Veterans Choice Act:
Update on the VA
GME Expansion
June 26th, 2015

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Deputy Chief, Academic Affiliations, VA
Education is a VA Mission specified in statute (38 USC 7302)

- (a) In order to carry out more effectively the primary function of the Veterans Health Administration and in order to assist in providing an adequate supply of health personnel to the Nation, the Secretary—(1) 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; and
(d) The Secretary shall carry out subsection (a) in cooperation with the following institutions and organizations:

1. Schools of medicine, osteopathy, dentistry, nursing, pharmacy, optometry, podiatry, public health, or allied health professions.
2. Other institutions of higher learning.
3. Medical centers.
4. Academic health centers.
5. Hospitals.
6. Such other public or nonprofit agencies, institutions, or organizations as the Secretary considers appropriate.
“To Educate for VA and the Nation”

- VA is the largest single provider of health professions education in the Nation
- Nearly 120,000 trainees in 40 different health professions receive clinical training in VA each year
- Only 25% of these trainees are paid
- VA provides ~$850 Million/year in trainee stipend support
- There is an “indirect medical education” component that supports trainee education infrastructure in the field
- Office of Academic Affiliations oversees this training enterprise
Scope of Affiliations

• VA is affiliated with 135 of 141 allopathic medical schools and 36 of 40 osteopathic medical school sites (AY14-15)
• In addition, more than forty other health professions are represented by affiliations with over 1,800 unique colleges and universities.
• Over 7200 individual program agreements are in effect
Under Graduate and Graduate Medical Education

• Over 40,000 physician residents and 22,000 medical students receive clinical training in VA each year
  o ~30% of all U.S. residents
  o In conjunction with 2,000 individual programs in over 80 different specialties and subspecialties
• Approximately 10,200 FTEE salary lines supported (3 to 4 residents rotate through each salary line)
• Most residents in VA are on inpatient rotations – lots of training capacity in outpatient settings and CBOCs
Constraints in Affiliating with VA

- VA can’t be a program sponsor or be part of a GME consortium by policy
- VA is only allowed to pay for the time a resident is in a VA facility
- VA can only pay their pro-rated share of direct stipend and benefit costs
- VA can pay sponsoring institutions directly “in bulk” for resident salaries “disbursement agreements”
- VA can pay some concrete indirect costs via separate contracts
- VA reimburses at the exact pay rate and benefit rate that is incurred at the affiliate
- VA reimburses fully for all PGY levels in accredited years
- VA can reimburse for didactic time and certain other types of rotations
Veterans Access, Choice, & Accountability Act (VACAA)

- **PL 113-146**: Enacted by Congress & signed by the President on August 7, 2014 – Section 301B
  - Provision to expand VA GME by “up to 1,500 positions” over 5 years beginning 1 year after signing
  - Funding priorities defined (next slide)
  - Stringent annual Congressional reporting requirements regarding the VACAA positions filled and their locations
Funding Priorities in VACAA

**Facility Characteristics**
- A shortage of physicians
- No prior GME
- Areas with a “high concentration of Veterans”
- HPSAs – as defined by HRSA

**Program Characteristics**
- Primary Care
- Mental Health
- Other specialties “the Secretary deems appropriate”
Application Process Phase 1  
VACAA: Fall 2014

• **PHASE 1** – for positions starting July 1, 2015:
  
  o ACGME or AOA accredited programs only
  
  o Rigorous adherence to priorities defined in the legislation: Primary Care, Mental Health, “New to GME sites”, & Critical Access Needs
  
  o Primary Care includes Internal Medicine, Family Medicine and Geriatrics
  
  o Mental Health includes Psychiatry and all subspecialties
  
  o Follow-up reporting to Congress is required
Communication of VACAA GME initiative to multiple stakeholders

• Because VACAA GME requires engagement of new affiliates in communities

• Communication strategy targeted:
  o Osteopathic Community (AOA and AACOM)
  o Family Medicine Community (ADFM, AAFP)
  o Teaching Health Centers (HRSA)
  o Standard external stakeholders (AAMC, ACGME, etc)
  o Rural and Underserved Communities, ASTHO (WWAMI Summit)
“Critical Access Needs” Requests

• Intended to address the category of: Other specialties “the Secretary deems appropriate”

• Required demonstration of need to improve access by provision of local VA facility data showing:
  o Long waiting times, or
  o High use of fee basis care, or
  o Shortage of physicians in the area or reliance on contracted or locums staff, and
  o Director’s certification of need, and
  o High VISN & facility priority
### Summary of Approved Physician Resident Base Positions
(actual fill rate close to 78%)

<table>
<thead>
<tr>
<th>VACAA Initiatives</th>
<th>Approved Positions</th>
<th>Filled in Match 3/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care (VACAA)</td>
<td>73.75</td>
<td></td>
</tr>
<tr>
<td>Mental health (VACAA)</td>
<td>57.8</td>
<td></td>
</tr>
<tr>
<td>New and expanding sites (VACAA)***</td>
<td>37.8</td>
<td></td>
</tr>
<tr>
<td>Critical needs (VACAA)</td>
<td>28.2</td>
<td></td>
</tr>
<tr>
<td>Rural health (VACAA)</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>204.2</strong></td>
<td><strong>166.9</strong></td>
</tr>
</tbody>
</table>

***Includes totally new sites for GME, those with limited GME, and ‘activation’ sites with new or replacement VA hospitals or OPCs (e.g., Denver, Orlando, etc.)
### Highlights: HPSAs, THCs, New Programs & Affiliations

<table>
<thead>
<tr>
<th>Request-specific Features*</th>
<th># Applications</th>
<th># Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td># HPSAs**</td>
<td>57</td>
<td>115.3</td>
</tr>
<tr>
<td># THCs</td>
<td>5</td>
<td>8.7</td>
</tr>
<tr>
<td># New programs</td>
<td>26</td>
<td>23.7</td>
</tr>
<tr>
<td># New affiliations</td>
<td>14</td>
<td>25.2</td>
</tr>
<tr>
<td># New VA GME sites***</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

*Note: the #applications & #positions are not additive, as several applications met more than one criterion.

**Based upon HRSA data. See: [http://hpsafind.hrsa.gov/](http://hpsafind.hrsa.gov/)

***Atlanta CBOC, Detroit CBOC, Dublin, Grand Junction
### ‘Critical Needs’ – # Positions by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology</td>
<td>4.5</td>
</tr>
<tr>
<td>Dermatology</td>
<td>3</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>3</td>
</tr>
<tr>
<td>Radiology-diagnostic</td>
<td>3</td>
</tr>
<tr>
<td>Neurology</td>
<td>2.5</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>2</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>1</td>
</tr>
<tr>
<td>Clinical cardiac electrophysiology</td>
<td>1</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>1</td>
</tr>
<tr>
<td>Neuroradiology</td>
<td>1</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>1</td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>1</td>
</tr>
<tr>
<td>Vascular surgery-integrated</td>
<td>1</td>
</tr>
<tr>
<td>Preventive medicine</td>
<td>0.6</td>
</tr>
<tr>
<td>Interventional cardiology</td>
<td>0.5</td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Total (in 17 programs):</strong></td>
<td><strong>28.2</strong></td>
</tr>
</tbody>
</table>
Future GME Enhancement: VACAA RFPs

• RFPs for VACAA initiatives for AYS 2016-19
  o Plans to add between 200-325 positions per year.

• Timeline for next cycle:
  o RFP for Phase II released June 15, 2015
  o Applications are due back August 15th
  o Awards finalized Sept/Oct 2015
  o Positions start July 1, 2016 (for AY2016-17)
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.