



VA-  
Academic & Funding Partner  
for GME Expansion in  
Rural & Underserved areas  
RTT Collaborative, 2019

**Edward T. Bope, MD**  
**Director of GME Expansion**

**Office of Academic Affiliations**  
**Veterans Health Administration**

# What is the VHA Mission?



*Honor America's Veterans by providing exceptional health care that improves their health and well-being.*

# Veterans Health Administration

## Scope

- Largest integrated health system in the U.S.
  - Single payer system
  - Patient Centered Medical Home model
  - Full service
    - 800+ Community Based Outpatient Clinics
    - 152 VAMC/hospitals
    - Community Living Centers (nursing facilities)
    - 42,000 Physicians

# Education is one of VA's 4 Statutory Missions (38 USC 7302)

(a) ... **in order to assist in providing an adequate supply of health personnel to the Nation**, the Secretary— 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;**

# Medical Education Scope

- OAA GME support:
  - 11,000 positions
  - Over 43,000 individual residents
- 24,000 medical students receive clinical training in VA each year
- Almost all programs sponsored outside of VA through Affiliation Agreements (3 exceptions)

## Scope of Affiliations (AY2016-17)

- 144 of 149 allopathic medical schools
- 34 of 34 osteopathic medical schools
- 40+ health professions
  - 1,800+ colleges and universities
  - 7,200+ program agreements



# Veterans Access, Choice, & Accountability Act (VACAA)

- PL 113-146: Enacted by Congress & signed by the President on August 7, 2014 – Section 301(b)
  - Provision to expand VA GME by “up to 1,500 positions” over 5 years beginning 1 year after signing. Now extended to 10 years
  - Funding priorities defined in law

# VACAA GME Expansion at 5 Years By the Numbers

## VACAA Data by # positions

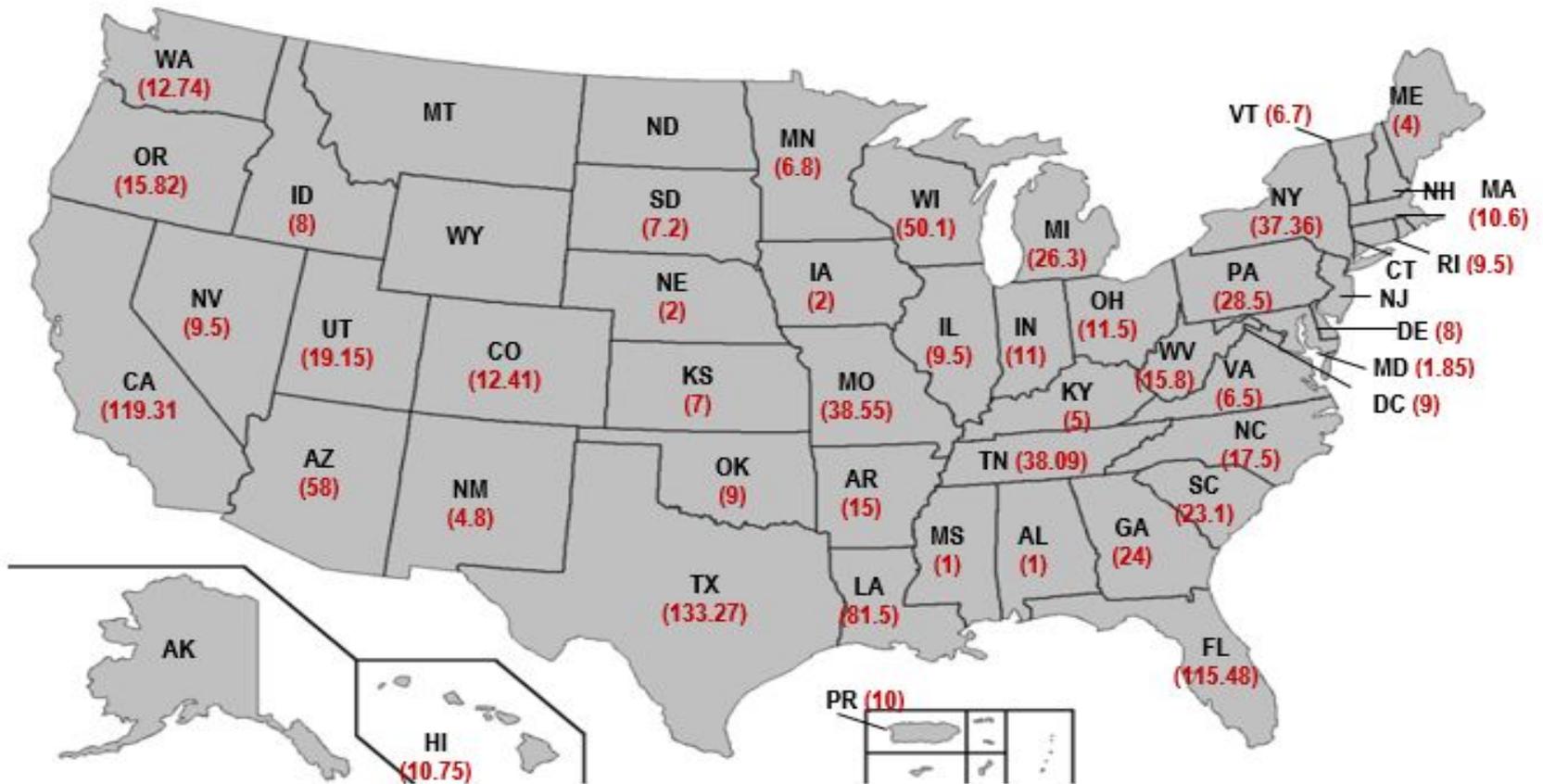
VACAA GME Initiative through 5th Round	Approved Positions					<i>Cumulative</i>
	<i>Round 1</i>	<i>Round 2</i>	<i>Round 3</i>	<i>Round 4</i>	<i>Round 5</i>	<i>5-yr Totals</i>
Primary Care	102.4	62.2	70.7	114.1	93.8	443.2
Mental Health	57.8	38.2	40.4	31.2	61.5	229.1
Critical Needs- other Specialties	44.0	67.6	64.1	80.8	126.5	383.0
<i>Total positions by year</i>	<b>204.2</b>	<b>168.0</b>	<b>175.2</b>	<b>226.1</b>	<b>281.8</b>	<b>1055.3</b>
<b>Total VACAA Positions Approved</b>						<b>1055.3</b>

# Challenges

## VACAA GME Expansion by Target

VACAA GME Initiative through 5th Round	Approved Positions					Cumulative
	Round 1	Round 2	Round 3	Round 4	Round 5	5-yr Totals
Rural Positions (self-designated sites)	18.7	21.5	15.0	10.6	1.7	67.5
Family Medicine Positions	19.9	7.3	19.5	38.9	16.1	101.7
Osteopathic Positions	15.7	1.0	4.3	15.5	20.4	53.6

# Map of Positions Awarded



# Additional Points of Interest

- 2/3 of the VACAA positions have now been awarded
- 64% of VACAA positions have been awarded to primary care and mental health meeting two of the priorities of VACAA
- A total of 53.6 positions have gone to clearly DO granting schools, residency sponsors or consortiums meaning that between 200 and 650 new osteopathic residents could now have experience working at a VAMC.
- Family Medicine has been increased by 102 positions which could impact 400 to 1200 individual residents
- We are drilling down on the number of positions given to rural areas but confounders have been the definitions of rural and that some VAMCs have both rural and urban coverage.

# The VA MISSION Act of 2018

- Named for John McCain, Daniel Akaka, and Samuel Johnson-became PL 115-182 on 6/6/18. **VA Maintaining Internal Systems and Strengthening Integrated Outside Networks**



# VA MISSION Act of 2018

- The VA MISSION Act of 2018 will fundamentally transform elements of the VA health care system, fulfilling the President's commitment to help Veterans live a healthy and fulfilling life. It was signed into law by the President on June 6, 2018.
- Our transformed health care system will:
  - **Ensure easy and reliable access to care** when Veterans need it.
  - **Provide exceptional care to Veterans** anytime, anywhere.
  - **Serve as a trusted, caring partner**, helping Veterans and their families be healthy and well.

# The VA MISSION Act

- Title I: Healthcare Delivery
- Title II: VA Asset and Infrastructure Review
- **Title III:** Improvements to Recruitment of Health Care Professionals
- **Title IV:** Health Care in Underserved Areas
- Title V: Other Matters

# VA MISSION Act: Four Pillars



Consolidate  
VA's  
community  
care programs



Expand  
eligibility for  
the Caregivers  
Program to all  
service eras



Align VA's  
infrastructure  
footprint with the  
needs of our  
nation's Veterans



Recruit and  
retain quality  
health care  
professionals

# Caring for Our Veterans (Developing an Integrated High Performing Network)

- Establish Community Care Programs.
- Establish Access standards and standards for quality.
- Prompt payment to providers.
- Authorization to provide for operations on live donors for purposes of conducting transplant procedures for Veterans.
- Licensure of healthcare professionals providing treatment via telemedicine.
- Competency standards & Continuing education requirements for non-Department medical professionals.
- Expansion of Family Caregiver Program
- Establish a “Center for Innovation for Care and Payment” allowing VHA to innovate through the use of pilot programs that can be extended or modified as needed to improve quality of, and/or access to care, or cost savings.

# The VA MISSION Act- Title II

## Asset and Infrastructure Review

- Establishment of an independent commission composed of 9 members appointed by the President, by and with the advice and consent of the Senate.
- Not later than January 31, 2023, transmit to the President. A report containing the Commission's findings and conclusions based on a review and analysis of the recommendations made by the Secretary, together with the Commission's recommendations for modernizations and realignments of facilities of VHA.
- The Secretary shall begin to implement the recommended modernizations and realignments in the report not later than 3 years after the date on which the President transmits such report to Congress.

# The VA MISSION Act Title III

## Improvements to the recruitment of health care professionals

- 301 -Scholarships for physicians & dentists
  - Provide the participant with a scholarship (from 2-4 years).
  - The participant agrees to serve as a full-time VHA employee of 18 months for each year or part thereof for which the scholarship was provided.
  - The Secretary shall insure that **not less than** 50 scholarships are awarded each year to individuals accepted for enrollment until the staffing shortage of physicians and dentists is less than 500. After such date , an amount equal to **not less than** 10% of the physician and dentist staffing shortage in VHA.
  - Title is extended till December 31, 2033

# The VA MISSION Act Title III

## Improvements to the recruitment of health care professionals

- 302 Increase in Maximum Debt reduced under Education Debt Reduction Program
  - Allows higher total limits for established program by striking \$120,000 (total amount) and inserting \$200,000.
  - Increases annual limit by striking \$24,000 and inserting \$40,000.
  - The Secretary shall consider the types of medical professionals in greatest demand and projections needed to meet the needs of veterans.

# The VA MISSION Act Title III

## Improvements to the recruitment of health care professionals

- 303 -Specialty Education Loan Repayment
  - For MD/DO graduates of accredited medical schools matched to accredited residency programs with more than 2 years remaining in such training.
  - Preferences –Veterans & Individuals participating in rural training programs, those affiliated with Indian tribes, tribal health, IHS, or underserved VHA facilities.
  - Pays education debt \$40,000/year for each year served in VHA after training up to \$160,000. May select from a list of VAs provided by the Secretary.

# The VA MISSION Act Title III

## Improvements to the recruitment of health care professionals

- 304 - Veterans Healing Veterans Medical Access and Scholarship Program
  - Pilot program under which the Secretary provides full funding for the medical education of 18 eligible veterans at covered medical schools (tuition, stipend, books, fees, equipment, 2 away rotations in 4<sup>th</sup> year at a VHA facility).
  - Two full scholarship positions per class in each of the 4 HBCUs and 5 “Teague Cranston” medical schools.
  - Funding awarded to the two eligible veterans with the highest admission ranking from each of the covered schools. Veterans shall have been discharged from the Armed Forces not more than 10 years before the date of the application for admission.

# Teague-Cranston HBCU

1. Texas A&M College of Medicine
  2. Quillen College of Medicine at East Tennessee State University
  3. Boonshoft School of Medicine at Wright State University
  4. Edwards School of Medicine at Marshall University
  5. The University of South Carolina School of Medicine
1. Drew University of Medicine and Science
  2. Howard University of Medicine
  3. Meharry Medical College
  4. Morehouse School of Medicine

# The VA MISSION Act - Title IV

## Healthcare in Underserved Areas

- 401 – Development of Criteria for Designation of Underserved VA Facilities...considering:
  - Ratio of veterans to health care providers including a separate ratio for primary care and specialists.
  - Range of clinical specialties available.
  - The type, number, and age of open consults.
  - Whether the facility is meeting wait time goals.
  - Other criteria as determined by the Secretary.

# The VA MISSION Act - Title IV

## Healthcare in Underserved Areas

- Secretary shall submit annual plan to Congress to address the problem of underserved facilities. Plan shall address:
  - Increasing personnel or temporary personnel assistance including mobile deployment teams. (Sect 402)
  - Providing special hiring incentives.
  - Using direct hiring authority.
  - Improving training opportunities for staff
  - Other actions as the Secretary considers appropriate

# The VA MISSION Act - Title IV

## Healthcare in Underserved Areas

- 403(a) Pilot program on Graduate Medical Education and Residency using positions authorized under VACAA at covered facilities. At least 100 residents (from VACAA FTE) to be placed in a “covered” facility (highest priority sites bold).
  - **Indian Health Service**
  - **Tribal health care organizations**
  - **Communities of underserved VA facilities**
  - DoD facilities with proximity/connections to above facilities
  - Federally Qualified Healthcare Centers

# The VA MISSION Act - Title IV

## Healthcare in Underserved Areas

- 403(b) If a covered facility establishes a new residency program in which the Secretary places a resident under the pilot program, the Secretary shall reimburse that covered facility for costs of the following:
  - Curriculum development.
  - Recruitment and retention of faculty.
  - Accreditation of program by ACGME
  - The portion of faculty salaries attributable to duties under the agreement
  - Expenses related to educating a resident under the pilot program.

# Additional Areas

## Healthcare in Underserved Areas

### **Background:**

- Title IV of the VA MISSION Act of 2018 requires VA to identify and provide support to medically underserved populations and the facilities in which they are enrolled.

### **Deliverables:**

- Establish criteria to designate which facilities are underserved, and within each facility, which clinical areas are underserved.
- Annual Veteran Integrated Service Network (VISN) analysis of underserved facilities.
- Annual report to Congress of plan to address underserved facilities.

# The VA MISSION Act - Title V

## Other Matters

- Appropriates \$5.2 billion to be deposited in the Veterans Choice Fund (section 510)
- Aligns podiatry with other physicians (in leadership opportunities and pay)
- Incorporates peer specialists into PACT Teams
- Allows pilot for medical scribes
- Modifies definitions of major and minor construction projects.

# Caring for Veterans

## Sub-section A – Community Care

### Chapter 1: Community Care Programs

(Sections 101-109)

- Establishment of a new Veterans Community Care Program with authorization of agreements between VA and Non-VA providers
- Conforming amendments for State Veterans homes
- Access to walk-in care and remediation of Medical Service Lines

### Chapter 2: Paying Providers & Improving Collections

(Sections 111-114)

- Electronic processing of claims and prompt payment to providers
- Authority to pay for authorized care not subject to an agreement and improved cost recovery for non-service connected disabilities

### Chapter 3: Education & Training Programs

(Sections 121-123)

- Education program on health care option
- Training program for administration of non-VA health care
- Continuing medical education for non-VA medical professionals

## Sub-section B – Telehealth, Care and Payment, Live Organ Donors

(Sections 151-153)

- Licensure of VA health care professionals providing treatment via telemedicine
- Authority of VA Center for Innovation for Care and Payment
- Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans

### Chapter 4: Other Matters – Non-VA Providers

(Sections 131-134)

- Safe opioid prescribing practices by non-VA providers and prescription drug monitoring programs
- Improved communication and engagement with community providers
- Competency standards for non-VA providers

### Chapter 5: Other Non-VA Health Related Matters

(Sections 141-144)

- Veterans Choice Fund flexibility to pay at non-department facilities
- Sunset of Veterans Choice Program to consolidate and create a Veterans Community Care Program

## Sub-section C – Caregivers

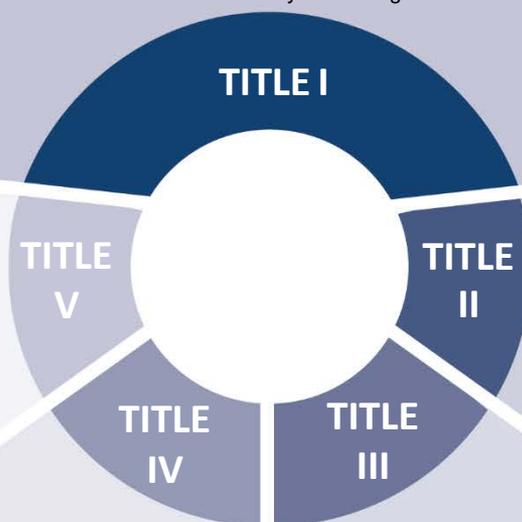
(Sections 161-163)

- Expansion of VA Program of Comprehensive Assistance for Family Caregivers
- IT system to assess and improve the caregiver program
- Modifications to annual evaluation report on VA caregiver program

## Other Matters

(Sections 501-512)

- Authorization of major medical facility projects in Livermore, CA
- Extension of reduced VA pension for certain veterans covered by Medicaid plans for services furnished by nursing facilities
- Peer specialists in Patient Aligned Care Team (PACT) settings, VA medical scribe pilot program, technical corrections, and budgetary effects



## Health Care in Underserved Areas

(Sections 401-403)

- Development of criteria for designation of underserved VA facilities
- Pilot program for medical deployment teams to underserved facilities
- Pilot program on graduate medical education and residency

## Improvements to Recruitment of Health Care Professionals

(Sections 301-306)

- Veterans healing Veterans medical access and scholarship program
- VA Health Professional Scholarship program for physicians and dentists
- Establish VA Specialty Education Loan Repayment program

## Asset and Infrastructure Review Act

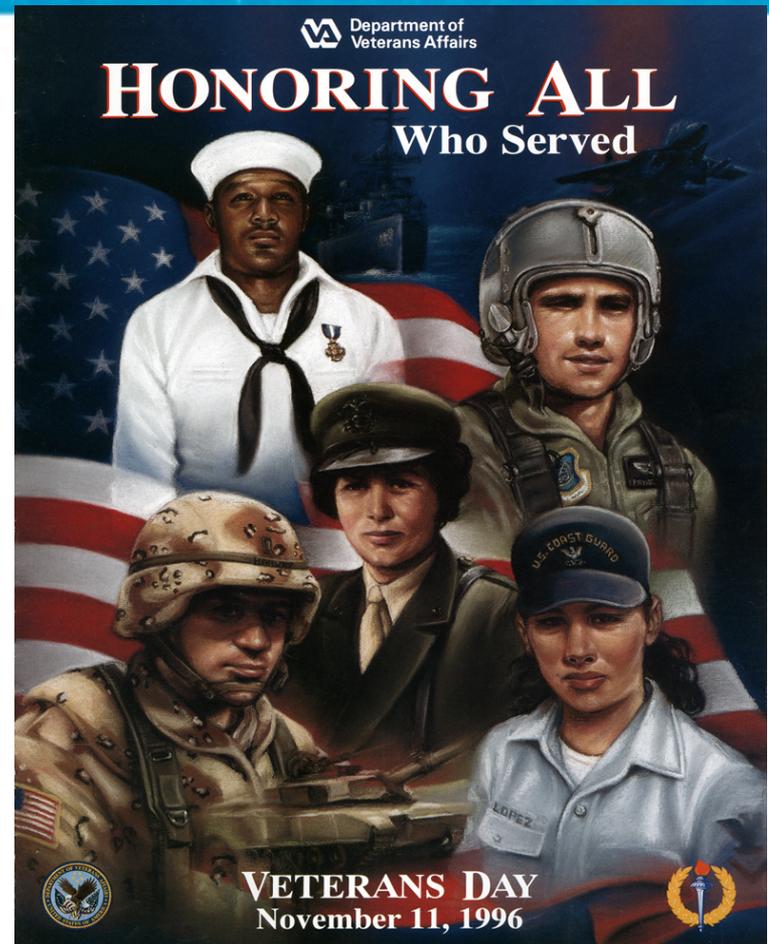
(Sections 201-213)

- Establish the Asset and Infrastructure Review (AIR) Commission to modernize and realign VHA facilities
- Review of enhanced use leases
- Assess health care in Pacific territories

*\* This is a high-level overview. Subsections to the provision, sub-owners and cooperating offices are not listed. For detailed information, please see the MISSION crosswalk on Share Point at [https://vwww.vashare.vha.va.gov/sites/LIT/MISSION\\_Act/layouts/15/start.aspx](https://vwww.vashare.vha.va.gov/sites/LIT/MISSION_Act/layouts/15/start.aspx)*

# What's Next for the VA MISSION Act?

- Regulations need to be established- this is usually an 18-24 month process.
- Should bring VA more flexibility to work with other government partners when enacted.
- Enactment is dependent on federal funding.



## More OAA Rural Action

- In collaboration with the Office of Rural Health we are developing a faculty development program targeting VA sites new to interprofessional medical education



# 58 NO/LOW GME SITES

Alexandria, LA	Clarksburg, WV	Los Angeles ACC, CA	Roseburg, OR
Altoona, PA	Columbus, OH	Leavenworth, KS	Saginaw, MI
Anchorage, AK	Danville, IL	Manchester, NH	Sheridan, WY
Asheville, NC	Dublin, GA	Marion, IN	Sioux Falls, SD
Bath, NY	El Paso VA HCS	Marion, IL	Spokane, WA
Battle Creek, MI	Erie, PA	Martinsburg, WV	St. Cloud, MN
Beckley, WV	Fayetteville, AR	Miles City, MT	Togus, ME
Bedford, MA	Fayetteville, NC	Montgomery, AL	Tomah, WI
Big Spring, TX	Fort Harrison, MT	Montrose/ Castle Point, NY	Topeka, KS
Biloxi, MS	Ft. Meade (Black Hills), SD	Muskogee, OK	Tuscaloosa, AL
Butler, PA	Ft. Wayne, IN	Newington, CT	Walla Walla, WA
Canandaigua, NY	Grand Junction, CO	Northampton, MA	White City, OR
Cheyenne, WY	Harlingen, TX	Orlando, FL	Wilkes-Barre, PA
Chillicothe, OH	Iron Mountain, MI	Poplar Bluff, MO	
Coatesville, PA	Lyons, NJ	Prescott, N. Arizona	

# PARTICIPATION

- 1-2 clinical educators from any clinical profession from each qualified site
- At least 10% protected time for participation
- Program to last 2 years beginning Fall 2019

## Contact Information

- Edward Bope MD
  - **Edward.Bope@va.gov**
- Anthony Albanese MD
  - **Anthony.Albanese@va.gov**



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)