

OAAA

Expanding & Redirecting Physician Resident Positions by the U.S. Department of Veterans Affairs (VA)

**International Medical Workforce Collaborative
Conference, Edinburgh, Scotland, UK**

VA Office of Academic Affiliations

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Overview: VA Trainee 'Workforce'

- ~ 100K trainees annually
 - GME & UME – about 50%
 - Associated health education (40K+)
 - Advanced (non-accredited) fellowships
 - Affiliations with 107 of 125 US allopathic & 15 of 25 osteopathic medical schools
- Annual budget
 - \$0.5B (direct costs) & \$0.5B (indirects)
 - 80% devoted to GME
 - 2nd only to CMS (Medicare & Medicaid) in support of GME

Scope of GME in VA

- **33,800** medical residents (~**30%** of US residents) receive training in VA annually
- **2,000+** ACGME-accredited programs
- Representing **79** different medical specialties & subspecialties
- Prior to GME Enhancement, VA supported about **8,900** individual resident salary lines (**8.5%** of US)
- **99%** of VA programs are sponsored in the name of affiliates



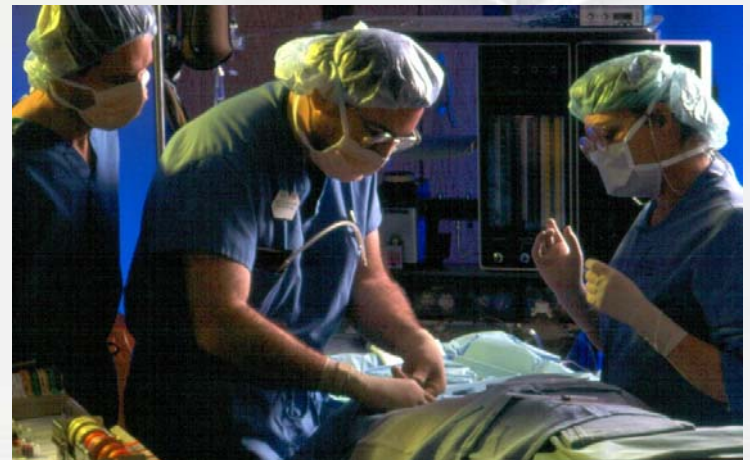
- **History:** Federally Chartered Advisory Committee recommendations and approval by the VA Secretary (fall 2005)
- **5-year initiative** to restore VA-funded positions to historic levels of 10-11% of US total physician resident positions
 - ~2,000 new positions to be added to the 8,900 pre-existing positions over 5 years
 - Estimated cost of about \$0.25B
 - RFP process begun 2006 for AY 2007-08
 - *First major expansion of VA GME in >15 yrs*

Goals of GME Enhancement

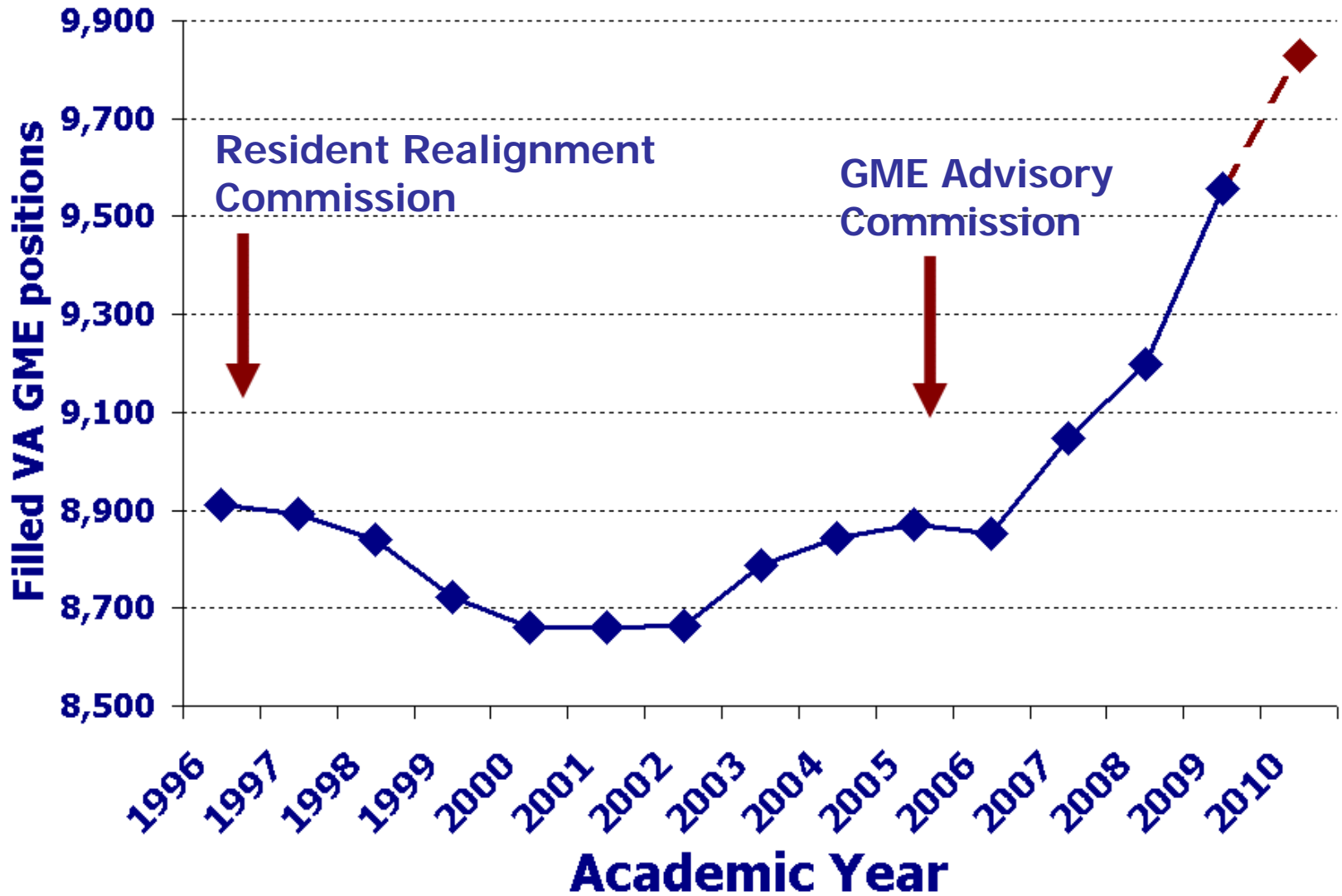
- To address physician workforce shortages by expanding resident positions in specialties of greatest need to US veterans and the Nation
- To address the uneven geographic distribution of residents to improve access to care
- To foster innovative models of education , while enhancing VA's leadership role in US GME

Allocation Methodology

- **Competitive application process in response to RFPs**
- **Proposals evaluated on:**
 - **Quality of the training experience**
 - Peer review panel of VHA GME experts ranked applications against criteria
 - **Capacity to train**
 - Patient care services delivered by residents



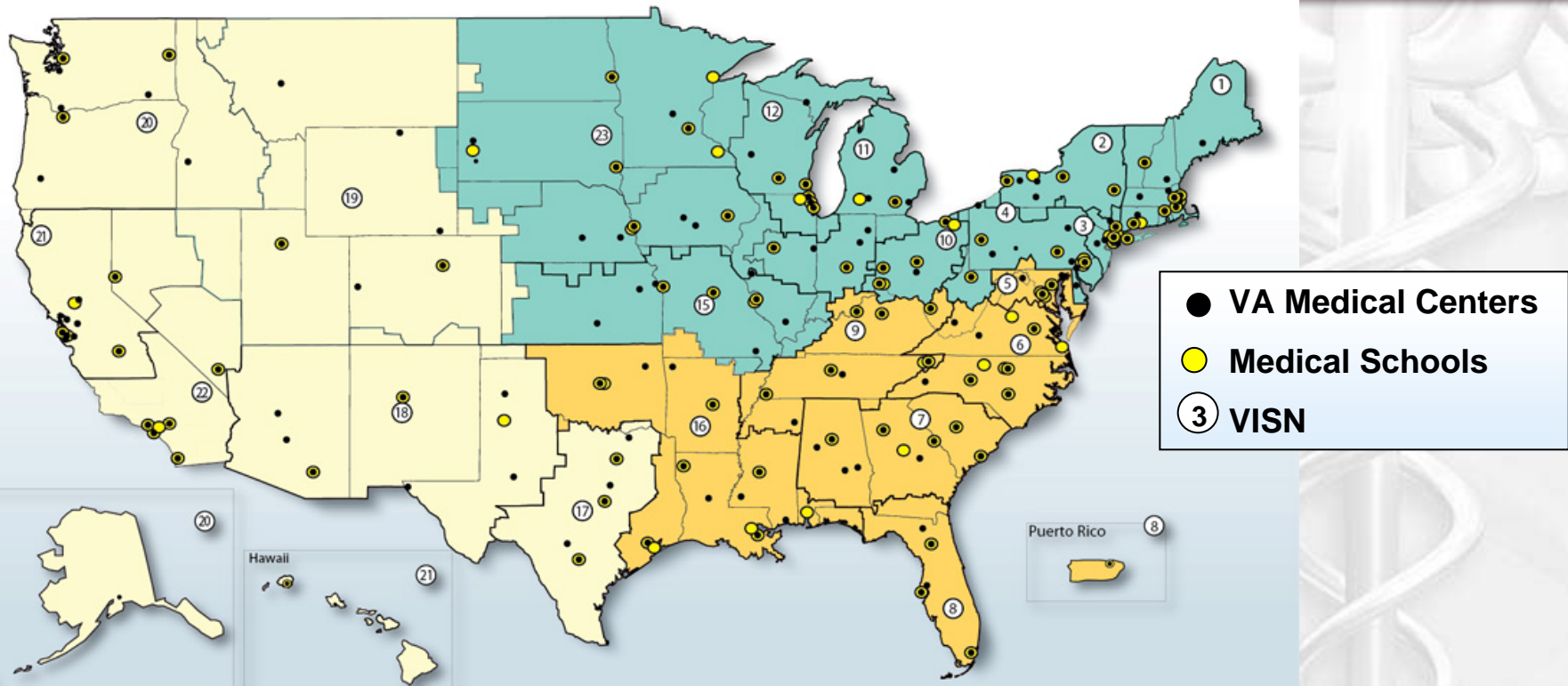
Results: Phases 1 - 3



Positions Approved by RFP

RFP	Positions (2006-08)			
	Phase 1	Phase 2	Phase 3	Totals
Critical Needs & Emerging Specialties	300	294	213	807
New Affiliations & New Sites	42	41	50	133
Educational Innovation	(N/A)	21	7	28
TOTALS:	342	356	270	968

Positions Approved by Region, 2006 through 2008



Region	Phase 1	Phase 2	Phase 3	Totals	%
NEast-Midwest-Mid-Atlantic	62	72	91	224	23%
Southeast	143	148	113	404	42%
NW-W-SW	137	137	65	339	35%
Totals	342	356	269	967	100%

Results: Phases 1-3 GME Enhancement by Specialty Groupings

Specialty Groupings - 2006 through 2008	# Programs	# Positions	% Combined Total	Base Year (AY 2005-06) Distribution
Generalist	3	160.3	16.6%	38.8%
Medicine Subspecialties	19	279.3	28.9%	15.5%
Surgery & related	16	162.7	16.8%	21.9%
Specialty - other	11	159.1	16.5%	6.2%
Mental health	5	125.7	13.0%	9.8%
Rehabilitation	2	24.5	2.5%	2.4%
Ancillary-Diagnostic	10	55.2	5.7%	5.5%
Combined (3-year) Total:	66	967		

[AY 2005-06 = July 1, 2005 – June 30, 2006; pre-GME Enhancement]

Impact of Phase 1-2 GME Enhancement on Total VA Positions and Proportionate Share of US Positions

Distribution of VA positions by Specialty Grouping	AY 05/06 VA positions	% of VA total positions	AY 08/09 VA positions	% of VA total positions
Generalist	3,432	39%	3,433	36%
Medicine Subspecialties	1,369	15%	1,645	17%
Surgery & related subspecialties	1,935	22%	2,040	21%
Mental Health	864	10%	947	10%
Specialty: Other	552	6%	732	8%
Rehabilitation	211	2%	230	2%
Ancillary/Diagnostic	489	6%	531	6%
Total VA positions	8,852		9,558	
US total filled positions (ACGME)	104,472		108,339	
% VA of total US positions:	8.5%		8.8%	

Foci: Educational Innovation

- Patient-centered care
- Patient safety (e.g., systems redesign, risk analysis, simulation)
- Quality improvement
- Interdisciplinary or “collaborative” care
- Continuity of care
- Greater training in ambulatory settings
- Competency/proficiency emphasis
- Telemedicine
- Clinical research
- Professionalism

Summary/Conclusions

- VA is attempting to **expand & change GME** to meet the needs of VA & the US
- The expansion model stresses educational **quality & capacity** to train
- Geographic distribution has favored the under-represented areas in GME
- ***Uncertainties:*** to what extent positions are being added to the total US GME pool (or just to VA's pool)
- ***Challenges:*** to impact entry-level positions & to introduce more innovation into educational programs

Acknowledgments

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VHHA

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