

Strategic Goal 3

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

Objective 3.1

Improve the overall health of enrolled veterans including special populations of veterans through a health care system characterized by convenient access, high quality, satisfied patients, and cost efficiency

Objective 3.2

Provide a level of income that brings eligible veterans and their survivors up to a standard of living that assures dignity in their lives



Objective 3.3

Enhance the financial security for veterans' families through life insurance and other benefits programs

Objective 3.4

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

Objective 3.5

Provide veterans and their families with symbolic expressions of remembrance

**To honor
and serve
veterans...**

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

Strategic Goal 3

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

Purpose, Outcomes and Projections:

The purpose of this objective is to provide health care for all enrolled veterans. Access will be improved by focusing on timeliness of service delivery and treating veterans closer to their homes. Quality of care will be improved by improving the process for measuring and reporting outcomes of care, enhancing the safety of the care environment for patients and employees, and focusing on the health care needs of special populations. Patient and employee satisfaction will be closely monitored to ensure that services meet expectations. Costs will be monitored to ensure that taxpayers receive the best return for their dollars. The number of enrollees in the VA health care system will increase from 3.7 million veterans in FY 1999 to 5.47 million in FY 2006.

Objective 3.1

Improve the overall health of enrolled veterans including special populations of veterans through a health care system characterized by convenient access, high quality, satisfied patients, and cost efficiency

Strategies and Processes:

VA will pursue a number of strategies to achieve this objective.

Provide Easy Access to Medical Knowledge, Expertise, and Care

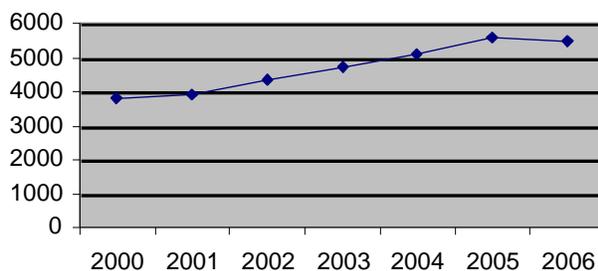
VA will increase the timeliness of services for veterans and their families by focusing on the new 30-30-20 performance goals. These

goals will improve access to care by decreasing waiting times for primary care appointments to 30 days, waiting times for specialty appointments to 30 days, and waiting times to see a provider to 20 minutes. Through these goals, VA can optimize process cycle times and access to services and model itself after world class organizations.

In addition, VA has incorporated the measures that call for reducing the waiting time for specialty clinics and primary care appointments to 30 days or less into the performance agreements between Network Directors and the Under Secretary for Health. This will help to ensure a concerted effort across the VA health care system. More specific strategies designed to improve overall access include the following :

- Provide more timely access to care and services by hiring additional staff in critical areas.
- Improve work and work processes through the continuation of the Institute for Health Care Improvement initiatives and other process improvement efforts.
- Improve timeliness of access to specialty services through the procurement of short-term contracts with specialists to provide

**Objective 3.1
Projected Enrollees**



services to veterans that have been waiting for a significant period of time.

- Renovate infrastructure in existing facilities to ensure that examination rooms are available for those providing services on a given day.
- In the face of a declining, but aging veteran population, VA will maintain existing capacity for VA operated nursing home care beds and will expand access to Long-Term Care (LTC) alternatives to institutional care with an emphasis on community-based and in-home services.
- Provide improved and more convenient access for patients through the opening of more Community Based Outpatient Clinics (CBOCs).

Patients increasingly seek and receive VA care at multiple sites. They may receive primary care at community-based outpatient clinics and specialty or inpatient care at one or more medical centers. Timely access to clinical information by VA staff from multiple sites of care is paramount to ensure prompt service, continuity, and quality care. In addition, providers need a more efficient means to document care. Telemedicine can improve timeliness and quality of care for veterans, maximizing remote provider consultation.

A key VA strategy is to use technology to improve access to patient information across sites of care. The result will be enhanced communication across sites of care within each VA medical center, between facilities within a VISN, and between VISNs. In addition, VA is actively exploring additional innovative information technology contributions to VA health care services.

Put Quality First until First in Quality

VA will continue emphasizing the use of Clinical Practice Guidelines throughout our health care system to guide measurement and reporting of outcomes of care for major clinical areas such as heart disease, diabetes, major depressive disorder,

and hypertension. In addition to the use of Clinical Practice Guidelines, VA's Prevention Index is being revised to accommodate additional measures. The Prevention Index consists of clinical interventions that measure how well VA follows nationally recognized primary prevention and early detection recommendations for diseases with major social consequences such as influenza and pneumococcal diseases, tobacco and alcohol consumption, and numerous cancers.

To provide for a safe environment, VA will identify key drivers of the patient safety culture in VA medical facilities through surveys focused on improving the culture. The success of the strategy calling for continuous improvements in the safety of VA health care will depend on development of a system to monitor both safety-related events and the culture of safety within VA medical facilities. The special care needs of veterans will be met by developing outcome-oriented measures and by focusing on positive outcomes for certain sub-groups.

The National Chaplain Center will work with VA Administrations and staff offices to enhance communications and collaboration among VA's programs and activities that respond to the spiritual needs of veterans and their families.

VA will also review data on the use of its facilities by women veterans, enrollment data on women veterans by eligibility category, and findings of VA utilization research and satisfaction surveys to determine trends in use of VA programs by women veterans. Following this review, site visits will be conducted at selected VISNs and SDNs to identify programmatic initiatives that successfully increase women veterans use of VA.

The Homeless Veterans Program Office will work with VA Administrations and staff offices to enhance communication, collaboration and coordination of VA-wide programs and activities to address the needs of homeless

veterans. This office will act as a liaison to other federal agencies, state and local governments, Veterans Service Organizations and non-profit organizations serving homeless veterans and conduct outreach activities that will promote partnerships to expand the range of services for homeless veterans.

Specific programs include: (1) Working together to help homeless veterans, Veterans Benefits Specialists will be placed at selected VA health care for homeless veterans programs to provide dedicated outreach, benefits counseling, referral, and other assistance to eligible veterans applying for VA benefits; and (2) VA will also continue to partner with veterans service organizations, state and local governments and community-based service providers to hold events called StandDowns across the country for those veterans still left on the streets, under bridges and encamped in the woods to enable these veterans to find a way to “come home.”

VA will work to maximize participation in the Community Homelessness Assessment Local Education and Networking Groups (CHALENG) by increasing VA facility participation. VA will coordinate outreach activities to enhance community participation in local CHALENG planning meetings.

Exceed Patients' Expectations

VA obtains continual feedback from the general veteran population on their satisfaction with service through surveys, focus groups, complaint handling, direct inquiry, and comment cards. This feedback is used to build a database on what veterans expect and provides information that can be used to revise performance goals and identify areas for improvement. As appropriate, specific groups of veterans — such as Gulf War veterans, minority veterans, and women veterans

— are surveyed to determine their special needs as part of VA's effort to maximize service delivery. VA health care providers are expected to provide compassionate service, to share decision making with patients, and to empathize with patients concerns.

Maximize Resource Use to Benefit Veterans.

Consolidation and integration are undertaken to eliminate redundancy, improve economies of scale, and bring service levels and/or workload up to minimum levels to assure cost effectiveness and clinical quality. Restructuring addresses consolidation, integration, right-sizing of facilities, and realignment of services and programs within facilities. These realignment issues are currently being addressed within the context of the Capital Asset Realignment for Enhanced Services (CARES) initiative. VA has achieved a significant decrease in the number of operating beds nationwide and plans to continue decreasing operating beds in the future.

Crosscutting Efforts in Health Care

VA has a vast number of sharing agreements with DoD that result in both increased access to, and the quality of, medical care for veterans. Many of these collaborative partnerships result in increased levels of care for many of VA's most important subgroups of patients, including veterans with spinal cord injury, acute traumatic brain injury, Gulf War illnesses, and those in need of prosthetic services.

VA collaborates with the Department of Health and Human Services (DHHS) to develop non-VA benchmarks for bed-days of care which are obtained from a Health Care Financing Administration (HCFA) database. VA is able to obtain data on ambulatory procedures from the National Center for Health Statistics. VA and DoD collaborate on enhancing VA's Parametric Automated Cost Engineering System (VA PACES), on partnering on real property assets,

and on acquisition and colocation of VA facilities with excess property available through the closure of military bases. VA also participates in joint design and construction projects with the Department of Agriculture, the Indian Health Service, the National Park Service, and the Merchant Marine Academy.

Other crosscutting activities include providing laundry services to State Veterans home and Job Corps programs, collaborating with GSA in a Government-wide Real Property Information Sharing program on utilization of government-owned and government-controlled property in the Northeastern area of the United States, and acquiring leasehold interests in real property for clinical and administrative purposes within various regions across the United States. VA also participates with a private sector panel to identify enhanced-use lease initiatives at various VA medical centers for the purpose of obtaining lower cost utilities and energy services thus making more resources available for direct patient care.

External Factors:

- The strategy to ensure a consistent delivery of health care by implementing standard measures depends upon contracted reviews by the External Peer Review Program.
- VA will rely on participation of DoD in the joint development and implementation of clinical practice guidelines. These guidelines must have a long range view toward assuring continuity of care and a seamless transition for a patient moving from one system to the other.
- Enactment of legislation authorizing VA to bill Medicare for health care provided to certain veterans will be necessary.

Performance Measures

Objective 3.1 Outcome Measures		FY 2006 Performance Targets
Long-Term Care ó	Percent increase in access to home and community-based care for enrolled veterans when clinically indicated from baseline of 21,400 patients	160%
Clinical Practice Guidelines ó	Implement new clinical practice guidelines	TBD (by 11/30/00)
Prevention Index ó	Implement the new Prevention Index II	TBD (by 11/30/00)
Quality of Health Care Service ó	Percent of patients rating VA health care service as very good or excellent	72%
Safety ó	Root cause analyses are in correct format and completed within 45 days	TBD (by 11/30/00)
Homeless Veterans ó	Percent of veterans who acquired independent living at discharge from a Domiciliary Care for Homeless Veterans program or a community-based contractual residential care program	64%
Service Delivery Measures		FY 2006 Performance Targets
Customer Feedback ó	Average number of Veterans Health Service Standards (VHSS) Problems reported for the "patient education," "visit coordination," and "pharmacy" categories in the annual outpatient feedback survey	Patient Education .23 Visit Coordination .07 Pharmacy .14
Access and Service Delivery ó	Average number of days to obtain a primary care appointment	30 Days
	Average number of days for patients referred by a VA primary care practitioner to obtain a non-urgent appointment with a specialist	30 Days
	Percent of patients who are seen within 20 minutes of their scheduled appointments at VA health care facilities	TBD (by 11/30/00)

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

Purpose, Outcomes and Projections:

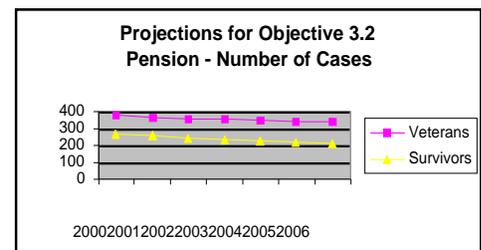
The nation recognizes its obligation to veterans who defended the country during wartime. VA's non service-connected pension program ensures basic dignity for needy wartime veterans. The purpose of the Pension Program is to provide monthly payments to needy wartime veterans who are permanently disabled as a result of disabilities not related to military service. The pension program also provides monthly payments, as specified by law, to needy surviving spouses and dependent children of deceased wartime veterans. The outcomes identified for the monetary payment of pension benefits are to:

- Recognize and compensate veterans and their survivors for the contributions and sacrifices made in defense of the Nation during wartime;
- Provide a level of income that brings veterans and their survivors up to a standard of living that ensures a basic dignity in their lives; and
- Provide incentive for future military service by assuring prospective servicemembers of the nation's obligation to provide for those who defend the country in wartime military service.

The number of veterans and survivors in receipt of pension benefits will steadily decline as World War II, Korean Conflict, and Vietnam Era veterans age and die. At the end of FY 1999, approximately 379,000 veterans and 274,000 survivors were

*Objective 3.2
Provide a level of income that brings eligible veterans and their survivors up to a standard of living that assures dignity in their lives*

receiving pension benefits. In FY 2006, approximately 335,000 veterans and 210,000 survivors are expected to receive pension benefits.



Strategies and Processes:

VA will implement the following strategies to ensure veterans and their survivors have a standard of living that provides for basic dignity in their lives and the delivery of world-class service to wartime veterans:

- VA will provide veterans and survivors with easy access to information and the opportunity to interact with the VA for benefits and services, at a convenient time and place.
- VA will simplify the administrative rules and regulations governing the application and eligibility determination processes.
- VA will maximize direct contact with the veteran and survivors through a *case management* approach and through the use of information technology and improving workforce skills. These improvements will result in greater veteran satisfaction, improved cycle time for claims process and improved accuracy.

- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes for the Pension Program and will finalize these program outcomes and develop performance measures and targets through

program evaluations, program reviews, and further consultations with our stakeholders.

External Factors:

- Legislation — Legislation may be required to achieve anticipated program outcomes.

Performance Measures

Objective 3.2 Outcome Measures		FY 2006 Performance Targets
Pension	Percent of wartime veterans who believe they are appropriately recognized and compensated for their sacrifices in defense of the Nation	TBD (by 03/31/03)
Veterans and Survivors	Percent of veterans and their survivors who believe they are provided a level of income that allows them to maintain a standard of living and ensure a basic dignity in their lives	TBD (by 03/31/03)
Service Delivery Measures		FY 2006 Performance Targets
	Service delivery performance measures (i.e., speed, accuracy and customer satisfaction) are measured for the entire Compensation, DIC and Pension Programs. These measures are an aggregate and not separated by individual program. Therefore, the service delivery measures for the Pension Programs (objective 3.2) are identical to the measures for the Compensation Program (objective 1.2)	
Speed	Average number of days to process rating-related actions	74
Accuracy	National accuracy rate (core rating work)	96%
Customer Satisfaction	Overall Satisfaction	90%
C&P	Percent of blocked calls	4%
	Percent of abandoned calls	4%

Strategic Goal 3

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

Purpose, Outcomes and Projections:

Servicemembers placed in harms way do not have the same access to life insurance benefits as those citizens who do not serve their nation. Disabled veterans cannot receive comparable insurance benefits as healthy individuals. The purpose of VA's insurance programs is to provide those benefits that servicemembers and veterans cannot obtain. The outcome of the VA insurance programs is the additional financial security provided to active duty personnel and to veterans and their families through life insurance coverage and options to veterans and servicemembers that are competitive and comparable to healthy individuals and those who did not have military service. The four insurance programs currently available are:

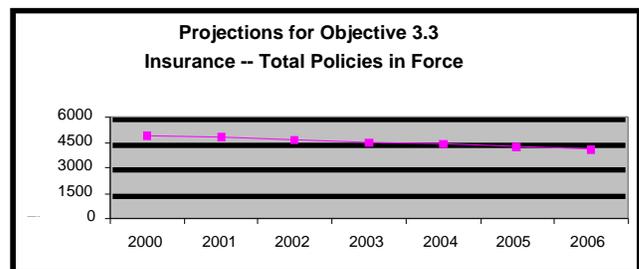
- Service Disabled Veterans Insurance (S-DVI) – Providing insurance and services to disabled veterans;
- Servicemembers Group Life Insurance (SGLI) – Providing insurance coverage and services to active duty and reserve members of the uniformed services;
- Veterans Group Life Insurance (VGLI) — Providing term insurance options to veterans transitioning from active duty (SGLI) to veterans; and
- Veterans Mortgage Life Insurance (VMLI) — Providing mortgage life insurance to severely disabled veterans.

*Objective 3.3
Enhance the financial security for veterans' families through life insurance and other benefits programs*

The outcomes for the VA Insurance Programs are to:

- Enable disabled veterans to obtain life insurance at standard premium rates regardless of their service-connected disability (S-DVI).
- Enable active duty and reserve members of the uniformed services to obtain life insurance at competitive rates and comparable options (SGLI).
- Enable veterans to obtain life insurance coverage at competitive rates and comparable options through conversion of SGLI (VGLI).
- Enable severely disabled veterans to obtain mortgage life insurance coverage at standard premium rates (VMLI).

The number of VA-serviced policies in force will decline steadily as World War II, Korean Conflict, and Vietnam Era veterans age and die. At the end of FY 1999, there were approximately 5.0 million VA insurance policies in force. By 2006, that number is expected to decline to approximately 4.1 million policies.



Strategies and Processes:

VA will implement the following strategies to assist active duty members, reservists, and veterans to obtain and maintain life insurance coverage and benefits and receive world-class service:

- VA will provide veterans with easy access to information and the opportunity to interact with VA for benefits and services at a convenient time and place. Through the Internet and enhanced telephone service, veterans and beneficiaries can access information and provide information to the VA about their insurance policy.
- VA will simplify the administrative rules and regulations governing the application and eligibility determination processes.
- VA will maximize direct contact with the veteran through a case management approach and through the use of information technology and improving workforce skills. These improvements will result in improved

veteran-customer satisfaction, improved cycle time and improved accuracy.

- VA will build or enhance partnerships with DoD and other organizations to improve interactions with veterans, servicemembers and beneficiaries.
- VA will inform servicemembers of insurance benefits and services as they enter duty and as they transition to civilian life.
- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed outcomes for the insurance programs and will finalize these program outcomes and develop performance measures and targets through program evaluations, program reviews, and further consultations with our stakeholders

External Factors:

- Legislation — Continuing to keep pace with insurance values and policy features will require legislation.

Performance Measures

Objective 3.3 Outcome Measures		FY 2006 Performance Targets
Parity with the average American's ability to purchase life insurance competitive rates and with comparable policy features		
Veterans Mortgage Life Insurance (VMLI)		100%
Service-Disabled Veterans Insurance (S-DLI)		100%
Servicemembers Group Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI)		100%
Service Delivery Measures		FY 2006 Performance Targets
Customer Satisfaction	Percent of high veteran satisfaction ratings	95%
Accuracy	Accuracy of insurance disbursements	99%
Speed	Average number of days to process disbursements	3 days
Telephone	Blocked call rate	1%
	Average hold time in seconds	20

Strategic Goal 3

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

Purpose, Outcomes and Projections:

The purpose of this program is to ensure that the burial needs of our Nation's veterans and eligible family members are met.

Annual interments in the VA national cemeteries are projected to increase from approximately 87,500 in FY 2001 to 107,000 in FY 2006, a 22 percent increase. There will be a 31 percent increase in cremain interments.

*Objective 3.4
Ensure that the burial needs of veterans and eligible family members are met*

including the development of columbaria and the acquisition of additional land; and

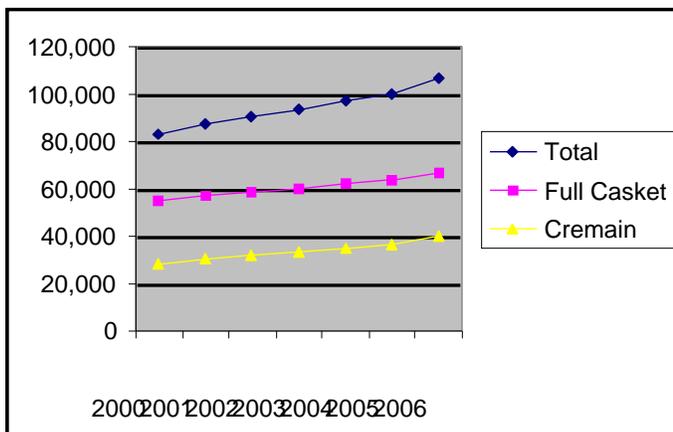
- develop alternative burial options consistent with veterans' expectations.

VA will also pursue the following strategies to achieve this objective:

- VA is planning for the development of new national cemeteries to serve veterans in the areas of Atlanta, Georgia; Detroit, Michigan; Fort Sill, Oklahoma; Miami, Florida; Pittsburgh, Pennsylvania; and Sacramento, California. These locations were identified in the 1987 and 1994 Reports to Congress.

- VA will expand existing national cemeteries by completing phased development projects in order to make additional gravesites and/or columbaria available for interments.
- National cemeteries that will close due to depletion of grave space will be identified to determine the feasibility of extending the service period of a cemetery by the acquisition of adjacent or contiguous land, or by the construction of columbaria.
- State veterans cemeteries will be established or expanded to complement VA's system of national cemeteries. VA administers the State Cemetery Grants Program (SCGP), which provides grants to states of up to 100 percent of the cost of establishing, expanding, or improving state veterans

Annual Interments



Strategies and Processes:

To achieve this objective, VA will:

- increase access by establishing additional national cemeteries in unserved areas;
- expand existing national cemeteries to continue to provide service to meet projected demand,

cemeteries, including the acquisition of initial operating equipment.

- VA will also continue to provide high-quality, responsive service in all contacts with veterans, their families and friends, and other visitors. These contacts include scheduling the interments, greeting the corteges and bereaved families for the committal services, and providing information about the cemetery and the location of specific graves.
- While VA does not provide military honors, national cemeteries facilitate the provision of military honors and provide logistical support to military honors teams. VA also works closely with components of DoD and veterans service organizations to provide military honors at national cemeteries.
- VA will continue to obtain feedback from veterans, their families, and other customers to ascertain how they perceive the quality of service provided. Using a Visitor Comment Card, VA is able to measure success in delivering service with courtesy, compassion, and respect. The information gathered is used in VA's strategic planning process to develop additional strategies for improving service.
- To accommodate and better serve customers, VA has developed three hub cemeteries to provide weekend scheduling of an interment in a national cemetery for a specific time in the ensuing week. Each hub cemetery provides weekend scheduling to families and funeral directors within its geographic service area.

- To further enhance access to information, VA will continue to install user-operated kiosks to provide automated gravesite locator information. These kiosks provide an easy-to-use vehicle for locating gravesites both on weekdays and weekends. Although these kiosks are used primarily for locating gravesites, they also provide other information regarding VA services such as eligibility requirements, headstone and marker ordering information, customer service standards, floral regulations, and information for grief and bereavement interventions for families.

External Factors:

- VA has established partnerships with states to provide veterans and their eligible family members with burial options. It is difficult to project future activity for this program because requests for grants are generated from individual states. A state must enact legislation to commit funding to a project that will serve a clearly defined population and require state funds for maintenance in perpetuity.
- Veterans and their families may experience feelings of dissatisfaction when their expectations concerning the committal service (including military honors) are not met. Dissatisfaction with services provided by the DoD (military honors) or the funeral home can adversely affect the public's perceptions regarding the quality of VA service.

Performance Measures

Objective 3.4 Performance Measures Outcome Measures		FY 2006 Performance Targets
Percentage of Veterans Served ó	Percent of veterans served by a burial option in a national or state veterans cemetery within a reasonable distance (75 miles) of their residence	88%
ó	Percent of veterans served by a burial option in a national cemetery	72%
ó	Percent of veterans served only by a state veterans cemetery burial option	16%
Quality of Service ó	Percent of respondents who rate service provided by the national cemeteries as excellent	100%

Strategic Goal 3

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

Purpose and Outcomes:

The purpose of this objective is to provide symbolic expressions of remembrance, recognizing the sacrifices of our Nation’s veterans and their families.

Strategies and Processes:

VA will continue to provide headstones and markers for the graves of eligible persons in national, state, and other public and private cemeteries. In addition, VA will continue to ensure *Presidential Memorial Certificates* are delivered accurately and timely. A Presidential Memorial Certificate conveys to the family of the veteran the gratitude of the Nation for the veteran’s service. VA also provides American flags to drape the caskets of eligible veterans. Delivery of these benefits is not dependent on interment in a national cemetery.

VA will improve accuracy and operational processes, reducing the number of inaccurate or damaged headstones and markers delivered to cemeteries.

*Objective 3.5
Provide veterans and their families with symbolic expressions of remembrance*

VA will use, to the maximum extent possible, modern technology to automate its operational processes. On-line ordering using VA’s Automated Monument Application System – Redesign (AMAS-R) and electronic transmission of headstone and marker orders to contractors are improvements that increase the efficiency of the headstone and marker ordering process.

VA’s chaplain service will be available to conduct regular memorial services for families in health care facilities and at national cemeteries.

External Factors:

Headstones and markers are supplied and delivered by outside contractors throughout the U.S. The performance of these contractors greatly affects the quality of service provided to veterans and their families.

Performance Measures

Objective 3.5 Outcome Measures		FY 2006 Performance Targets
Headstones and Markers 6	Percent of headstones and markers that are delivered undamaged and correctly inscribed	98%