



Report to the Ranking Member,
Subcommittee on Oversight and
Investigations, Committee on Veterans'
Affairs, House of Representatives

August 2019

VA HEALTH CARE

Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services

GAO Highlights

Highlights of [GAO-19-546](#), a report to the Ranking Member of the Subcommittee on Oversight and Investigation, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

In 2014, a series of congressional testimonies highlighted problems with veterans' access to care after significant appointment wait times at VA medical centers reportedly resulted in harm to veterans. In response, VHA implemented several initiatives, including same-day services at its medical centers and outpatient clinics.

GAO was asked to review the same-day services initiative and VHA's related oversight activities. This report (1) describes how VHA designed and how selected medical centers implemented the same-day services initiative; and (2) examines VHA's efforts to assess the impact of the same-day services initiative on veterans' access to care.

GAO reviewed VHA documents, including policies, guidance, and requirements related to same-day services and interviewed VHA officials regarding implementation and oversight. GAO visited six VA medical centers selected for the complexity of services offered, range of wait times, and geographic variation, among other factors. GAO interviewed officials from (1) the six VA medical centers and affiliated outpatient clinics, (2) VHA's networks with oversight responsibility, and (3) two veterans service organizations.

What GAO Recommends

GAO recommends that VA document objectives and develop performance goals and related performance measures to facilitate the periodic assessment of the impact of same-day services on veterans' access to care. VA agreed with GAO's recommendation.

View [GAO-19-546](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

August 2019

VA HEALTH CARE

Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services

What GAO Found

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) introduced its same-day services initiative in primary and mental health care in April 2016, and used a five-pronged approach for its design: it defined same-day services, developed guidance, updated its mental health policies, offered training, and assessed VA medical center readiness to implement the initiative. Officials from all six VA medical centers GAO visited said they already were providing same-day services prior to the initiative and generally relied on previous approaches to implement VHA's same-day-services initiative. However, these officials told GAO that some of VHA's guidance and updated policies were difficult to implement due to long-standing challenges of staffing and space constraints, among others. For example, one medical center official stated that the medical center did not have the appropriate providers readily available to complete the initial mental health assessments of new patients in a timely manner—a new requirement under VHA's updated policies.

Veterans Health Administration's Same-Day Service Definition in Primary and Mental Health Care and Types of Same-Day Services

Same-day services in primary care: When a veteran requires primary care services right away, during regular business hours, he or she will receive services the same day at a VA medical center. If a veteran calls after normal business hours, he or she will receive care the next business day.

Same-day services in mental health: If a veteran is in crisis or has another need for mental health care right away, he or she will receive immediate attention from a health care professional at a VA medical center.

Types of same-day services: VHA providers may address a veteran's health care need by providing a face-to-face visit, returning a phone call, arranging a telehealth or video care visit, responding by secure email, or scheduling a future appointment.

Source: Veterans Health Administration | GAO-19-546.

VHA officials stated that the objectives of the same-day services initiative are to improve veterans' access to care and customer service. However, VHA has not documented these objectives in a directive or developed and documented performance goals that, with associated performance measures, would monitor progress. Although VHA does monitor patient experience scores and the number of same-day appointments, these measures are not tied to specific performance goals. For example, VHA has not specified targets for the number of same-day appointments medical centers should provide. Furthermore, monitoring the number of same-day appointments does not capture all of the ways VA medical centers provide same-day services, such as renewing prescriptions. VHA officials acknowledged the initiative was quickly developed in response to the 2014 access crisis, and developing new policies or processes, which could include documenting objectives and developing performance goals, was not the priority. Without performance goals and related measures, VHA will continue to be limited in its ability to determine, how, if at all, the same-day services initiative has improved veterans' access to care.

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Abbreviations

CBOC	Community-Based Outpatient Clinic
PACT	Patient Aligned Care Teams
PC-MHI	Primary Care-Mental Health Integration
SHEP	Survey of Healthcare Experiences of Patients
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Networks

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August 7, 2019

The Honorable Jack Bergman
Ranking Member
Subcommittee on Oversight and Investigations
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Bergman:

The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), operates the nation's largest integrated health care system, providing care to more than 9 million enrollees at its 172 VA medical centers.¹ In recent years, we and others have raised questions about VHA's ability to provide health care services in a timely manner.² In 2014, a series of congressional testimonies highlighted serious problems with veterans' access to care after well-publicized events drew national attention to appointment wait times at VA medical centers. In some cases, delays in care reportedly resulted in harm to veterans.³ Due to

¹In addition to medical centers, VA also provides care through its more than 1,000 outpatient sites, such as community-based outpatient clinics (CBOC). For the purposes of this report, we will refer to the VA medical centers and their affiliated CBOCs collectively as "VA medical centers" while citing specific examples by referring to individual medical centers or CBOCs.

²See, for example, GAO, *VA Health Care: Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement*, [GAO-13-130](#) (Washington, D.C.: Dec. 21, 2012); GAO, *VA Health Care: Management and Oversight of Consult Process Need Improvement to Help Ensure Veterans Receive Timely Outpatient Specialty Care*, [GAO-14-808](#) (Washington, D.C.: Sept. 30, 2014); GAO, *VA Primary Care: Improved Oversight Needed to Better Ensure Timely Access and Efficient Delivery of Care*, [GAO-16-83](#) (Washington, D.C.: Oct. 8, 2015); and GAO, *VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed*, [GAO-16-24](#) (Washington, D.C.: Oct. 28, 2015). See also: Department of Veterans Affairs Office of Inspector General, *Veterans Health Administration, Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System*, 14-02603-267 (Washington, D.C.: Aug. 26, 2014).

³See Department of Veterans Affairs, Office of Inspector General, *Veterans Health Administration, Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System*, 14-02603-267 (Washington, D.C.: Aug. 26, 2014).

these and other challenges, we added VHA health care to our High Risk List in 2015, with status updates in 2017 and 2019.⁴

In response to the critical access-to-care problems highlighted by congressional hearings in 2014, VHA proceeded to implement reforms intended to address deficiencies identified across the system.⁵ In April 2016, VHA introduced the MyVA Access Declarations, a set of expectations for veterans' care across VA medical centers, which included an initiative focusing on providing same-day services in primary and mental health care. VHA specified that its expectation for the same-day services initiative was that VA medical centers would either address veterans' health care needs that day or schedule appropriate follow-up care, depending on the urgency.

You asked us to review VHA's implementation and oversight of the same-day-services initiative. This report

(1) describes how VHA designed and how selected medical centers implemented the same-day services initiative, and

(2) examines VHA's efforts to assess the impact of the same-day services initiative on veterans' access to care.

For both objectives we interviewed officials involved with providing and overseeing same-day services in primary and mental health care from six selected VA medical centers, one community-based outpatient clinic (CBOC) affiliated with each of the medical centers, and the Veterans Integrated Service Networks (VISN) that oversee each of the selected VA

⁴GAO, *High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas*, [GAO-19-157SP](#) (Washington, D.C.: Mar. 6, 2019); GAO, *High-Risk Series: Progress on Many High-Risk Areas, While Substantial Efforts Needed on Others*, [GAO-17-317](#) (Washington, D.C.: Feb. 15, 2017). GAO, *High-Risk Series: An Update*, [GAO-15-290](#) (Washington, D.C.: Feb. 11, 2015). GAO maintains a high-risk program to focus attention on government operations that it identifies as high risk due to their greater vulnerabilities to fraud, waste, abuse, and mismanagement or the need for transformation to address economy, efficiency, or effectiveness challenges.

⁵To address these access problems, legislation was enacted to expand the availability of community care for veterans. The Veterans Access, Choice, and Accountability Act of 2014 created the temporary Veterans Choice Program and provided \$10 billion in funding for veterans to obtain health care services from community providers when veterans faced long wait times or travel distances or had other challenges accessing care at VA medical facilities. Pub. L. No. 113-146, §§ 101, 802, 128 Stat. 1754, 1755-1765, 1802-1803 (2014).

medical centers.⁶ We selected three of the six VA medical centers based on (1) VHA's assessment of their access performance at the start of the same-day services initiative, (2) current new patient wait times in primary care and mental health, and variation in (3) geographic distribution and complexity level.⁷ We selected the remaining three VA medical centers because they had reportedly developed unique approaches to same-day service implementation. We identified one of these three VA medical centers by speaking with VHA officials, and two of the three by reviewing their most recent annual reports. For each of the six selected VA medical centers, we interviewed officials at one associated CBOC. See table 1 for a list of VA medical centers we selected. The information and perspectives we obtained from officials from the six VA medical centers, six CBOCs, and four VISNs in our review cannot be generalized.

⁶VHA provides enrolled veterans with a full range of inpatient and outpatient services through VA medical centers, which typically provide primary care and some specialty care services, and their affiliated CBOCs. VA medical centers and CBOCs are organized into 18 VISNs that oversee the day-to-day functions of medical centers that are within their network. VHA, VISNs, and VA medical centers each have responsibilities for ensuring that veterans have timely access to care.

⁷VHA's April 2016 assessment of VA medical center performance focused on a number of primary care and mental health access measures, such as staffing ratios and provider productivity, at the beginning of the same-day service initiative's rollout. Based on those measures, VHA stratified VA medical centers into low, moderate, and high performing in terms of access to care, generally. We also examined the current wait times for VA medical centers. These wait times were obtained through VA's Access to Care website, which is updated periodically. See U.S. Department of Veterans Affairs, *Average Wait Times at Individual Facilities*, accessed on June 6, 2019, <https://www.accesstocare.va.gov/PWT/SearchWaitTimes>. For the purposes of site selection, we used the most current data available on the website at the time of our selection, which were as of August 13, 2018. VHA categorizes facilities according to complexity level, which is determined on the basis of the characteristics of the patient population, clinical services offered, educational and research missions, and administrative complexity.

Table 1: Selected Veterans Affairs (VA) Medical Centers, Community-Based Outpatient Clinics (CBOC), and Veterans Integrated Service Networks (VISN) Included in Review

VA medical center	Affiliated CBOC	VISN
Pittsburgh VA Medical Center (University Drive Campus, Pittsburgh, PA)	Westmoreland County VA Clinic (Greensburg, PA)	4
Minneapolis VA Medical Center (Minneapolis, MN)	Rice Lake VA Clinic (Rice Lake, WI)	23
Carl T. Hayden VA Medical Center (Phoenix, AZ)	Globe VA Clinic (Globe, AZ)	22
Bob Stump VA Medical Center (Prescott, AZ)	Cottonwood VA Clinic (Cottonwood, AZ)	22
Eugene J. Towbin Healthcare Center (North Little Rock, AR)	Mountain Home VA Clinic (Mountain Home, AR)	16
Alexandria VA Medical Center (Pineville, LA)	Lafayette VA Clinic (Lafayette, LA)	16

Source: GAO analysis of Veterans Health (VHA) information. | GAO 19-546

For both objectives we interviewed VHA officials responsible for developing guidance for the same-day services initiative, training, and performance measures from the offices of veterans access to care, primary care services, and mental health services. To gain additional insights, we interviewed officials from two veterans service organizations; one that had published a report on VA challenges with providing timely access, including same-day services, and one that an official stated they asked their members about the same-day services initiative: the American Legion, and Iraq and Afghanistan Veterans of America.

To describe how VHA designed the same-day services initiative and how VA medical centers implemented it, we reviewed VHA guidance documents to assist VA medical centers in same-day service implementation. Specifically, we reviewed VHA's MyVA Access Implementation Guidebook, which identifies implementation solutions for VA medical centers. We also reviewed VHA-developed training for VA medical center staff on implementing the same-day services initiative. In addition we reviewed medical center same-day services self-certification surveys to understand what process VHA used to determine which medical centers were providing same-day services.

To examine VHA's efforts to assess the impact of the same-day services initiative and its impact on veterans' access to care, we reviewed VHA-developed guidance and trainings related to providing same-day services, including guidance provided to VA medical centers on how to use access data and same-day services performance measures to monitor the initiative. We evaluated the information we obtained against federal standards for internal control related to ensuring accountability through

documentation.⁸ We also compared VHA's performance measurement efforts against key practices we have identified in our past work.⁹

We conducted this performance audit from April 2018 to August 2019 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

In response to the 2014 access crisis, VA launched the MyVA initiative, which was designed to transform the health care experience of veterans. In concert with the MyVA initiative, VA introduced the MyVA Access Declarations in April 2016 with the goal of improving access by providing veterans more control as to how they receive their health care. The MyVA Access Declarations was a list of nine "access declarations" that were intended to serve as the foundational principles for improving and ensuring access to care. Two of these "access declarations" required providing timely primary and mental health care and included same-day services.

VHA Policies on Same-Day Services

VHA had policies in place for same-day services in primary and mental health care clinics for several years prior to the same-day-services initiative. In primary care, the 2014 Patient-Aligned Care Team (PACT) handbook required all primary care providers and registered nurses to

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 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.

⁹GAO, *Managing for Results: Practices for Effective Agency Strategic Reviews*, [GAO-15-602](#) (Washington, D.C.: July 29th, 2015); GAO, *Agencies' Strategic Plans Under GPRA: Key Questions to Facilitate Congressional Review*, [GAO/GGD-10.1.16](#) (Washington, D.C.: May 1997); GAO, *Managing for Results: Critical Issue for Improving Federal Agencies' Strategic Plans*, [GAO/GGD-97-180](#) (Washington, D.C.: September 1997); GAO, *The Results Act: An Evaluators' Guide to Assessing Agency Annual Performance Plans*, [GAO/GGD-10.1.20](#) (Washington, D.C.: April, 1998); GAO, *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, [GAO-03-143](#) (Washington, D.C.: Nov. 22, 2002); GAO, *Executive Guide: Effectively Implementing the Government Performance and Results Act*, [GAO/GGD-96-118](#) (Washington, D.C.: June 1996).

ensure they provide same-day access (unless it is too late in the day as determined by the individual facility) for face-to-face encounters, telephone encounters and, when required by VHA guidance or policy, other types of encounters.¹⁰ The PACT handbook was supplemented by a 2015 VHA memo on unscheduled patient walk-ins. The memo states that if an unscheduled patient presents at a PACT clinic with a clinical concern, the patient cannot be turned away without evaluation by a clinical member of the team, regardless of clinic hours, resource availability, or eligibility/enrollment status.¹¹

VHA also had previously developed policies stating that veterans are entitled to timely access to mental health care. Specifically, a 2007 VHA memo required that all veterans requesting or referred for mental health care or substance abuse treatment receive an initial evaluation within 24 hours.¹² VHA's 2015 Uniform Mental Health Services handbook also noted that all new patients requesting or referred for mental health care services must receive an initial evaluation within 24 hours and a more comprehensive diagnostic and treatment planning evaluation within 30 days.¹³

Additionally, since 2008, VHA has required the integration of primary care and certain mental health care services at VA medical centers serving a veteran population greater than 5,000. This care model, known as Primary Care–Mental Health Integration (PC-MHI), integrates mental health staff into each primary care PACT clinic, allowing veterans to receive services for depression, anxiety, post-traumatic stress disorder, and substance use without needing to obtain a separate referral to providers in the mental health care clinic. According to VHA guidance,

¹⁰Primary care services at VA medical centers are delivered through patient-aligned care teams (PACT) generally consisting of a primary care provider and support staff—a nurse care manager, clinical associate and administrative clerk. Primary care providers are physicians, nurse practitioners, or physician assistants. See Department of Veterans Affairs, *Patient Aligned Care Team (PACT) Handbook*, Veterans Health Administration Handbook 1101.10, (Washington, D.C.: Feb. 5, 2014).

¹¹Department of Veterans Affairs, *PACT Clinical Process for Unscheduled Patient "Walk-ins,"* (Sept. 28, 2015).

¹²Department of Veterans Affairs, *Mental Health Initiatives*, Veterans Health Administration Memo, (Washington, D.C.: June 1, 2007).

¹³Department of Veterans Affairs, *Uniform Mental Health Services in VA Medical Centers and Clinics*, Veterans Health Administration Handbook 1160.01, (Washington, D.C.: Sept. 11, 2008, amended Nov. 16, 2015).

PC-MHI has been shown to improve access to same-day mental health care and reduce no-show rates to appointments.¹⁴

Oversight of VHA Access to Care Efforts

VHA's veterans access to care office was created in 2016 as the national oversight office for VHA access-to-care issues. Additionally, each VISN is responsible for overseeing the VA medical centers within their designated regions. This oversight includes oversight of access issues and the implementation of initiatives such as the same-day service initiative. VA medical center directors are responsible for ensuring local policies are in place for the effective operation of their primary and mental health care clinics, including affiliated CBOCs.

VHA Used a Five-Pronged Approach to Design Its Same-Day Service Initiative; Selected VA Medical Centers Relied on Previous Approaches to Implement It

VHA Used a Five-Pronged Approach to Design and Set Up the Same-Day Services Initiative

VHA used a five-pronged approach to design its same-day services initiative: VHA (1) defined same-day services, (2) developed guidance, (3) updated its mental health policies, (4) offered training, and (5) assessed VA medical center readiness to implement the initiative.

VHA defined same-day services. As an initial step, VHA leadership developed the following definitions of same-day services in primary and mental health care:

- **Same-day services in primary care:** "When a veteran requires primary care services right away, during regular business hours, he or

¹⁴Department of Veterans Affairs, Veterans Health Administration, *MyVA Access Implementation Guidebook Version 2.1* Department of Veterans Affairs, (September, 2016).

she will receive services the same day at a VA medical center. If a veteran calls after normal business hours, he or she will receive care the next business day.”

- **Same-day services in mental health:** “If a veteran is in crisis or has another need for mental health care right away, he or she will receive immediate attention from a health care professional at a VA medical center.”¹⁵

VHA also identified a variety of ways in which veterans can receive same-day services, including: (1) providing a face-to-face visit; (2) returning a phone call; (3) arranging a telehealth or video care visit; (4) responding to a secure email; or (5) scheduling a future appointment.

VHA developed guidance for the same-day service initiative. To help VA medical centers implement its definition of same-day services, in April 2016, VHA developed written guidance—the *MyVA Access Implementation Guidebook*.¹⁶ The guidebook provides a variety of solutions to help VA medical centers meet the intent of the same-day service initiative. The guidebook includes specific solutions for VA medical centers struggling to provide same-day services in primary or mental health care for veterans with urgent care needs:

- **Implementing open access in primary and mental health care:** Open access aims to balance the supply of (for example, available appointments) and demand for (for example, the number of patients assigned to a provider and annual visits per patient) services to increase patient access. Achieving open access requires implementing specific strategies including achieving full staffing, planning for contingencies such as clinical staff absences or

¹⁵U.S. Department of Veterans Affairs. “What are Same Day Services in Primary Care and Mental Health?” Same Day Services
.https://www.va.gov/SAMEDAYSERVICES/Same_Day_Services_Definition.asp.
Accessed on April 29, 2019. Last modified May 4, 2017

¹⁶The guidebook covered all aspects of the MyVA Access initiative including same-day services. See U.S. Department of Veterans Affairs, *MyVA Access Implementation Guidebook* (Sept 2016).

vacancies and managing the number of times patients see a provider each year, among other strategies.¹⁷

- **Implementing primary care-mental health integration:** In order to complete the implementation of PC-MHI across the VA system, the guidebook suggests facilities address staffing vacancies, develop a PC-MHI implementation plan, and choose an open access scheduling model (for example, full open access where there are no scheduled appointments and patients are seen on a first come, first served basis), among other things.
- **Utilizing same-day referrals to mental health for suicide prevention:** This solution reiterates many of the mental health policy changes that VHA introduced in conjunction with the same-day service initiative such as implementing an initial screening evaluation, developing a process for same-day care for established patients with an urgent need, and deploying open access scheduling, among other things.

The guidebook states that all of the solutions were chosen because they were used successfully at other VA medical centers; can be quickly implemented; and have a high impact on veterans' access to care. The guidebook also notes that flexibility is a key element when choosing solutions and explains that VA medical centers should select and modify solutions as needed. The guidebook does not make any of the solutions mandatory; however, several of the mental health solutions were introduced to facilities through separate VHA memos and are required.

VHA updated mental health policies. VHA updated certain mental health policies to facilitate the implementation of the same-day services initiative. Specifically, in April 2016 VA issued a memo updating its mental health policy to require that any veteran new to mental health services requesting or referred for care in person be seen the same day by a licensed independent provider to screen for and address immediate care

¹⁷Open access is a supply and demand model that is nearly identical to the Advanced Clinic Access initiative that VHA has been pursuing for almost 20 years. In 2000, VHA launched the national Advanced Clinic Access initiative, a set of 10 clinical operational principles, in an effort to reduce wait times in certain clinical areas across the system. To encourage and support the use of Advanced Clinic Access principles, VHA built an extensive infrastructure, including a national steering committee, a full-time national clinical director, a designated lead in every VISN and most VA medical centers, and a network of clinical access coaches. This infrastructure was eventually consolidated within VHA. Advanced Clinic Access and Open Access use the same strategies and the terms can be used interchangeably.

needs.¹⁸ This was a change from the previous timeframe of 24 hours for an initial evaluation. The memo also created new processes for VA medical centers to assess same-day services in mental health care clinics, including a medical chart review and a one-time review of standard operating procedures to ensure that the new guidelines are being followed.¹⁹ VHA also distributed other memos that either sought to clarify existing guidance or expand same-day services into other areas of mental health care, such as substance abuse.²⁰ Additionally, VHA provided a memo to VA network directors and mental health leads about scheduling models for mental health care that all VA medical centers needed to implement for the same-day service initiative.²¹

VHA provided training on the same-day-services initiative. VHA provided voluntary training for same-day services some of which discussed the solutions from the guidebook and the updated mental health policy. The trainings began in February 2016 for primary care and in May 2016 for mental health. The trainings consisted of national telephone calls (often with slide presentations) that any VA medical center staff member could join, and the presentation materials were posted to VHA's internal website. The telephone trainings generally occurred twice a month in primary care and every week in mental health care.

¹⁸A licensed independent provider is one of the following: physician, physician assistant, nurse practitioner, clinical nurse specialist, clinical pharmacy specialist and mental health professionals—psychologists, social workers, licensed marriage and family therapists, and licensed professional counselors. For more information, see Department of Veterans Affairs, *RN Role in Mental Health Same Day Initial Screening Evaluation*, (Aug. 15, 2016).

¹⁹Department of Veterans Affairs, *MyVA Access: Mental Health Breakthrough Initiative*, (Apr. 22, 2016). VHA made additional changes to its mental health policy, including (1) clarifying that those who present with an urgent need or crisis situation must speak to a provider that day; (2) veterans new to mental health must have initial screening evaluation completed the same day if in person or no longer than next calendar day if by telephone; (3) timeframes for completing non-urgent follow up with veterans established in mental health is the same day or no longer than the next business day; and (4) requiring schedulers to ask every veteran, new or established, if they need to speak to a provider immediately; and (5) expanding PC-MHI.

²⁰Department of Veterans Affairs, *RN Role in Mental Health Same Day Initial Screening Evaluation*, (Aug. 15, 2016); Department of Veterans Affairs, *Eliminating Veteran Suicide: Enhancing Mental Health Access through Same Day Services/Appointments in Substance Use Disorder Clinics*, (Apr. 27, 2018).

²¹Department of Veterans Affairs, *Eliminating Veteran Suicide: Ensuring Open and Sustained Access in Mental Health*, (Aug. 21, 2017).

VHA assessed VA medical center same-day service readiness.

Beginning in January 2017, VHA provided technical assistance around same-day services to VA medical centers. VHA reviewed several aspects of same-day services, including how VA medical centers were able to provide same-day services and identified any approaches that may have needed improvement. Generally, low-performing VA medical centers received continuous on-site support; moderate performing VA medical centers received a combination of virtual and on-site support; and, high performing VA medical centers primarily received virtual support.²²

To determine the progress that VA medical centers were making in providing same-day services, VHA conducted surveys that required medical center directors to self-certify—and, in some cases, VISN directors to validate—that their VA medical centers (including affiliated CBOCs) were able to provide same-day services. In the event that a VISN director could not validate medical center survey information, VHA followed up with the medical center and VISN director to create an action plan to mitigate any issues that were delaying validation. These surveys were conducted in 2016 and 2017; focused on either primary care, mental health care or both; and varied in the information collected to determine how VA medical centers were providing same-day services (See Table 2 for information on the same-day-services readiness assessment surveys used by VHA).

²²In April 2016, VHA stratified all VA medical centers into three categories—low, moderate, and high performing—based on primary and mental health care access measures such as patient satisfaction scores, wait-time metrics, staffing ratios, and no-show rates, among other things. The purpose of VHA's stratification was to understand access broadly; it was not specific to same-day services. VHA used this stratification information to determine the level of technical assistance that VA medical centers would receive in 2017.

Table 2: Veterans Health Administration (VHA) Surveys to Determine Medical Center Readiness for Same-Day Services

Month and year administered	Primary care	Mental health	Description of survey
July 2016	●		VHA requested that each medical center and associated community-based outpatient clinic (CBOC) self-assess (responding yes or no) whether it offered same-day services according to VHA's definition. VHA also asked Department of Veterans Affairs (VA) medical centers how they achieved same-day services and provided the following options: open access clinics, selective overbooking, walk-in clinics, extended hours of operation, telehealth or other modalities, or partnership with community providers
August 2016		●	VHA requested that each VA medical center and CBOC self-assess their capability to provide same-day services in mental health. The survey asked nine questions about whether VA medical centers and CBOCs are following updated mental health policies.
March 2017	●	●	VHA requested that each VA medical center self-assess (responding yes or no) whether it offered same-day services according to VHA's definitions. This survey included all sites of care (VA medical centers, CBOCs).
May 2017	●	●	VHA requested that each VA medical center self-assess (responding yes or no) whether it offered same-day services at all sites of care (VA medical centers, CBOCs). The survey also captured whether each VA medical centers had an emergency department, urgent care clinic, walk-in clinic, and telehealth services.

Source: GAO analysis of VHA documentation | GAO-19-546

According to VHA, all VA medical centers were offering same-day services in primary and mental health care by December 2016. In January 2018, VHA announced that same-day services in primary and mental health care had been achieved in all VA medical centers and CBOCs (more than 1,000 facilities).

Selected VA Medical Centers Generally Relied on Previous Approaches to Implement the Same-Day-Services Initiative

Officials we spoke with from all six VA medical centers in our review told us they were providing same-day services in primary and mental health care prior to the same-day service initiative, an assertion supported by VHA survey data. For example, in a VHA survey conducted in May 2016, around the same time as the launch of the same-day service initiative, 142 out of 165 officials (86 percent) that responded to the survey said that their medical centers offered same-day appointments “always” or “very frequently” in primary care for urgent concerns.

We found that the VA medical centers in our review used a variety of approaches in providing same-day services in primary and mental health care, most of which were in existence before the initiative. As noted earlier, VHA did not require the implementation of any specific solutions in the guidebook and afforded VA medical centers the flexibility to choose appropriate local solutions for the same-day service initiative. Many VA

medical centers used this flexibility to continue providing same-day services as they had prior to the initiative often because that is what their resources allowed them to do or, in the case of mental health, because it was built into the foundation of their service line. VHA officials noted that mental health services—particularly PC-MHI—were built around same-day services so VHA’s guidance was familiar to them. The approaches used by the selected VA medical centers included using “float providers” who had not already been assigned specific patients to assist those who requested same-day services; carving out specific appointment times in the schedule for walk-ins; overbooking appointments in providers’ schedules, and offering walk-in clinics.

VHA suggested that certain solutions should be prioritized if VA medical centers were struggling to provide same-day services and, in particular for mental health, created new requirements around same-day services. However, officials at selected VA medical centers noted that some of the suggested solutions in the guidebook—particularly open access—and requirements in updated mental health policies were difficult to implement because of longstanding challenges with staffing, space, or competing VHA policies.²³ For example, VHA’s guidebook suggests the implementation of open access in primary and mental health care in such situations. However, officials at four of the six VA medical centers we visited noted that open access was difficult to implement because of the long-standing challenges mentioned above. In addition, VHA updated its mental health policy to include that any veteran new to mental health services requesting or referred for care in person be seen the same day by a licensed independent provider to screen for and address immediate care needs. However, one medical center official noted that they had designed their mental health clinic processes around registered nurses, who are responsible for completing the initial assessments of new

²³GAO has issued a number of reports related to VA staffing and human capital challenges and has made recommendations for improvement. As of May 2019, while some of these recommendations have been implemented, a number of these recommendations had not been implemented. See GAO, *Veterans Health Administration: Better Data and Evaluation Could Help Improve Physician Staffing, Recruitment, and Retention Strategies*, [GAO-18-124](#) (Washington, D.C.: Oct. 19, 2017); GAO, *Veterans Health Administration: Management Attention is Needed to Address Systemic, Long-standing Human Capital Challenges*, [GAO-17-30](#) (Washington, D.C.: Dec. 23, 2016); GAO, *Veterans Health Administration: Personnel Data Show Losses Increased for Clinical Occupations from Fiscal Year 2011 through 2015, Driven by Voluntary Resignations and Retirements*, [GAO-16-666R](#) (Washington, D.C.: July 29, 2016); and GAO, *VA Health Care: Oversight Improvements Needed for Nurse Recruitment and Retention Initiatives*, [GAO-15-794](#) (Washington, D.C.: Sept. 30, 2015).

patients. The official added that the medical center did not have licensed independent providers readily available at certain facilities to help complete the assessments in a timely manner.²⁴

Officials at all six medical centers we visited noted that implementation was also sometimes challenging as veterans' expectations shifted with the same-day-services initiative, with veterans' expecting more immediate access to care from physicians for a variety of conditions. For example, one medical center official noted that veterans are presenting for care and wanting to see a provider because it is these veterans' understanding that they could get care immediately for any condition including chronic, less urgent issues. Additional officials at the same facility echoed this concern and noted that they are not certain that this was the policy's intent. Another medical center official noted that several medical center officials asked VHA to change the name "same-day service" because it gives the impression that veterans would always be able to see their provider immediately. This official added that there is some confusion for both staff and veterans about what are same-day services. Additionally, according to one veterans service organization official that we spoke with, a small number of veterans reported that the availability of same-day services varied by facility (VA medical center versus CBOC) and location (urban versus rural). Another medical center official noted that same-day services are not sustainable if the definition is immediate care by a provider for any condition, especially non-urgent issues.

VHA officials told us that the same-day service initiative was a response to the 2014 access crisis and they wanted facilities to use the resources available to them rather than waiting on new policies and strategies. They stated that their main concern was that veterans' needs were met, not necessarily how they were met. As such, VHA officials told us that they found VA medical centers' implementation of same-day services acceptable. The VHA officials added that the guidebook is still the foundational document for same-day services. VHA officials told us that it is important for VA medical centers to educate patients on the appropriate

²⁴According to VHA policy, veterans that voice suicidality or are identified as being suicidal or in need of immediate care by a provider will receive an immediate response. If an immediate care need is not identified, veterans new to mental health will receive an initial screening exam the same day for those referred to mental health in person or no later than the next calendar day for any veteran calling for an appointment. When registered nurses serve as part of the screening process, the licensed independent provider maintains responsibility for full completion of all the required elements of the initial screening evaluation.

use of same-day services. They added that in fiscal year 2019 they are (1) developing a more precise definition of same-day services; (2) developing a website to better explain the purpose of the initiative; and (3) requiring on-demand trainings to provide a clearer explanation about what same day services are available and what staff roles and responsibilities are, among other things. The training is expected to be completed no later than the first quarter of fiscal year 2020.

VHA Has Not Documented Objectives or Developed Performance Goals and Related Measures to Assess the Impact of Same-Day Services on Veterans' Access to Care

VHA is limited in its efforts to assess the impact of same-day services due to its lack of documented objectives, developed performance goals and related performance measures. Our previous work has shown the benefit of fully connected objectives and performance goals with measurable targets.²⁵ Objectives state the longer term desired impact or outcome to be achieved, while performance goals communicate the target the agency seeks to achieve within a certain timeframe. Performance measures are indicators of the progress the agency is making towards a goal or target within a particular time frame.

VHA officials told us that the overall objectives of same-day services are to improve veterans' access to care and customer service while having minimal impact on medical centers' existing workflows. However, VHA has not documented these objectives—for example, in a directive. In addition, VHA has not developed and documented performance goals that, with associated performance measures, would facilitate monitoring of progress towards the desired outcome of the same-day services initiative. VHA officials stated that the same-day-services initiative was developed quickly in response to the 2014 access crisis, and noted that at the time, their focus was “to get something out quickly” instead of taking time to standardize the initiative around specific policies and procedures, which could include documenting objectives and developing performance goals. VHA officials acknowledged that their decision to focus on quickly implementing the initiative without documenting objectives and developing performance goals and associated performance measures makes assessing the impact of the same-day services initiative more challenging.

²⁵[GAO-15-602](#); GAO, *Advanced Manufacturing: Innovation Institutes Have Demonstrated Initial Accomplishments, but Challenges Remain in Measuring Performance and Ensuring Sustainability*, [GAO-19-409](#) (Washington, D.C.: May 23, 2019).

VHA has taken some steps to collect data on same-day services. For example, VHA officials stated that they primarily rely on two measures to assess the impact of the same-day services initiative: patient experience scores and the number of same-day appointments.²⁶ However, without performance goals these measures do not provide VHA with a means to monitor progress and provide limited information on same-day services' impact.

- Patient experience score: VHA uses the Survey of Healthcare Experiences for Patients (SHEP) to measure veterans' perceptions of their experience at VA medical centers.²⁷ For same-day services, VHA monitors responses to two questions. According to VHA officials, the key measure is based on the survey question that asks "in the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?" While SHEP scores provide some data related to customer service and access to care, VHA has not developed performance goals that sets targets for these or other aspects of the same-day services initiative that would benefit from monitoring.²⁸ Such goals would better enable VHA to identify gaps in performance and plan any needed improvements; ensure balance between agency priorities, such as customer service and access; and identify unintended effects, such as disruption to clinic workflows. For example, officials at one medical center told us that focusing on customer service creates issues with respect to routine care in that veterans' definition of customer service is based on what makes them happy, while providers are focused on providing the best treatment. Officials added that these two definitions do not always align. In

²⁶VHA has identified telephone response rate and telephone abandonment rate as additional measures of same-day services.

²⁷The Survey of Healthcare Experience of Patients (SHEP) is VA's equivalent to the Hospital Consumer Assessment of Healthcare Providers and Systems. SHEP surveys are mailed to veterans after they visit and receive care from a VA medical facility and ask for feedback on their visit and their provider.

²⁸When responding to the question "in the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?", respondents are given the options of never, sometimes, usually, and always. VHA calculates and publicly reports the percentage of responses that fall in the always or usually category. For example, according to VHA officials, in fiscal year 2018, 75.4% and 75.6% of veterans responded "always" or "usually" to this question for primary care and specialty care (which includes mental health) respectively.

addition, officials at another medical center stated that implementing same-day services impacted their providers' schedules and the resulting changes to their processes created chaos.

- Number of same-day appointments: VHA measures the number of same-day appointments, which, according to a VHA official, are identified in VHA data as appointments completed on the same day they are created in VHA's scheduling system. According to a VHA training document, VA completed 12 million same-day appointments in fiscal year 2018.²⁹ However, without performance goals with clear targets for same-day appointments, an official from one VISN said she was unclear how many same-day appointments medical centers should be scheduling. Additionally, same-day services performance goals may afford VHA the opportunity to monitor other key measures—such as those that capture services that do not require an appointment—which could provide VHA with important information on the impact of same-day services on access to care. Moreover, performance goals and additional performance measures may help prevent unintended consequences, such as an over-emphasis on same-day appointments as the way to provide same-day services, which VHA officials stated they are working to curb. For example, officials at two selected medical centers also noted that measuring the number or proportion of same-day appointments does not capture all the ways medical centers provide same-day services.³⁰ Officials at two other selected medical centers noted they can meet veterans' same-day needs through multiple avenues, such as a registered nurse providing patient education or by renewing a prescription, that do not require an appointment and therefore, would not be counted in the number of same-day appointments. VHA officials stated that the impact of the same-day services on access to care is difficult to

²⁹One medical center official noted that he was not sure if the number of same-day appointments fully measures same-day access because there are other reasons that appointments may end up being counted as a same-day appointment. For example, if a physician is out on sick leave, all of that physician's previously scheduled appointments might be transferred to different physicians, giving the appearance in VA's system of a same-day appointment.

³⁰For instance, as noted earlier, according to VHA guidance, veterans can receive same-day services through means other than a same-day appointment, such as through a telephone call with a provider or other appropriate clinical staff member or communication with a clinical staff member via secure messaging. These approaches to same-day services would not be captured in the number of appointments. See Department of Veterans Affairs, Veterans Health Administration, *MyVA Access Implementation Guidebook Version 2.1* Department of Veterans Affairs, (September 2016).

measure and additional measures would help properly measure the impact.

VHA's lack of documented objectives and developed performance goals and related measures is inconsistent with our prior work on effective management practices and federal internal control standards. Specifically, we have previously reported that performance measures benefit from certain key practices, such as breaking down of broad long-term objectives into specific near-term performance goals with measurable targets and time frames, and key attributes, such as balance to prevent skewed incentives over-emphasizing certain goals.³¹ Additionally, *Standards for Internal Control in the Federal Government* states that documentation provides a means to retain organizational knowledge and mitigate the risk of having that knowledge limited to a few personnel.³² Without clearly documented objectives, performance goals, and related performance measures, VHA is hindered in its efforts to define success for its same-day service initiative and measure progress achieving it.

VHA officials stated they rely on VISN and VA medical center officials to oversee same-day services; however, we found that without performance goals and related performance measures, VISNs and VA medical centers found it challenging to oversee the same-day services initiative.³³ Specifically, officials at five of the six medical centers and two of the four VISNs we visited stated that it is difficult to measure same-day services; which in turn makes assessing the initiative's impact on veterans' access to care difficult. Officials at one medical center explained that the challenge stems from the fact that that VHA has not defined what outcome it wants to achieve. In addition, officials at another VA medical center stated that they have a number of access measures available to

³¹[GAO-15-602](#); [GAO-03-143](#).

³²[GAO-14-704G](#).

³³As described in this report, both VISN and VAMCs have responsibilities related to overseeing access, which includes the same-day service initiative, VISNs are responsible for overseeing the medical centers within their designated region. This includes oversight of access to care issues and initiatives such as the same-day services initiative. In addition, each VA medical center is required to have a Clinic Practice Management team. The Clinic Practice Management team is responsible for overseeing "key" access processes, such as balancing supply and demand, which are part of VHA's guidance for the same-day services initiative.

them, but it was unclear to them which measures they should be prioritizing as part of their oversight of the same-day services initiative.³⁴

Further, absent performance goals, we found that VISNs and medical centers, which operate in a decentralized environment, varied in their oversight strategies. For example, one VISN required all medical centers to complete a self-assessment of their access capacity and sustainability, and collected information on a number of key open access elements, including Patient-Aligned Care Team staffing levels and provider panel sizes, among others. However, oversight by other VISNs was reportedly less robust. For example, at one VISN, officials stated it is difficult to audit access broadly and described their oversight of same-day services as “fairly minimal.”

At the medical center level, oversight also varied as officials tried to develop their own oversight solutions. Officials at one medical center we visited used a feature within the outpatient appointment scheduling system that allowed them to count the specific services, such as pharmacy refills, that veterans seeking same-day mental health care had requested. According to these officials, the tool provided additional data not found in existing VHA access-related reports and allowed them to better understand veterans’ demand for specific same-day services and utilize resources more efficiently.³⁵ These officials added that they developed this solution because they had not received guidance from VHA on how they should measure demand, and they had skilled staff with the ability to develop their own measures. However, not all VA medical centers we visited had the skilled staff to develop similar solutions. Developing performance goals and related performance measures would better position VHA to obtain useful, comparable information on the impact of same-day services on access to care across VISNs and medical centers.

³⁴For primary care, VHA identified several measures, including annual revisit rates, no-show rates, and provider panel capacity, to help identify barriers to access. For mental health, VHA identified the rate at which veterans were receiving mental health services through primary care–mental health integration and clinic utilization rates, among others, as measures of access.

³⁵The Strategic Analytics for Improvement and Learning report and the Clinic Practice Management Dashboard are two examples of VHA reports that include access-related data at the VA medical center level.

Moving forward, VHA is planning to conduct a “mystery shopper” evaluation of same-day services to assess the impact of same-day services. The mystery shopper evaluation will consist of various scenarios in which veterans, engaged through a contractor, will attempt to access same-day care at a variety of clinics in VA medical centers. As described in a VHA planning document, the evaluation is intended to provide VHA with information on veterans’ experience in obtaining same-day services and will attempt to understand variations in how same-day services are provided. However, VHA officials have not determined if the evaluation will be ongoing. VHA officials stated that in addition to the mystery shopper evaluation, they are considering additional measures to better assess the impact of same-day services beyond their current measures, such as the number of pharmacy refills completed the same day they were requested. However, as of May 2019, VHA had not developed specific performance goals to align these measures to, or set timeframes for their creation. Without overall performance measures that are tied to documented performance goals, VHA will continue to be limited in its ability to assess the impact of same-day services on veterans’ access to care.

Conclusions

VHA’s same-day services initiative for primary and mental health care is one of several efforts by VHA to help improve veterans’ access to care in the 5 years since access issues garnered national attention. VHA’s stated objectives for the same-day-services initiative are to improve veterans’ access to care and customer service while having minimal impact on medical centers’ existing workflows. However, VHA has not documented these objectives or developed performance goals and related measures that provide for monitoring towards the desired outcomes. VHA primarily relies on veteran satisfaction scores and the number of same-day appointments to monitor the same-day-services initiative, but these measures alone do not enable an assessment of the impact of same-day services on access to care. Without documented objectives, and performance goals and related measures tied to these goals, VHA will continue to be limited in its ability to determine, how, if at all, the same-day-services initiative has improved veterans’ access to care.

Recommendation for Executive Action

The Under Secretary for Health should document same-day services objectives and develop performance goals and related performance measures to facilitate the periodic assessment of the impact of same-day services on veterans’ access to care. (Recommendation 1)

Agency Comments

We provided a draft of this report to VA for review and comment. In its written comments, which are reproduced in appendix I, VA concurred in principle with our recommendation. VA stated that its Office of Veterans Access to Care will clarify objectives, develop performance goals, and explore the options for reliable performance measures. VA noted that identifying options for performance measures will take approximately 9 months and that additional time may be needed for development, testing and refinement. VA provided a target completion date of April 2020.

We are sending copies of this report to the appropriate congressional committee and the Secretary of Veterans Affairs. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at DraperD@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 II.

Sincerely yours,



Debra A. Draper
Director, Health Care

Appendix I: Comments from the Department of Veterans Affairs



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

JUL 18 2019

Ms. Debra A. Draper
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Draper:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***"VA HEALTH CARE: Goals and Related Measures Needed to Better Assess the Impact of Same-Day Services"*** (GAO-19-546).

The enclosure sets forth the actions to be taken to address the draft report recommendation.

VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in blue ink that reads "Robert L. Wilkie".

Robert L. Wilkie

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***VA HEALTH CARE: Goals and Related Measures Needed to
Better Assess the Impact of Same-Day Services***
(GAO-19-546)

GAO Recommendation: The Under Secretary for Health should document same-day services objectives and develop performance measures to facilitate the periodic assessment of the impact of same-day services on veteran's access to care.

VA Comment: Concur in principle. The Veterans Health Administration Office of Veterans Access to Care (OVAC) will clarify documentation of same-day services objectives and develop performance goals. With respect to development of meaningful measures to facilitate the periodic assessment of the impact of same day services on Veterans' access to care, OVAC will consult with internal and external stakeholders such as the National Quality Forum and the Department of Defense to learn about industry benchmarks and explore specific aspects of same-day services that could be reliably measured. We anticipate initial information gathering and exploration of potential candidates for performance measures will take approximately 9 months. Performance measure development, information technology data generation, testing, and refinement may require an additional 1 to 2 years and will be dependent on availability and reliability of data. Target Completion Date: April 2020.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Debra A. Draper, (202) 512-7114 or draperd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Ann Tynan (Assistant Director), Dan Klabunde (Analyst-in-Charge), Jennie F. Apter, and Q. Akbar Husain made key contributions to this report. Also contributing were Muriel Brown, Jacquelyn Hamilton, Ethiene Salgado-Rodriguez, and Merrile Sing.

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