



How to Expand Your Residency Program through VACAA

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DISCLOSURES

- Speakers Bureau & Advisory Boards for:
 - AbbVie Pharmaceuticals
 - Gilead Sciences
 - Merck Pharmaceuticals
- We will not be discussing Hepatitis C treatment today.
- No conflicts of interest

OBJECTIVES

- 1) Learn the size and scope of the VA Healthcare System and how it interfaces with trainees.
- 2) Understand how VACAA funding works to increase availability of primary care and psychiatry residency positions.
- 3) Be able to begin developing or enhance existing partnerships between GME program sponsors and their local VA's.

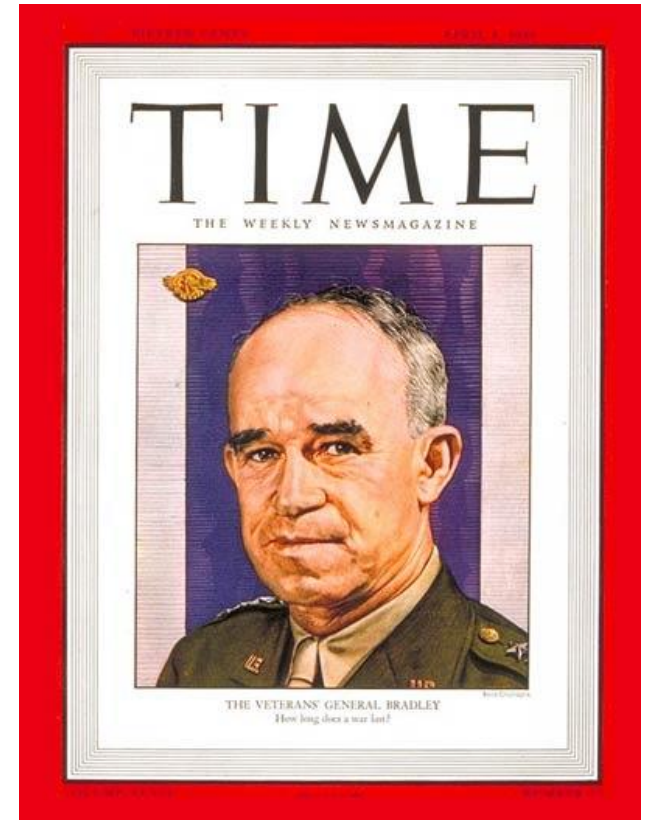
71 Year History of Academic Affiliations

VA Policy

Memorandum

January 1946

Began VA's visionary
association with
American medical
schools



General Omar Bradley

VA Administrator

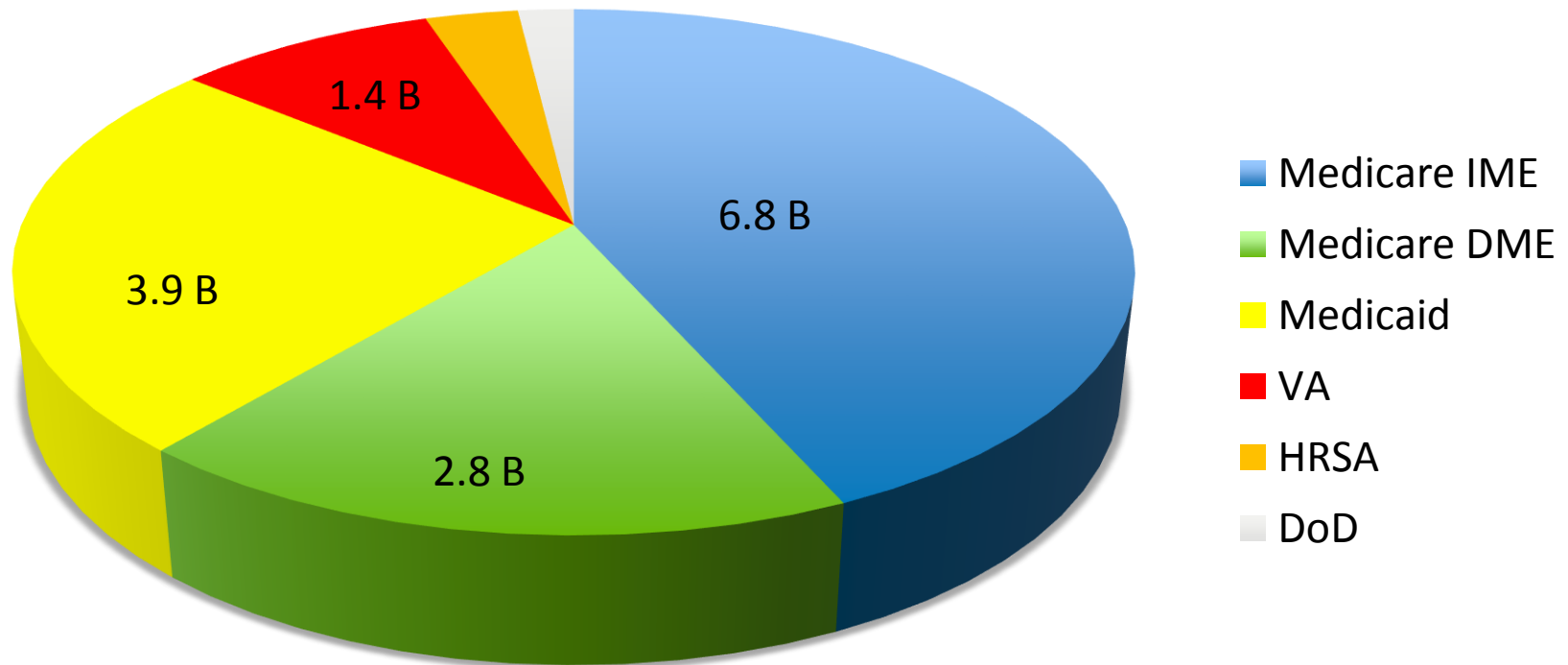
1945-1947

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.
- The VA employs more than 305,000 healthcare professionals and participates in training more than 123,000 health professionals. Between **60%-70%** of U.S. physicians receive some training at through VHA.

2012 GME Spending by Federal Sources

> \$15 Billion GME Spending Annually



Medical Education Scope

- OAA GME support:
 - Over 11,000 positions
 - Over 43,000 individual residents
- 25,000 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)

- 135 of 141 allopathic medical schools
- 30 of 33 osteopathic colleges
- 40+ health professions
 - 1,800+ colleges and universities
 - 7,200+ program agreements

Associated Health & GME Positions

Official 7 Year Statistics (Paid and WOC):²

Years:	2009	2010	2011	2012	2013	2014	2015	2016
Advanced Fellows	175	239	288	297	253	311	387	452
Associated Health	23,483	23,871	24,608	25,122	26,121	26,454	26,135	26,932
Dental Residents & Students	1,280	1,267	1,231	1,195	1,397	1,398	986	1,044
Physician Residents	36,410	36,745	36,816	37,809	40,420	41,697	43,013	43,768
Medical Students	20,245	20,516	21,502	20,218	21,541	23,031	24,283	25,707
Nursing Trainees	33,092	32,662	32,349	32,859	29,067	28,086	28,389	28,845
Non-Health Profession	N/A	N/A	N/A	N/A	N/A	368	359	463
<i>Grand Total</i>	<i>114,685</i>	<i>115,300</i>	<i>116,794</i>	<i>117,500</i>	<i>118,799</i>	<i>121,345</i>	<i>123,552</i>	<i>127,211</i>

AAMC Current Workforce Shortage Data

https://www.aamc.org/download/458082/data/2016_complexities_of_supply_and_demand_projections.pdf

- Primary Care Shortfall = 8,200 physicians
- Psychiatry Shortfall = 2,800 physicians
- Nurse Practitioner & Physician Assistants help but do not eliminate the shortfall

Baseline and Projected National Supply and Demand, Primary Care Physicians, 2013 and 2025

<https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf>

	General & Family Medicine ^d	General Internal Medicine ^d	Geriatrics ^d	General Pediatrics ^d	All Primary Care
Supply					
Estimated supply, 2013	90,320	78,100	3,090	45,070	216,580
Estimated supply growth, 2013-2025	6,270	10,260	2,270	4,080	22,880
<i>New entrants</i>	<i>37,400</i>	<i>33,070</i>	<i>2,880</i>	<i>18,160</i>	<i>91,510</i>
<i>Attrition^a</i>	<i>-30,010</i>	<i>-22,090</i>	<i>-590</i>	<i>-13,870</i>	<i>-66,560</i>
<i>Change in average work hours^b</i>	<i>-1,120</i>	<i>-720</i>	<i>-20</i>	<i>-210</i>	<i>-2,070</i>
Projected supply, 2025	96,590	88,360	5,360	49,150	239,460
Demand					
Estimated demand, 2013 ^c	94,420	82,200	3,090	45,070	224,780
Estimated demand growth, 2013-2025	15,270	19,120	1,380	2,550	38,320
<i>Changing demographics impact</i>	<i>12,820</i>	<i>16,910</i>	<i>1,380</i>	<i>2,550</i>	<i>33,660</i>
<i>Insurance coverage impact^e</i>	<i>2,450</i>	<i>2,210</i>	<i>0</i>	<i>0</i>	<i>4,660</i>
Projected demand, 2025	109,690	101,320	4,470	47,620	263,100

	General & Family Medicine ^d	General Internal Medicine ^d	Geriatrics ^d	General Pediatrics ^d	All Primary Care
Projected Difference, 2025^f	-13,100	-12,960	890	1,530	-23,640

Veterans Access Choice and Accountability Act -2014

- Goal was to reduce wait times and improved access to care for Veterans.
- Included funding for 1,500 additional trainees in primary care, mental health, and “critical needs” specialties. (to increase academic footprint).
- Provided new method for Veterans living more than 40 miles from VA facility, those waiting >30 days for an appointment, and those requiring services not available in the VA to get treatment in the community.

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
- Rural

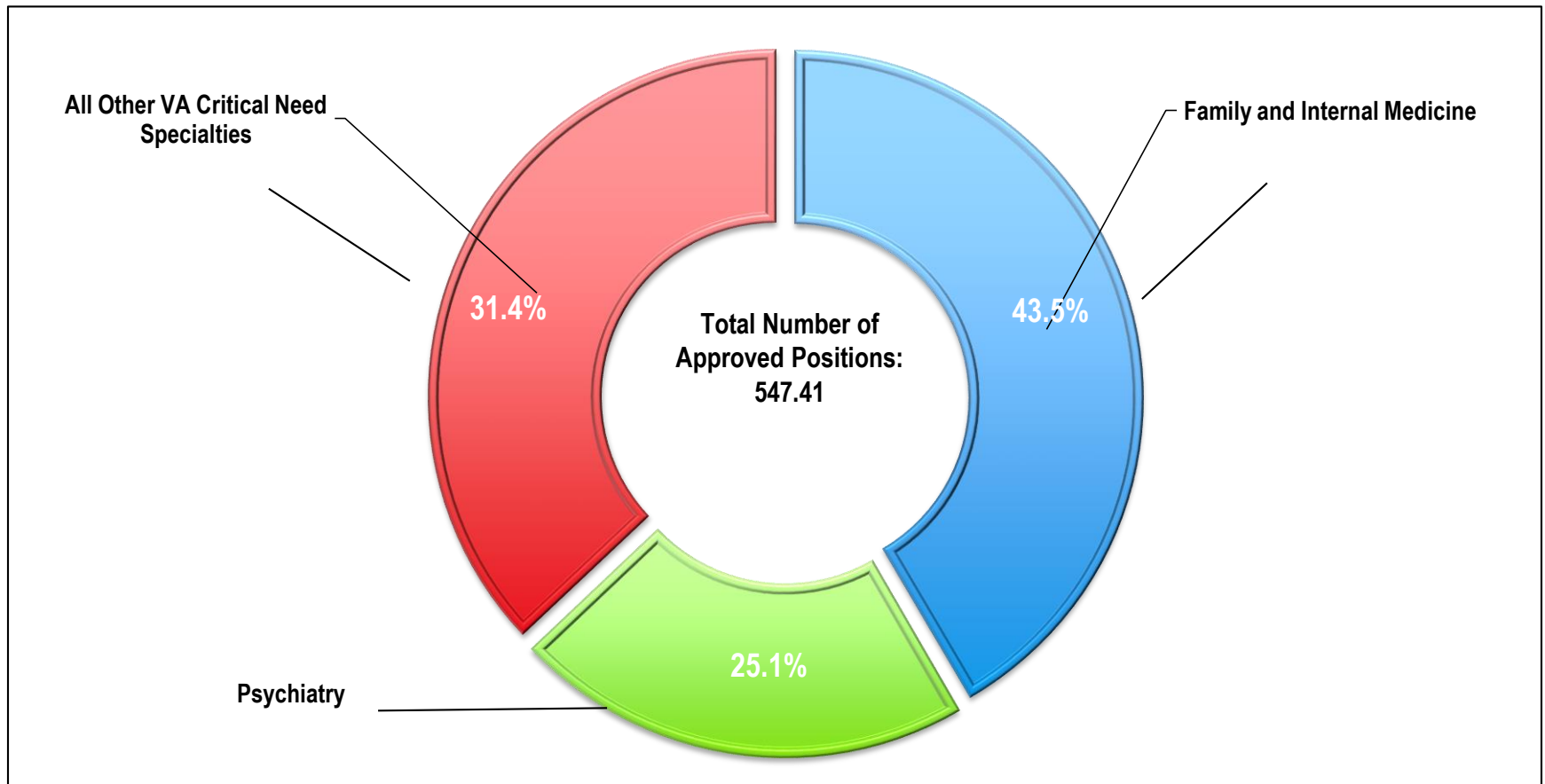
Program Characteristics

- Primary Care
- Mental Health
- Other specialties “the Secretary deems appropriate” (interpreted as those specialties having excessive wait times for care)

Veterans Access, Choice, & Accountability Act (VACAA) progress so far....

- Round 1: 205.2 approved (residents started 7/15)
- Round 2: 168 approved (residents started 7/16)
- Round 3: 175.2 approved (residents started 7/17)
- Round 4: 253.09 **requested** (would start 7/18)
- Current Totals: **801.49** new approved or **requested** positions – about 25% Psychiatry, 33% Critical Specialties, 42% Primary Care

Choice Act Approved Positions by Specialty Category

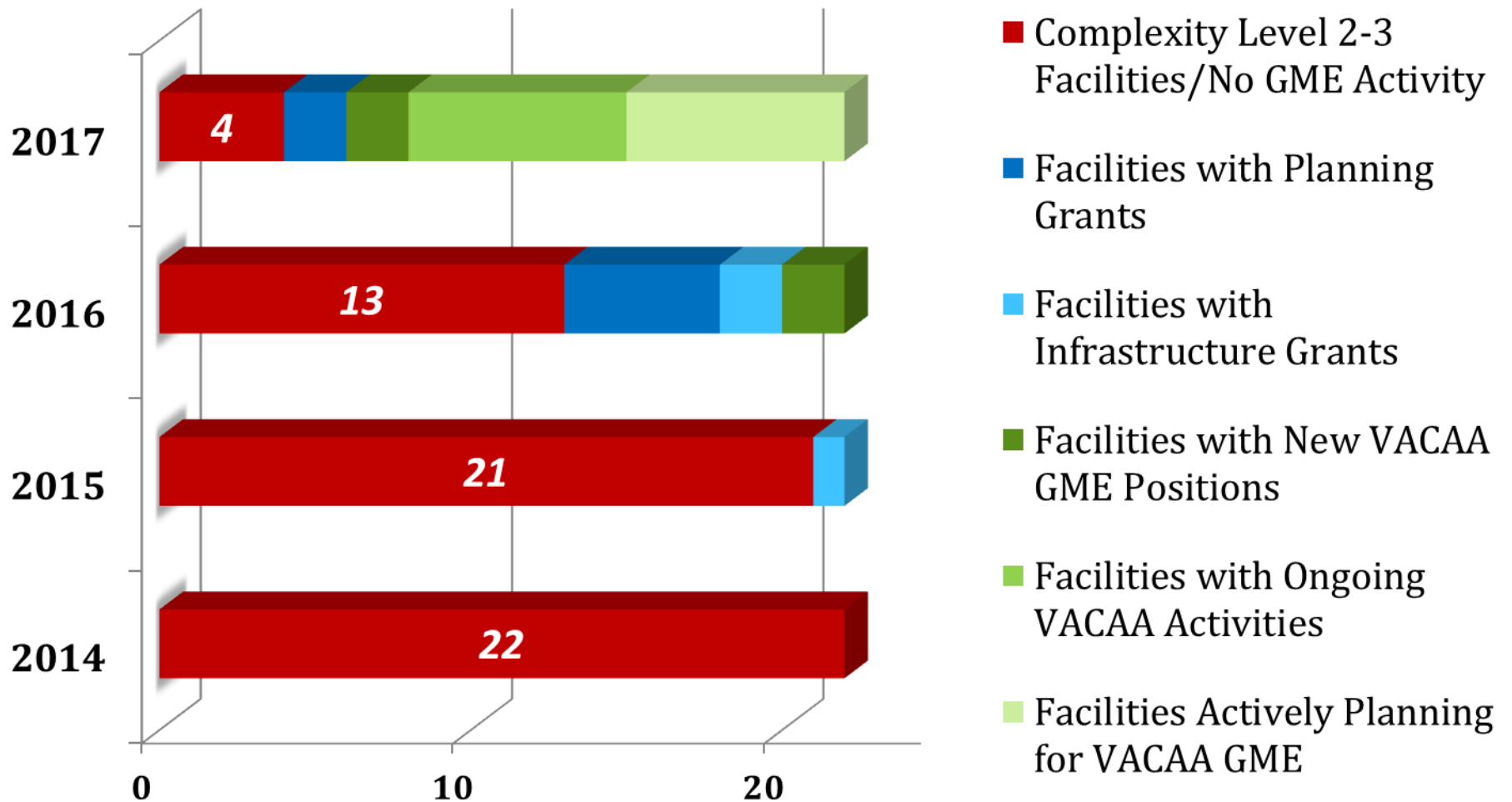


Process of Adding GME positions

- Adding new positions is not only a matter of funding. It is a complex process with multiple steps:
 - There must be availability of willing board-certified physicians at the VAMC or CBOC who meet the qualifications to teach/precept medical residents.
 - There must be at least one sponsoring institution willing to send residents to the VAMC or CBOC. Affiliation and Disbursement agreements must be completed and approved.
 - Appropriate teaching space for supervision, case review, and didactics is needed.
 - Ancillary staff must learn the roles and responsibilities of resident physicians with respect to the other team members.
 - Facility leadership must be willing and able to provide necessary support to the education program including
 - Teaching and administrative time to faculty (may detract from clinical duties)
 - Administrative support personnel
- Of the 547.41 positions approved, **490.71** are already occupied. The others are in process

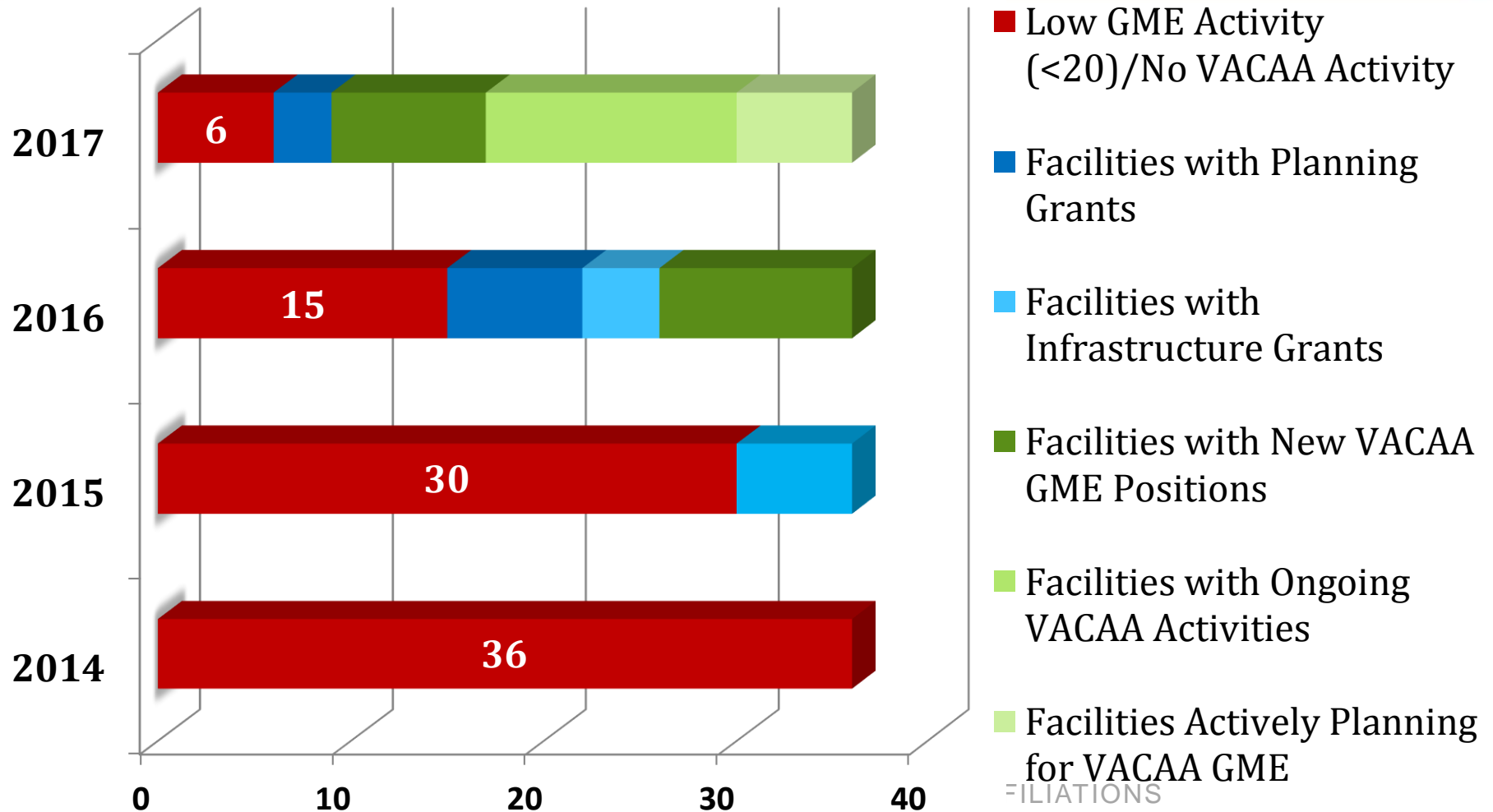
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“No GME” Facilities Progress Report

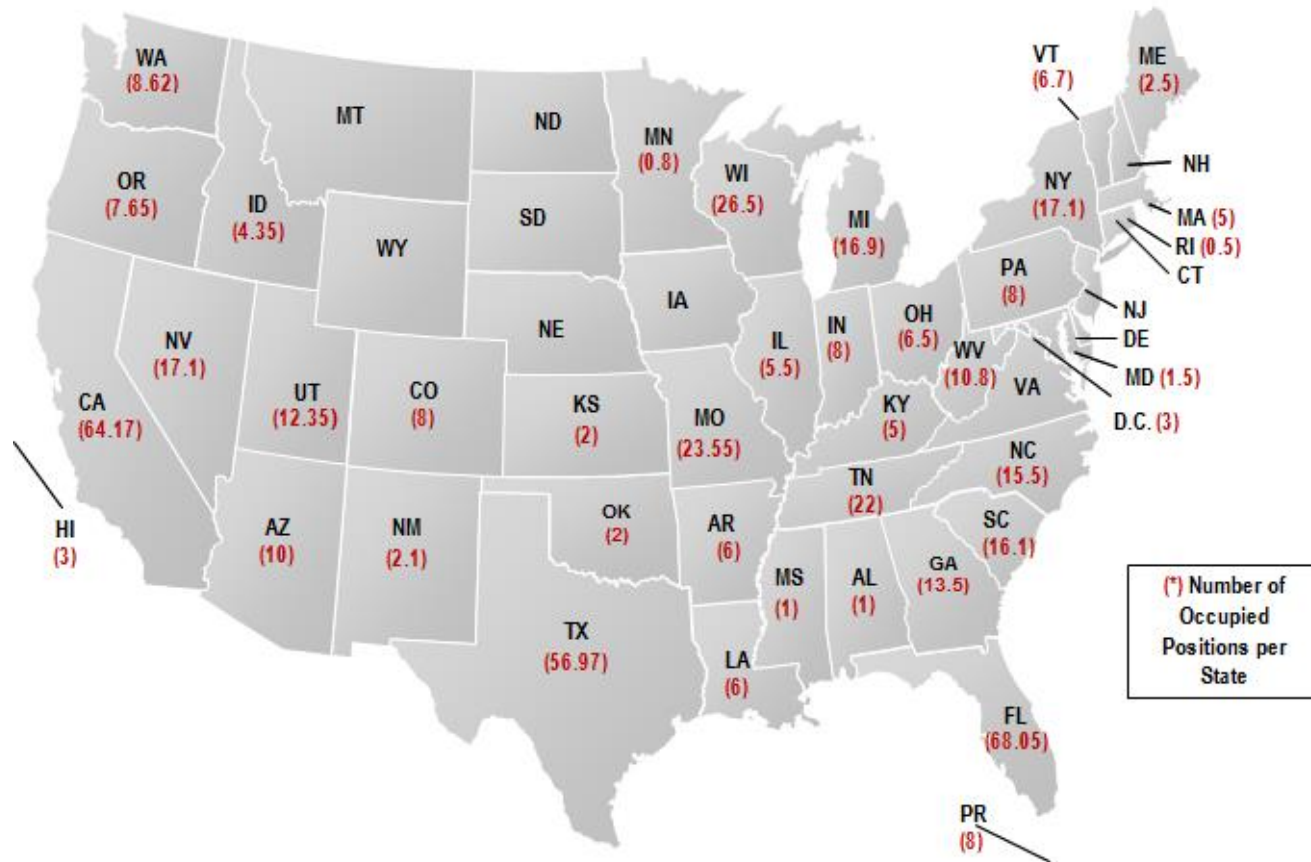


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“Low GME” Facilities Progress Report



Current VACAA Positions by State (Approved)



Challenges

VACAA GME Initiative through 3rd Round	Approved Positions			<i>Cumulative</i>
	<i>Round 1</i>	<i>Round 2</i>	<i>Round 3</i>	<i>3-yr Totals</i>
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

If we could....then we could.

- Develop a reliable way to provide housing for residents on rural/distant rotations
 - **Remove a major barrier for residents interested in rural rotations**
- Sponsor residents in during a limited number of rotations away from the VA Medical Center
 - **Allow residents to fulfill accreditation requirements while staying in rural areas for longer periods of time. More than 50% of residents that train in rural areas stay and practice in rural areas for some time after their residency is completed.**
- Have a more seamless partnership with other government agencies like DoD, HRSA, IHS
 - **Better collaborate to develop excellent, multifaceted rural training programs.**
- Develop a database to match residents requesting distance rotations to available positions nationwide
 - **Meet the need of many Osteopathic programs moving to the single accreditation system.**
- Offer loan forgiveness and/or better fund the Education Debt Reduction Program
 - **Attract more graduates from US medical schools to primary care, mental health and rural training programs.**

HOW TO START : VAWW.VA.GOV

← → http://vaww.va.gov/directory/guide Facilities Locator & Leaders... x

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INTRANET

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FACILITIES LOCATOR & LEADERSHIP DIRECTORY

Facility Locator

Country/Territory:	USA
Address	<input type="text"/>
Facility:	All Types
Within:	Nearest 5 Facilities <input type="button" value="Go"/>

For your convenience, you can use the search feature to locate facility-related information quickly and accurately.

Search in directory:



This site is a storehouse of facility and key staff information within 1914 VA facilities, maintained on a regular basis by [editors](#)

NEXT STEPS

- Connect with the Designated Education Officer (DEO) – sometimes also called the Associate Chief of Staff for Education (ACOS/E).
- Complete standardized Affiliation Agreement and Disbursement Agreements. Note: Attachment “A” of the Disbursement Agreement is the resident **salary grid and benefit package that YOU** provide to the VA.
- Work with the DEO to determine the desired and available clinical rotations and select VA Site Directors.
- The DEO will request from the OAA the FTE you agree to send. Temporary positions are available if rotations can begin before the next funding cycle.

EXAMPLES

(interactive)

- Hospital that sponsors multiple osteopathic residencies is interested in expanding their internal medicine residency program. Their local VA has been unhelpful. Someone at the VA said that they are affiliated with the large university in town and that they don't have room for any more residents at the VAMC. Is there still a way the VA can help?
- Rural OPTI would like to increase variety of caseload for residents. There is no VAMC nearby, but there is a CBOC in town. The OPTI is the sponsoring institution for the residency program. What ways can the OPTI partner with the VA?
- Osteopathic Medical School is looking for opportunities for 3rd and 4th year rotations for students....How does VACAA apply?