United States Government Accountability Office

Report to Congressional Requesters

December 2023

VA HEALTH CARE

The Medically Underserved Facilities Initiative

Accessible Version

GAO-24-106306

GAO Highlights

Highlights of GAO-24-106306, a report to congressional requesters

Why GAO Did This Study

According to VA, most veterans enrolled in VA health care live in areas with limited access to some health care services. Each year, VA designates certain facilities to participate in the medically underserved facilities initiative for primary care or mental health based on criteria it developed.

GAO was asked to review VA's medically underserved facilities initiative, which the agency implemented in response to section 401 of the VA MISSION Act of 2018. This report describes (1) the criteria VA has used to identify medically underserved facilities and which facilities are designated as underserved; (2) what officials from the designated underserved facilities reported about their experiences with the initiative; and (3) what VA information shows about the effectiveness of the initiative.

GAO reviewed documentation related to the medically underserved facilities initiative. This included evaluation reports. GAO also interviewed officials from the VA Office of Integrated Veteran Care, which is responsible for implementing the initiative. GAO analyzed data on medically underserved facilities from fiscal years 2019 through 2022. GAO interviewed officials from the 10 medical facilities VA designated as the most underserved in fiscal year 2022 as well as officials from the Veterans Integrated Services Networks that oversee these 10 facilities.

View GAO-24-106306. For more information, contact Sharon M. Silas at (202) 512-7114 or SilasS@gao.gov

December 2023

VA HEALTH CARE

The Medically Underserved Facilities Initiative

What GAO Found

The Department of Veterans Affairs' (VA) medically underserved facilities initiative began in fiscal year 2019 to address the needs of veterans whose requests for care exceed the facility's ability to meet those needs in a timely manner. VA developed and implemented models to identify medical facilities that were underserved for primary care and mental health services. In fiscal year 2022, VA (1) ranked all VA medical facilities from most to least underserved, (2) designated five facilities as the most underserved for primary care and five medical facilities as the most underserved for mental health, and (3) required these facilities to develop action plans to address access needs.

Officials GAO interviewed from all 10 designated underserved facilities described their experiences providing access to care for veterans. Officials from seven of those facilities reported varying experiences with the overall effect of the initiative's ability to improve access—that it was a benefit to the facility, a hindrance, or in some cases both. These ranged from bringing attention to the needs of the facilities to too much effort for a limited effect on access to care.

VA Medical Facility Officials' Reported Experiences with the Medically Underserved Facilities Initiative

	Facility						
	A	B	C	D	E	F	G
Benefit		x			x	x	
Hindrance	x				x	x	
No or limited effect on access to care			x	x			x

Source: GAO analysis of interviews with Department of Veterans Affairs' (VA) medical facility officials. | GAO-24-106306
Note: Due to staff turnover, officials from three of the 10 facilities were not familiar enough with the initiative to characterize its overall effect because they were not generally involved in the initiative in fiscal year 2022.

According to VA, its medically underserved facilities initiative has yet to produce clear indicators of success. Although there has been some movement in facilities' ranking from year to year, VA noted that any such changes to underserved rankings were due to a combination of changes in model criteria and action plans implemented, not necessarily a change in how underserved a facility was. Further, VA's 2022 evaluation of the initiative and interviews with officials revealed different perspectives on actions that could be taken to improve the effectiveness of the underserved facilities initiative. These actions were to either (1) bolster the resources allocated to underserved facilities or (2) reduce the total number of agency-wide initiatives related to access to allow VA to better identify and address underlying challenges to providing access. Given the mixed response to the underserved facilities initiative, VA reported in its 2022 evaluation report in a section on expanding the initiative to other specialties that "perhaps the transparency the [initiative] is bringing to these issues is the best possible outcome, rather than anticipating that the underserved [initiative] can actually move the needle on access" to care for veterans.

Contents

GAO Highlights ii

Letter 1

Background 6
VA Developed and Refined Criteria for Annually Designating Ten Facilities as Underserved 10
Officials from Designated Medically Underserved Facilities Report Mixed Experiences with the Initiative 17
VA Found Medically Underserved Facilities Initiative Has Yet to Produce Clear Indicators of Success, and Perspectives Varied on How to Improve It 20
Agency Comments 24

Appendix I: Department of Veterans Affairs (VA) Medical Facilities Designated as Underserved through VA's Medically Underserved Facilities Initiative for Fiscal Year 2023 25

Appendix II: Designated Underserved Medical Facilities Profiles 26

Appendix III: Strategies Reported in Multiple Medically Underserved Facility Action Plans to Help Address Veteran Access to Care Challenges 45

Appendix IV: GAO Contacts and Staff Acknowledgments 49

GAO Contact 49
Staff Acknowledgments 49

Tables

Table 1: Department of Veterans Affairs (VA) Designated Underserved Facilities for Primary Care and Mental Health, Fiscal Year 2022 16
Table 2: Examples of Department of Veteran Affairs (VA) Medical Facility Officials' Experiences with the Medically Underserved Facilities Initiative 18
Table 3: Department of Veterans Affairs (VA) Designated Underserved Facilities for Primary Care and Mental Health, Fiscal Year 2023 25
Table 4: Strategies Reported by Multiple Underserved Facilities to Address Department of Veterans Affairs (VA) Access to Care Challenges 46

Figures

Figure 1: Medically Underserved Facilities Initiative Activities 8
Figure 2: Department of Veterans Affairs (VA) Primary Care Model for Identifying Underserved Facilities 12
Figure 3: Department of Veterans Affairs (VA) Mental Health Model for Identifying Underserved Facilities 14
Figure 4: VA Hampton Health Care 27
Figure 5: Fargo VA Health Care System 29
Figure 6: VA Fayetteville Coastal Health Care (Mental Health) 31
Figure 7: VA Fayetteville Coastal Health Care (Primary Care) 32
Figure 8: VA Central Alabama Health Care System 34
Figure 9: VA Jackson Health Care 35
Figure 10: VA Amarillo Healthcare System 37
Figure 11: VA Sioux Falls Health Care System 39
Figure 12: VA Walla Walla Health Care 41
Figure 13: Montana VA Healthcare System 43

Abbreviations

HRSA	Health Resources and Services Administration
IVC	Office of Integrated Veteran Care
PEPReC	Partnered Evidence-Based Policy Resource Center
PERC	Program Evaluation Resource Center
VA	Department of Veterans Affairs
VA MISSION Act	VA MISSION Act of 2018
VHA	Veterans Health Administration
VISN	Veterans Integrated Services Network

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
441 G St. N.W.
Washington, DC 20548

December 21, 2023

Congressional Requesters

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) provides health care services to over 6 million veterans through its 172 medical facilities and other outpatient sites of care.[1] Most veterans enrolled in VA health care live in areas with limited access to some health care services, according to VA. Approximately 16 percent of veterans live in areas with a shortage of primary care services and 70 percent live in areas with a shortage of mental health care services, according to VA.[2] In addition, while total veteran enrollment in VA care has remained relatively stable, veteran reliance on VA care has been growing both at VA medical facilities and through VA's Veterans Community Care Program.[3] We and others have reported on VA's challenges meeting veteran demand for care in recent years.[4]

[1]VHA's health care system is divided into 18 areas called Veterans Integrated Services Networks (VISN). Each VISN is responsible for managing and overseeing the VA medical facilities within a defined geographic area.

[2]Department of Veterans Affairs Partnered Evidence-Based Policy Resource Center (PEPReC), *Access to Care: MISSION 401*, Policy Brief (Washington, D.C.: Nov. 2021).

[3]The Veterans Community Care Program allows eligible veterans to receive care from community providers when they face certain challenges accessing care at VA medical facilities.

[4]In February 2023, we reported that, according to VHA officials, medical facilities in rural areas experienced challenges maintaining adequate staffing, which affected access to care. We found that rural veterans accessed intensive mental health care programs at lower rates or waited longer than urban veterans. We also found that VA did not assess how access to intensive mental health care for veterans living in rural areas compares with access among those living in urban areas. We made four recommendations, including that VA analyze the data it uses to monitor access to intensive mental health care by rurality. These recommendations had not yet been implemented at the time of our report. GAO, *VA Mental Health: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care*, GAO-23-105544 (Washington, D.C.: Feb. 9, 2023). In addition, we reported in November 2022 on challenges VA faced to scheduling timely specialty care appointments and mental health care appointments, through the Veterans Community Care Program. We made two recommendations to help ensure the completeness and accuracy of its data. These recommendations had not yet been implemented at the time of our report. GAO, *Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers*, GAO-23-105290 (Washington, D.C.: Nov. 10, 2022).

VA is not alone in experiencing shortages of primary care and other providers. The Health Resources and Services Administration (HRSA) has identified thousands of medically underserved areas—that is, areas with a shortage of primary care services—across the United States.[5] In light of these challenges and recognizing the needs of underserved veterans, VA's Fiscal Years 2022-28 Strategic Plan includes a goal to provide timely, accessible care to veterans, with a focus on the delivery of care to "underserved, marginalized, and at-risk veterans."[6]

In order to strengthen and improve VA's provision of health care to veterans, including veterans living in underserved areas, Congress passed the VA MISSION Act of 2018 (VA MISSION Act).[7] Title IV of the VA MISSION Act addresses health care in underserved areas. It includes a requirement for VA to develop criteria for designating certain VA medical facilities as underserved, which VA defines as facilities where veteran requests for care exceeds the facility's ability to meet those needs in a timely manner. As part of this requirement, VA must also develop a plan to address challenges providing access to care at these facilities. VA began its work to address this requirement by implementing efforts to improve veteran access to care at the medical facility level in 2019. We refer to these efforts as VA's medically underserved facilities initiative.[8]

See also Department of Veterans Affairs, Office of Inspector General, *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, Fiscal Year 2022*, VA OIG 22-00722-187 (July 7, 2022). VA's Office of Inspector General reported that medical facilities faced occupational staffing shortages in fiscal year 2022. For example, facilities reported 2,622 severe occupational staffing shortages across 285 occupations.

According to VA, the agency set a goal of hiring 52,000 new employees in 2023, including 30,000 positions in the occupations most needed to ensure access to high quality care – physicians, nurses, licensed practical nurses, nursing assistants, and medical support assistants, among others.

[5]Medically underserved areas are geographic areas designated by HRSA as having a lack of access to primary care services. As of October 1, 2023, HRSA had designated 3,454 areas as medically underserved for primary care.

[6]Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan.*

[7]Pub. L. No. 115-182, 132 Stat. 1393 (2018).

[8]VA has no formal name for the efforts it is undertaking in response to section 401 of the VA MISSION Act. We refer to these efforts as the "medically underserved facilities initiative," because VA has focused its efforts at the facility level. This initiative is not considered a formal VA program.

You asked us to review VA's efforts to identify and address the needs of VA medical facilities in medically underserved areas and those that are designated as underserved by VA. In this report, we describe

1. the criteria VA has used to identify medically underserved facilities and the facilities designated as underserved;
2. what officials from the designated underserved facilities reported about their experiences with the initiative; and
3. what VA information shows about the effectiveness of the medically underserved facilities initiative and VA officials' views on how to improve the initiative.

To address all three objectives, we reviewed VA documentation related to the medically underserved facilities initiative and underserved medical facility rankings. We reviewed VA's annual reports to Congress from fiscal years 2019 through 2023, which are required under Title IV of the VA MISSION Act.[9] We also reviewed VA's internal reports evaluating the medically underserved facilities initiative from fiscal years 2020 through 2022. These reports (1) evaluate individual model variables and the effectiveness of the models and (2) evaluate the mitigation strategies employed by underserved facilities based, in part, on feedback from the underserved medical facilities. We interviewed VA officials responsible for implementing the initiative, including officials from the VA Office of Integrated Veteran Care (IVC).[10] IVC is responsible for implementing, overseeing, and reporting on the medically underserved facilities initiative. We also interviewed officials from VA's Partnered Evidence-Based Policy Resource Center (PEPReC) and the Program Evaluation Resource Center (PERC) who are responsible for developing the underserved

[9]Pub. L. No. 115-182, tit. IV, § 401(d), 132 Stat. 1393, 1470-71 (2018).

[10]IVC launched as a new VA program office in 2022, combining the VA Office of Community Care and VA Office of Veterans Access to Care. IVC was established to improve veteran access to care by integrating all of VA's access-related efforts and partnering with VA medical facilities and external stakeholders such as community health providers. Prior to IVC, the VA Office of Veterans Access to Care was responsible for the medically underserved facilities initiative.

We also contacted several veterans service organizations to obtain veterans' thoughts on underserved medical facilities.

facilities models, obtaining feedback on the initiative, and assisting with aspects of VA's annual report to Congress.[11]

To describe the criteria VA has used for its medically underserved facilities initiative, we reviewed fiscal year 2022 model criteria from two separate models that VA used to identify the facilities it designated as underserved for primary care and mental health and analyzed fiscal year 2022 data ranking VA medical facilities from most to least underserved.[12] These data included scores for all VA facilities on each of the criteria that informed its two models, which enabled us to also compare scores for facilities that were designated as medically underserved to those that were not. To describe changes made to these criteria and the facilities VA has designated as underserved over time, we also reviewed model data from fiscal years 2019, 2020, and 2021. We reviewed relevant VA documentation and interviewed PEPReC and PERC officials responsible for developing and implementing the models. We determined that the model data was sufficiently reliable for the purposes of our audit objectives. We also analyzed HRSA's medically underserved areas data to determine whether the facilities that VA designated as underserved in primary care for fiscal year 2022 are located in or around areas that are considered medically underserved by HRSA.[13]

To describe the experiences of VA's designated underserved medical facilities, we interviewed officials from 14 VA medical facilities.

- **Designated medical facilities.** We interviewed officials from the 10 medical facilities VA designated as underserved in fiscal year 2022.[14] Specifically, we interviewed officials from the following designated underserved medical facilities: Hampton, VA; Central Alabama;

[11]PEPReC is a resource center funded by VA's Quality Enhancement Research Initiative. PEPReC provides data analysis to support VA policy, planning, and management initiatives and program evaluations. PERC is part of the VA Office of Mental Health and Suicide Prevention.

[12]Fiscal year 2022 data were the most recent complete data at the time of our review. In addition, at the time of our review, VA had developed an underserved model for four additional specialties but, officials told us they had decided not to expand the initiative into specialty care beyond mental health.

[13]As previously noted, HRSA designates areas as medically underserved areas for only primary care services. As such, we did not analyze HRSA's medically underserved areas data for facilities that VA designated as medically underserved for mental health in fiscal year 2022.

[14]For the purposes of this report, we refer to VA medical facilities, which include VA health care systems comprised of VA medical centers and their associated outpatient clinics.

Jackson, MS; Fayetteville, NC; Amarillo, TX; Sioux Falls, SD; Fargo, ND; Walla Walla, WA; and Montana.[15]

- **Previously designated medical facilities.** We interviewed officials from two facilities, one for primary care and one for mental health, that were previously designated as underserved in fiscal year 2021 but were not designated as underserved in fiscal year 2022. These facilities were Poplar Bluff, MO, and Spokane, WA.
- **Non-designated medical facilities.** Finally, we interviewed officials from an additional two facilities, one for primary care and one for mental health, that were not designated as underserved in any year but had an underserved facility score in fiscal year 2022 close to the five designated underserved facilities. These facilities were San Juan, PR, and Durham, NC.

To describe what VA information shows about the effectiveness of the medically underserved facilities initiative, we reviewed VA's annual internal reports evaluating the medically underserved facilities initiative from fiscal years 2020 through 2022. We interviewed officials from IVC and PEPReC to contextualize the report findings as well as to understand the report methodology. In addition, we interviewed officials from the seven Veterans Integrated Services Networks (VISN) that oversee the ten facilities designated as underserved in fiscal year 2022. Specifically, we interviewed officials from VISN 6, VISN 7, VISN 16, VISN 17, VISN 19, VISN 20, and VISN 23.[16]

We conducted this performance audit from October 2022 to December 2023 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.

[15]In fiscal year 2022, one VA medical facility—Fayetteville, NC—was designated as underserved for both primary care and mental health. Different officials are responsible for the medically underserved facilities initiative for each of these services; therefore, we refer to 10 designated underserved medical facilities.

[16]Due to past realignment of VISNs, there are 18 VISNs, numbered VISN 1 through VISN 23. There is no VISN 3, 11, 13, 14, or 18. See https://www.va.gov/HEALTH/visns.asp.

Background

VA MISSION Act Requirements

Title IV of the VA MISSION Act directs VA to implement initiatives to improve veteran health in underserved areas.[17] Specifically, section 401 of the VA MISSION Act requires VA to develop criteria to designate certain VA medical facilities as underserved when they meet certain conditions, such as not being able to provide veterans with sufficient access to care in a timely manner.

According to VA MISSION Act requirements, the criteria to designate facilities must include consideration of certain factors, such as the ratio of veterans to VA health care providers for a standardized geographic area surrounding the facility and whether the facility is meeting VA wait-time goals.[18]

After designating facilities as underserved, the VA MISSION Act requires VA to submit an annual report to Congress outlining the agency's plan to address the problems facing underserved VA facilities. According to the VA MISSION Act, agency plans to address the problems facing underserved facilities must address increasing personnel or temporary personnel assistance, providing special hiring incentives, using direct hiring authority, improving training opportunities for staff, and any other actions considered appropriate by the Secretary.

VA's Medically Underserved Facilities Initiative

VA began the medically underserved facilities initiative in fiscal year 2019 to implement section 401 of the VA MISSION Act. VA defines a medically underserved facility as one where veteran requests for care exceed the facility's ability to meet those needs in a timely manner. VA officials reported that the purpose of the medically underserved facilities initiative

[17]Title IV of the VA MISSION Act also includes two pilot programs to assist underserved facilities with mobile deployment teams and graduate medical education and residency. See Pub. L. No. 115-182, tit. IV, §§ 402 and 403, 132 Stat. 1393, 1471, 1472 (2018).

[18]Additional factors include the range of clinical specialties covered by VA health care providers in that area; whether the local community is medically underserved; the type, number, and age of open consults; and any other criteria considered important in determining which facilities are not adequately serving area veterans.

is to "inform and assist underserved facilities in the adoption of strategies and resources available" to improve access to care.

IVC is responsible for implementing, overseeing, and reporting on these initiatives. To manage initiatives like the medically underserved facilities initiative, IVC coordinates closely with partners at PEPReC and PERC.[19]

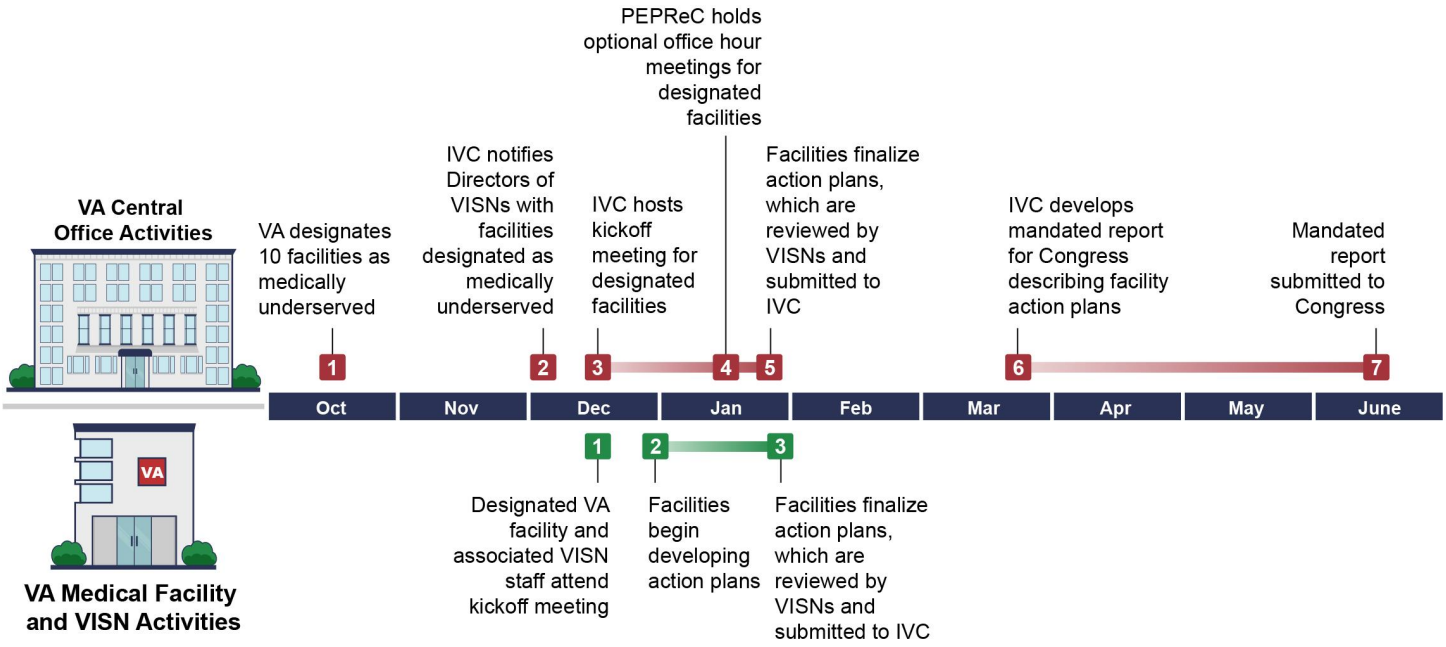
Each year, IVC ranks all VA medical facilities from most to least underserved and designates a total of 10 VA facilities (five for primary care and five for mental health) to participate in the medically underserved facilities initiative using criteria it developed with PEPReC and PERC.[20] The initiative then includes several steps that culminate in the development of the annual statutorily mandated report to Congress.

- IVC hosts a series of optional meetings with the designated facilities to discuss resources and tools available to them to address their underserved status, such as personnel strategies and technology strategies.
- Underserved facilities, in conjunction with their VISN, are required to submit an action plan to address the factors contributing to their underserved designation. After submitting an action plan approved by the VISN, the facility has met its obligations for the initiative. No further action is required unless that facility is designated again in a subsequent year.
- IVC uses the information in the facility action plans to develop its annual report to Congress, as required by the VA MISSION Act (see fig. 1.).

[19]PEPReC is a resource center funded by VA's Quality Enhancement Research Initiative. PEPReC provides data analysis to support VA policy, planning, and management initiatives and program evaluations. PERC is part of the VA Office of Mental Health and Suicide Prevention.

[20]In fiscal year 2019, the first year of the medically underserved facilities initiative, VA designated 14 facilities in total as medically underserved (seven facilities for primary care and seven facilities for mental health). IVC officials reported that they reduced the number of designated facilities to 10 in total due to limited personnel resources available to support these facilities.

Figure 1: Medically Underserved Facilities Initiative Activities



Source: GAO analysis of VA documentation (information); GAO (illustrations). | GAO-24-106306

Notes: VA is the Department of Veterans Affairs. IVC is the Office of Integrated Veteran Care. VISN is Veterans Integrated Services Network. PEPReC is the Partnered Evidence-Based Policy Resource Center. VA's medically underserved initiative assists underserved facilities in the adoption of strategies and identification of available resources to improve access to care at medical facilities where veteran requests for care exceed the facility's ability to meet those needs in a timely manner.

Beginning in fiscal year 2020, IVC also conducted an evaluation of the underserved facilities initiative to assess (1) the effect of the initiative on access to care for veterans at designated facilities, and (2) the accuracy of the criteria used to identify underserved facilities. As part of this evaluation, PEPReC surveys designated facilities and analyzes underserved facilities' data related to certain mitigation strategies for improving access to care. The results of this evaluation, along with designated facility action plans, inform VA's annual report to Congress on the initiative.

Other VA Efforts to Increase Access to Care

VA supports a number of efforts to help improve veterans' access to care, including efforts to recruit and retain providers, the use of telehealth to increase access to care, and infrastructure projects to help increase medical facility capacity.

- VA has implemented a wide range of programs and incentives to recruit and retain health care providers and administrative personnel.[21] For example, recruitment, retention, and relocation awards are a series of incentives that VA uses to recruit personnel for occupations listed on national or local staffing shortage occupation lists. The Education Debt Reduction Program is a retention program that offers student loan reimbursements of up to $200,000 disbursed over 5 years for specific staff positions that are identified as difficult-to-fill.
- To increase access to care for veterans, particularly those that live in rural communities where there may be fewer health care providers available within an accessible distance, VA has expanded the use of telehealth and virtual care modalities. One option for virtual care is the Clinical Resource Hubs, which were launched by the VA Office of Rural Health in fiscal year 2020 to serve the different VISNs.[22] Medical facilities within the VISN can request short-term Clinical Resource Hub support, not to exceed 2 consecutive years, to cover gaps in care that result from factors like staff attrition, extended leave, or a rapidly expanding veteran population. Clinical and administrative staff that work for the Clinical Resource Hub are assigned to provide

[21]VA began implementing new hiring authorities under the Honoring our PACT Act of 2022. These include, among others, higher limits for student loan repayments and expedited hiring of college graduates and post-secondary students. See Pub. L. No. 117-168, 136 Stat. 1759 (2022).

GAO has reported on a range of staffing challenges to meet the demands of veteran care, including GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, GAO-23-106203, (Washington, D.C.: Apr. 20, 2023); *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories*, GAO-23-105953, (Washington, D.C.: Feb. 16, 2023); *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas,* GAO-21-119SP, (Washington, D.C.: Mar. 2, 2021); and *VA Health Care: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand*, GAO-20-284, (Washington, D.C.: Feb. 19, 2020).

[22]In addition to the Clinical Resource Hubs, other telehealth modalities include VA Video Connect and Accessing Telehealth through Local Area Stations that allow veterans to meet virtually with health care providers over phones, tablets, and computers. VA Video Connect is a program where veterans can use smartphones, tablets, and computers to meet with their VA medical providers through private and encrypted live video appointments. To support veterans who may not have access to the necessary technology, the Accessing Telehealth through Local Area Stations program provides 13 locations across the country where veterans can use private spaces equipped with video equipment and internet access to attend virtual appointments.

veterans with virtual or in-person care for primary care, mental health care, and some types of specialty care.[23] (See side bar.)

- In 2022, VA reported that its infrastructure required significant modernization to meet modern health care standards and provide the services necessary to meet the needs of veterans.[24] According to VA, some medical facilities may choose a construction project as a strategy to expand space for providing care. Facilities may also take actions such as repurposing or expanding space within existing facilities, moving clinics to different locations, or merging services between facilities located near each other.

Clinical Resource Hubs

Clinical Resource Hubs combine in-person care and telehealth to support veterans when challenges such as limited staff or growing veteran populations disrupt veteran access to care. Clinical Resource Hub providers are Department of Veterans Affairs (VA) providers who deliver services to VA medical facilities, to veterans' homes, or to other non-VA locations. Clinical Resource Hubs also enable providers across different services, including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team.

The Clinical Resource Hub program began in fiscal year 2020 and this resource is available through all 18 Veterans Integrated Services Networks (VISN). A standardized Clinical Resource Hub Service Request Tool is available for all VA medical facilities to request services from their respective VISN Hub. According to VA officials, requests are considered based on a needs assessment to help target these resources to where they are most needed. In fiscal year 2022, VA reported that Clinical Resource Hub providers completed more than 650,000 encounters.

Source: VA documentation and interviews with VA officials. | GAO-24-106306

VA Developed and Refined Criteria for Annually Designating Ten Facilities as Underserved

VA Developed and Refined Criteria for Annually Designating Primary Care and Mental Health Underserved Facilities from Fiscal Year 2019 through 2022

VA developed models for primary care and mental health services to identify the 10 most medically underserved facilities, which it has refined annually.[25] According to VA, each model uses criteria that was informed by VA MISSION Act requirements, literature reviews, and information from HRSA and other VA offices (e.g., VA's Health Services Research

[23]Department of Veterans Affairs Office of Rural Health, *Clinical Resource Hubs*, *Information Sheet* (Washington, D.C.: Feb. 2021), accessed Dec. 8, 2023, https://www.ruralhealth.va.gov/docs/ORH_Clinical_Resource_Hubs_2021_508-FINAL.pdf.

[24]Department of Veterans Affairs, *VA Recommendations to the Asset and Infrastructure Review Commission* (Mar. 2022).

[25]According to IVC, the agency spent nearly $1.3 million on the medically underserved facilities initiative from fiscal year 2019 through fiscal year 2022 (or about $330,000 on average each year, a small fraction of VHA's $111.4 billion budget for fiscal year 2022), most of which was for contractor costs related to developing and implementing these models. Contractor costs included contractor support for project management and funding for PEPReC to develop and maintain the underserved models and discuss the model results with designated facilities. The amount also included VA staff-related costs, such as the estimated cost of IVC, PERC, VISN, and facility staff salaries associated with participating in the initiative.

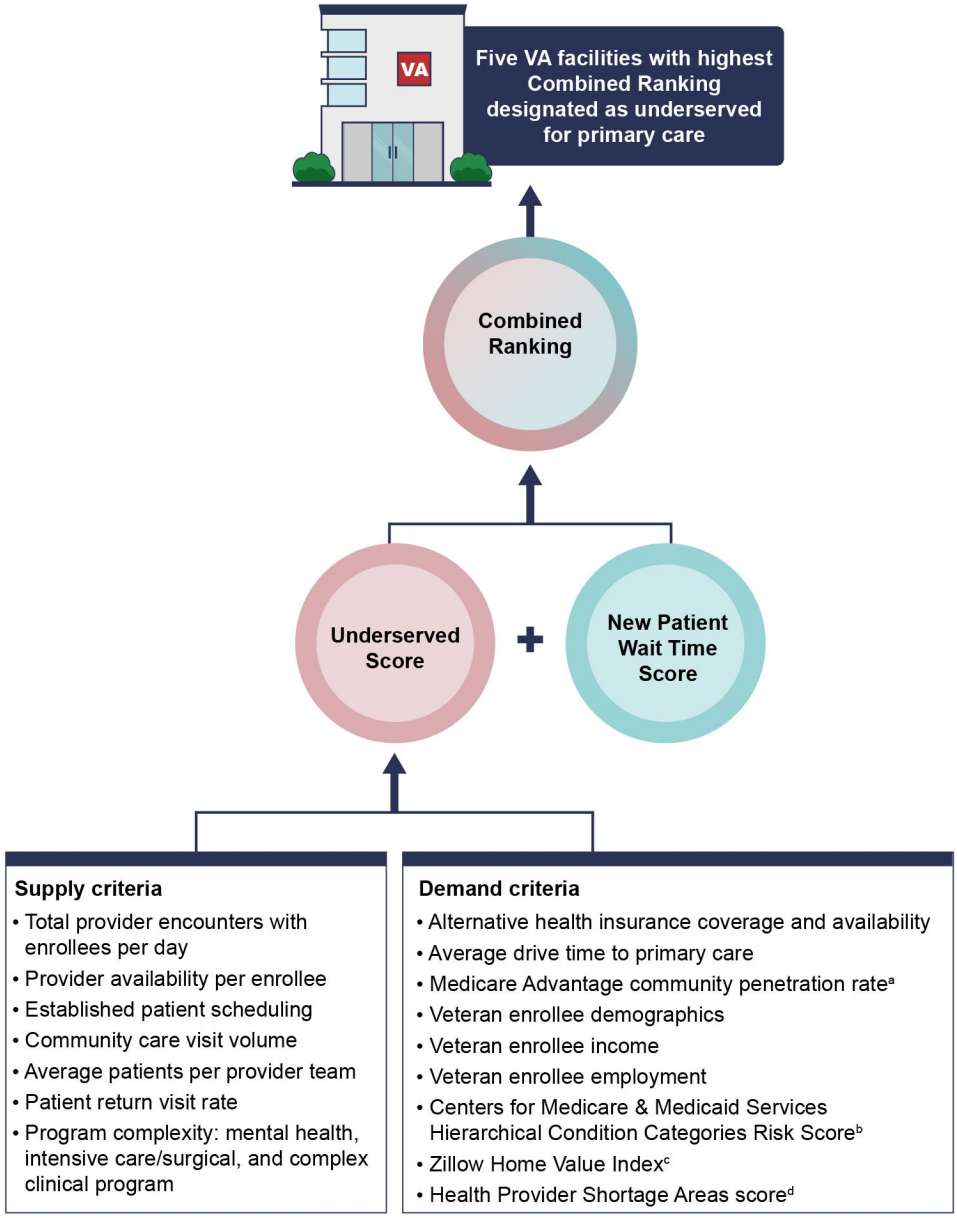
and Development group and Office of Rural Health).[26] According to PEPReC and PERC officials, they have refined these criteria each year. These refinements were based on VA's evaluations of the medically underserved facilities initiative and by considering feedback from officials at designated facilities and VA program offices (e.g., the Office of Primary Care), among other things. VA officials told us that beginning in fiscal year 2022 the models for both primary care and mental health should remain stable with minor adjustments going forward.

- **Primary care model.** VA's primary care model includes criteria that accounts for a facility's supply of primary care services for veterans and the demand the facility faces for care from its veteran population.[27] The model calculates an underserved score for each facility from these supply and demand criteria and, beginning in fiscal year 2022, it also incorporated a separate wait time score for each facility based on its new patient wait times (i.e., average wait times that patients experienced for that facility from the date the appointment was created to the date it was completed for appointments that were not follow-ups to prior visits). VA then uses the combined underserved and wait time scores to rank facilities from most to least underserved in relation to each other. The five highest ranked facilities are designated as medically underserved. (See fig. 2.)

[26]According to IVC officials, both the primary care and mental health care models account for community-based outpatient clinics in their data, which is aggregated and reported at the VA facility level. Officials reported that the results of these models are based on the most recent data available and do not account for future enrollment projections.

[27]For the purposes of this report, we focused on VA's model for fiscal year 2022, the most recent complete year of the initiative at the time of our work.

Figure 2: Department of Veterans Affairs (VA) Primary Care Model for Identifying Underserved Facilities



Source: GAO analysis of VA documentation (information); GAO (illustration). | GAO-24-106306

Notes: VA's medically underserved initiative assists underserved facilities in the adoption of strategies and identification of available resources to improve access to care at medical facilities where veteran requests for care exceed the facility's ability to meet those needs in a timely manner. For primary care, VA ranks facilities by their Underserved Score and New Patient Wait Time Score and then

combines these rankings to determine the facilities designated for its medically underserved facilities initiative.

[a]Medicare Advantage community penetration rate measures the percentage of eligible individuals who have Medicare Advantage coverage in the area surrounding a facility. According to VA, higher Medicare Advantage community penetration may suggest veterans in those areas who have Medicare Advantage coverage may be less reliant on VA care, and even less reliant than those with traditional Medicare coverage.

[b]The Centers for Medicare & Medicaid Services Hierarchical Condition Categories Risk Score estimates the medical complexity of a veteran to predict the veteran's future health care cost.

[c]The Zillow Home Value Index indicates areas throughout the country where median home values are increasing or decreasing. According to VA, veterans who live in areas with higher house price indices may have higher rents and, therefore, less money to spend on health care, which may make them less reliant on VA care.

[d]The Health Provider Shortage Areas score identifies geographical areas with an insufficient number of providers based on population size and an overutilization or inaccessibility of existing providers.

VA documentation shows that the agency made a number of changes to the primary care model over time. PEPReC officials told us that changes were more significant in the initial years of developing the primary care model to ensure that the model was accurately identifying the most medically underserved of VA's facilities.[28] As of May 2023, PEPReC officials told us that, based on facility experience and feedback, they expect the model to remain stable with only minor adjustments going forward. According to the officials, this stability in the model will enable facility underserved scores to be compared across time going forward, which was not possible for the fiscal years prior to 2022.

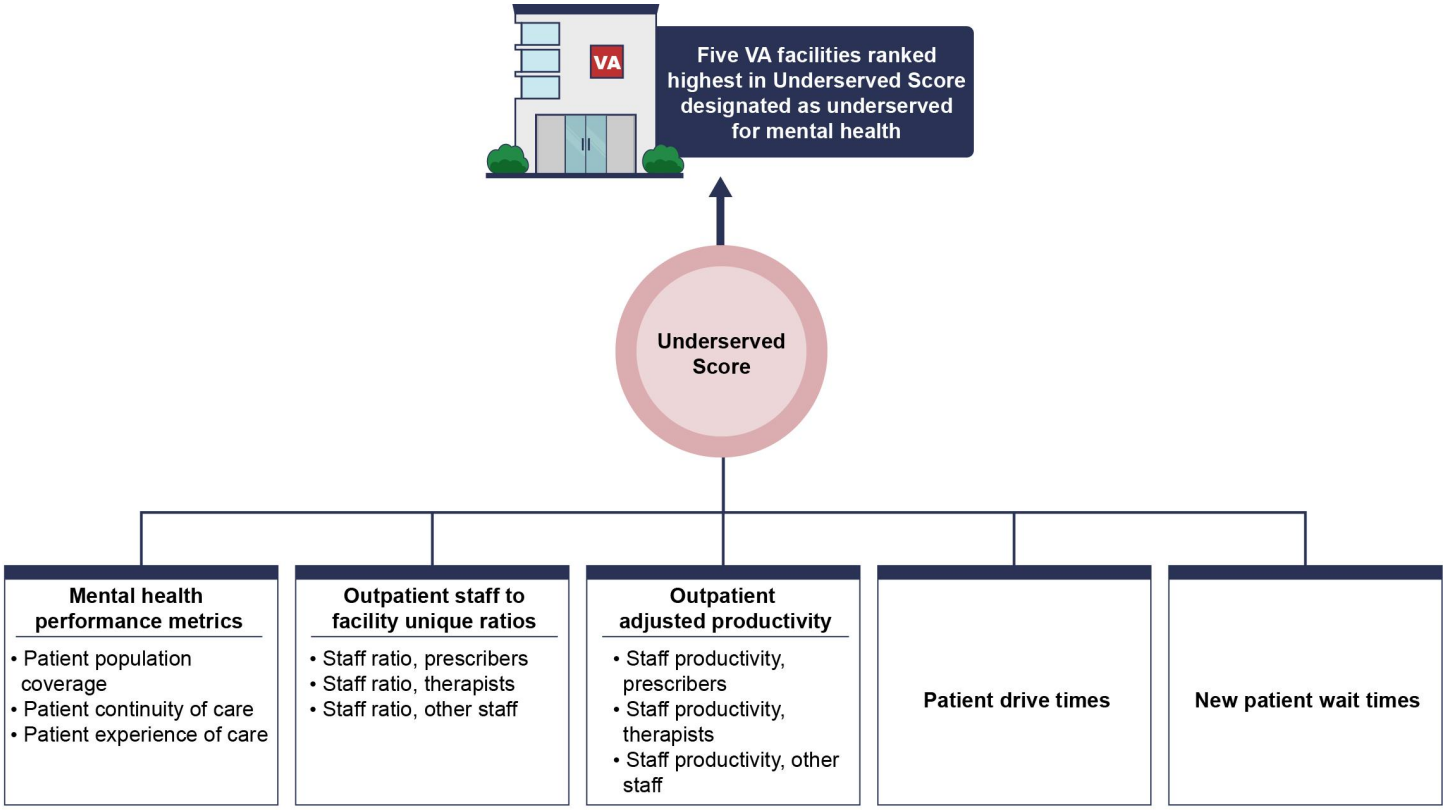
- **Mental health model.** According to VA documentation, VA's mental health model includes criteria that capture a facility's supply of mental health care services for veterans and the demand for these services. The model is based on five factors that, according to VA, can affect whether a facility is underserved for mental health: clinical staffing ratios, clinical staff productivity values, new mental health patient wait time, veteran's drive-time to the closest facility, and mental health performance metrics.[29] VA calculates an underserved score based on

[28]For example, in fiscal year 2021, VA added four additional criteria to its underserved score (return visit rate, clinic efficiency, provider availability per enrollee, and established patient scheduling), which were intended to help identify potential additional mitigation strategies for facilities to address access challenges. And as previously noted, in fiscal year 2022, new patient wait times were incorporated into the model. According to PEPReC officials, adding this criteria enabled them to compare each facility's underserved scores to its actual wait times.

[29]These metrics include performance measures related to VA's mental health care services, such as utilization rates of key mental health services, as well as veteran and provider survey responses related to access, quality, and the coordination of care, among others.

the sum criteria across all five mental health factors. Facilities are then ranked using the overall score from most to least underserved in relation to each other. The five highest ranked facilities are designated as medically underserved. (See fig. 3.)

Figure 3: Department of Veterans Affairs (VA) Mental Health Model for Identifying Underserved Facilities



Source: GAO analysis of VA documentation (information); GAO (illustration). | GAO-24-106306

Note: VA's medically underserved initiative assists underserved facilities in the adoption of strategies and identification of available resources to improve access to care at medical facilities where veteran requests for care exceed the facility's ability to meet those needs in a timely manner.

According to PERC officials, the mental health model was relatively stable since its introduction in fiscal year 2019, with minor improvements made over time. VA documentation shows that the model and its criteria were reviewed at least annually based on the previous year's results and lessons learned and then modified as appropriate.[30] They further stated that the factors in the model are highly associated with mental health treatment

[30]These modifications have included changing data sources and methods to calculate average veteran drive-time to the facility.

quality and outcomes and are good indicators of access and quality of care. According to PERC officials, they do not expect to make changes to the mental health model, and it should thus remain stable going forward. Due to the relative stability of the mental health model, PERC officials told us that underserved scores for mental health can be compared over time from fiscal year 2019 forward.[31]

VA also has worked to develop models for additional specialty care services beyond mental health to include in this initiative but, according to IVC officials, does not intend to implement them. IVC contracted with PEPReC to develop criteria for identifying underserved medical facilities for cardiology, gastroenterology, orthopedics, and urology. As of June 2023, IVC officials reported that there are no plans to implement them. According to these officials, adding the specialty care models would duplicate other IVC efforts where they obtain much of the same information about challenges facing facilities, such as through the Strategic Analytics for Improvement and Learning report and Clinic Practice Management reports.[32]

VA Designated 10 Facilities as Medically Underserved in Fiscal Year 2022

In fiscal year 2022, VA designated as underserved five facilities for primary care and five facilities for mental health, all but two of which were designated in prior years. (See table 1.) One of these facilities—located in Fayetteville, NC—received the designation for both primary care and mental health in fiscal year 2022.

[31]PERC officials noted that the model data for fiscal year 2021 had limitations due to COVID-19, which affected staffing and productivity data.

[32]Both the Strategic Analytics for Improvement and Learning report and the Clinic Practice Management report include access-related data at the VA facility level. The Strategic Analytics for Improvement and Learning report includes quality measures in areas such as acute-care mortality and access to care. VA's Clinic Practice Management report includes data related to clinic productivity and efficiency, intended to help VA facility staff ensure that outpatient clinics are set up in a way that enhances access to care for veterans.

Table 1: Department of Veterans Affairs (VA) Designated Underserved Facilities for Primary Care and Mental Health, Fiscal Year 2022

Primary care			Mental health		
VA facility location	**Underserved ranking**	**Times designated**	**VA facility location**	**Underserved ranking**	**Times designated**
Hampton, VA	1	4	Sioux Falls, SD	1	2
Central Alabama, AL	2	3	Fargo, ND	2	2
Jackson, MS	3	1	Walla Walla, WA	3	3
Fayetteville, NC	4	3	Montana	4	4
Amarillo, TX	5	1	Fayetteville, NC	5	3

Source: GAO analysis of VA data. | GAO-24-106306

Note: "Times designated" refers to the total number of times that VA has designated a facility as medically underserved through its medically underserved facilities initiative from fiscal years 2019 through 2022.

VA underserved facilities for primary care are generally in geographic areas in which veterans and nonveterans alike may face a shortage of health professionals. When we compared the list of these VA designated underserved facilities for primary care against HRSA's medically underserved areas, we found that these facilities are located in or around HRSA-designated medically underserved areas.[33] (See app. I for a list of facilities designated as medically underserved for fiscal year 2023.)

Other VA Facilities Had Similar Scores to Those Designated as Underserved in Fiscal Year 2022

According to PEPReC and PERC officials, there is no clear distinction between those facilities that are designated underserved through the initiative and those that are not designated in either the primary care or mental health underserved models. VA data for both models show that in fiscal year 2022 there were multiple facilities not designated as underserved that had scores similar to those that were designated. PEPReC and PERC officials noted that selecting the top five facilities

[33]HRSA designates a geographic area—such as a group of contiguous counties, a single county, or a portion of a county—as a medically underserved area based on the agency's index of medical underservice, composed of a weighted sum of the area's infant mortality rate, percentage of population below the federal poverty level, ratio of population to the number of primary care physicians, and percentage of population aged 65 and over. We did not analyze HRSA's medically underserved areas data for facilities that VA designated as medically underserved for mental health in fiscal year 2022. Due to geographic differences in VA facility's catchment areas and HRSA Medically Underserved areas, some veterans receiving care in these facilities may come from areas not considered underserved by HRSA.

ensures that VA is targeting those where demand exceeds supply most severely. According to VA officials, they limit the designation to the five sites for primary care and mental health based on IVC's capacity for providing additional resources to help mitigate access issues, including assistance with identifying strategies.

- **Primary care.** Facilities were designated as underserved for primary care based on their combined underserved and new patient wait time rankings. For both of these criteria, other facilities had underserved and new patient wait time scores that were similar to—or in some cases worse than—designated facilities, indicating that these facilities may also experience challenges with access to care.
- **Mental health.** Facilities were designated as underserved for mental health based on the sum of five mental health factors (e.g., mental health performance metrics, patient drive times, and new patient wait times). While the designated underserved facilities were those with the highest overall underserved scores in fiscal year 2022, many facilities had underserved scores that were relatively similar to each other. In addition, for each of the criteria used in the mental health model, other facilities had scores that were similar to—or in some cases worse than—designated facilities, indicating that these facilities may also experience challenges with access to care.

Officials from Designated Medically Underserved Facilities Report Mixed Experiences with the Initiative

The experiences of officials we interviewed from the designated underserved medical facilities in fiscal year 2022 varied in the extent to which the officials believed participating in the initiative was a benefit to the facility. These officials reported mixed experiences with the initiative, including both benefits to participating for the facility and hindrances to efforts to provide sufficient access to care for veterans, or described the initiative as having no effect on access to care for veterans.[34] Although we interviewed officials from all 10 designated facilities, officials from three facilities were not familiar enough with the initiative to determine whether

[34]VA reached a similar conclusion in its fiscal year 2023 statutorily mandated annual report to Congress on the medically underserved facilities initiative, reporting that "facilities were divided about their perception of the underserved [initiative]. Some described it as an asset while others described it as a hindrance."

the initiative had been a benefit, a hindrance, or had no effect on the facility's ability to provide sufficient access to care to veterans. The lack of knowledge was mainly due to staff turnover at these facilities; the officials we interviewed were generally not involved in the medically underserved facilities initiative in fiscal year 2022. (See table 2.)

Table 2: Examples of Department of Veteran Affairs (VA) Medical Facility Officials' Experiences with the Medically Underserved Facilities Initiative

Facility	Facility officials' reported experiences with the initiative	Benefit	Hindrance	No or limited effect on access to care
Facility A	Overall a hindrance. Staff have spent a lot of time and effort addressing the issues highlighted by the initiative but "nothing comes of it." Officials felt these issues could be addressed separately, outside of the initiative. They described the initiative as an "unfunded mandate."		x	
Facility B	There is a better understanding of the forces driving the data used to designate the facility as underserved and to help identify underperforming programs at the facility and identify facility needs. Officials noted that participating in the initiative does require extra planning, meetings, and follow-up work.	x		
Facility C	Increased awareness around access challenges prompted focus on developing an action plan to address access, which has been beneficial. However, officials noted that there was no effect on access to care because they have not received additional resources, such as additional support for providing virtual care, to support these actions.[a]			x
Facility D	The initiative has had no effect on the facility's activities related to improving access to care. They noted that the facility would be implementing the strategies they described in the facility's action plan as part of their normal workforce planning.			x
Facility E	At first the initiative was beneficial. Initially, being designated as underserved brought the access needs of the facility to the attention of leadership. However, due to turnover in leadership at the facility, the initiative has become a hindrance because of the time and effort needed to bring new staff up to speed on the initiative.	x	x	
Facility F	The initiative was generally an asset as it brought attention to facility hiring needs, but the amount of time needed to commit to the initiative at the facility was a hindrance.	x	x	
Facility G	Overall the initiative has had very little effect on access. The facility's access problem is significant and needs to be addressed with additional providers and new facilities.			x

Source: GAO analysis of interviews with officials from VA-designated medically underserved facilities for primary care and mental health in fiscal year 2022 as part of the medically underserved facilities initiative. | GAO-24-106306

[a]According to VA officials, the agency does not allocate resources to the designated underserved medical facilities specifically as part of the medically underserved facilities initiative.

Notes: VA's medically underserved facilities initiative assists in the adoption of strategies and identification of available resources to improve access to care at medical facilities where veteran requests for care exceed the facility's ability to meet those needs in a timely manner.

Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes, or to other non-VA locations. Clinical Resource Hubs also enable providers across different services, including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team.

We interviewed officials from the 10 designated medically underserved facilities for primary care and mental health in fiscal year 2022. Of these, officials from three facilities were not familiar enough with the effect of the initiative at their facility to determine whether the initiative had been a benefit, a hindrance, or had no effect on the facility's ability to provide sufficient care to veterans. The lack of knowledge was mainly due to staff turnover at these facilities; the officials we interviewed were generally not involved in the medically underserved facilities initiative in fiscal year 2022.

Officials from all 10 of the facilities designated as underserved in fiscal year 2022 stated that being designated as underserved reflected their challenges with providing sufficient access to care for veterans at their medical facility.[35] In describing their experiences working in underserved facilities, the 10 officials we interviewed described the specific challenges facing their facilities that they believed led to the underserved designation. For example, officials cited hiring and staffing issues, often affected by the rural location of their facility or complexity of their patient population, as a reason their facility was designated as underserved.[36] Officials also described challenges with space limitations at the facilities and internet connectivity issues affecting their ability to provide sufficient access to care to veterans. (For examples of the designated underserved facilities' challenges and how these challenges affected their underserved facility designation, see app. II.)

To address these challenges through the initiative, officials at the designated facilities employed a number of strategies related to personnel (such as using recruitment and retention incentives), technology (such as increased use of the Clinical Resource Hub), and infrastructure (such as

[35]One official initially expressed surprise that the facility had been designated as underserved, but then noted that the facility has a significant rural population as well as an urban population with limited access to care based on the limited number of providers available for the size of the population.

VA reached a similar conclusion in its 2023 statutorily mandated report to Congress on the medically underserved facilities initiative, reporting that "all surveyed facilities agreed with the underserved designation and that it aligned with their experiences on the ground."

[36]Officials from three of the four facilities we interviewed who were not designated in fiscal year 2022 also reported challenges with hiring and staffing, which can have an effect on the ability to provide adequate access to care. VA also reported in its 2023 statutorily mandated annual report to Congress that the underserved facilities for primary care and mental health serve a disproportionate share of rural veterans, which may be related to historical staffing limitations in these areas resulting in access issues.

building additional clinic space). IVC officials noted, however, that these resources and tools available to the designated underserved medical facilities are available to all VA medical facilities; they are not limited to or specific to the designated facilities. According to IVC officials, VA does not allocate resources to facilities based on their underserved ranking; rather funds are allocated based on workload.[37] Of the strategies employed by the designated underserved facilities, officials we spoke with noted that many were either already underway prior to the initiative or would be completed during the normal course of business; that is, not as part of the initiative. In its fiscal year 2022 internal evaluation report, VA found that "while the various mitigation strategies available are often obvious…actual implementation is far more challenging." (For information on the variety of strategies employed by the designated underserved facilities, see app. III.)

VA Found Medically Underserved Facilities Initiative Has Yet to Produce Clear Indicators of Success, and Perspectives Varied on How to Improve It

According to VA, the medically underserved facilities initiative has yet to produce clear indicators of success in improving veteran access to care. Since the underserved facilities initiative was implemented in fiscal year 2019, according to VA's fiscal year 2022 evaluation report, the initiative has not produced clear indicators of success in addressing access to care challenges after its first 4 full years. VA also reported in its fiscal year 2022 statutorily mandated annual report to Congress that the agency could not draw definite conclusions as to why changes in facilities' underserved rankings occurred and therefore did not conclude that any changes in facilities' ranking indicated improvements in providing sufficient access to care. In the fiscal year 2023 version of this report, VA reported that any changes to the underserved rankings from fiscal year 2022 to 2023 were due to a combination of changes in the model criteria

[37]VA allocates general purpose funds to medical facilities using a national, formula-driven approach that considers the number and type of veterans served and the complexity of care provided—collectively referred to as patient workload—as well as certain geographic factors, such as local labor costs, to determine the amount of general purpose funding each VISN should receive. This funding is then allocated to the medical centers within each VISN based on a system called the Medical Center Allocation System. VISNs may make adjustments to the general purpose funding levels determined by this system for each medical center.

and action plans implemented, which does not necessarily indicate success in improving access to care.

The information we collected from VA officials and our review of VA internal evaluation reports revealed varying perspectives on actions that could be taken to improve the effectiveness of using the underserved facilities initiative to address veteran access to care challenges.[38] These perspectives largely fell into two categories and, in some cases, into both. One category of perspectives was that VA could bolster the underserved facilities initiative by creating mechanisms for facilities to request additional resources based on their underserved designation. The other was that VA could instead streamline the initiative by reducing the number of its initiatives related to access to allow the agency to identify and address underlying access to care challenges more effectively.

Bolster the underserved facilities initiative. VA's fiscal year 2022 initiative evaluation report described how the statistical models were validated and refined and presented survey results from some of the designated facilities.[39] The report suggested that the underserved facilities initiative might be more effective if VA resources such as Clinical Resource Hubs and hiring incentives were targeted to designated underserved facilities. For example, the report noted that, although the designated facilities experienced the largest increase in the use of Clinical Resource Hubs from 2021 to 2022, the percentage of patient visits completed by a Clinical Resource Hub provider was about the same between the designated underserved facilities and the 10 ranked least underserved facilities. According to the report, this suggests that Clinical Resource Hub resources were not necessarily assigned by VISNs to designated facilities based on their underserved status, since designated underserved facilities and the least underserved facilities have similar rates of Clinical Resource Hub use. Similarly, VA reported no significant targeting of hiring incentives towards the designated medically underserved facilities and, in the case of one type of incentive, more direct hiring incentive dollars going to the less underserved facilities.

When asked about the kinds of resources that would be helpful to address access challenges, a number of VISN officials we interviewed

[38]We interviewed VA officials from the Office of Integrated Veteran Care, Partnered Evidence-Based Policy Resource Center, and seven Veterans Integrated Services Networks.

[39]The evaluation report assessed the effect of the underserved designation on VA facilities through qualitative (i.e., a survey of all designated underserved facilities) and quantitative (i.e., analyzing underserved facilities' data related to certain mitigation strategies) analyses.

shared that they would like to use the underserved designation to hire additional staff and secure other resources. This is similar to what officials from two designated underserved facilities told us, which was that prolonged, targeted technical assistance to their medical facilities based on the underserved designation, such as how to maximize use of existing resources, would allow their facilities to address access challenges more effectively (see the text box below for examples of VA officials' feedback related to bolstering the underserved facilities initiative).

Examples of Department of Veterans Affairs (VA) Officials' Feedback Related to Bolstering the Underserved Facilities Initiative

"Our evaluation suggests that the program would be even more effective if underserved statuses were to be coupled with targeted resource allocation."

"While inequities exist, initiatives [like this] are needed. However, when an initiative only involves making an action plan and scrutiny without empowerment or additional resources, then it's not helpful."

"[The initiative] would make more of an impact if the initiative carried additional resources, solutions, or improved provider recruitment."

Source: GAO analysis of VA's fiscal year 2022 annual evaluation report and interviews with VA officials from two Veterans Integrated Services Networks. | GAO-24-106306

Streamline access initiatives. In contrast, some VA officials told us that it would be helpful to consider using other existing approaches to address access to care challenges. According to VISN and officials from designated facilities, medical and administrative staff are responding to multiple VA-wide initiatives related to improving veterans' access to care and many of the strategies listed in underserved facility actions plans were already in place prior to the underserved designation. Some of these officials suggested that streamlining the number of these initiatives would enable VISN and facility staff to ameliorate access challenges more efficiently and effectively. In addition, officials from one VISN told us that this would enable them to conduct more efficient facility oversight.

Some VISN and designated underserved facility officials also cited the demoralizing effect of the underserved designation on their facilities. Officials from one VISN pointed to additional challenges with staff recruitment stemming from negative perceptions of the facilities designated as underserved. This VISN and designated facility officials suggested removing the underserved label and thus the associated negative connotations and instead working directly with facilities on underlying access to care issues.

Officials from IVC noted some overlap with other VA initiatives. These officials suggested that the underserved facilities initiative could be

merged with similar ongoing VA efforts to improve veteran access to care. For example, IVC provided a PowerPoint presentation listing different ways the office plans to address access to care challenges through its field support team and other activities.[40] IVC officials also told us that resources to improve access to care are available to all facilities and are not allocated only to designated underserved facilities as part of the medically underserved facilities initiative (see the text box below for examples of VA officials' feedback related to streamlining access initiatives).

Examples of Department of Veterans Affairs (VA) Officials' Feedback Related to Streamlining Access Initiatives

"People can unintentionally become what they label themselves. While the underserved label [might fit the facility's experience], the label carries many negative connotations that make it more difficult to resolve underlying issues."

"At some point it felt as though [a facility in the Veterans Integrated Services Network] was overburdened with assistance. There were so many initiatives that were intended to assist the facility, but they resulted in administrative burden; each initiative involves meetings, requirements, and time commitments of the facility."

Source: GAO interviews with VA officials from two Veterans Integrated Services Networks. | GAO-24-106306

Meeting access challenges for primary care, mental health care, and other specialties is a pervasive and complex challenge for VA and other health care systems. As VA's model calculations show, many VA medical facilities, beyond the few designated as underserved, face similar access to care challenges. Moreover, seeking care outside VHA is not always an option for veterans, as we heard from some designated facility officials that many community providers were also at capacity. Given the mixed response to the underserved facilities initiative, VA reported, in a section of its fiscal year 2022 evaluation report on expanding the initiative to other specialties, that "perhaps the transparency the [initiative] is bringing to these issues is the best possible outcome, rather than anticipating that the underserved [initiative] can actually move the needle on access" to care for veterans.[41]

[40]According to IVC officials, other activities planned to address access to care challenges include enhancing care coordination, modernizing the appointment and referral process, and optimizing the use of virtual care and other clinically appropriate services.

[41]As previously noted, IVC officials reported that they do not intend to expand the medically underserved facilities initiative to other specialties.

Agency Comments

We provided a draft of this report to VA for review and comment. VA provided technical comments, which we incorporated, as appropriate.

We are sending copies of this report to congressional requesters and the Secretary of Veterans Affairs. In addition, the report is available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or SilasS@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

Sharon M. Silas
Director, Health Care

List of Requesters

The Honorable Mike Bost
Chairman
The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
House of Representatives
The Honorable Julia Brownley
Ranking Member
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives
The Honorable Jenniffer Gonz?lez-Colón
House of Representatives
The Honorable Deborah Ross
House of Representatives

Appendix I: Department of Veterans Affairs (VA) Medical Facilities Designated as Underserved through VA's Medically Underserved Facilities Initiative for Fiscal Year 2023

VA began the medically underserved facilities initiative in fiscal year 2019 to implement requirements in the VA MISSION Act. VA defines a medically underserved facility as one where veteran requests for care exceeds the facility's ability to meet those needs in a timely manner. VA officials reported that the purpose of the medically underserved facilities initiative is to "inform and assist underserved facilities in the adoption of strategies and resources available" to improve access to care.

Each year, VA's Office of Integrated Veteran Care designates VA facilities as underserved for primary care or mental health based on certain criteria. For fiscal year 2023 designated underserved medical facilities, see table 3.

Table 3: Department of Veterans Affairs (VA) Designated Underserved Facilities for Primary Care and Mental Health, Fiscal Year 2023

Primary care			Mental health		
VA facility location	**Underserved ranking**	**Times designated**	**VA facility location**	**Underserved ranking**	**Times designated**
Texas Valley Coastal Bend, TX	1	1	Sioux Falls, SD	1	3
Fayetteville, NC	2	4	Manchester, NH	2	1
Jackson, MS	3	2	Montana	3	5
Clarksburg, WV	4	1	Fargo, ND	4	3
Hampton, VA	5	5	Fayetteville, NC	5	4

Source: GAO analysis of VA data. | GAO-24-106306

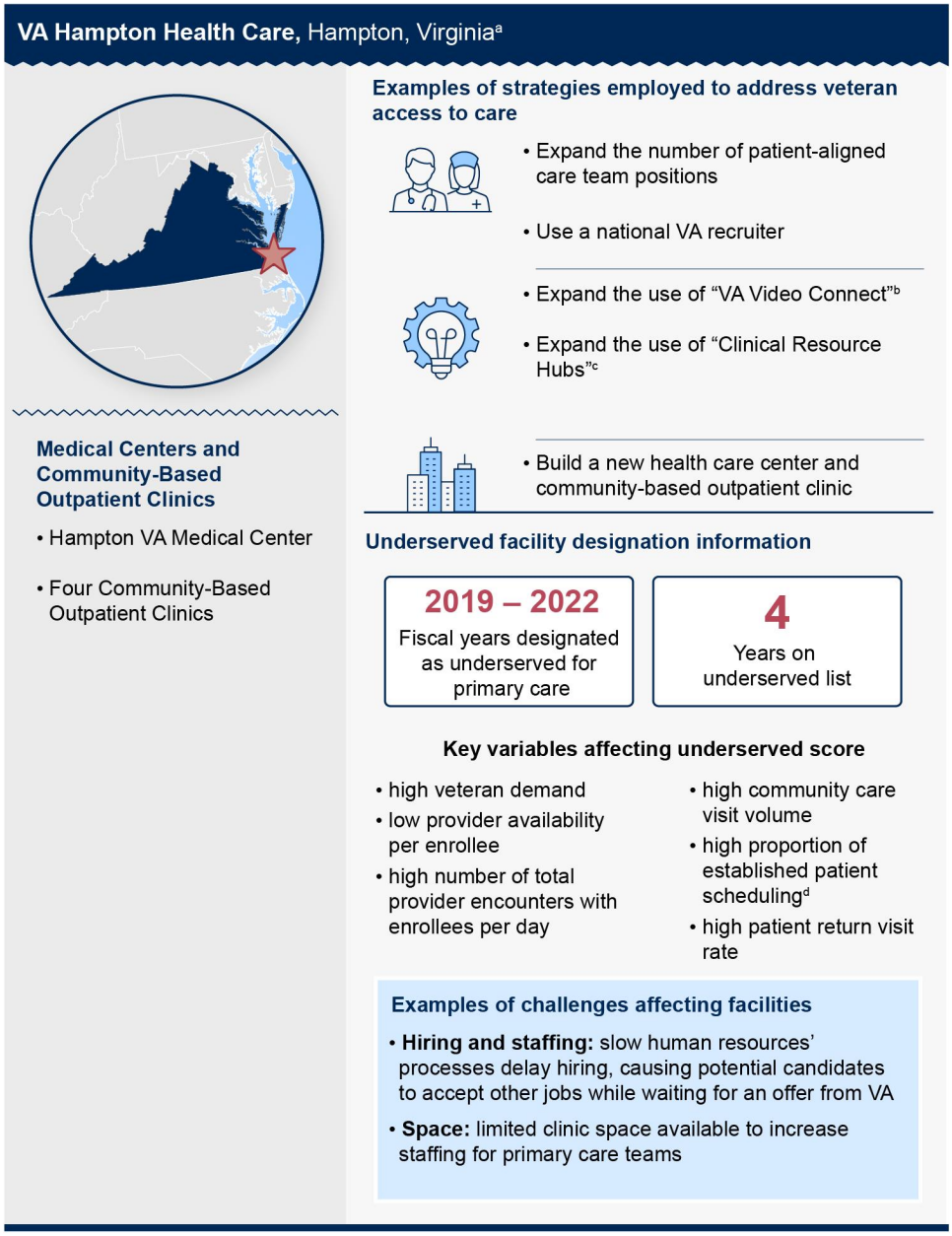
Note: "Times designated" refers to the total number of times that VA has designated a facility as medically underserved through its medically underserved facilities initiative from fiscal years 2019 through 2023.

Appendix II: Designated Underserved Medical Facilities Profiles

The Department of Veterans Affairs' (VA) medically underserved facilities initiative began in fiscal year 2019 to meet the requirements of the VA MISSION Act. This act requires VA to develop criteria to designate VA medical facilities as underserved when they meet certain conditions such as not being able to provide veterans with sufficient access to care in a timely manner and to submit an annual report to Congress outlining the agency's plan to address the problems facing its underserved facilities. The figures below describe 10 facilities designated as underserved for primary care and mental health in fiscal year 2022.[1] To describe these facilities, we reviewed information from VA's statutorily mandated report to Congress for fiscal year 2022—which identified strategies facilities used to address access to care for veterans—and interviewed officials from the designated underserved facilities in fiscal year 2022 with knowledge of the implementation of the initiative at each facility.

[1]One of these facilities, located in Fayetteville, NC, received the designation for both primary care and mental health in fiscal year 2022.

Figure 4: VA Hampton Health Care



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

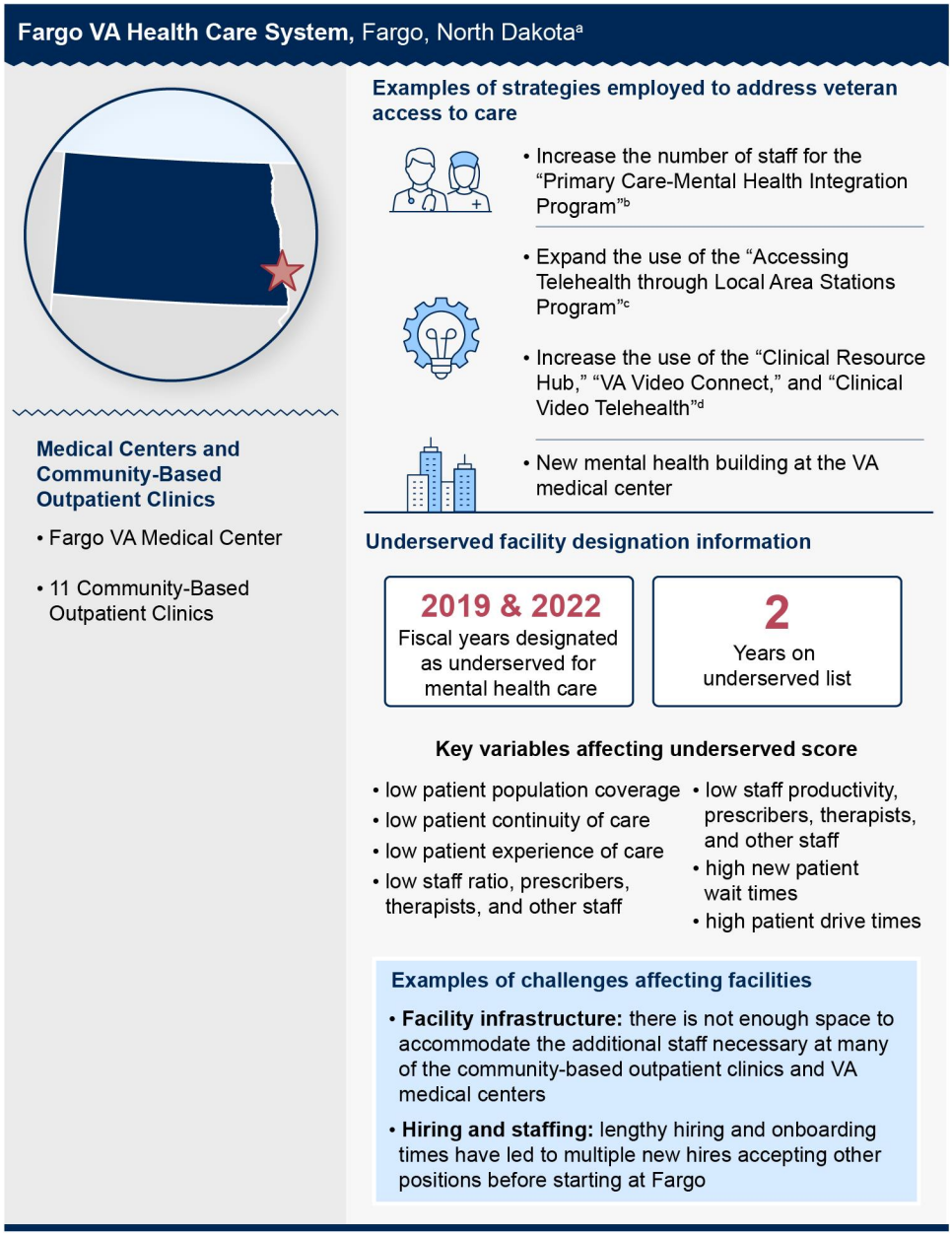
[a]VA stands for the Department of Veterans Affairs.

[b]VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments.

[c]Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services, including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team.

[d]Established patient scheduling practices directly influence new patient wait times. A high proportion of established patient visits scheduled in advance suggests there are fewer appointments available for new patients, which could lead to longer new patient wait times.

Figure 5: Fargo VA Health Care System



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

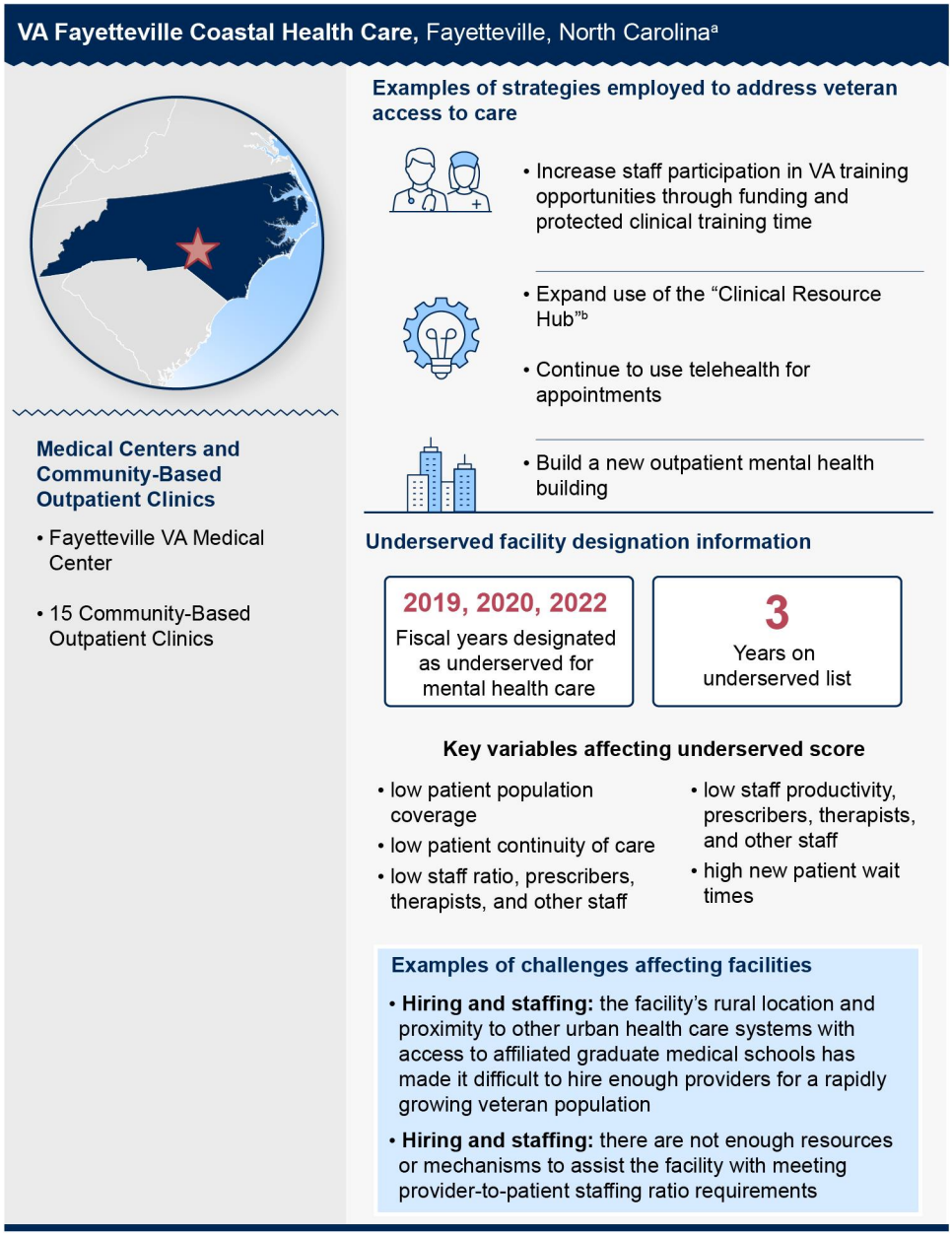
[a]VA stands for the Department of Veterans Affairs.

[b]The Primary Care-Mental Health Integration Program integrates mental health staff into primary care teams to provide mental health services without needing patients to schedule a separate consult.

[c]The Accessing Telehealth through Local Area Stations Program is part of VA's Anywhere to Anywhere telehealth initiative. VA has partnered with public and private organizations to offer 13 active locations across the country where veterans find comfortable, private spaces equipped with internet access and the technology needed to meet with VA providers via a secure video connection while saving travel time and transportation costs for the veteran.

[d]Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services, including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team. VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments. Clinical Video Telehealth is a program that uses real-time interactive video conferencing to assess, treat, and provide care to patients remotely. Clinical Video Telehealth encompasses more than 50 clinical applications in VA such as mental health care and primary care.

Figure 6: VA Fayetteville Coastal Health Care (Mental Health)



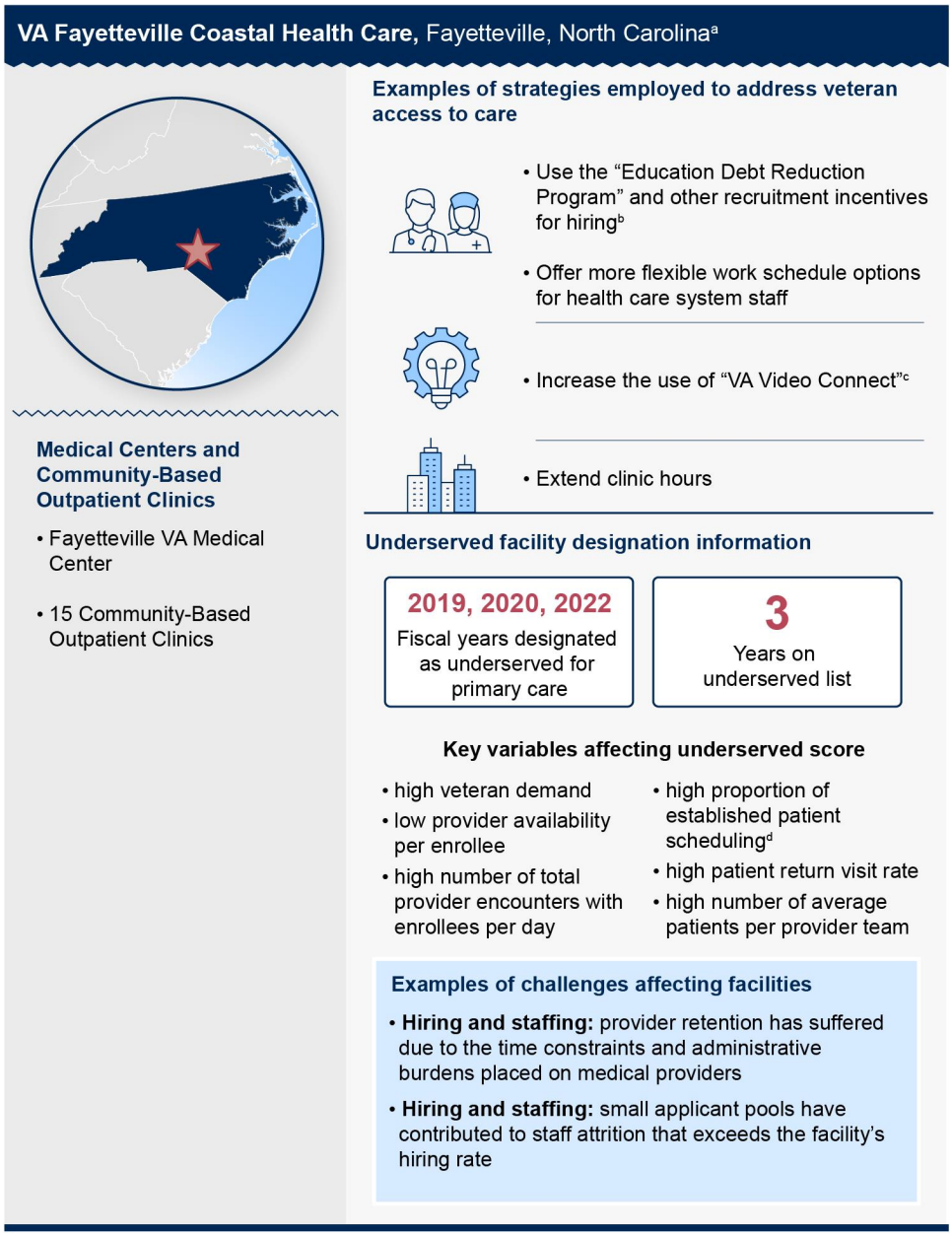
Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

[a]VA stands for the Department of Veterans Affairs.

[b]Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services,

including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team.

Figure 7: VA Fayetteville Coastal Health Care (Primary Care)



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

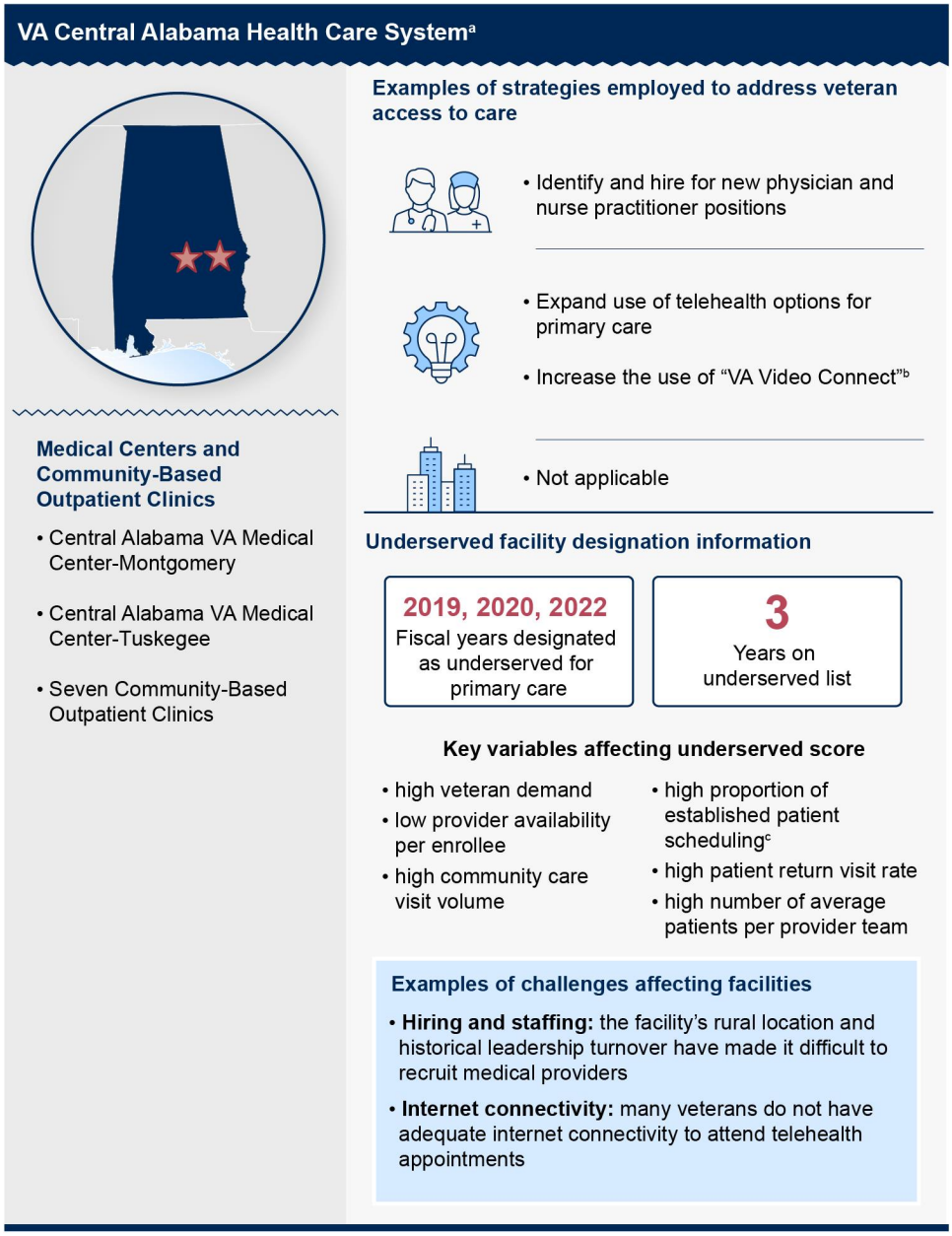
[a]VA stands for the Department of Veterans Affairs.

[b]The Education Debt Reduction Program offers student loan reimbursement to secure health care providers in specific difficult-to-fill positions for up to 5 years by providing student loan payment reimbursement up to $200,000 and not to exceed $40,000 per year.

[c]VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments.

[d]Established patient scheduling practices directly influence new patient wait times. A high proportion of established patient visits scheduled in advance suggests there are fewer appointments available for new patients, which could lead to longer new patient wait times.

Figure 8: VA Central Alabama Health Care System



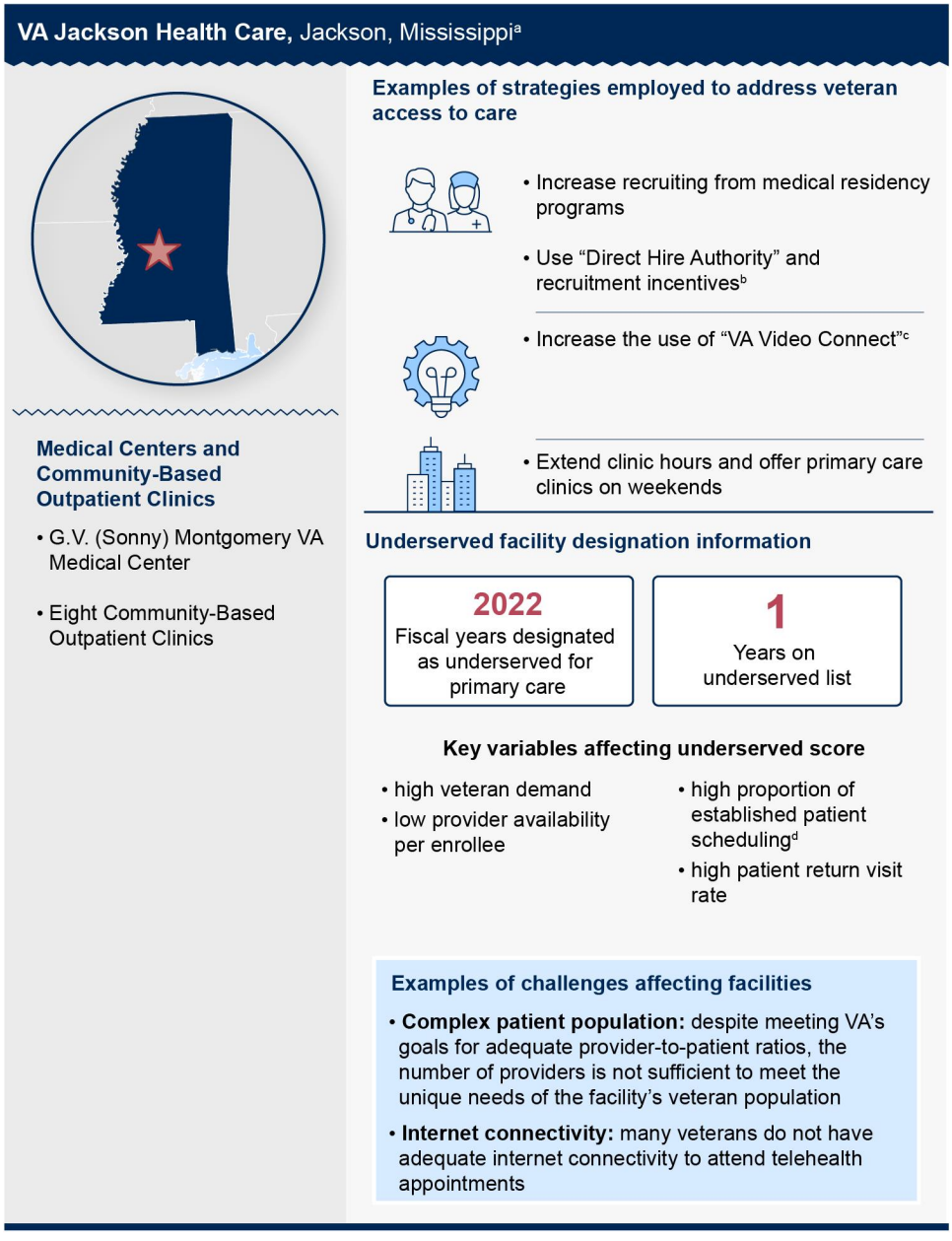
Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

[a]VA stands for the Department of Veterans Affairs.

[b]VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments.

[c]Established patient scheduling practices directly influence new patient wait times. A high proportion of established patient visits scheduled in advance suggests there are fewer appointments available for new patients, which could lead to longer new patient wait times.

Figure 9: VA Jackson Health Care



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

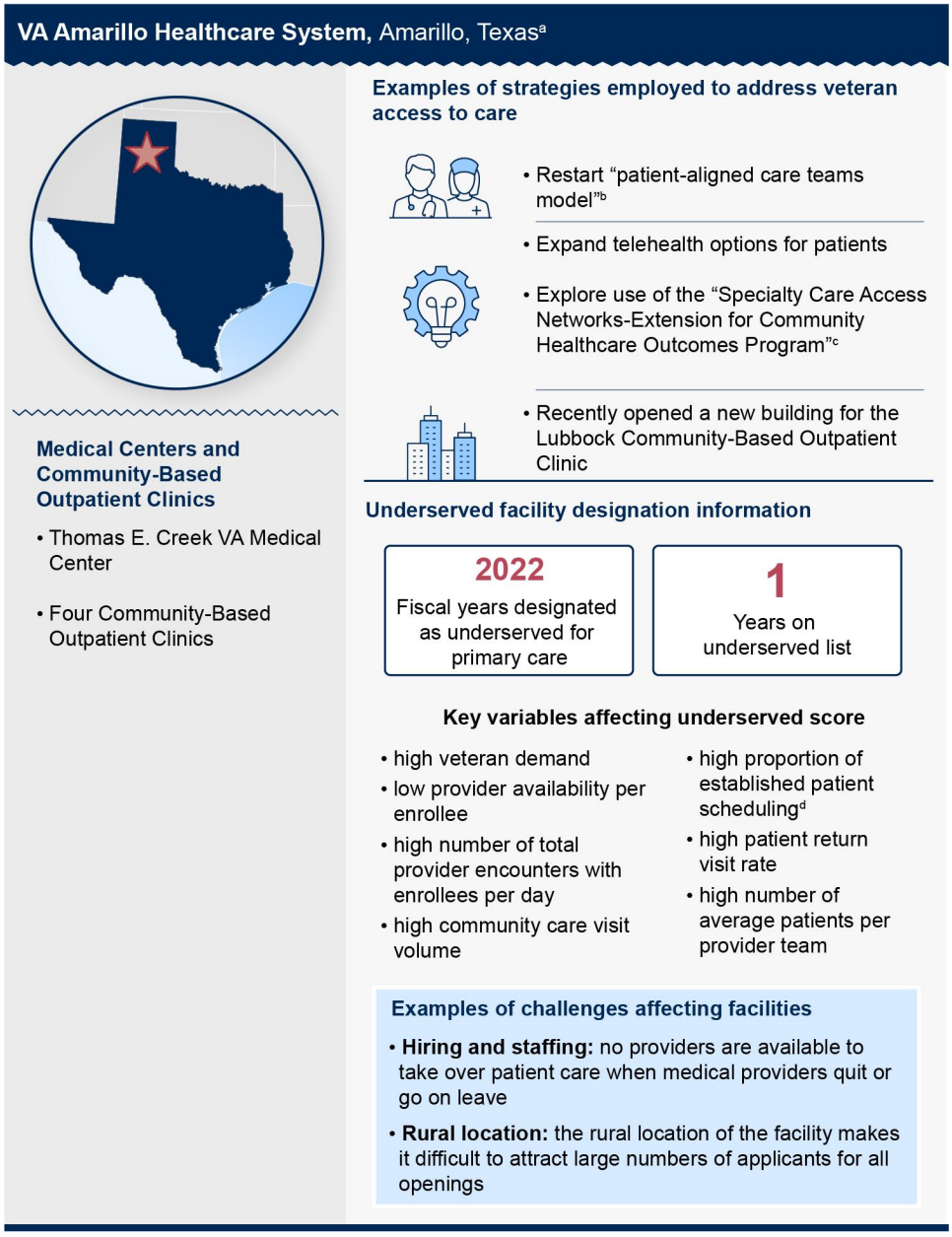
[a]VA stands for the Department of Veterans Affairs.

[b]The Office of Personnel Management can permit federal agencies to use direct hire authority to fill vacancies in the competitive service when a critical hiring need or severe shortage of candidates exists. The authority expedites hiring at VA facilities.

[c]VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments.

[d]Established patient scheduling practices directly influence new patient wait times. A high proportion of established patient visits scheduled in advance suggests there are fewer appointments available for new patients, which could lead to longer new patient wait times.

Figure 10: VA Amarillo Healthcare System



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

[a]VA stands for the Department of Veterans Affairs.

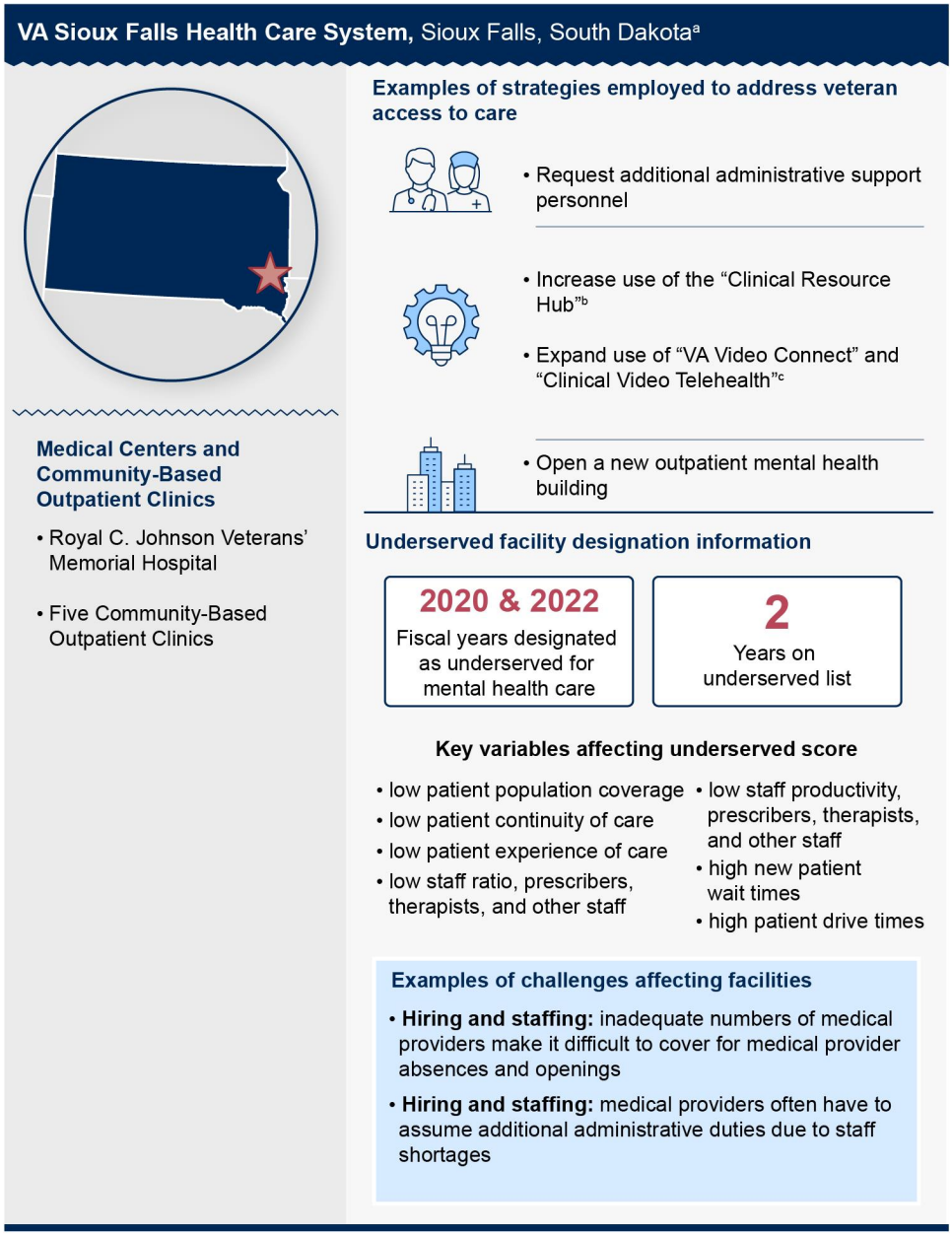
[b]Patient-aligned care teams are a team-based approach to health care where multiple providers coordinate care for individual patients. These teams are led by a primary care provider and include

clinical pharmacists, registered nurse care managers, licensed practical nurses or medical assistants, and requested specialists.

[c]The Specialty Care Access Networks-Extension for Community Healthcare Outcomes Program provides support and patient care guidance from specialists via videoconferencing sessions. In this model, providers submit cases for discussion to the specialists through an electronic consultation request. All team members participating in the videoconferencing session learn over time how to manage complex chronic conditions with specialist oversight.

[d]Established patient scheduling practices directly influence new patient wait times. A high proportion of established patient visits scheduled in advance suggests there are fewer appointments available for new patients, which could lead to longer new patient wait times.

Figure 11: VA Sioux Falls Health Care System



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

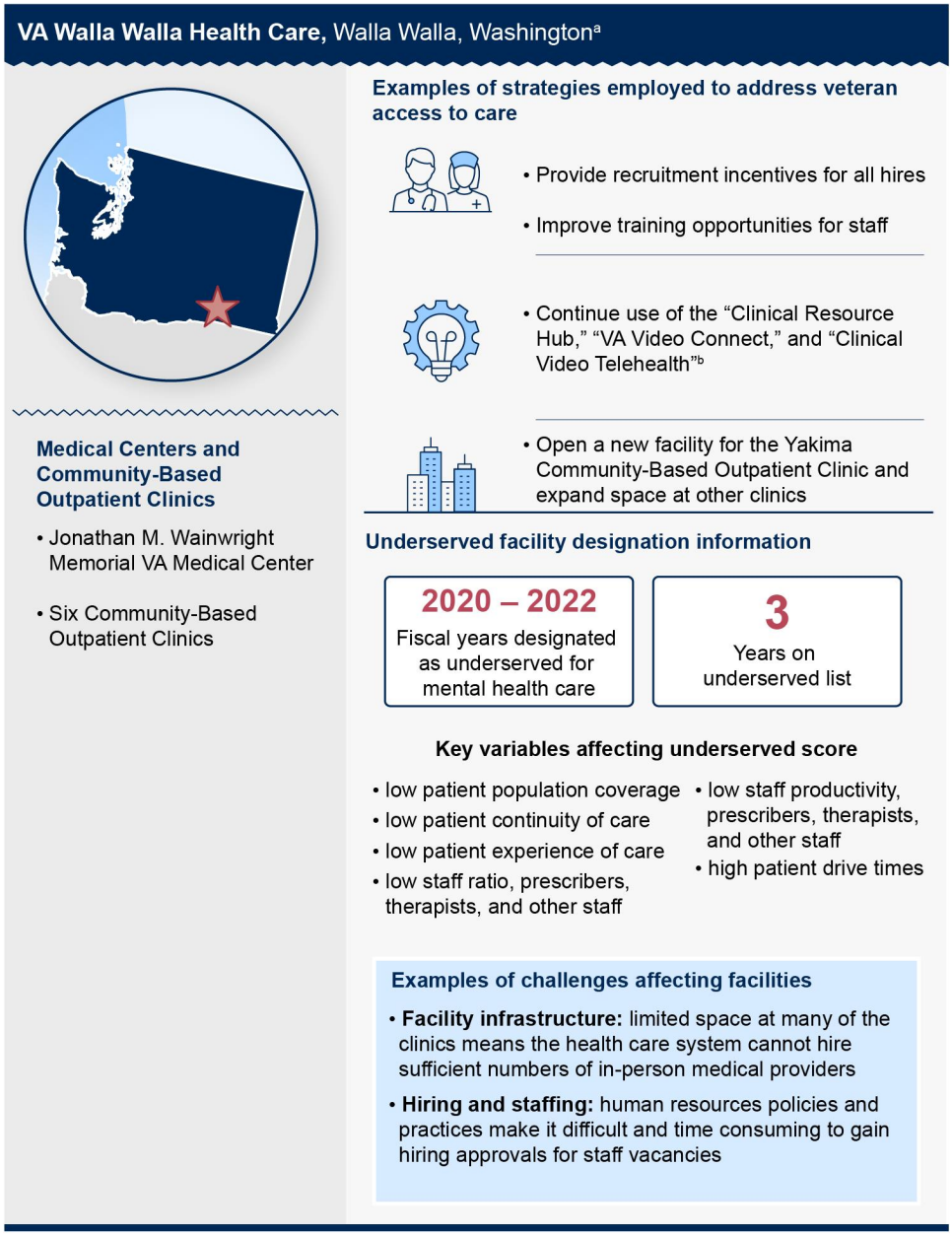
[a]VA stands for the Department of Veterans Affairs.

[b]Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services,

including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team.

[c]VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments. Clinical Video Telehealth is a program that uses real-time interactive video conferencing to assess, treat, and provide care to patients remotely. Clinical Video Telehealth encompasses more than 50 clinical applications in VA such as mental health care and primary care.

Figure 12: VA Walla Walla Health Care



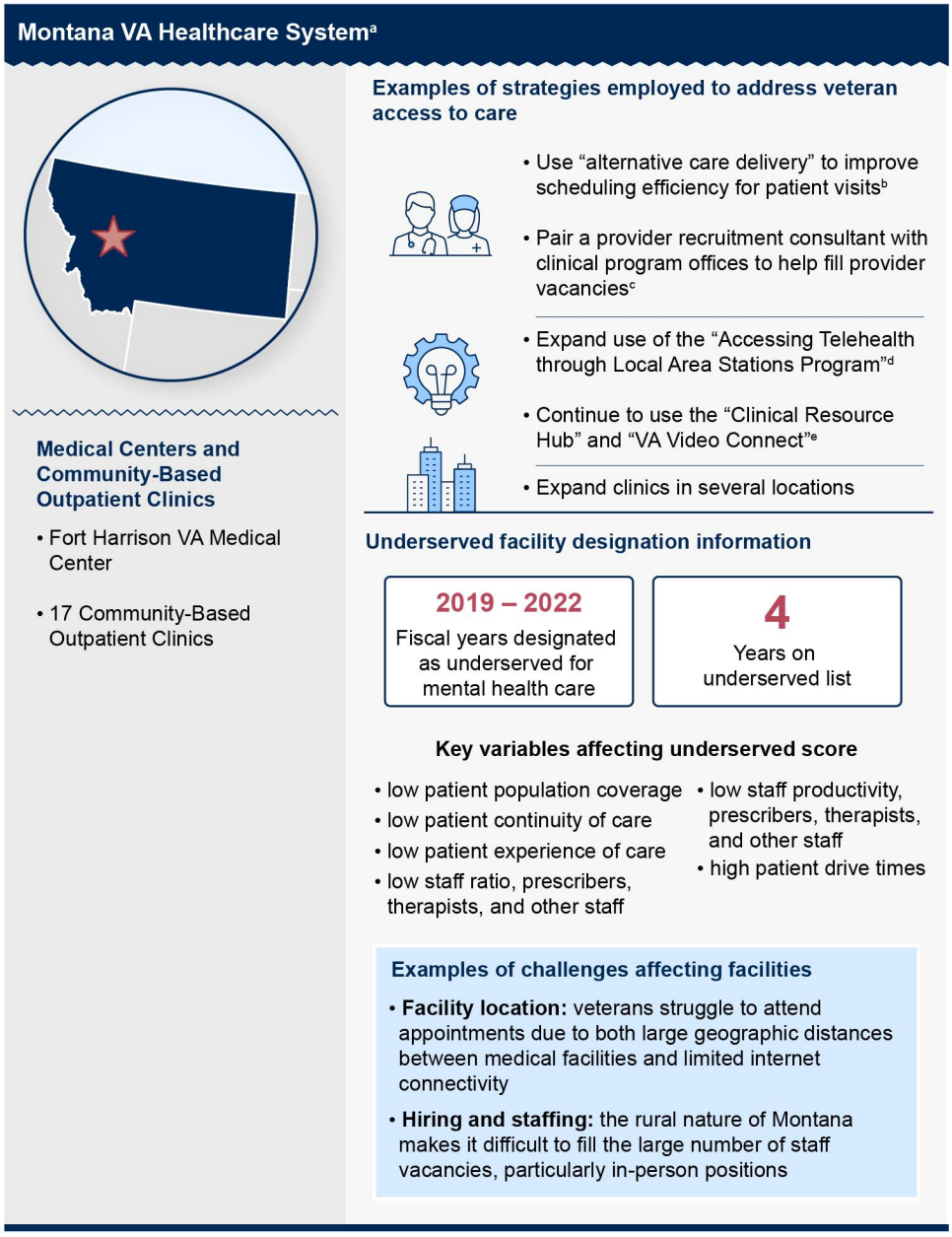
Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

[a]VA stands for the Department of Veterans Affairs.

[b]Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services,

including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team. VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments. Clinical Video Telehealth is a program that uses real-time interactive video conferencing to assess, treat, and provide care to patients remotely. Clinical Video Telehealth encompasses more than 50 clinical applications in VA such as mental health care and primary care.

Figure 13: Montana VA Healthcare System



Source: GAO analysis of VA data, documentation, and interviews with officials from VA-designated medically underserved facilities (information); MapResources (map); lovemask/adobe.stock.com (icons). | GAO-24-106306

[a]VA stands for the Department of Veterans Affairs.

[b]Alternative care delivery is a strategy that organizes the delivery of care to improve efficiency of providers. For example, underserved facilities may use clinical pharmacy specialists to address patient medication needs prior to the visit.

[c]The VA National Recruitment Service, provides an in-house team of professional health care recruiters who employ advanced, private industry recruitment practices to fill the agency's most critical clinical and executive vacancies.

[d]The Accessing Telehealth through Local Area Stations Program is part of VA's Anywhere to Anywhere telehealth initiative. VA has partnered with public and private organizations to offer 13 active locations across the country where veterans find comfortable, private spaces equipped with internet access and the technology needed to meet with VA providers via a secure video connection while saving travel time and transportation costs for the veteran.

[e]Clinical Resource Hubs combine in-person care and telehealth to support veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services, including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team. VA Video Connect is a program that uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments.

Appendix III: Strategies Reported in Multiple Medically Underserved Facility Action Plans to Help Address Veteran Access to Care Challenges

Title IV of the VA MISSION Act of 2018 (VA MISSION Act) directs the Department of Veterans Affairs (VA) to implement initiatives to improve veteran health in underserved areas. Specifically, section 401 of the VA MISSION Act requires VA to develop criteria to designate VA medical facilities as underserved when they meet certain conditions, such as not being able to provide veterans with sufficient access to care in a timely manner and to submit an annual report to Congress outlining the agency's plan to address the problems facing its underserved facilities. Table 4 describes the strategies reported in VA's 2022 statutorily mandated annual report to Congress as being used by the 10 designated underserved medical facilities for fiscal year 2022.

Table 4: Strategies Reported by Multiple Underserved Facilities to Address Department of Veterans Affairs (VA) Access to Care Challenges

Strategy	Strategy description	Number of facilities reporting use of the strategy
Education Debt Reduction Program	This program offers student loan reimbursement to secure health care providers in specific difficult-to-fill positions for up to 5 years by providing student loan payment reimbursement up to $200,000 and not to exceed $40,000 per year.	9
Recruitment, Retention, and Relocation strategies	VA uses several financial incentives to ensure recruitment, retention, and relocation of critically needed personnel. Most recruitment, retention, and relocation awards include a service agreement for 2 or more years.	9
Clinical Resource Hub	Clinical Resource Hubs combine in-person care and telehealth to support Veterans in underserved areas. Clinical Resource Hub sites deliver services to VA medical facilities, to veterans' homes or to other non-VA locations. Clinical Resource Hubs also enable providers across different services, including primary care, mental health, pharmacy, specialty care and rehabilitation, to collaborate as a part of a veteran's care team.	9
VA Video Connect	This program uses internet video technology to connect veterans and their VA providers for private, encrypted and interactive video appointments. VA Video Connect can be used with personal mobile devices (i.e., smartphones, tablets, and computers) for telehealth care into the home or other non-VA locations.	8
Maximize current resources and capacity	Facilities work to maximize resources by continuously reviewing the labor allocation of health care providers and clinicians.	8
Direct Hire Authority	Under this authority, the Office of Personnel Management can permit federal agencies to use direct hire authority to fill vacancies in the competitive service when a critical hiring need or severe shortage of candidates exists. The authority expedites hiring at VA facilities.	8
VA-Trainee Recruitment Events	This program connects, matches, places and retains Health Professions Trainees in VA's workforce by matching interested trainees with facilities and extending tentative employment offers well before they graduate, contingent upon completion of their training.	7
Clinical Video Telehealth	This program uses real-time interactive video conferencing to assess, treat, and provide care to patients remotely. Clinical Video Telehealth encompasses more than 50 clinical applications in VA such as mental health care and primary care.	5
New health care center	This strategy includes construction of health care centers and community-based outpatient clinics in new locations and expanding or building new buildings at current VA locations.	5

Strategy	Strategy description	Number of facilities reporting use of the strategy
Alternative Care Delivery	This strategy organizes the delivery of care to improve efficiency of providers. For example, underserved facilities may use clinical pharmacy specialists to address medication needs prior to the visit.	5
Multiple modalities of care	This strategy combines the use of in-person, telephonic, and virtual care to increase the number of patient encounters.	5
Telework and more flexible work schedules	Telework is a work flexibility arrangement under which an employee performs the duties and responsibilities of such employee's position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work. Flexible schedules are when an agency may implement an alternative work schedule instead of traditional fixed work schedules (e.g., 8 hours per day, 40 hours per week).	4
Academic Detailing	This intervention provides outreach education to improve practice using the latest evidence. It targets health care professionals with peer-to-peer support on best practices.	4
Evidence-Based Therapy	Specific to mental health services, this is a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences and culture to guide and inform the delivery of treatments and services. Evidence-Based Therapy increases the quality of treatment while decreasing the time spent receiving treatment.	4
Recruitment among residency participants	Facility staff work to recruit future medical providers from physician residencies located near and within the facility. This may involve recruiting residency participants up to 18 months ahead of program completion.	4
Maximize currently available space	This strategy includes practices such as office sharing, remote work, and flexible use of existing spaces.	3
Accessing Telehealth through Local Area Stations	This is part of VA's Anywhere to Anywhere telehealth initiative. VA has partnered with public and private organizations to offer 13 active locations across the country where veterans find comfortable, private spaces equipped with internet access and the technology needed to meet with VA providers via a secure video connection while saving travel time and transportation costs for the veteran.	3
Patient-Aligned Care Teams training	Patient-Aligned Care Teams are a team-based approach to health care where multiple providers coordinate care for individual patients. These teams are led by a primary care provider and include clinical pharmacists, registered nurse care managers, licensed practical nurses or medical assistants, and requested specialists.	2

Strategy	Strategy description	Number of facilities reporting use of the strategy
National Consultative Program	This program connects providers to experts to receive consultations regarding how to treat veterans on a variety of clinical topics, including post-traumatic stress disorder. This allows providers to receive targeted, expert advice quickly, which is something that is not always available in-house for smaller clinics.	2
Pair provider recruitment consultant with clinical program offices	The VA National Recruitment Service provides an in-house team of professional health care recruiters who employ advanced, private industry recruitment practices to fill the agency's most critical clinical and executive vacancies.	2
Extended hours	Examples of this strategy include extending hours into the evenings and offering weekend clinic availability.	2
Specialty Care Access Networks—Extension for Community Healthcare Outcomes Program	This program provides support and patient care guidance from specialists via videoconferencing sessions. In this model, providers submit cases for discussion to the specialists through an electronic consultation request. All team members participating in the videoconferencing session learn over time how to manage complex chronic conditions with specialist oversight, increasing their self-efficacy and knowledge of guideline-concordant care for specific conditions.	2
Specialty Education Loan Repayment Program	This loan repayment program is targeted towards physician residents. Applicants can apply immediately after the residency match or up to 2 years before completion of the residency. The program can repay up to $160,000 of education loans in total.	2
Stay in VA Initiative	This is a workforce initiative focused on employee retention, engagement and experience. It promotes establishing a trusting environment for employees to express ideas and experiences to front-line supervisors, managers and leadership. Likewise, supervisors and managers are afforded the opportunity to learn more about how employees are assimilating into the organization.	2

Source: GAO analysis of VA's 2022 statutorily mandated medically underserved facilities initiative report. | GAO-24-106306

Appendix IV: GAO Contacts and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114 or SilasS@gao.gov.

Staff Acknowledgments

In addition to the contact named above, Karin J. Wallestad (Assistant Director), Emily Binek (Analyst-in-Charge), Deborah Healy, Ian Pearson, and Brienne Tierney made key contributions to this report. Also contributing were Kye Briesath, Hannah Grow, Jacquelyn Hamilton, Laurie Pachter, Eric Peterson, and Roxanna Sun.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through our website. Each weekday afternoon, GAO posts on its website newly released reports, testimony, and correspondence. You can also subscribe to GAO's email updates to receive notification of newly posted products.

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, https://www.gao.gov/ordering.htm.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on Facebook, Flickr, Twitter, and YouTube.
Subscribe to our RSS Feeds or Email Updates. Listen to our Podcasts.
Visit GAO on the web at https://www.gao.gov.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact FraudNet:

Website: https://www.gao.gov/about/what-gao-does/fraudnet

Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

A. Nicole Clowers, Managing Director, ClowersA@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

Public Affairs

Chuck Young, Managing Director, youngc1@gao.gov, (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, DC 20548

Strategic Planning and External Liaison

Stephen J. Sanford, Managing Director, spel@gao.gov, (202) 512-4707
U.S. Government Accountability Office, 441 G Street NW, Room 7814,
Washington, DC 20548

Please Print on Recycled Paper.