Academic Medical Centers and VA Partnerships: 101 Webinar

Quick Links: Webinar Resources

- VA Handbooks
- VHA Publications
- Disbursement Agreements
- Contact the VA: gmehelp@va.gov

Questions and answers:

1. **How is effort reported when a physician is employed by both the VAMC, and an institution? Can he/she be employed full time at the institution and be greater than 1/8, or 2/8 at the VAMC?**

   Academic institutions often consider the work week to be 60-65 hours, while VA's work week is set at 40 hours. A VA provider may work up to 40 hours at the VA and still have time available to support affiliate needs. As long as an employed physician reliably works his or her assigned tour of duty at the VA, VA does not have an interest in knowing what other employment the provider has outside of VA, affiliate or not. This answer is different for research activities, where NIH rules may apply, and effort reporting is more complex.

2. **How would Academic Medical Centers promote their partnerships with the VA at the academic affiliate, specifically around education and research?**

   Establishing a robust Affiliation Partnership Council (APC) is one mechanism to strengthen VA/Affiliate partnerships. Subcommittees of the APC could be created for the clinical, education, and research missions. VA faculty and leadership should be invited to participate in other regular meetings (e.g. VA Designated Education Officer attends each Graduate Medical Education Committee Meeting). Regular meetings and frequent communication are the foundation of a strong partnership (e.g. the Designated Education Officer at the VA should meet with the GME Office at the Affiliate to discuss GME position planning/activity reporting frequently).

3. **What is the difference between the typical GME agreements, and the psychology program consortium agreements, and why should an institution participate as part of a consortium?**

   The vast majority of VA Psychology Doctoral Internships and Postdoctoral Residencies are sponsored by and accredited in the name of a VA facility. The attraction of a consortium includes: association with a well-known academic institution which may help with recruitment of trainees and expanding the training opportunities to include populations not served by VA (e.g. children). There is legal authority for disbursement agreements for GME programs, but not for associated health education at this time. Consortium agreements require review by the Office of General Counsel (OGC). The OAA Associated Health Education section has expertise and can

provide advice on specific questions related to consortium agreements for disciplines other than GME.

4. **How will the VA support the ACGME recognized 'work from home' concept?**

   Currently Handbook 1400.05 prohibits VA reimbursement for home call unless the resident physician physically comes in to the VA. If ACGME requirements and VA needs change, this policy will be reassessed as appropriate.

5. **Is there a way that the affiliate can be reimbursed for educational costs outside of resident stipends? If yes, what is the process?**

   VHA Handbook 1400.10 (Educational Cost Contracting - ECC) allows additional expenses such as pagers/cell phones, in service exams, simulation, and accreditation fees. These ECC are paid using local VA facility (and not centrally directed) funds. There are limitations per policy for ECCs and certain items cannot be covered such as: Licensing fees, Licensing examination (e.g., United States Medical Licensing Exam (USMLE)) fees or registration, Board certification examination fees, Malpractice insurance, Administrative expenses (e.g., for program directors or program coordinators, GME office staff, and office supplies, Recruitment or orientation expenses that involve meals, travel, or entertainment, and Faculty salaries or benefits. Educational Cost Contracts are subject to local VA funding availability and, therefore, not administered universally at all VAs.

6. **Is the disbursement agreement completed annually with the rate schedule, or every 10 years?**

   Disbursement agreements do not need to be completed annually. They should be updated at least every 10 years. Rate schedules must be submitted annually, and may be submitted more than once a year as costs change. Some facilities choose to update disbursement agreements sooner than 10 years. VAs use Office of General Counsel reviewed OAA disbursement templates. Links to these forms and rate schedule templates can be found on page 13 of VA Handbook 1400.05.

7. **To get residents to rotate at the VA is a huge administrative burden. How do we change the law to allow for some of the administrative support?**

   While onboarding requirements for physician residents are challenging, there are significant benefits both to the learners and the Veterans. VA trains health professionals for VA and the Nation. In this way, health professional trainees are comfortable caring for Veterans inside and outside VA. VA funds over $900 million dollars for health professions education within the VA system itself (GME and all other disciplines) and also funds an equivalent amount that goes to the training infrastructure within VA, including faculty protected time, training space, and education office staffing. Educational cost contracts are an additional mechanism for reimbursing certain direct costs of residency training back to an affiliate.

8. **Would the Choice program create challenges for GME in both cost and quality of training?**

   The Choice program currently allows Veterans to receive care outside of VA if waiting times are long, or distance to VA a burden to the Veteran. Changes to the Choice Program may occur in the future, and it is unknown if these waiting times/distance rules will continue to apply. Depending on the volume and type of services that are outsourced to the private sector, changes may occur in VA's portfolio of training programs.

9. **If the VA site director is appointed as PD will VA pay their salary?**

   The salaries of the Program Director (PD) and/or Associate Program Director (APD) are usually paid by the sponsor of the residency program. However, if a faculty member at the VA is the most appropriate choice for Program Director, a negotiation must take place between the affiliate and the VA. Some duties may be paid for by the VA (oversight of VA rotations such as through the role of the Site Director), and other program duties should be reimbursed by the affiliate. The VA may use a "sole source selling contract" to have the affiliate buy some of the VA faculty time for program oversight duties or the faculty member could be in a shared faculty status and still be based physically at VA.

10. **Emergency Medicine residents work 12 hours a day. Can that be billed as 1.5 days since 8 hours is a typical day?**

    The VA uses the model of days and half days not hours to calculate resident time. In the case described above, this 12 hour shift should be credited for 1 shift/day. It should be noted if an ER resident is assigned fully to the VA and nowhere else and they complete an appropriate number of "12 hour shifts" (e.g. 16), they may receive credit for working the entire month. Therefore, it is critical to define the criteria/shifts/days for an acceptable "rotation" by the Site Director and Program Director.

11. **Many of our residents drive over an hour to get to our VA. Can travel over 60 miles be a benefit?**

    Yes the physician residents can receive reimbursement for travel when they travel more than the typical commuting distance. Usually the typical commuting distance is approximately 50 miles or less.

    > Per Directive 1400.09 (page 36):
    > For residents paid under a disbursement agreement and assigned to a VA CBOC or Other Rural or Remote Facility, or for Training Essential to VA Duties. Residents are eligible for "invitational travel," which is authorized travel of individuals who are not paid directly by VA when they are acting in a capacity that is directly related to, or in connection with, official VA activities. Travel allowances authorized for such an "invitational traveler" are the same as those normally authorized for employees in connection with temporary duty. See VA Financial Policies and Procedures, Travel Administration, XIV, Ch 1, Appx G,

http://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIVChapter01.pdf.

Such travel may be used to cover the estimated expenses of those residents who are assigned to a VA CBOC or other approved VA rural or remote clinical site that is outside the normal "designated commuting area" of the teaching hospital or medical/dental school. Invitational travel may also be used for travel expenses associated with training at an off-site location or other travel related to VA duties.

12. Can you speak to VA funding for non-clinical activities in GME programs, such as recruitment, lab coats, text books? In our program, 29 FTEs are funded through the VA, but no administrative support is provided. Are there examples of admin support for GME programs? Specifically, a program coordinator and Associate Program Director? Who does faculty development for VA teaching physicians?

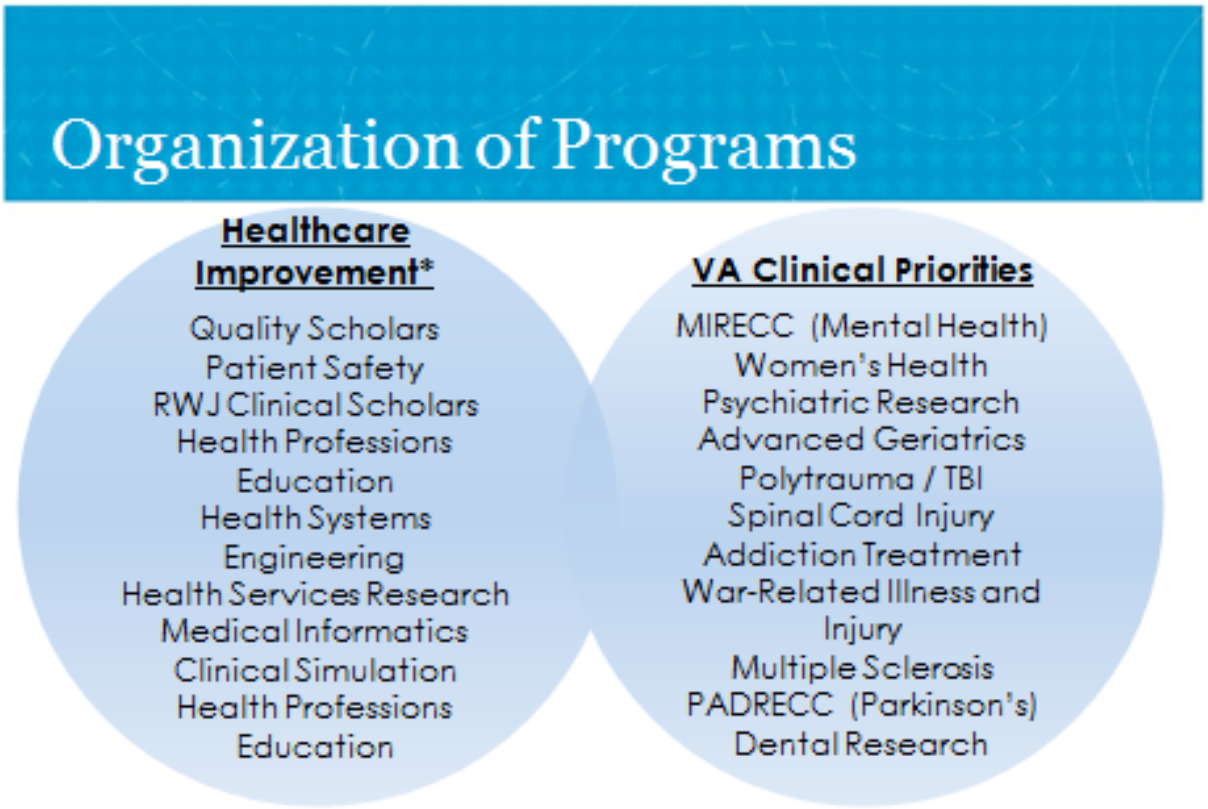
As stated in a prior question, the salary of the Program Director and/or Associate Program Director is usually paid by the sponsor of the training program. Site Directors may have time labor mapped to complete responsibilities necessary for the VA portion of training. Faculty Development should be done both at the VA and Affiliate. Ideally VA staff members have faculty appointments and are eligible to attend educational activities at the Affiliate. The VA contributes to the training mission in other ways and pays over $900 million in indirect educational support within the VA system.

13. Are there still "unused" positions in the GME growth that the VA has implemented, and if so, how do we go about applying? How many years are left?

The Veterans Access Choice and Accountability Act (VACAA) has been extended by Congress to 2024 to expand by 1500 positions/FTE. Through three cycles, approximately 547.4 positions were awarded. Currently the 4th Request for Proposal (RFP) is under review for positions starting July 1, 2018. RFPs are submitted by local Vas in conjunction with their interested affiliates. Interested Affiliates could start the process by contacting the local VA education office or contacting the Office of Academic Affiliations (OAA) at: GMEHelp@va.gov.

14. Are there more opportunities to have fellowships in patient safety and quality - perhaps other kinds of fellowship targeted to VA and society needs such as psych addiction?

Yes there are several programs available through the VA. The Chief Resident in Quality and Safety (CRQS) Program Request for Proposals is currently open until August 1, 2017. The positions currently are full time VA positions but can serve as a valuable resource. Many affiliates have opted to hire their own CRQS to participate in the VA formal curriculum. If interested in applying for a CRQS resident position, consult with your local VA Education Office to see if your program qualifies and the facility is willing to support the position. In addition, the VA sponsors Advanced Fellowships across a variety of disciplines and subjects. The linked for Advanced Fellowship Programs can be found at https://www.va.gov/oaa/specialfellows/default.asp. The breadth of VA Advanced Fellowships is illustrated below.



15. Any likely changes in the disbursement amounts to come closer to what many of us experience as the true costs of having a resident in our programs?

Educational Cost Contracts (see above) were developed with the idea of addressing some of these additional costs but are subject to local VA funding availability.

16. There is a lot of pressure from VA administration to curtail teaching and academic activity by VA employed physicians citing increased need for clinical work and access to patient care. Sometimes there is outright denial of requested time. What are the rules for VA physicians to engage in teaching at academic medical centers? Are there regulations including limits on hours for individual providers? Is resident supervision of clinical work with patient contact considered clinical or administrative time for purposes of labor mapping?

In hospitals with trainees, it is expected that staff appropriately supervise and teach. However, there are often administrative pressures for clinical productivity. We advise conducting data analysis in pilot clinics or inpatient rotations to show VA leaders that physician residents are "force multipliers" and can add clinical capacity. OAA continually reminds VA leaders that VA also has a statutory mission to train for VA and the nation. While access is critically important, Congress has not released VA from our training mission. The Secretary and Undersecretary for Health continue to state that VA values our academic mission and our partnerships with affiliates.

17. **Funding of residents and faculty between VA and transparency has been an issue: Our university school of medicine claims challenges in recognizing teaching faculty who are primarily paid by VA even if significant leadership & teaching documentation. Any ideas on best practices for memorandums of understanding? On the resident side, accurate reporting of time spent treating VA patients have resulted in unclear funding discrepancies. The Choice program has hurt the VA health care system as a whole (volume of patients). Are there any ways to capture & express to Congress the challenges in keeping the best youngest brightest doctors in training exposed to this important population of our nation?**

    Yes the VA has very specific rules on disbursement of funds to physician trainees for their work in VA. Part-time academic faculty paid for work in VA need to carry out that work in VA, and there need to be audit systems for faculty and resident activity reporting. OAA staff members are available to discuss specific concerns (GMEHelp@va.gov), and we welcome requests thru the OAA Help Desk on our website.

18. **Please expand on your comment about VA and affiliate using the same resident time worksheet. OAA visited our VA and affiliate in 2015, and required we maintain separate worksheets. Reinstituting single worksheets may be welcome and simplify the process.**

    The most important part of the resident activity reporting process is reconciliation. Having both the VA and Affiliate present data using the same worksheet with annotations/corrections could be acceptable. However, the VA and affiliate must have processes in place that ensure true reconciliation, not just co-signing an affiliate worksheet. The current Handbooks and Directives do not require two worksheets but do mandate annotations, reconciliation, and spot checks. Both the VA and affiliate should keep independent educational activity records to maintain the validity of the process. However, if one worksheet is used there must be evidence that active validation occurs on the VA side of things.