

# GAO Highlights

Highlights of [GAO-19-440](#), a report to congressional requesters

## Why GAO Did This Study

VA provides for care to over 9-million veterans in its health care system, including 172 VAMCs. As veterans' demographics shift, such as by age or gender, their needs for health care and their expectations for how they receive that care may also change. Along with the VA MISSION Act of 2018, which requires VA to assess its facilities for realignment and modernization, these changes could have implications for VA's capital-planning efforts.

GAO was asked to review how VA incorporates veterans' changing needs and expectations into facility planning. This report examines: (1) VA's efforts to assess trends in veterans' future needs and expectations; (2) VA's efforts to help VAMCs address these changes through facility planning; and (3) how VAMCs use VA's process for identifying facilities' future space needs.

GAO surveyed all VAMCs, visited nine VAMCs, reviewed VA's planning documents and data, and interviewed officials from VA and veterans service organizations. GAO's survey response rate was 99 percent.

## What GAO Recommends

GAO recommends VA: (1) assess changes in veterans' expectations; (2) instruct facility planners on how to incorporate veterans' changing needs and expectations; (3) clarify foundational health services implementation; and (4) assess concerns with the SCIP process and make needed adjustments. VA agreed with GAO's recommendations.

View [GAO-19-440](#). For more information, contact Andrew Von Ah at (202) 512-2834 or [vonaha@gao.gov](mailto:vonaha@gao.gov), or Debra A. Draper at (202) 512-7114 or [draperd@gao.gov](mailto:draperd@gao.gov).

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## VA REAL PROPERTY

### Improvements in Facility Planning Needed to Ensure VA Meets Changes in Veterans' Needs and Expectations

## What GAO Found

The Department of Veterans Affairs (VA) analyzes demographic trends to assess veterans' future health-care needs, such as the need for more long-term care or women's health care services. VA does not, however, systematically collect data concerning whether demographic groups differ in their expectations for how they will receive care, such as whether some groups expect different levels of privacy. VA officials said they gauge expectations by surveying veterans and talking to veterans service organizations. GAO's review, however, found the amount of information VA collected through these methods is limited. Without robust data about veterans' expectations and assessing how changes would affect facilities' space needs, VA cannot readily anticipate and adapt to meet veterans' changing expectations—a goal in its *FY 2018–2024 Strategic Plan*.

In addition to identifying meeting veterans' changing needs and expectations as a national strategic goal, VA defined a national set of VA-delivered core medical services called "foundational health services" to, in part, meet veterans' expectations of consistent care offerings across VA medical centers (VAMC) and also to focus VA's resources on its highest priority services. However, based on GAO's survey of VAMCs and discussions with selected facility-planning officials, GAO found that VA did not clearly instruct VAMCs in how to apply VA's strategic goal or foundational health services to facility planning. Accordingly, more than three quarters of VAMC facility-planning officials responding to GAO's survey indicated additional instruction from VA for the strategic goal and foundational health services would be useful. Without providing clear instruction, VA increases its risk that its strategic goal and foundational health services are not meeting their objective to incorporate veterans' changing needs and expectations.

Most facility-planning officials had concerns with using estimated space needs derived from VA's Strategic Capital Investment Planning (SCIP) process, which converts estimated needs for veterans' health care into future space needs for the VAMCs. Specifically, the officials (1) did not understand how the SCIP process converts health care needs into physical space and (2) questioned how accurately the space estimates reflected the future health-care needs for local facilities. For example, 72 percent of facility-planning officials responding to GAO's survey reported that at least one of SCIP's 12 space category estimates was "generally inaccurate" at reflecting projected space needs for their facility. As a result, instead of relying on SCIP's space estimates as a starting point to incorporate veterans' changing needs into facility planning, VAMC facility planners told GAO that they may instead use locally identified health care needs and priorities to determine space needs. Without a process for VA to understand and address concerns about the SCIP process, VAMCs may spend time and resources on capital projects that do not necessarily meet veterans' future needs as VA intended. This approach may therefore impede VA's ability to respond to veterans needs as this population changes.