GAO

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Comptroller General
of the United States

Accessible Version

May 5, 2025

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

Priority Open Recommendations: Department of Veterans Affairs

Dear Secretary Collins:

Congratulations on your appointment. The purpose of this letter is to call your personal attention to five areas based on GAO's past work and 29 open priority recommendations, which are enclosed.[1] Additionally, there are 198 other GAO open recommendations that we will continue to work with your staff to address.

We are highlighting the following areas that warrant your timely and focused attention. Specifically:

Improving timely access to the Veterans Community Care Program. Since 2012, we and others have identified challenges the Veterans Health Administration (VHA) has faced providing timely access to health care for veterans, such as not specifying the maximum amount of time veterans should have to wait to receive care via the Veterans Community Care Program.[2] The Department of Veterans Affairs (VA) must ensure that veterans receive timely care under this program.

We recommended that VA establish an achievable wait-time goal, develop an appointment scheduling process, and align its monitoring with the time frames established in the community care appointment scheduling process. Implementing these three recommendations would help VA assess its performance and promptly resolve any identified problems to improve the timeliness of veteran appointments, thereby improving the Veterans Community Care Program.

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[1]GAO considers a recommendation to be a priority if when implemented it 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.

[2]In 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).

Enhancing acquisition management. Federal agencies, including VA, face significant, long-standing challenges in acquisition management that increase the risk of waste and mismanagement. As a result, VA acquisition management has been on GAO's High-Risk List since 2019. We previously testified that the COVID-19 pandemic exposed problems in VA's supply chain management.

We made two recommendations related to acquisition management, that VA develop a comprehensive supply chain management strategy and that VA develop an overarching strategy for its medical supply purchasing program. We made additional recommendations in this area, that VA use a balanced set of performance metrics to manage the department's procurement organizations and that VA address challenges that pose risks to its new acquisition framework. Implementing these priority recommendations would help improve VA's acquisition management to ensure that it is efficiently managing its resources.

Modernizing electronic health records. 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.[3] VA also had not established targets to assess EHR user satisfaction or adequately identified and addressed EHR system issues. We recently reported in March 2025 that while VA is making incremental improvements to the system, additional complex projects are needed to address challenges identified through user feedback, and the program's life cycle cost estimate and schedule did not reflect changes to the program.

We have made numerous recommendations in this area that address root cause issues and can inform ongoing and future efforts to address challenges that have plagued the modernization efforts. For example, we recommended that VA document a VA-specific change management strategy to help avoid the risk of hindering users' ability to effectively use the replacement EHR system. We also recommended that VA establish EHR user satisfaction targets, which would help VA to ensure that future systems are not deployed prematurely and do not pose unnecessary risks to patient health and safety. Our recommendation to evaluate that the EHR system is operationally suitable and effective should help validate that the system satisfies user needs in the operational environment. As part of VA's ongoing effort to solve existing problems with the replacement EHR system, these recommendations provide insights into root causes that would need to be addressed in any reform efforts.

In addition, we recommended that VA obtain an updated and independent total life cycle cost estimate and expeditiously update its integrated master schedule. These recommendations should help the department to understand and oversee the magnitude of VA's investment and effectively gauge progress and quickly identify and address problems.

Improving strategic 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 two decades,

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[3]As we have previously reported, change management practices are intended to apply an organized and structured framework to the often chaotic world of organizational change. Leading practices for change management activities include identifying and managing stakeholders, effectively communicating, assessing the readiness for change, increasing workforce skills and competencies, identifying barriers, establishing targets and metrics, and assessing the results. See *Electronic Health Records: VA Needs to Address Management Challenges with New System*, GAO-23-106731 (Washington, D.C.: May 18, 2023).

we and others have identified weaknesses in certain VA human capital practices. Implementing our recommendation to develop a process that would accurately count all physicians providing care to veterans at each medical center would help ensure that VA's workforce planning process sufficiently addresses any gaps in physician staffing.

Improving quality of care and patient safety. Since 2010, we and others have found that VA has faced longstanding challenges overseeing its vast health care system. Effective oversight is paramount to VA's ability to deliver quality health care to veterans. We recommended VA clearly define Veterans Integrated Services Networks' (VISN) roles and responsibilities. In addition, we recommended VA take steps to fully meet leading practices for managing risk and take action to ensure the ability of the Audit, Risk, and Compliance Committee to monitor oversight findings and provide recommendations to leadership to help inform potential system-wide improvements.

Implementing these recommendations would help VA address inconsistencies across VISNs and develop an effective oversight process that ensures adequate and standardized monitoring of VISN activities. Implementation would also help VA to better identify and mitigate risks to its delivery of health care services, help provide better strategic direction, and help ensure quality health care to veterans.

In addition, I remain concerned about VA's suicide prevention efforts. While VA has worked to address our previous priority recommendations in this area, recent data show that veterans are almost twice as likely as the general population to die by suicide, resulting in over 6,400 suicides in 2022, or on average 17.6 veteran suicides per day.[4] I know you agree that this is unacceptable and have indicated that you will continue to prioritize suicide prevention and ensure all veterans have appropriate access to behavioral health services. Congress continues to ask GAO to audit these issues, and we have ongoing work examining the Veterans Crisis Line, as well as VA's oversight of community behavioral health services.

Please see Enclosure 1 for additional details about the status and actions needed to fully implement all 29 open priority recommendations out of the 227 total recommendations that remain open. This includes priority recommendations on modernizing VA's health care system, improving disability benefits management, assessing software licenses, enhancing Equal Employment Opportunity and harassment prevention programs, and improving veteran education program management.

We also provide in Enclosure 2 additional information on VA's recommendation implementation rate and implemented, closed, and new priority recommendations since our June 2024 letter to Secretary McDonough; VA-specific information relevant to our audit of the consolidated financial statements of the U.S. government; and relevant management challenges from our High-Risk List that apply to VA. In response to legislation enacted in December 2022, this enclosure also includes information on any additional congressional oversight actions that can help agencies implement priority recommendations and address any underlying issues relating to such implementation.

Copies of this letter are being sent to the appropriate congressional committees. The letter will also be available on the GAO website at Priority Recommendations | U.S. GAO. We also plan to

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[4]For our previous priority recommendations in this area, see GAO, *Veteran Suicide: VA Needs Accurate Data and Comprehensive Analyses to Better Understand On-Campus Suicides*, GAO-20-664 (Washington, D.C.: Sept. 9, 2020).

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send separate letters specifically focused on open recommendations and key issues related to financial management and information technology. These letters will be sent to your Chief Financial Officer and Chief Information Officer, respectively.

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 farbj@gao.gov. Contact points for our offices of Congressional Relations and Public Affairs may be found on the last page of this letter. Our teams will continue to coordinate with your staff on addressing these priority recommendations and the remaining 198 open recommendations. I appreciate VA's continued commitment and thank you for your personal attention to these important issues.

Sincerely,

//SIGNED//

Gene L. Dodaro
Comptroller General
of the United States

Enclosures – 2

cc: The Honorable Paul R. Lawrence, Deputy Secretary, VA

Enclosure I

Priority Open Recommendations to the Department of Veterans Affairs

Improving Timely Access to the 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 the Department of Veterans Affairs (VA) plans to implement that will permit the Veterans Health Administration (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 these recommendations. VHA has defined some time frames

for the Veterans Community Care Program's appointment scheduling process. As of January 2025, VHA monitors some defined time frames for VHA medical facilities to follow when scheduling community care appointments, and monitors network adequacy standards under the current contracts with community care contractors. However, VHA has not yet defined a timeliness standard for when veterans should receive care under the Veterans Community Care Program.

To implement these recommendations, VHA needs to define and implement a timeliness standard for when veterans should receive community care. Then, VHA needs to review its current scheduling policy to ensure the time frames for completing the various appointment scheduling steps allow VHA and its community care contractors to meet the overall performance measure.

Implementing these recommendations will allow VHA to measure the timeliness of veterans being seen by community providers and compare it to the amount of time they would wait to receive care at VHA facilities. By not addressing these recommendations, VHA is unable to ensure that all veterans receive timely access to care in the community.

High-Risk Area: Managing Risks and Improving VA Health Care

Director: Sharon M. Silas, Health Care

Contact Information: silass@gao.gov

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: VHA initially disagreed with this recommendation in 2020. In February 2022, VHA officials stated that the agency had matured enough in its practices and ability to track data to act on the recommendation. As of January 2025, VHA has taken some action to implement this recommendation, including releasing an updated VHA Directive 1232, Consult Processes and Procedures, and the Consult Timeliness Standard Operating Procedure. These documents define some time frames for VHA medical centers to follow when scheduling appointments under the Veterans Community Care Program.

To implement this recommendation, VHA must have monitoring metrics that are consistent with VHA policy. Without monitoring metrics that align with policy, VHA's ability to identify high- and low-performing VHA medical centers is limited. The use of misaligned metrics also affects VHA's ability to work with VHA medical centers to identify any problems and implement any necessary 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, Health Care

Contact Information: silass@gao.gov

Enhancing 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 (MSPV)-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 this recommendation. To implement this recommendation, VA needs to develop an overarching strategy for obtaining medical surgical supplies through a prime vendor. Since 2017, VA has pursued four different versions of this program, but none have fully achieved VA's goals.

As of February 2025, VA reported that VHA has awarded contracts for a new version of MSPV, MSPV Gen Z, that is intended to address some of the issues we have previously identified. VHA has also developed automation tools to identify supply alternatives and new reporting tools. VA stated that it continues to enhance coordination with stakeholders as they implement MSPV Gen Z and formed teams to enhance communication.

Until VA develops and documents an overarching strategy, uncertainty may remain about the path forward, and it will be more difficult for VA to address the MSPV Gen Z program's existing shortcomings.

High Risk Area: VA Acquisition Management

Director: Mona Sehgal, Contracting and National Security Acquisitions

Contact information: sehgalm@gao.gov

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 2025, VA and VHA continue to collaborate to complete a comprehensive supply chain management strategy. Previously, VA reported taking several steps to address the recommendation, including identifying a program manager to oversee the modernization of the supply chain process, establishing the Enterprise Supply Chain Board as the governing body, and conducting an enterprise supply chain gap analysis to inform its strategy. However, in February 2025, officials stated that broader analysis is needed. According to VA's Office of Acquisition, Logistics, and Construction the broader analysis will include all three administrations—VHA, VBA, and the National Cemetery Administration—and will examine aspects of the supply chain, including acquisition and contracting policy, supply chain initiatives, workforce, IT systems, and data management. VA estimates the Enterprise Supply Chain Board will review the completed supply chain management strategy in December 2025.

To fully implement this recommendation, VA needs to use the results of its analysis to finalize the development of a comprehensive supply chain management strategy, including documenting how any related information technology it plans to acquire will address supply chain management challenges that our work has highlighted. 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: Mona Sehgal, Contracting and National Security Acquisitions

Contact information: sehgalm@gao.gov

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 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. In February 2025, VA officials stated they have redesigned a stakeholder survey. The goal of the survey is to identify opportunities to improve the procurement experience for end-users, including questions related to timeliness and quality of deliverables, as well as end-user satisfaction metrics. The survey redesign aims to ensure the questions asked can be used to validate collected metrics. The redesigned survey is being piloted and VA officials have used preliminary input to finalize it. Officials expect to issue the first survey by spring 2025. VA officials also told us that a new survey for program senior executives will be issued in spring 2025 and data will be incorporated into the metrics.

To implement this recommendation, VA needs to provide evidence that it has implemented 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: Mona Sehgal, Contracting and National Security Acquisitions

Contact information: sehgalm@gao.gov

VA Acquisition Management: Action Needed to Ensure Success of New Oversight Framework. GAO-22-105195. Washington, D.C.: August 11, 2022.

Year Recommendation Made: 2022

Recommendation: The Secretary of Veterans Affairs should ensure that the Chief Acquisition Officer addresses challenges that pose risks to the Acquisition Lifecycle Framework's success prior to its implementation. These risks include collecting cost data to enable identification of programs subject to increased oversight within the framework, addressing acquisition workforce needs, aligning the framework with other processes, and ensuring program compliance with the framework.

Action Needed: VA concurred with this recommendation. VA identified the need for a supporting enterprise program management structure to enable the success of the Acquisition Lifecycle Framework, informed in part by feedback from programs that had been early adopters of the proposed framework. In February 2025, VA indicated that it had completed some initial tasks to implement this structure, such as identifying critical stakeholders and programmatic challenges, and establishing an internal council to govern efforts to improve program management capacity and strategic alignment. As it implements this structure, VA plans to complete some steps toward addressing this recommendation by the end of 2025, such as standardizing program management guidance across the department. Other steps are longer-term efforts, such as plans to establish a mechanism to collect, maintain, and monitor program costs and cost estimates. VA issued a notice in March 2024 that rescinded the prior acquisition

program management framework and replaced it with the Acquisition Lifecycle Framework. VA plans to issue a directive before the end of 2025 to require VA programs to follow the framework.

To fully implement this recommendation, VA needs to demonstrate that its enterprise program management structure implementation has addressed challenges we identified that pose risks to VA's success implementing the new framework. Until it does, VA lacks reasonable assurance that the framework will be effective in improving its acquisition management.

High Risk Area: VA Acquisition Management

Director: Mona Sehgal, Contracting and National Security Acquisitions

Contact information: sehgalm@gao.gov

Modernizing Electronic Health Records

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

Year Recommendations 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 seven recommendations. Until VA implements these recommendations, VA risks hindering users' ability to effectively use the electronic health record system. As of February 2025, VA had completed the following:

- Worked with its contractor to update the existing change management plan to be more VA-specific and was continuing to collaborate within the department to develop an overarching, enterprise-wide VA change management strategy to improve user adoption. VA needs to develop and execute a VA-specific change management strategy and activities consistent with leading practices.

- Taken steps to improve communications of system changes to end-users and established an effort to gather feedback and update processes for improved communication. VA has reported some improvement in the percent of users reporting that they know where to find updates about the program. We will continue to monitor the department's progress toward implementing this recommendation as VA initiates planning activities for future system deployments.

- Established a target for improving change readiness questionnaire scores. However, because VA temporarily paused further system deployments, VA has yet to collect new change readiness scores. As VA resumes planning for future system deployments, we will revisit the department's actions in response to this recommendation.

- Taken steps to increase workforce skills and competencies through learning labs, updates to system training, and building informatics staff expertise. As VA resumes its deployments of the new EHR system, we will revisit the department's progress toward implementing this recommendation.

- Developed plans to address open action items from its strategic review through reset initiatives and key priority projects. For example, VA has begun a pilot to reduce the number of position assignments and help ensure that users have appropriate access to view content and enter data. In addition, as of December 2024, VA had implemented 9 of 14 enhancements to address patient safety concerns. However, VA continues to work to address underlying user barriers.

- Identified metrics and targets for change management activities but continues to refine the functional and technical quality standards to monitor program performance during system implementation.

- Identified metrics and targets for change management activities but had not yet reported on outcomes relative to the targets.

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. As of February 2025, VA stated that its goal was to meet benchmarks from a research collaborative for the new EHR system. VA had taken steps intended to improve user satisfaction with the system but had not yet ensured that it had met satisfaction targets. To fully implement this recommendation, VA needs to continue to assess user satisfaction with the department's new electronic health record system and to monitor progress toward meeting 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 two recommendations. As of February 2025, VA established a new issue management process and took steps to reduce the backlog of system trouble tickets, among other things. However, VA should continue to monitor new trouble ticket resolution processes to ensure timeliness. VA noted plans to reinstitute an independent operational assessment but according to VA officials, funding for the project was not approved and the department could not move forward with the action.

To implement these recommendations, VA needs to make certain that trouble tickets are resolved within timeliness goals on a sustained basis and reinstitute plans to conduct an independent operational assessment to evaluate the suitability and effectiveness of the new EHR system. By implementing these recommendations, VA will help 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

Contact Information: harriscc@gao.gov

Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule. GAO-25-106874. Washington, D.C.: March 12, 2025.

Year Recommendations Made: 2025

Recommendation: The Secretary of VA should direct the Electronic Health Record Modernization Integration Office to obtain an updated and independent total life cycle cost estimate using best practices described in GAO's Cost Estimating and Assessment Guide.

Recommendation: The Secretary of VA should direct the Electronic Health Record Modernization Integration Office to expeditiously and reliably update its integrated master schedule using best practices described in GAO's Schedule Assessment Guide.

Action Needed: VA concurred in principle with the first recommendation and concurred with the second. However, its planned actions for updating cost and schedule for EHR modernization do not address plans beyond the end of the current contract with Oracle Health. VA noted that it intended to employ best practices to develop a cost estimate and schedule for site deployments through May 2028, which is when the current contract with Oracle Health concludes. However, the department acknowledged that not all VA medical centers would have the modernized EHR system by the end of the contract; therefore, VA stated that the life cycle cost estimate would be dependent on a future acquisition.

VA needs to obtain an updated and independent total life cycle cost estimate and integrated master schedule for its EHR modernization efforts, using best practices described in GAO's Cost Estimating and Assessment Guide and Schedule Assessment Guide. The cost estimate

and schedule are vital information needed for determining the magnitude and length of this modernization effort.

High Risk Area: Managing Risks and Improving VA Health Care

Director: Carol C. Harris, Information Technology and Cybersecurity

Contact Information: harriscc@gao.gov

Improving Strategic Human Capital Management

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 disagreed with this recommendation. As of February 2025, VHA had not taken any action to implement it. VA responded to our report by stating that the ability to count physicians does not affect its ability to assess workload. However, 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 who 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

Contact Information: silass@gao.gov

Improving Quality of Care and Patient Safety

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 with this recommendation and, as of February 2025, has taken some action, including issuing Directive 1217 that defines roles and responsibilities of VISN directors. Given that there are other leadership positions in the VISNs—such as Deputy Network Director, Chief Medical Officer (under which includes Mental Health, Primary Care, Virtual Access positions, among others), Quality Management Officer, and Patient Safety Officer—this directive is not comprehensive in defining VISN roles and responsibilities. Until VHA publishes a comprehensive policy that clearly defines roles and responsibilities at the VISN level, it will be 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, Health Care

Contact Information: silass@gao.gov

Veterans Health Administration: Additional Actions Needed to Improve Oversight of Health Care System. GAO-25-106969. Washington, D.C.: November 7, 2024.

Year Recommendation Made: 2025

Recommendations: The Under Secretary for Health should take steps to fully meet leading practices for managing risk as the Office of Integrity and Compliance implements the agency's risk management function.

Action Needed: VA agreed with this recommendation. As of February 2025, VA officials stated that VHA is incorporating a wide range of best practices into its risk management function. Officials also stated that VHA is taking a multi-year approach to implementing its risk management function, consistent with Office of Management and Budget requirements. That approach will include implementing metrics, monitoring progress, and making modifications based on outcomes. VHA anticipates completing these, among other steps, by September 2027.

To implement this recommendation, VHA needs to incorporate GAO's leading practices for managing risk into its risk management function.[5] By fully meeting the leading practices for managing risk, VHA can better identify and mitigate risks to its delivery of health care services.

Recommendation: The Under Secretary for Health should take action to ensure the Audit, Risk, and Compliance Committee's ability to monitor oversight findings and to provide recommendations to VHA leadership to help inform potential system-wide improvements, as appropriate.

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[5]GAO, *Enterprise Risk Management: Selected Agencies' Experiences Illustrate Good Practices in Managing Risk*, GAO-17-63 (Washington, D.C.: Dec. 1, 2016).

Action Needed: VA agreed with this recommendation. As of February 2025, VA officials stated that VHA will strengthen the Audit, Risk, and Compliance Committee's processes by revising its charter and membership roles and responsibilities. Through this committee or a successor oversight committee, VHA stated it will also clarify the committee's role related to informing system-wide improvements and monitoring oversight findings. VHA anticipates completing these steps by September 2025.

To implement this recommendation, VHA needs to ensure that it has a mechanism, such as through the Audit, Risk, and Compliance Committee or its successor committee, to monitor oversight findings and identify system-wide improvements. By taking steps to review relevant oversight findings and make such recommendations, as appropriate, such a committee can help VHA leverage the work performed by its individual oversight offices and others to provide better strategic direction for its health care system.

High-Risk Area: Managing Risks and Improving VA Health Care

Director: Alyssa M. Hundrup, Health Care

Contact Information: hundrupa@gao.gov

Modernizing VA's Health Care System

VA Health Care: Improved Data, Planning, and Communication Needed for Infrastructure Modernization and Realignment. GAO-23-106001. Washington, D.C.: March 20, 2023.

Year Recommendation Made: 2023

Recommendation: The Secretary of Veterans Affairs should direct VA's leadership team to develop a formal, documented plan that identifies its structure and an implementation strategy for its efforts to modernize and realign the department's infrastructure to help ensure the efficiency and effectiveness of these efforts.

Action Needed: VA agreed with this recommendation. According to VA officials, the leadership team finalized its health care infrastructure strategy in December 2023. VA noted that during 2024, the leadership team also collaborated with the department's Infrastructure Governance Board—the accountable stewardship body responsible for life-cycle management of VA's infrastructure portfolio—in developing a comprehensive enterprise-wide infrastructure plan and strategy that reflected the health care strategy.

As of February 2025, the department had submitted its comprehensive enterprise-wide infrastructure plan and strategy to the Office of Management and Budget for review as part of the fiscal year 2026 President's Budget submission process. VA anticipates updating the plan and strategy by June 2025, based on feedback from the Office of Management and Budget.

To implement this recommendation, VA needs an implementation plan that helps meet its future infrastructure needs, such as the anticipated growth in veteran demand as a result of the Honoring our PACT Act of 2022. Having such a plan would help ensure that VA has effective and efficient processes for implementing its modernization efforts and using future market assessments to address the department's infrastructure needs.

High-Risk Area: Managing Risks and Improving VA Health Care

Director: Sharon M. Silas, Health Care

Contact Information: silass@gao.gov

Improving Disability Benefits Management

VA Disability Benefits: Compensation Program Could Be Strengthened by Consistently Following Leading Reform Practices. GAO-22-104488. Washington, D.C.: July 18, 2022.

Year Recommendation Made: 2022

Recommendation: The Under Secretary for Benefits should develop and implement a policy that comprehensively describes the leading practices for effective government reform that Veterans Benefits Administration (VBA) officials should follow, as appropriate, when undertaking efforts to improve the efficiency and effectiveness of the disability compensation program.

Action Needed: VA agreed in principle with this recommendation. As of January 2025, VBA officials provided us with their action plan to develop a policy that will integrate leading practices for effective government reform. For example, VBA plans to select reforms to test implementation of a policy and review pilot results and provide findings for policy development.

To fully implement this recommendation, VA needs to complete efforts to develop and implement a policy that comprehensively describes leading practices for government reform that VBA officials should follow. Doing so would help ensure that planning and implementation is consistent from one reform to another. Moreover, it would better position VBA to achieve its intended results, including providing efficient and effective services to veterans.

High Risk Area: Improving and Modernizing Federal Disability Programs

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

Contact information: curdae@gao.gov

Assessing Software Licenses

Federal Software Licenses: Agencies Need to Take Action to Achieve Additional Savings. GAO-24-105717. Washington, D.C.: January 29, 2024.

Year Recommendation Made: 2024

Recommendation: The Secretary of Veterans Affairs should ensure that the agency compares the inventories of software licenses that are currently in use with information on purchased licenses to identify opportunities to reduce costs and better inform investment decision making for its widely used licenses on a regular basis. At a minimum, it should develop and implement procedures for comparing the inventories of licenses in use to purchase records.

Actions Needed: VA agreed with this recommendation. As of February 2025, VA said the agency implemented new procedures for 12 of the top 15 widely used software titles but it has yet to demonstrate that it has developed and implemented procedures to compare the number of licenses in use with the number of licenses purchased. Further, VA said that it plans to refine the system of record to match purchased licenses with licenses utilized, and to implement a

centralized software approach to ensure software is tracked throughout its entire lifecycle. It anticipates implementing governance procedures to track software in accordance with new processes by June 30, 2025, in line with this recommendation. We will continue to monitor the department's efforts to fully implement this recommendation.

Potential Financial Benefit if Implemented: Tens of millions of dollars in cost savings over 3 years

High-Risk Area: Improving IT Acquisitions and Management

Director: Carol C. Harris, Information Technology and Cybersecurity

Contact Information: harriscc@gao.gov

Enhancing Equal Employment Opportunity and Harassment Prevention Programs

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 Recommendation Made: 2020

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

Action Needed: VA agreed with this recommendation. As of March 1, 2025, VA had not completed the realignment of its EEO Program Managers department-wide. In particular, VA has not realigned EEO Program Managers at VHA to report directly to the Office of Resolution Management (ORM). In December 2022, the Consolidated Appropriations Act, 2023 included a provision that within 1 year of enactment, the Secretary of Veterans Affairs shall ensure that each EEO Program Manager at the facility level reports to the head of ORM, or such successor office established, with respect to their EEO functions. In October 2024, VA stated that it formed an integrated program team that would, among other things, determine how to realign VHA EEO Program Managers. VA also stated it is also looking at how to handle those who perform EEO Program Manager functions as a collateral duty. In March 2025, VA said that VHA EEO Program Managers are scheduled to realign effective March 23, 2025. We will continue to monitor VA's planned actions.

To implement this recommendation, VA needs to complete the realignment of EEO Program Managers at VHA. 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.

High Risk Area: Managing Risks and Improving VA Health Care

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

Contact information: costat@gao.gov

VA Equal Employment Opportunity: Increased Attention Needed to Improve Program Effectiveness. GAO-23-105429. Washington, D.C.: September 12, 2023.

Year Recommendation Made: 2023

Recommendation: The Secretary of VA should ensure that the Deputy Assistant Secretary for Resolution Management, Diversity and Inclusion assesses and addresses any potential risks to the independence of the agency's EEO program, including the Harassment Prevention Program.

Action Needed: VA agreed with this recommendation. In October 2024, VA said that this assessment is ongoing and outlined several areas under review, including EEO functions, the Harassment Prevention Program, and the Alternative Dispute Resolution Program.

To implement this recommendation, VA needs to fully review all aspects of its EEO program to determine whether there are potential conflicts in, for example, reporting structures and job duties. Without assessing and addressing potential risks to independence, VA may not be best positioned to ensure the integrity of its EEO program. Further, employees may be hesitant to come forward with complaints of discrimination because they no longer view the EEO program as independent.

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

Contact information: costat@gao.gov

Improving Veteran Education Program Management

Veterans Employment: Promising VA Technology Education Pilot Would Benefit from Better Outcome Measures and Plans for Improvement. GAO-23-105343. Washington, D.C.: October 27, 2022.

Year Recommendation Made: 2023

Recommendation: The Secretary of VA should develop an employment rate calculation consistent with standard approaches used by government or industry entities.

Action Needed: VA neither agreed nor disagreed with this recommendation. In January 2025, enacted legislation authorized a modified Veterans Employment Through Technology Education Courses (VET TEC) program through September 30, 2027. As of February 2025, VA has reviewed internal and external agency employment calculation best practices. While VA officials recognize a more detailed and structured reporting approach could be useful for comparing VET TEC with other similar programs, officials identified the need for a full-time data analyst to support the additional data collection needed to calculate the employment rate. Once VA officials have implemented the reauthorized VET TEC program, VA will assign a data analyst to conduct the employment rate data collection. Until that time, their current calculation may be an overestimate of that outcome.

To fully implement this recommendation, VA needs to develop and report an employment rate calculation that is consistent with other standard measures. Doing so would allow VA to share information about the program's success in a manner that is commonly understood and may also allow VA to more easily compare VET TEC outcomes with other programs and measures.

Director: John D. Sawyer; Education, Workforce, and Income Security

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Enclosure II

Key Information About the Status of GAO Recommendations and Improving Agency Operations

Department of Veterans' Affairs (VA) Recommendation Implementation Rate

In November 2024, we reported that, on a government-wide basis, 70 percent of our recommendations made 4 years ago were implemented.[6] As of April 28, 2025, VA's recommendation implementation rate was 84 percent and 227 recommendations remain open.

Implemented, Closed, and New Priority Recommendations

Our June 2024 letter to Secretary McDonough identified 28 priority recommendations.[7] Since then, four recommendations were implemented, none were closed as no longer valid, and we added five new priority recommendations.

Implemented recommendations:

- In November 2023, VA demonstrated that its medical facilities have taken steps to improve efficiency, such as reducing underutilized clinic space. Furthermore, in September 2024, VA stated that its Veterans Facility Board of Directors has been charged with ensuring proper investment decisions are made to align facilities to VA's mission, including developing action plans on efficiency and productivity improvements at certain medical facilities. These actions addressed our September 2019 recommendation and will help VA improve efficiency and productivity at medical facilities, including those with declining workload.[8]

- VA issued policy in September 2024 clarifying its Drug Enforcement Administration (DEA) waiver requirements, which addressed our February 2019 recommendation and helped ensure that VA is following applicable controlled-substance requirements. For example, the policy covers any employee or applicant who has been convicted of a felony offense relating to controlled substances, or who, at any time, has had an application for a DEA registration denied, revoked, or surrendered for cause.[9]

- VA improved its process for handling sexual harassment complaints by reducing the potential for conflicts of interest.[10] VA achieved this by realigning the Equal Employment

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[6]GAO, *Performance and Accountability Report: Fiscal Year 2024*, GAO-25-900570 (Washington, D.C.: Nov. 15, 2024).

[7]GAO, *Priority Open Recommendations: Department of Veterans Affairs*, GAO-24-107265 (Washington, D.C.: June 3, 2024).

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

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

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

Opportunity (EEO) Director role so that the person who serves in this position does not also have responsibility over personnel functions of the department, as we recommended in June 2020, and as was required by legislation enacted in December 2022.[11]

- In February 2024, VA adopted and began implementing a new measurement of the timeliness of seeking care for a veteran. This measurement will ensure consistency in measuring appointment availability across VA medical centers. In addition, in November 2024, VA updated its scheduling policy to minimize scheduler error. These efforts are consistent with our December 2012 recommendation to take actions to improve the reliability of wait time measures for VA's direct care.[12]

New priority recommendations: The five new priority recommendations fall into the areas of modernizing electronic health records, improving quality of care and patient safety, and modernizing VA's health care system. (See enclosure 1.)

Financial Statement Audit

As the auditor of the consolidated financial statements of the U.S. government, I have noticed that VA had three material weaknesses in its internal control over financial reporting for fiscal year 2024, including weaknesses related to accounting estimates and information system controls. These weaknesses, as well as related auditor recommendations, are important issues, and I encourage you to address them.

High-Risk List

In February 2025, we issued our biennial update to our High-Risk List.[13] This list 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. Two of our high-risk areas—managing risks and improving VA health care and VA acquisition management—center directly on VA. One additional high-risk area—improving and modernizing federal disability programs—is shared among VA and other agencies.

Several other government-wide, high-risk areas also have direct implications for VA and its operations. These include improving management of IT acquisitions and operations, improving strategic human capital management and personnel security clearance process, managing federal real property, and ensuring the cybersecurity of the nation.

In addition to VA's high-risk areas, we urge your continued attention to the other government-wide, high-risk issues 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, and the leadership and staff in agencies, including within VA. In March 2022, we issued a report

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[11]Pub. L. No. 117-328, Div. U, tit. IV, § 402(a)(1)(B), 136 Stat. 4459, 5484 (2022).

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

[13]GAO, *High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness*, GAO-25-107743 (Washington, D.C.: Feb. 25, 2025).

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.[14]

Congress's Role on GAO Recommendations

We also recognize the key role Congress plays 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 implement priority recommendations and address any underlying issues relating to such implementation.[15]

Congress can use various strategies to address 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 can 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 can pass legislation providing an agency explicit authority to implement a recommendation or requiring an agency to take certain actions to implement a recommendation.

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[14]GAO, *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).

[15]James 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, 2023, H.R. 8237, 117th Cong. (2022)).

GAO-25-108071 VA Priority Recommendations