




A report to congressional committees

Contact: Rashmi Agarwal at [agarwalr@gao.gov](mailto:agarwalr@gao.gov)

**What GAO Found**

The Department of Defense’s (DOD) decisions to partner with civilian medical facilities to train military medical personnel for the battlefield are influenced by various factors that can support or hinder the use of partnerships, according to officials. One type of partnership that DOD can establish through an external resource sharing agreement allows active-duty providers to provide medical care to beneficiaries in civilian medical facilities within DOD’s network. Using these partnerships can reduce costs by avoiding certain professional fees and by keeping patient care within the network. However, DOD has not fully explored the benefits of increasing the use of these partnerships. Developing strategies to identify opportunities for using such agreements could ultimately help reduce costs, increase clinical readiness, and improve access to care.

**Factors Influencing DOD’s Decision to Use Civilian Medical Partnerships**

Supporting factors		Hindering factors	
			
<b>Clinical sustainment</b> such as coordinating trauma teams caring for critically ill patients	<b>Beneficiary care needs</b> such as providing care not available at a DOD medical facility	<b>Staffing needs</b> such as ensuring sufficient medical personnel at a DOD medical facility	<b>Administrative challenges</b> such as meeting licensing requirements that vary by state

Sources: GAO analysis of Department of Defense (DOD) information (text); U.S. Army/K. Kassens, Louis-Paul Photo/stock.adobe.com, and carballo/stock.adobe.com (photos left to right). | GAO-26-107677

The Defense Health Agency (DHA)—the combat support agency responsible for providing the necessary clinical workload to meet the military departments’ medical readiness requirements—does not know the total number of partnerships department-wide. DHA has taken some steps to inventory partnerships with civilian entities consistent with DOD policy to do so. However, these steps have been ad hoc and have not resulted in a complete or updated inventory. Without a standardized process for collecting information on partnerships for such an inventory, DHA has limited visibility of partnerships with civilian entities that can be used to provide additional readiness opportunities for its military medical personnel.

DOD also has not fully assessed the contributions of partnerships to clinical readiness. The military departments have implemented some efforts to collect clinical activity data to assess the clinical readiness opportunities provided by partnerships they established. However, each military department maintains partnerships that have not been fully assessed. Similarly, DHA does not have complete data needed to fully assess partnerships department-wide because it has not issued guidance for collecting complete clinical activity data. Without such guidance, DOD risks having less information to evaluate partnership performance and trading off opportunities to send personnel to a partnership for skills sustainment in lieu of them working in a DOD medical facility to provide beneficiary care.

**Why GAO Did This Study**

DOD has had a longstanding concern that some military medical personnel may not be prepared to provide lifesaving medical care on the battlefield. To address this issue, DOD has, among other things, established partnerships with civilian trauma centers and other medical facilities to provide opportunities for training its military medical personnel.

Committee reports accompanying bills for the National Defense Authorization Act for Fiscal Year 2024 include provisions for GAO to assess DOD’s partnerships. This report examines (1) the factors influencing DOD’s decisions to use a partnership and efforts to reduce health care costs; (2) DHA’s inventory of partnerships; and (3) DOD’s assessment of partnership contributions to the readiness of its medical personnel.

GAO reviewed DOD guidance and documentation and analyzed timecard and readiness data, where available, from fiscal year 2020 through fiscal year 2024. GAO also interviewed DOD officials, including officials from seven medical facilities selected based on military department affiliation and size, as well as officials from civilian partners.

**What GAO Recommends**

GAO is making nine recommendations, including that DOD develop strategies to identify opportunities for reducing costs while increasing readiness through partnerships established by external resource sharing agreements; develop processes to inventory partnerships; and fully assess the readiness contributions of its partnerships. DOD concurred with seven recommendations and partially concurred with two recommendations. GAO believes all recommendations are sound and should be fully addressed.