

# *Seven Compelling Reasons To Affiliate Your Family Medicine Program with the Veterans Health Administration*

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# Introductions

**Edward Bope, MD, FAAFP**  
**GME Affiliations Officer**

**Kathleen Klink, MD, FAAFP**  
**Chief, Health Professions Education**

**Office of Academic Affiliations Veterans Affairs**

## Today's Presentation/Activities

- Overview of VA GME
- Review 3 cases of successful family medicine expansions
- Small group discussions
- Wrap up synopsis

## Education is one of VA's Four Statutory Missions

- 38 USC 7302
- ... in order to assist in providing an adequate supply of health personnel to the Nation, the Secretary— to the extent feasible without interfering with the medical care and treatment of veterans, shall develop and carry out a program of education and training of health personnel;

## A Proud 70 Year History

- VA Policy Memorandum in January 1946 began VA's visionary association with American medical schools
- The arrangement has withstood the test of time and is seen as beneficial to both VA and the affiliates
- Approximately 70% of all American physicians receive some portion of their training in VA



General Omar Bradley  
VA Administrator  
1945-1947

## Compelling Reason #7

Health care training in the VA is supported by law and supports the health care of not only Veterans, but in service *to the Nation*

## VA's Extensive Scope:

- *Largest:*
  - integrated health care system
  - provider of health care training
- Second to CMS payer for GME
- 40,000 physician residents & 120,000 trainees annually

## Innovations Attributed to VA

- EHR
- Palliative & hospice care
- Field of psychology
- Patient Aligned Care Teams
- Interprofessional Education & Practice
- Behavioral Health Primary Care Integration
- Telehealth

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## Compelling Reason #6

Family Medicine has an opportunity to contribute!

The largest national system with a history of innovation is poised to enhance primary care and reach into communities to improve access

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## Veterans are a Vulnerable Population with Special Needs

Veterans have greater needs than the general population:

- Older
- Larger percentage rural
- More chronic illnesses
- Means testing for benefits, therefore unemployable due to health conditions or state Medicaid eligible

## Compelling Reason #5

Actively participate and contribute to the largest health care and education enterprise in the nation!

# Veterans Access, Choice, & Accountability Act (VACAA)

- Enacted by Congress & signed by the President on August 7, 2014
- Section 301(b)
  - Expand VA GME by “up to 1,500 positions” over 5 years beginning 1 year after signing
  - Funding priorities defined in law
  - Annual Congressional reporting requirements regarding the filled VACAA positions and their VA locations
  - Recent Omnibus package signed by President December 2016 extended time period from five to ten years, to 2024

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## Funding Priorities in VACAA

### Facility Characteristics

- **A shortage of physicians**
- **No prior GME**
- Areas with a “high concentration of Veterans”
- **Health Professional Shortage Areas (HPSAs)** as defined by HRSA

### Program Characteristics

- **Primary Care**
- **Mental Health**
- Other specialties “the Secretary deems appropriate”

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## VACAA GME Expansion at 3 Years By the Numbers

### VACAA Data by # positions

VACAA GME Initiative through 3rd Round	Approved Positions			Cumulative 3-yr Totals
	Round 1	Round 2	Round 3	
Primary Care	102.4	62.2	70.7	235.32
Mental Health	57.8	38.2	40.4	136.40
Critical Needs- other Specialties	44.0	67.6	64.1	175.68
<i>Total positions by year</i>	<b>204.2</b>	<b>168.0</b>	<b>175.2</b>	
<b>Total VACAA Positions Approved</b>				<b>547.4</b>

### VACAA GME Expansion by Target

VACAA GME Initiative through 3rd Round	Approved Positions			Cumulative 3-yr Totals
	Round 1	Round 2	Round 3	
Rural Sites (self-designated)	18.65	21.55	14.95	55.15
Family Medicine	16.9	7.25	19.5	43.7
Osteopathic Programs (AOA)	12.7	1.0	4.25	17.95

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## Compelling Reason #4

# VACAA !!!

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## Community Based Learning Opportunities

- Community health for a vulnerable population
- Family medicine training linked with VA
- Resources:
  - Measures for access to care & improving outcomes
  - Linking mental health and primary care services
  - Patient Aligned Care Teams

## Compelling Reason #3

Expansion of COMMUNITY CARE through GME.

Awarded positions are ***permanent.***

## Expanding Graduate Medical Education Takes a Team

- Collaborative partners
- Nontraditional expansion
  - GME naïve
  - Small, community based practices
  - Rural and underserved settings

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## VA Recognizes Financial Support is Needed to Realize Goals

- Planning Grants
- VACAA Direct Resident Payment
- Infrastructure Grants
- Educational Cost Contracts

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## Compelling Reason #2

Opportunities for new collaborations and innovative funding!

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## Compelling Reason #1

It's the right thing to do!

Help Family Medicine and the Nation.

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## Successful Case Studies



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## Contact Information

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*For reference only:* Veterans Access, Choice & Accountability Act of 2014, Sec. 301 [PL 113-146]

**TITLE III—HEALTH CARE STAFFING, RECRUITMENT, AND TRAINING MATTERS**

**SEC. 301. TREATMENT OF STAFFING SHORTAGE AND BIENNIAL REPORT ON STAFFING OF MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(b) INCREASE OF GRADUATE MEDICAL EDUCATION RESIDENCY POSITIONS.—

(1) IN GENERAL.—Section 7302 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(e)(1) In carrying out this section, the Secretary shall establish medical residency programs, or ensure that already established medical residency programs have a sufficient number of residency positions, at any medical facility of the Department that the Secretary determines—

“(A) is experiencing a shortage of physicians; and

“(B) is located in a community that is designated as a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

“(2) In carrying out paragraph (1), the Secretary shall—

“(A) allocate the residency positions under such paragraph among occupations included in the most current determination published in the Federal Register pursuant to section 7412(a) of this title; and

“(B) give priority to residency positions and programs in primary care, mental health, and any other specialty the Secretary determines appropriate.”.

(2) FIVE-YEAR INCREASE.—

(A) IN GENERAL.—In carrying out section 7302(e) of title 38, United States Code, as added by paragraph (1), during the 5-year period beginning on the day that is 1 year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions.

(B) PRIORITY.—In increasing the number of graduate medical education residency positions at medical facilities of the Department under subparagraph (A), the Secretary shall give priority to medical facilities that—

(i) as of the date of the enactment of this Act, do not have a medical residency program; and

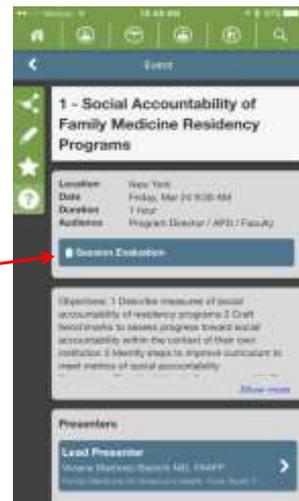
(ii) are located in a community that has a high concentration of veterans.

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Please...

Complete the  
session evaluation.

Thank you.





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