

**U.S. Department of Veterans Affairs (VA)  
Federal Advisory Committee  
National Academic Affiliations Council (NAAC)**

**Meeting Minutes for December 4, 2024**

**Attendance: See Appendix**

**Welcome and Announcements**

Ms. Mitchell called the meeting to order at 10:00 a.m.

**Welcome and Introduction of Members**

Dr. German, NAAC Chair, welcomed new NAAC members to the Council, current NAAC members, VA staff, and members of the public. She introduced new NAAC members and allowed each to introduce themselves.

Dr. Bowman thanked NAAC members for their participation and commented on the importance of NAAC's mission.

Ms. Mitchell briefed the Council on the virtual meeting procedures and provided brief updates about the March 2025 NAAC meeting in Washington, DC.

**Rural Interprofessional Faculty Development Initiative (RIFDI) Updates**

Sherri L. Stephan, Program Manager, Professional Development, Office of Academic Affiliations (OAA), provided background on the Rural Interprofessional Faculty Development Initiative (RIFDI) program, which launched in 2019. She highlighted the program aims to address the challenges of limited access to care in rural areas by increasing recruitment and retention of high-quality health professionals. Ms. Stephan briefed on the five cohorts that have participated in the program and on the upcoming sixth cohort, which will begin in spring 2025.

Catherine P. Kaminetzky, MD, MPH, Director, Advanced Fellowships and Professional Development, OAA, presented the instructional design of the 18-month program, which includes webinars, site workshops, anchor meetings, peer groups, online modules, and an experiential project. She further discussed the evaluation methods, data collection, and how the information is used to monitor progress of education recruitment and other workforce outcomes to improve RIFDI. Dr. Kaminetzky discussed the educational outcomes, which include increased proficiency, gains in knowledge, skills and confidence, and enhanced educational communities of practices. She provided examples of employee outcomes from the VA sites' impacts of the experiential projects, the development of new programs at facilities, and the advancement of participants into

leadership roles in VA. She further briefed on the future directions of the program, including exploring mitigation strategies for virtual learning, post-RIFDI opportunities for graduates, and continuing to train educational leaders.

Dr. German asked about action plans if the RIFDI program study does not show definitive results in the increase of providers in rural areas. Dr. Kaminetzky said that one of the challenges of having a small number of participants is that there may not be an impact on increasing providers in rural areas, but data shows there may be an impact on retention in rural areas when providers have this additional training. She added that OAA has data showing that trainees who have had a VA training experience are more likely to choose VA for their career. The hope is that providing the best educational experience possible will influence more trainees to stay with VA.

Dr. Robinson asked about collaboration with the National Rural Health Association. Dr. Kaminetzky said that there has not been collaboration.

Dr. O'Toole asked about the interface between clinician educators in RIFDI and those in urban 1-A facilities where there might be a larger clinician educator footprint. Dr. Kaminetzky said that several of the peer group facilitators and presenters are from larger 1-A facilities where there is more access to clinician educator training and more practice in complicated systems, but they practice in rural outpatient clinics. She added they are trying to get the expertise that is at the more complex sites out to rural communities where they can share best practices and experiences.

Dr. O'Toole asked about new academic affiliations that are being made in conjunction with this program. Dr. Byrne said that several health professions education (HPE) expansion programs often have some focus on rural positions. He went on to discuss specific programs, such as the OAA Geo Mapping tool and housing waivers. He also discussed the individualized assistance OAA provides to facilities that may need additional help finding affiliates in rural settings.

The Council further discussed recruiting trainees to rural health facilities and expanding affiliations in those areas.

### **STRONG Act Updates**

Kimberly Falco, DNP, RN, Health Professions Education, OAA, presented an overview of the STRONG Act of 2022 including mental health expansion statistics before 2022, the status of expansion, and future projections. Dr. Falco stated that just two years into the program, OAA is at 80% of the overall goal. She further discussed potential barriers, such as competing priorities, filling positions, and protected time for administrators and supervisors. She also discussed ongoing actions to address these potential barriers. Dr. Falco highlighted continuous process improvements OAA is undertaking, such as the streamlining of the request for proposal (RFP) process which will aid facilities in creating new programs or the transition or expansion of programs.

Dr. Deas asked how needs were identified at the beginning of the model of growth to ensure that needs are addressed. Dr. Falco said that one of the most significant improvements seen in the process is that previously, there were set cycles of when facilities could apply. The new model allows rolling applications in longer cycles, allowing facilities to respond quicker to their needs when they are ready and can expand. Dr. Byrne added that OAA has a flexible RFP process but much of it is statutory when there is HPE expansion. For example, the STRONG Act stipulates which types of training programs and the numbers that need to be achieved. He added that some expansion is statutory, but OAA can also expand through OAA resources within the budget limits, such as a recent Graduate Medical Education (GME) RFP targeting primary care, psychiatry, and gastroenterology because those areas were identified in an Office of Inspector General (OIG) report as a healthcare shortage area.

Dr. David Henderson asked how the funding for these positions is sustained. Dr. Falco said when the allocations are put in place, the money for the specific number of allocations is awarded for every subsequent year until the position is no longer needed.

### **Open Discussion**

The Council discussed topics for future meetings.

### **Public Comments**

There were no public comments.

### **Final Comments and Adjournment**

Dr. German thanked the staff for organizing the meeting and the members for attending. The meeting adjourned at 11:30 a.m.

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

**Verified By:**        /s/Deborah German, MD, Chair, NAAC  
**Date:** January 10, 2025

## **Appendix: Attendance Records**

### **Council Member Attendance:**

Marjorie A. Bowman, MD, MPA (Ex-Officio), Chief Academic Affiliations Officer, OAA; Loretta Christensen, MD, MBA, MSJ, FACS (Ex-Officio) Chief Medical Officer, Indian Health Services; Deborah Deas, MD, MPH, Vice Chancellor for Health Sciences & Dean, Mark and Pam Rubin Dean of the School of Medicine, University of California – Riverside; 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, Medical Education, American Medical Association; Mark Henderson, MD, Associate Dean, Admissions, Vice Chair for Education, Department of Internal Medicine, University of California – Davis; 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. FACN, Vice Provost for Professional and Public Relations, American Osteopathic Association; Christopher Loyke, DO, FACOFP, Dean and Chief Academic Officer, Lincoln Memorial University - DeBusk College of Osteopathic Medicine (LMU-DCOM); Thomas O'Toole, MD, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Operations, VA; 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; Wizard Seide, MD, FAAP, Chief, Graduate Medical Education Branch, Division of Medicine and Dentistry, Health Resources and Services Administration (HRSA); Anthony Stazzone, MD, MBA, FACP, Chief Medical Officer, MidSouth Healthcare Network (VISN 19);

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

Monique Butler, MD, President, Graduate Medical Education, HCA Healthcare; Eric Elster, MD, FACS, FRCSEng (Hon.), (Ex-Officio), CAPT, MC, USN (Ret.), Dean, School of Medicine, Professor of Surgery, Uniformed Services University; Ryan Lilly, MPA, (Ex-Officio), Network Director, VA New England Healthcare System, Veterans Health Administration; Alison Whelan, MD, Chief Medical Education Officer, Association of American Medical Colleges.

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

John M. Byrne, DO, FACP, Senior Advisor; Larissa A. Emory, PMP, CBP, MS, Management and Program Analyst (Alternate Designated Federal Officer (ADFO) for NAAC); Kimberly Falco, DNP, RN, Coach/Mentor - Registered Nurse Residency Programs; Jeannie Howard, Management Analyst; Catherine P. Kaminetzky, MD, MPH, Director, Advanced Fellowships and Professional Development; Ramona Joyce, Executive Officer; Nellie Mitchell, MS, RHIA, Program Analyst (Designated Federal Officer for NAAC); Shaun Shenk, Health Systems Specialist, (ADFO for NAAC); Sherri L. Stephan, Program Manager; Cheryl Whitney, Public Affairs Specialist.

**Members of the Public attending:**

No members of the public were in attendance.