

## Strategic Goal 3

*Veterans will have dignity in their lives, especially in time of need, through the provision of health care, pension programs, and life insurance, and the Nation will memorialize them in death for the sacrifices they have made for their country. VA will achieve this goal by improving the overall health of and providing a continuum of health care for all enrolled veterans and eligible family members. VA will ensure that the burial needs of veterans and eligible family members are met, and provide veterans and their families with timely and accurate symbolic expressions of remembrance.*

The following table identifies estimates of the total resources devoted to this strategic goal and its associated objectives.

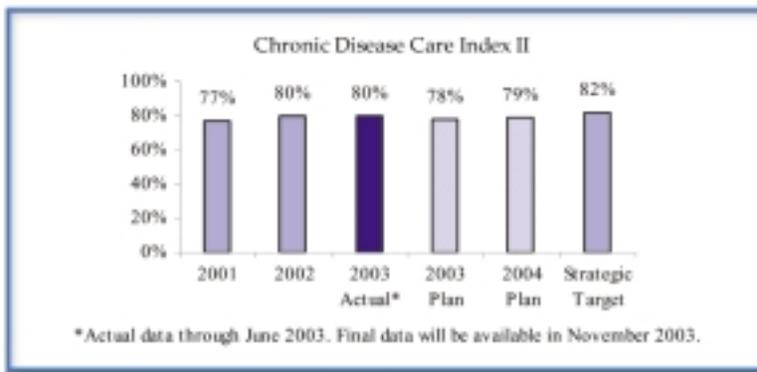
		<b>FY 2003 Obligations (\$ in Millions)</b>	<b>% of Total VA Resources</b>
<b>Strategic Goal 3 Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.</b>		<b>\$18,216</b>	<b>28.0%</b>
<b>Objectives</b>	<b>Performance Measures</b>		
3.1 Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care.	<ul style="list-style-type: none"> <li>• Chronic Disease Care Index II.</li> <li>• Prevention Index II.</li> <li>• Percent of patients rating VA health care service as "very good" or "excellent" – inpatient and outpatient.</li> <li>• Average waiting time for new patients seeking primary care clinic appointments.</li> <li>• Average waiting time for next available appointment in specialty clinic.</li> <li>• Increase the aggregate of VA, state, and community nursing home and non-institutional long-term care as expressed by average daily census – institutional and non-institutional.</li> </ul>	\$12,648	19.4%
3.2 Process pension claims in a timely and accurate manner to provide eligible veterans and their survivors a level of income that raises their standards of living and sense of dignity.	<ul style="list-style-type: none"> <li>• See measures under 1.2</li> </ul>	\$3,372	5.2%
3.3 Maintain a high level of service to insurance policy holders and their beneficiaries to enhance the financial security for veterans' families.	<ul style="list-style-type: none"> <li>• Average days to process insurance disbursements.</li> </ul>	\$1,945	3.0%
3.4 Ensure that the burial needs of veterans and eligible family members are met.	<ul style="list-style-type: none"> <li>• Percent of veterans served by a burial option within a reasonable distance of their residence.</li> <li>• Percent of respondents who rate the quality of service provided by the national cemeteries as excellent.</li> </ul>	\$205	0.3%
3.5 Provide veterans and their families with timely and accurate symbolic expressions of remembrance.	<ul style="list-style-type: none"> <li>• Percent of graves in national cemeteries marked within 60 days of interment.</li> </ul>	\$51	0.1%

## Objective 3.1

*Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care.*

### Performance Goal

*Increase the scores on the Chronic Disease Care Index II to 78 percent.*



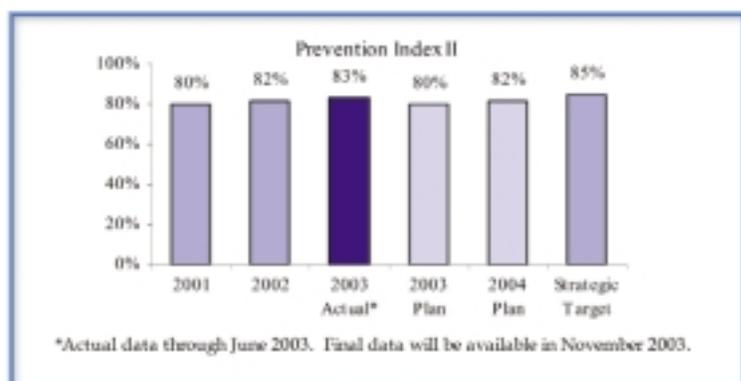
We surpassed our goal of 78 percent in 2003 to increase the scores on the Chronic Disease Care Index (CDCI) II by achieving 80 percent as of June 2003. Final data will be available in November 2003. VA ensures the consistent delivery of health care by implementing standard measures for the provision of evidence-based care by focusing on the use of the CDCI. This index is based on the performance of specific processes, provision of certain clinical services, or achievement of certain (proxy) outcomes for which the medical literature has documented evidence of a relationship to good health outcomes. The CDCI II measures how well VA follows nationally recognized clinical guidelines for treatment and care of patients with one or more high-volume diagnoses. A large percentage of veterans have one or more of these high-volume

diseases, and improved management results in improved health outcomes for veterans.

VA has experienced success in a number of the individual indicators within the index, and the overall summary score reflects that success. In the future, indicators that have shown sustained performance will be retired and new indicators will be added that identify further opportunities for improving health care outcomes. This measure will be described in 2004 as the Clinical Practice Guidelines to reflect these modifications.

## Performance Goal

*Increase to 80 percent the scores on the Prevention Index II.*



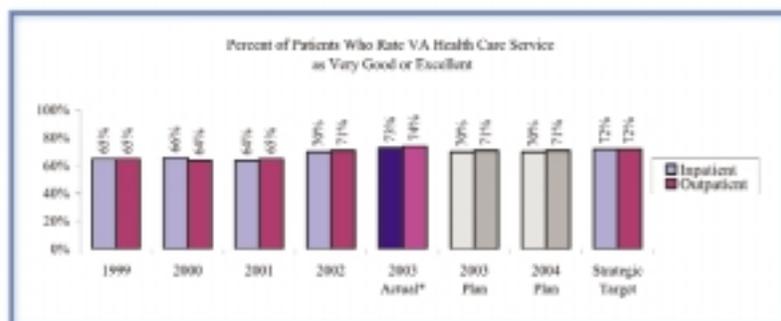
We surpassed our goal of reaching 80 percent on the Prevention Index II by achieving 83 percent as of June 2003. Final data for this measure will be

available in November 2003. VA has continued to experience improvement on the index each year. The core indicators reflect the main prevention

activities deemed key for the veteran population and these will continue to receive priority focus. VA continues to review and expand prevention measures as clinical evidence dictates. VA also includes additional patient populations when and where appropriate. The goal of these activities is to ensure consistent delivery of health care by implementing standard measures for the provision of preventive care. The prevention measure includes several indicators that allow comparison of VA and private health care outcomes. These comparisons demonstrate that VA meets or exceeds other health care agencies in many of the prevention indicators.

## Performance Goal

*Increase to 70 percent the proportion of inpatients and to 71 percent the proportion of outpatients rating VA health care service as "very good" or "excellent."*



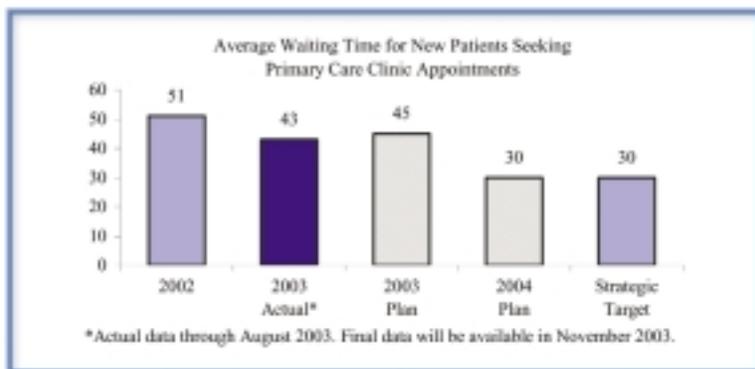
Overall ratings of care as "very good" or "excellent" have risen from 2002 to 2003, and VHA was successful in surpassing the goals for 2003 by achieving 73 percent for inpatient

satisfaction and 74 percent for outpatient satisfaction. Since the new survey is only in its second year, a trend analysis to determine the full implication of this increase is not yet possi-

ble. VHA will continue to strive to improve patient satisfaction in all areas of service. Surveys are sent to patients who have received care in both the inpatient and outpatient settings. Veteran satisfaction will continue to be benchmarked to other large organizations. The Survey of Health Experiences of Patients (SHEP) is a new inpatient and outpatient survey that incorporates new questions. VA began using SHEP in the second quarter of 2002. Access and waiting times will affect achievement of this performance goal. An increase in enrollment without a corresponding increase in resources would negatively impact patient satisfaction.

## Performance Goal

*Reduce the average waiting time for new patients seeking primary care clinic appointments to 45 days.*



VA surpassed the goal of reducing the average waiting time for new patients seeking primary care clinic appointments to 45 days by achieving 43 days as of August 2003. Final data

will be available in November 2003. VA is working to improve access, convenience, and timeliness of VA health care services. Data on all current "waiting times" measures include all

patient users except those pending scheduling of their first appointment, and therefore, show an incomplete picture. As a result, VA has developed other clinic wait time measures to quantify the wait times of new enrollees. The data from the new measures help improve decision-making as it relates to the increase in numbers of new enrollees. VA has also developed and is implementing a standardized entry process for new enrollees. This process will assist in the automated collection of relevant wait time information at the time a veteran enrolls in the system. Continued unlimited enrollment without corresponding resources to handle the expanding workload will result in longer waiting times.

## Performance Goal

*Reduce the average waiting time for the next available appointment in a specialty clinic to 60 days.*



VA also focused efforts to reduce the average waiting time for next available appointments in specialty clinics to 60 days and, as of August, the

average wait was 45 days. Final data will be available in November 2003. Initiatives to improve access to care continue to be a high priority. VA is

working to improve access, convenience, and timeliness of VA health care services. Data on all current waiting times measures include all patient users except those pending scheduling of their first appointment and, therefore, show an incomplete picture. As a result, VA has developed other clinic wait time measures to quantify the wait times of patients new to the specialty clinic and those with an established relationship. The data from the new measures help improve decision-making. Continued unlimited enrollment without corresponding resources to handle the expanding workload would result in longer waiting times.

## Performance Goals

*Increase the aggregate of VA, state, and community nursing home and non-institutional long-term care as expressed by average daily census to 32,429 and 19,561, respectively.*

VA fell short of achieving the goals of a lower average daily census of 32,429 for institutional care and a higher average daily census of 19,561 for non-institutional care but achieved 33,031 and 17,583 respectively, as of August 2003. Final data for both measures will be available in November 2003.

VHA is striving to meet the needs of veterans for both institutional nursing home care and non-institutional care. Enrollee demand for long-term care continues to shift from a focus primarily on institutional, or nursing home care to a more expansive use of non-institutional care, e.g., home-based primary care, adult day health care, etc., which demonstrates our commitment to providing quality health

care in the most appropriate and least restrictive environment possible. Targets for non-institutional care were reduced to account for methodology changes in capturing and calculating census. Although VA fell slightly short of the revised 2003 goal of 19,561 average daily census, in part due to the availability of community resources, great strides have been made towards meeting the needs of veterans for these services.

In the coming year, focus will be on promoting even greater access to non-institutional services. VA is implementing a Care Coordination Program, a care delivery process that strives to maintain elderly veterans in the home setting as long as possible. In the face of a declining but aging

veteran population, VA will continue to explore the use of community nursing home beds, and expand access to long-term care alternatives to institutional care with an emphasis on community-based and in-home care. The success of achieving this performance goal will partially depend on the availability of community resources capable of providing the necessary long-term care.

## Objective 3.2

*Process pension claims in a timely and accurate manner to provide eligible veterans and their survivors a level of income that raises their standard of living and sense of dignity.*

The Department has adopted a new budget account structure that will allow us to more closely link resources with results and to understand better the full cost of our programs. One facet of this new account structure, which was presented with our 2004 Congressional budget, is to make a clear distinction between the compensation program and the pension program. Traditionally, these two programs have been viewed together as part of the overall claims

processing activity in VA. But, as we move forward with the implementation of the new budget account structure, we are refining our performance measures so that they are more specifically linked to the two programs separately. Refer to page 39 for more information on the VA account restructuring initiative. Refer to page 45 for a discussion of the timeliness and accuracy of claims processing, which includes both compensation and pension claims. We

will begin reporting these activities separately in 2004.

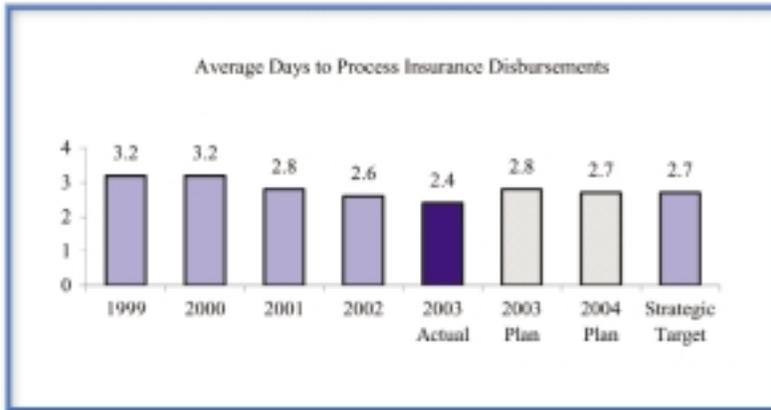
VA began to centralize processing of the pension maintenance workload in January 2002. Previously performed at all 57 regional offices, these functions have been consolidated at 3 sites. Centralized processing of the pension program allows the Department to focus more resources on the compensation claims inventory.

## Objective 3.3

*Maintain a high level of service to insurance policy holders and their beneficiaries to enhance the financial security for veterans' families.*

### Performance Goal

*Maintain average processing time for insurance disbursements at 2.8 days.*



Therefore, all disbursement applications are separated from the general correspondence by the Postal Service before they enter the insurance center. The applications are delivered directly to the operating divisions eliminating the time it would take to sort and distribute the mail.

In 2004, we are planning to add both policy loans and cash surrenders into the paperless workflow. This should further improve our average processing time.

The insurance program exceeded its plan of 2.8 days by maintaining an average processing time of 2.4 days for disbursements.

The single most significant factor impacting this measure is the Paperless Processing initiative. The imaging capabilities of this initiative will reduce the time required for processing disbursements and other services. The paperless workflow automatically routes work to appropriate staff, thus decreasing death claims processing time. The Paperless Office workflow pilot began in July 2002 with 1 percent of insurance death claims work and was expanded in September 2003 to include 100 percent of those claims.

In addition, we continue to enhance our paperless workflow procedures. The latest modification provides for an instantaneous automated screening of computer system inputs to

determine if they meet programming specifications. If not, the person submitting the work is informed of the rejected inputs within 15 minutes so they can be corrected and re-inserted. Once passed through this screening, internal control auditors evaluate the work for accuracy and submit it to the system for final processing. This new workflow procedure will improve the timeliness of service to customers by enabling quicker turnaround time in processing rejects and will reduce the workload of our Internal Control Unit by reducing repeat verifications.

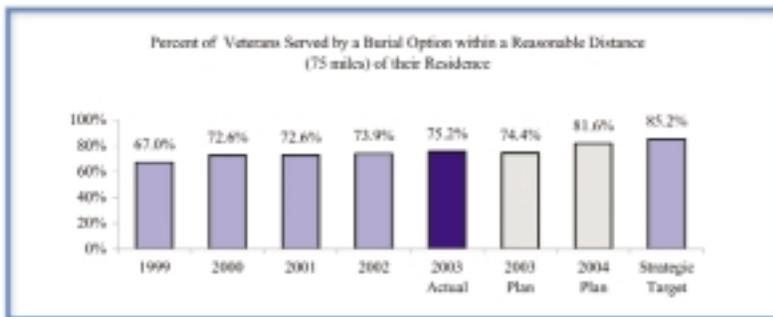
We have undertaken various other actions to improve the timeliness of disbursements, including special post office boxes, improvements in processing returned mail, and the elimination of data processing delays. For example, special post office box numbers are assigned for death claims, loans, and cash surrenders.

## Objective 3.4

*Ensure that the burial needs of veterans and eligible family members are met.*

### Performance Goal

*Increase the percent of veterans served by a burial option in a national or state veterans cemetery within a reasonable distance (75 miles) of their residence to 74.4 percent by the end of 2003.*



In 2003, VA exceeded the goal of providing a burial option to 74.4 percent of the veteran population within 75 miles of their residence by achieving 75.2 percent. VA's performance above plan was due in part to the opening of new state veterans cemeteries in 2003 and updated veteran population data.

In 2003, VA continued planning for the development of six new national cemeteries. When open, these cemeteries will provide a burial option within 75 miles of the residence of over two million veterans not currently served. In fall 2001, operations began at Fort Sill National Cemetery, near Oklahoma City. By the end of 2003, property had been acquired, and action is now underway, to develop new national cemeteries to serve veterans in the areas of Atlanta, Detroit, Pittsburgh, and South Florida. We are currently in the process of acquiring land for the establishment of a new national cemetery

to serve veterans in the Sacramento area.

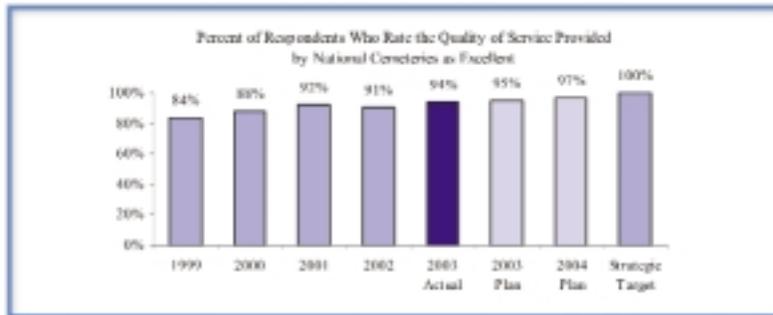
VA monitors gravesite usage and projects gravesite depletion dates at open national cemeteries that have land for future development. As those cemeteries approach their gravesite depletion dates, VA ensures that construction to make additional gravesites or columbaria available for burials is completed. In 2003, VA completed construction projects to extend burial operations at four national cemeteries. Appropriate land acquisition is a key component to providing continued accessibility to burial options. VA will continue to identify national cemeteries that are expected to close due to depletion of grave space and determine the feasibility of extending the service life of those cemeteries by acquiring adjacent or contiguous land or by constructing columbaria. These actions, which depend on such factors as the availability of suitable

land and the cost of construction, are not possible in every case.

To complement our system of national cemeteries, VA administers the State Cemetery Grants Program, which provides grants to states of up to 100 percent of the cost of establishing, expanding, or improving veterans cemeteries owned and operated by the states. In 2003, a total of 54 operating state veterans cemeteries performed over 18,000 interments, and grants were obligated to establish, expand, or improve state veterans cemeteries in 11 states. In 2003, new state veterans cemeteries began operations at Bloomfield and Jacksonville, Missouri; Caribou, Maine; Fort Dodge, Kansas; and Fort Huachuca, Arizona. These five state veterans cemeteries provide a burial option within 75 miles of the residence of more than 140,000 veterans and their families not previously served.

## Performance Goal

*Increase the percent of respondents who rate the quality of service provided by the national cemeteries as excellent to 95 percent in 2003.*



Satisfaction with the quality of service provided by national cemeteries has improved since 2002 and remains at a high level. Ninety-four percent of respondents rated the quality of service provided by the national cemeteries as excellent in 2003, falling short of VA's goal by 1 percent. VA strives to provide high quality, courteous, and responsive service in all of its contacts with veterans and their families. Cemetery service goals are set high in keeping with the expectations of the families of individuals who are interred and other visitors. NCA is reviewing information provided by survey respondents to identify opportunities for improvement.

To further enhance access to information and improve service to veterans and their families, NCA installs kiosk information centers at national and state veterans cemeteries to assist in finding exact gravesite locations. In addition to providing the visitor with a cemetery map for locating the gravesite, the kiosk information center provides such general information as the cemetery's burial schedule, cemetery history, burial eligibility, and facts about the National Cemetery Administration.

Veterans and their families have indicated that they need to know the interment schedule as soon as possible in order to finalize necessary arrangements. To meet these expectations, VA strives to schedule committal services at national cemeteries within 2 hours of the request. In 2003, 73 percent of funeral directors responded that national cemeteries confirmed scheduling of the committal service within 2 hours.

In order to accommodate and better serve its customers, VA designated Jefferson Barracks National Cemetery to provide weekend scheduling of the interment in a national cemetery for a specific time in the ensuing week.

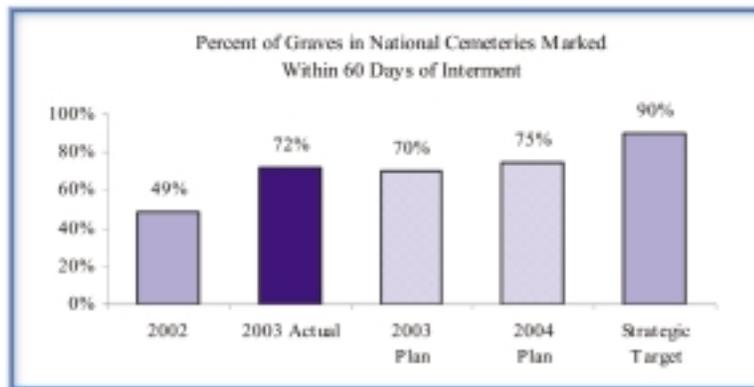
Veterans and their families have indicated provision of military funeral honors for the deceased veteran is important to them. While VA does not provide these honors, national cemeteries continued to work closely with DoD and veterans service organizations by supplying logistical support to the military funeral honors teams.

## Objective 3.5

*Provide veterans and their families with timely and accurate symbolic expressions of remembrance.*

### Performance Goal

*Increase the percent of graves in national cemeteries marked within 60 days of interment to 70 percent in 2003.*



For 2003, VA exceeded by 2 percent the planned goal of marking 70 percent of graves in national cemeteries within 60 days of the date of interment. To achieve this goal, NCA focused on reengineering business processes, such as ordering and setting headstones and markers, and provided online monthly and fiscal year-to-date tracking reports to NCA field and Central Office employees on the timeliness of marking graves. Increasing the visibility and access of this information reinforced the importance of marking graves in a timely manner and provided managers with a tool to identify process improvement opportunities.

NCA also tested a program at five national cemeteries for locally inscribing headstones and markers in order to decrease the time it takes to

mark graves after an interment. By performing inscriptions locally, using blank headstones and markers stored at the cemetery, NCA was able to decrease the number of days between an interment and the subsequent marking of a grave by reducing headstone and marker manufacturing and shipping times. In addition, this program generated a cost savings of approximately \$1 million through economies of scale in the purchasing, inscribing, and transporting of headstones and markers.

Due to the success of the local inscription pilot program in 2003, NCA plans to expand it to include additional national cemeteries in 2004. NCA will also continue to focus on business process reengineering opportunities, including improving accuracy and operational

processes, in order to reduce delays in marking graves caused by inaccurate or damaged headstones and markers delivered to the gravesite.

Two major external factors influence the timeliness of marking graves at national cemeteries. First, NCA is dependent upon contractors throughout the country for the manufacturing and shipping of headstones and markers. The performance of these contractors greatly affects the quality of service provided to veterans and their families. Second, extremes in weather, such as periods of excessive rain or snow, or extended periods of freezing temperatures that impact ground conditions, can cause delays in both the delivery and installation of headstones and markers.