

VA



U.S. Department
of Veterans Affairs

**FY 2021 / FY 2019
Annual Performance Plan and Report
(APP&R)**



**Fiscal Year 2021/Fiscal Year 2019
Annual Performance Plan and Report**

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 the Speaker of the House of Representatives:

When I was confirmed as Secretary of Veterans Affairs in July 2018, we were on the cusp of one of the greatest transformations in the history of the Department of Veterans Affairs (VA). Today, I am proud to report that we are successfully implementing an unprecedented series of reforms to improve care and benefits for America's Veterans. Specifically, the following has been accomplished:

- Implemented the Veterans Appeals Improvement and Modernization Act and completed more than 95,000 appeals decisions in Fiscal Year 2019, a record high and a sign that VA is moving to provide more clarity to Veterans about their benefits;
- Delivered a new community care program and urgent care benefit under the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act which enables Veterans to now have a permanent choice to see non-VA doctors whenever it is in their best medical interest, and to get easy, local access to urgent care for conditions like a sore throat or a sprained ankle;
- Adopted the same electronic health record system as the Department of Defense, scheduled for deployment in 2020, which will give health care providers instant and seamless access to Veterans' military health records and history. Moreover, the new health record will give clinicians a full picture of Veterans' medical history, and enable faster and smarter connections between military service and health outcomes; and
- Worked toward implementing the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) executive order, which aims to bring together stakeholders across all levels of Government and the private sector to address the national suicide epidemic and to provide our Veterans with the specific mental health and suicide prevention services they deserve. VA's suicide prevention work has been bolstered by \$8.6 billion in new mental health services funding that President Trump requested from Congress in 2019.

There is no greater measure of success than the direct feedback from our customers - the Veterans we serve. Presently, Veteran trust in VA has risen to 72% percent and a recent Veterans of Foreign Wars survey found that nearly three quarters of the respondents reported improvements at their local VA. Additionally, more than 90 percent said they would recommend VA care to other Veterans.

This Annual Performance Plan and Report, which is complete, reliable, and accurate in its description of VA's results for FY 2019, details our performance measures, which

ensure we are delivering on our promises to America's Veterans, their families, caregivers, and survivors. We will continue to focus on delivering world-class customer service for all Veterans who trust us with their care.

Our success is driven by a dedicated and compassionate workforce who are proud to fulfill President Lincoln's promise: "To care for him who shall have borne the battle and for his widow, and his orphan."

A handwritten signature in black ink, reading "Robert L. Wilkie". The signature is written in a cursive style with a large initial 'R'.

Robert L. Wilkie

A Reader's Guide to the Annual Performance Plan and Report

This year's Department of Veterans Affairs Annual Performance Plan and Report consists of more than 120 performance metrics across the Department. To help the reader understand the format of this report, we are providing a Reader's Guide. Each performance measure is aligned under a Strategic Goal and a Strategic Objective. Whenever data and narrative are available, VA presents the following information about each measure:

Percent of Veterans served by a burial option within a reasonable (75 miles) distance of their residence (NCA #234)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	91.5%	91.8%	92.0%	92.2%	93%	93.1%
Actual	91.7%	91.9%	92.1%	92.4%		

Current Data

Metric Title & ID #

Future Planned Level of Performance

Analysis of Results

What happened in FY 2019?

NCA continues success in meeting targets and growing the percent of Veterans served within a reasonable distance of their residence. This increase represents service being provided to over 10,000 additional Veterans. This continuing growth enhances access for Veterans and makes it easier for Veterans to choose VA for their interment in our world class facilities.

Target = Planned Level of Performance
Actual = Recorded Level of Performance

Challenges

What makes it difficult to achieve planned levels of performance?

As the number of cemeteries providing service to more Veterans throughout the nation, NCA has fewer opportunities to provide service to large numbers of Veterans with any single site.

Next Steps

What will the program do in the coming 2 years?

To address the issues of Veterans in less densely populated areas, the NCA Rural Initiative is providing service to lower density Veteran population groups in rural areas. To maintain (or restore) service in high-density urban areas, the Urban Initiative is placing columbaria to enhance or restore service in select urban areas. These columbaria restore or extend service to existing facilities at a cost significantly less and in a timeframe significantly shorter than would building a new facility.]

Occasionally, VA does not have targets or data for a measure going back to Fiscal Year 2016. When that is the case, we use “—” to signify there is no data for a field. When an activity has never been tracked before in the form of a performance measure, we must spend the first year gathering data, called a baseline, which represents the starting point. Additionally, there are some instances where we are unable to forecast a level of performance for a future year; when that is the case, the target will be designated as to be determined (TBD).

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Mission Statement

The Department of Veterans Affairs mission is best articulated by President Abraham 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, describes 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.

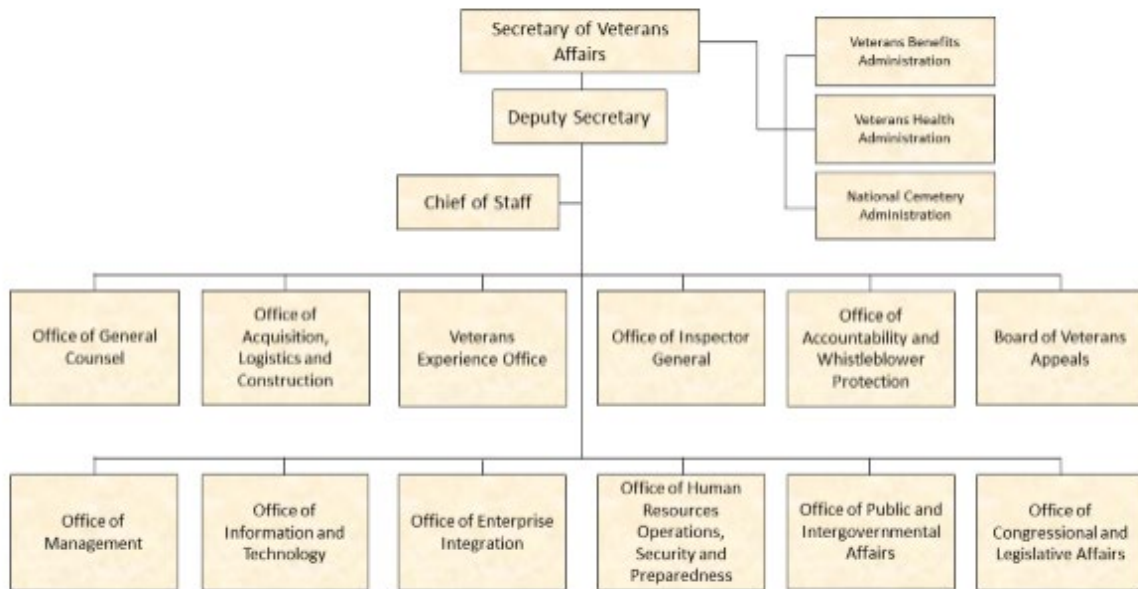
VA fulfills these words by providing world-class benefits and services to the millions of men and women who have served this country with honor in the Armed forces. President Lincoln's words guide all VA employees in their commitment to providing the best medical care, benefits, social support, and lasting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

Overview

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

- The Veterans Health Administration (VHA) which 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 address 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 compensation; pension; fiduciary services; educational opportunities; vocational rehabilitation and employment services; home ownership promotion; transition assistance; 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; headstones and markers; medallions; and Presidential Memorial Certificates.
- VA Staff Offices provide a variety of services to the Department, including information technology (IT); human resources management, strategic planning, Veterans outreach and education; financial management; acquisition; and facilities management.

Organizational Chart for the Department of Veterans Affairs



Agency Priority Goals

Agency Priority Goals (APG) are mechanisms used to focus leadership priorities; set outcomes; and measure results; and to identify mission areas where agencies need to drive significant progress and change. APG statements are outcome-oriented, ambitious, and measurable with specific targets that reflect a near-term result or the achievements that agency leadership wants to accomplish within 24 months.

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 had four APGs for the FY 2018-2019 cycle. The following section contains a summary of the challenges, opportunities, goals, and results associated with each of the APGs for the cycle that ended on September 30, 2019.

Appeals Improvement and Modernization Act Implementation

Goal

VA intended to improve its claims and appeals process by implementing the new, streamlined framework authorized by the Veterans Appeals Improvement and Modernization Act of 2017 (AMA). By February 19, 2019, VA had fully implemented AMA and adjudicated decision reviews and appeals under the new appeals system while resolving the remaining legacy appeals, (i.e., the appeals filed under the pre-AMA legal framework).

Challenges

The challenges associated with improving the VA claims and appeals process included the following:

- The existence of an appeals process that was slow, complex, contained multiple processing steps, and split jurisdictions across VA's three Administrations; and
- A process of continuous evidence gathering and re-adjudication that caused delays in reaching a final decision.

Opportunities for Improvement

The opportunities for improving the VA claims and appeals process included the following:

- Overhauling VA's current appeals process and providing Veterans, their families, and survivors with choices for resolving disagreements with VA decisions;
- Including safeguards to ensure claimants receive the earliest effective date possible for their claims; and
- Facilitating more timely final decisions.

Achievement

VA promulgated regulations; established procedures; created training materials; hired and trained personnel; implemented IT system changes; and conducted outreach to timely implement the law on February 19, 2019.

Community Care

On June 6, 2018, Congress enacted the VA Maintaining Systems and Strengthening Integrated Outside Networks (MISSION) Act to effectuate community care reform. In a nutshell, the MISSION Act consolidated multiple community care programs into one program.

Goal

VA's goal was to improve Veterans' health experiences by consolidating all VA-purchased care programs into one modernized community care program. By September 30, 2019, VA increased the targeted percentage of Veterans who were satisfied with the community care they received from 73 percent to 79 percent.

Challenges

The challenges related to improving Veterans' health experiences by consolidating all VA-purchased care programs into one modernized community care program include the following:

- VA's ability to develop and implement the Community Care Network was contingent upon timely contract award; and
- The timeline for enactment of the community care legislation impacted the ability for VA to simplify the process to access and manage community care through a consolidated program.

Opportunity for Improvement

The opportunity for improvement related to improving Veterans' health experiences by consolidating all VA-purchased care programs into one modernized community care program included the enactment of new legislation to consolidate community care and a new contracting vehicle to purchase community care would enable VA to improve Veteran satisfaction with community care.

Achievement

The latest data available showed that 76.1 percent of the Veterans surveyed stated they were 'satisfied' or 'very satisfied' with their community care.

Veteran Suicide Prevention

Goal

VA had the following two goals for Veteran suicide prevention:

- By September 30, 2019, the percent of Veterans targeted through predictive modeling algorithms within the VHA system that receive core recommended interventions would increase to 90 percent from the baseline of 57 percent; and
- By September 30, 2019, VA would have partnered with the Department of Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) and 17 cities in a "Mayor's Challenge" to develop community plans to end Veteran suicide outside the VHA system.

Challenge

The challenge to Veteran suicide prevention is identifying the people who need interventions to reduce the likelihood of suicide and overdoses.

Opportunities for Improvement

VA uses advanced analytics combined with clinical interventions to identify people most likely in need of preventive intervention and connects them with services. In addition, to helping Veterans who are not enrolled in VA care, VA would partner with HHS/SAMHSA and multiple cities and states to develop community action plans to end Veteran suicide.

Achievement

By September 30, 2019, VA reported that 85.5 percent of Veterans targeted through predictive modeling algorithms were receiving core recommended interventions. In addition, by September 2019, VA and SAMHSA had developed community plans to end suicide of the Veterans outside of VHA care in 24 cities and 7 states.

Veteran Customer Experience

Goal

VA's goal for the Veteran customer experience was to increase Veteran trust in VA. By September 30, 2019, Veterans' positive responses would increase from 67 percent (September 30, 2017) to 90 percent in response to the statement, "I trust VA to fulfill our country's commitment to Veterans."

Challenge

The Veteran customer experience challenge was incorporating Veteran experience data in all business processes to drive performance improvements in health care and benefits to increase Veterans' trust in VA.

Opportunities for Improvement

The opportunities for improvement of the Veteran customer experience include the deployment of data science analytics, based on near real time Veteran feedback, to enable VA to detect trending concerns and predict emerging topics before they intensify.

Achievement

Although VA did not meet its goal of 90 percent,¹ trust in VA and outpatient scores for trust, ease of experience, effectiveness of interaction, and emotion have all increased since July 2017.

Cross-Agency Priority Goals

The Government Performance and Results Modernization Act require each Agency to address Cross-Agency Priority (CAP) Goals in the agency strategic plan; the annual performance plan; and the annual performance report. Please refer to www.Performance.gov for the Department's contribution to those goals and progress, where applicable.

Strategic Goals Overview

The Department's refreshed strategic plan for FY 2018-2024 articulates the framework for transforming the VA over the next 5 years. Under the new plan, to which the annual performance plan and results aligns, VA will accomplish the following strategic goals:

¹ More information on APGs is available at <https://www.performance.gov/>.

- **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, support and excellent customer service that emphasizes their well-being and independence throughout their life journey.
- **Strategic Goal 3:** Veterans trust VA to be consistently accountable and transparent.
- **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 Objectives and Priorities

VA Agency Priority Goals (APG) for FY 2020 – FY 2021

Suicide Prevention - Through Clinical and Community strategies, 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.

Telehealth/Connected Care - VA will improve Veterans' access to quality health care using digital care delivery methods.

Veterans' Experience with va.gov - VA will measure and improve Veteran Experience with VA.gov using the Federal Government customer experience (CX) drivers identified in Office of Management and Budget (OMB) Circular A-11.

Decision Reviews and Appeals – VA will provide claimants who disagree with VA's decisions on benefits claims and appeals with timely reviews under the new, streamlined process authorized by the Veterans Appeals Improvement and Modernization Act of 2017.

All of VA's APGs support 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.* This goal covers a significant portion of VA's direct delivery of services to Veterans, focusing on high-performing and integrated delivery networks and outreach to and support of at-risk Veterans.

Performance Results and Plans

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

To provide Veterans with better choices and access to the benefits, care, and services they need, we must enhance our understanding of what they are experiencing in their lives. VA will combine understanding of the Veteran with continuous market analyses of availability and quality of provider options to provide a better range of choices for our Veterans. This is what we mean by greater choice. Furthermore, VA must compete for our Veteran customers or risk losing them. We welcome the challenge because we believe competing with the private sector to serve our Veterans will make us stronger. In this goal, we also expand easy access beyond making an appointment. It also applies to Veterans being able to use any benefit, care, or service they need no matter where they are.

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

VA understands our Veterans' lives and relevant experiences to better anticipate what they will need. This includes understanding the evolving nature of military service and combat; understanding the new and pervasive challenges transitioning Servicemembers tell us they are facing; and communicating often with our Veterans to ensure we are achieving the outcomes they desire.

SUMMARY OF ACHIEVEMENTS

The VA Center for Faith and Opportunity Initiative (CFOI) established and fostered new partnerships with external faith-based, nonprofit and for-profit organizations with Veterans program such as Music City Baptist Church; Google; USAA; the Salvation Army; Volunteers of America; the City of Dallas; Workforce Solutions; Red, White and You; and numerous houses of worship nationwide.

In FY 2019, CFOI engaged and collaborated with the National Council of Churches (NCC) and hosted the second Annual VA CFOI Information Roundtable which had representation from 100,000 denominations and over 40 million congregants. CFOI collaborated to leverage their networks to serve the needs of Veterans, their families, survivors, caregivers, and other beneficiaries.

VA completed development of the Individual Longitudinal Exposure Record, a Web-based application that enables the Department of Defense (DoD) and VA to link an individual to exposures to improve the efficiency, effectiveness, and quality of health care and to assist VA with benefits determination.

VA entered into a strategic partnership with the Administration on Community Living to address Veterans who are at risk for imminent institutionalization and death to provide them with a choice to remain in their home to receive care and services.

VBA marketing the Benefits Delivery at Discharge (BDD) program in FY 2019 through tactical outreach, strategic partnerships with DoD, and newly developed modes of program marketing (quick response codes, YouTube videos, social media). VBA improved the average days to complete BDD claims, averaging 54 days in FY 2019 compared to 65 days in FY 2018. Of the over 35,000 claims completed in FY 2019, half yielded Veterans a benefits decision within 30 days of separation.

On January 2, 2019, DoD signed a new policy allowing Veterans and their caregivers access to DoD installations with proof of identity, fitness, and purpose.

FINAL ASSESSMENT

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 1.1 has made noteworthy progress.

Total number of Servicemembers contacted within 90 days of their separation from military service (#786)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	15%	15%
Actual	---	---	---	---		

Measure Introduction²

VHA did not implement this program during FY 2019 due to delays in the necessary enhancements for the Customer Relationship Management/Unified Desktop Optimized System.

STRATEGIC OBJECTIVE 1.2: VA ENSURES VETERANS ARE INFORMED OF, UNDERSTAND, AND CAN GET THE BENEFITS, CARE, AND SERVICES THEY EARNED, IN A TIMELY MANNER.

As the Chief Advocate for our Veterans, VA proactively educates and informs all Veterans about what they are entitled to, or eligible for, as well as what other non-VA provided benefits are available to them based on their personal needs, location, and desires well before they depart military service.

² Measure introduction will be used to provide a definition or a description of a new measure to be tracked starting in FY 2020 or FY 2021.

SUMMARY OF ACHIEVEMENTS

The VHA Survey of Healthcare Experiences of Patients Program conducted focus groups of Veterans to identify what types of information they would find most useful regarding the quality of health care in both VA and in the local community to support Veteran decision-making about which option to choose should they qualify for care in the community.

NCA completed its first ever Memorial Affairs quick start guide (QSG) designed and tested with Veterans to help them understand and navigate NCA benefits. VA developed QSGs on three additional topics: Caregiver Benefits, Mental Health Services, and Survivor Benefits.

VBA implemented 32 GI Bill related provisions from the Colmery Act, also known as the “Forever GI Bill”, to include the Veteran Employment through Technology Education Courses Pilot Program an accelerated learning program that allows eligible Veterans to train in a high technology field with no charge against their existing GI Bill entitlement.

VA changed its Web site to VA.gov to provide clear, accessible information on VA services and to allow Veterans to search the status of their appeal. In addition, the Board of Veterans’ Appeals (BVA) upgraded its Web site to show information and metrics related to hearings and decisions on appeal.

VA is fully integrated into the Transition Assistance Program (TAP) Interagency Partnership through the Office of Transition and Economic Development (TED) to conduct VA’s portion of TAP and as lead for the activities in the transition space. The TAP Interagency Partnership consists of the Departments of Labor (DOL), Education, Homeland Security (Coast Guard), DoD, the Office of Personnel Management, and the Small Business Administration.

Through TED, VA also collaborates regularly with state and local governments. The Economic Investment Initiatives (EII) Program works with all levels of Government as well as local and national grassroots organizations and VSOs to provide Servicemembers and Veterans with opportunities to achieve economic success and total well-being from military service through civilian life by educating them about VA benefits and services; providing economic information; and connecting them with partners, tools, and their communities. EIs are normally conducted in qualified opportunity zones (as defined by the Internal Revenue Service) to address Servicemembers and Veterans’ needs in areas that are economically challenged.

Increase percentage of Veterans aware of using benefits, reached through advertising and marketing efforts (#536)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	15%	15%	13%	12%	11%	11%
Actual	14%	11%	11%	11%		

Analysis of Results

The target was not met for several reasons. First, the Veteran population continues to decrease. This factor along with a smaller transitioning military population impacts growth in accessing VA benefits. Next, the Explore VA digital outreach campaign was retired. This unfunded campaign was replaced as part of an overall digital transformation initiative with VA.gov. Our target audiences are learning about VA benefits and services through other sources such as partnering organizations or directly with medical centers that our tracking would not document. Across the Department, outreach and special staff have fully engaged across the service and benefit lines to reach Veterans, their families and survivors. The use of integrated outreach means utilizing social media, call centers, traditional and digital advertising, partnerships, suicide prevention training and direct community engagement with outreach and professional staff to engage with our target audiences sustained our commitment to meeting the Secretary's priorities.

Challenges

With the exceptions of mental health, suicide prevention, and medical professional recruiting, advertising funding is extremely limited in the Department. The priority of national advertising campaigns is toward mental health and suicide prevention and clinician recruiting. Digital outreach performs well with reliable metric aspects; however, reaching rural Veterans is another challenge. Expensive traditional media is often required such as billboards, radio, television and print methods. Effective rural outreach will require improved telehealth reach, conducting scheduled benefits outreach in those areas with partner organizations and mobile outreach assets.

Next Steps

Beginning FY 2020, National Veteran Outreach Office will revise the methodology used to track Veteran awareness of their benefits. First, data will be collected from all access points not just eBenefits. Secondly, the Office of Public and Intergovernmental Affairs (OPIA) in coordination with the Veterans Experience Office (VEO) will work to improve strategy, integration, measurement across the department through improved governance.

Annual percentage increase in viewership of the content delivery platform (#659)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	20%	20%	20%
Actual	---	---	---	40.3%		

Analysis of Results

For the "Viewership of the content delivery platform" measure, OPIA exceeded the 20 percent target established for FY 2019 and closed out the year with a 40.3 percent

increase over FY 2018. This measure is an indicator of how well OPIA leverages social media to provided news and information about benefits and services to Veterans, caregivers, their families and other stakeholders. The measure focuses on total audience across all platforms.

Challenges

Social media is a fluid landscape dictated by influencers and ever-changing algorithms. Facebook for example has changed its business model to encourage organizations to buy advertising -- otherwise they are limited to about 5 to 7 percent reach of their audience per post. OPIA has been creative in maximizing reach despite the pay-to-play algorithm. Going forward, new measurements are needed to accurately reflect performance and the direct impact with VA’s audience.

Next Steps

Using the number of Facebook and Twitter followers is no longer an accurate measurement of the work performed by OPIA across those two channels. As an example, followership for both have been relatively constant for the last couple of years despite improved performance. In 2018, OPIA had one video that exceeded 200,000 views. In 2019, OPIA had two videos exceed a million views each. Additionally, engagement was up by nearly 400 percent and video views exceeded 9 million compared to just a little over 1 million in 2018 yet followership for both remained within a few thousand. Going forward, OPIA will use the following three measurements: 1) total interactions such as comments, likes, shares, retweets, and so on, across all channels; 2) Total page visits - Vantage Point, VA.gov and Borne the Battle downloads; and 3) Total video views: across all platforms. These measurements will more accurately reflect OPIA’s content delivery by not only gauging the total number of views, but how the audience responds and engages with the provided information.

Increase the number of Faith-based and Community leaders trained on VA services, programs and benefit which are available to Veterans (#922)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	Baseline	TBD*
Actual	---	---	---	---		

*To Be Determined

Measure Introduction

Veterans are woven into the American society. Many of these Veterans are not aware of the benefits that they have earned through their military service. The Center for Faith and Opportunity Initiative (CFOI) will develop and train points-of-contact within the faith-based and community leadership on the services, programs, and benefits which support the priorities of the Secretary of Veterans Affairs. Since faith-based and Community Leaders are at the local level, many of them have personal contact with the Veterans

(and their families) in their congregations and communities. This interaction will result in direct contact with Veterans who may not be aware of the benefits that they have earned. With contact being made at the local level, CFOI expects to see an increase in the number of Veterans in rural and underserved communities that begin to access their benefits. As an example of the work that will be done to support Veterans through faith-based programs, VA won approval to declare the month of May “National Faith Based Awareness Month,” expanding outreach through local and community churches, synagogues, and mosques.

Expand awareness of VA programs for Veterans who are homeless or at risk of homelessness (# 923)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	Baseline	TBD
Actual	---	---	---	---		

Measure Introduction

To ensure that Veterans who are homeless or at risk of homelessness are aware that help is available, VA is undertaking an aggressive outreach and communications initiative and corresponding new metric in FY 2020 to expand the awareness of VA and community homelessness resources. Traditional outreach tools and tactics are not always suitable for reaching individuals who lack a fixed address and have limited access to TV, radio and the Internet. Thus, VA will use a variety of creative strategies to encourage Veterans who are homeless or at risk of homelessness to contact their local VA medical center or the National Call Center for Homeless Veterans at (877) 4AID-VET for help - including using individuals who are likely to encounter homeless Veterans such as first responders, homeless shelter providers, and others as VA’s secondary messengers.

Increase the number of Veterans attending VA-sponsored Claims Clinics in Indian Country (#924)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	Baseline	TBD
Actual	---	---	---	---		

Measure Introduction

The focus of the new outreach claims clinic campaign in FY 2020 is to identify and assist Veterans across Indian Country with presumptive conditions and Veterans who may qualify for other claims. Reaching these Veterans will have a direct and tangible impact on the lives of thousands of Veterans in highly rural areas that were previously not reached. Collecting this information and reporting it to Congress demonstrates that VA is delivering on its promises to increase access to benefits and to care for Native

American Veterans. This information is measurable, quantifiable, and shows the scope and impact of outreach and engagement directly with Native American Veterans.

Percent of Integrated Disability Evaluation System (IDES) Program participants who have a proposed rating completed within 20-day standard. (#469)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	80%	80%	80%	62%	63%	No Longer Tracked
Actual	66%	72%	61%	52%		

VBA Program administered and coordinated with DoD

Analysis of Results

IDES did not meet the annual target for FY 2019. The contributing factor to missing the FY 2019 target was program delays throughout the year and the termination of the Secure Access File Exchange which is the methodology by which DoD and VA transferred IDES claims and completed documents to each other. Through process improvements, to include updated guidance, collaborative tasking, and close communication with the field and DoD during the third quarter, the IDES program improved performance to a measure of 71 percent for the month of September 2019.

Challenges

VA works collaboratively with DoD to develop claims, and to examine and evaluate Servicemembers going through DoD’s medical separation process. However, the influx of claims inventory is outside of VA’s control. Bi-directional development, electronic systems access, and automated connections are critical functions that are needed for VA to successfully achieve performance goals and objectives for the IDES program.

Next Steps

VA conducted a review of its annual performance plan (APP) measures and found some were not the best fit for future APP measure tracking. This measure was among those and will no longer be tracked and reported externally after FY 2020. It may, however, be tracked and monitored internally.

It was easy to get the services I need (#746)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	Baseline	90%	90%	90%
Actual	---	---	69%	71%		

I feel like a valued customer (#752)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	Baseline	90%	90%	90%
Actual	---	---	71%	73%		

I got the services I needed (#761)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	Baseline	90%	90%	90%
Actual	---	---	69%	76%		

Analysis of Results

VA seeks to become the leading customer experience organization in the Federal Government. A critical component of this goal includes VA's ability to build and maintain trust with Veterans, their families, caregivers, and survivors. In FY 2016, VA established VEO to build a department-wide Veterans experience measurement capability.

To measure VA's progress to achieving 90 percent trust in VA among Veterans, VEO surveyed hundreds of thousands of Veterans across the country and asked them to provide ranked responses to the following four experience statements:

- "I trust VA to fulfill our country's commitment to Veterans." (trust);
- "I got the care or service I needed." (effective);
- "It was easy to get the care or service I needed." (ease); and
- "I felt like a valued customer." (emotion)

In crafting these statements, VEO benchmarked against surveys used in the private sector, and ultimately leveraged the Forrester Model to understand the Veteran customer experience with VA. The scores obtained from this survey set reflect overall Veteran customer experience with VA to capture enterprise trends, rather than trends by a VA line of business.

Trust in VA among America's Veterans (#692)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	Baseline	90%	90%	90%	90%	90%
Actual	60%t	69%	70%t	72%		

Analysis of Results

Since the inception of the VA-wide Trust Survey in the second quarter of FY 2016, Veteran Trust has risen from 60 percent to 72 percent. In FY 2019, VEO focused on

the following areas in order to drive an increase in overall VA trust and a higher level of satisfaction in ease, effectiveness, and emotion:

- Sustain and mature customer experience (CX) capabilities across VA pursuant to the President's Management Agenda (PMA), the Secretary of Veterans Affairs' CX Policy, and 38 CFR Part 0;
- Hardwire Veteran, family, caregiver, and survivor feedback into strategy and decision-making in VA, by collecting and analyzing quantitative and qualitative insights, predictive analytics, and infusing CX data and insights into VA governance;
- Hardwire employee feedback into decision-making in VA and deploy tangible CX tools to empower employees to deliver great experiences;
- Deliver capabilities and tangible projects with measurable impact that have been designed, tested, and implemented by effectively using human center design, program planning, budget forecasting, and other project management technics; and
- Synchronize and refine VEO internal and external communications to ensure key stakeholders are informed of VEO contributions and impact.

Challenges

In FY 2019, VEO successfully automated the nationwide enterprise trends trust survey. Each quarter, VA surveys Veterans who use any service about VA's performance. This survey has reached over 9 million Veterans since September 2016.

THE FY 2019 results indicate that through VA's transformation efforts and initiatives, trust among Veterans towards the VA has improved. When VA started collecting Veteran feedback about trust in the second quarter of FY 2016 (January - March) the trust score was 55 percent, whereas Veteran feedback in the fourth quarter of FY 2016 (July - September) reflected a trust score of 60 percent. In the fourth quarter of 2017 (July - September) the trust score reached its highest point since measurement began, 69 percent. By the fourth quarter of 2019 (July - September) the trust score reached 72 percent, the highest score achieved since the tracking of Veteran feedback began. Such an increase reflects improvements in the Veteran experience with VA and overall sentiment of trust in VA. This improvement is a testament to the dedication of VA's frontline employees and a strong customer-centric approach across the Department. Frontline employees are applying best practices and methodologies to implement service improvements based on direct feedback from Veteran customers.

Next Steps

In FY 2020, VA will continue to use the enterprise trends trust survey to monitor progress towards increasing Veterans trust in VA each quarter. VA will identify and evaluate strategic impacts and enterprise trends through agency priority goal feedback results to identify areas for performance improvement.

As VA 's data science capability evolves, the enterprise trends trust survey will also be used to help identify and predict topics or issues for improvement, and prescribe recommended courses of action which will help to define goals and areas for performance improvements.

The goal is to drive continuous service improvements, ranging from local customer recovery to enterprise-wide improvements, by using CX questions relating to the Veterans' perception of ease, effectiveness, and emotion when using VA services. This capability will enhance data transparency and provide decision-makers at all VA levels with near real-time, actionable Veteran customer insights which will help to increase the Veterans' overall trust in VA.

(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)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	81%	82%	83%	83%
Actual	78%	79%	80%	81.23%		

Analysis of Results

VHA met the target for the access to care composite measure in FY 2019 (within 5 percent tolerance of the target). This measure captures whether patients can usually or always get access to the following when needed: routine primary care; routine specialty care; urgent primary care; and urgent specialty care. Measures of access are being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. There is considerably more variation at the facility level than there is nationally. The measures for urgent and routine access to primary care are accurate indicators of facilities experiencing high patient growth, clinical turnover, difficulty in hiring staff, or other factors that could adversely impact patient scheduling. Measures of access to routine care are higher than those for urgent care in both the primary and specialty care settings. Access to routine care is higher in the primary care setting than they are in the specialty care setting. VHA has invested considerable human and financial resources to improve the patient experience for our Veterans. VHA will continue the analysis of results to help understand what impacts access and what can be done improve care for our nations Veterans.

Challenges

A main challenge continues to be informing staff at all levels of the organization about their contribution to the Veterans' experience and how that may influence Veterans' perceptions of the care and services they received. This includes assisting staff in understanding what specific clinical care processes drive improvements in the patients' experience, and to seek opportunities to educate and promote strong practices.

Next Steps

Monthly reporting of these metrics will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand key drivers of Veteran satisfaction. In addition, VHA will continue to analyze employee engagement and other All Employee Survey data, as it relates to patient satisfaction. To help facilitate an understanding of the data, VHA has assisted the field through education, consultation services, and customized quality improvement initiatives. VHA will continue to develop tools and provide resources to assist leadership, managers, and front-line staff alike.

Veterans or beneficiaries who are satisfied with the value received for their GI Bill (#911)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	Baseline
Actual	---	---	---	---		

Measure Introduction

VBA's Education Service will obtain data on whether Veterans and/or beneficiaries achieve their personal education goals as a result of using their GI Bill education benefits. This indicator, which will be new in FY 2021, will measure customer satisfaction utilizing the GI Bill and will provide data that will enable VA to: 1) create or modify legislative proposals to impact the overall beneficiary experience; or 2) modify or enact internal procedures and/or policies depending on results and analysis.

Customer satisfaction for VA portion of TAP (#917)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	95%
Actual	---	---	---	---		

Measure Introduction

Overall Customer Satisfaction for the VA Portion of TAP is defined as the aggregate percentage of Transitioning Servicemembers (TSM) that score five questions on the Transition Goals, Plans, and Success Participant Assessment as "strongly agree" or "agree." Two questions cover briefing delivery, one for curriculum, one for expected usage, and one for having increased confidence in transition planning.

The VA portion of TAP is the primary vehicle for TSMs to learn about their VA benefits and services and how to access them. This new metric will demonstrate in FY 2021 how effectively this is being accomplished and the level of satisfaction TSMs have with the VA briefings and support.

Percentage of pension rating claims processed within 125 days (#918)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	80%t
Actual	---	---	---	---		

Measure Introduction

New for FY 2021, the percentage of pension rating claims processed within 125 days will measure the processing timeliness of pension claims in the rating bundle. In January 2019, pension management centers transitioned to the national work queue, a national workload management system. In alignment with this transition, this new measure combines populations of claims that have been included in APR measures of prior years, such as Veterans pension and dependents indemnity compensation.

Average number of days from Vocational Rehabilitation and Employment Service (VRE's) receipt of a Veteran's application to notification that the Veteran was found entitled or not entitled to services (#852)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	45	45	45
Actual	---	---	---	42.25		

Analysis of Results

For this measure, VA achieved and exceeded the 45-day target. This measure is monitored to ensure that Veterans are notified promptly of the entitlement decision in accordance with the strategic target and performance standards.

Challenges

The current system provides effective accounting of entitlement determinations except in the instance where a counselor delays taking the action in the system. Under these circumstances the actual date of entitlement cannot be detailed for the record, as the system will only record the actual date of entry. This challenge will be mitigated by VRE's new case management solution.

Next Steps

VA has embarked upon a comprehensive multi-year modernization effort on the VRE program with a focus on modernizing antiquated legacy systems; streamlining processes; and increasing responsiveness to the Veteran. With the implementation of VRE's modernization initiatives, VRE will have access to improved data and reporting and provide more timely feedback to the Vocational Rehabilitation Counselors on timeliness of entitlement notifications.

Percent of disability compensation rating claims processed within 125 days (#576)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	71%	TBD
Actual	61.01%	66.61%	74.54%	73.16%		

Measure Introduction

This metric is an important measurement of the VBA claims processing timeliness. It tracks against the percent of disability compensation claims VBA has completed within the 125-day target. While VBA strives to complete all claims within 125 days, there are claims that for various reasons are unable to be completed within this time frame (e.g., records requests, exam completion) which is why the target level is set to 71 percent.

Next Steps

VBA’s workload management strategy is to complete claims from Veterans who have been waiting longest, thereby reducing the pending backlog as well as the oldest of those that are approaching backlog status. To execute this strategy, VBA will leverage existing tools such as the national work queue to manage the sequencing of claims processing so that each claim is finalized based on age, once all necessary processing steps have been completed. Additionally, VBA will continue to monitor and manage various metrics such as average days pending; average days to complete; and backlogged claims inventory to ensure success in meeting this target.

Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (#234)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	91.5%	91.8%	92.0%	92.2%	93%	93.1%
Actual	91.7%	91.9%	92.1%	92.4%		

Analysis of Results

NCA continues success in meeting targets and growing the percent of Veterans served within a reasonable distance of their residence. This increase represents services being provided to over 53,000 additional Veterans. This continuing growth enhances access for Veterans and makes it easy for Veterans to choose VA for their interment in our world class facilities.

Challenges

With an ever-increasing number of cemeteries providing services to more Veterans throughout the Nation, NCA has had fewer opportunities to provide services to large numbers of Veterans at any single site.

Next Steps

To address the issues of Veterans in less densely populated areas, the NCA Rural Initiative is providing services to lower density Veteran population groups in rural areas. To maintain (or restore) services in high-density urban areas, the NCA Urban Initiative is placing columbaria to enhance or restore services in select urban areas. These columbarium's restore or extend service to existing facilities at a significantly lower cost and shorter timeframe than what would occur if building a new facility.

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.

VA will deliver integrated and seamless benefits, care, and support resulting in an increased quality of life for Veterans, their families, caregivers, and supporters. An improved quality of life means Veterans are independent, economically secure, and socially engaged in whatever manner they choose and enjoy an enhanced well-being³.

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

VA will leverage highly integrated partnerships with both the public and private sectors to ensure Veterans receive the best care and services available, even if that is outside of VA. If the community provides a better outcome, and the care or service is not considered a foundational VA offering, Veterans deserve the opportunity to get the best care available, rather than settle for sub-par outcomes. This means that VA will excel at its foundational service offerings. VA will also, in partnership with DoD and DOL, better prepare Veterans for employment and reintegration into civilian life.

SUMMARY OF ACHIEVEMENTS

As part of implementing the MISSION Act and improving care for Veterans, VHA awarded three regions of the community care network contract, implemented an urgent care network, and developed access standards for community care. In addition, VHA summarized new benefits for care in the community and provided Veterans information

³ Well-being in this document refers to the social, economic, psychological, spiritual, 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 a negative condition.

on access to these benefits by direct mail campaign to 8.75 million enrolled Veterans and executing 2 million hours of training for VHA employees on how to support Veterans' use of the new benefits.

The VA Office of Veterans Access to Care (OVAC) implemented the Increasing Capacity, Efficiency and Productivity Initiative to facilitate increasing provider productivity across the VHA enterprise. Through this initiative, VHA achieved significant improvements in wait times for primary care. For established patients the wait time was 3 days (lowest to date) and for new patients the wait time was 19 days (a decrease from 22 days) for new patients during FY 2019. There has also been improvements in wait times for mental health care. Specifically, the wait time mental health care for established patients was 2 days (a decrease from 12 days) and 10 days for new patients from FY 2019 (increased use of virtual care modalities and e-consults).

In a continued effort to optimize available appointments, OVAC is implementing open slot management software which allows a patient to be notified through a text message from a specific medical center when an earlier appointment slot is available and to respond to the if they want to be scheduled for the appointment. Currently, 55 VA medical facilities have implemented open slot management.

VA successfully implemented the Appeals Modernization Act AMA and improved timeliness for decisions under the modernized system. VBA and the Board of Veterans' Appeals (BVA) updated Web sites, and generated press releases, videos, and social media about Appeals Modernization.

VA is undertaking a comprehensive effort to update all systems in the rating schedule to incorporate medical advances and to ensure that Veterans are receiving the appropriate level of compensation.

FINAL ASSESSMENT

VA, in consultation with OMB and determined performance toward Strategic Objective 2.1 has made noteworthy progress.

Appeals Adjudicated (#65)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	57,620	63,200	81,033	90,050	91,500	91,500
Actual	52,011	52,061	85,288	95,089		

Analysis of Results

The “Appeals Adjudicated” metric tracks the number of appeals adjudicated, which directly relates to BVA mission of issuing decisions on behalf of the Secretary. Appeals adjudicated is reflective of the Veterans served. BVA established a target of 90,050 appeals adjudicated for FY 2019, but dispatched 95,089 decisions for Veterans and

their families, exceeding the target by 6 percent and setting a record for the largest number of decisions issued by BVA in a year. BVA issued 11 percent more decisions in FY 2019 than it did in FY 2018.

Challenges

BVA’s major challenge is implementing the AMA while reducing legacy appeals. BVA increased the number of dockets it manages to five (legacy appeals; legacy appeals with a hearing request; AMA appeals on direct review; AMA appeals with an evidence submission; and AMA appeals with a hearing request) and coordinates these dockets to ensure timely processing of appeals. Effective coordination included streamlining BVA’s organizational structure. The challenge remains to acquire, develop, and train on systems that enhance the team’s ability to hold hearings and to provide quality appeals decisions in a timely manner.

Next Steps

In FY 2020 and FY 2021, BVA will continue a proactive Veteran-centric strategy to increase the number of Veterans served. BVA on-boarded and trained over 250 new administrative and attorney staff in FY 2019, and will continue to hire and train additional staff in FY 2020. BVA will focus on the following: reducing legacy appeals; holding a higher percentage of scheduled hearings; and working all three hearing dockets of AMA cases in a timely manner. BVA will leverage existing resources by concentrating on actively training staff and partners on AMA; leveraging intra-Departmental partnerships; utilizing virtual hearing capabilities to increase Veteran access, and decrease the hearing no-show rate; strengthening partnerships and accountability with VSOs; improving technology; and continuing participation in employee engagement activities.

Pending Inventory (Board - Legacy Appeals) (#561)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	---
Actual	115,847	153,513	137,383	98,549		

Analysis of Results

BVA now reports legacy appeals pending inventory and AMA appeals pending inventory separately. BVA set a record of 95,089 dispatched decisions in FY 2019, with 93,571 (98 percent) of those decisions being legacy appeals. BVA’s inventory of legacy appeals fell from 137,383 at the start of FY 2019 to 98,549 appeals at the end of FY

2019. BVA does not provide targets for this measure as pending inventory is driven by multiple external factors.

Challenges

VA has prioritized eliminating its legacy appeals inventory. Inventory levels depend on a variety of factors beyond BVA’s direct control. There are legacy appeals at the agencies of original jurisdiction (AOJ) that will be certified to BVA. There are legacy appeals at BVA that must be remanded to AOJs for additional development pursuant to the law before BVA can issue a decision. There are direct docket appeals that must be decided within a 365-day period and are received by BVA on an ongoing basis. Thus, the timely elimination of the legacy appeals inventory requires coordination and cooperation among multiple VA agencies and administrations to ensure appeals move quickly and efficiently for adjudication by BVA.

Next Steps

VA remains committed to eliminating the inventory of legacy appeals by the end of Calendar Year 2022 while simultaneously processing AMA appeals. Inventory reduction will be accomplished through strong partnerships within VA as well as with VA’s stakeholders in the Veteran community. BVA continues to prioritize resources including hiring, training, conducting more hearings in FY 2020, and applying targeted overtime to ensure adequate decision output. BVA will also identify trends and forecast inventory levels - a process that will be greatly enhanced by the separate reporting and tracking of legacy and AMA inventory.

Pending Inventory (BVA - AMA appeals) (#958)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	---
Actual	---	---	---	22,089		

Analysis of Results

On February 19, 2019, VA successfully implemented the new appeals system. AMA implementation resulted in BVA reporting legacy appeals and AMA appeals inventory separately. At the end of FY 2019, there were 22,089 AMA appeals in BVA’s inventory. BVA is working to establish timeliness for AMA, which is dependent on Veteran choices.

Challenges

Inventory is a product of appeals filed under the new AMA and decisions rendered. Appeals filed and decisions rendered are influenced by a variety of factors. BVA now receives legacy and AMA appeals simultaneously. Like legacy inventory, AMA inventory levels are tied to a variety of factors that are outside of BVA’s direct control.

Also, because FY 2019 and FY 2020 are baseline years for AMA, there is not enough AMA data to adequately predict target inventory levels.

Next Steps

VA remains committed to processing AMA appeals while eliminating the inventory of legacy appeals as quickly as possible. With the implementation of the new technology CaseFlow, BVA made considerable progress in FY 2019 in better tracking and coordinating the movement of appeals inventory internally and across stakeholders. With an aim to increase the number of hearings held, BVA will continue to hire and train additional administrative and legal staff and will target overtime for adequate decision output. BVA is now regularly reporting and tracking legacy and AMA inventory independently to better identify trends and enhance BVA’s ability to forecast future inventory.

Hearings Held (#712)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	Baseline	Baseline	24,300	24,300
Actual	13,535	16,626	16,423	22,743		

Analysis of Results

Between FY 2018 and FY 2019, BVA increased the total number of hearings held for appellants (Veterans and their families) by 38 percent. BVA has tracked the number of hearings held for several years; however, this metric only debuted in the APP Report in 2018. The metric was re-baselined in FY 2019 due to the implementation of the AMA.

Challenges

In FY 2019, BVA implemented the AMA, which provides choice, clarity, and control to Veterans in the claims and appeals process. In addition, the AMA requires VBA to schedule all Veteran appellate hearings. In April 2019, BVA took over hearing scheduling which was historically done by VBA regional offices. At the end of FY 2019, BVA is managing almost 62,000 legacy and approximately 11,400 AMA hearing requests.

Next Steps

At the end of FY 2019, the BVA began using an existing technology, VEText (text application) to notify Veterans by text message of their upcoming hearings. These text messages aim to reduce cancellations and “no shows” and increase the number of hearings held. BVA is focused on expanding the use of virtual hearings and other technology to reach more Veterans and other Appellants. In collaboration with the VA Office of Information and Technology (OIT), BVA Board is testing a virtual hearing program that is modelled and built on VHA’s telehealth program. Once implemented,

virtual hearings will make hearings more convenient by allowing Veterans to attend hearings from their home and improve access and service to Veterans who cannot easily travel to a Regional Office to attend a hearing. BVA continuously monitors and evaluates staffing levels at the hearing section to ensure proper resources are directed to this new effort.

Number of Issues Decided (Dispatched) (#778)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	Baseline	Baseline	299,205	299,205
Actual	146,128	143,157	253,450	305,078		

Analysis of Results

This was a baseline year for the numbers of issues decided (dispatched) metric. In FY 2019, the BVA decided 305,078 issues, which was 51,628 more issues than in FY 2018. This measure tracks the number of issues adjudicated on behalf of the Secretary that are presented to BVA for appellate review, which corresponds to BVA’s mission of issuing decisions on behalf of the Secretary. An appeal can have multiple issues, which can result in longer and more complex BVA decisions.

Challenges

This measure, which is very similar to the appeals adjudicated measure, further refines a Veteran’s appeal and provides additional context about the complexity of the appeals decision process. The average number of issues for each appeal has increased over time. Capturing and tracking issues through CaseFlow is essential to BVA’s ability to broker work. Once again, proper staffing levels and training on both new systems and the new law are critical.

Next Steps

In FY 2020 and FY 2021, BVA will continue a proactive and Veteran-centric strategy to provide service to Veterans. BVA on-boarded and trained over 250 new administrative and legal staff and will continue to hire and train in FY 2020. Additionally, BVA will focus on the reduction of legacy appeals; holding a higher percentage of scheduled hearings; and working all three dockets of AMA cases in a timely manner. BVA will leverage existing resources with targeted overtime and the ongoing development of CaseFlow.

Appeals Decided Per Full Time Equivalent ((#780)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	Baseline	Baseline	77	77
Actual	78.8	62.7	92.7	88.3		

Analysis of Results

BVA has tracked the number of appeals decided per full-time equivalent employee (FTE) for several years; however, this metric only debuted as a measure in the APP Report in FY 2018. The metric was re-baselined in FY 2019 due to the implementation of the Veterans Appeals Improvement and Modernization Act in February 2019. In FY 2019, BVA decided 88.3 cases per FTE, a slight decrease from FY 2018. This measure tracks the number of appeals (cases) decided per FTE on behalf of the Secretary that are presented to BVA for appellate review, which corresponds to BVA's mission of issuing decisions on behalf of the Secretary.

Challenges

Despite onboarding and training over 250 new administrative and legal staff in FY 2019, BVA was able to achieve 88.3 decisions per FTE in FY 2019. FY 2019 marks the second consecutive year that BVA has sustained a high level of decisions per FTE. This is a multifaceted measure with the following several factors influencing the results: new hires; complexity of appeals; organizational prioritization of hearing requests; the number of issues per appeal; organizational knowledge lost from attrition; changes in Veterans law; and the implementation of new technologies.

Next Steps

As BVA moves into FY 2020 and FY 2021, it will direct increased resources toward reducing the number of pending hearing requests. This use of resources may result in a temporary reduction in decision output per FTE in those years. However, BVA will continue to work to improve decision production efficiency through a variety of efforts including training, technology, and partnerships. Also, BVA will continue to use overtime to target increases in decision production.

Percent of Appeals Decided with at Least One Remanded Issue (#709)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	Baseline	No Longer Tracked	No Longer Tracked
Actual	---	---	54.9%	56.1%		

Analysis of Results

In FY 2019, 56.1 percent of the legacy appeals decided had at least one issue that BVA returned (remanded) to the AOJ for further development and reconsideration as required by law. This measure tracks the percentage of appeals decided with at least one remanded issue, which allows BVA to accurately track the number of appeals that are being remanded for additional development. In the legacy appeals system, appeals can be remanded multiple times before a claim is resolved. BVA did not provide targets for this measure, as the need to remand an issue is driven by multiple factors beyond BVA's control, such as additional evidence submitted by Veterans; the development conducted by the AOJ; and legal developments from the appellate courts.

In FY 2020, this metric was removed for external reporting because the remand of an appeal is the result of factors outside of BVA's control. However, VA will continue to track this measure internally.

Default Resolution Rate for VA-backed Home Loans (#226)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	80%	80%	81%	80%	80%	80%
Actual	84.02%	85.3%	87.6%	87.4%		

Analysis of Results

The default resolution rate measures the percentage of Veteran borrowers of VA-guaranteed home loans that were able to avoid foreclosure and/or potential homelessness after becoming delinquent on their mortgages. During FY 2019, VA exceeded the target for the “default resolution rate.” VA experienced a slight increase in the number of defaults reported in FY 2019, which affected the number of borrowers who avoided foreclosure and the amount saved in claims payments. Additional factors that maintained the default resolution rate were decreasing interest rates and the implementation of the newly redesigned VA loan electronic reporting interface (VALERI) to identify borrowers who initially default on their mortgage payments. Through the use of this more robust tool, VA was able to proactively intervene making nearly 200,000 calls on behalf of VA home loan participants with lenders to ascertain which loss mitigation options were most beneficial for the borrower’s circumstance.

Challenges

The default resolution rate is dependent upon the financial health of the American economy and is, therefore, inextricably linked to American markets.

Next Steps

VA will continue to develop the redesigned VALERI system, which will serve as a front-to-back-end solution from loan origination to termination. This database will allow VA staff to address all aspects of a loan with one software system. It is anticipated that as environmental factors adjust and VA’s technology improves, VA will be able to continue to help Veterans avoid foreclosure.

Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (Thousands) (#514)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	338	234	187	187*	No Longer Tracked	No Longer Tracked
Actual	231	208	164	164*		

*No longer tracked and reported as of February 19, 2019, due to the implementation of the AMA.

Analysis of Results

VBA achieved the FY 2019 pending inventory target for notices of disagreements (NOD)s, as of the end of February 2019. VBA will no longer track and report this target due to the implementation of AMA, effective February 19, 2019.

Challenges

On February 19, 2019, VA began simultaneously processing AMA and legacy appeals. Splitting resources to address two separate inventories required careful coordination and intensive workload management to ensure an appropriate allocation of resources and distribution of workload.

Next Steps

This measure is no longer tracked and reported as an APP measure as of February 19, 2019, due to the implementation of the AMA, which introduced updated processes and consequently, this metric is no longer tracked or reported externally. Several new measures were introduced to account for performance related to new processes under AMA.

Appeals Processing - NODs Average Days Pending (#545)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	437	413	413	413*	No Longer Tracked	No Longer Tracked
Actual	413	426.9	400.9	389*		

*No longer tracked and reported as of February 19, 2019, due to the implementation of the AMA.

Analysis of Results

VBA achieved the FY 2019 average days pending target for NODs, as of the end of February 2019. VBA no longer tracks and reports this target due to the implementation of the AMA, effective February 19, 2019.

Challenges

On February 19, 2019, VA began simultaneously processing AMA and legacy appeals. Splitting resources to address two separate inventories required careful coordination and intensive workload management, to ensure an appropriate allocation of resources and distribution of workload.

Next Steps

This measure is no longer tracked and reported as an APP measure as of February 19, 2019, due to the implementation of the AMA, which introduced updated processes and consequently, this metric is no longer tracked or reported externally. Several new measures were introduced to account for performance related to new processes under the AMA.

Appeals Processing - Substantive Appeals to BVA (Form 9) Pending Inventory (Thousands) (#607)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	94	45	32	32*	No Longer Tracked	No Longer Tracked
Actual	50	39	22	17*		

* No longer tracked and reported as of February 19, 2019, due to the implementation of the AMA.

Analysis of Results

VBA achieved the FY 2019 pending inventory target for Substantive Appeals to BVA (Form 9), as of end of month February 2019. VBA no longer tracks and reports this target due to the implementation of the AMA, effective February 19, 2019.

Challenges

On February 19, 2019, VA began simultaneously processing AMA and legacy appeals. Splitting resources to address two separate inventories required careful coordination and intensive workload management, to ensure an appropriate allocation of resources and distribution of workload.

Next Steps

This measure is no longer tracked and reported externally as an APP measure as of February 19, 2019, due to the implementation of the AMA, which introduced updated processes. Several new measures were introduced to account for performance related to new processes under AMA.

Average days to complete original education claims (#218)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	28	21	28	28	28	28
Actual	16.7	24.7	24.5	24.1		

Average days to complete supplemental education claims (#219)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	14	9	14	14	14	14
Actual	6.7	8.6	12.3	13.4		

Analysis of Results

VBA's Education Service processed original claims in an average of 24.1 days during FY 2019 which exceeds the national timeliness target of 28 days. Education Service exceeded monthly original timeliness targets in 11 of 12 months during FY 2019.

VBA's Education Service processed supplemental claims in an average of 13.4 days during FY 2019 which exceeds the national timeliness target of 14 days. Education Service exceeded monthly supplemental timeliness targets in 7 of 12 months during FY 2019.

Challenges

Following the implementation of Sections 107 and 501 of the Colmery Act in FY 2020, VA projects that the workload related to processing both retroactive sections and education benefit claims will be higher than usual during the spring 2020 peak season. The increased workload during the spring 2020 peak season may impact VA's established processing timelines for original claims and supplementals.

Next Steps

The implementation of Sections 107 and 501 will allow VA to process education claims in accordance with the Colmery Act, and honors VA's commitment to providing every beneficiary the exact benefits to which they are entitled under that law.

VA will take several actions to minimize any impact on GI Bill students such as hiring and assigning additional employees to assist with processing education claims; instituting mandatory overtime for employees; and implementing streamlining actions when possible to ensure prompt processing. Additionally, VA will provide daily updates on workload and timeliness on its Web site and to VSOs.

Percent of Dependents Indemnity Compensation (DIC) Rating Claims Processed within 125 days (#649)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	84%	84%	No Longer Tracked
Actual	---	---	---	69.9%		No Longer Tracked

Analysis of Results

The FY 2019 target for the percentage of DIC rating claims processed within 125 days was not met. In January 2019, the Pension Management Centers transitioned to the national work queue (NWQ), a national workload management system. This transition allows for processing prioritization of the Nation’s oldest claims. As a result of processing the oldest claims, the target for percentage of DIC rating claims processed within 125 days was not met.

Challenges

As a result of the transition into the NWQ environment, it is expected that the Nation’s oldest claims are prioritized. Although VA did not meet this goal, putting DIC claims in the NWQ means that Veterans waiting the longest for a decision would be served first, which has a short-term negative impact on this measure.

Next Steps

Pension and Fiduciary Service will continue to collaborate with NWQ to ensure an optimal distribution of claims to improve benefit delivery timeliness.

Appeals Processing – Substantive Appeals to the BVA (Form 9) Average Days Pending (#655)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	454	431	389	389*	No Longer Tracked	No Longer Tracked
Actual	516	447.7	361.4	386*		

* No longer tracked and reported as of February 19, 2019, due to the implementation of the AMA.

Appeals Processing – Substantive Appeals to BVA (Form 9) Average Days to Complete (#685)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	576	417	425	425*	No Longer Tracked	No Longer Tracked
Actual	462	590	546.3	264*		

*No longer tracked and reported as of February 19, 2019, due to the implementation of the AMA.

Analysis of Results

VBA achieved the FY 2019 average days to complete target for Substantive Appeals to BVA (Form 9), as of end of month February 2019. Effective February 19, 2019, VBA no longer tracked and reported this target due to the implementation of AMA.

Challenges

On February 19, 2019, VA began simultaneously processing AMA and legacy appeals. Splitting resources to address two separate inventories required careful coordination and intensive workload management, to ensure an appropriate allocation of resources and distribution of workload.

Next Steps

These measures are no longer tracked and reported as APP measures as of February 19, 2019, due to the implementation of the AMA. AMA introduced updated processes and these metrics are no longer tracked or reported externally. Several new measures were introduced to account for performance related to new processes under AMA.

Percent of calls answered by the VBA National Call Center (NCC) within 2 minutes (#840)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	67%	67%	69%
Actual	---	---	---	32%		

Analysis of Results

Due to an 8 percent increase in call volume from FY 2018 to FY 2019, a high agent attrition rate, and performance issues with the customer relationship management/unified desktop optimized (CRM/UDO) tool, NCC was unable to meet the FY 2019 goal of 67 percent for the percentage of calls answered within 2 minutes. Also, factoring into the FY 2019 performance is that NCC assumed responsibility for answering BVA's status calls. These transitions helped improve the Veteran's

experience by eliminating blocked calls and improving services provided, but also negatively impacted the ability of NCC to successfully address incoming calls within 2 minutes.

Challenges

Due to an overall 8 percent increase in call attempts and the increase in volume created by consolidation activities; a high agent attrition rate, CRM/UDO system performance, and latency issues created significant challenges for NCC during FY 2019.

Next Steps

NCC is continuing to implement point-of-interaction processing options to improve the level of service provided to Veterans and reduce repeat callers, which will help to reduce the incoming call volume. NCC has completed an aggressive hiring strategy, which includes an attrition allowance, to close the gap on call center agent vacancies. This strategy will remain in effect to ensure a more consistent agent staffing level moving forward, which will have a positive effect on performance. In coordination with the VA Office of Information Technology (OIT), NCC continues to address the CRM/UDO system performance and latency issues to improve system capabilities, reduce latency, and increase agent efficiency. These changes will help to ensure improved performance during FY 2020.

Percentage of calls blocked by NCC (#841)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	0.05%	0.04%	0.04%
Actual	---	---	---	0.01%		

Analysis of Results

During FY 2019, the inaugural year for tracking this metric, NCC exceeded the blocked call target by blocking only 0.01 percent, or 376 of the more than 7 million incoming calls. This performance ensures that almost every incoming call is appropriately routed to receive information, assistance, and care that is necessary to support access and utilization of the benefits and services provided by VA.

Challenges

NCC continues to experience an increase in incoming call volume and technology performance issues that negatively impact the ability of NCC to provide efficient access to assistance and support.

Next Steps

NCC will continue working closely with OIT in addressing and correcting technology performance issues related to the customer relationship management/unified desktop optimized application. Additionally, NCC continues to implement improved processes and procedures to reduce unnecessary organizational handoffs and repeat calls by resolving more issues during the first interaction with NCC agents. These actions not only improve NCC performance but also help to ensure a more positive Veteran experience.

Percentage of Interactions Correctly Managed by the NCC Office of Field Operations (#842)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	89%	90%	90%
Actual	---	---	---	92.3%		

Analysis of Results

NCC continues to provide high-quality care and support to all incoming callers. The FY 2019 performance of 92.3 percent for this new metric exceeded the target of 89 percent and represents the focus that NCC has placed on providing consistent, correct, efficient, and courteous care to all callers.

Challenges

Increasing call volume and technology performance issues have created a challenging environment for NCC.

Next Steps

NCC continues to take all available actions to address performance issues and improve the experience for agents and callers. These actions not only improve NCC performance but also helps to ensure a more high-quality, positive Veteran experience.

Average days to complete higher-level reviews (#843)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	125	125	125
Actual	---	---	---	37.0		

Analysis of Results

On February 19, 2019, VBA began processing the new higher-level reviews under the AMA with no pending inventory but two fully staffed decision review operations centers (DROC). Also, VBA had low higher-level review receipts as claimants first sought a decision in the AMA's supplemental claim lane. Finally, VBA receipts from BVA (remands and grants), which are worked at the DROCs, have been low as BVA continues to primarily focus on legacy appeal processing. These temporary circumstances allowed VBA to process higher-level reviews at a much quicker rate than the 125-day target. As FY 2020 progresses, VBA anticipates increased higher-level reviews, and BVA remands and grant receipts, which will lead to larger inventories and an increase the average days it takes to complete higher-level reviews. This is a new measure for VBA in FY 2019 and its accomplishment supports VA's mission to deliver timely benefits to Veterans.

Challenges

Challenges include balancing resources between higher-level reviews; the other AMA work types; and the remaining legacy appeals inventory, while ensuring the timely delivery of benefits to all Veterans.

Next Steps

VBA's Appeals Management Office will continue to actively monitor AMA and legacy inventories and appropriately allocate resources to ensure agency goals are met.

Percent of Life Insurance Clients Highly Satisfied with the Program (#846)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	95%	95%	95
Actual	---	---	---	93%		

Analysis of Results

For the high client satisfaction measure, VA achieved the target established for FY 2019 (within 5 percent tolerance of the 95 percent target). This measure reflects the percentage of high customer satisfaction that VA Insurance provides to our Veterans, Servicemembers, and their families. The information is also utilized to determine areas of strength and praise employees when outstanding customer service is provided.

Feedback from customer surveys does show that the insurance service should focus training efforts on follow-up actions to improve service to Veterans and their families. To improve our service to our stakeholders, on a monthly basis, the insurance service completes an analysis of all returned surveys to determine if service was proper, timely, and to pinpoint training needs such as improving follow-up actions and improving employee soft skills.

Of note, Insurance Service outperformed industry and federal government in service levels measured by the American Customer Satisfaction Index (ACSI). The insurance service customer service satisfaction score of 83 is well above the Federal Government average of 70, and higher than the life insurance industry average score of 80.

Challenges

The insurance service has set an aggressive goal of 95 percent rate of high client satisfaction. As discussed above, the commitment of the insurance service to serve Veterans and their families is demonstrated by the way it is outperforming industry and Federal Government in service levels measured by ACSI.

Next Steps

The insurance service completes an analysis of all returned surveys to determine if service was proper, timely, and to pinpoint training needs. In FY 2020, the insurance service began rolling out regular communication to employees regarding the principles of exceptional customer service for both internal and external stakeholders. Additionally, the insurance service will leverage internal and external training resources to provide additional soft skill training to our customer service representatives.

Percent of Survivors Pension entitlement determinations processed within 60 days (#847)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	55%	60%	No Longer Tracked
Actual	---	---	---	11%		No Longer Tracked

Analysis of Results

The FY 2019 target percentage for the number of survivor's pension entitlement determinations processed within 60 days was not met. In January 2019, Pension Management Centers (PMC) transitioned to NWQ, a national workload management system. This transition enables processing prioritization of the oldest claims. As a result of this prioritization, the oldest claims in the survivor pension inventory were adjudicated. Because of the focus on the inventory's oldest claims, FY 2019 saw a lower portion of survivors' pension entitlement determinations processed within 60 days and the target was not met.

Challenges

As a result of the transition to the NWQ environment, it is expected that the oldest claims are prioritized. Subsequently, this target was not met; however, decisions were provided to those who had been waiting the longest.

Next Steps

VA conducted a review of its APP measures and found some were not the best fit for future APP measure tracking. This measure was among those and will no longer be tracked and reported externally after FY 2021. It may, however, be tracked and monitored internally.

National Claim-Based Quality for Pension Claims (Rating) Pension and Fiduciary Service (#848)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	93.5%t	93.5%	93.0%t
Actual	---	---	---	92.6%t		

Analysis of Results

The FY 2019 target for national claim-based quality for pension claims (rating) was not met; however, the target was not achieved by less than 1 percent.

Challenges

As a result of transitioning into NWQ in January 2019, the pension workload that was previously managed by geographic jurisdiction was now managed nationally. As a result, PMCs local claim processing procedures must be reconciled.

Next Steps

The pension and fiduciary service will continue to review errors and trends; identify issues; enhance guidance; and address training needs.

Percent of Veterans Pension Rating Claims Processed within 125 Days (#849)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	90%	80%	No Longer Tracked
Actual	---	---	---	66.4 %		No Longer Tracked

Analysis of Results

The FY 2019 target for the percentage of Veterans pension rating claims processed within 125 days was not met. In January 2019, PMCs transitioned to NWQ, a national workload management system. This transition enables processing prioritization of the Nation's oldest claims. As a result of processing the oldest claims, the target for percentage of Veterans pension rating claims processed within 125 days was not met.

Challenges

As a result of the transition to the NWQ environment, it is expected that the oldest claims are prioritized. Subsequently, this target was not met; however, decisions were provided to those who had been waiting the longest.

Next Steps

VA conducted a review of its APP measures and found some were not the best fit for future APP measure tracking. This measure was among those identified and, as a result, will no longer be tracked and reported externally after FY 2021. It may, however, be tracked and monitored internally.

Accurate Disbursement of Life Insurance Claims (#914)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	99%
Actual	---	---	---	---	---	

Measure Introduction

The accurate disbursement of life insurance claims will measure the accuracy of disbursements (payment of death awards, policy loans and cash surrenders), including eligibility for payment and payment amount. This measure will reflect the number of insurance disbursements processed without error and will be used to determine if proper disbursement is being made.

Timely Disbursement of Life Insurance Claims (#915)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	4 days
Actual	---	---	---	---	---	

Measure Introduction

The timely disbursement of life insurance claims will measure the average processing days for disbursements (payment of death awards, policy loans, and cash surrenders) by determining the average number of workdays from the date insurance claims and policyholders' services receives all the required documentation to the date the internal control staff verifies the payment. The measure will be used to determine timeliness of insurance disbursements made to Veterans and beneficiaries.

Seriously Delinquent VA-Backed Home Loans (#916)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	TBD
Actual	---	---	---	---	---	

Measure Introduction

Seriously delinquent VA-backed home loans are a new measure to be introduced in FY 2021. This measure is a key indicator of the program's overall loan performance, as well as a key benchmark to other loan programs (Federal Housing Administration and conventional loans). Performance under this metric gauges the VA program's ability to meet the strategic mission of ensuring Veterans who are experiencing financial hardship are able to retain their homes or avoid foreclosure; and ensures the VA Home Loan Program exceeds housing industry benchmarks for key metrics; and is viewed by stakeholders as a model program.

VRE Program Participation Rate (#919)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	TBD
Actual	---	---	---	---	---	

Introduction

The VRE program participation rate measures the number of Veterans who have been determined entitled to this benefit by the Vocational Rehabilitation Counselor who entered a plan of services. This measure is relevant to the overall throughput of Veterans participating in the program. Specifically, it is a positive indicator that the program is reaching the growing population of service-connected disabled Veterans in need of services.

Number of VRE Positive Outcomes (#920)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	TBD
Actual	---	---	---	---	---	

Measure Introduction

The number of VRE positive outcomes is defined as the number of Veterans who successfully obtain sustainable employment, higher education, or independent living, either by completing their rehabilitation plan or substantially benefiting from their VRE program participation. Positive outcomes are the primary objective of the VRE program’s mission, as it is the key indicator of successful program completion.

Adherence to 1: 125 Vocational Rehabilitation Counselor to Veteran ratio per Public Law 114-223, Section 254 (#921)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	1:125
Actual	---	---	---	---	---	

Measure Introduction

In accordance with section 254 of Public Law (P.L.) 114-223, the Secretary of Veterans Affairs may use resources to ensure that the ratio of Veterans to Counselors within any program of rehabilitation conducted under chapter 31 does not exceed 125 Veterans to each counselor. By tracking the adherence to P.L. 114-223, VA will ensure that each Veteran participating in the chapter 31 program receives quality and timely services from their Counselor by establishing caseloads at or under 125 Veterans for each counselor.

Percentage of Claims Processed Timely [Community Care] (#635)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	90%	90%	90%
Actual	---	---	---	54.6%		

Analysis of Results

This program did not meet the target of 90 percent timely processed claims. There are a variety of reasons why claims processing has not yet reached its target. The primary reason is that processes are backlog-focused with a first-in-first out strategy. Consequently, claims turnaround timeframes increase as more aged claims in backlog are processed.

Challenges

Challenges in reducing the backlog and improving claims processing timeliness include the following:

- With a focus on first in first out for these claims type, more aged claims are being processed resulting in an increase in average days to process and percent processed within standard.
- Overall backlog reduction progress was slowed by a simultaneous major software deployment while claims processing staff received training and got up to speed on the new system.
- Additional challenges include the submission of incomplete claims from community providers, which requires manual review from staff, and the lack of automated review for unauthorized claims, which all require manual processing.

Next Steps

The VHA Office of Community Care (OCC) has developed a rigorous plan to reduce the claims backlog over the next 8 months and is deploying multiple efforts to address the situation, including the follow:

- Increasing the number of contract and VA staff trained on the new claims processing system;
- Adding additional contract support to process claims more broadly and shifting their functions to focus on unauthorized claims and the automated processing system;
- Addressing the gaps in the automated claims processing system and accelerating deployment of other necessary and complementary systems to ensure increased automated claims processing; and.
- Transitioning customer service calls from claims processing staff to the call center to create bandwidth for processing staff.

Overall Rating of Primary Care Provider (#741)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	70%	71%	72%
Actual	---	---	---	68.85%		

Overall Rating of Hospital (#747)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	66.5%	68%	69%
Actual	---	---	---	67.46%		

Overall Rating of Specialty Care Provider (#750)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	67.5%	70.5%	71.5%
Actual	---	---	---	69.8%		

Analysis of Results

VHA exceeded the target for measures #747 overall rating of hospital and #750 overall rating of specialty care provider. VHA also met the target for the Overall Rating of Primary Care in FY 2019 (within 5 percent tolerance of the target). These metrics are being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. There is considerably more variation at the facility level than there is nationally. VHA produces a key driver analysis for each facility to help managers understand those aspects of care that drives Veterans' ratings of their primary care provider up or down. With that knowledge and understanding, facility leadership can implement policies and practices that can be used to improve the patient experience for our Veterans.

Challenges

A main challenge continues to be informing staff at all levels of the organization about their contribution to the Veterans' experiences and how that may influence Veterans' perceptions of the care and services received. This includes assisting staff in understanding what specific clinical care processes drive improvements in patients' experiences, and to seek opportunities to educate and promote strong practices.

Next Steps

Monthly reporting of these metrics will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand key drivers of Veteran satisfaction. In addition, VHA will continue to analyze employee engagement and other all employee survey data, as it relates to patient satisfaction. Additional analyses are ongoing to examine these and other factors that drive Veteran experiences in the specialty care setting. To help facilitate understanding of the data, VHA has assisted the field through education, consultation services, and customized quality improvement initiatives. VHA will continue to develop tools and provide resources to assist leadership, managers, and front-line staff alike.

Percentage of Veterans Receiving a Portion of Care via Telehealth Modalities (#742)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	14%	16 %	18 %
Actual	---	---	---	15.24%		

Analysis of Results

The program exceeded the target in FY 2019. More than 909,000 Veterans received a portion of their care through one of VA's three telehealth modalities, which is up 18 percent from about 770,000 Veterans in FY 2018. The fact that more than 100,000 additional Veterans used telehealth in FY 2019 demonstrates that telehealth continues to grow in popularity with both Veterans and VA providers as a mission that is critical to the future direction of VA's care for Veterans. As it always has, VA telehealth in FY 2019 removed a lot of barriers for Veterans accessing VA quality care, such as: transportation time and cost; inclement weather; mobility, and social stigma seeking care, particularly with seeking mental health care. Of all the telehealth modalities, VA saw the most growth last year in video telehealth to home or other non-VA location (also known as VA Video Connect) which was 20 percent of all the VA video telehealth in FY 2019, up from only 7 percent in FY 2018. Another expansion in FY 2019 was with VA's Telestroke program, which, through video, brings highly skilled 'stroke neurologists' into VA Emergency rooms and hospitals typically 'after hours' at VA sites that don't have this specialist in house at the time the Veteran presents (e.g., weekends or middle of the night). In FY 2018, there were 14 VA patient sites that were able to participate in the program that treated around 115 Veterans. In FY 2019, Telestroke VA patient sites almost doubled to 29 sites and treated more than 900 Veterans. Having this type of emergency consultation available through telehealth decreases 'door to needle time' of a clot busting drug, when appropriate, and can decrease morbidity and mortality. VA also saw growth in FY 2019 with its asynchronous telehealth services including store-and-forward tele-dermatology, tele-retinal imaging, and tele-sleep medicine.

Challenges

Veterans continue to experience challenges to accessing VA quality care through telehealth due to lack of high-speed Internet, particularly in rural and remote areas.

Next Steps

VA is working on multiple fronts to address the challenges to telehealth expansion. VA has already established 11 clinical resource hubs for mental health services and 12 clinical resource hubs for primary care services. The hubs are in urban locations where it is easier for VA to recruit and hire providers. These hubs, then, through telehealth, become a regional resource for VA clinical care particularly for Veterans who live in more remote and rural locations, where hiring a VA provider is more challenging. VA has also launched the Accessing Telehealth through Local Area Stations (ATLAS)

Program in collaboration with Veteran Service Organizations and retailers who already have established presence (and high-speed internet service) in small town rural communities. Veterans in the small town and surrounding rural community can visit the ATLAS sites and access their VA care team through private secure video telehealth. ATLAS is part of VA's Anywhere to Anywhere telehealth initiative and will soon have additional pilot sites across the country located inside American Legions, VFW Posts, and Walmart clinical services rooms.

Overall Satisfaction Rating of Community Care (#760)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	79%	79%	80%
Actual	---	---	---	78.18%		

Analysis of Results

VHA met the target for the overall satisfaction of community care measure in FY 2019 (within 5 percent tolerance of the target). This measure is the percentage 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 VA when VA facilities are not feasibly available. The survey question is from the survey of health care experiences of patients community care survey. The overall satisfaction with community care is a marker of patients' perceived quality of care. Results from this measure will be used to track improvement across facilities over time in support of VHA's goal to enhance Veterans' health care experiences.

Challenges

During FY 2019, OCC was simultaneously working to implement both the VA MISSION Act of 2018 and its Community Care Network (CCN) contract awards. Both of these initiatives will ultimately overhaul the way VA's care is administered and delivered. The implementation of the MISSION Act only community took place at the end of the 3rd quarter of FY 2019, and award and implementation of CCN is ongoing. Until both initiatives are fully and completely implemented, OCC expects that satisfaction ratings could continue to range below the target.

Next Steps

The VA MISSION Act of 2018 was implemented on June 6, 2019, which will expand Veteran access to community care through increased eligibility and other features of the law. CCN continues to be solicited, awarded, and implemented. Once completed, CCN will expand VA's network of community providers, providing Veterans with greater choice in whom they see if eligible for community care.

Number of Unique Veterans Accessing Whole Health Services* (#790)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	Baseline	2.94%	3.23%
Actual	---	---	111,608	171,522		

*This measure will change to a percentage of unique Veterans accessing whole health services beginning in FY 2020, which is noted in the FY2020 and FY 2021 Targets.

Number of Whole Health Encounters (#791)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	Baseline	1,266,442	1,393,086
Actual	---	---	632,535	1,151,311		

Analysis of Results

FY 2019 was a baseline year for these measures. The FY 2019 numbers represent significant increases from FY 2018 in the number of unique Veterans accessing Whole Health services and the number of whole health encounters. These increases are largely due to increased use of specific whole health approaches as well as improvements and whole health training in the use of whole health stop codes which allow VHA to track use of whole health services more easily.

Challenges

Currently, early outcome evaluations are available through analysis of data. The Office of Patient Centered Care and Cultural Transformation (OPCC/CT) is currently sponsoring an evaluation to provide an in-depth analysis of outcomes. The 3-year evaluation will be completed in 2021.

Next Steps

The evaluation will allow OPCC/CT to further support the most successful whole health elements, refine areas as needed, and move VA forward in providing care to Veterans.

Number of Unique Veterans Receiving Whole Health Peer Visits (#792)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	Baseline	No Longer Tracked	No Longer Tracked
Actual	---	---	2,631	8,644		

Number of peer-based, Whole Health Pathway encounters (#793)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	Baseline	No Longer Tracked	No Longer Tracked
Actual	---	---	6,261	18,420		

Analysis of Results

Peers are used to engage and empower Veterans to explore their mission, aspiration, and purpose, and begin their overarching personal health plan. FY 2019 was a baseline year for these measures. The FY 2019 number represents a significant increase from FY 2018 in the number of unique Veterans receiving whole health peer visits and the number of peer-based encounters. The increases are due to an emphasis on whole health peer elements as well as improvements and training in the use of whole health data codes.

Next Steps

The Whole Health Peer Programs promote a model that uses coaches that are not traditional clinical providers. There is reluctance to fund these models even though they are less costly than traditional providers because only traditional clinical providers are currently recognized to receive funding through the Veterans Equitable Resource Allocation system.

These metrics will continue to be tracked internally, but will no longer appear in the APP. It was determined that these metrics were not sufficiently outcome-oriented to merit tracking at the Department level.

Percentage of Veterans Receiving Telehealth at Home or on a Mobile Device (#753)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	1.5%	2.5%	4.0%
Actual	---	---	---	1.67%		

Analysis of Results

The program exceeded the target in FY 2019. Of all VA telehealth modalities, VA saw the most growth in FY 2019 with video telehealth at home or on a mobile device (VA video connect) which was 20 percent of all of the VA video telehealth activity, up from only 7 percent in FY 2018. By the end of FY 2019, 63 percent of the VA primary care providers and 62 percent of VA mental health providers had completed at least one VA video connect visit since October 1, 2017. The Veteran and/or caregiver's ability to choose to have an appointment, with their VA care team, at home, or other non-VA site, when appropriate, removes many barriers such as: transportation time and cost; inclement weather; mobility; and the social stigma associated with seeking care, particularly mental health care. It is also a great benefit to Veterans who need to take time off from work or need to make childcare arrangements to go to an appointment at a VA clinic. VA has loaned over 20,000 iPads, with built-in 4G connectivity, to Veterans who have no video capability or highspeed Internet in their home.

Challenges

Veterans continue to experience challenges to accessing VA quality care through telehealth due to lack of high-speed Internet, particularly in rural and remote areas.

Next Steps

VA is working on multiple fronts to address the challenges to telehealth expansion. VA has already established 11 clinical resource hubs for mental health services and 12 clinical resource hubs for primary care services. The hubs are in urban locations where it is easier for VA to recruit and hire providers. These hubs then, through telehealth, become a regional resource for VA clinical care particularly for Veterans who live in more remote and rural locations, where hiring VA providers is more challenging. VA has also launched its ATLAS program in collaboration with VSOs and retailers who already have established presence (and high-speed Internet service) in small town rural communities. Veterans in the small town and surrounding rural community can visit the ATLAS sites and access their VA care team through private secure video telehealth. ATLAS is part of VA's Anywhere to Anywhere Telehealth Initiative and will soon have additional pilot sites across the country located inside American Legions, Veterans of Foreign Wars Posts and Walmart clinical services rooms. VA is continuing to provide

training, equipment, and other resources to support the adoption and use of VA Video Connect by all VA providers and Veteran patients.

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 successful transition into society. VA now understands the conditions that put Veterans at a higher risk of suicide, homelessness, and poverty through a program call Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET). We will expand the use of this tool to reach out to Veterans before they transition and leverage our integrated network to provide them services catered to their specific needs. We are no longer waiting until Veterans are in crisis to reach out to them. This is the only way to truly end Veteran homelessness and suicides. Furthermore, VA will improve support to the Veteran families and caregivers to better prepare and sustain them as they take care of their Veterans.

SUMMARY OF ACHIEVEMENTS

Since the implementation of the Supportive Services for Veterans Families (SSVF) in 2012, 716,146 Veterans and their families have been rapidly re-housed or otherwise diverted from homelessness.

VA launched the largest national implementation of a suicide risk identification strategy - a 3-pronged screening process - for all Veterans in VHA care. VEO provided suicide awareness presentations at dozens of events across the southeast which included speaking to hundreds of Veterans, family members, caregivers, and survivors.

In partnership with SAMHSA, VA launched the Governor's Challenge to Prevent Suicide Among Servicemembers, Veterans and Their Families with seven states in February 2019 which expanded on the Mayor's Challenge to Prevent Suicide Among Servicemembers, Veterans and Their Families, working with 24 city governments to end Veteran suicide.

VA released the Mental Health and Suicide Prevention Resource Toolkit for never federally activated former guard and reserve members to educate this population, their families, and their health care providers. Federally activated former National Guard and Reserve members account for about 12.4 percent of total suicides among current and former Servicemembers.

VHA screened 4.9 million Veterans for food insecurity and referred them as appropriate. Several VA medical centers have opened food banks.

Percent of Department of Housing and Urban Development (HUD)-VA Supportive Housing (HUD-VASH) Program Vouchers Allocated that have Resulted in Homeless Veterans Obtaining Permanent Housing (#535)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	92%	94%	92%	92%	92%
Actual	92%	92%	92%	85%		

Analysis of Results

In FY 2019, VA did not meet its 92 percent target for HUD-VASH vouchers allocated that resulted in homeless Veterans obtaining permanent housing. VA missed its target by nearly 8 percent, resulting in an 85 percent allocation of vouchers.

The primary goal of HUD-VASH is to move Veterans and their families out of homelessness, with an emphasis on chronically and highly vulnerable homeless populations who demonstrate a need for case management and supportive services to maintain housing. In FY 2019, over 17,695 Veterans were housed through HUD-VASH. In addition to housing vouchers, HUD-VASH provides case management services designed to assist Veterans through the provision of case management that improves their quality of life and helps to address mental health and substance use problems. Since FY 2008, there have been over 150,000 Veterans who have moved into permanent housing through this program.

Challenges

The primary reasons the target was not met were due to HUD-VASH staffing vacancies and a lack of affordable housing units. At the end of FY 2019, the HUD-VASH program had an 84 percent fill rate, which is 6 percent below the internal target of a 90 percent fill-rate.

Next Steps

VA must improve hiring in HUD-VASH in order to fully utilize the vouchers and meet the target on this measure. HUD-VASH is an intensive case management program with targeted average caseloads of 1 case manager for every 25 Veterans. Vacancies restrict VA from admitting Veterans to the program and getting them housed. As of December 31, 2019, there were over 650 vacancies nationally. Filling those 650 vacant case manager positions would increase capacity in HUD-VASH for an estimated 16,250 additional Veterans. Even reaching 90 percent hires would provide enough capacity to meet the 92 percent target in FY 2020.

Regarding the lack of affordable housing, VA is limited in direct actions it can take. The best strategy is to promote project-based HUD-VASH, in which the vouchers are dedicated to units. The subsidy plays an important role in securing financing for new

construction and development. Another strategy for improving this score in FY 2020 is landlord engagement to prioritize housing Veterans, especially in communities where housing stock is limited. Additionally, some VA medical centers have dedicated housing specialists to help Veterans identify housing and complete the lease process.

Percent of Participants at Risk for Homelessness (Veterans and their Households) Served in Supportive Services for Veteran Families (SSVF) that were Prevented from Becoming Homeless (#606)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	85%	---	85%	85%	90%	90%
Actual	92%	90%	91%	91%		

Analysis of Results

In FY 2019, VA exceeded the 85 percent target by 6 percentage points as 91 percent of participants at risk for homelessness (Veterans and their households) served in SSVF were prevented from becoming homeless.

In August 2019, VA announced \$426 million in awards providing access to SSVF services in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations that assist very low-income Veteran families by providing a range of services designed to promote housing stability. In FY 2019, SSVF assisted over 105,000 individuals, including over 70,000 Veterans (of those assisted, over 9,400 were female Veterans) and over 20,600 children in more than 71,000 households. Of the over 72,000 program participants discharged from SSVF case management services, 82 percent obtained permanent housing.

In February 2019, the Status Query Exchange and Response System (SQUARES) was activated. This online tool provides reliable and detailed information about individuals' Veteran status and eligibility. Information from SQUARES can be printed out and be substituted for a Form DD 214, enabling SSVF and grant and per diem grantees to enroll participants without waiting for paperwork that can delay care. For more information, please visit www.va.gov/homeless/SQUARES.

Challenges

Identifying at risk Veteran families who would become homeless without assistance is the principle challenge. Research by Mary Beth Shinn (Efficient Targeting of Homelessness Prevention Services for Families, 2013) shows that caseworker judgment accurately identifies only one-quarter of those needing prevention services - those who would actually have entered a shelter without assistance. Using a screening tool based on Shinn's research can increase that rate to almost half, but still many prevention services will be delivered to those who would not otherwise become

homeless. Funds delivered to impoverished Veteran households that would not become homeless, while helpful to that household, does not decrease the inflow into homelessness. This is the principle purpose of such SSVF services.

Next Steps

In FY 2020, given the continued success of SSVF in preventing homelessness among at-risk Veteran families, VA will increase the target of 85 percent to 90 percent for “Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless.” As the number of homeless Veterans declines in some communities, SSVF grantees serving these areas will shift resources to prevention and reducing homeless inflows. It is expected that numbers of prevention interventions will also increase due to SSVF’s national Rapid Resolution initiative. This effort seeks to divert inflows into homelessness by reconnecting Veterans to housing available with family or friends.

Through partnerships with the HUD; the United States Interagency Council on Homelessness; other Federal agencies; state and local governments; and volunteer organizations, VA will continue to accelerate efforts to permanently house, rapidly rehouse, or prevent Veterans and their families from falling into homelessness by utilizing VA’s homeless continuum of services and targeted community resources. Central to the strategy is providing permanent supportive housing in the HUD-VASH program and rapid rehousing in the SSVF program. Both permanent supportive housing and rapid rehousing are proven practices that enable Veterans to move quickly into permanent housing.

Percentage of Veterans Flagged as High Risk for Suicide Who have Received All Recommended Interventions and Follow-up (#756)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	65%	83%	86%
Actual	---	---	---	80.9%		

Analysis of Results

The high risk for the suicide management program far exceeded the goal for performance in FY 2019. The goal was set based on a target of having patients receive each of three clinical components of risk management (i.e., timely safety planning, intensive clinical follow-up and subsequent care review) at 90 percent fidelity. Through prioritization of this management program; targeted local action planning; use of nationally developed care management tools; and the dedicated effort of local suicide prevention coordinators VHA far outperformed target. While a subset of patients misses each element of the risk management protocol, those misses tend to be related to patient factors rather than clinical process and thus cluster within patients (i.e., if a patient cannot be found or declines treatment, they will not receive any of the risk management components). The benefits of improvements over the year are that

Veterans clinically identified as being at acute high risk of suicide are now much more likely to receive proactive timely follow-up and from mental health clinicians, utilizing a care protocol based on the clinical evidence-base for effective suicide prevention.

Challenges

The main challenges to implementing this program consistently have been hiring and retaining an adequately sized suicide prevention team at each health care system. Without a team of Suicide Prevention Coordinators available to facilitate and coordinate care engagement for these patients, patients can drop out of care. Another challenge is managing patients when they move, as transfers across facilities care teams require substantial coordination across systems that are not always consistently organized.

Next Steps

The Suicide Prevention 2.0 Initiative includes a facilitated focus on ensuring adequate suicide prevention teams are available at each health care systems. VHA will continue to optimize protocols and decision support systems for high risk patient management, including support for identifying patients, making geographic moves, and facilitating care hand-offs.

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)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	2.3%	2.3%	2.3%
Actual	---	---	---	2.56%		

Analysis of Results

VA met the target for this measure in FY 2019. This measure documents improvement in self-reported mental health symptoms and functioning approximately 3 months after the start of mental health treatment among a national sample of approximately 10,000 Veterans. It is used as one indicator of positive clinical outcomes of mental health treatment in the first 3 months of care. Results indicate that Veterans who receive mental health care have significantly improved symptoms after 3 months.

Challenges

The services monitored by this measure include inpatient; residential and outpatient treatment; and include Veterans with a wide variety of mental health conditions. It is a challenge to ensure engagement across such variability of treatment modalities and patient characteristics. Challenges to the program include those related to engaging Veterans in care, providing the most effective interventions at the time and level that is

clinically needed and wanted, and monitoring outcomes over time so that treatment plans can be adjusted as needed.

Next Steps

The program will follow all established policies and best practices to ensure successful engagement in mental health treatment. The Office of Mental Health and Suicide Prevention has also implemented a national initiative in measurement-based care in order to track outcomes over time.

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)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	1.3%	No Longer Tracked	No Longer Tracked
Actual	---	---	---	0.7%		

Next Steps

This measure has been discontinued because it may not be an accurate reflection of quality of care. Mental health programs will continue to provide long term care using recovery-oriented principles in order to improve Veteran’s lives beyond symptom reduction. VHA decided to continue with measure #788 rather than #789 as it has better and relatively well-validated conversions to quality adjusted life years which can be used for cost effectiveness comparisons.

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)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	Baseline	12%	14%
Actual	---	---	---	10.45%		

Analysis of Results

FY 2019 was the baseline year for this measure. The personal care services programs served an additional 10,000 unique Veterans, increasing from approximately 139,000 Veterans in FY 2018 to 149,000 Veterans in FY 2019. Monthly spending in personal care services for each Veteran increased from approximately \$962 for each Veteran per month in FY 2018 to \$1,121 per Veteran per month in FY 2019.

Challenges

VA faces challenges in finding home care agencies with enough workforce to meet the demand for services for new referrals and increased hours for existing Veterans who have an increased need for personal care at home.

Next Steps

VA has standardized its reimbursement rates for home care which should improve its standing in many markets. VA is also looking to expand alternative programs, like Veteran Directed Care, which allows Veterans to hire their own workers, including family members. Veteran Directed Care grew by 15 percent in FY 2019.

Vocational Rehabilitation and Employment Class Achievement Rate (#601)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	70%	68%	68%	68%	No Longer Tracked
Actual	72%	68.3%	65.2%	63.05%		

Analysis of Results

The VRE class achievement rate measures Veteran program status (persisting, positive outcome, or discontinued) in the VRE program over a 6-year period. While VA did not achieve the target for the class achievement rate, VRE is focusing on several modernization initiatives that will influence this measure going forward such as hiring to maintain the Veteran to Vocational Rehabilitation Counselor (VRC) ratio at 1 to125; improving technology to reduce the administrative burden; and keeping Veterans actively engaged through the lifecycle of their program participation. The class achievement rate is to be removed from reporting in FY 2021. New measures such as VRE's positive outcomes, program participation rate, and adherence to the 1 to125 VRC to Veteran ratio, in accordance with P.L. 114-223, Section 254, are added to the FY 2021 APP Report

Challenges

Many Veterans participate in the employment through the long-term services track pursuing additional training or education, which may take years to complete. Veterans in the program also face complex issues and may take longer to achieve rehabilitation.

Next Steps

VA will no longer report the class achievement rate as it provides an inaccurate depiction of Veteran achievement in the program. Many Veterans in the program face complex issues and may take longer to achieve rehabilitation. The aforementioned issues and other life altering events may impede the Veteran from successfully completing a vocational goal and result in voluntary discontinuation from the program. Although VA actively works to engage the Veteran throughout the lifecycle of their program participation, these discontinuances are counted against the program in the class achievement rate methodology. VA will be reporting on the following three new metrics instead of the class achievement rate: VRE's positive outcomes; program participation rate; and adherence to the 1 to125 VRC to Veteran ratio, per P.L. 114-223, Section 254. The three new metrics provide a more comprehensive view of the VRE program and overall Veteran success compared to the class achievement rate.

Average Days to Complete Initial Appointment Exam (#647)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	244	149	88	76	76	76
Actual	287	133.9	91.9	68.6		

Analysis of Results

The FY 2019 target of 76 days for the average days to complete initial appointment exams was exceeded by 10 percent, as the fiduciary hubs completed Initial appointment on average, in 68.6 days. This improvement was the result of workload management enhancements combined with a 13 percent increase in the number of field examiners from FY 2018 to FY 2019. As a result, Veterans had fiduciaries established timely.

Next Steps

The pension and fiduciary service will continue to evaluate and refine processes and procedures to optimize timely completion of Initial Appointment exams.

Percentage of Follow-up Field Exams – Veteran Well-being is Confirmed (#851)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	99%	99%	No Longer Tracked
Actual	---	---	---	99%		

Analysis of Results

The FY 2019 target for percentage of follow-up field exams for which Veteran well-being is confirmed was met.

Next Steps

VA conducted a review of its APP measures and found some were not the best fit for future APP measure tracking. This measure was among those and will no longer be tracked and reported externally after FY 2021. It may, however, be tracked and monitored internally.

Accuracy of requirements in closing a Veteran’s case or declaring the Veteran rehabilitated or discontinued (#853)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	98%	98%	98%	98%	98%	98%
Actual	95.4%	97.7%	98.2%	98.8%		

Analysis of Results

Nationally, VRE exceeded the program outcome accuracy (POA) target in FY 2019. The VRE Division at 53 of the 56 (94.6 percent) Regional Offices exceeded the POA target, indicating Veterans receive appropriate services to assist them in reaching their vocational goals.

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

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

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 its 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 distributed over 800,000 VA-wide trust surveys from October 1, 2018, to June 30, 2019. The response rate has remained around 19 percent for the VA-wide trust survey. In FY 2019, VA deployed the following new customer satisfaction surveys: MISSION Act comment card; VHA compensation and pension examinations; Telehealth providers; VBA contact centers; Board of Veteran Appeals (phase II); and NCA contact centers (phase II).

VA added a new functionality to the VHA outpatient trust survey in FY 2019 to allow Veterans to provide comments regarding their experience receiving MISSION Act-related healthcare.

Average Days to Complete (ADC) Education Program Approvals (#912)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	90% within 25 days
Actual	---	---	---	---	---	

Measure Introduction

The average days to complete education program approvals will be reduced from 30 to 25 days. This new measure will be tracked and reported by totals and percentages. This will ensure quality education programs are validated to make GI Bill education benefits available to Veterans and their eligible family members.

Average Days to Complete (ADC) Compliance Survey Reports (#913)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	---	75 days
Actual	---	---	---	---	---	

Measure Introduction

The new APP measure for FY 2021, reducing the time it takes to produce compliance survey reports from 90 days to 75 days, tracks the time a VA employee begins a compliance survey visit at an educational institution or training facility until the time the final report is completed. This report will be tracked and supports the consistent oversight of institutions receiving GI Bill funding.

BVA's Overall Confidence/Trust Score (#960)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	Baseline	TBD
Actual	---	---	---	---		

Analysis of Results

BVA's overall confidence/trust score is a new measure starting in FY 2021. This measure tracks VEO survey participants' confidence in BVA over various program areas. By tracking BVA's overall trust score, VA is better able to monitor the BVA's customer service to Veterans and their families. It allows leaders to review customer service issues and address any deficiencies through appropriate action in a timely manner.

Challenges

The key challenges will be to ensure that the information collected is actionable by BVA Board and to perform root-cause analysis in a very complex system with a high number of variables, which could potentially affect outcomes. Another key challenge is to ensure that surveys measure BVA's performance (versus issues like customers experienced with other entities in VA earlier in the claims/appeals process, frustration with statutorily mandated procedures, disagreement with BVA's legal analysis, etc.) so that results and trends can be used to meaningfully improve BVA's service to its customers.

Next Steps

BVA will continue to monitor in real-time emerging and existing trends as new programs and additional modifications come online. This proactive approach will allow for identification of problem areas for service recovery initiatives; will help readily identify any gaps in the knowledge base of our stakeholders; and will highlight any necessary areas for improvement.

Percent of Respondents Who would Recommend the National Cemetery to Veteran Families During Their Time of Need (#582)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	99%	99%	99%	99%	99%	99%
Actual	98.7%	99%	98.8%	98.8%		

Analysis of Results

NCA continues to meet our very high standard for willingness of survey respondents to recommend national cemeteries to others in the time of need.

Challenges

NCA continues to work with our employees to seek out opportunities for improvement, and to further enhance the quality of service provided to honor Veterans and their families.

Next Steps

NCA will continue the efforts that have already delivered consistently high scores for this metric, and those activities that have earned us the highest ranking ever achieved on the independently administered ACSI.

STRATEGIC OBJECTIVE 3.2: VA HOLDS 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 ensures that VA and community providers are held to the same high standards no matter where they are, and that Veterans can count on us to deliver the same quality of care and services no matter what VA facility or community provider they choose in the network. A Veteran should be able to walk into any VA facility and receive the same excellent level of care and service.

SUMMARY OF ACHIEVEMENTS

During 2019, VA achieved this strategic objective by: Improving VA's Office of Accountability and Whistleblower Protection (OAWP), which is required under 38 United States Code (U.S.C.) § 32e to:

- Receive and investigate allegations of whistleblower retaliation and allegations of senior leader misconduct or poor performance;
- Receive and refer disclosures made by VA employees and applicants for employment for investigation to VA administrations and staff offices;
- Track and confirm VA's implementation of recommendations from audits and investigations carried out by VA's Office of Inspector General, VA's Office of the Medical Inspector, the U.S. Office of Special Counsel, and the U.S. Government Accountability Office; and

- Identify trends based on the data collected by the office.

During 2019, OAWP improved operations by doing the following, among other things:

- Issuing policies on how it investigates allegations and whistleblower disclosures that it receives;
- Improving the quality of OAWP investigations into allegations of whistleblower retaliation and senior leader misconduct and poor performance so that wrongdoers can be held accountable by: reducing the size of investigative teams so that investigative deficiencies can be addressed while the case is being investigated; developing standard operating procedures to ensure that staff apply the same investigative standards;
- Establishing an investigative quality review team to ensure that investigative work-product reflect best practices shared by other government agencies;
- Implementing an information system to manage matters that are being investigated, identify trends, and produce reports required by law; and
- Developing whistleblower rights and protection training required under 38 U.S.C. § 733 for all VA employees.

VHA’s launched its Code of Integrity, serving as a resource for VHA Employees to identify where to report fraud, waste and abuse and other non-compliance or unethical behavior. A communication roll-out plan has been developed to introduce the code to all VHA employees.

FINAL ASSESSMENT

VA, in consultation with the Office of Management and Budget, determined performance toward Strategic Objective 3.2 needs additional focus.

Percentage of Reports (Audits, Inspections, Investigations, and other Reviews) Issued that Identified Opportunities for Improvement and Provide Recommendations for Corrective Action (#585)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020*	FY 2021
Target	320	330	330	330	70%	70%
Actual	304	293	309	236		

*Measure format will be changed in FY 2020 to track *percentage* of reports rather than number of reports issued that identify opportunities for improvement.

Analysis of Results

Although the Office of the Inspector General (OIG) did not meet nominal report targets, it achieved a remarkable number of programmatic benchmarks through published report recommendations that will lead to qualitative improvements in VA programs and services. The 236 reports published by OIG in 2019 included 864 recommendations which addressed a variety of VA operational topics including access; quality and timeliness of health care services; benefits accuracy and adjudication; stewardship of taxpayer resources; leadership and governance practices; and information technology systems. In addition to reports, OIG has also started to publish a variety of other work products that promote transparency of VA operations and provide valuable information to Veterans and stakeholders. These include monthly highlights of published reports, issue statements, Congressional testimony, podcasts, press releases, and peer reviews of other OIGs.

Challenges

Reports often require a significant level of data compilation and analysis that is not readily available through legacy VA data systems.

Next Steps

As outlined in last year's APP Report, OIG revised this measure for FY 2020 to capture the percentage of reports issued that identified opportunities for improvement and provide recommendations for corrective action. OIG will continue to report the number of reports issued on its public Web site, in the annual budget, and through semiannual reports to Congress, as required by law.

Number of Arrests, Indictments, Convictions, Criminal Complaints, Pretrial Diversions, and Administrative Sanctions (#586)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	2,300	2,400	2,400	2,100	2,100	2,100
Actual	2,425	2,811	2,914	2,372		

Analysis of Results

OIG surpassed the FY 2019 target for this measure by nearly 13 percent. The figure shown includes 232 arrests, 200 indictments, 174 convictions, 48 criminal complaints, 14 pretrial diversions, and 1,704 administrative sanctions. Statistics such as these inform OIG investigative activities; provide a quantitative measure of criminal and administrative malfeasance within VA operations; and deters future criminal activity that poses unacceptable risks to patients or beneficiaries.

Challenges

The decision to prosecute or invoke administrative action rests with the receiving authority.

Next Steps

Although OIG has consistently exceeded targets established for this measure, we will continue to prioritize work that will yield higher monetary benefits to the Federal Government and systems-level changes, which may result in a net reduction in performance on this measure in the future. OIG is actively implementing internal changes to improve organizational effectiveness and strengthen oversight work, including expanded collaborative efforts with other Federal Inspector Generals and law enforcement agencies, and the use of predictive analytics to identify and address high-risk VA programs.

Monetary Benefits (\$ in Millions) from Audits, Inspections, Investigations, and other Reviews (#587)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	\$2,100	\$3,100	\$3,100	\$3,400	\$3,700	\$3,700
Actual	\$4,093	\$10,024	\$2,840	\$5,666		

Analysis of Results

OIG exceeded the monetary benefits target for FY 2019 by almost 67 percent. As a result of proactive and complex audits, reviews, and investigations of VA programs and operations, OIG has identified over \$22.6 billion in monetary benefits in just 4 years.

In 2019, there was \$3,350 million in questioned costs; \$1,645 million in savings and cost avoidance; \$200 million in restitution, fines, penalties, and civil judgements; \$196 million in better use of funds; \$170 million in fugitive felon offsets; and \$105 million in dollar recoveries.

Challenges

Elements that comprise this metric vary significantly from year to year and are difficult to predict.

Next Steps

OIG anticipates sustained performance levels for this measure as noteworthy, ongoing oversight reviews are completed and new employees are hired, trained, and positioned across the country to address the increased demand for oversight of VA programs and services, on par with appropriated resources. To that end, OIG will continue to aggressively identify impactful reviews on matters that are likely to yield noteworthy monetary impact on the use of taxpayer dollars.

Return on Investment (Monetary Benefits Divided by Cost of Operations in Dollars) (#588)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	18 to 1	22 to 1	22 to 1	22 to 1	22 to 1	22 to 1
Actual	34 to 1	73 to 1	21 to 1	37 to 1		

Analysis of Results

OIG exceeded the FY 2019 target for return on investment (ROI) by a factor of 1.7. ROI correlates closely with monetary benefits (OIG #587) and is also linked to annual appropriations and operational costs. It is an important reflection of the value of OIG’s efforts to improve VA health care and benefits services, which impact both Veterans and taxpayers.

Challenges

Elements that comprise this metric vary significantly from year to year and are difficult to predict.

Next Steps

OIG is utilizing a predictive analytics program to identify potential instances of fraud, waste, or abuse. Recent projects, such as those involving VA community care and Veterans home loan programs have yielded impressive results and greatly informed

oversight efforts. OIG anticipates sustained ROI performance as data driven and collaborate oversight efforts with other Federal partners mature.

Percentage of Recommendations Implemented within 1 Year to Improve Efficiencies in Operations through Legislative, Regulatory, Policy, Practice, and Procedural Changes in VA (#590)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	85%	85%	85%	85%	85%	85%
Actual	83%	70%	86%	83%		

Analysis of Results

OIG met the FY 2019 target for this measure (actual achievement is 95 percent of goal) which reflects the closure of 606 recommendations out of a pool of 733. While OIG follows up with VA on open recommendations every 90 days, the Department’s capacity to implement them varies for a variety of reasons, all of which are outside of OIG’s control. VA may lack the necessary processes or technology to implement the recommendations, as is the case with some financial system audits. In other instances, the scope and complexity of operational challenges exceeds what VA can achieve in a 12-month period. Occasionally, VA leadership lack the commitment necessary to broker the recommended changes. VA’s limited progress to address concerns raised by oversight groups has garnered attention by the public and members of Congress, including during recent hearings regarding VHA’s placement on the Government Accountability Office’s (GAO) high-risk list.

Challenges

OIG cannot compel VA to implement recommended changes, and in many cases the necessary solutions are not possible within 1 year.

Next Steps

OIG will continue to track and coordinate VA’s progress on implementation of report recommendations on a quarterly basis and mitigate implementation delays through communication and collaboration with VA senior officials, as appropriate.

Percentage of Recommended Recoveries Achieved from Post- Award Contract Reviews (#591)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	96%	98%	98%	98%	98%	98%
Actual	100%	100%	100%	100%		

Analysis of Results

OIG surpassed the FY 2019 target for the percentage of recommended recoveries achieved from post-award contract reviews. Post-award reviews ensure vendors' compliance with contract terms and conditions, including compliance with the Veterans Health Care Act of 1992 (P.L. 102-585) for pharmaceutical products. OIG conducted 45 post-award reviews in FY 2019 and recovered more than \$45.4 million.

Next Steps

OIG will assign enough auditors and other professionals to ensure that OIG continues to meet this performance target, which also intersects with monetary benefits and ROI performance goals. Contract reviews are funded with direct appropriations and are selected independently by OIG professionals in the field. These reviews reflect a very proactive aspect of oversight work and are critical to mitigating procurement risks and a potential fraud in VA operations.

Percentage of Investigative Cases that Resulted in Criminal, Civil, or Administrative Actions (#694)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	72%	72%	74%	74%	74%
Actual	---	78%	74%	65%		

Analysis of Results

Although OIG did not meet the nominal target for this measure in FY 2019, its investigative work yielded impressive results that impacted Veterans and the services they receive through VA. Monetary benefits attributed to OIG investigative activities exceeded \$336 million in FY 2019 and encompassed a wide range of criminal and civil cases that presented unacceptable risks to Veterans or VA operations. OIG investigations target crimes that affect the benefits and services afforded to eligible Veterans and their families; criminal activity by and against any of VA's more than 400,000 employees; and offenses affecting the Department's programs and operations.

Challenges

The decision to prosecute or invoke administrative action rests with the receiving authority.

Next Steps

To meet the target in FY 2020, the OIG Office of Investigations will continue to carefully assess each allegation to determine the level of risk it presents to VA programs, staff,

Veterans, and taxpayers, and conduct preliminary or developmental investigations, as appropriate. Where facts and circumstances reasonably indicate that a full investigation is warranted, the OIG Office of Investigations will initiate such investigation and submit its findings to the U.S. Department of Justice, state, or local law enforcement offices, or to VA.

National Accuracy Rate – Percent of Disability Compensation Rating Issues Processed Accurately (#304)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	96%	96%	96%	96%	96%	96%
Actual	96%	94%	94.9%	95.7%		

During fiscal year 2015, VBA revised its compensation and pension quality-assurance program to reflect industry-standard best practices in statistical sampling and estimation. VBA now reports a margin of error with quality estimates. The FY 2019 margin of error for disability compensation rating claims accuracy – issue-based was +/- .38 percent.

Analysis of Results

In FY 2019 VBA’s Compensation Service achieved the highest issue-based rating quality for Veteran’s claims in 3 years. VA achieved the target 96percent issue-based rating accuracy as the End of FY rate of 95.7 percent was within 5 percent tolerance of the target.

Compensation service is working diligently to drive quality and move it in the right direction for Veterans. Compensation service is now in the process of hiring additional staff in FY 2020 to do more quality related improvement projects. It should be noted that Compensation Service has also created a new team specifically designed to conduct special focus reviews which will allow for a deeper dive into the error trending in Compensation claims. These improvements are Veteran-centric with the goal to improve the quality and efficiency of delivering benefits timely to Veteran’s and their families.

Challenges

Communication can be a challenge as the compensation program is large in scope and involves 56 separate regional offices. Communicating effective quality driven material in a consistent manner can be a challenge.

Next Steps

VBA’s compensation service is appointing a senior GS-14 quality reviewer as a point of contact (POC) for each district. This person will serve as the district’s primary quality

customer service person they should reach out to with quality related questions. These district POCs will also conduct district calls to talk about ongoing quality issues. Compensation service is also revising the consistency study program to make it more focused on helping Regional Offices (RO) by reviewing the data from the studies and asking ROs to ensure those employees that need training receive it.

Quality of Higher-Level Review Decisions (#844)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	96%	96%	96%
	---	---	---	96.3%		

Analysis of Results

The AMA became effective February 19, 2019, when VA fully implement the Act. This measure provides quality assurance and assesses the accuracy of higher-level review decisions consolidated at two of the Decision Review Operations Centers. To date, VBA met the target of 96 percent quality of these decisions, based upon preliminary data collected. VBA’s higher-level accuracy rate for the available period in FY 2019 was 96.3 percent, exceeding the target. This early data suggests that under the modernized disagreement process, Veterans and their family members are receiving accurate decisions on their claims for benefits.

Challenges

VBA continues to identify a quality baseline of higher-level decision reviews during the trial period. Due to the lack of historical production and/or accuracy data available on the new process, it is too early to draw further conclusions.

Next Steps

To capture and maintain valid quality metrics in order to provide feedback and necessary training to DROC employees, VBA’s Appeals Management Office is developing the Enterprise Quality Management System for Appeals. To maintain consistency and accuracy nationwide, AMO will continue to host monthly National Quality Calls, to provide training, error trend information, communicate manual updates and policy and procedural guidance for field quality reviewers. Additionally, VBA and BVA meet quarterly to discuss categories and frequency of duty to assist errors identified in accordance with AMA reporting requirements.

Education Claim Quality (#845)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	98%	95%	95%
Actual	---	---	---	97.6 %		

Analysis of Results

In accordance with the five percent tolerance guidance, Education Service is considered to have met its goal for claim accuracy in FY 2019. However, the payment accuracy score decreased by .3 percent from FY 2018 to FY 2019. The primary programmatic reason for the decreased score was an uptick in Chapter 33 payment errors, which represents a larger share of the sample size (roughly 83 percent of the workload in Education Service). During FY 2019, Education Service adjusted its sample size to account for the larger share of the case reviews for Chapter 33.

Challenges

The challenges VA faces while executing this program are the constant legislative changes and IT shortcomings for processing some types of claims. These issues combined make the job of processing more difficult and increase the needs for workarounds and manual entries.

Next Steps

Education Service is working to update our IT systems, to implement legislative changes and include additional functionality. Furthermore, VA is working to limit workarounds and manual entry changes.

Percentage of follow-up field exams completed within 175 days (#850)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	70%	75%	75%
Actual	---	---	---	74.9%		

Analysis of Results

The FY 2019 target percentage of follow-up field exams completed within 175 days was exceeded by 7 percent, as the fiduciary hubs completed 74.9 percent of follow-up field

exams within 175 days. This improvement was the result of workload management enhancements combined with an increase in the number of full-time employees from FY 2018 to FY 2019. As a result, oversight of fiduciaries was provided timely.

Next Steps

Pension and Fiduciary Service will continue to evaluate and refine processes and procedures to optimize the timely completion of initial appointment exams.

Average Amount of Time a Matter Takes from the Time it is Received in OAWP to A Time the Matter is Closed or a Recommendation from the Assistant Secretary Is Made, whichever occurs first (#926)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	Baseline	120 days
Actual	---	---	---	---		

Measure Introduction

Cases that are tracked include investigations completed by OAWP; reports from the Office of Special Counsel; administrative judge decisions from the Merit Systems Protection Board; final agency decisions from VA’s Office of Employment Discrimination Complaint Adjudication; and local facility fact findings involving senior leader conduct or performance. This metric will help the Department make improvements to programs throughout VA’s enterprise that facilitate trust and confidence in VA leaders to support our employee’s delivery of services and benefits to our Nation’s Veterans.

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 two major forces that are driving VA’s continuing transformation are as follows:

- An emphasis on using the Veteran’s perspective to shape its program delivery and business operations; and
- A need to modernize our systems and focus resources to ensure VA is here for generations to come.

The cross-cutting objectives and strategies in this goal adapt to the organization’s behavior in four critical categories that will enable it to perform in an ever-changing business environment. It also addresses two critical functions (Human Resources (HR) and IT) that must be optimized for the Department to realize its modernization aim. The strategies will help the Department make future choices about its strategic footprint (capital assets and construction); rapidly deploy the right human capital capabilities as

mission requirements evolve; put in place an IT infrastructure that supports its Veteran engagement and delivery goals; and emphasize value analytics so that VA makes smart, implementable, and relevant business decisions every day. VA will either develop or avail itself of shared services to dramatically improve hiring, procurement, and IT to drive better 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 in order to deliver quality customer experiences and service to our Veterans in a competitive way.

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

The evolving needs of Veterans and a changing business environment mandate an agile strategic footprint, allowing VA to make quick infrastructure and personnel shifts that best serve Veterans.

VA has an extremely 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 achieving agility and delivering best-in-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 medicines and treatments to individual Veterans.

VA must shape the business operating environment and champion legislative change recommendations that reduce bureaucracy; shift more resources and employees toward direct services for Veterans so we can address Veterans most important needs; and give VA the leeway to rapidly adapt operations to serve Veterans in the most competitive manner possible. By working with Veterans' communities, other Government agencies, state, 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, wherever they are.

SUMMARY OF ACHIEVEMENTS

In response to criminals leveraging identity theft of Veterans information to intercept disability benefits, VBA has developed proactive algorithms that identify and prevent over 70 percent of all fraudulent direct deposit changes before Veterans ever become aware that they were identity theft targets. .

The Patient Advocate Tracking System Replacement (PATS-R) will allow improved record and patient feedback, proactively resolve issues, improve service recovery and performance, and report on Veteran experiences. PATS-R allows Patient Advocates to share information with service lines, effectively putting an end to “email case management” and positions facilities to provide timely and efficient issue resolution. The web-based PATS-R has an estimated final user base of 90,000 VHA employees across the VA medical centers and Community-based Outpatient Clinics.

The Knowledge Management (KM) Solution is an online VA enterprise product deployed across VA to efficiently and intuitively disseminate accurate consistent information to VA staff, Veterans, beneficiaries and the public. KM was chosen as the repository to house the MISSION Act materials and scripts. This allows employees to access accurate, consistent, and timely information in real-time.

The Percent of Facilities Customers that are Satisfied with services being provided by Office of Acquisition, Logistics and Construction (OALC) #253

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	70%	70%	70%
Actual	---	---	---	79.8%		

Analysis of Results

The program exceeded its targets in all four quarters of FY 2019. Almost 80 percent of the Office of Facilities and Construction Management (CFM) customers were satisfied with the services provided.

Challenges

Major construction projects are large and complex in nature. They often span staff tenure at the facility. As construction is underway it is impossible to accommodate every person’s idea. This can create tension at the site. CFM continues to work to meet the needs of all its customers.

Next Steps

CFM is working to improve communications and provide more background for new members of the client team so they can understand the constraints of the project. This should improve client satisfaction that the current project and effort is the best it can be.

Percent of Construction Projects Accepted by VA as Substantially Complete In the Quarter Identified (#400)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	75%	70%	70%
Actual	---	---	---	60%		

Analysis of Results

The program did not meet its performance goals. Construction acceptance is based on the contractor completing work in a timely manner. As construction is concluding unplanned events occur. Examples of unplanned events in FY 2019 include: the death of a contractor; medical operations overriding planned electrical outages for tie-ins; and failure of system to pass certification. When such things happen, there is not enough time to mitigate the impact and acceptance is delayed.

Challenges

The challenge is trying to predict when a project will get to the acceptance step. While the actual causes of the delays to acceptance are often out of CFM's control (contractor performance, weather, and host of other issues) they are considered when determining acceptance dates.

Next Steps

CFM continues to improve the forecasting of acceptance utilizing risk registers and the integrated master schedule. As staff gains more experience, we will have more risks identified and mitigated reducing uncertainty in the acceptance date.

Percentage of Leasing Projects Accepted by VA as Substantially Complete in the Quarter Identified (#825)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	75%	75%	75%
Actual	---	---	---	100%		

Analysis of Results

The program met the target for accepting leases in the quarter identified. For FY 2019's Major Leases, 5 leases were accepted totaling 286,125 net usable square feet allowing VA Medical Centers (VAMC) to activate Community Based Outpatient Clinics for primary care, mental health, women's health, specialty care, and ancillary support. Leases allow VA flexibility in ensuring care is closest to projected Veteran demographics.

Challenges

Lease procurements are a multifaceted process. Keeping all moving parts aligned is a challenge.

Next Steps

CFM will continue efforts to improve communication with VAMCs

Average Rating of Procurement Customers Receiving Acquisition Services (Based on a 5-Point Scale) (#838)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	4	4	4
Actual	---	---	---	4.88		

Analysis of Results

The program exceeded its target for the year. This program continues to add value to Heads of Contracting Authority, who receive monthly feedback from OALC related to service being provided by their respective contracting organizations.

The primary accomplishment was providing feedback and recommended courses of action to close customer service gaps related to contracting. Additionally, an increasing number of customers were satisfied with the service provided by VA Contracting Activities and the overall interaction with the contracting professional during the procurement process. Employees indicated that they feel empowered and were recognized for the support provided to the customers. Ultimately, the Veterans' experience was improved. VA's \$27 billion procurement portfolio is a critical partnership with industry for various products and services.

Challenges

The current procurement metric does not address the end-to-end acquisition lifecycle.

Next Steps

This metric will be updated for FY 2021 to ensure an acquisition life cycle view and to align with OMB measuring standards.

Spend Under Management (SUM) - Spend on Contracts That meet OMB Criteria for Management Maturity; Rated on a Tiered Maturity Rating Scale (#906)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	80%	TBD
Actual	---	---	---	---		

Measure Introduction

Managing resources reduces contract duplication and improves contracting efficiency thereby reducing administrative overhead costs which in turn makes more funds available to support priority Veteran programs including enterprise transformation efforts that will greatly improve service delivery to Veterans. Managed resources also reflect smart buying practices which reduces costs, improves internal Department customer service, and contributes to an improved Veteran experience.

Percent of VA’s Ten Category Managers with a 2-Year Plan Approved by the Senior Accountable Official (SAO)/Deputy Secretary (#907)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	80%	TBD
Actual	---	---	---	---	---	

Measure Introduction

This is a new metric, which will build on measure #906 (achieving managed spend targets) to take advantage of cost avoidance and/or cost savings opportunities. Success for #906 is dependent on identifying champions for the ten federal categories designated as specific Category Managers. These champions will lead efforts for their specific category providing VA-wide guidance requiring activities following proven methodologies leading to smarter buying. It measures the percentage of Category Managers with a 2-year plan approved by the SAO/Deputy Secretary. This is a critical internal driver in support of the PMA Cross-Agency Priority (CAP) Goal #7 (Category Management). This will drive behavioral changes in acquisition management. This measure reflects senior leader engagement and commitment to achieving necessary improvements in the end-to-end acquisition lifecycle. Improvements in acquisition management will result in improved program performance, support VA modernization objectives, ensure stewardship over tax dollars and ultimately provide quality support to Veterans. This metric aligns with OMB, VA and the Office of Acquisition, Logistics, and Construction (OALC) strategic objectives.

Contract Reductions (#908)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	10%	TBD
Actual	---	---	---	---		

Measure Introduction

This new measure is an indicator of how effectively VA is complying with Federal category management targets; managing spending; and using existing Federal or enterprise tools, along with other requisitioning systems such as Global Supply. Reductions in new contract actions will result in better acquisition outcomes to include cost, schedule and risks. This is also a key PMA item, CAP Goal #7 (Category Management). This metric aligns with OMB, VA and OALC strategic objectives.

Acquisition Support Services – (Contract Execution Cost to Spend Ratio – based on principal cost ranking for contract execution) (#909)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	10%	TBD

Actual	---	---	---	---		
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Measure Introduction

Tracking this new metric will help demonstrate efficiencies and potentially reduce overhead costs related to VA’s procurement mission. Gaining efficiencies in executing our contract mission could potentially make more resources available to support Veteran-facing initiatives.

Procurement Action Lead Time (PALT) – (The Time it Takes to Get A Contract Awarded after it is Accepted by the Contracting Officer) (#836)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	90%	90%	90%	90%	TBD	TBD
Actual	95%	63%	63%	92%		

Analysis of Results

The program met the target. The time that contracting organizations take to award contracts after the requirements are received by the contracting officer are inherently part of the time it takes to bring capability to the Veteran. Establishing agreed-upon expectations to program managers (who are responsible for delivering the capability to the Veteran) sets necessary expectation to stakeholders. This metric aligns with OMB, VA and OALC strategic objectives.

Challenges

In previous fiscal years, there was not a standardized definition of Procurement PALT. While VA had a definition for PALT, the results were not consistent. In FY2019, OMB developed a Federal definition of PALT, and every department is required to use this new definition of PALT in FY2020.

Next Steps

The Federal definition of PALT will be the VA definition. In FY 2020, VA will calculate PALT using the new OMB metrics starting in April. VA will actively manage PALT using leading indicators to make timely improvements throughout FY 2020 in order to be prepared and have a good understanding of the federal results that will be published in the first quarter of FY 2021.

Percent of continuity assessment criteria completed at the “Performed without Challenges” rating during the annual Eagle Horizon exercise (#805)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	70%	70%	70%
Actual	---	---	---	100%		

Analysis of Results

For the annual Eagle Horizon exercise measure, VA surpassed the target established for FY 2019 by completing 100 percent of the continuity assessment criteria at the “Performed without Challenges” rating. The 2019 scenario focused on devolution, which establishes procedures to transfer statutory authority and responsibilities from an organization’s primary operating staff and facilities to another designated staff and one or more facilities in response to a catastrophic emergency. Specifically, the Department examined and refined continuity and devolution plans, processes, and procedures to prepare for the 2020 National Level Exercise. This measure is an indicator of VA’s ability to support the Primary Mission Essential Function, Mission Essential Functions, and associated essential supporting activities as part of a comprehensive continuity strategy and program.

Challenges

While VA currently has a devolution site that meets the requirements of Presidential Policy Directive 40, National Continuity Policy, there are environmental challenges that are impacting the site’s resilience and communications capability.

Next Steps

VA will identify and begin building a more resilient devolution site for the Department.

Number of on-site inspections of VA Police Programs conducted across the Department during the fiscal year (#806)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	66	70	64
Actual	---	---	---	87		

Analysis of Results

For the number of on-site inspections measure, VA exceeded the target established for FY 2019 by conducting 87 inspections (15 were re-inspections or spot inspections, which occur outside of the regular two-year inspections cycle). This measure is an indicator that inspections are occurring in a timely manner, within a two-year cycle, to

ensure compliance with over 170 operational and administrative program requirements. Findings from the inspections facilitated improvements at VA Police Services helping to ensure the safety and security of patients, visitors, and employees.

Challenges

Some VA Police units may not have the resources or expertise to correct deficiencies identified in the inspections. Moreover, the Office of Operations, Security, and Preparedness (OSP) does not have the required staff to perform trends analysis on inspections results that could identify opportunities to holistically improve the VA Police Force.

Next Steps

OSP, in coordination with the Manpower Management Service, is performing an assessment to determine the staffing and resources required to stand up a crisis response capability that would embed OSP employees at failing VA Police Services to help make improvements.

Percent of cleared employees who receive Insider Threat training during the calendar year (#865) [Note: This measure is tracked on a calendar year (CY), rather than fiscal year, basis.]

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Target	---	---	---	100%t	100%	100%
Actual	---	---	---	82% as of 11/18/19		

Analysis of Results

For the Insider Threat training measure, VA expects to meet the target established for calendar year 2019 (within 5 percent of the 100 percent target). This measure is an indicator of VA’s compliance with National Insider Threat Policy and minimum standards for Executive Branch Insider Threat Programs in Executive Order (E.O.) “Structural Reforms to Improve the Security of Classified Networks and Responsible Sharing and Safeguarding of Classified Information.” Trainings help build a culture of awareness that can prevent risky individual behavior before major damage is done to VA systems, property, Veterans, etc.

Challenges

While VA developed its Insider Threat Program to focus on classified networks and cleared employees in accordance with the E.O., VA operates primarily in an unclassified environment on unclassified systems. Many VA employees, contractors, etc. have access to personally identifiable information, personal health information, or other sensitive information (i.e., contractual, legal, research and development, financial, and operational).

Next Steps

OSP will increase outreach and education efforts across VA that target the entire workforce, not just cleared employees. Specifically, OSP will provide Insider Threat training to new employees at VA Central Office during new employee orientation. OSP will also identify and train key Administration and Staff Office personnel to support the program and establish an effective Insider Threat Program Working Group for information sharing and threat dissemination.

Comprehensive Continuity Capability Score on the Federal Continuity Assessment Tool (#900)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	7	7	7
Actual	---	---	---	9.1 (Q3); 9.1 (Q4)		

Analysis of Results

For the comprehensive continuity capability score measure, VA exceeded the target established for FY 2019. This measure is an indicator of the Department's ability to perform its essential functions and provide critical services to Veterans no matter the threat or hazard in accordance with Federal Continuity Directives 1 and 2. Performing the assessment helped VA identify areas of strength, areas of improvement, best practices, and lessons learned.

Challenges

The Federal Emergency Management Agency (FEMA) transitioned from the Readiness Reporting System (RRS) to the Federal Continuity Assessment Tool (FCAT) at the end of the 2nd quarter in FY 2019. While VA exceeded its established target for FY 2019, the Department set its target based on RRS criteria and needs to reassess targets for FY 2020 and beyond based on FCAT criteria. The new FCAT format requires more collaboration and information sharing across the Department that was not typically required in the RRS.

Next Steps

OSP will work with VA Administrations and Staff Offices, and FEMA to ensure that it sets appropriate targets for the FCAT. Additionally, OSP will develop Department-level processes to collaborate and share information within the VA continuity community.

Percent of students who graduate from the VA Law Enforcement Training Center (#901)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	80%	80%
Actual	---	---	---	---		

Measure Introduction

This new measure is an indicator that the Department is training a highly skilled, specialized police force capable of meeting needs unique to VA. All VA Police Officers must successfully graduate from the VA Law Enforcement Training Center prior to placement at VA facilities across the country, where they provide safety and security to VA employees and visitors.

Percent of new VA employees and contractors on-boarded with USAccess cards in the fiscal year (#902)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	80%	80%
Actual	---	---	---	---		

Measure Introduction

This new measure is an indicator that the Department is keeping pace with modern credentialing practices in accordance with applicable federal wide policies and initiatives by implementing USAccess, a shared service provided by the General Services Administration. VA’s transition from the legacy Personal Identity Verification Card Management System to USAccess will enhance security and enable VA to focus on providing support to Veterans instead of producing PIV cards.

Percent of timeliness requirements in service level agreements met for adjudication of VA contractor background investigation cases received from the Defense Counterintelligence Security Agency (#903)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	90%	90%
Actual	---	---	---	---		

Measure Introduction

This new measure is an indicator that the Department is effectively and efficiently evaluating data contained in background investigations to determine whether an individual is suitable for VA employment. The VA Personnel Suitability Adjudication Center adjudicates cases received from the Defense Counterintelligence Security Agency to ensure that VA contractors are properly vetted according to national standards for employment.

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

VHA successfully completed the Secretary’s Mental Health Hiring Initiative by January 31, 2019, adding 1,045 more mental health providers. The organization completed two virtual trainee recruitment events to connect, match, place, and retain 143 health professional trainees to date and kicked off the first recruitment event targeting psychiatrists in July 2019.

VA actively implemented authorities enacted as part of P.L. 115-182, the MISSION Act. As a result, VA has increased its ability to recruit and retain the best medical providers by expanding existing loan repayment and clinical scholarship programs; VA is also implementing additional initiatives to enhance VA’s workforce, such as the expanded utilization of peer specialists and medical scribes and several new programs focused on medical school students and recent graduates.

Medical Support Assistants (MSA) are one of the first points of contact in Veteran service and in the critical path to efficient service delivery. MSA shortages have been successfully mitigated by reducing the hiring timeline through the Hire Right, Hire Fast initiative. This program drove time-to-hire to under 60 days (formerly 180 days) and reduced open positions to 9.4 percent.

Percentage of VA employees who are Veterans (#278)

	FY 2016	FY 2017	FY 2018	FY 2019*	FY 2020	FY 2021
Target*	33.80%	35.00%	35.00%	33.00%	33.00%	33.00%
Actual	32.50%	32.20%	32.47%	32.4%		

*Based on Office of Personnel Managements (OPM) guidance to at least maintain 30 percent ratio of Veteran employees, VA has exceeded the target since 2016. VA set a higher target than OPM prescribed since it was already over 30 percent when the guidance was issued. VA reports this metric as a combination of Title 5 and Title 38 hires. OPMs focus for federal agencies is on appointments using the special hiring authorities which only apply to Title 5.

Retention of VA Veterans Workforce Compared with Non-Veterans (#713)

	FY 2016	FY 2017	FY 2018	FY 2019*	FY 2020	FY 2021
Target*	---	---	---	Vets Retention 5 or less percentage points below non-Vets rate	Vets Retention 5 or less percentage points below non-Vets rate	Vets Retention 5 or less percentage points below non-Vets rate
Actual Veterans	---	67.8%	67.1%	66.7%		
Actual non-Vets	---	---	64.2%	65.2%		

* Retention is defined as the 2-year retention rate of Veterans in the VA workforce. VA has adopted the OPM objective for an Agency to be “exemplary,” which is 5 or less percentage points below the current year’s non-Veteran retention rate.

Analysis of Results

VA recognizes the importance of having a workforce that reflects those we serve. VA is actively engaged in strategic outreach and hiring using training programs that support transitioning servicemembers obtaining employment and engaging student Veterans who possess skills needed to be a workforce for the 21st century. The percentage of VA employees who are Veterans is over 50 percent for those encumbering positions under the title 5 hiring authority. Title 38 health care positions have a lower percentage of Veterans; however, efforts in place to examine mission critical and shortage occupations and training programs to bring more transitioning Servicemembers into these jobs are having an impact.

For example, VHA has partnered with DoD military installations in the National Capital Region on the Military Transition and Training Advancement Course (MTTAC) Initiative. MTTAC is an entry-level training program for Servicemembers currently enrolled in the transition process, who anticipate being released from active duty within 90 to 180 days. Servicemembers hired through MTTAC are trained on a VA occupation with an established training plan. Focus thus far has been on medical support assistants; future efforts will include logisticians and biomedical technicians. The goal is to hire them into VHA immediately upon separation. VA has worked directly with Walter Reed National Military Medical Center, Keesler Air Force Base, and Pensacola Naval Air Station to pilot this program and has successfully completed eight classes with 35 transitioning Servicemembers having graduated from the course. To date, the first 7 of these 35 Servicemembers to transition to civilian status have all been offered employment. As the other Servicemembers transition out, VA will work with them on a case by case basis for potential employment in VA. VA Medical Centers (VAMCs) are being encouraged to work with nearby military installations to launch the program locally.

VHA is also using a direct marketing campaign to military medical professionals currently enrolled in the transition process. VHA uses data from the VA-DoD Identity Repository (VADIR) to identify transitioning Servicemembers anticipated date of discharge and military occupation specialty (MOS). At the start of FY 2019, VA launched a targeted email campaign aimed at nearly 200,000 transitioning military personnel and in May 2019 created and implemented a broader marketing campaign with blogs, outreach, social media, and other tactics. Highlights of the campaign include: sent 34 emails to 122,802 recipients; crafted a series of blogs with more than 35,000 views; and sent transitional military personnel promotional materials through Veteran resource emails to seven million subscribers.

VA has an established the Intermediate Care Technician (ICT) Hiring Program that trains former military medics and corpsmen to be ICTs, a new role created in 2017 to augment the VA medical workforce, leveraging the skillset of this population within Emergency Medicine and Specialty Care areas. ICTs are aligned organizationally under licensed independent practitioners (LIPs) in the clinical setting to maximize their utility and value to Veteran care. This program has been successfully piloted in VHA

and the ICT role has now been permanently incorporated into 30 VAMCs. There are 23 additional VAMCs actively working towards onboarding the ICT role and there are 98 other medical facilities engaged in discussions with ICT program leadership for the purpose of implementation. VHA continues to provide guidance, tools, and marketing services to expand this program to all 170 VAMCs. In FY 2019, the number of ICTs hired into VA grew by 15 percent and the number of new VAMCs to onboard the role increased by 25 percent. VA continues to advertise and grow the ICT program to expand opportunities within unique health care roles. As of September 30, 2019, VA had a total of 123,639 Veterans on board, which accounts for 32.4 percent of the total workforce, on track with the goal.

Emphasis is also being given to retention and various aspects of the employee experience that might affect Veterans in a different way than non-Veteran employees. Through entrance, transfer, and exit survey data analysis, root causes for turnover are being identified and addressed. Stay interviews are also being introduced to support retention. VA adopted the Office of Personnel Management's goal of "exemplary" Veteran retention to achieve a 2-year Veteran retention rate five or less percentage points below the non-Veteran rate. VA has reached exemplary Veteran retention in 2018 and 2019.

Challenges

The factors that impact the hiring of Veterans include resources to support outreach and recruitment and limited number of training programs currently in place to transition Veterans into health care occupations.

Next Steps

VA is committed to Veteran hiring and ensuring the retention of Veterans is comparable to the non-Veterans employee demographic. To accomplish this objective, VA is expanding its use of Skillbridge to identify training programs that lead to employment for transitioning service members. VA will focus more efforts on attracting student Veterans to our mission critical and shortage occupations. VA will collaborate with the Department of Labor to reduce the number of claims filed under the Uniformed Services Employment and Reemployment Rights Act which may impact retention. VA will continue to deploy resources for VA Veteran employees and managers to find solutions to internal VA workforce issues and concerns; promote skill based hiring that attends to the Veteran's military skills that best align with VA's occupational priorities; leverage hiring authorities; and support inclusive growth by removing barriers to work that addresses the disabled Veteran.

OPM Federal Employees Viewpoint Survey (FEVS) Employee Engagement Index (EEI) Score (Percentage of responses marked 'positive') (#608)

	FY 2016	FY 2017	FY 2018*	FY 2019	FY 2020	FY 2021
Target*⁴	63%	64%	65%	65%	65%	65%
Actual	62%	62%	69%	70.3%		

Best Places to Work Index (AES) (#795)

	FY 2016	FY 2017	FY 2018*	FY 2019	FY 2020	FY 2021
Target*⁵	---	---	---	60%	62%	63%
Actual		---	64.2%	65.3%		

Analysis of Results

OPM FEVS EEI is an engagement measure based on fifteen questions from OPM's FEVS, which were also included in VA's new All Employee Survey (AES) starting in 2018 forward. These questions assess the culture of engagement in the workplace. VA's 2019 EEI score is 70.3 percent, exceeding the target and implying a significant improvement in factors affecting the engagement culture at VA. The Best Places to Work (BPTW) score reflects employees' perception of their workplace, and signals employee satisfaction with the job and organization. Because those sentiments expressed in the two scores are interconnected in their effects, this BPTW score is often paired in reporting engagement metrics. The BPTW score also indicated a notable improvement for 2019 in this area.

In 2018 and 2019, VA self-administered a combined FEVS-AES to all employees and shared its data file with the Partnership for Public Service to compute our BPTW score and ranking (typically published in December each year). This self-administration allowed VA a more robust data perspective - customizing its data reporting down to the workgroup level (17,000+ groups) in a timely manner (60 days) to aid local data sharing and action planning. Access to local-level data is a private sector best practice for employee engagement, and one that VA is using to prioritize the employee experience in becoming a BPTW.

VA has participated in the BPTW rankings for many years. Since 2014, those scores have been second from the bottom for large Federal agencies. In 2017, VA was ranked 17 out of the 18 organizations listed that year. However, organizational dynamics have been slowly and steadily improving at VA. In 2018, VA ranked 6th among the 17 largest federal government organizations with an employee engagement score of 64.2 (just 2 percent points from being among the top 5). VA's 2019 BPTW score continued to

⁴ * Baseline year for the measuring EEI in the AES as a census survey.

⁵ * Baseline year for the measuring BPTW in the AES as a census survey.

improve as well, from 2018 to 2019 it improved by 1.1 percent and VA steadily held its 6th ranking in the Federal government compared to other large agencies. Moreover, according to the Partnership for Public Services that assigns these rankings, if VA was compared to “very large” agencies (workforce exceeding 75,000) and not just to “large” agencies (with workforce exceeding 15,000), then VA would have been in the top 5. In fact, even compared to “large” agencies, VA is only 0.4 points out of 5th place in 2019.

Milestones that enabled this good progress included the following efforts. In 2019 the VA-wide Employee Engagement (EE) plan was developed, signed by the Secretary of VA in Q3 and disseminated within the Department. This plan included recommendations on policies, programs, and initiatives relating to EE in VA which are now ongoing robust implementation. An EE Toolkit was published on Sharepoint. Best practices were collected from sites that showed highest improvements on employee-rated priorities. Best practices collected and summarized at 2 levels: executive and frontline supervisors, both levels summarized and incorporated in AES Dashboards for broad dissemination and use in VA field. Implementation efforts also included National date for Supervisors' Week and Leadership Engagement Group (LEG) Series which currently have approximately 170 sites opting in. The EE Committee and VA EE Council are continuing to oversee the Supervisors' Week and LEG series as they are implemented around the country. VA Employee Engagement Council (EEC) membership was updated, EEC meetings are being held quarterly for monitoring EE strategies and implementation, proposing EE initiatives, and sharing leading practices.

Challenges

Interpreting survey results and making them actionable is a persistent challenge for every organization. In accordance with the OPM 20-20-20 mandate, all VA organizations (e.g., VHA, VBA, NCA, VA Central Office) have identified their bottom 20 percent sites as measured by the 2018 EEI score and target a 20 percent improvement from 2018 by the end of 2020. Sites are being asked to target a 20 percent improvement from their starting score and are offered support, tools and consultation for their efforts as relevant and as requested. VA Employee Engagement Council (EEC) works to align employee engagement (EE) efforts across all VA administrations and VA Central Office, share and implement EE leading practices.

Next Steps

VA will focus on four research-based workplace drivers of engagement and satisfaction in VA: 1) use local workforce survey data to inform action, 2) enhance effective leader behaviors including frontline supervisor behaviors, 3) seek employee involvement in workplace improvement processes, and 4) invest in employee training and development. Combined with various contributors to an improved employee experience and the elements of satisfaction expressed in BPTW, focusing on these drivers will

elevate employees' overall commitment to the organization and will improve service to our Veteran customers and their families.

Executive Fill Rate, Medical Center Directors (MCD) (#68)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target⁶	---	90%	90%	90%	90%	90%
Actual	---	87.1%	82.9%	90.6%		

Analysis of Results

Fill rates for MCDs have been consistent in FY 2019, ending right on target. Tracking these executive positions remains important given the reliance of the medical centers on the effective recruitment and hiring of these critical leadership positions. A higher fill rate also provides greater likelihood of efficient and effective operations in VAMCs. This emphasis has paid dividends across the entire organization. For instance, VA made significant progress in filling Medical Center Director positions through a vigorous national recruitment strategy that employed a variety of tools to attract and retain quality talent. One of these approaches was strategic workforce planning for medical center directors and other hard-to-fill occupations.

Challenges

Experience in recruitment for these positions has shown that salary caps and industry competition is a major factor in the recruitment of medical talent.

Next Steps

This measure will continue in FY 2020. However, the Corporate Senior Executive Management Office (CSEMO) will be developing some “drill-down” metrics that may shed some additional light on the above challenges. Those drill-down metrics include number of internal hires, external hires, reassignments of existing Senior Executive Service employees to new positions, and trends in the selection of best qualified candidates.

⁶ Mid-FY 2019 the definition of the fill rate included percentage of MCD positions filled by qualified executives as well as nominated for the positions.

Mission Critical Occupation Quit Rate - Physician (Primary Care) (#796)

	FY 2016	FY 2017	FY 2018*	FY 2019	FY 2020	FY 2021
Target*⁷	---	---	---	Below 5.53% ^t	Below 5.53%	Below 5.53 %
Actual	---	---	3.95%	4.13%		

Mission Critical Occupation Quit Rate - Psychologist (#797)

	FY 2016	FY 2017	FY 2018*	FY 2019	FY 2020	FY 2021
Target*	---	---	---	Below 3.9%	Below 3.9%	Below 3.9%
Actual	---	---	3.67%	3.55%		

Mission Critical Occupation Quit Rate - Psychiatrist (#798)

	FY 2016	FY 2017	FY 2018*	FY 2019	FY 2020	FY 2021
Target*	---	---	---	Below 5.76%	Below 5.76%	Below 5.76%
Actual	---	---	5.18%	4.68%		

Analysis of Results

VHA was successful in maintaining voluntary quit rates below the FY 2019 target rate (or threshold) for the following Mission Critical Occupations (MCO): primary care physicians, psychologists, and psychiatrists. While there was a slight increase in quit-rate for physicians (primary care), there has not been a specific trend identified for the increase. In general, VHA has worked to reduce quit rates among these and other shortage occupations via targeted use of recruitment, retention, and relocation (3R) incentives and the Education Debt Reduction Program (EDRP). A focus on regular market pay reviews for these providers has also allowed facilities to reduce the actual gap in market pay. In addition, VHA grew the number of psychologists onboard in FY 2019 from 5,897 to 6,116, a 3.7 percent increase, and psychiatrists increased from 3,339 to 3,404, a 1.95 percent increase. A successful campaign to add 1,000 more mental health providers from June 2017 to January 2019 has improved VHA's ability to meet the mental health care needs of our nation's Veterans. As for impact, the number of psychologists added in that period has the potential to treat over 120,000 additional

⁷ * Baseline year for the APP.

Veterans in a single year, and likewise the increase in psychiatrists has the potential to treat an additional 71,000 Veterans for psychiatric care.

Challenges

With limited trend data and relatively minor changes in voluntary quit rates for these MCOs, it is difficult to isolate the factors most affecting the voluntary quit rates. VA is continuing to collect data via exit surveys and the All Employee Survey (AES) that may help identify those primary factors.

Next Steps

This measure was identified due to external reporting to OPM on a quarterly basis. VA conducted an internal review of APP measures related to this management objective. This measure was not determined to be a best fit for future tracking and will only be tracked and monitored internally.

MANAGEMENT OBJECTIVE 4.3: VA IT MODERNIZATION WILL DELIVER EFFECTIVE SOLUTIONS THAT ENABLE VA TO PROVIDE IMPROVED CUSTOMER SERVICE AND A SECURE, SEAMLESS EXPERIENCE WITHIN AVAILABLE RESOURCES IN A COST-EFFECTIVE MANNER

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

The VA operates a robust enterprise-wide Risk Management Framework program that is fully aligned with National Institute of Science and Technology (NIST) guidelines as well as Federal Information Processing Standards (FIPS) 199 and 200. Currently, VA information systems operate under valid Authorities to Operate (ATO) and any residual risk is being monitored and managed via system-specific Plans of Actions and Milestones. VA identified the Department's High Value Assets (HVAs) in accordance with the 2017 OMB guidance memo M-17-25, "Reporting Guidance for Executive Order on Strengthening the Cybersecurity of Federal Networks and Critical Infrastructure." Since then, VA continues to be proactive in the management of cybersecurity risk to the Department's HVAs, in alignment with the 2018 DHS Binding Operational Directive (BOD) 18-02, "Securing High Value Assets." Additionally, DHS assessed two VA HVA systems in the spring of 2019 to perform RVA and Security Architecture Review (SAR) reports. Department of Homeland Security (DHS) conducted assessments on these two HVAs and VA is in the process of developing remediation plans to address the vulnerabilities identified during the assessment. Additionally, VA is in the process of establishing an HVA Program Office, in accordance with OMB guidance memo M-19-03, "Strengthening the Cybersecurity of Federal Agencies by enhancing the High Value Asset Program." The Program Office will enable the incorporation of HVA activities

(e.g., assessment, remediation, incident response) into broader VA planning activities for information system security and privacy management, such as Enterprise Risk Management, Contract Management, and Contingency Planning. VA will be implementing the HVA Security Overlays, provided by DHS, that provide additional security controls to make HVAs more resistant to attacks, limit the damage from attacks when they occur and improve resilience. Additional activities are taking place through VA's Enterprise Cybersecurity Program (ECSP) to address previous assessment findings.

FINAL ASSESSMENT

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

FITARA Implementation Met (#854)

*The Office of Information and Technology (OIT) established a Strategic Sourcing division to ensure Federal Information Technology Acquisition Reform Act (FITARA) compliance for all IT acquisitions. Strategic Sourcing practices will improve speed to market, compliance and quality for IT solutions, provide VA with access to industry innovation, and empower employees who have the deepest understanding of the work to deliver the best solution at the best value to the Veteran.

The IT Operations and Services (ITOPS) division within OIT supported acquisition and asset management improvements that directly tie to the grade that VA received in Software Inventory, a subcategory in the scorecard. In addition, ITOPS continues its Data Center Consolidation effort to merge and close data centers at VA facilities throughout the country in accordance with the Office of Management and Budget's Data Center Optimization Initiative memorandum, which mandated a freeze on the development of new data centers and a consolidation of the rest.

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	100%	100%	100%
Actual	---	---	---	100%		

Analysis of Results

The FITARA Chief Information Officer (CIO) Implementation program met the target of 100 percent. In collaboration with VA Offices, the Office of Strategic Sourcing (OSS) developed and recorded a process to ensure the CIO has accountability and visibility of all IT/IT-related requirements prior to solicitation and award. This benefits Veterans by encouraging requirements consolidation which leads to long term cost savings; establishes early CIO visibility of IT/IT-related requirements ensures requirements support Veteran centric programs and VA wide initiatives.

Challenges

Creating one consolidated process for the acquisition of IT/IT-related requirements was the most difficult challenge. Each VA Office has a different way of procuring requirements, thus making it imperative that the process developed took into consideration all procurement avenues while keeping the goal of CIO approval prior to solicitation and award in mind.

Next Steps

To address the challenge of unifying the procuring IT/IT-related requirements under one process, OSS is completing the FITARA Directive reemphasizing the CIO's authority, developing a communications plan to circulate how FITARA is affecting procurements throughout VA, providing a helpdesk to assist with questions during the FITARA approval process, and conducting townhalls and road shows to get the news out VA-wide.

Intrusion Detection and Prevention (1 metric meeting 100 percent, 4 of 6 other metrics at least 90 percent) (#855)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	100 % compliance with DHS BOD 18-01 and 4 of 6 sub-metrics meeting 90%	100% compliance with DHS BOD 18-01 and 4 of 6 sub-metrics meeting 90%	100% compliance with DHS BOD 18-01 and 4 of 6 sub-metrics meeting 90%	100% compliance with DHS BOD 18-01 and 4 of 6 sub-metrics meeting 90 %
Actual	---	---	Not Compliant	Not Compliant		

Analysis of Results

The program did not meet the target. The Cross-Agency Priority (CAP) Goals ensure compliance with the Presidents Management Agenda (PMA) and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

- 100 percent of second-level domains and mail-sending hosts have a Domain-based Message Authentication, Reporting and Conformance (DMARC) policy setting of 'reject'
 - 96 percent - VA not compliant

- There was a decrease from 100 percent to 96 percent in second-level domains and mail-sending hosts having a DMARC policy setting of "reject".
- And at least 4 of 6 other metrics have met an implementation target of at least 90 percent
- VA is compliant in 6 of 6
 - 90 percent of incoming email traffic analyzed for suspicious or potentially malicious attachments without signatures that can be tested in a sandboxed environment or detonation chamber.
- 100 percent - VA is compliant
 - 90 percent of Government Furnished Equipment (GFE) endpoints covered by an intrusion prevention system, where actions taken by the system are centrally visible at the enterprise-level.
- 92 percent - VA is compliant
 - 90percent of GFE endpoints covered by an antivirus (AV) solution that provides file reputation services that check suspicious files against continuously updated malware information in near real-time.
- 97 percent - VA is compliant
 - 90 percent of GFE endpoints covered by a capability that protects memory from unauthorized code execution
- 92 percent - VA is compliant
 - 90 percent of GFE endpoints protected by a browser-based or enterprise-based tool to block known phishing websites and IP addresses.
- 92 percent - VA is compliant
 - 90 percent of assets scanned for malware prior to an authorized remote access connection to the unclassified network.
- 100 percent - VA is compliant

VA did not meet the target for the Intrusion Detection and Prevention metric. There was a decrease from 100 percent to 96 percent in second-level domains and mail-sending hosts having a DMARC policy setting of "reject."

Challenges

Several domains are not administratively owned or managed by the Department's Cyber Security Operations Center (CSOC).

Next Steps

VA-CSOC will move these domains to the VA.gov domain to achieve compliance.

Exfiltration & Enhanced Defenses (1 metric at least 90 percent) (#856)

*This metric is intended to measure the organization's ability to monitor network communication at the external boundaries to detect any unauthorized copying, transferring, or retrieval of data from systems or servers.

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	FY 2018 Q4: At least 3 of 4 metrics have met an implementation target of at least 90%	Implementation at least 90%	Implementation at least 90 %	Implementation at least 90%
Actual	---	---	Compliant: 3 of 4 metrics have met an implementation target of at least 90%	Not Compliant: 55%		

Analysis of Results

The program did not meet the target. The Cross-Agency Priority (CAP) Goals ensure compliance with the Presidents Management Agenda (PMA) and are intended to maximize the Department’s cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families. Requirement: At least 90 percent of outbound communications traffic checked at the external boundaries to detect potential unauthorized exfiltration of information (e.g., anomalous volumes of data, anomalous traffic patterns, elements of PII, etc.) with a solution that is centrally visible at the enterprise-level. (NIST SP 800-53r4 SI-4(4), SI4(18), SC-7(10)).

VA did not meet the target for the Exfiltration and Enhanced Defenses metric due to insufficient capabilities in analyzing and monitoring traffic traversing the network for anomalous traffic patterns.

Challenges

VA must coordinate with OMB to accept current capabilities and refine their questions.

Next Steps

VA is pursuing additional capabilities through the implementation of a Continuous Diagnostics and Monitoring (CDM) program to close the remaining 45 percent gap.

Data Protection (4 of 6 metrics at least 90 percent) (#857)

*This metric is intended to measure the organization’s ability to protect the confidentiality, integrity, and availability of the data on the organization’s systems and networks.

		FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	4 of 6 at 90%	4 of 6 at 90%	4 of 6 at 90%	4 of 6 at 90%
Actual	---	---	Compliant: 5 of 6 at 90%	Compliant: 5 of 6 at 90%		

Analysis of Results

The program met and exceeded the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirements: At least 4 of 6 metrics have met an implementation target of at least 90 percent:

- VA is meeting 5 of 6 metrics
- 90 percent of GFE endpoints covered by automated mechanism to prevent the usage of untrusted removable media.
 - 93 percent - VA is compliant
- 90 percent of HVA systems that encrypt all Federal information at rest
 - 100 percent - VA is compliant
- 90 percent of remote access connection methods utilizing FIPS 140-2 validated cryptographic modules
 - 100 percent - VA is compliant
- 90 percent of HVA systems covered by an automated mechanism to determine the state of information system components regarding flaw remediation
 - 100 percent - VA is compliant
- 90 percent of HVA systems that feed into a central, enterprise-level solution.
 - 78 percent - VA is not compliant
- 90 percent of HVA systems network is segmented from other accessible systems and applications in the agency's network(s)
 - 100 percent - VA is compliant

VA exceeded the target for the Data Protection metric. OIT's Executive Dashboard shows the numbers from IBM BigFix that reports the coverage and operational status of the Lumension Endpoint Security Compliance service on the GFE endpoints.

Lumension is a device control system providing policy-based enforcement of removable storage devices, USB ports, Wi-Fi, and other data connections. Lumension encrypts removable media, prevents malware issues, and data theft, and allows for regulatory compliance. (Notes: IBM BigFix is a software product developed to manage systems. It provides capabilities for system administrators to perform hardware inventories, server availability monitoring and metrics, software inventory and installation, anti-virus and anti-malware, user activities monitoring, capacity monitoring, security management, storage management, network capacity and utilization monitoring, and anti-manipulation

management. Lumension Endpoint Security is software designed to manage and secure network endpoints. An endpoint is a device or node that is connected to and accepts communications across a network.)

Hardware Asset Management (#858)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	95%	95%	95%	95%
Actual	---	---	20%	50%		

Analysis of Results

The program did not meet the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department’s cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Ninety-five percent of the organization’s unclassified network that has implemented a technology solution centrally visible at the enterprise-level to detect and alert on the connection of unauthorized hardware assets.

VA did not meet the target for the Hardware Asset Management metric.

Challenges

VA views this metric in two parts: 1) discovery of hardware assets; and 2) authorization and management and those hardware assets. Currently, VA can discover 95 percent of the assets on the network; however, only part of those assets is centrally visible. VA currently authorizes and manages approximately 40 percent of the network endpoints by policy enforcement.

Next Steps

VA will increase its Hardware Asset Management capabilities.

Software Asset Management (#859)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	95%	95%	95%	95%
Actual	---	---	10%	100%		

Analysis of Results

The program met and exceeded the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Ninety-five percent of Government Furnished Equipment (GFE) endpoints covered by a software asset management capability centrally visible at the enterprise-level that can block or prevent unauthorized software from executing (e.g., certificate, path, hash value, services, and behavior based whitelisting solutions).

VA exceeded the target for the Software Asset Management metric. VA OIT uses the IBM BigFix product to report on the coverage and operational status of the BigFix agent, which is installed (and required to be installed) on all GFE endpoints.

Authorization Management (#860)

*The metric refers to the number of information systems which have a managed Authority to Operate (ATO) on the VA network. This ensures systems operating on the network are managed in compliance with security regulations, including the NIST Risk Management Framework (RMF).

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	100%	100%	100%	100%
Actual	---	---	99%	100%		

Analysis of Results

The program met the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Implementation for both High AND Moderate Impact Systems must be equal to 100 percent. VA met the target for the authorization management metric.

Mobile Device Management (#861)

*Ensures VA mobile assets (phones, tablets, etc.) operate under an enterprise-level mobile device management that includes agency defined user authentication requirements on mobile devices and the ability to remotely wipe and/or remove agency data from the devices.

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	95%	95%	95p%	95 %
Actual	---	---	100%	100%		

Analysis of Results

The program met and exceeded the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Implementation must be greater than or equal to 95 percent
VA exceeded the target for the Mobile Device Management metric.

Privileged Network Access Management (#862)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	100%	100%	100%	100%
Actual	---	---	100%	100%		

Analysis of Results

The program met the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Implementation must be equal to 100 percent.

VA met the target for the Privileged Network Access Management metric.

High Value Asset Access Management (#863)

*This metric tracks the number of High Value Asset (HVA) systems that require all organizational users to authenticate through the machine-based or user-based enforcement of a two-factor Personal Identify Verification (PIV) or other credential.

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	90%	90%	90%	90%
Actual	---	---	100%	100%		

Analysis of Results

The program met and exceeded the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Implementation must be greater than or equal to 90 percent

VA exceeded the target for the High Value Asset Access Management metric.

Automated Access Management (#864)

*This tracks the percentage of network users covered by a centralized dynamic access management solution that controls and monitors user access.

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	95%	95%	95%	95%
Actual	---	---	0%	100%		

Analysis of Results

The program met and exceeded the target. The CAP Goals ensure compliance with the PMA and are intended to maximize the Department's cybersecurity posture and benefit Veterans through the protection of the privacy, confidentiality, integrity, and availability of the data, information, and information systems of VA employees, Veterans, and their families.

Requirement: Implementation must be greater than or equal to 95 percent.

VA met the Automated Access Management metric.

MANAGEMENT OBJECTIVE 4.4: VA WILL INSTITUTIONALIZE DATA SUPPORTED AND PERFORMANCE FOCUSED DECISION MAKING THAT IMPROVES 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 also efficiently and effectively using taxpayer funds and reducing non-monetary costs. Further, VA will consistently analyze ways to improve its efforts, will make appropriately aligned high-value investments, and will continuously assess the improvements achieved. Implementing this value management approach along with data-driven decision making will constitute 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 that managers and decision makers have the right information to drive their data-based analytics and management efforts. Further, VA will institutionalize enterprise-wide modeling, value analytics, and forecasting capabilities. This, in turn, will enable VA to project future needs and to adjust quickly to ensure VA is providing excellent care and services to our Veterans.

SUMMARY OF ACHIEVEMENTS

VHA created a new Web portal to disseminate CMS Hospital Compare Preview Reports, allowing its facilities to examine clinical quality data and patient experience results for their facility, as well as state and national results that include community hospitals. VHA also created a new report for MISSION Act quality standards that compares its performance on key metrics with external community benchmarks. The report provides insight for potential areas in need of focused quality improvement efforts for leadership and staff to ensure Veterans receive the best quality healthcare available.

VEO created an enterprise contact center dashboard to collect data on call volume and customer experience (average speed of answer/wait time and average call handle time) from 64 VAMC sites, and data for all VA National Call Centers.

VEO provided oversight of a "Secret Shopper" effort, in which designated Secret Shoppers made anonymous calls to each VA Contact Center to assess agents' ability to accurately respond to questions related to MISSION Act, ensure resources and training was provided where necessary, and calls were routed appropriately.

Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (#580)

	FY 2016	FY 2017	FY 2018	FY 2019		FY 2020	FY 2021
Target	97%	97%	97%	97%		97%	97%
Actual	96%	96.3%	96.8%	96.8%			

Analysis of Results

NCA has maintained our rating for quality of service. This measure of satisfaction (taken both from personal representatives of the deceased who chose the interment at a VA national cemetery and of funeral directors who assist with the interments) illustrates that existing NCA processes are delivering sustained results.

Challenges

NCA willingly accepts the challenge of identifying the small areas in which improvement can be made and pushing this rating to an even higher level.

Next Steps

Each year, using data collected from the annual customer satisfaction survey, NCA identifies opportunities for process or infrastructure improvements that can contribute to improvements in overall quality of service and overall satisfaction of those who choose a VA national cemetery to provide world class burial and memorialization benefits to Veterans and their families.

Accuracy Rate: Legacy Decisions (#959)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	---	92%	92%
Actual	---	---	---	91.4%		

Analysis of Results

Accuracy Rate for Legacy Decisions is a new measure for FY 2021. It allows VA to measure the quality of legacy appeal decisions issued by BVA. BVA's Quality Review Office assesses the accuracy of legacy decisions by reviewing randomly selected cases

based on statistically valid sample size to determine the proportion of cases that contain substantive errors that could affect the benefits paid to the Veteran. BVA achieved an accuracy rating of 91.4 percent for legacy decisions in FY 2019.

Challenges

In FY 2019, BVA implemented the AMA and substantially increased staffing while also streamlining its organizational structure. The AMA altered processes significantly within BVA and increased the number of managed dockets. In addition, BVA onboarded and trained over 250 new administrative and legal staff. At the beginning of the FY 2019, the accuracy rate for appeals worked by attorneys with more than 5 years’ experience was 92.4 percent. Attorneys with less experience had an accuracy rate of 90.9 percent.

Next Steps

In FY 2020, BVA’s quality review staff will continue to identify quality deficiencies and address them through appropriate follow-up training for Veterans Law Judges and Attorneys. The Quality Review Office will develop new tools for decision drafting attorneys and Veterans Law Judges delivered through the interactive decision template. The Office will also explore opportunities by leveraging data mining of BVA’s appeals databases.

Number of Executive Order (EO) 13771 regulatory actions issued by the Office of the Secretary of Veterans Affairs/Office of Regulation Policy and Management (#961)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	6	5	5
Actual	---	---	---	6		

Analysis of Results

VA met the FY 2019 target. VA issued or published six regulatory actions in FY 2019. Three of the six were statutorily required by the MISSION Act. These three regulatory actions were published in an expeditious manner and within the statutory deadline. The regulatory actions provide exclusive authority under which VA would authorize “covered Veterans” who elect to receive community care, such as hospital care, medical services, and extended care services, through eligible non-VA entities or providers at VA expense. Additionally, the regulatory actions will strengthen the access to VA health care overall by increasing the choices Veterans have for their health care and complementing the increasingly timely, high-quality care provided by VA medical facilities. Veterans will continue to have the option to choose whether to receive care at a VA medical facility or a community provider.

Challenges

As defined by EO 13771, Regulatory actions typically have costs and/or transfers associated with the provisions contained in the regulatory action. Deregulatory actions typically have costs “savings” and/or transfer “savings” associated with the provisions contained in the regulatory action. However, VA does not regulate private industry or the financial sector in the same manner as other federal agencies. VA’s regulatory actions mainly implement veterans’ benefits, medical and healthcare services to veterans, and are typically statutorily mandated. Consequently, VA is more than likely to issue or publish more regulatory actions versus deregulatory regulations.

Next Steps

VA will continue to comply with EO 13771 by reviewing and identifying potential deregulatory actions that could be modified (amended) or repealed to reduce burdens on Veterans and the Department.

Number of Executive Order 13771 deregulatory actions issued (#962)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	5	2	2
Actual	---	---	---			

Analysis of Results

VA met the FY 2019 target. VA’s Regulatory Task Force Team routinely reviews regulations that deal exclusively with internal management, which could be eliminated/repealed and replaced with guidance, policies and internal governance documents in order to facilitate VA’s ability to govern its employees and internal practices. These efforts would be considered deregulatory actions which would allow VA to maintain its compliance with EO 13777; meet VA’s projected targets; create transparency; and enhance the process for establishing benefits for Veterans and their surviving family members.

Challenges

Deregulatory actions typically have costs “savings” and/or transfer “savings” associated with the provisions contained in the regulatory action. Again, VA does not regulate private industry or the financial sector in the same manner as other Federal agencies. VA’s regulatory actions mainly implement Veterans’ benefits, medical and health care services to Veterans, and are typically statutorily mandated. Consequently, VA is more than likely to issue/publish more regulatory actions versus deregulatory regulations.

Next Steps

VA will continue to comply with EO 13771 by reviewing and identifying potential deregulatory actions that could be modified (amended) or repealed to reduce burdens on Veterans and the Department.

Total incremental cost of all EO 13771 regulatory actions EO 13771 deregulatory actions (#963)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Target	---	---	---	\$0.00	\$0.00	\$0.00
Actual	---	---	---	\$0.00		

Analysis of Results

Agencies are expected to propose a net negative regulatory cost allowance. However, in recognition that VA has rightly made implementation of the MISSION Act its primary regulatory priority, achieving a net negative regulatory cost allowance may not be feasible for VA. VA's total incremental cost of all EO13771 regulatory actions EO 13771 deregulatory actions for FY 2019 was \$0. This amount was reported and approved by OMB.

Challenges

Deregulatory actions typically have costs "savings" and/or transfer "savings" associated with the provisions contained in the regulatory action. VA does not regulate private industry or the financial sector in the same manner as other Federal agencies. VA's regulatory actions mainly implement Veterans' benefits, medical, and health care services to Veterans, and are typically statutorily mandated. Consequently, VA is more than likely to issue/publish more regulatory actions versus deregulatory regulations.

Next Steps

VA will continue to comply with EO 13771 by reviewing and identifying potential deregulatory actions that could be modified, amended or repealed to reduce burdens on Veterans and the Department.

VA OIG FY 2015 Major Management Challenges

The OIG statements regarding major management challenges and VA's response can be found on page 178 in the Agency Financial Report available at: <https://www.va.gov/finance/afr/index.asp>.

Government Accountability Office High Risk Areas

Managing Risks and Improving VA Health Care

VA operates one of the largest health care delivery systems in the nation, providing health care to more than 9 million Veterans. Since we designated VA health care as a high-risk area in 2015, VA has begun to address each of the identified five areas of concern: (1) ambiguous policies and inconsistent processes; (2) inadequate oversight and accountability; (3) information technology challenges; (4) inadequate training for VA staff; and (5) unclear resource needs and allocation priorities.

Since we issued our 2017 High-Risk Report, VA has undergone significant transition. Prior to Secretary Wilkie's confirmation in July 2018, VA's leadership was in a state of flux with numerous senior-level vacancies, including the Secretary, Under Secretary for Health, Chief Financial Officer, Chief Information Officer, and the Deputy Under Secretary for Health for Community Care positions. During this period of leadership instability, VA began implementing several major modernization initiatives. It is transitioning to the same electronic health record system DoD is currently deploying, and VA's community care program has undergone major structural change and received significant funding increases.

VA's Progress

Since receiving feedback from GAO in March 2019 on VA's High-Risk List (HRL) Action Plan, VA continued to: develop and adopt a systematic approach that addresses the high risk Area of Concern (AOC) root causes, integrate the AOC action plans with major modernization initiatives, establish an office to track and report progress and report risks to the appropriate governing bodies. The goal of this approach is to achieve outcomes that will resolve the root causes and improve VA's foundational business processes.

VA is committed to identifying strong practices and sustaining results that carry forward beyond just removal from the HRL. VA's actions have resulted in substantial progress over the past year summarized by GAO's removal criteria (leadership commitment, capacity, action plan, monitoring, and demonstrated progress):

- **Leadership Commitment:** VHA developed a high-level governance structure to demonstrate leadership commitment. Recognizing innovative and progressive leadership, the Department began to expand the high-level governance structure VHA developed and apply it to all VA HRLs. VA's four level governance structure starts with (1) high risk AOC workgroups followed by (2) the Steering

Committee, (3) the Executive Advisory Board (4) and finally the VA Operations Board lead by the Deputy Secretary for VA. This governance structure allows for decision making at multiple levels and an escalation pathway for higher level decisions and oversight. This year, the VA Operations Board approved the 7 key outcomes, the new high-level governance structure, the Office of Enterprise Integration's proposal to expand the high-level governance structure across all high-risk listings, and VHA's strategy for action plan development.

- **Capacity Actions:** The capacity of VA to address the HRL issues increased in FY 2019. VA devoted significant staff to address the HRL AOCs, including contract resources to support the workgroups. For example, VHA established the Manpower Management office to ensure human resource alignment. At the Department level, the VA Office of Information and Technology identified new Executive Sponsors to support the information technology challenges workgroup. Additionally, efforts to address training issues was more clearly aligned with the VHA office that specializes in this work. VA continues to utilize contractors for administrative support and link HRL work to large scale Modernization efforts that are well funded across the enterprise.
- **Action Plan:** VA and GAO reached mutual agreement on 20 outcomes to address the AOCs. Each AOC workgroup revised their action plans to establish clear linkages between actions and stated outcomes and goals. Additionally, VA established a framework for measuring progress and incorporated the most important metrics, milestones, and mechanisms for monitoring and demonstrating progress into the action plans.
- **Monitoring:** In FY 2019, VA began development of an electronic platform for monitoring the GAO high risk action plan. The electronic platform will be implemented when the plan is approved by GAO. VA continued to improve the AOC and VA Modernization Lanes of Effort plans to provide clearer measures and metrics to monitor and demonstrate progress toward defined outcomes. VA also continued to develop a comprehensive approach for adding measures and metrics that will be more transparent to GAO and useful to VA for assessing the need for mid-course corrections
- **Demonstrated Progress:** VA made progress addressing HRL issues in FY 2019. Listed below are examples of demonstrated progress:

In response to the feedback received from GAO pertaining to policies and processes, the Policy workgroup further improved policy development by clarifying the types of documents VHA uses for establishing health care policy. The Policy workgroup also reached mutual agreement with GAO on high level outcomes and updated its action plan. Since 2015 the average policy development time has decreased from 424 to 166 days, the total number of policies has decreased from 805 to 529; the number of overdue policies has been reduced from 474 to 179.

Regarding oversight and accountability, VHA implemented several organizational structure changes that increase oversight and accountability, enable the development of a risk assessment methodology, and foster a just culture across the enterprise. VHA established a new Enterprise Risk Management Office. The VHA Audit, Risk, and Compliance Committee expanded and matured in its charge to coordinate risk management, internal audit, and compliance operations. VHA adopted the health care high-reliability organization (HRO) framework as its managerial framework for transformational change. Additionally, VHA's Compliance and Business Integrity (CBI) developed a new Code of Integrity that was introduced across VHA. CBI's work was awarded the 2019 Best Compliance Practice Award as part of the Healthcare Best Compliance Practices Forum presented by the Health Ethics Trust.

With respect to IT, the Office of Information and Technology has forged a strong partnership with VHA to effectively address the top-level AOCs by: delivering IT capabilities to support VHA-determined data and interoperability business needs; improving system interoperability to execute core healthcare mission functions; providing governance and oversight bodies with accurate, reliable, timely, and relevant information to support decision-making; reducing the number of legacy systems while continuing to meet business needs; and reducing the number of duplicative IT systems and capabilities to support business needs. Additionally, VA's ability to assess future needs is now driven by the better planning possible because of the Joint Business Plan. When it comes to training, in FY 2019, the workgroup began to address training challenges in the organization by ensuring training is: developed in response to priorities identified by senior VHA leadership (national and field), delivered to nationally-specified standards, and evaluated and reported by program office guidelines delineated in national policies.

In the area of resource needs and allocation, 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 also initiated the following sub-initiatives: unified resource planning and allocation process is clearly documented and consistently applied; management ensures alignment of resources to leadership priorities and; adequate data and reporting mechanisms are used for making, evaluating, and informing resource planning and allocation decisions.

Improving and Modernizing Federal Disability Programs

An estimated one in six working-age Americans reported a disability in 2010. Many of these Americans need help finding or retaining employment or rely on cash benefits if they cannot work. However, Federal disability programs struggle to meet their needs. Three of the largest Federal disability programs—two managed by the Social Security Administration (SSA) and one by VA—dispensed about \$270 billion in cash benefits to 21 million people with disabilities in FY 2017. Both agencies struggle to manage their workloads, specifically appealed claims.

In addition, when determining whether individuals qualify for disability benefits, SSA and VA rely on outdated criteria. While both agencies have efforts underway to update medical or occupational information used to make eligibility decisions, they continue to rely on information that can be decades old.

In addition to the cash benefit programs, we previously identified over 40 programs managed by nine different agencies that provide a patchwork of employment support for people with disabilities. We reported in 2012 that these programs lacked a unified vision, strategy, or set of goals to guide their outcomes.

We designated improving and modernizing Federal disability programs as high risk in 2003.

VA's Progress

Managing VA Disability Claims Workload: VBA remains committed to enhancing the oversight of its appeals program and improving the quality and processing timeliness of its appeals decisions. VA successfully implemented AMA on February 19, 2019. The AMA streamlined the disagreement process and established three decision review options: higher-level review, supplemental claim, or appeal to BVAs. It is one of the most significant statutory changes to affect VA in decades.

The VBA the Appeals Management Office DROCs e-processed the intake of 124,245 AMA claims from February 19, 2019 through the end of the fiscal year. These DROCs are processing higher-level reviews and other AMA-related claims in 37 days, well below the 125-day timeliness goal. VBA is also committed to eliminating its non-remand legacy appeals in FY 2020. By the end of FY 2019, VBA had a non-remand legacy inventory (compensation and pension appeals) of 132,474. To further improve timeliness and workload management, in June 2019, the NWQ incorporated workload management of remands by BVA that are under the jurisdiction of the DROC-DC. Furthermore, VBA is leveraging feedback from the higher-level reviews and BVA remands to improve decision accuracy in both compensations claims and appeals.

BVA prioritized the reduction of legacy inventory to best position itself for implementation of the new legal framework from February 2019 forward. In FY 2018, BVA 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. BVA also

hired approximately 242 new staff in FY 2018 which included approximately 20 administrative personnel and 217 attorneys/law clerks hired during the last quarter of FY 2018. Further, BVA realigned its organization structure to provide more Veteran-facing personnel. BVA's IT advancements allow for increased reliability and efficiency in adjudicating appeals. During recent years, appeals modernization IT efforts focused on the implementation of the new case management system Caseflow, while simultaneously working toward deprecation of the Legacy Veterans Appeals Controls and Locator System (VACOLS). Both Caseflow and VACOLS are currently being used at BVA.

Updating VA Disability Benefit Eligibility Criteria: 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 2019, VBA accomplished the following six VASRD major milestones:

- Hematologic and Lymphatic System:
 - Final rule published August 13, 2018
 - Effective and implemented December 9, 2018;
- Infectious diseases, Immune disorders, and Nutritional Deficiencies:
 - Proposed rule published February 5, 2019
 - Final rule published June 18, 2019
 - Effective and implemented August 11, 2019; and
- Cardiovascular System
 - proposed rule published August 1, 2019.

As of the end of FY 2019, VBA implemented seven out of 14 body systems. VBA plans to publish proposed rules for public notice and comment for the following body systems in FY 2020:

Body System Regulation	Tentative Year Proposed Publication	Status
Genitourinary Diseases and Conditions	October 15, 2019 (actual date of completion)	Completed
Digestive Conditions	2020	On Track
Neurological Conditions	2020	On Track

VBA plans to publish the final rule and implement the new rating criteria for the following body system in FY 2020:

Body System Regulation	Tentative Year Proposed Publication	Status
Musculoskeletal	September 13, 2020	On Track

The speed at which VA can finalize and implement the body system updates is influenced by the necessary external coordination with various partners involved in the rulemaking concurrence process, in addition to internal coordination with IT systems, Disability Benefits Questionnaires, training, adjudication manual, and communications staffs.

Once all body systems are updated in FY 2023, 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.

In addition to rulemaking and implementation, an Earnings Loss Study (ELS) was completed as a pilot project, and VBA analyzed the results in FY 2019. These results gave preliminary proof of concept that allowed VBA to define the subsequent earnings loss research required to support the next cycle of VASRD revisions. VBA initiated its second pilot phase of ELS with additional disabilities and data sets. VBA's plan is to use ELS data, in addition to current medical and scientific literature, to help make policy decision in support of future VASRD revisions.

Moreover, recognizing that VASRD is the vehicle by which VA determines Veteran disability evaluations and outlines the evaluative/diagnostic criteria, VBA secured funding to stand up a new VASRD Program Office (VASRD PO). This office has program oversight and specific management responsibility to address all policy and operational aspects that are associated with maintenance and implementation of the VASRD and related regulations. This office will also ensure that VBA effectively and

routinely makes substantive improvements to the VASRD, leveraging dedicated resources for this program effort. 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 health care 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 and 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. VASRD PO is working to 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. VASRD PO 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 VASRD PO is addressing 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, VASRD PO is a sustainable solution and transformational approach to improving the 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 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: Historically, VASRD updates have been viewed as a single project. However, the effort required to revise VASRD is within a larger framework, consisting of 42 separate and distinct projects, that VBA's Compensation Service Policy and Procedures sub-staff could not address effectively. Therefore, the creation of VASRD PO was approved and filling the staffing positions is currently ongoing.

Mitigation: Establish a program office with dedicated resources and enough 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. The creation of VASRD PO was approved and filling the staffing positions is currently ongoing.

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

Mitigation: Establish revisions of VASRD as inherently governmental work that is part of routinely assessing the basis on which VBA executes an over \$90 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.

VA Acquisition Management

VA spends tens of billions of dollars to procure a wide range of goods and services - including medical supplies and construction - to meet its mission of providing health care and other benefits to millions of Veterans. In fiscal year 2019, VA received the largest discretionary budget in its history - \$86.5 billion. About a third of VA's discretionary budget in FY 2017, or \$26 billion, has been used to contract for goods and services. VA has one of the most significant acquisition functions in the Federal Government, both in obligations and number of contract actions. VHA provides medical care to Veterans and is VA's largest administration.

Since 2015, we have made 31 recommendations (10 have been implemented; 21 remain open) to address challenges in VA's acquisition management, including: (1) outdated acquisition regulations and policies; (2) lack of an effective medical supplies procurement strategy; (3) inadequate acquisition training; (4) contracting officer workload challenges; (5) lack of reliable data systems; (6) limited contract oversight and incomplete contract file documentation; and (7) leadership instability. Considering these challenges and given the significant taxpayer investment, it is imperative that VA use its funding in the most efficient manner possible when acquiring goods and services. As such, we have added VA Acquisition Management as a new high-risk area in 2019.

VA's Progress

VA's mission and removal from GAO's HRL cannot be accomplished without a strategic approach to acquisition management. Acquisition management is a strategic enabler and is required to ensure VA's strategic objectives and modernization efforts are achieved. The goal is to build an end-to-end acquisition lifecycle framework (ALF) that clearly identifies the roles and responsibilities of the VA Acquisition Community, builds sustainable and repeatable business practices to drive behavioral changes.

The Chief Acquisition Officer (CAO) and the Senior Procurement Executive (SPE) are committed and focused on improving and delivering better acquisition outcomes designed to achieve results leading to VA mission success.

The following actions have been taken thus far:

- Appointment of a non-career employee as the CAO
- GAO HRL recommendations integrated into the Office of Acquisition, Logistics, and Construction Operations Plan and aligned to the four cornerstones in the Service Acquisition Reform Act (SARA)--Acquisition Workforce (AWF) Development, Policy Development and Management, Acquisition Business Strategies, and Acquisition Systems and Capabilities--to include the development and an end-to-end Acquisition Lifecycle Framework (ALF) that will include and Acquisition Knowledge Portal (AKP) which will be the single point of access for the department acquisition activities. The AKP will house framework and the VA Acquisition Community has access to the latest acquisition regulations, internal acquisition standards, and other technological enhancement which leads to the delivery of transparent, timely and cost-effective acquisition solutions.
- The GAO High Risk List plan of actions is completed and includes what success looks like.
- The CAO implemented and chairs internal weekly GAO Plan of Action and Milestone review; there is also a monthly meeting with GAO.
- A strategy for the Medical Surgical Prime Vendor program to achieve overall program goals has been developed, documented, and communicated to stakeholders.
- Targeted training for the more challenging aspects of implementing the Veterans First policy has been developed. In order to make all VA acquisition work force attend the training the CAO designated the VETS First training as mandatory as part of the first Acquisition Stand Down, which was preceded by video message from the VA Secretary.

- An assessment of the acquisition “as-is” enterprise architecture is currently underway. Once finished the results of the assessment will be used to improve data quality by focusing on the collection, management, and exchange of VA acquisition data.
- The AKP was implemented in October 2019 and pertinent information is being added to the portal for a projected Go-Live date in December 2019.
- There are also ongoing plans to implement artificial intelligence, robotic automation processes, along with other tool, templates and virtual/physical collaboration rooms to allow the VA acquisition work force opportunities to be an integral part of the acquisition management improvement efforts.

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.
- Center for Disease Control (CDC) Community Preventive Services Task Force (CPSTF): VHA collaborates with CDC CPSTF to produce and disseminate health equity content in The Community Guide, specifically Permanent Supportive Housing with Housing First (Housing First Programs). This Housing First program promotes health equity for people, including Veterans, to decrease homelessness, increase housing stability, and improve quality of life.
- Housing and Urban Development (HUD): VHA Veterans Affairs Supportive Housing Program (VASH) is a collaborative effort with HUD, VAMCs, and public housing agencies (PHAs). These agencies offer the HUD-VASH Program, Housing Choice Voucher (HCV) rental assistance that provides homeless Veterans with case management and clinical services.
- U.S. House of Representatives Veterans Affairs Committee: VHA supports the Women Veterans Task Force organized by the House Veterans Affairs Committee which is a bipartisan group of lawmakers working to promote inclusivity and equitable access to resources, benefits, and healthcare for women Veterans. VHA researchers provide subject matter expertise for the

Committee, whose members introduce, and support legislation focused on women Veterans.

- Centers for Medicare and Medicaid Services (CMS): VHA partners with CMS to analyze and disseminate data to improve understanding of care for Veterans within and outside of VHA, especially Veterans within certain vulnerable populations groups.
- Interagency Collaboration for Advancing Predictive Analytics (ICAPA) Joint Incentive Funded project: In this collaboration with Department of Defense (DoD) and Department of Energy, VHA is working to develop data sharing and transmission systems to enable incorporation of DoD medical record data from transitioning Servicemembers into VHA clinical decision support and predictive analytics systems to facilitate identification of high-risk Veterans immediately after they leave DoD. Additionally, the team is building a shared analytic workspace with combined datasets at Oak Ridge National Labs where they can: (1) develop combined predictive models to address suicide, overdose, traumatic brain injury and other negative outcomes, and (2) process data for implementation of predictive analytics driven decision support for use in VHA and DoD clinical care delivery.
- Opioid Management Safety Initiative (OMSI) Joint Incentive Funded Project: VA has worked with DoD to develop and validate matching opioid metrics, patient registry decision support tools, and a predictive model for overdose and suicide risk (i.e to support aligned opioid safety efforts at VA and DoD). This team is now working on methods to enable VA providers to utilize DoD decision support tools for newly transitioned patients, and to pass DoD data on opioid-related risk predictors to VHA to inform VA clinical decision support systems and predictive models; this will facilitate identification of high risk transitioning service-members so that they can be proactively engaged in VA care and prevention interventions to reduce risks of overdose, suicide and unmanaged pain.
- Visual Impairment Centers to Optimize Remaining Sight (VICTOR) collaboration with the Department of Energy at Oak Ridge National Labs (ORNL): In this collaboration, the Office of Mental Health and Suicide Prevention has collaborated with VA OIT to set up a nightly updated data platform containing VA's Corporate Data Warehouse where processing intensive data algorithms can be run at ORNL, with findings pushed back to VHA for use in clinical care delivery. To date, this collaboration has enabled nightly calculation of prescription treatment episodes and adherence for all VHA patients and prescription. This data not only directly informs clinical care in electronic decision support systems but improves prediction of suicide risk in the REACHVET model, and likelihood of mental health appointment no-show in the National Initiative to Reduce Missed Opportunities models. Both predictive models are currently employed nationally in VHA clinical operations

to improve the safety of mental health patients. This collaboration is actively expanding this work to include processing of medication dose and symptom trends over time and natural language processing of free-text clinical notes to identify risk factors for suicide and other adverse events that are not observable in structured medical record data. The goal is to help identify patients at vulnerable time periods for enhanced preventative services.

- Million Veterans Program Suicide Prevention Workgroup with Department of Energy: VA Office of Research and Development and the Department of Energy have set up a data analytics environment including genetic and lifestyle data from over 700,000 Veterans and the VHA Corporate Data Warehouse where VHA and Department of Energy scientists can work collaboratively. VA Office of Mental Health and Suicide Prevention is working closely with these teams as Subject Matter Experts to guide the design and interpretation of projects likely to be high impact and rapidly translatable to mental health clinical care delivery. Among a diverse array of projects underway are, for example, efforts to identify severity of mental health conditions and adverse event risk based on free-text clinical notes, improve prediction of suicide risk through incorporation of genetic and lifestyle data, and visualize patterns of risk for suicide across populations and geography.

Veterans Benefits Administration

VBA continues to leverage public and private partnerships to improve the Veteran experience. VBA collaborates with other Federal and state agencies, VSOs, and educational institutions to improve benefits delivered as demonstrated by the following examples:

- The Federal Protective Service (FPS) is a multi-disciplined law enforcement that safeguard VBA employees, contractor, and civilian visitors in the thirty-four Government-Owned or leased facilities across the country, through the services of contracted Protective Service Officers (PSO). VBA being the Interagency Security Committee Designated (ISC) Official in over half of these facilities coordinates with each tenant representative in multi-tenant GSA facilities on security related matters.
- VBA Physical Security experts participate in Government Facilities Sector Stakeholders meeting, in addition to receiving the FPS Weekly Intelligence Brief.
- The Occupational Safety and Health Administration (OSHA) Annual Safety and Health Report to the Secretary of Labor is an annual requirement that contains data about the state of safety and health programs at VA. It supports the VA in complying with all OSHA recordkeeping requirements prescribed in 29 Code of Federal Regulation (CFR)1960 and 29 CFR 1904 by providing users with the ability to document incident investigations for all injuries,

illnesses, fatalities, tracking of lost work days, restricted duty days, and job transfer days for each incident, unsafe or unhealthful working conditions, and damage to motor vehicles, property, equipment, and facilities.

- OSHA is a part of the Department of Labor. OSHA ensures safe and healthful working conditions for employees by setting and enforcing standards and by providing training, outreach, education and assistance. VBA is required to comply applicable OSHA regulations and with the general duty clause which states that employees must be furnished a place of employment free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.
- The Environmental Protection Agency (EPA) protects human health and the environment by working to ensure that Americans have clean air, land, and water and Federal laws protecting human health and the environment are administered and enforced fairly, and effectively. VA is required to comply with applicable EPA regulations.
- FEMA hosted the VBA Assistant Director for Emergency Preparedness and the Emergency Preparedness officer at the FEMA National Response Center (NRC) on 9 October 2019. Visit consisted of NRC walk through and a Situational Awareness Brief (During Crisis) by the Chief of Operations. Visit was the first collaboration by VBA watch team members and will help to increase their ability to process information and to inform leadership in a more efficient manner.
- DoD hosted VA/VBA during a tour of the Defense Threat Reduction Agency's Joint Operation Center on March 14, 2019. This collaboration was aimed at capturing best practices/tools used during a Crisis and the Departments Common Operating Picture (COP) technology review. Information provided is being considered while the Department of Veterans Affairs upgrades its COP and Integrated Operations Center systems, policies, and procedures in order to better support the Federal Government during Crisis.
- Premium reductions in the Servicemembers' Group Life Insurance portfolio of Programs went into effect on July 1, 2019. VA worked with Prudential actuarial staff, the Department of Defense, and the Uniformed Services to obtain and analyze claims experience, service strength and other data to calculate the appropriate premium changes. Then, in order to implement the new rates, VA partnered with the Defense Finance and Accounting Service and other Uniformed Service pay systems, the Office of the Secretary of Defense and Uniformed Services public affairs, personnel, and Casualty staff. This ensured that accurate reduced premiums are reflected in Servicemembers' pay and that Servicemembers are aware of the savings.

- VBA collaborates with the Department of the Treasury's Bureau of Fiscal Services on fraudulent payment tracking, payment recoupments, and overall fraud detection and remediation efforts. VBA standardized and operationalized recoupment requests and tracking repayments from Treasury to reduce money lost by VA and mitigate impact to Veterans from missed payments. The administration has also been a consistent partner and participant in Treasury-hosted Government-wide fraud, waste, and abuse reduction conferences and working meetings (including providing the VBA panelist for the Fiscal Service Advisory Council Payments Forum) and provided input to Treasury's various cross-governmental data gathering and info-exchange efforts, such as their Antifraud Analytics Inventory.
- VBA also has a Memorandum of Understanding (MOU) with the Fiscal System National Repayment Recovery Center (NPRC) that covers benefit post-payment activities. In FY 2019, there were over 320,000 returned benefit payments for \$456 million. Post payment activity includes the processing of check and electronic funds transfer (EFT) cancellations; Tele-Trace for non-receipt claims; claims for lost or stolen checks; check and EFT reclamations; EFT reclaims (45-day liability); Disposition Notices; Payment over Cancellations, Limited Pay Returns; Misc. Credit/Debits; and Handwriting Analysis requests. This MOU addresses the expectations for handling these activities between VBA's Finance Center and NPRC and ensures that the level of service provided under the previous organizational structure within Department of Treasury, Fiscal Service continues and is maintained for the integrity of VBA business practices.
- VA partnered with the U.S. Department of Agriculture (USDA) to develop a process by which Loan Guaranty (LGY) manages USDA foreclosed properties. LGY presently manages an inventory of 1,622 properties valued at \$110.6 million for USDA. During FY 2019, VBA sold 889 foreclosed properties.
- VBA collaborates with the Department of Justice (DOJ) Consumer Protection Branch to proactively identify fraud, support evidence-capture for ongoing investigations, and provide remediation services to Veterans victimized by the schemes. VBA supported a large-scale indictment of several foreign-based fraudsters, operationalizing a near-daily exchange of information to support prosecution and prevent additional impact to Veterans. VBA also supported the DOJ's Elder Abuse Task Force, focused on reducing fraud, waste, and abuse against elderly benefit recipients.
- VA is fully integrated into the TAP Interagency Partnership via the Office of Transition and Economic Development (TED) to conduct VA's portion of TAP and as lead for the activities in the transition space. The TAP Interagency consists of: The Departments of Defense, Labor, Education, Homeland Security (Coast Guard), OPM, and the Small Business Administration

- Through TED, VA also collaborates regularly with State and Local governments. The Economic Investment Initiative (EII) Program works with all levels of government as well as local non-governmental organizations and VSO organizations to provide Servicemembers and Veterans with opportunities to achieve economic success and total well-being from military service through civilian life by educating them about VA benefits and services; providing economic information; and connecting them with partners, tools, and their communities. EIs are normally conducted in Qualified Opportunity Zones (as defined by the IRS) to address service members and Veterans' needs in areas that are economically challenged.

To ensure GI Bill beneficiaries can make an informed decision in using and protecting their benefits, VA partners with Federal agencies.

- Works with the Department of Education to maintain a comprehensive database, known as the GI Bill Comparison Tool. This tool allows beneficiaries to research and compare colleges and employers approved for the GI Bill.
- Maintains a Memorandum of Agreement with the Federal Trade Commission (FTC) allowing VA to use FTC resources to investigate cases of erroneous, deceptive, or misleading advertising practices by institutions. This helps to ensure that VA does not approve enrollments of eligible beneficiaries for courses at institutions that use unfair or deceptive advertising and marketing.
- Using a Joint Higher Education MOU with the DoD, the Department of Education, VA, and the Consumer Financial Protection Bureau, provides meaningful information about the financial cost and performance outcomes for educational institutions; prevents abusive and deceptive recruiting practices that target beneficiaries; and ensures that educational institutions provide high-quality academic and student support services.
- VA partnered with the Census Bureau to complete the Earnings Loss Study, and VA works with the OMB concerning concurrence of all rulemakings.
- VA partnered with DoD to provide the Warrior Training Advancement Course (WARTAC), which is a skill-bridge education and employment opportunity for Wounded Warriors and transitioning Servicemembers to complete a national-level claims processing training program while still on active duty. Successful completion of this training program leads to an opportunity for these Servicemembers to be interviewed and hired as a Veterans Service Representative or a Rating Veterans Service Representative at one of VBA's 56 regional offices around the country. During FY 2019, VBA trained 337 WARTAC candidates and plans to train 600 WARTAC students in FY 2020 and FY 2021.

- VBA is collaborating with the Federal Communications Commission (FCC) on its Regional Rural Tour Program by providing support to various Veteran-focused events, meetings with local civic leaders, and fraternal organizations. VBA's regional offices located nearest geographically to FCC's targeted tour areas, provide in-person support disseminating information to rural Veteran's in order to complement VBA's outreach mission.

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 the purpose of 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 Program (VLP): NCA is working closely with the Library of Congress, Veterans History Project, the National Museum of the American Indian (Smithsonian Institution), the U.S. Army Museum network, and universities to share the stories of Veterans and Servicemembers interred or memorialized in NCA cemeteries. VLP contributes to NCA's statutory mission to "memorialize Veterans in perpetuity" through educational outreach and programming at VA national cemeteries, soldier's lots, and monument sites. VLP programs engage scholars, teachers, and students of all levels in researching hometown Veterans in their local national cemeteries and then producing that research into instructional materials for Kindergarten (K) through 12 schools, as well as materials for public benefit. VLP products include lesson plans, annotated cemetery maps, documentaries, and digital archives.
- VLP supports VA's commitment to ending Veteran suicide. VLP shares 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. The Veterans Legacy Memorial was developed by VLP as an online memorialization tool that also serves as a way for NCA to engage digitally with all its customers (see below).
- Three of VLP's long-term partnerships with public universities are notable; each has been a VLP partners for 3 years. At Black Hills State University, an interdisciplinary faculty team (History, English, American Indian Studies, and Education) prompted students to research Veterans buried in five local Veteran cemeteries: three national cemeteries and two tribal Veteran

cemeteries. Using this research, the university launched a public-facing Web site of the Veterans and the cemeteries' histories, a national cemetery walking tour, and a K through 12 online textbook. They have also conducted summer Graphic Novel Academies for middle school students, during which the students research Veterans interred in Black Hills National Cemetery and then are taught how to write and illustrate narrative depictions of the Veterans' lives. At San Francisco State University, an interdisciplinary team of faculty and students (Cinema, History, and Education) develop short-form documentaries on a diverse group of Veterans buried in VA national cemeteries. At the Florida National Cemetery and the St. Augustine National Cemetery, the University of Central Florida (UCF) VLP team has hosted "Field Days" bringing in over 500 middle school and high school students to the cemeteries. UCF used the research findings to develop a website and customized mobile application that makes students' research accessible at the gravesite. In addition to the above, current and past VLP partners include: the University of California-Riverside (current), the University of Denver (current), California Polytechnic State University (past), the University of Tennessee (past), George Mason University (past), the National History Day (past), and the Gilder Lehrman Institute (current). The Gilder Lehrman Institute conducts teacher professional development workshops on applying cemetery research to the development of instructional materials.

- During FY 2019, VA also launched the Veterans Legacy Memorial (VLM) (www.va.gov/remember), a secure, Web-based platform housing Web pages for all 3.8 million Veterans buried in VA's 141 national cemeteries. More than just a static Web site that draws information from a VA database, some interactive features are now available, and more are planned for FY 2020. Once fully capable, VLM will allow loved ones and other "Page Sentries" to share photographs and historical documents of their Veterans; let the public post tribute comments; and be a valuable tool for genealogists, scholars, and students to share research.

Acronyms

Accessing Telehealth through Local Area Stations.....	ATLAS
Agencies of Original Jurisdiction.....	AOJ
Agency Priority Goals.....	APG
American Customer Satisfaction Index.....	ACSI
Annual Performance Plan and Report.....	APP&R
Appeals Management Office.....	AMO
Appeals Modernization Act.....	AMA
Average days to complete.....	ADC
Office of Field Operations.....	OFO BASX
Board of Veterans' Appeals.....	The Board or BVA
Center for Disease Control.....	CDC
Center for Faith and Opportunity Initiative.....	CFOI
Centers for Medicare and Medicaid Services.....	CMS
Chief Information Officer.....	CIO
Common Operating Picture.....	COP
Community Preventive Services Task Force.....	CPSTF
Continuous Diagnostics and Monitoring.....	CDM
Customer Relationship Management/Unified Desktop Optimized.....	CRM/UDO
Department of Justice.....	DOJ
Department of Labor.....	DOL
Departments of Defense.....	DoD
Dependents Indemnity Compensation.....	DIC
Economic Investment Initiative.....	EII
Electronic Funds Transfer.....	EFT
Environmental Protection Agency.....	EPA
Federal Communications Commission.....	FCC
Federal Emergency Management Agency.....	FEMA
Federal Protective Service.....	FPS
Federal Trade Commission.....	FTC
Government Accountability Office.....	GAO
Housing and Urban Development.....	HUD
Housing Choice Voucher.....	HCV
Human Resources & Administration.....	HRA
Insurance Service.....	INS
Integrated Disability Evaluation System.....	IDES
Integrated disability Evaluation System.....	IDES
Interagency Collaboration for Advancing Predictive Analytics.....	ICAPA
Loan Guaranty.....	LGY
Memorandum of Understanding.....	MOU
National Call Center.....	NCC
National Cemetery Administration.....	NCA
National Response Center.....	NRC
National Work Queue.....	NWQ
Notices of Disagreement.....	NOD

Oak Ridge National Labs	<i>ORNL</i>
Occupational Safety and Health Administration	<i>OSHA</i>
Office of Accountability and Whistleblower Protection	<i>OAWP</i>
Office of Acquisition, Logistics and Construction	<i>OALC</i>
Office of Information Technology	<i>OIT</i>
Office of Management and Budget	<i>OMB</i>
Office of Operations, Security, and Preparedness	<i>OSP</i>
Office of Strategic Sourcing	<i>OSS</i>
Office of the Inspector General	<i>OIG</i>
Office of the Secretary of Veterans Affairs/Office of Regulation Policy and Management	<i>OSVA/00REG</i>
Office of Veterans Access to Care	<i>OVAC</i>
Opioid Management Safety Initiative	<i>OMSI</i>
Pension and Fiduciary Service	<i>P&F</i>
Pension Management Centers	<i>PMC</i>
Point of Contact	<i>POC</i>
Protective Service Officers	<i>FPS</i>
Public Housing Agencies	<i>PHA</i>
Quick Start Guide	<i>QSG</i>
Rating Veterans Service Representative	<i>RVSR</i>
Supportive Services for Veterans Families	<i>SSVF</i>
Office of Public and Intergovernmental Affairs	<i>OPIA</i>
Transition and Economic Development	<i>TED</i>
Transition Assistance Program	<i>TAP</i>
Transitioning Servicemembers	<i>TSM</i>
U.S. Department of Agriculture	<i>USDA</i>
VA Schedule for Rating Disabilities	<i>VASRD</i>
VASRD Program Office	<i>VASRD-PO</i>
Veteran Service Organizations	<i>VSO</i>
Veterans Affairs	<i>VA</i>
Veterans Affairs Loan Electronic Reporting Interface	<i>VALERI</i>
Veterans Benefits Administration	<i>VBA</i>
Veterans Health Administration	<i>VHA</i>
Veterans Affairs Supportive Housing Program	<i>VASH</i>
Vocational Rehabilitation and Employment Service	<i>VRE</i>
Warrior Training Advancement Course	<i>WARTAC</i>

U.S. Department of Veterans Affairs
Office of Enterprise Integration (OEI)
810 Vermont Avenue, NW Washington, DC 20420
<https://www.va.gov/performance>

