



December 2015

CENTERS OF EXCELLENCE

DOD and VA Need Better Documentation of Oversight Procedures

Why GAO Did This Study

Both DOD and VA's VHA have COEs that are expected to improve certain services throughout both agencies' health care systems. To date, DOD and VHA have designated 7 and 70 COEs, respectively. Congressional hearings have raised questions about DOD's and VHA's oversight of the COEs, including the criteria used to designate them, and whether they are meeting their intended missions.

GAO was asked to review DOD and VHA COEs. GAO (1) examined the criteria and processes DOD and VHA use to designate entities as COEs and (2) assessed how DOD and VHA document the oversight activities related to their agencies' COEs. GAO compared agency criteria against federal internal control standards, and analyzed relevant laws, committee reports, and available agency documents. GAO also analyzed documents from the 7 Defense COEs and from the 6 VHA service offices responsible for the 70 VHA COEs to understand the criteria and processes used to designate them and how oversight activities are documented. GAO interviewed officials from both agencies to obtain additional information about their COEs.

What GAO Recommends

GAO recommends that VHA establish criteria for designating entities as COEs. GAO also recommends that DOD and VHA develop written procedures for documenting oversight of their COEs. VA and DOD concurred with GAO's recommendations and provided an action plan for implementing them.

View [GAO-16-54](#). For more information, contact Randall B. Williamson at (202) 512-7114 or williamsonr@gao.gov.

CENTERS OF EXCELLENCE

DOD and VA Need Better Documentation of Oversight Procedures

What GAO Found

The Department of Defense (DOD) has developed criteria to designate an entity as a Defense Center of Excellence (COE), but the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) has not. Health-focused COEs are intended to bring together treatment, research, and education to support health provider competencies; identify gaps in medical research and coordinate research efforts; and integrate new knowledge into patient care delivery. GAO found that DOD leadership and its Defense COE Oversight Board established and refined the definition and criteria for designating entities as Defense COEs. DOD's criteria require its Defense COEs, for example, to achieve improvements in clinical care outcomes and produce optimal value for servicemembers. The Oversight Board developed these criteria in order to have a consistent basis for designating entities as Defense COEs and to limit entities from self-identifying as Defense COEs without meeting the criteria. DOD also developed a uniform process for designating COEs. VHA service offices use a peer review process to designate their COEs. However, unlike DOD, VHA has not developed criteria for designating its COEs. Federal internal control standards provide that management should have a control environment that provides management's framework for planning, directing, and controlling operations to achieve agency objectives, such as VHA's objectives for how COEs are to operate and what COEs are supposed to achieve. Without defined criteria, VHA lacks reasonable assurance that its COEs are meeting the agency's intended objectives for COEs.

The Defense COE Oversight Board and most service offices responsible for overseeing VHA COEs lack written procedures for documenting oversight activities related to their COEs, including requirements for documenting identified problems and their resolution. GAO found that the Oversight Board's charter does not explain how (1) the board will provide and document its feedback, (2) the Defense COEs will respond to this feedback, and (3) the board will document resolution of identified issues. The Oversight Board's acting chairman told GAO the charter gives the board its authority to conduct oversight of Defense COEs and if these types of procedures are needed, the Oversight Board's charter and meeting minutes will serve this purpose. However, GAO's review of the charter and minutes found that they do not contain these types of procedures. Likewise, GAO found that five of six VHA service offices have no written procedures for documenting their findings and the corrective actions taken by COEs. VHA officials told GAO that they do not see a need to develop specific written procedures for documenting oversight of their COEs. Federal internal control standards state that transactions and events should be promptly documented to maintain their relevance and value to management in controlling their operations. Further, significant events, such as the identification of problems and the actions taken to correct them, need to be clearly documented, and these events should appear in management directives, policies or operating manuals to help ensure management's directives are carried out as intended. Absent written oversight procedures, both DOD and VHA lack reasonable assurance that oversight procedures are consistently and routinely performed over time, and that issues raised during oversight are resolved.

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Abbreviations

COE	center of excellence
CONOPS	concept of operations
DOD	Department of Defense
GRECC	Geriatric Research Education Clinical Center
MHS	Military Health System
MIRECC	Mental Illness Research, Education, and Clinical Center
PADRECC	Parkinson's Disease Research, Education, and Clinical Center
PTSD	post-traumatic stress disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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December 2, 2015

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
House of Representatives

The Honorable Richard Burr
United States Senate

Both the Department of Defense (DOD) and the Department of Veterans Affairs (VA) have established centers of excellence (COE) that are expected to improve certain services throughout the DOD and VA health care systems. Health-focused COEs are intended to bring together treatment, research, and education to support health care provider competencies, identify gaps in medical research and coordinate research efforts, and integrate new knowledge into patient care delivery. DOD and VA COEs have been established in a number of specialty areas, including Parkinson's disease; multiple sclerosis; trauma; and loss of an extremity, vision, or hearing. The COEs' goals vary depending on their specific missions and are generally intended to improve patient health outcomes by integrating knowledge gained through research. Health-focused COEs have been established in DOD and VA's Veterans Health Administration (VHA) in two ways—in response to statutory mandates and through departmental designation.¹ One of the COEs created in response to statutory mandates was required to be jointly operated by both DOD and VA. To date, DOD and VHA have designated 7 and 70 COEs,

¹VHA within VA is responsible for health-related issues, including COEs. For the purposes of this report, VHA and GAO treat the COEs created pursuant to congressional direction during the legislative process as being statutorily mandated. For example, VHA established three COEs because they were mentioned in a House conference report, which we characterize as "statutory language" for purposes of this report. (H.R. Rep. No. 109-305, at 39 (2005)) accompanying Pub. L. No. 109-114, 119 Stat. 2372 (Nov. 30, 2005).

respectively. See appendix I for information we collected from VHA officials on the number of COEs and whether the COE is statutorily mandated or departmentally designated.

Congressional hearings have raised questions about DOD and VA COEs and the criteria these agencies use to designate entities as COEs and oversee them in order to assess whether they are meeting their intended missions of providing better clinical outcomes to servicemembers and veterans through improved patient care delivery.² Additionally, in the health care community in general, the term COE has been widely used, sometimes without official designation or mandate. Some providers of care proclaim to be COEs without reference to specific criteria that would demonstrate excellence in research, education, or clinical services. Various groups have raised concerns about the definition of this term because it is applied broadly and inconsistently by hospitals and health care systems. These groups believe the term can cause confusion among consumers of health care because they may believe the entity classified as a COE has undergone some type of rigorous review or certification. A New York State Department of Health study, for example, found that the term is used by many without official designation, and some providers self-identify as COEs without meeting any criteria.³

You asked us to examine DOD's and VHA's health-related COEs. In this report, we

1. examine the criteria and processes DOD and VHA use to designate entities as COEs within their respective agencies, and
2. assess how DOD and VHA document the oversight activities related to the agencies' COEs.

To examine the criteria and processes that DOD and VHA use to designate entities as COEs within their respective agencies, we collected

²See House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations, *The Vision Center of Excellence: What Has Been Accomplished in Thirteen Months?*, Hearing by the House of Representatives, 111 Congress, First Session, March 17, 2009; House Committee on Armed Services, Subcommittee on Military Personnel, *Department of Defense Medical Centers of Excellence*, Hearing by the House of Representatives, 111 Congress, Second Session, April 13, 2010.

³Commission on Health Care Facilities in the 21st Century-New York State Department of Health, *Quality Health Care* (New York, 2007).

and analyzed federal laws and committee reports that required DOD and VHA to establish certain COEs. We also obtained and reviewed DOD and VHA policies, procedures, and other documents that explain how their COEs are defined and designated. These documents include applications and requests for proposals to be designated a COE, and reviews of COE applications. We interviewed DOD and VHA officials about the criteria and processes the agencies use to designate entities as COEs. We assessed the criteria DOD and VHA each use to designate entities as COEs against *Standards for Internal Control in the Federal Government*.⁴ Internal controls are an integral component of an organization's management that provides reasonable assurance that program objectives are being achieved.

To assess how DOD and VHA document oversight of their respective COEs, we collected and analyzed available DOD and VHA policies, procedures, and other documents related to the oversight of COEs.⁵ We interviewed DOD and VHA officials to confirm our understanding of their methods of documentation of oversight activities. For DOD, we interviewed the acting chair of the Military Health System (MHS) Defense COE Oversight Board (Oversight Board) to understand how DOD documents its oversight of COEs. For VHA, we interviewed officials from VHA's six service offices that have responsibility for overseeing VHA COEs to learn how they document their oversight activities of COEs.⁶ For two of the six service offices, Mental Health Services and Specialty Care Services, we limited our scope to one type of COE in each of these service offices. We reviewed the Mental Illness Research, Education, and Clinical Center (MIRECC) COEs in the Mental Health service office because MIRECCs make up the majority of COEs in this service office. In addition, we reviewed the Parkinson's Disease Research, Education, and Clinical Center (PADRECC) COEs in the Specialty Care service office because PADRECCs make up the majority of COEs in this service office.

⁴See GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

⁵We focused on the performance oversight conducted by DOD and VHA's six service offices for their respective COEs.

⁶VHA also has another service office, the Rehabilitation and Prosthetic Care Services, that provides VHA staff to DOD to support its COEs, but does not manage any VHA COEs. Therefore, this service office is not included in our review of VHA COEs. In this review, we include these COEs under the Defense COEs.

We compared DOD's and VHA's available oversight documentation with the *Standards for Internal Control in the Federal Government*.⁷

In addition, we used a Web-based, structured questionnaire to obtain additional information about DOD and VHA COEs, such as the basis upon which they were designated and how they collaborate with other COEs within and outside their agencies. We administered the questionnaire between December 2014 and January 2015, to COE directors identified by DOD and VHA officials. See appendix II for information we collected from COE directors on DOD and VHA COE collaboration efforts.

We conducted this performance audit from June 2014 through December 2015 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.

Background

The Assistant Secretary of Defense for Health Affairs leads the MHS and is ultimately responsible for the Defense COEs.⁸ In 2011, DOD leadership delegated responsibility for designating and overseeing Defense COEs to the Oversight Board. The Oversight Board includes members appointed by the Surgeons General of the Army, the Navy, and the Air Force; VA; and other components within DOD, as shown in table 1.

⁷[GAO/AIMD-00-21.3.1](#).

⁸The MHS is a complex system that provides resources and oversees health care delivery, medical education, public health, and research. See DOD Directive Number 5136.01, *Assistant Secretary of Defense for Health Affairs*, Sept. 30, 2013.

Table 1: Composition of the Military Health System Defense Centers of Excellence Oversight Board (May 2015)

Chairperson
Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
Oversight board members
Deputy Assistant Secretary of Defense, Health Readiness Policy and Oversight
Deputy Assistant Secretary of Defense, Health Resources Management and Policy
Army Representative ^a
Navy Representative ^a
Air Force Representative ^a
Marine Corps Representative ^b
Uniformed Services University of the Health Sciences Representative
Defense Health Agency Representative
Department of Veterans Affairs Representative
Joint Staff Surgeon Representative

Source: Department of Defense. | GAO-16-54.

^aThe military branch Surgeon General appoints member.

^bThe Commandant of the Marine Corps appoints member.

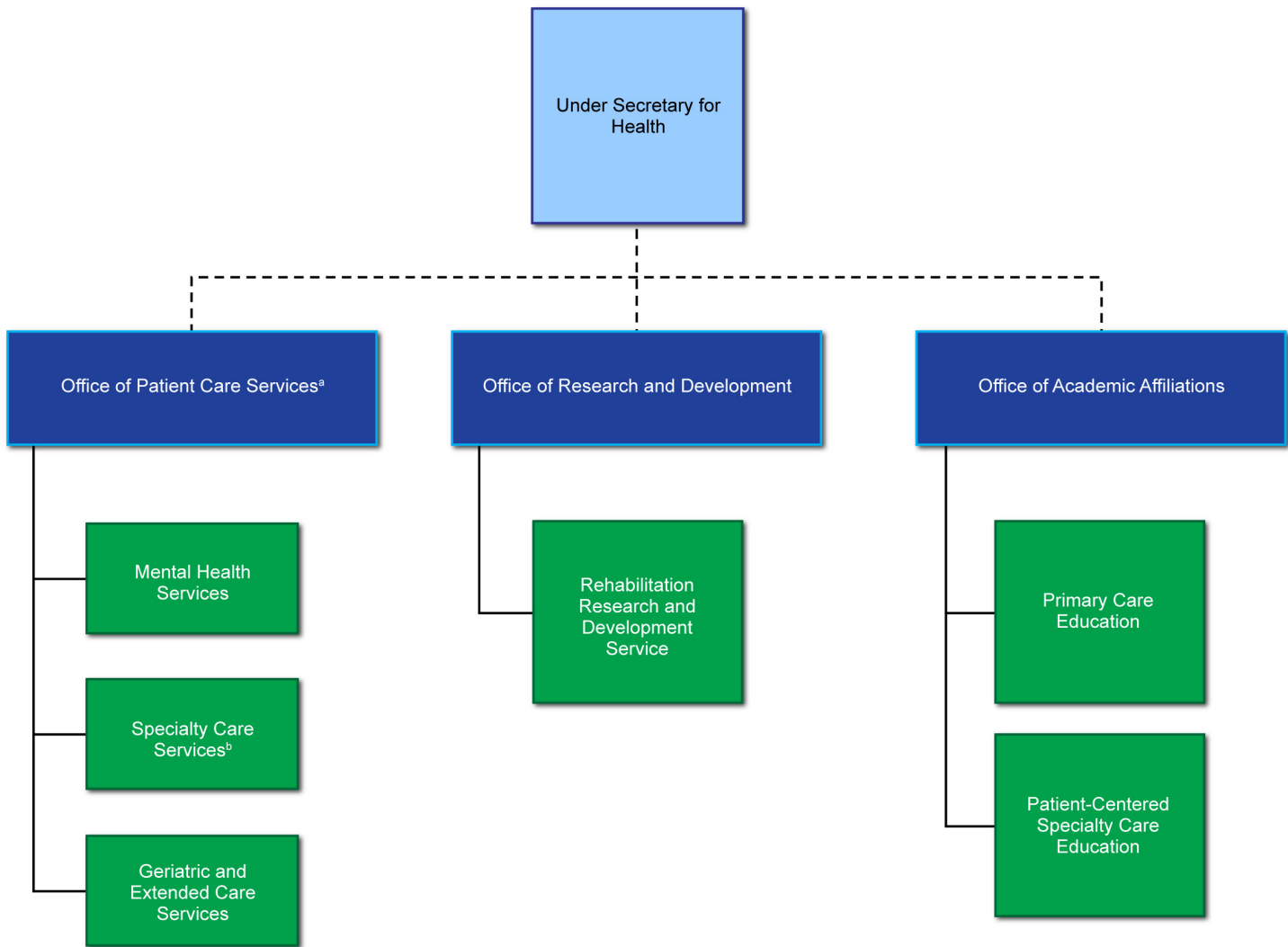
The Oversight Board's charter, which was signed by the Assistant Secretary of Defense for Health Affairs, delegates oversight of Defense COEs to the Oversight Board. The charter lists the Oversight Board's responsibilities and activities, and the quarterly meeting minutes provide documentation of the Oversight Board's activities, procedures, and decisions. For example, the Oversight Board's charter requires the Board to conduct periodic reviews of Defense COEs' performance and to review and recommend applicants for Defense COE designation. The charter was originally signed in September 2011 by the Assistant Secretary of Defense for Health Affairs, and updated and signed again in May 2015. The updated charter clarified responsibilities for the Oversight Board related to overseeing COEs, such as validating that a Defense COE is meeting objectives for which it was established and that the return from its work merits continued investment.

For VA, VHA's Under Secretary for Health is ultimately responsible for VHA COEs. Three program offices within VHA—the Office of Patient Care Services, the Office of Research and Development, and the Office of Academic Affiliations—have COEs. These three program offices delegate responsibility for their COEs to service offices within their

organizational structures. The Office of Patient Care Services has three service offices with COEs—Mental Health Services, Specialty Care Services, and Geriatric and Extended Care Services.⁹ The Office of Research and Development has one service office with COEs—Rehabilitation Research and Development Service—and the Office of Academic Affiliations has two service offices with COEs, referred to as coordinating centers—Primary Care Education and Patient-Centered Specialty Care Education. (See fig. 1).

⁹VHA also has another service office, the Rehabilitation and Prosthetic Care Services, which provides VHA staff to DOD to support its COEs, but does not manage any VHA COEs. Therefore, this service office is not included in our review of VHA COEs. In this review, we include these COEs under the Defense COEs.

Figure 1: Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Program and Service Offices with Centers of Excellence (COE)



Source: VA. | GAO-16-54

Note: Dotted lines indicate an indirect organizational relationship.

^aVHA’s Office of Patient Care Services also has another service office, Rehabilitation and Prosthetic Care Services, which provides VHA staff to DOD to support its COEs, but does not manage any VHA COEs. Therefore, this service office is not included in our review of VHA COEs. In this review, we include these COEs under the Defense COEs.

^bThe Vision COE is organizationally aligned under VHA’s Specialty Care Services. VHA does not manage this COE, but provides staff to DOD for the COE. In this review, we include this COE under the Defense COEs.

DOD Has Established Criteria for Designating a COE, While VHA Has Not

DOD officials established criteria that COEs must meet to be designated a Defense COE and a uniform process for applicants. VHA's service offices use a peer review process to designate COEs. However, unlike DOD, VHA has not established criteria for an entity to be designated as a COE.

DOD Has Established Criteria for Defense COEs and Has a Uniform Process for Approving COE Applicants

Criteria for designating entities as COEs. In 2011, following our study of one of DOD's statutorily mandated COEs, DOD leadership determined that it needed to conduct a review of all existing COEs and develop a definition that would be used as criteria for designating entities as Defense COEs.¹⁰ MHS leadership developed a definition for Defense COEs, and the COE Oversight Board members refined and approved the criteria contained in this definition. Only entities that meet the criteria in the Oversight Board-approved definition can be given the designation of a Defense COE.

The definition approved by the Oversight Board states that Defense COEs will focus on an associated group of clinical conditions and achieve improvement in outcomes through clinical, educational, and research activities. The criteria require Defense COEs to provide the entire clinical spectrum of care for a patient—from the prevention of diseases and treatment of clinical conditions through rehabilitation and transition to civilian life; for example, by developing clinical practice guidelines and educational materials and identifying research priorities and strategies for improving access to care. In addition, the Oversight Board developed other criteria that entities applying for Defense COE designation have to meet, such as clearly defining their mission, developing metrics to quantitatively assess their progress in meeting their mission, and determining whether the research they plan to conduct is needed because of existing research gaps.

The Oversight Board acting chairman said the board developed criteria for a Defense COE because it is important for the board, as well as MHS leadership, to apply consistent criteria when designating entities as Defense COEs. The acting chairman said not having clear and consistent criteria could make it easier for entities to self-identify as a Defense COE

¹⁰See GAO, *Defense Health: Management Weaknesses at Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Require Attention*, [GAO-11-219](#) (Washington, D.C.: Feb. 28, 2011).

without meeting rigorous requirements. In addition, the criteria may facilitate coordination among COEs to meet the agency's intended objectives for them—which is to improve the health of servicemembers, veterans, their families, and ultimately the military readiness of servicemembers.

Approval process for Defense COEs. The Oversight Board established a uniform process that requires applicants to present consistent information when applying for Defense COE designation. Applicants are required to describe why the designation as a Defense COE is important to them and how they meet the criteria of a Defense COE. The Oversight Board, after considering the applications from potential COEs, subsequently determines whether a Defense COE applicant passes the preliminary review. Applicants that do not pass the preliminary review are instructed to provide additional information or clarify the information presented for reconsideration. There is no limit on the number of times they can resubmit their application. Those that pass this preliminary review are instructed to develop a concept of operations (CONOPS) and a briefing for the Oversight Board. A CONOPS is a document that is designed to give an overall picture of the operation of the proposed Defense COE, explaining what the applicant intends to accomplish and how it will be done using available resources. The CONOPS includes a description of the value that the applicant brings to the MHS and a brief description of MHS needs and gaps that the applicant will address. The Oversight Board developed a CONOPS template to ensure that during required briefings information is consistently presented to the Board by applicants seeking Defense COE status. The applicant's briefing to the Oversight Board is intended to provide an overview of the mission and goals of the applicant COE, including how the applicant meets the Defense COE criteria, as established by the Oversight Board.

After reviewing documentation from applicants, Oversight Board members make recommendations about Defense COE designation to the Assistant Secretary of Defense for Health Affairs, who makes the final decision.¹¹ According to DOD officials, in 2012, after the Oversight Board reviewed the briefings and CONOPS for the four statutorily mandated COEs and made its recommendations, the Assistant Secretary of

¹¹The recommendation of the Oversight Board is determined by a majority vote. Applicants for Defense COE designation are notified in writing of the decision reached by the Assistant Secretary of Defense for Health Affairs.

Defense for Health Affairs designated these applicants as Defense COEs. Subsequently, the Oversight Board reviewed and approved three other applicants as Defense COEs, according to these officials. The seven Defense COEs are listed in table 2 along with the origin of the Defense COE—that is, whether the Defense COE was statutorily mandated or departmentally designated.

Table 2: Defense Centers of Excellence and Their Origins, as of September, 2015		
Defense Centers of Excellence (COE)	Statutorily mandated	Department of Defense designated
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury ^b	✓	
Vision Center of Excellence ^b	✓	
Hearing Center of Excellence ^b	✓	
Extremity Trauma and Amputation Center of Excellence ^a	✓	
Comprehensive Cancer Center		✓
Joint Trauma System		✓
Consortium for Health and Military Performance		✓

Source: Department of Defense. | GAO-16-54.

^aCOE established by statute as a joint Department of Defense and Department of Veterans Affairs (VA) COE.

^bVA provides staff to these Defense COEs.

VHA Has Not Developed Criteria for a COE, but Service Offices Use a Peer Review Process to Designate COEs

No criteria for designating entities as COEs. VHA has not developed consistent criteria for designating an entity as a COE. VHA officials told us they believe the term COE is “a term of art” and does not lend itself to standard and consistent criteria. Furthermore, officials said they never considered a need for these criteria.

Standards for Internal Control in the Federal Government provide that management should have a control environment that provides management’s framework for planning, directing, and controlling operations to achieve agency objectives, such as VHA’s objectives for how COEs are to operate and what COEs are supposed to achieve.¹² A good internal control environment requires that the agency’s

¹²[GAO/AIMD-00-21.3.1](#).

organizational structure clearly define key areas of authority and responsibility for operating activities. The organizational structure encompasses the operational processes needed to achieve management's objectives. Without VHA developing criteria to establish, execute, control, and assess COEs, VHA management risks not meeting its objectives for COEs.

The lack of standard and consistent criteria for designating COEs hinders VHA's ability to carry out the following functions.

- VHA cannot provide both a basis for determining whether COEs are meeting the agency's intended objectives for COEs and a coordinated direction for its COEs. These objectives include meeting the needs of veterans and their families, conducting pertinent research, and promoting innovative approaches to care delivery by VHA clinicians, according to VHA officials.
- VHA officials might not be able to determine the precise number of COEs within the agency as a basis for planning, directing, and controlling operations to achieve agency objectives. VHA officials reported to us that the agency has 70 COEs, with the largest number located within VHA's Office of Patient Care Services. The Office of Patient Care Services reported that it has 49 COEs—39 statutorily mandated and 10 VHA designated. The Rehabilitation Research and Development Service, under VHA's Office of Research and Development, reported it has 13 VHA-designated COEs, and VHA's Office of Academic Affiliations reported 8 VHA-designated COEs.¹³ However, VHA's Office of Patient Care Services Chief of Financial Operations could not confirm this number, telling us he could not provide us with a definite number of COEs because there were no criteria for him to use to identify entities designated as COEs. Other VHA officials have also had difficulty identifying the universe of VHA's COEs. For example, VHA officials initially omitted listing the 20 Geriatric Research Education Clinical Centers (GRECC) as VHA COEs until we told these officials that GRECC officials told us they were designated as VHA COEs.

In addition, confusion exists within VHA about statutorily mandated COEs because of the lack of criteria. For the COEs that VHA officials said were

¹³The Office of Academic Affiliations, Patient-Centered Specialty Care Education, recently added a COE that is not included in this count.

statutorily mandated, the statutory language often uses the term “center.” VHA decided to designate some of these centers as COEs, even though the statutory language was the same or similar for many centers that VHA did not designate as COEs. For example, the National Center for Preventive Health has statutory language similar to the language establishing the National Center for Post-Traumatic Stress Disorder (PTSD); however, the National Center for PTSD is considered a VHA COE while the National Center for Preventive Health is not.¹⁴ Officials from VHA and VA’s Office of General Counsel were unable to explain why some centers listed in statutory language are designated as COEs, while other centers with similar language are not designated as COEs. In addition, these officials could not provide the criteria that were used to designate these centers as COEs.

Process for designating entities as VHA COEs. VHA service offices use a peer review process to designate entities as VHA COEs. In general, a peer review process is often used by government agencies to determine the merit of proposals submitted by researchers applying for grants or some type of funding.

VHA service offices typically solicit applications or proposals from entities interested in being designated a COE, and interested entities complete an application or submit a proposal. Each application or proposal for COE designation may differ depending on the condition, disease, or specific health-related area being studied. For example, applications or proposals for a mental health COE designation may require applicants to address how their research will focus on bipolar disorder, borderline personality disorder, or schizophrenia, while applications or proposals for an educational COE may require applicants to address how they will develop and test innovative approaches for curricula related to patient-centered care or study new approaches and models of collaboration among health care professionals.

Within each of the six service offices, applications or proposals are reviewed by a panel of subject matter experts who prioritize the applications based on the strengths and weaknesses of the proposals or on the proposals with the highest merit rating. The service office peer

¹⁴VHA opened the National Center for Preventive Health in 1995 at the Durham, North Carolina VA medical center and named the center the VHA National Center for Health Promotion and Disease Prevention.

review panel may be made up of experts from VHA entities or from entities external to VHA, according to VHA officials. Generally, the experts review information such as the focus of the planned research and available staffing and funding. Once the experts identify the best applicants, they forward this information to the appropriate service office officials. If the service office staff agrees with the list of best applicants, some service offices forward this list to the Under Secretary for Health, who ultimately makes the final decision with respect to designating an entity as a VHA COE, while other service offices forward the list to their program director, who makes the final decision.

While all six service offices use a peer review process to review, approve, and designate entities as COEs, the processes may differ in several respects. First, the content of submitted applications or proposals may differ among service offices. This is due, in part, to the lack of consistent and standard criteria within VHA that applicants must meet to be designated a VHA COE, such as how the applicant will meet the needs of veterans and their families and ensure that pertinent research is conducted to meet these needs—VHA’s intended objectives for its COEs, according to VHA officials. Second, the types and levels of review within service offices vary. For example, to help prioritize the best applicants, two VHA service offices developed a numerical scoring system to rate each application based on scientific and technical merit, typically based on the requirements contained in the solicitation for applications or proposals. For instance, if the solicitation for applications or proposals requires an evaluation plan that contains specific evaluation criteria, such as proposed outcome measurements, reporting methodology, expected findings, and potential implications for VHA and the community, applicants can be awarded up to 10 points for including these items. Other service offices do not include a scoring system as part of their approval process. Third, four of VHA’s six service offices conduct a site visit to the highest rated applicants’ facilities as part of their approval process; the other two do not, according to VHA officials. An official from one service office told us the staff members that conduct the visits have seen many potential COEs, and such on-site inspections can help to determine the applicant’s potential viability as a COE.

Both DOD and VHA Lack Written Procedures for Documenting Activities to Oversee COEs

Defense COE Oversight Board Does Not Have Written Procedures for Documenting Oversight Activities

Our review of the Oversight Board's charter found that it does not contain procedures for how oversight of Defense COEs will be documented. Specifically, the Oversight Board charter does not explain (1) how the Oversight Board will provide and document its feedback to Defense COEs; (2) how the COEs will respond, if needed, to this feedback; and (3) how the Oversight Board will determine and document that the COEs' actions resolved any identified problems. The acting chairman of the Oversight Board told us the board's charter gives the board its authority to conduct oversight of Defense COEs, and if these types of procedures are needed, the Oversight Board's charter and meeting minutes will serve this purpose.

The Oversight Board's acting chairman said the board's minutes document its activities and decisions, including the procedures followed when conducting COE oversight reviews and any problems identified. However, our review of the Oversight Board's minutes, from its inception in 2011 to April 2015, shows that the minutes did not indicate the procedures followed when conducting COE reviews and did not explain how the Oversight Board documented and resolved identified problems.¹⁵

The *Standards for Internal Control in the Federal Government* state that transactions and events should be promptly documented to maintain their relevance and value to management in controlling their operations and helping make decisions. Further, the standards state that significant events, such as in this instance the identification of problems during oversight and the actions taken to correct these problems, need to be clearly documented, and the documentation should be readily available

¹⁵In its June 2015 minutes, the latest minutes available at the time of our review, the Oversight Board documented the feedback it provided to its Defense COEs.

for examination. Federal internal control standards also state that significant events should appear in management directives, policies, or operating manuals to help ensure management's directives are carried out as intended. Once established, federal internal control standards state that management should monitor and assess over time the quality of performance, including monitoring the policies and procedures to ensure that the findings of reviews are promptly resolved.¹⁶

Oversight Board officials told us that feedback to Defense COEs from oversight reviews conducted by the board is typically provided verbally and has not been documented. Therefore, documentation of feedback, both positive and negative, is not always available. Officials said that negative feedback may be documented in the Oversight Board's minutes; however, if the Oversight Board identifies problems with the Defense COEs, the board's charter and meeting minutes do not require that the Defense COEs provide written corrective action plans. As a result, there will not be a record of the corrective action taken by a Defense COE and whether the action resolved the problem identified by the Oversight Board. Absent specific procedures for how oversight should be conducted and how findings and corrective actions should be documented, DOD leadership lacks assurance that the Oversight Board has identified all problems and has taken appropriate action to determine that the problems have been resolved.

Most VHA Service Offices Lack Written Procedures for Documenting Oversight of COEs

Only one of six VHA service offices has written procedures for documenting the oversight of its COEs, including providing written critiques of findings from service office reviews to its COEs and requiring corrective actions from COEs when needed. The other five service offices do not have written procedures for documenting oversight activities. While most service offices do not have written procedures that require them to document their COE oversight, several currently provide written feedback to their COEs on the results of the service offices' reviews. Specifically, three of the five service office directors provide written feedback to their COEs on the findings from the service office reviews. However, only one of these three service office directors requests that his COEs provide written corrective action plans.

¹⁶[GAO/AIMD-00-21.3.1](#)

Officials from three service offices told us they believe the process they currently have works fine because they provide written feedback to the COEs on the results of their reviews. However, if these directors leave the service offices, another director might not request written documentation of the oversight that is conducted because the documentation procedures are not written. The *Standards for Internal Control in the Federal Government* state that transactions and events should be promptly documented to maintain their relevance and value to management in controlling their operations and helping make decisions. Further, the standards state that significant events, such as in this instance the identification of problems during oversight and the actions taken to correct these problems, need to be clearly documented, and the documentation should be readily available for examination. Federal internal control standards also state that significant events should appear in management directives, policies, or operating manuals to help ensure management's directives are carried out as intended. Once established, federal internal control standards state that management should monitor and assess over time the quality of performance, including monitoring the policies and procedures to ensure that the findings of reviews are promptly resolved.¹⁷ Without written procedures for documenting oversight activities, VHA leadership lacks assurance that its service offices are identifying and correcting all problems. Leadership also does not have evidence that the service offices conducted a review and do not have documentation of past and present problems to identify potential patterns and take action quickly to minimize the effects of these problems.

Conclusions

Unlike DOD, VHA has not developed standard criteria that entities must meet in order to be designated a VHA COE. Without defined criteria, VHA lacks reasonable assurance that its COEs are meeting the agency's intended objectives for COEs, such as meeting the needs of veterans and their families throughout VA's health care system and operating with coordinated direction.

By not having written procedures that outline how the agencies will document the activities through which they monitor and oversee the performance of COEs, both DOD and VHA lack assurance that oversight activities are performed consistently over time as intended. Written

¹⁷[GAO/AIMD-00-21.3.1](#)

procedures would better ensure a common understanding of oversight activities among staff and enhance clear communication, especially as normal turnover occurs among the staff responsible for monitoring and providing feedback to COEs. Having systematic procedures for documenting oversight activities is necessary to better ensure that the agencies' COEs are accountable for accomplishing the agencies' objectives for them, such as meeting the health care needs of servicemembers and veterans.

Recommendations for Executive Action

To help ensure that COEs are meeting VHA's intended objectives for them, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to establish clear, consistent standard criteria that entities must meet to receive COE designation, and require all existing VHA COEs, as well as new applicants for COE status, to meet these criteria.

To improve documentation of the activities DOD undertakes to oversee the Defense COEs, we recommend that the Secretary of Defense direct the Assistant Secretary of Defense for Health Affairs to require the MHS Defense COE Oversight Board to develop written procedures on how to document oversight activities of Defense COEs, including requirements for documenting feedback, both positive and negative, and documenting the resolution of identified problems.

To help improve VHA's oversight of its COEs, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to require VHA service offices to develop written procedures on how to document their oversight activities of COEs, including requirements for documenting feedback, both positive and negative, and documenting the resolution of identified problems.

Agency Comments

VA provided written comments on a draft of this report, as well as an action plan for implementing our recommendations. We have reprinted VA's comments and action plan in appendix III. In its comments, VA generally agreed with our conclusions and concurred with our recommendations. VA stated that a team of VHA subject matter experts will develop standards to be used in designating COEs and overseeing their performance.

DOD also provided written comments on a draft of this report, which we have reprinted in appendix IV. In its comments, DOD concurred with our findings and recommendation and explained how it intends to implement the recommendation. DOD also provided technical comments, which we have incorporated in the report as appropriate.

We are sending copies of this report to appropriate congressional committees; the Secretary of Defense; the Secretary of Veterans Affairs; and other interested parties. We will also make copies available at no charge on GAO's website at <http://www.gao.gov>.

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

A handwritten signature in black ink, reading "Randall B. Williamson". The signature is written in a cursive style with a large, stylized "R" and "W".

Randall B. Williamson
Director, Health Care

Appendix I: List of Veterans Health Administration Centers of Excellence and Their Focus

The Veterans Health Administration (VHA) within the Department of Veterans Affairs has three program offices—the Office of Patient Care Services, the Office of Research and Development, and the Office of Academic Affiliations—that have centers of excellence (COE). These three program offices delegate responsibility for their COEs to six service offices within their organizational structure. The Office of Patient Care Services has three service offices with responsibility for VHA COEs—Mental Health Services, Specialty Care Services, and Geriatric and Extended Care Services. The Office of Research and Development has one service office with COEs—Rehabilitation Research and Development Service—and the Office of Academic Affiliations has two service offices with COEs, referred to as coordinating centers—Primary Care Education and Patient-Centered Specialty Care Education.

VHA’s Office of Patient Care Services

VHA’s Office of Patient Care Services has all 39 of the COEs that were statutorily mandated, as well as 10 COEs that were departmentally designated. This office has three service offices that are responsible for these COEs: Mental Health Services, Specialty Care Services, and Geriatrics and Extended Care Services.¹ Table 3 lists each COE in the Office of Patient Care Services and groups the COEs by their specific service office, as well as indicating their location. The table also indicates the origin of the COE—whether the COE was statutorily mandated or departmentally designated—and provides a brief description of the COE’s research, clinical, and/or educational focus, as provided by VHA.

¹VHA also has another service office, Rehabilitation and Prosthetic Care Services, which provides VHA staff to DOD to support its COEs, but does not manage any VHA COEs. Therefore, this service office is not included in our review of VHA COEs. In this review, we include these COEs under the Defense COEs.

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Table 3: Veterans Health Administration (VHA) Office of Patient Care Services Centers of Excellence (COE), Location, Origin, and Areas of Focus; by Type of Service (August 2015)

COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Mental Health Services (17 COEs)			
National Center for Post-Traumatic Stress Disorder (PTSD), Executive Division (White River Junction, Vermont)	✓		Advance the science and promote the understanding of traumatic stress in order to improve the wellbeing and understanding of American veterans.
Veterans Integrated Service Network (VISN) 1 Mental Illness Research, Education, and Clinical Center (MIRECC) (West Haven, Connecticut)	✓		Improve care for veterans with co-occurring substance use disorders and mental illnesses, as well as related issues, such as VA-compensated disabilities, homelessness, criminal justice histories, and medical co-morbidities.
VISN 3 MIRECC (Bronx, New York)		✓	Enhance the recovery of veterans with diagnoses of schizophrenia, bipolar disorder and borderline personality.
VISN 4 MIRECC (Philadelphia and Pittsburgh, Pennsylvania)		✓	Focus on the study and implementation of measurement based mental health care.
VISN 5 MIRECC (Baltimore, Maryland)		✓	Maximize the recovery and community functioning of veterans with serious mental illnesses.
VISN 6 MIRECC (Durham, North Carolina)		✓	Implement a translational medicine center for assessment and treatment of post deployment mental illness with a special focus on traumatic brain injury, identifying biomarkers, and assessing needs of women veterans and families.
VISN 16 MIRECC (Houston, Texas)		✓	Promote equity in engagement, access, and quality of mental health care for veterans facing barriers to care, especially rural veterans.
VISN 19 MIRECC (Denver, Colorado and Salt Lake City, Utah)		✓	Reduce suicidal ideation and behaviors among veterans by identifying cognitive and neurobiological underpinnings of self-directed violence.
VISN 20 MIRECC (Seattle, Washington and Portland, Oregon)	✓		Improve the quality of life and functioning of veterans by developing, evaluating, and promoting the implementation of effective treatments for military PTSD and its complex co-morbidities.
VISN 21 MIRECC (Palo Alto, California)		✓	Build an integrated system of clinical, research, and educational efforts designed to improve the clinical care of veterans with dementia and with PTSD.
VISN 22 MIRECC (San Diego and Long Beach, California)	✓		Improve functional outcomes of veterans with psychotic disorders.

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COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Suicide Prevention COE (Canandaigua, New York)	✓		Integrate surveillance with intervention development through research for implementation of effective veteran suicide prevention strategies.
Research on Returning War Veterans (Waco, Texas)	✓		Promote research on post-deployment adjustment and development of treatments for veterans with post-war problems in functioning.
Stress and Mental Health (San Diego, California)	✓		Investigate stress and its related medical and psychiatric problems in veterans and active duty personnel.
Center for Integrated Healthcare (Syracuse and Buffalo, New York)		✓	Improve the quality of veterans' health care by supporting the national integration of mental and behavioral health services into patient aligned care teams.
Substance Abuse Treatment and Education (Philadelphia, Pennsylvania)		✓	Develop, implement, and evaluate substance use disorder treatment and provide evidence-based educational initiatives.
Substance Abuse Treatment and Education (Seattle, Washington)		✓	
Specialty Care Services (12 COEs)			
Parkinson's Disease Research, Education, and Clinical Centers (PADRECC)			
Northwest PADRECC (Portland, Oregon and Seattle, Washington)	✓		Evaluate cognitive decline, prevention of dyskinesia and gait impairment, as well as neurodegeneration and regeneration in animal models and related neurodegenerative disease.
Southwest PADRECC (Los Angeles, California)	✓		Implement and evaluate VISN 22-wide nurse-led care coordination program built on the disease indicators and guided by identified gaps in care.
Southeast PADRECC (Richmond, Virginia)	✓		Track eye movements as a unique biomarker for various movement disorders.
Philadelphia PADRECC (Philadelphia, Pennsylvania)	✓		Evaluate non-motor symptoms, biomarkers, and pathophysiology of the disease; and the relationship of traumatic brain injury to the development of the disease.
Houston PADRECC (Houston, Texas)	✓		Evaluate differential effects of two deep brain stimulation sites on motor, autonomic and neuropsychological aspects of the disease, utility of diffusion tensor imaging in the disease, sleep architecture and sleep disorders and studies focused on energy expenditure in patients with the disease.
San Francisco PADRECC (San Francisco, California)	✓		Investigate deep brain stimulation and pharmacologic therapies and studies of motor and non-motor symptoms, as well as biomarkers of the disease and its etiology pathogenesis and progression.

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COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Epilepsy COEs ^a			
Northeast Region Epilepsy COE ^a (Baltimore, Maryland)	✓		Evaluate and treat psychogenic non-epileptic seizures, and provide epilepsy evaluations for the Richmond VA polytrauma center.
Southeast Region Epilepsy COE ^a (Durham, North Carolina)	✓		Specialize in informatics and telemedicine, including store and forward electroencephalogram technology, and provide epilepsy evaluations for the Tampa VA polytrauma center.
Northwest Region Epilepsy COE ^a (Madison, Wisconsin)	✓		Specialize in basic science investigations regarding epilepsy and store and forward electroencephalogram services, and provide epilepsy evaluations for the Minneapolis VA polytrauma center.
Southwest Region Epilepsy COE ^a (Los Angeles, California)	✓		Specialize in telemedicine, education and invasive intracranial recordings and epilepsy surgery, and provide epilepsy evaluations for the Palo Alto VA polytrauma center.
Multiple Sclerosis COEs ^b			
Multiple Sclerosis COE ^b (Baltimore, Maryland)	✓		Develop policy for multiple sclerosis care procedures. Provide consultative direction on the management of complex aspects of multiple sclerosis care. Collaborate on pre-clinical and clinical research relating to the health needs of veterans with multiple sclerosis. Leverage informatics expertise to elucidate the emergence, natural history, consequences and demography of multiple sclerosis.
Multiple Sclerosis COE ^b (Portland, Oregon and Seattle, Washington)	✓		
Geriatrics and Extended Care Services (20 COEs)			
Ann Arbor Geriatric Research, Education, and Clinical Center (GRECC) (Ann Arbor Veterans Affairs (VA) Medical Center)	✓		Specialize in pathogenesis of age-related neurodegenerative disease, infectious diseases in long-term care, and gait and balance in the elderly.
Baltimore GRECC (VA Maryland Health Care System)	✓		Reduce risk factors for cerebrovascular and cardiovascular disease in the elderly, post-stroke neuromuscular rehabilitation/regeneration, and lipemic and glycemic controls in the elderly.
Birmingham/Atlanta GRECC (Birmingham and Atlanta VA Medical Centers)	✓		Specialize in incontinence in the elderly, mobility in the elderly, and end of life care.
Bronx/New York Harbor GRECC (Bronx VA Medical Center)	✓		Specialize in health services utilization in the elderly, models of non-institutional extended care, end of life care, and rural health geriatric education strategies.
Cleveland GRECC (Cleveland VA Medical Center)	✓		Specialize in infectious diseases in the elderly, and inpatient behavioral management strategies.

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COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Durham GRECC (Durham VA Medical Center)	✓		Specialize in osteoporosis management, viral disease in the elderly, and polypharmacy in the elderly.
Eastern Colorado GRECC (Eastern Colorado VA Health Care System - Denver)	✓		Specialize in obesity in the elderly, gender differences in geriatric care, and rural health.
Gainesville GRECC (North Florida/South Georgia Veterans Health System-Gainesville)	✓		Specialize in endocrinological controls in aging, and patient safety.
Greater Los Angeles GRECC (Greater Los Angeles VA Healthcare System)	✓		Specialize in preventive approaches to dementia, sleep in the elderly, and geriatric models of care.
Little Rock GRECC (Central Arkansas VA Healthcare System)	✓		Specialize in activity in institutionalized elders, rural health, and substance abuse in the elderly.
Madison GRECC (Madison VA Medical Center)	✓		Specialize in epidemiology and neuroradiology of dementia, swallowing disorders in the elderly, and transitions of care.
Miami GRECC (Miami VA Medical Center)	✓		Specialize in bone and cartilage metabolism, diabetes and cardiovascular risk factors, and simulation strategies for teaching geriatric care.
Minneapolis GRECC (Minneapolis VA Health Care System)	✓		Specialize in pathogenesis of Alzheimer's and Parkinson's diseases, and models of dementia outpatient care.
New England GRECC (Bedford VA Medical Center and Boston VA Health Care System)	✓		Specialize in pathogenesis and models of institutional care of dementia, and delirium surveillance and prevention.
Palo Alto GRECC (Palo Alto VA Health Care System)	✓		Specialize in biomarkers of dementia, natural language processing of electronic health records, and bone and joint disease in the elderly.
Pittsburgh GRECC (VA Pittsburgh Healthcare System)	✓		Specialize in strokes in the elderly and speech rehabilitation post-stroke.
Puget Sound GRECC (Puget Sound VA Health Care System-Seattle)	✓		Specialize in genetic and glycemic basis and correlates of dementia, pharmacodynamics and drug biotransport in the elderly, advanced care planning and adrogeny.
Salt Lake City GRECC (VA Salt Lake City Health Care System)	✓		Specialize in vascular dynamic changes in advanced age, metadata analysis in geriatrics, and glycemic determinants of dementia onset.
San Antonio GRECC (South Texas VA Health Care System)	✓		Specialize in glycemic control in advanced age, and dementia pathogenesis.

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COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Tennessee Valley GRECC (Tennessee Valley VA Health Care System-Nashville)	✓		Specialize in outcomes and implementation research in geriatrics, delirium assessment and management in critical care, and epidemiology of geriatric diseases.

Source: VA | GAO-16-54.

^aThe COE coordinates epilepsy care for a specific region of the country. Regional VA medical center sites provide in-patient epilepsy monitoring and telemedicine services.

^bThe Baltimore multiple sclerosis COE focuses on VISNs 1-11, and coordinates clinical, educational and research activity for 32 consortium sites. The Portland and Seattle multiple sclerosis COE focuses on VISNs 12-23, and coordinates clinical, educational and research activity for 46 consortium sites.

VHA's Office of Research and Development	VHA's Office of Research and Development has 13 COEs that were departmentally designated, according to VHA officials. This office has one service office—Rehabilitation Research and Development—that is responsible for these COEs. Table 4 lists each COE in this service office and provides the location of the COE, as well as a brief description of the COE's research, clinical, and/or educational focus, as provided by VHA.
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Table 4: Veterans Health Administration (VHA) Office of Research and Development Centers of Excellence (COE), Location, Origin, and Areas of Focus (August 2015)

COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Rehabilitation Research and Development (13 COEs)			
Translational Research Center for Traumatic Brain Injury and Stress Disorders (Boston, Massachusetts)		✓	Promote multidisciplinary research aimed at improving our understanding of the complex cognitive and emotional problems faced by Operation Enduring Freedom and Operation Iraqi Freedom veterans. Focus on innovations in the diagnosis of mild traumatic brain injury and in the development of treatments that target the combined effects of traumatic brain injury and stress-related disorders.
Center of Neurorestoration and Neurotechnology (Providence, Rhode Island)		✓	Strive to advance and translate neurotechnology to restore lost function. Seek to develop, test, and implement new therapies and technologies that can restore function in disorders of the nervous system that impair movement, emotion, or cognition in the veteran population.

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COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Restoration of Nervous System Function (West Haven, Connecticut)		✓	Develop new therapeutic approaches that will improve function and quality of life of veterans with injuries of the nervous system. Focus on spinal cord injury, multiple sclerosis, and nerve injury, and neuropathic pain after traumatic nerve injury and traumatic limb amputation, and pain after injuries such as burn.
Medical Consequences of Spinal Cord Injury (Bronx, New York)		✓	Study the use of anabolic pharmaceuticals, including anabolic steroids, to treat secondary disabilities of spinal cord injury.
Wheelchairs and Associated Rehabilitation Engineering Human Engineering Research Laboratories (Pittsburgh, Pennsylvania)		✓	Improve the mobility and function of people with disabilities through advanced engineering in clinical research and medical rehabilitation.
Center of Visual and Neurocognitive Rehabilitation (Decatur, Georgia)		✓	Foster the health and well-being of veterans through uniquely synergistic research impacting visual and/or neurocognitive function.
Brain Rehabilitation Research Center (Gainesville, Florida)		✓	Develop and test treatments that harness neuroplasticity to substantially improve or restore impairments of motor, cognitive, and emotional functions that have been caused by neurologic disease or injury.
Maryland Exercise and Robotics Center of Excellence (Baltimore, Maryland)		✓	Develop and test new rehabilitation therapies to improve physical function, fitness, and cardiovascular health for veterans with stroke and other neurological disability conditions.
Functional Electrical Stimulation (Cleveland, Ohio)		✓	Investigate functional electrical stimulation, a technology that relies on controlled electrical current to activate paralyzed muscles to return full or partial physical function to individuals with disabilities.
Advanced Platform Technology (Cleveland, Ohio)		✓	Develop advanced technologies that serve the clinical needs of veterans with motor and sensory deficits and limb loss to provide clinician-researchers within the VA with new tools for rehabilitation, treatment and scientific inquiry that lead to independence and enhanced societal participation.
National Center for Rehabilitative Auditory Research (Portland, Oregon)		✓	Address the needs of veterans with hearing and auditory system disorders through research focused on diagnosis and assessment, rehabilitation, and prevention.
Limb Loss Prevention and Prosthetic Engineering (Seattle, Washington)		✓	Unite investigators in diverse fields in basic and clinical research to improve the quality of life and functional status of veteran amputees and veterans who are at risk for amputation.

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COE Name and Location	Statutorily mandated	Departmentally designated	COE Focus
Prevention and Treatment of Visual Loss (Iowa City, Iowa)		✓	Focus on early detection of potential blinding disorders of the veteran and general population, including retinal disease, glaucoma, and traumatic brain injury.

Source: VA. | GAO-16-54.

VHA's Office of Academic
Affiliations

VHA's Office of Academic Affiliations has eight COEs that were departmentally designated, according to VHA officials.² This office has two service offices, referred to as coordinating centers—Primary Care Education and Patient-Centered Specialty Care Education—that are responsible for COEs. Primary Care Education has five COEs and Patient-Centered Specialty Care Education has three COEs. Table 5 lists each COE by service office and gives the location of the COE and a brief description of the research, clinical, and/or educational focus of the respective COEs.

Table 5: Veterans Health Administration (VHA) Office of Academic Affiliations Centers of Excellence (COE), Locations, Origins, and Areas of Focus; by Area of Education (August 2015)

Veterans Affairs (VA) facility where COE assigned	Statutorily mandated	Departmentally designated	COE Focus
Primary Care Education (5 COEs)			
Boise Veterans Affairs (VA) Medical Center		✓	Foster transformation of clinical education by preparing graduates of health professional programs to work in and lead patient-centered interprofessional teams. Develop and test innovative approaches for curricula related to patient-centered care and study new approaches and models of collaboration.
Cleveland VA Medical Center		✓	
San Francisco VA Medical Center		✓	
VA Puget Sound Health Care System- Seattle		✓	
VA Connecticut Healthcare System-West Haven		✓	
Patient-Centered Specialty Care Education (3 COEs)			
Atlanta VA Medical Center		✓	Foster the transformation of clinical education and patient care by preparing graduates of health professional schools and programs to work in and lead patient-centered interdisciplinary and/or interprofessional teams providing specialty care in the primary care setting.
Cleveland VA Medical Center		✓	
VA Salt Lake City Health Care System		✓	

Source: VA. | GAO-16-54.

²The Office of Academic Affiliations, Patient-Centered Specialty Care Education, recently added a COE that is not included in this count.

Appendix II: Collaboration Efforts of Centers of Excellence in the Department of Defense and Department of Veterans Affairs

To describe the collaboration efforts of the Defense Centers of Excellence (COE) in the Department of Defense (DOD) and the Veterans Health Administration (VHA) COEs in the Department of Veterans Affairs (VA), we sent a Web-based, structured questionnaire to COE directors, identified by DOD and VHA officials, to obtain information about how their COEs collaborate.¹ We sent the questionnaire to the COE directors between December 2014 and January 2015. The questionnaire asked COE directors to describe the extent to which Defense and VHA COE staff collaborate internally—with other staff from within their agencies, and externally—with staff from other federal agencies and academic organizations. The questionnaire also asked the COE directors if they use certain tools, such as written agreements, staff participation in committees, working groups, councils, or task forces; or other tools or mechanisms to coordinate or collaborate.² All 7 Defense COE directors responded to the questionnaire, and 60 of VHA's 70 COE directors, or 86 percent, responded to the collaboration section of the questionnaire. Tables 6 through 11 provide information about Defense and VHA COE collaboration efforts.

Defense COEs

Defense COEs report using written agreements or other tools to collaborate. Table 6 shows the Defense COEs and their reported collaboration activities.

¹We use the term “collaboration” broadly to refer to any joint activity that is intended to produce more public value than could be produced when an organization acts alone. The term collaboration includes activities that others have defined as cooperation, coordination, integration, or networking. See GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005).

²See GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

Table 6: Defense Centers of Excellence Responses to GAO Questionnaire on Collaboration Activities (December 2014 – January 2015)

Defense Center of Excellence (COE)	COE reports collaborating with			
	Defense COEs with similar missions or other Department of Defense (DOD) staff not affiliated with this COE	Veterans Health Administration (VHA) ^a	Other federal agencies ^a	Academic organizations
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury ^c	✓	✓	✓	✓
Hearing Center of Excellence ^c	✓	✓	✓	✓
Extremity Trauma and Amputation Center of Excellence ^b	✓	✓	✓	✓
Vision Center of Excellence ^c	✓	✓	X	✓
Consortium for Health and Military Performance	✓	✓	✓	✓
Comprehensive Cancer Center	✓	✓	✓	✓
Joint Trauma System	✓	✓	✓	✓

Legend: ✓ = COE reported some level of collaboration X = COE reported no collaboration.

Source: GAO. | GAO-16-54.

^aCOEs responding affirmatively on the questionnaire to any of the collaboration questions related to VHA and other federal agencies are noted in the table as collaborating.

^bCOE established by statute as a joint Department of Defense and Department of Veterans Affairs (VA) COE.

^cVA provides staff to these Defense COEs.

VHA's Office of Patient Care Services

VHA's Office of Patient Care Services has three service offices that have established 49 COEs, with 39 of them statutorily mandated and 10 departmentally designated, according to VHA officials. The service offices are the Mental Health Services, the Specialty Care Services, and the Geriatric and Extended Care Services.³ The COEs that responded to the collaboration section of the questionnaire report using written agreements or other tools to collaborate. Tables 7, 8 and 9 provide information on the collaboration activities of the three service offices within the Office of Patient Care Services that have COEs.

³VHA also has another service office, the Rehabilitation and Prosthetic Care Services, which provides VHA staff to DOD to support its COEs, but does not manage any VHA COEs. Therefore, this service office is not included in our review of VHA COEs. In this review, we include these COEs under the Defense COEs.

Table 7: Veterans Health Administration (VHA) Office of Patient Care Services: Mental Health Services Centers of Excellence Responses to GAO Questionnaire on Collaboration Activities (December 2014 – January 2015)

Center of excellence (COE) and location	COE reports collaborating with			
	VHA COEs with similar missions or other VHA staff not affiliated with this COE	Department of Defense ^a	Other federal agencies ^a	Academic organizations
National Center for Post-Traumatic Stress Disorder, Executive Division (White River Junction, Vermont)	✓	✓	✓	✓
Veterans Integrated Service Network (VISN) 1 Mental Illness Research, Education, and Clinical Center (MIRECC) (West Haven, Connecticut)	✓	✓	✗	✓
VISN 3 MIRECC (Bronx, New York)	✓	✓	✓	✓
VISN 4 MIRECC (Philadelphia and Pittsburgh, Pennsylvania)	✓	✗	✓	○
VISN 5 MIRECC (Baltimore, Maryland)	✓	✗	✗	✓
VISN 6 MIRECC (Durham, North Carolina)	✓	✓	✓	✓
VISN 16 MIRECC (Houston, Texas)	✓	✗	✗	✓
VISN 19 MIRECC (Denver, Colorado and Salt Lake City, Utah)	✓	✓	✓	✓
VISN 20 MIRECC (Seattle and Tacoma, Washington and Portland, Oregon)	✓	✓	✓	✓
VISN 21 MIRECC (Palo Alto, California)	✓	✓	✓	✓
VISN 22 MIRECC, (Los Angeles, San Diego and Long Beach, California)	✓	✗	✗	✓
Substance Abuse Treatment and Education (Seattle and Tacoma, Washington)	✓	✗	✓	✓
Substance Abuse Treatment and Education (Philadelphia, Pennsylvania)	✓	✓	✓	✓
Stress and Mental Health (San Diego, California)	✓	✓	○	✓
Suicide Prevention (Canandaigua, New York)	✓	✓	✓	✓
Research on Returning War Veterans (Waco, Texas)	✓	✓	✓	✓
Center for Integrated Healthcare (Syracuse and Buffalo, New York)	✓	✓	✗	✓

Legend: ✓ = reported some level of collaboration ✗ = reported no collaboration ○ = no response or didn't know.

Source: GAO. | GAO-16-54.

^aCOEs responding affirmatively on the questionnaire to any of the collaboration questions related to the Department of Defense and other federal agencies are noted in the table as collaborating.

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Table 8: Veterans Health Administration (VHA) Office of Patient Care Services: Specialty Care Services Centers of Excellence Responses to GAO Questionnaire on Collaboration Activities (December 2014 – January 2015)

Center of excellence (COE) and location, by area of expertise ^a	COE reports collaborating with			
	VHA COEs with similar missions or other VHA staff not affiliated with this COE	Department of Defense ^b	Other federal agencies ^b	Academic organizations
Parkinson's Disease Research, Education, and Clinical Centers (PADRECC)				
Northwest PADRECC (Portland, Oregon and Seattle, Washington)	✓	X	✓	✓
San Francisco PADRECC (San Francisco, California)	✓	X	✓	✓
Philadelphia PADRECC (Philadelphia, Pennsylvania)	✓	X	X	✓
Southwest PADRECC (Los Angeles, California)	✓	X	X	✓
Southeast PADRECC (Richmond, Virginia)	✓	✓	X	✓
Epilepsy				
Northeast Region Epilepsy COE (Baltimore, Maryland)	✓	X	X	✓
Northwest Region Epilepsy COE (Madison, Wisconsin)	✓	X	✓	✓
Southwest Region Epilepsy COE (Los Angeles, California)	✓	X	X	✓
Multiple Sclerosis				
Multiple Sclerosis COE (Baltimore, Maryland)	✓	X	✓	✓
Multiple Sclerosis COE (Portland, Oregon and Seattle, Washington)	✓	✓	✓	✓

Legend: ✓ = reported some level of collaboration X= reported no collaboration.

Source: GAO. | GAO-16-54.

^aCOEs not listed in the table did not complete the collaboration section of the questionnaire.

^bCOEs responding affirmatively on the questionnaire to any of the collaboration questions related to the Department of Defense and other federal agencies are noted in the table as collaborating.

Appendix II: Collaboration Efforts of Centers of Excellence in the Department of Defense and Department of Veterans Affairs

Table 9: Veterans Health Administration (VHA) Office of Patient Care Services: Geriatrics and Extended Care Services: Geriatric Research Education Clinical Centers (GRECC) Centers of Excellence Responses to GAO Questionnaire on Collaboration Activities (December 2014 – January 2015)

Center of excellence (COE) and location ^a	COE reports collaborating with			
	VHA COEs with similar missions or other VHA staff not affiliated with this COE	Department of Defense ^b	Other federal agencies ^b	Academic organizations
Birmingham/Atlanta GRECC, (Birmingham and Atlanta Veterans Affairs (VA) Medical Centers) Birmingham, Alabama and Atlanta, Georgia	✓	✗	✓	✓
Durham GRECC (Durham VA Medical Center) Durham, North Carolina	✓	✗	✓	✓
Eastern Colorado GRECC (Eastern Colorado VA Health Care System) Denver, Colorado	✓	○	○	✓
Gainesville GRECC (North Florida/South Georgia Health System) Gainesville, Florida	✓	○	○	✓
Little Rock GRECC (Central Arkansas VA Health Care System) Little Rock, Arkansas	✓	✗	✓	✓
Madison GRECC, (Madison VA Medical Center) Madison, Wisconsin	✓	○	✓	✓
Miami GRECC, (Miami VA Medical Center) Miami, Florida	✓	○	✓	✓
Minneapolis GRECC (Minneapolis Health Care System) Minneapolis, Minnesota	✓	✗	○	✓
Palo Alto GRECC (Palo Alto VA Health Care System), Palo Alto, California	✓	✗	✓	✓
Pittsburgh GRECC, (Pittsburgh Healthcare System) Pittsburgh, Pennsylvania	✓	✗	✓	✓
Salt Lake City GRECC, (Salt Lake City Health Care System) Salt Lake, Utah	✓	✗	✓	✓
San Antonio GRECC, (South Texas VA Health Care System) San Antonio, Texas	✓	✗	✓	✓
Tennessee Valley GRECC, (Tennessee Valley VA Health Care System) Nashville, Tennessee	✓	✗	✓	✓

Legend: ✓ = reported some level of collaboration ✗ = reported no collaboration ○ = no response or didn't know.

Source: GAO. | GAO-16-54.

^aCOEs not listed in the table did not complete the collaboration section of the questionnaire.

^bCOEs responding affirmatively on the questionnaire to any of the collaboration questions related to the Department of Defense and other federal agencies are noted in the table as collaborating.

VHA's Office of Research and Development

VHA's Office of Research and Development has one service office that has COEs—the Office of Rehabilitation Research and Development Service. This service office reports they have 13 COEs, all departmentally designated, that focus on a selected area of research relevant to veterans with disabilities. The COEs report using written agreements or other tools to collaborate. Table 10 indicates the collaboration activities of the COEs.

Table 10: Veterans Health Administration (VHA) Office of Research and Development: Rehabilitation Research and Development Centers of Excellence Responses to GAO Questionnaire on Collaboration Activities (December 2014 – January 2015)

Center of excellence (COE) and location	COE reports collaborating with			
	VHA COEs with similar missions or other VHA staff not affiliated with this COE	Department of Defense ^a	Other federal agencies ^a	Academic organizations
Translational Research Center for Traumatic Brain Injury and Stress Disorders (Boston, Massachusetts)	✓	✓	✓	✓
Center of Neurorestoration and Neurotechnology (Providence, Rhode Island)	✓	✓	✗	✓
Restoration of Nervous System Function (West Haven, Connecticut)	✓	✗	○	✓
Medical Consequences of Spinal Cord Injury (Bronx, New York)	✓	✗	✗	✓
Wheelchairs and Associated Rehabilitation Engineering Human Engineering Research Laboratories (Pittsburgh, Pennsylvania)	✓	✓	✓	✓
Center of Visual and Neurocognitive Rehabilitation (Decatur, Georgia)	✓	✗	✗	✓
Brain Rehabilitation Research Center (Gainesville, Florida)	✓	✓	✓	✓
Maryland Exercise and Robotics COE, (Baltimore, Maryland)	✓	✗	✗	✓
Functional Electrical Stimulation (Cleveland, Ohio)	✓	○	✓	✓
Advanced Platform Technology (Cleveland, Ohio)	✓	✗	✗	✓
National Center for Rehabilitative Auditory Research (Portland, Oregon)	✓	✓	✓	✓
Limb Loss Prevention and Prosthetic Engineering (Seattle, Washington)	✓	✓	✗	✓
Prevention & Treatment of Visual Loss (Iowa City, Iowa)	✓	✓	✓	✓

Legend: ✓ = reported some level of collaboration ✗ = reported no collaboration ○ = no response or didn't know.

Source: GAO. | GAO-16-54.

^aCOEs responding affirmatively on the questionnaire to any of the collaboration questions related to the Department of Defense and other federal agencies are noted in the table as collaborating.

VHA's Office of Academic Affiliations

VHA's Office of Academic Affiliations reports that it has eight COEs and all were departmentally designated. This office has two service offices, referred to as coordinating centers: Primary Care Education and Patient-Centered Specialty Care Education. Primary Care Education has five COEs and Patient-Centered Specialty Care Education has three. The Primary Care Education and Patient-Centered Specialty Care Education COEs that responded to the collaboration section of our questionnaire indicated that they use written agreements or other tools to collaborate. Table 11 shows the collaboration activities of the COEs that responded to our questionnaire.

Table 11: Veterans Health Administration (VHA) Office of Academic Affiliations: Primary Care Education and Patient-Centered Specialty Care Education Centers of Excellence Responses to GAO Questionnaire on Collaboration Activities (December 2014 – January 2015)

Centers of excellence (COE) and location, by area of education ^a	COE reports collaborating with			
	VHA COEs with similar missions or other VHA staff not affiliated with this COE	Department of Defense ^b	Other federal agencies ^b	Academic organizations
Primary Care Education				
Boise Veterans Affairs (VA) Medical Center (Boise, Idaho)	✓	✗	✗	✓
Cleveland VA Medical Center (Cleveland, Ohio)	✓	✗	○	✗
San Francisco VA Medical Center (San Francisco, California)	✓	✗	✗	✓
VA Puget Sound Health Care System (Seattle, Washington)	✓	✗	✓	✓
Patient-Centered Specialty Care Education				
Atlanta VA Medical Center (Atlanta, Georgia)	✓	✗	✗	✓
Cleveland VA Medical Center (Cleveland, Ohio)	✓	✗	○	✓
VA Salt Lake City Health Care System (Salt Lake City, Utah)	✓	✗	✗	✓

Legend: ✓ = reported some level of collaboration ✗ = reported no collaboration ○ = no response or didn't know

Source: GAO. | GAO-16-54.

^aCOEs not listed in the table did not complete the collaboration section of the questionnaire.

^bCOEs responding affirmatively on the questionnaire to any of the collaboration questions related to the Department of Defense and other federal agencies are noted in the table as collaborating.

Appendix III: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON DC 20420

November 16, 2015

Mr. Randall Williamson
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Williamson:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, ***"CENTERS OF EXCELLENCE: DOD and VA Need Better Documentation of Oversight Procedures"*** (GAO-16-54). VA generally agrees with GAO's conclusions and concurs with GAO's recommendations to the Department.

The enclosure specifically addresses GAO's recommendations and provides an action plan. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Nabors II".
Robert L. Nabors II
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***"CENTERS OF EXCELLENCE: DOD and VA Need Better Documentation of
Oversight Procedures"***
(GAO-16-54)

GAO Recommendation 1: To help ensure the COEs are meeting VHA's intended objectives for them, GAO recommends that the Secretary of Veterans Affairs direct the Under Secretary for Health to establish clear, consistent standard criteria that entities must meet to receive COE designation, and require all existing VHA COEs, as well as new applicants for COE status, to meet these criteria.

VA Comment: Concur. Specialized Centers of Excellence (COE) are essential components of the Department of Veteran Affairs' response to meeting the health care needs of Veterans. COEs share a singular mission to improve the health and well-being of Veterans through world class, cutting-edge science, education, and the enhancement of clinical care.

The concept of COEs is unique in combining education, research, and clinical care into a single program with the purpose of dramatically reducing the time from scientific discovery to implementation. Over time, research and clinical innovations by COEs have had a profound effect on enhancing health care delivery to Veterans.

To ensure Veterans Health Administration (VHA) has instituted clear and consistent criteria that entities must meet to receive and maintain the COE designation, a team of VHA subject matter experts will develop standards to be used in the establishment, continuance, and compliance expectations required to receive and maintain COE status. If the COE is required or authorized by a specific statutory authority, the requirements of that authority will apply. The standards developed by VHA will be applied to the extent they are consistent with any applicable statutory provisions.

Target Completion Date: December 31, 2016

GAO Recommendation 2: To help improve VHA's oversight of its COEs, GAO recommends that the Secretary of Veterans Affairs direct the Under Secretary for Health to require VHA service offices to develop written procedures on how to document their oversight activities of COEs, including requirements for documenting feedback, both positive and negative, and documenting the resolution of identified problems.

VA Comment: Concur. To ensure VHA has instituted written procedures on how to document their oversight activities of COEs, a team of VHA subject matter experts will develop these written procedures on how to document oversight activities of COEs.

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***"CENTERS OF EXCELLENCE: DOD and VA Need Better Documentation of
Oversight Procedures"***
(GAO-16-54)

The written procedures will include requirements for documenting feedback, both
positive and negative, and documenting the resolution of identified problems.

Target Completion Date: December 31, 2016

Appendix IV: Comments from the Department of Defense



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

Mr. Randy Williamson
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW,
Washington, DC 20548

NOV 17 2015

This is the Department of Defense (DoD) response to the GAO Draft Report, GAO-16-54, "CENTERS OF EXCELLENCE: DOD and VA Need Better Documentation of Oversight Procedures," dated October 20, 2015 (GAO Code 291210).

Thank you for the opportunity to review and comment on the draft report. After careful review, we concur with the draft report findings and recommendation for the Military Health System Defense Center of Excellence (CoE) Oversight Board. The Oversight Board will develop the written procedures on how to document oversight activities of Defense COEs by March 2016. My specific comments to the report's recommendation are enclosed.

My points of contacts for this issue are Mr. Edmund Chan (Functional) who can be reached (703) 681-1709 or at edmund.m.chan.civ@mail.mil and Mr. Gunther Zimmerman (Audit Liaison) at (703) 681-4360 or at gunther.j.zimmerman.civ@mail.mil.


Jonathan Woodson, M.D.

Enclosures:
As stated

GAO Draft Report Dated October 20, 2015
GAO-16-54 (GAO CODE 291210)

**“CENTERS OF EXCELLENCE: DOD AND VA NEED BETTER DOCUMENTATION
OF OVERSIGHT PROCEDURES”**

**DEPARTMENT OF DEFENSE COMMENTS
TO THE GAO RECOMMENDATION**

RECOMMENDATION: To improve documentation of the activities DoD undertakes to oversee the Defense Center of Excellence (COEs), the GAO recommends that the Secretary of Defense direct the Assistant Secretary of Defense for Health Affairs to require the Military Health System Defense COE Oversight Board to develop written procedures on how to document oversight activities of Defense COEs, including requirements for documenting feedback, both positive and negative, and documenting the resolution of identified problems.

DoD RESPONSE: The Department concurs. The Oversight Board will develop written procedures on how to document oversight activities of Defense COEs, including requirements for documenting feedback, both positive and negative, and documenting the resolution of identified problems by March 2016.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact:

Randall B. Williamson (202) 512-7114 or williamsonr@gao.gov

Staff Acknowledgments

In addition to the contact named above, Marcia A. Mann, Assistant Director; Mary Ann Curran Dozier; Martha Fisher; Carolyn Fitzgerald; Carolina Morgan; and Jacquelyn Hamilton made key contributions to this report.

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