



Department of Veterans Affairs

# Strategic Plan Refresh

FY 2011-2015

Office of the Secretary

Washington, DC 20420

 *people-centric*

 *results-driven*

 *forward-looking*







U.S. Department of Veterans Affairs

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# **Strategic Plan Refresh**

## **Fiscal Year (FY) 2011-2015**





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# Letter from the Secretary

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## VA Strategic Plan Refresh for FY 2011-2015

Since my first day in office, my overriding challenge has been to fulfill President Obama's charter to transform the Department of Veterans Affairs (VA) into a high-performing 21<sup>st</sup> century organization focused on our Nation's Veterans as its clients. President Obama is fully committed to the vision of a transformed VA to better serve Veterans. His strong leadership, support, and full commitment is clearly evident in the FY 2011 President's Budget request. The 21<sup>st</sup> century VA will be built around three guiding principles: We will be *people-centric*, *results-driven* and *forward-looking*. VA will be an advocate for its clients - the Veterans we serve, their families, their loved ones, and their caregivers. VA will anticipate the needs of Veterans, and be proactive in meeting those needs.

We will transform VA through positive leadership, teamwork, dedication, and the commitment of VA's talented workforce. We will ingrain a sense of advocacy for Veterans into our organizational culture and our business processes – to sustain momentum into the future and enable VA to meet the ever-changing needs of Veterans and their families.

I intend to make bold and comprehensive changes to transform VA for the 21<sup>st</sup> century. These changes will directly benefit Veterans, and indirectly, all Americans. VA's transformation will leverage the power of 21<sup>st</sup> century technology and know-how.

This *VA Strategic Plan Refresh FY 2011-2015* is the cornerstone of our transformation effort. It lays out our goals and strategies for working together over the next 5 years to accomplish them, consistent with our guiding principles. We have articulated a strategy aimed at the accomplishment of four key strategic goals. The strategy is made up of three integrated objectives through which VA will deliver on its highest priorities. These integrated objectives are complemented by a series of integrated strategies, which will define our approach to achieve each objective.

For this VA Strategic Plan Refresh, we have identified three additional Major Initiatives, giving VA 16 major crosscutting initiatives, which represent the areas of highest importance to the organization and exemplify how we intend to execute our integrated strategy. VA's three new Major Initiatives will focus on optimizing the utilization of our capital investment portfolio, improving the quality of health care while reducing cost, and transforming health care delivery through health informatics. In addition, we have consolidated and reduced the total number of Supporting Initiatives in the plan from 34 to 20. The Strategic Plan calls for a relentless focus on our clients—Veterans and their families—in everything we do, while maximizing value and efficiency.



As we transform VA, we will closely monitor our progress in achieving our strategic goals and integrated objectives. We will continue developing an annual performance plan which we submit with the President's budget each year. We will report to Congress and other stakeholders each year in our *VA Performance and Accountability Report*. We will monitor each of the 16 Major Initiatives through a quarterly Operational Management Review team, chaired by the Deputy Secretary, to ensure that cost, schedule, and performance targets are being met, and that corrective action is taken where necessary, and with Monthly Performance Review meetings to monitor progress in meeting our annual performance plan.

The transformation of VA is well underway, and gains momentum every day. As the leader of VA and its 300,000 employees, it is my responsibility to ensure that we sustain our momentum. The feedback of all VA stakeholders has been invaluable to me in guiding the Department through the initial stages of transformation, and I look forward to working with all of those stakeholders and VA employees to ensure we achieve the strategic goals and objectives of this plan.



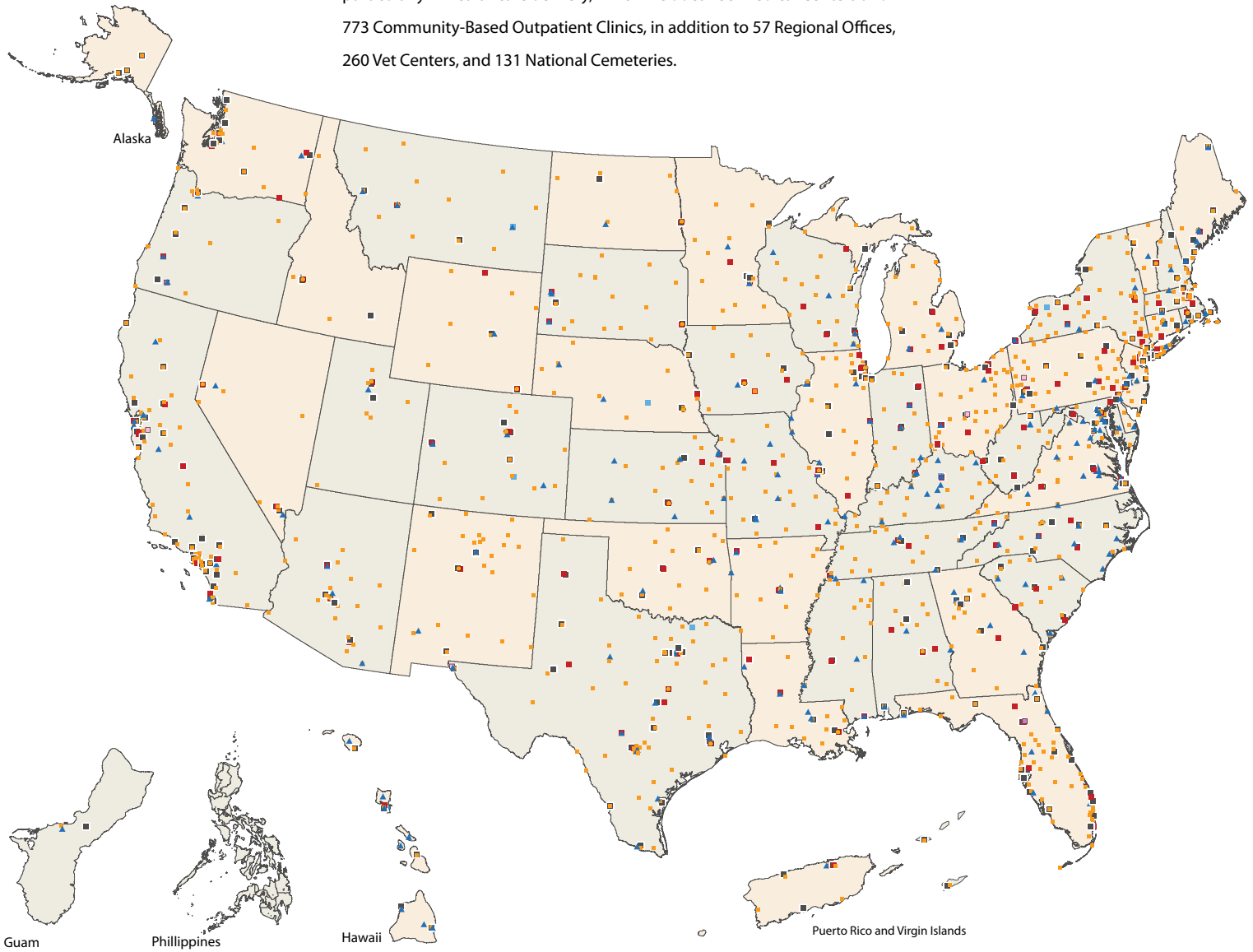
**Eric K. Shinseki**  
Secretary  
Department of Veterans Affairs





## DEPARTMENT OF VETERANS AFFAIRS FACILITIES

The map below shows the breadth of VA facilities spanning the United States, as well as the U.S. territories and the Philippines. VA has an extensive field structure, particularly in health care delivery, which includes 153 Medical Centers and 773 Community-Based Outpatient Clinics, in addition to 57 Regional Offices, 260 Vet Centers, and 131 National Cemeteries.



### VA Facilities (FY 2010 2<sup>nd</sup> Quarter)

- VA Medical Center
  - Vet Center
  - Community-Based Outpatient Clinic
  - VA Community Living Center
- Independent Outpatient Clinic
  - Residential Rehabilitation Center
  - Regional Office
  - ▲ National and State Cemeteries

Source: VAST Q2FY10

VA Office of Policy and Planning – National Center for Veterans Analysis and Statistics (008A3)

*“Our mission at VA is to serve Veterans by increasing their access to our benefits and services, to provide them the highest quality of health care available, and to control costs to the best of our abilities.”*

**SECRETARY ERIC K. SHINSEKI**

# Introduction

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The U.S. Department of Veterans Affairs (VA) is responsible for a timeless mission: *To fulfill President Lincoln's promise –*

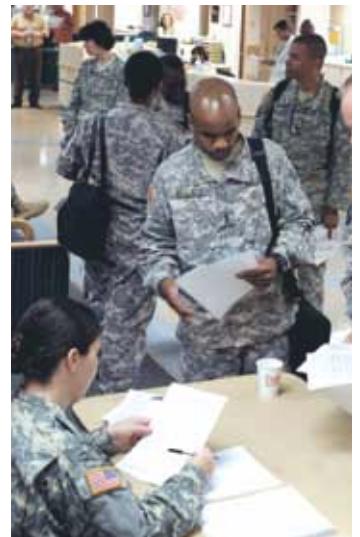
*“to care for him who shall have borne the battle,  
and for his widow, and his orphan”*

– by serving and honoring the men and women who are America's Veterans. In the context of this enduring mission, President Barack Obama and Secretary Eric K. Shinseki have issued a compelling charge: to transform the Department to meet the emerging challenges of the 21<sup>st</sup> century, so we may continue to repay the debt of honor owed to the men and women, and their families, who have “borne the battle.”

Our vision is of a Department of Veterans Affairs transformed into a high-performing 21<sup>st</sup> century organization – one that adapts to new realities, leverages new technologies, and serves a changing population of Veterans with renewed commitment. We will build our institution around three guiding principles: we will be *people-centric, results-driven*, and, by necessity, *forward-looking*.

This strategic plan lays out how our organization will work together over the next 5 years to achieve this transformation, consistent with our guiding principles. We framed the plan by ensuring that we understood the environment in which we operate and our own starting point. We looked carefully at complex changes underway among the community of Veterans and their families, at the external environment, and at the internal operations of VA.

VA employees throughout the organization participated in developing this strategy. Over 10,000 employees responded to a comprehensive organizational survey that helped us identify changes to our work that will make this plan a success. We engaged in numerous internal governance deliberations; independent and joint working sessions among administrations and staff offices; and integrated strategic, operational, budget, and performance planning sessions. VA leaders also solicited input on the main priorities for the Department from Congressional committees, Veterans Service Organizations (VSO), State Veterans Affairs offices, the Department of Defense (DoD), the Department of Labor (DOL), and other key partners.





Through this work, we have articulated a strategy aimed at the accomplishment of four strategic goals:

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

This transformation has already begun. We have undertaken a comprehensive review of our organization, processes, and technology to prepare for new times and new demographic realities. We have initiated new efforts to improve the quality, access, and value of services and benefits provided to Veterans through each of the three VA administrations. We have implemented new governance processes. We have engaged employees throughout the organization in identifying opportunities for improvement and involved them in the development and implementation of changes. We have also reorganized the Office of the Secretary to ensure unified direction and accountability.

In the remainder of this plan, we review in more detail the trends upon which the work is based, describe the strategy, and discuss our approach to implementation. The description of implementation will include how we will transform culture, mindsets and behaviors; measure performance and evaluate our programs; mitigate risk; and manage accountability. It also contains a description of the balanced and ambitious portfolio of initiatives that will drive implementation from every part of the organization.



## List of Acronyms

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**AMAS** Automated Monument Application System

**BVA** Board of Veterans' Appeals

**BOSS** Burial Operations Support System

**CDC** Center for Disease Control

**CFBNP** Center for Faith-based and  
Neighborhood Partnerships

**CBOC** Community-Based Outpatient Clinic

**CMV** Center for Minority Veterans

**CRM** Client Relationship Management

**CWV** Center for Women Veterans

**DoD** Department of Defense

**DOL** Department of Labor

**ECA** Expedited Claims Adjudication

**EHR** Electronic Health Record

**EPMO** Enterprise Program Management Office

**EUL** Enhanced Use Lease

**FM** Financial Management

**GHG** Greenhouse Gas

**GSA** General Services Administration

**HHS** Department of Health and Human Services

**HPPG** High Priority Performance Goals

**HUD** Department of Housing and  
Urban Development

**IOC** Integrated Operations Center

**IOM** Integrated Operating Model

**IT** Information Technology

**MCCF** Medical Care Collections Fund

**NCA** National Cemetery Administration

**OALC** Office of Acquisition, Logistics,  
and Construction

**OAEM** Office of Asset Enterprise Management

**OCLA** Office of Congressional and Legislative Affairs

**OEF/OIF** Operation ENDURING FREEDOM/Operation  
IRAQI FREEDOM

**OGC** Office of General Counsel

**OHRA** Office of Human Resources  
and Administration



<b>OIT</b>	Office of Information and Technology	<b>SES</b>	Senior Executive Service
<b>OM</b>	Office of Management	<b>SHEP</b>	Survey of Health Experience of Veterans
<b>OMB</b>	Office of Management and Budget	<b>TBI</b>	Traumatic Brain Injury
<b>OPIA</b>	Office of Public and Intergovernmental Affairs	<b>VA</b>	Department of Veterans Affairs
<b>OPP</b>	Office of Policy and Planning	<b>VASRD</b>	Veterans Affairs Schedule for Rating Disabilities
<b>OSA</b>	Office of Survivors Assistance	<b>VBA</b>	Veterans Benefits Administration
<b>OSDBU</b>	Office of Small and Disadvantaged Business Utilization	<b>VBMS</b>	Veterans Benefit Management System
<b>OSP</b>	Office of Operations, Security, and Preparedness	<b>VCAA</b>	Veterans Claims Assistance Act
<b>OSVA</b>	Office of the Secretary of Veterans Affairs	<b>VHA</b>	Veterans Health Administration
<b>PACT</b>	Patient Aligned Care Team	<b>VIP</b>	Vendor Information Pages
<b>PPBE</b>	Planning, Programming, Budgeting and Evaluation	<b>VISN</b>	Veterans Integrated Service Network
<b>PTSD</b>	Post Traumatic Stress Disorder	<b>VLER</b>	Virtual Lifetime Electronic Record
<b>SBA</b>	Small Business Administration	<b>VOSB</b>	Veteran-Owned Small Business
<b>SCIP</b>	Strategic Capital Investment Planning	<b>VR&amp;E</b>	Vocational Rehabilitation and Employment
<b>SDVOSB</b>	Service Disabled Veteran-Owned Small Business	<b>VRM</b>	Veterans Relationship Management
		<b>VSO</b>	Veterans Service Organization



# Chapter 1: Framing the Plan

The Department's approach to transformation has been developed in the context of our long history of taking care of our Nation's Veterans and a tradition of innovation. However, there are significant changes underway in our operating environment which require fundamental change in the ways we do business.

## VA: yesterday, today, and tomorrow

### Yesterday

VA has a long history of caring for the Nation's Veterans and their families (and a culture where caring for Veterans is deeply embedded). Congress established a new system of Veterans benefits when the United States entered World War I in 1917. Included were programs for disability compensation, insurance for Servicemembers and Veterans, and vocational rehabilitation for the disabled. By the 1920s, the various benefits were administered by three different Federal agencies: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers. The establishment of the Veterans Administration came in 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war Veterans." The three separate agencies became bureaus within the Veterans Administration. In 1989, legislation was enacted to make the Department of Veterans Affairs a cabinet-level agency. From that time, VA's workforce has grown to almost 300,000 employees – the second largest agency in the Federal Government.

### Today

We are currently providing high-quality benefits and services to Veterans. In FY 2010, VA maintained its status as the largest integrated health care system in America. The VA health care system has grown from 54 hospitals in 1930 to 153 hospitals today; more than 773 community-based outpatient clinics (CBOC); and 260 Vet Centers. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care. Throughout the year, VA implemented new innovative practices to improve Veterans' access to health care, such as telemedicine and mobile clinics to provide care to more than 5.6 million unique patients. Our commitment to delivering timely, high-quality health care to America's Veterans, while controlling costs, remains a top priority.

VA provides compensation and pension benefits to nearly four million Veterans and beneficiaries. In 2010, VA received more than 1,000,000 claims for disability benefits and processed more than 975,000 of these claims. Despite a 14 percent increase in workload from last year, VA achieved a number of significant positive performance results in the benefits delivery area.

VA honors the service and sacrifices of America's Veterans through the construction and maintenance of national cemeteries as national shrines. In 2009, VA maintained nearly 3 million gravesites at 164 properties, including 131 national cemeteries and 33 other cemetery installations.



### ***Tomorrow***

VA has long been a leader in innovation related to Veteran issues, including the development of one of the most advanced and effective electronic health records in the world. VA has a long record of tracking performance and results in each of its health care, benefits, and memorial affairs program areas. VA is renowned for its treatment of Veterans in special emphasis areas, such as prosthetics, spinal cord injury, post-traumatic stress disorder (PTSD), rehabilitation, and more recently, Traumatic Brain Injury (TBI) – one of the signature injuries of the Operation ENDURING FREEDOM/Operation IRAQI FREEDOM (OEF/OIF) conflict. As we continue into the 21<sup>st</sup> century, we will build on this tradition of innovation to continue to seek opportunities to better meet the needs of Veterans and their families. In order to continue providing Veterans with “cutting-edge” care and services, VA must adapt to and thrive within today’s challenging operating environment.

### **VA's operating environment**

VA faces an increasingly challenging operating environment. Demand for services, in terms of claims and services per client, is growing in volume and complexity, while the economic, legislative, and national security contexts all present significant uncertainties. Understanding these changes – and their implications for VA – is critical to ensuring that our strategic plan will be effective and endure over the next 5 years.

#### ***A changing Veteran population***

The population of Veterans and their families whom we serve is changing. Overall, Veterans and their families are developing new, more complex needs and new expectations for the care VA should provide them.

The aging of America’s citizens will affect VA. Vietnam Veterans, a significant percentage of the total Veteran population, are beginning to face changing health risks as they age (e.g. prostate cancer and diabetes), thereby increasing their needs for benefits and health care services. Overall, the number of aging Veterans who may need extended care is growing rapidly: the number of enrolled Veterans 85 or older is projected to increase 20 percent from 657,477 to 709,523 between 2010 and 2019. This group accounts for the highest usage of long-term care services. Though not all aging Veterans will require our care, the growth in this population is highly likely to increase the demand for the extended and specialized services the elderly require.

The aging of the Veteran population will also require VA to provide benefits and services to surviving spouses. As of the beginning of FY 2011, approximately 40.5 percent of the Veteran population was 65 or older. At age 65, the average American male can expect to live an additional 17 years, and the average American female can expect to live an additional 19.7 years (Social Security Administration, 2006), indicating that VA will be responsible for survivor benefits for many people, well into their later years of life. Approximately 75 percent of Veterans are married, according to the most recent National



Survey of Veterans,<sup>1]</sup> and as of March 2010, 326,052 spouses were receiving Dependents Indemnity Compensation payments (VetPop).

Significant and growing numbers of Veterans live in rural areas.<sup>2]</sup> Rural areas present challenges to providing services, particularly health care. In FY 2006, 36 percent of Veterans enrolled in VA health care resided in rural areas and an additional 1.5 percent resided in highly rural areas which include many parts of the West, such as Wyoming and Montana. By comparison, only 20 percent of the overall U.S. population resides in rural areas. Practitioner shortages are more acute in these very sparsely populated areas.

Though the overall population of Veterans has been shrinking, there continues to be a significant increase in the number of women Veterans. Women Veterans comprise 7.5 percent of the total Veteran population and nearly 5.5 percent of all Veterans who use VA health care services. By 2020, women Veterans will constitute at least 10 percent of the Veteran population and 9.5 percent of VA patients. In 2007, 52.8 percent of DoD enlisted women and 35.3 percent of women officers were minorities.<sup>3]</sup>

The American population is also becoming more diverse, and the Veteran population reflects that change. The Census Bureau predicts that the majority of the working age population, defined as the age group from 18 through 64, will be made up of racial/ethnic minorities as early as 2039. In 2006, minorities composed 15 percent of the Veteran population (American Community Survey), and by September 2009, the number had increased to approximately 20 percent (VetPop). OEF/OIF users of VA benefits and services in FY 2008 were approximately 40 percent minority Veterans (VetPop). These changes in Veteran demographics will require the Department to continually develop a culturally sensitive and competent workforce.

Disability compensation has changed in recent years as the nature of combat related wounds and service-connected injuries has changed. Many of the disabilities that are increasing most rapidly in the Veteran population are those that are more complex and where documentation can be difficult to get, such as conditions of the musculoskeletal system and PTSD. On August 31, 2010, VA published new regulations that simplified the standards for verifying an in-service stressor. This new regulation allows for expedited processing of PTSD claims. New linkages to Agent Orange – prostate cancer in 1996, Type II diabetes in 2001, chronic lymphocytic leukemia in 2003, and amyloidosis in 2009 – have contributed to the upward trend of disability ratings. VA has also issued the final regulation to add Parkinson's disease, hairy cell leukemia, other chronic B-cell leukemias, and ischemic heart disease to the list of presumptive diseases based on Agent Orange

1] The 2010 National Survey of Veterans will be published in 2011, and may reflect an updated number.

2] VHA uses the Census Bureau definitions to classify Veterans by population areas as follows – Urban: Any enrollee located in a Census defined urbanized area; Rural: Enrollees not designated as urban; Highly Rural: Those that are defined as rural and reside in counties with fewer than 7 civilians per square mile.

3] Women' Research and Education Institute, 2008; Data supplied from U.S. Department of Defense, Defense Manpower Data Center, 2007.



exposure. As a result, the average Veteran disability rating rose from approximately 30 percent in 1995 to 41 percent in 2009, with the percentages of Veterans in the two highest disability levels growing at the fastest rates.

In March 2010, Secretary Shinseki announced that the VA Gulf War Veterans' Illnesses Task Force had completed the final draft of a comprehensive report that will redefine how VA addressed the concerns of Veterans who deployed during the Gulf War in 1990 and 1991. VA has also recently published a rule that will enable VA to grant service connection on a presumptive basis for nine specific infectious diseases associated with military service in Southwest Asia after August 2, 1990, or in Afghanistan on or after September 19, 2001.

Even advances in care for Servicemembers have implications for VA. Tremendous strides in military medicine have led to reduced mortality rates among injured U.S. Servicemembers in Iraq and Afghanistan, compared with prior military conflicts. At the same time, and in large part due to these higher survival rates, OEF/OIF health needs tend to be different from past conflicts. Blast injuries are increasing, adding a new dimension to battlefield casualties and their care when battle is over. These wounds often result in multiple severe injuries and disabilities requiring extended and highly specialized care, both mental and physical. These conditions often pose challenges in anticipating and responding to the demand for health care services.<sup>41</sup>

VA must also embrace and exploit opportunities to increase access to services via advances in technology. The trend toward the use of home telehealth technologies, including videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications, will enable patients with chronic diseases such as diabetes, heart failure, and chronic pulmonary disease to be monitored at home. This will reduce hospital admissions, clinic visits, and emergency room visits. Elderly or disabled patients will be able to stay in their homes longer and it will become possible to provide cutting-edge specialty care even in sparsely populated areas. These programs will be especially beneficial for the two to three percent of patients who, in part because they frequently visit hospitals and outpatient clinics, account for approximately 30 percent of health care costs.

### ***The challenging external environment***

In addition to changes in the Veteran population, Veterans – and VA – face an uncertain external environment. For example, Veterans face unique challenges as part of their reentry into the workforce. Economic conditions are having a significant negative impact on Veterans and a disproportionate impact on recently-separated Veterans compared to the average American.

Veterans continue to suffer disproportionately high homeless rates compared to the general population. On any given night in 2009, an estimated 107,000 Veterans were

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41] "Analysis of Health Care Utilization Among U.S. "Global War On Terror" (GWOT) Veterans" from the VHA Office of Public Health and Environmental Hazards, January 2009.

homeless, representing every war and generation including current OEF/OIF operations. Overall, one in five homeless adults (one in three homeless adult males) in the U.S. is a Veteran.<sup>5]</sup> The Northeast Program Evaluation Center (NEPEC) Health Care Homeless Veterans reported for FY 2008-2009 Q3 that minority Veterans were 58.9 percent of the homeless Veteran population. This is in contrast to minority Veterans being approximately 20.7 percent of the overall Veteran population in 2009 (Vetpop).

There is some potential good news. As the economy begins to recover, small firms will be the most likely source of new jobs for Veterans. Small firms employ about half of all private sector employees, create 60 to 80 percent of net new jobs annually, and tend to lead the way in new employment when the economy improves. In this vein, VA has a longstanding commitment to contracting with Veteran-Owned Small Businesses (VOSB).

When it comes to health care, that environment is also changing. Several underlying trends, such as increasing chronic illness and obesity, are likely to persist and pressure the health care delivery system. For example, the average adjusted annual cost of care for the obese is \$5,500 per capita, compared to \$3,950 per capita for the non-obese. Strains on health care delivery are made worse by the Nation's capacity mismatches across regions and types of care.

Nationwide, chronic diseases are being diagnosed at earlier ages. This trend will require reorientation of U.S. health care away from the acute-care model, and toward a more patient-centered model that focuses on wellness and disease prevention. This model will engage patients, such as Veterans, in monitoring and managing their own disease symptoms. This change over the long-term will lead to better outcomes for patients and may reduce health care costs. In the short term, however, it may lead to shortages of nurses and primary care physicians, both in the U.S. generally and in VA's system.

Additionally, changes in our national security environment have direct impacts on VA strategic planning and operations. Prolonged conflict – OEF and OIF have already lasted longer than World War II – means that VA must be prepared to accommodate the influx of new Veterans requiring our services. The new nature of warfare and the potential for future conflicts are likely to create significant demand for VA services and infrastructure.

Finally, preferred methods of customer interaction have been changing in today's modern technological world. There is evidence that the increasingly widespread use of data and highly segmented customer service offerings, combined with a proliferation of media channels, has connected more people with the information they seek. This high tech trend implies that Veterans and their families will better receive information provided through technological channels when messages are tailored to their specific needs.

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5] U.S. Interagency Council on Homelessness. "Homeless Veterans: Representing the Needs and Interests of Homeless Veterans in State, County, and City 10-Year Plans to End Chronic Homelessness." Downloaded March 5, 2010 from: <http://www.ich.gov/library/HomelessVeteransand10-YearPlans.pdf>.

### ***Opportunities to improve performance***

Both our history of service to Veterans and the challenges of the emerging environment demand that we seize the opportunity to improve our performance.

To date, our emphasis has been on improving operational performance within each administration (e.g., Veterans Health Administration (VHA) quality and access, reduction in Veterans Benefit Administration (VBA) claims inventory, National Cemetery Administration (NCA) client satisfaction). While significant progress has been made, we still have some distance to go to better meet the challenges that we face. We, therefore, now turn our attention to opportunities that will improve individual performance as well as Department-wide service delivery.

For example, VA is a long time leader in health care information technology, but we are looking to do more to manage client data across programs inside and outside VA. Shifts in how information is accessed and used by providers, processors, and clients present VA with the opportunity to find new ways to improve the experience of Veterans and their families, as well as enhance the value we provide them. These innovations will have significant implications for how care is organized and delivered in the future as well as for the skill sets required to provide the care.

Currently, Veterans with multiple needs must navigate through a complex system of contact points throughout VA. VA programs maintain separate and sometimes overlapping customer access points and processes. For example, for disability compensation, there are three possible touch points – VBA's central office, VBA's regional offices, and potentially DoD. There are different stops within VBA for disability compensation, education, loan guaranty, vocational rehabilitation, and insurance benefits, with additional touch points in DoD. A Veteran must file the claim, often undergo a medical examination, and wait for VA to determine the rating and compensation. Ultimately, the Veteran may appeal if he or she disagrees with the ruling. With central information management and improved data sharing, Veterans with multiple health and benefit needs could enjoy a much more seamless customer experience.

We must also seize the opportunity to significantly improve our benefits delivery systems. The volume of compensation and pension rating-related claims has been steadily increasing. In 2009, for the first time, we received over one million claims in a single year. The volume of claims received has increased from 578,773 in 2000 to 1,013,712 in 2009 (a 75 percent increase). Not only is VA receiving substantially more claims, but the claims have also increased in complexity. Original disability compensation claims with eight or more claimed issues have increased from 21,184 in 2000 to 67,175 in 2009 (over a 200 percent increase). We expect this level of growth in the number and complexity of claims to continue.

Unlike a commercial claims organization, VA also faces statutory and external requirements such as VA's "duty to assist." The Veterans Claims Assistance Act (VCAA) has significantly

increased both the length of time and the specific requirements of claims development. VCAA requires VA to provide written notice to claimants of the evidence required to substantiate a claim and the party (VA or the claimant) responsible for acquiring that evidence. Under VCAA, VA's duty to assist the claimant in perfecting and successfully prosecuting his or her claim extends to obtaining Government records, assisting with getting private records, and obtaining all necessary medical examinations and medical opinions. As a claim progresses, additional notifications to the claimant may be required.

For example, of the 1.1 million OEF/OIF Veterans released from service between 2001 and 2009, more than 37 percent, or approximately 405,000, have filed for disability benefits. Of those, almost 50 percent have filed with incomplete information. VA is compelled by both mission and law to assist Veterans in obtaining the evidence needed to process these applications which slows processing times.

As a result, VA has experienced substantial increases in claims processing time and inventory. Since 2000, the inventory of disability claims pending has increased 83 percent.

In short, VA needs a comprehensive program for end-to-end claims operations redesign. This approach has the potential to deliver substantially more total benefit than a collection of individual initiatives would on their own. This builds on some essential strengths: a mission-driven workforce; a running start on performance improvements (VA has already increased staffing, redistributed workload and implemented fast-track processing pilots); and the commitment of outside stakeholder partners, like DoD and the VSOs, to improving client service.

Demand for other services – like cemetery/memorial services, is projected to increase more than 7 percent from 106,000 annual interments in 2009 to 114,000 interments by 2011. Since 2006, VA has implemented a host of special programs to create procurement opportunities for authorized, Veteran-owned small businesses and recognizes that a growing number of applicants are now seeking requisite VA verification to qualify for VA procurements under those programs. At the same time, VA faces potential challenges in meeting the growing demand. VA, like the rest of the Federal Government, will soon face a wave of retirements. Roughly 53 percent of Federal employees will be eligible to retire in the next 5 years. While a daunting task, this human capital challenge provides the opportunity for significant hiring and the development of the workforce to meet the demands of the 21<sup>st</sup> century. To be successful, this will require the implementation of a fundamentally different human capital system, and a focus on continued improvement in operations in order to ensure we are meeting Veteran needs.

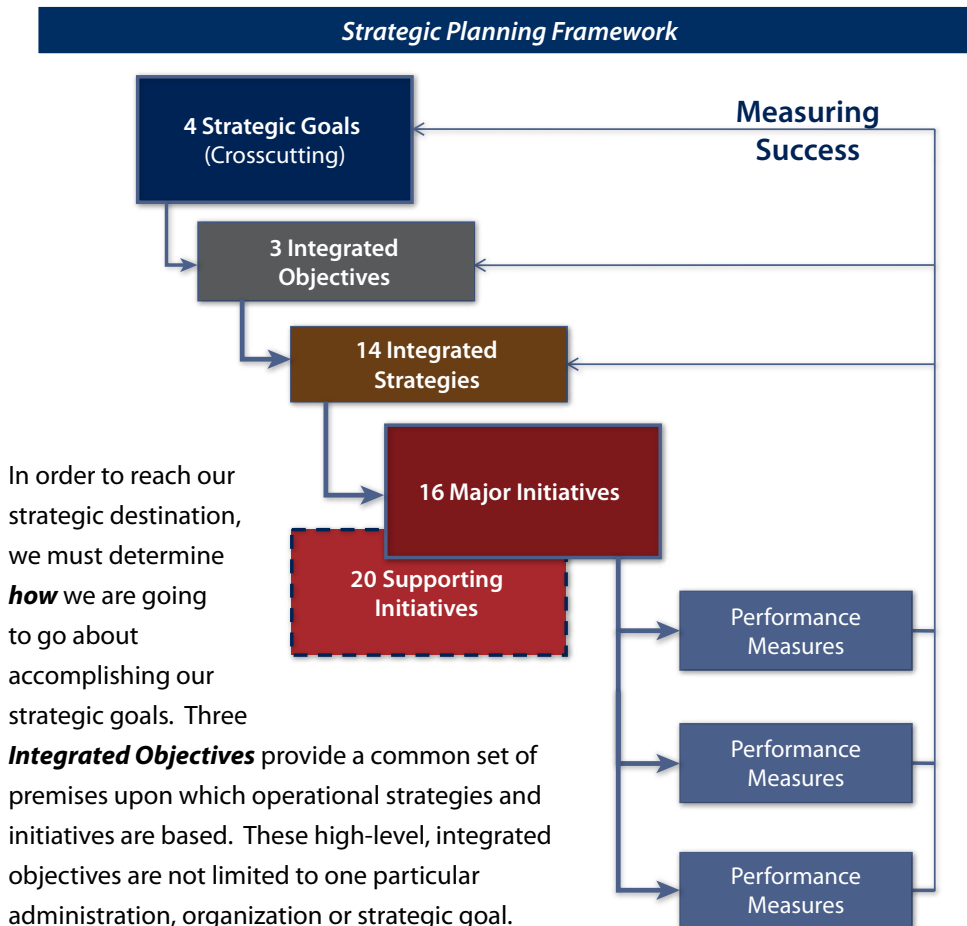




## Chapter 2: The Strategic Planning Framework

### Navigating the VA Strategic Plan Refresh for FY 2011-2015

This strategic plan tells the story of how we will transform VA over the next 5 years. It is a long-term plan, presenting a deliberate but inspired strategy based upon three guiding principles to achieve four strategic goals. We believe that by aspiring to these four crosscutting **strategic goals**, we will further enhance our service to America's Veterans.



In order to reach our strategic destination, we must determine **how** we are going to go about accomplishing our strategic goals. Three **Integrated Objectives** provide a common set of premises upon which operational strategies and initiatives are based. These high-level, integrated objectives are not limited to one particular administration, organization or strategic goal. They are designed to be used as a foundation on which to build strategies and initiatives to collectively achieve VA's strategic goals.

Three sets of associated strategies correspond to each of the three integrated objectives. These 14 total **Integrated Strategies** are the ways and means, or courses of action, that have been designed to realize VA's objectives. They are to be utilized as the high-level approach to developing departmental and organizational initiatives and programs.

We have identified **16 Major Initiatives** that will serve as a platform from which to launch and execute the VA Strategic Plan over the next 5 years. These crosscutting and high-impact priority efforts were designed to address the most visible and urgent issues in VA.



## GUIDING PRINCIPLES

## PEOPLE-CENTRIC

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## RESULTS-DRIVEN

*We will be measured by our accomplishments, not by our promises.*

## FORWARD-LOOKING

*We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.*

## STRATEGIC GOALS

- ✦ *Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.*
- ✦ *Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.*
- ✦ *Raise readiness to provide services and protect people and assets continuously and in time of crisis.*
- ✦ *Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.*

The use of the four ambitious, crosscutting *Strategic Goals* is a deliberate effort to foster intensive collaboration among relevant VA organizations in order to achieve the Secretary's Major Initiatives in ways that are different from the traditional ways of doing business within VA. These crosscutting goals are intended to assist in breaking down some of the traditional organizational "stovepipes." These goals are transformative in that different organizations are challenged to participate in collaborative teams with different skill sets and resources being organized and applied in different ways to achieve outcomes that are forward looking and more likely to have real impact on the lives of Veterans and their families. For example, whether automating GI Bill benefits, expanding health care access for Veterans (including women and rural populations), or transforming human capital management, VA will be developing more outcome-oriented performance measures and targets that will be used to assess progress toward achieving each of the four strategic goals. These measures will be multi-dimensional, and at a minimum, will address quality, access, and cost, Veteran client satisfaction, preparedness, and internal customer satisfaction.

By taking this more crosscutting approach toward achieving these ambitious Major Initiatives, VA is challenging its organizational culture to do things differently. The Major Initiative teams continue to evolve, and while they have made significant progress in developing initial performance measures (as documented on pages 27 – 32 of the strategic plan), they will further mature and improve the measures and the linkage between these measures and the strategic goals. VA is committed to improving this linkage.

Furthermore, there are an additional **20 Supporting Initiatives** that have been developed, each of which is linked with a particular integrated objective and strategy. In this *VA Strategic Plan Refresh for FY 2011-2015*, there are 3 additional Major Initiatives. In addition, the 34 Supporting Initiatives that were included in the *VA Strategic Plan for FY 2010-2014* have been revised or consolidated into a total of 20 Supporting Initiatives. These Supporting Initiatives describe in further detail what actions must be undertaken at the organizational level to implement a particular integrated strategy. The 16 Major and 20 Supporting Initiatives will be used as the origin of departmental and organizational operating plans developed to translate integrated strategies into operational terms and to provide a basis for prioritizing resource allocation.

Under the Department's integrated and crosscutting strategy, implementation of each of the Major and Supporting Initiatives will contribute to the achievement of VA's strategic goals and integrated objectives, and in many cases multiple goals at once. As we continue to plan and implement, we are analyzing the effect of each initiative on the outcomes expressed by our strategic goals. By April 2011, we will publish an update to this plan, including outcome-focused performance measures and targets for each strategic goal. These measures will be used as indicators of Departmental overall success for achieving lasting improvements for the Veterans we serve. For the purposes of compliance with the Government Performance and Results Act (GPRA), and in accordance with Office of Management and Budget (OMB) Circular Number A-11, VA views this Strategic Plan Refresh for FY 2011-2015 as an interim adjustment to the VA Strategic Plan for FY 2010-2014.

## Guiding principles

The Department aspires to be:

- *People-centric:* Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department – our talented and diverse workforce.
- *Results-driven:* We will be measured by our accomplishments, not by our promises.
- *Forward-looking:* We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

## Strategic goals

Four strategic goals represent the top priorities of the Department:

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

## Integrated objectives

Our plan for achieving these goals calls for a Departmentwide effort harnessing all talent to focus on the needs, expectations, and experience of Veterans and their families, while maximizing efficiency and value. To this end, we have committed to three integrated objectives for the Department. These objectives are the collective responsibility of the entire Department; achieving them will require collaboration between administrations and staff offices, between field and headquarters, and between the leadership and frontline employees. If the goals are the “what” of our plan, the integrated objectives are the “how.” By working together in this way, and by taking a client-centric perspective in everything we do, VA will execute on the central mission of the Department while transforming VA into an agile and responsive 21<sup>st</sup> century organization.

*“At VA, we advocate for Veterans – it is our overarching philosophy, and in time, it will become our culture. If anyone asks you what VA stands for, you tell them that VA advocates for Veterans.”*

SECRETARY ERIC K. SHINSEKI

### INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

### INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

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***Integrated objective 1: Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness***

Above all, the perspectives of Veterans and their families must drive the services we provide and how we provide them. In pursuing this objective, we will address and eliminate complexities and disparities in determining eligibility for and accessing VA benefits. We will ensure Veterans and their families are served in a spirit of engagement, empathy, and proactive effort to deliver the benefits that they need and have earned.

Specifically, we will focus on building a seamless and convenient system for clients and employees across physical and virtual “doors,” with tailored guidance for Veterans and families. We will also develop a 21<sup>st</sup> century benefits management capability, based on transparency, operating excellence, and innovations in technology. VA will continue to improve its industry-leading health care information technology and services, based on principles of access, quality, and efficiency.

*“Virtual Lifetime Electronic Record (VLER) will track each member of our military forces – active and reserve component from the day they first put on the uniform until the day they are laid to rest. This will transform our Benefits Administration, ensuring faster processing, better decisions, fewer errors, and no lost records.”*

SECRETARY ERIC K. SHINSEKI

As a result, clients with multiple needs will have access to VA offerings and to those of our partners in a well integrated manner. From their first point of contact with VA, clients will be able to access VA and partner benefits, with fewer required touch points.

***Integrated strategies to achieve objective 1***

- a. Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.
- b. Develop a range of effective delivery methods that are convenient to Veterans and their families.
- c. Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies.
- d. Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.
- e. Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs.



***Integrated objective 2: Educate and empower Veterans and their families through proactive outreach and effective advocacy***

To deliver on our goals, VA must engage our clients as people, advocate on their behalf, and empower them with clear and consistent information in order to do business with us and make decisions for themselves and their loved ones.

VA will distribute comprehensive, actionable information through new and existing channels, leverage technology in thoughtful, targeted ways, and improve our ability to listen to Veterans and their families to learn more about what works best for them. We will establish feedback loops for the continuous improvement of our own programs and services and those beyond our walls, while developing the capability to support client navigation of these offerings. We will cultivate the ability to articulate our clients' needs and ensure their voices are heard in the forums where we operate in order to become more effective advocates on behalf of Veterans and their families.

***Integrated strategies to achieve objective 2***

- a. Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders.
- b. Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.
- c. Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.
- d. Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.

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### ***Integrated objective 3: Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively***

*“We must and will transform VA into the high performing, well-disciplined, transparent, and accountable organization we know it’s capable of being. Three hundred thousand good people come to work every day to serve Veterans. We must focus all of their efforts on providing Veterans the highest quality and safety in benefits and services.”*

SECRETARY ERIC K. SHINSEKI

Lastly, VA commits to invest in the renewal of our own capabilities and to build a foundation for future innovation. Together, VA employees will build a first-rate Department, committed to strategic human capital management including the attraction, placement, retention, and development of our people. The Department will be managed according to data and outcomes, with a workforce, infrastructure, and partnership network that aligns with current Veteran needs and is developing to meet the challenges and opportunities of the future. We will create a culture and an expectation of continuous improvement in cost, productivity, response times, and first-time quality.

Specifically, VA will develop an integrated operating model to unify management of core functions, including Information Technology (IT), Human Resources, Acquisitions, Policy and Planning, and Financial Management. At the heart of our organizational effort will be the training and development of our people, so that they, in turn, can better serve Veterans. We will work to improve the management systems that enable top performance. Lastly, we will concentrate on delivering value-driven working partnerships with DoD, DOL, the Department of Health and Human Services (HHS), the Small Business Administration (SBA), VSOs, and other government and non-government partners.

#### ***Integrated strategies to achieve objective 3***

- a. Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.
- b. Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.
- c. Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results.
- d. Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.
- e. Manage physical and virtual infrastructure plans and execution to meet emerging needs.

## Major Initiatives

These crosscutting initiatives will require resources from across the Department to execute and will, in turn, transform the entire Department. These initiatives are described in detail in Chapter 3.

### 16 Major Initiatives for the VA Strategic Plan Refresh for FY 2011-2015

Eliminate Veteran homelessness.

Enable 21<sup>st</sup> century benefits delivery and services.

Automate GI Bill benefits.

Create Virtual Lifetime Electronic Record by 2012.

Improve Veterans' mental health.

Build VRM capability to enable convenient, seamless interactions.

Design a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care.

Enhance the Veteran experience and access to health care.

Ensure preparedness to meet emergent national needs.

Develop capabilities and enabling systems to drive performance and outcomes.

Establish strong VA management infrastructure and integrated operating model.

Transform human capital management.

Perform research and development to enhance the long-term health and well-being of Veterans.

Optimize the utilization of VA's Capital Portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process.

Health Care Efficiency: Improve the quality of health care while reducing cost.

Transform health care delivery through health informatics.

## Supporting Initiatives

Twenty Supporting Initiatives have been identified to be executed at the organizational level to support the Major Initiatives in the fulfillment of the strategic goals and integrated objectives. These Supporting Initiatives are listed and discussed in detail in Chapter 3.

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## VA's approach to execution

Strategic planning is not a static activity. Strategies need to be refreshed and revised as the external environment changes and/or initiatives evolve. Strategic planning is not purely an intellectual or analytical exercise. Success depends on human beings – on individual mindsets and behaviors being truly aligned with the strategy. Our execution approach addresses the dynamic and human nature of strategy by focusing attention on the five themes described below.

- |   |
|---|
| 1. Behaviorally-oriented communication with employees |
| 2. Coordination and accountability                    |
| 3. Performance management                             |
| 4. Program evaluation                                 |
| 5. Risk management                                    |

## 1. Behaviorally-oriented communication with employees

Our strategic communications process will ensure that the strategy and its implications are understood throughout the organization and our community of stakeholders. This approach will ensure that employees throughout the organization – the people who will actually implement the strategy – understand the need for change and what is expected of them. In this way, we will build a community invested in the success of the strategy and empowered to contribute continuously as we update and improve it.

## 2. Coordination and accountability

To establish the right level of focus and support for these strategic initiatives, a coordinating mechanism has been created to review our progress against annual operating plans. It is designed specifically to achieve close alignment on several management issues and will identify potential risks or challenges. It will also recognize outstanding performance and share underlying best practices. The majority of our management capacity will be dedicated to the highest priority initiatives, as outlined in this plan.

## 3. Performance management

We will measure progress toward achieving VA's strategic goals and integrated objectives through performance measures associated with our Major and Supporting Initiatives. As we transform, VA continues to develop and evolve performance measures. The performance measures and associated target levels of performance, listed below for our Major Initiatives, are illustrative of the ones that we are developing to promote transformation.



**Major Initiatives\*****Eliminate Veteran homelessness.\***

- *Performance measure:* Reduce the homeless Veteran population from a baseline of 107,000 at the beginning of FY 2010 to zero in FY 2014. FY 2012 Target: 59,000; FY 2014 Strategic Target: 0. Data captured annually by CHALENG<sup>1]</sup> survey of homeless Veterans.

**Enable 21<sup>st</sup> century benefits delivery and services.\***

- *Performance measure:* Implement a 21<sup>st</sup> century paperless claims processing system to eliminate the disability claims backlog by 2015 and ensure no Veteran has to wait more than 125 days for a high quality decision.

**Create Virtual Lifetime Electronic Record by 2012.\***

- *Performance measure:* Achieve bidirectional information exchange in at least three sites between VA, DoD, and the private sector by the end of 2011.
- *Performance measure:* Complete the prototyping and pilot phases by the end of FY 2012.

**Automate GI Bill benefits.\***

- *Performance measure:* Reduce the average number of days to complete original education benefit claims. Baseline: 56 days; FY 2011 Target: 19 days; Strategic Target: 10 days.
- *Performance measure:* Reduce the average number of days to complete supplemental education claims. Baseline: 28 days; FY 2011 Target: 9 days; Strategic Target: 7 days.
- *Performance measure:* Improve the accuracy of Education Claims payment processing activities. Baseline: 94 percent; FY 2011 Target: 95 percent; Strategic Target: 97 percent.

\* Denotes that this is one of VA's High Priority Performance Goals (HPPG) as designated in consultation with OMB.

1] Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) was initiated by VA in 1994 to enhance the continuum of care for homeless Veterans. Each year, CHALENG issues a summary report of annual survey responses of local VA staff and community participants regarding progress of local homeless Veterans initiatives, VA/community collaboration, and perceptions of homeless Veterans' needs.

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**Improve Veterans' mental health.\***

- *Performance measure:* Screen 97 percent of all eligible patients at required intervals for alcohol misuse; and 96 percent for depression by the end of 2012.
- *Performance measure:* Provide 96 percent of patients with a mental health (MH) evaluation within 14 days of their first (Index) MH Encounter by the end of 2012. Strategic Target: 96 percent.
- *Performance measure:* Screen 97 percent of eligible patients at required intervals for PTSD by the end of 2012.
- *Performance measure:* Increase the percentage of OEF/OIF Veterans with a primary diagnosis of PTSD who receive a minimum of 8 psychotherapy sessions within a 14-week period. FY 2011 Target: 15 percent; Strategic Target: 60 percent.
- *Performance measure:* Percent of eligible OEF/OIF PTSD patients evaluated at required intervals for symptoms. FY 2011: TBD; Strategic Target: TBD.

**Build VRM capability to enable convenient, seamless interactions.\***

- *Performance measure:* Deploy a VRM Program to improve VA clients' access to VA services and benefits by June 2012.
- *Performance measure:* Increase call center effectiveness and efficiency by reducing the national abandoned call rate for the National Call Centers and Health Resource Center. Baseline: FY 2011; Strategic Target: 5 percent.

**Design a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care.**

- *Performance measure:* Improve American College of Physicians (ACP) home builder score. Baseline: 69 percent; FY 2010: 79 percent; FY 2011: TBD; Strategic Target: 100 percent.
- *Performance measure:* Census of Care Coordination Home Telehealth patients. Baseline: 14,921; FY 2011 Target: 59,800; Strategic Target: TBD.
- *Performance measure:* Increase percent of facilities with health promotion/disease prevention committees. Establish facility level interdisciplinary health promotion/disease prevention committees. Baseline: 59 percent; Strategic Target: 100 percent.

\* Denotes that this is one of VA's High Priority Performance Goals (HPPG) as designated in consultation with OMB.

### Enhance the Veteran experience and access to health care.

- *Performance measure:* Increase the percent of appointments completed within 14 days of desired date. FY 2011 Target: TBD; Strategic Target: TBD.
- *Performance measure:* Increase customer satisfaction with VA health care by increasing the responsiveness of hospital staff to the needs of Veterans and their families, measured by customer satisfaction based upon Consumer Assessment of Health Care Providers and Systems survey. Baseline to be established in FY 2011; Strategic Target: 84 percent.

### Ensure preparedness to meet emergent national needs.

- *Performance measure:* Reduce the response time for the Integrated Operations Center (IOC) to receive Serious Incident Report. Provide leadership with timely, accurate, and credible information, while providing predictive analysis for better decision making. Strategic Target: 2 hours.
- *Performance measure:* Full implementation of Homeland Security Presidential Directive 12–Policy for a Common Identification Standard for Federal Employees and Contractors. Ensure background investigations, adjudicate results, and issue identity credentials to all VA employees, contractors, and affiliates that require long-term access to VA controlled facilities and/or information systems. Strategic Target: 100 percent compliance.

### Develop capabilities and enabling systems to drive performance and outcomes.

- *Performance measure:* Implement a Web-based Business Intelligence dashboard system to support VA management resourcing decisions. FY 2012 Target: 100 percent.

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**Establish strong VA management infrastructure and integrated operating model.**

- *OALC performance measure:* Increase the percent of customers satisfied with the provision of acquisition, logistics and construction services. Baseline to be established in FY 2014. Strategic Target: 75 percent.
- *OHRA performance measure:* Increase positive response and overall average on Human Resources customer satisfaction survey. Baseline: 3.37; Strategic Target: 3.81 (scale of 1 to 5).
- *OIT performance measure:* Increase the percent of internal customers satisfied with reliability, availability, and responsiveness of IT services. Baseline: 67 percent; Strategic Target: 76 percent.
- *FM performance measure:* Implement a Web-based time and attendance system to better assess and track labor costs related to health care and benefits delivery. FY 2013 Target: 100 percent.
- *OPP performance measure:* Percent of internal customers who indicate they are satisfied or very satisfied with the VA strategic planning process. Baseline to be developed in FY 2011. Strategic Target: 85 percent.

**Transform human capital management.**

- *Performance measure:* Reduce hiring cycle times. Percentage of VA title 5 employees hired within 60 calendar days. Baseline: 46 percent; Strategic Target: 80 percent.
- *Performance measure:* Measure the number of managers and employees trained in leadership competencies to establish a more robust leadership competency model and address gaps in leadership capabilities. Baseline TBD; Strategic Target: 16,500.
- *Performance measure:* Measure the number of employees trained in technical training/competency based training program to improve professional proficiency in core and job specific competencies. Baseline FY 2011: 135,000; Strategic Target FY 2015: 148,500.



### Perform research and development to enhance the long-term health and well-being of Veterans.\*

- *Performance measure:* Continue assessment of scientific research quality and balance of portfolio by the National Research Advisory Council.  
Baseline: Rated at A-level; Targets: Maintain A-level rating.
- *Performance measure:* Maintain broad recognition of VA research – Number of VA publications this period. Baseline: 2,139 (in first quarter); FY 2011 Target: 8,500; Strategic Target: 8,400 to 8,600 annually.

### Optimize the utilization of VA's Capital Portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process.

- *Performance measure:* Percent Facility Condition Gap Addressed  
Target: 38 percent of identified gap addressed by FY 2015.
- *Performance measure:* Percent Space/Capacity Gap Addressed.  
Target: 38 percent of identified gap addressed by 2015.
- *Performance measure:* Each year the SCIP process will result in a unified, comprehensive capital budget request for the Department.
- *Performance measure:* VA will annually update and/or include external stakeholder feedback on the SCIP process, development of decision criteria, final rankings and lessons learned. For more information on baseline data, estimates, and targets, see Appendix B: SCIP Performance Measures and Supporting Data on pages 105-106.

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- ✦ *Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.*

**Health Care Efficiency:** Improve the quality of health care while reducing cost.

- **Performance measure:** Increased cost savings through consolidated and standardized purchasing. FY 2015 Target: 10 percent savings over FY 2011 Baseline.
- **Performance measure:** Reduce improper payments for non-VA health care. FY 2015 Target: 2 percent over FY 2011 Baseline (contingent on establishment of new claims system).
- **Performance measure:** Improve timeliness of claims payment for non-VA health care. FY 2015 Target: 98 percent of claims paid in 30 days.
- **Performance measure:** Reduce cost of accreditation preparation by streamlining resources and eliminating redundancies in the VHA inspection preparation process. FY 2015 Target: 10 percent savings over FY 2011 Baseline.
- **Performance measure:** Reduce improper and erroneous payments for mileage reimbursements. FY 2015 Target: 25 percent reduction in improper payments over FY 2011 Baseline.
- **Performance measure:** Reduce the number of programs funded using specific purpose funding. FY 2015 Target: 25 percent reduction in the number of programs funded by specific purpose funds over FY 2011 Baseline.

**Transform health care delivery through health informatics.**

- **Performance measure:** FY 2011: Define the technical, business, cultural and architectural strategy for migrating from current to the future environment.
- **Performance measure:** FY 2011: Establish a plan for developing new health software that extends current functionality for provider-facing, patient-facing and population-based software.
- **Performance measure:** FY 2011: Define strategies for building/sustaining medical informatics capabilities.

#### 4. Program evaluation

Program evaluation is an essential part of our approach to strategic management, allowing VA's strategy, operations, and results to improve over time by leveraging learning from past experience. Study findings and recommendations will be used to refine and improve VA services by suggesting policy and operating changes. For example, we have recently completed evaluating the Oncology Program and will soon complete the evaluation of the Mental Health Program. Both of these evaluations will be completed in FY 2010 (see details below). A new Medical Research Program evaluation will begin in FY 2011.

Looking forward, we will use our new integrated Departmentwide management capability to strategically identify programs for evaluation to maximize the availability of information needed to drive resource allocations and promote evidence-based decision-making. The new Corporate Analysis and Evaluation Service will enhance our current Program Evaluation capabilities by enabling us to carry out cost-benefit analyses that will assist in identifying program activities that have the greatest value for our Veterans at the lowest cost.

- **Mental Health Evaluation:** The purpose of the Mental Health Evaluation is to assess services for Veterans with diagnoses of schizophrenia, bipolar, major depressive disorder, PTSD, and substance use disorder (SUD). These patients have been defined by Congress as a special disability group, and they represent high cost, high volume care. The study will measure patient-centered outcomes across the continuum of care. The study includes two facility surveys used to track the use of mental health enhancement funds, along with chart reviews and telephone interviews to obtain data about services and outcomes. This evaluation will provide VHA with information about the services it provides, the impact on patients, how VA compares with the private sector, as well as the gaps and differences in services, patient outcomes, and costs. The results will be useful for comparing levels of implementation of the Uniform Mental Health Services guidelines across VA sites. Study findings and recommendations will be used to refine and improve how VA provides mental health care to Veterans. The Program Evaluation of Services for Mentally Ill Veterans in VHA will be completed in November 2010.
- **Oncology Program Evaluation:** The evaluation assessed the level, quality and costs of care provided to oncology patients across the continuum of care provided in VA. The target population was 100 percent of Veterans diagnosed with one of six types of cancer: lung, colorectal, prostate, breast and two types of hematologic cancer. The study linked 9 VA data sources and 11 non-VA data sources, conducted 2 nationwide facility surveys, and performed about 5,000 patient chart reviews.

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#### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

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The results show that VA's cancer care quality and outcomes are generally comparable to that provided under Medicare. VA does a better job of screening for colorectal cancer which identifies cancers earlier, and leads to longer survival rates. VA has equal or longer survival rates for the other five types of cancer. VA does a better job of end-of-life care by appropriately providing less aggressive treatment. VA should further investigate its lower rates for certain types of chemotherapy, surgery and certain radiation treatments. Harvard Medical School concluded that if we could control for unobserved factors, quality and outcomes in the VA would be equal or better for nearly all measures studied.

- **Medical Research Program Evaluation:** Results of the Medical Research Program Evaluation will support improvements in research innovation, quality, and safety as well as health care delivery services for Veterans and the Nation. The evaluation is focused on improving communication of research findings for application, identifying best practices through benchmarking, strengthening human subjects protections, strengthening the use of research in recruitment of physicians and specialists, and clarifying resource or facility limitations that may impede medical research progress. The Program Evaluation of Medical Research is expected to be awarded in early FY 2011.

## 5. Risk management

The implementation plan will also involve monitoring and adjusting the strategy according to developments in areas beyond the Department's control, including:

- Global and national socioeconomic conditions will influence competitive salary levels, labor availability, program demand, and health insurance coverage.
- Continued interagency collaboration between VA and DoD, as well as with other Federal agencies, state and local governments, VSOs and the private sector, is critical for a number of aspects of the strategy.
- DoD recruitment and retention variables affect VA's programs.
- Emerging technologies and advances in medicine are likely to change the scope of Veterans' needs. Development of new technology, equipment, and medical interventions is often shaped by economic, scientific, and social influences beyond the Department's control.
- VA's preparedness role and the outlook for national security both have bearing on the requirements of VA programs.

## Conclusion

In conclusion, the strategic planning framework includes the crosscutting Strategic Goals, and the Integrated Objectives and Strategies encapsulated on page 35.



### Composite Model of Strategic Goals, Integrated Objectives and Strategies

#### Strategic Goals

- ✦ *Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.*
- ✦ *Increase Veteran client<sup>2)</sup> satisfaction with health, education, training, counseling, financial, and burial benefits and services.*
- ✦ *Raise readiness to provide services and protect people and assets continuously and in time of crisis.*
- ✦ *Improve internal customer<sup>3)</sup> satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.*

#### Integrated Objectives and Strategies

Integrated objectives	Integrated strategies
1. <b><i>Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.</i></b>	<ul style="list-style-type: none"> <li>(a) Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.</li> <li>(b) Develop a range of effective delivery methods that are convenient to Veterans and their families.</li> <li>(c) Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies.</li> <li>(d) Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.</li> <li>(e) Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs.</li> </ul>
2. <b><i>Educate and empower Veterans and their families through proactive outreach and effective advocacy.</i></b>	<ul style="list-style-type: none"> <li>(a) Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders.</li> <li>(b) Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.</li> <li>(c) Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.</li> <li>(d) Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.</li> </ul>
3. <b><i>Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.</i></b>	<ul style="list-style-type: none"> <li>(a) Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.</li> <li>(b) Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.</li> <li>(c) Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results.</li> <li>(d) Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.</li> <li>(e) Manage physical and virtual infrastructure plans and execution to meet emerging needs.</li> </ul>

2) In accordance with VA convention, *clients* refers to Veterans and their families

3) In accordance with VA convention, *customers* refers to internal users





## Chapter 3: Executing the Plan

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The strategy will be executed through a set of 16 Major Initiatives, representing the highest priorities for the Department, and a further set of Supporting Initiatives, where each component of the Department will contribute to the integrated strategy. These initiatives have been developed through Departmentwide and organization-specific collaborative working sessions, all within the Department's integrated strategic framework.

These initiatives are aspirational; they are intended to represent what VA will achieve over the next five years to strengthen our ability to meet the needs of Veterans and their families and improve our services. Each initiative is supported by one or more operating plans, aligned with the overall initiative and representing the concrete progress in FY 2010, the first year of the original plan.

### Major Initiatives

There is particular urgency around Major Initiatives related to the claims processing backlog, Veteran homelessness, health care access, and emergency preparedness. Success in each and every one of the Major Initiatives, however, will be important to VA's future progress. Ten of the 16 represent efforts to improve the way we serve Veterans and their families; the other 6 are critical to building internal capabilities and our capacity to perform to the highest level.

Each of these Major Initiatives is ambitious, balanced, relentlessly client-focused, and requires collaboration from all parts of the Department. In executing these initiatives together, VA will provide our Veterans, their families, and stakeholders inside and outside the Department with an example of the kind of organization we want to be – Veteran advocates.



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## Eliminate Veteran homelessness.

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President Barack Obama and Secretary Eric K. Shinseki are committed to ending homelessness among Veterans by marshalling the resources of Government, business and the private sector. Those who have served this Nation should never find themselves on the streets, living without care and without hope. VA will not tolerate homelessness among Veterans and is committed to making available treatment, assistance, and services to every eligible homeless Veteran.

VA's efforts provide services and assistance to treat and house Veterans by leveraging the best health care and benefits provided by VA. VA's efforts also depend on significant involvement by community providers, state and tribal governments, and other Federal partners.

While the estimated number of homeless Veterans on any given night has decreased since 2005, even one Veteran sleeping without shelter is one too many. VA aspires to eliminate Veteran homelessness over the next 4 years.





**This Major Initiative includes the following:**

- *Systematic efforts:* VA's approach will rigorously define the root causes of homelessness, cast a wide net to learn what has worked to reduce homelessness in other places and among other populations, expand existing services, develop and pilot a set of solutions, and make systematic those that work. The Homelessness Plan will be built upon 6 strategic pillars, including Outreach/Education, Treatment, Prevention, Housing/Supportive Services, Income/Employment/Benefits, and Community Partnerships.
- *New approaches to Veteran services:* Our success in this area to date suggests an opportunity for further investment. We will explore significantly enhanced integration with social service providers outside VA. We will never consider working in isolation, but we will be the Veteran's guide and advocate in locating the full complement of services he or she needs.
- *Robust management system:* We will hold ourselves accountable with a system to monitor outcomes of individual Veterans as well as the outcomes of our programs so that the homeless are not nameless to us.

In stark terms, Veteran homelessness means that there are Veteran men and women whose most basic needs are not being met. VA is committed to the well-being of Veterans. We will build on that mission-driven commitment to bring new and sustained energy to this challenge, and we will not tolerate a single homeless Veteran<sup>1]</sup> on our streets.

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**INTEGRATED  
OBJECTIVE 3.**

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

1] On June 22, 2010, the U.S. Interagency Council on Homelessness (ICH) released Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness. The first-ever, comprehensive Federal commitment to end homelessness includes expanding programs to secure housing for homeless Veterans.

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## Enable 21<sup>st</sup> century benefits delivery and services.

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VA is responsible for administering programs that provide benefits and services to Veterans and their families in recognition of their service to the Nation. We seek to serve as a leading advocate for Veterans, Servicemembers and their families, while delivering client-centered benefits and services that honor their service, enhance their lives, and engender their full trust.

However, increasing volume and complexity of claims and increasing benefit coverages have driven a processing backlog that must be eliminated. At the outset of FY 2010, the nationwide average number of days to complete rating-related claims was 161. To get and stay ahead of future system demand, VA needs to redouble efforts to ensure best-in-class execution of benefits delivery. This requires nothing short of a transformational change in how we help Veterans get the benefits they are owed.

To address this need for change, VA has developed a benefits business transformation strategy to analyze and significantly improve its current way of doing business. This business transformation strategy is designed to leverage past successes and lessons learned to develop a business model that is less reliant on paper documents, providing flexibility across the organization to ensure that the most timely, high quality services are provided to Veterans and their families.

Our end goal is a smart paperless, IT-driven system which empowers our VA employees and engages our Veterans. While we work to develop this system, we are making immediate changes to improve our business processes and simultaneously incorporating the best of those changes into the larger effort, our signature program, the Veterans Benefits Management System (VBMS).

This effort is designed to complement and integrate with other Major Initiatives described in this section. This Major Initiative will help to improve Veterans' experience with VA by allowing them to interact using multiple communication channels through the VRM effort, reducing the need to submit paper documents and providing a secure, accessible means to obtain benefits. This capability, combined with the VLER, will in turn help claims decisions to be made more quickly, decreasing the time needed to provide Veterans their benefits.

**This Major Initiative includes the following:**

- *Enabling technologies:* VA will create self-serve capabilities (e.g., electronic claims submissions); drive automated decision support to improve accuracy and consistency of claims decisions; improve interoperability within the claims IT infrastructure; promote e-knowledge management; and seamlessly link claims IT and the VRM program for a “paperless” claims environment.
- *Process excellence:* Technologies without an end-to-end redesign will not drive real transformation. To capture efficiencies and improve effectiveness, VA will streamline processes to reduce wasted time and effort, utilize skill-based routing based on claim types and tasks, and balance workload across functions and geographies.
- *Mindsets, culture, and capabilities:* VA will create a culture of advocacy in which employees proactively work to understand and meet Veterans’ current and future needs. We will support all personnel in addressing the needs of the whole client – clarifying what constitute best practices, removing barriers, and providing proactive benefit guidance and advocacy. VA will work to build Veterans’ trust that VA employees are fully committed to their well-being and that their claims are receiving timely, fair, and equitable consideration.
- *Streamlining the appeals process:* VA will create a more efficient appeals process that will render higher quality final appeals decisions more promptly.
- *Measurement of success:* Throughout this effort, we will assess progress and success based on accuracy, speed, and Veterans’ satisfaction.

In addition, VA will institute best practices to generate continuous improvement, develop scale economies through centers of excellence, streamline our operating footprint and push for creative ways to enhance performance and increase productivity, while managing succession planning for managers and expert decisionmakers.

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## Automate GI Bill benefits.

The Post-9/11 GI Bill creates a robust enhancement of VA's education benefits, evoking the World War II GI Bill of Rights. The Act went into effect in August 2009, and provides education benefits for Veterans, Servicemembers and current and previously activated National Guard and Reserve members who have served on active duty for 90 or more days since September 11, 2001. Because of the significant opportunities the Act provides to Veterans and their families in recognition of their service, and their particular value in the current economic environment, the benefits in this Act must be delivered effectively and efficiently, with a client-centered approach. Because of its complexity, the Bill requires new processing procedures and IT systems. Due to the generosity of the new benefit and the extension of additional benefits to eligible Veterans' families, the volume of claims applications is expected to be significantly higher than for existing programs.



In response, VA plans to create a fully-automated claims processing IT system for Post-9/11 GI Bill benefit claims. This will improve timeliness of claims processing and payments to beneficiaries and schools. It will also maximize client service resources by reducing the burden of manual processing. The flexibility of an automated system will prepare VA for future benefit changes or new initiatives.

### This Major Initiative includes the following:

- **New technology systems:** VA will develop a completely automated IT platform as a long-term solution for efficiently and accurately processing Post-9/11 GI Bill benefit claims. Development of this system will be phased to ensure robustness and stability.
- **Creation of a model for future programs:** The Post-9/11 GI Bill will provide a framework for how VA can enhance other education programs by moving away from traditional IT systems. VA will build on this foundation and institutionalize lessons learned during implementation to drive improvements across all education programs.

In undertaking this Major Initiative, VA must ensure that benefits remain available as we change our systems to create long-term improvements.

We must ensure strong client service and outreach to beneficiaries and other stakeholders.





## Create Virtual Lifetime Electronic Record by 2012.

Each year, more than 150,000 active and reserve Servicemembers separate from the military, becoming Veterans. This transition currently includes electronically sending some personnel, patient administrative, and medical records from DoD to VA. If the Veteran is not eligible for VA medical care, the Veteran must carry paper copies of their health record to their new chosen health care provider. The current process is not convenient, comprehensive, nor inclusive of Veteran needs. It also fails to include their personal review of their own information. In order to ensure that no Veteran information is lost or mishandled, and that all information on a Servicemember or Veteran can be easily accessed by service providers, VA and DoD have embarked on an ambitious effort to develop a completely integrated, electronic personal information capability that will span the lifetime of the Veteran and Servicemember. This capability will feature an electronic record that initiates at the point of accession, may contain information from birth, accompanies every Servicemember throughout the life of their service, and continues beyond their separation until the last benefit is realized.

*“Seamless transition is our concept of universal registration, where Servicemembers’ personnel and medical records are duplicated in VA, even while they still serve in uniform. That way, there is no air gap in the transfer of those records when the uniforms come off at the end of their military service.”*

SECRETARY ERIC K. SHINSEKI

The *strategic framework* or *architecture* for creating VLER must be a design that allows all caregivers, adjudicators, and other service providers access to the information needed to more efficiently and effectively accomplish their duties, often in a faster engagement than has previously been available. An extensive and comprehensive baseline for all Departmental operational business processes and an accounting of the capabilities of the systems supporting those processes must be created. From this baseline to the desired end state, the *transition plan* for moving the Department to the achievement of VLER must be created by 2012. This *transition plan* will establish the multi-year funding for investments in systems development and modernization. The business process reengineering necessary to transform the Department from a stovepiped benefits delivery organization, to one where seamless integration of all the information is available, must also be conducted. This same transformation leverages the work being accomplished by the *e-Benefits Program* to synchronize and make available to Servicemembers and Veterans their information in a secure and accessible manner.

Building on the position of leadership that VA has established in the medical health information field, and in order to ensure that comprehensive health information about each Veteran is available for their care and use, VA and DoD are currently developing, with multiple partners, the first important capability of VLER. This is called the *VLER Health Communities Program*. The *VLER Health Communities Program* will enable

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the exchange of health data and patient information between public partners, private third party providers, and VA, in a secure and authorized way, utilizing the Nationwide Health Information Network (NHIN). In the *VLER Health Communities Program*, VA and DoD have joined to collaborate on developing adapters to connect their individual electronic health systems to the NHIN. Pilot demonstrations of this data exchange are being conducted in various locations around the United States near VA Medical Centers (VAMC). VA plans to deliver additional capabilities in 6-month increments to each pilot. VA also intends to roll out the *VLER Health Communities* capability to all VAMCs while incrementally adding additional health data elements and system capabilities. VA has established the milestone of the end of FY 2012 as the timeframe for when the Department intends to be positioned to be a unconstrained member of the NHIN. This is also the timeframe for a national production roll-out of the health components of VLER.

The ultimate goal is for a substantial exchange of health information that will enable the entire military treatment record to be delivered over the NHIN to VA. It is at this point that many legacy systems can be retired and health information can be seamlessly delivered for disability determinations. Additional projects aligned to meet the goal of VLER will incorporate all the necessary administrative elements required for the remainder of benefits delivery. In addition, there are other Major Initiatives of the Department that focus specifically on the client-facing view as part of the fulfillment of achieving a virtual lifetime electronic record. These follow-on VLER initiatives will ultimately ensure the seamless integration of all the information necessary to efficiently and effectively deliver health care and benefits to eligible Veterans, Servicemembers, and their families.

**This Major Initiative includes the following:**

- ***Process and workflow re-engineering:*** VA will examine mission requirements and enabling technologies to ensure that investments drive program outcomes. VA will also engage with our partners at DoD, other Federal agencies, and the private sector to support them in doing the same.
- ***Shared framework for medical, administrative, and benefits related information:*** VA, along with DoD, other Federal agencies, and the private sector will identify, manage, and configure the critical pieces of personal information required to create a holistic picture for each Servicemember or Veteran. We will develop a framework based on medical and other data interoperability standards to ensure that health care providers and other benefit providers have the right information at the right time to make the best possible decisions for Veterans.

- *Information management processes:* VA, along with DoD, other Federal agencies, and designated private sector entities, will establish and implement common standards and processes for collecting, publishing, transmitting, and reconciling medical, administrative, and other benefits information while ensuring privacy and security are not compromised.
- *Enabling technologies:* VA and DoD have already made progress in securing network gateways that will provide the bandwidth required to share electronic information quickly and easily. Continued technology efforts will focus on IT infrastructure; building additional bandwidth, storage, and processing; ensuring system interoperability; and developing the IT user interfaces required to make the system user-friendly. VA must also ensure legacy systems are prepared to engage in this interoperability initiative until these systems can be replaced or refreshed.
- *Management capacity and capabilities:* The VLER Enterprise Program Management Office (EPMO), located under the Assistant Secretary for Information and Technology, will represent the interests of all business stakeholders. The joint VA/DoD Interagency Program Office, accountable for implementation and management of joint interoperability initiatives, in collaboration with the VLER EPMO, will ensure that facilitation and coordination occurs between VA and DoD.

When fully implemented, this capability will provide rapid access to all information necessary to determine a Veteran's eligibility for benefits and services, and to provide care. Servicemembers and Veterans will receive more timely access to services and benefits while enjoying a simpler and more convenient experience. Once provided, information will be recorded accurately and permanently, giving the Veteran secure access to his or her information. Because of the interoperability with third-party health care providers, the *VLER Health Communities Program* will help ensure informed health care decisions, regardless of provider, enable an increase in the quality of care, improve efficiencies in the delivery of that care, and improve client satisfaction with the experience. This interoperability will ensure continuity of care for those Veterans seen in VA facilities, other Federal facilities, or the private sector.

VLER will enable quicker and easier access to benefits while on active duty and after separation and assist with a smoother transition from military to civilian life for Veterans and their families. Ultimately, VLER will allow caregivers, clinicians, and benefits providers to view all relevant information about the Veteran securely, regardless of where it was documented, in a single, secure, electronic record and provide the Servicemember and the Veteran access to that same information.

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## Improve Veterans' mental health.

The mental health of Veterans is a more important issue now than ever before. Increasing numbers of Veterans are being diagnosed with mental health conditions, often coexisting with other medical problems. More than 1.5 million of the 5.5 million Veterans seen last year in VA had a mental health diagnosis. This represents about a 31 percent increase since 2004.<sup>2]</sup> OEF/OIF Veterans rely on mental health care from VA to a greater degree than earlier groups of Veterans. Diagnosis of PTSD is on the rise, as the changing nature of warfare increases the chance for injuries that affect mental health and the challenges that Veterans face upon returning home remain significant. The potential negative results of mental health issues, such as homelessness and suicide – more than 107,000 Veterans are homeless on any given night, and an average of 18 Veterans die by suicide each day<sup>3]</sup> – make effectively addressing mental health one of our most important challenges.

In order to address this challenge, VA has significantly invested in our mental health care workforce, hiring more than 6,000 new mental health care workers since 2005. The Department has also established high standards for the provision of mental health care services through the recent publication of our Handbook on Uniform Mental Health Services in VAMCs and clinics. Still, there is more to do.

### This Major Initiative includes the following:

- **A national, patient-centered mental health system:** VA must provide Veterans with meaningful choices among effective treatments, balancing biological and biomedical approaches to care with psychological and psychosocial strategies. VA also must go beyond a narrow view of mental health to include psychological and behavioral interventions for problems such as pain and insomnia. Moreover, a true national system requires increased monitoring of services provided and of their effect on Veterans, with a systematic approach to correcting problems, and the identification and correction of inefficient uses of resources.

*“The psychological wounds of war affect every generation of Veterans. We must aggressively diagnose and treat these unseen wounds to address other portions of the downward spiral that often result in severe personal isolation; dysfunctional behaviors; losses of identity, confidence, and personal direction; shattered relationships; depression; and substance abuse. We know this cycle; we’ve watched it for years. We are not going to let this happen to this generation.”*

SECRETARY ERIC K. SHINSEKI

2] Data Source: NEPEC National Mental Health Program Performance Monitoring System: Fiscal Year 2009 Draft Report.

3] Center for Disease Control (CDC) data demonstrate that 20 percent of suicides in America are Veterans. <http://www.cdc.gov/injury/wisqars/index.html>. According to CDC (published July 2009): More than 33,000 suicides occurred in the U.S. This is the equivalent of 91 suicides per day; one suicide every 16 minutes or 10.95 suicides per 100,000 population. So, 20 percent of 91 suicides per day is a little over 18 per day.

- *Innovative research that informs service delivery:* VA, along with DoD, is uniquely positioned to lead the field in identifying and developing the most effective practices for addressing mental health issues associated with military service. In partnership with DoD's medical research teams, the Department will continue to explore new approaches to diagnosing and treating mental health issues – basing our research on advances that arise from psychology and neuroscience, and on other sources, including complementary and alternative medical treatments. Intervention research will include random clinical trials and, increasingly, important comparative effectiveness studies based on clinical and administrative data.
- *Reaching Veterans where they live:* VA will continue to work to ensure that all enrolled Veterans have access to the appropriate mental health services for which they are eligible, regardless of their geographic locations. In addition to enhancing contract and fee-based services for Veterans in rural areas, VA will expand on our success with virtual service provision, such as the Veterans' Suicide Prevention Chat Line and increasing the numbers of consultations on real time clinical video-conferences through telemental health to find flexible ways to deliver the best of mental health services to our Veterans.
- *Partnerships with other agencies and with Veterans' families:* We recognize that mental health is not only a function of medical care, but also of the quality and connection to communities in which Veterans live. VA will work to connect Veterans proactively with the full range of support they require, both within VA and in their communities so they can successfully reintegrate from the point of separation from service. In this, VA will work with DoD, community service providers, social service providers, and clergy to make connections on the basis of the Veteran's needs, values, and preferences. VA will work with families to support Veterans and their readjustment and with Veterans to address family issues related to deployment and return.

The Department has made significant progress in all of these areas over the past few years. Now, through a comprehensive and programmatic approach that links efforts across innovative research, access expansion, and community partnership, we hope to accelerate this progress, to lead the field in improving Veterans' mental health.



#### INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

#### INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

#### INTEGRATED OBJECTIVE 3.

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## GUIDING PRINCIPLES

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*We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.*

## STRATEGIC GOALS

- ✦ *Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.*
- ✦ *Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.*
- ✦ *Raise readiness to provide services and protect people and assets continuously and in time of crisis.*
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## Build VRM capability to enable convenient, seamless interactions.

The types of client service interactions that are common to Veterans and their families in society are changing rapidly, along with their expectations for service levels. VA has an obligation to change as well. We must offer Veterans and their families the experiences they seek, leveraging technological advances to learn more about the needs and preferences of our clients and becoming more proactive in serving them in an integrated fashion. Technology has quickly developed to support extensive self-service and many customers' preferences are evolving toward these systems. It is most important that VA provide consistent information, access, and service levels. VRM will provide on-demand access to comprehensive VA services and benefits in a consistent, user-friendly manner through a multi-channel<sup>4]</sup> client relationship management (CRM) approach.

This framework will enable clients to find consistent information about VA's benefits and services regardless of which access channel they choose; complete their transactions with VA; be identified by VA quickly, without having to repeat information; and seamlessly access multiple VA service lines (e.g., health, compensation, education).

### This Major Initiative includes the following:

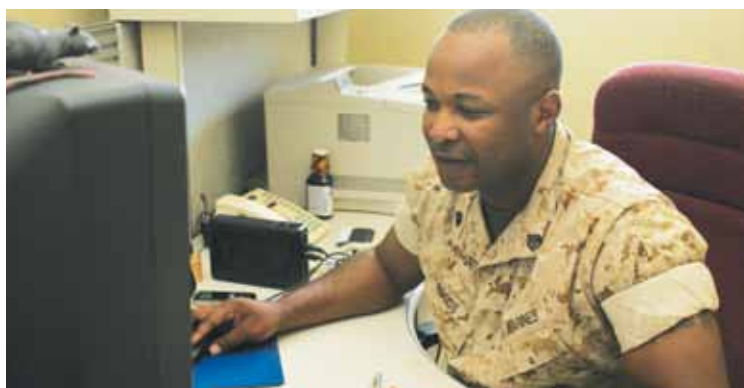
- **Consistent information, anytime anywhere:** VA will increase access and efficiency by facilitating anytime, anywhere access to accurate and consistent information on benefits and services through one knowledge base. This knowledge base will facilitate the ability to capture, store, share, and search for information on general benefits and services across all VA organizations .
- **Unified approach to managing Veteran-specific knowledge:** VA will maintain a shared record of contacts between VA organizations and our clients through state-of-the-art CRM to achieve better understanding of our clients' needs, improve our ability to measure service quality, and provide personalized experiences and superior customer service. This data will be subject to rigorous client privacy and security protections.
- **Completely integrated service processes and systems:** VA will provide a *unified desktop approach* with access to integrated information management among VA organizations to ensure continuity of service and to better resolve issues. VA will integrate major VA organizations' contact centers, allowing for a call received at one to be seamlessly resolved at another without losing the context of the issue. Finally, VA will allow Veterans to receive care quicker and easier in VAMCs, CBOCs, and other for previous authorized fee-based care centers

<sup>4]</sup> In this case, multi-channel refers to alternative means of communication with Veterans, including e-mail, phone, mail, and other alternatives.

through the implementation of a single standard beneficiary identification card.

- *Seamless client service access across channels:* VA will ensure that the channels through which Veterans choose to access VA services are convenient, easy to use, and provide the same high-level of quality service. VA will modernize our telephone services to enhance the experience of Veterans who together make 30 million phone calls to VA annually. VA will introduce identity and access management processes and systems to enhance our Internet interactions and provide additional client service functionality.

Implementing the VRM program and supporting processes is a critical component in the Department's efforts to create a Veteran-centric operating model. The success of this effort should lay the foundation for continued integration across the organization and our partnerships and support innovation in meeting Veterans' needs.



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## Design a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care.

The VA delivery system has many strengths (e.g., cost effectiveness, the use of technology). However, shifts in health care across the Nation and the evolving needs of Veterans call for a more fundamental reassessment of VA's approach to health care delivery, funding, and coordination. We need to adapt our service delivery model to address these and other potential changes.

### This Major Initiative includes the following:

- *Developing a PACT with the Veterans to provide the best care anywhere:*<sup>5]</sup> The Patient-Centered Medical Home model has become a front runner for health care reform and the delivery of health care in the private sector. VHA's Patient-Centered Medical Home model, known as Patient Aligned Care Teams (PACT), is an interdisciplinary, team-based healthcare delivery model that focuses on providing timely, comprehensive, coordinated care to Veterans. The PACT consist of a core team that works closely with many other disciplines in order to make sure the Veteran receives the care they need and when they need it.
- *We will re-engineer our Primary Care teams to provide a "patient aligned care team" for Veterans, offering first contact, comprehensive, coordinated care:* Based upon the documented value of primary care to achieve better health outcomes, improve patient experience, and deploy resources more efficiently, these health care teams will work collaboratively to improve access, communication, coordination, quality, and safety.
- *Prevention of disease progression:* Because chronic conditions such as diabetes and hypertension are increasingly prevalent in the Veteran population, the cornerstone of VA's care will be health maintenance and chronic disease management. VA will develop comprehensive health promotion and preventive care programs that encompass both healthy behavior coaching and promotion of psychological wellness and resilience.
- *Ensuring timely and appropriate access:* Veterans have earned access to quality health care. VA must continue to adapt our delivery model to be available to enrolled Veterans, particularly through "virtual" channels and partnerships. Since many Veterans live in more remote rural areas, we will expand our use of new approaches like telehealth and teleradiology. VA will also deepen and develop new partnerships with other public and private sector providers to ensure timely access to high quality services.

5] Patient Aligned Care Team (PACT) is VA's patient-centered medical home model.

- *Increasing usage:* Informed by a thorough, fact-based understanding of Veteran needs, VA will align its approach to care to meet those needs and enhance the health care experience. By embracing a PACT model we will re-craft the relationship between patient, provider, and setting to form a comprehensive, patient-centered approach. This model will help our providers proactively assess and meet Veteran health care needs.
- *Enhanced use of non-hospital care:* While the hospital system must be maintained to provide complicated interventions, more appropriate delivery of both primary and specialty service can often be provided in other contexts, ranging from CBOCs to telemedicine and home-based care.
- *A world class right-sized infrastructure:* Many VA facilities have aging infrastructure and technology that are progressively more obsolete. Changing demographics have led to geographic mismatches between VA facilities and the Veterans they are intended to serve. VA will develop a systematic, value-driven approach to major capital decisions – in addition to organizing functional experts across individual facilities – to ensure the provision of optimal care for all enrolled Veterans where they live.

The VA health care system must be a system of care that optimizes quality, access, and value for Veterans. Unique among direct care systems in America, VA reaps the benefits of preventive and chronic care management, because once they are enrolled, we have the opportunity to treat Veterans for their lifetimes. VA also has several strategic assets that can be leveraged, including ubiquitous, longitudinal Electronic Health Records (EHRs) and a large database on bio-information and comparative effectiveness. VA will exercise these strengths to build a system that meets Veteran needs, engages the larger Federal and private health care systems in the most effective way, and creates a sustainable model for the 21<sup>st</sup> century.

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## Enhance the Veteran experience and access to health care.

Of the 23.4 million Veterans in this country, roughly eight million are enrolled in the VA for health care. Under our current delivery system, VA provides care to more than 5.5 million Veterans each year at over 1,100 locations, including inpatient hospitals, health care centers, and CBOCs. We want to ensure that all enrolled Veterans receive the health care they have earned through their service.

VA seeks to proactively reach out to Veterans who may be eligible but are not enrolled in the VHA system today to explain our services and the quality of our health care system, making certain that any Veteran who can benefit from VA services knows about the range of services available to them and how to get them. We will strive to eliminate disparities in access to care wherever they exist within our system. Finally, through our patient aligned care team model we will ensure that all enrolled Veterans get the most out of their VA health care.

*“Chronically ill Veterans who qualify for remote monitoring have been provided telehealth connectivity so that they don’t have to travel to our hospitals or clinics to have their conditions checked. Through the power of technology, they can be monitored in their own homes from a distant station – better monitoring 24 hours a day without exposure to the risks one encounters in hospital emergency rooms. This is part of what we mean about increasing access to VA care and services.”*

SECRETARY ERIC K. SHINSEKI

### This Major Initiative includes the following:

- **Expanding outreach to all Veterans:** VA will provide Veterans with patient-centric information about options and offerings to empower them and connect them with the best available care. In particular, we will seek to enroll Veterans who are eligible to receive care within the VHA system. In addition, we will develop the capability to be a navigator not just of VA services, but also of services outside the VA system.
- **Creating a culture of patient-centered care:** VA will develop a patient centered culture within the VA health care system, where a fully engaged partnership – of Veteran, family and patient aligned care team – will establish continuous relationships in optimal healing environments in order to improve the Veteran’s experience of care, along with better health outcomes. This will require a sustained multiyear effort to transform the current organizational culture, re-engineer our clinical and business processes, reshape the workforce, and redesign our physical plants to attain these ideals.
- **Becoming the national benchmark for quality, safety, and transparency of health care and advice:** VA will cultivate areas of distinctiveness where other providers



are not addressing Veterans' needs, such as PTSD and polytrauma. By using advanced analytical techniques to understand demand and outcome trends, VA will substantially address variability currently present in the system. Finally, VA will be a navigator and coach for all enrolled Veterans to ensure they have the best information available to make informed choices about their health.

- *Recognition and elimination of disparities:* Demographic shifts (e.g., increasing numbers of women Veterans) and shifts in where Veterans live (e.g., higher proportion of Veterans in rural communities) call for continued realignment of the delivery system with the needs of all Veterans enrolled in our health care system. VA will analyze the nature of disparities wherever they exist and align our infrastructure and human capital to eliminate them. We will build on the success of our virtual channels (e.g., myHealtheVet) to provide world-class communications between patients, providers, and care coordinators. VA will also continue to innovate and adopt best practices in virtual real-time medicine such as telemedicine to bring expertise to less populated areas and to all groups of Veterans. VA will also deepen and develop new partnerships with other public and private sector providers to ensure timely access to high-quality services for underserved populations.

VA has already transitioned some of its care from inpatient to outpatient settings where technology solutions safely permit, through telemedicine, in-home care and other delivery innovations. We will continue to focus on the gaps for underserved populations, and on expanding access so that every Veteran can get the care they need – at the right place and at the right time.



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## Ensure preparedness to meet emergent national needs.

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VA remains committed to building and maintaining the capabilities required to serve Veterans and their families in times of crisis. In addition, VA is assigned a critical mission essential to the security of the Nation: to serve as a primary backup to the DoD Military Health System during war or national emergency, and to assist other Federal agencies in providing medical and other services during natural disasters or terrorist attacks. The Department is uniquely situated to play this role because of our sheer size and footprint – nearly 300,000 full and part time employees; as many as 800,000 affiliates including contractors and volunteers; 1,600 sites across the country – as well as our expertise in medical and other social service provision. As a key leader and integral member of a Federal interagency network of health care, benefits and service providers, VA must also ensure that we have confidence in the suitability of our employees, contractors and affiliates to serve Veterans and their enrolled family members. VA will ensure that the identification issued to employees, contractors and affiliates meets the Federal standards of Homeland Security Presidential Directive 12 (HSPD-12) and, in a phased approach, require the use of standard Federal identification to gain physical access to federally controlled facilities and logical access to federally controlled information systems.

### This Major Initiative includes the following:

- **Clear roles and responsibilities:** VA will review authorities, mandates, and spans of control for each organization within VA and make changes where necessary.
- **Inventory of assets:** VA will take a full inventory of assets, capture those results so that assets can be easily managed in time of need, and establish procedures for refreshing and maintaining that inventory.
- **Preparedness at every level of management:** VA's organizations will take on ongoing emergency preparedness responsibilities, including contributing to a Department-wide Comprehensive Emergency Management Program that includes an All Hazards Emergency Preparedness Planning Program; Continuity of Operations Plan; and a Test, Training, and Evaluation Program.
- **Integrated Operations Center (IOC):** The IOC will facilitate critical and timely decisionmaking by providing situational awareness and fully coordinated recommendations to senior leadership regarding the development of potential emergencies. The IOC will be continuously staffed with subject matter experts from across the Department with analytical skills to predict and analyze as well as operational response expertise. This staff will be prepared to coordinate VA's integrated response with Federal partners and other stakeholders.

- **HSPD-12 Implementation:** The President signed HSPD-12 “Policy for a Common Identification Standard for Federal Employees and Contractors” on August 27, 2004, requiring a mandatory, government-wide standard for secure and reliable forms of identification for Federal employees and contractors. Successful implementation of HSPD-12 will increase the security of VA facilities and information systems. VA will ensure 100 percent compliance with HSPD-12 no later than October 1, 2011.

VA must always keep in mind our principal mission: to serve Veterans and their families. But we must also see ourselves as an asset in the larger mission of seeking the national good under the President’s leadership. HSPD-12 implementation will enable access to VA facilities and information systems by properly credentialed employees, contractors, and affiliates with reciprocal uniform access to broader Federal interagency facilities and information systems. By using all of our assets and capabilities, we will continue to play an essential role in an emergency. We will cultivate within our Department a culture of commitment to VA’s mission of preparedness.

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## Develop capabilities and enabling systems to drive performance and outcomes.

The best run organizations in the world vigorously maximize value by ensuring efficiency, effectiveness, and the appropriate allocation of scarce resources. By value, we mean outcomes that are measurable and show return on the various inputs (e.g., people, time, funding) for a task or a process. This approach helps to not only identify best practices so that they can be propagated across the system, but allows us to promote appropriate resourcing decisions.

### This Major Initiative includes the following:

- **Definition of outcome-based metrics:** VA will develop a shared enterprise-wide framework to present metrics that will aid in the analysis of its business activities. We will develop a common approach for identifying costs from which all parts of the organization will contribute data to ensure that corporate and organizational leaders have the information they need to monitor performance and allocate resources.
- **Data capture and transfer:** VA will use its extensive data libraries to populate our shared, enterprise-wide framework and present meaningful data across the Department.
- **Data analytics and synthesis:** VA will develop a set of analytics around the data to identify outliers, locate best practices among positive outliers, and find gaps that may need more resources. VA will establish the capability to report and refresh these analytics.

To do this, VA will be inspired and guided by our mission to provide the best outcomes for Veterans and their families. VA's organizations are technology-enabled in many of their business processes and already have extensive data libraries. The challenge is to integrate these data across VA and establish common measures that the agency can manage.

## Establish strong VA management infrastructure and integrated operating model.

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VA aspires to have a strong management infrastructure and integrated operating model (IOM) that focuses on improving the integration and management within and across VA's major corporate management functions. VA's five major operating functions are:

- Acquisition and Logistics
- Construction and Facilities Management
- Financial Management
- Human Resources Management
- Information Technology

The senior leaders within each of the five major operating functions are the key stakeholders in the IOM management framework. Their joint participation and leadership within the IOM will streamline corporate communication, decisionmaking, oversight, and governance and result in increased coordination, accountability, and visibility within and across the major corporate functions. In turn, the IOM seeks to leverage the scale and expertise within each of the major corporate functions into higher levels of service delivery, customer service, efficiency, and innovation across VA.

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**This Major Initiative includes the following:**

- **Enhanced decisionmaking:** By enhancing our situational awareness across the Department, collocating decision rights with the information required, and providing reliable, timely data to decisionmakers at the corporate and local levels.
- **More effective operations:** By increasing communication and collaboration across organizations, improving internal customer service, sharing best practices, and identifying and addressing opportunities for performance improvement.
- **More efficient operations:** By reducing duplicative efforts and the rework associated with variable standards; and by taking advantage of economies of scale across the Department in areas such as purchasing, service contracts, construction and facilities management, and recruiting and developing genuine, long-term partnerships between organizations.
- **Optimal allocation of resources:** By developing and deploying talent, funding, and other critical assets across the Department in the right places at the right time.
- **Improved risk management:** By installing and adhering to the appropriate internal controls to ensure the Department continues to receive a clean audit opinion.

Though organization specific activities will vary, the IOM will ensure that the key corporate management functions also share a common direction and will:

- Identify and provide access to information that should be shared at the enterprise level.
- Set policies that clearly delineate decision rights and responsibilities in support of enhanced performance.
- Provide training and build capabilities that meet the specific evolving needs of the Department to ensure consistently high levels of performance.
- Streamline systems and processes to enable enhanced execution.
- Improve the quality of governance within and across these functions in the Department.
- Identify opportunities for economies of scale and skill by pooling resources and focusing on coordination and alignment.

## Transform human capital management.

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VA's employees are central to achieving our goals and our primary goal is for VA to become the best place to work. To accomplish this, VA will invest in developing our people, in helping them reach their full potential, and in creating programs to increase health and wellness throughout the workforce. We will also strengthen accountability among managers for the development and well being of their employees and make sure they have the skills and support they need to do so. Projected retirements over the next 5 years will require the Department to undertake significant hiring, creating challenges and opportunities to refresh our overall workforce. We will accomplish this in accordance with the VA's new Diversity and Inclusion Strategic Plan which is VA's framework for creating and sustaining a diverse workforce and inclusive work environment.

### This Major Initiative includes the following:

- *Improved recruiting, hiring and retention:* VA will engineer new approaches to recruitment, hiring and retention by exploring new sources of human capital; streamlining hiring; improving the hiring experience; and addressing the issues that have the greatest impact on retention of key professional groups. In addition, VA will clearly define our approach to competing for well qualified employees in "hard-to-fill" employment areas.
- *Investment in people development:* VA will meet the need for leadership training – from Senior Executive Service (SES) to frontline management – to establish a more robust leadership competency model and address gaps in leadership capabilities. The Department will promote excellence in the education of the future workforce to drive health care innovation and continuous improvements in operations. Finally, VA will invest in technical training in the occupations that are most central to executing VA's strategy and provide professional development to the non-supervisory workforce of VA.
- *Management of VA's executive and senior professional assets:* Centralized life-cycle management of VA's leadership cadre, including members of the SES, title 38 SES equivalents, Senior-Level (SL) employees, to deliver a cadre of people-centric, results-driven, and forward-looking executives and senior professionals able to work collaboratively across internal and external boundaries to set the standard in health, benefits and service to our Nation's Veterans.
- *Broad set of HR capabilities:* VA will invest in our people and HR systems to support higher value-added roles for the HR function. HR will become a better partner and coach to managers in developing and executing recruiting, hiring, development, and retention strategies (e.g., train HR professionals to consult more effectively with managers); improve systems interoperability to create

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- ✦ *Raise readiness to provide services and protect people and assets continuously and in time of crisis.*
- ✦ *Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.*

more effective links and transparency among all the sites where HR functions; and implement new data infrastructure to support learning management VA-wide.

In October 2009 the Secretary established the Corporate Senior Executive Management Office (CSEMO). CSEMO applies an enterprise-wide approach to SES management, including recruiting, retaining, developing, training, and rewarding our senior executives. CSEMO provides “one-stop” services, to include benefits counseling and employee relations advice and assistance.

Initiatives underway to improve executive management and service delivery to VA’s leadership include streamlining and standardizing the hiring process; ensuring consistency in processes and procedures; partnering with OPM to address executive/ leader assessments; using executive search firms to attract outside talent; driving a culture of continuous learning for executives; overhauling the SES leader development program; providing executive coaches; developing a robust on-boarding process; delivering performance management training and a performance management system that focuses on the Secretary’s priorities and encourages and rewards creativity, innovation, intelligent risk-taking, critical thinking, and results; implementing automated tools and processes; and providing succession management and workforce planning. CSEMO’s vision is a 21<sup>st</sup> century Leadership Team transforming VA into an agile, adaptive organization capable of leading change and delivering results.



## Perform research and development to enhance the long-term health and well-being of Veterans.

Health care today is both an art and a science. Much innovation is needed to consistently deliver the right care, at the right place, at the right time. Embedding research within a large-scale, integrated health care system with a longitudinal electronic health record creates a national laboratory for the discovery of health care innovations. Because clinical care and research occur together under one roof, VA brings scientific discovery from the patient's bedside to the laboratory and back, making this program one of VA's most effective tools for improving the care of Veterans. VA will play a leading role in the advancement of clinical medical knowledge, particularly in those health issues associated with military service, by excelling in research and development of evidence-based clinical care and delivery system improvements to enhance the long-term health and well-being of Veterans.

### This Major Initiative includes the following:

- *Investment in a balanced portfolio of research projects:* VA's fundamental goal in research and development is to create the capabilities to address the needs of the Veteran population. This means VA must balance its research and development resources across a variety of needs and opportunities, from those affecting aging Veterans (e.g., diabetes and obesity, cardiovascular disease, and stroke), to those affecting younger Veterans with injuries from recent conflicts (e.g., traumatic brain injury, PTSD, amputation, and pain), using cutting-edge imaging and epidemiologic, clinical, and genetic methods.
- *Commitment to evidence-based results:* With 30 years of electronic health record data and comparative effectiveness research, the Department is committed to leveraging this asset for identifying evidence-based clinical care protocols and delivery system improvements. VA will work closely with emerging Federal Government comparative effectiveness efforts with a special focus on leading in those areas relevant to Veterans.
- *Legal and other support:* VA will ensure that research protocols and practices adhere to stringent legal and ethical standards. The development of model Cooperative Research and Development Agreements and contractual vehicles will help to ensure timely legal assistance and resolution of issues in this area.

In FY 2010, VA supported nearly 2,350 research projects ranging from preclinical studies to health services research to multi-site clinical trials. VA will use our medical investments to build on our strong research legacy to ensure continuous improvement of long-term health care outcomes for Veterans and their families.

### INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

### INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

## GUIDING PRINCIPLES

## PEOPLE-CENTRIC

*Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department—our talented and diverse workforce.*

## RESULTS-DRIVEN

*We will be measured by our accomplishments, not by our promises.*

## FORWARD-LOOKING

*We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.*

## STRATEGIC GOALS

- ✦ *Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.*
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## Optimize the utilization of VA's Capital Portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process.

To fulfill our mission of caring for Veterans and their families, VA must develop a rational and data-driven strategic capital investment plan to close identified gaps between facilities' current conditions and Departmentwide standards. The gaps include access, utilization, space, facility condition, energy, safety, security, parking, privacy, and IT deficiencies.

### This Major Initiative includes the following:

- **Improving VA infrastructure:** The purpose of this initiative is to capture the full extent of VA infrastructure and service gaps and develop both capital and non-capital solutions to address these gaps by FY 2021. The SCIP process is a 21<sup>st</sup> century transformative tool which will enable VA to deliver the highest quality health care, benefits, and memorial services to our Nation's Veterans through investing in the future and improving efficiency of operations.
- **Enhancing Capital Investment Planning efforts:** SCIP will integrate VA's various capital investment planning efforts for major construction, minor construction, non-recurring maintenance and leasing into one process. This process will lead to the creation of a Departmentwide 10-year Strategic Capital Plan to address each of the identified gaps. Capital projects will be prioritized based on need; addressing the most critical gaps first and emphasizing Major and Supporting Initiatives, such as life safety, and security. This 10-year Strategic Capital Plan will inform the FY 2012, 2013, and subsequent capital budget requests to OMB.
- **Reducing the Facility Condition Gap:** The condition gap is defined as an estimate of dollars needed to address deficiencies at facilities. These deficiencies are identified via facility assessments and critical issues are assigned correction dollar estimates. Most of the SCIP data is accumulated from existing systems; however, there is a need to automate data integration. Efforts underway in 2011 will evaluate the requirements needed, and the feasibility of, creating an automated system.
- **Reducing the Space Gap:** The space gap is defined as the amount of square footage needed to meet a facility's demand. Facilities have either positive (excess) or negative (deficit) space gaps. The need for space has different drivers and classifications for each organization. In cases of excess space, disposal or reuse of space should be considered as a method of addressing the gap. Most of the SCIP data is accumulated from existing systems; however, there is a need to automate data integration to ensure data reliability and efficient reporting. Efforts underway in 2011 will evaluate the requirements needed, and feasibility of, creating an automated system.



## Health Care Efficiency: Improve the quality of health care while reducing cost.

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Health care costs across the United States are accelerating without significant evidence of increased health care delivery value and VHA faces similar circumstances. Many current systems in VHA have not been optimized for cost effectiveness. Cost Savings: The purpose of this initiative is to coordinate and accelerate the ongoing cost savings initiatives with new initiatives to allow VA to enhance services to clients.

### This Major Initiative includes the following:

- Reduce operational costs and streamline program deployment to enhance program efficiency.
- Achieve cost savings through consolidated purchasing.
- Reduce non-VA care coordination clinical and business practice variability.
- Reduce cost per patient transported in the Beneficiary Travel Program.
- Reduce the number of programs funded using specific purpose funding.

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## Transform health care delivery through health informatics.

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VA's transition from a medical model to a patient-centered PACT model of care requires cultural, informational, and technological paradigm shifts to implement a sophisticated electronic health management platform that supports cognition, communication and workflow of patients, clinicians and population-health practitioners while assuring compatibility with other systems such as those from DoD and Indian Health Service (IHS).

### This Major Initiative includes the following:

- **Support Health Care Delivery:** Coordinate, champion and implement elegant electronic health management platforms, information sharing tools and knowledge content systems and principles to optimally support health care delivery and management in a wide variety of settings.
- **Modernization of VA's Electronic Health Record:** Migrate VA's Computerized Patient Record System to a modern, Web-based Electronic Health Record.
- **Pilot methodologies to streamline software development and delivery:** Establish a collaborative software development model based on rapid and iterative prototyping.
- **Improve Veteran-centric and Population Health Outcomes:** Improve outcomes in terms of access, quality and safety while improving provider efficiency and satisfaction with the electronic health platforms.

### Strategic Targets:

- **Improve health (systems) outcomes:** Improve outcomes by FY 2015, through implementation of electronic Health Management Platforms that embrace:
  - Participatory medicine demonstrated through increased patient and family involvement in their care related decisionmaking
  - Evidenced-based care for preventive and chronic disease management
  - Evolving Electronic Health Record based on Web technologies
  - Collaborative, iterative, and rapid software development methodologies
  - Standardized terminology
  - Incorporation of clinical decision support tools that are knowledge-driven, context sensitive and that maximize patient-specific computable data

- Collection of health data and documentation as a by-product of workflow processes
  - Integration with workflow
  - Advancement of predictive modeling which facilitates risk identification, characterization of relevant factors, and determination of methods to improve outcomes
  - Shared coordination and improved continuity of care
  - Interoperability with other Federal and non-Federal health care providers.
- *Improve patient and provider satisfaction:* Improve the satisfaction of patients and providers by FY 2015, in health care delivery through:
    - Improved access to and sharing of health information amongst the patient aligned health care team, Veteran and Veteran's family
    - Efficient and effective tools to support health care delivery.
  - *Reduce Health Care Costs:* Reduce the cost of health care delivery by FY 2015 through:
    - Leveraging health informatics to decrease medical errors
    - Improved staff efficiencies and productivity
    - Improved utilization of resources
    - Reduction of unnecessary tests, procedures and other interventions.

#### **INTEGRATED OBJECTIVE 1.**

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#### **INTEGRATED OBJECTIVE 2.**

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#### **INTEGRATED OBJECTIVE 3.**

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

**GUIDING PRINCIPLES****PEOPLE-CENTRIC**

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**RESULTS-DRIVEN**

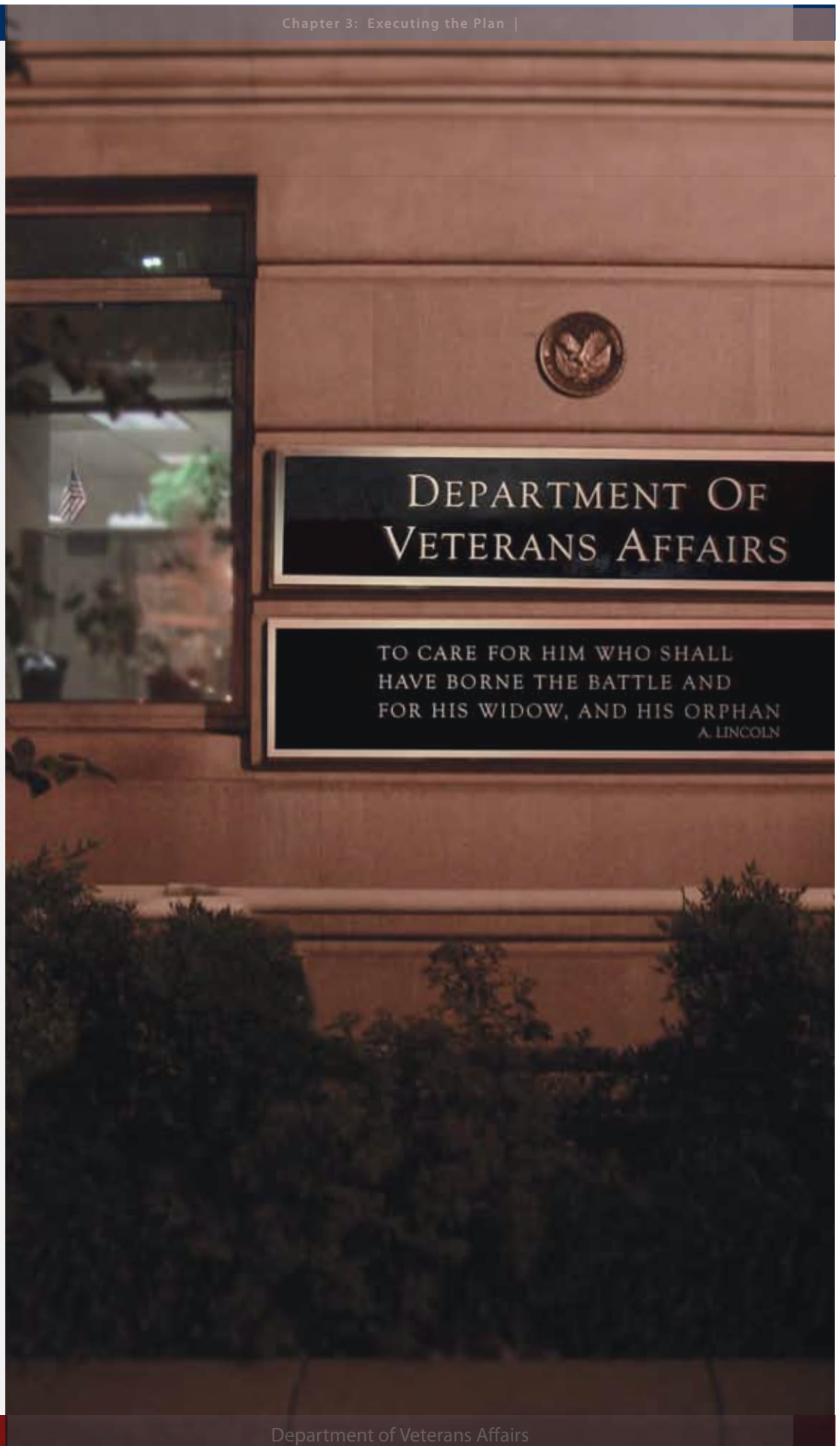
*We will be measured by our accomplishments, not by our promises.*

**FORWARD-LOOKING**

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**STRATEGIC GOALS**

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## Supporting Initiatives

The following Supporting Initiatives are led by individual organizations within VA. The execution of these Supporting Initiatives depends on collaboration and support from other organizations. Some of these initiatives also support the 16 Major Initiatives and are aligned and organized by Integrated Objectives and Strategies.



### INTEGRATED OBJECTIVE 1.

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**Integrated objectives**

**Integrated strategies**

**1. Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.**

- 1(a) Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.
- 1(b) Develop a range of effective delivery methods that are convenient to Veterans and their families.
- 1(c) Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies.
- 1(d) Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.
- 1(e) Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs.

**2. Educate and empower Veterans and their families through proactive outreach and effective advocacy.**

- 2(a) Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders.
- 2(b) Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.
- 2(c) Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.
- 2(d) Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.

**3. Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.**

- 3(a) Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.
- 3(b) Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.
- 3(c) Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results.
- 3(d) Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.
- 3(e) Manage physical and virtual infrastructure plans and execution to meet emerging needs

**Directory of Objective 1 Supporting Initiatives****Integrated Strategy 1(a)**

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*

Initiative Title	VA Lead(s)	Page
Redesign the Expedited Claims Adjudication (ECA) process.	BVA/VBA	70
Ensure national cemeteries are maintained as national shrines.	NCA	71
Improve the timeliness and responsiveness of legal services in the areas of personnel law, ethics, procurement, torts, and research to support VA's transformational initiatives and mission-critical responsibilities.	OGC	72
Maximize Medical Care Collections Fund (MCCF) collection revenues and efficiencies.	OGC	73
Enhance relationships with Congress by improving responsiveness and communicating more effectively.	OCLA	74

**Integrated Strategy 1(b)**

*Develop a range of effective delivery methods that are convenient to Veterans and their families.*

Initiative Title	VA Lead	Page
Expand Veterans' access to a burial option in national or state Veterans cemeteries.	NCA	75
Update technology and expand videoconferencing capability for hearings at the Board of Veterans' Appeals, regional offices and beyond.	BVA	76

**INTEGRATED OBJECTIVE 1.**

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

## INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

## INTEGRATED STRATEGY

1(a)

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*

## Redesign the Expedited Claims Adjudication (ECA) process.

ORGANIZATIONAL LEADS: BVA, VBA

### Statement of the Challenge or Problem:

Each year, VBA and the Board of Veterans' Appeals (BVA) are charged with adjudicating tens of thousands of appeals, and this number continues to rise.

### Purpose of the Initiative:

In order to issue appellate decisions most efficiently, BVA and VBA jointly developed a 2-year pilot ECA initiative through published regulations to accelerate claims and appeals processing at four VA facilities, based on voluntary participation by eligible claimants. In its current form, the ECA pilot will expire in December 2010. Several time saving provisions set forth in the ECA have been incorporated into pending legislation. BVA and VBA will proceed with the development of a nationwide plan based on successful aspects of the ECA, commencing in 2011.

### Intended Outcome of the Initiative:

BVA and VBA will continue to work collaboratively to reduce appeals processing times by introducing a modified version of the ECA in 2011, which incorporates some strategic targets.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Reduce processing time between the receipt of the Notice of Disagreement and the issuance of the Statement of the Case.  
Strategic Target: 120 days by the end of FY 2015.
- Reduce processing time between the Substantive Appeal Receipt to Certification and Transfer of the appeal to BVA (not including Board hearing cases, which must remain at the RO pending the hearing).  
Strategic Target: 200 days by the end of FY 2015.

## Ensure national cemeteries are maintained as national shrines.

ORGANIZATIONAL LEAD: NCA    SUPPORTING ORGANIZATIONS: OIT, OALC

### Statement of the Challenge or Problem:

Families generally come to national cemeteries to visit the gravesite of a loved one. The appearance of the gravesite is perhaps the most important aspect of the visit, and cemetery appearance is a key predictor of visitors' satisfaction with the national cemetery.

### Purpose of the Initiative:

The purpose of this initiative is to improve and maintain the appearance of gravesites, buildings, and other cemetery structures, and to maintain exceptional levels of client satisfaction. VA will identify buildings and structures in need of repair, and use this information to develop annual minor construction, major construction, and non-recurring maintenance operating plans.

### Intended Outcome of the Initiative:

The purpose of the initiative is to ensure that graves and other cemetery facilities are well-maintained. Well-maintained facilities demonstrate respect and concern for the safety of visitors and employees.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent of gravesites that have grades that are level and blend with adjacent grade levels.  
Strategic Target: 95 percent by the end of FY 2015.
- Percent of headstones, markers, and niche covers that are clean and free of debris or objectionable accumulations.  
Strategic Target: 95 percent by the end of FY 2015.
- Percent of headstones and/or markers in national cemeteries that are at the proper height and alignment.  
Strategic Target: 90 percent by the end of FY 2015.
- Percent of national cemetery buildings and structures that are assessed as "acceptable" according to annual Facility Condition Assessments.  
Strategic Target: 90 percent by the end of FY 2015.
- Percent of respondents who rate national cemetery appearance as excellent  
Strategic Target: 100 percent by the end of FY 2015.

### INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

### INTEGRATED STRATEGY

1(a)

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*

## INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

## INTEGRATED STRATEGY

1(a)

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*

## Improve the timeliness and responsiveness of legal services in the areas of personnel law, ethics, procurement, torts, and research to support VA's transformational initiatives and mission-critical responsibilities.

ORGANIZATIONAL LEAD: OGC    SUPPORTING ORGANIZATIONS: VHA, OIT

### Statement of the Challenge or Problem:

VA's law office, the Office of General Counsel (OGC) does not drive transformation, but contributes to VA's transformation efforts through core legal advice and service. Strong legal support is, however, critical to the success of each and every transformational initiative. Moreover, the transformation process will directly and necessarily increase OGC's workload. As VA's workforce increases, Equal Employment Opportunity (EEO) complaint filings rise. As more Veterans entrust themselves to VA for their health care, the chance of adverse medical outcomes rises, and with it the number of medical malpractice tort claims for OGC to adjudicate. As work processes are automated or otherwise transformed, OGC must provide more advice and support to the management officials tasked with negotiating those changes with the labor unions. To continue to provide timely and responsive service in the face of rising workloads and static staffing, OGC must prioritize its limited human capital resources by focusing on those areas of service that its organizational clients value most: personnel law, ethics, procurement, and medical research (referred to hereinafter as "focus areas"). Through this initiative, OGC will leverage technology (including but not limited to OGC's automated case management system, GCLAWS) to standardize and expedite case processing procedures in all focus areas. More specifically, OGC will identify and automate the incremental steps inherent in effective, efficient legal service - for example, a litigation plan in an EEO case or a legal sufficiency review checklist in a procurement matter - to ensure that all cases are completed in a proactive, efficient, and client-centric fashion.

### Purpose of the Initiative:

The purpose of this initiative is to support VA's transformation initiatives and mission-critical responsibilities by improving the timeliness and responsiveness of legal services in focus areas.

### Intended Outcome of the Initiative:

Proactive, efficient, and client-centric legal services will improve employee satisfaction within OGC, improve client satisfaction among OGC's organizational clients, and improve legal service to Veterans and their families.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Improved weighted measure of timeliness of service to Veterans, client satisfaction, and employee satisfaction with the timeliness and responsiveness of legal service provided by OGC Strategic Target: 95.6 by the end of FY 2014.



## Maximize Medical Care Collections Fund (MCCF) collection revenues and efficiencies.

ORGANIZATIONAL: OGC

SUPPORTING ORGANIZATIONS: VHA, OIT

### Statement of the Challenge or Problem:

VA sometimes provides medical care to Veterans for non-service-connected conditions that are covered by other insurance carriers. In these cases, VA bills the appropriate carrier for the cost of care. In the past, many of these carriers have not met their legal obligations. In recent years, VA has become more aggressive in identifying and pursuing these cases. Funds collected are deposited in a MCCF that supplements appropriated funds for health care, increasing VA's ability to provide care. Improved recoupment of these costs from private insurers and other third parties supplement the funding available for the delivery of health care and services to Veterans, thereby increasing the level of resources available for Veterans' medical care.

### Purpose of the Initiative:

The purpose of this initiative is to maximize the effectiveness and efficiency of MCCF collection efforts and improve the recoupment of recoverable health care costs from private insurers and other third parties.

### Intended Outcome of the Initiative:

This initiative will increase the percent of third party funds collected, resulting in higher revenues for VA.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Revenue collected in MCCF claims through the efforts of the Regional Counsel.  
Strategic Target: \$47.5 million per year by the end of FY 2014.
- Percent of available MCCF dollars collected through the efforts of OGC.  
New measure – Strategic Target: 50 percent.

### INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

### INTEGRATED STRATEGY

1(a)

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*

## INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

## INTEGRATED STRATEGY

1(a)

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.*

## Enhance relationships with Congress by improving responsiveness and communicating more effectively.

ORGANIZATIONAL LEAD: OCLA SUPPORTING ORGANIZATIONS: ALL VA ORGANIZATIONS

### Statement of the Challenge or Problem:

Effectively communicating with Congress is essential for VA in its work on behalf of our Nation's Veterans. Congress is a key stakeholder, and VA takes very seriously its oversight responsibilities. It is incumbent upon VA to forge a partnership with Congress to ensure our Nation's Veterans receive the benefits and care they so rightfully deserve.

### Purpose of the Initiative:

The purpose of this initiative is to review the processes and procedures VA uses for communicating with Congress, and to provide information to Members of Congress, committees, and professional and personal office staff in a timely and proactive manner. VA communicates with Congress via hearings, briefings, meetings and calls, written communications, questions for the record, oversight visits, and reports.

### Intended Outcome of the Initiative:

When fully implemented, VA will have more effective and responsive communications with Congress. VA's improved communications will result in enhanced relationships with Members, committees, professional and personal office staff and further strengthen the partnership between VA and Congress. These relationships are critical to obtaining appropriate resources and legislative initiatives needed to support our Nation's Veterans.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent decrease in time required to process congressional communications Departmentwide.

The baseline will be established in FY 2011. Strategic Target: 35 percent reduction by the end of FY 2015.

## Expand Veterans' access to a burial option in national or state Veterans cemeteries.

ORGANIZATIONAL LEAD: NCA

### Statement of the Challenge or Problem:

VA must be responsive to the preferences and expectations of the Veteran community by adopting or accommodating new burial practices, and by ensuring access to burial options in national, state, and tribal government-managed cemeteries.

### Purpose of the Initiative:

The purpose of this initiative is to improve access to VA burial benefits by continuing to open new<sup>1)</sup> national cemeteries in currently un-served areas with a Veteran population of at least 80,000, expanding burial options in heavily populated urban areas currently served by a burial option, exploring new and emerging burial practices, continuing to promote the establishment of new state and tribal government-managed cemeteries to complement the national cemetery system.

### Intended Outcome of the Initiative:

This initiative will result in comprehensive information and recommendations for VA leadership regarding the establishment of new national cemeteries in currently un-served areas of the country with a minimum Veteran population threshold of 80,000, and in large urban areas that are currently served but are in need of expanded burial options. This initiative will also inform VA leadership on new burial options or types of cemeteries that should be considered to meet the emerging needs and expectations of Veterans. In addition, this initiative will enable VA to work collaboratively and proactively with state Departments of Veterans Affairs and tribal governments to establish new state-managed Veterans cemeteries.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

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

Strategic Target: 94 percent by the end of 2015.

1] New burial policies as described in the Department's FY 2011 budget submission are listed below; further detail can be found in the budget.

Establish a new Veteran population threshold of 80,000 Veterans within 75 miles of a potential location for determining the location of new national cemeteries

Establish an urban initiative to provide enhanced service in densely populated locales where existing cemeteries are far from the urban core

Explore new burial practices and methods

Source: Pages 1C-3-5, FY 2011 Budget Submission, Volume 3, Benefits and Burial Programs and Departmental Administration.

### INTEGRATED OBJECTIVE 1.

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

### INTEGRATED STRATEGY

1(b)

*Develop a range of effective delivery methods that are convenient to Veterans and their families.*

**INTEGRATED  
OBJECTIVE 1.**

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

**INTEGRATED  
STRATEGY****1(b)**

*Develop a range of effective delivery methods that are convenient to Veterans and their families.*

**Update technology and expand videoconferencing capability for hearings at the Board of Veterans' Appeals, regional offices and beyond.**

ORGANIZATIONAL LEAD: BVA SUPPORTING ORGANIZATION: OIT

**Statement of the Challenge or Problem:**

Every year, VA conducts more than 10,000 hearings, the majority of which require Veterans Law Judges to travel around the country. This results in longer waiting times for Veterans and fewer hearings being conducted in a timely manner.

**Purpose of the Initiative:**

The purpose of this initiative is to update technology in order to expand VA's ability to adjudicate appeals.

**Intended Outcome of the Initiative:**

The adoption of new technology will reduce the average amount of time Veterans must wait for adjudication of their appeals, and by reducing travel time, increase the productivity of Veterans Law Judges.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**

- Percent of videoconference hearings out of the total number of hearings conducted.

Strategic Target: 35 percent by the end of FY 2014.



**INTEGRATED  
OBJECTIVE 1.**

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*



**INTEGRATED OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

**Integrated objectives**

**Integrated strategies**

**1.** *Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

- 1(a)** Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.
- 1(b)** Develop a range of effective delivery methods that are convenient to Veterans and their families
- 1(c)** Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies
- 1(d)** Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners
- 1(e)** Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs

**2.** *Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

- 2(a)** Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders
- 2(b)** Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf
- 2(c)** Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement
- 2(d)** Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients

**3.** *Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

- 3(a)** Anticipate and proactively prepare for the needs of Veterans, their families, and our employees
- 3(b)** Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges
- 3(c)** Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results
- 3(d)** Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times
- 3(e)** Manage physical and virtual infrastructure plans and execution to meet emerging needs

**Directory of Objective 2 Supporting Initiatives****Integrated Strategy 2(b)**

**Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.**

Initiative Title	VA Lead	Page
Enable a 21 <sup>st</sup> century Vocational Rehabilitation and Employment (VR&E) program.	VBA	80
Expand small business participation in Federal procurement opportunities through aggressive OSDBU research, enhanced verification, analysis, outreach, training, program modernization, and IT enhancements.	OSDBU	81

**Integrated Strategy 2(c)**

**Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.**

Initiative Title	VA Lead	Page
Increase Veteran participation in VA programs through outreach to, and partnerships with, faith-based, non-profit, community, and non-governmental organizations.	CFBNP	83
Educate and empower minority Veterans and their families through proactive outreach and effective advocacy.	CMV	84
Engage and empower women Veterans through effective targeted outreach, education, and monitoring of VA's provision of benefits and services for women Veterans.	CWV	85

**Integrated Strategy 2(d)**

**Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.**

Initiative Title	VA Lead	Page
Enhance VA's advocacy role through <i>Voice of the Veteran</i> client satisfaction surveys.	VBA	86

**INTEGRATED OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

## INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

## INTEGRATED STRATEGY

2(b)

*Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.*

## Enable a 21<sup>st</sup> century Vocational Rehabilitation and Employment (VR&E) program.

ORGANIZATIONAL LEAD: VBA

SUPPORTING ORGANIZATION: OIT

### Statement of the Challenge or Problem:

Many disabled Veterans do not take advantage of the training, employment counseling, and job search assistance available to them through VA's VR&E program.

### Purpose of the Initiative:

The purpose of this initiative is to re-engineer the VR&E program to better address the transition and reintegration needs of disabled Veterans. VA will re-brand VR&E as VetSuccess, and market it more aggressively through a variety of communication channels, including initial orientation, the Disabled Transition Assistance Program (DTAP), and Web-based applications. VA will also revamp the VR&E IT system, redesign the [VetSuccess.gov](http://VetSuccess.gov) Web site to expand employment resources, and simplify intake processes to expedite services.

### Intended Outcome of the Initiative:

The intended outcomes are to increase participation in VR&E services, improve employment outcomes for enrolled Veterans, and to provide for a smoother transition from military to civilian life through training and employment assistance.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

The VetSuccess project will be completed in FY 2014. Applicable performance measures include:

- Increase the number of eligible Veterans applying for Chapter 31 benefits.  
Strategic Target: 20 percent by 2014.
- Increase the number of VR&E eligible applicants provided initial career counseling.  
Strategic Target: 75 percent by 2014.
- Increase the number of Veterans accessing [VetSuccess.gov](http://VetSuccess.gov) benefits (as measured by registrations on [VetSuccess.gov](http://VetSuccess.gov) Web site)  
Strategic Target: 20 percent by 2014.
- Increase the number of Veterans completing VR&E services and entering suitable employment.  
Strategic Target: 15 percent by 2014.

## Expand small business participation in Federal procurement opportunities through aggressive OSDDBU research, enhanced verification, analysis, outreach, training, program modernization, and IT enhancements.

ORGANIZATIONAL LEAD: OSDDBU

SUPPORTING ORGANIZATIONS: OALC, OIT

### Statement of the Challenge or Problem:

President Obama is strongly committed to expanding opportunities for our nation's small businesses to participate in Federal Government contracting. VA OSDDBU is able to impact a broad range of small business related service activities. Additionally, there is opportunity to reach a greater number of stakeholders with targeted training programs for both Federal contracting officers and business owners and thereby support the President's small business agenda.

### Purpose of the Initiative:

The purpose of this initiative is to enhance services provided by VA OSDDBU that will have favorable impact on Federal small business procurements. By enhancing OSDDBU's infrastructure, service delivery, outreach, and training, the share of the VA procurement dollars awarded to small businesses should increase. On-line training for VA procurement personnel will focus on increasing awareness of legal requirements for contracting with Service-Disabled Veteran Owned Small Businesses (SDVOSB), Veteran-Owned Small Businesses (VOSB), and other small business entities. Training for small business owners will be designed to help them understand Federal contracting, respond competently to solicitations, and perform successfully once they have been awarded a contract. Enhancements to research, analysis, and improvements to the verification process will facilitate OSDDBU service delivery improvements.

### Intended Outcome of the Initiative:

When fully implemented, this initiative will result in a better informed cadre of VA acquisition professionals, a small business community better equipped to meet the Federal Government's contracting needs, and greater access to a variety of business resources that will result in small businesses earning a greater share of VA procurements.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Achievement of the VA Secretary's annual internal goal for procurements to small businesses.  
Strategic Target: 35 percent by the end of FY 2012.
- Achievement of the VA Secretary's annual internal goal for procurements to SDVOSBs.  
Strategic Target: 12.0 percent by the end of FY 2012.

### INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

### INTEGRATED STRATEGY

2(b)

*Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.*

**INTEGRATED  
OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

- Achievement of the VA Secretary's annual internal goal for procurements to VOSBs. Strategic Target: 14 percent by the end of FY 2012.
- Percent of initial verification applications in the Vendor Information Page database that are processed and decided within 90 days of receipt.<sup>2]</sup> Strategic Target: 99 percent by the end of FY 2013.
- Percent of renewal verification applications in the Vendor Information Page database that are processed within 60 days. Strategic Target: 99 percent by the end of 2013.
- Percent of counseled business owners who rate the training provided by OSDDBU as either Good or Excellent preparation for small business interests as measured against total respondents. OSDDBU will collect baseline data in FY 2011. Strategic Target: 75 percent by the end of FY 2014.
- Percentage of VA procurement personnel who complete an on-line training module that includes information on the Veterans First Contracting Program. Strategic Target: 60 percent by the end of FY 2013.
- Percent of small business owners counseled by OSDDBU who are able to complete all technical requirements to engage procurement actions. Strategic Target: 75 percent by the end of FY 2013.

<sup>2]</sup> Favorable initial verification decisions become effective almost immediately, unfavorable initial verification determinations may require an additional 90 days for legal review.



## Increase Veteran participation in VA programs through outreach to, and partnerships with, faith-based, non-profit, community, and non-governmental organizations.

ORGANIZATIONAL LEAD: CFBNP SUPPORTING ORGANIZATION: OPIA

### Statement of the Challenge or Problem:

Faith-based and other community-based organizations are a key component of VA's strategy for reaching out to Veterans. VA will be working with these organizations to more effectively provide Veterans with information on VA programs. The purpose of this initiative is to monitor and measure the effectiveness of our outreach programs. The Center for Faith-based and Neighborhood Partnerships (CFBNP) will coordinate aspects of our outreach efforts with the Office of Public and Intergovernmental Affairs (OPIA), specifically in the area of communications.

### Purpose of the Initiative:

The purpose of this initiative is to:

- Increase the number of faith-based and secular organizations that participate in VA CFBNP outreach forums (for example, VA CFBNP and VR&E Veterans' roundtables, Congressional faith-based symposiums, State Department's of Veterans Affairs workshops, and White House faith-based conferences);
- Increase the percent of participating Veterans who have received VA benefit information from faith-based and secular organizations; and
- Increase the percent of faith-based and secular organizations that are registered with VA as a result of becoming a grantee or joining VA Voluntary Services.

### Intended Outcome of the Initiative:

When this initiative is fully implemented, more faith-based and secular organizations will be actively engaged with VA in disseminating information to Veterans, their families and survivors about benefit programs for which they may be eligible.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent increase in the number of faith-based and secular organizations participating in VA outreach forums. Strategic Target: 10 percent per year.
- Percent increase in the number of Veterans, their families and survivors who report receiving benefit information from CFBNP organizations. Strategic Target: 10 percent per year.
- Percent increase in the number of faith-based and secular organizations that are registered with VA. Strategic Target: 10 percent per year.

### INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

### INTEGRATED STRATEGY

2(c)

*Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.*

## INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

## INTEGRATED STRATEGY

2(c)

*Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.*

## Educate and empower minority Veterans and their families through proactive outreach and effective advocacy.

ORGANIZATIONAL LEAD: CMV SUPPORTING ORGANIZATION: OPIA

### Statement of the Challenge or Problem:

In November 1994, Public Law 103-446 established the Center for Minority Veterans (CMV) under the Office of the Secretary in the Department of Veterans Affairs. The CMV is charged with identifying barriers to service and health care access, as well as increasing awareness of minority Veteran-related issues by developing strategies for improving minority Veteran participation in existing VA benefit programs and services.

### Purpose of the Initiative:

The primary purpose of this outreach initiative is to increase awareness of minority Veteran-related issues among VA staff. To increase outreach efforts to minority Veterans, this initiative will initiate and support activities that educate and sensitize VA staff to the unique needs of minority Veterans, target outreach efforts to minority Veterans through community networks, and advocate on behalf of minority Veterans by identifying gaps in services and make recommendations to improve service delivery.

### Intended Outcome of the Initiative:

The intended outcomes of this initiative are: VA programs better designed to be responsive to the needs of minority Veterans, increased awareness of VA benefits and services among minority Veterans, increased use of VA benefits and services by minority Veterans, and increased client satisfaction.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Average number of Veterans attending outreach programs conducted by Minority Veterans Program Coordinators and CMV staff.  
FY 2011 Baseline: 100; Strategic Target: 130 by the end of FY 2014.

## Engage and empower women Veterans through effective targeted outreach, education, and monitoring of VA's provision of benefits and services for women Veterans.

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ORGANIZATIONAL LEAD: CWV SUPPORTING ORGANIZATION: OPIA

### Statement of the Challenge or Problem:

In November 1994, Public Law 103-446 established the Center for Women Veterans (CWV) in the Department of Veterans Affairs under the Office of the Secretary. The primary mission of CWV is to review VA programs and services for women Veterans, and ensure that women Veterans receive benefits and services on par with male Veterans, and are treated with a respect, dignity, and understanding by VA service providers.

### Purpose of the Initiative:

The purpose of this initiative is to empower women Veterans by promoting recognition of their contributions, to ensure that VA programs are responsive to the needs of women, and to educate women about VA benefits and services, enabling them to make informed decisions about applying for, and using, VA benefits and services. As part of this initiative, CWV will increase participation in collaborative events, meetings, and forums to advocate for a cultural transformation, both within VA and in the general public, to increase recognition of the contributions of women Veterans and women in the military.

### Intended Outcome of the Initiative

The intended outcomes of this initiative are: VA programs better designed to be responsive to the needs of women, increased awareness of VA benefits and services among women Veterans, increased use of VA benefits and services by women Veterans, and increased client satisfaction.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Establish a baseline for client awareness in FY 2010.
- Improved awareness of entitlement to VA benefits and services.  
FY 2011 Baseline: 65 percent. Strategic Target: 95 percent by 2014.

### INTEGRATED OBJECTIVE 2.

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

### INTEGRATED STRATEGY

2(c)

*Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.*

**INTEGRATED  
OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

**INTEGRATED  
STRATEGY****2(d)**

*Engage in two-way communication with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.*

**Enhance VA's advocacy role through *Voice of the Veteran* client satisfaction surveys.**

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ORGANIZATIONAL LEAD: VBA    SUPPORTING ORGANIZATIONS: OPP, OIT

**Statement of the Challenge or Problem:**

To continuously improve the level of services provided to Veterans and their families, VBA needs to re-establish regular customer satisfaction surveys covering all business lines. The results of these surveys will enable VA to assess clients' overall experiences, and take any necessary steps to improve the timeliness and quality of benefits and services.

**Purpose of the Initiative:**

The purpose of this initiative is to provide VA with ongoing, actionable information with which to identify improvement opportunities, and take action on them to increase client satisfaction.

**Intended Outcome of the Initiative:**

When fully implemented, VA will be able to:

- Measure clients' overall satisfaction with benefits and services.
- Assess the Department's effectiveness in delivering benefits and services.
- Implement evidence-based improvements (e.g., training, procedure, and process changes).
- Provide feedback to stakeholders.

**Initiative Performance Measure, Strategic Target,\* and Estimated Completion Date:**

- Overall satisfaction rate (percent) of compensation clients.  
\*Strategic Target: TBD percent by the end of FY 2014.
- Overall satisfaction rate (percent) of pension clients.  
\*Strategic Target: TBD percent by the end of FY 2014.
- Percent of clients highly satisfied with Insurance services.  
Strategic Target: 95 percent by the end of FY 2014.
- Percent of participating Veterans satisfied with the Vocational Rehabilitation and Employment Program.  
\*Strategic Target: TBD percent by the end of FY 2014.
- Percent of beneficiaries very satisfied or satisfied with VA's handling of their education claims.  
\*Strategic Target: TBD percent by the end of FY 2014.
- Percent of beneficiaries who rate VA educational assistance as very helpful or helpful in the attainment of their educational or vocational goal.  
\*Strategic Target: TBD percent by the end of FY 2014.
- Percent of Veterans satisfied with VA's Loan Guaranty Program.  
Strategic Target: 97 percent by the end of FY 2014.

**INTEGRATED  
OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

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\* Strategic Targets for these measures are pending deployment of the survey instruments. Surveys were last completed in either 2004 or 2005, so we do not have recent data to determine baselines and strategic targets at this time.



### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

#### Integrated objectives

#### Integrated strategies

**1.** *Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

- 1(a)** Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery
- 1(b)** Develop a range of effective delivery methods that are convenient to Veterans and their families
- 1(c)** Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies
- 1(d)** Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners
- 1(e)** Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs

**2.** *Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

- 2(a)** Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders
- 2(b)** Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf
- 2(c)** Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement
- 2(d)** Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients

**3.** *Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

- 3(a)** Anticipate and proactively prepare for the needs of Veterans, their families, and our employees
- 3(b)** Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges
- 3(c)** Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results
- 3(d)** Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.
- 3(e)** Manage physical and virtual infrastructure plans and execution to meet emerging needs

**Directory of Objective 3 Supporting Initiatives****Integrated Strategy 3(a)**

*Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.*

Initiative Title	VA Lead	Page
Modernize the VA Schedule for Rating Disabilities (VASRD).	VBA	90

**Integrated Strategy 3(b)**

*Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.*

Initiative Title	VA Lead	Page
Develop an employee health and wellness program.	OHRA	91

**Integrated Strategy 3(c)**

*Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results.*

Initiative Title	VA Lead	Page
Enhance capabilities in VA's Data Governance process to strengthen strategic, data-driven, Departmentwide decisionmaking.	OPP	92
Enhance VA's transformation through the VA Innovation Initiative (VAi2)	OSVA	94

**Integrated Strategy 3(d)**

*Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.*

Initiative Title	VA Lead(s)	Page
Establish enterprise energy cost reduction and implement VA-wide greenhouse gas initiative to address VA's carbon footprint — Greening VA.	OM/OAEM	95
Establish a world-class VA/DoD partnership that delivers seamless, cost-effective, quality services to beneficiaries and value to our Nation.	OPP	98
Create innovative public-private partnerships that enhance services to Veterans.	OM	99

**INTEGRATED OBJECTIVE 3.**

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

3(a)

*Anticipate and proactively prepare for the needs of Veterans, their families and our employees.*

## Modernize the VA Schedule for Rating Disabilities (VASRD).

ORGANIZATIONAL LEAD: VBA SUPPORTING ORGANIZATIONS: VHA, BVA, OGC

### Statement of the Challenge or Problem:

The VASRD needs to be updated periodically to reflect the monetary consequences of disability, disease, or injury on Veterans, taking into account changes in the number and types of conditions that are covered, and advances in medical treatment.

### Purpose of the Initiative:

Create the structure for ongoing review of each of the body systems in the VASRD to incorporate the most recent medical and economic knowledge concerning the impact of disability on Veterans' earnings.

### Intended Outcome of the Initiative:

The initiative will ensure that, through regular updating, the VASRD accurately reflects estimated earnings loss for each disability contained in the schedule and provides evaluation criteria that reflect the most advanced medical science. Veterans' monthly benefit payment amounts will accurately reflect the average impairment in earning capacity due to service connected disability, disease, or injury.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Publish proposed regulations for the updated evaluation of the endocrine system, hemic-lymphatic system, and musculoskeletal disorders in FY 2011.
- Conduct future reviews of other body systems.

## Develop an employee health and wellness program.

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ORGANIZATIONAL LEAD: OHRA SUPPORTING ORGANIZATION: OIT

### Statement of the Challenge or Problem:

Work-based health and wellness programs have the potential to decrease work-related injuries and sick days, increase productivity and job satisfaction, and reduce health care costs. They can also help employers compete for the best and the brightest workers.

### Purpose of the Initiative:

The purpose of this initiative is to implement a VA-wide, Web-based employee health and wellness program with customizable features to assist employees in identifying and monitoring health issues and risks, and promote participation in a personalized fitness and health program. Additional features will include incentive programs, personal health coaches, and active program coordinators.

### Intended Outcome of the Initiative:

The expected outcome of this initiative is a healthier workforce. Studies have shown that such programs can return as much as \$16 for each \$1 invested in the program by lowering health care costs, reducing work-related injury rates and sick days, increasing productivity, and reducing turnover.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent of all employees who participate in a VA health and wellness program.  
Strategic Target: 25 percent by the end of FY 2015.

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

**3(b)**

*Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.*

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

**3(c)**

*Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results.*

## Enhance capabilities in VA's Data Governance process to strengthen strategic, data-driven, Departmentwide decisionmaking.

ORGANIZATIONAL LEAD: OPP      SUPPORTING ORGANIZATIONS: VHA, VBA, NCA, OIT, OM, OHRA, OSP

### Statement of the Challenge or Problem:

VA is a large and complex organization, administers benefits and services to millions of Veterans across the country, and requires a formal process for managing, using, improving, and protecting its organizational information. Data Governance is an emerging discipline that organizations use to establish a system of decision rights and responsibilities for information-related processes. These systems are typically executed according to a governance model that describes who can take what action with information, when, under what circumstances, and using what methods. In the past, VA Data Governance was fragmented along organizational and geographical lines that reflected the decentralized structure of the Department. A key challenge of an improved Data Governance Strategy is to enable the Department to seize new opportunities to improve services to Veterans, increase efficiency, and enable leadership to make decisions based on more complete and reliable data.

### Purpose of the Initiative:

VA's internal operations generate large volumes of data that mostly exist within program-specific *stovepipes*. In order to capture the full value of its investment in data, better understand its clients, fulfill its fiduciary responsibilities, and make better business decisions, VA needs to establish common standards, policies, and processes for collecting, storing, accessing, securing, and sharing data. These common VA-wide practices will help to strengthen strategic, data-driven, Departmentwide decisionmaking and improve its data accuracy, timeliness, accessibility, and relevance.

### Intended Outcome of the Initiative:

Data Governance is a set of processes that ensures that important data assets are formally managed throughout the Department. The intended outcome of the Data Governance effort is a set of processes developed through intense Departmental collaboration. This collaborative outcome will ensure greater transparency and visibility to stakeholders, greater data security, increased compliance with law and regulations, improved accountability and risk management, increased sharing and integration of data throughout the Department, and improved confidence in the data. It will also increase operational efficiency by standardizing data definitions and protocols, which will reduce duplication and redundancy. In addition, an effective Data Governance process will improve alignment of existing data systems and provide critical support to the systems being developed under key Major Initiatives in this strategic plan, including VLER, VRM, and VBMS.



**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**

- Identify or develop tools to estimate the accuracy, timeliness, accessibility, and relevance of VA data. Identify or develop metrics in FY 2011. In FY 2012, develop baseline estimates of accuracy, timeliness, accessibility and relevance; Strategic Target: Achieve at least 10 percent improvement in each of the areas identified by the end of FY 2015.
- Percent of internal customers who indicate they are satisfied or very satisfied with the Data Governance process and outcomes. Baseline: TBD in FY 2011; Strategic Target: 80 percent by the end of FY 2014.
- Improve the VA Data Governance Maturity Attainment Level<sup>3]</sup> from Level 1 to Level 3 by the end of FY 2013.

**INTEGRATED  
OBJECTIVE 3.**

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

3] The four levels of data governance maturity are defined as follows:

1. **Undisciplined** – in this stage, there are few defined rules and policies about data quality and integration. There is much redundant data, differing sources, formats and records. The existing threat is that bad data and information will lead to bad decisions, and lost opportunities.
2. **Reactive** – This is the beginning of data governance. There is much reconciliation of inconsistent, inaccurate, unreliable data. Gains are experienced at the department level.
3. **Proactive** – It is a very difficult step to move to this level. The enterprise understands the value of a unified view of information and knowledge. The enterprise begins thinking about Master Data Management (MDM). The organization is learning and preparing for the next level. The culture is preparing to change.
4. **Governed** – Information is unified across the enterprise. The enterprise has a sophisticated data strategy and framework. A major culture shift has occurred. People have embraced the idea that information is a key enterprise asset.

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

**3(c)**

*Create and maintain an effective, integrated, Departmentwide management capability to make data-driven decisions, allocate resources, and manage results.*

## Enhance VA's transformation through the VA Innovation Initiative (VAi2)

ORGANIZATIONAL LEAD: OSVA SUPPORTING ORGANIZATIONS: VBA, VHA, NCA, OIT, OALC, OPP, OM, OPIA

### Statement of the Challenge or Problem:

The importance, the scope, and the complexity of VA's mission instills significant interest on the part of employees, private sector companies, entrepreneurs and academic leaders to contribute to improving services to Veterans and their families. Yet many of their best ideas for innovation remain untapped. These potentially transformative ideas could result in increasing Veterans' access to VA services, improving the quality of services delivered, enhancing the performance of VA operations, reducing or controlling the cost of delivering those services that Veterans and their families receive. The challenge is to create a structured process for tapping into this substantial reservoir of interest and creativity to produce tangible benefits and improvements in access and services for Veterans and their families.

### Purpose of the Initiative:

VAi2 is a Departmentwide program to identify, prioritize, fund, test, and deploy the most promising solutions to VA's most important challenges. This would be accomplished by effectively engaging industry innovators, leaders in academia, and VA employees on the front-line serving Veterans.

### Intended Outcome of the Initiative:

The intended outcome of VAI2 is to introduce innovative solutions that enhance VA's ability to meet the challenges of a 21<sup>st</sup> century organization. This outcome is achieved when a significant percentage of the ideas and concepts resourced through VAI2 result in significant benefits and improved services to Veterans and their families.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent of VAI2 awards being fully or partially implemented and being evaluated on schedule. Baseline: TBD in FY 2011; Strategic Target: 90 percent.
- Track project-specific metrics to estimate the value of VAI2 funded innovations, taking into account one or more of the following: access, quality, cost control/reduction, and Veteran satisfaction. Baseline: TBD in FY 2011; Strategic Target: TBD.
- Percent of internal customers (i.e. members of the VAI2 Executive Selection Board and other select end-users) who indicate they are satisfied or very satisfied with the VA Innovation Initiative process and outcomes. Baseline: TBD in FY 2011; Strategic Target: 90 percent of respondents by the end of FY 2015.

## Establish enterprise energy cost reduction and implement VA-wide greenhouse gas initiative to address VA's carbon footprint — Greening VA.

ORGANIZATIONAL LEADS: OM, OAEM

SUPPORTING ORGANIZATIONS: VHA, VBA, NCA, OGC, OALC, OCLA, OIT, OS, OHRA

### Statement of the Challenge or Problem:

VA faces mission-specific challenges in meeting sustainability goals. Some of the challenges related to reducing greenhouse emissions are:

- **Hospital Energy Requirements**
  - Providing cutting-edge health care requires an increasing amount of energy-intensive equipment and processes.
  - Many health care facility standards, such as standards for indoor air quality, are more complex than for other facility types. Air-handling and sterilization requirements are particularly strict.
- **Water Requirements**
  - Hospital infection control protocols are water-intensive.
  - Hospitals use steam for sterilization and large amounts of hot water for laundry operations.
  - Water reuse in health care settings is particularly difficult.
  - Maintaining cemetery grounds appropriately to memorialize and respect Veterans is traditionally water intensive.
- **Expanding Mission**
  - VA is increasingly delivering services to Veterans at their homes.
  - Increased outreach and services are being provided to women Veterans.
  - VA is also serving new Veterans returning from OEF/OIF.

### Purpose of the Initiative:

The energy reduction and greenhouse gas (GHG) initiative intends to optimize energy investments and explore innovative ways to minimize the environmental and energy-related impact of VA's facilities by reducing VA's carbon footprint.

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

**3(d)**

*Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.*

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

This initiative is consistent with the Executive Order (EO) 13514 *Federal Leadership in Environmental, Energy, and Economic Performance*, which requires Federal agencies to set targets for reduction of greenhouse gas emissions while complying with sustainability goals identified in statutes, regulations, and other executive orders.

#### Intended Outcome of the Initiative:

- *Restoration and Improved Quality of Life for Disabled Veterans:* Improved environmental quality is consistent with VA's goal to provide the best quality health care.
- *Smooth Transition to Civilian Life:* While VA is responsible for vocational rehabilitation and employment, it has also found that non-recurring maintenance (NRM) projects for energy, water, and environmental improvements at VA facilities are often good opportunities for service-disabled Veteran-Owned small businesses and Veteran-Owned small businesses.
- *Contributing to the Nation's Well-Being:* At the same time VA provides vital medical research for improving the Nation's health care, VA can also contribute to the Nation's goals of reducing environmental and energy-related impacts.
- *VA/DoD Collaboration: Working Together to Serve our Veterans:* DoD has concluded "while climate change alone does not cause conflict, it may act as an accelerant of instability or conflict, placing a burden to respond on civilian institutions and militaries around the world." By contributing to a reduction in the impacts of climate change through sustainable practices, VA hopes to help reduce that burden.

#### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Achieve 30 percent reduction in Scope 1 and Scope 2 GHG emissions by FY 2020.
  - Scope 1 GHG emissions are direct emissions.
  - Scope 2 GHG emissions are indirect emissions from the consumption of purchased electricity, heat, or steam.
- Achieve a 10 percent reduction in Scope 3 GHG emissions by FY 2020.
  - Scope 3 emissions for which agencies must account are those related to (1) employee travel and commuting and (2) electricity transmission and distribution losses.

Reducing emissions from VA employee commuting poses a particular challenge, given the size and location of VA's workforce and its potential for growth in order to meet the demand for Veterans' care and services.

**Strategic Target:**

VA projects that it will achieve a 26 percent reduction in Scope 1 and 2 GHG emissions by meeting FY 2015 mandates established for all Federal agencies, including increased use of alternative fuel vehicles, petroleum consumption reduction, decreases in energy and water intensity, and increased use of renewably generated electricity.

The 10 percent reduction in Scope 3 emissions target is expected to come from a combination of strategies and technology advances that include meeting existing targets (such as energy intensity and pollution prevention); improving fuel economy based on Corporate Average Fuel Economy standards; implementing innovative commuting strategies; and developing an action plan that will address non-commuting emissions, such as telework and alternate work schedules.

**Alternative Approaches:**

Facility - and regional-level strategies include energy and water conservation measures, building retro-commissioning, alternative fueling station installations, and on-site renewable electricity generation. Projects funded at the Department level include additional alternative fueling stations, additional on-site renewable electricity generation through technologies such as solar, wind, and geothermal, and renewably fueled combined heat and power systems.

**Preliminary Estimates:**

- *Preliminary Estimate of IT Resources Required:* \$500,000 in software licenses for 5 employees for project tracking and performance FY 2011.
- *Preliminary Estimate of Acquisition Support Required:* VHA Program Contracting Activity/Central – National Energy Business Center – This specialized center provides the required expertise for the negotiation and acquisition of energy and other green management projects for VA nationwide.

**INTEGRATED  
OBJECTIVE 3.**

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*



### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

**3(d)**

*Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.*

## Establish a world-class VA/DoD partnership that delivers seamless, cost-effective, quality services to beneficiaries and value to our Nation.

ORGANIZATIONAL LEAD: OPP    SUPPORTING ORGANIZATIONS: OIT, VHA, VBA

### Statement of the Challenge or Problem:

VA and DoD serve the same population at different times over the course of their lifetimes. In the past, however, each Department had its own separate processes, making the transition from Servicemember to Veteran more difficult and contributing to delays in access to needed benefits and medical care for Veterans and their families.

### Purpose of the Initiative:

The purpose of this initiative is to improve the efficiency and effectiveness of health care services and benefits for Veterans, Servicemembers, military retirees, and eligible dependents.

### Intended Outcome of the Initiative:

- Increased flow of information, such as the Psychological Health and Traumatic Brain Injury screening information between medical providers;
- Increased sharing of Veteran beneficiary eligibility information to Servicemembers;
- Efficient and effective benefits programs such as an improved Disability Evaluation System;
- Streamlined secure sharing of health, personnel and benefits information between VA and DoD; and
- Increased beneficiary access to care through Federal partnerships such as the VA-DoD Medical Facility in North Chicago.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent of VA/DoD actionable recommendations from the VA/DoD Joint Strategic Plan that have achieved the projected milestones and performance metrics by the end of the next fiscal year.

FY 2012 Target: 50 percent; Strategic Target: 75 percent.<sup>4]</sup>

<sup>4]</sup> VA/DoD Collaboration Service success is not necessarily having a collaborative relationship with DoD but is found in the implementation of joint recommendations resulting in better/quicker services and benefits for Veteran and Servicemembers. Because of the complexity of recommendations and joint actions required to implement them, joint actions may require five years to be implemented. There are external factors which can control/delay implementation to involvement of external stakeholders, such as: Congress, Department of Labor, and Department of Health and Human Services.

## Create innovative public-private partnerships that enhance services to Veterans.

ORGANIZATIONAL LEAD: OM SUPPORTING ORGANIZATIONS: VHA, VBA, NCA, OGC

### Statement of the Challenge or Problem:

The challenge is to create innovative public-private partnerships that enable VA to increase services to Veterans and their families, maximize the use of underutilized property, and further community goals.

### Purpose of the Initiative:

The purpose of this initiative is to use VA's enhanced-use lease authority (EUL) to enter into cooperative arrangements in which underutilized VA properties are exchanged for monetary and/or in-kind consideration that further VA's mission. These arrangements will provide new services for Veterans by leveraging underutilized VA assets, and improving the allocation and use of available resources.

### Intended Outcome of the Initiative:

When this initiative is fully implemented, VA will have entered into innovative community partnerships to develop underutilized VA assets into assisted living communities, housing for homeless Veterans and their families, alternative energy cogeneration projects, joint projects with other Federal agencies, and campus realignments to provide better and more efficient services to Veterans in modern facilities closer to where they live.

### Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Reduce VA's underutilized building inventory (based on the total inventory of underutilized VA-owned buildings) using EUL as a tool to help achieve this initiative.  
Strategic Target: 0.5 percent per year.
- Use EUL to develop transitional or permanent housing for homeless or at-risk Veterans and their families in order to reduce homelessness, moving VA closer to its goal of eliminating homelessness.  
Strategic Target: 10 EULs total, with at least 4 focusing on transitional and permanent housing projects to address homelessness by the end of 2014.
- Use EUL to develop renewable energy projects.  
Strategic Target: 6 EUL by the end of 2014.

### INTEGRATED OBJECTIVE 3.

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*

### INTEGRATED STRATEGY

3(d)

*Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.*

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# *Appendices*

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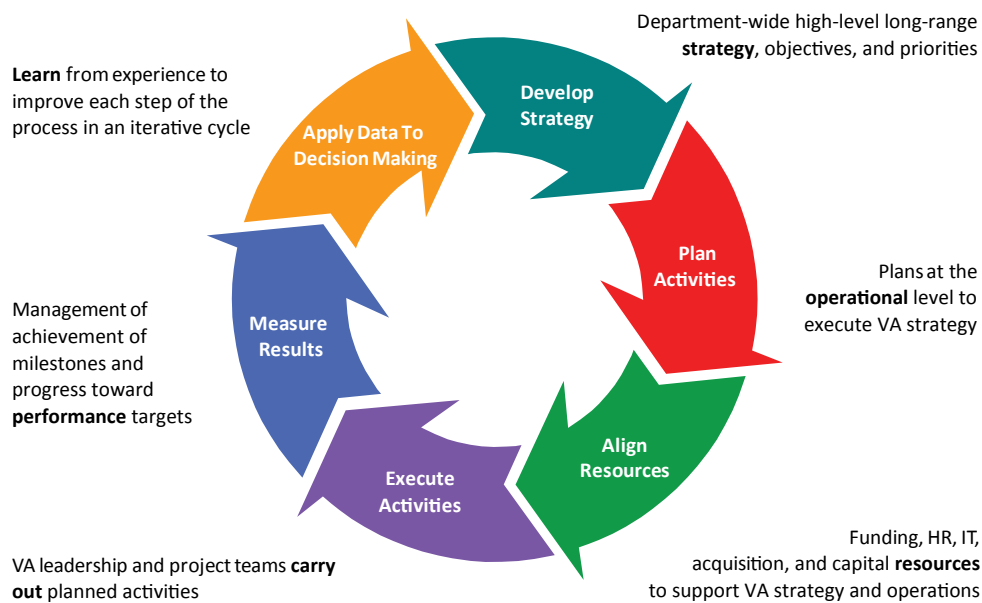






## VA Strategic Plan Refresh for FY 2011-2015

The VA Strategic Plan FY 2010-2014 continues to provide a roadmap for the upcoming years as we allocate resources, improve overall performance and ensure we are delivering results. The VA's Departmentwide strategic management process includes **6 key elements**:



As demonstrated above, the VA strategic planning process cycle includes a continuous, rolling Refresh process. As we refreshed the VA Strategic Plan FY 2010-2014, lessons learned and recommendations received over the past several months have been incorporated. One key objective in this first VA Strategic Plan Refresh for FY 2011-2015 is to develop clearer and more succinct Major and Supportive Initiatives. We will continue this process as we develop the VA Strategic Plan Refresh for FY 2012-2016. In addition, as part of this VA Strategic Plan Refresh for FY 2011-2015 process, VA will be strengthening its outcome-oriented performance measures and strategic targets and showing how they contribute to the strategic goals.

The result will be a more streamlined and straightforward document that will simplify Department and Administration operating plans and better support the budget process which allocates resources. The new *Strategic Plan Refresh for FY 2012-2016* will have better key performance measures to help gauge the achievement of results that matter.

The Strategic Plan Refresh process begins with a call for data from stakeholders. A review of the Major and Supporting Initiatives from the FY 2011-2015 Strategic Plan Refresh will be undertaken. The objective of this review is a critical analysis of the initiatives. Some initiatives will be revalidated and carried forward into the Refresh for FY 2012-2016 as continuing initiatives. Others may be added, deleted, or modified based on the experience gained in 2010. Information requested for the Strategic Plan Refresh includes initiative descriptions, alternative approaches being considered, rough order of magnitude (ROM) cost estimates, outcome-oriented performance measures, and ROM estimates of IT, HR, and Acquisitions requirements.

The Strategic Plan Refresh FY 2011-2015 reaffirms our commitment to our mission and our top priorities demonstrated by our 4 strategic goals while confirming that our Strategic Plan is built around our three guiding principles to be: people-centric, results-driven, and forward-looking.

## Appendix B: SCIP Performance Measures and Supporting Data

- *SCIP Strategic Targets*

Strategic Gap Reduction Targets for 2021		
Gap	Organization	Percentage Goal Over 10 Years
Space/Capacity	VA-Wide	95%
Condition	VA-Wide	95%
** Strategic Initiative Targets assume full funding**		

- *SCIP Annual Targets for Base Budget Year*

Annual Target for Base Budget Year					
Year	Baseline	2012	2013	2014	2015 - Strategic Initiative
Percent of Facility Condition gap addressed	0.0%	9.5%	19.0%	28.5%	38.0%
Percent of Space/Capacity gap addressed	0.0%	9.5%	19.0%	28.5	38.0%
** Strategic Initiative Targets assume full funding**					

- *SCIP Preliminary Schedule*

Preliminary Schedules		
SCIP Yearly Budget Workstreams, Milestones, and Deliverables	Steps for completing yearly Budget Process	
	Planned Start	Planned Completion
Call Memo to administrations and staff offices	November	November
Action Plans due from administrations and staff offices	January	February
Action Plan reviewed by SCIP Panel	March	March
Business Case memo sent to administration and staff offices	March	May
Prioritization of Projects	June	June
Internal Budget Hearings	Late July/Early August	August
OMB Budget Submitted	September	September

SCIP IT Requirements	Additional IT Needs for the SCIP Process (Long-Term)	
Short Term Solution – Requirements Development	May 2010	September 2011
Long Term Solution – Procurement Package Development	October 2010	March 2011
Hardware and Software Acquisition	February 2011	May 2011
Solution Development	May 2011	August 2011
Testing	August 2011	September 2011
Deployment	September 2011	September 2011
Training	October 2011	November 2011







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