VETERANS HEALTH ADMINISTRATION

Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies

Why GAO Did This Study
Physicians serve an integral role in VHA’s mission of providing care to the nation’s veterans. VHA hires more than 2,800 mission-critical physicians annually. Yet, physicians have consistently been identified by VHA as a critical staffing priority due to recruitment and retention concerns.

The explanatory statement accompanying the Consolidated Appropriations Act of 2016 directed GAO to review VHA’s physician workforce. This report addresses: for the mission-critical physicians, (1) VHA data on how many physicians provide care, and (2) the extent VHA measures physician workload and productivity; and for all physicians, (3) what evaluations have been done on the effectiveness of its recruitment and retention strategies. GAO reviewed VHA documentation, such as policies and guidance, personnel data and workload measures. GAO interviewed officials from VHA Central Office, and six VAMCs and their corresponding regional offices. GAO selected the VAMCs for variation in location, facility complexity, and physician staffing levels.

What GAO Found
The Veterans Health Administration (VHA), within the U.S. Department of Veterans Affairs (VA), has opportunities to improve staffing, recruitment, and retention strategies for physicians that it identified as a priority for staffing, or mission-critical. For 2016, the top five physician mission-critical occupations were primary care, mental health, gastroenterology, orthopedic surgery, and emergency medicine. Specifically, GAO identified the following issues:

Incomplete information on number of physicians. VHA is unable to accurately count the total number of physicians who provide care in its VA medical centers (VAMC). VHA has data on the number of mission-critical physicians it employs (more than 11,000) and that provide services on a fee-basis (about 2,800). However, VHA lacks data on the number of contract physicians and physician trainees. Five of the six VAMCs in GAO’s review used contract physicians or physician trainees to meet their staffing needs, but VHA has no information on the extent to which VAMCs nationwide use these arrangements.

Inconsistent productivity data. VHA measures productivity for some mission-critical physician occupations; however, mental health departments receive conflicting sets of productivity metrics from two VHA offices—the Office of Productivity, Efficiency, and Staffing and the Office of Mental Health Operations. VHA officials told us the two offices use differing data to serve different purposes, and acknowledged that while information on how to interpret the two sets of productivity data is available, VAMC officials may find the data confusing.

Lack of a comprehensive evaluation of its recruitment and retention strategies. VHA has not evaluated the effectiveness of its physician recruitment and retention strategies. One such strategy—hiring physician trainees—is weakened by ineffectual hiring practices, such as delaying employment offers until graduation. VHA’s strategies could be strengthened by comprehensively evaluating the causes of recruitment and retention difficulties and identifying effective solutions.

What GAO Recommends
GAO makes five recommendations, including that VA develop a process to count all physicians, provide guidance on productivity measurement, and evaluate its physician recruitment and retention strategies. VA concurred with four of the five recommendations, but not with the one to accurately count all physicians, stating that its workforce assessment tools are sufficient. However, GAO maintains that this is essential for effective workforce planning, as described in the report.