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The Value of Veterans Administration Medical Centers in Academic Medicine

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eventy years ago this past January, the United States Department of Veterans Affairs (VA) formed an unprecedented partnership with academic medicine that has contributed to world-class care for generations of veterans. This collaboration dates back to the end of World War II, when the VA faced a severe shortage of physicians. Tens of thousands of veterans returned from that conflict with injuries and illnesses that would require health care for the rest of their lives. At the same time, many physicians were returning from the war without having completed residency training. The solution was the creation of VA-academic affiliations, established under a VA policy memorandum issued in 1946, which authorized clinical and research affiliations between the VA health care system and medical schools to improve the quality of health care at VA medical centers.¹ Over the decades, this collaboration has had a very positive impact on both the health of veterans and that of the entire country.

The effects of the policy decisions 70 years ago and their swift implementation

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Doctor Kerschner is Dean, School of Medicine, and Executive Vice President, Medical College of Wisconsin. led to significant local and national changes. Through this historic collaboration, the VA has become the largest single provider of medical training in the country, where more than 22,000 medical students and 41,000 residents receive clinical training annually. What began as a simple idea in a time of great need has developed into an outstanding partnership grounded in the shared missions of education, patient care, and research. Without this partnership, most physicians practicing clinical medicine in the United States would have substantial deficits in their clinical training experience. In addition, since a majority of veterans (estimated at 60% in 2014²) receive some of their medical treatment outside of the VA health care system, having a medical training system with exposure to the special needs of veterans elevates their care both inside and outside the VA system.

Some additional important facts about the VA-academic medicine partnership:

- 70% of physicians rotate through the VA for a portion of their training.
- The VA sponsors about 10% of graduate medical education trainee positions and is the largest provider of health care training in the United States.
- The VA Office of Research and Development (with an annual budget of nearly \$590 million) sponsors veterancentric research on numerous topics, and many VA researchers have joint appoint-

ments at both VA hospitals and medical schools.

The Medical College of Wisconsin's (MCW) 70-year partnership with the Milwaukeebased VA hospital (now named the Clement J. Zablocki VA Medical Center) began on January 22, 1946, and was among the first of its kind in the United States. MCW's agreement with the Milwaukee VA in 1946 was established 2 days after the enactment of Public Law 79-293, which created the VA's Department of Medicine and Surgery and allowed the VA to expand its physician workforce to meet the needs of veterans returning from World War II.³

Public Law 79-293 and Policy Memorandum #2 enabled the VA to become an integral part of residency training for the nation's physicians. These programs empowered the nation's medical schools to take charge of residency training within the VA; residencies were up and running in Milwaukee by the end of 1946, resulting in half of our medical school's senior class being trained at the local VA hospital.

In 1947, the *Milwaukee Journal* noted that General Omar Bradley, chief administrator at the VA Central Office, had commended the improvement of care within Milwaukee's VA hospital under the leadership of Eben J. Carey, MD, dean of our medical school (MCW's predecessor institution was part of Marquette University at this time), and Lt. Col. Glenn Mullens of the VA hospital staff.⁴ In 1951, the *Milwaukee Journal* reported that the health care provided by the VA had garnered the reputation as the highest quality care offered "anywhere in the world."⁵ This tradition of excellence at the Zablocki VA has continued to the present day.

Academic medicine and the VA share a commitment to education, research, and patient care. Both are indispensable training centers for the nation's future health care workforce. Both are essential laboratories of innovation in biomedical and health services research. Both are centers of clinical care devoted to all patients, including the most challenging. And both share a commitment to health equity for all-especially for veterans. Because medical school faculty members are the principal performers of medical research in the United States, faculty status for VA staff also increases VA involvement in biomedical research. Thus, affiliation agreements have facilitated the incorporation of teaching and research functions as formal components of the mission of the VA health care system.6

Academic medicine benefits veterans in several ways. Veterans are a special population, often with distinct medical and psychosocial needs. Academic medical centers provide a unique set of essential services (including care for a disproportionate share of special populations), maintain critical standby capacity (such as Level 1 trauma centers and other quaternary care), offer cutting-edge care, and direct the overall training of the future physician workforce.

Last year, approximately \$10 million of research—which was primarily funded by the VA and the National Institutes of Health was conducted by MCW faculty members at the Zablocki VA. Some of the nation's most cutting-edge research in traumatic spinal injuries, motor vehicle injuries, blast injuries, and traumatic brain injuries are conducted by MCW researchers in state-of-the-art VA facilities. Additionally, MCW is finalizing a lease for some of its research space on our main campus to bring VA researchers closer to our outstanding core facilities and infrastructure to further enhance research efficiency, productivity, and excellence. At present, 412 MCW clinical faculty members practice at the Zablocki VA and 74 faculty members are undertaking research there. Additionally, 388 residents and fellows rotate through positions at the Zablocki VA on an annual basis through the Medical College of Wisconsin Affiliated Hospitals, Inc. Additionally, the Zablocki VA provides comprehensive medical/surgical tertiary care and comprehensive mental health services for the eastern half of Wisconsin and the Upper Peninsula of Michigan —all of which is dependent on the collaboration with MCW.

Our collaboration during the past 70 years has provided many advantages and advances for those who have served our country bravely. Michael Erdmann, MD, and the leadership and staff at the Zablocki VA, as well as MCW leaders and faculty, are committed to continuing to improve care for our veterans through enhanced access and innovation. It is the responsibility of current leaders to build upon the work of visionaries such as General Bradley and Dean Carey, through thoughtful dialogue about how to make these improvements to address the special health care needs of our veterans, and how to strengthen the critical educational and research platform that our VA health care system provides to benefit all Americans.

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What will they have longer, their trophies or their injuries?

Physical activity is a great way for kids to build strength and stay healthy. Unfortunately, it can sometimes lead to injury. Broken bones require immediate attention, but what about sore shoulders or swollen knees? If not taken seriously, many youth injuries can become chronic later in life. So before your child gets hurt, visit aaos.org or nata.org. Practice prevention and give all injuries proper attention.





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