

[Mike Nacincik] I'm Mike Nacincik, the OIG's public affairs officer.

I'm speaking with Dr. Irene Barnett, Director of the Bedford, Massachusetts, OIG Audit Operations Division to discuss the *Audit of Medical Support Assistant Workforce Management at the Phoenix VA Health Care System*.

Dr. Barnett, access to care continues to be a high priority for VA and the veterans it serves. In this report, the OIG looked at how the Phoenix VA Health Care System managed its Medical Support Assistants (or MSAs) to facilitate veterans' access to outpatient care and found several weaknesses.

What is an MSA and why are they important to ensuring timely access to care at the Phoenix Health Care System?

[Dr. Barnett] Most VA medical facilities employ MSAs. While these assistants are not healthcare providers, they play an important role in how veterans' access and experience health care in Phoenix and its nine VA community-based outpatient clinics. Typically, MSAs check in veterans for their medical appointments. MSAs also screen and respond to veterans' telephone calls and manage the appointment schedules for one or more of the system's clinics either in primary or specialty care. The Phoenix VA Health Care System has about 300 MSA positions.

[Mike] What did you and your team review?

[Dr. Barnett] We examined the extent to which the Phoenix VA Health Care System effectively recruited, developed, and retained MSAs to ensure outpatient clinical operations were properly supported. We also reviewed the healthcare system's management of its MSA workforce as well as its efforts to hire new employees to fill vacancies.

[Mike] I know that your team conducted an in-depth audit; what did you find?

[Dr. Barnett] We found that the Phoenix VA Health Care System needed to take steps to ensure that its MSA workforce was right-sized to effectively support its outpatient clinical operations. As an example, we found that the system lacked the information to make certain that MSA staff resources were appropriately allocated across the facility to match clinics' operational needs. The healthcare system's managers could not account for 60 percent of the outpatient MSA workforce. Basic information such as the number of MSAs assigned to a specific outpatient clinic or MSAs' clinic work schedules was not documented. And what that means is that MSA managers did not have the necessary information to determine whether outpatient clinics were under or overstaffed with MSAs to effectively manage the volume of veterans receiving care at a specific location. This lack of information also increased the risk that the Phoenix VA Health Care System was missing opportunities to reallocate its MSA resources to clinics with higher needs.

[Mike] Dr. Barnett, you also looked at how the Phoenix VA Health Care System hires MSAs; what did you find?

[Dr. Barnett] We did, we found that the healthcare system did not hire MSAs in accordance with federal and VA hiring models. The healthcare system averaged 83 days to provide MSA hiring managers with lists of eligible applicants, and this exceeded the federal hiring model by three days and VA's model by 23 days. In April 2017, the Phoenix VA Health Care System started implementing VA's *Hire Right Hire Fast* initiative to reduce the time it took to fill vacancies. The initiative is intended to fill vacancies in 30 days or less. We did not evaluate the extent to which this model improved the timeliness of the healthcare system's hiring efforts because it was in the early stages of being implemented at the time of our audit. Human resources officials however, reported after we completed our audit work that they implemented this model to hire MSAs and experienced some success. They told us that they were also considering implementing the model to target hiring for other occupations that traditionally experience high attrition, for example housekeeping.

[Mike] What did you find regarding MSA performance management?

[Dr. Barnett] We found that MSA managers were not ensuring that new employees' performance was carefully managed. In fact sixty-one percent of MSAs hired from late August 2015 to early March 2016 were not put on performance plans within the required 60 days of starting their jobs, despite the fact that most of these new MSAs were scheduling appointments and checking in patients. These plans are important because they detail MSAs' training requirements, job duties, and expected accuracy rates for scheduling and rescheduling appointments.

[Mike] What about retention, was the Phoenix Health Care System able to keep qualified MSAs?

[Dr. Barnett] MSA attrition is a challenge for the healthcare system. From FY 2012 through 2016, the MSA attrition rate was over 15 percent—peaking in 2015 at about 20 percent. While the attrition rate dropped to 13 percent in FY 2016, the Phoenix VA Health Care System is still among the top half of facilities with the highest MSA attrition rates. Now despite this long-term challenge, keeping MSAs on the job, the OIG audit team found that the healthcare system was not using all tools on hand to address it. We found that available data such as employee surveys and exit interview information were not being used to shape a strategy that would improve the MSA retention rate.

[Mike] Why did all of these problems occur and how can these kinds of challenges be prevented?

[Dr. Barnett] There were several reasons why the Phoenix VA Health Care System was unable to align its MSA workforce to outpatient clinical operational needs. Regarding the recruitment of new employees, we found that hiring managers did not have effective processes to evaluate certificates of eligible applicants, conduct interviews, and quickly place newly hired MSAs on performance plans. The Human Resources Management Service also was understaffed and could not keep pace with hiring for the high volume of MSA vacancies. Because employee survey data was not being used to guide decisions, the healthcare system was missing an opportunity to better identify and

address reasons why MSAs were leaving their jobs in the first place. As a result, the healthcare system was poorly positioned to recruit, develop, and maintain an MSA workforce with the capacity to meet the needs of the healthcare system's growing outpatient clinical operations.

[Mike] Are there lessons learned in this audit for how other VA healthcare systems could better manage their MSA resources?

[Dr. Barnett] Of course, there are several lessons learned that can benefit other medical facilities that may be experiencing challenges managing their MSA workforce. The OIG made six recommendations to the Director of the Veterans Integrated Service Network 22 that included taking steps to improve accountability of the MSA workforce, to maintain complete and accurate MSA recruitment and hiring data, and to leverage available incentives to recruit and retain qualified human resources specialists. The OIG also recommended implementation of best practices from VA's *Hire Right Hire Fast* program to fill MSA vacancies.

The Veterans Integrated Service Network 22 Director agreed with all of our recommendations and has taken action to implement them before we even published our report. We hope they will be helpful to other systems as well.

[Mike] Dr. Barnett, thank you.

[Dr. Barnett] Thanks for giving me the chance to talk about these important issues.

[Mike] The OIG podcast is produced by VA OIG staff and is available on the VA OIG's website.

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