Department of Veterans Affairs

STRATEGIC PLAN

2003 – 2008

"To care for him who shall have borne the battle and for his widow and his orphan."

–Abraham Lincoln

Office of the Secretary
Washington, DC 20420

July 2003

Veterans Administration, IT Strategic Plan, 2006-11

Appendix 2

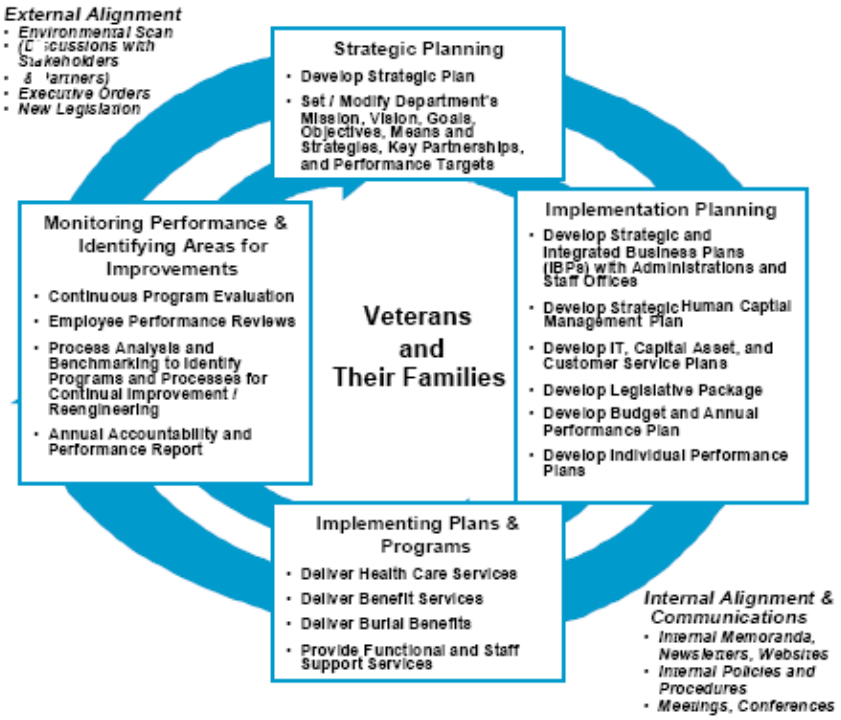
Integrated Plans, Programs, and Budgets

VA's Strategic Management Framework

VA is implementing an integrated strategic management framework. With veterans and their families as the primary focus, the diagram below provides a brief description of the key elements of our overall process to achieve integrated plans, programs, and budgets. These elements include:

(1) strategic planning;
(2) implementation planning;
(3) carrying out plans and programs; and
(4) monitoring performance and identifying areas for improvements.

VA's Strategic Management Framework



Appendix 2

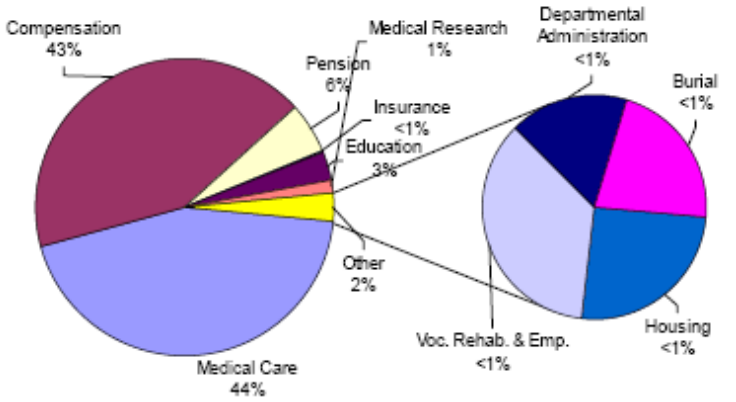
Integrated Plans, Programs, and Budgets

Budget and Performance Integration

During 2002, VA made progress in implementing performance-based management, particularly with regard to linking resources with results. The centerpiece of our budget and performance integration activities is our development of a newly restructured account framework. This structure focuses on the following nine major business lines: medical care, medical research, compensation, pension, education, housing, vocational rehabilitation and employment, insurance, and memorial and burial benefits.

Table A

President's FY 2004 Budget Request by Business Line



($ are rounded in millions)
Medical Care $27,547
Compensation $26,957
Pension $3,543
Education $2,003
Medical Research $822
Voc. Rehab. and Employment $697
Housing $490
Memorial and Burial $422
Departmental Administration $346
Insurance $33
Total Appropriations $62,860

Source: President's 2004 Budget Request, Office of the Assistant Secretary for Management

Appendix 8

Data Capacity

VA is committed to ensuring that those who use VA's reported performance information to make decisions can do so with the confidence that our data are reliable and valid. Developing policy to ensure data quality, establishing oversight authority, using the expertise of the Office of the Actuary, and using performance audits to objectively assess the reliability, validity, and integrity of the data will provide senior managers with needed assurances about the quality of VA's data.

VA is developing a sound policy for data quality at the Department level that would include, among other things, standardization of data definitions; use of internal controls; data sources; data reliability; validity; and integrity checks. Upon establishment of the Department's first key performance measures in 1998, it was critical to senior managers that the quality of data reported be objectively verified for accuracy. The Office of Inspector General (OIG) conducted performance audits, most of which were completed in 2001. These audits provide an important and objective assurance of data quality.

In order to ensure a greater understanding among VA staff and managers, OIG auditors provided the following definitions:

- Validity — Does data represent what it is intended to?
- Reliability — Is the data consistent and can it be replicated?
- Integrity — Can the data be gamed or manipulated?

Since the OIG findings were originally published, VBA, VHA, and NCA have taken action to correct the deficiencies identified in the audits and implemented all recommendations made by the OIG. For example, to improve the data used to measure claims processing, VBA clarified and revised its policies and added a data integrity segment to the training package for veterans service officers and began to collect transaction data in order to identify questionable transactions.

Veterans Health Administration

VHA has implemented all of the OIG recommendations identified regarding over reporting of unique patients by six percent and is awaiting the release of the OIG audit of the Chronic Disease Care and Prevention Index.

Data reliability, accuracy, and consistency have been a targeted focus of the Veterans Health Administration (VHA) for several years. The principles of data quality are integral to VHA's efforts to provide excellence in health care. VHA has established a Data Quality Council to lead data quality improvement efforts. The Council's focus has been centered on: creating standard processes that support on-going maintenance of data quality; defining and implementing local accountability for data quality; establishing a data quality education, training and communication structure; and, focusing efforts on data that supports patient access processes.

The VHA Data Consortium addresses organizational issues and basic data quality assumptions. The Data Consortium works collaboratively to improve information reliability and customer access for the purposes of quality measurement, planning, policy analyses, and financial management. The ongoing

initiatives and strategies address data quality infrastructure, training and education, personnel, policy guidance, and data systems.

The Meta Data Repository (MDR) is in development with data from 49 VHA databases. This registry contains definitions, business rules, names of database stewards, and descriptive information about the data elements contained in VistA databases. The MDR provides a single source of data element description to users and technical staff. The use of the MDR will also help eliminate data redundancies and improve standardization.

VHA completed the implementation of a national Master Patient Index (MPI) in FY 2001. The MPI provides the ability to view clinical data from various VA medical facilities via the remote data view functionality within the Computerized Patient Record System (CPRS). The MPI provides the access point mechanism for linking patients' information from multiple clinical, administrative, and financial records across VHA health care facilities to enable an enterprise-wide view of individual and aggregate patient information.

The ideal health system must promote the sharing of information any time, any place, by any authorized provider, and in real-time, while ensuring that stringent privacy and security regimes are maintained. It must maximize the best use of available technology to allow users to effectively manage across programs, time, distance, and within budget constraints, while balancing the resource needs of health and information. The ideal health and information system must provide a high performance platform that maximizes patient health.

VHA is moving toward an ideal health and information system. In the near-term, VHA is enhancing the current VistA platform by completing the Decision Support System and implementing VistA Imaging. Mid/long-term efforts will include: the development of a health database accessible across all areas of care, times, locations, and providers; the enhancement of eligibility/enrollment processing to meet One VA goals; the reengineering of the VistA Scheduling package; and enhancement or replacement of the billing and fee basis systems.

Veterans Benefits Administration

In response to the OIG's inability to verify the accuracy of the Foreclosure Avoidance Through Servicing Ratio (FATS Ratio), VBA has improved its records management and currently maintains all data needed for the OIG to verify the accuracy of the current FATS Ratios. Since August of 1999, the Loan Servicing and Claims System maintains an electronic copy of all service notes and cases indefinitely. Prior to August of 1999, servicing notes and case records were discarded after 60 days and no electronic records were kept.

National Cemetery Administration

NCA workload data are collected monthly through field station input to the Management and Decision Support System (MADSS), the Burial Operations Support System (BOSS), and the Automated Monument Application System - Redesign (AMAS - R). After reviewing the data for general conformance with

previous reporting periods, headquarters staff validates the data and resolves any irregularities through contact with the reporting station.

NCA determines the percent of veterans served by existing national and state veterans cemeteries within a reasonable distance of their residence by analyzing census data on the veteran population. Effective in FY 2000, actual performance, and the target levels are linked to the Veterans Population Projection Model. VetPop2001 is adjusted for Census 2000 and is the authoritative VA estimate and projection of the number and characteristics of veterans.

Veterans Actuarial Model (VAM) 2002

In December 2002, VA's Office of the Actuary (OACT) refined The Veteran Population Projection Model 2001 by adjusting it to take into account data from Census 2000. Next year OACT's Veteran Population Projection Model will be enhanced with the capability to provide estimates and projections of critical elements for seven VA business lines: Compensation, Pension, Medical, VRE, Loan Guaranty, Education, and Burial. Those elements are: number eligible, number of users, benefit costs, and workload. In its standard projections, the model will be updated each year based on current data, and existing law, but will have the flexibility to vary assumptions and simulate proposed changes in laws and regulations. The foundations of the model are VA surveys and administrative data from VHA, VBA, and NCA; data from other government agencies, such as DOD's Defense Manpower Data Center, the Bureau of the Census, and the DOD Office of the Actuary; basic research; and sophisticated computer programs.

In addition to the development of VAM, OACT provides consultation and actuarial support to all VA entities; makes sure that needed research is carried out; and identifies, collects, and analyzes data about veterans from within, as well as, outside VA. The goal of OACT is to make the best data about veterans and their benefits available to VA management and the community at large.