U.S. Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for June 25, 2024

Attendance: See Appendix A

Welcome and Announcements
Ms. Mitchell called the meeting to order at 1:00 PM.

Welcome and Introduction of New Members
Dr. Hildreth, NAAC Chair, welcomed the NAAC members, VA staff, and members of the public. Dr. Bowman thanked members for their participation on the NAAC before introducing OAA's new Deputy Chief Academic Affiliations Officer (DCAAO), Ezgi Tiryaki, MD, ACC.

VHA Background Check and Suitability Updates
Edward Walton, MD, Director, Medical Informatics Unit (MIU), OAA, updated on forthcoming changes to the VHA background check and suitability process for health profession trainees (HPT). Currently, HPTs complete a Special Agreement Check (SAC)—fingerprint check—at their VA facility and are exempt from the full Tier 1 background check VA employees undergo. Upon a successful SAC and provisioning, HPTs are provided with a personal identity verification intermediate (PIV-I) card with a 3-year certification. Dr. Walton stated that this process is fully integrated into the Account Provisioning and Deprovisioning Onboarding Solution electronic tool and is the process OAA has been advocating to maintain. VA leadership decided, based on the federal government's guidance to increase the security vetting process of anyone with access to VA IT systems, that a HPT's appointment at VA will be counted as continuous including the time they spend off rotation at VA, whereas currently, their time at VA is aggregated. With this determination, all HPTs with an appointment at VA for more than 180 days and who are U.S. citizens or resident aliens who have lived in the U.S. for more than three years, will receive a PIV card with a three-year certification after the successful completion of a full Tier 1 background investigation. HPTs who are non-U.S. citizens who have lived in the U.S. for less than three years will receive a PIV-I with a six-month certification, after a cleared Citadel Counterintelligence Check. These changes were made despite the strong non-concurrence from OAA, the Office of Workforce Management Consulting (WMC), and the advice to VA Secretary from NAAC over the past several years.

Dr. Walton discussed the collaboration between OAA and WMC on an implementation plan with an Interdisciplinary Project Team. Since OAA's goal continues to be that HPTs be ready to care for Veterans on their first day at VA, the new process must fully integrate into the electronic onboarding processes. HPTs also must be able to work while their background check is pending, which can take weeks to months to complete.

Implementation of the new process is not expected before January 1, 2025. He overviewed concerns OAA and WMC have, including that the Department of Defense (DoD) is considering requiring VA to permanently limit non-citizen HPTs' access to DoD Oracle Cerner, a joint medical record platform between VA and DoD.

Dr. Elster asked what the Citadel Counterintelligence Check was and how OAA will grant HPTs system access while their investigation is pending. Dr. Walton said the Citadel process is an electronic counterintelligence application that VA's counterintelligence group uses to screen non-citizen HPTs. Results from this check tend to come back quickly. Dr. Walton noted OAA has been consulted and actively engaged with Captain James A. Lovell Federal Health Care Center (FHCC), the only VA DoD joint electronic record site, on how they handle their security concerns.

Dr. Jackson-Triche asked what percentage of HPTs are non-citizens. Dr. Walton said about 8-10% of HPTs in VA are non-citizens, but this varies greatly by region and medical facility.

Dr. Bakewell-Sachs asked what additional staffing needs the new process will require and how OAA will advocate for those additional resources, given VA's hiring freeze. Dr. Walton said the Interdisciplinary Project Team will be addressing this concern.

Dr. Elster asked about the expected implementation timeline. Dr. Walton said that since the decision was made, there has been a sense that VA leadership desires to implement the new process as soon as possible. He said OAA supports the need to balance security and access, and the VA leadership goal is to have a process in place that supports both of those.

Dr. Hildreth asked if there was a concern that affiliates may choose not to send HPTs to the VA because of the added security requirements. Dr. Walton said it is a concern, but OAA and VA are working to create a process that is as easy and fast as possible that balances the security requirements while maintaining affiliate relationships.

Integrating Artificial Intelligence (AI) into VA Operations & Discussions

Charles Worthington, Chief Artificial Intelligence Officer, Chief Technology Officer, VA, presented an overview of how AI practices are being used in VA. The goal in the AI stream is to scale up the agency's use of AI, while building a method of governance that accounts for the unique characteristics of AI where healthcare and Veteran benefits are being delivered. He discussed the difference between previous software and AI, highlighting that because AI is non-deterministic and not generated in a predictive way, it requires the creation of a new framework for managing, accessing, and running these tools safely.

Mr. Worthington discussed the planning and development of VA's AI governance framework and the establishment of the AI Governance Council, which is mandated as the approving authority of the VA AI Strategy and governance framework. He detailed the approach used to inventory and categorize AI use cases, particularly those related

to the requirements of Executive Order 14110 that apply to cases impacting an individual's rights or safety, such as when AI is being used to influence health care decisions.

Evan Carey, PhD, Acting Director, National Artificial Intelligence Institute (NAII), AI and Emerging Technology, VHA Digital Health Office, further discussed the AI Use Case Inventory and Review, which will be the basis for monitoring AI risk and effectiveness and will serve as an internal resource for VA leaders at the local and network level. He stated VA's AI priority use cases include better care for patients, improving the Veteran and staffing experience, and decreasing health care worker burnout. Dr. Carey detailed the collection, assessment and classification process that is currently underway to create the use case inventory and how the use cases fit in the oversite requirements and risk management principles. The completed inventory will be reported to the VA AI Governance Council by the December 1, 2024 deadline, and will have regular monitoring thereafter. Equitable implementation strategies are being addressed and highlighted in the ongoing efforts to recognize and mitigate information bias or lack of coverage issues.

Dr. Carey updated the Committee on two recently completed three-month long AI Tech Sprints that focused on health care worker burnout through ambient scribing and community care document processing. He stated these tech sprints were the most comprehensive tech sprints in the health care system to date. The post-tech sprint pilots are being developed by the winners of the tech sprints, and testing facilities have been identified.

Mr. Worthington presented an overview on the use of generative AI and large language models (LLM) in VA as a tool to decease administrative burden and increase quality of service provided to Veterans. The two applications currently being piloted in VA are TryOpenAI and Chat Copilot (Meta Pilot). Mr. Worthington highlighted user feedback, which is positive and shows signs of modest productivity increases. He discussed possible risks that are associated with the AI, including misinformation, bias, discrimination, and data privacy vulnerability. However, the use case testing of AI shows the LLM can perform many tasks than humans.

Dr. Elster asked about resource prioritization and allocation, and how best practices will be collected and disseminated. Mr. Worthington said they will likely leverage VA's existing technology investment processes. Mr. Worthington added that there will need to be focused attention on high priority use cases -- which is why there is a work stream dedicated to tools like the scribe pilot and some other high priorities. Focusing on the high priority use cases can accelerate progress on these and can help ensure the process is working in a way that is scalable.

Dr. Elster asked how VA is navigating security requirements. Mr. Worthington said a challenge is that VA uses specific security regimens that the private sector does not; decisions are made on a case-by-case basis. Mr. Worthington said they are constantly

working with VA security teams to figure out how to scale VA's ability to buy needed tools in a way that is compliant with government standards.

Mr. Robinson asked about the possibility of an AI Tech Sprint that would specifically benefit HPTs or continuing professional education of the current workforce. Mr. Worthington said that there has not been discussion about a use case for that particular purpose, but that he agreed that training is a promising use case category for these sorts of tools. He discussed a generative AI pilot tool currently being used to train VHA crisis response call center teams using simulated encounters with patients in crisis. The Council further discussed AI as a component of HPT training.

Dr. Hildreth asked who would be responsible for ensuring AI correctly understands the content it is given. Mr. Worthington said that in the generative AI pilot, it is made very clear to the participants that they are responsible for the work product they create using the tools. The more challenging cases will be where the models are applied at a system level and it is not a singular action, but a model that is operating across multiple patients generating a prediction or classification. Mr. Worthington said these challenging situations will have other approaches for monitoring effectiveness of the model over time and thinks there are existing ways of doing that.

Administrative Updates
Ms. Mitchell briefly discussed the September 2024 meeting and acknowledged the members that would be rotating off in the next few months.

Public Comments
No public comments or questions.

Closing Remarks
Dr. Hildreth thanked members for their participation in the meeting. The meeting adjourned at 2:30 PM.

Prepared By: Nellie Mitchell, MS, RHIA, Designated Federal Officer, NAAC

Certified By: /s/ James E. K. Hildreth, PhD, MD, Chairman, NAAC
July 11, 2024

Appendix A: Attendance Records

Council members present:
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, Indian Health Services; Marjorie A. Bowman, MD, MPA (Ex-Officio), Chief Academic Affiliations Officer, OAA; Eric Elster, MD, FACS, FRCSEng (Hon.), (Ex-Officio), CAPT, MC, USN (Ret.), Dean, School of Medicine, Professor of Surgery, USU; 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; James E. K. Hildreth, PhD, MD, (Chair), President and Chief Executive Officer, Department of Internal Medicine, Meharry Medical College; Maga Jackson-Triche, MD, MSHS, Assistant Vice Chancellor and Health Executive Advisor for Diversity, Equity, and Inclusion, University of California San Francisco; 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, VHA; 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; Anthony M. Stazzone, MD, MBA, FACP (Ex-Officio), Network Chief Medical Officer, VA MidSouth Healthcare Network, VISN 9; Thomas O'Toole, MD, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Operations, VA; Alison Whelan, MD, Chief Medical Education Officer.

Council members unable to attend:
Arthur Evans, Jr., PhD, Chief Executive Officer and Executive Vice President, American Psychological Association; Paul Jung, MD, MPH, FACPM (Ex-Officio), Captain, United States Public Health Service (USPHS), Director, Division of Medicine and Dentistry, HRSA; Christopher Loyke, DO, FACOFP, Dean and Chief Academic Officer, Lincoln Memorial University - DeBusk College of Osteopathic Medicine (LMU-DCOM); Kelly R. Ragucci, PharmD, FCCP, BCPS, Vice President, Professional Development, American Association of Colleges of Pharmacy (AACP).

VHA Staff attending (all are OAA staff unless specified otherwise):
Larissa A. Emory, PMP, CBP, MS, Management and Program Analyst (Alternate Designated Federal Officer for the NAAC); Ramona E. Joyce, Executive Officer; Nellie Mitchell, MS, RHIA, Program Analyst (Designated Federal Officer for the NAAC); Ezgi Tiryaki, MD, ACC, DCAAO; and Edward Walton, MD, Director, Medical Informatics Unit.

Presenters:
Evan Carey, PhD, Acting Director, NAII, AI and Emerging Technology, VHA Digital

Health Office; Charles Worthington, Chief Artificial Intelligence Officer, Chief Technology Officer, VA.

Members of the Public attending:
Jelessa M.H. Burney, MPA, Program Specialist, Advisory Committee Management Office, VA; Tyler Brettnacher.