

**Minutes of the September 21, 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; 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 Academic Affiliations (OAA), the Office of Research and Development (ORD), the Office of Policy and Planning (OPP), and the Office of the Secretary were in attendance.

Malcolm Cox, M.D., Chief Academic Affiliations Officer; Joel Kupersmith, M.D., Chief Research and Development Officer; Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning; Karen M. Sanders, M.D., Deputy Chief Academic Affiliations Officer, OAA; Gloria J. Holland, Ph.D. Special Assistant for Policy and Planning, OAA; Barbara K. Chang, M.D., MA, Director of Medical & Dental

Education, OAA; T. Michael Kashner, Ph.D., JD; OAA; Hwai-Tai Lam, Ph.D., OAA; Dilpreet Singh, M.A., OAA; Evert Melander, M.B.A., OAA; Robert Hinson, M.A., OAA; Timothy O'Leary, M.D., Ph.D., ORD; Sumitra Muralidhar, Ph.D., ORD; Ronald Przygodzki, M.D., ORD; and Phil Riggan, Office of the Secretary.

**Public Attendees:** Members of the public were in attendance. No public statements were made.

## **Minutes:**

The September 21, 2007 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 Jordan Cohen, M.D., Panel Chair, and Malcolm Cox, M.D., VA Chief Academic Affiliations Officer. Self introduction of panel members, VA staff and public attendees followed.

### **VHA Initiatives in Graduate Medical Education: Expanding and Redirecting VA Medical Resident Positions to Meet the Needs of Veterans and the Nation**

Dr. Malcolm Cox presented an overview of VA's strategic plan for Graduate Medical Education (GME) and reviewed recent changes to meet the needs of veteran patients and the Nation. Funding over 9,000 physician resident positions annually, VA is the second largest supporter of GME in the U.S. after the Centers for Medicare and Medicaid Services (CMS). In 2005, a federally chartered Advisory Committee on VHA Resident Education recognized VA's loss of proportionate share of GME positions in a growing national market and its consequent loss of flexibility to meet its training needs, especially in emerging subspecialty disciplines and in locations with new or expanding affiliations. The Committee recommended expansion of VA's GME program from 8.5% of U.S. residents to VA's historic share of 10-11% of U.S. residents. An estimated 2,000 new physician resident positions would be added over a five-year period.

Following the Secretary's approval of the 2005 Committee's recommendations, VA developed a strategic plan for VA that will:

- (a) Expand physician resident positions in specialties of greatest need to veterans;
- (b) Address uneven geographic distribution of residents and improve access to care;
- (c) Foster innovative models of resident education;
- (d) Assume VA's proportionate share in addressing the Nation's physician workforce shortage; and
- (e) Enhance VA's leadership role in GME.

Competitive Requests for Proposals (RFPs) were issued in spring 2006 and 2007, and generated considerable interest from VA facilities and their academic affiliates. Facilities with well-established GME training programs were able to apply for positions in established disciplines or emerging specialties that met critical patient care needs. The needs of facilities with new or limited GME programs were considered under a separate application for new affiliations. All facilities were encouraged to apply for positions at

new sites of care, such as community-based outpatient clinics. The second round of RFPs provided an additional opportunity to apply for positions in new or revised training programs considered educationally innovative and potentially transformative. Allocation decisions were informed by a review of the educational quality of the proposals as assessed by a peer review panel of GME experts. A sophisticated quantitative measure of a facility's capacity to train additional residents, the so-called Resident Education Index, was also utilized in allocation decisions. Overall, 342 and 356 new resident positions were approved in Academic Years 2007-2008 and 2008-2009, respectively. Additional competitive RFPs and awards are planned for future years.

Dr. Cox next reviewed the challenges facing VA's Educational Mission, including the following considerations:

- (a) Structural challenges – qualifications of facility educational leadership, protected time for teaching and professional development, and administrative support;
- (b) Regulatory challenges – over-regulation by accrediting and licensing bodies, tightly scheduled educational programs, and specialty board eligibility requirements based upon training time rather than competency-based advancement;
- (c) Financial challenges – direct and indirect support for GME; and
- (d) Cultural challenges – resistance to change that limits opportunities for residents to become involved in patient centered care, collaborative care, longitudinal care models, or in on-going VA initiatives in patient safety, quality improvement and system re-design.

Dr. Cox concluded his remarks with the assessment that VA is expanding physician resident training in ways that will address VA's specialty and geographic needs, expand veteran's access to care, enhance residents' clinical training experiences, and contribute to reform and innovation in medical education while improving care delivery.

The Panel was appreciative of this detailed overview and undertook a discussion of current and future GME strategies for VA. Highlights included:

- (a) VA's GME Enhancement Initiative is the only significant expansion of GME currently underway to address the Nation's projected physician shortage;
- (b) VA's Resident Education Index that assesses the capacity for clinical training expansion will likely prove to be a significant scholarly and practical contribution to the GME literature;
- (c) VA's opportunity to implement innovative educational programs is significantly enhanced by not being subject to CMS payment regulations;
- (d) VA has unparalleled opportunities for residents to participate in interdisciplinary teams, ambulatory care experiences and chronic disease management models;
- (e) VA has a real opportunity to lead the Nation in developing models of care delivery that simultaneously enhance educational experiences and clinical care; and
- (f) VA's Advanced Fellowships are a unique opportunity for VA to contribute to the development of new disciplines and modes of practice.

The Panel engaged in a general discussion of opportunities for VA to collaborate with the academic community in health care delivery while at the same time enhancing medical education programs. Highlights included:

- (a) VA should take the lead in providing examples of innovative clinical education programs to the wider academic community;
- (b) VA's calculation of indirect education costs should be examined and enhanced if necessary, and the accounting should be made more transparent;
- (c) VA's accounting of educational productivity (and academic productivity, in general) should be examined and enhanced if necessary; and
- (d) Better mutual understanding of school of medicine and VA financial accounting processes will serve to enhance trust and the development of productive strategic alliances.

### **VHA Initiatives in Genomic Medicine**

Dr. Joel Kupersmith, VA's Chief Research and Development Officer, reviewed VA's Genomic Medicine initiative. The mission for VA research is to discover knowledge and create innovations that enhance the care of veterans. The importance and value of VA research are demonstrated by accomplishments such as the first liver transplant, the first workable cardiac pacemaker, and the recognition awarded VA by its three Nobel laureates.

The goals of VA's genomic medicine project are to collect and link genetic information to VA's electronic medical record, to translate knowledge into enhanced clinical care and, ultimately, to personalize medical practice. The linkage of genotypic and phenotypic information can only be done with the full involvement and understanding of veterans themselves. As with all explorations of genomic medicine, ethical issues will be challenging, perhaps most notably guaranteeing patient privacy and handling patient-specific vulnerability data. However, VA has a proven track record of veterans' participation in cooperative studies and clinical trials and has developed mechanisms for consultation with Veteran Service Organizations and other patient groups. VHA's Ethics Office has assisted the Office of Research in assuring that appropriate issues are addressed.

Dr. Kupersmith noted that several large scale projects are currently underway, including cooperative studies that include 25,000 samples on individual veterans, several studies of serious mental illness, and studies of healthy individuals over 85 years old that include over 3,000 samples.

The Panel thanked Dr. Kupersmith for his thorough overview of this exciting research frontier. They complimented VA for this courageous undertaking and recognized VA's unique opportunity to further the nation's future health care knowledge and practice. Panelists identified a number of challenges in public relations and maintaining the trust of veterans which would be critical to the success of the program. VA's special relationship with its enrollees and their past willingness to participate in clinical trials will be a clear advantage. Panelists identified areas for future advancements around issues of informed consent, including:

- (a) Processes to obtain informed consent;
- (b) Development and use of “opt-in” versus “opt-out” mechanisms;
- (c) Development and potential use of group versus personal discussions to obtain consent; and
- (d) Veterans’ generational differences in perspectives and attitudes about their personal health information.

Panelists expressed their support and enthusiasm for VA’s Genomic Medicine initiative and indicated their willingness to support and partner with VA in this potentially transformational program.

### **Public Comment**

There were no public comments.

### **General Discussion**

Dr. Cohen led the Panel in a discussion of next steps for the Panel’s activities. Dr. Cox outlined tentative meeting plans for early April, when it is anticipated that preliminary survey results of the affiliation surveys being undertaken for the Panel will be available. Another Panel meeting will be planned for September 2008.

Dr. Cox reviewed additional materials provided to Panelists on VA’s relationships with schools of medicine and other sponsors of undergraduate and graduate medical education. Panelists discussed potential future partnership structures that might include strategic alliances, not for profit entities, or quasi-public structures similar to Area Health Education Centers (AHECs). Other suggestions included partnerships with private foundations interested in health care or health professions education and university-based public policy programs.

Dr. Cohen provided closing comments and adjourned the meeting at 11:30 am.