

**Veterans Affairs Physician Assistant Association**

**HOUSE COMMITTEE ON VETERANS AFFAIRS  
SUBCOMMITTEE ON  
HEALTH**

**April 20, 2016**

**President VAPAA**

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Chairman Benishek, Ranking member Brownley, and other members of the House Veterans Affairs Subcommittee on Health, on behalf of the entire membership of the *Veterans Affairs Physician Assistant Association* (VAPAA) we appreciate the invitation to submit this testimony for the record. We thank members of this committee for critical, bipartisan legislation on Physician Assistant (PA) Workforce issues in the VA. We are very appreciative of H.R. 3974, **The ‘Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015,’ ) and we thank Congresswoman Ann Kuster for her leadership on this bill.**

As committee members are aware, Public Law 113-146, the Veterans Access, Choice, and Accountability Act of 2014, directs the Secretary, under the VA’s Health Professionals Education Assistance program, to give scholarship priority to applicants pursuing education or training towards a career in a health care occupation that represents one of the five largest staffing shortages. However, despite the PA profession being ranked on 1/2015 and 9/2015 as 3<sup>rd</sup> and 4<sup>th</sup> on the *OIG Determination of Veterans Health Administration’s Occupational Staffing Shortages*, the VHA has not created a dedicated PA scholarship program for any prospective students wishing to become a PA.

When congressional leaders ask VHA about the availability of scholarship money for PA scholarships; Healthcare Talent Management (HTM) will state that scholarship money for PA students is available through the *Employee Incentive Scholarship Program (EISP)*. *Unfortunately, despite this assertion, the VAPAA has found that these programs are not applied for PA recruiting scholarships or educational support.’*

*For Example:*

**Congressional Question:** What is the amount of scholarship monies that is currently available for Intermediate Care Technicians (ICT)?

**VHA Response:** The annual budgets for the following two Health Talent Management programs for which all VA staff including Physician Assistants (PA) and ICTs can apply are the following:

- The Employee Incentive Scholarship Program (EISP) – \$2,000,000 (Provides educational funding, i.e., tuition, books, fees)
- The VA National Education for Employees Program (VANEED) - \$14,573,000 (Provides educational funding and replacement salary)

A report from the Government Accountability Office in September 2015, shows that EISP has allocated from FY 2010 through FY 2014 - \$128,832,503.00 in funding for nursing and \$11,842,919.00 in support of NPs and NP programs, with only \$319,074.00 for PAs. Only 6 employees received scholarships to become PAs and 40 PAs who were master’s prepared but received a bachelor’s degree, completed additional course work to earn their Master’s degree from University of Nebraska bridge program.

As of April 20, 2016, it appears that VHA is in violation of Public Law 113-146 as VHA has not created a scholarship program or given scholarship priority to PAs pursuing education or training towards a career in a health care occupation that represents one of the five largest staffing shortages.

In fact, the Health Professional Scholarship Program (HPSP) is a subcomponent of the Health Professionals Educational Assistance Program (HPEAP). The original authorization for HPSP expired in 1998. On May 10, 2010, Public Law 111-163, Section 603 of The Caregivers and Veterans Omnibus Health Services Act of 2010, eliminated the 1998 sunset date and re-authorized the use of HPSP through December 14, 2014. The final rule for reinstatement of HPSP was published in the Federal Register and became effective on September 19, 2013. This timeframe allowed approximately one year during which the scholarship program would be operative. On August 7, 2014, as a result of Section 302 of Public Law 113-146, VACAA extended the authorization for HPSP through December 31, 2019. In accordance with Section 301 of VACAA, annual HPSP awards will be based on the top five healthcare occupations for which there are the largest staffing shortages throughout VA.

However, the (Office of Nursing Services) ONS and the Office of Academic Affiliation (OAA) included HPSP to fund VA Nursing Academic Partnerships – Graduate Education. 1.2 million dollars in funding earmarked for this program to pay for Acute Care Nurse Practitioner, Adult-Gerontology Nurse Practitioner, or Psychiatric Mental Health Nurse Practitioner. In addition HPSP funding will be used for appointments to the affiliated School of Nursing to pay for non-VA staff instead of providing support for our veterans.

To maintain a PA workforce, the VA must invest in its PA workforce. By FY 2022 48.7% of PAs will be eligible to retire. PAs have a *Total Loss Rate* of 10.92% <sup>(1.)</sup> which is the second highest total loss rate of any of the Mission Critical Occupation 2015. PAs have 1 year quit rate of 9.6% and a 5yr quit rate of 32.3%. PAs current vacancy rate is 23% which is well above the overall VHA vacancy rate of 16%. Despite being on the Workforce Succession Planning MCO for several years, and being on the OIG top 5, PAs only netted a mere 129 new PAs for FY 2015.

The PA profession has a unique relationship with veterans. The very first classes of physician assistants to graduate from PA educational programs were all former Navy corpsmen and army medics who served in the Vietnam War and wanted to apply their knowledge and experience in a civilian role in 1967. Today, there are 210 accredited PA educational university programs across the United States and approximately 2,020 PAs are employed by the Department of Veterans Affairs (VA), making the VA the largest single federal employer of PAs. These PAs provide high quality, cost effective quality health care working in hundreds of VA medical centers and outpatient clinics, providing medical care to thousands of veterans each year in their clinics. PAs work in both ambulatory care clinics, emergency medicine, CBOC's in rural health, and in wide variety of other medical, mental health, and surgical subspecialties.<sup>1,2</sup> In the VA system about a quarter of all primary care patients treated are seen by a PA<sup>3</sup>. Approximately 32% of PAs today employed by VHA are veterans, retired military, or currently serving in the National Guard and Reserves.

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1. Total loss rate Workforce Succession Planning 2016 reported 10.3, however, Workforce Analysis Dashboard 4.11.2016 shows PA total loss rate at 10.92%

The Veterans Affairs Physician Assistant Association (VAPAA) maintains that Physician Assistants are a critical component of improving VA health-care delivery, and have consistently recommended that VHA include them in all health-care national strategy staffing policy plans. However, since January 1993 when VA added the Title 38 GS-13, Chief Grade more than 22 years ago, little else has been done for this critical workforce and hope that as these committees review changes to improve access to care for veterans and oversight on VHA strategy for its healthcare workforce that changes will be included to address these PA problems.

### **Continued Delays in Hiring PA Employees**

VAPAA has found since last May's HVAC hearing that whenever a PA employee leaves the VA, VA acknowledges that it can take still six months to a year to fill one vacant position—assuming a viable pool of candidates is interested and available. When the VA seeks to replace health care professionals, VA cannot compete with nimble private health care systems. The lengthy process VA requires for candidates to receive employment commitments and boarding continues to hinder the VA ability to recruit and officially appoint new employees.

Private health care systems can easily fill PA vacancies in a matter of days or weeks. While PA applicants may have noble intentions of working for VA and serving veterans, many will forgo what could be a 4 to 6 month long waiting period and pursue timely employment opportunities elsewhere. For these reasons, we ask Congress to carefully review VA appointment authorities, internal credentialing processes, and common human-resources practices to identify ways to streamline the hiring process. If VA takes months to fill its health care vacancies with top talent, VA will continue to fail the delivery of timely, quality care to our nations' veterans.

Members of HVAC and SVAC both introduced bipartisan legislation last October, providing for specific plans for Grow Our Own, asking that VA utilizing VHA provisions (Titles III and VIII of the newly enacted Veterans Access, Choice, and Accountability Act of 2014) to include the national VHA plans for expanding recruiting for new FTEE PA positions and for retaining an optimal PA workforce utilizing our recommendations below.

### **Department of Veterans Affairs “Independent Care Technician” (ICT) Program, One Solution to Support Transitioning Medics and Corpsmen OIF OEF OND into “Grow Our Own” to Physician Assistant Occupation**

VAPAA points to another solution for meeting the healthcare workforce challenges in a recent pilot program. On October 26, 2011, the Administration announced its commitment to providing support to unemployed Post 9/11 combat veterans and it highlighted the PA profession as a prominent targeted career path for new returning veterans who had served as medics and corpsmen with combat medical skills similar to the history of returning Vietnam War veterans with these skills within the ICT pilot VA program at 19 VA sites. Medics and corpsmen receive extensive and valuable health care training while on active duty. They represent a large workforce – 74,000 medics and corpsmen, including Guard/Reserve, with 10,400 separating (FY 2011). According to a 2011 Army HR report, more than 20,000 medics were unemployed. Combat medics were the third largest military specialty drawing unemployment funds in 2011 from the Army.

Under this initiative, the Administration promoted incentives to create training, education, and certifications of medic and corpsmen in need of transitioning of their military medical skills, being hired to work inside VA emergency departments, and has expanded into primary care, mental health, and surgery clinic positions.

The VA has an excellent opportunity to facilitate and coordinate “Grow Our Own” combat medics, Corpsmen, or Air Force paramedics to transition to the physician assistant occupation. However the (ICT’s) currently in the Grow Our Own VA program are being frustrated by statements they should not expect scholarships from VA, and there is lack of VHA policy language directing VAMC’s to ensure educational support of these combat veteran PA program candidates, assisting them in admission to accredited PA university Masters programs with targeted scholarships for PA Education. Ten former OIF OEF combat veterans already enrolled in University PA program in Tennessee are told they will not be eligible for scholarships.

VAPAA is concerned over this ICT program that started in 2012 as it is being reported to be expanding to more full time ICTs. The continued lack of use of recruitment educational incentives within VHA and having it left at the discretion of the local hiring facility is setting up further frustration across the VA system with the lack of VHA scholarships for the critical PA occupation. The Office of VA Healthcare Retention and Recruitment and the VAMC’s participating in the pilot ICT program have no dedicated VHA support to transition them into PAs. The barriers to PA recruitment and retention will continue unless congressional members provide oversight, VHA must ensure that employee incentive programs, such as the EISP and the VA Employee Debt Reduction Program are made consistently available to all critical healthcare workforce PA vacancy announcements and utilized in ICT the program. VISN and VA medical center directors they must be held accountable for the failure to utilize these recruiting tools.

The ICT Program establishment and expansion was authorized by the Under Secretary of the VA in March 2015. The program expansion will increase ICTs in the VA from the original 45 by hiring 234 more ICTs. Hiring the additional 234 ICTs has been left to the discretion of the Facility Directors of individual VAMC’s.

Between March 2015 when the ICT expansion was approved and March 2016, less than 6 of the additional 234 ICTs have actually been hired by the VA. So VHA was supposed to develop a national VA veteran employment program targeting OIF OEF combat medics and corpsmen but it is being managed by local VAMCs with little oversight from VHA or VISN Directors.

### **Critical Workforce Occupations:**

VA’s mission statement for human resources is to recruit, develop, and retain a competent, committed, and diverse workforce that provides high quality service to veterans and their families. VA identifies specific occupations as “critical occupations” based on the degree of need and the difficulty in recruitment and retention. There are 3 types of primary care clinical providers within the VA that provide direct patient care - Physicians, Physician Assistants and Nurse Practitioners. Physicians have *mandated* yearly market pay survey. Nurse Practitioners, by virtue of being a nurse, are under the *mandated* yearly RN LPS.

PAs in a few facilities fall under *Special Salary Rates*; however, this is NOT *mandated yearly*. Some facilities have not performed a special salary survey for 11 years, resulting in the reporting in the VISN 2014-15 Workforce Succession Plan - 12 out of the 21 VISNs (88 VA main facilities) reported the reason that their VISN cannot hire PA's is because they cannot compete with the private sector pay. VA has refused to pursue steps to solve the current retention problems for PA's.

**Recommendations:** We ask that both committees recognize the need to invest in the Recruitment and Retention of the PA Workforce in the VA System by supporting enactment and supported by the veteran service organizations at the November 18, 2015 hearing on S. 2134 and call attention the VHA witness Dr. Carolyn McCarthy testified in favor of this legislation '**Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015.**' (H.R. 3974). **Additionally, we recommend the following --**

- A. Restructure VHA Handbook 1020 - *Employee Incentive Scholarship Program (EISP)*.
- B. Include PAs at all facility level to reflect Workforce Succession Planning and the OIG Top 5 as a hard to recruit occupation as this is the qualifying factor for EISP funding.
- C. Include Education Debt Reduction Plan in all PA job postings.
- D. Include targeted scholarships for the ICT program OIF OEF *Grow Our Own* returning veterans, and mandate VHA shall appoint PA ICT National director to coordinate the educational assistance necessary and be liaison with PA university programs.
- E. H.R. 3974 would direct new Physician Assistant director position to work within the National Healthcare Recruiter, Workforce Management & Consulting VHA Healthcare Recruitment & Marketing Office.
  - a. This position then can develop targeted recruiting plans with 187 PA programs, working in a way that the local Human Resource Officer (HRO) often will not; due to lack of staffing.
- F. The VA employed PA national Healthcare Recruiter would develop improvements in finding qualified candidate in a matter of days not months.
- G. VHA must incorporate new PA consultant manager into this National Healthcare Workforce program office.
- H. *Health Professional Scholarship Program.*—The Health Professional Scholarship Program (HPSP) provides scholarships to students receiving education or training in a direct or indirect health care services discipline. Awards are offered on a competitive basis and are exempt from Federal taxation. In exchange for the award, scholarship program participants agree to a service obligation in a VA health care facility. The Committee continues to support this program and is concerned that VA is limiting HPSP awards to only nursing students in fiscal year 2016. The Committee believes strongly that ample resources exist within the Department to ensure that hard to fill Top 5 OIG occupations are not excluded from participation. The Committee directs the VA to report to the Committee on Appropriations of both Houses of Congress no later than October 30, 2016, each profession that is eligible to receive the scholarship and any limitation that the Department is placing on awards
- I. Establish PA Pay Grades I-V, to continue be competitive with the civilian job market

**Conclusion:**

Chairman Benishek, Ranking member Brownley, and other members of the HVAC Subcommittee on Health; as you strive to ensure that all veterans receive timely access to

quality healthcare and as you build increased capacity for delivery of accessible high quality health care, and demand more accountability into the VA health care system, I strongly urge the full Committee to review the important critical role of the PA profession and to ensure legislatively that VHA takes immediate steps to address these longstanding problems and continue to work with us in supporting our Nation's veterans.

#### **DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS**

Veterans Affairs Physician Assistant Association

The Veterans Affairs Physician Assistant Association (VAPAA) does not currently receive any money from a federal contract or grants. During the past six years, VAPAA has not entered into any federal contracts or grants for any federal services or governmental programs.

VAPAA is a 501c (3) nonprofit membership organization.