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VA HEALTH CARE

Opportunities to Improve Access for Veterans Living in Rural Areas

Statement of Alyssa M. Hundrup, Director, Health Care

GAO Highlights

Highlights of [GAO-24-107559](#), a testimony before the Committee on Veterans' Affairs, U.S. Senate

Why GAO Did This Study

About one-third of the 8.3 million veterans enrolled in Veterans Health Administration services lived in a rural area in fiscal year 2022.

Comparatively, about one-fifth of Americans lived in a rural area. VA projects rural veterans will continue to represent a significant proportion of the nation's veterans. According to VA, rural veterans experience worse health outcomes, including cardiovascular and suicide deaths, compared to veterans in urban areas.

VA identified veterans living in rural areas as an underserved population in its strategic plan and included a strategic objective to increase health care access for this population.

This statement describes GAO's recent work examining rural veterans' access to health care, including recommendations GAO made to VA on (1) the Office of Rural Health's initiatives and research; (2) funding for intensive mental health care services to rural veterans; and (3) mobile medical unit operations and performance.

This statement is based on three GAO reports issued between February and December 2023 ([GAO-23-105855](#), [GAO-23-105544](#), and [GAO-24-106331](#)). GAO also reviewed documents from VA related to steps the agency has taken to address the eight recommendations GAO made across these reports. VA concurred or concurred in principle with each of the eight recommendations and, as of March 2024, VA has implemented three of them.

View [GAO-24-107559](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov.

May 15, 2024

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Opportunities to Improve Access for Veterans Living in Rural Areas

What GAO Found

Veterans living in rural areas can experience unique challenges in accessing health care. For example, GAO's past work and other research have demonstrated that long distances from health care facilities, limited access to broadband internet, and staffing shortages, among other factors, may affect access to care for this population. GAO has made several recommendations to the Department of Veterans Affairs (VA) to help ensure its efforts effectively address the access challenges veterans living in rural areas face. VA agreed with these recommendations and reported steps taken towards implementing them.

- **Office of Rural Health.** This office provides funding to support (1) initiatives that expand existing services for veterans living in rural areas, and (2) research on interventions intended to address disparities in health care for this population. In May 2023, GAO found that the office does not communicate its research funding opportunities across VA. GAO also found that the office had not developed performance goals that define the level of performance the office aims to achieve during a particular year. GAO made two recommendations for the office to improve communication of rural health initiatives and develop performance goals. VA concurred and, as of March 2024, has taken steps to implement them, including developing a communication plan and drafting performance goals for its upcoming strategic plan.
- **Rural-focused mental health treatment programs.** The Office of Rural Health makes available seed funding to two outpatient intensive mental health programs. These two programs are designed to provide intensive community mental health recovery services to veterans living in rural areas. In February 2023, GAO found the guidelines for selecting its outpatient intensive mental health care programs for seed funding do not consider where veterans with serious mental illness live. GAO recommended that VA update these guidelines to include data on the locations of veterans with serious mental illness. VA concurred with the recommendation. As of April 2024, VA has taken steps to implement it, such as developing a tool to indicate whether there are veterans within the proposed service area that have serious mental illness.
- **Mobile medical units.** Mobile medical units are vehicles equipped to deliver primary and specialty care to veterans—in particular, veterans living in rural areas. In its December 2023 report GAO recommended that VA assess the reliability of the data it reports on mobile medical units and include additional information in its reports to Congress about their use. VA concurred with the first recommendation and plans to initiate such a project to ensure the reliability of the data management plan for its mobile medical units by August 2025. VA concurred in principle with the second recommendation. VA reported it plans to work with Congress to understand its reporting needs and update its 2024 report accordingly.

Chairman Tester, Ranking Member Moran, and Members of the Committee:

Thank you for the opportunity to discuss our work on opportunities the Department of Veterans Affairs (VA) can take to improve access to health care for veterans living in rural areas. In fiscal year 2022, about one third of the 8.3 million veterans enrolled in the Veterans Health Administration lived in a rural area.¹ Comparatively, about one fifth of Americans lived in a rural area. VA projects veterans living in rural areas will continue to represent a significant portion of our nation's veterans.

Living in rural areas can create challenges accessing health care, including care provided by VA. Our past work and other research have demonstrated that long distances from health care facilities, limited access to broadband internet, and staffing shortages, among other factors, may affect rural veterans' access to care.² In turn, these challenges can lead to disparities in access and quality of health care compared with veterans who live in urban areas.

VA identified veterans living in rural areas as an underserved population in its *Fiscal Years 2022-28 Strategic Plan* and established a strategic objective to increase health care access for rural veterans.³ Our past work highlighted various approaches VA has taken to improve this population's access to care, including funding rural health transportation initiatives and providing care through mobile medical units that can provide critical services to veterans living in remote areas. On the basis of this work, we have made several recommendations to VA to help ensure its approaches effectively address the access challenges these veterans face. In light of the passage of the Honoring our PACT Act of 2022 (PACT Act), which expands access to health care for certain veterans, it is even

¹The Veterans Health Administration 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. 648 Supplement 2 (2011).

³Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan* (Washington, D.C.: Apr. 18, 2022).

more imperative VA do all it can to ensure access for all veterans, including those in rural areas.⁴

My testimony today summarizes key findings from our recent work, including recommendations we have made to VA and steps the department has taken towards implementing them, related to

1. the Office of Rural Health’s initiatives and research;
2. funding for intensive mental health care services for rural veterans; and
3. mobile medical unit operations and performance.

This statement is based on our recent work issued between February 2023 and December 2023 reviewing VA’s approaches to improve access to care for veterans in rural areas, including our recommendations to improve these approaches.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.

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

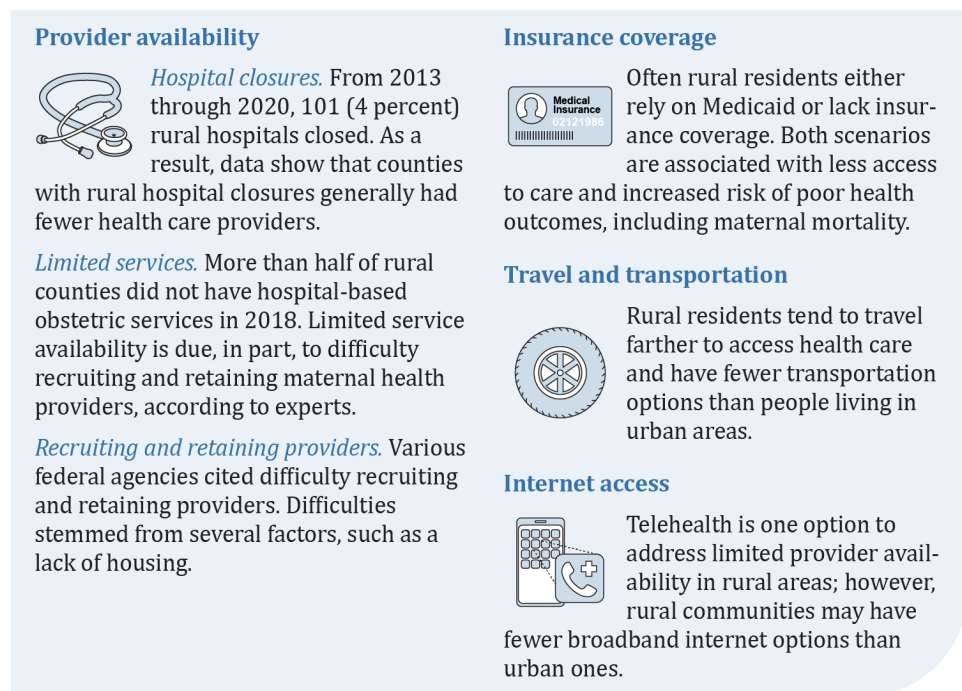
According to our prior work and research, rural communities often have fewer resources compared with urban communities, which can result in rural residents, including veterans, experiencing challenges in accessing

⁴The Honoring our PACT Act of 2022 expanded eligibility for health care benefits for specific categories of toxic-exposed veterans and veterans supporting certain overseas contingency operations. See Pub. L. No. 117-168, Tit. I, 136 Stat.1759, 1761 (2022).

⁵See GAO, *VA Health Care: Actions Needed to Improve Information Reported on Mobile Medical Units*, [GAO-24-106331](#) (Washington, D.C.: Dec. 14, 2023); *VA Health Care: Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals*, [GAO-23-105855](#) (Washington, D.C.: May 4, 2023); and [GAO-23-105544](#).

health care.⁶ In particular, rural communities tend to have fewer hospitals, health care providers, transportation options, and broadband access compared to urban communities.⁷ We have previously reported on how increases in rural hospital closures, coupled with fewer providers, have negatively affected access to care for rural residents.⁸ See figure 1.

Figure 1: Examples of Previously Reported Health Care Access Challenges Individuals Living in Rural Areas May Face



Source: GAO. | GAO-24-107559

Note: Information presented in this figure is taken from GAO, *Health Care Capsule: Accessing Health Care in Rural America*, [GAO-23-106651](#) (Washington, D.C.: May, 2023).

⁶For 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.

⁷*Health Care Capsule: Accessing Health Care in Rural America*, [GAO-23-106651](#) (Washington, D.C.: May, 2023).

⁸GAO, *Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services*, [GAO-21-93](#) (Washington, D.C.: Dec. 22, 2020).

Similarly, veterans living in rural areas can experience unique challenges in accessing health care. According to VA, compared with their urban counterparts, 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.⁹ Additionally, research shows that rural veterans experience higher rates of serious mental illness and higher risk for suicide than those in urban areas.¹⁰ Our past work also identified that veterans living in rural areas may face unique barriers to accessing mental health care compared with urban veterans, and that rural veterans used some mental health programs at lower rates than urban veterans.¹¹

Office of Rural Health Initiatives and Research

As described in our May 2023 report, the Office of Rural Health's mission is to improve the health and well-being of rural veterans through research, innovation, and the dissemination of best practices.¹² VA's strategic plan identified the Office of Rural Health as one of the main offices responsible for implementing several actions to increase rural veterans' access to care.¹³ These actions include developing innovative models of care for rural veterans, and coordinating and disseminating research on issues that affect rural veterans. 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.

The Office of Rural Health funds (1) VA 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. For example, one

⁹Veterans Health Administration, Office of Health Equity, *National Veteran Health Equity Report 2021* (2022).

¹⁰See for example John F. McCarthy et al., "Suicide Among Patients in the Veterans Affairs Health System," *American Journal of Public Health*, vol. 102, no. S1 (2012): S111-S117 and Carlee J. Kreisel et al., "Reducing Rural Veteran Suicides: Navigating Geospatial and Community Contexts for Scaling up a National Veterans Affairs Program," *Suicide and Life Threatening Behavior*, vol. 51, no. 2 (2021): 344-351.

¹¹See [GAO-23-105544](#).

¹²[GAO-23-105855](#). Department of Veterans Affairs, Veterans Health Administration, *ORH 2020-2024 Strategic Plan* (Washington, D.C.).

¹³Department of Veterans Affairs, *Fiscal Years 2022-28 Strategic Plan*.

initiative that the Office of Rural Health has funded includes the Veterans Transportation Service, which provides veterans transportation to VA facilities for medical treatment and care. (See figure 2.) Related to research, the five resource centers oversee a variety of research projects, such as various interventions like knee or cardiac rehabilitation that could be done through telephone or video visits.

Figure 2: Example of Department of Veterans Affairs Veterans Transportation Service Van in Alaska



Source: Department of Veterans Affairs. | GAO-24-107559

However, in our May 2023 report we found that each of the office's five resource centers—which are responsible for identifying research projects to fund—only communicated these funding opportunities to VA researchers informally, such as by word-of-mouth. As a result, some rural health researchers with relevant knowledge and experience may be unaware of the funding. 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.

We recommended the Director of the Office of Rural Health develop a policy requiring resource centers to communicate their available research funding opportunities across VA. By developing such a policy, the office could reach a larger pool of applicants, which in turn would allow the office to ensure the research projects it selects and funds best align with its mission.

In our May 2023 report we also found the Office of Rural Health had not developed performance goals that define the level of performance the office aims to achieve during a particular year. For example, while the office collects data on the number of clinicians trained through its funded initiatives and research projects, it had not defined how many clinicians should be trained each year to achieve its strategic goal of reducing health care workforce disparities. In fiscal year 2021, around 31,000 clinicians received training, according to 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. We recommended the Director of the Office of Rural Health develop performance goals, which would better position the office to assess its progress in improving the health and well-being of rural veterans.

VA concurred with our two recommendations and has taken steps to implement them. Regarding the first recommendation, as of March 2024, the Office of Rural Health stated that it is developing a communication plan and accompanying standard operating procedures to communicate available research funding opportunities throughout VA. The office anticipates implementing the plan and procedures in September 2024. Regarding the second recommendation, as of March 2024, the office has started the process of drafting its upcoming fiscal years 2025 through 2029 strategic plan. According to officials, the plan will include performance goals and activities necessary to achieve them. The office plans to finalize the strategic plan by the end of May 2024.

Funding for Intensive Mental Health Care Services for Rural Veterans

In our February 2023 report, we describe two outpatient intensive mental health programs.¹⁴ These two programs are designed to provide intensive community mental health recovery services to veterans.¹⁵ The Office of Rural Health makes available seed funding to establish these programs which the Office of Mental Health and Suicide Prevention selects and oversees their implementation. We found VA provided funding from fiscal year 2010 through fiscal year 2021 to facilities to help establish such programs. However, we found that more facilities applied for seed funding than VA had monies to fund. For example, in fiscal year 2022, based on available funding, the office provided funding to three of the 27 facilities that applied for funding that year to establish programs.

We also found the guidelines for selecting its outpatient intensive mental health care programs do not account for where veterans with serious mental illness live. According to VA officials, the guidelines for deciding which facilities to fund include consideration of the percentage of enrollees in a service radius who lived in a rural area, proposed staffing for the program, and other resources available for the program identified by the applicant, including the number of available vehicles to help with transporting veterans. VA officials said that application requires the rurality of veterans in the zip codes targeted to be at least 50 percent. However, the guidelines do not ask officials to account for information on the population these programs are meant to serve—the locations of veterans with serious mental illness or locations with the highest concentration of such veterans potentially served by the programs.

Without considering information on the location of veterans with serious mental illness, VA is at risk of not directing its resources to where they are most needed, especially when the number of applicants for seed funding

¹⁴[GAO-23-105544](#). In this report, we made three other recommendations, including that the Office of Mental Health and Suicide Prevention analyze utilization and performance data by rurality, which as of March 2024, VA has implemented. Specifically, it developed a dashboard to support intensive mental health care programs and help staff investigate potential differences in quality measures stratified by vulnerable demographic groups, such as rurality. VA also completed analyses by rurality of the patient utilization and performance data it uses to monitor access for its intensive mental health programs.

¹⁵The two programs are the Rural Access Network for Growth Enhancement and the Enhanced Rural Access Network for Growth Enhancement. These programs provide intensive case management services, including homeless outreach, to seriously mentally ill veterans in rural areas. Veterans with serious mental illness—mental, behavioral, or emotional disorders resulting in serious functional impairment—often need higher level of mental health care and are generally at greater risk for worse health outcomes, including the risk of suicide.

has well exceeded available funding. We recommended that VA update its guidelines to include data on the locations of veterans with serious mental illness. By incorporating such information, VA could better ensure that it is able to direct available seed funding to the areas with the greatest need.

VA concurred with our recommendation and, as of April 2024, has taken some steps to address this recommendation. For example, VA reported that it started requiring applicants for these programs to use a tool to indicate whether there are veterans within the proposed service area that have serious mental illness. We are encouraged by these steps and will continue to monitor VA's actions to fully implement this recommendation.

Mobile Medical Unit Operations and Performance

Mobile medical units are vehicles equipped to deliver clinical services, such as primary care appointments or audiology services, in self-contained environments away from parent facilities. See figure 3.

Figure 3: Example of a Department of Veterans Affairs Mobile Medical Unit in Texas



Source: Department of Veterans Affairs. | GAO-24-107559

In our December 2023 report, we found that mobile medical units offer benefits that help VA medical centers expand primary and specialty care services to veterans—in particular, veterans living in rural areas—who may otherwise experience barriers to care, according to selected medical center officials.¹⁶ These officials said mobile medical units can help VA medical centers in several ways including addressing transportation challenges and mitigating local provider shortages. Officials from one medical center in our review added that many veterans who use the units

¹⁶[GAO-24-106331](#).

are elderly, are hard-of-hearing, or have trouble seeing, making it difficult for them to travel long distances. By delivering services closer to home, mobile medical units help veterans save transportation time and avoid missing work or other responsibilities to receive medical care.

However, in our December 2023 report we found that VA's annual reports to Congress about the operations and performance of mobile medical units lacked quality information. For example, in its 2023 report, VA reported there were 52 active units, yet we found at least nine that did not meet VA's definition of an active unit.¹⁷ Under VA's definition, the units must be mobile and providing clinical services, but we identified units that were not being used for their intended purpose, were not providing clinical services, or were immobile. We recommended that VA assess the reliability of data it reports on mobile medical units.

Additionally, our December 2023 report found that VA's reports did not include contextual information important to understanding the operations and performance of the units. For example, we found that one unit reported conducting fewer appointments than operational requirements called for, suggesting the unit was underperforming. However, we found when speaking to VA officials, that the unit was not yet fully operational and data were for test appointments that should not have been reported. We recommended that VA include additional information in its reports to Congress about their use.

Without quality information, VA has an incomplete picture of the overall operations and performance of its mobile medical units. This may limit VA and Congress's ability to make informed decisions about how best to use mobile medical units, potentially contributing to missed opportunities to efficiently and effectively leverage mobile medical units to increase access to care and improve outcomes for veterans living in rural areas.

VA concurred with our recommendation to assess the reliability of the data it reports and identified steps it plans to take to implement it. Specifically, VA reported it is initiating an integrated project team that will, among other things, work to ensure the reliability of the data management

¹⁷We assessed the operational status of a sample of 20 selected VA medical centers' mobile medical units. We did not collect additional information to assess the operational status of mobile medical units outside our selection. As such, we did not determine whether more than nine mobile medical units were incorrectly identified as active in the Veterans Health Administration's Site Tracking database in fiscal year 2022, or whether some active mobile medical units were missing from the database.

plan for its mobile medical units by August 2025. VA concurred in principle with our second recommendation to include contextual information on mobile medical unit operations and performance. VA reported it plans to work with Congress to understand its reporting needs and update its 2024 report accordingly.

In closing, fully ensuring the access to health care for veterans living in rural areas is an issue of vital importance given the unique challenges they often face accessing care. Recognizing this, VA has taken important steps to address barriers, such as through the various initiatives and research efforts supported by the Office of Rural Health. By implementing the recommendations I've highlighted today, VA will be better positioned to improve access to health care for veterans living in rural areas.

Going forward, we will continue to monitor VA's steps to implement our recommendations. We also continue to examine issues critical to improving rural veterans' access to care. For example, as of May 2024, we have work underway examining actions VA has taken to help address barriers to accessing telehealth services, and examining the extent to which health care services are available to veterans in territories and freely associated states of the United States.¹⁸

Chairman Tester, Ranking Member Moran, and Members of the Committee, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals who made key contributions to this testimony include Rebecca Rust Williamson (Assistant Director), Q. Akbar Husain (Analyst-in-Charge), Amy Leone, and Rob Dougherty. Other contributors include Jacquelyn Hamilton, Roxanna Sun, and Cathy Whitmore.

¹⁸GAO is completing this work in response to provisions included in the Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, § 153, 136 Stat. 4459, 5429 (2022) and the Honoring our PACT Act of 2022, Pub. L. No. 117-168, § 508, 136 Stat. 1759, 1790-91 (2022).

Related GAO Reports

VA Health Care: Office of Rural Health Efforts and Recommendations for Improvement, [GAO-24-107245](#) (Washington, D.C.: Jan. 11, 2024).

VA Health Care: The Medically Underserved Facilities Initiative, [GAO-24-106306](#) (Washington, D.C.: Dec. 21, 2023).

VA Health Care: Actions Needed to Improve Information Reported on Mobile Medical Units, [GAO-24-106331](#) (Washington, D.C.: Dec. 14, 2023).

VA Health Care: Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals, [GAO-23-105855](#) (Washington, D.C.: May 4, 2023).

Health Care Capsule: Accessing Health Care in Rural America, [GAO-23-106651](#) (Washington, D.C.: May, 2023).

VA Mental Health: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care, [GAO-23-105544](#) (Washington, D.C.: Feb. 9, 2023).

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

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