Chapter 16: Staffing and Community Impact

Anticipating Impact Was Integral to Process

A salient feature of CARES was the ability to recognize and manage interrelated consequences of various planning solutions.

Consider, as an example, the dynamics for an Access Planning Initiative. When an access "gap" was discerned, other issues immediately came into play, including "Partnering with DoD" (to examine potential sharing of military ambulatory care services), "Ensuring Inpatient Capacity" (to evaluate referral patterns for any outpatient service solution), and "Quality" (which ultimately reviewed any arrangement to provide care.)

This capability is prominently applied in anticipating the impact of proposed changes in VHA's physical infrastructure and mix of services. In the development of solutions to planning initiatives, VISNs were asked to consider what effect, if any, the proposed solutions would have on staffing and the community. Information regarding the impact is contained in the narrative portion of proposed solutions within each Market Plan. This chapter summarizes those findings.

Staffing Adjustments

VISNs identified the potential impact of the planning initiative solutions on current and projected number of staff and defined the effects as significant increases, decreases, or minimal adjustments. The market plans described the VISN's strategies to mitigate the potential impact of staffing changes on current staff and to minimize downsizing and relocation problems. Plan explained how the network communicated the potential impact of the staffing changes to current employees.

<u>Outpatient</u>

Between the base year (2002) and 2022, projected demand for care increases significantly for two of the CARES categories -- specialty care and primary care. Market plans describe how VISNs will need to plan for the recruitment and hiring of additional staff to care for the projected increased workload.

More VISNs identified planning initiatives for increased projected demand in specialty care than in any other capacity workload category. In response, 69 percent of the specialty care planning initiative solutions called for new staff. In seven percent of the solutions, staff would be reassigned and in two percent, markets recommend temporary staff. It was anticipated that recruiting will be a problem for markets with shortages of specialty care providers, especially in rural areas, or where salary caps limit VA's ability to compete with the community for specialists.

A large number of planning initiatives were also identified for primary care gaps due to projected increased demand. Of the 174 planning solutions, 64 percent contained statements supporting the need for additional staff to care for the projected increase in primary care workload. In nine percent of the solutions, markets would reassign staff,

two percent would use temporary staff, and eight percent reported minimal or no impact on staffing. Recruiting primary care staff was cited as less of a problem than described for specialty care staff.

While fewer markets submitted planning initiative solutions for mental health, 68 percent of solutions reported the need for additional staff. Staffing needs may increase system-wide after mental health is studied in the next strategic planning cycle.

Inpatient

Network solutions to a projected decline in Inpatient workload for medicine and surgery were more likely to reassign staff to other programs. Reducing staff as a strategy was proposed in very few instances.

Community Impact

VISNs identified the potential impact of the planning initiative solutions on community, community health care delivery systems and employees. VISNs described their strategies to minimize any potential negative impact on the community health care delivery systems and economy. The plans also describe VISN strategies to communicate the potential impact on the community.

The majority of solutions proposed for the planning initiatives will have a positive impact on the community, especially the solutions for expanded and more accessible primary, specialty and mental health care. The solutions will improve veteran satisfaction, offer opportunities for more employment and employee relocation, revitalize community financial environments, improve continuity of services, and enhance community relations. Overall, in most cases, the planning solutions offer positive, beneficial changes to the community and community health care systems.

Fewer than ten of the solutions evoked potential negative community reaction. Negative comments were found in narratives for medicine, psychiatry, research, vacant space and ancillary diagnostics. Potential community concerns were more likely to be mentioned if jobs would be lost due to a facility closure or if the buildings targeted for demolition were on the National Historical Register. Projected loss of space and downsizing of inpatient programs may have a negative impact on the ability of VHA's research program to recruit and retain funded investigators and associated staff. Other concerns were the limited capacity to contract for specialists and mental health professionals in the community.

VISNs will continue to use many strategies to communicate and explain the planning initiative solutions and their impact on veterans, employees, stakeholders, and the community at large. Examples of communication methods are described in Chapter 3. The ultimate objective in this CARES area is to support the primary goal of enhancing health care services to veterans, within an environment that is comfortable with change.