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
  - Funding priorities defined in law
- PL 114-315: Extends initiative to 10 years, through 2024
- Money has already been spent but some positions are still available.
Funding Priorities in VACAA

**Facility Characteristics**
- A shortage of physicians
- Low or No prior GME
- Areas with a “high concentration of Veterans”
- Health Professional Shortage Areas (HPSAs) as defined by HRSA

**Program Characteristics**
- Primary Care (Family Medicine, Internal Medicine, & Geriatrics)
- Mental Health (Psychiatry & Addiction Medicine)
- Other specialties “the Secretary deems appropriate” (interpreted as those specialties having excessive wait times for care)

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Total Positions Awarded by Specialty-2019

- **Family Medicine, Internal Medicine & Geriatrics**
  - 40% of total
- **Mental Health**
  - 23% of total
- **All Other VA Critical Need Specialties**
  - 37% of total
- **Total Number of Approved Positions: 1303.27**
VETERANS HEALTH ADMINISTRATION

**VACAA GME Expansion by Specialty**

<table>
<thead>
<tr>
<th>VACAA GME Initiative through 6th Round</th>
<th>Approved Positions</th>
<th>Cumulative 6-yr Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Round 1</td>
<td>Round 2</td>
</tr>
<tr>
<td>Primary Care</td>
<td>102.4</td>
<td>62.2</td>
</tr>
<tr>
<td>Mental Health</td>
<td>57.8</td>
<td>38.2</td>
</tr>
<tr>
<td>Critical Needs-other Specialties</td>
<td>44.0</td>
<td>67.6</td>
</tr>
</tbody>
</table>

Total positions by year: 264.2 166.0 175.2 226.1 281.8 247.1 1,303.27

**Total Choice Act Positions Approved:** 1,303.27

**VACAA GME Expansion by Target Area**

<table>
<thead>
<tr>
<th>VACAA GME Initiative through 6th Round</th>
<th>Approved Positions</th>
<th>Cumulative 6-yr Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Round 1</td>
<td>Round 2</td>
</tr>
<tr>
<td>Rural Sites (self-designated sites)</td>
<td>18.7</td>
<td>21.5</td>
</tr>
<tr>
<td>Family Medicine Positions</td>
<td>19.9</td>
<td>7.3</td>
</tr>
<tr>
<td>Osteopathic Programs (AOA) Positions</td>
<td>15.7</td>
<td>2.0</td>
</tr>
</tbody>
</table>

**Selected Expansion Targets for VACAA-2019**

- Reached goal of getting GME into all reasonably sized facilities.
- All VA facilities, irrespective of size, are now engaged in a GME planning process and will have residents within 2 years.

**VACAA PROGRESS-2019-1303.27 Positions approved**

![Map showing positions approved by state]
VACAA Round 7-2020 (full data analysis not available)

- Additional 121.46 positions approved for a total of 1424.73 FTE
- Psychiatry (and subspecialties) -332.5 FTE
- Addiction Psychiatry – 52 FTE
- Addiction Medicine – 22.55 FTE

VA MISSION Act

- VA MISSION Act – VA Maintaining Internal Systems & Strengthening Integrated Outside Networks – June 6, 2018
  - Sect 301 – Health Professions Scholarship Program -50 full medical school scholarships with 18 month pay-back at a VAMC (location decided by VHA) per year of scholarship- Approved 50 scholarships
  - Sect 304- Veterans Healing Veterans (VHV)– 18 full medical school scholarships to Veterans <10 years from service to PBCUs and Teague-Cranston Medical Schools. year payback for each year of scholarship. Approved 12 scholarships
  - Sect 403a-Place at least 100 residents in high priority “covered facilities”.
  - Sect 403b- reimburse new residency programs in “covered facilities” for some start-up costs.
VA MISSION Act – Section 403a

• 403(a) Pilot program on Graduate Medical Education and Residency allowing VA to fund rotations at covered facilities. **One hundred residents to be placed at the 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

VA MISSION Act – Section 403b

• 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.
What’s Next for the VA MISSION Act Sect 403?

- Think of it this way...the VA MISSION Act Sect 403 is a beautiful car with no gas and no directions. The regulations are the directions and federal funding is the gas.
  - Regulations need to be established- this is usually an 18-24 month process that involves writing the regulations, approving them through OGC and VHACO, then publishing in the Federal register for public questions/comments, then re-write and re-approve if needed.
  - Enactment of the 403 educational portion is dependent on federal funding which has not yet been allocated.

??My Best Guess??-VA MISSION Timeline

Present regulations to VA for concurrence process.
5/6/20 ➞ 1/6/21

Post to Federal Register 3/1/21

Receive & respond to comments 7/6/21

Repost to Fed Register 9/6/21

Offer RFP 1/6/22

Choose programs 5/6/22

First Residents Start AY2023 (July 2023)
Credentialing, Workforce and Trainees

In anticipation of increased physician workforce needs brought by the pandemic:

— Two key modification were made to credentialing of trainees:
  • Residents may be credentialed for moonlighting duty with appropriate supervision
  • Fellows may be credentialed as attendings in primary discipline
— For more detail and assistance, please contact your affiliate VA hospital
  • Office of the Chief of Staff – physician credentialing
  • Associate COS/Education

Elevator Speech

1. VA invests in more than 120,000 health professional trainees annually because:
   ➢ It’s part of the VA mandate to train health care providers for the VA and for the Nation.
   ➢ Trainees often choose to stay where they train.
   ➢ Working with trainees makes us better and helps us take better care of our patients.
2. Title 38 authority allows direct hiring of trainees (and job offer before completion of the training program), education can form a workforce pipeline (especially in hard to recruit places). Access issues are often related to staff shortages.
3. IF done correctly- the relationship between VHA and our university affiliates can be win-win. More diverse training for trainees and cost sharing.