

December 22, 2014

The Honorable Robert A. McDonald
Secretary, U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald:

It is with great pleasure that I submit the minutes from the National Academic Affiliations Council's meeting held on October 16-17, 2014 in Washington, DC.

The Council is impressed with VA's dedication in bolstering external relationships to expand access to care. The Council also applauds VA's continuing leadership role in the expansion of health professions education including interprofessional learning and team-based primary care and mental health care.

In order to further strengthen VA's national leadership in clinical education, the Council makes the recommendations contained in the attached minutes.

We look forward to your feedback.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Malcolm Cox', is positioned above the typed name.

Malcolm Cox, MD (Chair)
VA National Academic Affiliations Council

Enclosure

CC: Carolyn M. Clancy, MD

**Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for October 16-17, 2014**

**Office of Academic Affiliations
1800 G Street NW, Suite 870
Washington, DC**

The National Academic Affiliations Council met on October 16-17, 2014 at the Office of Academic Affiliations in Washington, DC. A quorum was present, affording the Committee the opportunity to conduct normal business.

Council members present: Malcolm Cox, MD, (Chair), Retired Federal Executive, Department of Veteran Affairs; J. Lloyd Michener, MD, Chair, Department of Community and Family Medicine, Duke University School of Medicine; Claire Pomeroy, MD, MBA, President, Albert and Mary Lasker Foundation; Deborah Trautman, PhD, RN, Chief Executive Officer, American Association of Colleges of Nursing; Stephen Shannon, DO, MPH, President and Chief Executive Officer, American Association of Colleges of Osteopathic Medicine; Jacqueline Maffucci, PhD, Research Director, Iraq and Afghanistan Veterans of America; Darrell Kirch, MD, President and Chief Executive Officer, Association of American Medical Colleges (via teleconference); Robert L. Jesse, MD, PhD, (Ex-Officio), Chief Academic Affiliations Officer, Department of Veteran Affairs

Council members unable to attend: Norman B. Anderson, PhD, Chief Executive Officer, American Psychological Association; Risa Lavizzo-Mourey, MD, President and Chief Executive Officer, Robert Wood Johnson Foundation; David M. Irby, PhD, Professor of Medicine, University of California San Francisco School of Medicine; Paul Cunningham, MD, Dean and Senior Associate Vice Chancellor for Medical Affairs, East Carolina School of Medicine; Doreen Harper, PhD, RN, Dean, School of Nursing, University of Alabama at Birmingham; Michael F. Mayo-Smith, MD, MPH, (Ex-Officio), Network Director, New England Healthcare System (VISN 1), Department of Veterans Affairs

VHA Office of Academic Affiliations staff attending: William J. Marks, Jr., MD, Chief, Health Professions Education, (Designated Federal Official for the NAAC); Karen M. Sanders, MD, Deputy Chief Academic Affiliations Officer; Judy Brannen, MD, MA, Clinical Director, Medical & Dental Education; Kenneth Jones, PhD, Director, Associated Health Education; Mary Dougherty, PhD, MBA, RN, Director, Nursing Education; Christopher T. Clarke, PhD, Chief Administrative Officer; Debbie Hettler, OD, MPH, Clinical Director, Associated Health Education; Joanne Pelekakis, Health Systems Specialist, Medical & Dental Education

Guest Presenters: Carolyn M. Clancy, MD, Interim Under Secretary for Health, Department of Veteran Affairs; Terrence Stinson, Director of Policy Analysis, Office of

the ADUSH for Policy and Planning, Department of Veteran Affairs; Kathleen Klink, MD, FAAFP, Medical Director, Robert Graham Center Policy Studies in Family Medicine and Primary Care, American Academy of Family Physicians; Stanley Kozakowski, MD, Director, Medical Education Division, American Academy of Family Physicians; Holly Birdsall, MD, PhD, Deputy Chief Officer, Research and Development, Department of Veteran Affairs

Members of the public attending: Jack Krakower, PhD, Association of American Medical Colleges (AAMC); Matthew Shick, JD, AAMC; Dharani Ranganathan, MPP, Government Accountability Office (GAO); Liz Dobrenz, GAO; Elayne Heisler, PhD, Congressional Research Service (CRS); Sidath Panangala, CRS; Caren Howard, American Association of Colleges of Osteopathic Medicine (AACOM); Joyce Johnson, American Osteopathic Association (AOA); Laura Wooster, AOA; Janis Orłowski, AAMC; Julie Jolly, Council on Social Work Education (CSWE); Jesse Poon, CSWE; Judith Mun, AACOM; Alegneta Long, AACOM; Patrice Ju, Veterans' Choice Act (Contractor, Department of Veterans Affairs).

I. Welcome and Introductions

Dr. Cox and Dr. Marks welcomed the new and reappointed committee members, guest speakers, and public guests.

Dr. Cox recognized the previous term NAAC members and requested that the minutes reflect the committee's appreciation for their many contributions as well as their dedication and commitment to the VA during their tenure.

II. Prior Meeting Recommendations & Action Plans

Dr. Marks and Dr. Sanders provided an overview of the committee's key themes, recommendations, and associated actions, since the committee's inception, in an effort to apprise the newly appointed members and provide a status update for the reappointed members. Dr. Marks noted that the July 24, 2014 minutes, recommendations and action plan were still pending approval by the Secretary of Veterans Affairs.

Dr. Pomeroy noted the lag time from the committee's recommendations to VA's official response as a significant area for improvement stating that the delay makes it difficult to see the true impact of the committee's work. Dr. Cox noted that he planned to meet with relevant VA officials to address the inefficiencies and expedite the process. Dr. Jesse recommended that Dr. Cox personally debrief the Secretary of Veterans Affairs through the Under Secretary of Health.

Major Themes & Highlights of Prior NAAC Recommendations:

A. NAAC Joint Ventures Subcommittee

NAAC Meeting	Recommendation	Status	Action
February 2012	VA and the academic community should examine the feasibility and potential mutual advantages of entering into novel partnerships – such as new sharing agreements, strategic alliances and joint ventures – in order to strengthen their joint commitment to delivering high quality, evidence-based, and efficient care to individuals and populations. Recognizing the complexity of developing relationships beyond traditional academic affiliations, the NAAC further recommends that a NAAC subcommittee be chartered to explore this issue in more detail.	On-going	The NAAC Joint Ventures Subcommittee has been created and is actively engaged in enhancing partnerships with the academic community.

Council Discussion:

The committee deferred the status update for the NAAC Joint Ventures Subcommittee as Dr. Michener and Dr. Mayo-Smith were unable to attend and provide a progress report.

B. Centers of Excellence in Primary Care and Specialty Care Education

NAAC Meeting	Recommendation	Status	Action
February 2012	VA should continue to support modes of clinical education that foster the clinical skills, professional attitudes and systems awareness needed for patient-centered care and continue to promote the adoption of such educational modes by its academic affiliates. VA should: (c) Continue to support the demonstration projects currently underway that examine the effectiveness of innovative models of health professions education (i.e., the Centers of Excellence in Primary Care and Specialty Care Education) and develop additional demonstration projects to expand the evidence base needed for rational redesign of learner experiences.	Closed	VA will explore opportunities to establish and expand Centers of Excellence in Primary Care sites and ensure sustainability funding.

Status Update:

In partnership with VA Medical Centers and affiliated schools of nursing, medicine, and associated health, VA has established five (5) pilot Centers of Excellence in Primary Care (CoEPCE) sites with an emphasis on interprofessional learning and primary care delivery. Existing sites have entered into the 5th and final academic year of the pilot phase, sustainability funds have been secured to ensure uninterrupted program operation, and OAA has recently released a request for proposals (RFP) for existing and new sites to compete for funding. The RFP is focused on concrete deliverables geared toward implementation in an effort to expand more broadly throughout the VA. In addition, a National Academic PACT Primary Care Workgroup has been formed, in conjunction with the Office of Primary Care Services, to diffuse the learnings from the CoEPCE and the Academic Patient Aligned Care Team model on a broader scale. OAA has also requested expansion funding to launch new sites in every VISN, for which approval is pending.

Council Discussion:

The Council emphasized that these programs were in the forefront of educational innovation nationally, and agreed to continue to monitor their sustainment and funding at future meetings. Dr. Cox noted that he would personally bring these issues to the attention of the Secretary of VA and Under Secretary of Health as well.

Recommendation 1: The NAAC commends VA on the agency’s emphasis on primary care and interprofessional learning and care delivery but is concerned that approval of the request for strategic funding to support enterprise-wide dissemination of the Academic PACT model remains uncertain.

C. Nursing School Partnerships

NAAC Meeting	Recommendation	Status	Action
February 2012	VA should continue to enhance nursing school partnerships, initiated under the VA Nursing Academy pilot program, by expanding this foundational academic partnership program.	Closed	VA will examine opportunities to expand nursing school partnerships and VANAP sites.

Status Update:

VA has expanded the VA Nursing Academy Partnership (VANAP) program since the pilot and anticipates a total of 30 VANAP-Undergraduate partnerships nationwide by the end of fiscal year 2015. Additionally, OAA has expanded the program to include graduate education. The new VANAP-Graduate program focuses on development of psychiatric mental health nurse practitioners, which will augment current access to care challenges. The last awards cycle for new partnerships is anticipated to be in the Spring of 2015. Sites are awarded VA Central Office funding for four years and subsequently transition to Memorandums of Understanding between the individual VA Medical Center and their academic affiliate(s). One notable challenge linked to the long-term sustainability of these partnerships is the expectation for sites to absorb the costs after Central Office funding has terminated.

Council Discussion:

The committee discussed the overarching issue with pilot programs such as VANAP as it pertains to sustainability funding. Both VA and the affiliate must identify and develop long-term funding plans to ensure that programs are not interrupted or discontinued once VA Central Office seed funding expires. The Council agreed to revisit this issue in a future meeting.

D. Mental Health Expansion

NAAC Meeting	Recommendation	Status	Action
June 2012	The NAAC applauds the quality of VA mental health care and endorses VA’s recent efforts to further enhance access to care by increasing the recruitment of mental health practitioners. In order to increase the future supply of mental health professionals, the NAAC recommends that VA and its academic affiliates expand the mental health professions training pipeline. The NAAC further recommends that this be	Closed	VA will develop a Mental Health Expansion Initiative to enhance access to care efforts and recruit mental health professionals.

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built around innovations in mental health care delivery, especially interprofessional team-based care, rather than relying solely on existing models of care.

Status Update:

In late 2014, VA released the third phase of the five phase Mental Health Expansion Initiative with an RFP focused on traditional mental health settings but expanded to include behavioral health (obesity, smoking cessation, chronic pain, etc.), and a special emphasis on primary care integration in PACT teams. A total of 74 proposals were submitted for phase three and proposals will be reviewed within the next weeks.

To date, over 300 positions have been approved via the Mental Health Expansion Initiative, including positions for new and expanding programs throughout the country.

E. VA Training Security Policy & Procedures

NAAC Meeting	Recommendation	Status	Action
June 2012	The NAAC appreciates that healthcare trainees require background screening to ensure public trust. VA presently requires a Special Agreement Check (SAC), which includes fingerprints, as the minimum screening procedure to gain access to VA facilities and IT systems, but higher-level screening is under active consideration. The NAAC recommends that a thorough reexamination of VA's trainee security policies and procedures be conducted to ensure that: (a) Modifications to present security policies and procedures do not have untoward consequences. For example, the inability of some VA facilities to badge or fingerprint trainees in a timely manner affects trainee assignment and has the potential to negatively affect patient care, clinical education and affiliation relationships.	Closed	VA will examine mandatory security requirements that impede trainee onboarding and rotations, and pursue trainee waivers to ensure clinical rotations are not impacted by security requirements and system malfunctions.

Status Update:

VA's security requirements have been a longstanding issue as it pertains to the trainee onboarding process and the negative impact the requirements have on training programs and clinical rotations. VHA has attempted to remedy these problems via the *Personal Identity Verification (PIV) Badging of Health Professions Trainees Memorandum* that Dr. Petzel, former Under Secretary for Health (USH), issued on July 3, 2013. The memorandum instructs Facility Directors and Chiefs of Staff to allow trainees to start clinical assignments on time, without regard to fingerprinting and PIV badging impediments. Dr. Carolyn Clancy, the present Interim USH, supports this policy as well as efforts to ensure that equipment malfunctions and other process issues will not impede trainee education and/or rotations.

Council Discussion:

Dr. Sanders notified the Council of VA's plan to mandate a PIV-only access directive that would require all staff, including trainees, to use PIV badges in order to access VA computer systems and networks in clinical areas. The implementation timeframe will be effective in approximately two years and the impact on trainees may be significant and

prove to be potentially disruptive in the clinical environment. The NAAC agreed to revisit this issue in a future meeting.

Recommendation 2: The NAAC reemphasizes the need for information security policies that do not hamper care of Veterans and the intertwined education mission. At a minimum, VHA should reissue the PIV Memorandum over the signature of the current Interim Under Secretary for Health to ensure that facilities allow trainees to begin training rotations on schedule despite malfunctioning fingerprinting and badging equipment.

F. VHA National Leadership Council

NAAC Meeting	Recommendation	Status	Action
January 2013	The NAAC emphasizes the need for a strong voice and content expert for the “academic” mission of VA (education and research) at the highest levels of decision making in VHA. This might best be accomplished by adding senior educational and research leadership to the VHA National Leadership Council.	Closed	OAA will pursue the appointment of the Chief Academic Affiliations Officer of OAA to the National Leadership Council to assure representation from the training and academic affiliate perspective.

Status Update:

Effective October 14, 2014, Dr. Jesse was appointed as an occasional guest member of the National Leadership Council (NLC).

Council Discussion:

The Council noted the importance of having a representative with a training agenda and academic affiliate perspective on this governance structure, but expressed concern regarding the “occasional guest” designation. The Council requested a status report on this issue at a future meeting.

G. Status Update: Education Evaluation and Research Fellowship

The committee commends VA for supporting the new Advanced Fellowship in Health Professions Education, Evaluation & Research. This program will develop a unique population of experts devoted to health professions education, practice, inquiry, and improvement in order to advance education and healthcare practice.

H. Status Update: Research Affiliation Relationships

The committee has previously emphasized education affiliation relationships but this attention has come at the expense of information and action on research affiliation relationships.

Council Discussion:

The committee recognizes VA’s contributions and commitment to research. To increase the attention paid to challenges within the research affiliation relationship, the committee recommends that the NAAC, OAA, and the Office of Research & Development (ORD) develop an operational partnership that includes enhanced ongoing communication and a standing research item on the NAAC agenda.

Recommendation 3: To appropriately understand and monitor the status of research affiliation relationships, the NAAC proposes that a joint NAAC – Research FACA meeting be held in 2015 to review and discuss approaches to ensuring the overall vitality of academic partnerships.

III. Under Secretary for Health: Veterans Choice Act and Blueprint for Excellence

Dr. Clancy's opening remarks emphasized the need to familiarize the Secretary of Veterans Affairs, Robert A. McDonald, with VA's academic enterprise as he attempts to recruit healthcare professionals nationally. Dr. Clancy outlined two major themes for her remarks: VA's access to care challenges and the Blueprint for Excellence campaign that deals with the remaking of VHA into an integrated health care system nationwide.

The Secretary of Veteran Affairs has enacted a 90-day plan, Road to Veterans Day, to address some of the major issues facing VA at present.

a. Access to Care

- The Veterans Access, Choice, and Accountability Act (VACAA) of 2014 allocated \$15 billion, \$10 billion allotted for purchased care in the community for a period not to exceed 2 years, and \$5 billion to build VA's internal capacity via recruitment efforts, additional leases, etc. One potential vulnerability is the practical and logistical management of purchased care as we interface with the new Choice Card requirements.
- VACAA also incorporated 1500 new medical residency slots so it is critical that VA simplify the trainee appointment and onboarding process. Dr. Clancy reiterated her support for the security memorandum that the former USH issued regarding the need to waive badging requirements if the delays impact trainee clinical rotations. An integrated project team has been working for over a year to standardize and reduce training and onboarding requirements.
- VA has made tremendous strides in addressing wait times and is learning how to better manage, coordinate and maintain reasonable wait times. VA is concentrating on reducing electronic wait lists; thus far the electronic wait list has been reduced by approximately 65% with a good number of facilities being well below the 30 day wait time.
- VA has embarked upon an extensive recruitment campaign to include primary care providers, specialists, nurses, mental health professionals, etc., with significant incentives.

b. Blueprint for Excellence

Another vital component of the plan is the Blueprint for Excellence which is a series of strategies to help VA rebuild trust, improve service delivery, and set a course for long-term excellence. This tactical version of the VA Strategic Plan resembles an operational plan but focuses on four specific strategies:

1. Improving performance – linking results with the performance plans of the VISN Network Directors, Facility Directors and VA Central Office staff.
2. Promoting a positive culture of service – assure VA is working as one unified department and staff function as a true resource to Veterans as opposed to working in silo's within their respective domains.
3. Advancing healthcare innovation for Veterans – strengthening partnerships and rebuilding relationships with academic affiliates.
4. Improving operational effectiveness and accountability – better aligning our efforts with Veterans needs.

Lastly, Dr. Clancy outlined other special initiatives the Secretary of Veterans Affairs is focusing on that will have an impact on trainees and training programs, to include:

1. Recruitment efforts will support new initiatives such as collaboration with nursing academic partnerships focused on mental health.
2. Streamlining a more systematic approach as to how we partner with the Department of Defense (DOD). We have a standing Memorandum of Understanding in place that makes the credentialing and privileging process seamless so we just need to educate staff of its existence so that we can partner with our DOD counterparts to meet access demands. This MOU could also potentially be used for trainees that are exchanged between VA and DOD.
3. Expansion of the Intermediate Care Technician Pilot program in which DOD medics and corpsman can transition into clinical positions at VAMCs.
4. Strengthen partnerships with Community Health Centers to help meet additional needs of Veterans.

Council Discussion:

The committee discussed the recent access to care issues in VA, and the apparent need, now more than ever, to partner with affiliates to compensate for some of VA's capacity issues. However, extensive contracting barriers have surfaced which have impeded the ability of VA's affiliates to provide expeditious clinical support.

A long-term approach would be to develop legislative reforms that address the need for more efficient vehicles for VA to quickly acquire care from academic affiliates. VA will also need to develop short-term opportunities such as contract templates that may assist in resolving some issues. Notwithstanding potential objections from the Office of the Inspector General, the Council also emphasized that the complexity of federal and academic sector contracting policies and processes dictated a joint approach to resolving these problems.

Recommendation 4: The NAAC again notes with concern existing impediments that challenge partnering activities between VA and its affiliates, especially in the acquisition of patient care resources. To facilitate the goals of VHA's Blueprint for Excellence and promote Veterans' access to care, the NAAC supports VA's plans to create a workgroup to investigate and develop recommendations to streamline VA and academic affiliate contracting policies and procedures. The NAAC requests a report of the recommendations from this workgroup when they become available.

IV. Veterans Access, Choice, and Accountability Act (VACAA) of 2014

Council Discussion:

The committee discussed Title III of the Veterans Choice Act, the Health Care Staffing, Recruitment, and Training section which focuses on recruiting additional providers into VA. One section (301b) contains provisions which expand VHA Graduate Medical Education positions for up to 1500 additional positions over the next five years.

Two significant factors may affect VACAA GME implementation plans. First, VA only funds portions of residents' time (a timeshare model). Given that Medicare GME funding is not expanding, who will fund the remaining portions of resident salaries that are added through VACAA? Dr. Sanders responded that there may be creative ways for residency programs to expand without additional Medicare funding and noted that VA already has ways to reimburse the indirect costs of residency programs through separate affiliate contracts. Nonetheless, Dr. Cox still surmised that affiliates would likely have to take on at least some additional costs to expand.

Secondly, to eliminate potential interruptions in expanded and newly established clinical training programs, VA must identify sustainability funding after the initial VACAA funding expires.

Recommendation 5: The NAAC applauds the inclusion in VACAA of health professions trainee program expansion as a means to enhance access to care and to further bolster the workforce pipeline. However, expansion of trainee positions now will require long-term funding as well. Therefore, despite the time-limited nature of the VACAA legislation, the NAAC recommends that VA commit to sustainable support for these new positions.

Recommendation 6: The NAAC notes that in order for the VACAA-directed residency expansion to be successful—especially due to its emphasis on new programs in remote or rural areas—funding for educational infrastructure support will be required to enhance existing programs and build new programs, especially during the start-up period. The NAAC recommends that VA determine the approximate costs and ensure that adequate funds are directed to support faculty and other infrastructure requirements. Program evaluation should be included as a component of infrastructure costs.

Recommendation 7: The NAAC recognizes that the intent of the Choice Act is to increase Veterans' access to care and that GME expansion is but one identified mechanism. In order to expand GME into smaller VAMCs and CBOCs, concrete incentives for engaging in discussions with affiliates may be necessary. The NAAC recommends that planning grants be made available to more quickly ramp up GME expansion.

Recommendation 8: The NAAC re-emphasizes the importance of team-based interprofessional care, as also noted in the VHA Blueprint for Excellence. Yet the

language of VACAA does not address health professions education beyond GME. The NAAC recommends that VA find ways to support expansion of all relevant health professions educational programs.

V. Building Relationships with Family Medicine Communities

Dr. Klink and Dr. Kozakowski presented on Training Physicians for 21st Century Practice: Veterans and Access to Primary Care.

Council Discussion:

The Council discussed several issues impacting family medicine training programs and their affiliation with VA sites of care. Dr. Kozakowski mentioned that the ACGME's Resident Review Committee standards for family medicine changed in July 2014, making it easier for family medicine training programs to affiliate with VA and count continuity with Veteran patients. Dr. Klink proposed an ideal setting as a co-located VA care site and a family medicine site working collaboratively under the auspice of a team-based care delivery model.

Recommendation 9: The NAAC supports the continued incorporation of family medicine residency programs in VA's educational expansion plans and recommends that VA explore options to build and enhance these partnerships in light of new ACGME standards.

VI. Research & Development

Dr. Birdsall provided an overview of the education and research challenges the Office of Research & Development (ORD) faces, including budgetary restrictions and data sharing challenges that impact Veteran-focused research.

Council Discussion:

The NAAC made a recommendation in July 2014 urging VA to assure in policy that the administration of NIH and other external grants remain a local decision made by the Medical Center Director at each facility. ORD strongly agrees with this recommendation and is currently working with OGC to clarify VA's legal posture.

ORD has also encountered data sharing challenges with Veteran-focused research due to Privacy Act protections that require Veterans to provide explicit written consent for studies. As a result of those constraints, there are significant challenges that inhibit Veterans from participating in research studies. Dr. Birdsall noted that further discussion is needed across VA to enable Veteran participation in research trials without burdensome individual informed consent procedures.

VII. Formulation of Council Recommendations

Dr. Cox led a discussion of potential recommendations, which are included in the relevant sections of these minutes.

VIII. Public Comment

A public statement was by presented by Joyce M. Johnson, DO, MA, USPHS (ret) of the American Osteopathic Association (AOA). Dr. Johnson asked the Council to consider osteopathic professionals in VA's attempt to meet critical access needs and GME recruitment efforts.

Dr. Cox noted that VA has always been willing to partner with the osteopathic community and referenced prior discussions with the American Association of Colleges of Osteopathic Medicine (AACOM) as well as Dr. Shannon's membership of the Council.

The Council discussed potential mechanisms, including geo-mapping, to assist VA in affiliating with both allopathic and osteopathic medical schools.

The next proposed NAAC meeting will be held by conference call in January 2015.

The meeting was adjourned at 12:03 pm ET.



DEPARTMENT OF VETERANS AFFAIRS (VA)

Response to the National Academic Affiliations Council (NAAC) October 16-17, 2014 Recommendations

Recommendation 1: The NAAC commends VA on the agency's emphasis on primary care and interprofessional learning and care delivery but is concerned that approval of the request for strategic funding to support enterprise-wide dissemination of the Academic PACT model remains uncertain.

VA Response: Concur-in-Principle. VA continues to promote primary care and interprofessional learning and care delivery as a core approach of our healthcare delivery practices.

Recommendation 2: The NAAC reemphasizes the need for information security policies that do not hamper care of Veterans and the intertwined education mission. At a minimum, VHA should reissue the PIV Memorandum over the signature of the current Interim Under Secretary for Health to ensure that facilities allow trainees to begin training rotations on schedule despite malfunctioning fingerprinting and badging equipment.

VA Response: Concur. In an effort to prevent interruptions of clinical training program rotations, the Interim Under Secretary for Health (USH) reissued the memorandum *Personal Identity Verification (PIV) Badging of Health Professions Trainees*, originally reissued by Dr. Petzel, on December 11, 2014.

Recommendation 3: To appropriately understand and monitor the status of research affiliation relationships, the NAAC proposes that a joint NAAC – Research FACA meeting be held in 2015 to review and discuss approaches to ensuring the overall vitality of academic partnerships.

VA Response: Concur. VA supports the Council's recommendation to conduct a joint Federal Advisory Committee meeting with the NAAC and the National Research Advisory Council (NRAC) to discuss the status of research affiliation relationships.

Recommendation 4: The NAAC again notes with concern existing impediments that challenge partnering activities between VA and its affiliates, especially in the acquisition of patient care resources. To facilitate the goals of VHA's Blueprint for Excellence and promote Veterans' access to care, the NAAC supports VA's plans to create a workgroup to investigate and develop recommendations to streamline VA and academic affiliate

contracting policies and procedures. The NAAC requests a report of the recommendations from this workgroup when they become available.

VA Response: Concur. VA will convene a workgroup with representatives from the Deputy Under Secretary for Health for Operations and Management, the Office of General Counsel, and OAA to identify barriers related to the acquisition of patient care resources and explore mechanisms to streamline contracting policies and procedures.

Recommendation 5: The NAAC applauds the inclusion in VACAA of health professions trainee program expansion as a means to enhance access to care and to further bolster the workforce pipeline. However, expansion of trainee positions now will require long-term funding as well. Therefore, despite the time-limited nature of the VACAA legislation, the NAAC recommends that VA commit to sustainable support for these new positions.

VA Response: Concur. VA commends the Council's support of the Veterans Access, Choice, and Accountability Act (VACAA) of 2014 and the agency's efforts to enhance access to care. To support long-term sustainment funding of the VACAA trainee positions, OAA will include the costs of these positions in future cycles of budget requests.

Recommendation 6: The NAAC notes that in order for the VACAA-directed residency expansion to be successful—especially due to its emphasis on new programs in remote or rural areas—funding for educational infrastructure support will be required to enhance existing programs and build new programs, especially during the start-up period. The NAAC recommends that VA determine the approximate costs and ensure that adequate funds are directed to support faculty and other infrastructure requirements. Program evaluation should be included as a component of infrastructure costs.

VA Response: Concur. VA acknowledges the need to provide educational infrastructure funding to assure long-term sustainability of its training programs, especially in rural settings. To address this, OAA will request proposals for infrastructure support from relevant VA sites in an effort to support these needs. OAA will also develop an internal evaluation plan for the VACAA project and keep the NAAC abreast of the progress.

Recommendation 7: The NAAC recognizes that the intent of the Choice Act is to increase Veterans' access to care and that GME expansion is but one identified mechanism. In order to expand GME into smaller VAMCs and CBOCs, concrete incentives for engaging in discussions with affiliates may be necessary. The NAAC recommends that planning grants be made available to more quickly ramp up GME expansion.

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VA Response: Concur. To ensure VA meets the expected target goals of the GME Expansion Plan, VA will develop a planning grant template and targeted request for proposals for sites seeking new or expanded GME programs.

Recommendation 8: The NAAC re-emphasizes the importance of team-based interprofessional care, as also noted in the VHA Blueprint for Excellence. Yet, the language of VACAA does not address health professions education beyond GME. The NAAC recommends that VA find ways to support expansion of all relevant health professions educational programs.

VA Response: Concur in principle. VA acknowledges the Council's continued emphasis on team-based interprofessional care and education. VA will continue to identify additional approaches to support health professions trainee positions beyond GME.

Recommendation 9: The NAAC supports the continued incorporation of family medicine residency programs in VA's educational expansion plans and recommends that VA explore options to build and enhance these partnerships in light of new ACGME standards.

VA Response: Concur. VA continues to endorse expansion efforts for family medicine residency programs as part of the GME health professions education portfolio. Thus, active dialogue between OAA and the Family Medicine community is ongoing as enhancement opportunities are explored.

Actions to implement:

VA Action Plan						
Recommendation	Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person (DFO)
(#2) The NAAC reemphasizes the need for information security policies that do not hamper care of Veterans and the intertwined education mission. At a minimum, VHA should reissue the PIV Memorandum over the	OAA	USH	The Interim Under Secretary for Health (USH) will reissue the memorandum <i>Personal Identity Verification (PIV) Badging of Health Professions Trainees</i> , originally issued by Dr. Petzel.	12/30/14	Closed	William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100

National Academic Affiliations Council (NAAC)
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<p>signature of the current Interim Under Secretary for Health to ensure that facilities allow trainees to begin training rotations on schedule despite malfunctioning fingerprinting and badging equipment.</p>	OAA	ORD	OAA will coordinate with ORD to identify a suitable date for the joint meeting.	9/30/15	Open	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100</p>
<p>(#3) To appropriately understand and monitor the status of research affiliation relationships, the NAAC proposes that a joint NAAC – Research FACA meeting be held in 2015 to review and discuss approaches to ensuring the overall vitality of academic partnerships.</p>	OAA	ORD			Open	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100</p>
<p>(#4) The NAAC again notes with concern existing impediments that challenge partnering activities between VA and its affiliates, especially in the acquisition of patient care resources. To facilitate the goals of VHA's Blueprint for Excellence and promote Veterans' access to care, the NAAC supports VA's plans to create a</p>	USH	DUSHOM OGC OAA	VA will convene a workgroup with relevant representatives to identify barriers related to the acquisition of patient care resources and explore mechanisms to streamline contracting policies and procedures.	1/31/15	Open	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100</p>

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<p>workgroup to investigate and develop recommendations to streamline VA and academic affiliate contracting policies and procedures. The NAAC requests a report of the recommendations from this workgroup when they become available.</p>					
<p>(#5) The NAAC applauds the inclusion in VACAA of health professions trainee program expansion as a means to enhance access to care and to further bolster the workforce pipeline. However, expansion of trainee positions now will require long-term funding as well. Therefore, despite the time-limited nature of the VACAA legislation, the NAAC recommends that VA commit to sustainable support for these new positions.</p>	OAA	OAA will include the costs of these positions in future cycles of budget requests.	Ongoing	Open	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100</p>
<p>(#6) The NAAC notes that in order for the VACAA-directed residency expansion to be successful—especially due</p>	OAA	OAA will request proposals for infrastructure support from VA sites in an effort to support these needs.	4/30/15	Closed	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov</p>

National Academic Affiliations Council (NAAC)
 October 16-17, 2014 Recommendations Response

<p>to its emphasis on new programs in remote or rural areas—funding for educational infrastructure support will be required to enhance existing programs and build new programs, especially during the start-up period. The NAAC recommends that VA determine the approximate costs and ensure that adequate funds are directed to support faculty and other infrastructure requirements. Program evaluation should be included as a component of infrastructure costs.</p>			<p>OAA will develop an internal evaluation plan for the VACAA GME initiative and keep the NAAC abreast of the progress.</p>	<p>9/30/15</p>	<p>Open</p>	<p>415-750-2100</p>
<p>(#7) The NAAC recognizes that the intent of the Choice Act is to increase Veterans' access to care and that GME expansion is but one identified mechanism. In order to expand GME into smaller VAMCs and CBOCs, concrete incentives for engaging in discussions with affiliates may be necessary. The NAAC recommends that planning</p>	<p>OAA</p>	<p>N/A</p>	<p>VA will develop a planning grant template and targeted request for proposals for sites seeking new or expanded GME programs.</p>	<p>6/30/15</p>	<p>Open</p>	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100</p>

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<p>grants be made available to more quickly ramp up GME expansion.</p>					
<p>(#9) The NAAC supports the continued incorporation of family medicine residency programs in VA's educational expansion plans and recommends that VA explore options to build and enhance these partnerships in light of new ACGME standards.</p>	<p>OAA</p>	<p>N/A</p>	<p>Ongoing</p>	<p>Open</p>	<p>William J. Marks, MD, Chief of Health Professions Education, OAA William.Marks@va.gov 415-750-2100</p>

Department of
Veterans Affairs

Memorandum

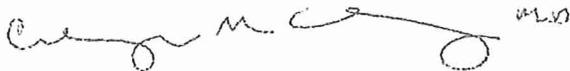
Date: **MAY 07 2015**

From: Interim Under Secretary for Health (10)

Subj: National Academic Affiliations Council VHA Action Plan Response

To: Secretary (00)

1. The National Academic Affiliations Council (NAAC) Federal Advisory Committee held their fall meeting on October 16-17, 2014 in Washington, DC. The Council provided a variety of recommendations to advise you on matters affecting partnerships between the Department of Veterans Affairs (VA) and its academic affiliates.
2. Attached are the Council's recommendations, as well as VA's responses to those recommendations, pending your approval.
3. Should you have any questions, please contact the NAAC Designated Federal Official, Dr. William Marks, Chief of Health Professions Education in the Office of Academic Affiliations, at (415) 750-2100 or by email at William.Marks@va.gov.



Carolyn M. Clancy, MD

Attachment

Concur/Non-concur



Robert A. McDonald
Secretary