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New Veteran's Administration Opportunities Related to Education and Training

The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act builds off previous law, the Veterans Access, Choice and Accountability Act (VACAA), which Congress passed in 2014. CAFM has been working since the creation of VACAA for language that would allow training to occur "off the VA linoleum" so that the 1500 slots created in VACAA would be more useful for adoption by family medicine training programs, particularly in rural areas. It has been an uphill battle, but we were successful in getting the bill language away from the "residency repayment and obligation" language that was included in the original senate bill. Instead, language from another bill that was introduced by Senator Sullivan (R-AK) was added that makes the first inroads into paying for training outside of the "VA linoleum." In addition to the provisions of the Mission Act, there are two new changes the VA has established internally that are of specific interest to program directors/departments/faculty.

New Opportunities:

I. Pilot program on graduate medical education and residency

One key provision of the law establishes a pilot program to establish medical residency programs at "covered facilities." Covered facilities included in the bill are health care facilities within: VA, operated by an Indian tribe or tribal organization, an Indian Health Service facility, a FQHC, or a DOD facility. In addition, it allows for "Such other health care facility as the Secretary considers appropriate for purposes of this section." We plan to work with the VA as it drafts its implementing regulations to ensure that family medicine is included in the pilot program. The pilot terminates in August 2024, however since these slots are expected to come from the VACAA opportunity, we believe they will remain as part of the VA base funding, rather than be removed.

The pilot stipulates that the following costs would be reimbursed for a **new** program developed by a covered facility:

- Curriculum development.
- Recruitment and retention of faculty.
- Accreditation of the program by the Accreditation Council for Graduate Medical Education.
- The portion of faculty salaries attributable to duties under an agreement with the covered facility.
- Expenses relating to educating a resident under the pilot program.

In development: two other changes articulated below that will help make the VACAA slots more attractive to family medicine, whether programs are participating in the pilot, or not:

II. Facility Sharing Agreements between the VA and its educational affiliates

A new program will allow the VA to rent space within a university or other private or governmental setting so that training will occur where the residents and patients are, not where the VA would like them to be. The VA is developing licensing agreements for two types of situations: 1) embedded space, where the VA space functions as a stand-alone facility, and 2) integrated space where VA shares space with a partner either as a portion of the partner's space, or use of the partner's space on a part-time basis. If you are interested in this option, the VA recommends you make sure you have done your homework in terms of needs determination, capacity, and personnel and then communicate with your VA affiliate regarding a potential partnership.

III. Joint Recruitment of VA Faculty

The VA has determined that a residency faculty member could become a part-time VA faculty and serve as such in the shared facility. In other words, the faculty would not need to leave their residency clinic, but be able to precept or otherwise serve as faculty to residents who are seeing Veterans - at the FM training site. Faculty would have to be VA staff and credentialed by VA, but can serve as VA faculty on a part-time basis. Remuneration from VA and the affiliate cannot exceed 100% of their salary, and the faculty or affiliate cannot separately bill VA for the patient care. An added incentive is that the family doctor can be VA faculty for as little as a ½ day a week and get full time VA benefits.

The Mission Act includes several loan programs:

IV. Sec. 301. Designated Scholarships for Physicians and Dentists Under Department of Veterans Affairs Health Professional Scholarship Program.

Section 301 would provide scholarships to medical students in exchange for service to VA. A minimum of 50 two to four year scholarships for medical and dental students would be required so long as the shortage of those positions exceed 500. Once the number falls below 500, the minimum number of scholarships provided annually would be at least ten percent of the number of positions deemed in shortage. The obligation requirement for the scholarship is successful completion of residency training leading to board eligibility in a specialty and 18 months of clinical service at a VA facility for each year of scholarship support. This section would also authorize VA to provide preference to veterans and require VA to conduct annual advertising to educational institutions.

V. Sec. 303. Establishing the Department of Veterans Affairs Specialty Education Loan Repayment Program.

Section 303 would establish a new loan repayment program for medical or osteopathic student educational loans for newly graduated medical students, or residents with at least 2 years of training remaining, who are training in specialties deemed by VA to be experiencing a shortage.

The loan repayment would be \$40,000 per year for a maximum of \$160,000. In exchange for the loan repayment, the recipient would agree to obtain a license to practice medicine, complete training leading to board eligibility in a specialty, and to serve in clinical practice at a VA facility for a period of 12 months for each \$40,000 of loan repayment with a minimum of 24 months of obligated service.

VI. Sec. 304. Veterans Healing Veterans Medical Access and Scholarship Program.

Section 304 would establish a pilot program for supporting four years of medical school education costs for two veterans at each of the five Teague-Cranston Schools and the four traditional black medical schools. The covered medical schools would include Texas A&M College of Medicine, Quillen College of Medicine at East Tennessee State University, Boonshoft School of Medicine at Wright State Univ., Edwards School Medicine at Marshall University, the University of South Carolina School of Medicine, Drew University of Medicine and Science, Howard University of Medicine, Meharry Medical College, and Morehouse School of Medicine.

The medical schools that opt to participate in the program would be required to reserve two seats each in the class of 2019. Eligible veteran scholarship recipients would be those within ten years of military discharge who are not eligible for GI Bill benefits but who meet the minimum admission requirement for medical school and apply for the entering class of 2019. The scholarship recipients would agree to successfully complete medical school, obtain a license to practice medicine, complete post-graduate training leading to board eligibility in a specialty applicable to VA, and after training, serve in clinical practice at a VA facility for four years.