

GAO

Highlights

Highlights of [GAO-19-462](#), a report to Congressional Requesters

Why GAO Did This Study

VHA operates one of the nation's largest health care systems with 18 regional networks—VISNs—that manage and oversee 172 medical centers within defined geographic areas. VHA expects to provide care to more than 7 million veterans in fiscal year 2019, and demand for its services is expected to grow over time.

GAO was asked to conduct a review of VISNs, including VHA's oversight of VISNs. This report examines (1) the extent to which VHA oversees VISNs' management and oversight of medical centers and (2) how VHA oversees VISN staffing.

GAO reviewed VHA policies, guidance, and staffing data regarding VISNs. GAO also interviewed officials from VHA, all 18 VISNs, and four medical centers selected for variation in geography, urban or rural location, and complexity.

What GAO Recommends

GAO recommends that VHA (1) develop a process to assess the overall performance of VISNs in managing and overseeing medical centers, (2) establish a comprehensive policy that clearly defines VISN roles and responsibilities for managing and overseeing medical centers and (3) establish a process to routinely oversee VISN staffing. VHA concurred with the first and third recommendations, and concurred in principle with the second.

View [GAO-19-462](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov

VETERANS HEALTH ADMINISTRATION

Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities

What GAO Found

The Veterans Health Administration's (VHA) oversight of its regional health care networks is limited. Within VHA, these networks—known as Veterans Integrated Service Networks (VISN)—manage the day-to-day functions of medical centers and also provide administrative and clinical oversight of medical centers. VHA's approach for overseeing VISNs does not include an assessment of each VISN as a whole. Instead, to assess VISN operations, VHA primarily relies on performance assessments of individual VISN directors, which are based in part on medical center performance data. VHA officials acknowledged that a VISN director's individual performance is not always indicative of the VISN's performance as a whole. VHA supplements these assessments with periodic meetings with VISN leadership, including quarterly reviews on specific topics, such as patient quality assurance metrics and best practices. However, GAO found that these quarterly reviews do not typically include discussion of VISN-level performance measures, or how VISNs manage and oversee medical centers. By establishing a process for assessing the overall performance of VISNs in managing and overseeing medical centers, VHA would be better able to determine if a VISN's performance is positive, if it is functioning poorly, or if it requires remediation.

VHA also lacks a comprehensive policy to define VISN roles and responsibilities. VHA and VISN officials told GAO they have several documents they believe help VISNs understand these roles and responsibilities. However, these documents either focus on specific policies and programs, or are tied to individuals. The lack of clearly defined roles and responsibilities at the VISN level makes it difficult for VHA to develop an effective oversight process that ensures adequate monitoring of VISN activities.

VHA primarily oversees VISN staffing by using standardized staffing levels and positions, but does not ensure VISNs adhere to them. VHA has a standardized VISN organizational chart, which includes recommended staffing levels for each of the 18 VISNs—63 to 66 full-time-equivalent staff—and 28 key positions, including a chief medical officer and mental health lead, to be in place at each VISN. VHA officials told GAO they expect VISNs to adhere to the standardized chart, and that they conducted a one-time review that included checking that VISNs' total full-time equivalents were within the allotted allowance. However, VHA's review did not ensure that VISN organizational charts always included the 28 key positions laid out on the standardized chart. GAO found one to five key positions were not listed on the organizational charts of more than a third of VISNs, among those with organizational charts that VHA had reviewed and approved. For example, one VISN was missing both the primary care and geriatrics positions on its organizational chart. VISN officials provided various reasons for the positions not being listed on the organizational charts, including that these responsibilities were being performed as a collateral duty for VISN or medical center staff. Without effective oversight, VHA leadership cannot provide reasonable assurance that VISNs are appropriately staffed, which may hinder implementation of programs, and ultimately, the care veterans receive.