

Minutes of the September 20, 2007 Meeting of the

Department of Veterans Affairs

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

Location: Room N130
2450 N 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; 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; 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; David M. Stern, M.D., Dean, College of Medicine, University of Cincinnati; Peter G. Traber, M.D., President & CEO, Baylor College of Medicine; Daniel H. Winship, M.D., VA Emeritus.

Panel Absences: Betty M. Drees, M.D., Dean, University of Missouri Kansas City School of Medicine, due to urgent business at the university; 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; John W. Kendall, M.D., Dean Emeritus, Professor of Medicine Emeritus, Oregon Health & Science University School of Medicine, Academic Affiliations Officer, VISN 20; due to family illness.

VA Staff Attendees: VA staff from the Office of the Under Secretary for Health, the Office of Academic Affiliations (OAA), the Office of Research and Development (ORD), the Office of Policy and Planning (OPP), and VAMCs Miami and San Francisco were in attendance.

Michael Kussman, M.D., VHA Under Secretary for Health (welcome and special comments only); Malcolm Cox, M.D., Chief Academic Affiliations Officer; Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning; Karen M. Sanders, M.D., Deputy Chief Academic Affiliations; OAA, Gloria J. Holland, Ph.D. Special Assistant for Policy and Planning, OAA; Barbara K. Chang, M.D., MA, Director of Medical and Dental Education, OAA; T. Michael Kashner, Ph.D., JD, OAA; Hwai-Tai Lam, Ph.D., OAA; Dilpreet Singh, M.A., OAA; Christopher Clarke, Ph.D., OAA; Robert Hinson, M.A., OAA; Laura Sappelsa,

ORD; Marilyn Mason, Ph.D., ORD; Sheri A Keitz, M.D., Ph.D, Chief of Medicine, Miami VAMC; and William Marks, M.D., Director Parkinson's Disease Research and Education Coordinating Center, San Francisco VAMC.

AAMC Invited Attendees: Staff from the Association of American Medical Colleges involved in the VA/AAMC survey were in attendance.

Darrell G. Kirch, M.D., AAMC President, (welcome remarks only); Joseph A. Keyes, Jr., J.D.; Jack Krakower, Sonny Yoder, and Matthew Schiff.

Minutes:

The September 20th 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 Darrell Kirch, M.D., President of the Association of American Medical Colleges. Expressions of thanks for AAMC's hospitality and collaboration on Panel-initiated data gathering efforts were expressed by Malcolm Cox, M.D., VA Chief Academic Affiliation Officer. Further welcoming remarks were made by Panel Chair, Jordan Cohen, M.D. Self-introductions of Panel members and VA and AAMC attendees followed.

Dr. Cohen emphasized that the Panel has the potential to have a significant impact on medical education in the U.S. as well as future relationships between schools of medicine and the Veterans Health Administration. He assured the Panel that VA's leadership had expressed genuine interest in ensuring that the Department's relationships with schools of medicine will flourish and reach even greater heights in the future. This meeting will define some of the major issues and data gathering activities. The next meeting will discuss survey data and begin the formulation of recommendations. Future meetings will be targeted for March or April, 2008 and September 2008. Today's meeting is a working session for the Panel. Tomorrow's meeting will be a more formal session open to members of the public.

Dr. Cox introduced the forthcoming series of VA staff presentations. Presentations included: existing models of affiliations between VA and schools of medicine, planned or in progress surveys that will inform the Panel about existing affiliation governance models and existing VA research infrastructure, and a joint VA – AAMC survey to assess opinions about the effectiveness of current affiliation relationships.

VA – Medical School Affiliation Models

Dr. Barbara Chang presented an overview of current VA-medical school affiliation models. Her presentation included a discussion of the numbers and characteristics of the sponsors of Undergraduate Medical Education (UME) and Graduate Medical Education (GME) programs affiliated with VA facilities, the variety and scope of UME and GME sponsors affiliated with individual VA facilities, and the characteristics of the individuals serving as VA education leaders managing these efforts. Specific data were presented highlighting the following:

Multiple Affiliations in VA Teaching facilities:

- (a) 125 out of 153 VA facilities have affiliations with schools of medicine or other sponsors of GME;
- (b) 76.2% are affiliated with a single school of medicine, 20% with two, 2.5% with three and 0.8% (1 facility) with four schools of medicine; and
- (c) 62% are affiliated with only one GME sponsor, 27% with two, 8% with three, and 3% with 4-8 GME sponsors.

Sponsorship of GME Programs as of Academic Year 2006-2007:

- (a) 146 academic institutions sponsor 2,219 individual GME residency programs in VA;
- (b) 92% of GME programs in VA are sponsored by schools of medicine or university teaching hospitals, 6% by other teaching hospitals, 0.4% by the Department of Defense; and 1% accredited in the name of VA; and
- (c) 2,210 GME programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME), and 9 are accredited by the American Osteopathic Association (AOA).

GME Training Intensity in VA facilities:

- (a) The average number of GME programs per VA is 16 (median = 18);
- (b) 63 facilities host greater than 20 GME programs, 75 have more than 10 programs, and 100 have more than 4 programs;
- (c) The average number of resident positions in VA facilities is 71. (median = 73). By comparison, the average number of resident positions in U.S. teaching hospitals is 73; and
- (d) 65 VA facilities have greater than 73 resident positions, 49 have greater than 100 positions and 5 facilities have greater than 200 resident positions.

Educational Leadership in VA facilities:

- (a) Over 30 unique titles are used for VA educational leadership positions: Associate Chief of Staff for Education or related title (56%); Chief of Staff (17%); Education Chief or Director (9%); and all other titles (17%);
- (b) 73% have MD or DO degrees; 14% have other doctoral degrees; and 14% have other degrees;
- (c) 77% have faculty appointments; and
- (d) In addition to medical education responsibilities, 94% of facility education leaders are involved in the management of medical school affiliations, 87% in the management of associated health education and 83% in the management of staff education.

The Panel was impressed with the variety and complexity of the affiliation relationship models and will take these factors into account in further studies and deliberations. Specific areas to consider include the following:

- (a) VA does not prohibit multiple affiliations, and the number of facilities with multiple affiliations with medical schools and other sponsors of GME is significant (24% and 38%, respectively). Panel members expressed concern that with the projected expansion of physician training, entry of new affiliations into a locally saturated training environment could weaken established programs. VA's current policy to expand affiliations only when there is sufficient capacity to support increased training was applauded;

- (b) Panel members also expressed concern that there are sometimes inequities in the relationships of a VA facility with multiple affiliates. The Panel emphasized the importance of ongoing and frank communication between sponsors at the same VA facility. Panel recommendations regarding affiliation governance structures will take this complexity into account; and
- (c) The above considerations notwithstanding, the Panel agreed that partnerships with new allopathic and osteopathic schools of medicine, especially in rural areas, are an important avenue for increasing both training and access to care in underserved areas.

Affiliation Governance and Effectiveness Surveys

Dr. Gloria Holland presented an overview of plans for characterizing existing VA-medical school governance structures and assessing their effectiveness. Panel members were reminded that statutory, policy and regulatory changes may be necessary to enhance present and future affiliation relationships and that their recommendations could catalyze substantive change. Dr. Holland reviewed the evolution of affiliation agreements emanating from VA's 1946 Policy Memorandum Number 2 that established the concept of a "Deans Committee", and the subsequent impact of laws, policies and regulations governing "medical sharing", contracting for clinical services, conflict of interest and information security. Of special importance to local VA-School of Medicine governance has been the legal requirements of the Federal Advisory Committee Act that defines how a federal agency can (and cannot) solicit input and advice from the non-federal sector. Two surveys are being designed to assess governance structure, including conformance with present VA policy, and whether VA – School of Medicine affiliations are positively or negatively influenced by the current organizational structure.

(a) Affiliation Governance Survey

Dr. Holland explained that the Affiliation Governance Survey will identify the composition, size and focus of Academic Affiliations Partnership Councils (formerly known as Deans Committees). The survey will be completed by all VA facilities using the OAA web interface system in standard use for OAA/VA facility communications. Dr. Holland reviewed the plans for administration of the survey and briefly demonstrated the instrument in its web based format.

The Panel expressed support of the survey, and was informed that initial results should be available prior to its next meeting. The Panel noted that, while productive long-term relationships may exist in the absence of a formal governance structure, these were likely "happy accidents," and in most partnerships, effectiveness mirrors governance. Panel members also wondered how to get at the informal mechanisms that often underlie effective governance? Dr. Holland responded that the Affiliation Effectiveness Survey being developed in collaboration with AAMC will add some insight, but that structured interviews with key stakeholders may also be necessary.

(b) Affiliation Effectiveness Survey

Dr. Karen Sanders and Mr. Jack Krakower presented an overview of plans for conducting a joint VA – AAMC survey to identify the effectiveness of existing VA – School of Medicine affiliations. The desired outcome is the collection and analysis of VA and Medical School leaders’ opinions about what factors “help” or “hinder” affiliation relationships. Dr. Sanders and Mr. Krakower reviewed the plan for a January – February 2008 administration of the survey. Invitations to participate will be issued by Dr. Malcolm Cox, VA’s Chief Academic Affiliations Officer and Dr. Tom Lawley, Chair of the VA – AAMC Council of Deans Liaison Committee. Dual coordination by OAA and AAMC at the national level and at each local dyad (VA facility and School of Medicine) will serve to enhance response rates. The VA Facility Director and the Dean of the Medical School will be asked to identify the individuals serving in selected roles in each organization and will forward invitations to participate. Individual responses will be held strictly confidential and data will only be released in aggregate form. AAMC and OAA staff analyzing the results will not know the identity of individuals responding to the survey and local Facility Directors and Deans will not have access to the responses of their subordinates.

The Affiliation Effectiveness Survey will assess the influence of a wide variety of factors affecting the affiliation both generically and more specifically in the domains of education, research, clinical practice and faculty affairs. There will be both VA- and School Medicine focused questions. Sections will solicit opinions about the appropriate size, composition and focus for Academic Partnership Councils or Dean’s Committees and satisfaction with governance of the affiliation at the local (facility) and regional (VISN) levels. Write-in comments will be encouraged. Dr. Sanders and Mr. Krakower emphasized that the Survey is being designed to provide the Panel with information on the overall effectiveness of VA-Medical School affiliations as well as between paired respondents at each organizational level within individual dyads.

The Panel was pleased with the direction of this complex undertaking. Various options for administration and analysis of results were discussed with VA and AAMC staff. Several members questioned how to handle those VA facilities with more than one School of Medicine affiliate. Consensus emerged to focus on the primary partner except in those cases in which multiple significant affiliations existed. In the latter cases, consideration should be given to soliciting multiple opinions framed around the individual VA-School relationships.

- (a) Feedback to the responding schools of medicine and VA facility dyads will be an important incentive to participate in the survey. Consensus emerged that individual dyads should get broad average data for their local relationships with a comparison of their results to national data;
- (b) Panelists expressed concern about how to solicit information about the impact of federal government conflict of interest policies on VA Chiefs of Staff remuneration and its subsequent effects on recruitment of appropriate academic leadership at VA facilities; and
- (c) Panelists debated whether the “effectiveness” of an affiliation can be judged solely from the “feelings” of individuals and subjective attitudes. They suggested that further analysis of the results would include correlations with more objective performance measures collected by VA.

Facility Condition Assessment (Research Space)

Dr. Marilyn Mason presented an overview of a survey currently underway to conduct a comprehensive assessment of VA research facilities and suggest corrective actions. This space survey will focus on VA sites with larger research programs. It is being conducted in response to a 2006 Congressional directive. This project will identify infrastructure deficiencies in research facilities and costs of corrections vs. replacement costs.

The CAI (Capital Asset Inventory) – includes all space – but for this study, only research space is detailed. The focus is on architecture, plumbing, medical gas, fire protection, mechanical/HVAC, and electrical. Deficiencies and costs of correction vs. replacement costs are being estimated. The Questionnaire has been completed by 83 facilities: 58% reported insufficient space, and \$50 million has been spent at 24 sites over the last 10 years. The report is in concurrence in preparation for release to Congress. Full results will be available after Congressional release.

The Panel expressed appreciation for the groundbreaking scope of this undertaking. Subsequent discussion included the following:

- (a) How seismic considerations are factored into space evaluations in earthquake prone areas;
- (b) Many medical schools are expanding research space, and there may be opportunities to use available resources in a more collaborative way;
- (c) The definitions of adequacy as far as evaluating labs being appropriate for the specific research being done; and
- (d) How renovation or replacement decisions are made and funded.

Trainee Feedback (VA Learners' Perceptions Survey)

Dr. Sheri Keitz, Chief of Medicine, Miami VAMC, presented an overview of the VA Learners' Perceptions Survey (LPS), which includes the entire spectrum of health professions trainees in VA facilities. Developed by an expert steering committee and OAA staff in 1999-2000, the LPS has been conducted annually from 2001 to 2007. Over that time it has evolved from a mailed paper survey to an online web-based instrument today. In addition to measuring overall satisfaction, the characteristics of the clinical learning experience are grouped into 4 domains:

- (a) Clinical Faculty/Preceptors,
- (b) Learning Environment,
- (c) Working Environment, and
- (d) Physical Environments.

In most areas, satisfaction with VA training was high, especially in areas of faculty/preceptors and the learning environment. Over the six years of its administration, LPS results have been used for national reporting and for local facility educational quality improvement efforts.

Data from the LPS have consistently shown that physician residents are somewhat less satisfied with VA training than other categories of trainees. The reasons for this are not entirely clear. An in-depth study of physician residents was undertaken in 2002 comparing physician resident opinions about training experiences at VA facilities and their university partners. Important similarities and some differences in physician resident perceptions of clinical training at VA compared to university affiliate sites were identified. Satisfaction with clinical faculty and many aspects of the learning environment (including clinical faculty, autonomy, and the electronic record system) were as good or better at VA compared to other training sites. In contrast, the availability of ancillary services (radiology, laboratory, and pharmacy) during weekdays and off-hours was rated lower at VA sites compared to affiliate sites. Residents' perceptions of the quality of care were also lower at VA. Global perceptions of 'quality of care' correlated with lower satisfaction with the availability of nursing and support staff and ancillary services, the quality of nursing and support staff and ancillary services, and the commitment of nursing and support staff to quality of care and patient safety. The 2002 detailed comparative LPS results were shared with VHA senior leadership, with recommendations for a greater emphasis on enhancing ancillary support in the clinical environment. In the years since 2002, the satisfaction of physician trainees with all aspects of VA training has steadily improved, but no further direct comparisons with other training sites have been conducted.

The Panel expressed admiration and strong support for VA's development of a comprehensive trainee satisfaction instrument. Subsequent discussion included the following:

- (a) The universal applicability of the instrument and the potential for broadening its use across the national academic sector;
- (b) The need to increase response rates to the survey, including the development of a trainee registration and tracking system;
- (c) Improving facility feedback and use of the instrument to enhance its value as a quality improvement tool;
- (d) Consideration of rewording potentially "loaded" questions referring to quality and safety, which may have different meanings to different types of respondents and readers; and
- (e) The value of the 2002 benchmarking study, and the importance of conducting similar efforts at periodic intervals, perhaps every 5 years.

General Discussion

Dr. Cohen opened the floor for general discussion on the issues facing VA and its affiliations with medical schools. Panel members emphasized that specific areas of tension or concern will vary over time and that both partners need to be constantly vigilant, eliminating regulatory and policy barriers by revisiting their commitment to joint interests. Specific areas of discussion concerned the following:

- (a) The original 1946 goal of VA – School of Medicine affiliations was to improve health care provided to veterans. Support of veterans' health care is still relevant and widely valued within the academic community
- (b) The importance of VA's national role in support of medical education and biomedical research;

- (c) The importance of the academic medical community's role in providing "back-up" care for veterans;
- (d) The recruitment advantages for VA resulting from trainees' VA training experiences;
- (e) The potential impact on VA care delivery, education and research if the US government moves to implement some form of universal health care;
- (f) The excellent communication and collaboration at the national level (between VACO and AAMC), and the difficulty of replicating this at the VISN and local facility levels;
- (g) The importance of identifying new types of partnerships (moving beyond affiliations to strategic alliances and joint ventures) on which to build future successes;
- (h) The need for enhancement of the infrastructure for new partnerships by removing statutory, policy, and operational obstacles;
- (i) The need for clear and precise definition of mutual goals and opportunities at national, regional and local levels; The importance of keeping the mutual interdependence of VA facilities and their academic affiliates clearly in mind; and
- (j) The need for constant attention to the danger of mutual mistrust arising from concerns of being taken advantage of by the other partner.

VHA Challenges and Opportunities

Dr. Michael Kussman, VHA's Under Secretary for Health joined the Panel for an open discussion. He emphasized a number of challenges facing VA as well as a number of opportunities for enhanced partnerships with schools of medicine. Specific topics of discussion included:

- (a) The increasing cost of hospital construction and equipment, and the resulting opportunity for VA to partner with affiliates for provision of complex and expensive care;
- (b) VA will continue its expansion of primary care delivery sites and development of referral networks for specialty care;
- (c) VA will also continue to enhance its relationship with DoD, especially with regard to the smooth transition of veterans from the military to the VA health care systems;
- (d) The capacity for VA and DoD to fully care for returning service personnel injured in current conflicts, despite media accounts to the contrary;
- (e) The difficulty DoD is having in sustaining its GME efforts, leading to potential opportunities for more collaboration with VA and schools of medicine;
- (f) The public pressure for VA to reopen enrollment of so called "category 8s" for VA care, and the additional capacity that would be required. An incremental approach would be most feasible;
- (g) The tensions arising from VA's physician pay structure and appointment policies, and the need to develop mutually beneficial accommodations; and
- (h) The tensions arising from VA's contracting policies and oversight.

Dr. Kussman ended his remarks with the summary that "anyone who knows anything about this partnership would want to continue the relationship". He encouraged the Panel to bring issues forward and he promised to address them.

Committee Discussion

Dr. Cohen opened the floor for further discussion. The Panel recognized that a major difference between VA and the academic community is that schools of medicine and teaching hospitals are local/regional in scope whereas VA is a national system. Affiliations are unlikely to flourish without understanding and support from top leadership at *all* levels of the organization. It was also noted that day-to-day discussions within VA are primarily (and appropriately) involved with issues of clinical care; however, the Panel emphasized that VA's clinical mission is ultimately dependent on support of the educational and research missions. All of VA's major missions are in fact highly inter-dependent.

The Panel discussed what a future VA – School of Medicine partnership could “look like”. Elements might include:

- (a) More involvement of VA Medical Center Directors and VISN Directors in the academic mission. The current perception in the academic community is that many directors are more comfortable just dealing with clinical or administrative aspects of health care provision;
- (b) Inclusion of university hospital and practice plan leadership in partnership governance could provide more “balance” to partnership discussions;
- (c) Establishment of joint steering committees with broad clinical and academic oversight at the regional level, perhaps modeled after the VA-COD/AAMC Liaison Committee;
- (d) Inclusion of explicit affiliation performance expectations (*and* measures) at local, regional and national levels could serve to highlight the importance of academic partnerships;
- (e) Strengthening the current role of affiliate leadership in the selection of VA Medical Center Directors. Inclusion of affiliate input into selection of VISN Directors should also be considered;
- (f) Finding ways around the impact of federal and VHA budget uncertainty on joint program development, and especially on faculty/staff recruitment and ongoing support; and
- (g) Finding ways to leverage academic medicine's strengths in providing tertiary care and VA's strengths in primary care and chronic disease management, and the resulting opportunity for creative, delivery system realignments.

The Panel made several other observations on issues facing the partnerships:

- (a) VA's financial commitment to research and development is far less than in the private sector;
- (b) Affiliates must recognize that VA's requirements for competitive contracts may result in awards to unaffiliated institutions especially if budget justifications are seen as inadequate or excessive, and VA must recognize that educational implications warrant special considerations in contracting;
- (c) VA's reorganization of information technology has placed control of these vital resources outside the control of the healthcare leadership, potentially leading to issues of patient safety; and
- (d) Opportunities for the Panel to frame its recommendations beyond just the relationships between the VA and schools of medicine, to include elements of the broader U.S. health care system.

Dr. Cohen provided closing comments and adjourned the meeting at 5:00 pm.