

**U.S. Department of Veterans Affairs (VA)  
National Academic Affiliations Council (NAAC)  
Meeting Minutes for March 12-13, 2024**

**The American Legion  
1608 K Street, N.W.  
7th Floor  
Washington, DC 20006**

The National Academic Affiliations Council (NAAC) met in-person on March 12th and 13th. A quorum was present, affording the Council the opportunity to conduct normal business.

**Attendance: See Appendix**

**Day 1: Tuesday, March 12, 2024**

**Welcome, Announcements, and Introduction of Members**

Ms. Nellie Mitchell called the meeting to order at 9:00 AM.

Dr. James Hildreth, NAAC Chair, welcomed NAAC members and introduced the Council's newest member, Olga Rodriguez de Arzola, MD, FAAP, Dean of the School of Medicine, Ponce Health Sciences University. Members were provided the opportunity to introduce themselves.

**Health Professions Education Week**

VHA Chief Academic Affiliations Officer, Marjorie Bowman, MD, MPA, informed members that this week is VA's third annual Health Professions Education Week, which celebrates VA's academic mission, health professions trainees (HPTs), VA faculty, clinical educators, and academic affiliates who work together to care for Veterans while training future health care professionals. Across the country, VA Medical Centers hold presentations and award ceremonies recognizing and celebrating the importance of educating the future health care workers of the country. In academic year 2023, VA trained over 120,000 HPTs in more than 60 clinical disciplines associated with 1,500 academic institutions and 151 VA facilities. Approximately 70% of the nation's physicians have trained at VA, making it the largest training program in the country for physicians. Without VA's academic affiliates, with which there are more than 7,700 affiliated educational programs, VA could not maintain its high standard of evidence-based care for the nation's Veterans. Through these partnerships VA shares faculty, training, expertise, numerous innovations, clinical advances, and development of new health care practices and therapies.

Dr. Bowman presented highlights on programs aimed at expanding VA's academic mission, to include: Rural Interprofessional Faculty Development Initiative (RIFDI), a

program to teach clinical skills to VA faculty in rural areas and to make a difference in the experiences trainees receive and faculty retention rates; VA's new pilot program in graduate medical education authorized by Section 403 of VA's MISSION act of 2018; the establishment of geriatric and extended care nurse practitioner residency pilot programs to help address the nursing shortage and meet the needs of the aging Veteran population; VA's 2013 Mental Health Education Expansion Initiative, which added more than 850 training slots across multiple disciplines including psychology, marriage and family therapy, professional mental health counseling, and social work. VA continues to expand its academic affiliates, and through those affiliations it has created several new training programs including Telestroke work and bedside cardiac assessment.

Dr. Kowalski asked about the status of the pilot programs that would begin in 2025 for residence with an emphasis on Indian Health Services (IHS). Dr. Bowman said that exact numbers are not available, but they are continuing to work through the details.

Dr. Hildreth asked if the National Telestroke program was available to trainees outside of VA. Dr. Bowman said that the program is open to trainees that rotate through VA for training.

### **Annual Advisory Committee Management Office Briefing**

Jeff Moragne, Director, Advisory Committee Management Office (ACMO), briefed on the Federal Advisory Committee Act (FACA), the Government in the Sunshine Act, the Privacy Act, the Freedom of Information Act (FOIA), and the National Records Act, which govern how committees operate and how recommendations to the Secretary must be constructed. Mr. Moragne also reviewed best practices for FACA committees to follow.

Dr. German asked if there would be an instance where VA would ask FACA committee members to testify on their behalf. Mr. Moragne said that there may be times members are asked to provide their insights as a private member of the public but never to speak on behalf of VA.

### **Discussion with Dr. Carolyn Clancy**

Carolyn M. Clancy, MD, MACP, Assistant Under Secretary for Health, Discovery, Education and Affiliate Networks (DEAN), discussed VA and VHA's roles as academic health centers (AHC) and the effects the pandemic had on those roles and on health care in general. Most hospitals are primarily focused on treating the patients that come through the door, AHCs are defined by their combined use of education, research, innovation, and clinical care to provide the best possible care that uses cutting edge technologies, resources, and therapies other community hospitals might not have available. As an AHC, VA is using the lessons learned from the pandemic to shape the future of health care for both Veterans and the nation at large.

Dr. Clancy briefed on OAA's collaborations with other VA program offices on strategies to strengthen the mental health pathway. While the use of mental health services doubled over the past four years, in part due to the increased use of remote services since the pandemic, only about 50% of those who report symptoms ever seek help. Mental health training is set to restart in Vet Centers, which can see both Veterans who are enrolled in the VA system as well as those who are not because they are separate from VHA. There is a lot of collaboration around education and training, not just for future health professionals but also maintaining and updating the skills of current providers.

Dr. Clancy discussed challenges and areas health care systems will need to focus on moving forward, including artificial intelligence (AI), and how VA is uniquely suited to address these and other challenges. AHCs and medical schools need to be equipped to teach and train students in their use and possible future applications. AHCs also need to define how to train and onboard health professionals, including what percentage of training can be accomplished through remote interactions and simulations.

Dr. Kowalski asked about the call to bring trainees into Vet Centers given the lack of trust some Veterans have for VA. Dr. Clancy said that VHA has many peer support counselors and psychiatric technician that support licensed health professionals to make their work more efficient. Further, one of VHA AHCs' greatest assets is that the majority have mental health integrated into primary care. This makes a difference to patients, such as when their primary care clinician refers them to a VA psychiatrist they know and can talk to rather than a third-party contractor. The Vet Centers offer both group therapy and individual sessions in their local community, not a large, potentially distant, formal health care institutional setting.

### **Discussion with the Honorable Denis McDonough**

Denis McDonough, Secretary of Veterans Affairs, provided comments through a prerecorded video on the important role of VA FACA committees. Secretary McDonough discussed VA's values and how they impact the work VA does to provide Veterans with the best care possible. Those values are Integrity, Commitment, Advocacy, Respect, and Excellence (ICARE). Another value is diversity on FACA committees so that the members reflect the diverse Veteran population VA serves. Secretary McDonough discussed some of the important health outcomes and their correlations to armed service that FACA committees have identified, leading to changes in VA.

### **Strategic Academic Advisory Council (SAAC) Update**

Dr. Bowman provided an update on SAAC activities and top priorities:

- Health Professions Education (HPE) Office Optimization project: Approved an organizational chart to create a standardized model and benchmarks for

Designated Education Officer (DEO) offices; developed a Workforce Management and Consulting (WMC) mandate for the field to ensure training programs are appropriately managed and handled, which has a 180-day mandatory implementation window.

- The VISN Clinical Resource Hubs (CRH) Floating Allocation Pilot: Started a rotation that has associated health trainees see how health care gap coverage is accomplished for patients. The programs are requesting flexibility in trainees' locations to aid in recruitment for full-time training within the CRHs.
- Bookability and labor mapping: OAA has been working toward agreement on specific protected time for clinician educator's time supervising trainees. The current definition of labor mapping does not encompass all aspects of clinical education.
- Set protected teaching time: OAA has worked with multiple offices to create set protected time for clinician educators in VA for their time working with trainees. This requires a change to the labor mapping definition which currently does not encompass all aspects of clinical teaching. Dr. Bowman explained that the term "bookability" considers how much of a provider's time is spent performing face-to-face care and "labor mapping" reflects a clinician's time is spent doing educational work, other clinical work, administrative work, and research.

Dr. Elster asked if the CRHs are a pool of experts that could be resourced at another facility to cover a gap, and how are trainees involved. Dr. Bowman responded that each CRH has a combination of full-time staff that are permanently assigned there and some part-time staff to provide continuous, virtual support to various facilities locally and across the country. John Byrne, DO, FACP, Senior Advisor, OAA, added that trainees accompany the clinician with whom they are training with if the clinician travels for gap coverage, though most of CRH's support is virtual.

Dr. German asked who OAA expects to be the individual writing the proposal CRH request for proposal (RFP). Dr. Byrne said that this will be mostly with VA-sponsored Associated Health programs and that the positions are not assigned to a particular facility.

Dr. Elster asked what professional development opportunities and requirements exist for DEOs. Dr. Byrne said OAA has a DEO Orientation and several resources for DEOs receive professional development, and the program OAA has with Uniformed Services University (USU) leads to a degree in HPE.

The Council discussed the relationship between VHA's budgetary restrictions and access to patient care, and the affect those could have on clinical education and ambulatory care bookability. The Council decided to form a bookability and labor mapping subcommittee to work on recommendations to the full Council relative to mapping and booking the time of health professionals in VA related to training.

## **Diversity in the Healthcare Workforce Subcommittee (DHWS) Update**

David Henderson, MD, Vice President for Equity, Diversity and Belonging in Medical Education, American Medical Association (AMA), informed the group that the subcommittee has received numerous briefings on initiatives and programs over the past year, including a scholarships update; Health Professions Trainee Hiring Authority program; and VHA Healthcare Leadership Talent Academy, a pilot program DHWS continues to be interested in as a potential mechanism for entrenching students at an early point in their academic career in the medical professions.

Dr. Henderson briefed on topics and discussion from the DHWS in-person meeting in Tulsa, Oklahoma, in September 2023. In 2024, DHWS will continue to have discussions relating to recruitment of diverse health professionals and trainees, particularly in light of the SCOTUS decision, and strategic goals for the subcommittee.

Dr. Hildreth asked Dr. Bowman if there is any danger that programs targeting minority students will be called into question by leaders. Dr. Bowman said that the VHA Healthcare Leadership Talent Academy is a recognized program in VA that has expanded since commencing and she anticipates it will continue to grow since the facilities that do have it are intent on making sure it does.

The Committee discussed how the importance of attracting and engaging minority students early in their education leads to a diverse health care workforce that reflects the Veteran community VA serves.

## **Artificial Intelligence in the VA Overview**

Gil Alterovitz, PhD, FACMI, FAMIA, Director, VA National Artificial Intelligence Institute (NAII), Chief AI Officer (CAIO), VHA, presented an overview of AI in VA, stating that NAII was created more than five years ago and is the preeminent organization for AI research and development (R&D) as well as policy collaboration at VA. He discussed VA's AI Strategy, which is one of the first in the federal government and was created in collaboration with over 20 VA offices. VA's AI Strategy sets the agency vision and mission to improve outcomes and experiences for Veterans through four strategic pillars: using existing AI to improve outcome and experiences for Veterans, increasing AI capacity and capabilities, increasing Veteran and stakeholder trust in AI, and building on existing partnerships across agencies and industry. Dr. Alterovitz outlined the VA Trustworthy AI (TAI) Framework, created through the VA AI Strategy, stating it will serve as a model to follow and is important to enhancing Veteran safety, privacy, and trust in AI as well as improving VA services through accurate advanced technologies, and promoting operational excellence in compliance with VA's regulations.

Dr. Alterovitz briefed on the executive orders (EOs) concerning AI in VA. Following the requirements of EO 14110, VHA is hosting an AI Tech Sprint focused on reducing health care worker burnout through two tracks: structured medical documentation from ambient dictations during medical visits; and rapid extraction of salient information from

community care documentation transformed into structured data that can integrate into clinical workflows.

### **NAAC Member Q&A with Artificial Intelligence in the VA**

Dr. Whelan asked what would be involved in developing a trained and engaged AI workforce. Dr. Alterovitz replied that there are two approaches; the first is to attract new talent, and the second is to train existing personnel to leverage AI.

Mr. Robinson asked if there is discourse for greater collaboration with other large health care systems. Dr. Alterovitz explained that there are both direct and indirect collaborations, but different health care systems use different codes and other metrics that make them harder to map with VA's datasets.

Dr. Hildreth asked about the scale of AI implementation in the VA network. Dr. Alterovitz said his office mostly handles the research and early development which led to pilots; after that work is done, the Office of Information and Technology (OI&T) and other offices that own the work at the national level. There are also local facilities that can choose if they want to use AI systems.

Dr. German asked if there is a need for joint degree programs given the expansion in AI use. Dr. Alterovitz said yes and gave examples of some programs that already exist.

### **STRONG Veterans Act Updates & Mental Health Updates**

Kimberly Falco, DNP, RN, Coach/Mentor, Registered Nurse Residency Programs, OAA, provided STRONG Veteran Act and Mental Health updates, including a brief history on VA's work in mental health and suicide prevention preceding the STRONG Act. Currently OAA has met 43% of their goal for adding mental health trainees with the deadline being December 2025, and have moved into phase two of their initial roadmap, which is to achieve another 40-50% of the unmet goal. Dr. Falco discussed barriers as well as how OAA is incorporating feedback from multiple sources into the processes that are assisting in achieving the set goals.

Dr. Kowalski asked if Physician Assistants (PAs) were being brought into the process. Dr. Falco replied that OAA and the PA office are in dialogue; there are planned releases for RFPs.

Dr. Evans inquired about psychology positions that will be added. Dr. Falco said there are no plans to expand psychology trainee positions since there is not full utilization of the current positions. Expansion is occurring in areas that need more positions.

### **CHIP IN for Veterans Act: National Project Updates**

Brandi Stockstill, Director, Policy & Programs, Office of Real Property, Office of Construction & Facilities Management (CFM), VA, updated on national projects under the Communities Helping Invest Through Property and Improvements Needed (CHIP

IN) for Veterans Act. CHIP IN addresses VA's need for space and allows VA to accept certain types of donations without having to return to Congress for additional authorization. The pilot program originally sunset in 2021 and has a new sunset date of 2026. She briefed on the two pilot projects utilized in this program; there are still opportunity for three more projects. The first pilot and inspiration for the act was in Omaha for the construction of a replacement facility that had a final cost of \$86 million, \$30 million of which came from the donor. CHIP IN is beneficial to VA because the original estimated cost for the project was \$120 million and projects of this type typically take 7-9 years; this project was funded, designed, and constructed within three years. The pilot program in Tulsa is to address the need for an in-patient facility. A donor group working with Oklahoma State University was able to present an opportunity for proposal and is now building a 58-bed in-patient facility. The project was originally estimated to be a \$260 million VA-funded project, but with the donations and VA's contribution it will cost approximately \$156 million. Design started in 2021 and construction will be completed in 2025.

Ms. Stockstill discussed reasons why there are not more CHIP IN projects in progress including that donors must donate the buildings to VA. If it's not on VA land, such as an academic affiliate's land, they must parcel the land and transfer it to VA. Instead of using CHIP IN some academic affiliates are looking into using the VA's Enhanced Use Lease authority for projects. Another prior issue for academic affiliates was that they could not have exclusive use of the space, but now VA is allowed to do sole source leasing with those affiliates.

Dr. Hildreth asked about the SCIP process. Ms. Stockstill said the Strategic Capital Investment Planning (SCIP) process is VA's capital invest planning where medical centers can submit initiative to mitigate gaps such as space for parking, research, deficiencies in the medical center and she discussed how this program contributes to VA's capital funds request as part of the annual budget.

Dr. Hildreth asked if there were established budgets for CHIP IN projects. Ms. Stockstill said that budgets are determined by each individual project that is approved and are dependent on the donor's contributions.

### **PACT ACT, Section 704 Updates - Sole Source Leasing from Academic Affiliates**

David Alvarez, Associate Director, VHA Office of Capital Asset Management Service (OCAMS), provided an overview of the Honoring our Promise to Address Comprehensive Toxics (PACT) Act, focusing on Sections 702-707 that provide resourcing to enable leases to accomplish VA's mission. Resources in these sections include authorization of pending leases and streamlines leasing approval; enhanced authority to enter into space lease agreements with academic affiliates; and funding for leases and Enhanced-Use Leases. Real property implications of the PACT Act include the 31 leases it created, the possibility of dealing with academic affiliates on a sole source basis, and the authority it established for VA to work with the Department of

Defense (DoD) closer than before. He further discussed the process for academic affiliates to participate and the benefits for both VA and affiliates.

## **Day 2: Wednesday, March 13, 2024**

### **Welcome and Review of Day 1**

Dr. Hildreth welcomed the Committee and members discussed the presentations they received.

Ms. Mitchell informed that the two recommendations created in September 2023 had been approved by the Secretary and she briefed on the implementation processes.

### **National Standards of Practice (NSP): Federal Supremacy in VA**

Christopher Saslo, DNS, ARNP-BC, FAAN, Assistant Under Secretary for Health, Patient Care Services/Chief Nursing Officer, VHA, briefed on the ongoing process of reviewing states' practice acts and creating the NSP. The goal of the NSP is to ensure that Veterans receive the same type and quality of care no matter where in the U.S. they receive treatment and is not attempting to change the qualification standards required for somebody to enter clinical practice. The NSP aims to align VA's ability to hire right, hire fast, and ensure that VA is providing whole health for individuals consistently across the country.

Dr. Saslo discussed the process the NSP team went through to identify the 51 professions that could be impacted by national standards and can develop a set of standards that could allow them to move seamlessly throughout VA and to practice most efficiently, regardless of where they were in the health care arena. The identified professions were split into three groups based upon the complexity of some of the practice acts. The least complex has been put in place, the middle complexity group is in the Federal Register for comment, and the most complex are still under review. The goal is to have all 51 in the Federal Register by the end of fiscal year 2026 or sooner.

Dr. Saslo provided an overview of the NSP team's internal interdisciplinary field advisory board related to anesthesia, comprised of certified registered nurse anesthetists, anesthesiologists, and support staff to inspect what the NSP can and should look like, and to work through evidence-based practices to develop the most efficient NSP. The advisory board is committed to reviewing the most up to date peer-reviewed evidence that supports practices, and looks at quality, access, and outcomes. An issue that has been brought up by partners in several fields is that while within VA there is the ability to dictate specific clinical practice in the community care network. If the NSP is eliminating a practice, they also must ensure that there is access potential to provide it for Veterans when appropriate. He stated that the NSP will evolve in step with the quality of provider training. Also, the NSP directive will be renewed every 10 years and the goal is to have a team at each of the program offices with NSP that falls under



their purview who are responsible for doing reviews and submitting any changes to the NSP that need to occur.

## **Topic Discussion**

Dr. German queried how the NSP team weighs access and quality in decisions on which groups are included. Dr. Saslo replied that quality is always the priority in the decision making, followed by access.

Dr. German asked if NSP was taking AI into consideration. Dr. Saslo said that the NSP team is not currently but there is an opportunity for AI to be a support in the future while mindful of the reliability of the AI they want to implement, AI user education and understanding of the risks and benefits of AI. Further, that the use of AI should never replace a human as being the ultimate partner in health care delivery. The Council discussed the ever-growing presence and capabilities of AI and the many implications it could have for health care, both the positive and the negative.

Dr. Bowman asked what they would do with the individuals in VA who may be doing well but their job titles or how they're listed does not meet the NSP. Dr. Saslo stated that there are already areas around the country where certain professions are not doing all their education training and their certification has allowed them to do so because that particular state may not have permitted that aspect, which is why his office is looking at NSP. In these situations, VA will either be providing the additional training for that particular profession in order for them to meet the level of competence that they were originally trained for, or the facility will have the option of privileging that individual for a particular aspect.

Dr. Evans asked how the NSP will affect gender-affirming care in states where it has been banned. Dr. Saslo explained how they are actively reviewing what gender-affirming care needs to be. Currently in VA, it is not necessarily part of the NSP as much as it is a part of how they develop pathways to care for individuals who may be eligible for it. VA continues to provide gender-affirming care to individuals who have already transitioned or are already in the process of transitioning. There has not been a policy rolled out regarding individuals who are approved based upon the evaluation for gender-affirming surgeries, but it has been in active development for some time. In states where certain aspects of gender-affirming care are banned, VA will continue to provide that care, but individuals may have to receive it at a different location that still permits it such that it does not put clinicians at risk of legal actions against them by their state medical board of medicine. Dr. Saslo explained that they have had the Department of Justice weigh in on the matter and if a clinician provides the correct care to the right person for the right reasons in one of those states, they will be defended.

## **MISSION ACT, Section 403 Updates**

Dr. Byrne presented important updates about the MISSION Act, the highlights of Section 403 of the act, and an updated timeline and plans from OAA. Section 403 is a

pilot program, also known as the Pilot Program for Graduate Medical Education Residency, with an end date of 2031, to put 100 residents in coverage facilities in areas that were deemed underserved by VA, with priority to Indian Health Service, Tribes, and Tribal Organization facilities, as well as federally qualified healthcare centers (FQHC) and DoD. He briefed on the two models in the act. The RFP for Model A will be released in the summer of 2024, applications will be due in the fall, VA will have an RFP review panel to select the coverage facilities, award decisions will likely be around December 2024, and rotations will begin in July of 2025. OAA does not yet have a plan and release date for the RFP for Model B. Prior to the RFPs being released, OAA will be conducting a communications campaign to promote the program.

The Council discussed the limited nature of the program with it only funding 100 residents for potentially short rotations, and no delineation between how many should be in Model A versus Model B, as well as the fact that the funding is not large enough to pay for many programs under Model B. Dr. Byrne reminded the Council that VA and OAA did not write the legislation and the small funding relates to the fact that it is a pilot program.

### **VHA Electronic Health Record Modernization (EHRM): Update on Roll-Out and Governance, Open Discussion with NAAC Members**

Erin Matteau, DPT, CHES, Health Systems Specialist, Medical Informatics Unit (MIU), OAA, discussed technology updates at OAA. She discussed the new Account Provisioning and Deprovisioning System (APDS) that will be mandated for VA's without compensation (WOC) HPTs starting April 10, 2024, to lend standardization to the onboarding process. Future deployment of the system will include all employees and paid HPTs in 2025. APDS allows for greater collaboration between OAA and WMC on recruiting efforts. OAA provides a variety of support avenues to the field with learning the new system and expects that DEO offices will be providing additional support in the field.

Lovell Federal Health Care Center (FHCC) recently went live with the new electronic health records (EHR) and is the first site of six to go live that has trainee dependencies as HPTs are actively contributing to patient care. Ms. Matteau discussed the HPT Council's role in the governance system for EHRM and that its input has been advantageous for the scalability of the new system. It also allows OAA the ability to have an increased presence and support in the roll out.

Ms. Matteau briefed on proposed pilots to address VA directives dealing with personnel security practices as well as Homeland Security Personnel Directive 12. VA is pushing to keep trainee record access as is, but this could change regarding new trainee security checks or timeframes. This concern exists even though the APDS has improved VA's security posture.

## **Public Comments**

There were no public comments.

## **Final Comments and Adjournment**

Dr. Hildreth thanked the staff for their work in organizing the meeting and the Council members for their time in attending. Meeting adjourned at 11:30 a.m.

**Prepared By:** Nellie Mitchell, Designated Federal Officer, NAAC

**Verified By:** /s/ James E.K. Hildreth, PhD, MD, Chairman, NAAC  
Date: May 20, 2024

## **Appendix: Attendance Records**

### **NAAC Member Attendance:**

Marjorie A. Bowman, MD, MPA (Ex-Officio), Chief Academic Affiliations Officer, Office of Academic Affiliations; Eric Elster, MD, FACS, FRCSEng (Hon.), (Ex-Officio), CAPT, MC, USN (Ret.), Dean, School of Medicine, Professor of Surgery, USU; Arthur Evans, Jr., PhD, Chief Executive Officer and Executive Vice President, American Psychological Association; Deborah German, MD, Vice President for Health Affairs, Founding Dean, UCF College of Medicine; David Henderson, MD, Vice President for Equity, Diversity and Belonging in Medical Education, American Medical Association (AMA); James E. K. Hildreth, PhD, MD, (Chair), President and Chief Executive Officer, Department of Internal Medicine, Meharry Medical College; Paul Jung, MD, MPH, FACPM (Ex-Officio), Captain, United States Public Health Service (USPHS), Director, Division of Medicine and Dentistry, HRSA; Meredith Kazer, PhD, CNL, APRN, A/GNP-BC, FAAN, Professor and Dean, Marion Peckham Egan School of Nursing and Health Studies; Timothy Kowalski, DO, D. FRACN, Vice Provost for Professional and Public Relations, American Osteopathic Association; Ryan Lilly, MPA, (Ex-Officio), Network Director, VA New England Healthcare System, Veterans Health Administration; Christopher Loyke, DO, FACOFP, Dean and Chief Academic Officer, Lincoln Memorial University - DeBusk College of Osteopathic Medicine (LMU-DCOM); Christopher Robinson, MS, MBA, CPO, ATC, FAAOP (D), Clinical Resource Director, The National Commission on Orthotic & Prosthetic Education, Assistant Professor of Physical Medicine and Rehabilitation, Northwestern University's Prosthetics Orthotics Center; Olga Rodriguez de Arzola, MD, FAAP, Dean of the School of Medicine, Ponce Health Sciences University; Alison Whelan, MD, Chief Medical Education Officer.

### **Council members unable to attend:**

Susan Bakewell-Sachs, PhD, RN, FAAN, Vice President, Nursing Affairs and Dean, School of Nursing, Oregon Health & Science University; Loretta Christensen, MD, MBA, MSJ, FACS (Ex-Officio) Chief Medical Officer, IHS; Maga Jackson-Triche, MD, MSHS, Assistant Vice Chancellor and Health Executive Advisor for Diversity, Equity, and Inclusion (DEI), University of California San Francisco; Thomas O'Toole, MD, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Operations, VA; Kelly R. Ragucci, PharmD, FCCP, BCPS, Vice President, Professional Development, American Association of Colleges of Pharmacy (AACP); Anthony M. Stazzone, MD, MBA, FACP (Ex-Officio), Network Chief Medical Officer, VA MidSouth Healthcare Network, VISN 9.

### **Presenters:**

Gil Alterovitz, PhD, FACMI, FAMIA, Director, VA NAIL, CAIO, VHA; David Alvarez, Associate Director, OCAMS, VHA; Kimberly Falco, DNP, RN, Health Professions Education; Erin Matteau, DPT, CHES, Health Systems Specialist, MIU; Jeff Moragne, Director, Advisory Committee Management Office, VA; Brandi Stockstill, Director, Policy & Programs, Office of Real Property, CFM, VA; Christopher Saslo, DNS, ARNP-BC, FAAN, Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.

**VHA Staff attending (all are OAA staff unless specified otherwise):**

John Byrne, DO, FACP, Senior Advisor; Carolyn Clancy, MD, MACP, Assistant Under Secretary for Health, DEAN; Larissa A. Emory, PMP, CBP, MS, Management and Program Analyst (Alternate Designated Federal Officer for the NAAC); Jeannie Howard, Management Analyst; Ramona Joyce, Executive Officer; Nellie Mitchell, MS, RHIA, Program Analyst (Designated Federal Officer for the NAAC); VHA; Karen Sanders, MD, OAA; Ashley Tomaselli, Office of the Executive Director, Health Professions Education; Cheryl Whitney, Public Affairs Specialist.

**Members of the Public attending:**

There were no members of the public in attendance.