

#### Advisory Committee on Training in Primary Care Medicine & Dentistry (ACTPCMD)-2018 VACAA & VA MISSIONS ACT Update

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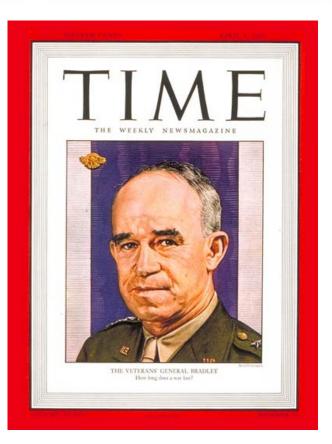


- 1) Discuss the size and scope of the VA healthcare system and how it interfaces with trainees.
- 2) Understand VACAA funding with regard to Choice funded medical care and the new residency positions

3) Quickly review the 5 Titles of the VA MISSION Act, focusing on the elements of Title 3 & Title 4 that apply to medical education (both undergraduate and graduate).

## 70 Year History of Academic Affiliations

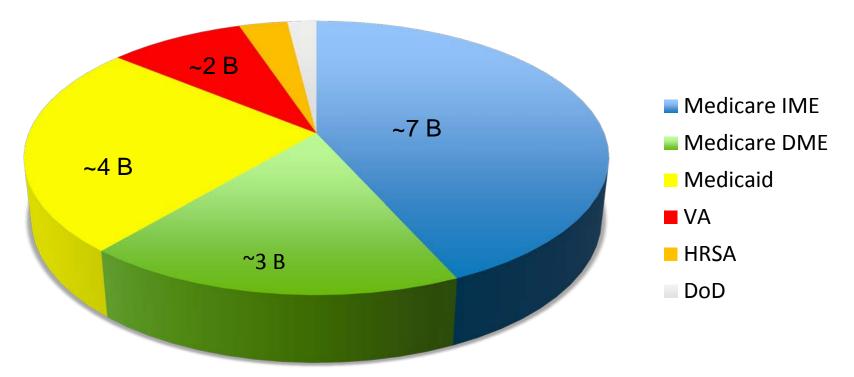
VA Policy Memorandum January 1946 Began VA's visionary association with American medical schools



General Omar Bradley VETERANS HEALTH ADMINISTRATION – OFFICE OF ACADEMIC AFFILIATVA Administrator 1945-1947

### 2014 GME Spending by Federal Sources

> \$16 Billion GME Spending Annually



## Veterans Healthcare Administration

- Largest integrated healthcare system in the USA serving more than 8.9 million Veterans each year.
- Care provided at 168 Medical Centers and 1053 other outpatient sites of care in 50 states, Puerto Rico, and Guam.
- The VA healthcare system has a budget of about \$59 billion/year spends \$900 million for trainee stipends (second largest to CMS Center for Medicare/Medicaid Services), and \$630 million on research.

### **Medical Education Scope**

- OAA GME support:
  - 10,500 positions
  - Over 43,000 individual residents
- 24,000 medical students receive clinical training in VA each year
- All but 3 program groups sponsored outside of VA (through Affiliation Agreements)

### Scope of Affiliations (AY2014-15)

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

## Training Portfolio – FY2011-17

|                             | FY 2011 | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 | AY 2017 |
|-----------------------------|---------|---------|---------|---------|---------|---------|---------|
| Advanced Fellows            | 288     | 297     | 253     | 311     | 383     | 452     | 303     |
| Associated Health           | 24,608  | 25,122  | 26,121  | 26,454  | 26,410  | 26,932  | 25,428  |
| Dental Residents & Students | 1,231   | 1,195   | 1,397   | 1,398   | 986     | 1,044   | 849     |
| Physician Residents         | 36,816  | 37,809  | 40,420  | 41,697  | 43,004  | 43,768  | 43,565  |
| Medical Students            | 21,502  | 20,218  | 21,541  | 23,031  | 24,283  | 25,707  | 24,683  |
| Nursing Trainees            | 32,349  | 32,859  | 29,067  | 28,086  | 28,127  | 28,845  | 27,549  |
| Non Health Profession       | N/A     | N/A     | N/A     | 368     | 359     | 463     | 412     |
| Grand Total                 | 116,794 | 117,500 | 118,799 | 121,345 | 123,552 | 127,211 | 122,789 |
|                             |         |         |         |         |         |         |         |

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

- Provision to expand VA GME by "up to 1,500 positions" over 10 years ending 2024
- Round 1: 205.2 approved(residents started 7/15)
- Round 2: 168 approved (residents started 7/16)
- o Round 3: 175.2 approved (residents started 7/17)
- o Round 4: 226.21 approved (residents started 7/18)
- Round 5: 281.80 approved (would start 7/19)
- O Current Totals: 1055.3 new approved or requested positions –22% Mental Health, 36% Critical Specialties, 42% Primary Care

### VACAA GME Expansion at 5 Years By the Numbers

#### VACAA Data by # positions

| VACAA GME Initiative              | Approved Positions |         |         |         |         | Cumulative  |
|-----------------------------------|--------------------|---------|---------|---------|---------|-------------|
| through 5th Round                 | Round 1            | Round 2 | Round 3 | Round 4 | Round 5 | 5-yr Totals |
| Primary Care                      | 102.4              | 62.2    | 70.7    | 114.1   | 93.8    | 443.2       |
| Mental Health                     | 57.8               | 38.2    | 40.4    | 31.2    | 61.5    | 229.1       |
| Critical Needs- other Specialties | 44.0               | 67.6    | 64.1    | 80.8    | 126.5   | 383.0       |
| Total positions by year           | 204.2              | 168.0   | 175.2   | 226.1   | 281.8   | 1055.3      |
| Total VACAA Positions Approved    |                    |         |         |         |         | 1055.3      |

## Challenges

#### VACAA GME Expansion by Target

| VACAA GME Initiative                    |         | Approved |         | Cumulative |         |             |
|---|---------|----------|---------|------------|---------|-------------|
| through 5th Round                       | Round 1 | Round 2  | Round 3 | Round 4    | Round 5 | 5-yr Totals |
| Rural Positions (self-designated sites) | 18.7    | 21.5     | 15.0    | 10.6       | 1.7     | 67.5        |
| Family Medicine Positions               | 19.9    | 7.3      | 19.5    | 38.9       | 16.1    | 101.7       |
| Osteopathic Positions                   | 15.7    | 1.0      | 4.3     | 15.5       | 20.4    | 53.6        |

## VACAA Sources of Funding

### ✓ Direct GME Payments

• For time spent at VA- includes portion of vacation, benefits, and testing, evaluation, and some other fees. Can increase program size above CMS cap (but not ACGME cap).

### ✓Planning Grants

• DEO of small VA with no or low GME can apply for money to explore/develop opportunities for new residents/ programs.

### ✓Infrastructure Grants

• After VACAA position approved, DEO of a small VA with low GME can apply for money to build necessary infrastructure to support new residents/programs/training sites.

### VA Research Funding

- FY 17 Budget is \$673,366,000
- ORD funds approximately 2,200 intramural research projects, including individual investigator awards, large clinical trials, research centers, and career development awards at any one time.
- Approximately 20% of applicants are successful in any given funding round.
- Approximately 60% of investigators are clinicians.
- Program depends on close ties to academic affiliates.

### VA Researchers: Bridging VA and Academic Affiliates

#### VAMC

Dualappointed research investigators

#### Academic Affiliate

Double the benefits, opportunities and challenges between two institutions:

Salary support, Time/effort Regulatory requirements



- Sponsored by John McCain, Daniel Akaka, and Samuel Johnson- became PL 115-182 on 6/6/18.
  <u>VA Maintaining Internal Systems and</u> <u>Strengthening Integrated Outside Networks</u>
- Primary purpose: Establish an effective and more efficient community care program for Veterans and create a framework through which to modernize and realign the resources of the Veterans Health Administration (VHA)

## The VA MISSION Act Title I – Healthcare Delivery

- Expansion of telehealth authority.
- Expansion of the family caregiver program.
- New authority to support the cost of live donor transplant care to Veteran recipients.
- Provisions to improve payments and collections between VHA, insurers, and community providers.
- New training, competency, and continuing education requirements for non-Department healthcare professionals.
- Creation of a "Center for Innovation for Care and Payment" allowing VHA to innovate through the use of pilot programs that can be extended or modified as needed to improve quality of, and/or access to care, or cost savings.

VETERANS HEALTH ADMINISTRATION

## The VA MISSION Act Title II- Review Commission

- Establishes a commission with guidelines to comprehensively review VHA infrastructure and assets, to modernize, realign, and close facilities strategically.
- There has been some controversy over aspects of this Title because of concerns that VA facility closures could lead to loss of services for Veterans in affected areas.

## The VA MISSION Act Title III- Improve P&D recruits

- Medical School scholarship program (sect 301)
  - > 2-4 year scholarships- 18 months payback for each year (up to 50).
  - Includes stipend, tuition, fees, housing like the DoD HPSP

#### Veterans Healing Veterans (sect 304)\*

Pilot program establishes 2 full scholarship positions per class in each of the 4 HBCUs and 5 "Teague Cranston" medical schools for Veterans recently separating from DoD. 12 mos payback/year

### • Specialty Education Loan Repayment (sect 303)

 For eligible GME residents/fellows. Pays off education debt \$40,000/year for each year served at a VA after training. May pick from a list of VAs rather than site being selected for them.

#### • Improve Education Debt Reduction Program

Allows higher limits for established program and expands eligibility criteria

# Veterans Healing Veterans Teague-Cranston HBCU

- 1. Texas A&M College of Medicine
- Quillen College of Medicine at East Tennessee State University
- 3. Boonshoft School of Medicine at Wright State University
- 4. Edwards School of Medicine at Marshall University
- 5. The University of South Carolina School of Medicine

- Drew University of Medicine and Science
- 2. Howard University of Medicine
- 3. Meharry Medical College
- 4. Morehouse School of Medicine

## The VA MISSION Act Title IV- Underserved Healthcare

- Pilot to furnish mobile deployment teams to underserved VA facilities
- Pilot to place VA –paid GME residents in other "covered" facilities. At least 100 VACAA FTE to be placed in either:
  - Indian Health Service
  - Tribal health care organizations
  - Communities of underserved VA facilities
- VA may assist with program development costs (outside of traditional VAMCs)

## **Covered Facilities (sect 403a)\***

- VAMC
- Indian Tribe or Tribal Organization
- Indian Health Service Facility
- Federally- Qualified Health Center
- DoD
- Other as Sect VA deems appropriate

## The VA MISSION Act Title V-Potpourri,non-GME topics

- Appropriates \$5.2 billion to Choice Fund
- Aligns podiatry with other physicians
- Incorporates peer specialists into PACT Teams
- Allow pilot for medical scribes
- Modifies definitions of major and minor construction projects.

# What's Next?

- Regulations need to be established- this is usually an 18 month process.
- Should bring VA more flexibility to work with other government partners when enacted.



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