**SEC. 301. TREATMENT OF STAFFING SHORTAGE AND BIENNIAL REPORT ON
STAFFING OF MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS
AFFAIRS.**

(b) INCREASE OF GRADUATE MEDICAL EDUCATION RESIDENCY POSITIONS.—

(1) IN GENERAL.—Section 7302 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(e)(1) In carrying out this section, the Secretary shall establish medical residency programs, or ensure that already established medical residency programs have a sufficient number of residency positions, at any medical facility of the Department that the Secretary determines—

“(A) is experiencing a shortage of physicians; and

“(B) is located in a community that is designated as a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

“(2) In carrying out paragraph (1), the Secretary shall—

“(A) allocate the residency positions under such paragraph among occupations included in the most current determination published in the Federal Register pursuant to section 7412(a) of this title; and

“(B) give priority to residency positions and programs in primary care, mental health, and any other specialty the Secretary determines appropriate.”

(2) FIVE-YEAR INCREASE.—

(A) IN GENERAL.—In carrying out section 7302(e) of title 38, United States Code, as added by paragraph (1), during the 5-year period beginning on the day that is 1 year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions.

(B) PRIORITY.—In increasing the number of graduate medical education residency positions at medical facilities of the Department under subparagraph (A), the Secretary shall give priority to medical facilities that—

(i) as of the date of the enactment of this Act, do not have a medical residency program; and

(ii) are located in a community that has a high concentration of veterans.