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HEALTH RESOURCES AND SERVICES ADMINISTRATION

Review of Internal Communication Mechanisms, Staffing, and Use of Contracts

Why GAO Did This Study

HRSA is charged with improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA carries out its mission by providing funding and support to a wide variety of programs, which have grown in number and size since the agency was established in 1982. To manage these programs, HRSA has a staff of nearly 1,900 employees, supplemented by contract staff who perform a variety of tasks to support HRSA's programs and operations. HRSA's staff are organized into seven programmatic bureaus that are responsible for overseeing HRSA's programs and nine cross-cutting operational support offices—each of which reports to the Office of the Administrator. In recent years, GAO reported on weaknesses in HRSA's oversight and monitoring of certain programs.

Given GAO's past findings and the expansion of the agency's programs, GAO was asked to review HRSA's management and operations. This report examines (1) HRSA's internal communication mechanisms and how they are used to support the agency's mission; (2) HRSA's staffing and how the agency plans for attrition; and (3) HRSA's use of contracts to support its operations. GAO reviewed and analyzed HRSA's communication methods and organizational structure; analyzed data on HRSA personnel and contracts for fiscal years 2008 through 2012; interviewed HRSA officials knowledgeable about the agency's organization, staffing, and use of contracts; and reviewed relevant documentation.

What GAO Found

The Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) has mechanisms in place to share information important for supporting the agency's mission across its various organizational components and levels of staff—a practice that is consistent with internal control standards for the federal government. These communication methods include an annual operational planning process for allocating agency resources, workgroups that involve staff from across the agency to work on issues of a cross-cutting nature, and regular meetings between the Office of the Administrator and leaders of the agency's various organizational components.

HRSA's staff grew by more than 30 percent from fiscal years 2008 to 2012. The number of HRSA employees grew from 1,418 in fiscal year 2008 to 1,857 in fiscal year 2012. According to agency officials, the most common job function within HRSA is a project officer—an employee responsible for the oversight of grantees funded by the agency's programs; and HRSA has over 400 project officers. From fiscal years 2008 through 2012, HRSA lost an average of 9 percent of its staff annually to attrition. Of those who left HRSA in fiscal year 2012, approximately 59 percent resigned and 35 percent retired. Agency-wide, over 30 percent of HRSA's permanent employees will be eligible to retire by the end of fiscal year 2017. An even larger portion of HRSA's leadership, nearly 50 percent, will be eligible to retire by 2017. If a large portion of the agency's leadership were to actually retire during this time period, HRSA runs the risk of having gaps in leadership and potential loss of important institutional knowledge. HRSA periodically tracks attrition and retirement eligibility. To respond to retirements and other attrition, HRSA has instituted succession planning efforts which generally focus on leadership development for agency staff. For example, HRSA has instituted two leadership development programs, has two other programs under development, and has established mentoring and coaching programs.

In fiscal year 2012, HRSA obligated over \$240 million, or about 3 percent of its appropriations, to contracts to acquire goods and services necessary to support its operations, an amount that has generally remained steady over the past few years. Over half of the fiscal year 2012 contract obligations were for two categories of services—information technology and telecommunications services, and professional support services, which includes providing technical assistance to grantees. According to HRSA officials, the agency uses contracts to support its operations for a variety of reasons; these include supplementing HRSA staff or fulfilling short-term needs and performing functions that require specialized skills for which HRSA staff do not have the appropriate expertise, such as clinical or financial expertise.

We provided a draft of this report to HHS for its review. In its written comments, HHS noted that the report recognized the mechanisms HRSA has in place to ensure the coordinated flow of communication and plan for succession.

View GAO-14-52. For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.