

GAO Highlights

Highlights of [GAO-24-106306](#), a report to congressional requesters

Why GAO Did This Study

According to VA, most veterans enrolled in VA health care live in areas with limited access to some health care services. Each year, VA designates certain facilities to participate in the medically underserved facilities initiative for primary care or mental health based on criteria it developed.

GAO was asked to review VA's medically underserved facilities initiative, which the agency implemented in response to section 401 of the VA MISSION Act of 2018. This report describes (1) the criteria VA has used to identify medically underserved facilities and which facilities are designated as underserved; (2) what officials from the designated underserved facilities reported about their experiences with the initiative; and (3) what VA information shows about the effectiveness of the initiative.

GAO reviewed documentation related to the medically underserved facilities initiative. This included evaluation reports. GAO also interviewed officials from the VA Office of Integrated Veteran Care, which is responsible for implementing the initiative. GAO analyzed data on medically underserved facilities from fiscal years 2019 through 2022. GAO interviewed officials from the 10 medical facilities VA designated as the most underserved in fiscal year 2022 as well as officials from the Veterans Integrated Services Networks that oversee these 10 facilities.

View [GAO-24-106306](#). For more information, contact Sharon M. Silas at (202) 512-7114 or SilasS@gao.gov

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VA HEALTH CARE

The Medically Underserved Facilities Initiative

What GAO Found

The Department of Veterans Affairs' (VA) medically underserved facilities initiative began in fiscal year 2019 to address the needs of veterans whose requests for care exceed the facility's ability to meet those needs in a timely manner. VA developed and implemented models to identify medical facilities that were underserved for primary care and mental health services. In fiscal year 2022, VA (1) ranked all VA medical facilities from most to least underserved, (2) designated five facilities as the most underserved for primary care and five medical facilities as the most underserved for mental health, and (3) required these facilities to develop action plans to address access needs.

Officials GAO interviewed from all 10 designated underserved facilities described their experiences providing access to care for veterans. Officials from seven of those facilities reported varying experiences with the overall effect of the initiative's ability to improve access—that it was a benefit to the facility, a hindrance, or in some cases both. These ranged from bringing attention to the needs of the facilities to too much effort for a limited effect on access to care.

VA Medical Facility Officials' Reported Experiences with the Medically Underserved Facilities Initiative

	Facility						
	A	B	C	D	E	F	G
Benefit		x			x	x	
Hindrance	x				x	x	
No or limited effect on access to care			x	x			x

Source: GAO analysis of interviews with Department of Veterans Affairs' (VA) medical facility officials. | GAO-24-106306

Note: Due to staff turnover, officials from three of the 10 facilities were not familiar enough with the initiative to characterize its overall effect because they were not generally involved in the initiative in fiscal year 2022.

According to VA, its medically underserved facilities initiative has yet to produce clear indicators of success. Although there has been some movement in facilities' ranking from year to year, VA noted that any such changes to underserved rankings were due to a combination of changes in model criteria and action plans implemented, not necessarily a change in how underserved a facility was. Further, VA's 2022 evaluation of the initiative and interviews with officials revealed different perspectives on actions that could be taken to improve the effectiveness of the underserved facilities initiative. These actions were to either (1) bolster the resources allocated to underserved facilities or (2) reduce the total number of agency-wide initiatives related to access to allow VA to better identify and address underlying challenges to providing access. Given the mixed response to the underserved facilities initiative, VA reported in its 2022 evaluation report in a section on expanding the initiative to other specialties that "perhaps the transparency the [initiative] is bringing to these issues is the best possible outcome, rather than anticipating that the underserved [initiative] can actually move the needle on access" to care for veterans.