

PERFORMANCE MEASURES

BY ORGANIZATION AND PROGRAM

In addition to VA's key performance goals, there are other performance measures, identified and discussed in the following tables, by which VA evaluates its success. The tables show trend data for a 5-year period and associated target levels of performance grouped by organization and program, including the total amount of resources (number of full-time equivalent employees and obligations) for each program. The performance targets are based on the FY 2000 column of our FY 2001 Performance Plan, which was sent to Congress in February 2000. Within each group, the performance measures are structured as follows:

1. *Target was met or exceeded (green);*
2. *Target was not met, but the deviation did not significantly affect goal achievement (yellow);*
3. *Target was not met, and the difference significantly affected goal achievement (red).*

For each measure that resulted in non-achievement of a performance target (highlighted in red), we provide a brief explanation as to why there was a significant deviation between the actual and planned performance level, and identify what steps are being taken to assure goal achievement in the future.

VA uses the balanced measures concept to monitor program and organizational performance. Rather than focusing attention solely on one or two types of performance measures, we examine and regularly monitor several different types of measures to provide a more comprehensive and balanced view of how well we are performing. While each of our major program elements uses a balanced family of measures, the specific measures

vary somewhat from organization to organization, and thus, from program to program. The performance measures for each organization have been tailored to fit the strategic goals of the programs for which each organization is responsible.

For example, VHA has developed performance measures corresponding to their "6 for 2006" strategic goals:

- put quality first until first in quality;
- provide easy access to medical knowledge, expertise, and care;
- enhance, preserve, and restore patient function;
- exceed customers' expectations;
- save more dollars to serve more veterans;
- build healthy communities.

VBA has implemented a balanced scorecard of performance measures. This balanced scorecard contains the major service delivery performance measures that mean the most to the veterans we serve, our stakeholders, and our employees:

- timeliness of claims processing;
- accuracy;
- customer satisfaction;
- unit cost;
- employee development.

NCA evaluates its performance in those areas identified by veterans and their family members as being most important to service delivery:

- reasonable access to veterans' cemeteries and burial program information;
- quality of service provided;
- satisfaction with the appearance of national cemeteries as national shrines.

Taken together, the measures in the following tables and the Department's key measures demonstrate the balanced view of performance VA uses in assessing how well we are doing in meeting our strategic goals, objectives, and performance targets.

The GPRA program activity structure is somewhat different from the program activity structure shown in the program and financing (P&F) schedules of the President's Budget. However, all of the P&F schedules (budget accounts) have been aligned with one or more of our programs to ensure all VA program activities are covered. The program costs (obligations) represent the total resources available for each of the programs, regardless of which organizational element has operational control of the resources. The performance measures and associated data for each major program apply to the entire group of schedules listed for that program.

Veterans Health Administration Performance Measures

Medical Care

P&F ID Codes: 36-0160-0-1-703; 36-0160-0-2-703; 36-5287-0-1-703;
 36-5287-0-2-703; 36-5014-0-2-703; 36-2431-0-1-703; 36-5014-0-1-703;
 36-0152-0-1-703; 36-0163-0-1-703; 36-4014-0-3-705; 36-4048-0-3-703;
 36-4138-0-3-703; 36-8180-0-7-705; 36-0110-0-1-703; 36-0111-0-1-703;
 36-0181-0-1-703; 36-4538-0-3-703; 36-4018-0-3-705; 36-0144-0-1-703;
 36-4537-0-4-705; 36-4258-0-1-704

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	201,610	192,347	188,705	186,595	183,396	N/A
Medical care costs (\$ in millions)	\$16,112	\$16,775	\$17,623	\$17,859	\$19,395	N/A

Performance Measures

	Goal Achieved					
Percent of patients reporting coordination of care problems in the outpatient customer feedback survey	N/A	19%	17%	16%	15%	15%
Percent of patients reporting problems on courtesy questions in the annual outpatient customer feedback survey	16%	9%	9%	7%	7%	7%
Percent of permanent VHA employees receiving necessary level of education time and other learning experience	N/A	N/A	N/A	50%/30 hrs.	74%/40 hrs.	50%/40 hrs.
Percent of VA-managed Federal Coordinating Centers that complete at least one National Disaster Medical System (NDMS) casualty reception exercise every three years	N/A	N/A	N/A	50%	66%	65%

	Goal Not Achieved -- Minimal Difference					
Percent of patients who use tobacco products	N/A	32%	29%	27%	25%	24%
Percent of patients with terminal diagnoses or advanced, progressive, incurable illnesses receiving ongoing care through VA who have a documented individualized plan for palliative care services	N/A	N/A	91%	96%	96%	97%
Percent of patients who know there is one provider or team in charge of their care	72%	77%	78.2%	76%	77%	80%
Number of community-based outpatient clinics (CBOC)	N/A	267	362	519	601	622

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Veterans Health Administration Performance Measures

	Goal Not Achieved -- Significant Difference					
Percent of outpatients who rate the quality of VA health care as equivalent to or better than any other health care provider	77.9%	78.4%	79.3%	84%	84%	89%

Although the FY 2000 performance level for this measure fell short of the projected target, it equaled the performance level for FY 1999. We do not believe this indicates any adverse effect on overall program or activity performance, particularly since VA outpatient care received an ACSI score (78) which exceeds the ACSI (71) recorded by private sector hospitals. For FY 2001 and beyond, this measure will be dropped. VHA feels the primary purpose for which this goal was set has been essentially achieved.

Special Emphasis Programs

	Goal Achieved					
Percent of patients queried on the National Blind Rehabilitation Customer Satisfaction Survey who are satisfied or completely satisfied	N/A	N/A	97.7%	98%	99%	98%
Percent of medical centers with at least one clinician trained in problems, diseases, and experiences prevalent in former prisoners of war	N/A	N/A	40%	66%	80%	80%
Percent of medical facilities that have at least one clinician trained in primary care for Gulf War veterans	N/A	N/A	N/A	92%	99%	95%
Percent of veterans using Vet Centers who report being satisfied with services and saying they would recommend the Vet Center to other veterans	N/A	N/A	N/A	99.6%	99.7%	95%
Percent of prosthetic orders not placed within five work days	2%	2%	2%	2%	1%	2%
Proportion of discharges from spinal cord injury (SCI) center bed sections to non-institutional settings	N/A	N/A	N/A	93%	97%	94%
Percent of hospitalized first admission traumatic brain injury (TBI) patients discharged to the community setting (FY 1997 baseline = 305 patients)	N/A	60%	63%	65.8%	68%	66%
Percent of veterans currently enrolled in the National Post-Traumatic Stress Disorder (PTSD) Outcomes Monitoring System who were successfully followed-up by the fourth month after discharge (FY 1998 baseline = 2,275 veterans)	N/A	N/A	N/A	51%	68%	52%

Veterans Health Administration Performance Measures

	Goal Not Achieved -- Minimal Difference					
Percent of diabetic patients, at risk for foot amputations, who are referred to a foot care specialist	N/A	N/A	81%	86%	87%	88%
Percent of SCI respondents to the National Customer Feedback Center Survey who rate their care as very good or excellent - Outpatient	N/A	57%	55.2%	55%	56%	57%
Mammography examination rate among appropriate and consenting women veterans	N/A	87%	89%	91%	90%	92%
Cervical cancer screening examination rate among appropriate and consenting women veterans	N/A	90%	93%	94%	93%	94%
Percent of patients seen in specialized substance abuse treatment settings who have an initial Addiction Severity Index (ASI) and six month follow-up (FY 1997 baseline = 38,000 patients)	N/A	N/A	N/A	56%	56%	60%
Average number of months in which the veteran received VA mental health services during the six months after the first PTSD visit	N/A	N/A	4.28	4.32	4.17	4.36

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved -- Significant Difference					
Rate of prophylaxis for human immune-deficiency virus (HIV) related, opportunistic infections	N/A	N/A	N/A	65%	61%	70%

The use of highly active anti-retroviral therapy (HAART) has resulted in clinical improvements in many HIV patients. As a result, the previously required prophylaxis for opportunistic infection is often no longer necessary. Therefore, VA's rate of prophylaxis declined from 65 percent in FY 1999 to 61 percent in FY 2000. We now believe this performance measure is unreliable, difficult to measure, and no longer relevant. We are considering replacement of this measure in FY 2001 with one in which performance levels can be more reliably projected.

Veterans Health Administration Performance Measures

Percent of veterans who acquired independent living arrangements at discharge from a Domiciliary Care for Homeless Veterans (DCHV) Program or a community-based contract residential care program (FY 1997 baseline = 8,502 veterans)	N/A	N/A	50.5%	50.0%	48.0%	53.4%
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	-----	-------	-------	-------	-------

There are two reasons for the lower percentage of homeless veterans housed at discharge. First, due to a data error, the original FY 1998 base was slightly higher than it should have been. The actual FY 1998 base was 50.5 percent, not 52 percent. Not realizing the error, we projected a 0.7 percent annual increase to bring the FY 2000 projection up to 53.4 percent. Had we worked from the correct baseline figure of 50.5 percent, we would have projected 51.9 percent for FY 2000. The second reason has to do with a 4.4 percent decline in the percentage of veterans independently housed at discharge compared to the previous two years. Analysis indicates that 2.4 percent more veterans moved to other treatment programs than in the previous two years, and 2 percent more veterans were discharged without a known residence.

There may be several factors influencing this measure. Among them are: (a) the increased availability of other supported housing programs funded through VA's Homeless Providers Grant and Per Diem programs. Clinicians may be taking advantage of these additional community-based beds and referring homeless veterans to these programs, rather than trying to help them move to independent living; (b) VA started several new programs in FY 2000. Several new clinicians are just beginning to provide services to homeless veterans and are placing them in contract community-based residential treatment programs that have not previously served homeless veterans. The combination of new VA clinicians and new contract programs may mean that homeless veterans are prematurely placed in contract residential care programs or in contract programs that are not addressing their treatment needs.

Percent of veterans who obtained employment upon discharge from a DCHV Program or a community-based contract residential care program (FY 1997 baseline = 8,502 veterans)	N/A	N/A	54%	55%	51%	57%
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	-----	-----	-----	-----	-----

Although more detailed analyses have not been conducted to identify factors influencing this measure, it is likely that those factors that may have led to a decline in independent housing may have also led to a decline in the percentage of homeless veterans who were employed at discharge. Specifically, moving homeless veterans to other community-based supported housing programs for continuing care instead of moving them to independent living (where they would have to pay rent and be employed in order to pay rent) may have influenced performance on this measure. New clinicians and new contract residential treatment facilities may also have led to a decline in performance on this measure. A third possibility, not yet verified through further analysis, is that a greater percentage of disabled veterans (not able to return to employment) may have been placed in contract residential treatment in FY 2000 compared to previous years.

Number of homeless veterans treated in the VA health care system	N/A	N/A	82,900	87,900	88,303	92,900
------------------------------------------------------------------	-----	-----	--------	--------	--------	--------

Although the number of homeless veterans treated in the VA health care system in FY 2000 was below expectations and only slightly above the number treated in FY 1999, it represents a dramatic increase over the number treated in FY 1997 (66,000). VHA does not believe the number reflects a decline in program effectiveness. On the contrary, VHA is gratified that a large number of homeless veterans continue to be aware of, and choose to take advantage of, these programs.

Veterans Health Administration Performance Measures

Percent of homeless patients with mental illness who receive a follow-up mental health outpatient visit, admission to a Compensated Work Therapy/Transitional Residence (CWT/TR), or admission to a Psychiatric Residential Rehabilitation Treatment Program (PRRTP) within 30 days of discharge	N/A	N/A	64%	64.5%	62.5%	65%
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	-----	-----	-------	-------	-----

The percent of homeless veterans with mental illness who received a 30-day follow-up fell just below both the FY 1998 and FY 1999 performance levels as well as the FY 2000 performance target. However, VHA does not view this as representing a decline in overall program effectiveness. Rather, the rate of veterans who receive a 30-day follow-up is essentially the same as for previous years.

Percent of spinal cord injury (SCI) respondents to the National Customer Feedback Center Survey who rate their care as very good or excellent - Inpatient	N/A	55%	55.2%	55%	52%	57%
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----	-----	-------	-----	-----	-----

VA SCI Center care is a unique mixture of acute, sustaining, and long-term care for which comparable data are not available in the private sector. The satisfaction levels for veterans with SCI are significantly lower than the veteran population as a whole. Active efforts to improve their care include, but are not limited to: distribution and implementation of clinical practice guidelines; annual national SCI primary care team training; improvements in the SCI-registry to improve coordination of care; pursuit of Commission on Accreditation of Rehabilitation Facilities accreditation for acute, SCI rehabilitation programs; start of the SCI Quality Enhancement Research Initiative to close gaps in knowledge of SCI issues; and adequate sample sizes which will permit analysis of Veterans Health Service Standards and lead to specific feedback on problem areas at each SCI Center.

The scale for the survey response was poor/fair/good/very good/excellent, but only scores of very good or excellent were considered in the summary score of 52 percent. If respondents who rated their care as good, very good, or excellent are included in the summary, the accomplishment increases to nearly 80 percent. Repeated sampling and trending over time will further address validity and reliability. Nonetheless, in an aging, severely disabled inpatient population such as this, a 52 percent satisfaction level is indicative of a fair amount of success. For FY 2001, VA intends to work toward a goal of 60 percent.

Medical Research

P&F ID Codes: 36-0160-0-1-703; 36-0161-0-1-703; 36-406-0-3-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	3,250	2,957	2,758	2,974	3,014	N/A
Research costs (\$ in millions)	\$592	\$648	\$725	\$779	\$800	N/A

Performance Measures

	Goal Achieved					
Percent of funded research projects reviewed by appropriate peers and selected through a merit-based competitive process	99%	99%	99%	99%	99%	99%

Veterans Benefits Administration Performance Measures

Compensation and Pension P&F ID Codes: 36-0153-0-1-701; 36-0153-2-1-701; 36-0153-4-1-701;
36-0154-0-1-701; 36-0155-0-1-701; 36-0151-0-1-705; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	4,364	6,931	6,770	6,841	7,120	N/A
Benefits costs (\$ in millions)	\$18,532	\$19,352	\$20,242	\$21,112	\$22,053	N/A
Administrative costs (\$ in millions)	\$209	\$495	\$491	\$549	\$593	N/A

Performance Measures

	Goal Achieved					
Rating-related actions - average days pending	81	94	119	144	138	150
Fiduciary activities - initial appointment > 45 days	24%	20%	21%	12%	6%	8%

	Goal Not Achieved -- Significant Difference					
National accuracy rate (authorization work)	N/A	N/A	70%	63%	51%	85%

Quality of authorization work has suffered as we moved more experienced staff to rating work. The large number of trainees remains an issue as experienced staff members are moved from authorization to rating work in order to fill new or vacant positions. The high turnover rate impacted significantly in this segment of claims processing.

National accuracy rate (fiduciary work)	N/A	N/A	51%	48%	59%	75%
-----------------------------------------	-----	-----	-----	-----	-----	-----

Although we fell significantly short of our target, we did make improvements so we could achieve real progress from our level of performance during FY 1999. The improvement in this measure is a result of renewed program attention to the measure as well as a strengthening of the training program. In retrospect, the FY 2000 target was set at an unrealistically high level.

Non-rating actions - average days to process	27	23	32	44	50	33
Non-rating actions - average days pending	55	56	74	94	84	59

We failed to achieve our performance goals for these measures because we have not yet realized fully the benefits from Business Performance Reengineering and case management, to include information technology solutions that will support case management. Because of hiring new veterans service representatives, we lost some production time for training. A large portion of the increases in the timeliness figures is attributed to the length of time it takes to process income verification match issues.

Veterans Benefits Administration Performance Measures

The indicators below are the component end-products for the measure on average days to complete rating-related actions. We do not establish separate performance goals for these indicators. For a detailed discussion of rating-related actions timeliness, see the narrative on pages 24-26.

	1996	1997	1998	1999	2000	Claims Completed in 2000
Average days to process rating-related actions	100	94	128	166	173	601,451
Initial disability compensation	144	133	168	205	212	124,910
Initial death compensation/DIC	75	66	89	111	122	25,316
Reopened compensation	107	101	141	182	189	315,261
Initial disability pension	85	77	94	112	115	33,828
Reopened pension	77	67	88	113	111	67,296
Reviews, future exams	45	41	61	104	108	25,158
Reviews, hospital	37	33	52	73	78	9,682

Education

P&F ID Codes: 36-0137-0-1-702; 36-0200-0-1-701; 36-8133-0-7-702; 36-2473-0-0-702; 36-0140-0-3-702; 36-4259-0-3-702 (Off Budget); 36-4260-0-3-702; 36-0151-0-1-705; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	530	1,051	927	849	781	N/A
Benefits costs (\$ in millions)	\$924	\$914	\$891	\$1,210	\$1,202	N/A
Administrative costs (\$ in millions)	\$25	\$72	\$66	\$70	\$66	N/A

Performance Measures

	Goal Achieved					
Compliance survey completion rate	88.7%	81.8%	79.8%	98.1%	94.5%	88%
Abandoned call rate	N/A	N/A	N/A	N/A	17.1%	18%
Payment accuracy rate	93.9%	92.9%	94%	94.4%	95.8%	95%
Federal Managers' Financial Integrity Act (FMFIA) compliance rate	N/A	75%	75%	75%	75%	75%
Job satisfaction	N/A	N/A	N/A	2.8	3.3	2.9
Administrative cost per trainee	N/A	N/A	\$156	\$175	\$131	\$166

	Goal Not Achieved -- Minimal Difference					
Customer satisfaction-high ratings	N/A	76%	76%	78%	78%	79%

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved -- Significant Difference					
Blocked call rate	N/A	45.0%	60.0%	15.5%	39.1%	23.0%

Although we failed to achieve our annual target, system enhancements put in place through the year resulted in end-of-year performance being significantly better than the cumulative performance for the year.

Veterans Benefits Administration Performance Measures

Vocational Rehabilitation and Employment

P&F ID Codes: 36-0137-0-1-702; 36-0140-0-3-702; 36-4259-0-3-702 (Off Budget); 36-4260-0-3-702; 36-0151-0-1-705; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	722	1,099	919	972	943	N/A
Benefits costs (\$ in millions)	\$355	\$402	\$406	\$412	\$439	N/A
Administrative costs (\$ in millions)	\$40	\$78	\$68	\$72	\$81	N/A

Performance Measures

	Goal Achieved					
Speed of entitlement decisions in average days	N/A	N/A	88	88	78	79
Employment timeliness in average days	N/A	N/A	83	53	42	52
Serious Employment Handicap (SEH) rehabilitation rate	N/A	N/A	N/A	49.2%	62.0%	55.0%

	Goal Not Achieved -- Minimal Difference					
Accuracy of decisions (Entitlement)	N/A	N/A	N/A	86%	89%	94%
Accuracy of decisions (Services)	N/A	N/A	85%	87%	86%	88%
Accuracy of decisions (Fiscal)	N/A	N/A	N/A	94%	94%	95%
Customer satisfaction	N/A	N/A	86%	N/A	76.4%	80%

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Housing

P&F ID Codes: 36-0137-0-1-702; 36-1119-0-1-704; 36-1119-0-2-704; 36-4127-0-3-704 (Off Budget); 36-4129-0-3-704 (Off Budget); 36-4025-0-3-704; 36-0140-0-3-702; 36-4259-0-3-702 (Off Budget); 36-0151-0-1-705; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	1,748	2,254	2,075	2,108	2,058	N/A
Benefits costs (\$ in millions)	\$1,984	\$1,368	\$1,676	\$1,811	\$1,866	N/A
Administrative costs (\$ in millions)	\$84	\$139	\$161	\$160	\$157	N/A

Performance Measures

	Goal Achieved					
Average days to issue certificates of reasonable value	N/A	N/A	N/A	18.8	15	19

	Goal Not Achieved -- Minimal Difference					
Statistical quality index	N/A	N/A	N/A	N/A	93.5%	97.0%

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Veterans Benefits Administration Performance Measures

Administrative cost per loan	\$107	\$291	\$233	\$111	N/A	\$120
Administrative cost per default	\$188	\$212	\$304	\$338	N/A	\$340
Return on sale	98.1%	97.2%	99%	100.6%	N/A	98%
Property holding time (months)	N/A	N/A	N/A	6.7	N/A	9.0

FY 2000 data were not available for these measures. Due to a system problem, some Housing program performance information was irretrievably lost.

Insurance

P&F ID Codes: 36-0120-0-1-701; 36-4012-0-3-701; 36-4010-0-3-701;
36-4009-0-3-701; 36-8132-0-7-701; 36-8150-0-7-701; 36-8455-0-8-701;
36-0151-0-1-705; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	423	584	563	548	525	N/A
Benefits costs (\$ in millions)	\$2,817	\$2,778	\$2,687	\$2,559	\$2,457	N/A
Administrative costs (\$ in millions)	\$16	\$38	\$40	\$40	\$40	N/A

Performance Measures

	Goal Achieved					
High customer ratings	N/A	90%	95%	96.4%	96%	95%
Low customer ratings	N/A	5%	2%	1.3%	1.7%	2%
Percentage of blocked calls	N/A	44%	17%	6%	4.3%	6%
Average hold time in seconds	35	70	35	20	20.1	21
Percentage of insurance disbursements paid accurately	99%	98%	99%	99.1%	99%	99%
Cost per policy maintained	N/A	\$9.96	\$10.34	\$11.25	\$11.34	\$11.87
Cost per death award	N/A	\$87.55	\$88.15	\$78.18	\$79.45	\$85.65

	Goal Not Achieved -- Minimal Difference					
Average days to process insurance disbursements	4.2	4.4	3.2	3.2	3.2	3.0
Employee satisfaction	N/A	N/A	N/A	N/A	3.3	3.5

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved -- Significant Difference					
Cumulative number of computer-based training modules completed	N/A	N/A	1	1	1	4

After completion of the first module, the insurance program conducted a needs assessment, the outcome of which was to dramatically change the project from developing computer-based training modules to developing "Directed Flow Charts." This is the approach employees prefer. We will complete 13 training initiatives through FY 2005. The program no longer considers this to be a meaningful performance measure and it will be dropped from future plans and reports.

National Cemetery Administration Performance Measures

Burial

P&F ID Code: 36-0155-0-1-701; 36-0129-0-1-705; 36-8129-0-7-705;
36-0183-0-1-705; 36-0110-0-1-703; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	1,287	1,283	1,328	1,357	1,399	N/A
Benefits costs (\$ in millions)	\$113	\$113	\$114	\$106	\$109	N/A
Administrative costs (\$ in millions):						
Operating costs	\$73	\$77	\$84	\$92	\$97	N/A
State cemetery grants	\$8	\$5	\$6	\$5	\$19	N/A
Capital construction	\$15	\$19	\$79	\$21	\$43	N/A

Performance Measures

	Goal Achieved					
Cumulative number of kiosks installed at national cemeteries	N/A	2	6	14	24	24
Percent of monuments ordered on-line by other federal and state veterans cemeteries using AMAS-R	N/A	N/A	N/A	65%	88%	75%
Percent of Presidential Memorial Certificates that are accurately inscribed	98%	98%	98%	98%	98%	98%

	Goal Not Achieved -- Minimal Difference					
Percent of headstones and markers that are undamaged and correctly inscribed	95.5%	95%	94.5%	94.7%	96.5%	96.6%
Percent of individual headstone and marker orders transmitted electronically to contractors	N/A	68%	85%	88%	89%	90%

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved -- Significant Difference					
Number of veterans served by a burial option in a state veterans cemetery (veterans served in thousands)	2,510	2,474	2,601	2,596	2,504	2,695

The performance goal for this measure was set at an approximate target level based on projected openings of state veterans cemeteries. Three new state veterans cemeteries--in Massachusetts, Montana, and Wisconsin--did not open in FY 2000 as planned. After a grant has been awarded, VA has little control over the pace of the construction and establishment of a state veterans cemetery. Now expected to open in FY 2001, these three new state veterans cemeteries will provide a burial option to over 130,000 veterans not currently served. We concluded the number of veterans served by a burial option in a state veterans cemetery is not a valid measurement of NCA's performance. As a result, this measure is being changed to the percent of veterans served only by a burial option in a state veterans cemetery. While NCA will continue to collect information on the number of veterans served by a burial option in a state veterans cemetery, we will not include it in future performance plans and reports. In FY 2001, NCA will also measure the percent of veterans served by a burial option in a national cemetery.

Board of Veterans' Appeals Performance Measures

P&F ID Code: 36-0151-0-1-705

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	468	492	483	478	468	N/A
Administrative costs (\$ in millions)	\$32	\$36	\$38	\$40	\$41	N/A

Performance Measures

	Goal Achieved					
BVA response time (in days)	595	334	197	195	220	237
Appeals decided per FTE	72.5	88.1	80.5	78.2	72.7	70.5
Cost per appeals case	\$950	\$839	\$965	\$1,062	\$1,219	\$1,235

	Goal Not Achieved -- Minimal Difference					
Remand rate from the U.S. Court of Appeals for Veterans Claims (CAVC) to BVA	N/A	64.4%	57.7%	65.0%	60.7%	60.0%
Percent of decisions without quality deficiencies	N/A	N/A	88.8%	83.5%	85.8%	88%

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Departmental Management Performance Measures

P&F ID Codes: 36-0151-0-1-705; 36-4539-0-4-705; 36-0110-0-1-703; 36-0111-0-1-703

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	7,088	2,170	2,216	2,483	2,563	N/A
Administrative costs (\$ in millions)	\$714	\$281	\$327	\$357	\$416	N/A

Performance Measures

	Goal Achieved					
Number of national standardized contracts for medical and other related products and services	3	48	99	151	131	120

We are discontinuing the inclusion of this measure in future performance plans and reports because we are now renegotiating and, where possible, consolidating these contracts. Therefore, our reporting in the present format is misleading. While this process continues to provide very significant savings to VA and the Federal Government, the number of contracts will continue to grow at the current rate, and some of the items on the standardized list will cost more than in prior years. These items are still significantly below the market price for the commercial sector and provide the best price available.

Percent increase from FY 1997 baseline in purchases made using electronic data interchange (EDI)	N/A	N/A	16%	48%	86%	50%
Percent of contract disputes electing alternate dispute resolution (ADR)	N/A	9.9%	10.7%	12.0%	13.0%	13.0%

Departmental Management Performance Measures

	Goal Not Achieved -- Significant Difference					
Cumulative number of program evaluations initiated	N/A	N/A	1	4	7	10

During FY 2000, the evaluation of VA's education programs was completed and distributed. Evaluations of the dependency indemnity compensation program, the insurance programs, and cardiac care continued. Evaluations of Leadership VA, prosthetics, non-service-connected pension, and parents' dependency indemnity compensation programs were initiated. The schedule for program evaluations was revised and is included in the FY 2001-2006 Strategic Plan. The revised schedule recognizes that the previous schedule was overly optimistic in terms of the duration of each evaluation and the time required for planning and designing the evaluations.

Office of Inspector General Performance Measures

P&F ID Code: 36-0170-0-1-705

Resources	1996	1997	1998	1999	2000	2000 Plan
FTE	365	339	322	342	354	N/A
Administrative costs (\$ in millions)	\$32	\$32	\$33	\$38	\$45	N/A

Performance Measures

	Goal Achieved					
Indictments, convictions and administrative sanctions	486	395	366	696	938	765
Value of monetary benefits (\$ in millions) from:						
IG investigations	\$68	\$18	\$17	\$24	\$28	\$28

	Goal Not Achieved -- Significant Difference					
Reports issued	149	181	171	162	108	161

This goal was not achieved for several reasons. The Office of Healthcare Inspections (OHI) expanded its operations into a regional office concept, and at the same time, became more heavily involved in the Combined Assessment Program (CAP) reviews, and dramatically increased the number of program and oversight evaluations completed. CAP reviews are part of our effort to ensure quality health care service is provided to our Nation's veterans. CAP provides recurring cyclical oversight of VA medical facility operations, focusing on the quality, efficiency, and effectiveness of service provided to veterans, as well as an independent and objective assessment of key operations and programs at VA medical centers. Due to the success of the program, in FY 2001, we are expanding it to include VBA regional offices as well.

In addition, VHA rapidly expanded its points of access, requiring the investment of more OHI resources. Thus, it became a trade-off between the production of health care reports versus providing assistance to the Office of Investigations in about 20 medical-related criminal cases. To some degree, the Office of Contract Reviews also contributed to the shortfall. A re-examination midway through the fiscal year resulted in a modification of its performance measures to reflect a more realistic baseline of anticipated report activity, due to a change in the office's workload from short-term to long-term projects.

Value of monetary benefits (\$ in millions) from:						
IG audit and health care inspection reviews	\$100	\$104	\$468	\$610	\$254	\$615
IG contract reviews	\$29	\$99	\$250	\$47	\$35	\$48

A report expecting to have monetary benefits totaling approximately \$1 billion was not completed during FY 2000, and the final review carried over into FY 2001. There is a disagreement between VBA and OIG over the methodology and the amount of monetary benefits to be derived from the outstanding report. As a result, we will retain \$615 million as our goal for FY 2001. In the Office of Contract Reviews, the goal was not attained because four audits substantially conducted in FY 2000 were still pending completion at the end of the fiscal year. If these audits could have been counted, the goal would have been achieved.