



Medicine Responds to Addiction

Implementing Physician Training

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Objectives

- 1) Discuss the size and scope of the VA healthcare system and how it interfaces with trainees.
- 2) Understand past, present and future partnership opportunities for fellowship training in addiction medicine and addiction psychiatry.

Veterans Healthcare Administration

- Largest integrated healthcare system in the USA serving more than 8.5 million Veterans each year.
- Care provided at 160 Medical Centers and 1053 other outpatient sites of care in 50 states, Puerto Rico, and Guam.
- The VA healthcare system has a budget of about \$59 billion/year spends \$1 billion for trainee stipends (second largest to CMS Center for Medicare Services), and \$630 million on research.

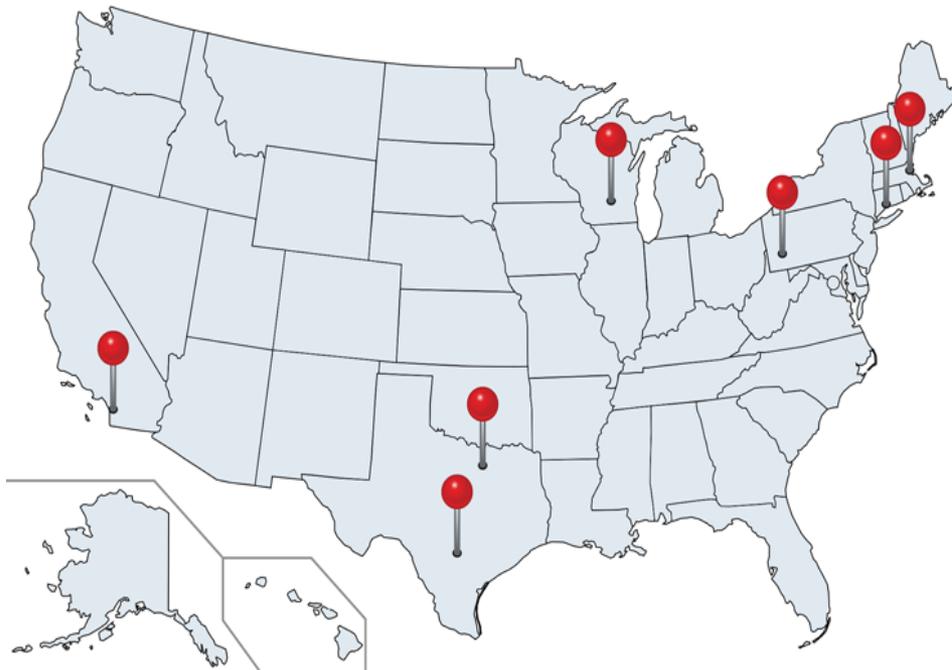
Scope of Affiliations (AY2016-17)

- 144 of 149 allopathic medical schools
- 34 of 34 osteopathic medical schools
- 40+ health professions
 - 1,800+ colleges and universities
 - 7,200+ program agreements

Medical Education

- OAA GME support:
 - 11,000 positions
 - Over 43,000 individual residents
- 24,000 medical students receive clinical training in VA each year
- Almost all programs sponsored outside of VA through Affiliation Agreements (3 exceptions)

Advanced Fellowships in Addiction



- **VA Boston Healthcare System**
Boston, Massachusetts
- **VA North Texas Health Care System**
Dallas, Texas
- **William S. Middleton Memorial Veterans Hospital**
Madison, Wisconsin
- **VA Pittsburgh Healthcare System**
Pittsburgh, Pennsylvania
- **South Texas Veterans Affairs Healthcare System**
San Antonio, Texas
- **VA San Diego Healthcare System**
San Diego, California
- **VA Connecticut Healthcare System**
West Haven, Connecticut

Interdisciplinary Training in Addiction Treatment-2016

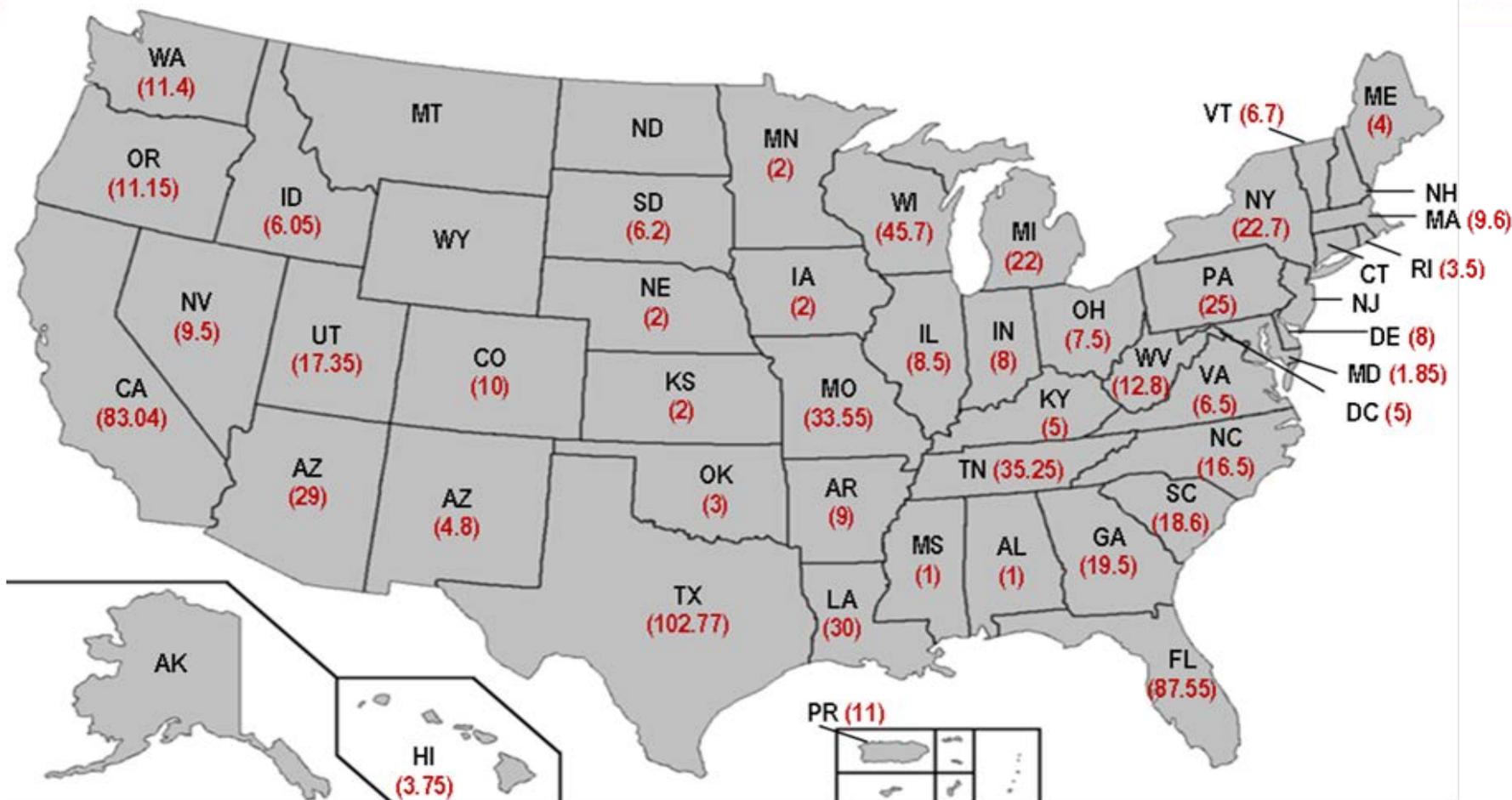
- In 2016 VA trained **59** physicians, **30** psychologists, **8** social workers, **3** pharmacists and **1** chaplain in substance abuse treatment.
- GME (Medical) training is divided into ACGME/AOA accredited and non-accredited
 - Addiction Psychiatry (accredited) comprise **55** of the physician trainees
 - Addiction Medicine (non-accredited) comprise **4** of the physician trainees. Once Addiction Medicine becomes ACGME accredited, the door will open for local discretion of position funding.
- Associated Health Trainees
 - Interprofessional Advanced Fellowships: **7** Psychologists, **4** Social Workers, **3** Pharmacists
 - Designated VA Clinical Education and Research Centers : **6** Psychologists, **4** Social Workers, **1** Chaplain
 - Other explicitly integrated programs: **17** Psychologists
 - Many disciplines have a specialized addiction treatment component- **17 NP** residents have rotations in addiction treatment.

Veterans Access Choice and Accountability Act -2014 Sec. 301 [PL 113-146]

- Goal was to reduce wait times and improved access to care for Veterans.
- Included funding for 1,500 additional trainees in primary care, mental health, and scarce specialties. (to increase academic footprint).
- Provided new method for Veterans living more than 40 miles from VA facility, those waiting >30 days for an appointment, and those requiring services not available in the VA to get treatment in the community.
- PL 114-315 (2016) expanded timeline to 10y- (2024)

VACAA PROGRESS-2017

773.45 Positions approved



Sample Timeline

Program Information form (PIF) for Addiction Medicine (ADM) becomes available from ACGME- anticipated Feb, 2018



Program Directors complete PIF and return to the Residency Review Committee of the specialty housing their ADM fellowship (psych, FM, etc.)



Program Director connects with DEO from local VA to request new ADM positions through VACAA GME expansion



RRC reviews application and provides provisional accreditation (fall -2018)



DEO applies for new positions through RFP Jan-Mar, 2019



Positions Approved -April, 2019
Funding begins either July, 2019 or July, 2020 depending on date requested by DEO/PD

HOW TO START : VAWW.VA.GOV

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DEPARTMENT OF VETERANS AFFAIRS

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Facility:	<input type="text" value="All Types"/>
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This site is a storehouse of facility and key staff information within 1914 VA facilities, maintained on a regular basis by [editors](#)

NEXT STEPS

- Connect with the Designated Education Officer (DEO) – sometimes also called the Associate Chief of Staff for Education (ACOS/E). We can help with this if needed.
- Complete standardized Affiliation Agreement and Disbursement Agreements. Note: Attachment “A” of the Disbursement Agreement is the resident **salary grid and benefit package that YOU** provide to the VA.
- Work with the DEO to determine the desired and available clinical rotations and select VA Site Directors.
- The DEO will request from the OAA the FTE you agree to send. Temporary positions are in extremely short supply this year, but may be available if rotations can begin before the next funding cycle.
- Infrastructure funds may be available the year after fellows begin rotating at the VA – DEOs will be notified if they can apply for these funds.

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For reference only:

Veterans Access, Choice & Accountability Act of 2014, Sec. 301 [PL 113-146]

TITLE III—HEALTH CARE STAFFING, RECRUITMENT, AND TRAINING MATTERS

SEC. 301. TREATMENT OF STAFFING SHORTAGE AND BIENNIAL REPORT ON STAFFING OF MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(b) INCREASE OF GRADUATE MEDICAL EDUCATION RESIDENCY POSITIONS.—

(1) IN GENERAL.—Section 7302 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(e)(1) In carrying out this section, the Secretary shall establish medical residency programs, or ensure that already established medical residency programs have a sufficient number of residency positions, at any medical facility of the Department that the Secretary determines—

“(A) is experiencing a shortage of physicians; and

“(B) is located in a community that is designated as a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

“(2) In carrying out paragraph (1), the Secretary shall—

“(A) allocate the residency positions under such paragraph among occupations included in the most current determination published in the Federal Register pursuant to section 7412(a) of this title; and

“(B) give priority to residency positions and programs in primary care, mental health, and any other specialty the Secretary determines appropriate.”.

(2) FIVE-YEAR INCREASE.—

(A) IN GENERAL.—In carrying out section 7302(e) of title 38, United States Code, as added by paragraph (1), during the 5-year period beginning on the day that is 1 year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions.

(B) PRIORITY.—In increasing the number of graduate medical education residency positions at medical facilities of the Department under subparagraph (A), the Secretary shall give priority to medical facilities that—

(i) as of the date of the enactment of this Act, do not have a medical residency program; and

(ii) are located in a community that has a high concentration of veterans.