



Testimony

Before the Subcommittee on Health
and Subcommittee on Oversight and
Investigations, Committee on Veterans'
Affairs, House of Representatives

For Release on Delivery
Expected at 10:30 a.m. ET
Wednesday, May 17, 2023

VETERANS HEALTH CARE

Staffing Challenges and Recommendations for Improvement

Statement of Sharon M. Silas, Director, Health Care

GAO Highlights

Highlights of [GAO-23-106836](#), a testimony before the Subcommittee on Health and Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

GAO's past work has shown that an agency's workforce plays a central role in transforming an agency into a high-performing organization.

Recent legislative changes that increased the number of veterans eligible for certain services significantly affect VHA's staffing efforts. Growth in veterans' demand for community care and mental health services has posed challenges for maintaining an adequate workforce for programs in these areas. VHA is also in the midst of modernizing its human resources functions, including key onboarding tasks that help ensure those working in VA medical facilities are, for example, free of problematic background issues.

This statement describes GAO's recent work, including recommendations GAO has made to VHA, on (1) staffing needs for its community care program; (2) recruiting and retaining staff for its programs that integrate mental health care within primary care settings; and (3) monitoring its new hire onboarding tasks.

This statement is based on three GAO reports issued between September 2020 and January 2023 ([GAO-20-643](#), [GAO-23-105372](#), and [GAO-23-105706](#)). GAO also reviewed VA documentation on steps taken to address GAO's recommendations.

View [GAO-23-106836](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silas@gao.gov.

May 17, 2023

VETERANS HEALTH CARE

Staffing Challenges and Recommendations for Improvement

What GAO Found

The Veterans Health Administration (VHA) operates the nation's largest health care system, employing more than 371,000 clinical and support staff at 171 Department of Veterans Affairs (VA) medical centers and more than 1,100 outpatient facilities. VHA's ability to attract, hire, and retain high-performing staff is critical to its mission to provide quality and timely care for the nation's veterans. In recent work, GAO has made several recommendations to VHA to help address certain staffing challenges, which would help the agency meet veterans' health care needs. VA has agreed with these recommendations and reported steps taken to implement them. Recent examples include the following:

- **Community care staffing needs.** VHA developed a staffing tool to help its medical facilities determine the number of staff needed for VA's community care program, which allows veterans to obtain care outside of VA. However, this tool did not require facilities to assess all staffing and resource needs and most VA facilities in GAO's September 2020 review did not have the staffing tool's recommended number of staff. Additionally, facility staff GAO spoke with reported challenges recruiting and retaining administrative and clinical staff needed to support the community care program. GAO recommended that VA medical facility leadership assess their facilities' needs and develop a plan to address any identified risks, including strategies to address recruitment and retention challenges. VA concurred and has taken some steps to update the staffing tool to identify staffing and resource needs.
- **Integrating mental health care within primary care settings.** In GAO's December 2022 review, VA medical facility staff described staffing challenges that adversely affect efforts to implement programs integrating mental health care within primary care settings. GAO recommended that VHA comprehensively evaluate and implement strategies to help mitigate staffing challenges in these programs. VA concurred and described steps taken to evaluate its current strategies and establish an action plan to consider further implementation.
- **Reliable data to monitor new hire onboarding tasks.** VHA lacks the reliable data—complete, accurate, and timely—needed to monitor the completion of key onboarding tasks for new hires. Specifically, VHA uses data from the USA Staffing system to monitor these tasks, but GAO's January 2023 review found that regional and medical facility staff did not consistently enter completion data for the tasks into USA Staffing's onboarding module. GAO recommended that VHA (1) require all offices involved in onboarding to use USA Staffing to monitor onboarding tasks and completion dates and (2) ensure that regional networks and medical facilities have clear and comprehensive guidance on entering data into USA Staffing. VA concurred with both recommendations and identified actions it had begun, such as developing data-level definitions for upcoming USA Staffing user guides.

Implementing our recommendations would better position VHA to meet its mission to provide quality and timely care for the nation's veterans.

Chairwomen Miller-Meeks and Kiggans, Ranking Member Brownley, Ranking Member Mrvan, and Members of the Subcommittees:

Thank you for the opportunity to discuss our work on the Department of Veterans Affairs' (VA) efforts to staff its medical facilities, including the processes that the Veterans Health Administration (VHA) uses to hire and onboard new staff. VHA operates the nation's largest health care system, serving over 9 million enrolled veterans at 171 VA medical centers and more than 1,100 outpatient facilities. To provide services, VHA employs more than 371,000 clinical and support staff. VHA's ability to attract, hire, and retain high-performing staff is critical to its mission to provide quality and timely care for our nation's veterans.

Recent legislative changes increased the number of veterans eligible for certain VHA services, further emphasizing the need for VHA to effectively recruit and retain staff to meet the needs of veterans.¹ For example, according to VA, more than 215,000 veterans enrolled in VHA since the passing of the Honoring our PACT Act (PACT Act) of 2022, which expanded health care for certain veterans, including those exposed to toxic substances.² Additionally, with the passage of the VA MISSION Act of 2018, veterans' use of community care continues to grow.³ According to VA, the number of veterans who received community care increased 64 percent from approximately 1.1 million in 2014 to 1.8 million in 2020.

Moreover, the rapid growth in veterans' demand for mental health services has posed challenges for maintaining an adequate mental health workforce that provides timely, high-quality mental health services across VA medical facilities. Specifically, from 2006 through 2020, the number of veterans who received mental health care from VHA grew by 85

¹See, for example, the Honoring our PACT Act of 2022, Pub. L. No. 117-168, tit. I, § 103, 136 Stat. 1759, 1762 (2022).

²Pub. L. No. 117-168, tit. I, § 103, 136 Stat. 1759, 1762 (2022).

³In addition to delivering health care services at its own medical facilities, VA allows eligible veterans to receive care from community providers through the Veterans Community Care Program. This program was established by the VA MISSION Act of 2018 and implemented on June 6, 2019. It is the most recent iteration of VA's long-standing practice of allowing veterans to receive care from community providers when they face challenges accessing care at VA medical facilities. See Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395 (2018).

percent—an increase of more than three times the rate for all other VA health care services.

In 2015, we added VA health care to our High-Risk List, in which one broad area of concern was unclear resource needs and allocation priorities, including concerns related to staff recruitment and retention.⁴ Since then our work has highlighted various VHA staffing efforts, including challenges determining adequate staffing levels for delivering care and recruiting and retaining staff to mitigate staffing shortages. We have also reported on agency efforts to expedite hiring through modifying the onboarding process. On the basis of this work we have made several recommendations to VHA to help ensure it is positioned to effectively meet the growing demand for health care services among veterans.

My remarks today summarize key findings from our recent work, including recommendations we have made to VHA and steps the agency has taken to implement them, related to

1. determining and meeting staffing needs for its community care program;
2. recruiting and retaining staff for its programs that integrate mental health care within primary care settings; and
3. monitoring new hire onboarding tasks.

This statement is based on our recent work issued between September 2020 and January 2023 reviewing VHA's efforts to staff its medical facilities, including our recommendations to improve these efforts.⁵ Detailed information on the objectives, scope, and methodology of this work can be found in each issued report. For this statement, we reviewed VA documentation related to the status of efforts to implement our recommendations since the reports were issued.

⁴See GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: Feb. 11, 2015).

⁵See GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, [GAO-20-643](#) (Washington, D.C.: Sept. 28, 2020); *Veterans Health Care: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services*, [GAO-23-105372](#) (Washington, D.C.: Dec. 15, 2022); and *VA Health Care: VHA Lacks Reliable Onboarding Data for New Clinical Staff*, [GAO-23-105706](#) (Washington, D.C.: Jan. 25, 2023).

We conducted the work on which this statement is based 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

VA and VHA's central human resources (HR) offices are primarily responsible for developing HR policy, guidance, and training. Individual regional and medical facility HR offices are responsible for implementing HR policies and managing daily HR operations. For example, VA's Office of Human Resources & Administration develops department-wide HR policies and guidance, provides HR training, and conducts reviews of VA's HR operations. VHA's regional HR staff manage the overall hiring process for VA medical facilities from posting job openings to extending job offers and onboarding staff.

Hiring Authorities

An important component of the hiring process is the hiring authority used to bring applicants onboard. Among other things, hiring authorities determine the rules (or a subset of rules within a broader set) that agencies must follow throughout the hiring process. For example, VA has used COVID-19 pandemic and other human capital flexibilities to accelerate and expedite hiring in certain circumstances.

- We reported in October 2021 that, from March through December 2020, VA used COVID-19 related direct hiring authority to make 4,215 hires and COVID-19 related Schedule A hiring authority to make 913 hires.⁶
- We found in February 2023 that VHA used several human capital flexibilities from fiscal years 2016 through 2022 to recruit and retain staff in the U.S. Pacific territories.⁷ Specifically, VHA used hiring flexibilities such as exceptions to the competitive hiring process used to fill vacancies and employing other recruitment, relocation, and retention incentives for recruiting and retaining staff.

⁶See GAO, *Federal Hiring: OPM Should Collect and Share COVID-19 Lessons Learned to Inform Hiring During Future Emergencies*, [GAO-22-104297](#) (Washington, D.C.: Oct. 25, 2021).

⁷See GAO, *Veterans Health Administration: Hiring Trends in the U.S. Pacific Territories*, [GAO-23-105953](#) (Washington, D.C.: Feb. 16, 2023).