

American Psychiatric Association
1000 Wilson Blvd, Suite 1825
Arlington, VA 22209

Contact:
Lizbet Boroughs, MSPH
Deputy Director,
Department of Government Relations
American Psychiatric Association
Telephone 703.907.7800
lboroughs@psych.org

Written Statement of the
American Psychiatric Association
on FY2015

Presented to the

House Appropriations Subcommittee
on Military Construction, Veterans' Affairs
and Related Agencies

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Thank you for the opportunity to share the American Psychiatric Association's (APA) recommendations for appropriations for the Department of Veterans Affairs (VA) health care and medical research programs for fiscal year (FY) 2015. The APA consists of approximately 35,000 psychiatric physicians nationwide who specialize in the diagnosis and treatment of mental and emotional illnesses and substance use disorders. APA's comments are focused on suicide prevention efforts, needs of women veterans, investments in research and workforce, and the needs of homeless veterans. APA also wishes to associate our statement with the *Independent Budget's* 2015 recommendations.

Improving Mental Health and Substance Use Service Delivery

There is a pressing need for increased access to mental health services for many of our returning war veterans. Early intervention services for substance-use disorders, evidence-based care for PTSD, depression, and other consequences of combat exposure are particularly critical. Despite increases in Veterans Health Administration (VHA) facility staffing levels, wide variation exists among medical centers and their community-based outreach centers (CBOCs). The VHA has cited its efforts to develop a prototype mental health staffing model without meaningful explanation of the foundation or reliability of its model. APA encourages further Congressional and Inspector General oversight as the VHA attempts to improve its scheduling system, staffing of CBOCs, and telepsychiatry programs.

APA remains concerned that the VA-state Prescription Drug Monitoring Program (PDMP) remains stalled in the VA's Office of Information & Technology. APA continues to express concern regarding the barrier to quality patient care presented by the VHA's inability to monitor prescriptions written for veterans outside of the VHA system. Prescription data coordination can assist VHA physicians in identifying veterans who need intervention and treatment for substance use disorders as well as prevent intentional overdosing by blocking

multiple prescriptions. The VA-PDMP project has not advanced beyond its current test sites: Durham, NC, Louisville, KY, Muskogee OK, Nashville, TN and Fayetteville, AR. The state of New Jersey was removed as test site due to technological problems. Software development is the remaining barrier. VA's Office of Information and Technology (OI&T) has stated that there is a need to reissue a contract for additional work to be completed on the VA-state PDMP software project. OI&T has not determined the implementation date at this time. APA suggests Congress designate \$3.5 million within the VA's FY2015 OI&T allocation to complete the potentially life-saving VA-PDMP.

Suicide Prevention Services

The VA estimates that there are 6,750 veterans' suicides per year or 60,000 in the ten years of data on OEF/OIF deployments. APA supports the Administration's request for \$68 million to fund suicide prevention services which include: joint VA-Department of Defense (DoD) public education campaigns, the expansion of telemental health, rural outreach, and more mobile vet centers. Moreover, the implementation of a "seamless transition system" between the VA-DoD is years overdue.

Needs of Women Veterans

The VA estimates that 1.8 million veterans are women, 12% of military returning from OEF/OIF are women, 8% of polytrauma patients are women. However, despite Congressional mandate, the VA lags in providing comprehensive care to women at all facilities. The VA must fully implement standardized training and qualification standards for providers to diagnose the effects of military sexual trauma, improve accessibility of treatment *and* integrate its plan with the DoD. Congress should use its authority to ensure that additional transitional residential facilities for women with PTSD and substance use issues are available, particularly for women with children.

Research Needs

APA requests that sufficient funds be appropriated to further promulgate evidence-based treatment for PTSD, as well as comprehensive longitudinal studies for Traumatic Brain Injury (TBI), Concussion Syndrome and their co-occurring risk of mood disorders, seizure disorders and hearing loss. The VA and DoD should work in concert with the National Institutes of Health (NIH) to develop new pain medications or medication delivery methods to reduce opioid dependence. APA supports the *Independent Budget's* request for \$611 million for VA Medical and Prosthetic Research in FY2015.

Care for Homeless Veterans

APA applauds Secretary Shinseki's efforts to coordinate services for homeless veterans and those at risk of being homeless across the VA. Veterans with mental health and substance use disorder are disproportionately affected by homelessness. APA requests that Congress continue the incremental build-up of the HUD-VA Supported Housing Program by funding approximately 10,000 new vouchers and funding the necessary case management services to support those vouchers.

Recruitment and Retention of Medical Staff

VHA Deputy Under Secretary Robert Petzel, M.D. testified in January 2013 before the House Veterans Affairs Committee that the major workplace barrier to mental health and substance use care was the VHA's difficulty in hiring and retaining psychiatric physicians. Congressional testimony given by current and former psychiatric physicians in the VHA highlights non-competitive pay, inadequate training, and long hiring processes as key barriers to developing and maintaining a robust psychiatric workforce.

APA strongly encourages the VHA to further adjust the pay tables for psychiatric physicians to more accurately reflect the acuity of VHA patient care. APA suggests that the imbalance of compensation packages between newly hired psychiatrists and compensation packages of VHA psychiatrists with years of experience and training be rectified. Such redress is likely to improve physician retention issues at the VHA.

APA encourages Congress to support and pass H.R. 4234, the Ensuring Veterans' Resiliency Act, which would provide a new dedicated method of encouraging additional psychiatric residents to choose a career with the VHA. This program:

- Establishes a three-year special loan repayment demonstration program under the Department of Veterans Affairs modeled on the Health Professions Loan Repayment Program for active duty personnel (10 U.S.C. 2173);
- Authorizes the Secretary of Veterans Affairs to recruit at least 10 psychiatric physicians into the loan repayment program each year;
- Requires the program participants to demonstrate a long-term commitment to the VHA in a manner determined by the Secretary;
- Sunsets after three years; requires a report to Congress on the program's impact on psychiatric vacancies and a stable psychiatric workforce in the VHA; and
- Authorizes a GAO study on pay disparities among psychiatric physicians at the VHA.

Professional Development

APA echoes the *Independent Budget's* recommendation to improve the retention of VHA physicians by expanding reimbursement for continuing medical education and educational loan repayment programs. The VHA's arbitrary restriction on conference attendance "not to exceed 50 individuals at a single meeting" does not contribute to the overall attractiveness of the VHA

employment setting. Given the importance of conferences in advancing and developing evidence-based patient care, APA asks that both Congress and the VHA reconsider the VHA's current policy on conferences and create a more balanced approach. Retaining valuable physicians who can make significant contributions to the advancement of the VHA's mission cannot be accomplished without the VHA providing employees with relevant training and educational opportunities.

The VA should provide sufficient funding to the Office of Academic Affiliations for furthering fellowships in the field of severe mental illness (SMI) patient care and other areas in order to further improve the ability of the VA to recruit specialty physicians. Fellowships emphasize the multidisciplinary needs of effective mental health care and address the elements of a recovery and quality of life-based care system, including evidence-based best practices in psychosocial rehabilitation. APA wishes to compliment the VA Research Office for initiating the Quality Enhancement Research Initiative (QUERI), which funds new centers focused on the clinical application of evidence-based treatment for schizophrenia, depressive disorders, and substance use disorders.

Summary

- APA supports the Administration's request for \$68 million in FY2015 to fund suicide prevention services and once again calls for the implementation of "seamless transition" between the DoD and VA.
- The VA must implement standardized training and qualification standards for providers to diagnose and treat military sexual trauma *and* integrate its plan with the DoD. Further, additional transitional residential facilities for women, especially those with children, should be established. APA urges Congress to encourage this endeavor via the appropriations process.

- APA supports the *Independent Budget's* request for \$611 million for VHA Medical and Prosthetic Research in FY2015. APA requests that sufficient funds be appropriated to promulgate evidence-based treatment for PTSD, comprehensive and longitudinal studies for TBI and Concussion Syndrome, and the co-occurring risk of mood disorders and seizure disorders. The VA, DoD and NIH should work in concert to develop new pain medications or medication delivery methods to reduce opioid dependence.
- APA asks that both Congress and the VHA reconsider the VHA's current restrictive policy on medical education conferences and create a more balanced approach.
- APA asks Congress to support and pass H.R. 4234, the Ensuring Veterans' Resiliency Act, which provides a new dedicated method of encouraging psychiatric residents to choose a VHA career and improves the retention of psychiatrists already serving in the VHA. H.R. 4234 would establish a medical school loan-forgiveness program, similar to that of the service branches, and examine adjusting compensation disparities between newly-hired and experienced psychiatrists in the current pay table structure. These steps would improve VHA's hiring and retention of psychiatric physicians and improve patient care.

Above all, a profound respect for the dignity of patients with mental and substance use disorders and their families must be duly reflected in serving the needs of veterans in the VA system. Thank you for allowing the American Psychiatric Association to submit its recommendations on FY2015 priority funding for veterans and their families.