

CARES Commission
Department of Veterans Affairs

Written Statement:

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In the shadow of an unprecedented and growing nursing shortage the struggle to maintain some balance between access and quality of patient care and standardization and quality in nursing education remains difficult. In all health care delivery settings, acuity of patients and complexity of their physical and psychosocial needs has increased dramatically—that is not different and is perhaps even more critical in the Veterans' population. We know that professional innovation and movement is based on a series of general or liberal competencies and is a function of communication and critical thinking competencies rather than increasing technical skills. The professional care that your complex patient population deserves is characterized by such innovation and movement, illustrated by case management, discharge planning, health promotion and patient teaching, and not solely task-oriented physical care. You need nursing personnel who have the skills to implement the Bachelors and Masters degree roles as found on the next page (Goertzen, 1991). And you need nurses who have a grasp of community health theory and practice needed to function in population-based settings.

While lowering of educational standards will perhaps result in an initial rise in numbers of nurses employed by the VA, we know that nurses leave nursing 1 to 3 years after graduation—primarily because of the complexity of the work and lack of rewards. Not requiring ADN graduates to progress in their education and profession is likely to result in increased attrition as they encounter increasingly complex care delivery issues. I just spoke with a former VA employee and asked her opinion on the subject. (I was first a Baccalaureate graduate but also have worked in healthcare settings as an administrator, had students in VA settings and have consulted with VA systems.) She started in health care as an LPN and is now an Acute Care Nurse Practitioner. She stated how wonderful the system is and that ADNs are facilitated and encouraged to go back to school. In our state, ADNs can received their BSN by taking classes entirely on the WEB; it takes them only one to two years to complete the degree.

When such a system is in place, aided these days by the flexibility of WEB education, why would anyone cease to utilize it? Hire ADNs, utilize their skills in the acute care areas of your system, then assist them to get the general, critical thinking and communication competencies needed to work with your patient population in diverse settings AND enhance retention by giving them additional competencies at the BSN level and hopefully on to the MSN and above. It seems a lovely fit.

Goertzen, I.E. (Ed.). (1991). *Differentiating nursing practice: Into the twenty-first century*. Kansas City, Mo: American Academy of Nursing.

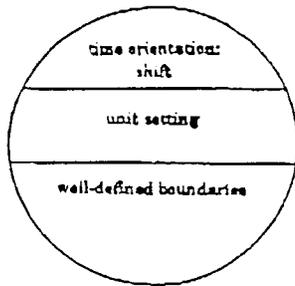
September 10, 2003

FRAMEWORK FOR DIFFERENTIATING PRACTICE ROLES OF NURSING

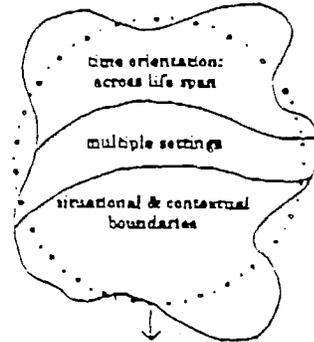
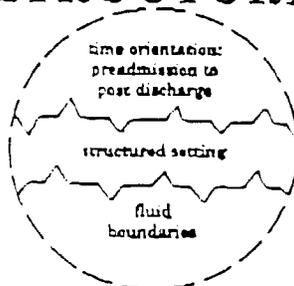
Associate Degree

Bachelors Degree

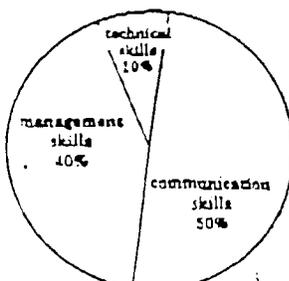
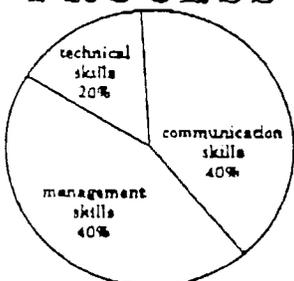
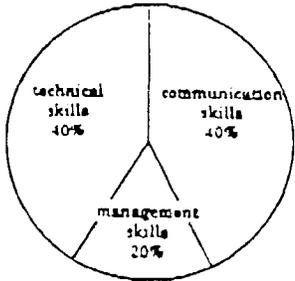
Masters Degree



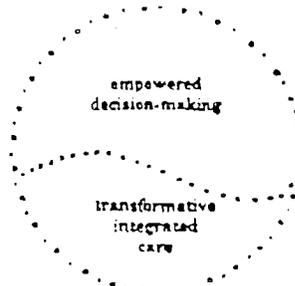
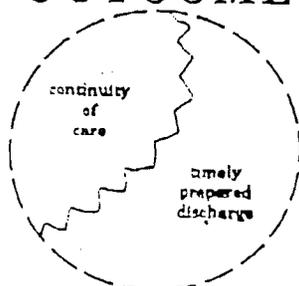
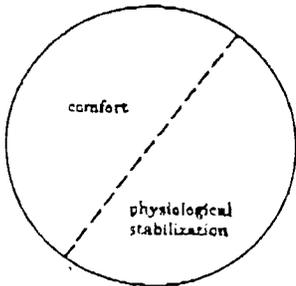
STRUCTURE



PROCESS



OUTCOME



Submitted statement of Paul B. Roth, M.S.,M.D.,F.A.C.E.P

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Statement for the Capital Asset Realignment for Enhanced Services (CARES)
Commission for the Department of Veterans Affairs Hearing
September 18, 2003
El Paso VA Health Care System – Fort Bliss, TX

I. Introduction & Current Relationship with the Albuquerque VAMC

My name is Paul Roth and I am the Associate Vice President for Clinical Affairs at the University of New Mexico Health Sciences Center and the Dean of the School of Medicine (SOM), as well as a practicing Emergency Physician. I appreciate having the opportunity to submit a statement to the CARES Commission regarding the relationship between the SOM and the New Mexico VA Health Care System (NMVAHCS) in Albuquerque, as well as my views on the CARES draft national plan.

The UNM-SOM formed an affiliation with the NMVAHCS in 1969. This affiliation was formed in an effort to bring together the best clinical, education and research services, which has enabled us to provide the highest standard of medical care to our veterans for over 30 years. This relationship has continued to thrive and blossom with each passing year. The clinical, educational and research opportunities and services that have been possible due to this affiliation have been invaluable to our veterans, as well as to our medical students, residents and faculty.

There are many reasons our relationship with the NMVAHCS has remained strong for so many years. The joint appointments of approximately 90 faculty at both the NMVAHCS and the SOM have been a major factor. Serving not only as attending physicians, but also as educators to our residents and medical students and as researchers, has afforded our veterans the best possible medical information, technology and care. Another key has been our regular communication with the administration of the VA through the formation of the Academic Affiliation Partnership Council (AAPC), which is made up of key leadership from the SOM and the VA. The AAPC is both a problem-solving and strategic planning working group. Along with holding our monthly AAPC meetings, we have also appointed SOM and VA faculty members as Chief of Staff, and as Associate Chiefs of Staff of Education and Research to oversee our three mission areas at the VA. These Associate Chiefs of Staff are also Assistant Deans in the SOM. Additionally, we have had active involvement by VA officials in developing the SOM's new five-year strategic plan. Continuing our strong working relationship with the NMVAHCS is a key component of our strategic plan.

II. The growth of our affiliation with the NMVAHCS is evident in the addition of the following programs and services:

In regards to our education mission, the opportunities afforded our residents and medical students at the NMVAHCS have been outstanding. Without this affiliation, we would have difficulty supporting the clinical education of our students and in maintaining many of our residency programs' accreditation. Currently, we have 114.64 resident FTEs at the NMVAHCS serving in disciplines such as emergency medicine, internal medicine and psychiatry and in specialty areas such as radiology, general, otolaryngology, vascular and orthopedic surgery, cardiology, nephrology, endocrinology, rheumatology, hematology-oncology, infectious disease, pulmonology, dermatology, neurology and pathology. We also have approximately 148 students serving medical clerkship rotations at the NMVAHCS, which gives them, as well as the residents, exposure to patients and unique medical technology and services. This forms a critical supplement to their clinical and technical exposure at the University Hospital.

There are also numerous research opportunities that have been developed through our affiliation with the NMVAHCS. Approximately 70 principal investigators conduct over 200 research projects with a total budget in excess of over \$7 million, accounting for approximately two-thirds of VISN 18's research funding. Current projects include work in cardiology, neurology, endocrinology, neuropsychiatry, gastroenterology, psychiatry, pulmonary disease, rehabilitation medicine and infectious disease. The Cooperative Studies Program Clinical Research Pharmacy Coordinating Center and the Neuroimaging Service also represent two unique, nationally recognized programs. In addition, a highly successful program in Health Outcomes Research has recently been established. Clearly research is an important part of the mission of the NMVAHCS, and the results of these efforts have a direct and positive impact on the veterans of New Mexico.

In the area of clinical care, the services we are able to provide to the veterans have increased dramatically over the years. For example, we have added emergency medicine to our clinical services, as well as have augmented our programs in cardiology, cardio-vascular surgery and neurology, all of which have greatly benefited the veterans seeking care at NMVAHCS. We also have a nationally recognized program on spinal cord rehabilitation and are currently exploring a partnership in oral health services for our veterans. The VA is also a new partner in the New Mexico Cancer Care Alliance, which will ensure veterans' access to state of the art clinical and research protocols for the treatment of cancer. In addition, this partnership allows VA-based faculty to compete more successfully for research funding which improves the research mission of the VA.

III. CARES Draft National Plan

I believe that the changes as outlined in the CARES Draft National Plan for the New Mexico/West Texas market are reasonable. The expansion of clinical services offered to veterans via a joint venture with DoD in El Paso will relieve some of the pressure on specialty care services at the NMVAHCS.

The plan calling for additional outpatient space for primary care services within the Albuquerque metropolitan area is excellent. The clinical space constraints at the NMVAHCS are significant and have been a source of concern for VA-based faculty and residents who have put forth several innovative proposals to improve both patient care and academic interests only to find that real space constraints make these initiatives non-viable. In addition, if the new primary care space proposed includes basic radiology and laboratory services, this will also help to relieve some of the workload pressures being faced by faculty at the NMVAHCS facility.

While I see many positive outcomes with these changes, I do have some reservations. If the VA truly intends to address "...*the acute care infrastructure necessary to meet the current and future needs of veteran*", then the Draft Plan is incomplete as it would relate to training programs and the VA's extensive research enterprise. Plans to re-engineer the clinical service mission of the VA are logical and clearly represents significant thought. However, there is no greater initiative which will result in better care for veterans in the future than excellent onsite undergraduate and graduate medical education training and state-of-the-art research programs. Not only will the fruits of that labor directly result in improved health services and advanced diagnostic and therapeutic tools in the future, but these activities will also attract the highest caliber workforce.

While Chapter 15 entitled "**Research and Academic Affiliations**" note that the "VA's *missions in health professions' education and medical research continue to be supported by the CARES process*", it is not clear in the Draft Plan as to how this will be accomplished. In fact the document is quite conspicuous in the absence of any specifics in this regard at all.

I am concerned that research space has not been addressed at the NMVAHCS facility. Despite significant increases in research funding at this facility (in fact they lead all VISN 18 facilities in research funding) the facility remains woefully short of clinical and laboratory research space. Over the past two years we have lost the ability to recruit several highly successful faculty members to the VA based solely on the unavailability of adequate research space. I cannot overstate how critically important research space is to the success of recruiting talented faculty to VA in Albuquerque.

I am also concerned that funding for the initiative may not be adequate to meet the needs of faculty as they strive to meet the clinical needs of the veterans and the research and educational needs of the VA. The funding allocated must be adequate to acquire new primary care space in the Albuquerque area and provide the necessary equipment and staffing to ensure efficient and effective clinical and educational services. In addition, adequate funding must be available to renovate existing primary care space that would be vacated and converted to specialty care at the NMVAHCS. The VISN 18 portion of the Draft Plan indicates a need to expand research space at the Tucson and Phoenix facilities but does not address the concerns expressed above for the Albuquerque facility – in fact there is no mention at all of this critical research program.

I appreciate this opportunity to share with the CARES Commission some of my thoughts on the excellent and critically important relationship between the University of New Mexico School of Medicine and the New Mexico VA Health Care System and my views on the CARES draft national plan.