

Most Important Achievements and Current Challenges - Summary Table 1

The Department's most important FY 2005 operational and policy achievements as well as its current challenges are summarized below by strategic goal.

Achievements and Challenges	
SUMMARY TABLE 1	
Most Important Achievements	Current Challenges
Strategic Goal #1: Restoration and Improved Quality of Life for Disabled Veterans	
<ul style="list-style-type: none"> VA completed the first Comprehensive Mental Health Strategic Plan intended to reduce variability in access to care, enhance post-traumatic stress disorder (PTSD) services, restore VA substance abuse treatment services, emphasize the recovery model to facilitate each veteran's achievement of his or her optimal level of functional capability, and address the specific needs of veterans of different ages, races, ethnic groups, and genders. VA established six centers specializing in research, education, and clinical care for Parkinson's disease, two Centers for Excellence for the research and treatment of Multiple Sclerosis, and two centers specializing in studying the treatment of war-related illnesses among military patients and veterans. 	<ul style="list-style-type: none"> VA continues to work with DoD to ensure that veterans or servicemembers returning from Iraq and Afghanistan with an injury or illness have timely access to VA's special health care services. This includes treatment for spinal cord injuries, amputations, blindness, traumatic brain injuries, and post-traumatic stress disorder.
<ul style="list-style-type: none"> The total number of compensation and pension rating-related claims completed in 2005 is 763,464. This is 9 percent greater than in 2004. VBA's joint project with the Board of Veterans' Appeals to reduce unnecessary remands has resulted in implementation of a number of improvements. In September 2004, VBA had an inventory of 30,426 remands; as of September 2005, the remand inventory had been reduced to 23,564 cases. VBA continues to enhance the information technology tools supporting claims processing, including the VETSNET suite of applications. In February 2005, VETSNET added the Nashville Regional Office as the second beta test site for the final two applications — Award and Financial Accounting System. 	<ul style="list-style-type: none"> The number of conditions claimed, the nature of severe traumatic multiple body system combat injuries, highly complex medical conditions, and enhanced legal requirements substantially increase the complexity of the claims process and claims decisions. The review of PTSD cases based on the May 19, 2005, Office of Inspector General (OIG) report, State Variances in VA Disability Compensation Payments, will have a significant impact on VBA's workload. The number of veterans filing initial and reopened claims for disability compensation has increased every year since 2000 (received 36 percent more rating claims in 2005 than in 2000). VBA expects the increased receipts to continue over the coming years.
<ul style="list-style-type: none"> VA piloted Job Resource Labs in four regional offices: Montgomery, Detroit, St. Louis, and Seattle. The pilot was successful, and full deployment of the Job Resource Labs is scheduled for 2006. VA signed several memoranda of understanding (MOUs) with organizations such as United States Army Materiel Command and Helmets to Hardhats. These MOUs focus on a joint effort to provide career opportunities to veterans. 	<ul style="list-style-type: none"> A large percentage of the Vocational Rehabilitation and Employment (VR&E) program workforce is eligible to retire. In FY 2005, VR&E lost 13 of the most experienced VR&E officers to retirement. VR&E will have to continue to focus on succession planning to meet this challenge.

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Strategic Goal #2: Smooth Transition to Civilian Life	
<ul style="list-style-type: none"> • In June 2005, DoD signed a memorandum of understanding defining data sharing between the Departments, thereby laying the foundation for VA to receive protected health information such as a list of servicemembers who will be separating from the military due to injury or illness. • In response to a sharp increase in dental workload from recently discharged servicemen and women, VA allocated additional resources to address the dental needs of these veterans. • In June 2005, VA and DoD held a Seamless Transition Summit on institutionalizing a coordinated transition process for servicemembers and their families. Summit recommendations were presented to the Health Executive Council, which recommended establishing a VA/DoD Joint Seamless Transition Working Group to monitor and report on seamless transition activities and initiatives. 	<ul style="list-style-type: none"> • VA has developed a new performance measure to ensure that veterans and servicemembers returning from a combat area with an illness or injury can get prompt access to specialty care. VA is currently trying to develop a data collection methodology for this measure. • VA continues to work with DoD to identify opportunities to improve the timeliness and efficiency of transition services.
<ul style="list-style-type: none"> • A Seamless Transition Coordination Office was created to coordinate VA efforts with respect to health care and benefits, with a focus on the successful reintegration of seriously injured servicemembers into civilian society. • The Benefits Delivery at Discharge (BDD) program, which allows servicemembers to begin the VA disability application process 180 days prior to separation and incorporates a single examination using VA protocols, was expanded to 140 military installations within three countries. In January 2005, VA began consolidation of the disability determination aspects of the BDD program into two rating locations: Salt Lake City, Utah, and Winston-Salem, North Carolina. • Continued an active outreach to separating servicemembers, generating more than 38,000 original compensation claims through the BDD program. 	<ul style="list-style-type: none"> • VA must effectively handle increased workload generated by the enhanced services through the BDD program.

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Strategic Goal #2: Smooth Transition to Civilian Life, continued

- VA added over 105,000 new students to the education rolls and provided benefits to approximately 500,000 students in 2005.
- Estimated annual payments to all education beneficiaries totaled over \$2.6 billion in 2005.

- VA must expedite the hiring and training of new claims examiners to ensure performance goals are met while at the same time effectively managing an increased workload.
- The number of education claims decisions processed increased about 6 percent from a monthly average of 105,000 in 2004 to an average of 111,000 in 2005.

- Advances in the Web technology arena and other system developments have enabled the Loan Guaranty program to provide more timely, accurate service to veterans and other program participants.

- VA needs to keep pace with changes and advances made in the private mortgage and real estate industries. Doing so will enable VA to provide world-class service to veterans.

Strategic Goal #3: Honoring, Serving, and Memorializing Veterans

- Indian Health Service and VHA have implemented a formal agreement to promote greater cooperation to enhance the health of American Indian and Alaska Native veterans. Thus far in 2005, more than 150 activities and programs have been undertaken.
- For the fifth consecutive year, the independent American Customer Satisfaction Index (ACSI) found that veterans are happier than most Americans with the health care they receive. Veterans gave VA's inpatient hospital services a rating of 84 and outpatient services a rating of 83, compared to private-sector patients giving their health care providers ratings of 79 and 81, respectively.
- A study by RAND, an independent think-tank, found that VA patients receive significantly better care than private-sector patients. VA patients were significantly more likely than non-VA patients to receive needed preventative care. The study also found that VA patients with chronic medical problems received the treatment they needed more often than private-sector patients.

- VA must:
 - Maintain aging facilities to continue to provide quality health care.
 - Manage the increasing demand for health care.
 - Manage staffing shortages in some areas of the country.

- VA's insurance program continued to maintain its high level of performance and customer satisfaction by processing disbursements in 1.8 days, receiving high customer satisfaction ratings of 96 percent, and providing toll-free telephone service with less than 1 percent blocked call rate with an average speed of answer of 11 seconds.

- VA must maintain or exceed the high standards of service provided to VA's Insurance customers.

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Strategic Goal #3: Honoring, Serving, and Memorializing Veterans, continued

<ul style="list-style-type: none"> • The total number of compensation and pension rating-related claims completed in 2005 is 763,464. This is 9 percent greater than in 2004. • VBA's joint project with the Board of Veterans' Appeals to reduce unnecessary remands has resulted in the continuing implementation of a number of improvements. In September 2004, VBA had an inventory of 30,426 remands; as of September 2005, the remand inventory had been reduced to 23,564 cases. • VBA continues to enhance the information technology tools supporting claims processing, including the VETSNET suite of applications. In February 2005, VETSNET added the Nashville Regional Office as the second beta test site for the final two applications — Award and Financial Accounting System. 	<ul style="list-style-type: none"> • The number of veterans filing initial and reopened claims for disability compensation has increased every year since 2000 (received 36 percent more rating claims in 2005 than in 2000). VBA expects the increased receipts to continue over the coming years. • VA will continue to expand outreach to the aging veteran population. • VA is researching the possibility of paperless pension processing on the Virtual VA application to encompass full pension claims workflow integrated with payment and accounting components.
<ul style="list-style-type: none"> • In a report released in 2005, VA's national cemeteries received the highest rating ever achieved by a federal agency in a nationwide customer satisfaction survey. The survey was the 2004 American Customer Satisfaction Index (ACSI) showing that VA earned a rating of 95 out of a possible 100 points for its national cemeteries. This is 2 percentage points higher than the last survey in 2001, when VA's national cemeteries also ranked number one in customer satisfaction. • With the opening of the Idaho State Veterans Cemetery in November 2004, there is now a veterans cemetery in every state in the Union. • In August 2005, the new National Cemetery of the Alleghenies began interment operations. This cemetery will provide a burial option to more than 300,000 veterans in the area of Pittsburgh, Pennsylvania. 	<ul style="list-style-type: none"> • VA will continue to provide high-quality, courteous, and responsive service in all of its contacts with veterans and their families and friends. These contacts include scheduling the committal service, arranging for and conducting interments, and providing information about the cemetery and the location of specific graves.
<ul style="list-style-type: none"> • In 2005 VA marked 94 percent of graves in national cemeteries within 60 days of interment. This achievement was well above the performance goal of 88 percent, and a significant improvement over 49 percent in 2002, the first year that data were collected. 	<ul style="list-style-type: none"> • In 2005 (the baseline year) within 20 days of receipt, VA processed 13 percent of applications for headstones and markers for the graves of veterans who were not buried in national cemeteries. VA has established a long-range performance goal to process 90 percent of these applications within 20 days of receipt.

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Strategic Goal #4: Contributing to the Nation’s Well-Being

<ul style="list-style-type: none"> • During Hurricane Katrina, VA’s readiness and preparedness posture was severely tested. VA anticipated required actions, evacuated facilities before and after the hurricane struck, saved lives, and continued providing essential services to veterans. VA also assisted the larger civilian community by aiding those displaced from their homes. • Robert Lynch, M.D., South Central VA Health Care Network Director, commented on Hurricane Rita, “This was a major storm. We prepared for Rita as we did Katrina. We reached out and made sure veterans in community nursing homes were safe and received shelter and essential medical care.” The Alexandria VA Medical Center led the evacuation of 100 elderly veteran patients to temporary shelters in Alexandria. 	<ul style="list-style-type: none"> • VA must apply lessons learned from Hurricanes Katrina and Rita to further improve VA’s emergency preparedness posture. • VA must institutionalize procedures to ensure that VA employees, contractors, and volunteers with access to VA facilities receive an appropriate level of pre-employment screening, background investigation, and security clearance commensurate with their job responsibilities and level of access to sensitive or classified information.
<ul style="list-style-type: none"> • VA researchers showed that an experimental vaccine against herpes zoster (shingles) prevented about 51 percent of cases of shingles, a painful nerve and skin infection, and dramatically reduced its severity and complications in vaccinated persons who got shingles. The results were published in the <i>New England Journal of Medicine</i>. • Researchers with VA and the University of California, Los Angeles, found that a diet high in docosahexenoic acid, or DHA—one of the omega-3 fatty acids in cold-water fish—dramatically slowed the progression of Alzheimer’s disease in mice. Specifically, DHA cut the harmful brain plaques that mark the disease. The results were published in the <i>Journal of Neuroscience</i>. • A recent VA study, published in the <i>New England Journal of Medicine</i>, may help doctors manage patients with blocked coronary arteries who need surgery for non-cardiac vascular problems, such as clogged leg arteries. The new study says preventively clearing the coronary arteries is unlikely to improve the outcomes of vascular surgery. • In July 2005, the <i>U.S. News & World Report</i> in an article entitled “America’s Best Hospitals” praised the quality of VA’s health care and showed that the high-quality results from VA research is the underpinning of this clinical excellence. 	<ul style="list-style-type: none"> • The increasing patient workload makes it difficult for VA researchers to achieve a balance between time spent on clinical care and in conducting research.
<ul style="list-style-type: none"> • VA established the Vendor Information Pages Database, recognized by the Office of Federal Procurement Policy and the U.S. Small Business Administration as a primary data source for locating veteran-owned and service-disabled veteran-owned small businesses. 	

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Strategic Goal #4: Contributing to the Nation's Well-Being, continued

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| <ul style="list-style-type: none"> • NCA established the National Cemetery Administration Training Center to ensure consistency in operations throughout the national cemetery system. The center provides employees with the training necessary to continue to provide high-quality service to veterans and their families and to maintain our national cemeteries as national shrines. Initially focused on training cemetery directors and assistant directors, the new facility will eventually expand its classes to train supervisors, equipment operators, grounds keepers, cemetery representatives, and other employees. As 11 new national cemeteries become operational, the center's efforts will ensure consistency in operations throughout the national cemetery system as well as a high-performing workforce and well-trained staff for key positions. In 2005 the first class of cemetery director interns graduated. They were assigned to leadership positions throughout the country. • In 2004 NCA launched a Web-based (Internet) Nationwide Gravesite Locator (NGL) system. The grave locator contains more than 3 million records of veterans and dependents buried in VA's 121 cemeteries since the Civil War. It also has records of some burials in state veterans cemeteries and burials in Arlington National Cemetery from 1999 to the present. | <ul style="list-style-type: none"> • VA will ensure the appearance of national cemeteries meets the standards our Nation expects of its national shrines. In order to meet these standards and fulfill the National Shrine Commitment, improvements in the appearance of burial grounds and historic structures, as well as regular maintenance and repair projects, are necessary. Annual increases in the number of occupied gravesites, as well as increases in the number of acres developed for burial operations, have a compounding effect on NCA maintenance requirements. NCA will continue efforts to address deferred maintenance issues pertaining to the alignment and cleanliness of headstones and markers and the condition of individual gravesites in order to improve the appearance of burial grounds. More than 600 buildings and over 14,000 acres of land contained within 154 cemeterial installations require regular maintenance and repair projects. |
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Enabling Goal: Applying Sound Business Principles

<ul style="list-style-type: none"> • New business information technology has been developed to enable the approximately 7 million third-party health care claims, which are currently sent by mail, to be sent electronically to health plans. • The VA Health Revenue Center now responds to questions from veterans and their families regarding bills through a toll-free number or via e-mail. • The success of the First Party Call Center is documented by improved collections and increased service to veterans. Revenue collection performance increased 2.3 percent during 2005, or \$10.8 million. The speed of answering calls was 32 seconds through July 2005. The call abandon rate has dropped from 41 percent to 6 percent during the past year. 	<ul style="list-style-type: none"> • VA must ensure that insurance information is obtained from every veteran at the time of treatment, identify all episodes of billable care, reduce billing backlogs, and improve the accuracy of diagnostic and procedure coding.
<ul style="list-style-type: none"> • VA has implemented an alternate dispute resolution (ADR) Web-based tracking system designed to facilitate ADR measurement in several categories of disputes including personnel and labor relations, medical malpractice, personal injury, and contracts and other agreements. 	<ul style="list-style-type: none"> • Continuing development and modification of the ADR Web-based tracking system will test VA's ability to make the system more user-friendly and respond to user comments on their needs in ADR tracking.
<ul style="list-style-type: none"> • VA's privacy program was recognized by the Federal Office Systems Exposition (FOSE) as one of the top ten programs in government for its comprehensive approach to the enterprise-wide application of privacy practices. • VA has increased by more than 60 percent the number of Level III-certified IT project managers, from 161 employees in 2004 to 263 employees in 2005. 	<ul style="list-style-type: none"> • VA will establish a "One VA" earned value management system compliant with the American National Standards Institute/Electronic Industries Alliance Standards to improve management of Department and contractor project development work.
<ul style="list-style-type: none"> • During 2005 the Office of the General Counsel negotiated 200 administrative settlements of claims for personal injuries or wrongful death due to alleged medical malpractice at VA medical facilities. Included among a total of \$20 million in settlements were two settlements for \$1 million that were negotiated by the VA Office of the General Counsel and approved by the Department of Justice without the necessity of the veteran filing a law suit. 	<p>VA will work towards:</p> <ul style="list-style-type: none"> • <u>Timely access to medical records</u> – Seeking access to the electronic medical record, either online or on disk, to avoid delays in printing and copying records. • <u>Timely medical opinions</u> – Exploring alternative methods for obtaining more timely medical opinions to aid in the early evaluation of liability and damages issues. • <u>Increased settlement authority</u> – Seeking a delegation from the Department of Justice of greater settlement authority to increase the likelihood of negotiating administrative settlements.