

**Minutes of the March 27, 2007 Meeting of the  
Department of Veterans Affairs**

**Blue Ribbon Panel on  
VA-Medical School Affiliations**

**Location:** Room 542  
1800 G Street  
Washington, DC

**Attendees:**

**Panel Attendees:** Members of the Blue Ribbon Panel on VA-Medical School Affiliations in attendance: Jordan J. Cohen, M.D., Chair, President Emeritus, Association of American Medical Colleges (AAMC); William J. Bremner, M.D., Ph.D., Chairman, Department of Medicine, University of Washington; Betty M. Drees, M.D., Dean, University of Missouri Kansas City School of Medicine; Stephan D. Fihn, M.D., M.P.H., Deputy ACOS for Health Services Research, Director, VA Northwest HSR&D Center of Excellence; Timothy C. Flynn, M.D., Associate Dean Graduate Medical Education, University of Florida, Surgeon, VAMC Gainesville, FL; Laurence B. Gardner, M.D., Executive Dean, University of Miami School of Medicine; Eve J. Higginbotham, M.D., Dean & Senior Vice President for Academic Affairs, Morehouse School of Medicine; John W. Kendall, M.D., Dean Emeritus, Professor of Medicine Emeritus, Oregon Health & Science University School of Medicine, Academic Affiliations Officer, VISN 20; Thomas J. Lawley, M.D., Dean, Emory School of Medicine; Jacqueline G. Parthemore, M.D., Chief of Staff, VAMC San Diego, CA; Robert A. Petzel, M.D., Director, VA Midwest Healthcare Network, VISN 23; Peter G. Traber, M.D., President & CEO, Baylor College of Medicine; Daniel H. Winship, M.D., VA Emeritus.

**Panel Absences:** Bennett Johnson, M.D., Associate Dean, Graduate Medical Education and Minority Affairs, Senior Dean for Veterans Affairs, University of Pennsylvania School of Medicine, due to illness; David M. Stern, M.D., Dean, College of Medicine, University of Cincinnati, due to urgent business at the University.

**VA Staff Attendees:** VA staff from the Office of the Secretary, the Office of the Under Secretary for Health, the Office of Academic Affiliations (OAA) and from the Office of Research and Development (ORD) was in attendance.

R. James Nicholson, Secretary of Veterans Affairs; Michael Kussman, M.D., VHA Executive in Charge, (Acting Under Secretary for Health); Malcolm Cox, M.D., Chief Academic Affiliations Officer; Joel Kupersmith, M.D., Chief Research and Development Officer; Karen Sanders, M.D., Deputy Chief Academic Affiliations; Barbara Chang, M.D., MA, Director of Program Evaluation and Acting Director Graduate Medical Education, OAA; Stuart Gilman, M.D., Director of Advanced Fellowships and

Professional Development, OAA; Michael Kashner, Ph.D. , JD; Tai Lam, Ph.D.; Dilpreet Singh, M.A.; Evert Melander, M.B.A.; Robert Hinson, M.A. all from OAA.

**Public Attendees:** Members of the public were in attendance. Public statements were made by Phyllis Champion, President and Chief Executive Officer of the Association of Minority Health Professional Schools, and James L. Kyle, II, M.D., Vice President for Strategic Development, Charles R. Drew University of Medicine and Science.

## **Minutes:**

The March 27<sup>th</sup> meeting of the Department of Veterans Affairs Blue Ribbon Panel on VA-Medical School Affiliations convened at 8:30 am. Welcoming remarks were made by Malcolm Cox, M.D., VA Chief Academic Affiliation Officer and Joel Kupersmith, M.D., VA Chief Research Officer. Self introductions of Panel members, VA staff, and public attendees followed.

Jordan Cohen, M.D., Chair of the Blue Ribbon Panel, reviewed the charge to the Panel. The Panel will take the opportunity to identify and reaffirm the value of the 60-year relationship between VA and U.S. schools of medicine, address the strains and tensions that have arisen with the growing complexity of health care, and set out principles to guide the future relationship. Dr. Cohen charged the Panel with acknowledging and addressing both the strengths of the partnership and the sources of strains or tensions. He complimented the work of the VA Internal Advisory Committee to the Blue Ribbon Panel for initiating this work. Dr. Cohen emphasized that while the Panel cannot predict the future, it can articulate the principles that should guide the evolution of VA-medical school affiliations, and expressed the opinion that the notions of trust and accountability are key principles to managing the relationship.

Timothy Flynn, M.D., Chair of the Internal VA Advisory Committee (IAC) to the Blue Ribbon Panel on VA-Medical School Affiliations, provided a short history of the relationship and summarized some of the current opportunities and concerns identified by the IAC. Dr. Flynn traced the evolution of VA from its origin at the close of the Civil War as a series of state veteran's homes, through World War I, and the seminal events at the close of World War II. With over 100,000 soldiers returning to the U.S. in need of care, General Paul Hawley and Dr. Paul Magnuson transformed the conglomeration of VA facilities in "scenic but remote" locations, with inadequate infrastructure and attending staff, into a partnership between the federal government and the Nation's schools of medicine. The partnership was chartered in the January 30, 1946 Policy Memorandum Number 2, as a collaborative arrangement jointly supporting patient care, education and research. Over the next 50 years, the partnership was solidified with over 70 VA facilities being constructed within five miles of a medical school. In more recent times, VA has emerged as a national leader in health care delivery by developing and implementing a state-of-the-art electronic medical record, putting healthcare performance

measures into place, and developing an integrated national system of primary and tertiary care. Throughout this transformation, VA has emerged as an integral partner with its medical school affiliates in medical education and research. Dr. Flynn identified some of the issues of concern that have developed over time. Different governance structures, sometimes disparate goals, a climate of excessive regulation in VA, and a rapidly changing U.S. healthcare system with an increasing focus on the financial bottom-line have all worn away at the relationship.

Jordan Cohen, M.D. led a Panel discussion of past and present VA-Medical School relationships. Panel members identified a number of **strengths that would support continuation of the partnership:**

- (a) With a predicted U.S. shortage of physicians, VA is second only to Medicare and Medicaid in support of GME funding.
- (b) VA has affiliations with 107 of 125 allopathic medical schools and 15 of 25 osteopathic medical schools. Each year, over 31,000 of the approximately 100,000 U.S. medical residents rotate through a VA clinical training site.
- (c) Medical schools are not VA's only affiliations. VA has more than 5,000 affiliations with associated health professional training programs.
- (d) VA serves as a model for an integrated healthcare delivery system, and could inform the currently fragmented private sector healthcare system.
- (e) VA is a U.S. leader in quality management, long-term care, electronic medical record systems, traumatic brain injury, rehabilitation and psychiatric care.
- (f) VA is pioneering patient access to their medical records via My HealthVet.
- (g) VA could learn from the private sector to address system issues such as business practices, backlog of disability claims, technology transfer and access to healthcare.

The Panel continued their discussion to identify and address the strains and tensions in the relationship. Panel members identified a number of **issues that have contributed to strains in the relationship:**

- (a) Different governance structures complicate communication and make consultation and joint policy development difficult. For example, the current "Deans Committee" or Academic Partnership Council structure limits meaningful discussion about medical school relationships.
- (b) Investigations by VA's oversight bodies, such as the VA Office of Inspector General (OIG) and the Government Accountability Office (GAO), place significant strains on the relationship. Examples include investigations of accounting for time and attendance of part-time physicians, resident disbursement agreements and resident supervision. Investigations and excessive regulation of clinical contracts with academic affiliates also complicate the integration of care delivery.
- (c) VA's requirements and internal processes for sole-source contracting for clinical services with affiliates have led to significant stresses between VA facilities and their affiliated schools.

- (d) Information security measures inhibit the free flow of information on which any partnership depends. For example, electronic medical record sharing between VA and academic affiliates is virtually non-existent; credentialing, appointment and security screening processes are largely redundant; and government ethics regulations, especially conflict of interest regulations, are increasingly difficult to accommodate.
- (e) Unaligned research agendas and VA's drug trial and intellectual property policies complicate research relationships.
- (f) VA's requirements for mandatory training of trainees and faculty are often arbitrary or not based on sound educational principles.

R. James Nicholson, Secretary of Veterans Affairs addressed the Panel, expressing his thanks for their willingness to tackle the issues important to VA and U.S. medical education. He emphasized that the opinions of the Panelists mattered, and that the work they would produce would make a difference to the future of medical education in VA and in the Nation. In response to a question, the Secretary noted that all issues were on the table, and anything the Panel could contribute would be appreciated. He encouraged the Panel to seek creative solutions. Secretary Nicholson presented each Panelist with a Certificate of Appointment. Panelists expressed thanks for Secretary Nicholson's support of academic affiliations.

Jordan Cohen, M.D. led a Panel discussion of the future of VA-Medical School relationships that attempted to identify **principles to guide future relationships:**

- (a) Partnership equity is critical: VA facilities must be equal partners with their academic affiliates.
- (b) Prior consultation, and where possible joint decision making, would enhance the relationship.
- (c) A more appropriate balance between accountability and investigation would enhance the relationship.
- (d) A routine discussion forum for VA and the academic community is needed. The VA-AAMC Council of Deans Liaison Committee is valuable but additional interactions are desirable. VA needs to have a greater presence within the activities of the AAMC. A structure at the VISN level may be needed to enhance discussion of certain issues, especially clinical interactions and the regionalization of care.
- (e) A joint survey of VA and schools of medicine is needed to identify the kinds, strengths, and weaknesses of the governance of the VA-medical school relationship at all levels.
- (f) Guidance may be needed for different levels of affiliations, rather than a "one-size-fits-all" model of affiliation relationships. Data should be gathered to see which affiliation models work or don't work.
- (g) VA's integrated delivery system, unique clinical and educational environment, and unique research mission should be emphasized as advantages in the affiliation relationship.

- (h) The demographics of the populations that various VA facilities serve needs to be considered. Underserved populations in general, not just the rural underserved, should be addressed.
- (i) Expert opinion and greater consultation is needed on information technology development and security issues.

Michael Kussman, M.D., VHA Executive in Charge (Acting Under Secretary for Health), addressed the Panel and discussed VHA challenges and opportunities. He expressed his pride in the mutual benefits of the VA-Medical School partnership, and considers it a national asset. Dr. Kussman acknowledged the economic strains on the U.S. health care system, and expressed his belief that VA and Schools of Medicine now need each other more than ever. Dr. Kussman reviewed a number of current issues facing VA including:

- (a) Management of VA's information technology.
- (b) Oversight of information security.
- (c) Providing services for veterans returning from current conflicts.
- (d) Recruiting difficulties, especially for locations in remote or undesirable locations.

Dr. Kussman responded to questions about his vision for further advancement of the VA system. He emphasized the following:

- (a) Emphasis on patient care, with the support of research and education.
- (b) VA's need to develop a system of accountability with consistent and mature VA leadership.
- (c) VA's need to focus on access to care from primary care to tertiary care.
- (d) Development of VA business practices to rival the successes in quality of care practices.

Dr. Kussman ended his remarks by expressing his support for the 198,000 VA employees and close to 100,000 trainees who are doing a great job!

Jordan Cohen, M.D. led the Panel in a discussion of the future activities of the Panel and needs for additional information, surveys or analysis. Malcolm Cox, M.D. reviewed the **requests for further development and presentation of information** to include the following:

- (a) Single and multi-affiliation models.
- (b) Affiliation governance models at facility and VISN levels.
- (c) Survey of medical school and VA leadership.
- (d) IT development and security issues.

Members of the Public were invited to make five minute statements to the Panel. Two public statements were made. Phyllis Champion, President and Chief Executive Officer of the Association of Minority Health Professional Schools (AMPHS), reviewed the history of relationships between minority health professional schools and the VA. She described the long term efforts of Dr. Louis Sullivan, former Secretary of the U.S.

Department of Health and Human Services, and President Emeritus of Morehouse School of Medicine, to foster relationships of minority serving institutions and VA. Ms. Champion then reviewed the current status of affiliations between Howard University and the Washington DC VAMC; Morehouse School of Medicine and the Atlanta and Tuskegee VAMCs; and Meharry Medical College and the Tennessee Valley VA Healthcare System. She closed by stating that AMHPS institutions seek equity in receiving resident and research appointments at VA facilities, and that they feel that the unique abilities that their institutions possess should be embraced by VA facilities closest to their institutions.

James L. Kyle, II, M.D., Vice President for Strategic Development, Charles R. Drew University of Medicine and Science, reviewed the past and recent events surrounding the decision of its primary clinical training site, the King/Drew Medical Center, to end participation in medical education. Charles Drew University is rebuilding its residency programs and seeking new partnerships in a distributive medical model. Dr. Kyle urged the Panel to study and make recommendations for broader inclusion of historically black medical schools and health science universities in partnership with VA hospitals in order to train the next generation of healthcare providers.

Jonathan Gurland, JD, Attorney with VA General Counsel, presented a review of Government Ethics regulations relevant to service on the Panel.

Jordan Cohen, M.D. provided closing comments and adjourned the meeting at 2:30 pm.