

OFFICIAL STATEMENT

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Statement for the Record

American Physical Therapy Association

House Veterans Affairs Committee on “Overcoming Barriers to More Efficient and Effective VA Staffing”

May 15, 2015

On behalf of more than 90,000 physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to provide this statement to the House Veterans Affairs (VA) Committee on “Overcoming Barriers to More Efficient and Effective VA Staffing.”

APTA’s vision is to transform society by optimizing movement to improve the human experience. Physical therapists (PTs) diagnose and manage individuals across the lifespan who have conditions that limit their ability to move or function in their daily lives. They serve in a variety of settings, including the Department of Defense and the Veterans Health Administration (VHA), the latter serving as the largest single employer of physical therapists in the country.

On April 29th of this year, Assistant Inspector General Dr. John Daigh, Jr. highlighted the fact that “VHA is at risk of not performing its mission.” More service members than ever are in need of care that requires a broad spectrum of providers, in particular with an aging Veteran population. Unfortunately, provider shortages in the VHA are severely limiting the quality of care our Veterans are receiving.

A stark illustration of the provider shortage problem is illustrated in the January 30, 2015 OIG report, “OIG Determination of Veterans Health Administration’s Occupational Staffing Shortages.” This report, required by Section 301 of the *Veterans Access, Choice, and Accountability Act of 2014*, determined that the five occupations with the largest staffing shortages in the VHA were that of 1) Medical Officer, 2) Nurse, 3) Physician Assistant, 4) Physical Therapist, and 5) Psychologist.

According to the OIG, since 2012, physical therapists have been determined to be in the top five occupations of critical need within the VHA. This report supports what APTA and many of our members working within the VHA already know; not only is there a shortage of physical therapists, but recruitment and retention of physical therapists is a

significant challenge. Furthermore, public law now mandates that a nationwide policy to ensure medical facilities have adequate staff to provide appropriate, high quality care be established (P.L 107-135). Dr. Daigh's testimony on April 29th alluded to this, but questions remain: What is the VA doing to address the shortage of physical therapists? What is the VA doing to keep physical therapists? How can the VA ensure timely access to physical therapy services?

Recruitment and Retention Challenges

Much of the blame for recruitment and retention challenges is often placed on the decentralization of the VHA and the fact that each facility is run differently than the next. This is only part of the problem. Employing different hiring practices, incentives, and human resource procedures fractures an already difficult system to navigate. Not only is it difficult to enter into this process, but many of the recruitment incentives are inconsistent. For example, many physical therapists may consider a position in the VHA because of the appeal of utilizing its Education Debt Reduction Program to assist in paying off some of their student loans. In reality, they may not be able to take advantage of this benefit because the Facility Director or Human Resources Chief has decided not to utilize this incentive program. Many of these inconsistencies are misleading and creates additional financial hardship for a physical therapist who already is paid less than his/her civilian counterpart. This also leads to confusion and disenfranchisement not only for a physical therapist, but all health care professionals attempting to enter the VHA.

Salary

Much of the PT shortage can be traced back to compensation. Putting the long hiring processes aside, which is another major obstacle, starting salary for physical therapists is severely lacking. According to the U.S. Census Bureauⁱ in 2013 median pay for a physical therapist in the United States was \$72,260. The highest level of compensation at which a doctoral-level physical therapist can earn is a GS-11 level salary, which in 2015 is between \$51,000 and \$67,000ⁱⁱ. A physical therapist without a doctorate (new physical therapists graduates are now required to earn a doctorate degree) can start in the VA as low as GS-7, which ranges from \$34,000 to \$45,000. Compare this compensation level to that of the Air Force, whose typical entry level compensation is at a GS-12 level, which ranges from \$61,000 to \$80,000. If a physical therapist wants to transition from the Air Force, for example, to work for the VHA, he or she would take a pay cut, even at the highest level.

In December, a "2014 Survey of Physical Therapy in VHA Report" was released by a Technical Advisory Group comprised of VHA Physical Therapy leadership and subject matter experts, along with the Healthcare Analysis and Information Group (HAIG). This report found that the top barrier to recruitment of physical therapists and physical

therapist assistants (PTAs) is “pay not comparable with local competition.” The top barrier to retention of physical therapists and PTAs is “dissatisfaction with salary.” “Dissatisfaction with Salary” was the #3 reason for physical therapist resignations, and #1 for PTA resignations.

Promotion and Growth

Limitations on promotions, and opportunities for advancement were other challenges highlighted by the 2014 HAIG survey. “Limited opportunities for professional growth” is the fifth biggest barrier to recruitment of physical therapists and PTAs, illustrating that this is not only a problem once inside the VHA, but it is well known before therapists even start employment. “Limited promotion potential” and “limited opportunity for professional growth” are the 2nd and 4th ranked barriers to retaining physical therapists, indicating that PTs may feel they cannot grow in their careers.

Some of this may be attributable to the low GS-scale compensation. It may seem insurmountable for some to attain the necessary salary requirements to stay. It is also worth noting, that the #3 barrier to retention of physical therapists is “dissatisfaction with continuing education benefits.” In the past, APTA has supported legislation aimed at increasing the amount of continuing education support for VHA providers. Physical therapists, as well as many other providers, must maintain their academic certifications and specialties. If there is inadequate flexibility to attend conferences and courses, some physical therapists may have no choice but to find employment elsewhere.

Something that has worked well is the residency program through the Office of Academic Affiliation. This program, which started a little over five years ago, has now become one of the most successful physical therapy residency programs in the country. There are currently 10 sites that have these residencies, and many other sites are requesting participation. Expanding this program can help entice physical therapists to come to the VHA and stay there, as there is some evidence this may be working.

Vacancies

The 2014 HAIG survey also found that there were just over 167 vacant full time employee equivalents for physical therapists. Thirty-five of those had been vacant for over six months. USAJobs.com, which is the main resource for government openings and VHA physical therapy jobs, had only 31 openings listed. Given that physical therapists are a top five “hard to hire and recruit provider,” and have been in the top ten since 2009, it would seem necessary for all vacancies to be listed.

The outlook does not bode well for the VHA given this trajectory. The Bureau of Labor Statistics Current Employment Statistics projects that the demand for physical therapists will grow in the long run, and that jobs will be plentifulⁱⁱⁱ. The VHA will no doubt have a

difficult time competing with the private sector for skilled physical therapists. Indeed, the #2 reason for VHA Physical therapist resignations, according to the HAIG survey, was getting a “job in private sector.” With the complex needs of returning service personnel, the need for highly skilled physical therapists that can treat and rehabilitate this population is essential. It is vital to the veterans’ quality of life to have access to these medically necessary services as appropriate. In order to have access, the VHA must implement methods to improve the recruitment process and make physical therapist recruitment a priority.

Other Challenges

Physical therapists in the VHA face numerous work barriers. Salary and promotion potential remain the highest priorities to be fixed. Other challenges, though, may exacerbate these. For example, the 2014 HAIG survey states that “the most frequently cited departmental challenge...” is space to work. Sixty-five percent of the respondents in the survey indicated that this was a top five challenge. This lack of space makes it difficult to maintain privacy, provide quality services, and impinges on patient capacity.

Veterans also do not have direct access to physical therapists in the VHA. Even while direct access laws have been implemented throughout the country, the VHA does not allow evaluation without a referral. The Department of Defense serves as an example of how direct access can be a success. This policy, if implemented, would allow Veterans to immediately seek help from their physical therapists, cutting out an unnecessary visit to a primary care provider. With wait times for appointments ever rising in the VHA, this would be an opportunity for Veterans to receive care in an expedited manner.

Qualification standards for physical therapists need revision. In October of 2007, Jeffrey Newman, a physical therapist practicing in the Minneapolis PolyTrauma Center, testified before the Subcommittee on Health that qualification standards desperately needed updating. Limited changes were made in early 2009, but more revisions, many of which are outlined in this document, are needed. APTA would like to see improvements to the current qualification standards as soon as possible.

Currently, the VHA does not have a full time Director of Physical Therapy position. There is a physical therapy discipline lead that is able to devote only half time to the position of overseeing all 2200+ physical therapists and physical therapy assistants across the VHA. Several years ago, APTA advocated for a Director of Physical Therapy services as part of legislation. The VHA subsequently followed the aforementioned discipline lead for physical, occupational, and speech language pathology. Given the large number of PTs and PTAs in the VHA system, the VHA could greatly benefit from having a full time Director of Physical Therapy.

Recommendations

APTA looks forward to working with the Veterans Affairs Committee, the Subcommittee on Health, and with the Veterans Health Administration in the coming months and years to not only help solve the existing challenges that the VHA faces, but to make the VHA a place to work for life. APTA appreciates the opportunity to submit this statement and respectfully recommends the following:

- 1.) Update qualification standards that parallel current physical therapy workforce requirements
- 2.) Increase the GS-entry pay to a GS-12 minimum, and provide incentives to move up to GS-13 and GS -14 levels
- 3.) Provide a more systematic way for all physical therapists at every Veteran's center to access educational and continuing education opportunities. Allow physical therapists to be reimbursed for time spent on continuing education and create a way to centralize recruitment incentives for all health care providers.
- 4.) Institute a policy of direct access to physical therapy, skipping costly visits and saving valuable time.
- 5.) Create a full time Director of Physical Therapy position to help manage the VHA's 2200+ physical therapists.
- 6.) Expand the physical therapy residency program through the Office of Academic Affiliation to offer more residencies at more sites

APTA would like to thank Chairman Benishek, and Ranking Member Brownley for holding this important hearing, and for allowing APTA to share its comments. We look forward to being a partner in improving the care and health of our nation's Veteran population.

ⁱ United States Census Bureau. Industry and Occupation Table Packages. Physical Therapists. US Department of Commerce; 2015. http://www.census.gov/people/io/publications/table_packages.html. Accessed May 20, 2015.

ⁱⁱ Office of Personnel Management. Salary Table 2015 – GS. Office of Personnel Management, 2015. <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/GS.pdf>. Accessed May 20, 2015

ⁱⁱⁱ Bureau of Labor Statistics. *Occupational Outlook Handbook, 2014-15 Edition*. Physical Therapists. US Department of Labor; 2014. <http://www.bls.gov/ooh/healthcare/physical-therapists.htm>. Accessed May 21, 2015.