

**STATEMENT OF
ROBERT A. PETZEL, M.D.
UNDER SECRETARY FOR HEALTH
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
U.S. SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENT
AFFAIRS
SUBCOMMITTEE ON THE EFFICIENCY AND EFFECTIVENESS OF FEDERAL
PROGRAMS AND THE FEDERAL WORKFORCE**

May 23, 2013

Good morning, Chairman Tester, Ranking Member Portman and Members of the Subcommittee. Thank you for the opportunity to discuss how VA recruits, retains, and deploys a quality health care workforce to ensure that Veterans across the Nation can access high quality health care that they have earned and deserve.

VA continues to develop and expand its focus on health and its health care delivery system. As the Nation's largest integrated health care delivery system, VHA's workforce challenges mirror those of the health care industry as a whole. My written statement will describe the challenges VA has faced and the creative approaches we have taken to recruiting, training, and then retaining and supporting our health care workforce to ensure access to care for all Veterans. This statement highlights VA's efforts to focus on rural providers, advances in delivery of mental health care, and how VA has leveraged technology to meet the needs of Veterans. It also describes collaborations between VA's health care delivery system and other entities, including other Federal agencies and academic affiliates.

I. Efforts to Recruit and Retain Health Care Professionals

At VA, we have the responsibility to anticipate the needs of returning Veterans. We have many entry points for VHA health care: 151 medical centers, 827 community-based outpatient clinics (CBOCs), 300 Vet Centers that provide readjustment counseling, the Veterans Crisis Line, as well as VA staff on college and university

campuses and other outreach efforts. In response to increased demand, VA has enhanced its capacity to deliver needed health services and to improve its system of care so that Veterans can more readily access services. Ensuring access to appropriate care is essential to helping Veterans recover from the injuries or illnesses they incurred during their military service, whether they now live in an urban, rural or highly rural area.

VHA routinely uses hiring and pay incentives established under Title 5 and Title 38. Relocation, recruitment and retention incentives are important tools when strategically and prudently used to address our human capital needs. These incentives facilitate the staffing of difficult to fill positions with highly qualified candidates who possess the unique skills and competencies needed, and the retention of employees whose services are essential to fulfill VHA's mission and who would otherwise leave Federal service. VHA assesses staffing needs and utilizes these flexibilities only after verification that incentives are necessary to support the organization's workforce plan and strategic goals. In fiscal year (FY) 2012, nearly \$20 million in recruitment incentives were paid to over 1,742 Title 38 and Hybrid Title 38 employees, while more than \$86 million in retention incentives were paid to 11,157 Title 38 and Hybrid Title 38 employees. In addition to these incentives, VHA has special salary rates for hard to recruit occupations and an additional pay component of executive pay for Nurse Executives and Pharmacy Executives.

The Employee Incentive Scholarship Program (EISP), both a recruitment and retention tool, pays up to \$37,494 for academic health care-related degree programs. Between October 1999 and September 2012, 13,036 VA employees received scholarship awards for academic education programs related to Title 38 and Hybrid Title 38 occupations, and more than 8,688 employees have graduated. Scholarship recipients include primarily registered nurses (78.5 percent), and other health professionals, such as pharmacists and physical therapists. Following completion of the degree program, scholarship participants incur a one to three year service obligation. As of September 30, 2012, less than two percent of the registered nurses who

successfully completed their degree programs left VHA or left clinical practice during the service obligation period.

VHA has implemented an aggressive national recruitment and marketing strategy to increase awareness of employment opportunities. Marketing efforts include national recruitment advertisements through television commercial Public Service Announcements (PSA). These PSAs have been released on *VA YouTube* and were distributed to more than 1,000 media outlets. VHA invests heavily in various marketing campaigns including online media, direct mail, and print advertisements, and has an integrated social media presence on *Facebook* and *Twitter*.

VHA will soon launch a comprehensive national outreach and awareness initiative to target medical residents and trainees who complete medical education in VHA affiliated facilities. These professionals represent a pool of talent that is already experienced and engaged with VHA, and is a viable pipeline to fill mission-critical vacancies. The *Strategic Recruitment Initiative for VHA Health Professions Trainees* will, through Web-based and social media driven marketing, introduce and inform health professions trainees about post-training practice opportunities for consideration across the agency. Another student-focused initiative is the VA Learning Opportunity Residency (VALOR) Program. VALOR provides opportunities for outstanding nursing, pharmacy and medical technology students to gain work experience in VHA health care facilities. During FY 2012, 379 of the 499 VALOR students were nursing students; 43 of those students were located in rural facilities.

II. Challenges Hiring Health Professionals in Rural Areas

VA recognizes that rural communities face challenges in ensuring access to health care providers. VA is working to develop an effective rural workforce strategy to recruit locally for a broad range of health-related professions. These strategies include training, technology, collaboration, and academic affiliations. Nationally, health care is challenged by attracting providers in remote locations. To address these challenges, VHA has engaged a team of 21 professional in-house Physician Recruitment

Consultants. Each is an experienced health care recruitment expert, with both military and private sector health care recruitment experience. This in-house Physician Recruitment Consultants team, working in close collaboration with local Human Resources offices and clinical hiring managers, has proven its ability to recruit for scarce medical practitioners in many rural and highly rural areas. In FY 2012, this team recruited 117 clinicians to rural facilities and in FY 2013, the team has recruited 105 clinicians to date. Targeted recruitment efforts that replicate private sector best practices have helped to fill critical vacancies in locations such as Helena, Montana; Chillicothe, Ohio; Harlingen, Texas; and Fargo, North Dakota.

Academic Affiliations and Training

In order to carry out the primary patient care mission of VHA and to assist in providing an adequate supply of health personnel to the Nation, VA is authorized by Title 38 Section 7302 to provide clinical education and training programs for developing health professionals. VA conducts the largest education and training effort for health professionals in the U.S. Of the 151 VA medical centers and six independent outpatient clinics (IOC), 124 medical centers and three IOCs are affiliated with 126 of 141 allopathic medical schools and 15 of 26 osteopathic medical schools. In addition, more than 40 other health professions are represented by affiliations with over 1,800 unique colleges and universities. Among these institutions are Hispanic Serving Institutions, Historically Black Colleges and Universities, Asian American and Native American Pacific Islander Serving Institutions, and Native American Serving Institutions. The training of health professionals impacts VA's ability to deliver cost-effective, high-quality patient care for Veterans and promotes the recruitment of gifted clinician educators. VA strategically works with universities, colleges and health professional training institutions across the country to expand their curricula to address the new science related to meeting the mental and behavioral needs of our Nation's Veterans, Servicemembers, Wounded Warriors, and their family members.

VA health professions education programs have a major impact on the health care workforce in VA. Approximately 70 percent of current VA optometrists and

psychologists and 60 percent of VA physicians participated in VA training programs prior to employment. VA's involvement in health professions education has shown to be an effective mechanism to support VA's patient care mission.

Rural health care providers and other clinical staff experience significant barriers to accessing relevant continuing education and training necessary to keep their clinical skills current. In addition, the literature indicates that rural providers and other clinical staff report high levels of professional isolation. These factors can contribute to difficulty in retaining skilled health care providers in rural areas. To address these issues, VA is developing locally based training and education programs for rural VA providers, clinical staff, and rural clinic support staff based on local training needs. This initiative will require collaborations with entities that have the clinical or operational expertise to develop or use existing content; innovative methods of training delivery (i.e., video conferencing , Web-based) that are convenient and easily accessible; and educational objectives that address local needs.

To increase specialty care capacity in rural health clinics and to address the issue of professional isolation, VA expanded the Specialty Care Access Network – Extension for Community Healthcare Outcomes (SCAN-ECHO) pilot program to 40 rural VA facilities in FY 2013. SCAN-ECHO leverages telehealth technology to provide specialty care consultation, clinical training, and clinical support from specialty care teams to rural providers so that they can manage patients with chronic conditions closer to home. VA currently has 11 SCAN-ECHO centers with multi-disciplinary teams located at various VA medical centers across the country. The specialty care clinics cover a range of conditions including Hepatitis C, Pain Management, Heart Failure, Chronic Obstructive Pulmonary Disease, Women's Health, and Diabetes. In all, 40 rural VA facilities with over 100 rural VA providers including primary care physicians, nurse practitioners, and social workers are participating in the rural expansion of the SCAN-ECHO pilot program. This program will have a strong evaluation component to help VA assess the program's cost effectiveness in building specialty care capacity in rural areas. In addition, VA will evaluate patient satisfaction, reduction in patient travel, reduction in wait times for a specialty consult, and provider satisfaction in the short term

and measures of improved patient outcomes and increased retention of rural providers in the longer term.

Providing training opportunities are important investments for creating a Veteran and rural friendly health care workforce. VA is working to integrate rural areas into health care trainee rotations, since evidence shows those who train in rural areas are more likely to practice in rural areas. In VA, the collaboration between the Office of Rural Health and the Office of Academic Affiliations is assisting medical centers in developing training rotations and training expertise in rural and highly rural locations. The Rural Health Training Programs strive to create an environment that supports the recruitment and retention of knowledgeable and dedicated health care professionals who are committed to serving rural Veterans.

Between FY 2010 and FY 2012, VA piloted a program called the Rural Health Training Initiative (RHTI). This pilot sought to positively affect recruitment to rural areas by encouraging trainees to receive their clinical training in rural areas. Over 200 trainees (82 percent Graduate Medical Education, 12 percent Allied Health, 5 percent Nursing) were exposed to rural healthcare at four pilot sites including: W. G. (Bill) Hefner VA Medical Center, Salisbury, North Carolina; Philadelphia VA Medical Center, Philadelphia, Pennsylvania; Sioux Falls VA Health Care System, Sioux Falls, South Dakota; and Minneapolis VA Health Care System, Minneapolis, Minnesota. All trainees were assigned to rural CBOCs, with the exception of Salisbury, North Carolina, which is a designated rural facility. The pilot led to the launch of the Phase II RHTI in FY 2013. The Phase II RHTI will fund additional physician residents and other associated health and nursing trainees over a three-year period. The seven sites chosen in Phase II include: Nebraska-Western Iowa Health Care System, Omaha, Nebraska; W. G. (Bill) Hefner VA Medical Center; James J. Peters VA Medical Center, Bronx, New York; VA Pacific Islands Health Care System, Honolulu, Hawaii; Salem VA Medical Center, Salem, Virginia; Tuscaloosa VA Medical Center, Tuscaloosa, Alabama; and Maine Healthcare System, Togus, Maine. Implementation of Phase II is currently underway.

In addition, VA supports a very successful geriatric training program for rural providers known as “Geri Scholars.” This program trains clinicians practicing out of

rural VA facilities in the most current science in geriatric care and in the principles of implementation science. Each scholar participates in an intensive course in geriatric care and in a one-day workshop in team leadership and quality improvement. The program culminates with each scholar implementing a quality improvement project to improve healthcare for older Veterans within the rural CBOC clinical setting. Recently, the prestigious Duncan Neuhauser Award for Curricular Innovation by the Academy recognized the “Geri Scholars” program for Healthcare Improvement. To date, the program has served all 21 Veterans Integrated Service Networks (VISN), 184 facilities and enrolled 408 VA staff with 104 staff starting the program in the fourth quarter of FY 2013.

VHA oversees the clinical education in VA settings for nearly 120,000 health professions trainees each year. Of these, roughly half are physician trainees (medical students and residents) while approximately 25 percent are nursing trainees and the remaining 25 percent represent trainees in the associated health disciplines. In recent years, VA has increased emphasis and funding of trainees in the associated health professions. In addition to increasing the absolute numbers of trainees in these professions, VA has established new advanced residency programs for physical therapy, physician assistants, and nurse practitioners.

The Federal Healthcare Training Partnership fosters intra-governmental sharing of training resources and infrastructure. Founded by VHA’s Employee Education System in 2004, the partnership has grown to include 14 Federal agencies, and now encompasses all agencies that offer clinical care as a primary mission. A diverse and evolving array of training initiatives are shared by participating agencies, including Post-traumatic Stress Disorder courses and suicide prevention clinicians training.

In 2011, VA recognized the Nation’s urgent need for preparation and integration of medical, nursing and associated health trainees into interprofessional team based primary care settings. VA funded the Centers of Excellence in Primary Care Education (CoEPCE), and competitively selected five sites to begin transforming primary care education within the context of VA’s national Patient-Aligned Care Teams (PACT) implementation. These programs were designed to incorporate a variety of occupations

(trainees in medicine, nursing, psychology, pharmacy, and others) learning and working together to provide patient-centered, team-based care. Through these five educational demonstration projects, VA has quickly become recognized as the national leader in the transformation of primary care education. Initial evidence indicates benefits to VA and Veterans including, strong support of the projects by facility leadership at the five sites; early adoption of the innovations by local academic affiliates; and most convincingly, overwhelming preference of trainees for working in these new “Academic PACTs.” VA plans to expand the CoEPCE concept from five to 30 sites by 2019.

The VA Nursing Academy has received significant attention and praise throughout the medical and nursing communities. The VA Nursing Academy has been responsible for increasing the numbers of experienced nurses with Veteran-centric skills available for hire both within and outside of VA. The VA Nursing Academic Partnership Program is now entering a new phase of partnerships between VA facilities and schools of nursing and will establish 18 new partnerships over the next several years. These new partnerships are expected to have a major impact on the training of nurses to respond to the unique needs of Veterans.

VHA also trains roughly 6,400 trainees in mental health occupations per year (including 3,400 in psychiatry, 1,900 in psychology, and 1,100 in social work, plus clinical pastoral education positions). Currently, VA has one of only two accredited psychology internship programs in the entire state of Alaska. VA is committed to expanding training opportunities in mental health professions in order to build a pipeline of future VA health care providers. VA continues to expand mental health training opportunities in nursing, pharmacy, psychiatry, psychology, and social work. Over 202 positions were approved to begin in academic year 2013-2014 at 43 VHA facilities focused on the expansion of existing accredited programs in integrated care settings such as General Outpatient Mental Health Clinics or Patient Aligned Care Teams (PACT). These include over 86 training positions for Outpatient Mental Health Interprofessional Teams and 116 training positions for PACTs with Mental Health Integration, specifically 12 positions in nursing, 43 in pharmacy, over 34 in psychiatry, 62 in psychology, and 51 in social work.

Leveraging Technology

Telemental health empowers VA to provide Veterans quicker and more efficient access to mental health care by reducing the distance they have to travel, increasing the flexibility of the system they use, and easing their access to care that can improve their overall quality of life. This technology improves access to general and specialty services in geographically remote areas where it can be particularly difficult to recruit mental health professionals. Currently, the clinic-based telemental health program involves more than 580 VA CBOCs where many Veterans receive primary care. In areas where the CBOCs do not have a mental health care provider available, VA is implementing a new program to use secure video teleconferencing technology to connect the Veteran to a provider within VA's nationwide system of care. For example, VA recently set up three regional telemental health programs in VISN 7, VISN 17, and VISN 22 to improve access to evidenced-based psychotherapy for Veterans in areas that are underserved because of difficulty hiring qualified mental health staff. VHA has also developed national telemental health programs to provide specialty consultation to general providers to further leverage the mental health workforce. The telemental health program is also expanding directly into the home of the Veteran with the goal to connect approximately 2,000 patients by the end of FY 2013 using Internet Protocol video on Veterans' personal computers.

Empowering Veteran patients with telehealth technology and targeted health communications has proven to be an important way to provide quality care in the daily life of Veterans. With VA's Personal Health Record, My Health^eVet (www.myhealth.va.gov), Veterans are able to play an active role in their health care regardless of their location or age. My Health^eVet is an award-winning Web site that was designed for Veterans, active duty Servicemembers, their dependents, and Caregivers, and gives Veteran patients greater control over their care and wellness. My Health^eVet and its online suite of tools, including Secure Messaging, VA Prescription Refill and VA Blue Button, enables Veterans and their health care providers, clinicians, and staff to be more connected to health care information, anywhere, anytime – outside of a clinical face-to-face encounter.

The VA Blue Button enables Veterans to generate and download an electronic file of their personal health information from My HealtheVet to share with other, more local providers if they chose. This health data is a combination of extracts of their VA electronic health data and patient-generated data stored in their on-line personal health record. With My HealtheVet, patients are provided opportunities and tools to make informed decisions to manage their health care; to securely access portions of their VA health records online 24/7; to print and save their personal health information and their Continuity of Care Document through the VA Blue Button; view VA appointments and access Department of Defense (DoD) Military Service Information (if eligible); refill VA prescriptions; view VA lab results and immunization records; and electronically communicate with their health care teams through Secure Messaging.

In January 2013, VA expanded the types of information that a Veteran with a My HealtheVet Premium account can access, including his/her clinical Progress Notes via VA Notes and the VA Continuity of Care Document, a summary of clinical information from the VA Electronic Health Record in an XML format that is human-readable and machine-readable, which can be exchanged between providers. With My HealtheVet field coordinators onsite throughout VHA, along with targeted communications efforts and materials, Veterans are encouraged to be more “connected” and involved in their health care regardless of their geographic location or living situation. While the health care team cannot be with the Veteran all the time, this new technology assists VA in the delivery of health care to the Veteran, particularly, in rural areas.

Mobile Applications and Technology

VA has made significant progress towards providing all of those in need with evidence-based treatments. Now we are working to optimize the delivery of these treatments by using novel technologies and tools. The multi-award winning “PTSD Coach,” co-developed with DoD, has been downloaded nearly 100,000 times in 74 countries since being launched in mid-2011. It is being adapted by government agencies and non-profit organizations in seven other countries including Canada and Australia. This application is notable as it aims to assist Veterans with recognizing and

managing PTSD symptoms, whether or not they choose to engage with VA mental health care providers.

For those who are kept from needed care because of logistics or fear of stigma, PTSD Coach provides an opportunity to better understand and manage the symptoms associated with PTSD as a first step toward recovery. For those who are working with VA providers, whether in specialty clinics or primary care, this application provides evidence-informed tools for self-management and symptom tracking between sessions. Very soon, VA is planning to roll out a version of this application that is connected to the electronic health record for active VA patients.

An additional wide array of mobile applications to support the evidence-based mental and behavioral health care of Veterans will be rolled out over the course of calendar year 2013. These applications are intended to be used in the context of clinical care with trained professionals and are based on gold-standard protocols for addressing smoking cessation, PTSD and suicidality. This is an important step forward, but is dependent upon access to the internet or to phone service in the rural areas.

Technology allows us to extend our reach beyond our clinic walls to those who need help but have not yet sought our services, and to those who care for loved ones who are Veterans. In November 2012, VA and DoD launched www.startmovingforward.org, an interactive Web-based educational life-coaching program based on the principles of Problem Solving Therapy. It allows for anonymous, self-paced, 24/7 access that can be used independently or in conjunction with mental health treatment.

Applications for self-management of the consequences of traumatic brain injury and for crisis management, which are some of the more challenging issues facing Veterans and our healthcare system, will follow later in the year. Mobile applications can help Veterans build resilience and manage day-to-day challenges even in the absence of diagnosed mental health disorders. Additionally, VA has started distributing loaner iPads as part of its VA Mobile Health Family Caregiver Pilot – a 12-month program that will test apps created for caregivers and the Veterans they assist. PTSD

Coach is one of the nine apps loaded on the iPads. The goal of this project is to develop useful tools to support Caregivers and the needs of the Veterans they assist.

Federal and Local Collaborations

When VA cannot meet Veterans' health care needs using available facilities and capacity, VA contracts with community providers to obtain that care. VA coordinates with community providers to address gaps and create an improved patient-centric network of care focused on wellness-based outcomes. Pursuant to President Obama's Executive Order 13625, "Improve Access to Mental Health Services for Veterans, Service Members, and Military Families," VA is working closely with the Department of Health and Human Services (HHS) to establish pilot projects with community-based providers. These providers include community mental health clinics, community health centers, substance abuse treatment facilities, and rural health clinics. The effectiveness of community-based providers in helping to meet the mental health needs of Veterans in a timely way is being evaluated. Both the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) of HHS provided contacts for potential community partners.

Pilot projects are varied and may include provisions for inpatient, residential, and outpatient mental health and substance abuse services. Some sites include capabilities for telemental health, staff sharing, and space utilization arrangements to allow VA providers to provide services directly in communities that are distant from a VA facility. The pilot project sites were established based upon community providers' available capacity and wait times, community treatment methodologies available, Veteran acceptance of external care, location of care with respect to the Veteran population, and mental health needs in specific areas.

In addition, VA collaborates with Health and Human Services Department-funded Federally Qualified Health Centers and community mental health clinics across the country. These community partnerships were developed locally as a means to provide mental health services to Veterans in areas where direct access to VA health care is limited by geography or workload. The most robust pilot site is in Montana and serves

as a prototype that other facilities may follow. Since 2001, the VA Montana Health Care System (VAMTHCS) has followed a model utilizing contracted care from community mental health centers to address the challenges of the population of Montana's Veterans in need of mental health care but dispersed across such a geographically large area. Montana has a population of 989,415 (46 percent reside in rural areas), a land area of 145,546 square miles and has the second-highest Veteran per capita population. Within Montana's 56 counties, part or all of 54 counties are designated mental health care shortage areas. For non-VA community mental health services, Montana is divided into four regions consisting of a regional mental health center and several satellite offices. Under these VA contracts, Veterans are seen by mental health providers at 45 sites. This allows VAMTHCS to provide mental health services at the local level to Veterans in all 56 counties. In FY 2011, the number of Veterans treated under the contract was 2,221, increasing to 2,388 in FY 2012. The choice of contract provider depends on the type of clinical services required. A contract provider may be utilized for one service while a VA provider may be utilized for a different mental health service. However, decisions are made based on what works best for Veterans.

VHA is responsible for the implementation and program management of the Reimbursement Agreements with Indian Health Service (IHS) and Tribal Healthcare Programs (THP). This program implements a key objective of a 2010 Memorandum of Understanding between VA and IHS, to develop payment and reimbursement policies and mechanisms. The implementation of agreements for reimbursement of certain direct care services provided by IHS or THP ensures the needs of eligible American Indian/Alaska Native (AI/AN) Veterans are met at VA or at IHS or tribal healthcare facilities that have an agreement with VA. Under these agreements, VHA:

- Works in partnership with VA Office of Rural Health and VA Office of Tribal Government Relations to implement MOU objectives;
- Facilitates agreements and local implementation plans with IHS and THPs;
- Resolves policy and operational issues;
- Provides communication and training to internal and external stakeholders; and
- Analyzes and audits claim data and financial processes.

In April 2013, there were 29 signed Tribal Health Program Reimbursement Agreements. For IHS, there is one signed VA-IHS National Reimbursement Agreement, with 10 signed Phase 1 Local Implementation Plans. Phase 2 began in May 2013 and will include a total of 73 Local Implementation Plans for all remaining IHS healthcare facilities.

Additionally, under the auspices of the 2010 MOU between VA and IHS, there are shared opportunities for coordination, collaboration, and resource-sharing for workforce development. In FY 2013, VA increased the number of online clinical trainings available to IHS providers who treat Veterans by more than 200 new courses. Another VA-IHS collaborative team established a new Bar Code Medication Administration pilot and training plan for IHS inpatient facilities. Other Sharing Agreements are in place or being developed between VA and IHS to cover the collaborative use of space, providers, and telehealth equipment.

VA and HHS recently signed a new MOU that will promote the secure exchange of health information between VA and rural health care providers and increase the knowledge and expertise of the Health Information Technology (IT) Workforce. This MOU supports the mutual goals of both agencies to have a highly educated health IT workforce that can support the meaningful use of electronic health record technology in rural communities. The MOU also ensures the interoperability and compatibility of VA and community health IT systems that will ensure better coordination of care for rural Veterans who are dual users of both the VA and the private sector health care systems.

VA is collaborating with the HHS funded Northeast Telehealth Resource Center to develop a telehealth training curriculum for Certified Nursing Assistants (CNA). The CNA Telemedicine Curriculum will be offered to graduates of the CNA course currently conducted by the Augusta, Maine Adult Education program in collaboration with the Togus, Maine VA Medical Center. Many rural Veterans served by VA supplement their VA care with non-VA healthcare services in their communities. CNAs are widely used in community home healthcare and nursing home settings where utilization of telehealth technologies, especially in rural areas, is projected to grow. VA is also collaborating with the U.S. Department of Agriculture, Commerce Department, and the National

Telecommunications Cooperative Association to increase public awareness of the criticality of broadband availability to rural Veterans health care.

For private, contracted care, VHA utilizes the Non-VA Medical Care Program (formerly known as Fee Basis) as one component of healthcare purchased for eligible Veterans from non-VA providers when VA determines that needed services are unavailable within VA facilities or cannot be economically provided due to geographic inaccessibility. Other components of non-VA medical care include sharing agreements and contracts. These contracts establish access and timeliness standards, require medical documentation sharing, and insist upon quality of care being a priority for our Veterans.

Additionally, VHA implemented a three-year pilot program to provide health care services through contractual arrangements with non-VA care providers – Project ARCH (Access Received Closer to Home). This pilot intends to improve access for eligible Veterans by connecting them to health care services closer to home. Five pilot sites have been established across the country: Caribou, Maine; Farmville, Virginia; Pratt, Kansas; Flagstaff, Arizona; and Billings, Montana. On July 29, 2011, health care delivery contracts were awarded to: Humana Veterans in VISNs 6, 15, 18, and 19, and Cary Medical Center in VISN 1. This program became operational on August 29, 2011.

III. Mental Health Care Staffing and Hiring

To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and is increasing the number of staff in support of mental health services. VA has taken aggressive action to recruit, hire, and retain mental health professionals to improve Veterans' access to mental health care. VA is committed to hiring and utilizing more mental health professionals to improve access to mental health care for Veterans. Access enables VHA to provide personalized, proactive, patient-driven health care; achieve measurable improvements in health outcomes; and align resources to deliver sustained value to Veterans.

VA is working closely with our Federal partners to implement President Obama's Executive Order 13625, which reaffirmed the President's commitment to preventing suicide, increasing access to mental health services, and supporting innovative research on relevant mental health conditions. The executive order strengthens suicide prevention efforts by increasing capacity at the Veterans/Military Crisis Line and through supporting the implementation of a national suicide prevention campaign. It also supports VA in using a variety of recruitment strategies to hire new mental health clinicians and administrative personnel in support of the mental health programs. As of May 7, 2013, VA has hired a total of 1,360 mental health clinical providers and 268 administrative support personnel. As of May 7, VA has also hired 248 new peer specialists. This progress has improved the Department's ability to provide timely, quality mental health care for Veterans.

Despite the national challenges with recruitment of mental health care professionals, VHA continues to make significant improvements in its recruitment and retention efforts. Focused efforts are underway to expand the pool of applicants for those professions and sites where hiring is most difficult, such as creating expanded mental health training programs in rural areas and through recruitment and retention incentives.

For example, specialty mental health care occupations, such as psychologists, psychiatrists, and others, are difficult to fill in some areas and often require a very aggressive recruitment and marketing effort. VHA has developed a strategy for this effort focusing on the following key factors:

- Implementing a highly visible, multi-faceted, and sustained marketing and outreach campaign targeted to mental health care providers;
- Engaging VHA's National Health Care Recruiters for the most difficult to recruit positions;
- Recruiting from an active pipeline of qualified candidates to leverage against vacancies; and
- Ensuring complete involvement and support from VA leadership.

The Department has also used many tools to hire the mental health workforce that have been described above, including pay-setting authorities, loan repayment, scholarship programs and partnerships with health care workforce training programs to

recruit and retain one of the largest mental health care workforces in the Nation. As a result, VA is able to serve Veterans better by providing enhanced services, expanded access, longer clinic hours, and increased telemental health capability to deliver services.

Conclusion

Mr. Chairman, VA continues to be fully committed to building an accessible system that is responsive to the needs of our Veterans across the country while being responsible stewards of the resources appropriated by Congress. VA continues to implement its rural workforce strategy to recruit locally for a broad range of health-related professions. VA will continue to build upon collaborations, use innovative technology, and foster academic affiliations to achieve those goals. We appreciate your support and encouragement in identifying and resolving challenges as we find new ways to care for Veterans. VA continues to be committed to providing the high quality of care that our Veterans have earned and deserve. We appreciate the opportunity to appear before you today, and my colleagues and I are prepared to respond to any questions you may have.