



May 23, 2023

The Honorable Denis McDonough
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, D.C. 20420

Priority Open Recommendations: Department of Veterans Affairs

Dear Mr. Secretary:

The purpose of this letter is to provide an update on the overall status of the Department of Veterans Affairs' (VA) implementation of GAO's recommendations and to call your continued personal attention to areas where open recommendations should be given high priority.¹ In November 2022, we reported that, on a government-wide basis, 77 percent of our recommendations made 4 years ago were implemented.² VA's recommendation implementation rate was 80 percent. As of May 2023, VA had 224 open recommendations. Implementing these open recommendations could significantly improve agency operations.

Since our June 2022 letter, VA has implemented six of our 22 priority recommendations.

- VA completed the development of an electronic dashboard tool in 2023 that can monitor women veterans' access to care for key services under the community care program, as we recommended in December 2016.³
- VA issued guidance to VA medical centers that clarified what information should be collected from veterans and stakeholders to improve its ability to plan for and align its medical facilities to meet veterans' needs, as we recommended in June 2019.⁴

¹Priority recommendations are those that GAO believes warrant priority attention from heads of key departments or agencies. They are highlighted because, upon implementation, they may significantly improve government operations, for example, by realizing large dollar savings; eliminating mismanagement, fraud, and abuse; or making progress toward addressing a high-risk or duplication issue.

²GAO, *Performance and Accountability Report: Fiscal Year 2022*, [GAO-23-900398](#) (Washington, D.C.: Nov. 15, 2022).

³GAO, *VA Health Care: Improved Monitoring Needed for Effective Oversight of Care for Women Veterans*, [GAO-17-52](#) (Washington, D.C.: Dec. 2, 2016).

⁴GAO, *VA Real Property: Improvements in Facility Planning Needed to Ensure VA Meets Changes in Veterans' Needs and Expectations*, [GAO-19-440](#) (Washington, D.C.: June 13, 2019).

- VA recently completed a department-wide succession plan for leadership and mission-critical occupations that incorporated key leading practices for succession planning, as we recommended in October 2019.⁵
- VA published reporting procedures for deaths by suicide on VA property and revised its form for collecting data on these deaths. These actions implemented two recommendations from a September 2020 report.⁶
- VA developed performance metrics for its capital assets, as we recommended in October 2021, as well as an implementation plan for those metrics.⁷

We ask for your continued attention to the remaining 16 priority recommendations. We are also adding 13 new recommendations related to scheduling veterans' specialty care appointments in a timely manner; improving VA's management of its acquisition workforce; designating a dedicated, senior-level VA privacy official; and modernizing VA's electronic health record system. This brings the total number of priority recommendations to 29. (See enclosure for the list of recommendations.)

The 29 priority recommendations fall into the following nine areas:

Veterans' access to timely health care. Since 2012, we and others have expressed concerns about the Veterans Health Administration's (VHA) difficulties providing and effectively overseeing timely access to health care for veterans, including primary care. Implementing three priority recommendations would help VHA (1) measure its medical centers performance against a timeliness standard, (2) identify areas that need improvement and mitigate problems that contribute to longer wait times, and (3) develop an effective oversight process that ensures adequate monitoring of the Veterans Integrated Services Networks' (VISN) activities.

Veterans Community Care Program. Since 2014, we and others have highlighted weaknesses in VHA's operation and oversight of its community care program, such as not specifying the maximum amount of time veterans should have to wait to receive such care.⁸ VA must ensure that veterans receive timely and quality care under this program. Implementing three priority recommendations, such as establishing an achievable wait-time goal and designing an appointment scheduling process, would improve the Veterans Community Care Program. Their implementation would also help VA identify problems and implement corrective actions to improve the timeliness of veteran appointments.

Human capital management. A strong workforce capable of providing quality and timely care to veterans is critical to the success of VA. Over the past 2 decades, we and others have expressed concern about certain VA human capital practices. Implementing four priority

⁵GAO, *Department of Veterans Affairs: Improved Succession Planning Would Help Address Long-Standing Workforce Problems*, [GAO-20-15](#) (Washington, D.C.: Oct. 10, 2019).

⁶GAO, *Veteran Suicide: VA Needs Accurate Data and Comprehensive Analyses to Better Understand On-Campus Suicides*, [GAO-20-664](#) (Washington, D.C.: Sept. 9, 2020).

⁷GAO, *VA Real Property: Enhanced Communication and Performance Measurement Could Improve Capital Asset Management*, [GAO-22-103962](#) (Washington, D.C.: Oct. 29, 2021).

⁸In response to the VA MISSION Act of 2018, VA established the new Veterans Community Care Program in 2019. See VA MISSION Act of 2018, Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018).

recommendations, such as developing meaningful distinctions in employee performance ratings and obtaining a count of all physicians providing care at each medical center, would improve VA's human capital management, including physician staffing.

Appeals reform for disability benefits. The Veterans Appeals Improvement and Modernization Act of 2017 required changes to VA's appeals process, giving veterans various options for having their disability claims reviewed.⁹ In 2018, we reported that VA's plan for implementing a new disability appeals process did not explain how VA would assess the new process compared to the legacy process, and it did not fully address risks associated with implementing a new process. VA implemented appeals reform in February 2019. However, many of the principles of sound planning practices that informed our recommendations remain relevant to ensuring the new process meets veterans' needs. Implementing two priority recommendations to assess the performance of and address risks associated with the new process would help VA implement appeals reform for disability benefits.

Quality of care and patient safety. In recent years, we have raised concerns about patient safety and the quality of care delivered in some VA medical centers. For example, in February 2019, we found that VHA had not issued policies pertaining to the circumstances in which a Drug Enforcement Administration (DEA) waiver should be obtained, such as when employing providers who have had their DEA registrations for prescribing controlled substances revoked or surrendered for cause. Until VA implements our priority recommendation regarding developing such policies, there is a risk that state and DEA controlled-substance requirements may not be followed.

VA health care system efficiency. It is critical that VHA closely monitor and account for how its funds are allocated to its medical centers and redistributed throughout the year to help ensure the most efficient use of funds. In 2019, we found, for example, that some VISNs increased allocations to VA medical centers with decreasing or relatively flat workloads. Until VA implements our priority recommendation to revise its existing guidance to VISNs about funding allocations, it increases the risk that these allocation adjustments will not align with its strategic plan, which calls for the efficient allocation of funds.

Acquisition management. Federal agencies, including VA, face significant, long-standing acquisition management challenges that increase the risk of waste and mismanagement. For example, in March 2021, we testified that the COVID-19 pandemic exposed problems in VA's supply chain management and highlighted the need for a comprehensive supply chain management strategy. Implementing four priority recommendations, such as developing a comprehensive supply chain management strategy and using a balanced set of performance metrics to manage the department's procurement organizations, would help improve VA's acquisition management.

Protecting the privacy of sensitive information. The protection of personal privacy has become a more significant issue in recent years with the advent of new technologies and the proliferation of personal information. Federal agencies that collect personally identifiable information are required to establish programs to protect it. In September 2022, we recommended VA fully define and document certain aspects of the role of its senior agency official for privacy, or other designated privacy official. By implementing this priority

⁹Pub. L. No. 115-55, 131 Stat. 1105 (2017).

recommendation, VA will help ensure that privacy protections are adequately incorporated into systems with personally identifiable information.

Electronic health record modernization. The use of electronic health records (EHR) is crucial to helping VA effectively serve veterans. In 2017, VA initiated the EHR Modernization program to manage the replacement of its legacy EHR system. In May 2023, we found that VA’s EHR Modernization program had not fully implemented leading practices for change management, and that VA had not established targets to assess user satisfaction or adequately identified and addressed system issues. Implementing 10 priority recommendations—such as documenting a VA-specific change management strategy, establishing user satisfaction targets, and evaluating that the system is operationally suitable and effective—should help solve existing problems with the system and help ensure the new EHR system is not prematurely deployed to additional sites.

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In April 2023, we issued our biennial update to our [High-Risk List](#), which identifies government operations with greater vulnerabilities to fraud, waste, abuse, and mismanagement. It also identifies the need for transformation to address economy, efficiency, or effectiveness challenges.¹⁰ Two of our high-risk areas—[managing risks and improving VA health care](#) and [VA acquisition management](#)—center directly on VA. Two additional high risk areas—[improving and modernizing federal disability programs](#); and [national efforts to prevent, respond to, and recover from drug misuse](#)—are shared among VA and other agencies.

Several other government-wide high-risk areas also have direct implications for VA and its operations, including (1) [improving the management of IT acquisitions and operations](#), (2) [strategic human capital management](#), (3) [managing federal real property](#), (4) [government-wide personnel security clearance process](#), and (5) [ensuring the cybersecurity of the nation](#).¹¹

We urge your attention to the two VA high-risk areas and to the other high-risk areas as they relate to VA. Progress on high-risk issues has been possible through the concerted actions and efforts of Congress, the Office of Management and Budget (OMB), and the leadership and staff in agencies, including within VA. In March 2022, we issued a report on key practices to successfully address high-risk areas, which can be a helpful resource as your agency continues to make progress to address high-risk issues.¹²

In addition to your continued attention on these issues, Congress plays a key role in providing oversight and maintaining focus on our recommendations to ensure they are implemented and produce their desired results. Legislation enacted in December 2022 includes a provision for GAO to identify any additional congressional oversight actions that can help agencies

¹⁰GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to be Maintained and Expanded to Fully Address All Areas*, [GAO-23-106203](#) (Washington, D.C.: Apr. 20, 2023).

¹¹With regard to cybersecurity, we also urge you to use foundational information and communications technology supply chain risk management practices set forth in our December 2020 report: GAO, *Information Technology: Federal Agencies Need to Take Urgent Action to Manage Supply Chain Risks*, [GAO-21-171](#) (Washington, D.C.: Dec. 15, 2020).

¹²GAO, *High-Risk Series: Key Practices to Successfully Address High-Risk Areas and Remove Them from the List*, [GAO-22-105184](#) (Washington, D.C.: Mar. 3, 2022).

implement priority recommendations and address any underlying issues relating to such implementation.¹³

There are various strategies Congress can use in addressing our recommendations, such as incorporating them into legislation. Congress can also use its budget, appropriations, and oversight processes to incentivize executive branch agencies to act on our recommendations and monitor their progress. For example, Congress can hold hearings focused on VA's progress in implementing GAO's priority recommendations, withhold funds when appropriate, or take other actions to provide incentives for agencies to act. Moreover, Congress could follow up during the appropriations process and request periodic updates. Congress also plays a key role in addressing any underlying issues related to the implementation of these recommendations. For example, Congress could pass legislation providing an agency explicit authority to implement a recommendation or requiring an agency to take certain actions to implement a recommendation.

Copies of this report are being sent to the Director of the Office of Management and Budget and the appropriate congressional committees. In addition, the report will be available on the GAO website at <http://www.gao.gov>.

I appreciate VA's continued commitment to these important issues. If you have any questions or would like to discuss any of the issues outlined in this letter, please do not hesitate to contact me or Jessica Farb, Managing Director, Health Care, at 202-512-7114 or farbj@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Our teams will continue to coordinate with your staff on all of the 224 open recommendations. Thank you for your attention to these matters.

Sincerely yours,

A handwritten signature in black ink that reads "Gene L. Dodaro". The signature is fluid and cursive, with a long horizontal stroke extending to the right from the end of the name.

Gene L. Dodaro
Comptroller General of the United States
Enclosure

cc: The Honorable Shalanda Young, Director, Office of Management and Budget

¹³James M. Inhofe National Defense Authorization Act for Fiscal Year 2023, Pub. L. No. 117-263, § 7211(a)(2), 136 Stat. 2395, 3668 (2022); H.R. Rep. No. 117-389 (2022) (accompanying Legislative Branch Appropriations Act, H.R. 8237, 117th Cong. (2022)).

Enclosure 1

Priority Open Recommendations to the Department of Veterans Affairs (VA)

Veterans' Access to Timely Health Care

VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement. [GAO-13-130](#). Washington, D.C.: December 21, 2012.

Year Recommendation Made: 2013

Recommendation: To ensure reliable measurement of veterans' wait times for medical appointments, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to take actions to improve the reliability of wait time measures, either by clarifying the scheduling policy to better define the desired date, or by identifying clearer wait time measures that are not subject to interpretation and prone to scheduler error.

Action Needed: VA agreed with our recommendation. According to VA officials, the department is in the process of implementing a new scheduling system (integral to its new electronic health record system) that officials believe is a key part of addressing our recommendation. This system has a targeted national completion date of 2027 for implementation across all VA health care facilities. Concurrently, VA continues to establish new scheduling processes and policies.

To implement our recommendation, the Veterans Health Administration (VHA) should clarify its existing policy and provide additional details and documentation regarding how the new scheduling system will address these concerns. Until VHA improves the reliability of its medical appointment wait time measures, VHA is less equipped to identify areas that need improvement and mitigate problems that contribute to longer wait times.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Sharon M. Silas

Contact Information: silass@gao.gov, (202) 512-7114

Veterans Health Administration: Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities. [GAO-19-462](#). Washington, D.C.: June 19, 2019.

Year Recommendation Made: 2019

Recommendation: The Under Secretary for Health should establish a comprehensive policy that clearly defines Veterans Integrated Services Network (VISN) roles and responsibilities for managing and overseeing medical centers.

Action Needed: VHA concurred in principle with our recommendation. In September 2021, VHA issued Directive 1217.01, which outlined the roles, responsibilities, and decision rights for the VHA Governance Board.

However, to implement our recommendation, VHA must provide documentation on how the Governance Board or Directive 1217.01 will address or establish clear VISN-level responsibilities for medical center oversight, including any specific policies or directives that comprehensively outline this process and responsibilities in detail. The lack of a comprehensive policy that clearly defines roles and responsibilities at the VISN level makes it difficult for VHA to develop an effective oversight process that ensures adequate monitoring of VISN activities.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Sharon M. Silas

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Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments. [GAO-23-105617](#). Washington, D.C.: January 4, 2023.

Year Recommendation Made: 2023

Recommendation: The Undersecretary for Health should develop a timeliness standard for the number of days within which veterans' appointments with VHA facility providers should occur.

Action Needed: VA agreed with our recommendation. In February 2023, VA said that it is developing metrics for the timeliness of care. The metrics will align with the access standards that VHA has for community care—20 days for primary care and mental health and 28 days for specialty care. Officials indicated that these metrics will serve as a source of additional information used in VHA's efforts to improve access, but they do not plan to use them as standards to assess VA medical centers' performance on appointment timeliness. Officials stated that VHA will continue to assess the feasibility of developing a timeliness standard with stakeholders.

To implement this recommendation, VHA needs to develop a standard using available data on specialty care appointment timeliness. Developing a standard would allow VHA to measure VA medical centers' performance against the standard to determine the extent to which veterans are receiving timely access to specialty care.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Sharon M. Silas, Health Care

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Veterans Community Care Program

Veterans Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of Its Community Care Programs. [GAO-18-281](#). Washington, D.C.: June 4, 2018.

Year Recommendations Made: 2018

Recommendation: The Under Secretary for Health should establish an achievable wait-time goal for the consolidated community care program that VA plans to implement that will permit VHA to monitor whether veterans are receiving VA community care within time frames that are comparable to the amount of time they would otherwise wait to receive care at VHA medical facilities.

Recommendation: The Under Secretary for Health should design an appointment scheduling process for the consolidated community care program that VA plans to implement that sets forth time frames within which veterans' (1) referrals must be processed, (2) appointments must be scheduled, and (3) appointments must occur, which are consistent with the wait-time goal VHA has established for the program.

Action Needed: VHA agreed with our recommendations and has defined some time frames for the Veterans Community Care Program's appointment scheduling process. However, VHA has not yet defined a timeliness standard for when veterans should receive care. The Consolidated Appropriations Act, 2023, enacted requirements for VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for veterans' eligibility to obtain care under its community care program and require its community care contractors to furnish care within this standard. As of February 2023, VHA officials stated that they are currently evaluating the technical, logistical, and financial implications of operationalizing the requirement.

To implement these recommendations, VHA will need to implement the requirements within the act, and review its current scheduling policy to ensure the time frames for completing the various appointment scheduling steps allow VHA and its community care third-party administrators to meet the overall performance measure. This will allow VHA to measure the timeliness of veterans seen by community providers and determine if veterans are receiving community care within time frames that are comparable to the amount of time they would wait to receive care at VHA facilities. By not addressing these recommendations, VHA increases its risk of not being able to ensure that all veterans receive timely access to care in the community.

In May 2023, VA provided additional information regarding the first recommendation and requested closure. GAO is assessing the evidence provided.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Sharon M. Silas

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Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. [GAO-20-643](#). Washington, D.C.: September 28, 2020.

Year Recommendation Made: 2020

Recommendation: The Under Secretary for Health should align its monitoring metrics with the time frames established in the Veterans Community Care Program scheduling process.

Action Needed: In February 2022, VHA officials stated that while the agency previously disagreed with this recommendation, it has matured enough in its practices and ability to track

data to act on the recommendation. Since then, VHA has taken some action to implement this recommendation, including releasing an updated VHA Directive 1232, Consult Processes and Procedures, and a Consult Timeliness Standard Operating Procedure, which define some time frames for VHA medical centers to follow when scheduling appointments under the Veterans Community Care Program. However, VHA has not yet defined a timeliness standard for when veterans should receive care under the Veterans Community Care Program.

The Consolidated Appropriations Act, 2023, enacted requirements for VHA to establish a specific wait time measure (the number of days from the date of request for the appointment to the first next available appointment) for veterans' eligibility to obtain care under its community care program and require its community care contractors to furnish care within this standard. As of February 2023, VA officials stated that they are currently evaluating the technical, logistical, and financial implications of operationalizing the requirement.

To implement this recommendation, VHA will need to implement the requirements within the act, and then ensure its current scheduling time frames and monitoring metrics align with the standard. Without monitoring metrics that are consistent with VHA policy, VHA's ability to identify high- and low-performing VHA medical centers is limited. The use of inconsistent metrics also affects VHA's ability to work with VHA medical centers to identify problems and implement corrective actions to improve the timeliness of veterans' appointments, as needed.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Sharon M. Silas

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Human Capital Management

Veterans Health Administration: Management Attention Is Needed to Address Systemic, Long-standing Human Capital Challenges. [GAO-17-30](#). Washington, D.C.: December 23, 2016.

Year Recommendation Made: 2017

Recommendation: To accelerate efforts to develop a modern, credible, and effective performance management system, the Assistant Secretary for Human Resources and Administration, with input from VHA stakeholders, should ensure that meaningful distinctions are being made in employee performance ratings by (1) developing and implementing a standardized, comprehensive performance management training program for supervisors of Title 5, Title 38, and Title 38-Hybrid employees based on leading practices, and ensuring procedures are in place to support effective performance conversations between supervisors and employees; (2) reviewing and revising Title 5 and Title 38 performance management policies consistent with leading practices (e.g., require definition of all performance levels); and (3) developing and implementing a process to standardize performance plan elements, standards, and metrics for common positions across VHA that are covered under VA's Title 5 performance management system.

Actions Needed: VA partially agreed with our recommendation and has taken important steps toward addressing it, including launching a mandatory training course for supervisors

incorporating human capital management leading practices and assessing VA's performance management system against leading practices for performance management systems. In May 2020, VA implemented an enterprise-wide performance management system that features department-wide training, covering employees under Title 5, Title 38, and Title 38-Hybrid.

However, VA still needs to develop and implement a process to standardize performance plan elements, standards, and metrics for common positions across VHA. VA has not yet finalized revisions to its performance management policy for Title 5, Title 38, and Title 38-Hybrid positions. These revisions are under review by VA and are expected to be issued by the third quarter of fiscal year 2023. Until those revisions are implemented, VA may not be positioned to make meaningful distinctions in employee performance.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Dawn Locke, Strategic Issues

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Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies. [GAO-18-124](#). Washington, D.C.: October 19, 2017.

Year Recommendation Made: 2018

Recommendation: The Under Secretary for Health should develop and implement a process to accurately count all physicians providing care at each medical center, including physicians who are not employed by VHA.

Action Needed: VHA officials disagreed with the recommendation and, as of January 2023, had not taken any action. Although VA responded to our report by stating that the ability to count physicians does not affect its ability to assess workload, we maintain that an accurate count of all physicians providing care at each medical center is necessary for accurate workforce planning.

To implement the recommendation, VHA needs to develop a system-wide process to collect information on all physicians providing care at VA medical centers, including physicians that are not employed by VHA. The lack of ready access to complete information on all types of physicians, including physicians who provide care under arrangements other than VA employment, means VHA does not have a consistent, systemic count of its total physician workforce. As such, VHA cannot ensure that its workforce planning process sufficiently addresses gaps in physician staffing, including whether staffing is appropriately allocated across VA medical centers and departments, which may affect veterans' access to care, among other issues.

High Risk Area: [Managing Risks and Improving VA Health Care, Strategic Human Capital Management](#)

Director: Sharon M. Silas, Health Care

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Sexual Harassment: Inconsistent and Incomplete Policies and Information Hinder VA's Efforts to Protect Employees. [GAO-20-387](#). Washington, D.C.: June 15, 2020.

Year Recommendations Made: 2020

Recommendation: VA's Assistant Secretary for Human Resources and Administration/Operations, Security, and Preparedness should realign VA's Equal Employment Opportunity (EEO) Director position to adhere to the applicable Equal Employment Opportunity Commission (EEOC) directive by ensuring the position is not responsible for personnel functions.

Action Needed: VA did not agree with our recommendation. Nevertheless, in September 2020, VA met with the EEOC to discuss, among other things, alignment of VA's EEO Director position. In July 2022, VA said that it continues to believe that its alignment of the EEO Director was not problematic. VA did not provide an updated response when we requested one in January 2023. However, in December of 2022, the Consolidated Appropriations Act, 2023 included a provision that within 90 days of enactment, the Secretary of VA is to ensure that the official who serves as the department's EEO Director does not also serve in a position that has responsibility over personnel functions of the department. We are awaiting a response from the department on its interpretation of the act's provision.

To implement our recommendation, VA needs to realign the EEO Director position in accordance with the EEOC directive. Failure to realign the EEO Director position can create, at a minimum, the appearance of a conflict of interest and erode employees' trust that sexual harassment complaints will be handled appropriately.

Recommendation: VA's Deputy Assistant Secretary for Resolution Management should complete VA's EEO Program Manager realignment initiative at the Veterans Benefits Administration (VBA) and VHA in accordance with VA policy.

Action Needed: VA agreed with our recommendation. As of January 2023, VBA had realigned most of its EEO Program Managers and proposed plans to complete the remaining realignment. VA stated that it plans to realign VHA EEO Program Managers in fiscal year 2024, pending enactment of legislation to fund such realignment. However, VA has not provided documentation of its realignment plans. In December of 2022, the Consolidated Appropriations Act, 2023 included a provision that within 1 year of enactment, the Secretary of VA shall ensure that each EEO Program Manager at the facility level reports to the head of the Office of Resolution Management, or such successor office established, with respect to their EEO functions.

To implement our recommendation, VA needs to complete the realignment of EEO Program Managers at both VBA and VHA because not doing so would continue to hinder VA's efforts to prevent and address sexual harassment in the workplace by creating a real or perceived conflict of interest when handling EEO issues.

Director: Thomas Costa; Education, Workforce, and Income Security

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Appeals Reform for Disability Benefits

VA Disability Benefits: Improved Planning Practices Would Better Ensure Successful Appeals Reform. [GAO-18-352](#). Washington, D.C.: March 22, 2018.

Year Recommendations Made: 2018

Recommendation: The Secretary of Veterans Affairs should clearly articulate in VA's appeals plan how VA will monitor and assess the new appeals process compared to the legacy process, including specifying a balanced set of goals and measures—such as timeliness goals for all the VBA appeals options and the Board of Veterans' Appeals (Board) dockets, and measures of accuracy, veteran satisfaction, and cost—and related baseline data.

Action Needed: VA concurred with this recommendation and has taken significant actions to implement it. VA has identified timeliness and quality goals and has reported on a range of performance metrics for both the new and legacy appeals processes. Specifically for the new appeals process, in May 2021, VA established timeliness goals for all options (lanes) and in December 2022, the Board set a goal to measure the quality of its adjudicative decisions. VA also reported that it has deployed surveys to assess the veteran experience with both the new and legacy appeals processes and used survey information to help improve the veteran experience. In addition, VBA has developed a methodology to assess how well the new process is performing relative to the legacy process.

However, to fully implement our recommendation, the Board needs to develop a methodology similar to VBA's plan for how it will assess the new appeals process compared to the legacy process. Until the Board takes such action, it will lack information about how well the new process is performing relative to the legacy process and possible underperforming areas for improvement.

Recommendation: The Secretary of Veterans Affairs should ensure that the appeals plan more fully addresses risks associated with appeals reform—for example, by assessing risks against a balanced set of goals and measures, articulating success criteria and an assessment plan for the Rapid Appeals Modernization Program (RAMP), and testing or conducting sensitivity analyses of all appeal options—prior to fully implementing the new appeals process.

Action Needed: VA agreed with our recommendation and took several steps to identify risks prior to implementing its new disability appeals process. To fully implement our recommendation, VA will need to more fully address workload risks and assess risks against a balanced set of goals, such as accuracy and timeliness of decisions. Even after implementing the new appeals process, many of the principles of sound planning practices that informed our recommendation remain relevant. VA needs to continue applying these principles to better address risks associated with implementing the new process. For example, in January 2023 the Board's new hearing option—the most resource intensive of several options—accounted for 44 percent of the new appeals inventory as VA prioritizes other workloads and addresses COVID-19-related slowdowns in hearings. As a result, veterans may have longer wait times under this hearing option.

High Risk Area: [Improving and Modernizing Federal Disability Programs](#)

Director: Elizabeth H. Curda; Education, Workforce, and Income Security

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Quality of Care and Patient Safety

Veterans Health Administration: Greater Focus on Credentialing Needed to Prevent Disqualified Providers from Delivering Patient Care. [GAO-19-6](#). Washington, D.C.: February 28, 2019.

Year Recommendation Made: 2019

Recommendation: The Under Secretary for Health should develop policies and guidance regarding Drug Enforcement Administration (DEA) registrations, including the circumstances in which DEA waivers may be required, the process for requesting them, and a mechanism to ensure that facilities follow these policies.

Actions Needed: VA agreed with our recommendation. In December 2021, VA said that an Interdisciplinary Project Team is working to identify VA’s approach to management and oversight of DEA waivers. In January 2023, VA told us that the Interdisciplinary Project Team’s proposal is under review within VHA and that the target completion date is June 2023.

To implement this recommendation, VA needs to provide evidence of actions taken to ensure that DEA requirements regarding DEA registrations and employment waivers are met. Such actions include developing policies regarding when a DEA employment waiver may be necessary and guidance about how to request such a waiver. Until VA takes such actions, there is a risk that state and DEA controlled-substance requirements may not be followed.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Seto Bagdoyan, Forensic Audits and Investigative Service

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VA Health Care System Efficiency

Veterans Health Care: VA Needs to Improve Its Allocation and Monitoring of Funding. [GAO-19-670](#). Washington, D.C.: September 23, 2019.

Year Recommendation Made: 2019

Recommendation: The VA Under Secretary for Health should revise its existing guidance to require VISNs—in conjunction with medical centers—to develop and submit approaches to improve efficiency at medical centers with declining workload that received adjusted funding levels. These approaches could include adjusting the level of services offered.

Action Needed: VA agreed in principle with our recommendation. VHA stated that it is conducting market assessments over a multi-year period to increase access and quality of care to veterans. The most recent market assessments were completed in March 2022.

In January 2023, VHA said that it instructed central office, VISN, and medical center leadership to develop a prioritized list of facility investment opportunities, some of which are based on recommendations in the March 2022 market assessments. According to VHA, this work will help inform investments in new facilities that are aligned with veteran demand, allow for utilization of modern health care technologies, and improve efficiency across the VA health care system. Furthermore, VHA said that the implementation of prioritized investments would improve efficiency at medical centers with declining workload by right-sizing, adjusting to appropriate service offerings, and modernizing those locations. VHA provided documentation to show that 10 of its 18 VISNs have begun to develop approaches to better match the availability of health care services it offers at medical centers with veterans' needs for these services. During its next planned round of market assessments, due to be completed in March 2026, VHA plans to assess VA medical centers with declining workload as it relates to adjusted funding levels.

To implement our recommendation, VHA needs to demonstrate it has taken actions VHA-wide to adjust the level of services or taken other actions to revise its existing guidance to require VISNs—in conjunction with medical centers—to develop and submit approaches to improve efficiency and help lower costs at medical centers with declining workloads that received adjusted funding levels. Without doing so, VHA increases the risk that these adjustments will not align with its strategic plan, which calls for the efficient allocation of funds.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Sharon M. Silas, Health Care

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Acquisition Management

Veterans Affairs Contracting: Improvements in Buying Medical and Surgical Supplies Could Yield Cost Savings and Efficiency. [GAO-18-34](#). Washington, D.C.: November 9, 2017.

Year Recommendation Made: 2018

Recommendation: The Director of the Medical Surgical Prime Vendor-Next Generation program office should, with input from the Strategic Acquisition Center, develop, document, and communicate to stakeholders an overarching strategy for the program, including how the program office will prioritize categories of supplies for future phases of requirement development and contracting.

Action Needed: VA agreed with our recommendation. To implement this recommendation, VA needs to develop an overarching strategy for obtaining medical surgical supplies through a prime vendor. VA had planned to implement a new Medical Surgical Prime Vendor (MSPV) program, called MSPV 2.0, starting in 2020; it had also been piloting the Defense Logistics

Agency's (DLA) MSPV program since 2019. Since 2017, VA has pursued four different versions of this program, but none have fully achieved VA's goals.

As of February 2023, VA is again developing another iteration of this program and plans to issue a solicitation in the near future. According to VA acquisition officials, this new iteration is intended to address some of the issues we have previously identified. While VA's draft solicitation reflects some specific steps they are taking to address previous issues, the agency has still not articulated an overarching strategy for this program. VA also needs to ensure its overarching strategy documents its plans going forward for the DLA MSPV pilot and share this with stakeholders. As a result, there is some uncertainty in the path forward, and several shortcomings in VA's existing MSPV program remain unaddressed.

High Risk Area: [VA Acquisition Management](#)

Director: Shelby Oakley, Contracting and National Security Acquisitions

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VA Acquisition Management: Comprehensive Supply Chain Management Strategy Key to Address Existing Challenges. [GAO-21-445T](#). Washington, D.C.: March 24, 2021.

Year Recommendation Made: 2021

Recommendation: The Secretary of Veterans Affairs should ensure the VHA Assistant Under Secretary for Health for Support develops a comprehensive supply chain management strategy that outlines how VHA's various supply chain initiatives are related to each other and to VA-wide initiatives. This strategy should link to VA's overall plans to address its broader acquisition management challenges and reflect key practices of organizational transformations, including an implementation plan with key milestones.

Action Needed: VA agreed with this recommendation. As of February 2023, VA's Chief Acquisition Officer has led some efforts to develop an overarching strategy. VA has completed the first two phases of its process to develop this strategy, which includes identifying the current state of its supply chain and a supply chain gap analysis. As part of the next phase, VA's Office of Acquisition, Logistics, and Construction has developed a list of requirements for its supply chain strategy and is starting to seek industry input on potential technology solutions.

To implement this recommendation, VA needs to develop a comprehensive supply chain management strategy that addresses the interrelationships between its various modernization relationships and reflects key practices of organizational transformations, including an implementation plan with key milestones. Until it develops an overarching supply chain strategy and answers key questions, VA will not be able to fully address its high-risk acquisition management and ultimately better meet veterans' needs.

High Risk Area: [VA Acquisition Management](#)

Director: Shelby Oakley, Contracting and National Security Acquisitions

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Federal Contracting: Senior Leaders Should Use Leading Companies' Key Practices to Improve Performance. [GAO-21-491](#). Washington, D.C.: July 27, 2021.

Year Recommendation Made: 2021

Recommendation: The Secretary of Veterans Affairs should ensure the VA Senior Procurement Executive (SPE) uses a balanced set of performance metrics to manage the department's procurement organizations, including outcome-oriented metrics to measure (a) cost savings/avoidance, (b) timeliness of deliveries, (c) quality of deliverables, and (d) end-user satisfaction.

Action Needed: VA agreed with this recommendation. As of February 2023, VA has worked to develop outcome-oriented metrics for its acquisition function. To implement this recommendation, VA needs to complete development of and use a balanced set of performance metrics—including outcome-oriented metrics—to manage the department's procurement organizations. Doing so would help VA identify improvement opportunities, set priorities, and allocate resources.

High Risk Area: [VA Acquisition Management](#)

Director: Timothy J. DiNapoli, Contracting and National Security Acquisitions

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VA Acquisition Management: Actions Needed to Better Manage the Acquisition Workforce. [GAO-22-105031](#). Washington, D.C.: September 29, 2022

Year Recommendation Made: 2022

Recommendation: The Secretary of Veterans Affairs should ensure VA's Acquisition Career Manager takes steps, such as establishing procedures for staff to regularly update Cornerstone records and for reconciling Cornerstone records with human resources data, to ensure that VA keeps up-to-date and accurate acquisition workforce records.

Action Needed: VA agreed with this recommendation. As of February 2023, VA has started taking some actions to establish procedures for staff to update data. VA conducted two large-scale data updates in August and December 2022. VA leadership also emailed reminders to members of the acquisition workforce to update their data. However, VA has not articulated what their process will be going forward to ensure they continue to maintain complete data. Officials are in the process of implementing a dashboard so managers can see how often employees are updating their human resources data, but did not give a target completion date for the dashboard.

To fully implement this recommendation, VA needs to complete their process, including the dashboard, to ensure that accurate records are maintained. Doing so will help VA maintain more accurate data and better manage the acquisition workforce.

High Risk Area: [VA Acquisition Management](#)

Director: Shelby Oakley, Contracting and National Security Acquisitions

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Protecting the Privacy of Sensitive Information

Privacy: Dedicated Leadership Can Improve Programs and Address Challenges. [GAO-22-105065](#). Washington, D.C.: September 22, 2022.

Year Recommendation Made: 2022

Recommendation: The Secretary of Veterans Affairs should fully define and document the role of the senior agency official for privacy or other designated privacy official in reviewing and approving system categorizations, overseeing privacy control assessments, and reviewing authorization packages, and document these roles.

Actions Needed: VA concurred with this recommendation and stated that it plans to revise the relevant policies by September 30, 2023. To implement this recommendation, VA will need to clearly define and document how its senior agency official for privacy or other designated privacy officials are involved in approving system categorizations, overseeing privacy control assessments, and reviewing authorization packages. By taking these actions, VA will help ensure that privacy protections are adequately incorporated into systems with personally identifiable information.

High Risk Area: [Ensuring the Cybersecurity of the Nation](#)

Director: Jennifer Franks, Information Technology and Cybersecurity

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Electronic Health Record Modernization

Electronic Health Records: VA Needs to Address Management Challenges with New System. [GAO-23-106731](#). Washington, D.C.: May 18, 2023.

Year Recommendation Made: 2023

Recommendation: The Secretary of VA should ensure that VA documents a VA-specific change management strategy to formalize its approach to drive user adoption.

Recommendation: The Secretary of VA should ensure that the department's planned improvements to communication of system changes meet users' needs for the frequency of the updates provided.

Recommendation: The Secretary of VA should take steps to improve change readiness scores prior to future system deployments.

Recommendation: The Secretary of VA should ensure steps taken by the Electronic Health Record Modernization program and Oracle Cerner to increase workforce skills and competencies through improved training and related change management activities have been effective.

Recommendation: The Secretary of VA should address users' barriers to change, by ensuring planned completion of all actions identified in the Secretary's Strategic Review.

Recommendation: The Secretary of VA should develop a plan, including a timeline, for establishing (1) targets for measuring the adoption of changes and (2) metrics and targets to measure the resulting outcomes of the change.

Recommendation: The Secretary of VA should measure and report on outcomes of the change and take actions to support users' ability to use the system to reinforce and sustain the change.

Action Needed: VA concurred with these recommendations. In order to implement these recommendations, VA needs to develop and implement a VA-specific change management strategy and implement change management activities consistent with leading practices. For example, VA needs to document a VA-specific change management strategy to formalize its approach to drive user adoption. In addition, VA needs to ensure steps taken to improve training and related change management activities are effective in increasing workforce skills and competencies. By not implementing these recommendations, VA risks hindering users' ability to effectively use the electronic health records system, among other things.

Recommendation: The Secretary of VA should establish user satisfaction targets (i.e., goals) and ensure that the program demonstrates improvement toward meeting those targets prior to future system deployments.

Action Needed: VA concurred with this recommendation. In order to implement this recommendation, VA needs to establish targets (i.e., goals) to assess user satisfaction with the department's new electronic health record system and to monitor progress towards targets to ensure users' operational needs are met. By implementing this recommendation, VA will help ensure that systems are not deployed prematurely and do not pose unnecessary risks to patient health and safety.

Recommendation: The Secretary of VA should make certain that future system trouble tickets are resolved within established timeliness goals.

Recommendation: The Secretary of VA should reinstitute plans to conduct an independent operational assessment to evaluate the suitability and effectiveness of the new EHR system for users in the operational environment.

Action Needed: VA concurred with these recommendations. In order to implement these recommendations, VA needs to reinstitute plans to conduct an independent operational assessment to evaluate the suitability and effectiveness of the new EHR system and make certain that trouble tickets are resolved within timeliness goals. By implementing these recommendations, VA will help to validate that the system satisfies user needs in the operational environment.

High Risk Area: [Managing Risks and Improving VA Health Care](#)

Director: Carol C. Harris, Information Technology and Cybersecurity

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