

Strategic Goal 1

Restore the capability of disabled veterans to the greatest extent possible, and improve the quality of their lives and that of their families

Secretary Priority: *Be recognized as a leader in the provision of specialized services, particularly spinal cord injury, geriatrics, and mental health.*

Secretary Priority: *Provide accurate decisions on compensation and pension rating-related claims within 100 days.*

Secretary Priority: *Focus vocational rehabilitation resources on veterans with serious employment handicaps and independent living services.*

To achieve this strategic goal, VA needs to maximize the ability of disabled veterans, special veteran populations (e.g., veterans with spinal cord injuries, elderly veterans, or those with serious mental illness), and their dependents and survivors to become full and productive members of society through a system of health care, compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependents' and survivors' education. This system of benefits and services is aimed toward the broad outcome of restoring the individual capabilities of our Nation's disabled veterans.

Four key performance measures enable us to gauge progress in achieving this strategic goal:

- Spinal cord injury discharges
- Average days to process rating-related actions on compensation and pension claims
- National accuracy rate for core rating work
- Vocational rehabilitation and employment rehabilitation rate

Provide Specialized Health Care Services

Strategic Goal: Restore the capability of disabled veterans to the greatest extent possible and improve the quality of their lives and that of their families.

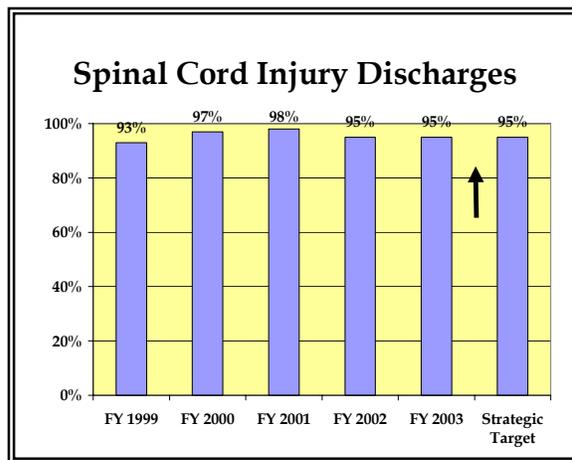
Secretary's Priority: Be recognized as a leader in the provision of specialized services, particularly spinal cord injury, geriatrics, and mental health.

Performance Goal

Maintain at 95 percent the proportion of discharges from spinal cord injury (SCI) center bed sections to non-institutional settings.

Discussion of Current Situation

In 1996, Congress provided a mandate in its Eligibility Reform Legislation (P.L. 104-262) to ensure that we maintain nationwide capacity to deliver specialized care to disabled veterans with spinal cord injuries and diseases, blinded veterans, veterans with amputations and those with severely chronic disabling mental illness. P.L. 104-262 also required the publication of data in an annual report (the "Capacity Report") to Congress demonstrating the VA's compliance with the provisions of this mandate.



The Department has adopted several performance measures to help assess the treatment of veterans with special disabilities. For example, VHA is focused on promoting the health, independence, quality of life, and productivity of individuals with spinal cord injuries (SCI). We view discharge to non-institutional, community living as a positive health outcome. Consequently, one of VHA's primary performance measures is the proportion of discharges from SCI center bed sections to non-

institutional settings. The performance goal for FY 2002 is 95 percent.

Means and Strategies

VA is committed to promoting the health, independence, quality of life, and productivity of individuals with spinal cord injury. This is achieved through efficient delivery of medical/surgical care; acute rehabilitation; patient/family education; psychological, social, and vocational care; research; and professional training of residents and students in the care of persons with SCI. Discharge to non-institutional, community living is viewed as a positive outcome.

The purpose of this goal is to monitor the discharge status of SCI patients. Historically, the number of discharges to non-institutional settings has been around 95 percent. Therefore, a 95 percent “floor” target level has been set to assure that VHA continues to address the special needs of this patient population. The actual percentage of 98% in FY 2001 indicates that this special attention has produced positive results. Because of the severity of illness associated with spinal cord injured veterans, this goal will continue to be tracked to ensure that VA's positive record is maintained.

VA utilizes 23 SCI specialty centers that provide the full range of specialty care in interdisciplinary SCI health care. The staff at these centers work with SCI primary care teams throughout the other VA medical centers to facilitate efficient, coordinated, and appropriate delivery of care to veterans. This is referred to as the “hub and spoke” model. SCI clinical practice guidelines have been developed and disseminated, quarterly newsletters shared, and educational opportunities afforded to staff to facilitate communications and quality care for this patient population.

Crosscutting Activities

Achievement of this goal is not directly dependent on other agencies. VHA has established partnerships with stakeholders such as the Paralyzed Veterans of America to meet the needs of SCI patients.

Major Management Challenges

The General Accounting Office (GAO) has identified Treating Veterans with Special Disabilities as a major management challenge. In response to this challenge, a special population clinical coordinator was appointed in November 2000. The FY 2000 Capacity Report was published in May 2001, and established accountability for interpretation of the data for each special disability. Work groups representing each special disability category were created in July 2001.

In regard to Spinal Cord Injury/Disorders (SCI&D) programs since September 30, 2000, significant advances in data gathering and recording processes have substantially improved the validity of capacity data (beds and FTEE). In addition, VHA has issued a policy establishing centralized review of proposed changes in SCI&D programs in the field. This has markedly improved oversight by national program offices and the accuracy of available information. Also, stakeholders, such as the Paralyzed Veterans of America (PVA), have worked closely with VHA to establish this process as a joint VHA/PVA survey.

Data Source and Validation

The origin of data for this performance goal is from the National Patient Care Database (NPCP) at discharge. Non-institutional care setting includes community, foster home, halfway house, boarding house, residential hotel, and

HBHCS. Non-institutional care setting do not include another hospital, nursing home, state home, domiciliary, or penal institution.

The numerator for this goal is inpatients that were discharged from an SCI Bed Section to non-institutional settings. The denominator is patients discharged from an SCI center bed section alive who were not transferred in from institutional care or discharged irregularly.

(For additional information on this performance goal, refer to Medical Programs, Volume 2, Chapter 2.)

Improve the Timeliness and Accuracy of Claims Processing

Strategic Goal: Restore the capability of disabled veterans to the greatest extent possible and improve the quality of their lives and that of their families.

Secretary's Priority: Provide accurate decisions on compensation and pension rating-related claims within 100 days.

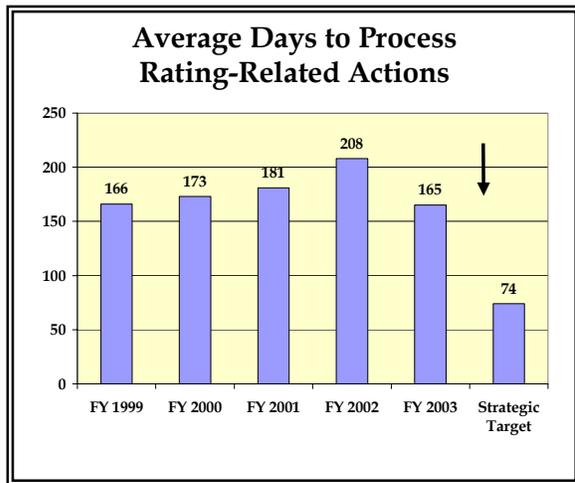
Performance Goals

1. Complete rating-related actions on compensation and pension claims in an average of 165 days. **Note: This number is the average cumulative for the fiscal year. We expect to achieve 100 days processing time during the last quarter.*
2. Attain an 88 percent national accuracy rate for core rating work.

Current Situation Discussion

Timeliness and Quality of Claims Processing

Improving the timeliness and quality of claims processing is a Presidential priority. The Secretary of Veterans Affairs has set a goal to achieve a monthly



average of 100 days to process rating-related claims during the last quarter of FY 2003, while continuing to improve quality. This performance plan describes how we will achieve that goal.

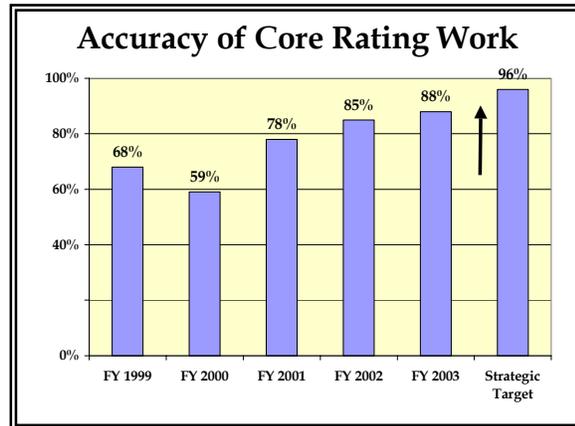
Timeliness of claims processing, especially rating-related actions, continues to be an important issue for the Department. Over the last several years, VA has developed and implemented major initiatives, established cooperative ventures with other agencies, and used technology

and training to address this issue. Rating-related actions include original compensation claims, original dependency and indemnity compensation claims, original pension claims, reopened compensation claims, reopened pension claims, routine examinations, and reviews due to hospitalization.

The Secretary launched a major effort to resolve 81,000 of its oldest claims, those that have been pending for more than a year. A key element of that effort involves a special team in Cleveland that will tackle many of these oldest claims over an 18-month period. Its first priority will be the long pending claims of veterans who are 70 years of age and older. The team will then be moving on to claims of other veterans who also have been waiting for a decision for more than

a year. At the same time, VBA will be using the nine Resource Centers, designed to add processing capability to each area of the country, to contribute to the goal of resolving these oldest claims. The team became fully operational in November 2001.

Accuracy has been the Veterans Benefits Administration's number one priority for the past three years. Our Systematic Technical Accuracy Review (STAR) was developed in 1997 and 1998, and implemented in 1999. Starting from a 64% accuracy rate baseline for rating-related workload, there has been significant improvement in accuracy in 2001. The improvement has been achieved not only in the rating-related workload but also for non-rating related and fiduciary workload.



The Department's efforts to reduce workload began to show positive results as the number of pending claims decreased from FY 1998 to FY 2000. We experienced a significant decrease in the appeals workload during this period as well, with the number of pending appeals dropping from 102,834 to 79,561. However, with introduction of new legislation such as the Veterans Claims Assistance Act, additional presumptions granted for diabetes, and issues relating to radiation exposure, we have seen a reverse in both those numbers. At the end of FY 2000, over 330,000 claims were pending claims; however, by the end of December 2001, over 669,000 were pending. The number pending over six months has increased from 85,500 to nearly 162,648.

Appeals Processing

The decision on a claim at a regional office is not necessarily the end of the claims process. If a veteran disagrees with the initial decision, he or she may file a notice of disagreement that starts the appeals process. Although not a key measure, improving appeals resolution time is an important objective of VA. For 2003, our performance goal is to complete appeals in an average of 520 days. Appeals resolution time is the average length of time it takes VA to process an appeal from the date a claimant files a Notice of Disagreement (NOD) until a case is resolved, including resolution at a regional office or a final decision by the Board of Veterans' Appeals (BVA).

Remand rate reduction is a central component of the strategy for reducing appeals resolution time. Remands represent a rework phase of the appellate cycle and typically add two years to the processing time for an appeal and

require additional financial resources. Remands delay not only the individually affected cases, but, because by law the oldest cases must be processed first, processing of newer appeals is delayed when remanded appeals are returned for re-adjudication. One of the primary remand rate reduction strategies is to improve appellate processes through information sharing between BVA and field adjudication staff using regularly scheduled information exchange sessions conducted via interactive video-conference systems. A second strategy, developing and refining improved bases of information, encourages improved analysis of trends to identify remand types and reasons.

As a result of ongoing efforts, the remand rate was reduced from 36.3 percent in 1999 to 29.9 percent in 2000. The appeals resolution time dropped from 745 days to 682 days. However, since the enactment in November 2000 of Public Law 106-475 (Veterans Claims Assistance Act of 2000), the remand rate has soared to 48.9 percent. As of December 2001 the remand rate has been reduced to 33 percent. Cooperation with the Board of Veteran Appeals concerning remand development should lead to a significant downward trend for the remand rate in the near future. The recent inception of the law prevents making an educated estimate of how much time will be required to complete the remands or how many days the field development required for an original claim will add to the overall appeals resolution time.

Some improvements in timeliness can be achieved through coordinated efforts undertaken by both BVA and VBA, such as reductions in administrative overhead and other initiatives involving internal procedural changes. Such an approach acknowledges that claims and appeals processing must be viewed as a continuum, rather than as a series of discrete activities. The Department is committed to this approach and has targeted improving appeals resolution time as one of our most important timeliness objectives. Because over 90 percent of VA appellate actions are appeals of compensation benefit decisions, the appeals resolution time measure is aligned with the VA strategic goal and objective for the compensation program.

Means and Strategies

The Department continues striving toward our vision of improved performance in claims processing. Initiatives dedicated to this effort have been both numerous and diverse, but all with one common goal – enhancement of the claims process. As more in-depth analyses of the VBA process are completed, we expect to further streamline our endeavors in order to achieve our strategic target. Our most important initiatives during 2003 include the following:

- **Pension Consolidation** -- This initiative includes consolidation of all existing pension programs, death compensation and parent's DIC into three centers. Consolidation through pension centers will begin with two paper-based environments and one imaged environment. Migration to a fully paperless

environment for all sites is planned over five years. A skilled staff solely devoted toward processing one benefit will improve decision quality, minimize the pending time for a pension claim, and expedite the delivery of benefits.

- **Virtual VA** -- The Virtual VA Project replaces the current paper-based claims folder with electronic images and data that can be accessed and transferred electronically through a web-based solution. It will provide a long-term solution to improving the quality of claims processing for veterans and their dependents through enhanced file management, a reduced dependency on paper, and increased workload management across the business enterprise.
- **Training and Performance Support Systems (TPSS)** -- This initiative develops four comprehensive training and performance support systems for the core service delivery positions of the reengineered environment. The four systems are for a) basic rating (RVSR); b) veterans service representatives (VSR); c) journey level rating specialists to include the Decision Review Officers; and d) field examiners. At this time, ten modules have been released to all regional offices.
- **Systematic Individual Performance Assessment (SIPA)** -- SIPA complements our national quality assurance program, Systematic Technical Accuracy Review (STAR), and brings performance assessment and accountability to the journey-level individual. Systematic individual performance assessments will bring accountability to the journey-level individual and serve as an internal control mechanism to minimize the potential for fraud, since performance reviews will focus on program and data integrity concerns, proper signatures, and supporting documentation.
- **Compensation and Pension Evaluation Redesign (CAPER)** -- As we head into the 21st century we are aware of heightened expectations from customers, rapid change in technology, increasing complexity of decisions, extremely tight labor markets, and a VA workforce which will see significant turnover in the skill-intensive rating veterans service representative (RVSR) position. Current experience documents that the time to fully train an individual for this position can take up to three years. The CAPER team will review all phases of the C&P claims process from the initiation of medical evidence development to the point a rating decision is completed. This project will determine what the optimum exam and other medical evidence gathering processing should be and how they can be integrated to improve the overall disability evaluation process. Furthermore, the team will gather and evaluate medical evidence associated with disability claims and construct a revised model for evaluating disabilities.
- **Benefits Replacement System (Core EP)** -- VBA will pursue an incremental strategy as the most effective means to complete the development of the C&P

payment system. The strategy provides for a sequential application development effort, specifically, the incremental development and integration of functional modules or components. The process is divided into three primary areas: 1) Development, Case Management and Tracking; 2) Rating; and 3) Award, Payment and Accounting. This functional division provides opportunities for defining and deploying incremental applications to the new operating environment. Migration from the Benefits Delivery Network (BDN) is achieved in functional components rather than as a total system replacement.

VA has taken steps to offset the impact of legislative and regulatory changes on timeliness and accuracy by implementing countermeasures using available resources. The Under Secretary for Benefits presented the Department's strategies in a satellite broadcast to regional offices in March 2001. As of this time, we have successfully implemented the following measures in FY 2001:

- In March 2001, the Veterans Benefits Administration (VBA) launched its centralized training initiatives to train these new hires. This centralized training is now the standard for training future hires.
- As of December 2001 a total of 1,298 Veterans Service Representatives (VSRs) and Rating VSRs have been hired. All have gone through the Challenge 2001 training program.
- VBA reached an agreement with the Board of Veterans Appeals (BVA) concerning remand development. By January 2002, BVA will begin initiating development on cases that would otherwise be remanded back to the field offices.
- Nine Resource Centers were established to focus on specialized claims processing.
- The St. Louis Helpline was expanded and fully operational by February 2001.
- Several national decision notification letter packages prepared in an enhanced Personal Computer Generated Letters (PCGL) were released in April and November 2001.
- A work group has developed national production standards for VBA's decision-making positions. These proposals are being further evaluated.
- The amendment to the Code of Federal Regulations (38 CFR 3.103) allowing VBA's decision-makers to gather evidence by oral communication, from beneficiaries currently on the rolls, was published in the Federal Register on April 20, 2001.
- The Compensation and Pension Records Interchange (CAPRI) application that allows VBA's decision-makers to successfully obtain medical records

from the Veterans Health Administration database was successfully tested in January 2001. This application will be available to all 57 regional offices.

- VBA and VHA signed a memorandum of understanding in February 2001 to establish a Joint medical Examination Improvement Office in Nashville, Tennessee. The mission of this office is to review all aspects of the C&P examination process in order to identify the problems, their root causes and the tools and procedures needed to improve the quality and timeliness of C&P medical examinations.

VBA also expects to successfully implement the following countermeasures in 2002 – 2003:

- Providing field offices relief from doing local STAR reviews. By January 2002, a national STAR office located in Nashville, Tennessee will be fully operational. VBA has selected most of the subject matter experts for this effort. This office will absorb the additional national reviews in order to take into account local reviews that will no longer be conducted by the field offices.
- The centralized processing of pension maintenance workload will begin in January 2002. Initially, the processing will focus on eligibility verification reports. VBA expects that centralized processing will address all pension maintenance workload by the end of FY 2003.
- Virtual VA's imaging technology will be fully tested in FY 2002 at the pension maintenance center in Philadelphia and then deployed to the Milwaukee and St. Paul pension maintenance centers in FY 2003.

Crosscutting Activities

VA has begun several collaborative efforts with DoD to facilitate our goals of improved accuracy, timeliness and customer service. In collaboration with DoD, we are working on an electronic data exchange system as well as a joint VA/DoD examination process at the time of separation from service. When implemented, both measures should facilitate timelier processing of claims, by reducing the wait time required to receive necessary evidence.

External Factors

The effects of the Veterans Claims Assistance Act (VCAA) and diabetes legislation continue to affect efforts to reduce the timeliness of claims processing. VCAA will also adversely impact VA's achievements in accuracy. Pending legislation on radiation exposure could further increase the total number of expected claims, thereby offsetting improvements VA has made in timeliness.

Major Management Challenges

GAO and IG have identified timeliness and accuracy of claims processing as challenges for VA's compensation and pension programs. They report that the timeliness and quality of C&P medical examinations need improvement.

Accuracy of the Claims Process. VA continues to hold the improvement in technical accuracy as its highest priority. A more extensive training program, along with an expanded accuracy review process, have been developed to accomplish the level of accuracy deserved by our external customers.

Claims Processing Timeliness. VA is committed to reducing the time required to process veterans' claims. Technological advancements in our systems as well as joint endeavors with DoD are expected to aid in attaining our goal of 100 days processing time in the summer of 2003.

Timeliness and Quality of Compensation and Pension Medical Examinations. We continue to integrate initiatives such as pre-discharge centers and the VBA/VHA examination project office to improve the examination process.

Data Source and Validation

Claims Processing Timeliness

The timeliness of claims processing is measured using data captured automatically by the Benefits Delivery Network as part of claims processing.

VA has taken several steps to ensure it has accurate and reliable data in its reports. A database of all end product transactions is maintained and analyzed on a weekly basis to identify questionable actions by regional offices. The C&P Service reports quarterly on its findings and calls in cases for review from stations with the highest rates of questionable practices.

National Accuracy Rate

VBA's quality assurance program for compensation claims processing has been revised to separately identify benefit entitlement processing accuracy, decision documentation/notification accuracy, and administrative issues. These changes are consistent with recommendations in this area by the Secretary's Claim Processing Task Force. While all three areas are important, beginning with FY 2002 STAR reviews, regional office claims processing accuracy will be measured and compared based solely on benefit entitlement processing accuracy. These benefit entitlement issues all would be a basis for future revision based on clear and unmistakable error or would result in a BVA remand if not otherwise corrected during the appeal process.

Compensation and Pension Service will regularly monitor the other two areas. Reports will be maintained and the Service will communicate directly with individual regional offices when significant deficiencies are identified in either area. While decision documentation/notification will not be part of VBA's new

core processing measure, quality performance in these areas remain a fundamental legal and professional obligation of every regional office. Notification requirements are clearly defined in 38 USC 5104 and 38 CFR 3.103, while adequate decision documentation has been the subject of a number of CAVC decisions including *Gilbert V. Derwinski*, 1 vet. App. 49 (1990).

Beginning in FY 2002 C&P Service will expand its review to independently measure regional office accuracy, which will require the review of approximately 10,000 cases annually. The sample size is large enough to ensure a 95 percent confidence level with a sampling error rate of +/- 5 percent for the nation. The regional office sample size will ensure a confidence level of 95 percent with a margin of error range from +/- 6 percent for best performing regional offices to +/- 9 percent for regional offices with the lowest performance rates. The sample size will be increased for the six regional offices with the poorest documented performance in both rating and authorization reducing the margin of error to +/- 6 percent on the subsequent review. The sample will also be increased for the four largest regional offices. Program experts who are independent of field operations management conduct the reviews.

(For additional information on these performance goals, refer to General Operating Expenses, Volume 4, Chapters 2B and 3D.)

Focus Vocational Rehabilitation Resources

Strategic Goal: Restore the capability of disabled veterans to the greatest extent possible and improve the quality of their lives and that of their families.

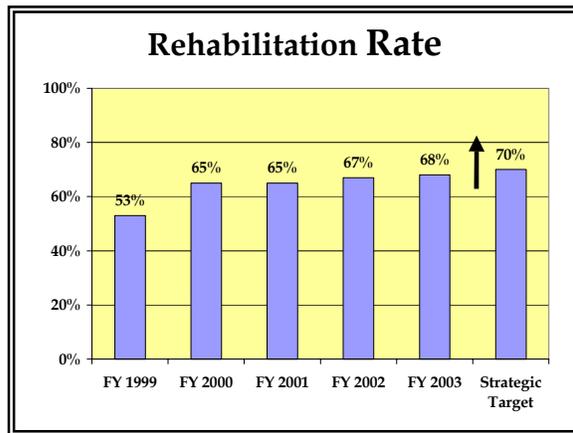
Secretary's Priority: Focus vocational rehabilitation resources on veterans with serious employment handicaps and independent living services.

Performance Goal

At least 68 percent of all veteran participants who exit the vocational rehabilitation program will be rehabilitated.

Current Situation Discussion

For many disabled veterans, the vocational rehabilitation and employment (VR&E) program is the best opportunity they have to establish themselves in



suitable employment, or achieve the maximum level of functioning in daily living activities. Many circumstances exist which preclude the completion of the rehabilitation goal, such as worsening of disability, or personal/financial hardship. The VR&E program is committed to helping veterans complete their programs successfully. The objective focuses on this commitment and sets goals for all veteran participants and those participants who meet the additional criteria of a serious

employment handicap. The desired outcome is to place service-disabled veterans in suitable employment or facilitate the achievement of independence in daily living, following a program of rehabilitation services.

Improving access to our program will improve our communications capability and help us identify participants' program needs. This will facilitate our on-time case management approach to ensure that our participants will be able to complete their programs and move into suitable employment as quickly and as efficiently as possible.

Our staff will be provided employment services training, in recruitment and placement, job development, and reasonable accommodations. Our legislatively mandated effort to assure that our staff has the type and level of skills needed to provide excellent service will continue.

Our employment specialist strategy includes establishing relationships with employers to match the developing skills of our veteran participants with market demands for current and future job markets.

Means and Strategies

Because the Employment Specialist (ES) pilot program was a success, the VR&E program through succession planning is changing the skill mix of its staff from vocational rehabilitation specialist to employment specialist.

With employment specialists and case managers working outside the normal structured working environment, each individual will be supplied with a laptop and other equipment, as found necessary. These positions will require flexibility in work schedules and the ability to access systems during irregular work hours whether in the office or at other locations in order to best meet the veterans' needs.

Access is focusing on improving the channels of communication between the veterans and the case managers by the use of various methods of information technology and providing the case managers with the tools to perform their jobs regardless of their location. Tools such as the utilization of laptop computers and personal digital assistants (PDA's) will improve the staff's ability to communicate with the office and VBA and/or VA IT systems for immediate access/retrieval of information when assisting the veteran at any location. The program is expanding the locations and methods for which veterans may contact a program representative (i.e. increased outbased locations, redesign of web site, purchase of required information technology equipment for staff, and partnership with other federal agencies).

VR&E is placing emphasis on the training of employees throughout the program to improve the staff's competency and skill level in support of providing the best possible service to veterans. Training is being offered in several methods including, regional training for all clinical staff, in-house training at each office, and continuous Corporate WINRS training for both the VR&E personnel and finance employees who support the VR&E program.

Corporate WINRS is a recently deployed information management system that will continue to be enhanced with improvements that will support the VR&E program and it's ability to service the disabled veterans whenever our expertise and services are needed. As program needs and regulations change or systems that interface with Corporate WINRS are modified, enhancements will continue to be developed in order to comply and provide optimal service for both the veterans and the employees.

A special task force team is being established to conduct a study of the impact and affects the Enhanced Montgomery GI Bill, as well as regulatory and

legislative changes in Compensation and Pension, may have on veteran entitlement to VR&E benefits and services.

Crosscutting Activities

VA partners with the Department of Labor (DOL) and Small Business Administration (SBA) to conduct training on employment assistance and techniques using a new transferable skills inventory.

In 2003, the joint VA/DOL/SBA training will improve the skills for our rehabilitation counselors, employment specialists, and other direct service-delivery staff. This cross-agency training helps build networking and partnering links that can speed the employment process. Employment services training, which includes job-hunting strategies, networking, and employment resources, provided our supervisory staff and employment specialists in prior years has helped us to reduce the amount of time needed for veterans to move into suitable employment. The training has become an integral part of our long-term improvements.

Major Management Challenges

Oversight authorities such as Congress, the General Accounting Office, and the Veterans' Advisory Committee on Rehabilitation have been critical of the effectiveness of the VR&E program. Some of the criticisms highlight valid, unresolved problems within the program, many of which have been, or are being, addressed. Other criticisms can be tied back to problems of customer service and attrition of program participants. The VR&E leadership analyzed these criticisms to identify the fundamental, systemic issues that must be corrected or mitigated to create lasting improvements in the VR&E program. They are summarized into the seven major areas described below:

- **Strengthen focus on employment.** The program has made significant improvement in the placement of disabled veterans in suitable employment. VR&E has implemented an Employment Specialist Pilot program that has assisted in redirecting the program's emphasis to employment. Within the program's succession planning, recruitment that includes the Employment Specialist position will require personnel to obtain more expertise in employment markets and trends, and job placement strategies. Overcoming these shortcomings will require additional tools and training in the latest rehabilitation and employment services techniques.
- **Realign customer perceptions and expectations with the program's intent.** Many veterans, stakeholders, and partners view the VR&E program as an education program, rather than a program geared toward employment. As a result, many veterans have misconceptions when they apply for the program, leading to frustration and high attrition in the application and evaluation phases of the rehabilitation process.

- **Improve monitoring of outcomes and feedback to the program.** VR&E has undertaken a study to try to determine the risk factors of why a significant percentage of program participants eventually drop out of the program. However, until the full implementation of Corporate WINRS and enhancements in phase two are accomplished, we do not have the IT infrastructure to provide the longitudinal data to measure long-term success of participants.
- **Improve IT support for the program.** National veterans data and routine automated tasks will be incorporated into the Corporate WINRS case management and information system. We have completed the migration of the stand-alone systems into the Corporate environment through Phase I of Corporate WINRS, and many of these tasks have been automated. However, some functions will continue to be performed manually until Corporate WINRS is fully automated with all existing or projected new and updated IT systems.
- **Improve access for veterans.** By its very nature, the VR&E program requires a close relationship between VR&E personnel and veterans. This relationship hinges on the veteran having easy access to VA personnel. Establishing flexible access paths will connect veterans with VA personnel. Greater personal interaction and information exchange will reduce frustration and dissatisfaction among veterans and may even encourage more veterans to participate in the program.
- **Foster coalitions with peer organizations and partners.** VR&E has conducted joint training with the DOL and is working on developing training with the SBA. Still, there are locations that have been unable to complete their comprehensive training at the local level. VR&E is developing a relationship with DoD to provide information on how to convert/utilize education and training from military experience in the civilian workforce. Through more effective networking and partnerships, VR&E will enhance its ability to provide veterans with program information and services to help them achieve their goals.
- **Improve business process efficiencies.** The guiding principles and strategies for the future concentrate on improving personal contacts with veterans so they are actively involved throughout their rehabilitation program. Streamlined business processing will reduce the number of handoffs involved with the veteran's claim and will reduce the potential for errors. From the perspectives of veterans, stakeholders, and VR&E personnel, greater continuity of services enhances veterans successful completion of their rehabilitation plans.

Data Source and Validation

Corporate WINRS case management and information system. Accuracy of data related to the veterans' cases are accomplished through the VR&E Quality Assurance Program. The VR&E Quality Assurance process measures work performance at each regional office. A group consisting of field office staff and Central Office personnel conduct quality reviews on each regional office twice a year. At the conclusion of each review, the regional office receives notification of the results, identification of both successes and deficiencies, and instructions of how to submit cases for re-evaluation. When areas of concern are identified, the review results in additional refresher training for VR&E staff, improved accuracy and improved services to better meet the needs of disabled veterans.

(For additional information on this performance goal, refer to General Operating Expenses, Volume 4, Chapter 2E)