

**STATEMENT OF
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Chairman Benishek, Ranking Member Brownley, and Distinguished Members of the House Committee on Veterans' Affairs Subcommittee on Health, thank you for the opportunity to discuss the Department of Veterans Affairs' (VA) ability to recruit, on-board, and retain qualified medical professionals to treat Veteran patients. I am accompanied today by Mr. Elias Hernandez, Chief Officer for Workforce Management and Consulting, and Dr. Donna Gage, Chief Officer of Nursing.

Introduction

Today's discussion on Veterans Health Administration (VHA) staffing will initially focus on clinical productivity and modeling as determinants of staffing requirements. From there, we will transition to workforce composition and recruitment, followed by on-boarding medical professionals and subsequent retention. We will also discuss health care staffing in certain focus areas such as women Veterans and rural health.

Establishing, recruiting, filling and projecting staffing requirements for the VA's health care system is a very complex task. VHA operates 144 hospitals and 749 community based outpatient clinics across the United States and countries and territories around the world. VHA provides a full range of primary and specialty care health services for patients ranging in age from our youngest recently discharged Servicemembers to our most senior Veterans. There is substantial geographic and age variation among the Veteran population, most notably in rural areas – where more than five million Veterans reside. Veterans also present with health conditions as a result of their experiences and exposures in combat, and require an array of professionals to

address these unique needs. Ensuring the health of women Veterans requires a spectrum of care delivery specific to their needs.

Although a challenge, VHA has undertaken steps in recent years to improve clinical staffing management of medical professionals and support staff. This includes leveraging both external and internal best practices, notably in the area of team-based, patient centered care. VHA's *Blueprint for Excellence* establishes specific actions to achieve improvement of Veteran access to clinical care; and to improve the overall Veteran experience. VHA has in place a work force planning process specific to each medical center. And, VHA is aligning clinical staffing methods and models for greater effectiveness at forecasting requirements for care delivery.

To achieve the Secretary's goal for Veterans to receive timely access to care will require further integration of existing staffing, modeling, data, technology, and budgeting capabilities - and the development of new ones. In that way, we will proactively evolve positive health care outcomes for our Nation's Veterans.

Staffing Models

VHA has a work force of 23,000 employed physicians practicing across more than 30 sub-specialties. The largest component of this work force is Internal Medicine (largely primary care) and Mental Health (psychiatrists), representing nearly half of the physician work force. The majority of VHA's physicians are salaried, with approximately 10 percent of the physician work force under a contractual-type arrangement.

A sound staffing model should consider the needs of the population served, the performance (quality and access) and the productivity of the provider. Physician staffing is defined as adequate when ready patient access to high quality care/outcomes is achieved and provider productivity is within an acceptable range. When performance goals are not met, facilities need to determine whether this imbalance is related to an inadequate: supply of providers for the Veteran population served, provider productivity, systems to support high productivity such as support staff, and capital infrastructure.

VHA began development and implementation of the Patient Aligned Care Team (PACT) model in 2009, and it has since evolved into the central model for Veterans'

primary care across the country. Being team-based and panel-centric, PACTs are not evaluated as a function of productivity units per se, but rather assessed as a function of patient population served.

The diverse requirements of care delivery for mental health and women's health require a blend of staffing planning that incorporates elements of both team-based and productivity modeling.

To that end, clinical modeling, both for VHA and for other health care systems, is not a static, point-in-time function. Rather, clinical modeling is a constantly evolving activity, where emerging best practices are identified from continuous review of data and processes. Data sources and information technology themselves likewise evolve, further refining the ability of models to project requirements.

VHA has made noteworthy progress in some aspects of clinical staffing models and methods, with much work remaining to be done. Central to this effort is a determination of how to further evolve the application of productivity standards to clinical resource management. As noted previously, VHA has completed the definition of productivity standards for specialty physician practice areas, and is now moving forward on establishing the appropriate alignment of standards with assessments of staffing operations. Productivity measures (to include relative value units or RVUs) are by no means the sole determinant of efficiency of care delivery, but will serve as one of a number of relevant data points to evaluate overall clinical staffing practices.

For primary care, our providers are responsible for following a panel of patients, and in specialty care, we assess provider productivity consistent with industry standards using RVUs. Productivity expectations (panel size/provider or RVU/provider) are in place and monitoring is underway. Productivity data coupled with access measures provides a framework for determining the adequacy of VA specialty physician staffing levels. A web-based tool called the Specialty Productivity – Access Report Quadrant (SPARQ) tool is fully operational in VA and provides comprehensive practice management information for local managers and an algorithm to right size our provider work force toward the ultimate goal of ready access to quality care including, if necessary, purchasing this care in the community.

Veterans Access, Choice, and Accountability Act

The 2014 Veterans Access, Choice, and Accountability Act (Choice Act) appropriated funds to recruit and hire additional medical professionals and support staff to improve timely access to care. VHA's current baseline of 200,000 medical professionals and clinical support staff will be augmented by more than 10,000 additional staff by the end of Fiscal Year (FY) 2016. To date, VHA has recruited more than 2,500 additional medical professionals and support staff leveraging the Choice Act resources, approximately 25 percent of the overall target.

The requirements for additional medical professionals and support staff above VHA's existing baseline of clinicians and support were initially established by the Leading Access and Scheduling Initiative (LASI), launched on June 12, 2014. The objective of LASI was to define, analyze and propose solutions for the factors that inhibited care delivery for each medical facility in the Department. The review began with a centralized analysis of the latest access data from the field, along with clinical staffing models and managerial cost accounting to produce an initial estimate of the additional medical professionals and support staff required to improve Veterans' access to care.

Following this analysis, VHA conducted a series of reviews with the field medical facilities, to refine the estimates, based upon local conditions. This activity was incorporated into the Choice Act Spending Plan presented to Congress in accordance with Section 801 on December 3, 2014.

VHA then refined the spending plan into facility-specific hiring targets and refined the cost estimate per professional. The hiring plans were completed on January 14, 2015. This analysis produced a count of 10,682 Full-Time Equivalent (FTE) providers and staff, leveraging \$2.2 billion in Choice Act funding, as identified in the Spending Plan, to be executed by the end of FY 2016. These revised estimates were transmitted to Congress in the Funding Plan for Section 801 of the Veterans Access, Choice and Accountability Act of 2014 as required by Section 301 on December 3, 2014.

It should be noted that these numbers are point-in-time estimates of the projected FTEs required to enable timely access to care for Veterans. Veterans Integrated Service Network (VISN) Directors and Medical Center Directors continuously

evaluate and realign human resources between medical facilities and clinical practice areas as circumstances change over time. The location, quantity and specific skills of the medical professionals and support staff will be adjusted accordingly.

Recruitment Initiatives

VHA's National Recruitment Program, also known as the NRP, utilizes a multi-pronged approach to ensure we obtain the best health care workers in the country to treat America's Veterans. The NRP includes a dedicated national recruitment team that provides programs, services, and tools that enhance recruitment and retention of clinicians, allied health, and support staff. Recruiters, VISN Directors, Medical Center Directors, clinical leadership, and local human resources departments all work together in the development of comprehensive, client-centered recruitment strategies that address both current and future critical needs. VHA facilities also have in-house human resources departments, as well as physician and nurse recruiters, who conduct open houses and outreach within their local markets to identify, recruit and coordinate with potential applicants.

As noted above, marketing to medical professionals is another key element of the recruiting process. VHA's marketing plan is an aggressive multi-faceted, sustained, national outreach campaign to include targeted recruitment to areas which we have identified as challenged recruitment areas (rural and highly rural markets, psychiatry, gastroenterology, etc.).

VHA has been authorized to hire marriage and family therapists and licensed professional mental health counselors since 2010 and continues to hire individuals into these professions to expand the mental health workforce.

VHA initiated *Take a Closer Look at VA*, a national campaign to attract VHA health professions trainees to permanent positions. The campaign uses consistent centrally-coordinated marketing on a regular basis to reach out to VHA trainees, including information on how to directly contact a national recruiter about future permanent employment with VHA.

VHA also conducts additional recruitment activities with professional health care associations, including state medical boards and national conferences such as the

American Organization of Nurse Executives, the National Medical Hispanic Association and the American Psychological Association.

Unique Veteran Needs

We recognize that there are unique populations of Veterans that need to be taken into consideration, such as women Veterans and those living in rural areas.

Of the 22 million Veterans in the United States, 5.3 million (24 percent) live in rural areas of the country, and 3.2 million (60 percent) of those rural Veterans rely on the VA for at least some of their health care. Seventy-seven percent of rural communities in the United States currently have shortages in primary care providers, which impacts the health care of everyone in those communities, including rural Veterans, many of who use both VA and community providers for their health care. There are also shortages in specialty providers, for example, there are only 16 psychologists per 100,000 rural residents. Compounding this issue are rural residents' long drive times to care facilities, limited options for integrated health care options, lack of public transportation, limited broadband access and socioeconomic challenges. Combined, these factors can impede the wellness of local individuals, and ultimately the community.

The VA Office of Rural Health, in collaboration with other VA partners and non-VA Federal partners is exploring opportunities to:

- Determine where and what types of providers are in short supply at rural health care facilities providing care for rural Veterans;
- Develop and/or expand and support clinical training opportunities for rural health care practitioners providing care for rural Veterans to help retain them in rural areas;
- Promote and support rural health educational and rural clinical training experiences for residents, nursing and other health professions' students to help recruit future health care providers to rural practice; and
- Expand opportunities for training rural primary care providers in specialty areas that address the unique medical needs of rural Veteran demographic groups.

The increase in the rural Veteran population calls for a strong recruitment, marketing and advertising campaign that directs qualified applicants to VA facilities serving rural Veterans. The VA's rural relocation marketing campaign targets urban physicians in transit during their daily commutes with a compelling recruitment, marketing and advertising campaign to persuade them to explore options for relocation to the nearest VA medical center in a rural setting. This campaign targets geographic regions and specialties with highest need, and is published online and in a wide range of professional health care publications.

The number of women Veterans enrolling in VA health care is increasing, placing new demands on a VA health care system that historically treated mostly men. There are more than 2 million women Veterans in the United States accounting for more than 400,000 users of VA health care services in FY 2014. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans.

VA recognizes that the availability of on-site gynecologists plays a critical role in providing comprehensive care to women Veterans. However, gynecology specialty providers are not available on-site at all VA health care centers. Therefore, VA intends to address the hiring of gynecologists and improved access by expanding on-site gynecologic services and support as we implement the Choice Act. VHA is already enhancing gynecology care to women in rural areas through innovative technologies such as e-consults, tele-gynecology, and tele-maternity services. Expansion of these innovative technologies is being explored as a mechanism to ensure access to gynecology care in parts of the country where recruitment of gynecologists is a challenge.

Monetary Incentives

Recruitment, relocation, and retention incentives, also known as the "3Rs", may be used when there is a need to help recruit and retain highly qualified employees in difficult to fill positions. A recruitment incentive may be used to attract a new employee to a position that is likely to be difficult to fill without an incentive. A relocation incentive may be used to encourage a current employee to accept a position in a different

geographic area that is likely to be difficult to fill without an incentive. Retention incentives may be used to retain employees with high or unique qualifications or whose services are essential to special VA needs and would otherwise be likely to leave Federal service. All 3Rs incentives have specific criteria that must be addressed and documented in order to justify approval.

The Education Debt Reduction Program (EDRP) provides education loan repayment to certain health care professionals for hard to recruit or retain clinical occupations. In FY 2014, a Congressionally authorized enhancement to EDRP from the Choice Act increased the maximum allowable benefit from \$60,000 to \$120,000 for eligible applicants to this program. Considering the national scarcity of specialized health care providers and the significant debt associated with clinical training, this enhancement improves VA's recruitment and retention capabilities.

The Employee Incentive Scholarship Program (EISP) authorizes VA to award scholarships to employees pursuing degrees or training in health care disciplines for which recruitment and retention of qualified personnel is difficult. The National Nursing Education Initiative (NNEI) and the VA National Education for Employees Program (VANEED) are policy-derived programs that stem from the legislative authority of EISP. EISP awards cover tuition and related expenses such as registration, fees, and books. The NNEI program funds registered nurses pursuing associate, baccalaureate, and advanced nursing degrees. And VANEED provides replacement salary dollars and allows participants to accelerate their degree completion by attending school full-time. Each of these scholarship programs addresses critical recruitment and succession planning needs by obligating participants to complete a service obligation following completion of their academic program.

Special salary rates is another recruitment tool that allows VA to remain competitive with local labor markets by establishing higher salaries when needed for particular occupations. Competitive salaries are essential in the recruitment of candidates for critical hard to fill vacancies.

Credentialing and Privileging

Many of our most critical specialties require credentialing and privileging as part of the on-boarding of each medical professional. VA must take great care to hire qualified health care providers. Credentialing is the systematic process of screening and evaluating the provider's qualifications including education, training, licensure, certification, experience and competency. It is one of several steps in the entire process of hiring medical professionals. Privileging is the process by which a provider, licensed for independent practice, is permitted by law and the facility to practice independently and provide medical or other patient care services within the scope of their privileges. These requirements are driven by statute, regulation, policy, and accreditation standards. VHA is striving toward a streamlined credentialing and privileging process to address critical shortages of clinical staff for all medical facilities.

The credentialing process is supported by a national software program, called VetPro, that allows for credentials, once completed, to be shared across all VA medical centers. National recruiters, who have been given access to VetPro, were trained in and granted access to the system, to support providers in submitting information in a timely manner after accepting their tentative job offer. Additionally, VA is encouraging concurrent processes such as:

- Completing VetPro which is being linked to the VA Human Resources applications for all health care occupations which will autofill with information entered in VetPro, thereby reducing redundant submission requirements for candidates.
- Encouraging compensation panels to be held promptly after selection and concurrently with initiation of credentialing.
- Ensuring that medical and credentialing office staffing levels are appropriately and properly staffed.
- Continue encouragement of widespread utilization of the expedited medical staff appointment process when candidates are available to report for duty in 60 days or less from the tentative offer.

Conclusion

In conclusion, VHA is aggressively moving on all fronts: outreach, integration, technology and strategic planning through the *Blueprint for Excellence* to ensure we have a properly staffed and well-qualified team of health care professionals serving our Nation's Veterans. The challenges remain formidable, but our commitment to timely, accessible care and a positive patient experience is unwavering.

Mr. Chairman, this concludes my testimony. My colleagues and I are prepared to answer any questions you, or other Members of the Committee, may have.