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The Veterans Health Administration and Medical Education: A Fact Sheet

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Background

In the wake of World War II, an influx of veterans requiring medical care threatened to overwhelm the capacity of the Department of Veterans Affairs (VA) to provide such care. In 1946, the VA began entering into affiliations with medical schools as one strategy to increase capacity both in the short term and in the long term.¹ In the short term, some trainees—in particular, those in the later years of training—may provide direct care to patients, thereby increasing provider capacity and patient access. In the long term, training physicians at the VA creates a pipeline for recruiting physicians as VA employees.² Current concerns about the VA’s capacity to provide access to care³ have returned attention to the role of medical training at the VA.⁴

The VA’s Involvement in Medical Training

The VA is the largest provider of medical training in the United States and is involved in training at all levels: medical students, medical residents, and medical fellows (see **Table 1**).⁵

Table 1. VA Medical Training at the Trainee Level (2013)

Trainee Type	Description	Number in Training (2013)	
		VA	U.S. Total (including VA)
Medical Students	The VA serves as a site for clinical rotations during medical school; this is also called undergraduate medical education.	21,540	105,213
Medical Residents	Through affiliations with hospitals and academic medical centers, the VA serves as a training site for medical residents; this is also called graduate medical education (GME).	40,420	94,990
Fellows	Through affiliations with hospitals and academic medical centers, the VA serves as a training site for fellows (individuals who have completed residency training and are pursuing additional training in order to subspecialize.)	253	20,121

Sources: VA data from U.S. Department of Veterans Affairs. Office of Academic Affiliations, "Medical and Dental Education Program," <http://www.va.gov/oaa/specialfellows/default.asp?p=1>, website accessed June 5, 2014.

¹ See U.S. Department of Veterans Affairs, *Policy Memorandum No. 2*, Subject: Policy in Association of Veteran's Hospitals with Medical Schools, Washington, DC, January 30, 1946, <http://www.va.gov/oaa/Archive/PolicyMemo2.pdf>.

² The VA reports that nearly 70% of VA physicians had trained at the VA prior to their employment. U.S. Department of Veterans Affairs (VA). Office of Academic Affiliations, "Mission of the Office of Academic Affiliations," <http://www.va.gov/oaa/specialfellows/default.asp?p=1>, website accessed June 5, 2014.

³ See, for example, CRS Report IN10063, *Wait Times for Veterans Health Not New*, by Sidath Viranga Panangala; and Veterans Health Administration, "Interim Report: Review of Patient Wait Times, Scheduling Practices, and Alleged Patient Deaths at the Phoenix Health Care System," May 28, 2014, <http://www.va.gov/oig/pubs/VAOIG-14-02603-178.pdf>, website accessed June 2, 2014.

⁴ The training of health care professionals is also one of the VA’s statutory missions; see 38 U.S.C. §7302.

⁵ U.S. Congress, House Committee on Veterans' Affairs, Subcommittee on Health, *Healthcare Professionals—Recruitment and Retention*, 110th Cong., 1st sess., October 18, 2007 (Washington: GPO, 2008), p. 40.

Medical school enrollment data from the Association of American Medical Colleges, "Table 26: Total Enrollment at U.S. Medical School and Sex," <https://www.aamc.org/data/facts/enrollmentgraduate/158808/total-enrollment-by-medical-school-by-sex.html>, website accessed June 5, 2014; and American Association of Colleges of Osteopathic Medicine, "Trends in Osteopathic Medical School Applicants, Enrollment, and Graduates," <http://www.aacom.org/data/applicantsmatriculants/Pages/default.aspx>, website accessed June 5, 2014. Medical Resident and Fellow data from: Sarah E. Brotherton and Sylvie I. Etzel, "Graduate Medical Education, 2012-2013," *Journal of the American Medical Association*, vol. 310, no. 21 (December 4, 2013), pp. 2328-2346.

Notes: Total reflects allopathic and osteopathic enrollment. Medical students during their first two years are generally receiving classroom instruction and not clinical training; therefore, they would not be eligible to rotate to any type of a facility for clinical instruction.

Academic Affiliations

The VA's physician training programs are conducted primarily through its affiliations with medical schools and, in some instances, with teaching hospitals. In general, the purpose of these affiliation agreements is to enhance patient care and education, but some may also include medical research. Under these affiliation agreements, the VA and the relevant educational institution share responsibility for the academic program. The affiliation agreement promotes common standards for patient care, medical student and resident education, research, and staff appointments.⁶ Generally, the VA is not the primary sponsor of medical education.⁷ Specifically, the VA does not operate its own medical schools, but medical students from affiliated institutions may do a clinical rotation at affiliated VA facilities. Similarly, the VA does not typically operate its own residency programs. Instead, residents apply to the medical school or teaching hospital that is the primary sponsor of the residency program and then spend a portion of their residency training at the VA. The exception to this model is fellowship level training, where the VA directly operates fellowship training programs in subspecialties that are of high importance to the VA.⁸

The majority of VA facilities and the majority of U.S. medical schools (both allopathic and osteopathic)⁹ have affiliation agreements with each other to train physicians (see **Figure 1**).

Academic Appointments

Under affiliation agreements, VA clinicians may be granted academic appointments to medical school faculty at the discretion of the academic institution based on the clinician's credentials. Currently, approximately 70% of VA staff clinicians have a faculty appointment at an affiliated school of medicine.¹⁰ VA staff clinicians may be jointly employed by the VA and the affiliated

⁶ Drawn from a sample copy of VA Form 10-0094a, "Medical Education Affiliation Agreement Between Department of Veterans Affairs (VA), and A School Of Medicine and its Affiliated Participating Institutions."

⁷ The VA reports that 99% of its graduate medical education training programs are sponsored by an affiliate. See U.S. Department of Veterans Affairs, Office of Academic Affiliations, "Medical and Dental Education Program," <http://www.va.gov/oa/specialfellows/default.asp?p=1>, website accessed June 5, 2014.

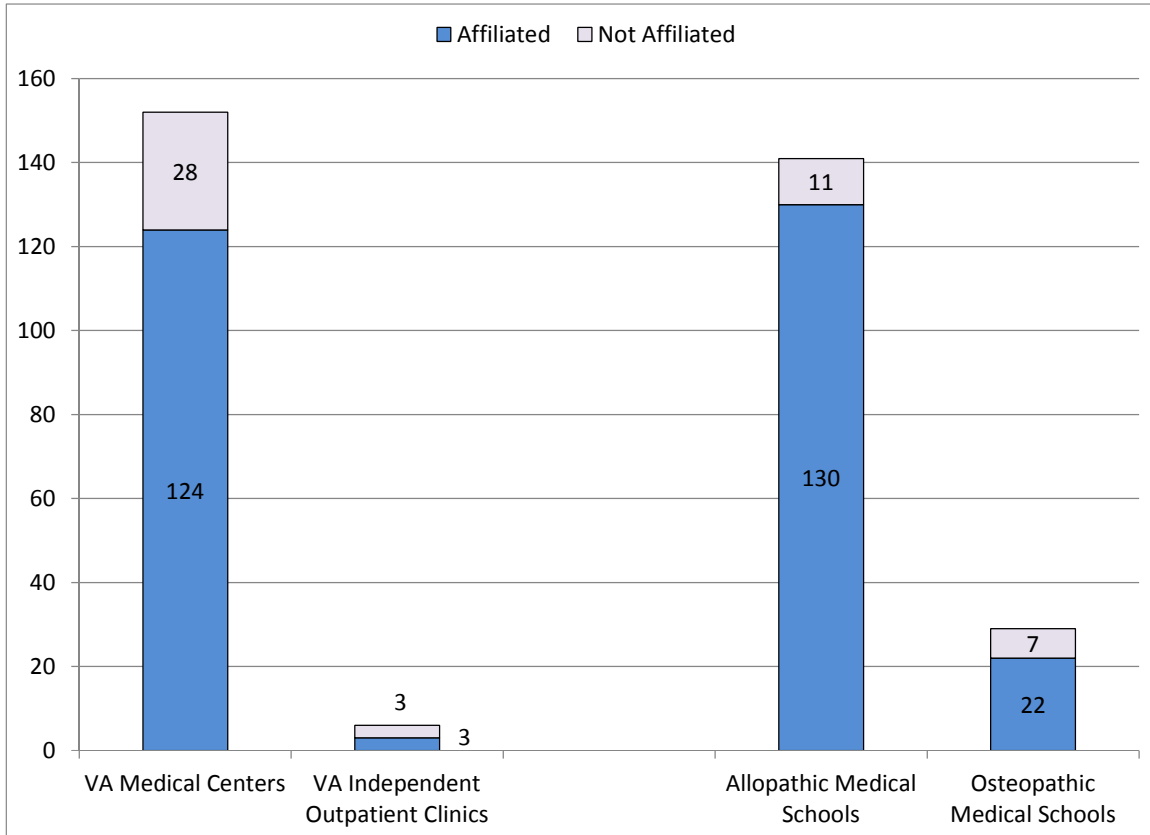
⁸ For more information, see U.S. Department of Veterans Affairs, Office of Academic Affiliations, "Advanced Fellowships and Professional Development," press release, <http://www.va.gov/oa/specialfellows/default.asp?p=1>, website accessed June 5, 2014.

⁹ Allopathic medical schools grant a Doctor of Medicine degree (M.D.); osteopathic medical schools grant a Doctor of Osteopathic Medicine degree (D.O.).

¹⁰ Veterans Health Administration, Procurement & Logistics Office, *The Academic Affiliate Guide to Health Care Resources Contracting with the Department of Veteran's Affairs*, 2014.

medical center, may volunteer their time as faculty, or the VA may contract with the academic affiliate for faculty.

Figure 1. VA Facilities and Medical Schools, with and without Affiliations



Source: U.S. Department of Veterans Affairs, Office of Academic Affiliations, "Mission of the Office of Academic Affiliations," <http://www.va.gov/oaa/specialfellows/default.asp?p=1>, website accessed June 5, 2014.

VA Funding of Physician Training

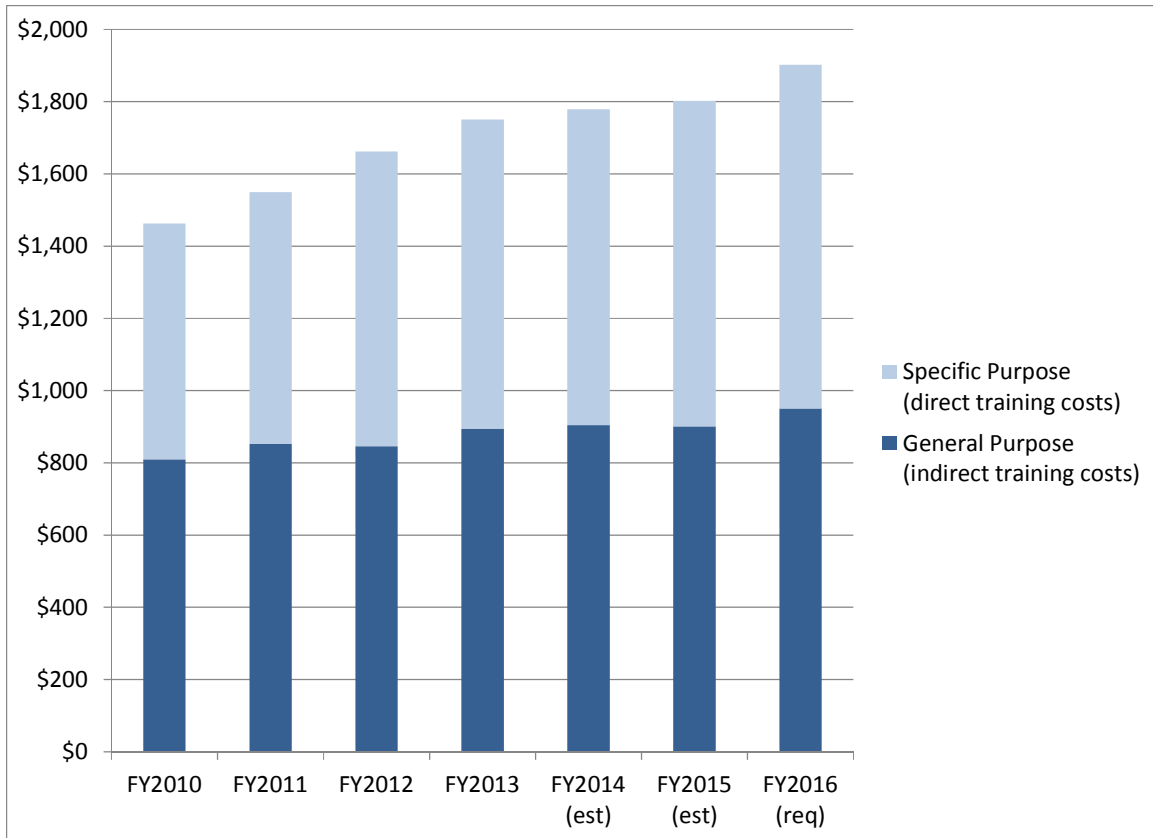
The VA is the second-largest federal payer for medical training after Medicare, which subsidizes graduate medical education (GME) at teaching hospitals. Medicare GME payments totaled \$10.0 billion in 2014.¹¹ Between FY2010 and FY2014 (estimated) the VA has spent \$1.2- \$1.8 billion annually on health professionals training, including but not limited to physician training (see **Figure 2**). Funds appropriated for the VA health care system are categorized as either *general purpose funds* or *specific purpose funds*, both of which support some aspects of physician training. General purpose funds are distributed at the beginning of each fiscal year to be used for basic care, complex care, adjustments for high cost patients, geographic price adjustment, research support, equipment, non-recurring maintenance, and *education support*. Specific purpose

¹¹ U.S. Government Accountability Office, *Health Care Workforce: Federally Funded Training Programs in Fiscal Year 2012*, 13-709R, August 15, 2013, <http://www.gao.gov/products/GAO-13-709R>; and Congressional Budget Office, *Medicare, May 2012, Baseline (estimate)*, http://www.cbo.gov/sites/default/files/cbofiles/attachments/43060_Medicare.pdf.

funds are distributed throughout the fiscal year to be used for prosthetics, mental health, homeless grants and per diem program, state home per diems, transplants, readjustment counseling, medical facility activations, and *clinical trainees*.

**Figure 2.VA Spending on Health Care Professional Education and Training
(FY2010 – FY2016 Advance Appropriation Request)**

(not limited to physicians, dollars in millions)



Source: CRS analysis of VA Budget Justifications.

Notes: Specific purpose funds (direct training costs): “Special Purpose funds that are allocated in the President’s Budget to directly fund the stipends and benefits of VA clinical trainees who rotate through VA medical centers during the year.” General purpose funds (indirect training costs): “Educational supplement to the Veterans Equitable Resource Allocation (VERA) model in support of the indirect costs of VA medical centers that have clinical training programs. These funds help offset costs such as faculty time, education office staffing, accreditation costs, and space and equipment needs.”

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