The VA and Academic Medicine: Partners in Health Care, Training, and Research

The nation’s medical schools and teaching hospitals have an unwavering commitment to those who have so bravely served this country. Academic medicine’s partnership with the Department of Veterans Affairs (VA) dates back to the end of World War II when the VA faced a severe shortage of physicians. Nearly 16 million men and women returned from War World II, many with injuries and illness that would require health care for the rest of their lives. At the same time, many physicians were returning from the war without having completed residency training.

The solution was VA-academic affiliations established under VA Policy Memorandum No. 2., making the VA an integral part of residency training for the nation’s physicians. In 2013, more than 35 percent of resident physicians received clinical training at a VA facility, and many medical school faculty members also provide care at these centers. What started as a simple idea in a time of great need has developed into an unprecedented private-public partnership grounded in our shared missions of education, patient care, and research.

Medical Education
- Currently, 127 VA facilities have affiliation agreements for physician training with 130 of the 141 U.S. medical schools.
- Nearly 119,000 unique health professions trainees spent some or all of their clinical training in VA medical facilities in 2013.1
- Sixty percent of physicians rotate through the VA for some portion of their training.
- In 2013, 21,541 medical students and 40,420 medical residents conducted some of their training at VA medical centers.1
- The VA sponsors approximately 10 percent of graduate medical education trainee positions and is the largest provider of health care training in the United States.
- In 2011, more than 100 medical schools signed onto Joining Forces, a White House initiative that aims to improve the health of service members, veterans, and their families. As part of this effort, medical schools are updating curricula, sponsoring research to improve the treatments of common battlefield injuries, and increasing awareness of military cultural competency.

Clinical Care
- In FY 2011, 70 percent of VA physicians (20,527) had a faculty appointment at a U.S. medical school.2
- In FY 2012, AAMC-member VA teaching hospitals (37 percent of all VA hospitals) accounted for 50 percent of the total admissions at all VA hospitals, 51 percent of the total inpatient days, and 49 percent of the emergency visits. They also performed 41 percent of the total surgeries at VA hospitals.3
- In FY 2007, the Veterans Health Administration reported 669 noncompetitive clinical sharing agreements (i.e., sole source contracts) with affiliated institutions, including medical schools and teaching hospitals, to provide care for veterans outside of the VA valued at $575 million.4

Research
With an annual budget of nearly $590 million,5 the VA Office of Research and Development sponsors veteran-centric research on numerous topics, including post-traumatic stress disorder, traumatic brain injury, and prosthetics. Many VA researchers have joint appointments at VA hospitals and medical schools. Recent studies include:
- Sophisticated VA-invented eye-tracking tests to determine a method that could provide physicians with a simpler and more accurate way to diagnose Parkinson’s disease.
- A recent VA-sponsored trial for a drug that provided relief for veterans from Operations Iraqi Freedom, Enduring Freedom, and New Dawn who were suffering from nightmares.
- The Million Veteran Program, which was launched in 2011 to recruit a million veterans to collect data on genetics, lifestyle, and health. This information will help clinicians better understand how genetic factors contribute to conditions like post-traumatic stress disorder and traumatic brain injury.


2 Annual Report of Residency Training Programs (ARRTP) database, estimate provided by the VA Office of Academic Associations (OAA)
3 AAMC Data Book: Medical Schools and Teaching Hospitals by the Numbers
4 2008 Office of Inspector General (OIG) Audit of VHA Noncompetitive Clinical Sharing Agreements
Challenges Facing VA Facilities

• The nation faces a physician shortage projected at more than 91,000 physicians, split evenly between primary care providers and specialists, by the end of the decade. According to numerous sources including the VA, Congressional leaders, and the GAO, this nationwide physician shortage is a key driver behind the emerging health care access issues in the VA health system and making it difficult for VA hospitals to fill physician vacancies.

• Physician shortages affect all Americans, and the first to feel the impact are the most vulnerable populations. A number of patient communities, including veterans, increasingly struggle with unreliable access to physician services. These patients with chronic or acute physical and psychosocial needs require more frequent and complex care. The many veterans who have recently served in Afghanistan and Iraq are returning with unique and often complicated health care needs related to their military experiences.

• Also contributing to the physician shortage is the aging of the veteran population and the nation’s population in general. As they grow older, they need more age-related (and more frequent) specialty and primary care services.

Addressing the VA Physician Shortage Requires Investing in Both VA and Medicare Graduate Medical Education (GME)

• Just as Medicare GME supports Medicare’s share of training costs at institutions that care for Medicare beneficiaries, VA GME supports residency training programs based at VA medical centers. However, most VA residency programs do not operate independently. They rely upon the existing administrative and training infrastructure maintained by the nation’s medical schools and teaching hospitals.

  ✓ To assure that VA-based residents receive the highest quality training possible, they need diverse and supervised experiences in a variety of clinical settings. This includes training experiences at the nation’s teaching hospitals and the multispecialty practices run by the nation’s medical schools.

  ✓ Some VA-based training programs might not be located near a medical school or teaching hospital, making it difficult to provide adequate levels of supervising faculty. Additionally, it might be difficult to place residents in VA facilities for portions of their training if those facilities are so far away that the resident must be relocated for a period of time.

• For these reasons, solely increasing VA GME funding will not resolve the VA physician shortage. To enable training programs to expand sufficiently to address the VA and nationwide physician shortages, Congress must pass Medicare GME expansion legislation to train an additional 3,000 residents each year (H.R. 1180, H.R. 1201, and S. 577).

• This legislation would provide teaching hospitals with the resources necessary to increase the number of residents they are training. It also will strengthen the infrastructure and staffing necessary to expand the number of VA residency rotations. In partnership, expanded Medicare and VA GME support can address the needs of veterans and of the nation as a whole.

• Simply increasing VA GME funding will not address the VA crisis, and without a corresponding increase in Medicare GME support, VA medical centers will be unable to capitalize fully on increases in VA GME funding.