

COMMENTARY

Open Letter to VA Administration Regarding ACES

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I just returned from the Society of General Internal Medicine annual meeting. It is a gathering of academic general internal medicine (GIM) internists who influence the teaching, research, and leadership agendas of internal medicine departments nationally. The VA traditionally has a large representation at this meeting and sponsors a day of programs that promote opportunities for participation in VA research and system redesign. SGIM serves a networking function for primary care and has been influential in promoting the agenda of such programs as the Patient Aligned Care Team/Patient Centered Medical Home beyond the confines of the VA. At SGIM, best practices are shared and collaborations develop that have impact on GIM nationally and internationally. VA physicians are leaders in innovations in primary care, evidence-based medicine, applications of meaningful use of the electronic medical record, and

interprofessional collaboration—all highly valued by SGIM. The theme for next year's SGIM meeting is, in fact, inter-professional collaboration.

Unfortunately, the success of the VA and its large influence in SGIM is also its downfall—a large number of VA internists are primary care physicians who would like to attend this meeting. Many were kept away because of the rationing of travel opportunities inherent in the Attendance and Cost Estimation System (ACES) process. (Some may have been willing to go on their own nickel if time for attendance at the meeting were not prohibited for those not approved by ACES.) Ironically, if internists want to go to an esoteric and highly specialized meeting, they have a better chance of approval for that travel than for approval to attend the SGIM annual meeting.

As we consider high-value care and allocation of resources, the VA

should develop a model that allocates resources for programs with *impact*. The VA should consider the value added by the SGIM annual meeting and make it a priority to include rather than exclude our primary care colleagues from participating.

Next year's SGIM meeting will also be appropriate for attendance by interprofessional team members. It is an opportunity for VA members to collaborate and lead. The meeting is in Toronto, which will add another layer of complexity to the travel process for VA providers.

SGIM is a leader in promoting primary care careers for future physicians. These initiatives will have a lasting impact on the students we teach and on our future VA workforce. I hope that we can overcome the barriers to attendance at this meeting and support those who would innovate on behalf of GIM at the VA.