

S T A T E M E N T

Of The



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On

VA-Academic Affiliations and the CARES Program

Presented by

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Before the

VA CARES Commission

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Thank you for inviting me to testify before the Commission this afternoon. I am Dr. Jordan Cohen, President of the Association of American Medical Colleges. The AAMC represents the nation's 126 medical schools, some 400 major teaching hospitals and health systems – including over 70 VA medical centers –, 92 academic and scientific societies representing nearly 100,000 faculty, and the nation's medical students and residents. One hundred seven of the AAMC's member medical schools maintain formal affiliation agreements with a VA facility. These affiliations are vital to the missions of both the medical school and the VA partners.

First, let me state on behalf of all academic affiliates that we are deeply invested in the VA health care system and therefore in the CARES process. Since the affiliation agreements began in 1946, the VA health care system and the affiliated medical schools have been intimately linked. This relationship, by all counts, has been mutually beneficial with VA gaining access to a higher standard of medical care than could be offered with a wholly full-time VA medical service, and with the affiliated medical schools gaining additional opportunities for medical education and research. The VA maintains approximately 8,600 full-time residency positions, and is the nation's largest provider of graduate medical education. However, that figure alone does not illustrate the full impact of the VA on academic medicine. Over 30,000 medical residents rotate through the VA system every year, in addition to over 20,000 medical students. And these figures do not even begin to address the other types of health professionals that provide services to, and receive educational training from, the VA.

The recruitment of promising individuals to join a medical school faculty is often made possible only by the potential for a joint position at the VA. By accepting a joint appointment, individuals are eligible to apply for VA research funding. The VA also uses the joint appointment process as a recruiting tool, offering the prestige of an academic appointment as incentive for providing care at the VA. In fact, approximately 70 percent of VA faculty members have joint academic appointments, and some deans report the level of joint appointment at their affiliations is over 90 percent. In addition to those with formal employment agreements, many full-time medical school faculty members maintain Without Compensation (WOC) appointments at the VA, which allows them to see and admit patients, as well as educate medical students and residents. Through such arrangements, the VA gains access to a full range of medical specialties and expertise that is only available at an academic health center. In addition, interns and residents, supervised by attending physicians, participate in the care of countless veterans at VA medical centers.

While many VA medical centers rely on jointly appointed medical school faculty and residents to provide top quality care to veterans, medical schools rely on the VA for unique training opportunities. As I mentioned before, approximately half the nation's medical students spend some of their time training in the VA, and the VA is the nation's single largest supporter of graduate medical education (GME) – the education of medical residents. Given that the CARES Draft National Plan addresses closure and realignment of certain facilities and shifting of certain service lines from one facility to another, GME program directors are understandably concerned about the need to find other locations to place their residents. If service lines are to be moved, the effects on patients, faculty, residents, students and other support staff must be taken into account. For example, even moving inpatient services across town may make it impossible for attending faculty and even residents to move from

hospital to hospital, thereby reducing coverage and quality of care. Other providers, particularly in urban settings, may choose to leave the system if commuting becomes too burdensome. Movement of service can even affect undergraduate medical education, as significant numbers of medical students take required rotations and clerkships at VA hospitals.

I have heard reports that participation by medical school deans at the various CARES Commission meetings across the country has been limited. However, I would ask you to take that as a positive sign that many medical school deans are generally pleased with the draft recommendations. In fact, many have expressed to me that they have felt a part of the planning process from the beginning and are comfortable that their concerns have been heard. However, as I stated when I spoke to the Commission in April, if you've seen one medical school, you've seen one medical school, and the same applies to VA academic affiliations. Each is characterized by unique geographical, physical, financial and personal factors that frame the affiliation agreement. Medical school deans, as I am sure you know, are not likely to bite their tongues when their programs are being challenged. Therefore, in areas where the deans have felt their concerns were not being adequately addressed, such as Boston and New York, they have offered testimony to the Commission.

Across the country, the CARES National Plan has generated both positive and negative responses; however, from what I have heard, the reaction has been more positive than otherwise. For example, I know in Pittsburgh, the medical school was pleased to see the recommendation to move behavioral health services closer to the affiliate. In Providence, plans to expand both inpatient and outpatient facilities have been viewed positively by Brown University School of Medicine; and at the Wake Forest University School of Medicine, your recommendations are seen as strengthening the VA affiliation. However, as you know, there have also been negative reactions, particularly from Boston University School of Medicine and New York University School of Medicine. Some deans feel that the recommendations to move some service lines have not taken fully into account the negative effects on their education and research programs. In the words of some, carrying out certain recommendations could destroy decades-long mutually beneficial agreements. I needn't go into the details, as you've already heard their comments. I would urge you, however, to give serious consideration to these types of concerns before finalizing your recommendations.

As the Commission and VA go forward with the CARES process, the resulting recommendations will inevitably impact the affiliates because of the many facilities and faculty that are shared between the two partners. Without getting into specific examples, I think it is fair to say that there has been an underlying skepticism among the medical school deans about whether the education and research missions of the VA are being given adequate attention in the process. While the AAMC clearly recognizes that patient care is the core mission of the VA health care system, we also know that the high-quality health care delivered by the system would not be possible without vibrant education and research missions. Indeed, the education and research programs carried out in partnership with its academic affiliates are, in our view, indispensable for maintaining the VA as one of the best health care systems in the world. In commenting on the CARES process in the past and now, the AAMC has asked only that the effects of all recommendations be fully scrutinized for potential unintended consequences on the education and research programs, not just with respect to facilities, but also with respect to the physicians, residents,

students and other individuals on whom the VA depends for quality care. While the VA leadership has been very receptive to the AAMC's concerns in this area, as the initiative expands nationwide some deans remain quite wary.

The AAMC is deeply committed to the fundamental core relationship between the VA and academic medicine. The Association would welcome a statement from the Commission ratifying the overarching benefits and value of a close working affiliation relationship. As the Commission moves forward with the development of your final recommendations, and VA moves to implement them, it is vitally important that the full effects of the recommendations on vital joint programs be included in the decision making process.