

Chapter 15: Research and Academic Affiliations

Contributions to American Health Care

The primary VHA mission is serving the health care needs of the nation's veterans. But VHA has three other statutory missions – medical education, research, and serving in a contingency backup role to the Department of Defense (DoD), coupled with supporting Homeland Security.

The VA was authorized in the post-World War II era to implement involvement in research and medical education in order to attract talented, young medical professionals into the VA system. The arrangement has paid tremendous dividends. Not only has the VA had the benefit of highly skilled medical staff, but also the “side benefit” contributions to the nation at large in research and education have been tremendous.

VA research has produced an array of remarkable medical advances over the years, from the pioneer kidney and liver transplants, and the scientific basis for CT scanning, to more recent, groundbreaking therapies for many types of mental illness. Seventy percent of physicians now practicing in the nation have had some portion of their training in the VA system. The VA health care system also plays a substantial training role throughout the allied health professions.

VA's contingency roles are also of vital importance, both in support of DoD and the Public Health Service during times of disaster or national emergency. Moreover, the VA is one of the nation's principal assets for responding with medical assistance in large-scale national emergencies as part of the Homeland Security network.

This Chapter highlights the following:

- VA Research
- VA's Academic Affiliations
- Relationship of these missions to CARES

Research

VA's research program is one of the largest and most productive in the nation. The Office of Research and Development oversees VA's research in biomedicine, rehabilitation, health services and cooperative studies. With an annual budget of nearly \$400 million and total research dollars of more than \$1 billion, VA research funds more than 5,200 investigators at 113 VA facilities across the country. VA-based investigators are currently conducting more than 17,000 active research projects designed to enhance the health care VHA provides to veterans. Each of the divisions has particular areas of expertise, but the divisions also increasingly work across disciplinary boundaries to maintain focus on improving patient care. In addition, VA's research program seeks to translate knowledge gained through research into practice by ensuring that new information is quickly made available to those who deliver care. Moreover, VHA clinician-investigators provide high quality care to veterans, who, as a

result, have access to experimental drugs and protocols before these ‘cutting-edge’ treatments are available in private or community hospitals.

CARES and Research

Research is considered a CARES non-clinical service in that it does not generate patient workload directly. As such, workload criteria are not appropriate measures of need. To determine the space needed at each facility to support its research program, CARES developed a measure that assigns a dollar value to each square foot of research space, equaling \$150 research dollars per square foot. This ratio was derived from dividing the total VHA research dollars in FY2001 by the total square footage of research space in the same year. This ratio is applied to the projected research funding at each facility to determine space needs in the future.

The National CARES Plan contains more than 20 research leases, new construction, and enhanced use (EU) lease proposals that address one or more of the following situations:

- Space available at VA facilities does not meet VA criteria and is far enough under criteria to warrant replacement rather than renovation;
- Future projections indicate a need for a significant amount of additional research space -- exceeding the amount locally available;
- Community and/or affiliate partnering is proposed to provide and/or share research space.

When research space is slated to decrease in the future, the space is vacated and either made available for other uses or held in reserve. A number of market plans expect a positive impact on research from planning initiatives that expand in-house inpatient and outpatient services; in several situations, research space will be increased through reallocating existing facility space.

Capital costs for research are not included in other cost estimates in the National CARES Plan because research does not generate patient workload directly. Research is a critical part of the VA mission, however, and a summary of capital improvement costs from the VISN Market Plans is presented in Table 15.1.

Table 15.1 Summary of Capital Investments for Research through FY 2022

Capital Investment	Square Feet	Total Cost in Current \$
Renovate Existing Space	828,993	\$87,077,891
New Construction	1,509,417	\$326,267,915
Lease (Build Out Costs)	986,464	\$55,210,164
Enhanced Use	350,400	\$0
Total		\$468,555,970

Academic Affiliations

VA is the largest single provider of health professional training in the world. Currently, 130 VHA facilities have affiliations with 107 of the nation's 126 medical schools and over 1,200 other educational institutions.¹ In FY2002, over 76,000 students received clinical training in VHA facilities. Through these partnerships, almost 28,000 medical residents and 16,000 medical students receive some of their training at VHA medical centers every year. Accounting for approximately nine percent of the Graduate Medical Education (GME) in the United States, VHA supports 8,800 physician resident positions in almost 2,000 residency programs accredited in the name of our university partners². VHA physician faculty members have joint appointments at the university and at VHA, participating in patient care at VHA facilities, supervising students and residents, and conducting research. VHA would have difficulty delivering high quality patient care without the physician staff and residents that are available through these affiliations. Moreover, residents provide much of the direct medical care, including "24/7" coverage of inpatient services, in those VA medical centers with housestaff. From an historical perspective, VHA's affiliations with the nation's medical schools dates from the drafting of Memorandum No. 2, initiated by General Omar Bradley in 1946.

CARES and Academic Affiliations

In general, the CARES Market Plan narratives indicate a preference for maintaining facility-based research programs and academic affiliations, citing the loss of affiliations as one potentially negative impact of contracting and/or inpatient and outpatient service reductions. Only one VISN cited the potential for new affiliations and research through contracting with community facilities.

In the past few years, a number of consolidations of affiliated VA medical centers have occurred with somewhat mixed results. In 2002, the follow-up report of a study of three integrations was published.³ The 'lessons learned' from the study of three VA systems with strong academic affiliations – i.e., VA Chicago Health Care System, VA New York Harbor Healthcare System, and VA Boston Healthcare System – may be summarized as follows (from Section 5.2, "Looking Forward," of the reference cited):

- Staff should to be prepared for a lengthy change and adjustment period that will result from the major organizational change involved in consolidations or integrations.
- Major reorganizations need to be carefully staged and synchronized in order to assure that infrastructure and physical space needs are prepared for the restructuring of clinical services.

¹ Reference: VHA Directive 1400, July 31, 2002. Enabling legislation and basic authority for VHA's conduct of education and training programs are contained in Title 38 U.S. Code Chapters 73 and 81.

² Office of Academic Affairs Web Site, Veterans Health Administration, Department of Veterans Affairs [<http://www.va.gov/oa/default.asp>]

³ Lukas C VD, Camberg L, Taneja LC, Integration of Affiliated VA Medical Centers: Second Report (June 2002; HSR&D Management Decision and Research Center, Boston).

[<http://www.va.gov/resdev/prt/affiliated-integration-2.doc>]

- Although medical center integration is generally undertaken with an expectation of saving money, an initial need for capital investment is required. Buildings must be adapted to new (consolidated) uses, often having increased capacity from their prior status. The savings are to be realized from long-term operational efficiencies.
- Moreover, while the division of inpatient and outpatient care may make conceptual sense, a number of logistic problems are created and encountered – especially when the same staff must work at two divisions of a facility. Studies of patient flow patterns, of staff working relationships, and of transportation issues need to be dealt with in advance as part of the planning efforts.
- Shared leadership of education programs is difficult in practice. Recruitment of faculty (attending physicians) and especially of service line and/or section chiefs often becomes problematic.
- Early and on-going involvement of all affiliates is key in assuring a coordinated planning process. Similar academic standing of the involved affiliates may facilitate collaboration, and unequal standing tends to hinder productive interaction.
- VA's critical missions in research and education should be acknowledged and support of those missions seen as an explicit goal of any integration.

The above-cited study by Dr. Van Deusen Lukas *et al.* also pointed out that, with respect to the integration process⁴:

- All three systems studied reported some success in passing JCAHO review and in achieving operating efficiencies.
- Different approaches to clinical integration were noted in each of the examples. [The authors characterized these as “wait and see” (Chicago), “targeted opportunities” (New York Harbor), and “full consolidation” (Boston).
- Not surprisingly, Boston achieved the most progress, but also faced the greatest challenges in terms of transition issues, timing of moves and restructuring space needs, organizational issues, and external impacts (especially budgetary challenges and lack of initial funding for renovation construction projects).

The authors also noted that, from the standpoint of the academic missions involved, education was more affected than research during facility integrations. The impact on education was largely because of the service-based organization of clinical teaching, which, in the integrated facilities, required some division and/or sharing not only of teaching responsibilities but also of administration (e.g., which affiliate recruits and hires the service chief, how residents are supervised and evaluated in a dual affiliation situation, and how faculty are appointed).

⁴ Lukas, *et al.*, *Op. cit.* “Highlights.”

Summary and Conclusions

VA's missions in health professions' education and medical research continue to be strongly supported by the CARES process. Opportunities for enhancement of research space have been identified. With respect to education, research done by the HSR&D Management Decision and Research Center points out that tertiary facility consolidations and integrations may be successfully accomplished. However, the process is a complicated and difficult undertaking. Integration is subject to a number of key factors that require the on-going participation of the academic affiliates in the transition to an integrated facility management. Facility consolidations require an initial, up front capital investment to reconfigure space in order to achieve long-term operational efficiencies. The most successful examples are those in which the involved academic affiliates are active participants in the planning for the new organizational structures.

Please refer to Chapter 9, Proximity and Campus Realignments, for information on the proposed resolution of Proximity Planning Initiatives that may involve consolidation of services. As VA moves forward with the implementation process, recognition and continued attention to its academic mission (research and education) and partners (academic affiliates) will ensure a smoother transition in the proposed consolidations and the maintenance of high quality care to veterans.