

Veterans Affairs Physician Assistant Association

SENATE COMMITTEE ON VETERANS AFFAIRS

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President VAPAA

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Chairman Isakson, Ranking member; Senator Tester and other members of the Senate Veterans Affairs Committee, 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 bipartisan members of this committee for critical legislation for Physician Assistant (PA) Workforce issues before you today in the VA System with sponsoring ***‘Grow Our Own Directive: Physician Assistant Employment and Education Act of 2017.’ (S.426) and we thank Senator Tester for his leadership on this bill.***

The Physician Assistant (PA) profession has a special 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 approximately 2,178 PAs 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. Physician Assistants work in Primary Care and Lead PACT teams of nursing, pharmacist, social workers, dieticians, and rehabilitation services.

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. PAs have remained on the OIG Top Ten critical occupation 2015 and 2016 tied at number 3 and have remained a top ten critical occupation on the Workforce Succession Planning from 2010 - 2016. The occupation 0603 Physician Assistant – there were 640 vacancies, representing a 23% vacancy rate.

In 1990, VA turnover for registered nurses was 20%, because of continued problems, Congress enacted the Nurse Pay Act of 1990 (Public Law 101-366) requiring VA to establish a locality pay system for nurse. The acts primary intent was to make VA salary rate competitive with those in the private sector health care facilities in the same communities. VA implemented the locality pay system on April 7, 1991, about 8 months later after the passage of the act.

Workforce Management Consultant (WMC) in 2016 stated that Converting Physician Assistant (PA) pay structure to the Nurse Locality Pay System (LPS): “it is unknown if converting Physician Assistants to the Nurse Locality Pay System will improve recruitment and retention at those facilities”. This, despite acknowledging that Congress and VA enacted the Nurse Pay Act of 1990 (Public Law 101-366) for a vacancy rate of 20% for nurses.

VA WMC acknowledge the recommendation to convert PAs to the nurse Locality Pay System (LPS) was incorporated in VHA’s 2015 Strategic Workforce Plan and that the Secretary has the authority to place PAs on the LPS – but USH and Secretary have not done so, thus continuing the problems with recruitment and retention of PAs which directly impacts access to veteran care.

On April 20, 2016, Dr. McCarthy Assistant Deputy under Secretary for Health for Patient Care Services Veterans Health Administration testified:

*The PA occupation has been a difficult to recruit and retain occupation for several years. A major barrier to recruitment and retention of physician assistants is the significant pay disparity between private sector market pay and VA pay schedules for PAs. Although Special Pay rate authority exists at the medical center level to address these disparities, **it is antiquated and vastly underutilized**. Salary surveys performed during FY 15 by several VA medical facilities has resulted in establishment or adjustment in local special salary rates for the PA occupation resulting in significant increases in salaries. This is an indication of the existing salary disparity overall. Including the PA occupation as a covered occupation under the Locality Pay System in VA would be an important element in addressing recruitment and retention difficulties.*

Not including PAs in the LPS is an unsuccessful business and medical model for the VA as is it eliminating one third of its applicant pool that can provide care to veterans; it is creating an artificial and sustaining staffing shortage which is limiting Veteran access to care.

Costs such as recruitment, retention, relocation, bonuses, scholarships, employing locum tenens, and locality pay are substantially increased with higher overhead for two profession vs three self-sustaining professions – Physicians, PAs and NPs.

WMC (Workforce Management) rebuts that giving nurse locality to PAs, then VA is obligated to give LPS to every profession. If Congress or VA gives podiatry locality it only helps the recruitment of podiatrist. If locality is given to PA's it will improve recruitment and retention of PA while increasing access to veterans in all VHA facilities and CBOCs within VHA as PAs carry their own veteran panels and practice in all areas of medicine. They work in both ambulatory care clinics, emergency medicine, CBOC's in rural health, and in a wide variety of other medical and surgical subspecialties including mental health, Women's Health, Compensation and Pension, Rehabilitation Services, Medical Home, Cardiology, Gastroenterology, Orthopedics, Dermatology, Rheumatology, Endocrinology, Emergency Services, Hospitalists, Intensivist, ENT, Radiology, Nuclear Medicine, Urology, Occupational Medicine, Renal, General Surgery, Cardiothoracic Surgery, Home Based Primary Care (HBPC), Community Living Centers, VHA Nursing Home

In the VA system about a quarter of all primary care patients treated are seen by a PA¹. Approximately 33% of PAs today employed by VHA are veterans, retired military, or currently serving in the National Guard and Reserves.

Not one profession; Physician, PA or NP can sustain a local workforce as the VHA must compete with the private sector as the local demand recruits each profession which creates a delay in veteran access.

It is only within the VA that you see the disparity of VHA PA pay and the private sector pay. Large health care systems such as Kaiser Permanente, Mayo, and Cleveland clinic have competitive salary.

The 2015 Workforce Succession Planning Report showed that 12 out of the 22 VISN (85 main facilities not including respective CBOCs) stated that the reason they could not hire PAs was because they could not compete with the private sector. These VISNs had in their plan to

conduct salary surveys to seek parity with private sector. However, upon recent review from 1/2014-2/2015 of submissions for PA special salary rates to VA Compensation Office –less than 8% submitted such requests.

July 2017 review of facilities submitting Special Salary Adjustments (SSA) have shown that the pay disparity between VHA PA pay was an average of 18% below local market pay with the highest being 34%. The data further supported facilities that sought out special pay rates were then able to immediately fill all positions which resolved the difficulty recruiting PAs. This demonstrates the strong correlation between seeking parity with the private sector and hiring hard to recruit PA positions within VHA.

The PA workforce has grown far less than other medical provider positions within the VHA, very little is being done about it; therefore, what should be a warning signal of serious retention and recruiting problems is being left to local VAMCs to manage. Despite increasing discrepancy in salary levels, benefits, and education debt reduction programs between the civilian sector and the VAMCs often tells our members there is no problem. Inclusion of Physician Assistants into the Nurse LPS within Grow Our Own Directive S. 426 will allow for salary adjustments so that the VHA can be competitive.

VAPAA is also concerned that the use of recruitment incentives within the VA is at the discretion of the hiring facility and is not standardized across the VA system. During 2012-2013 only 44 Physician Assistants have received \$319,074 in funding to further their education in comparison to Seven hundred five registered nurses seeking to become Nurse Practitioners receiving scholarship awards totaling over \$11,842,919 in support of NPs and NP programs. VA should implement recruitment and retention tools targeting Employee Incentive Scholarship Program by including PA as a hard to recruit occupation at the facility level to reflect WSP and OIG findings. Include Employee Debt Reduction Program funding to include PAs and make it available to all advertised PA vacancy announcements as EDRP cannot be issued unless it is advertised in the initial vacancy announcement. VISN and VA medical center directors must be held accountable for the failure to utilize these recruiting tools.

S. 426 also provides another solution for meeting the healthcare workforce challenges while providing support to unemployed Post 9/11 combat veterans and a career path for returning veterans who had served as medics and corpsmen with combat medical skills; like those of returning Vietnam War veterans with these skills. This legislation takes veterans with medical and military experience and provides them with educational assistance to become certified PAs for employment at the VA, where they can continue to serve their fellow veterans.

By serving where the VA needs are the greatest, the veteran PAs can increase access to care by serving in rural and underserved areas.

Recommendations: We ask that the committee recognize the advantages to the Recruitment and Retention of Physician Assistant (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.*’ (S.2134) and (H.R. 3974).

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. S. 426 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 believes strongly that ample resources exist within the Department to ensure that hard to fill Top 5 OIG occupations are not excluded from participation.
- I. *Establish PA Pay Grades I-V, to continue be competitive with the civilian job market*

Conclusion:

Chairman Isakson and Ranking member Senator Tester, and other members of SVAC committee 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 ensure legislatively that VHA takes immediate steps to address these longstanding problems and continue to work with VAPAA 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 seven years, VAPAA has not entered any federal contracts or grants for any federal services or governmental programs. VAPAA is a 501c (3) nonprofit membership organization.