VA Psychology: A Look Back, A Look Forward

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What’s past is prologue ...
The State of VA in 1998

- Quality problems: “If you’ve seen one VA, you’ve seen one VA.”
- USH Kenneth Kizer implementing “Vision for Change” restructuring of VHA
- Eliminating discipline-based services, including Psychology Chief positions
- Shifting to outpatient/community care – 300 CBOCs open
- $17.6 billion medical care budget
- 2.6 million veterans served
- About 1,800 psychology FTE (largest employer of psychologists)
1999 - Dallas 2: “Advocacy”
USH Kizer Leadership Directive 99-018

VHA Directive 99-018

Filling Vacant Leadership Positions in Mental Health

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and guidance on the filling of leadership positions in mental health.

2. BACKGROUND
   a. Providing high quality mental health services remains a high priority of VHA. To support this mission, it is important that the most qualified individuals are selected for leadership positions in mental health programs regardless of their professional discipline.
   b. This principle helps to ensure that high-quality care of mental health leaders and appropriate diversity of professional backgrounds. Further, this approach is most consistent with inter-disciplinary care, which is the cornerstone of Department of Veterans Affairs (VA) mental health programs.
   c. It is important to create and support innovative leadership models for all mental health care disciplines. Promoting inter-disciplinary care is essential for these important leadership roles. This directive supports VHA's goal of being the employer of choice in the health care field.

3. POLICY: It is VHA policy to recruit and hire the most qualified individuals for key leadership positions in mental health.

4. ACTION
   a. Announcements for filling VHA leadership positions in mental health should not contain language restricting applicants to any one specific professional discipline.
   b. Any exception to this policy requires the concurrence of the Chief Medical Officer who will collaborate with the Mental Health Services Directive Group.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Deputy Chief Consultant, Mental Health Strategic Health Group (MHS 202) (TAE), is responsible for the implementation of this Directive. Questions may be directed to JUTN 257/342.


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Under Secretary for Health

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Congressional Support: Hybrid Title 38 – 2003 DC
Keynotes: Many Top VA Officials and 15 APA Presidents
A Decade and Half of Psychology Involvement in Major VA Health Care Advances

- Pain as the 5th indicator
- Medication error reduction
- Established evidence based treatments (CPT & PE)
- Tremendous progress reducing veteran homelessness
- Pioneering leadership in telehealth
- National standard for crisis intervention & suicide prevention
- In forefront of the SMI recovery movement
Psychologist named VA mental health chief

- First psychologist
- First woman
- First non-physician
New Generation of Leaders
The State of VA in 2014

* 2014 MH budget $7.2 billion
* 2014 VHA budget $58 billion
* About 3,700 psychology FTE (double since ‘98)
* 8.9M enrollees, 6.5M treated in 2013
* 820 CBOCs – increasing care in the community (84M outpt visits in 2012 – up 16M since 2008)
* Recognized as a world class health care system
VA 2014: Exemplifies a modern, high quality health care system

- Data driven, learning health care system
- Interprofessional, team-based care
- Patient-centered, community-based care
- Integrated primary care (e.g., PACTs)
Yet Negative Perceptions Persist
The Future: Reintegration

- 22 suicides per day
- Substance & alcohol abuse
- Homelessness
- Unemployment
- Family problems

2005 Dallas: Reintegration
Challenge: Patient Engagement

- Quality perception: “If you’ve seen one VA, you’ve seen one VA”

- Engagement improving, but less than 1/3 of eligible veterans seek care in VA (6.48M of 22M vets treated - 2013)

- Treatment dropouts: Let all flowers bloom re EBTs
Challenge: Family Engagement

- Family system treatment - the vet is not suffering alone
- Caregiver respite & support
- Advocacy for increased authority to provide care to families
Challenge: Community Engagement

- Organizing ADM Mullen’s “Sea of good will”
- 152 VA Mental Health Summits – a good start
- Training the next generation of health/mental health professionals
- Partnerships with business, philanthropy, community
Thank you

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