



## Strategic Goal Summary

### STRATEGIC GOAL 1

#### *Restoration and Improved Quality of Life for Disabled Veterans*

*Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.*

#### **Public Benefit**

Providing for the specialized health care needs of veterans is an integral component of America's commitment to its veterans. Due to the prevalence of certain chronic and disabling conditions among veterans, VA has developed strong expertise in certain specialized services that are not uniformly available in the private sector. For example, VA has developed polytrauma centers that provide coordinated health and rehabilitation services to active duty servicemembers and veterans who have experienced severe injuries resulting in multiple traumas including spinal cord injuries, traumatic brain injuries, visual impairment, amputations, combat stress, and post-traumatic stress disorder.

In addition, through the use of Specially Adapted Housing (SAH) grants, VA is able to make adaptations to seriously disabled veterans' homes in order to help these veterans live more independent lives.

VA's expertise in these specialized services has been shared with health care systems across the country and throughout the world.

In addition to VA's comprehensive system of health care, VA provides compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependents' and survivors' education services to veterans and their families.

These services are concrete expressions of the pact between our Nation and those who bravely served it in uniform.



## Making a Difference for the Veteran

### VA Increasing Access to Mental Health Care

Addressing a special mental health forum with the top clinicians and researchers from the Department of Veterans Affairs (VA), former Secretary of Veterans Affairs Jim Nicholson announced plans to begin locating some of the Department's mental health programs closer to places where primary care is provided.



Former Secretary Nicholson addresses VA clinicians and researchers at a special mental health forum held in Washington, DC.

"Given the reluctance of some veterans to talk about emotional problems, increasing our mental health presence in primary care settings will give veterans a familiar venue in which to receive care -- without actually going to an identified mental health clinic," he said.

Nicholson described VA as "a long-standing leader in mental health," with \$3 billion devoted this year to mental health services. The Department has the Nation's largest mental health program and is internationally recognized for research and treatment of post-traumatic stress disorder (PTSD).

"The wounds of war are not always the result of explosions and rocket fire," he added. "They can sometimes be unseen and cloaked in silence. If left untreated, they can be just as lethal. We let veterans know that mental health issues and other military-related readjustment problems are not their fault -- that we can help them -- and that they can get better."

Acknowledging that VA officials expect to see increasing numbers of newly returned combat veterans with PTSD and other mental health issues, Nicholson said mental health care is currently provided at each of VA's 153 medical centers and 882 outpatient clinics.

Nicholson also announced plans to begin a series of regional conferences about providing mental health care to veterans with "our partners at the state, local and community levels." Recent expansion of the Department's mental health services include:

- Greater availability of "telemental health" programs, which treated about 20,000 patients last year.
- Integrating mental health services into geriatric programs.
- Adding psychologists and social workers to the staffs of VA's polytrauma centers.
- Increasing the number of Vet Centers from 209 to 232 by the end of 2008, and establishing 100 new combat veteran patient advocates to run outreach programs for their former comrades.

"As the newest generation of combat veterans returns home, we want to ensure that we are providing them the very best in mental health care and treatment possible. They deserve nothing less," Nicholson said.



## Most Important Achievements and Current Challenges

### Most Important Achievements

**POLYTRAUMA CALL CENTER:** VA established an **OIF/OEF Polytrauma Call Center** to assist our most severely injured veterans and their families. The Center may potentially serve between 3,000 and 4,000 veterans per year.

**STATE BENEFITS SEAMLESS TRANSITION PROGRAM:** In February 2007, VA announced the expansion of a collaborative outreach program with states and territories to help **severely injured servicemembers** receive benefits from their states when they move from military hospitals to VA medical facilities in their communities.

**PHYSICAL EVALUATION BOARD (PEB):** VA and DoD are collaborating to ensure VA is notified of **severely ill or injured servicemembers** transitioning to VA care and civilian life.

**DEFICIENCY-FREE DECISION RATES:** The **accuracy of rating-related decisions** reviewed improved from **89 percent** in FY 2005 to **94 percent** in 2007. This improvement is attributed to the development and implementation of a uniform, centralized training curriculum. Additionally, the training manual was rewritten using Information Mapping, which presents information to readers in an easily understood accessible format.

**PRIORITY CLAIMS PROCESSING:** All claims from **veterans** of the **Global War on Terror** are receiving **priority handling, and their claims were processed in 110 days on average**. Veterans with serious injuries or illnesses are case-managed and processed expeditiously.

**MAINTAINED HIGH LEVELS OF CLAIMS ACCURACY:** The **accuracy** of rating-related **compensation claims** was maintained at **88 percent** through July 2007, while VA hired over 1,000 new staff in 2007. New employees often take years to fully master claims review; thus, given the magnitude of hiring, the maintenance of this level of performance was remarkable.

**VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM IMPROVEMENTS:** Implemented **88** of the **100** recommendations made by the **Secretary's Vocational Rehabilitation and Employment Task Force**.

- One of the key recommendations resulted in development and implementation of the **Five-Track Employment Model** to increase the program's focus on employment. The model features job resource labs, the Vetsuccess.gov Web site, and deployment of more employment coordinators.

### Challenges

**VA'S ABILITY TO SUPPORT THOSE TRANSITIONING TO CIVILIAN LIFE:** DoD began transmitting names of servicemembers entering DoD's PEB process to VA in October 2005. A **list updated monthly** enables VBA to contact servicemembers to inform them of potential VA benefits and VHA to initiate the transfer of health care services to VA medical centers (VAMCs) prior to discharge from the military. VAMCs are contacting servicemembers by letter and telephone inviting them to enroll in VA for health care services.

**INCREASED WORKLOAD:** The **disability claims workload** continues to increase in terms of the **number** and **complexity** of claims as exhibited by claims with eight or more issues, claims with chronic progressive disabilities, the aging veteran population, and the effects of the Global War on Terror.

**RECENT COURT ACTIONS:** Recent court actions will negatively affect VA's efforts to process claims in a timely manner; the following is an example:

- **Nehmer v. U.S. Department of Veterans Affairs** ruling in the Northern District of California, which extended the reach of the Agent Orange Settlement Agreement to Chronic Lymphocytic Leukemia (CLL). Due to the unique rules and stringent time requirements imposed in the *Nehmer* settlement, these cases require significantly more development and management oversight than normal claims.

**COMPLIANCE WITH THE VETERANS CLAIMS ASSISTANCE ACT (VCAA):** Since VCAA's enactment in November 2000, the Court of Appeals for Veterans Claims has issued at least 17 precedential decisions imposing **stringent requirements** affecting the content and timing of notice.



## STRATEGIC GOAL 2

### *Smooth Transition to Civilian Life*

*Ensure a smooth transition for veterans from active military service to civilian life.*

#### **Public Benefit**

In partnership with DoD, VA conducts outreach activities and transition assistance to separating servicemembers. This enables VA to more quickly identify veterans returning from a combat zone who have service-connected disabilities, as well as those returning without a disability.

These outreach activities include the following:

- During the last 4 years, VA coordinated 8,150 transfers of OIF/OEF servicemembers and veterans from a military treatment facility to a VA medical facility.
- Soldier Family Management Specialists (SFMS) within Assistance Centers at 25 VA medical centers play a critical role in helping severely injured soldiers and their families with issues as the soldiers transition from military service to the civilian community.

- In 2007 the Post Deployment Health Reassessment (PDHRA) initiative resulted in more than 26,000 referrals to VA medical centers and approximately 13,000 referrals to Vet Centers.

The PDHRA is a DoD post-deployment outreach and health screening initiative designed to identify early health-related concerns among servicemembers returning from deployment.

VA participated in 492 PDHRA On-Site and 209 Call Center events in addition to accepting referrals from the DoD 24/7 PDHRA Call Center.

VA's involvement in PDHRA is critical for early intervention with combat veterans having readjustment and physical and mental health concerns.



## Making a Difference for the Veteran

### VA Teams Up with States to Help Injured Veterans



Former Secretary Nicholson addresses the National Association of State Directors of Veterans Affairs on the expansion of a collaborative outreach program with states and territories.

To help severely injured servicemembers receive benefits from their states when they move from military hospitals to VA medical facilities in their communities, VA expanded a collaborative outreach program with states and territories.

After a 4-month pilot with the state of Florida, former Secretary of Veterans Affairs Jim Nicholson expanded the program to all states while addressing a conference of the National Association of State Directors of Veterans Affairs in Alexandria, Virginia. "This initiative is a promising extension of VA's own transition assistance for those leaving military service," said Nicholson. "It is also an opportunity to partner with the states to make long-term support possible for our most deserving veterans..."

Called "State Benefits Seamless Transition Program," the initiative involves VA staff located at 10 DoD medical facilities. VA staff will identify injured military members who will be transferred to VA facilities. VA will contact state veterans affairs offices on behalf of the veterans. The state offices, in turn, will contact the veterans to inform them about benefits available to them and dependent family members. Most states and territories offer a range of benefits to veterans.

"Connecting veterans with state benefits immediately upon their separation from military service is a challenge, and more so for those who have suffered serious injury," said John M. Garcia, president of the National Association of State Directors of Veterans Affairs (NASDVA). "The State Benefits Seamless Transition Program opens a good line of communication and coordination between the Department of Defense, the U.S. Department of Veterans Affairs, and the State Departments of Veterans' Affairs."

"I applaud VA for expanding nationwide this worthwhile pilot program for our severely injured servicemembers," said LeRoy Collins Jr., executive director of the Florida Department of Veterans' Affairs. "This new initiative will be of great value to state governments enhancing long-term support to their veterans and families."



## Most Important Achievements and Current Challenges

### Most Important Achievements

**MULTIFAMILY TRANSITIONAL HOUSING PILOT:** Catholic Charities' \$20 million St. Leo's Residence for Veterans multifamily transitional housing complex was completed consisting of **141 studio apartments for homeless veterans**, a VA outpatient clinic, resource center, and community park. Currently all 141 studio apartments are occupied by homeless veterans.

**RESTORED VISION FOR HOMELESS VETERANS:** A pilot program made it possible for more than **300 homeless veterans** to receive **eyeglasses** through donations from Faith Based and Community Organizations and foundations.

**VA STAFF AT MILITARY TREATMENT FACILITIES (MTFs):** VA staff is now present at 10 MTFs throughout the country to assist the **transition** of injured and ill servicemembers **from the military** to civilian life.

**POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA):** VA is actively participating in DoD's PDHRA program at Reserve and Guard locations by **providing information** on VA care and benefits, **enrolling** interested Reservists and Guardsmen in the VA healthcare system, and **arranging appointments** for referred servicemembers.

**ARMY SPECIALISTS HELPING VA:** VA is hosting **Army Wounded Warrior Soldier Family Management Specialists** (SFMS) to work closely with VA's Polytrauma Rehabilitation Centers and the Network Polytrauma Centers.

**EDUCATION BENEFITS:** VA added more than **102,000 new students** to the education rolls and provided benefits to approximately **540,000 total students** in 2007.

**PAPERLESS BENEFITS AT DELIVERY (BDD) PROCESSING:** VA began **paperless processing** of BDD claims at the Winston-Salem Rating Activity Site in 2006 and expanded it to the Salt Lake City Rating Activity Site in 2007. Through August 2007, the two sites have processed over **2,300 BDD paperless claims**.

**OUTREACH:** VA benefits briefings to Reserve and Guard members have increased from **108** per month in 2006 to **150** per month in 2007, reaching approximately 7,559 members per month.

### Challenges

**RAMPING UP VA STAFF AT MILITARY TREATMENT FACILITIES:** VA will need to quickly expand the number of liaisons to accommodate and support the Army Warrior in Transition population (servicemembers awaiting transition to veteran status). To date, VA has been asked by the Army Medical Department to provide liaisons at seven additional sites (military installations) for a total of 14 Army sites. The projected OIF/OEF population to be served at each new site is approximately 300 servicemembers and veterans.

**OUTREACH TO RESERVE AND GUARD MEMBERS:** Providing VA benefits briefings to demobilizing Reserve and Guard members continues to be difficult. VA does not receive **timely notification** that a unit is demobilizing; the demobilizations are widely dispersed; and the **availability of units to attend benefits briefings** is limited.



## STRATEGIC GOAL 3

### *Honoring, Serving, and Memorializing Veterans*

*Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.*

#### **Public Benefit**

VA continues to set the national standard of excellence in quality and patient safety for the health care industry. Interactive technology strategies are being implemented to provide care in the least restrictive environments to allow patients and families maximum participation in disease management and health maintenance.

Telehealth technologies continue to be implemented to facilitate access to care and to improve the health of veterans and provide the right care in the right place at the right time.

VA has developed and implemented nationally recognized clinical guidelines for treatment and care of patients with one or more high-volume diagnoses. VA's innovations in patient care and development of technology strategies serve as models for the health care industry.

Veterans are assured of and merit dignity in their lives, especially in time of need. Such dignity is provided through VA pension programs and life insurance.

Through readjustment counseling, employment services, vocational rehabilitation, education assistance, and home loan guarantees, VA helps veterans become fully reintegrated into their communities with minimal disruption to their lives.

VA honors veterans with final resting places in national shrine cemeteries that are lasting tributes commemorating their service to our Nation.



## Making a Difference for the Veteran

### Chronic Pain Rehabilitation Program

Former Secretary of Veterans Affairs Jim Nicholson praised VA's acclaimed Chronic Pain Rehabilitation Program at the James A. Haley Veterans' Hospital in Tampa, Florida, as a shining example of VA's world-class health care.

"The program at the Tampa VA Medical Center is the largest and most comprehensive pain center in the VA system," Nicholson said. "We're meeting the challenges of treating wounded servicemembers returning from combat in Iraq and Afghanistan, while providing top-notch care to older veterans with chronic medical problems."



VA Tampa's interdisciplinary team received a national award designating their Chronic Pain Rehabilitation Program as a **Clinical Center of Excellence**.

Nicholson noted the Tampa pain program was one of six facilities -- **and the only VA facility** -- to receive the American Pain Society's first "Clinical Centers of Excellence in Pain Management Awards," honoring the Nation's outstanding pain care centers.

The Society recognized programs that help pain patients enhance overall functionality and quality of life through integrated care across medical disciplines. Patients in the VA pain program have, on average, a 50 percent reduction in pain during treatment. More than half of polytrauma patients leave the facility free of prescribed pain medications, while others have substantially reduced dosages.

The Tampa VA Medical Center hosts one of VA's major polytrauma centers that receive the most severely wounded veterans of combat in Iraq and Afghanistan. Pain management for these patients is particularly challenging because many have cognitive impairment and multiple complex injuries. Patients often arrive on high doses of narcotics, which can interfere with their rehabilitation.

In its recognizing the Tampa center, the American Pain Society highlighted programs that reach beyond drugs to other approaches such as cognitive behavioral and physical therapy to treat the whole person, not just the pain. According to the Society, the Tampa facility had demonstrated that integrated, multidisciplinary pain care yields the best medical, psychological, and social outcomes.

During the past 17 years, Tampa's Chronic Pain Rehabilitation Program has developed national models for managing chronic pain. The facility has devised a pain assessment questionnaire that is used by more than 800 clinicians and researchers in 36 countries.



## Most Important Achievements and Current Challenges

### Most Important Achievements

**OPENED TWO NEW CEMETERIES:** VA began interment operations at the new **Sacramento Valley VA National Cemetery** in October 2006 and at the new **South Florida VA National Cemetery** in April 2007. Combined, these two national cemeteries will provide a burial option to more than **700,000 veterans**.

**NEW NATIONAL CEMETERY SCHEDULING OFFICE:** In January 2007, the new National Cemetery Scheduling Office (NCSO) began operations. In its first year, the NCSO provided **centralized interment scheduling**, 7 days a week, for 27 existing national cemeteries in 9 Midwestern states and VA's two newly opened national cemeteries in Sacramento, California, and South Florida. Implemented as a pilot program in 2007, NCA plans to extend the NCSO to provide interment scheduling support to VA national cemeteries nationwide.

**GRAVE MARKING TIMELINESS:** **94 percent of graves** in national cemeteries were marked within 60 days of the date of interment. This is well above the performance goal of 90 percent, and a significant improvement over the 2002 baseline level of 49 percent.

**NATIONAL CEMETERY CUSTOMER SATISFACTION:** The 2007 survey found that **94 percent** of respondents rated the quality of service provided by national cemeteries as excellent. This is the **seventh consecutive year** that the quality of service provided by national cemeteries has been rated excellent by more than 90 percent of survey respondents.

**HIGH PATIENT SATISFACTION:** The **American Customer Satisfaction Index survey**, long recognized as a national indicator of customer evaluation of the quality of goods and services available to residents of the U.S., found that VA's inpatient hospital services achieved a score of 84 (5 percentage points higher than private sector hospitals) and outpatient services scored 82 (4 points higher than private sector scores). ACSI said that VA's results "should be considered a benchmark for other agencies." VA also rated highly (94 inpatient and 92 outpatient on a 100-point scale) in veteran loyalty, meaning that nearly all veterans that VA treats are willing to use VA health care facilities in the future and are likely to speak positively to others about their experiences.

**VA HOSPITALS' QUALITY EVALUATED:** All VA hospitals are accredited by The Joint Commission, which is the Nation's predominant standards-setting and accrediting body in health care. The Joint Commission, an independent, not-for-profit organization, evaluates and accredits nearly 15,000 health care organizations and programs in the U.S. In the most recent Joint Commission Quality Report, VA's performance measurement scores met or exceeded the national scores for Joint Commission-accredited hospitals in almost every category of care (pneumonia, heart failure, acute myocardial infarction, and Surgical Care Improvement Project).

**TRAUMATIC INJURY PROTECTION:** In 2007, the Traumatic Injury Protection program paid \$217.3 million to over 6,300 severely wounded servicemembers and veterans.

**HOUSING FORECLOSURE AVOIDANCE:** VA achieved an "**Efficiency-Foreclosure Avoidance Through Servicing (E-FATS)**" ratio of 6.8. This means VA avoided \$6.80 in potential claim payments for every dollar spent on Loan Administration personnel assisting veterans who had a VA-guaranteed loan in default.

**INCREASED CLAIMS ACCURACY:** The accuracy of nonrating-related (authorization) pension claims processed improved from **88 percent in 2006 to 91 percent through July 2007**. Separate and dedicated Systematic Technical Accuracy Review (STAR) is done on claims decisions at the three Pension Maintenance Centers (PMCs). The PMC accuracy review results are used for quality improvement, training, and performance assessment.

**TRANSITIONING TO PAPERLESS PENSION CLAIMS PROCESSING:** VA began the transition to front-end paperless processing by completing over 2,150 claims electronically. VA transitioned to **100 percent** paperless repository for historical pension documents resulting in faster claims review.



### Challenges

**HEADSTONE AND MARKER PROCESSING TIMELINESS:** In 2007 VA processed **38 percent of applications for headstones and markers** for the graves of veterans who were not buried in national cemeteries within 20 days of the date of receipt. VA has established a long-range performance goal to process 90 percent of these applications within 20 days of receipt. To improve performance in this area, NCA is revising staffing plans and working with the VA Office of Information and Technology to investigate possible enhancements to the current technology for scanning and processing applications.

**HIRING SPECIALTY STAFF:** VHA continues to have **challenges in recruiting** specialty staff especially in geographically remote areas. For example, orthopedists, urologists, and psychiatrists are difficult to recruit in remote areas such as Maine and Wyoming.

**IMPACT OF AN ECONOMIC DOWNTURN:** Any significant downturn in the national or local economies will likely increase the number of **defaults** and **foreclosures of VA-guaranteed loans**. The levels of defaults, foreclosures, and property acquisitions are related to interest rates and the economy in general, and are particularly sensitive to regional downturns.



## STRATEGIC GOAL 4

### *Contributing to the Nation's Well-Being*

*Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.*

#### **Public Benefit**

VA advances medical research and development programs to support veterans' needs and contribute to the Nation's medical and scientific knowledge base as a public good. Initiatives in research include developing strategies to reduce the number of veterans with diabetes, expanding research addressing obesity issues of veterans, and increasing VA involvement in the research and practice of genomic medicine – the science of using information about gene sequence and expression to assess the risk of future disease, to diagnose existing disease, and to choose treatments best matched to the needs of each individual.

One notable VA-led study, *Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation*, the results of which were published in 2007, is expected to have a significant impact on U.S. clinical practice, as well as veterans. The U.S.-Canadian study, led by VA's Cooperative Studies Program (CSP), found that balloon angioplasty plus stenting did little to improve outcomes for 2,287 patients with stable coronary artery disease who also received optimal drug therapy and underwent lifestyle changes. The study, called COURAGE, involved patients at 15 VA medical centers and 35 other U.S. and Canadian hospitals.

A PTSD Genetics Working/Planning Group is being established to explore and define the basis to conduct research related to the genetics of PTSD through development of new and expansion of currently available cohorts (e.g., ongoing CSP clinical trials). By careful clinical characterization and genetic analyses, the VA PTSD cohort should be a longitudinally available resource with continued possibilities for research studies. The studies include

determining genetic variants that contribute to PTSD risk, as well as treatment response and outcomes. The first meeting was held in September 2007.

Through relationships with 107 of the 126 U.S. medical schools, VA trained some 31,000 medical residents and fellows and 17,000 medical students in the past year. In addition, as a partner in 5,000 associated health programs across the country, VA trained nearly 44,000 additional medical personnel in over 40 separate disciplines. The quality of health care provided to veterans and to Americans in general is enhanced as a result of these partnerships.

VA's maintenance of national cemeteries as national shrines preserves our Nation's history, nurtures patriotism, and honors the service and sacrifice of our Nation's veterans. Each national cemetery exists as a national shrine providing an enduring memorial to this service, as well as a dignified and respectful setting for their final rest.

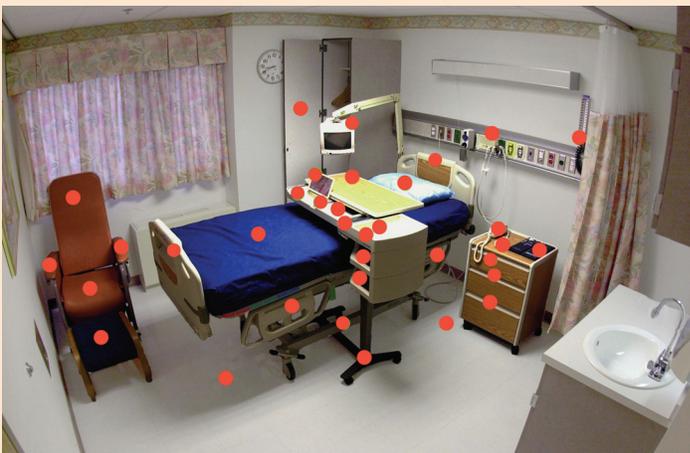
VA's Office of Operations, Security, and Preparedness (OSP) became operational in 2007. OSP coordinates the Department's emergency management, preparedness, security, and law enforcement activities to ensure the Department can continue to perform VA's Mission Essential Functions under all circumstances across the spectrum of threats. Both VA's Central Office and Martinsburg Readiness Operation Centers are well equipped, through access to the Homeland Security Information Network and the Homeland Security Data Network, to create a Common Operating Picture that will better enable VA to prepare for, mitigate, respond to, and recover from any man-made or natural event.



## Making a Difference for the Veteran

### VA Expands Successful Infection Control Program Nationwide

Building on the success of a pilot program at VA's Pittsburgh Health Care System that reduced a worrisome staph infection by 50 percent, VA has tough new screening requirements in place in all of its hospitals.



“Hot Spots” or common areas that harbor bacteria were identified, and VA medical center employees take precautions to make sure these hot spots are disinfected often.

In addition to emphasizing its commitment to hospital hygiene and flagging affected patients for special precautions, VA facilities monitor all incoming patients on key units for methicillin-resistant *Staphylococcus aureus* (MRSA).

“VA demonstrated that dramatic reductions in MRSA-related infections are possible,” said Acting Secretary of Veterans Affairs Gordon Mansfield. “VA’s completion of our national deployment of these serious prevention measures reinforces VA’s stature as one of the safest health care environments nationally.”

MRSA is primarily spread through direct physical contact with a person or object carrying the bacteria. Typically, it resides on the skin or in the nose. According to the

Centers for Disease Control and Prevention, MRSA is one of the most rapidly growing infections associated with health care facilities, and it is estimated there may be more than 94,000 MRSA cases a year in the United States associated with 18,650 deaths annually.

The four primary strategies VA now uses to eliminate MRSA include obtaining nasal specimens from all patients when they are admitted, transferred, or discharged; isolating all patients who test positive for MRSA; emphasizing the importance of thorough hand washing for everyone; and cultural transformation to make infection control a primary goal.

“MRSA is a dangerous infection, difficult to eradicate, that can cause pneumonia, wound or bloodstream infections,” said Dr. Michael J. Kussman, VA’s Under Secretary for Health. “Our ability to reduce the number of cases of MRSA infection enhances our ability to provide quality health care for veterans.”



## Most Important Achievements and Current Challenges

### Most Important Achievements

#### **POST-TRAUMATIC STRESS DISORDER (PTSD) RESEARCH:**

- Veterans with PTSD commonly experience nightmares and sleep disturbances, which can seriously impair their mood, daytime functioning, relationships, and overall quality of life. In initial studies, VA research scientists have found that prazosin, an inexpensive generic drug already used by millions of Americans for high blood pressure and prostate problems, improves sleep and reduces trauma nightmares for veterans with PTSD. Plans are being developed for a definitive clinical trial to confirm the drug's effectiveness.
- In the largest, women-only clinical trial on PTSD, VA researchers and colleagues found that prolonged-exposure--a type of cognitive behavioral therapy--was effective in reducing PTSD symptoms and that such reductions remained stable over time. Women who received prolonged-exposure therapy--in which therapists helped them recall their trauma memories under safe, controlled conditions--had greater reductions of PTSD symptoms than women who received only emotional support and counseling focused on current problems.

**HIV/AIDS RESEARCH:** VA research scientists previously showed that people with a below-average number of copies of a particular immune-response gene called CCL3L1 have a **greater likelihood of acquiring HIV** and, once infected, of progressing to full-blown **AIDS**. Further VA research now shows that a person's genetic makeup could be a more accurate predictor of disease progression than currently used laboratory markers. The researchers also demonstrated that the combination of laboratory and genetic markers captures a broader spectrum of AIDS risk than either set of markers alone.

**EMERGENCY MANAGEMENT:** During the aftermath of Hurricane Katrina, the VA Health Revenue Center (HRC) activated an **emergency call center** to assist displaced employees, provide advisory assistance to displaced veterans seeking medical care, and assist veteran patients in obtaining and refilling medications provided by VA physicians and providers. The HRC has been designated through formal Memorandum of Understanding at the Departmental level as the VA National Disaster Contact Center (NDCC). The designation of the HRC as the VA NDCC ensures that VA has the necessary communications resource for veterans and employees should VA face similar challenges in the future.

**CUSTOMER SATISFACTION SURVEY:** **98 percent** of respondents to VA's **2007 Survey of Satisfaction with National Cemeteries** indicated that they would recommend the national cemetery to veteran families in their time of need. This is the seventh consecutive year that 97 percent or more have indicated a high level of trust that VA's national cemeteries continue to honor veterans and their service to our Nation.

### Challenges

**MAINTAINING CEMETERY APPEARANCE:** National cemeteries must meet the standards our Nation expects of its national shrines. To meet these standards and fulfill the National Shrine Commitment, VA needs to make improvements in the appearance of burial grounds and historic structures as well as to conduct regular maintenance and repair projects on more than **600 buildings** and over **16,000 acres of land** contained within 158 cemeterial installations.

**BALANCE BETWEEN RESEARCH AND PROVIDING CARE:** Many VA researchers are clinicians. Because the veteran population has been increasing, these dedicated individuals are finding it **difficult to maintain a balance** between time spent on clinical care and research activities. Therefore, both VA's patient care and VA's research efforts might ultimately suffer if those individuals wish to spend more time on research and leave VA.



## The President's Management Agenda

The President's Management Agenda (PMA), which was announced in 2001, is an aggressive strategy for improving the management of the federal government. It focuses on key areas of management weakness across the government. VA is working closely with OMB to address weaknesses identified in each of the areas. OMB issues reports quarterly and uses a "stoplight" scorecard to show progress made by each federal agency. The following table summarizes VA's progress and status as of September 30, 2007.

Please refer to pages 61-76 of the full PAR for more details.

VA's Status and Progress on the President's Management Agenda			
As of September 30, 2007			
Initiative	Status	Progress	Status Change from September 30, 2006
Human Capital (g-wide)			↔
Competitive Sourcing (g-wide)			↔
Financial Performance (g-wide)			↔
E-Government (g-wide)			↔
Performance Improvement (g-wide)			↑
Real Property			↔
VA/DoD Coordination			↔
Research and Development	-- not rated --		
Improper Payments			↓
Faith-Based and Community Initiative			↑
Credit Management			↔
Health Information			n/a (not rated in September 2006)



## Program Assessment Rating Tool (PART)

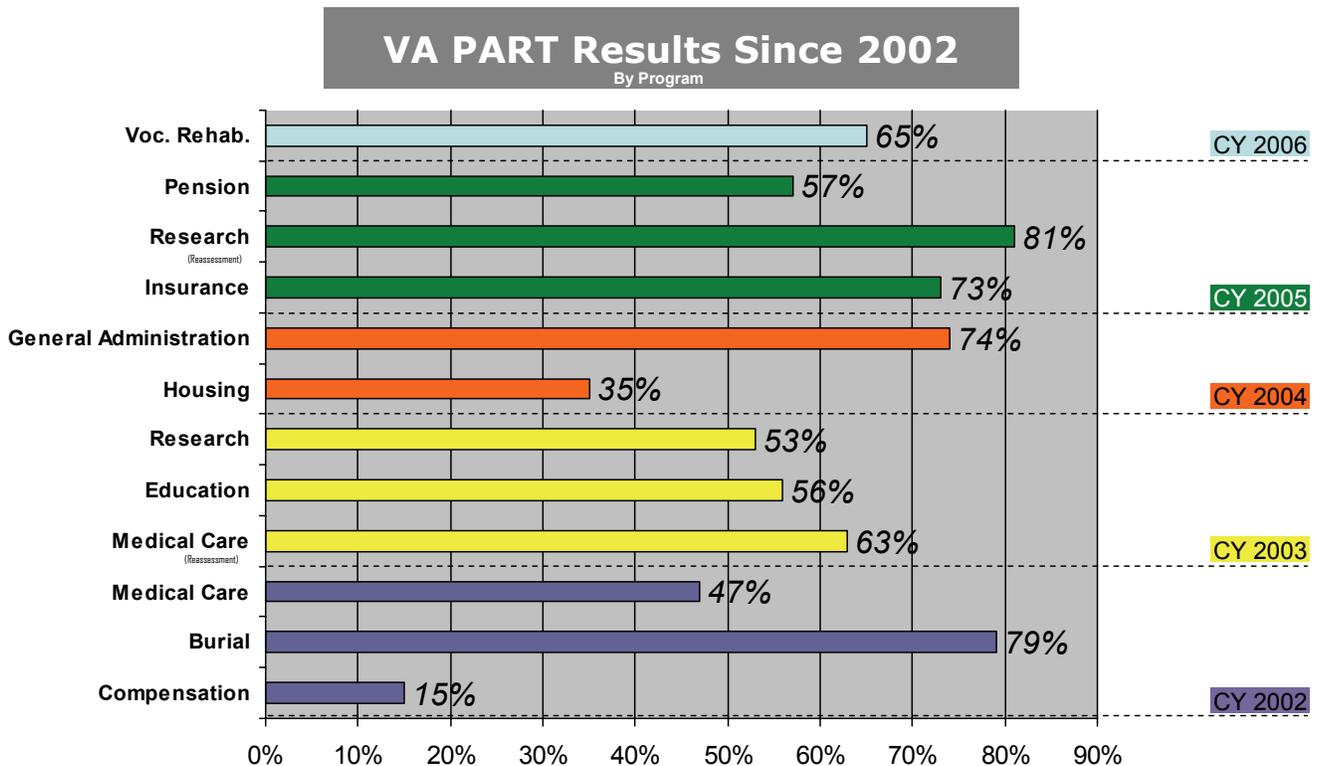
Starting in 2002, OMB began to evaluate all federal programs using a detailed questionnaire-driven methodology called the Program Assessment Rating Tool (PART). The PART contains 25 questions pertaining to a program's design and purpose, strategic planning capability, quality of performance measurements, financial oversight, and reporting of accurate and consistent performance data.

Once the review is completed, programs are given one of five ratings as follows:

Rating	Score Range
Effective .....	85-100%
Moderately Effective.....	70-84%
Adequate.....	50-69%
Ineffective.....	0-49%
Results Not Demonstrated.....	--- *

\* Regardless of the Overall Score, programs that do not have acceptable performance measures or have not yet collected performance data generally receive a rating of Results Not Demonstrated.

All of VA's 10 programs have been reviewed at least once. Below is a chart summarizing VA's PART results by program:



Please refer to pages 77-85 of the full PAR for more details.



## Major Management Challenges Identified by the OIG

The Department's Office of Inspector General (OIG), an independent entity, evaluates VA's programs and operations. The OIG submitted an update of the most serious management challenges facing VA. Please refer to pages 250-287 of the full PAR for more details.

We reviewed OIG's report and provided responses, which are integrated within the OIG's report. Our responses included the following for each challenge area:

- *Key actions taken* in 2007 in response to the challenges identified by the OIG
- *Key actions planned* for 2008
- *Anticipated impacts* of the key actions
- *Estimated resolution timeframe*

VA is committed to addressing its major management challenges. Using OIG's perspective as a catalyst, we will take whatever steps are necessary to help improve services to our Nation's veterans. We welcome and appreciate OIG's perspective on how the Department can improve its operations to better serve America's veterans.

The table below shows the strategic goal to which each challenge is most closely related, as well as its estimated resolution timeframe.

Challenge		Estimated Resolution Timeframe (Fiscal Year)
No.	Description	
<b>Strategic Goal 3: Honoring, Serving, and Memorializing Veterans</b>		
<b>OIG 1</b>	<b>Health Care Delivery</b>	
1A	Quality of Care	2008 and beyond
1B	Electronic Medical Records	2008 and beyond
1C	New and Significantly-Increased Health Problems Associated with OIF/OEF	2008 and beyond
1D	Research	2008 and beyond
<b>Strategic Goal 1: Restoration and Improved Quality of Life for Disabled Veterans</b>		
<b>OIG 2</b>	<b>Benefits Processing</b>	
2A	Pending Claims and Estimated Receipts	2008
2B	Appeals	2009
2C	Accuracy and Variance	2008
<b>Enabling Goal: Applying Sound Business Principles</b>		
<b>OIG 3</b>	<b>Financial Management</b>	
3A	Lack of an Integrated Financial Management System	2012
3B	Operational Oversight	2009
<b>OIG 4</b>	<b>Procurement Practices</b>	
4A	Procurement Failures	2009
4B	Lack of Corporate Knowledge	2009
<b>OIG 5</b>	<b>Information Management</b>	
5A	Confusion of Rules and Guidance	2009
5B	Material Weakness in IT Security Controls	2010
5C	VA Information Security Program Reviews	2010
	<b>Appendix</b>	