

**The Department of Veterans Affairs
Report on MISSION Act Section 505
Steps the Department is Taking to Achieve Full Staffing Capacity**

June 2019

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Summary

Section 505(b) of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act) (Public Law 115-182), establishes a requirement for the Department of Veterans Affairs (VA or Department) to submit to Congress an annual report on the steps the Department is taking to achieve full staffing capacity, including the amount of additional funds necessary to enable the Department to reach full staffing capacity. This report describes VA's progress in building and sustaining a workforce that can carry out VA's vision of providing Veterans and their families with the world-class benefits and services they have earned, with high standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

Full staffing capacity refers to the number of personnel needed at a point in time to accomplish VA's mission to care for Veterans and their families with dignity and respect. Full staffing capacity requirements are dynamic and are updated based on new business and workload requirements. Key drivers that impact full staffing capacity include the following: increases in services provided for a growing mission; changes in state-of-the-art health care; opportunities to continue supportive partnerships with the community; changes in the size and needs of the population being served; and evolving legislative mandates.

Current State: Growth and Outcomes

As of March 31, 2019, VA had approximately 382,000 employees onboard¹. The Veterans Health Administration (VHA) accounts for approximately 90 percent of all VA employees. As the operator of the largest integrated health care delivery system in America, VA's workforce challenges mirror the health care industry. Despite those challenges, VA's workforce has consistently grown by approximately 2 to 5 percent annually over the last 5 years for an annual average growth rate of 3 percent.

This growth addresses the increased staffing required to meet demand for services, improved access, reduced wait times, improved quality, enhanced Veteran satisfaction and overall mission growth (i.e., staffing capacity need). Most of the additional staffing capacity needed in VA in the past 5 years has been in clinical occupations, which account for 81 percent of overall growth in VA. Specifically, the largest growth in clinical occupations in VA in the past 5 years have been for additional registered nurses (+24 percent), medical support assistants (+19 percent), physicians (+7.5 percent), social workers (+5.8 percent), nursing assistants (+4.2 percent), pharmacists (+3.1 percent), and general health science (+2.7 percent). Aside from clinical occupations, the following VA occupations have also experienced growth in the past 5 years: Veterans Claims Examiners in the Veterans Benefits Administration (VBA) (+3.3 percent), custodial workers (+2.3 percent), and management and program analysts (+2.3

¹ Onboard is the number of employees in a pay status at the end of a quarter (the head count by a particular date including full-time, part-time, and seasonal employees); Data can be retrieved from: <https://www.data.va.gov/search?query=mission%20act>. Link is a repository of VA MISSION Act Section 505 data. The most up to date quarterly data is the first dataset linked on the Web site and each quarter the latest data will be added.

percent). All other occupations have each accounted for less than 2 percent of the total staffing growth in VA over the last 5 years.

Together with annual growth rates ranging from 2 to 5 percent, VA consistently maintains turnover rates at or below 9.5 percent, compared with other large Cabinet-level agencies that average 11 percent² and compared with health care industry turnover rates of 20-30 percent³. For comparison, Table 1 presents specific occupational turnover rates in VHA and the private sector.

Table 1. VHA Turnover Rates Compared to Private Sector Turnover Rates⁴ for Specific Occupations

Occupation	VHA	Private Sector	Occupation	VHA	Private Sector
Nurse Anesthetist (CRNA)	7.1%	8.1%	Pharmacist	4.0%	8.3%
Nurse Practitioner	8.6%	11.1%	Medical Technologist	8.1%	10.5%
Registered Nurse	7.9%	16.8%	Physical Therapist	3.9%	10.7%
Nursing Assistant	9.2%	27.7%	Respiratory Therapist	6.7%	11.5%
Patient Care Tech (Health Aid and Technician)	8.9%	19.3%	Occupational Therapist	6.2%	12.2%
Diagnostic Radiologic Technologist	6.8%	10.8%	Speech Therapist (Speech Path/Audio)	4.4%	12.5%
Physician Assistant	7.7%	14.2%			

VA’s workforce growth is directly commensurate with VA’s significant budget growth over the past 10 years (see Figure 1), both of which increased due to augmented business requirements and workload. VA’s annual budget has grown from \$168.9 billion in 2014 to \$201.1 billion in 2019, with a request for \$220.2 billion in the VA Fiscal Year (FY) 2020 President’s Budget Request⁵.

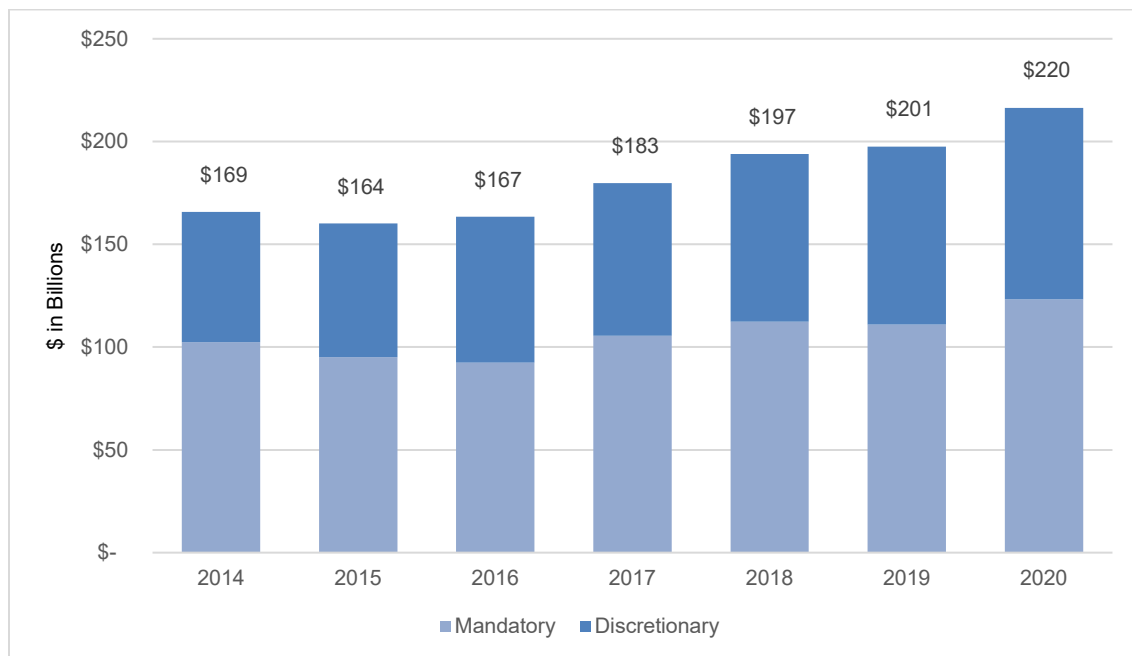
² OPM, Fed Scope, (July 2018)

³ Bureau of Labor Statistics, “Job Openings and Labor Turnover Survey,” *United States Department of Labor*, (2018) <https://www.bls.gov/jlt/>

⁴ NSI Nursing Solutions, Inc., “2019 National Health Care Retention & RN Staffing Report,” Survey responses from 137 facilities in 26 states, encompassing 333,723 healthcare workers and 96,988 registered nurses, <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/2019%20National%20Health%20Care%20Retention%20Report.pdf>,

⁵ U.S. Department of Veterans Affairs, “Department of Veterans Affairs Budget in Brief 2020,” <https://www.va.gov/budget/docs/summary/fy2020VAbudgetInBrief.pdf>

Figure 1. VA's Historical Budget, Fiscal Year (FY) 2014 to FY 2020 Request^{6 7}



Projecting Staffing Requirements

Understanding historical growth, turnover, vacancy, and hiring data reflected in the annual budget request is just one aspect of analyzing and determining true staffing capacity needs.

The FY 2019 budget supports a projected workforce of approximately 392,000 onboard employees and the FY 2020 budget supports a projected workforce of approximately 405,500 onboard employees. This represents a net annual increase of approximately 10,000 onboard employees (2.6 percent increase) in FY 2019 and 13,800 onboard employees (3.5 percent increase) in FY 2020. With average turnover, achieving these projections requires hiring approximately 41,000 employees in FY 2019 and approximately 55,000 employees in FY 2020.

Vacancies are not necessarily indicators of capacity deficits. VA reports all vacancies (unencumbered positions with a valid workload requirement that are budgeted and approved by a resource board) on a public-facing Web site⁸ on a quarterly basis as required by section 505(a) of the VA MISSION Act. Among the approximately 50,000 vacancies in VA, most of the positions are the result of average turnover and do not reflect shortages in staffing capacity. These positions are recruited and filled to maintain staffing levels associated with the typical 8.8 to 9.4 percent turnover rates in

⁶ U.S. Department of Veterans Affairs, "Department of Veterans Affairs Budget in Brief 2020"

⁷ Reflects mandatory and discretionary budget authority, including medical care collections.

⁸ U.S. Department of Veterans Affairs, "VA MISSION Act Section 505 Data," (February 2019), <https://www.data.va.gov/search?query=mission%20act> (Link is a repository of VA MISSION Act Section 505 Data. The most up to date quarterly data is the first dataset linked on the Web site.)

VA. The remaining vacancies represent new positions required to increase staffing capacity (i.e., net increase in total onboard staff). In FY 2018, for example, VA experienced a total of 34,821 losses due to average turnover. VA hired a record number of more than 46,000 employees to fill both newly created positions and vacated positions due to turnover. That same year, VA’s talent acquisition efforts resulted in a net increase of 11,726 new hires (see Table 2). An analysis of historical growth and Veteran outcomes for each Administration indicates that the staffing capacity required to accomplish the VA mission of caring for Veterans and their families is being achieved.

Table 2. Five Year Historical VA Employees Onboard, Growth, Hires, Losses, Loss Rate, Net Increase, and End of Year Total Onboard Employees*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Onboard Employees	334,831	349,590	358,455	365,484	377,210
Onboard Growth Rate	3.20%	4.40%	2.50%	2.00%	3.20%
Hires	38,130	44,342	40,632	40,046	46,382
Total VA Losses (excluding internal transfers)	29,125	31,430	32,778	32,769	34,821
Total Loss Rate (i.e., Turnover)	8.80%	9.20%	9.30%	9.00%	9.40%
Net Increase in Onboard Employees**	+9,005	+12,912	+7,854	+7,277	+11,561
Total Onboard Employees (end of year)**	343,836	362,502	366,309	372,761	388,771

*Excludes Veteran Canteen Service (VCS), Intermittent, Medical Resident, Non-Pay Status, and Trainees coded T0-T9.

**Annual and quarterly data may vary slightly due to different points in time that the data is pulled.

To improve VA’s ability to plan for staffing requirements, in October 2017 the Secretary established an enterprise-wide manpower management function. The VA Manpower Management Service (MMS) has been actively working with the Administrations to develop standard processes to validate staffing requirements (i.e., staffing models, staffing standards, and benchmarking tools). Concurrently, each Administration established an internal manpower management functionality to meet their mission-specific needs. In March 2019, the VA Human Resources Information Technology Executive Governance Committee gave final approval to develop an information technology (IT) solution to formally document requirements in the VA Human Resources Information System. This IT solution will provide an automated workflow tool to process position change requests. Additionally, VA has been actively working to develop an approach to standardize organizational structures to facilitate manpower analysis, management of business operations, and inform business intelligence tools. The overarching policy that will document validated staffing requirements using workload-based analysis, standardize organizational structure, and maintain data integrity of positions is in the final stages for approval.

VA is developing staffing models and validating staffing standards. Full manpower position management and governance over VA's organizational structure, position management, and workload-based staffing requirements is anticipated in early FY 2021. When fully implemented, manpower management processes will enable VA to more accurately define full staffing capacity requirements. These requirements will enhance VA's existing strategic human capital planning processes to ensure that workload demand is balanced by measures of quality, access, and Veteran satisfaction.

VA has many long-standing clinical staffing models (e.g., specialty care, primary care, mental health, nursing, pharmacy, and rehabilitative care) and continues to develop and validate other models, especially for non-clinical functional areas and positions that are Congressionally-mandated (such as scribes and peer specialists per the VA MISSION Act). Implementation of validated staffing requirements will assist in standardizing care delivery, ensuring the best care is delivered in the most efficient way possible as measured by health outcomes.

As VA's manpower management capabilities continue to expand, staffing data will become more finely tuned and will better position VA to identify and overcome staffing gaps with more fidelity.

Staffing Strategies

VA employs a variety of tools to achieve full staffing capacity including the following: direct hiring authorities; recruitment and retention flexibilities; hiring initiatives; improved employee engagement; VHA Human Resources (HR) modernization; workforce planning; targeted recruitment of service members transitioning from the Department of Defense (DoD); national recruiter programs for hard-to-fill occupations and specialties; and strategies for filling medical center director positions.

OPM Government-wide & VA Direct Hiring Authorities

Direct Hiring Authorities (DHA) are available for VA to use on a variety of positions across the Agency. In 2018, the Department filled 3,876 positions using DHAs. Most positions filled using these authorities were in Legal, IT, and Veterans Claim Examining. DHA usage continues to grow over time and is a direct source of recruitment for Administrations and Staff Offices that support the Agency's mission.

Continued use of Recruitment & Retention Flexibilities

The VA MISSION Act authorized or expanded several programs intended to recruit and retain health care providers in VHA, to include an increase in the maximum amount of student loan debt that may be reimbursed under the VHA Education Debt Reduction Program (EDRP); authorizing designated scholarships for physicians and dentists under the VA Health Professional Scholarship Program (HPSP); establishing the VA specialty education loan repayment program to incentivize VHA employees to pursue education and training in medical specialties for which VA determines there is a shortage; and establishing a pilot program for the Veterans Healing Veterans Medical Access and Scholarship program.

VA strategically allocates recruitment, retention, and relocation (3R) incentives to close skills gaps and provide greater flexibility in the recruitment, relocation, and retention of highly qualified VA professionals. In FY 2018, VA spent \$52.4 million on 3R incentives. Of that total, \$41.2 million (78.6 percent) was directed toward VHA shortage occupations (i.e., the 10 clinical and 8 non-clinical occupations identified by facilities as shortage occupations via the VHA workforce planning cycle).

VA uses the EDRP to secure health care providers in specific, difficult to fill positions for up to five years by providing student loan payment reimbursements. Positions eligible for EDRP are prioritized based on local recruitment and retention requirements to meet specific staffing needs. In FY 2018, VA spent \$44 million on EDRP. Section 302 of the VA MISSION Act enhanced EDRP by increasing the maximum award amount from \$120,000 to \$200,000, not to exceed \$40,000 per year. Additionally, Section 306 ensures clinical staff working at Vet Centers are eligible to participate in EDRP.

During FY 2018, VA awarded 1,071 new scholarships in the Employee Incentive Scholarship Program (EISP) and supported 3,133 employees actively participating in the educational phase of their scholarship with funding totaling \$29 million. The top five scholarship-funded occupations were: registered nurse, licensed practical/vocational nurse, social worker, physical therapist, and medical technologist/medical records technician.

The VA Learning Opportunity Residency program allows nursing, pharmacy, and medical technology students who have completed their junior year in an accredited clinical program to gain valuable clinical experience at a VA health care facility for up to 800 hours, with pay. During FY 2015-2018, VA funded 339 student salaries for nurses, pharmacists, and medical technology students for a total of \$4.2 million.

VA also awarded \$5.2 million new and continuing awards to 201 nursing, physical therapy, and physician assistant participants in the Health Professional Scholarship Program (HPSP). HPSP awards scholarships to students receiving education or training in a direct or indirect health care services discipline to assist in providing an adequate supply of such personnel for VA and the United States.

Hiring Initiatives

Targeted hiring initiatives managed nationally and in collaboration with program offices are proving to be an extremely effective way of improving staffing capacity where and when it is needed most. In 2017, VA introduced a Mental Health Hiring Initiative, committing to hiring 1,000 new mental health providers by June 30, 2019 as part of VA's #1 clinical priority to eliminate Veteran suicide. By January 31, 2019, VA surpassed its goal, hiring 3,956 mental health providers resulting in a net gain of 1,045 additional mental health providers. This initiative included VA's inaugural virtual trainee hiring fair where 85 facilities participated to connect, match, and place interested candidates into mental health positions across VHA. Through the trainee hiring fair, 74 mental health trainees accepted job offers at a matched location after completion of their training. This initiative laid the groundwork for a permanent trainee hiring capability in VHA.

Hire Right Hire Fast (HRHF) is a hiring model initiated in 2017 for the medical support assistance occupation. The goal for HRHF was to reduce time to hire and fill open positions within this occupation. This was achieved by developing applicant registers and implementing specific actions integral to hiring success. This program drove time-to-hire to under 60 days (formerly ~180 days) and reduced open positions to 9.4 percent. Based on the preliminary results, the HRHF program will be extended to the housekeeping occupation. The HRHF model was found to be most impactful in occupations that exhibit few barriers to entry (e.g., no licenses, no certifications, etc.), high loss rates, and large onboard full time equivalent (FTE) requirements.

VHA HR Modernization

VHA has outlined a modernization plan to improve the efficiency, effectiveness, and accountability in human resources, with phased implementation completed by the end of FY 2020. The envisioned organizational structure leverages lessons learned from successful public and private sector organizations to reduce bureaucracy and align the organization around common goals. To develop consistent services and ensure alignment with field requirements, VHA will develop responsive, scaled shared services. Beginning in FY 2019, VHA will take several steps to strengthen the synergy between national shared services and the regions. Responsive shared services will support operational efficiency, with facilities enjoying ready access to the resources they need when and where they are needed. VHA anticipates improvement in hiring and onboarding timelines by the end of FY 2020 as a direct result of this organizational change.

VHA Workforce Planning Cycle

VHA's Workforce Planning Cycle places direct emphasis on optimizing VA's most vulnerable professions. During this process, VHA identifies staffing shortage occupations and assists with current and future workforce planning efforts, challenges, and other workforce planning activities. In August 2017, the VA Choice and Quality Employment Act of 2017 required the VA Office of the Inspector General (OIG) to identify at minimum five non-clinical and five clinical shortage occupations at each health care system, changing the previous requirement to identify five shortage occupations at the VHA system level established by the Veterans Access, Choice, and Accountability Act of 2014 (VACAA) section 301(d). Staffing shortage occupations exist when there is a severe shortage of candidates for an occupation, grade (or equivalent), and/or geographic location.

In response to requirements in the VA Choice and Quality Employment Act of 2017, the workforce planning cycle was redesigned to provide a structured, data-driven approach for identifying clinical and non-clinical shortage occupations at the health care system level. Each year, VHA publishes a staffing shortage report that identifies the results from the Workforce Planning Cycle. During FY 2018's cycle, recruitment challenges were selected as the primary drivers for 64 percent of the shortage occupations and specialties, while the remaining 36 percent were primarily associated with retention challenges. The most commonly cited root causes for shortage occupations included competition with other health care employers and a limited supply of candidates. The

most commonly cited strategies to address staffing challenges included non-competitive hiring flexibilities and utilization of recruitment and retention incentives.

DoD/VA Efforts to Recruit Transitioning Service Members

As a subset of the military to civilian transition, DoD and VA have combined efforts to recruit transitioning service members into vacant positions within VA. In a 2015 study of over 8,500 Veterans, active duty service members, National Guard and Reserve members, and military dependents, 55 percent of participants identified “finding a job” as their most significant transition challenge⁹. The goal of this effort is to create an additional candidate pipeline for entry level job opportunities. Beginning in FY 2018, VHA launched a direct marketing campaign to target military medical professionals currently enrolled in the transition process for recruitment into VHA employment. VHA uses the VA-DoD Identity Repository (VADIR) data to identify service members, their time of discharge, and their military occupational specialty (MOS). In FY 2018, VHA’s total Veteran hires increased by 36 percent, totaling over 17,000.

National Recruitment Program

The VHA National Recruitment Program (NRP) provides a small in-house team of skilled professional recruiters employing private sector best practices to the Agency’s most critical clinical and executive positions. The VHA-NRP works directly with VHA Office of Rural Health and other national program offices, Veterans Integrated Service Networks (VISN) Directors, VA Medical Center (VAMC) Directors, clinical leadership, and local VAMC Facility Recruitment Liaisons to develop a comprehensive, client-centered recruitment strategy that addresses both current and future critical needs.

Strategies to Fill Executive Medical Center Director Positions

VHA has made significant progress in efficiently filling medical center director (MCD) positions through implementation of a vigorous national recruitment strategy which includes the following: use of existing legal authorities to fill MCD positions, such as the Senior Executive Service (SES) authority and Title 38 physician hiring authorities, and leveraging critical pay authority to adjust the rate of pay up to the Executive Level 1 (\$199,080 as of January 2018) for 39 Complexity Level 1A MCD positions. In addition, the Agency has adopted a 120-day time-to-fill standard for MCD positions. The result has been a significant reduction in the MCD opening positions from as high as 25 percent in FY 2015 to 11 percent in FY 2018.

Improved Outcomes

Achieving full staffing capacity is critical to VA being able to carry out its mission to care for Veterans and their families with dignity and respect. Improved outcomes show that VA is on the right track and that Veterans are being well served.

⁹ U.S. Department of Veterans Affairs, “The Military to Civilian Transition 2018,” (2018), <https://www.benefits.va.gov/TAP/docs/mct-report-2018.pdf>

Health Care

Recent studies have reported that Veterans are receiving the same or better care at VAMC as patients at private sector hospitals¹⁰. Since 2014, the number of annual appointments for VA care is up by 3.4 million, with more than 58 million appointments scheduled in VA facilities last fiscal year¹¹. According to a study in the *Journal of the American Medical Association*, VA average wait times are shorter than those in the private sector for primary care, as well as two out of three specialty care areas.¹² VA recently reached a telehealth milestone, achieving more than 1 million video telehealth visits in FY 2018, a 19 percent increase in video telehealth visits over the prior year¹³. This technology gives Veterans access to the timely, quality care they deserve, without having to travel great distances to a distant VA facility. Veterans who choose VA for their health care have a greater chance of survival beyond 30 days after hospital discharge, if they were admitted for heart attacks, severe chronic lung disease, heart failure and pneumonia as compared with non-VA hospitals¹⁴.

Benefits Appeals

In February 2019, VA officially launched full implementation of the Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act). This is one of the most significant statutory changes to affect benefits processing for VA and Veterans in decades. Through this program, VA will improve delivery of benefits and services to Veterans and their families. VA's goal is to complete Supplemental Claims and Higher-Level Reviews in an average of 125 days, and decisions appealed to the Board of Veterans' Appeals (Board) for direct review in an average of 365 days. This is a vast improvement to the average 3-7 years Veterans waited for a decision in the legacy process.

To meet this goal, VBA initiated an aggressive recruitment effort to hire 605 employees to process Appeals Modernization Act decisions. Veterans who appeal a VA decision with a notification date on or after February 19, 2019, now have three decision review lanes to choose from: Higher-Level Review, Supplemental Claim, and appeal to the Board. Instituting these lanes streamlines the process and significantly reduces the time Veterans wait for an appeals resolution decision.

Burial and Memorial Services

For the sixth consecutive time, the National Cemetery Administration (NCA) was ranked first in customer satisfaction among the Nation's top corporations and federal agencies in an independent survey conducted by the Claes Fornell International (CFI) Group,

¹⁰ Weeks and West, *Annals of Internal Medicine*

¹¹ U.S. Department of Veterans Affairs, "VA MISSION Act 101," <https://www.blogs.va.gov/VAntage/56414/mission-act-101-how-the-law-will-improve-vas-ability-to-deliver-health-care-to-veterans/>

¹² Penn, M. (2019, January 18). Comparison of Wait Times for New Patients Between the Private Sector and VA Medical Centers. Retrieved April 5, 2019, from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720917>

¹³ U.S. Department of Veterans Affairs, "VA Exceeds 1 Million Video Telehealth Visits in FY 2018," (February 2019), <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5196>

¹⁴ Weeks and West, *Annals of Internal Medicine*

utilizing the science of the American Customer Satisfaction Index (ACSI)¹⁵. NCA received ratings in the categories of: customer service, respectfulness of the service and interment, and maintenance of the national cemetery, achieving an aggregate score of 96 out of a possible 100 points. In addition, respondents were very willing to recommend NCA's services to others¹⁶. These results indicate that respondents are extremely pleased with their experiences at VA national cemeteries and with NCA employees overall. The achievement of this documented excellence in customer service is due to the well-trained and dedicated NCA workforce, 77 percent of whom are Veterans.

Veteran Trust

In FY 2018, 86.4 percent of 1.6 million Veterans surveyed said they trust VA, with an overwhelming majority (92.1 percent) of VAMC improving in that trust score from fall of 2017¹⁷.

Best Places to Work

In December 2018, the Partnership for Public Service released its Best Places to Work in the Federal Government rankings where VA ranked 6th out of large Federal agencies¹⁸. The annual Best Places to Work in the Federal Government ranking measures employee engagement Government-wide as well as at individual departments, agencies and subcomponents. The rankings provide a means of holding leaders accountable for the health of their organizations, shining the spotlight on agencies that are successfully engaging employees as well as on those that are falling short.

As one of the top ten large agencies to work for in the Federal Government¹⁹, VA continues to enhance employee engagement, focusing on multiple touchpoints to receive employee feedback. VA's Employee Engagement Council periodically meets to address and implement solutions. In April 2019, the Secretary approved VA's first ever "Employee Engagement Enterprise-wide Plan," which emphasizes principles of servant leadership. Leaders at all levels seek feedback year-round, in person and online, to ensure the Agency continues making progress. High employee engagement at VA will positively impact the customer service Veterans receive daily.

¹⁵ U.S. Department of Veterans Affairs, "VA's National Cemeteries Lead Nation in Satisfaction Survey," (February 2017),

https://www.cem.va.gov/CEM/pressreleases/VA_National_Cemeteries_Lead_Nation_in_Satisfaction_Survey.asp

¹⁶ U.S. Department of Veterans Affairs, "VA's National Cemeteries Lead Nation in Satisfaction Survey"

¹⁷ U.S. Department of Veterans Affairs, "VA Outpatient Services FY 2018 Trust Survey," (January 2019), https://www.blogs.va.gov/VAntage/wp-content/uploads/2018/12/VHAOutpatientServices_Trust_FY18.pdf

¹⁸ Partnership for Public Service, "Best Places to Work Agency Rankings," (2019), <https://bestplacestowork.org/rankings/overall/large>

¹⁹ Government Matters, "Veterans Affairs Employee Survey Shows Improving Morale," (February 2019), <https://govmatters.tv/veterans-affairs-employee-survey-shows-improving-morale/>

Funding for Full Staffing Capacity

VA will continue to work with Congress on projected resources needed to enable the Department to carry out the existing mission and any emerging and/or evolving mission requirements. As manpower management capabilities and additional staffing models are put into place, VA will be better positioned to more precisely project staffing needs. Staffing requirements take into consideration the ever-evolving drivers that impact staffing capacity (described throughout this report) and primarily related to emerging requirements both locally and nationally, increases in services provided for a growing mission, changes in state-of-the art health care, changes in the size and needs of the population being served, and legislative mandates.

As outlined in the VA FY 2020 President's Budget Request, each day more than 380,000 employees come to work for VA, with over 33 percent of those employees being Veterans themselves. VA projects both a need and an ability to continue to grow staffing capacity, which is why the FY 2020 budget supports an increase of 13,805 FTEs²⁰ above the FY 2019 estimated level, to expand access to health care, improve benefits delivery, and expand Veteran access to burial services. This includes 13,066 additional clinical and hospital staff in VHA, including physicians, nurses, and scheduling clerks. Provider growth has increased recently despite a tightening provider labor market and will continue as VA expands telehealth services and enhances suicide prevention initiatives. Medical support and compliance staff growth is primarily driven by community care claim processors and staff to support workload during the business systems transformation. Facilities staff growth is primarily driven by the need for staff to support projects related to updating aging infrastructure and expanding clinical space to care for Veterans. VA will also hire additional clinicians to ensure VA facilities can meet the new VA MISSION Act wait-time standards and provide Veterans with timely, high quality care. The FY 2020 President's Budget Request includes a 4.7 percent increase in FTE for Medical Services for FY 2020, compared to FY 2019, with a total increase of 3.6 percent for the entire Department compared to FY 2019. The resources requested in the FY 2020 President's Budget Request, particularly those associated with staffing, will allow VA to continue to deliver on the Nation's promise to our Veterans.

²⁰ Full-Time Equivalent means the total number of regular straight-time hours worked by employees divided by the number of compensable hours applicable to each fiscal year. OMB A-11 Circular § 85.5(c).