

VA



U.S. Department
of Veterans Affairs

FY 2020 / FY 2018 Annual Performance Plan and Report (APP&R)



Intentionally Blank

FY 2020/FY 2018
Annual Performance Plan and Report

Intentionally Blank

Message from the Secretary of Veterans Affairs

To the President of the United States, President of the Senate, President Pro Tempore of the Senate, and Speaker of the House of Representatives:

This report highlights the Department of Veterans Affairs' (VA) accomplishments and challenges in providing health care and benefits delivery to Veterans in Fiscal Year (FY) 2018. Among our most notable achievements were:

- Concerted efforts to better communicate with Veterans and their families to understand our customers' experiences and gauge their satisfaction with care, benefits, and service.
 - More than 89 percent of survey respondents reported that access to Veterans Health Administration (VHA) care was easy, they received the care needed, and they felt like a valued customer.
- The Veterans Benefit Administration (VBA) reduced the compensation and pension appeals inventory by 15 percent, despite receiving more than 160,000 new appeals during the fiscal year.
- The Board of Veterans' Appeals decided 85,288 appealed decisions, increasing decision output by 62%.
- VHA launched a Mental Health Hiring Initiative and added 1,045 Mental Health professionals, provided 90 percent of new mental health care patients an appointment within 30 days, and provided mental health and suicide prevention services to 1,622 Veterans with Other than Honorable discharges.
- VHA was the first health care system in the country to launch an online tool and release information on wait times.
- The Under Secretary for Benefits conducted the first in a series of webcasts to share VBA's performance data.
- 97 percent of Veterans' families surveyed reported that the quality of service at VA's national cemeteries remained excellent.

As Secretary, I am focusing on four priorities: customer service, implementing the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act, VA/DoD collaboration, and business transformation.

VA will focus on improving customer service for Veterans by making access to VA care and services seamless, effective, efficient, and emotionally resonant. Customer service must start with improving VA employees' relationships with our customers and each

other. We will emphasize the importance of our employees talking with each other rather than at each other across all administrations and offices. When the interactions between VA employees and our Veteran customers are positive, Veterans will trust and choose VA for a lifetime of care, benefits, and memorial services.

Through the landmark MISSION Act legislation, VA will consolidate our community care efforts into a single program that is much easier to navigate for Veterans, families, VA employees, and community providers. The MISSION Act will ensure Veterans receive the best health care possible, whether delivered in VA facilities or in the community.

VA and the Department of Defense will work closely together to provide a seamless transition from military service to Veteran status and enable VA to anticipate needs and provide quality benefits, care, and services.

If VA is to move past the compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service, business transformation is essential. This means reforming administrative systems to give those professionals more leeway to manage budgets, improve logistics and purchasing, and recruiting, retaining, and relocating employees to best serve Veterans.

This report is complete, reliable, and accurate in its description of VA's results for FY 2018. Caring for the Nation's Veterans is an honor and privilege for the men and women who work at VA. Thank you for consideration of our Annual Performance Plan and Report and we appreciate your continued support of our mission.

Robert L. Wilkie

Table of Contents

Mission Statement.....	8
Overview.....	9
Organizational Chart for the Department of Veterans Affairs.....	10
Cross-Agency Priority Goals.....	11
Strategic Goals Overview.....	14
Management Priorities.....	15
Agency Priority Goals for FY 2018 – FY 2019.....	15
PERFORMANCE RESULTS AND PLANS.....	20
GOAL 1: VETERANS CHOOSE VA FOR EASY ACCESS, GREATER CHOICES, AND CLEAR INFORMATION TO MAKE INFORMED DECISIONS	20
STRATEGIC OBJECTIVE 1.1: VA UNDERSTANDS VETERANS’ NEEDS THROUGHOUT THEIR LIVES TO ENHANCE THEIR CHOICES AND IMPROVE CUSTOMER EXPERIENCE	21
STRATEGIC OBJECTIVE 1.2: VA ENSURES VETERANS ARE INFORMED OF, UNDERSTAND, AND CAN AVAIL THEMSELVES OF THE BENEFITS, CARE, AND SERVICES THEY NEED, IN A TIMELY MANNER	24
GOAL 2: VETERANS RECEIVE HIGHLY RELIABLE AND INTEGRATED CARE AND SUPPORT AND EXCELLENT CUSTOMER SERVICE THAT EMPHASIZES THEIR WELL-BEING AND INDEPENDENCE THROUGHOUT THEIR LIFE JOURNEY	28
STRATEGIC OBJECTIVE 2.1: VA HAS COLLABORATIVE, HIGH-PERFORMING, AND INTEGRATED DELIVERY NETWORKS THAT ENHANCE VETERAN WELL-BEING AND INDEPENDENCE.....	29
STRATEGIC OBJECTIVE 2.2: VA ENSURES AT-RISK AND UNDERSERVED VETERANS RECEIVE WHAT THEY NEED TO ELIMINATE VETERAN SUICIDE, HOMELESSNESS, AND POVERTY	41
GOAL 3: VETERANS TRUST VA TO BE CONSISTENTLY ACCOUNTABLE AND TRANSPARENT	45
STRATEGIC OBJECTIVE 3.1: VA IS ALWAYS TRANSPARENT TO ENHANCE VETERANS’ CHOICES, TO MAINTAIN TRUST, AND TO BE OPENLY ACCOUNTABLE FOR ITS ACTIONS.....	46
STRATEGIC OBJECTIVE 3.2: VA HOLDS ITS PERSONNEL AND EXTERNAL SERVICE PROVIDERS ACCOUNTABLE FOR DELIVERING EXCELLENT	

CUSTOMER SERVICE AND EXPERIENCES WHILE ELIMINATING FRAUD, WASTE, AND ABUSE	49
GOAL 4: VA WILL TRANSFORM BUSINESS OPERATIONS BY MODERNIZING SYSTEMS AND FOCUSING RESOURCES MORE EFFICIENTLY TO BE COMPETITIVE AND TO PROVIDE WORLD CLASS CUSTOMER SERVICE TO VETERANS AND ITS EMPLOYEES	52
MANAGEMENT OBJECTIVE 4.1: VA’S INFRASTRUCTURE IMPROVEMENTS, IMPROVED DECISION-MAKING PROTOCOLS, AND STREAMLINED SERVICES ENABLE VA TO ADAPT TO CHANGING BUSINESS ENVIRONMENTS AND VETERAN NEEDS.....	53
MANAGEMENT OBJECTIVE 4.2: VA WILL MODERNIZE ITS HUMAN CAPITAL MANAGEMENT CAPABILITIES TO EMPOWER AND ENABLE A DIVERSE, FULLY STAFFED, AND HIGHLY SKILLED WORKFORCE THAT CONSISTENTLY DELIVERS WORLD CLASS SERVICES TO VETERANS AND THEIR FAMILIES.....	57
MANAGEMENT OBJECTIVE 4.3: VA IT MODERNIZATION WILL DELIVER EFFECTIVE SOLUTIONS THAT ENABLE VA TO PROVIDE IMPROVED CUSTOMER SERVICE AND A SECURE, SEAMLESS EXPERIENCE WHILE DECREASING ITS RATE OF SPEND	60
MANAGEMENT OBJECTIVE 4.4: VA WILL INSTITUTIONALIZE DATA SUPPORTED AND PERFORMANCE FOCUSED DECISION MAKING THAT IMPROVE THE QUALITY OF OUTCOMES.....	66
VA OIG FY 2018 Major Management Challenges.....	70
Government Accountability Office High Risk Areas	70
Cross-Agency Collaborations.....	80
Appendix A - FY 2018 Annual Performance Report (APR).....	1
Appendix B - FY 2019-20 Annual Performance Plan (APP)	14

Mission Statement

President Lincoln's immortal words – "To care for him who shall have borne the battle and for his widow, and his orphan" delivered in his Second Inaugural Address more than 150 years ago – best describe VA's mission. We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. Our mission is clear-cut, direct, and historically significant. It is a mission that every employee is proud to fulfill.

The Department of Veterans Affairs (VA) fulfills these words by providing world-class benefits, medical, and burial services to the millions of men and women who have served this country with honor. President Lincoln's words guide all VA employees in their commitment to providing the best medical care, benefits, social support, and lasting memorials that Veterans and their dependents deserve in recognition of Veterans' service to this Nation.

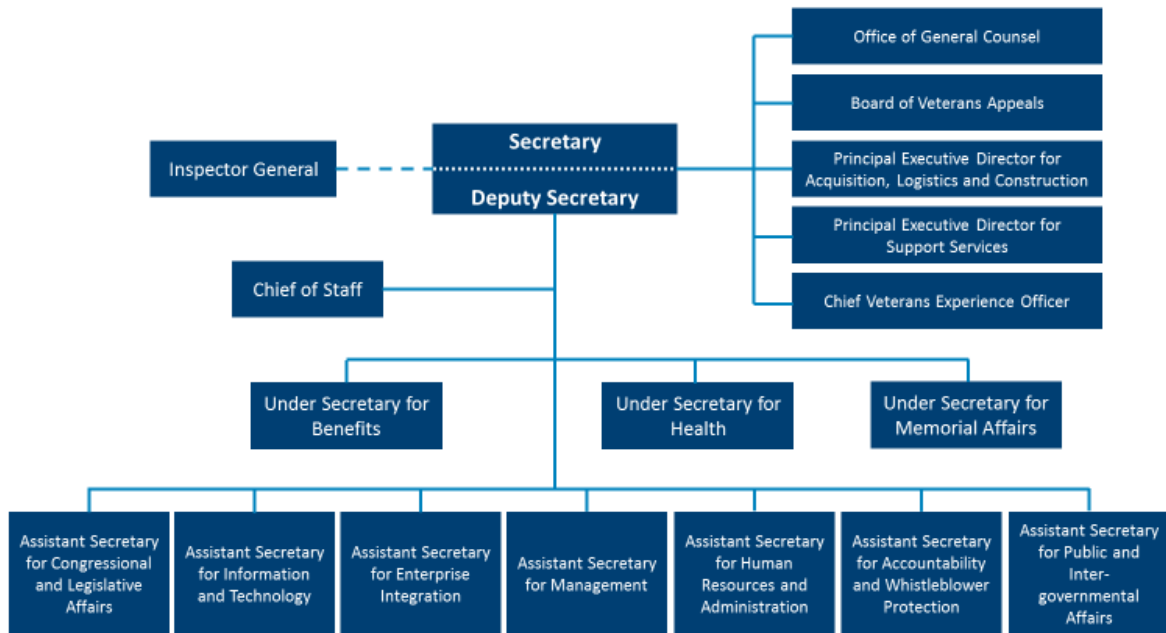
Overview

VA is comprised of three administrations that deliver services to Veterans and staff offices that support the Department:

- The **Veterans Health Administration** (VHA) provides a broad range of primary care, specialized care, and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' needs by pursuing medical research in areas that most directly addresses the diseases and conditions that affect Veterans.
- The **Veterans Benefits Administration** (VBA) provides a variety of benefits to Veterans and their families. These benefits include transition assistance services, disability compensation, pension, fiduciary services, educational opportunities, vocational rehabilitation and employment services, home ownership promotion, and life insurance benefits.
- The **National Cemetery Administration** (NCA) provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national cemeteries, cemetery grants for state and tribal cemeteries, headstones and markers, Presidential Memorial Certificates, outer burial receptacles, and medallions.

VA staff offices provide a variety of services to the Department, including information technology, human resources management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.

Organizational Chart for the Department of Veterans Affairs



Cross-Agency Priority Goals

The Government Performance and Results Modernization Act requires each Agency to address Cross-Agency Priority (CAP) Goals in the agency strategic plan, the annual performance plan, and the annual performance report. What follows is a summary of the intent of each CAP Goal. For a discussion of VA's contribution to these goals, please see www.Performance.gov.

CAP Goal 1: Modernize IT to Increase Productivity and Security

The Executive Branch will build and maintain more modern, secure, and resilient information technology (IT) to enhance mission delivery and productivity driving value by increasing efficiencies of Government IT spending while potentially reducing costs, increasing efficiencies, and enhancing citizen engagement and satisfaction with the services we provide.

CAP Goal 2: Leveraging Data as a Strategic Asset

Federal agencies will leverage data as a strategic asset to grow the economy, increase the effectiveness of the Federal Government, facilitate oversight, and promote transparency.

CAP Goal 3: Developing a Workforce for the 21st Century

The Executive Branch strives for effective and efficient mission achievement and improved service to America through enhanced alignment and strategic management of the Federal workforce.

CAP Goal 4: Improving Customer Experience with Federal Services

This goal will transform the customer experience by improving the usability and reliability of our Federal Government's most critical digital services; create measurable improvements in customer satisfaction by using the principles and practices proven by leading private sector organizations; increase trust in the Federal Government by improving the experience citizens and businesses have with Federal services whether online, in-person, or via phone; and leverage technology to break down barriers and increase communication between Federal agencies and the citizens they serve.

CAP Goal 5: Sharing Quality Services

This goal will deliver technology and process improvements that will improve citizen services, such as faster hiring so more border security officers can be hired and in place

faster and expedited payments to small businesses so the economy can continue to grow and thrive; and simpler grants application processes so more grant resources are directed to results rather than duplicative compliance actions; reduce taxpayer costs by closing the gap between the Federal Government's performance in administrative services and industry best in class; and shift time, effort, and funding currently spent on administrative services to core missions in support of American citizens.

CAP Goal 6: Shifting from Low-Value to High-Value Work

This goal will eliminate low-value, unnecessary, and outdated policies and requirements issued by central management agencies like the Office of Management and Budget, the Office of Personnel Management, and the General Services Administration; develop a process to assess and minimize the burden of such guidance on Federal agencies; create incentives for Federal agencies to regularly review and streamline their own administrative requirements that impose burdens on their bureaus and programs; and reduce burden through tools like integrated IT and automation software.

CAP Goal 7: Category Management - Leveraging Common Contracts and Best Practices to Drive Savings and Efficiencies

Federal agencies will leverage common contracts, meaning that they share in contracts that get the best value for taxpayers, to buy common goods and services as an enterprise. This approach will eliminate redundancies, increase efficiency, and deliver more value and savings from Federal acquisition programs.

CAP Goal 8: Results-Oriented Accountability for Grants

This goal will rebalance compliance efforts with a focus on results for the American taxpayer; standardize grant reporting data and improve data collection in ways that will increase efficiency, promote evaluation, reduce reporting burden, and benefit the American taxpayer; measure progress and share lessons learned and best practices to inform future efforts, and support innovation to achieve results.

CAP Goal 9: Getting Payments Right

This goal will reduce the amount of cash lost to the taxpayer through incorrect payments; clarify and streamline reporting and compliance requirements to focus on actions that make a difference; and partner with states to address improper payments in programs that they administer using Federal funds.

CAP Goal 10: Improving Outcomes Through Federal IT Spending Transparency

This goal will improve business, financial, and acquisition outcomes; enable Federal executives to make data-driven decisions and analyze trade-offs between cost, quality, and value of IT investments; reduce agency burden for reporting IT budget, spend, and performance data by automating the use of authoritative data sources; and enable IT benchmarking across Federal Government agencies and with other public and private sector organizations.

CAP Goal 11: Improve Management of Major Acquisitions

Every CFO Act agency will successfully achieve at least two transformational program goals over the coming year through well-managed major acquisitions supporting a transformative critical or high-risk mission priority.

CAP Goal 12: Modernizing the Infrastructure Permitting Process

Improving the Federal environmental review and authorization process will enable infrastructure project sponsors to start construction sooner, create jobs earlier, and fix our Nation's infrastructure faster while also ensuring that a project's potential impacts on environmental and community resources are considered and managed throughout the planning process.

CAP Goal 13: Security Clearance, Suitability, and Credentialing Reform

The Federal Government will advance this goal through the following four work streams:

- Trusted workforce. Instill a sense of shared responsibility by enabling a trusted workforce through consistent reporting requirements, awareness, and strengthened partnerships with other mission areas and industry;
- Modern clearance process. Transform the Government's approach at a fundamental level, revamping the policy framework and process to a more effective and efficient model that leverages the latest innovative technologies;
- Secure, modern, and mission-capable information technology. Rebuild the end-to-end IT to accelerate the implementation of new policies and processes and to improve the cyber security posture of the enterprise; and
- Continuous performance improvement. Use outcome-based metrics, research and innovation, and an institutionalized Executive branch-wide model to continuously evaluate and improve policies and processes.

CAP Goal 14: Improve Transfer of Federally-Funded Technologies from Lab-to-Market

This goal will improve the transition of Federally-funded innovations from the laboratory to the marketplace by reducing the administrative and regulatory burdens for technology transfer and increasing private sector investment in later-stage research and development (R&D); develop and implement more effective partnering models and technology transfer mechanisms for Federal agencies; and enhance the effectiveness of technology transfer by improving the methods for evaluating the return on investment (ROI) and economic and national security impacts of federally funded R&D, and using that information to focus efforts on approaches proven to work.

Strategic Goals Overview

The Department's [new strategic plan for FY 2018-2024](#), released with the FY 2019 President's Budget, articulates the framework for transforming VA over the next several years. Under the new plan, VA will accomplish the following strategic goals:

- **Strategic Goal 1:** Veterans choose VA for easy access, greater choices, and clear information to make informed decisions;
- **Strategic Goal 2:** Veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their well-being and independence throughout their life journey through excellent customer service;
- **Strategic Goal 3:** Veterans trust VA to be consistently accountable and transparent; and
- **Strategic Goal 4:** VA will transform business operations by modernizing systems and focusing resources more efficiently to be competitive and to provide world-class customer service to Veterans and its employees.

Management Priorities

In testimony on September 26, 2018, before the Senate Veterans' Affairs Committee, Secretary Robert Wilkie identified the following four priorities for the Department:

1. **Customer Service:** we will be driven by customer feedback, unified Veteran data, and employees characterized by a customer-centric mindset to make accessing VA services seamless, effective, efficient, and emotionally resonant for Veterans;
2. **MISSION Act Implementation:** The MISSION Act is landmark legislation that will fundamentally transform VA health care and improve Veterans benefits and services. VA is committed to implementing this Act and ensuring Veterans have a wide variety of options for their health and well-being;
3. **Business Transformation:** VA resources are spent on the care and services Veterans need most, and systems and technology enable employees to deliver the high-quality care and services Veterans deserve; and
4. **VA/DoD Collaboration:** VA and the Department of Defense (DoD) will work closely together to provide a seamless transition from military service to Veteran status and enable VA to anticipate needs and provide quality benefits, care, and services.

As VA pursues the long-term goals identified in the new strategic plan, the four priorities listed above will inform how we set out to fulfill those goals.

Agency Priority Goals for FY 2018 – FY 2019

Agency Priority Goals (APG) are a mechanism to focus leadership priorities, set outcomes, and measure results, bringing focus to mission areas where agencies need to drive significant progress and change. APG statements are outcome-oriented, ambitious, and measurable with specific targets set that reflect a near-term result or achievement agency leadership wants to accomplish within approximately 24 months. In some instances, agencies are also utilizing the APG structure to drive progress and monitor implementation of agency management reforms and priorities, a modification of the traditional APG statement format.

Agency leaders from major Federal agencies select approximately four to five goals every 2 years, identify responsible officials for goal achievement, and review performance on a quarterly basis to identify barriers to progress and make changes to implementation strategies to achieve goal outcomes. VA has four APGs for the FY 2018-2019 cycle. The following descriptions contain both the goal statements for

each APG for the entire 2-year effort, as well as a summary of results at the end of the first year.

Suicide Prevention: VHA will proactively identify and provide interventions for at-risk Veterans, both those using VHA care and those using other care systems, to prevent suicide and overdose death. VHA will increase the use of interventions for Veterans at-risk for suicide through predictive modeling and enhanced engagement strategies.

Year End Summary: The Office of Mental Health and Suicide Prevention's efforts to reduce Veteran suicide are aimed at two fronts: Veterans receiving VHA health care and those not receiving VHA care. We have developed and continue to refine two predictive models to aid our VHA staff to quickly and easily identify those VHA patients at risk for suicide to target interventions. The Recovery Engagement and Coordination for Health (REACH VET) model uses risk variables from patient charts to identify those Veterans at risk for suicide in the next month. The Stratification Tool for Opioid Mitigation (STORM) model identifies VHA patients at statistical risk for overdose, suicide-related health care events, or death in the next year. These two tools are implemented and used across the VHA health care system to mitigate risk.

The Mayor's Challenge is a VA partnership with the Department of Health and Human Services to develop community actions plans within cities to support local coalitions and efforts aimed at reducing all suicide including those among Veterans. The Mayor's Challenge has expanded to 24 cities during the last year. To support these efforts within and outside VA, VHA hired 1,045 new mental health providers in the last year.

Veteran Customer Experience: VA will increase Veteran trust in VA. By September 30, 2019, Veterans' positive responses will increase from 67 percent (September 30, 2017) to 90 percent to the statement, "I trust VA to fulfill our country's commitment to Veterans."

Year End Summary: The Veterans Experience Office (VEO) administers the VA-Wide Trust Survey to measure Veteran trust in VA. It also measures Veteran perception of ease of access, effectiveness, and positive emotion with VA services. In FY 2018, Veteran trust in VA increased from approximately 69 to 70 percent. Ease of access rose from approximately 67 to 69 percent, effectiveness

rose from 76 to 77 percent, and emotion rose from 70 to 71 percent. VEO also administers VHA's Outpatient Services Surveys to measure Customer Experience and measured an increase in Outpatient Trust from approximately 85 to 87 percent in FY 2018. The surveys also measured an increase in ease of access from 87 to 88 percent, an increase in effectiveness from 89 to 91 percent, and an increase in positive emotion from 93 to 94 percent. Additionally, VEO used Human-Centered Design to map the Veteran's journey with VHA's Telehealth Services. This journey map guided VEO's development of the Telehealth Services Surveys. Finally, VEO partnered with the Board of Veterans' Appeals to deploy, for the first time, real-time Veteran experience surveys, which capture Veteran feedback on their experiences with the VA appeals process.

Community Care: Improve Veterans' health experiences by consolidating aspects of VA-purchased care programs into one modernized community care program. By September 30, 2019, the percent of Veterans who are satisfied with the community care they received will increase from 73 percent in September 2017 to 79 percent.

Year End Summary: The VA Maintaining Systems and Strengthening Integrated Outside Networks (MISSION) Act was signed into law on June 6, 2018, which reforms community care. The VHA Office of Community Care (OCC) has begun development and implementation of Title I MISSION provisions related to the community care program. The MISSION Act requires VA to achieve several requirements related to community care, including the following:

- Consolidating multiple community care programs into one program;
- Identifying new access standards that qualify Veterans to receive community care;
- Determining a new walk-in care benefit for Veterans (which VA is calling Urgent care);
- Developing Veteran-centric competency standards and education for community healthcare providers; and
- Establishing strict payment timeliness standards for VA, including interest penalties for late payments to providers.

OCC awarded Community Care Network (CCN) contracts to Regions 1-3 in December 2018, and expects to award Region 4 in spring 2019. VA expanded the services of TriWest (the current third-party administrator) to all regions in the US to serve as a bridge contract until CCN is fully awarded.

Appeals Improvement and Modernization:

Improve VA's claims and appeals process by implementing the new, streamlined framework authorized by the Veterans Appeals Improvement and Modernization Act of 2017 (AMA). VA fully implemented the AMA on February 19, 2019 and is adjudicating decision reviews and appeals under the new appeals system while also adjudicating the remaining legacy appeals, i.e. the appeals filed under the pre-AMA legal framework. VBA and the Board worked closely with other VA administrations and the Office of Management and Budget to streamline publication of a timely final rule implementing the AMA.

Year End Summary: In FY 2018, the Board of Veterans' Appeals and VBA increased modernization efforts to actively prepare to implement the AMA. The Board, the three Administrations – VBA, VHA, and NCA – and the Office of General Counsel (OGC) worked closely together to synchronize the implementation of this large-scale improvement across the Agency. VA also collaborated with Veterans Service Organizations and other stakeholders to obtain buy-in and feedback to ensure the implementation of AMA best serves Veterans, survivors, and dependents.

In November 2017, VBA implemented the Rapid Appeals Modernization Program (RAMP) to test processes under AMA. In summer 2018, the Board initiated the Board's Early Applicability of Appeals Modernization (BEAAM) research program to ensure its readiness and to understand and improve the experience of Veterans navigating the new appeals process. Further, the Board began adjudicating RAMP appeals in October 2018. RAMP and BEAAM gave VBA and the Board early data and feedback, allowing the organizations to make modifications to best ensure the smooth implementation of the new appeals system.

Additionally, VBA and the Board implemented many innovations to streamline appeals processing to adjudicate as many legacy appeals as possible prior to AMA implementation. The Board and Digital Services partnered to roll out an appeals status tracker on va.gov that allows Veterans to obtain real-time, detailed updates to the status of their appeal. VBA hired and trained 605 employees to assist with processing decision reviews under the new law, resulting in more than 2,100 employees working legacy appeals and operating the new process in VBA. In FY 2018, due to RAMP and above-target production, VBA reduced its

appeals legacy inventory by 15 percent, from 314,711 to 267,700, despite receiving more than 165,000 new appeals. The Board hired and trained over 200 additional staff members to ensure sufficient staff were fully trained in the new appeals system prior to implementation in February 2019. Because of these innovations, the Board adjudicated 85,288 appeals in FY 2018 – 62 percent more cases than in FY 2017 – an historic number of decisions to Veterans in any fiscal year.

Performance Results and Plans

Over the next 45 pages, VA will present information on how well it is performing against its goals and objectives using the following framework:




- ❖ **GOAL:** VA's strategic plan is divided into four goals that shape what we will achieve over the next 5 – 7 years;
- ❖ **STRATEGIC OBJECTIVE:** Each goal is supported by strategic objectives, which are descriptions of how VA will pursue the goals we have set for ourselves;
- ❖ **SUMMARY OF ACHIEVEMENTS:** In this section we describe the activities we undertook in support of the strategic objective;
- ❖ **CHALLENGES & NEXT STEPS:** This section provides a summary of the challenges we faced and our plans for addressing those challenges in FY 2019;
- ❖ **FY 2018 ASSESSMENT:** This is VA and OMB's determination of areas where we need to make the most progress;
- ❖ **HOW WE MEASURE OUR PROGRESS:** VA monitors its activities and the impact they have each year through a series of performance measures. This section is divided into currently active measures and those we will bring on-line in the future.

Our intention with this framework is to provide the reader with a sense of what we have committed to achieve, how we have performed against those expectations, and how we will address challenges along the way.

GOAL 1: VETERANS CHOOSE VA FOR EASY ACCESS, GREATER CHOICES, AND CLEAR INFORMATION TO MAKE INFORMED DECISIONS

To provide Veterans with better choices and improved access to the benefits, care, and services they need, we must enhance our understanding of what Veterans are experiencing at each phase of their life journey, establish interactive relationships with Veterans prior to their release from active duty, and ensure VA understands what

Enhanced access is achieved when:

-  VA understands the benefits, care, and services the Veteran needs because they have communicated with the Veteran, and VA knows what actually exists in the Veteran's community;
-  Veterans are informed of benefits, care, and services available to them that are offered by VA and/or other providers; and
-  Veterans can actually avail themselves of the benefits, care, and services they need in the manner they desire.

Veterans need. Concurrently, VA will ensure Veterans have access to information about, and understand, all the benefits, care, and services available to them. This will simplify their transition from military service and enable VA to provide choices that meet the needs of Veterans, their families, and caregivers.

Our goal is to make it easy for the Veteran to access benefits, care, and services across VA and throughout VA's expanded network of providers. To ensure a better range of choices for our Veterans, VA will leverage an intimate understanding of Veterans' needs, as well as incorporate the findings of continuous market analyses, to identify the most available, easily accessed quality care, benefits, and services. This is what we mean by greater choice. Further, VA must compete for our Veteran customers or risk losing them. We believe competing with the private sector to serve our Veterans will make us stronger and we welcome the challenge. Further, this goal will also expand easy access beyond making an appointment and reducing wait times, making it easier for Veterans to use any benefit, care, or service they need no matter where they are. This is what we mean by successful implementation of the 2018 MISSION Act.

STRATEGIC OBJECTIVE 1.1: VA UNDERSTANDS VETERANS' NEEDS THROUGHOUT THEIR LIVES TO ENHANCE THEIR CHOICES AND IMPROVE CUSTOMER EXPERIENCE

VA understands our Veterans' lives and relevant experiences to better anticipate what they need. This includes understanding the evolving nature of military service and combat, understanding their experiences and the new and pervasive challenges transitioning Servicemembers face, and communicating with our Veterans to ensure we provide the services they need and achieve the outcomes they desire.

SUMMARY OF ACHIEVEMENTS:

VBA developed trend models and used historical data to generate staffing forecasts for the National Call Center then reallocated resources to improve customer service. These activities improved the National Call Center average wait time and nearly eliminated the blocked call rate (reduced to .01 percent). The National Call Center outperformed the Government benchmark for a third consecutive year and increased client satisfaction to 790 (out of 1000).

VA communicated with Servicemembers when certain career and/or life events occurred and sent over 21 million messages about VA benefits and services. We created five new customer Journey Maps to help VA understand the Veteran's experience, expanded their use across the Department, and deployed "Own the Moment" customer experience workshops.

VBA implemented the Rapid Appeals Modernization Program (RAMP) to improve the timeliness of decisions under the provisions of the *Veterans Appeals Improvement and Modernization Act of 2017*.

VA distributed surveys that enabled Veterans and their families, caregivers, and survivors to provide recommendations and feedback on how to improve their experience. Since 2016, VA has leveraged feedback from surveys and identified 245 Veterans at-risk for homelessness and 485 Veterans at-risk for suicide then intervened and provided the support they required.

DoD and VA collaborated to facilitate the seamless transition of wounded, ill, and injured Servicemembers and Veterans from 21 major Military Treatment Facilities to the most appropriate VA health care facility.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** Not all VA employees know about or understand the extent to which the Veterans Experience Office (VEO) has applied human-centered design to document the experience of Veterans, their families, and caregivers with key benefits and service lines.
 - **Next steps:** Educating VA employees about the importance of taking a user-centered approach rather than a system-centered approach to understand and build better services, care, and experiences for the people it serves is critical to spurring a culture change that will ultimately improve Veteran trust in VA.

- ❖ **Challenge:** VA must incorporate Veteran experience data in all business processes to drive performance improvements in health care and benefits to increase Veterans' trust in VA.
 - **Next steps:** VA will deploy data science analytics based on near real-time Veteran feedback to detect trending concerns and predict emerging topics before they intensify, ensure that Veteran experience insights are

actionable to improve Veterans' experience in the receipt of health care and benefits, and increase trust in VA.¹

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 1.1 is a focus area for improvement.

HOW WE MEASURE OUR PROGRESS:

Note: This strategic objective is a forward-looking goal for VA. As we mature into a cutting-edge customer service organization, we intend to develop more programs and metrics dedicated to anticipating Veterans' needs. This year we have one metric that aligns to this strategic objective, with one new metric on the horizon in FY 2020. These do not represent, however, the totality of our efforts in this direction. Here are some examples of activities we pursued in FY 2018, which will continue in FY 2019:

- VA Liaisons for Healthcare are co-located with DoD case managers at military hospitals and rehabilitation centers to provide onsite consultation and collaboration to facilitate the transfer of wounded, ill, and injured Servicemembers and Veterans from military facilities to the most appropriate VA health care facility.
- VA's VEO set VA-wide strategies, standards, and tools for applying customer experience capabilities. Examples include:
 - Developing new Journey Maps to understand the experience of Women Veterans, VHA patients, and telehealth patients;
 - Preparing to develop journey maps for all seven business lines in VBA. VEO completed Journey Maps for the Education and Benefits Assistance Services, and developed the Internal Journey Map for Veterans that explains each phase of the Vocational Rehabilitation & Employment program process;
 - Deploying online "Welcome to VA Kit" based on feedback from Veterans and their families/caregivers; and
 - Deploying "Own the Moment" customer experience workshops at 89 percent of VHA facilities, training 39,234 employees.

¹ VEO, *Agency Priority Goal Action Plan, Veteran Customer Experience*. (Fiscal Year 2018 Quarter 4) Pg. 3.

Current Performance Measures

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
National Call Center Client Satisfaction Index Score (out of 1000) (VBA #485)	756	767	797	790	798	NLR	NLR	On Track
Overall Performance Status (1.1)	On Track	1	Off Track	0	NLR - No longer reported externally			

Future Performance Measure

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Total number of service members contacted within 90 days of their separation from military service (VHA #786)	N/Av	15%	This measures the percentage of Service members who receive a call within 90 days of their expected date of separation from military service to provide them with information regarding peer support, availability of mental health care after separation, eligibility for health care and other VA benefits; a list of available local and national resources; and a name and a point of contact for any immediate needs. The VBA call center opens in FY 2019 and data will be available in FY 2020.

STRATEGIC OBJECTIVE 1.2: VA ENSURES VETERANS ARE INFORMED OF, UNDERSTAND, AND CAN AVAIL THEMSELVES OF THE BENEFITS, CARE, AND SERVICES THEY NEED, IN A TIMELY MANNER

As the chief advocate for Veterans, VA proactively educates and informs all Veterans about what they are eligible for, as well as what other non-VA provided benefits are available to them based on their personal needs, location, and desires *before departing military service*. VA will continue to reach out to Veterans who have left military service but are not using VA to ensure they are aware of their potential eligibility for benefits and care.

Informed by customer feedback, VA will integrate digital portals, contact centers, and databases so Veterans can easily find what they need, no matter which channel they choose. VA will re-launch the VA.gov Web site and unify Veteran data, adding customer preferences for electronic correspondence to its new Vet360 database and

integrating the Vet360 profile service with mobile apps. VA will also establish a governance structure to involve senior VA leadership in the customer service effort.

SUMMARY OF ACHIEVEMENTS:

VA communicated with Veterans and their families to understand the customer's experience and gauge their satisfaction with care, benefits, and service, and we advocated for Veterans to ensure they received the resources they needed. We have distributed 10.7 million surveys since June 2017 to assess the outpatient experience. At least 89 percent of survey respondents reported that access to VHA services was easy, they received the services needed, and they felt like a valued customer. At least 85 percent of primary and specialty care patients reported that they always or usually got an appointment for routine care when needed.

Further, VBA developed outreach strategies and improved communications to ensure Veterans and their beneficiaries had the information needed to make informed decisions. For instance, VBA conducted more than 6,000 outreach events with special emphasis on underserved and at-risk Veterans, tailored communications to help pension beneficiaries residing in Medicaid nursing homes determine the benefit option that best meets their needs and communicated with Veterans and other stakeholders to help them understand the value of the Vocational Rehabilitation and Employment program, benefits the Veteran earned, and the resources available. VA also increased the number of accredited Veterans advocates to 5,475, fostered 190 public/private community partnerships, and hosted 5 national events with over 800 participants to share information, resources, best practices, success stories, and community tools for local leaders and Veteran advocates. The Board Chairman engaged in more than 30 outreach visits to provide training and to listen to feedback on Appeals Modernization. Further, the Board redesigned its webpage to provide metrics on decisions, hearings, and docket date.

Additionally, we developed new, or improved existing, technology platforms that expanded communication and information sharing and facilitated access to benefits and services. For example, telehealth provided 2.29 million episodes of care to more than 782,000 patients. VA launched VEText, which allowed 3.24 million patients to easily confirm or cancel appointments from their cell phones, reduced no-shows by more than 100,000, and preserved 319,504 appointments for other Veterans. Also, Vet360 processed over 6.5 million transactions for Veterans' contact information (with more than 3.2 million address updates, over 1.3 million phone number updates, and 480,000

email updates), and Veterans completed 582,000 health care applications online via Vets.gov.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** Contact Center Modernization is unfunded in FY 2019.
 - **Next steps:** Relaunch VA.gov: based on Veteran feedback. VA will deliver a re-designed VA.gov focused on quickly connecting Veterans to information they need, along with easy access to personalized experience, retire the vets.gov brand, and begin to incorporate additional brands via link consolidation. In addition, VA will modernize the Dependent Benefits online application and Vet360.

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 1.2 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

Current Performance Measures

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Increase percentage of Veterans aware of using benefits, reached through advertising and marketing efforts (OPIA #536)	19.79%	14%	11%	11%	12%	12%	12%	On Track
Increase traffic to and from the content delivery platform (OPIA #659)	N/Av	.347 mil	2.1 mil	3.4 mil	2.5 mil	3.0 mil	TBD	On Track
Percent of IDES participants who will receive VA Benefit notification letters within 30 days (VBA #469)	N/Av	N/Av	N/Av	61%	80%	62%	NLR	Off Track
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #677)	N/Av	84%	85%	86%	87%	NLR	NLR	On Track
Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to	N/Av	72%	74%	76%	75%	NLR	NLR	On Track

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
get an appointment for needed care right away (VHA #680)								
(Composite Measure) The average of the percent of primary and specialty care patients who respond "Always" and "Usually" regarding their ability to get appointments for routine care and needed care right away. (VHA #681)	N/Av	78%	79%	80%	81%	82%	82.5%	On Track
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (VHA #682)	N/Av	72%	74%	75%	75%	NLR	NLR	On Track
Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #683)	N/Av	82%	83%	85%	85%	NLR	NLR	On Track
Overall Performance Status (1.2)	On Track	7	Off Track	1	NLR - No longer reported externally			

Measures VHA #677, #680, #682, and #683 are elements of the composite measure VHA # 681. While they will not be reported on externally in the future, they will be represented in the results presented in the composite measure.

Future performance Measures

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
It was easy to get the services I need (VEO # 746)	90%	90%	Measures the degree of simplicity Veterans experience when interacting with a VA product(s) or service(s). Signals Survey Questions - "It was easy to get the service I needed."
I feel like a valued customer (VEO # 752)	90%	90%	Measures the degree of how Veterans interactions (with VA product(s) or service(s)) make customers feel. Signals Survey Questions - "I feel like a valued customer."
I got the services I needed (VEO #761)	90%	90%	Measures the degree to which a VA product(s) or service(s) are successful in producing the desired result, according to the Veterans interactions. Signals Survey Questions - "I got the services I needed."

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Percent of IDES participants who have a proposed rating completed within 20-day standard (VBA XXX)	62%	63%	The IDES program is a joint DOD-VA program, and the 20-day proposed rating standard is identified in the joint program guidelines. This measure tracks the percent of IDES participants who have a proposed rating completed within the 20-day standard. Proposed ratings allow the participants to understand the benefits they are potentially entitled to receive before discharge, enabling them to make informed decisions as they transition from service.

GOAL 2: VETERANS RECEIVE HIGHLY RELIABLE AND INTEGRATED CARE AND SUPPORT AND EXCELLENT CUSTOMER SERVICE THAT EMPHASIZES THEIR WELL-BEING AND INDEPENDENCE THROUGHOUT THEIR LIFE JOURNEY

Serving as a leading advocate and honoring military service, VA will deliver integrated and seamless benefits, care, and services, enhancing the lives of Service members, Veterans, their families, caregivers, and survivors. Improved quality of life means Veterans are independent, economically secure, socially engaged however they choose, and enjoy enhanced well-being.² VA will engender the full trust of our customers.

The strategic objectives and strategies associated with this goal focus on the following outcomes:

- Ensuring Veterans receive highly integrated and coordinated benefits, care, and support services that include care management and are tailored to meet their economic and health needs, mitigating negative outcomes such as poverty, homelessness, and unaddressed mental and health challenges. VA will do this by quickly implementing the 2018 MISSION Act and continuing to heavily invest in our direct health care delivery system.
- Working with DoD and local community programs to ensure a seamless and less burdensome transition, and ensuring Veterans have a clear path to economic security and well-being.

² Well-being in this document refers to the social, economic, psychological, spiritual and/or medical conditions that contribute to an individual's or group's emotional state; a high level of well-being means in some sense the individual or group's condition is positive, while low well-being is associated with negative happenings.

- Incorporating the use of technology into our delivery systems as well as driving the rapid expansion of other mobile capabilities to enhance delivery of benefits, care, and services anywhere the Veteran is located.

STRATEGIC OBJECTIVE 2.1: VA HAS COLLABORATIVE, HIGH-PERFORMING, AND INTEGRATED DELIVERY NETWORKS THAT ENHANCE VETERAN WELL-BEING AND INDEPENDENCE

VA will continue to leverage highly integrated partnerships with the public and private sector to ensure Veterans get the best care and services available, even outside of VA. If the community provides a better outcome, and the care or service is not considered a foundational VA offering, Veterans will be able to use that service. Veterans deserve the opportunity to get the best outcomes. This means that VA will excel at its foundational service offerings. VA will also, in partnership with DoD and Department of Labor (DOL), better prepare Veterans for employment and reintegration into civilian life.

SUMMARY OF ACHIEVEMENTS:

VA is committed to ensuring Veterans have easy access to the benefits, care, and services they earned and need to thrive. VA's IT assets ensured the virtual and physical delivery of services for over 422,000 DoD and VA physicians accessing health data on over 16 million Veterans. We expanded telehealth, which improved access to care for all Veterans but especially rural Veterans. During the last year, 45 percent of all clinical telehealth encounters involved rural Veterans.

VA and DoD collaborated and obtained 100 volunteers for the new Women's Health Transition Assistance Pilot Program to address the unique health care needs of transitioning female Servicemembers.

Liaisons with VA's Transition Care Management office coordinated 12,766 transitions from DoD, managed cases for approximately 30,000 Veterans, and ensured 100 percent of DoD-referred transitioning Servicemembers received VA health care appointments they desired.

Further, VBA reduced the compensation and pension appeals inventory by 15 percent (from 312,023 to 265,364), despite receiving more than 160,973 new appeals.

The Board of Veterans' Appeals launched the Appeals Status Tracker, which allows Veterans to retrieve real-time status of their appeals. In FY 2018, the Board produced

92.7 decisions per full-time employee, the highest level since 2009 and approximately 48 percent higher than FY 2017, and decreased the cost per case by 28 percent.

VA partners with the DOL and DoD to prepare Servicemembers for transition from active duty to their civilian lives. VA will work with the DOL, DoD, and other Transition Assistance Program (TAP) interagency partners in implementing improvements to TAP as required by the FY 2019 National Defense Authorization Act. In order to ensure that Servicemembers are better informed on VA benefits and services, VA will expand its current VA Benefits and Services briefing during TAP to a full-day briefing. Recognizing that providing education and information to Servicemembers earlier in their military career fosters positive transition readiness, VA will support the Military Life Cycle and develop and make available additional training courses at any stage of a Servicemember's military career.

In FY 2018, VHA deployed its Whole Health program. Whole Health is an approach to health care that empowers and equips Veterans to take charge of their health and well-being and live their life to the fullest. VHA's Whole Health System (WHS) represents a comprehensive and systematic approach to provide whole health care and is based on three central components: The Pathway, Well-being Programs, and Whole Health Clinical Care, and corresponding program elements. In FY 2018, the WHS deployed for the first time at 18 Whole Health flagships, one in each VISN, as part of a 3-year demonstration project.

Finally, 97 percent of Veterans reported that the quality of service at VA's national cemeteries remained excellent and VA improved satisfaction with community care (up 3.7 points to 78.2 percent).

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** The ability to develop and implement the Community Care Network is contingent upon award of contracts in all six regions. As of March 1, 2019, only one region has a contract awarded.
 - **Next steps:** Resolve vendor protests, award Community Care network contracts for the remaining 5 regions and create implementation milestones.

- ❖ **Challenge:** It is critical that planning for the community care and caregiver elements of the MISSION Act incorporate Whole Health concepts as foundational. If this does not take place, there is a risk that care delivered in the community or by other caregivers will not provide this unique approach and will lead to increased fragmentation of care for the Veteran population.
 - **Next steps:** In FY 2019 the Whole Health System will continue to spread beyond the 18 flagship sites. The Network Director Senior Executive Service (SES) Performance Plan now includes an element requiring strategic spread of this approach in each region, and we anticipate 30-40 new sites will begin to deploy the system on a large scale in FY 2019.

- ❖ **Challenge:** VA's appeals process is slow, complex, contains multiple processing steps, and splits jurisdiction among VA's three Administrations. The process entails continuous evidence gathering and re-adjudication that causes delays in reaching a final decision.
 - **Next steps:** Under the Appeals Modernization Act, the Board has sole jurisdiction over appeals arising from claims from three administrations. Additionally, AMA will continue the following activities to ensure successful implementation of the new appeals modernization process: a) VA conducts regular meetings to ensure that IT updates remain on track; b) Bi-weekly meeting with VBA's Under Secretary for Benefits and the Chairman of the Board to discuss risks, challenges, and to foster consistent and purposeful collaborative implementation efforts; and c) Monthly meetings with the leadership of individual VBA lines of business.

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 2.1 is a focus area for improvement.

HOW WE MEASURE OUR PROGRESS:

Current Performance Measures

Note: Many VBA performance measures are being discontinued after FY 2018 so that they can be updated, and new, more relevant measures created in FY 2019 and FY 2020.

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Appeals Adjudicated (formerly Appeals Decided) (BVA #65)	55,713	52,011	52,061	85,288	81,033	90,050	TBD	On Track
Number of appeals in BVA's pending inventory (BVA #561)	N/Av	N/Av	N/Av	137,383	Baseline*	Baseline*	TBD	---
Hearings held (BVA #712)	N/Av	N/Av	N/Av	16,423	Baseline*	Baseline*	TBD	---
Number of issues decided (adjudicated) (BVA #778)	N/Av	N/Av	N/Av	253,450	Baseline*	Baseline*	TBD	---
Decisions per FTE (BVA #780)	N/Av	N/Av	N/Av	92.7	Baseline*	Baseline*	TBD	---
Percent of appeals decided with at least one remanded issue (BVA #709)	N/Av	N/Av	N/Av	54.9%	Baseline*	Baseline*	TBD	---
Appeals Dispositions - Average Days to Complete Returned Remands (measuring from date case is returned to the Board after remand until Board disposition date) (BVA #571)	244	264	239	186	293	NLR	NLR	On Track
Appeals Dispositions - Average Days to Complete Original Appeals (from date of certification (Form 8) until Board disposition date) (BVA #573)	531	553	613	752	694	NLR	NLR	Off Track
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (NCA #234)	89.80%	91.70%	92.00%	92.10%	92.20%	92.80%	93%	On Track
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)	96%*	96%	96.3%	96.9%	97%	97%	97%	On Track
Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (NCA #582)	98%*	99%	99%	98.7%	99%	99%	99%	On Track

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Percent of respondents who rate national cemetery appearance as excellent (NCA #581)	99%*	99%	99%	99%	99%	NLR	NLR	On Track
Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (NCA #583)	93%*	93%	92%	93.9%	93%	NLR	NLR	On Track
Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (NCA #584)	89%*	93%	95%	93.8%	96%	NLR	NLR	On Track
Rate of High Client Satisfaction Ratings on Insurance Services Delivered (VBA #214)	93.8%	93.7%	94.5%	92.8%	95%	95%	95%	On Track
Average days to complete original education claims (VBA #218)	18	16.7	24.7	24.5	28	28	28	On Track
Average days to complete supplemental education claims (VBA #219)	7	6.7	8.6	12.3	14	14	14	On Track
Default resolution rate (VBA #226)	83%	84.02%	85.3%	87.6%	81%	80%	80%	On Track
National Accuracy Rate - Disability Compensation Rating Claims (VBA #303)	90%	88.16%	86%	89.7%	93%	NLR	NLR	On Track
National Accuracy Rate - Percent of disability compensation rating issues processed accurately (VBA #304)	96%	96%	94%	94.9%	96%	96%	96%	On Track
Percentage of VA disability rating claims pending more than 125 days old (VBA #308)	20%	19%	23%	23.1%	21%	NLR	NLR	Off Track
Number of registered eBenefits users (Million) (VBA #443)	5.2	6.1	6.7	7.48	7.0	NLR	NLR	On Track
Percent of disability compensation claims received virtually/electronically (VBA #444)	N/Av	20%	18%	19.2%	26%	NLR	NLR	Off Track
Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (VBA #446)	3,299	4,202	5,090	5,475	5,300	NLR	NLR	On Track

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Education call center client satisfaction index score (out of 1000) (VBA #476)	831	841	845	829	775	NLR	NLR	On Track
Pension call center client satisfaction index score (out of 1000) (VBA #484)	770	778	802	812	785	NLR	NLR	On Track
Veterans' satisfaction level with the VA Loan Guaranty Program (out of 1000) (VBA #487)	819	819	827	836	830	NLR	NLR	On Track
Overall Customer Satisfaction Index Score (out of 1000) (Education) (VBA #489)	754	752	779	743	757	NLR	NLR	On Track
Pension: Overall customer satisfaction index score (out of 1000) (VBA #490)	684	664	651	646	672	NLR	NLR	On Track
Overall Customer Satisfaction Index Score (out of 1000) (Compensation) (VBA #491)	646	676	620	634	630	NLR	NLR	On Track
Average days to complete original survivor's pension claims (VBA #498)	89	130.1	95.7	65.6	75	NLR	NLR	On Track
Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (Thousands) (VBA #514)	228	231	208	164	187	70	NLR	On Track
Appeals Processing - Notices of Disagreement (NODs) Average Days Pending (VBA #545)	394	413	426.9	400.9	413	250	NLR	On Track
Percentage of Disability Compensation Rating Claims inventory pending more than 125 days (VBA #576)	20%	20%	23%	23.1%	23%	NLR	NLR	On Track
Percentage of original and reopened pension claims inventory pending more than 125 days (VBA #577)	3%	4%	6%	5.5%	5%	NLR	NLR	Off Track
Percentage of Dependency and Indemnity Compensation (DIC) Claim inventory more than 125 days (VBA #578)	15%	19%	26%	19.8%	20%	NLR	NLR	On Track
Appeals Processing - Substantive Appeals to the Board (Form 9) Pending Inventory (Thousands) (VBA #607)	56	50	39	22	32	5	NLR	On Track

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Non-rating claims, compensation average days pending (VBA #654)	350	354.9	280	126.7	263	NLR	NLR	On Track
Appeals processing - substantive appeals to the Board (Form 9) Average days pending (VBA #655)	617	516	447.7	361.4	389	200	NLR	On Track
Appeals processing - substantive appeals to the Board (Form 9) average days to complete (VBA #685)	507	462	590	546.3	425	275	NLR	Off Track
Non-rating claims, compensation average days to complete (VBA #686)	171	161	151	90.5	144	NLR	NLR	On Track
Dependency Claims processing: inventory (claims pending) (thousands) (VBA #701)	227	115	86	61	85	NLR	NLR	On Track
Dependency Claims processing: timeliness (Month-to-date average days to complete as of the last month of the year) (VBA #670)	221	197	107	67.5	110	NLR	NLR	On Track
Percent of patients who responded "yes" on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite (providers support you in taking care of your own health) (VHA #386)	57%	59%	60%	60%	60%	NLR	NLR	On Track
The average patient's rating of VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (VHA #544)	8.46	8.54	8.6	8.7	8.7	NLR	NLR	On Track
The average patient's rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (VHA #673)	N/Av	8.54	8.60	8.68	8.65	NLR	NLR	On Track
Overall Performance Status (2.1)	On Track	36	Off Track	4	Baseline	5	NLR - No longer reported externally	

*BVA will baseline these measures for two years; the first year is under the legacy process; THE second is under the new Appeals Improvement and Modernization Act process.

Future performance measures:

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Percentage of Veterans receiving telehealth at home or on a mobile device (VHA #753)	1.5%	3.0%	This measures the percentage of eligible Veterans who have received Clinical Video Telehealth (CVT) to the home or other Non-VA location during the Fiscal year. CVT is a real-time video connection between a Veteran at one location and a doctor or other clinical staff at another location. CVT eliminates the need for a Veteran to travel distances for a face to face visit.
Percentage of Community Care claims processed timely (VHA #635)	90	90	This metric indicates the percentage of community care claims processed in a timely manner, to include authorized clean claims in inventory aged under 30 days and unauthorized claims aged under 45 days
Overall rating of primary care provider (VHA #741)	70	71	This measure tracks the percent of patients who rated their primary care provider a "9" or "10", where 0 is the worst provider possible and 10 is the best provider possible. The question is from the CAHPS Clinician and Group survey. The overall rating of the provider is a marker of patients' perceived quality of care. Results from this measure will be used to track improvement across facilities over time.
Percentage of Veterans receiving a portion of care via telehealth modalities (VHA #742)	14	15	This composite measure tracks the percentage of eligible Veterans who have received telehealth services during the fiscal year. Telehealth services include home telehealth monitoring, clinical video telehealth, and store and forward telehealth services. VA is measuring telehealth services to promote expansion of these services to Veterans.
Overall Rating of Hospital (VHA #747)	66.5	67	This measure tracks the percent of patients who rated the hospital during their stay a "9" or "10" where 0 is the worst hospital possible and 10 is the best hospital possible. The question is from the HCAHPS survey. The overall rating of the hospital is a marker of patients' perceived quality of care. Results from this measure will be used to track improvement across facilities over time.
Overall rating of specialty care provider (VHA #750)	67.5	69	This measure tracks the percent of patients who rated their specialist a "9" or "10" where 0 is the worst possible specialty care and 10 is the best specialty care possible. The question is from the CAHPS Clinician and Group survey. The overall

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
			rating of the provider is a marker of patients' perceived quality of care. Results from this measure will be used to track improvement across facilities over time.
Overall Rating of Community Care (VHA #760)	79%	79%	This measure tracks the percent of patients who are "Very Satisfied" or "Satisfied" with their overall experience with Community Care. Community Care is care provided to eligible Veterans outside of the VA when VA facilities are not feasibly available. The survey question is from the Survey of Healthcare Experiences of Patients (SHEP) - Community Care survey.
Percentage reduction in backlogged claims for VA's Community Care program (VHA #803)	Baseline	TBD	This metric indicates the number of reductions of backlog claims per month. The purpose of this measure is to track progress that VA has made with paying authorized claims older than 30 days and unauthorized claims over 45 days. Incoming claims volume and the claims backlog from community providers have been increasing since late 2017. This increase has resulted in delays in timely payment to providers. When VA does not pay providers timely it runs the risk of losing providers from the network and thus interrupting Veteran care.
Number of unique Veterans accessing Whole Health services (VHA #790)	Baseline	TBD	<p>Whole Health is an approach to healthcare that empowers and equips Veterans to take charge of their health and well-being and live their lives to the fullest. VHA's Whole Health System represents a comprehensive and systematic approach to provide whole healthcare and is based on three central components: The Pathway, Well-being Programs, and Whole Health Clinical Care.</p> <p>This measure will represent the unique number of Veterans who utilize some type of Whole Health approach or service: Pathway, Well-being Program, WH Clinical Care, CIH, Health Coaching.</p>
Number of Whole Health encounters (VHA #791)	Baseline	TBD	This number represents the total number of Veteran encounters with Whole Health programs (Pathway, Well-being Program, Whole Health Clinical Care, Comprehensive Integrated Healthcare, and Health Coaching).

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Number of unique Veterans receiving Whole Health peer visits (VHA #792)	Baseline	TBD	This number represents the unique number of Veterans who participate in Pathway peer led group programs/experiences
Number of peer-based, Whole Health Pathway encounters (VHA #793)	Baseline	TBD	This number represents the total number of Veteran Whole Health encounters in the Pathway program.
Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (VBA #494)	TBD	TBD	This measure tracks the percentage of GI Bill beneficiaries who complete an education or training program. This measure is important because it is an indicator of the success and impact of the GI Bill benefit. Veterans can use the measure to view the completion rate for a particular school or program when deciding on an education or training program.
Percent of calls answered by the VBA National Call Center within 2 minutes (VBA #XXX)	67%	69%	This metric indicates the percent of incoming calls to the VBA National Call Center (NCC) that are answered by the NCC within 2 minutes. The purpose of this measure is to track the progress that VA has made with answering incoming calls in a timely manner to ensure a high level of service is provided to customers. When VA does not answer calls timely, it runs the risk of negatively impacting the customer's experience.
Percent of calls blocked by the VBA National Call Center (VBA #XXX)	0.05%	0.04%	This metric indicates the percent of incoming calls to the VBA National Call Center (NCC) that blocked (call cannot be connected). The purpose of this measure is to track the progress that VA has made with ensuring access to assistance with VBA-related inquiries through the NCC. When VA does not ensure access to assistance, it runs the risk of negatively impacting the customer's experience.
Percent of calls to the VBA National Call Center in which the agent handled the call properly (VBA #XXX)	89%	90%	This metric indicates the percent of incoming calls to the VBA National Call Center (NCC) that were properly handled by the NCC agents. Proper call handling refers to the accuracy of the information provided to the caller in response to their inquiry. Evaluations consider greeting, accuracy of information given, closing and communication skills. The evaluation is calculated by total points achieved/total points. The purpose of this measure is to track the quality of the customer interaction and to ensure a positive customer experience. When VA does not provide a quality

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
			interaction and a positive customer experience, it runs the risk of negatively impacting the customer.
Average days to complete higher-level reviews (VBA #XXX)	125	125	Measures number of days from date of claim to date end-product is cleared. This metric directly relates to the timeliness goal set forth in Appeals Modernization and required by statute. It is important to Veterans because timeliness is an improved feature within appeals modernization.
Quality of higher-level review decisions (VBA #XXX)	96%	96%	VBA defines "Quality" as an issue-based review of completed higher-level reviews, using a statically valid sample. Quality errors will be based on a review of decided issues using a standard quality review checklist. It is important to monitor because quality of higher-level review decisions is necessary to ensure accurate decisions and to inform VBA of training needs. It is important to Veterans because they deserve accurate decisions.
Claim quality (based on QA) (VBA #XXX)	98%	98%	This measure tracks the accuracy of decisions made by VA employees on claims for education benefits. This activity indicates how accurate our decisions are on claims for education benefits. Our goal is to always make the correct decision for beneficiaries, this measure ensures our employees take the necessary time to ensure the correct decision is made the first time.
High Client Satisfaction with Insurance services (VBA #XXX)	95%	95%	VA surveys a total of 410 randomly selected Veterans and beneficiaries per month based on the type of Insurance service received. The monthly surveys include a series of statements and questions relating to the service provided. Clients are asked to rate each based on a five-point scale. The results are then tabulated using what is referred to as "Top Box Scoring." High Client Satisfaction is the percentage of survey responses falling into the top two categories, Strongly Agree or Agree, compared to all survey responses. Survey results serve as a good indication of the satisfaction level of Veterans and beneficiaries in the Insurance Program.
Percent of Survivors Pension entitlement determinations processed within 60 days (VBA #XXX)	55%	60%	All original Survivor Pension Claims (EP190 series) completed within 60 days (FYTD) divided by the total number of original Survivor Pension claims completed over the same time period; represented as a percentage. This measure is important as it ensures unmarried survivors and children of wartime Veterans receive a decision or the benefits they are entitled in a timely manner.

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
National quality of pension entitlement (rating) decisions (Veterans and Survivors Pension) (VBA #XXX)	93.5%	93.5%	Accuracy of pension entitlement (rating) decisions (EP180 series and 120 series) over a 12-month period as reported by VBA's Pension and Fiduciary Service's national STAR team. This measure is important as it ensures there is a review process in place to track decisions and ensure Veterans and survivors are receiving accurate and timely decisions and/or benefits
Percent of Dependents Indemnity Compensation (DIC) rating claims processed within 125 days (VBA #649)	84%	84%	All original Dependency and Indemnity Compensation (DIC) (EP140) completed within 125 days (FYTD) divided by the total number of original DIC claims completed over the same time period; represented as a percentage. This measure is important as it ensures survivors receive a decision or the benefits they are entitled. It tracks the timeliness of decisions in order to provide survivors with relief after the Veteran dies either in the line of duty or of a service-connected disability.
Percent of disability compensation rating claims processed within 125 days (VBA #XXX)	74%	76%	Since 2009, VA has been driving towards a 125-day claims processing time. This metric replaces the Percent Pending Over 125 Days metric, because there will always be some claims that take more than 125 days to complete due to their complexity. The Pending Over 125 Days metric can never reach zero, so it is impossible to accurately identify VA's progress using the pending target. The new metric measures the percentage of claimants who receive a decision on their disability compensation claims within the targeted 125-day timeline (calculated from # within 125 days/# completed). This metric increases as VA improves, which allows the public to better understand VA's improvements in delivery of benefits against the same 125-day benchmark.
Percent of Veterans Pension rating claims processed within 125 days (VBA #XXX)	90%	90%	All original Veterans Pension claims (EP180 series) completed within 125 days (FYTD) divided by the total number of original Veterans Pension claims completed over the same time period; represented as a percentage. This measure is important as it tracks the timeliness of decisions made to provide Veterans with limited income and net worth the benefits they have earned and are entitled.

STRATEGIC OBJECTIVE 2.2: VA ENSURES AT-RISK AND UNDERSERVED VETERANS RECEIVE WHAT THEY NEED TO ELIMINATE VETERAN SUICIDE, HOMELESSNESS, AND POVERTY

VA will proactively identify at-risk Veterans. While most Veterans reintegrate successfully into civilian life, some face social, economic, and health challenges that impede their transition into civil society. Through the REACH VET initiative, VA identifies existing conditions that increase Veterans' risk of suicide, homelessness, and poverty. We will expand the use of this tool to reach out to Veterans before transition and leverage our integrated network to provide services catered to their specific needs. We will no longer wait until Veterans are in crisis to reach out to them. VA will improve support to Veteran families and caregivers to prepare and sustain them as they take care of their Veteran.

SUMMARY OF ACHIEVEMENTS:

VHA launched a Mental Health Hiring Initiative and added 1,045 Mental Health professionals, provided 90 percent of new mental healthcare patients an appointment within 30 days, and provided mental health and suicide prevention services to 1,622 Veterans with Other than Honorable discharges. The Offices of Academic Affiliations and Mental Health and Suicide Prevention partnered on a 6-year project to expand mental health training positions and added 29 new training positions at VA.

VHA provided initial SAVE (Signs-Ask-Validate-Encourage) suicide prevention training for 94.3 percent of newly hired staff (24,238 individuals) and refresher training for 94.6 percent of current VHA staff (164,024) to prevent Veteran suicide.

The Office of Rural Health (ORH) increased funding 52 percent for mental health Enterprise-Wide Initiatives and allocated \$161 million for 29 initiatives that deliver health care through telehealth. ORH also increased the number of VA health care systems/medical centers served by a Rural Health mental health initiative from 402 in 2017 to 575 and increased the number of Veterans served by an initiative from 1.5 million in 2017 to 2.5 million in 2018.

Health care providers are now allowed to treat patients across state lines and VA's IT modernization enabled over 110,000 Veterans to enroll in our Home Telehealth program, which expanded access to health care for rural and our most at-risk and underserved Veterans.

VA's Choose Home initiative was launched at four high-performing sites, which will provide input on the content and use of a comprehensive care plan for Veterans at risk for long-term care.

We also managed survivors' pensions for 192,823 beneficiaries, performed 94,000 Fiduciary/beneficiary relationship and wellness checks, and managed 176,300 fiduciaries.

DoD and VA collaborated and ensured newly referred Post 9/11-era Servicemembers and Veterans were evaluated for psychosocial risk factors and referred to appropriate resources.

Severely wounded, ill, and/or injured Servicemembers/Veterans referred directly from the DoD through a VA Liaison for Healthcare were automatically linked to a case manager during the separation process from the military. VA liaisons helped transition almost 1,300 Veterans identified as severely wounded, ill, or injured.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** While interventions to reduce the likelihood of suicide and overdose have been developed, they must reach the people who need them at the right time.
 - **Next steps:** VA is using advanced analytics combined with clinical interventions to identify people most likely in need of preventive intervention and connect them with services. Within VA, we mine electronic medical record data to identify patients at greatest risk of overdose or suicide events or death. Computer systems are used to provide lists of patients estimated to be at high risk paired with key information about the patient's clinical case and suggestions for interventions to address risks. Clinicians and care coordinators use these computer systems to target clinical interventions and outreach to those with high estimated risk. To help Veterans not enrolled in VA care, we are examining data to identify the Veteran populations at greatest risk and the organizations with which they engage. Partnering with Health and Human Services/Substance Abuse and Mental Health Services Administration (SAMHSA) and 17 cities through the Mayor's Challenge,

VA is working collaboratively based on data to develop community action plans to end Veteran suicide.³

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 2.2 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

Current Performance Measures

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Veterans' satisfaction with the Vocational Rehabilitation and Employment Program (out of 1000) (VBA #488)	658	666	655	637	682	NLR	NLR	Off Track
VR&E Class Achievement Rate (VBA #601)	N/Av	72%	68.3%	65.20%	68%	68%	68%	On Track
Fiduciary Program: Average Days to Complete Initial Appointment Process (VBA #647)	204	287.05	133.9	91.9	88	76	76	On Track
Fiduciary Program: Average Days to Complete Follow-up Field Examinations (VBA #656)	257	147	160.3	177.1	320	NLR	NLR	On Track
Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (VHA #535)	N/Av	92%	92%	92%	94%	92%	92%	On Track
Mental Health Balanced Scorecard (VHA #598)	N/Av	91%	90%	93.6%	90%	NLR	NLR	On Track
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (VHA #606)	84%	92%	90%	91%	85%	85%	85%	On Track
Overall Performance Status (2.2)	On Track	6	Off Track	1	Base-line	0	NLR – No longer reported externally	

³ VHA. Agency Priority Goal Action Plan, Veteran Suicide Prevention. (Fiscal Year 2018 Quarter 4) pg. 4.

Future performance measures:

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Percentage of Veterans flagged as high risk for suicide who have received recommended interventions and follow-up (VHA #756)	65%	70%	Veterans who present to a VA health care facility at acute risk of suicide or self-harm, per clinical assessment, receive care and have a flag placed in their medical record indicating that they are at high risk for suicide. Patients identified as high risk per this medical record flag receive a standard protocol of services, including at least: a safety plan within 7 days, 4 mental health visits in the first 30 days, 1 or more mental health visits per month while the flag remains active, and a case review and risk assessment 90 days after having the flag placed in their record.
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (VHA #788)	2.3	2.3	This measure examines national changes in the mental health component scores of the SF-12 instrument among Veterans who have started a new course of mental health treatment in VA. Veterans who start a mental health program and have not had similar services in the six months prior are identified and invited to participate in a mental health assessment that is conducted within two weeks of the start of treatment. Veterans who agree to the baseline assessment, which is conducted by telephone, are also invited to participate in a follow-up assessment about 3 months later.
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by scores on the World Health Organization Disability Assessment Scale (WHO-DAS) (VHA #789)	1.3	1.3	This measure examines national changes in the mental health component scores of the WHO-DAS instrument among Veterans who have started a new course of mental health treatment in VA. The WHO DAS assessment is like the Short Form 12 assessment but allows VA to benchmark changes in symptoms and functioning in VA mental health patients against non-VA populations using the WHO's preferred measure.
Geriatrics: Percent of total Long-Term Service and Support obligations and/or expenditures devoted to purchased Personal Care Services for frail elderly and disabled Veterans who want to remain at home (VHA #804)	Baseline	TBD	It is our desire to rebalance VA funded LTSS systems away from a dependency on institutional care and toward community-based systems of care. By effectively reducing the need for institutionalization, we hope to improve the health and functioning of elderly and disabled Veterans, improve Veteran and Family satisfaction, and decrease costs. Long term services and support expenditures include all inpatient and outpatient services provided to ensure a safe and healthful environment for frail, elderly and disabled Veterans. Personal Care Service expenditures include Homemaker and Home Health Aide Services,

			Home and Community Based Services directed by the Veteran, Community Adult Day Healthcare and Home Respite Services.
Percentage of follow-up field exams completed within 175 days (VBA #XXX)	70	75	The target percentage of all completed field examinations fiscal year to date, that were finalized within 175 days of the due date, or date the action is assigned to the field examiner. This measure is important as it reflects the timeliness of actions aimed at ensuring oversight and protection of funds under management for Veterans who are unable to manage their benefits. Timely oversight helps prevent fraud, waste and abuse of Veterans benefits.
Percentage of follow-up field exams for which Veteran well-being is confirmed (VBA #XXX)	99%	99%	“Well-being confirmed” is those beneficiaries receiving a follow-up exam and their living conditions were satisfactory, or not flagged with an adverse action on the exam. This measure shows VA is monitoring the living conditions of the most vulnerable Veteran population. The benefit to Veterans is VA works with the fiduciary to ensure adverse living conditions are rectified.
Average number of days from VR&E’s receipt of Veteran’s application to notification that the Veteran was found entitled or not entitled to services (VBA #XXX)	45	45	This measure observes the average number of days from the receipt of the Veteran’s application to the date the Veteran is informed of the decision for entitlement or non-entitlement to Chapter 31 benefits and services. After the Veteran applies for Chapter 31 benefits and basic eligibility is established, a Vocational Rehabilitation Counselor conducts a comprehensive evaluation to determine entitlement or non-entitlement to Chapter 31 benefits. This activity is monitored to ensure that Veterans are notified promptly of the entitlement decision in accordance to the strategic target and performance standards.
Accuracy of requirements in closing a Veteran’s case or declaring the Veteran rehabilitated or discontinued (VBA #XXX)	98%	98%	This measure examines the accuracy of the closure decision in relation to established procedures and the documented evidence in the case. Measuring the accuracy of closure decisions ensures case managers are adhering to regulations and policy. This measure helps ensure Veterans receive required services to reach their vocational goals.

GOAL 3: VETERANS TRUST VA TO BE CONSISTENTLY ACCOUNTABLE AND TRANSPARENT

VA’s pledge to build lifelong, trusted relationships with its Veterans is the basis for delivering relevant and excellent benefits, care, and services to our Veterans that enhance their lives. VA understands that earning Veterans’ trust is the standard we aspire to achieve and is critical to our long-term success. How VA delivers on its promises is as important as what it delivers. VA will earn trust and be the choice for

Veterans by holding itself accountable, being transparent about how we are performing, and showing how we adhere to our core values with every interaction. Specifically, VA will focus on accountability, transparency, and value to the Veteran.

a) Accountability: The Secretary set the standard for excellence in his State of VA address, stating Veterans deserve the best, no matter where they are or who serves them. Accountability occurs at all levels and is translated as follows:

- **Organizational accountability:** VA has clearly stated outcomes, consistently measures and shares the value of its efforts on behalf of Veterans. The organization is committed to utilizing data for process and performance improvement. VA continues to improve accountability, communication, and cross-functional collaboration throughout the organization.

- **Personnel accountability:** Veterans deserve the best and brightest the Nation has to offer. VA only hires and retains individuals who embody our values and are committed to VA's mission. Leaders and staff incorporate VA's values into everything they do and are measured by their adherence to those values for achieving positive outcomes for Veterans.

b) Transparency: VA publicly and consistently shares critical information, outcomes, and metrics showing how the Veteran's experience, well-being, independence, and quality of life are impacted by the work of our employees.

c) Value: VA will deliver value to the Veteran by achieving excellent outcomes that enhance their lives and provide what they need. This is how VA will meet the highest standard of performance.

STRATEGIC OBJECTIVE 3.1: VA IS ALWAYS TRANSPARENT TO ENHANCE VETERANS' CHOICES, TO MAINTAIN TRUST, AND TO BE OPENLY ACCOUNTABLE FOR ITS ACTIONS

VA will assess itself based on how well it delivers positive outcomes to Veterans and how well the Veteran is satisfied. Further, VA will share its performance with Veterans and the Nation to keep ourselves honest about how we are doing.

SUMMARY OF ACHIEVEMENTS:

VA is committed to developing and improving trust in VA. We were the first health care system in the country that launched an online tool and released information on wait times. We published performance data on easily accessible Web sites for employees, Veteran Service Organizations (VSO), stakeholders, and the public's review,

shared customer ratings and improved 4 (out of 15) low-performing Medical Centers from 1 star to 2 stars and increased the percentage of high-risk sites that improved from 80 to 85 percent.

The Under Secretary for Benefits conducted the first in a series of webcasts to share VBA's performance data, and NCA published current and historical customer satisfaction data on their external facing Web site.

VA fostered a national network of 149 Community Veterans Engagement Boards (CVEB) and ensured Veterans had a voice in VA. Most importantly, we distributed over 2.8 million VA-wide trust surveys and communicated with customers to understand their feelings about the quality of care and services VA provided. The results showed that overall trust in VA improved from approximately 69 to 70 percent and outpatients' trust in VA increased from 85 percent to 87 percent.

The Office of Academic Affiliations implemented a Trainee Satisfaction Survey to measure satisfaction with the VA clinical training experience. During the last academic year, 23,823 trainees completed or partially completed the VA Trainee Satisfaction Survey; 93 percent were very satisfied/satisfied with their experience, 95 percent were very satisfied/satisfied with their VA clinical faculty/preceptor; and the trainees' willingness to work for VA improved 20 points after their experience at VA.

CHALLENGES & NEXT STEPS:

❖ **Challenge:** With over 45,000 non-profits and VSOs in the Veteran advocacy space, the challenge is being inclusive and eliminating stovepipes that inhibit collaborative working relationships to achieve 'collective impact.' Community Veterans Engagement Boards (CVEB) are led by community volunteers who may be part of a non-profit or VSO and successful collaborative partnerships are driven by their desire, buy-in, and leadership. Each CVEB is unique and provides a great opportunity for the voice of the Veteran, family, caregivers, and survivors to be heard. This gives VA the insights needed for service recovery and process improvements.

- **Next steps:** To address this on-going challenge, VA partners across local communities and with VSOs, non-profits, and private organizations to open lines of communication, be inclusive, and maintain a holistic approach to providing Veterans and their families services in local communities where they live.

❖ **Challenge:** VA must engage Veterans and demonstrate responsiveness to their concerns by institutionalizing the voice of the Veteran across business lines to drive performance improvements and increase trust in VA.

- **Next steps:** VA will engage Veterans through key initiatives (e.g., Hotline; Post 9/11 Veteran engagement strategy; Choose Home Initiative; Contact Center Modernization) to drive performance improvement based on Veteran experience data and monitor impact of initiatives based on Veteran experience drivers (ease, effectiveness, and emotion).⁴

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget (OMB), determined performance toward Strategic Objective 3.1 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

Note: VA's primary transparency metric is the measure below, "Trust in VA Among America's Veterans," but we have undertaken many initiatives to demonstrate our commitment to transparency. Among them are the following:

- The Board of Veterans' Appeals deployed real-time survey capabilities to monitor Veterans' feedback on their experiences in the appeals process, which went live in the fourth quarter of FY 2018;
- NCA published customer satisfaction data (current and historical) on external facing Access to Memorialization Web site, found at <https://www.accesstocare.va.gov/NCA/Satisfaction>;
- The VA Trainee Satisfaction Survey measures trainees' satisfaction with the VA clinical training experience. During the last academic year, 23,823 trainees completed or partially completed the VA Trainee Satisfaction Survey;
- 93 percent responded very satisfied/satisfied with their VA training experience overall;
- 95 percent responded very satisfied/satisfied with VA clinical faculty/preceptor;
- Before the VA clinical training experience, 53 percent responded very likely/likely on their willingness to work for VA;

⁴ VEO, *Agency Priority Goal Action Plan, Veteran Customer Experience*. (Fiscal Year 2018 Quarter 4) pg. 4.

- After the VA clinical training experience, 73 percent responded very likely/likely on their willingness to work for VA;
- The Under Secretary for Benefits conducted the first in a series of Quarterly Stakeholder Transparency and Results Webcast with employees, VSOs, and other stakeholders to share and review VBA’s previous quarterly performance data and budget execution; and
- VA’s SAIL star rating system and related organizational health factors are used to identify lower performing and at-risk VA Medical Centers (VAMC). This information is publicly shared. In 2018, VHA had 15 1-star facilities (lowest out of 4 stars), and 4 out of 15 improved their rating to 2 stars.

Current Performance Measure

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Trust in VA among America's Veterans (VEO #692)	N/Av	N/Av	N/Av	69%	90%	90%	90%	Off Track
Overall Performance Status (3.1)	On Track	0	Off Track	1				

STRATEGIC OBJECTIVE 3.2: VA HOLDS ITS PERSONNEL AND EXTERNAL SERVICE PROVIDERS ACCOUNTABLE FOR DELIVERING EXCELLENT CUSTOMER SERVICE AND EXPERIENCES WHILE ELIMINATING FRAUD, WASTE, AND ABUSE

VA will achieve accountability by establishing and ensuring high-quality care and service standards are delivered consistently across our integrated delivery networks. This will ensure VA and community providers are held to the same high standards no matter where they are, and Veterans can count on us to deliver the same quality of care and services no matter what VA facility or community provider they choose. Veterans should be able to walk into any VA facility and receive the same level of care and service.

SUMMARY OF ACHIEVEMENTS:

VA communicated with Veterans and employees to understand their experiences, satisfaction with VA, and the quality of services we provided. The Benefits Assistance

Service (BAS) overall customer satisfaction of 790 (out of 1000 as measured by JD Power (JDP)) exceeded the JDP Government Benchmark of 789 points.

VA's All Employee Survey showed employee engagement improved with approximately 69 percent of employees reporting positive responses, 50 percent of VA employees agreed/strongly agreed that differences in performance were recognized in a meaningful way, and 53 percent of VA employees were satisfied/very satisfied with the recognition they received for doing a good job.

The Partnership for Public Service's annual 'Best Places to Work' tabulation showed VA ranked 6th among the 17 largest federal government organizations - an 11-point improvement during the last year.

We also established the Office of Accountability and Whistleblower Protection (OAWP) to advise the Secretary on all matters related to accountability, including accountability of employees of the Department for retaliation against whistleblowers, to conduct investigations and recommend actions related to the removal, demotion, or suspension of senior leaders based on poor performance and/or misconduct or related to any supervisor if the allegation involves whistleblower retaliation. OAWP published reports online for public review. Data from the first year of OAWP operations can be found on the VA.gov Web site at:

https://www.va.gov/accountability/Accountability_Report_101118_1.pdf

https://www.va.gov/accountability/Whistleblower-Disclosures-Summary_101118_1.pdf

As OAWP's processes mature, it will be able to develop performance measures and outcomes for public reporting.

VA implemented multiple protocols and activities to combat fraud, waste, and abuse. VA signed an information sharing agreement with the Center for Medicare & Medicaid Services to identify providers with revoked Medicare billing privileges; established the Federal Prevention of Fraud, Waste, and Abuse Advisory Committee; and partnered with the Department of Treasury to jointly conduct contract deliverables and identify actions VA should take to combat fraud, waste, and abuse. VBA and the Social Security Administration compared data to identify beneficiary awards paid to deceased dependents and Veterans in receipt of Individual Unemployability (IU) benefits and wages. This data matching identified more than 27,000 potentially deceased dependents currently active on beneficiary awards; VA estimates an initial savings of

over \$38 million, and an additional annual savings of over \$150 thousand with continued future monitoring.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** VA needs to expand its customer improvement efforts beyond the delivery of health care.
 - **Next Steps:** The Veterans Experience Office will identify programs in other VA Administrations in which to pilot Veteran Signals.

- ❖ **Challenge:** VA continues to find it challenging to identify and act on the priorities that matter most to employees.
 - **Next Steps:** VA will identify and share with local leadership additional methods to solicit employee voice (e.g. town halls, focus groups) that can be leveraged to improve employee engagement. VA will also actively market both the annual All Employee Survey and the Best Places to Work Survey to employees, making sure to share survey results broadly and ensure workgroup level supervisors share workgroup results with staff.

FY 2018 ASSESSMENT:

VA, in consultation with OMB, determined performance toward Strategic Objective 3.2 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

OAWP will be developing evaluation criteria for the Department’s Senior Executive Staff to measure individual performance; thereby improving accountability and transparency.

Current Performance Measures

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Number of reports (audits, inspections, investigations, and other reviews) issued that identified opportunities for improvement and provide recommendations for corrective action (OIG #585)	390	304	293	309	330	330	TBD	Off Track
Number of arrests, indictments, convictions, criminal complaints,	2,536	2,425	2,811	2,914	2,400	2,100	2,100	On Track

pretrial diversions, and administrative sanctions (OIG #586)								
Monetary benefits (\$ in millions) from audits, inspections, investigations, and other reviews (OIG #587)	\$2,167	\$4,093	\$10,024	\$2,840	\$3,100	\$3,400	\$3,700	Off Track
Return on investment (monetary benefits divided by cost of operations* in dollars) (OIG #588) *Operational costs include salaries and non-pay requirements for all OIG directorates except the Office of Healthcare Inspections	20 to 1	34 to 1	73 to 1	21 to 1	22 to 1	22 to 1	22 to 1	On Track
Percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA (OIG #590)	89%	83%	70%	86%	85%	85%	85%	On Track
Percentage of recommended recoveries achieved from post award contract reviews (OIG #591)	100%	100%	100%	100%	98%	98%	98%	On Track
Percentage of investigative cases that resulted in criminal, civil, or administrative actions (OIG #694)	N/Av	N/Av	78%	74%	72%	74%	74%	On Track
Overall Performance Status (3.2)	On Track	5	Off Track	2				

GOAL 4: VA WILL TRANSFORM BUSINESS OPERATIONS BY MODERNIZING SYSTEMS AND FOCUSING RESOURCES MORE EFFICIENTLY TO BE COMPETITIVE AND TO PROVIDE WORLD CLASS CUSTOMER SERVICE TO VETERANS AND ITS EMPLOYEES

The cross-cutting objectives and strategies in this goal adapt the organization’s behavior into four critical categories that will enable it to perform in an ever-changing business environment. It will also address two critical functions, Human Resources (HR) and Information Technology (IT), that must be optimized for the Department to modernize. These strategies will help the Department make choices about its strategic footprint (capital assets and construction); rapidly deploy human capital capabilities as mission requirements evolve; put in place an IT infrastructure that supports Veteran engagement and delivery goals; and emphasize value analytics so VA makes smart, implementable, and relevant business decisions. VA will either develop or take

advantage of shared services to improve hiring, procurement, and IT to drive improved service and delivery.

MANAGEMENT OBJECTIVE 4.1: VA'S INFRASTRUCTURE IMPROVEMENTS, IMPROVED DECISION-MAKING PROTOCOLS, AND STREAMLINED SERVICES ENABLE VA TO ADAPT TO CHANGING BUSINESS ENVIRONMENTS AND VETERAN NEEDS

Organizational agility will ensure VA is able to adapt quickly to market forces and deliver quality customer experiences and service to Veterans in a competitive way, and ensure preparedness and resilience to provide essential services continuously in times of crisis.

Institutionalizing a data-driven governance structure in which leadership makes time-sensitive decisions that are quickly deployed will become a hallmark of VA operations.

Evolving Veteran needs and a changing business environment dictate the need for an agile strategic footprint, allowing VA to make quick infrastructure and personnel shifts that best serve Veterans.

VA has a robust research and development capability and innovates to improve services to Veterans and employees. The rapid incorporation of new approaches to how we serve Veterans is critical to the delivery of world-class health care and benefits. The future focus of VA medical research will be on personalized medicine driven by application of clinical genomics to tailor treatment to individual needs.

VA will shape the business operating environment and champion legislative change recommendations that reduce bureaucracy, shift resources and employees to Veterans' services and most important needs, and give VA flexibility to adapt operations to serve Veterans. By working with communities, other Government agencies, Federal, State, Tribal, Local, and other public and private institutions to shape smarter and better approaches to service delivery, VA can focus on its strengths and ensure Veterans receive what they need, where they need it.

SUMMARY OF ACHIEVEMENTS:

VA conducted another Shark Tank Competition in FY 2018, seeking promising practices that improve the Veteran and Employee experience across VA. Examples of winning proposals include: The Novel FLOW3 System, which has reduced Veteran wait times for limb prosthetics from 33 days to 20 days, at VA Puget Sound Health Care System; the Faith-Based Organizations' "Preventing Veteran Suicide by Partnering" initiative,

which has reached approximately 1,850 at-risk Veterans; and an new approach to the process of billing for the use of oxygen at home for seriously ill Veterans that eliminated the need to print an average of 200 pages and 1,500 line items per bill.

The Office of Information Technology (OIT) leveraged Artificial Intelligence and clinical decision support (CDSS), such as the REACH VET tool, to enhance care and improve outcomes for Veterans and their families. During the past 6 months, one-to-one staff engagements with at risk Veterans increased and we saw a reduction in deaths and emergency care rates among Veterans referred for outreach.

VA received two prestigious awards from private organizations for innovation and best management practices: the 2018 Government Innovation Award for the VA Medical Images and Reports feature in My HealthVet; and the “Project of the Year” award from the Project Management Institute (PMI).

VBA has completed the removal of all Veterans’ disability compensation and pension benefit cases files from the ROs. In some situations, this is providing opportunity to terminate storage leases. In other cases, the renovation and realignment projects will be necessary to allow for the return of marketable space to GSA for potential rent avoidance. In the last fiscal year, this effort has resulted in the return of 81,400 square feet for an annual rent savings of \$1.3 million. With VBA leadership approval, efforts to return space for future renovation will continue as space utilization assessments are an enduring requirement.

We published the Organizational Delaying Report with key accomplishments, such as NCA’s consolidation of four programs that reduced fragmentation and overlap, the elimination of 15 budget analyst positions at VA Central Office, and the realignment of \$1.8 million to improve customer satisfaction.

VA deployed assets during the 2018 hurricane season and ensured Veterans and their families received the support they required even during times of crisis. VA shared information, coordinated response and recovery efforts, and provided 4,305 meals, filled 1,464 prescriptions, and treated 1,998 Veterans, 390 family members, and 1,096 non-Veterans.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** VA and DoD continue to engage Congressional Armed Services and Veterans’ Affairs Committees in developing flexible authorities to allow the Departments to work together more efficiently and effectively. The Departments have sought like-legislation to promote joint construction planning

that has not been enacted resulting in a loss of opportunities for joint facility planning.

- **Next Steps:** Conduct joint outreach to VA and DoD Congressional Committees to clearly communicate the benefits for both Departments with one voice.

- ❖ **Challenge:** Implementing continuity communication requirements at all alternate VA locations, to include devolution, in accordance with the Office of Science and Technology Policy (OSTP)/OMB Directive D-16-1, Minimum Requirements for Federal Executive Branch Continuity Communications Capabilities. This is currently an unfunded mandate.
 - **Next Steps:** VA will examine options for funding these requirements.

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 4.1 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

VA did not have performance measures in its FY 2018 portfolio of measures that aligned to Objective 4.1. We do, however, have measures coming on line in FY 2019 and FY 2020 that support this objective.

Future Performance Measures

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
The percent of facilities customers that are satisfied with services being provided (OALC #253)	70%	70%	Measures customer satisfaction with the facilities services CFM provides. VA is measuring customer satisfaction to determine the level of success CFM is having in meeting customer needs. The measure's data is derived via customer surveys administered quarterly, with results given in percent of need met. The historical target of 70% of overall satisfaction is the forecasted target VA strives to attain in FY 2019.
Percent of major leasing projects accepted by VA as substantially complete in the quarter identified (OALC #825)	75%	75%	Measures the percentage of major leases that are deemed by VA as having reached, in the quarter identified, a condition to be sufficient to be used for its intended purpose, with no more than a list of residual tasks remaining.

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Percent of major construction projects accepted by VA as substantially complete in the quarter identified (OALC #400)	75%	75%	Measures the percentage of major construction projects that are deemed by VA as having reached, in the quarter identified, a condition sufficient to be used for its intended purpose, with no more than a list of residual tasks remaining.
The percent of procurement customers that are satisfied with services being provided (based on 5-point scale) (OALC #838)	5.0	5.0	The Procurement Customer Satisfaction Survey utilizes 15 core questions, decision-tree logic (i.e., only certain responses will prompt additional questions), and free text questions. This measure is based on one of the questions in the survey where respondents identify their “overall satisfaction with acquisition support.” Unit of measure is Likert Scale 1-5. 3.8/5 is considered acceptable. A floor was established at 3.4/5 as a warning level. Input helps the Office of Acquisition, Logistics, and Construction (OALC) identify opportunities to improve processes and improve the customer experience. Participation in this survey is voluntary, and responses remain anonymous.
Percent of continuity assessment criteria completed at the “Performed without Challenges” rating during the annual Eagle Horizon Exercise (OSP #805)	75%	TBD	Measures VA’s ability to conduct and sustain essential functions from alternate sites. Eagle Horizon is a Federal Executive Branch continuity exercise conducted per Presidential Policy Directive 40. Criteria includes internal VA measures and FEMA issued guidance, which changes from year to year. In FY18, VA met 100% of the criteria.
Number of on-site inspections of VA Police Programs conducted across the Department during the fiscal year (OSP #806)	66	TBD	Measures compliance with approximately 170 operational and administrative program requirements in the Inspection Guide (updated every fiscal year). Timely inspections help ensure the efficiency and effectiveness of VA Police Programs.
Percent of Readiness Reporting System continuity requirements making “Substantial Progress” (OSP XXX)	70%	TBD	Measures VA’s ability to sustain essential functions across a broad spectrum of conditions and the Department’s progress in creating a “culture of continuity.” The Readiness Reporting System is managed by FEMA, and shared with the White House for the collection, analysis, and reporting of Department continuity readiness data.
Percent of cleared employees who receive Insider Threat training during the calendar year (OSP XXX)	100%	100%	Measures compliance with minimum standards for retaining full operating capability for VA’s Insider Threat Program. Training also helps create a culture of awareness for all VA cleared employees.

MANAGEMENT OBJECTIVE 4.2: VA WILL MODERNIZE ITS HUMAN CAPITAL MANAGEMENT CAPABILITIES TO EMPOWER AND ENABLE A DIVERSE, FULLY STAFFED, AND HIGHLY SKILLED WORKFORCE THAT CONSISTENTLY DELIVERS WORLD CLASS SERVICES TO VETERANS AND THEIR FAMILIES

A robust human capital management capability is paramount to VA's ability to effectively and efficiently employ its workforce in service to Veterans. The needs of our Veterans are ever-growing, putting a greater and greater demand on our workforce. We must optimize their skills and abilities to fulfill our service mission.

SUMMARY OF ACHIEVEMENTS:

VA implemented a new Leadership Framework that identifies and addresses competencies most related to high performance, and launched a Serving Leaders training program that enhanced employee engagement. We conducted 25 Senior Executive Orientations with an average participant satisfaction rating of 4.7 (out of 5), delivered more than 2,100 hours of executive coaching to Senior Executives with an overall satisfaction rating of 4.5, and conducted six Strategic Leadership Courses for newly appointed executives designed to enhance their ability to drive strategic change and implement strategic priorities.

The Office of Management established a VA enterprise manpower management office to validate position requirements, which was later transferred to the Office of Human Resources and Administration (HR&A).

VA achieved an Executive Fill Rate of approximately 83 percent for Medical Center Directors and 80 percent for Non-Medical Center Directors; improved the fill rate for 12 out of the top 18 occupational specialties at VBA; and achieved specific targets to reduce the Quit Rate (i.e., voluntary resignations and losses to another federal agency) for three Mission Critical Occupations. Regarding hiring processes, VA tracked a VA-wide timeline that showed approximately 52 percent of new hires entered on duty within the Office of Personnel Management target of 80-days.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** Full automation of end-to-end Human Resource (HR) Life Cycle management. This modernization initiative will improve hiring practices and simplify HR processing.
 - **Next Steps:** Deploy Managers Self Service within HRSmart and data cleanup, and fully explore performance management system options.

- ❖ **Challenge:** Fully staffing a diverse, competent, and engaged workforce, primarily in the medical professional occupations.
 - **Next Steps:** Leverage special hiring authorities, and incentivize the recruitment and retention of medical professionals as authorized in the MISSION Act.

- ❖ **Challenge:** Development and implementation of policies and automated tools for position classification to preserve consistency in manpower analysis and recruitment processes.
 - **Next Steps:** Consolidate VHA Classification units at the VISN level, and increase utilization of the automated classification tool incorporating standardized Position Descriptions (PD).

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 4.2 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

Current Performance Measures

Measure	Historic Actuals				Strategic Targets			Status
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2018	FY 2019	FY 2020	
Percentage of VA employees who are Veterans (HRA #278)	32.74	32.50	32.20	32.47	35	35	35	Off Track
FEVS-AES Employee Engagement Index Score (HRA #608)	N/Av	N/Av	N/Av	69.3%	65%	NLR	NLR	On Track
Executive fill rate, non-medical center directors (HRA #715)	N/Av	N/Av	N/Av	79.8%	80%	80%	80%	On Track
Overall Performance Status (4.2)	On Track	2	Off Track	1				NLR - No longer reported externally

Future performance measures:

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Percentage of VA employees who are Veterans (HRA #278)	35%	35%	Defined as the percentage of Veterans onboard VA. This measure assesses the degree to which VA's workforce reflects customers we serve, which is considered to enhance VA's ability to execute its mission.
Executive fill rate, non-medical center directors (HRA #715)	80%	80%	Defined as percentage of non-MCD positions filled by qualified executives. Reflects the balance of all executives in VA who are not specifically MCDs. High quality leadership has been identified as a major factor in improving employee engagement and the overall employee experience. Elevated engagement energizes service delivery to internal and external VA customers.
Executive fill rate, medical center directors (HRA #86)	90%	90%	Defined as percentage of MCD positions filled by qualified executives. MCDs fills represent a critical leadership position upon which the success of the entire medical center largely depends.
Retention of VA Veteran workforce (HRA #713)	72%*	72%*	Defined as the 2-year retention rate of Veterans in the VA workforce. Activity measuring the compliance of the VA with Executive Order 13518. Provides the process and metrics associated with measuring the retention of Veterans compared with non-Veterans in VA. In addition, this metric is one of the four elements tracked by the Veteran Employment Council. Measures taken to increase Veteran retention based on this data improve both the Veteran Experience and the Employee Experience. *The OPM objective for an Agency to be "exemplary" is 5 or less percentage points below the current year's non-Veteran retention rate. Note: The Veterans retention rate in FY18 was 67.1% and 64% for non-Veterans.
Time to Hire VA-wide (HRA #718)	51%	51%	Defined as OPM's Target of 80 Days from Date the Agency Validates the Hiring Need to Entry on Duty (USA Staffing Upgrade). Since the 2010 Hiring Reform Initiative, VA has worked to improve the quality and speed of hiring new employees. With implementation of the new Upgrade system, the Time to Hire measure intends to more accurately reflect the end-to-end hiring activities, including onboarding. This information will also inform better decision making for all phases of the hiring process.

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
VA All Employee Survey (AES) Employee Engagement Index Score (EEI) (Percent engaged) (HRA #794)	34.5%	35%	Defined as the <i>percent employees engaged</i> , which is the percent responses to four AES questions with a high/positive score pattern. Because this measures a different concept (engagement itself, based on the OPM definition—rather than aspects of organizational culture which support engagement), it uses different questions and a different calculation method than FEVS EEI. The AES EEI score reflects the <u>level</u> of engagement.
AES Best Places to Work Index Score (HRA #795)	60%	62%	Defined as a score related to the employees' perception of their workplace, across a related combination of responses to survey questions (index). The Best Places to Work (BPTW) index measures employee satisfaction with the job, organization, and likelihood to recommend the workplace to others. It is comparable across Federal agencies and to the private sector.
Mission Critical Occupation Quit Rate - Medical Officer (HRA #796)	5.53%	5.53%	MCO quit rate is defined as the percentage of regrettable losses: voluntary resignations and losses to another federal agency. Per the OPM Closing Skills Gaps Initiative, HR&A is tracking and reporting the MCO Quit Rates for three MCOs: Medical Officers (Primary Care), GS-602, Psychologists, GS-180 and Psychiatrists, GS-180. This turnover rate is especially important to analyze since these losses are voluntary and potentially preventable. This metric also helps VA to target strategies and actions to mitigate staffing shortages in critical clinical and support positions.
Mission Critical Occupation Quit Rate - Psychologist (HRA #797)	3.9%	3.9%	Same as above.
Mission Critical Occupation Quit Rate - Psychiatrist (HRA #798)	5.76%	5.76%	Same as above.

MANAGEMENT OBJECTIVE 4.3: VA IT MODERNIZATION WILL DELIVER EFFECTIVE SOLUTIONS THAT ENABLE VA TO PROVIDE IMPROVED CUSTOMER SERVICE AND A SECURE, SEAMLESS EXPERIENCE WHILE DECREASING ITS RATE OF SPEND

VA will invest in the replacement and modernization of systems and processes that better respond to the needs of Veterans, business partners, and employees; rapidly changing technology; and pervasive security threats.

SUMMARY OF ACHIEVEMENTS:

VA received two prestigious awards in 2018: The Government Innovation Award and the Management Excellence Medal. The Government Innovation Award was presented for the VA Medical Images and Reports feature which allows Veterans to view and share the medical images (X-rays, mammograms, etc.) and studies in their health record. The system processed 231,000 requests and generated 870,000 reports in 2018. VA's Digital Service team received the Management Excellence Medal during the 17th annual Samuel J. Heyman Service to America Medals (Sammies) for simplifying online processes for Veterans to apply for and receive benefits.

In addition, VA implemented a new eFolder Express system that greatly enhanced the storage of claims information, improved online scheduling login and discoverability which made access to VA systems easier and increased self-service transactions 500 percent. For the first time, Veterans could use their preferred VA-approved credential (DS Logon, My HealthVet, or ID.me) to access online services on Va.gov, regardless of which part of the VA provided the service.

VA's new VEText program sent over 18 million text message reminders to 3.2 million Veterans, the Office of Information Technology (OIT) implemented a new Buy First then Build/Reuse strategy to reduce IT complexity, footprint, and the total cost of ownership over the IT life-cycle to promote better stewardship of taxpayer dollars and potentially avoid approximately \$11 million annually, and the Office of Information Security (OIS) blocked 3,875,020,770 intrusion attempts, 581,918,890 suspected malware, and 5,770,740,121 suspicious emails.

We also enabled VSOs to utilize their proprietary software and submit electronic claims to VBA on behalf of Veterans, established the Electronic Health Record Management (EHRM) Program Management Office, and signed the contract and obligated \$230 million of \$500 million to acquire the same EHRM system used by DoD.

We collaborated with DoD and launched a new tool that provided personalized guidance for Veterans to upgrade or change the conditions of their military discharge, closed 78 data centers and consolidated 7 additional data centers to ensure efficiency and compliance with OMB's Data Center Optimization Initiative (DCOI) and the Federal Information Technology Acquisition Reform Act (FITARA).

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** VA's Data Centers are made of aging legacy technology. VA has been mandated to reduce the size of the agency's footprint. During the

analysis of its data centers, OIT identified the legacy solutions on servers with no record of service or application owners. This creates an issue when servers need to be decommissioned or migrated.

- **Next Steps:** Coordination is vital to successfully transition services without interruption. VA must monitor services and applications effected by Data Center Optimization and Consolidation efforts and ensure that there are adequate resources (i.e. network resources, exponential storage growth, etc.) to support the migrated applications.

❖ **Challenge:** Interoperability is at the core of VA’s modernization plan. While VA has invested significant resources, interoperability remains a challenge. Disparate modernization initiatives and the lack of an enterprise interoperability strategy has led to non-standard user interfaces, data exchanges, and security implications.

- **Next Steps:** When fully implemented, Vet360 will streamline data collection and dissemination to ensure accurate and consistent information in a central repository. As part of the HealthShare Enterprise Platform, all 130+ instances of VistA will be unified and modernized improving enterprise access to all VistA-based health and non-health data. The Lighthouse API Management Platform will enable third-party developers to help build better patient experiences. Once fully implemented, Lighthouse will allow critical health data to flow securely between the patient and their healthcare providers on a platform that is innovative, interoperable, streamlined, and secure.

❖ **Challenge:** VA is modernizing its telehealth services by adopting industry standards and technology that enables VA providers to care for Veterans at any location. However, VA’s outdated network infrastructure presents a significant barrier to telehealth expansion. Currently, over 50 percent of VA facilities require circuit upgrades to provide sufficient network bandwidth capacity to support the expansion of telehealth services from VA locations to Veterans’ homes.

- **Next Steps:** To address this challenge, VA initiated a bandwidth expansion project in June 2018 that includes over 700 facilities and is now working to order circuits and coordinate with these sites to prepare for installation. This effort will accelerate the expansion of VA’s telehealth services and enable the provision of in-home VA health care services, of importance for Veterans with mobility challenges and those in rural areas.

- ❖ **Challenge:** VBA's legacy systems are becoming increasingly outdated, as many use obsolete software languages and hardware that are unsupported. VBA's primary database and payment system, Benefits Delivery Network (BDN), is more than 50 years old and poses significant risks to VA's ability to provide benefits in a secure and timely manner. Additionally, the VA appeals process has historically been a primarily manual process using antiquated, uncoordinated systems.
 - **Next Steps:** In contrast to the multi-systems approach that defines the current environment, VBA's future environment will be oriented around a uniform, Veteran-centric approach known as the Benefits Integration Platform (BIP). Built on the technological foundation of the Veterans Benefits Management System (VBMS), BIP will consolidate common services and capabilities and operate as VA's unified benefits and services platform. Implementation of the Appeals Modernization Act will implement new technology and enhance existing tools (i.e., Caseflow) to improve claims processing and end-to-end accountability of appeals.

- ❖ **Challenge:** The major drivers for Memorials modernization are operational inefficiencies and security risks caused by NCA's legacy IT systems. VA identified Burial Operations Support System (BOSS) as one of the priority legacy IT systems to be decommissioned, as it minimally satisfies NCA's mission. To transition to a modern solution and decommission BOSS, NCA is developing the Memorials Benefits Management System (MBMS).
 - **Next Steps:** NCA will implement MBMS to replace BOSS and its legacy applications (known collectively as BOSS-E) with a more cohesive, compliant, and functional enterprise solution. MBMS will modernize NCA operations, case management, scheduling, and gravesite tracking. The system will be a collection of leveraged functionalities within the Benefits Integration Platform. MBMS Build 2.1 will be released in FY 2018 and the modern solution will be fully implemented in FY 2021. MBMS will serve as the system of record once BOSS-E applications are fully migrated to the MBMS platform in FY 2022.

- ❖ **Challenge:** OIT oversees IT product development in a project-based plan, design, build, and run model where each phase occurs in a silo and responsibility is transitioned between multiple organizations during the process. This approach has resulted in a lack of transparency and ownership throughout the product lifecycle and limits OIT's insight into the business value delivered by each product.

- **Next Steps:** VA will integrate IT development and operations to enable frequent delivery of incremental releases with high reliability. In VA's DevOps model, OIT will run projects as a single team that is responsible for both developing capabilities within a product line, managing releases, and operating capabilities in production.

- ❖ **Challenge:** While Cloud technology is key to IT Modernization, it depends on IT Infrastructure modernization, which must precede migrating applications to the Cloud. Moving an existing application from a data center to the Cloud or implementing a new application in the Cloud can increase both network traffic and latency.
 - **Next Steps:** VA network modernization must be closely monitored and coordinated with Cloud migration to ensure optimal performance of applications hosted in the Cloud. VA has developed an implementable enterprise cloud strategy to realize the greatest benefits of cloud computing across VA and to prevent the potential risk of diverging approaches or overlapping efforts.

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 4.3 is a focus area for improvement.

HOW WE MEASURE OUR PROGRESS:

Current Performance Measures

There are currently no performance measures aligned to Objective 4.3., however, we are developing measures to come on-line in FY 2020.

Future performance measures:

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
FITARA Implementation Met	N/A	17	FITARA IMPLEMENTATION - The Federal Information Technology Acquisition Reform Act (FITARA), passed by Congress in December 2014, is a historic law that represents the first major overhaul of Federal Information Technology (IT) within the Federal government. VA is required to meet required baselines determined by OMB/the Act.
Intrusion Detection & Prevention	N/A	4 OF 7 METRICS AT LEAST 90%	PROTECT NETWORKS AND DATA - this measure is made up of 7 sub measures (*), which monitors prevention activities VA is tracking to protect VA networks and data systems. 4 of the 7 measures must meet a 90% threshold (<i>*DMARC policy of reject has been set for all second-level domains and mail-sending hosts; Incoming traffic is analyzed for suspicious attachments and can be tested in a sandbox; Endpoints are covered by an intrusion prevention system; Endpoints are covered by an anti-virus solution with file reputation services; Endpoints are covered by anti-exploitation capabilities; Endpoints are protected by a tool to block known phishing websites and IP addresses; Endpoints are scanned for malware prior to remote access</i>)
Exfiltration & Enhanced Defenses	N/A	3 OF 4 METRICS AT LEAST 90%	PROTECT NETWORKS AND DATA - this measure is made up of 4 sub measures (*), which monitors prevention activities VA is tracking to protect VA networks and data systems. 3 of the 4 measures must meet a 90% threshold (<i>*Inbound network traffic passes through a web content filter; Outbound network traffic passes through a web content filter; Outbound communications traffic is checked for potential unauthorized exfiltration; Email messages are able to be quarantined or otherwise blocked</i>)
Data Protection	N/A	4 OF 6 METRICS AT LEAST 90%	PROTECT NETWORKS AND DATA - this measure is made up of 6 sub measures (*), which monitors prevention activities VA is tracking to protect VA networks and data systems. 4 of the 6 measures must meet a 90% threshold (<i>*Endpoints are covered by an automated mechanism to prevent use of untrusted media; HVAs encrypt data at rest; Remote connections utilize validated cryptographic modules; HVAs covered by an automated flaw remediation mechanism; HVAs covered by a central flaw remediation mechanism; HVAs are segmented from other accessible systems and applications</i>)

Measure	Strategic Targets		Definition
	FY 2019	FY 2020	
Hardware Asset Management	N/A	95%	MANAGE ASSET SECURITY - measures the endpoints and assets covered by a software asset management capability to detect unauthorized software, alert, and block to prevent the software from executing.
Software Asset Management	N/A	95%	MANAGE ASSET SECURITY - measures the organization's network has implemented a technology solution to detect and alert on the connection of unauthorized assets.
Authorization Management	N/A	100%	MANAGE ASSET SECURITY - measures the organization's system Authorization, based on a tiered approach to prioritize effort.
Mobile Device Management	N/A	95%	MANAGE ASSET SECURITY - measures the organization's ability to remotely wipe lost or stolen mobile devices.
Privileged Network Access Management	N/A	95%	LIMIT PERSONNEL ACCESS - measures the requirement that privileged users utilize a PIV card or similar credential for logical access to agency networks*.
High Value Asset Access Management	N/A	95%	LIMIT PERSONNEL ACCESS - Users are required to authenticate using a PIV card or similar credential to access HVAs (system-level authentication).
Automated Access Management	N/A	100%	LIMIT PERSONNEL ACCESS - Users are covered by an automated, dynamic access management tool.

MANAGEMENT OBJECTIVE 4.4: VA WILL INSTITUTIONALIZE DATA SUPPORTED AND PERFORMANCE FOCUSED DECISION MAKING THAT IMPROVE THE QUALITY OF OUTCOMES

To ensure modernization efforts are effective and resources are focused efficiently, VA will use value analytics to quantify improved outcomes for Veterans that are efficiently and effectively using taxpayer funds and reducing non-monetary costs. Further, VA will consistently analyze ways to improve efforts, make appropriately aligned high-value investments, and continuously assess the improvements achieved. Implementing this value management approach along with data-driven decision making will complement VA's approach to value management.

Consistently reliable, accessible, comprehensive, and up-to-date data is critical to achieving VA agility and implementing value management in the Department. This will also support data-driven decision making. VA will ensure managers and decision

makers have the right information to drive data-based analytics and management efforts. Further, VA will institutionalize enterprise-wide modeling, value analytics, and forecasting capabilities. This will enable VA to project future needs and adjust quickly to ensure VA is providing excellent care and services to Veterans.

SUMMARY OF ACHIEVEMENTS:

OIT adopted technology solutions such as GitHub to facilitate the free flow of information. This commercial off-the-shelf (COTS) technology allows VA team members to break out of knowledge silos and engage with thousands of developers across a variety of industries.

VA deployed the first phase of Vet360 to consolidate VA's data silos and provide a single source of common Veteran data, appointed 19 Common and Shared Business Data Stewards and 7 Authoritative Data Sources, and ensured pre-separation access to immediate, secure, reliable, and accurate data used in determining entitlements, verification of benefits, and Veterans' status.

We populated VA's Enterprise Data Architecture with over 300 Information Classes encompassing 2600 data elements covering 80 percent of the Enterprise Segment Subject Areas to establish a common data environment and enable cross-departmental review and analysis of investments, gaps, redundancies, and opportunities for partnership and improvement within VA.

VA's Data Governance Authority produced 30-year projections of living and deceased Veterans by age, gender, race/ethnicity, period and branch of service, and officer/enlisted status at different geographic levels to predict future trends and support planning efforts across VA. Known as VetPop, this data was made available on public Web sites and used by other Federal agencies, Congress, state governments, other organizations, and the public. In FY 2018, VetPop data was downloaded more than 84,000 times.

We also used predictive analytics as part of the STORM and REACH-VET systems, partnered with DoD to incorporate relevant data as predictors and develop novel outreach focused predictive analytics, and we are expanding initiatives and clinical programs aimed at developing predictive analytics.

Additionally, VA established the governance Implementation Plan for execution of the new governance structure and created the Chief of Staff VA (COSVA) Management Synchronization Meeting to inform, provide guidance, and synchronize department leadership on issues or decisions made by the VA Secretary or Deputy Secretary.

CHALLENGES & NEXT STEPS:

- ❖ **Challenge:** Data on whether targeted patient populations receive recommended interventions for suicide prevention are based on data elements within the VA Corporate Data Warehouse (CDW). Data from the CDW is extracted nightly from the VA's Electronic Health Record (EHR), and includes information entered by clinicians regarding the care delivered to Veterans during health care encounters. VA has on-going data quality validations underway to ensure proper data transmission and accuracy of the data tables. However, data is limited by accuracy and completeness of clinical coding; if clinicians make errors in documenting care in the medical record (e.g. picking an incorrect diagnostic code or procedure code in their data entry), the database will reflect those errors. Likewise, some interventions are supposed to be documented in the EHR using specific structured notes or documentation templates. If care is delivered but documented using generic clinical notes, these interventions may not be identified in the data warehouse.
 - **Next Steps:** VHA employs clinical coding experts that work with clinical staff to improve clinical coding and provides training to encourage use of standardized documentation practices to mitigate these data limitations. High risk patients are identified using predictive models developed on VA data. Information on the validation and limitations of these models has been published. ⁵

⁵ VHA. *Agency Priority Goal Action Plan, Veteran Suicide Prevention*. Fiscal Year 2018 Quarter 4 (pgs. 18-19). Publications:

- Kessler, R.C., Hwang, I., Hoffmire, C.A., McCarthy, J.F., Petukhova, M.V., Rosellini, A.J., Sampson, N.A., Schneider, A.L., Bradley, P.A., Katz, I.R., Thompson, C., & Bossarte, R.M. (2017, September). Developing a practical suicide risk prediction model for targeting high-risk patients in the Veterans Health Administration. *International Journal of Methods in Psychiatric Research*, 26(3). doi: 10.1002/mpr.1575.
- McCarthy, J.F., Bossarte, R.M., Katz, I.R., Thompson, C., Kemp, J., Hannemann, C.M., Nielson, C., & Schoenbaum, M. (2015, September). Predictive modeling and concentration of the risk of suicide: Implications for preventive interventions in the US Department of Veterans Affairs. *American Journal of Public Health*, 105(9), 1935-1942. doi: 10.2105/ajph.2015.302737.
- Oliva, E.M., Bowe, T., Tavakoli, S., Martins, S., Lewis, E.T., Paik, M., Wiechers, I., Henderson, P., Harvey, M., Avoundjian, T., Medhanie, A., & Trafton, J.A. (2017, February). Development and applications of the Veterans Health Administration's Stratification Tool for Opioid Risk Mitigation (STORM) to improve opioid safety and prevent overdose and suicide. *Psychological Services*, 14(1), 34-49. doi: 10.1037/ser0000099.

FY 2018 ASSESSMENT:

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 4.4 is maintaining progress.

HOW WE MEASURE OUR PROGRESS:

Current Performance Measures

While VA had no performance measures on data governance or value analytics in its FY 2018 portfolio of measures, there was a significant amount of activity in these areas, as described in the Summary above.

VA OIG FY 2018 Major Management Challenges

The Inspector General's statements regarding major management challenges and VA's response can be found in the FY 2018 Agency Financial Report: <https://www.va.gov/finance/afr/index.asp>, starting on page 181.

Government Accountability Office High Risk Areas

VA Health care High Risk Area

In 2015, the Government Accountability Office (GAO) added "Managing Risks and Improving VA Healthcare" as one of its high-risk areas. GAO categorized their concerns about VA's delivery of health care into five risk issues: (1) Ambiguous policies and inconsistent processes; (2) Inadequate oversight and accountability; (3) Information technology challenges; (4) Inadequate training for VA staff; and (5) Unclear resources needs and allocation priorities.

VA's Progress

In March 2018, VA submitted an action plan to address the risk issues identified by the Government Accountability Office's (GAO) February 11, 2015, report *Managing Risks and Improving VA Healthcare*. VA has continued to revise the plan, with feedback from the GAO, to address the systemic root causes of GAO's five areas of concern.

In the June 2018 progress update to GAO, VA reported the results of a self-assessment against the five criteria GAO uses for reviewing progress in each high-risk area (Leadership Commitment, Capacity, Action Plan, Monitoring, and Demonstrated Progress). VA's actions have resulted in substantial progress over the past year in all the five areas of concern, a reflection of VA-wide commitment. Notable among those accomplishments are the following:

- Leadership Commitment: VA leadership established business transformation as a strategic priority and has committed to modernizing VHA's structure, culture, governance, and systems. VA established a high-level governance structure for GAO High Risk List work under the purview of the Deputy Secretary.
- Agreement of Elements of Action Plan: VA and GAO reached agreement on the foundational elements of the action plan, specifically, the root cause analysis and the key outcomes. These outcomes integrate two or more risk areas, provide an endpoint for VA's actions and serve as the tool for measuring progress success across the following High-Risk List activities:
 - Policy drives correct behavior and is implemented consistently;
 - Business processes are integrated and efficient;
 - Resources are used effectively and efficiently;

- Systems are interoperable and meet business needs;
 - Data are available, accurate, reliable, complete, and used to inform decisions; and
 - Governance and oversight mechanisms provide reasonable assurance that requirements are met.
- Policies and Processes: Improved the policy development process by regularly obtaining input from all levels of the organization. Since 2015, the average policy development time has decreased from 424 to 212 days. The total number of policies has decreased from 805 to 554. The number of overdue policies has been reduced from 474 to 207.
 - Oversight and Accountability: Demonstrated leadership commitment through establishing the Office of Integrity to consolidate compliance, ethics, and oversight programs under a single executive. VHA established an internal audit function to conduct VHA audits to identify and assess issues before they occur. These organizational structure changes have enabled the development of a risk assessment methodology, the implementation of multi-tiered reporting for transparency in individual activities, and planned implementation of Three Lines of Defense methodology for oversight and accountability.
 - Information Technology: On May 17, 2018, VA signed the Cerner contract. The Office of Information Technology is engaged in modernization efforts including Financial Management Business Transformation, Healthcare Electronic Records, Supply Chain, and transitioning infrastructure to the cloud. VA established the Office of Electronic Health Record Modernization to manage the Cerner contract and develop a process to ensure timely progress reporting for multi-year projects.
 - Training: VHA's Executive in Charge approved the FY 2019 training priorities which align with the 18 strategies identified in the VHA Operational Plan. VHA's Employee Education System established an annual training plan process and aligned training requirements with budget constraints.
 - Resource Needs and Allocation: VA implemented a strategic management process (i.e., Planning, Programming, Budgeting, and Execution (PPBE)). VA established the Manpower Management Office to develop data-driven and mission-informed staffing requirements. VA transformed financial management systems and processes to improve resource planning, budgeting, allocation, and interoperability with community providers.

VA is committed to executing administrative and clinical improvements to affect system-wide transformative change.

GAO High-Risk Area: Improving and Modernizing Federal Disability Programs

GAO - Why Area Is High Risk

An estimated one in six working-age Americans reported that they had a disability in 2010; many of them may require assistance finding or retaining employment or rely on cash benefits if they cannot work. Nevertheless, disability programs across the Federal government face significant challenges in addressing the needs of Americans with disabilities. Three of the largest Federal disability programs—2 managed by the Social Security Administration (SSA) and 1 by VA, which together dispensed about \$256 billion in cash benefits to over 20 million people in FY 2015—are grappling with large workloads and have struggled to make timely decisions on eligibility for cash benefits. These issues are most evident when individuals appeal their decisions, as the number of pending appeals increased approximately 30 and 34 percent at SSA and VA, respectively, when comparing FY 2012 and FY 2015. Workloads for these agencies are likely to remain a challenge as the population ages and large numbers of Servicemembers are expected to transition out of the military in the next several years. In addition, SSA and VA rely on outdated criteria to determine whether individuals qualify for benefits. Although these agencies reported efforts underway to update their rules, they continue to emphasize individuals' medical conditions without sufficiently considering whether they could work because of improvements in workplace accommodations and assistive technologies. In addition to these 3 cash assistance programs, there are 45 programs managed by 9 different Federal agencies that provide a patchwork of employment supports to people with disabilities. Although programs that support employment can divert individuals from the disability rolls, these programs lack a unified vision, strategy, or set of goals to guide their outcomes. We first designated improving and modernizing Federal disability programs as high risk in 2003.

What GAO Found

The Federal government's progress in improving and modernizing disability programs remains mixed. GAO assessed VA's progress under five criteria across two broad areas: VA's actions to manage their disability claims workloads, and VA's progress to modernize their criteria for deciding who is eligible for disability benefits.

GAO Criteria for Removal from the High-Risk List

- **Leadership Commitment** - Demonstrated strong commitment and top leadership support.
- **Capacity** - Agency has the capacity (i.e., people and resources) to resolve the risk(s).
- **Action Plan** - A corrective action plan exists that defines the root cause, solutions, and provides for substantially completing corrective measures, including steps necessary to implement solutions we recommended.
- **Monitoring** - A program has been instituted to monitor and independently validate the effectiveness and sustainability of corrective measures.
- **Demonstrated Progress** - Ability to demonstrate progress in implementing corrective measures and in resolving the high-risk area.

GAO rates progress on the criteria using the following definitions:

- **Met** - Actions have been taken that meet the criterion. There are no significant actions that need to be taken to further address this criterion.
- **Partially Met** - Some, but not all, actions necessary to meet the criterion have been taken.
- **Not Met** - Few, if any, actions towards meeting the criterion have been taken.

Managing VA Disability Claims Workload

Per GAO, since the 2015 high-risk update, VA has demonstrated mixed progress in addressing its workload challenges. Progress is evident regarding VA's efforts to reduce VBA's compensation claims backlog. However, VA's appeals workload continued to grow, and several efforts to address this challenge are still underway. VA's proposed framework to reform the appeals process—developed by VBA and the Board of Veterans' Appeals (Board)—requires legislative authority to pursue.

GAO Criteria Status

Leadership Commitment	Status: Met
Capacity	Status: Partially Met
Action Plan	Status: Partially Met
Monitoring	Status: Partially Met
Demonstrated Progress	Status: Partially Met

GAO - What Remains to Be Done

Predicting growth in both disability compensation claims and appeals, VA should maintain focus on (1) managing its workloads at both levels; (2) ensuring that it has

detailed plans in place for creating capacity and reforming its appeals process; and (3) collecting and reporting appropriate data and metrics to fully understand factors influencing timeliness under both its legacy and proposed appeals process, and transparently reporting progress.

VA Program Response

VA is committed to providing Veterans with the benefits and services they have earned and deserve. Many of the continuous improvements VBA has achieved in the disability claims process are attributable to the full implementation and continued refinements of the National Work Queue (NWQ), to include rating and non-rating workloads. The shift to a national workload management strategy marked a major departure from the historical disability claims process, and it fundamentally changed how VBA distributes and processes claims in the regional offices (RO), with measurable improvements in service delivery. From FY 2017 to FY 2018, VBA reduced the average days to complete a Veterans claim by 14.2 days. Much of this improvement was a result of maximizing resources and improvements in the internal process cycles. For example, a key internal process measurement is the average number of days a claim awaits a rating decision, which is one of the final steps in the claims process, following evidence collection and preceding notification of the decision. For the claims awaiting a decision cycle, timeliness improved from 28 days in January 2016 to under three days at the end of FY 2017 and has continued to remain at three days at the end of FY 2018. In FY 2018, VBA further capitalized on the NWQ's workload management capability and re-balanced its resources to improve non-rating claims processing. VBA has reduced the average days to complete a non-rating claim from 144 days in FY 2017 to 91 days in FY 2018, a 37 percent improvement. Additionally, the dependency claim inventory was reduced 29 percent from FY 2017 to FY 2018.

In FY 2018, VBA issued new performance standards to General Schedule (GS) 12 Veterans Service Representatives, Pension Management Center Veteran Service Representatives, Military Service Coordinators, and Claims Assistants. These standards continue to better support VA's agency goals and leverage NWQ's functionality by focusing on the entire claim development process, rather than a final production target.

VA is committed to addressing the pending inventory of legacy appeals. In addition, VA also continues working to implement the *Veterans Appeals Improvement and Modernization Act of 2017* (AMA), and implemented the new appeals process in February 2019.

As previously noted, in FY 2017, VBA realigned its appeals policy and oversight of its national appeals operations under a single office, the Appeals Management Office. The realignment positioned VBA to focus oversight of program operational work, standardize policies and procedures and increase the ability to make data-driven decisions. As part of an ongoing monitoring process, the Under Secretary for Benefits and other senior VBA leaders meet bi-weekly to review and assess the status of appeals production. These strategies have resulted in a 14.5 percent reduction of the legacy appeals inventory in FY 2018. Aggressive workload management has also increased production. VBA exceeded FY 2018 targets for appeals actions by 9.2 percent. VBA is currently exceeding FY 2019 targets for appeals actions by 3 percent (as of January 31, 2019).

As part of this realignment of appeals oversight, on October 1, 2018, VBA established three Decision Review Operations Centers (DROC) to better create capacity and manage the legacy and new framework workloads. Two of the DROCs were established in St. Petersburg, FL, and Seattle, WA. These DROCs will be responsible for processing higher-level reviews, new process Board of Veterans' Appeals (Board) remands, and new process Board full grants. The third DROC, formerly the Appeals Resource Center in Washington, DC, will be responsible for processing Board's legacy remands. This distribution will enable more efficient focus and expertise development.

The Board is prioritizing the reduction of legacy inventory in FY 2019 to best position itself for implementation of the new legal framework from February 2019 onward. In FY 2018, the Board signed 85,288 appeals decisions, which was approximately 30,000 (62 percent) more signed than the previous year and a historic high for any fiscal year. The Board also hired approximately 242 new staff in FY 2018 which included approximately 20 administrative personnel, as well as 217 attorneys/law clerks hired during the last quarter of FY 2018. Further, the Board realigned its organization structure to provide more Veteran-facing personnel.

Additionally, the Board's IT advancements allow for increased reliability and efficiency in adjudicating appeals. During recent years, Appeals Modernization IT efforts, led principally by the Digital Service at VA (DSVA) team, focused on deprecating the functions of the legacy Veterans Appeals Controls and Locator System (VACOLS) case management product and on incorporating new functionality within their roadmap to support the required changes. This functionality is currently being used at the Board.

To prepare for implementation of AMA, VA initiated an 18-month implementation plan immediately after the law was enacted. VA used this period to promulgate regulations, establish procedures, create training materials, hire and train personnel, implement information technology system changes, and conduct outreach to implement the law. In FY 2019, the Board is hiring more Veteran-facing customer service personnel to support AMA.

The AMA requires VA to submit periodic updates regarding its comprehensive plan for processing legacy appeals and implementing the modernized appeals system to Congress and GAO every 90 days, until the applicability date of the statute. Following the applicability date, VA is required to submit periodic progress reports, at least once every 180 days, for 7 years. VA submitted its most recent comprehensive implementation plan to Congress and the Comptroller General on November 23, 2018, as required by the *Veterans Appeals Improvement and Modernization Act of 2017*, and it is available online at: <https://benefits.va.gov/benefits/docs/appeals-report-201811.pdf>.

Implementing the AMA and addressing the legacy appeals inventory remain priorities for FY 2019. VA will continue to engage with Congress, VSOs, Veterans, and other stakeholders to educate and provide status on the implementation of the new process.

Updating VA Disability Benefit Eligibility Criteria

Per GAO, VA continued to make progress toward updating the medical criteria that it uses to determine eligibility for disability compensation and has now improved to “met” for action plan and monitoring. However, VA has experienced delays, and officials told us that VA will not meet its prior target for completing this effort.

GAO Criteria Status

Leadership Commitment	Status: Met
Capacity	Status: Partially Met
Action Plan	Status: Met
Monitoring	Status: Met
Demonstrated Progress	Status: Partially Met

GAO - What Remains to Be Done

VA made steady progress updating its disability criteria. However, given that only a third of the initial round of updates are complete and the remainder were delayed, VA should maintain leadership focus and continue monitoring its progress against its

project plans to ensure that sufficient resources are dedicated to this effort and that its plans to subsequently revisit its criteria at least once every 10 years thereafter continue to be realistic.

VA Program Response

VBA remains committed to implementing the VA Schedule for Rating Disabilities (VASRD) Project Management Plan and has dedicated the necessary resources to ensure it is able to accomplish future reviews and perform any necessary updates.

In FY 2018, VBA published and implemented final rules for the following body systems:

- (1) The Hematologic and Lymphatic System (published August 13, 2018; effective December 9, 2018)
- (2) Skin Conditions (published August 7, 2018; effective August 13, 2018)
- (3) The Organs of Special Sense (Eye) (published April 10, 2018; effective May 13, 2018)
- (4) Gynecological Conditions and Disorders of the Breast (published April 9, 2018; effective May 13, 2018)
- (5) The Endocrine System (published November 2, 2017; effective December 10, 2017)

This brings the total finalized body systems implemented to 6 out of 14 regulations.

VBA plans to publish proposed rule for public notice and comment for the following body systems in FY 2019 and FY 2020:

Body System Regulation	Tentative Year Proposed Publication	Status
Infectious Diseases	2019	Delayed
Genitourinary Conditions	2019	Delayed
Cardiology Conditions	2019	On Track
Digestive Conditions	2019	On Track
Respiratory/ENT Conditions	2020	On Track
Mental Conditions	2020	On Track
Neurological Conditions	2020	On Track

In FY 2018, VBA discovered a technical complication with the regulation for the genitourinary body system. Therefore, the rule is being withdrawn to address a substantive issue involving the general rating formula (GRF). This issue was discovered after collaborations, internal and external concurrences, and public comment periods. Additional Medical Officers on the Medical Disability Evaluation staff assessed the issue and recommended modification of the final draft regulation prior to rule implementation. Since these are considered substantive changes to the rulemaking, risk mitigation requires withdrawal of the regulation and re-proposal.

The speed at which VA can finalize the body system updates is influenced by the necessary coordination with system updates. VBA must coordinate implementation of each final rulemaking with computer updates to VA's claims processing system, the Veterans Benefits Management System (VBMS), which only occur once per quarter.

Once all body systems are updated in FY 2020, going forward, VBA plans to place each VASRD body system into a five-year cycle of staggered reviews, following publication of the final rule. VBA will provide GAO with a copy of this schedule as soon as it is available.

Moreover, recognizing that VASRD is the vehicle by which VA determines Veteran disability evaluations and outlines the evaluative/diagnostic criteria, VBA has recognized the need for more sustainable operations by establishing a new Disability Evaluations Program Office (DEPO). This office will have program oversight and specific management responsibility to address all policy and operational aspects that are associated with maintenance and implementation of VASRD and related regulations. This decision will ensure that VBA effectively and routinely makes the substantive improvements to VASRD. This program office will focus primarily on developing more organized VASRD regulatory processes that facilitate comprehensive reviews of VASRD body systems, while leveraging medical science and advancements. The office will also provide routine assessment of VA's service-connected evaluation criteria and historical disability claims data to understand disease progressions and healthcare trends—related to the effects of disability and disease when there is adequate treatment and care. The program office will also facilitate the necessary collaborations and multi-faceted project/program integrations that span across several VA offices and similar government disability programs.

Establishing disability service connection for disabled Veterans is critical to almost all other eligibility determinations for VA benefits and services, as well as for other state/local government (Veteran-specific) programs. Therefore, modernizing the rating schedule and improving the Veterans' experiences for the 21st Century requires placing greater emphasis on the program's mission. DEPO will create the appropriate levels of accountability – through dedicated resourcing, with proper executive oversight – to allow for enterprise-wide program accountability and project coordination that VASRD has always required. DEPO will also allow VA to more accurately decide service-connected disability evaluations and adequately compensate Veterans at the payment rates that accurately reflect the economic impact that the resulting service-related injuries or diseases cause.

The creation of DEPO will address long-standing oversight concerns that continue to be raised by GAO, congressionally-mandated experts, and agency-commissioned groups. The office will mitigate future risks that are associated with historical challenges of leadership and dedicated staff to maintain a viable regulatory cycle for modernization that is more aligned with medical and other government communities addressing disability claims and economic impact to such. Therefore, DEPO is a sustainable solution and transformational approach to improving regulatory cycle of VASRD that considers the enterprise-wide undertakings of VASRD in a manner that more responsibly ensures a comprehensive, formal process by which to timely review and assess this group of regulations that are pivotal to almost all other VA benefit programs and services.

Risk: Medical and scientific advancements are rapidly changing and outpace VA's ability to transform its disability evaluation processes within the current program construct of VBA's Compensation Service Policy Staff. Retention of knowledgeable full-time equivalents (FTE) resources is critical to sustainability of modernization efforts.

Mitigation: Committed leadership and FTE resources to address the programmatic approach to modernizing VA's disability evaluation process that includes updating the VA Schedule for Rating Disabilities and recommending new service-connected diseases and injuries to the VA Secretary.

Risk: VASRD updates have been viewed as a single project. However, the effort required to revise the VA Schedule for Rating Disabilities is within a larger disability

evaluation framework that VBA's Compensation Service Policy and Procedures sub-staff cannot address as effectively.

Mitigation: Establish a program office with dedicated resources and the sufficient organizational construct in which VASRD modernization is operationalized, formally, to ensure routinely-standardized work processes – that include medical expertise, research and analysis support, regulatory procedures drafting, project implementation and collaboration.

Risk: Until now, VBA has managed the VASRD updates based on individual changes to sections of the regulations using only a project management plan.

Mitigation: Establish revision of VASRD as inherently governmental work that is part of routinely assessing the basis on which VBA executes an over \$80 billion program for disability evaluations. Establish formal process standardization that includes integrated master schedules, project management and governance. Create formal publications for the VASRD updates that include the research, analysis, data, contracts (such as earnings loss studies) and collaborations surrounding the current and future VASRD changes. Publications should be produced not less than every five years.

Cross-Agency Collaborations

VETERANS HEALTH ADMINISTRATION

VHA works with several organizations on a wide range of issues related to Veterans' health. Here are some examples:

Federal Interagency Health Equity Team (FIHET): VHA continues to represent Veteran health equity issues on the FIHET. The mission of FIHET is to bring together leaders across Federal departments to address and end health disparities through capacity building, strategic partnerships, and dissemination of best practices.

Native American Veteran Access to Care: Indian Health Service (IHS) and VA signed a Memorandum of Understanding (MOU) on October 1, 2010, "to improve the health status of American Indian and Alaska Native Veterans." Under the MOU, VHA and IHS collaborate through joint workgroups on access to care, clinical processes, care coordination, and workforce development.

100 Million Healthier Lives: VA partnered with the Institute for Healthcare Improvement as part of the 100 Million Healthier Lives Initiative Veterans Hub to improve the lives of 20 million Veterans by the year 2020 by addressing the social determinants of health. This goal will be achieved through unprecedented collaborations. In addition to collaborating with DoD, National Defense University, Uniformed Services University of the Health Sciences, Department of Health and Human Services, and Center for Medicare and Medicaid Innovation, the Veterans Hub also includes nongovernmental members from the Samuelli Institute, Community Solutions, American Red Cross, Points of Light, and Easter Seals, Inc. The number of Veterans Hub partners continues to grow.

National Research Action Plan for Mental Health: Since August 2012, Federal agencies have worked together to address the mental health needs of Veterans through the National Research Action Plan. The plan was developed by VA, DoD, the Department of Health and Human Services, and the Department of Education in response to Executive Order 13625. It outlines a vision for research on posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and suicide prevention, and describes a goal-driven vision to improve treatment for PTSD and TBI.

Executive Order 13822 Joint Action Plan: Executive Order (EO) 13822, “Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life,” was signed by President Trump on January 9, 2018. The EO focused on transitioning Servicemembers (TSM) and Veterans in the first 12 months after separation from service, a critical period marked by a high risk for suicide. A Joint Action Plan was established by the Departments of Defense, Homeland Security, and VA providing TSMs and Veterans with mental health and suicide prevention services. Some of the early data collection efforts point towards an increase in Veteran and TSM awareness and knowledge about mental health resources, increased facilitated health care registration, and increased engagement with peers and community resources through the Transition Assistance Program and Whole Health offerings. Because of the EO Joint Action Plan, Veterans will also be able to receive support through VA partners, such as Vet Center referrals, and community resources outside of VA, including VSOs.

Health and Human Services Substance Abuse and Mental Health Services

Administration (SAMHSA): VA has launched a partnership with SAMHSA to help local leaders in city and state governments work together to prevent suicide among Veterans. Known as the Mayors and Governors Challenges, VA and SAMHSA have formed partnerships to date with 26 cities and 7 states, and discussions are underway to

increase the number of partners and develop community places to address and mitigate the risks of Veteran suicide.

Department of Defense: The VA/DoD Health Executive Committee (HEC) provides a forum for cooperative VA and DoD's health care initiatives and supports mutually beneficial opportunities to improve business practices. Subject matter experts from both Departments engage in collaborative work through the HEC and its Business Lines and focuses on priorities such as Joint Credentialing, Resource Sharing, James A. Lovell Federal Healthcare Center, and Deployment Health issues such the Individual Longitudinal Exposure Record that improve access and enhance quality of care for beneficiaries of both Departments.

Veteran Access to Care: Title 38 U.S.C. § 8111, entitled "Sharing of Department of Veterans Affairs and Department of Defense Healthcare Resources," authorizes the support and mutually beneficial coordination of care between DoD and VA. Through this agreement a common purpose was created between the Departments to improve access, quality, and improve the cost effectiveness of health care provided to Veterans and Servicemembers. Under this authority, VA and DoD develop sharing agreements on an ongoing basis to increase access to care, clinical processes, and care coordination for the beneficiaries of both Departments. Health care resources covered under these agreements include (but are not limited to) hospital care, medical services, rehabilitative services, health care education, training, facilities, and research.

VETERANS BENEFITS ADMINISTRATION

VBA collaborates with many Federal agencies including the following:

- Department of Defense
- Department of Homeland Security
- Department of Health and Human Services
- Department of Commerce
- Department of Treasury
- Social Security Administration
- Small Business Administration
- Department of Labor
- Department of Education
- Federal Trade Commission
- Consumer Financial Protection Bureau
- Internal Revenue Service

- Department of State
- Department of Justice
- Federal Communications Commission

Examples of engagements with the above agencies are listed below:

DoD, Department of Homeland Security (DHS), Department of Health and Human Services (HHS), Department of Commerce (Commerce): VBA's Insurance Service provides oversight and policy guidance to DoD, DHS, HHS, and Commerce to assist them in administering the Servicemembers' Group Life Insurance (SGLI), Family Servicemembers' Group Life Insurance (FSGLI), and Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) programs, including appropriate processing of premiums and extra hazard transfers, certification of benefits, and record management.

As part of the administration of the SGLI, FSGLI, and TSGLI programs, Insurance Service further collaborates with DoD and the individual branches of the Armed Forces to implement SGLI Online Enrollment System (SOES), which provides Servicemembers with 24/7 online access to change their SGLI coverage amount and beneficiaries. The system was developed jointly by VA and DoD to reduce errors related to the previous paper-based system and to expedite premium deductions and claim payments.

Defense Manpower Data Center (DMDC): VBA partners with the DoD, (including DMDC and US Coast Guard) to exchange data electronically to processing disability and pension claims involving military personnel.

VA works with DoD and DMDC to collaborate on issues affecting both agencies and to highlight existing and potential issues, work towards clarifying policy and procedure interpretation, streamline point of contact requests, and refine data needs for qualifying service interpretation.

The Department of Treasury: Insurance Service collaborates with Treasury on accounting, reporting, and investments. The Treasury IPAC system is used to receive payments from the individual Branches of Service when the SGLI, TSGLI, and FSGLI Premiums are remitted. Additionally, as part of the SGLI Advisory Council, of which Treasury is the chairperson, VA works with Treasury's Federal Insurance Office (FIO) to obtain expertise on SGLI and VGLI program financial matters. Insurance Service

further collaborates with Treasury's Financial Literacy and Education Commission staff to publicize Insurance Service's programs on a variety of financial literacy Web sites.

Social Security Administration (SSA): SSA provides data (i.e., insured death notification) that allows Insurance Service to proactively begin the claims process. Additional collaboration with SSA includes verification of SSA disability benefits for Veterans as part of the Insurance Service eligibility process.

VBA partners with the SSA to exchange data between agencies for multiple purposes to include the following:

- Determine the continued eligibility of those receiving income-dependent benefits and those beneficiaries who are receiving disability compensation at the 100 percent rate because of unemployability.
- Identify certain Supplemental Security Income (SSI) and Special Veterans Benefit (SVB) recipients, determine eligibility or amount of payment for SSI and SVB, and identify the income of individuals who may be eligible for Medicare cost-sharing assistance.

Small Business Administration (SBA): VBA has developed a Memorandum of Understanding (MOU) with the SBA to maximize services provided to Veterans with service-connected disabilities.

Department of Labor: VBA has a Memorandum of Agreement (MOA) with the Department of Labor for the provision of labor market and employment services for Veterans in the Vocational Rehabilitation and Employment program.

Department of Education: VA, in consultation with the Department of Education and DoD, developed and implemented a comprehensive database, known as the "GI Bill Comparison Tool," which enables both students and VA to make more evidence-based decisions. Launched on February 4, 2014, the tool allows beneficiaries to research and compare colleges and employers approved for the GI Bill.

VBA partners with the Department of Education to provide data on Veteran status to expedite education benefits for Veterans. VA's data enables Department of Education to confirm an applicant's assertion of Veteran status on FAFSAs for assistance under title IV, HEA Programs. Eliminate the ability of applicants to incorrectly claim Veteran status, thereby preventing improper payments to applicants who are not Veterans.

Federal Trade Commission (FTC): A MOA between the FTC and VA allows VA to use FTC resources to investigate cases of erroneous, deceptive, or misleading advertising practices by institutions that violate section 5 of the FTC Act. This helps to ensure that VA does not approve enrollments of eligible Veterans or eligible individuals for courses at institutions that use unfair or deceptive advertising and marketing.

Consumer Financial Protection Bureau: Joint Higher Education MOU was established between the Departments of Defense, Education, VA, and Consumer Financial Protection Bureau. This agreement articulates the intent and purpose regarding information sharing to provide meaningful information about the financial cost and performance outcomes for educational institutions, prevent abusive and deceptive recruiting practices that target the recipients of educational benefits, and ensure that educational institutions provide high-quality academic and student support services.

Internal Revenue Service (IRS): VBA shares data with SSA and IRS to verify income for its needs-based benefit programs. This collaboration resulted in a completion of over 72,000 original pension claims in FY 2018. The use of upfront verification has permitted VA to no longer require beneficiaries to submit annual eligibility verification reports.

Department of State: VBA partners with the Department of State's Overseas Citizens Service and SSA's Office of International Operations to ensure that benefit information and assistance are available to Veterans and beneficiaries who are overseas. The Department of State through its Federal Benefits Units at embassies and consulates represents VA and acts as an intermediary by providing information and guidance about the different VA programs and services.

Department of Justice (DOJ): VA collaborated with DOJ to identify elder abuse markers and provide resources in rural areas to our most vulnerable Veterans and beneficiary population which will improve service to Veterans by reducing fraud and protecting the elderly population from abuse.

VBA participates in a DOJ research project which focuses on combating elder abuse/neglect, exploitation, and financial fraud across the Federal government.

VBA partners with the DOJ to identify Veterans incarcerated in Federal facilities to contact the Veteran for award adjustment to reduce incarcerated Veteran overpayments.

NATIONAL CEMETERY ADMINISTRATION

VA's Veterans Cemetery Grants Program (VCGP): assists states, territories, and Federally-recognized tribal governments in providing gravesites for Veterans in those areas where VA's national cemeteries cannot fully satisfy their burial needs. The VCGP provides grants for establishing, expanding, or improving Veterans cemeteries that are owned and operated by a state, Federally-recognized tribal government, or U.S. territory. Cemeteries established or assisted by a VA grant must be also maintained and operated according to the operational standards and measures of NCA.

Veterans Legacy Initiative: NCA is working closely with the American Battle Monuments Commission (ABMC), the Library of Congress, Veterans History Project, and public universities to share Veterans' and Servicemember stories, which are preserved by these Federal agencies as part of NCA's Legacy Program. This initiative is designed to memorialize Veterans' service and sacrifice through educational products and programming at VA national cemeteries, soldier's lots, and monument sites. The partnership with ABMC has resulted in NCA's first professional development program focused on the educational community. The 2-year partnership provides opportunities for 19 selected teachers to create lesson plans to share with other educators about American World War II Servicemembers buried in national cemeteries. NCA is also working with the Library of Congress, Veterans History Project to provide college students the opportunity to develop public-facing blog postings about Veterans buried in VA national cemeteries using the Library's extensive records. By leveraging university partnerships, VA's national cemeteries will be used as platforms for community engagement and public education, with emphasis on empowering student-based research on site.

The Veterans Legacy program supports VA's commitment to ending Veteran suicide. These groups will share the inspirational stories researched by students and produced through these partnerships to demonstrate how Veterans can lead meaningful and impactful lives after leaving military service. VA also took the first steps toward a major transformation of Veteran memorialization through digital engagement. This effort will create an interactive Web site enabling virtual memorialization of Veterans.

When fully implemented, the platform will allow online visitors to pay their respects and access/share information about the Veterans memorialized by NCA. Most importantly, it will allow families to upload letters, pictures, and videos related to a Veteran's service. NCA plans to launch the platform to the public by the end of 2018.

Three partnerships with public universities are notable. At Black Hills State University, an interdisciplinary faculty team (History, English, American Indian Studies, and Education) prompted students to research Veterans buried in local national cemeteries and tribal Veteran cemeteries. Using this research, the university launched a public-facing Web site of the Veterans and cemeteries' histories, a national cemetery walking tour, and a K-12 online textbook. At San Francisco State University, an interdisciplinary team of faculty and students (Cinema, History, and Education) developed 12 short-form documentaries on a diverse group of Veterans buried in San Francisco and Golden Gate National Cemeteries, which were integrated into lesson plans on Veterans history. And at the University of Central Florida (UCF), the school hosted a "Field Day" at Florida National Cemetery during which UCF students taught visiting middle school students about Veterans they had researched throughout the semester. UCF used the research findings to develop a website and customized mobile application that makes students' research accessible at the gravesite.

Intentionally Blank

Appendix A – FY 2018 Annual Performance Report (APR)

Department of Veterans Affairs FY 2018 Annual Performance Report							
Administrations & Organizations	Performance Measure	Results		Strategic Targets			FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
Strategic Goal 1: Veterans Choose VA for Easy Access, Greater Choices, and Clear Information to Make Informed Decisions							
<i>Strategic Objective 1.1: VA understands Veterans’ needs throughout their lives to enhance their choices and improve customer experience</i>							
VBA	National Call Center Client Satisfaction Index Score (out of 1000) (#485)	790	798	N/A	N/A	N/A	On Track
<i>Strategic Objective 1.2: VA ensures Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they need, in a timely manner</i>							
VHA	Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#677)	86%	87%	N/A	N/A	N/A	On Track
VHA	Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (#680)	76%	75%	N/A	N/A	N/A	On Track
VHA	(Composite Measure) The average of the percent “Always” and “Usually” responses for four access measures found in the Patient Centered Medical	80%	81%	82.0%	82.5%	82.5%	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	Home survey and the Specialty Care Consumer Assessment of Health Providers and Systems Survey (#681)						
VHA	Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (#682)	75%	75%	N/A	N/A	N/A	On Track
VHA	Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#683)	85%	85%	N/A	N/A	N/A	On Track
VBA	Percent of IDES participants who have a proposed rating completed within 20 days (#469)	61%	80%	62%	63%	N/A	Off Track
OPIA	Increase percentage of Veterans using benefits, reached through advertising and marketing efforts (#536)	11%	12%	12%	12%	N/A	On Track
OPIA	Increase traffic to and from the	3,434,880	2,523,791	3,028,549	TBD	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	content delivery platform (#659)						
Strategic Goal 2: Veterans Receive Highly Reliable and Integrated Care and Support and Excellent Customer Service that Emphasizes their Well-being and Independence throughout their Life Journey							
<i>Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence</i>							
BVA	Appeals Adjudicated (formerly Appeals Decided) (#65)	85,288	81,033	90,050	TBD	N/A	On Track
BVA	Number of appeals in BVA's pending inventory (#561)	137,383	Baseline	Baseline	TBD	N/A	Baseline
BVA	Percent of appeals decided with at least one remanded issue (#709)	54.9%	Baseline	Baseline	TBD	N/A	Baseline
BVA	Hearings held (#712)	16,423	Baseline	Baseline	TBD	N/A	Baseline
BVA	Number of issues decided (adjudicated) (# 778)	253,450	Baseline	Baseline	TBD	N/A	Baseline
BVA	Decisions per FTE (#780)	92.7	Baseline	Baseline	TBD	N/A	Baseline
BVA	Appeals Dispositions - Average Days to Complete Returned Remands (measuring from date case is returned to the Board after remand until Board disposition date) (#571)	186	293	N/A	N/A	N/A	On Track
BVA	Appeals Dispositions - Average Days to Complete Original Appeals (from date of certification (Form 8) until Board disposition date) (#573)	752	694	TBD	TBD	N/A	Off Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
VHA	The average patient's rating of VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (#544)	8.7	8.7	N/A	N/A	N/A	On Track
VHA	The average patient's rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (#673)	8.68	8.65	N/A	N/A	N/A	On Track
VHA	Percent of patients who responded "yes" on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite (providers support you in taking care of your own health) (#386)	60%	60%	N/A	N/A	N/A	On Track
VBA	National Accuracy Rate - Disability Compensation Rating Claims (#303)	89.7	93%	N/A	N/A	N/A	On Track
VBA	Percentage of Disability Compensation Rating Claims inventory pending more than 125 days (#576)	23.1	23	N/A	N/A	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
VBA	National Accuracy Rate - Percent of Disability Compensation Rating Issues processed accurately (#304)	94.9%	96%	96%	96%	N/A	On Track
VBA	Number of registered eBenefits users (millions) (#443)	7.96	7	N/A	N/A	N/A	On Track
VBA	Percent of disability compensation claims received virtually/electronically (#444)	19.2%	26%	N/A	N/A	N/A	Off Track
VBA	Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (#446)	5,475	5,300	N/A	N/A	N/A	On Track
VBA	Overall Customer Satisfaction Index Score (out of 1000) (Compensation) (#491)	637	630	N/A	N/A	N/A	On Track
VBA	Percentage of VA disability rating claims pending more than 125 days old (#308)	23.1%	21%	N/A	N/A	N/A	Off Track
VBA	Appeals Processing - Notices of Disagreement (NODs) Average Days Pending (#545)	400.9	413	N/A	N/A	N/A	On Track
VBA	Appeals Processing - Substantive Appeals	22	32	N/A	N/A	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	to the Board (Form 9) Pending Inventory (Thousands) (#607)						
VBA	Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (Thousands) (#514)	164	187	N/A	N/A	N/A	On Track
VBA	Appeals processing - substantive appeals to the Board (Form 9) average days to complete (#685)	546.3	425	N/A	N/A	N/A	Off Track
VBA	Appeals processing - substantive appeals to the Board (Form 9) Average days pending (#655)	361.4	389	N/A	N/A	N/A	On Track
VBA	Non-rating claims, compensation average days pending (#654)	126.7	263	N/A	N/A	N/A	On Track
VBA	Non-rating claims, compensation average days to complete (#686)	90.5	144	N/A	N/A	N/A	On Track
VBA	Dependency Claims processing: inventory (claims pending) (#701)	61	85	N/A	N/A	N/A	On Track
VBA	Dependency Claims processing: timeliness (Month-to-date average days to complete as of the last month of the year) (#670)	67.5	110	N/A	N/A	N/A	On Track
VBA	Pension call center client satisfaction	812	785	N/A	N/A	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	index score (out of 1000) (#484)						
VBA	Pension: Overall customer satisfaction index score (out of 1000) (#490)	672	672	N/A	N/A	N/A	On Track
VBA	Average days to complete original survivor's pension claims (#498)	65.6	75	N/A	N/A	N/A	On Track
VBA	Percentage of original and reopened pension claims inventory pending more than 125 days (#577)	5.5%	5%	N/A	N/A	N/A	Off Track
VBA	Percentage of Dependency and Indemnity Compensation (DIC) Claim inventory more than 125 days (#578)	19.9	20	N/A	N/A	N/A	On Track
VBA	Average days to complete original education claims (#218)	24.5	28	28	28	N/A	On Track
VBA	Average days to complete supplemental education claims (#219)	12.3	14	14	14	N/A	On Track
VBA	Education call center client satisfaction index score (out of 1000) (#476)	829	775	N/A	N/A	N/A	On Track
VBA	Overall Customer Satisfaction Index	743	757	N/A	N/A	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	Score (out of 1000) (Education) (#489)						
VBA	Default resolution rate (#226)	87.6	81	80	80	N/A	On Track
VBA	Veterans' satisfaction level with the VA Loan Guaranty Program (out of 1000) (#487)	836	830	N/A	N/A	N/A	On Track
VBA	Rate of High Client Satisfaction Ratings on Insurance Services Delivered (#214)	92.8%	95%	95%	95%	N/A	On Track
NCA	Percent of Veterans served by a burial option within a reasonable (75 miles) of their residence (#234)	92.1%	92.2%	92.8%	93%	N/A	On Track
NCA	Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (#580)	96.9%	97%	97%	97%	N/A	On Track
NCA	Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	98.7%	99%	99%	99%	N/A	On Track
NCA	Percent of respondents who rate national cemetery appearance as excellent (#581)	99%	99%	N/A	N/A	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
NCA	Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (#583)	93.9%	93%	N/A	N/A	N/A	On Track
NCA	Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (#584)	93.8%	96%	N/A	N/A	N/A	On Track
Strategic Objective 2.2: VA Ensures At-Risk and Underserved Veterans Receive What They Need to Eliminate Veteran Suicide, Homelessness, and Poverty							
VHA	Mental Health Balanced Scorecard (#598)	93.6%	90%	N/A	N/A	N/A	On Track
VHA	Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	91%	85%	85%	85%	85%	On Track
VHA	Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)	92%	94%	92%	92%	92%	On Track
VBA	Veterans' satisfaction with the	637	682	N/A	N/A	N/A	Off Track

Department of Veterans Affairs FY 2018 Annual Performance Report							
Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	Vocational Rehabilitation and Employment Program (out of 1000) (#488)						
VBA	VR&E Class Achievement Rate (#601)	65.2%	68%	68%	68%	N/A	On Track
VBA	Fiduciary Program: Average Days to Complete Initial Appointment Process (#647)	91.9	88	76%	76%	N/A	On Track
VBA	Fiduciary Program: Average Days to Complete Follow-up Field Examinations (#656)	177.1	320	N/A	N/A	N/A	On Track
Strategic Goal 3: Veterans Trust VA to be Consistently Accountable and Transparent							
<i>Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions</i>							
VEO	Trust in VA among America's Veterans (#692)	69	90	90	90	N/A	Off Track
<i>Strategic Objective 3.2: VA holds its personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse</i>							
OIG	Number of reports (audits, inspections, investigations, and other reviews issued that identified opportunities for improvement and provide recommendations for corrective action (#585)	309	330	330	TBD	N/A	Off Track
OIG	Percentage of recommendations	86%	85%	85%	85%	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report

Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
	implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA (#590)						
OIG	Monetary benefits (\$ in millions) from audits, inspections, investigations, and other reviews (#587)	\$2,840	\$3,100	\$3,400	\$3,700	N/A	Off Track
OIG	Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	21 to 1	22 to 1	22 to 1	22 to 1	N/A	On Track
OIG	Percentage of recommended recoveries achieved from post award contract reviews (#591)	100%	98%	98%	98%	N/A	On Track
OIG	Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	2,914	2,400	2,100	2,100	N/A	On Track
OIG	Percentage of investigative cases that resulted in criminal, civil, or administrative actions (#694)	74%	72%	74%	74%	N/A	On Track

Department of Veterans Affairs FY 2018 Annual Performance Report							
Administrations & Organizations	Performance Measure	Results	Strategic Targets				FY 2018 Performance Status
		2018	2018	2019	2020	2021 (VHA ONLY)	
Strategic Goal 4: VA Will Transform Business Operations by Modernizing Systems and Focusing Resources More Efficiently to be Competitive and to Provide World Class Customer Service to Veterans and its Employees							
<i>Management Objective 4.1: VA's infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to adapt to changing business environments and Veteran needs</i>							
No Measure Alignment							
<i>Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families</i>							
HRA	FEVS-AES Employee Engagement Index Score (#608) *the 6 FEVS-AES questions were discontinued in FY 2017	69.3%	65	N/A	N/A	N/A	On Track *Replaced by #794
HRA	Percentage of VA employees who are Veterans (#278)	32.47%	35%	35%	35%	N/A	Off Track
HRA	Executive fill rate, non-medical center directors (#715)	79.8%	80%	80%	80%	N/A	On Track
<i>Management Objective 4.3: VA IT modernization will deliver effective solutions that enable VA to provide improved customer service and a secure, seamless experience while decreasing its rate of spend</i>							
No Measure Alignment							
<i>Management Objective 4.4: VA will institutionalize data supported and performance focused decision making that will improve the quality of outcomes</i>							
No Measure Alignment							

Appendix B – FY 2019-20 Annual Performance Plan (APP)

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
Strategic Goal 1: Veterans Choose VA for Easy Access, Greater Choices, and Clear Information to Make Informed Decisions							
<i>Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices</i>							
VHA	Total number of service members contacted within 90 days of their separation from military service (#786)	N/A	N/A	N/A	15%	15%	NEW - beginning in FY 2020
<i>Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose</i>							
VBA	Percent of IDES participants who will receive VA Benefit Notification letters within 30 days (#469)	61%	80%	62%	63%	N/A	--
VHA	(Composite Measure) The average of the percent “Always” and “Usually” responses for four access measures found in the Patient Centered Medical Home survey and the Specialty Care Consumer Assessment of Health Providers and Systems Survey (#681)	80%	81%	82%	83.0%	83%	--
VEO	It was easy to get the services I need (#746)	N/A	N/A	90	90	N/A	NEW - beginning in FY 2019
VEO	I feel like a valued customer (#752)	N/A	N/A	90	90	N/A	NEW - beginning in FY 2019
VEO	I got the services I need (#761)	N/A	N/A	90	90	N/A	NEW - beginning in FY 2019
OPIA	Annual percentage increase of Veterans using benefits as a result of advertising and marketing efforts (#536)	11%	12%	12%	12%	N/A	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
OPIA	Increase traffic to and from the content delivery platform (#659)	3,434,880	2,523,791	3,028,549	TBD	N/A	--
Strategic Goal 2: Veterans Receive Timely and Integrated Care and Support that Emphasizes their Well-being and Independence throughout their Life Journey							
<i>Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence</i>							
BVA	Appeals Adjudicated (formerly Appeals Decided) (#65)	85,288	81,033	90,050	TBD	N/A	--
BVA	Number of appeals in BVA's pending inventory (#561)	137,383	Baseline	Baseline	TBD	N/A	--
BVA	Percent of appeals decided with at least one remanded issue (#709)	54.9%	Baseline	Baseline	TBD	N/A	--
BVA	Hearings held (#712)	16,423	Baseline	Baseline	TBD	N/A	--
BVA	Number of issues decided (adjudicated) (#778)	253,450	Baseline	Baseline	TBD	N/A	--
BVA	Appeals Dispositions - Average Days to Complete Original Appeals (from date of certification (Form 8) until Board disposition date) (#573)	752	694	TBD	TBD	N/A	--
BVA	Decisions per FTE (#780)	92.7	Baseline	Baseline	TBD	N/A	NEW - beginning in FY 2019
VHA	Overall Rating of Community Care (#760)	N/A	N/A	79%	79%	79%	--
VHA	Percentage of Community Care claims processed timely (#635)	N/A	N/A	90%	90%	90%	NEW - beginning in FY 2019
VHA	Percentage reduction in backlogged claims for VA's Community Care Program (#803)	N/A	N/A	Baseline	TBD	TBD	NEW - beginning in FY 2021
VHA	Overall Rating of Hospital (#747)	N/A	N/A	66.5%	67	68	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
VHA	Overall Rating of Primary Care Provider (#741)	N/A	N/A	70%	71	71	--
VHA	Overall Rating of Specialty Care Provider (#750)	N/A	N/A	67.5 %	69	70	--
VHA	Percentage of Veterans receiving a portion of care via telehealth modalities (#742)	N/A	N/A	14%	15%	16%	--
VHA	Number of unique Veterans accessing Whole Health services (#790)	N/A	N/A	Baseline	TBD	TBD	NEW - beginning in FY 2020
VHA	Number of Whole Health encounters (#791)	N/A	N/A	Baseline	TBD	TBD	NEW - beginning in FY 2020
VHA	Number of unique Veterans receiving Whole Health peer visits (#792)	N/A	N/A	Baseline	TBD	TBD	NEW - beginning in FY 2020
VHA	Number of peer-based, Whole Health Pathway encounters (#793)	N/A	N/A	Baseline	TBD	TBD	NEW - beginning in FY 2020
VHA	Percentage of Veterans receiving telehealth at home or on a mobile device (#753)	N/A	N/A	1.5%	3%	TBD	NEW - beginning in FY 2020
VBA	National Accuracy Rate - Percent of disability compensation rating issues processed accurately (#304)	94.9%	96%	96%	96%	N/A	--
VBA	Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (#494)	N/A	N/A	TBD	TBD	N/A	--
VBA	Average days to complete original education claims (#218)	24.5	28	28	28	N/A	--
VBA	Average days to complete supplemental education claims (#219)	12.3	14	14	14	N/A	--
VBA	Default resolution rate (#226)	87.6	81	80	80	N/A	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
VBA	Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (thousands) (#514)	164	187	70	N/A	N/A	--
VBA	Appeals Processing - Notices of Disagreement (NODs) Average Days Pending (#545)	400.9	413	250	N/A	N/A	--
VBA	Appeals Processing - Substantive Appeals to the Board (Form 9) Pending Inventory (thousands) (#607)	22	32	5	N/A	N/A	--
VBA	Appeals Processing - Substantive Appeals to the Board (Form 9) Average Days Pending (#655)	361.4	389	200	N/A	N/A	--
VBA	Appeals Processing - Substantive Appeals to the Board (Form 9) Average Days to Complete (#685)	546.3	425	275	N/A	N/A	--
VBA	Percent of calls answered by the VBA National Call Center within 2 minutes (#840)	N/A	N/A	67%	69%	N/A	NEW - beginning in FY 2019
VBA	Percent of calls blocked by the VBA National Call Center (#841)	N/A	N/A	0.05 %	0.04%	N/A	NEW - beginning in FY 2019
VBA	Percent of calls to the VBA National Call Center in which the agent handled the call properly (#842)	N/A	N/A	89%	90%	N/A	NEW - beginning in FY 2019
VBA	Average days to complete higher-level reviews (#843)	N/A	N/A	125	125	N/A	NEW - beginning in FY 2019
VBA	Quality of higher-level review decisions (#844)	N/A	N/A	96%	96%	N/A	NEW - beginning in FY 2019
VBA	Claim quality (based on QA) (#845)	N/A	N/A	98%	TBD	N/A	NEW - beginning in FY 2019

Department of Veterans Affairs FY 2020 Annual Performance Plan

Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
VBA	High Client Satisfaction - Measures the percentage of high client satisfaction of all received responses to our customer surveys that scored in either of the highest two categories (#846)	N/A	N/A	95%	95%	N/A	NEW - beginning in FY 2019
VBA	Percent of Survivors Pension entitlement determinations processed within 60 days (#847)	N/A	N/A	55%	60%	N/A	NEW - beginning in FY 2019
VBA	Percent of Survivors Pension entitlement determinations processed within 60 days (#848)	N/A	N/A	93.5%	93.5%	N/A	NEW - beginning in FY 2019
VBA	Percent of Dependents Indemnity Compensation (DIC) rating claims processed within 125 days (#649)	N/A	N/A	84%	84%	N/A	NEW - beginning in FY 2019 (tracked internally prior to FY 2019)
VBA	Percent of Veterans Pension rating claims processed within 125 days (#849)	N/A	N/A	90%	90%	N/A	NEW - beginning in FY 2019
NCA	Percent of Veterans served by a burial option within a reasonable (75 miles) of their residence (#234)	92.1%	92.2%	92.8 %	93%	N/A	--
NCA	Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (#580)	96.9%	97%	97%	97%	N/A	--
NCA	Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	98.7%	99%	99%	99%	N/A	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
Strategic Objective 2.2: VA Ensures At-Risk and Underserved Veterans Receive What They Need to Eliminate Veteran Suicide, Homelessness, and Poverty							
VHA	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (#788)	N/A	N/A	2.3	2.3	2.3	--
VHA	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by scores on the World Health Organization Disability Assessment Scale (WHO-DAS) (#789)	N/A	N/A	1.3	1.3	1.3	--
VHA	Percentage of Veterans flagged as high risk for suicide who have received recommended interventions and follow-up (#756)	N/A	N/A	65%	70%	75%	--
VHA	Geriatrics: Percent of total Long-Term Service and Support obligations and/or expenditures devoted to purchased Personal Care Services for frail elderly and disabled Veterans who want to remain at home (#804)	N/A	N/A	Baseline	TBD	TBD	NEW - beginning in FY 2020
VHA	Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	91%	85%	85%	85%	85%	--
VHA	Percent of HUD-VASH vouchers allocated that have resulted in homeless	92%	94%	92%	92%	92%	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
	Veterans obtaining permanent housing (#535)						
VBA	VR&E Class Achievement Rate (#601)	65.2%	68%	68%	68%	N/A	--
VBA	Fiduciary Program: Average Days to Complete Initial Appointment Process (#647)	91.9	88	76%	76%	N/A	--
VBA	Percentage of follow-up field exams completed within 175 days (#850)	N/A	N/A	70	75	N/A	NEW - beginning in FY 2019
VBA	Percentage of follow-up field exams for which Veteran well-being is confirmed (#851)	N/A	N/A	99%	99%	N/A	NEW - beginning in FY 2019
VBA	Average number of days from VR&E's receipt of Veteran's application to notification that the Veteran was found entitled or not entitled to services* (#852)	N/A	N/A	45	45	N/A	NEW - beginning in FY 2019 *Interim measures for FY20, pending broader review and revision of performance measures in CY19.
VBA	Accuracy of requirements in closing a Veteran's case or declaring the Veteran rehabilitated or discontinued* (#853)	N/A	N/A	98%	98%	N/A	NEW - beginning in FY 2019 *Interim measures for FY20, pending broader review and revision of performance measures in CY19.

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
Strategic Goal 3: Veterans Trust VA to be Consistently Accountable and Transparent							
<i>Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions</i>							
VEO	Trust in VA among America's Veterans (#692)	69	90	90	90	N/A	--
<i>Strategic Objective 3.2: VA holds its personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse</i>							
OIG	Number of reports (audits, inspections, investigations, and other reviews issued that identified opportunities for improvement and provide recommendations for corrective action (#585)	309	330	330	TBD	N/A	--
OIG	Percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA (#590)	86%	85%	85%	85%	N/A	--
OIG	Monetary benefits (\$ in millions) from audits, inspections, investigations, and other reviews (#587)	\$2,840	\$3,100	\$3,400	\$3,700	N/A	--
OIG	Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	21 to 1	22 to 1	22 to 1	22 to 1	N/A	--
OIG	Percentage of recommended recoveries achieved from post award contract reviews (#591)	100%	98%	98%	98%	N/A	--
OIG	Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	2,914	2,400	2,100	2,100	N/A	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
OIG	Percentage of investigative cases that resulted in criminal, civil, or administrative actions (#694)	74%	72%	74%	74%	N/A	--
Strategic Goal 4: VA Will Modernize Systems and Focus Resources More Efficiently to be Competitive and to Provide World Class Capabilities to Veterans and its Employees							
<i>Management Objective 4.1: VA's infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs</i>							
OALC	The percent of facilities customers that are satisfied with services being provided (#253)	N/A	N/A	70	70	N/A	--
OALC	Percent of major leasing projects accepted by VA as substantially complete in the quarter identified (#825)	N/A	N/A	75	75	N/A	--
OALC	Percent of major construction projects accepted by VA as substantially complete in the quarter identified (#400)	N/A	N/A	75	75	N/A	--
OALC	The percent of procurement customers that are satisfied with services being provided (based on 5-point) (#838)	N/A	N/A	5	5	N/A	NEW - beginning in FY 2019
OSP	Percent of continuity assessment criteria completed at the "Performed without Challenges" rating during the annual Eagle Horizon Exercise (OSP #805) Complete Continuity Assessment Criteria at the "Performed without Challenges" rating during the National Level Exercises (NLE) (#805)	N/A	N/A	75%	TBD	N/A	NEW - beginning in FY 2019
OSP	Number of on-site inspections of VA Police	N/A	N/A	66	TBD	N/A	--

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
	Programs conducted across the Department during the fiscal year (OSP #806) (OSP #806) Conduct 88 on-site inspections of VA Police Programs across the Department during the fiscal year (FY) (#806)						
OSP	Percent of cleared employees who receive Insider Threat training during the calendar year (XXX)	N/A	N/A	100%	100%	N/A	--
OSP	Percent of Readiness Reporting System continuity requirements making "Substantial Progress" (XXX)	N/A	N/A	70%	TBD	N/A	--
Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families							
HRA	AES Level of Employee Engagement (percent engaged) (#794)	N/A	N/A	34.5%	35%	N/A	NEW - beginning in FY 2019
HRA	Percentage of VA employees who are Veterans (#278)	32.47%	35%	35%	35%		
HRA	Retention of VA Veteran workforce (#713)	N/A	N/A	72%	72%	N/A	NEW - beginning in FY 2019
HRA	Time to Hire VA-wide (#718)	N/A	N/A	51%	51%	N/A	NEW - beginning in FY 2019
HRA	Executive fill rate, non-medical center directors (#715)	79.8%	80%	80%	80%	N/A	--
HRA	Executive fill rate, medical center directors (#86)	N/A	N/A	90%	90%	N/A	--
HRA	Mission Critical Occupation Quit Rate - Medical Officer (#796)	N/A	N/A	5.53%	5.53%	N/A	--

Department of Veterans Affairs FY 2020 Annual Performance Plan

Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
HRA	Mission Critical Occupation Quit Rate - Psychologist (#797)	N/A	N/A	below 3.9%	below 3.9%	N/A	--
HRA	Mission Critical Occupation Quit Rate - Psychiatrist (#798)	N/A	N/A	below 5.76%	below 5.76%	N/A	--
HRA	FEVS-AES Best Places to Work Index Score (#795)	N/A	N/A	60%	62%	N/A	NEW - beginning in FY 2019
Management Objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend							
OIT	FITARA Implementation Met (#854)	N/A	N/A	N/A	17	N/A	Metrics change on an annual basis and were not included in FY18 per OMB Guidance.
OIT	Intrusion Detection & Prevention (#855)	N/A	N/A	N/A	4 OF 7 METRICS AT LEAST 90%	N/A	Metrics change on an annual basis and were not included in FY18 per OMB Guidance.
OIT	Exfiltration & Enhanced Defenses (#856)	N/A	N/A	N/A	3 OF 4 METRICS AT LEAST 90%	N/A	Beginning in FY18, OIT implemented the Veteran-Focused Integration Process (VIP) which

Department of Veterans Affairs FY 2020 Annual Performance Plan

Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
							mandates Agile development methodology across all projects. All new projects will be developed utilizing Agile, therefore making this metric obsolete (it will always be 100%). The desired goal of Agile adoption has been completed.
OIT	Data Protection (#857)	N/A	N/A	N/A	4 OF 6 METRICS AT LEAST 90%	N/A	These measures were determined to be operationally focused and not applicable for external reporting. These measures will be tracked internally

Department of Veterans Affairs FY 2020 Annual Performance Plan

Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
							by VA/OIT leadership.
OIT	Hardware Asset Management (#858)	N/A	N/A	N/A	95%	N/A	The redesign of VA. Gov will serve as a single-entry point for Veterans to receive benefits and services. This metric is obsolete (it will always be 1).
OIT	Software Asset Management (#859)	N/A	N/A	N/A	95%	N/A	Moved to EHR Program Office. OIT will be supportive of the EHRM development plan for legacy systems.
OIT	Authorization Management (#860)	N/A	N/A	N/A	100%	N/A	Due to changes in the FISMA Reporting and metric calculation methodology (by DHS and OMB),

Department of Veterans Affairs FY 2020 Annual Performance Plan							
Administrations & Organizations	Performance Measures	Historical Results	Strategic Targets				Justification
		2018	2018	2019	2020	2021 (VHA ONLY)	
							this metric is no longer applicable.
OIT	Mobile Device Management (#861)	N/A	N/A	N/A	95%	N/A	--
OIT	Privileged Network Access Management (#862)	N/A	N/A	N/A	95%	N/A	--
OIT	High Value Asset Access Management (#863)	N/A	N/A	N/A	95%	N/A	--
OIT	Automated Access Management (#864)	N/A	N/A	N/A	100%	N/A	--
Management Objective 4.4: VA will institutionalize data supported and performance focused decision making that will improve the quality of outcomes							
OSVA	Number of EO 13771 regulatory actions issued (#XXX)	N/A	N/A	6	10	N/A	--
OSVA	Number of EO 13771 deregulatory actions issued (#XXX)	N/A	N/A	5	3	N/A	--
OSVA	Total incremental cost of all EO 13771 regulatory actions and EO 13771 deregulatory actions (#XXX)	N/A	N/A	\$0.00	\$0.00	N/A	--

U.S. Department of Veterans Affairs

Office of Enterprise Integration (OEI)

810 Vermont Avenue, NW Washington, DC 20420

<https://www.va.gov/performance>

