

PDW/RPS 2018 Partnering With The VA for New Opportunities



The VA Office of Academic Affiliations

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What is the VHA Mission?



Honor America's Veterans by providing exceptional health care that improves their health and well-being.

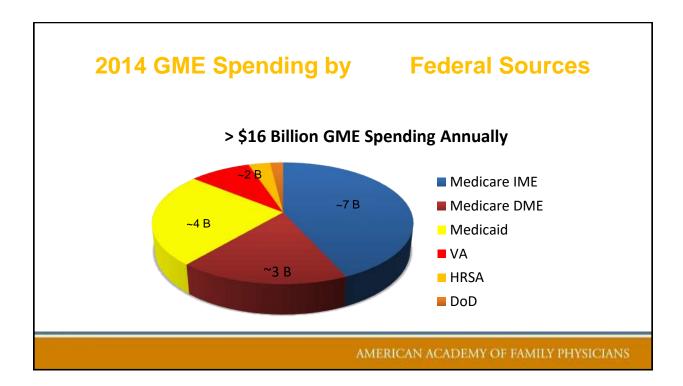
Veterans Health Administration Scope

- Largest integrated health system in the U.S.
 - Single payer system
 - Patient Centered Medical Home model
 - Full service
 - 800+ Community Based Outpatient Clinics
 - 152 VAMC/hospitals
 - Community Living Centers (nursing facilities)
 - 42,000 Physicians

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Education is one of VA's 4 Statutory Missions (38 USC 7302)

(a) ... 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;



"To Educate for VA and the Nation"

- Largest provider of health care training in the Nation
- Second largest federal funder of GME
- Office of Academic Affiliations GME direct support ~ \$950,000,000 annually

Medical Education Scope

- OAA GME support:
 - 11,000 positions
 - Over 43,000 individual residents
- 24,000 medical students receive clinical training in VA each year
- Almost all programs sponsored outside of VA through Affiliation Agreements (3 exceptions)

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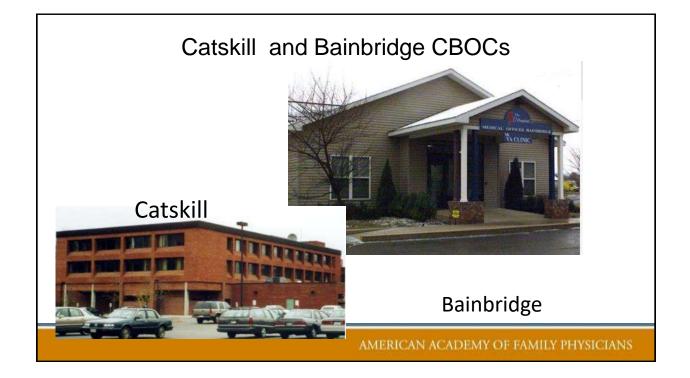
Scope of Affiliations (AY2016-17)

- 144 of 149 allopathic medical schools
- 34 of 34 osteopathic medical schools
- 40+ health professions
 - 1,800+ colleges and universities
 - 7,200+ program agreements

VA NY Harbor Healthcare



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What Kind of Care is needed? Teams







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21st Century Implementation

- PACT model
- Primary Care Mental Health Integration
- Interprofessional Education/Practice
- Centers of Excellence
- · Telehealth provision/training
- Secure telephone and electronic communications
- Rural Health Initiatives

Veterans Access, Choice, & Accountability Act (VACAA)

- PL 113-146: Enacted by Congress & signed by the President on August 7, 2014 – Section 301(b)
 - Provision to expand VA GME by "up to 1,500 positions" over 5 years beginning 1 year after signing. Now extended to 10 years
 - Funding priorities defined in law

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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" (interpreted as those specialties having excessive wait times for care)

A VA Opportunity?

- VACAA GME authority can be used as leverage to assist with US physician maldistribution and sub-specialty predominance
- Working with community partners, VA GME expansion can greatly impact smaller communities and smaller VAMCs by
 - Increasing the local VA and community workforce pipeline
 - Over 60% of GME participants stay within 100 miles of their training location post-residency

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A Family Medicine Opportunity?

- A chance to increase residency size
- A chance to bring Family Medicine to the VA
- A chance to increase access for Veterans by decreasing referrals

VACAA GME Expansion at 4 Years By the Numbers

VACAA Data by # positions

| VACAA GME Initiative | | Approved Positions Cumulative | | | | |
|-----------------------------------|---------|-------------------------------|---------|---------|-------------|--|
| through 4th Round | Round 1 | Round 2 | Round 3 | Round 4 | 4-yr Totals | |
| Primary Care | 102.42 | 62.15 | 70.72 | 114.1 | 349.39 | |
| Mental Health | 57.8 | 38.20 | 40.40 | 31.15 | 167.55 | |
| Critical Needs- other Specialties | 44.0 | 67.64 | 64.08 | 80.79 | 256.51 | |
| Total positions by year | 204.22 | 167.99 | 175.20 | 226.04 | | |
| Total VACAA Positions Approv | 773.45 | | | | | |

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Map of Positions Awarded



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Challenges

VACAA GME Expansion by Target

| VACAA GME Initiative | - | Cumulative | | | |
|-------------------------------|---------|------------|---------|---------|-------------|
| through 4th Round | Round 1 | Round 2 | Round 3 | Round 4 | 4-yr Totals |
| Rural Sites (self-designated) | 18.65 | 21.55 | 14.95 | 10.6 | 65.75 |
| Family Medicine | 16.9 | 7.25 | 19.5 | 38.9 | 82.55 |
| Osteopathic Programs (AOA) | 12.7 | 1.0 | 4.25 | 15.5 | 33.45 |

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VACAA Sources of Funding

- ✓ Direct GME Payments
- ✓ Planning Grants
- ✓ Infrastructure Grants

Current Obstacles to Expansion

- Medicare Caps partners unwilling to exceed current caps to affiliate with VA or expand programs to include VA
- GME Naïve sites require long ramp up periods to develop faculty, hire staff, and develop infrastructure
- Bias against VA care and Primary Care
- Complaints about funding

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New Initiatives

- VA in discussions with CMS regarding some type of regulatory cap relief associated with VACAA
- VA floating idea of paying for rotations outside of VA to assist with early program development

Case One – A University Family Medicine Program

- Currently above cap Many residencies at hospital
- Plan is to add two residents each year
- FMC is nearly maxed out
- Good hands on experiences hard to get at parent facility where there are so many learners
- Already in progress using CBOCs for continuity clinic in year 2 and 3 for one half day per week and using traditional block rotations for some inpatient medicine and surgery.
- Also using some elective rotations like dermatology



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Case Three – A Community Program with Geriatric Fellowship

- Family Medicine Program above CMS cap and has two geriatric fellows
- Under budget review and request to decrease one fellow
- Local VA has capacity for geriatric rotations or other rotations.
- Plan is to add 12 months of rotations for the two fellows and so have one FTE at VA



Case Four – A New Family Medicine Residency

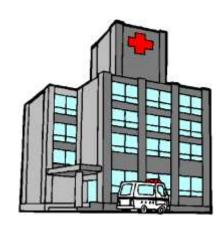
- · Hospital was already capped by CMS
- Starting a 4/4/4 residency
- Local VA has capacity at main site and CBOCs in area.
- Plan is to have 3 FTE at VA which translates into 36 months of rotations.
- There will be continuity at the CBOCS in year 2 and 3
- Faculty will have VA appointments and will help them start some clinics like palliative care, geriatrics, women's health and procedures.



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Case Five - A New Medical School

- Dean is looking ahead at need for GME positions
- School is partnering with established residency programs in the community
- Plan is to use the VA facility an hour away and the local CBOC to expand capacity of the residencies
- VAMC is a willing partner but some faculty development will be needed



Share your experiences...

- New affiliations
- Contact problems
- Etc...

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Office of Academic Affiliations

http://www.va.gov/OAA/index.asp

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Link to VA Handbooks/Policies

http://www.va.gov/oaa/handbooks.asp



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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—

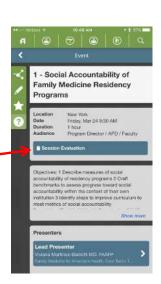
(i) as of the date of the enactment of this Act, do not have a medical residency program; and

(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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