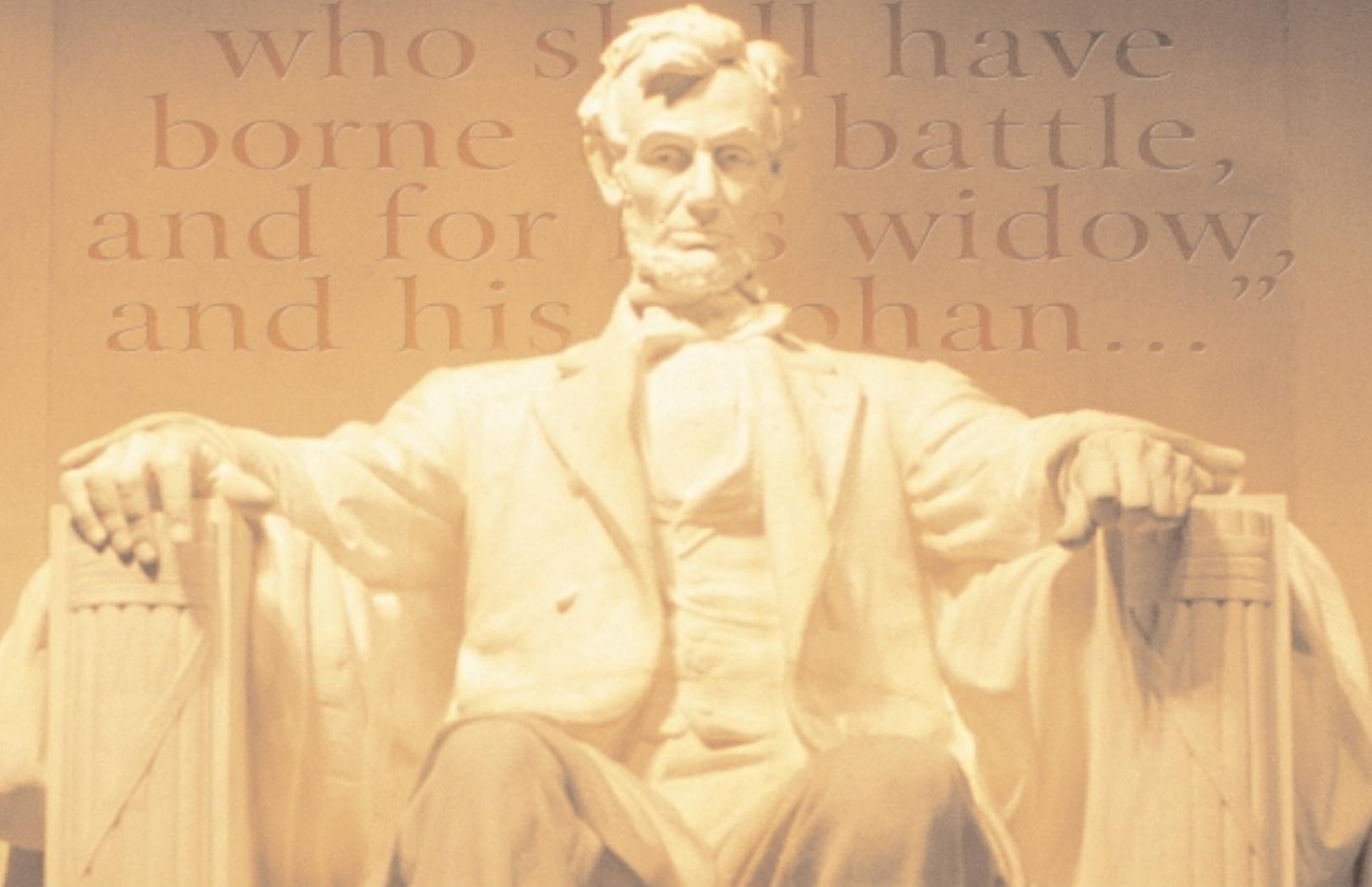


“To care for him
who shall have
borne the battle,
and for his widow,
and his orphan...”



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Key Measure Data Appendix

Key Performance Measure	Definition	Data Source	
<p>Percent of veterans discharged from a Domiciliary Care for Homeless Veterans (DCHV) Program or Health Care for Homeless Veterans (HCHV) Community-based Contract Residential Care Program to an independent or a secured institutional living arrangement.</p>	<p>VA administers three special programs for homeless veterans: Domiciliary Care for Homeless Veterans (DCHV), Community Health Care for Homeless Veterans (HCHV) and the Grant Per Diem Program. These programs provide outreach, psychosocial assessments, referrals, residential treatments, and follow-up case management to homeless veterans. The numerator is the number of veterans who are discharged from these programs directly to independent living or secure housing in the community. Independent living is defined as residence in one's own apartment, rooms, or house. Secured living arrangement is defined as half-way house, transitional housing, or domiciliary. The denominator is the total number of veterans discharged.</p>	<p>Discharge form completed by local case managers at discharge for every homeless veteran who has entered a DCHV, community based residential care contract program, or VA funded community based program</p>	
<p>Compensation and Pension: Rating-related actions - average days to process</p>	<p>The average elapsed time (in days) it takes to complete claims that require a disability decision is measured from the date the claim is received by VA to the date the decision is made including the following types of claims: Original Compensation, with 1-7 issues (End Product (EP) 110), Original Compensation, 8 or more issues (EP 010), Original Service Connected Death Claim (EP 140), Reopened Compensation Claims (EP 020), Review Examination (EP 310), Hospitalization Adjustment (EP 320). For Pension cases, the category includes original pension claims (EP 180) and reopened pension claims (EP 120). The measure is calculated by dividing the total number of days recorded from receipt to completion by the total number of cases completed.</p>	<p>The source of data for this measure is the Benefits Delivery Network (BDN). The data are manually input by employees during the claims process. Results are also extracted from BDN by VA managers. C&P Service owns the data.</p>	
<p>Compensation and Pension: Rating-related actions - average days pending</p>	<p>The measure is calculated by dividing the total number of days recorded, from receipt to the last day of the current month, for all the cases yet to be completed in the specified end product categories, by the total number of cases yet to be completed in the specified categories.</p>	<p>The source of data for this measure is the Benefits Delivery Network (BDN).</p>	
<p>Compensation and Pension: National accuracy rate (core rating work)</p>	<p>Processing accuracy for claims that normally require a disability or death determination. Review criteria include: addressing all issues, Veterans Claims Assistance Act (VCAA)-compliant development, correct decision, correct effective date and correct payment date if applicable. Accuracy rate is determined by dividing the total number of cases with no errors in any of these categories by the number of cases reviewed.</p>	<p>Findings are entered in an Intranet database maintained by the Philadelphia LAN Integration Team and downloaded monthly to the PAI information storage database. C&P Service owns the data.</p>	

	Frequency	Data Limitations	Verification and Validation
	Quarterly	None	The discharge reports are completed by the clinician case managers/liasons at the facility level. All (100%) of these reports are reviewed by the Homeless Program Staff prior to transmission to Northeast Program Evaluation Center (NEPEC). NEPEC conducts additional validity checks in collaboration with the Homeless Program Staff prior to entering the data into the database.
	Data are collected daily as awards are processed by employees. Results are tabulated at the end of the month and annually.	None	Data are analyzed weekly and results are recorded quarterly. Compensation and Pension Service calls the cases in for review from the Regional Offices with the highest rates of questionable practices.
	The element is a snapshot of the age of the inventory at the end of each processing month as well as annually.	None	Data are analyzed weekly and results are recorded quarterly by Compensation and Pension Service. Cases are called in for review from the Regional Offices with the highest rates of questionable practices.
	Case reviews are conducted daily. The review results are tabulated monthly and annually.	None	GAO has reviewed the process and reliability in detail. Two individuals from the Systematic Technical Staff examine each case reviewed. Any inconsistencies are addressed with training.

Key Performance Measure	Definition	Data Source	
Average number of days to obtain service medical records	Since this measure is not due to be tracked until FY 2005, a final definition is not yet available.	Records Management Center (RMC) and BDN	
Vocational Rehabilitation and Employment Rehabilitation rate	The number of veterans who acquire and maintain suitable employment and leave the program, divided by the total number leaving the program. For those veterans with disabilities that make employment unfeasible, Vocational Rehabilitation and Employment (VR&E) seeks to assist them on becoming independent in their daily living.	VBA balanced scorecard and VR&E management reports	
Percent of VA Medical Centers that provide electronic access to health information provided by DoD on separated service persons.	The numerator is the number of VHA Medical Centers that have installed the necessary computer software to provide electronic access to health information provided by DoD on separated service persons. The denominator is all VHA Medical Centers.	Established linkage between VHA Medical Centers and DoD sites is monitored and confirmed by the respective VHA and DoD information technology program offices.	
Percent of claimants who are Benefits Delivery at Discharge participants	The percent of separatees filing claims at a Benefits Delivery at Discharge (BDD) site is calculated by dividing the number of BDD claims received by the participating stations by the number of separations at the participating military sites.	The sources of this data are the Regional Offices and the BDD sites. Data are now compiled through an Intranet site.	
Average days to complete original and supplemental education claims	Elapsed time, in days, from receipt of a claim in the regional processing office to closure of the case by issuing a decision. Original claims are for first-time use of this benefit. Any subsequent school enrollments are considered a supplemental claim.	Education claims processing timeliness is measured by using data captured automatically through VBA's Benefits Delivery Network. This information is generated through the VBA data warehouse generated reports. (Coin-Door 1016).	

	Frequency	Data Limitations	Verification and Validation
	Being developed	Pending	A specific methodology for verifying and validating the data collected has not been determined.
	Quality Assurance Reviews evaluate the validity and reliability of data and are conducted twice a month. A review of balanced scorecard data is completed monthly.	None	Quality assurance reviews are completed by each station and VR&E Service. The quality assurance program was set up to review samples of cases for accuracy and to provide scoring at the RO level. In response to a FY 2000 IG Audit, the following items were undertaken to address the IG recommendations for improving the accuracy of data used to compute the rehabilitation rate: 1) Quality Assurance Satellite Broadcast was held on May 7, 2003. 2) VR&E Letter 28-03-03, Policies to Improve Accuracy of Data Used to Compute Rehabilitation Rate, was sent out to the field on April 30, 2003. 3) VR&E Letter 28-03-12, Recent Changes to VR&E Quality Assurance Program, confirms that VR&E service reviews 64 cases per station each year and all field stations are conducting local QA Reviews on 10% of their caseload effective November 2002. 4) VR&E Outcome Accuracy measure has been added to the VARO Directors' performance standards. 5) Letter was sent requiring all field VR&E Officers' signature on all outcome cases.
	Quarterly	Data do not reflect the degree to which the Federal Health Information Exchange/Government Computer-based Patient Record has been implemented but they do accurately reflect the completion of the technological linkage and accessibility of information for sharing purposes.	Information Technology Program Offices in VHA verify and validate the installation using the Package and Patch Installation Report that monitors all software installed at every medical facility. The Remote Data Views patch, once loaded, verifies that FHIE is functioning. This validates that the measure has been met.
	Monthly	Pending	Data are calculated monthly, quarterly, and annually by Compensation and Pension Service. There is a program evaluation study pending to determine the effectiveness of BDD program.
	Monthly	None	The Education Service staff in VA Central Office confirms reported data through ongoing quality assurance reviews conducted on a statistically valid sample of cases. Dates of claims are reviewed in the sample cases to ensure they are reported accurately. Each year, Central Office staff reviews a sample of cases from each of the four RPOs. Samples are selected randomly from a database of all quarterly end products. The results are valid at the 95 percent confidence level. Reviewers validate dates of claims for all cases reviewed.

Key Performance Measure	Definition	Data Source	
Foreclosure avoidance through servicing (FATS) ratio	The FATS ratio measures the effectiveness of VA supplemental servicing of defaulted guaranteed loans. The ratio measures the extent to which foreclosures would have been greater had VA not pursued alternatives to foreclosure.	Data are extracted from the Loan Service and Claims (LS&C) System. This system is used to manage defaults and foreclosures of VA-guaranteed loans.	
Chronic Disease Care Index II	The percent compliance is an average of 21 separate indicators that reflect care given for 7 major chronic diseases: ischemic heart disease, hypertension, chronic obstructive pulmonary disease, diabetes mellitus, congestive heart failure, major depressive disorder, and tobacco use cessation. Each numerator is the number of patients in the random sample who actually received the intervention they were eligible to receive. The denominator for the calculation is a random sample of the number of patients who are eligible for the intervention. The overall index is comprised of the percent compliance for each indicator summed and divided by the number of individual indicators.	External contractor reviews statistically valid random sample of medical records.	
Prevention Index II	This index is an average of 9 separate indicators that reflect care given for influenza and Pneumococcal pneumonia immunization, screening for tobacco consumption, alcohol abuse, breast cancer, cervical cancer, colorectal cancer, and cholesterol levels, and providing education of prostate cancer screening. Each indicator's numerator is the number of patients in the random sample who actually receive the intervention they were eligible to receive. The denominator is the number of patients in the random sample who were eligible to receive the intervention.	External contractor reviews statistically valid random sample of medical records.	
Percent of patients rating VA health care service as very good or excellent: Inpatient and Outpatient	The survey consists of a sample of inpatients and a sample of outpatients who respond to a question on the semi-annual inpatient and the quarterly outpatient surveys. Denominator is the total number of patients sampled who answered the question "Overall how would you rate your care in VHA." Numerator is those patients who answered 'very good' or 'excellent' only. The numerator does not include the response 'good'.	Survey of Health Experiences of Patients	
Average waiting time for new patients seeking primary care clinic appointments (in days)	The waiting time is the average number of days between when the initial primary care appointment is placed into the scheduling software and the date of the appointment.	VistA scheduling software	

	Frequency	Data Limitations	Verification and Validation
	Monthly	There are five components that make up the FATS ratio. The four involving financial transactions are auditable. The fifth component, successful interventions, is based on employee interpretation of established criteria and is subject to misunderstanding.	Data for the FATS ratio are validated by a review of a sample of case files during survey visits by the Loan Guaranty Quality Control staff to its Regional Loan Centers.
	Data are collected quarterly with a cumulative average determined annually.	None	Review is performed by an external contractor to ensure accuracy of findings. In addition, validity and reliability of the collected data are evaluated using accepted statistical methods along with inter-rater reliability assessments that are performed each quarter.
	Data are collected quarterly with a cumulative average determined annually	None	Review is performed by an external contractor to ensure accuracy of findings. In addition, validity and reliability of the collected data are evaluated using accepted statistical methods along with inter-rater reliability assessments that are performed each quarter.
	Data collected monthly and reported quarterly and annually	None	Routine statistical analysis is performed to evaluate the data quality, survey methodology and sampling processes. Questions are routinely analyzed to determine what are the areas where change would have the biggest impact in overall quality perception by patients
	Monthly	Calculated using VistA scheduling software. A new patient is defined as a patient not seen in the prior 24 months at the facility where the appointment is being scheduled in the primary care Decision Support System (DSS) stop series. The assumption that every new patient wants the next available appointment may overstate waiting times to some degree but not significantly.	This is calculated directly from the computer so does not require interpretation from an employee to assure accurate data collection.

Key Performance Measure	Definition	Data Source	
Average waiting time for next available appointment in specialty clinic (in days)	The waiting time is the average number of days between when the patient's specialty care appointment is placed into the scheduling software and the date of the appointment. This is a composite number that reflects the high-volume or problem-prone specialty clinics of urology, cardiology, audiology, orthopedics, and eye care (both optometry and ophthalmology)	VistA scheduling software	
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	The aggregate number for Institutional Care is the Average Daily Census of veterans cared for in VA Nursing Home Programs, State Veterans Home Programs and Contracted Community Nursing Homes. The number for Non-Institutionalized Care is the Average Daily Census of veterans enrolled in programs that support care delivery in the patient's home such as Home and Community-Based Care programs (Home-Based Primary Care, Contract Home Health Care, Adult Day Health Care (VA and Contract), and Homemaker/Home Health Aide Services).	This measure is the average daily census of the institutional nursing home care programs and the non-institutional home and community home-based non-institutional care available for eligible veterans. ADC are reported separately.	
Average days to process insurance disbursements	Insurance disbursements are death claims paid to beneficiaries, policy loans, and cash surrenders requested by policyholders. Average processing days are a weighted composite for all three types of disbursements based on the number of end products and timeliness for each category. Processing time begins when the veteran's application or beneficiary's fully completed claim is received and ends when the internal controls staff approves the disbursement. The average processing days for death claims is multiplied by the number of death claims processed. The same calculation is done for loans and cash surrenders. The sum of these calculations is divided by the sum of death claims, loans, and cash surrenders processed to arrive at the weighted average processing days for disbursements.	Data on processing time are collected and stored through the Statistical Quality Control (SQC) Program and the Distribution of Operational Resources (DOOR) system.	
Percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence	The measure is the number of veterans served by a burial option divided by the total number of veterans, expressed as a percentage. A burial option is defined as a first family member interment option (whether for casketed remains or cremated remains, either in-ground or in columbaria) in a national or state veterans cemetery that is available within 75 miles of the veteran's place of residence.	From 2000 through 2002, the number of veterans and the number of veterans served were extracted from the VetPop2000 model using updated 1990 census data. For 2003, the number of veterans and the number of veterans served were extracted from a revised VetPop2000 model using 2000 census data.	

Frequency	Data Limitations	Verification and Validation
Monthly	Calculated using VistA scheduling software. A new patient is defined as a patient not seen in the prior 24 months at the facility where the appointment is being scheduled in the primary care Decision Support System (DSS) stop series. The assumption that every new patient wants the next available appointment may overstate waiting times to some degree but not significantly.	This is calculated directly from the computer so does not require interpretation from an employee to ensure accurate data collection.
Monthly	The data are drawn from numerous sources as appropriate (DSS, CDR, Fee, State Veterans Home Report, etc.) and the definitions of ADC necessarily vary to some degree among the sources. The program office has done extensive work with the field to ensure the equitability of the ADC calculations.	The data are collected and collated by VHA's Office of Geriatrics and Extended Care (G&EC) Strategic Healthcare Group. The data and reporting sources have remained constant for the past couple of years, thereby enabling the office to validate current data against past data based on trending of the values. Any unexpected change in data trends triggers data validation and correction (if necessary) between the G&EC and the facilities involved.
Monthly	None	The Insurance Service periodically evaluates the SQC Program to determine if it is being properly implemented. The composite weighted average processing days measure is calculated by the Insurance Service and is subject to periodic reviews. Timeliness information is considered to be valid for management of operations.
Recalculated annually or as required by the availability of updated veteran population census data. Projected openings of new national or state veterans cemeteries and changes in the service delivery status of existing cemeteries also determine the veteran population served.	Provides performance data at specific points in time as veteran demographics change.	In 1999, the OIG performed an audit assessing the accuracy of the data used for this measure. Data were revalidated in the 2002 report entitled Volume 1: Future Burial Needs, prepared by an independent contractor as required by the Veterans Millennium Health Care and Benefits Act, P.L. 106-117.

Key Performance Measure	Definition	Data Source	
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent	The number of survey respondents who agree or strongly agree that the quality of service received from national cemetery staff is excellent divided by the total number of survey respondents, expressed as a percentage. The survey collects data from family members and funeral directors who have recently received services from a national cemetery.	NCA's Survey of Satisfaction with National Cemeteries	
Percent of graves in national cemeteries marked within 60 days of interment	The number of graves in national cemeteries for which a marker has been set at the grave or the reverse inscription completed within 60 days of the interment divided by the number of interments, expressed as a percentage.	NCA'S Burial Operations Support System (BOSS) as input by field stations.	
Percent of research projects devoted to the Designated Research Areas	The numerator is the number of research projects that fall into at least one of the designated areas. The denominator is the total of all funded research projects, which includes HSR&D, Medical Research Service, Cooperative Studies Program, and Rehabilitation Research and Development Service.	Data are collected by the Office of Research and Development from approved ongoing studies during the reporting period.	
Percent of respondents who rate national cemetery appearance as excellent	The number of survey respondents who agree or strongly agree that the overall appearance of the national cemetery is excellent divided by the total number of survey respondents, expressed as a percentage. The survey collects data from family members and funeral directors who have recently received services from a national cemetery.	NCA's Survey of Satisfaction with National Cemeteries	
Ratio of collections to billings	The collection to billings ratio is a calculation based on the total cumulative fiscal year collections divided by the total cumulative billings. The numerator is the total cumulative collections from both co-payments by the veteran and payments from bills to insurance companies. The denominator is the total cumulative billings.	The cumulative collections and billings are extracted from the National Data Base in the Allocation Resource Center (ARC).	
Dollar value of sharing agreements with DoD (\$ in millions)	VA and DoD are combining their resources to combine purchasing power and eliminate redundancies. This measure is based on the total dollar value of sharing agreements VA has entered into with DoD.	Data are collected and reported by the VHA Medical Sharing Office based on information reported by VISNs through the VISN Support Services Center. The dollar volume for pharmaceuticals and medical supplies is based on annual estimates of procurements based on historical procurement patterns.	

	Frequency	Data Limitations	Verification and Validation
	Annually	None	VA Headquarters staff oversees the data collection process and provides an annual report at the national level. MSN and cemetery level reports are provided to NCA management. The mail-out survey provides statistically valid performance information at the national and MSN levels and at the cemetery level for cemeteries having at least 400 interments per year.
	Monthly	None	VA Headquarters staff oversees the data collection process to validate its accuracy and integrity. Monthly and fiscal-year-to-date reports are provided at the national, MSN, and cemetery levels.
	Annually	The data are based on expert peer review of the project, which includes specific focus on determining if the project falls within the designated areas. This is an objective decision, but is based on well-defined parameters.	Peer review findings of projects are reviewed by the Office of Research and Development.
	Annually	None	VA Headquarters staff oversees the data collection process and provides an annual report at the national level. MSN and cemetery level reports are provided to NCA management. The mail-out survey provides statistically valid performance information at the national and MSN levels and at the cemetery level for cemeteries having at least 400 interments per year.
	Quarterly	The data are limited by the restrictions placed on the program as to allowable collections. There has been a history of difficulties with collections from certain third-party payors that have required District Counsel opinion, which have necessarily delayed collections. Certain first-party payor issues have also caused delay in billing and collection and thus have impacted the data.	Data are routinely validated and verified by program personnel and ARC for accuracy.
	Quarterly	Data are self-reported by the VISNs, but felt to be accurate.	Data are validated by the VISNs through their normal accounting system.