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May 28, 2014

The Honorable Bernie Sanders
332 Dirksen Senate Building
Washington, DC 20510

The Honorable Richard Burr
217 Russell Senate Building
Washington DC 20510

Dear Chairman Sanders and Ranking Member Burr:

On behalf of the American Psychiatric Association (APA), a medical specialty organization which represents approximately 35,000 psychiatric physicians, thank you for your dedication to America's veterans. APA applauds the Committee's oversight and accountability efforts which assist the Veterans Health Administration (VHA) with policy implementation at the local level.

The significant progress achieved by the VHA in promulgating best practices and procedures to benchmark timeliness, appropriateness and coordination of care is encouraging. However, APA remains concerned about persistent reports of lengthy VHA wait times for treatment appointments, availability of psychiatric physicians and inconsistent implementation of evidence-based care. APA vigorously supports immediate and seamless access to care for psychiatric and substance use disorders for America's veterans.

Access

At the May 15 hearing, Vietnam Veterans of America (VVA) and Iraq and Afghanistan Veterans of America (IAVA) testified about their concerns regarding availability of physician care. Specialty care – psychiatric treatment for mental illness and substance use disorders – in particular, can be difficult to access. The demonstrated shortage of psychiatrists is a contributing factor of the inability of the VHA to deliver mental health services in a timely fashion. The Office of Inspector General notes that hiring and retaining psychiatrists is the VHA's greatest challenge.

Increasing the Psychiatric Physician Workforce

To assist the VHA in recruiting and retaining psychiatrists, Representatives David Scott (D-GA) and Larry Bucshon, M.D. (R-IN) introduced the Ensuring Veterans' Resiliency Act, H.R. 4234 in March. This bill establishes a pilot project encouraging more psychiatrists to choose a career with the VHA – one centered on offering employment incentives commensurate with other public and private entities.

Legislative details for H.R. 4234, the Ensuring Veterans' Resiliency Act:



- establishes a three-year demonstration program under the VA modeled on the DoD Health Professions Loan Repayment Program, which offers physicians up to \$60,000 in medical school loan repayment for each year of service;
- authorizes the VA to recruit at least 10 psychiatric physicians into the loan repayment program each year;
- the VA would hire these physicians permanently to fill full-time vacant positions;
- requires program participants to demonstrate a long-term commitment to the VA;
- requires a report to Congress on the program's impact on psychiatric vacancies and recruitment;
- authorizes a GAO study on pay disparities between psychiatric physicians at the VA

To date, the Congressional Budget Office has not reported a cost estimate of the Ensuring Veterans' Resiliency Act. The demonstration program is projected to cost the VHA a modest \$10 million over three years.

Access through Telemedicine

VHA is one of the largest users of telemedicine and has been rapidly expanding its use of remote health services. Last year, 1.7 million telemedicine consults were made to an estimated 608,000 veterans. The number of veterans being served is expected to increase to 1.1 million by 2015. The wait lists for care should further encourage VHA's promulgation of telemedicine.

In psychiatry, telemedicine consultations between a patient and his/her physician on psychiatric or substance use treatment issues are typically utilized when a patient is stable and recovering. Telemedicine consultations could be further implemented between a provider in a rural area who would like to consult with a colleague or coordinate care with a case manager. These consults can improve access, coordination and outcomes.

Quality

It is not enough for VHA to provide timeliness of care; VHA must also ensure quality of treatment. On May 15th, several veterans' service organizations spoke of VHA's high-quality of medical care received after a patient enrolled in the VHA. Care coordination from Patient Centered Care Teams (PACTs) was lauded. VHA's ongoing medical staff training, academic detailing of treatment options and Veterans Health Information Systems and Technology Architecture (Vista) electronic health record system are components of a quality medical system.

The VHA has initiated an aggressive plan to respond to gaps in comprehensive pain management. VHA's National Pain Management Strategy and launch of the Opioid Safety Initiative are to be commended. The implementation of the Stepped Care Model for Pain Management (SCM-PM), the single standard of pain care for VHA, is helpful to ensure opioid pain medications are used safely, effectively and judiciously.

APA remains concerned that the nationwide adoption VHA-state Prescription Drug Monitoring Program (PDMP) remains stalled. The barrier to quality patient care presented by the VHA's inability to monitor prescriptions written for veterans outside of the VHA system is concerning. 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 currently advanced beyond five test sites.

APA commends you for your leadership on this issue and your commitment to ensuring accessible quality care for all of our nation's veterans. We look forward to working with you to improve access to physicians.

Sincerely,

A handwritten signature in cursive script that reads "Saul Levin". The signature is written in black ink and is positioned above the printed name.

Saul Levin, M.D., M.P.A.
CEO and Medical Director