STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

A CALL FOR SYSTEM-WIDE CHANGE: EVALUATING THE INDEPENDENT ASSESSMENT

OF THE VETERANS HEALTH ADMINISTRATION

OCTOBER 7, 2015

Chairman Miller, Ranking Member Brown and Members of the Committee:

The American Federation of Government Employees, AFL-CIO and its National Veterans Affairs Council (AFGE) thank you for the opportunity to present our views on the Mitre Corporation's independent assessment of the Veterans Health Administration. AFGE represents more than 220,000 employees of the Department of Veterans Affairs, more than two-thirds of whom work in VHA medical facilities. AFGE's comments focus on Volume I's Executive Summary and Staffing/Productivity section.

COMMENTS ON STAFFING/PRODUCTIVITY (APPENDIX G)

A comparison with the private sector must take into account the special needs of almost all VHA patients, not just dentistry. The other major difference between VHA and the private sector is VHA's focus on the *whole patient*, and all his or her medical and psychological needs, rather than on the one condition that is initially presented.

Official panel size numbers are deceptive; providers regularly see walk-ins, unassigned patients, and patients whose providers are on leave or no longer with the VA. (As the report notes, VA needs to do a much better job of managing daily staffing variances.) Front line providers are frequently subjected to

arbitrary panel size increases; AFGE recently received a report of the psychiatrist workload *doubling* at one facility.

In addition, provider schedules rarely include set-aside time for the hours spent on indirect patient care duties (computer alerts, lab reports, and other tasks), some of which fall to the provider because of lack of support personnel. Coordination with non-VA care has also significantly increased VA provider workloads.

As one VA provider reported, "We are compared with outside providers who often have RNs and PAs, readily available exam rooms, more admin authority over exam orders and functioning electronic medical records and PACS (imaging)."

OTHER COMMENTS

(Page xi): "VHA's health care delivery system is challenged by…its significant scale and scope [and] unique patient population".

Comment:

VHA's size and unique patient populations are VHA's greatest *advantages*; they are the reason why the VA is the best source of veterans' care in the country and why the VA leads the nation in best practices, research and training. AFGE has received troubling field reports from VHA employees about undue pressure to send patients out to Patient-Centered Community Care (PC3) provider networks even when timely, high quality care and better care coordination are available in-house. This pressure puts patients at risk, especially in light of the recent VA Office of Inspector General finding that "inadequate PC3 provider networks were a major disincentive to using PC3 because it increased veterans' waiting times, staffs' administrative workload, and delayed the delivery of care". (Report No. 15-00718-507, September 29, 2015)

Overreliance on non-VA care also threatens the long term viability of the entire VA health care system. As former VA Secretary Principi stated last year: "The VA system is valuable because it is able to

provide specialized health care for the unique medical issues that veterans face, such as prosthetic care, spinal-cord injury and mental-health care. If there is too great a clamor for vouchers to be used in outside hospitals and clinics, the VA system will fail for lack of patients and funds, and the nation would lose a unique health-care asset." (*Wall Street Journal*, May 29, 2014)

(Page xii): VHA transformation:

In order for *every* employee to understand and be engaged in continuous improvement, managers have to transform their own hostile attitudes toward the input of front line clinicians and support personnel. Joint labor-management discussions about quality improvement at the local level are the exception, not the norm, according to our member reports. VHA needs an incentive program that rewards *all* employees for innovative ideas, not just managers.

(Page xiv): Governance Board:

VHA was transformed into an exemplary health care system in the 1990s through ongoing labor-management partnerships. Through collaboration they achieved major improvements in clinical care, information technology, patient safety and workplace culture. It is essential that this governance board have a formal, permanent seat for employee representatives.

(Page 34): VHACO Size – What *really* needs to be counted:

The finding that VHA central office staff has increased by 160% is valuable but does not tell the whole story. In order to rectify this distortion in the workforce and better serve the agency mission, we need to look less at where people work (since there are too many managers in nonclinical positions in the VISNs and medical center) and look more at whether they are performing *direct* clinical care functions rather than medical administration functions.

(Page L-6): Redesigning the hiring process: AFGE regularly solicits suggestions from front line VHA employees on ways to streamline the hiring process. The following are some of the suggestions we received regarding VHA hiring:

- Have an applicant pool ready and in place when new vacancies occur, rather than first posting jobs after vacancies occur.
- Shorten the credentialing process so it only gathers the most pertinent information, and does not require the same information already collected by licensing boards.
- Curb the widespread practice of hiring clinicians and support personnel "off the books" without job postings; cronyism has worsened during the current hiring surge.
- When a VA provider transfers to another VA facility, he or she should not have to go through full credentialing again.
- When hiring officials break promises they made during the hiring process (e.g. recruitment incentives, loan assistance, desirable schedules), they lose new hires and the large financial investment involved in bringing them on board. These "bait and switch" practices are well known outside VHA and therefore discourage colleagues in the same professions from applying.
- Applicants are also discouraged by VHA's "7422" policy that deprives Full Title 38 clinicians (e.g. physicians, dentists, registered nurses and physician assistants) of the same bargaining rights and protections against arbitrary management actions afforded to other VHA employees and clinicians at other federal agencies.

Finally, legislation to strip VA employees of civil service protections against manager retaliation and other arbitrary and prohibited personnel actions (including unsubstantiated career-destroying performance evaluations and allegations of patient neglect) is extremely destructive to VHA's ability to recruit and retain a strong workforce. As University of Maryland Professor Donald Kettl testified at a recent Senate Veterans' Affairs Committee hearing: "We can't fire our way to success". Rather, success can be within reach if Mitre's recommendations are implemented through meaningful collaboration between management, labor, veterans' groups and other stakeholders.

Thank you for the opportunity to present AFGE's views on this important report.