

9 Ensure Sufficient VA Health Care Staffing

Before the pandemic, the Department of Veterans Affairs (VA) had roughly 45,000 unfilled vacancies, including about 2,500 primary care physicians, more than 700 psychologists, and 1,900 social workers. The pandemic brought on an increase in telehealth appointments for veterans to continue their care and amplified precautions for in-patient care. Therefore, additional VHA environmental quality assurance measures were carried out to stop the spread of the virus. VA called on retirees to come back to work and shifted staff among departments. By relaxing some of its own policies, the VHA was able to hire thousands of new employees, including 3,300 physicians and more than 12,400 registered nurses. The VHA has experienced chronic health care professional shortages for many years, which diminishes the department's ability to deliver timely, accessible, and high-quality care and, in some cases, places the health and well-being of veterans at risk. Even though VA has taken many steps to track and address staffing shortages, a more cohesive plan is needed to maintain adequate staffing levels for the timely delivery of veterans' care. Countless times, the most cited challenges to improving VHA staffing fell into three distinct categories: 1) the lack of qualified applicants; 2) noncompetitive salaries; and 3) high staff turnover.

Introduce Staffing Models

Over the years, VA's vacancy rate has remained a concern as VA seeks to provide efficient, high-quality care. Since 2015, the VA Office of Inspector General annual report on staffing shortages recommended VHA develop and implement staffing models, especially in critical need occupations.²⁹ Staffing models that consider work activity, labor hours, collateral duties, employee's time spent on tasks, the ratio of staff members to veterans enrolled in a specific catchment area, and calculation of cost, would allow VA to better assess their current workforce, and forecast necessary coverage and growth needs in the





future. According to a U.S. Government Accountability Office (GAO) report from October 2019, one-third of VA employees who were on board as of September 30, 2017, will be eligible to retire by 2022.³⁰ VA can gauge when positions will be vacant due to retirement, maternity/paternity leave, or other predictable reasons. By being proactive and anticipating vacancy rates, along with projected estimates for veterans increased demand for care in specific needs and changes in the veteran population, VA can better manage employee retention and recruitment.

Increase Workforce Salary

Implementing the VA MISSION Act created and funded multiple opportunities for VA to explore alternative staffing models, as well as expand incentives to recruit and retain talented professionals and valuable nonclinical

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employees. Section 106 requires VA to perform market assessments of medical staff, salaries, incentives, and other benefits to gain better insight into where VA medical centers stand compared to their community health care systems. Medical professional associations

and the Department of Labor can assist in accessing local and national competitive pay scales.

Like other health care systems, the VHA needs to continue to stay abreast of the competition in the private sector. The cost of living through market assessments and additional studies can ensure VA employees earn a salary that allows them to live and work within the communities they serve. Certain areas, like Hawaii, Alaska, California, and New York City, have an extremely high cost of living. A specific locality pay formula that considers these extreme areas can make them more attractive and alluring, allowing them to fill their staffing vacancies.

Strengthen VA Oversight & Accountability

As the nation’s largest integrated health care system, VA employs over 320,000 health care professionals and support staff. According to a February 2015 report, GAO added managing risk and improving VA health care to the High-Risk List. The GAO High-Risk List is comprised of programs that are vulnerable to fraud, waste, abuse, and mismanagement. One of the five concerns from this report was inadequate training for VA staff. Multiple gaps in VA training were found to have put veterans’ health at risk. An excessive administrative burden can often contribute to health care professional burnout. To continue to nurture the highest quality providers, GAO recommended establishing performance pay goals for their providers. Oversight, accountability, and transparency need to continue until VA is off the High-Risk List.



Execute Effective Succession Planning

A continued stream of new health care professionals and nonclinical staff is needed for the VHA to maintain a robust and viable care system for our nation's veterans. Recently, VA informed Congress they would like to retain some of the modified procedures to help with recruiting once the national emergency is over. Although this may help in the near term, without a concerted effort by the VHA and Congress to improve incentives and address retention problems, the staffing shortages will persist and worsen. A March 2019 GAO report mentions that the lack of effective succession planning will hamper VA's ability to develop a pool of potential staff to meet

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its mission over the long term. Experienced and capable employees must be able to take on and continue VHA's mission. Many health professional trainees seek the opportunity to train in the nation's largest health care system, and VA prides itself on offering an education with cutting-edge and innovative technology. The Office of Academic Affiliations cultivates the important partnership between the VHA and academic institutions. Title III of the VA MISSION Act allows the VHA to make critical

improvements to recruit health care professionals. Relationships with these health care professional associations and certifying boards can keep the VHA abreast of industries' wants, needs, and ambitions. Incentives to cultivate and retain nonclinical employees, such as the environment of care specialist, is vital for the VHA to continue to improve its services and make needed adjustments into the future related to the pandemic and its impact on the world's nation systems.

Workplace safety is vital to the retention and recruitment of employees. VHA employees have the right to a safe and healthy work environment, free of all hazards, including sexual harassment. A GAO report from July 2020 released findings from a survey in which an estimated 22 percent of VA employees reported experiencing some form of sexual harassment. The GAO's recommendations were to: realign VA's equal employment opportunity (EEO) leadership, Veterans Benefits Administration, and the VHA EEO Program Managers realign initiative in accordance with VA policy; review existing policies to ensure alignment with VA's sexual harassment policy; finalize the Harassment Prevention Program (HPP) directive and handbook; require reporting procedures for all sexual harassment complaints; and require additional training to identify and address sexual harassment, including the HPP process. While VA concurred with the majority of the recommendations, it stated the completion date could be as late as 2024. We appreciate that the needle is moving forward but urge the VA to make this a priority and complete these needed changes prior to 2024. ♦



The IBVSOs Recommend:

- VHA develop and implement staffing models that correlate with the current needs of veterans. Ideally, this action would include: exploring new pay and compensation models, complete with lifting pay caps to help lure talented professionals in certain VA markets; producing research studies that examine the gaps in high cost of living areas; and developing a specific locality pay formula.
- Congress support VHA's efforts to provide additional pay, compensation, and retention incentives to make VA service more competitive with the private sector.
- VA design effective succession planning to ensure adequate VHA staffing is available in future years to meet veteran health care needs.