

Working With the VA to Enhance and Diversify Training for Family Medicine Residents

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Objectives

- Briefly describe the Veterans Access, Choice and Accountability Act (VACAA) and its potential impact on GME
- Understand some of the potential challenges in partnering with the VA system
- Describe some of the “hidden” opportunities at some VA locations for Family Medicine residents

VACAA



Veterans Access, Choice, and Accountability Act

- Goal: Create 1500 resident positions in primary care and mental health over five years (2014-2019)
- 204 awarded (began July 2015)
- VA can NOT be an institutional sponsor
- Funding must be used for experiences “at VA sites of care” (more on this later)

Funding

- Stipends based on PGY level and on VA stipend rates based on the local indexed hospital.
- Funds to the program cover stipends and fringe benefits
- VA “IME” – VERA (Veterans Equitable Resource Allocation) funds – approximately \$83,000 per resident FTE goes to the local VISN (Veterans Integrated Service Network)

WHY?

- **Preservation:** You are a Teaching Health Center program that is facing significant budget cuts and your organization is pressuring you to downsize
- **Expansion:** You want to add positions to your Family Medicine program beyond the cap and your sponsoring institution would rather expand Dermatology

Challenges

- Navigating the VA / communication
- Funds only for time spent at the VA / didactics
- Keeping residents credentialed
- Competing with other learners and programs (getting the VA to think of VACAA residents as THEIRS)
- Having a “go to” person for residents



Finding your VA Champion

- Find your people (Integrative Medicine, HIV clinic, Geriatrics, ER)
- Develop an (insider) advocate
- Leverage other institutional relationships / partnerships

Family Medicine National Network

- We are currently an AOA-accredited, community-based national consortium program with 6-6-6 in Washington, DC
- THC HRSA-funded program with funding currently at \$95,000/resident FTE (HRSA) through September 2017
- 3 VACAA positions awarded 2014 (currently using 2)

Current VA Rotations

- Longitudinal Nursing Home experience
- Geriatrics (1 month) – outpatient or 2w outpatient and 2w Palliative Care consults
- ER (2 months)
- VA Selective (1 month – Dermatology, Neurology, PMR, Cardiology, HIV/Hep C...)

Homeless Services

- Community Resource and Referral Center (CRRC) – 1 resident working ½ day/week seeing homeless patients with a family doctor
- Substance Abuse Treatment / Mental Health Services
- Great resource for a community medicine / social medicine experience/curriculum



Complementary and Integrative Medicine

- Focus on chronic pain and war-related illness / unexplained symptoms
- Many VA sites offer CAM/Integrative Medicine services including meditation, acupuncture, osteopathic manipulative medicine, yoga, Tai Chi/Qi Gong
- DC – Integrative Geriatric Fellowship (GW/VA partnership)

Geriatrics

- Longitudinal extended care facility / nursing home
- Robust home visit program – MDs, PT/OT, Nursing, Hospice
- Palliative Care (Inpatient)
- Geriatrics outpatient clinic

- Funding can help stabilize or expand existing programs
- Depending on your VA location, can enhance existing rotations/tracks or create new experiences (Integrative Medicine, Geriatrics, HIV, Homeless, Chronic Pain)
- Increase exposure to medically and socially complex, very ill patients in both the outpatient and inpatient setting

Future Rotations and Experiences

- GYN – opening a new Women’s Health Center – hoping to increase exposure to older GYN patients (vs our FQHC population)
- Geriatrics Track – longitudinal experience capitalizing on relationship with Geriatrics Fellowship
- Orthopedics
- Patient Safety / QI

During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.



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