



Report to the Ranking Member,
Subcommittee on Oversight and
Investigations, Committee on Veterans'
Affairs, House of Representatives

December 2019

VA DISABILITY COMPENSATION

Actions Needed to Enhance Information about Veterans' Health Outcomes

Why GAO Did This Study

VA receives billions of dollars per year to provide health care and disability compensation to promote the wellness of veterans with service-connected conditions. VA studies veterans' health through research and assesses changes in service-connected conditions through its reevaluation process.

GAO was asked to review VA's efforts to study and gauge the health outcomes of veterans with service-connected conditions. This report examines the extent to which (1) veterans used VA health care services to treat service-connected conditions, and what is known about their health outcomes; (2) VA uses information on reevaluations to help manage the program; and (3) VA's procedures position it to determine when to conduct a reevaluation.

GAO reviewed fiscal year 2018 VA health care data; selected studies; VA data on completed reevaluations from fiscal years 2013-2018; and relevant federal laws, regulations, and program guidance. GAO also interviewed staff at four VA regional offices (selected for variation in claims workload and location) and VA officials at the agency's central office.

What GAO Recommends

GAO is making five recommendations, including that VA develop a plan to address challenges to studying health outcomes, use information on reevaluations to improve program management, and improve procedures and training for reevaluations. VA agreed with two recommendations and agreed in principle with the other three, but its proposed actions do not fully address GAO's concerns.

View [GAO-20-26](#). For more information, contact Elizabeth H. Curda at (202) 512-7215 or curdae@gao.gov.

VA DISABILITY COMPENSATION

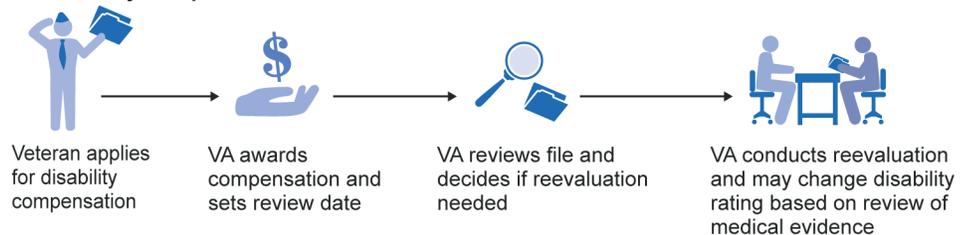
Actions Needed to Enhance Information about Veterans' Health Outcomes

What GAO Found

In fiscal year 2018, about 54 percent of veterans receiving Department of Veterans Affairs (VA) disability compensation had at least one VA outpatient visit to treat an injury or illness that VA deemed was incurred or aggravated during military service (i.e., a service-connected condition). However, the health outcomes of veterans with service-connected conditions, such as changes in the severity of symptoms or the incidence of mortality, are not well understood. Information about health outcomes is central to ensuring veterans' wellness and assessing improvement in their disability status. According to VA researchers GAO spoke with and academic studies GAO reviewed, various challenges have limited research on this population. For example, data reside in different VA systems and use different identifiers for medical conditions, hindering use of the data. While VA has begun to consider ways to analyze health outcomes, it has not yet established a plan for this effort, including the scope, specific activities, and timeframes for addressing the identified research challenges.

VA does not glean information from the results of reevaluations to help manage its disability compensation program. Disability reevaluations help VA gauge whether veterans' service-connected conditions have changed, and whether disability compensation should be modified to reflect those changes (see figure).

VA Disability Compensation Reevaluation Process



Source: GAO analysis of Department of Veterans Affairs (VA) documents. | GAO-20-26

However, VA does not fully use key management information, such as:

- trends in how frequently certain conditions are reevaluated, including those required by VA regulations to be reevaluated; and
- outcomes of reevaluation decisions for individual conditions (i.e., whether conditions worsened or improved).

Both trend and outcome information could help VA better target its resources toward reevaluating conditions more likely to change.

VA recently updated its procedures manual to specify which staff may determine whether a veteran's condition should be reevaluated, but has not clearly defined skill sets and training needed to consistently implement these procedures. Specifically, the updated procedures do not indicate the knowledge, skills, and abilities staff need to determine when to conduct reevaluations. Further, VA has not ensured that training aligns with these needed skillsets. Without improving procedures and training, VA is at risk of conducting unnecessary reevaluations and burdening veterans.

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Abbreviations

OEI	Office of Enterprise Integration
OIG	Office of Inspector General
PTSD	post traumatic stress disorder
RVSR	Rating Veterans Service Representative
STAR	Systematic Technical Accuracy Review
VA	Department of Veterans Affairs
VASRD	VA Schedule for Rating Disabilities
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VHA	Veterans Health Administration
VSR	Veterans Service Representative

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December 16, 2019

The Honorable Jack Bergman
Ranking Member
Subcommittee on Oversight and Investigations
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Bergman:

A sacrifice of military service can include sustaining a disability, and the Department of Veterans Affairs' (VA) mission is to care for those who "shall have borne the battle." To promote the wellness of veterans who incurred or aggravated disabling conditions during military service (service-connected conditions),¹ VA receives appropriations of tens of billions of dollars per year to provide health care, disability compensation, and other forms of assistance.²

Gauging whether VA care and benefits are associated with a change in health outcomes for veterans with service-connected conditions is important for better serving these veterans. Two ways of determining changes in veterans' health are (1) researching the health treatment for service-connected conditions, and (2) assessing service-connected conditions through VA's disability reevaluation process.

- Research, conducted by VA's Veterans Health Administration (VHA), involves studies on changes in veterans' health among a group of veterans, such as changes in the severity of their symptoms or the incidence of mortality or disease complications.

¹Federal law refers to these as service-connected disabilities. For the purposes of this report, we refer to these as service-connected conditions or conditions.

²VA's health care and disability compensation programs have longstanding management challenges that we highlight in our High-Risk List. This list focuses attention on government operations that are most vulnerable to fraud, waste, abuse, or mismanagement, or in need of transformation. These include managing risks and improving VA health care and improving and modernizing VA disability programs, including managing claims workloads and updating VA's eligibility criteria, the VA Schedule for Rating Disabilities. See GAO, *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, [GAO-19-157SP](#) (Washington, D.C.: Mar. 6, 2019).

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- The reevaluation process, administered by VA's Veterans Benefits Administration (VBA) and its 57 regional offices, involves VA determining whether an individual veteran's service-connected condition has changed, due to treatment or other factors in the years following an evaluation for disability compensation.³

Against this backdrop, you asked us to review issues involving health care for veterans receiving disability compensation and VA's management of the program. This report examines the extent to which (1) veterans receiving VA disability compensation use VA health care services to treat their service-connected conditions, and what is known about their health outcomes; (2) VA uses information on reevaluations to help manage the program; and (3) VA's procedures position the agency to determine when to conduct a reevaluation.

To address the first objective, we analyzed VA fiscal year 2018 data on the number and type of inpatient and outpatient health care visits by veterans for their service-connected conditions.⁴ We assessed the reliability of these data by conducting electronic testing, reviewing data system documentation, and interviewing staff knowledgeable about the data. We determined these data were reliable for our purposes. We also conducted a literature search for information on VA health care use for service-connected conditions to offer additional insights into this data analysis. To determine what is known about health outcomes for veterans' service-connected conditions, we conducted a literature review, searching a number of social science and medical databases to identify studies on health care utilization and health outcomes for service-connected conditions. We also consulted with VA health research officials to identify relevant studies. We looked at studies that met the following criteria: (1) original research published from 2008 to mid-2019, (2) study populations based in the United States, and (3) discussion of outcomes for health conditions for which veterans were awarded disability compensation benefits. As a result, we identified two studies relevant to health outcomes specifically for this population. We evaluated each study's methodology and results and found them reliable for our purposes

³Federal regulations refer to this as a reexamination; we use the term reevaluation to encompass this entire process, including determining whether a condition should be reviewed at a future date, which may or may not include another medical exam.

⁴This refers to Medical SAS inpatient and outpatient datasets, compiled each fiscal year by VHA. These datasets contain information on individual encounters entered into veterans' electronic medical records by staff at VA medical facilities.

in providing insights into health outcomes. In addition, we interviewed VHA officials, VHA health care researchers, and VBA officials about ongoing research on health outcomes for service-connected conditions and the benefits and challenges of conducting this research.

For the second and third objectives, we selected four VBA regional offices for more in-depth review: Boston, MA; St. Louis, MO; Salt Lake City, UT; and Seattle, WA, and made in-person visits to Boston and Seattle. For each office we obtained documentation pertaining to their processes and plans regarding reevaluations and interviewed people responsible for the reevaluation process including claims processors, quality reviewers, and managers. Although the information we obtained from interviews with regional office officials provides views on the reevaluation process, this information cannot be generalized to all regional officials and offices. The four offices were selected to obtain variation on the volume of completed reevaluations and diverse locations.

For the second objective, we reviewed relevant federal laws and regulations as well as VA policies and procedures pertaining to reevaluations. These include VA's procedures and goals for measuring claims processing accuracy and timeliness, and its management practices for addressing performance issues with reevaluation decisions. We assessed VA's efforts against best practices for use of performance information.⁵ We also assessed VA's efforts against federal standards for internal control related to monitoring.⁶ We analyzed VBA data on completed reevaluations conducted from fiscal year 2013 through fiscal year 2018. We assessed the reliability of these data by conducting electronic testing, examining data system documentation and interviewing staff knowledgeable about the data; we determined that these data were reliable for our purposes.

For the third objective, we reviewed relevant federal laws and regulations as well as VA policies and procedures pertaining to reevaluations, including guidance and training. We compared these procedures to federal standards for internal control related to designing appropriate

⁵GAO, *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

⁶GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

control activities to achieve program objectives. We also assessed VA's procedures against key practices for training and development.⁷

We conducted this performance audit from July 2018 to December 2019 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

Disability Compensation

VA pays monthly disability compensation to veterans with disabling conditions caused or aggravated by their military service.⁸ The benefit is based on an average reduction in earning capacity across a group of individuals with similar physical or mental impairments. Disability compensation is generally paid according to the severity of the service-connected condition and is awarded in 10 percent increments, based on criteria in the VA Schedule for Rating Disabilities (VASRD or rating schedule).

Veterans may claim more than one medical condition, and VBA assigns a rating percentage for each condition determined to be connected to the veteran's service. For veterans with multiple service-connected conditions, VA calculates a rating (combined disability rating) using a table that applies a formula for combining multiple ratings into a single rating. The rating affects the amount of monthly compensation received by a veteran.⁹

⁷GAO, *Human Capital: A Guide for Assessing Strategic Training and Development Efforts in the Federal Government*, [GAO-04-546G](#) (Washington, D.C.: March 2004).

⁸38 U.S.C. § 1101 et seq. Veterans with service-connected conditions may also be eligible for other VA benefits and services, such as employment services.

⁹In calendar year 2018, payments ranged from about \$140 per month for a 10 percent rating, which is the minimum rating for receiving a disability payment, to about \$3,057 per month for a 100 percent rating, which is considered a total disability rating. Some veterans receive supplemental benefits in addition to the base payment.

Unlike some private-sector disability programs,¹⁰ the employment status, earnings, and ability to work generally are not factored into the disability rating and subsequent base payment. Moreover, unlike typical workers' compensation programs for permanent impairments,¹¹ no limits are generally placed on the length of time veterans can receive payments.

Obligations for disability compensation have increased by 45 percent in the last 5 years, from about \$54 billion in fiscal year 2013 to about \$78 billion in fiscal year 2018. According to VA, this increase is due to several factors, including more beneficiaries (for example, as veterans of more recent conflicts leave military service and seek compensation), as well as rising average disability ratings that lead to higher average payments. VA reported that growth in the number of veterans with a service-connected condition is concentrated among those rated 50 percent or higher.¹²

VBA's Compensation Service sets policy and oversees the process for determining eligibility for disability compensation.¹³ VBA staff in the regional offices process disability compensation claims. These claims processors include Rating Veterans Service Representatives (RVSR or rater), who decide on benefit entitlement and the rating percentage, and Veterans Service Representatives (VSR), who gather evidence needed for the raters to make their decisions and later authorize payment, if any. Claims processors use the Veterans Benefits Management System (VBMS)—an electronic, paperless system—to maintain, review, and make rating decisions for veterans' claims.

VBA's Disability Reevaluation Process

VBA's reevaluation process determines whether veterans' service-connected conditions may have changed, due to treatment or other factors, in the years following an initial evaluation for disability compensation. This process helps ensure that veterans' service-connected conditions are being rated and compensated correctly.

¹⁰Congressional Budget Office, *Veterans' Disability Compensation: Trends and Policy Options* (Washington, D.C.: August 2014).

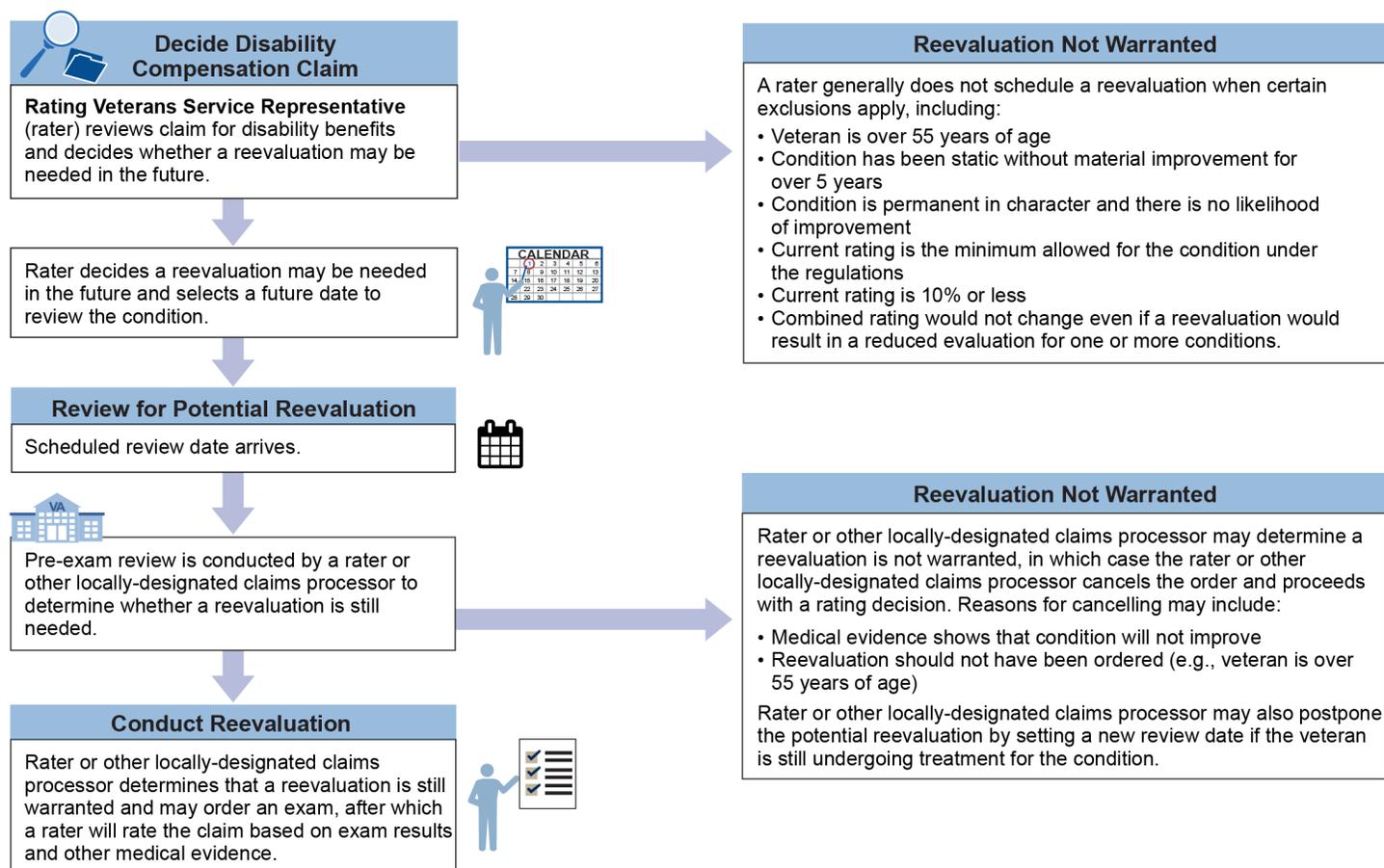
¹¹Veterans' Disability Benefits Commission, *Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century* (Washington, D.C.: October 2007).

¹²Department of Veterans Affairs, Office of Policy and Planning, National Center for Veterans Analysis and Statistics, *Statistical Trends: Veterans with a Service Connected Disability, 1990 to 2018* (Washington, D.C.: 2019).

¹³VBA's M21-1 procedures manual provides guidance on this process.

A first step in the process is deciding whether a condition may need to be reevaluated at a future date. As part of an evaluation for disability compensation, claims processors review medical evidence and consider whether to schedule a future review date (see fig.1). When the scheduled review date arrives, VBA revisits the case to determine whether a reevaluation of the disabling condition is still appropriate. This pre-exam review involves reviewing the veteran's records to determine if the veteran is still experiencing similar symptoms. After this review, VBA may conduct, postpone, or cancel a reevaluation. If the reevaluation is conducted, a medical exam may be ordered, after which the rater will rate the condition based on exam results and other medical evidence.

Figure 1: VA's Process for Reevaluating a Veteran's Service-connected Condition



Source: GAO analysis of Department of Veterans Affairs (VA) procedures. | GAO-20-26

Note: For the purposes of this report, we refer to disabilities as service-connected conditions, or conditions.

VBA regulations specify certain conditions that require reevaluation.¹⁴ In other instances, VA has discretion in whether to conduct reevaluations, determined upon review of a veteran's medical record. For example, the medical record may suggest that a veteran with limited range of motion will be continuing physical rehabilitation and is expected to improve. Whether the reevaluation is required or discretionary, VBA's regulations outline several exclusions that place limits on when VBA conducts reevaluations, such as if the veteran's combined disability rating would not change as a result of a reduced evaluation for one or more conditions.

VHA and Other Health Care for Veterans

Veterans may generally obtain health care through (1) VA medical facilities, (2) non-VA health care providers in the community for which VA pays (called community care), or (3) providers paid through veterans' own health insurance.

For VA medical facilities, VHA determines eligibility and priority for VA health care, enrolls veterans, and oversees 172 VA medical centers and over 1,000 outpatient facilities. In response to the Veterans' Health Care Eligibility Reform Act of 1996,¹⁵ VHA developed a priority system to balance demand for health care with available resources. The system has eight priority groups, and first priority is generally given to veterans with service-connected conditions rated 50 percent or more and to veterans deemed unemployable because of service-connected conditions. Priority groups 2 and 3 include veterans with service-connected conditions rated 30 or 40 percent, or 10 or 20 percent, respectively, according to VHA.

Veterans may be eligible for community care if, for example, VA does not offer the care or service the veteran requires, or when a VA medical facility is unable to provide the care or services consistent with the agency's access standards. Before receiving health care through VA community care programs, veterans must generally obtain authorization from VA.

The total number of veterans enrolled in VA's health care system rose from 7.9 million to over 9 million from fiscal years 2006 through 2017.¹⁶

¹⁴See 38 C.F.R. Part 4.

¹⁵See Pub. L. No. 104-262, § 104, 110 Stat. 3177, 3182.

¹⁶Not all enrolled veterans used VA health care.

During that period, VHA's budget more than doubled, from \$37.8 billion to \$92.3 billion, as health care costs were rising and its community care programs were expanding. In fiscal year 2017, VA obligated \$13.6 billion of its budget for community care, and in fiscal year 2018, this increased to \$14.9 billion.

For health care services delivered outside of VHA medical facilities that are not funded by VA, veterans may use private health insurance.¹⁷ A 2018 VA survey of veterans enrolled in VA's health care system found that about 28 percent reported being covered by private insurance.¹⁸

VBA Regional Office Performance Information for Disability Compensation Claims Processing

VBA tracks its performance in providing timely and accurate disability compensation decisions to veterans. VBA considers a decision to be timely if a veteran's claim is processed within 125 days. As part of its quality assurance efforts, VBA conducts national and individual reviews of the accuracy of claims decisions, and periodic consistency studies to assess claims processors' knowledge of regulations and guidance on specific claims processing issues, such as when to conduct reevaluations.

- At the VBA central office level, procedures call for VA to assess the accuracy of a random sample of completed claims from each regional office using its Systematic Technical Accuracy Review (STAR) method. STAR reviewers use a standardized checklist to review all actions taken in processing a claim and record any errors they find. VA reports national and regional office performance data for claim-based accuracy (based on the entirety of the claim) and issue-based accuracy (based on each of the individual medical conditions rated).

¹⁷Veterans may also receive health coverage through other sources, such as TRICARE, health care for active duty military and retired service members. Many veterans have at least one source of health insurance coverage in addition to eligibility for VA health care services.

¹⁸Advanced Survey Design, *2018 Survey of Veteran Enrollees' Health and Use of Health Care*, a report prepared at the request of Department of Veterans Affairs, Veterans Health Administration, January 2019.

In fiscal year 2018, VBA reported claim-based rating accuracy of about 90 percent and issue-based accuracy of about 95 percent.¹⁹

- At the VBA regional office level, quality review teams conduct Individual Quality Reviews of individual claims processors' work. For example, VA's procedures call for reviews to be performed on five claims for every rater per month. The reviews are used to help assess individual claims processors' performance.

In addition to accuracy reviews, VBA's national quality assurance efforts include periodic consistency studies on specific claims processing issues. These studies are intended to assess how consistently claims processors are making decisions across all regional offices by testing select claims processors on their knowledge of VBA's regulations and procedures.

Differences between Improvements in Service-Connected Conditions and Health Outcomes

Improvements in a veteran's service-connected conditions and improvements in a veteran's health outcomes have important differences. Federal law requires disability compensation to be based upon an average reduction in earning capacity across a group of individuals with a similar physical or mental impairment.²⁰ In addition, for certain service-connected conditions such as amputations, VA evaluates the condition based on loss or loss of function of a body part or system, without considering assistive devices or prosthetics. As such, some service-connected conditions, such as hearing loss, are generally not expected to improve for purposes of disability compensation.²¹ In contrast, according to VHA research, a veteran's use of a hearing aid is an example of a successful health outcome because this assistive technology can treat the symptoms of hearing loss and increase the functioning of a person.

¹⁹In October 2018, GAO recommended that VBA adopt an alternative measure for STAR data, one that would better allow VBA to assign error scores to offices where the errors were made. See GAO, *Veterans' Disability Benefits: Better Measures Needed to Assess Regional Office Performance in Processing Claims*, [GAO-19-15](#) (Washington, D.C.: Oct. 3, 2018). As of September 2019, VBA had not yet adopted such an alternative measure.

²⁰38 U.S.C. § 1155 provides that the "ratings shall be based, as far as practicable, upon the average impairments of earning capacity resulting from such injuries in civil occupations."

²¹For additional information on VA's disability benefits structure, see GAO, *VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization*, [GAO-12-846](#) (Washington, D.C.: Sept. 10, 2012).

Many Veterans Use VA Health Care for Service-Connected Conditions, but Outcomes of This Care Are Not Well Understood

More Than Half of Veterans Receiving Disability Compensation Use VA Health Care for Service-Connected Conditions

For health care delivered at VA medical facilities, our analysis of fiscal year 2018 VA data shows that more than half of veterans receiving disability compensation used VA health care for a service-connected condition.²² Specifically, we determined that about 54 percent of veterans, or about 2.6 million, who received disability compensation²³ had at least one VA outpatient visit related to a service-connected condition.²⁴ Veterans with higher combined disability ratings had more outpatient visits related to their service-connected conditions, on average.²⁵ (See fig. 2.) Veterans using VA health care for service-connected

²²VA tracks care for service-connected conditions to facilitate billing for non-service connected care. For all face-to-face visits, a VA clinician determines whether the care is for a service-connected condition.

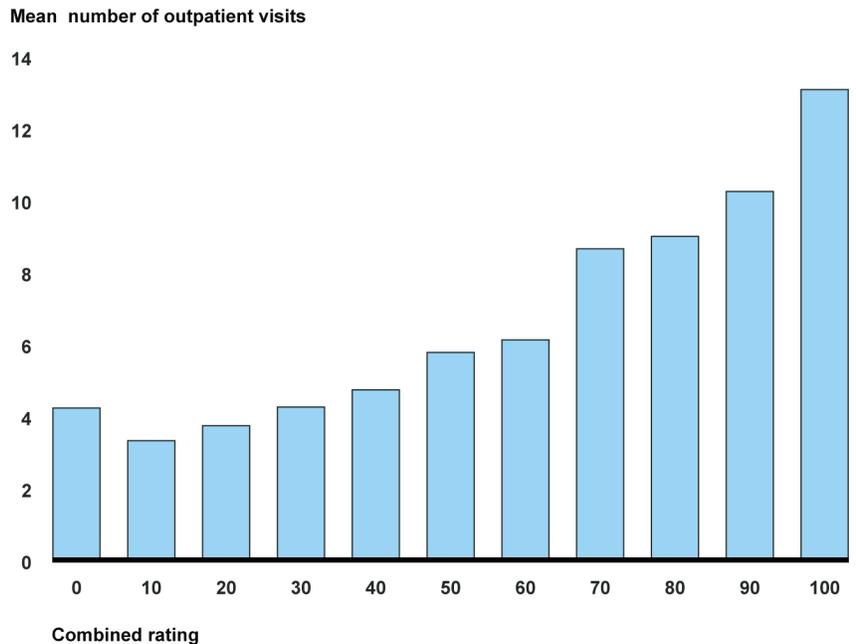
²³This represents about 42 percent of VHA's 6.2 million veteran patients for that fiscal year.

²⁴These results are consistent with a study of VHA health care used by veterans receiving disability compensation as of October 30, 2016. That study found that about 52 percent of veterans receiving disability compensation in fiscal years 2015 and 2016 and enrolled for primary care services received VHA health care. See Charles Maynard, Adam Batten, Chuan-Fen Liu, Karin Nelson, and Stephan D Fihn, "The Burden of Mental Illness Among Veterans: Use of VHA Health Care Services by Those With Service-connected Conditions," *Medical Care*, vol. 55, no. 11 (2017): p. 965. Our results are based on fiscal year 2018 data on VHA health care visits to specifically treat a service-connected condition.

²⁵VA's National Center for Veterans Analysis and Statistics reported that the proportion of veterans receiving disability compensation who also used VHA health care generally increased with the veteran's disability rating. See "Department of Veterans Affairs, Office of Enterprise Integration, Office of Data Governance and Analytics, National Center for Veterans Analysis and Statistics, *VA Utilization Profile, FY 2016* (Washington, D.C.: 2017).

conditions had an average of four such conditions, and the median age was 63.

Figure 2: Average Number of VA Health Care Outpatient Visits per Veteran by Veteran’s Combined Disability Rating, Fiscal Year 2018



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-20-26

For veterans with the most prevalent service-connected conditions, in fiscal year 2018 the average number of visits ranged from about 6 to 11 (see table 1). The highest average number of visits was for veterans with service-connected post traumatic stress disorder (PTSD) and diabetes.²⁶ For the same year, veterans receiving disability compensation had an average of nearly eight outpatient health care visits for service-connected conditions.

²⁶A 2017 study found that mental health conditions, including major depression, PTSD, and anxiety, were associated with more VHA health care use by veterans receiving disability compensation, as was diabetes. See Maynard et al., “Burden of Mental Illness”, p.968.

Table 1: Number of VA Health Care Outpatient Visits for Veterans with the 20 Most Prevalent Service-connected Conditions, Fiscal Year 2018

Name of condition	Unique veterans	Total VA visits	Average visits (highest to lowest)
Post traumatic stress disorder	1,003,903	8,356,591	11.1
Diabetes mellitus	431,664	3,468,980	10.2
Paralysis of sciatic nerve	428,563	3,104,999	9.9
Migraine	427,903	2,454,610	9.3
Intervertebral disc syndrome	259,007	1,387,175	8.6
Scars, unstable or painful	270,488	1,332,741	8.3
Sleep apnea syndromes	303,632	1,431,043	8.1
Limitation of motion - arm	343,182	1,551,986	8.1
Degenerative arthritis - spine	411,018	1,925,233	8.0
Hypertensive vascular disease	294,690	1,310,097	8.0
Lumbosacral or cervical strain	702,444	3,116,159	8.0
Flatfoot, acquired	263,465	1,142,716	7.8
Hernia hiatal	240,691	964,509	7.7
Dermatitis or eczema	287,674	1,177,566	7.7
Limitation of flexion - leg	612,957	2,617,689	7.7
Scars, other	578,406	2,388,748	7.5
Limited motion - ankle	402,393	1,564,899	7.4
Impairment of knee, other	313,125	1,182,358	7.3
Tinnitus, recurrent	1,817,758	7,051,053	7.0
Hearing loss	1,055,913	4,008,707	6.4
All Conditions	-	-	7.8

Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-20-26

Note: According to a VHA official, total VA health care visits represent all service-connected visits for veterans with the specified condition rather than only the visits to treat that condition.

In fiscal year 2018, about 13 percent of VA inpatient hospital stays for veterans receiving disability compensation were to treat a service-connected condition; about 87 percent of the stays for this population were to treat non-service-connected conditions.

Nearly 2.1 million, or about 44 percent of veterans receiving disability compensation, had no VA outpatient visits or inpatient stays for their service-connected conditions. These veterans may have received treatment paid for through private insurance, from community care, or received no treatment for their service-connected conditions in fiscal year

2018. Veterans who did not use VA health care had an average of about four service-connected conditions, and the median age was 57.

For community care (VA-funded health care delivered by non-VA providers), we could not determine the extent to which veterans receiving VA disability compensation used these health providers for their service-connected conditions because this area is not a focus of analysis for the program, according to VHA Office of Community Care officials. These officials told us that, other than for emergency care claims, information on service-connected conditions is not used to process authorizations and payments for the program because program eligibility is based on other factors, such as the availability of needed services.²⁷

Veterans also receive health care outside of VHA facilities that is not funded by VA, such as through their private health insurance, and the number and types of these services for service-connected conditions are largely unknown. According to a statutorily mandated study of the use of VA's health care system, these data are limited.²⁸ The authors of this study recommended that VA consider expanding data collection efforts. VA has since worked with the Department of Health and Human Services' Agency for Healthcare Research and Quality to expand its data collection regarding veterans, including veterans receiving disability compensation, specifically regarding veterans' use of non-VA care and coordinating such care with VA providers. Data from this effort will be available beginning in fiscal year 2020, according to Agency for Healthcare Research and Quality researchers conducting the study.

Health Outcomes of Veterans Receiving VA Disability Compensation Are Not Well Understood

Health outcomes of veterans with service-connected conditions who receive VA health care services are not well understood, as they have not been specifically studied outside of veterans receiving disability compensation for PTSD. Based on a review of peer-reviewed literature and interviews with VA health research officials, we identified two studies

²⁷In general, VA can pay for emergency medical care for a veteran's service-connected condition, for other conditions associated with and aggravating a service-connected condition, and in other situations. See U.S.C. § 1728.

²⁸RAND, Assessment A (Demographics), Prepared for the U.S. Department of Veterans Affairs at the Request of Veterans Access, Choice, and Accountability Act of 2014, Section 201: Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs (Washington, D.C.: Sept. 1, 2015).

on the health outcomes of veterans, both of which specifically focused on health outcomes for veterans receiving disability compensation for PTSD.

- One study published in 2011 found that receiving disability compensation benefits for PTSD was associated with clinically meaningful reductions in PTSD symptoms and reductions in poverty and homelessness.²⁹
- Another study published in 2017 found that 10 percent of men and 20 percent of women who applied for disability compensation for PTSD had a persistent serious mental illness,³⁰ and over time, consistently reported more severe PTSD symptoms and poorer functioning in comparison to other study participants without severe mental illness.³¹ The study authors noted that serious mental illness was more prevalent in this population than in the VA health care system overall. They concluded that more information is needed about the characteristics of those receiving disability compensation to better understand their challenges and long-term outcomes.

VA's Health Services Research and Development office sponsors research on health conditions common in the veteran population, such as traumatic brain injury and Gulf War Illness, among others. According to an official from this office, data used for these studies generally do not include veterans' receipt of disability compensation or their specific service-connected conditions.

²⁹M. Murdoch, N. A. Sayer, M.R. Spont, R. Rosenheck, S. Noorbaloochi, J. M. Griffin, P. A. Arbisi, E.M. Hagel, "Long-term Outcomes of Disability Benefits in US Veterans With Posttraumatic Stress Disorder," *Archives of General Psychiatry*, vol. 68, no.10 (2011): p.1072.

³⁰In this study, persistent serious mental illness was defined as a diagnosis with bipolar disorder or schizophrenia/schizo-affective disorder at least once in three separate calendar years.

³¹This study surveyed a sample of veterans who applied for disability benefits based on PTSD between 1994 and 1998. As of 2016, over 90 percent of the initial cohort who responded to the survey had received some VA disability benefits (unpublished result, email communication). This sample is not representative of all veterans or all veterans receiving disability benefits. See M. Murdoch, M.R. Spont, S. M. Kehle-Forbes, E. M. Harwood, N. A. Sayer, B. A. Clothier, A.K. Bangerter, "Persistent Serious Mental Illness Among Former Applicants for VA PTSD Disability Benefits and Long-Term Outcomes: Symptoms, Functioning, and Employment," *Journal of Traumatic Stress*, vol. 30 (2017): p.36.

VA Data on Service-Connected Conditions and Health Care Are Not Easily Used to Study Health Outcomes of this Population

Several health care researchers within VA and a VA official we spoke with cited various reasons for limited research on health outcomes for veterans with service-connected conditions. According to these officials, a key challenge is that VBA and VHA data do not use the same identifiers for medical conditions that are needed to link the two information sources.³² VA health care researchers acknowledged benefits to including veterans' VBA disability codes in their studies to analyze health information for veterans with service-connected conditions. A 2007 report on the options for improving the disability program also noted that the use of common diagnostic categories would allow VA program managers and researchers to compare populations and trends that would help in program planning and in epidemiological and health services research.³³ However, VBA's diagnostic codes are unique and do not allow comparisons of trends in disabilities in populations served by VHA or the Department of Defense.

According to a VA health care researcher and a VHA official, also contributing to these challenges are the lack of data use agreements, which could better facilitate linking VBA and VHA administrative data for VA to further study health outcomes for this population. For example, according to a VA researcher, linking these data sources could allow researchers to investigate causal relationships between disability compensation and veterans' health outcomes. We previously reported that such agreements can specify which data can be accessed and for what purpose, the duration of access, and requirements for safeguarding the data and ensuring confidentiality.³⁴ VBA officials said that while they routinely share data with VHA for operational purposes, obtaining access to VBA data for research purposes has special requirements and is more cumbersome. Agency health care data are stored in VHA's Corporate Data Warehouse, while benefits data are stored in VBA's data warehouse. Both VHA and VBA officials noted that their data contain sensitive information and that access is carefully monitored.

³²VBA establishes numeric codes for each condition it has identified as being service-connected and catalogs these codes and conditions in the rating schedule. VHA uses ICD-10 codes, which are used throughout the health care field to categorize medical conditions.

³³Institute of Medicine, *A 21st Century System for Evaluating Veterans for Disability Benefits* (Washington, D.C.: 2007).

³⁴GAO, *Electronic Health Information: CMS Oversight of Medicare Beneficiary Data Security Needs Improvement*, [GAO-18-210](#) (Washington, D.C.: Mar. 6, 2018).

VA's fiscal year 2018-2024 Strategic Plan includes goals and objectives for data-driven decision making, which include having comprehensive data to identify and meet veterans' needs, as well as to understand the outcomes VA provides veterans and focus VA's improvement efforts.³⁵ In addition, we have previously reported that agencies can enhance and sustain their collaborative efforts by defining common outcomes, leveraging resources, and establishing compatible policies, among others.³⁶ These practices include articulating agreements in formal documents, which can strengthen the commitment to working collaboratively, as well as establishing compatible policies and other means (including compatible standards and data systems) to operate across agency boundaries.

VA has begun to consider ways to analyze health care services received by veterans with service-connected conditions. VA's Office of Enterprise Integration (OEI) is tasked with providing analysis to inform VA decision-making, as well as to align planning and implementation across VA programs and initiatives. According to an OEI official, it plans to convene subject matter experts from VBA and VHA to determine options and pilot strategies to link available data, but has not yet determined the scope, specific activities, or timeframes for this effort.³⁷ Until VA develops and implements a plan to address challenges that have hindered analysis thus far and enhance collaboration between VBA and VHA with regard to such analysis, VA will not be positioned to understand the characteristics, needs, and health outcomes of veterans with service-connected conditions, which available research suggests may be different from other veterans.

³⁵Department of Veterans Affairs, *FY 2018–2024 Strategic Plan* (Washington, D.C.: May 2019).

³⁶GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005).

³⁷Our prior work has identified components of sound planning that agencies can use to enhance planning. These components include, for example, defining the problem the plan is intended to address, including a discussion of the root causes of the problem, and who will implement the plan (e.g., roles and responsibilities of specific federal agencies, programs, or offices). See GAO, *Social Security Disability: Additional Performance Measures and Better Cost Estimates Could Help Improve SSA's Efforts to Eliminate Its Hearings Backlog*, [GAO-09-398](#) (Washington, D.C.: Sept. 9, 2009).

VBA Does Not Fully Use Information on Reevaluations to Manage the Disability Compensation Program

VBA Does Not Fully Use Trend and Outcome Information on Completed Reevaluations to Aid Future Decision Making About Which Conditions to Reevaluate

VBA uses some information on conditions identified as potentially needing reevaluations; however, it is not analyzing and using trend and outcome information from completed reevaluations to inform which service-connected conditions to reevaluate in the future. Reevaluations of veterans' service-connected conditions can serve as a proxy to gauge change, including improvement, in health. VBA assesses changes in veterans' disabling conditions from reevaluations it conducts for various reasons, including evidence of potential improvement or when required by the rating schedule. A reevaluation showing a change in a given condition may result in one of three possible outcomes: an increase, decrease, or no change in the veteran's associated disability rating.

VBA developed a report to help identify unnecessary reevaluations, which included information on veterans' conditions that are initially flagged by raters for potentially needing reevaluations in the future. Developed in 2017, VBA's report identified potential reevaluations deemed unnecessary per VA's regulations. For example, regulations state that veterans older than 55 are generally exempt from reevaluation, according

to the VA Office of Inspector General (OIG).³⁸ As part of this process, potential reevaluations identified as unwarranted by VBA's report would be cancelled before their scheduled review dates arrived.

This report also includes information on specific conditions identified for potential reevaluation, including the subset of conditions required by regulation to be reevaluated. For example, according to the data generated by the report in June 2019, PTSD was the most common condition identified for potential reevaluation, and of the conditions requiring reevaluation, prostate cancer was most common. However, VBA officials explained that if the report were to find that any of the cases were for veterans older than 55, the reevaluation would be deemed unwarranted and the scheduled review date for considering reevaluation would be cancelled. According to VBA officials, using this report helped VBA identify and cancel about 70,000 potential reevaluations deemed unnecessary, saving about \$29 million.³⁹ VBA plans to run similar reports as needed to identify more reevaluations that could be cancelled, according to officials.

Additionally, VBA officials said that they have data on the specific conditions for which medical exams are ordered as part of the reevaluation process. Ordering exams for reevaluations occurs after a condition identified for potential reevaluation has been reviewed and a decision has been made to proceed with a reevaluation. In particular, VBA's Exam Management System tracks exams ordered, including exams for reevaluations, and provides information about the associated

³⁸Department of Veterans Affairs, Office of Inspector General, *Veterans Benefits Administration: Unwarranted Medical Reexaminations for Disability Benefits*, 17-04966-201 (Washington, D.C.: July 17, 2018). This report included four recommendations to VA's Under Secretary for Benefits: 1) Establish internal controls sufficient to ensure that a reexamination is necessary prior to employees ordering it, and modify VBA procedures as appropriate to reflect these improved business processes; 2) Take steps to prioritize the design and implementation of system automation reasonably designed to minimize unwarranted reexaminations; 3) Enhance VBA's quality assurance reviews to evaluate whether employees correctly requested reexaminations and to categorize unwarranted reexaminations as errors; and 4) Conduct a special focused quality improvement review of cases with unwarranted reexaminations to understand and redress the causes of any avoidable errors. VBA officials stated that the report identifying unwarranted potential reevaluations, which they had developed before the OIG report, would address the first and fourth recommendations.

³⁹According to VBA officials, this estimate of savings is based on the methodology VA's Office of Inspector General used in its July 2018 report on the costs of unnecessary reevaluations. See VA OIG 17-04966-201.

conditions. However, this system does not provide information on the outcome of a reevaluation decision based on the information from these exams.

While VBA has some insight into conditions set to be reevaluated, management lacks information on completed reevaluations, including (1) trends and comparisons of certain reevaluated conditions and (2) rating outcomes of reevaluation decisions for individual service-connected conditions.

Reevaluation trends. VBA officials told us that they analyze trends on the numbers of veterans who have had reevaluations. However, they said they do not analyze reevaluation data to identify trends on whether certain conditions are frequently or infrequently reevaluated, including for conditions requiring reevaluation under VBA regulation.⁴⁰ Further, although VBA has a mechanism to identify potential reevaluations for veterans with conditions requiring them, it is not analyzing the broader universe of veterans with these conditions, according to VBA officials. Such information could determine the extent to which conditions are being identified for reevaluation as required as well as the outcomes or results of these reevaluations. This trend information could also help VBA determine whether claims processors are conducting reevaluations as needed or required.

Reevaluation outcomes. VBA officials said that they do not analyze information on the outcomes of reevaluation decisions for individual conditions (i.e., whether a reevaluation resulted in an increase, decrease, or no change to the rating of a particular condition). According to our analysis of VBA data, reevaluations rarely result in changes to veterans' combined ratings.⁴¹ Specifically, from fiscal years 2013 through 2018,

⁴⁰The Health and Medicine Division, previously the Institute of Medicine, and the National Research Council identified this issue specifically for PTSD, recommending that VA collect and analyze the extent to which PTSD disability ratings change as a result of reevaluations. This 2007 report also noted the importance of structuring reevaluation policy in a way that limits disincentives for receiving treatment or rehabilitation services. The report suggested that one way to address this potential issue was to set a long-term minimum level of benefits, where benefits comprise compensation and other forms of assistance, such as priority access to VA medical treatment. See Institute of Medicine, *PTSD Compensation and Military Service* (Washington, D.C.: May 2007).

⁴¹Conditions are excluded from reevaluation when the veteran's combined rating would not change if the future reevaluation would result in reduced evaluation for one or more conditions. See 38 C.F.R. § 3.327(b)(2)(vi).

about 95 percent of reevaluations resulted in no changes to combined ratings for veterans, with about 3 percent resulting in an increase and less than 1 percent resulting in a decrease.

Combined ratings alone do not offer insight into what impact reevaluations may have on ratings for individual conditions, including which ones are improving as a result of treatment. Most veterans have multiple conditions that contribute to a combined disability rating. VA reported that in 2018 veterans receiving disability compensation had an average of about five service-connected conditions. For those receiving reevaluations, this circumstance means that although the rating of one condition may decrease as a result of a reevaluation, the rating of another condition may increase based on the claims processor's review of the medical evidence. As a result, the combined rating may not decrease despite a decrease in the rating of an individual condition.

A recent report examining reevaluations for veterans with PTSD had similar findings.⁴² In its review of a sample of veterans, the study found that these veterans rarely saw a reduction in their individual rating for PTSD. In cases where an individual rating was reduced, most saw no reduction in their overall combined rating due to the fact that they had other conditions whose ratings increased and thereby offset any reduction.

According to VBA officials, the agency does not analyze data on trends in reevaluated conditions or the outcomes of reevaluation decisions for specific conditions because management has not expressed interest in doing so. Further, officials said that these data are not stored together in the database. Although analyzing these data and developing a report on types of conditions reevaluated and their outcomes is feasible, according to officials, doing so would require additional steps, including analyzing the text of rating decisions.

According to VA regulation, reevaluations are intended to verify the continued existence or the current severity of a disability.⁴³ Federal standards for internal control state that management should establish and

⁴²Maureen Murdoch, Shannon Kehle-Forbes, Michele Spont, Nina A. Sayer, Siamak Noorbaloochi, and Paul Arbisi, "Changes in Post-traumatic Stress Disorder Service Connection Among Veterans Under Age 55: An 18-year Ecological Cohort Study," *Military Medicine*, vol. 00, no. 0/0 (2019).

⁴³38 C.F.R. § 3.327(a).

operate monitoring activities to evaluate the results of activities and ensure that objectives are met with minimum wasted resources.⁴⁴

Moreover, they state that management should design a process that uses the entity's objectives and related risks to identify the information requirements needed to achieve the objectives and address risks. These standards also state that management should use quality information to achieve the entity's objectives.

Identifying the extent to which VBA is meeting these program objectives and effectively managing resources is difficult without analyzing information about the outcomes of reevaluations for specific conditions. Such analysis could also identify trends indicating conditions with little or no potential for a rating change or missed opportunities to target other conditions likely to change as a result of reevaluations.⁴⁵

In recent years, VBA has focused its procedures on reducing the number of unnecessary reevaluations and generally limiting the number of reevaluations conducted overall. Using outcome information could allow the agency to better target the agency's resources and avoid the risk of unnecessary reevaluations and burdening veterans.

Analyzing reevaluation trends and outcomes could also inform existing VBA policy. For example, VA is updating the rating schedule with current medical and earnings loss information, including adding conditions requiring reevaluations. Analyzing information on which conditions are reevaluated and identifying any trends in conditions that improve could help inform future updates to the rating schedule or improve the policies or practices for how the reevaluation process is implemented.

⁴⁴[GAO-14-704G](#).

⁴⁵In our prior work, we reported that information on reevaluated conditions and their outcomes could be used to target conditions that are likely to change. VBA implemented this recommendation by completing a review and analysis of reevaluation claims completed in fiscal year 2007. It concluded that the selection and timing of disability reevaluations was correct 94 percent of the time, and planned to provide refresher training on when a reevaluation should be completed. See GAO, *Veterans' Benefits: Improved Operational Controls and Management Data Would Enhance VBA's Disability Reevaluation Process*, [GAO-08-75](#) (Washington, D.C.: Dec. 6, 2007).

VBA Does Not Fully Use Performance Information to Help Improve the Reevaluation Process

VBA uses information to help gauge the timeliness and quality of reevaluation decisions, but has not fully used information related to the consistency of raters' decisions to address potential training needs, among other issues. VBA tracks its performance in providing veterans with timely and accurate decisions on their disability compensation benefits, and uses such information—including information on reevaluations—to manage the claims process. VBA holds its claims processing staff accountable for their timeliness and accuracy through performance standards for regional office managers and individual claims processors.

- **Timeliness.** VBA measures and reports to Congress and the public its total number of claims awaiting completion, including those that have been backlogged (awaiting completion for more than 125 days). According to VA, at the end of fiscal year 2018 it had about 364,000 disability compensation rating claims awaiting completion. Of this total, about 19,000 were reevaluations, of which fewer than 5 percent were in the backlog. VBA uses additional timeliness measures to hold regional offices accountable by tracking the timeliness of their work in each of five steps or cycles in the claims process, as managed under the National Work Queue (VBA's system for distributing the claims workload).⁴⁶ For example, in fiscal year 2018, preparing a rating decision for a reevaluation took an average of 1.76 days.
- **Quality.** VA uses national, regional office, and individual-level data from its accuracy reviews to oversee the quality of rating claims decisions, including reevaluations. Each regional office is to meet the national STAR issue-based target of 96 percent accuracy for the year. For reevaluations, VBA reported both claim-based and issue-based accuracy of about 95 percent for fiscal year 2018. According to VBA officials, in response to a recommendation in the VA OIG's report on unwarranted reevaluations, in October 2018 VBA updated the STAR national quality review checklist with additional questions on (1) the need for a reevaluation, and (2) the timeframe for future reevaluation. At the individual claims processor level, VA measures accuracy using the results of Individual Quality Reviews as part of claims processors' performance evaluations. For example, a rater is considered fully successful by achieving 92 to 96 percent accuracy on Individual

⁴⁶For more information on the National Work Queue and regional office timeliness goals, see [GAO-19-15](#).

Quality Reviews for a month, depending on the rater's experience.⁴⁷ In fiscal year 2018, VBA reported that for Individual Quality Reviews, claims processors had a 98.4 percent accuracy rate for reevaluations. Overall, few reevaluations are reviewed because reevaluations are a small proportion of VA's claims workload. Specifically, of about 102,000 reevaluations completed in fiscal year 2018, about 1,500 were reviewed under STAR and about 10,000 were reviewed in Individual Quality Reviews. In addition to using accuracy information to measure regional office and individual performance, VBA holds regional offices and individual claims processors responsible for correcting their errors.⁴⁸

According to VBA officials, the agency uses information from its quality reviews to provide additional guidance and training to regional offices. VBA discusses quality review information, including trends in claims processing errors, through newsletters and periodic conference calls with regional office managers and quality review teams. For example, VBA officials noted that they discussed reevaluation policies and guidance with regional office staff on three occasions between May 2017 and May 2018. Officials at the four regional offices we visited indicated that they disseminated information on reevaluations to claims processors. For example, one office's quality review team provided additional training on reevaluations to members of the claims processing teams. Quality review team officials in each of the regional offices we visited told us that they disseminate and reinforce guidance to claims processors through periodic meetings, newsletters, or other mechanisms.⁴⁹

VBA, however, has not fully used available information about quality to oversee and improve the reevaluation process. Specifically, VBA did not use the results of a study it conducted to further identify and correct gaps

⁴⁷For raters with 12 months or less experience, the fully successful standard is 92 percent. For raters with more than 12 months up to 18 months experience, the standard is 94 percent. For raters with more than 24 months experience, the standard is 96 percent.

⁴⁸According to VBA, STAR errors cause a determination of a claimant's benefit entitlement to be inaccurate. In addition, STAR reviewers may make comments when the claim's documentation is incorrect, but it does not affect benefit entitlement. Benefit entitlement errors count against a regional office's accuracy score; comments do not. For example, if a STAR reviewer finds that a reevaluation was improperly ordered, or was ordered for an incorrect timeframe, the reviewer makes a comment. Both errors and comments are to be corrected. See VBA's M21-4 Manual, Chapter 3: National Quality Review.

⁴⁹See also GAO, *Veterans' Disability Benefits: Improvements Could Further Enhance Quality Assurance Efforts*, [GAO-15-50](#) (Washington, D.C.: Nov. 19, 2014).

in raters' knowledge of reevaluation processing guidance. This May 2018 study—part of VBA's quality assurance efforts that include periodic consistency reviews of specific claims processing issues—assessed how consistently raters across regional offices understood VBA's policies on ordering reevaluations (see table 2).

Table 2: Summary of Methods and Results of VBA's May 2018 Consistency Study on Disability Compensation Reevaluations

How VBA conducted the study	
	<ul style="list-style-type: none"> • Study's universe consisted of raters and other ratings-related staff.^a • Study participants took a test that consisted of rating scenarios. For each scenario, raters were asked to (1) decide whether a reevaluation should be ordered, and (2) identify the most relevant regulation or VBA manual guidance for making that decision. To pass, the participant had to get all of the scenarios correct. • Raters who failed the initial test were provided refresher training, and then re-tested until they passed. As with the initial test, a rater had to get all of the scenarios correct to pass.
The study's results	
	<ul style="list-style-type: none"> • 2,901 (80 percent) of more than 3,600 VBA raters and other rating-related staff members completed the study. • 489 participants (17 percent) passed the initial pre-test. • 788 (33 percent) passed the post-test after completing the training module once; the rest required two or more attempts. Nearly all (99 percent) participants passed the post-test eventually. • Rating Quality Review Specialists and Decision Review Officers tended to perform better than raters. • Seven offices were identified as having the lowest scores and thus deemed to be at high risk of making incorrect decisions to order reevaluations.^b

Source: GAO analysis of Veterans Benefits Administration (VBA) documents. | GAO-20-26

^aIn addition to raters, the study involved Decision Review Officers, who handle appeals of rating decisions; and Rating Quality Service Representatives, who conduct Individual Quality Reviews of raters' work at regional offices.

^bThe study team identified the regional offices in Boston, Massachusetts; Hartford, Connecticut; Newark, New Jersey; Philadelphia, Pennsylvania; St. Louis, Missouri, and San Juan, Puerto Rico for further reviews. In addition, the team identified the Appeals Management Center.

The study team recommended VBA take two actions:

1. Consider having experienced quality review team staff at regional offices provide additional training on reevaluation guidance to raters.⁵⁰
2. Consider reviewing reevaluation decisions at the seven lowest-scoring offices because they were at high risk of inaccuracies.

While VBA provided regional offices with results of the May 2018 consistency study, the agency did not implement either recommendation.

VBA officials told us that they did not direct regional offices to provide additional training because the agency expected the offices to use the results of the consistency study to plan training on reevaluations for their staff. However, VBA officials told us that not all regional offices provided additional training on reevaluations. Quality review officials at the four offices we visited—which included two of the seven offices the study team identified for further review—told us that they did not provide additional training. Officials at two offices said they had previously provided guidance and training to claims processors on reevaluations.

VA's goals are to ensure timely and accurate claims decisions for veterans. Federal standards for internal control state that management should establish monitoring activities, evaluate the results, and remediate any deficiencies on a timely basis.⁵¹ Consistent with these standards, GAO has previously reported that a key use of performance information is to identify problems and take corrective actions, for example, by changing agency guidance or by providing training.⁵²

By not implementing the study's recommendations, VBA is missing an opportunity to identify problems and their root causes as a guide to corrective actions, including training or the improvement of training. Many raters who are trained to make these decisions did not perform well on the consistency study's initial test. Exploring deficiencies associated with this poor performance could position VA to better manage the reevaluation process. In addition, resources spent in developing the study

⁵⁰According to VBA's claims processing manual, the quality review teams are responsible for training on claims processing error trends.

⁵¹[GAO-14-704G](#).

⁵²[GAO-05-927](#) and [GAO-15-50](#).

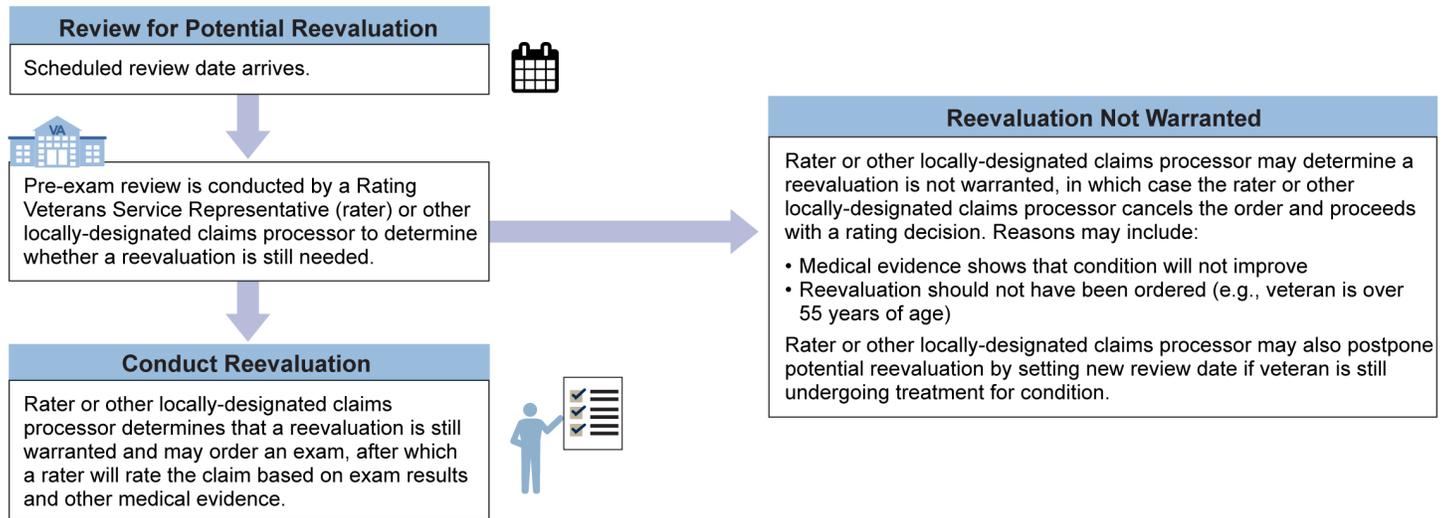
and analyzing its results were not used as effectively as they could have been.

VBA Has Not Clearly Defined Skill Sets and Training Needed to Determine When to Reevaluate Veterans' Conditions

VBA Has Not Clearly Defined Knowledge, Skills, and Abilities for Staff Conducting Pre-Exam Reviews in the Reevaluation Process

VBA has recently updated its procedures manual to clarify who can determine whether a reevaluation is needed, but has not outlined guidance for the knowledge, skills, and abilities needed to perform these tasks. As part of the reevaluation process to assess veterans' conditions, VBA procedures require claims processors in regional offices to conduct a pre-exam review to determine whether a reevaluation is still appropriate when its scheduled review date arrives (see fig. 3). For the reevaluation process to work effectively, proper procedures must be in place to ensure that claims processors can make informed decisions on whether to reevaluate these conditions.

Figure 3: Overview of VA's Disability Review and Reevaluation Process



Source: GAO analysis of Department of Veterans Affairs (VA) procedures. | GAO-20-26

Note: This stage of the process occurs after a rater initially determined that a reevaluation may be needed and sets a future date to review the condition.

Until its recent update, VBA's procedures manual stated that staff deemed part of "the rating activity" (defined in the manual as staff including raters who specialize in rating claims) were the only claims processors who were permitted to conduct a pre-exam review to determine whether a reevaluation is warranted.⁵³ In February 2019, VBA updated its procedures manual to clarify that raters or "locally designated claims processors" may conduct this review. Officials said that Veterans Service Representatives (VSR) may fill this role in some offices.

Although VBA's procedures permit VSRs to conduct pre-exam reviews, VSRs may not be qualified to do so, according to the OIG's July 2018 report and VBA regional staff we interviewed in 2019. The OIG found that VSRs were ordering exams without raters' pre-exam reviews, resulting in an estimated 15,500 unwarranted exams (about 29 percent of the cases from the study's review period).⁵⁴ These exams were determined to be unwarranted based primarily on exclusions identified in VA's procedures

⁵³The rating activity is defined in VA's M-21 Adjudication Procedures Manual, Part III, Subpart iv, Chapter 1: *General Information on the Rating Activity*.

⁵⁴VA OIG 17-04966-201.

that exempt certain veterans from reevaluation (see text box). The report found that, rather than sending claims to raters for pre-exam review, VSRs were ordering exams despite not having the proper training and experience to decide on whether a reevaluation was warranted, such as the specialized knowledge needed to review medical evidence.

Exclusions from Reevaluation

- Veteran is over 55 years of age
- Condition has been static without material improvement for over 5 years
- Condition is permanent in character and there is no likelihood of improvement
- Current rating is the minimum allowed for the condition under the regulations
- Current rating is 10% or less
- Combined rating would not change even if a reevaluation would result in a reduced evaluation for one or more conditions

Source: GAO summary of Department of Veterans Affairs (VA) procedures. | GAO-20-26

Note: For the purposes of this report, we refer to disabilities as service-connected conditions, or conditions.

Officials in regional offices we visited expressed concern about VSRs performing this role. Specifically, staff in three of the four regional offices we spoke with—including raters, supervisors, quality assurance staff, and managers—told us that raters do the pre-exam review in their respective offices because they are the only staff qualified to perform this duty. For example, raters have more experience and training than VSRs in reviewing medical evidence to determine the need for a reevaluation, according to officials from one office. In contrast, supervisors we spoke with at another regional office told us they have opted to have VSRs do the pre-exam review as a way to manage the claims workload and enable raters to focus exclusively on rating claims.⁵⁵ However, these supervisors

⁵⁵In recent years, VA has been focused on reducing its claims inventory. VA reported that it reduced the pending number of disability compensation and pension claims from 884,000 in July 2012 to about 374,000, in July 2019.

expressed concern that VSR reviews could have a negative impact on quality.⁵⁶

VBA officials said they have not outlined guidance for the skills needed to perform the pre-exam review. Rather, VBA officials said that they believe it is most effective to allow the regional offices, which vary widely in size and scope, to have discretion to identify staff to fill this role. Further, VBA officials told us that the recent update to the agency's procedures did not reflect a policy change broadening which staff can do pre-exam reviews, but rather clarified existing practice under which VSRs were already permitted to perform this task. However, given the OIG findings that VSRs performing this task resulted in many unwarranted exams, defining the knowledge, skills, and abilities needed for the pre-exam review could provide assurance that staff who do so are qualified. Federal standards for internal control call for management to clearly assign responsibilities and document internal controls, including who should carry out which roles.⁵⁷ Identifying the knowledge, skills and abilities needed by qualified staff to carry out their responsibilities can also help management ensure the entity's objectives are met.

Providing flexibility for regional offices can ease implementation and management of workloads, especially for offices with varied situations. However, providing flexibility does not preclude VBA from outlining the basic knowledge, skills, and abilities required to perform the pre-exam review. Further, in our prior work we found that VBA has faced challenges in defining roles for its staff, which has led to inconsistencies in the way regional offices operate.⁵⁸ We have also found that ambiguous policies provided by other VA programs can pose risks to the quality of the

⁵⁶To meet their productivity requirement, claims processors must earn a certain number of credits per pay period. VA has encouraged certain claims processing tasks or outcomes, in part, through structuring work credits. See GAO, *Veterans Disability Benefits: Clearer Information for Veterans and Additional Performance Measures Could Improve Appeal Process*, [GAO-11-812](#) (Washington, D.C.: Sept. 29, 2011). While all claims processors are evaluated in the same five areas of performance, raters and VSRs have different standards for production based on the differences in their positions. Specifically, raters generally receive production credits solely for completing rating decisions, whereas VSRs receive credit for a variety of transactions that they complete. Similarly, raters do not receive credit for conducting pre-exam reviews, whereas VSRs do.

⁵⁷[GAO-14-704G](#).

⁵⁸[GAO-11-812](#).

process.⁵⁹ Without clarifying in VBA's procedures manual which knowledge, skills, and abilities are needed to fill roles in the reevaluation process, VBA may be at risk of having unqualified staff continue to order unwarranted reevaluations. This risk, in turn, could result in wasted resources and an undue burden on veterans.

VBA Has Not Ensured Proper Training for Staff Conducting Pre-Exam Reviews

Despite recent changes to its procedures manual, VBA has not ensured that its training program reflects the knowledge, skills, and abilities needed for relevant staff to conduct pre-exam reviews. VBA oversees national training requirements, including training related to reevaluations, but defers to regional offices to manage other training needs. As entry-level staff, claims processors receive national training from VBA related to their job duties. For raters, this initial training covers reevaluations, including instruction on when and when not to schedule reevaluations, and case studies exploring how to make reevaluation decisions based on medical and other evidence, among other topics. VSRs may also receive general training on reviewing and evaluating evidence and are introduced to reevaluations as they learn about general claim development and ordering exams. In addition to initial training, claims processors must complete 40 hours of training per year consisting of 15 hours of training mandated by VBA and 25 hours determined by each regional office. VBA officials told us that regional offices vary in what training and when delivered to their staff.

In addition to this general training, VBA officials told us that VA added controls to the Veterans Benefits Management System (VBMS) system to restrict claims processors' ability to schedule potential reevaluations, which could reduce the possibility of unqualified staff ordering unwarranted exams during the pre-exam review. Specifically, these controls prevent claims processors from scheduling review dates for potential reevaluations when certain exclusions apply (such as that outlined in VA regulation exempting from reevaluation veterans with the minimum rating for a given condition). Further, claims processors have the ability to request to override the restrictions when they believe a reevaluation is warranted based on the circumstances of the case. These override requests are reviewed by quality assurance staff, who may approve or deny the requests.

⁵⁹GAO, *Priority Open Recommendations: Department of Veterans Affairs*, [GAO-19-358SP](#) (Washington, D.C.: Mar. 28, 2019).

Although these controls may impose some limits on ordering unwarranted exams, they may not affect the ability of claims processors to order reevaluations in circumstances where these exclusions do not apply and for which they must use their discretion. For example, for veterans who have migraine headaches and who do not fit any of the exclusion criteria, no VBMS controls would restrict claims processors from ordering a reevaluation even if it is not appropriate based on the medical evidence or other circumstances of the case. For these controls and VBA's procedures to be effective, providing proper training to claims processors making these decisions remains important.

VBA officials told us that they did not update training requirements as a result of the recent update to procedures because this update did not constitute a policy change. Rather, they said they revised the procedures to align with the existing practice before the update, in which VSRs were permitted to do pre-exam reviews. Further, officials said that each regional office can designate qualified claims processors to perform the pre-exam review and provide training as necessary. VBA officials also said that they do not believe additional training is necessary for VSRs who may be performing this role because the procedure for ordering exams—a skill for which they have been trained—is the same for all types of exams, including those for reevaluations.

Although VSRs receive training on the process of ordering an exam, VBA officials confirmed that VSR coursework does not specifically cover the pre-exam review in the reevaluation process. In contrast, raters receive training on the process of deciding whether a reevaluation is warranted, including reviewing medical evidence and applying exclusions in VBA's procedures. Further, staff in three of the four regional offices we spoke with, including supervisors, quality assurance staff, and managers, said that VSRs do not have the proper training for this task. For example, they are not trained to review medical evidence to make an informed decision about whether a reevaluation is still warranted, according to officials. Similarly, the OIG found in its 2018 report, which reviewed a sample of claims from March through August 2017, that VSRs were unfamiliar with criteria used to determine whether or not an exam is necessary.⁶⁰

Federal standards for internal control highlight the importance of training to develop the relevant knowledge, skills, and abilities needed for key

⁶⁰VA OIG report 17-04966-201.

roles.⁶¹ We also have previously identified key practices for training and development that suggest that agencies should have a strategy that includes tracking and other control mechanisms to ensure that the relevant employees receive training in line with their responsibilities.⁶² Without ensuring that training reflects the relevant knowledge, skills, and abilities needed by claims processors in VBA regional offices, VBA may find these staff continue to make uninformed and incorrect reevaluation decisions that are not aligned with VBA policy, guidance, and procedures.

Conclusions

VA spends substantial time, effort, and billions of dollars per year providing disability compensation, health care, and other forms of assistance that promote the wellness of veterans with service-connected conditions. However, VA does not know whether these efforts improve the health of these veterans on several fronts. While we are encouraged by VA's interest in considering ways to analyze health outcomes, VA has not yet established a plan for addressing the identified research challenges. Without a plan, VA will not be positioned to understand the characteristics, needs, and health outcomes of veterans with service-connected conditions or how disability compensation and health care work together to help them.

Disability reevaluations can shed light on whether veterans' service-connected conditions have changed. However, the agency could take additional steps to analyze outcome and other data on completed reevaluations. Importantly, tracking and analyzing trends and outcomes could shed light on an apparent contradiction: why the majority of recent reevaluations resulted in no change in veterans' combined ratings when the regulations state that reevaluations generally should not be conducted in these cases. Without these analyses, VA may be unaware of any reevaluation trends, possible explanations for them, or need to recalibrate guidance or resources to address these issues.

Reevaluations represent an investment of resources for VA and the veterans who undergo them. Insights into the effectiveness of the reevaluation process are thus critical for managing VBA's workload and informing agency policy. Specifically, while VBA tested raters' knowledge of reevaluation policies in its May 2018 consistency study, it missed

⁶¹[GAO-14-704G](#).

⁶²[GAO-04-546G](#).

opportunities to review reevaluation decisions in the offices at greatest risk of making incorrect decisions, as recommended in the consistency study report. Following up on the report's findings could also provide insights into root causes of errors in reevaluation decisions, which could inform decisions about additional targeted training or improved guidance.

For veterans who show health improvements, VBA's reevaluation process can ensure they have the correct disability rating and associated benefit payment. However, VBA could better mitigate the risks of making unwarranted reevaluation decisions by clarifying guidance in its procedures manual about the knowledge, skills, and abilities regional office staff need to determine whether a reevaluation should be conducted. Moreover, defining training requirements would help ensure that claims processors who conduct reevaluations have the needed skill sets and that their decisions are aligned with VBA policy and guidance.

Ultimately, by enhancing and linking existing information about service-connected conditions and health care and from the results of reevaluations, VA could better understand the health outcomes of veterans who have incurred or aggravated disabling conditions during military service.

Recommendations for Executive Action

We are making the following five recommendations to VA:

The Secretary of Veterans Affairs should ensure that the Office of Enterprise Integration develops a plan—including milestones and roles and responsibilities for OEI, VBA, and VHA—to address identified challenges that have hindered research on the health care outcomes for service-connected conditions of veterans receiving disability compensation. To align VA's efforts with the goals of its 2018-2024 Strategic Plan, VA's development of this plan should be completed and ready for implementation by June 1, 2020. (Recommendation 1)

The Under Secretary for Benefits should develop and implement a periodic analysis of program management data for trends in the individual service-connected conditions being reevaluated as well as data on the outcomes of reevaluations. (Recommendation 2)

The Under Secretary for Benefits should implement the two recommendations in VBA's May 2018 consistency study to provide training on how to determine when a reevaluation is needed and review

reevaluation decisions for accuracy at the lowest-scoring offices and take corrective action as needed. (Recommendation 3)

The Under Secretary for Benefits should clarify guidance in its procedures manual regarding the knowledge, skills, and abilities needed to make decisions on whether to reevaluate veterans for changes in their service-connected conditions. (Recommendation 4)

The Under Secretary for Benefits should align training requirements with the knowledge, skills, and abilities needed for reviewing claims to decide whether to conduct a reevaluation. (Recommendation 5)

Agency Comments and Our Evaluation

We provided a draft of this report to the Department of Veterans Affairs (VA) for review and comment. VA provided written comments that are reproduced in appendix I. VA agreed with recommendations 1 and 2, and concurred in principle with our other three recommendations. The comment letter described steps the Veterans Benefits Administration (VBA) plans to take, or is in the process of taking, to address the recommendations. However, except for recommendations 1 and 2, VA's proposed actions would not fully address the underlying issues we identified.

With regard to recommendation 1 to develop a plan to address challenges to studying health outcomes, VA stated that the Office of Enterprise Integration (OEI) will coordinate with VBA and the Veterans Health Administration (VHA) to create an operational plan that addresses challenges that have hindered research on health care outcomes for service-connected conditions of veterans receiving disability compensation. VA anticipates completing this plan by June 2020.

With regard to recommendation 2 to use information on reevaluations to improve program management, VA stated that VBA plans to expand its review of existing data and reports to analyze trends regarding which service-connected conditions are identified for reevaluation, and review the outcomes or results of these reevaluations. VBA plans to develop and implement this effort by the end of June 2020.

With regard to recommendation 3 to implement the recommendations from the 2018 consistency study, VA stated that VBA provided a reminder to all regional offices about the availability of training resources on how to determine when a reevaluation is needed. VA also stated that VBA conducted another consistency study on this issue in August 2019 and

plans to inspect claims at the two lowest-scoring regional offices identified in that study by January 15, 2020. We are encouraged by VBA's plans to use the results of the 2019 study by inspecting claims at the lowest-scoring offices. However, using the results of both the 2018 and 2019 studies would allow VBA to more fully identify and correct root causes of any deficiencies, such as through additional training or the improvement of training.

With regard to recommendation 4 to clarify guidance regarding the specific knowledge, skills, and abilities staff need to determine when to reevaluate disability claims, VA recognized the importance of having appropriately skilled and trained employees to process reevaluations and other claims. VA stated that each regional office identifies which employees complete these reviews based on their staff expertise. Further, VA stated that its Systematic Technical Accuracy Review (STAR) results of 95 percent for reevaluations indicate that further action is not needed. We continue to believe that flexibility for regional offices can be balanced with assurance that staff with the appropriate knowledge, skills, and abilities are conducting this work across regional offices. In addition, the STAR accuracy rate provides limited information about the accuracy of decisions to reevaluate claims, as discussed below. As noted in the report, identifying the knowledge, skills and abilities needed by qualified staff to carry out their responsibilities can help management ensure the program's objectives are met.

With regard to recommendation 5 to improve training for reevaluations, VA stated that additional training on reevaluations is not needed because its STAR accuracy rate for reevaluations is 95 percent. As noted in the report, VBA's STAR reviews a small percentage of all completed reevaluations, and errors related to improperly ordered reevaluations are not reflected in STAR accuracy scores. We believe that additional action is needed to address our recommendation by ensuring staff are trained appropriately on these procedures to correctly determine whether reevaluations are needed. This additional training or guidance is particularly needed given the results of VBA's May 2018 and August 2019 consistency studies, the views of regional staff we talked with, and the large volume of unwarranted exams.

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

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix II.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Elizabeth H. Curda". The signature is written in a cursive, flowing style.

Elizabeth H. Curda,
Director, Education, Workforce
and Income Security Issues

Appendix I: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

November 22, 2019

Ms. Elizabeth Curda
Director
Education, Workforce,
and Income Security
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Curda:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VA DISABILITY COMPENSATION: Actions Needed to Enhance Information about Veterans' Health Outcomes*** (GAO-20-26).

The enclosure sets forth the actions to be taken to address the draft report recommendations.

VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in blue ink, appearing to read "Pamela Powers".

Pamela Powers
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***VA DISABILITY COMPENSATION: Actions Needed to Enhance
Information about Veterans' Health Outcomes***
(GAO-20-26)

Recommendation 1: The Secretary of Veterans Affairs should ensure that the Office of Enterprise Integration develops a plan – including milestones and roles and responsibilities of OEI, VBA and VHA – to address identified challenges that have hindered research on the health care outcomes for service-connected conditions of veterans receiving disability compensation. To align VA's efforts with the goals of its 2018-2024 Strategic Plan, VA's development of this plan should be completed and ready for implementation by June 1, 2020.

VA Response: Concur. VA's Office of Enterprise Integration (OEI) will coordinate with the Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA) to ensure creation of an operational plan that addresses challenges that have hindered research on the health care outcomes for service-connected conditions of Veterans receiving disability compensation. Target Completion Date: June 2020.

Recommendation 2: The Under Secretary for Benefits should develop and implement a periodic analysis of program management data on trends regarding the individual service-connected conditions being reevaluated as well as data on the outcomes of reevaluations.

VA Response: Concur. In FY 2017, VBA executed an initiative to identify factors and conduct a review to target elimination of unnecessary routine future examinations. VBA's plan involved a recurring review to repeat this elimination effort. VBA will expand its review of existing data and reports to analyze trends regarding the reevaluation of individual service-connected conditions. This will include data on the outcome of these reevaluations and additional reports to further enhance these trend analyses.

Specifically, VBA will review trends regarding which medical conditions are identified for reevaluation and increase awareness of the outcomes or results of these reevaluations. To create the additional reports, VBA will develop the necessary requirements (along with reporting outcomes) and an implementation plan by January 31, 2020. VBA will implement these new reports by April 30, 2020, and complete the initial trend analysis by June 30, 2020. Target Completion Date: June 30, 2020.

Recommendation 3: The Under Secretary for Benefits should implement the two recommendations in VBA's May 2018 Consistency Study to provide training on how to determine when a reevaluation is needed and review reevaluation decisions for accuracy at the lowest-scoring offices and take corrective action as needed.

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
**VA DISABILITY COMPENSATION: Actions Needed to Enhance
Information about Veterans' Health Outcomes**
(GAO-20-26)

VA Response: Concur in principle. VBA concurs with both recommendations from the May 2018 Consistency Study but will use an updated August 2019 Consistency Study for the review of the lowest scoring regional offices (RO). The May 2018 Consistency Study provided two recommendations for VBA to ensure routine future examinations (RFE) are requested when needed. The first recommendation was to utilize experienced Rating Quality Review Specialists (RQRS) assigned to Quality Review Teams to cross-train other Veteran Service Representatives (VSR) on how to determine when RFEs are needed.

As part of their assigned duties, RQRSs identify areas for training based on analysis of quality trends and provide training to RO VSRs. Additionally, RFE training is available in the Talent Management System and may be assigned as training needs are identified locally. VBA provided a reminder to all ROs in October 2019, referencing the availability of these training resources.

The second recommendation suggested VBA review claims recently processed at the lowest scoring offices as there may be high numbers of RFE-related errors. VBA's updated August 2019 Consistency Study made a similar recommendation to inspect claims recently processed at the lowest scoring offices located in Newark, New Jersey and Honolulu, Hawaii. VBA will devise a plan to review a statistically valid sample of claims based on the August 2019 Consistency Study for the Newark and Honolulu ROs by January 15, 2020. Target Completion Date: January 15, 2020.

Recommendation 4: The Under Secretary for Benefits should clarify guidance in its procedures manual regarding the knowledge, skills, and abilities needed to make decisions whether to reevaluate veterans for changes in their service-connected conditions.

VA Response: Concur in principle. VBA agrees appropriately skilled and trained employees are necessary to complete all claims processing work, including review of RFEs. As such, VBA's procedural manual indicates RFEs are to be done by the rating activity or other locally designated claims processors with demonstrated expertise in ordering review examinations. Each RO identifies which employees complete these reviews based on their staff expertise.

From October 1, 2018, through August 19, 2019, VBA's Systematic Technical Accuracy Review (STAR) quality for RFEs was 95 percent. Based upon this demonstrated level of accuracy, VBA requests closure of this recommendation.

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***VA DISABILITY COMPENSATION: Actions Needed to Enhance
Information about Veterans' Health Outcomes***
(GAO-20-26)

Recommendation 5: The Under Secretary for Benefits should align training requirements with the knowledge, skills, and abilities needed for reviewing claims to decide whether to conduct a reevaluation.

VA Response: Concur in principle. As referenced in Recommendations 3 and 4 above, VBA is committed to providing the rating activity or other locally-designated claims processors with the necessary information and training to competently review claims to determine whether it is necessary to conduct a reevaluation. This training aligns with the knowledge, skills, and abilities necessary for claims processing. The STAR quality of 95 percent for reevaluations confirms VBA's efforts to ensure employees have the skills and knowledge to successfully process these claims. Additionally, if refresher training is warranted for individuals, local quality review team members can provide focused training locally. VBA requests closure of this recommendation.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Elizabeth Curda at (202) 512-7215 or curdae@gao.gov

Staff Acknowledgments

In addition to the contact named above, James Whitcomb (Assistant Director), Dana Hopings (Analyst-in-Charge), Rachel Pittenger, and Greg Whitney made key contributions to this report. Also contributing to this report were Steven Campbell, Debra Draper, Alex Galuten, Sarah Gilliland, Alison Grantham, Amber Gray, Gina Hoover, Aaron Karty, Diona Martyn, Mimi Nguyen, Jessica Orr, Claudine Pauselli, Almeta Spencer, Srinidhi Vijaykumar, and Erin Wurtemberger.

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