



February 2022

COAST GUARD HEALTH CARE

Improvements Needed for Determining Staffing Needs and Monitoring Access to Care

Accessible Version

GAO Highlights

Highlights of [GAO-22-105152](#), a report to congressional committees

Why GAO Did This Study

In support of its maritime safety, security, and environmental stewardship missions, the Coast Guard—a military service within the Department of Homeland Security (DHS)—is tasked with providing health care to its approximately 47,000 active duty and reserve personnel. The Coast Guard offers certain outpatient medical and dental services to its personnel through 43 outpatient clinics and 122 sickbays, which are small facilities typically staffed by a health technician.

The William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 required GAO to review the Coast Guard health care system. This report examines how the Coast Guard 1) staffs its clinics and sickbays, 2) determines its staffing needs, and 3) monitors whether access-to-care standards are being met at its clinics and sickbays.

GAO analyzed Coast Guard medical staffing and vacancy data as of July 2021, and reviewed relevant staffing and access-to-care policy documents. GAO also interviewed Coast Guard officials responsible for the health services program as well as Coast Guard staff from three clinics selected for variation in geographic location and number of staff.

What GAO Recommends

GAO is recommending the Coast Guard implement (1) staffing standards for its health services program, and (2) a process for collecting more reliable data to monitor access to care at clinics and sickbays. We provided a draft of this report to DHS for review and comment. DHS concurred with our recommendations.

View [GAO-22-105152](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov.

February 2022

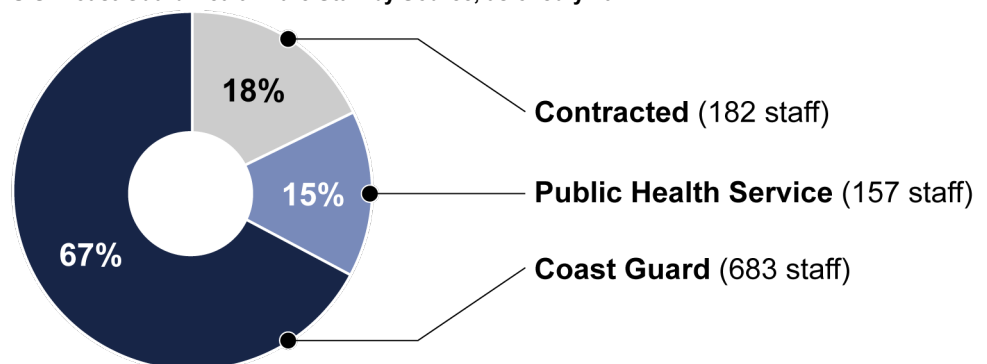
COAST GUARD HEALTH CARE

Improvements Needed for Determining Staffing Needs and Monitoring Access to Care

What GAO Found

The U.S. Coast Guard (Coast Guard) staffs its clinics and sickbays with Coast Guard enlisted personnel and officers, who primarily serve as health service technicians and physician assistants, as well as with U.S. Public Health Service officers, including physicians and dentists. In addition, the Coast Guard uses a contract to fill some of its vacancies and augment other health care staff roles. As of July 2021, Coast Guard data show the service had 1,022 Coast Guard, Public Health Service, and contracted health care staff serving its health services program of clinics and sickbays.

U.S. Coast Guard Health Care Staff by Source, as of July 2021



Source: GAO Analysis of U.S. Coast Guard data | GAO-22-105152

Data table for U.S. Coast Guard Health Care Staff by Source, as of July 2021

Source	Number of staff
Contracted	182
Public Health Service	157
Coast Guard	683

Source: GAO analysis of U.S. Coast Guard data. | GAO-22-105152

Note: U.S. Public Health Service Commissioned Corps are public health professionals that serve in federal agencies.

The Coast Guard generally fills positions for its clinics and sickbays based on historical staffing levels. However, the current staffing approach does not address surge deployments of health care staff for missions away from clinics, such as to respond to hurricanes. Deployments have nearly quadrupled from 4,111 days in 2018 to more than 16,000 days in 2021, according to the service's data. Coast Guard officials expressed concern with difficulties in maintaining already burdened clinic operations when health care staff are deployed, which can result in clinics deferring services. Implementing staffing standards for its health services program that account for surge deployments would help ensure the Coast Guard is best targeting its resources to meet mission needs.

To monitor access to care, the Coast Guard relies on each of its clinics to manually estimate access by counting the number of days to the next available appointment. However, Coast Guard officials stated that this approach does not

produce reliable information on whether the Coast Guard is meeting its access-to-care standards. Coast Guard officials said they hope to collect system-wide data on access to care using a new electronic health record system. The Coast Guard expects to complete the system's initial rollout by September 2022, but officials have not yet determined how to use the system to monitor access. While the service works to better understand the capabilities of the new system, improving its process to collect more reliable access data will allow the Coast Guard to more accurately monitor whether its clinics and sickbays are meeting its access standards.

Contents

GAO Highlights	2
Why GAO Did This Study	2
What GAO Recommends	2
What GAO Found	2
Letter	1
Background	5
The Coast Guard Uses Its Personnel, Public Health Service Providers, and Contractors to Staff Its Clinics and Sickbays	9
The Coast Guard Generally Staffs its Clinics and Sickbays Based on Historical Staffing Levels, but Does Not Have Staffing Standards	14
The Coast Guard Does Not Have a Process for Collecting Reliable Data for Monitoring Whether Access-to-Care Standards Are Being Met at Its Clinics and Sickbays	17
Conclusions	19
Recommendations	20
Agency Comments	20
Appendix I: Defense Health Agency and Military Services' Health Care Staffing Standards	22
Appendix II: Comments from the Department of Homeland Security	24
Text of Appendix II: Comments from the Department of Homeland Security	27
Appendix III: GAO Contact and Staff Acknowledgments	30
Tables	
Data table for U.S. Coast Guard Health Care Staff by Source, as of July 2021	2
Table 1: U.S. Coast Guard's Medical and Dental Access-to-Care Standards	7
Data table for Figure 2: U.S. Coast Guard, Public Health Service, and Contracted Health Care Staff by Position Type as of July 2021	10
Table 2: U.S. Coast Guard Health Care Billet Vacancies as of July 2021	13

Figures

Figure 1: Locations of the U.S. Coast Guard's Clinics and Shore-Based Sickbays as of October 2021	6
Figure 2: U.S. Coast Guard, Public Health Service, and Contracted Health Care Staff by Position Type as of July 2021	10

Abbreviations

DHS	Department of Homeland Security
DOD	Department of Defense
HSWL	Health, Safety and Work-Life
MTF	military treatment facility
MHS	Military Health System
Coast Guard	U.S. Coast Guard
USPHS	U.S. Public Health Service

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February 4, 2022

The Honorable Maria Cantwell
Chair
The Honorable Roger F. Wicker
Ranking Member
Committee on Commerce, Science, and Transportation
United States Senate

The Honorable Peter A. DeFazio
Chairman
The Honorable Sam Graves
Ranking Member
Committee on Transportation and Infrastructure
House of Representatives

The U.S. Coast Guard (Coast Guard), a military service within the Department of Homeland Security (DHS), is the principal federal service responsible for maritime safety, security, and environmental stewardship. According to Coast Guard officials, many of the Coast Guard's operating locations (both ashore and afloat) are along the East and West coasts, along the Great Lakes, and in rural areas, such as Port Angeles, Washington. As part of its mission, the Coast Guard serves as a first responder and humanitarian service provider through surge operations—high-intensity efforts involving personnel, aircraft, and vessels, that are launched on short notice in response to emergency situations, such as hurricanes.¹

In support of its mission, the Coast Guard is tasked with providing health care to its approximately 47,000 active duty and reserve personnel, ensuring the medical and dental readiness of all Coast Guard personnel and the availability of quality health care for eligible beneficiaries.² In

¹For more information on Coast Guard surge operations, see GAO, *Coast Guard: A More Systematic Process to Resolve Recommended Actions Could Enhance Future Surge Operations*. [GAO-21-584](#) (Washington D.C.: Sep. 21, 2021).

²Coast Guard personnel are required to be medically ready to deploy worldwide—that is, free from health related conditions that could limit their ability to fully participate in Coast Guard operations.

fiscal year 2021, the Coast Guard reported spending about \$547 million for medical care.

Through its health services program, the Coast Guard provides a limited range of outpatient medical and dental care for its personnel at its clinics and sickbays.³ Those needing specialty care may be referred to civilian providers.⁴ However, those serving in rural and remote areas may face limited access to certain types of specialty care, such as behavioral health care or specialty dental care. Additionally, increasing numbers of surge operations, in which the Coast Guard deploys health care providers and other personnel on a temporary basis, has decreased the number of staff available to provide care in the Coast Guard's clinics and sickbays, according to Coast Guard officials. For these reasons and others, questions have been raised about access to health care for Coast Guard personnel.

The William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 includes a provision for us to examine aspects of the Coast Guard's health services program.⁵ This report

1. describes how the Coast Guard staffs its clinics and sickbays,
2. examines the Coast Guard's process for determining its health services program staffing needs, and
3. examines the Coast Guard's process for monitoring whether access-to-care standards are being met at its clinics and sickbays.

To describe how the Coast Guard staffs its clinics and sickbays, we obtained and examined Coast Guard data on health care staffing positions—known as billets—as well as data on vacancies and contracted staff as of July 2021. Additionally, we examined Coast Guard data on the number of surge deployments of health care staff away from their home units from 2018 through 2021, the most recently available at the time of

³Sickbays are small facilities normally staffed by a health technician and located on shore or on board Coast Guard vessels. Clinics provide primary and other outpatient care services and are staffed by at least one physician.

⁴Both Coast Guard personnel and their dependents are eligible to receive health care through the Department of Defense's (DOD) TRICARE program, including through DOD facilities and the TRICARE networks of civilian providers.

⁵Pub. L. No. 116-283, § 8260, 134 Stat. 3388, 4679-80 (2021). Pub. L. No. 116-283, § 8259 also requires GAO to examine topics related to access to care for Coast Guard members and dependents under the DOD's TRICARE program. We have additional work underway to address this mandate.

our review. We assessed the reliability of these data by interviewing Coast Guard headquarters officials on how these data were collected and used, and by reviewing related documentation. We determined that these data were sufficiently reliable for identifying the Coast Guard's health care staff billets, billet vacancies, and surge staffing. We also interviewed Coast Guard officials responsible for the health services program regarding current health care staffing, vacancies, and deployments.

To examine how the Coast Guard determines its health services program staffing needs, we interviewed Coast Guard headquarters officials responsible for the health services program as well as officials responsible for determining manpower requirements and managing staff placement. We examined available documentation regarding the processes and data the service uses to determine health care staffing needs. We also determined whether the Coast Guard uses staffing standards that specify the amount and type of staffing needs across the health services program. Such standards are consistent with GAO-identified leading practices for workforce planning, which we used to assess the Coast Guard's process for determining health care system staffing needs.⁶ In addition, to understand the health care staffing standards used by the Department of Defense (DOD), which is also responsible for ensuring the medical readiness of its servicemembers, we interviewed officials from the Defense Health Agency and collected information from the medical commands of the Army, Navy, and Air Force, and reviewed relevant documentation, including staffing standards.⁷ (See App.1.)

To examine the Coast Guard's process for monitoring access to care at its clinics and sickbays, we interviewed relevant Coast Guard officials regarding the service's process for managing and monitoring access to care, including data used by the service and processes followed by its officials to ensure that access-to-care standards are being met. We assessed the Coast Guard's process for monitoring access to care

⁶These leading practices suggest among other things that (1) critical skills and competencies of staff should be determined as part of the workforce planning process and (2) agencies should develop strategies that are tailored to address gaps in number, deployment, and alignment of human capital approaches for enabling and sustaining the contributions of all critical skills and competencies. GAO, *Human Capital: Key Principles for Effective Strategic Workforce Planning*. [GAO-04-39](#) (Washington, D.C.: Dec. 11, 2003).

⁷The Department of the Navy administers health care for the Marine Corps.

against the Coast Guard's framework for internal controls related to monitoring.⁸ We also reviewed available documentation of the service's processes for monitoring access to care and examined access-to-care data provided by the Coast Guard as well as relevant laws and regulations. Based on interviews with Coast Guard officials and a review of the service's access-to-care data, we determined that these data were unreliable for use in determining whether Coast Guard clinics and sickbays met the service's access-to-care standards.

Additionally, for all objectives, we interviewed officials at three selected Coast Guard clinics for information on clinic staffing and clinic access to care for Coast Guard personnel. Specifically, we spoke to commanding officers, clinic administrators, physicians, and others from clinics located at Coast Guard Base Cape Cod (Buzzards Bay, Massachusetts), Coast Guard Air Station Detroit (Mt. Clemens, Michigan), and Coast Guard Sector Humboldt Bay (McKinleyville, California). We selected these clinics based on variation in geographic location, number of staff, and relative population density.

We conducted this performance audit from April 2021 to February 2022 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁸United States Coast Guard, Deputy Commandant for Operations, *Framework for Strategic Mission Management, Enterprise Risk Stewardship, and Internal Control*, July 2020; United States Coast Guard, Commandant Instruction 5200.10, *Management's Responsibility for Internal Control*, May 2015; and United States Coast Guard, Commandant Notice 5200, *Coast Guard Enterprise Risk Management and Annual Statement of Assurance Reporting Requirements*, June 2020. These internal control standards recognize that monitoring of the internal control system (1) is essential in helping internal control remain aligned with changing objectives, environment, laws, resources, and risks and (2) assesses the quality of performance over time and promptly resolves the findings of audits and other reviews.

Background

Coast Guard Health Care Services

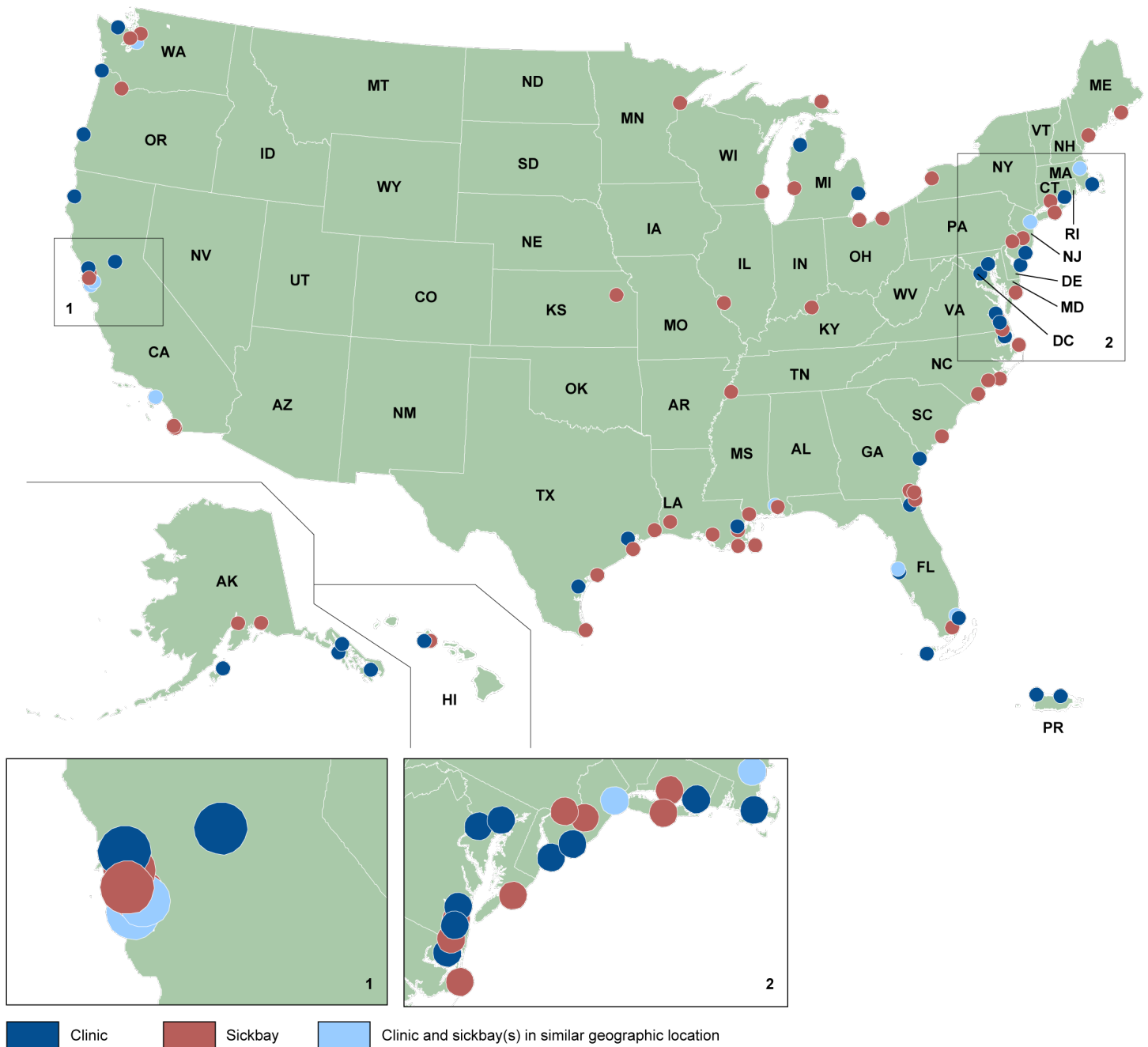
Under the Assistant Commandant for Human Resources, the Coast Guard administers its health services program through its Health, Safety and Work-Life Directorate, which includes two organizations.

- The Office of Health Services is responsible for the provision of health care to active duty and reserve personnel of the Coast Guard and ensuring availability of health care to their dependents as well as to retirees and retirees' dependents.
- The Health, Safety and Work Life (HSWL) Service Center implements policies set by the Health, Safety and Work-Life Directorate and is organized into 12 regional practice areas that oversee the Coast Guard's clinics and sickbays within each geographic region.

The Coast Guard offers a limited range of outpatient medical and dental services to its active duty and reserve personnel, including primary care services, through its 108 shore-based facilities in the 50 states, District of Columbia, and Puerto Rico, including 43 outpatient clinics and 65 shore-based sickbays.⁹ (See fig.1.) Additionally, the Coast Guard has 57 vessel-based sickbays. The Coast Guard does not have inpatient treatment facilities.

⁹Outpatient services provided by the Coast Guard health services program include primary care, occupational health, flight medicine, optometry, mental health, physical therapy, dentistry, and basic laboratory, radiology, and pharmacy services. Available services can vary by clinic or sickbay.

Figure 1: Locations of the U.S. Coast Guard's Clinics and Shore-Based Sickbays as of October 2021



Source: GAO analysis of U.S. Coast Guard data. | GAO-22-105152

Notes: Clinics provide primary and other outpatient care services and are staffed by at least one physician. Sickbays are small facilities normally staffed by a health technician and located on shore or

on board Coast Guard vessels. In addition to the 43 clinics and 65 shore-based sickbays in the figure, the Coast Guard also maintains 57 sickbays on board vessels, which are not reflected in this figure. U.S. locations include the 50 states, District of Columbia, and Puerto Rico.

To help ensure timely health care appointments, the Coast Guard has established access-to-care standards for its clinics and sickbays.¹⁰ (See table 1.)

Table 1: U.S. Coast Guard’s Medical and Dental Access-to-Care Standards

Type of Care	Wait time for appointment
Acute care - Medical	Patient should be triaged immediately and be seen based on the urgency of the condition
Urgent care - Medical	Not to exceed 24 hours
Routine visit - Medical	Not to exceed 7 days
Specialty care - Medical	Not to exceed 28 days
Well visit - Medical	Not to exceed 28 days
Urgent care - Dental	Not to exceed 24 hours
Routine care - Dental	Not to exceed 28 days

Source: Department of Homeland Security United States Coast Guard, Coast Guard Medical Manual, COMDTINSTM6000.1F, June 2018 | GAO-22-105152

Both Coast Guard personnel and their dependents are eligible to receive health care through DOD’s TRICARE program. This includes care provided at military hospitals and clinics, referred to as military treatment facilities (MTF), as well as care provided through the TRICARE networks of civilian providers that are managed by contractors. Approximately 60 percent of all active duty Coast Guard personnel obtained their primary care at Coast Guard clinics as of November 2021, while others (including retirees, dependents, and active duty personnel enrolled in TRICARE Prime Remote) receive their primary care through the TRICARE civilian provider networks or DOD MTFs.¹¹

In 2020, the Coast Guard began implementing an electronic health record system by procuring Military Health System (MHS) Genesis—DOD’s new electronic health record system—with planned completion of initial rollout

¹⁰Coast Guard’s access-to-care standards are listed in its medical manual. Department of Homeland Security United States Coast Guard, *Coast Guard Medical Manual*, COMDTINSTM6000.1F, June 2018.

¹¹TRICARE Prime is a managed care option available in designated geographic locations called Prime Service Areas, which are generally around MTFs and Base Realignment and Closure sites. TRICARE Prime Remote is a separate managed care option available in designated remote locations in the United States.

by September 2022.¹² DOD administers the MHS Genesis contract and the Coast Guard is reliant on DOD for configuring the system. As we have previously reported, the Coast Guard had been using a paper health record system since 2015 after experiencing difficulties updating its previous electronic health record system.¹³

Coast Guard Actions to Determine Workforce Requirements

The Coast Guard has set a goal of determining workforce needs for all authorized staffing positions (known as billets) across its units (i.e., organized groups of Coast Guard personnel with a similar purpose) service-wide, which would include its health services program.¹⁴ In 2003, the Coast Guard began implementing a Manpower Requirements Determination process to assess workforce needs. These determinations, which start with a structured analysis to determine the number and types of personnel needed to effectively perform each mission to a specified standard, are the Coast Guard's preferred tool for determining the

¹²MHS Genesis is DOD's commercial electronic health record system intended to integrate inpatient and outpatient medical and dental information. The Coast Guard completed rolling out the new electronic health record at pilot locations in August 2020. Implementation of the full rollout began in May 2021 and consists of three segments. The first segment includes system rollout in shore-based clinics and sickbays and is to be completed by September 2022. The second segment includes the migration of the Coast Guard's paper health records to the new system and is to be completed by December 2024. The final segment includes system rollout in vessel-based sickbays by June 2028. As of November 2021, Coast Guard officials told us they had completed most of the rollout for the first segment.

¹³Prior to 2015, the Coast Guard had an electronic health record system that it endeavored to update between 2010 and 2015. The service canceled the project in 2015 and reverted to a paper health record. GAO, *Coast Guard Health Records: Timely Acquisition of New System Is Critical to Overcoming Challenges with Paper Process*, [GAO-18-59](#) (Washington, D.C.: Jan 24, 2018).

¹⁴United States Coast Guard, *Manpower Requirements Plan*, U.S. Coast Guard (April 13, 2018). The Coast Guard Authorization Act of 2016 directed the Coast Guard, in certain fiscal years, to submit an assessment of projected mission requirements. The 2018 Manpower Requirements Plan specifies that in response to this direction, the Coast Guard has set a goal to establish manpower (i.e., workforce) requirements for all authorized billets in all units. According to the plan, the Coast Guard is executing a multi-year program to systematically analyze and document the manpower requirements based on mission requirements, in the form of Manpower Requirements Determinations for each unit or unit type.

number of personnel and mix of skills its units require to meet mission needs, according to the service.

In 2020, we examined the extent to which Coast Guard had completed such assessments and found the service had completed them for a small fraction of its workforce. As a result, we recommended and the service agreed, to update its plan to complete manpower requirements determinations to include time frames and to track the extent to which it has completed its manpower requirements analyses.¹⁵

The Coast Guard Uses Its Personnel, Public Health Service Providers, and Contractors to Staff Its Clinics and Sickbays

The Coast Guard staffs its clinics and sickbays primarily with Coast Guard personnel, who serve as health service technicians and physician assistants. It also relies on U.S. Public Health Service (USPHS) officers to serve as physicians, dentists, physician assistants, and other providers.¹⁶ In addition, the Coast Guard uses a contract to fill some staff vacancies and augment existing health care staff.¹⁷ The Coast Guard's data show that as of July 2021, it had 1,022 Coast Guard, USPHS, and contractors serving in its clinics and sickbays, the majority of which were Coast Guard health service technicians.¹⁸ (See fig. 2.) The Coast Guard provides care using a patient-centered medical home model, whereby each active duty Coast Guard member is enrolled or "empaneled" to a primary care manager to oversee and coordinate their care.

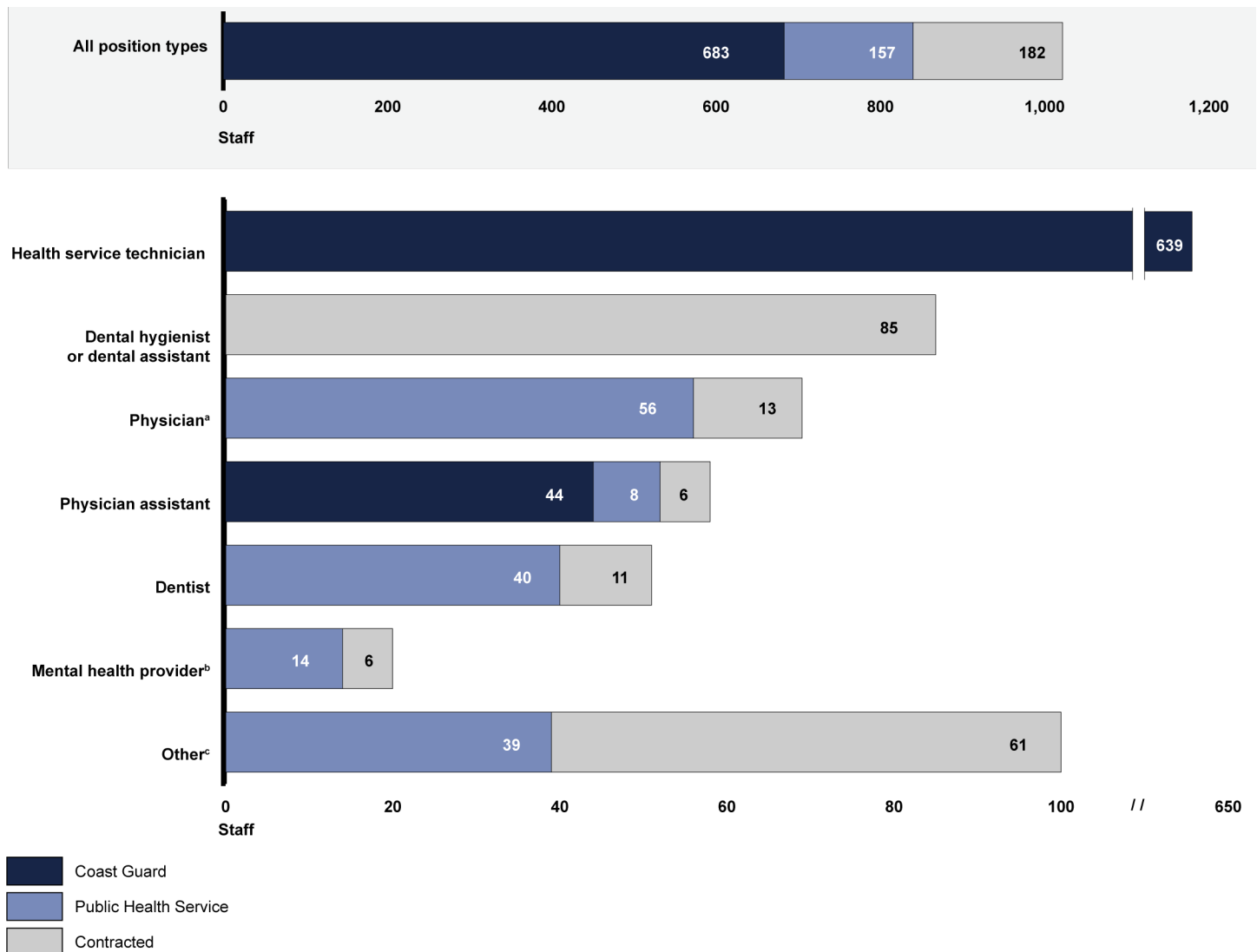
¹⁵See GAO, *Coast Guard: Actions Needed to Evaluate the Effectiveness of Organizational Changes and Determine Workforce Needs*, [GAO-20-223](#) (Washington, D.C.: Feb 26, 2020). With respect to our recommendations, the Coast Guard said it would update its Manpower Requirements Plan by March 31, 2022.

¹⁶USPHS Commissioned Corps officers are not Coast Guard employees, but detailed to serve in the Coast Guard.

¹⁷While Coast Guard personnel are eligible to receive care at DOD military treatment facilities, the Coast Guard health services program does not employ DOD medical personnel to staff its clinics and sickbays, according to DOD and Coast Guard officials.

¹⁸According to Coast Guard officials, USPHS and Coast Guard staffing has not changed significantly over time, including before the COVID-19 pandemic.

Figure 2: U.S. Coast Guard, Public Health Service, and Contracted Health Care Staff by Position Type as of July 2021



Source: GAO Analysis of U.S. Coast Guard data. | GAO-22-105152

Data table for Figure 2: U.S. Coast Guard, Public Health Service, and Contracted Health Care Staff by Position Type as of July 2021

	Coast Guard	Public Health Service	Contracted
All position types	683	157	182
Health service technician	639	0	0

	Coast Guard	Public Health Service	Contracted
Dental hygienist or dental assistant	0	0	85
Physicians ^a	0	56	13
Physician assistant	44	8	6
Dentist	0	40	11
Mental health provider ^b	0	14	6
Other ^c	0	39	61

Source: GAO analysis of U.S. Coast Guard data. | GAO-22-105152

Notes: U.S. Public Health Service Commissioned Corps officers are public health professionals that serve in various federal agencies across the country. They are not Coast Guard employees, but detailed to serve with the Coast Guard.

Staffing levels can change month to month. Data reflect staffing levels as of July 2021. Data do not reflect vacant positions, volunteer medical staff, or Coast Guard personnel that provide support functions to the health services program, such as medical coders or electronic health records analysts.

^aPhysicians include physicians and flight surgeons. The provider type does not include psychiatrists, which are counted as mental health providers for the purposes of this report. The Coast Guard had three civilian physicians serving in the system under Coast Guard billets. We considered these Public Health Service billets for the purposes of this report.

^bMental health providers include psychiatrists, psychologists, and social workers.

^cPublic Health Service other includes environmental health officers, pharmacists, and physical therapists. Contracted other includes certified medical assistants, optometrists, paramedics, nurses, and physical therapists.

Commissioned Corps of the U.S. Public Health Service (USPHS)

The USPHS is an agency within the Department of Health and Human Services. The USPHS Commissioned Corps are uniformed service or health care personnel serving the nation's public health. USPHS Commissioned Corps officers, such as physicians, dentists, scientists, and other professionals serve in federal agencies across the country. These personnel can be detailed to serve in agencies such as the Coast Guard, Indian Health Service, Bureau of Prisons, Food and Drug Administration, and Centers for Disease Control and Prevention.

The relationship between USPHS and the Coast Guard is managed through a Memorandum of Understanding between the Department of Homeland Security and the Department of Health and Human Services. USPHS personnel are provided on a reimbursable basis and are subject to Coast Guard regulations and the Uniform Code of Military Justice.

Source: Department of Homeland Security, Department of Health and Human Services. | GAO 22 105152

Coast Guard personnel. Based on our review of the Coast Guard's staffing data, its health services program had 639 enlisted personnel and 44 Coast Guard officers—as health service technicians and physician assistants, respectively—serving in clinics and sickbays as of July 2021. (See fig. 2.) Coast Guard health service technicians, who can provide routine and emergency care, make up a majority of clinic and sickbay staff and serve across the country in clinics as well as in ashore and afloat sickbays. The technicians practice under the direction of a medical officer (such as a physician or physician assistant) and can obtain

specialized training to serve independently in certain circumstances.¹⁹ According to Coast Guard officials, some of its health service technicians are not clinical staff or cannot be deployed for health-related missions.

USPHS officers. The Coast Guard's health services program had 157 USPHS providers—including physicians and flight surgeons, dentists, pharmacists, physician assistants, and others—serving in its clinics and sickbays as of July 2021.²⁰ (See fig. 2.) The USPHS also had two psychiatrists—one in Alameda, California, and one in Washington, DC—and 12 other licensed mental health providers at certain locations around the country.

Contracted health care staff. The Coast Guard uses contracted staff to fill some of its vacant billets. However, Coast Guard officials told us the service is capped on the number of Coast Guard and USPHS billets available. Therefore, the service also uses contracted health care staff to augment positions the HSWL Service Center determines are needed above the cap as well as for positions the Coast Guard does not train its personnel to fill, such as dental hygienists. As of July 2021, the Coast Guard had 182 contracted health care staff serving in clinics and sickbays. (See fig. 2.) These contracted staff filled eight vacant USPHS billets under the USPHS cap and augmented 174 positions that serve a variety of roles.²¹ According to Coast Guard officials, the service has used this type of contract for health care staff for approximately 15 years, and the current contract was most recently executed in 2017. The contract is

¹⁹The primary purpose of a health service technician is to provide supportive services to medical officers and dental officers and provide primary health care in the absence of such providers. For example, health service technicians maintain all administrative aspects of health care, render first aid, perform tentative diagnosis and emergency treatment, and provide nursing care where trained. A health service technician who has completed one of three recognized Independent Duty Training courses, i.e. the Coast Guard Independent Duty Health Services Technician, Navy Independent Duty Corpsman, or Air Force Independent Duty Medical Technician courses, may be assigned to a unit that has no attached medical officer, such as an afloat sickbay.

²⁰A flight surgeon is a physician with additional aviation medical expertise. The Coast Guard had three civilian physicians serving in the system under Coast Guard billets. Coast Guard officials told us they planned to convert these positions to USPHS billets in the future, therefore we considered them as USPHS billets for the purposes of this report. The responsibility of the USPHS for providing physicians, dentists, and other allied health personnel support to the Coast Guard is set forth in 42 U.S.C. § 253.

²¹As of July 2021, contracted health care staff augmented the following positions: five physicians, 11 dentists, six physician assistants, eight physical therapists, six mental health providers, three technicians, 19 medical assistants, 32 dental hygienists, 53 dental assistants, 13 paramedics, eight optometrists, and 10 registered nurses.

updated and modified annually as well as on an “as needed” basis, according to officials.

Volunteer health care staff. Additionally, the Coast Guard uses unpaid volunteer health care staff to supplement certain staff needs. These are licensed physicians, pharmacists, podiatrists, registered nurses, dentists, and other professionals who receive certain training in Coast Guard medicine and volunteer to serve the Coast Guard two days per month. For example, dentists have volunteered to conduct dental exams on new recruits at the Coast Guard’s training center in Cape May, New Jersey. As of July 2021, Coast Guard officials reported there were 54 volunteers signed-up to serve on a temporary basis in clinics and sickbays. Coast Guard officials said they try not to rely heavily on these volunteers as they are available on a limited basis.

Vacancies. The health services program had an overall vacancy rate of 7 percent for all Coast Guard and USPHS billets as of July 2021, according to our review of the Coast Guard’s health care staffing assignments and vacancies. This includes a Coast Guard health care personnel vacancy rate of almost 5 percent and a USPHS vacancy rate of about 16 percent.²² (See table 2.)

Table 2: U.S. Coast Guard Health Care Billet Vacancies as of July 2021

Position type	Coast Guard personnel vacant billets (total billets)	U.S. Public Health Service officers vacant billets (total billets) ^a
Physician	-	14 (70)
Dentist	-	11 (51)
Physician assistant	0 (44)	0 (8)
Health service technician	35 (674)	-
Mental health provider	-	4 (18)
Other	-	0 (39)
Total all position types	35 (718)	29 (186)^b

Source: GAO analysis of U.S. Coast Guard data. | GAO-22-105152

Notes: Billets are staffing positions. Total billets include both vacant and filled positions. “-” refers to position types for which there are no approved Coast Guard or U.S. Public Health Service (USPHS) billets and therefore no vacant billets.

²²The Coast Guard health services program designates billets for USPHS officers and considers them vacant when not filled, according to Coast Guard officials. Eight of the 29 vacant USPHS billets were being filled with contracted staff, as of July 2021.

^aUSPHS Commissioned Corps officers are not Coast Guard employees, but detailed to serve with the Coast Guard. The Coast Guard health services program designated billets for USPHS officers and considers them vacant when not filled, according to Coast Guard officials.

^bEight of the 29 vacant USPHS billets were being filled with contracted staff as of July 2021; however, Coast Guard considers these billets as vacant, according to officials.

The Coast Guard Generally Staffs its Clinics and Sickbays Based on Historical Staffing Levels, but Does Not Have Staffing Standards

Coast Guard officials responsible for the health services program told us that health care staffing for clinics and sickbays is generally based on historical staffing levels for individual units and the priorities of unit commanders and does not account for health care staff deployments. HSWL officials said they have some information about staffing levels and workforce needs across clinics and sickbays, and that they use this information to make staffing adjustments as needed. For example, HSWL Service Center officials told us they have reallocated certain health service technicians between clinics and sickbays based on workforce needs at those locations. However, we found the staffing process for clinics and sickbays is not well understood. For example, while headquarters officials told us that staffing decisions are decentralized to unit commanders and based on historical staffing levels and mission needs, officials from the three clinics we interviewed said that such decisions were centralized.

Moreover, the Coast Guard's staffing approach does not account for surge deployments of Coast Guard health care personnel and USPHS officers for missions away from their clinics and sickbays. Such deployments nearly doubled from 4,111 days in 2018 to 7,975 days in 2020 while doubling again to approximately 16,000 days in less than a year (January to November 2021).²³ According to HSWL Service Center and clinic officials, when health care staff are deployed for surge missions, clinics must redistribute remaining staff to cover services or, in some cases, defer services. To address surge deployments, HSWL Service Center officials told us they have implemented a rotation method whereby each of its 12 regional practices is scheduled to be available on a monthly basis, which is a separate process from the main staffing approach. Staff from the clinics we interviewed reported taking additional

²³These surge deployment increases were due to COVID-19, wildfires in the Western United States, and border patrol operations, according to Coast Guard officials.

actions to manage clinic operations when key staff are deployed, such as by ensuring clinic staff are cross trained on different roles and by seeing fewer patients. However, HSWL Service Center officials and officials with some of the clinics we met with expressed concern with difficulties in maintaining already stretched clinic operations when Coast Guard and USPHS health care staff are deployed.

We found that the Coast Guard does not have health care staffing standards to determine the levels and types of staff needed to meet the health care needs of the service. Staffing standards used by other health care organizations establish benchmarks, such as physician empanelment capacity (number of patients assigned to a provider) or nurse-to-patient ratios. For example, DOD's Defense Health Agency has established primary care staffing standards that include methods for calculating and adjusting primary care empanelment capacity. (See App I.) A Coast Guard Office of Health Services official noted that the lack of health care staffing standards is a longstanding weakness for the Coast Guard's health services program.

Furthermore, health care staffing standards would assist the Coast Guard in completing its systematic Manpower Requirements Determination for clinics and sickbays. We found that, as of November 2021, the Coast Guard had not assessed the workforce needs of its clinics and sickbays or health services program staff using this process, although it had set a goal of completing such determinations for all units service-wide.²⁴ Officials from the office responsible for developing these determinations told us they began conducting a Manpower Requirements Determination

²⁴The Coast Guard has set a goal to complete Manpower Requirements Determinations to systematically determine workforce needs service-wide. United States Coast Guard, *Manpower Requirements Plan*, U.S. Coast Guard (April 13, 2018). In 2020, GAO examined the extent to which Coast Guard had completed such assessments and found the Coast Guard conducted such assessments for a small portion of its workforce. See GAO, *Coast Guard: Actions Needed to Evaluate the Effectiveness of Organizational Changes and Determine Workforce Needs*, [GAO-20-223](#) (Washington, D.C.: Feb 26, 2020). With respect to the health services program, we found that the service had not conducted such an assessment for its clinics as of this report.

for clinics in November 2021 with planned completion by March 2022.²⁵ Additionally, the Coast Guard's Manpower Requirements Determination guidance specifies that such determinations are not intended to account for demands created by surge deployments.²⁶ Developing staffing standards that account for the contingencies of surge deployments would help address this gap, particularly given the growing demand for health care staff during surge deployments.

Coast Guard Officials said they recognize the need for staffing standards but have had difficulty developing standards without reliable data. Specifically, officials told us the Coast Guard's paper health record system has limited the service's ability to reliably track the type of workload information needed to determine staffing needs and inform health care staffing standards. HSWL Service Center officials told us they intend to use data they collect through the Coast Guard's new electronic health record system to assess and determine needed health care staffing levels when such data become available. The Coast Guard began piloting its electronic health record system in 2020, with anticipated completion of the initial implementation rollout by September 2022. As of November 2021, HSWL Service Center and Office of Health Services officials said they were working with the Defense Health Agency to determine what types of data will be available through the new electronic health record system. However, at the time of our review Coast Guard officials did not have a plan for how they would use the electronic health record data to develop staffing standards or a Manpower Requirements Determination for clinics. HSWL Service Center officials also noted that they have limited support staff to analyze new health record data.

²⁵Additionally, at the request of the Coast Guard, RAND Corporation's Homeland Security Operational Analysis Center delivered a report to the Coast Guard in December 2020 identifying the training and staffing needs to support the implementation of the new electronic health record, including for health care staff and training, information technology support and coding. RAND Corporation Homeland Security Operational Analysis Center, *Staffing and Training Analysis to Support the U.S. Coast Guard Electronic Health Records Acquisition*, December 2020.

²⁶United States Coast Guard, *Coast Guard Manpower Requirement Determination (MRD) Tactics, Techniques, and Procedures (TTP)*, April 2021. According to the Coast Guard's 2018 Manpower Requirements Plan, the Manpower Requirements Determinations are meant to determine steady state (i.e., day-to-day) workforce needs. They are one piece of the service's Force Planning Construct, which will also address workforce for contingency operations (i.e., surge operations such as hurricanes).

We have reported that leading practices for workforce planning call for addressing gaps in the number, deployment, and alignment of an agency's workforce to achieve current and future programmatic results, which entails addressing workforce needs.²⁷ Implementing staffing standards that address the numbers and types of health care staffing needs for all Coast Guard, USPHS, and contracted health care staff and account for health care staff deployments, including surge deployments, would be consistent with these leading practices. Such staffing standards would also assist the Coast Guard with its commitment to completing a Manpower Requirements Determination for its clinics and would help ensure the service is best targeting its resources to meet mission needs, especially when health care staff are deployed. Furthermore, having such standards would facilitate a more consistent understanding of the staffing process by clinic staff.

The Coast Guard Does Not Have a Process for Collecting Reliable Data for Monitoring Whether Access-to-Care Standards Are Being Met at Its Clinics and Sickbays

We found that the Coast Guard's process for collecting access-to-care data at its clinics and sickbays does not produce reliable measures of appointment wait times, which impedes the service's ability to accurately determine the extent to which it is meeting its access-to-care standards. Because the Coast Guard has been using a paper-based health record system, it relies on each clinic to manually estimate access to care, which is measured by counting the number of days to the next available appointment. These estimates are to be made by clinic staff on a daily basis and then are compiled and submitted on a monthly basis to the HSWL Service Center for general planning purposes, such as monitoring provider productivity, clinic capacity, and expenditures against its budget.

According to HSWL Service Center officials, data collected through this manual process are not reliable for determining whether its personnel's access to health care meets the service's medical and dental standards. Officials explained that the data may be incomplete or contain errors and does not include sickbays. Specifically, HSWL Service Center officials

²⁷GAO, *Human Capital: Key Principles for Effective Strategic Workforce Planning*. [GAO-04-39](#) (Washington, D.C.: Dec. 11, 2003).

told us that they follow up with individual clinics when they identify missing data and outliers in the monthly submissions, but not all corrections are made by the clinics before the data is aggregated by the HSWL Service Center. As a result, officials said there may be blank or zero values in the aggregated data set, and they cannot determine if those values represent zero services rendered, incomplete data, or errors. Nonetheless, HSWL Service Center officials told us that they use the data to monitor general access to care and sometimes use the information to make ad hoc staffing changes. For example, HSWL Service Center officials told us they have reallocated staff between clinics because their access data indicated that a particular clinic needed more staff.

In 2020, the Coast Guard had begun the process of transitioning to its new electronic health record system, which could eliminate the need to collect appointment timeliness data manually and provide ready access to more robust utilization and wait time data for clinics and sickbays system-wide if configured accordingly, according to Coast Guard officials. Coast Guard officials told us they intend to work through the Defense Health Agency to better understand the new system's reporting and analytic tools to determine what types of data are available to monitor access to care. However, as of November 2021, HSWL Service Center and Office of Health Services officials told us they did not know whether the new electronic health record system will enable the Coast Guard to capture the types of data that will allow it to monitor access to care at the clinics and sickbays. For example, Coast Guard officials told us they are still in the process of understanding how the Defense Health Agency is configuring the new electronic health record system and whether the Coast Guard will have input on the configurations needed to monitor access to care at its clinics and sickbays.

The Coast Guard's internal control framework for monitoring and reporting call for the Director of the HSWL Directorate to provide an annual statement of assurance on whether internal controls are effective

at accomplishing service goals.²⁸ This includes the goal that Coast Guard clinics and sickbays meet the service's access-to-care standards, which cannot be reliably determined under the current method. Without a process to collect reliable data for monitoring access to care at its clinics and sickbays, the Coast Guard will not have an accurate picture of the extent to which its personnel are receiving care within its access-to-care standards. As a result, it will have to identify and resolve potential access issues on an ad hoc basis. While the service works with the Defense Health Agency to better understand the capabilities of the new electronic health record system, improving its process to collect more reliable data to determine wait times could help the Coast Guard to more accurately monitor whether its clinics and sickbays are meeting access standards for appointments. This, in turn, could help the service ensure it is providing timely care that aligns with the standards it has set.

Conclusions

The Coast Guard's ability to ensure the medical and dental readiness of its personnel is critically important for meeting its maritime missions. While the service has taken steps to help ensure adequate staffing at its clinics and sickbays, including the use of contract staff, its efforts are hampered by the lack of health care staffing standards that account for surge deployments. As a result, the Coast Guard cannot ensure it has the right number and type of medical and dental staff to keep its personnel ready to meet its mission, particularly when health care staff are deployed away from their clinics. Implementing health care staffing standards that incorporate health care staff deployments would help ensure the Coast Guard is best targeting its resources to ensure sufficient staff to meet mission needs and facilitate a more consistent understanding of the staffing process by clinic staff.

²⁸United States Coast Guard, Deputy Commandant for Operations, *Framework for Strategic Mission Management, Enterprise Risk Stewardship, and Internal Control*, July 2020; United States Coast Guard, Commandant Instruction 5200.10, *Management's Responsibility for Internal Control*, May 2015; and United States Coast Guard, Commandant Notice 5200, *Coast Guard Enterprise Risk Management and Annual Statement of Assurance Reporting Requirements*, June 2020. These internal control standards also recognize that monitoring of the internal control system (1) is essential in helping internal control remain aligned with changing objectives, environment, laws, resources, and risks and (2) assesses the quality of performance over time and promptly resolves the findings of audits and other reviews. United States Coast Guard, Commandant Instruction 5200.10, *Management's Responsibility for Internal Control*, May 2015.

The Coast Guard's efforts to manually track access to care at its clinics show its commitment to its personnel's health care needs, but the current process does not produce reliable measures of appointment wait times. Consequently, it does not have an accurate picture of the extent to which its personnel are receiving care at clinics and sickbays within its access-to-care standards. Improving its process to collect more reliable data on access to care—while the service works with the Defense Health Agency to better understand the capabilities of the new electronic health record system—will help the Coast Guard ensure it is providing timely care that aligns with the standards it has set.

Without implementing staffing standards that account for health care staff deployments and improving its process for monitoring access to care, the Coast Guard could face difficulties in meeting its missions, including having sufficient resources to serve as a first responder and humanitarian service provider in times of crisis.

Recommendations

We are making the following two recommendations to the Coast Guard:

The Commandant of the Coast Guard should ensure the Assistant Commandant for Human Resources implements health care staffing standards for its health services program that account for health care staff deployments, including surge deployments. (Recommendation 1)

The Commandant of the Coast Guard should ensure the Assistant Commandant for Human Resources improves its process to collect more reliable data on access-to-care at clinics and sickbays to monitor whether access-to-care standards are being met while the service works with the Defense Health Agency to better understand the capabilities of the new electronic health record system for monitoring access-to-care. (Recommendation 2)

Agency Comments

We provided a draft of this report to DHS and DOD for review and comment. In written comments from DHS, reproduced in appendix II, the Department concurred with each of our recommendations. With respect to our first recommendation that the Coast Guard implement health care staffing standards, DHS noted that the Coast Guard has initiated a

manpower requirements assessment for its clinics, which will include medical staff deployments in support of external workload. The Department also concurred with our second recommendation to improve its process to collect more reliable data on access-to-care. It stated that the Coast Guard will collaborate with DOD to improve data collection for access-to-care at clinics and sickbays as it implements its new electronic health record system.

DHS and DOD also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional Committees, the Secretary of the Department of Homeland Security, the Secretary of the Department of Defense, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact Alyssa M. Hundrup at (202) 512-7114 or HundrupA@gao.gov. Contact points for our Office of Congressional Relations and Office of Public Affairs can be found on the last page of this report. Other major contributors to this report are listed in appendix III.



Alyssa M. Hundrup
Director, Health Care

Appendix I: Defense Health Agency and Military Services' Health Care Staffing Standards

This appendix provides information on health care staffing standards used by the Defense Health Agency—the agency within the Department of Defense (DOD) responsible for administration of military hospitals, clinics, and other health care facilities—referred to as military treatment facilities (MTF).¹

The Defense Health Agency has established centralized health care staffing standards for the provision of primary care, such as family medicine and pediatrics, for MTFs. Specifically, its staffing standards generally apply to the provision of primary care to beneficiaries enrolled in certain TRICARE benefit options who are empaneled (assigned) to a primary care manager at an MTF.² The Defense Health Agency's staffing standards, issued in 2018, establish uniform processes, standards, and accountability for calculating and adjusting primary care empanelment and capacity—the number of patients per primary care provider.³

According to Defense Health Agency officials, its primary care staffing standards are based on the number of staff needed to support the demand of the population served. The standards also provide criteria for adjusting empanelment capacity using the Defense Health Agency's electronic health record data, provider availability, and MTF operating hours. At the time of our review, the Defense Health Agency was in the

¹DOD trains military physicians and dentists to serve directly in the military services. In addition, the active and reserve components recruit fully qualified physicians.

²DOD utilizes an empanelment-based Patient-Centered Medical Home model of primary care for beneficiaries enrolled in TRICARE Prime or TRICARE Plus. The primary care manager is accountable for coordinating and integrating empaneled beneficiaries' health care needs in primary or specialty care and within the direct or community care system. TRICARE Prime is a managed care plan option available in specified service areas. TRICARE Plus is a primary care program offered at some military hospitals and clinics.

³Defense Health Agency, *Procedural Instruction: Processes and Standards for Primary Care Empanelment and Capacity in Medical Treatment Facilities (MTFs)*. NUMBER 6025.11. October 9, 2018

process of developing additional standards for embedded support roles, such as behavioral health and physical therapy, according to Defense Health Agency officials.

As required by the National Defense Authorization Act for Fiscal Year 2017, as amended, administrative operations for MTFs transitioned from the Army, Navy, and Air Force to the Defense Health Agency between 2018 and 2021.⁴ Each of the three military services' medical commands had centralized staffing standards in place before the Defense Health Agency began assuming these responsibilities.⁵ All three services based their staffing standards on workload data, such as the number of visits, according to military medical command officials.

⁴Pub. L. No. 114-328, § 702, 130 Stat. 2000, 2193 (2016) (codified at 10 U.S.C. § 1073c). Before 2018, the military services managed all functions, including administrative functions, of their own MTFs. As of November 2021, DOD officials told GAO that the services have transitioned the oversight and management of health care delivery at MTFs to the Defense Health Agency with plans to transition additional administrative functions.

⁵The Department of the Navy administers health care for the Marine Corps.

Appendix II: Comments from the Department of Homeland Security

U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

January 14, 2022

Alyssa M. Hundrup
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Re: Management Response to Draft Report GAO-22-105152, "COAST GUARD
HEALTH CARE: Improvements Needed for Determining Staffing Needs and
Monitoring Access to Care"

Dear Ms. Hundrup:

Thank you for the opportunity to comment on this draft report. The U.S. Department of Homeland Security (DHS or the Department) appreciates the U.S. Government Accountability Office's (GAO) work in planning and conducting its review and issuing this report.

The Department is pleased to note GAO's acknowledgment that the Coast Guard recognizes the need for standards to inform healthcare staffing decisions and has taken steps to ensure adequate staffing at its clinics and sickbays. For example, GAO highlighted the Coast Guard's use of contract staff to fill critical healthcare positions to mitigate the burden of staffing shortages, including dentists and physicians. DHS remains committed to ensuring the medical and dental readiness of Coast Guard personnel to meet maritime missions, including serving as a first responder and humanitarian service provider in times of crisis.


The draft report contained two recommendations for the Coast Guard with which the Department concurs. Attached, find our detailed response to each recommendation. DHS previously submitted technical comments addressing an accuracy issue and clearing sensitivity under a separate cover for GAO's consideration.

**Appendix II: Comments from the Department
of Homeland Security**

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Sincerely,

JIM H
CRUMPACKER

 Digitally signed by JIM H
CRUMPACKER
Date: 2022.01.14 10:16:32 -05'00'

JIM H. CRUMPACKER, CIA, CFE
Director
Departmental GAO-OIG Liaison Office

Attachment

**Attachment: Management Response to Recommendations
Contained in GAO-22-105152**

GAO recommended that the Commandant of the Coast Guard direct the Assistant
Commandant for Human Resources to:

Recommendation 1: Implement health care staffing standards for its health services program that account for health care staff deployments, including surge deployments.

Response: Concur. Coast Guard Human Resources Strategy & Capability (CG-1B) initiated a field-level Health Services and Work-Life services Manpower Requirements Analysis (MRA) on November 15, 2021. This MRA includes 13 Coast Guard business lines, broken into three groups. Group 1, which is in the Familiarization Phase, includes the five business lines involved with Coast Guard clinics: (1) Healthcare Admin Support (which includes data analytics/health informatics); (2) Medical Care; (3) Dental Care; (4) Pharmacy; and (5) Behavioral Health Services – Medical. Medical staff deployments in support of external workload are also within the scope of the current manpower-modeling project. The estimated timeline for completion of all MRA phases, including the Manpower Requirements Determination, is no later than the end of FY 2022, Quarter 2. Estimated Completion Date (ECD): March 31, 2022.

Recommendation 2: Improve its process to collect more reliable data on access-to-care at clinics and sickbays to monitor whether access-to-care standards are being met while the service works with the Defense Health Agency to better understand the capabilities of the new electronic health record system for monitoring access-to-care.

Response: Concur. The Coast Guard understands the need to ensure that medical care is accessible to its beneficiaries in every source of care, and is considering how to best address challenges associated with:

- Updating access-to-care standards so they are based on systems the Coast Guard currently uses, rather than legacy systems; and
- Maturing the USCG Health Services organic data analytics capabilities and skills within the Military Health System (MHS Genesis), which is the Department of Defense's electronic health record system, to fully leverage new functionality (decisions about any additional staffing needed for this will be informed by the MRA described above).

Coast Guard's Assistant Commandant for Human Resources will collaborate with the Defense Health Agency to improve data collection for access-to-care at clinics and sickbays to accurately calculate whether access-to-care standards are being met, following further familiarization with MHS Genesis.

ECD: December 30, 2022.

Text of Appendix II: Comments from the Department of Homeland Security

January 14, 2022

Alyssa M. Hundrup Director, Health Care

U.S. Government Accountability Office 441 G Street, NW

Washington, DC 20548

U.S. Department of Homeland Security

Washington, DC 20528

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Sincerely,

JIM H. CRUMPACKER, CIA, CFE

Director

Departmental GAO-OIG Liaison Office

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ECD: December 30, 2022.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Alyssa M. Hundrup, (202) 512-7114 or hundrupa@gao.gov.

Staff Acknowledgments

In addition to the contact named above, Bonnie Anderson (Assistant Director), Rebecca Abela (Analyst-in-Charge), Xiaoyi Huang, Britt Carlson, Anna Quinn, and Kaitlin Asaly made key contributions to this report. Also contributing were Sam Amrhein, Jason Berman, Jacquelyn Hamilton, Giselle Hicks, Vikki Porter, and Ethiene Salgado-Rodriguez.

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