U.S. Department of Veterans Affairs

FY 2018 / FY 2016
Annual Performance Plan and Report
(APP&R)

**CARING FOR THOSE WHO HAVE BORNE THE BATTLE
AND FOR THEIR FAMILIES**

FY 2018/FY 2016

Annual Performance Plan and Report

Message from the Secretary of Veterans Affairs

To the President of the United States, President of the Senate, Speaker of the House of Representatives, and the President Pro Tempore.

This FY 2018 / FY 2016 Annual Performance Plan and Report (APPR) presents Department of Veterans Affairs (VA) accomplishments and challenges in providing health care and benefits to those "who shall have borne the battle," and their eligible dependents. The APPR documents VA's performance across its full range of earned healthcare and benefits provided to millions of Veterans. Based on internal evaluations, I can provide reasonable assurance that the performance information contained in this report is complete, reliable and accurately describes VA results for FY 2016. The Agency Financial Report, submitted in November 2016, contains financial details about VA's FY 2016 activities.

The APPR documents VA's performance achievements which demonstrate our commitment to delivering effective and timely care and benefits to Veterans. Our emphasis is on outcomes: Veteran satisfaction with their VA experiences and effective programs that are measured against our three strategic goals—empowering Veterans to improve their well-being, enhancing and developing trusted partnerships, and managing and improving VA operations so VA delivers seamless and integrated support.

My overarching priority is providing Veterans access to high-quality care that meets their needs when they need it, that is easy for them to understand, and that is simple to administer, whether care is delivered in a VA facility or in their communities. So we have much work to do to build the kind of high-performing, Veteran-centric, integrated enterprise Veterans deserve and need. That means modernizing the entire Department. That means modernizing our health care system. It means modernizing information technology. And it means modern facilities and modern programs and processes.

Incrementalism is not the answer to additional improvements VA and Veterans need. So VA will compete and grow, simultaneously, becoming more and more focused on excellent execution of core functions while modernizing with bold, rapid design and implementation.

We intend to build a VA that Veterans will choose.

DAVID J. SHULKIN, M.D.

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Transition at the Department of Veterans Affairs

FY 2017 is a year of transition for the Department of Veterans Affairs. Over the next six months, we will draft a new strategic plan for fiscal year (FY) 2018 through FY 2024 that re-defines our relationship with Veterans and how we serve them. The new plan will incorporate the Administration's vision and priorities.

Until the new plan is approved and published, however, we are presenting the Department's performance in FY 2016 in alignment with the current strategic plan. While the strategies for serving Veterans will change over time, the reader will find a certain level of continuity between strategic plans and reports that document the VA's effort to provide Veterans the best health care and the greatest access to benefits.

In FY 2017 and 2018, Secretary Shulkin and VA will focus on five priorities: providing greater choice for Veterans, modernizing our systems, focusing resources more efficiently, improving timeliness of services, and preventing suicide. In the coming months, VA will develop robust plans for implementing these management priorities.

Mission Statement

President Lincoln's immortal words – "To care for him who shall have borne the battle and for his widow, and his orphan" delivered in his Second Inaugural Address more than 150 years ago – best describe the VA's mission. We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. Our mission is clear-cut, direct, and historically significant. It is a mission that every employee is proud to fulfill.

The Department of Veterans Affairs (VA) fulfills these words by providing world-class benefits and services to the millions of men and women who have served this country with honor in the military. President Lincoln's words guide all VA employees in their commitment to providing the best medical care, benefits, social support, and lasting memorials that Veterans and their beneficiaries deserve in recognition of Veterans' service to this Nation.

Overview

VA is comprised of three administrations that deliver services to Veterans and staff offices that support the Department:

- The **Veterans Health Administration** (VHA) provides a broad range of primary care, specialized care, and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' needs by pursuing medical research in areas that most directly address the diseases and conditions that affect Veterans.

- The **Veterans Benefits Administration** (VBA) provides a variety of benefits to Veterans and their families. These benefits include compensation, pension, fiduciary services, educational opportunities, vocational rehabilitation and employment services, home ownership promotion, and life insurance benefits.

- The **National Cemetery Administration** (NCA) provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national cemeteries, cemetery grants, headstones and markers and medallions and presidential memorial certificates.

- The **VA staff offices** provide a variety of services to the Department, including information technology, human resources management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.

Organizational Chart for the Department of Veterans Affairs
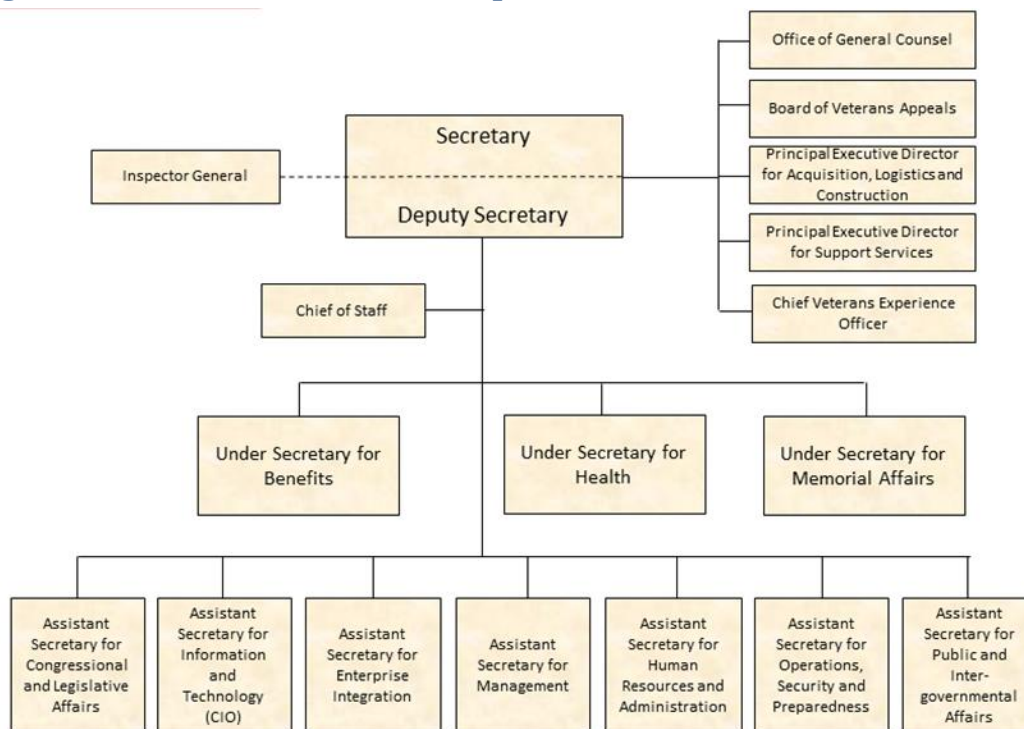
Cross-Agency Priority Goals

The Government Performance and Results Modernization Act requires each agency to address Cross-Agency Priority (CAP) Goals in the agency strategic plan, the annual performance plan, and the annual performance report. Please refer to www.Performance.gov for the Department's contribution to those goals and progress, where applicable. VA currently contributes to the following CAP Goals: Servicemembers and Veterans Mental Health and Smarter IT Delivery.

Strategic Goals Overview

VA developed a strategic plan in FY 2013 to encompass the period from FY 2014 to FY 2020. This plan, available at http://www.va.gov/op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF, identifies three strategic goals and 10 related objectives. The three strategic goals are:

> Strategic Goal 1: Empower Veterans to Improve Their Well-being
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> Strategic Goal 2: Enhance and Develop Trusted Partnerships
>
> Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

VA Priority Goals for FY 2016 – FY 2017

In FY 2016, VA identified four Agency Priority Goals (APG) focused on improving service to Veterans and eligible beneficiaries over two fiscal years, FY 2016 – FY 2017. Achieving these goals requires extensive collaboration across VA organizations and non-VA partners. In addition to having long-term benefits for Veterans, each APG will result in short-term and high-impact improvements in VA performance. The following sections provide a synopsis of the activity under each goal. For more detailed information, please visit www.Performance.gov.

Improve Access to Health Care as Experienced by the Veteran: By September 30, 2017, Veterans will experience significant improvement in the ability of VA to provide appointments for needed care.

Overview: VA has experienced unprecedented growth in demand for its services as a result of better recognition of service-connected conditions; innovative and favorable clinical offerings for complex and costly health conditions; and the growing needs of an aging Veteran population. VA is also embedded within the larger U.S. health system, which is similarly experiencing increased demand for services and shortages of providers in key clinical professions due to advances in technology and the aging of the population.

In FY 2015, a congressionally-mandated Independent Assessment of VA Healthcare Capabilities as well as an Institute of Medicine report highlighted that VA access, while meeting timeliness standards on average, still had unacceptable levels of variation across sites for specific services.

These independent reviews were candid in stating that highly specialized services required by Veterans are frequently not available in their communities even from private sector providers. Those independent reports interviewed many of U.S. medicine's thought leaders, and these experts highlighted the critical importance of addressing access challenges by taking a systems approach, and recommended strategies such as modeling system supply and demand relationships, exploring design and policy changes, and creating a culture of service excellence that empowers the front line to experiment, identify limitations, and learn from trials.

The ultimate success of these strategies and programs must be evaluated through the eyes of the Veteran, as a noticeable improvement in their self-reported ability to receive needed care. Assessing access to health care through direct survey of patients is the only access measure currently endorsed by the National Quality Forum. Using a survey-based approach to measure access also provides additional advantages, such as 1) ability to benchmark with private sector health systems and 2) avoiding the shortcomings of current VA scheduling software.

Progress Update: In November 2015, VA launched a multi-pronged effort ("MyVA Access") focused on improving the ability to provide same or next-day services in primary care and mental health settings and reducing the backlog of specialty care consults. As a result, more VA facilities now have same-day services, and our plan is to continue to expand that capability to all VA sites. That is likely to have a major impact on our lowest performing component of the Access APG, Urgent Access. In addition, we mounted a successful focused effort to address the backlog in time-critical Specialty Care consultations (see http://catalyst.nejm.org/va-stand-down-resolved-56000-plus-urgent-care-consults/ for a detailed case study). We are in the first phases of deploying a web-based Veteran Appointment Request application that will allow Veterans to directly select an open appointment slot that best matches their needs. Finally, VA is poised to launch a new interactive website that will provide site-specific access results to the public, with the intent of providing a transparent accounting of our performance and information that will help Veterans select a clinic location that best meets their needs.

There are some risks associated with achieving this APG to note. Veteran reliance upon and demand for VA services is dependent on many factors, including state of the economy; availability of alternative coverage (employer health coverage and Medicaid expansion); out-of-pocket costs for those alternatives; and technology advances (e.g., hepatitis C drugs; advances in prosthetics, vision, and hearing aids). Critical shortages and maldistribution in primary care, mental health, and other specialties make recruitment of clinical providers exceptionally challenging in many markets. However, VA is implementing mitigation approaches for all of these risks – for instance, redesigning our processes to simplify purchasing care in the community; mounting efforts to expand recruitment of physicians and expand the practice authority and autonomy of advance-practice nurses; and providing new modes of accessing care such as telehealth that will reduce the need for office visits. All of these represent long-term strategies, and so our success will be best gauged over years rather than months.

VA has developed a real-time Health Operations Dashboard and made it operational across all VA facilities thus far. We continue to expand the site by working closely with Primary Care, MyAccess and Access and Clinic Administration Program staff to develop a new leadership report to assess Primary Care demand with capacity to identify staffing gaps. The newly formed Office of Connected Care will continue to leverage advanced information technologies, including Telehealth, mobile applications, secure messaging, and others, to provide alternatives to face-to-face clinic visits. There will also be a new Clinical Practice Management curriculum, intended to train all staff in a systems approach to managing supply and demand and optimize the use of VA versus community resources, will be developed and rolled out in FY 2017.

Improve Veterans' Experience with VA: Fulfilling our country's commitment to Veterans, VA will deliver effective and easy customer experiences in which Veterans feel valued. By September 30, 2017, Veterans will reach 90 percent agreement with the statement: "I trust VA to fulfill our country's commitment to Veterans."

Overview: VA currently offers an array of services and benefits to Veterans and eligible dependents, but the experience has been disjointed and inconsistent for years. There are hundreds of phone numbers and thousands of websites, each operating independently under different standards. Similarly, there is a wide array of VA and non-VA resources at the Federal, state, local, corporate, non-profit and tribal levels that are not coherently organized or coordinated into a single source or reference point for the Veteran. Veterans deserve better and so do VA staff, who care deeply about delivering the best possible outcome for Veterans.

The Veterans Experience team is leading a powerful effort to improve customer experiences across VA, nationwide. The goal to deliver effective and easy customer experiences in which Veterans feel valued is being achieved the same way the world's most successful companies do: by listening to our customers – Veterans, their families and supporters – when they describe how they want things to work. Equally important, we are listening to our employees about obstacles to excellence on-the-job. Employee empowerment is an essential part of the equation. This is user-centered design. It puts Veterans and the employees who serve them front and center.

Progress Update: VA's Office of Veterans Experience (VE) continues to make significant progress in the multiple areas of better serving the Veteran and their families. This year alone VA was able to collect survey data from customers who used VA services between April 2016 – June 2016, and we are now able to use the direct customer feedback to understand the Veterans' experience as a necessary step to prioritizing experience improvements. In conjunction with the MyVA community expansion plans, we were able to establish a network of MyVA communities through our first E-summit platform, which occurred on September 9, 2016. This summit included 1,026 registered viewers, addressed over 100 stakeholder questions, and received 34 social media impressions about the event.

VA will further improve the Veterans Experience by actively engaging in MyVA Communities and the community Veterans engagement boards (CVEBs). The VE Office support will be ongoing and the local District VE teams will be engaged in planning, implementing, and monitoring local community efforts in all quarters throughout FY 2017. The role of the teams in local communities is to be the conduit to building trusted relationships between VA and local stakeholders, create a CVEB network across the districts through district-level summits, and

share best practices, knowledge, and lessons learned with other CVEBs. The teams will also spark interest in other communities without a coordinated support system of resources, compare/correlate Veteran data with CVEB activities, and provide support and customizable tools to the CVEBs and local VA facility leaders who participate with the boards.

Improve VA's employee experience by developing engaged leaders at all levels, which inspire and empower all VA employees to deliver a seamless, integrated, and responsive VA customer service experience. Success by September 30, 2017, will be measured by a 4-percent or more increase in the "percent positive" responses by VA employees (over the FY 2015 baseline) to the following statements:

1) My supervisor provides me with constructive suggestions to improve my job performance.
2) In my work unit, steps are taken to deal with a poor performer who cannot or will not improve.
3) Employees have a feeling of personal empowerment with respect to work processes.
4) I feel encouraged to come up with new and better ways of doing things.
5) How satisfied are you with the information you receive from management on what's going on in your organization?
6) My organization's leaders maintain high standards of honesty and integrity.

Progress Update: VA is committed to creating a work environment which provides all employees with a more consistent, positive employee experience, which ultimately improves the Veteran's experience with our organization. Each of VA's indicators for improving the employee experience under this APG showed significant increases, below are just a few of the many accomplishments through the end of FY 2016:

- VA successfully conducted its third one-week residency session for Leadership VA (LVA) in August 2016. LVA is VA's flagship leadership development program for GS 13-15 employees. LVA creates opportunities to ensure continuity of leadership by strengthening employees' fundamental competencies in the areas of external awareness, vision, entrepreneurship, accountability, conflict management, continued learning, and creativity and innovation. LVA also focuses on customer service to better serve Veterans. The LVA program is assisting in identifying and addressing potential gaps in effective leadership and to design and maintain programs that capture organizational knowledge and promote learning. The LVA Class of 2016 consists of 100 VA employees.

- VA's Employment Engagement Council continues to address engagement issues impacting VA's workforce. Through Council members' collaboration, VA established the Employee Engagement Champions in July to connect each site to Human Resources and Administration and to each other to help enhance employee engagement efforts. Engagement Champions serve as a conduit for each site's best practices through the HRA Leading Practices site, enabling each site to benefit from how others have successfully improved employee engagement. Additionally, as more Engagement Champions utilize HRA tools, HRA will gather feedback to continuously improve employee engagement efforts as a whole. HRA provided training, tools, and resources to support the Engagement Champions in creating a local engagement action plans based on 2016 Federal Employee Viewpoint Survey results.

- The end of the year VA Pulse Survey results reflect a truer picture of how VA employees perceive their work experiences since the data were collected using a census methodology and had a high response rate. The patterns across all four quarters of data are similar, indicating that the "best" experiences are Constructive Performance Feedback, Innovation, and Senior Leaders Ethics; while "lesser" experiences are Accountability, Empowerment, and Information Sharing.

Improve access to benefits and the customer experience for Veterans who are entitled to additional benefits for their dependents. By September 30, 2017, VA will reduce the overall inventory of dependency claims to 100,000 (a 56 percent improvement from the FY 2015 baseline of 227,000) and improve the average days to complete dependency claims to 125 days (a 43-percent improvement from the FY 2015 baseline of 221 days).

Progress Update: In FY 2016, VA reduced the inventory of pending dependency claims from 226,874 claims to 114,789 claims. This is a cumulative reduction of 49.4 percent. VA also outperformed its end of fiscal year inventory target of 190,000 claims by 39.6 percent.

VA reduced the monthly average days to complete dependency claims from 207 days at the end of FY 2015 to 197 days at the end of FY 2016. VA improved the overall age of the dependency inventory, as average days pending fell from 359 days to 228 days.

VA continues to make progress on workstream projects to improve dependency claims processing. These workstreams include utilization of the National Work Queue, improving call center dependency resolutions, improving marketing for online dependency claims, and enhancing automated processing.

Performance Results and Plans

Strategic Goal 1: Empower Veterans to Improve their Well-Being

Military service provides Servicemembers with tremendous skills, experience, and honor, but may also result in equally significant sacrifices and challenges. VA will work to ensure that Veterans are empowered, independent, self-sustaining, and well equipped for civilian life.

Each Veteran is unique, yet, like all individuals, they are shaped by: their generation; the conditions of their military service, including any war or conflict in which they served; their gender; their ethnicity; and their support system of faith, family, friends, and caregivers. Each Veteran has different needs and expectations, which may change many times between the time he/she takes the induction oath and when the last survivor receives the last benefit.

VA will both directly, and with its partners, deliver benefits and services in an integrated, client-centered portfolio that is personalized to meet each Veteran's needs and situation. VA will measure success in terms relevant to individual Veteran outcomes from VA benefits and services.

Objective 1.1: Improve Veteran wellness and economic security

VA is committed to improving Veterans' wellness and economic security and made significant strides towards achieving Objective 1.1. We leveraged strategic partnerships to support a variety of Veteran programs such as ending homelessness and obtaining employment. Numerous outreach efforts helped Veterans understand what VA offers and how to access the benefits and services they earned. Education initiatives, such as the GI Bill Comparison Tool and VetSuccess On Campus, made it easy for Veterans to find the right school and provided counseling and support to help them succeed and achieve their education goals. Vocational Rehabilitation and Employment Services supported the education and career goals of Veterans with disabilities to promote their independence, and the Veterans Employment Center helped Veterans and their families secure meaningful careers that provided economic security and improved well-being.

Objective 1.1 Related Performance Measures

Homelessness

Tremendous progress is being made community by community since the launch of *Opening Doors, the Federal Strategic Plan to End Veteran Homeless* in 2010. Since FY 2010, more than

480,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness as a result of VA's homeless continuum of services and targeted community resources. The ability to partner with the Department of Housing and Urban Development (HUD), the United States Interagency Council on Homelessness (USICH), other Federal agencies, state and local governments, and volunteer organizations contributed to this significant accomplishment.

Homelessness is a local issue that has to be solved with partnership and solutions tailored to each community. That is where partnerships like the Mayor's Challenge and the 25 Cities Initiative come into play and those are working. Hence, 859 local leaders (mayors, governors, other community leaders) have signed on Obama Administration's White House Challenge to end Veteran Homelessness. As a result, in FY 2016, thirty-one communities and two states (Commonwealth of Virginia and Connecticut) have declared an end to Veteran homelessness. For the current listing, visit http://www.va.gov/HOMELESS/endingVetshomelessness.asp

Both independently and in tandem with other federal agencies, VA strives to meet the needs of Veterans by providing various services that help Veterans secure permanent housing and achieve their full potential. These include:

- Health care
- Housing solutions
- Job training
- Other various wraparound services

VA also partners with many other public and private entities to expand access to meaningful employment, affordable housing and move-in essentials. Our work is guided by the Housing First approach, which is based on the premise that when Veterans have a place to call home, they're best able to benefit from the supportive services they need.

Percentage of Veterans reporting employment at discharge from VA homeless residential programs (VHA #604)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	30%	30%	45%	50%	50%
Actual	Not Available	42%	45%	50%		

Analysis of Results

VA exceeded the target. In FY 2016, 50 percent of Veterans reported employment at discharge from VA homeless residential programs. Securing long-term, stable and fulfilling employment is

important for Veterans who are exiting homelessness or are at-risk of becoming homeless. Homeless and at-risk Veterans need access to employment opportunities to support their needs, improve the quality of their lives, and assist in their community reintegration efforts. As part of our commitment to this critical component of eliminating homelessness, VA introduced Community Employment Coordinators (CECs) at each VA Medical Center. Now it is easier than ever for employers to find, interview and hire job-ready Veterans exiting homelessness; we have hired more than 150 Community Employment Coordinators (CEC) across the country who provide comprehensive vocational assessment, case management and placement services for homeless Veterans. In addition they work with potential employers in the community to identify opportunities for Veterans. Employers can visit http://www.va.gov/HOMELESS/HVCES.asp.to contact to their local CEC and learn more about the benefits of hiring Veterans who are exiting homelessness.

Plans for the Future

As CECs become better established at each VA Medical Center and build employment networks with local employers, VA expects this employment rate to increase and exceed target.

Percent of participants at risk for homelessness (Veterans and their households) served in Supportive Services for Veteran Families (SSVF) that were prevented from becoming homeless (VHA #606)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	85%	90%	90%	85%	85%	85%
Actual	88%	90%	84%	92%		

Analysis of Results

VA exceeded the target. In FY2016, 92 percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless.

Plans for the Future

In FY 2017 and FY 2018, VA will retain the target of 85 percent for "Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless". A higher target would perhaps result in programs selecting the easiest to serve, contradicting the program's mission to serve the most vulnerable and in-need. Through partnerships with HUD, USICH, other Federal agencies, state and local governments and volunteer organizations, VA will also continue to accelerate its efforts to permanently house, rapidly rehouse, or prevent Veterans and their families from falling into homelessness utilizing VA's homeless continuum of services and targeted community resources. Central to the strategy is providing permanent supportive housing in the HUD-VA Supportive Housing (HUD-

VASH) program and rapid rehousing in the Supportive Services for Veteran Families (SSVF) program. Both permanent supportive housing and rapid rehousing are proven practices that enable Veterans to move quickly into permanent housing.

Percent of Veterans discharged from VA-funded residential treatment programs (Grant and Per Diem or Domiciliary Care Homeless Veterans) that discharge to permanent housing (#403).

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	65%	65%	65%	65%	65%
Actual	Not Available	69%	70%	71%		

Analysis of Results

VA exceeded the target. In FY 2016, 71 percent of Veterans discharged from VA-funded residential treatment programs (Grant and Per Diem or Domiciliary Care Homeless Veterans) were discharged to permanent housing. Our success can be attributed to continued emphasis on monitoring permanent housing outcomes with our community, Grant and Per Diem funded partners and Domiciliary Care Homeless Veterans programs on a monthly basis to identify opportunities for improvement.

Plans for the Future

In FY 2018, VA will continue to engage in a programmatic transformation with its homeless Grant and Per Diem transitional housing program to lower barriers to entry, reduce lengths of stay, and improve exits to permanent housing. This transformation will also provide VA greater flexibility for resource allocation, the ability to remain agile to evolving best practices for homeless services, and provide community providers the ability to also adapt and respond to the most current needs of homeless Veterans. We will maintain targets of 65% in the future; we recently brought our definition of permanent housing into alignment with the Department of Housing and Urban Development's more rigorous definition. As a result, we anticipate our performance on this metric will decline for a year or two.

Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	88%	90%	90%	92%	92%	92%
Actual	92%	90%	92%	92%		

Analysis of Results

VA met the target. In FY 2016, 92 percent of HUD-VASH vouchers allocated resulted in homeless Veterans obtaining permanent housing.

Plans for the Future

In FY 2017, VA will continue to emphasize the importance of serving those with the greatest need. Through partnerships with HUD, USICH, other Federal agencies, state and local governments and volunteer organizations, VA will also continue to accelerate its efforts to permanently house, rapidly rehouse, or prevent Veterans and their families from falling into homelessness utilizing VA's homeless continuum of services and targeted community resources. Central to the strategy is providing permanent supportive housing in the HUD-VASH program and rapid rehousing in the SSVF program. Both permanent supportive housing and rapid rehousing are proven practices that enable Veterans to move quickly into permanent housing.

Medical Benefits Package

VA Health Benefits includes all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore Veterans' health. VHA medical facilities provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy.

In addition, most of our medical facilities offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some medical centers also offer advanced services such as organ transplants and plastic surgery.

Health Care

The Veterans Health Administration is America's largest integrated health care system with *over 1,700 sites of care*, serving 8.76 million Veterans each year.

VA provides mental health services at its medical centers and community-based outpatient clinics. In addition, readjustment counseling services are available for Veterans and their families at Vet Centers across the nation. All mental health care provided by VA supports recovery, striving to enable people with mental health problems to live meaningful lives in their communities and achieve their full potential. For more information about our mental health services, please visit the VA Mental Health website at www.mentalhealth.va.gov or the Vet Center website at www.vetcenter.va.gov.

Mental Health Balanced Scorecard (VHA #598)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	(Baseline)	90% of facilities at/or above target	90% of facilities at/or above target
Actual	Not Available	Not Available	Not Available	91% above target at end of SAIL performance year		

Analysis of Results

VA implemented use of the Mental Health Balanced Scorecard as part of a Mental Health Management System to diagnose strengths and challenges and facilitate improvements in mental health services at each facility. The scorecard evaluates the accessibility and quality of the mental health services VA provides. One group of measures in the scorecard focuses on how well we are covering the population that requires these services. In other words, is the mental health program in each facility the right size, and can Veterans get into the type of care they need when they need it? A second group of measures focuses on continuity of care. VA understands it is not sufficient to only address a Veteran's immediate mental health needs when he or she is in crisis; most Veterans will require a course of treatment and consistent, timely follow-up care to achieve and maintain recovery. The last group of measures in the index monitors Veterans' and practitioners' experience of VA's mental health care system, by asking about the accessibility of care, its quality, and its perceived effectiveness. Holding these three groups of measures in balance is critical to providing the best mental health care system possible because over-emphasis in one area can lead to deficits in another area.

VA uses the scorecard to guide a management system which carefully monitors performance as part of the Strategic Analytics for Improvement and Learning (SAIL) program. The management system then investigates drivers of performance by examining scores in the context of measures of wait time, operational efficiency, staffing, space, growth in demand, use of innovative programming, etc., conducting deep dive analysis into scorecard components, and engaging in quarterly guided discussions with local and regional mental health leadership. A centralized technical assistance and action-planning program provides consultation and assistance with identification and implementation of strong practices to address challenges,

proactively offering on-site or virtual intensive consultation and support to sites with below average performance.

At the start of the SAIL performance measurement year, average scores are calibrated to zero, with below average performers given negative scores, and above average performers given positive scores, in units of standard deviation. The goal of the management program is to improve performance in low performing facilities and maintain performance in high performing facilities. The target is to have 90 percent of facilities scored within a normal range (i.e. above -1) by the end of the performance year.

In the FY16 SAIL year (FY15Q4-FY16Q3), on average, facility performance improved by 0.34 standard deviations. Ninety-one percent of the facilities that were more than 1 standard deviation below the mean on MH SAIL at the start of the year improved within four quarters, and high performing facilities maintained high performance. By the end of the year, 91 percent of facilities were above target (up from 83 percent at the start of the year), meeting improvement goals.

Performance improvement was facilitated by quality and process improvement efforts aimed at increasing access, filling gaps in services in underserved areas, improving productivity, and disseminating strong practices and innovations across facilities. Changes in diagnostic coding additionally boosted scores slightly, as diagnoses were updated to better reflect patient's current versus historic conditions. Performance gains were limited because growth in patient need for mental health services outpaced growth in mental health staffing, and space constraints slowed program expansion. Facilities also struggled to find available CHOICE providers in locations where VHA experienced gaps.

Plans for the Future

For FY 2017, VA recalibrated start of year (FY16Q4) performance downward to zero, which identified 25 facilities below the end of year target. VA will continue its intensive management, technical assistance and action-planning system with a focus on these lower performing facilities, in hopes of building on last year's improvements. VA will also work to address staffing and space shortages in some locations by (1) intensifying recruitment efforts, (2) recruiting additional advanced practice providers and allied health service provider types (e.g. clinical pharmacy specialists, clinical pharmacists, marriage and family therapists), (3) expanding regional telemental health services to provide care via real-time video into underserved areas, (4) increasing availability of mental health services in primary care settings, and (5) partnering with community programs.

Percent of patients who responded 'Yes' on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite ("providers support you in taking care of your own health") (VHA #386)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	57%	58%	58%	58%	60%
Actual	Not Available	57%	58%	58%		

Analysis of Results

VA reached the target for "Percent of patients who responded "yes" on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite" in FY 2016. The Self-management Support composite measures the degree to which "providers support you in taking care of your own health," which is a principle component of the Patient Centered Medical Home.

Plans for the Future

In order to continue its success with the self-management support index in FY 2018, VA intends to continue to train primary care clinical staff to: utilize Veteran-centered communication and health education skills to engage Veterans in care and care decisions; discuss healthcare goal-setting and barriers with patients; and co-create self-management action plans. Self-management support can be incorporated into daily practice in a variety of ways. These include: Using all members of the care team; using each medical office visit to identify, encourage, and track patients' behavior change efforts; incorporating self-management support into shared medical appointments for chronic medical conditions; and supporting patients by referring them to VHA and community-based Veteran-centered health education and self-management support programs.

Patient Safety Indicator (PSI) 90 (#674)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	Baseline	Not Available	TBD
Actual	Not Available	Not Available	Not Available	Not Available		

Analysis of Results

PSI 90 is defined by the Agency for Healthcare Quality and Research (AHRQ), which releases software to calculate the measures. This measure is not currently available from AHRQ and therefore cannot be reported.

Benefits

VA offers numerous significant benefits to our Nation's Veterans. These benefits include access to effective and convenient education through the Post 9/11 GI Bill and the Montgomery GI Bill, sustainable employment opportunities through Vocational Rehabilitation and Employment (VR&E), as well as special adaptations to housing through home loan guaranty.   Additionally, VA's Fiduciary program protects Veterans and other beneficiaries who, due to injury, disease, or age, are unable to manage their VA financial affairs. Together, these benefits help promote Veteran economic security and overall well-being.

Vocational Rehabilitation and Employment (VR&E)

VR&E is for service-connected disabled Veterans with employment barriers who want to overcome their disability-related challenges to become re-employed. VR&E Counselors determine which of the following benefits a Veteran qualifies for:

- A comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment
- Vocational counseling and rehabilitation planning for employment services
- Employment services such as job-training, job-seeking skills, résumé development, and other assistance that prepares individuals for work
- Assistance finding and keeping a job, including the use of special employer incentives and job accommodations
- On-the-job training (OJT), apprenticeships, and non-paid work experiences
- Post-secondary training at colleges, vocational, technical, or business schools
- Supportive rehabilitation services including case management, counseling, and medical referrals
- Independent living services for those unable to work due to the severity of their disabilities

In FY 2016, VA collected baseline data for new national performance measures for the VR&E program.

VA leadership, the White House Policy Council, and the Office of Management and Budget requested that VR&E Service evaluate its performance measures and develop new metrics. In a January 2014 report, the U.S. Government Accountability Office recommended that VR&E adopt a national model of Veteran success roughly similar to a college graduation rate. VR&E Service recommended a six-year, as opposed to a four-year, completion model. This approach aligned with the January 2014 GAO finding that 76 percent of the Veterans who completed the

VR&E program successfully did so within 6 years, based on the distribution of a VR&E cohort studied by GAO.

The VR&E Class Success Model provides clearer and more intuitive accounting to stakeholders on Veteran progress and employment outcomes. It also better reflects the program mission, aligns with current graduation-rate reporting by institutes of higher learning, and reflects the individualized needs of disabled Veterans.

To support overall Veteran success, in July 2015 VR&E implemented several new employee and station-level measures. In FY 2016, VA collected baseline data for the new national performance measures: Class Success Rate and Class Persistence Rate.

The **Class Success Rate** is the percentage of Veterans who achieve positive outcomes, measured against all Veterans in their year group (cohort). Positive outcomes are a combined measure of the number of Chapter 31 Employment Rehabilitations, Independent Living Rehabilitations, Education Rehabilitations, Maximum Rehabilitation Gains, and Chapter 18 and 35 Rehabilitations achieved during a given fiscal year.

The **Class Persistence Rate** is the ratio of Veterans persisting in their enrollment who achieve positive outcomes measured against all Veterans in their cohort.

Vocational Rehabilitation and Employment class success rate (VBA #600)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	(Baseline)	55%	55%
Actual	Not Available	Not Available	Not Available	47%		

Analysis of Results
The January 2014 GAO study found that 76 percent of the Veterans who successfully complete the VR&E program and obtain suitable employment do so within 6 years.

Plans for the Future
VA continues to evaluate the targets for the National performance metrics as new data becomes available. The targets for both FY 2017 and FY 2018 will be set at 55 percent.

Vocational Rehabilitation and Employment class persistence rate (VBA #601)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not	Not	Not	(Baseline)	70%	70%

	Available	Available	Available			
Actual	Not Available	Not Available	Not Available	72%		

Analysis of Results

With roughly 72 percent of Veterans who entered plans of service in 2011 still persisting in plans of service, these results are consistent with the finding that Veterans take an average of 6 years to successfully complete plans of service, to include the requisite education, training, and ancillary services necessary to achieve employment, employability, or independence in daily living. VA means to use the persistence measure in parallel with the success rate; the goal is to complete the VR&E program in six years, but in many cases Veterans take longer due to disability challenges.

Plans for the Future

VR&E Service will continue to monitor Class Persistence Rate across multiple class/cohort years to re-validate baseline assumptions on Veteran participation, adjusting as necessary to provide the most accurate depiction of Veteran participation possible.

Vocational Rehabilitation and Employment outcome rate (VBA #602)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	Not Available	Not Available	Not Available	(Baseline)	70%
Actual	Not Available	Not Available	Not Available	69%	

Analysis of Results

The Employment Outcome rate is the proportion of Veterans who VA determined to be ready to seek employment (Job Ready) who actually achieved employment in a given fiscal year.   The Employment Outcome rate was initially intended to assess the efficacy of the Regional Office- and Counselor-level Positive Outcomes Measure during the first year of its implementation (FY 2016).

Plans for the Future

Job Ready determinations are commensurate and proportionate with positive outcomes. Therefore, VR&E Service is requesting to remove this essentially redundant measure for the FY 2018 Agency Performance Plan.

Other Elements of Economic Security

Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (VBA #494)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	Not Available	Baseline	TBD
Actual	Not Available	Not Available	Not Available	Not Available		

Analysis of Results

On August 10, 2016, VA provided draft graduation rates to four-year institutions of higher learning (IHLs). VA received several requests from schools for more time to confirm their graduation data. Absent this confirmation, VA decided to postpone the publication of four-year IHL information.

Plans for the Future

VA is revising its current four-year IHL data and validation process to ensure the data is more closely aligned with the school's graduation rate. VA anticipates publishing four-year IHL data in September 2017.

Default Resolution Rate (VBA #226)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	82%	83%	79%	80%	80%	81%
Actual	79%	80%	83%	84%		

Analysis of Results

The default resolution rate measures the percentage of Veteran borrowers of VA-guaranteed home loans that were able to avoid foreclosure and/or potential homelessness after becoming delinquent on their mortgages. VA met and exceeded the target for the "Default Resolution Rate" in FY 2016. Factors contributing to this success included improving economic conditions; a sustained period of low-interest rates; and the ability of VA staff to leverage VA Loan Electronic Reporting Interface (VALERI) to identify borrowers who initially default on their mortgage payments. This proactive default intervention allows VA to identify suitable loss-mitigation options, such as repayment plans, loan forbearance, loan modification, compromise (short) sales, or deeds-in-lieu of foreclosure.

Plans for the Future

VA sets the default resolution rate targets based on national mortgage and economic trends in the housing industry. VA continuously monitors these trends and adjusts performance targets accordingly. VA will continue to leverage the web-based servicing application, VALERI, to track

data on VA-guaranteed home loans, and to provide proactive default and foreclosure avoidance assistance to Veteran borrowers who are behind on their VA-guaranteed mortgage payment.

Fiduciary Program: Average Days to Complete Initial Appointment Process (VBA 647)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	244	149	88
Actual	Not Available	Not Available	Not Available	287		

*Prior to FY 2016, the initial appointment consisted of only the field examination. Starting in 2016, VBA expanded the initial appointment process to also include the finalization of the incompetency decision and the release of payment.

The fiduciary program's mission is to protect beneficiaries who, as a result of injury, disease, the infirmities of advanced age, or by reason of being less than age 18, are unable to manage their VA benefits. When VA receives medical evidence that indicates the beneficiary can no longer manage his or her VA benefits, VA may decide that the individual needs the assistance of a fiduciary that is responsible for managing that VA benefit. VA conducts a field examination prior to the initial appointment of a fiduciary, which includes a face-to-face interview with the beneficiary and proposed fiduciary. Generally, an assessment of the fiduciary's fitness to serve will include a criminal background check and review of credit history.

Analysis of Results

VA did not reach the target for "Average Days to Complete Initial Appointment Process" in FY 2016. Prior to FY 2016, VA captured the average days to conduct the initial appointment field examination and did not measure the entire initial appointment process. VA updated the performance measure in FY 2016 to a Veteran-centric measure to capture timeliness of the initial appointment process to include the finalization of the incompetency determination, appointment of a fiduciary, and the release of any retroactive benefits. In FY 2016, VA identified approximately 14,000 Veterans and survivors who had previously issued proposals after VA found them unable to manage their VA benefits, but for whom VA did not finally conclude the proposals. As a result, VA did not appoint fiduciaries for them. The addition of the 14,000 Veterans and survivors significantly increased the existing inventory of cases pending appointment of fiduciaries, which caused delays in the completion of the initial appointments.

Plans for the Future

VA is developing technology enhancements and procedural changes to more efficiently complete field examinations. We are also updating all policies and procedures in the Fiduciary

Program Manual to standardize and improve the quality of fiduciary work. During FY 2017 and FY 2018, we forecast improved timeliness as VA continues to prioritize initial appointment field examinations to ensure that beneficiaries have the assistance they need, and VA continues to expedite the delivery of any retroactive benefits that may be due.

Fiduciary Program: Average Days to Complete Follow-up Field Examinations (VBA 656)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	245	264	229	320
Actual	Not Available	Not Available	257	147		

Analysis of Results

In FY 2016, VA met and far exceeded the target for "Average Days to Complete Follow-up Field Examinations," in which we monitor beneficiary well-being and fiduciary performance. Over the next several years, VA expects the time to complete the follow-up field examination to degrade as VA prioritizes the fiduciary initial appointment process. VA prioritizes the initial appointment process over completion of follow-up field examinations because the initial appointment process directly impacts the delivery of benefits to beneficiaries.

Plans for the Future

The fiduciary program experienced significant changes in its workload processes in recent years. VA is developing technology enhancements and procedural changes to more efficiently complete field examinations. VA is currently updating all policies and procedures for the full range of fiduciary processes. These updates to the program manual will standardize fiduciary work nationwide, establish updated procedures for paperless processing, and revise procedures for many other aspects of fiduciary work. Specifically, VA is updating the information captured during the follow-up field examination to ensure that VA is only capturing information related to ensuring the financial protection and overall well-being of beneficiaries in the fiduciary program. This is the first major update to the Fiduciary Program Manual since 2005.

Loan Guaranty: Specially Adapted Housing grantees who believe adaptation obtained under the program has helped them live more independently (VBA 653)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	Baseline	Not Available	Not Available
Actual	Not Available	Not Available	Not Available	Not Available		

The goal of the Specially Adapted Housing grant program is to provide Veterans with certain severe service-connected disabilities the ability to live independently in their homes. This key program outcome metric collects information directly from Veterans about their ability to live independently. Data collected provides the program with the level of success realized in meeting its mission. VA also uses these results as an indicator of whether it can identify ways to enhance the program for greater levels of independent living.

Analysis of Results
The Specially Adapted Housing Survey was not administered during FY 2016, nor will it be administered in FY 2017. The survey instrument was revised and otherwise refined to ensure statistical validity. Revisions to this survey instrument have been submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act. Pending approval of the revised survey instrument, development of a sound research design, and upon completion of data collection, VA will use the survey results to develop a baseline target for subsequent fiscal years.

Plans for the Future
VA intends to collect baseline data for this measure in FY 2018.

Objective Progress Update Summary

Access the **VA FY 2014-2020 Strategic Plan** for full Strategic Objective narratives.

Achievements:
Economic Security
- Fiduciary program hubs:
  - Completed over 89,000 field examinations in FY16 – a 6 percent increase from FY15.
  - Completed over 57,000 accountings in FY16 – nearly 28 percent more than FY15.
  - Served more than 198,000 beneficiaries in FY16 – 8 percent more than FY15, to protect beneficiaries who are unable to manage their VA benefits.
- Concluded the Veterans Economic Communities Initiative (VECI) innovation pilot to leverage data and create performance driven service offerings tailored by local community champions. National VA data was made available at the local level to help build understanding and improve each provider's ability to respond to the needs of Veterans in their community. VECI:
  - Engaged over 190,000 community stakeholders, which included local government leaders, businesses, educational institutions, and nonprofit organizations across 25 of the nation's most populated metropolitan areas.

- o *Enabled more than 19,500 employers to post jobs, commit 1.2 million positions to Veterans, and hire about 743,000 Veterans.*
- o *Provided transitioning Servicemembers, Veterans, and their families access to an array of services and tools worth approximately $1 billion at no cost to taxpayers and VA saved tens of millions of dollars annually.*

Education:

- *VA collaborated with interagency partners and launched the GI Bill Comparison Tool to help Veterans and Servicemembers determine where to use their earned educational benefits. Since its inception in 2014, the Comparison Tool has received over 5 million unique page views and searched over 3 million schools.[1]*

- *Launched the GI Bill Feedback System; a centralized online reporting system designed for Veterans, Servicemembers, and eligible dependents to report negative experiences with educational institutions that receive funding from Federal military and Veterans educational benefits programs. Since the system was launched on January 30, 2014, VA received over 78,942 landing-page views and resolved over 7,754 complaints, mostly with financial issues (tuition/fees) and the quality of education. VA's Education Service continues to protect Veterans from predatory institutions of higher learning including those that violate the law by using deceptive advertising.*

- *The VetSuccess On Campus (VSOC) program provided counseling and coordinated on-campus benefits and services to help Veterans adjust to college life. By the end of February 2016, 79 VSOC counselors worked at 94 campuses and enabled nearly 80,000 Veterans, Servicemembers, and eligible dependents to achieve their education and employment goals.*

- *VA expanded eligibility criteria for the Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) to include surviving spouses of Servicemembers who died in the line of duty after September 10, 2001. This change entitled eligible spouses to the maximum of 36 months of Post-9/11 GI Bill benefits which includes payments for tuition and fees, a monthly housing allowance, and stipend for books and supplies. During FY16, 2,024 children and 1,018 spouses received Post-9/11 GI Bill benefits under the Fry Scholarship.*

Education & Employment:

- *Vocational Rehabilitation and Employment (VR&E) Service case management of wounded warriors and disabled Veterans grew to nearly 137,000 while increasing positive outcomes. In FY 2016:*
  - o *9,814 rehabilitated Veterans achieved suitable employment goals – a 7.5 percent increase over FY15.*

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[1] http://department-of-veterans-affairs.github.io/gi-bill-comparison-tool/

- o *14,349 Veterans achieved positive outcomes – a 6.5 percent increase over FY15.*
- o *1,151 severely disabled Veterans achieved their independent living goals.*
- *VR&E has also transformed itself to better support Veterans and their counselors with new performance measures encouraging active casework; new online medical referrals to all counselors; and new VR&E tele-counseling technology/procedures (the first VBA tele-benefit).*
- *According to the VR&E Longitudinal Study, 2016 Annual Report for FY 2015:*
  - o *Approximately 90 percent of all VR&E cohorts reported moderate to high satisfaction with the VR&E program.*
  - o *For all cohorts, more than 90 percent of Veterans who received rehabilitation from employment plans were employed in the past year, compared to less than half of Veterans who discontinued their employment plans.*

Employment:
- *Established the Veterans Employment Center (VEC) to connect Veterans and their families with employment, career-development opportunities, economic programs and employment services available from Federal agency partners like Departments of Labor, Education, and Defense. Since April 2014 through September 2016, the VEC provided links to 2.2 million jobs offered from over 1,500 committed employers and received more than 28.8 million page-views.[2]*
- *Implemented Homeless Veterans Community Employment Services (HVCES) at each VA medical center to expand employment opportunities and provide a full range of employment services to all homeless, chronically homeless, and Veterans at-risk for homelessness.[3]*

Housing:
- *Even though home ownership is at the lowest rate in over five decades, VA managed a record setting home loan origination volume of over 705,000 valued at $179 billion during FY 2016, and approved 1,914 Specially Adapted Housing grants, the highest in program history, exceeding $100 million to adapt the homes of Veterans with severe service-connected disabilities.*
- *Assisted a record number (over 97,000) of Veterans, Servicemembers, and their families avoid foreclosure, which saved approximately $3 billion in claim payments.*

Homelessness:

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[2] https://www.vets.gov/
[3] http://www.va.gov/HOMELESS/HVCES.asp

- *During FY16, two U.S. states (Commonwealth of Virginia and Connecticut) and 31 communities declared an end to Veteran homelessness,[4] and 859 local leaders (Mayors, Governors, other community leaders) signed on to end Veteran Homelessness.*
- *VA's Homeless Providers Grant and Grant Per Diem (GPD) Programs[5] provided annual funds for community agencies that serve homeless Veterans. During FY16, 71 percent of Veterans discharged from VA funded residential treatment programs – Grant and Per Diem (GPD) or Domiciliary Care for Homeless Veterans (DCHV) – moved to permanent housing, and 92 percent of at risk Veterans and their families participating in Support Services for Veteran Families were prevented from becoming homeless.*
- *PenFed Foundation and VA partnered to provide emergency financial assistance for Veterans experiencing financial setbacks and at risk for homeless.*
- *VA received $750,000 from the Chrysler Liquidation Trust, which allowed VA to support vulnerable homeless Veterans in Los Angeles, Detroit and Philadelphia.*
- *The Benevolent and Protective Order of Elks of the United States of America (BPO Elks) partnered with VA and committed $4 million over a 4-year period to help end Veteran homelessness. The BPO Elks are calling on their 800,000 members to support homeless Veteran efforts in their communities.*

Challenges:

1. *Information technology, compliance, and enforcement activities were significant challenges for VA's Education Service. During June 2016, the Department of Defense implemented a massive update of over 1 million records, which changed military service data in the VA/DoD Identity Repository (VADIR) database and reduced the automation of Chapter 33 supplemental claims in the Long Term Solution (LTS). New development is required to expand LTS automated processing and replace high-risk legacy IT systems.*

2. *In August 2016, VA held a joint symposium on safeguarding the integrity of GI Bill benefits that opened communication lines between Federal agencies and a large variety of service organizations. This provided VA the opportunity to discuss how to better assist Veteran students in the event schools abruptly closed.*

3. *In order to continue reducing homelessness, community help is needed to provide affordable housing options for Veterans, opportunities for meaningful and sustainable employment, and improved access to mainstream programs and services.*

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[4] http://www.va.gov/HOMELESS/endingVetshomelessness.asp
[5] http://www.va.gov/homeless/GPD.asp

VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Objective 1.2: Increase customer satisfaction through improvements in benefit and service delivery policies, procedures, and interfaces

VA led numerous initiatives that improved the delivery of benefits and services and the Veteran's experience with VA. We transformed call centers, simplified websites, and used social media outlets to improve the way VA communicates to help Veterans understand what VA offers and how to access the benefits and services they earned. VA established new technology improvements, such as *eFolder Express* and *Caseflow Certification,* to streamline and ensure accuracy in the appeals process, and burial options expanded to ensure memorial services were accessible to more Veterans. Furthermore, because the ultimate measure of VA's performance is how the Veteran feels, we developed new measures to evaluate our performance from the Veteran's perspective and ensure we always provide a consistently excellent experience and Veterans are satisfied with VA.

Objective 1.2 Related Performance Measures

Health care

Measuring Veteran experiences is a main tenant of the MyVA plan. A Veteran walking into any medical facility should have a consistent, high-quality experience. At a bare minimum, every contact between Veterans and VA should be predictable, consistent, and easy. However, VA is also aiming to make each touch point exceptional. VA will gauge how Veterans view their partnership with VA as a measure of the effectiveness of our efforts. The following set of VA health care measures will help VA facilities to monitor areas identified by veterans where facility performance can be improved through, for instance, making changes to local care processes, providing training, and hiring more staff.

The average rating by patients of their recent VA hospitalization on a scale from 0 to 10 (inpatient) (VHA #537)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	8.70	8.75	8.80	8.80
Actual	Not Available	Not Available	8.60	8.63		

Analysis of Results

VA essentially met the target for the "The average rating by patients of their recent VA hospitalization on a scale from 0 to 10 (inpatient)" measure in FY 2016, and even improved slightly compared to 2015. VA has invested considerable human and financial resources to improve the patient experience for our Veterans, and will continue our efforts to affect improvement in those experiences.

Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #677)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	Not Available	Not Available	Not Available	(Baseline)	85%	87%
Actual	Not Available	Not Available	Not Available	84%		

**Note: 89.3% is the 75th percentile

Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #683)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	Not Available	Not Available	Not Available	(Baseline)	83%	85%
Actual	Not Available	Not Available	Not Available	82%		

**Note: 88.2% is the 75th percentile

Percent of Primary Care Patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (VHA #682)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018**
Target	Not Available	Not Available	Not Available	(Baseline)	73%	75%
Actual	Not Available	Not Available	Not Available	72%		

**Note: 79.3% is the 75th percentile

Percent of Specialty Care Patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (VHA #680)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	Not Available	Not Available	Not Available	(Baseline)	73%	75%
Actual	Not Available	Not Available	Not Available	72%		

**Note: 79.6% is the 75th percentile

(Composite Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey. (#681)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	Not Available	Not Available	Not Available	(Baseline)	79.3% or 15% above Baseline	
Actual	Not Available	Not Available	Not Available	87%		

**Note: 79.6% is the 75th percentile

Analysis of Results

Measures of access are being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. There is considerably more variation at the facility level than there is nationally. The SHEP measures for urgent and routine access to primary care are accurate indicators of facilities experiencing high patient growth, clinical turnover, difficulty in hiring staff, or other factors that could adversely impact patient scheduling.

Both Urgent and Routine care measures of Access are higher in the Primary Care setting than they are in the Specialty Care setting. Measures of Access to Routine care are higher than those for Urgent care in both the Primary and Specialty care settings.

VHA has invested considerable human and financial resources to improve the patient experience for our Veterans. VHA will continue the analysis of results to help understand what impacts access and what can be done improve care for our nations Veterans.

Plans for the Future

Monthly reporting of these metrics will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what is creating Veteran satisfaction and dissatisfaction. In addition, VHA will continue to analyze employee engagement and other All Employee Survey data, as it relates to patient satisfaction. To help facilitate understanding of the data, VHA has developed a Pyramid Analytics data cube to be used by leadership, managers, and front-line staff alike. This new tool is will allow users to easily select metrics of interest and plot them at the national, network, facility, and division levels. This new tool should help VHA managers target those aspects of services provided to

Veterans that are not serving Veterans well. The Pyramid Analytics tool was released in January 2017 with local and national educational efforts continuing throughout the year.

The average patient rating VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (VHA #544)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018*
Target	Not Available	Not Available	8.60	8.65	8.70	8.70
Actual	Not Available	Not Available	8.46	8.54		

Note: 8.82 is the 75th percentile

Analysis of Results

VHA met the target score for this measure in FY 2016 when the 5 percent tolerance rule is taken into account, and also had a significant improvement over FY 2015. This metric is being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. Naturally, there is considerably more variation at the facility level than there is nationally. VHA produces a Key Driver analysis for each facility to help managers understand those aspects of care that drive the Veteran's rating of their provider up or down. With that knowledge and understanding, facility leadership can implement policies and practices that can be used to improve the patient experience for our Veterans.

Plans for the Future

Like the four preceding measures, monthly reporting of this metric will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what is creating Veteran satisfaction and dissatisfaction.

The average patient rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (VHA #673)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	(Baseline)	8.60	8.65
Actual	Not Available	Not Available	Not Available	8.54		

Note: 8.74 is the 75th percentile

Analysis of Results

The Average Patient Rating of VA Specialty Care Provider is a new metric for VHA in FY 2016 and in-depth analysis is ongoing. The Specialty Care population is more complicated than Primary Care in that it includes a wide array of clinic types, and a sicker and older patient population.

This metric is being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. Naturally, there is considerably more variation at the facility level than there is nationally. VHA produces a Key Driver analysis for each facility to help managers understand those aspects of care that drive the Veteran's rating of their provider up or down. With that knowledge and understanding, facility leadership can implement policies and practices that can be used to improve the patient experience for our Veterans. The Specialty Care population is more complicated than Primary Care in that it includes a wide array of clinic types, and a sicker and older patient population. Additional analysis is underway to examine these and other factors that drive Veteran experiences in the Specialty Care setting.

Plans for the Future

Like the five preceding measures, monthly reporting of this metric will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what is creating Veteran satisfaction and dissatisfaction.

Veterans' Experience with VA

The Veterans' Experience Office (VEO) is leading a powerful effort to improve customer experiences across VA, nationwide. The office's goal: fostering the delivery of effective and easy customer experiences in which Veterans feel valued. VA will achieve this goal the same way the world's most successful companies do: by listening to our customers – Veterans, their families, and supporters – when they describe how they want things to work. To measure VA's progress in achieving the Veteran Experience Agency Priority Goal, the Department developed and tested four new survey questions to ask every Veteran, for every line of business, and across every channel of interaction. Veterans will be asked their level of agreement with four statements, one assessing overall trust in VA, and three capturing specific aspects of their experience with VA. The responses to these survey questions will measure VA's ability to progress toward achieving this goal.

Trust in VA among America's Veterans (VEO 30) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	(Baseline)	90%	90%
Actual	Not Available	Not Available	Not Available	60%		

To build trust among our customers, VA must consistently deliver customer experiences marked by effectiveness, ease, and emotion.   To ensure comparability across VA's disparate service and product lines, the same measures of Trust and Customer Experience are applied. VA has developed a baseline for this measure in FY 2016.

Analysis of Results

VA met its goal by collecting survey data from customers who used VA services from January 2016 – December 2016. The results indicate an observed increase in trust for FY16 reflecting improvements in Veterans experience. This increase reflects a valid trend given the consistent methodology over time. During FY17, VEO refined its survey methodology to include survey questions that address Veteran customer experience and overall trust into one measurement in support of VEO's APG requirement. The four questions are:

- "I trust VA to fulfill our country's commitment with Veterans;"
- "I got the service I needed;"
- "It was easy to get the service I needed;" and
- "I felt like a valued customer."

These questions measure both trust and Veteran customer experience.

Plans for the Future

VA will deploy a real-time Veterans experience measurement tool to empower employees at all VA levels with actionable insights that drive continuous Veterans experience improvements. VA will collect three tiers of customer experience feedback:
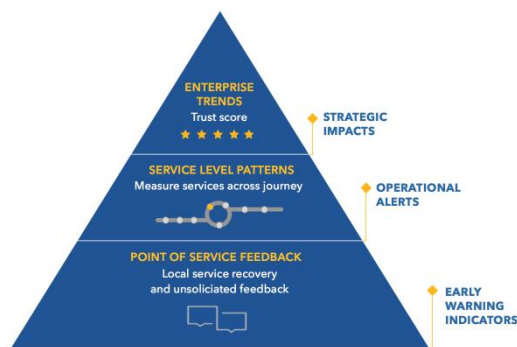
Point of service feedback through Veterans Experience (VE) Feedback Tool: serves as an early warning indicator that enables VA to resolve Veteran's issues, concerns, and questions in the moment at the point of service, thereby enhancing local customer recovery.   Through the VE Feedback tool, leaders can view actionable data at the local, VISN, and national levels to better inform resource allocation, emergent priorities and manage customer expectations proactively based on trend analysis.

The VE Feedback tool provides:
- Digital comment card (Veterans submit voluntary feedback)
- Case management

- Workflow management and alerts
- Facility and service-level data
- Roles-based reporting
- Customized dashboard
- Identification of key experience drivers

Starting first at the Baltimore VA Medical Center in spring 2017 and thereafter at medical centers across the country, the VA Feedback Tool will allow Veterans the ability to provide feedback directly to Patient Advocates via secure web-link at a time and place of their choosing. Patient Advocates will have the ability to instantly address this feedback, identify trends, and support caregivers in the pursuit of providing a great VA experience to our nation's Veterans. VEO will collaborate with VHA to replace the Patient Advocate Tracking System (PATS) system in the medical centers to introduce this real-time patient feedback capability.

Service-level patterns: drives daily business decisions by leveraging real time Veterans feedback around their most impactful interactions with VA. This feedback allows VA to determine how Veterans feel, and understand what is and is not working for Veterans at the actionable service-level. Using this feedback, we can answer questions like:

- What does VA need to continue to do?
- What does VA need to improve on?
- What does VA need to stop doing?

Enterprise trends: gauge strategic impact of daily operations and enables VA to monitor its progress towards increasing Veterans trust. VEO will continue to monitor quarterly VA's progress towards 90 percent trust in VA.

Benefits – Claims

VA fundamentally redesigned and streamlined the delivery of benefits and services to Veterans, their eligible dependents, and survivors. As of September 30, 2016, VA reduced the inventory of disability claims requiring rating decisions by 57 percent, from 883,930 in July 2012 to 377,107. VA also reduced the number of disability claims pending more than 125 days by 88 percent, from 611,073 in March 2013 to 71,690. In FY 2016, VA completed 1.3 million claims containing 5.76 million issues. Today, Veterans wait about 123 days for claims decisions, which is 225 days fewer than the average waiting period in September 2013. The diagram on the next page illustrates the most basic steps of processing claims for compensation or pension.

Veterans Submits Application → VBA Receives & Establishes Control of Claim →

VBA Reviews Claim and Gathers Evidence As Needed

Involved in providing evidence are:
-Veterans
-Department of Defense
-Private and/or VA Health-Care Providers

VBA Follows Up with Evidence Requests as Needed →

VBA Decides the Claim → VBA Notifies Veteran of Claim Decision → Veteran May Appeal if Disagrees

We used the following performance metrics to track our progress toward reducing the number of disability rating claims pending more than 125 days, while providing highly accurate decisions on ratings claims.

Percentage of VA Disability Rating Claims pending more than 125-days (VBA #308)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	40%	50%	0%	20%	15%	14%
Actual	58%	47%	20%	19%		

Percentage of Disability Compensation Rating Claims inventory pending more than 125-days (VBA #576)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	40%	50%	0%	20%	15%	14%
Actual	59%	48%	20%	20%		

Analysis of Results

VA reached the targets for both "Percentage of VA Disability Rating Claims pending more than 125 days" and "Percentage of VA Disability Compensation Claims Inventory pending more than 125 days" in FY 2016. The following factors contributed to these successes:

- Regional Offices significantly reduced the backlog (rating claims pending over 125 days) by completing 1.3 million claims that contained 5.76 million issues in FY 2016, making 2016 the seventh year in a row of completing more than 1 million claims. VA has reduced the backlog 88 percent from its 611,000 peak in March 2013 to 71,690 at the end of FY 2016. For the first time, VA consistently completed more than 100,000 claims every month of the fiscal year.
- VA completed an average Veteran's claim in 123 days – a reduction of over 7 months from the year it nearly took in September 2013.

VA is now electronically processing 99.7 percent of all claims in the Veterans Benefits Management System (VBMS). Building upon this electronic capability, much of the progress on production and reduction of the age of the backlog is due to the National Work Queue (NWQ), which we fully implemented in May 2016. NWQ balances our benefits delivery to Veterans nationwide, regardless of where they live, by prioritizing and assigning work electronically. VA is now rendering claims ready for decision an average of 14 days faster than before NWQ.

Plans for the Future

For 2018, VA intends to continue reducing the number of claims pending more than 125 days by improving the productivity of the workforce through its organizational structure, national training, and updated performance standards. VA is continuing to enhance national electronic workload distribution capabilities through the NWQ. VA is also aggressively hiring claims processors to maintain maximum staffing. In addition, VA has improved its Challenge training for claims processors. With these efforts, VA expects to increase production to further improve claims processing timeliness.

National Accuracy Rate – Disability Compensation Rating Claims (VBA #303)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	90%	94%	98%	91.5%	92%	92.5%
Actual	90%	90%	90%	88.1%*		

The FY 2016 national margin of error is +/- 0.78 percent.

National Accuracy Rate – Disability Compensation Rating Claims – Issue Based (VBA #304)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	(Baseline)	97%	98%	96%	96%	96%
Actual	96%	96%	96%	95.6%*		

The FY 2016 national margin of error is +/- 0.34 percent.

Analysis of Results

VA essentially reached its accuracy targets in FY 2016 for both "National Accuracy Rate – Disability Compensation Rating Claims" and "National Accuracy Rate – Disability Compensation Rating Claims – Issue Based," because the results were within five percent of the goals. The following factors contributed to these successes: VA has a rigorous quality assurance program that checks for accuracy both at the local and national level, for individuals as well as regional offices, as employees work the claims and after they have completed those claims. Claim-level accuracy essentially measures the result as either pass or fail. Every medical condition, regardless of the number, must be 100 percent accurate within each of 8 error categories, or else the result is 0 percent accuracy.

Issue-based (IB) accuracy is based on the individual medical issues, such as knee, back, or mental conditions, contained within the rating claim. It provides far greater utility in analyses. For example, out of 10,771 rating claims reviewed in FY 2016, VA individually assessed 57,349 issues for accuracy, which greatly increased it awareness of quality trends.

Attaining total, or nearly total, accuracy at the claim- or issue-level with so many conditions is difficult or virtually impossible, as confirmed by independent analysis.

Plans for the Future

In FY 2017, VA intends to increase accuracy rates by conducting more consistency studies on disability claims to identify error trends that VA can use to improve training materials, update procedures, and other corrective actions. Additionally, VA plans to deploy a new quality database that will capture and consolidate all quality data at all levels: the national, district, regional office, and individual employee. The new database will improve the analysis of accuracy trends and help identify training opportunities for employees.

Percent of Disability Compensation Claims received virtually/electronically (VBA #444)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	(Baseline)	12%	20%	28%	28%	37%
Actual	2%	7%	13%	20%		

Electronically preparing and submitting disability claims through such systems as eBenefits, the Stakeholder Enterprise Portal (SEP), or Digits-to-Digits (D2D) reduces the need for paper and shipping of hard-copy claims folders, as well as additional correspondence with Veterans. This streamlining allows VA to decide claims more accurately, quickly, and efficiently.

Analysis of Results

VA did not reach the target for "Percentage of Disability Compensation Claims received virtually/electronically" in FY 2016. The following factors contributed to this result:

The projected targets versus actual results attempt to compare data that is actually not comparable. This discrepancy occurs because electronic claims submissions automatically create tracking end-products, even when other claims may exist for the same claimant. However, VA procedures typically require the consolidation of simultaneous pending claims from the same Veteran, which is easily done with claims submitted on paper, but done less easily with electronic claims. Therefore, VA has modified the target goal for FY17 to correlate with the data that it can capture for paper claims vs. electronic claims.

Plans for the Future

For FY 2018, VA will continue to persuade new Veterans Service Organizations to use D2D, which will allow direct data exchanges for claim submissions. VA will also continue to allow for electronic claim submissions through Veterans Online Application (VONAPP) Direct Connect, located in eBenefits and SEP. Additionally, starting in FY 2017, vets.gov will begin transmitting electronic disability compensation claims. Vets.gov is a single portal that Veterans will use to do business with VA. Electronic claim submission not only reduces the claim processing time by eliminating the need for mail, but also provides immediate claim submission feedback, and allows real-time viewing of the documents submitted in the user's electronic eFolder.

Percentage of Dependency and Indemnity Compensation (DIC) Claims inventory pending more than 125 days (VBA #578)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	38%	20%	0%	15%	9%	9%
Actual	26%	16%	15%	18%		

Dependency and Indemnity Compensation (DIC) is a monthly benefit paid to eligible survivors of: Servicemembers who died while on active duty, active duty for training, or inactive duty training; Veterans whose death resulted from service-connected injury or disease; Veterans whose death resulted from nonservice-connected injury or disease, and who were totally disabled from their service-connected disability for certain minimal periods of time and sometimes under certain situations, such as a former prisoner of war.

Analysis of Results

VA did not achieve the target for "Percentage of Dependency and Indemnity Compensation Claims inventory pending more than 125 days." VBA's competing priorities have indirectly contributed to technology limitations in VBMS, and Enterprise Veterans Self-Service for the Pension Management Centers (PMCs). Claims processors currently must review, develop, and promulgate benefit decisions in multiple systems. Delays in sunsetting older business systems have led to less efficient claims processing as employees must access multiple systems.

PMCs nationwide diverted resources from processing DIC claims by also contributing to VBA special missions in FY 2016, such as working 41,736 compensation dependency claims.

Plans for the Future

DIC claims processing will continue to transition to VBMS, with its electronic processing fostering expedited completion of claims. Also, VA continues to look for opportunities to automate claims processing to reduce the need for human intervention, resulting in increased accuracy and efficiency.

Non-Rating Claims – Compensation Average Days Pending (ADP) (VBA #654)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	290	320	318
Actual	274	338	350 (Baseline)	355		

Non-Rating Claims – Compensation Average Days to Complete (ADC) (VBA #686)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	232	143	144
Actual	112	129	160 (Baseline)	161		

Analysis of Results

VA did not reach the target for "Non-Rating Claims – Compensation Average Days Pending", while it met and significantly exceeded the target for "Non-Rating Claims – Compensation Average Days to Complete" in FY 2016. The successful reduction of ADC in FY 2016 was, in part, a result of the Rules-Based Processing System (RBPS), which automatically processes claims without user intervention, as well as increased automation of drill-pay adjustments. Automation quickly reduces inventory, resulting in a lower ADC. However, without newer claims to lower the average days pending, ADP increased by the end of FY 2016. VBA continues to prioritize timely processing of non-rating inventory and serving first the Veterans waiting the longest for non-rating claims decisions.

Plans for the Future

In FY 2017, VA is authorized to fill 300 additional positions to process non-rating claims. VA will dedicate these resources to reducing the non-rating inventory and improving timeliness. The National Work Queue will also distribute nationally the non-rating workload in FY 2017. VA will

continue to automate non-rating claims in FY 2017 and FY 2018 to further reduce the inventory, ADP, and ADC.

Dependency Claims Processing: Inventory (Claims Pending) (VBA 701) (thousands)

(Thousands)	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	190	100	85
Actual	Not Available	Not Available	227	115		

Dependency Claims Processing: Timeliness (Month-to-Date Average Days to Complete as of the last month of the year) (VBA 670)

(Thousands)	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	275	125	110
Actual	Not Available	Not Available	221	197		

Analysis of Results

Veterans who receive disability compensation at the 30 percent level or higher are entitled to additional compensation for their eligible dependents. Approximately 70 percent of the 4.1 million Veterans currently receiving compensation are eligible for this additional benefit – nearly 45 percent more than those eligible for the same benefits just 5 years ago. As the status of these Veterans' dependents changes, through such events as marriage, divorce, birth, death, and school attendance for children over 18 years of age, VA must adjust Veterans' compensation awards. VA's record-levels of production of disability rating decisions (almost 1.3 million disability claims completed in FY 2016) added even more Veterans to the compensation rolls. At the end of FY 2015, VA had an inventory of almost 227,000 dependency claims, pending on average nearly a year. VA made tremendous progress in FY 2016, cutting the pending dependency inventory almost in half. For FY 2016-2017, reducing the number of pending dependency claims and improving timeliness is an Agency Priority Goal.

Ensuring that Veterans receive timely and accurate claims decisions is paramount. As VA continues to improve timeliness of disability claims decisions, it will also continue to focus on the dependency claims that are the direct result of the dramatic increase in completed disability rating decisions and growth in the number of Veterans receiving compensation at the higher levels of disability evaluation.

VA is also completing an outreach campaign to increase online claim submissions by Veterans to utilize the efficiencies of our automated, rules-based processing system (RBPS). We have taken steps to expand our capability to address this growing inventory, which, as stated, is a direct result of our record-breaking production. Veterans input data about their dependents into an automated form in eBenefits, and the RBPS completes many dependency claims within a day or two.

VA is prioritizing the oldest pending dependency claims for completion to ensure that Veterans who have been waiting the longest receive their decisions as quickly as feasible. For this reason, VA projected an initial increase in the average days to complete (ADC) in 2016 as VA resolved the oldest pending dependency claims. The increase in RBPS usage and decreased inventory of disability rating-related claims pending more than 125 days has allowed VA to decrease the ADC for dependency claims by 24 days (as opposed to a projected 54-day increase), as measured for the month of September 2016. With the continued efforts to reduce the number of claims pending more than 125 days, VA projects the ADC will drop by 72 days at the end of FY 2017.

Plans for the Future

VA's strategy for reducing the inventory and timeliness of dependency claims will continue to require further changes to processes and enhancements to RBPS. VA identified a set of exceptions that prevent automated processing and is reviewing the costs and functional requirements to eliminate them and expand Veterans' self-service.

VA began using the National Work Queue for dependency claims in FY 2017 to increase production capacity and efficiently distribute such work across the Nation.

Benefits – Appeals

The current VA appeals process, which is set in law, is broken and is providing Veterans a frustrating experience. The VA appeals process consists of multiple steps, most of which occur at the Agency of Original Jurisdiction (AOJ), which includes VBA, VHA, NCA, and the Office of General Counsel; however, 98 percent of all appeals originate in VBA. If an appeal is not resolved at the AOJ level, the Veteran (or Appellant) may formally continue that appeal to the Board of Veterans' Appeals (Board) for a *de novo* review (*i.e.*, a new look) and the issuance of a decision on behalf of the Secretary. In the current process, appeals have no defined endpoint and require continuous evidence gathering and re-adjudication. The system is complex, inefficient, ineffective, confusing, and splits jurisdiction of appeals processing between VBA and the Board.

Current VA Appeals Process

The VA Appeals Process

This chart represents the path any one single appealed *issue* can follow towards resolution. An appeal may have several issues, each within a different stage of the process, and a Veteran may have multiple contemporaneous appeals. Any Veteran can enter and reenter the process, even when no further compensation is possible. While this chart represents the typical path for most compensation-related issues, other types of VA appeals have different processes.

KEY
- Veteran Decision Point
- Duty to Assist
- Court Remand
- The Appeals Churn
- VA Decision

VBA — Rating Decision → Notice of Disagreement

- Traditional Review Option Selected
- Decision Review Officer/De Novo Option selected
  - INFORMAL CONFERENCE with Veteran and/or VSO
  - FORMAL HEARING if requested
- Decision → Satisfied? → Award Action (Yes) / No
- Satisfied? Yes → Award Action / No

STATEMENT OF CASE (SOC) — An SOC is a readjudication of the appeal by VBA.

Formal Appeal (VA Form 9) → No → Appeal Closed

Prepare Case for BVA Review & Certify

Board Hearing, if requested — The Board held 13,535 hearings in FY16. Over 75,000 hearing requests are pending.

VHA opinion or Outside Medical Opinion Required. Board completes this development in certain appeals in which the medical record is insufficient, and no further examination is necessary.

The Board

- FULL GRANT of Benefits Sought
- PARTIAL GRANT of Benefits Sought
- **CASE REQUIRES DEVELOPMENT** Remand to Appeals Management Office (62% of FY16 Board decisions included a remand for at least one issue. Remands occur as often as development is required, including when evidence has been received since last SSOC.)
- DENIAL of Benefits Sought

Supplemental Statement of the Case (SSOC) (*i.e.*, readjudication). Whenever the Veteran indicates that additional evidence is available, additional development and readjudication is warranted.

New Evidence Received? (Can occur at any time in the process.) → Yes / No

- FULL GRANT of Benefits Sought → Award Action
- PARTIAL GRANT with good potential for appeal resolution → Contact with VSO or Veteran for resolution → Satisfied? Yes → Award Action / No

Satisfied? Yes → Award Action / No

Satisfied? No → Appeal to Court of Appeals for Veterans Claims

AGENCY OF ORIGINAL JURISDICTION (VBA) — Appeals in which Veterans are represented by a VSO return to the Appeals Management Office (AMO) for development of evidence identified by the Board's remand, and remain with this VBA entity until all development is complete, at which time the AMO will complete an SSOC.

If the Veteran is unrepresented, or represented by an attorney, the appeal is returned to the RO to complete the development.

REMAND by Court of Appeals for Veterans Claims — The Court remanded or reversed at least one issue in 87.7% of all Board decisions it reviewed on the merits in FY16. Most remands are for additional development and readjudication.

The current process also takes too long. In FY 2016, on average, Veterans waited 3 years for a resolution on their appeals. For those appeals that were decided by the Board in FY 2016, on average, Veterans waited at least 6 years from filing of their Notice of Disagreement (NOD) until the Board decision issued that year. Under the current process, Veterans can receive multiple decisions by two organizations – the AOJ and the Board – contributing to lengthy appeals processing times and confusion for Veterans. The current process features an open record that, with only narrow exceptions, allows a Veteran or other appellant to submit new evidence and/or make new arguments at any point from the beginning to the end of the appeals process. Additionally, the statutory duty to assist throughout the appeals process requires VA to develop further evidence on the Veteran's behalf and pursue new arguments and theories of entitlement. This continuous evidence gathering and re-adjudication delays a final decision. VA continues to face rapid growth in its appeals workload. Since 1996, the annual appeal rate has averaged 11 to 12 percent of all claims decisions. Looking back over FY 2010 through FY 2016, VBA completed more than 1 million claims annually. Growth in claims decision volume has resulted in proportional appeals volume growth. From the end of FY 2013 to the end of FY 2016, the number of pending appeals climbed by 33 percent to more than 464,000.

To ensure full transparency in the current multi-step appeals process, VA adopted new metrics in FY 2015 that track the amount of time it takes for VBA to process substantive appeals it must certify to the Board and for the Board to process original and remanded appeals, the latter of which are cases the Board returned to the AOJ to collect further evidence or for other development. VA will use these metrics to identify barriers or obstacles in the appeals process and to increase efficiency.

Appeals Processing – Notice of Disagreement (NODs) Pending Inventory (thousands) (VBA #514)

	FY 2013	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	FY 2018
Target	Not Available	Not Available	(Baseline)	338	234	237
Actual	Not Available	Not Available	228	231		

Appeals processing – NODs average days pending (VBA #545)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	437	413	413
Actual	Not Available	Not Available	394	413		

Analysis of Results

VA has met and surpassed its target for the Notice of Disagreement (NOD) pending inventory and NOD average days pending. The following factors contributed to this success: VA added 300 full-time equivalent (FTE) personnel and $10 million in overtime to appeals processing in FY 2016. These additional resources have greatly contributed to VA maintaining a static NOD inventory compared to the previous year and meeting its projected target in FY 2016.

Appeals Processing – Substantive Appeals to the Board (Form 9) Pending Inventory (thousands) (VBA #607)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	94	45	40
Actual	Not Available	Not Available	56	50		

Appeals Processing – Substantive Appeals to the Board (Form 9) Average Days to Complete (VBA #685)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Baseline	576	417	378
Actual	Not Available	Not Available	509	462		

Analysis of Results

VA has met its FY 2016 goal for substantive appeals to the Board pending inventory and average days to complete. The following factors contributed to this success: VA added 300 FTE and $10 million in overtime to appeals processing in FY 2016. In addition, Section 501 of Public Law No. 112-154, codified as 38 U.S.C. § 7105(e), has led to less re-adjudication of substantive appeals in VBA and an increase in certifications of appeals to the Board, which was the intended result of the legislation. These combined factors allowed VA to outperform its projected target in FY 2016 and further lower the substantive appeals pending inventory compared to FY 2015.

Plans for the Future

VA plans to release several IT systems enhancements in FY 2017 which will enhance productivity and improve processing timeliness. These enhancements include the re-platforming of the stand-alone legacy Statement of the Case (SOC) application in VBMS; automation of data sharing between VBMS and the Board; and the inclusion of appeals in the NWQ. Further, VA is realigning oversight and accountability of VBA appeals policy and operational control under the Appeals Management Office to increase efficiencies and focus on reform. The Appeals Management Office will also conduct a comprehensive review and assessment of VBA's current appeal processing procedures to identify areas for further improvement.

Appeals Processing – Substantive Appeals to the Board (Form 9) Average Days Pending (VBA #655)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Baseline	454	431	361
Actual	Not Available	Not Available	617	516		

Analysis of Results

Although VA lowered the substantive appeals to the Board average days pending by 100 days in FY 2016 compared to FY 2015, it still did not meet the FY 2016 target. The following factors contributed to this result: Timeliness metrics are highly dependent on the age of the inventory selected for processing. Our predictive modeling is based on historical trends and did not account for the nuanced impact of legislative changes. Section 7105(e) has decreased re-adjudication of appeals in VBA before certification to the Board, which was its intended outcome. Nevertheless, while VA continues to focus on processing the oldest appeals first, Section 7105(e) has also led to increased certification of newer substantive appeals to the Board, resulting in a higher average days pending for the remaining inventory than projected; which was an unintended consequence.

Plans for the Future

VA plans to release several IT systems enhancements in FY 2017 that will enhance productivity and further improve processing timeliness. In addition, as a result of VA's predictive modeling for the appeals reform legislative proposal, VA has also reassessed its assumptions and vastly improved its predictive modeling of its legacy workload. As a result, it has modified its appeal targets goals for FY 2017 and FY 2018 consistent with improved data analytics efforts and forecasting.

Appeals Dispositions – Average Days to Complete Returned Remands (measuring from date case is received at the Board after remand until Board disposition date) (BVA #571)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	244	293	293
Actual	Not Available	Not Available	244	264		

Appeals Dispositions – Average Days to Complete Original Appeals (from date of certification (Form 8) until Board disposition date) (BVA #573)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	531	694	694
Actual	Not Available	Not Available	531	553		

Note: By law, the Board considers and decides each case in regular order according to its place upon the Board's docket. The docket date of each case on appeal continues to derive from the date that VA received the Substantive Appeal.

Analysis of Results

The average days to complete an appeal is largely contingent on the Board's docket of appeals. The Board is required by law (38 U.S.C. § 7107(a)) to review appeals in docket order unless unusual hardship or other sufficient cause has been shown to advance a case on the docket. A case may be advanced on the docket on the motion of the Chairman, the Vice Chairman, a party to the case before the Board, or such party's representative. Such a motion may be granted only if sufficient cause is shown. Sufficient cause under 38 C.F.R. § 20.900(c) includes serious illness, severe financial hardship, administrative error that resulted in a significant delay in docketing the case, or the advanced age of the appellant, which is defined as 75 years or more. Motions for advancement on the docket must be in writing and must identify the specific reason(s) why advancement on the docket is sought. *See* 38 C.F.R. § 20.900(c). Notably, the Board's docket of appeals changes constantly because new appeals are received from the AOJ and docketed and other appeals are dispatched on a daily basis. Additionally, priority order in appeals adjudication is not based on the date the appeal arrives at the Board, but rather, derives from the date the substantive appeal (VA Form 9) was received by VA. Therefore, the priority order for deciding appeals in the Board's active inventory is in constant flux since appeals arrive at the Board in an order that is variable from the date that the substantive appeal was received by VA. This impacts the average days to complete both original and returned remand appeals.

Plans for the Future

FY 2016 marked the first year the Board established a target for the 'Appeals dispositions – average days to complete returned remands (measuring from the date the case is returned to the Board after remand until Board disposition date)' and 'Appeals dispositions – average days to complete original appeals (from date of certification (Form 8) until Board disposition date)' measures. In FY 2017, the Board recharacterized this first measure as 'Appeals dispositions – average days to complete returned remands (measuring from the date the case is received at the Board after remand until Board disposition date)' for consistency with the way average days to complete post-remand appeals is calculated in the Veterans Appeals Contact and Locator System (VACOLS), the legacy system used to track and process appeals. The Board intends to continue tracking these measures; however, the average days to complete original and post remand appeals is largely contingent on the Board's docket, which is constantly changing as new appeals are received and appeals are dispatched.

Appeals – Moving Forward

VA appeals modernization is critically dependent on passage of legislation. VA is attempting to make as many improvements to the existing appeals system as possible. These improvements have focused on better leveraging people, process, and technology aspects of appeals processing. These changes have resulted in a 42 percent increase in overall appeals actions

from FY13 to FY16, and a 34 percent increase in appeals resolutions from FY13 to FY16. However, despite these positive changes, if substantial legislative reform does not occur, additional resources will be required to meet performance targets.

In March 2016, VA sponsored an "Appeals Summit" – a series of meetings with VSOs, advocacy groups, and congressional staff to design a new appeal process. The product of those meetings was a new appeals framework developed collaboratively by VA and these stakeholder groups. This New Framework, steps away from an appeals process that tries to do many unrelated things inside a single process and replaces it with differentiated lanes, which give Veterans clear options after receiving an initial decision on a claim. The New Framework provides an understandable process, multiple options for Veterans instead of one, improved notice as to which option might be best, early resolution of disagreements, each lane with clearly defined start and end points, quality feedback loops to VBA, workload transparency for better workload/resource projections, and efficient use of resources for long-term savings. This New Framework also clearly defines VBA as the claims agency and the Board as the appeals agency. The New Framework was described in Appeals Modernization legislation introduced during the 114th Congress and reintroduced in the 115th Congress.

Proposed New VA Appeals Process
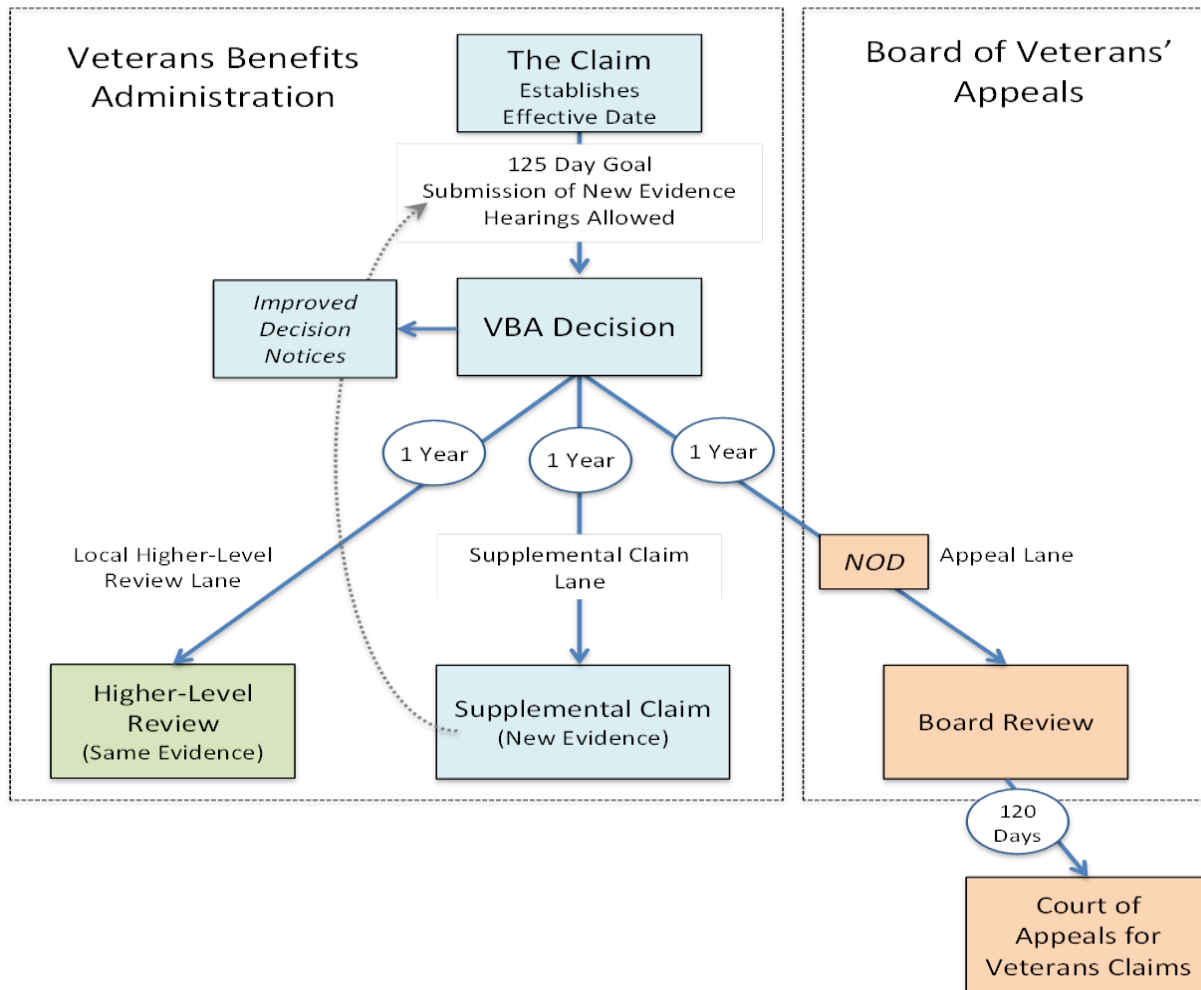
Benefits – Various

VA developed the Voice of the Veteran (VOV) Customer Satisfaction Survey to obtain measurable feedback from Veterans and beneficiaries regarding the benefits and services provided by VA. The survey tracks overall satisfaction on a 1,000 point scale. The VOV program currently conducts two studies: Call Center Satisfaction Research (CCSR) and Continuous Measurement Satisfaction Research (CMSR), the latter focused on the lines of business, such as compensation, pension, loan guaranty, etc.

The respondents to the call center survey provide their perceptions of the services and information provided by VA's call agents during phone interactions. The metrics from the CMSR study represent the respondent's perception of the benefits, services, correspondence, and interaction during both the claims process and the receipt of benefits from VA. While the

scale on all metrics is similar, the benefits and services offered by each business line are unique; scores are designed to assist business lines with improvement to their programs and services rather than to offer comparisons between the different business lines. Both studies seek to determine what is most important to Veterans, and the customer satisfaction feedback allows VA to identify process improvements in the delivery of benefits and services and key performance indicators.

Compensation: Overall Customer Satisfaction Index Score (out of 1000) (VBA #491)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	650	680	685
Actual	Not Available	Not Available	646	676		

 # Every VBA Program has a distinct mission, specific processes, Congressional mandates, and technologies. Surveys were developed to measure the effectiveness of processes within a program. Survey results cannot be compared between VBA programs.

Analysis of Results

VA exceeded the target for "Compensation: Overall Customer Satisfaction Index Score" in FY 2016. This measure gauges Veteran satisfaction with the overall processing of compensation claims and receipt of benefits. The following factors contributed to this success: VA continued to improve timely processing of claims, including additional automation of processes and procedures. In FY 2016, VA released phase one of automatic adjustments of the awards of fugitive felons, expanded to all regional offices the number of contracts to perform disability examinations, and continued to frequently update policy and procedural information for consistency between claims processors.

Plans for the Future

In FY 2017, VA has scheduled service enhancements to the eBenefits electronic platform, which will allow Veterans additional access to evidence and claims status. VA will provide additional education for Veterans and employees to explain Centralized Mail and electronic filing options to support improved timeliness. VA is analyzing claims correspondence for opportunities to enhance clarity and simplicity. VA also anticipates a modest increase in Veterans' satisfaction as a result of implementing enhancements in automation, clarity in communications, and improvements in the examination process. VA will use the Veterans' satisfaction data to evaluate areas needing additional policy enhancements or technological improvements.

National Call Center Client Satisfaction Index Score (out of 1000) (VBA #485)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target*	754	735	752	756	770	775
Actual	723	748	756	767		

VA's recent targets and results exceed the current Government benchmark of 754 on a 1,000 point scale.

Analysis of Results

VA exceeded the target for the "National Call Center (NCC) client satisfaction index score" in FY 2016 with 767 out of a possible 1,000 points. The following factors contributed to this success: VA hired over 400 new agents to decrease the call wait times to a FYTD17 average of 2 minutes and reduced the blocked call to an average of 1 percent (less than 10 calls per month); additional routing options helped reach the most skilled agent for caller needs; VA enhanced speech recognition options; and call agents could access a consolidated view of Veteran information.

Call agents now have auto-populated data, smart scripts, and increased integration with VA's Knowledge Management system, which allows them to search VA news, policies, procedures, and crisis intervention. In addition, VBA has implemented multiple process improvements that allow call agents to resolve more issues at the point of interaction, reducing wait time and unnecessary organizational handoffs to improve the experience of the caller.

VA trained all newly hired employees in segments to quickly render them productive. The strengthened training model, combined with advances in staffing/personnel and technology, supports agent efficiencies, improves timeliness, increases access for callers, and increases the accuracy of information provided to callers.

Plans for the Future

For FY 2018, VBA will continue to expand its first-call resolution options, which can support claim completion and improve access for Veterans who contact VA through the NCC. In 2018, VA anticipates sustaining current staffing levels and expects to further decrease call-wait times and sustain current performance.   VA will improve the Veteran experience by enhancing technology, using other self-service tools (e.g., interactive voice recognition, online access options), and live-chat access. Quality assurance and the monitoring of training requirements will ensure accurate interactions. Nationally, VA is reviewing NCC processes to improve call routing and timeliness. VA will use robust self-service models, e.g., interactive voice recognition, enhanced functionality in eBenefits and the vets.gov website, etc., to better meet the needs of its customers. The stated future targets assume that these improvements and increased staffing levels will positively affect *promptness to speaking to a person,* which is a key

attribute in customer satisfaction. Additionally, VA expects continued customer service soft skills training to increase the attribute for *courtesy of the representative.*

Number of Accredited Veterans Advocates Who Are Registered Users on the Stakeholder Enterprise Portal (SEP) (VBA#446)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	(Baseline)	2,000	3,500	4,200	4,900	SEP replaced by Vets.gov
Actual	1,000	1,861	3,299	4,202		

Part of the claims transformation plan was to change the way VA delivers benefits and services to Veterans. As a result, VA now leverages the capabilities of electronic applications and portals to streamline the application process.

The SEP https://www.sep.va.gov/sep/web/guest/sep), which resembles the eBenefits system on va.gov, allows VA partners and Veterans Service Organizations to electronically file claims for benefits and services on behalf of the Veterans they represent. Tools such as SEP support VA's efforts to improve the timeliness and accuracy of claims processing through technology.

Analysis of Results
VA reached the target for "Number of accredited Veterans' advocates who are registered users on the Stakeholder Enterprise Portal" in FY 2016. The major factor contributing to this success was providing representatives with information about SEP whenever they asked about resources available online, or about filing claims electronically.

Plans for the Future
In 2017, SEP capabilities will transition to the Vets.gov platform. Vets.gov is VA's new Veteran-facing platform that consolidates all content and interactive services. eBenefits capabilities are in the process of transitioning to Vets.gov, and SEP will follow.

Benefits – Pension
Veterans' pension is a needs-based benefit paid to wartime Veterans who meet certain age or disability requirements. Survivors' pension is a needs-based benefit paid to surviving spouses and children of wartime Veterans.

Average days to complete – original survivor's pension claims (VBA #498)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	230	150	150	80	75	75
Actual	251	193	89	130		

Percentage of original and reopened pension claims inventory pending more than 125-days (VBA #577)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	36%	20%	0%	3%	5%	5%
Actual	37%	5%	3%	4%		

Analysis of Results

VA did not reach the target for "average days to complete (ADC) – original survivor's pension claims." The following factors contributed to this result: VBA focused on processing the oldest claims during FY 2016, which resulted in an increased ADC. While completing the oldest claims resulted in increased ADC, it decreased the average days pending (ADP). The ADP for original survivors' pension claims improved from 88.6 days in FY 2015 to 72 days during FY 2016. ADP measures the average age of claims that are currently awaiting decisions. ADC measures the average time it took VA to issue decisions.

VA did not reach the target for "Percentage of original and reopened pension claims inventory pending more than 125 days." VA's open-ended duty to assist Veterans in developing their claims, established in law, prevents VA from deciding all claims within 125 days. VA will always consider additional evidence or new medical conditions added – no matter how late in the claims process VA receives them.

Plans for the Future

VA continues to aggressively pursue its Transformation Plan to improve accuracy and productivity. Initiatives include shifting from a paper-based paradigm to a robust and intelligent digital operating environment. Therefore, pension claims processing will continue to transition to the electronic processing available in VBMS. VA also continues to look for opportunities to automate pension claims with the goal of creating a true portal-to-payment system.

Pension: Overall customer satisfaction index score (out of 1000) (VBA #490)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	688	668	672
Actual	Not Available	Not Available	684	664		

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Analysis of Results

Pension customer service scores rely heavily on decisions regarding benefit entitlement. Application processes, processing time, and time spent gathering information also impact the claimant's experience and satisfaction. VA is working to keep pace with Veterans' expectations and transform its customer services – soliciting regular customer feedback, streamlining processes, and delivering consistent, high-quality service.

Plans for the Future

For FY 2018, VA will continue to improve customer satisfaction primarily through technological improvements. VA will continue to develop the Rules-Based Processing System (RBPS) to automate pension claims, which will relieve overburdened claims processors of some of their workload. RBPS is part of a multi-pronged approach to create an automated, paperless claims processing system. Utilizing business rules, the system will use data and information reported electronically to make decisions without human intervention. The process includes functionality to record data, generate award payments and correspondence, or refer benefit claims for manual processing when the claim fails to pass all of the established rules. For Veterans, rules-based processing will mean faster, higher-quality and more consistent decisions on claims. For employees, the change will be a more user-friendly system that offers better access to decision-level information, rules-based calculators, and automated tools that help them process claims more consistently. Expansion and improvements to the Enterprise Veterans Self-Service will increase the number of online benefit applications. VA will complete site visits to the PMCs during FY 2017 to identify best practices and improve claim processing accuracy.

Pension call center client satisfaction index score (out of 1000) (VBA #484)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	735	770	770	780	782
Actual	732	766	770	778		

Analysis of Results

VA reached the target for "Pension call center client satisfaction index score (out of 1,000)" in FY 2016. The following on-going initiatives contributed to VA's success: VA hired about 25 new pension agents to decrease the call wait times to a FTYD17 average of 2 minutes, and reduced the blocked call rate to an average of 1 percent per month. In addition, changes to new-hire training curriculum have provided agents with skills in the first month to resolve basic transactions during a first call from a Veteran. VA has developed additional routing options for callers to reach the most skilled agent for their needs, enhanced speech recognition options, created a consolidated view of Veteran information, auto-populated data, developed smart scripts, and increased utilization of VA's Knowledge Management system, which allows agents to search for VA news, pension policies , procedures, and crisis intervention. This database, with the increase in human capital, promoted efficiencies, improved timeliness, increased Veteran access, and increased the accuracy of information provided to callers.

Plans for the Future

The National Pension Call Center (NPCC) will continue to monitor customer satisfaction. The stated future targets assume increased staffing levels will positively affect *promptness to speaking to a person*--a key attribute in the customer satisfaction index model. Additionally, continued customer service soft skills training will increase representatives' courtesy toward Veterans, which is another key attribute in the customer satisfaction model The NPCC will continue to implement best practices between VBA contact centers. J.D. Power, which conducts this survey, will use industry standards to provide feedback and strategies to improve customer service processes in the call center.

To further improve the Veteran's experience, VA is optimizing its software containing information about its customers and its own services. VA plans to better use robust self-service models, e.g., interactive voice recognition, enhanced functionality in eBenefits and the vets.gov website, etc., to better meet customer needs. Nationally, VA is continuing its review of the NPCC processes to improve call routing and timeliness, and will implement workforce management tools to better manage call volumes and operation hours.

Benefits – Education

VA provides timely and accurate delivery of education benefits to eligible active duty, National Guard, and Reserve Servicemembers, Veterans, and eligible dependents. VA informs Servicemembers of their educational benefits at various key points in their military career, allowing them to use these benefits while still on active duty. VA also conducts outreach to ensure Servicemembers and Veterans are well-informed regarding educational benefits as they plan for the transition to civilian life, whether they need to learn a trade or obtain a degree.

VA education benefits may be used for licensing and certification examinations and on-the-job training programs, as well as for study at institutions of higher learning (IHLs) or non-college degree programs. VA provides resources to assist Veterans and Servicemembers in making informed educational decisions so they may achieve their academic and career goals. VBA makes these resources available online and has multiple avenues for Veterans and their dependents to obtain information about their individual entitlement, including the GI Bill Comparison Tool, the GI Bill Feedback System, the joint VA/DoD eBenefits portal, and the Education Call Center, 1-888-GIBILL1 (1-888-442-4551).

Average days to complete original education claims (VBA #218)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	28	28	28	28	21	21
Actual	26	17	18	16.7		

Average days to complete supplemental education claims (VBA #219)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	12	14	14	14	9	9
Actual	10	6	7	6.7		

Analysis of Results

VA reached the target for "Average days to complete original education claims" and "Average days to complete supplement education claims" in FY 2016. The following factors contributed to these successes: VA has automated the processing of over 50 percent of all education enrollment documents. VA automatically processes over 6,000 claims per day and continues to broker cases between Regional Processing Offices. These factors significantly reduced processing time for supplemental education claims from an average of 16.5 days in 2012 to 6.7 days in 2016.

Plans for the Future

The targets for FY 2017 and 20 18 do not reflect continued improvement from the actual results for FY 2016. At the beginning of FY 2017, VA realigned over 100 education processors to

positions outside of Education Regional Processing Offices. This loss of resources may not positively impact results of these measures. VA will nonetheless continue to work toward fully automating all education claims. VA will also continue to evaluate brokering strategies, as well as program policies and procedures, to ensure improvements continue in timeliness and customer satisfaction.

Education: Overall customer satisfaction index score (out of 1000) (VBA #489)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	(Baseline)	764	754	757	757
Actual	Not Available	To be determined	754	752		

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Analysis of Results

In FY 2016, VA's Education Service did not experience a statistically significant change with customer satisfaction, and virtually meet its target. Survey results show that Veterans are more satisfied with the services provided when VA optimizes different modes of communication to keep them informed of their education benefits. Therefore, Education Service continues to leverage different communication methods to include email, social media, and the GI Bill website to provide accurate information in a timely manner to prospective and current GI Bill students.

Education call center client satisfaction index score (out of 1000) (VBA #476)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	750	780	835	832	835	836
Actual	803	832	831	841		

Analysis of Results

With an index score of 841, VA met and exceeded the target for "Education Call Center (ECC) Client Satisfaction Index Score" in FY 2016. The ECC increased their score by 10 points over FY 2015, and is also exceeding the J.D. Power and Associates' Call Center Cross-industry benchmark (815) by 26 points on a 1,000 point scale. In reviewing the current ECC resource climate and assessing ECC's performance target, the ability to increase staffing to ceiling significantly improved service delivery during FY 2016 and positively impacted nearly every client satisfaction category. VA also continues to leverage social media to provide the Veteran student community with information for frequently asked questions.

Plans for the Future

The targets for FY 2017 and 2018 do not reflect continued improvement from the actual results for FY 2016. At the beginning of FY 2017, VA realigned over 100 education processors to positions outside of Education Regional Processing Offices. This loss of resources is not likely to positively impact the results of these measures. However, for FY 2017, the Education Call Center provides for staffing levels to remain at ceiling. These staffing levels will allow the ECC to maintain ideal agent availability for callers, serving to further improve customer service performance. The ECC has also continued to focus on its first-call resolution initiative, which decreases the need for additional contacts. In addition, VA continues to implement enhancements to technology within the ECC, to improve the efficiency and effectiveness of call agents such as adding softphone technology and developing and improving the Customer Relationship Management/Unified Desktop, to improve the efficiency and effectiveness of call agents, and adding softphone technology. Robust self-service models, e.g., interactive voice recognition, enhanced functionality in eBenefits and at the vets.gov website, etc., will also be utilized to better meet the needs of our customers.

Benefits – Loan Guaranty, Vocational Rehabilitation and Employment, Insurance

Veterans' satisfaction level with the VA Loan Guaranty program (out of 1000) (VBA #487)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	822	825	830
Actual	Not Available	Not Available	819	819		

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Analysis of Results

VA helps Servicemembers, Veterans, and eligible surviving spouses become homeowners. VA Home Loans are provided by private lenders, such as banks and mortgage companies. VA guarantees a portion of the loan, enabling the lender to provide Veterans with more favorable terms.

Through ongoing analysis of FY 2015 data, VA virtually met the Veteran's satisfaction level target in FY 2016. In an effort to maintain high Veteran satisfaction levels, the VA Home Loan program continues to utilize best practices to ensure ongoing program efficiencies. In FY 2016,

VA established new processes to assign Certificates of Eligibility (COE) by distributing the workload among VBA's nine Regional Loan Centers across the country. VA implemented additional processes to further reduce the blocked call rate, such as consolidating all Loan Guaranty (LGY) incoming calls to a single toll-free number, with standardized interactive voice response (IVR) messages. These two changes dropped the blocked call rate for overall LGY calls by 68 percent nationwide, and reduced the average days to adjudicate a COE from 26 days to the performance target of 5. Further, the overall volume of calls was reduced by over one million, which enabled LGY to respond to incoming calls more rapidly, which enhances the Veteran experience.

Plans for the Future

VA will use newly collected Veteran satisfaction data to assess areas of Loan Guaranty that require additional automation or policy improvements to assure seamless program operations. For example, the housing program systematically developed an eligibility process that correctly determined and issued eligibility for home loans on approximately 65 percent of the over 1 million applications submitted during FY 2016. Analysis of Veteran experiences with the overall COE determination process will allow VA to identify methods to increase the correct COE issuance rate.

VA plans to implement a Customer Service Transformation system, which will help build out customer service capability, training, internal/external communication, metrics, and any other efficiencies. The Customer Service Transformation system will provide a clear, direct line of communication for Veterans, Servicemembers, and other stakeholders to obtain information regarding the VA Home Loan program.

Veterans' satisfaction with the Vocational Rehabilitation and Employment program (out of 1,000) (VBA #488)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	658	674	682
Actual	Not Available	Not Available	658	666		

 # Every VBA Program has a distinct mission, specific processes, Congressional mandates, and technologies. Surveys were developed to measure the effectiveness of processes within a program. Survey results cannot be compared between VBA programs.

Analysis of Results

VA reached the target for "Veterans' satisfaction with the Vocational Rehabilitation and Employment program." VA implemented new individual-level performance standards to all field staff. These standards focused on reducing allowance processing time and increasing accuracy of payments.

In addition, to drive Veteran satisfaction, VR&E implemented telecounseling as an option for Veterans who have busy schedules, live in rural locations, or have transportation challenges in personally meeting with their counselors to discuss their rehabilitation goals. Telecounseling is expected to reduce travel costs and time for Veterans and employees, and improve accessibility to VR&E services.

Plans for the Future
The FY 2017 Briefing on 2016's Voice of the Veteran (VOV) survey occurred in January 2017. VR&E used the results to develop an action plan to address any issues that may be negatively affecting Veteran's experience with VR&E. VR&E Service will continue to collaborate with J.D. Power & Associates to assess and interpret the VOV Survey results, to identify specific trends and ways to improve service delivery that will increase Veteran's satisfaction.

Rate of high client satisfaction ratings on insurance services delivered (VBA #214)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	95%	95%	95%	95%	95%	95%
Actual	93%	94%	94%	94%		

Analysis of Results
VA effectively reached the target for "rate of high client satisfaction on insurance services delivered" in FY 2016, as its results were within five percent of the target. In 2016, the Insurance program paid approximately $2.3 billion for payments to Servicemembers, Veterans, and their beneficiaries in the form of insurance death benefits, policy loans, and traumatic injury protection payments. VBA Insurance completed 147,000 insurance disbursements (death claims, loans, and cash surrenders) at 98.6 percent accuracy. Insurance answered an average of 2,200 insurance-related calls per day with an average speed of answer of 31 seconds and a 0.1 percent blocked call rate.

Plans for the Future
VA will implement the following strategies to continue achieving nearly 95 percent rate of high client satisfaction on insurance services delivered: take action on customer survey responses to the question "How can we improve our service," improve processing as needed to increase efficiency, and maintain appropriate staffing levels to provide services quickly and accurately.

Memorial Services

VA honors Veterans and their eligible family members with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation. In 2016, VA interred more than 131,000 Veterans and eligible family members and provided perpetual care for more than 3.5 million gravesites at 135 national cemeteries and 33 other cemetery installations in 40 states and Puerto Rico. VA has also funded the establishment, expansion, and improvement of 104 state and tribal Veterans cemeteries in 44 states, Puerto Rico, Guam, and the Northern Mariana Islands which interred more than 36,000 Veterans and eligible family members in 2016. In 2016, VA furnished more than 365,000 headstones, markers, and medallions for the graves of Veterans worldwide and furnished nearly 690,000 Presidential Memorial Certificates to the families and friends of Veterans commemorating their service.

Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (NCA #234)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	89.50%	89.60%	91.0%	91.5%	91.8%	92.0%
Actual	89.50%	89.80%	89.8%	91.7%		

Analysis of Results

VA exceeded the target for the percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence in FY 2016. VA opened three new national cemeteries (Tallahassee and Cape Canaveral, Florida and Omaha, Nebraska), five new VA-funded state cemeteries (Flagstaff and Marana, Arizona; Goldsboro, North Carolina; Rayville, Louisiana; and, Southeastern Minnesota;), and four new VA-funded tribal cemeteries (San Carlos, Arizona; Auberry, California; Crow Agency, Montana; and, Ponca City, Oklahoma) in FY 16.

Plans for the Future

A new VA-funded state cemetery in Seaside, California has already opened in FY 17. Two more VA-funded state cemeteries in Kilmichael, Mississippi and Fort Stanton, New Mexico will open to interments later in FY 17. In FY 2018, VA plans to open the first new national cemetery under the VA Urban Veterans Burial Initiative to enhance service in Indianapolis, Indiana. VA also plans to open two more national cemeteries in Fargo, North Dakota and Rhinelander, Wisconsin as part of the VA Rural Veterans Burial Initiative and a new VA-funded state Veterans cemetery in Gallup, New Mexico. Combined, these cemeteries will serve nearly 80,000 Veterans who do not currently have access to a burial option within a reasonable distance (75 miles) of their residence.

Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	98%	98%	96%	97%	97%	97%
Actual	96%	96%	96%	To be determined		

Percent of respondents who rate national cemetery appearance as excellent (NCA #581)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	99%	99%	99%	99%	99%	99%
Actual	99%	98%	99%	To be determined		

Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (NCA #582)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	99%	99%**	99%	99%	99%	99%
Actual	99%	98%	98%	To be determined		

* FY 2016 Survey results are not available due to unexpected delays in survey administration

** 98 percent was the 2014 actual for this measure. 99 percent was the 2014 target. (Source – 2014 PAR)

Analysis of Results

VA measures the percent of respondents who rate the quality of service provided by the national cemeteries as excellent, the percent of respondents who rate national cemetery appearance as excellent, and the percent of respondents who would recommend the national cemetery to Veteran families during their time of need through an annual survey of Veterans, Veteran next of kin, and funeral home directors who utilized VA burial and memorial benefits during the year. While FY 2016 results were not available at the time of this report's publication, past results show VA's continued focus on providing excellent customer service and maintaining national cemeteries as national shrines. Through this continued focus, VA expects FY 2016 results to demonstrate continued high levels of satisfaction with national cemeteries.

In FY 2016, VA's National Cemetery Administration (NCA) was ranked first in an independent customer satisfaction survey among the nation's top corporations and federal agencies , which was conducted by the CFI Group (Claes Fornell International) utilizing the science of the American Customer Satisfaction Index (ACSI). The ACSI is the only national, cross-industry measure of satisfaction with the quality of goods and services available in the United States.

For 2016, NCA achieved a customer satisfaction index of 96, currently the highest ACSI score in either the private or public sector. The score is nearly 28 points above the 68 point average for federal agencies. NCA participates in the ACSI every three years, previously in 2001, 2004, 2007, 2010 and 2013. This is the sixth time NCA participated and the sixth consecutive time NCA received an overall customer satisfaction score of 96, the highest score received out of more than 200 public and private sector the top rating among participating organizations. This result further demonstrates VA's continued commitment to customer satisfaction with national cemeteries.

Plans for the Future

VA recognizes that high levels of client satisfaction cannot be assumed based on past history. We will continue to collect client satisfaction data from our annual Survey of Satisfaction with National Cemeteries to identify opportunities for improvement with the appearance and the level of service provided by national cemeteries and the quality of memorials furnished for Veterans worldwide. By FY 2018, VA plans to implement this survey on a quarterly basis in order to collect more timely and relevant client feedback. VA will also continue to identify and share best practices from high performing cemeteries throughout the national cemetery system. These efforts will continue to support progress towards ensuring that VA continues to meet the burial needs of Veterans and their eligible family members and to honor their service and sacrifice to our Nation.

Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (NCA #583)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	96%	91%	92%	92%	93%	93%
Actual	90%	90%	93%	To be determined		

Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (NCA #584)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	97%	90%	91%	91%	92%	92%
Actual	89%	87%	89%	To be determined		

* FY 2016 Survey results are not available due to unexpected delays in survey administration

Analysis of Results

VA measures the percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent and the percent of respondents who

agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA through an annual survey of Veteran next of kin and funeral home directors who utilized VA burial and memorial benefits during the year. While FY 2016 results were not available at the time of this report's publication, past results show VA's continued commitment to ensuring high-quality memorials and providing excellent customer service to Veterans regardless of their final resting place. Through this continued focus, VA expects FY 2016 results to demonstrate continued high levels of satisfaction with VA memorial benefits.

Plans for the Future

VA recognizes that high levels of client satisfaction cannot be assumed based on past history. VA will continue to collect client satisfaction data from our annual Memorial Products Survey to identify opportunities for improvement with the appearance and the level of service provided by national cemeteries and the quality of memorials furnished for Veterans worldwide. By FY 2018, VA plans to implement this survey on a quarterly basis in order to collect more timely and relevant client feedback. VA will also continue to identify and share best practices from high performing cemeteries throughout VA's national cemetery system. These efforts will continue to support progress towards ensuring that VA continues to meet the burial needs of Veterans and their eligible family members and to honor their service and sacrifice to our Nation.

Objective Progress Update Summary

Achievements:

Customer Satisfaction:

- Since implementing the Veterans Access, Choice, and Accountability Act of 2014, 1.2 million unique Veterans scheduled appointments under Choice, and Veterans completed over 25.5 million community care appointments during FY16, an 18 percent increase over FY15.
- Created an easy to use VA orientation kit with two key components to help Veterans understand VA's products and services: a booklet that provides a tailored view of VA's benefits and services based on a Veteran's life-stage, and a quick-start guide that provides a checklist to apply for the three most popular benefits – disability compensation; healthcare; and the GI Bill.
- Improved Vets.gov by re-writing and reducing more than 500 pages of technical and legal information into 112 pages of plain, easy-to-read language, and consolidated more than 500 different VA websites into one, easy-to-use, high-performing, cloud-based technology tool that enabled more than 45,000 Veterans to apply for health care on line.
- Launched MyVA311 to give Veterans, their families and caretakers a single phone number and one-stop shop experience with VA while accessing their benefits and

services. Existing phone numbers will not be eliminated so Veterans may continue to use any familiar numbers.

- Launched a new user-friendly site with a live chat function for real time Question and Answer sessions so Veterans can look up eligibility based on their address and find providers in their area.
- Created Veterans Choice Google Hangouts (live-streamed events) and mailed information to raise awareness and encourage Veterans to use the Veterans Choice Program, and instituted mandatory training to ensure all VA employees understood the Veterans Choice Program and were capable of assisting Veterans.

Policies & Procedures:

- Completed the rollout of Caseflow Certification to ensure accuracy during the transfer of appeals from the Veterans Benefits Administration to the Board.
- Collaborated with Veterans Service Organizations, advocacy groups, and congressional staff to design a new appeals process. The new appeals framework legislative proposal was introduced in several bills in the last Congress and has been reintroduced in the 115th Congress.
- During FY2016, VA measured performance from the Veteran's point of view:
- 60 percent of Veterans responded, "I trust VA to fulfill our country's commitment to Veterans," up from 47 percent.
- 75 percent of Veterans responded, "I got the service I needed," up from 65 percent.
    - 66 percent of Veterans responded, "It was easy to get what I needed," up from 46 percent.
    - 68 percent of Veterans responded, "I felt like a valued customer," up from 54 percent.

Benefits & Services Delivery:

- Increased access to burial options in a national, state, or tribal Veterans cemetery for nearly 420,000 Veterans who did not have reasonable access within 75 miles of their residence.
- 91.7 percent of the U.S. Veteran population has a burial option in a national or state Veterans cemetery within a reasonable distance (75 miles) of their residence.
- Opened three new national cemeteries (Tallahassee and Cape Canaveral, Florida and Omaha, Nebraska), five new VA-funded state cemeteries (Flagstaff and Marana, Arizona; Goldsboro, North Carolina; Rayville, Louisiana; and, Southeastern Minnesota;), and four new VA-funded tribal cemeteries (San Carlos, Arizona; Auberry, California; Crow Agency, Montana; and, Ponca City, Oklahoma).
    - Two additional new national cemeteries are in the design phase.
- Since implementing the Veterans Access, Choice, and Accountability Act of 2014, 1.2 million unique Veterans scheduled appointments under Choice, and Veterans

completed over 25.5 million community care appointments during FY16, an 18 percent increase over FY15.

- Stood up eFolder Express to integrate with the Veterans Benefits Management System (VBMS) and provide one-click downloads of Veterans' electronic folders. This improved coordination and accuracy of support provided to Veterans such as fulfilling privacy requests from Veterans and representatives and creating the Record Before the Agency.
- In FY 2016, VA resolved 28 percent of appeals within one year of filing.

Challenges:

1. The current appeals process takes too long. During FY16, on average, Veterans waited 3 years for a resolution on their appeal. For those appeals that were decided by the Board in FY 2016, on average, Veterans waited at least 6 years from filing of their NOD until the Board decision issued that year. These long delays frustrate Veterans and may even harm the trust between Veterans and VA. Unfortunately, legislative mandates impede VA's ability to implement many changes to improve the appeals process, address the growing inventory, and positively impact the Veteran experience. As of September 30, 2016, 464,008 appeals were pending at various stages in the multi-step process. VA is seeking legislative reform to address the current lengthy, complex, and confusing appeals process and replace it with a modernized framework that makes sense and improves the experience for Veterans, their families and advocates, VA, and other stakeholders.

Final Assessment:

VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Strategic Goal 2: Enhance and Develop Trusted Partnerships

VA is not the sole provider of benefits, services, and resources to Veterans and eligible beneficiaries. We will improve our ability to partner and work with those who provide benefits, services, and resources to our clients through improved collaboration, business practices, and outreach. We will ensure that the necessary benefits, services, and resources are accessible regardless of who provides them.

VA recognizes the importance of, and embraces, the opportunities to work with other Federal agencies, state, and local governments, tribal organizations, Veteran Service Organizations, Military Service Organizations, labor unions, nonprofits, and private industry to better serve Veterans and eligible beneficiaries. DoD and VA, for example, are intimately joined, and VA will build on this relationship to communicate with Servicemembers from the moment they enter into service.

Objective 2.1 Enhance VA's partnership with DoD

The partnership between VA and the Department of Defense (DoD) continued to grow and strengthen during FY2016. VA and DoD jointly managed the Integrated Disability Evaluation System (IDES) at 118 different sites to determine whether wounded, ill, and injured Servicemembers referred to IDES are fit or unfit for duty, and provide them a single set of medical exams and disability ratings upon completion of the IDES process. Additionally, VA and DoD collaborated to provide military sexual trauma-related counseling, healthcare, and services to active duty Servicemembers at Vet Centers without a referral from TRICARE or a military treatment facility, and developed a plan to simplify and expand access to MST-related services at VA Medical Centers.

Objective 2.1 Related Performance Measures

Percent of Integrated Disability Evaluation System (IDES) participants who will receive VA benefit notification letters within 30 days of discharge (Program Administered by VBA, but coordinated with DoD via VA Office of Policy and Planning) (VBA #469)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	(Baseline)	80%	80%	80%
Actual	Not Available	Not Available	55%	66%		

The VA/DoD partnership is essential to the Integrated Disability Evaluation System (IDES). IDES helps facilitate the transition for Servicemembers facing medical discharges by eliminating the need for separate VA/DoD processes. Through this VA/DoD partnership, IDES participants

undergo a single set of examinations and receive single ratings, which both VA and the military use to determine their respective benefits. As part of IDES, participants are awarded VA benefits promptly upon their discharge from service.

Analysis of Results

VA did not reach the target for "Percent of Integrated Disability Evaluation System (IDES) participants who will receive VA benefit notification letters within 30 days of discharge." VA set a very aggressive goal, and the IDES program grew 11 percent during 2016. Upon discharge or retirement from the military, transitioning Servicemembers often face sudden changes in income and financial uncertainty. Timely benefit notification is critical, confirming the VA award and its imminent distribution.   Currently, VBA is working with DoD on a DES Relook project to see what timelines can be move and/or improved to achieve the target of 80 percent.

Plans for the Future

In 2017-2018, VA will continue to collaborate with DoD on improving IDES performance, maintaining timeliness standards, and improving Servicemember satisfaction. VBA is working with VBMS to integrate new requirements during 2017-2018. The new VBMS feature will allow for proposed ratings to automatically become final ratings. This step will save RVSRs from needing to rework ratings, improving performance and timeliness.

Number of registered eBenefits users (VBA #443)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	2.50M	3.80M	5M	5.7M	6.3M	6.8M
Actual	3.06M	4.14M	5.16M	6.1M		

A goal of VA's claims transformation plan was to change the way VA delivers benefits and services to Veterans, leveraging the capabilities of electronic applications and portals. VA's extensive outreach efforts led more Veterans to interact with VA using the joint DoD/VA web portal eBenefits (https://www.ebenefits.va.gov/ebenefits/homepage). This tool gives immediate access to information on benefits and services, the status of any claims filed, and the ability to submit claims for disabilities or to apply for health care benefits.

Analysis of Results

VA exceeded the target for "Number of registered eBenefits users" in FY 2016. The major contributing factors for this success included: offering over 55 self-service features; continuing to market videos, public service announcements, and web content regarding its advantages; and targeting emails to promote online filing of claims and a better understanding of the claim examination process.

Plans for the Future

VA will continue to increase the number of users of eBenefits or other self-service service platforms by: developing new forms more suitable for electronic completion; maintaining online application options in D2D; deploying new self-service capabilities within eBenefits (or similar self-service platforms) for mobile devices to support a unified digital experience. Additionally, VA will continue to collect customer feedback on the quality of VA services and/or products and adjust its customer service based on that feedback.

Objective Progress Update Summary

Achievements:

- Published the FY2016-2018 VA-DoD Joint Strategic Plan on October 28, 2016.
- VA completed 4 Core Process Steps for the Integrated Disability Evaluation System within the 100 day goal: Claim Development, Medical Examination & Administration, Proposed Rating, and Benefits Notification.
- During FY16:
  - 29,437 Servicemembers were referred into IDES.
  - 29,069 completed the IDES process.
  - 24,542 completed IDES in an average of 225 days.
  - 19,912, or 81 percent, completed the IDES process within the 295-day goal.
- VA completed 10,796 exams in conjunction with the Separation Health Assessment Initiative.
- As of April 6, 2016, DoD and VA jointly certified the interoperability of electronic health records and will deliver their modernized electronic health record systems to initial sites by December 31, 2016.
- The Veterans health and benefits portal, eBenefits, added nearly 717,505 new accounts in FY2016 and now has a total of 6,085,160 million enrollees as of October 31, 2016.
- In September 2016, co-chairs of the Joint Executive Committee (JEC) approved a new VA and DoD concept, implementation strategy, and timeline to simplify and expand access to MST-related services at VA Medical Centers. The implementation plan will be finalized in the second quarter of FY 2017.

Challenges:

1. Continued process improvements are needed in order to meet and sustain the joint VA – DoD IDES performance goal of processing 80 percent of all claims within 295 days.
2. The development of a DoD tracking tool would help VA verify that all Servicemembers who are not filing a VA disability claim prior to separation receive a Separation Health Assessment (SHA).

3. Another challenge is the continued evolution of baseline metrics into outcome-based performance metrics for how both Departments will achieve the legal requirement for interoperable electronic health record systems with integrated data displays. Interoperability must comply with national standards and architectural requirements identified by the DoD/VA Interagency Program Office (IPO) in collaboration with the Office of the National Coordinator for Health Information Technology (ONC). The first set of outcome-based performance metrics for interoperability must be established, baselined, and measured on a quarterly basis.

Final Assessment:

VA, in consultation with the OMB, highlighted this objective as a focus area for improvement for three consecutive fiscal years. VA's mitigation strategy to improve the performance of Objective 2.1 Enhance VA's Partnership with DoD, is provided in Appendix 1.

Objective 2.2: Enhance VA's partnerships with Federal, state, private sector, academic affiliates, Veteran Service Organizations, and non-profit organizations

During FY2016, VA made great strides in enhancing partnerships with federal, state, and local organizations to promote best outcomes for Veterans and ensure the efficient use of resources. The Veterans Experience Office worked with local VA leadership to build Community Veterans Engagement Boards (also known as MyVA Communities) and maximize the collective impact of local services, stakeholders, and federal/state agencies working together to improve Veteran outcomes. Organizations such as Walgreens, National Association for Stock Car Auto Racing (NASCAR), and the Young Men's Christian Association (YMCA) pledged resources and/or services to support the health and welfare of Veterans. The Department of Agriculture (USDA) and VA plan to collaborate to manage foreclosed property assets and save taxpayer dollars.

Objective 2.2 Related Performance Measures

VA does not currently have any performance measures tied to this strategic objective.

Objective Progress Update Summary

Achievements:

- USDA and VA forged a new partnership to manage, market, and sell the foreclosed properties VA acquired from lenders. This interagency partnership will create efficiency by eliminating the private sector contractor support normally used and generate an annual savings to taxpayers of over $9 million.

- VA helped to develop and participated in 90 Community Veteran Engagement Boards (CVEB) located throughout the United States: North Atlantic – 29 CVEB; Midwest – 20 CVEB; Southeast – 15 CVEB; Pacific – 15 CVEB, and the Continental – 11 CVEB.[6]
- Established or expanded more than 50 strategic partnerships that collectively contributed over $155 million in donations or commitments to Veterans services such as homelessness, employment, adaptive sports, benefits, caregiver support, health, mental health, and many more.
- Strategic partnerships enabled VA to leverage more than $275,000 in private sector donations to fully fund two Pathway to InnoVAtions events. These events brought together more than 600 national leaders and experts in research, clinical services, government, sports, and other industries along with Veterans, their families, Caregivers, Survivors, and other beneficiaries to highlight key Veteran issues around brain injury, mental health, and caregiver support for military families.
- More than 10 partnerships were established to support Pathway to InnoVAtions events. Partners include: Amazon, Booz Allen Hamilton, Comcast, Disabled Sports USA, General Electric, IBM, Philips, Johnson & Johnson, Optum Health Care, Elizabeth Dole Foundation, and First Quality Enterprises.
- VA established and sustained partnerships to help with critical needs for Veterans and their families. A few examples include:
  - Walgreens offered free flu shots to Veterans at 8,200 locations, which increased access to flu shot vaccinations to more than 72,000 Veterans.
  - NASCAR allowed VA staff to attend races which enabled VA to provide information about VA benefits and services to over 7,000 Veterans, Servicemembers, and families during the 2016 race season.
  - YMCA of USA (Y-USA) expanded their existing partnership to promote and enhance the health and well-being of Veterans and their families and made it easier to connect Veterans to needed community resources and opportunities for employment, homelessness, healthy lifestyle programming, and reintegration into the local community.
  - Warrior Care Network, comprised of Wounded Warrior Project and four academic medical centers (Emory, Massachusetts General, UCLA, Rush), pledged $100 million over the next three years to provide intensive mental health care treatment at the four medical centers to post 9/11 Veterans and their families. VA partnered with the Warrior Care Network to assist with the smooth transition of eligible Veterans from these programs back to the VA. Since its launch in

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[6] The full list can be found at: http://www.va.gov/nace/myVA/state.asp?STATE=All

February 2016, VA social workers provided more than 300 consultations to Veterans and facilitated over 90 referrals to VA health care.

Challenges:

None identified.

Final Assessment:

VA, in consultation with the Office of Management and Budget, determined that this objective is maintaining progress.

Objective 2.3: Amplify awareness of services and benefits available to Veterans through improved communications and outreach

The benefits, services, and resources available to our current and future clients, and the means and mechanisms for delivering them, must be widely-known and well understood. We will expand the ways in which we connect to our clients to amplify awareness of the services and benefits available to Veterans and eligible beneficiaries. We will connect with Veterans and eligible beneficiaries, our partners, and the Nation through clear, aligned, and proactive interactions.

Objective 2.3 Related Performance Measures

Increase percentage of Veterans aware of using benefits, reached through advertising and marketing effort (OPIA #536)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	10%	10%	15%	15%	15%	15%
Actual	15%	26%	19.8%	14.35%		

Analysis of Results

In FY 2016, VA did not reach the target for "Increase percentage of Veterans aware of using benefits, reached through advertising and marketing effort" measure. The actual performance result was 14.35 percent. No single causal factor has been identified that lead to the lower result. Due to competing demands for limited resources, less advertising was purchased in FY 2016. This resulted in lower media purchases, equaling a reduced advertising impact. Secondly, the contract in place had reduced capacity for the number of digital outreach events – only 8 for the base year versus monthly. In turn, we have vigorously increased the planning and targeted execution associated with ExploreVA, OPIA's digital outreach campaign launched in 2013. This campaign is supported by an ongoing contract for digital outreach; increased flexibility to adjust digital outreach tactics using key word search optimization measures; increasing coordination and integration of all VA administrations outreach efforts to maximize

use of VA.gov for outreach programs and resources; monthly use of digital outreach platforms such as twitter chats and Facebook Live events featuring subject matter experts by benefit line; closely reviewing the assessment of monthly performance measures to determine what is and is not performing; and finally, we have increased the frequent interface with Veteran Service and non-government organizations to amplify the ExploreVA homepage as a benefit and services resource too. VA constantly reviews performance metrics to shape campaign messages for greatest reach and impact.

Plans for the Future

In FY 2017, the Office of Public Affairs will continue this successful program with the National Veterans Outreach Office sustaining the monthly performance analysis requirement. A new contract for digital outreach is in place. VA will spend funds on digital advertising such as key word purchase, banner ads, and remarketing. Additional funding will support website maintenance and updates to ensure accuracy in VA communication, partnership engagement, digital outreach materials and monthly outreach engagement. Continued partnership with VSOs and NGOs will increase effectiveness of VA's communication reach.

Increase veteran traffic to and from the various VA content delivery platforms (OPIA #659)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	(Baseline)	586,358	To be determined
Actual	Not Available	Not Available	Not Available	488,632		

Analysis of Results

FY 2016 – FY 2017 is the baseline year for measuring the average number of views to VA's primary content delivery platform, the VAntage Point blog. On average at the end of FY FY2016, there were 488,000 page views per month to the blog. *Measurement data from mid-May 2016 through mid-July 2017 is estimated based on an error in reporting by Google Analytics.

Plans for the Future

In FY 2017, OPIA and its Digital Media Engagement program will evaluate traffic to the primary content delivery platforms, as well as means by which visitors are encouraged to visit the site. Depending on results, options for increased engagement on complementary social and digital media platforms will be considered.

Objective Progress Update Summary

Achievements: VA's Vantage Point blog serves as the bridge between VA's social content andVA.gov. Vantage Point's site was redesigned in 2015 in order to make it mobile responsive, so that users could easily view the content on mobile devices as well as traditional computers. Additional enhancements to meet Section 508 accessibility standards and responsiveness have been implemented in the last 12 months. In FY 2016, overall traffic increased 38 percent from FY 2015, with more than 1.2 billion page views across va.gov. From October 2015 to September 2016, VAntage Point had 3.5M unique page views.

- The Explore VA[7] campaign remains on-going. The Explore.VA.gov site continues to improve information on VA services and benefits and how to apply. Explore VA includes dozens of testimonial videos by Veterans discussing how VA benefits and services improve their lives. Explore VA also works in partnership with Veteran Service Organizations and Non-Governmental Organizations to circulate social media outreach and execute monthly digital media events such as Facebook Live events, Twitter and Facebook chats, to specifically discuss a VA service or benefit in focus. Subscriber email is also an effective digital outreach tool. Social media events and outreach increase subscriber base, which in turn allow VA to reach a growing audience of Veterans hungry for information. The objective of these tools is to drive Veterans and family members to Explore.VA.gov to increase awareness and access.
- Additionally, in the last two fiscal years, VA's primary Facebook page gained nearly 631,000 new subscribers, bringing its total to 1.1M subscribers. VA has more than 464K followers and has posted nearly 500 new Veteran-centric videos on the Department's YouTube channel. In all, VA has more than 1,600 videos available on a range of topics, with more than 6 million views.
- VA published more than 32,100 VA-related photos on the Department's Flickr page that were viewed more than 17.5 million times. The @DeptVetAffairs Instagram audience has grown to 45.2K followers and has posted nearly 1200 images.
- In FY 2016, a newly created "This Week at VA" email newsletter, a summary of content generated on the VAntage Point blog, is distributed each week to 1.5 million subscribers. VA also launched in late FY 2016 a "This Week at VA" podcast to highlight Veteran engagement and VA stories.

Challenges: With additional message distribution methods, such as GovDelivery, integrating messaging opportunities across administration, program office and facility

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[7] http://explore.va.gov/

accounts continue to be a work-in-progress. Converting email opens to website "click thrus" will increase message delivery and outreach. Cultivating and promoting quality content and executing sustained messaging from the field level up will continue to be a focus of efforts going forward.

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

VA will strengthen its business operations in targeted areas to ensure it is able to optimally and effectively serve Veterans and eligible beneficiaries. We are in a prolonged period of rapid technological and cultural change, as well as economic and emerging National Security threats. We must become nimble and responsive to change, giving ourselves maneuverability, space, and options in our response to shifting conditions. Our policies, processes, and approaches must allow us to expand and contract rapidly with minimal disruption to our business, benefits, services, and resources.

We must focus on developing cost-effective and integrated solutions to increase productivity and look for opportunities to divest, eliminate redundancies, and improve efficiency. VA must integrate business support processes, Veteran-facing services, and technology Department-wide.

Veteran Hiring

Percent of VA employees who are Veterans (HRA #278)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	35%	35%	33.5%	33.8%	35%	35%
Actual	32.20%	32.66%	32.74%	32.53%		

* *The FY 2016 target was previously reset to 33.8% from 34.3%. Future stretch targets were also adjusted last year to 35% for FY 2017 and beyond to align expectations with current circumstances.*

Analysis of Results

This measure assesses the degree to which VA's workforce reflects customers we serve, which is considered to enhance VA's ability to execute its mission. During FY 2016, VA hired 16,737 Veterans, and proudly ranks first among non-Defense agencies in hiring Veterans. The Department intends to increase the percentage of VA employees who are Veterans to 35 percent in FY 2017 and beyond. As of September 30, 2016, VA had a total of 120,912 Veterans on board, which accounts for 32.53 percent of the total workforce. Although the results are within the acceptable variance, there is one factor that may continue to constrain the hiring of Veterans: an increased emphasis on hiring for health care positions within VHA, i.e., positions that require civilian credentials that the military service does not require in their medical capacity and, therefore, most transitioning Veterans do not possess. Despite these circumstances, VA did see a net increase of 2,312 Veterans into the VA workforce since the end of FY 2015.

Plans for the Future

While VA is committed to Veteran hiring, it will place increased emphasis on Veteran retention. There are three primary areas of focus for the benefit of Veterans already employed at VA: the first is to collaborate with VA Administrations to develop best practices for retaining Veterans; the second is to develop and sustain a platform for VA Veteran employees and managers to interact and find solutions to internal VA workforce issues and concerns; and the third is to promote a support system offering VA Veteran employees a sense of community, camaraderie and connection to the department. This last area supports VA's Agency Priority Goal to "Improve the Employee Experience."

Employee Engagement

OPM Federal Employees Viewpoint Survey (FEVS) Employee Engagement Index Score (Percentage of responses marked 'positive') (HRA #608)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	63%	61%	62%	63%	64%	65%
Actual	63%	61%	61%	62%		

Analysis of Results

The Federal Employee Viewpoint Survey (FEVS) is a confidential survey that measures government employees' perceptions of whether, and to what extent, conditions that characterize successful organizations are present in an agency. The survey was administered electronically to a sample of full-time and part-time permanent employees from May to June 2016. OPM then collects and verifies responses from the more than two hundred federal agencies before releasing the data. VA's FEVS employee engagement index score increased for the second year in a row, and FY 2016 scores improved on 66 of 71 questions. Other areas of improvement between 2015 and 2016 included:

- Arbitrary action, personal favoritism and coercion for partisan political purposes are not tolerated
- Senior leaders demonstrate support for Work/Life programs
- My organization has prepared employees for potential security threats
- Employees are recognized for providing high quality products and services
- Creativity and innovation are rewarded

The Partnership for Public Service uses a subset of the data to create the Best Places to Work (BPTW) Index rankings for federal government agencies. This year, VA ranked 17th out of 18 large federal agencies, maintaining the same position it held in 2015. While our ranking stayed the same, our BPTW Index Score improved 1.6 points, to 56.7, exceeding the government-wide increase of 1.3 points.

Plans for the Future

The 2016 numbers show that we are heading in the right direction, but have more to do. This year, for the first time, we identified Engagement Champions in every facility across VA. Champions analyzed 2016 FEVS data for their facilities and offices and led the development of specific action plans to help improve employee engagement at facilities based on employee responses. VA will rely on Champions to assist in building the organizational mapping required for OPM to administer the FEVS to all employees (instead of a sample) that will enable analysis at the workgroup level instead of the facility level.

Employee Experience

To support our Strategic Objective, VA created an Agency Priority Goal (APG) titled, *"Improve Employee Experience (IEE)."* The goal is to create a collaborative and inclusive employee experience by developing engaged leaders at all levels that inspire and empower all VA employees to deliver a seamless, integrated, and responsive VA customer service experience. To gauge progress and identify potential areas needing emphasis/support throughout the year, VA developed and administered a quarterly "Pulse Survey" to a sample of VA employees (33 percent). The survey consisted of the six questions referenced below. Because the quarterly APG results are in the first baseline year, and also for statistical consistency, the tables for each question are populated with results from the annual FEVS surveys. This perspective also permits an accurate year-over-year comparison.

My supervisor provides me with constructive suggestions to improve my job performance (HRA 695) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	60.12%	62.12%	64.12%
Actual (FEVS)	58.8%	57.6%	58.12%	60.00%		

In my work unit, steps are taken to deal with a poor performer who cannot or will not improve (HRA 696) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	29.47%	31.47%	32.47%
Actual (FEVS)	29.00%	28.40%	27.47%	28.80%		

Employees have a feeling of personal empowerment with respect to work processes (HRA 697) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	41.51%	43.51%	45.51%
Actual (FEVS)	41.30%	39.80%	39.51%	41.40%		

I feel encouraged to come up with new and better ways of doing things (HRA 698) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	55.40%	57.40%	59.40%
Actual (FEVS)	54.70%	52.80%	53.40%	54.30%		

How satisfied are you with the information you receive from management on what's going on in your organization? (HRA 699) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	45.05%	47.05%	49.05%
Actual (FEVS)	45.60%	42.90%	43.05%	44.30%		

My organization's leaders maintain high standards of honesty and integrity (HRA 700) (APG measure)

	FY 2013	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	45.50%	47.50%	49.50%
Actual (FEVS)	49.3%	43.9%	43.50%	44.80%		

* Targets posted in FY 2016 for all six questions were based on tentative APG Pulse Survey projections. Targets were subsequently modified to reflect projected results from the annual Federal Employee Viewpoint Survey (FEVS) – a more reliable tool for making year-over-year comparisons.

Analysis of Results

In addition to conducting the quarterly "Pulse Survey," as previously mentioned, VA also uses the responses to the same six questions included within OPM's Annual Federal Employee Viewpoint Survey (FEVS) to assess annual progress. Compared to FY 2015, as measured by the FY 2016 FEVS results within the tables above, VA saw at least a 1 percent point increase in each

of the six FEVS (i.e., APG) questions, with significant increases in the areas of accountability, employee empowerment and ethics of senior leaders.

Because of the strong correlation between exceptional leadership and the work life quality of staff employees, the Leaders Developing Leaders (LDL) program has made a direct contribution to an improved employee experience. The original FY 2016 goal to train 12,000 VA leaders was surpassed, and more so across the employee population with over 99,000 unique LDL completions recorded by the end of Q4. The higher number was due to momentum achieved in the cascading of training from front line supervisors to their employees. Transformation was verified by the 2016 MyVA "Impressions" Survey. For example, leaders who engaged employees through LDL training and subsequent related projects led to a 20 percent increase in both employee sense of value and a belief that they are witnessing positive change within VA.

VA made great strides implementing leadership and employee development and engagement initiatives intended to improve the employee experience across the enterprise. Survey results are showing that VA is beginning to "move the needle" based on increases in the employee engagement index score and the APG pulse survey questions selected to gauge progress in "Improving the Employee Experience."

Plans for the Future

MyVA is a vision to create a mindset to drive a cultural shift within VA that places the Veteran at the center of everything we do. It is about empowering employees and helping them deliver excellent service, improving or eliminating processes that impede good customer service, and rethinking our internal structures and processes to become more Veteran-centric and productive. We are working towards this vision by "Improving the Employee Experience," a strategy which is an Agency Priority Goal and was one of twelve FY 2016 SECVA "Breakthrough Priorities."

To reinforce LDL concepts and principles in FY 2017 and FY 2018, VA will integrate LDL principles into existing leader development training and education, and implement a new VA leadership model across the enterprise.

Progress will endure by strengthening the senior executive service (SES) corps, expanding training and career development opportunities for all employees, and providing leaders and employees the tools to identify and influence critical elements of culture and climate that directly contribute to excellent Veteran services.

Objective Progress Update Summaries

3.1 Make VA a Place People Want to Serve

VA made significant strides towards understanding the employee's viewpoint and achieving Objective 3.1. VA's Leaders Developing Leaders (LDL) program provided training on developing leadership judgement, analyzing the enterprise, teambuilding and team feedback, and managing change that cascaded throughout VA and enabled participants to directly apply these new skills to address current challenges. Internal and external surveys were used to gauge progress and identify problem areas that required immediate action and other areas that VA should monitor. VA used OPM's Federal Employee Viewpoint Survey (FEVS) to evaluate employee engagement and VA's annual All Employee Survey and quarterly Pulse survey to evaluate six measured categories: constructive performance feedback, accountability, employee empowerment, innovation, customer experience and ethics. Although VA made significant progress towards understanding employee attitudes and experiences, we still have work to do to improve hiring for Veterans and the capabilities, engagement and experience of VA employees.

Objective Progress Update Summary
Achievements:

- OPM's Annual Federal Employee Viewpoint Survey (FEVS) showed the Employee Engagement Index increased for the second year in a row, and FY16 scores improved on 66 of 71 questions. Even though VA did not achieve its FY16 Employee Engagement Index target score of 63 percent, scores improved one full percentage point and OPM cited VA as one of five agencies that made a "remarkable turnaround."
- The annual FEVS also showed a one percentage point increase in each of the six Agency Priority Goal questions with significant increases in the areas of accountability, employee empowerment, and senior leader ethics.
- VA developed and administered a quarterly "Pulse Survey" to a sample (33 percent) of VA employees to gauge progress and identify potential areas needing special/ focused support throughout the year.
- VA created an Agency Priority Goal (APG) titled, "Improving the Employee Experience (IEE)." The goal was to create a collaborative and inclusive employee experience by developing engaged leaders at all levels that inspire and empower all VA employees to deliver a seamless, integrated, and responsive VA customer service experience.
- Due to the momentum achieved in cascading training from front line supervisors to employees, the FY 2016 Leaders Developing Leaders (LDL) goal to train 12,000 VA

leaders was significantly surpassed with over 99,000 unique LDL completions recorded by the end of Q4.

- VA streamlined the Strategic Leadership Course (SLC) curriculum to integrate components of the LDL program and I LEAD philosophy, and instituted shorter panel discussions to replace longer individual presentations. Emphasis was placed on knowledge of critical points of contact across VA and the importance of building internal networks. Within their first 90 days of employment, 87 percent of VA's newly assigned senior executives completed Strategic Leadership Course.

- As of September 30, 2016, the number of Veterans employed at VA increased by 120,912, and the percentage of employees who are Veterans reached 32.53percent. While VA fell short of its 33.8 percent goal for FY 2016, more than 100,000 (~ 33 percent) of VA's 365,000 employees are Veterans and 49,000 (~13 percent) are disabled Veterans.

- VA proudly ranked first among non-Defense agencies in hiring Veterans and used a combination of all authorities to hire 16,737 Veterans during fiscal year 2016.

Challenge:

1. VA must adapt its medical positions to meet the evolving health care needs of Veterans. However, the lack of qualified/licensed Veterans to fill those positions, combined with significant reductions in resources to recruit Veterans, impacts VA's ability to achieve annual targets for the percentage of VA employees who are Veterans.

Final Assessment:

VA, in consultation with the Office of Management and Budget, determined that this objective is maintaining progress.

3.2 Evolve VA Information Technology Capabilities to Meet Emerging Customer Service/ Empowerment Expectations of Both VA Customers and Employees

VA made significant progress during 2016 to promote accessibility; information security, and data and infrastructure interoperability at the enterprise level. The Office of Information and Technology (OI&T) launched the Transformation Plan which resulted in new mission and vision statements, guiding principles, and strategic goals for information technology throughout the Department. This Plan stabilized and streamlined core processes and platforms, eliminated the material weakness, and institutionalized a new set of capabilities to improve outcomes. VA must continue this progress while increasing efforts to eliminate ineffective and efficient legacy systems and aid in the development of a mobile workforce and secure data environment.

Objective Progress Update Summary

Achievements:

- Adopted a customer-centric mindset and collaborative engagement with all key stakeholders.
- Institutionalized a "buy-first" strategy that leveraged existing commercial solutions first before building internally and incorporated best practices from the public and private sector to spur agility, efficiency, effectiveness, and innovation in service delivery.
- Established the Enterprise Program Management Office (EPMO) as the control tower for all IT projects and created a single release process to streamline the timing of IT projects.
- Developed Interoperability Metrics & Milestones that detailed efforts to standardize terminology, content, exchange methods, and access to shared health information for the seven technical objectives and the four use cases in the DoD/VA Joint Interoperability Plan.
- Published the Enterprise Cybersecurity Strategy and established eight domains to address the material weakness findings, and fully funded all Continuous Readiness in Information Security Program (CRISP) efforts.
- Identified the new Chief Information Security Officer and conducted extensive penetration testing of VA's networks with multiple parties. OI&T and customers can now track over 600 VA IT systems and associated technical, business and stakeholder attributes in the VA Systems Inventory.

Challenges:

1. Constantly shifting needs and the diversity of customers increases the complexity of IT support.
2. The persistent risk of cyber-attacks combined with continuing digitization of health care increases exposure, vulnerability, and potential consequences of a data breach.
3. External IT delivery models are constantly changing with the adoption of more commercial-style services and techniques (e.g., learning by doing).

Final Assessment:

VA, in consultation with the Office of Management and Budget, determined that this objective is maintaining progress.

3.3 Build a Flexible and Scalable Infrastructure through Improved Organizational Design and Enhanced Capital Planning

VA developed Managing for Results to establish a more agile organization that is capable of adapting to meet the needs of a diverse Veteran population. Managing for Results is a process to coordinate the development of mission requirements and program performance standards that serve as the basis to identify risks and align multi-year resource planning and budgets.

Objective Progress Update Summary
Achievements:
- Completed the FY17 Strategic Capital Investment Planning (SCIP) process and delivered the budget on time containing both the current year funding request and Long-Range (10-year) capital requirements to address VA's infrastructure deficiencies.
- VA is developing and integrating of the Department's Enterprise Risk Management (ERM) system within the Managing for Results construct.
- VA expects to award 160 million in energy performance-based contracts by the end of calendar year 2016.

Challenges:
1. Accomplishing Strategic Objective 3.3 is dependent upon funding to implement capital plans developed through the Strategic Capital Investment Planning (SCIP) process. Funding for capital initiatives contained in SCIP remain significantly well below the rates required to address the Long-Range (10-year) plan requirements to achieve full gap closure.

Final Assessment:
VA, in consultation with the Office of Management and Budget, determined that this objective is maintaining progress.

3.4 Enhance Productivity and Improve the Efficiency of the Provision of Veterans Benefits and Services

VA established partnerships with other federal agencies and encouraged smaller VA offices to partner and share best practices. These partnerships resulted in recommendations from numerous internal and independent third-party organizations that helped VA strengthen a major construction program, increase efficiencies and preserve resources while ensuring Veterans received the benefits and services they earned.

Objective Progress Update Summary

Achievements:

- VA and DoD assumed co-ownership and co-leadership of one of the ten OMB sponsored federal category management centers of excellence, the Medical Products and Services Category Management Center of Excellence, to leverage federal buying power for this large federal spend category and improve federal procurement practices in assigned categories.

- VA's Technology Acquisition Center awarded an Enterprise Multi-Function Device (MFD) Contract, which is an enterprise contractual solution to acquire latest technology MFDs ranging from desktop size to small duty, medium duty, heavy duty, and extra heavy duty configurations. All VA Contracting Officers will have the ability to compete and place orders for MFDs under this contract.

- VHA and VBA partnered with the Office of Acquisitions, Logistics, and Construction's Strategic Acquisition Center to implement medical-surgical, medical disability examinations, and prosthetic strategic sourcing solutions to better leverage the Department's buying power in FY16 and beyond.

- VA achieved relatively high levels of maturity in measured categories using the OMB Category Spend Under Management (SUM) Maturity Tracking Model, and especially high ratings in terms of aligning cost avoidance tracking methodologies with approved Strategic Sourcing Leadership Council methodologies. Sixty-five (65 percent) of OMB surveyed category spend was at Tier 1 or higher maturity (OMB defines Tier 1 as "excellence"). These achievements helped VA obtain better prices and represent a commitment to ensuring good stewardship of taxpayer dollars.

- Implemented recommendations from numerous internal and independent third-party organizations to strengthen the major construction program with 48 major construction projects in various planning, design, or construction phases. This included 14 projects that are, or will be, managed in conjunction with the U.S. Army Corps of Engineers. VA recently briefed the program improvements to the Association of General Contracts 2016 Federal Contractors Conference, and industry representatives lauded the improved interactions with the major construction program.

- VA's Technology Acquisition Center (TAC) awarded a major 5-year Multi-Agency IDIQ contract, Transformation Twenty-One Total Technology Next Generation (T4NG), with a program ceiling of $22.3 billion. T4NG covers a wide range of IT and Health IT services including program management, strategic planning, systems and software engineering, enterprise networks, cyber security, operations and maintenance.

- VA's Value Engineering Resource Center (systems engineering) staff developed a web-based analytics support tool, Pricing Opportunities Analysis Tool – Suite (POAT), that provides robust analytical capabilities to support better requirements planning and acquisition decision making. This capability improved the decision cycle time.

1. VHA commodity management infrastructure is evolving too slowly to see rapid, significant strategic sourcing benefits in terms of reduced cost, process efficiencies, and improved customer satisfaction.

Final Assessment:

VA, in consultation with the Office of Management and Budget, determined that this objective is maintaining progress.

3.5 Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis

VA strengthened security practices and procedures during 2016 and prepared personnel to ensure Veterans and their families continued receiving the benefits and services they earned even during emergencies. The Operations, Security, and Preparedness (OSP) office worked with multiple VA offices and other federal agencies to share knowledge and experience and prevent unauthorized access to facilities, systems, and equipment. VA updated and launched an Insider Threat Program and enforced a multistep authentication process to protect VA networks and associated software applications.

Objective Progress Update Summary
Achievements:

- Performed a USAccess planning offsite at Hines, Illinois OIT Field Office with 30 stakeholders from OSP Executive Office of Personnel Security and Identity Management, Office of Management (OM), General Services Administration, US Treasury, OIT (National Security Operations Center (NSOC), Office of Information Security (OIS), Enterprise Program Management Office (EPMO) and Service Delivery and Engineering (SDE). This collaboration enabled all stakeholders to:
    - o Obtain a baseline understanding of the technical, process, and policy challenges of the current VA PIV system.
    - o Obtain an overview of the "NextGen" systems and capabilities that will be piloted at the VA.
    - o Develop a multi-phased VA-USAccess pilot approach that takes into account key considerations, requirements, and activities.
- The Homeland Security Presidential Directive 12 (HSPD-12) Program Management Office issued Personal Identity Verification (PIV) cards for approximately 98 percent of the VA's workforce to include contractors, affiliates and government employees.

- Ensured the use of multifactor authentication to access the VA network and associated software applications for 85.5 percent; 398,951 of 467,000 employees.
- VA's Insider Threat Program reached full operational capability in accordance with Executive Order 13587 *Structural Reforms to Improve the Security of Classified Networks and the Responsible Sharing and Safeguarding of Classified Information*. VA began resourcing the requirement to establish a defensive Counter Intelligence Capability in accordance with the 2016 National Counter Intelligence Strategy.
- OSP agreed to support the Intelligence Community and Department of Homeland Security (DHS) and provided User Activity Monitoring (UAM) for VA's 2nd classified networks (i.e. Joint Worldwide Intelligence Communications System (JWICS) and Homeland Secure Data Network (HSDN)).

Challenges:

1. The current VA PIV system is nearing the end of its expected life cycle and encountering technology issues that make it cost-prohibitive to maintain and enhance. VA risks falling behind and complying with Federal policy requirements to accommodate emerging security requirements. VA PIV system outages and process issues negatively impact productivity and the employee experience, particularly given PIV enforcement requirements.
2. VA's emergency management portfolio covers several Administrations and Staff Offices. As such, it is difficult to appropriately align mission responsibilities, personnel, and resources from an enterprise perspective.

Final Assessment:

VA, in consultation with the Office of Management and Budget, determined that this objective is maintaining progress.

Office of the Inspector General (OIG)

Number of reports (audit, inspections, evaluation, contract review, Comprehensive Healthcare Inspection Program (formerly known as Combined Assessment Program), and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement and provide recommendations for corrective action (OIG #585)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target			300	320	330	330
Actual	349	310	390	304		

Analysis of Results

OIG achieved the FY 2016 target (tolerance of 5 percent) for the number of reports (audit, inspections, evaluation, contract review, Comprehensive Healthcare Inspection Program (formerly known as Combined Assessment Program) and Community-Based Outpatient Clinic reports) issued that identify opportunities for improvement and provide recommendations for corrective action. This accomplishment reflects the impact of additional budgetary resources provided over the last couple of fiscal years, which has allowed OIG to hire and train additional auditors, criminal investigators, health care inspectors, and other professionals.

Plans for the Future

OIG anticipates increased performance levels for this measure as new employees are hired, trained and positioned across the country to address the increased demand for oversight of VA programs and services, on par with appropriated resources.

Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (OIG #586)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target			2,200	2,300	2,400	2,400
Actual	2,491	2,537	2,536	2,425		

Analysis of Results

OIG exceeded the FY 2016 target for the number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions achieved. This accomplishment reflects the impact of additional budgetary resources provided over the last couple of fiscal years, which has allowed OIG to hire and train additional auditors, criminal investigators, health care inspectors, and other professionals.

Plans for the Future

OIG anticipates increased performance levels for this measure as new employees are hired and positioned across the country to address the increased demand for oversight of VA programs and services, on par with appropriated resources.

Monetary benefits ($ in millions) from audits, investigations, contract reviews, inspections, and other evaluations (OIG #587)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target			$2,000	$2,100	$3,100	$3,100
Actual	$3,589	$2,300	$2,167	$4,093		

Analysis of Results

OIG surpassed the 2016 target for monetary benefits ($ in millions) from audits, investigations, contract reviews, inspections, and other evaluations realized. This accomplishment reflects the impact of additional budgetary resources provided over the last couple of fiscal years, which has allowed OIG to hire and train additional auditors, criminal investigators, health care inspectors, and other professionals.

Plans for the Future

OIG anticipates increased performance levels for this measure as new employees are hired, trained, and positioned across the country to address the increased demand for oversight of VA programs and services on par with appropriated resources.

Return on investment (monetary benefits divided by cost of operations in dollars) (OIG #588)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target			18 to 1	18 to 1	22 to 1	22 to 1
Actual	36 to 1	22 to 1	20 to 1	34 to 1		

Analysis of Results

OIG surpassed the 2016 target for return on investment (monetary benefits divided by cost of operations in dollars). This accomplishment reflects the impact of additional budgetary resources provided over the last couple of fiscal years, which has allowed OIG to hire and train additional auditors, criminal investigators, health care inspectors, and other professionals.

Plans for the Future

OIG anticipates increased performance levels for this measure as new employees are hired and positioned across the country to address the increased demand for oversight of VA programs and services, on par with appropriated resources.

Percentage of recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA (OIG #590)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target			85%	85%	85%	To be determined
Actual	81%	85%	89%	83%		

Analysis of Results

OIG achieved the FY 2016 target (tolerance of 5 percent) for the percentage of recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA.

Plans for the Future

OIG's strategy to meet future targets is to continue to track and coordinate VA's progress towards report recommendations implemented on a quarterly basis and mitigate issues when noted through communication and collaboration with VA senior officials to the extent allowable within appropriated resources.

Percentage of recommended recoveries achieved from post-award contract reviews (OIG #591)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target			96%	96%	98%	To be determined
Actual	100%	100%	100%	100%		

Analysis of Results

OIG surpassed the FY 2016 target for the percentage of recommended recoveries achieved from post-award contract reviews. The primary factor that led to this accomplishment was the quality of analysis and review conducted by trained contract review teams.

Plans for the Future

OIG's strategy to meet future targets for this measure is to hire, train, and deploy sufficient numbers of auditors and other professionals on par with the growth in demand for oversight of VA programs and services at facilities nationwide and to the extent allowable within budgeted resources.

Percent of full cases that result in criminal, civil, or administrative actions. (OIG 694)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Not Available	Not Available	Not Available	Not Available	72%	72%
Actual	Not Available	Not Available	Not Available	Not Available		

Analysis of Results

This measure is new for FY 2017.

Plans for the Future

To meet the target in FY 2018, the OIG Investigative Division will carefully assess each allegation to determine the level of risk it presents to VA programs and personnel. Where facts and circumstances reasonably indicate the possibility of criminal activity or administrative misconduct, the OIG will initiate a full investigation and submit its findings to the Department of Justice, state or local law enforcement office, or VA Office of Administrative Responsibility, as appropriate. The decision to prosecute or invoke administrative action rests with the receiving authority. Where an allegation does not reasonably indicate the possibility criminal or administrative malfeasance, the OIG's Investigative Division may open a preliminary inquiry or developmental case to determine whether additional investigative resources are warranted.

VA OIG FY 2015 Major Management Challenges

The Inspector General's statements regarding major management challenges and VA's response can be found in the Agency Financial Report: https://www.va.gov/finance/docs/afr/2016VAafrFullWeb.pdf, starting on page 226.

Government Accountability Office High Risk Areas

VA Health Care High Risk Area

Since 1990, the Government Accountability Office (GAO) has produced a report every two years highlighting "high-risk" areas across the Federal government. GAO defines "high-risk" areas as:

> Government operations that are high risk due to their greater vulnerability to fraud, waste, abuse and mismanagement or that are in need of transformation to address economy, efficiency, or effectiveness challenges.

In its *2015 High Risk List Update*, GAO added "Managing Risks and Improving VA Health Care" as a Department of Veterans Affairs (VA) high-risk area and identified five associated high-risk issues: (1) ambiguous policies and inconsistent processes; (2) Inadequate oversight and accountability; (3) Information technology (IT) challenges; (4) Inadequate training for VA staff; and, (5) Unclear resource needs and allocation priorities.

On April 29, 2016, VA met with Comptroller General Dodaro and the Office of Management and Budget to address its plans for addressing its health care high-risk area. At that meeting, Comptroller General Dodaro rated VA as partially met for Leadership Commitment. GAO evaluates five criteria to evaluate a department or agencies readiness to come off the High-Risk List. The five criteria are leadership commitment, agency capacity, an action plan, monitoring efforts, and demonstrated progress. There are three possible ratings for each criterion, fully met, partially met, and not met. Fully meeting these criteria, implementing GAO's recommended solutions and action by Congress are all essential to achieving progress.

Throughout 2016, VA expressed its commitment to GAO for addressing the health care High-Risk List designation, and has taken actions such as establishing a task force, working groups, and a governance structure for addressing the issues contributing to the designation. For example, in July 2016, VA chartered the GAO High-Risk List Area Task Force for Managing Risk and Improving VA Health Care to develop and oversee implementation of VA's plan to address the root causes of the five high-risk issues. VHA's Deputy Under Secretary for Health for Organizational Excellence serves as the executive agent for the task force, with support from a combination of permanent and temporary staff. VA created this senior VHA position in 2015 and they are responsible for overseeing offices focused on assessing and improving health care

quality and safety, providing VA leadership with analytics to assess VHA's performance, and addressing issues related to public trust and integrity. For each of the five areas of concern, VA has established a working group with two senior-level VA officials as leaders. These workgroups and officials are responsible for developing and executing VA's high-risk mitigation plan for each of the five high-risk issues. In addition, VA senior leadership increased its focus on implementing GAO recommendations.

VA also developed a strategy for addressing its high-risk area and five high-risk issues, and provided the strategy to GAO in August 2016. The strategy acknowledged the significant scope of work required to remove VA health care from the GAO High-Risk List, and identified the Secretary's priority transformation efforts (i.e., MyVA), and the actions VA would take over the next several years to address the specific high-risk issues. VA provided its first update to the strategy in December 2016, summarizing the relationship of the health care high risk area to the President's September 1, 2016, report to Congress on the Commission on Care recommendations, and the next steps VA is taking to address integrating high-risk area management into its management practices.

The initial focus for the Task Force is to complete the root cause analysis; identify and prioritize the root cause management issues; and implement and monitor the corrective action plans for the root cause management issues. VA began the root cause analysis in 2016 and will complete it in 2017.

The efforts to fully manage VA's high-risks are an enormous undertaking. No Executive Branch department or agency has satisfied all the criteria for removal from the GAO High-Risk List in less than four years. VA leadership and employees are committed it the VA mission and equally committed to taking the actions required to ensure VA is providing Veterans with timely, cost-effective, safe and high quality health care.

VA efforts will build upon each other across a period of years to develop a sustainable solution to each high-risk issue, as well as to put in place systems that dramatically reduces the chance that this high-risk area and its high-risk issues will reemerge.

VA High-Risk Area: Improving and Modernizing Federal Disability Programs

GAO - Why Area Is High Risk
An estimated one in six working-age Americans reported that they had a disability in 2010; many of them may require assistance finding or retaining employment, or rely on cash benefits if they cannot work. Nevertheless, disability programs across the federal government face

significant challenges in addressing the needs of Americans with disabilities. In particular, 3 of the largest federal disability programs—2 managed by the Social Security Administration (SSA) and 1 by the Department of Veterans Affairs (VA), which together dispensed about $256 billion in cash benefits to over 20 million people in fiscal year 2015—are grappling with large workloads and have struggled to make timely decisions on who is eligible for cash benefits. These issues are most evident when individuals appeal their decisions, as the number of pending appeals increased 30 and 34 percent respectively at SSA and VA when comparing fiscal years 2012 and 2015. Workloads for these agencies are likely to remain a challenge as the population ages and large numbers of Servicemembers are expected to transition out of the military in the next several years. In addition, SSA and VA rely on outdated criteria to determine whether individuals qualify for benefits. While these agencies reported efforts underway to update their rules, they continue to emphasize individuals' medical conditions without sufficiently considering whether they could work because of improvements in workplace accommodations and assistive technologies. In addition to these 3 cash assistance programs, we found that there are 45 programs managed by 9 different federal agencies that provide a patchwork of employment supports to people with disabilities. Although programs that support employment can divert individuals from the disability rolls, these programs lack a unified vision, strategy, or set of goals to guide their outcomes. We first designated improving and modernizing federal disability programs as high risk in 2003.

What GAO Found

The federal government's progress in improving and modernizing disability programs remains mixed. GAO assessed VA's progress under five criteria across two broad areas: VA's actions to manage their disability claims workloads, and VA's progress to modernize their criteria for deciding who is eligible for disability benefits.

GAO Criteria for Removal from the High-Risk List
- **Leadership Commitment -** Demonstrated strong commitment and top leadership support.
- **Capacity -** Agency has the capacity (i.e., people and resources) to resolve the risk(s).
- **Action Plan -** A corrective action plan exists that defines the root cause, solutions, and provides for substantially completing corrective measures, including steps necessary to implement solutions we recommended.
- **Monitoring -** A program has been instituted to monitor and independently validate the effectiveness and sustainability of corrective measures.
- **Demonstrated Progress -** Ability to demonstrate progress in implementing corrective measures and in resolving the high-risk area.

GAO rates progress on the criteria using the following definitions:

- **Met -** Actions have been taken that meet the criterion. There are no significant actions that need to be taken to further address this criterion.
- **Partially Met -** Some, but not all, actions necessary to meet the criterion have been taken.
- **Not Met -** Few, if any, actions towards meeting the criterion have been taken.

Managing VA Disability Claims Workload

Per GAO, since the 2015 high-risk update, VA has demonstrated mixed progress in addressing its workload challenges. Progress is evident in regards to VA's efforts to reduce the Veterans Benefits Administration's (VBA's) compensation claims backlog. However, VA's appeals workload continued to grow, and several efforts to address this challenge are still underway. In particular, VA's proposed framework to reform the appeals process—developed by VBA and the Board of Veterans' Appeals (Board)—requires legislative authority to pursue. We have ongoing work related to VA's efforts to address appeals workloads and timeliness that we plan to issue in the first quarter of 2017.

GAO Criteria Status

Leadership Commitment	Status: Met
Capacity	Status: Partially Met
Action Plan	Status: Partially Met
Monitoring	Status: Partially Met
Demonstrated Progress	Status: Partially Met

GAO - What Remains to Be Done

Predicting growth in both disability compensation claims and appeals, VA should maintain focus on (1) managing its workloads at both levels; (2) ensuring that it has detailed plans in place for creating capacity and reforming its appeals process; and (3) collecting and reporting appropriate data and metrics to fully understand factors influencing timeliness under both its legacy and proposed appeals process, and transparently reporting progress.

VA Program Response

VBA is committed to providing Veterans with the benefits and services they have earned and deserve. Many of the recent changes VBA has experienced in the disability claims process are attributable to the full implementation of the National Work Queue (NWQ). The shift to a national workload management strategy marked a major departure from the historical disability claims process, and fundamentally changed how VBA distributes and processes claims in the regional offices (ROs).

Additionally, in fiscal year (FY) 2017, VBA successfully issued new performance standards to Veterans Service Representatives. These standards better support VA's agency goals and leverage NWQ's functionality by focusing on the entire claim development process, rather than a final production target.

The current VA appeals process, which is set in law, is broken and is providing Veterans a frustrating experience. Developing a simplified appeals process is one of VA's top priorities. In the current process, appeals have no defined endpoint and require continuous evidence gathering and re-adjudication. The system is complex, inefficient, ineffective, confusing, and splits jurisdiction of appeals processing between the Board and VBA.

Looking back over FY 2010 through FY 2016, VBA completed more than 1 million claims annually, with nearly 1.3 million claims completed in FY 2016 alone. This reflects a record level of production. As VA has increased claims decision output over the past 6 years, appeals volume has grown proportionately. Since 1996, the appeals rate has averaged 11 to 12 percent of all claims decisions. The dramatic increase in the volume of appeals is directly proportional to the dramatic increase in claims decisions being produced, as the rate of appeals has held steady over decades.

While legislative reform is necessary to fix the broken appeals system, VA is doing as much as possible to improve appeals processing in the interim. As part of an effort to streamline and improve appeals processing and demonstrate its commitment to appeals reform, in January 2017, VBA realigned its administrative appeals program under the Appeals Management Office (AMO). The realignment identifies a single accountable official within VBA, the AMO Director, who is responsible for overseeing VBA's appeals. This allows VBA to increase oversight and management attention in its appeals program, while also allowing greater focus on the complex and challenging non-appeals workload and policy issues that arise in VBA's business lines.

Following realignment, AMO developed a resource allocation model (RAM) for appeals staffing. AMO has provided this RAM to VBA ROs with instructions that the ROs must ensure that their appeals teams are fully staffed to the RAM. Moreover, AMO directed that employees assigned to appeals teams must work exclusively on appeals and cannot be used to perform non-appeals tasks. AMO is providing overarching guidance to the ROs that provide a focused effort to reduce both inventory and timeliness.

In addition to the staffing requirements, AMO has authorized $7.5 million in overtime funds for appeals processing. With this overtime funding and staffing allocation, VBA has already seen the growth of the appeals inventory slow.

Updating VA Disability Benefit Eligibility Criteria

Per GAO, VA continued to make progress toward updating the medical criteria that it uses to determine eligibility for disability compensation, and has now improved to meet for action plan and monitoring. However, VA has experienced delays, and officials told us that VA will not meet its prior target for completing this effort by March 2017.

GAO Criteria Status

Leadership Commitment	Status: Met
Capacity	Status: Partially Met
Action Plan	Status: Met
Monitoring	Status: Met
Demonstrated Progress	Status: Partially Met

GAO - What Remains to Be Done

VA made steady progress updating its disability criteria. However, given that only a third of the initial round of updates are complete and the remainder were delayed, VA should maintain leadership focus and continue monitoring its progress against its project plans to ensure that sufficient resources are dedicated to this effort and that its plans to subsequently revisit its criteria at least once every 10 years thereafter continue to be realistic.

VA Program Response

VA is committed to implementing the VA Schedule for Rating Disabilities (VASRD) Project Management Plan. VBA has published proposed regulations for notice and comment in the Federal Register for the following six body systems:

(1) The Hemic and Lymphatic System
(2) Gynecological Conditions and Disorders of the Breast,
(3) The Organs of Special Sense (Eye),
(4) The Endocrine System,
(5) Dental and Oral Conditions, and
(6) Skin Conditions.

VBA expects to publish the remaining nine proposed regulations for notice and comment in the Federal Register by the end of FY 2017.

Additionally, VBA intends to publish final regulations for five of the six proposed regulations referenced above by the end of FY 2017. Because of the need for significant revisions, the final

regulation for the Hemic and Lymphatic System will not be released until FY 2018. VBA is on track to publish final rulemakings for all VASRD body systems by the end of FY 2018.

Cross-Agency Collaborations

Veterans Health Administration

VHA works with a number of organizations on a wide range of issues related to Veterans' health. Here are some examples:

Federal Interagency Health Equity Team (FIHET): VHA continues to represent Veteran health equity issues on the FIHET. The mission of FIHET is to bring together leaders across federal departments to address and end health disparities through capacity building, strategic partnerships, and dissemination of best practices.

Native American Veteran Access to Care: Indian Health Service (IHS) and VA signed a Memorandum of Understanding (MOU) on October 1, 2010 "to improve the health status of American Indian and Alaska Native (AI/AN) Veterans." Under the MOU, VHA and IHS collaborate through joint workgroups on access to care, clinical processes, care coordination and workforce development.

Hospital Compare: In September 2016, VA entered into a new Inter-Agency Agreement (IAA) with the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to publish VA Performance Measures on the CMS Hospital Compare website. The agreement is part of a congressional mandate under Section 206c of the Veterans Choice Act.

100 Million Healthier Lives: The VA partnered with the Institute for Healthcare Improvement as part of the 100 Million Healthier Lives Initiative Veterans Hub to improve the lives of 20 million Veterans by the year 2020 by addressing the social determinants of health. This goal will be achieved through unprecedented collaborations. In addition to collaborating with the Department of Defense, National Defense University, Uniformed Services University of the Health Sciences, Department of Health and Human Services, and Center for Medicare and Medicaid Innovation, the Veterans Hub also includes nongovernmental members Samueli Institute, Community Solutions, American Red Cross, Points of Light, and Easter Seals, Inc. The number of Veterans Hub partners continues to grow.

National Research Action Plan for Mental Health: Since August 2012, Federal agencies have worked together to address the mental health needs of Veterans through the National Research Action Plan (NRAP). The plan was developed by VA, DoD, the Department of Health

and Human Services, and the Department of Education in response to Executive Order 13625. It outlines a vision for research on posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and suicide prevention, and describes a goal-driven vision to improve treatment for PTSD and TBI.

Veterans Benefits Administration

VBA continues to leverage public and private partnerships to improve the Veteran experience. VBA collaborates with other Federal and state agencies, Veteran Service Organizations (VSOs), and educational institutions to improve benefits delivered as demonstrated by the following examples:

- The VA/DoD Self-Service Logon enabled Veterans, Servicemembers, and eligible dependents to utilize over 55 self-service features online through eBenefits, which now has over 6 million registered users. Through eBenefits, there were over 14 million claim status views in FY 2016 and over 4.2 million self-service letter requests. Since its initial rollout in 2009, there have been over 69 million claim status views and over 12.5 million self-service letters generated resulting in greater time resource efficiencies for both users and the agency. VA continues to work closely with VSOs and state and county service officers to encourage the submission of Fully Developed Claims. In FY 2016, 48 percent of receipts from VSOs were fully developed claims, a significant increased from 3 percent in FY 2012.
- In an effort to expand available on-campus services, VetSuccess on Campus counselors are coordinating with host institutions to establish and enhance peer-to-peer Veteran mentoring programs to address military-to-college transition issues.
- VA partnered with the U.S. Department of Agriculture to develop a process by which Loan Guaranty will begin managing U.S. Department of Agriculture foreclosed properties. VBA is currently responsible for all accounting supporting 7,745 foreclosed properties valued at $85 million.

National Cemetery Administration

VA's Veterans Cemetery Grants Program (VCGP) assists states, territories and Federally-recognized tribal governments in providing gravesites for Veterans in those areas where VA's national cemeteries cannot fully satisfy their burial needs. The VCGP provides grants for the purpose of establishing, expanding, or improving Veterans cemeteries that are owned and operated by a state, Federally recognized tribal government, or U.S. territory. Cemeteries established or assisted by a VA grant must be also maintained and operated according to the operational standards and measures of NCA. In 2016 VA awarded 15 grants totaling more than

$49 million. Since 1980, VA has awarded nearly 400 grants for the establishment, expansion, or improvement of 105 state and tribal Veterans cemeteries totaling more than $714 million.

NCA continued a joint working group with the Army National Military Cemeteries (ANMC) that was originally formed in 2013. In 2016, the American Battle Monuments Commission joined as a formal member of the working group. A representative of the National Park Service (Department of Interior) also participates in the joint working group. This Joint Working Group, which provides a forum for senior level interaction between the two agencies, seeks to collectively identify potential improvements, share lessons learned, avoid potential duplication, and develop solutions to common problems to ensure high-quality service and benefit delivery to our Nation's Veterans.

NCA is working closely with the American Battle Monuments Commission and the Library of Congress, Veterans History Project, to share Veterans' and Servicemember stories, which are preserved by these Federal agencies as part of NCA's Legacy Initiative. This initiative is designed to memorialize Veterans' service and sacrifice through educational products and programming using the rich resources found throughout VA national cemeteries, soldier's lots, and monument sites. The partnership with the American Battle Monuments Commission (ABMC) has resulted in NCA's first professional development program focused on the educational community. The two-year partnership provides opportunities for 19 selected teachers to create lesson plans to share with other educators about American World War II service members buried in national cemeteries.   NCA is also working with the Library of Congress, Veterans History Project to provide college students the opportunity to develop public-facing blog postings about Veterans buried in VA national cemeteries using the Library's extensive records.

Changes in Performance Measures

Org.	Measure name and number	Change type	Original measure in FY 2015 PAR	Proposed measure change	Reason for change
VBA	Percent of Disability Compensation Claims received virtually/electronically (VBA #444)	Revised Target	Same	FY17 Target: 28%	Modified the FY 2017 target to reflect a more realistic number
VBA	Non-Rating Claims – Compensation Average Days Pending (ADP) (VBA #xxx)	Revised targets	Same	FY 17 Target: 320	Automation of some claims removed short duration claims causing ADP of claims to be higher.
VBA	Non-Rating Claims – Compensation Average Days to Complete (ADC) (VBA #xxx)	Revised target and results	Same	FY 17 Target: 143	VBA Original FY 2017 target was higher than FY 2016 actual. Target changed to reflect greater efficiency in completing claims
VBA	Number of registered eBenefits users (VBA #443)	Delete	Same	Delete measure	The projections for eBenefits users will decrease as the Veterans population declines and user saturation increases. Additionally, as the agency pursues other self-service platforms and other types of credentials, VA expects declining use of eBenefits

					credentials (DS Logons). This measure is not a true gauge of self-service success and should be retired in FY 2017.
VBA	Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (VBA#446)	Delete	Same	Delete measure	SEP capabilities will transition to the Vets.gov platform.
BVA	Appeals dispositions – average days to complete returned remands (measuring from date case is returned to the Board after remand until Board disposition date) (BVA #571)	Revised target	Same	FY17 Target: 293	The target was previously 244. We have revised the target to be 293, consistent with the monthly actual average number of days to complete returned remands in September 2016.
BVA	Appeals dispositions – average days to complete original appeals (from date of certification (Form 8) until Board disposition	Revised target	Same	FY17 Target: 694	The target was previously 531. We have revised the target to be 694, consistent with the monthly actual average number of days to complete

	date) (BVA #573)				original appeals in September 2016.
VBA	Appeals processing – Notice of Disagreement (NODs) pending inventory (thousands) (VBA #514)	Revised target	Same	FY17 Target: 234	The target was previously 405K; we have revised the target to 234K, based on processing gains by the additional 300 FTE.
VBA	Appeals processing – NODs average days pending (VBA #545)	Revised target	Same	FY17 Target: 413	The target was previously 459; we have revised the target to 413, based on historical timeliness of inventory selected.
VBA	Appeals processing – substantive appeals to the Board (Form 9) pending inventory (thousands) (VBA #607)	Revised target	Same	FY17 Target: 45	The target was previously 138; we have revised the target to 45, based on processing gains by the additional 300 FTE.
VBA	Appeals processing – substantive appeals to the Board (Form 9) Average Days to	Revised target	Same	FY17 Target: 417	The target was previously 664; we have revised the target to 417, based on

	Complete (VBA ###)				historical timeliness of inventory selected
VBA	Appeals processing – substantive appeals to the Board (Form 9) Average Days Pending (VBA ###)	Revised target	Same	FY17 Target: 431	The target was previously 225; we have revised the target to 361, based on historical timeliness of inventory selected.
VBA	Employment Outcome Rate (VBA #602)	Delete	Same	Delete in FY 18	Measures proportion of Veterans deemed "job-ready" and actually employed over the entire cycle of the VR&E experience, which is typically six years. VR&E is requesting to delete this measure while it retains such positive outcome measures as Veteran satisfaction, class persistence, and class success.

Data Quality Review

VA uses the metrics reported in this document to assist in monitoring programs for Veterans and their stakeholders. VA Senior Leaders and managers rely on these measures to help improve operations purposes, and the measure results serve the essential requirements for our public accountability reporting. The quality of VA's data was called into question during the patient access crisis in 2014, and VA has worked to restore trust in our numbers. During 2015, VA initiated data quality reviews to independently validate performance measures and verify the results of those measures. Metrics "owners" and VA leaders received training in the principles of data quality, and have begun the lengthy process of fully documenting performance metrics so reported data can be verified in a systematic and on-going way. When methodological weaknesses are discovered in metrics they are improved, replaced or discontinued depending on the Administrations' focus for a particular year. In fiscal years 2016 and 2017 VA moved to the use of metrics that reflect Veteran and stakeholder satisfaction with VA services and their experiences in service delivery and the effectiveness of administration.

VA uses established data quality & validation processes that include External Peer Review Program (EPRP) and the Survey of Healthcare Experience of Patients (SHEP), both of which follow Medicare protocols. In 2015, the Office of Performance Management (OPM), formerly located in the Office of Management (OM), conducted a Pilot study on Data Verification and Validation. Although the study revealed areas where Administrations and Staff Offices were compliant to the laws and regulations in which they were governed, several deficiencies were identified. As a result, OPM created a plan to ensure the risks associated with the deficiencies were mitigated. In 2016, after relocating to the Office of Enterprise Integration (OEI), formerly the Office of Policy and Planning (OPP), OPM continued supporting the Pilot by Leading a Community of Practice (CoP), responsible for documenting and mapping business processes, identifying areas to improve business processes for their organization, and making recommendations to management. OEI developed a plan to establish an on-going data quality effort within VA in 2017 and the plan was briefed to the leadership for resource consideration. After the 2017 Presidential transition, this effort was put on hold while the agency reevaluated how to meet the demands for the new Administration's priorities and policies.

Appendices

Appendix 1 – Unmet Goals Provision

Agency FY 2016 Annual Performance Plan and Report

VA Strategic Objective 2.1 - Improving VA's Partnership with DoD

Strategic Objective:

The Department of Veterans Affairs, in consultation with the Office of Management and Budget, highlighted this objective as a focus area for improvement for three consecutive fiscal years.

Over the past three fiscal years, VA has worked towards achieving these objectives with DoD and many military service partners. Through the VA-DoD Joint Executive Committee (JEC), VA and DoD collaborated to improve the access, quality, effectiveness, and efficiency of health care, benefits, and services provided to Service members, Veterans, and other beneficiaries.

1. **Performance Goal: Increase the percentage of active duty, National Guard, and Reserve Servicemembers with an eBenefits log-on by the end of FY 2015.**

    Performance Analysis:

    The joint VA/DoD "eBenefits" web portal exceeded targets set for the Agency Priority Goals (APGs) in fiscal years 2014, 2015, and 2016 due to efforts by VA and DoD to drive Servicemembers, Veterans, and other potential users to enroll in eBenefits.

    Key Successes:

    Since November 2010, DoD required mandatory enrollment in eBenefits for all new Servicemembers and VA proactively conducted outreach and enrollment efforts with various strategic partners throughout the nation. These efforts increased the use of eBenefits self-service letters for employment and benefit verification by 119 percent and resulted in improved efficiencies in the claims adjudication process that benefitted both VA as well as Veterans.

    Key Challenges:

    1. Coordination and communication among partners and support activities within the eBenefits web portal community remains the biggest challenge.

    Performance Improvement Recommendations/Next Steps:

    Performance will continue at current levels until the eBenefits portal has migrated to the newly improved Vets.gov site. Vets.gov is currently under development and designed to improve the Veterans experience. Many of the current features in eBenefits will migrate

to Vets.gov along with features from other VA portals. This will improve the overall experience by allowing users to log-on to one site and perform numerous self-service tasks related benefits, healthcare, and services.

2. **Performance Goal: Increase the percentage of Servicemembers receiving a separation health assessment prior to separation from active duty.**

Performance Analysis:

VA and DoD collaborated to establish a mechanism to provide Servicemembers a Separation Health Assessment (SHA) prior to discharge or retirement and ensure the SHA is added to the Service Treatment Record (STR). DoD will complete the SHA for Servicemembers who do not file a claim for disability benefits prior to separation and VA will use the Benefits Delivery at Discharge (BDD) program to complete the SHA for Servicemembers who file a claim for disability benefits prior to separation or retirement. Initially, both Departments committed to full implementation of the SHA by December 2014 but the Departments did not develop a coordinated plan to implement the mandatory SHA requirements. As a result, VA fully implemented the SHA initiative in early 2015 while DoD rolled it out with a more phased approach. During this process, multiple issues surfaced that proved difficult to resolve.

Initial VA and DoD agreements regarding SHA were based on the assumption that the Departments would have access to the same records and conduct standardized exams. This logic has been challenged by the following realities:

- VA and DoD have inherently different business needs for conducting SHA exams. DoD needs a medical evaluation at the end of a Servicemembers' service to identify fitness for separation as well as any new diagnosis for treatment and/or trend analysis. VA needs a medical evaluation suitable to adjudicate a disability claim, which requires access to the most complete STR as possible.
- VA and DoD have different access to medical records. DoD owns the STR and VA cannot access the full STR through current electronic interfaces which creates the need for a paper process.

VA and DoD are continuing to test new strategies in the SHA pilot program to facilitate the claims process and eliminate the need for Servicemembers to function as couriers for their STRs. In FY 2016, the Departments developed critical requirements for the IT capability to eliminate paper copies of DoD STRs and VA exam reports through existing medical record

sharing systems. Building and implementation of the corresponding functionality from those requirements is still in progress.

Key Successes:
- In June 2016, combined detailed work flow analysis with health IT system expertise to develop detailed requirements for system modifications that will result in greater efficiency of pre-separation claims processing, including electronic upload of service treatment records (STRs).
- In January 2016, modifications to VA's Veterans Benefits Management System (VBMS) enabled manual activation of a "subscription" ("notification of interest") to provide a tool to VBA users for facilitating retrieval of the electronic STR.
- In July 2016, deployment of new Joint Legacy Viewer (JLV) capabilities, specifically, the ability to access and retrieve archived record artifacts and create and save an excerpt of the record containing all items viewed during a review session.
    - Operational testing began in June 2016 of the STR Processing Operations Reporting Tracking System (SPORTS), which is an upgrade to DoD's artifact management system. This system improves the efficiency of artifact upload and greatly increases the ability to monitor record completion times.
    - DoD awarded a contract in July 2016 that enabled reserve component members to obtain a separation exam as they demobilize from a period of active service.

In June 2016, VA and DoD agreed on the requirements to support the development of automated system functionality to eliminate the burden on Servicemembers required to hand-carry their record to VA for filing a benefits claim. The new work flow will effectively engage Servicemembers in transition planning and provide confidence that the records maintained by DoD and shared with VA are complete and available when needed. This system functionality will also reduce the time necessary to complete the VA exam. In addition, more Servicemembers will be able to take advantage of the process and obtain benefits delivery at discharge. The planned modifications to VA and DoD systems will enable feedback loops to improve both Departments' ability to perform exams to standard and track completion rates. These improvements will also include automation of the return of exam reports performed by VA to the DoD for inclusion in the STR and improve the integrity of that record for the lifetime of the Veteran.

Key Challenges:
The major challenges identified prior to SHA piloting include the manual process of utilizing shared lists between departments, DoD sharing required STRs within the separation

timeline, providing access to required systems (specifically, Joint Legacy Viewer) to VBA contract examiners, as well as ensuring copies of VBA contractor examination reports are provided to DoD. Below are additional details on some of the identified key challenges:

1. Joint Legacy Viewer (JLV) Access: Access to electronic health records is governed by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, as well as VA enterprise security and privacy mandates and Veterans Health Administration (VHA) policy for approving and providing access to personally identifiable information (PII), including personal health information (PHI) in VA Information Technology (IT) systems.

   To be granted JLV access a user must meet the aforementioned requirements and receive a VA-issued Personal Identity Verification (PIV) card and personal identification number and either Computerized Patient Record System access credentials (specifically, VistA Veterans Health Administration access) or Compensation and Pension Records Interchange access. Access to these systems and a PIV card are not normally issued to VBA examination contractors. Options are being explored to address this challenge. For example, VA IT system users may be granted a PIV exemption at the enterprise level and use alternate identifying verification options. As of April 2017, JLV is able to honor a PIV exemption.

2. Possible Claims Processing Delays: DoD currently has 45 days to provide VA with scanned copies of the paper STRs in their possession. This can create critical time delays in ensuring an examination is conducted while the Servicemember is currently on active duty. This can also cause delays in providing a decision to the Servicemember on their claim timely upon discharge.

Performance Improvement Recommendations/Next Steps:
A proposed timeline was briefed to VA and DoD leadership indicating a March 1, 2017, start date for the SHA pilot. The objective of the pilot is to demonstrate a process to eliminate the requirement of the Servicemember providing a copy of the STRs to VA by testing the JLV functionality to upload the available STRs to VBMS. After piloting for a minimum of three months, the SHA working group and leadership will make a decision on future automation efforts based on the timeline provided by VA and DoD's Information Technology offices.

Continued coordination with VBA Office of Information and Technology (OI&T) and DoD will be required to develop and implement functionality to establish an automated process

where all electronic and paper STR documents from DoD will be provided to VA upon establishment of a Pre-Discharge/Integrated Disability Evaluation System (IDES) claim. This long term goal will require further functionality development with Data Access Service (DAS) to facilitate a method to bypass the current requirements to provide VA with all currently available electronic STRs. Reduction of the 45 day timeframe for DoD to scan and upload paper STR documents in their possession is an additional long term goal being developed by DoD and VA.

3. **Performance Goal: Increase the percentage of IDES discharges that meet VA-DoD goal of 80 percent of cases completed within 295 days.**

   Performance Analysis:
   The vision for the Integrated Disability Evaluation System (IDES) is to create a disability evaluation that is "Servicemember Centric," seamless, transparent, and administered jointly by DoD and VA. To date, DoD and VA accomplished the following goals to improve the IDES Program and provide Servicemembers a:
   - Simplified process that is non-adversarial for the Servicemember.
   - Single set of comprehensive medical examinations.
   - Single-source disability rating that eliminates the potential for DoD and VA to independently develop disability ratings that conflict.
   - Continuum of care and advocacy for the IDES participant.
   - Faster and more consistent disability evaluation.
   - Streamlined experience that eliminates the benefits gap and delivers benefits faster.

   Key Successes:
   The information depicted below clearly shows VA's progress in administering its part of the IDES Program. To rate VA's effort solely on the metric of 80 percent of participants meeting the 295 day goal is to ignore improvements to IDES that have been accomplished in the last three years. Since September 2013, VA reduced the time to complete its four core process steps from 256 days to 88 days, an improvement of 65 percent, while increasing the overall completion rate within 295 days from 29 percent to 77 percent.

   Overall IDES Performance

	Sep 2013	Sep 2014	Sep 2015	Sep 2016
VA Total Days	256	143	91	88
IDES Total Days	391	342	235	238
% Within 295 Days	29%	43%	80%	77%

   Note: Goal for VA Total Days = 100 days

Note: Goal for IDES Total Days = 295 days

The information below clearly depicts the improvements VA has made over the past three years in its four core process steps, especially with the steps of Proposed Rating and Benefits Notification.

VA IDES Core Process Performance

VA Core Process Step	Sep 2013	Sep 2014	Sep 2015	Sep 2016
VA Claim Development	4 / 98%	4 / 98%	4 / 97%	5 / 93%
VA Medical Examination	38 / 77%	35 / 81%	42 / 67%	37 / 75%
VA Proposed Rating	134 / 12%	58 / 24%	19 / 62%	21 / 60%
VA Benefit Notification	80 / 19%	45 / 30%	27 / 67%	25 / 72%

Note: Depicted are average days per stage and percent within goal
Note: Goal for VA Claim Development = 10 days
Note: Goal for VA Medical Examination = 45 days
Note: Goal for VA Proposed Rating = 15 days
Note: Goal for VA Benefit Notification = 30 days

A measure of whether or not DoD and VA are administering IDES correctly and successfully is customer satisfaction. DoD conducted customer satisfaction surveys and the results show DoD and VA are doing an excellent job with the IDES Program:

Overall IDES Customer Satisfaction

Apr - Sep 2016	86%
Jan - Jun 2016	87%
Jul - Dec 2015	87%
Jul - Dec 2014	86%

Note: Goal = 80%

Key Challenges:
1. Veterans Tracking Application (VTA) is the information technology system used to gather IDES performance data and track Servicemembers' cases as they move through the IDES Program. In recent years, many improvements have been made in VTA but manual duplicative data entry still exists. An interface between Veterans Benefit Management System (VBMS) and VTA is needed so when a transaction is completed in VBMS a data entry is made in VTA. This data interface would eliminate manual duplicative data entries and reduce the occurrence of missing data and data entry errors.

Performance Improvement Recommendations/Next Steps:

- History has shown the current goal of 15 days to complete the VA Proposed Rating is not realistic. A proposal to increase the goal to 20 days has been made and is awaiting approval by DoD.
- Funding and manpower needs to be dedicated in FY2017 to accomplish the data interface between VTA and VBMS and any processing system used by the Military Services to process their steps within IDES.

4. <u>**Create clinical and technical standards profile and processes to ensure seamless integration of health data between VA and DoD and private health care providers.**</u>

Performance Analysis:

While additional work remains, VA and DoD have made significant interoperability progress during the past three fiscal years. Today, the electronic health record systems of DoD and VA have an integrated display of data for clinician use based upon the national standards and architectural requirements identified by the DoD/VA Interagency Program Office (IPO) in collaboration with the Office of the National Coordinator for Health Information Technology.

Key Successes:

During this time and as prioritized by the Interagency Clinical Informatics Board, national standards have been created for 25 of the 38 data domains with structured data and approximately 80 percent of clinical data has been mapped between the two Departments. During this same timeframe, the Joint Legacy Viewer (JLV) deployed to additional users. By the end of 2016, over 75,000 DoD and 200,000 VA clinicians and claims adjudicators have access to JLV. Various releases of JLV brought numerous new functionalities for users. Release 4 established an interface with DoD's Healthcare Artifact Imaging and Management System (HAIMS) for all documents not stored according to Digital Imaging and Communications in Medicine (DICOM) standards. Essentially, this means more than 12 million images of radiographs, clinical photographs, electrocardiograms, etc. are now available to both DoD and VA clinicians.

In addition, as of March 2017, VLER Health has reached the milestones of connecting with over 100 Community Care Partners for both the Exchange and Direct Messaging programs respectively. Now over 1,000,000 unique VA-enrolled Veterans have Community Care Partner records available for bi-directional exchange with VA.

Key Challenges:

1. Complete interoperability for healthcare data exchange between the Departments remains a significant challenge. Often, these issues reside in how each Department captures data. For example, blood pressure may be recorded as a data entry (systolic over diastolic) in one Department and two separate data entries in the other. These clinical process issues are addressed as encountered even while both Departments modernize their electronic health records but the volume of medical information that requires collaboration and consensus is significant.

2. As VLER Health continues to grow in the number of Community Care Partners connected to VA via the eHealth Exchange and Direct Messaging programs, the required resources and IT capabilities to execute and sustain such an upsurge become a substantial challenge.

Performance Improvement Recommendations/Next Steps:
Significant progress has been made to create health care interoperability between DoD and VA. Both Departments recognize the need to continue these efforts and ensure health data compiled during military service is shared with VA for continuity of care and disability claims adjudication.

5. **Increase the percentage of VA and DoD providers trained in the use of consistent models of evidence-based practice for PTSD, depression, and other psychological health conditions.**

   Performance Analysis:
   VA and DoD worked together to increase the percentage of providers trained in the use of consistent models of evidence-based practice for PTSD, depression, and other psychological health conditions.

   Key Successes:
   - Close collaboration between DoD and VA training program staff to disseminate comparable clinician training programs in evidence-based psychotherapies for the treatment of PTSD and other psychological health (PH) conditions.
   - Joint VA/DoD Provider Portal ensures comparable training and treatment information is shared and widely disseminated across both Departments.

- FY 2014: VA trained > 630 clinicians in the delivery of Cognitive Processing Therapy (CPT) and/or Prolonged Exposure Therapy (PE) for PTSD and > 580 clinicians in EBP for other conditions. DoD trained 514 clinicians in EBPs for PTSD and 629 clinicians in EBPs for other PH conditions.
- FY 2015: VA trained > 550 clinicians in PTSD treatments and more than 1400 clinicians in EBP for other conditions. DoD trained 360 clinicians in PTSD EBPs and > 580 clinicians in EBPs for other PH conditions.
- FY 2016: VA trained > 760 clinicians in PTSD treatments and more than 830 clinicians in EBPs for other conditions. DoD trained >360 clinicians in PTSD treatments and more than 320 clinicians in EBPs for other conditions.

Key Challenges:
1. Advocacy and consultation are necessary elements for increasing the utilization of evidence-based practice, but advocacy and consultation alone are insufficient to create systemic changes in practice. Clinic operations need to be optimized in order to create an environment where EBPs can be utilized to a degree that will have a meaningful impact to Veterans.
2. Variability in leadership support across sites impacted implementation of evidence based psychotherapy practices.

Performance Improvement Recommendations/Next Steps:
VA and DoD continue training programs for dissemination and implementation of evidence-based practice for PTSD, depression and other psychological health conditions and ongoing consultation programs are available to clinicians. VA will continue to develop, refine, and sustain decentralized training and consultation models and DoD will assess the impact of local champions on EBP implementation. No reauthorization or statutory changes are needed in order to continue these activities into the future.

Appendix 2 – Annual Performance Plan

The following table provides a snapshot of the measures VA will use to track its performance for FY 2018, along with historical data on established measures.

Department of Veteran Affairs FY 2018 Annual Performance Plan

Performance Indicators, Historical Milestones & Agency Priority Goals	Historical Results					Fiscal Year Targets			Strategic Target
	2012	2013	2014	2015	2016	2017	2018	2019	2022 (Target)
Veterans Health Administration (VHA)									
Medical Care - Existing Measures									
Percentage of Veterans reporting employment at a discharge from VA homeless residential programs (#604)	N/Av	N/Av	42%	45%	50%	50%	50%	50%	50%
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	90%	88%	90%	84%	92%	85%	85%	85%	85%
Percent of Veterans discharged from VA-funded residential treatment programs	N/Av	N/Av	69%	70%	71%	65%	65%	65%	65%

(Grant and Per Diem or Domiciliary Care Homeless Veterans) who discharge to permanent housing (#403)								
Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)		92%	90%	92%	92%	92%	92%	92%	92%
Percent of patients who responded "yes" on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite (providers support you in taking care of your own health) (#386)	N/Av	N/Av	57%	58%	58%	58%	60%	60%	62%
The average patients rating VA health care on a scale from 0 to 10 (Inpatient) (#537)	N/Av	N/Av	N/Av	8.6	8.63	8.8	8.8	8.8	8.9
Percent of patients who responded "Always" regarding their ability to get an appointment	N/Av	N/Av	44%	44%	47%	48%	49%	TBD	TBD

for needed care right away (Patient Centered Medical Home Survey)(#539)									
Percent of patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed (Patient Centered Medical Home Survey)(#543)	N/Av	N/Av	53%	52%	56%	57%	58%	TBD	TBD
The average patients rating VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (#544)	N/Av	N/Av	N/Av	8.46	8.54	8.7	8.7	8.7	8.9
Mental Health Balanced Scorecard (#598)	N/Av	N/Av	N/Av	N/Av	91% above target at end of SAIL performance year	90% of facilities at/or above target	90% of facilities at/or above target	90% of facilities at/or above target	90% of facilities at/or above target
The average patients rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey #673)	N/Av	N/Av	N/Av	N/Av	8.54	8.60	8.65	8.60	8.90

Percent of Specialty Care patients who respond "Always" "and "Usually" regarding their ability to get an appointment for needed care right away (#680)	N/Av	N/Av	N/Av	N/Av	72%	73%	75%	75%	80%
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (#682)	N/Av	N/Av	N/Av	N/Av	72%	73%	75%	75%	81%
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#677)	N/Av	N/Av	N/Av	N/Av	84%	85%	87%	87%	90%
Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as	N/Av	N/Av	N/Av	N/Av	82%	83%	85%	85%	88%

soon as needed (#683)									
Patient Safety Indicator (PSI) 90 (#674)	N/Av	N/Av	N/Av	N/Av	N/Av	(baseline)	TBD	TBD	TBD

VHA New Measure

(Composite Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey. (#681)							81	82	84

Veterans Benefit Administration (VBA)

Compensation

National Accuracy Rate - Disability Compensation Rating Claims (#303)	86%	90%	90%	90%	88.1%	92%	92.50%	■	93%
Percentage of VA Disability Rating Claims Pending More Than 125 Days Old (#308)	66%	58%	47%	20%	19%	15%	14%	■	10%

National Accuracy Rate - Disability Compensation Rating Claims - Issue Based (#304)	(baseline)	96%	96%	96%	96%	96%	96%	97%
Number of registered eBenefits users (Millions) (#443)	1.93	3.06	4.14	5.16	6.1	6.3	6.8	7.5
Percent of disability compensation claims received virtually/electronically (#444)	N/Av	2%	7%	13%	20%	28%	37%	55%
Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (#446)	N/Av	1000	1861	3299	4202	4900	SEP replaced by Vets.gov	N/A
National Call Center Client Satisfaction Index Score (out of 1000) (#485)	731	723	748	756	767	770	775	795
Overall Customer Satisfaction Index Score (out of 1000) (Compensation) (#491)	N/Av	N/Av	N/Av	646	676	680	685	690
Percentage of Disability Compensation Rating Claims Inventory	67%	59%	48%	20%	20%	15%	14%	10%

Pending Over 125 Days (#576)									
Appeals Processing - Notices of Disagreement (NODs) Average Days Pending (#545)	N/Av	N/Av	N/Av	394	413	413	413		398
Appeals Processing - Substantive Appeals to the Board (Form 9) Pending Inventory (Thousands) (#607)	N/Av	N/Av	N/Av	56	50	45	40		32
Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (Thousands) (#514)	N/Av	N/Av	N/Av	228	231	234	237		249
Percent of IDES participants who will receive VA Benefit notification letters within 30 days of discharge (#469)	N/Av	N/Av	N/Av	55%	66%	80%	80%		90%
Non-Rating Claims, Compensation Average Days Pending (#654)	219	274	338	350	355	320	318		237
Non-Rating Claims, Compensation Average Days to Complete #686)	90	112	129	160	161	143	144		101

Dependency Claims Processing: Claims Pending Inventory (#701)	N/Av	N/Av	N/Av	227	115	100	85		69
Dependency Claims Processing: Timeliness (Month-to-Date Average Days to Complete as of the last month of the year) (#670)	N/Av	N/Av	N/Av	221	197	125	110		96
Appeals Processing - Substantive Appeals to the Board (Form 9) Average Days Pending (#655)	N/Av	N/Av	N/Av	617	516	431	361		230
Appeals Processing - Substantive Appeals to the Board (Form 9) Average Days to Complete (#685)	N/Av	N/Av	N/Av	509	462	417	378		305
Pension and Fiduciary									
Pension Call Center Client Satisfaction Index Score (out of 1000) (#484)	N/Av	732	766	770	778	780	782		785
Overall Customer Satisfaction Index Score (out of 1000) (Pension) (#490)	N/Av	N/Av	N/Av	684	664	668	672		688

Average Days to Complete - Original Survivors Pension Claims (#498)	231	251	193	89	130	75	75		75
Percentage of Original and Reopened Pension Claims Inventory Over 125 Days(Supports Agency Priority Goal) (#577)	34%	37%	5%	3%	4%	5%	5%		5%
Percentage of Dependency and Indemnity Compensation (DIC) Claims Inventory Over 125 Days(Supports Agency Priority Goal) (#578)	41%	26%	16%	15%	18%	9%	9%		9%
Average Days to Complete - Follow-Up Field Examinations (#656)	N/Av	N/Av	N/Av	257	147	229	320		120
Average Days to Complete - Initial Appointment Process (#647)	N/Av	N/Av	N/Av	Baseline	287	149	82		76
Education									
Average Days to Complete Original Education Claims (#218)	31	26	17	18	16.7	21	21		5

Average Days to Complete Supplemental Education Claims (#219)	17	10	6	7	6.7	9	9		5
Education Call Center Client Satisfaction Index Score (out of 1000) (#476)	760	803	832	831	841	835	836		845
Overall Customer Satisfaction Index Score (out of 1000) (Education) (#489)	N/Av	N/Av	N/Av	754	752	757	757		755
Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (#494)	N/Av	N/Av	N/Av	N/Av	(Baseline)	(Baseline)	TBD		TBD
Vocational Rehabilitation and Employment (VR&E)									
Veterans' Satisfaction with the Vocational Rehabilitation and Employment Program (out of 1000) (#488)	N/Av	N/Av	N/Av	658	666	674	682		714
VR&E Class Persistence Rate (#601)	N/Av	N/Av	N/Av	N/Av	72%	70%	70%		70%
VR&E Class Success Rate (#600)	N/Av	N/Av	N/Av	N/Av	47%	55%	55%		60%

New VR&E Measure									
VR&E Employment Outcome Rate (#602)	N/Av	N/Av	N/Av	N/Av	baseline	70%		█	
Loan Guaranty									
Default Resolution Rate (DRR) (#226)	81%	79%	80%	83%	84%	80%	81%	█	85%
Veterans' Satisfaction Level with the VA Loan Guaranty Program (out of 1000) (#487)	N/Av	N/Av	N/Av	819	819	825	830	█	834
Specially Adapted Housing (SAH) grantees who believe adaptation obtained under the program has helped them live more independently (#TBD)	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD	TBD	█	TBD
Insurance									
Rate of High Client Satisfaction Ratings on Insurance Services Delivered (#214)	95%	93%	94%	94%	94%	95%	95%	█	95%
National Cemetery Administration (NCA)									
Memorial Services									
Percent of Veterans served by a burial option within a reasonable distance (75	89.6%	89.5%	89.8%	89.8%	91.7%	91.8%	92.0%	█	93.2%

miles) of their residence. (#234)									
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent. (#580)	96%	96%	96%	96%	TBD	97%	97%		98%
Percent of respondents who rate national cemetery appearance as excellent (#581)	99%	99%	98%	99%	TBD	99%	99%		99%
Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	99%	99%	98%	98%	TBD	99%	99%		99%
Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (#583)	91%	90%	90%	93%	TBD	93%	93%		94%
Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was	90%	89%	87%	89%	TBD	92%	92%		94%

excellent (#584)										

Board of Veterans Appeals (BVA)

BVA

Access: Appeals Dispositions – Average Days to Complete Returned Remands (Measuring from Date Case is Received at the Board after Remand until Board Disposition Date) (#571)	N/Av	N/Av	N/Av	244	264	293	293			TBD
Backlog: Appeals Dispositions - Average Days to Complete Original Appeals (From Date of Certification (Form 8) until Board Disposition Date) (#573)	N/Av	N/Av	N/Av	531	553	694	694			TBD

Office of Public and Intergovernmental Affairs (OPIA)

OPIA - Existing Measures

Increase percentage of Veterans aware of using benefits, reached through advertising and marketing efforts (#536)	5%	15%	26%	19.80%	15%	15%	15%			15%

Increase veteran traffic to and from the various VA content delivery platforms (#TBD)	N/Av	N/Av	N/Av	N/Av	(baseline)	20%	20%		22%

Human Resources and Administration (HRA)									
HRA									
Percentage of VA employees who are Veterans (#278)	32.04%	32.20%	32.66%	32.74%	32.53	35%	35%		35%
OPM Federal Employee Viewpoint Survey (FEVS) Employee Engagement Index Score (Percentage of responses marked "Positive") (#608)	62%	63%	61%	61%	62%	64%	65%		69%
My supervisor provides me with constructive suggestions to improve my job performance (supports APG)	N/Av	58.80%	57.60%	58.12%	60.00%	62.12%	64.12%		72.12%
In my work unit, steps are taken to deal with a poor performer who cannot or will not improve (supports APG)	N/Av	29.00%	28.40%	27.47%	28.80%	31.47%	33.47%		41.47%
Employees have a	N/Av	41.30%	39.80%	39.51%	41.40%	43.51%	45.51%		53.51%

feeling of personal empowerment with respect to work processes (supports APG)								███	
I feel encouraged to come up with new and better ways of doing things (supports APG)	N/Av	54.70%	52.80%	53.40%	54.30%	57.40%	59.40%	███	67.40%
How satisfied are you with the information you receive from management on what's going on in your organization? (supports APG)	N/Av	45.60%	42.90%	43.05%	44.30%	47.05%	49.05%	███	57.05%
My organization's leaders maintain high standards of honesty and integrity (supports APG)	N/Av	49.30%	43.90%	43.50%	44.80%	47.50%	49.50%	███	57.50%
Veterans' Experience Office (VEO)									
Trust in VA among America's Veterans (Supports VE APG)	N/Av	N/Av	N/Av	N/Av	60%	90%	90%	███	90%
Office of Inspector General (OIG)									
Number of reports (audit, inspection, evaluation, contract review, and	299	349	310	390	304	330	330	███	340

CHIP/CAP and CBOC reports) issued that identify opportunities for improvement and provide recommendations for corrective action (#585)									
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	2,683	2,491	2,537	2,536	2,425	2,400	2,400		2,750
Monetary benefits (dollars in millions) from audits, investigations, contract reviews, inspections, and other evaluations (#587)	$ 3,477	$ 3,589	$ 2,300	$2,167	$4,093	$3,100	$3,100		$4,900
Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	36 to 1	36 to 1	22 to 1	20 to 1	34 to 1	22	22		25
Percentage of Recommendations implemented within 1 year to improve efficiencies in	87%	81%	85%	89%	83%	85%	85%		85%

operations through legislative, regulatory, policy, practices, and procedural changes in VA (#590)								██	
Percentage of Recommended recoveries achieved from post-award contract reviews (#591)	100%	100%	100%	100%	100%	98%	98%	██	98%
Percent of full cases that result in criminal, civil, or administrative actions (#694)						72%	72%	██	85%