Clinical and Scientific Opportunities in the VA System

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Disclosures

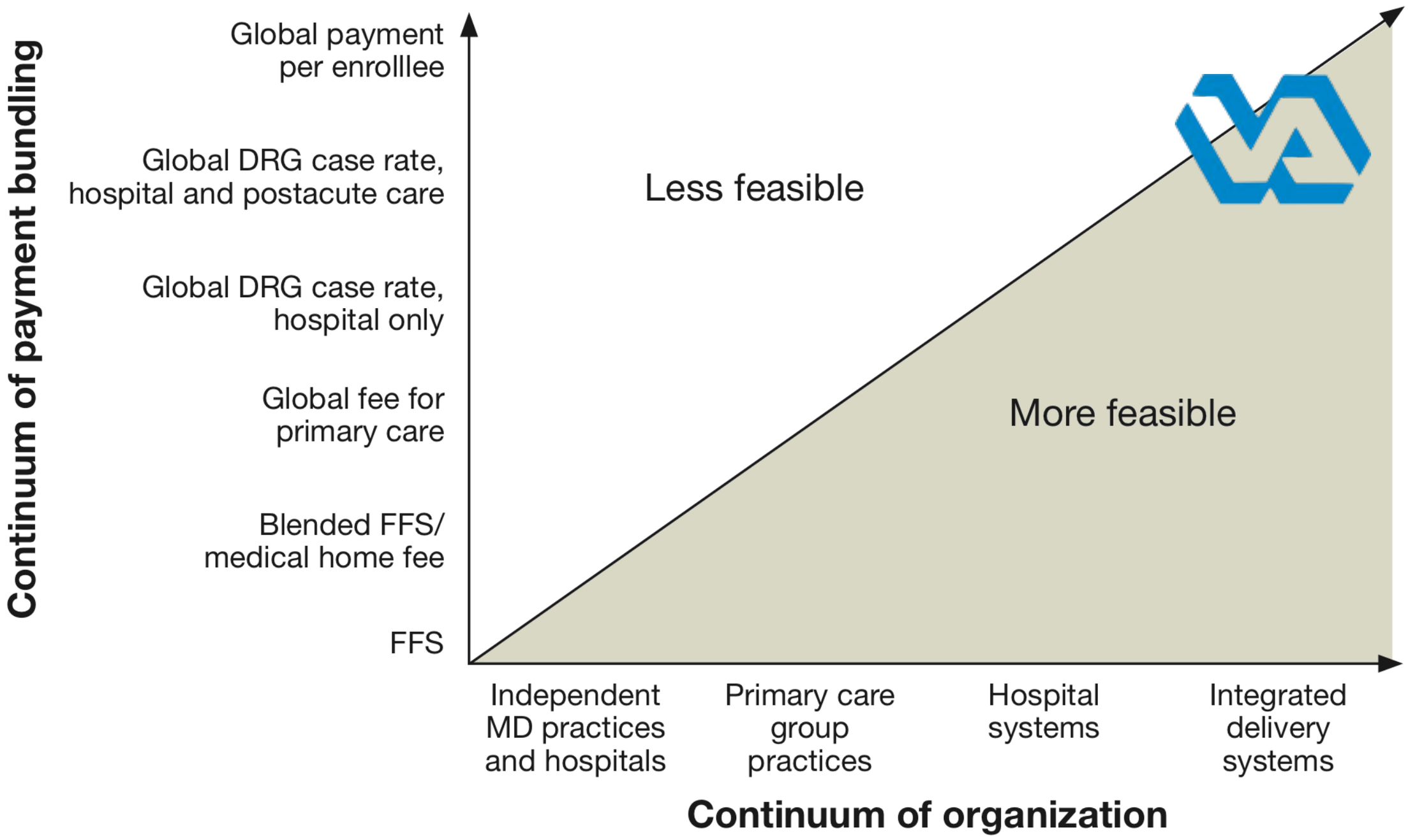
- I am employed by the VA

- I have VA research grants
  - VA Career Development Award
  - AHA Scientist Development Grant
  - VA MERIT # 09-092
  - VA RRP #12-517
  - VA QUERI LIP #51-040

The U.S. EP Job Market in 2014

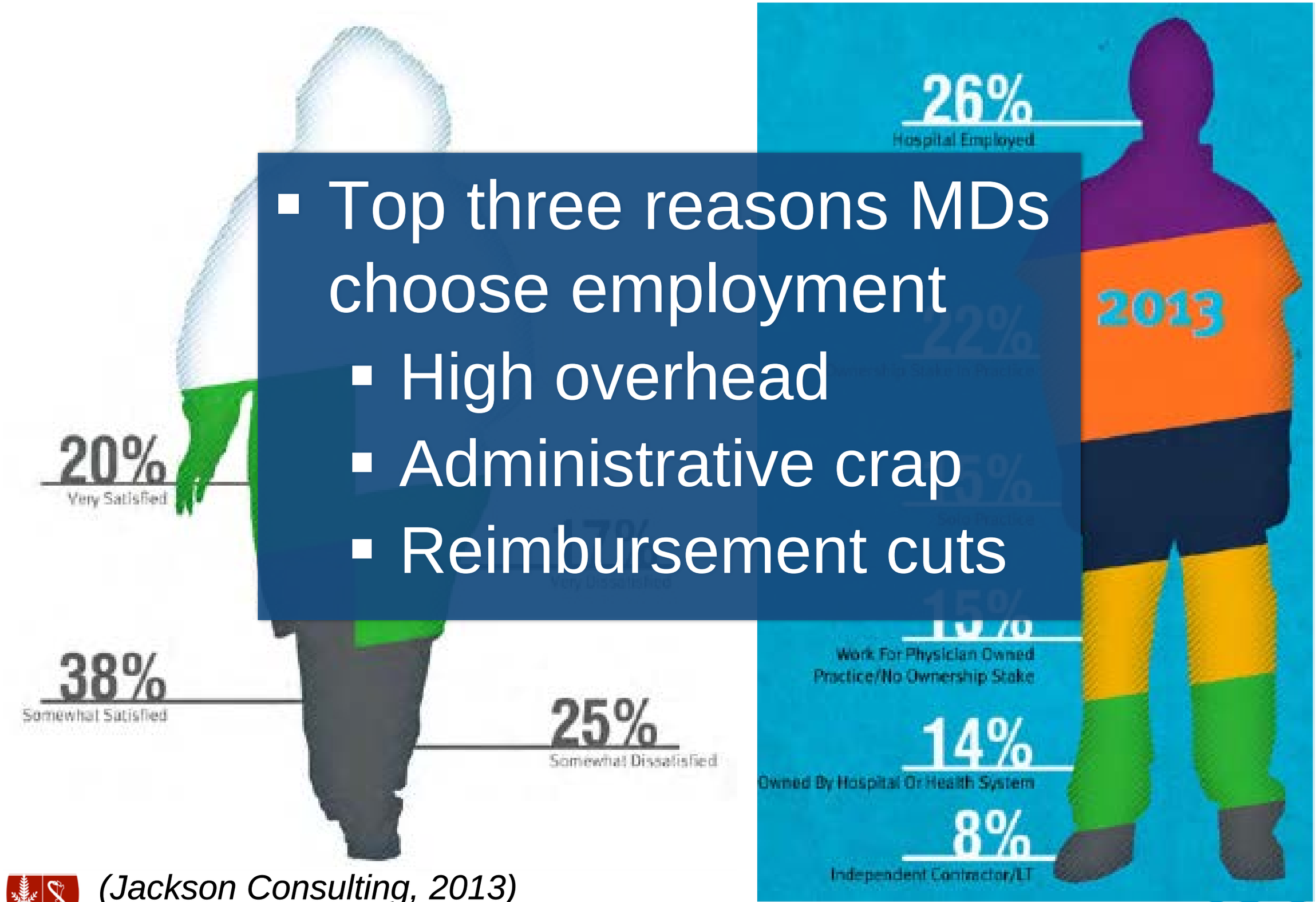
- There are major organizational realignments between hospitals, physicians or physician networks, health care systems and payers
- MDs more affected than any other type of health care worker

Medicare Payment Reform Framework: Organization and Payment Methods



(for discussion, see Turakhia M, Ullal A, JICE 2013)

Low overall MD job satisfaction



- Top three reasons MDs choose employment
  - High overhead
  - Administrative crap
  - Reimbursement cuts

(Jackson Consulting, 2013)

“Protected time” at a university

- University will be willing to “protect” your time but not at a wage you think you deserve
- Most grants limit salary support
  - NIH: $75K ($100K) for 75% (60%) effort
- Bottom line: the more protected time you have, the more expensive you are to keep

So what does this have to do with working at a VA?

My story…

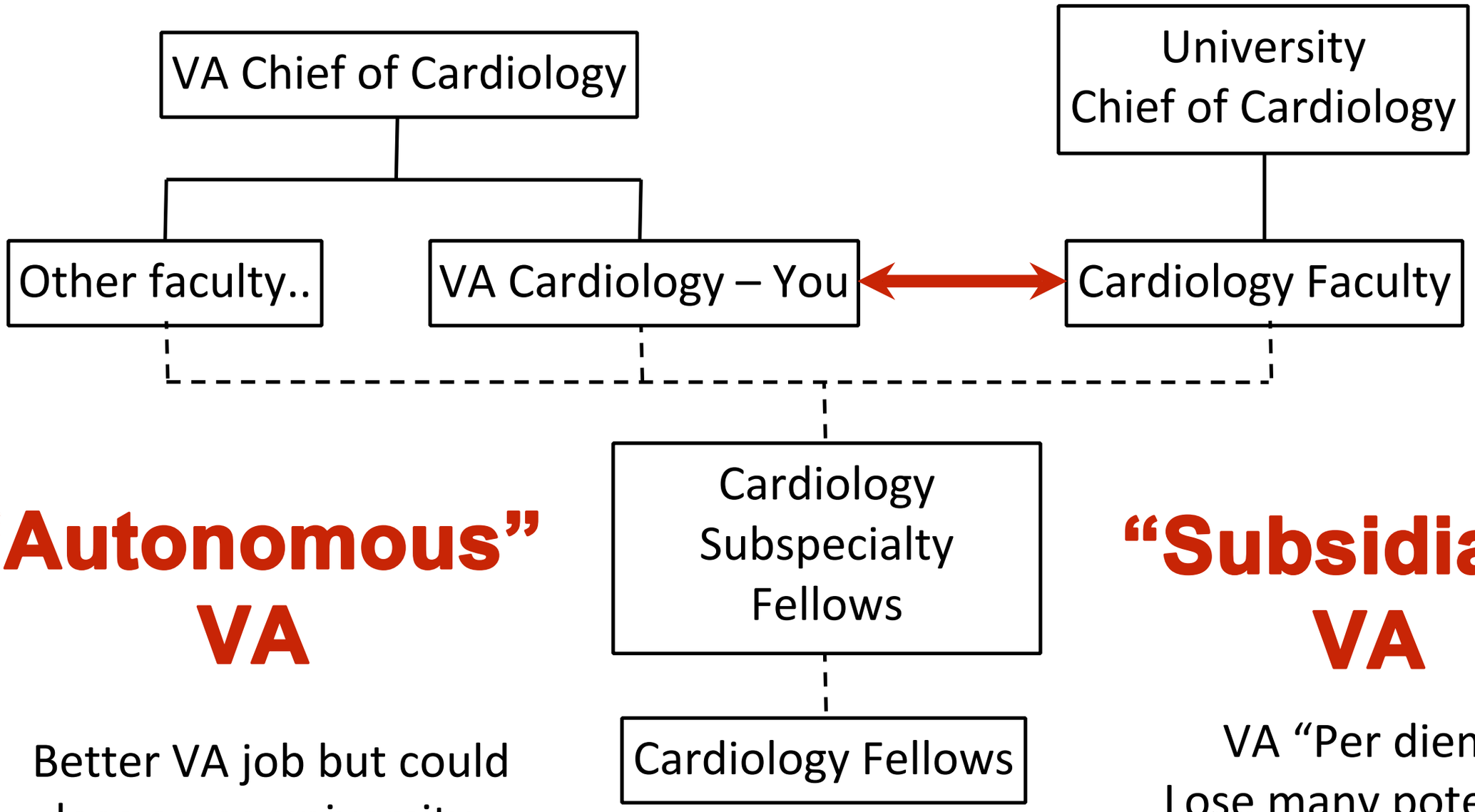
My story

- Cardiology (2006), EP (2008), MS (2008) @ UCSF
- Okay jobs outside of California
  - Wife on faculty at UCSF; couldn’t leave
- Local practice jobs all had red flags; wasn’t what I wanted
- UCSF: Instructor limbo
- Stanford
  - Full RVU model
- Palo Alto VA
  - 1.0 clinical FTE
  - $2M new EP equipment; 2 EP RNP that I can hire
  - Fellowship integration
  - Protected time (even before getting funded)
  - Faculty rotation (I’m not alone here)
  - I can also do clinical work at university

Key reasons to consider VA

1. Hard salary*
2. Time
3. Stability (so far)

*Also a key reason not to consider VA



"Autonomous" VA

Better VA job but could lose some university-side benefits

"Subsidiary" VA

VA "Per diem"
Lose many potential advantages, but retain some university-side benefits

(courtesy of Sanjiv Narayan MD PhD)

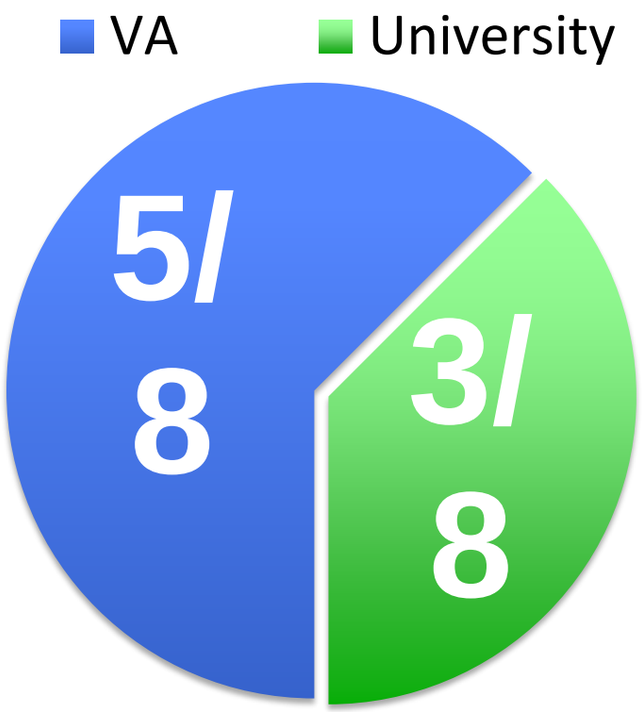
Clinical care: advantages

- Lots of patients; no heavy marketing required
- High “hit rate”: 60% of pts need a procedure
- Most have well resourced EP labs
  - AF, epicardial VT, extractions
  - Lariat, CardioMEMS, TAVR, MitraClip
- Highly integrated system
- Less EMR pain (built around patient care, not charge capture)
- Academic aura at large VAs has not changed
- **Great patients**
  - They understand risk and decision making
  - They have realistic expectations

Clinical care: disadvantages

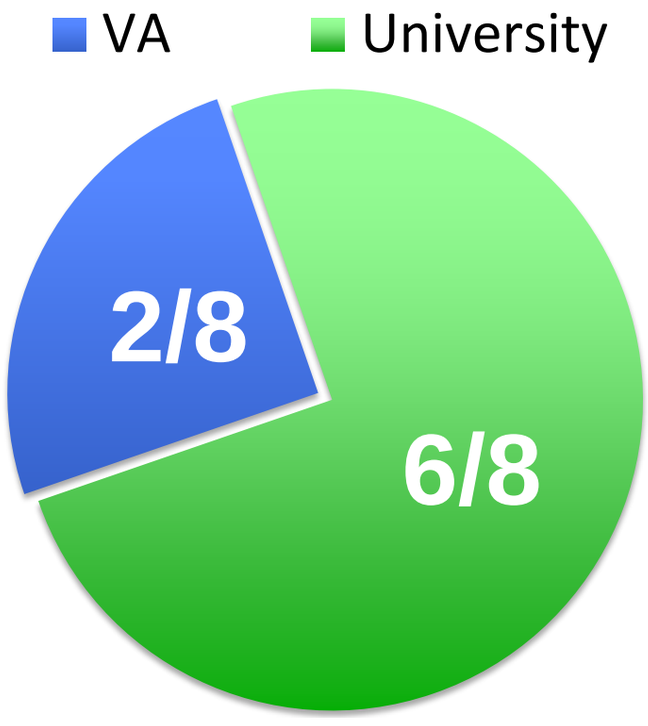
- No financial incentives for efficiency
  - Late starts; last case at 3:00 pm
  - Staff don’t want overtime
  - Less nimble
  - You can’t get paid more by doing more
- Hiring and retaining good people
  - Quality of administrative staff
  - Can select for “coasters”
  - Less of a problem in desirable cities
- More difficult to develop “master clinician” or “EP rock star” reputation

Salary models: “Rule of 8ths”



Grants buy out VA time; more you work, more protected time

Grants buy out University time; keeps you as a worker bee



- VA Eighths are “hard money”, not contingent on RVUs and best considered analogous to an FTE
- Salaries perceived to be lower at VA, but because one cannot “do more cases” to earn more
- Can earn secondary university pay for contributions outside of VA “Tour of Duty” (40 hour versus 60 hour work week)
- “Double Dipping” audited and is a felony

Research: advantages

- Protected time is built into most days
  - Late starts; last case at 3 pm
- Easier to minimize administrative burden
- Easy to identify and consent patients
  - Closed health care system
- Cheaper to enroll and conduct research
  - Low indirect rate (39%)
  - Studies cost less; sometimes free
- Access to VA Funding Mechanism
- Access to VA data
- DNA from 1 million Veterans (MVP)

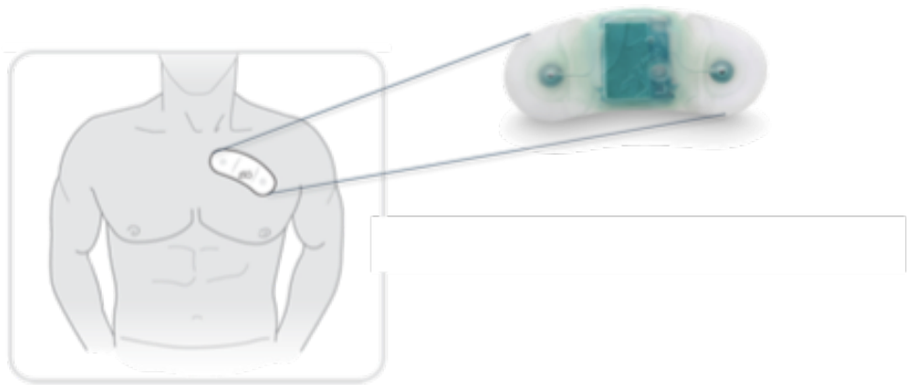
Most patients say, “yes!”

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

OUTPATIENT HEART MONITORING STUDY: NO-COST PARTICIPATION

If you are 55+ years of age, then you may qualify for a study to receive 14 days of monitoring with a wearable, discreet, compact heart monitor.

To qualify, you must have at least two of the following risk factors: 1) heart disease; 2) high blood pressure; 3) diabetes; 4) sleep apnea



Enrollment is voluntary and does not offer any drug or treatment.

For more information, contact Aditya Ullal (research coordinator) at (650)493-5000 x67512

Principal Investigator: Dr. Mintu Turakhia (Cardiology); (650)493-5000 x66890

VA Funding Mechanisms

- 3 Research Arms
  - Health Services Research
    - outcomes, **not** epi
  - Clinical (“wet”)
  - Rehab (spinal cord, traumatic brain injury)
- VA Career Development Award
  - 100% of a clinical salary for 75% time
- MERIT (R01)
- Rapid Response Project (R21)
- Service Directed Project (U01 or PPG)
- Locally funds

Leveraging VA Data: TREAT-AF

500K patients with newly diagnosed AF

Integration with pacemaker/ICD data

VA Claims (2002-present)

- Inpatient Claims
- Outpatient Encounters

VA EMR

- Laboratory
- Pharmacy
- Fee-based care
- Vital signs, wt, BMI

Death records

Medicare Claims
Part A, B, D

Pacemaker/ICD Remote Monitoring
CareLink

16,000 patients with devices
Programming settings, **daily AF burden**, arrhythmia episodes, shocks, device failure

(Turakhia M, JACC 2014; Turakhia M, HRS 2014)

U.S. INTERNATIONAL 中文

The New York Times

New Concerns About an Old Heart Drug

By ANAHAD O'CONNOR

August 11, 2014 3:50 pm

A large new study found that one of the oldest and most commonly used heart medications may shorten the lives of patients with atrial fibrillation, a common type of irregular heartbeat that afflicts about three million Americans. The findings are prompting some experts to warn that the drug should be prescribed less widely.

The drug, digoxin, is used every day by millions of mostly older patients, including many with atrial fibrillation, or A-fib. It is also prescribed for heart failure. Digoxin can help slow an abnormal heart rhythm and strengthen the heart's contractions. But the line between an effective dose and a toxic one is especially thin, and in recent years, a growing body of research has called the drug's safety into question.

The research, published in The Journal of the American College of Cardiology, suggests that doctors need to be particularly cautious about prescribing digoxin as a treatment for atrial fibrillation, which causes some of the deadliest and most debilitating strokes. The researchers followed more than 100,000 people with newly diagnosed atrial fibrillation and found that those prescribed digoxin were 20 percent more likely to die over the next several years than those who received other treatments.

(NY Times, August 12, 2014)

(Turakhia M, JACC 2014)

Research: disadvantages

- More layers of approval but processes now standardized
- 98% male
- Red tape for credentialing of research volunteers
- Very difficult to participate in IDE studies
  - VA won’t pay for device, even if market equivalent (new catheter, lead, etc.)
- Requires university and long-distance mentoring

Industry partnerships are possible

- Big companies
  - Medtronic, SJM, Edwards, Sentreheart, Gilead, J&J, Boehringer-Ingelheim
- Startups & Tech
  - AliveCor, Google, Ayasdi, Thryve

VA trajectories

- Stay in VA for 30 years and retire
  - Eternal VA clinician
    - Academic educator
  - Eternal VA scientist
  - VA leadership - chief, local, national
  - Impact is **deep**
- Transition out of VA
  - Give up hard salary for the right job
  - Private practice
  - University faculty (stepping stone or endowed chair)
  - University leadership or administration
  - Industry
  - Impact is **broad**

EPs who got their start in VA

- Sanjiv Narayan
- Peng Shen
- Ken Ellenbogen
- Mike Ezekowitz
- Matt Reynolds
- Jon Piccini
- Mithilesh Dash

EPs in VA

- Andy Epstein
- Sanjay Dixit
- Henry Hsia
- Alaa Shalaby
- Paul Varosy
- Jeff Rottman
- me
- many others

Summary

- There are many types of jobs and job settings
- Enter market with a clear direction of your goals in the first 3-5 years
  - Be honest with yourself
  - Don’t define goals based on the position
- Avoid places of dysfunction
- Get commitment from potential mentors before you sign

Is the VA right for me?

- Good – more autonomous, grant options, protected time, quality of life
  - Incredible access to data for outcomes research
- Bad – less direct access to ivory tower or private hospital benefits
  - Fewer bumps into faculty
  - Terrible food
- It is a good time to enter the VA
  - VA is throwing money at its problems
  - Salary pay tables are increased and often exceed university pay
  - Every VA is different; assess carefully

“This is not your grandfather’s VA”

VA PALO ALTO DIVISION

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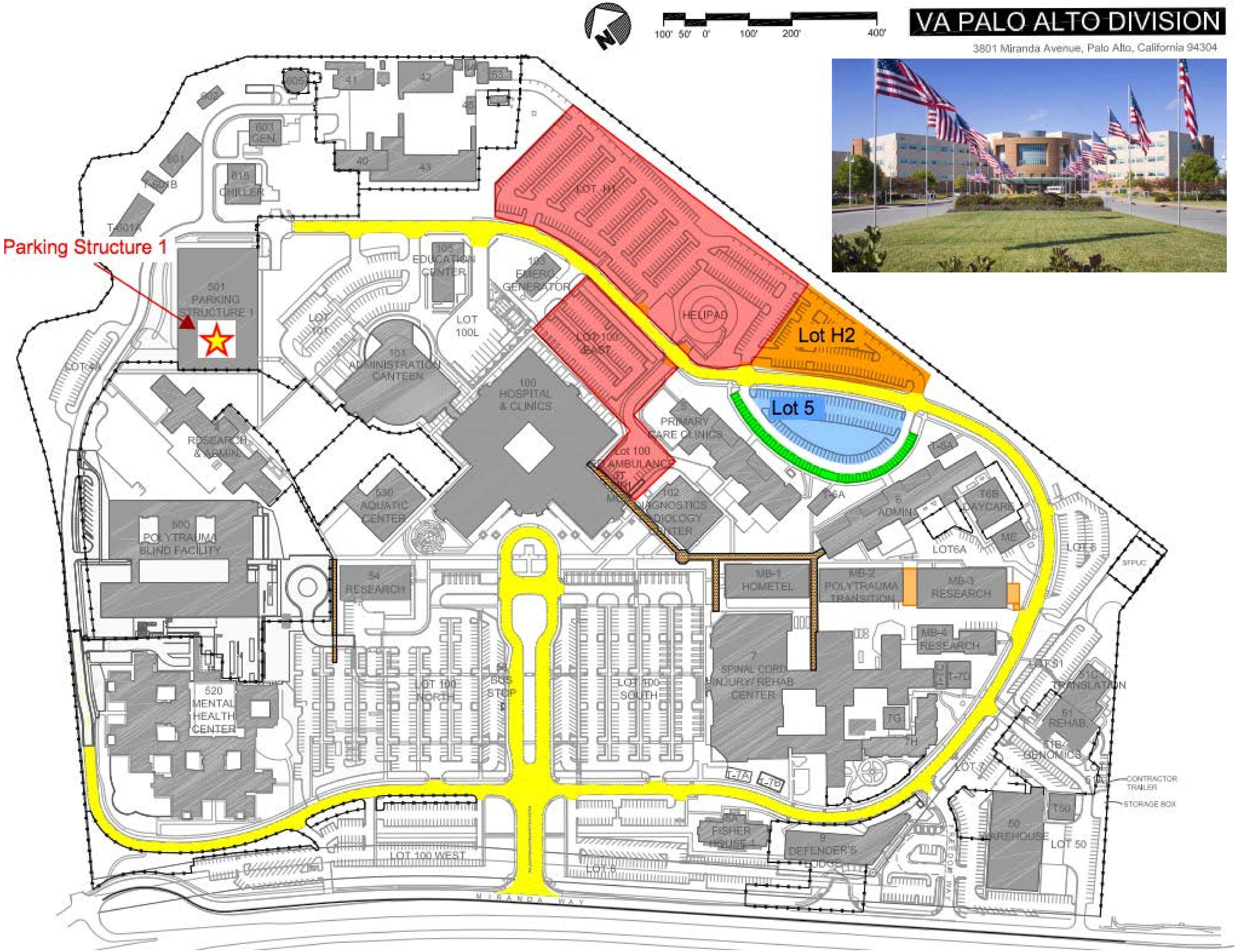

Thank you !

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