

GAO Highlights

Highlights of [GAO-24-107641](#), a statement for the record to the Subcommittee on Health, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

VHA operates one of the nation's largest health care systems. GAO and others have identified challenges VHA faces in managing and overseeing its health care system.

This statement provides information on the status of priority recommendations GAO made in two reports to strengthen VHA oversight of VISNs: (1) a report from June 2019, [GAO-19-462](#), and (2) another report from September 2019, [GAO-19-670](#). For this statement, GAO reviewed VHA information on the steps it has taken to implement the recommendations.

What GAO Recommends

GAO made three recommendations in the June 2019 report and five recommendations in the September 2019 report. From each of these reports, one priority recommendation has not been implemented.

View [GAO-24-107641](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

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VETERANS HEALTH CARE

VHA Is Taking Steps but Has Not Completed Implementing Priority Recommendations to Improve Its Oversight of Regional Networks

What GAO Found

Within the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA) has 18 regional networks—referred to as Veterans Integrated Service Networks (VISN) that manage and oversee 172 medical centers and other medical facilities. Each year GAO identifies priority recommendations, which are recommendations that have not been implemented that GAO believes warrant priority attention from VA. In 2024, this included priority recommendations that, if implemented, would help improve VHA's ability to oversee and hold VISNs and medical centers accountable. In addition, since 2015, GAO has identified VA health care as a government program that is at high risk for fraud, waste, abuse, and mismanagement due to inadequate oversight and accountability in its operations.

In June 2019, GAO found that VHA's oversight of VISNs was limited and made three recommendations to improve that oversight. VHA has implemented two but has not yet implemented one of these recommendations, which GAO has identified as a priority recommendation. Specifically, GAO recommended that VHA clearly define VISN roles and responsibilities for managing and overseeing medical centers. VHA agreed in principle with this recommendation. In June 2024, VHA reported plans to publish a directive by December 2024 that includes the roles and responsibilities of VISNs.

In September 2019, GAO found weaknesses in VHA's process for allocating funds to VISNs and medical centers and made five recommendations. VHA has implemented four of the five recommendations. As of June 2024, VHA has partially, but not fully implemented the remaining recommendation, which GAO has also identified as a priority recommendation. GAO recommended that VHA revise its existing guidance to require VISNs—in conjunction with medical centers—to develop and submit approaches to improve efficiency at medical centers with declining workloads that received adjusted funding levels. These approaches could include adjusting the level of services offered. VHA has reported taking steps to address this recommendation.

Since VA health care was added to the High-Risk List in 2015, GAO has made 42 recommendations to VA related to its oversight of VISNs and VISN management. As of June 2024, VHA has implemented 37 of those recommendations. Of the five recommendations that have not been implemented, there are two priority recommendations that warrant immediate attention from VA. Implementing these recommendations will help ensure VHA is operating appropriately and efficiently and in turn help to ensure medical centers are providing quality and timely care to veterans.