



May 2023

VA HEALTH CARE

Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals

GAO Highlights

Highlights of [GAO-23-105855](#), a report to congressional requesters

Why GAO Did This Study

Access to health care is a critical issue for the 2.7 million veterans enrolled in VHA and living in rural areas. A variety of factors may affect rural veterans' access, such as distances to health care facilities and staffing shortages. The Office of Rural Health's mission is to improve the health and well-being of rural veterans. It is one of the main offices responsible for addressing the health care needs of rural veterans.

GAO was asked to review how the Office of Rural Health carries out its responsibilities. Among other objectives, this report examines the initiatives and research projects the office funded in fiscal year 2022. It also examines how the office communicates funding opportunities, and examines the office's efforts to assess its progress towards achieving its mission.

GAO reviewed Office of Rural Health documentation, such as its fiscal year 2022 budget data (the most recent data at the time of GAO's review), research agenda, and its strategic plan. GAO also interviewed Office of Rural Health officials and officials from four selected VHA health care delivery systems selected for variation by geography, rurality, funding, and partnerships.

What GAO Recommends

GAO is making two recommendations for the Office of Rural Health to 1) require resource centers to communicate research funding opportunities across VA and 2) develop performance goals that reflect leading practices. VA concurred with the recommendations and identified steps to implement them.

View [GAO-23-105855](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or HundrupA@gao.gov.

May 2023

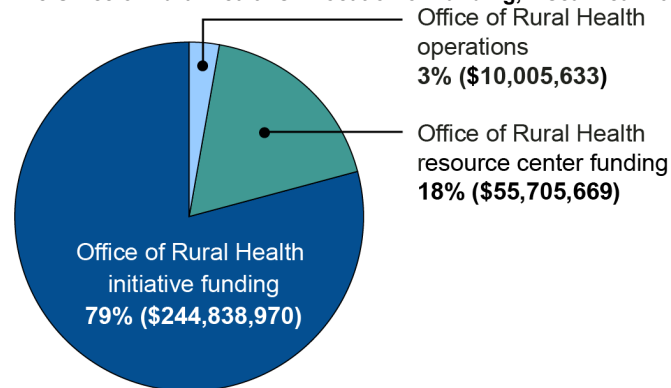
VA HEALTH CARE

Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals

What GAO Found

The Veterans Health Administration's (VHA) Office of Rural Health provides funding to support (1) initiatives that expand existing services for rural veterans, and (2) research on interventions intended to address disparities in health care for rural veterans. In fiscal year 2022, the office allocated approximately \$245 million for 35 separate initiatives, such as transportation for veterans to Department of Veterans Affairs (VA) facilities. (See figure.) In the same year, the office allocated about \$56 million to its resource centers, and funded 120 research projects through them. For example, researchers funded by the Office of Rural Health developed and tested telehealth interventions, such as telehealth knee rehabilitation and smoking cessation programs.

The Office of Rural Health's Allocation of Funding, Fiscal Year 2022



Source: GAO analysis of Office of Rural Health documents. | GAO-23-105855

To receive research funding, researchers apply through a standardized application and review process. However, the Office of Rural Health does not communicate its research funding opportunities across VA. Instead, the office's resource centers informally communicate research opportunities, such as through word-of-mouth and existing relationships, to identify projects to fund. Officials from one VHA health care delivery system GAO interviewed were unaware of the Office of Rural Health's research funding, and stated they could benefit from additional funding from the office. Without communicating these opportunities across VA, the office may be missing opportunities to fund research at VA facilities serving rural veterans with unique access issues.

The Office of Rural Health identified the outcomes it hopes to achieve through its strategic goals and objectives, and collects data on its progress using performance measures. However, the office has not established performance goals that define expected levels of performance each year. For example, the office wants to reduce rural health care workforce disparities and collects data on the number of clinicians trained; however, it has not defined how many clinicians should be trained each year to achieve the intended outcome. Developing performance goals that incorporate leading practices identified in prior GAO work, such as being measurable, could help the Office of Rural Health better understand to what extent its funded initiatives and research projects demonstrate progress in achieving its mission.

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VA Department of Veterans Affairs
VHA Veterans Health Administration

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May 4, 2023

The Honorable Kyrsten Sinema
Chair
Subcommittee on Government Operations and Border Management
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Dan Sullivan
United States Senate

In fiscal year 2021, about one third of the 8.3 million veterans enrolled in the Veterans Health Administration (VHA) lived in a rural area.¹ Comparatively, about one fifth of Americans lived in a rural area. Our past work and other research highlights a variety of factors that may affect rural veterans' access to health care, such as distance from health care facilities and staffing shortages.² According to the Department of Veterans Affairs (VA), these challenges can lead to disparities in quality of care and health outcomes for rural veterans compared with their urban counterparts.³

Recognizing the needs of veterans living in rural areas, VA's Fiscal Years 2022-28 Strategic Plan identifies rural veterans as an underserved population and includes a strategic objective to increase health care access for rural veterans.⁴ In its strategic plan, VA identified VHA's Office of Rural Health as one of the main offices responsible for implementing several actions to increase rural veterans' access to care. These actions include collaborating with other federal agencies to promote rural health

¹VHA uses the Rural-Urban Commuting Areas system to define rurality. The Rural-Urban Commuting Areas system takes into account population density as well as how closely a community is linked socio-economically to larger urban centers. We use the term rural to include rural, highly rural, and insular island areas.

²For example, see GAO, *VA Mental Health: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care*, [GAO-23-105544](#) (Washington, D.C.: Feb. 9, 2023) and Colin Buzza et al., "Distance is Relative: Unpacking a Principal Barrier in Rural Healthcare," *Journal of General Internal Medicine*, vol. 26, no. Supplement 2 (2011).

³Department of Veterans Affairs, Veterans Health Administration Office of Health Equity, *National Veteran Health Equity Report 2021* (Washington, D.C.: September 2022).

⁴Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan* (Washington, D.C.: Apr. 18, 2022).

care workforce recruitment and training programs, and developing innovative models of care for rural veterans.

Congress established the Office of Rural Health through legislation in 2006, and VA defined its mission to improve the health and well-being of rural veterans through research, innovation, and the dissemination of best practices.⁵ The Office of Rural Health funds (1) VHA program office initiatives, which seek to expand existing health care services to rural veterans; and (2) research projects, in which VA researchers study, pilot, and disseminate research in areas, such as rural health disparities, outlined in the office's research agenda.

You asked us to review the Office of Rural Health, including how it carries out its responsibilities. In this report, we

1. describe the office's allocation of funding from fiscal years 2016 through 2022;
2. examine the initiatives and research projects the office funded in fiscal year 2022 and how it communicates funding opportunities;
3. describe the office's research agenda and how it reviews its research projects to ensure alignment with the research agenda; and
4. examine the office's efforts to assess its progress towards achieving its mission.

For our objectives, we reviewed documentation and interviewed officials from the Office of Rural Health's central office and its five Veterans Rural Health Resource Centers, or resource centers, to understand their roles and responsibilities regarding the office's operations and activities. In addition, we also reviewed written responses from the Office of Rural Health. We also interviewed officials from four selected VHA health care systems to obtain information on their experiences working with the office

⁵The Veterans Benefits, Health Care, and Information Technology Act of 2006, Pub. L. No. 109-461, § 212, 120 Stat. 3403, 3421-3422 (2006); Department of Veterans Affairs, Veterans Health Administration, *ORH 2020-2024 Strategic Plan* (Washington, D.C.).

and on challenges rural veterans may face in accessing care.⁶

Specifically, at each selected health care system, we interviewed health care system leadership, officials responsible for Office of Rural Health-funded initiatives and research projects, and rural consultants. We selected health care systems for variation by geography, rurality, Office of Rural Health funding received, and types of partnerships. Information we obtained from these interviews is not generalizable across health care systems. In addition, we spoke to representatives from three veterans service organizations (American Legion, Veterans of Foreign Wars, and Vietnam Veterans of America) to obtain their perspectives on rural veterans' health care needs and how, if at all, the Office of Rural Health has worked with these organizations to identify and meet these needs.

To describe the Office of Rural Health's allocation of funding from fiscal year 2016 through fiscal year 2022, we reviewed available Office of Rural Health budget data. Specifically, we reviewed budget authority by funding type (operations, initiatives, and resource centers) from fiscal years 2016 and 2022, the most recent year such data that was available. To assess the reliability of the budget data, we interviewed office officials responsible for maintaining budget data, reviewed related documentation, and performed checks to identify any missing data or obvious errors. On the basis of these steps, we determined that the data were sufficiently reliable for the purposes of our audit objective.

To examine the initiatives and research projects that the Office of Rural Health funds and how it communicates funding opportunities, we reviewed Office of Rural Health central office and resource center documentation, such as the office's memorandum of understanding template and resource center business plans from fiscal year 2022. We assessed the Office of Rural Health's funding processes against federal standards for internal controls for (1) control activities, which specify that management should design activities to achieve objectives and respond to risks; and (2) information and communication, which specify that

⁶A VHA health care system is an integrated health care delivery system under the direction of one administrative parent facility—such as a VHA medical center—and comprised of multiple health care facilities such as community-based outpatient clinics, offering an array of health care services to veterans in a defined geographic area. We interviewed officials from the VA White River Junction health care system (White River Junction, Vermont), the VA Durham health care system (Durham, North Carolina), the VA Houston health care system (Houston, Texas) and the VA Alaska health care system (Anchorage, Alaska). We also spoke to rural consultants from the VA regional networks for each health care system—VA networks 1, 6, 16, and 20, respectively.

management should internally communicate the necessary quality information to achieve the entity's objectives.⁷ We interviewed officials from five selected VHA program offices (Offices of Connected Care, Member Services, Primary Care, Specialty Care, and Women's Health) that manage Office of Rural Health-funded initiatives in fiscal year 2022 to understand their experiences applying for funding and collaborating with the office. We selected VHA program offices for variation in experience working with the Office of Rural Health and in the focus of the initiatives. Information we obtained from these interviews is not generalizable across VHA programs. In addition, we interviewed officials from the Indian Health Service to understand the agency's experience collaborating with the Office of Rural Health, given their role in serving rural American Indian and Alaska Native veterans.

To describe the Office of Rural Health's research agenda and how it reviews its research projects, we reviewed Office of Rural Health central office and resource center documentation, including the office's 2019 research agenda (its most recently updated agenda, according to officials) and resource center fiscal year 2022 business plan template. We interviewed officials from the Office of Rural Health central office about their process for developing their research agenda. We also interviewed officials from the Office of Rural Health central office and officials from the resource centers about how they review research projects in alignment with the research agenda.

To examine the Office of Rural Health's efforts to assess its progress towards achieving its mission, we reviewed office documents, such as its strategic plan.⁸ We also reviewed the most recently available performance reports from fiscal years 2020 through 2023 to examine the data the office collects to assess its progress in implementing its strategic plan and meeting its mission. We evaluated the extent to which the office

⁷GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C: Sept. 10, 2014). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

⁸Veterans Health Administration, *ORH 2020-2024 Strategic Plan*.

assessed its progress in meeting its mission against performance management leading practices identified in our prior work.⁹

We conducted this performance audit from February 2022 to May 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

According to our prior work and research, rural communities often have fewer resources compared to urban communities, which can result in rural residents, including veterans, experiencing challenges in accessing health care.¹⁰ In particular, rural communities tend to have fewer hospitals, health care providers, transportation options, and broadband access compared to urban communities. We have previously reported on how increases in rural hospital closures, coupled with fewer providers, have negatively affected access to care for rural residents.¹¹

Similarly, rural veterans can experience unique challenges in accessing health care. According to VHA, compared to urban veterans, rural veterans tend to (1) experience higher levels of poverty, with 44 percent earning less than \$35,000 annually, (2) be older, with more than 60 percent of rural veterans over the age of 65, and (3) experience worse health outcomes, including higher rates of cardiovascular deaths and suicide deaths.¹² Our past work also identified that rural veterans may

⁹GAO, *Taxpayer Service: IRS Could Improve the Taxpayer Experience by Using Better Service Performance Measures*, [GAO-20-656](#) (Washington, D.C.: Sept. 23, 2020); GAO, *Telecommunications: FCC Should Enhance Performance Goals and Measures for Its Program to Support Broadband Service in High-Cost Areas*, [GAO-21-24](#) (Washington, D.C.: Oct. 1, 2020).

¹⁰For example, see GAO, *Maternal Health: Availability of Hospital-Based Obstetric Care in Rural Areas*, [GAO-23-105515](#) (Washington, D.C.: Oct. 19, 2022) and Medicaid and CHIP Payment and Access Commission, *Medicaid and Rural Health* (Washington, D.C.: April 2021). Also see Hillary D. Lum et al., "Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans," *Public Policy & Aging Report*, vol. 30, no. 1 (2019): 12-18.

¹¹GAO, *Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services*, [GAO-21-93](#) (Washington, D.C.: Dec. 22, 2020).

¹²Veterans Health Administration Office of Health Equity, *National Veteran Health Equity Report 2021* (2022).

face unique barriers to accessing mental health care compared to urban veterans, and that rural veterans used some mental health programs at lower rates than urban veterans.¹³

Office of Rural Health Mission and Strategic Goals

In 2006, the Veterans Benefits, Health Care, and Information Technology Act of 2006 established the Office of Rural Health within VHA to conduct, coordinate, promote, and disseminate research on issues that affect rural veterans.¹⁴ The office's strategic plan reiterates its statutory mandate and defines its mission to improve the health and well-being of rural veterans through research, innovation, and the dissemination of best practices.¹⁵ In the plan, the office outlines how it intends to improve the health and well-being of the 2.7 million veterans living in rural communities through its three strategic goals—broad statements outlining what an organization hopes to achieve to advance its mission. For years 2020 through 2024, the Office of Rural Health's strategic goals are to

1. promote federal and community care solutions for rural veterans,
2. reduce rural health care workforce disparities, and
3. enrich rural veteran health research and innovation.

To achieve its strategic goals and advance its mission, the Office of Rural Health provides funding for initiatives and research.

- **Initiatives** are to promote and expand existing VHA services to VA facilities that serve rural veterans. For example, this could include initiatives that seek to expand telehealth, pharmacy, physical therapy, or eye care services.
- **Research** includes projects for developing and testing interventions to address disparities in health care for rural veterans and then disseminating these interventions to VA facilities that serve rural veterans. For example, research projects may test telehealth-based diabetes care interventions for veterans who live in rural communities.

In addition to funding initiatives and research, the Office of Rural Health also collaborates with various organizations within and outside of VA. Both the office and VA's strategic plans emphasize the importance of

¹³[GAO-23-105544](#).

¹⁴Pub. L. No. 109-461, § 212, 120 Stat. 3403, 3421 (2006).

¹⁵Veterans Health Administration, *ORH 2020-2024 Strategic Plan*.

collaboration between the office and external organizations in accomplishing their missions. See appendix I for more information on the office's collaborations with external organizations.

Office of Rural Health Organization

A director heads the Office of Rural Health, as outlined in its 2006 legislative mandate.¹⁶ In fiscal year 2022, the Office of Rural Health's central office has 12 full-time equivalents that, including the director, also included a deputy director, support, communications, and finance staff. The Office of Rural Health's central office facilitates and manages funding for initiatives and oversees the Office of Rural Health's dissemination activities.

In addition to a central office, the Office of Rural Health oversees five resource centers, which are field-based satellite offices that serve as hubs of rural health research, innovation, and dissemination.¹⁷ Resource centers are to support the office's mission by managing an annual portfolio of funded research projects. In addition to supporting research projects, resource centers are also to provide (1) technical assistance and program guidance to internal and external stakeholders, such as state offices of veterans' affairs, on issues affecting rural veterans, and (2) mentoring and training to develop future researchers in rural health care within VA. In fiscal year 2022, there were five resource centers that were co-directed by a clinical director and operations director. In addition to the center directors, each resource center also included other staff, such as administrative staff.

Each Veterans Integrated Service Network, or regional network, also has a rural consultant.¹⁸ As defined in legislation, rural consultants are responsible for assisting the Office of Rural Health in carrying out its mission.¹⁹ Rural consultants act as a liaison with regional network directors to build upon the office's efforts in the field and facilitate

¹⁶Pub. L. No. 109-461, § 212, 120 Stat. at 3421.

¹⁷ORH administratively established the first resource centers in 2008, and these centers received statutory recognition in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Pub. L. No. 112-154, § 110, 126 Stat. 1165, 1175 (2012).

¹⁸There are 18 regional networks, which manage regional markets that deliver health care, social services, and support services to veterans. Each regional network is responsible for overseeing VA medical centers within a defined geographic area.

¹⁹Pub. L. No. 109-461, § 212(a)(1), 120 Stat. at 3421.

information sharing regarding rural issues within and among regional networks.

The Office of Rural Health Began Funding Initiatives and Increased Funding to Resource Centers in 2016

From fiscal year 2016 through fiscal year 2022, the Office of Rural Health's total budget increased by about 69 percent. By fiscal year 2022, the Office of Rural Health's total budget was about \$311 million; that year, the office allocated approximately \$245 million to rural health initiatives and about \$56 million toward the office's five resource centers, according to office budget data.²⁰

In fiscal year 2016, the Office of Rural Health developed a funding model to allocate most of its resources to various initiatives managed by VHA program offices and made corresponding changes to align with this model. Office officials said they made these changes in response to the VHA Undersecretary for Health directing the Office of Rural Health to review how it awarded funding to ensure its funding supported both the office and VHA's strategic goals.²¹

The funding model the Office of Rural Health developed allocates most of its resources to various existing rural health initiatives, managed by VHA program offices, which provide access to health care for rural veterans across VHA. For example, in fiscal year 2022, the office provided funding to an initiative managed by the VHA Office of Rehabilitation and Prosthetics Services that provides mobile prosthetic and orthotic services to VA community-based outpatient clinics that serve rural veterans.

Prior to developing its funding model, Office of Rural Health officials stated they provided funding directly to various entities throughout VHA to meet regional rural health needs. For example, in fiscal year 2010, the office provided funding to a regional network to purchase a mobile unit to

²⁰According to Office of Rural Health officials, the data we analyzed represented the office's budget authority for a given year. GAO defines budget authority as authority provided by federal law to enter into financial obligations that will result in immediate or future outlays involving federal government funds.

²¹In fiscal year 2011, a report from the VA Office of Inspector General found that the Office of Rural Health did not have the necessary controls in place to ensure the funds it awarded to other entities within VHA were improving access and quality of care for rural veterans. See Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration: Audit of the Office of Rural Health*, 10-02461-154 (April 29, 2011). In response to the audit's recommendations, the Office of Rural Health enhanced its controls, including developing procedures for reviewing and approving proposals for funding, and implementing a process that allowed the office to track the funds it awarded.

conduct health screenings at the homes of rural veterans within that network.

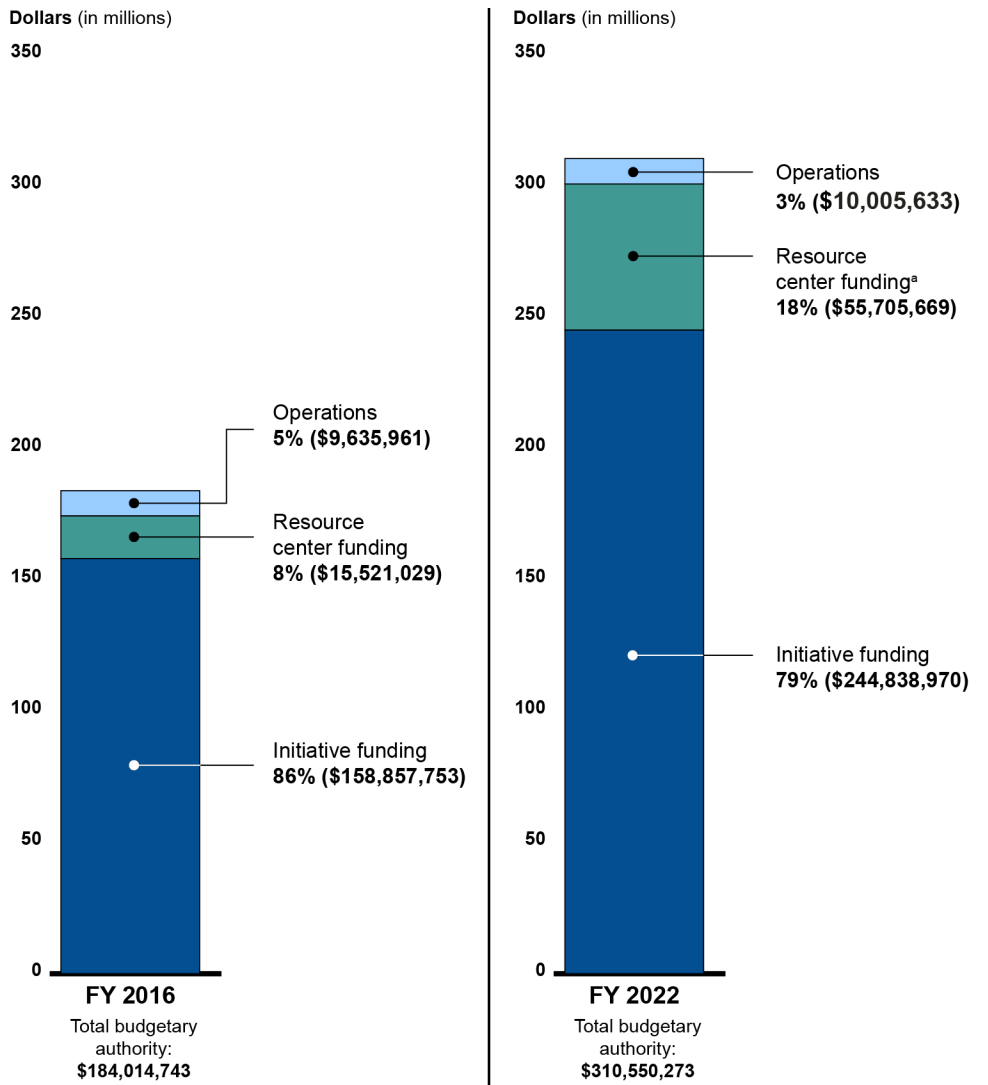
According to Office of Rural Health officials, the roles and responsibilities of the rural consultants shifted to reflect changes in the office's processes. For example, one resource center official stated that in 2016, rural consultants began facilitating the annual application process for VA facilities interested in participating in Office of Rural health-funded initiatives. All of the rural consultants we spoke with identified facilitating this process as one of their main responsibilities for the office.²² Prior to this change, a resource center official said that rural consultants supported the resource centers by, for example, connecting the centers with VA facilities within their region.

Office of Rural Health officials told us in fiscal year 2016, at the direction of the VHA Under Secretary for Health, the office began increasing the amount of funding it allocated to its resource centers. According to our review of Office of Rural Health budget data from fiscal year 2016 through 2022, the office increased the amount of annual funding to resource centers from about \$16 million to the resource centers in fiscal year 2016 to about \$56 million in fiscal year 2022.²³ See figure 1.

²²Office of Rural Health officials told us the Office of Rural Health funds a portion of rural consultants' salary, on average around 23 percent in fiscal year 2023.

²³In fiscal years 2019 and 2020, the Office of Rural Health established two additional resource centers in Gainesville, Florida, and Portland, Oregon, which officials stated contributed to the increase in resource center funding. According to officials, prior to fiscal year 2016 the office established resource centers located in White River Junction, Vermont; Iowa City, Iowa; and Salt Lake City, Utah.

Figure 1: Office of Rural Health Funding Allocations, Fiscal Years 2016 and 2022



FY= fiscal year

Source: GAO analysis of Office of Rural Health documents. | GAO-23-105855

Notes: Funding in this figure reflects the Office of Rural Health’s annual budget authority, according to Office of Rural Health officials. GAO defines budget authority as authority provided by federal law to enter into financial obligations that will result in immediate or future outlays involving federal government funds. See GAO, *A Glossary of Terms Used in the Federal Budget Process*, [GAO-05-734SP](#) (Washington, D.C.: September 2005). Values in figure 1 may not match the total budgetary authority for each fiscal year due to rounding.

Operations includes costs for the Office of Rural Health's program management system, rural consultant salaries, travel, supplies, training, contracts, and other administrative functions.

Resource center funding is comprised of funding that the Office of Rural Health's resource centers provide to rural health research projects and funding that supports resource center operations, such as salaries.

Initiative funding is comprised of funding the Office of Rural Health provides to rural health initiatives.

^aIn fiscal years 2019 and 2020 the Office of Rural Health established two additional resource centers in Gainesville, Florida, and Portland, Oregon, which officials stated contributed to the increase in resource center funding.

According to Office of Rural Health officials, as the office increased the funding it allocated to the resource centers, it also made changes to how resource centers awarded funding. The Office of Rural Health made this change so that it could more strategically support rural health research across VA. In fiscal year 2016, officials stated that the resource centers began focusing on funding research across VA, as opposed to within designated geographic regions within VA, as they had in the past.²⁴ Officials said they recognized that having the resource centers only fund research projects in designated regions would ultimately limit the office's ability to fund research that focused on all rural veterans and had an effect across VA. Officials stated that each resource center generally focuses on funding certain areas of research, such as mental health and geriatric care.²⁵ Additionally, in fiscal years 2019 and 2020, the office established two additional resource centers in Gainesville, Florida, and Portland, Oregon, to expand its funded research into areas that Congress considered a priority, such as substance use disorders and workforce recruitment and retention, according to officials.

Office of Rural Health officials said that as part of an ongoing larger realignment review within VHA, the office plans to further realign the resource centers directly under central office. Office officials stated that the resource centers' current alignment has several disadvantages. For example, several officials from the resource centers noted that resource center staff positions are term-limited positions, which creates challenges

²⁴Office of Rural Health officials told us that the office established the first three resource centers in 2008 and these centers had designated geographic regions within VA in which to promote rural health research: the Eastern region (White River Junction, Vermont); the Central region (Iowa City, Iowa); and the Western region (Salt Lake City, Utah).

²⁵The five resource centers generally focus on certain research specialties, but a resource center official stated that centers may also fund research projects that fall outside of those specialties.

for recruitment and retention at the centers.²⁶ Office of Rural Health officials told us that they plan to discuss with VHA in fiscal year 2024 how to best to realign the resource centers to report directly to the Office of Rural Health’s central office.

The Office of Rural Health Funded a Variety of Initiatives and Research in Fiscal Year 2022, and Informally Communicates Research Funding Opportunities

Based on our review of Office of Rural Health documentation for fiscal year 2022, we found the office provided funding to support a wide variety of rural health initiatives and research. Specific to research projects, each of the office’s five resource centers are responsible for selecting projects to fund. We found that the centers communicate research funding opportunities to VA researchers by word-of-mouth, but do not formally announce the availability of research funding across VA.

The Office of Rural Health Funded Various Initiatives and Research Projects Intended to Help Address Disparities in Health Care for Rural Veterans

Based on our review of Office of Rural Health documentation, we found the office funded various initiatives and research projects in fiscal year 2022.

Initiatives. In fiscal year 2022, the Office of Rural Health provided around \$245 million in funding to initiatives serving rural veterans across VHA. Specifically, the office funded 35 initiatives managed by 16 VHA program offices, according to Office of Rural Health documentation. These initiatives aim to help address a range of disparities in health care for rural veterans, including training and education of the rural health care workforce, care coordination, and transportation, among other things. In fiscal year 2022, initiatives funded by the office served around 494,000 rural veterans across VHA, according to officials. See table 1 for specific examples of initiatives that the office funded in fiscal year 2022; see appendix II for a full list of the initiatives the office funded.

²⁶The duration of a term position is between 1 to 4 years.

Table 1: Examples of Initiatives Funded by the Office of Rural Health, Fiscal Year 2022

Veterans Health Administration program office	Initiative name	Description
Rehabilitation and Prosthetic Services	Mobile Prosthetic & Orthotic Care	Provides prosthetic and orthotic care to rural veterans with limb loss and movement disorders through a mobile unit at Department of Veterans Affairs (VA) community-based outpatient clinics or their homes.
Member Services	Veteran Transportation Services	Provides transportation to VA facilities for regular medical appointments and ambulance services for veterans living in rural areas.
Women's Health	Clinical Skills Training in Women Veterans Health Care	Provides virtual and on-site training for providers in rural areas on health care services specific to the treatment of women veterans, such as breast and pelvic exams.
Mental Health and Suicide Prevention	Rural Access Network for Growth Enhancement	Provides intensive case management services to seriously mentally ill veterans who live in rural areas. ^a

Source: GAO analysis of Office of Rural Health information. | GAO-23-105855

^aSerious mental illnesses are mental, behavioral, or emotional disorders resulting in serious functional impairment.

Office of Rural Health officials told us they select initiatives to fund based on a standardized process. First, to be considered for funding, officials stated program offices must complete an application. The application requires program offices to provide detailed information on the initiative, including plans for dissemination, site selection, and evaluation, among other things. Office officials said program offices can submit an application at any point throughout the year, and then a team from the Office of Rural Health will review applications once funding becomes available. Based on recommendations from this team, Office of Rural Health leadership determines which initiatives to fund for a given fiscal year. See appendix III for additional information on the application and review process for the initiatives the office funds.

Once Office of Rural Health officials approve an initiative for funding, officials told us they sign a memorandum of understanding with the sponsoring program office. This memorandum outlines the conditions and time frame for funding as well as other administrative details, such as roles and responsibilities for program implementation and oversight. As outlined in these memorandums, the Office of Rural Health is generally responsible for funding and high-level oversight of initiatives; program

offices are responsible for the day-to-day management of the initiatives, such as monitoring funds and ensuring participating sites meet reporting requirements. Additionally, the memorandums lay out requirements for the annual evaluation of initiatives and quarterly performance reporting.²⁷ According to Office of Rural Health officials, initiatives are funded on an ongoing basis.²⁸ For example, officials told us that certain initiatives the Office of Rural Health funded in fiscal year 2022 have received funding from the office since it started funding rural health initiatives in fiscal year 2016.

²⁷The Office of Rural Health has standard performance measures that each of its funded initiatives are required to report. These measures focus on the initiative's reach, among other things. In addition, each initiative may have specific outcomes of interest related to the initiative's focus that program staff are to report on in the annual evaluation.

In response to the COVID-19 pandemic, the Office of Rural Health instituted two operational pauses, one between March 30, 2020, and June 10, 2020 and the other between January 3, 2022, and April 11, 2022, according to officials. During the first operational pause, officials told us that the office suspended quarterly reporting requirements, but still required that initiative staff submit an annual report. During the second operational pause, officials stated that the office suspended quarterly reporting for initiatives again, but specified that initiative staff would have to submit reporting for previous quarters once the pause had been lifted.

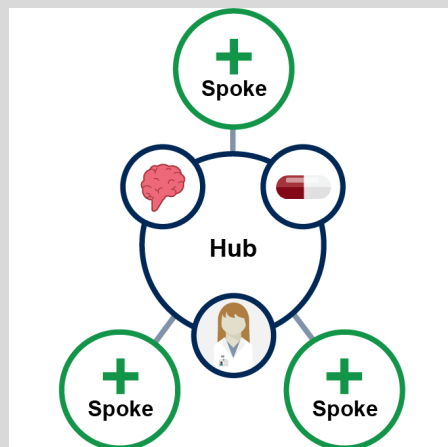
²⁸Entities within VA participating in program office initiatives funded by the Office of Rural Health are eligible to receive funding for up to 3 years from the office to implement the initiative. Office of Rural Health officials said that facilities that are interested in participating in an initiative funded by the Office of Rural Health apply through the office's annual request for application process.

Telehealth Clinical Resource Hubs

The Office of Rural Health has a memorandum of understanding with the Office of Connected Care/Telehealth Services, Mental Health and Suicide Prevention, and Primary Care to develop, implement, and sustain the Telehealth Clinical Resource Hubs program.

This initiative is designed to address provider shortages in rural areas by creating a network of Clinical Resource Hub locations—or “hubs”—that can provide primary care, specialty care, and mental health services to rural veterans at their local VA facilities—or “spokes”—or homes via telehealth visits. If an in-person visit is needed, mobile deployment teams can also provide face-to-face care for veterans at their local VA facility.

In fiscal year 2022, the Office of Rural Health provided around \$87 million in funding for the initiative, which is the highest amount of funding received by any initiative in that year. In fiscal year 2022, the Telehealth Clinical Resource Hub program served around 172,000 rural veterans, according to Office of Rural Health officials.



Source: GAO analysis of Office of Rural Health documentation (data); GAO (image). | GAO-23-105855

Officials from the five program offices we spoke with identified various benefits of receiving funding from the Office of Rural Health. First, two program office officials noted the value of having a dedicated source of funding for their initiatives to target rural veterans. For example, one program office official stated the funding that the office provided allowed the program office to expand its initiative to sites serving rural veterans without taking resources away from other efforts. Another official from that program office noted that being able to use Office of Rural Health funds to hire staff is critical, because many facilities do not have the resources to hire certain positions on their own. Additionally, officials from the other program office said funding from the office allowed them to hire clinical staff to implement the initiative at participating VA facilities. See sidebar for an example of an initiative funded by the Office of Rural Health intended to address rural workforce disparities.

Research projects. In fiscal year 2022, the Office of Rural Health allocated about \$56 million dollars in total to its resource centers. Each of the five resource centers provided funding to support between 18 to 33 research projects in fiscal year 2022, for a total of 120 projects across the centers, according to office documentation.²⁹ Office of Rural Health officials told us the funded research projects aim to (1) identify disparities in health care for rural veterans, (2) develop, test, and refine interventions to address disparities that have been identified, or (3) disseminate interventions that have demonstrated potential to improve access to care for rural veterans.

Each resource center generally focuses on funding certain areas of research, according to office officials.³⁰ For example, Office of Rural Health officials told us that the resource center in Gainesville typically funds research focusing on rehabilitation and rural workforce recruitment, retention, and education. Research projects funded by the resource centers served around 53,000 rural veterans in fiscal year 2022, according to officials. See table 2 for examples of research projects the centers funded in fiscal year 2022.

²⁹Office of Rural Health officials told us that individuals who receive Office of Rural Health funding are researchers and clinicians who work at various VA medical centers and research centers across the United States.

³⁰Resource center officials told us if a center receives a research project proposal that they feel is more directly related to a research specialty of another resource center, staff refer that proposal to the appropriate center.

Table 2: Examples of Research Projects Funded by the Office of Rural Health Resource Centers, Fiscal Year 2022

Resource center	Research project name	Description
Gainesville	Telehealth Stepped Exercise Program for Rural Veterans with Knee Osteoarthritis	Project developing a telehealth rehabilitation intervention for veterans with knee osteoarthritis.
Iowa City	Home Based Cardiac Rehabilitation	Intervention that provides cardiac rehabilitation through telephone and video visits for rural veterans.
Portland	Smoking Cessation and Elective Surgery among Rural Veterans	Project developing a telehealth smoking cessation intervention for rural veterans to reduce the likelihood of adverse events during elective surgery.
Salt Lake City	Geriatric Scholars Project	Workforce development program that trains primary care providers in rural areas evidence-based skills and competencies related to care of aging veterans.
White River Junction	Evaluation of Increasing Suicide Rates Among Rural Hispanic Veterans	Study examining increasing suicide rate among rural Hispanic veterans.

Source: GAO analysis of Office of Rural Health documents. | GAO-23-105855

Office of Rural Health officials told us that staff from the office’s resource centers select research projects to fund annually based on proposals they receive from researchers working across VA. Researchers interested in receiving funding must first develop a detailed project proposal—including research objectives, an evaluation plan, and planned activities, products, and deliverables for the coming year. According to officials, resource center staff and leadership from the Office of Rural Health’s central office then review the proposals to determine which research projects to fund each year. See appendix III for additional information on the application and review process.

Researchers from each of the funded research projects are to report on a quarterly and annual basis on the progress being made toward the project’s metrics, according to Office of Rural Health officials. The officials said how long the office funds a given research projects varies depending on the research design. Officials told us that, as of January 2023, the length of time that the office funded individual research projects ranged from 1 to 8 years.³¹

Officials from two resource centers told us that throughout a research project’s funding cycle they provide ongoing guidance to researchers on how to best tailor the research toward rural veterans. For example,

³¹According to officials, VA researchers leading research projects reapply for this funding on an annual basis.

officials from one resource center said that when researchers come to them with an idea for a research project on rural health, the resource center staff are available to assist in further developing the idea, such as discussing what approach to take and what resources would be necessary to execute the project in a rural setting. Officials from another research center stated they often help researchers translate the findings of their project into a clinical intervention targeted toward rural veterans.

Additionally, officials from four of the resource centers told us they facilitate collaborative efforts between the research projects they fund and relevant stakeholders, such as VA facilities, regional networks, and VHA program offices. For example, officials from several resource centers stated that they often connect VA researchers with staff from relevant VHA program offices to ensure that research projects are consistent with and not duplicative of any other ongoing efforts.

The Office of Rural Health Communicates Research Funding Opportunities Informally and Does Not Announce the Availability of Funding Across VA

Office of Rural Health officials said each of the five resource centers informally communicates research funding opportunities to VA researchers. For example, officials from one resource center said that researchers learn about the center's funding opportunities through word-of-mouth from other VA researchers with which the resource center staff have existing relationships. Additionally, one researcher we spoke with stated they found out about resource center funding through staff at the VHA program office sponsoring a study they were running. However, according to Office of Rural Health officials, resource centers do not formally announce the availability of their research funding opportunities across VA.

The Office of Rural Health's informal communication of research funding opportunities do not align with federal standards for internal control. These standards state that management should (1) design control activities—such as policies and procedures—that help an entity achieve its objectives and (2) internally communicate any necessary information—such as funding opportunities—to achieve those objectives.³²

According to Office of Rural Health officials, the Office of Rural Health's central office delegated the management of research funding to the resource centers and does not have a policy requiring the resource centers to communicate the availability of funding across VA. In the absence of a policy, the directors of each resource center are responsible

³²[GAO-14-704G](#).

for determining how to communicate funding opportunities. For example, officials from one resource center told us they do not have an annual open announcement for applications because they already receive far more applications for research projects than they are able to fund.

Examples of Barriers to Health Care Access for Veterans in Alaska

Officials from the Department of Veterans Affairs (VA) Alaska Health Care System gave various examples of challenges veterans faced accessing health care in Alaska.

Infrastructure. Several officials noted that the lack of developed infrastructure in Alaska created challenges for veterans trying to access VA health care. For example, an official told us that their patients cannot access care through the VA's patient tablet program because the broadband carrier the program uses does not operate in Alaska.

Health care workforce. Two officials stated that it was difficult to recruit and retain health care providers in Alaska. For example, an official from one clinic told us that neither of the clinic's two providers live in the area. Instead, the official told us that one of the providers flies in from Anchorage to provide in-person care and the other provider, located in another state, provides care through telehealth technology.

Availability of services. Several officials told us that certain types of health care services, such as mental health care, are not widely available in Alaska. Moreover, two officials stated that there were many types of care veterans could not receive in Alaska due to lack of specialty care, including organ transplants, in vitro fertilization, and trauma care, such as for severe burns. To receive this type of care, these officials stated that veterans must travel to the lower 48 states.

Source: VA Alaska Health Care System officials. | GAO-23-105855

Because the Office of Rural Health informally communicates research funding opportunities instead of through a formal process, some researchers in VA with relevant knowledge and experience may not be aware of this funding. For example, officials we spoke with from a rural health care system in Alaska told us that they were unfamiliar with the funding opportunities available through the resource centers.³³ These officials noted that some of the access challenges that veterans in Alaska faced were different than the rest of the country, and that Alaska could benefit from additional funding from the Office of Rural Health (see sidebar).

Additionally, relying on professional connections and word-of-mouth to communicate the availability of funding potentially creates a disadvantage for the more recently established resource centers that have less developed connections across VA. For example, officials from one resource center told us that, when the center was first established three years ago, all of the projects it funded were conducted by local researchers because the resource center staff had yet to make connections across VA.

By developing a policy requiring resource centers to communicate the availability of research funding across VA, the Office of Rural Health could help ensure that researchers are aware of those opportunities and, if interested, can apply for funding. Moreover, such a policy could result in a larger pool of applicants for research funding opportunities, which in turn would allow the office to better ensure the research projects it selects for funding best align with its mission to improve the health and well-being of veterans through research, as noted in its strategic plan.³⁴

³³Officials we spoke to from the VA Alaska Health Care System were not familiar with research funding opportunities through resource centers, but the system did receive funding from the Office of Rural Health in fiscal year 2022 for several initiatives, including one providing rural veterans with transportation to VA facilities for medical treatment and care. VA officials noted that the Office of Rural Health hosted a Veterans Rural Health Advisory Committee meeting in Alaska in April 2023 to help cultivate relationships with the VA Alaska Health Care System and explore opportunities to provide support to rural veterans, such as potential future research opportunities.

³⁴Veterans Health Administration, *ORH 2020-2024 Strategic Plan*.

The Office of Rural Health's Research Agenda Guides Its Research Funding, and It Annually Reviews Projects to Ensure Alignment with the Agenda

ORH officials told us that in 2008, the office developed a research agenda—a document that outlines its research objectives and topic areas that officials said they use to guide their research funding decisions. According to officials, the research agenda helps the office ensure it addresses components of its statutory mandate.³⁵ The research agenda includes the following three research objectives:

1. identify and measure disparities in rural health care access, utilization, and standard-of-care delivery;
2. design, pilot, and assess novel clinical approaches that improve the quality, access, and efficiency of rural health care; and
3. cultivate a community of investigators specializing in rural health science who can report and review research findings, as well as disseminate knowledge.

In addition to research objectives, the research agenda includes eight topic areas of ongoing research and areas where new and expanded investigation is warranted. These topic areas include the following:

1. workforce, such as provider needs and training;
2. rural special populations, such as American Indian/Alaska Native veterans or women veterans;
3. rural disparities, such as examining conditions with higher morbidity, mortality, and cost in rural areas;
4. care coordination among VA to community provider facilities, VA to VA facilities, and others;³⁶
5. rural access to care, or research focused on access measures and demographics;
6. operational adoption of rural health practices and interventions by program offices, networks, and facilities;

³⁵The statutory mandate stipulates that resource centers focus their efforts in the following areas: (1) improve understanding of the challenges rural veterans face; (2) identify disparities in the availability of health care to rural veterans; (3) formulate practices and programs to enhance delivery of health care to rural veterans; and (4) develop special practices and products for the benefit of rural veterans and implementation system-wide. 38 U.S.C. § 7308(d).

³⁶Eligible veterans can receive care from community providers when they face challenges accessing care at VHA medical facilities. VA contracts with third party administrators to provide these services.

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7. practice infrastructure, including telehealth, health information technology, and broadband; and
 8. health policy, such as impact of policy development.

To develop its research agenda in 2008, the office's current research agenda notes officials conducted a literature review. Office of Rural Health officials stated they worked with stakeholders, such as the Veterans Rural Health Advisory Committee, to understand the current state of rural health research.³⁷ Officials said the office's central office and resource center directors used the literature review and feedback from stakeholders to identify the research objectives.

Office of Rural Health officials told us they review their research agenda every year, and updated it in 2012 and 2019. According to office officials, they updated the research agenda in 2012 to reflect the statutory mandate.³⁸ Officials explained they updated it in 2019 to define their current research objectives and topic areas. Officials told us updates are considered during reviews of their research projects each year and that information from interactions among resource center directors, as well as subject-matter experts from VA Health Services Research and Development Service and Quality Enhancement Research Initiative programs drive future changes and decisions to update the research agenda.³⁹ In addition, officials also described using meetings, such as the VA Health Services Research and Development Service's State of the Art conference and expert panels, to engage with researchers and experts within the rural health community and discuss ideas for future research. In addition to these inputs, officials characterized the research agenda as a

³⁷In 2008, the VA Secretary chartered the Veterans Affairs Rural Health Advisory Committee to study and analyze challenges rural veterans face when accessing health care and advise the secretary accordingly. Specifically, the committee (1) identifies barriers to providing health care services to veterans in rural communities and (2) recommends solutions that facilitate improved access to veterans' health care in rural areas.

³⁸See 38 U.S.C. § 7308.

³⁹VA's Health Services Research and Development Service's mission is to identify, evaluate, and rapidly implement evidence-based strategies that improve the quality and safety of care delivered to veterans. It meets its mission by supporting approximately 1,000 investigators who conduct collaborative, cross-cutting research, with studies addressing critical issues for both veterans and the VA healthcare system. VA established the Quality Enhancement Research Initiative in 1998 to accelerate the use of research evidence, tools, and methods into routine care and ensure U.S. military veterans benefit from research discoveries.

living document, with topic areas that are intended to be broad, to absorb new or emerging issues.

To implement its research agenda, the Office of Rural Health's five resource centers maintain annual business plans outlining funded research projects. Officials stated that business plans serve as the primary document for guiding each center's research and also align with the office's strategic plan. The business plans include details about individual research projects, such as their significance to rural health, objectives, planned design, and measurement plans of impact for key rural veteran outcomes, as well as products and deliverables. A director from one resource center also stated they take into account the office's statutory mandate, VHA priorities, and recommendations from the Veterans Rural Health Advisory Committee when implementing the research agenda.

In addition, Office of Rural Health officials said they take steps annually to review the research projects they fund to determine the extent to which they align with their research agenda. First, officials said that on an annual basis, resource center staff input each individually funded project into their program management system according to the eight topic areas identified in their research agenda. For example, staff may indicate "special populations" in the system for a project that examines health issues affecting women, geriatric, or American Indian/Alaska Native rural veterans. Officials are able to then look across the centers' projects in the management system to see what topic areas the projects cover.

Secondly, officials said that, each year, Office of Rural Health leadership, in conjunction with resource center directors, reviews the research projects funded in that year and those proposed by the centers for funding in the following year, as well as other emerging areas that may be a priority to study. Following the review, resource center directors then determine if they should make any changes to their portfolios to further develop research in particular areas.

- For example, officials at one resource center said that the central office identified opioid use as an emerging topic important to rural health research, and requested their resource center look to enhance research in this area.
- In another case, officials from one resource center said the Veterans Rural Health Advisory Committee recognized a need to better serve women veterans, and in response, this resource center focused its

efforts to fund research projects and build capacity on women’s health issues.

The Office of Rural Health Has Taken Steps to Assess Its Progress in Meeting Its Mission, but Has Not Defined the Annual Level of Performance It Aims to Achieve

In its 2020-2024 strategic plan, the Office of Rural Health defined the outcomes it wants to achieve to advance its mission, as defined by its strategic goals and strategic objectives. The office also identified the data it will collect to assess its progress and the performance measures it will use. However, as of December 2022, the office has not developed performance goals that define the level of performance it aims to achieve during a particular year. See table 3 for definitions of these terms and Office of Rural Health examples.

Table 3: Definitions of Strategic Planning Terms and Office of Rural Health Examples

Item	Definition	Office of Rural Health Examples
Strategic goal	Statement of what an entity wants to achieve to advance its mission.	Reduce rural health care workforce disparities.
Strategic objective	Statement that reflects the outcome the entity is trying to achieve, which is tracked through performance goals.	Expand the office’s partnership and programming reach.
Performance goal	Statement of the level of performance an entity wants to achieve during a specific time frame.	Not defined.
Performance measure	A measurable value that tracks progress towards a performance goal during a specific time frame.	The number of rural veterans served by Office of Rural Health-funded initiatives and research projects quarterly.

Source: GAO analysis of Office of Management and Budget guidance and Office of Rural Health documentation. | GAO-23-105855

The Office of Rural Health established three strategic goals and eight strategic objectives in its fiscal year 2020 through 2024 strategic plan, and identified performance measures that it quarterly collects and reviews data on. Office of Rural Health officials said they hold an annual meeting

with resource center staff to discuss their progress in implementing the strategic plan, share ideas, and plan future activities.⁴⁰

However, as of December 2022, officials stated the Office of Rural Health had not defined performance goals, which define the level of performance it needs to achieve each year or over a specific period of time. For example, the office has a strategic goal and strategic objective related to rural health care workforce disparities and collects data on the number of clinicians trained through its funded initiatives and research projects. In fiscal year 2021, around 31,000 clinicians received training, according to office documentation. However, the office has not defined a performance goal to identify how many clinicians it should be training per year to meet its strategic workforce-related objectives and strategic goal.

In our prior work we identified three key performance management steps and practices to help agencies measure and assess progress towards meeting their missions.⁴¹ These steps include developing performance goals in order to (1) define desired outcomes, (2) measure performance, and (3) inform agency decisions. In addition, in our prior work we identified leading practices related to performance goals such as developing performance goals that are objective, measurable, quantifiable, and linked to other components of the strategic plan, among other things (See table 4).⁴²

⁴⁰Office of Rural Health officials said the office assigned some officials as implementation leads, who work with a team to implement specific strategic plan activities and report progress into AchieveIt, an online centralized tracking system, on a quarterly basis. Specifically, implementation leads update the completion percentage of their assigned activities, which the office then reviews to determine progress. In addition, Office of Rural Health officials use data from sources, such as Google Analytics, to track the progress of its activities focusing on disseminating information and research related to rural veterans on a quarterly basis. This includes tracking the number of visitors to the Office of Rural Health's website and number of newsletter subscribers.

⁴¹GAO, *Executive Guide: Effectively Implementing the Government Performance and Results Act*, [GAO/GGD-96-118](#) (Washington, D.C.: June 1996). In this guide, we identified three key steps, and additional practices within each step, that federal agencies can implement to improve their overall performance based on previous reviews of public sector organizations that were becoming more results-oriented.

⁴²GAO, *Taxpayer Service: IRS Could Improve Taxpayer Experience by Using Better Service Performance Measures*; [GAO-20-656](#) (Washington, D.C.: Sept. 23, 2020); and GAO, *Telecommunications: FCC Should Enhance Performance Goals and Measures for Its Program to Support Broadband Service in High-Cost Areas*, [GAO-21-24](#) (Washington, D.C.: Oct. 1, 2020).

Table 4: Performance Goal Characteristics Identified by GAO as Leading Practices

Objective: performance goals are reasonably free from bias or manipulation that would prevent them from providing an accurate assessment of performance.

Measurable: performance goals are able to demonstrate whether or not a specific level of performance can be tangibly demonstrated and independently verified.

Quantifiable: performance goals have a numerical level or measurable value.

Linked to other components: performance goals should clearly connect to other strategic plan components, such as strategic objectives.

Source: GAO. | GAO-23-105855

Note: Other leading practices for performance goals identified by GAO include establishing a clear hierarchy of performance goals. See GAO, *Executive Guide: Effectively Implementing the Government Performance and Results Act*, [GAO/GGD-96-118](#) (Washington, D.C.: June 1996).

Office of Rural Health officials stated that when they were developing their strategic plan they focused on identifying strategic goals, strategic objectives, and related activities, and not performance goals. In January 2023, officials said they intend to develop performance goals throughout fiscal year 2023; however, officials had not yet drafted such goals.

By developing performance goals with these characteristics, the Office of Rural Health will be able to fully implement key practices related to all three performance management steps. For example, such performance goals will allow the office to define the expected level of performance each year for some strategic objectives, such as building recognition of its research, which do not have obvious measurable or quantifiable outcomes. In addition, the office can use the performance goals and data from related performance measures to determine which strategic objectives and strategic goals may need additional focus or resources to ultimately improve rural veterans' health and well-being.

Conclusions

Recognizing the challenges rural veterans face in accessing health care, the Office of Rural Health has taken steps to improve the health and well-being of rural veterans by funding numerous initiatives and research projects to help address rural health disparities. However, the communication the office provides about research funding opportunities may not fully reach the intended audience. With a policy requiring research centers to communicate their research funding opportunities across VA, the office could better ensure it is attracting research applicants to fund research that best aligns with its mission to improve the health and well-being of rural veterans.

Moreover, the Office of Rural Health has established laudable goals, such as reducing rural health care workforce disparities, but could benefit from defining what level of performance it wants to achieve each year to reach these goals. Developing performance goals that reflect leading practices would allow the office to better determine if its funded initiatives and research projects demonstrate progress in meeting its strategic goals and objectives. The office can also use the information from these performance goals to better direct its resources to those initiatives or research projects that require more support or are shown to be the most effective in addressing the needs of rural veterans.

Recommendations for Executive Action

We are making the following two recommendations to VA:

The Director of the Office of Rural Health should develop a policy requiring resource centers to communicate their available research funding opportunities across VA. (Recommendation 1)

The Director of the Office of Rural Health should develop performance goals that reflect leading practices, such as being objective, measurable, quantifiable, and linked to other strategic plan components. (Recommendation 2)

Agency Comments

We provided a draft of this report to VA for review and comment. In written comments, reproduced in appendix IV, VA concurred with our recommendations and identified steps it plans to take to implement them. Regarding our first recommendation, VA stated that the Office of Rural Health will develop a standardized process to communicate available research funding opportunities. According to VA, the process will be part of standard operating procedures to help ensure that resource centers consistently share funding opportunities throughout VA, in addition to existing partnerships.

With respect to our second recommendation on developing performance goals, VA stated that the Office of Rural Health is reviewing its 2020-2024 strategic plan to identify opportunities to better define its performance goals. According to VA, as the Office of Rural Health develops its 2025-2029 strategic plan, officials from the office will meet with resource center officials and stakeholders to gain feedback on incorporating performance goals into the plan. VA also provided technical comments, which we incorporated as appropriate.

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

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or hundrupa@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.



Alyssa M. Hundrup
Director, Health Care

Appendix I: Examples of the Office of Rural Health's Collaboration with External Organizations

This appendix provides information on collaborations the Veterans Health Administration (VHA) Office of Rural Health has with organizations outside the Department of Veterans Affairs (VA) to improve the health and well-being of rural veterans. As of fiscal year 2022, the strategic plans for the Office of Rural Health and VA both emphasize the importance of collaboration between the Office of Rural Health and external organizations in accomplishing their missions.¹ Officials from the office told us that, although the office predominately collaborates with other federal agencies, it expects its staff to pursue any collaborative efforts that will help the office meet its mission to improve access to care and service for rural veterans. The following are examples of collaborations between the office and external organizations:

- **Interagency groups.** The Office of Rural Health officials stated that the office participates in a number of federal interagency groups that focus on policy issues related to access to health care for rural veterans. For example, as a member of the Broadband Interagency Working Group, the office works with other agencies—such as the Departments of Labor, Transportation, and Commerce—to expand rural broadband access by improving coordination across agencies, reducing regulatory barriers to broadband deployment, and promoting the importance of federal support for broadband investment, among other things.
- **VA and Indian Health Service memorandum of understanding.** The director of the Office of Rural Health—along with other officials from VA, VHA, and the Indian Health Service—is part of a leadership team that oversees the administration of the memorandum of understanding between VA and the Indian Health Service.² This memorandum, first established in 2003 and updated in 2010 and 2021, facilitates interagency collaboration and coordination of resources and health care and services provided to American Indian and Alaska Native veterans. The leadership team meets quarterly to evaluate the outcomes of collaborative efforts, plan future interagency efforts, and update the memorandum.

¹Veterans Health Administration, *ORH 2020-2024 Strategic Plan*; Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan* (Apr. 18, 2022).

²Department of Veterans Affairs and Indian Health Service, *Memorandum of Understanding between the United States Department of Veterans Affairs Veterans Health Administration and United States Department of Health and Human Services Indian Health Service*.

Appendix I: Examples of the Office of Rural Health's Collaboration with External Organizations

- **Rural health conference.** In fiscal year 2022, Office of Rural Health officials said they collaborated with VA Health Services Research and Development Service to hold a conference on rural health research. An official said the aim of this conference was to bring together federal stakeholders to discuss emerging issues in rural health care. Examples of emerging issues include the COVID-19 pandemic, integration of care between VA and non-VA services, and workforce development challenges for rural healthcare providers. Officials said the conference included participants from VA, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration.

In addition to its own collaborative efforts with external organizations, Office of Rural Health officials told us the office encourages collaboration between VA researchers leading the research projects it funds and relevant stakeholders, including those outside of VHA. As an example, one research project funded by the Office of Rural Health planned to collaborate with various community stakeholders, such as religious organizations and service providers, to conduct outreach to rural Black women veterans to better understand that population's knowledge and utilization of VA health care and services.

Appendix II: Initiatives Funded by the Office of Rural Health, Fiscal Year 2022

This appendix provides information on the initiatives that the Office of Rural Health funded in fiscal year 2022. Initiatives, which are managed by Veterans Health Administration (VHA) program offices, are to promote and expand existing VHA services to VA facilities that serve rural veterans. See table 5 for a list of the 35 initiatives that the Office of Rural Health funded in fiscal year 2022.

Table 5: Initiatives Funded by the Office of Rural Health, Fiscal Year 2022

Veterans Health Administration (VHA) program office	Initiative name	Description
Academic Affiliations	Rural Interprofessional Faculty Development Initiative	Trains rural providers through professional development opportunities such as conferences, workshops, and experiential projects, among other things.
Access	VA MISSION Act of 2018 Emergency Room Specialty Care Scribe ^a	Places medical scribes in rural specialty care and emergency departments. ^b
Care Management and Social Work Services	Advanced Care Planning via Group Visits	Provides facilitated groups where rural veterans, their families, and caregivers can create an advanced care plan.
	Social Work in Patient Aligned Care Teams	Integrates social workers into Patient Aligned Care Teams in rural areas to improve care coordination for rural veterans. ^c
Connected Care	VA Video Connect Patient Tablet Program	Provides rural veterans with tablets to connect them with and transmit their health data to remote Department of Veteran Affairs (VA) health care providers.
Dentistry	Oral Telemedicine	Provides telehealth consultation on oral health conditions and procedures.
Geriatrics and Extended Care	Gerofit	Provides physical activity therapy to elderly rural veterans through telehealth technology and in-person.
	Home Based Primary Care	Provides Patient Aligned Care Team services to rural veterans at their homes.
	Medical Foster Home	Provides medical foster homes to rural veterans who need daily assistance, are unable to live independently, and have no available family caregiver, as an alternative to a nursing home.
Innovation Ecosystem	Rural Innovation Ecosystem	Supports the innovation and implementation of standardized best practices intended to improve access to care and services for rural veterans across VHA.
Member Services	Veteran Transportation Services	Provides rural veterans transportation to VA facilities for medical treatment and care.
Mental Health and Suicide Prevention	National Mental Health and Suicide Prevention Extension for Community Healthcare Outcomes	Connects rural providers with specialists on mental health and suicide prevention to discuss case studies and receive training on suicide.

Appendix II: Initiatives Funded by the Office of Rural Health, Fiscal Year 2022

Veterans Health Administration (VHA) program office	Initiative name	Description
	Rural Access Network for Growth Enhancement	Provides intensive case management services to seriously mentally ill veterans who live in rural areas. ^d
	Rural Suicide Prevention	Connects rural veterans to comprehensive suicide prevention services through public awareness campaigns, community training, and crisis support, among other things.
National Center for Health Promotion and Disease Prevention	Telephone Lifestyle Coaching	Provides rural veterans with telephone support on how to improve their health and wellbeing, such as providing coaching on weight management, healthy eating, and limiting alcohol intake.
Pharmacy Benefits Management	Centralized Anticoagulation Services Hub	Provides rural veterans access to anticoagulation pharmacy services through telehealth modalities. ^e
	Clinical Pharmacy Specialist Providers	Provides medication and chronic disease management services to rural veterans at their home or at a VA facility through telehealth technology.
	Pharmacist Providers Improve Access for Rural Veterans with Opioid Use Disorder	Integrates clinical pharmacy specialist providers into Patient Aligned Care Teams to improve access to medication-assisted treatment for rural veterans with Opioid Use Disorder.
Primary Care	Telehealth Clinical Resource Hubs	Provides primary care, specialty care, and mental health services to rural veterans at their local VA facilities or at-home through a hub and spoke model.
	Video Blood Pressure Visits	Provides blood pressure check-ins with rural veterans in their homes through telehealth technology.
Rehabilitation and Prosthetics Services	Mobile Prosthetic and Orthotic Care	Provides prosthetic and orthotic care to rural veterans with limb loss and movement disorders through a mobile unit at their local VA facilities or homes.
	Teleaudiology	Provides audiology services, such as hearing testing and hearing aid fitting, to rural veterans through telehealth technology.
	Telerehabilitation Services Hub	Provides physical, occupational and speech therapy to rural veterans through telehealth technology.
Rural Health	Rural Health Training Initiative	Provides clinical training for rural health care providers, such as social workers, nurse practitioners, and pharmacists, among others.
	VA Farming and Recovery Mental Health Services	Provides rural veterans with agricultural vocational training and behavioral health care services at 8 VA facilities.

Appendix II: Initiatives Funded by the Office of Rural Health, Fiscal Year 2022

Veterans Health Administration (VHA) program office	Initiative name	Description
Specialty Care	Lung Cancer Screening	Places patient navigators at VA facilities serving rural veterans to support lung cancer screening. ^f
	National Teleneurology Program Hub	Establishes telehealth sites for veterans with neurological impairments, such as those who have had a stroke or dementia, to access neurology services in rural areas where these services are not available.
	Sleep Telemedicine Hub	Provides diagnosis, care, and remote monitoring to rural veterans with sleep apnea through telehealth technology.
	Technology-Based Eye Care Services	Places ophthalmology technicians in VA facilities that serve rural veterans to collect information and transmit to remote VA ophthalmologists for diagnosis and follow up.
	Tele-Critical Care Hub	Connects VA facilities that do not have critical care providers on-site with remote VA critical care providers through telehealth technology.
	Teledermatology Hub	Provides dermatology services, such as consultations and medical prescriptions, to rural veterans through telehealth technology.
	Telediabetes Hub	Provides diabetes services, such as education on diet and blood glucose management, to rural veterans with uncontrolled diabetes through telehealth technology.
	Teleoncology	Provides oncology services, such as care coordination and genetic counseling, to rural veterans with cancer through telehealth technology.
Women's Health	Clinical Skills Training in Women Veterans Health Care	Provides on-site training for providers in rural areas on health care services specific to the treatment of women veterans, such as breast and pelvic exams.
	Women Veteran Care Coordination and Management	Expands care coordination of women's health services, such as maternity care, mammography, and cervical cancer screenings.

Source: GAO analysis of VHA documents. | GAO-23-105855

^aPub. L. No. 115-182, § 507, 132 Stat. 1393, 1479 (2018).

^bMedical scribes document patient health information in electronic health records during patient visits, with the intent to reduce providers' documentation burden and allow them to focus on patients.

^cPatient Aligned Care Teams are teams of health professionals that work collaboratively with individual veterans to help provide for veteran's health care needs.

^dSerious mental illnesses are mental, behavioral, or emotional disorders resulting in serious functional impairment.

^eAnticoagulation services provide care, such as dosage management, to patients who are at risk for blood clots or stroke and taking medication to slow blood clotting.

^fPatient navigators help guide veterans through the health care system, such as helping them schedule medical appointments or obtain medications.

Appendix III: Office of Rural Health's Application and Review Process for Initiatives and Research Projects

This appendix provides information on the application and review process that the Veterans Health Administration (VHA) Office of Rural Health uses to determine which initiatives and research projects to fund. Officials told us that the Office of Rural Health has standardized application processes that VHA program offices, in most cases, and researchers must go through for the Office of Rural Health to consider an initiative or research project for funding. Initiatives are intended to promote and expand existing health care services to Department of Veterans Affairs (VA) facilities that serve rural veterans. For example, this could include initiatives that seek to expand telehealth for pharmacy, physical therapy, or eye screening services. Research projects develop and test interventions to help address disparities in health care for rural veterans and then disseminate these interventions system-wide. For example, research projects may develop telehealth-based diabetes care interventions for veterans who live in rural communities.

Initiatives

Application for funding. Office of Rural Health officials said, in most cases, they require VHA program offices—such as the Office of Primary Care or the Office of Mental Health and Suicide Prevention—to complete a standardized application for their initiative to be considered for funding.¹ This application requires program offices to provide detailed information on their initiative, including plans for dissemination, site selection, and evaluation; key partnerships inside or outside VA; and anticipated budget needs, among other things. The Office of Rural Health provides guidance on how to fill out and submit this application, including descriptions of what information applicants include under each element of the application. According to officials, program offices can submit this application at any time throughout the year, as there is no specified deadline for submission.

Review of applications. Office of Rural Health officials stated a team from the office—consisting of program analysts, a budget analyst, resource center staff, and subject matter experts—uses a standardized tool to review each application for funding. This tool requires the team of reviewers to rate applications in eight areas: service to rural veterans, feasibility, innovation, impact, outcome measures, evaluation design, financial soundness, and sustainability.² Officials said they use the results

¹Officials stated that, in some cases, initiatives can be initiated outside of this application process, such as in response to stated congressional priorities.

²For example, for outcome measures, the reviewer must rate the extent to which the program's outcome measures are clearly defined.

of these reviews to provide feedback to program offices on their applications and make recommendations to Office of Rural Health central office leadership, who makes the final decision on which applications to approve for funding.

Research projects

Application for funding. Office of Rural Health officials said the resource centers require VA researchers to complete a standardized application to consider potential research projects for funding.³ The application requires researchers to provide detailed information on how the proposed project will benefit rural veterans, project design and planned activities, evaluation design, and key collaborations, among other things. Office officials said the resource centers meet with researchers throughout the year and accept applications during that time frame. Resource centers must submit their list of applications for research projects they plan to fund for review in mid-May.

Review of applications. Office of Rural Health officials stated resource center staff conduct an initial review of applications submitted to the resource center. After this initial review, each resource center submits the list of applications for the research projects they plan to fund that year to Office of Rural Health central office leadership for review and approval, according to officials. Officials said at both levels of review, reviewers evaluate applications against several criteria, including relevance to rural veterans, alignment to the strategic priorities of the office and VHA, and sustainability, among others. VA researchers approved for funding commence with their research projects at the beginning of the next fiscal year.

Nomination for dissemination. Office of Rural Health officials told us after a funded research project has been adequately tested and refined, resource center leadership may nominate a project to be more widely disseminated across VHA as a Rural Promising Practice.⁴ A team of staff assembled by the Office of Rural Health's director—which can include both staff from the Office of Rural Health and other VA offices, such as Health Services Research and Development Service—reviews each nomination based on six criteria: improved access, demonstration of

³Office of Rural Health officials told us that individuals who receive Office of Rural Health funding are researchers and clinicians who work at various VA medical centers and research centers across the United States.

⁴Typically, the resource centers will nominate research projects for dissemination that have been funded by the center for at least 3 fiscal years.

**Appendix III: Office of Rural Health's
Application and Review Process for Initiatives
and Research Projects**

need, customer satisfaction, sustainability, operational feasibility, and strong collaborations.⁵ Based on this review, the team makes its recommendation to the Office of Rural Health director about which research projects the team recommends adopting as Rural Promising Practices.

⁵For example, for the criteria on customer satisfaction, the reviewer would determine the extent to which the nomination demonstrated that an intervention had increased patient, provider, or caregiver satisfaction.

Appendix IV: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

April 13, 2023

Ms. Alyssa M. Hundrup
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Hundrup:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VA HEALTH CARE: Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals*** (GAO-23-105855).

The enclosure contains technical comments and the action plan to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanya J. Bradsher".

Tanya J. Bradsher
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***VA HEALTH CARE: Office of Rural Health Would Benefit from Improved
Communication and Developing Performance Goals***
(GAO-23-105855)

Recommendation 1: The Director of the Office of Rural Health should develop a policy requiring resource centers to communicate their available research funding opportunities across VA.

VA Response: Concur. The Veterans Health Administration's (VHA) Office of Rural Health (ORH) will develop a standardized process to communicate available research funding opportunities consistent with Federal standards of internal controls. This process will be part of standard operating procedures with the goal of ensuring resource centers consistently share funding opportunities to a diverse population of employees throughout VA in addition to existing partnerships.

Target Completion Date: May 2024

Recommendation 2: The Director of the Office of Rural Health should develop performance goals that reflect leading practices, such as being objective, measurable, quantifiable, and linked to other strategic plan components.

VA Response: Concur. ORH is reviewing current performance goals for its 2020-2024 Strategic Plan to identify any current opportunities to better define specific, measurable, achievable, relevant and timely (SMART) performance goals. To inform development of the 2025-2029 Strategic Plan, ORH will schedule a series of meetings with Veteran Rural Health Resource Centers and stakeholders to gain feedback on opportunities to incorporate SMART performance goals during this process that are linked to the ORH's performance measures and the VHA Long Range Framework Plan.

Target Completion Date: May 2024

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact:

Alyssa M. Hundrup, (202) 512-7114 or hundrupa@gao.gov.

Staff

Acknowledgments:

In addition to the contact named above, Rebecca Rust Williamson (Assistant Director), Q. Akbar Husain (Analyst-in-Charge), Megan Knox, Moira Lenox, and Cathleen Whitmore made key contributions to this report. Also contributing were Margot Bolon, Jacquelyn Hamilton, Benjamin Licht, Haley Samuel-Jakubos, Diona Martyn, and Roxanna Sun.

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