

**STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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Good morning, Mr. Chairman, Ranking Member Brownley, and Members of the Committee. Thank you for the opportunity to discuss staffing for the Department of Veterans Affairs (VA). I am accompanied today by Ms. Jessica Bonjorni, Veterans Health Administration (VHA) Acting Assistant Deputy Under Secretary for Health for Workforce Services.

We are excited to report to you the progress VA has made in the last year to support recruitment and retention for the professionals who provide healthcare, benefits assistance, and memorial services to our Veterans.

Leadership Training Plan

VA is partnering with numerous private-sector organizations to strengthen the leadership and technical skills of VA executives, while at the same time leveraging the relationships to identify innovative strategies, best practices and technologies to drive transformational changes in VA healthcare management and delivery systems. The Executive Management Fellowship (EMF) program allows for reciprocal assignments of private-sector executives in VA facilities and VA executives in private sector healthcare organizations. VA is currently finalizing the hosting agreements and identifying the VA participants in this program, with the initial cohort to be selected by mid-July 2018. Once the fellowship agreements are in place, VA will extend reciprocal Fellowship opportunities to employees in the partner private-sector organizations. We anticipate having up to 20 EMFs in the year-long program in private-sector healthcare organizations across the country beginning this October, with private-sector EMFs being hosted in VA facilities shortly thereafter.

Military Transition

VA has developed a three-pronged approach to encouraging transitioning Servicemembers to consider employment at the Veterans Health Administration. VA has partnered with Department of Defense (DoD) military installations in the National Capital Region on an initiative called Military Transition and Training Advancement Course (MTTAC). MTTAC is an entry-level training program for Servicemembers currently enrolled in the transition process, who anticipate being released from active duty within 90 to 120 days. This training program is modeled after VA's very successful Warrior Training Advancement program, which trains transitioning Servicemembers to serve as benefits claims examiners. VA's MTTAC program is currently set up to train Servicemembers to become medical support assistants, with the goal of hiring them into VA immediately upon separation from the military. As part of the course, Servicemembers are also provided with general Federal employment tips, including how to write a Federal resume and how to apply for Federal jobs. The first course was in May 2018, and the next class is scheduled for July 16-27, 2018 at Walter Reed National Military Medical Center. This course is expected to be offered at Fort Belvoir and Aberdeen Proving Ground in August 2018.

VA is also using a direct marketing campaign to attract military medical professionals currently enrolled in the transition process. VA uses the VA-DoD Identity Repository data to identify Servicemembers, time of discharge, and military occupational specialty. The first campaign will launch on June 30, 2018.

In addition, the Intermediate Care Technician (ICT) Program is an established VA program to recruit former military medics and corpsmen into positions in VA Medical Center (VAMC) emergency departments and other specialty areas. ICTs are aligned organizationally under licensed independent practitioners in the clinical setting to maximize their utility and value to Veteran care. This program has been piloted in VA and was deployed to 23 VA VAMCs at the start of fiscal year (FY) 2018. VA intends to expand this program to all 171 VAMCs.

System-wide Method to Share Information about Physician Trainees

In close partnership with the Office of Personnel Management, VA has evaluated new requirements necessary to track physician trainees in HR-Smart and is developing requirements for VA's interface with the USA Staffing information system. The current USA Staffing interface design does not currently include "without compensation" employees. A 90-day pilot is currently underway to test the technical solution being proposed to track physician trainees to assess employment and retention of trainees. Afterward, additional pilot projects at various sites will be performed, including full application of the trainee onboarding initiative. The anticipated completion date for these pilot projects is the fourth quarter of FY 2019.

Physician Recruitment & Retention Strategies

VA has taken steps to complete a comprehensive, system-wide evaluation of the physician recruitment and retention strategies. VA's Office of Workforce Management and Consulting (WMC) is in the process of completing a review of physician recruitment, relocation, and retention incentives by specialty as well as a comparison of salary data for local markets.

VA's WMC is working with VA's Partnered Evidence-based Policy Resource Center to evaluate the impact of market trends and recruitment and retention incentives to target resources effectively. To date, analysis is conducted at the VAMC level. Targets for FY 2018, Q3 are focusing on analysis at the individual employee level to provide a richer variation and more statistical power to measure the impact of Federal-private wage differential, impact of incentives such as the Education Debt Reduction Program, recruitment, retention and relocation incentives on employees receiving such benefits and other variables of interest.

WMC is also actively collaborating with Quality Enhancement Research Initiative partners to evaluate and refine strategic allocation of workforce resources for critical staffing needs within the top clinical staffing shortage occupations (physicians, registered nurses, physician assistants and psychologists). Ongoing activities include evaluation and development of existing recruitment and retention incentives, loan

repayment and scholarship programs. Components of the recruitment and retention evaluation specific tasks include not only evaluating the effectiveness of these recruitment and retention programs, but also exploration of predictive turnover, retention profiling, and a pilot design for a strategic approach of workforce resources. The study is expected to conclude by the end of FY 2018.

Staffing Models for Critical Need Occupations

The VA Specialty Care Staffing Working Group continues its efforts. The team is building and establishing an integrated set of costing, forecasting and productivity tools based upon the latest 2016 and 2017 information. Previous work by the team established a data baseline, demonstrating the relationship between Veteran demand for Specialty Care services with corresponding cost, complexity and productivity factors. The team is now evaluating the results and developing staffing models and decision matrices for medical facilities to use when setting Specialty Care staffing requirements. The anticipated completion date for initial delivery is September 2018.

Meanwhile, VA continues to evolve its clinical staff modeling and workforce planning for other practice areas. VA is leveraging long-standing staffing models for primary care, mental health, and nursing; and is developing, evaluating, and refining additional staffing models for other functional areas. VA provided technical support to the Office of the Inspector General (OIG) for an OIG independent assessment of field occupational staffing priorities in February 2018. VA OIG released their report to VA, the results will be incorporated into the next round of clinical staffing planning assessments. The anticipated completion date is September 2018. The Medical Center results will be published in the Federal Register by September 2018.

VA is establishing a manpower capacity for the entire Department, with the creation of a permanent manpower office in the Office of Management, and is leveraging HR Smart as a technical solution-enabling position management. VHA is closely integrated with the Department's efforts and is committed to deploying a position management solution for both clinical and non-clinical requirements.

An updated, efficiently aligned position categorization structure will enable VA facilities to more precisely define their clinical and non-clinical staffing requirements. Such a structure will also enable staffing predictive power on the part of VAMCs and Veterans Integrated Service Networks, and will simultaneously enable the flow of staffing requirements to the enterprise level, facilitating national recruitment efforts and budget formulation.

Predicting Staffing Changes

The VA Enrollee Health Care Projection Model (EHCPM), developed in 1998, is a sophisticated healthcare demand projection model and uses actuarial methods and approaches to project Veteran demand for VA healthcare. These approaches are consistent with the actuarial methods employed by the Nation's insurers and public providers, such as Medicare and Medicaid. The EHCPM projects enrollment, utilization, and expenditures for the enrolled Veteran population for more than 90 categories of healthcare services 20 years into the future.

A key component in of the EHCPM is "reliance." A unique aspect of the enrolled Veteran population is that enrollees have many options for healthcare coverage in addition to VA: Medicare, Medicaid, TRICARE, and private insurance. Approximately 80 percent of enrollees have some type of public or private healthcare coverage in addition to VA. As a result, enrollees rely on VA for approximately one-third of their healthcare needs. Changes in enrollee reliance occur as a result of many factors, such as enrollee movement into service-connected priorities, changing economic conditions, VA's efforts to provide Veterans access to the services they need, VA's efforts to enhance its practice of healthcare, the opening of new or expanded facilities, and the availability of services and/or the cost sharing associated with services in the private sector.

The VHA Office of Enrollment and Forecasting and the Specialty Care Delivery Network Model Work Group Co-Chairs (WMC and National Surgery Office) are incorporating EHCPM data into its staffing model development, including the Specialty Care Delivery Network Model. VA will continue to expand its capability to predict

Veteran demand for care and to further enhance the ability of its staffing models to leverage demand prediction.

This remains a critical activity, and as noted above is being conducted as a subset of the Specialty Care Services Staffing workgroup. The team is currently analyzing enrollee demand for all healthcare within a healthcare market (whether received in a public or private setting), not just within a framework of demand in the context of VA facilities. The anticipated completion date is the end of 2018.

Training Human Resource Specialists

Through April 2018, there have been 422 new General Schedule (GS) 201 Human Resources (HR) specialists hired into VA. At the start of FY 2018, VA launched a course called 201 Jumpstart. This self-paced virtual course helps orient HR professionals to VA, and includes training on how to best recruit and retain employees. Following the completion of this course, new HR Specialists enroll in the New Talent Development Program (NTDP) which is a face-to-face training that provides comprehensive HR training on two tracks: (1) Staffing/Classification and (2) Employee Relations/Labor Relations/Performance Management. After piloting NTDP in the first two quarters of FY 2018, the program is now expanding to enroll all newly hired HR Specialists, with annual throughput capacity of 900 employees. To date, 120 HR Specialists have completed the NTDP, with an additional 34 currently enrolled.

Mental Health Hiring

VA has committed to achieving a net gain of 1,000 Mental Health (MH) Providers by the end of this calendar year. As of June 8, 2018, VA has achieved a net gain of 424 new MH clinicians. As part of this MH hiring initiative, VA used a new workforce planning approach that has proven to be a successful proof of concept for early VA manpower capabilities, including analysis of workforce and mitigation of regrettable losses. In addition, VA launched the first VA MH Trainee and Early Career Connection and Recruitment event, to help potential candidates connect, match, and interview with local VAMCs that are hiring. Approximately 2,000 matches have been made between

participants and 75 VAMCs. The VA MH Trainee and Early Career Connection and Recruitment event will run through late July 2018.

Conclusion

VA appreciates Congress's support, which allows us to train future healthcare professionals to care for Veterans and the Nation as a whole. Mr. Chairman, this concludes my testimony. My colleague and I are prepared to answer any questions you, Ranking Member Walz, or other members of the Committee may have.