

Mission Statement

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

These words, spoken by Abraham Lincoln during his Second Inaugural Address, reflect the philosophy and principles that guide VA in everything we do, and are the focus of our endeavors to serve our Nation’s veterans and their families.

Vision

We will strive to meet the needs of the Nation’s veterans and their families today and tomorrow by: (1) becoming an even more veteran-focused organization, functioning as a single, comprehensive provider of seamless service to the men and women who have served our Nation; (2) cultivating a dedicated VA workforce of highly skilled employees who understand, believe in, and take pride in our vitally important mission; (3) continuously benchmarking the quality and delivery of our service with the best in business and use innovative means and high technology to deliver world-class service; and (4) fostering partnerships with veterans organizations, the Department of Defense and other federal agencies, state and local veterans organizations, and other stakeholders to leverage resources and enhance the quality of services provided to veterans.

Strategic and Enabling Goals

Strategic Goal 1 - Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.

Strategic Goal 2 - Ensure a smooth transition for veterans from active military service to civilian life.

Strategic Goal 3 - Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.

Strategic Goal 4 - Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

Enabling Goal - Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.

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Secretary's Statement



As Secretary of Veterans Affairs, I am focused on making sure America's veterans and their families receive timely, compassionate, high-quality care and benefits. The tragic events of September 11, 2001 were an important reminder of the resiliency of the

democratic ideals and institutions that make America great and why our men and women in uniform are essential to protect and preserve those ideals and institutions. Like many of you, I frequently pause to give thanks for the commitment of the men and women in active military service.

I made a commitment to the President, members of Congress, and our Nation's veterans to improve the quality and timeliness of veterans' health care and benefits. In the President's Management Agenda, President George W. Bush calls for a government that is active but limited - a government that focuses on priorities and does them well. This VA Strategic Plan addresses the President's Management Agenda and defines the key strategies the Department will implement to meet the President's goals. This Plan, and the new governance process that we have established, will serve as the cornerstones of VA's effort to strengthen our overall management, accountability, and stewardship of VA resources, and our implementation of the Government Performance and Results Act (GPRA). The Plan also communicates a top-level summary of VA's long-term direction and will be shared extensively with our partners and stakeholders. We are committed to working with them to achieve the priorities defined in this document. The Strategic Plan will also be provided to all VA managers and serves as the foundation for

accountability within the Department. I will hold my leadership team and all VA managers accountable for achieving the goals, objectives, and performance targets presented in this plan, and we will monitor progress on a monthly basis to ensure results.

VA must provide disabled veterans with timely and accurate decisions on their claims for compensation. To achieve this critical objective, we have made necessary management changes throughout the Department by reallocating resources and adjusting workload priorities. The results to date have been promising. In FY 2002, VA completed more than 796,000 ratings (versus 481,000 in FY 2001 - a 66 percent improvement). Claims processing times continue to decline. VA plans to continue to reduce the average number of days to process a rating-related claim from a high of 223 days in FY 2002, to 165 days in FY 2003, and reduce the average days pending to 105 days for FY 2004. We also plan to increase the national accuracy rate for core rating work from 80 percent in FY 2002 to 98 percent in FY 2008.

I have also initiated needed improvements in the VA health care system. To a large extent, many of our health care challenges are the results of our own success because an increasing number of veterans recognize the value and high quality of VA's health care services. Since 1995, the number of veterans enrolled in the VA health care system has grown by over 3 million. If the President's FY 2004 budget is enacted, VA will treat 4.8 million patients - 1.2 million more than 2000, the year before the President took office. However, VA can't count on increased appropriations alone in maximizing the amount of high quality medical care we provide with the resources entrusted to us. We must also do better with the resources we already have. For example, we initiated an important process, called CARES, to identify the infrastructure VA will need to provide 21st century quality health care to 21st century veterans. The CARES process will result in a

plan for using existing resources in the best way to maximize the quality and amount of care VA provides to veterans.

We also remain firmly committed to providing timely access to scheduled appointments for veterans. We have developed a number of strategies to reduce scheduled appointment times including state-of-the-art appointment scheduling systems, and modifying scheduling practices. In FY 2003, 87 percent of primary care appointments and 80 percent of specialty care appointments at VA facilities will be scheduled for enrolled patients within 30 days of the desired date.

VA stands committed to its enduring mission to respect and dignify the selfless contributions our Nation's veterans made to defend freedom and liberty. VA will continue to honor the service and sacrifices of America's deceased veterans in our 120 national cemeteries. In addition, we are committed to preserving our Nation's history, nurturing patriotism, and honoring veterans and their families by maintaining our national cemeteries as national shrines.

The framework of this plan centers on VA's four strategic goals and an enabling goal. These goals reflect the combined efforts of all organizational elements to serve our Nation's veterans and their families. Supporting each goal, VA has developed outcome-oriented objectives that include my highest priorities, and identified key strategies and processes, external factors, and performance measures and targets for FY 2008. In addition, we have chosen to include our near-term measures for FY 2004 in this plan. These measures allow VA to focus on our immediate priorities while working towards our long-term goals and objectives. VA's effectiveness will be determined by how well we meet the needs and expectations of veterans. VA's success will also be measured by how we manage resources to provide services and benefits in a way that is responsive to the American public's commitment to veterans.

VA will implement each of the goals and objectives in this Strategic Plan in a manner that reflects our commitment to world-class service. I am proud of the exceptional dedication of VA employees everywhere. I expect my fellow VA employees to embody America's commitment to those who served our Nation in uniform, to be men and women of principle, vision, and moral courage; to have the highest ethical standards; to make difficult decisions, not politically expedient ones, at the lowest possible level; to believe that compassion is not about the amount of money we spend but the results we achieve, and the lives we impact; and to understand that responsibility and accountability – qualities I believe are essential to leadership – are inextricably interwoven.

I welcome the responsibilities entrusted to me as Secretary of Veterans Affairs, and I am grateful for the opportunity to implement changes that are significantly improving VA's health care and benefits delivery to 25 million veterans and their families. Our Department's sacred mission "to care for him who shall have borne the battle, and for his widow, and his orphan," is the legacy of President Abraham Lincoln. President Bush's challenge to VA in his Management Agenda is to keep getting better at accomplishing our mission – and we will. America's veterans deserve no less.

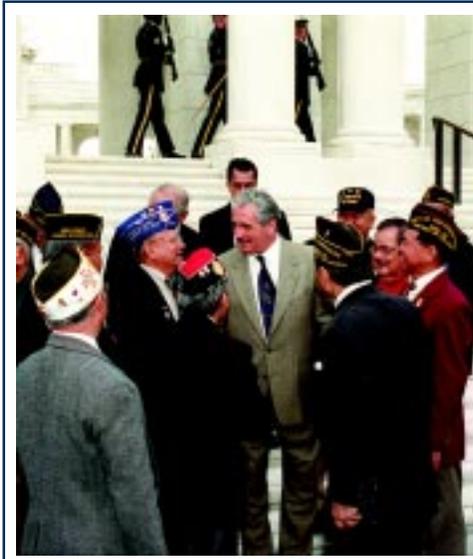


Anthony J. Principi
Secretary of Veterans Affairs

Who We Serve

Our Continuous Focus on Our Nation's Veterans

Beginning with our Nation's struggle for freedom more than 2 centuries ago, approximately 42 million men and women have served this country during wartime periods. Based on April 2000 census data, there were about 26.5 million veterans living in the United States and the Commonwealth of Puerto Rico; over 19 million (75 percent) of these veterans served during at least one wartime period. The veteran population decreased by 432,000 in 2002. There are also approximately 45 million family members of living veterans and survivors of deceased veterans.



This large increase in the oldest segment of the veteran population has had significant ramifications on the demand for health care services, particularly in the area of long-term care.

As of September 2002, the 1.7 million women veterans constituted 6.5 percent of all veterans. The population of women veterans as a percentage of all veterans is expected to increase as the number of military service women continues to grow. The

demographic profile of the female veteran population is generally younger than that of male veterans with the median age of female veterans being 14 years younger than that of male veterans – 45 versus 59. The growing number of women in the military in recent years is reflected in period-of-service differences between male and female veterans. About 62 percent of all female veterans served during the post-Vietnam era compared to only 25 percent of male veterans. VA has seen a significant increase in the number of women veterans who receive benefits and health care services from the Department. The number of women veterans enrolled in VA's health care system grew from 226,000 in FY 2000 to 420,000 in FY 2002, an increase of 86 percent.

As of September 2002, there are approximately 8.3 million Vietnam-era veterans. Vietnam-era veterans account for the largest segment of the veteran population. There are approximately 4.8 million World War II veterans, the second largest segment of the wartime veteran population. Two other major conflicts and the Gulf War contributed to the total United States wartime veterans. There are about 3.7 million living Korean War veterans, and Gulf War Era veterans number about 3.6 million. About 6.5 million of the veteran population served only during peacetime. The veteran population by period of service is depicted in Exhibit 1.

As of September 2002, the median age of all living veterans was 58 years. Veterans under 45 years of age constituted 21 percent of the total veteran population; veterans 45 to 64 years old, 40 percent; and veterans 65 to 84 years old, 36 percent; and veterans 85 years old and older, 3 percent. The number of veterans 85 years of age and older totaled nearly 672,000. In April 1990, there were only 164,000 veterans in this age range.

Veterans in just three states – California, Florida, and Texas – comprised over 23 percent of the total veterans living in the United States and Puerto Rico as of September 2002. The three next largest states in terms of veteran population are New York, Pennsylvania, and Ohio. These six states account for more than 37 percent of the total veteran population. The three least populous states in terms of veteran population – Wyoming,

North Dakota, and Vermont – plus the District of Columbia collectively accounted for less than 1 percent of the total. Exhibit 2 shows the current estimate of veteran population by state.

VA serves a significant portion of the veteran population. Over 6.2 million enrolled participants look to VA for health care services and more than 4.6 million individuals actually received care in FY 2002. About 2.4 million veterans currently receive disability compensation or pensions from VA, and more than 2.5 million Americans, including veterans of every war and conflict – from the Revolutionary War to the War on Terrorism – are honored by burial in VA’s national cemeteries. Altogether, about one quarter of the Nation’s population – approximately 70 million people – are eligible for VA benefits and services because they are veterans, family members, or survivors of veterans. Exhibit 3 shows the number of participants VA served in FY 2002.

After the Gulf War, there has been a higher demand for veterans benefits than ever before. VA is committed to delivering high-quality,

Exhibit 3

PROGRAM		FY 2002 PARTICIPANTS*
MEDICAL CARE	UNIQUE PATIENTS	4,671,000
COMPENSATION	VETERANS	2,398,300
	SURVIVORS/CHILDREN	332,600
PENSION	VETERANS	346,600
	SURVIVORS	238,600
EDUCATION	VETERANS / SERVICEPERSONS	325,000
	RESERVISTS	86,000
	SURVIVORS / DEPENDENTS	54,000
VOCATIONAL REHABILITATION	VETERANS RECEIVING SERVICES	69,600
HOUSING	LOANS GUARANTEED	317,300
INSURANCE	VETERANS	2,099,800
	SERVICEPERSONS / RESERVISTS	2,406,500
	SPOUSES / DEPENDENTS	3,113,000
BURIAL	INTERMENTS	89,300
	GRAVES MAINTAINED	2,509,300
	HEADSTONES/MARKERS	360,300

**NUMBERS OF PARTICIPANTS ARE ROUNDED TO THE NEAREST 100.*

Exhibit 1

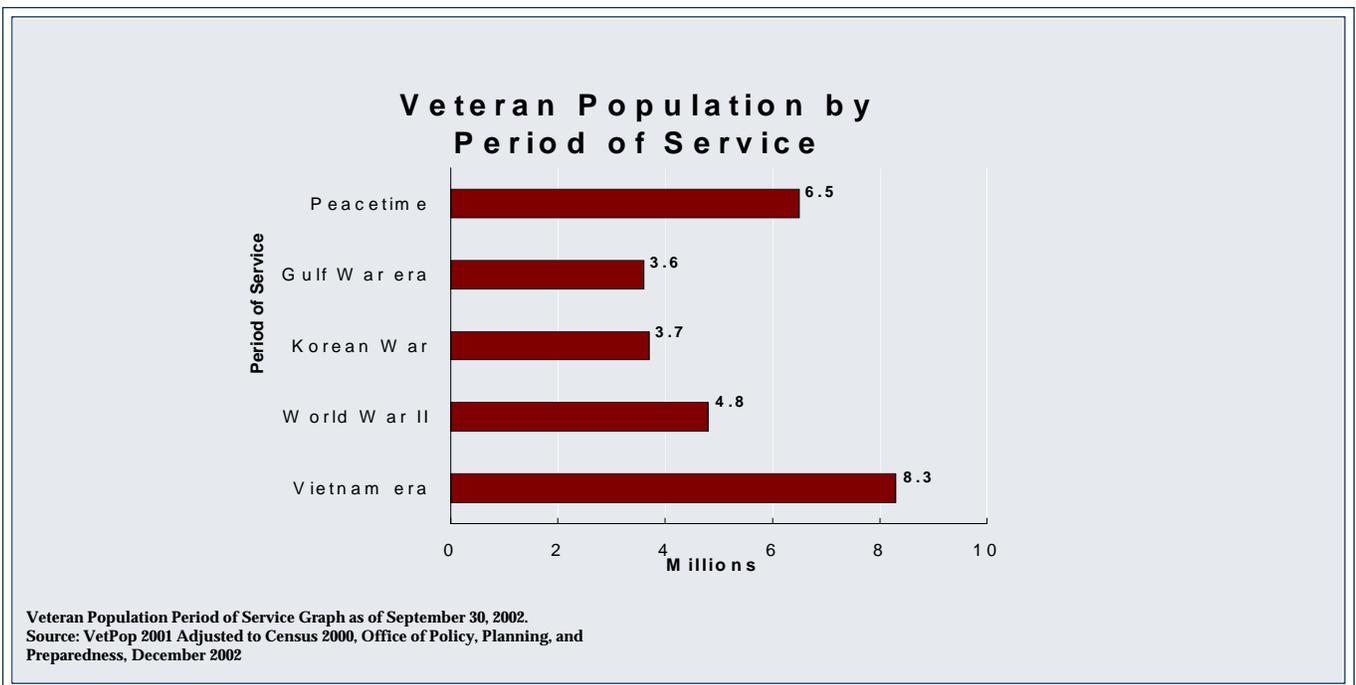
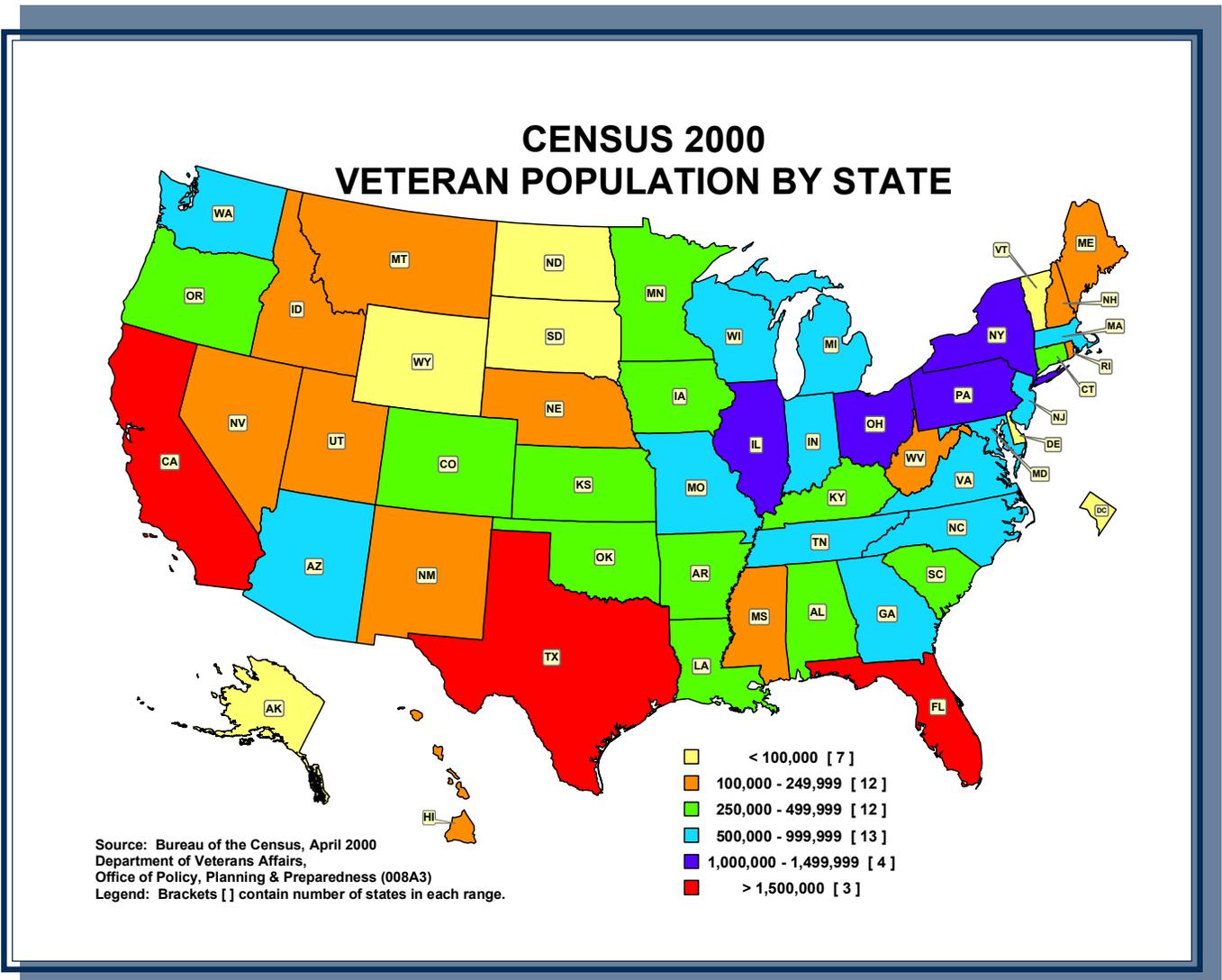


Exhibit 2



accessible health care to veterans. The Capital Asset Realignment for Enhanced Services (CARES) program is designed to assess veterans' health care needs and identify planning initiatives to meet those needs in the future. VA will continue to realign resources to serve veterans based on market demand that is significantly influenced by veteran demographics. CARES is based on continuous improvement and strategic planning in order to achieve improvements in veterans' health care and to make sure that quality and access are given the highest consideration.

The needs, preferences, and expectations of veterans directly shape both the services VA provides and form the basis for the goals, objectives, and strategies contained in this VA Strategic Plan. VA will continue to seek inputs from veterans in a wide array of forums as part of its strategic management process to ensure that we are able to meet their current and future needs.

Who We Are

VA's mission is *"To care for him who shall have borne the battle and for his widow and his orphan."*



President Lincoln's simple proclamation, as part of his Second Inaugural Address, represents not only the Nation's rich history of respect and care for those that have served in the defense of our Nation, but also the focus of the Department's activities today and its plans for serving veterans in the future.

Recognition, respect for, and compensation to those who have served in support of the national interest are principles that can be traced back to the earliest history of our Nation. In 1636, the Plymouth Colony passed a law that provided lifetime support for any soldier who returned from battle with an injury. In 1778, the first national pension law was enacted for soldiers who fought in the American Revolution. In 1862, President Lincoln signed legislation that authorized national cemeteries and, in 1930, the Veterans Administration was created. Veterans' benefits were enhanced in 1944 when the Serviceman's Readjustment Act, or "GI Bill of Rights" was signed into law. In 1989, the Veterans Administration was elevated to a cabinet level agency, to the Department of Veterans Affairs, where veterans' issues could be placed at the highest level of national government.

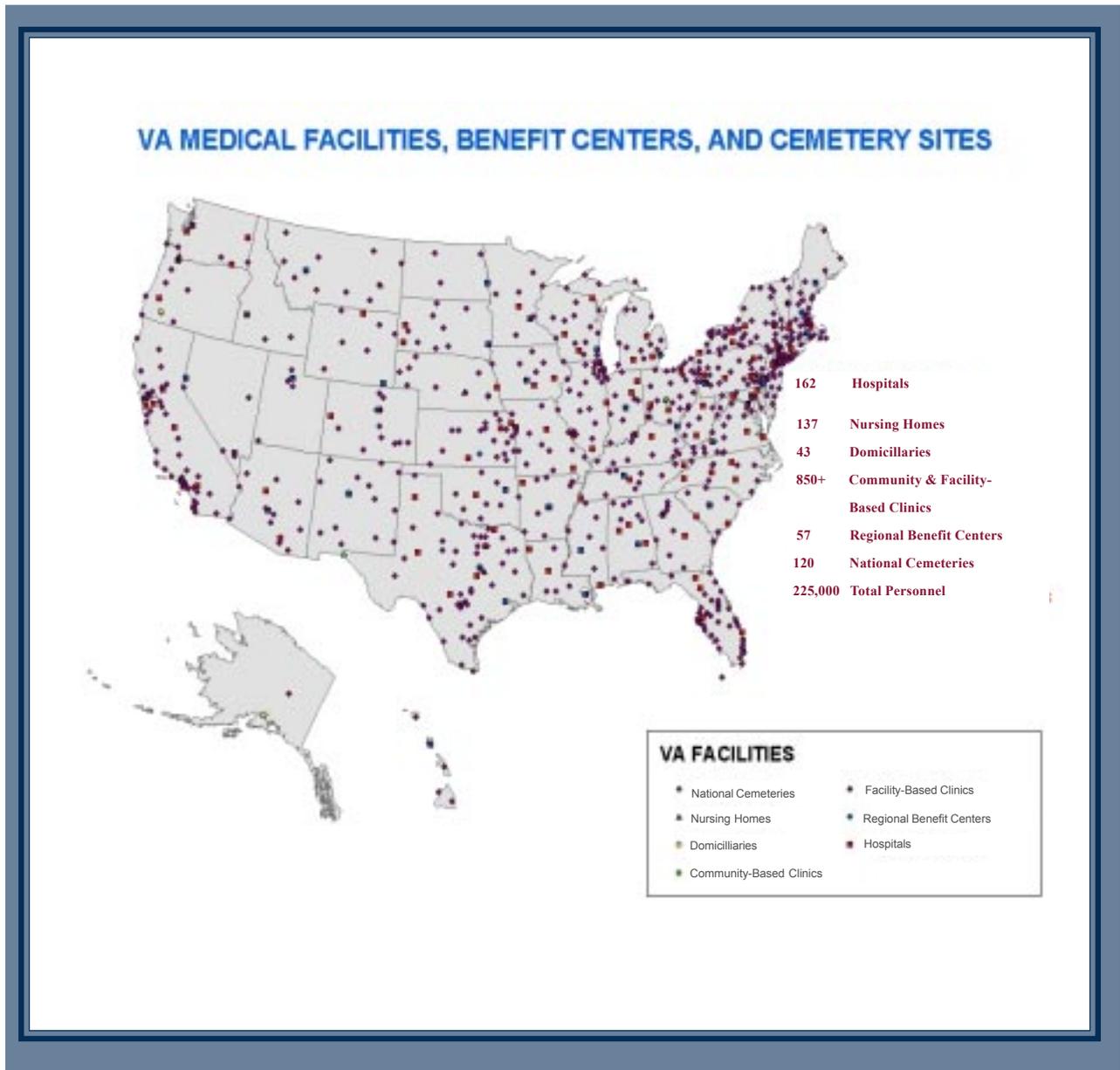
Today, the Department of Veterans Affairs carries on the Nation's strong history of support for veterans. By challenging itself to provide

world-class benefits and services to veterans in a manner that is cost-effective, VA strives to fulfill the words spoken by President Lincoln over 100 years ago. The spirit of these words is further ingrained in the Department's statutory mandate "to administer the laws providing benefits and other services to veterans and the dependents and the beneficiaries of veterans." (38 U.S.C.301(b)). This mandate sets forth VA's role as the principal advocate for veterans and charges it to ensure that veterans receive the medical care, benefits, social support, and lasting memorials they deserve in recognition of their service to this Nation. Comparative studies of veterans' benefits and services highlights the overall superiority of America's veterans' benefits and transition assistance vis-à-vis the systems of other major industrialized nations. Overall, the U.S. serves as a model for other countries based on the depth and breadth of benefits.

To fulfill its important mission, as part of the President's budget request, VA projects its total appropriations for FY 2004 to be \$62.860 billion. Of that amount, \$33.723 billion will be for benefits programs, \$28.369 billion will be spent on medical care, and \$422 million will be for burial operations and associated benefits.

VA employs more than 220,000 dedicated and professional employees. More than 200,000 employees support VA's health care system, one of the largest in the world. About 13,000 employees are involved in providing benefits to veterans and their families, and over 1,400 employees provide burial and memorial benefits for veterans and their eligible spouses and children. VA is a leader in diversity – women represent 57 percent and minority groups 36 percent of our workforce. VA is also a leader in hiring veterans, which fosters our ability to understand and meet veterans' needs.

Exhibit 4



Who We Are

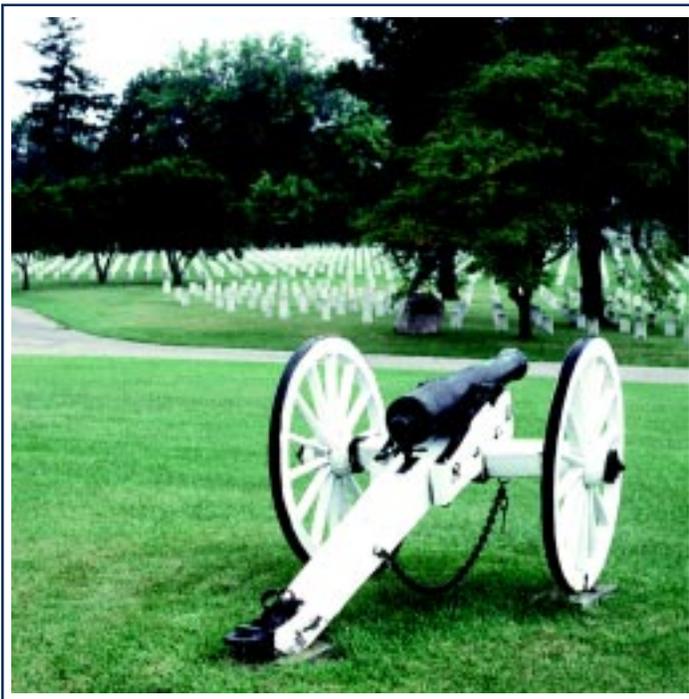
The delivery of veterans services is accomplished through our 162 VA hospitals, more than 850+ community and facility-based clinics, 43 domiciliaries, 206 Vet Centers, 57 regional offices, and 120 national cemeteries and 33 other cemeterial installations.

VA actively recognizes and preserves America's past and is the caretaker of a significant number of the Nation's historic properties. These properties belong to the American people and include 75 hospital campuses that are historic districts, encompassing over 1600 designated historic buildings, and 66 VA national cemeteries, including 59 Civil War-era national cemeteries, that are listed on the National Register of Historic Places.

VA has facilities in all 50 states, the District of Columbia, and U.S. territories. Beginning with the FY 2004 budget, VA will change its budget structure to provide services and benefits through the following 9 major business lines¹:



- Medical Care
- Medical Research
- Compensation
- Pension
- Education
- Vocational Rehabilitation and Employment
- Housing
- Insurance
- Memorial and Burial Benefits



¹ Although not identified specifically as business lines, VA conducts a variety of activities and programs including medical education, readjustment counseling, emergency management and preparedness, and the delivery of specialized health care.

Core Values

President Lincoln's words guide VA today. The men and women of VA are dedicated to fulfilling the Department's mission and vision and they commit their abilities and energy to continue the rich history of providing for those that have served America. In doing so, we will strive to uphold a set of core values that represent the basic fabric of our organizational culture. These core values are...

Commitment

- ❖ Veterans have earned our respect and commitment, and their health care, benefits, and memorial services needs drive our actions.
- ❖ We will value our commitment to veterans through all contingencies and remain fully prepared to achieve our mission.

Excellence

- ❖ We strive to exceed the service delivery expectations of veterans and their families.
- ❖ We perform at the highest level of competence with pride in our accomplishments.

People

- ❖ We are committed to a highly skilled, diverse, and compassionate workforce.
- ❖ We foster a culture of respect, equal opportunity, innovation, and accountability.

Communication

- ❖ We practice open, accurate, and timely communication with veterans, employees, and external stakeholders, and seek continuous improvement in our programs and services by carefully listening to their concerns.

Stewardship

- ❖ We will ensure responsible stewardship of the human, financial, information, and natural resources entrusted to us.
- ❖ We will improve performance through the use of innovative technologies, evidence-based medical practices, and sound business principles.

Strategic Outlook

Developing a Future Perspective in the VA Strategic Plan

VA operates in a dynamic environment that includes political, social, technological, environmental, international, and global health factors that affect our programs and operations. The key elements of VA's Strategic Plan are the goals, objectives, strategies, and performance measures and targets that are presented in the core part of this document. This section of the plan is intended to present the strategic outlook for the Department in the areas of health care, benefits and services, memorial affairs, and enabling functions. It places our goals and objectives into a strategic context. As the basis for the development of this Strategic Plan, VA has identified the following key assumptions that if significantly changed, could affect our ability to implement this plan:

- VA's budget will be consistent with the President's Government-Wide Budget Plan, and will change, as appropriate, to align with future initiatives.
- VA will implement the President's Management Agenda as a means to improve our overall management and operational efficiency.
- VA will identify legislative proposals necessary to achieve intended program outcomes and work with the Administration and Congress to achieve their enactment.
- The terrorist threat will continue well beyond 2008, and the United States will likely be engaged in one or more regional conflicts during the period of this plan.
- The size of the veteran population will decrease from 24.4 million to 15.0 million between the years 2003 and 2030.
- Based on Department of Defense projections, the size of the military will remain relatively stable at 1.38 million and VA projects the annual number of servicemembers leaving active duty will be approximately 182,000.

Based on these planning assumptions, VA has developed this VA Strategic Plan for FY 2003 – 2008. What follows is a summary of the key strategic issues in the areas of health care, benefits and services, memorial affairs, and enabling functions.

STRATEGIC OUTLOOK FOR HEALTH CARE

VA will remain a national integrated system of health care delivery, increasingly characterized by a shift from provider and facility-centered health care to patient-centered health care that is driven by data and medical evidence. VA will retain its focus on providing services that are uniquely related to veterans' health or special needs. VA will provide comprehensive services to an expanding patient base, including a broad range of primary, secondary, and tertiary care and an unrivaled excellence in emphasis programs such as spinal cord injury and prosthetics. VA will continue to offer the full spectrum of long-term care options for both institutional and non-institutional nursing home beds as well as investing in home and community-based care, State Veterans Homes, and revitalizing the community nursing home program.

Health care delivery will become more patient-centered in the future. The future will include veterans being seen by a health care provider based on their medical need, often determined through in-home care or interactive technology instead of a pre-determined schedule. This patient-centered approach will better serve veterans and will be more cost-effective in the long term. VA's strategic direction for 2003-2008 will be driven by the following major long-term strategies:

Patient-centered integrated health care system for veterans

VA will strive to maintain a fully integrated health care system, driven by its central mission of service to veterans. Integrated information systems will allow seamless movement of patients across the system and ensure consistent execution of policy. VA's approach to health care delivery is shifting from a provider-centric system to a patient-centric system for veterans. This patient-centered approach may be characterized as follows:

- Care is based on patient needs and healing relationships;
- The patient is the source of health care control;
- Knowledge is freely shared with patients who have access to all of their health care information; and
- Care requires an increased patient role in maintaining their health status.

Leader in understanding and providing services in special emphasis areas that are uniquely related to veterans' health

VA will always maintain its leadership role in medical services for conditions uniquely related to veterans' health care in special emphasis areas, including spinal cord injury, blindness, amputation, traumatic brain injury, post-traumatic stress disorder, serious mental illness, homelessness, substance abuse, Gulf War illness, and illness related to Agent Orange. Through readjustment counseling, VA will help veterans become fully reintegrated into their communities with minimal disruption to their lives. VA conducts outreach activities and transition assistance to separating servicemembers.

VA will conduct aggressive outreach in some special emphasis areas (homeless, seriously mentally ill) and preventive intervention regarding life style changes for issues such as smoking, obesity, and chemical dependency. A key factor in these efforts will be patient education and the promotion of patients' responsibility in health maintenance and prevention.

Continuously improving cost-effective care through a dedicated, well-qualified staff

VA will maintain its leadership role in improving patient and employee safety through technological innovation, improved practices, and workforce development programs. VA will develop cost-effective alternatives to inpatient care, such as long-term care in non-institutional settings. Capital assets will be reallocated based upon veteran demographic trends to maximize efficient use. VA will maintain its focus on its core mission of delivery of health care services to veterans. Non-core patient care support services will be reviewed for competitive sourcing and outsourced if cost efficient and high quality can be maintained for such areas as food service, building and grounds maintenance, laundry, and other services.

VA will support training programs in health care professional shortage areas. VA will utilize advances in information technology training for education and employment development. VA and DoD will also continue to explore initiatives for sharing educational opportunities between the two departments for their health care providers.

Leader in the use of health information technology

Health IT leadership will include a fully developed electronic patient record deployed via a web-based patient information system. IT initiatives such as HealthVet allow veterans access to their medical records through secure on-line applications, and to input health status information, such as weight, on a daily basis to allow remote coordination and monitoring of patient status. HealthVet and other telehealth technologies will facilitate the shift to patient-centered care. VA will continue its partnership with DoD to develop an interoperable VA/DoD medical information system. In consultation with DoD and HHS, VA will also continue to investigate the development of a National Clinical Research Database.

Coordinate publicly funded health care for the benefit of veterans

VA will attempt to broaden its patient base and develop multiple alternative funding sources for veterans' health care, which will allow VA to ultimately serve more veterans. VA will work to integrate VA health care with care provided by alternate providers such as state veterans homes, and expand its long-term care capacity by increasing non-institutional long-term care. VA is also partnering with the Indian Health Service to extend VA care to Native Americans and signed an MOU with them on February 26, 2003.

VA will continue seeking to diversify its funding base. VA health care will be available to veterans over 65 through a Medicare health maintenance organization (HMO). VA will expand its ability to bill HMO and health plan enrollees who use VA medical services. VA will strive to maximize appropriate third-party revenues through improved business practices.

Leader in expanding the evidence base for health care and translating it into changes in delivery

VA will support evidence-based research in health promotion and diseases affecting veterans. For example, VA's Quality Enhancement Research Initiative (QUERI) is recognized as one element of VA's commitment to evidence-based quality improvement. As part of this initiative, collaboration on the development of clinical practice guidelines that are evidence-based, valid, reliable, cost-effective, clear, and flexible is an important aspect of this program and leads to overall improvement in outcomes important to veterans.

Major contributor to national emergency response

As the Nation's largest integrated health care provider, VA will be a major contributor of national disaster and emergency response, providing community support for regional disasters and national emergencies, and response to threats of terrorism and weapons of mass destruction. VA will be a provider of DoD non-mission critical services, and will play a key role in DoD contingency planning.

STRATEGIC OUTLOOK FOR BENEFITS AND SERVICES

VA will fulfill the essential part of its mission to provide benefits and services to veterans and their families in a responsive, timely, and compassionate manner by becoming a more veteran-centric organization. The VA Claims Processing Task Force recommended actions to improve the timeliness and quality of disability compensation and pension claims decisions. As a result, VA has decreased claims processing times (See Appendix 4). Increased productivity has been accompanied by higher quality decisions, and these trends will continue to shape service delivery in the future. VA will provide service along a continuum to ensure that benefits and services are received from the time a veteran first enters service.

The Benefits Delivery at Discharge (BDD) process is a collaborative effort with DoD. It began in 1995. The BDD program has facilitated VA's efforts to provide benefits for veterans in the most timely and accurate manner possible as they are discharged from service.

The strategic vision for benefits and services includes five crosscutting long-term strategies:

- Consolidation;
- Continuum of "Servicemember or Veteran" Attention/Oversight;
- Quality and Consistency;
- Partnerships; and
- Automation and Innovation.

Consolidation

VA will progressively consolidate work in locations where it can be done most efficiently. The Claims Processing Improvement (CPI) model will be used as the structural base when consolidating the compensation workload. Work will be moved to the most productive locations while there is an increase in the intake of claims at BDD sites. Efforts to consolidate the pension workload will continue. Over the last few years, VA has already consolidated Loan Guaranty activities and Education activities. In Vocational Rehabilitation and Employment, VA will work on improving access points to provide better service to veterans.

Continuum of "Servicemember or Veteran" Attention and Oversight

VA will provide service along a continuum, starting with establishing a servicemember or veteran record upon entry into service. Establishing such a record means that VA, working with DoD, will ensure that while in service, veterans have an entry physical sent to VA and when leaving service, veterans will receive a combined discharge and VA physical. VA will also properly inform veterans of benefits they may be entitled to while in service and upon discharge from service. Service along a continuum also means that VA will expand outreach efforts, particularly to veterans with disabilities through phone contact, direct mailings, and use of electronic technology.

Quality and Consistency

In order to ensure quality and consistency, VA will take a more proactive approach by moving from conducting manual reviews to using an automated tracking system. Currently, information is compiled into databases and evaluated without regard to error trends. VA will evolve to using a more sophisticated system that detects error trends as they occur and upon reaching a threshold level, provides a cue to implement countermeasures. VA will also develop information systems to identify training needs and deliver strategically focused training.

Partnerships

VA will continue to strengthen partnerships with key stakeholders, including veterans service organizations (VSOs), DoD, the Social Security Administration, Department of Labor (DOL), schools, lenders, state approving agencies, and the private sector, to improve the seamless delivery of benefits and services.

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Quality and Consistency

In order to ensure quality and consistency, VA will take a more proactive approach by moving from conducting manual reviews to using an automated tracking system. Currently, information is compiled into databases and evaluated without regard to error trends. VA will evolve to using a more sophisticated system that detects error trends as they occur and upon reaching a threshold level, provides a cue to implement countermeasures. VA will also develop information systems to identify training needs and deliver strategically focused training.

Partnerships

VA will continue to strengthen partnerships with key stakeholders, including veterans service organizations (VSOs), DoD, the Social Security Administration, Department of Labor (DOL), schools, lenders, state approving agencies, and the private sector, to improve the seamless delivery of benefits and services.

Automation and Innovation

Veterans will be able to file their claims electronically and receive accurate and updated information on the status of their claims. Data will be imaged to become part of a data-centric system, facilitating the electronic transmission of information. Automation will also facilitate the rapid exchange of information with external stakeholders and enhance the partnerships noted above.

STRATEGIC OUTLOOK FOR MEMORIAL AFFAIRS

Demographic data of the aging veteran population project 655,000 veterans deaths will occur in 2003. The number of veterans deaths will peak in 2008 at 676,000. After 2008, the number of veterans deaths will decline slowly. In 2015, it is estimated that there will be 633,000 veterans deaths.

As veterans deaths continue to increase throughout the planning timeframe, VA projects increases in the number of annual interments from 89,329 in 2002 to 109,400 in 2008, an increase of 22 percent. With the opening of five new national cemeteries by 2008, annual interments are expected to increase at a higher rate than the number of veteran deaths. During this time, the total number of graves maintained is also expected to increase from 2.5 million in 2002 to nearly 3 million in 2008.

Meeting Current and Future Burial Needs

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent demographic study to identify those areas of the country where veterans will not have reasonable access to a burial option in a national or state veterans cemetery, and the number of additional cemeteries required through 2020. Volume 1: *Future Burial Needs*, published in May 2002, identified those areas having the greatest need for burial space for veterans. This report serves as a valuable tool for planning new national cemeteries.

It is also critical for VA to continue to provide service at existing national cemeteries by completing phased development projects in order to make additional gravesites or columbaria available for interments. National cemeteries expected to close due to depletion of grave space will be identified, and VA will determine the feasibility of extending the service periods of those cemeteries by the acquisition of adjacent or contiguous land or by the construction of columbaria on existing property.

As public acceptance of cremation as a burial option continues to grow and demand for this alternative increases, construction of columbaria is an option to maximize service delivery. VA will continue to develop columbaria, particularly in areas where land is scarce and the demand for cremation burials is high.

The State Cemetery Grants Program (SCGP) will continue to be a key strategy toward achieving the objective of providing a burial option for veterans and their eligible family members. Recognizing the value of this program, VA will continue to fund 100 percent of the cost associated with the construction of new state veterans cemeteries.

The amount of time it takes to mark the grave after an interment is extremely important to veterans and their family members. VA will continue to provide headstones and markers for the graves of eligible persons in national, state, other public, and private cemeteries.

National Shrine Commitment

Each national cemetery exists as a national shrine, a place of honor and memory that declares to the visitor or family member who views it that within its majestic setting each and every veteran may find a sense of serenity, historic sacrifice, and nobility of purpose. VA will continue to maintain the appearance of national cemeteries as national shrines, dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made.

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent study to look at various issues related to the National Shrine Commitment and its focus on cemetery appearance. Volume 2 of the study, *National Shrine Commitment*, identified the one-time repairs needed to ensure a dignified and respectful setting appropriate for each national cemetery as well as recommendations to address deferred maintenance issues or preventive steps to minimize future maintenance costs. VA will use the information to address repair and maintenance needs at its national cemeteries. Volume 3 of the study, *Cemetery Standards of Appearance*, will serve as VA's planning tool and as a reference guide in the task of reviewing and refining VA operational standards and measures.

STRATEGIC OUTLOOK FOR PEOPLE, COMMUNICATIONS, TECHNOLOGY, AND GOVERNANCE

VA will be a leader in developing innovative, flexible, and responsive business processes that enable VA to carry out its mission of delivering world-class service to veterans and their families. Workforce and succession planning strategies will enable VA to recruit, develop, and retain a diverse and high-performing workforce. Enhanced outreach and communications will ensure that veterans and their families, stakeholders, and employees are well informed about VA benefits and services as well as VA's vision, mission, goals, and objectives. VA will have a world-class information technology program that enhances health care delivery and expedites claims processing. To support our goal of being an integrated, veteran-centric organization, VA will enhance the overall governance and performance of the Department. VA will apply sound business principles; optimize resources including competitive sourcing; increase revenue and efficiency; and will expand Federal, state, local, and private partnerships.

VA's mission is "To care for him who shall have borne the battle and for his widow and his orphan."

