

Health Care Critical Issues



1 Ensure VA Remains the Primary Provider of Care

Vacancies and Staffing Shortages

Health care professionals and nonclinical staff are essential to ensuring the Department of Veterans Affairs (VA) remains the primary provider of care to our nation's veterans. The COVID-19 pandemic has significantly affected the healthcare system and its employees, both clinical and nonclinical. According to VA, the Veterans Health Administration (VHA) employed 371,809 individuals at the end of the fourth quarter for fiscal year (FY) 2022. They had 76,877 vacancies, trending upward from last year. If this continues, a more significant impact will occur in the next five to 15 years as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act) (Public

Law 117-168) increases the enrollment for unique veteran patients.

Identifying severe staff shortages allows for precision recruitment and retention efforts. VA's Office of Inspector General is charged with auditing critical staffing shortages in each fiscal year. In its FY 2022 report¹, across the system, the VHA identified more than 2,600 severe staffing shortages across 285 occupations. The report also found that professional staffing shortages are pervasive throughout the system. For example, 91 percent of VA facilities identified critical staffing shortages in nursing and 87 percent of VA facilities identified shortages in medical officers. Practical nurses, medical support assistants, and custodial workers were also among the most severe staffing needs. Psychologists and other mental health professionals are also in short supply.

¹ Department of Veteran Affairs Office of Inspector General; Veterans Health Administration: OIG Determination of Veterans Health Administration's Occupational Staffing Shortages Fiscal Year 2022, July 2022.

Recruitment

As the nation's largest integrated healthcare delivery system, the VHA workforce challenges mirror those of the broader healthcare industry. The clinical recruitment market is highly competitive; therefore, VA encounters similar challenges as the private sector. According to VA's FY 2023 Budget Submission book for Medical Programs and Information Technology Programs, VA plans to spend \$3.7 billion on medical staffing. This figure projects Medical Services full-time equivalents are due to increase by 10,886 over the 2023 level. This increase accounts for Federal Employee Retirement System adjustments, wage increases, and changes in the experience of recently onboarded staff. VA offers a recruitment and retention bonus of up to 25 percent of the rate of basic pay for new hires to remain with the department. VA officials also recently stated that they must hire at least 45,000 nurses over the next three years to keep up with attrition.

If fully utilized, the pay and workforce provisions approved by Congress in Public Law 117-103 (RAISE Act) and the PACT Act will greatly improve VA's ability to recruit and retain the quality medical professionals it needs to care for veterans in the near- and long-term. Oversight of these provisions will be necessary

to ensure proper utilization and make essential modifications. Still, additional action will be needed to boost pay caps for those in other provider roles, fill critical medical center director positions, and streamline the department's hiring practices.



The IBVSOs Recommend ✓

- ★ VA ensure that HR Smart (a VA human resource database) is being used to its full capacity to better understand the true number of vacancies.
- ★ VA identify, and Congress approve, lifting pay caps for hard-to-fill medical positions not prescribed in the RAISE and PACT Acts.
- ★ Congress direct VA to implement a performance management and awards system for directors of medical centers and Veterans Integrated Services Networks (VISNs). These employees' market rate of pay would be determined on a case-by-case basis, accounting for the employee's previous experience, the complexity of the assignment, performance, the labor market for similar positions, and recruitment needs.
- ★ VA provide definitive salary information to prospective medical professionals before onboarding. Nurses and other medical personnel are not informed of their actual salary until after they start working. This may make VA less attractive to the medical professional weighing potential income from the department to a known figure offered by a healthcare system in the private sector.

Retention

VA uses several tactics and programs to improve recruitment and retention. Some of these include increased maximum physician salaries; implementation of Stay in VA Touchpoints to strengthen employee engagement and retention through regularly scheduled supervisory-staff conversations; and targeted use of recruitment, relocation, and retention incentives. VA also used the Education Debt Reduction, the Health Profession Scholarship, and the Specialty Education Loan Repayment programs as incentives.

VA should continue working with Congress on ways to enhance employee wages to ensure they are competitive with the private sector, emphasizing personnel providing mission-critical work. Meanwhile, greater investment in employee well-being is needed. VA launched the Reduce Employee Burnout and Optimize Organizational Thriving (also known as REBOOT) Task Force to address professional burnout and promote fulfillment among VHA employees, but few employees seem aware of it.

Also, every credentialed medical position requires a prescribed number of continuing education hours to keep their certification current, but VA only offers modest help with licensing examinations and certifications. Expanding the level of support in this area could serve as a powerful retention incentive while ensuring a higher state of qualification and readiness of VA medical personnel.

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- ★ **Congress allow VA to waive limitations on pay for all VHA employees who are performing mission-critical work.**
- ★ **VA raise awareness of programs to prevent employee burnout and improve the quality of their workplace environment.**
- ★ **VA increase reimbursement of continuing education requirements for all credentialed personnel.**

Infrastructure

VA's healthcare system provides direct medical care to more than seven million veterans every year through an integrated system of over 1,750 access points, including medical centers, outpatient clinics, Vet Centers, and community living centers. VA's health care infrastructure includes more than 5,600 buildings and 34,000 acres, much of which was built more than 50 years ago. For more than two decades, funding for construction, repairs, and maintenance of VA's health care facilities has lagged behind even the most conservative estimates of the actual needs.

The recent failure of the Asset and Infrastructure Review (AIR) process highlights the longstanding challenges of adequately planning, funding, constructing, and maintaining VA's health care infrastructure. While VA's AIR recommendations documented the need for significant new investments to expand its health care footprint, it failed to accurately and transparently assess the future health care needs of veterans, including how VA and community assets can meet those needs. In addition, there remains a long list of seismic deficiencies VA has failed to address.

VA also supports aging and severely disabled veterans by operating 131 Community Living Centers and providing grants and per diem support to 157 State Veterans Homes, as well as hundreds of community nursing facilities. VA has unique challenges maintaining adequate numbers of long-term care (LTC) facilities for veterans with spinal cord injuries and disorders (SCI/D). While VA must continue to expand its noninstitutional, home-based services and support, it also needs to expand capital investments in new institutional care for the growing number of aging veterans.

Even with a comprehensive strategy and adequate infrastructure funding, VA's internal capacity to manage a growing portfolio of construction projects is constrained by the number and capability of its construction management staff. To manage a larger, more complex capital asset portfolio, VA must have sufficient personnel with appropriate expertise—both within VA Central Office and onsite throughout the VA system.

Given the high cost of constructing new facilities, coupled with the increasing integration of nonVA providers into VA community care networks, VA should consider leveraging existing health care relationships with other federal agencies, such as the Department of Defense and the Indian Health Service, and academic affiliates, as well as exploring new models of sharing arrangements with private providers in VA's community care networks.

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- ★ Congress and VA work together to develop and implement a new comprehensive strategy to build, repair, and realign VA’s health care infrastructure to meet current and future demand. This strategy should specifically address the specialized care needs of veterans, including LTC and SCI/D program needs.
- ★ Congress increase resources to expand VA’s internal capacity and expertise to build, repair, maintain, and manage facilities by hiring additional personnel and implementing training curriculum and certification programming required by the VA MISSION Act.
- ★ VA explore additional opportunities to expand partnering arrangements to supplement VA’s health care infrastructure.

