



Highlights of [GAO-12-129T](#), a testimony before the Subcommittee on Health, Committee on Veterans' Affairs, House of Representatives

## Why GAO Did This Study

In a May 2011 testimony before this subcommittee ([GAO-11-572T](#)), based on a March 2011 report ([GAO-11-250](#)), GAO highlighted challenges for the Federal Recovery Coordination Program (FRCP), developed by the Departments of Defense (DOD) and Veterans Affairs (VA) to assist some of the most severely wounded, ill, and injured servicemembers, veterans, and their families. Specifically, GAO reported on challenges in FRCP enrollment, staffing needs, caseloads, and placement locations. GAO also cited challenges faced by the FRCP when coordinating with other VA and DOD programs, including DOD's Recovery Coordination Program (RCP), which can result in duplication of effort and enrollee confusion.

In this statement, GAO examines the status of DOD and VA's efforts to (1) implement GAO's March 2011 recommendations and (2) identify and analyze potential options to functionally integrate the FRCP and RCP. This statement is based on GAO's March 2011 report and updated information obtained in September 2011.

## What GAO Recommends

We recommend that the Secretaries of DOD and VA direct the Senior Oversight Committee to expeditiously develop and implement a plan to strengthen functional integration across all DOD and VA care coordination and case management programs, including the FRCP and RCP, to reduce redundancy and overlap. We obtained oral comments on the content of this statement from both DOD and VA officials, and we incorporated their comments as appropriate.

View [GAO-12-129T](#). For more information, contact Debra A. Draper at (202) 512-7114 or [draperd@gao.gov](mailto:draperd@gao.gov).

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## DOD AND VA HEALTH CARE

### Action Needed to Strengthen Integration across Care Coordination and Case Management Programs

## What GAO Found

VA has made progress addressing each of the recommendations from GAO's March 2011 report on program management issues related to enrollment decisions, caseloads, and program staffing needs and placement decisions for the Federal Recovery Coordinators (FRC) the FRCP uses to coordinate care. These recommendations were directed to the Secretary of VA because VA maintains administrative control of the program, and DOD and VA were asked to provide a response to this subcommittee about how the departments could jointly implement these recommendations. DOD has provided limited assistance to VA with the implementation of GAO's recommendation about enrollment through an e-mail communication about referrals to the FRCP to the commanders of the military services' wounded warrior programs. Despite this effort, however, VA officials stated that they have not noticed any change in referral numbers or patterns from DOD since the e-mail was sent.

DOD and VA have made little progress reaching agreement on options to better integrate the FRCP and RCP, although they have made a number of attempts to address this issue. Most recently, DOD and VA experienced difficulty jointly providing potential options for integrating these programs in response to this subcommittee's May 26, 2011, request to the deputy secretaries, who co-chair the DOD and VA Wounded, Ill, and Injured Senior Oversight Committee (Senior Oversight Committee). On September 12, 2011—almost 3 months after the subcommittee requested a response—the co-chairs of the Senior Oversight Committee issued a joint letter that stated that the departments are considering several options to maximize care coordination resources. However, these options have not been finalized and were not specifically identified or outlined in the letter. The two departments have made prior attempts to jointly develop options for improved collaboration and potential integration of the FRCP and RCP, but despite the identification of various options, no final decisions to revamp, merge, or eliminate programs have been agreed upon. This lack of progress illustrates DOD's and VA's continued difficulty in collaborating to resolve duplication and overlap between care coordination programs. Furthermore, as we have previously reported, there are numerous programs in addition to the FRCP and RCP that provide similar services to recovering servicemembers and veterans—many of whom are enrolled in more than one program and therefore have multiple care coordinators and case managers. We found that inadequate information exchange and poor coordination between these programs has resulted in not only redundancy, but confusion and frustration for enrollees, particularly when care coordinators and case managers duplicate or contradict one another's efforts. Consequently, the intended purpose of these programs—to better manage and facilitate care and services—may actually have the opposite effect.