

# **Academic Medicine at University and Veterans Affairs Medical Centers: Advice for Career Development**

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## **Introduction**

The hospitals and clinics managed by the Department of Veterans Affairs constitute the largest integrated healthcare system in the United States. In addition to providing clinical care, the VA has served as a training site for more than 50% of the physicians trained in the United States. In the distant past, concerns were raised about the quality of care in the VA system. Beginning in the 1980s and continuing to the present, there has been a revolution in information management systems, electronic clinical patient records, and a continued emphasis on quality and discrete clinical performance measures. Recent articles in the *New England Journal of Medicine* and in the *Annals of Internal Medicine* indicate that the VA has surpassed the private sector in most outcome measures. An opinion article in the *New York Times* has suggested that the VA represents “the future of health care.” Such developments potentially make the VA a more attractive venue for a beginning faculty member.

## **Considering the VA as a Junior Faculty Member**

In considering a full- or part-time appointment at a VA Medical Center as part of one's academic portfolio, several issues should be considered. Many of these are specific to the stage of career and type of career planned. The VA has a number of opportunities that can be particularly helpful as one makes the transition from fellowship to junior faculty. For those interested in health services research, the VA Quality Scholars Fellowship Program is an excellent way to develop skills and contacts necessary to launch a career. The program guarantees substantial protected time for research and training, but does allow Fellows to intermittently serve as attending physicians in the medicine outpatient clinics and inpatient wards. This allows advanced trainees to both maintain cognitive clinical skills and an opportunity to develop teaching experience. Because of the flexibility afforded by part-time appointments at the VA, occasionally, trainees may elect to extend their fellowship by several years in order to more fully develop their research program. It is possible for an individual to

carry a fellowship appointment at the university and an instructor faculty staff appointment at the VA hospital. The greater reimbursement associated with the latter allows the division to raise the salary of the trainee during this important transition time. Careful time allocation can allow deferral of student loan repayments for another year or two.

The considerations are somewhat different for a *de novo* faculty appointment at a different institution. For faculty embarking on a career as a clinician-educator (i.e., predominantly involved in clinical care of patients), there are several advantages to having a substantial VA time commitment. Naturally, the patients tend to be very pleasant and generally have fascinating stories to tell. VA hospitals affiliated with major medical centers tend to be referral institutions, replete with the subspecialty and requisite technologies to provide *state-of-the-art* care. In general, the administrators at the facility in the region are highly supportive of the clinical services and attempts by the physicians to continuously improve the care rendered. The ability of the faculty member to, within reason, control his/her clinical time commitment can be a major advantage to faculty with young children. An environment with a *state-of-the-art* electronic medical record, opportunity for interaction with medicine residents and fellows, and a more regular work schedule can be very attractive. The recent increase in compensation for VA physicians has made salaries competitive with those provided by the University in the majority of specialty areas. One potential disadvantage for clinical faculty is the generally smaller size of the VA facility. Due to the somewhat smaller patient volume, it may be difficult to generate the same workload, if the faculty member's salary is based on RVUs. Since faculty often receive separate paychecks from both the University and from the VA, it is important to clarify how these revenue streams will be reconciled by your department and how splitting your time/pay between two institutions affects your retirement and pension benefits.

There are also potential advantages for faculty just beginning a career as a physician-scientist (i.e., devotes majority of time to research). As opposed to the university, clinical time at the VA can be a bit more modular, allowing for more time devoted specifically to research. Clinical services can be covered exclusively by your partner on service and will significantly limit interruptions in research effort. Also, recent increases in physician salary at the VA,

especially in non-procedure-based specialties, can play an important role in a research faculty member's overall compensation plan. Another specific advantage of VA work is that it affords access to a non-NIH-funding research mechanism (see below). Many talented physician-scientists have spent their entire careers supported by the VA Research Service. Those desiring a University practice comprised of patients who have been financially successful in life probably should not devote large amounts of time at the VA. The number of wealthy CEOs in most VA clinics is small. There are a substantial number of computerized training modules that are required by the Department of Veterans Affairs, many of which duplicate required training at the university (e.g., Cyber Security, Patient Privacy). Finally, there are intermittent administrative urgencies, with a short time line, that can be distracting. These generally reflect pressures brought to bear on VA by congressional or executive branch oversight in response to current events. An example would be the renewed emphasis on documentation of information security in the wake of a theft of a VA investigator's laptop containing private health information from thousands of patients. These are mostly minor distractions for faculty, but new faculty considering employment at VA should assess their own tolerance, or "irritant threshold," for such things. Those who will be at risk for hypertensive stroke each time a policy is abruptly changed and 30 minutes is lost reviewing a training module should probably look elsewhere, remembering the university is hardly free of stressors.

### **Accounting for Physician Effort at VA Hospitals**

Physician effort at the VA can be either full-time or part-time. Full-time physicians generally work at least 40 hours/week (standard tour), but are expected to provide appropriate clinical care for patients by intermittently covering weekends, holidays, and night call just like at the university. Although many informal calculations of physician effort still involve estimation of "8ths" of physician effort (i.e., full-time would be 8/8ths; half-time, 4/8ths), this schema has been replaced by agreements in which physicians agree to provide a certain number of hours each year (e.g., full-time equals 2080 hours/year). The fraction of a full salary is then divided into equal amounts and paid out over the bi-weekly pay period at the VA.

Efforts of part-time physicians can be arranged on either fixed or flexible tours-of-duty. Fixed tours-of-duty work well for physicians who will predictably perform VA clinical work within

a discrete time frame every week. Examples would include general internal medicine faculty who might cover two half-day clinics every week, or gastroenterology physicians providing a day of endoscopy each week. Physicians may also opt for a flexible tour arrangement. Under this agreement, faculty agree to work a certain number of hours per year (e.g., 1040 hours; 4/8ths under the old system), but do not have specific core hours where they are required to be present at the VA. This system works best for doctors with a variable, irregular clinical effort at the VA. Examples might include: (1) A pulmonary/critical care physician who, when on service, works an average of 60 hours/week for an entire month but might not be scheduled to work again at the VA for several more months, (2) a hepatologist who provides care to patients at both the university and VA hospitals during the same clinical block, and (3) a physician-scientist who devotes the majority of time to research, but has a half-day clinic each week and covers the inpatient consultations service 2 months a year. This system provides admirable flexibility and is more consonant with an academic physician's variable schedule, but will result in more careful scrutiny by VA administrators. To ensure that federal dollars are being appropriately spent, physicians on a flexible tour are required to enter the hours they work into an electronic spreadsheet that is submitted to the VA national payroll system every 2 weeks (i.e., each pay period). At the end of each year of employment under a flexible agreement, there is reconciliation of the hours. Physicians who have not fulfilled their time obligation could be asked to compensate the VA for work not done. Those who worked more hours than included in their initial agreement would receive additional compensation. Needless to say, it is easier to manage, for the individual and for their departments, if the agreement closely approximates the number of hours that will be worked in a given year.

### **The VA Research Service**

Fellows moving into a career as a research-scientist or physician-scientist should seriously consider submitting a proposal to the VA Office of Research and Development's Career Development Program. The initial grant, the Career Development Award (CDA)-1, is intended for new faculty, both clinicians and nonclinicians, no more than 2 years out of training. This grant provides salary support for 2 years with the understanding that the applicant still will be in a nurturing research environment under the supervision of a strong mentor. No funds are provided for direct support of research, but acceptance of the award does obligate your facility

to protecting at least 75% of the faculty member's time for research. Successful completion of a CDA-1 paves the way for a CDA-2 application. During the tenure of this grant, possibly up to 5 years, the applicant receives both salary support and research support in the amount of \$10,000-\$50,000/year. Again, 75% of time must be devoted to research efforts. This grant is designed to move the investigator toward independence with anticipation of later submission of VA Merit Review and NIH RO-1 grant proposals. The combination of the CDA-1 and CDA-2, by providing support for up to 7 years, can move a faculty member from fellowship to within striking distance of tenure promotion. Anecdotal evidence of the success of this program is noted by the fact that about 40% of the division chiefs at our university were initially supported by an earlier version of the CDA Program, and many still have VA Merit Review support for their lab efforts. The VA Research Service website is an excellent source for more specific information (<http://www.research.va.gov/funding/cdp.cfm>).

The VA Merit Review Program is the counterpart of the NIH RO-1 funding mechanism. This review of grants is intended to support independent investigators with mature research programs. Applying for these grants requires the equivalent of 5/8ths effort (1300 hours/year) at the VA. A substantial amount of this time (2-3/8ths) can be devoted to research efforts, but the specifics need to be negotiated with the division chief, VA chief of medicine, and the VA chief of staff. The upper limit on budgets for VA Merit Review proposals has recently been increased to \$150,000/year. Since the Principal Investigator's salary (and fringe benefits), are paid from another source it is not included in this amount. This equates to a budget not dissimilar from an NIH RO-1 grant of about \$200,000. Since the fall 2005 submission date, funding success for these proposals has been between 23 and 25%, a rate that exceeds the current rate at the NIH. Extensive information about this program is also available on line ([http://www.research.va.gov/programs/csrd/merit\\_review.cfm](http://www.research.va.gov/programs/csrd/merit_review.cfm)).

For investigators who have either clinical or research effort at both the VA and the university, a special document (memorandum of understanding; MOU) that specifically outlines the faculty member's time allocation must be created and approved by the department chair and the VA associate chief of staff for research. These documents, which clarify both clinical and research time, can protect the faculty member from unusual problems like generating

clinical income by billing Medicare patients at the same time when they are supposed to be doing VA-sponsored research (i.e., double-billing the government for the same time increments). Since the VA work week is generally considered to be 40 hours for part-time physicians, and the university work week can be defined up to 65 hours/week, an appropriately crafted MOU can arrange for some grants, mostly from the NIH with attendant substantial indirect cost support, to be scheduled during university time.

## **Summary**

For the appropriate faculty member, inclusion of a substantial component of VA time in the overall work plan can be a successful plan. There is a strong, patient-centered clinical focus and the patients tend to be delightful. For programs with a close VA-university affiliation, your consultants and referring physicians will be your faculty colleagues. The compensation is now competitive. On the research side, involvement at the VA opens access to an entire research program, parallel to NIH, which can provide both career development support and subsequent research funding for a sustained career. The drawbacks, mainly minor logistical issues and significant federal oversight, are few, but must be interpreted through the lens of the individual faculty member's personality.

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