

U.S. Department of Veterans Affairs (VA)
Veterans Health Administration (VHA)



Seattle VHA Academic Affiliate Contracting Forum
Summary Report

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Overview

This report is a summary of the VHA Academic Affiliate Forum held on Thursday, August 2, 2012, at the University Of Washington School Of Medicine in Seattle, Washington. Twenty six Academic Affiliate representatives and thirty one VHA representatives participated in both plenary and breakout sessions during the day. It was the second in a series of three forums being hosted by VHA to share information with its Affiliate partners.

Full plenary topics included:

- The Value and History of the VHA-Affiliate Partnership
- The Contracting Process
- The Pricing Challenge & Potential Tools
- Ask the VHA and Improvement Forum question and answer session
- The Path Forward

Breakout session topics included:

- Improving the Negotiating Process
- Performance Metrics & Quality Assurance
- Recruitment vs. Contracting
- Credentialing and Privileging
- Information Security

Action Items

- Charlie Benmark (VHA) will provide a chart of allowable/unallowable cost elements for Forum attendees.
- Delia Adams (VHA) will develop a list of FAR clauses that govern the VHA-affiliate relationship.

Welcome and Opening Remarks

Dr. Lawrence R. Robinson, Vice Dean for Clinical Affairs and Graduate Medical Education, University of Washington School of Medicine

Dr. Robinson provided some brief background on the University of Washington School of Medicine. It is one of the largest health science complexes in the country, and the only state medical school serving Washington, Wyoming, Alaska, Montana, and Idaho.

He noted that the UW partnership with Veterans Affairs has been invaluable for providing residency opportunities for students and vital services to patients. Contracting is an extremely important part of that relationship.

Norbert Doyle, Chief Procurement and Logistics Officer, Veterans Health Administration

Mr. Doyle welcomed participants to the second of three Affiliate forums this summer. VA has been planning these events for some time, and they are based on similar events that have been hosted by VA for its product and service suppliers. He encouraged participants to meet their counterparts at VA or the Affiliate institution and to share their experiences and suggestions honestly and openly throughout the day. He then introduced Mr. William Schoenhard, Deputy Undersecretary for Health Operations and Management for VHA.

Dr. William Schoenhard, Deputy Undersecretary for Health Operations and Management for Veterans Health Administration

Dr. Schoenhard thanked the University of Washington for hosting the event and noted their long-standing relationship with VA. He thanked those present for their role in taking care of our nation's Veterans. He also acknowledged the work being done by Mr. Doyle and those working in the area of contracting and logistics. Mr. Doyle, along with Glenn Haggstrom and Jan Frye, are working together as "One VA" more than ever and working to improve relationships with Affiliate partners.

More than six million Veterans were active users of VA facilities last year. The relationship with its Affiliates is what makes this possible. Serving those Veterans coming back from deployments as well as Veterans of all ages is VHA's top priority, followed closely by eliminating homelessness among Veterans – no one who has served this country should go without housing.

Dr. Schoenhard emphasized that there is a transformation taking place within VHA – from strictly solving the problem to enriching the lives of our nation's Veterans and making them fully functional members of society through coaching and goal achievement. This is the patient-centered focus VHA hopes to achieve.

Following Dr. Schoenhard's remarks, participants introduced themselves and a few shared their perspective on the benefits of the VHA-Affiliate partnership.

- One key benefit on both sides is the enhanced ability for both parties to provide quality healthcare to the Veterans.
- The partnership presents great opportunities for both parties in the area of service provision and medical education, although that relationship is complex and can be frustrating at times.

Presentations and handouts have been posted at the following web site:

http://www.theambitgroup.com/vasrt/VHAfiles_Seattle.php

The Value and History of the VHA-Academic Affiliate Partnership

Dr. Barbara K. Chang, Director, Medical & Dental Education, VHA Office of Academic Affiliations (OAA)

Dr. Chang discussed briefly the history and value of the VA-Affiliate Partnerships, the current status of medical education in VA, residency supervision, and why it's important to make the contracting process work. Some key points from her presentation are noted below:

- The VHA-Affiliate partnership began in 1946 to serve the many wounded Veterans coming back from WWII to the United States. There were not enough medical professionals to provide care.
- VA continues to pioneer new healthcare education and innovation, especially in rural areas through this partnership.
- The mission of the Office of Academic Affiliations (OAA) is to improve VA's academic partnerships and educational programs and ensure that VA's educational programs enhance its clinical mission. Education is a statutory mission of VA. This is carried out through Title 38 and partnerships with academic institutions. 124 of 152 of VA Medical centers have Affiliate partners.
- VA is the largest provider of health care training in the country. And in any given year, over 116,000 trainees are going through VA programs. Trainees make up 30 percent of workforce.
- Nearly 70 percent of VA staff physicians have joint appointments with a school of medicine. This training mission is extremely important to our Veterans and the VA.
- The VA trainee workforce is comprised of Graduate Medical Education (GME), undergraduate medical education, dental education, advanced fellowships, associated health education and nursing. The annual budget is \$600 million in direct salary to trainees.
- VA teaching facilities must have a Designated Educational Officer (DEO), most often this person is a physician.
- The supervision policy has evolved over the past 20 years and significant changes have been made in the past 8 years, including tightening of standards of surgical supervision, attending physical presence required in all outpatient clinics with residents and documentation and monitoring requirements for all clinical settings.
- There are many options regarding contracting for physician services. VHA and the Affiliates must work together to foster an understanding of these to choose the correct contracting vehicle.
- As of August 2006, the VA Directive 1663 on Sole Source contracts has made the contracting process more standardized.

At the end of her presentation, Dr. Chang shared information on a new policy VA is developing related to reimbursement of indirect costs. Specifically, OAA has been working with the Medical Sharing Office (MSO) and Office of General Counsel to develop a policy to allow VA to prorate a share of certain indirect costs associated with running educational programs. This is going through the approval process and will allow VA to reimburse its Affiliates for some of these costs. The policy will identify specific items that will be approved for reimbursement. Other items will be considered based on the language in the new policy. Administrative costs or salaries are not covered by the policy.

Participants shared the following questions and comments as a result of the presentation.

- *Regarding the new policy to reimburse administrative costs, will that be part of the contract or will it be a separate agreement with the Affiliate?*

- **Dr. Chang:** It will be handled in a separate contract. The contract is specifically focused on the support of educational programs at VA, and there will be specific terms that the Affiliate must meet to get reimbursed. This policy was developed in response to concerns that Affiliates raised about the challenges they faced in administering educational programs.
- *Is there a conflict between Title 38 – Veteran's Benefits and Directive 1663?*
- **Dr. Chang:** No, Directive 1663 was developed to provide standardization across contracts between VHA and its Affiliates.
- *Sometimes the Full-Time Equivalent (FTE) model doesn't work when you are assessing the inability to hire. How should this be addressed?*
- **Dr. Chang:** The assessment of the inability to hire is more about whether it would be reasonable or unreasonable to hire someone (e.g., hiring a specialist may not be justifiable if only 6 cases per year are done in a particular specialty). When VA is putting together their requirements, VA and the Affiliate should look at each other's needs to determine whether or not it is advantageous to hire someone. The key is demonstrating due diligence – VA's policy is hire within first. VA still has to show that we tried to hire someone where appropriate. This should not just be done once and forgotten about but should be revisited as necessary.

The Contracting Process

Charlie Benmark, Director, Medical Sharing Office (MSO), VHA Office of Procurement & Logistics (OPL)

Ms. Benmark provided an overview of the contracting process, including recent changes, addressing challenges and planned improvements to the process. She also reviewed the organizational structure at VHA that supports this process. Key points from that presentation are included below.

- Office of Procurement & Logistics (OPL) is organized into three Regions – Service Area Organizations (SAO) East, Central and West. Each SAO has a Network Contracting Office (NCO) led by a Network Contracting Manager (NCM), which is focused on contract activities in that Region. This new organizational structure is more performance-driven, is more efficient in using resources, reduces redundancies in business processes, and enables employee development and increasing competency.
- MSO provides administrative oversight, initiates policy guidance, and standardizes how VA does business out in the field. MSO performs all pre-solicitation reviews and pre-award approvals under Directive 1663. MSO is the principal negotiator for sole source contracts greater than \$500K (aggregate amount), serves as advisor to Contracting Officers, chairs the contract review board for procurements over \$5M, approves or disapproves Interim Contract Authority (ICA), and handles Congressional reporting.
- Misuse of ICAs is one of the biggest problems that VA and its Affiliates currently face. MSO is addressing this through more extensive training on and oversight of ICAs.
- These forums were developed through information received from our Affiliates. This is just the first step in sharing the contracting-related changes that have been implemented in the past few years.
- Collaborative acquisition planning is another area in need of improvement. More communication and ongoing coordination is needed between VA and the Affiliates.

- A training course for acquisitions has been developed to address the many changes made in the last two years and help foster an understanding of VHA policies. This will translate into a smoother process with an outcome of better healthcare for the Veterans.
- If you don't know your NCM, get to know them. They are an important resource for you in helping to get issues resolved if you are not successful addressing things with your Contracting Officer.
- Contracting Officers (COs) have the authority by law to change contracts. Their responsibility is to make sure VA lives by the letter of the law and to ensure impartial, fair and equitable treatment. All COs are held accountable for their actions.
- Office of the Inspector General (OIG) Findings: OIG 2005 and 2009 Reports identified opportunities for contracting improvement. VA is very focused on addressing the concerns identified to ensure that the findings are not repeated.
 - Conflict of interest issues were identified in the OIG report. There will be Conflict of Interest training within VA. If you're not sure of who can meet when, talk to your Contracting Officer or NCM to get that clarified.

Participants shared the following questions and comments as a result of the presentation.

- *What is the relationship between the CO and Contract Officer's Representative (COR)?*
 - **Ms. Benmark:** The COR is delegated in writing to oversee the daily operations of the contract. The COR makes sure whatever the contract states is carried out. He or she oversees daily operations, ensures payment validation and addresses daily operational issues. They do not report to the CO. They administer the contract. In an ideal world, the COR would be involved throughout the contract process. The COR does not have the authority to make any changes – only the CO can do that.
- *Where does the administration at the local office fit into the COR business? What is role of local VA Medical center?*
 - **Ms. Benmark:** They are the clinical side and requestors. They identify their needs and requirements. The authority of the contracts lies within business office. Payment issues should also be addressed with your Contracting Officer for work under a contract. If you have payment issues under related to fee-basis work, you should go to the medical center to resolve that.
 - **Ms. Taylor:** After every major award, there should be a post-award conference where you meet with your CO and COR. Affiliates should let Susan Taylor know if these are not being held. All of these questions should be addressed during the post-award conferences.
- *At the start of each option year on a multi-year contract, there is a review of pricing. Does that start the contract process over again?*
 - **Ms. Benmark:** No. The pricing is reviewed at the option period to ensure that nothing has changed significantly since the contract was issued.

The Pricing Challenge & Potential Tools

Karen Low – Director of Clinical Planning & Analysis, UW School of Medicine

Ms. Low provided an Affiliate perspective on the partnership with VA and its impact on the University's medical center. She also shared some of the challenges and opportunities the partnership presents. Some key points from her presentation are included below.

- UW is the only public medical school that serves more than one state. It serves Washington, Wyoming, Alaska, Montana and Idaho.
- UW deploys faculty physicians and providers to the VA sites at Seattle and American Lakes.
- Currently there are 14 contracts involving 10 different School of Medicine clinical services.
- The UW-VA contracting process has several steps, which includes:
 - VA contracting staff prepares a solicitation.
 - UW Dean's Office Point of Contact (POC) receives VA's request and filters it to its specific clinical departments.
 - The clinical department reviews scope of work and provides pricing for review and negotiation by the VA.
 - VA issues contract document to UW Dean's POC.
 - UW clinical department reviews and submits to UW Institutional Office of Sponsored Programs for final review and sign off.
 - UW has observed that substantial rework of contract language occurs on both the VA and Affiliate sides. Issuance of contracts after the start date, interim contract agreements, and lapses in contract coverage for services were all challenges UW has experienced. A standardized template and contracting language across the board would help address these issues.
- There are a number of ambiguities around Directive 1663, especially related to allowable costs.
- The things that VA should focus on improving are:
 - There is a high turnover rate of VA staff, and they are not adequately trained when they come on board.
 - Provide generic templates for pricing to all VA contracting staff.
 - Avoid interims of 3 – 6 months Purchase Orders (POs) as a substitute for 1 year or multi-year contracts.
 - Evaluate VA's contracting process
- Despite frustrations, there are many positive aspects to the partnership with VHA, including aligned missions, a focus on quality care, and opportunities for research.

Following Ms. Low's presentation, participants asked questions and provided additional comments.

- *There seems to be a disconnect with VA's contracting staff when it comes to understanding Current Procedural Terminology (CPT) codes and how they impact overall pricing. There needs to be a better understanding of purchase orders.*
- *Affiliates feel pressure – out of a commitment to the patient – to provide services to the VA even without a contract in place. Some of the payments are not being made so the University has to cover some of the salaries and benefits from the providers out of their other resources. Is it legal to provide services after the end date of the contract? We sometimes find ourselves in situations where we need to cancel procedures because of delays in contracting, but we feel it is our moral obligation to meet the patients' needs.*
 - **Ms. Benmark:** If you do work without a contract, you will need a ratification – a situation where you have to petition VA to amend your contract to retroactively cover services performed

- outside the period of performance of a contract. You cannot continue to work on a contract that has expired. Through appropriate planning and workload organization, you will not get into this situation. eCMS should alert COs to contract expiration, but there may be some things going on out there that may not be in eCMS – VA's contract tracking system. SAO West is in the process of doing reconciliations to make sure that they are aware of all contracts and their expiration dates.
- *One of the biggest issues is that communication with the CO is lacking. Is the CO not aware of what they should do? You can pick up the phone but get no response. The person working on the contract should be responsive.*
 - **Ms. Delia Adams:** It is important to make sure your CO is involved and is aware of what is going on – that line of communication must be open. Some CO's could be working behind the scenes to respond to your request. If you are not getting the response you need from the CO, you should escalate the issue.
 - *Our CO recently allowed us to invoice for work before he finalized the contract. Is that legal? What advice do you have to improve the contracting process so that we are not having to wait for a contract to be finalized?*
 - **Mr. Nicholas Jenkins (VISN 20):** If some services come to an end, there are times when a Contracting Officer can give an Affiliate authorization to proceed and provide verbal approval to get paid so you are not paying for those services on your own. In Veterans Integrated Service Network (VISN) 20, we just assigned a staff person to review all contracts and their expiration dates so that we know a year or two ahead of time when they will expire. We are working on making this information available to everyone. If you have questions when you review the information, please contact Mr. Jenkins to resolve any issues or if there are things that are missing.

Brian Vasbinder – Procurement Analyst, VHA SAO East

Mr. Vasbinder presented principals and policies associated with the pricing process, which included the Federal Acquisition Regulations (FAR) and Directive 1663. He noted that VA is always developing ways to improve their overall system for the benefit of both VA and its Affiliates. The major points from his presentation are included below.

- Participants were encouraged to review the handouts distributed for the presentation, which included a list of items that an offer must include to support their pricing proposal for both FTE/Hourly rates and per procedure -based contracts, an other than cost and price summary sample, and supporting documentation examples.
- Under VHA Directive 1663, Mr. Vasbinder discussed fair and reasonable compensation pricing methodologies, which prompted dialogue about CPT and resources that Affiliates could use.
 - **Ms. Benmark:** As far as the CPT codes, one of the resources that we encourage the network to utilize is the Chief Business Office and the coders in your area. They can assist you with understanding the code breakdowns.
- Direct costs are described in FAR 31.202. These include Physician Salary and Other Supplemental Compensation, Fringe Benefits, and Malpractice Insurance.
- Indirect costs are included in FAR 31.203. After direct costs have been determined and charged directly to the contract or other work, indirect costs are those remaining to be allocated to

intermediate or two or more final cost objectives. These include things such as scheduling, billing, and administrative oversight.

- Mr. Vasbinder elaborated on Cost Elements such as Incentive Pay. VA wants to see the methodology utilized to estimate the incentive pay for the physician and what criteria do the physicians need to meet to earn the incentive pay. Verification of payment is important and can include submitting invoices and W-2s.
- He also discussed escalation. The preferred method is to include the Economic Price Adjustment clause in the contract. For example, if you have experienced a 7% increase in pay, you will need to provide supporting documentation that shows the increase.

After his presentation, participants had the opportunity to ask questions and provide additional comments.

- *Our experience with CPT-based contracts has been terrible. Conceptually using CPTs are fine, but our experience has been that the data has been terrible. We have tracked the transactions on our own, and there is no resemblance to what we receive to what we receive from VA. VA personnel are not either doing the coding correctly or completely.*

VHA Café: Improving the Negotiation Process

VHA Representative: Charlie Benmark, Director, MSO, VHA OPL

Ms. Benmark opened the session with background on the negotiation process and reviewed the associated handouts. A few key points from her opening comments are included below.

- In December 2010, OAL presented a business case on using negotiation teams on Affiliate Sole-source contracts valued over \$500K.
 - Negotiation teams were established within VHA under the MSO.
 - A negotiation team typically consists of the CO, COR, Regional Counsel, Clinical representative, Subject Matter Expert (SME), and a Procurement Analyst
 - CO has authority to establish the contract.
 - COR provides local support and provides technical expertise.
 - Clinical representative provides in-depth technical knowledge.
 - OIG is occasionally involved in an advisory capacity and can provide some contract-related subject matter expertise.
 - Conflicts of interest require the engagement of a non-conflicted subject matter expert.

Following these opening remarks, participants were invited to ask questions and provide additional comments.

- *How often does a CO override OIG advice?*
 - **Ms. Benmark:** It is the COs responsibility to assess OIG's input and decide how to respond. The only thing we can't do is deviate from FAR regulations. Most situations are just calls for further discussion to move past the impasse.
- *If the Affiliate cannot work with the CO, whom should they contact?*
 - **Ms. Benmark:** You can call the NCM. The NCM can work to resolve any issues, but the CO ultimately has the final say. If the CO is distinctly doing something wrong, illegal, or unethical, then you should escalate it to the NCM.

- *I don't want to be impacted by VA's internal problems. The process Affiliates are subjected to is a VA problem. It sounds like you are on the right track to fixing it. In the end, you would not accept delays on our side, so why do we have to accept them on yours?*
 - **Ms. Benmark:** We have looked at doing transitional plans, but we need to get to the point of having Program Management Reviews. The Air Force does this well. We need to manage the process better so the transition periods between staff don't have such a great impact.
- *For one Affiliate, they have designated one of their attorneys to know the FAR inside and out. This knowledge also smoothes transitions, because there is a common language and level of understanding between the Affiliate and the CO. Having someone with this knowledge on your staff is essential.*
- *Are there available tools to help me understand the regulations without having to read the FAR?*
 - **ACTION:** Ms. Benmark will provide a chart of allowable/unallowable cost elements for Forum attendees.
 - *An attendee added that a lot of their issues are not about allowable or unallowable costs, but more about language issues. Guidance for contract language would also help.*
 - **Ms. Benmark:** One piece of advice you MUST take away from the Forum: please talk about your issues. We are taking notes here, and we will review them, and this will lead to action items. She continued noting that VA also needs to look at deviation processes. VA needs to understand that the Affiliates have state regulations and similar items that they cannot deviate from and to examine how it can adapt its contracting processes to accommodate local regulations.
- *I would like to see some standard boilerplate contract clauses put up for Affiliate review.*
- *I have been trying for a VA contract for 10 years, and this forum has really given me insight into the process. A lot of Affiliates are starting from scratch each time.*
 - **Ms. Benmark:** We are working on 'master solicitations' with Affiliates. This would be a tool where you could just drop in a Project Work Statement (PWS), and everything else is already pre-negotiated. This would reduce things to a simple price negotiation.
- *Can we have a local-pre-solicitation meeting, without going to MSO or OGC?*
 - **Ms. Benmark:** Of course.
- *Sometimes the contract changes drastically over the process and we are told we can't go back to the Affiliate.*
 - **Ms. Benmark:** If you've done the 1663 requirements, keep the CO in the conversation. The line from discussion to negotiation is easily crossed, and the CO can help you avoid rework.

Ms. Benmark emphasized the value of gathering evidence to ensure that contract elements can be supported; material that is not adequately supported will be returned. Having better supporting evidence will frequently reduce OIG review time. VA cannot guarantee that there will not be a request for more information, but VA will do their best to prepare everyone involved as well as possible. OIG can be countered if the costs being requested by the Affiliate are allowable and applicable, and determined fair and reasonable.

Participants can find a checklist of the items looked for in a negotiation in the folder of supplementary materials. These items support the Price Negotiation Memorandum (PNM), which tells the complete story of the procurement and is a major tool that OIG uses in their post-award review.

- *Can we see the OIG report?*
 - **Ms. Benmark:** No. The OIG report is for internal review, and not for release. The negotiating team can discuss the review internally. They would be expected to document the reactions to the report in the PNM. In the pre-award review, OIG scans the report for compliance and then approves or disapproves the award for CO action. The CO and COR are then expected to meet quarterly and report on the progress of the contract.
- *There is a situation in Alaska with two oncology contracts. The contract is already in place, but now people want to pay per procedure. This is not right, but it was approved by the VISN.*
 - **Ms. Benmark:** We need to discuss that offline.
- *Do you have a timeline for the process?*
 - **Ms. Benmark:** Remember, this is just the negotiating process. There are milestones, but there are also pieces that you control.
- *I have had the process drop into a hold for 90 days.*
 - **Mr. Doyle:** Do you indicate price expiration dates in your contracts?
 - *No, but they do expire. We have had situations like this, and we have been told we need to wait for the next negotiation.*
- *Can we put price expiration dates in our proposals?*
 - **Ms. Benmark:** Putting price expiration dates in the proposal is called 'bid acceptance', and it should be in the proposal. (Typically VA sees 60-day limits.)
 - *I've had 2-3 interims since I put in my proposal.*
- **Ms. Benmark:** The bid acceptance process has gotten more formal, and this is for the benefit of both parties.
 - **Mr. Black:** It is a formal process. My company uses bid acceptance in our bids. We have had to extend for bid acceptance deadline for COs before.
- *We have been told that, in under an Interim Contract, we cannot raise our prices. To my knowledge, I've never had a contract, just interim extensions.*
 - **Ms. Benmark:** It is difficult to answer these questions, because your situation sounds very unique. We should discuss it further off line.
 - **Mr. Doyle:** When an interim contract is signed, it locks in your rate.
- *I'm trying to finalize two contracts. The process is bad. One contract was signed by a local VA representative, without department approval. This is a CPT contract billed by procedure. VA is requesting three days of coverage each week, but the volume of work doesn't support this. The other contract is an hourly rate per role. I want to change this. I can't get the contract going.*
 - **Ms. Benmark:** A situation like this is very difficult, because you are completely changing the billing methodology. This causes a lot of rework and review. This is where acquisition planning becomes useful.
- *Can you do a capitated contract? (Note: A capitated contract allows payment of a flat fee for each patient it covers. Under a capitation, an HMO or managed care organization pays a fixed amount of money for its members to the health care provider.)*
 - **Ms. Benmark:** Capitated contracts are only for Community Based Outpatient Clinics (CBOCs).

- *Why did we impose that restriction?*
 - **Ms. Benchmark:** I'm not sure. I know it is regulation, but I don't know the history.
- *I am tasked with putting timelines together for VISN 20. So we are defining these for everyone to see, defining timelines and milestones, as well as responsibilities. We just started in June.*
 - *Alerts would be good in this context.*
 - **Ms. Benchmark:** It would be good if you worked with Contracting and included the entire process.

VHA Café: Performance Metrics and Quality Assurance

Dr. Andrea Buck: Chief Medical Officer/Clinical Operations

Dr. Buck provided some context for VA's emphasis on performance metrics. There was an incident related to radiation oncology at the Philadelphia Medical Center in 2006. It was an example of one specific problem where there was a major breakdown between the VA facility and the Affiliate. The event caused a complete review of the way Affiliate contracts are constructed and monitored to be sure that qualified health care professionals are being provided under the contracts and that there is a review of the performance against those contracts. Specifically, it emphasized the need for peer review and implementation of other monitoring and quality assurance processes.

Participants were then invited to ask questions and provide comments.

- *Who has the time to monitor all the different measures? Is there anything they can model after?*
 - **Dr. Buck:** All types of services require a Quality Assurance Plan (QAP). It is sent to patient care services, and if there is something you want to put into the QAP, it will go through the SMEs to verify. There are two parts to QA in a contract – the QA of the contract itself, and the QA of the care being delivered. This is where the medical center staff can help with some of the surveillance, and it can be included in the QAP.
- *Who is responsible for the care being delivered? Do I raise issues to the university or the VA?*
 - **Dr. Buck:** It is VA's responsibility.
- *Where is the VA going nationally? Is there a set of things that will go into every contract?*
 - **Dr. Buck:** There is not a lot of uniformity. There are many programs, and each of them write their own standards for a contract. As an organization, maybe we can look at a method so things can be more uniform. The quality of care in the actual delivery of the service should be the same in all contracts, but all contracts are going to be unique, and should be unique to the particular procurement.
- *Should we establish monetary incentives and disincentives (e.g., deduct money from the contract)?*
 - **Dr. Buck:** Office of General Counsel (OGC) is debating the disincentive piece. Monetary incentives take further approval levels. They must go through senior procurement executives to get approval on all monetary incentives. To establish a reasonable basis for the amount of monetary incentive, we need data on historical trends to understand the market base pay.
 - **Ms. Taylor:** Incentive does not have to be a monitoring tool. It is in the QAPs. You can budget for it and be fiscally funded. There are different ways to come up with a new solution.

- *Is there a best practice if the entire service is contracted out and there is no one in-house to do the quality review?*
 - **Dr. Buck:** Radiation Oncology does this. There may be an instance when the peer review must be in the contract. The Affiliate has the contract, so they cannot conduct peer review on themselves; it would be a conflict of interest. You can plug an external peer review into the QA review of the facility.

VHA Café: Recruitment vs. Contracting for Physician Services

Dr. Barbara Chang: Director, Medical & Dental Education, VHA Office of Academic Affiliations

Dr. Barbara Chang reviewed the following topics: models of physician hiring in VA (underlying principle for VA is “What is best for the Veteran?”), advantages and disadvantages of non-contracting models, and Affiliate issues. She provided a handout on the subject and encouraged participants to ask questions. She noted that there are many examples of good VA/Affiliate relationships and some not so good. Joint recruitment efforts – where the Affiliate will participate in the recruiting – are a hallmark of these good relationships.

Dr. Chang shared some information on her background. She was Chief of Hematology and Oncology and Associate Chief of Staff for Education, before becoming Chief of Staff with the VA Medical Center at Albuquerque. She then returned to education. In New Mexico, whenever there was a VA recruitment, there was a joint letter of offer stating the salary from VA and from the Affiliate with details on office location and expectations (e.g., % clinical time, amount of protected time for research). A formal template was developed for this process, but each hire was so different that a template was impractical. More important than the template and form letter was the recruitment process itself – i.e., making sure that all parties were on board and had signed off on the letter (including HR at the VA). A successful recruitment translates into awareness of expectations of the joint hire by both VHA and the Affiliate and streamlines the granting of faculty status to the person recruited.

Following her opening comments, participants raised the following questions or comments.

- *A recent recruit to be assigned full time at VA asked to be paid 100 percent on the university side, because University benefits were better. Is that acceptable for contracting?*
 - **Dr. Chang:** It is, technically, but I've never heard of this kind of arrangement being used. Depending on where you serve, it's up to the VA clinical department's situation and the scarcity of the expertise within VA. VA should usually be able to match the salary, but cannot always match the benefits. We now have a lot more flexibility to pay matching salaries than we did several years ago.
- *We often have a 60-hour schedule when VA contracts on the basis of a 40-hour work week. In such situations, I'm not sure I have a thorough understanding of the eighths situation. Can the Affiliate's compensation be up to an additional 50 percent of the VA's pay?*
 - **Dr. Chang:** It's a very tight balance, as the first time you have a physician treating patients at the affiliate while on VA time, it can be an issue. It is possible, e.g., for surgeons and other VA-based physicians to work outside of VA time. However, one has to watch out for conflicts of interest and the perception of self-referral (if they are treating Veterans at the affiliate).
 - **More on benefits:** Joint appointees often have issues with retirement plans, if they are part-time at 2 or more institutions. The physicians' pay bill sets salaries based on seniority, administrative responsibility, and specialty. Total salary is linked to the academic rather than

- community levels of physician income – subject to caps set at the national level. A physician's salary depends heavily on what the physician negotiates up front and what the facility is willing to pay. Parity on benefits is often a stumbling block to hiring at a VAMC even when the salaries are comparable those offered by the academic institution.
- *Can the 5/8ths physician time be used to pay for things such as research and teaching?*
 - **Dr. Chang:** Yes.
 - *When differentiating between 8ths, how do you track two different types of 8ths?*
 - **Dr. Chang:** If someone is full time, they are based on 40 hours. You're not on a clock and most will work more than 40 hours. But, if one is part-time, then the expected work hours are based on 1/8th of a VA 40-hour tour. If you are part time, then you are on a clock. It all has to be documented in a "tour of duty", which is determined in advance. One is either on a "fixed tour of duty" or a "flexible" tour. There has been a lot of misunderstanding about implementation of the so-called "hours bank" policy for part-time employees and this has been the subject of ongoing OIG interest.
 - *For faculty who are split, you are saying the 5/8ths plan is good. My preference is staff are all VA or all UW. They might miss out on some benefits if they are splitting.*
 - **Dr. Chang:** Suppose VA needs only a 5/8ths and the University needs a 3/8ths. This can be done with a reverse contract. This works for those with research grants as well. The Service Chief will decide what the hospital's needs are and what we can afford to hire. It is a local decision. But, a 5/8th VA appointment has the advantage of allowing the person to apply for VA research grant funding.
 - *How will we be able to justify accepting free services from a contractor?*
 - **Dr. Chang:** We have volunteers for this and Without Compensation (WOC) appointments. Contracting will not get involved for this situation, only HR.
 - **Dr. Chang:** As a side note, in regards to paying for licenses and board certifications, VA will not pay for these for its own employees. HR policy says VA cannot pay for what you need to do to keep up your own licenses and certifications – these fees are considered the responsibility of the individual healthcare practitioner.
 - **Note:** in subsequent discussion, it was noted that VA may pay for licensure fees for contracted physicians if such payment is part of the standard benefit plan offered to all physicians at that institution.
 - *For follow-up care, I worry about cases of when a first-time patient meets an attending surgeon and afterwards it's a different surgeon taking care of the patient. This seems unethical.*
 - **Dr. Chang:** This practice may be justifiable if the person who first saw the patient and determined the need for surgery was not capable of performing the surgery that the patient needed. However, in this case, there should be a documented 'transition of care' from one surgeon to another. We would agree that there needs to be continuity of care whenever possible. Provision of "itinerant surgery" is considered a violation of the ethical code for the American College of Surgeons.
 - *For pay tables, when you talk about most surgeons, salary caps are a joke. How can we address this?*

- **Dr. Chang:** You just need a waiver to get around this if your facility is willing to pay beyond the salary caps.

VHA Café: Credentialing and Privileging

Ms. Kate Enchelmayer – Director, Credentialing and Privileging, VHA Office of Quality and Safety

Ms. Enchelmayer provided a brief overview of credentialing and privileging requirements. VHA credentials all licensed, certified healthcare professionals. It uses a custom-made software program, VetPro, so if a provider was credentialed and privileged at one VA hospital and they are moving to another, VetPro makes the transfer easier. You can be credentialed and privileged in 45 days or less from the date the practitioner submits their information. Credentialing and Privileging is the foundation of patient safety. Privileges are based on the resources available at the facility, so you do not need to be privileged for something that VA does not provide. Participants did not have further questions for Ms. Enchelmayer.

VHA Café: Information Security

Mr. Casey Johle – Region 1 Information Security Director, VHA

Mr. Johle provided a brief presentation highlighting the importance of information security and explaining the role of the Information Security Offer. After these remarks, he invited the audience to ask questions or provide comments.

- *How many lawsuits did we get in the 2006 event mentioned in your opening slide?*
 - **Mr. Johle:** I do not know the total number, but the \$20,000,000 lawsuit was the main one. It was an overall huge cost. There are still litigation holds on a lot of records, so it is not over yet.
- *How much does this new process cost? Are there metrics on how much better we are doing on fewer breaches?*
 - **Mr. Johle:** The process is so new that we are still defining how we will collect the metrics. We have not been able to ascertain very well whether we can tell how much more secure we are. There is continuous monitoring, and at any given time, Congress and VA officials want to see the security stop light status (red, yellow, and green). 2006 was not the last loss, but we have not had any breaches where individuals had their identity stolen. Although these new procedures make it difficult for staff in the field, it does save money and we are working with the field a lot more than before.
- *How often has Outlook been compromised?*
 - **Mr. Johle:** I do not know, but the issue is typically what is saved on a laptop when a laptop is stolen. There isn't much risk that data can be grabbed as it goes over the Internet.
- *I have received encrypted emails from VA and I am unable to open them and vice versa. How can I fix this?*
 - **Mr. Johle:** Find out the specific facility contact the Information Security Officer (ISO) there. They can work with you and your ISO.

Ask the VHA Panel: Questions and Answers

Participants were invited to ask questions and provide input to VHA senior leaders that may not have been addressed earlier in the day. Below is a summary of the questions and comments that were received.

- *It means a lot to us to be invited here by the VHA. What will be the follow up for this forum? Will we be hearing back from VHA on next steps? Is there a forum timeline we can anticipate? Can you email us any improvement items or follow-up materials?*
 - **Mr. Doyle:** We will distribute the notes from this forum in a summary format. We are taking note of issues and will be following up. These forums are the start of a journey, so there is much to learn on forum execution and follow-up. Please let your colleague Affiliates and partnering VISNs know that the forum was helpful so this effort can continue to receive funding. As the product teams and MSOs are developed, it is obvious that VHA's relationship with Affiliates is unique and we must treat these relationships differently than our other suppliers and partners. VHA contracting staff does not get trained in these types of contracts.
 - **Ms. Benmark:** Ambit will provide a report on this event. VHA will come up with targeted areas and common themes which will be released to participants. Between now and then, you may have new ideas and want to share these. We will be keeping in contact. Delia Adams will be communicating on a quarterly basis as well. Regarding the Affiliates' website, we will be using the CPO website for the public to access helpful information. There are links through the Office of Academic Affiliation (OAA) that will be helpful as well. The Association of Medical Colleges (AAMC) also has links at www.aamc.org.
 - **Ms. Adams:** We want to have a monthly forum with the NCMs and the Affiliates in the VISNs so you have direct dialogue with your specific contracting group. We may have a monthly phone call, and quarterly face to face, but we think quarterly is too far apart.
 - **Ms. Taylor:** After the inaugural VHA Academic Affiliate Forum in Boston, there were many worthwhile comments and suggestions about these forums; please let us know yours! This is only our second forum.
- *Can VHA provide a contact list for Product Service Team members, and include detail of who does what?*
 - **Ms. Benmark:** We are working on developing a chart with health care contracting officers and supervisors for the west coast teams.
 - **Mr. Doyle:** We are developing training for specialty team, product services team, prosthetics team, construction team, and others, and will have the expertise here to support you. When these are developed, we will share this information with Affiliates.
- *Please tell us about the Supplier Relationship Management (SRM) forum mentioned earlier.*
 - **Mr. Doyle:** VA invites suppliers (contractors) to discuss their issues with VA contracting processes. The forums are regional events focused on contracting. The agenda includes a plenary discussion, and concerns and recommendations are shared. VA speaks to what they have heard, and what they are doing about it. There are facilitated breakout sessions by industry type with no government employees in the room. These discussions are frank and robust. We have a VA café which is like the forum breakouts today. We conclude with a formal question and answer session with senior level acquisition leaders in VA.
- *Regarding communication with the CO, when do we know when an issue should be escalated? For example, issues with unilateral language in a contract.*

- **Ms. Benmark:** You need to reflect on how important the issue is to you. If you think the situation should be taken to the next level, you should approach it, but we cannot put parameters around that. Ask yourself, "Have I made attempts to resolve the issue at the current/lowest level?" Some of what we do is the law, and perhaps you need to engage legal counsel for support. Don't be afraid to raise an issue. This is what partnership is about. We do not blacklist Affiliates from working with VA if they identify issues that need to be resolved.
 - **Ms. Adams:** A problem you bring to us may highlight a larger problem we face and we would not have otherwise known.
 - *Will VHA use social media for communication with Affiliates?*
 - **Ms. Taylor:** For the Vets Small Business Conference, social media was used extensively to market the event, so VA uses social media for communications. VA has a central Facebook page which has all the VA facilities' Facebook pages. You can look that up. The Office of Public and Intergovernmental Affairs website also has these links.
 - **Mr. Johle:** By putting an alias va.gov address in rather than your own, this may help VA employees be more secure. IT staff can give you an alias or a distribution list access account. The public SharePoint has an alert capability for the public to be alerted of VA communications and document release. To access the public SharePoint – by the mission statement – going to official VA pages, you can find the VA internet. On the Procurement and Logistics Office (PLO) website, you can find links to the different program office websites.
 - *When will the 1663 directive be finalized, and will there be an opportunity for public comment?*
 - **Mr. Doyle:** We sent the draft directive to VISNs for their comment.
 - **Ms. Benmark:** This is an internal directive and NOT a public law; therefore we do not have to get comments from the public. We will not solicit feedback from the Affiliate community aside from AAMC, but there is protocol attached to how the finalization is done; the directive may have to go through the Publications Office. We want 1663 to target roles and responsibilities. The acquisition information in that regulation will be covered under a Standard Operating Procedure in our PLO so we are flexible to make changes. If that is approved, then the next step is to partner with Affiliates in workshops to come up with approaches that may be incorporated into that procedure. The change is just a step to be flexible to manage Affiliate contracts.
 - *We need further guidance on Community-Based Outpatient Clinic (CBOC). What authority do we have? We would like to use the CBOCs because they are in the hospital. It gets political because there are opportunities for other groups to come work there.*
 - **Ms. Benmark:** Is it the medical center directors' decision to sole-source a contract to an Affiliate, or are there other issues that lead to a need for competition? CBOCs like prosthetics are one of the most congressionally driven issues because of industry competition; there will almost always be protests.
 - *Is there a strategy to determine when to use an FTE versus Current Procedural Terminology (CPT)-based contract? What about time and attendance?*
 - **Ms. Benmark:** When the performance is done onsite, we use FTE. Offsite work is generally done through CPT contracts. The COR documents time and attendance procedures.
 - *We are having issues with prior authorizations.*

- **Ms. Benmark:** This is outside of our program if under USC 1703. Authorizations are handled by the clinics and services under fee-basis should involve Chief Business Office.
- *Can we put a timeline on the contract negotiation process so we can work backwards and properly plan to get a contract in place by a certain date?*
 - **Ms. Benmark:** Procurement milestones are established for the entire procurement process and we encourage our COs to share these milestones with the Affiliates. We will continue to encourage this.

The facilitator asked the Affiliate participants to share the things they want VHA to know that will make their life easier as an Affiliate.

- *We want the process to be made easier and more transparent and for there to be tools for end users. VHA should consider using SharePoint or similar software that lets you see how things are moving through a system and sends you email reminders. If there is no movement, there are POCs provided for each leg of the process.*
- *Interim contracts comprise a lot of our work and they are a huge effort. If we could just get a long-term contract, the Affiliates would be so much more efficient. Stop the interim contracts!*
 - **Mr. Doyle:** One idea is to have an overarching contract with Task Order-type work for the various departments in the Affiliate organization rather than different contracts with each department. There will be a VISN program manager who can be the single point of contract for Affiliates. This is a best practice.
 - **Ms. Adams:** Fiscal offices can drive these interim agreements because they “don’t get annual funding;” these are misconceptions of how the budget process should be working.
- *I want the VHA to be in continual communication with me.*
- *We need a list of FAR clauses that govern the VHA-Affiliate relationship.*
 - **Ms. Adams:** I will send out a list of FAR clauses.
- **ACTION:** Delia Adams will develop a list of FAR clauses that govern the VHA-Affiliate relationship.

Closing Remarks

Ms. Adams thanked the Academic Affiliate representatives for participating in the forum. SAO West has been in place since 2009 and is actively managing work and moving forward in partnering with people in the region. Affiliates should make sure they find out who their NCM is as this is the person they should contact first to resolve issues that aren’t being resolved at the CO level.

Mr. Ford Heard, Associate Deputy Assistant Secretary for Policy, Systems, and Oversight, added that dialogue at the forum has been helpful. Although some of the issues raised have been around a long time, there are positive improvements underway as a result of the work that Ms. Benmark has been doing – there is a lot of forward momentum.

Mr. Doyle noted the presence of higher-level VA officials indicates the importance of this effort. He reminded everyone that both VA and the Affiliates are here for one purpose – to serve the Veteran. Maintaining that focus will help both sides improve their processes.

Appendix A: Forum Agenda

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|----------|---|
| 8:15 am | Welcome |
| 8:35 am | Agenda Review and Introductions |
| 8:50 am | The Value and History of the VHA-Affiliate Partnership - <i>Dr. Barbara Chang</i> |
| 9:20 am | The Contracting Process - <i>Charlie Benmark</i> |
| 10:30 am | Break |
| 10:45 am | The Pricing Challenge & Potential Tools - <i>Brian Vasbinder</i> |
| 12:15 pm | Lunch |
| 1:15 pm | <p>Topic Café Sessions</p> <ul style="list-style-type: none"> • Performance Metrics & Quality Assurance - <i>Dr. Andrea Buck</i> • Information Security - <i>Casey Johle</i> • Recruitment vs. Contracting - <i>Dr. Barbara Chang</i> • Improving the Negotiating Process - <i>Charlie Benmark</i> • Credentialing and Privileging - <i>Kate Enchelmayer</i> |
| 3:30 pm | Real-World Scenarios & Final Questions and Answers |
| 4:15 pm | The Path Forward |
| 4:30 pm | Close |

Appendix B: Affiliate Attendees

| Name | Job Title | Organization or Agency | Email Address | Preferred Phone |
|-------------------------|--|---|---|-----------------|
| Liz Boileau | Director, Managed Care Contracting | Health & Science University | boileaul@ohsu.edu | 503-494-4390 |
| Paul Bolin | Chairman | East Carolina University School of Medicine | | |
| Timothy Cibula | Department Director | University of Washington | cibula@uw.edu | |
| Marcelo Collantes | Assistant Director | UW Department of Lab Medicine | mcollant@uw.edu | 206-992-0084 |
| Donna Devine | | | ddevine@uw.edu | |
| Caroline Feng | Associate Director | UW Medicine Department of Anesthesiology & Pain Medicine | cfeng@u.washington.edu | |
| Debroah Golden-Eppelein | Director, Research Grants & Contracts | Oregon Health & Science University | goldenep@ohsu.edu | 503-494-4853 |
| Gene Hasegawa | Associate Dean for Administration and Chief of Staff for Health Sciences Affairs | UC San Diego School of Medicine | kkersey@ucsd.edu | 858-822-3843 |
| Diana Heider | Director, Provider Contracts | University of New Mexico Medical Group | dheider@unmmg.org | 505-272-1631 |
| Karen Low | Director, Clinical Affairs Planning & Analysis; School of Medicine | University of Washington | low@uw.edu | 206-543-9440 |
| Loria Lynce | Business Administrator | Texas A&M University System Health Science Center College Of Medicine | lynce@ medicine.tamhsc.edu | 254-724-4969 |
| Helen Mah | Senior Financial Analyst | Stanford University School of Medicine | helen.mah@stanford.edu | 650-721-2510 |
| Laurel Manaois | Director, Otolaryngology-HNS | University of Washington School of Medicine | lmanaois@ u.washington.edu | 206-543-5522 |
| Susan Marx | Interim Director, Department of Surgery | University of Washington School of Medicine | smarx@uw.edu | 206-685-9618 |
| Tammy Morgan | Administrative Directive | University of Utah | tammy.morgan@ hsc.utah.edu | 801-585-9209 |
| Chad Mortenson | Clinical Contracting | University of Utah | chad.mortenson@ hsc.utah.edu | 801-587-6906 |
| Jerry Moses | Director of Finance & Administration | UW Medicine Department of Anesthesiology & Pain | kira1@uw.edu | 206-221-3991 |
| Cleo O'Rourke | Director, Payer Contracting | UW Physicians | corourke@ uwp.washington.edu | 206-520-5618 |

| | | | | |
|------------------------------|---|---|---|--------------|
| Tim Rinner | Manager, Research Grants & Contracts | Oregon Health & Science University | rinner@ohsu.edu | 503-494-5933 |
| Keri Schreckengost | Senior Clinical Contract Specialist | University of New Mexico Medical Group | kschreckengost@ unmmg.org | 505-272-1631 |
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| Ann Simons | | University of Washington | amsimons@uw.edu | |
| Erica Sison- Buenaventura | Senior Fund Manager - Sponsored Projects Administration | University of California, San Diego | esison@ucsd.edu | 858-382-6202 |
| Calvin Tran | Research and Finance Administrator | University of Washington | calvint@uw.edu | 206-543-5766 |
| Pakou Vang | | UC Davis Health System | pakou.vang@ ucdmc.ucdavis.edu | |

Appendix C: VA Attendees

| Name | Job Title | Organization or Agency | Email Address | Preferred Phone |
|----------------------|---|---|--|------------------------|
| Delia Adams | Director | SAO West | delia.adams@va.gov | 916-692-7316 |
| Joanna Antolakis | MSO West Technical Advisor | VHA | joanna.antolakis@va.gov | 303-691-6555 |
| Betty Benmark | VHA Medical Sharing | VHA/Affiliate Director | betty.benmark@va.gov | 615-225-6954 |
| Kevin Blanchard | Network Contracts Manager | SAO West, NCO 22 | kevin.blanchard@va.gov | 562-766-2234 |
| Andrea Buck | | | andrea.buck@va.gov | |
| Barbara Chang | Director, Medical and Dental Education | Office of Academic Affiliations, VHA Central Office | barbara.chang@va.gov | 502-287-4722 |
| Juan Common | Network Contract Manager | VHA, NCO 17 | juan.common@va.gov | |
| Kent Crossley | Chief of Staff | VA Minneapolis Health Care System | kent.crossley@va.gov | 612-725-2105 |
| Bernard Deazley | | VA | bernie.deazley@va.gov | 503-220-8262 x54294 |
| Jill Dietrich | Acting Assistant Director | Dorn VA Medical Center | jill.dietrich@va.gov | 803.695.7981 |
| Norbert Doyle | VHA Chief Procurement and Logistics Officer | Department of Veterans Affairs | norbert.doyle@va.gov | 202-632-7806 |
| Kathryn Enchelmayer | Director, Credentialing and Privileging | OQSV (10A4E), VHA | kathryn.enchelmayer@va.gov | 919-474-3905 |
| Mark Erickson | Medical Sharing Contracting Officer | Department Of Veterans Affairs/NCO 20 | mark.erickson3@va.gov | 253-583-2147 |
| Sandra Hallmark | Senior Technical Advisor | VHA/MSO | sandra.hallmark@va.gov | 817-385-5917 |
| Helen Hanna | Medical Sharing Program Manager | VISN 20, VHA | helen.hanna@va.gov | 360-567-4600 |
| Ford Heard | Associate Deputy Assistant Secretary for Policy, Systems, and Oversight | VA | | |
| Nicholas Jenkins | | | nicholas.jenkins@va.gov | |
| Catherine Kaminetzky | Director, Center for Education and Development | VA Puget Sound Health Care System | catherine.kaminetzky@va.gov | 206-201-1164 |
| Josefina Ledezma | Network Contract Manager /NCO 21 | NCO 21 | Josefina.Ledezma@va.gov | 925-372-2273 |

| Name | Job Title | Organization or Agency | Email Address | Preferred Phone |
|---------------------|-------------------------------------|------------------------------------|--|---------------------|
| Jennifer LeTourneau | Director of Medical Education/DEO | Portland VA Medical Center | Jennifer.Letourneau@va.gov | 503-220-8262 x52160 |
| Roberta Owings | | | robert.owings@va.gov | |
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| Roxane Rush | ADUSH for Quality, Safety and Value | Veterans Health Administration | roxane.rusch@va.gov | 202-495-5990 |
| Jonathan Santangelo | Contract Specialist | Veterans Affairs | jonathan.santangelo@va.gov | |
| William Schoenhard | | | natalie.cartner@va.gov | |
| Jennifer Strawn | | | jennifer.strawn@va.gov | |
| Susan Taylor | Deputy Chief Procurement Officer | VHA Procurement & Logistics Office | susan.taylor7@va.gov | 410-533-6538 |
| Ralph Taylor | Auditor | VAOIG | ralph.n.taylor@va.gov | 202-461-4640 |
| Brian Vasbinder | SAO East Procurement Analyst | Department of Veterans Affairs | brian.vasbinder@va.gov | 412-822-3433 |

Appendix 4: Acronyms

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|------|---------------------------------------|
| CBOC | Community Based Outpatient Clinics |
| CO | Contracting Officer |
| COR | Contracting Officer |
| CPT | Current Procedural Terminology |
| DEO | Designated Educational Officer |
| eCMS | Electronic Contract Management System |
| FAR | Federal Acquisition Regulations |
| FTE | Full-Time Equivalent |
| GME | Graduate Medical Education |
| ICA | Interim Contract Authority |
| ISO | Information Security Officer |
| MSO | Medical Sharing Office |
| NCM | Network Contracting Manager |
| NCO | Network Contracting Office |
| OAA | Office of Academic Affiliations |
| OGC | Office of General Counsel |
| OIG | Office of the Inspector General |
| OPL | Office of Procurement and Logistics |
| PNM | Price Negotiation Memorandum |
| PO | Purchase Order |
| POC | Point of Contact |
| QAP | Quality Assurance Plan |
| SAO | Service Area Organizations |
| SME | Subject Matter Expert |
| SRM | Supplier Relationship Management |
| UW | University of Washington |
| VA | U.S. Department of Veterans Affairs |
| WOC | Without Compensation |
| VBA | Veterans Benefits Administration |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |